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06/06/2025

Dr Rajvir Hansra
170a Old Northern Road
CASTLE HILL NSW 2154

Re: **Mrs Sandra Clark**
U33, 216 David Rd
CASTLE HILL NSW 2154

DOB: 29/10/1948, **Phone**: 0419 018 928

Dear Dr Hansra,

Medical History

Protein C deficiency, previous DVT and pulmonary embolism (on Warfarin - Dr Ambrogetti).
Minor coronary artery disease (on coronary angiogram in 2013).
MRI brain suggestive of prior CVA.
Type 2 diabetes (on insulin and SGLT2i).
Obstructive sleep apnoea (not on CPAP).
Primary hypothyroidism in the setting of multinodular goitre.
Cervical spondylosis.
Previously cleared Helicobacter pylori.
Left sensorineural hearing loss (left cochlear implant inserted in Apr 2024)
Labyrinthitis (under Dr Miriam Welgampola)

Medications

Pravastatin 80 mg daily.
Ezetimibe 10 mg once daily.
Telmisartan 80 mg daily.
Amlodipine 5 mg daily.
Warfarin 6 mg daily (current dose 3/02/2025).
Optisulin 16 units SC BD (current dose 12/05/2025)

Humulin-R pre-meal PRN.
Thyroxine 1,050 micrograms per week.
Jardiance 10 mg daily.
Stemetil PRN
Multivitamin + Zinc and magnesium supplement

I had the pleasure of reviewing Sandra Clark, 76 years old. She a complex medical background including protein C deficiency, moderate aortic stenosis, multivessel coronary artery disease, and insulin-treated type 2 diabetes.

Summary of Presentation
Sandra was referred for cardiology review following abnormal MIBI perfusion imaging, which showed significant anterior and lateral wall ischaemia (LAD and LCx territories) despite attenuation correction. She has reported increasing exertional breathlessness over recent months, consistent with these findings. Her past echocardiogram (May 2023) demonstrated moderate aortic stenosis (AVA 1.2 cm^2), which was reconfirmed on repeat echo dated 07/05/2025, with a Vmax of 4.0 m/s and mean gradient of 33 mmHg. There is also evidence of basal LVOT obstruction and grade 2 diastolic dysfunction.

In view of the positive MIBI scan and ongoing symptoms, Sandra underwent coronary angiography which confirmed multivessel coronary artery disease. Her case is currently being reviewed in the multidisciplinary team meeting at Royal North Shore Hospital under the care of Dr Avedis Ekmejian, with input from the cardiothoracic surgical team. The decision to proceed with surgical AVR and CABG versus TAVI and PCI will depend on anatomical and procedural considerations.

Plan
Await outcome of case conference at Royal North Shore re: AVR and revascularisation strategy
Continue isosorbide mononitrate for symptomatic benefit while awaiting definitive management
Optimise glycaemic control with support from Dr Middleton
Ongoing anticoagulation with warfarin given her protein C deficiency
Advised to seek urgent care for chest pain, syncope, or palpitations

It has been a pleasure to be involved in the care of Sandra. Please do not hesitate to contact me directly at any time if needed. This letter serves as confirmation that I am willing to review and contribute to the patient's Team Care Arrangement (TCA) if applicable.

Yours Sincerely,

Ferris

Dr Ferris Touma
MBBS.Hons, FRACP, FCSANZ
Cardiologist, Advanced Cardiac Imaging Specialist (Cardiac MRI, CTCA, Echocardiography)

Provider: 425419MJ (The Sydney Adventist Hospital)

cc: Dr Avedis Ekmejian North Shore Health Hub, Ground Floor, 7 Westbourne Street, ST LEONARDS NSW 2065, 02 9463 2031, aekmejian@hotmail.com