

Electronically Signed By: [REDACTED] 08/30/2021 12:44:15 PM

FROM: FaxLogic API [REDACTED]

30-Aug-2021 08:23 UTC PAGE: 1/1



[REDACTED]

[REDACTED]  
Langhorne, PA 19047

Phone: [REDACTED]  
Fax: (215) [REDACTED]  
Website: [REDACTED]



Exam requested by:

[REDACTED]

Quakertown PA/Pennsylvania 18951

Fax: (215) [REDACTED]

US ABDOMEN LIMITED [76705] - Body

Patient: ADAIKKAPPAN, VIJAY

Date of Birth: 03-09-1983

Phone: (484) 302-0262

MRN: 119689T Acc: ER108723073

Date of Exam: 08-27-2021

**EXAM: ULTRASOUND OF THE IVC AND ILIAC VEINS**

**TECHNIQUE:** Real-time grayscale imaging of the IVC and iliac veins was performed. Images are supplemented with color Doppler technique.

**CLINICAL DATA:** Evaluate for thrombus in IVC. History of DVT and currently chronic DVT. No anticoagulants.

**PRIOR STUDIES:** Left lower extremity venous US 8/20/2021, 12/1/2015, 9/3/2013. CT abdomen/pelvis 12/2/2016. Bilateral lower extremity venous US 8/23/2012. US abdomen 8/13/2012.

**FINDINGS:**

No thrombus visualized in IVC and iliac veins. All the visualized vessels are patent.

**IMPRESSION:**

No thrombus visualized in IVC and iliac veins.

*Thank you for referring your patient to [REDACTED]*

Electronically Signed: 08/30/2021

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Hospital of the



Philadelphia, PA 19104  
(215)

### ***Aorto-Iliac Duplex Report:***

Name: ADAIKKAPPAN, VIJAY MRN: 441958717

Gender: M

Tape:

Referring Physician: MD, J

DOB: 03/09/1983

Exam Date: 12/30/2016 09:34

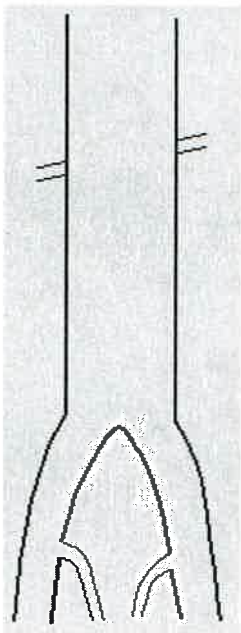
Reading Physician: MD

Age: 33

Technologist: BS, RVT

History: h/o left iliac vein thrombus

ICD Codes: I87.2



	Diameter (cm):		Velocity (cm/s):
	AP x Transverse		
Proximal Aorta:	1.4 x 1.7		115
Mid Aorta:	1.1 x 1.1		117
Distal Aorta:	1.1 x 1.2		114
Common Iliac Artery:			
Right:	0.6 x 0.4		102
Left:	0.6 x 0.5		150

Right Kidney Length: 9.01 cm

Left Kidney Length: 10.2 cm

### **CONCLUSIONS:**

The abdominal aorta and the common iliac arteries were examined with color flow duplex ultrasonography.

No evidence of abdominal aortic aneurysm.

No evidence of common iliac artery aneurysm was seen.

The right and left kidney parenchyma flow was low resistant with velocities of 23/13 and 30/8 cm/s respectively.

The IVC is patent without evidence of thrombus.

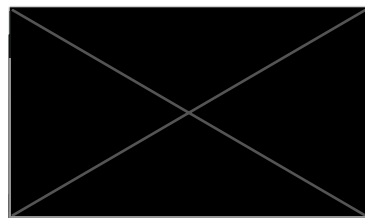
The right CIV, EIV, and CFV are patent without evidence of thrombus.

The proximal left CIV is narrowed at the confluence of the IVC. There appears to be chronic focal thrombus present. Distal to this the CIV, EIV, and CFV are patent without evidence of stenosis.

Valsalva maneuvers were normal at all levels examined ( b/l CIV, EIV, CFV)

[Redacted] M.D.  
Medical Director, MRI

[Redacted] M.D.  
[Redacted] M.D.  
Co-Medical Directors



Malvern, PA 19355

P 610 [Redacted] F 610 [Redacted]

[Redacted] M.D.  
[Redacted] M.D.  
[Redacted] f. D.O.  
[Redacted] M.D.  
[Redacted] r. M.D.  
[Redacted] h. M.D.  
[Redacted] e. M.D.  
[Redacted] FACR.

Ultra High Field 3T MRI · High-Field Open MRI · MR Arthrography · Multi-Slice CT · Ultrasound · Digital X-Ray  
Mammography · CAD (Computer-Aided Detection) · Breast Biopsy · Bone Densitometry · Nuclear Medicine

PATIENT NAME / PATIENT PHONE

VIJAY ADAIKKAPPAN

484 [Redacted]

AGE / SEX

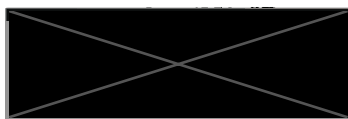
27

/Male

MEDICAL RECORD NO

95455

AT THE REQUEST OF



GLEN MILLS PA 19342

DATE OF BIRTH

03/09/1983

DATE OF EXAM

12/02/2010

Ultrasound venous left lower extremity

CLINICAL HISTORY: Chronic venous insufficiency with occasional pain. Question DVT

COMMENT: Ultrasonic evaluation of the deep venous system of the left lower extremity demonstrates deep venous system from the common femoral vein through the popliteal vein and into the calf veins and includes superficial femoral vein and saphenous vein.

