

Reporting MD: Ng, Robert Dr

Transcription date:

Dictation date:

Prof Ravinay BHINDI

North Shore Cardiac Centre

Location: North Shore Radiology - NSPH

NSPH, Level 3, Suite 11

Examined: 6 August 2025

Westbourne Street

Reported: 7 August 2025

ST LEONARDS 2065

Acc No: 88.1634717

0294395290

Dear Prof BHINDI,

Re: Robin Thorpe - Folio No: 88.435128

DOB: 27/12/1946

CT TAVI

Technique: Gated CT angiogram Aortic Arch to Common Femoral Arteries

History: AS.

Findings:

Aortic Root:

Bicuspid aortic valve with moderate to severe (grade 3) calcification. The origins of the coronary arteries have a normal branching pattern. Three-vessel coronary artery calcification is seen, including of the mid to distal LMCA. Automated measurements of the aortic root have been provided to PACS.

Arch and Thoracic Aorta:

Normal branching anatomy of the aortic arch. Minimal calcified atheroma in the lateral aspect of the arch is noted. No atheroma involves the proximal arch branch vessels. The left subclavian artery minimum luminal diameter (MLD) is 9 mm.

No atheroma or tortuosity of the descending thoracic aorta.

There is no atheroma or stenosis involving the imaged extracranial carotid arteries. The left vertebral artery is dominant, both extracranial vertebral arteries opacify normally. The CCA MLD in the right is 6 mm and on the left 7 mm.

Abdominal Aorta:

Moderate eccentric calcified atheroma. No soft atheroma, tortuosity or stenosis.
Replaced left hepatic artery from the left gastric artery, normal variant. The mesenteric and visceral arteries opacify normally.

MLD (minimum luminal diameter): 16mm

Right iliofemoral run off:

No tortuosity. Minor eccentric calcified atheroma involving the CIA and CFA with less than 25% stenosis.

RCIA MLD: 13mm

REIA MLD: 9mm

RCFA MLD: 10mm

Left iliofemoral run off:

No tortuosity. Eccentric calcified atheroma at the distal CIA and CFA with less than 25% stenosis.

LCIA MLD: 12mm

LEIA MLD: 11mm

LCFA MLD: 10mm

Other Findings:

Trace fluid within the partially imaged maxillary sinuses. Prominent thyroid/parathyroid tissue involving the left tracheoesophageal groove. Several mildly prominent lymph nodes within the mediastinum and hila with punctate foci of internal calcification involving several lymph nodes. The largest in the subcarinal station measures 14 mm.

Non-specific mild subpleural reticulation in the posterior aspect of both lower lobes.

Bilateral simple renal cortical and parapelvic cysts. There is a small focus of cortical thinning in the upper pole the left kidney. Mild prostatomegaly.

No aggressive bone lesion.

CONCLUSION:

No contraindication to transfemoral TAVI.

Dr Robert Ng

Electronically signed by Dr Robert Ng at 10:40 AM Thu, 7 Aug 2025