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**Mrs Jennifer Grasso**  
**DOB:** 19 December 1938  
**Patient ID:** IFA586Z  
**Visit Number:** 17212216  
**Service Date:** 24 April 2025 15:14

**Copies To:**  
Dr Cath Lab Gdh  
Dr Agerico Miclat  
Dr Levi Bassin

**Visit Description:** CT TAVI CORONARY ANGIOGRAM

### TAVI CT ANGIOGRAM

**HISTORY:** Thank you for referring JENNIFER GRASSO. 86 years Female for transcatheter aortic valve implantation workup.

**TECHNIQUE:** Gated post-IV contrast single volume 320 slice CT thoracic aortogram (16 cm footprint). 0-60% of the R - R was imaged with 10% reconstructions. 20% was associated with the widest annular measurements and was used for reporting purposes. This was followed by a separate spiral CT aortogram with aorta iliac and femoral run-off to assess for catheter delivered vascular access.

### REPORT:

**Aortic annulus maximum diameter:** 25.6 mm.

**Aortic annulus minimal in diameter:** 19.2 mm.

**Aortic annulus perimeter:** 70.0 mm.

**Aortic annulus area:** 3.70 cm<sup>2</sup>.

**Aortic annulus and sub annular calcification:** Focal discontinuous calcification at the annulus posteriorly projecting 2 mm into the annulus maximum and another 1 mm projecting into the lumen anteriorly. The thin rims of focal discontinuous calcification at the sinotubular junction level. Minimal subannular calcification.

**Aortic valve morphology including cine CT assessment:** Trileaflet.

**Aortic valve calcification:** Moderate.

**Aortic valve Agatston score:** 1034 Agatston units (guidance: severe aortic stenosis likely with female score > 1600, and severe aortic service is unlikely with female score <800).

**Aortic sinus diameter:** Left 28.8 mm. Right 28.0 mm. Non 29.5 mm.

**Aortic sinus mean diameter:** 28.7 mm (mean diameter <30 mm connotes an increased risk of coronary occlusion)

**LMCA height:** annulus to inferior os 13.1mm & annulus to superior os 17.2 mm (considered low if <12mm).

**RCA height:** annulus to inferior os 12.7 mm & annulus to superior os 16.6 mm (considered low if <12mm).

**Sinotubular junction diameter:** 24.2 mm.

**Sinotubular junction height:** Minimum 18.3 mm.

**Ascending aorta diameter:** 28.7 x 29.2 mm (at level of pulmonary bifurcation unless otherwise dated).

**Optimal fluoroscopic angulation:** LAO 0 degrees caudal 22 degrees, LAO 10 degrees caudal 10 degrees, LAO 30 degrees cranial 18 degrees.

**Other cardiac findings:** Systolic acquisition unsuitable for formal coronary evaluation coronary artery calcific plaques are present.. Membranous septum length: 4.0 mm (<8mm increased risk AV conduction injury, RBBB also increases risk).

Reduced contrast opacification of the left atrial appendage is present probably reflecting slow flow but formed thrombus is not excluded.

### CT AORTOGRAM & ILIOFEMORAL RUN OFF:

**Aorta:** abdominal aorta 13 mm x 13 mm.

**Common iliac minimal luminal diameter:** Left 8 mm. Right 8 mm.

**Femoral minimal luminal diameter:** Left 6 mm. Right 5 mm.

**Iliofemoral calcification:** Left mild scattered calcification. Right mild scattered calcification.

**Iliofemoral tortuosity:** Left mild. Right mild.

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**Common femoral puncture site:** Left: Focal calcification at the posteromedial wall of less than 50% luminal stenosis. Right: Small focus of calcification in the medial wall of less than 50% luminal stenosis  
**High CFA bifurcations:** relatively high at the mid femoral head level on the right and subcapital femoral neck level on the left. **Superior acetabular to bifurcation distance** left 36 mm, right 21 mm.  
**Previous iliofemoral intervention:** Unknown

**IMPRESSION:**

1. Landing zone: small aortic sinus diameter. Satisfactory annulus to coronary height. CT forwarded on disc to device manufacturer representative or referring specialist for review and sizing of transcatheter heart valve.
2. Common femoral access site: Small left femoral artery internal diameter (6 mm) and right femoral artery diameter (5 mm). Relatively high CFA bifurcations (see above).
3. Other relevant: for significant incidental findings please see separate radiology CT Aortogram with run-off report.

**Reported by:** Dr Tanvir Rahman

**Co Reported:**

Dr Uday Ahluwalia

*CT Calcium scoring available at PRP Tuggerah*