



**Prof. Andrew Boyle**

MBBS PhD FRACP

Interventional Cardiologist

Provider No: 210791FK

ABN: 19 524 680 893

**Merewether Cardiology**

Lingard Day Centre

Ground Floor, 6-8 Lingard Street, Merewether, NSW 2291

Phone: (02) 4047 2759 Fax: (02) 4963 4781

Email: admin@merewethercardiology.com.au

AB:NTS

13 May 2025

Prof Ravinay Bhindi  
North Shore Cardiac Centre  
North Shore Private Hospital  
Suite 11, Level 4  
Westbourne Street  
ST LEONARDS NSW 2065

*Mica*

Dear Ravi

RE:

**Eleonora Moelle DOB: 21/02/1933**

**58 Pell Street**

**MEREWETHER NSW 2291**

*Phone 49632894*

I wonder if you would mind seeing Mrs Moelle for consideration of a MitraClip. She has had a TOE performed here which was reviewed by Heather Cooke and Allan Davies and suggests that she is suitable for a MitraClip.

She has severe mitral regurgitation but remarkably is not all that symptomatic. She would prefer this to be done close to where her daughters live which is near the Royal North Shore. Would you mind contacting her. Her daughter, Barbara, is contactable on 0411 146 464.

Kind regards

**Professor Andrew Boyle**  
Interventional Cardiologist

NIB Gold.

HunterNewEnglandLHD

**John Hunter Cardiology**

**Ref Dr:** Prof. Andrew Boyle  
Merewether Cardiology, 6-8 Lingard Street  
Merewether NSW 2291  
Fax: 02 4963 4781

**Patient ID:** 0285064/N4459112 **Ward/Clinic:** JHH Outside Referral  
**Patient Name:** ELEONORA ANGELA MOELLE  
**DOB:** 21-02-1933 **Reported By:** Heather Cooke

**Address:** 58 PELL STREET  
MEREWETHER 2291

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**Exam Date:** 04-03-2025 12:00

**Study Date:** 2025-03-04 11:14:24  
**Tech:** SS/HC  
**BSA:** **Weight(Kg):**

**Order Provider:** BOYLE, ANDREW

**Hospital:**  
John Hunter Hospital (including Royal Newcastle Centre).

**Procedures:**  
**Transesophageal Echo Report:**  
TOE performed with the patient in the post-absorptive state. Continuous HR, BP, ECG and  
O2 sat monitoring was performed during the procedure.

**Indications:**  
Mitral Valve Disorder. Flail posterior mitral valve leaflet. Ruptured cord ? suitable for mitralclip.

**Conclusions:**  
Normal left ventricular size and reduced function in context of severity of mitral regurgitation.  
Severe mitral regurgitation secondary to flail leaflet.  
Mild tricuspid regurgitation.

**Findings:**

hunterNewEnglandLHD

**Left Ventricle:**

Normal left ventricular systolic function. Normal left ventricular size. Ejection fraction is visually estimated at 60%. No left ventricular thrombus visualized.

**Right Ventricle:**

Normal right ventricular size. Normal right ventricular systolic function.

**Left Atrium:**

There is severe enlargement of left atrium.

**Atrial Septum:**

Normal atrial septum. Atrial septum color Doppler interrogation consistent with a PFO.

**Ventricular Septum:**

Normal interventricular septum was seen.

**Mitral Valve:**

Severe mitral valve regurgitation secondary to posterior flail P2/P3 segment. Posterior leaflet length P1 1.15cm, P2 2cm, P3 2.4cm. No evidence of mitral stenosis (Mean pressure gradient 1mmHg). Mitral valve area 6.12cm<sup>2</sup>.

**Aortic Valve:**

Normal appearance and function of the aortic valve. Trileaflet aortic valve. No aortic regurgitation.

**Tricuspid Valve:**

Normal appearance of the tricuspid valve. There is mild tricuspid regurgitation.

**Pulmonic Valve:**

The pulmonic valve is not well visualized.

**Pericardium:**

Normal pericardium with no significant pericardial effusion.

**Aorta:**

There is mild atherosclerosis in the descending aorta.

