

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Medical Services / Burton	2-15-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	1011352	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	Cleared 2/18/11, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <u>2-25-11</u>
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE _____

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.
Vascular Surgery
Board Certified*

Brandy E. Price, PA-C

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

Kristen R. Patel, PA-C

RECEIVED

FEB 15 2011

February 11th, 2011

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

RE: Clovis Morrison
ID # 40256399

Dear Dr. Burton,

Mr. Clovis Morrison is a 44 year-old male initially seen for consultation on 02/04/11 at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He had left lower extremity venous ultrasound performed on 02/04/11 that showed positive for reflux. I believe it would benefit him to undergo endovenous ablation of the left leg. 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. The CPT codes we are requesting are 36475 & 36476.

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

Sincerely,

Edward Morrison, M.D.

*Moncks Corner
2061 Highway 52*

*Mt Pleasant
3510 Hwy. 17 N., Suite 325*

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

*Walterboro
416 B Robertson Blvd.
Hampton
595 West Carolina Ave.*

**Coastal Surgical Vascular and Vein Specialists
History and Physical Form**

- Edward C. Morrison, M.D.
- Thomas C. Appleby, M.D.
- Brandy Englert, PA-C
- Kristen Patel, PA-C

MORRISON, Clovis 84462
02/04/2011

Brandy Englert Price, PA-C
(Dr. Carek)

Primary Care Physician: _____

Other: _____

5055
cc: leg ulcer

HISTORY OF PRESENT ILLNESS:

The patient was seen in consultation today at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He is a 44-year-old white male who has had bilateral lower extremity swelling, discomfort and ulcerations for many years. He has tried various forms of compression therapy including Unna boots, stockings and other wraps with little relief. He does improve with elevation, but finds this difficult. He reports chronic pain due to fibromyalgia and back pain. He is on a host of medications for both. He is currently disabled and admits to having poor control of his health. He is morbidly obese and continues to smoke.

Varicose Veins with Symptoms: Aching Dilated Itching Tortuous vessels of Right Left Leg Swelling during activity or after prolonged standing

History: Symptoms began many weeks months years ago

Conservative Therapy: ycas month(s) trial of Compression Stockings Mild Exercise Rerobic Leg Elevation Weight Reduction

Patient: Clavis Morrison

Date 2/4/11

^{AN} ^{NUM} ^{TR} SM
REVIEW OF SYSTEMS: # 84462

All other systems are negative at this time. ;

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

Eyes: Blindness or ~~b~~md spots - Vision ~~C~~hange - Blurring - Glaucoma

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

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

Cardiac: Angina - ~~M~~ - Murrur - Palpitations - Pedal Edema

Vascular: Am Pt - ~~T~~A, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: ~~DVT~~ - Phlebitis - ~~U~~lcer - Previous ~~O~~peration - ~~I~~njection - ~~S~~tocking 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 - \downarrow ROM - ~~S~~welling - Gout - Arthritis

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

Endo: Thyroid problems - Goiter - ~~D~~M - Heat/cold intolerance - Polydipsia - Polyruia

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 ~~A~~stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance poor

All Other Systems Negative

Allergies: Ciprofloxacin

Medications: See attached list

Flonase, Loratadine, Eryavil, Lisinpril
Zocor, Zantac, Nidoderm
Oxycontin, Percocet 5, Silvalene
20mg
Tylenol, Paxil

Patient Name: Clovis Morrison

Date 2/4/11

Account Number 84462

PMHx:

See attached Patient Hx Form Dated

PSHx:

HYPERTENSION, ANXIETY
FIBROMYALGIA
PHOBIA
PTX2 IN LUNG
RUPTURED DISC

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

Occupation checkbook

Family Hx:

Tobacco 71 pack/ETOH X

Caffeine _____ Drugs _____

EXAM: = Normal Findings (except as noted)

CONST: Temp _____ Pulse 84 BP: 137/82 Resp _____ Wt _____

Healthy appearing Ill appearing Well nourished Malnourished Obese

HEENT: Normocephalic PERLA ROM's intact Oral mucosa moist Add notes:

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 _____

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

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

Doppler Survey: _____

Patient: Clavis Morrison

Date: 2/4/11

Account Number 84462

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:

Studies were reviewed. He has had arterial studies done in 2006 and 2008. ABIs were virtually normal at that time.

DVT studies have been performed recently and they were negative.

I was able to perform lower extremity venous studies of the left leg to assess for reflux today and although the exam was difficult secondary to his body habitus and ability to position the patient, we were able to find great saphenous vein and perforator vein reflux, as well as short saphenous vein reflux. It seems that the great saphenous vein is feeding the ulceration. Extensive chronic thrombus is noted in the deep system. No acute DVT was present.

IMPRESSION: Severe venous stasis disease with chronic ulceration complicated by obesity, lymphedema and tobacco.

PLAN: The patient will absolutely be committed to compression stockings, likely long-term. We will place him in bilateral Unna boots today and arrange for this to be continued in his home. He has no transportation except by his son and this is very difficult, especially considering the fact that he is primarily wheelchairbound. Photographs were taken today and I will submit for VNUS Closure to be performed to try to see if we can help improve some of his severe edema and his ulceration. I have had a lengthy discussion with the patient about taking better care of himself with smoking cessation, weight loss, diet and becoming more ambulatory. This is a must to try to help his disease process. We discussed options for smoking cessation, however, he is not receptive to it at this time. I will see him back after his VNUS Closure, if not sooner for any complications that arise acutely. BRANDY ENGLERT PRICE, PA-C/hma

cc Dr. Carek

LOWER EXTREMITY ARTERIAL
TRIDENT REGIONAL MEDICAL CENTER
9330 MEDICAL PLAZA DR
CHARLESTON, SC 29406

NO. 4000 F. 3/3

PATIENT: MORRISON, CLOVIS JERRY JR
ACCOUNT NUMBER: D00030046734
UNIT NUMBER: D247358159
ROOM NUMBER:

AGE: 42
WEIGHT Kg:
HEIGHT cm:

ATTENDING DOCTOR: POLLACK, MATTHEW

PATIENT NAME: MORRISON, CLOVIS JERRY

DATE OF PROCEDURE: 11/26/2008

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR STUDY.

