# Row 1777

Visit Number: 6db35c8cc31695c0a31540f3dce343d7aa4ecc4434044214007fbe5c2569d9ec

Masked\_PatientID: 1766

Order ID: 96a51e12fd1163d1a4776ce30f66d8ff9da58224d8d4d1d1d205d2bd03d4d6f8

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 19/2/2016 16:41

Line Num: 1

Text: HISTORY sepsis REPORT Chest AP sitting. Prior radiograph dated 16/02/2016 was reviewed. Upper lobe venous diversion and prominent vascular markings are seen compared to previous radiograph may suggest fluid overload. Atypicalinfection is another differential. The patchy opacities in the right right mid zone are unchanged. The heart size cannot be accurately assessed. Right PICC is in situ. May need further action Finalised by: <DOCTOR>

Accession Number: 15d9e531a3a274753a793a725c97727f032e9a257bb586ac8ca925765b251744

Updated Date Time: 20/2/2016 17:48

## Layman Explanation

This radiology report discusses HISTORY sepsis REPORT Chest AP sitting. Prior radiograph dated 16/02/2016 was reviewed. Upper lobe venous diversion and prominent vascular markings are seen compared to previous radiograph may suggest fluid overload. Atypicalinfection is another differential. The patchy opacities in the right right mid zone are unchanged. The heart size cannot be accurately assessed. Right PICC is in situ. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.