

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Mary G. Burcher</i>	<i>11-9-09</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER <i>000214</i></p> <p>2. DATE SIGNED BY DIRECTOR <i>Claude 12/7/09, better attached.</i></p> </div> <div style="width: 45%;"> <p>ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-18-09</i></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p> </div> </div>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

LOWCOUNTRY VEIN & MEDICAL SPA

Edward C. Morrison, M.D.
General & Vascular Surgery
Board Certified

Thomas C. Appleby, M.D.
General & Vascular Surgery
Board Certified

P. Kevin Beach, M.D.
General & Vascular Surgery
Board Certified

RECEIVED

November 3, 2009

NOV 09 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Marion Burton
Medical Director
SC Dept of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Mary L. Frazier
ID# 4150831701

Dear Dr. Burton,

Mrs. Mary Frazier is a 67 year-old female initially seen by me on 12/05/07 at the request of Dr. Creel for evaluation of bilateral leg pain. A lower extremity venous ultrasound performed on 10/07/09 was positive for deep and superficial venous system reflux. Mrs. Frazier has worn compression stockings for several years with no relief. I feel that it would benefit her to undergo endovenous ablation of the right leg to treat the greater saphenous vein. A copy of my office notes and venous studies are attached.

We would appreciate your consideration of this service based on the above and attached information. This surgery is not typically a covered service by Medicaid. The CPT code is 36475.

We will await your response. Please feel free to contact me with any questions.

Sincerely,

PK Beach, MD

P. Kevin Beach, M.D.

1331 Ashley River Road
Building C
Charleston, South Carolina 29407
843.573.9600 telephone 843.573.9660 fax

Account # 70127
Mary Frazier
23804 Augusta Hwy

835-8187

12/12/1941

BP Cottageville, SC 29435

FRAZIER, Mary L. 70127

Dr. P. Kevin Beach

09/09/2009

WALTERBORO OFFICE

Ms. Frazier re-presents in follow up evaluation of her varicose veins. She has been seen in the past for vascular disease as well as leg pain. She has pretty significant lumbar disk disease and was seen by Southeastern Spine for that. She just has worsening pain at her knee and behind it from a large varicosity of her right leg and Dr. Creel has asked us to evaluate her for that. She has not been in the hospital for any reason. She denies any stroke or TIAs.

BP	Cottageville, SC 29435
PULSE	
TEMP	
ALLERGIES	

PHYSICAL EXAM: Black female in no apparent distress. She is awake, alert and oriented. Head is normocephalic, atraumatic. Pupils are equally round and reactive to light. Sclerae nonicteric. Oropharynx is clear. Neck is supple. There are no cervical bruises. Heart is regular rate without murmurs. Lungs are clear to auscultation bilaterally. Abdomen is soft, nontender, nondistended and without masses. Lymphadenopathy - No cervical or axillary lymphadenopathy. Musculoskeletal - Normal gait. Extremities - She has 2+ edema of both lower extremities with multiple varicosities. She has a large greater saphenous vein varicosity on the right side. Skin is warm and dry without ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

DATA: ABIs are normal.

IMPRESSION: Venous insufficiency

PLAN: We will obtain a VNUS protocol ultrasound and make further recommendations from there. P. KEVIN BEACH, M.D./hna

FRAZIER, Mary L. 70127
10/07/2009

Dr. P. Kevin Beach

WALTERBORO OFFICE

Ms. Frazier returns today for follow up of her venous insufficiency. She was seen last week and has had compression stockings for some time. She has a large varicosity of the right leg associated with some edema. This is very troublesome to her.

PHYSICAL EXAM: On exam today this varicosity is basically unchanged.

DATA: The ultrasound is reviewed today and this demonstrates significant venous reflux.

IMPRESSION: Longstanding venous insufficiency and failed conservative therapy.

PLAN: We discussed the risks and benefits of elective VNUS Closure. She wants to proceed. Therefore, we will make arrangements for VNUS Closure for her at a time of her convenience in the near future. P. KEVIN BEACH, M.D./hna

Account # 70127
Mary Frazier
23804 Augusta Hwy

835-8187

12/12/1941

Cottageville, SC 29435

DEC 05 2007

PLEASE SEE 4PG HANDWRITTEN H&P

FRAZIER, Mary L. 70127

Dr. P. Kevin Beach

12/19/2007

WALTERBORO OFFICE

Ms. Frazier returns today for follow up. She complains of significant leg pain.

