# Patient ID: 1661, Performed Date: 19/11/2015 20:07

## Raw Radiology Report Extracted

Visit Number: 8e27cd8fff1b5540804a74d3f7000f3e37bef0760c359d657c6724f6f289ad59

Masked\_PatientID: 1661

Order ID: c95c5afb0c61e19b618b313da3f707271885af7bf5c0dea0cb15005b2e5e22a1

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 19/11/2015 20:07

Line Num: 1

Text: HISTORY post cabg and avr REPORT Status post CABG and aortic valve replacement. Feeding tube and right IJ catheter are in satisfactory positions. Tip of the ETT is about 2.8 cm proximal to carina. A left chest and mediastinaldrains are in situ. There is a small left basal effusion, with atelectatic changes/ patchy consolidation of the left lung base. Prominence of the pulmonary vasculature is seen, although this could be partly due to the supine view. Known / Minor Finalised by: <DOCTOR>

Accession Number: 7e03f72cf53d1c33ec976cfb9f5bab48c82c3779d484da781a024b2a97306ed4

Updated Date Time: 21/11/2015 13:00

## Layman Explanation

The patient had a heart bypass surgery and a new aortic valve. The feeding tube and a catheter in the right neck vein are in the right places. The breathing tube is correctly positioned. There are tubes in the left chest and the space around the heart. There is a small amount of fluid in the lower left lung, and some areas of the lower left lung aren't getting enough air. The blood vessels in the lungs look bigger than usual, but this could be because the picture was taken while the patient was lying down.

## Summary

## Radiology Report Summary  
  
\*\*Image type:\*\* Chest X-ray  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*NIL\*\* - No specific disease names are mentioned in the report.   
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Heart:\*\* The report mentions the patient has undergone CABG (Coronary Artery Bypass Grafting) and AVR (Aortic Valve Replacement).  
\* \*\*Lungs:\*\* The report mentions a small left basal effusion (fluid buildup in the lower part of the left lung) and atelectatic changes/patchy consolidation of the left lung base (collapsed lung tissue with areas of dense tissue).  
\* \*\*Blood Vessels:\*\* The report notes prominence of the pulmonary vasculature, which could be due to the patient's supine position during the imaging.   
  
\*\*3. Symptoms or phenomenon causing attention:\*\*  
  
\* \*\*Left Basal Effusion:\*\* The presence of fluid buildup in the lower part of the left lung is a concern and may indicate complications from surgery or other underlying conditions.  
\* \*\*Atelectatic Changes/Patchy Consolidation of the Left Lung Base:\*\* This suggests collapsed lung tissue and areas of dense tissue in the left lung base, which can be caused by various factors including post-operative complications or other medical issues.  
\* \*\*Prominent Pulmonary Vasculature:\*\* While this could be attributed to the supine position, it could also be a sign of underlying pulmonary hypertension or other issues related to the heart and lungs.  
  
\*\*Additional information:\*\*  
  
\* The report mentions the patient has a feeding tube and right IJ (internal jugular) catheter in satisfactory positions.  
\* A left chest and mediastinal drain are in place.   
\* The tip of the ETT (endotracheal tube) is positioned approximately 2.8 cm proximal to the carina (point where the trachea splits into the two main bronchi).   
  
\*\*Overall:\*\* The report highlights potential post-operative complications related to the lungs, specifically a left basal effusion and atelectatic changes. Further investigation and monitoring are likely necessary to assess the cause and severity of these findings.