# Row 517

Visit Number: d171f8007bb1c832132a6c8bf8fa8614919d88a0e0fd5da7b4112e7932d1fee9

Masked\_PatientID: 513

Order ID: e9ab15bef35e177236c371fe05a340a0f5abd84b6a8bf3c669fdd49e21a52159

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 18/12/2017 13:27

Line Num: 1

Text: HISTORY cough SOB fluid overload REPORT CHEST, AP SITTING Comparison: 8 February 2017 There is cardiomegaly despite the AP projection. The thoracic aorta is unfolded. Pulmonary plethora is noted. The AICD and its leads are unchanged in position compared to the prior chest radiograph. Bilateral septal lines and a right small pleural effusion are noted, possibly representing mild intersitial oedema. Suggest clinical correlation. No large confluent airspace opacity or left-sided pleural effusion is noted. Degenerative changes are seen in the imaged spine. May need further action Finalised by: <DOCTOR>

Accession Number: d4ee873243085487874a461561598227ec0992d8f7b3bf99f2ca4b1f07b841db

Updated Date Time: 18/12/2017 15:43

## Layman Explanation

This radiology report discusses HISTORY cough SOB fluid overload REPORT CHEST, AP SITTING Comparison: 8 February 2017 There is cardiomegaly despite the AP projection. The thoracic aorta is unfolded. Pulmonary plethora is noted. The AICD and its leads are unchanged in position compared to the prior chest radiograph. Bilateral septal lines and a right small pleural effusion are noted, possibly representing mild intersitial oedema. Suggest clinical correlation. No large confluent airspace opacity or left-sided pleural effusion is noted. Degenerative changes are seen in the imaged spine. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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