Dr Andrew T Hill

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Dr Alfred Oringo Cumberland Street Clinic 45 Cumberland Street CESSNOCK NSW 2325 Wednesday, 30 April 2025

Dear Alfred,

Re: Kevin RIGGS - DOB: 14/07/1945

Kevin has presented for angiography in view of clinical heart failure. I note atrial fibrillation is actually paroxysmal with Holter January this year showing sinus and monitoring during angiography today also showing sinus. Aortic heterograft insertion by Spratt at St Vincents 2011.

Via a 6-French right radial artery approach the following information was obtained off Apixaban:

- 1. The aortic valve on fluoroscopy is calcified and restricted. No significant regurgitation. Normal sized ascending aorta.
- 2. The left main is short, wide and unobstructed.
- 3. The LAD is of a medium calibre with mild diffuse atheromatous disease only. The mid and distal segments of the LAD show around 30-40% atheromatous changes.
- 4. The circumflex is dominant and of a large calibre with a substantial unobstructed obtuse marginal apart from some 40% ostial disease and then a series of smaller sized mildly diseased posterolaterals and PDA branches.
- 5. The non-dominant right coronary artery has moderate diffuse disease but is of no clinical relevance in view of non-dominance.

Alfred, I will refer Kevin to Peter Hansen at RNSH to consider potential TAVI. The ascending aorta just after the sinuses of Valsalva measures 28mm in diameter. I will also arrange a more recent echo in view of the last echo was done August 2024. Kevin will resume Apixaban tonight.

Kind regards

DR ANDREW HILL

DWM 8mm

cc Gosford Hospital Medical Records

cc Dr Peter Hansen North Shore Private Hospital Westbourne Street ST LEONARDS NSW 2065 Page 1 of 1