DATA: She has had her noninvasive studies and these are essentially normal.

PHYSICAL EXAM: She has palpable pulses bilaterally.

IMPRESSION: I am wondering if she really has more of a neurogenic component to her pain. She apparently has had 2 epidurals in the past with minimal relief and I think she needs further imaging.

PLAN: We are going to make arrangements for her to have an MRI of the lumbar spine and I will see her back thereafter. P. Kevin Beach, M.D./Jma

cc Dr. John Creel (ENC Lower Extremity Arterial Study)

FRAZIER, Mary L. 70127

Dr. P. Kevin Beach

01/02/2008

WALTERBORO OFFICE

Ms. Frazier returns today for follow up. She has been evaluated for leg pain and after our initial office visit, we had her obtain an MRI of the lumbar spine.

DATA: MRI of the lumbar spine demonstrates severe multi-level disk disease.

IMPRESSION: I think this disk disease is really more the cause of her pain than any type of arterial situation. I have discussed this with her at length.

PLAN: I told her that I would like for her to see a spine surgeon in consultation. It might be that physical therapy and another round of epidurals would be the best way to go. Nevertheless, we will make arrangements for spine consultation and see her back thereafter. P. Kevin Beach, M.D./Jma

cc Dr. John Creel (ENC MRI of lumbar spine)

Dr. Steve Miller (ENC MRI of lumbar spine)

Coastal Surgical Vascular and Vein Specialists History and Physical Form

- ☐ Edward C. Morrison, M.D.
☐ Thomas C. Appleby, M.D.
☒ P. Kevin Beach, M.D.

Patient Name: Mary Frazier Today's Date: 12-5-01

Medical Record #: 10127 Patient seen at the request of: Dr. Creel

Primary Care Physician: _____

Other: _____

S. Miller

CC: _____

HPI (Document location, duration, timing, quality, severity, context, modifying factors, associated signs/symptoms or status of 3 chronic conditions)

45 year old female

C/O leg pain (L) > (R)
duration 2-3 months

hepers when walks; improves

when in cakes; doesn't improve w/ rest
no edema 2° varicosis compression hose

Varicose Veins with Symptoms:

- ☐ Aching ☐ Dilated ☐ Itching ☐ Tortuous vessels of ☐ Right
☐ Left Leg ☐ Swelling during activity or after prolonged standing

History: Symptoms began _____

☐ weeks ☐ months ☐ years ago

Conservative Therapy: _____

month(s) trial of _____

- ☐ Compression Stockings
☐ Mild Exercise
☐ Periodic Leg Elevation
☐ Weight Reduction

Patient: Mary FrazierDate 12-5-07ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss/gain - Appetite - Fever - Night Sweats - Obese

Eyes: Blindness or blind spots - Vision Change - Blurring - Glaucoma

ENT: Vertigo - Deafness - Tinnitus - Epistaxis - Sinusitis - Hoarseness - Dysphagia - Odynophagia

Resp: SOB - DOE - PND - Orthopnea - Wheezing - Cough - Hemoptysis - Hx TB/PPD

Cardiac: Angina - MI - Murmur - Palpitations - Pedal Edema

Vascular: Am/Fu - T/A, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

GI: Abd Pain - N/V - PUD - GERD - Constipation - Diarrhea - Melena - BRBPR - Bowel Changes

GU: Nocturia - Dysuria - Pyuria - Hematuria - Urgency - Frequency - Decreased Stream

MS: Weakness - Pain - Joint Pain - ROM - Swelling - Gout - Arthritis

Hem/Lymph: Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy

Endo: Thyroid problems - Goiter - DM - Heat/cold intolerance - Polydipsia - Polyuria.

