# Row 8728

Visit Number: ba2fd94348810ebda6c0765838ef6ff5f582532c4cdd7ee26393f72c0031e9b4

Masked\_PatientID: 8706

Order ID: b4b282a55fbc04f760be98b1a19a40ca84f58e0ee39bb39d738eef289c1ba307

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 25/10/2018 20:35

Line Num: 1

Text: HISTORY Central chest pain. likely NSTEMI REPORT Comparison is made with the prior chest radiograph dated 24 March 2018. Median sternotomy wires are seen in keeping with prior CABG. There is no focal consolidation. There is mild pulmonary venous congestion and septal thickening, likely due to pulmonary oedema/fluid overload. Bilateral costophrenic angles are slightly blunted, suggestive of small pleural effusions. The heart is enlarged. The thoracic aorta is unfolded with mural calcifications in the aortic arch. May need further action Reported by: <DOCTOR>

Accession Number: e1b1b50a989255e774c551db1a3192e378edddc7e46338af804b93976ce7874a

Updated Date Time: 26/10/2018 12:25

## Layman Explanation

This radiology report discusses HISTORY Central chest pain. likely NSTEMI REPORT Comparison is made with the prior chest radiograph dated 24 March 2018. Median sternotomy wires are seen in keeping with prior CABG. There is no focal consolidation. There is mild pulmonary venous congestion and septal thickening, likely due to pulmonary oedema/fluid overload. Bilateral costophrenic angles are slightly blunted, suggestive of small pleural effusions. The heart is enlarged. The thoracic aorta is unfolded with mural calcifications in the aortic arch. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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