# Row 3063

Visit Number: c43f9bcf59182440c6328c296746db2f54e7fa2e7d82b3c3af24e26926176570

Masked\_PatientID: 3062

Order ID: a5b3b10d8ae3bf948f22c135e54c4ff085883cede59d5a82ae958488dace4786

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 19/2/2016 0:04

Line Num: 1

Text: HISTORY post op fever REPORT It is difficult to accurately assess the cardiac size as this is an AP projection. Upper lobe veins appear mildly prominent. Compared to the previous film dated 17/2/16, there is now hazy opacification of both lung bases due to pleural fluid and underlying consolidation. The pleural fluid seen abutting the right lower inner chest wall may be loculated. The tip of the CVP line is projected over the distal IJ / proximal innominate. The tip ofthe naso gastric tube is projected over the proximal stomach. Known / Minor Finalised by: <DOCTOR>

Accession Number: 1affbb7380f607ee8838d65a5a20382d7c548d04cce2034d2c55221856bfb0a3

Updated Date Time: 20/2/2016 7:11

## Layman Explanation

This radiology report discusses HISTORY post op fever REPORT It is difficult to accurately assess the cardiac size as this is an AP projection. Upper lobe veins appear mildly prominent. Compared to the previous film dated 17/2/16, there is now hazy opacification of both lung bases due to pleural fluid and underlying consolidation. The pleural fluid seen abutting the right lower inner chest wall may be loculated. The tip of the CVP line is projected over the distal IJ / proximal innominate. The tip ofthe naso gastric tube is projected over the proximal stomach. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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