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Professor Walter Abhayaratna

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Consultant Cardiologist

October 11, 2023

Dr Dharmi Somasundaram
Kambah Medical Centre
KAMBAH ACT 2902

Dear Dharmi

RE: Ms Elizabeth WALKER - DOB: 27/02/53
22 Tytherleigh Street WANNIASSA ACT 2903

- CT coronary angiogram in 2018 - non-obstructive coronary disease in the mid-left anterior descending artery and the right coronary artery
- No history of systemic hypertension or diabetes mellitus
- Previous hyperlipidaemia treated successfully with lifestyle modification
- Family history of coronary disease - father has triple bypass in early 60's; brother coronary stent in his 50s; family history of premature strokes
- Doppler ultrasound of carotid arteries showed plaque without significant stenoses
- Melanoma - excised from the leg 2013 - no sequelae
- Mild neutropenia - no infections
- Exercise - walks small dog on a daily basis
- Endometriosis; CIN 3 lesion
- Ex-smoker - stopped at age 21 years; 20-30g alcohol per week

Medications: ezetimibe 10mg nocte, herbal supplementation

Jean is well from a cardiovascular perspective. Specifically, there are no symptoms to suggest active coronary disease, congestive heart failure or cardiac arrhythmias. The recent CT coronary angiogram showed a mild burden of atheromatous coronary disease with no clinically significant coronary stenoses. The coronary calcium score was 77 (72nd percentile for age and gender). She is compliant with ezetimibe therapy and there are no reported side effects. Jean is exercising with a home-based program of resistance and aerobic training.

The 12-lead electrocardiogram today confirmed sinus rhythm with a rate of 55 bpm. There was no evidence of left ventricular hypertrophy or myocardial ischaemia. The QT interval was normal.

On examination, Elizabeth had a blood pressure of 120/73 mmHg with no postural drop when standing. Her current body mass index was 22.7kg/m² based on a weight of 64.9kg and an estimated height of 169cm. The jugular venous pressure was normal. Heart sounds were dual and the chest was clear. There was no peripheral oedema and there were good pedal pulses bilaterally. There was no evidence of carotid bruits.

The most recent fasting blood tests shows a total cholesterol of 4.8 mmol/L; triglyceride level of 0.7 mmol/L; LDL-cholesterol of 3 mmol/L; and HDL-cholesterol of 1.5 mmol/L. The eGFR was 89mL/min. The HbA1C level was 5.2%.

On the basis of today's consultation, I have suggested the following:

1. Given the evidence of CT coronary angiogram of stable coronary vascular disease, my recommendation to Jean was to remain on ezetimibe despite the fact that the LDL-cholesterol is not reduced to below 2.5mmol/L and the fact that Jean intolerant to the effects of statin therapy.
2. I have encouraged Jean to continue with her home-based physical activity regimen.

I will see Elizabeth in 3 years' time with fasting blood tests. A stress echocardiogram will be performed at that stage.

Yours sincerely,

Professor Walter Abhayaratna
Consultant Cardiologist

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Dr Walter Abhayaratna

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Consultant Cardiologist

September 24, 2021

Dr Shengwei Xie
Wanniassa Medical Practice
WANNIASSA ACT 2903

Dear Shengwei

RE: Ms Elizabeth WALKER - DOB: 27/02/53
22 Tytherleigh Street WANNIASSA ACT 2903

- **CT coronary angiogram in 2018 - non-obstructive coronary disease in the mid-left anterior descending artery and the right coronary artery**
- **No history of systemic hypertension or diabetes mellitus**
- **Previous hyperlipidaemia treated successfully with lifestyle modification**
- **Family history of coronary disease - father has triple bypass in early 60's; brother coronary stent in his 50s; family history of premature strokes**
- **Doppler ultrasound of carotid arteries showed plaque without significant stenoses**
- **Melanoma - excised from the leg 2013 - no sequelae**
- **Mild neutropenia - no infections**
- **Exercise - walks small dog on a daily basis**
- **Endometriosis; CIN 3 lesion**
- **Ex-smoker - stopped at age 21 years; 20-30g alcohol per week**

Medications: ezetimibe 10mg nocte

Jean is well from a cardiovascular perspective. Specifically, there are no symptoms to suggest active coronary disease, congestive heart failure or cardiac arrhythmias. She has successfully lost 6 kg over the last year with changes in her diet and maintenance of a daily walking program. She is compliant with ezetimibe therapy and there are no reported side effects.

The 12-lead electrocardiogram today confirmed sinus rhythm with a rate of 64 bpm. There were inferior T-wave abnormalities. The QT interval was normal.

On examination, Jean had a blood pressure of 120/69 mmHg with no postural drop when standing. His current body mass index was 21.3kg/m² based on a weight of 60.9kg and an estimated height of 169cm. The jugular venous pressure was normal. Heart sounds were dual and the chest was clear. There was no peripheral oedema and there were good pedal pulses bilaterally. There was no evidence of carotid bruits.

The most recent fasting blood tests shows a total cholesterol of 5.5 mmol/L; triglyceride level of 0.84 mmol/L; LDL-cholesterol of 3.6 mmol/L; and HDL-cholesterol of 1.5 mmol/L. The eGFR was 89mL/min.

On the basis of today's consultation, I have suggested the following:

1. Continue on ezetimibe therapy.
2. I have encouraged Jean to continue with her lifestyle modifications that have been implemented.

