THE WESTERN MEDICAL CENTRE

168-170 Somerville Road, Yarraville 3013
Dr Andrew Kerwin MB,BS,FRACGP,059383GL Ph(03) 9351 7699
Dr Peter Andrianakis MB,BS,Ph.D.,FRACGP,2083094K Fax(03) 9315 3755
Dr Gretel Heitbaum MB,BS,DRANZCOG,FRACGP,231400EF
Dr Khueenie Cheong MB,BCh,BAO,DRANZCOG,FRACGP,201005KX
Dr Lina Nido MB,BS, BMedSc,FRACGP, 218138EX
Dr Jessica Wrigley MB,BS, DRANZCOG,FRACGP, 434628BH
Dr Katherine Ramsay MB,BS, DRANZCOG, FRACGP, 474938GK
Dr Claire Mahoney MB,BS, BBiomedSc, FRACGP, 4744766F
Dr Jessica Jose B.Med, SChP, FRACGP, 522862BA
Dr Alexandra McCutchan MD, DRANZCOG,FRACGP, 5583998L
Dr Tahlia Sugrue MD, BBiomedSc,CWH, FRACGP, 557487FK
Dr Ryan O'Rafferty MD, BBiomed, 575744NB
Dr Lachlan Shaw MD,BMedSc, BBiomedSc, CoCH, 5957064L
Dr Michelle Au MD, BBiomed, CWH, 6200525L

28/02/2025

Dear Cardiologist,

Re: Laurence Kennedy
Unit 2 / 163-169 Somerville Road
Yarraville 3013
09/10/1948
Ph. 93141961; Mob. 0488 661 061
Medicare no. 3070424289

Thank you for reviewing Laurence Kennedy, age 76 yrs, for ongoing care with a history of an aortic valve replacement under Dr Mark Krawczyszyn. He would like a fresh opinion and a cardiologist with an understanding of his personal choice of managing cholesterol with lifestyle modification - his latest lipid profile in December 2024 was achieved with Omega 3 and a low carbohydrate diet and exercise alone. We have had extensive discussions around statins and risks of high choleserol. He would only use a statin as a last resort. He reports he has done extensive research. He has never used a statin. He monitors his BP at home with SBP usually sitting in the 130s, and DBP in 70s-80s. Discussing statins often is a topic that raises his BP in my rooms. His fasting BSLs are usually in the 6s.

I would appreciate your assessment and ongoing care.

Past History:

	Type 2 Diabetes Mellitus	Diet controlled
	Hypercholesterolaemia	
	Hypertension	
	White coat hypertension	
2021	TIA	In relation to Astra Zenica COVID vaccination
12/2021	Aortic valve replacement	Bovine valve for aortic stenosis. Under Dr Mark K HeartWest
12/2024	COVID-19 infection	
2025	Bladder cancer	Urothelial Ca. Mr Daniel Steiner

Current Medications:

Aspirin 100mg Capsule	1 Capsule Daily.
Perindopril 10mg Tablet	1 Tablet Daily.

Allergies: Nil known.

Thank you for your review and further management.

Yours sincerely,

Jessica Jose

Electronically signed by
Dr Jessica Jose
522862BA

We are able to accept letters via Argus. Our Argus details are: 564221@argus.net.au

The Western Medical Centre Pty Ltd
ACN: 119 345 041 ABN: 16 828 739 404

KENNEDY, LAURENCE
Birthdate: 09/10/1948 **Sex:** M **Medicare Number:**
Your Reference: **Lab Reference:** ECHO_20230320_296195_KENNEDY_152087
Laboratory: HEARTWEST
Addressee: Dr Jessica Jose **Referred by:** Dr Jessica Jose
Copy to:
Dr P IYNGKARAN

Name of Test: ECHO
Requested: 23/03/2023 **Collected:** 20/03/2023 **Reported:** 23/03/2023 00:00

HeartWest

Patient Name:KENNEDY, LAURENCE
DOB:09/10/1948
Gender:M

Address:
Phone:
Medicare Number:

Click here to view attachments

TEST TYPE: ECHO
TEST DATE: 20/03/2023
INDICATION: AORTIC PROSTHESIS
TECHNICIAN: PRATHAMESH G PATEL

REPORT CONCLUSION :
Test indication: explore structural heart disease/ monitor valve/ pericardium.
1. Moderately dilated left atrium.
2. Normal LV/RV size and systolic function. Mild concentric hypertrophy.
3. Mild (Grade 1) diastolic impairment with elevated LV filling pressures.
4. bioprosthetic AV - well seated, functioning, mildly stenotic (Mean/ peak 25/ 45 mmHg).
5. Mildly dilated ascending aorta (41 mm).

