

# Dr Linda Lin

MBBS FRACP

**CARDIOLOGIST**

Provider No: 296466GB



Suite 2, Level 6  
Northern Beaches Hospital  
105 Frenchs Forest Rd  
Frenchs Forest NSW 2086  
P: (02) 8011 0678 F: (02) 8011 0679

5 Sep 2025

Dr Peta Harrison  
Colour City Medical Practice  
71 Dalton Street  
ORANGE NSW 2800

Dear Peta,

**Mr Timothy Brennan - DOB: 18/01/55**  
**89 Forest Reef Road MILLTHORPE NSW 2798**  
**PH: 0433 452 188**

## Issues:

1. BMI 34.5 - 118 kg
2. Paroxysmal AF - AF CHA2DS2-VASc score of 2. DCCV 04/24, 12/24, 04/25. Repeat cardioversion booked 1st Aug 2015
3. 15% PVCs and NSVT up to 7 beats on holter. PVC burden reduced to 9% with sotalol.
4. ECG in SR - first deg heart block PR 479ms
5. Dilated ventricles with normal EF, possible mitral annular disjunction on CMR in 2024

## Past Medical History:

1. Ankylosing spondylitis - Prof David Wakefield, Uveitis, Iritis
4. Stents to LAD & circumflex
5. Hyperlipidaemia
6. Influenza A May 2022
7. Hyperlipidaemia - LDL 1.3 mmol/L in 2024
8. OSA - cPAP
9. NSTEMI - LAD and LCX stent in May 2022. '
10. DVT and Massive PE on 17th May 2022 - Prof Braude
11. Sinus rhythm + first deg HB PR 285 ms + PVCs (RBBB)
12. Hypertension
13. Exertional intolerance and fatigue - post COVID vaccination

## Medications:

Apixiban 5mg BD, Allopurinol 100mg, Atorvastatin 40mg, Ezetimibe 10mg, Sotalol 40 mg BD, Humira

Medication stopped: Wegovy

## Investigations:

1. TTE 2023 (Orange) - normal
2. Feb 2023 stress echo - negative for myocardial ischaemia, 5 mins
3. CMR 2024 - mildly dilated LV LVEDVI 99mL/m2, normal biventricular systolic function, possible mitral annular disjunction, no ARVC
4. TTE July 2025: Normal LV size and systolic function, mild LVH, mildly dilated LA, mild aortic regurgitation, mildly dilated aortic root 41mm and prox ascending aorta 40mm

Thank you for the opportunity to review Timothy today, who attended with Trish.

He has recently been reviewed by Dr Logan Kanagaratnam and has signed consent for a pulmonary vein isolation procedure at Royal North Shore Hospital.

At present, he remains in sinus rhythm with PVCs. His ECG demonstrates sinus bradycardia with a markedly prolonged PR interval of 365 milliseconds, occasionally approaching 400 milliseconds.

For now, his current medications will be continued. A copy of his VINE rhythm report has been requested as it is not available on the system, and once received this will be forwarded to Dr Kanagaratnam as well as to the patient.

I plan to review Timothy again before Christmas with plan for another ECG then.

Kind regards,  
Yours sincerely,

**Dr Linda Lin**

MBBS FRACP

**cc Dr Logan Kanagaratnam**