I will see Jean in 2 years' time with fasting blood tests, and at that stage I have recommended that she has a CT coronary angiogram to assess progress

Yours sincerely,

Dr Walter Abhayaratna
Consultant Cardiologist

cc: Dr Shamim Khan, Tuggeranong Square Medical Practice, PO Box 1745, Tuggeranong Centre ACT 2901

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Dr Walter Abhayaratna

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Consultant Cardiologist

September 25, 2020

Dr Shengwei Xie
Wanniassa Medical Practice
WANNIASSA ACT 2903

Dear Shengwei

RE: Ms Elizabeth WALKER - DOB: 27/02/53
22 Tytherleigh Street WANNIASSA ACT 2903

- CT coronary angiogram in 2018 - non-obstructive coronary disease in the mid-left anterior descending artery and the right coronary artery
- No history of systemic hypertension or diabetes mellitus
- Previous hyperlipidaemia treated successfully with lifestyle modification
- Family history of coronary disease - father has triple bypass in early 60's; brother coronary stent in his 50s; family history of premature strokes
- Doppler ultrasound of carotid arteries showed plaque without significant stenoses
- Melanoma - excised from the leg 2013 - no sequelae
- Mild neutropenia - no infections
- Exercise - walks small dog on a daily basis
- Endometriosis; CIN 3 lesion
- Ex-smoker - stopped at age 21 years; 20-30g alcohol per week

Medications: ezetimibe 10mg nocte

Jean is well from a cardiovascular perspective. Specifically, there are no symptoms to suggest active coronary disease, congestive heart failure or cardiac arrhythmias. She has continued with ezetimibe, but she has gained 2-3 kg weight over the last year. She continues to exercise with core body strengthening.

The 12-lead electrocardiogram today confirmed sinus bradycardia with a rate of 51 bpm. There were non-specific later T-wave abnormalities that have previously been observed. The QT interval was normal.

On examination, Jean had a blood pressure of 128/70 mmHg with no postural drop when standing. Her current body mass index was 22.9kg/m² based on a weight of 66.1kg and an estimated height of 170cm. The jugular venous pressure was normal. Heart sounds were dual and the chest was clear. There was no peripheral oedema and there were good pedal pulses bilaterally. There was no evidence of carotid bruits.

The most recent fasting blood tests shows a total cholesterol of 5.7 mmol/L; triglyceride level of 0.76 mmol/L; LDL-cholesterol of 3.9 mmol/L; and HDL-cholesterol of 1.5 mmol/L. The eGFR was 85mL/min.

There are no new non-statin medications that can be accessed by Jean. On the basis of today's consultation, I have suggested the following:

1. Continue on current medications without change in dosing.
2. Reduce the consumption of bread.
3. Continue with gentle physical activity levels.

I will see Jean in 12 months' time with fasting blood tests.

Yours sincerely,

Dr Walter Abhayaratna
Consultant Cardiologist

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Consultant Cardiologist

September 27, 2019

Dr Shengwei Xie
Wanniassa Medical Practice
WANNIASSA ACT 2903

Dear Shengwei

RE: Ms Elizabeth 'Jean' WALKER - DOB: 27/02/53
22 Tytherleigh Street WANNIASSA ACT 2903

- CT coronary angiogram in 2018 - non-obstructive coronary disease in the mid-left anterior descending artery and the right coronary artery
- No history of systemic hypertension or diabetes mellitus
- Previous hyperlipidaemia treated successfully with lifestyle modification; intolerant to statins
- Family history of coronary disease - father has triple bypass in early 60's; brother coronary stent in his 50s; family history of premature strokes
- Doppler ultrasound of carotid arteries showed plaque without significant stenoses
- Melanoma - excised from the leg 2013 - no sequelae
- Mild neutropenia - no infections
- Exercise - walks small dog on a daily basis
- Endometriosis; CIN 3 lesion
- Ex-smoker - stopped at age 21 years; 20-30g alcohol per week

Medications: ezetimibe 10mg nocte

Jean is well from a cardiovascular perspective. Specifically, there are no symptoms to suggest active coronary disease, congestive heart failure or cardiac arrhythmias. She is compliant with ezetimibe therapy and there are no reported side effects. We discussed the fact that LDL-cholesterol reduction is still not adequate given family history and the presence of atheromatous coronary disease.

The 12-lead electrocardiogram today confirmed sinus bradycardia with a rate of 54 bpm. There were non-specific later T-wave abnormalities. The QT interval was normal.

On examination, Ms Walker had a blood pressure of 128/70 mmHg with no postural drop when standing. Her current body mass index was 21.9kg/m² based on a weight of 63.4kg and an estimated height of 170cm. The jugular venous pressure was normal. Heart sounds were dual and the chest was clear. There was no peripheral oedema and there were good pedal pulses bilaterally. There was no evidence of carotid bruits.

The most recent fasting blood tests shows a total cholesterol of 5.4 mmol/L; triglyceride level of 1.13 mmol/L; LDL-cholesterol of 3.3 mmol/L; and HDL-cholesterol of 1.6 mmol/L. The eGFR was 81mL/min.

On the basis of today's consultation, I have suggested the following:

1. Continue on ezetimibe.
2. I will explore the option of genetic testing for common familial hypercholesterolaemia conditions, particularly with regards to gaining access to PCSK-9 inhibitor therapy.

I will see Jean in 12 months' time with fasting blood tests.

Yours sincerely,
Dr Walter Abhayaratna
Consultant Cardiologist