



Northern Virginia Sleep Diagnostic Center

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NAME: DIVINEY, RYAN

D.O.B.: 9/21/1989

SERVICE DATE: 10/20/2011

AGE/SEX: 22 M

ORDERING PHYSICIAN: Fellus, Jonathan M.D.

INTERPRETING PHYSICIAN: Diccico, Barry M.D.

POLYSOMNOGRAM

INDICATIONS: The patient is a 22 -year-old male with a height of 6 feet 1 inch, weighing 175 pounds with a BMI of 23. The clinical notes report a history of trauma and a "semi-vegetative state".

DATA: The patient underwent a 16-channel polysomnogram performed in the standard fashion.

Total sleep time 283.5 minutes. Total time in bed was 390.0 minutes. Sleep efficiency 73%. Sleep latency was shortened at 1.0 minutes, the REM latency was normal at 110.0 minutes.

Sleep architecture: 25.6% Stage I sleep, 58.9% Stage II sleep, 13.9% Stage III sleep and 1.6% REM sleep.

There were no respiratory events during the evening and no scored apneas and no hypopneic events yielding an overall apnea hypopnea index for the entire evening is 0 events per hour.

The baseline oxygen saturation asleep in stage 2 was 99% with a minimum desaturation to 94% at 3:46 AM while in stage 1 sleep on the left side.

Body position analysis revealed all sleep supine except for one minute on the left side.

There was no snoring noted by the technician.

Six-lead EKG monitoring revealed normal sinus rhythm with an average asleep heart rate of 84/minute.

Leg movement data is not available since the patient had leg braces and leg leads were not applied.

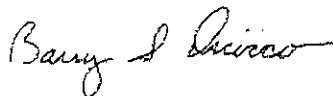
There were a total of 40 arousals during the evening, all spontaneous, yielding a normal arousal index was 8 per hour during sleep.

IMPRESSION: Overall no obstructive sleep apnea with an AHI of 0 events per hour and a nadir saturation of 94%.

NAME: DIVINEY, RYAN**D.O.B.** 9/21/1989**SERVICE DATE:** 10/20/2011**AGE/SEX:** 22 M**RECOMMENDATIONS:**

Suggest clinical correlation

Suggest close clinical follow up



Dicicco, Barry M.D.

PSG NORMALS: Sleep efficiency is defined as the total sleep time divided by the total time in bed and normally is 85% or greater. It may be reduced by "first night effect" due to sleeping in an unfamiliar environment. Sleep latency is defined as the time from lights out to the first epoch of sleep and should be less than 30 minutes. REM latency is usually between 70 to 120 minutes. A shortened REM latency can be seen in sleep apnea, depression, narcolepsy and the withdrawal of a REM suppressing medication. The normal percentages for sleep stages are: **Stage I – 5%, Stage II – 50%, Stage III – 20% and REM sleep is 25%.** During a sleep study many patients may not achieve all stages of sleep with stage III and REM sleep commonly reduced. The percentage of REM sleep changes very little with age. The AHI is the number of apneas and hypopneas per hour of sleep: an AHI < 5 is normal, 6-15 is mild, 16-30 is moderate and >30 is severe. The AHI can be affected by body position, it is typically worse in the supine position. The PLM index is the number of limb movements per hour of sleep. Normal is >5, 5 to 24 mild, 25 to 49 moderate and >50 severe. Not all leg movements are associated with arousals. One cause of an increased arousal index is upper airway resistance syndrome. During an ideal CPAP or BI-LEVEL (BIPAP) titration study one looks for periods of time during which the patient sleeps supine and also during periods of REM sleep since during these periods apnea is at its worse.