REPORT DETAIL:

GENERAL OBSERVATIONS: Sinus rhythm. Height: 184 cm. Weight: 99 kg. BSA: 2.22 m2. Heart rate: 67 BPM.

LEFT ATRIUM : Moderately dilated. LA Diam: 51 mm (=<45). LA Area: 34 cm2 (=<20).

Volume: 62 ml/m2 (16-34).

RIGHT ATRIUM : Normal size. RA Area: 24 cm2(<18). Volume: 37 ml/m2 (<39). RAP: 3 mmHg.

ATRIAL SEPTUM : Mobile atrial septum noted.

LEFT VENTRICLE: Normal size. Mild concentric hypertrophy. Normal systolic function. Grade 1 LV (EF > 50%). Diastolic function is indeterminate. LVEDD: 53 mm (=<52). LVESD: 34 mm. LVSEP: 12 mm (<11). LVPW: 12 mm (<11). FRACT SHORT: 36 (>26%). LVOT: 21 mm (=<25). E/A ratio: 0.8. E' sep: 7 cm/s. E' lat: 9 cm/s. E/E' ratio: 13.

RIGHT VENTRICLE: Normal size. Normal systolic function. RVSa': 12 cm/s(>10). TAPSE: 18 mm (>15).

VENTRICULAR SEPTUM: Sigmoid looking septum. Abnormal motion consistent with surgery.

AORTIC VALVE: Bioprosthetic valve. Prosthesis is well seated. No regurgitation. V1: 1.2 m/s. V2: 3.4 m/s. VTI1: 32 cm. VTI2: 79 cm. Peak grad: 45 mmHg. Mean grad: 25 mmHg. Area (cont): 1.4 cm2. Dimensionless index 0.41.

MITRAL VALVE: Mildly thickened. Moderate calcification of the posterior annulus. Mild calcification of the anterior leaflet tip. Trivial regurgitation. E: 1.0 m/s. DT: 253 msec (90-150). A: 1.3 m/s.

TRICUSPID VALVE: Trivial regurgitation. Vmax (TR): 2.5 m/sec.

PULMONARY VALVE: Trivial regurgitation. V1: 1.0 m/s. V2: 1.8 m/s.

AORTA: Mildly dilated ascending aorta. Mildly dilated aortic arch. ROOT Diam: 37 mm (=<38). ASC Diam: 41 mm (=<35). ARCH Diam: 37 mm (=<35). ASC Diam: 1.9 mm/m2.

PULMONARY ARTERY: Normal pulmonary pressure. PAT: 111 msec (>80). PASP: 27 mmHg (=<30).

IVC: Normal size. Inspiratory collapse >50%. IVC Diam: 21 mm (=<21).

PERICARDIUM: Normal appearance.

DR P IYNGKARAN
Click here to view images

KENNEDY, LAURENCE
U2/163-169 SOMERVILLE R, YARRAVILLE. 3013
Phone: 0488661061
Birthdate: 09/10/1948 **Sex:** M **Medicare Number:** 3070424289
Your Reference: 7274F80EFA **Lab Reference:** 972126908-H-H900
Laboratory: Melbourne Pathology
Addressee: DR JESSICA JOSE **Referred by:** DR JESSICA JOSE
Copy to:
DR MARK KRAWCZYSZYN

Name of Test: ED-HAEMATOLOGY
Requested: 06/05/2024 **Collected:** 04/12/2024 **Reported:** 05/12/2024 05:51

