

Royal North Shore Hospital

Department of Cardiology

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22.7 kg/m²

Cardiac Catheterisation Report

BMI

Patient Name MCMULLEN John Procedure Date 16/07/2025 09:54

MRN 2359358 Accession # RNS-CATH-25-1037

 Medicare #
 21384052541
 Height
 173 cm

 Date of Birth
 05/04/1938 - 87yrs - Male
 Weight
 68 kg

 Address
 61 Pioneer DrBELLAMBI,
 BSA
 1.8 m²

2518, NSW

Performing Physician Professor Ravinay Bhindi Referring Physician Dr Amit Michael

Fellow Dr Karan Rao
Advanced Trainee Dr Jonathan Ciofani
Advanced Trainee Dr Daniel Nour

0480703720

Reason for Admission

TAVI work up

Clinical History

Phone Number

Risk factors:

treated and uncontrolled hypercholesterolemia, Last creatinine 83 umol\L and Creatinine clearance 53.0 ml/min.

Angiographic / PCI Findings - Dominance: Right

LMCA: Diffuse 30-40% disease.

LAD:

Mid LAD: 80% stenosis.

Diffuse LAD disease, with focal 80% lesion in the mid vessel. Distal LAD spot iFR 0.55. Even within the context of the LAD providing collaterals to the RCA, this suggests the LAD disease is significant.

LCx: Occluded ostially. OM1 supplied via patent SVG.

RCA:

Mid RCA: 100% stenosis.

Mid vessel CTO, with antegrade and retrograde collaterals. Dominant vessel.

Grafts

There is a Vein graft that originates at the Aorta Left and attaches to the 1st Ob Marg.Patent graft.

Entry Locations

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

Conclusions

CTO of the native RCA and LCx.

LCx supplied via patent via SVG, and RCA supplied via collaterals.

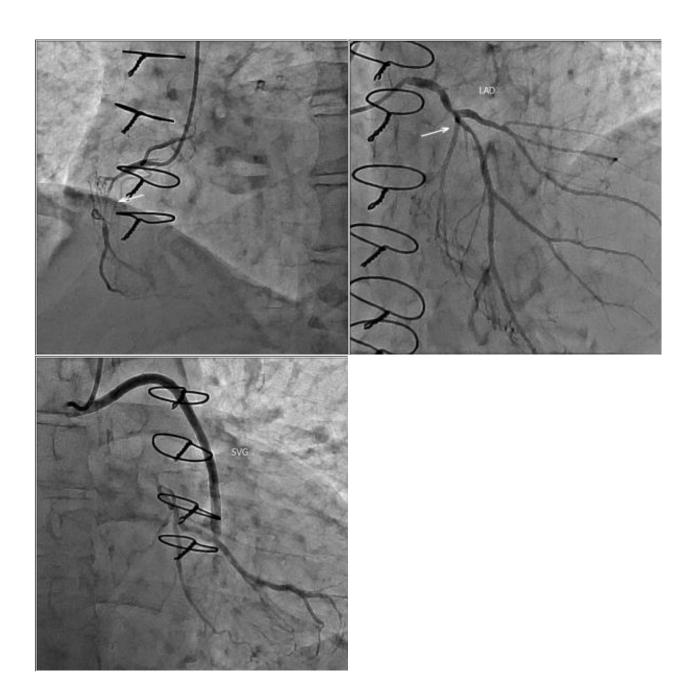
LAD iFR 0.55, deemed haemodynamically significant.

Recommendations

Continue with TAVI planning.

Signed: Professor Ravinay Bhindi(Performing Physician)

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