

# **Royal North Shore Hospital**

## **Department of Cardiology**

Level 4 Acute Services Building Pacific Highway, St Leonards NSW 2065 Phone: 61 2 9463 2500 | Fax: 61 2 9463 2050



## **Cardiac Catheterisation Report**

 Patient Name
 PAVLIDIS Angelo
 Procedure Date
 22/05/2025 10:42

 MRN
 1238588
 Accession #
 RNS-CATH-25-757

 Medicare #
 20243850411
 Height
 164 cm

 Date of Birth
 23/01/1951 - 74yrs - Male
 Weight
 89 kg

 Address
 17 Parkwood GrWEST
 BSA
 2 m²

**Phone Number** 0415100153 **BMI** 33.1 kg/m<sup>2</sup>

PYMBLE, 2073, NSW

Performing Physician Dr Avedis Ekmejian Referring Physician Dr Thomas Yeoh

Fellow Dr Karan Rao
Advanced Trainee Dr Benjamin Gray
GP Details Dr Ali Zahedi

### **Reason for Admission**

Exertional dyspnoea

#### **Clinical History**

CABG 2006 for triple vessel disease.

On dialysis. Moderate OSA. Severe aortic stenosis.

Diagnostic angiogram requested.

Risk factors:previous CABG on 01/08/2006,

treated hypercholesterolemia, treated arterial hypertension, Insulin - Monitored diabetes and former tobacco use.

#### Angiographic / PCI Findings - Dominance: Right

LMCA: Minor disease.

LAD: 60-70% diffuse proximal to mid vessel disease.

LCx: Small calibre vessel, diffusely diseased.

**RCA:** Occluded in the mid-vessel, supplied via SVG to R-PDA. **Ramus:** Severely diseased proximally, supplied via patent RIMA.

#### **Grafts**

There is a LIMA graft that originates at the LIMA and attaches to the Dist LAD. The graft is atretic.

There is a Vein graft that originates at the Aorta Right and attaches to the R PDA.90% disease in mid portion of graft.

There is a Vein graft that originates at the Aorta Left and attaches to the 1st Ob Marg and to the Ramus (Y graft). The RIMA attaches to the start of the SVG. The RIMA is patent to the ramus, however the SVG to the OM is occluded proximally.

#### **Entry Locations**

Retrograde Access: Left Radial artery. A 6 Fr sheath was inserted.TR Band (Terumo).The puncture site was successfully closed.

#### **Conclusions**

Severe native coronary disease.

Atretic LIMA (to LAD).

Occluded SVG to OM, patent RIMA to ramus.

95% lesion in mid SVG to R-PDA.

#### Recommendations

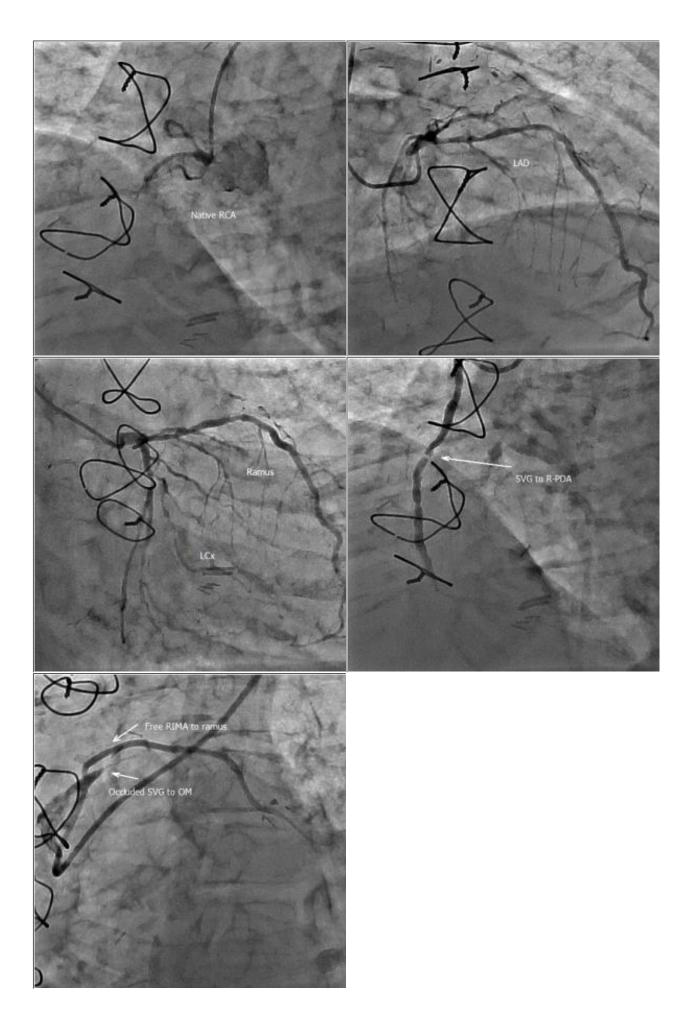
For discussion regarding treatment options considering diseased grafts and severe aortic stenosis.



Signed: Dr Avedis Ekmejian(Performing Physician)

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