# Row 7618

Visit Number: 156e4f43a5ee7ed1bb7d64462bac7c2bfa8fed45832bf57d4bee36bd3fe08ab5

Masked\_PatientID: 7600

Order ID: a5bfb76a44d82a3bc248d336da17944d4884d3dba41068cd98dadc73cac931ab

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 25/4/2016 13:35

Line Num: 1

Text: HISTORY s/p LVAD, post chest tube removal REPORT The previous chest radiograph of 24 April 2016 was reviewed. Midline sternotomy wires and mediastinal clips are noted. Aortic valve graft is in-situ. There is interval removal of bilateral chest drains and left central venous catheter. The tip of the nasogastric tube is projected over the expected location of the stomach. The tip of the pericardial drain is positioned over the right heart border. The tip of a surgical drain is projected over the right abdomen. The LVAD is again noted. Surgical clips are projected over the left upper abdomen. There are increased patchy opacities in the left lower zone and left retrocardiac region, which may represent infection in the appropriate clinical context. Small bilateral pleural effusions are seen. No pneumothorax is detected. A tubular lucency with sclerotic margins is projected over the previous tract of the left chest tube. The heart is enlarged even allowing for the AP projection. The thoracic aorta is unfolded with aortic arch calcification. The pulmonary vasculature appears prominent, suggesting pulmonary venous congestion. May need further action Finalised by: <DOCTOR>

Accession Number: 353f5e50ec782644340e39eb1375993265abe40beeda77302c499b3009339baa

Updated Date Time: 26/4/2016 19:33

## Layman Explanation

This radiology report discusses HISTORY s/p LVAD, post chest tube removal REPORT The previous chest radiograph of 24 April 2016 was reviewed. Midline sternotomy wires and mediastinal clips are noted. Aortic valve graft is in-situ. There is interval removal of bilateral chest drains and left central venous catheter. The tip of the nasogastric tube is projected over the expected location of the stomach. The tip of the pericardial drain is positioned over the right heart border. The tip of a surgical drain is projected over the right abdomen. The LVAD is again noted. Surgical clips are projected over the left upper abdomen. There are increased patchy opacities in the left lower zone and left retrocardiac region, which may represent infection in the appropriate clinical context. Small bilateral pleural effusions are seen. No pneumothorax is detected. A tubular lucency with sclerotic margins is projected over the previous tract of the left chest tube. The heart is enlarged even allowing for the AP projection. The thoracic aorta is unfolded with aortic arch calcification. The pulmonary vasculature appears prominent, suggesting pulmonary venous congestion. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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