# Row 6581

Visit Number: 8d019d0a729c5714924dcb102fa31065b7c4ac4b0d9a6aa0b16ec20ee7da1ba4

Masked\_PatientID: 6580

Order ID: 96f6e87855462db57f3521aebb322710492786a9f2b698d0b63f5fc365173f23

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 24/3/2016 15:52

Line Num: 1

Text: HISTORY Post rt lobectomy REPORT Sternotomy wires and right chest drain are noted in situ. There is right chest wall surgical emphysema. A right pneumothorax is present - 18 mm at the apex. (Review of the next radiograph dated 25/03/16 shows decreasing size of the right pneumothorax - 15 mm) There is elevation of the right hemidiaphragm due to loss of volume in the right lung. The heart is enlarged. The lung bases are difficult to assess due to suboptimal inspiratory effort. There is suggestion of ground-glass shadowing in the retrocardiac left lower zone. Follow-up suggested Known / Minor Finalised by: <DOCTOR>

Accession Number: 3320588e863cea27fbc0d80b272da1613c709933814d2bab5595ad6986cc07fa

Updated Date Time: 26/3/2016 10:47

## Layman Explanation

This radiology report discusses HISTORY Post rt lobectomy REPORT Sternotomy wires and right chest drain are noted in situ. There is right chest wall surgical emphysema. A right pneumothorax is present - 18 mm at the apex. (Review of the next radiograph dated 25/03/16 shows decreasing size of the right pneumothorax - 15 mm) There is elevation of the right hemidiaphragm due to loss of volume in the right lung. The heart is enlarged. The lung bases are difficult to assess due to suboptimal inspiratory effort. There is suggestion of ground-glass shadowing in the retrocardiac left lower zone. Follow-up suggested Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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