# Row 4342

Visit Number: c6451b63df4f2245ca835eab965f5a76b5bdb4debae60474329dbab878107dd8

Masked\_PatientID: 4295

Order ID: 38bd74539faf16ded0c0fe6853874525acf4ba3b4560022d07f95bd9b5013979

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 11/1/2019 10:44

Line Num: 1

Text: HISTORY for NGT REPORT Comparison is made with radiograph dated 6 January 2019. The patient is rotated. The feeding tube is coiled at the region of the neck and crosses the diaphragm but its tip is beyond inferior marginof this film. I note that it has been repositioned on the subsequent radiograph. Tracheostomy tube is in situ. The patient is post mitral valve replacement and tricuspid repair/annuloplasty. The heart size cannot be accurately assessed on this projection. The thoracic aorta is unfolded demonstrates mural calcification. Pulmonary venous congestion is noted. The left pleural effusion is larger in the interim. Patchy airspace opacities in the bilateral perihilar regions and lower zones show interval increase. Findings may represent a fluid overload state, though superimposed infection cannot be excluded. Clinical correlation and a post-treatment follow-up radiograph are advised. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: da8c05d1030ef1df7d54c8f566ea1ef365f54292483a457bbf3c07ec34b76fae

Updated Date Time: 11/1/2019 17:40

## Layman Explanation

This radiology report discusses HISTORY for NGT REPORT Comparison is made with radiograph dated 6 January 2019. The patient is rotated. The feeding tube is coiled at the region of the neck and crosses the diaphragm but its tip is beyond inferior marginof this film. I note that it has been repositioned on the subsequent radiograph. Tracheostomy tube is in situ. The patient is post mitral valve replacement and tricuspid repair/annuloplasty. The heart size cannot be accurately assessed on this projection. The thoracic aorta is unfolded demonstrates mural calcification. Pulmonary venous congestion is noted. The left pleural effusion is larger in the interim. Patchy airspace opacities in the bilateral perihilar regions and lower zones show interval increase. Findings may represent a fluid overload state, though superimposed infection cannot be excluded. Clinical correlation and a post-treatment follow-up radiograph are advised. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.