# Patient ID: 948, Performed Date: 10/5/2016 19:55

## Raw Radiology Report Extracted

Visit Number: 7fc8e327f8bc3633ded23b044e7fdb65c423da479a79977c937543f21b0af0ad

Masked\_PatientID: 948

Order ID: 6160c39b7ce8bebef36a76cc8f95a5f502ffb05886e5ed4067e8b13310642646

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 10/5/2016 19:55

Line Num: 1

Text: HISTORY NGT placement. REPORT Previous chest radiograph performed on the 9 May 2016 was reviewed. There has been interval insertion of a nasogastric tube, its tip in the expected region of the stomach. The left internal jugular venous catheter and right central venous catheter are unchanged in position. The cardiac size cannot be assessed in this AP sitting projection. Diffuse air space opacities in both lungs and bilateral perihilar regions are compatible with underlying fluid overload. Small bilateral pleural effusions also present. There is prominence of the pulmonary vasculature compatible with underlying pulmonary venous congestion. Embolisation coils are seen projected over the region of the right renal outline. Known / Minor Finalised by: <DOCTOR>

Accession Number: 857ead213aa2b3f518ac1d57d3d7ac9e12dfa2625ce3d19312fd53e3233b2613

Updated Date Time: 11/5/2016 9:32

## Layman Explanation

The report shows a tube placed in your stomach through your nose (nasogastric tube). The tubes in your neck (internal jugular venous catheter and right central venous catheter) are in the same position as before. Your lungs show some areas of fluid build-up, which may be due to too much fluid in your body. There is also some fluid in the space between your lungs and chest wall. Your heart size cannot be determined from this image.

## Summary

The text is extracted from a \*\*chest radiograph\*\*.  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Fluid overload:\*\* Diffuse air space opacities in both lungs and bilateral perihilar regions are compatible with underlying fluid overload.  
\* \*\*Pulmonary venous congestion:\*\* Prominence of the pulmonary vasculature compatible with underlying pulmonary venous congestion.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\* Diffuse air space opacities in both lungs and bilateral perihilar regions.  
\* \*\*Stomach:\*\* Nasogastric tube tip in the expected region of the stomach.  
\* \*\*Heart:\*\* Cardiac size cannot be assessed in this AP sitting projection.  
\* \*\*Right Kidney:\*\* Embolisation coils are seen projected over the region of the right renal outline.   
\* \*\*Blood Vessels:\*\* Left internal jugular venous catheter and right central venous catheter.  
  
\*\*3. Symptoms or Phenomenon Causing Attention:\*\*  
  
\* \*\*Diffuse air space opacities in both lungs and bilateral perihilar regions:\*\* This suggests fluid overload.   
\* \*\*Small bilateral pleural effusions:\*\* This indicates fluid accumulation in the pleural space.  
\* \*\*Prominence of the pulmonary vasculature:\*\* This is compatible with pulmonary venous congestion.   
\* \*\*Embolisation coils seen projected over the region of the right renal outline:\*\* This indicates the presence of previously placed coils, potentially related to an intervention.