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Encounter info: Gosford, Recurring NAP, 02/06/2025 - 02/06/2025

Contributor system: GTS

* Final Report *

Respir (Verified)

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2 June 2025

Our Ref: MRN 0446530 (RR:nts)

Dr. James Wolstenholme (Faxed) Mingara Medical Practice Unit 3/14 Mingara Drv TUMBI UMBI NSW 2261

Dear Dr Wolstenholme

Re: Peter Smith DOB: 7/1/1951

U 2 1a Wallis Ave CANTON BEACH NSW 2263

PROBLEMS:

- 1. 13 mm right upper lobe pulmonary nodule.
- 2. Severe aortic stenosis, awaiting TAVI workup.
- 3. Past multiple traumas due to motorbike injuries.
- 4. Atrial fibrillation.
- 5. Moderate cardiomyopathy.

MEDICATIONS AT PRESENT: Apixaban 5 bd, atorvastatin 40 daily, bisoprolol 2.5 daily, digoxin PG two tablets a day, dapagliflozin, spironolactone 12.5 daily

Thank you for referring Peter whom I reviewed with his son on 02 June 2025. As you are aware he was admitted to Wyong Hospital in heart failure and atrial fibrillation and was diagnosed with aortic stenosis and was rate controlled and diuresed. Peter states that prior to the admission he was quite limited mainly by quite widespread osteoarthritis resulting from multiple bony traumas. He usually uses a walking stick and would be lucky to walk around the block. He smoked from the age of 19 until 40 averaging about 10 a day and does acknowledge that he was getting quite short of breath up to the time of presentation, including episodes of orthopnoea and PND. This has now resolved on treatment. He denies any cough or sputum.

He lives alone and is a retired tiler.

On examination his pulse was 80 per minute, irregularly irregular with quite a slow rise in character. He had a soft ejection systolic murmur. Chest was clear. Abdomen was soft and non-tender.

He has had a CT of his chest associated with the TAVI which confirms a 16 mm right upper lobe pulmonary nodule which was documented as 13 cm at his presentation to Wyong Hospital. Unfortunately, I am unable to view his Wyong images today. Lung function testing is normal, FEV1 2.88/3.66 (109.8/106%), DLCO 87.1%.

Peter has a 13 mm pulmonary nodule which has persisted for the last number of months and is concerning for a small malignancy. This is in the context of being worked up for TAVI. I have requested an outpatient PET scan and a subsequent appointment to discuss the results with Peter.

With best wishes Yours sincerely

Dr Rajeev Ratnavadivel

Consultant Respiratory and Sleep Disorders Physician

Provider no.: 254972AA

Dr. Tony Kull (Faxed) Cardiologist PO Box 204 WOY WOY NSW 2256