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| **TAVI Workup Summary for**  **Structural Heart MDT** | | | A close up of a logo  Description automatically generated |
| **Referral Date: 02/07/2025** | | | **Structural Physician:**  Hansen |
| Name: Graham Shepherd  6 Mimosa Road, Budgewoi, 2263 | | | Referrer: Dr Tony Kull  dockull@gmail.com |
| DOB: 15/09/1942 | | | Contact Details:  4390 8664  04037 40003 – wife Julie |
| MRN: ME00466832  RNSH: 070 53 38 | | | Email: |
| Age: 82 | | | Ht: 166 cm Wt: 86.2 kg |
| **Past Medical History** | | | **Medications** |
| * AS * Paf * 2nd degree heart block with Bisoprolol * CKD – known to Dr Simon Roger * HTN * Arthritis * Polyarticular gout | | | Allopurinol 100 mg 0.5 tab(s), every ALTERNATE day  Aspirin (Cartia) 100 mg daily (with or after food)  Atorvastatin 80 mg daily in the morning  Dapagliflozin 10mg od  Dutasteride-tamsulosin (Duodart 500mcg/ 400mcg MR OD  Lactobacillus acidophilus (Probiotic Oral Capsule) OD  Spironolactone 50mg/d  Irbesartan 300mg oral daily in the morning  Thiamine 100 mg oral daily |
| Allergies: Morphine |
| **Social History** | | | **Functional Status & Symptom Burden** |
| Retired butcher  Drinks Alcohol-4-6 beer every day for 56 years  Non-smoker  Lives at home in Budgewoi with wife independently  Mobilises independently with nil aids, however wife will be purchasing a 4ww on D/C. | | | SOBOE & Fatigue  NYHA: II |
| **Echo:** | | | |
| |  |  | | --- | --- | | LV EF: 60% | AVA: 1.1 cm2 | | Peak Gradient: 66 | AR: Trivial | | Mean Gradient: 35 | SVI: 56 mL/m2 | | Peak AV: 406 cm/s | MR: mild-mod | | Comments: Markedly restricted valve opening on 2D (clips 19, 25). Doppler data as in the  table above. Peak velocity and AVAi in the severe range. Trivial aortic regurgitation within normal limits. | | | | | |
| **Angio with Dr Kull:** | | | **ECG:** |
| DOMINANCE: Right dominant  LEFT MAIN: Minor disease  LEFT ANTERIOR DESCENDING ARTERY: Heavily calcified. 60% ostial disease. 90% mid vessel disease. Severe diagonal disease.  LEFT CIRCUMFLEX ARTERY: Mild diffuse disease. 80% distal stenosis.  RIGHT CORONARY ARTERY: 80% calcific ostial stenosis. Moderate PDA disease.  CONCLUSIONS: Severe calcific 3 vessel disease. | | | Sinus rhythm with a first-degree heart block |
| **CT TAVI:** | | | |
|  | | | **Access:**  **Valve choice:** |
| **Incidental findings:**  Gynaecomastia. Small hiatal hernia. Stranding of the mesenteric fat with mildly enlarged mesenteric node, 9mm. Diverticular disease, uncomplicated. Mild thickening of the bladder wall. Atelectasis/scarring at the lung apices and in the right middle lobe. |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** |
| MOCA: 23/30  Frailty score: 4 |  |  | Hb: 93  Plts: 220  Cre: 305  eGFR: 16  Albumin: 34  Hematocrit 0.27  WBC Count 5.7  Platelet Count (cells/μL) 220 |
| **Aged Care:** | | | **Cardiothoracic Surgeon:** |
| Dr Warrier: Appropriate for TAVI from Geri’s POV. | | | Dr Brereton: Suitable for surgical salvage. |
| **Renal review** | | |  |
| Dr Simon Roger letter states he has advocated for to proceed with the angiogram and TAVI worrkup for Graham.  1. I am happy for him to proceed with the TAVI.  2. He can withdraw the spironolactone and irbesartan five days before the scanning for the TAVI.  Also for five days prior to the actual TAVI.  3. Overall, I am far more comfortable that he will get through the procedure without requiring temporary or permanent haemodialysis.  Office Renal Research [office@renalresearch.com.au](mailto:office@renalresearch.com.au)  *Pt would want to be considered for both short and long term dialysis if required.* | | |  |

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| **Structural Heart Multidisciplinary Team Meeting** | |
| **Date:** | |
| **Attendees**: | |
| **Essential criteria** |  |
| **Feasibility** |  |
| **Frailty / comorbidities** | . |
| **Lifetime planning** |  |
| **Special considerations** |  |
| **Outcome:** | |