

# Prahran East Medical Centre

400 High St, Prahran East 3181 Ph: 9510-8888 Fax: 9510-2666

**Dr Martin Williams**

MBBS FRACGP DRANZCOG

Prov. No. 214388QT

19th December 2024

Prof Peter Kistler  
Suite 12, 183 Wattletree Rd  
Cabrini Private Consulting Suites  
MALVERN VIC 3144  
Tel: 9500 0296  
E-mail: reception@melbourneheart.com.au  
Fax: 9500 1464

Dear Peter,

**Re: Mrs Tiffany Frandsen**  
2/19 Willis Street  
ARMADALE 3143  
Tel.; Mb: 0409503066  
DOB: 9/2/1974  
Medicare: 4231 81117 7 / 4

Thankyou for seeing Tiffany, who is 50yrs 10mths, for opinion and management.

## Presenting Problem:

Cardiac symptoms since Covid vaccine in 2021. Abnormal stress echo. Halter result pending.

Please see the relevant notes/tests/reports I've included for more information.

## Past History:

### Active:

Date	Condition -- Comment
1985	ADHD (attention deficit - hyperactivity disorder) - never medication

### Inactive:

Date	Condition -- Comment
1978	Grommets, Ts& As
2005	Lletz - CIN 2
2023	Meniscal debridement L knee - Alfred, assoc OA

## Drug Allergies/ADR:

Allergy/Adverse Reaction	Reaction
OXYCODONE	
PENICILLINS	
PFIZER COVID VACCINE	palp's
TAPES	

**Current Medications:**

Drug Name	Strength	Dosage	Reason	Last script
ESTROGEL PRO Gel + Cap (Estradiol (as hemihydrate)/Progesterone)	0.06% (0.75mg/actuation) [64 actuations; gel] + 100mg [30 capsules]	2/1 Daily	Menopause	11/12/2024

**Social:**

Married. Husband Robert, adult kids moved out. Never smoked. Nurse/Midwife Sandy

Thanks again for your review of Tiffany. I look forward to hearing the outcome of her attendance.

With kind regards & best wishes,



Dr Martin Williams

**Relevant Notes**

**Friday August 30 2024** 11:51:52

Dr Martin Williams

in 12/21 after 2nd Pfizer vaccine, 5 hrs later had CP, SOB, dizzy, arm pain, nausea seen in ED - ECG, echo, CXR, bloods - all seemed ok other than incomplete LBBB; she was discharged & felt like they thought she was an antivaxer  
pain lasted 10d, assoc SOB, palp's, then ended up being off work for 6m with a variety of issues incl strep pharyngitis, ongoing palp's, fevers, various things  
was seeing her GP who felt it was vaccine-related issues apparently  
prior was cycling 100k/wk and resting HR was 55-60  
never been the same since  
ongoing symx incl baseline elevated HR 90-110, with episodes of SOB for a couple of hrs every few weeks, assoc with elevated HR to 120, pounding but regular  
2m ago in june had chest pain x2 episodes, didn't see a Dr  
then worse yesterday:  
at 3.30pm yest had L sided submammary chest pain rad'g to L scap assoc with L arm heaviness, lasted many hours and assoc nausea, sweating and palp's  
took aspirin at 8pm and pain eased around 1am  
today pain still there mildly at the submammary area only, still sweaty  
similar to when she went to ED

no FHx IHD other than GF at 79, smoker

**Examination:****General:**

BP (Sitting): 128/93

Pulse (Sitting): 74 Regular

anxious

the area seems generally a bit tender without specific point tenderness

CVS/resp nad

**Reason for contact:**

Almost 24 hrs of CP Flx; cardiac symx since Pfizer vax  
we discussed ED ref vs OP urgent tests and review later today & agreed on the latter  
keen on ref PK