There is echogenic material in the midportion of the left superficial femoral vein. The vein is small in diameter and demonstrates flow and augmentation. Findings are compatible with chronic thrombosis in the mid left superficial femoral vein.

No evidence of thrombosis is seen in the left common femoral, saphenous, deep femoral, popliteal or proximal and distal superficial femoral vein. No DVT is seen in the visualized left calf veins.

SUMMARY: Findings compatible with chronic thrombosis in the mid left superficial femoral vein which still demonstrates flow, partial compressibility and augmentation.

Dictated on: 12/02/2010 10:32 AM

Interpreted by: [Redacted] MD

Transcribed by: aa 12/02/2010 10:21 AM

Signed by: [Redacted] MD 12/02/2010 10:21 AM

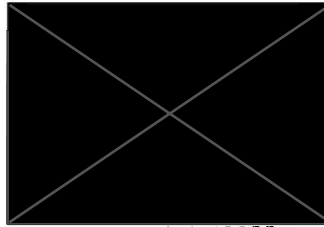


Broomall · Bryn Mawr · Chadds Ford · Downingtown · Great Valley · Haverford · Springfield



[REDACTED] M.D.  
Medical Director, MRI

[REDACTED] M.D.  
[REDACTED] M.D.  
Co-Medical Directors



Malvern, PA 19355

P 610-[REDACTED] F 610-[REDACTED]

P [REDACTED] M.D.  
[REDACTED] M.D.  
[REDACTED] D.O.  
[REDACTED] M.D.  
[REDACTED] M.D.  
[REDACTED] M.D.  
[REDACTED] M.D.  
[REDACTED] ACR.

Ultra High Field 3T MRI · High-Field Open MRI · MR Arthrography · Multi-Slice CT · Ultrasound · Digital X-Ray  
Mammography · CAD (Computer-Aided Detection) · Breast Biopsy · Bone Densitometry · Nuclear Medicine

PATIENT NAME / PATIENT PHONE  
VIJAY ADAIKKAPPAN  
48-[REDACTED]

AGE / SEX  
29  
Male

MEDICAL RECORD NO  
95455

[REDACTED]  
100 [REDACTED] NORRISTOWN PA 19401

DATE OF BIRTH  
03/09/1983

DATE OF EXAM  
08/23/2012

Ultrasound venous lower extremities bilateral

CLINICAL HISTORY: History of chronic superficial femoral vein DVT and chronic venous insufficiency.

COMMENT: Comparison is made with examination of December 2, 2010

Ultrasonic evaluation of the deep venous system of the lower extremities bilaterally demonstrates:

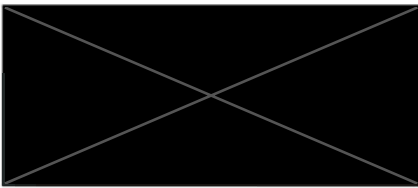
RIGHT LOWER EXTREMITY: Flow is seen to visualized deep venous system of the right lower extremity from the common femoral vein through the popliteal vein including the saphenous and a portion of the deep femoral vein and in proximal right calf vein. Augmentation and compression of the right lower extremity deep veins is within normal limits.

LEFT LOWER EXTREMITY: The left superficial femoral vein from mid to distal is very small in caliber. There is a duplicated left distal superficial femoral vein with partial compressibility and with augmentation. Findings in the left common femoral vein, proximal superficial femoral vein, popliteal vein, greater saphenous vein, a portion of the deep femoral vein and proximal calf veins are unremarkable with normal compression and augmentation.

SUMMARY: Left superficial femoral vein mid to distal exhibits very small caliber but does demonstrate flow and augmentation. In this small caliber segment there is questionable echogenic material, versus simply small vessel. Finding suggests possible small vein due to chronic DVT versus chronic venous insufficiency in the mid to distal left superficial femoral vein. There has been no significant change in appearance of the venous study since December 2, 2010.

Dictated on: 08/24/2012 09:02 AM  
Interpreted by: [REDACTED]  
Transcribed by: aa08/24/2012 08:34 AM  
Signed by: [REDACTED] MD08/24/2012 08:34 AM  
CC: [REDACTED] DO





Malvern, PA 19355

Phone: (610) [Redacted]  
Fax: (610) [Redacted]



Exam requested by:



Fax: (305) 936-1946  
US DUPLEX VENOUS UNILATERAL [93971]

Patient: ADAIKKAPPAN, VIJAY  
Date of Birth: 03-09-1983  
Phone: (484) [Redacted]  
MRN: 119689T Acc: 00804654  
Date of Exam: 09-03-2013

ULTRASOUND VENOUS UNILATERAL LEFT LOWER EXTREMITY- 9/3/2013

HISTORY: 30-year-old man with a history of chronic deep venous thrombosis in the superficial femoral vein in the mid to distal left thigh now presents with a burning sensation in the left lower extremity. Rule out acute deep venous thrombosis. The patient is currently not on anticoagulant therapy. ICD-9 code 453.50.