Electronically Signed By:

Heather Cooke

9/04/2025 12:57:30 PM

CC1:

CC2:

CC3:



**Prof. Andrew Boyle**

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Interventional Cardiologist

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AB:NTS

27 November 2024

Dr Lydia Fleming  
Cooks Hill Family Practice  
Health Hub, 235 Darby St  
COOKS HILL NSW 2300

Dear Lydia,

**RE: Mrs Eleonora Moelle DOB: 21/02/1933**  
**58 Pell Street**  
**MEREWETHER NSW 2291**  
**Phone: 49632894**

It was a pleasure to follow up with Ms Moelle for her problem of paroxysmal AF and her new problem of ruptured mitral valve cord leading to heart failure.

She continues to be in remarkably good health at 91 years of age. She does walk with a four-wheeled walker but she is mentally with it. Physically she has no symptoms at all other than her peripheral oedema. She denies shortness of breath on exertion, orthopnoea or PND.

She continues to go for a walk every day to the beach.

In terms of her peripheral oedema, this has responded well to diuretics and these should continue. I think open heart surgery for mitral valve repair is a bridge too far at her age and she would not be able to recover from a sternotomy walking on a walker. We did discuss the option of a MitraClip, and her daughter, Barbara, was in attendance with her today. We were tossing up between observation only versus proceeding towards a possible MitraClip. She would need a transoesophageal echo but we would only do that if she were keen on ever pursuing a MitraClip. Because she is asymptomatic, there is no rush with this and they will consider the option over the Christmas period and get back to me early in the new year. In the meantime, she just needs diuretics titrated to her peripheral oedema, as you have already done.

It is a pleasure to be involved in her care.

Kind regards

**Professor Andrew Boyle**  
Interventional Cardiologist

Patient Name: MOELLE, ELEONORA  
Patient Address: .  
D.O.B: 21/02/1933 Sex at Birth:  
Medicare No.: IHI No.:  
Lab. Reference: 00145C36-2872-4CF6-9 Provider: Cooks Hill Family Practice  
Addressee: PROF ANDREW BOYLE Referred by: DR ROGER PRZYBYLSKI  
Date Requested: 9/09/2024 Date Performed: 9/09/2024  
Date Collected: 9/09/2024 Complete: Final  
Specimen:  
Subject(Test Name): GP REFERRAL  
Clinical Information:

### Cooks Hill Family Practice

Suite 4, 235 Darby Street  
Cooks Hill NSW 2300  
Ph: 02 4064 8200 Fax: 02 4064 8299  
Email: cookshill@ipn.com.au

*Dr Roger Przybylski  
(MB BS; FRACGP)  
Provider No - 045499XF*

09/09/2024

Prof Andrew Boyle  
Merewether Cardiology  
6-8 Lingard St  
Merewether 2291  
Phone - 40472759 Fax - 49634781

Dear Andrew,

**Re: Mrs Eleonora Moelle**  
**58 Pell St**  
**Merewether 2291 DOB: 21/02/1933**  
**Ph no - H:49632894 M: 0411146464**

Thankyou for seeing Eleonora Moelle, aged 91 yrs , for cardiology review, echocardiogram and management as needed.

Mrs Moelle has developed bilateral lower leg pitting oedema to the mid tibia, which has come up fairly quickly over the last few weeks. She has not had any dyspnoea, orthopnoea or PND.  
Renal function is normal. No calf tenderness.  
? oedema due to right heart failure. I have commenced low dose frusemide protem

#### Past History

1994	Right Cervical Radiculopathy
01/08/2001	Colonoscopy
07/03/2003	Bilateral Hearing - Impaired
2006	Bilateral Hearing Aid
04/02/2009	Right Supraspinatus Tendon Tear - Total
07/03/2012	Cystocoele
07/03/2016	Atrial Fibrillation - Paroxysmal
09/06/2016	Left Inguinal Hernia Repair

13/07/2016                   OSTEOARTHRITIS - KNEE  
18/11/2016                   Bowen's Disease  
08/12/2016                   Right Knee Replacement  
09/05/2017                   Osteoporosis  
17/06/2019                   Left Ulceration - Leg  
19/12/2019                   Left Cataract Removal & Iol Implant  
14/01/2020                   Left Vision Abnormal  
21/09/2023                   L2 Vertebral crush fracture

**Curre**

Betmiga 25mg Prolonged release tablets	1 Tablet Daily.
Frusemide 20mg Tablet	1 Tablet In the morning.
Panadol Osteo 665mg Tablet	2 Tablets Three times a day.
Prolia 60mg/mL Injection	6 monthly.
Waxsol 0.5% Ear Drops	Apply Daily.
Xarelto 15mg Tablet	1 Tablet Daily As directed.

