

Dr Sue-Ling Ching

Cardiologist and Device Specialist

MBBS, FRACP, FCSANZ
246535QH

Luminus Suites

Main Rooms
58A Whitehorse Road
Deepdene 3103

Knox Private Hospital

Suite 8B
262 Mountain Hwy
Wantirna 3152

All correspondence and bookings to: T 9021 0855

F 9021 0868

reception@scardiology.com.au



Cardiologist

02/12/2024

Dr Fook Yen Chin

Doctors On Demand

Level 2, 39 Grey Street

SOUTH BRISBANE QLD 4101

Dear Fook Yen,

RE: Ms Ling Ho DOB: 27/04/1945
PO Box 11, SURREY HILLS VIC 3127

PLEASE NOTE: From June 2024, my new HealthLink EDI address is (drsching) - If you could please update your health directory accordingly.

I spoke to Ms Ho, 79 years, who presents with a history of mitral valve repair and Atrial Fibrillation. She attends with her daughter Su.

Social history: from Ipoh Malaysia. Teacher with lots of postings around Malaysia. Lived in KL. Husband worked with F&N soft-drinks. Moved to Australia 2022 and applied for PR, now temporary visa. Lives with daughter Su Lyn. Non smoker. No ETOH.

Past history:

1. Mitral valve repair - 1996 (in 50s)
 1. ? rheumatic fever as a child
 2. serial reviews with eventual need for surgery - severe MR due to prolapsed A1/P1
 3. annual review
 4. on xarelto (never warfarin)
2. Atrial Fibrillation
 1. ~ ? known AF 2016/208 and was on xarelto
 2. 4/2022 - admission with breathlessness and chest pressure, and palpitations
 3. rate controlled with metoprolol and xarelto
 4. previous episodes of fast HR up to 200
3. prior vaginal bleeding on Xarelto (Self-stopped previously)
4. Hypertension (a degree of white coat)
 1. at home readings 149/90-100 in the mornings then settles to 130/-
5. Previous hyperkalemia requiring hospitalisation
6. ECHO (Genesis Care) 05/01/2023: Mild LV systolic dysfunction EF 40%, increased LV wall thickness. Enlarged LA. Satisfactory MV repair. Dilated Aortic Root (42mm).
7. ECG (DP) 29/04/2022: Atrial fibrillation. Q in anteroseptal leads. Old anteroseptal myocardial infarction. Inferior and lateral ST-T abnormality. This abnormality may be due to hypertrophy and/or ischemia.
8. Path DP: UEC 10/2022
9. ECG 1/3/23: Coarse AF with ventricular rate 92 bpm, nil else.
10. ECG 4/12/23: Coarse AF with ventricular rate 8-115 bpm, nil else.
11. Last K 5.2 Cr 86
12. ECG 20/12/23: AF with rate control 80 bpm.
13. Bloods QML 27/6/24: Na 138 K5.7H Ur 10.5 H Cr 101 eGFR 46 FBE WNL TSH/Vit D Normal, B12/folate HbA1c Normal, Iron studies normal Ferritin 78, Mg 1.0 normal.
14. ECHO (HW) 08/07/2024: Normal left ventricular size and wall thickness. Mildly impaired LV ejection fraction (LVEF = 43 +/- 5%) with no obvious regional wall motion abnormalities. Indeterminate diastolic indices due to mitral valve repair. Dilated right ventricular size with impaired contraction (TAPSE = 14 mm, RVS' = 9 cm/s). Severely dilated left atrium (LAVI = 133 ml/m²). Intact interatrial septum with no colour Doppler evidence of an interatrial shunt. Normal sized right atrium. Dilated IVC diameter with normal inspiratory collapse. Trileaflet aortic valve with unrestricted opening. Mild aortic regurgitation. Normal sized aortic root (?dilated NCC sinus) and proximal ascending aorta.

Normal flow in the descending thoracic aorta. Mitral annular ring insitu with fixed posterior leaflet and mobile anterior mitral valve leaflet. MG 3 mmHg. MVA (VTI) ~ 2.0 cm². Trivial regurgitation seen. Normal tricuspid valve with mild regurgitation. Normal estimated pulmonary artery systolic pressure. Unremarkable pulmonary valve. Trivial pulmonary regurgitation. Normal pericardium. **Conclusions**

Normal LV size with mild global systolic dysfunction. Severely dilated left atrium. Previous mitral repair with trivial regurgitation. Mild aortic regurgitation.

15. ECG 8/7/24: Atrial fibrillation with ventricular response 74 bpm.

Medications: xarelto 20mg, bisoprolol 10mg 1/2 mane, entresto 24/26 mane - prefers mane vs nocte as felt unwell (care in increasing due to hyperkalaemia)

Adverse drug reactions: Benadryl, Flu vaccines, Penicillins, Salicylates. ACEI ? rash.

She has been a bit imbalanced when walking.

Sitting BP 103/69 HR 90

then standing BP 104/59 HR 93

ECG 2/12/24: AF with rates 70-118



Impression:

1. AF - rate controlled.
2. satisfactory MV repair
3. mild LV dysfunction (concerns re: UTI/dysuria with jardiance).

Plan:

1. stepwise changes
 1. consider ceasing entresto and observe
 2. continue xarelto and bisoprolol - consider ? changing to nighttime
2. review in 6 months.
3. If you or any associated medical practitioners have any queries, feel free to contact me.

Kind Regards,



Dr Sue-Ling Ching

PLEASE NOTE: From June 2024, my new HealthLink EDI address is (drsching) - If you could please update your health directory accordingly.