Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-C-C140	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-_ROUTINE CHEMISTRY		
Clinical Information:			

Clinical Notes : Myocarditis FI

BIOCHEMISTRY

Date	03/09/20	03/02/22	18/01/23	25/10/23		
Time F-Fast	1002 F	1110 F	0825	1020		
Lab Id.	404752785	405513727	406019679	406488970	Units	Reference
Sodium	139	141	142	142	mmol/L	(135-145)
Potassium	4.1	4.3	4.3	4.9	mmol/L	(3.5-5.5)
Chloride	102	105	105	106	mmol/L	(95-110)
Urea	4.9	6.6	6.7	5.7	mmol/L	(3.0-8.0)
Creatinine	77	74	84	87	umol/L	(60-110)
eGFR	>90	>90	>90	>90	mL/min/1.73m2	(>89)
Bicarbonate	30	31	29	30	mmol/L	(20-32)
Total Bilirubin	14	13			umol/L	(4-20)
ALP	64	64	63	62	U/L	(35-110)
Gamma GT	14	14	14	14	U/L	(5-50)
ALT	41 H	35	24	24	U/L	(5-40)
Total Protein	71	73			g/L	(66-83)
Albumin	42	44			g/L	(36-47)
Globulin	29	29			g/L	(26-41)
Glucose Fast.		4.7	5.2		mmol/L	(<5.5)

Comments on Collection 25/10/23 1020:
Renal Function
Note: eGFR units are mL/min/1.73m2.
If a history of smoking, obesity, diabetes, hypertension, cardiovascular disease, family history of CKD or Aboriginal origin is present, testing for urine albumin:creatinine ratio should be undertaken plus repeat testing in 1 to 2 years.
*Kidney Health Australia (www.kidney.org.au) 2012.

CA

Tests Completed: Renal Function,Electrolytes,C-Reactive Prot., Liver Enzymes,Syphilis,TFT,VIT D (25-OH),HBA1C,FBC, ESR,Rheum. factor Abbott
Tests Pending : ANA,CCP Abs,ANCA,Cardiolipin,.GAMMA
Sample Pending :

142 + 4.9 — 151.9
− 106 + 8.0 — − 136
15.9

ANION

* Mitochondrial Antibodies *

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-C-E022	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-_THYROID FUNCT. TEST		
Clinical Information:			

Clinical Notes : Myocarditis FI

THYROID FUNCTION TESTS

Date	03/09/20	03/02/22	18/01/23	25/10/23		
Time F-Fast	1002 F	1110 F	0825	1020		
Lab Id.	404752785	405513727	406019679	406488970	Units	Reference
TSH.	1.2	1.5	1.1	0.79	mU/L	(0.3-3.5)

CA

Tests Completed: Syphilis,TFT,VIT D (25-OH),HBA1C,FBC,ESR
Tests Pending : Renal Function,Electrolytes,C-Reactive Prot.,
Liver Enzymes,ANA,CCP Abs,ANCA,Rheum. factor Abbott,
Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-C-E424	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	ED-_GLYCOSYLATED HB A1C		
Clinical Information:			

Clinical Notes : Myocarditis FI

GLYCOSYLATED HB A1C

Date	25/10/23		
Time	1020		
Lab Id.	406488970	Units	Reference
HbA1c	5.2	%	(4.0-6.0)
HbA1c (IFCC)	34	mmol/mol	(20-42)

Comments on Collection 25/10/23 1020:
HBA1C
The current acceptable cut-off point for diagnosis of diabetes is an HbA1c level equal to or greater than 6.5% (47 mmol/mol) in patients with a normal red cell turnover. Repeat testing is required to confirm in asymptomatic patients. A diagnosis of diabetes based on a previous elevated fasting glucose(s) or GTT is still valid. Ref: Med J Aust 2012; 197 (4): 220-221

The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.

Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

CA

Tests Completed: HBA1C,FBC
Tests Pending : Renal Function,Electrolytes,C-Reactive Prot.,
Liver Enzymes,Syphilis,TFT,VIT D (25-OH),ESR,ANA,
CCP Abs,ANCA,Rheum. factor Abbott,Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-C-I426	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-RHEUM. FACTOR ABBOTT		
Clinical Information:			

Clinical Notes : Myocarditis FI

Date	25/10/23		
Time	1020		
Lab Id.	406488970	Units	Reference
Rheumatoid Factor	<20	IU/mL	(<30)

Comments on Collection 25/10/23 1020:
Rheum. factor Abbott
NOTE: Change in Reference Interval from 17/2/2020.

CA

Tests Completed: Renal Function,Electrolytes,C-Reactive Prot.,
Liver Enzymes,Syphilis,TFT,VIT D (25-OH),HBA1C,FBC,
ESR,Rheum. factor Abbott
Tests Pending : ANA,CCP Abs,ANCA,Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-R-I917	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-AUTOANTIBODIES		
Clinical Information:			

Clinical Notes : Myocarditis FI

Autoantibodies

Date	25/10/23		
Time	1020		
Lab Id.	406488970	Units	Reference
Cardiolipin IgG.	<1	U/mL	(<20)

Comments on Collection 25/10/23 1020:
Anti-cardiolipin IgG antibodies may be associated with one or more of the following: arterial and/or venous thrombosis, recurrent pregnancy loss, low platelet counts. Some cases are associated with systemic autoimmune disease e.g. SLE. Low level antibodies (<40 IU/mL) are generally of uncertain clinical significance and may occur transiently in some infections. Other tests which may be useful include lupus anticoagulant (additional specimen required) and ANA/ENA/DNA. Test performed by FEIA.

EG

Tests Completed: Renal Function,Electrolytes,C-Reactive Prot., Liver Enzymes,Syphilis,TFT,VIT D (25-OH),HBA1C,FBC, ESR,ANA,CCP Abs,ANCA,Rheum. factor Abbott, Cardiolipin,.GAMMA
Tests Pending :
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-Y-S128	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	O- GAMMA VIRTUAL		
Clinical Information:			

Clinical Notes : Myocarditis FI

Interferon Gamma Release Assay-TB

Date	25/10/23		
Time	1020		
Lab Id.	406488970	Units	Reference
	Negative		
TB Spec Ag (CD4)	0.00	IU/mL	(<0.35)
TB Spec Ag (CD4/CD	0.00	IU/mL	(<0.35)
Mitogen Control	9.97	IU/mL	(>0.49)

Comments on Collection 25/10/23 1020:
No evidence of Latent Tuberculosis infection. A negative QuantiFERON result does not exclude active infection, if clinically suspected submit appropriate samples for AFB culture.

High dose biotin may affect the result(s) obtained by this method. If biotin interference needs to be excluded, please phone our Medical Microbiologist on 92877700 for advice.

QuantiFERON-TB Gold Plus performed by DiaSorin LIAISON XL chemiluminescence immunosassay (CLIA).

Pathologists: Drs L Waring,C Perera,G Robertson

SS

Tests Completed: Renal Function,Electrolytes,C-Reactive Prot., Liver Enzymes,Syphilis,TFT,VIT D (25-OH),HBA1C,FBC, ESR,ANA,CCP Abs,ANCA,Rheum. factor Abbott,.GAMMA
Tests Pending : Cardiolipin
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-R-I902	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE- ANCA		
Clinical Information:			

Clinical Notes : Myocarditis FI

Anti-Neutrophil Cytoplasmic Antibodies (ANCA)

Classical-ANCA (C-ANCA)	<40
Perinuclear-ANCA (P-ANCA)	<40

Comments on Lab Id: 406488970

A negative ANCA does not exclude the presence of a large vessel (e.g. giant cell arteritis, temporal arteritis, Takayasu's arteritis) or medium vessel vasculitis (e.g. polyarteritis nodosa). Up to 5% of patients with Granulomatosis with polyangiitis (previously Wegener's) and other small vessel vasculitides (e.g. microscopic polyarteritis/polyangiitis) will also be ANCA negative. ANCA titres are expressed as a reciprocal of dilution from <40 (negative) to >= 2560 (strongly positive).

