

Monday, 3rd June 2024

Dr Maureen BUSUTTIL (previous clinic)
Bayside Family Medical & Musculoskeletal Practice
GLENELG SA 5045 Fax: (08) 8295 6808

Dear Maureen,

RE: Mr Muris Boric DOB: 11/11/1985
5 Welsh Crescent, PARA HILLS SA 5096 Medicare no. 5128 44161 5/1 Mobile 0422349123

I was very pleased to review Mr. Muris Boric once again by telehealth today. Overall, I would say he is doing quite well, with a reduced frequency of the chest burning/pressure, which he now associates with his pattern of symptoms for chronic pericarditis. He recently had an echocardiogram, which did not demonstrate any abnormalities of the myocardium or pericardium. In particular, there was no evidence of constrictive pericarditis, which rarely can be a concern in the long term following pericarditis, either acute or chronic.

He is unfortunately not able to cycle energetically at the present time. His exercise is therefore restricted to walking. If he pushes himself a little too much, he notes he is much more likely to get chest burning in the days following, which is also more severe.

He has preferred a regime of supplements and complementary medicines over the past 12 months or so, as directed by other clinicians. Interestingly, colchicine was effective at reducing pain earlier, but after a prolonged course, i.e. over 3 months, he tended to experience GI upset. Hence, he is not taking colchicine, which is otherwise considered first line for pericarditis, but could utilise it in future if a reactivation occurs.

Overall, Muris is very much better adjusted and continues to work part time with SA Health. He is supported by work and is also seeking to obtain compensation via the Commonwealth's COVID-19 vaccine injury scheme. I notice he has had the support of Guardian Law and his general practitioner. He submitted my previous letter to the scheme, I understand.

It may be helpful for me to explain my position with regard to his diagnosis, particularly my sense with regard to an etiological diagnosis. I understand his previous cardiologist supported the idea that the trigger for his pericarditis was the Moderna vaccine he received on the first of November 2021. The symptoms occurred in a suitably short time window to be considered compatible with the diagnosis of pericarditis, congruent with the understanding of the ATAGI/CSANZ guidelines or guidance for myocarditis and pericarditis related to immunisation. In terms of criteria, I would suppose his case to be a definitive case, i.e. 'level 1 pericarditis' by the SPEAC-Bryton collaboration guidance [version 1.0, 13th May 2022]. He had evidence of an abnormal fluid collection in the pericardial space by echo [Criterion F] as well as specific ECG abnormalities [Criterion E], together with typical symptoms [Criterion A]. In regards to the WHO causality assessment classification for adverse events following immunisation [AEFI], I would consider his case consistent with a causal association to immunisation and given that this particular vaccine product-related reaction is well established in published literature, I would classify his case as A1. I would be happy to provide further information in this regard should the need arise.

Kind Regards



Dr Christopher Neil

All referrals/enquiries info@heartwise.me

cc:

Mona Kaur

Mr Muris Boric, 5 Welsh Crescent, PARA HILLS SA 5096

Head Office

Suite 10, 57 – 59 Anzac Highway
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Status:Finalized Revised Rev.1

Transthoracic echocardiogram report

DEMOGRAPHICS

Start date time: 3/05/2024 1:32 PM

Patient name:	Boric Muris Mr	Gender:	Male
Patient ID:	499645	BSA:	2 m ²
Date of birth:	11/11/1985	Weight:	80 kg
Age:	38 year(s)		
Height:	180 cm		
Consent obtained:	Yes, verbal consent		

Reporting Cardiologist:Jonathan Cherry

Sonographer: C Tabuena
M Giang

Procedure Information

Accession no:	2679481	Study location:	Modbury
Start date time:	3/05/2024 1:32 PM	Technical quality:	Fair
Rhythm:	Sinus rhythm		

Indications

Pericarditis.

Additional Indications

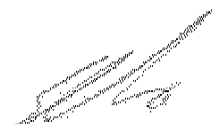
Chronic pericarditis ? left ventricular size and function, exclude constriction.

Conclusions

Summary:

1. Normal left ventricular size and systolic function. LVEF 61 %
2. Mild mitral regurgitation
3. Normal right ventricular size and function

Comment: No evidence of constrictive pericarditis, no pericardial effusion evident



Electronically signed by Jonathan Cherry (Reporting Cardiologist) on 3/05/2024 at 4:31 PM

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Findings

Left Ventricle:	Normal left ventricular size and systolic function. Biplane Simpson's EF = 61 %. Global longitudinal strain (average) = -19 (TOMTEC). Normal left ventricular wall thickness. Normal diastolic function.
Left Atrium:	Normal left atrial size for BSA. LA area 15.4 cm ² , LA volume 45.2 ml, LA volume indexed 22.6 ml/m ² .
Aortic Valve:	Aortic valve is trileaflet, opens well. No significant aortic regurgitation detected.
Aorta:	Normal aortic root, proximal ascending aorta, aortic arch and proximal descending aorta size.
Mitral Valve:	Mildly thickened, mobile mitral valve leaflets. Mild mitral regurgitation.
Right Ventricle:	Normal right ventricular size and function. Trivial tricuspid regurgitation. Unable to estimate right ventricular systolic pressure. Normal inferior vena cava.
Right Atrium:	Normal right atrial size (right atrial area = 12.6 cm ²).
Pericardium & Pleura:	No pericardial effusion.

Left Ventricle

LVIDD:	5 cm	LVIDS:	3.1 cm
LVIDD index:	2.5 cm/m ²	LVIDS index:	1.6 cm/m ²
IVSd:	0.9 cm	FS:	38 %
PWd:	1 cm		
LV mass (linear):	167 g		
LV mass Index:	83.6 g/m ²		
EF (Teich):	68 %		
LVEDV (Teich):	117.7 ml		
LVESV (Teich):	37.9 ml		

LV Ejection Fraction - Simpson

EF (Biplane):	61 %	LVEDVI (Biplane):	53.2 ml/m ²
EF (A4C):	57 %	LVEDV (Biplane):	106.2 ml
EF (A2C):	65 %	LVESV (Biplane):	41.8 ml

LV Diastolic Function

E' Septal velocity:	10.9 cm/s	E' Lateral velocity:	12.2 cm/s
E/E' Septal:	5.6	E/E' Lateral:	5
E/E' Average:	5.3		

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Left Atrium

LA major dim (A4C):	5.2 cm
LA area (A4C):	15.4 cm ²
LA volume (BP):	45.2 ml
LA volume (BP) Index:	22.6 ml/m ²

Right Atrium

RA area (A4C):	12.6 cm ²	RA volume (A4C):	30.2 ml
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Aortic Valve

Peak velocity:	117.6 cm/s	Peak gradient:	5.5 mmHg
Mean velocity:	84.5 cm/s	Mean gradient:	3.1 mmHg
Area (Cont VTI):	3.9 cm ²	AV VTI:	22.5 cm
Area (Cont VTI) Index:	1.9 cm ² /m ²	Dimensionless Index:	0.82

LVOT

LVOT diameter:	2.5 cm	LVOT VTI:	18.4 cm
Peak velocity:	99 cm/s	Peak gradient:	3.9 mmHg
		Mean gradient:	2.1 mmHg

Aorta

Aortic root (2D):	3.6 cm
Ascending Ao (prox):	2.97 cm

Mitral Valve

Peak E-wave:	61.1 cm/s	Peak A-wave:	50.4 cm/s
Deceleration time:	201 ms	E/A ratio:	1.2