

Cardiac Catheterisation Report

Patient Name	VAN DE VELDE Janice Anne	Procedure Date	26/02/2025 07:46
MRN	ME00225818.	Accession #	
Medicare #		Height	157 cm
Date of Birth	01/06/1936 - 88yrs - Female	Weight	58 kg
Address	1 Edgecliff Esplanade Seaforth, 2092, NSW	BSA	1.6 m ²
Phone Number		BMI	23.5 kg/m ²
Performing Physician	Professor Ravinay Bhindi	Referring Physician	Dr Christopher Choong

Reason for Admission

Shortness of breath

Clinical History

Echo - TAVI 2020. Mod to severe TR

Risk factors: treated arterial hypertension and family history of CAD.

Angiographic / PCI Findings - Dominance: Mixed

LMCA: Normal.

LAD: Normal.

LCx: Normal.

RCA: Normal.

Ventriculography Findings

RA - 7/9(7)

RV - 39/3(6)

PA - 55/19(32)

PCW - 12/11(11)

TPG - 21

PVR - 4.87

Adenosine infusion 50mcg - 49/17/29

Adenosine infusion 100mcg - 46/17/27

Adenosine infusion 150mcg - 43/16/28

PVR with adenosine infusion - 5.1

Entry Locations

Retrograde Access: Right Radial artery. A 6 Fr sheath was inserted. TR Band (Terumo). The puncture site was successfully closed.

Retrograde Access: Right Brachial vein. A 6 Fr sheath was inserted. Manual Compression. The puncture site was successfully closed.

Conclusions

Normal coronary arteries.

RIGHT HEART CATHETERISATION

RA - 7/9(7)

RV - 39/3(6)

PA - 55/19(32)

PCW - 12/11(11)

TPG - 21

PVR - 4.9

CO 4.3

Adenosine infusion 50mcg/ml - 49/17(29)

Adenosine infusion 100mcg/ml - 46/17(27)

Adenosine infusion 150mcg/ml - 43/16(28)
CO with adenosine infusion - 4.2

Recommendations

Normal coronary arteries.

Precapillary pulmonary hypertension with mildly elevated mPAP and elevated PVR with minimal reversibility in response to adenosine

Further management as per Dr Choong



Signed: Professor Ravinay Bhindi(Performing Physician)

