



North Gosford
Phone 43240006

To: Dr Levi Bassin

Referred By:

Dr James F Rogers
DR JAMES ROGERS
14-18 JARRETT STREET
NORTH GOSFORD NSW 2250

Mr Paul Rosee

DOB: 03 September 1943

Patient ID: HDE413Z

Visit Number: 17335276

Service Date: 06 June 2025 13:10

Copies To:

Dr Roger Molesworth
Dr Levi Bassin

Visit Description: CT ANGIOGRAM TAVI

CT ANGIOGRAM - TAVI ASSESSMENT FOR FEMORAL APPROACH

History: TAVI planning study

Technique: Arterial phase volume acquisition, with multiplanar reconstructions.

Findings:

The technical quality is excellent with all vessels visualised to the base of the heart.

The following access vessel minimum diameters have been obtained:

Site	Diameters (mm)
Ascending aorta	34
Arch	24
Descending aorta	26
Mid-abdominal aorta	21
Left common iliac artery	11
Right common iliac artery	10
Left external iliac artery	9
Right external iliac artery	8
Left common femoral artery	9
Right common femoral artery	9

OTHER FINDINGS:

Aorto-iliac tortuosity:

Mild to moderately tortuous descending aorta and abdominal aorta. Mildly tortuous bilateral iliac arteries.

Notable plaques:

Bilateral common femoral arteries: Nonstenotic/minimally stenotic calcific plaque noted along the posterior walls of bilateral common femoral arteries.

Bilateral common iliac arteries: Scattered nonstenotic/minimally stenotic calcific plaque noted in posterior and medial walls.

Aortic arch branches:

Conventional three-vessel arch of aorta. Minimally stenotic/nonstenotic calcific plaque noted at the ostia/proximal segment of the great vessels arising from the arch of aorta.

Major visceral branches of abdominal aorta:

The information contained in this facsimile message is legally privileged and confidential, intended only for the use of the individual named above. If the receiver is not the intended recipient the receiver is hereby notified that any use, dissemination, distribution, publication or copying of this facsimile is prohibited. If you have received this facsimile in error please notify the practice immediately and arrangements will be made to retrieve or destroy it.

Mr Paul Rosee
DOB: 03 September 1943
Patient ID: HDE413Z
Visit #: 17335276
Service Date: 06 June 2025 13:10

Coeliac artery: Up to 50% stenosis due to calcific plaque at the ostium with likely post stenotic dilatation and further scattered nonstenotic/minimally stenotic calcific plaque in mid and distal segments.

SMA: Scattered calcific and noncalcific plaque throughout with less than 50% luminal encroachment.

Right main renal artery: Mixed calcific and noncalcific plaque in the proximal segment with up to 50% luminal encroachment.

Left main renal artery: Predominantly calcific plaque at the ostium and proximal segment with less than 50% luminal encroachment.

Chest:

Bilateral calcified pleural plaques in keeping with prior asbestos exposure. Small 4 mm pulmonary nodule noted posterolaterally in the right lower lobe, similar to the prior CT of 9/10/2023.

Abdomen and Pelvis:

Small fat-containing midline epigastric anterior abdominal wall hernia. Few small bilateral renal cysts, up to 13 mm in diameter. No free fluid or free gas. Prostatomegaly. No bowel obstruction.

Thoraco-lumbar spine and bony pelvis:

Spondylotic changes in thoracic and lumbar spine. No destructive bone lesion.

COMMENT:

Aorto-iliac measurements are as given.

Reported by: Dr Saurabh Khandelwal

CT Calcium scoring available at PRP Gosford