BILATERAL LOWER EXTREMITIES: Normal pressure and waveforms throughout
both lower extremities at rest. ABI right lower extremity is .99. ABI
left lower extremity is 1.0.

IMPRESSION: No evidence of significant peripheral vascular disease.

Job#: 672206
Dictated: 11/30/2008 11:53 AM
Transcribed: 11/30/2008 1:11 PM
MLE: jbe

DICTATED BY: EDWARDS, MICHAEL L
Electronically signed by MICHAEL L EDWARDS on 12/02/08 at 0905 , MD

RECEIVED

JAN 27 2011

Page: 1

Orders/Requests/Referrals

Date Printed: 01/27/11
SEX:M AGE:44

Name: MORRISON, CLOVIS

ID: 246923

01/27/11 : 03:00pm
CONSULT/REFERRAL
FROM: DFM
PJC

Referring Clinic: Department Of Family Medicine

Medical University of SC
295 Calhoun Street

MSC 192
Charleston SC, 29425-1920
Phone: 792-3451 Fax: 792-3459

www.muschealth.com/familymedicine

REFERRING PROVIDER: Peter J. Carek MD, MS

ATTENDING PHYSICIAN: same

CONSULTING PHYSICIAN/SERVICE: Vascular surgery

CLOVIS MORRISON
44 year old male

PATIENT'S ADDRESS:
103 CENTRAL AVE APT E5
GOOSE CREEK, SC 29445-2951
(843)569-5515

INSURANCE:
FIRST CHOICE FIRST CHOICE/SELECT 0606951301

This 44 year old male is referred for: chronic venous insufficiency both legs

Other medical problems:
HYPERTENSION ESSENTIAL
PURE HYPERCHOLESTEROLEM
ANXIETY

ALLERGIES:
CIPROFLOXACIN (palpitations and chest pain)

CURRENT MEDICATIONS:
Rx: OXYCONTIN 20 MG 1 TABLET twice a day
Rx: MS CONTIN 15 MG 1 tablet twice daily
Rx: PERCOCET 5/325 MG 1 TABLET every 6 hours PRN
Rx: FLONASE 50MG/ACT 2 SPRAY daily
Rx: LORATADINE 10MG 1 TABLET daily
Rx: ELAVIL 25MG 1 TAB at night before bed
Rx: LASIX 40 MG 1 TABLET DAILY
Rx: LISINAPRIL 10MG 1 TABLET daily
Rx: ZOOCOR 40 MG 1 TABLET AT BEDTIME
Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY
Rx: NICODERM 14MG APPLY daily
Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY
Rx: SILVADENE 1% CREAM APP twice daily

ECM
#084402
APP
1/28/11

Orders/Requests/Referrals

Page: 2

Name: MORRISON, CLOVIS

ID: 246923

SEX:M

AGE:44

Rx: TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN
Rx: PAXIL 40 MG 1 TABLET every morning

Date Printed: 01/27/11

Priority: ASAP/first available: within 2 weeks

Consult and evaluation only needed.

Appointment Date:01/28/11 Appointment Time:9:20 am

Authorization #: # of visits authorized:

Appointment With: **DR EDWARD MORRISON**
1327 ASHLEY RIVER RD BLDG B 577-4551/577-8868

PATIENT IS AWARE OF APPOINTMENT DATE AND TIME /CMA

As a courtesy, we have made this referral appointment for you. If you are unable to keep this appointment for any reason, please contact the specialist's office directly to reschedule. Thank you for choosing Family Medicine for your health care needs!"

- # SIGNED BY J PETER CAREK, MD (ATTENDING) (PJC) 01/27/2011 03:03PM
- # CO-SIGNED BY CHRISTINE AHERN (B74) 01/27/2011 03:24PM

Progress Notes

Page: 1

Name: MORRISON, CLOVIS

ID: 246923

Date Printed: 01/27/11
SEX: M AGE: 44

12/02/10 : 04:49pm
CHRONIC VENOUS STATUS:CHRONIC PAIN - UNIVERSITY FAMILY MEDICINE TRIDENT
MEDICAL UNIVERSITY OF SOUTH CAROLINA
PJC

SUBJECTIVE

44 year old male presents for follow-up evaluation of stasis dermatitis (left lower leg) with drainage. No fever or chills. Current therapy with UNNA BOOT provided no improvement. Chronic back pain and anxiety present.

Lower left leg with drainage and open lesions. No subjective fever or chills. Pain present. Previous similar lesions improved with home health assistance.

REVIEW OF SYSTEMS

- Constitutional: Negative
- Eyes: Negative
- Ears, Nose, Mouth, Throat: Negative
- Cardiovascular: Negative
- Respiratory: Negative
- Gastrointestinal: Negative
- Genitourinary: Negative
- Musculoskeletal: Low back pain.
- Skin and/or breasts: as above
- Neurological: Negative
- Psychiatric: Anxietly
- Endocrine: Negative
- Hematologic/Lymphatic: Negative
- Allergic/Immunologic: Negative

ALLERGIES: CIPROFLOXACIN (palpitations and chest pain)

CURRENT TREATMENT/MEDICATIONS:
as noted in chart

Side effects: No medication side effects.
Compliance: Rarely misses a prescribed dose.

