# Patient ID: 1061, Performed Date: 15/3/2016 12:46

## Raw Radiology Report Extracted

Visit Number: b2f56beed0c3e34f100bfd967af3de1162202eef7dce79b712723f74be4eba61

Masked\_PatientID: 1061

Order ID: 168f31cdc2db8a714d8f88e591841d1baed6781d6cc3f59bc99a83935beadc4e

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 15/3/2016 12:46

Line Num: 1

Text: HISTORY . post NGT insertion. severe intraabdo sepsis. ?infective colitis cx by AOCKD/T2MI/complete heart block. b/g ICMP EF 27%. REPORT CHEST (SUPINE MOBILE) TOTAL OF ONE IMAGE There are cardiac monitoring leads in place. The sternotomy wires may be related to a previous CABG. The tip of the nasogastric tube is projected over the left hypochondrium below the dome of the left hemidiaphragm. Adjustment and repositioning of the tube tip is advised. Theheart shadow and mediastinum cannot be assessed for size and configuration. The lungs show upper lobe diversion and perihilar vascular congestion. There are foci of plate atelectasis in the left lower zone. May need further action Finalised by: <DOCTOR>

Accession Number: 5bbfe2e819cf62aee9211627548f5664833b0651c9f50831f099a990422f1a9f

Updated Date Time: 15/3/2016 18:03

## Layman Explanation

The report shows that the nasogastric tube (a tube inserted through the nose to the stomach) is in the wrong position. It needs to be adjusted. The chest X-ray also shows some congestion in the lungs and a possible collapsed area in the left lower lung.

## Summary

The text is extracted from a \*\*chest X-ray\*\* report.   
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Sepsis:\*\* The patient has severe intra-abdominal sepsis.  
\* \*\*Infective colitis:\*\* The report mentions "?infective colitis".  
\* \*\*AOCKD/T2MI/complete heart block:\*\* These are likely abbreviations for underlying medical conditions, but the report does not provide details.  
\* \*\*ICMP EF 27%:\*\* This refers to a reduced ejection fraction, suggesting heart dysfunction.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* The report mentions the heart shadow but cannot assess its size or configuration due to the monitoring leads. It also notes a reduced ejection fraction (EF 27%).  
\* \*\*Lungs:\*\* The lungs show upper lobe diversion and perihilar vascular congestion. There are foci of plate atelectasis in the left lower zone.  
\* \*\*Nasogastric tube:\*\* The tip of the nasogastric tube is projected over the left hypochondrium below the dome of the left hemidiaphragm.   
  
\*\*3. Symptoms/Phenomena:\*\*  
  
\* \*\*Nasogastric tube position:\*\* The nasogastric tube needs adjustment and repositioning.  
\* \*\*Upper lobe diversion and perihilar vascular congestion:\*\* These findings suggest potential lung issues.  
\* \*\*Foci of plate atelectasis in the left lower zone:\*\* This indicates lung collapse in the left lower zone and may require further investigation.  
\* \*\*Cardiac monitoring leads:\*\* These are in place, potentially due to the patient's heart condition.  
\* \*\*Sternotomy wires:\*\* These may indicate a previous coronary artery bypass grafting (CABG) procedure.