

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Dr. Burtan</i>	DATE <i>1-14-10</i>
-------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>0011302</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claude J. 1/29/10, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-26-10</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

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

January 7, 2010

JAN 14 2010

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: Elizabeth Carroll
ID# 7780748114

Dear Dr. Burton,

Mrs. Elizabeth Carroll is a 68 year-old female initially seen by Dr. Kevin Beach on 09/30/09 at the request of Dr. Nicole DeBerry for evaluation of left leg edema. A lower extremity venous ultrasound performed on 01/04/10 was positive for deep and superficial venous system reflux. Mrs. Carroll has worn compression stockings for greater than three months with no relief. I feel that it would benefit her to undergo endovenous ablation of the left 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,

Edward C. Morrison, M.D.
Edward C. Morrison, M.D.

Moncks Corner
2061 Highway 52

Mr. Pleasant
570 Longpoint Rd., Suite 130

1327 Ashley River Rd., Bldg. B
Charleston, SC 29407
Telephone (843) 577-4551
Fax (843) 577-8868

Walterboro
416 B Robertson Blvd.

Account # 79095
Elizabeth Carroll
600 Greenwave Blvd
Apt E1
Summerville, SC 29485

843-532-0456

09/21/1991

Sharon

CARROLL, Elizabeth F. 79095

Dr. Edward C. Morrison

01/04/2010

She is seen follow up at this time. She originally saw Dr. Beach. She is attended by her daughter, Sharon, today. She continues to complain of a lot of pain in the left leg. She has worn stockings since she saw Dr. Beach and a prescription was written for them back in September. She states that by the end of the day her left leg is hurting fairly significantly.

PAST MEDICAL HISTORY: She is 68. Otherwise, she is in relatively good health. She has a history of aneurysm repair several years ago. On further questioning with her daughter, she has never had any follow up ultrasound. They are very concerned about this. This was done out at Trident. She has had an incisional hernia repair.

FAMILY HISTORY: In addition, the family has a history of aneurysm.

PHYSICAL EXAM: Neck is supple. Chest is clear. Abdomen is soft. There is no evidence of aneurysm. She has good femoral pulses.

She has multiple dilated varicose veins. She has a swollen left lower leg.

DATA: Ultrasound was done and the greater saphenous vein is refluxing. In addition because there are bulbous veins in the posterior aspect of the calf, I also ultrasounded the lesser saphenous vein and it is refluxing.

IMPRESSION: I had a lengthy discussion with this lady and her daughter. I have explained to them that she has venous reflux. She, as well, is symptomatic. She states that by the middle of the day, the leg hurts to the point that she cannot do anything. Stockings do not improve her situation.

She is edematous and she is clearly decompensated.

We had a lengthy discussion about the risks, benefits and possible complications of VNUS Closure.

PLAN: She wants to proceed with VNUS Closure as soon as we can. I told her that it would probably be best to do both the greater and lesser saphenous veins. We went over this extensively and she wants to proceed with intervention as soon as we can. **EDWARD C. MORRISON, M.D./hma**

ADDENDUM: She, as well, wants to get an ultrasound for follow up of her aneurysm repair done whenever we can arrange this. **EDWARD C. MORRISON, M.D./hma**

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.

CARROLL, Elizabeth F. 79095
09/30/2009

Dr. P. Kevin Beach

FAUCETT SEEN at the request of _____
Primary Care Physician: _____

Other: _____

cc: Edema Evaluation

HPI
HISTORY OF PRESENT ILLNESS: Ms. Carroll is a 68-year-old lady who presents today at the kind request of Nicole DeBerry for evaluation of edema. She does have hip and calf pain when she walks. This is really associated with some fairly extensive edema that has been going on for over 3 months. She denies any prior history of DVT. P. KEVIN BEACH, M.D./hma

see above
24/5

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 : Elizabeth Carril Date 9/30/09

Account Number 79095

ROS: 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 - Murrur - Palpitations - Pedal Edema

Vascular: ~~Ang Fu~~ - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: ~~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 - CV/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

☐ All Other Systems Negative

Allergies:

Medications: ☐ See attached list

English
Spanish

Memor

2
TCH - Ronda

Patient Name: Elizabeth Carroll Date 9/30/09
Account Number 79095

PSHx:

PMHx:

☐ See attached Patient Hx Form Dated _____

ACH
WIN
CRNO

AAA repair - Jan
Hein's Rep
cup (imp)

Family Hx:

Social Hx: (Circle pertinent)
S, M, W, D, SEP Occupation AD

Tobacco ← ETOH _____

AD

Caffeine _____ Drugs _____

ALCOH

EXAM: ✓ = Normal Findings (except as noted)

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

Add notes:

☐ healthy appearing ☐ ill appearing ☐ Well nourished ☐ Malnourished ☐ Obese

HEENT: ☒ Normocephalic ☒ PERLA ☒ EOM's intact ☒ Oral mucosa moist

NECK: ☐ Trachea Midline ☐ No JVD ☐ No thyromegaly or masses

Lymph: ☐ No lymphadenopathy axilla/cervical/groin

Resp: ☒ Clear to auscultation bilaterally ☒ Respiration non-labored

Cardio: ☐ RRR ☐ No murmurs

Bruits:

Vascular:	Aorta	<input type="checkbox"/>	Carotid	<input type="checkbox"/>
<input type="checkbox"/> R	Radial	<input type="checkbox"/> L	<input checked="" type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> R	Brachial	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> R	STA	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> R	CCA	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> R	Femoral	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> R	Popliteal	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> R	PT	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> R	DP	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L

<input type="checkbox"/> R	<input checked="" type="checkbox"/> Carotid	<input type="checkbox"/> L
<input type="checkbox"/> R	Vertebral	<input type="checkbox"/> L
<input type="checkbox"/> R	Subclavian	<input type="checkbox"/> L
<input type="checkbox"/> R	Flank	<input type="checkbox"/> L
<input type="checkbox"/> R	Iliac	<input type="checkbox"/> L
<input type="checkbox"/> R	Epigastric	

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

Doppler Survey: _____

Patient: Elizabeth Cambl Date: 9/30/09

Account Number _____

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):

clean

VE

Plan:

continue

Provider Signature:

[Signature]

Patient told to follow up pri and/or: 2 month(s) _____ wk(s) _____ days

pc: Dr. _____



CVE Systems

17207 Wyeth Circle, Spring Texas 77379

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407

CVE
Systems

Phone: 800-338-0360 Email: Support@cvesystems.com

843-577-4561 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: CARROLL, ELIZABETH	Study Date: 1/4/2010	Time: 3:32:57 PM
DOB: 9/21/1941	Age: 68	Gender: Female
Referring Phy: APPELBY, C. THOMAS MD	MR/Case#: 79095	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Tosti, Liberty, RVT, RDMS	

RIGHT:

THE SAPPHENO-FEMORAL JUNCTION IS PATENT AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE CFV, SFV, POPLITEAL, PTV, GSV AND SSV. THE GSV MEASURED: JUNCTION 0.55CM, PROXIMAL THIGH 0.35CM, 0.27CM, MID 0.30CM; THE VESSEL BRANCHES AT THIS POINT, WITH THE TRUE GSV DIMINISHING IN DIAMETER AS IT TRAVELED DISTALLY. THE GSV BRANCH CAN BE FOLLOWED TO THE CALF, MEASURING: DISTAL THIGH 0.25CM, PROXIMAL CALF 0.20CM, 0.18CM. THE SSV MEASURED (PROX-DIST): 0.32CM, 0.25CM, 0.17CM, 0.20CM, 0.17CM. THE SSV SHOWED MULTIPLE BRANCHES WHICH TRAVEL SUPERFICIALLY. NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX AT THIS TIME.

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DVT/SVT.

POSITIVE EXAM FOR DEEP AND SUPERFICIAL VEIN REFLUX AS DESCRIBED ABOVE.

THE LEFT GSV AND SSV DIAMETERS ARE SUFFICIENT IF CLOSURE IS CONSIDERED.

