

POLYSOMNOGRAPHY REPORT

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|------------------------------|--------------|--------------------------------|-----------------------|
| Patient Demographics: | | | |
| Patient Name: | | Acq: | 1 |
| First Name: | | Type: | Diagnostic Psg |
| Sex: | | Started: | 9:48:48 PM |
| Birth Date: | 6/15/1978 | Stopped: | 5:18:25 AM |
| Patient Age: | 44 Year | Duration: | 7.5 Hrs. (449.5 Min.) |
| Height: | 5' 7" | Weight: | 281 Lbs |
| BMI: | 44.01 | Epworth: | 13 |
| Referring Provider: | Marien Perez | Interpreting Physician: | |

Testing Type & Methods

Type of Test: Diagnostic PSG

Method: Polysomnography was conducted on the night of 6/22/2023. The following parameters were monitored: Frontal, central and occipital EEG, electroculogram (EOG), submental EMG, nasal and oral airflow, anterior tibialis EMG, body position and electrocardiogram. Additionally, thoracic and abdominal movements were recorded by inductance plethysmography. Oxygen saturation (spO2) was monitored using a pulse oximeter. The tracing was scored using 30 second epochs. Hypopneas were scored per AASM definition.

A **Central Apnea** was defined as a cessation of oral and nasal airflow with simultaneous cessations of respiratory movements for at least 10 seconds (2 respiratory cycles in children).

An **Obstructive Apnea** was defined as a cessation of airflow for at least 10 seconds (2 respiratory cycles in children) in the presence of continuous respiratory movements.

Hypopneas were scored per AASM definition.

Brief Clinical History

This Patient is a 44 year old Male who underwent a diagnostic polysomnogram in an effort to determine the etiology of the patient's complaints of excessive daytime somnolence, loud snoring and frequent arousals from sleep.

Sleep Data:

The study began at 9:48:48 PM. The patient was monitored for a total of 449.5 minutes, out of which the patient slept for 346.5 minutes. Sleep onset occurred at 11:09:47 PM for a sleep latency of 81.0 minutes. REM latency was 106.5 minutes. Wake After Sleep Onset (WASO) was 22.0 minutes. The study ended at 5:18:25 AM.

A breakdown of sleep staging reveals the following: Stage N1 4.5 minutes (1% of total sleep time), N2 229.0 minutes (66% of total sleep time), N3 35.0 minutes (10% of total sleep time), REM 78.0 minutes (23% of total sleep time.)

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Respiratory Data:

During the study, there were a total of 2 apnea events for an apnea index of 0.3/hour. 113 hypopnea events occurred for a hypopnea index of 19.6/hour. 115 apnea and hypopnea events were observed during the analysis period as follows: 2 obstructive apneas, 0 central apneas, 0 mixed apneas, and 113 for an apnea/hypopnea index (AHI) of 20/hour of sleep. Cheyne Stokes was not observed. During this time, 227 desaturations occurred during the study. Desaturations were based on 4% or greater drop from baseline. The lowest SaO2 was 65% with an average of 92%. The minimum SpO2 value associated with a respiratory event was 65%.

Snoring:

Snoring was moderate and associated with frequent snore arousals.

Arousal Statistics:

A total of 116 arousals (20.1/hour) were observed during the analysis period as follows: 115 respiratory arousals, 0 leg movement arousals, 1 spontaneous arousals, and 0 snore arousals.

PLM Statistics:

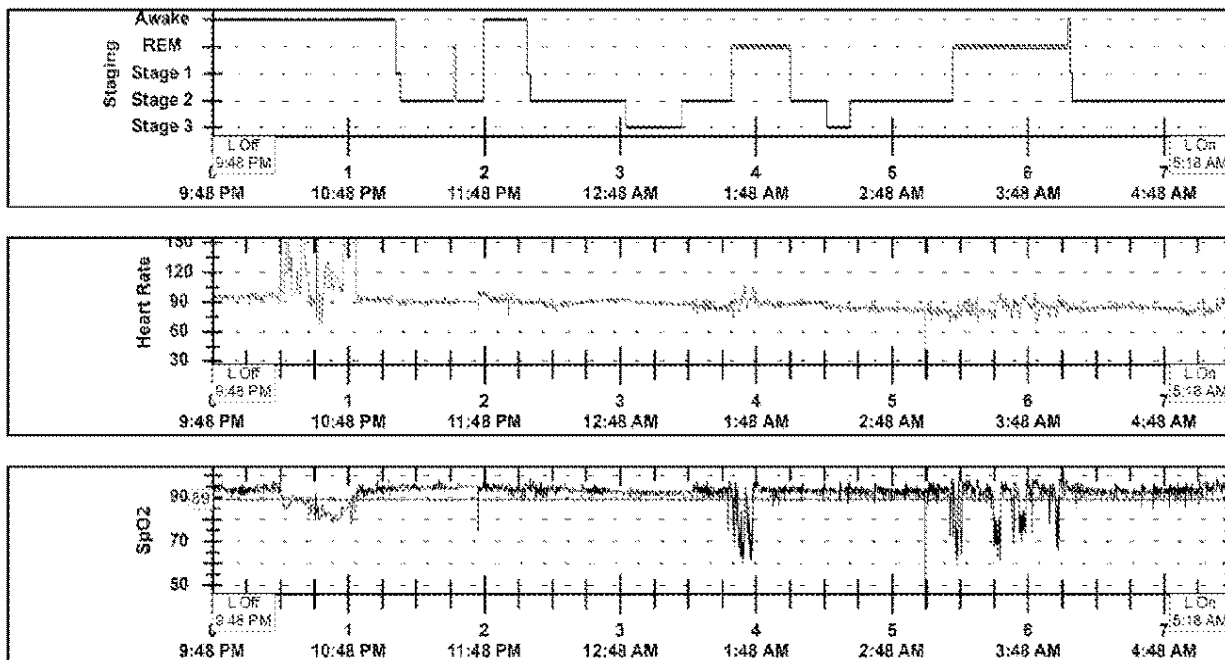
There were 0 PLMs with 0 with related arousal

