# Row 2371

Visit Number: 5fb275c3e5ea9e6c9db8e17d2fe3231d8bf1f7539cc67b3f7ccf694c12b0d41a

Masked\_PatientID: 2356

Order ID: 683583828d007aecd8831e75f5e23acdd44a04d994c0385ed8287a7ad4ed061c

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 17/2/2020 9:09

Line Num: 1

Text: HISTORY temp spike REPORT Prior chest radiograph dated 15 February 2020 is reviewed. Median sternotomy wires and mediastinal vascular clips are noted. A right sided PICC is in situ, with its tip projected over the superior vena cava. A nasogastric tube is in situ, with its tip projected over the gastric body. Heart appears enlarged despite the AP projection. There is no focal consolidation or pneumothorax. Small left pleural effusion is seen. Contrast opacification of the large bowel loops in the upper abdomen is likely from the recent water soluble contrast study. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 8c46914916be7c6b02c540887b756e90c0b30d48f8a7495046147671f4c7c120

Updated Date Time: 17/2/2020 17:08

## Layman Explanation

This radiology report discusses HISTORY temp spike REPORT Prior chest radiograph dated 15 February 2020 is reviewed. Median sternotomy wires and mediastinal vascular clips are noted. A right sided PICC is in situ, with its tip projected over the superior vena cava. A nasogastric tube is in situ, with its tip projected over the gastric body. Heart appears enlarged despite the AP projection. There is no focal consolidation or pneumothorax. Small left pleural effusion is seen. Contrast opacification of the large bowel loops in the upper abdomen is likely from the recent water soluble contrast study. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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