**Actions:**

Pathology requested: ECG; troponin; d-dimer; UEC; LFT; FBE; CRP; TSH; Fe studies; B12; urine m/c/s - almost 24 hrs  
of CP Flx; previous ECG - incomplete LBBB. Send pathology reports to My Health Record.  
Letter Created - re. 1A Medical Certificate - signed digitally to .

~~~~~  
**Wednesday December 11 2024 09:41:22**

Dr Martin Williams

1. was too embarrassed to come back and lx symx because they went away!  
still getting palp's  
see after stress echo and Halter - promises to do them!

2. r/s, likes the HRT, helps sleep, flushes, vaginitis  
mammog and CST UTD

**Examination:****General:**

BP (Sitting): 114/81

Pulse (Sitting): 74

**Reason for contact:**

Menopause

**Actions:**

Letter Created - re. 1A Specialist Referral basic to VICTORIA HEART.

Letter Printed - re. 1A Specialist Referral basic to VICTORIA HEART.

Recall added for REVIEW, due on 11/01/2025

ESTROGEL PRO GEL + CAP 0.06% (0.75mg/actuation) [64 actuations; gel] + 100mg [30 capsules] dosage changed  
from 2 pm 1 cap Multiple (Include active ingredient on script) to 2/1 daily Multiple (Include active ingredient and brand  
name on script)

Prescriptions issued :

ESTROGEL PRO GEL + CAP 0.06% (0.75mg/actuation) [64 actuations; gel] + 100mg [30 capsules] 2/1 Daily

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**Thursday December 19 2024 11:05:43**

Dr Martin Williams

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**Thursday December 19 2024 11:05:50**

Dr Martin Williams

**Actions:**

Deleted recall for RESULT, due on 25/12/2024.

Deleted recall for REVIEW, due on 11/01/2025.

Correspondence printed by Dr Martin Williams

**Investigations**

Start Patient : FRANDSEN, TIFFANY

2/19 WILLIS ST, ARMADALE 3143

Birthdate: 09/02/1974 Age: 50 Y Sex: F

Telephone: 0409503066

Your Reference :

MPS Reference : 971191471

Medicare Number: 4231811177

Phone Enquiries: Dr Andrew Carter

9287 7777

Referred by : Dr Martin Williams

Addressee : Dr Martin Williams

214388QT

Lab. Reference: 971191471-C-C187

Requested: Friday, 30 August 2024

Performed: Friday, 30 August 2024

Test name: SE- THYROID VIRTUAL

Provider name: Melbourne Pathology

**THYROID FUNCTION TESTS - Serum**

|              |           |           |       |           |
|--------------|-----------|-----------|-------|-----------|
| Date         | 25/02/22  | 30/08/24  |       |           |
| Time F-Fast  | 1106 F    | 1301      |       |           |
| Lab Id.      | 387078349 | 971191471 | Units | Reference |
| S TSH(Roche) | 2.00      | 4.97      | mU/L  | (0.5-5.5) |

Comments on Collection 30/08/24 1301:

TSH

A normal TSH is consistent with a euthyroid state.

Dept Supervising Pathologist: Dr Andrew Carter

Melbourne Pathology NATA No.:2133

Tests Completed: IS,TSH,EUC,LFT,CRP,B12,TNT hs,FBE,D-DIMER

Tests Pending : ECG,UC1

Sample Pending :

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Start Patient : FRANDSEN, TIFFANY  
2/19 WILLIS ST, ARMADALE 3143  
Birthdate: 09/02/1974 Age: 50 Y Sex: F  
Telephone: 0409503066  
Your Reference :  
MPS Reference : 971191471  
Medicare Number: 4231811177  
Phone Enquiries: Dr Andrew Carter 9287 7777

Referred by : Dr Martin Williams  
Addressee : Dr Martin Williams 214388QT  
Lab. Reference: 971191471-C-C329  
Requested: Friday, 30 August 2024  
Performed: Friday, 30 August 2024  
Test name: SE-B12/FOLATE VIRT  
Provider name: Melbourne Pathology

**B12/FOLATE - Serum**

Date	25/02/22	30/08/24		
Time F-Fast	1106 F	1301		
Lab Id.	387078349	971191471	Units	Reference
S HoloTC	118		pmol/L	(>37)
S TOTAL B12		349	pmol/L	(200-700)

Comments on Collection 30/08/24 1301:

B12

High dose biotin (>5 mg/day) may artefactually increase total Vitamin B12 and Folate results obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).

For clinicians requiring assistance with interpreting this report, a Chemical Pathologist or Clinical Scientist will be available during office hours on (03) 9287 7733.

Dept Supervising Pathologist: Dr Andrew Carter

Melbourne Pathology NATA No.:2133

Tests Completed: IS,TSH,EUC,LFT,CRP,B12,TNT hs,FBE,D-DIMER

Tests Pending : ECG,UC1

Sample Pending :

