# Row 862

Visit Number: 0311adc5575454fbead589ce23b58af0099696af16e033a6e2b06372e8e85e97

Masked\_PatientID: 858

Order ID: b7bcbcb8e7aa745959af640140066f78451c082e0cac9ab84310300c7cc49333

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 31/10/2016 7:10

Line Num: 1

Text: HISTORY . fluid overload sec decompensated ccf. REPORT CHEST (AP SITTING MOBILE) TOTAL OF ONE IMAGE The patient is prominently rotated. The heart shadow and mediastinum are difficult to assess for size and configuration in view of the projection and patient rotation. The thoracic aorta appears to be unfolded with mural calcification of the arch and descending part. There is air space opacification in both lungs compatible with either fluid overload or infection on both. There is likely to be right basal pleural effusion. There is a skin fold artefact overlying the upper half of the right lung that should not be mistaken for a right pneumothorax. May need further action Finalised by: <DOCTOR>

Accession Number: 0af46a552ba18e8506cceb720434edf1b6ea4a8136be3cfe3199f2dde4db786b

Updated Date Time: 31/10/2016 22:09

## Layman Explanation

This radiology report discusses HISTORY . fluid overload sec decompensated ccf. REPORT CHEST (AP SITTING MOBILE) TOTAL OF ONE IMAGE The patient is prominently rotated. The heart shadow and mediastinum are difficult to assess for size and configuration in view of the projection and patient rotation. The thoracic aorta appears to be unfolded with mural calcification of the arch and descending part. There is air space opacification in both lungs compatible with either fluid overload or infection on both. There is likely to be right basal pleural effusion. There is a skin fold artefact overlying the upper half of the right lung that should not be mistaken for a right pneumothorax. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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