

[Click here to view the images](#)

Rural Medical Imaging

RMI INNISFAIL-Ph:07 4061 7006
RMI ATHERTON-Ph:07 4091 3377
RMI MAREEBA-Ph:07 4092 3385
RMI INGHAM-Ph:07 4776 2587
RMI TULLY-Ph:07 4068 1977

Referring Practitioner:
Dr Noor AL-OKBI
Innisfail Family Health
Edith St
INNISFAIL QLD 4860

Patient Name:
Christine HALE
41 Bingal Bay,
BINGAL BAY QLD 0
Date of Birth: 07-08-1953 Patient Id: 8058937

Date of Service: 07 November 2022 **Report Date:** 08 November 2022 **Report ID:**
9118303
Radiology Report

Procedure:
Carotid Ultrasound

History:
Transient ischaemic attack for checking the carotid vessels.

Findings:
Both common carotid and internal carotid arteries are patent throughout. There are some prominent calcified atheromatous plaques in the right common carotid artery throughout and at origins of both internal carotid arteries. There are no raised peak systolic velocities seen here or elsewhere to indicate haemodynamically significant stenoses.

Both vertebral arteries are antegrade in flow.

Electronically dictated by: Dr Li Enn Yapp MBBS, FRANZCR on 7/11/2022 10:19 PM
Electronically signed by: Dr Li Enn Yapp MBBS, FRANZCR on 7/11/2022 10:19 PM
Thank you for referring this patient.

Rural Medical Imaging - Innisfail

Document Type: Consultation Note (R SAIREDDY)
Patient: HALE, Christine
DOB: 7/8/53
Reference: DOC11160813736-1232
Date: 16/11/22

Sent From: Ram Saireddy
Sent To: Dr Noor Al-Okbi
Priority: Routine

DOPPLER ECHOCARDIOGRAPHY

NAME: Ms Christine Hale
ADDRESS: 41 Bingil Bay Road
BINGIL BAY QLD 4852
DOB: 7/08/1953 AGE: 69 years SEX: female
Test Date: 10th November, 2022

Referrer: Dr Noor Al-Okbi
Innisfail Family Health
INNISFAIL QLD 4860
Copy to:
File No: 50147

INDICATION: TIA 30/9/22 RHYTHM: Sinus rhythm

IMAGE QUALITY: Adequate BSA (m2): 1.47 Ht 155 Wt 50

LV Outflow Tract 19
LV Diastole (35-56 mm): 43
LV Systole (20-40 mm): 29

M MODE / 2D DIMENSIONS

LV Septum (<11): 8
LV Posterior Wall (<11): 8

Left ventricle: Normal LV size with normal systolic function and normal left ventricular wall thickness. No regional wall motion abnormalities. Averaged global longitudinal strain -18.1% (GE). Diastolic parameters are indeterminate. normal Reduced TDI velocities noted. E/A = 0.7. E/e' = 12

LV Ejection Fraction: 64% by Simpson's biplane method (Normal: 52 - 72 %)

Right ventricle: Appears normal in size with normal systolic function.
TAPSE = 21 mm (normal >17), RV S' = 13 cm/s (normal >9.5)

Left atrium: Mildly dilated. (Volume 41 ml/m², N: <34 ml/m² BSA indexed)

Right atrium: Normal. (Area 12 cm² N: <18 cm²)

Atrial Septal Defect: Aneurysmal inter-atrial septum. No obvious shunt.

Pericardium: No effusion.

Thoracic Aorta: Mildly dilated aortic root and mildly dilated ascending aorta.

Trans-sinus 32 mm,
 22
 mm/m²

Ascending aorta 34 mm,
 23
 mm/m²

Aortic Valve: Native valve. Tri-leaflet. Thickened and calcified leaflets. Mild aortic stenosis.

Doppler mapping: Trivial regurgitation.

LVOT Stroke Vol 51 ml.

Peak Gradient 12 mmHg

Mean Gradient 6 mmHg

Aortic Valve Area 1.52 DPI
 0.5
 N:>0.25

cm²

Mitral Valve: Native valve. Posterior annular calcification.
Doppler mapping: Trivial regurgitation.

Pulmonary Valve: Morphologically normal native valve.
Doppler mapping: No regurgitation

Peak Gradient 3 mmHg

Tricuspid Valve: Morphologically normal native valve.
Doppler mapping: Mild (grade 1/4) regurgitation.

Estimated RA Pressure 3 mmHg

TR Peak velocity 2.2 m/s

Right Ventricular Systolic Pressure 23 mmHg (Normal: <38)

CONCLUSIONS:

1. Normal LV size and systolic function, LVEF 64%, GLS -18.1%.
Normal left ventricular wall thickness
 - a. Indeterminate diastolic function
 - b. No regional wall motion abnormalities
2. The RV appears normal in size and systolic function. Normal estimated right ventricular systolic pressure, 23 mmHg
3. Mildly dilated left atrium
4. AoV a) mild stenosis, EOA 1.52 cm² b) trivial aortic regurgitation
5. Mildly dilated aortic root and ascending aorta
6. Aneurysmal inter-atrial septum, no obvious atrial shunt identified with colour Doppler but not excluded based on TTE

Reported by: Dr Ram Saireddy Study Performed by: Alana Clarke, Cardiac Sonographer ASAR 2534

Powered by Medical Objects

Apollo RIS Patient Id : QXR3947842
Patient Name : HALE CHRISTINE DOB : 07/08/1953 Service Date : 30/11/2022

A .PDF version of this report is available until 30-11-2023. PIN: 8161

MRI BRAIN

Clinical History: Episode of numb left arm/weak left arm and aphasia common lasting 15 minutes a few weeks ago. Then a 2nd episode of left arm weakness. Query TIA? Stroke.

Technique: Whole brain axial FLAIR, DWI, SWAN/SWI, sagittal T2 , axial T1 .

Findings: There is an established focus of right temporoparietal gliosis and encephalomalacia in keeping with an old right middle cerebral artery territory infarcts. There is associated susceptibility artifact at this site consistent with prior microhaemorrhage. Tiny focus of gliosis in the right cerebellar hemisphere in keeping with an old small infarct noted.

There are numerous , non-specific T2 and FLAIR hyperintense foci in the sub-cortical and deep white matter of the cerebrum, most likely representing a moderate load of gliosis due to chronic small vessel ischaemia. There is otherwise normal cerebral and cerebellar grey white matter differentiation and parenchymal signal. No intracranial haemorrhage, collection or mass lesion identified. No intracranial restricted diffusion and no abnormal intracranial susceptibility artifact.

Ventricular size and sulcal pattern are age appropriate. Normal intracranial artery flow voids.

Moderate generalised paranasal sinus inflammatory change with occlusion of the left maxillary sinus noted.

CONCLUSION:

Findings in keeping with old right-sided middle cerebral artery territory and right-sided cerebellar hemisphere infarcts. No acute intracranial ischaemia or acute intracranial haemorrhage detected. Background numerous non-specific T2 and FLAIR hyperintense foci in the sub-cortical and deep white matter of the cerebrum most likely represent a moderate load of gliosis due to chronic small vessel ischaemia.

Dr Frans van Tonder
Queensland X-Ray

CC : Dr Al-Okbi Noor , 74 - 76 Edith Street, Innisfail QLD 4860 /

Patient images can be accessed using the following link:

Click [here](#)

To leave feedback on this report: <https://research.net/r/qldxray>



