# Patient ID: 3002, Performed Date: 16/11/2015 7:47

## Raw Radiology Report Extracted

Visit Number: f65bd00a0ba175279376fb04bfacfa7999cf3e9b9964bfd3253b65b07e1d4567

Masked\_PatientID: 3002

Order ID: 4682ca7aaa59b2a74fa578719b8343752f020d8b01c04a0897b70a8c03e7d47b

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 16/11/2015 7:47

Line Num: 1

Text: HISTORY Post intubation REPORT The prior chest radiograph dated 16 November 2015 is reviewed. Midline sternotomy wires are present. The tip of the endotracheal tube is approximately 2.8 cm above the carina. The tip of the right central venous catheter is projected over the right atrium. The tip of the left central venous catheter is projected over the superior vena cava. Left pleural drainage catheter is in situ with its tip projected over the left lower zone. A tubular structure is seen traversing the left hemithorax with its tip projected over the medial aspect of the right lower zone - probably external (not seen on the subsequent radiograph). The nasogastric tube has unfolded onto itself and its tip is projected over the distal oesophagus; it needs to be repositioned before feeding can commence. The lung findings are largely unchanged from the previous radiograph. There is patchy consolidation in the right mid to lower zones. Small right pleural effusion. Moderate left pleural effusion with collapse-consolidation in the left lower zone. Background pulmonary venous congestion is noted. The heart size cannot be accurately assessed but appears enlarged. Old fracture of the rightclavicle is again noted. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 2dc84f5b509917bdb4aa7c83de00957e3b19ecdd2974e8a94be10f415d647071

Updated Date Time: 17/11/2015 17:31

## Layman Explanation

This report looks at a chest x-ray taken after you were put on a breathing tube.   
  
The x-ray shows the breathing tube is in a good position. It also shows tubes for medicine and drainage are in place.   
  
There is some fluid buildup in both lungs, more on the left side. There is also some thickening in the lung tissue on the right side.   
  
The x-ray also shows an old broken collarbone and a feeding tube that needs to be moved before you can start eating.

## Summary

The text is extracted from a \*\*chest radiograph\*\*.   
  
Here is a summary based on your guiding questions:  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Consolidation:\*\* Patchy consolidation in the right mid to lower zones.   
\* \*\*Pleural effusion:\*\* Small right pleural effusion. Moderate left pleural effusion with collapse-consolidation in the left lower zone.  
\* \*\*Pulmonary venous congestion:\*\* Background pulmonary venous congestion is noted.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* Patchy consolidation in the right mid to lower zones. Small right pleural effusion. Moderate left pleural effusion with collapse-consolidation in the left lower zone. Background pulmonary venous congestion is noted.   
\* \*\*Heart:\*\* The heart size cannot be accurately assessed but appears enlarged.  
\* \*\*Right clavicle:\*\* Old fracture of the right clavicle is again noted.  
\* \*\*Trachea:\*\* The tip of the endotracheal tube is approximately 2.8 cm above the carina.  
\* \*\*Right atrium:\*\* The tip of the right central venous catheter is projected over the right atrium.  
\* \*\*Superior vena cava:\*\* The tip of the left central venous catheter is projected over the superior vena cava.  
\* \*\*Left lower zone:\*\* Left pleural drainage catheter is in situ with its tip projected over the left lower zone.   
\* \*\*Right lower zone:\*\* A tubular structure is seen traversing the left hemithorax with its tip projected over the medial aspect of the right lower zone.  
\* \*\*Esophagus:\*\* The nasogastric tube has unfolded onto itself and its tip is projected over the distal oesophagus.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Moderate left pleural effusion with collapse-consolidation in the left lower zone:\*\* This suggests significant fluid accumulation in the left lung, which could be a serious concern.   
\* \*\*The heart size cannot be accurately assessed but appears enlarged:\*\* This may indicate underlying heart problems.  
\* \*\*The nasogastric tube has unfolded onto itself and its tip is projected over the distal oesophagus; it needs to be repositioned before feeding can commence.\*\* This suggests a potential issue with the feeding tube and requires repositioning.