From:	PRP Diagnostic Imaging [illegible]	DR ANTHONY KULL 0581777W			
Patient:	MARILYN SMITH	DOB:	13/05/1948	Collected:	13/05/2025

To view images: [illegible]

This report is for: Dr A. KULL
Referred By:-:
Dr A. KULL

Copies:
Dr H. S. DHALIWAL

CT ANGIOGRAM TAVI 13/05/2025 Reference: 17261411

CT ANGIOGRAM - TAVI ASSESSMENT FOR FEMORAL APPROACH

History: TAVI planning study

Technique: Arterial phase volume acquisition, with multiplanar reconstructions.

The patient had mild reaction to iodinated contrast (sneezing and itching) for which 180 mg of oral Telfast was administered. The symptoms did resolve promptly. Steroid premedication may be considered for any future contrast injections.

Findings:

The technical quality is excellent with all vessels visualised to the base of the heart.

The following access vessel minimum diameters have been obtained:

Site	Diameters (mm)
Ascending aorta	32
Arch	20
Descending aorta	21
Mid-abdominal aorta	12
Left common iliac artery	7
Right common iliac artery	8
Left external iliac artery	7
Right external iliac artery	6
Left common femoral artery	7
Right common femoral artery	6

OTHER FINDINGS:

Aorto-iliac tortuosity:
Mildly tortuous iliac arteries. Normal course of aorta.

Notable plaques:
Right common femoral artery: focal minimally stenotic calcific plaque along the posterior wall.

Bilateral common iliac arteries: Scattered calcific plaque predominantly along the medial walls with minimal luminal encroachment. Dense calcific plaque at left common iliac artery

bifurcation with less than 50% luminal encroachment.

Abdominal aorta: Scattered atheromatous mural calcification, more pronounced in the infrarenal segment without significant luminal encroachment.

Aortic arch branches:
Conventional three-vessel arch morphology. Nonstenotic ostial calcific plaque in relation to left common carotid artery. Calcific plaque is also noted at the ostium and the proximal segment of left subclavian artery with minimal luminal encroachment (less than 50%).

Major visceral branches of abdominal aorta:
Coeliac artery: Nonstenotic ostial calcific plaque.
SMA: Minimally stenotic ostial and proximal segment calcific/noncalcific plaque.
Right main renal artery: Calcific and noncalcific plaque at ostium and proximal segments with more than 75% luminal encroachment in the proximal segment.
Left main renal artery: Mixed calcific and noncalcific plaque in proximal and mid segments with 50-75% luminal encroachment. Small left superior accessory renal artery arises at the 9 mm cranial to left main renal artery origin. It has nonassessable ostium but otherwise is of normal calibre

Chest:
No thoracic lymphadenopathy, confluent consolidation, pleural or pericardial effusion. Non-specific 8 mm lymph node in anterior relation to the gastro-oesophageal junction.

Abdomen and Pelvis:
Non-specific 6 mm mixed density focus in segment 2 of the left lobe of liver. Bilateral atrophic cysts with non-obstructing renal calculi and several cysts, up to 18 mm in diameter. Mildly thickened bilateral adrenal glands without a discrete nodule.

No free fluid.

Thoraco-lumbar spine and bony pelvis:
No destructive bone lesion. Mild lower thoracic and lumbar spondylotic changes.

COMMENT:
Aorto-iliac measurements are as given.

Reported by: Dr Saurabh Khandelwal / Second read by: Dr Uday Ahluwalia

Electronically verified by: Dr Saurabh Khandelwal / Dr Uday Ahluwalia - 13/05/2025 14:26

CT Calcium scoring available at PRP Gosford

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CT TAVI CORONARY ANGIOGRAM 13/05/2025 Reference: 17261422

TAVI CT ANGIOGRAM

HISTORY: Thank you for referring MARILYN ANN SMITH. 77 years Female with severe aortic stenosis for transcatheter aortic valve implantation workup. On haemodialysis (study timed pre-dialysis).

TECHNIQUE: Gated post-IV contrast single volume 320 slice CT thoracic aortogram (16 cm footprint). 0-60% of the R - R was imaged with 10% reconstructions. 40% recon was associated with the widest annular measurements and was used for reporting purposes. This was followed by a separate spiral CT aortogram with aorta iliac and femoral run-off to assess for catheter delivered vascular access.

REPORT:
Aortic annulus maximum diameter: 26 mm.
Aortic annulus minimal in diameter: 21 mm.
Aortic annulus perimeter: 73 mm.
Aortic annulus area: 4.2 cm2.
Aortic annulus and sub annular calcification: Mild non-protruding.
Aortic valve morphology including cine CT assessment: Tricleaflet moderately restricted.
Aortic valve calcification: Moderate.
Aortic valve Agatston score: 1555 Agatston units.

	Men	Women
Severe AS very likely	>/=3000	>/=1600
Severe AS likely	>/=2000	>/=1200
Severe AS unlikely	<1600	<800

(European Association of Cardiovascular Imaging and the American Society of Echocardiography, 2017).
Aortic sinus diameter: Left 30 mm. Right 28 mm. Non 29 mm.
Aortic sinus mean diameter: 29 mm (mean diameter <30 mm connotes an increased risk of coronary occlusion)
LMCA height: annulus to inferior os 12.6mm & annulus to superior os 18mm (considered low if <12mm)
RCA height: annulus to inferior os 9.4 mm & annulus to superior os 11.8 mm (considered low if <12mm).
Sinotubular junction diameter: 32 x 29 mm.
Sinotubular junction height: 19 mm.
Ascending aorta diameter: 37 x 35 mm (at level of pulmonary bifurcation unless otherwise stated).
Optimal fluoroscopic angulation: LAO 0 degrees CAU 4 degrees, LAO 10 degrees CRA 5 degrees, LAO 30 degrees CRA 23 degrees.
Other cardiac findings: Systolic acquisition unsuitable for formal coronary evaluation. Left dominant coronary tree. Mild non-obstructive left coronary plaques. Small RCA with no obvious

plaques. Membranous septum length: 4 mm (<8mm increased risk AV conduction injury).

CT AORTOGRAM & ILIOFEMORAL PRN OFF
Aorta: No aneurysm or dissection. Mild circumferential nonprotruding calcific plaque. 11 mm distally prior to iliac bifurcation..
Common iliac minimal luminal diameter: Left 6 mm. Right 6 mm.
Femoral minimal luminal diameter: Left 6 mm. Right 6 mm.
Iliofemoral calcification: Left minimal. Right minimal.
Iliofemoral tortuosity: Left mild. Right mild.
Common femoral puncture site: Normal
CFA bifurcations: Usual below the level of the femoral head. Superior acetabular to bifurcation distance left 51 mm, right 44 mm.
Previous iliofemoral intervention: No visible.

IMPRESSION:
1. Landing zone: Borderline small aortic sinus diameter and low annulus to RCA ostial height. Adequate annulus to left main ostial height. Minimal protruding aortic annular calcifications CT forwarded on disc to Medtronic representative or referring specialist for review and sizing of transcatheter heart valve.
2. Common femoral access site: No adverse preprocedural CT finding for vascular access from the left femoral approach. 6 mm minimal luminal calibre.
3. Other relevant: Mild reaction to IV contrast (see separate radiology CT Aortogram with run-off report).

Reported by: Dr Uday Ahluwalia / Second read by: Dr Saurabh Khandelwal

Electronically verified by: Dr Uday Ahluwalia / Dr Saurabh Khandelwal - 13/05/2025 19:50

CT Calcium scoring available at PRP Gosford

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