Skin: Rash - Lesion/Mole Ulcer

Breast: Lumps - Nipple Retraction/Discharge - Skin changes - Breast Pain

Psych: Anxiety - Memory Loss - Depression - Nervousness - Hallucinations

Neuro: Headache - Numbness - Dizziness - CV/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

☐ All Other Systems Negative

Allergies:

Medications: ☐ See attached list

Steven
 Lot
 Gynard
 12-5-07
 2

Patient Name: Mary FrazierDate 12-5-07

PMHx:

☐ See attached Patient Hx Form Dated _____

PSHx:

CAD 6mm 714CADESDPTN2-10-07
7 CholSocial Hx: (Circle pertinent)
S, M, W, D, SEPOccupation retired

Family Hx: _____

Tobacco

2 int cans ETOH
vsd4 CAs

Caffeine

Drugs _____

EXAM: ✓ Normal Findings (except as noted)

CONST: Temp _____

Pulse _____

BP: _____

Resp _____

Wt _____

☒ healthy appearing☐ ill appearing☐ Well nourished☐ Malnourished☐ ObeseHEENT: ☐ Normocephalic~~PER~~ RLA~~GEOM~~'s intact☒ Oral mucosa moist

Add notes: _____

NECK: ☐ Trachea Midline☒ No JVD☐ No thyromegaly or massesLymph: ☒ No lymphadenopathy axilla/cervical/groinResp: ☒ Clear to auscultation bilaterally☒ Respiration non-laboredCardio: ☒ RRR☒ No murmurs

Vascular:

Aorta

☐

Bruit:

☒ R

Carotid

☐☒ R Radial☐ L☐ R☐ R☐ R

Vertebral

☐ L☐ R Brachial☐ L☐ R☐ R☐ R

Subclavian

☐ L☐ R STA☐ L☐ R☐ R☐ R

Flank

☐ L☐ R Femoral☐ L☐ R☐ R☐ R

Iliac

☐ L☐ R Popliteal☐ L☐ R☐ R☐ R

Epigastric

☐ L☐ R PT☐ L☐ R☐ R☐ R

Iliac

☐ L☐ R DP☐ L☐ R☐ R☐ R

Iliac

☐ L☐ No Ulcers ☒ No Gangrene ☐ No trophic changes ☐ Pedal pulses 2+ throughout☐ No edema or venous varicosities

Doppler Survey: _____

Patient: Mary FrazierDate: 12-5-07Chest: ☒ No masses, lumps, or tenderness ☐ Existing Catheter ☐ Previous CatheterBreast: ☐ Negative exam with no masses, tenderness, or dischargeAbdomen: ☒ No masses or tenderness ☒ Liver and spleen non-tender ☒ Soft, nondistendedMusco: ☒ Normal Gait ☒ Extremities intact Extremities: ☐ No clubbing, cyanosis, or edemaSkin: ☒ No rashes, lesions, or ulcersNeuro: ☒ Alert and oriented x 3 ☒ No motor or sensory deficit

DATA: _____

Assessment (Diagnoses):1° S purr

Plan: _____

✓ MASdislike on rxProvider Signature:

Patient told to follow up pri and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____

CVE Systems

CVE
Systems

17207 Wyeth Circle, Spring Texas 77379

Phone: 800-338-0360

Email: Support@cvesystems.com

Coastal Surgical Associates

1327 Ashley River Road
Charleston, SC 29407

843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: FRAZIER, MARY

Study Date: 10/7/2009

Time: 11:22:59 AM

DOB: 12/12/1941 Age: 67 Gender: Female

MR/Case#: 70127

Referring Phy: BEACH, KEVIN MD

Lab: COASTAL SURGICAL ASSOCIATES

Indication: Venous Insufficiency

Technologist: Regan, Debra, RVT

HISTORY:

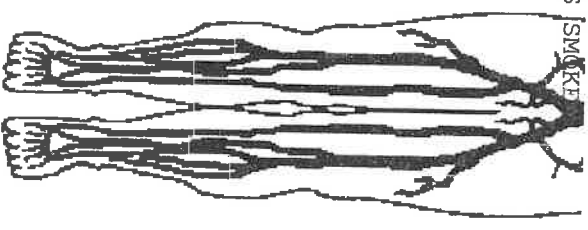
CAD WITH CABG (RT GSV HARESTED), HTN, HIGH CHOLESTEROL, LOW THYROID, PREVIOUS SMOKE

INDICATION:

RLE VI, EDEMA, LARGE VV

93971
19, 17, W0VL
454.1

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLEX OF THE LEFT SAPHENO-FEMORAL JUNCTION, RIGHT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:

