



16th April 2025

Dr James Wolstenholme
Mingara Medical Centre
3/14 Mingara Dr
TUMBI UMBI NSW 2261

Re: Mr Peter Smith DOB: 07/01/1951

Dear James,

I reviewed this 74 year retired tiler in the rooms today. You recall he was admitted to Wyong hospital under my care with new onset heart failure, atrial fibrillation and moderate CM and aortic stenosis. He was rate controlled, diuresed and anticoagulated. He subsequently had an outpatient angiogram that showed mild left main disease.

Since discharge, he complains of light-headedness and some mild orthopnoea.

His blood pressure today was 101/68 mmHg with a pulse rate 74 bpm. Chest was clear and there was no oedema.

A TAVI CT scan showed that his aortic valve calcium score was 2683 Agatston units which made his aortic stenosis likely severe. He has a lesion in his right upper lobe that appeared to be a neoplasm.

Conclusion

1. Probable severe aortic stenosis.
2. Moderate cardiomyopathy.
3. Persistent atrial fibrillation.
4. Right upper lobe ? neoplasm.

Comments and Management Plan

Would you mind arranging a respiratory review concerning his right upper lobe lesion? If it is a neoplasm, then he may require thoracic surgery. I added in Digoxin to help with AF rate control and hopefully dyspnoea. I will refer him to RNSH for a TAVI workup. I will arrange for a repeat echocardiogram to check if LV function is recovering and recheck valve area.

- *Apixaban 5 mg bd, Atorvastatin 40 mg/day, Bisoprolol 2.5 g/day, Digoxin PG 2/day, Dapagliflozin, Spironolactone 12.5 mg/day*

Kind regards,

Tony Kull

cc Dr Peter Hansen
TAVI CNC RNSH Ingrid Bronhead