Result Type: Progress Note Medical
Result Date: 11 July 2025 18:03 AEST
Result Status: Auth (Verified)
Result Title: CARDIAC CATHETERISATION LAB
Performed By: Chan, Bernard (JMO) on 11 July 2025 18:03 AEST
Verified By: Chan, Bernard (JMO) on 11 July 2025 18:03 AEST
Encounter info: Wyong, Inpatient, 06/07/2025 -

CARDIAC CATHETERISATION LAB

Patient: **BROMLEY, MR Colin** **MRN: 063-56-05**

Age: **88 years** Sex: **Male** DOB: **23/10/1936**

Associated Diagnoses: **None**

Author: **Chan, Bernard (JMO)**

Progress Note

CARDIAC CATHETERISATION REPORT

Name: BROMLEY, Colin Sex: MALE Proc. Date: 11/07/2025

MRN 63-56-05 DOB: 23/10/1936 Age: 88

Ht: 163 cm Wt: 52 kg Study ID: 2-894/25

GP: Mariners Medical

Referring Dr: Dr John Mooney cc report to:

PROCEDURES

(Valve Disease) Angiogram + Grafts

OPERATORS

Physician: Mikhail, Philopatir Dr, Chan, Bernard Dr

Nursing Staff: Davis, Alison CNS , Hodgson, Amy RN Geale, Andrew RN Demir, Bianca RN Salway, Eliza RN

Radiographer: Marlow, Elizabeth Rad

INDICATIONS

Clinically Stable Group. Symptoms: Dysponea. Valvular disease: Aortic stenosis. Pre operative evaluation TAVI work up

Patient Verification: After the risks of the procedure were explained, informed consent was obtained.

Access:Terumo 5 Fr Glidesheath Slender. right radial artery number of punctures: 1

RESULTS

DOMINANCE: Right dominant

LEFT MAIN:

widely patent

LEFT ANTERIOR DESCENDING ARTERY:

proximal 80% stenosis (grafted) , isolated D1 with ostial 90% stenosis

LEFT CIRCUMFLEX ARTERY:

ostial 50% stenosis with a tandem proximal 80% calcific nodular stenosis, OM1 ostial to prox 70% stenosis

RIGHT CORONARY ARTERY:

critical 99% tandem nodular stenoses (grafted)

GRAFTS

LIMA graft to LAD patent with good distal runoff

SVG to PDA: patent with good distal runoff and retrograde supply to the RPL

CONCLUSIONS

Colin has 2 of 2 patent grafts. His isolated territories are his D1 and his LCX/OM. His D1 is not suitable for percutaneous intervention as this would need treatment of the upstream LAD disease and would put his LIMA at risk. His LCX is potentially suitable for treatment with percutaneous coronary intervention, although this will likely need a 2 stent strategy, extension of his stent to the LM and may need calcium modification. Given his renal function, we opted to stop and have him discussed further regarding percutaneous coronary intervention prior to his TAVI procedure.

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Mikhail, Philopatir Dr