91725

888-320-3851

P.O. Box 8350
La Verne, CA 91750

UPN
UNITED PHYSICIAN NETWORK

Phone: (888) 293-6383

AUTHORIZATION REQUEST FORM (ARF)

☐ ROUTINE Fax to (888) 320-3851 ☐ ADMISSION Notification Fax to (888) 320-3851

*** IN ORDER TO PROCESS YOUR REQUEST, ARF MUST BE COMPLETED AND LEGIBLE ***

PROVIDER: Authorization does not guarantee payment, ELIGIBILITY must be verified at the time services are rendered.

Patient Name: Urban, Anita (Last, First) ☐ M ☑ F D.O.B. 5-5-61 Age: 63

Mailing Address: 4674 N Casey Av City: Fresno ZIP: 93723 Phone: 559-246-8488

Member ID: 918514036 Name of Facility (if applicable):

Requesting Provider:	Servicing Provider (Physician, Facility, Vendor):
Stephen Balfour	St Agnes Medical
Provider NPI# 1609139591	Provider NPI#: 1205845567
Provider TIN#: 834571042	Provider TIN#: 94-1437713
Address: 1510 E. Herndon #110 Frs Ca. 93720 Phone: 559-436-4737 Fax: 559-436-4738	Address: 1303 E. Herndon Frs Ca. 93720 Phone: 559-450-4090 Fax: 559-450-2989
Office Contact: Judy Leggett	Office Contact:
Diagnosis: DVT	ICD-10: I82.409

AUTHORIZATION REQUEST

☐ URGENT REQUEST Fax to (888)-320-3851. ***Definition: "Urgent" is ONLY when normal time frame for authorization will be detrimental to patient's life or health, jeopardize patient's ability to regain maximum function, or result in loss of life, limb or other major bodily function. Urgent requests are addressed within 72 hours.*** Please sign attesting this request is Urgent.

** MD/RN Signature

☐ Inpatient Facility ☑ Outpatient Requests ☐ SNF ☐ Medical Services/Items ☐ Part B Drugs

Date of Services: Admission Date:

List ALL procedures requested along with the appropriate CPT/HCPCS

REQUESTED PROCEDURES	PERTINENT HISTORY (Submit supporting Medical Records)	CODE (CPT or HCPCS)	UNITS (REQUIRED)
Leg venogram Left		36005, 75820, 75822	1
thrombolysis		37214	1
Patient to be admitted after procedure		36010, 36011, 36012	1

DO NOT WRITE BELOW THIS LINE

STATUS		Authorization Number #:
☐ Approved	☐ Alternative Treatment	Signature: Date:
☐ Not a Covered Benefit	☐ Modified	Comments:
☐ Not Medically Indicated		Phone:

Revised 04272022

URBAN, Anita (id #3609, dob: 05/05/1961)

Pre-Op Orders

03/11/2025

From Provider	Place of Surgery
MAIN OFFICE 1510 E HERNDON AVE STE 110 FRESNO, CA 93720-3333 Phone: (559) 436-4737 Fax: (559) 436-4738 Ordering Provider: STEPHEN A. BALFOUR, MD	SAINT AGNES SAMC INTERVENTIONAL RADIOLOGY IR 1303 E HERNDON AVE FRESNO, CA 93720 Phone: (559) 450-3939 Fax: (559) 450-5267

Patient Information

Patient Name	URBAN, ANITA	Sex	F
DOB	05/05/1961	Age	63yo
Address	4674 N CASEY AVE FRESNO, CA 93723	Phone	H: (559) 246-8488 M: (559) 246-8488
Primary Insurance	UNITED PHYSICIANS NETWORK ID: 91851403E Group: UPN Policy Holder: URBAN, ANITA		
Secondary Insurance	None recorded.		

Order Information

Diagnosis
- Deep venous thrombosis
  ICD-10: I82.409: Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity

Order Name

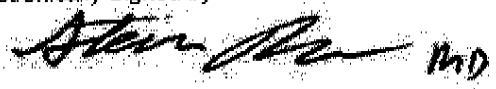
Orders included: 1

Deep venous thrombosis
ICD-10: I82.409: Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
- VENOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH STENT PLACEMENT (PROC)

Note to Provider: Left leg venogram and thrombolysis. Patient will need to be admitted after procedure to ICU bed for thrombolysis of left iliac vein thrombus. Please schedule with Dr. Balfour on 3/31/2025. Prone, left leg venogram and thrombolysis.

Notes

Electronically Signed by: STEPHEN A. BALFOUR, MD



STEPHEN A. BALFOUR, MD

URBAN, Anita (id #3609, dob: 05/05/1961)

Patient

Name	URBAN, ANITA (63yo, F) ID# 3609	**Appt. Date/Time**	03/11/2025 09:00AM
DOB	05/05/1961	**Service Dept.**	MAIN OFFICE
Provider	STEPHEN A. BALFOUR, MD		
Insurance	Med Primary: UNITED PHYSICIANS NETWORK Insurance # : 91851403E Policy/Group # : UPN Prescription: CVS|CAREMARK - Member is eligible.		

Chief Complaint

Followup: Post-thrombotic syndrome of left lower extremity
Followup: History of insertion of iliac stent
Followup: Deep venous thrombosis

Patient's Care Team

Referring Provider: SANJAY SRIVATSA MD: 7206 N MILLBURN AVE STE 105, FRESNO, CA 93722, Ph (559) 324-5003, Fax (559) 271-8040 NPI: 1588603369
Primary Care Provider: MANDEEP KAUR MD: 6810 N MILBURN AVE, FRESNO, CA 93722, Ph (559) 512-4500, Fax (855) 766-8477 NPI: 1376956235

Patient's Pharmacies

WALMART PHARMACY 1815 (ERX): 4080 W SHAW AVE, FRESNO, CA 93722, Ph (559) 277-8274, Fax (559) 277-8196

Vitals

T: 97.5 F° 03/11/2025 12:10 pm	**Pulse:** 80 bpm 03/11/2025 12:10 pm	**BP:** 125/68 L arm 03/11/2025 12:11 pm
O2Sat: 96% 03/11/2025 12:11 pm	**Ht:** 5 ft 4 in 03/11/2025 12:10 pm	**Wt:** 258 lbs 03/11/2025 12:11 pm
BMI: 44.3 03/11/2025 12:11 pm		

Allergies

Reviewed Allergies
AMOXICILLIN: Anaphylaxis
ERYTHROMYCIN BASE: Anaphylaxis
FUROSEMIDE: Anaphylaxis
LASIX: Other
PEANUT: Anaphylaxis (Mild)
PENICILLINS: Anaphylaxis
VENOM-HONEY BEE: Anaphylaxis (Mild)

Medications

Reviewed Medications

amLODIPine 10 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	02/08/25	filled
atorvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	01/09/24	filled
BD Nano 2nd Gen Pen Needle 32 gauge x 5/32"	09/04/24	filled
BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16" USE 1 PEN NEEDLE 4 TIMES DAILY WITH LISPRO PEN	07/23/24	filled
BD Ultra-Fine Short Pen Needle 31 gauge x 5/16"	02/18/25	filled
BD Veo Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 15/64"	04/21/23	started

URBAN, Anita (id #3609, dob: 05/05/1961)

start 04/21/2023

buPROPion HCL SR 100 mg tablet,12 hr sustained-release TAKE 1 TABLET BY MOUTH TWICE DAILY	02/08/25	filled
clobetasoL 0.05 % topical cream Apply thin layer to effected skin twice daily	02/25/25	filled
clotrimazole 1 % topical cream APPLY CREAM TOPICALLY TWICE DAILY IN THE MORNING AND IN THE EVENING TO AFFECTED AND SURROUNDING AREAS OF SKIN	11/02/24	filled
enoxaparin 120 mg/0.8 mL subcutaneous syringe INJECT 0.8 ML (120 MG) UNDER THE SKIN EVERY 12 HOURS FOR 7 DAYS	04/29/24	entered
EPINEPHrine 0.1 mg/mL injection syringe Take by injection route.	04/29/24	entered
EPINEPHrine 0.3 mg/0.3 mL Injection, auto-injector	03/06/25	filled
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule TAKE 1 CAPSULE BY MOUTH ONCE A WEEK	03/08/24	filled
gabapentin 300 mg capsule	02/11/25	filled
gabapentin 400 mg capsule TAKE 1 CAPSULE BY MOUTH ONCE DAILY IN THE MORNING	04/29/24	entered
gabapentin 600 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	02/25/25	filled
gabapentin ER 300 mg tablet,extended release 24 hr	08/08/24	filled
HumaLOG Junior KwikPen (U-100) 100 unit/mL subcutaneous half-unit pen	02/27/25	filled
hydrOXYzine HCL 25 mg tablet	09/18/24	filled
ibuprofen 800 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 TO 8 HOURS AS NEEDED FOR PAIN	01/13/25	filled
Impoyz 0.025 % topical cream APPLY A THIN LAYER TO AFFECTED AREA(S) TWICE DAILY. RUB IN GENTLY AND COMPLETELY.	04/29/24	entered
insulin glargine-yfgn (U-100) 100 unit/mL (3 mL) subcutaneous pen	06/22/24	filled
insulin lispro (U-100) 100 unit/mL subcutaneous pen INJECT 20 UNITS THREE TIMES DAILY WITH MEALS	06/18/24	filled
Jantoven 4 mg tablet	12/14/24	filled
Jantoven 5 mg tablet	02/19/25	filled
Jardiance 25 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	02/10/25	filled
Klor-Con M20 mEq tablet,extended release	03/04/25	filled

URBAN, Anita (id #3609, dob: 05/05/1961)

TAKE 1 TABLET BY MOUTH ONCE DAILY

lancets 33 gauge start 04/21/2023	04/21/23	started
Lantus Solostar U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen Inject 35 units every day by subcutaneous route at bedtime.	02/16/25	filled
metroNIDAZOLE 0.75 % topical cream APPLY A THIN LAYER TOPICALLY TO AFFECTED AREA TWICE DAILY IN THE MORNING IN THE EVENING	09/13/24	filled
minoxidiL 2 % topical solution APPLY 1 MILLILITER BY TOPICAL ROUTE 2 TIMES PER DAY , EVERY DAY, DIRECTLY ONTO THE SCALP IN THE HAIR LOSS AREA, start 09/13/2023	09/13/23	started
nystatin 100,000 unit/gram topical powder APPLY 5 GRAMS TOPICALLY ONCE DAILY TO GROIN/RASH	12/22/24	filled
ondansetron 4 mg disintegrating tablet	10/15/24	filled
Ozempic 0.25 mg or 0.5 mg (2 mg/3 mL) subcutaneous pen injector	10/04/24	filled
potassium chloride ER 10 mEq tablet,extended release TAKE 1 TABLET BY MOUTH ONCE DAILY	07/23/24	filled
ProAir RespiClick 90 mcg/actuation breath activated INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS	09/27/24	filled
Repatha SureClick 140 mg/mL subcutaneous pen injector INJECT 1 PEN SUBCUTANEOUSLY EVERY TWO WEEKS	02/05/25	filled
rosuvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	02/08/25	filled
Rybelsus 14 mg tablet	01/28/25	filled
sertraline 100 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	02/08/25	filled
warfarin 10 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	06/12/24	filled

Vaccines

None recorded.

