# Row 4175

Visit Number: 5aafba3ab379c605a05a4dc57cb20d1ada07c30506ed143f71f308f78e55838c

Masked\_PatientID: 4174

Order ID: ca6e54bf02a2eb7679138e10310cb052e03403e5f7c4d1e54bb4905259d3f39b

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 23/12/2019 10:45

Line Num: 1

Text: HISTORY Chest pain; Radiating to back REPORT The previous chest radiograph dated 29 March 2019 was reviewed. Prior coronary stenting is noted. The heart is enlarged. The thoracic aorta is unfolded with mural calcifications present. Bilateral perihilar opacification, prominent pulmonary vessels and interstitial lines are features suggestive of pulmonary alveolar oedema. No sizable pleural effusion or pneumothorax is seen. Old left-sided rib fractures are noted. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 1a46ba96243f7ac9be9b03570f79e21b73eded5073efeb7024ffb2f2e5088c16

Updated Date Time: 23/12/2019 15:13

## Layman Explanation

This radiology report discusses HISTORY Chest pain; Radiating to back REPORT The previous chest radiograph dated 29 March 2019 was reviewed. Prior coronary stenting is noted. The heart is enlarged. The thoracic aorta is unfolded with mural calcifications present. Bilateral perihilar opacification, prominent pulmonary vessels and interstitial lines are features suggestive of pulmonary alveolar oedema. No sizable pleural effusion or pneumothorax is seen. Old left-sided rib fractures are noted. 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.