SS

Tests Completed: Renal Function,Electrolytes,C-Reactive Prot., Liver Enzymes,Syphilis,TFT,VIT D (25-OH),HBA1C,FBC, ESR,ANA,CCP Abs,ANCA,Rheum. factor Abbott
Tests Pending : Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-I-I008	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-ANTINUCLEAR ANTIBODY		
Clinical Information:			

Clinical Notes : Myocarditis FI

Date	26/09/13	25/10/23		
Time F-Fast	1100 F	1020		
Lab Id.	401078417	406488970	Units	Reference
ANA	Neg <80	Neg <80		

Comments on Collection 25/10/23 1020:
(Screened at a titre of 80)

Occasionally patients with active SLE have a negative ANA.

SM

Tests Completed: Renal Function,Electrolytes,C-Reactive Prot.,
Liver Enzymes,Syphilis,TFT,VIT D (25-OH),HBA1C,FBC,
ESR,ANA,Rheum. factor Abbott
Tests Pending : CCP Abs,ANCA,Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-C-C290	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-C-REACTIVE PROTEIN		
Clinical Information:			

Clinical Notes : Myocarditis FI

Date	02/09/14	18/01/23	25/10/23		
Time	Unkn	0825	1020		
Lab Id.	415909741	406019679	406488970	Units	Reference
CRP	<1	<1	<1	mg/L	(<5)
CA					

Tests Completed: Renal Function,Electrolytes,C-Reactive Prot.,
Liver Enzymes,Syphilis,TFT,VIT D (25-OH),HBA1C,FBC,
ESR,Rheum. factor Abbott
Tests Pending : ANA,CCP Abs,ANCA,Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-S-E140	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-.SEROLOGY		
Clinical Information:			

Clinical Notes : Myocarditis FI

SEROLOGY

Specimen Type:	SERUM
Syphilis Antibody	NON-REACTIVE

Comments on Collection 406488970

No serological evidence of Treponemal infection (syphilis, yaws or pinta). Screening serology may be negative in the early stages of infection. If recent infection is suspected suggest repeat serology in 2-4 weeks.

HA

Tests Completed: Syphilis,TFT,VIT D (25-OH),HBA1C,FBC,ESR
Tests Pending : Renal Function,Electrolytes,C-Reactive Prot., Liver Enzymes,ANA,CCP Abs,ANCA,Rheum. factor Abbott, Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-H-H600	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	ED-.FBE		
Clinical Information:			

Clinical Notes : Myocarditis FI

Date	03/09/20	03/02/22	18/01/23	25/10/23		
Time F-Fast	1002 F	1110 F	0825	1020		
Lab Id.	404752785	405513727	406019679	406488970	Units	Reference
Haemoglobin	153	154	153	163	g/L	(130-175)
HCT	0.47	0.47	0.47	0.49		(0.38-0.50)
MCV	98	98	97	94	fL	(80-100)
WCC	4.1	5.0	4.2	4.4	/nL	(4.0-11.0)
Neutrophils	1.7 L	2.4	2.1	2.1	/nL	(2.0-7.5)
Lymphocytes	2.1	2.2	1.7	1.9	/nL	(1.0-4.0)
Monocytes	0.3	0.3	0.3	0.3	/nL	(0.2-1.0)
Eosinophils	0.0	<0.1	<0.1	<0.1	/nL	(<0.5)
Basophils	0.0	<0.1	<0.1	<0.1	/nL	(<0.3)
Platelets	214	227	207	234	/nL	(150-400)
ESR			3	4	mm/hr	(<10)

Comments on Collection 25/10/23 1020:
Please note from 15/06/2023, the ESR platform has changed.

For patients being clinically monitored with an ESR, recommend establishing a new baseline.
The ESR should not be used as a screening test in individuals with non-specific symptoms. Further clinical guidance can be found in the RCPA document Appropriate Use of Erythrocyte Sedimentation Rate.