Problems

Reviewed Problems

- Malignant neoplasm of uterus - Onset: 08/03/2023
- Diabetes mellitus - Onset: 09/21/2023
- Type 2 diabetes mellitus - Onset: 08/03/2023
- Diabetic peripheral neuropathy - Onset: 04/22/2023
- Hyperlipidemia - Onset: 04/22/2023
- Morbid obesity - Onset: 04/22/2023
- Posttraumatic stress disorder - Onset: 04/22/2023
- Depressive disorder - Onset: 08/03/2023
- Obstructive sleep apnea syndrome - Onset: 04/22/2023
- Essential hypertension - Onset: 04/22/2023
- Hypertensive disorder - Onset: 08/03/2023
- Myocardial infarction - Onset: 08/03/2023

URBAN, Anita (id #3609, dob: 05/05/1961)

- Coronary arteriosclerosis - Onset: 08/03/2023
- Heart failure - Onset: 08/03/2023
- Congestive heart failure - Onset: 08/03/2023
- Deep venous thrombosis - Onset: 08/03/2023
- Lymphedema - Onset: 09/21/2023
- Iliac vein compression syndrome - Onset: 04/22/2023
- Asthma - Onset: 04/22/2023
- Gastroesophageal reflux disease - Onset: 08/03/2023
- Arthritis - Onset: 08/03/2023
- Muscle weakness - Onset: 09/21/2023
- Lipedema - Onset: 08/03/2023
- History of malignant neoplasm of uterine body - Onset: 04/22/2023
- History of myocardial infarction - Onset: 04/22/2023
- Warfarin monitoring status - Onset: 04/22/2023
- History of insertion of iliac stent - Onset: 04/22/2023
- Post-thrombotic syndrome of left lower extremity - Onset: 09/21/2023
- History of deep vein thrombosis - Onset: 04/22/2023
- Hyperglycemia due to type 2 diabetes mellitus - Onset: 04/22/2023
- Female pelvic floor dysfunction - Onset: 09/21/2023
- Edema of left lower limb - Onset: 11/29/2023

Some problems listed in Document: #164024 could not be added to this patient's chart. Please review this document and add these problems to the patient's chart manually as needed.

Family History

Reviewed Family History

Mother	- Gastroesophageal reflux disease
	- Cerebrovascular accident
	- Gastric ulcer
Father	- Heart disease
	- Hypercholesterolemia
Sister	- Disorder of thyroid gland

Social History

Reviewed Social History

Surgical History

Reviewed Surgical History
- Removal of thrombus
- Oophorectomy
- Placement of stent in cardiac conduit
- Hysterectomy
- Hemorrhoidectomy
- Tonsillectomy

Past Medical History

Past Medical History not reviewed (last reviewed 04/30/2024)

HPI

INITIAL CONSULT 9/5/2023
62-year-old female with left leg swelling presents for evaluation of chronic DVT and occluded left iliac vein stent.
From the patient's description and from records that she presented to me from my chart, it appears that the patient has had multiple episodes of DVT in the left leg. She has had chronic left leg swelling off and on for several years up to 10 years that she noticed on her first drive cross-country to Virginia when she moved there approximately 10 years ago. However 3 to 4 years ago she had a sudden acute event and swelling in the left leg and was diagnosed with DVT. She underwent thrombolysis or thrombectomy at a hospital in Virginia and subsequently was doing well until shortly after this when she developed a second episode of DVT in the left leg. A left leg venogram was performed at that time and there was a chronic occlusion of the left iliac veins which could not be crossed for intervention.
A subsequent third procedure was performed and there was successful crossing of occluded left iliac vein and a left iliac vein stent was placed.
The patient has been struggling with left leg swelling for the past 2 years since the stent procedure and states that her leg swelling did not improve after stent placement 2 years prior.
After moving back to Fresno, the patient is medical attention for left leg swelling and CT was performed 7/14/2023 which demonstrated occlusion of the left common iliac stent and narrowing at the crossing of the iliac artery. Diminutive caliber of the left external iliac vein and evaluation for internal thrombus was suboptimal.
Venous ultrasound was performed 6/15/2023 which demonstrated a stent in the left common iliac vein with no detected internal flow and noncompressible left external iliac vein consistent with chronic occlusion.
At the present time, the patient struggles with left calf and thigh swelling and she states that her left leg both calf and thigh are

URBAN, Anita (id #3609, dob: 05/05/1961)

frequently twice the size of her right. She wears a daily compression stocking thigh-high the length of the left leg. She uses pneumatic compression devices at home and elevate left leg whenever possible. She states that she cannot walk more than 10 to 12 paces without severe pain and throbbing in the left leg. There is no ulceration or spontaneous skin breakdown in the left leg.
Of note, the patient describes history of cervical cancer and radiation and surgery as well as chemotherapy with the surgery in the left groin which I suspect was a lymph node dissection.

The patient is currently on warfarin therapy alternating 1 mg to 2 mg doses. She was previously on Lovenox however was experiencing vaginal bleeding despite prior hysterectomy while taking Lovenox.

Past medical history:
Hypertension
Hyperlipidemia
GERD
MI in 2015
CHF
Uterine cancer treated with radiation
Asthma
Depression
Arthritis
Type 2 diabetes
Morbid obesity
Sleep apnea
Lipidemia
Diabetic peripheral neuropathy
Surgical history:
Hysterectomy
Coronary PCI
Left iliac venous thrombectomy and left illac vein stent placement
Chemotherapy x6 months
Cervix radiation
Possible groin lymph node dissection.

FOLLOW-UP 11/2/2023
62-year-old female with history of chronic left lower extremity DVT and previously placed thrombosed left iliac vein stent secondary to May Thurner presents for follow-up after venogram, thrombolysis, angioplasty, and stent placement.
9/23/2023 patient was admitted for venogram and thrombolysis/intervention to Saint Agnes Hospital by me. the occluded stent in the left iliac vein was crossed and thrombolysis was initiated. Following thrombolysis, balloon angioplasty and stent placement in the left common and external iliac vein into the left common femoral vein was performed with 16 mm o overlapping stents. Subsequently, there was depressed pulse in the left foot after the procedure and CTA demonstrated external compression of the stent on the left external iliac artery. Patient was brought back to interventional radiology and 7 mm balloon expandable stent was placed in the left external iliac artery and there was immediate return of pulses in the left lower extremity.
The patient was discharged from the hospital on Coumadin and recent follow-up at the heart vein and vascular Center with follow-up ultrasound demonstrating patency of the common iliac and common femoral vein stents. Additionally, waveforms in the left lower extremity arteries are within normal limits.
The patient states she has significantly decreased pain in the left leg however she continues to have significant ambulatory difficulty walking with a cane and her left leg is painful if she stands for too long. There has been significant decrease in the swelling in the left leg and the patient is very pleased with this. She maintains compliance with compression stocking and is attending venous lymphedema management clinic at Saint Agnes Hospital.
Recent INR was 2.7 10/17/2023. She is alternating between 5 mg and 10 mg Coumadin dosing. But is now taking 10 mg Coumadin daily.

FOLLOW-UP 1/30/2024
Patient is doing well with few complaints. She is walking independently without the use of walker or cane. She is walking down her driveway to her mailbox and back independently and around the house. She is continuing to participate in physical therapy for strength training and lymphedema therapy for left leg pain and swelling.
The patient has been transition to Coumadin alternating between 8 mg and 10 mg doses every other day and recent INR 2.6.
Recent CT venogram performed 12/8/2023 demonstrates patency of the iliac artery stents and patency of the left iliac vein stents however there is a small amount of focal mural thrombus resulting in mild luminal narrowing by approximately 50% in the CT venogram. Prior duplex ultrasound from 9/26/2023 demonstrates patent femoral and popliteal veins.
Patient states that her left leg pain and swelling is significantly improved over the past several months.

FOLLOW-UP 4/29/2024
62-year-old female with history of left lower extremity May Thurner thrombosis and previous stent placement who underwent thrombolysis and revision of left lower extremity stent placement performed by me 9/23/2023.
Subsequent CT venogram from 12/8/2023 demonstrated focal mural thrombus and mild luminal narrowing of the iliac vein stent and underwent left lower extremity angiogram and balloon angioplasty 2/29/2024. Procedure was uncomplicated and resulted in complete luminal patency of the illac vein stent.
Proc patient has been doing well since procedure and has been walking several 100 feet without stopping. She denies pain in

URBAN, Anita (id #3609, dob: 05/05/1961)

her lower extremity. She has completed physical therapy and lymphedema clinic therapy and is compliant with compression stockings.
Patient is taking warfarin being managed by heart artery and vein center. She has had difficulty controlling INR and is frequently greater than 3.

FOLLOW-UP 3/11/2025
63-year-old female with history of thrombotic May Thurner's of the left lower extremity and prior iliac vein stent placement with prior stent thrombosis and recanalization and recurrent stent placement. At the time of prior follow-up 4/29/2024, the patient had had prior CT venogram from 12/8/2023 demonstrating mild focal thrombus formation and luminal narrowing and was treated with angiogram and balloon angioplasty 2/29/2024 to restore luminal patency of the iliac vein stent.
Patient had recent follow-up CT venogram 3/4/2025 which demonstrated diffuse occlusion and thrombosis of the left iliac vein stent.
I have discussed with the patient her ongoing anticoagulation and she is on warfarin and has been therapeutic or supratherapeutic for several months. She is also on aspirin 81 mg. It is unclear why she has had recurrent thrombosis of the stent however the patient states that she has had worsened leg swelling and heaviness in the past 6 weeks.

ROS

Patient reports **exercise intolerance and fatigue** but reports no fever or chills, no significant weight change, and no malaise. She reports **shortness of breath when walking and leg swelling** but reports no chest pain, no arm pain on exertion, no shortness of breath when lying down, and no palpitations. She reports **memory loss** but reports no depression, no sleep disturbances, no alcohol abuse, and no anxiety. She reports **arthralgias/joint pain and muscle weakness** but reports no joint swelling/stiffness, no back pain, no difficulty walking, and no muscle aches. She reports no vision change and no irritation. She reports no jaundice, no rashes, no non-healing areas, and no change in skin color. She reports no numbness / tingling, no dizziness, no headaches, no migraines, and no gait dysfunction. She reports no cough, no wheezing, no shortness of breath, and no sleep apnea. She reports no abdominal pain, no nausea, no vomiting, no constipation, normal appetite, no diarrhea, not vomiting blood, and no GERD. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no anemia. She reports no allergies.