**Allergies:**

Nil known.

Yours sincerely

*R Przybylski*

Dr Roger Przybylski

MOELLE,                   ELEONORA ANGELA  
58 PELL ST,               MEREWETHER.   2291  
Phone: 0411146464  
Birthdate:   21/02/1933   Sex:   F           Medicare Number:   2173071185  
Your Reference:   00241902   Lab Reference:   852416495-B-ECGT  
Laboratory:   dhm  
Addressee:   DR ROGER PRZYBYLSKI   Referred by:   DR ROGER PRZYBYLSKI  
Copy to:  
                  DR ANDREW BOYLE

Name of Test: ECG Transmitted  
Requested:   04/09/2024   Collected:   05/09/2024   Reported:   05/09/2024   16:50

Clinical notes:   LEG OEDEMA 2 WEEKS PAST HX AF RX XARELTO 100MG   HEIGHT 166CM   WEIGHT 64KG

**ECG Report**

HR           69   /min

P	Not Available	RR	860 ms	QRS	94 ms
QRS	-28 Deg	P	Not Available	QTc	423 ms
T	67 Deg	PQ	Not Available	QT	390 ms

Height	166	cm
Weight	64	Kg
Medication	XARELTO	

**COMMENTS:**

Atrial Fibrillation, Average Ventricular Rate = 69 bpm

Dr. Joseph Chiha Cardiologist

AUTHORISED BY:           Dr. Joseph Chiha

Eosinophils	0.06	0.03	0.02	0.04	x10 <sup>9</sup> /L	(0.0-0.5)
Basophils	0.02	0.03	0.03	0.03	x10 <sup>9</sup> /L	(0.0-0.3)
NRBC	<1.0	<1.0	<1.0	<1.0	/100 WBC	(<1)
Platelets	161	180	168	191	x10 <sup>9</sup> /L	(150-450)
ESR				16	mm/h	(1-35)

Comments on Collection 05/09/24 1603:

Mild lymphopenia

DR ANDREW BOYLE

**Name of Test:** RU-Malb

**Requested:** 04/09/2024 **Collected:** 05/09/2024 **Reported:** 06/09/2024 11:20

**Clinical notes:** LEG OEDEMA 2 WEEKS PAST HX AF RX XARELTO 100MG HEIGHT 166CM WEIGHT 64KG

Clinical Notes : LEG OEDEMA 2 WEEKS PAST HX AF RX XARELTO  
100MG HEIGHT 166CM WEIGHT 64KG

**Microalbumin, Random Urine**

U-Creatinine	5.4	mmol/L	
R U-Albumin	9.1	mg/L	
R U-Albumin/Creat	1.7	mg/mmol	( <3.5 )

NATA Accreditation No 2178

MOELLE, ELEONORA  
58 PELL STREET, MEREWETHER NSW, MEREWETHER. 2291  
**Birthdate:** 21/02/1933 **Sex:** F **Medicare Number:**  
**Your Reference:** **Lab Reference:** CHI6455524-U/S Pelvis Female  
**Laboratory:** Hunter Imaging Group  
**Addressee:** DR ROGER PRZYBYLSKI **Referred by:** ROGER DR PRZYBYLSKI

**Name of Test:** U/S Pelvis Female

**Requested:** 04/09/2024 **Collected:** 06/09/2024 **Reported:** 06/09/2024 14:56

**Apollo RIS Patient Id :** HIG752392  
**Patient Name :** MOELLE ELEONORA **DOB :** 21/02/1933 **Service Date :** 06/09/2024

**EXAMINATION:**

Ultrasound Pelvis

Sonographer: HIGAKB

Clinical History:

Recent onset bilateral leg oedema? Pelvic mass

Findings:

Transabdominal scanning.

The uterus is smaller in size, anteverted measuring approximately 4.7 cm in length with a volume of 12 cc. The endometrium is barely visualised however not thickened.

In relation to the left ovary there is a cystic lesion without internal septations or mural nodule measuring approximately 44 x 22 x 25 mm. There is no obvious free fluid in the cul de sac.

No free fluid in the cul de sac.

**CONCLUSION:**

Atrophic uterus.

Left ovarian cyst.

The CAC score is at the 71st percentile for persons of the same age, gender and race/ethnicity who are free of clinical cardiovascular disease and treated diabetes.

