

Wednesday, 24 April 2024

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Dr Linda Lin 296466KK BMedSci MBBS FRACP Cardiologist

Dear Linda,

Re: Mr Timothy Brennan - DOB: 18/01/1955

89 Forest Reef Road MILLTHORPE NSW 2798 Contact number: 0433452188

Background medical history:

- 1. Atrial fibrillation -cardioversion 4/2024
- 2. Ventricular ectopy 15% burden on Holter monitor, Ns VT 3-7 beats
- 3. First-degree AV block ~400 ms
- 4. Coronary artery disease LAD and LCx stent 2022, Letters state VT at the time
- 5. DVT/PE 2022
- $6. \quad Thrombotic \ complications \ (NSTEMI \ and \ PE) \ Post \ COVID \ infection 2022$
- Hypertension
- 8. Hyperlipidaemia
- 9. Obesity -125 kg
- 10. OSA -CPAP
- 11. Ankylosing spondylitis, HLA B27, recurrent uveitis

Current medications: Eliquis 5 mg BD, metoprolol 25 mg BD -ceased commenced on sotalol 40 mg BD, telmisartan, atorvastatin 40 mg/day, ezetrol 10 mg/day, allopurinol 100 mg/day, Humira $-2^{\rm nd}$ weekly.

Thank you for your letter, I reviewed Timothy in the presence of his sister. He is a 69-year-old man who presents with a history of atrial fibrillation and ventricular ectopic beats. He has been aware of his blood pressure monitor documenting an irregular pulse for about 12 months. He does not report any palpitations usually. He feels that his heart rate rather than being tachycardic sometimes feels a bit slow. He has had occasional dizziness with getting up from a bending position but there have been no episodes of syncope. He can ride excise by for about 30 minutes. He experiences shortness of breath after walking about 400 m. He has been treated with metoprolol up to now, and does not report treatment with other antiarrhythmic medications.

A recent Holter monitor showed an average heart rate of 72 beats a minute with a range of 34-153. 15% of the beats were ventricular ectopic beats. There was some episodes of non-sustained ventricular tachycardia of 3-7 beats his symptoms correlated with atrial fibrillation and ventricular ectopy.

He had a cardioversion performed 2 days ago, and since then he has been feeling better. He left ventricular ejection fraction on the TOE was reported to be low normal.

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.../2. Mr Timothy Brennan - DOB: 18/01/1955

He lives near Orange. He does not smoke. He does not drink any alcohol. He is divorced and has 5 children. He is a retired corporate coach.

On examination today his weight was 125 kg. His ECG showed sinus rhythm with a first-degree AV block, with a PR interval measuring 400 ms. Ventricular ectopic beats were noted, which had an early precordial transition between V1 and V2, and were negative in leads III and aVF and positive in 1 aVL.

Linda, he is feeling better since sinus rhythm has been restored which suggests that most of his symptoms were probably occurring as a result of his atrial fibrillation rather than the ventricular ectopics, but this remains to be seen. I have stopped his metoprolol and commenced him on sotalol 40 mg BD which has more of an antiarrhythmic effect. I have asked him to have a repeat Holter monitor in a few weeks, on sotalol. I also suggested that it would be worthwhile to perform a cardiac MRI to look for any late gadolinium enhancement and to assess the left ventricular ejection fraction. He does have conduction disease, and I discussed also the fact that he may possibly need device therapy in the future. Further treatment options regarding the atrial fibrillation and ventricular ectopy can be guided depending on his response to medications, recurrence of a arrhythmia, and a cardiac MRI/cardiac functional assessment. It would be in his interest to lose weight which he understands. I would be happy to see him with the results of the investigations, and advise further after that.

Yours sincerely,

Electronically Verified

Dr Maros Elsik .../SB

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NB. This letter has been prepared using "speech to text" software. Contact us if there are any concerns.

cc A/Prof Eoin O'Dwyer Northern Cardiology Suite 2/Level 6 Northern Beaches Hospital 105 Frenchs Forest Road FRENCHS FOREST NSW 2086 cc Dr Peta Harrison