CVE Systems

17207 Wyeth Circle, Spring Texas 77379
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Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: FRAZIER, MARY	Study Date: 10/7/2009	Time: 11:22:59 AM
DOB: 12/12/1941	Age: 67	Gender: Female
MR/Case#: 70127		
Referring Phy: BEACH, KEVIN MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

RIGHT:

THE ABOVE MENTIONED VESSELS WERE PATENT WITH COLOR FLOW, DEMONSTRATED AUGMENTATION AND FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS NOTED. REFLUX WAS NOTED IN THE FOLLOWING: COMMON, S.FEMORAL, GSV AND MID PERFORATOR. GSV DIAMETER: JUNCTION 1.18, UPPER BRANCH THAN THE VESSEL CURVES, 0.75, 0.97, 0.72 AND MID THIGH @ 0.73cm. THIS VESSEL THAN DOES MULTIPLE 360'S AND TRAVELS UNDER THE SKIN LINE TO BK. REFLUXING MID PERFORATOR: 0.44cm. A BAKER'S CYST WAS NOTED MEASURING 1.68 X 3.99cm.

LEFT:

CURSORY ASSESSMENT SHOWS NO EVIDENCE OF FEMORAL JUNCTION THROMBUS.

CONCLUSION/SUMMARY:

RIGHT LOWER EXTREMITY IS NEGATIVE FOR THROMBOSIS,

POSITIVE FOR DEEP REFLUX,

POSITIVE FOR GSV WITH BRANCH ACCESS TO MID THIGH REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED AS DESCRIBED ABOVE (NATIVE HARVESTED FOR CABG),

POSITIVE FOR MID PERFORATOR CLOSURE WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED.

PLC 10/8/17
Date

Entered to Brenda
Turner 12-1-09 cl

December 1, 2009

P. Kevin Beach, M. D.
Lowcountry Vein & Medical Spa
1331 Ashley River Road, Building C
Charleston, SC 29407

Re: Mary L. Frazier
ID# 4150831701

Dear Dr. Beach:

Thank you for corresponding regarding this Medicaid beneficiary. I concur that endovenous ablation is clinically appropriate for this patient. Please forward a copy of this letter with your claim so that our SC DHHS staff colleagues can override the edit and pay you for this care.

If you have any further difficulty please let me know. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

O. Marion Burton, MD
Medical Director

Reply
Reading to
mail

December 7, 2009

P. Kevin Beach, M. D.
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O. Marion Burton, MD
Medical Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Burke</i>	DATE <i>11-9-09</i>
--------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1000214</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-18-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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LOWCOUNTRY VEIN & MEDICAL SPA

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RECEIVED

November 3, 2009

NOV 09 2009

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OFFICE OF THE DIRECTOR

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12/12/1941

BP _____ Cottageville, SC 29435

PULSE _____

FRAZIER, Mary L. 70127
09/09/2009

Dr. P. Kevin Beach

TEMP _____

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Ms. Frazier re-presents in follow up evaluation of her varicose veins. She has been seen in the past for vascular disease as well as leg pain. She has pretty significant lumbar disk disease and was seen by Southeastern Spine for that. She just has worsening pain at her knee and behind it from a large varicosity of her right leg and Dr. Creel has asked us to evaluate her for that. She has not been in the hospital for any reason. She denies any stroke or TIAs.

ALLERGIES _____

PHYSICAL EXAM: Black female in no apparent distress. She is awake, alert and oriented. Head is normocephalic, atraumatic. Pupils are equally round and reactive to light. Sclerae nonicteric. Oropharynx is clear. Neck is supple. There are no cervical bruits. Heart is regular rate without murmurs. Lungs are clear to auscultation bilaterally. Abdomen is soft, nontender, nondistended and without masses. Lymphadenopathy - No cervical or axillary lymphadenopathy. Musculoskeletal - Normal gait. Extremities - She has 2+ edema of both lower extremities with multiple varicosities. She has a large greater saphenous vein varicosity on the right side. Skin is warm and dry without ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

DATA: ABIs are normal.

IMPRESSION: Venous insufficiency

PLAN: We will obtain a VNUS protocol ultrasound and make further recommendations from there. P. KEVIN BEACH, M.D./hna

FRAZIER, Mary L. 70127
10/07/2009

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Ms. Frazier returns today for follow up of her venous insufficiency. She was seen last week and has had compression stockings for some time. She has a large varicosity of the right leg associated with some edema. This is very troublesome to her.

