



North Gosford  
Phone 43240006

**Referred By:**

Dr Ravinay Bhindi  
ROYAL NORTH SHORE HOSPITAL  
LEVEL 4, RESERVE ROAD  
ST LEONARDS NSW 2065

**Mr Robin Stevenson**

**DOB:** 17 October 1963

**Patient ID:** GAI305V

**Visit Number:** 17425283

**Service Date:** 10 July 2025 12:11

**Visit Description:** CT ANGIOGRAM TAVI

**CT TAVI ANGIOGRAM**

**HISTORY:**

Severe AS. Bicuspid valve? Current smoker ETOH

**COMPARISON:**

None available.

**TECHNIQUE:**

Arterial phase imaging acquired through the chest, abdomen and pelvis.

**FINDINGS:**

	Diameter (mm)	
Ascending aorta	37 x 39	
Proximal aortic arch	30 x 33	
Distal aortic arch	27 x 30	
Aortic Isthmus	31 x 32	
Descending aorta	26 x 28	
Abdominal aorta	29 x 25	
Right common iliac	11 x 12	
Right external iliac	10 x 11	
Right femoral	7 x 7	
Left common iliac	12 x 14	
Left external iliac	9 x 10	
Left femoral	7 x 8	

**Other Findings:**

The lungs are clear. No pleural or pericardial effusion.

The liver is low in density, consistent with marked hepatic steatosis.

Within the constraints of the lateral phase study, the other upper abdominal solid organs appear normal.

No enlarged lymph nodes. No ascites.

**COMMENT:**

There is ectasia of the infrarenal abdominal aorta, measuring up to 29 mm, with mild mural thrombus of the right lateral margin. There is no stenosis.

Marked hepatic steatosis.

**Reported by:** Dr Andrew Carter

**Co Reported:**

Dr Uday Ahluwalia



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**HISTORY:** Thank you for referring ROBIN STEVENSON. 61 years Male severe aortic stenosis, query bicuspid valve for transcatheter aortic valve implantation workup.

**TECHNIQUE:** Gated post-IV contrast single volume 320 slice CT thoracic aortogram (16 cm footprint). 0-60% of the R - R was imaged with 10% reconstructions. 40% recon was associated with the widest annular measurements and was used for reporting purposes. This was followed by a separate spiral CT aortogram with aorta iliac and femoral run-off to assess for catheter delivered vascular access.

**REPORT:****Aortic annulus maximum diameter:** 29 mm.**Aortic annulus minimal in diameter:** 25 mm.**Aortic annulus perimeter:** 84 mm.**Aortic annulus area:** 5.5 cm<sup>2</sup>.**Aortic annulus and sub annular calcification:** Minimal.**Aortic valve morphology including cine CT assessment:** Trileaflet with 3 coronary sinuses. Heavily calcified non-coronary leaflet. Restricted valve opening.**Aortic valve calcification:** Severe.**Aortic valve Agatston score:** 3497 Agatston units.

	Men	Women
Severe AS very likely	$\geq 3000$	$\geq 1600$
Severe AS likely	$\geq 2000$	$\geq 1200$
Severe AS unlikely	$< 1600$	$< 800$

(European Association of Cardiovascular Imaging and the American Society of Echocardiography, 2017).

**Aortic sinus diameter:** Left 35 mm. Right 34 mm. Non 38 mm.**Aortic sinus mean diameter:** 35 mm (mean diameter  $< 30$  mm connotes an increased risk of coronary occlusion)**LMCA height:** annulus to inferior os 18mm & annulus to superior os 25mm (considered low if  $< 12$ mm).**RCA height:** annulus to inferior os 14 mm & annulus to superior os 18 mm (considered low if  $< 12$ mm).**Sinotubular junction diameter:** 35 x 32 mm.**Sinotubular junction height:** 25 mm.**Ascending aorta diameter:** 44 x 40 mm (at level of pulmonary bifurcation unless otherwise stated).**Optimal fluoroscopic angulation:** LAO 0 degrees CAU 4 degrees, LAO 10 degrees CRA 4 degrees, LAO 30 degrees CRA 19 degrees.**Other cardiac findings:** Systolic acquisition unsuitable for formal coronary evaluation. . Membranous septum length: 10 mm ( $< 8$ mm increased risk AV conduction injury).**CT AORTOGRAM & ILIOFEMORAL RUN OFF:****Aorta:** Mildly dilated ascending aorta (44 x 40 mm). Minimal mild protruding aortic calcific plaque. 19 mm calibre distally prior to iliac bifurcation.**Iliac minimal luminal diameter:** Left 8 mm. Right 8 mm.**Femoral minimal luminal diameter:** Left 8 mm. Right 8 mm.**Iliofemoral calcification:** Left mild. Right mild.**Iliofemoral tortuosity:** Left mild. Right mild.**Common femoral puncture site:** Normal.**CFA bifurcations:** High on the left at the level of the mid femoral head and below the right femoral head at the level of the subcapital femoral neck. **Superior acetabular to bifurcation distance** left 27 mm, right 42 mm.**Previous iliofemoral intervention:** No visible.

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**IMPRESSION:**

1. Landing zone: Trileaflet and 3 coronary sinuses. Heavily calcified and restricted non-coronary leaflet. No adverse aortic root or landing zone preprocedural CT finding. Satisfactory annulus to coronary height and aortic sinus diameter. Aortic valve Agatston score 3497 Agatston units. CT forwarded on disc to Medtronic representative or referring specialist for review and sizing of transcatheter heart valve.
2. Common femoral access site: High left CFA bifurcation at the level of the mid femoral head. Otherwise no adverse preprocedural CT finding for vascular access from the left or right femoral approach. 8mm minimal luminal calibre.
3. Other relevant: No significant incidental findings (see separate radiology CT Aortogram with run-off report).

**Reported by:** Dr Uday Ahluwalia

**Co Reported:**

Dr Andrew Carter