FINDINGS: Real-time ultrasound examination of the left lower extremity was performed from the groin to the proximal calf with graded compression. Comparison is made to the prior study performed here on 8/23/2012.

The common femoral vein, superficial femoral vein in the proximal and mid thigh, popliteal vein, and deep veins of the proximal calf are visualized and are totally compressible. There is no evidence of intraluminal thrombus or mass. Color-flow and Doppler examination of these vessels reveal antegrade phasic venous flow with appropriate augmentation following distal compression.

The superficial femoral vein in the distal left thigh is duplicated. The more superficial component is totally compressible, and there is no evidence of intraluminal thrombus. The deeper component is smaller in caliber and there is either wall irregularity or a small amount of chronic thrombus within the lumen. This vessel is partially compressible. Color Doppler imaging documents antegrade phasic venous flow with appropriate augmentation following distal compression in both components. These findings are consistent with chronic nonocclusive thrombus in the deeper component of a duplicated superficial femoral vein in the distal left thigh.

The greater saphenous vein is visualized at the junction with the common femoral vein in the groin, and it is compressible. Antegrade flow is demonstrated.

IMPRESSION:

1. Findings consistent with chronic nonocclusive thrombus in the deeper component of the duplicated superficial femoral vein in the distal left thigh, unchanged from the prior study.
2. No evidence of deep venous thrombosis elsewhere in the left lower extremity, including the more superficial component of a duplicated superficial femoral vein in the distal left thigh.

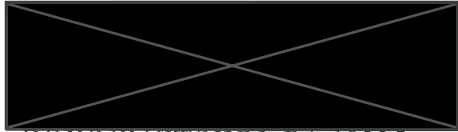
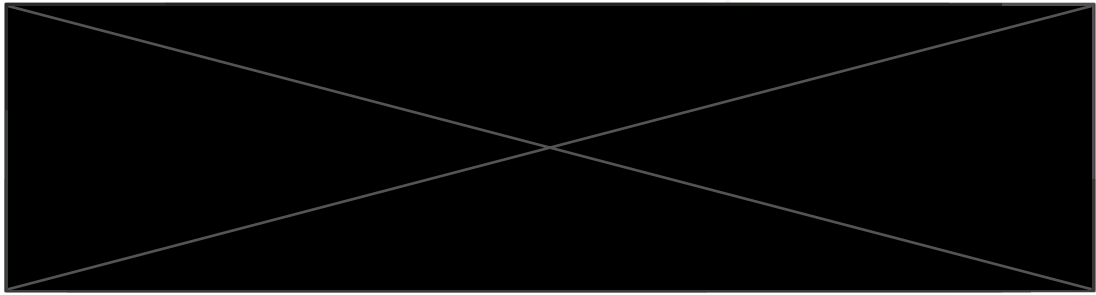
Thank you for referring your patient to [Redacted]



Nancy

Electronically Signed: 09/03/2013

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DOWNINGTOWN, PA 19335

PATIENT: ADAIKKAPPAN, VIJAY

MRN: BTC-300525208

PHONE: (484) [redacted]

DOB: 3/9/83

Imaging Study

US Venous Lower Extremity Unilateral

Date of Service

06/16/2014

Ordering Physician

[redacted] DO

Accession#

4997909

HISTORY: Left leg pain

LEFT LOWER EXTREMITY VENOUS DUPLEX DOPPLER: Imaging is obtained from the common femoral vein to the midcalf. Real-time duplex Doppler is performed using pulsed-gated Doppler and color-flow imaging. Imaging includes the common femoral vein, superficial femoral vein, and popliteal veins and the proximal calf.

The study shows mural thrombus throughout the length of the superficial femoral vein. Mural thrombus gently indicates older thrombus. At the level the trifurcation veins are patent.

The profunda femoris and greater saphenous vein are unremarkable.

IMPRESSION: THERE IS MURAL THROMBUS THROUGHOUT THE LENGTH OF THE SUPERFICIAL FEMORAL VEIN. MURAL THROMBUS GENERALLY INDICATES OLDER THROMBUS. FLOW IS SEEN WITHIN THE VEIN.

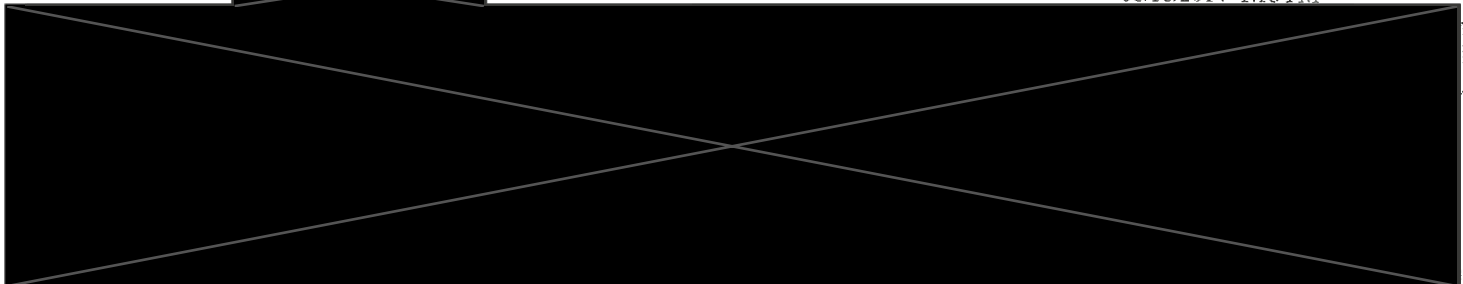
The study was ordered as a venous reflux study. As the thrombus was not expected, the reflux study of the portion was not obtained.

