

**Patient:** Castro, Graciela MRS  
**WH UR No.:** 647752 **Admit:** 12/09/2023  
**DOB:** 05/05/1978 **Disch:** 15/09/2023  
**Facility:** WHS Footscray Hospital  
**Attending Physician:** Voskoboinik, Aleksandr -SMO



## Discharge Summary

Document Type: Discharge Summary  
Service Date/Time: 15/09/2023 21:57 AEST  
Result Status: Auth (Verified)

### Admission Information

**Castro, Graciela MRS**  
URN: 647752 DOB: 05/05/1978 Sex: Female  
Home address: 17 The Esplanade, Point Cook 3030, Australia (includes External Territories)  
Home Phone: 0473796994 Mobile Phone: 0473796994  
Unit: Cardiology Treating Clinician: Voskoboinik, Aleksandr - SMO  
Admitted: 12/09/2023 14:01  
Discharge Date: 15/09/2023 16:58:00

### General Practitioner

Name: Sunshine City Medical Centre, Practice Principal  
Address: Sunshine City Medical Centre, 423 Ballarat Road, SUNSHINE, VIC 3020  
Phone: 03 9312 3000 Fax: 03 9311 9999

### Hospital Course

Dear Doctor,

Thank you for your ongoing care of Mrs Graciela Castro, who had admission under Footscray cardiology unit from 12/9/23 to 15/9/23.

### Summary

45F who presented post an episode of ventricular fibrillation which was reverted by her AICD.  
Background of non-ischaemic cardiomyopathy with LVEF 40% on most recent echocardiogram.  
She was commenced on amiodarone to prevent further ventricular arrhythmia.  
MIBI scan was performed and LVEF was found to be 24%.  
CT coronary angiogram was performed due to reduced LVEF and increasing frequency of anginal symptoms, but only mild stenosis of left main coronary artery was found.

### \*\*\*\*\* DISCHARGE PLAN \*\*\*\*\*

Follow-up in electrophysiology clinic (requested)  
Amiodarone 400mg TDS for 1 week, then 200mg TDS for 1 week, then 200mg BD for 1 week, then 200mg daily until EP clinic  
Outpatient TTE prior to EP clinic review (requested)  
Commenced rosuvastatin 40mg daily

### Complications during admission

None

### HOPC

Woke up due to chest pain. After this, experienced tingling/burning sensation on L) upper chest and L) UL. Also sensitive to touch

### Past medical history

non-ischaemic dilated cardiomyopathy  
- Currently does not have cardiologist. Previously known to Dr Chris Neil  
- AICD insertion in October 2020 due to LVEF 26%  
- TTE May 2023: Severely dilated and globular shaped LV with moderately reduced LVEF (~40%). Normal RV size and EF. Mild MR into a mildly dilated LA

### Diagnosis - Principal and Additional

1. VF - Ventricular fibrillation
2. Angina

### Problem List/Past Medical History

#### Ongoing

Heart failure  
Heart failure with reduced ejection fraction  
Infection screening  
Infection screening  
Infection screening  
Infection screening  
Infection screening  
Infection screening  
Infection screening  
Infection screening  
Infection screening  
Mediastinal lymphadenopathy  
Medical - HealthLinks Enrolled  
Syncope  
Tubal ligation done  
Ulnar neuropathy

#### Historical

No qualifying data

### Procedure History

### Allergies and Sensitivities

penicillins (Anaphylactic reaction)  
codeine (Stomach ache)

This record was exported from Western Health's Cerner Millennium Clinical system.

This contains CONFIDENTIAL PATIENT INFORMATION

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## Discharge Summary

lap cholecystectomy  
tubal ligation  
ulnar neuropathy

Substantial cardiac hx on mother's side of the family. Cousins and grandfather had sudden cardiac death in age 40-50s.

### Allergies/ADRs

penicillins (Anaphylactic reaction)  
codeine (Stomach ache)

### Social history

- Lives at home with partner and 4 kids
- Was working in family business
- Independent with ADLs

Smoking: Non-smoker, prev social smoker (1 cigarette every few yrs)  
Alcohol: only 1-2 shots on special occasions  
Recreation drugs: nil in the last 20 years

### Progress during admission

# VF reverted by AICD shock

- Troponin 26
- AICD interrogated: VF
- Commenced on amiodarone 400mg TDS

# Frequent anginal symptoms and declining exercise tolerance

- ECGs: New TWI on V4-6 during 2 episodes of chest pain this admission. Resolved after both episodes
- MBI 14/9: LVEF 24%. Stress testing unable to be performed due to the low LVEF.
- CTCA 15/9: Mild stenosis of left main coronary artery. Otherwise no significant CAD.
- Commenced rosuvastatin 40mg daily due to CTCA result

