SUMMARISED TRANSCRIPT 30 April 2026

Dr Fox: Hello James, how are you? Did you receive the letters about your CT scan and heart monitor?

James: Yes, I did. That's actually what I wanted to ask you about—what do they all mean?

Dr Fox: Right. I wrote to you about the CT scan and the 48-hour heart monitor. Let's go through everything.

First, your **blood pressure**—those readings are fine. Even if you take several readings close together, they'll vary slightly. That's completely normal. What matters is that they're all within the target range.

James: That's reassuring. I was worried because my home monitor gives different readings each time.

Dr Fox: That's expected—everyone gets different readings. Nothing to worry about there.

CT Scan Results

Dr Fox: Now, your CT scan shows that you have **some calcium build-up in your coronary arteries**—what we call plaque or hardening of the arteries.

James: Is that serious?

Dr Fox: You have **mild disease in all three main arteries**, and your **calcium score is just over 400**. That does increase your risk of a heart attack, but the narrowing itself is only **mild to moderate**.

James: So what does that mean in practice?

Dr Fox: It means:

- You **don't need stents or surgery**
- You **don't need further heart tests**, since you're not having chest pain

But we do need to **reduce your risk**.

Medication and Cholesterol

Dr Fox: That's why I started you on a **statin**. You're currently on 5 mg, correct?

James: Yes.

Dr Fox: Good. After about six weeks on it, you need a **cholesterol test**.

We're aiming for:

- Total cholesterol **below 4**
- LDL ("bad cholesterol") **below 1.8**

If you're not at those levels, we'll **increase the dose to 10 mg**.

James: Can I arrange the test myself?

Dr Fox: You can, but it's easiest through your GP. I'll write to them so they can arrange the blood test.

Cause of the Calcium

James: What causes the calcium build-up?

Dr Fox: A mix of things:

- Age
- Blood pressure
- Genetics
- Diabetes
- Smoking

In your case, the main thing we can improve is **cholesterol**.

Blood Clot in the Heart

Dr Fox: Now, the CT scan also showed a **clot in your heart's appendage**.

James: I'm taking apixaban for that.

Dr Fox: Yes. The question is whether we:

- **Continue apixaban**, or
- Switch to **warfarin**, which is stronger but more inconvenient

James: What's the difference?

Dr Fox: Warfarin requires:

- Regular blood tests
- Dose adjustments

But it allows us to thin your blood more precisely.

Next Step for the Clot

Dr Fox: The next step is to do a **transesophageal echocardiogram (TOE)**—a scan using a probe down your throat—to see if the clot is still there.

James: That sounds unpleasant.

Dr Fox: It's similar to an endoscopy. You'll be sedated.

James: And what happens after that?

Dr Fox:

- If the clot is **gone**, you stay on apixaban
- If it's **still there**, we may switch you to warfarin

Lung Finding

James: What about the lung issue mentioned in the report?

Dr Fox: You have a **small calcified pleural plaque**. It's usually harmless and often linked to past asbestos exposure.

James: I don't recall any exposure.

Dr Fox: It can happen without you realising. It's **usually benign**, but we should have it checked.

James: What does that involve?

Dr Fox: Seeing a **respiratory specialist**, who may:

- Do a high-resolution scan
- Repeat imaging in about a year

Most likely, it will just be monitored.

Heart Monitor Results

Dr Fox: Your 48-hour monitor showed **atrial fibrillation**, with heart rates between 44 and 179.

You also had a **few pauses**, but nothing serious.

James: Do I need a pacemaker?

Dr Fox: No. Not at this stage.

Just watch out for symptoms like:

- Feeling faint
- Dizziness
- Nearly blacking out

If those happen, let us know.

Plan Going Forward

Dr Fox: So, to summarise:

- Continue your **statin**
- Arrange a **cholesterol test**
- I'll book the **TOE scan**
- If the clot remains → consider **warfarin**
- See a **lung specialist** for the plaque
- Monitor any symptoms like dizziness

Closing

James: That all makes sense. Thank you.

Dr Fox: No problem. We'll organise everything, and I'll send the necessary letters. Take care.

James: Thanks, doctor.