# Patient ID: 2146, Performed Date: 07/9/2018 0:27

## Raw Radiology Report Extracted

Visit Number: c6cb1d075976c654bea4b50356404c82f81c85acd97bff9e9a4c28ff1dcd1de2

Masked\_PatientID: 2146

Order ID: 7bd5d958280ea5d4c4037310109ec202699ad557eacc2cd7638cc700d71aafbf

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 07/9/2018 0:27

Line Num: 1

Text: HISTORY Post re-intubation REPORT Chest radiograph, AP supine Prior study dated 6 September 2015 was reviewed. The tip of the endotracheal tube is projected 7 cm above the carina. Tip of a right PICC line is projected in stable position over the SVC. There is interval removal of the left internal jugular central line. Midline sternotomy wires and vascular clips are in keeping with history of CABG. Partially visualized right abdominal drain. The heart size cannot be accurately assessed on this AP projection. There is unfolding of the thoracic aorta. There is interval worsening of the bilateral patchy air space opacities, especially over the right mid to lower zone. Bilateral pleural effusions are noted. Findings are suggestive of pulmonary oedema. No pneumothorax is noted. Degenerative changes are noted in the visualised spine. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 88e8dfeedc4a259401da56a69f3d22c7d73eb5ff139f167cc3887c22d4503c88

Updated Date Time: 07/9/2018 15:51

## Layman Explanation

The x-ray shows that the breathing tube is in the correct position. The tube that goes into a vein in the chest is also in the correct place. The x-ray shows signs of previous heart surgery and a drain in the abdomen. The x-ray shows that the lungs are filled with fluid, which is a sign of fluid buildup in the lungs. This fluid buildup is making it hard to breathe. The x-ray also shows signs of fluid in the spaces around the lungs. There is no sign of collapsed lung.

## Summary

## Summary of Radiology Report  
  
\*\*Image Type:\*\* Chest Radiograph, AP Supine  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Pulmonary oedema:\*\* Bilateral patchy air space opacities, especially over the right mid to lower zone, have worsened since the prior study. Bilateral pleural effusions are also noted.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* Bilateral patchy air space opacities, especially over the right mid to lower zone. Bilateral pleural effusions.  
\* \*\*Heart:\*\* Heart size cannot be accurately assessed on this AP projection.  
\* \*\*Thoracic aorta:\*\* Unfolding of the thoracic aorta.  
\* \*\*Spine:\*\* Degenerative changes in the visualized spine.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Worsening bilateral patchy air space opacities:\*\* This suggests progression of pulmonary oedema, a potentially serious condition requiring prompt attention.  
\* \*\*Bilateral pleural effusions:\*\* This indicates fluid accumulation in the pleural space, which can contribute to respiratory distress and requires further evaluation.  
\* \*\*Unfolding of the thoracic aorta:\*\* This could indicate an aneurysm or other abnormality of the aorta, requiring further investigation.