

Reporting MD: Lurie, Brett Dr

Dr Peter Hansen

Northern Heart Centre

North Shore Health Hub

Tower A, L3, S306, 7 Westbourne Street

ST LEONARDS 2065

0286223331

Location: North Shore Radiology - NSPH

Examined: 4 August 2025

Reported: 5 August 2025

Acc No: 88.1634711

Dear Dr Hansen,

Re: Mr Anthony WADEY - Folio No: 26.00194891

DOB: 02/02/1936

CT TAVI

History: Pre TAVI evaluation

Technique: Gated CT angiogram Aortic Arch and spiral angiogram to the Common Femoral Arteries

Findings:

Aortic Root:

Moderate to heavy calcification of aortic valve leaflets. Triple vessel coronary artery calcification.

Arch and Thoracic Aorta: Eccentric mixed plaque protruding significantly into the lumen

Abdominal Aorta:

Eccentric calcified plaque

MLD (minimum luminal diameter): 18mm

Right iliofemoral run off:

Eccentric calcification.

RCIA MLD: 12mm

REIA MLD: 9mm

RCFA MLD: 5mm linear focus of calcification protruding into the lumen could be atheroma or a calcified intimal flap

Left iliofemoral run off:

Eccentric calcification

LCIA MLD: 12mm

LEIA MLD: 10mm

LCFA MLD: 9mm

Other Findings:

Masslike consolidation within the right upper lobe with surrounding ground glass density could be infective or inflammatory. Progress imaging to complete resolution is recommended. Adjacent pleural thickening and small volume pleural effusion. Non-specific thickening of interlobular septa at the lung bases may indicate underlying interstitial lung abnormality.

Heavy calcification of the internal carotid artery origins with 25-50% stenosis on the right and less than 25% stenosis on the left although the extent of calcium complicates assessment. Carotid duplex could be considered to clarify.

Calcified septated right renal cortical cyst measuring up to 60 mm could be further evaluated with ultrasound. Partially calcified septated renal cortical cyst on the left measuring up to 17 mm.

Mixed plaque in the super mesenteric artery with multiple regions of potential 50-75% narrowing.

CONCLUSION:

No contraindication to TAVI. Masslike consolidation in the right upper lobe may be due to resolving pneumonia but progress imaging to complete resolution is recommended. Septated partially calcified renal cysts could be further assessed with ultrasound.

Dr Brett Lurie

Electronically signed by Dr Brett Lurie at 2:32 PM Tue, 5 Aug 2025