# Patient ID: 247, Performed Date: 18/1/2017 0:20

## Raw Radiology Report Extracted

Visit Number: 5cf70f6daf33395aadc735a9f1fe4d81668651739ef6a15395ae98f5f6f3bb3e

Masked\_PatientID: 247

Order ID: edea6b273c0e5e7b56007521aa8917f8dc25b8f3219caa5678498c9d47acff63

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 18/1/2017 0:20

Line Num: 1

Text: HISTORY SDH/SAH REPORT The prior radiograph dated 16/01/2017 was reviewed. The right-sided central line tip is projected over the SVC and stable in position. Interval insertion of NG tube, the tip of which projects over thelower oesophagus and should be advanced further. The heart is enlarged, despite AP projection. The thoracic aorta is calcified and unfolded. Background changes of pulmonary venous congestion are again noted. No confluent consolidation, or large pleural effusion shown. Contrast is again noted within the large bowel. May need further action Finalised by: <DOCTOR>

Accession Number: afb615f94cb7594c9a75cda608821f92b55d1bcc4bcc27a40326157dc09e5a5b

Updated Date Time: 18/1/2017 16:22

## Layman Explanation

The images show that the tube in your right side (central line) is in the correct position. The tube in your nose (NG tube) needs to be moved further down. Your heart is bigger than it should be. There are some signs of fluid buildup in your lungs, but no major areas of infection or fluid collection. The report also mentions some calcium deposits in the main blood vessel in your chest. There may be further action needed based on this information.

## Summary

The text was extracted from a \*\*chest X-ray report\*\*.  
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Pulmonary venous congestion:\*\* Background changes of pulmonary venous congestion are noted. This suggests a condition where the veins carrying blood from the lungs to the heart are congested, potentially due to heart failure.  
\* \*\*Heart enlargement:\*\* The heart is enlarged, despite AP projection. This could be due to various conditions like heart failure, cardiomyopathy, or valvular heart disease.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Right-sided central line:\*\* The tip of the right-sided central line is projected over the SVC and stable in position. This indicates a central venous catheter inserted in the right side of the chest, likely in the superior vena cava (SVC).  
\* \*\*NG tube:\*\* Interval insertion of NG tube, the tip of which projects over the lower oesophagus. This indicates a nasogastric tube inserted through the nose and positioned in the lower esophagus.  
\* \*\*Heart:\*\* The heart is enlarged, despite AP projection.   
\* \*\*Thoracic aorta:\*\* The thoracic aorta is calcified and unfolded.   
\* \*\*Lungs:\*\* Background changes of pulmonary venous congestion are noted. No confluent consolidation, or large pleural effusion shown.  
\* \*\*Large bowel:\*\* Contrast is again noted within the large bowel.   
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*NG tube position:\*\* The tip of the NG tube is over the lower esophagus and should be advanced further. This suggests the tube is not positioned optimally and may require adjustment.  
\* \*\*Heart enlargement:\*\* This could be a symptom of underlying heart disease and requires further investigation.  
\* \*\*Pulmonary venous congestion:\*\* This indicates potential heart failure and needs further evaluation.  
\* \*\*Thoracic aorta calcification:\*\* This is a sign of atherosclerosis, which can increase the risk of cardiovascular events.  
\* \*\*Contrast in large bowel:\*\* This is a normal finding, but it may be related to the patient's recent history and needs further evaluation in the context of their medical history and clinical presentation.