PHYSICAL EXAM: On exam today this varicosity is basically unchanged.

DATA: The ultrasound is reviewed today and this demonstrates significant venous reflux.

IMPRESSION: Longstanding venous insufficiency and failed conservative therapy.

PLAN: We discussed the risks and benefits of elective VNUS Closure. She wants to proceed. Therefore, we will make arrangements for VNUS Closure for her at a time of her convenience in the near future. P. KEVIN BEACH, M.D./hna

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DEC 05 2007

PLEASE SEE 4PG HANDWRITTEN H&P

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PULSE	
TEMP	
ALLERGIES	

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12/19/2007

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IMPRESSION: I am wondering if she really has more of a neurogenic component to her pain. She apparently has had 2 epidurals in the past with minimal relief and I think she needs further imaging.

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cc Dr. John Creel (ENC Lower Extremity Arterial Study)

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01/02/2008

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Dr. Steve Miller (ENC MRI of lumbar spine)

Coastal Surgical Vascular and Vein Specialists History and Physical Form

☐ Edward C. Morrison, M.D.
☐ Thomas C. Appleby, M.D.
☒ P. Kevin Beach, M.D.

Patient Name: Mary Frazier Today's Date: 12-5-01

Medical Record #: 710127 Patient seen at the request of: Dr. Creel

Primary Care Physician: _____

Other: _____

S. Miller (D)

CC: _____

HPI (Document location, duration, timing, quality, severity, context, modifying factors, associated signs/symptoms or status of 3 chronic conditions)

45 year old female

C/O leg pain (L) > (R)
duration 2-3 months
hears aching walls; happens
often in aches; doesn't improve w/ rest
no edema 20 carats compression hose

Varicose Veins with Symptoms:

☐ Aching ☐ Dilated ☐ Itching ☐ Tortuous vessels of ☐ Right

History: Symptoms began _____

☐ Left Leg ☐ Swelling during activity or after prolonged standing

Conservative Therapy: _____

month(s) trial of _____

☐ weeks ☐ months ☐ years ago
☐ Compression Stockings
☐ Mild Exercise
☐ Periodic Leg Elevation
☐ Weight Reduction

Patient: Mary FrazierDate 12-5-07

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss/gain - Appetite - Fever - Night Sweats - Obese

Eyes: Blurred or blind spots - Vision Change - Blurring - Glaucoma

ENT: Vertigo - Deafness - Tinnitus - Epistaxis - Sinusitis - Hoarseness - Dysphagia - Odynophagia

Resp: SOB - DOE - PND - Orthopnea - Wheezing - Cough - Hemoptysis - Hx TB/PPD

Cardiac: Angina - MI - Murmur - Palpitations - Pedal EdemaVascular: Am/Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAAVeins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

GI: Abd Pain - NV - PUD - GERD - Constipation - Diarrhea - Melena - BRBPR - Bowel Changes

GU: Nocturia - Dysuria - Pyuria - Hematuria - Urgency - Frequency - Decreased Stream

MS: Weakness - Pain - Joint Pain - ↓ ROM - Swelling - Gout - Arthritis

Hem/Lymph: Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy

Endo: Thyroid problems - Goiter - DM - Heat/cold intolerance - Polydipsia - Polyuria

Skin: Rash - Lesion/Mole - Ulcer

Breast: Lumps - Nipple Retraction/Discharge - Skin changes - Breast Pain

Psych: Anxiety - Memory Loss - Depression - Nervousness - Hallucinations

Neuro: Headache - Numbness - Dizziness - CVMI/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

☐ All Other Systems Negative

Allergies:

Medications: ☐ See attached list

Skelvln

Lolp

Graftid

Derc

Cup

Ux

Patient Name: Mary FrazierDate 12-5-07

PMHx:

☐ See attached Patient Hx Form Dated _____

PSHx:

CBA Gen-TitCADBBPHTNd+lv+27
7 CholesterolSocial Hx: (Circle pertinent)
S, M, W, D, SEPOccupation ctd 10/2/07

Family Hx:

Tobacco 2000 ETOH*CCA

Caffeine _____

Drugs _____

EXAM: ✓ Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt _____

☒ healthy appearing ☐ ill appearing ☐ Well nourished ☐ Malnourished ☐ ObeseHEENT: ☒ Normocephalic ☒ PERLA ☒ EOM's intact ☒ Oral mucosa moist

