# Row 7558

Visit Number: bc37e227cf3bc3fbc31b3a6fcf309e83a9efb95d1aae7a1748a6720f8ecd4c0c

Masked\_PatientID: 7558

Order ID: b1e40d9a886295e4f0c92558a897fb455041c3c0844e81b01ab70d9fc464a88e

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 31/12/2018 18:04

Line Num: 1

Text: HISTORY SOB, chest pain hx of lung CA, pericardial effusion abdo bloated, hx of recent subacute IO REPORT CT chest of 2 August 2018 (CGH) was reviewed. Abdomen: There is gross dilatation of the small and large bowel with no overt transition. There is also dilatation of the stomach. Rectal gas is seen. Overall findings are worrisome for intestinal obstruction or ileus. Surgical clip projected over the left lower vertebral region. Sclerosis of L4 and L5 may be from underlying spondylotic changes, however underlying destructive bony lesion is not excluded. Chest: No subphrenic free gas is seen. There is stable collapse of the left lower lobe. Prominent left hilar shadow may be from underlying hilar lymphadenopathy. Scattered rounded opacities projected over both lungs, more on the right measuring up to 2.6 cm in the right mid zone likely correspond to underlying pulmonary metastases. No pleural effusion seen. There is cardiomegaly despite the AP projection. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: e1851f5b9b7320c34fe8da04ca0fe63614960bc24e20e25f381b2a2b8b1724eb

Updated Date Time: 01/1/2019 11:25

## Layman Explanation

This radiology report discusses HISTORY SOB, chest pain hx of lung CA, pericardial effusion abdo bloated, hx of recent subacute IO REPORT CT chest of 2 August 2018 (CGH) was reviewed. Abdomen: There is gross dilatation of the small and large bowel with no overt transition. There is also dilatation of the stomach. Rectal gas is seen. Overall findings are worrisome for intestinal obstruction or ileus. Surgical clip projected over the left lower vertebral region. Sclerosis of L4 and L5 may be from underlying spondylotic changes, however underlying destructive bony lesion is not excluded. Chest: No subphrenic free gas is seen. There is stable collapse of the left lower lobe. Prominent left hilar shadow may be from underlying hilar lymphadenopathy. Scattered rounded opacities projected over both lungs, more on the right measuring up to 2.6 cm in the right mid zone likely correspond to underlying pulmonary metastases. No pleural effusion seen. There is cardiomegaly despite the AP projection. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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