Physical Exam

Constitutional: General Appearance: healthy-appearing, well-developed, and **obese**. Level of Distress: NAD and **chronically ill**. Ambulation: **limited ambulation.**

Psychiatric: Insight: good judgement and **poor insight**. Mental Status: normal affect and **confused.**

Eyes: Sclera (normal) sclera.

Neck: Neck: supple, FROM, and trachea midline.

Lungs: Respiratory effort: no dyspnea.

Cardiovascular System: Pulses: (normal) heart rate and rhythm, Heart Rate And Rhythm, and LE pulses normal throughout.

Abdomen: Inspection and Palpation: no tenderness or CVA tenderness and soft and non-distended.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures or tenderness and normal movement of all extremities. Extremities: **edema** and **varicosities**; **2+ edema in the left lower extremity with evident superficial varicosities and mild stasis dermatitis in the pretibial region of the left lower extremity..**

Neurologic: Sensation: grossly intact.

Skin: Inspection and palpation: no ulcer or jaundice and **rash** and **lesion**. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

63-year-old female with history of thrombotic left lower extremity May Thurner's and stent reconstruction of chronically occluded left iliac vein with new onset recurrent thrombosis of left iliac vein stent.

Patient with worsened left leg swelling and heaviness over the past 6 weeks.

I have discussed the findings of the recent CT venogram with the patient and unfortunately the patient continues to suffer from recurrent in-stent thrombosis of left lower extremity venous stent. I have discussed the risks and benefits of reintervention with the patient including risk of thrombolysis and tPA, risks of bleeding, risks of pulmonary embolism, and risks of failure of revascularization of the venous stent including chronic long-term leg swelling, pain, heaviness, and worsening venous stasis.

Patient would like to proceed with reintervention and understands the risks and benefits. Patient will need thr venogram and thrombolysis with hospital admission followed by mechanical thrombectomy.

URBAN, Anita (id #3609, dob: 05/05/1961)

I am scheduled at the hospital the week of 3/31 through 4/4

And this will likely be the best we can to treat this patient as he will require multiple days of procedure, thrombolysis, and reintervention. Patient to stop Warfarin 2 days ahead of venogram procedure.

45 minutes were spent in the care of this patient including review of records and imaging, history and physical examination, medical decision making, and coordination of care

1. Deep venous thrombosis
I82.409: Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
- VENOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH STENT PLACEMENT (PROC) -
  Note to Provider: Left leg venogram and thrombolysis. Patient will need to be admitted after procedure to ICU bed for thrombolysis of left iliac vein thrombus. Please schedule with Dr. Balfour on 3/31/2025. Prone, left leg venogram and thrombolysis.

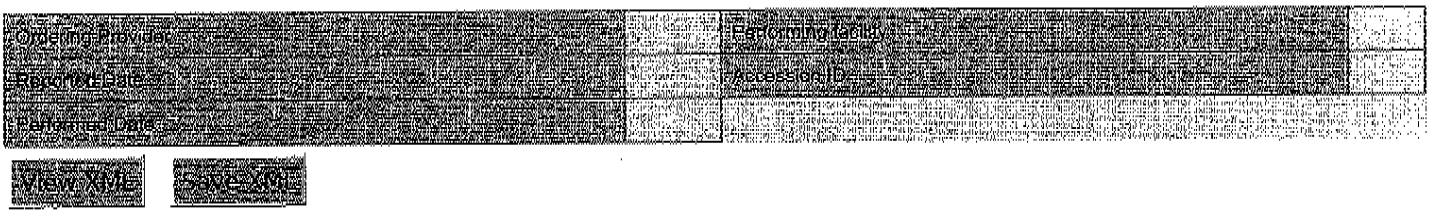
2. History of insertion of iliac stent
Z95.828: Presence of other vascular implants and grafts

3. Post-thrombotic syndrome of left lower extremity
I87.002: Postthrombotic syndrome without complications of left lower extremity

Return to Office
- to see Stephen A. Balfour, MD at MAIN OFFICE on or around 04/22/2025

Encounter Sign-Off
Encounter signed-off by Stephen A. Balfour, MD, 03/11/2025.

Encounter performed and documented by Stephen A. Balfour, MD
Encounter reviewed & signed by Stephen A. Balfour, MD on 03/11/2025 at 07:12 PM



Encounter Summary for Anita Mary Urban

Most Recent Encounter

Safr Ct 1:

Reason for Referral

- Imaging (Routine) - Closed:

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Radiology	Diagnoses May-Thurner syndrome Procedures CT Angio Abdomen Pelvis wo and/or w Contrast	Srivatsa, Sanjay, MD 7206 N Milburn Ave Ste 105 Fresno, CA 93722-8450 Phone: tel:+1-559-224-5003 fax:+1-559-271-8040	Saint Agnes Medical Center Fresno CT Scan 1303 E Herndon Ave Fresno, CA 93720-3309 Phone: tel:+1-559-450-5656 fax:+1-559-450-5288

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
23572099	Closed		1/11/2025	1/11/2026	1	1

Electronically signed by Srivatsa, Sanjay, MD at 03/04/2025 7:16 AM PST

Reason for Visit

- Imaging (Routine) - Closed:

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Radiology	Diagnoses May-Thurner syndrome Procedures CT Angio Abdomen Pelvis wo and/or w Contrast	Srivatsa, Sanjay, MD 7206 N Milburn Ave Ste 105 Fresno, CA 93722-8450 Phone: tel:+1-559-224-5003 fax:+1-559-271-8040	Saint Agnes Medical Center Fresno CT Scan 1303 E Herndon Ave Fresno, CA 93720-3309 Phone: tel:+1-559-450-5656 fax:+1-559-450-5288

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
23572099	Closed		1/11/2025	1/11/2026	1	1

Encounter Details

Date	Type	Department	Care Team (Latest Contact Info)	Description
03/04/2025 7:16 AM PST - 03/04/2025 11:59 PM PST	Hospital Encounter	Saint Agnes Medical Center Fresno CT Scan 1303 E Herndon Ave Fresno, CA 93720-3309 559-450-5656		May-Thurner syndrome Discharge Disposition: Home or Self Care

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Passive Smoke Exposure: Past				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week	Comments
Never	0 (1 standard drink = 0.6 oz pure alcohol)	

Interpersonal Safety	Answer	Date Recorded
Physical Abuse		02/29/2024
Verbal Abuse		02/29/2024

Pregnant	Comments
Unknown	

Sex and Gender Information	Value	Date Recorded
Sex Assigned at Birth	Female	04/26/2024 12:53 PM EDT
Legal Sex	Female	07/24/2023 10:50 AM EDT
Gender Identity	Female	04/26/2024 12:53 PM EDT
Sexual Orientation	Straight	04/26/2024 12:53 PM EDT

documented as of this encounter

Medications at Time of Discharge

Medication	Sig	Dispense Quantity	Refills	Last Filled	Start Date	End Date
albuterol sulfate (ProAir RespiClick) 90 mcg/actuation aerosol powdr breath activated	Inhale 2 puffs every 4 (four) hours.					
amLODIPine (NORVASC) 10 mg tablet	Take 1 tablet (10 mg total) by mouth 1 (one) time each day.				09/18/2023	
aspirin 81 mg EC tablet	Take 1 tablet (81 mg total) by mouth at bedtime.					
atorvastatin (LIPITOR) 40 mg tablet	Take 1 tablet (40 mg total) by mouth at bedtime.				09/18/2023	
B complex tablet	Take 1 tablet by mouth every other day.					
buPROPion SR (WELLBUTRIN SR) 100 mg 12 hr tablet	Take 1 tablet (100 mg total) by mouth 2 (two) times a day.				09/18/2023	
calcium carbonate (OS-CAL) 1,250 mg (500 mg elemental calcium) tablet	Take 1 tablet (1,250 mg total) by mouth every other day.					
cholecalciferol (VITAMIN D-3) 1,250 mcg (50,000 unit) capsule	Take 1,250 mcg by mouth 1 (one) time per week. MONDAY					
empagliflozin (Jardiance) 25 mg tablet	Take 1 tablet (25 mg total) by mouth 1 (one) time each day.					
enoxaparin (LOVENOX) 120 mg/0.8 mL syringe injection	Inject 0.8 mL (120 mg total) under the skin every 12 (twelve) hours.				10/10/2023	
gabapentin (NEURONTIN) 600 mg tablet	Take 1 tablet (600 mg total) by mouth 2 (two) times a day.				09/07/2023	
insulin glargine (LANTUS SoloStar) 100 unit/mL (3 mL) injection pen	Inject 35 Units under the skin at bedtime.					
Insulin lispro (HumaLOG KwikPen) 100 unit/mL injection pen	Inject 20 Units under the skin 3 (three) times a day.				09/11/2023	
magnesium oxide (MAG-OX) 400 mg magnesium tablet	Take 2 tablets (800 mg total) by mouth 1 (one) time each day.					
metroNIDAZOLE (METROCREAM) 0.75 % cream	APPLY A THIN LAYER TOPICALLY TO AFFECTED AREA TWICE DAILY IN THE MORNING IN THE EVENING				08/14/2023	
semaglutide (Rybelsus) 3 mg tablet	Take 1 tablet (3 mg total) by mouth 1 (one) time each day.					
sertraline (ZOLOFT) 100 mg tablet	Take 1 tablet (100 mg total) by mouth 1 (one) time each day.				09/18/2023	
warfarin (COUMADIN) 1 mg tablet	Take 1 tablet (1 mg total) by mouth 1 (one) time each day. Dose changes daily per INR/MD				01/19/2024	
warfarin (COUMADIN) 5 mg tablet	Take 1 tablet (5 mg total) by mouth 1 (one) time each day. Dose changes daily per INR/MD					

documented as of this encounter

Discharge Disposition

Disposition	Code	Departure Means	Destination
Home or Self Care			

documented in this encounter

Plan of Treatment

Not on file

documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
CT ANGIO ABDOMEN PELVIS WO AND/OR W CONTRAST	Routine	03/04/2025 8:59 AM PST	May-Thurner syndrome	Results for this procedure are in the results section.
POCT CREATININE BLOOD	Routine	03/04/2025 8:41 AM PST		Results for this procedure are in the results section.

documented in this encounter

Results

- CT Angio Abdomen Pelvis wo and/or w Contrast (03/04/2025 8:59 AM PST):

Anatomical Region	Laterality	Modality
Body		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/09/2025 4:29 PM PDT	

Impressions
03/09/2025 4:55 PM PDT

1. Complete thrombosis of venous stent complex extending from the left common femoral vein to the left common iliac vein. There is collateral venous circulation from the left lower extremity to the right lower extremity across the mons pubis.

