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Result Title: CTS
Performed By: Lui, Adrienne (JMO) on 19 June 2025 16:15 AEST
Verified By: Lui, Adrienne (JMO) on 19 June 2025 16:15 AEST
Encounter info: Royal North Shore, Inpatient, 09/06/2025 - 20/06/2025

CTS

Patient: **KNEIPP, Mr John William** MRN: 202-97-41

Age: **74 years** Sex: **Male** DOB: **07/12/1950**

Associated Diagnoses: **None**

Author: **Lui, Adrienne (JMO)**

Progress Note

CTS (Lui for Sherrah)

Thanks for referral

74M with severe AS b/g intellectual disability (no capacity), ESKD on HD (MWF) and Schizoaffective disorder

HOPC

- L shoulder pain, elevated troponin and ECG changes on HD

- Trop peak 226

- TTE: EF 55-60%. Speckled myocardial appearance. Grade I diastolic dysfunction. Echodensity in LA chamber near anterior mitral leaflet. Severe AS.

- CT TAVI : No contraindication for transfemoral delivery of a TAVI device. Bilateral small pleural effusions.

- no other signs of HF

Progress

- multiple recurrent falls, CTB NAD

- aggression towards staff , unable to have formal cog ax due to aggression

- poor fx baseline, needs assistance with toileting at times and towelling, NS for medication administration

Ix

TTE 11/6 - LVEF 55-60%, moderate LVH, possible amyloid appearance. Grade I diastolic dysfunction. ?echodensity medially in left atrial chamber which moves with the AMVL - this appears to be present in prior TTEs dating back to 2023). moderate TR, mild MR. ePASP 51 mmHg.

Severe AS, peak vel 4.5 m/s, PG/MG 81/47, AVA 0.9, trivial AR.

TTE in July 2024 - mod-severe LVH, LVEF 65%, grade 2 diastolic dysfunction, moderate AS (1.2 cm², PG/MG 67/38, DVI 0.34), trivial AR), mild TR.

ECG - SR, LVH.

Coronary arteries (from CT TAVI) reviewed by Dr Hansen - codominant system. calcium seen in prox LAD however likely <50% and non-obstructive, some evidence of calcium blooming.

Based on this, his preference would be to perform the coronary angiogram on the same day as the TAVI

On review unable to ascertain meaningful history, grunting at me

Impression: Poor surgical candidate

Discussed w and seen by Dr Sherrah- agrees. Not for sAVR nor salvage.