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Mr John Newbould
DOB: 23 July 1943
Patient ID: DGH508Z
Visit Number: 17455545
Service Date: 22 July 2025 10:53

Copies To:
Dr Gerard Martin
Nurse Rnsh

Visit Description: CT TAVI ANGIOGRAM

CT ANGIOGRAM - TAVI ASSESSMENT FOR FEMORAL APPROACH

History: TAVI planning study

Technique: Arterial phase volume acquisition, with multiplanar reconstructions.

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	25
Descending aorta	25
Mid-abdominal aorta	17
Left common iliac artery	7
Right common iliac artery	10
Left external iliac artery	10
Right external iliac artery	10
Left common femoral artery	7
Right common femoral artery	6

OTHER FINDINGS:

Aorto-iliac tortuosity:

Mild-to-moderate tortuous descending thoracic and upper abdominal aorta. Moderately tortuous bilateral iliac arteries.

Notable plaques:

Bilateral CFA: Dense calcific plaque along the medial and posterior walls with less than 50% luminal encroachment.

Bilateral external iliac and common iliac arteries: Scattered calcific plaque throughout with minimal luminal encroachment. An acute bend in the mid segment of left common iliac artery results in some luminal narrowing.

Aortic arch branches:

Conventional three-vessel arch of aorta calcific plaque is noted at the origins in the proximal segments of the great vessels arising from the arch of aorta with less than 50% luminal encroachment (worse in left subclavian artery). Calcific plaque with less than 50% luminal encroachment is also noted in the mid segment of left subclavian artery.

Major visceral branches of abdominal aorta:

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Coeliac artery: Minimally stenotic ostial and proximal segment calcific plaque.
SMA: Scattered calcific plaque throughout with likely more than 75% stenosis in the proximal segment.
Bilateral renal arteries: Accessory renal arteries are noted, one on each side, ostial and proximal segment calcific plaque results in less than 50% luminal encroachment of right main renal artery. Ostial plaque is noted in relation to other renal arteries without luminal encroachment.

Chest:

Atelectatic changes in both lung bases. No suspicious pulmonary nodule, confluent consolidation, pleural or pericardial effusion. No thoracic lymphadenopathy.

Abdomen and Pelvis:

30 mm mid polar right renal parapelvic cyst noted. Uncomplicated scattered colonic diverticular disease. No free gas or free fluid.

Thoraco-lumbar spine and bony pelvis:

Advanced multilevel lumbar spondylotic changes with evidence of previous surgical intervention. Prior Right THR noted. No recent fracture. Mild-to-moderate osteoarthritic changes in the left hip joint are also seen.

COMMENT:

Aorto-iliac measurements are as given.

Reported by: Dr Saurabh Khandelwal

Co Reported:

Dr Uday Ahluwalia