2. Patent left common iliac and left external iliac artery stents.

3. In addition to gallbladder stones, there is calcification of the gallbladder wall consistent with porcelain gallbladder. Although risk of associated gallbladder malignancy is low, surgical evaluation is recommended given marginal interval increase in size of gastrohepatic lymph nodes.

4. Bilateral adrenal myelolipomas.

Signed by: Robert Ermentrout on 3/9/2025 16:55 PDT
-------- FINAL REPORT --------
Dictated By: Ermentrout, Robert
Dictated Date: 03/09/2025 19:29ET
Assigned Physician: Ermentrout, Robert
Reviewed and Electronically Signed By: Ermentrout, Robert
Signed Date: 03/09/2025 19:55ET
Workstation ID: FRRTRWKS18
Transcribed By: Self Edit
Transcribed Date: 03/09/2025 19:29ET

Narrative
03/09/2025 4:55 PM PDT

CT ANGIO ABDOMEN PELVIS WO AND/OR W CONTRAST

INDICATION:
MAY THURNER SYNDROME

COMPARISON:
01/05/2024

TECHNIQUE:
Axial Computed Tomographic imaging from the lower thorax through the upper thighs after administration of intravenous contrast. Additional coronal and sagittal multiplanar reformatted images of the chest. 3-D reformatted images and/or thick Maximum Intensity Projection Images were obtained using post-processing.

Contrast type administered: Isovue-370
Volume of contrast injected: 100 mL
Volume of contrast wasted: 0 mL

This patient received a total of 2 exposure event(s) during this CT examination. The CTDIvol and DLP radiation dose values for each exposure are:

Exposure: 2; Series: 16; Anatomy: Abdomen; Phantom: 32 cm; CTDIvol: 18; DLP: 881
Exposure: 1; Series: 8; Anatomy: Abdomen; Phantom: 32 cm; CTDIvol: 17; DLP: 878

The dose indicators for CT are the volume Computed Tomography (CT) Dose Index (CTDIvol) and the Dose Length Product (DLP), and are measured in units of mGy and mGy-cm, respectively. These indicators are not patient dose, but values generated from the CT scanner acquisition factors. The report includes radiation exposure data for exposures received during this examination. If multiple reports are produced from this examination, the exposure data is duplicated in each report. The exposure data reported is indicative, but not determinative, of the radiation dose received by this patient.
All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

FINDINGS:

Unless the patient? s specific circumstances suggest otherwise, any liver lesion 0.5 cm or less, any cystic kidney lesion less than 1 cm, adrenal lesion 4 cm or less classified as benign or likely benign, incidentally discovered thyroid nodules of less than 1 cm in patients <35 years old, or less than 1.5 cm in patients ?35 yo, not otherwise characterized in this report as possessing suspicious or indeterminate imaging features is/are most likely benign or indolent and do not require follow up imaging or biopsy.

Lower Chest: Visualized lung bases are essentially clear. Heart size is within normal limits. Distal esophagus is patulous and there is a moderate hiatal hernia.
Liver: Smooth hepatic contour. No focal lesions. Again, there is rim of calcification throughout wall of the gallbladder, similar to prior exams. Luminal calcifications are also present, consistent with gallstones. No focal enhancing lesion. No biliary distention.
Kidneys: Symmetric size and enhancement. No hydronephrosis. No abnormally enhancing renal masses. No obstructing stones.
Adrenal Glands: Fat-containing adrenal lesions are again seen on the right measuring up to 2.4 cm and the left measuring up to 2.1 cm.
Spleen: Normal.
Pancreas: Normal.
Bowel: No obstruction. No focal inflammatory changes.
Vascular: The visualized thoracoabdominal aorta is normal caliber. Celiac, superior mesenteric, bilateral renal, and inferior mesenteric arteries are widely patent. Iliac arteries are patent. There are stents in the left common and external iliac arteries, both patent. No flow-limiting arterial lesion identified. Venous stents extend from the iliac venous confluence to the left common femoral vein. Stent complex is completely thrombosed. There are extensive collateral veins in the mons pubis draining from the left lower extremity to the right lower extremity.
Peritoneum: No free air or fluid.
Pelvic organs: Bladder is grossly normal. No suspicious lesions. Status post hysterectomy.
Lymph nodes: Enlarged gastrohepatic lymph nodes measuring up to 12 mm.
Bones/Soft Tissues: No aggressive osseous or soft tissue lesions.

Procedure Note

Ermentrout, Robert M., MD - 03/09/2025

Formatting of this note might be different from the original.
CT ANGIO ABDOMEN PELVIS WO AND/OR W CONTRAST

INDICATION:
MAY THURNER SYNDROME

COMPARISON:
01/05/2024

TECHNIQUE:
Axial Computed Tomographic Imaging from the lower thorax through the upper thighs after administration of intravenous contrast. Additional coronal and sagittal multiplanar reformatted images of the chest. 3-D reformatted images and/or thick Maximum Intensity Projection images were obtained using post-processing.
Contrast type administered: Isovue-370
Volume of contrast injected: 100 mL
Volume of contrast wasted: 0 mL

This patient received a total of 2 exposure event(s) during this CT examination. The CTDIvol and DLP radiation dose

values for each exposure are:

Exposure: 2; Series: 16; Anatomy: Abdomen; Phantom: 32 cm; CTDIvol: 18; DLP: 881
Exposure: 1; Series: 8; Anatomy: Abdomen; Phantom: 32 cm; CTDIvol: 17; DLP: 878

The dose indicators for CT are the volume Computed Tomography (CT) Dose Index (CTDIvol) and the Dose Length Product (DLP), and are measured in units of mGy and mGy-cm, respectively. These indicators are not patient dose, but values generated from the CT scanner acquisition factors. The report includes radiation exposure data for exposures received during this examination. If multiple reports are produced from this examination, the exposure data is duplicated in each report. The exposure data reported is indicative, but not determinative, of the radiation dose received by this patient.
All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

FINDINGS:

Unless the patient? s specific circumstances suggest otherwise, any liver lesion 0.5 cm or less, any cystic kidney lesion less than 1 cm, adrenal lesion 4 cm or less classified as benign or likely benign, incidentally discovered thyroid nodules of less than 1 cm in patients <35 years old, or less than 1.5 cm in patients ?35 yo, not otherwise characterized in this report as possessing suspicious or indeterminate imaging features is/are most likely benign or indolent and do not require follow up imaging or biopsy.

Lower Chest: Visualized lung bases are essentially clear. Heart size is within normal limits. Distal esophagus is patulous and there is a moderate hiatal hernia.
Liver: Smooth hepatic contour. No focal lesions. Again, there is rim of calcification throughout wall of the gallbladder, similar to prior exams. Luminal calcifications are also present, consistent with gallstones. No focal enhancing lesion. No biliary distention.
Kidneys: Symmetric size and enhancement. No hydronephrosis. No abnormally enhancing renal masses. No obstructing stones.
Adrenal Glands: Fat-containing adrenal lesions are again seen on the right measuring up to 2.4 cm and the left measuring up to 2.1 cm.
Spleen: Normal.
Pancreas: Normal.
Bowel: No obstruction. No focal inflammatory changes.
Vascular: The visualized thoracoabdominal aorta is normal caliber. Celiac, superior mesenteric, bilateral renal, and inferior mesenteric arteries are widely patent. Iliac arteries are patent. There are stents in the left common and external iliac arteries, both patent. No flow-limiting arterial lesion identified. Venous stents extend from the iliac venous confluence to the left common femoral vein. Stent complex is completely thrombosed. There are extensive collateral veins in the mons pubis draining from the left lower extremity to the right lower extremity.
Peritoneum: No free air or fluid.
Pelvic organs: Bladder is grossly normal. No suspicious lesions. Status post hysterectomy.
Lymph nodes: Enlarged gastrohepatic lymph nodes measuring up to 12 mm.
Bones/Soft Tissues: No aggressive osseous or soft tissue lesions.

IMPRESSION:

1. Complete thrombosis of venous stent complex extending from the left common femoral vein to the left common iliac vein. There is collateral venous circulation from the left lower extremity to the right lower extremity across the mons pubis.

2. Patent left common iliac and left external iliac artery stents.

3. In addition to gallbladder stones, there is calcification of the gallbladder wall consistent with porcelain gallbladder. Although risk of associated gallbladder malignancy is low, surgical evaluation is recommended given marginal interval increase in size of gastrohepatic lymph nodes.

4. Bilateral adrenal myelolipomas.

Signed by: Robert Ermentrout on 3/9/2025 16:55 PDT
-------- FINAL REPORT --------
Dictated By: Ermentrout, Robert
Dictated Date: 03/09/2025 19:29ET
Assigned Physician: Ermentrout, Robert
Reviewed and Electronically Signed By: Ermentrout, Robert
Signed Date: 03/09/2025 19:55ET
Workstation ID: FRRTRWKS18
Transcribed By: Self Edit

Transcribed Date: 03/09/2025 19:29ET

Authorizing Provider	Result Type	Result Status
Sanjay Srivatsa MD	IMG CT PROCEDURES	Final Result

- POCT Creatinine, blood (03/04/2025 8:41 AM PST):

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Creatinine POCT	0.9	0.6 - 1.3 mg/dL		03/04/2025 8:45 AM PST	ST AGNES FRESNO CA (SAFR) HOSPITAL LAB	
Device Serial Number POCT	374004			03/04/2025 8:45 AM PST	ST AGNES FRESNO CA (SAFR) HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood	Venous blood specimen / Unknown		03/04/2025 8:41 AM PST	03/04/2025 8:45 AM PST

Narrative

Authorizing Provider	Result Type	Result Status
Generic Provider Poct	LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
ST AGNES FRESNO CA (SAFR) HOSPITAL LAB	1303 E Herndon Ave	Fresno, CA 93720	559-450-3130

documented in this encounter

Visit Diagnoses

Diagnosis
May-Thurner syndrome
Compression of vein

documented in this encounter

Administered Medications

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
iopamidoL (ISOVUE-370) 370 mg iodine /mL (76 %) injection 125 mL	Given	03/04/2025 9:00 AM PST	125 mL		

