# Row 1843

Visit Number: a5b6ff4614ade8918579d07accf1a5716703179cb379e6e2883e2f6f96be18e3

Masked\_PatientID: 1839

Order ID: 186cd832de74b7a6f5a2772103ec1a4d44a72e9771f547404c8fc25b6e3ec44f

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 23/1/2020 15:52

Line Num: 1

Text: HISTORY abdomen distended . referre from HCA for ascitis requiring tap REPORT Compared with previous film dated 02/12/2019. Both domes are elevated, likely related to underlying ascites. Possible small left basal pleural effusion. Some atelectasis/increased opacification in medial lower zones bilaterally with slightly prominent interstitial lines could be due to degree of interstitial oedema. No gross consolidation seen. Heart size is not well assessed in this AP projection. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: dcab18afccbe8ec5ea16349907c0b3ae77111c81ffb95be697f93731ce2bdb01

Updated Date Time: 24/1/2020 9:08

## Layman Explanation

This radiology report discusses HISTORY abdomen distended . referre from HCA for ascitis requiring tap REPORT Compared with previous film dated 02/12/2019. Both domes are elevated, likely related to underlying ascites. Possible small left basal pleural effusion. Some atelectasis/increased opacification in medial lower zones bilaterally with slightly prominent interstitial lines could be due to degree of interstitial oedema. No gross consolidation seen. Heart size is not well assessed in this AP projection. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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