# Row 974

Visit Number: 7fc8e327f8bc3633ded23b044e7fdb65c423da479a79977c937543f21b0af0ad

Masked\_PatientID: 948

Order ID: d9eefca3dd562b48da347bb246baf5eeda4a9e7909c58cc4d4646269e098d050

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 14/6/2016 23:50

Line Num: 1

Text: HISTORY T2RF secondary to likely fluid overload with a background of DAH To review CXR changes post dialysis REPORT Chest, AP sitting. Comparison made to chest radiograph of 13 June 2016. Suboptimal inspiration. Heart size cannot be accurately assessed on this AP projection. Bilateral diffuse airspace opacities, not significantly improved. Small bilateral pleural effusions, right larger than left and probably loculated, tracking up the right hemithorax periphery. Embolisation coils are again seen in the right upper abdomen. Tip of the feeding tube is in the expected location of the stomach. Stable position of the endotracheal tube. May need further action Reported by: <DOCTOR>

Accession Number: 16791b681d326beee8ac4ab916bfeb189c216f24fbb3315f955debaf4d677018

Updated Date Time: 16/6/2016 14:02

## Layman Explanation

This radiology report discusses HISTORY T2RF secondary to likely fluid overload with a background of DAH To review CXR changes post dialysis REPORT Chest, AP sitting. Comparison made to chest radiograph of 13 June 2016. Suboptimal inspiration. Heart size cannot be accurately assessed on this AP projection. Bilateral diffuse airspace opacities, not significantly improved. Small bilateral pleural effusions, right larger than left and probably loculated, tracking up the right hemithorax periphery. Embolisation coils are again seen in the right upper abdomen. Tip of the feeding tube is in the expected location of the stomach. Stable position of the endotracheal tube. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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