HA

Tests Completed: HBA1C,FBC,ESR
Tests Pending : Renal Function,Electrolytes,C-Reactive Prot., Liver Enzymes,Syphilis,TFT,VIT D (25-OH),ANA,CCP Abs, ANCA,Rheum. factor Abbott,Cardiolipin,.GAMMA
Sample Pending :

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK 7175		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	6204031865	**IHI No.:**	
Lab. Reference:	406488970-C-E406	**Provider:**	HOBART PATHOLOGY
Addressee:	DR MICHELE KLOK	**Referred by:**	Dr Michele Klok
Date Requested:	16/10/2023	**Date Performed:**	25/10/2023
Date Collected:	25/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SE-VIT D (25-OH)		
Clinical Information:			

Clinical Notes : Myocarditis FI

Date	26/09/13	26/02/18	03/09/20	25/10/23		
Time F-Fast	1100 F	1315	1002 F	1020		
Lab Id.	401078417	403404487	404752785	406488970	Units	Reference
25-OH Vit.D	92	121	58	117	nmol/L	(>49)

25-OH Vit.D Vitamin D testing is Medicare Rebatable.

Comments on Collection 25/10/23 1020:
VIT D (25-OH)

Vitamin D Status	25-OH Vitamin D nmol/L
Indeterminate	50 - 75
Mild Deficiency	30 - 49
Moderate Deficiency	12.5 - 29
Severe Deficiency	<12.5

Levels apply to testing undertaken at the end of winter.

60% of all Tasmanians presenting for the first time for Vitamin D testing (at the end of winter) show deficiency and on average in any season of the year 44% of Tasmanians are Vitamin D deficient.

CA

Tests Completed: VIT D (25-OH),HBA1C,FBC,ESR
Tests Pending : Renal Function,Electrolytes,C-Reactive Prot., Liver Enzymes,Syphilis,TFT,ANA,CCP Abs,ANCA, Rheum. factor Abbott,Cardiolipin,.GAMMA
Sample Pending :

Hobart Heart Centre
33 Argyle Street
Hobart TAS 7000
Tel: 03 6214 3085
Fax: 03 6214 3092

HOBART HEART CENTRE

Echocardiogram

Patient: GARDNER, Samuel
Patient ID: 104826
DOB: 9/05/1989 (34 yrs)
Sex: Male

Date: 25/10/2023
Ht / wt: 185 cm / 76 kg
BSA: 1.98 BMI: 22.2
HR: 66

Reported by: Dr Andrew Black
Referred by: Dr Michele Klok

Technical Quality: Good

Staff
Cardiac Sonographer Mattson, Ashley (Ms)

Indications
? post vaccine cardiomhyopathy. MRI suggest LVEF 59%

Presenting
Rhythm: Sinus rhythm HR: 66 bpm

MMode / 2D / Doppler

M Mode / 2D		Mitral Valve Doppler		Aortic Valve Doppler	
LV Diastole (42-58)	57.1 mm	E Velocity	0.8 m/sec	LVOT Diameter	2.4 cm
LV diastole /BSA	28.8 mm/m²	Deceleration Time	257 ms	LVOT Integral	17 cm
LV Diastole /Height	30.9 mm/m	A Velocity	0.5 m/sec	LVOT Velocity	1 m/sec
IV Septum (6-10)	8 mm	E:A Ratio	1.5	Peak Velocity	1.2 m/sec
Inferolateral Wall (6-10)	8.9 mm	**Mitral Annular TDI**		Peak Gradient	5.9 mmHg
RWT	0.31 %	Medial E : e'	6.3	LV Stroke Volume	77 mL
Asc Aorta (26-34)	26.2 mm	Lateral E : e'	5.2	LV Stroke Volume /BSA	38.9 mL/m?
LV Mass (2D) (96-200)	182 g	Average E:e'	5.75	Cardiac Output	5 L/min
LV Mass /BSA	91.9 g/m²			**Tricuspid Valve Doppler**	
2D				Peak TR Gradient	12 mmHg
LV EDV (62-150)	84 mL			Peak TR Velocity	1.7 m/sec
LV EDV /BSA	42.4 mL/m²			**Pulmonary Valve Doppler**	
LV ESV (21-61)	30 mL			Max Velocity	1.3 m/sec
LV ESV /BSA	15.2 mL/m²			Max Gradient	6.3 mmHg
EF (mod.Simp) (52-72)	64 %				
Stroke Volume	54 mL				
LV Stroke Volumn /BSA (33 -47)	27.3 mL/m²/ beat				
Cardiac Output	4 L/min				