~~~~~

Start Patient : FRANDSEN, TIFFANY



2/19 WILLIS ST, ARMADALE 3143  
Birthdate: 09/02/1974 Age: 50 Y Sex: F  
Telephone: 0409503066  
Your Reference :  
MPS Reference : 971191471  
Medicare Number: 4231811177  
Phone Enquiries: Dr Andrew Carter 9287 7777

Referred by : Dr Martin Williams  
Addressee : Dr Martin Williams 214388QT  
Lab. Reference: 971191471-C-C010  
Requested: Friday, 30 August 2024  
Performed: Friday, 30 August 2024  
Test name: SE-IRON STUDIES  
Provider name: Melbourne Pathology

| Date        | 25/02/22  | 30/08/24  |        |           |
|-------------|-----------|-----------|--------|-----------|
| Time F-Fast | 1106 F    | 1301      |        |           |
| Lab Id.     | 387078349 | 971191471 | Units  | Reference |
| S IRON      | 17        | 17        | umol/L | (5-30)    |
| S TRF       | 2.5       | 2.5       | g/L    | (2.0-3.2) |
| S TRF SAT   | 27        | 27        | %      | (10-45)   |
| S FERRITIN  | 113       | 70        | ng/mL  | (30-500)  |

Dept Supervising Pathologist: Dr Andrew Carter

Melbourne Pathology NATA No.:2133

Tests Completed: IS,TSH,EUC,LFT,CRP,B12,TNT hs,FBE,D-DIMER  
Tests Pending : ECG,UC1  
Sample Pending :

~~~~~

Start Patient : FRANDSEN, TIFFANY  
2/19 WILLIS ST, ARMADALE 3143  
Birthdate: 09/02/1974 Age: 50 Y Sex: F  
Telephone: 0409503066  
Your Reference :  
MPS Reference : 971191471  
Medicare Number: 4231811177  
Phone Enquiries: Dr Linda Saravanan 9287 7777

Referred by : Dr Martin Williams  
Addressee : Dr Martin Williams 214388QT  
Lab. Reference: 971191471-H-H266  
Requested: Friday, 30 August 2024  
Performed: Friday, 30 August 2024  
Test name: CI- D-DIMER VIRTUAL  
Provider name: Melbourne Pathology

Date	30/08/24		
Time	1301		
Lab Id.	971191471	Units	Reference
D Dimer	0.19	ug/ml	(<0.5)

D-DIMER Quantitative Immunoturbidimetric (Plasma)

Comments on Collection 30/08/24 1301:  
Please note: For investigation of possible venous thromboembolism (VTE), the diagnostic utility of a D-dimer is its negative predictive value (>95%) in ruling out VTE in patients with a low pre-test probability e.g. Wells score <2.  
A raised D-dimer alone should not be used to diagnose VTE as it may be influenced by other factors such as inflammatory or infective conditions including recent surgery or pregnancy, or heterophile antibodies e.g. rheumatoid factor.

Further investigation should be guided by clinical features and not a raised D-dimer result.

Dept Supervising Pathologist: Dr Linda Saravanan

Melbourne Pathology NATA No.:2133

Tests Completed: EUC,LFT,CRP,TNT hs,D-DIMER  
Tests Pending : IS,TSH,B12,FBE,ECG,UC1  
Sample Pending :

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Start Patient : FRANDSEN, TIFFANY  