PAST MEDICAL HISTORY -

Medical history: Ruptured disk, fibromyalgia, DVT's (both Left LE and 1st in 98), PE '99, HLP,

SOCIAL HISTORY -

- Marital status: single
- Employment: disability
- Smoking: Currently smoke 2 packs per day and has smoked for 24 years.
- ETOH: Patient does not use alcohol.
- Social Drug Use: none

VITAL SIGNS
Bp: 185/93, Pulse: 94

PHYSICAL EXAM

General: Well appearing, well nourished in no distress. Oriented X 3, normal mood and affect.
Extremities: Bilateral stasis dermatitis. Left lower leg with 2 superficial ulcers. Mild serous drainage noted. No purulent drainage present.

ASSESSMENT:

Progress Notes**Page: 2**

Name: MORRISON, CLOYIS

ID: 246923

Date Printed: 01/27/11
SEX: M AGE: 44

Stasis dermatitis with ulcer

Chronic low back pain and anxiety

PLAN:**Medication:**
Continue other medications, refill Tylenol # 3 with increased frequency. Trial of Silvadene to be applied thin layer to wound bid (refer to wound care for recommendation)**Patient education:**
Patient advised to lose weight and participate in exercise program (at least 30 minutes per day, most days of the week).
Patient advised/reminded of reasons for treatment goals, and advised to share concerns and any drug reactions.**Health Maintenance:** Diet Counseling X

Sodium: recommended limiting Sodium intake to less than 2 grams p/day.

Fiber: recommended trying to consume more dietary fiber

Home health consult, unna boot change twice weekly for two weeks.

Follow-up: 4 weeks, sooner if needed.

Rx: TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN -. 120, Ref: 0

Rx: SILVADENE 1% CREAM APP twice daily -. 30 gm, Ref: 0

SIGNED BY J PETER CAREK, MD (ATTENDING) (PJG) 12/02/2010 04:52PM

Wound Management Center
ROPER HOSPITAL & PETTIT TOWER
 316 Calhoun Street, Charleston SC 29401
 PH: 724-2289 / FAX: 724-2349

Ph Morrison, Clovis
 Phys: Carek, Peter

IR#0006305071 OPA
 Morrison, Clovis 01/20/2011
 XOB 06/29/1966Dr. carek
 11020-01069

20 Jan 2011

S: Pt referred by Dr. Carek to assist in wound care venous stasis ulcer left lower extremity. Pt. with hx. of venous insufficiency and poor circulation. He has diagnosed venous insufficiency via duplex studies via Trident. Abuses tobacco. Past DVT LLE and Pulmonary embolism (1995). Wound usually successfully healed using Una's boot, but would often open and close. He was using Amedysis Home Health and they discharged last Feb 2010 as ulcer had healed. He stated this ulcer started approximately 6 months ago as two small ulcer and continued to become larger and heavily draining. Pt. is 44 y/o male confined to wheelchair due to chronic low back pain with past laminectomy. Morbidly obese. Single, lives with grown child in a ground level condo. He was an optician and non-employed due to back and medical problems. He cannot drive and requires medical bus to transport to medical visits. Referred to wound clinic 20 Jan 2011.

O: Wound location: left lower leg, frontal area. Dimensions: L=4.5cm x W=2.5cm Depth: 0.1cm. full thickness. Wound bed: pale pink tissue. Exudate: volume=heavy, Color: serous. Perf-wound: brawny discolored skin surrounding wounds with evidence of scarring from previous ulcers. Margins: attached (connected to sides of wound). Pain: Scale of 1-10, 8, "I never get relief", back pain leg pain. Nutrition: Discussed needs for optimal wound healing. Education: No barriers encountered.

A: Alteration in skin integrity secondary to venous stasis ulcer x 4, right lower extremity.

Other: Removed dressing. Cleansed wounds with wound spray. Discussed venous stasis disease, compression therapy and need for on-going compliance. Patient has been wearing compression via Tubigrip stockings as he needed to change dressing every few hours. He has been using paper towels to try and contain exudate. Patient in obvious need of Una's boots or Profore wraps and change 2-3 times/week to gain control of exudate and help close ulcer. Patient states he cannot make appointments to this clinic 2-3 times per week. I suggested that he could take medical bus, but he states too cumbersome to use. I will call Dr. Carek's office to see if they can start home health. He could also benefit from vascular surgeon to see if he is a candidate for venous ablation or other procedure to reduce venous hypertension and lessen frequent outbreaks. As he states he cannot return due to transportation difficulty, I cannot apply Una's or Profore wrap. We placed barrier ointment to peri-wound, calcium alginate to wound bed, abd cover dressing and Ace wrap from ball of foot to above calf. Adequate capillary refill noted to toes after application. Education: We discussed how and when to remove wrap and provided him with detailed instructions, which he stated understanding.