Aorta

Ascending Diameter 26.2 mm (26-34) **Ascending Diam. /BSA** 13.2 mm/m²

FINDINGS

Atria:
The LA is normal sized (LA volume = 29 mL/m²). The RA is normal sized. RA area = 15 cm². No obvious PFO/ASD via colour Doppler.

Left ventricle:
Normal LV cavity size. Normal relative and absolute wall thickness. Normal systolic function with an estimated LV ejection fraction of 60-65% (Simpson's =64%). GLPS = 20.1%. Normal diastolic function. Average E/e' = 6.

Right ventricle:
Normal RV cavity size (RV basal diameter = 36.2 mm) and systolic function (RVS' = 13 cm/s).

Aortic valve and Aorta:
Structurally normal trileaflet aortic valve with normal leaflet excursion. There is no regurgitation. Normal size aortic root (3.3 cm) and ascending aorta (2.6 cm).

Mitral valve:
Structurally normal mitral valve with trivial mitral regurgitation.

Tricuspid and Pulmonary valves:
Structurally normal tricuspid valve. Trivial regurgitation - incomplete Doppler signal. Peak TR velocity = 1.7 m/s.The estimated

systolic pulmonary pressure of 17 mmHg is normal (assuming RA pressure = 5 mmHg). IVC is dilated (2.6 cm) with reduced collapse - likely normal variant for athletic physique. Pulmonic valve appears normal. Mild flow acceleration in the MPA, peak v ~ 1.2 m/s.

Pericardium:
No pericardial effusion.

CONCLUSION
Normal study.

Distribution

Dr Michele Klok

IMED-RIL 07 01/07/1996
Report Run Number: 1903 Created: 24/09/2023 at 16:44:00
Surgery: IMED- Reports: 24/09/2023 16:44:00 to 24/09/2023 16:44:00

Start Patient: GARDNER, SAMUEL
766 BREAM CREEK ROAD, BREAM CREEK, 7175

Birthdate: 09/05/1989 Age: Sex: M
Telephone:

Your Reference:
Medicare Number: 62040318651
Referred By: PROF DAVID KILPATRICK
Addressee: PROF DAVID KILPATRICK 0379483B

Start of Result:
Requested: 31/08/2023
Collection: 13/09/2023 09:28
Name of Test: MRI CARDIAC
Reported: 24/09/2023 16:43
Confidential: N
Test Category: R

Cardiac MRI Date: 13/9/2023
Patient: Samuel Gardner DOB: 9/5/1989
Ht:183cm Wt:76kg BSA: 1.97

Indication: Covid induced pericarditis/myocarditis?
Clinically improving with mild MR and LA dil.
Protocol: Myocarditis
Patient was scanned on a 3T Siemen's Skyra MRI with use of IV Gadolinium. Patient underwent TRUFI, cine, oedema, T1 mapping, phase contrast and post contrast late Gadolinium imaging.
Anatomy: Normal cardiac position, anatomy and major vascular connections. Single right SVC draining into right atrium. Left sided aortic arch. The ascending aorta measures 27mm (axial-RPA level).
Function: The left ventricle is mildly dilated (LVEDVi 122ml/m2) with mild systolic dysfunction (LVEF 49%) but with hypokinetic mid inferolateral wall (A3C view/SAX) and hypokinetic basal inferoseptum/inferior segments (SAX views, can be normal variant). The Left ventricular wall is normal thickness \R\7mm.
Left Ventricle
EDV 239ml (121-204) EDVi 122ml/m2 (66-101)
ESV 122ml (33-78) ESVi 62ml/m2 (18-39)
SV 117ml (79-135) SVi 60ml/m2 (43-67)
EF 49% (57-75)
Mass 135g (109-185) Mass-i 69g/m2 (59-92)
The right ventricle is mildly dilated (base 47mm) with low normal systolic function with hypokinetic apical free wall (can be normal variant in trabeculated muscle). Valves: No significant mitral regurgitation jet. No significant tricuspid regurgitation jet.

