# Patient ID: 3314, Performed Date: 27/11/2018 19:20

## Raw Radiology Report Extracted

Visit Number: 60e46ed126fc505161ed5f226c046b4963e93901b08cee8a6737351479052907

Masked\_PatientID: 3314

Order ID: ea827502d41d8187978789dc1517d728c4b24fd34a7fbf7416026efc300b6aa1

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 27/11/2018 19:20

Line Num: 1

Text: HISTORY post intubation PEA REPORT CHEST RADIOGRAPH, AP SUPINE PORTABLE VIEW Comparison is made with the previous chest radiograph dated 20 Nov 2018. The heart size cannot be accurately assessed. There is interval placement of an endotracheal tube; its tip is projected 4.4cm above the carina. Interval placement of a nasogastric tube is also noted; its tip is projected below the diaphragm, though it is not included on this radiograph. No pneumothorax is seen. There is worsening and extensive airspace consolidation in the left lung and right mid to lower zones. Bilateral small pleural effusions are again noted. Alveolar opacities, predominantly in a bilateral perihilar distribution, may represent pulmonary oedema/ARDS. Other possibilities include extensive pneumonia. Splenic arterial calcifications are noted. Known / Minor Reported by: <DOCTOR>

Accession Number: 9d4a4a35bcfde8af114d6b23afb20b9b82a6104c6825b1275b0df3b3c83d5bd8

Updated Date Time: 28/11/2018 17:43

## Layman Explanation

The images show that the breathing tube (endotracheal tube) is now in the right place. A feeding tube (nasogastric tube) is also in place. There is more fluid in the lungs (airspace consolidation) than before, especially on the left side and the middle and lower parts of the right side. There is also a small amount of fluid around the lungs (pleural effusions) on both sides. This could be due to fluid in the lungs (pulmonary oedema/ARDS) or a lung infection (pneumonia). The images also show some calcifications (hardening) in the spleen.

## Summary

The text is extracted from a \*\*chest radiograph\*\*.  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Pulmonary oedema/ARDS:\*\* Alveolar opacities, predominantly in a bilateral perihilar distribution, may represent pulmonary oedema/ARDS.  
\* \*\*Pneumonia:\*\* Other possibilities include extensive pneumonia.  
  
\*\*2. Organs:\*\*  
  
\* \*\*Heart:\*\* The heart size cannot be accurately assessed.  
\* \*\*Lungs:\*\* There is worsening and extensive airspace consolidation in the left lung and right mid to lower zones. Bilateral small pleural effusions are again noted. Alveolar opacities, predominantly in a bilateral perihilar distribution, may represent pulmonary oedema/ARDS. Other possibilities include extensive pneumonia.  
\* \*\*Endotracheal tube:\*\* Interval placement of an endotracheal tube; its tip is projected 4.4cm above the carina.  
\* \*\*Nasogastric tube:\*\* Interval placement of a nasogastric tube is also noted; its tip is projected below the diaphragm, though it is not included on this radiograph.   
\* \*\*Spleen:\*\* Splenic arterial calcifications are noted.  
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*Worsening and extensive airspace consolidation in the left lung and right mid to lower zones:\*\* This suggests a worsening lung condition potentially related to pneumonia or other causes.  
\* \*\*Bilateral small pleural effusions:\*\* This indicates fluid buildup in the pleural space around the lungs, which can be associated with various conditions including infection, inflammation, or heart failure.  
\* \*\*Alveolar opacities:\*\* These are areas of increased density in the lungs, which can be suggestive of fluid buildup, inflammation, or other lung abnormalities.  
\* \*\*Splenic arterial calcifications:\*\* This finding is not directly related to the lung condition but may indicate past or present vascular disease.