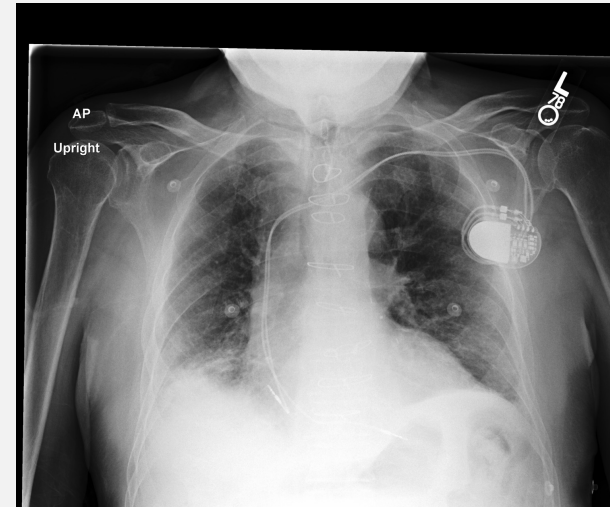


Original The patient is status post median sternotomy and CABG. Left-sided dual-chamber pacemaker is noted with leads terminating in the right atrium and right ventricle. There is mild enlargement of the cardiac silhouette which is stable. The aorta remains tortuous. There is mild pulmonary edema and a small right pleural effusion. Previously noted left pleural effusion is not clearly seen on the current study. Patchy ill-defined opacity in the right base persists and is likely due to atelectasis, though infection cannot be excluded. There is no pneumothorax. No acute osseous abnormalities are present.

CXformer(B) The patient is status post median sternotomy and CABG. Left-sided pacemaker device is noted with leads terminating in the right atrium and right ventricle. The heart size is mildly enlarged. The aorta is tortuous and diffusely calcified. There is mild pulmonary vascular congestion. Small bilateral pleural effusions are noted. Patchy opacities in the lung bases may reflect atelectasis. No pneumothorax is present. There are no acute osseous abnormalities.

CXformer(S) AP upright and lateral views of the chest provided. Midline sternotomy wires and mediastinal clips are again noted. There is a left chest wall pacer device with leads extending to the region of the right atrium and right ventricle. There is a small right pleural effusion with right basal atelectasis. There is mild left basal atelectasis. The heart is mildly enlarged. The mediastinal contour is stable. Bony structures are intact.

BiomedCLIP AP upright and lateral views of the chest provided. Dual lead pacemaker is again noted with leads extending to the region the right atrium and right ventricle. There is a small right pleural effusion with right basal atelectasis. There is mild pulmonary edema. The heart is mildly enlarged. The mediastinal contour is stable. No pneumothorax. Bony structures are intact.



CheXzero The patient is status post median sternotomy and CABG. Left-sided pacemaker device is noted with leads terminating in the right atrium and right ventricle. Heart size remains mildly enlarged. The mediastinal and hilar contours are unchanged. There is mild pulmonary vascular congestion, new compared to the prior exam. Patchy opacities in the lung bases may reflect areas of atelectasis. No pleural effusion or pneumothorax is seen. There are no acute osseous abnormalities.

RAD-DINO AP upright and lateral views of the chest provided. Midline sternotomy wires and mediastinal clips are again noted. There is a left chest wall pacer device with leads extending to the region of the right atrium and right ventricle. There is a small right pleural effusion with right basal atelectasis, difficult to exclude a superimposed pneumonia. The heart is mildly enlarged. The left lung appears grossly clear. Mediastinal contour is unchanged. Bony structures are intact.