2/19 WILLIS ST, ARMADALE 3143  
Birthdate: 09/02/1974 Age: 50 Y Sex: F  
Telephone: 0409503066  
Your Reference :  
MPS Reference : 971191471  
Medicare Number: 4231811177  
Phone Enquiries: Dr Andrew Carter 9287 7777

Referred by : Dr Martin Williams  
Addressee : Dr Martin Williams 214388QT  
Lab. Reference: 971191471-C-C950  
Requested: Friday, 30 August 2024  
Performed: Friday, 30 August 2024  
Test name: SE- CHEMISTRY  
Provider name: Melbourne Pathology

**MULTIPLE BIOCHEMICAL ANALYSIS - Serum**

| Date        | 25/02/22  | 30/08/24  |        |           |
|-------------|-----------|-----------|--------|-----------|
| Time F-Fast | 1106 F    | 1301      |        |           |
| Lab Id.     | 387078349 | 971191471 | Units  | Reference |
| S SODIUM    | 139       | 140       | mmol/L | (135-145) |
| S POTASSIUM | 4.2       | 4.1       | mmol/L | (3.5-5.5) |
| S CHLORIDE  | 102       | 103       | mmol/L | (95-110)  |
| S BICARB    | 25        | 27        | mmol/L | (20-32)   |
| S UREA      | 3.8       | 5.0       | mmol/L | (3.0-8.0) |
| S CREAT     | 58        | 67        | umol/L | (45-85)   |
| eGFR        | >90       | >90       |        | (>59)     |
| S T-BIL     | 8         | 6         | umol/L | (3-15)    |
| S ALP       | 108 H     | 83        | U/L    | (30-115)  |
| S GGT       | 51 H      | 48 H      | U/L    | (5-35)    |
| S ALT       | 16        | 26        | U/L    | (5-30)    |
| S AST       | 21        | 27        | U/L    | (10-35)   |
| S T-PROTEIN | 74        | 69        | g/L    | (63-80)   |
| S ALBUMIN   | 43        | 41        | g/L    | (33-44)   |
| S GLOBULIN  | 31        | 28        | g/L    | (23-41)   |

Comments on Collection 30/08/24 1301:  
EUC  
eGFR is greater than 90 mL/min/1.73m2. No evidence of kidney disease.

Dept Supervising Pathologist: Dr Andrew Carter

Melbourne Pathology NATA No.:2133

Tests Completed: EUC,LFT,CRP,TNT hs,D-DIMER  
Tests Pending : IS,TSH,B12,FBE,ECG,UC1  
Sample Pending :

~~~~~

Start Patient : FRANDSEN, TIFFANY  
2/19 WILLIS ST, ARMADALE 3143  
Birthdate: 09/02/1974 Age: 50 Y Sex: F  
Telephone: 0409503066  
Your Reference :  
MPS Reference : 971191471

Medicare Number: 4231811177  
Phone Enquiries: Dr Andrew Carter 9287 7777

Referred by : Dr Martin Williams  
Addressee : Dr Martin Williams 214388QT  
Lab. Reference: 971191471-C-E887  
Requested: Friday, 30 August 2024  
Performed: Friday, 30 August 2024  
Test name: SE-CRP  
Provider name: Melbourne Pathology

**CRP**

<b>Date</b>	25/02/22	<b>30/08/24</b>		
<b>Time F-Fast</b>	1106 F	<b>1301</b>		
<b>Lab Id.</b>	387078349	<b>971191471</b>	Units	Reference
S hsCRP	4.4		mg/L	(<5)
S CRP		<b>1</b>	mg/L	(<5)

