

Our Physicians:

Michael L. Cohen, M.D.
Harry J. MacDannald, M.D.
Karin Cheung, M.D.
Fred Nachtwey, M.D.
J. Julian Zaka, M.D.



AASM accredited diagnostic sleep center

TEL: (925) 935-7667 FAX: (925) 945-7667

Website: www.ccsleepcenter.com

Email: info@ccsleepcenter.com

Our Locations:

(main location)
1455 Montego, Ste 102
Walnut Creek, CA 94598
(satellite location)
141 Sand Creek Rd, Unit B,
Brentwood, CA 94513

OVERNIGHT POLYSOMNOGRAPHY REPORT

PATIENT: [REDACTED]
DOB: [REDACTED]

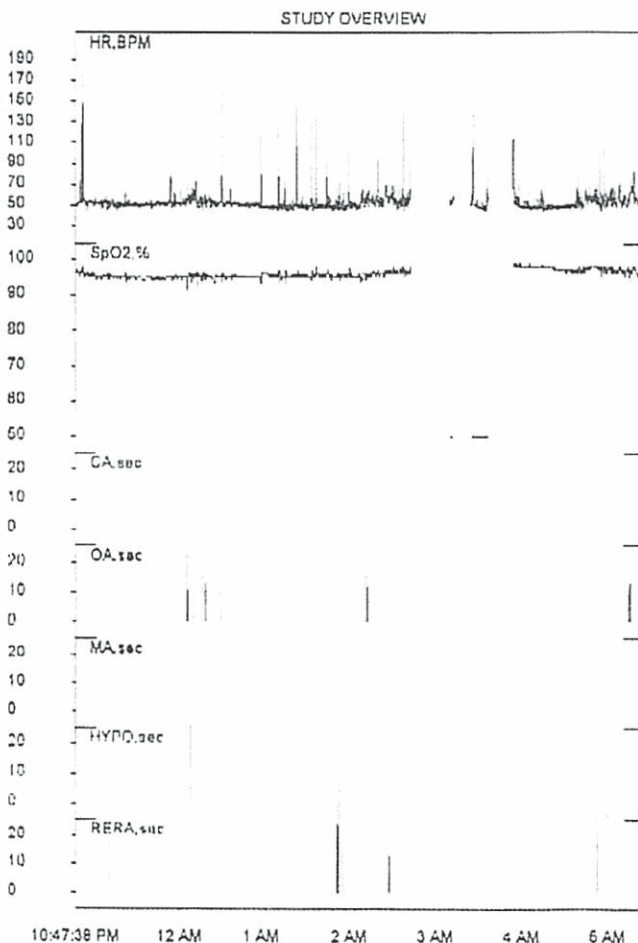
ACQ#: [REDACTED]
DATE OF STUDY: 6/2/2016

REFERRING PHYSICIAN:

Tel: 9259343434
Fax: 9259344531

CONSULTING PHYSICIAN:

9255QUICK GLANCE (HISTOGRAM)



Schori, Ryan

PSG

6/2/2016

RS061590

QUICK GLANCE STATS (SLEEP SUMMARY AND VITAL STATISTICS)

SLEEP SUMMARY			
Study Start Time: 10:37:08 PM	Lights Off Time: 10:47:38 PM	Height: 69.0 in.	Weight: 175.0 lbs.
Study End Time: 5:24:50 AM	Lights On Time: 5:23:08 AM	Epworth: 0	BMI: 25.8 b/in ²
Total Study Time (TIB): 395.5 min.	Total Sleep Time (TST): 301.5 min.		

Quick Glance STATS

AHI: 3.6 /hr	Low SpO2: 91 %
RDI: 5.4 /hr	Snore Index: 0.0 /hr
PLM Index: 2.6 /hr	Sleep Latency: 15.0 min.
Sleep Efficiency: 76.2%	REM (%): 25.7 %

INDICATIONS

This [REDACTED] patient, 69.0 inches tall and weighing 175.0 lbs, (BMI 25.8). Epworth Sleepiness Scale=0. An overnight polysomnogram is indicated to rule out the clinical impression of obstructive sleep apnea.

MEDICATIONS:

None listed.

Ambien was offered as a sleep aid, but declined by the patient.

DIAGNOSIS

Axis A: Snoring-R06.83

Axis B: Polysomnography

PROCEDURE

An all-night comprehensive sleep study was performed in which the following medical parameters were recorded using a Respiration Alice Computerized polygraph (G3); left and right central (C3/C4); central (CZ); occipital (OZ) and frontal (FZ) electroencephalogram; left and right electrooculogram; electrocardiogram; submental x3 & anterior tibialis electromyogram; nasal/oral airflow, thermistor; oxygen saturation (pulse oximetry); chest & abdominal effort belts; sonogram (snoring) and body position monitor. The study was attended by *Jingle Tuazon, PSGT, RPSGT* and the raw data was manually reviewed and interpreted by *Fred Nachtwey, M.D., M.D.* The recording started on 6/2/2016 at 10:37:08 PM, and ended on 6/3/2016 at 5:24:50 AM.

Scoring Technologist:

. Richard Tuazon, RPSGT

RESULTS

1. Reduced sleep efficiency of 76.2% with normal sleep architecture. WASO (Wake After Sleep Onset) was calculated at 79.0 minutes.

SLEEP STAGE BREAKDOWN

SLEEP STAGES:	MINUTES	% of TST (total sleep time)
Stage N1:	50.5	16.7
Stage N2:	95.5	31.7
Stage N3:	78.0	25.9
REM:	77.5	25.7

2. No Significant sleep apnea with an Apnea / Hypopnea Index (AHI) of 3.6 per hour.
 3. Very mild respiratory related sleep fragmentation with an overall Respiratory Disturbance Index (RDI) of 5.37 per hour (RDI = AHI + RERAs + Snoring per hour).
 4. Oxygen desaturation index (number of desaturations per hour) = 0.2. SaO2 nadir of 91% (as consequence of a respiratory event), from a baseline (awake) of 97%.
 5. Loud non-positional snoring was noted.
 6. Oxygen desaturation index (number of desaturations per hour) = 0.2. SaO2 nadir of 91% (as consequence of a respiratory event), from a baseline (awake) of 97%.
 7. No EKG abnormalities noted (Average heart rate waking: 60.5 and during sleep, 52.3). Aside from the expected brady/tachycardias associated with the respiratory events, no significant arrhythmias seen.
 8. No clinically significant limb movements seen.
- Periodic Limb Movement Disorder (PLMD) Statistics:
There were a total of 13 non-arousing leg movements with an index of 2.6/hour.
There were a total of 4 arousing leg movements with an index arousal index of 0.8/hour
9. Due to the low AHI during the baseline of the study, No CPAP titration performed.

RECOMMENDATIONS

1) Patient has loud snoring but a low AHI. His reduced sleep efficiency may have caused this study to underestimate the severity of sleep apnea. If clinically indicated a repeat study may be indicated.

TO REFERRING PHYSICIAN

Please mail or fax follow-up information to Contra Costa Sleep Center (CCSC) regarding therapy provided to the patient. This is an Accreditation requirement by the American Academy of Sleep Medicine (AASM). Thank you.

If there are any questions regarding this study, please call us. We welcome questions and comments.



/s/ electronically

Fred Nachtwey, M.D.

Diplomate, American Board of Sleep Medicine