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*Stop Study on
Arthur Lyon*

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Sleep Disorders Center

GENERAL PATIENT INFORMATION

Patient Name: Arthur Lyon
Age at time of study: 9
Patient Address: 619 Indiana Ave.
St. Charles, Illinois 60174

Patient Home Phone Number: (630) 247-7533
Referring Physician: David Phillips, M.D.
Referring Physician Address: 217 Franklin St
DeKalb, Illinois 60115

10/13/09

Referring Physician Phone Number: (815) 758-8671
Referring Physician Fax Number: (815) 758-7460

Primary Physician: David Phillips, M.D.
Primary Physician Address: 217 Franklin St
DeKalb, Illinois 60115

Sleep Consultant:
Consultant Address:

Reason for Evaluation: Apnea-Suspected
Type of Study Performed: Diagnostic - First Study
Performing Technician: Carlino, Terrance
Scoring Technician: Mooney, Howard
Date of Study: 09/12/2009
Interpreting Physician: Chabra, Mohammed B.
Interpretation Date: 10/08/2009
CPT Code: 95810 - Diagnostic Study

Kishwaukee Community Hospital - Sleep Disorders Center
Tel: 888.SLEEP.77 (888.753.3777) Fax: 630.655.8166

Polysomnogram Summary Report - PSG

Name: LYON, ARTHUR			
Referring Physician: HERBERT MENENDEZ	DOB: 12/5/1999	Age: 9	Sex: M
Hoep. Number: V19781764	Study Number: A5B502913 / 156	Weight: 80 lbs	BMI: 17.93

Clinical History

The patient was referred for evaluation of sleep apnea with the following complaints noted:
 Unrefreshing Sleep; Bed wetting; Legs Cramps; difficulty staying asleep;

Past Medical History was of note for:

Asthma; Psychiatric disorder;

Current Medications:

PROZAC

Recording Montage

An attended, facility-based polysomnogram (16 channel) was performed on this patient. Data recorded includes 6 channels of EEG, 2 channels of EOG, 3 channels of EMG (1 submental EMG, 1 anterior left and 1 anterior right tibialis EMG), nasal/oral airflow, 2-lead ECG, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring sounds, and finger pulse oximetry. The EEG, EOG, and EMG electrodes were applied according to the international 10-20 Electrode Placement System. The tracing was scored using 30 second epochs. The study was scored according to the AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications. Hypopneas were scored per AASM definition VII.4.A (4% desaturation).

Polysomnographic Findings

Sleep Continuity and Sleep Architecture

The patient's Sleep Efficiency was lower than expected in a sleep laboratory environment. The Total Sleep Time was acceptable for providing a valid evaluation. The patient experienced a normal amount of arousals and stage changes. The Sleep Latency was delayed. The REM latency was delayed. A normal REM latency is approximately ninety minutes. The amount of slow wave sleep was increased. REM sleep was decreased.

Respiratory / Oxygen Saturation Measures 93% - AHI: 4.4

The patient was noted to have central sleep apnea with apnea hypopnea index of 4.4. The lowest oxygen saturation was 93%.

EKG

The patient's EKG tracing was without significant abnormality throughout this study.

Periodic Limb Movements

The patient did not demonstrate a significant number of cyclically repetitive limb movements to be considered abnormal.

EEG

The electroencephalogram tracing was without significant abnormalities.

Other Observations

Diagnosis

ICD-9
327.21

Description

*Primary Central Sleep Apnea

Name: LYON, ARTHUR

ASN-PSG-v3.0

DOS: 9/12/2009

DOB: 12/5/1999

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ASN-PSG-V3.0	Name: LYON, ARTHUR	DOS: 9/12/2009	DOB: 12/5/1989	Page 2 of 4
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Unless specifically requested, this patient has not been seen by a sleep consultant. Consultative services can be arranged, or if you have questions regarding this report, please contact the sleep center scheduling number at (888)SLEEP-77.

Diplomate, American Board of Sleep Medicine

Mohammed B. Chabra, M.D.

Electronically created and approved by:

10/8/2009

Thank you for allowing us to participate in the care of this patient. If you have questions, please do not hesitate to contact us.

- » Suggest obtaining an ENT evaluation of upper airways.
- » Management of his medical conditions.
- » If he continues to have sleep related disorder, suggest obtaining a formal pediatric sleep consultation

Recommendations

This study revealed occasional Central sleep apnea, without O2 desaturation, which can be common in pediatric population, the AHI was 4.4, also there was one obstructive sleep apnea.

Impressions

Polysomnogram Summary Report - PSG

ASN-PSG-v3.0

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Periodic limb movements (PLM/S): 5
 Periodic limb movements with arousals: 1
 Index of periodic limb movements with arousals: 1.2
 Index of periodic limb movements (# of PLM/h): 0.8

MOVEMENT EVENTS

Event Type	Occurrence	NO
Bradycardia	NO	Lowest HR Scored: N/A
Sinus Tachycardia During Sleep	NO	Highest HR Scored: N/A
Narrow Complex Tachycardia	NO	Highest HR Scored: N/A
Wide Complex Tachycardia	NO	Highest HR Scored: N/A
Asystole	NO	Longest Pause: N/A
Atrial Fibrillation	NO	Duration Longest Event: N/A
Other Arrhythmias	NO	N/A

CARDIAC SUMMARY

REM	0.0	230	240	247	250	255	255	275	Avg
NREM	0.0	39.0	39.0	3.3	0.0	0.0	0.0	0.0	45
Total (TIB)	0.0	458.1	447.5	62.1	9.2	0.0	0.0	0.0	45