CRP Specimen - Serum

Dept Supervising Pathologist: Dr Andrew Carter

Melbourne Pathology NATA No.:2133

Tests Completed: EUC,LFT,CRP,TNT hs,D-DIMER  
Tests Pending : IS,TSH,B12,FBE,ECG,UC1  
Sample Pending :

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Start Patient : FRANDSEN, TIFFANY  
2/19 WILLIS ST, ARMADALE 3143  
Birthdate: 09/02/1974 Age: 50 Y Sex: F  
Telephone: 0409503066  
Your Reference :  
MPS Reference : 971191471  
Medicare Number: 4231811177  
Phone Enquiries: Dr Andrew Carter 9287 7777

Referred by : Dr Martin Williams  
Addressee : Dr Martin Williams 214388QT  
Lab. Reference: 971191471-C-C428  
Requested: Friday, 30 August 2024  
Performed: Friday, 30 August 2024  
Test name: SE-HIGH SENSITIVE TNT  
Provider name: Melbourne Pathology

|                |                  |       |           |
|----------------|------------------|-------|-----------|
| <b>Date</b>    | <b>30/08/24</b>  |       |           |
| <b>Time</b>    | <b>1301</b>      |       |           |
| <b>Lab Id.</b> | <b>971191471</b> | Units | Reference |
| S hsTNT        | <b>&lt;3</b>     | ng/L  | (<15)     |

TNT hs Specimen - Serum

Comments on Collection 30/08/24 1301:  
TNT hs

NOTE. Serum high sensitivity Troponin T (S hsTnT) can detect mild (15-50 ng/L) to marked (>100 ng/L) cardiac damage from various causes. In the setting of possible acute coronary ischaemia, a rising hsTnT (at least 30-50%) over 3-6 hours supports a diagnosis of myocardial infarction.

Dept Supervising Pathologist: Dr Andrew Carter

Melbourne Pathology NATA No.:2133

Tests Completed: EUC,LFT,CRP,TNT hs,D-DIMER

Tests Pending : IS,TSH,B12,FBE,ECG,UC1  
Sample Pending :

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Start Patient : FRANDSEN, TIFFANY  
2/19 WILLIS ST, ARMADALE 3143  
Birthdate: 09/02/1974 Age: 50 Y Sex: F  
Telephone: 0409503066  
Your Reference :  
MPS Reference : 971191471  
Medicare Number: 4231811177  
Phone Enquiries: Dr Linda Saravanan 9287 7777  
  
Referred by : Dr Martin Williams  
Addressee : Dr Martin Williams 214388QT  
Lab. Reference: 971191471-E-K107  
Requested: Friday, 30 August 2024  
Performed: Friday, 30 August 2024  
Test name: ECG REPORT  
Provider name: Melbourne Pathology

**ECG REPORT**

HR 63 beats/min

AXIS		INTERVAL			
P	38 deg	RR	957 ms	QRS	99 ms
QRS	18 deg	P	96 ms	QTc	402 ms
T	16 deg	PQ	141 ms	QT	393 ms

Height 163 cm  
Weight 75 Kg

**COMMENTS:**

SINUS RHYTHM HR:63/MIN INCOMPLETE RIGHT BUNDLE BRANCH BLOCK. RSR'  
IN V1, V2 COULD BE A NORMAL VARIANT

AUTHORISED BY: Dr Jalal Zamani

A .PDF version of this report is available until 31-08-2025. Copy and paste the URL below into your browser and use PIN 2340.  
<https://sdrviewer.apps.sonichealthcare.com/?GUID=7BBB3005-AA45-48BE-8520-EAF8C0B2CB24&hostCode=MPS&shareType=1>

