# Patient ID: 3002, Performed Date: 16/11/2015 15:47

## Raw Radiology Report Extracted

Visit Number: f65bd00a0ba175279376fb04bfacfa7999cf3e9b9964bfd3253b65b07e1d4567

Masked\_PatientID: 3002

Order ID: cc1eac68c2799f0e2b423d25d147e6042f46f146331b4329a9431f3e4ab865a0

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 16/11/2015 15:47

Line Num: 1

Text: HISTORY to certify NG placement REPORT Previous chest radiograph taken earlier in the day and 06:02 a.m. review. No significant interval change in the left lower lobe consolidation/collapse or the small left pleural effusion.Stable diffuse patchy air space opacities are seen in the right lung. Pulmonary venous congestion is evident. Heart size cannot be accurately assessed on this AP projection but appears enlarged. The tip of the NGT is projected over the distal stomach shadow. The tip of the ETT is approximately 4.7 cm above the carina. A right central line is noted with its tip projected over the right atrium. A left central line is seen with its tip projected over the superior vena cava. A left chest drain is noted in situ. Sternotomy wires and mediastinal clips are noted. May need further action Reported by: <DOCTOR>

Accession Number: a16466dedf193b673bc2cf2b58b55595352de0becf131cfb84c0d1bb364c3c31

Updated Date Time: 18/11/2015 14:45

## Layman Explanation

The x-ray shows that the condition in your left lung hasn't changed much since the earlier x-ray. There are some cloudy areas in your right lung and your heart appears to be larger than usual. The feeding tube is in the correct position in your stomach. The breathing tube is in the correct position in your windpipe. The central lines and chest drain are also in the correct places.

## Summary

## Radiology Report Summary  
  
\*\*Image type:\*\* Chest radiograph (likely an AP projection)  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Left lower lobe consolidation/collapse:\*\* Noted on a previous chest radiograph and appears stable.   
\* \*\*Small left pleural effusion:\*\* Noted on a previous chest radiograph and appears stable.  
\* \*\*Diffuse patchy air space opacities:\*\* Seen in the right lung.  
\* \*\*Pulmonary venous congestion:\*\* Evident.   
  
\*\*2. Organs:\*\*  
  
\* \*\*Left lower lobe:\*\* Consolidation/collapse noted.  
\* \*\*Left pleura:\*\* Small effusion noted.   
\* \*\*Right lung:\*\* Diffuse patchy air space opacities seen.   
\* \*\*Heart:\*\* Appears enlarged, but accurate assessment is not possible due to the AP projection.   
\* \*\*Stomach:\*\* The tip of the NGT is projected over the distal stomach shadow.  
\* \*\*Right atrium:\*\* The tip of the right central line is projected over the right atrium.  
\* \*\*Superior vena cava:\*\* The tip of the left central line is seen projected over the superior vena cava.   
  
\*\*3. Symptoms/Phenomena of Concern:\*\*  
  
\* \*\*Stable diffuse patchy air space opacities in the right lung:\*\* Suggestive of inflammation or infection.   
\* \*\*Pulmonary venous congestion:\*\* Suggestive of heart failure or other conditions that increase pressure in the pulmonary circulation.  
\* \*\*Enlarged heart:\*\* May indicate underlying heart disease.   
  
\*\*Additional information:\*\*  
  
\* The patient has a nasogastric tube (NGT) in place, with the tip appropriately positioned over the distal stomach shadow.  
\* The patient has an endotracheal tube (ETT) in place, with the tip approximately 4.7 cm above the carina.  
\* The patient has a right central line and a left central line in place, with their tips appropriately positioned.   
\* The patient has a left chest drain in situ.  
\* The patient has sternotomy wires and mediastinal clips present, indicating prior chest surgery.   
\* \*\*May need further action:\*\* This suggests the radiologist recommends further investigation or treatment based on the findings.