# Row 9249

Visit Number: a5e47e7369bab5f762e1baf042626e74285dd166d5104ce80801ef84cad3dfe6

Masked\_PatientID: 9207

Order ID: bed37923d0584ea8c8900ef400e47e1e41e59df370c0f309a1f060131bda75c3

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 07/2/2017 9:58

Line Num: 1

Text: HISTORY . MVR. REPORT CHEST (AP SITTING MOBILE) TOTAL IMAGE There are cardiac monitoring leads in place. The sternotomy wires are in the midline. There has been a prior mitral valve replacement and a tricuspid valve annuloplasty. The tip of the tracheostomy tube is at the T4-T5 level. The tip of the right central cannula is at the right lateral margin of the mediastinum. The tip of the nasogastric tube is not included in this image. The heart shadow is difficult to assess for size and configuration given the projection and patient rotation. The lungs show cardiac failure with a right basal pleural effusion. May need further action Finalised by: <DOCTOR>

Accession Number: 579cafd83562f08a9678f56b5a503f2510a194fcc8ed52cce358bdf84166f13d

Updated Date Time: 07/2/2017 21:33

## Layman Explanation

This radiology report discusses HISTORY . MVR. REPORT CHEST (AP SITTING MOBILE) TOTAL IMAGE There are cardiac monitoring leads in place. The sternotomy wires are in the midline. There has been a prior mitral valve replacement and a tricuspid valve annuloplasty. The tip of the tracheostomy tube is at the T4-T5 level. The tip of the right central cannula is at the right lateral margin of the mediastinum. The tip of the nasogastric tube is not included in this image. The heart shadow is difficult to assess for size and configuration given the projection and patient rotation. The lungs show cardiac failure with a right basal pleural effusion. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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