# Patient ID: 538, Performed Date: 20/9/2019 5:16

## Raw Radiology Report Extracted

Visit Number: b2a65ab978b8b0a802432847c2adc8238de905d3156e738c76b85b405669f8e0

Masked\_PatientID: 538

Order ID: 3f7faa02aa1efecd8fd4f9e817317d9e2f68aed5fc4e834921c5f5ce8ef6e907

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 20/9/2019 5:16

Line Num: 1

Text: HISTORY post type A repair REPORT Chest X-ray, AP sitting The chest radiograph from 18 September 2019 was reviewed. Midline sternotomy wires and mediastinal clips are again seen. Interval removal of the right-sided central venous catheter. Tip of the left-sided central venous catheter is again projected over the expected region of the superior vena cava. The central thoracic drainage catheter remains unchanged in position. The heart size is unable to be accurately assessed in this AP sitting projection. The thoracic aorta is unfolded. There is interval increased air space opacities in the right mid and left lower zones, possibly infective in the appropriate clinical context. A small left-sided pleural effusion is again noted. Suggest clinical correlation. No discernible pneumothorax. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 8492775a89148a38c12e9dc3b980c6b32589ca359a7b7cf4ce4ec0f0e11067b4

Updated Date Time: 20/9/2019 17:16

## Layman Explanation

The X-ray shows that the wires from your previous heart surgery are still in place. The tube in your right side has been removed, but the one in your left side is still in the correct position. The tube in your chest is also in the right place.   
  
The X-ray also shows some changes in your lungs, which may be a sign of infection. There is also a small amount of fluid around your left lung. The doctor will need to examine you further to determine the cause of these changes.

## Summary

The text was extracted from a \*\*chest x-ray\*\* report.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Possible infection:\*\* The report mentions "interval increased air space opacities in the right mid and left lower zones, possibly infective in the appropriate clinical context."   
\* \*\*Pleural effusion:\*\* A "small left-sided pleural effusion" is noted.   
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Heart:\*\* The heart size "is unable to be accurately assessed" in this view.   
\* \*\*Thoracic aorta:\*\* The thoracic aorta is "unfolded."  
\* \*\*Superior vena cava:\*\* The tip of the left-sided central venous catheter is projected over the expected region of the superior vena cava.   
\* \*\*Lungs:\*\* The report mentions "air space opacities" in the right mid and left lower zones, suggesting involvement of the lungs.   
  
\*\*3. Symptoms or Phenomenon:\*\*  
  
\* \*\*Increased air space opacities:\*\* This suggests possible infection and is a cause for concern.   
\* \*\*Pleural effusion:\*\* The presence of fluid in the pleural space, which can be caused by various conditions, including infection.   
\* \*\*Clinical correlation suggested:\*\* This indicates that further investigation and clinical assessment are needed to clarify the findings.