HAEMATOLOGY - Blood/EDTA

Date	29/04/24	**04/12/24**		
Time F-Fast	1112 F	**0927 F**		
Lab Id.	968300673	**972126908**	Units	Reference
HAEMOGLOBIN	149	**146**	g/L	(125-175)
Hct	0.47	**0.46**		(0.39-0.51)
RBC	5.3	**5.0**	x10*12/L	(4.2-5.8)
MCV	90	**92**	fL	(80-100)
MCH	28	**29**	pg	(27-34)
MCHC	315	**315**	g/L	(310-360)
RDW	13.5	**13.7**		(11-17)
PLATELETS	300	**224**	x 10*9/L	(150-450)
WHITE CELLS	8.2	**6.9**	x10*9/L	(4.0-11.0)
Neutrophils	5.6	**4.3**	x10*9/L	(2.0-7.5)
Lymphocytes	1.3	**1.6**	x10*9/L	(1.0-4.0)
Monocytes	1.0	**0.8**	x10*9/L	(0-1.0)
Eosinophils	0.2	**0.2**	x10*9/L	(0-0.5)
Basophils	0.1	**0.1**	x10*9/L	(0-0.3)

Dept Supervising Pathologist: Dr Linda Saravanan

Melbourne Pathology NATA No.:2133

Tests Completed: A1C,FBE
Tests Pending : FLS,EUC,LFT,GF
Sample Pending : ACR,UC1

KENNEDY, LAURENCE
U2/163-169 SOMERVILLE R, YARRAVILLE. 3013
Phone: 0488661061
Birthdate: 09/10/1948 **Sex:** M **Medicare Number:** 3070424289
Your Reference: 7274F80EFA **Lab Reference:** 972126908-H-E301
Laboratory: Melbourne Pathology
Addressee: DR JESSICA JOSE **Referred by:** DR JESSICA JOSE
Copy to:
DR MARK KRAWCZYSZYN

Name of Test: ED- DIABETES DIAGNOSIS
Requested: 06/05/2024 **Collected:** 04/12/2024 **Reported:** 05/12/2024 05:51

DIABETES DIAGNOSIS & MONITORING

Date	06/10/21	29/08/23	29/04/24	**04/12/24**		
Time F-Fast	0856 F	1111 F	1112 F	**0927 F**		
Lab Id.	368284695	397431785	968300673	**972126908**	Units	Reference
*HbA1c(NGSP)	9.3 H	6.0 H			%	(4.4-5.6)
*HbA1c(IFCC)	78 H	42 H			mmol/mol	(25-38)
*eAG	12.2	7.0			mmol/L	
+HbA1c(NGSP)			6.3 H	**6.1 H**	%	(4.4-5.6)
+HbA1c(IFCC)			45 H	**44 H**	mmol/mol	(25-38)
+eAG			7.4	**7.1**	mmol/L	

Comments on Collection 04/12/24 0927 F:
The general target for treatment of Type 1 or Type 2 diabetes in adults without current hypoglycaemia is <= 7.0% or 53 mmol/mol.
In patients with a significant risk of adverse outcome from hypoglycaemia (children <16 and adults >70 years), higher target values may be appropriate.

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

+ HbA1c result generated by Roche Cobas immunoassay method.
* HbA1c result generated by Sebia capillary electrophoresis method.

Dept Supervising Pathologist: Dr Linda Saravanan

Melbourne Pathology NATA No.:2133

Tests Completed: A1C,FBE
Tests Pending : FLS,EUC,LFT,GF
Sample Pending : ACR,UC1

KENNEDY, LAURENCE
U2/163-169 SOMERVILLE R, YARRAVILLE. 3013
Phone: 0488661061
Birthdate: 09/10/1948 **Sex:** M **Medicare Number:** 3070424289
Your Reference: 7274F80EFA **Lab Reference:** 972126908-C-C012
Laboratory: Melbourne Pathology
Addressee: DR JESSICA JOSE **Referred by:** DR JESSICA JOSE
Copy to:
DR MARK KRAWCZYSZYN

Name of Test: SE-LIPID - HDL/LDL
Requested: 06/05/2024 **Collected:** 04/12/2024 **Reported:** 06/12/2024 05:51