Melbourne Pathology NATA No.:2133

Tests Completed: IS,TSH,EUC,LFT,CRP,B12,TNT hs,FBE,D-DIMER,ECG  
Tests Pending : UC1  
Sample Pending :  
~~~~~

*We prefer to receive correspondance via Argus - 592557@argus.net.au*





VICTORIA HEART

Windsor  
54 The Avenue Windsor 3181

East Melbourne  
132 Grey Street East Melbourne 3002

Tel 03 9510 9020  
Fax 03 9923 6627

www.victoriaheart.com.au  
info@victoriaheart.com.au

## **Stress & Transthoracic Echocardiogram Report**

Name: **Tiffany Frandsen** Test Date: 17/12/24  
Address: 2/19 Willis Street, ARMADALE Date of Birth: 09/02/74  
Referrer: Dr Martin Williams  
Clinical: 50 year old female. Chest and left arm discomfort. Exercise-related symptoms and palpitations since Pfizer COVID vaccine in 2021.

### **CONCLUSIONS**

1. Equivocal test with failure of LV contractile reserve post stress in the absence of inducible chest pain or dynamic ECG changes - this may represent a primary cardiomyopathic response, however myocardial ischaemia not excluded.
2. Normal haemodynamic response to exercise.
3. No significant exercise-induced arrhythmia.
4. Resting imaging showed normal LV size, wall thickness and ejection fraction. Normal pulmonary pressure. Trivial pericardial effusion.

Consider pericarditis as a potential cause for symptoms, however if clinically suspicion for obstructive CAD remains high, then CT coronary angiography should also be performed.

### **Stress Protocol**

Type: Bruce Stage: 3  
Exercise time: 08:00 METS: 9.1

Limiting symptom: Leg fatigue and dyspnoea. No chest or left arm discomfort, no palpitations.

Heart Rate: REST: 92 PEAK: 182 (107% of maximum age predicted HR)  
Blood Pressure: REST: 133/82 PEAK: 160/80

### **Electrocardiogram**

REST: Sinus rhythm. Normal ST segments.

EXERCISE: Sinus tachycardia. No dynamic ST changes. No significant arrhythmia.

### **Echocardiogram**

REST: Normal left ventricular size and wall thickness. Normal LV ejection fraction (visual EF: 60%) with no regional wall motion abnormalities. Reduced septal and normal lateral mitral annular velocities for age (septal  $e' = 6$  cm/sec, lateral  $e' = 10$  cm/sec) with Doppler profile indeterminate for estimate of mean left atrial pressure. Normal RV size and contraction. Normal left atrial size (32 ml/m<sup>2</sup>). Normal right atrial size. Unrestricted trileaflet aortic valve. Normal mitral valve with trivial regurgitation. Normal right sided valves with trivial regurgitation. Normal aortic root (32 mm) and ascending aorta (32 mm). Normal estimated pulmonary artery pressure (21 mmHg, assuming RA pressure of 3 mmHg). Normal IVC diameter (18 mm) and normal forced inspiratory



