

Patient Name:	SHEPHERD, Graham	Accession Number:	88.1623019
Patient ID:	88.433454	Requested Date:	July 9, 2025 13:45
Gender:	Male	Report Status:	Not available
Date of Birth:	September 15, 1942	Requested Procedure:	88.1623019_1
Home Phone:	0243908664	Procedure Description:	CT TAVI
Referring Physician:	Hansen, Peter	Modality:	CT
Organization:	North Shore Radiology - NSPH		

Findings

Reporting MD: Wong, Louise
Dictation Time:
Transcriptionist: Not available
Transcription Date:

Dr Peter Hansen
Northern Heart Centre
North Shore Health Hub
Tower A, L3, S306, 7 Westbourne Street
ST LEONARDS 2065
0286223331

Location: North Shore Radiology - NSPH
Examined: 9 July 2025
Reported: 10 July 2025
Acc No: 88.1623019

Dear Dr Hansen,
Re: Mr Graham Shepherd - Folio No: 88.433454
DOB: 15/09/1942

Addendum

Carotid Arteries: No significant stenosis in the left common carotid or internal carotid artery imaged to C1. On the right there is apparently severe stenosis of the right internal carotid artery due to a large amount of calcified plaque at the origin, not well assessed due to heavy calcification and streak artefact.

There is also a prominent calcification at the origin of the right vertebral artery and there is possible high grade stenosis, not well assessed due to streak artefact. Calcified plaque in the proximal left vertebral artery (which is dominant), up to 50% stenosis.

CONCLUSION:

There is a large amount of calcification at the origin of the right internal carotid artery with at least moderate to severe, possibly higher grade stenosis, not well assessed due to calcification. Potentially high grade stenosis of right vertebral artery origin. Mild to moderate stenosis of the left proximal vertebral artery.

Addendum electronically signed by Dr Louise Wong at 6:02 PM Thu, 10 Jul 2025

TAVI

History:

Severe aortic stenosis.

Technique:

Gated CT angiogram aortic arch to common femoral arteries.

Findings:

Moderate to severe calcification of the tricuspid aortic valve. Aortic valve calcium score is 2191.

Aortic Root and Ascending Aorta:

Moderate calcification of the ascending aorta. The ascending aorta is dilated at 44mm. No penetrating ulcer or dissection.

Aortic Arch and Descending Aorta:

Bovine arch noted, normal variant. Tortuous great vessels with calcified plaque. Proximal right brachiocephalic artery stenosis of up to 50%, not well assessed due to streak artefact from calcification.

The descending aorta is mildly tortuous but not aneurysmal and contains moderate calcified plaque.

Abdominal Aorta:

Moderate calcified plaque. Nonaneurysmal.

MLD (minimum luminal diameter): 15mm

Right Iliofemoral Run-off:

Moderate calcified plaque.

RCIA MLD: 7mm

REIA MLD: 4mm

RCFA MLD: 7mm

Left Iliofemoral Run-off:

Moderate calcified plaque.

LCIA MLD: 9mm

LEIA MLD: 7mm

LCFA MLD: 8mm

Other Vascular Findings:

Heavy triple vessel coronary artery calcification. Heavy calcification of the proximal renal arteries, more so on the right. The degree of stenosis is difficult to accurately assess due to streak artefact. The kidneys enhance symmetrically.

Coeliac axis, SMA and IMA contain calcified plaque at the origins and up to 50% stenosis at the coeliac axis.

Other Nonvascular Findings:

Gynaecomastia. Small hiatal hernia. Stranding of the mesenteric fat with mildly enlarged mesenteric node, 9mm. Diverticular disease, uncomplicated. Mild thickening of the bladder wall. Atelectasis/scarring at the lung apices and in the right middle lobe.

CONCLUSION:

Study obtained for the purposes of preoperative planning. The right external iliac artery is stenosed, with a right external iliac artery minimal luminal diameter of 4mm.

Dr Louise Wong

Electronically signed by Dr Louise Wong at 3:04 PM Thu, 10 Jul 2025