Patient Name: Janet Camilleri
DOB: 10/11/1958
Medicare Card No.: 3207168347 1
Phone: 0407047178
Address: 33 Dean'S Road
Upwey 3158

Date: 12/06/2025

Services Requested

1. ☐ Consultation and ECG
2. ☐ ECG
3. ☐ Echocardiogram
4. Exercise Stress Echocardiogram with Baseline Echocardiogram
   - ☑ With consultation
   - ☐ Angina: Constricting discomfort OR exertional symptoms OR relieved by rest/GTN
   - ☐ SOBOE: Undue exertional dyspnoea - ?cause
   - ☐ ECG changes: Consistent with CAD or ischaemia, in a patient without known CAD - ?ischaemia
   - ☑ Known CAD: New or worsening symptoms in patients with known coronary artery disease
   - ☑ Moderate disease: Indeterminate lesion on CTCA/angiogram
   - ☐ Congenital disease: History of congenital heart surgery - ?ischaemia
   - ☐ Pre-op with poor exercise capacity and past medical history of IHD/CVA/CCF/DM on insulin/serum Cr >170
   - ☐ PCI or CABG/Valve Surgery: Assessment of valvular disease or ischaemic threshold
   - ☐ Silent Ischaemia: ?Silent ischaemia or ?Ischaemia in patient with impaired cognition or expressive language skills
5. Holter Monitoring (24 Hours)
   - ☐ Palpitations (more than once a week)
   - ☐ Dizziness, pre-syncope or syncope
   - ☐ Asymptomatic arrhythmia suspected (more than once a week) APPROPRIATE
   - ☐ Surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia
6. ☐ Pacemaker Check / Consultation
7. ☐ 24 Hour Blood Pressure Monitoring

66 year old with atypical chest pain and CTCA e/o severe stenosis mid RCA [CTCA report attached].

Dr Blesson Abraham
Signature:
Provider No.: 4540117L

Date: 12/06/2025
Kilsyth Doctors
Copy to:

CAMILLERI , Janet
33 Deans Road UPWEY 3158
Phone: 0407047178

Birthdate:	10/11/1958	**Sex:**	F	**Medicare Number:**	3207 16834 7-
Your Reference:	2025R0293885	**Lab Reference:**	2025R0293885-1		
Laboratory:	Vision Radiology Lilydale				
Addressee:	Dr Blesson Abraham	**Referred by:**	Dr Chee Yeong		
Name of test:	CT Coronary Angiogram				
Requested	02/05/2025	**Collected:**	06/06/2025	**Reported:**	11/06/2025 09:39:00

VISION Radiology

Patient Name:CAMILLERI, Janet
DOB:10/11/1958
Gender:F

Address:33 Deans Road UPWE
VIC 3158
Phone:
Medicare Number:

Click here to view images

CT CORONARY ANGIOGRAM

INDICATION FOR STUDY: Exertional dyspnoea
TYPE OF STUDY: CT coronary angiogram.
CVS RISK FACTORS: Ex-smoker, Hyperlipidaemia and Family history of IHD.
Cr: Normal.
TECHNIQUE: After a non-contrast AP scout image, a cardiac gated contrast enhanced 320 slice coronary CTA was obtained per department protocol. Calcium score was performed using a standard low dose protocol. Multiplanar reconstructions were performed using maximum intensity projection.
DLP: 52
PRE-MEDICATION: Nitroglycerine was administered for coronary vasodilation. No medications administered for heart rate control.
HEART RATE: 47-54 beats per minute during the acquisition.
STUDY QUALITY: Satisfactory

CORONARY ARTERY FINDINGS:
The coronary artery ostia are in normal position. There is right coronary artery dominance.

LEFT MAIN: The left main coronary artery bifurcates into the LAD and left circumflex arteries.
The left main demonstrates no evidence of calcified or non-calcified plaque. It is free of significant stenosis.

LEFT ANTERIOR DESCENDING: The LAD is a large vessel which wraps around the apex.
The proximal LAD has mixed plaque with mild stenosis.
There are three diagonal branches that appear patent.

LEFT CIRCUMFLEX: The left circumflex artery is a medium sized non-dominant vessel.
The mid LCX has a mixed plaque with moderate stenosis.
There are two obtuse marginal branches that appear patent.

