# Patient ID: 2004, Performed Date: 13/7/2015 10:26

## Raw Radiology Report Extracted

Visit Number: 27d11154f389004fc250555212b0a47855f1e82d3b30374e81f097fd2e85a3ae

Masked\_PatientID: 2004

Order ID: da052c4e71eb0eb1d137f1becd7de032db496544995b0a37992f1691619679c5

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 13/7/2015 10:26

Line Num: 1

Text: HISTORY IO, post NG insertion REPORT CHEST (PA ERECT) TOTAL OF ONE IMAGE The tip of the nasogastric tube is not optimally visualised in this study but it appears to be at the T9-T10 level. This would correspond to the distaloesophagus and therefore the tube tip must be repositioned in the stomach. The heart shadow and mediastinum do not appear to be enlarged despite the limited inspiration and patient rotation. The lungs show neither congestion nor consolidation. Both lateral costophrenic angles are preserved. The gas-filled loops of small bowel are dilated with multiple air-fluid levels compatible with obstruction. CONCLUSION Abdominal supine and erect projections are advised to confirm the bowel obstruction. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: e56e0a9b332c43ca54fb01d69ee21d36fa10081887f59a0c1f2b3f0fa274cfce

Updated Date Time: 13/7/2015 18:31

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.