# Row 5593

Visit Number: f0a1c4e976420529aa6a405967bb9319e2419bf9b74cd3b2990806c7e4b1bad2

Masked\_PatientID: 5590

Order ID: b21220428d89df61813a9d11d6956bdff0f8974bc7d5db5aed86c12b7686d62f

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 14/10/2015 11:40

Line Num: 1

Text: HISTORY CCF to rule out ACS; Chest pain with bilateral ll swelling REPORT CHEST PA ERECT The left lateral chest wall is truncated – technical. Previous radiograph dated 26 August 2015 was reviewed. There is cardiomegaly, intimal calcification in the aortic knuckle and unfolding of the thoracic aorta. Prominence of the hilar markings, upper lobe vascular diversion and increased peripheral interstitial septal markings are consistent with pulmonary venous congestion. No overt alveolar oedema or sizeable pleural effusion. Stable linear atelectasis in the left lower zone adjacent to the left cardiac border. May need further action Finalised by: <DOCTOR>

Accession Number: af6281587e3995a574208b74fed88447492d013f3ddb795a00c745a360342915

Updated Date Time: 14/10/2015 14:17

## Layman Explanation

This radiology report discusses HISTORY CCF to rule out ACS; Chest pain with bilateral ll swelling REPORT CHEST PA ERECT The left lateral chest wall is truncated – technical. Previous radiograph dated 26 August 2015 was reviewed. There is cardiomegaly, intimal calcification in the aortic knuckle and unfolding of the thoracic aorta. Prominence of the hilar markings, upper lobe vascular diversion and increased peripheral interstitial septal markings are consistent with pulmonary venous congestion. No overt alveolar oedema or sizeable pleural effusion. Stable linear atelectasis in the left lower zone adjacent to the left cardiac border. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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