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[info@victoriaheart.com.au](mailto:info@victoriaheart.com.au)

## **Stress & Transthoracic Echocardiogram Report**

Name: **Tiffany Frandsen** Test Date: 17/12/24  
Address: 2/19 Willis Street, ARMADALE Date of Birth: 09/02/74  
Referrer: Dr Martin Williams  
Clinical: 50 year old female. Chest and left arm discomfort. Exercise-related symptoms and palpitations since Pfizer COVID vaccine in 2021.

collapse. Trivial pericardial effusion adjacent to left atrium and right atrium (up to 8 mm).

EXERCISE: Immediate post exercise imaging showed no significant change in LV cavity size or ejection fraction. There was global failure of augmented LV systolic wall thickening with no regional hypokinesis.

Cardiologist: **A/Prof Arthur Nasis**

## Discharge

Service Date/Time  
Performed by  
Signed  
Document Status

### Emergency Discharge Summary

09/12/2021 22:01

Chin ,Grace :Melbourne/The Alfred (09/12/2021 22:02)

Chin ,Grace :Melbourne/The Alfred (09/12/2021 22:02)

Auth (Verified)

## Emergency Medical Discharge Summary

**Note to Patient:** This discharge summary is intended as communication between your treating health professionals. If you require an explanation or further information, please contact the hospital ward or your GP.

Recipients: LMO

Clinical Unit: Emergency Department

Name:

Designation:

### Emergency Department Progress

#### Pathology Results

Troponin 2

FBC Hb 119, WCC 7.18, PLT 196

UEC na 140, K 4.2, Cl 104, urea 5.8, creat 63

### Presenting Complaint

chest pain

### History of Presenting Complaint

presents with 6 hours of chest pain after 2nd dose pfizer today

Left sided pleuritic chest pain radiating into shoulder and jaw

no SOB/diaphoresis/nausea

pain not worse with movement/position /exertion

no recent coryzal sx/fever

PMHx

nil significant

no regular meds/allergies, not on COCP [1] ECG benign early repolarisation, no STE to suggest pericarditis

### Principal Diagnosis

(after study, the condition chiefly responsible for occasioning the admission)

undifferentiated chest pain now resolved

#### Imaging Results

CXR clear

### Reassessment and Further Management

chest pain much improved after simple analgesia and aspirin has remained well in ED