RIGHT CORONARY ARTERY: The RCA is a medium sized dominant vessel.
The proximal to distal RCA has diffuse calcified and non-calcified plaques. Proximal RCA has moderate-to-severe stenosis. Mid and distal RCA has impression of severe stenoses.
The PDA and PLV branches arise from the RCA and are patent.

***CAD-RADS Score**: 4/P3

NON-CORONARY CARDIAC FINDINGS:
VENTRICLES: The left ventricular size is within normal limits. The mid diastolic left ventricular wall thickness is normal. The right ventricular size is normal (relative to the LV).

VALVES: The aortic and mitral valves demonstrate normal leaflet thickness and demonstrate no calcification.
PERICARDIUM: The pericardial contour is normal. No pericardial effusion is present.
OTHERS: Normal aortic root and proximal ascending aorta. No secundum or sinus venosus defects identified. Normally connected pulmonary veins.

NON-CARDIAC FINDINGS:
Triangular-shaped perifissural nodule measuring 6mm abutting the horizontal fissure has small punctate foci of calcification, differentials include a perifissural lymph node or a pulmonary hamartoma. The lungs are otherwise clear with no suspicious pulmonary lesion. No pleural effusion or pneumothorax. Mediastinal and visualised upper abdominal viscera are normal.

CONCLUSION:
Significant burden of atherosclerotic plaque. Diffusely diseased proximal to distal RCA with impression of **severe stenosis at the mid and distal RCA**. Moderate mid LCx stenosis.
Calcium score = 85 (50-75th percentile for age and sex), suggesting an elevated 10 year risk of coronary events.
Triangular-shaped perifissural nodule measuring 6mm abutting the horizontal fissure has small punctate foci of calcification, differentials include a perifissural lymph node or a pulmonary hamartoma.

(Stenosis severity: Minimal 1-24%; Mild 25-49%; Moderate 50-69%; Severe 70-99%)

Thank you for your referral.

Electronically signed by:
Dr Kevin Cheng
BMedSci (Hons), MBBS, FRACP
Consultant Cardiologist, Specialist in Cardiac CT

Non-cardiac findings reported by:
Dr Jeff Tam
MBBS FRANZCR
Consultant Radiologist

*Reported in accordance with Society of Cardiovascular Computed Tomography Guideline (JCCT 2022) based on most severe coronary stenosis and overall plaque burden.
CAD-RADS 0 Normal. Absence of plaque and no luminal stenosis.
CAD-RADS 1 Minimal. Plaque with negligible impact on lumen (<25% stenosis).
CAD-RADS 2 Mild. Plaque with no flow-limiting stenosis (25-49% stenosis).
CAD-RADS 3 Moderate. Plaque with possible flow-limiting stenosis (50-69% stenosis).
CAD-RADS 4 Severe. Plaque with probable flow-limiting disease (70-99% stenosis).
CAD-RADS 5 Occluded.
CAD-RADS N Non-evaluable.
P1- P4 Refers to increasing plaque burden.
Modifiers S- stent; G- graft; HRP- high risk (vulnerable) plaque

Patient ID Number: K872927

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17 June 2025

Dr Blesson Abraham
Kilsyth Doctors
General Practice
471 Mount Dandenong Road
KILSYTH VIC 3137

Dear Blesson,

Re: Janet Camilleri DOB: 10/11/1958
33 Deans Road UPWEY VIC 3158

It was a pleasure of meeting Janet and her son, Jake.

She is a 66-year-old with no major cardiac symptoms. She is active and walks up to 10,000 steps per day without any major compromise. This is including on a treadmill as well as yoga and Pilates.

She is an ex-smoker having stopped 40 years ago. She has a very strong family history with her mother having bypass in her 50s and may have needed a valve replacement but unfortunately succumbed prior to that. Her father has had an AMI. Her brother has had heart attack and stent and her sister has had a possible aortic valve replacement.

She also has elevated cholesterol. She is due for a repeat lipids tomorrow.

