# Row 201

Visit Number: d794457764ba6e166eab95502504dadd618c5f47cdc3a94ae44c6cce312e486f

Masked\_PatientID: 193

Order ID: 1c781f3e2910fb087645a5313c9d107fdd0a42b2ae1d70ee197dc9ea0376ccdf

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 30/9/2016 0:03

Line Num: 1

Text: HISTORY acute desat ?HAP REPORT Comparison made with CXR of 23/9/2016. New patchy consolidation and pleural effusion is noted in the right lower zone. There is also progression of a 40 mm thick wall cavitating lesion in the lateral aspect of the left mid upper zone, given its relative rapidity of development, not seen on CXR of 10/9/2016, is suggestive of an infective etiology. Heart size is enlarged. The aortic arch is unfolded. The tip of the feeding tube is located in the gastric fundus. Bowel loops in the upper abdomen is mildly prominent. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: ec84385745173503757b1e2b780a9b65144b26bf0882cdbc3ebff5288bcd04e3

Updated Date Time: 30/9/2016 17:39

## Layman Explanation

This radiology report discusses HISTORY acute desat ?HAP REPORT Comparison made with CXR of 23/9/2016. New patchy consolidation and pleural effusion is noted in the right lower zone. There is also progression of a 40 mm thick wall cavitating lesion in the lateral aspect of the left mid upper zone, given its relative rapidity of development, not seen on CXR of 10/9/2016, is suggestive of an infective etiology. Heart size is enlarged. The aortic arch is unfolded. The tip of the feeding tube is located in the gastric fundus. Bowel loops in the upper abdomen is mildly prominent. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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