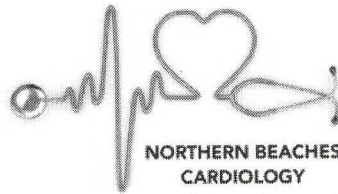


Dr Eliza Mulcahy

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August 19, 2024

Dr Elizabeth Rayment
Newport Medical Centre
5/1 Kalinya Street
Newport Beach NSW 2106

Dear Dr Rayment,

Re: Lauren Scott – DOB: 09/05/94
10/91 Foamcrest Avenue, Newport NSW 2106

Background:

1. Pericarditis
2. Right ovarian cyst rupture

Medications:

- Anakinra
- Ibuprofen 400 mg tds
- Pantoprazole 40 mg daily

PRN Medications:

- Ivabradine 5mg Tablets 2.5mg daily with food

Today it was a pleasure to review Lauren at Northern Beaches Cardiology with her partner. Today we discussed Lauren's progress and the following specific cardiac symptoms

- Chest pain: gradually improved with less frequent acute flares. Now the pain that is experienced is less severe and usually follows strenuous physical activity. We have discussed chronic pericarditis and the potential for future flares in the times of intercurrent illness.

- Palpitations: Lauren is still experiencing fairly frequent palpitations with a period of increased frequency during times of intercurrent social stressors. Whilst some of these sound like altered autonomic response/postural tachycardia, other episodes with their abrupt onset and offset are more typical for supraventricular tachycardia which has been previously diagnosed on her Holter monitor and respond to vagal manouvers. I have counselled Lauren on SVT and how management with rate control medications such as verapamil or metoprolol could produce pronounced bradycardia which could be problematic with Lauren's low blood pressure and fatigue. I have given her a script for ivabradine and if she were to have multiple consecutive days of palpitations she will try to take some tablets to see if this impacts upon her symptoms.

- Fatigue: Lauren is slowly getting back in to regular activities but is often still tired by activities such as sitting at the computer for a few hours.

On examination today Lauren's heart rate was 84bpm and her blood pressure was 112/65 mmHg. Her heart sounds were dual with no added sounds or pericardial rub. Her chest was clear to auscultation, her JVP was not elevated and there was no peripheral oedema.

I have ammended some details on Lauren's COVID claim form and have provided her with a script for ivabradine as well as information about potential side effects. I think that, outside of an active flare, an MRI would not provide any significant additional information to what we can achieve with echo and so I have suggested she do not follow through with this at this time.

I am happy to be contacted about Lauren if there were any concerns.

Kind regards,

Dr Eliza Mulcahy