

30/9/2024

Dr. S. L. Lo

MBBS FRACGP
0120691L
ABN: 59 120 736 751

Consulting at Florey Medical

Room No.4
19-21 Kesteven Street, Florey ACT, 2615
Ph: (02) 6259 1444
Fax: (02) 6259 2027

Dear Dr Chri Neil
Melbourne,

Re: Mr Rado Faletic
11/2/1976
11 Diggles Street
PAGE ACT 2614
0414778087
0414778087

Thank you for seeing Rado Faletic, age 48yrs 7mths, whom I consulted today. I reprint for your information my history and examination findings - together with relevant past history, allergies, and current medications. Reason for referral: Vax injury ? pericarditis /myocarditis. SOB OE. Kindly r/v.

Past History:

Date	Condition
18 September 2016	Fatty liver
27 April 2017	Gastroscopy showed oesophagitis, gastritis, apthous ulcer,
18 July 2019	Hypertension
13 July 2020	Sleep Apnoea - Managed Non-Surgically
22 June 2022	vaccine injury

Allergies:

PENICILLINS

Current Medications:

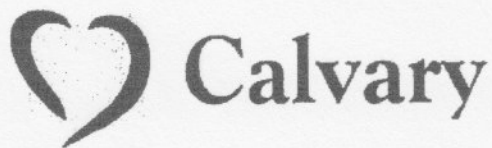
Drug Name	Strength	Dosage	Reason	Last script
CIALIS Tablet (Tadalafil)	5mg	1 2x a wk		12/02/2024
FLIXOTIDE CFC-FREE Inhaler (Fluticasone propionate)	125mcg/actuation	2 puffs b.d. m.d.u.		18/01/2021
NIZATIDINE Capsule (Nizatidine)	150mg	1 daily		05/07/2024
PERINDOPRIL ARGININE/AMLODIPINE Tablet (Perindopril arginine/Amlodipine)	10mg/5mg	1 daily		05/07/2024

Results:

Thank you for your care and assistance. I look forward to hearing the outcome.

Yours sincerely,

Dr. S. L. Lo
MBBS FRACGP
0120691L



ACT HEALTH - Calvary Hospital
Department of Radiology
Phone: (02) 6201 6146 Fax: (02) 6201 6145

Patient Name:	FALETIC, RADO	MRN #:	19186684
DOB:	11/02/1976	Admission #:	90566539
SEX:	Male	Pt. Class:	Outpatient
Ward/Room #:		Exam Ordered Date:	22/12/2021 16:28
Referring Dr:	STAPLETON, STUART	Accession #:	10680189

Doppler

PV Vmax	1.04 m/s	AV VTI	28.4 cm	MVA (PHT)	4.31 cm ²
PV PGmax	4.33 mm Hg	AV Vmax	1.22 m/s		
LVOT Vmax	0.92 m/s	AV PGmax	5.95 mm Hg		
LVOT PGmax	3.36 mm Hg	AV PGmean	4.00 mm Hg		
LVOT VTI	18.8 cm	AVA (Vmax)	3.40 cm ²	(3.00-4.00)	

Aorta

2D

Ao diam systole	3.40 cm	Ao Arch diam	3.00 cm	Ao Arch diam I	1.37 cm/m ²
Ao Asc diam	3.10 cm	Ao Asc diam I	1.41 cm/m ²	(1.10-1.90)	

MMode

Ao diam systole	3.00 cm	LA diam systole	4.50 cm	AO/LA systole	0.67
LA/AO systole	1.50	LA diam systole Index	2.05 cm/m ²		

Diastolic Function

MV E Vel	0.76 m/s	E'(l)	12.10 cm/s	(11.50-20.70)	IVRT	85 ms	(60-88)
MV A Vel	0.64 m/s	E/E'(l)	5.41				
MV E/A	1.22						
MV Dec. Time	175 ms						

Left Ventricle

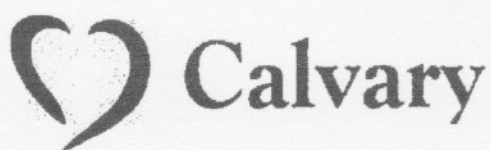
The left ventricle is mildly dilated. Normal left ventricular wall thickness. The estimated ejection fraction is 55-60%. Global LV systolic function within the lower limits of normal. GLS -16.2%.

Left Atrium

The left atrium cavity size is normal.

Right Atrium

The right atrium cavity size is normal.



