# Row 9582

Visit Number: 6bf93dab14ae09f56def925a1e598e1a4ebf6cb09d30dd3d11b919fd59fd97c8

Masked\_PatientID: 9575

Order ID: a6074bb183cce44358b00c7e087871665f17ecef08d8ba8e8b55f390fd946b7f

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 15/4/2017 1:09

Line Num: 1

Text: HISTORY dysphagia REPORT Comparison was made with the prior study dated 16 Sep 2016. Prior CT Chest dated 17 Mar 2017 was reviewed. Tip of right PICC noted in the superior vena cava. Prominence of bilateral hila is likely related to known bilateral hilar lymphadenopathy. No focal consolidation or pleural effusion detected. The heart size is normal. The thoracic aorta is unfolded. Known / Minor Finalised by: <DOCTOR>

Accession Number: aba5da430faeea990a9cdd3d85d217f44662a12f931ffb92306ee473b4b567a6

Updated Date Time: 15/4/2017 20:54

## Layman Explanation

This radiology report discusses HISTORY dysphagia REPORT Comparison was made with the prior study dated 16 Sep 2016. Prior CT Chest dated 17 Mar 2017 was reviewed. Tip of right PICC noted in the superior vena cava. Prominence of bilateral hila is likely related to known bilateral hilar lymphadenopathy. No focal consolidation or pleural effusion detected. The heart size is normal. The thoracic aorta is unfolded. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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