Thank you for the opportunity to participate in the care of this patient.

Dictated by: [redacted] MD

Signed By: [redacted] MD

06/16/2014 1:18 PM



**VENOUS ULTRASOUND**

**Patient Name:** ADAIKKAPPAN,VIJAY  
**MR#:** 5028220  
**Visit #:** 5000580993  
**DOB:** 03/09/1983  
**Admit Date:** 12/30/2015  
**Procedure Date:** 12/30/2015

Age: 32Y  
Date of Study: 12/30/15  
Room Number: OP

ORDERING: Dr. [REDACTED]

**HISTORY:** Patient is a 32-year-old man presenting today for evaluation of bilateral deep and superficial veins and varicosities, presenting with left leg edema.

**PREVIOUS STUDY:** N/A

**TECHNICIAN:** [REDACTED]

**LOWER EXTREMITY VENOUS INSUFFICIENCY STUDY**

**INDICATION:** 32-year-old man here for evaluation of bilateral deep and superficial veins for workup of the leg edema.

Deep system: left common femoral vein had a reflux time of 0.72. Left femoral vein had a reflux time of 3.36 seconds. Left popliteal vein had a reflux time of 4.2 seconds.

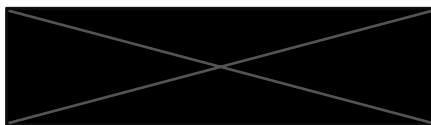
**MEASUREMENTS****DEEP****LEFT REFLUX TIME**

CFV---0.72 sec  
SFV---3.63 sec  
Popliteal---4.22 sec

**SUPERFICIAL****LEFT DIAMETER**

GSV (SFJ)---9.7 mm  
GSV (thigh)---4.6 mm  
GSV (knee)---5.1 mm  
GSV (calf)---5.8 mm

LSV---4.7 mm



**VENOUS ULTRASOUND**

**Patient Name:** ADAIKKAPPAN,VIJAY

**MR#:** 5028220

**LEFT REFLUX TIME**

GSV (SFJ)---0.45 sec

GSV (thigh)---0 sec

GSV (knee)---0 sec

GSV (calf)---0.53 sec

LSV---3.31 sec

Left PTV Perforator---1.15 sec

**IMPRESSION:**

1. Evidence for left deep vein reflux at the level of the femoral vein and popliteal vein.
2. Significant lesser saphenous vein reflux as noted above.
3. Left posterior tibial vein perforator with significant reflux.
4. Please make note the deep system had post thrombotic scarring in the walls of the vessels, especially noted in the common femoral, mid femoral and popliteal veins, again, consistent with post thrombotic syndrome.
5. Please see external varicose vein mapping by the sonographer, illustration by sonographer.

 MD

Dictated by:

RJM/lm

DT: 01/04/2016 10:51:48

DD: 12/31/2015 17:42:21

TransID:7542008/Dict Job #: 2005591

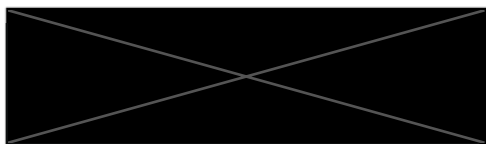
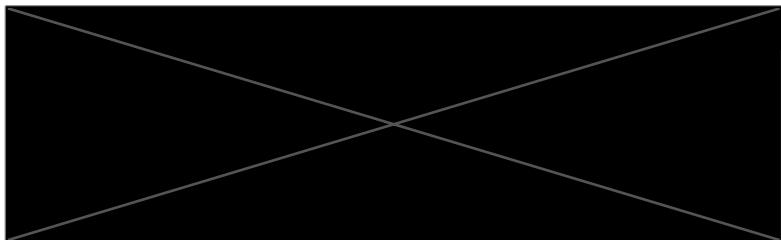
iChart Voice #: 60151957/iChart Text #: 53998333

CC:  MD,

Signed by  on 04-Jan-2016 19:24:47 -05:00







Philadelphia, PA 19104  
(215) [Redacted]

**Lower Extremity Venous Insufficiency Report:**

Name: ADAIKKAPPAN, VIJAY MRN: 441958717

Referring Physician: [Redacted] MD

Gender: M Tape:

Reading Physician: [Redacted]