Tech Comments:

ESS 13

Sleep Architecture:

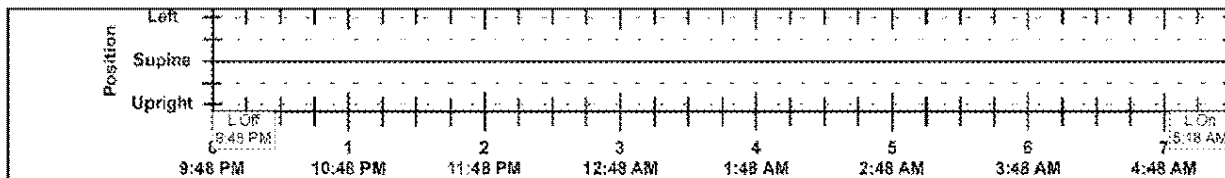
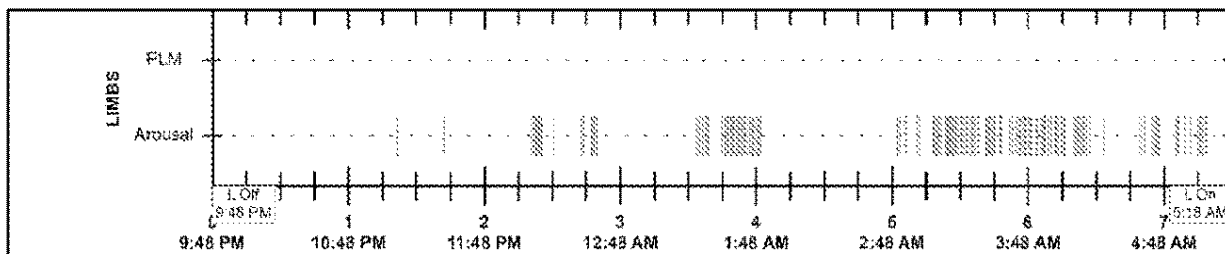
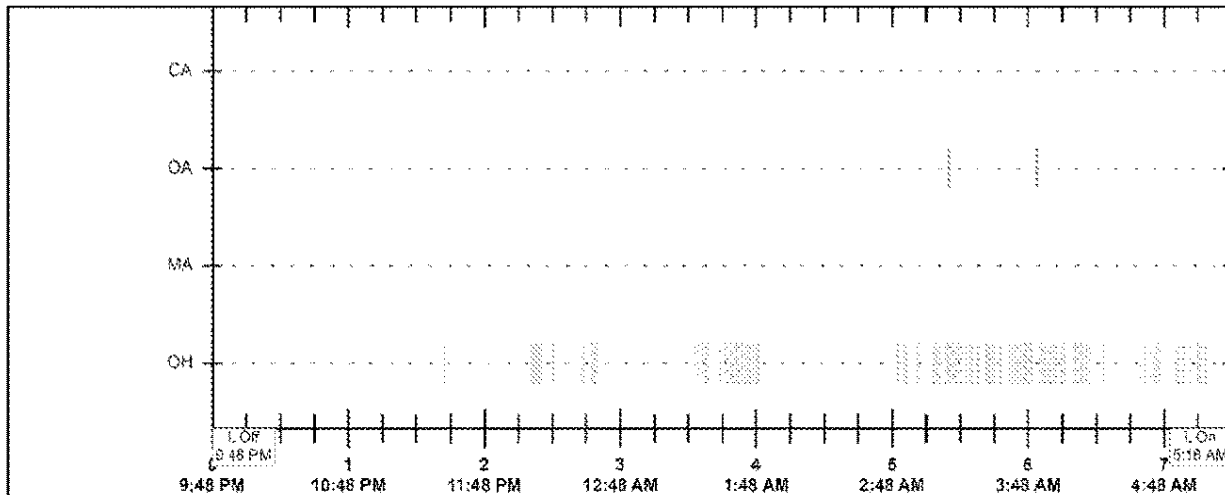
Preserved sleep architecture associated with considerable sleep fragmentation.



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**Impressions:**

1. There is evidence of moderate obstructive sleep apnea/hypopnea syndrome (OSA/HS).
2. Patient had an overall AHI of 20/hour.
3. Patient had moderate snoring not associated with frequent snore arousals.
4. Sinus rhythm and no significant cardiac arrhythmias seen.
5. Patient presented with a PLM Index of 0.00
6. Preserved sleep architecture associated with considerable sleep fragmentation.

Recommendations:

1. Return to the sleep laboratory for a repeat sleep study with CPAP titration.
2. Begin a medically supervised program to achieve and maintain ideal body weight.
3. Sleep in a non-supine position.
4. Sleep hygiene should be followed nightly.

General Recommendations:

1. Avoid bedtime alcohol and sedatives.
2. Avoid operating heavy equipment when sleepy or tired.
3. Avoid driving while feeling drowsy.

[REDACTED]