# Row 6707

Visit Number: 99d3f2a4f1907d54b219545824dd5f0b94fcd6c8dd0a23f1d672603233ba5935

Masked\_PatientID: 6686

Order ID: bf9cd13ecb489d13377d9cd29ca6a54f4ddd4fb1727de3e3dcf4e066adbb9133

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 20/1/2018 21:17

Line Num: 1

Text: HISTORY Fluid overload REPORT Comparison chest radiograph dated 8 December 2017. Right chest wall triple lead AICD appears intact with its lead tips stable in position. Status post CABG. Cardiomegaly is evident despite the projection. The thoracic aorta is unfolded. No consolidation is seen. Mild upper lobe venous diversion, prominent perihilar vasculature and bilateral small pleural effusions, likely due to fluid overload, are largely unchanged. May need further action Finalised by: <DOCTOR>

Accession Number: 03c58ab2116f377cf0698d950a3518f906d2939ee84f01df7e4c9798256d4315

Updated Date Time: 21/1/2018 12:25

## Layman Explanation

This radiology report discusses HISTORY Fluid overload REPORT Comparison chest radiograph dated 8 December 2017. Right chest wall triple lead AICD appears intact with its lead tips stable in position. Status post CABG. Cardiomegaly is evident despite the projection. The thoracic aorta is unfolded. No consolidation is seen. Mild upper lobe venous diversion, prominent perihilar vasculature and bilateral small pleural effusions, likely due to fluid overload, are largely unchanged. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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