Procedures: Wound evaluation. **Supplies:** (1) 4x4 Alginate dressing (1)

P: Follow-up with Wound clinic if no options available. 1) Recommend vascular evaluation to see if candidate for ablation. 2) Compression wraps 2-3 times per week and when exudate controlled may go hopefully 1-2 time/week. 3) Home Health referral. He is welcome to return here but will have to comply with visits. **Goal:** Intact skin integrity. **Expectations:** Wound shall demonstrate proper healing as evidenced by contraction and full closure of wound.

signature

01/20/2011 02:26:43 pm

Greg Loftis, RN, BSN, CWCN
 Wound Management Clinic

LOWER EXTREMITY ARTERIAL
TRIDENT REGIONAL MEDICAL CENTER
9330 MEDICAL PLAZA DR
CHARLESTON, SC 29406

PATIENT: MORRISON, CLOVIS JERRY JR
ACCOUNT NUMBER: D00023834857
UNIT NUMBER: D247358159
ROOM NUMBER:

AGE: 40
WEIGHT Kg:
HEIGHT cm:

ATTENDING DOCTOR: VIDUYA, SHERRY J

PATIENT NAME: MORRISON, CLOVIS JERRY

DATE OF PROCEDURE: 10/04/2006

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR INTERPRETATION

Normal pressures and waveforms throughout both lower extremities at rest both pre and post exercise. Ankle brachial ratio on right lower extremity of 1.1 and ankle brachial ratio on left lower extremity of .98. No evidence of significant peripheral vascular disease.

Job#: 483356

Dictated: 10/04/2006 5:33 PM

Transcribed: 10/05/2006 8:54 AM

MLE:lan

DICTATED BY: EDWARDS, MICHAEL L , MD



CVE
Systems

CVE Systems

Neoderm

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

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4561 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: MORRISON, CLOVIS	Study Date: 2/4/2011	Time: 11:54:29 AM
DOB: 6/29/1966	Age: 44	Gender: Male
MR/Case#: 84462	MR/Case#: 84462	
Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: Ulcers	Technologist: McGhee, Erin; RDMS	
Secondary Indication: Edema/Pain		

RIGHT:

LEFT:

COMMON FEMORAL, SFEM, POPLITEAL AND PTV ARE HYPERECHOIC AND LAYERED FLOW INDICATING CHRONIC THROMBUS. THE DISTAL S.FEMORAL IS CAN NOT BE IDENTIFIED THEREFORE TOTAL OCCCLUSION CAN NOT BE RULED OUT OR IF JUST DUE TO PT BODY HABITUS. PROXIMAL PROFUNDA,GSV AND SMALL SAPHENOUS IS PATENT BY COLOR FLOW, DEMONSTRATE AUGMENTATION AND IS FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE MID TO DISTAL PROFUNDA COULD NOT BE EVALUATED DUE TO PT BODY HABITUS. THE FOLLOWING VESSELS ARE POSITIVE FOR REFLUX: SFV, POPL, PTV, GSV, SMALL SAPHENOUS AND MID PERFORATOR. THE GSV DIAMETERS ARE AS FOLLOWS: JUNC 0.84CM, UPPER 0.86CM, MID 0.86CM, AK 0.92CM AND BK 0.99CM. SMALL SAPHENOUS DIAMETERS ARE AS FOLLOWS: UPPER 0.45CM, MID 0.57CM AND DISTAL 0.44CM. THE MID PERFORATOR DIAMETER IS 0.26CM.

CONCLUSION/SUMMARY:

LEFT CFV, SFV, POPLITEAL AND PTV ARE POSITIVE FOR CHRONIC THROMBUS, AS DESCRIBED ABOVE,
 LEFT PROXIMAL PROFUNDA, GSV AND SMALL SAPHENOUS SHOW NO EVIDENCE OF THROMBUS,
 LEFT DEEP SYSTEM REFLUX NOTED, AS DESCRIBED ABOVE,
 LEFT GSV IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,
 SMALL SAPHENOUS IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,
 MID PERFORATOR IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED.

ECM MM 2,4,11
Date



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: MORRISON, CLOVIS	Study Date: 2/4/2011	Time: 11:54:29 AM
DOB: 6/29/1966	Age: 44	Gender: Male
MR/Case#: 84462	Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Ulcers	Secondary Indication: Edema/Pain	Technologist: McGhee, Erin; RDMS

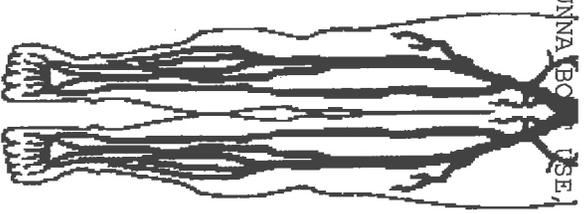
HISTORY:

HTN, ANXIETY, FIBROMYALGIA, DVT X 2 LLE, SMOKER, COMPRESSION STOCKINGS USE, UNINA BO USE, HYPERCHOLELS, OBESE.

INDICATION:

TECHNOLOGIST NOTES:

TECHNICALLY DIFFICULT EXAM DUE TO PATENT BODY HABITUS AND PT POSITIONING



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLX OF THE RIGHT FEMORAL JUNCTION, LEFT COMMON, PROFUNDA, S.FEMORAL, POPLITEAL, POSTERIOR TIBIAL, GSV, SMALL SAPHENOUS AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:



Log # 352 ✓

February 18, 2011

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

Re: Clovis Morrison

Dear Dr Morrison:

Thank you for your correspondence regarding this Medicaid beneficiary. I concur that endovenous ablation is appropriate in further managing his condition. Please proceed as you deem necessary. If there are any problems with reimbursement please use this correspondence as approval for South Carolina Medicaid payment for this care.

