



Dr John Woods Provider No. 458482A Dr Dennis Wang Provider No. 2148035B Dr Tommy Wong Provider No. 2428887F Dr Karthik Rangasamy Provider No. 5146045Y Dr Ru-Dee Ting Provider No. 247176QF Dr Roberto Spina Provider No. 401900PH Dr Paul Bamford Provider No. 487084HA

25 Jarrett Street, North Gosford NSW 2250 Suite 301 Mariners Building, 1 Bryant Drive, Tuggerah NSW 2259 Phone: (02) 4323 3060

Doctor Hotline Ph: (02) 4324 5187

ABN 32 524 312 391

Correspondence: Healthink EDI: drjwoods Argus: gosfordcardiology@bigpond.com email: admin@coastalcc.com.au Fax: (02) 4323 7062

12 June 2025

p.1

Dr Vertika Azad The Entrance Medical Centre 120 The Entrance Road THE ENTRANCE NSW 2261

Dear Vertika

RE: Mr Norman Bogle - DOB: 01/02/53 10/231-233 Gertrude Street

North Gosford NSW 2250. Phone: 0458 648 246

No private healt

Thank you for referring this 72 year old lovely gentleman to our Coastal Cardiology outpatient clinic, North Gosford, for management for his critical Aortic stenosis.

Issues:

Critical Aortic Stenosis.

Hospital admission under Dr Nick Howden with Myocarditis in May 2025 after a flu. ECG: T-wave inversion in lateral leads, elevated troponin at 323, CRP 94, Hb 136, creatinine 105.

Declined an Angiogram. Commenced on Aspirin and Colchicine 0.5 mg bd for six weeks. Booked CTCA. Echo, May 2025: Mild-to-moderate LVH. LVEF - 55-60%. Possible bicuspid Aortic valve with severe Aortic Stenosis (PG 140 mmHg, MG 72 mmHg, AVA 0.8cm2). Muld to moderate AR/MR. Trivial pericardial effusion. Mildly dilated Ascending Aorta.

CTCA June 2025: Calcium score 1272. Mild-moderate LAD and RCA stenosis. Mild stenosis in LCX. Echo 2023, under Dr Woods: Bicuspid aortic valve with severe AS (MG - 62 mmHg and AVA 0.9 cm²). Mild to moderate AR

Cardiac risk factors: TIA and left carotid artery occlusion and retinal artery thrombosis. Hypertension.

Others: MRI May 2025, Prof Michael Back (Radiation oncologist): Left occupital lobe infarct. No new intracranial mets. Polyp removal with Dr Richard Simpson in 2025. Benign. Bowel and lung cancer with stable cerebral mets. Under the care of Dr Matthew Chan.

Medications: Aspırın 100 mg, Colchicine 0.5mg bd, Ezetimibe/Atorvastatın 10/40 mg, Rabeprazole 20 mg, Telmisartan 40 mg note.

On examination: BP - 100/60 mmHg. ECG - Sinus tachycardia with a heart rate of 93bpm, PR interval 148ms and QTc 436ms. Typical acrtic stenosis murmur radiating to carotids. Weight - 72.5kg. Minimal pitting pedal oedema.

I had a brief discussion with Norman and he did agree for a TAVI rather than Aortic Valve surgery due to his ongoing cancer management and co-morbidities. Since he preferred to go to Royal North Shore Hospital, I have sent a referral to Dr Ravi Bhindi for the same.

I will catch up with him in 4-6 weeks time to assess his medications. I have started him on Nebilet 1.25 mg od. If he did not tolerate this, my next option would be Coralan 5 mg bd and Forxiga 10 mg.

With kind regards,

KARTHIKEYAN RANGASAMY Cardiologist & Electrophysiologist MBBS FRACP., KR:gn

cc: A/Prof Michael Back, Central Coast Cancer Centre - Gosford Hospital, Holden Street, GOSFORD NSW 2250

cc: Dr Indu Gunawardena, 29 Hills Street, GOSFORD NSW 2250

cc: Dr Richard Simpson, Suite 2.12, Level 2 Platinum Building, 4 Ilya Avenue, ERINA NSW 2250

cc: Dr Matthew Chan, Gosford Private Consulting Suites, Suite 4, 12 Jarrett Street, NORTH GOSFORD NSW 2250

cc: Prof Ravinay Bhindi, North Shore Cardiac Centre, Level 3, Suite 11 Westbourne Street, St Leonards NSW 2065 Fax: 0294607222



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12 June 2025

Prof Ravinay Bhindi North Shore Cardiac Centre Level 3, Suite 11 Westbourne Street St Leonards NSW 2065 Fax: 0294607222

Dear Ravinay

RE: Mr Norman Bogle - DOB: 01/02/53 10/231-233 Gertrude Street North Gosford NSW 2250 0458 648 246

Thank you for accepting this 72 year old lovely gentleman on an urgent basis for further assessment to whether she would be an ideal candidate for a TAVR for his symptomatic critical Aortic stenosis.

Issues:

Critical Aortic Stenosis.

Hospital admission under Dr Nick Howden with Myocarditis in May 2025 after a flu.

ECG: T-wave inversion in lateral leads, elevated troponin at 323, CRP 94, Hb 136, creatinine 105.

Declined an Angiogram. Commenced on Aspirin and Colchicine 0.5 mg bd for six weeks. Booked CTCA. Echo, May 2025: Mild-to-moderate LVH. LVEF - 55-60%. Possible bicuspid Aortic valve with severe Aortic Stenosis (PG 140 mmHg, MG 72 mmHg, AVA 0.8cm²). Mild to moderate AR/MR. Trivial pericardial effusion. Mildly dilated Ascending Aorta.

