# Row 9013

Visit Number: 345e80e746c2d933d923fae130f1dbb39c25510cbce689d4e93ebccacbe01c25

Masked\_PatientID: 9004

Order ID: 48c8419b4693963e2d2fe4f2b7610de3bfbcf87cd0ac9c40d6a1d50b2b21c64a

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 08/10/2018 9:06

Line Num: 1

Text: HISTORY fever. thick phlebm with cough. NG tube feeding. minimal creps at bases resus 2 REPORT XR CHEST SUPINE Comparison is made with previous chest radiograph dated 18 May 2018. The tip of the feeding tube is beyond the lower limits of this radiograph. A metallic inferior vena cava filter is partially imaged. The heart is not enlarged. The thoracic aorta is unfolded. There is patchy bronchocentric infective changes noted in both lower zones, especially on the right, increasing from before. Minimal upper lobar diversion also noted. Probable minimal left pleural effusion. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 6b5e4f05c090342b47a13e7517ffafa17cf02f71ba2f92d35ac565514a9924a8

Updated Date Time: 08/10/2018 17:49

## Layman Explanation

This radiology report discusses HISTORY fever. thick phlebm with cough. NG tube feeding. minimal creps at bases resus 2 REPORT XR CHEST SUPINE Comparison is made with previous chest radiograph dated 18 May 2018. The tip of the feeding tube is beyond the lower limits of this radiograph. A metallic inferior vena cava filter is partially imaged. The heart is not enlarged. The thoracic aorta is unfolded. There is patchy bronchocentric infective changes noted in both lower zones, especially on the right, increasing from before. Minimal upper lobar diversion also noted. Probable minimal left pleural effusion. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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