PRELIMINARY



CVE Systems

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Coastal Surgical Associates

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Charleston, SC 29407

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

Lower Venous Duplex Scan

Patient Name: CARROLL, ELIZABETH	Study Date: 1/4/2010	Time: 3:32:57 PM
DOB: 9/21/1941 Age: 68 Gender: Female	MR/Case#: 79095	
Referring Phy: APPLEBY, C. THOMAS MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: Venous Insufficiency	Technologist: Tosti, Liberty, RVT, RDMS	

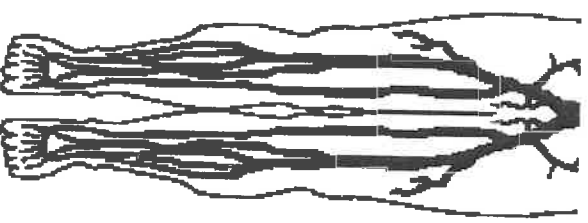
HISTORY:

HIGH CHOLESTEROL, HTN, GERD, AAA REPAIR

INDICATION:

LLE VI WITH PAINFUL EDEMA

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

LIMITED VENOUS DUPLX EXAMINATION OF THE RIGHT SAPHENO-FEMORAL JUNCTION, LEFT CFV, SFV, POPLITEAL, PTV, GSV, SSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

PRELIMINARY

Log # 302 ✓

January 29, 2010

Edward Morrison, MD
Coastal Surgical
Vascular & Vein Specialists
1327 Ashley River Rd., Bldg B
Charleston, SC 29407

Re: Elizabeth Carroll
ID# 7780748114

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. In reviewing your correspondence and office notes I certainly concur that endovenous ablation is clinically appropriate. Please attach a copy of this correspondence to your claim for payment so that my DHHS staff colleagues will be alerted to reimburse you for this care.

If you have any further problems please don't hesitate to contact me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

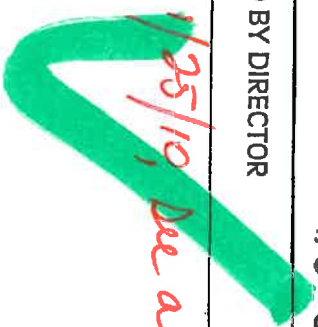
Sincerely,


O. Marion Burton, MD
Medical Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/Dr. Burton	1-14-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 300302	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Close 1/25/10, see attached email. 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 1-26-10 <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

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RECEIVED

January 7, 2010

JAN 14 2010

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: Elizabeth Carroll
ID# 7780748114

Dear Dr. Burton,

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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,

Edward C. Morrison, M.D.
Edward C. Morrison, M.D.

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Walterboro
416 B Robertson Blvd.

Account # 79095
Elizabeth Carroll
600 Greenwave Blvd
Apt E1
Summerville, SC 29485

843-532-0456

09/21/1941

Sharon

CARROLL, Elizabeth F. 79095

Dr. Edward C. Morrison

01/04/2010

She is seen follow up at this time. She originally saw Dr. Beach. She is attended by her daughter, Sharon, today. She continues to complain of a lot of pain in the left leg. She has worn stockings since she saw Dr. Beach and a prescription was written for them back in September. She states that by the end of the day her left leg is hurting fairly significantly.

PAST MEDICAL HISTORY: She is 68. Otherwise, she is in relatively good health. She has a history of aneurysm repair several years ago. On further questioning with her daughter, she has never had any follow up ultrasound. They are very concerned about this. This was done out at Trident. She has had an incisional hernia repair.

FAMILY HISTORY: In addition, the family has a history of aneurysm.

PHYSICAL EXAM: Neck is supple. Chest is clear. Abdomen is soft. There is no evidence of aneurysm. She has good femoral pulses.

She has multiple dilated varicose veins. She has a swollen left lower leg.

DATA: Ultrasound was done and the greater saphenous vein is refluxing. In addition because there are bulbous veins in the posterior aspect of the calf, I also ultrasounded the lesser saphenous vein and it is refluxing.

IMPRESSION: I had a lengthy discussion with this lady and her daughter. I have explained to them that she has venous reflux. She, as well, is symptomatic. She states that by the middle of the day, the leg hurts to the point that she cannot do anything. Stockings do not improve her situation.

