# Row 280

Visit Number: f91bc1d4b707acc56774e44af8c7c1f887f25af2b7251524680229e5ac15efd5

Masked\_PatientID: 269

Order ID: 3ee62133934db0e7caf1a4adc4281c8d4d2cf9bc99d6503ff4e388a23b1d0274

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 12/8/2016 20:06

Line Num: 1

Text: HISTORY ? subcut emphysema seen on right chest wall Left femoral CVC tip withdrawn by 3cm REPORT Cardiac shadow not enlarged. No large confluent areas of air space shadowing seen. High right hemi diaphragm. There is a thin lineardensity seen just adjacent and lateral to the left heart border and extending superiorly lateral to the left hilar shadow. This could be due to a small pneumo-pericardium and/or pneumo mediastinum. The tip of the tracheostomy tube is in a satisfactory position relative to the bifurcation. Fairly extensive ‘subcutaneous’ emphysema noted in the right lateral chest wall, soft tissues of the neck and over the mediastinal regions. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 3310f40037e987cff910ab74575fb7ce3de31132fd86b81de4fe809307e932d0

Updated Date Time: 15/8/2016 7:06

## Layman Explanation

The scan shows that the right side of your chest wall, the area around your neck, and the region around your heart have air trapped under the skin. This is called subcutaneous emphysema. The tip of the tube in your windpipe is positioned correctly. The scan also shows a thin line near your heart, which could be due to air trapped around your heart or in the space between your lungs. The doctor recommends further evaluation or prompt treatment.

## Summary

## Radiology Report Summary:  
  
\*\*Image Type:\*\* Chest X-ray  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Subcutaneous Emphysema:\*\* Fairly extensive subcutaneous emphysema is noted in the right lateral chest wall, soft tissues of the neck, and over the mediastinal regions.   
\* \*\*Pneumo-pericardium/Pneumo-mediastinum:\*\* A thin linear density seen adjacent and lateral to the left heart border, extending superiorly lateral to the left hilar shadow, could be due to a small pneumo-pericardium and/or pneumo-mediastinum.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* Cardiac shadow is not enlarged.  
\* \*\*Lungs:\*\* No large confluent areas of air space shadowing seen.  
\* \*\*Diaphragm:\*\* High right hemidiaphragm.  
\* \*\*Trachea:\*\* The tip of the tracheostomy tube is in a satisfactory position relative to the bifurcation.  
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*Subcutaneous Emphysema:\*\* The report notes extensive subcutaneous emphysema, which is the presence of air in the tissues beneath the skin.   
\* \*\*Pneumo-pericardium/Pneumo-mediastinum:\*\* The report indicates a potential for pneumo-pericardium (air in the space surrounding the heart) and/or pneumo-mediastinum (air in the space surrounding the heart and major blood vessels).   
\* \*\*High Right Hemidiaphragm:\*\* The right hemidiaphragm is positioned higher than expected. This could indicate a number of possibilities, such as a collapsed lung or fluid build-up in the chest cavity.  
  
\*\*Note:\*\* The report mentions a "Left femoral CVC tip withdrawn by 3cm". This information is not specifically elaborated upon, but it suggests the presence of a central venous catheter (CVC) in the left femoral vein, which may be related to the subcutaneous emphysema or other findings.