

**Dr James Rogers**  
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**Cardiologist**

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05 Jun 2025

Dr Roger Molesworth  
Ettalong Family Medical Centre  
61 Picnic Parade  
Ettalong NSW 2257

Dear Roger,

**Re: Mr Paul ROSEE - DOB: 03/09/1943**

- CABGx3 6/94 (LIMA → LAD → D1, T graft RIMA → RPD) for triple vessel disease. Angiography 3/17 showed patent LIMA → LAD and diagonal, patent T RIMA → RPL (severe left main, occluded LAD after septal perforators, small intermediate patent, occluded circumflex without collaterals, native dominant RCA severe ostial and proximal disease).
- Pulmonary emboli 2001, 2004, long term anticoagulation.
- Hypercholesterolaemia.
- Sensorineural deafness.
- Mild to moderate aortic stenosis/mild aortic regurgitation, mild tricuspid regurgitation, normal LV size and systolic function on echo 8/22. Now approaching severe aortic stenosis on echo 5/25.
- # ribs after mechanical fall 3/22. Mechanical fall 3/23.
- Perforated oesophagus following gastroscopy and oesophageal dilatation 9/2/24 requiring open repair.
- Iron deficiency anaemia 2024. Severe gastro-oesophageal reflux.
- Holter 5/25 very frequent SVEs (14%) with 40 short runs.
- Echo 5/25 LVEF 60%, moderate to severe aortic stenosis (peak velocity 3 m/s, mean gradient 18 mmHg, DVI 0.23, AVA 0.94 cm<sup>2</sup>), mild AR, mild TR, ascending aorta 40 mm.

**Current medications:** apixaban 5 mg bd, Crestor 40 mg nocte, Ezetrol 10 mg daily, Imdur 120 mg mane, ramipril 2.5 mg mane, vit D, pantoprazole PRN.

He is getting exertional fatigue. I am arranging for a TAVI CT. If the valve is heavily calcified it is probably severely stenosed and he already may be a candidate for percutaneous replacement. He will also have repeat bloods.

Yours sincerely,



**Dr James Rogers**

CC: Dr Levi Bassin, ST LEONARDS 2065

JR:sjk