# Patient ID: 269, Performed Date: 12/8/2016 20:06

## Raw Radiology Report Extracted

Visit Number: f91bc1d4b707acc56774e44af8c7c1f887f25af2b7251524680229e5ac15efd5

Masked\_PatientID: 269

Order ID: 3ee62133934db0e7caf1a4adc4281c8d4d2cf9bc99d6503ff4e388a23b1d0274

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 12/8/2016 20:06

Line Num: 1

Text: HISTORY ? subcut emphysema seen on right chest wall Left femoral CVC tip withdrawn by 3cm REPORT Cardiac shadow not enlarged. No large confluent areas of air space shadowing seen. High right hemi diaphragm. There is a thin lineardensity seen just adjacent and lateral to the left heart border and extending superiorly lateral to the left hilar shadow. This could be due to a small pneumo-pericardium and/or pneumo mediastinum. The tip of the tracheostomy tube is in a satisfactory position relative to the bifurcation. Fairly extensive ‘subcutaneous’ emphysema noted in the right lateral chest wall, soft tissues of the neck and over the mediastinal regions. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 3310f40037e987cff910ab74575fb7ce3de31132fd86b81de4fe809307e932d0

Updated Date Time: 15/8/2016 7:06

## Layman Explanation

The images show that the heart is normal size and there is no sign of pneumonia. The right side of the diaphragm, which separates the lungs from the abdomen, is slightly higher than normal.   
  
There is a small amount of air trapped in the space around the heart, which could be due to air leaking from the lungs or from the chest wall.  
  
There is also some air trapped beneath the skin in the right side of the chest, neck, and around the chest cavity.   
  
The tracheostomy tube is in a good position.

## Summary

Error generating summary.