# Radiologic Clinic

(Business Reg. No. 32071800M) www.parkwayhealthrasidogy.com.sg



Date:

Name:

ID / Case:

DOB/Gender:

Ref. Doctor: Examination: MRN:

XR FOOT RIGHT

# RIGHT FOOT (AP AND OBLIQUE VIEWS)

No fracture, dislocation or periosteal reaction is detected. There is soft tissue swelling noted at the medial aspect of the forefoot. A type 2 accessory navicular synchondrosis is seen. Normal bony alignment is maintained.

Reported by: DR Approved by: DR Approved Date:

This report has been approved electronically.

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# Mount Elizabeth Novena Hospital Radiology and Nuclear Medicine Department



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Date:	
Name:	
ID / Case:	
DOB/Gender:	MRN:
Ref. Doctor:	
Examination:	

#### ULTRASOUND DOPPLER OF BILATERAL LOWER LIMB VEINS

#### History:

To assess for venous reflux and varicose veins.

#### Technique:

Linear and curvilinear transducer ultrasound examination of bilateral lower limb veins was performed.

# Findings:

## Right superficial system:

Long saphenous vein - No reflux at the sapheno-femoral junction is detected, which has a diameter of 8.6 mm. The vein is patent and compressible. There are two tributaries arising from the long saphenous vein located 5 cm below the sapheno-femoral junction and 5 cm below the knee crease. They do not appear varicose.

Short saphenous vein - No reflux at the sapheno-popliteal junction is detected, which has a diameter of 5.4 mm. The vein is patent and compressible. There is a tributary arising from the short saphenous vein located 2 cm above the mid calf and this does not appear varicose.

Calf perforators - There is a competent perforator arising from the long saphenous vein at the level of the mid calf with a diameter of 1.7 mm.

### Left superficial system:

Long saphenous vein - No reflux at the sapheno-femoral junction is detected, which has a diameter of 7.6 mm. The vein is patent and compressible. Small tributaries arising 5 cm below the sapheno-femoral junction and 5 cm below the knee crease are detected.

Short saphenous vein - No reflux at the sapheno-popliteal junction is detected, which has a diameter of 5.1 mm. The vein is patent and compressible. There is a tributary arising from the short saphenous vein 2 cm below the mid calf and this does not appear varicose.

Calf perforators - None detected.

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Deep system:

Bilateral external iliac veins are patent.

Bilateral common femoral, superficial femoral and popliteal veins show normal phasicity and compressibility.

Bilateral below knee deep veins (anterior tibial, posterior tibial and peroneal veins) are also patent.

### Impressions:

Although no reflux is detected in the sapheno-femoral junctions on either side, the diameter is prominent.

Several tributaries arising from the long saphenous veins and short saphenous veins as detailed above.

No reflux detected at the sapheno-popliteal junction on both sides.

No deep vein thrombosis detected in either lower limbs.

Reported by: DR Approved by: DR Approved Date:

This report has been approved electronically.

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# Laboratory Report

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In pursuit of science, innovating for life

MAIN LAB
SATELLITE LABS
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Frontech Centre 15 Jalan Kilang Barat #05-01 to 07, Singapore 159357
Frontech Centre 15 Jalan Kilang Barat #08-01/02/03/04/05, Singapore 159357
The Paragon 290 Orchard Road #17-07/08/09, Singapore 238859
Royal Square at Novena 101 Irrawaddy Road #07-02, Singapore 329565
COLLECTION CENTRE
Camden Medical Centre 1 Orchard Boulevard #09-06/07 Singapore 248649

T 6275 5501 T 6235 6950 T 6235 6950 T 6737 2788 F 6733 8563 F 6887 3249 T 6734 0778 F 6734 0773 T 6333 6640 F 6333 6642

FULLERTON HEALTHCARE GRP PL

(NTU), 36 NANYANG AVENUE

#01-01

SIN 639801

Lab Ref:

Years

Ref No:

Requested:

Reported:

Printed: Lab No:

Run:

Last Page

**HEPATITIS PROFILE** 

**RESULT** 

UNIT

**REF.RANGE** 

Hepatitis Bs Antibody

B型肝炎表面抗体

]

**REACTIVE 317** 

mIU/mL

≥10 Reactive