DOB: 03/09/1983 Exam Date: 12/23/2016 15:57

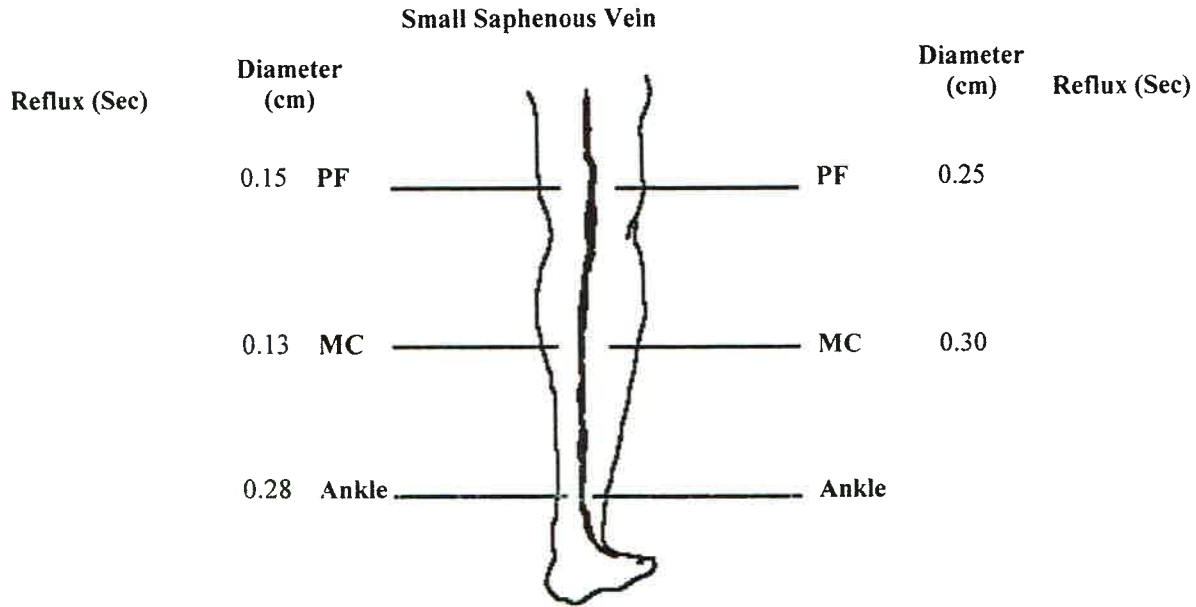
Technologist: [Redacted] RVT RDCS

Age: 33

History: History of dvt,

ICD Codes: I83.11,I83.12

RIGHT				LEFT			
Reflux (sec)	Diameter (cm)	Greater Saphenous Vein		Diameter (cm)	Reflux (sec)		
	0.50	SFJ		SFJ	0.52		
	0.35	UT		UT	0.49		
	0.40	MT		MT	0.47		
	0.30	LT		LT	0.43		
0.5	0.30	AK		AK	0.48		
4.9	0.25	BK		BK	0.44	0.6	
	0.21	UC		UC	0.46		
4.2	0.17	MC		MC	0.33	2.4	
	0.28	LC		LC	0.37		
	0.28	Ankle		Ankle	0.34		



**Conclusions**

Venous duplex imaging was performed on both lower extremities. The following venous structures were evaluated: common femoral vein, profunda vein, proximal portion of the greater saphenous vein, femoral vein and the popliteal vein, posterior tibial and peroneal veins.. Serial compression and augmentation maneuvers were performed to assess for deep venous thrombosis. An evaluation for venous insufficiency was also completed with the patient in a semi-upright position.

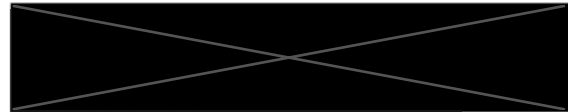
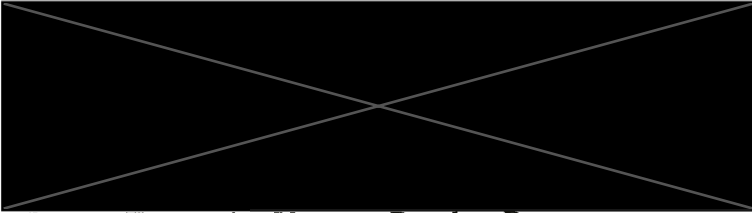
Chronic nonocclusive deep vein thrombosis in the left femoral vein.

No evidence of deep vein thrombosis in the right lower extremity.

Evidence of reflux in the bilateral great saphenous veins (see above), right common femoral vein (2.4 sec), right femoral vein (0.5 sec), left femoral vein (6 sec), left popliteal vein (5.6 sec), left posterior tibial vein (2.1 sec) and left peroneal vein (1.3 sec).

Dr.   
(Electronically Signed)

Final Date: 23 December 2016 17:54



Philadelphia, PA 19104  
(215)

***Lower Extremity Venous Duplex Report:***

Name: ADAIKKAPPAN, VIJAY MRN: 441958717 Referring Physician: MD  
Gender: M Tape: Reading Physician:   
DOB: 03/09/1983 Exam Date: 07/14/2017 15:22 Technologist: RVT  
Age: 34

History: history of left leg DVT and venous insufficiency; recent complaints of anterior calf lump, redness and "restless leg" symptoms

ICD Codes: r60.0

**Procedures:** Venous duplex imaging was performed in only the left lower extremity. The following venous structures were evaluated: common femoral vein, profunda vein, proximal portion of the greater saphenous vein, femoral vein and the popliteal vein, posterior tibial, and peroneal veins. The left common iliac vein, external iliac vein, entire length of the left great saphenous vein and proximal portion of the left small saphenous vein were also examined. A Doppler signal measured in the contralateral Common Femoral Vein exhibited normal flow.