The CT scan demonstrates a calcium score of 85, placing her in the 50th to 75th percentile for age and sex. She has significant burden of atherosclerotic plaque. She has diffuse disease in the proximal to distal RCA and potentially a severe stenosis in the mid and distal RCA, has moderate mid circumflex stenosis. The LAD has mixed plaque in the proximal vessel (mild). There is no obvious disease in the left main.

I arranged for her to have a stress echo. Her resting blood pressure was 159/93mmHg. At home she informs me her blood pressures in the 120s. I have asked her to take blood pressure twice a day for one week and present those values to me and I will see if she needs optimisation. There was no evidence of myocardial ischaemia by symptom, ECG and echo. She had good exercise tolerance for age. There was no significant exercise induced arrhythmias. There was a mild aortic root dilatation, mild ascending aorta dilatation, mild MR, mild TR and normal pulmonary pressures. All in all, this is very reassuring.

Moving forward, she need to attend to her lipid profile, ensure that her blood pressure is well controlled. I have made an appointment to see her in three months' time and I will repeat her lipids at that stage.

I encouraged her to notify her children as there is a history of premature coronary disease and it may be a better prudent to investigate them sooner rather than later.

Thank you again for your referral.

Kind regards,

sighted not signed
Sonny Palmer
Cardiologist
Coronary & Structural Heart Intervention

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Stress & Transthoracic Echocardiogram Report

Name:	**Janet Camilleri**	Test Date:	17/06/25
Address:	33 Deans Road, UPWEY	Date of Birth:	10/11/58
Referrer:	A/Prof Sonny Palmer	Cc:	Dr Blesson Abraham
Clinical:	66 year old female. Known CAD on CTCA.		

CONCLUSIONS

1. No evidence of myocardial ischaemia by symptom, ECG or echocardiographic criteria.
2. Good exercise performance for age with no exercise-induced chest pain.
3. Elevated resting blood pressure and normal haemodynamic response to exercise.
4. No significant exercise-induced arrhythmia.
5. Resting imaging showed normal LV size, wall thickness and ejection fraction. Mild aortic root dilatation and mild ascending aortic dilatation. Mild mitral regurgitation. Mild tricuspid regurgitation. Normal pulmonary pressure.

Stress Protocol

Type:	Bruce	Stage:	3
Exercise time:	09:00	METS:	10.2

Limiting symptom: Leg fatigue and dyspnoea. No chest pain.

Heart Rate:	REST: 74	PEAK: 153 (99% of maximum age predicted HR)
Blood Pressure:	REST: 159/93	PEAK: 173/84

Electrocardiogram

REST: Sinus rhythm. Left axis deviation. Normal ST segments.

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

Echocardiogram

REST: Normal left ventricular size and wall thickness. Normal LV ejection fraction (visual EF: 65%) with no regional wall motion abnormalities. Satisfactory mitral annular velocities for age (septal e` = 8 cm/sec, lateral e` = 8 cm/sec) with Doppler profile consistent with normal mean left atrial pressure. Normal RV size and contraction. Normal left atrial size (32 ml/m^2). Normal right atrial size. Mildly sclerotic and unrestricted trileaflet aortic valve with trivial to mild regurgitation. Mildly thickened mitral valve with mild regurgitation. Normal right sided valves with mild tricuspid regurgitation. Mildly dilated aortic root (35 mm) and ascending aorta (35 mm). Normal estimated pulmonary artery pressure (18 mmHg plus RA pressure). Trivial pericardial effusion (3-4 mm) anterior to right ventricle.

EXERCISE: Immediate post exercise imaging showed reduction in LV cavity size and increase in ejection fraction. No regional wall motion abnormalities.

Cardiologist: **A/Prof Arthur Nasis**

Heart Of Melbourne
149 Stud Road
Wantirna South VIC 3152
Tel: 1300122888
Fax: 80800766

ECG

Patient:	CAMILLERI, Janet	Date:	16/06/2025
Patient ID:	12061		
DOB:	10/11/1958 (66 yrs)		
Sex:	Female	HR:	70 BP: 142/87
Reported by:	A/Prof Muhammad Asrar ul Haq		

Presenting

HR: 70 bpm BP: 142 / 87 mmHg

ECG Measurements

Heart Rate: 70 bpm

Conclusions

sinus rhythm
normal ECG

Distribution

Dr Blesson Abraham