# Row 3804

Visit Number: 172f05ad299af0e6cc53d8041368f8f74fd6a45e210bacff9010bc7a981cedb5

Masked\_PatientID: 3798

Order ID: 209c67a854b53d824fa6ab814232c585f8d92517b09d9e9ca5f2380a10c9f2c8

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 19/6/2020 23:07

Line Num: 1

Text: HISTORY CCF REPORT Chest radiograph, AP sitting Prior study dated 11/06/2020 was reviewed. Prior CABG. Cardiomegaly is noted. Perihilar airspace opacity, pulmonary venous congestion and small bilateral pleural effusions are suspicious for fluid overload. Airspace opacity in the medial aspect of the left right lower zone may be related to fluid overload. However, superimposed infection cannot be excluded. Degenerative changes of the thoracolumbar spine are present. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: cb1df83f47fec7c22fa8e59222393121953092584d9da52195527b1a9976ea2e

Updated Date Time: 19/6/2020 23:38

## Layman Explanation

This radiology report discusses HISTORY CCF REPORT Chest radiograph, AP sitting Prior study dated 11/06/2020 was reviewed. Prior CABG. Cardiomegaly is noted. Perihilar airspace opacity, pulmonary venous congestion and small bilateral pleural effusions are suspicious for fluid overload. Airspace opacity in the medial aspect of the left right lower zone may be related to fluid overload. However, superimposed infection cannot be excluded. Degenerative changes of the thoracolumbar spine are present. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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