# Row 8332

Visit Number: e7901752a56a135b351c612fadcbd9f64df1642817ebec9fa7259b8954d3135c

Masked\_PatientID: 8332

Order ID: a3491cb33a4f613e0e5a4a030d79660ad203c25921d5264a61408d440256b3e5

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 28/8/2019 14:01

Line Num: 1

Text: HISTORY fast AF REPORT Chest AP sitting Note is made of the radiograph of 29 March 2019. The heart is enlarged with again suggestion of left atrial enlargement as seen by the splaying of the carina. Thoracic aorta is mildly unfolded with mural calcification. The pulmonary vasculature again appear prominent with mild upper lobe pulmonary venous diversion. Bilateral pleural effusions are noted, right more than left. Overall findings are suggestive of fluid overload. Increased haziness along the bilateral lower zones superior to the pleural effusions may be related to compressive atelectasis. No gross subphrenic free air. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: b277a0e181b566cd023f43ecce22d7bd4fcd71c95e9c16900971e882d97778b5

Updated Date Time: 28/8/2019 14:45

## Layman Explanation

This radiology report discusses HISTORY fast AF REPORT Chest AP sitting Note is made of the radiograph of 29 March 2019. The heart is enlarged with again suggestion of left atrial enlargement as seen by the splaying of the carina. Thoracic aorta is mildly unfolded with mural calcification. The pulmonary vasculature again appear prominent with mild upper lobe pulmonary venous diversion. Bilateral pleural effusions are noted, right more than left. Overall findings are suggestive of fluid overload. Increased haziness along the bilateral lower zones superior to the pleural effusions may be related to compressive atelectasis. No gross subphrenic free air. Report Indicator: 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.