She is edematous and she is clearly decompensated.

We had a lengthy discussion about the risks, benefits and possible complications of VNUS Closure.

PLAN: She wants to proceed with VNUS Closure as soon as we can. I told her that it would probably be best to do both the greater and lesser saphenous veins. We went over this extensively and she wants to proceed with intervention as soon as we can. **EDWARD C. MORRISON, M.D./hma**

ADDENDUM: She, as well, wants to get an ultrasound for follow up of her aneurysm repair done whenever we can arrange this. **EDWARD C. MORRISON, M.D./hma**

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.

CARROLL, Elizabeth F. 79095
09/30/2009

Dr. P. Kevin Beach

Transmit record at the request of:

Primary Care Physician:

Other:

cc: Edema Evaluation

HPI HISTORY OF PRESENT ILLNESS: Ms. Carroll is a 68-year-old lady who presents today at the kind request of Nicole DeBerry for evaluation of edema. She does have hip and calf pain when she walks. This is really associated with some fairly extensive edema that has been going on for over 3 months. She denies any prior history of DVT. P. KEVIN BEACH, M.D./hma

see over
24/5

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: Elizabeth Carril Date 9/30/09

Account Number 79095

ROS: Circle pertinent symptoms. Line through pertinent negatives

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

Eyes: ~~Blurriness~~ 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: ~~Amy Fu~~ - TIA, 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

Levitra
Neurion

Memman

2
Ten - Pseudo

Patient Name: Elizabeth Carroll Date 9/30/09
Account Number 79095

PSHx:

PMHx: ADD repair - Jan
Hernia Repair
Left hip

Family Hx:

Social Hx: (Circle pertinent)
S, M, W, D, SEP Occupation AD

Tobacco ✓ ETOH

Caffeine Drugs

ADD

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp Pulse BP: Resp Wt

☐ healthy appearing ☐ ill appearing ☐ Well nourished ☐ Malnourished ☐ Obese Add notes:

HEENT: ☒ Normocephalic ☒ PERRLA ☒ BOM's intact ☒ Oral mucosa moist

NECK: ☐ Trachea Midline ☐ No JVD ☐ No thyromegaly or masses

Lymph: ☐ No lymphadenopathy axilla/cervical/groin

Resp: ☒ Clear to auscultation bilaterally ☒ Respiration non-labored

Cardio: ☐ RRR ☒ No murmurs

Bruits:

Vascular:	Aorta	<input type="checkbox"/> L <u> </u>	Carotid	<input type="checkbox"/> L <u> </u>	
<input type="checkbox"/> R <u> </u>	Radial	<input type="checkbox"/> L <u> </u>	<input type="checkbox"/> R <u> </u>	Vertebral	<input type="checkbox"/> L <u> </u>
<input type="checkbox"/> R <u> </u>	Brachial	<input type="checkbox"/> L <u> </u>	<input type="checkbox"/> R <u> </u>	Subclavian	<input type="checkbox"/> L <u> </u>
<input type="checkbox"/> R <u> </u>	STA	<input type="checkbox"/> L <u> </u>	<input type="checkbox"/> R <u> </u>	Flank	<input type="checkbox"/> L <u> </u>
<input type="checkbox"/> R <u> </u>	CCA	<input type="checkbox"/> L <u> </u>	<input type="checkbox"/> R <u> </u>	Iliac	<input type="checkbox"/> L <u> </u>
<input type="checkbox"/> R <u> </u>	Femoral	<input type="checkbox"/> L <u> </u>	<input type="checkbox"/> R <u> </u>	Epigastric	<u> </u>
<input type="checkbox"/> R <u> </u>	Popliteal	<input type="checkbox"/> L <u> </u>	<input type="checkbox"/> R <u> </u>		
<input type="checkbox"/> R <u> </u>	PT	<input type="checkbox"/> L <u> </u>			
<input type="checkbox"/> R <u> </u>	DP	<input type="checkbox"/> L <u> </u>			

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

Doppler Survey:

