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28 Apr 2025

Dr Saritha CHERUKURI
Heal Medical Centre
366 Scenic Drive
SAN REMO NSW 2262

Dear Saritha,

Re: Mr Barry WATSON - DOB: 09/12/1952

- Atrial fibrillation 2020. Moderate aortic stenosis.
- Echo 5/23 LVEF 65%, mild LVH, aortic valve peak velocity 3.53 m/s, peak gradient 50 mmHg, mean gradient 27 mmHg, AVA 1.3 cm²).
- Echo 3/24 LVEF 60-65%, moderate AS, ascending aorta 40 mm.
- Echo 3/25 LVEF 40%, moderate to severe AS (peak velocity 3.8 m/s, mean 33 mmHg, AVA 1.0 cm²) , mild MR, ascending aorta 43 mm, small pericardial effusion.
- CTCA 3/17 showed calcium score 10, mild proximal LAD disease.
- Morbid obesity, hypertension 2007, OSA on CPAP, CKD with mild proteinuria, renal stone previously. Mild airflow limitation/asthma called into question on recent respiratory review, inhalers ceased. Osteoarthritis (hip, knees, feet). Back pain, lumbar disc disease. Painful feet, peripheral neuropathy. Osteopaenia. Gout. GORD. Glaucoma.
- NT proBNP 10870 ng/L 22/4/25.

Medications: apixaban 5 mg bd, dapagliflozin 10 mg daily, atorvastatin 10 mg daily, motilium PRN, telmisartan 40 mg daily, amlodipine 5 mg daily, vitamin D, pantoprazole 40 mg daily Xalacom eye drops, Trelegy Ellipta, fish oil, panadol osteo.

He has been significantly more breathless which likely reflects heart failure associated with more severe aortic stenosis and the drop in ejection fraction. I think he needs TAVI workup. He will add furosemide 40 mg daily. He may need to add spironolactone. I will put him on the list for coronary angiography at Gosford Hospital. After that he could have a TAVI CT and review by Levi Bassin who could link him into the RNSH TAVI program.

Yours sincerely,



Dr James Rogers

CC: Dr Khaled Alanati (Neurologist), TUMBI UMBI 2261; Dr Martin Feddersen (Nephrologist), GOSFORD 2250; Dr Ramesh Paramsothy (Gastroenterologist), CASTLE HILL 2154; Cath Lab, GOSFORD 2250
JR:sjk