The MESA (Multi-Ethnic Study of Atherosclerosis) estimate for coronary heart disease (CHD) risk incorporating the CAC can be obtained at:  
<https://www.mesa-nhlbi.org/MESACHDRisk/MesaRiskScore/RiskScore.aspx>

## CT CORONARY ANGIOGRAM

**Technique:** Prospective ECG-gated CT coronary angiogram was performed at 75% with a heart rate of 56 bpm. Multiplanar and workstation reconstructions were performed. DLP 229 mGy-cm.

### Findings:

Good quality examination.  
Right dominant circulation.

#### Left coronary artery:

The left coronary artery arises normally from the left cusp. It is a normal size artery. The artery is patent without focal narrowing. It extends for 10 mm before bifurcating.

The left anterior descending artery is normal in size. There are small foci of eccentric calcified plaque in the proximal and mid artery with less than 25% narrowing. There is a focus of calcified plaque in the mid artery with 25 to 49% narrowing, at the origin of the first diagonal artery. The distal left anterior descending artery is patent and wraps around the cardiac apex.

The left circumflex artery is normal in size. There is eccentric calcified plaque at the origin with 25 to 49% narrowing. A couple of small obtuse marginal arteries arise proximally and are patent. The mid circumflex artery is patent and gives a large patent obtuse marginal branch. The distal circumflex artery becomes small but remains patent and peters out.

#### Right coronary artery:

The right coronary artery arises normally from the right cusp. It is a normal sized artery. The proximal artery is patent. The mid artery demonstrates eccentric calcified plaque with 25 to 49% narrowing. The distal artery is patent and gives rise to a patent posterior descending artery. The right coronary artery terminates as a posterolateral branch.

#### Non coronary cardiac findings:

The cardiac chambers are normal in size. There is no pericardial effusion.

#### Non cardiac findings:

Nil.

#### Conclusion:

There is mild atherosclerosis in the coronary arteries with foci of mild narrowing in the left anterior descending, left circumflex and right coronary arteries.

\* SCCT quantitative stenosis grading: minimal <25%, mild 25-49%, moderate 50-69%.



severe 70-99%, occluded 100%.

Thank you for referring this patient.

Report electronically authorized by:

Dr Virgil Chan  
B.Med (Hons), FRANZCR

### RU-Malb on 25/11/2024

Clinical Notes : NEW PT/DR; DIETARY CHANGES PAST 6 WEEKS; ON  
DUAL HTN RX

Microalbumin, Random Urine

U-Creatinine	5.7	mmol/L	
R U-Albumin	<3.0	mg/L	
R U-Albumin/Creat	<0.3	mg/mmol	( <2.5 )

### BP Monitor on 26/11/2024

Clinical Notes : NEW PT/DR. HTN ON DUAL RX FOR REVIEW

Ambulatory Blood Pressure Monitoring

Start date and time	25/11/2024 10:21
End date and time	26/11/2024 08:00

Medications Please refer to patient diary for current medications.

Average BP	132/93 mmHg	(N.R. <130/80)
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Day Average BP	133/96 mmHg	(N.R. <135/85)
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Night Average BP	130/87 mmHg	(N.R. <120/75)
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Report Mild Diastolic Hypertension. Non Dipper.

Dr. Joseph Chinha Cardiologist

### ECG Transmitted on 16/12/2024

Clinical Notes : HTN DIASTOLIC ON DUAL TX CANDISARTIN HT=180CM  
WT=82KG

ECG Report

HR 70 /min

P	Not Available	Interval	RR	860 ms	QRS	96 ms
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QRS Not Available P 106 ms QTC 396 ms  
 T 15 Deg PQ 243 ms QT 367 ms

Height 180 cm  
 Weight 82 Kg

**COMMENTS:**

SINUS RHYTHM LEFT AXIS DEVIATION 1ST DEGREE AV BLOCK

Dr. Peter Hansen Cardiologist

**Biochemistry on 24/03/2025**

Clinical Notes : hyperlipidaemia and htn, not on  
 lipid-lowering medn, only 2x  
 antihypertensives

