Office of Dr Bhindi

From: admin @ Hornsby Cardiac <admin@hornsbycardiac.com.au>
Sent: Thursday, 26 June 2025 12:56 PM
To: Office of Dr Bhindi
Subject: FW: Referral - Robin Stevenson
Attachments: REFERRAL 16.04.2025 - STEVENSON, Robin.pdf; STRESS ECHO 02.12.2024 - STEVENSON, Robin.pdf

From: admin @ Hornsby Cardiac
Sent: Thursday, 24 April 2025 2:39 PM
To: admin.drbhindi@nscardiaccentre.com.au
Subject: Referral - Robin Stevenson

Good afternoon,

Please find attached referral to Dr Bhindi for Robin Stevenson for consideration of TAVI.

Patient information is below:

Mobile: 0432 024 989
Address: 91 Berowra Waters Road, Berowra NSW 2081
Email: nicoleandrobin@hotmail.com
Medicare no: 264946764 6 Ref: 1 Exp: 10/26

Kind regards
Vicki

Hornsby Cardiac
DIAGNOSTIC UNIT

02 9482 1155
admin@hornsbycardiac.com.au
www.hornsbycardiac.com.au
Suite 14, 25-29 Hunter Street, HORNSBY NSW 2077
Preferred method of correspondence is via healthlink: **hcardiac**

Dr Kevin Hellestrand
MB BS(Hons) PhD FRACP FCSANZ FACC FHRS FESC
Dr David F Gray
MB BS PhD FRACP FCSANZ
Dr Malini Govindan
BMed PhD(Lon) FRACP FCSANZ
Dr Lachlan McDowall
BSc (Hons1) MB BS PhD FRACP
Dr Ashleigh Dind
MB BS (Hons1) FRACP

HORNSBY CARDIAC DIAGNOSTIC UNIT

14/25-29 Hunter Street, HORNSBY 2077

Telephone: (02) 9482 1155
Facsimile: (02) 9482 1835
Email: admin@hornsbycardiac.com.au
Healthlink: hcardiac

CONSULTANT CARDIOLOGISTS

Prof Ravinay Bhindi (Faxed)
Royal North Shore Hospital
Cardiology Department
Reserve Road
ST LEONARDS NSW 2065

16th April, 2025

Dear Ravi,

RE: Robin Stevenson **DOB: 17/10/1963**

I would like to refer you Robin, a 61-year-old gentleman for consideration of TAVI. Robin has severe aortic stenosis with a bicuspid aortic valve. The velocity at rest across his aortic valve is 4.8 m/s with a peak gradient of 92 and mean gradient of 61. His valve area of 0.9 cm^2. There is also moderate aortic regurgitation. He did three minutes of exercise on the Bruce protocol and post exercise, there was some hypokinesis noted in the anterior wall and septum which recovered fairly quickly. The post exercise velocity across the aortic valve increased to 5.9 seconds with a peak gradient of 142 mm and mean gradient of 74. His aortic valve area 0.8 cm^2.

Robin is young with mixed aortic valve disease and a bicuspid valve and I have therefore recommended open valve repair. He has multiple issues including severe anxiety and has developed some alcohol dependence. He also smokes 20-30 cigarettes a day. He basically refuses to have open repair of the aortic valve. I explained to him that his valve may not be suitable for TAVI but he would like to be assessed for this nevertheless.

If the aortic valve was favourable for this, I think some intervention is better than nothing.

He is otherwise reasonably well. He does have Hashimoto's thyroid disease and impaired fasting glucose. He is not on any regular medications. He has mildly elevated cholesterol at 5.9 with an LDL of 3.8 but again has not been compliant with lipid lowering therapy. There is heart disease in his family. His father had bypass at the age of 45 but died a year later from hepatitis C which he contracted from the bypass surgery. He has four siblings and two have had heart issues.

Ideally he needs a coronary angiogram and assessment of his coronaries and an aortic valve replacement. I thought it best that he at least get into the system, be assessed and then perhaps he might reconsider his options. Many thanks for being involved in his care and I look forward to hearing from you.

With very best regards,

Yours sincerely,

M Govindan

DR MALINI GOVINDAN
Cardiologist
Provider No: 2383186Y

HORNSBY CARDIAC DIAGNOSTIC UNIT

14/25-29 Hunter Street, HORNSBY 2077

Phone: 9482 1155 Fax No: 9482 1835

argus@hornsbycardiac.com.au

EXERCISE STRESS ECHOCARDIOGRAM

PATIENT NAME: Mr Robin STEVENSON **DOB:** 17/10/63

REFERRING PHYSICIAN: Dr Renu MCVAY **DATE:** 02/12/24

MEDICATIONS: **Nil**

WT: 66kg

INDICATION: Bicuspid aortic valve

MAXIMUM PREDICTED HEART RATE: 159bpm

1 RESTING 12-LEAD ELECTROCARDIOGRAM

Rhythm:	sinus	QRS morphology:	normal
Rate:	92/min	ST segments:	isoelectric
P wave:	normal	T wave:	upright
PR int:	134 ms	U wave:	-
QRS axis:	normal (86)	QT (QTc) int:	379/429ms

2 EXERCISE

Stage	Times(min)	HR(bpm)	BP(mmHg)	ST seg*	Ectopy	Comments
	0	95	120/80	0	nil	
I	3	130	130/80	0	nil	

Test terminated: *US= Upsloping: H=Horizontal: DS= downsloping: ↓=depression.

3 ECHOCARDIOGRAPHY

The left ventricle was mildly dilated (5.9cm) with normal wall thickness (0.9cm). No regional wall motion abnormality at rest within the left ventricle. Reduced GLS (13.7%). Mildly impaired LV systolic function (LVEF=43%). Grade 1 LV diastolic dysfunction. Normal RVsize and systolic function. Normal aortic root (3.7cm). Mildly dilated ascending aorta (4.1cm). ***Bicuspid aortic valve with severe aortic stenosis, (Velocity =4.8m/s, Peak gradient=92mmHg, Mean gradient =61mmHg, AVA=0.9cm2). Moderate Aortic regurgitation.*** Nomal mitral valve. Mild MR. Trivial TR.

Post stress, there was an appropriate reduction in LV cavity size with some hypokiesis of the anterior wall and septum. There was augmentation of all other LV segments. ***Post exercise, aortic velocity increased to 5.9m/s, Peak gradient=142mmHg, Mean gradient =74mmHg, AVA=0.8cm2)***

CONCLUSIONS:

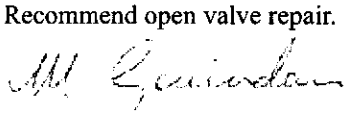
Patient exercised to stage 1 of the Bruce protocol, for 3.00 minutes. The test was terminated due to SOB. ECG during exercise showed no ischaemia. The heart rate response to exercise was normal. Maximal heart rate was 130 bpm (85% of max predicted HR). Blood pressure was normal at baseline and its response to exercise was normal. With recovery, HR and BP declined normally. This is a negative exercise stress ECG and stress echocardiogram at an adequate heart rate.

RECOMMENDED FOLLOW-UP:

No ischaemia on ECG but anterior wall looks ischaemic post stress.

Severe aortic stenosis with critical gradient post stress. Moderate aortic regurgitation.

Recommend open valve repair.



DR MALINI GOVINDAN
Provider No: 2383186Y
BMed PhD FCSANZ FRACP