# Row 7208

Visit Number: afb8f7d78d33b6e528a0c991e7c6daa400df56ad3639eff104aa8986bbf25262

Masked\_PatientID: 7195

Order ID: 3906699a6602bdf2013c711d5a63ce022a7be4fcc52710a3032b2443fcb0d48c

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 02/10/2016 7:10

Line Num: 1

Text: HISTORY fever, sepsis s/p cabg, esrf, ileus on tpn, pr bleed from stercoral ulcer REPORT The heart is mildly enlarged. Pulmonary venous congestion is present. Diffuse airspace changes seen in both lungs is presumably due to oedema. There is some improvement in the left lung opacification compared to the chest x-ray dated 29 September 2016. There is consolidation in the left lower lobe. Both costophrenic angles are blunted from small pleural effusions. The right jugular line has its tip in the superior vena cava. The nasogastric tube has its tip in the stomach. External pacing wires are present. Sternotomy wires are intact. May need further action Finalised by: <DOCTOR>

Accession Number: af8aceb467c95f08df49c029ec6724624ba3fbb830e7bf3d140e871ee56c48c5

Updated Date Time: 04/10/2016 10:28

## Layman Explanation

This radiology report discusses HISTORY fever, sepsis s/p cabg, esrf, ileus on tpn, pr bleed from stercoral ulcer REPORT The heart is mildly enlarged. Pulmonary venous congestion is present. Diffuse airspace changes seen in both lungs is presumably due to oedema. There is some improvement in the left lung opacification compared to the chest x-ray dated 29 September 2016. There is consolidation in the left lower lobe. Both costophrenic angles are blunted from small pleural effusions. The right jugular line has its tip in the superior vena cava. The nasogastric tube has its tip in the stomach. External pacing wires are present. Sternotomy wires are intact. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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