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| **TAVI Workup Summary for**  **Structural Heart MDT** | | | A close up of a logo  Description automatically generated |
| **Referral Date:** 25/07/2025 | | | **Structural Physician:**  Dr Bhindi |
| Name: Mr Robin Thorpe  Lyynwood Station, NSW, Mount Cobar, 2835  West fund 235987 | | | Referrer: Dr Siddarth Trivedi – Regular Cardiologist  Dubbo Medical and Allied Health Group  02 6815 9900  Specialists@dmahg.com.au  Dr Jones Primary Medical Centre |
| DOB: 27/12/1946 | | | Contact Details: 0429945004  Carol Wife 0427 772 850. |
| MRN: ME00468099  RNSH: | | | Email: |
| Age: 78 | | | Weight: 115kg  Height: 2m |
| **Past Medical History** | | | **Medications** |
| * AS * TURP * IHD * Diabetes * Ectopic thyroid tissue – transoesophageal groove | | | Aspirin 100mg OD  Candesartan (half)  Rosuvastatin – stopped by pt for some time then recently restarted.  Metformin – stopped by pt for some time.  Magnesium |
| Allergies: Duodart |
| **Social History** | | | **Functional Status & Symptom Burden** |
| Independent  Lives on a farm with his wife outside Cobar  Still working | | | Struggles with very slight inclines  SOBOE  Reduced energy  Advised not to drive heavy machinery. |
| **Echo 7/8/25 with Dr Choong** | | | |
| |  |  | | --- | --- | | LV EF: 70-75% | AVA: 1.16 cm2 | | Peak Gradient: 65 | AVAi: 0.46 cm2/m2 | | Mean Gradient: 37 | AR: Trivial | | Peak AV: 400cm/s | SVI: 43mL/m2 |   Tri leaflet aortic valve. Moderately to markedly calcified leaflets. Markedly restricted valve opening on 2D e.g. Clip 33. Doppler data as in table above.  Pressure gradient just at the severe limit. Calculated valve area index within the severe range. Trivial aortic regurgitation within normal limits.  Note: there is a moderate risk of a small heart syndrome and SAM following relief of the aortic valve obstruction. However, not prohibitive. | | | |
| **Angio 07/08/2025:** | | | **ECG:** |
| Mild coronary artery disease | | | Sinus Rhythm |
| **CT TAVI:** | | | |
|  | | | **Appears to be Sievers Type I R/L raphe** |
| **Incidental findings:**  Prominent thyroid/parathyroid tissue involving the left tracheoesophageal groove. Several mildly prominent lymph nodes within the mediastinum and hila with punctate foci of internal calcification involving several lymph nodes. The largest in the subcarinal station measures 14 mm.  Non-specific mild subpleural reticulation in the posterior aspect of both lower lobes.  Bilateral simple renal cortical and parapelvic cysts. There is a small focus of cortical thinning in the upper pole the left kidney. Mild prostatomegaly. |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** |
| MOCA: N/A  Frailty score: 3 |  |  | Hb: 153  Plat: 190  INR: 1.0  Creat: 75  eGFR: 84 |
| **Respiratory** | | | **Cardiothoracic Surgeon:** |
| Dr Hibbert to review CT TAVI re hilar and mediastinal lymphadenopathy and advise further  PFTs as outpatient, repeat CT – timing to be decided after Dr Hibbert reviews. | | | Dr Brereton: Suitable for & would desire salvage.  Worsening AS outside of gradients, but level of stenosis is significant.  I would recommend TAVI sooner rather than later based on remoteness, activity and occupation. |

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