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Referred By:

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NORTH SHORE CARDIAC CENTRE
SUITE 11, WESTBOURNE STREET
ST LEONARDS NSW 2065

Mr Norman Bogle

DOB: 01 February 1953

Patient ID: ACD155Z

Visit Number: 17416228

Service Date: 08 July 2025 09:11

Copies To:

Dr Vertika Azad

Visit Description: CT TAVI AORTIC ROOT

TAVI CT ANGIOGRAM

HISTORY: Thank you for referring NORMAN BOGLE. 72 years Male for transcatheter aortic valve implantation workup.

TECHNIQUE: Gated post-IV contrast single volume 320 slice CT thoracic aortogram (16 cm footprint). 0-60% of the R - R was imaged with 10% reconstructions. 30% recon was associated with the widest annular measurements and was used for reporting purposes. This was followed by a separate spiral CT aortogram with aorta iliac and femoral run-off to assess for catheter delivered vascular access.

REPORT:

Aortic annulus maximum diameter: 29 mm.

Aortic annulus minimal in diameter: 21 mm.

Aortic annulus perimeter: 79 mm.

Aortic annulus area: 4.7 cm².

Aortic annulus and sub annular calcification: Moderate protruding below the left coronary sinus.

Aortic valve morphology including cine CT assessment: Trileaflet heavily calcified and restricted.

Aortic valve calcification: Severe.

Aortic valve Agatston score: 4309 Agatston units.

	Men	Women
Severe AS very likely	≥ 3000	≥ 1600
Severe AS likely	≥ 2000	≥ 1200
Severe AS unlikely	< 1600	< 800

(European Association of Cardiovascular Imaging and the American Society of Echocardiography, 2017).

Aortic sinus diameter: Left 36 mm. Right 32 mm. Non 36 mm.

Aortic sinus mean diameter: 34 mm (mean diameter < 30 mm connotes an increased risk of coronary occlusion)

LMCA height: annulus to inferior os 10mm & annulus to superior os 18mm (considered low if < 12 mm).

RCA height: annulus to inferior os 13 mm & annulus to superior os 18 mm (considered low if < 12 mm).

Sinotubular junction diameter: 31 x 30 mm.

Sinotubular junction height: 22 mm.

Ascending aorta diameter: 41 x 39 mm (at level of pulmonary bifurcation unless otherwise stated).

Optimal fluoroscopic angulation: LAO 0 degrees CAU 7 degrees, LAO 10 degrees CRA 5 degrees, LAO 30 degrees CRA 28 degrees.

Other cardiac findings: Systolic acquisition unsuitable for formal coronary evaluation. . Membranous septum length: 8.3 mm (< 8 mm increased risk AV conduction injury).

CT AORTOGRAM & ILIOFEMORAL RUN OFF:

Aorta: Mildly dilated ascending aorta (41 x 39 mm). No other aneurysmal change. Moderate concentric non-protruding calcific plaque. 11 mm distally prior to iliac bifurcation.

Iliac minimal luminal diameter: Left 7 mm. Right 7 mm.

Femoral minimal luminal diameter: Left 7 mm. Right 7 mm.

Iliofemoral calcification: Left minimal. Right minimal.

Iliofemoral tortuosity: Left mild. Right mild.

Common femoral puncture site: Normal

CFA bifurcations: Left upper at the subcapital femoral neck and right below the femoral head. **Superior acetabular to bifurcation distance** left 31 mm, right 43 mm.

Previous iliofemoral intervention: No visible.

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IMPRESSION:

1. Landing zone: Moderate protruding annular calcific plaque below the left coronary sinus. Low annulus to inferior left main ostial height (10mm) with adequate annulus to superior left main ostial height (18mm). Satisfactory annulus to RCA ostial height and satisfactory aortic sinus diameter. Aortic valve Agatston score 4309 Agatston units. CT forwarded on disc to Medtronic representative or referring specialist for review and sizing of transcatheter heart valve.
2. Common femoral access site: 7 mm minimal luminal calibre for left or right approach.
3. Other relevant: (see separate radiology CT Aortogram with run-off report).

Reported by: Dr Uday Ahluwalia

Co Reported:

Dr Sean Khoury