



Sleep Management Institute
215 N Logan St. Suite B
West Frankfort, IL 62896

Phone: 618.937.6100
Fax: 618.937.6108
smisleeplabs.com

Diagnostic PSG Interpretation

Patient Name: [REDACTED]
Study Date: 7/27/2011

DOB: [REDACTED]
Sex: F
Neck Size: 14 in
BMI: 22.7
Beck: 14
Study Type: Polysomnogram

Age: 33 yrs 6 mos
Height: 61 in
Weight: 120 lbs
ESS: 18
Referring Physician: Pass
Date Scored: 1/1/1950
Date of Interpretation: 8/10/2011

CLINICAL HISTORY:

[REDACTED] had an overnight Polysomnogram for the evaluation of the clinical suspicion of obstructive sleep apnea. Patient reports of TV/read in bed, long sleeper, snoring, waking choking or gasping for air witnessed apneas, excessive daytime sleepiness, cataplexy, alcohol use close to bedtime,

PAST MEDICAL HISTORY: Back pain.

MEDICATIONS: Ibuprofen.

The patient scored 14 on a Beck Depression Inventory, which is normal, where <16 is within normal limits. The Epworth Sleepiness Scale result of 18 is normal, where <10 is within normal limits.

RECORDING MONTAGE:

The patient was monitored with EEG/EOG/EMG/EKG, thoracic and abdominal effort, airflow channels, oxygen saturation, and a snore monitor. Standard PSG

SLEEP ARCHITECTURE:

Total recording time was 398.1 minutes, and total sleep time was 332 minutes, with a sleep efficiency of 85.02%, which is decreased. Sleep latency was normal at 19 minutes. REM latency was normal at 87.5 minutes. Percentage of stage N1 sleep was increased at 10.1%. Stage N2 sleep was increased at 77.3%. Stage N3 sleep was decreased at 3.3%. Stage REM was decreased at 9.3%.

RESPIRATORY:

There were a total of 28 breathing disturbances observed, which included apneas and hypopneas. AHI was 5.1; REM AHI was 23.2; Supine AHI was 7.9; Average SpO2 was 95.8% throughout the study with a low of 90% and was equal to or below 88% for 0.0 minutes. Recording technologist reports snoring as moderate and continuous.

LIMB MOVEMENT:

No PLM's are noted. The PLM index was 0

AROUSALS:

Sleep was frequently fragmented based on a respiratory arousal index of 2.7, a spontaneous arousal index of 17.3, and a PLM arousal index of 0.0.

Study Date: 7/27/2011

EKG:

The patient had normal sinus rhythm.

EEG:

Patient's EEG appeared normal.

DIAGNOSIS AND IMPRESSION:

1. This study, along with the clinical history, is diagnostic of mild obstructive sleep apnea syndrome.

PLAN AND TREATMENT RECOMMENDATIONS:

1. A trial of nasal CPAP is recommended. The patient will need to return for polysomnography to perform CPAP titration.
2. Additional treatment options include ENT evaluation for upper airway surgery or referral to a dentist for an oral appliance.
3. This patient should avoid use of alcohol and sedating medications at bedtime.
4. Avoid driving while drowsy.
5. Close clinical follow-up is needed to ensure treatment compliance and remission of daytime impairment.

Electronically created and signed by:

8/10/2011



Dani Tazbaz MD, FCCP
Board Certified, Sleep Medicine

cc:

August 10, 2011