

# Dr Patrick Diu

M.B.B.S, F.R.A.C.P

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Provider No. 227637EJ

December 10, 2021

Dr Natalia CARTER  
Blackbutt Doctors Surgery  
Level 1/58 Orchardtown Rd  
New Lambton NSW 2305

Dear Natalia

**Re: Mrs Rebecca FRANCIS                      D.O.B: 06/01/86**  
**34 Dudley Road, CHARLESTOWN NSW 2290**

Many thanks for referring Mrs Francis with recurrent chest pain.

**Background:** 1). Recurrent chest pain, exertional dyspnoea ~ 12 weeks. ?pericarditis after Pfizer CoVID vaccination early Sep 2021 2). Vascular risks - Non-smoker. Alcohol intake 2 bottles of wine/week. No family history of IHD. 3). Gallstones 4). Pyelonephritis May 2021. 5). Appendicectomy 6). Works as a general manager of 5 chiropractic clinics. Lives with her husband, has 2 sons.

**Medications:** Colchicine 0.5 mg BD, Levlen ED 1 daily, Lexapro 10 mg 1/2 daily.

Mrs Francis has had some chest pain and exertional dyspnoea over the last 12 weeks. The chest pain has involved area under her left breast, a fairly constant pain, felt like a "spasm in the chest". She has reported dyspnoea when having longer conversations and has had exertional dyspnoea after walking about 30 minutes at a moderate pace. She has had Pfizer CoVID19 vaccinations in early September 2021 and recalled developing some chest heaviness, a tight squeezing sensation and dyspnoea the following day. She has had further squeezing sensation in the left anterior chest about 4 days later which can last on and off for about 20 minutes. This was thought to be related to mild pericarditis and she was given treatment of Nurofen and Paracetamol for about 6 weeks. She has had 4 hospital visits, 3 presentations to John Hunter hospital and one to Lake Macquarie Private Hospital for her recurrent chest pain. Her chest pain increases when lying supine or on her left side and improves when sitting up. She has been less physically active with her recurrent chest pain and has gained about 9 kg of weight. She has recently weighed 71 kg.

She has smoked only briefly as a teenager and drinks about 2 bottles of wine a week. She has no history of hypertension, dyslipidaemia or diabetes. She has no family history of ischaemic heart disease.

Her recent echocardiogram in December 2021 showed a normal size left ventricle with normal systolic function (EF 61%) Lower atrium was mildly dilated and there was mild mitral regurgitation. There was no pericardial effusion.

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**Re: Mrs Rebecca FRANCIS                      D.O.B: 06/01/86**  
**34 Dudley Road, CHARLESTOWN NSW 2290**

Blood pressure today was 113/70 with regular heart rate of 95. Heart sounds were dual with no murmurs or pericardial rub. She had no signs of heart failure.

ECG today showed sinus rhythm (95 bpm) and was within normal limits.

Mrs Francis has had chest pain suggestive of possible pericarditis after her CoVID vaccination. I have added Colchicine 0.5 mg BD for 3 months to manage this. I plan to see her again in 3 months.

Warm regards

A handwritten signature in black ink, appearing to read 'Patrick Diu'. The signature is written in a cursive, flowing style with a large initial 'P'.

**Dr Patrick Diu**