ICU X-rays

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Shortness of breath.

COMPARISON:

Radiograph of the chest, dated 03/11/26

FINDINGS:

LUNGS:

Thickening bronchovascular interstitium suggestive of pulmonary edema.

Multiple infiltrating airspace opacities in the bilateral lung fields are suggestive of alveolar edema or superadded pneumonia.

PLEURAL SPACES:

Bilateral pleural effusion (right more than left) with worsening on the right side.

No pneumothorax.

MEDIASTINUM:

Cardiac size and mediastinal contours are mildly enlarged with pulmonary venous congestion.

BONES:

No aggressively appearing osseous lesion was seen.

Interval placement of the right PICC, and the tip is located in the distal superior vena cava.

IMPRESSION:

1. Pulmonary edema with bilateral pleural effusions and cardiomegaly, consistent with congestive heart failure; superimposed pneumonia cannot be excluded.

2. Right PICC with the tip in the distal superior vena cava. Interval changes.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Hypoglycemia, possible sepsis.

COMPARISON:

None provided.

FINDINGS:

TECHNIQUE/LIMITATIONS:

Single portable AP view of the chest. The examination is limited by patient body habitus.

LUNGS:

Diffuse prominent interstitial markings and prominent perihilar interstitial markings with prominent central pulmonary vasculature, consistent with mild pulmonary vascular congestion / interstitial edema. No focal consolidative airspace opacity, mass, or infiltrate.

PLEURAL SPACES:

No evidence of pleural effusion or pneumothorax.

MEDIASTINUM / HEART:

The cardiac silhouette appears enlarged. Mediastinal contours are otherwise within normal limits.

BONES:

No acute osseous abnormality.

IMPRESSION:

1. Cardiomegaly with diffuse perihilar interstitial prominence and prominent central pulmonary vasculature, compatible with mild pulmonary vascular congestion / interstitial pulmonary edema.

2. No focal consolidation, pneumothorax, or pleural effusion.

3. Examination limited by body habitus.

EXAM:
CR Chest, 1 View
CLINICAL HISTORY:
Hypertension.
TECHNIQUE:
AP portable chest radiograph
COMPARISON:
March 16, 2026.
FINDINGS:
LUNGS:
Improved aeration compared to prior. Mild residual bibasilar atelectasis. No focal airspace disease.
PLEURAL SPACES:
Interval decrease in previously seen pleural effusions. No pneumothorax.
MEDIASTINUM:
Mild cardiomegaly, similar to prior.
BONES:
No acute osseous abnormality.
IMPRESSION:
1. Improving bilateral pleural effusions and bibasilar atelectasis.
2. Mild cardiomegaly, similar to prior.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Status post left chest tube

COMPARISON:

Same day previous radiographs

FINDINGS:

LUNGS:

Improved aeration of the left lung with persistent areas of subsegmental atelectasis.

PLEURAL SPACES:

Improved aeration of the left lung with a small residual apical pneumothorax taking up a proximally 10-20% of the left hemithorax.

MEDIASTINUM:

Cardiac size and mediastinal contours are within normal limits.

BONES:

Grossly unremarkable. Minimal subcutaneous emphysema along the left chest.

Tubes and lines:

Left percutaneous pleural pigtail catheter in the left basal zone.

IMPRESSION:

1. Small residual left apical pneumothorax occupying approximately 10-20% of the left hemithorax, improved compared to prior, with left percutaneous pleural pigtail catheter in the left basal zone.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Central line readjustment.

COMPARISON:

None.

FINDINGS:

Interval change in position of the right-sided central venous line, with its tip now projecting over the lower superior vena cava.

LUNGS:

Poor inspiratory effort with low lung volume and atelectatic changes.

PLEURAL SPACES:

No pleural effusion or pneumothorax.

MEDIASTINUM:

The cardiomediastinal silhouette is within normal limits.

BONES:

No aggressively appearing osseous lesion was seen.

IMPRESSION:

1. Interval change in position of the right-sided central venous line, with its tip now projecting over the lower superior vena cava.

2. Low lung volumes and atelectatic changes. Stable.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Post CAB.

COMPARISON:

Chest x-ray 1 VW, May 3, 2026.

FINDINGS:

LUNGS:

Atelectatic changes in bilateral mid to lower zones with mild pulmonary edema.

PLEURAL SPACES:

Moderate small to moderate bilateral pleural effusion.

Subtle left avascular apical lucency suggestive of a small left pneumothorax.

MEDIASTINUM:

Cardiac size and mediastinal contours are within normal limits. Post-CABG status. A Swan-Ganz catheter is noted overlapping the expected location of the right ventricular outlet. An Impella catheter is noted extending from the level of the left brachiocephalic artery with its tip into the expected location of the left ventricle. Sternotomy sutures are noted. A few surgical staples are noted along the left cardiac and mediastinal outline.

BONES:

No aggressive-appearing osseous lesion was seen.

IMPRESSION:

1. Small to moderate-sized bilateral pleural effusion. Stable.

2. Suspected small left pneumothorax.

3. A Swan-Ganz catheter is noted overlapping the expected location of the right ventricular outlet. An Impella catheter is noted extending from the level of the left brachiocephalic artery with its tip into the expected location of the left ventricle. Sternotomy sutures are noted. Stable.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Chest pain

COMPARISON:

None provided.

FINDINGS:

LUNGS:

The lungs show no infiltrate or other acute finding. Mild pulmonary vascular congestion. Subsegmental atelectasis in the basal zone.

PLEURAL SPACES:

No evidence of pleural effusion or pneumothorax.

