



Royal North Shore Hospital

Department of Cardiology
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Health
Northern Sydney
Local Health District

Cardiac Catheterisation Report

Patient Name	MCMULLEN John	Procedure Date	16/07/2025 09:54
MRN	2359358	Accession #	RNS-CATH-25-1037
Medicare #	21384052541	Height	173 cm
Date of Birth	05/04/1938 - 87yrs - Male	Weight	68 kg
Address	61 Pioneer DrBELLAMBI, 2518, NSW	BSA	1.8 m ²
Phone Number	0480703720	BMI	22.7 kg/m ²
Performing Physician	Professor Ravinay Bhindi	Referring Physician	Dr Amit Michael
Fellow	Dr Karan Rao		
Advanced Trainee	Dr Jonathan Ciofani		
Advanced Trainee	Dr Daniel Nour		

Reason for Admission

TAVI work up

Clinical History

Risk factors:

treated and uncontrolled hypercholesterolemia, Last creatinine 83 umol/L and Creatinine clearance 53.0 ml/min.

Angiographic / PCI Findings - Dominance: Right

LMCA: Diffuse 30-40% disease.

LAD:

Mid LAD: 80% stenosis.

Diffuse LAD disease, with focal 80% lesion in the mid vessel. Distal LAD spot iFR 0.55. Even within the context of the LAD providing collaterals to the RCA, this suggests the LAD disease is significant.

LCx: Occluded ostially. OM1 supplied via patent SVG.

RCA:

Mid RCA: 100% stenosis.

Mid vessel CTO, with antegrade and retrograde collaterals. Dominant vessel.

Grafts

There is a Vein graft that originates at the Aorta Left and attaches to the 1st Ob Marg. Patent graft.

Entry Locations

Retrograde Access: Right Radial artery. A 6 Fr sheath was inserted. TR Band (Terumo). The puncture site was successfully closed.

Conclusions

CTO of the native RCA and LCx.

LCx supplied via patent via SVG, and RCA supplied via collaterals.

LAD iFR 0.55, deemed haemodynamically significant.

Recommendations

Continue with TAVI planning.

Signed: Professor Ravinay Bhindi(Performing Physician)

