# Row 2752

Visit Number: e2e34f7d250e4badbba1e1f4d47d1c83cfb264ac8acb37261d7edefc56bef996

Masked\_PatientID: 2694

Order ID: c7f1862fe15dd778580bc43e96451da23a35c93262ac35c4c29e9347f8d0b1f8

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 03/10/2016 16:25

Line Num: 1

Text: HISTORY to assess fluid status; pt has poor inspiratory effort; fluid overload sec to AKI and LVF REPORT The previous chest radiograph of 1 October 2016 was reviewed. Nasogastric tube tip is projected below the diaphragm, below the inferior limit of this radiograph. Bilateral pleural effusions are evident. There is suboptimal inspiration limits assessment of the lung bases. The cardiac size cannot be assessed in the left cardiac border is effaced by the left pleural effusion. Atelectatic changes are present in both mid and lower zones. No gross focal consolidation is seen. Pulmonary venous congestive changes are noted. May need further action Finalised by: <DOCTOR>

Accession Number: 835571efec5ae94dc9c1e499fd1ab225a4ba677985455fb0238447a78645f01c

Updated Date Time: 04/10/2016 17:45

## Layman Explanation

This radiology report discusses HISTORY to assess fluid status; pt has poor inspiratory effort; fluid overload sec to AKI and LVF REPORT The previous chest radiograph of 1 October 2016 was reviewed. Nasogastric tube tip is projected below the diaphragm, below the inferior limit of this radiograph. Bilateral pleural effusions are evident. There is suboptimal inspiration limits assessment of the lung bases. The cardiac size cannot be assessed in the left cardiac border is effaced by the left pleural effusion. Atelectatic changes are present in both mid and lower zones. No gross focal consolidation is seen. Pulmonary venous congestive changes are noted. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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