ACT HEALTH - Calvary Hospital
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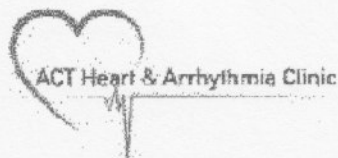
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DOB: 11/02/1976 Admission #: 90566539
SEX: Male Pt. Class: Outpatient
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Referring Dr: STAPLETON, STUART Accession #: 10680189

Summary

- Left Ventricle: The left ventricle is mildly dilated. The left ventricular wall thickness is normal. The estimated ejection fraction is 55-60%. Global LV systolic function within the lower limits of normal. GLS -16.2%.
- Left Atrium: The left atrium is normal in size.
- Right Atrium: The right atrium is normal in size.
- Right Ventricle: There is borderline dilation of the right ventricle. Normal systolic function is visualized.
- Aortic Valve: The aortic valve is trileaflet and appears structurally normal. There is no aortic stenosis or regurgitation present.
- Mitral Valve: The mitral valve appears normal in structure and function. Trace amount of mitral regurgitation.
- Tricuspid Valve: The tricuspid valve appears normal in structure and function. Trace amount of tricuspid regurgitation.
- Pulmonic Valve: The pulmonic valve appears normal in structure and function. Trace amount of pulmonic regurgitation is visualized.
- Aorta: There is a normal size of aorta, normal ascending aorta and aortic arch.
- IVC/Hepatic Veins: The inferior vena cava is normal.
- Shunt: There is no evidence of patent foramen ovale shunting.
- Conclusion: Mildly dilated LV but overall LV systolic function preserved with LVEF approx 55%. Normal RV systolic function. No significant valvular dysfunction..

2D and MMode

EF (Simpson BP)	56.5 %	(52.0-72.0)	FS	27.4 %		LA Vol (BP)	55.7 ml	
EDV	179.0 ml	↑ (52.0-150.0)	IVSd	0.80 cm	(0.60-1.00)	LA VolI (BP)	25.42 ml/m ²	(16.00-34.00)
EDVI	81.68 ml/m ²	↑ (34.00-74.00)	LVPWd	0.80 cm	(0.60-1.00)	RVIDd	1.78 cm	
ESV	77.8 ml	↑ (21.0-61.0)	LV Mass-c	197 g	(88-224)	TAPSE	2.47 cm	(≥1.70)
ESVI	35.50 ml/m ²	↑ (11.00-31.00)	LV MassI	90.0 g/m ²	(49.0-115.0)			
LVIDd	6.20 cm	↑ (4.20-5.80)	LVOT diam	2.40 cm				
LVIDd I	2.83 cm/m ²	(2.20-3.00)	Ao Asc diam	3.10 cm	(2.20-3.80)			
LVIDs	4.50 cm	↑ (2.50-4.00)						



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Suite 22, 40 Mary Potter Circuit, Bruce ACT 2017
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ECHOCARDIOGRAM REPORT

Mr Rado Faletic

11 Diggles Street PAGE 2614

DOB: 11/02/1976 Age: 46 years Sex: male

15/07/2022

Dr Nadia Laeeq
Florey Medical Centre*
19/21 Kesteven Street,
FLOREY ACT 2615 Fax: 6259 2027

Dear Nadia

Mr Rado Faletic Returned for an echocardiogram & 2 days Holter.

Indication: Chest pain

Rhythm: Images: BSA: 2.1 Ht: 182

LV	Aortic Valve	Mitral Valve	Diastology
LVIDd: 5.50 cm	LVOT Vmax: 1.13 m/s	MV MG: -	E' sept: 0.07 m/s
LVIDs: 4.30 cm	LVOT VTI: 24.6 cm	PHT: 42 ms	E' lateral: 0.09 m/s
IVSWd: 0.80 cm	AV Vmax: 1.23 m/s	MVA (PHT): 5.2 cm ²	E/E': 6.8
LVPWd: 0.80 cm	AV PG: 6 mm[Hg]	E vel: 0.52 m/s	PVein s: -
LVMI: 75.5 g/m ²	AV MG: 4 mm[Hg]	Decel time: 143 ms	PVein d: -
RWT: 0.291	DPI: 0.92	A vel: 0.52 m/s	RVS': 0.12 m/s
EF Biplane: 54.1 %	AV VTI: -	E/A: 1	
Chamber size	Aorta	Tricuspid Valve	Pulmonary Valve
RV base: 3.2 cm	LVOT Diam: 2.1 cm	TR Vmax: 2.27 m/s	PV Vmax: 0.95 m/s
LA Area: 20.9 cm ²	Ao Diam: 2.7 cm	TR PG: 21 mm[Hg]	PV PG: 4 mm[Hg]
LA Vol Ind: 28.9 ml/m ²	Asc Aorta: 3.0 cm	RAP: -	Qp:Qs: -
RA Area: 18.6 cm ²		RVSP: -	
RA Vol Ind: 26.7 ml/m ²			

CARDIAC CHAMBER and VALVES:

Left Ventricle: (LVEDV ~ 58ml/m²) and normal systolic function.

Right Ventricle: normal systolic function.

Left Atrium:

Right Atrium:

Pericardium:

Mitral Valve: , Trace MR.

Aortic Valve: Trileaflet with normal function.

Tricuspid Valve: , Trace TR.

Pulmonary Valve:

CONCLUSIONS:

1. Normal LV size with normal systolic function (LVEF ~ 65%).
2. Intact atrial septum.
3. Normal RV size with normal systolic function.
4. Trivial MR. Trivial TR.

RECOMMENDATIONS:

2 days Holter: SR, AEB's & VEB's. Stop Colgout. See in 1-2 months.

Thank you once again for referring Mr Rado Faletic

Yours sincerely,

...2...

Cardiologist: Dr Chris Hii

Ultrasonographer: Madhu Priya