# Patient ID: 2609, Performed Date: 04/12/2020 15:35

## Raw Radiology Report Extracted

Visit Number: d719fa8ee8ed0009cdb57b8bcfb9ecad2d7caf01cbc4b8124775ef2b658e4fda

Masked\_PatientID: 2609

Order ID: 48035e8f3d8b3daa1289b4bf9c0e5fdddd8beb38fdb7127520eaa6b9ea66b91e

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 04/12/2020 15:35

Line Num: 1

Text: HISTORY NGT placement REPORT Radiograph performed on 2 Dec 2020 reviewed. Midline sternotomy wires. Tip of feeding tube projected in the left upper quadrant. The heart size cannot be accurately assessed in this projection. Coronary stents noted. The thoracic aorta is unfolded with mural calcification seen. Interval worsening of patchy consolidation in the right lung. Stable small right pleural effusion. Mild airspace opacities also seen at the left mid to lower zones. Old right rib fractures and T7 compression fracture. Right subacromial spur. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: d193b391a1478dc16ad75791b26da1989f0abf7d938b59531dd3d1d5e8832180

Updated Date Time: 04/12/2020 22:11

## Layman Explanation

The x-ray shows that the feeding tube is in the correct position. The heart size can't be seen clearly in this image. There are signs of previous heart procedures and a hardening of the major blood vessel in the chest. The right lung has some areas of infection that are getting worse, and there is a small amount of fluid in the space between the lung and the chest wall. The left lung has some mild signs of infection in the lower part. There are old fractures in the ribs on the right side and a fracture in the spine. There is a bony spur on the right shoulder.

## Summary

\*\*Image Type:\*\* Chest X-ray  
  
\*\*Summary:\*\*  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Patchy consolidation in the right lung:\*\* Interval worsening is noted, suggesting an ongoing process.  
\* \*\*Right pleural effusion:\*\* Stable, indicating a potential inflammatory process.   
\* \*\*Old right rib fractures and T7 compression fracture:\*\* These are likely pre-existing and not necessarily related to the current findings.   
  
\*\*2. Organs:\*\*  
  
\* \*\*Heart:\*\* Size cannot be accurately assessed in this projection.  
\* \*\*Thoracic aorta:\*\* Unfolded with mural calcification seen.  
\* \*\*Right lung:\*\* Shows patchy consolidation and interval worsening.  
\* \*\*Left lung:\*\* Mild airspace opacities in the mid to lower zones.  
  
\*\*3. Symptoms or Phenomenon:\*\*  
  
\* \*\*Interval worsening of patchy consolidation in the right lung:\*\* This suggests a progressive lung process that may require further investigation and management.  
\* \*\*Mild airspace opacities in the left mid to lower zones:\*\* This may be indicative of an inflammatory or infectious process in the left lung, warranting further investigation.  
\* \*\*Right subacromial spur:\*\* This is a bony outgrowth near the shoulder joint, which can be a source of pain or discomfort.   
  
\*\*Additional information:\*\*  
  
\* The patient has undergone a midline sternotomy (surgical procedure on the chest).  
\* The tip of the nasogastric tube (NGT) is projected in the left upper quadrant.  
\* Coronary stents are noted, indicating prior cardiovascular intervention.