Dr Thomas Yeoh

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Dr Ali Zahedi
Kendall Street Medical Centre
73 Kendall Street
WEST PYMBLE NSW 2073

Monday, 5 May 2025/mm

Dear Ali,

RE: Mr Angelo PAVLIDIS (DOB: 23/01/1951)
ADDRESS: 17 Parkwood Grove WEST PYMBLE NSW 2073

DIAGNOSES:
1. **Type II diabetes requiring Insulin**
2. **Inactive peptic ulcer disease**
3. **Hypertension**
4. **Fatty liver**
5. **IHD: triple vessel disease (8/06)**
6. **CABG (10/06)**
7. **Moderate obstructive sleep apnoea**
8. **Right leg endovascular stent: 6mm x 10cm DES (11/16)**
9. **Bladder stones**
10. **Gallstones**
11. **Aortic stenosis approaching severe (2024)**

MEDICATIONS: Aspirin 100mg daily, Duodart, Ezetimibe/Atorvastatin 10/40, Frusemide 120mg bd, Irbesartan 300mg daily, ISMN 120mg mane, Metoprolol 50mg bd, Ryzodeg, Somac, Thiamine and Lercanidipine 10mg bd

Angelo returned for an earlier review with his wife on 1st May. He has started peritoneal dialysis about a month ago. However, he was more symptomatic with predominant exertional dyspnoea about six weeks ago. This has not changed with the dialysis. He has had some chest fullness as well and it is not clear if this is related to his breathlessness or relates to ischaemia. His ISMN was increased to 60mg bd which is a problem as he requires a nitrate free period. He has not had any light headedness or syncope. He has also been more fatigued.

His pulse rate today was 56bpm and regular with a blood pressure of 140/80mmHg. His JVP was difficult to assess. His heart sounds were dual with a high pitched AS murmur. His chest was relatively clear to auscultation but with some occasional wheezing and some fine crepitations in the right base. There was mild (+) pedal oedema. His ECG showed sinus rhythm with inferior ST/T wave changes and the QTC interval was mildly prolonged.

In summary, Angelo is more symptomatic now. He is breathless on mild exertion but has not had any presyncope or syncope. He may also have some angina but this is more difficult to tell. He is fluid overloaded and I have recommended that he go into

Mr Angelo PAVLIDIS

hospital. He was not keen to do this at this stage as there are other things he needs to do. I have therefore increased his Frusemide to 120mg bd and asked him to get in touch with the dialysis department to try and lose a bit more fluid. I have changed his ISMN to 120mg daily. I have left the rest of his medications unchanged. He will return early next week for review and reassessment of his aortic stenosis. I have asked him to present immediately to hospital should his symptoms worsen.

With kind regards

THOMAS YEOH

cc: Dr A Siriwardena Renal Physician North Shore Medical & Kidney Specialists
Fax: 8583 3110

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Dr Ali Zahedi
Kendall Street Medical Centre
73 Kendall Street
WEST PYMBLE NSW 2073

Wednesday, 7 May 2025/mm

Dear Ali,

RE: Mr Angelo PAVLIDIS (DOB: 23/01/1951)
ADDRESS: 17 Parkwood Grove WEST PYMBLE NSW 2073

DIAGNOSES:
1. **Type II diabetes requiring Insulin**
2. **Inactive peptic ulcer disease**
3. **Hypertension**
4. **Fatty liver**
5. **IHD: triple vessel disease (8/06)**
6. **CABG (10/06)**
7. **Moderate obstructive sleep apnoea**
8. **Right leg endovascular stent: 6mm x 10cm DES (11/16)**
9. **Bladder stones**
10. **Gallstones**
11. **Aortic stenosis approaching severe (2024)**

MEDICATIONS: Aspirin 100mg daily, Duodart, Ezetimibe/Atorvastatin 10/40, Frusemide 120mg bd, Irbesartan 300mg daily, ISMN 120mg mane, Metoprolol 50mg bd, Ryzodeg, Somac, Thiamine and Lercanidipine 10mg bd

I reviewed Angelo after his echocardiogram on 6th May. The left ventricle is of normal size with moderate LVH. The LVEF is normal. The right ventricle functions normally. Both atria are moderately dilated. The aortic valve is calcified with severe restriction of opening. The peak gradient was 60mmHg and a mean of 38mmHg and an estimated valve area of 0.7 to 0.8cm^2. There was mild AR. There was mild to moderate MR. There was mild to moderate TR and the estimated pressures up to 37mmHg above right atrial pressure.

In summary, his aortic stenosis is severe and correlates clinically. His imaging is not simple because of his body habitus but I am pretty happy that the dimensionless index is also severe. His symptoms have improved a little and is slightly breathless with slightly less oedema as well with the higher dose of Frusemide. They have also changed his dialysis bags to lose a little bit more fluid.

I have had a long discussion with Angelo and his wife. We will need to evaluate his coronary arteries and depending on this, plan for cardiac surgery. I will engage my colleague Dr Malcolm Anastassius who is also working at RNS Hospital. I have also

Mr Angelo PAVLIDIS

written a note to his current renal physician Dr Chung who is looking after Angelo at the moment in the absence of Dr Siriwardena. I am not sure if he should come in under renal and then optimise his dialysis prior to the angiogram and then dialyse again after or whether come in under cardiology with renal advice. I have offered Angelo a review again in six weeks. Thank you for your ongoing care.

With kind regards

THOMAS YEOH

cc: Dr Edmund Chung/Dr Siriwardena Renal Physician North Shore Medical & Kidney Specialists Fax: 8583 3110
Dr Malcolm Anastassius Dept of Cardiology RNS Hospital – Fax: 9463 2050