# Row 9287

Visit Number: 6918d933c347a9eaa10a4195142a9f6d7c0f3a4224eae49f58e226a7c312f307

Masked\_PatientID: 9207

Order ID: ef8bdba24f760e0f57e827c4805d76d267b3e894fafe83d2baeeb965e0a1280a

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 20/9/2019 21:24

Line Num: 1

Text: HISTORY B9 SOB REPORT AP CHEST Prior radiograph dated 25 August 2019 was reviewed. Left-sided single lead AICD is in situ. The lead is intact and stable in position. Midline sternotomy wires, a prosthetic mitral valve and prior tricuspid annuloplasty are noted. The heart is enlarged. Bilateral upper lobe venous diversion, pulmonary venous congestion and patchy airspace opacities in the right mid zone are seen. Appearances probably represent fluid overload, although superimposed infection cannot be excluded. Right pleural thickening is noted. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 6d1a3347e8925881fa17fae94f427297ff5b6836fbc7966c39b78ac55d79c445

Updated Date Time: 21/9/2019 8:44

## Layman Explanation

This radiology report discusses HISTORY B9 SOB REPORT AP CHEST Prior radiograph dated 25 August 2019 was reviewed. Left-sided single lead AICD is in situ. The lead is intact and stable in position. Midline sternotomy wires, a prosthetic mitral valve and prior tricuspid annuloplasty are noted. The heart is enlarged. Bilateral upper lobe venous diversion, pulmonary venous congestion and patchy airspace opacities in the right mid zone are seen. Appearances probably represent fluid overload, although superimposed infection cannot be excluded. Right pleural thickening is noted. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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