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| **TAVI Workup Summary for**  **Structural Heart MDT** | | | A close up of a logo  Description automatically generated |
| **Referral Date: 19/06/2025** | | | **Structural Physician:**  Dr Hansen – to see in rooms 19/07/2025 |
| Name: Anthony Wadey  45 Congewoi Rd, Mosman, NSW, 2088 | | | Referrer: Prof Vale |
| DOB: 02/02/1936 | | | Contact Details: Wife Sue: 0416 164 976 |
| MRN:  RNSH: 050 18 59 | | | Email: |
| Age: 89 | | | Weight: 68kg  Height 172kg |
| **Past Medical History** | | | **Medications** |
| * Severe symptomatic AS * CAD/IHD * Early onset Alzheimer's dementia – Dr Basci * Ex-Smoker 40yrs * Hypertension * Hyperlipidaemia * CVA; asymptomatic cortical infarction-left cerebellar, right frontal * Carotid disease – bilateral 16-49%, ICA on Doppler 1/2024 * Mild asymptomatic PAD * Possible PFO on TTE 2023 * Prev DVT * Renal cysts on MRI 2010 * Chronic lower back pain – no radiculopathy * Left TKR 2015 * Right TKR 2016 * Right THR 2017 * Mild anaemia | | | Aspirin  Perindopril 5mg OD  Furosemide 40mg OD  Metoprolol 12.5mg OD  Vesicare  Panadol  Donepezil |
| Allergies: Iodine |
| **Social History** | | | **Functional Status & Symptom Burden** |
| Lives in own Mosman home  Married with no children  Retired deck officer | | | SOBOE  Walks on short distances on the flat.  Takes very regular breaks. |
| **Echo:** | | | |
| |  |  | | --- | --- | | LV EF: 60% | AVA: 0.8 | | Peak Gradient: 60 mmHg | AR: mild | | Mean Gradient: 34 mmHg | SVI: 38.8 | | Peak AV: 3.9 m/s | MR: Mild | | Comments: | | | | | |
| **Angio:** | | | **ECG:** |
| Severe AS. Moderate to severe distal RPLB, OM1, D1 disease and moderate LMCA, LAD and distal LAD. | | | Sinus Rhythm |
| **CT TAVI:** | | | |
|  | | | **Access:**  **Valve choice:** |
| **Incidental findings:**  Masslike consolidation within the right upper lobe with surrounding ground glass density could be infective or inflammatory. Progress imaging to complete resolution is recommended. Adjacent pleural thickening and small volume pleural effusion. Non-specific thickening of interlobular septa at the lung bases may indicate underlying interstitial lung abnormality.  Heavy calcification of the internal carotid artery origins with 25-50% stenosis on the right and less than 25% stenosis on the left although the extent of calcium complicates assessment. Carotid duplex could be considered to clarify.  Calcified septated right renal cortical cyst measuring up to 60 mm could be further evaluated with ultrasound. Partially calcified septated renal cortical cyst on the left measuring up to 17 mm.  Mixed plaque in the super mesenteric artery with multiple regions of potential 50-75% narrowing. |
| **MOCA / Clinical Frailty Score** | | | **Bloods:** |
| MOCA: 24/30  Frailty score: 4 |  |  | Hb: 126  Plts: 285  Cre: 115  eGFR: 48  Albumin: 34 |
| **Aged Care:** | | | **Respiratory review** |
| There is not an absolute an absolute contraindication from Aged Care perspective with proceeding with the TAVI once medically stable, however ideally would benefit from respiratory input regarding non-specific CT findings and whether it would contribute to his prognosis. | | | Dr Garrick Don: RUL changes are consistent with CAP despite unusual clinical presentation.  Although improving, should be followed to resolution with a rpt CT chest in 6-8 weeks to exclude underlying lesion given history.  Should also have RFT at some point once pneumonia has resolved.  Providing CT chest clears in 6-8 weeks and RFT negative then do not anticipate any objections to TAVI form resp perspective. |
| **Dr Basci Phone call:** | | |  |
| Happy for concsious sedation. | | |  |

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

Attempted to call 19/06/2025 – VM left

Attempted to call 20/06/2025 – VM left

25/06/25 Discussed with wife, concerns re dementia and anaesthetic. Known to neuro Dr Basci.

18/07/25 Wife called to report uti and perhaps needs to cancel rooms with PH on Saturday. Advised to contact GP re potential UTI. Advised we can bring him into hospital at any point to do TAVI work up and give abx If needed. Advised they call Margaret for room change.