# Row 2946

Visit Number: 292c177277f2832ba4bf8e1c1499b6b1de7d601f05005d640f9360a6847b2ce6

Masked\_PatientID: 2945

Order ID: 5a2668455ce2a4bc152ace3b10b43b62b9f57d50f838371b6e98f61a8265b778

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 26/2/2018 0:25

Line Num: 1

Text: HISTORY cough and vomiting REPORT No prior radiographs on PACS for comparison. Median sternotomy wires noted. The heart is enlarged. Pulmonary vessels are congested. Bilateral perihilar airspace opacification and Kerley B lines as well as bilateral pleural effusions, left more than right, is suspicious for pulmonary oedema. Superimposed infection cannot be excluded. Prominent left sided bowel loops are non specific. No subdiaphragmatic free air. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 4f3e34123cfec9fd64acee2d9031c31e42064b889f5f2a58e94598712c8241e0

Updated Date Time: 26/2/2018 12:25

## Layman Explanation

This radiology report discusses HISTORY cough and vomiting REPORT No prior radiographs on PACS for comparison. Median sternotomy wires noted. The heart is enlarged. Pulmonary vessels are congested. Bilateral perihilar airspace opacification and Kerley B lines as well as bilateral pleural effusions, left more than right, is suspicious for pulmonary oedema. Superimposed infection cannot be excluded. Prominent left sided bowel loops are non specific. No subdiaphragmatic free air. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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