Dilated cardiomyopathy
- Increase in chamber size: ✓
- Thinning of the muscle: X
- Reduction of Systolic function: ✓
- Regional wall motion abnormality: ✓
- Typical Scar pattern seen in DCM - Mid wall scar

Flows:
Ascending aorta net 107ml (forward 107ml, reverse 0ml).
Tissue Characteristics:
Oedema: Nil oedema
T1 mapping: 4C septum 1186ms; lateral 1124ms; 2C anterior 1200ms, inferior 1217ms
SAX Base Anteroseptum 1180ms, inferoseptum 1199ms, inferior 1207ms inferolateral 1178ms; Mid inferoseptum 1182ms, inferolateral 1116ms, anteroseptum 1146ms, anterolateral 1167ms.
Gadolinium: Nil gadolinium enhancement seen within the myocardium.
Conclusion:
1. Mild left and right ventricular dilatation with mild left ventricular systolic dysfunction and low normal right ventricular function.
2. Focal hypokinesis of the mid inferolateral wall with potentially normal variant basal inferoseptum/inferior wall segments.
3. No evidence of oedema, diffuse or focal fibrosis. Without this difficult to make diagnosis of acute nor subacute pericarditis/myocarditis.
Reported: Dr Simon Binny (Cardiologist)

DR SIMON BINNY
End of Report: 62785415

END OF LISTING - Run Number:1903 24/09/2023 16:44:00

Patient Name:	GARDNER, SAMUEL		
Patient Address:	766 BREAM CREEK ROAD, BREAM CREEK TAS		
D.O.B:	9/05/1989	**Gender:**	M
Medicare No.:	62040318651	**IHI No.:**	
Lab. Reference:	15866099	**Provider:**	Regional Imaging
Addressee:	DR MICHELE KLOK	**Referred by:**	PROF DAVID KILPATRICK
Date Requested:	5/07/2023	**Date Performed:**	4/08/2023
Date Collected:	4/08/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	CTCA UNDIAGNOSED CAD		
Clinical Information:			

This report is for: Dr M. Klok
Referred By:
Prof D. Kilpatrick

Copies:
Dr M. Klok

CT CARDIAC ANGIOGRAM 04/08/2023 Reference: 15866099

CT CORONARY ANGIOGRAPHY

CLINICAL NOTES
Continuing chest pain. Normal echo. Normal ECG but ongoing symptoms.
Low risk.

TECHNIQUE
CT examination performed with a 320 slice MDCT scanner.
Oral heart rate control administered prior to the examination in the form of Metoprolol as per standard protocol. Nitrolingual spray administered prior to imaging.
Initial coronary calcium scan was performed followed by prospective ECG triggered CT coronary angiogram.
DLP 137

FINDINGS

Coronary Artery Calcium Results:
The total coronary artery calcium score (Agatston) is 0. This places the patient on the healthiest 75th centile for age and gender.

CTA Findings:
Normal anatomical connections and coronary artery origins in a left dominant circulation.
Satisfactory appearances of the cardiac chambers and valves, pericardium, left atrial appendage, pulmonary artery and veins, IVC, and SVC. Normal aortic root and ascending aorta.

