# Row 4502

Visit Number: 9b6792f3b298335cece87474c9dd5a813ed0b6236c13617b346175c189a6c4f4

Masked\_PatientID: 4485

Order ID: ff84d98fd1f18176058a6aa2a5ef54513bf0f1acdab04357aaf58ec070208c51

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 28/4/2018 15:09

Line Num: 1

Text: HISTORY wide complex tachycardia REPORT There is no relevant prior study available for review. Cardiac size is enlarged even taking into account the AP projection. The aorta is unfolded. There is upper lobe venous diversion, perihilar opacities with increased interstitial markings bilaterally. Hazy opacities are also seen in bilateral lower zones. No sizeable pleural effusion is noted. Overall features are suggestive of fluid overload, but a superimposed infection cannot be excluded. Clinical correlation is advised. May need further action Finalised by: <DOCTOR>

Accession Number: 11dfd461ee8e96688bfccc18584c8c83705f39ede4b4329f141d7abe4a98e7c3

Updated Date Time: 30/4/2018 15:16

## Layman Explanation

This radiology report discusses HISTORY wide complex tachycardia REPORT There is no relevant prior study available for review. Cardiac size is enlarged even taking into account the AP projection. The aorta is unfolded. There is upper lobe venous diversion, perihilar opacities with increased interstitial markings bilaterally. Hazy opacities are also seen in bilateral lower zones. No sizeable pleural effusion is noted. Overall features are suggestive of fluid overload, but a superimposed infection cannot be excluded. Clinical correlation is advised. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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