Bedside ECHO (not accredited) - no pericardial effusion

### Past Medical History

#### Ongoing

No qualifying data

#### Historical

COVID-19 - Surveillance

COVID-19 - Suspected

### Contact Phone Numbers for GP Queries

#### Radiology Results:

Alfred:9076 6062

Sandringham: 9076 1411

Caulfield (MIA Radiology) 8531 8700

Pathology Results: 9076 2644

Pharmacy Contact: 9076 2000 and ask for Pharmacy Pager

### Discharge Plan

1. home with simple analgesia
2. safety net advice given to return if chest pain worsening

### Actions for GP

### Medications Management

#### Changes to Current Medications

No changes made

FRANDSEN, TIFFANY

MRN 7275135

Date of birth 09/02/1974 Female

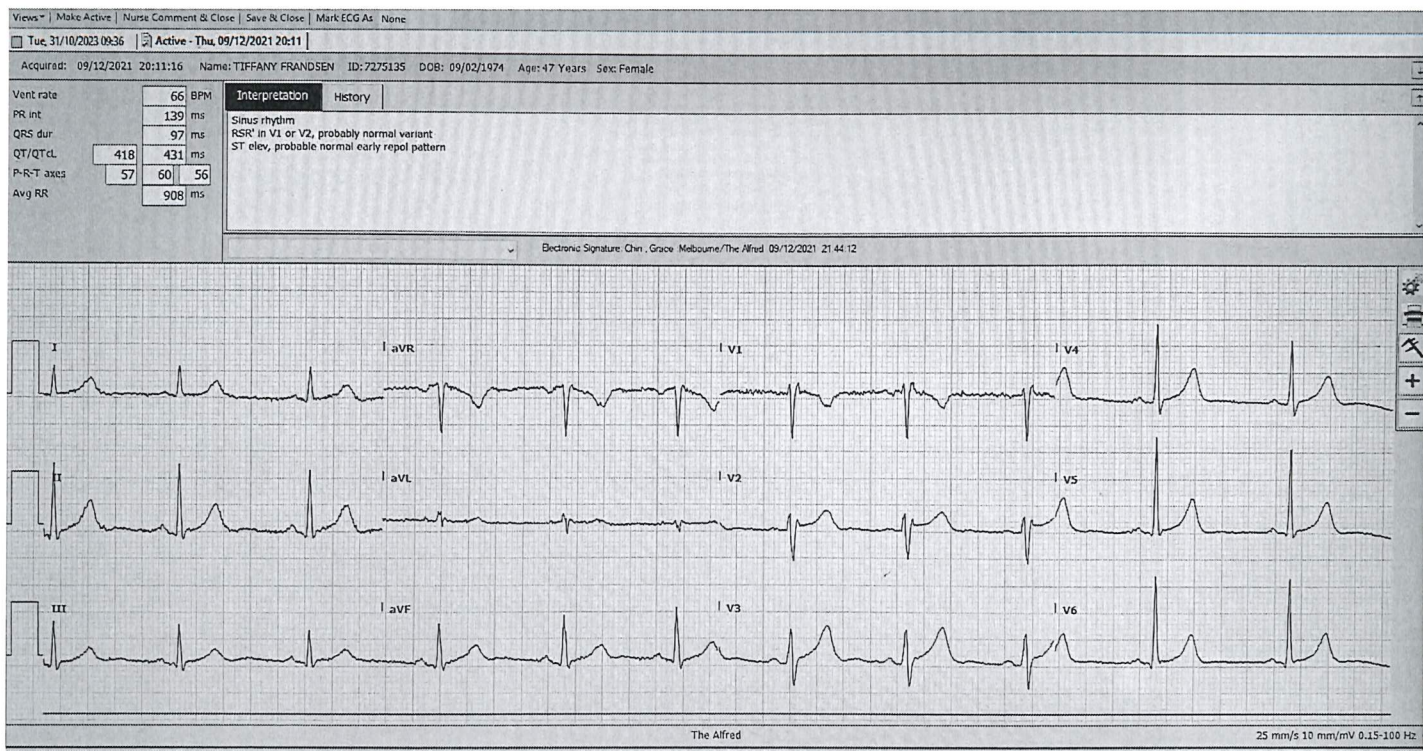
*Discharge*

**Adverse drug reactions and Allergies**

No Known Medication Allergies

[1] Emergency Medical Progress Note; Chin , Grace :Melbourne/The Alfred 09/12/2021 21:55 AEDT





9.12.2021

18.8.22-

FRANDSEN, TIFFANY TIFF  
UNIT 2 19 WILLIS STREET, ARMADALE. 3143  
Phone: 0409503066  
Birthdate: 09/02/1974 Sex: F Medicare Number: 42318111774  
Your Reference: 00533380 Lab Reference: 22-69181290-ECG-0  
Laboratory: AUSTRALIAN CLINICAL LABS  
Addressee: DR JULIE COHEN Referred by: DR JULIE COHEN  
Name of Test: ECG - READ AND TRACE  
Requested: 15/08/2022 Collected: 18/08/2022 Reported: 18/08/2022  
14:00

CLINICAL NOTES: follow up, previous adverse reaction to pfizer

CARDIOLOGY  
ELECTROCARDIOGRAM

SINUS RHYTHM  
rSr' pattern in V1 or V2  
PROBABLE NORMAL VARIANT

HR 60 /min  
\*\*\* INTERVALS \*\*\*  
QRS 100 ms  
QT 414 ms  
QTc 414 ms  
\*\*\* AXIS \*\*\*  
P 36 degree  
QRS 28 degree  
T 24 degree

REPORTED BY Dr. Rena Zimmet

ECG-C UMC-W CRP-W GLS-W GHB-W MAL-W OHD-W BFO-W ESR-W FBE-W

This request has other tests in progress at the time of reporting



\* 12 Lead ECG - Auth (Verified) \*

O15028973

DOB 9/02/1974 49 Years

FRANDSEN, TIFFANY  
Female

31/10/2023 9:36:40 AM(DST)

The Alfred  
The Alfred  
The Alfred-Pre-Admit--

Rate 60 Sinus rhythm. Incomplete left bundle branch block. normal P axis, V-rate 50-99  
RR 996 Incomplete left bundle branch block. QRSd>110ms, terminal axis(-90,-1)  
PR 154  
QRS 113  
QT 443  
QTcB 444

--AXIS--  
P 65  
QRS 38  
T 40  
12 Lead; Standard Placement

FRANDSEN  
TIFFANY  
AH 7275135

09 FEB 1974 49 Years F Ph: 0409 503 066  
U2 19 Wills St, Annandale 3113  
Presoperative: 29-05-23 F/C: MJP

- ABNORMAL ECG -

Unconfirmed Diagnosis