Add notes:

NECK: ☒ Trachea Midline ☐ No JVD ☒ No thyromegaly or massesLymph: ☒ No lymphadenopathy axilla/cervical/groinResp: ☒ Clear to auscultation bilaterally ☐ Respiration non-laboredCardio: ☒ RRR ☐ No murmursVascu: ☒ Aorta ☐ Radial ☐ Brachial ☐ STA ☐ CCA ☐ Femoral ☐ Popliteal ☐ PT ☐ DP

Bruits:

☒ Carotid☐ Vertebral☐ Subclavian☐ Flank☐ Iliac☐ Epigastric☐ No ulcers ☒ No Gangrene ☐ No trophic changes ☐ Pedal pulses 2+ throughout☐ No edema or venous varicosities

Doppler Survey: _____

Patient: Mary Frazier Date: 12-5-07

Chest: ☒ No masses, lumps, or tenderness ☐ Existing Catheter ☐ Previous Catheter

Breast: ☐ Negative exam with no masses, tenderness, or discharge

Abdomen: ☒ No masses or tenderness ☒ Liver and spleen non-tender ☒ Soft, nondistended

Musco: ☒ Normal Gait ☒ Extremities intact Extremities: ☐ No clubbing, cyanosis, or edema

Skin: ☒ No rashes, lesions, or ulcers

Neuro: ☒ Alert and oriented x 3 ☒ No motor or sensory deficit

DATA:

Assessment (Diagnoses):

1st pt

Plan:

1st pt

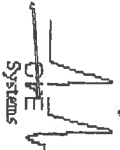
discharge on rx

Provider Signature:

[Signature]

Patient told to follow up pm and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____



CVE Systems

17207 Wyeth Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

291.00

Lower Venous Duplex Scan

Patient Name: FRAZIER, MARY	Study Date: 10/7/2009	Time: 11:22:59 AM
DOB: 12/12/1941	Age: 67	Gender: Female
MR/Case#: 70127	Referring Phy: BEACH, KEVIN MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

HISTORY:

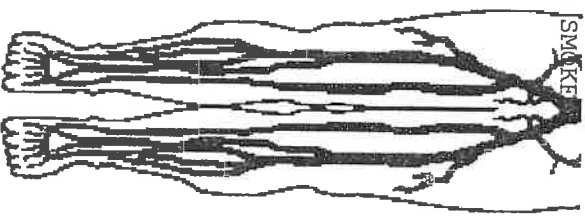
CAD WITH CABG (RT GSV HARESTED), HTN, HIGH CHOLESTEROL, LOW THYROID, PREVIOUS SMOKE

INDICATION:

RLE VI, EDEMA, LARGE VV

93971
19, 17, WBVL
454.1

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLX OF THE LEFT SAPHENO-FEMORAL JUNCTION, RIGHT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:

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RIGHT:

THE ABOVE MENTIONED VESSELS WERE PATENT WITH COLOR FLOW, DEMONSTRATED AUGMENTATION AND FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS NOTED. REFLUX WAS NOTED IN THE FOLLOWING: COMMON, S.FEMORAL, GSV AND MID PERFORATOR. GSV DIAMETER: JUNCTION 1.18, UPPER BRANCH THAN THE VESSEL CURVES, 0.75, 0.97, 0.72 AND MID THIGH @ 0.73cm. THIS VESSEL THAN DOES MULTIPLE 360's AND TRAVELS UNDER THE SKIN LINE TO BK. REFLUXING MID PERFORATOR: 0.44cm. A BAKER'S CYST WAS NOTED MEASURING 1.68 X 3.99cm.

LEFT:

CURSORY ASSESSMENT SHOWS NO EVIDENCE OF FEMORAL JUNCTION THROMBUS.

CONCLUSION/SUMMARY:

RIGHT LOWER EXTREMITY IS NEGATIVE FOR THROMBOSIS,

POSITIVE FOR DEEP REFLUX,

POSITIVE FOR GSV WITH BRANCH ACCESS TO MID THIGH REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED AS DESCRIBED ABOVE (NATIVE HARVESTED FOR CABG),

POSITIVE FOR MID PERFORATOR CLOSURE WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED.

ALB 21 10/8/9

Date