Coronary Artery assessment as follows:

Left main:
Disease-free

LAD:
Disease-free

Circumflex:
Disease-free

RCA:
Disease-free

Extra-cardiac Findings:
None significant

CONCLUSION

Coronary artery calcium score of 0 placing them at the healthiest 75th centile for age and gender.
Disease-free coronary vessels.
SIS score 0.

SCCT Stenosis severity
0% - no visible stenosis
1 - 24%- Minimal stenosis
25 - 49% Mild stenosis
50 - 69% Moderate stenosis
70 - 99% severe stenosis
100% - occluded

Coronary artery calcium scoring should be used as an adjunct to cardiovascular risk factor assessment and allowance made in interpretation in particular for age and gender.

The cardiovascular risk has been shown to increase with the overall burden of plaque, the number of coronary segments involved (SIS) and the involvement of the left main.

High risk plaque features for acute coronary syndrome include: positive remodelling, spotty calcifications, napkin ring sign, low attenuation non-calcified plaque, location in proximal vessel, at bifurcations and with tortuous vessels.

Segmental Involvement Score (SIS): <2: mild; 3-4: moderate; 5-7: severe; >8 extensive.

Radiologist: Dr R. Doolabh
N/A

MB

HOBART CARDIOLOGY
& MEDICAL SPECIALISTS

TRANSTHORACIC ECHOCARDIOGRAM REPORT

Patient Name: **SAM GARDNER** **Date of Exam:** **21/01/2022**
Medical Rec #: 9542
Date of Birth: 9/05/1989 Height: 183.5 cm
Patient Age: 32 years Weight: 76.0 kg
Patient Gender: M BSA: 1.98 m²

Indications: Chest pain post Pfizer vaccination, ? pericarditis.
Sonographer: Mr Kyle Robinson
Referring Phys: Dr Mark Barrenger

2D AND M-MODE MEASUREMENTS:

Left Ventricle: ***Aorta:***
IVSd (2D): 0.68 cm Aortic Root (Mmode): 3.24 cm

LV SYSTOLIC FUNCTION BY 2D PLANIMETRY (MOD):

EF-A4C View: 60.7 % EF-A2C View: 66.5 % EF-Biplane: 62.0 %

LV DIASTOLIC FUNCTION:
MV Peak E: 0.69 m/s Decel Time: 202 msec
MV Peak A: 0.43 m/s
E/A Ratio: 1.60

SPECTRAL DOPPLER ANALYSIS (where applicable):

Mitral Valve:
MV P1/2 Time: 58.55 msec
MV Area, PHT: 3.76 cm²

Aortic Valve:
AoV Max Vel: 1.17 m/s AoV Peak PG: 5.5 mmHg AoV Mean PG: 2.7 mmHg
LVOT Vmax: 0.96 m/s LVOT VTI: 0.184 m LVOT Diameter: 2.38 cm
AoV Area, Vmax: 3.64 cm² AoV Area, VTI: 3.48 cm² AoV Area, Vmn: 3.54 cm²

Tricuspid Valve and PA/RV Systolic Pressure:
TR Max Velocity: 1.96 m/s RA Pressure: 8 mmHg RVSP/PASP: 23.3 mmHg

PHYSICIAN INTERPRETATION:

Left Ventricle: Normal left ventricular size and wall thicknesses, with normal systolic and diastolic function.
Right Ventricle: Normal right ventricular size, wall thickness, and systolic function.
Left Atrium: The left atrium is dilated. LA = 23cm2 or 42ml/m2.
Right Atrium: The right atrium is normal in size and structure.
Mitral Valve: Mild mitral valve regurgitation is seen. The MR jet is posteriorly-directed. Elongated anterior leaflet and shortened posterior leaflet (normal variant). Good leaflet excursion.
Tricuspid Valve: The tricuspid valve is normal in structure. Trace tricuspid regurgitation is visualized.
Aortic Valve: The aortic valve is trileaflet and structurally normal, with normal leaflet excursion; without any evidence of aortic stenosis or insufficiency.
Pulmonic Valve: Structurally normal pulmonic valve, with normal leaflet excursion.
Aorta: The aortic root, ascending aorta and aortic arch are all structurally normal, with no evidence of dilitation or obstruction.