#Non-ischaemic cardiomyopathy

- unclear etiology
- very occasional smoking, nil EtOH
- Grandfather died from SCD, strong maternal history of death prior age 50s

### Results Review

#### Pathology Results

Test Name	Test Result	Date/Time
Haemoglobin Level (Blood)	134 g/L	15/09/2023 04:58 AEST
White Cell Count (Blood)	8.3	15/09/2023 04:58 AEST
Platelet Count (Blood)	364	15/09/2023 04:58 AEST
Sodium Level (Serum/Plasma)	136 mmol/L	15/09/2023 04:58 AEST
Potassium Level (Serum/Plasma)	4.6 mmol/L	15/09/2023 04:58 AEST
Chloride Level (Serum/Plasma)	101 mmol/L	15/09/2023 04:58 AEST
Bicarbonate Level (Serum/Plasma)	28 mmol/L	15/09/2023 04:58 AEST
Urea Level (Serum/Plasma)	5.0 mmol/L	15/09/2023 04:58 AEST
eGFR (Serum/Plasma/Blood)	59 mL/min/1.73m2 (Low)	15/09/2023 04:58 AEST
Creatinine Level (Serum/Plasma)	99 micromol/L (High)	15/09/2023 04:58 AEST
Albumin Level (Serum/Plasma)	32 g/L (Low)	15/09/2023 04:58 AEST
Calcium Level (Serum/Plasma)	2.22 mmol/L	15/09/2023 04:58 AEST
Calcium Level Corrected (Serum/Plasma)	2.38 mmol/L	15/09/2023 04:58 AEST
Phosphate Level (Serum/Plasma)	1.17 mmol/L	15/09/2023 04:58 AEST
Magnesium Level (Serum/Plasma)	0.91 mmol/L	15/09/2023 04:58 AEST
Thyroxine Free Level (Serum/Plasma)	14.2 pmol/L	14/09/2023 05:34 AEST
TSH Level mol/vol (Serum/Plasma)	1.74 mIU/L	14/09/2023 05:34 AEST

## Discharge Summary

Test Name	Test Result	Date/Time
Troponin I (High Sensitivity) (Ser/Plas)	9 nanogram/L	15/09/2023 04:58 AEST
C-Reactive Protein (Serum)	6 mg/L	12/09/2023 14:48 AEST
Beta HCG Level (Serum)	<2 IU/L	12/09/2023 14:48 AEST

### Radiology Reports

#### Myocardial Rest Only + SPECT (NM) (Verified)

#### REPORT

##### EXAM:

Myocardial Rest Only + SPECT (NM)

##### CLINICAL NOTES:

Exertional chest pain? IHD EF 45 %

##### TECHNIQUE:

SPECT images of myocardial perfusion were obtained at rest and following 318 MBq of 99mTc sestamibi.

##### FINDINGS:

The rest MIBI perfusion study demonstrates diffusely slightly patchy uptake throughout the left ventricle which may be related to the patient's underlying cardiomyopathy. Small area perfusion reduction at the inferior anterior wall, apex and inferior lateral wall is probably artifactual.

No significant perfusion defects seen elsewhere. The resting LVEF is 24%. Stress test was not performed due to low patient LVEF.

##### CONCLUSION:

Resting MIBI study performed demonstrates LVEF of 24%. A stress study was not performed and this was discussed with the referring clinician. [1]

#### Angio Coronary (CT) (Verified)

#### REPORT

\*\*\*\* INTERIM REPORT PENDING REVIEW \*\*\*\*

##### EXAM:

Angio Coronary (CT)

##### CLINICAL NOTES:

45 y/o F presents for assessment of coronary artery disease in the setting of AICD shock and EF of 24%.

##### TECHNIQUE:

A 64-slice ECG-gated CT scan was performed with intravenous contrast using prospective gating. The patient was not pre-treated with sublingual nitrate as apparently has been given some earlier this morning. Data was acquired at a heart rate of 50bpm and was of good quality. The total radiation dose for the procedure was 8.3mSv. DLP 487mGy-cm.

##### FINDINGS:

##### DOMINANCE

The coronary circulation is right dominant.

##### LEFT MAIN CORONARY ARTERY

The LMCA arises from the left coronary sinus of Valsalva in the usual position.

