# Row 7207

Visit Number: afb8f7d78d33b6e528a0c991e7c6daa400df56ad3639eff104aa8986bbf25262

Masked\_PatientID: 7195

Order ID: 96b4d15a361ac63c0c94c232594ce3f58336717637c4d549458a75fe83faa35b

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 29/9/2016 14:35

Line Num: 1

Text: HISTORY TVD, ESRF PROCTITIS WITH Lower BGIT REPORT The heart is mildly enlarged. There is consolidation in the left lower lobe and the left lung shows diffuse opacification. Airspace changes are present in the right lower zone. 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. Overall appearances are similar to the radiograph of 29 September 2016 performed at 11am. Extensive airspace changes are in both lungs with left lower lobe consolidation, presumably due to oedema. Known / Minor Finalised by: <DOCTOR>

Accession Number: cf06656e07423cde75a7ad52b918f4e68c620a3000a7816e0946d9aadfdbbfb1

Updated Date Time: 30/9/2016 10:26

## Layman Explanation

This radiology report discusses HISTORY TVD, ESRF PROCTITIS WITH Lower BGIT REPORT The heart is mildly enlarged. There is consolidation in the left lower lobe and the left lung shows diffuse opacification. Airspace changes are present in the right lower zone. 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. Overall appearances are similar to the radiograph of 29 September 2016 performed at 11am. Extensive airspace changes are in both lungs with left lower lobe consolidation, presumably due to oedema. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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