# Row 4382

Visit Number: 2f9294e3bf048b48afd310e89d7e4707a8808ca4c398c8191279022842b99fa0

Masked\_PatientID: 4380

Order ID: 9d7a9de463b079cd8aa835470c0fba4bc99988309d6e6703c449c293e1eb6040

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 08/8/2016 21:22

Line Num: 1

Text: HISTORY septic shock REPORT Comparison chest radiograph dated 27 July 2016. Left-sided dual lumen central venous catheter is seen with its tip projected over the superior vena cava. Vascular stent is seen projected over the right subclavian vein. Cardiomegaly is evident despite the projection. The thoracic aorta is unfolded with mural calcification. Patchy airspace opacification is seen over bilateral mid to lower zones. There is interval development of bilateral small pleural effusions, left worse than right. Findings may represent pulmonary venous congestion, however underlying infective change cannot be excluded. Stable biapical pleural thickening. May need further action Finalisedby: <DOCTOR>

Accession Number: 002b2cca58598badcbdb1721f19b19b3eb3cb6d0f0a9e8836972664f4feb7a9a

Updated Date Time: 12/8/2016 16:45

## Layman Explanation

This radiology report discusses HISTORY septic shock REPORT Comparison chest radiograph dated 27 July 2016. Left-sided dual lumen central venous catheter is seen with its tip projected over the superior vena cava. Vascular stent is seen projected over the right subclavian vein. Cardiomegaly is evident despite the projection. The thoracic aorta is unfolded with mural calcification. Patchy airspace opacification is seen over bilateral mid to lower zones. There is interval development of bilateral small pleural effusions, left worse than right. Findings may represent pulmonary venous congestion, however underlying infective change cannot be excluded. Stable biapical pleural thickening. May need further action Finalisedby: <DOCTOR>. In simpler terms, this means...

## Summary

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