# Patient ID: 4964, Performed Date: 07/3/2017 9:59

## Raw Radiology Report Extracted

Visit Number: 56381090c37f73b8cfe3535c2ddd282889b19d3bc6721c74d3b04fe1cf5829bc

Masked\_PatientID: 4964

Order ID: e1cd7ddbb3d5f0f152f059a7acb17c82902f1d66fd6c84bf28db351fd060a191

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 07/3/2017 9:59

Line Num: 1

Text: HISTORY . post intubation. REPORT CHEST (SUPINE MOBILE) TOTAL OF ONE IMAGE The tip of the endotracheal tube is in the right main bronchus. This requires withdrawal and repositioning at least 3.0 cm above the carina. The tip of the right central venous line is projected over the cavoatrial area. The tip of the nasogastric tube is not included in this image The heart shadow and mediastinum are difficult to assess for size and configuration. The lungs show diffuse and widespread airspace opacification, confluent on the right side. This is compatible with either pulmonary oedema, pneumonia or haemorrhage. A right-sided pneumothorax is noted, prominent at the base and medially. There appearsto be a right chest tube with tip projected over the medial right upper zone. There is prominent subcutaneous emphysema present in both supraclavicular areas, the right axilla, right chest wall and both abdominal walls. NOTE: I have informed Staff Nurse Yee Qian Hui of SICU of the abnormal report (i.e. tip of the endotracheal tube in the right main bronchus and right pneumothorax) and the action required on Tuesday 7 March 2017 at 7:45 p.m. by telephone. Further action orearly intervention required Finalised by: <DOCTOR>

Accession Number: acafd64b8730227ce1dc2b3c4978012258f493bf147abcb2ea36011cacffa640

Updated Date Time: 07/3/2017 20:01

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.