

University of California, Irvine
Sleep Disorders Center

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The American Sleep Disorders Association

NOCTURNAL POLYSOMNOGRAM REPORT

RE: Patient: GEORGE SOOHOO
Study Date: September 13, 2000
MR #: 1458473
DOB: 11/28/53
History: Mr. Soohoo has a history of snoring and is suspected of having sleep apnea.

IMPRESSION:
SEVERE OBSTRUCTIVE SLEEP APNEA

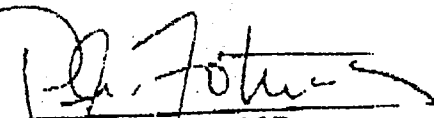
DISCUSSION:
Mr. Soohoo exhibited snorts, gasps, and loud snoring while asleep. During his 1.8 hours of diagnostic sleep time, he experienced 135 scorable apneas and 0 minor respiratory events that resulted in arousals. His respiratory events produced severe oxygen desaturations, with an overall nadir of 40%. The patient's Respiratory Disturbance Index (RDI) was 75/hour (normal is ≤ 5 /hour).

The severity of Mr. Soohoo's sleep apnea prompted the technician to initiate a nasal CPAP titration, but he was switched to BiPAP to increase treatment continuity. BiPAP pressures ranged from 4/0 to 13/9 cm of water. Optimal BiPAP pressure appeared to be 12/9 cm of water when his apnea was effectively treated and sleep became consolidated.

RECOMMENDATIONS:
The severity of Mr. Soohoo's sleep apnea warrants immediate treatment. He should initiate a trial of nasal BiPAP set at a pressure of 12/9 cm water, using a medium sized Resprionics Profile Lite mask. Follow-up two weeks and three months after the initiation of home BiPAP treatment may improve compliance and adjustment to BiPAP treatment.

I appreciate your referral of Mr. Soohoo for testing. Please feel free to call if you would like to discuss the test results in further detail.

Sincerely,



Peter A. Fotinakes, M.D.
Associate Clinical Professor, Neurology
Fellow, American Board of Sleep Medicine

RECEIVED
JAN 25 2019
By Client HD

GEORGE M. SOOHOO
 SS # 562-78-4407

GEORGE SOOHOO
 September 13, 2000

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OXIMETRY:

Baseline Waking O2 Saturation: 97 %
 Baseline Sleeping O2 Saturation: 96 %
 O2 Desaturation Nadir 40 %
 (measured in real-time throughout the recording)

BiPAP TITRATION

BiPAP pressure range 4/0 to 13/9 cm of water pressure
 Optimal BiPAP pressure 12/9 cm of water pressure

ELECTROCARDIOGRAM:

Waking Heartrate: 68-74
 Sleeping Heartrate: 60-68
 Tachy/Brady Ranges: None noted
 Arrhythmias: A rare PVC was noted from time to time.

LEG EMG:

Total PLMs 0
 PLM Arousals 0
 PLM Arousal Index 0/hour

PHYSIOLOGICAL PARAMETERS:

EEG: A normal EEG was noted throughout the recording.
 EOG: Normal eye movements were seen during wake and REM sleep.
 Chin EMG: Muscular activity was recording throughout the examination.
 Snoring artifact was seen.

PATIENT'S DESCRIPTION OF SLEEP DURING THE TEST:

The patient estimated that it took 10 minutes to fall asleep, and that his total sleep time was 6.5 hours. He was aware of 3 arousals during the night. This night was felt to be a normal night's sleep.

PRETEST QUESTIONNAIRE:

An estimated 7, 8, and 7 hours of sleep were obtained on each of the three nights preceding this study. The patient admits to having one caffeinated beverage on the day of the test., but used no alcohol or tobacco.

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PATIENT BACKGROUND

AGE: 46
HEIGHT: 5' 3"
WEIGHT: 186 pounds
MEDICATIONS: Tricor, Norvasc, and vitamins.

PHYSIOLOGICAL PARAMETERS MEASURED

EEG (C3/A2, O2/A1), Left and Right FOG, EKG, Chin EMG, Anterior Tibialis EMG, Nasal and Buccal Airflow, Abdominal Chest Movement, Thoracic Chest Movement, and Pulse Oximetry.

SLEEP ARCHITECTURE

<u>Sleep Parameters</u>	<u>Minutes</u>	<u>Normals</u>	<u>Misc.</u>
Sleep Latency	7	(≤ 20 minutes)	6.0 hours
Total Bed Time	358		5.2 hours
Total Sleep Time	312		0.8 hours
Total Wake Time	46	(≤ 20 minutes)	87 %
Sleep Efficiency Index			
REM Latency	83	(≥ 90) minutes	3 cycles
Number of REM Cycles			
	<u>Laboratory</u>	<u>Typical</u>	
Sleep onset	12:25 a.m.	11:00 p.m.	
Awakening	6:15 a.m.	7:00 a.m.	
	<u>Minutes</u>	<u>Percentage</u>	<u>Normals (%)</u>
<u>Sleep Stage Scoring</u>			
Stage 1	19	6 %	(5-15)
Stage 2	166	53 %	(45-50)
Stage 3/4	56	18 %	(0-20)
Stage REM	71	23 %	(15-25)

COMMENTS ON SLEEP ARCHITECTURE

The sleep stage distribution was normal. Total Sleep Time decreased, but Sleep Efficiency Index was normal. Sleep latency was decreased. Latency to REM onset was shortened. Sleep was highly fragmented by respiratory disturbances.

RESPIRATION:

Diagnostic sleep time
Respiratory Rate:
Total Obstructive Events:
Average Event Duration:
Total Central Events:
Minor Respiratory Arousals:
Apnea Index:
Respiratory Disturbance Index:

DIAGNOSTIC PORTION

1.8 hrs.
8-14
135
30-60 seconds
3
0
75/hour
75/hour (Normal < 5)

Apneas/hypopneas represent a cessation/30% reduction of airflow for at least 10 seconds, associated with a 3% decrease in oxygen saturation, and an arousal. Minor respiratory arousals represent K-complexes, increased EMG or bursts of alpha rhythms associated with a respiratory disturbance insufficient to be counted as an apnea or hypopnea.

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DEPARTMENT OF NEUROLOGY

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101 The City Drive
Orange, California 92698-9909
(714) 456-5105

**UCI SLEEP DISORDERS CENTER
REQUEST FOR RELEASE OF
MEDICAL RECORDS**

PATIENT'S FULL NAME (ALSO LIST MAIDEN NAME, IF APPLICABLE)

DATE OF REQUEST

UCI PF#

SOCIAL SECURITY

MALE

FEMALE

DATE OF BIRTH

SDOROO, GEORGE
MR: 1458473-4 SMC: 56876642
11/29/1953 M F/O: N BLUE CROSS PR
EM: 714-730-3875 WK: 562-568-9979
POB: KRIBBO, ANDREW 09/13/00
20:30 980 C: 21440460019
AMB/PRV PROV: POTINAKIS, PETER
ATTN: POTINAKIS, PETER NEURO

TREATMENT DATES BEING REQUESTED

PRESENT ADDRESS & PHONE NUMBER OF PATIENT

REASON FOR RECORDS RELEASE

NAME OF ADDRESS OR AGENCY TO WHOM RECORDS ARE BEING RELEASED



SIGNATURE AND DATE

WITNESS' SIGNATURE AND DATE

THIS FORM MUST BE COMPLETED IN FULL BEFORE INFORMATION CAN BE RELEASED