# Row 8334

Visit Number: 7ba1c6ba81694c96a9525e6a0c08e30f7203261ee84af9d638a92e4d74f31fa0

Masked\_PatientID: 8332

Order ID: 2db1b381e3de8ca01fd7a41e52d3412643c55f88335213d888900dd9d0d9ab7d

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 14/1/2020 15:56

Line Num: 1

Text: HISTORY MVR REPORT Prior chest radiograph dated 6 January 2020 is reviewed. Patient is status post mitral valve replacement. Median sternotomy wires and a prosthetic mitral valve is noted. Multiple pericardial and mediastinal drains, as well as pacing wires, are noted. A right internal jugular central venous catheter is seen, with its tip projected over the superior vena cava. An endotracheal tube is noted, with its tip 5 cm from the carina. A nasogastric tube is in situ, with its tip projected just inferior to the left hemidiaphragm, at the expected position of the distal oesophagus. It is noted in the subsequent chest radiograph dated 15 January 2020 that the nasogastric tube has been removed. The heart size cannot be accurately assessed in this AP sitting projection, but appears to be within normal limit. Intimal calcification is noted within the unfolded aorta. There is interval resolution of the patchy air space opacities in the right lower zone. Interval improvement of the right pleural effusion is also noted, with a residual small right pleural effusion. Mild new patchy air space opacities in the left retrocardiac region may represent a new focus of infection. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 92cf71a909ba5c30254c54f2ac908f359bcc7c5a5d5ebb496770d98a01d96e9c

Updated Date Time: 15/1/2020 15:51

## Layman Explanation

This radiology report discusses HISTORY MVR REPORT Prior chest radiograph dated 6 January 2020 is reviewed. Patient is status post mitral valve replacement. Median sternotomy wires and a prosthetic mitral valve is noted. Multiple pericardial and mediastinal drains, as well as pacing wires, are noted. A right internal jugular central venous catheter is seen, with its tip projected over the superior vena cava. An endotracheal tube is noted, with its tip 5 cm from the carina. A nasogastric tube is in situ, with its tip projected just inferior to the left hemidiaphragm, at the expected position of the distal oesophagus. It is noted in the subsequent chest radiograph dated 15 January 2020 that the nasogastric tube has been removed. The heart size cannot be accurately assessed in this AP sitting projection, but appears to be within normal limit. Intimal calcification is noted within the unfolded aorta. There is interval resolution of the patchy air space opacities in the right lower zone. Interval improvement of the right pleural effusion is also noted, with a residual small right pleural effusion. Mild new patchy air space opacities in the left retrocardiac region may represent a new focus of infection. 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.