END TIDAL CARBON DIOXIDE DISTRIBUTION

REM	0.0	<90%	<85%	<80%	<75%	<70%	<60%	<50%	Avg (%)	Min (%)
NREM	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	98	93
Total (TIB)	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	98	93

Supplemental O2 applied (lpm): N/A

OXIMETRY SUMMARY

Event Type	#	Index	#	Index	#	Index	#	Index	#	Index
Non-Supine	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Supine	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
NREM	24	4.2	25	4.4	3	4.6	28	4.4	4.4	4.4
REM	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	24	4.2	25	4.4	3	4.6	28	4.4	4.4	4.4

• Cheyne Stokes Breathing: None Present
 • Hypoventilation: None Present

RESPIRATORY EVENT SUMMARY

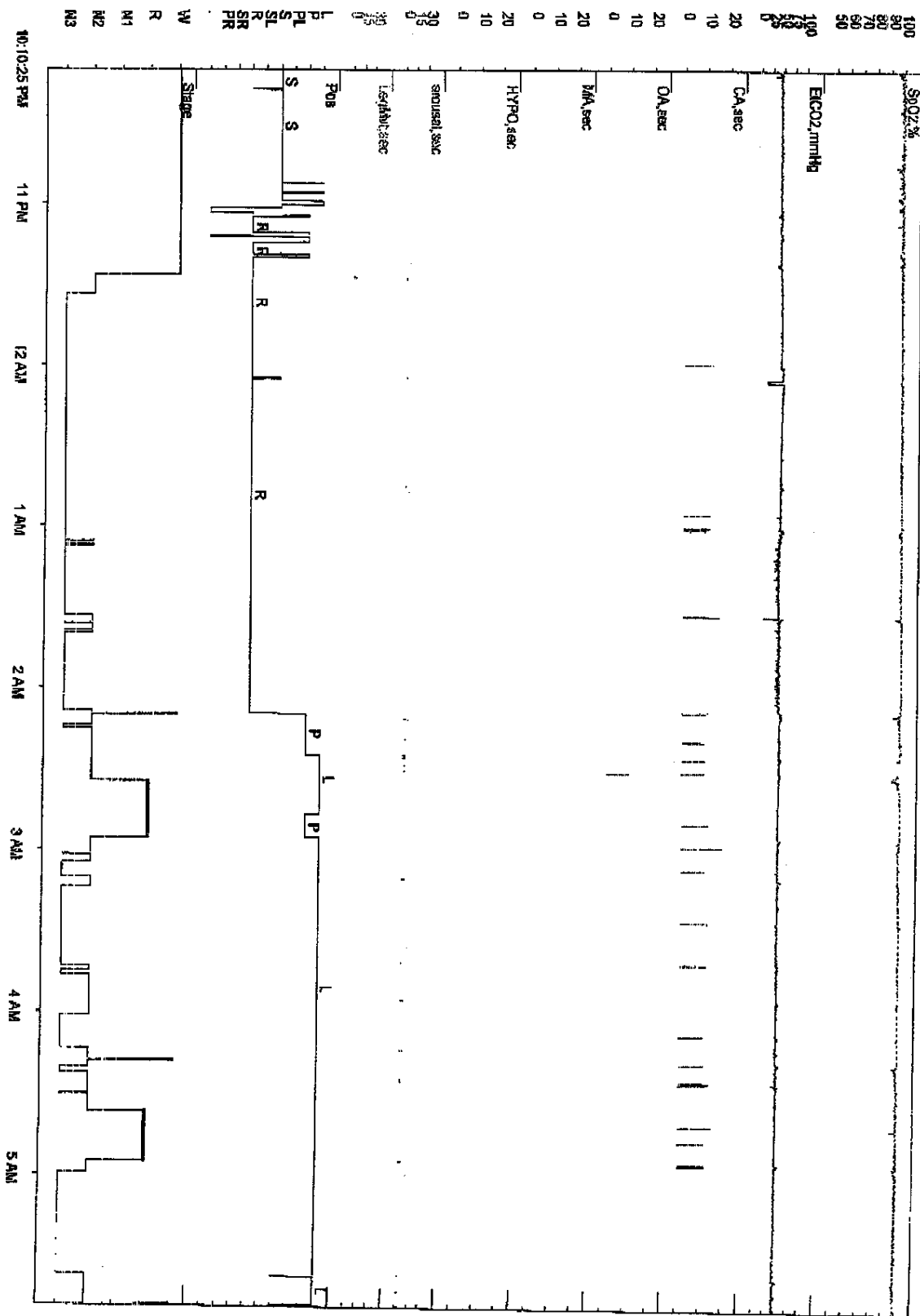
Stage R Latency:	188.0 min	Arousals (# / Index)	26 / 4.1
Sleep Latency:	76.0 min	Stage R (% of TST / min):	10.2% / 39.0 min
Sleep Efficiency:	83.1%	Stage N3 (% of TST / min):	62.9 / 240.0 min
Total Sleep Time:	381.5 min	Stage N2 (% of TST / min):	26.9% / 102.5 min
Time in Bed:	459.0 min	Stage N1 (% of TST / min):	0.0% / 0.0 min
Lights On:	5:49:25 AM	Wake After Sleep Onset	1.5 min
Lights Out:	10:10:25 PM	Total Wake Time:	77.5 min

SLEEP ARCHITECTURE

Polysomnogram Summary Report - PSG

Polysomnogram Summary Report - PSG

NIGHT HYPNOGRAM



RSN

Fax: 63065558166

Oct 13 2009 14:18

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