125 mL, intravenous, Once in imaging, Starting on Tue 3/4/25 at 0900, For 1 dose

documented in this encounter

Orders

Medications Ordered That Might Not Have Been Administered	Count	Last Ordered Date	First Ordered Date
iopamidoL (ISOVUE-370) 370 mg iodine /mL (76 %) injection 125 mL	1	03/04/2025	

documented in this encounter

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Williams, Gregory, MD	PCP - General	Hospitalist Medicine	9/12/23	

NPI: 1972819282
documented as of this encounter

Demographics

Sex:	Female	**Ethnicity:**	Not Hispanic or Latino
DOB:	05/05/1961	**Race:**	White
Preferred language:	en	**Marital status:**	Single
Contact:	4674 N CASEY AVE, FRESNO, CA 93723-8939, USA, Ph. tel:+1-559-246-8488		

Care Team Members

Primary Care Provider

Gregory Williams, MD, Trinity Health

Consult Note - ABIGAIL OGLE for URBAN, ANITA 05/05/1961 (63yo F)
#3609

Ordering Provider	Stephen A. Balfour, MD	Performing Facility	Abigail Ogle
Returned Date		Accession ID	
Performed Date	07/15/2024 00:00		

To: 5594364738 Date: July 17, 2024
From: (559) 282-2007
Subject: Attn Dr. Belfuer- mutual patient recent US testing and cons
Attachments: Provider Note.pdf

HEART, ARTERY, & VEIN CENTER
4674 N CASEY AVE
FRESNO, CA 93723C; 559.248.8468
Email: HAV@GMAIL.COM

ANITA URBAN
63 Y, Female- DOB: 5/5/1961
Account #: 12203

Sanjay Srivatsa, MD, Cardiovascular Disease
Visit Reason: PHONE ENCOUNTER

HAV Visit Note: 7/15/2024 at 4:00 PM

DATE: 07/15/2024 04:00 PM
NAME: ANITA URBAN
DOB: 05/05/1961
REF. PROVIDER: GREGORY WILLIAMS
REF. PROVIDER FAX#: (844) 742-3430

PHONE ENCOUNTER
CC
Options:
Follow up established patient
Complaints:
Comments
F/U INR CHECK

HPI: A 63 year old Caucasian female presents VIA TELEPHONE for INR monitoring of Warfarin therapy d/t LLE DVT. Patient with PMH hypertension, hyperlipidemia, labile DM2, known CAD (s/p cardiac stenting in Virginia, no records available), heart failure, and prior history uterine cancer now in remission (s/p TAH/BSO and chemotherapy internal-external radiation); LLE DVT with May Thurner syndrome s/p mechanical thrombectomy/thrombolysis/ iliac stent placement 2021- with stent restenosis and DVT reoccurrences s/p LLE venogram with thrombolysis/angioplasty, and stenting of L CIV, L External Iliac, and L FV. Also with L EIA stenting 9/27/23, subsequent LCIV in stent restenosis and subsequent balloon angioplasty 2/29/24. Now maintained on Warfarin (goal INR 2.5-3.5).

She is doing pretty good today- she denies CP, SOB, edema, or significant BLE pain. No bruising/bleeding.

Current Medications
Aspirin 81 MG Oral Tablet Delayed Release: 1 Tablet(s) as needed Oral
Sertraline HCl 100 MG Oral Tablet: 1 Tablet(s) daily Oral
buPROPion HCl ER (SR) 100 MG Oral Tablet Extended Release 12 Hour: 1 Tablet(s) 2 times daily Oral
Drisdol 1.25 MG (50000 UT) Oral Capsule: 1 Capsule(s) once a week Oral
B Complex Oral Capsule: Oral
Calcium 600 MG Oral Tablet: 1 Tablet(s) daily Oral
Lantus SoloStar 100 UNIT/ML Subcutaneous Solution Pen-injector: Subcutaneous
EpiPen 2-Pak 0.3 MG/0.3ML Injection Solution Auto-Injector: 1 dose daily Injection, Qty 1 dose For 1 Day(s)
metroNIDAZOLE 0.75 % External Cream: 1 Application(s) daily External, For 1 Day(s)
amLODIPine Besylate 10 MG Oral Tablet: 1 Tablet(s) daily Oral
Gabapentin 600 MG Oral Tablet: 1 Tablet(s) 2 times daily Oral, Start 02/27/2024, End 11/23/2024, Qty 180 Capsule(s) For 90 Day(s) Refill 2
Magnesium Hydroxide 1200 MG Oral Tablet Chewable: Oral
Jardiance 25 MG Oral Tablet: Take 1 tablet by mouth once daily, Oral, Start 04/18/2024, End 09/16/2024, Qty 30 Tablet(s) For 30 Day(s) Refill 5
Warfarin Sodium 5 MG Oral Tablet: 2 Tablet(s) daily Oral, Start 04/26/2024, End 10/23/2024, Qty 60 Tablet(s) For 30 Day(s) Refill 5
Rosuvastatin Calcium 40 MG Oral Tablet: Take 1 tablet by mouth once daily, Start 05/14/2024, End 08/12/2024, Qty 30 Each For 30 Days Refill 2
Warfarin Sodium 10 MG Oral Tablet: 1 Tablet(s) daily Oral, Start 05/21/2024, End 05/16/2025, Qty 90 Tablet(s) For 90 Day(s) Refill 3
Rybelsus 3 MG Oral Tablet: 1 Tablet(s) daily Oral, Start 06/11/2024, End 10/09/2024, Qty 30 Tablet(s) For 30 Day(s) Refill 3
Insulin Lispro 10.5 Unit Dial) 100 UNIT/ML Subcutaneous Solution Pen-injector: 25 Unit(s) 3 times a day after meals

Subcutaneous, Start 06/17/2024, End 12/14/2024, Qty 8 Kit(s) For 30 Day(s) Refill 5
Warfarin Sodium 4 MG Oral Tablet: 2 Tablet(s) daily Oral, Start 06/17/2024, End 03/14/2025, Qty 180 Tablet(s) For 90 Day(s) Refill 2
Potassium Chloride ER 10 MEQ Oral Tablet Extended Release: Take 1 tablet by mouth once daily. Start 07/10/2024, End 10/08/2024, Qty 30 Tablet(s) For 30 Days Refill 2

Allergies
Amoxicillin (Drug)
Erythromycin (Drug)
Lasix (Drug)
Penicillin (Drug)
peanuts (Drug)

Medical History
Hypertension
Hyperlipidemia
DVT: LLE- failed Eliquis, on Warfarin therapy-- I82.409
GERD
Myocardial infarction: 2015
CHF
Uterine Cancer
Asthma
Depression
Arthritis
Diabetes mellitus type 2
Morbid obesity
Sleep Apnea
Lipedema
Diabetic peripheral neuropathy
May Thurner Syndrome: s/p L iliac stentingon coumadin, goal INR 2.5-3.5 /87.1
PAD: s/p L EIA stenting 9/2023
chronic anticoagulation: Z79.01
NEGATIVE PE

Procedure / TestDateResult
ECG 06/02/2023

Hospitalization: IR thrombolysis arterial / venous subsequent day from 9-24-2023 demonstrates LLE venogram and cessation thrombolysis was performed with balloon angioplasty and stent placement of the left common iliac, external iliac, and common femoral vein with 16mm overlapping stent.
VAS US duplex LE artery bilateral on 9-25-2023 demonstrates there is evidence of hemodynamically significant narrowing seen in the LLE extending from the common femoral artery to the dorsalis pedis artery this may reflet multifocal atherosclerosis or more proximal significant narrowing. No evidence of hemodynamically significant narrowing on the RLE.
IR revascularization iliac w stent left on 9-27-2023 demonstrates successful external iliac artery stenting.
12 days at SAMC discharged on 10/03/2023.
2/20/24- LLE Angiogram with Dr. Balfour at SAMC- IR-Translumina balloon Angioplasty Initial: Ultrasound demonstrates patent left popliteal vein suitable for access. Left lower extremity venogram demonstrates patency of the femoral and common femoral veins and stent extending into the common femoral vein. The left external and common iliac vein stents are patent however there is moderate in-stent stenosis with the vein. Endovascular ultrasound assessment demonstrates wide patency of the IVC. The left common iliac vein stent is well expanded with only mild external compression. There is a wall adherent thrombus within the left external iliac vein resulting in approximately 30-40% stenosis. The left femoral vein is widely patent. Balloon angioplasty of left common and external iliac vein stent stenosis to 16mm in diameter with near completed resolution of stenosis and wall adherent thrombus.

Ob/Gyn History: Unremarkable

Surgical History
TONSILLECTOMY
~~Laparoscopic surgery~~
Hysterectomy: Reason for surgery was vaginal.

cardiac stents. Surgery was performed on 2015 Reason for surgery was x2.
Left iliac stent procedure. Reason for surgery was may thurner syndrome.
Chemotherapy. Reason for surgery was x6 months.
Radiation
Oophorectomy, unilateral
Thrombectomy. Reason for surgery was a thrombolysis- 2021.
Left iliac stent artery. Surgery was performed on 09/27/2023 Reason for surgery was LLE angiogram with stent to left external iliac.
Thrombolysis. Surgery was performed on 09/24/2023 Reason for surgery was LLE venogram and cessation thrombolysis was performed with balloon angioplasty and stent placement of the left common iliac, external iliac, and common femoral vein with 16mm overlapping stent.
Venogram. Reason for surgery was LLE venogram- 2/29/24- IR Transluminal ballon Angioplasty Initial: Ultrasound demonstrates patent left popliteal vein suitable for access. Left lower extremity venougram demonstrates patency of the femral and common femoral veins and stent extending into the common femoral vein. The left external and common iliac vein stents are patent however there is moderate in-stent stenosis with the vein. Endovascular ultrasound assesment demonstrates wide patency of the IVC. The left common iliac vein stent is well expanded with only mild external compression. There is a wall adherent thrombus within the left external iliac vein resulting in approximately 30-40% stenosis. The left femoral vein is widely patent. Ballon angioplasty of left common and external illeo vein stent stenosis to 16mm in diameter with near completed resolution of stenosis and wall adherent thrombus.
lymph node dissection

Social History
Tobacco: Never smoker
Alcohol: Denies Usage
Drug: Denies Usage
Occupation: unemployed .
g3p2

