# Row 761

Visit Number: b7b5700194a69885683ea5f7c888cb30875a5e067421e4c45126a1943ad1201b

Masked\_PatientID: 743

Order ID: 199eafedb7c83e20e4466ab8070f680e28401be3f71a3ee433f6a56df5449651

Order Name: Chest X-ray, Erect

Result Item Code: CHE-ER

Performed Date Time: 07/4/2019 23:31

Line Num: 1

Text: HISTORY b\l LL swelling, SOB, reduced urine output REPORT Comparison is made with previous chest radiograph dated 28\3\2019. Patient is rotated. Midline sternotomy wires and mediastinal clips are noted. The cardiac size appears enlarged despite the AP supine projection. The aorta is unfolded with mural calcification. Bilateral upper lobe diversion is suggestive of pulmonary venous congestion. Bilateral perihilar airspace opacification is suggestive of pulmonary edema. Superimposed infection cannot be excluded. The is no large or loculated pleural effusion. No evidence of pneumothorax. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: f1f7ff2c861e84f021e1d980ac3c9076c60e1f19af2df68e9a2ef7d8883602e1

Updated Date Time: 08/4/2019 17:21

## Layman Explanation

This radiology report discusses HISTORY b\l LL swelling, SOB, reduced urine output REPORT Comparison is made with previous chest radiograph dated 28\3\2019. Patient is rotated. Midline sternotomy wires and mediastinal clips are noted. The cardiac size appears enlarged despite the AP supine projection. The aorta is unfolded with mural calcification. Bilateral upper lobe diversion is suggestive of pulmonary venous congestion. Bilateral perihilar airspace opacification is suggestive of pulmonary edema. Superimposed infection cannot be excluded. The is no large or loculated pleural effusion. No evidence of pneumothorax. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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