

25 March 2024

Dr Courtney Isreb
Balmoral Medical Practice
Suite 8, 148-152 Spit Road
Mosman NSW 2088

Dear Courtney,

Re: Mrs Bridget T Washington DOB:08/11/34
41/28 Wudgong Street Mosman NSW 2088

Summary of Medical Diagnoses/Problems:

1. Chronic atrial fibrillation
 - a. Prior TIAs
 - b. CHA₂DS₂-VA=6; anticoagulated [reduced dose Apixaban – weight < 60kg, age >80, eGFR<60]
 - c. Severe bi-atrial dilatation
2. CCF – HFpEF
 - a. Elevated proBNP
3. Faint PMI, tip with moderate severe regurgitation
4. Moderate pulmonary hypertension, dilated RV, moderate TR
5. Hypertension
6. CAD/IIHD: no documented disease
7. Carotid artery disease -left ICA occluded, right ICA minor
8. CKD – age, hypertension, medications
9. Hyponatraemia
10. Skin cancers

Medications: Digoxin 0.125mg daily, Frusemide 20mg daily, Spironolactone 12.5mg daily, Perindopril 10mg daily, Atenolol 50mg daily, Apixaban 2.5mg daily, Simvastatin 40mg daily, Lercanidipine 20mg daily.

Bridget Washington was reviewed today. Carotid duplex showed 16-49% right ICA stenosis and occluded left ICA as before. She feels well and has no symptoms. The reduction in Frusemide has improved hyponatraemia. I suggested no changes at this time. I would do another carotid duplex in 2 years.

With Kind Regards,
Yours Sincerely,



Prof. Peter R. Vale FRACP, FCSANZ, FACC, FACP

Electronically signed but not sighted

Transthoracic Echocardiogram Report

Patient Details

Name: WASHINGTON, Bridget

Birthdate: 08/11/1934

Age: 88 years

Medicare: 2925434189-2

Patient Id: 16813

Clinical Indication

CAF, HTN, CCF, cardiac assess

Referral Information

Referring Doctor: Dr Courtney Isreb

GP: Dr Courtney Isreb

Study Details

Date of Study: 28/02/2024

Sonographer: Clarke, Siobhan (ASAR 2489)

Equipment: GE Vivid S70N

Location: Mater Clinic

Measurements:

Left Heart:

IVSd 0.8 cm
 LVDD 4.7 cm
 LVPWD 0.8 cm
 LVIDs 2.8 cm
 EF(Teich) 71 %
 %FS 40 %
 LA Area 43.3 cm²

Mitral Valve/LV Diastology:

MV E Vel 1.44 m/s
 MV DecT 182 ms
 MV A Vel 0.01 m/s
 MV E/A Ratio 226.77
 E' Avg 0.09 m/s
 E/E' Avg 16.10
 MR Vmax 5.32 m/s
 MR meanPG 64.56 mmHg
 MR VTi 153.2 cm

Aortic Valve/ Aorta:

Ao asc 3.0 cm
 Ao sinus 2.7 cm
 LVOT Vmax 0.94 m/s
 LVOT maxPG 3.50 mmHg
 LVOT VTi 22.6 cm
 AV Vmax 2.06 m/s
 AV maxPG 17.04 mmHg
 AVA Vmax 1.1 cm²
 AVAI Vmax 0.763 cm²/m²
 AV Vmax 2.08 m/s
 AV Vmean 1.57 m/s
 AV maxPG 17.04 mmHg
 AV meanPG 10.77 mmHg
 AV Env.Ti 263 ms
 AV VTi 41.0 cm
 AVA Vmax 1.1 cm²
 AVA (VTi) 1.4 cm²

Right Heart:

RA Area 46.2 cm²
 TAPSE 1.4 cm

Tricuspid/ Pulmonary Valve:

PV Vmax 1.15 m/s
 PV maxPG 5.31 mmHg
 PV Acc.T 106 ms
 TR Vmax 3.09 m/s
 TR maxPG 38.15 mmHg

Findings:

ECG rhythm: Atrial fibrillation.

Study quality: This was a technically adequate study.

Left Ventricle: LV size, wall thickness and systolic function are normal, with an EF greater than 55%.

Right Ventricle: The right ventricle is mildly enlarged. The right ventricular systolic function is at the low end of normal.

Left Atrium: Left atrium is severely dilated by volume.

Right Atrium: The right atrium is markedly enlarged.

ASD/VSD: Interatrial and interventricular septum intact. +/- left to right shunt but difficult to assess in the presence of tricuspid regurgitation.

Aortic Valve: The aortic valve is trileaflet, thickened and calcified with minimally reduced excursion. There is mild aortic regurgitation.

Mitral Valve: The mitral valve leaflets are mildly thickened. Mild mitral annular calcification present. Mobile echobright density noted at the tip of the posterior mitral leaflet. ?Flail PML tip but cannot exclude of vegetation. Moderate-to-severe mitral regurgitation is present.

Tricuspid Valve: Moderate tricuspid regurgitation present. There is moderate pulmonary hypertension. RVSP - 38 ± 15 mmHg.

Pulmonary Valve: Trace/mild (physiologic) pulmonic regurgitation.

Aorta: The aortic root, ascending aorta and aortic arch are normal.

IVC/Hepatic Veins: The inferior vena cava is dilated with limited inspiratory collapse which is consistent estimated right atrial pressure of >15 mmHg.

Pericardium: There is a small, generalized pericardial effusion present predominantly adjacent to right atrial free wall.

Conclusions:

Normal LV size and systolic function.

Unable to accurately assess diastology but probably mild-moderate dysfunction.

Severe bi-atrial enlargement.

Mild aortic regurgitation.

Flail posterior mitral leaflet tip with moderate to severe regurgitation.

Moderate tricuspid regurgitation with moderate pulmonary hypertension.

Mild RV dilatation with low normal function.