# Row 3345

Visit Number: 2456a6145a9965e6f2939de9ff34ef7b33db9619285ce073c1199c9c3c114583

Masked\_PatientID: 3314

Order ID: d06fa263c1ee0830f1a1b93b263cf7c9ee858a7fb0123eeb6400dbe14888efb1

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 01/6/2018 1:20

Line Num: 1

Text: HISTORY CVC leaking CXR to check position REPORT Comparison is made with prior chest radiograph dated 11 May 2018. The patient is extubated. The left internal jugular central venous catheter is noted with the distal tip projected over the cavoatrial junction. The cardiac size cannot be accurately assessed due to AP projection. However, it appears enlarged. Pulmonary venous congestion with upper lobe diversion is evident. Blunting of the left costophrenic angle is likely due to small pleural effusion. Ground glass changes are also noted in bilateral lungs which may suggest concomitant infection. Clinical correlation is recommended. May need further action Reported by: <DOCTOR>

Accession Number: c6ad9bd1177f6ebe6204d3240921188405a5dcda612f34bcab2a992ba8cc40ec

Updated Date Time: 01/6/2018 17:43

## Layman Explanation

This radiology report discusses HISTORY CVC leaking CXR to check position REPORT Comparison is made with prior chest radiograph dated 11 May 2018. The patient is extubated. The left internal jugular central venous catheter is noted with the distal tip projected over the cavoatrial junction. The cardiac size cannot be accurately assessed due to AP projection. However, it appears enlarged. Pulmonary venous congestion with upper lobe diversion is evident. Blunting of the left costophrenic angle is likely due to small pleural effusion. Ground glass changes are also noted in bilateral lungs which may suggest concomitant infection. Clinical correlation is recommended. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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