##### LMCA-patent

##### LEFT ANTERIOR DESCENDING ARTERY

## Discharge Summary

Proximal - ...  
Mid-unremarkable  
Distal-unremarkable  
D1-unremarkable  
D2-unremarkable  
LEFT CIRCUMFLEX ARTERY  
Proximal-unremarkable  
OM1-unremarkable  
Distal-unremarkable  
RIGHT CORONARY ARTERY  
The RCA arises from the right coronary sinus of Valsalva in the usual position.  
Proximal-unremarkable  
Mid-unremarkable  
Distal - unremarkable  
PDA - unremarkable  
PLV - unremarkable

### ADDITIONAL CARDIOVASCULAR FINDINGS WITHIN SCANNED SEGMENTS

There is no cardiac chamber enlargement or LVH. No pericardial thickening or effusion.  
The  
scanned segments of the thoracic aorta appear normal. No filling defects are observed within the  
central pulmonary arteries.

### NON-CARDIAC FINDINGS WITHIN SCANNED SEGMENTS

There are enlarged mediastinal lymph nodes. A right paratracheal node now measures 2.2 x 2.3 cm.  
Enlarged subcarinal and bilateral hilar lymph nodes. There is a tiny right middle lobe lateral  
segment pulmonary nodule measuring 0.4 cm.  
An implantable cardiac defibrillator noted in-situ.  
Lungs demonstrate dependent interstitial thickening.

### CONCLUSION:

No significant coronary arterial stenosis appreciated.  
Mediastinal lymphadenopathy with a right paratracheal lymph node measuring up to 2.3 cm.  
Right middle lobe pulmonary nodule measuring 0.4 cm. [2]

### Medication on Discharge

Medicine	Detail
amiODAROne (amiODAROne 200 mg oral tablet)	2 Tablet(s) Oral THREE times a day. 400mg TDS for 1 week then 200mg TDS for 1 week then 200mg BD for 1 week then 200mg daily ongoing. Refills: 0.
ascorbic acid (ascorbic acid 1000 mg oral chewable tablet)	1 Tablet(s) Oral daily. Refills: 0.
bisOPROLOI (bisOPROLOI 10 mg oral tablet)	1 Tablet(s) Oral daily at night. Refills: 0.
colecalfiferol (colecalfiferol 25 mcg (1000 units) oral capsule)	1 Capsule(s) Oral daily. Refills: 0.
dapagliflozin (dapagliflozin 10 mg oral tablet)	1 Tablet(s) Oral daily. Refills: 0.
furosemide (frusemide) (furosemide 40 mg oral tablet)	1 Tablet(s) Oral TWICE a day (morning and midday). Refills: 0.
glyceryl trinitrate (glyceryl trinitrate 400 mcg/dose sublingual spray)	Use ONE spray Sublingual See Instructions as needed chest pain. Repeat every 5 minutes. If pain persists after 2 doses, take a third dose and call an ambulance. Refills: 0.
ivabradine (ivabradine 5 mg oral tablet)	1 Tablet(s) Oral TWICE a day. Take with or after food.. Refills: 0.
magnesium aspartate (magnesium aspartate 500 mg oral tablet)	1 Tablet(s) Oral daily at night. Take with or after food.. Refills: 0.
rosuvastatin (rosuvastatin 40 mg oral tablet)	1 Tablet(s) Oral daily in the evening. Refills: 0.

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Medicine	Detail
sacubitril-valsartan (Entresto 97/103 oral tablet)	1 Tablet(s) Oral TWICE a day. Refills: 0.
spironolactone (spironolactone 25 mg oral tablet)	1 Tablet(s) Oral daily in the morning. Refills: 0.
ubidecarenone (CoQ10 (Blackmores) 75 mg oral capsule)	1 Capsule(s) Oral daily (with or after food).

### Ceased Medications

Medicine	Detail
ondansetron (ondansetron 4 mg oral disintegrating tablet)	1 Tablet(s) Oral TWICE a day as needed nausea / vomiting. Refills: 0.
paracetamol (paracetamol 500 mg oral tablet)	2 Tablet(s) Oral FOUR times a day as needed pain.

### Future Appointments

Appointment Type	When	Where	Contact Information	Status
Upper Gi & General Surgery New	27/09/2023 09:30 AEST	FH ASC PCR Upper Gi Surgical		Booked(Confirmed)
Cardiology MBS Review	03/10/2023 13:30 AEDT	FH ASC L2 Cardiology		Booked(Confirmed)
Heart Failure MBS Review	05/10/2023 10:30 AEDT	SH ASC P2 Cardiology		Booked(Confirmed)

[1] Myocardial Rest Only + SPECT (NM); CONTRIBUTOR\_SYSTEM, WH\_RAD 14/09/2023 10:00 AEST

[2] Angio Coronary (CT); CONTRIBUTOR\_SYSTEM, WH\_RAD 15/09/2023 10:42 AEST

Electronically Signed on 15.09.23 21:57

By: Du, Frank