

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

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Location: North Shore Radiology - NSPH
Examined: 25 June 2025
Reported: 26 June 2025
Acc No: 88.1617061

Dear Prof BHINDI,

Re: Mr Gary Russ - Folio No: 88.432563
DOB: 10/07/1946

CT TAVI

Technique: Gated CT angiogram Aortic Arch to Common Femoral Arteries

History: AS

Comparison study: CT chest 1/11/2023 (Hornsby Hospital).

Findings:

Aortic Root:

Tricuspid aortic valve with moderate (grade 2) calcification. Early bifurcation of the LMCA, otherwise normal branching pattern of the origins of the coronary arteries. Three-vessel coronary artery calcification is present.

Automated measurements of the aortic root have been provided to PACS.

Arch and Thoracic Aorta:

Moderate mixed atheroma of the aortic arch with a normal branching pattern. There is mixed atheroma within the proximal left subclavian artery with mild stenosis, MLD is 8 mm.

No tortuosity of the descending thoracic aorta. Mild eccentric mainly calcified atheroma is present without coarse coralline plaque or ulceration.

There is kinking of the proximal aspect of the left CCA just distal to the origin, MLD is 5 mm. Right CCA MLD is 6 mm. There is minor calcified atheroma at both carotid bulbs with 10-20% stenosis on each side.

Abdominal Aorta:

Mild tortuosity. Mixed atheroma throughout the abdominal aorta without ulceration or coarse coralline plaque.

There is replaced right hepatic artery which also gives rise to the middle hepatic artery, and a replaced left hepatic artery from the left gastric artery, both normal variants. Chronic appearing dissection of the coeliac trunk at the trifurcation with preserved luminal and distal opacification.

MLD (minimum luminal diameter): 15mm

Right iliofemoral run off:

Mild tortuosity without kinking. Eccentric calcified atheroma mainly involving the CIA with no significant stenosis. Mildly ectatic common iliac artery.

RCIA MLD: 10mm

REIA MLD: 9mm

RCFA MLD: 9mm

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Left iliofemoral run off:

No significant tortuosity. Eccentric calcified atheroma of the CIA and CFA with less than 25% stenosis.

LCIA MLD: 11mm

LEIA MLD: 9mm

LCFA MLD: 8mm

Other Findings:

Prior surgical intervention involving the right neck, no evidence of locally recurrent soft tissue at the resection site. The aerodigestive tract outlines normally.

There is bibasal and middle lobe linear atelectasis. No pleural or pericardial effusion. No central pulmonary embolus. 7 mm segment 4A and 5 mm segment 2 low-density liver lesions, too small to accurately characterise. Bilateral simple renal cysts. There is rectal faecal impaction. The remainder of the intra-abdominal structures abnormal arterial phase appearances.

Asymmetrical sclerosis and cortical thickening of the right scapula including the glenoid favoured to represent changes of Paget disease, which was also noted from CT chest on 1/11/2023.

CONCLUSION:

No contraindication to transfemoral TAVI.

Dr Robert Ng

Electronically signed by Dr Robert Ng at 10:43 AM Thu, 26 Jun 2025

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