MEDIASTINUM:

The cardiomediastinal silhouette is within normal limits. The cardiac pacemaker is located over the left upper chest wall, and the cardiac leads are superimposed over the atrium and ventricular chamber, respectively.

BONES:

No aggressively appearing osseous lesion was seen.

IMPRESSION:

1. Mild pulmonary vascular congestion.

2. No acute cardiopulmonary findings.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Post CAB.

COMPARISON:

April 30, 2026.

FINDINGS:

LUNGS:

Low-volume film. Mild bibasilar linear atelectatic opacities, slightly greater at the left lung base. No focal lobar consolidation or overt pulmonary edema.

PLEURAL SPACES:

No pleural effusion or pneumothorax.

MEDIASTINUM:

Stable cardiomegaly. Postsurgical median sternotomy/CABG changes. Previously seen Swan-Ganz catheter is no longer present. A right IJ approach central venous catheter/vascular sheath is identified, with its tip projecting over the upper SVC region. External monitoring leads project over the chest.

BONES:

No acute osseous abnormality is evident on this single portable view.

IMPRESSION:

1. Interval removal of previously seen Swan-Ganz catheter, with right IJ approach, central venous catheter, or vascular sheath tip projecting over the upper SVC region.

2. Low-volume film with mild bibasilar atelectatic opacity.

3. No pneumothorax or overt pulmonary edema.

4. Stable cardiomegaly.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

ICU.

COMPARISON:

CR - XR CHEST XRAY 1 VW 05/04/26

FINDINGS:

LUNGS:

There is no mass, infiltrate, or acute pulmonary abnormality.

Lines and tubes: An endotracheal tube with its tip about 4.1 cm from the carina.

A nasogastric tube has its sideholes at the level of the gastroesophageal junction and tip in the upper gastric body lumen.

A central line has its tip in the mid superior vena cava.

PLEURAL SPACES:

No evidence of pleural effusion or pneumothorax.

MEDIASTINUM:

Cardiac size and mediastinal contours are within normal limits.

BONES:

No aggressive-appearing osseous lesion.

IMPRESSION:

1. No acute cardiopulmonary pathology is evident.

2. Minimal change in the position of the endotracheal tube. The remaining lines are stable.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

NG tube

COMPARISON:

Chest radiograph October 19, 2026.

FINDINGS:

LUNGS:

Left basilar airspace opacity..

PLEURAL SPACES:

Small left pleural effusion. No pneumothorax.

MEDIASTINUM:

Cardiac size and mediastinal contours within normal limits.

BONES:

Degenerative changes of the spine.

Tubes and lines:

Left IJ central line is unchanged. There is a new enteric tube with the tip and port overlying the stomach.

IMPRESSION:

1. Left basilar airspace opacity, concerning for pneumonia or aspiration, with small left pleural effusion.

2. New enteric tube with tip and port overlying the stomach.

3. Unchanged left IJ central line.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Post-intubations.

COMPARISON:

CR Chest October 13, 2026.

FINDINGS:

An endotracheal tube is identified and is 2.6 cm above the carina.

LUNGS:

There is interval development of significant bilateral airspace lung disease with mild sparing of the right lung apex and left upper zone.

PLEURAL SPACES:

No pneumothorax. Moderate right pleural effusion.

MEDIASTINUM:

Cardiac size and mediastinal contours are within normal limits.

BONES:

No aggressive-appearing osseous lesion seen.

IMPRESSION:

1. An endotracheal tube is identified and is 2.6 cm above the carina.

2. Interval development of significant bilateral airspace lung disease/pulmonary edema with mild sparing of the right lung apex and left upper zone. Moderate right pleural effusion.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Post-intubation.

COMPARISON:

CR Chest October 23, 2026.

FINDINGS:

An endotracheal tube is identified and is 6 cm above the carina. A nasogastric tube is identified with the distal end out of the field of view. Left central line with the tip in the superior vena cava.

LUNGS:

There is interval increase in the opacity in the right mid and lower zone could suggest a developing pneumonia or dependent pulmonary edema.

PLEURAL SPACES:

Stable mild right pleural effusion.

MEDIASTINUM:

Unremarkable cardiac silhouette.

IMPRESSION:

1. An endotracheal tube is identified and is 6 cm above the carina. A nasogastric tube is identified with the distal end out of the field of view. Left central line with the tip in the superior vena cava.

2. Interval increase in the opacity in the right mid and lower zones could suggest a developing pneumonia or dependent pulmonary edema.

3. Stable mild right pleural effusion.

EXAM:

CR Chest, 1 View.

CLINICAL HISTORY:

Possible aspiration.

COMPARISON:

CR Chest October 25, 2026.

FINDINGS:

LUNGS:

Interval removal of the right-sided Swan-Ganz catheter.

Interval placement of a right central line with the tip in the superior vena cava.

Endotracheal tube is likely removed.

Nasogastric tube noted with the tip in the distal thoracic esophagus.

Stable position of the catheter overlying the left pulmonary bay.

Atrial appendage clips.

Metallic valve replacement.

Stable right lower zone airspace lung disease. Interval increase in the left upper lobe airspace lung disease.

PLEURAL SPACES:

No pneumothorax. Interval increase in left pleural effusion, now moderate.

MEDIASTINUM:

Mild cardiomegaly.

BONES:

No aggressive-appearing osseous lesion seen.

IMPRESSION:

1. Stable right lower zone airspace lung disease. Interval increase in the left upper lobe airspace lung disease.

2. Interval increase in left pleural effusion, now moderate.

3. Lines and tubes as described above.