# Row 4896

Visit Number: 7e707ea44c663e5b12eff71ad5477f44239c91c6a34eade2b3821fda3a347863

Masked\_PatientID: 4895

Order ID: d3e1ed9763c6742e488482c07704e02ba0ebf24e7cdc6b7a167eb6bdd792e7e4

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 02/1/2015 9:45

Line Num: 1

Text: HISTORY COPD/intubated. REPORT CHEST AP SUPINE The cardiac size is normal. Vascular congestion is likely due to patient's recumbent position. No lung consolidation, pleural effusion or pneumothorax is detected. A radio-opaque tube is seen projected over the superior mediastinum in the midline, with its tip at the level of proximal left main bronchus. This probably represents a misplaced feeding tube in the airway rather than an endotracheal tube. Repositioning and clinical correlation is warranted. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 36677256c35da60d1a894829666d541045291a33d46797f48317cee3e67c7aff

Updated Date Time: 02/1/2015 14:26

## Layman Explanation

This radiology report discusses HISTORY COPD/intubated. REPORT CHEST AP SUPINE The cardiac size is normal. Vascular congestion is likely due to patient's recumbent position. No lung consolidation, pleural effusion or pneumothorax is detected. A radio-opaque tube is seen projected over the superior mediastinum in the midline, with its tip at the level of proximal left main bronchus. This probably represents a misplaced feeding tube in the airway rather than an endotracheal tube. Repositioning and clinical correlation is warranted. 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.