# Patient ID: 269, Performed Date: 12/8/2016 12:42

## Raw Radiology Report Extracted

Visit Number: f91bc1d4b707acc56774e44af8c7c1f887f25af2b7251524680229e5ac15efd5

Masked\_PatientID: 269

Order ID: 31a0305bc02acf9915fa35048ba815ca62d8df4d0741e462ac1a1266444106e6

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 12/8/2016 12:42

Line Num: 1

Text: HISTORY TBSA 52% REPORT Cardiac shadow not enlarged. There is a small right upper lateral pneumothorax measuring up less than 0.5 cm. A large band shadow is still noted in the right para cardiac region compared with the previousfilm of 11/8/16. This could be due to segmental atelectasis. Subcutaneous emphysema is noted in the right lateral chest wall and soft tissues of the neck. The tip of the endotracheal tube is approximately 6.6 cm from the bifurcation. The tip ofthe naso gastric tube is projected over the mid / distal stomach. May need further action Finalised by: <DOCTOR>

Accession Number: 3286858af8957d2c020fa80c9e6633126ddd554c4d161cda823cb961bbd522e1

Updated Date Time: 13/8/2016 10:12

## Layman Explanation

The images show a small amount of air in the space surrounding the right lung. There's also a large area of shadow on the right side of the chest compared to previous images. This might be due to a part of the lung not expanding properly. There is air trapped under the skin in the right chest wall and neck. The breathing tube is in the correct position and the feeding tube is in the stomach.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* Chest X-ray (based on the mention of "cardiac shadow", "pneumothorax", "subcutaneous emphysema", "endotracheal tube", and "nasogastric tube").  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*NIL\*\* - While the report mentions "segmental atelectasis", it does not explicitly state this as a diagnosis. It suggests it as a possible explanation for the "large band shadow."  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* The report states "Cardiac shadow not enlarged".  
\* \*\*Lungs:\*\* The report mentions a "small right upper lateral pneumothorax" and a "large band shadow" in the right paracardiac region.   
\* \*\*Chest wall:\*\* "Subcutaneous emphysema" is noted in the right lateral chest wall.  
\* \*\*Neck:\*\* "Subcutaneous emphysema" is also noted in the soft tissues of the neck.  
\* \*\*Stomach:\*\* The tip of the nasogastric tube is projected over the mid/distal stomach.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Pneumothorax:\*\* The report highlights a small right upper lateral pneumothorax measuring less than 0.5 cm.  
\* \*\*Atelecatasis:\*\* The large band shadow in the right paracardiac region is suggested to be due to segmental atelectasis, indicating potential lung collapse.  
\* \*\*Subcutaneous Emphysema:\*\* The presence of subcutaneous emphysema in the right lateral chest wall and neck soft tissues could indicate a potential air leak, possibly related to the pneumothorax or other injury.  
\* \*\*Endotracheal tube placement:\*\* The tip of the endotracheal tube is reported to be 6.6 cm from the bifurcation, indicating proper placement for ventilation.  
\* \*\*Nasogastric tube placement:\*\* The tip of the nasogastric tube is projected over the mid/distal stomach, suggesting proper placement for feeding/decompression.   
  
\*\*Overall:\*\* The report highlights several findings that warrant further attention, especially the pneumothorax and the suspected atelectasis. The "May need further action" statement suggests that the radiologist recommends additional evaluation and potentially further intervention.