

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

Dr Stephen Vernon
Northern Heart Centre, Suite 306, Level 3,
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Location: North Shore Radiology - Health Hub
Examined: 28 March 2025
Reported: 4 April 2025
Acc No: 88.1585780

cc: Dr Peter Hansen F: 0283194844

Dear Dr Vernon,

Re: Mr Ian GREEN - Folio No: 26.02798901
DOB: 27/10/1946

CT TAVI

History:

Plan for ? TAVI on background of bioprosthetic AVR and dilated ascending aorta.

Technique:

Gated CT angiogram aortic arch to common femoral arteries.

Findings:

Aortic Root:

There is a bioprosthetic aortic valve in-situ. Conventional coronary artery anatomy. Moderate burden of calcified atheroma within the coronary arteries.

Arch and Thoracic Aorta:

There is a moderate burden of predominantly soft plaque throughout the thoracic aorta, with scattered areas of calcified plaque. No concentric plaque. No aneurysm. There is mild ectasia/unfolding of the thoracic aorta.

The major vessels arising off the arch opacify normally. The right brachiocephalic artery appears prominent and is ectatic at the thoracic inlet. The carotid arteries have been imaged to the base of skull and there is no significant burden of atheromatous disease at the bifurcation. The minimal luminal diameter (MLD) of the left common carotid artery (CCA) is 8 mm. The MLD of the right CCA is also 8 mm. The left subclavian artery has MLD of 11 mm. The right has MLD of 8 mm.

Abdominal Aorta:

There is moderate burden of calcified and soft plaque throughout the abdominal aorta. No abdominal aortic aneurysm.

MLD: 21 mm.

Right Iliofemoral Run-off:

There is a mild to moderate burden of soft and calcified plaque throughout the right iliac run off. Minor ectasia. No concentric plaque. No aneurysm.

RCIA MLD: 15 mm

REIA MLD: 12 mm

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RCFA MLD: 9 mm

Left Iliofemoral Run-off:

As seen previously, there is a fusiform aneurysm involving the left common iliac artery, extending to at least the bifurcation. More proximally the left iliac artery is normal in appearance and the fusiform aneurysm is unchanged since CT angiogram in November 2023. No concentric plaque. The left iliofemoral runoff is more ectatic than the right.

LCIA MLD: 13 mm

LEIA MLD: 13 mm

LCFA MLD: 12 mm

Other Findings:

The saccular aneurysm arising off the SMA which has been followed on a number of previous CT is unaltered in appearance.

There are multiple abnormal enhancing vessels around the head of pancreas, in keeping with the patient's history of HHT. There is diffuse abnormal enhancement of the liver parenchyma, again in keeping with HHT.

CONCLUSION:

No contraindication to TAVI identified. Note is made of the patient's in-situ bioprosthetic valve. Also note is made of the longstanding fusiform aneurysm of the left iliofemoral runoff, with more ectasia on the left perhaps favouring a right common femoral approach.

Changes in keeping with patient's known HHT, with stable saccular aneurysm arising from the SMA.

Dr Lucian Roseverne

Electronically signed by Dr Lucian Roseverne at 10:20 AM Thu, 10 Apr 2025

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