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 <i>Medical Services / Burton</i>	DATE <i>2-15-11</i>
--	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1000352</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Clarell 2/18/11, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-25-11</i> DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
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**COASTAL SURGICAL
VASCULAR & VEIN SPECIALISTS**

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

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Kristen R. Patel, PA-C

RECEIVED

FEB 15 2011

February 11th, 2011

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

RE: Clovis Morrison
ID # 40256399

Dear Dr. Burton,

Mr. Clovis Morrison is a 44 year-old male initially seen for consultation on 02/04/11 at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He had left lower extremity venous ultrasound performed on 02/04/11 that showed positive for reflux. I believe it would benefit him to undergo endovenous ablation of the left leg. 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. The CPT codes we are requesting are 36475 & 36476.

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

Sincerely,

Edward Morrison, M.D.

Moncks Corner
2061 Highway 52

Mt. Pleasant
3510 Hwy, 17 N, Suite 325

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

Walterboro
416 B Robertson Blvd.
Hampton
595 West Carolina Ave.

Coastal Surgical Vascular and Vein Specialists History and Physical Form

- Edward C. Morrison, M.D.
- Thomas C. Appleby, M.D.
- Brandy Englert, PA-C
- Kristen Patel, PA-C

MORRISON, Clovis 84462
02/04/2011

Brandy Englert Price, PA-C
(Dr. Carek)

Primary Care Physician: _____

Other: _____

5052
cc: leg ulcer

HISTORY OF PRESENT ILLNESS:

The patient was seen in consultation today at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He is a 44-year-old white male who has had bilateral lower extremity swelling, discomfort and ulcerations for many years. He has tried various forms of compression therapy including Unna boots, stockings and other wraps with little relief. He does improve with elevation, but finds this difficult. He reports chronic pain due to fibromyalgia and back pain. He is on a host of medications for both. He is currently disabled and admits to having poor control of his health. He is morbidly obese and continues to smoke.

Varicose Veins with Symptoms:	<input checked="" type="checkbox"/> Aching	<input type="checkbox"/> Dilated	<input checked="" type="checkbox"/> Itching	<input type="checkbox"/> Tortuous vessels of	<input checked="" type="checkbox"/> Right
	<input type="checkbox"/> Left Leg	<input checked="" type="checkbox"/> Swelling during activity or after prolonged standing			
History:	Symptoms began <u>many</u>	<input type="checkbox"/> weeks	<input type="checkbox"/> months	<input checked="" type="checkbox"/> years ago	
Conservative Therapy:	<u>ycas</u>	month(s) trial of	<input type="checkbox"/> Compression Stockings	<input type="checkbox"/> Mild Exercise	
			<input type="checkbox"/> Periodic Leg Elevation	<input checked="" type="checkbox"/> Weight Reduction	

Patient: Clavis Morrison

Date 2/4/11

REVIEW OF SYSTEMS: # 84462

All other systems are negative at this time. ⁵

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 Pu - ~~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 poor

All Other Systems Negative

Allergies: Ciprofloxacin

Medications: See attached list

Elonase, Loratadine, EYAVAL, Lisinpril
Zocor, Zanaflex, Nidoderm
Oxycontin, Percocet 5, Sildenafil
20mg
Tylenol, Paxil

Patient Name: Clovis Maccison

Date 2/4/11

Account Number 84462

PMHx:

See attached Patient Hx Form Dated _____

PSHx:

HYPERTENSION, ANXIETY
FIBROMYALGIA
HYPOPARATHYROID
DVT X 2 IN D LEG
RUPTURED DISC

Social Hx: (Circle pertinent)

S, M, W, D, SEP

Occupation CHUCKER

Family Hx:

Tobacco 71 PPKETON

Caffeine _____

Drugs _____

EXAM: = Normal Findings (except as noted)

CONST: Temp _____ Pulse 84 BP: 137/62 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

Vascular:	<u>2</u>	Aorta	<input type="checkbox"/>	Bruits:	<input type="checkbox"/>	Carotid	<input checked="" type="checkbox"/>
		Radial	<input type="checkbox"/>		<input type="checkbox"/>	Vertebral	<input type="checkbox"/>
		Brachial	<input type="checkbox"/>		<input type="checkbox"/>	Subclavian	<input type="checkbox"/>
		STA	<input type="checkbox"/>		<input type="checkbox"/>	Flank	<input type="checkbox"/>
		CCA	<input type="checkbox"/>		<input type="checkbox"/>	Iliac	<input type="checkbox"/>
		Femoral	<input type="checkbox"/>		<input type="checkbox"/>	Epigastric	
		Popliteal	<input type="checkbox"/>				
		PT	<input type="checkbox"/>				
		DP	<input type="checkbox"/>				

No Ulcers No Gangrene No trophic changes Pedal pulses 2+ throughout

No edema or venous varicosities
Doppler Survey: _____

Patient: Clavis Morrison

Date: 2/4/11

Account Number 84462

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:

Studies were reviewed. He has had arterial studies done in 2006 and 2008. ABIs were virtually normal at that time.

DVT studies have been performed recently and they were negative.

I was able to perform lower extremity venous studies of the left leg to assess for reflux today and although the exam was difficult secondary to his body habitus and ability to position the patient, we were able to find great saphenous vein and perforator vein reflux, as well as short saphenous vein reflux. It seems that the great saphenous vein is feeding the ulceration. Extensive chronic thrombus is noted in the deep system. No acute DVT was present.

IMPRESSION: Severe venous stasis disease with chronic ulceration complicated by obesity, lymphedema and tobacco.

