

SR:GR

Tuesday, 1 July 2025

Dr* Tarig Mahmoud
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Dear Tarig

RE: Graham Shepherd – DOB: 15/09/1942

I caught up with Graham and his wife once again with his impending TAVI.

1. **Gout**
 - High dose colchicine: diarrhoea.
 - Gouty tophi with current uric acid approximately 0.55mmol/L (not on allopurinol).
2. **Anaemia**
 - Haemoglobin up to 107g/L on Mircera but dose unknown. Now has iron deficiency (11/24), ferritin 96µg/L, IV iron (01/25).
3. **Renal status**
 - Creatinine 215µmol/L with proteinuria almost 20x normal (11/24), current creatinine 410µmol/L, eGFR 11ml/min/1.73m² (05/25), down to 265µmol/L off spironolactone/irbesartan pre-coronary angiogram.
 - Renal ultrasound (10/24): 108mm kidneys, 14ml post micturition residual (on Duodart).
 - Wanting haemodialysis.
4. **Cardiac status**
 - Moderate/severe aortic stenosis. LVEF 62%. (04/25): severe AS, 75/44mmHg, 1.1cm².
 - Paroxysmal AF.
 - Betablocker induced second degree AV block.
 - Coronary angiogram (Kull): severe three vessel calcific coronary artery disease

He had a dramatic fall in his creatinine coming off the spironolactone and irbesartan. Can I make a couple of comments:

1. I am happy for him to proceed with the TAVI.
2. He can withdraw the spironolactone and irbesartan five days before the scanning for the TAVI. Also for five days prior to the actual TAVI.
3. Overall, I am far more comfortable that he will get through the procedure without requiring temporary or permanent haemodialysis.

I will get him to come back and see me a week after the procedure.

Best wishes,

SIMON ROGER
Renal Physician
Director, Renal Research, Gosford

cc Dr* Tony Kull ; CKD Education ; Dr Peter Hansen ; Alice Auton

For your information, correspondence can be sent via Healthlink, EDI: kidneymg