10-Jul-2025 01:18 UTC To: 61294607222



North Gosford Phone 43240006

Ms Maggie Lingard DOB: 24 September 1958 Patient ID: GCI041Z

Visit Number: 17417752

Service Date: 08 July 2025 12:08

Referred By: Dr Ravinay Bhindi NORTH SHORE CARDIAC CENTRE SUITE 11, WESTBOURNE STREET

ST LEONARDS NSW 2065

Visit Description: CT TAVI AORTIC ROOT

## TAVI CT ANGIOGRAM

HISTORY: Thank you for referring MAGGIE JOY LINGARD. 66 years Female with severe aortic stenosis and CKD for transcatheter aortic valve implantation workup.

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. 30% 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: 23 mm. Aortic annulus minimal in diameter: 19 mm.

Aortic annulus perimeter: 65 mm. Aortic annulus area: 3.3 cm2.

Aortic annulus and sub annular calcification: Minimal.

Aortic valve morphology including cine CT assessment: Trileaflet mildly restricted.

Aortic valve calcification: Mild.

Aortic valve Agatston score: 494 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 26 mm. Right 24 mm. Non 25 mm.

Aortic sinus mean diameter: 25 mm (mean diameter <30 mm connotes an increased risk of coronary occlusion)

LMCA height: annulus to inferior os 13mm & annulus to superior os 18mm (considered low if <12mm). RCA height: annulus to inferior os 15 mm & annulus to superior os 18 mm (considered low if <12mm).

Sinotubular junction diameter: 22 x 22 mm.

Sinotubular junction height: 19 mm.

Ascending aorta diameter: 29 x 29 mm (at level of pulmonary bifurcation unless otherwise stated).

Optimal fluoroscopic angulation: LAO 0 degrees CRA 6 degrees, LAO 10 degrees CRA 16 degrees, LAO 30

degrees CRA 33 degrees.

Other cardiac findings: Systolic acquisition unsuitable for formal coronary evaluation. . Membranous septum

length: 6 mm (<8mm increased risk AV conduction injury).

## CT AORTOGRAM & ILIOFEMORAL RUN OFF:

Aorta: No aneurysmal change. 12 mm calibre distally prior to iliac bifurcation...

Iliac minimal luminal diameter: Left 6 mm. Right 6 mm. Femoral minimal luminal diameter: Left 6 mm. Right 6 mm.

Iliofemoral calcification: Left . Right minimal. Iliofemoral tortuosity: Left mild. Right mild. Common femoral puncture site: Normal.

CFA bifurcations: Usual inferior to the femoral head. Superior acetabular to bifurcation distance left 47 mm, right 49 mm.

Previous iliofemoral intervention: No visible

## IMPRESSION:

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1. Landing zone: Small aortic sinus diameter (mean 25 mm). Satisfactory annulus to coronary height. Aortic valve Agatston score 494 Agatston units. 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 or right femoral approach. 6 mm minimal luminal calibre.

3. Other relevant: No significant incidental findings (see separate radiology CT Aortogram with run-off report).

Reported by: Dr Uday Ahluwalia