# Row 7322

Visit Number: 5b87f7fddebf4188db87c065f740ded66e2485d27526a8d33cc14c68940fc1f9

Masked\_PatientID: 7320

Order ID: ffdd4e9f29792356a11e07417f09b2f0b3f7c579102a7b59616f984b6aca285f

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 22/11/2017 18:23

Line Num: 1

Text: HISTORY desat REPORT CHEST AP – SITTING Extensive consolidation is again seen in the bilateral mid to lower zones, showing interval worsening when compared to the prior radiograph. There are bilateral pleural effusions. Although the findings are compatible with pulmonary oedema, persistence of the changes raises the possibility of superimposed infection or pulmonary haemorrhage. There is interval removal of the endotracheal tube. The tip of the feeding tube is projected over the expected position of the stomach. The tip of the right central venous catheter is projected over the SVC. The heart size cannot be accurately assessed on the AP projection. May need further action Reported by: <DOCTOR>

Accession Number: d14a3278cbd1ba37e2617da501670275cb4180f6b3c7c75156f770c0071c37da

Updated Date Time: 23/11/2017 11:29

## Layman Explanation

This radiology report discusses HISTORY desat REPORT CHEST AP – SITTING Extensive consolidation is again seen in the bilateral mid to lower zones, showing interval worsening when compared to the prior radiograph. There are bilateral pleural effusions. Although the findings are compatible with pulmonary oedema, persistence of the changes raises the possibility of superimposed infection or pulmonary haemorrhage. There is interval removal of the endotracheal tube. The tip of the feeding tube is projected over the expected position of the stomach. The tip of the right central venous catheter is projected over the SVC. The heart size cannot be accurately assessed on the AP projection. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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