

## DR STEPHEN VERNON

MBBS, B Med Sci, PhD, FRACP  
Consultant & Interventional Cardiologist



Our Ref: MRN 0198323 (SV:gts)

10 October 2024

Dr David Lifson  
270 Victoria Avenue  
CHATSWOOD NSW 2067

Dear David

**Re: Ian Green DOB: 27/10/1946**  
23 Cobar Street Willoughby NSW 2068  
Telephone No: 0424 807 457

### PAST MEDICAL HISTORY:

1. Hereditary haemorrhagic telangiectasia. AVMs causing epistaxis, previous sclerotherapy Dr Jacobson, St Vincent's. No evidence of pulmonary or cerebral AVMs on previous screening.
2. Gout.
3. Recurrent CLL. Dr Luke Coyle.
  - Recently commenced on Venetoclax (BCR-ABL inhibitor).
4. Hypogammaglobulinaemia, on IVIG.
5. Mediastinal lymphadenopathy.
6. Prostate cancer. Prostatectomy 2008.
7. Culture negative, left septic shoulder, requiring washout and 4 weeks IV Flucloxacillin followed by 6 weeks po Cephalexin. RNSH, January 2018.
8. Tissue Aortic valve replacement for severe aortic regurgitation, secondary to left coronary cusp leaflet prolapse. + LAA closure (stapled).
  - Royal North Shore Hospital, June 2018. Dr Marshman.
  - Moderate-to-severe bioprosthesis aortic valve-patient mismatch. Echocardiogram December 2019. AVA 1.6 cm<sup>2</sup>. AVAI 0.65 cm<sup>2</sup>/m<sup>2</sup>.
  - Thickened leaflets. Elevated flow parameters secondary to bioprosthesis aortic valve-patient mismatch and PrAV stenosis. PV 4.0 m/s. May 2024.
9. Moderate ascending aortic dilatation (52 mm on CT angiogram March 2022, 49 mm in 2019).
10. Transoesophageal echocardiogram complicated by oesophageal/pharyngeal perforation, treated conservatively.
11. Mild coronary artery disease, coronary angiogram RNSH March 2018.
12. Paroxysmal atrial flutter.
  - Not on longterm anticoagulated due to HHT + LAA closure (stapled) at time of tAVR + successful RF ablation.
  - Successful atrial flutter ablation, 2 June 2022, Dr K Chia, RNSH.
13. CKD, Creatinine 125 µmol/L, eGFR 49. 16 April 2018.
14. Left apical lung lesion. Dr Lam/Dr Timmins.
15. Suspected endocarditis, treated with IV antibiotics 2019.
  - Streptococcal endocarditis plus L1, L2 osteomyelitis and discitis. July 2023. Recommended for indefinite Amoxicillin. Dr Mel Figtree.
16. Fractured hip requiring ORIF. August 2024. Canberra Hospital.

**CURRENT MEDICATIONS:** Tranexamic Acid 1 g tds, Coloxyl, Valaciclovir 500 mg daily, Allopurinol 300 mg, Iron, Folate, Bisoprolol 2.5 mg bd, Amoxicillin 500 mg qid.

It was my pleasure to review Mr Ian Green on 10 October 2024. Unfortunately since my review earlier in the year, Ian has suffered a fractured hip. He was down at Perisher and was keen to get back into skiing after not having skied for a few years but unfortunately on the first evening when walking to dinner slipped on some ice and fractured his hip. He was transferred to Canberra Hospital where he required a hip replacement. He is recovering fairly well but has ongoing physiotherapy at this stage. Pleasingly he got through the surgery without any significant complication.

We repeated his echocardiogram today which is very stable compared to his echo in May 2024. He continues to have evidence of patient-prosthesis mismatch as well as a degree of bioprosthetic aortic valve stenosis.

On examination today, his blood pressure was 110/60 mmHg. Heart rate was 65 beats/min in sinus rhythm. Heart sounds were dual with an ejection systolic murmur. He had no signs of cardiac failure.

Mr Green is stable currently. He will monitor for any symptomatic changes. At this stage he will return for an echocardiogram and review in six months' time.

With best wishes  
Yours sincerely

A handwritten signature in dark ink, appearing to read 'S. Vernon', with a long horizontal flourish extending to the right.

**Dr Stephen Vernon**

cc: Dr Melanie Figtree, Infectious Diseases, Royal North Shore Hospital, Reserve Rd, ST LEONARDS, NSW 2065  
Dr Luke Coyle, Haematology, Northern Specialist Centre, North Shore Private Hospital, Westbourne Street, ST LEONARDS, NSW 2065