# Row 2503

Visit Number: c2b18c051f8c81c36e662adbd6750d8ef4fa69f3de227a32822e3576f9f10ec3

Masked\_PatientID: 2498

Order ID: 24b93c9022621f875ba266c743327a7fee6bdda6ffc71787b5216bd648de5113

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 22/12/2016 19:00

Line Num: 1

Text: HISTORY avr REPORT Comparison dated 20/12/2016. Endotracheal tube tip is seen approximately 5.4 cm above the carina. There is interval placement of a left internal jugular approach central venous catheter with the tip projecting in the expected location of the brachiocephalic vein. Right internal jugular approach central venous catheter tip projects over the expected location of the SVC. Bilateral chest tubes are noted. The cardiac silhouette cannot be adequately assessed on this projection. Midline sternotomy wires and surgical clips are again cardiomediastinal silhouette. Aortic valve prosthesis is now noted. Epicardial pacer wires are also now noted. Compared to the prior study, there are worsening confluent air space opacities in the left mid and upper lung zones and slight worsening of bilateral basal air space opacities. While this is likely largely due to pulmonary alveolar oedema, underlying infection is not totally excluded. No sizable pleural effusion or pneumothorax is detected. Degenerative changes are again noted of the imaged spine. Soft tissues and osseous structures are otherwise unchanged. May need further action Finalised by: <DOCTOR>

Accession Number: 9ad4bed5cb6f6f23c30cbe34fbb1885b23ad41e5b37fd4df4e971954c7b4ecb4

Updated Date Time: 23/12/2016 15:11

## Layman Explanation

This radiology report discusses HISTORY avr REPORT Comparison dated 20/12/2016. Endotracheal tube tip is seen approximately 5.4 cm above the carina. There is interval placement of a left internal jugular approach central venous catheter with the tip projecting in the expected location of the brachiocephalic vein. Right internal jugular approach central venous catheter tip projects over the expected location of the SVC. Bilateral chest tubes are noted. The cardiac silhouette cannot be adequately assessed on this projection. Midline sternotomy wires and surgical clips are again cardiomediastinal silhouette. Aortic valve prosthesis is now noted. Epicardial pacer wires are also now noted. Compared to the prior study, there are worsening confluent air space opacities in the left mid and upper lung zones and slight worsening of bilateral basal air space opacities. While this is likely largely due to pulmonary alveolar oedema, underlying infection is not totally excluded. No sizable pleural effusion or pneumothorax is detected. Degenerative changes are again noted of the imaged spine. Soft tissues and osseous structures are otherwise unchanged. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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