Family History
GERD
- Mother

stroke
- Mother

Heart disease
- Father

Thyroid disease
- Sister

Stomach Ulcers
- Mother

High cholesterol
- Father

Review of Systems
Cardiovascular:
Denies Chest Pain , Dyspnea on Exertion , Edema , Night Cramps , Nocturnal Paroxysmal Dyspnea , Orthopnea , Palpitations and Phlebitis
Endocrine:
Denies Appetite Changes , Cold Intolerance , Hair Changes , Heat Intolerance , Hormone Therapy , Libido Change and Polydipsia
Gastrointestinal:
Denies Abdominal Mass , Abdominal Pain , Bowel Sounds , Change in Appetite and Change in Bowel Habits
General:
Denies Anorexia , Exercise Intolerance and Weight Loss > 10 lbs
HEENT:
Denies Deafness , Lightheadedness , Neck Mass , Visual Disturbances and Visual Loss
Hematology:
Denies Anemia , Easily Bruised and Spontaneous Bleeding
Lymphatic:
Denies Enlarged Lymph Node - Local
Musculoskeletal:
Denies Joint Pain , Joint Stiffness , Joint Swelling , Muscle Cramps and Myalgia
Neurological:

Denies Ataxia , Dizziness , Dysarthria , Dysesthesia , Focal Neurological Symptoms , Paralysis , Paresthesia , Seizures and Speech Difficulties

Psychiatric:

Denies Anxiety , Change in Sleep Pattern , Depression , Hypersomnia , Insomnia and Suicidal Ideation

Respiratory:

Denies Chronic Cough , Dyspnea , Pain , Respiratory Infections , Shortness of Breath , Sputum Production and Stridor

Skin:

Denies Nail Changes , New Lesions , Pruritus and Rash

Investigations:

TTE completed on 6/28/24 reveals: Left ventricle cavity is normal in size. No evidence of thrombus is seen in the left ventricle during this exam. Mild concentric hypertrophy of the left ventricle. Normal global wall motion. Visual EF is 60-65%. Doppler evidence of grade I (impaired) diastolic dysfunction. Calculated EF 59%. Left atrial cavity size is normal. No intracardiac thrombus, shunt, or mass seen. No pericardial effusion. Normal right ventricular size and function. Trileaflet aortic valve with mildly calcified aortic valve annulus and AV leaflets with trace AR. Mild mitral valve leaflet calcification with mild (Grade I) No pulmonary HTN RVSP~29 mmHg assuming RA= 10 mmHg. Normal aorta and IVC with preserved respiratory variation.

Venous U9 completed on 6/28/24 reveals: VENOUS INSUFFICIENCY ULTRASOUND STUDY WAS PERFORMED WITH THE
PATIENT IN THE STANDING POSITION. Left lower extremity ultrasound demonstrates patency of the common femoral and femoral vein, post-thrombotic changes within the left CFV, SFJ and popliteal vein presents with recanalized old DVT and no significant flow obstruction. Abnormal deep venous reflux is noted in the left FV, and popliteal vein. Abnormal gross venous reflux (> 2.5 seconds) is noted in the left greater saphenous vein between the left SFJ and mid calf. The left GSV measures maximally 6.2 mm in diameter in the proximal thigh. No thrombosis or phlebitis is seen within the left GSV. Abnormal gross venous reflux (> 1.6 seconds) is noted in the left SSV between SPJ to mid-calf. The left SSV measure maximally 3mm.

Pelvic Venous completed on 6/28/24 reveals: TDS due to body habitus Right CIV, EIV and IIV are patent and free of thrombus and compression ENDOVENOUS STENT IS VISUALIZED IN THE LEFT CIV and EIV which demonstrate patency s/p balloon angioplasty due to restenosis done on 02/29/2024. Calcified stent is visualized within the left EIA with severely increased PSV 305cm/s c/w restenosis. Steatohepatitis of the liver observed. S/P hysterectomy and ovariectomy Ovarian veins are not visualized.

INR 5/27/24- 2.5- Tues 12.5mg, Weds 10mg, Thurs 10mg
INR 5/30/24- 3.9- Fri 0mg, Sat 10mg, Sun 10mg, Mon 10mg
INR 6/3/24 - 4.2 - Tues skip Warfarin, Weds 7.5 mg, Thurs 8 mg
INR 6/6/24 - 2.9 - Thurs 7.5mg, Fri 8mg, Sat 8mg, Sun 8mg, Mon 8mg
INR 6/13/23 - 3.2 - Thurs 8 mg, Fri 8 mg, Sat 7.5 mg, Sun 8 mg
INR 6/17/24- 2.0 - Mon- 7.5 mg, Tues 8 mg, Weds 8 mg
INR 6/20/24 - 2.8 - Thurs 8 mg, Fri 8 mg, Sat 7.5 mg, Sun 8 mg
INR 6/24/24 - 4.0 - Mon 8 mg, Tues 7.5 mg, Weds 8 mg
INR 6/27/24 - 3.4 - Thurs 7.5 mg, Fri 8 mg, Sat 7.5, Sun 8 mg, Mon 7.5 mg
INR 7/1/24 - 3.6 - Tues 7.5 mg, Weds 7.5 mg, Thurs 8 mg
INR 7/9/24 - 4.9- Tues 4 mg, Weds 7.5 mg, Thurs 7.5 mg
INR 7/11/24 - 3.3 - Thurs 7.5 mg, Fri 8 mg, Sat 7.5 mg, Sun 7.5 mg
INR 7/15/24 - 3.4 - Mon 7.5 mg, Tues 7.5 mg, Weds 7.5 mg

Assessment and Plan:

1. **May Thurner Physiology s/p stenting on Chronic Anticoagulation**: The patient is S/p thrombolysis and stenting of LLE venogram w thrombolysis and balloon angioplasty and stent placement of the left common iliac, external iliac, femoral vein with 8mm overlapping stents is s/p LLE angiogram with stenting of the left external iliac artery 9/24/23. Goal INR 2.5-3.5. INR 7/15/24 - 3.4 – Mon 7.5 mg, Tues 7.5 mg, Weds 7.5 mg. Recent Visceral and LLE Venous reveals patency of LT CIV Stent and LT EIV Stent. Will schedule for 6 month Visceral and LLE Venous US.
   Patient is currenting getting INR monitored through SAMC due to no HH agencies accepting her insurance. will inquire regarding insurance coverage of home INR devices such as mdINR.
2. **PAD**: S/P LT External Iliac Artery Stenting with recent Visceral US indicating calcification and restenosis of stent

w/ PSV 305 cm/s. She denies LLE pain, cramping or claudication in LLE buttocks, calf, or thigh with ambulation.
Will CC Dr. Balfour on today's note and US testing.

3. **Plan:** Will check INR in 1 week.

Scribe Initials: MA

Electronically signed by Ms. Ogle, Abigail E on Wednesday, July 17, 2024 at 08:16 AM

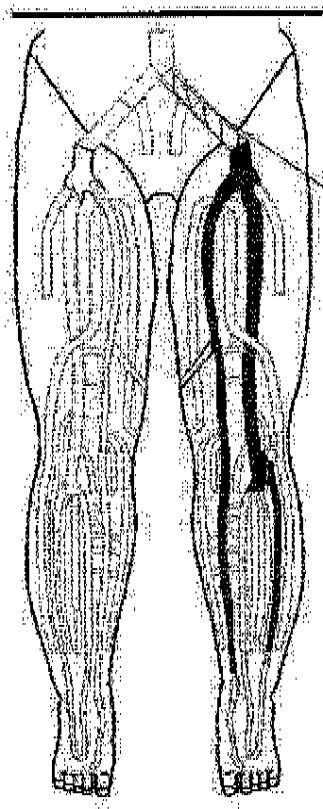
ANITA URBAN
June 28, 2024

Left Insufficiency Venous Lower Extremity Study Report

HEART, ARTERY, & VEIN CENTER

MRN:	12203	**Study Time:**	01:48 PM
DOB:	1961-05-05	**Age:** 63	**Reading Group:** DR. SANJAY SRIVATSA
Gender:	F		**Referring Group:** FRESNONDX
Height:	64 in	**Weight:** 247 lbs	**Sonographer:** Susan Mkrtchyan
BSA:	2.34 m²		**Location:** UPN
BMI:	42.4 kg/m²		**Equipment:** Vivid S60
			Clinical History: MCAL Prior DVT's withMay Thurners and stent placement in left external iliac vein.

Study Quality: Good



Normal
Ablated
Gross
N/A

patent endovenous stent
left CIV, EIV

LEFT

	Reflux Time (s)	AP (mm)
PV	2.9	
SFJ	2	7.5
GSV AK	2.5	6.2
GSV BK	1.7	3.6
POP	1.7	
SPJ	2.3	4.6
SSV	1.6	3.3
Gastrocnemi		5.4

Left Findings:

++ Left lower extremity ultrasound demonstrates patency of the common femoral and femoral vein, post thrombotic changes within the left popliteal vein presents with recanalized old DVT and no significant flow obstruction.
++Abnormal gross venous reflux (> 2.5 seconds) is noted in the left greater saphenous vein between the left SFJ and mid calf. The left GSV measures maximally 8.2 mm in diameter in the proximal thigh. No thrombosis or phlebitis is seen within the left GSV.
++Abnormal gross venous reflux (> 1.6 seconds) is noted in the left SSV between SPJ to mid-calf. The left SSV measure maximally 3mm.

Conclusions:
++VENOUS INSUFFICIENCY ULTRASOUND STUDY WAS PERFORMED WITH THE PATIENT IN THE STANDING POSITION.
++Left lower extremity ultrasound demonstrates patency of the common femoral and

June 30, 2024 07:55 PM EDT
Sanjay S. Srivatsa MD
electronically signed on Studycast

ANITA URBAN
June 28, 2024

Left Insufficiency
Venous Lower Extremity
Study Report

HEART, ARTERY, & VEIN CENTER

Conclusions:
femoral vein, post-thrombotic changes within the left CFV, SFJ aand popliteal vein presents with recanalized old DVT and no significant flow obstruction. Abnormal deep venous reflux is noted in the left FV, and popliteal vein.
++Abnormal gross venous reflux (> 2.5 seconds) is noted in the left greater saphenous vein between the left SFJ and mid calf. The left GSV measures maximally 8.2 mm in diameter in the proximal thigh. No thrombosis or phlebitis is seen within the left GSV.
++Abnormal gross venous reflux (> 1.6 seconds) is noted in the left SSV between SPJ to mid-calf. The left SSV measure maximally 3mm.

HEART, ARTERY, & VEIN CENTER

Pelvic Venous Duplex Study Report

ANITA URBAN
June 28, 2024

MRN:	12203		**Study Time:**	12:41 PM
DOB:	1961-05-05	**Age:** 63	**Reading Group:**	DR. SANJAY SRIVATSA
Gender:	F		**Referring Group:**	FRESNONDX
Height:	64 in	**Weight:** 247 lbs	**Sonographer:**	Susan Mkrtchyan
BSA:	2.34 m²		**Location:**	UPN
BMI:	42.4 kg/m²		**Equipment:**	Vivid S60
			Clinical History:	MCAL Prior DVTs withMay-Thurners and stent placement in left external iliac vein.

