# Row 4869

Visit Number: 9cd33d8adab4fccc8ea22729f58caa0d81c2822251528d8141ba7c9c27b52a1b

Masked\_PatientID: 4865

Order ID: 840ffb824f0e36c1200153c23e13a51a8653511a5244cf06bea1426ae5c4d483

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 27/9/2015 8:54

Line Num: 1

Text: HISTORY splenic laceration s/p splenectomy REPORT Even though this is an AP film, the cardiac shadow appears enlarged. Upper lobe veins appear mildly prominent. Increased shadowing seen in the right lung base compared with the previous film of 25/9/15, could be due to early infective change. The tip of the left chest tube is projected over the left hilar shadow. No overt pneumothorax. Subcutaneous emphysema noted in the left lateral chest wall. The tip of the CVP line is projected over the distal IJ / proximal innominate. Known / Minor Finalised by: <DOCTOR>

Accession Number: d78ccf523d3c47acaa0f3d2a44513cebe9e0e00273d67e1212cedc0a72417a0a

Updated Date Time: 28/9/2015 6:24

## Layman Explanation

This radiology report discusses HISTORY splenic laceration s/p splenectomy REPORT Even though this is an AP film, the cardiac shadow appears enlarged. Upper lobe veins appear mildly prominent. Increased shadowing seen in the right lung base compared with the previous film of 25/9/15, could be due to early infective change. The tip of the left chest tube is projected over the left hilar shadow. No overt pneumothorax. Subcutaneous emphysema noted in the left lateral chest wall. The tip of the CVP line is projected over the distal IJ / proximal innominate. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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