

<b>Patient Name:</b>	NAS, Arnold	<b>Accession Number:</b>	88.1598294
<b>Patient ID:</b>	88.429528	<b>Requested Date:</b>	May 9, 2025 08:30
<b>Gender:</b>	Male	<b>Report Status:</b>	Not available
<b>Date of Birth:</b>	July 30, 1947	<b>Requested Procedure:</b>	88.1598294_1
<b>Home Phone:</b>		<b>Procedure Description:</b>	CT Angiogram Tricuspid Valve
<b>Referring Physician:</b>	BHINDI, Ravinay	<b>Modality:</b>	CT
<b>Organization:</b>	North Shore Radiology - NSPH		

## **Findings**

**Reporting MD:** Lurie, Brett  
**Dictation Time:**  
**Transcriptionist:** Not available  
**Transcription Date:**

Prof Ravinay BHINDI  
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Location: North Shore Radiology - NSPH  
Examined: 9 May 2025  
Reported: 12 May 2025  
Acc No: 88.1598294

Dear Prof BHINDI,  
Re: Arnold Nas - Folio No: 88.429528  
DOB: 30/07/1947

## **4D CT CARDIAC**

### **Clinical History:**

Severe atrial functional tricuspid regurgitation. TriClip workup.

### **Technique:**

Multiphase acquisition has been performed for interventional planning purposes.

### **Findings:**

Right atrial enlargement and reflux of contrast into the hepatic vein suggestive of right heart dysfunction. There is a slightly nodular contour to the right lobe of liver, raising the possibility of early hepatic fibrosis, possibly cardiac in origin. Small pericardial effusion, measuring up to 8 mm in maximum depth. Mild pulmonary arterial enlargement. Minor coronary artery calcification in the proximal third of the LAD.

Multiple subcentimetre slightly prominent mediastinal nodes are noted, likely reactive. None of these meet CT criteria for significance. Minimal dependent ground-glass change at both lung bases and slightly increased parenchymal reticulation, possibly due to interstitial fluid. No pleural effusion.

Simple left renal cortical cyst. No suspicious bony lesion detected. Vertebral haemangioma T6. Anterior wedging of T12, favoured to be nonacute with approximately 50% loss of anterior vertebral body height.

### **IMPRESSION:**

Multiphase acquisition for interventional planning. Right atrial enlargement and reflux of contrast into the hepatic veins may indicate right heart dysfunction. Slightly nodular contour to the liver, raising the possibility of early hepatic fibrosis. This could be further assessed with ultrasound.

Dr Brett Lurie

Electronically signed by Dr Brett Lurie at 12:51 PM Mon, 12 May 2025