Study Quality: Technically Difficult

Right Findings:
++Right CIV, EIV and IIV are patent and free of thrombus and compression

Left Findings:
++ENDOVENOUS STENT IS VISUALIZED IN THE LEFT CIV and EIV which demonstrate patency s/p balloon angioplasty due to restenosis done on 02/29/2024.
++Calcified stent is visualized within the left EIA which is stenosed with severely increased PSV 305cm/s c/w restenosis.

Pelvic Findings:
++Normal IVC with maximal diameter of 1.2cm in the proximal segment.
++Steatohepatosis of the liver observed.
++S/P hysterectomy and ovariectomy
++Ovarian veins are not visualized.

Conclusions:
++TDS due to body habitus
++Right CIV, EIV and IIV are patent and free of thrombus and compression
++ENDOVENOUS STENT IS VISUALIZED IN THE LEFT CIV and EIV which demonstrate patency s/p balloon angioplasty due to restenosis done on 02/29/2024.
++Calcified stent is visualized within the left EIA with severely increased PSV 305cm/s c/w restenosis.
++Steatohepatosis of the liver observed.
++S/P hysterectomy and ovariectomy
++Ovarian veins are not visualized.

June 30, 2024 06:06 PM EDT
Sanjay S. Srivatsa MD
Electronically Signed on Studycast

URBAN, Anita (id #3609, dob: 05/05/1961)

Patient

Name	URBAN, ANITA (62yo, F) ID# 3609	**Appt. Date/Time**	04/29/2024 01:45PM
DOB	05/05/1961	**Service Dept.**	MAIN OFFICE
Provider	STEPHEN A. BALFOUR, MD		
Insurance	Med Primary: UNITED PHYSICIANS NETWORK Insurance # : 91851403E Policy/Group # : UPN Prescription: MAGELLAN-CALIFORNIA MEDICAID - Member is eligible.		

Chief Complaint

Followup: Post-thrombotic syndrome of left lower extremity
Followup: History of insertion of iliac stent
Followup: Deep venous thrombosis

Patient's Care Team

Referring Provider: SANJAY SRIVATSA MD: 7206 N MILLBURN AVE STE 105, FRESNO, CA 93722, Ph (559) 324-5003, Fax (559) 271-8040 NPI: 1588603369

Patient's Pharmacies

WALMART PHARMACY 1815 (ERX): 4080 W SHAW AVE, FRESNO, CA 93722, Ph (559) 277-8274, Fax (559) 277-8196

Vitals

T:	97.2 F° 04/29/2024 05:04 pm	**Pulse:**	87 bpm 04/29/2024 05:04 pm	**BP:**	148/96 sitting L arm 04/29/2024 05:04 pm
O2Sat:	95% 04/29/2024 05:04 pm	**Ht:**	5 ft 4 in 04/29/2024 05:04 pm	**Wt:**	250 lbs 04/29/2024 05:05 pm
BMI:	42.9 04/29/2024 05:05 pm				

Allergies

Reviewed Allergies
AMOXICILLIN: Anaphylaxis
ERYTHROMYCIN BASE: Anaphylaxis
FUROSEMIDE: Anaphylaxis
LASIX: Other
PEANUT: Anaphylaxis (Mild)
PENICILLINS: Anaphylaxis
VENOM-HONEY BEE: Anaphylaxis (Mild)

Medications

Reviewed Medications

amLODIPine 10 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	02/10/24	filled
atorvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	01/09/24	filled
BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16" USE 1 PEN NEEDLE 4 TIMES DAILY WITH LISPRO PEN	04/11/24	filled
BD Veo Insulin Syringe Ultra-Fine 0.3 mL 31 gauge x 15/64" start 04/21/2023	04/21/23	started
buPROPion HCL SR 100 mg tablet,12 hr sustained-release TAKE 1 TABLET BY MOUTH TWICE DAILY	04/26/24	filled
clobetasoL 0.05 % topical cream	04/22/23	started

URBAN, Anita (id #3609, dob: 05/05/1961)

Apply thin layer to effected skin twice daily, start 04/22/2023

clotrimazole 1 % topical cream APPLY CREAM TOPICALLY TWICE DAILY IN THE MORNING AND IN THE EVENING TO AFFECTED AND SURROUNDING AREAS OF SKIN	01/24/24	filled
enoxaparin 120 mg/0.8 mL subcutaneous syringe INJECT 0.8 ML (120 MG) UNDER THE SKIN EVERY 12 HOURS FOR 7 DAYS	04/29/24	entered
EPINEPHrine 0.1 mg/mL injection syringe Take by injection route.	04/29/24	entered
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule TAKE 1 CAPSULE BY MOUTH ONCE A WEEK	03/08/24	filled
gabapentin 400 mg capsule TAKE 1 CAPSULE BY MOUTH ONCE DAILY IN THE MORNING	04/29/24	entered
gabapentin 600 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	03/10/24	filled
Impoyz 0.025 % topical cream APPLY A THIN LAYER TO AFFECTED AREA(S) TWICE DAILY. RUB IN GENTLY AND COMPLETELY.	04/29/24	entered
insulin lispro (U-100) 100 unit/mL subcutaneous pen INJECT 20 UNITS THREE TIMES DAILY WITH MEALS	03/16/24	filled
Jardiance 25 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	04/18/24	filled
lancets 33 gauge start 04/21/2023	04/21/23	started
Lantus Solostar U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen Inject 35 units every day by subcutaneous route at bedtime.	04/29/24	entered
metroNIDAZOLE 0.75 % topical cream APPLY A THIN LAYER TOPICALLY TO AFFECTED AREA TWICE DAILY IN THE MORNING IN THE EVENING	04/29/24	entered
minoxidil 2 % topical solution APPLY 1 MILLILITER BY TOPICAL ROUTE 2 TIMES PER DAY , EVERY DAY, DIRECTLY ONTO THE SCALP IN THE HAIR LOSS AREA, start 09/13/2023	09/13/23	started
Nyamyc 100,000 unit/gram topical powder APPLY 5 GRAMS TOPICALLY ONCE DAILY TO GROIN/RASH	04/06/24	filled
Plenity 0.75 gram capsule Take by oral route.	04/29/24	entered
potassium chloride ER 10 mEq tablet,extended release TAKE 1 TABLET BY MOUTH ONCE DAILY	04/18/24	filled
potassium chloride ER 20 mEq tablet,extended release(part/cryst) TAKE 1 TABLET BY MOUTH ONCE DAILY	01/30/24	filled
ProAir RespiClick 90 mcg/actuation breath activated	12/11/23	filled

URBAN, Anita (id #3609, dob: 05/05/1961)

INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS

rosuvastatin 40 mg tablet 04/17/24 filled
TAKE 1 TABLET BY MOUTH ONCE DAILY

Rybelsus 3 mg tablet 04/29/24 entered
TAKE 1 TABLET BY MOUTH ONCE DAILY, stop 11/29/2023

sertraline 100 mg tablet 04/26/24 filled
TAKE 1 TABLET BY MOUTH ONCE DAILY

warfarin 10 mg tablet 04/17/24 filled
TAKE 1 TABLET BY MOUTH ONCE DAILY

Vaccines

None recorded.

Problems

Reviewed Problems
- Malignant neoplasm of uterus - Onset: 08/03/2023
- Diabetes mellitus - Onset: 09/21/2023
- Type 2 diabetes mellitus - Onset: 08/03/2023
- Diabetic peripheral neuropathy - Onset: 04/22/2023
- Hyperlipidemia - Onset: 04/22/2023
- Morbid obesity - Onset: 04/22/2023
- Posttraumatic stress disorder - Onset: 04/22/2023
- Depressive disorder - Onset: 08/03/2023
- Obstructive sleep apnea syndrome - Onset: 04/22/2023
- Essential hypertension - Onset: 04/22/2023
- Hypertensive disorder - Onset: 08/03/2023
- Myocardial infarction - Onset: 08/03/2023
- Coronary arteriosclerosis - Onset: 08/03/2023
- Heart failure - Onset: 08/03/2023
- Congestive heart failure - Onset: 08/03/2023
- Deep venous thrombosis - Onset: 08/03/2023
- Lymphedema - Onset: 09/21/2023
- Iliac vein compression syndrome - Onset: 04/22/2023
- Asthma - Onset: 04/22/2023
- Gastroesophageal reflux disease - Onset: 08/03/2023
- Arthritis - Onset: 08/03/2023
- Muscle weakness - Onset: 09/21/2023
- Lipedema - Onset: 08/03/2023
- History of malignant neoplasm of uterine body - Onset: 04/22/2023
- History of myocardial infarction - Onset: 04/22/2023
- Warfarin monitoring status - Onset: 04/22/2023
- History of insertion of iliac stent - Onset: 04/22/2023
- Post-thrombotic syndrome of left lower extremity - Onset: 09/21/2023
- History of deep vein thrombosis - Onset: 04/22/2023
- Hyperglycemia due to type 2 diabetes mellitus - Onset: 04/22/2023
- Female pelvic floor dysfunction - Onset: 09/21/2023
- Edema of left lower limb - Onset: 11/29/2023

Some problems listed in Document: #164024 could not be added to this patient's chart. Please review this document and add these problems to the patient's chart manually as needed.

Family History

Reviewed Family History

Mother	- Gastroesophageal reflux disease
	- Cerebrovascular accident
	- Gastric ulcer
Father	- Heart disease
	- Hypercholesterolemia
Sister	- Disorder of thyroid gland

Social History

URBAN, Anita (id #3609, dob: 05/05/1961)

Reviewed Social History

Surgical History

Reviewed Surgical History
- Removal of thrombus
- Oophorectomy
- Placement of stent in cardiac conduit
- Hysterectomy
- Hemorrhoidectomy
- Tonsillectomy

Past Medical History

Reviewed Past Medical History

HPI

INITIAL CONSULT 9/5/2023
62-year-old female with left leg swelling presents for evaluation of chronic DVT and occluded left iliac vein stent.
From the patient's description and from records that she presented to me from my chart, it appears that the patient has had multiple episodes of DVT in the left leg. She has had chronic left leg swelling off and on for several years up to 10 years that she noticed on her first drive cross-country to Virginia when she moved there approximately 10 years ago. However 3 to 4 years ago she had a sudden acute event and swelling in the left leg and was diagnosed with DVT. She underwent thrombolysis or thrombectomy at a hospital in Virginia and subsequently was doing well until shortly after this when she developed a second episode of DVT in the left leg. A left leg venogram was performed at that time and there was a chronic occlusion of the left iliac veins which could not be crossed for intervention.
A subsequent third procedure was performed and there was successful crossing of occluded left iliac vein and a left iliac vein stent was placed.
The patient has been struggling with left leg swelling for the past 2 years since the stent procedure and states that her leg swelling did not improve after stent placement 2 years prior.
After moving back to Fresno, the patient is medical attention for left leg swelling and CT was performed 7/14/2023 which demonstrated occlusion of the left common iliac stent and narrowing at the crossing of the iliac artery. Diminutive caliber of the left external iliac vein and evaluation for internal thrombus was suboptimal.
Venous ultrasound was performed 6/15/2023 which demonstrated a stent in the left common iliac vein with no detected internal flow and noncompressible left external iliac vein consistent with chronic occlusion.
At the present time, the patient struggles with left calf and thigh swelling and she states that her left leg both calf and thigh are frequently twice the size of her right. She wears a daily compression stocking thigh-high the length of the left leg. She uses pneumatic compression devices at home and elevate left leg whenever possible. She states that she cannot walk more than 10 to 12 paces without severe pain and throbbing in the left leg. There is no ulceration or spontaneous skin breakdown in the left leg.
Of note, the patient describes history of cervical cancer and radiation and surgery as well as chemotherapy with the surgery in the left groin which I suspect was a lymph node dissection.

