# Row 317

Visit Number: 70fb07319e76068694c9864b0b5f4992e2bd64202fa734711f021b88e51a2d82

Masked\_PatientID: 301

Order ID: 772d8ee679bb87c1b455a205b28a747044c30380c5e9db71921fefff439e3c87

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 12/4/2018 23:14

Line Num: 1

Text: HISTORY ascites REPORT Previous chest radiograph (18/10/2017) and recent CT Thorax/Abdomen/Pelvis (5/2/2018) were reviewed. The cardiac size cannot be assessed accurately in this radiograph. The left hemi-diaphragm is elevated and obscures the left heart border and left lung base, possibly due to gross ascites. Sub-segmental atelectasis is seen in the lower zones. Small right-sided pleural effusion is evident. No focal area of infection or suspicious pulmonary nodule is seen. Known T11 and L1 vertebrae compression fractures are noted. The T9 vertebra compression fracture is better appreciated in the CT study. May need further action Reported by: <DOCTOR>

Accession Number: 7153a38293af17846b64b622494febb39ecff08aeed1a564bbe47c32cb58c808

Updated Date Time: 13/4/2018 12:21

## Layman Explanation

This radiology report discusses HISTORY ascites REPORT Previous chest radiograph (18/10/2017) and recent CT Thorax/Abdomen/Pelvis (5/2/2018) were reviewed. The cardiac size cannot be assessed accurately in this radiograph. The left hemi-diaphragm is elevated and obscures the left heart border and left lung base, possibly due to gross ascites. Sub-segmental atelectasis is seen in the lower zones. Small right-sided pleural effusion is evident. No focal area of infection or suspicious pulmonary nodule is seen. Known T11 and L1 vertebrae compression fractures are noted. The T9 vertebra compression fracture is better appreciated in the CT study. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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