



RESPIRATORY ANALYSIS

Name: Sample Patient
Birth Date: 08/29/1973
Age: 44 years old
Sex: male
Referred By: Alex Taylor, MD

Height: 5' 11"
Weight: 216 lb
BMI: 30.1
Neck Circumference: 45.7 cm
Service Date: 02/03/2017

History: Observed apnea, habitual loud snoring, and Epworth scale greater than 9.

Comment:

Total Recording Time: 464 min

Analyzed Sleep Time: 348 min

RESPIRATORY FINDINGS:		
APNEAS	HYPOPNEAS	CALCULATED INDICES
Total Number of Apneas: 29	Total Number of Hypopneas: 99	Total Apnea Index: 5.0
Num. of OBS Apneas: 26	Num. of Hypopneas 4%: 61	Central Apnea Index: 0.5
Num. of Central Apneas: 3		Central % Ratio: 2.4 %
Avg. Apnea Duration: 21 sec	Avg. Hypopnea Duration: 47 sec	
OXIMETRY DESATURATIONS		MaxDen10 _{RDI} : 104.6
		REI: 11.6
Time below 88%: 10 min (3 %)	Oximetry baseline: 97 %	AHI: 15.5
Number of desaturations: 89	Lowest desaturation: 76 %	RDI: 22.1

RESPIRATORY ANALYSIS SUMMARY

A total of 29 apneas (3 of which were Central) and 99 hypopneas were identified. The total number of obstructive events (apneas and hypopneas) was 125. The Total Apnea Index (central and obstructive events) was 5.0 per hour. The Central Apnea Index was 0.5 per hour. The Central % Ratio was 2.4%.

During the recording period, there was a total of 89 desaturations. The baseline oxygen level was 97% and the lowest oxygen level was 76 %. The time spent below an oxygen saturation of 88% was 10 min (3 %).

The RDI was 22.1 per hour. During periods of the recording no less than ten minutes, the Maximum Density of the RDI was elevated up to 104.6. The AHI was 15.5 per hour; this index includes hypopneas that exhibit oxygen desaturations of 4% or greater, and all apneas.

INTERPRETATION:

During the recording there was evidence of moderate sleep apnea with significant oxygen desaturation.

Jamie Lemonds, MD

02/07/2017

Date Signed



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CONSIDERATIONS:

The following considerations represent clinical guidelines published by American Academy of Sleep Medicine. They are intended for a medical provider familiar with the patient history to consider if that medical provider elects to treat this patient.

PAP is the most common treatment and offers the best clinical outcomes, when the RDI is higher than normal limits, patients with this level of apnea may have improved outcomes by using auto-titrating PAP or fixed pressure CPAP (Epstein et al., 2009).

Treatment options for OSA include PAP (CPAP or Auto Titration PAP or Bi-level PAP) and/or weight loss.

If CPAP therapy is considered appropriate, the predicted initial CPAP pressure is 7 cm H₂O (Miljeteig and Hoffstein, 1993).

If Auto-titrating PAP is considered appropriate, the treating pressure will be selected by the device's internal software.

Successful dietary weight loss may improve the RDI in obese patients with OSA (Epstein et al., 2009).

Consider surgical procedures as a secondary treatment for obstructive sleep apnea when outcome on PAP is inadequate or the patient is PAP-intolerant (Epstein et al., 2009).

If treatment includes oral appliance, surgical procedure or weight loss, consider repeating sleep test to assess therapy effectiveness (Epstein et al., 2009; Ramar et al., 2015).



OXIMETRY ANALYSIS

Name: Sample Patient
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Sex: male
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Service Date: 02/03/2017

History:

Total Recording Time: 464 min

Recorded Oximetry Time: 348 min

Oximetry Baseline was 97 %

Oximetry Data:

Mean O2: 92 %
High O2: 97 %
Number of Desaturations: 89
Lowest O2: 76 %

Time under 88%: 3 % 10 min
Mean Pulse Rate: 67 bpm

SpO2 Levels by Time:

95 - 100: 6 % 21 min
90 - 94: 89 % 307 min
85 - 89: 4 % 14 min
80 - 84: 1 % 3 min
75 - 79: 0 % 0 min
70 - 74: 0 % 0 min
Under 70: 0 % 0 min

OXIMETRY SUMMARY:

During the recording period:

- Total of 89 desaturations.
- Oxygen level was under 88% for 3 % of the time.
- Lowest O2 level was 76 %.



SNORING ANALYSIS

Name: Sample Patient
Birth Date: 08/29/1973
Age: 44 years old
Sex: male
Referred By: Alex Taylor, MD

Height: 5' 11"
Weight: 216 lb
BMI: 30.1
Neck Circumference: 45.7 cm
Service Date: 02/03/2017

Comment:

Snoring Data:

Snoring Index: 523.0
Primary Vibration Frequency: 75 Hz
Palatal like Vibration Freq: 75 Hz
(type1,2)

Overall Snoring Loudness:

Max Relative Loudness: 19 dB (Moderate degree)
Average Relative Loudness: 13 dB (Moderate degree)

Snoring Distribution by Type:

Type 1:	71	81 %
Type 2:	15	17 %
Type 3:	2	2 %
Type 4:	0	0 %
Type WL:	0	0 %

Snoring Distribution by Loudness:

Ampl.Dist.Index(RES85%): **19 dB (Marked)**
Ampl.Dist.Index(34W85%): **19 dB (Marked)**
Resistance Occurrence Percentage 49 %
(% of respiratory events with 1-4 or WL Type sound)

SNORING ANALYSIS SUMMARY:

The patient **snored at a rate** of approximately 523.0 snores per hour.

The **snoring distribution** suggests that vibration patterns which are similar to typical palatal snoring patterns (type 1,2), dominated 98 % of the snoring events.

The **maximum relative snoring loudness** (increase over respiratory baseline) was measured to be approximately 19 dB (Moderate degree).

The **average relative snoring loudness** (increase over respiratory baseline) was measured to be approximately 13 dB (Moderate degree).

The **typical palatal snoring patterns** were 19 dB louder than all other respiratory sounds, and in particular 19 dB louder than the non palatal snoring events.

Estimated Palatal Component