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- Cardiac risk factors: TIA and left carotid artery occlusion and retinal artery thrombosis. Hypertension.
- Others: MRI May 2025, Prof Michael Back (Radiation oncologist): Left occipital lobe infarct. No new intracranial mets. Polyp removal with Dr Richard Simpson in 2025. Benign. Bowel and lung cancer with stable cerebral mets. Under the care of Dr Matthew Chan.

Medications: Aspirin 100 mg, Colchicine 0.5mg bd, Ezetimibe/Atorvastatin 10/40 mg, Rabeprazole 20 mg, Telmisartan 40 mg note. Nebilet 1.25 mg mane.

With kind regards,

KARTHIKEYAN RANGASAMY Cardiologist & Electrophysiologist MBBS FRACP

KR:gn

- cc: Dr Matthew Chan, Gosford Private Consulting Suites, Suite 4, 12 Jarrett Street, NORTH GOSFORD NSW 2250
- cc: Dr Indu Gunawardena, 29 Hills Street, GOSFORD NSW 2250
- cc: Dr Richard Simpson, Suite 2.12, Level 2 Platinum Building, 4 Ilya Avenue, ERINA NSW 2250
- cc: A/Prof Michael Back, Central Coast Cancer Centre Gosford Hospital, Holden Street, GOSFORD NSW 2250
- cc: Dr Vertika Azad, The Entrance Medical Centre, 120 The Entrance Road, THE ENTRANCE NSW 2261



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UTC Coastal Cardiology To: 61294607222

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22 May 2023

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Dr Julian Scullin The Entrance Medical Centre 120-122 The Entrance Road THE ENTRANCE NSW 2261 Fax: NOT TO POST

Dear Julian.

RE: Mr Norman Bogle - DOB: 01/02/53 10/231-233 Gertrude Street North Gosford NSW 2250 0458 648 246

Norm came back today to discuss his potential microlaryngoscopy and biopsy of the pharyngeal abnormality.

As you know, he has severe aortic stenosis which has not worsened over the last two years, together with a moderate LAD lesion on angiography back in 2020 which at that stage did not require intervention.

He remains quite stable with only very occasional chest discomfort when he pushes himself up hills.

Examination today reveals a regular pulse with blood pressure high at 180/85. Aortic stenotic murmur. Lungs

Today's ECG demonstrates sinus rhythm with very mild non-specific inferolateral ST segment change.

Julian, my feelings at this stage would be to let Norm proceed with his upcoming surgery. However, I will check with Dr Gunawardena just to make sure that the operation is on the relatively small side with no significant major bleeding risk.

I will ring Norm once I have been able to talk to Dr Gunawardena.

With kind regards,

JOHN WOODS Cardiologist MBBS DCH FRACP

P.S. Blood pressures at home have been excellent.

JW:rt

Doctors only hotline - 4324 5187

cc: Dr Indu Gunawardena, 29 Hills Street, GOSFORD NSW 2250

19-Jun-2025 05:47 UTC Coastal Cardiology To: 61294607222

61243237062

6/19/25, 3:44 PM

Pathology/Radiology Results of Norman Bogle

PRP DIAGNOSTIC IMAGING - Reference No: 13440210 Status: F

Patient: Norman BOGLE Linked by: Emily Gersch DOB: 01/02/1953 No Action Message:

Address: 10/231-233 Gertrude Street North Gosford 2250

Ordered by: Dr Matthew Chan on 07/06/2023

Copy to: DR JULIAN SCULLIN DR INDU GUNAWARDENA DR SYDNEY CH'NG DR ROLAND ALVANDI

Collected: 04/09/2023 - 10:19 AM Notified by: on 00/00/0000

05/09/2023 Reported: Message:

CT CHEST ABDOMEN PELVIS

To view images: Click here

This report is for: Dr J. WOODS Referred By: -:

Dr M. CHAN

Copies:

Dr J. SCULLIN

Dr I. GUNAWARDENA

Dr S. CH'NG

Dr R. ALVANDI

Dr J. WOODS

CT CHEST ABDOMEN PELVIS 04/09/2023 Reference: 13440210

CT CHEST, ABDOMEN AND PELVIS

HISTORY:

Non-small cell lung cancer. Progress scan.

COMPARISON:

Correlation made with the previous examination dated 05/06/2023.

FINDINGS:

Primary tumour:

Stable post-radiation fibrosis is noted within the left upper lobe with associated volume loss and traction bronchiectasis. There is no evidence of local disease recurrence at the post-treatment site. There are stable appearances of the small loculated fusion at the left lung apex.

Lymph nodes:

There is no significant mediastinal, perihilar or axillary lymphadenopathy.

There is no significant intra-abdominal lymphadenopathy.

Metastases:

There are no pulmonary, hepatic or adrenal metastases. There is no aggressive lytic or sclerotic bone lesion.

Other findings:

Multinodular change is noted involving the thyroid gland which is stable. There is no pericardial effusion. There is no right-sided pleural effusion. There is stable subpleural cystic change noted within the right lung apex.

Abdomen and pelvis:

The wedge resection segment 4A/A and segment 5/6 of the liver is again noted. There is no evidence of disease recurrence at the postoperative site.

The subcapsular haemangioma involving segment 7 of the liver is stable.

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