PLAN: The patient will absolutely be committed to compression stockings, likely long-term. We will place him in bilateral Unna boots today and arrange for this to be continued in his home. He has no transportation except by his son and this is very difficult, especially considering the fact that he is primarily wheelchairbound. Photographs were taken today and I will submit for VNUS Closure to be performed to try to see if we can help improve some of his severe edema and his ulceration. I have had a lengthy discussion with the patient about taking better care of himself with smoking cessation, weight loss, diet and becoming more ambulatory. This is a must to try to help his disease process. We discussed options for smoking cessation, however, he is not receptive to it at this time. I will see him back after his VNUS Closure, if not sooner for any complications that arise acutely. BRANDY ENGLERT PRICE, PA-C/Hma

cc Dr. Carek

LOWER EXTREMITY ARTERIAL
TRIDENT REGIONAL MEDICAL CENTER
9330 MEDICAL PLAZA DR
CHARLESTON, SC 29406

PATIENT: MORRISON, CLOVIS JERRY JR
ACCOUNT NUMBER: D00030046734
UNIT NUMBER: D247358159
ROOM NUMBER:

AGE: 42
WEIGHT Kg:
HEIGHT cm:

ATTENDING DOCTOR: POLLACK, MATTHEW

PATIENT NAME: MORRISON, CLOVIS JERRY

DATE OF PROCEDURE: 11/26/2008

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR STUDY.

BI-LATERAL LOWER EXTREMITIES: Normal pressure and waveforms throughout
both lower extremities at rest. ABI right lower extremity is .99. ABI
left lower extremity is 1.0.

IMPRESSION: No evidence of significant peripheral vascular disease.

Job#: 672206
Dictated: 11/30/2008 11:53 AM
Transcribed: 11/30/2008 1:11 PM
MLB:jbe

DICTATED BY: EDWARDS, MICHAEL L, MD
Electronically signed by MICHAEL L EDWARDS on 12/02/08 at 0905

RECEIVED

JAN 27 2011

Page: 1

Date Printed: 01/27/11

Name: MORRISON, CLOVIS

ID: 246923

SEX:M AGE:44

01/27/11 : 03:00pm

CONSULT/REFERRAL

FROM: DFM

PJC

Referring Clinic: Department Of Family Medicine

Medical University of SC

295 Calhoun Street

MSC 192

Charleston SC, 29425-1920

Phone:792-3451 Fax:792-3459

www.muschealth.com/familymedicine

ECM
#84402
APP
1/28/11

REFERRING PROVIDER: Peter J. Carek MD, MS

ATTENDING PHYSICIAN: same

CONSULTING PHYSICIAN/SERVICE: Vascular surgery

CLOVIS MORRISON

44 year old male

PATIENT'S ADDRESS:

163 CENTRAL AVE APT E5

GOOSE CREEK, SC 29445-2951

(843)569-5515

INSURANCE:

FIRST CHOICE FIRST CHOICE/SELECT 0606951301

This 44 year old male is referred for: chronic venous insufficiency both letgs

Other medical problems:
HYPERTENSION ESSENTIAL
PURE HYPERCHOLESTEROLEM
ANXIETY

ALLERGIES:
CIPROFLOXACIN (palpitations and chest pain)

CURRENT MEDICATIONS:

Rx: OXYCONTIN 20 MG 1 TABLET twice a day

Rx: MS CONTIN 15 MG 1 tablet twice daily

Rx: PERCOCET 5/325 MG 1 TABLET every 6 hours PRN

Rx: FLONASE 50MG/ACT 2 SPRAY daily

Rx: LORATADINE 10MG 1 TABLET daily

Rx: ELAVIL 25MG 1 TAB at night before bed

Rx: LASIX 40 MG 1 TABLET DAILY

Rx: LISINAPRIL 10MG 1 TABLET daily

Rx: ZOCOR 40 MG 1 TABLET AT BEDTIME

Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY

Rx: NICODERM 14MG APPLY daily

Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY

Rx: SILVADENE 1% CREAM APP twice daily

Orders/Requests/Referrals

Page: 2

Name: MORRISON, CLOVIS

ID: 246923

Date Printed: 01/27/11
SEX: M AGE: 44

RX: TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN
RX: PAXIL 40 MG 1 TABLET every morning

Priority: ASAP/first available: within 2 weeks

Consult and evaluation only needed.

Appointment Date: 01/28/11 Appointment Time: 9:20 am

Authorization #: # of visits authorized:

Appointment With: **DR EDWARD MORRISON**
1327 ASHLEY RIVER RD BLDG B 577-4551/577-8868

PATIENT IS AWARE OF APPOINTMENT DATE AND TIME /CMA

As a courtesy, we have made this referral appointment for you. If you are unable to keep this appointment for any reason, please contact the specialist's office directly to reschedule. Thank you for choosing Family Medicine for your health care needs!"

SIGNED BY J PETER CAREK, MD (ATTENDING) (PJC) 01/27/2011 03:03PM
CO-SIGNED BY CHRISTINE AHERN (B74) 01/27/2011 03:24PM

Progress Notes**Page: 1**

Name: MORRISON, CLOVIS

ID: 246923

Date Printed: 01/27/11
SEX: M AGE: 44

12/02/10 : 04:49pm
CHRONIC VENOUS STATUS: CHRONIC PAIN - UNIVERSITY FAMILY MEDICINE TRIDENT
MEDICAL UNIVERSITY OF SOUTH CAROLINA
PJC

SUBJECTIVE

44 year old male presents for follow-up evaluation of stasis dermatitis (left lower leg) with drainage. No fever or chills. Current therapy with UNNA BOOT provided no improvement. Chronic back pain and anxiety present.

Lower left leg with drainage and open lesions. No subjective fever or chills. Pain present. Previous similar lesions improved with home health assistance.