**BIOCHEMISTRY**

Date	31/05/24	25/11/24	24/03/25	Units	Reference
Time F-Fast	0845 F	1040	0929 F		
Lab ID	852417862	853261881	893058754		
Status	Fasting	Random	Fasting		
Sodium	141	138	142	mmol/L	(135-145)
Potassium	5.1	4.7	5.3	mmol/L	(3.5-5.5)
Chloride	107	110	108	mmol/L	(95-110)
Bicarbonate	28	24	23	mmol/L	(20-32)
Urea	4.3	4.6	5.1	mmol/L	(3.5-9.0)
Creatinine	80	80	90	umol/L	(60-110)
eGFR	90	88	77	mL/min/1.73m2	(>59)
Bili. Total	12	11	10	umol/L	(4-20)
ALP	80	87	74	U/L	(35-110)
GGT	H 93	H 36	35	U/L	(5-50)
LD	200	222	208	U/L	(120-250)
AST	30	25	22	U/L	(10-40)
ALT	H 55	35	23	U/L	(5-40)
Total Protein	71	71	72	g/L	(64-83)
Albumin	45	46	H 48	g/L	(36-47)
Globulin	26	25	24	g/L	(23-39)
Cholesterol	H 6.9	H 6.3	H 5.8	mmol/L	(<5.5)
Triglycerides	H 3.0	1.1	0.8	mmol/L	(<2.0)

**Lipids HDL(s) on 24/03/2025**

Clinical Notes : hyperlipidaemia and htn, not on  
 lipid-lowering medn, only 2x  
 antihypertensives

Date	31/05/24	25/11/24	24/03/25	Units	Reference
Time F-Fast	0845 F	1040	0929 F		
Lab ID	852417862	853261881	893058754		
Status	Fasting	Random	Fasting		
Cholesterol	H 6.9	H 6.3	H 5.8	mmol/L	(<5.5)
Triglycerides	H 3.0	1.1	0.8	mmol/L	(<2.0)
HDL Chol.	1.1	1.4	1.7	mmol/L	(>1.0)
LDL Chol.	H 4.4	H 4.4	H 3.7	mmol/L	(<3.0)
Non-HDL Chol.	H 5.8	H 4.9	H 4.1	mmol/L	(<4.0)



**Prof. Andrew Boyle**

MBBS PhD FRACP

Interventional Cardiologist &  
Cardiovascular Medicine  
Provider No: 210791FK  
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**Merewether Cardiology**

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Phone: (02) 4047 2759 | Fax: (02) 4963 4781  
Email: admin@merewethercardiology.com.au

AB:CS

27 June 2022

Dr Lydia Fleming  
Cooks Hill Family Practice  
Health Hub, 235 Darby St  
COOKS HILL NSW 2300

Dear Lydia

**RE: Mrs Eleonora Moelle DOB: 21/02/1933**  
**58 Pell Street**  
**MEREWETHER NSW 2291**  
**Phone: 49632894**

It was a pleasure to follow up with Mrs Moelle for her problem of paroxysmal atrial fibrillation.

She is an 89-year-old woman who is reasonably well. She has only had one episode in a number of years and she continues on anticoagulation for this.

Today her heart rate is 69 beats per minute, blood pressure is 173/139.

I think she should continue on the rivaroxaban low dose. She prefers to come back for follow up occasionally so I will see her again in two years' time.

I have asked her to see you to assess her blood pressure. I have not made any changes to her medication based on a single high reading but if it continues to be elevated it would be reasonable to treat that with medication.

Kind regards

**Professor Andrew Boyle**  
Cardiovascular Medicine & Interventional  
Cardiologist

## **Professor Andrew Boyle, MBBS, PhD, FRACP**

**Interventional Cardiologist**  
Professor of Cardiovascular Medicine  
Provider number 210791DL

Merewether Cardiology  
Suite 1, 226 Union Street, Merewether NSW 2291  
Phone: (02) 4047-2759 Fax: (02) 4963-4781

AB

20 April 2020

Dr John Chandler  
74 Mitchell Street  
MEREWETHER NSW 2291

Dear John

**RE: Mrs Eleonora Moelle DOB: 21/02/1933**  
**58 Pell Street**  
**MEREWETHER NSW 2291**  
**Phone: 49632894**

It was a pleasure to follow up with Mrs Moelle via Telehealth today for her problem of atrial fibrillation.

She continues to feel well. She remains active, walking for 2 km each day at the beach and up hills. She denies any exertional chest pain or shortness of breath.

She tells me her blood pressure remains well controlled during her visits with you. She tells me that you are doing regular blood tests and it is always a good idea to keep an eye on renal function in elderly patients on NOACs.

