Dr Amit Michael

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Interventional Cardiologist
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VMO Macquarie University Hospital

Staff Specialist Cardiology
North Canberra Hospital

June 17, 2025

Dr Emilija Sokolovska
Pioneer Health Centre
3/53-55 Pioneer Road
BELLAMBI NSW 2518

Dear Dr Sokolovska

RE: Mr John McMullen - DOB: 05/04/38
61 Pioneer Rd BELLAMBI NSW 2518

Issues:
1. Low flow low gradient severe aortic stenosis.
2. Moderate to severe LV systolic dysfunction - LVEF of 30-35%.
3. Ischaemic heart disease with CABG in 2003 at Prince of Wales Hospital:
- SVG to OM graft.
- Last angiogram in 2011 showed minor ostial left main disease, patent SVG to circumflex graft. small occluded small right coronary artery.
4. COPD.
5. Mild cognitive impairment
6. Previous CVA

Current medications:
- Clopidogrel 75 mg daily
- Frusemide 40 mg daily
- Perindopril 2.5 mg daily
- Atorvastatin 40 mg daily
- Metoprolol 30 mg daily
- Oxybutynin daily

Social history:
- Lives with son
- Mobilises with a walker

Investigations:
1. TAVI CT done at PRP Wollongong:
- Showed an Agatston score of 1800 with adequate coronary heights and sinus of valsalva diameter

2. Echocardiogram:
- Mildly dilated left ventricle with EF 30-35%. Mildly dilated right ventricle with impaired systolic function
- Bi-atrial enlargement
- Low flow, low gradient aortic stenosis
- AV max 3.4 m/s

- Mean gradient 31 mm Hg
- Aortic valve area 0.7 cm^2
- Mild to moderate mitral regurgitation
- Moderate pulmonary hypertension
- RVSP 55 mm Hg

I reviewed John in the clinic today with his CT results which show an elevated Agatston score which is close to severe aortic stenosis. Considering his symptoms, I think he will be a good candidate for consideration of transcatheter aortic valve implantation.

I will refer him to Royal North Shore Hospital for consideration of this. The further workup can be performed there as per their discretion.

I will review John again in the next three to four months' time, hoping that his TAVI would have been performed by then.

Kind regards

Dr Amit Michael
MBBS MD FRACP FCSANZ

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May 27, 2025

Dr Emilija Sokolovska
Pioneer Health Centre
3/53-55 Pioneer Road
BELLAMBI NSW 2518

Dear Dr Sokolovska

RE: Mr John McMullen - DOB: 05/04/38
61 Pioneer Rd BELLAMBI NSW 2518

Issues:
1. Low flow, low gradient aortic stenosis - for TAVI CT
2. Moderate to severe LV systolic dysfunction - LVEF 30-35%
3. Ischaemic heart disease with CABG in 2003 at Prince of Wales Hospital - details unavailable
4. Previous CVA
5. COPD

Current medications:
- Clopidogrel 75 mg daily
- Furosemide 40 mg daily (started today)
- Perindopril 2.5 mg daily (started today)
- Atorvastatin 40 mg daily
- Mirtazapine 30 mg daily
- Oxybutynin daily

Verapamil and Isosorbide mononitrate -stopped today

Social history:
Lives with son, mobilises with a walker, mild cognitive impairment.

Transthoracic echocardiogram:
- Mildly dilated left ventricle with LVEF 30-35%, global hypokinesis
- Mildly dilated right ventricle with impaired systolic function, bi-atrial enlargement
- Low flow, low gradient aortic stenosis, AVV max 3.4 m/s, mean gradient 31 mmHg, aortic valve area 0.7 cm^2
- Mild to moderate mitral regurgitation and mild tricuspid regurgitation
- Moderate pulmonary hypertension with RVSP 55 mmHg

I reviewed John in the clinic today. He is an 87-year-old gentleman who was accompanied by his son. John has come in with a history of NYHA class 2 symptoms of dyspnoea with occasional leg swelling. He also complains of reduced appetite and energy. He denies any chest pain, orthopnoea, or PND. He has multiple comorbidities as listed above. I do not have the details of his grafts from his previous CABG.

On examination today, the blood pressure is 130/66 mmHg, heart rate of 77 beats. JVP is not elevated. There is no pedal oedema. Cardiovascular examination revealed a grade 3/6 ejection systolic murmur, most prominent in the

aortic area. Chest is clear to auscultation.

As per his echocardiogram, he has a cardiomyopathy, likely a combination of ischaemic/valvular. I do not have any previous echocardiograms to compare with as he was seeing another cardiologist. I would be grateful if you could forward through any old letters or echo results. I suspect that he has underlying severe aortic stenosis. This will need to be further evaluated with a TAVI CT and Agatston score in the presence of a low flow state.

I have handed him a form for the test to be done at the PRP radiology. In lieu of the LV dysfunction, I have introduced a small dose of Perindopril and also furosemide. I have stopped his verapamil and isosorbide mononitrate as I do not see any clear indication, especially in the setting of LV dysfunction. I will review him with the results of the CT.

If aortic stenosis is severe, then we will plan for a work up for a transcatheter aortic valve implantation. Including an angiogram which we can organise at the Wollongong public hospital at a later stage.

Kind regards

Dr Amit Michael
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