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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name : Mr.DINKAR MISHRA Visit No : CHA250034017

 Age/Gender
 : 57 Y/M
 Registration ON
 : 25/Feb/2025 01:08PM

 Lab No
 : 10131313
 Sample Collected ON
 : 25/Feb/2025 01:08PM

Referred By : Dr.RDSO LUCKNOW Sample Received ON

Refer Lab/Hosp : RDSO LUCKNOW Report Generated ON : 25/Feb/2025 03:57PM

COLOUR DOPPLER STUDY OF RIGHT LOWER LIMB VEINS

- Right common femoral, superficial femoral, popliteal and visualized parts of right tibial veins and reveal clear lumen and normal colour flow with normal phasicity, compressibility and augmentation response.
- Right tibial veins could not be evaluated in complete extent.
- Right sapheno-femoral junction shows sustained reversal of flow on valsalva maneuver Suggestive of incompetence.
- Great saphenous vein appears prominent, measuring approx 6.2 mm in caliber in thigh region.
- Few varicosities are seen in anteromedial & posteromedial aspects of right legs along GSV territory also extending upto posterior calf regions and showing communication with short saphenous vein at places possibility of vein of Giacomini. The varicosities are also extending across tibial shin onto anterolateral aspect of leg.
- A perforator of size 5.2 mm is seen in antero-medial aspect of right leg along GSV territory approx 5 cm below knee joint.
- A perforator of size 3.6 mm is seen in antero-medial aspect of right leg along GSV territory approx 9 cm below knee joint.
- A perforator of size approx 3.1 mm is seen in anterolateral aspect of right leg approx 9 cm above lateral malleolus.
- Right sapheno-popliteal junctions could not be very well evaluated.
- An anechoic to hypoechoic cystic lesion measuring approx 24 x 39 x 17 mm is seen within muscular planes of posteromedial aspect of right popliteal fossa showing few fine internal echogenic foci ?Baker's cyst / ??Nature.

IMPRESSION:

- RIGHT SAPHENO-FEMORAL JUNCTION INCOMPETENCE WITH VARICOSITIES AND PERFORATORS AS DESCRIBED ABOVE.
- NO EVIDENCE OF DEEP VEIN THROMBOSIS IN VISUALIZED VEINS.

Clinical correlati	'on is necessary.
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Transcribed By: Purvi

[DR. JAYENDRA K. ARYA, MD]

*** End Of Report ***