Final

Summary:

1. **Normal left ventricular size and wall thicknesses, with normal systolic and diastolic function.**
2. **Normal right ventricular size and systolic function.**
3. **Normal RVSP of ~23mmHg.**
4. **Dilated left atrium.**
5. **Mild mitral regurgitation.**
6. **No pericardial effusion.**

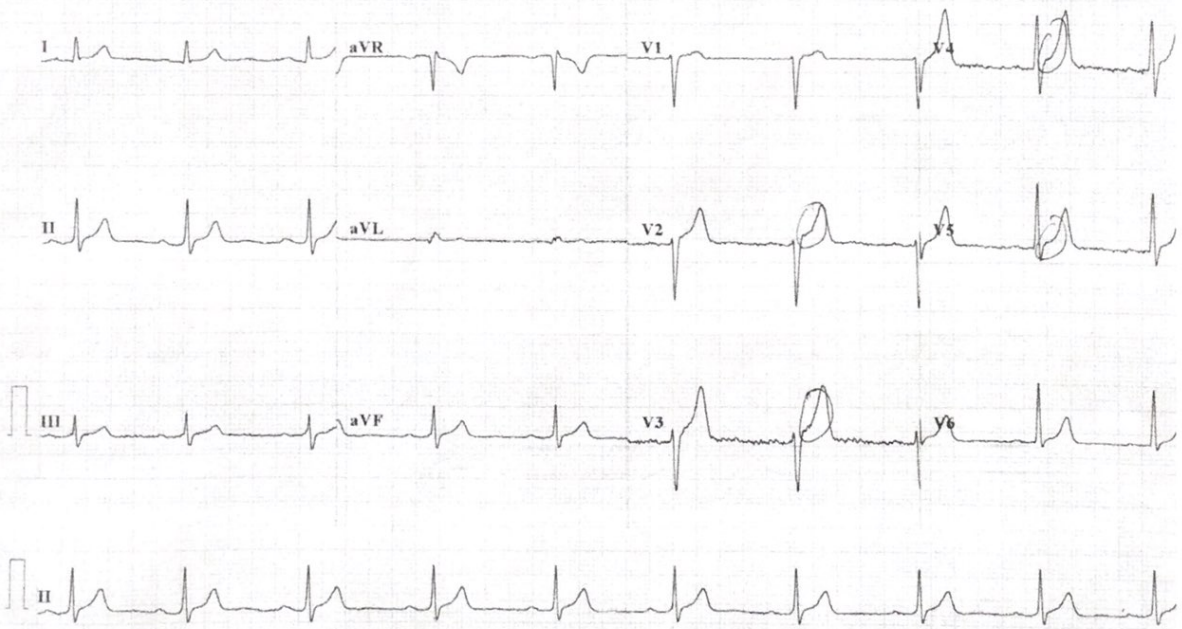
Dr Michael Coombes
Electronically signed by Dr Michael Coombes
Signature Date/Time: 21/01/2022/5:57:49 PM

24-12-2021 08:00:29

ID	: 0			HR	: 58 BPM	Diagnosis Information:	
Name	: Samuel,Gardner			P Dur	: 117 ms	811: Sinus Bradycardia	
D.O.B	: 09/05/1989	Age	: 32 Years	PR int	: 210 ms	***Normal ECG***	
Gender	: Male	Weight	: kg	QRS Dur	: 105 ms		
BP	: / mmHg	Pacemaker	: No	QT/QTC int	: 372/367 ms		
				P/QRS/T axis	: 38/39/57 °		
				RV5/SV1 amp	: 1.401/1.070 mV		
				RV5+SV1 amp	: 2.471 mV		
				RV6/SV2 amp	: 1.256/1.262 mV		

?pericard
24/12
08

Technician :
Report Confirmed by:



0.5~25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r Sorell Family Practice Ph 0362652341 SE-12 V1.81 SEMIP V1.5