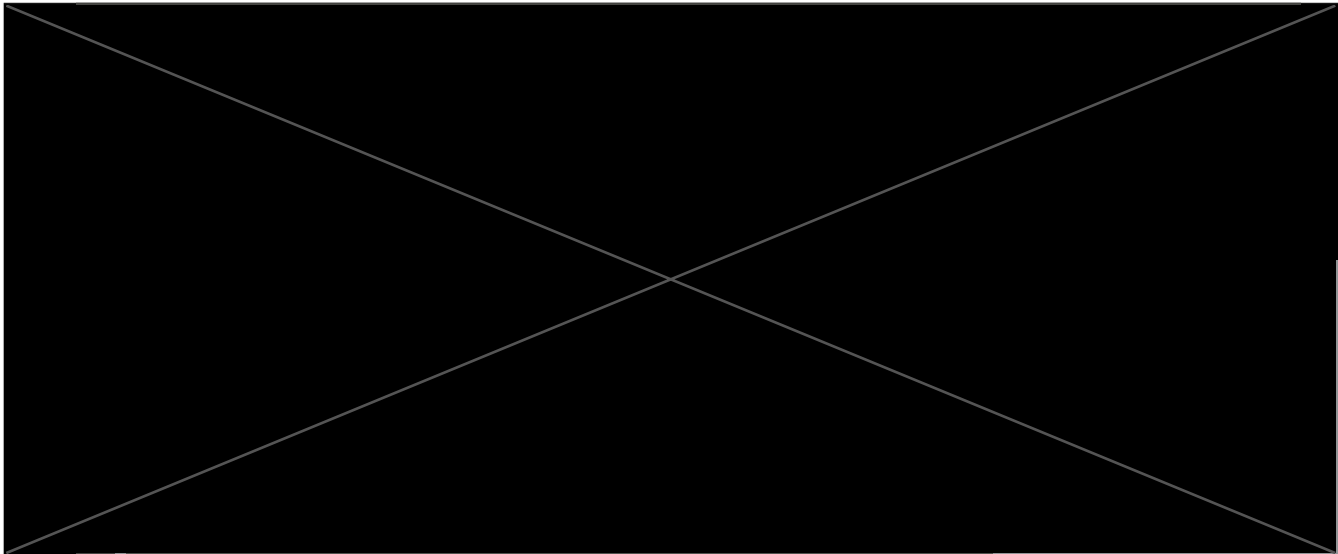
**CONCLUSIONS:**

The common iliac and the external iliac veins appear to be patent. The common iliac visualization was somewhat limited by bowel gas but no obvious abnormality was noted. There is evidence of chronic, non-occlusive vein thrombosis in the left femoral and popliteal veins. The symptomatic area of the anterior calf was examined. The small veins visualized appeared to compress without evidence of thrombus. No evidence of superficial vein thrombosis was seen in the great or small saphenous veins. No evidence of deep vein thrombosis was seen in the posterior tibial and peroneal veins.

MD

(Electronically Signed)

Final Date: 18 July 2017 05:42



# Ultrasound venous reflux leg left

Order# 19312489

Reading physician: [REDACTED] DO Ordering physician: [REDACTED] MD Study date: 9/21/18

## Patient Information

Name	MRN	Legal Sex	DOB
Adaikkappan, Vijay M	<E1538596>	Male	3/9/1983

## Performing Department

Name	Address	Phone
Riddle Hospital Neurology	[REDACTED] 19063	484 [REDACTED]

## Reason for Exam

Priority: Routine

i82.509  
Dx: Chronic thromboembolism of deep vein of lower extremity (CMS/HCC) (HCC) [I82.509 (ICD-10-CM)]

## Interpretation Summary

1. No sonographic evidence of acute deep venous thrombosis in either lower extremity
2. Chronic venous changes noted in left sfv and popliteal veins.
3. Deep and superficial venous reflux is demonstrated throughout the lower extremity.

## Vascular Findings

**Left Lower Venous** Chronic deep vein thrombosis is noted within the popliteal vein and the superficial femoral vein that is nonocclusive.

## Left Deep Venous Reflux Measurements

Deep Venous	Reflux Time (sec)
Mid Femoral	3.14 sec
Popliteal	2.04 sec

### Left Superficial Venous Measurements

Superficial Venous	AP (cm)	Trans (cm)	Reflux Time (sec)
<b>GSV at SFJ</b>	0.79 cm	0.78 cm	2.84 sec
<b>GSV Proximal Thigh</b>	0.67 cm	0.47 cm	
<b>GSV at Knee</b>	0.20 cm	0.20 cm	
<b>GSV Proximal Calf</b>	0.27 cm	0.23 cm	
<b>SSV at SPJ</b>	0.48 cm	0.46 cm	2.41 sec
<b>SSV Proximal Calf</b>	0.83 cm	0.63 cm	4.49 sec

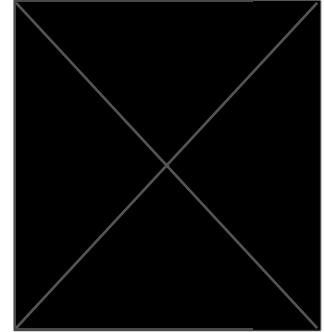
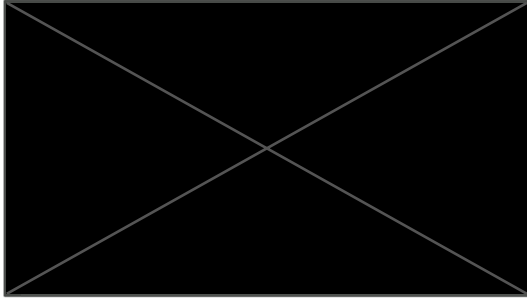
### Performing Sonographer/Tech

