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13/01/25

Dr Abhijit Ray
Mariners Medical
3/1 Bryant Drive
TUGGERAH NSW 2259

Dear Abhijit,

RE: Mr Colin Bromley DOB: 23/10/36 Ph: 0403 500 587
26/115 Pacific Highway, KANGY ANGY NSW 2258

Colin came to see me in consultation today. Thank you for your kind referral for urgent review. I note unfortunately the increasing exertional dyspnoea over the past few months accompanied with intermittent chest discomfort. Symptoms have been responsive to S/L GTN. Given the increase in mediastinal lymphadenopathy, you have also appropriately referred him back for haematology review. I note that the recent CT scan of the chest revealed pleural effusions. Blood pathology from December 2024 revealed a haemoglobin of 115g/L with a normal platelet count and white cell count. His random cholesterol level was 3.5mmol/L with an LDL of 2.1mmol/L. Thyroid function testing was normal. His creatinine was slightly abnormal at 120umol/L with an elevated LD of 300u/L. Thank you for commencing him on Lasix.

Intercurrent issues with him include:

1. **Peripheral Vascular Disease.** Previous bilateral femoro-popliteal bypass. Has also had stenting on the right ?which vessel.
2. **Hypertension.**
3. **Hypercholesterolaemia.**
4. **Ex-smoker.**
5. **Ischaemic Heart Disease.** CABG surgery 15.5.18 with Dr Connellan. LIMA-LAD, SVG-PDA, Mitral Valve Repair (annuloplasty ring), Tricuspid Annuloplasty (ring).
6. **Atrial Fibrillation.**

Current medications include:- Alvesco, Amoxacillan, Aspirin, Betamethasone, Candesartan, Coumadin, Frusemide, Glyceryl trinitrate, Lipitor, Metoprolol, Novasone, Salbutamol.

On examination today he is in no obvious distress at rest. His blood pressure is 165/75mmHg. The JVP is 3-4cm, heart sounds are dual with a flow murmur audible accross the mitral valve repair. His chest is clear to auscultation but mild pitting is noted to the ankles. An **ECG performed today** revealed underlying atrial fibrillation with back up ventricular pacing.

Abhijit I also note the admission to Wyong Hospital in November 2024 with cellulitis. He was given intravenous antibiotic therapy and while it has improved it is still not completely back to normal.

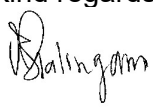
Abhijit thank you for your question regarding the need for coronary angiography.

In summary Abhijit, I have discussed the following with Colin and his wife:-

1. Colin has significant intercurrent medical illnesses and especially if there is the possibility that the mediastinal lymph nodes reflect a malignant cause, we do need to be cautious. This should also be taken in the context of his renal function having deteriorated. I have thus decided in the first instance to organise for him to have an echocardiogram and myocardial perfusion scan.

Abhijit I will undertake a teleconsultation with him after that and if there is significant reversible ischaemia we can consider coronary angiography at that stage. He also did mention the issues with Warfarin. It would be worthwhile switching him over from Warfarin to Eliquis 2.5mg BD as an alternative and I will leave that in your capable hands. I will send a copy of this letter to the haematologist he is about to see Dr Tang.

Kind regards



Letter dictated & reviewed by
Dr Brendan Gunalingam
bg.dm

cc: Dr Catherine Tang, Department Of Haematology, Gosford Hospital, P.O Box 361, GOSFORD NSW 2250