Patient: Elizabeth Cambl Date: 9/30/09

Account Number _____

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

BP 120/80

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

DATA: _____

Assessment (Diagnoses):

edema

VE

Plan: continue

Provider Signature: [Signature]

Patient told to follow up pri and/or: 2 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

Lower Venous Duplex Scan

Patient Name: CARROLL, ELIZABETH	Study Date: 1/4/2010	Time: 3:32:57 PM
DOB: 9/21/1941	Age: 68	Gender: Female
Referring Phy: APPLEBY, C. THOMAS MD	MR/Case#: 79095	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Tosti, Liberty, RVT, RDMS	

RIGHT:

THE SAPHENO-FEMORAL JUNCTION IS PATENT AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE CFV, SFV, POPLITEAL, PTV, GSV AND SSV. THE GSV MEASURED: JUNCTION 0.55CM, PROXIMAL THIGH 0.35CM, 0.27CM, MID 0.30CM; THE VESSEL BRANCHES AT THIS POINT, WITH THE TRUE GSV DIMINISHING IN DIAMETER AS IT TRAVELED DISTALLY. THE GSV BRANCH CAN BE FOLLOWED TO THE CALE, MEASURING: DISTAL THIGH 0.25CM, PROXIMAL CALF 0.20CM, 0.18CM. THE SSV MEASURED (PROX-DIST): 0.32CM, 0.25CM, 0.17CM, 0.20CM, 0.17CM. THE SSV SHOWED MULTIPLE BRANCHES WHICH TRAVEL SUPERFICIALLY. NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX AT THIS TIME.

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DVT/SVT.

POSITIVE EXAM FOR DEEP AND SUPERFICIAL VEIN REFLUX AS DESCRIBED ABOVE.

THE LEFT GSV AND SSV DIAMETERS ARE SUFFICIENT IF CLOSURE IS CONSIDERED.

PRELIMINARY

CVE Systems

CVE
Systems

17207 Whyeth 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: CARROLL, ELIZABETH	Study Date: 1/4/2010	Time: 3:32:57 PM
DOB: 9/21/1941 Age: 68 Gender: Female	MR/Case#: 79095	
Referring Phy: APPIEBY, C. THOMAS MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: Venous Insufficiency	Technologist: Tosti, Liberty, RVT, RDMS	

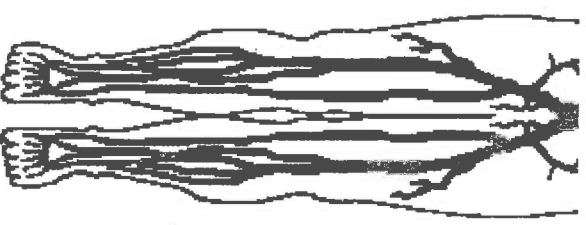
HISTORY:

HIGH CHOLESTEROL, HTN, GERD, AAA REPAIR

INDICATION:

LLE VI WITH PAINFUL EDEMA

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

LIMITED VENOUS DUPLIX EXAMINATION OF THE RIGHT SAPPHENO-FEMORAL JUNCTION, LEFT CFV, SEV, POPLITEAL, PTV, GSV, SSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

PRELIMINARY

From: Lena Aquino
To: Brenda James
Date: 1/25/2010 8:30 AM
Subject: Fwd: Re: Log 0301 Due 1/26/10

Please close Log 0301 (see below). Thanks!

>>> Alicia Jacobs 1/22/2010 4:57 PM >>>
Yes

>>> Lena Aquino 1/22/2010 3:08 PM >>>
I want to make sure it is OK to close out this log.

Denise called to say that this case is a DDSN issue. The beneficiary, Elizabeth Sturkie is a special needs Title IV adoption recipient, age 18. Her parents are trying to get her moved up on the waiting list for the Babcock Center because their health is failing. Denise talked to Lois Parks-Mole at DDSN, who is going to call the Sturkie family. VR is writing a letter on Elizabeth's behalf to try to speed up the process as well. Denise is updating the legislator's office. Is it ok to close via email with Brenda?

Log # 301 ✓