Performed by [REDACTED] VT on 9/21/2018 10:45 AM

### Signed

Electronically signed by [REDACTED] DO on 9/21/18 at 1417 EDT

## US VENOUS LEG LEFT - Details



### Ultrasound venous leg left

Order# 105453265

Reading physician [REDACTED] M, DO    Ordering physician [REDACTED] Jr., DO  
Study date: 12/3/19

#### Patient Information

Name	MRN	Legal Sex	DOB
Adaikkappan, Vijay M	<E1538596>	Male	3/9/1983

#### Performing Department

Name	Address	Phone
Riddle Hospital Neurology	[REDACTED]	484-[REDACTED]

#### Reason for Exam

Priority: Routine

vein  
Dx: Chronic embolism and thrombosis of unspecified popliteal vein (CMS/HCC) [I82.539 (ICD-10-CM)]

#### Interpretation Summary

1. No sonographic evidence of acute deep venous thrombosis left lower extremity.
2. Vein wall thickening is demonstrated within the superficial femoral vein of the left lower extremity consistent with prior thrombus formation.

#### Vascular Findings

**Right Lower Venous** Right common femoral vein normally compressible and demonstrates normal spontaneous, phasic flow with normal augmentation.

**Left Lower Venous** Left proximal femoral vein is abnormal, not competent and partially compressible. The flow is reduced. thrombus is present.  
Left mid femoral vein is abnormal, not competent and partially compressible. The flow is reduced. thrombus is present.  
Left popliteal vein is abnormal, not competent and thick-walled.  
Left common femoral vein, saphenofemoral junction, greater saphenous vein, deep femoral vein, distal femoral vein, post tibial vein and peroneal vein normally compressible and demonstrates normal spontaneous, phasic flow with normal augmentation.

---

**Performing Sonographer/Tech**

---

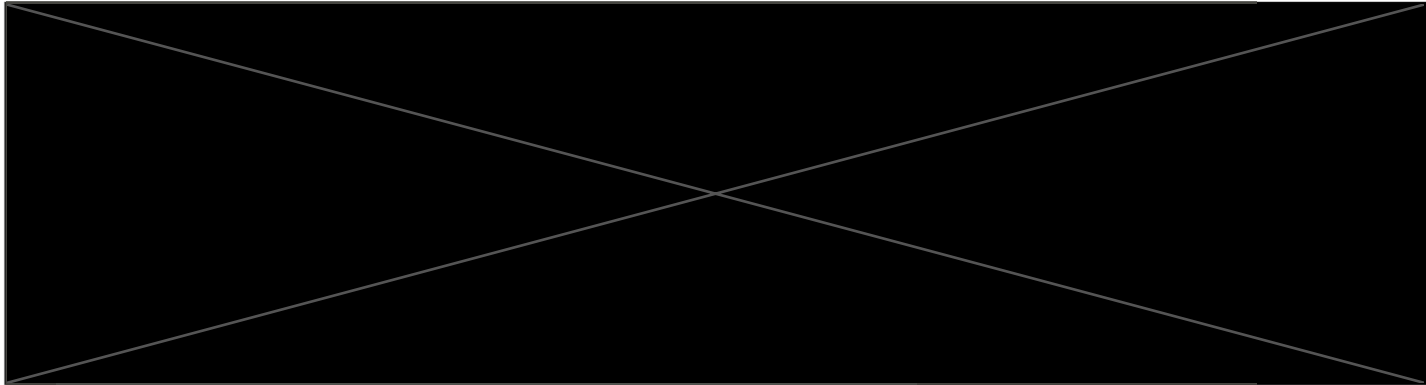
Performed by: [REDACTED] on 12/3/2019 5:02 PM

**Signed**

---

Electronically signed by [REDACTED] DO on 12/4/19 at 1042 EST

## US VENOUS REFLUX LEG LEFT - Details



### Ultrasound venous reflux leg left

Order# 105453268

Reading physician: [REDACTED] MD FACS Ordering physician: Generic, External Referring Provider  
Study date: 2/14/20

#### Patient Information

Name	MRN	Legal Sex	DOB
Adaikkappan, Vijay M	<E1538596>	Male	3/9/1983

#### Performing Department

Name	Address	Phone
Riddle Hospital Neurology	[REDACTED] 19063	484-[REDACTED]

#### Reason for Exam

Priority: Routine

Chronic venous insufficiency/history of DVT  
Dx: Venous insufficiency (chronic) (peripheral) [I87.2 (ICD-10-CM)]

#### Interpretation Summary

Left lower extremity venous ultrasound with reflux:  
Chronic DVT is seen throughout the deep venous system of the left lower extremity. Reflux is seen in the common femoral and popliteal veins. and at the saphenofemoral popliteal junction.

#### Vascular Findings

**Right Lower** Right common femoral vein normally compressible and demonstrates normal Venous spontaneous, phasic flow with normal augmentation.