As she is well I have made no changes to her medical regimen. She will follow up here routinely in two years' time but she knows to return sooner if she develops any cardiac symptoms.

Thanks for you going care of this lady.

Kind regards



**Professor Andrew Boyle**  
Cardiovascular Medicine & Interventional  
Cardiologist

## **Professor Andrew Boyle, MBBS, PhD, FRACP**

**Interventional Cardiologist**  
Professor of Cardiovascular Medicine  
Provider number 210791CB

Lake Macquarie Specialist Medical Centre  
Suite 7, Level 2, 6-8 Sydney St. Gateshead NSW 2290  
Phone: (02) 4947-5397 Fax: (02) 4947-5235

AB:lc:

9 April 2018

Dr John Chandler  
74 Mitchell Street  
MEREWETHER NSW 2291

Dear John

**RE: Mrs Eleonora Moelle DOB: 21/02/1933**  
**58 Pell Street**  
**MEREWETHER NSW 2291**  
**Phone: 4963 2894 Mobile: 0412438864**

Thanks for asking me to follow-up with Mrs Moelle for her problem of paroxysmal atrial fibrillation.

Currently she feels generally well. Since I last saw her she has had a right total knee replacement and has done really well following this. She continues on Xarelto and notices easy bruising but there is no clinically overt bleeding. She has recently been taking liquid iron and Vitamin C supplements and feels better on those.

Currently she walks 3kms a day, often on the sand at the beach, if the weather permits. She also works in her garden. She has no chest pain, shortness of breath or palpitations.

She continues to be in very good health for her age. There is no need to do anything further at this stage.

**Examination:**

On examination today her blood pressure was 128/78mmHg. Heart rate was 70 beats per minute, regular.

I have left her on the Xarelto and I will see her again in a couple of years but would be delighted to see her sooner should she develop any new symptoms.

If I can be of any further assistance please do not hesitate to contact me.

Kind regards

*(Dictated but not sighted by Dr Boyle)*

**Andrew Boyle**

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## **Professor Andrew Boyle, MBBS, PhD, FRACP**

**Interventional Cardiologist**  
Professor of Cardiovascular Medicine  
Provider number 210791CB

Lake Macquarie Specialist Medical Centre  
Suite 7, Level 2, 6-8 Sydney St, Gateshead NSW 2290  
Phone: (02) 4947-5397 Fax: (02) 4947-5235

AB:lc  
14 March 2016

Dr John Chandler  
74 Mitchell Street  
MEREWETHER NSW 2291

Dear John

**RE: Mrs Eleonora Moelle DOB: 21/02/1933**  
**58 Pell Street**  
**MEREWETHER NSW 2291**  
**Phone: 4963 2894 Mobile: 0412438864**

Thank you for asking me to see Mrs Eleonora Moelle regarding her new diagnosis of atrial fibrillation.

She was due to have a hernia repair electively, but this was cancelled after she was found to have been in AF. She is a very well 83-year-old woman. She walks every day and even plays tennis. She walks 4 kilometres and the 94 steps at Merewether Baths without any chest pain or shortness of breath. She has no palpitations, and no symptoms associated with her atrial fibrillation.

Her only medication is eyedrops.

On examination she is slim and well appearing. Her heart rate 76 beats per minute. Irregular blood pressure of 132/84 mmHg. Her JVP is mildly raised. There is no peripheral oedema. First and second heart sounds are normal with no murmurs. There are a few basal crackles.

Regarding her atrial fibrillation, her rate is well controlled, and she is asymptomatic. All she needs is anticoagulation to reduce the risk of stroke. I commenced Rivaroxaban 15mg daily at today's visit. I have asked her to have a Urea and Electrolyte and Creatinine and to see you to make sure these are normal before commencing the medication. For octogenarians, I recommend six to twelve monthly Creatinine whilst they are on NOACs. She is soon to go back to Italy and I have told her that she should be fine to travel.

Regarding her elective hernia repair she can proceed with that surgery with no further cardiac testing. We have given her a copy of her ECG to take with her. This ECG shows sinus rhythm with left Axis and incomplete right bundle branch block.

Thanks for your referral.

Kind regards



**Andrew Boyle**

Cc:  
Dr David Logan, Newcastle Private, Lookout Rd, New Lambton Heights NSW 2305