Date	01/05/23	29/08/23	29/04/24	**04/12/24**		
Time F-Fast	0937 F	1111 F	1112 F	**0927 F**		
Lab Id.	394604904	397431785	968300673	**972126908**	Units	Reference
S CHOL	5.9 H	4.6	5.8 H	**4.0**	mmol/L	(3.5-5.5)
S TRIG	1.4	1.1	1.5	**1.4**	mmol/L	(<1.7)
S HDL-CHOL	1.24	1.51	1.44	**1.33**	mmol/L	(>1.00)
S LDL-CHOL	4.0 H	2.6	3.7 H	**2.0**	mmol/L	(<3.5)
S CHOL/HDLC	4.8 H	3.0	4.0	**3.0**		(<4.5)
S Non HDLC	4.7 H	3.1	4.4 H	**2.7**	mmol/L	(<3.9)

Comments on Collection 04/12/24 0927 F:
FLS
A history of Diabetes Mellitus is noted in the laboratory records.
In diabetics, the NHF recommends 6 monthly progress lipid levels.
LIPID TARGET LEVELS:
The treatment target levels for people at high risk of cardiovascular disease are:

Total Cholesterol	<4.0 mmol/L
Fasting Triglycerides	<2.0 mmol/L
HDL-Cholesterol	>1.00 mmol/L
LDL-Cholesterol	<2.5 mmol/L (<1.8 mmol/L if very high risk)
Non-HDL Cholesterol	<3.3 mmol/L (<2.5 mmol/L if very high risk)

Source: AACB Harmonised Lipid Reporting Guideline - 2018.

Risk Calculator available at www.cvdcheck.org.au

Dept Supervising Pathologist: Dr Andrew Carter

Melbourne Pathology NATA No.:2133

Tests Completed: FLS,EUC,LFT,A1C,GF,FBE
Tests Pending : ACR,UC1
Sample Pending :

KENNEDY, LAURENCE
U2/163-169 SOMERVILLE R, YARRAVILLE. 3013
Phone: 0488661061
Birthdate: 09/10/1948 **Sex:** M **Medicare Number:** 3070424289
Your Reference: 7274F80EFA **Lab Reference:** 972126908-C-C950
Laboratory: Melbourne Pathology
Addressee: DR JESSICA JOSE **Referred by:** DR JESSICA JOSE
Copy to:
DR MARK KRAWCZYSZYN

Name of Test: SE- CHEMISTRY
Requested: 06/05/2024 **Collected:** 04/12/2024 **Reported:** 06/12/2024 05:51

MULTIPLE BIOCHEMICAL ANALYSIS - Serum

Date	09/10/23	29/04/24	**04/12/24**		
Time F-Fast	1226	1112 F	**0927 F**		
Lab Id.	397406739	968300673	**972126908**	Units	Reference
S SODIUM	140	141	**140**	mmol/L	(135-145)
S POTASSIUM	5.1	5.0	**5.2**	mmol/L	(3.5-5.5)
S CHLORIDE	102	103	**103**	mmol/L	(95-110)
S BICARB	28	24	**25**	mmol/L	(20-32)
S UREA	5.9	6.8	**5.4**	mmol/L	(3.5-9.5)
S CREAT	92	100	**102**	umol/L	(60-115)
eGFR	70	63	**61**		(>59)
S T-BIL		14	**14**	umol/L	(4-20)
S ALP		82	**88**	U/L	(35-110)
S GGT		27	**36**	U/L	(5-50)
S ALT		16	**23**	U/L	(5-40)
S AST		18	**17**	U/L	(10-40)
S T-PROTEIN		77	**69**	g/L	(63-80)
S ALBUMIN		43	**42**	g/L	(34-45)
S GLOBULIN		34	**27**	g/L	(23-41)
S GLU (Fast)		5.7	**6.3 H**	mmol/L	(3.6-6.0)

Comments on Collection 04/12/24 0927 F:
EUC
eGFR between 60 and 90 mL/min/1.73m2 could be normal if it is stable over time. Otherwise, consider testing for albuminuria using first morning void if indicated.
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: FLS,EUC,LFT,A1C,GF,FBE
Tests Pending : ACR,UC1
Sample Pending :