**Left Lower Venous** Left proximal femoral vein is abnormal and partially compressible. A chronic thrombus is present.  
 Left mid femoral vein is abnormal, not competent and partially compressible. A chronic thrombus is present.  
 Left distal femoral vein is abnormal and partially compressible. A chronic thrombus is present.  
 Left popliteal vein is abnormal and partially compressible. A chronic thrombus is present.  
 Left common femoral vein, saphenofemoral junction, greater saphenous vein, deep femoral vein, small saphenous vein, post tibial vein and peroneal vein normally compressible and demonstrates normal spontaneous, phasic flow with normal augmentation.

**Left Venous Reflux** The exam was performed and the measurements were taken with the patient in a position of reverse trendelenburg.  
 The left common femoral vein reflux time is within the normal range.  
 The left mid femoral vein reflux time of 7.09 sec is abnormal.  
 The left popliteal vein reflux time of 4.05 sec is abnormal.  
 The left anterior accessory saphenous vein reflux time is within the normal range.  
 The left GSV at the left SFJ reflux time is within the normal range.  
 The left GSV 2 cm distal to the left SFJ reflux time is within the normal range.  
 The left GSV in the mid thigh reflux time is within the normal range.  
 The left GSV at the knee reflux time is within the normal range.  
 The left GSV at the proximal calf reflux time is within the normal range.  
 The left SSV at the proximal calf reflux time is within the normal range.  
 The left tributary originating at the knee and coursing to SSV GSV tributary reflux time .  
 There is a collateral originating mid thigh and coursing to SSV at SPJ measuring 0.72 cm X 0.77 cm with a reflux time of 2.56 seconds.

### Left Deep Venous Reflux Measurements

Deep Venous	Reflux Time (sec)
Common Femoral	0.55 sec
Mid Femoral	7.09 sec
Popliteal	4.05 sec

### Left Superficial Venous Measurements

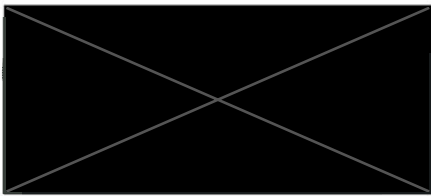
Superficial Venous	AP (cm)	Trans (cm)	Reflux Time (sec)
AASV	0.42 cm	0.50 cm	0.00 sec
GSV at SFJ	0.75 cm	0.94 cm	0.00 sec
GSV 2 cm Distal to SFJ	0.76 cm	0.81 cm	0.00 sec
GSV Proximal Thigh	0.43 cm	0.51 cm	0.00 sec
GSV at Knee	0.49 cm	0.64 cm	0.00 sec
GSV Proximal Calf	0.38 cm	0.45 cm	0.00 sec
SSV at SPJ	0.53 cm	0.53 cm	4.72 sec
SSV Proximal Calf	0.39 cm	0.51 cm	0.00 sec
GSV Tributaries	AP (cm)	Trans (cm)	Reflux Time (sec)
tributary originating at the knee and coursing to SSV	0.34 cm	0.38 cm	0.00 sec

### Performing Sonographer/Tech

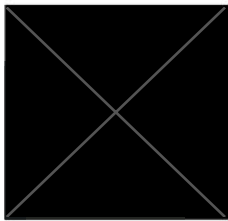
Performed by [REDACTED] on 2/14/2020 2:13 PM

### Signed

Electronically signed by [REDACTED] MD FACS on 2/15/20 at 1425 EST



Phone: (215)   
Fax:   
Website: ak



Exam requested by:

DO

Quakertown Pennsylvania 18951

Fax: (215)

US DUPLEX VENOUS UNILATERAL [93971] - Cardiac Vascular - LEFT

**Patient:** ADAIKKAPPAN, VIJAY

**Date of Birth:** 03-09-1983

**Phone:** (484)

**MRN:** 119689T **Acc:** ER108714724

**Date of Exam:** 08-20-2021

**EXAM: US LEFT LOWER EXTREMITY VENOUS DOPPLER WITH REFLUX EVALUATION**

**TECHNIQUE:** Weight-bearing grayscale ultrasound to evaluate the left lower extremity deep venous system.

**CLINICAL DATA:** Patient has history of chronic femoral DVT for 10-15 years. Evaluate for reflux. No anticoagulants, no symptoms. Diagnoses: Venous insufficiency. Chronic embolism and thrombosis of unspecified popliteal vein.

**PRIOR STUDIES:** Left lower extremity venous US 12/1/2015, 9/3/2013. Bilateral lower extremity venous US 7/1/2015 (report only), 8/23/2012.

**FINDINGS:**

**Left lower extremity**

Non-occlusive chronic DVT noted at left mid/distal SFV.

Rest of the left lower extremity veins show normal compression, augmentation and respiratory variation.

Superficial femoral junction - no reflux

Greater saphenous vein - no reflux

Femoral vein - no reflux

Popliteal vein - reflux noted of 2.7 seconds

Superficial saphenous vein - no reflux

Groin 6.4 mm. Prox thigh 5.1 mm. Mid thigh 6.0 mm. Distal thigh 5.2 mm. Knee 4.6 mm. Mid calf 2.8 mm.

Proximal SSV 4.0 mm. Mid 3.4 mm. Distal too small to be measured.

**IMPRESSION:**

1. Chronic nonocclusive thrombus in the left superficial femoral vein.
2. No evidence of acute deep venous thrombosis.
3. There is venous insufficiency noted at the popliteal vein.

**Thank you for referring your patient to**

MD

Electronically Signed: 08/24/2021

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