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12/03/25

Dr Abhijit Ray
Mariners Medical
3/1 Bryant Drive
TUGGERAH NSW 2259

Dear Abhijit,

RE: Mr Colin Bromley DOB: 23/10/36 Ph: 0403 500 587
26/115 Pacific Highway, KANGY ANGY NSW 2258

Colin came to see me in consultation today. He was asked to come and see me by Dr Alexander Coombes from the Urology Team at Gosford Hospital. I understand that they are considering a cystoscopy and SPC for Colin given the issue with urinary retention. There was concern as to his fitness for surgery and also concerns regarding the presence of a metallic valve.

Abhijit, I will send a copy of this letter to his urologist but he does not have a metallic valve and he is fit for urological surgery as planned. As you know echocardiography has revealed moderate LV dysfunction of a global nature with an LVEF of 30-40% with moderate aortic stenosis peak gradient of 22mmHg and a mean of 13mmHg. A myocardial perfusion scan has only demonstrated a small amount of ischaemia in the distal-anteroseptum region. A chest xray performed did not reveal any evidence of left heart failure. He is thus stable on medical therapy at the moment.

Intercurrent issues with him include:

- 1. Peripheral Vascular Disease.** Previous bilateral femoro-popliteal bypass. Has also had stenting on the right ? which vessel.
- 2. Hypertension.**
- 3. Hypercholesterolaemia.**
- 4. Ex-smoker.**
- 5. Ischaemic Heart Disease.** CABG surgery 15.5.18 with Dr Connellan. LIMA-LAD, SVG-PDA, Mitral Valve Repair (annuloplasty ring), Tricuspid Annuloplasty (ring). MIBI February 2025 small amount of ischaemia - distal anteroseptum only less than 8%.
- 6. Atrial Fibrillation.**
- 7. Mediastinal lymphadenopathy** - under surveillance. Dr Catherine Tang.
- 8. Chronic renal impairment.**
- 9. Normochromic normocytic anemia** - long standing and present since 2016.
- 10. Aortic stenosis** - moderate. Peak gradient 22mmHg with a mean of 13mmHg. Echo January 2025.
- 11. Moderate global LV dysfunction** - LVEF 35-40%.

Current medications include:- Bisoprolol, VIC, Torvastat, Warfarin, Calcium, Magnesium, Aspirin, Candesartan, Frusemide.

** PLEASE NOTE our Argus address is now cardiodocs@argus.net.au*

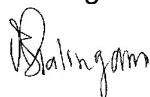
** Healthlink EDI cardiacg*

On examination today he is in no obvious distress, his blood pressure is 189/86mmHg. The JVP is 3cm, heart sounds are dual with the murmur of aortic stenosis audible. His chest is clear to auscultation. Mild pitting is noted to the ankles. An **ECG performed today** revealed a paced rhythm.

I note blood pathology from March 2025 revealed a haemoglobin of 101g/L. His creatinine remained abnormal at 140umol/L but stable.

In summary Abhijit, from my perspective I have today stopped Warfarin and commenced him on Eliquis 2.5mg bd. He should continue with Bior, Lasix and Candesartan. I am happy for him to proceed with urological surgery as planned. Eliquis can be discontinued two days prior and recommenced post operatively.

Kind regards



Letter dictated & reviewed by
Dr Brendan Gunalingam
bg.dm

cc: Dr Alexander Coombes Urology Gosford Hospital Outpatient Clinic

By email: cclhd-gosoutpatientbookings@health.nsw.gov.au

cc: Dr Francis Ting, Central Coast Urology, 98 Hill Street, GOSFORD NSW 2250