

Patient Name:	DUNBAR, Thomas	Accession Number:	88.1630366
Patient ID:	88.434329	Requested Date:	July 24, 2025 10:45
Gender:	Male	Report Status:	Not available
Date of Birth:	January 23, 1938	Requested Procedure:	88.1630366_1
Home Phone:		Procedure Description:	CT TAVI
Referring Physician:	Hansen, Peter	Modality:	CT
Organization:	North Shore Radiology - NSPH		

Findings

Reporting MD: Sum, Wynne
Dictation Time:
Transcriptionist: Not available
Transcription Date:

Dr Peter Hansen
Northern Heart Centre
North Shore Health Hub
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Location: North Shore Radiology - NSPH
Examined: 24 July 2025
Reported: 24 July 2025
Acc No: 88.1630366

Dear Dr Hansen,
Re: Thomas Dunbar - Folio No: 88.434329
DOB: 23/01/1938

CT TAVI CT TAVI

Technique: Gated CT angiogram Aortic Arch to Common Femoral Arteries

History: Severe aortic stenosis.

Findings:

Aortic Root: Dense calcification of the trileaflet aortic valve. No subannular calcification. Calcium score of the aortic valve is 2657.

Arch and Thoracic Aorta: Conventional branching of great vessels from the aortic arch. Mild calcific atheroma in the thoracic aorta. No ostial stenosis of the great vessels. No thoracic aortic aneurysm.

Abdominal Aorta: Mild to moderate calcific atheroma in the abdominal aorta. No abdominal aortic aneurysm. Single renal arteries bilaterally.

MLD (minimum luminal diameter): 13mm

Right iliofemoral run off: Moderate tortuosity of the proximal right CIA with moderate calcific atheroma in the right iliofemoral system, predominantly involving the posterior wall in the right CFA.

RCIA MLD: 9mm

REIA MLD: 7mm

RCFA MLD: 8mm

Left iliofemoral run off: Mild tortuosity of the proximal left CIA with moderate calcific atheroma in the left CIA and scattered calcific atheroma in the left EIA and CFA. No significant calcific atheroma in the distal left CFA.

LCIA MLD: 9mm

LEIA MLD: 7mm

LCFA MLD: 8mm

Other Findings: There are bilateral hip prostheses which obscure visualisation of pelvic structures.

There are bilateral pleural effusions, loculated on the left. There are mildly enlarged mediastinal lymph nodes, measuring up to 12 mm in the right precarinal region. No pericardial effusion.

Left side pacemaker noted.

There is ground glass opacification in the dependent portion of the lungs, likely due to pulmonary oedema.

Moderate faecal impaction in the colon and rectum. Calcified bilateral pleural plaques in keeping with prior asbestos exposure. Both adrenals appear moderately thickened diffusely suggesting hyperplasia. No focal nodularity.

CONCLUSION: Preop TAVI measurements as provided. Changes suggestive of pulmonary oedema.

Dr Wynne Sum

Electronically signed by Dr Wynne Sum at 1:39 PM Thu, 24 Jul 2025