

Vanderbilt University Medical Center
Neurological ICU CEEG Report

Date of Read: 6/10/23

Date of Recording: 12/14/21 - 12/16/21

Patient Name: Robert Bowers

DOB: 9/4/1972

Medical Record Number: n/a

Ordering Physician: completed at OSH

Age: 49

Sex: Male

PROCEDURE: 24-48 hour ambulatory EEG

Patient Clinical Information

Reason for Study: Per OSH: "49 year-old man with court ordered EEG for evaluation for seizure"

Patient State: Awake, drowsy, and asleep

Primary neurological diagnosis: Per OSH: Change in mental status (ICD10-CM R41.82)

Pertinent Medications and Treatments

Pertinent Medications: None at time of recording

Sedatives administered: No

Intubated: No

Pharmacological paralytic administered: No

Current Reporting Day

Start date/time: 14:33 on 12/14/21

End date/time: 10:21 on 12/16/21

EEG Description

This is a 21-channel digital EEG recording with time-locked video and single-channel electrocardiogram. Electrodes were placed according to the 10-20 International System.

Portions of this record were reviewed using bandpass filters of 1 to 70 Hz and sensitivity of 7 mV/mm. Intermittent monitoring was provided by the EEG technician.

Background:

Occipital rhythm (posterior dominant rhythm, or PDR):

Present Frequency: 10.5Hz Voltage: Medium

Organization: Good Reactivity to eye opening/closure: Good



Other background activity: Continuous background activity with mixed frequencies of alpha/beta predominance with rare theta predominance. Spontaneous variability of EEG present with expected state changes.

Drowsiness: Present - normal

Sleep: Stage 3 or 4 - normal

Comments: Normal state changes. Drowsy state frequently exhibits runs of expected theta slowing.

Technical and Activation Procedures:

Hyperventilation: Not Done

Photic stimulation: Done - Driving present

Reactivity to stimulation: Yes

Abnormalities:

I. Seizures? No

II. Rhythmic or Periodic Patterns? No

III. Other Abnormalities? Yes

1. Occasional left temporal theta more than delta slow, often in runs, more prominent and at times quasi-rhythmic in drowsiness
2. Rare right temporal delta slow

Summary

EEG DIAGNOSIS: Abnormal EEG because of

1. Occasional left temporal theta more than delta slow, often in runs, more prominent and at times quasi-rhythmic in drowsiness
2. Rare right temporal delta slow
3. Rare generalized theta more than delta slow

CLINICAL INTERPRETATION: This 43 hour and 48-minute ambulatory EEG without video is suggestive of independent left more than right temporal nonspecific cerebral dysfunction. There is also evidence for mild nonspecific generalized cerebral dysfunction. No epileptiform discharges or EEG seizures were recorded.

While a log of events was kept during the recording, it was not available at the time of this read. Per the initial formal read, the four event button pushes were noted as accidental.

Notable changes compared to prior recording: N/A

I have personally reviewed the EEG tracing in full.

Angela Crudele, M.D.
Attending Physician