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10/10/2021

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NORMAL	<input type="checkbox"/>
INFORMED	<input type="checkbox"/>
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Dear Cheung

Re: Mr Benjamin WALLER D.O.B: 16/11/1996
172 NEVILLE STREET SMITHFIELD NSW 2164 File No: 15781

Thank you very much for asking me to see this 24 year old gentleman for cardiovascular assessment. He has been getting chest pains and palpitations after his first vaccination for corona with the Pfizer vaccine. Apparently he has had a previous echocardiogram, which was reportedly normal. That was three weeks ago. However, chest pain has continued and palpitations are getting worse. He does not smoke and does not drink. Normally he is not on any regular medications. There is a strong family history of ischaemic heart disease.

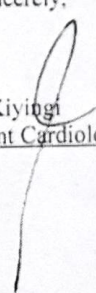
On examination, the blood pressure was 130/75, with no postural drop, chest was clear and heart sounds were dual. The pulse was 88/min, sinus rhythm. All peripheral pulses were present. The JVP was down, carotids were clear and there was no pedal oedema. Abdominal and central nervous systems were normal. There were no localized areas of tenderness over the chest wall. Resting ECG showed sinus rhythm a rate of 88 per minute with non-specific intraventricular conduction delay. 24-hour Holter monitoring was performed. He monitored in sinus rhythm with an average heart rate of 82, minimum 50 and maximum 124. There were very frequent ventricular and supraventricular ectopic beats but no arrhythmias or ischaemic changes were documented. He was symptomatic during the study with chest pains and palpitations.

Ankle Brachial Index (ABI) Doppler physiologic study was performed. The left ABPI was 1.01 mmHg and the right ABPI was 1.03 mmHg. *This gentleman has normal peripheral arterial circulation.* **The detailed measurements and recordings are enclosed for your records.**

Echocardiography with colour flow Doppler mapping was performed. This revealed a normally contracting left ventricle and regional wall motion was normal. The right ventricle was normal in size and function. Intra cardiac chamber sizes were within the normal limits. The left ventricular ejection fraction measured 64 %. There was trivial mitral and tricuspid incompetence. There were no intra-cardiac thrombi seen and no shunts detected on Doppler. There was a trivial pericardial effusion consistent with pericarditis. **The detailed measurements and recordings are enclosed for your records.**

This gentleman has got pericarditis most probably due to the Pfizer vaccine. I have taken the liberty to start him on Colchicine 500 µg BD and Nexium 40 mg nocte. He can use addition of analgesics as required. I would recommend that he should not get the second Pfizer jab until further notice. With your permission, I would like to review him in two weeks' time to assess the response. In the meantime, he should try to stay very well hydrated.

Yours sincerely,


Aggrey Kiyangi
Consultant Cardiologist