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| **=TAVI Workup Summary for**  **Structural Heart MDT** | | | A close up of a logo  Description automatically generated |
| **Referral Date: 12/06/2025** | | | **Structural Physician:**  Dr Hansen |
| Name: Mr Carlos Sorentino  75 Melba Avenue  East Ryde  2113  Wife SORENTINO, Lucy 0449883167 | | | Referrer: Dr Kozor |
| DOB: 26/09/1945 | | | Contact Details: 04 0073 7045 |
| MRN: ME00309577  RNSH: 066 9062 | | | Email: |
| Age: 79 | | | Height 182 cm  Weight 115 kg |
| **Past Medical History** | | | **Medications** |
| * CAD * CABG X4 * Ischaemic heart disease   + CABG 2000 – Dr Farnsworth (No report available)   + At the SAN   + Was known to a cardiologist Dr Wong last follow-up 8y ago with last EST at that time * Insulin-dependent T2DM * Carotid endarterectomy left- 2019   Dr Puttswammy.   * Hypertension * OSA -> CPAP * Chronic back pain   + Laminectomy L5/S1 with right thigh radiculopathy   Ex-smoker 1pack/day; age 14 to 60 -> 45 PYH  Social EtOH  No recreational drug use | | | - Aspirin 100mg daily  - Clopidogrel 75mg daily  - Rosuvastatin 10mg daily  - Metformin 2000mg nocte  - Duodart 500mcg/400mcg  - Amitriptyline 10mg daily  - Amlodipine 10mg daily  - Protaphane 40units twice daily  - Atenolol 50mg daily  - Tramadol SR 150mg BD  - Ramipril 10mg daily  - Diazepam 5mg PRN |
| Allergies: NKDA |
| **Social History** | | | **Functional Status & Symptom Burden** |
| Lives with wife, Lucy at home and son  Independent with ADLs  Still drives  ET- can walk around 500m limited by back/right hip pain | | | Worsening SOBOE  Chest discomfort  General decline, has slowed down |
| **Echo:** | | | |
| |  |  | | --- | --- | | LV EF: 65-70% | AVA: 0.91 | | Peak Gradient: 49 | AR: Trivial | | Mean Gradient: 27 | SVI: 33 | | Peak AV: 350 | MR: Mild | | Comments:  Tri leaflet aortic valve. Markedly thickened and calcified leaflets. Markedly restricted valve opening on 2D eg Clips 81 and 82. Doppler data as in table above. Systolic pressure gradients in the moderate range. Calculated valve area in the severe range.  Findings consistent with paradoxical severe aortic stenosis (Low flow, low gradient normal LVEF). SVI 33 ml/m2. DVI 0.31 Trivial aortic regurgitation within normal limits. | | | | | |
| **Angio:**  **Dr Stephen Vernon** | | | **ECG:** |
| Severe native vessel disease. Atretic LIMA to LAD graft. Chronic occlusion mid LAD with antegrade collateral supply.  Occluded mid LCx with collateral flow to OM1 and patent SVG to OM2. Chronic occlusion RCA with patent SVG to RPDA. Normal left ventricular systolic function. Recommendations:  Medical management. Consider CTO PCI to LAD and/or LCx if ongoing symptoms. | | | Sinus Rhythm  1st degree AV block  RBBB |
| **CT TAVI:** | | | |
|  | | | **Access:**  **Valve choice:** |
| **Incidental findings:** |
| **MOCA / Clinical Frailty Score** | | | **Bloods: 06/06/25** |
| MOCA: N/A  Frailty score: 3 |  |  | Hb: 136  Plts: 216  Cre: 81  eGFR: 79  Albumin: 45 |
| **Aged Care:** | | | **Cardiothoracic Surgeon:** |
| N/A | | | To see Dr Brereton in rooms – AW correspondence. |

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