REVIEW OF SYSTEMS

Constitutional: Negative
Eyes: Negative
Ears, Nose, Mouth, Throat: Negative
Cardiovascular: Negative
Respiratory: Negative
Gastrointestinal: Negative
Genitourinary: Negative
Musculoskeletal: Low back pain.
Skin and/or breasts: as above
Neurological: Negative
Psychiatric: Anxietly
Endocrine: Negative
Hematologic/Lymphatic: Negative
Allergic/Immunologic: Negative

ALLERGIES: CIPROFLOXACIN (palpitations and chest pain)

CURRENT TREATMENT/MEDICATIONS:
as noted in chart

Side effects: No medication side effects.
Compliance: Rarely misses a prescribed dose.

PAST MEDICAL HISTORY -

Medical history: Ruptured disk, fibromyalgia, DVT's (both Left LE and 1st in 98), PE '99, HLP,

SOCIAL HISTORY -

Marital status: single
Employment: disability
Smoking: Currently smoke 2 packs per day and has smoked for 24 years.
ETOH: Patient does not use alcohol.
Social Drug Use: none

VITAL SIGNS

Bp: 185/93, Pulse: 94

PHYSICAL EXAM

General: Well appearing, well nourished in no distress. Oriented X 3, normal mood and affect.
Extremities: Bilateral stasis dermatitis. Left lower leg with 2 superficial ulcers. Mild serous drainage noted. No purulent drainage present.

ASSESSMENT:

Progress Notes**Page: 2**

Name: MORRISON, CLOVIS

Date Printed: 01/27/11

ID: 246923

SEX:M AGE:44

Stasis dermatitis with ulcer

Chronic low back pain and anxiety

PLAN:**Medication:**

Continue other medications, refill Tylenol # 3 with increased frequency. Trial of Silvadene to be applied thin layer to wound bid (refer to wound care for recommendation)

Patient education:

Patient advised to lose weight and participate in exercise program (at least 30 minutes per day, most days of the week). Patient advised/reminded of reasons for treatment goals, and advised to share concerns and any drug reactions.

Health Maintenance: Diet Counseling X

Sodium: recommended limiting Sodium intake to less than 2 grams p/day.

Fiber: recommended trying to consume more dietary fiber

Home health consult, unna boot change twice weekly for two weeks.

Follow-up: 4 weeks,sooner if needed.

Rx: TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN -, 120, Ref: 0

Rx: SILVADENE 1% CREAM APP twice daily -, 30 gm, Ref: 0

SIGNED BY J PETER CAREK, MD (ATTENDING) (PJC) 12/02/2010 04:52PM

Wound Management Center
ROPER HOSPITAL & PETTIT TOWER
 316 Calhoun Street, Charleston SC 29401
 PH: 724-2289 / FAX: 724-2349

NR#0006305071 OFA
 Morrison, Clovia 01/20/2011
 XOB 06/29/1966Dr. carek
 11020-01069

Pt Morrison, Clovia
 Phys: Carek, Peter

20 Jan 2011

S: Pt referred by Dr. Carek to assist in wound care venous stasis ulcer left lower extremity. Pt. with hx. of venous insufficiency and poor circulation. He has diagnosed venous insufficiency via duplex studies via Trident. Abuses tobacco. Past DVT LLE and Pulmonary embolism (1995). Wound usually successfully healed using Unna's boot, but would often open and close. He was using Amedysis Home Health and they discharged last Feb 2010 as ulcer had healed. He stated this ulcer started approximately 6 months ago as two small ulcer and continued to become larger and heavily draining. Pt. is 44 y/o male confined to wheelchair due to chronic low back pain with past laminectomy. Morbidly obese. Single, lives with grown child in a ground level condo. He was an optician and non-employed due to back and medical problems. He cannot drive and requires medical bus to transport to medical visits. Referred to wound clinic 20 Jan 2011.

O: Wound location: left lower leg, frontal area. Dimensions: L=4.5cm x W=2.5cm Depth: 0.1cm. full thickness. Wound bed: pale pink tissue. Exudate: volume=heavy, Color: serous. Peri-wound: brownish discolored skin surrounding wounds with evidence of scarring from previous ulcers. Margins: attached (connected to sides of wound). Pain: Scale of 1-10, 8, "I never get relief", back pain leg pain. Nutrition: Discussed needs for optimal wound healing. Education: No barriers encountered.

A: Alteration in skin integrity secondary to venous stasis ulcer x 4, right lower extremity.

Other: Removed dressing. Cleansed wounds with wound spray. Discussed venous stasis disease, compression therapy and need for on-going compliance. Patient has been wearing compression via Tubigrip stockings as he needed to change dressing every few hours. He has been using paper towels to try and contain exudate. Patient in obvious need of Unna's boots or Profore wraps and change 2-3 times/week to gain control of exudate and help close ulcer. Patient states he cannot make appointments to this clinic 2-3 times per week. I suggested that he could take medical bus, but he states too cumbersome to use. I will call Dr. Carek's office to see if they can start home health. He could also benefit from vascular surgeon to see if he is a candidate for venous ablation or other procedure to reduce venous hypertension and lessen frequent outbreaks. As he states he cannot return due to transportation difficulty, I cannot apply Unna's or Profore wrap. We placed barrier ointment to peri-wound, calcium alginate to wound bed, abd cover dressing and Ace wrap from ball of foot to above calf. Adequate capillary refill noted to toes after application. Education: We discussed how and when to remove wrap and provided him with detailed instructions, which he stated understanding.

