CENTRAL HEART

DR KUNWAR BHATIA
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16/05/2025

Professor Ravinay Bhindi
North Shore Private Hospital
North Shore Cardiac Centre, Suite 11, Level 3
ST LEONARDS NSW 2065

RE: Mr Brian English DOB: 16/12/1940
38 Anchorage Circle, SUMMERLAND POINT NSW 2259 Mob:0419423364 Ph: 0405780048 Annie Robertson - Daughter
Medicare or DVA: 2900279509/1

Ravinay , thank you for seeing **Brian** as per my attached letter for consideration of TAVI. He has symptomatic severe aortic stenosis (peak velocity 4.2 m/s, mean gradient 48 mmHg).

Please don't hesitate to contact me if there are any questions. Thank you for being involved in his care.

Kind Regards,

Dr Kunwar Bhatia
MBBS, MMed, FRACP
Provider No: North Gosford: 4936809A, Toukley: 493680BY
encl

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16/05/2025

Dr Gennadiy Brednya
Gwandalan Summerland Medical Centre
4/50 Parraweena Road
GWANDALAN NSW 2259

RE **Mr Brian English DOB: 16/12/1940**
38 Anchorage Circle, SUMMERLAND POINT NSW 2259 Mob:0419423364 Ph: 0405780048 Annie Robertson - Daughter

Problem List:

1. **Aortic stenosis**
2. **Background & Risk factors** include:
   - Overweight
   - Dyslipidaemia
   - Hypertension
   - Alzheimer's (diagnosed 2023)

Medications include:

- Candesartan 32 mg daily
- Clopidogrel 75 mg daily
- Donepezil 10 mg daily
- Rabeprazole 10 mg daily
- Amlodipine 5 mg daily (new)

***Allergies*: nil known**

***Social Hx*: lives alone, IADLs**

Gennadiy, thank you for referring **Brian** for cardiac review. I had the pleasure reviewing him for the first time today. He was accompanied by his daughter. Brian lives alone and is independent with his ADLs, despite a diagnosis of Alzheimer's in 2023. He is known to the geriatrician Dr Christian Farrugia. He presents today as he has developed progressive dyspnoea on exertion. In 2023, he had a syncopal episode while using a chainsaw. He had a subsequent echo that demonstrated moderate calcific aortic stenosis. It appears that this was lost to follow-up. Since then, he has developed worsening shortness of breath on exertion particularly when mowing the lawn or using the wheelbarrow. He denies any chest discomfort. He is not had any further syncope or presyncope. I note he is on clopidogrel 75 mg daily although the indication for this is not evident to me.

Examination: Resting blood pressure was 178/95 mmHg. Resting pulse was 64 bpm and regular. Dual heart sounds with a loud ejection systolic murmur radiating to the carotids. No clinical signs of heart failure.

Summary and plan: **84-year-old male with dyspnoea on exertion in the context of known moderate aortic stenosis. I suspect that his aortic stenosis has progressed from moderate to severe. I have arranged for a transthoracic echocardiogram to confirm this. If he has severe aortic stenosis I will refer him to Professor Ravinay Bhindi at Royal North Shore Hospital for consideration of TAVI. I note that while Brian has a diagnosis of Alzheimer's he is independent and still enjoys a high quality of life and as a result I think it would be worthwhile to pursue TAVI however, it will be dependent on the Heart Team's expert opinion. Finally, regarding his hypertension, I have initiated amlodipine 5 mg once daily.**

Addendum: **As expected, Brian's echocardiogram revealed severe calcific aortic stenosis with a peak velocity of 4.2 m/s and a mean gradient of 48 mmHg. The left ventricle was normal in size and systolic function with mild concentric hypertrophy. I have referred him to Professor Ravinay Bhindi for consideration of TAVI.**

Gennadiy, thank you again for the referral.

Best wishes,

Dr Kunwar Bhatia
MBBS, MMed, FRACP

cc:
Dr Christian Farrugia, Central Coast Geriatrics, Suite A7, Kanwal Medical Complex, 654 Pacific Highway, KANWAL NSW 2259

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TRANSTHORACIC ECHOCARDIOGRAM REPORT

16/05/2025

Brian ENGLISH | 16/12/1940 | 38 Anchorage Circle
SUMMERLAND POINT NSW 2259,

Indication: SOB	**Scan Quality**: Technically difficult study	**Heart Rate**: 155bpm	**Sonographer**: M.E.
Weight: 96kg	**BSA**: 2.1m^2	**Rhythm**: Sinus rhythm	**BP**: 178/95 mmHg

Conclusion

1. Normal left ventricular chamber size with mildly increased wall thickness and normal systolic function. The estimated ejection fraction is 60%.
2. Normal right ventricular chamber size and systolic function.
3. Normal biatrial size.
4. Severe aortic stenosis. Peak Vel: 4.2 m/s, meanPG: 48 mmHg.
5. Normal pericardium.

Left Ventricle	Normal diastolic size (LVIDd: 4.7 cm [4.2-5.8], LVIDd Index: 2.31 cm/m² [2.2-3.05]). Mildly increased wall thickness (IVSd: 1.2 cm, PWd: 1.2 cm, LVRWT: 0.5). Normal mass (LVd Mass: 209 g, LVd Mass Index: 102 g/m²). Diastolic function: Diastolic dysfunction grade II (E/A ratio: 0.68, E wave: 0.76 m/s, Decel time: 157 ms, A wave: 1.11 m/s). Left-ventricular systolic function (LVEF 60%).
Left Atrium	Normal left atrial size (LAESVI: 32 ml/m²).
Right Ventricle	Normal right ventricular chamber size and systolic function.
Right Atrium	Normal size.
Pericardium	Normal.
Aorta	Normal aortic root, ascending aorta and aortic arch.
Aortic Valve	Calcific and restricted valve. (LVOT Vel: 24.3 cm, Ao Vel: 4.2 m/s, maxPG: 70.49 mmHg, meanPG: 48.24 mmHg).
Mitral Valve	Structurally normal with trivial regurgitation. E/A ratio: 0.68, Decel. Time: 157 ms, E' (avg): 4 cm/s, E/e' avg: 18.66).
Pulmonic Valve	Structurally normal valve.
Tricuspid Valve	Structurally normal valve with trivial regurgitation. The IVC is a normal size and collapses with inspiration.

Best wishes,

Dr. Kunwar Bhatia