# Row 852

Visit Number: 358c46f9cec37b0f0835822ddee52e6189e0beb32921acf50bdb2ee96a0692f8

Masked\_PatientID: 852

Order ID: 2d41809000741a805c15ea4f6be37d05f091be38939f7719745fec6cbe5cb955

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 22/3/2016 18:09

Line Num: 1

Text: HISTORY renal failure; tem vas cath inserted via Rt neck to check placement REPORT Prior film dated 20/03/2016 was reviewed. Interval insertion of a right-sided central line is noted, the tip of which is projected over the cavoatrial junction. The heart size is at the upper limit of normal. Prominent hilar vessels with upper lobe blood diversion and interstitial change in the bases suggest pulmonary oedema. There is interval worsening of the air space shadowing in theright upper zone. Right-sided pleural effusion also noted in the apical region. Please correlate clinically for signs of active infection. No pneumothorax. May need further action Finalised by: <DOCTOR>

Accession Number: 0569b1280ff6a3de6a05d0b1c92f190a658037417c35a18e18f4259263205006

Updated Date Time: 23/3/2016 11:34

## Layman Explanation

This radiology report discusses HISTORY renal failure; tem vas cath inserted via Rt neck to check placement REPORT Prior film dated 20/03/2016 was reviewed. Interval insertion of a right-sided central line is noted, the tip of which is projected over the cavoatrial junction. The heart size is at the upper limit of normal. Prominent hilar vessels with upper lobe blood diversion and interstitial change in the bases suggest pulmonary oedema. There is interval worsening of the air space shadowing in theright upper zone. Right-sided pleural effusion also noted in the apical region. Please correlate clinically for signs of active infection. No pneumothorax. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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