Procedures: Wound evaluation. Supplies: (1) 4x4 Alginate dressing (1)

P: Follow-up with Wound clinic if no options available. 1) Recommend vascular evaluation to see if candidate for ablation. 2) Compression wraps 2-3 times per week and when exudate controlled may go hopefully 1-2 time/week. 3) Home Health referral. He is welcome to return here but will have to comply with visits. Goal: Intact skin integrity. Expectations: Wound shall demonstrate proper healing as evidenced by contraction and full closure of wound.

Signature 1

01/20/2011 02:06:53pm

Greg Loftis, RN, BSN, CWCN
 Wound Management Clinic

LOWER EXTREMITY ARTERIAL
TRIDENT REGIONAL MEDICAL CENTER
9330 MEDICAL PLAZA DR
CHARLESTON, SC 29406

NO. 4000 P. 2/3

PATIENT: MORRISON, GIOVIS JERRY JR
ACCOUNT NUMBER: D00023834857
UNIT NUMBER: D247358159
ROOM NUMBER:

AGE: 40
WEIGHT Kg:
HEIGHT cm:

ATTENDING DOCTOR: VIDUYA, SHERRY J

PATIENT NAME: MORRISON, GIOVIS JERRY

DATE OF PROCEDURE: 10/04/2006

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR INTERPRETATION

Normal pressures and waveforms throughout both lower extremities at rest both pre and post exercise. Ankle brachial ratio on right lower extremity of 1.1 and ankle brachial ratio on left lower extremity of .98. No evidence of significant peripheral vascular disease.

Job#: 483356

Dictated: 10/04/2006 5:33 PM

Transcribed: 10/05/2006 8:54 AM

MLE:jam

DICTATED BY: EDWARDS, MICHAEL L , MD



CVE Systems

CVE Systems

Neoflex

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: 843-577-8888

Lower Venous Duplex Scan

Patient Name: MORRISON, CLOVIS	Study Date: 2/4/2011	Time: 11:54:29 AM
DOB: 6/29/1966	Age: 44	Gender: Male
MR/Case#: 84462	Referred Phyl: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Ulcers	Secondary Indication: Edema/Pain	Technologist: Mcghee, Erin; RDMS

RIGHT:

LEFT:

COMMON FEMORAL, SFEM, POPLITEAL AND PTV ARE HYPERECHOIC AND LAYERED FLOW INDICATING CHRONIC THROMBUS. THE DISTAL S.FEMORAL IS CAN NOT BE IDENTIFIED THEREFORE TOTAL OCCCLUSION CAN NOT BE RULED OUT OR IF JUST DUE TO PT BODY HABITUS. PROXIMAL PROFUNDA, GSV AND SMALL SAPHENOUS IS PATENT BY COLOR FLOW, DEMONSTRATE AUGMENTATION AND IS FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE MID TO DISTAL PROFUNDA COULD NOT BE EVALUATED DUE TO PT BODY HABITUS. THE FOLLOWING VESSELS ARE POSITIVE FOR REFLUX: SFV, POPL, PTV, GSV, SMALL SAPHENOUS AND MID PERFORATOR. THE GSV DIAMETERS ARE AS FOLLOWS: JUNC 0.84CM, UPPER 0.86CM, MID 0.86CM, AK 0.92CM AND BK 0.99CM. SMALL SAPHENOUS DIAMETERS ARE AS FOLLOWS: UPPER 0.45CM, MID 0.57CM AND DISTAL 0.44CM. THE MID PERFORATOR DIAMETER IS 0.26CM.

CONCLUSION/SUMMARY:

LEFT CFV, SFV, POPLITEAL AND PTV ARE POSITIVE FOR CHRONIC THROMBUS, AS DESCRIBED ABOVE,
 LEFT PROXIMAL PROFUNDA, GSV AND SMALL SAPHENOUS SHOW NO EVIDENCE OF THROMBUS,
 LEFT DEEP SYSTEM REFLUX NOTED, AS DESCRIBED ABOVE,
 LEFT GSV IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,
 SMALL SAPHENOUS IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,
 MID PERFORATOR IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED.

ELM *MM 2.4.11*
 Date



CVE Systems

17207 Whyeth Circle, Spring Texas 77379

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

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

Lower Venous Duplex Scan

Patient Name: MORRISON, CLOVIS	Study Date: 2/4/2011	Time: 11:54:29 AM
DOB: 6/29/1966	Age: 44	Gender: Male
MR/Case#: 84462	Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Ulcers	Secondary Indication: Edema/Pain	Technologist: McGhee, Erin; RDMS

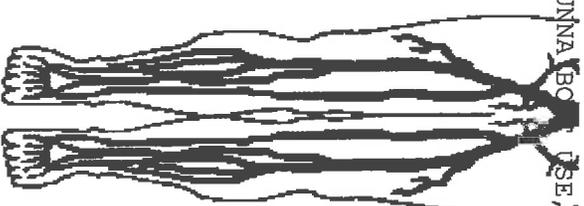
HISTORY:

HTN, ANXIETY, FIBROMYALGIA, DVT X 2 LLE, SMOKER, COMPRESSION STOCKINGS USE, UNNA BOOT USE, HYPERCHOLELS, OBESE.

INDICATION:

TECHNOLOGIST NOTES:

TECHNICALLY DIFFICULT EXAM DUE TO PATENT BODY HABITUS AND PT POSITIONING



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLIX OF THE RIGHT FEMORAL JUNCTION, LEFT COMMON, PROFUNDA, S.FEMORAL, POPLITEAL, POSTERIOR TIBIAL, GSV, SMALL SAPHENOUS AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS: