# Row 7143

Visit Number: f91c7eab624812c27075a88dbd3405069b0be5500aacd4af98dc2eacdc7a727c

Masked\_PatientID: 7142

Order ID: 38ff628e4290af76a48bc125a54f11bc014bf1cc14fdcfe8334115a45d08ff34

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 05/7/2018 17:34

Line Num: 1

Text: HISTORY fluid overload REPORT Comparison is with previous chest x-ray dated 6/6/2018. The heart size is enlarged. Prominent pulmonary vasculature with upper vascular diversion is in keeping with pulmonary oedema. The tip ofthe electrode from the cardiac pacemaker is in the right ventricle. Left retrocardiac opacity may be contributed by the enlarged heart and makes it hard to assess for airspace opacity. No prominent pleural effusion is detected. May need further action Reported by: <DOCTOR>

Accession Number: 590424e9949e8119c75162cf2f0251ea709aa2fc506553d35639300423988c22

Updated Date Time: 06/7/2018 12:22

## Layman Explanation

This radiology report discusses HISTORY fluid overload REPORT Comparison is with previous chest x-ray dated 6/6/2018. The heart size is enlarged. Prominent pulmonary vasculature with upper vascular diversion is in keeping with pulmonary oedema. The tip ofthe electrode from the cardiac pacemaker is in the right ventricle. Left retrocardiac opacity may be contributed by the enlarged heart and makes it hard to assess for airspace opacity. No prominent pleural effusion is detected. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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