The patient is currently on warfarin therapy alternating 1 mg to 2 mg doses. She was previously on Lovenox however was experiencing vaginal bleeding despite prior hysterectomy while taking Lovenox.

Past medical history:
Hypertension
Hyperlipidemia
GERD
MI in 2015
CHF
Uterine cancer treated with radiation
Asthma
Depression
Arthritis
Type 2 diabetes
Morbid obesity
Sleep apnea
Lipidemia
Diabetic peripheral neuropathy
Surgical history:
Hysterectomy
Coronary PCI
Left iliac venous thrombectomy and left iliac vein stent placement
Chemotherapy x6 months
Cervix radiation
Possible groin lymph node dissection.

FOLLOW-UP 11/2/2023
62-year-old female with history of chronic left lower extremity DVT and previously placed thrombosed left iliac vein stent

URBAN, Anita (id #3609, dob: 05/05/1961)

secondary to May Thurner presents for follow-up after venogram, thrombolysis, angioplasty, and stent placement.
9/23/2023 patient was admitted for venogram and thrombolysis/intervention to Saint Agnes Hospital by me. the occluded stent in the left iliac vein was crossed and thrombolysis was initiated. Following thrombolysis, balloon angioplasty and stent placement in the left common and external iliac vein into the left common femoral vein was performed with 16 mm o overlapping stents. Subsequently, there was depressed pulse in the left foot after the procedure and CTA demonstrated external compression of the stent on the left external iliac artery. Patient was brought back to interventional radiology and 7 mm balloon expandable stent was placed in the left external iliac artery and there was immediate return of pulses in the left lower extremity.
The patient was discharged from the hospital on Coumadin and recent follow-up at the heart vein and vascular Center with follow-up ultrasound demonstrating patency of the common iliac and common femoral vein stents. Additionally, waveforms in the left lower extremity arteries are within normal limits.
The patient states she has significantly decreased pain in the left leg however she continues to have significant ambulatory difficulty walking with a cane and her left leg is painful if she stands for too long. There has been significant decrease in the swelling in the left leg and the patient is very pleased with this. She maintains compliance with compression stocking and is attending venous lymphedema management clinic at Saint Agnes Hospital.
Recent INR was 2.7 10/17/2023. She is alternating between 5 mg and 10 mg Coumadin dosing. But is now taking 10 mg Coumadin daily.

FOLLOW-UP 1/30/2024
Patient is doing well with few complaints. She is walking independently without the use of walker or cane. She is walking down her driveway to her mailbox and back independently and around the house. She is continuing to participate in physical therapy for strength training and lymphedema therapy for left leg pain and swelling.
The patient has been transition to Coumadin alternating between 8 mg and 10 mg doses every other day and recent INR 2.6.
Recent CT venogram performed 12/8/2023 demonstrates patency of the iliac artery stents and patency of the left iliac vein stents however there is a small amount of focal mural thrombus resulting in mild luminal narrowing by approximately 50% in the CT venogram. Prior duplex ultrasound from 9/26/2023 demonstrates patent femoral and popliteal veins.
Patient states that her left leg pain and swelling is significantly improved over the past several months.

FOLLOW-UP 4/29/2024
62-year-old female with history of left lower extremity May Thurner thrombosis and previous stent placement who underwent thrombolysis and revision of left lower extremity stent placement performed by me 9/23/2023.
Subsequent CT venogram from 12/8/2023 demonstrated focal mural thrombus and mild luminal narrowing of the iliac vein stent and underwent left lower extremity angiogram and balloon angioplasty 2/29/2024. Procedure was uncomplicated and resulted in complete luminal patency of the iliac vein stent.
Proc patient has been doing well since procedure and has been walking several 100 feet without stopping. She denies pain in her lower extremity. She has completed physical therapy and lymphedema clinic therapy and is compliant with compression stockings.
Patient is taking warfarin being managed by heart artery and vein center. She has had difficulty controlling INR and is frequently greater than 3.

ROS

Patient reports **exercise intolerance and fatigue** but reports no fever or chills, no significant weight change, and no malaise. She reports **shortness of breath when walking and leg swelling** but reports no chest pain, no arm pain on exertion, no shortness of breath when lying down, and no palpitations. She reports **memory loss** but reports no depression, no sleep disturbances, no alcohol abuse, and no anxiety. She reports **arthralgias/joint pain and muscle weakness** but reports no joint swelling/stiffness, no back pain, no difficulty walking, and no muscle aches. She reports no vision change and no irritation. She reports no jaundice, no rashes, no non-healing areas, and no change in skin color. She reports no numbness / tingling, no dizziness, no headaches, no migraines, and no gait dysfunction. She reports no cough, no wheezing, no shortness of breath, and no sleep apnea. She reports no abdominal pain, no nausea, no vomiting, no constipation, normal appetite, no diarrhea, not vomiting blood, and no GERD. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no anemia. She reports no allergies.

Physical Exam

Constitutional: General Appearance: healthy-appearing, well-developed, and **obese.** Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement and **poor Insight.** Mental Status: normal affect and **confused.**

Eyes: Sclera (normal) sclera.

Neck: Neck: supple, FROM, and trachea midline.

Lungs: Respiratory effort: no dyspnea.

Cardiovascular System: Pulses: (normal) heart rate and rhythm, Heart Rate And Rhythm, and LE pulses normal throughout; **Probable dorsalis pedis and bilateral DP.**

Abdomen: Inspection and Palpation: no tenderness or CVA tenderness and soft and non-distended.

URBAN, Anita (id #3609, dob: 05/05/1961)

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures or tenderness and normal movement of all extremities. Extremities: **edema** and **varicosities**; **1+ swelling in the calf without significant asymmetry of the thigh..**

Neurologic: Sensation: grossly intact.

Skin: Inspection and palpation: no rash, lesions, ulcer, or jaundice. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

62-year-old female with history of thrombotic left May-Thurner and stent revision.
Patient is doing well with recent venogram 6 weeks prior with balloon angioplasty of mild stenosis in the iliac vein stent.
Plan:
1. Continue current anticoagulation.
2. Conservative management including compression stockings, pneumatic compression pumps, and daily walking with leg elevation at the end of the day was encouraged.
3. Follow-up in 6 months time with repeat CT venogram. Patient remains at high risk for stent thrombosis given revision of previous stent placement and difficulty with warfarin.
45 minutes were spent with this patient including review of records and imaging, history and physical examination, medical decision making, and coordination of care.

1. Deep venous thrombosis
I82.409: Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity

2. History of insertion of iliac stent
Z95.828: Presence of other vascular implants and grafts

3. Post-thrombotic syndrome of left lower extremity
I87.002: Postthrombotic syndrome without complications of left lower extremity

Return to Office

- to see Stephen A. Balfour, MD at MAIN OFFICE on or around 10/29/2024

Encounter Sign-Off

Encounter signed-off by Stephen A. Balfour, MD, 04/30/2024.

Encounter performed and documented by Stephen A. Balfour, MD
Encounter reviewed & signed by Stephen A. Balfour, MD on 04/30/2024 at 12:29 AM

Ordering Provider	STEPHEN A BALFOUR, MD	Performing Facility	Saint Agnes Medical Center
Reported Date	02/29/2024 15:18	Accession/RIS Order #	IR2400936408
Performed Date	02/29/2024 06:56		

See Note
Saint Agnes Medical Center Fresno, a member of Trinity Health
Patient Name: ANITA URBAN
Date of Birth: 05/05/1961
Reason for Exam: DEEP VENOUS THROMBOSIS
Exam Date: 02/29/2024 0813 EST
Report Status: Final
Ordering Provider: STEPHEN A BALFOUR
PCP: GREGORY WILLIAMS
IR TRANSLUMINAL BALLOON ANGIOPLASTY INITIAL VEIN LEFT

DATE: 2/29/2024 15:12 PST

INDICATION:
In-stent stenosis within the left iliac vein stent. History of DVT and leg swelling with recent venous recanalization and stent placement. Recent CTA demonstrates stenosis and thrombus within the stent.

PROCEDURES PERFORMED:
1. Ultrasound-guided access of the left popliteal vein.
2. Left lower extremity venogram.
3. Endovascular ultrasound assessment of the IVC, left common iliac vein and stent, left external iliac vein and stent, and left femoral vein.
4. Balloon angioplasty of left common and external iliac vein stent stenosis.

Conscious sedation was performed and the supervision of certified physician and nursing staff for approximately 30 minutes.

OPERATOR:
Stephen Balfour, MD

MEDICATIONS:
Lidocaine 1% local
Versed 3.5 mg IV
Fentanyl 175 mcg IV
Heparin 7000 units IV

Contrast: 45 mL IOPAMIDOL 300 MG IODINE/ML (61 %) INTRAVENOUS SOLUTION Route: intra-catheter,

RADIATION MEASURES:
Fluoro Time: 4 min
Radiation Dose: Dose Area Product 51733.1 mGy-cm2, Air Kerma 213 mGy

CONSENT:
Informed consent was obtained prior to the procedure and documentation was recorded in the patient's chart.

TECHNIQUE:
Patient was placed prone on the fluoroscopy table. The left posterior knee was prepared and draped in normal sterile fashion. A timeout was performed per hospital protocol.

The left posterior knee was examined with ultrasound (a permanent image was stored for documentation). An access site was anesthetized with 1% lidocaine. Under ultrasound guidance, a micropuncture needle was used to cannulate the popliteal vein. An 018 wire was advanced centrally. A micropuncture sheath was placed. A venogram was performed.

A 0.035 wire was advanced centrally through the iliac veins and into the IVC.