

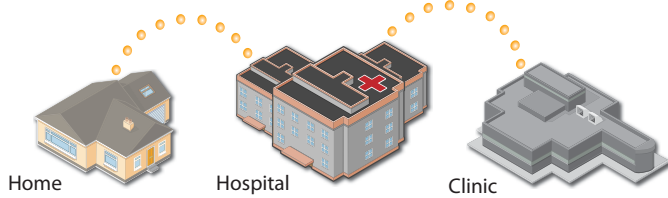


3 Reasons Easy® III PSG is the right choice for Physicians.

1. Access to Patient Records Anywhere, Anytime

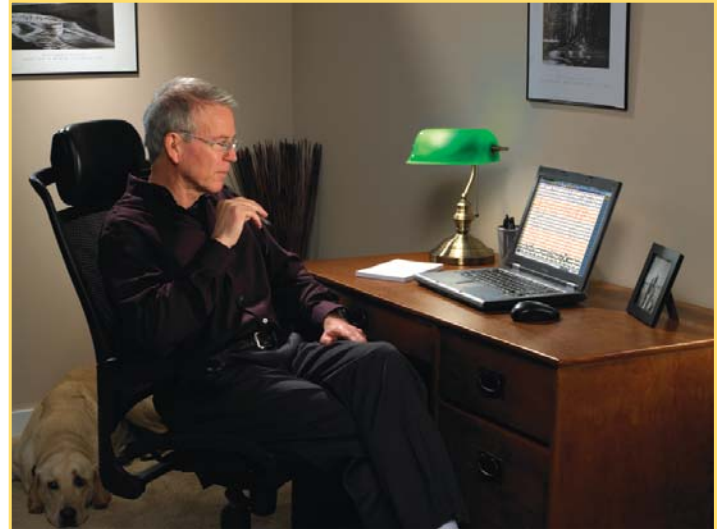
Record access made easy.

Use our powerful viewing software with remote access applications such as Citrix to remotely read patient data from the home or office.



Easy III will work in any existing network

Whether you are part of a multi-facility hospital system with satellite offices that are spread out over a large city, state or even the country, or just want to have the ability to read records from wherever you are at a moment's notice, Cadwell has developed a solution for some of the most diverse networking systems.



2. Your Work, Your Way

Save time and money with a truly customizable report generator

Designed for speed and flexibility, the Easy III report generator allows users to customize their own reports or Cadwell will customize them free of charge. User friendly report templates with drop-down options can be created so you save time and eliminate dictation costs. Easy III reports can be saved in Microsoft® Word or PDF formats, something that referring physicians will appreciate.

Personalize the software to fit your needs

With customizable views and montages you can easily display the data in a way that is familiar.

CADWELL Easy III
909 North Kellogg
Kennewick, WA 99336
800-245-3001

EXAMPLE NARRATIVE PSG IMPRESSION REPORT

Patient: Johnson, John **Study Type:** PSG
DOB: 5/16/1934 **Patient Details:** Male, 73 years, Height 5' 6",
ID#: J1101907 Weight 280 lbs, BMI 33.1
Physician: Brian Medico, MD **Ref. Physician:** Roger Doctor, MD

Comorbidities: allergic rhinitis; peripheral neuropathy; hearing loss; arthralgias; HLD; other disease of lungs; depression; CAD; diabetes;

Indication:
The patient is a 73 year old Male with a history of known OSA documented by prior screening apnea study with overnight study AHI of 29.7. The patient is brought to the sleep for an initial full night CPAP titration study. The patient complains of snoring and daytime somnolence and a lump in his throat.

Recording Conditions:
The patient was studied during a 364.5 min. (6.1 hrs.) nocturnal session which began at 9:24 PM on 5/3/2007. The patient was studied in the Sleep Disorder Center with the continuous presence of a sleep technologist. Scalp EEG, eye movements, chin EMG, bilateral anterior tibialis EMG, nasal and oral airflow, chest wall and abdominal effort, oxygen saturation, electrocardiogram (EKG), snoring and body position were recorded. AASM scoring criteria for sleep staging was used.

Discussion:
The patient had a sleep latency of 11.50 min and a REM latency of 123.00 min. He had an overall sleep efficiency of 46.66%. Sleep Architecture was abnormal; Increased SWS, REM sleep, severely diminished sleep efficiency related to prolonged awake period during the titration. There were frequent awakenings and/or arousals due to respiratory events. The patient slept mostly in the supine position and entered into REM in the supine and lateral positions. EKG showed no arrhythmias; there was one PVC. Rare PLM's were present and are independent of respiratory events and are not associated with arousals. These were seen mainly during REM periods which may be seen in REM Behavior Disorder. CPAP was started at 5 cmH2O and titrated gradually to eliminate apneas, hypopneas and snoring. At 16cm H2O pressure, there was sleep consolidation in the supine position initially and the patient entered REM. However, later on in the night, patient exhibited obstructive events at higher pressures in the supine position. Supplemental oxygen was not needed to maintain saturations >90%. The final CPAP settings were 16 cm H2O. The AHI improved to 4.7 with an oxygen saturation of 94 %.

Impression:

1. Obstructive Sleep Apnea (ICD-9 780). Severe. There was improvement with CPAP at 16 cm H2O. Although SWS and REM rebound was noted earlier at 16 cm H2O in the supine position, the patient later exhibited obstructive events at pressures higher than 16 cm later on in the night, which may be indicated of mask leak versus inadequate pressures.
2. Limb movements seen during REM sleep. This may be seen in REM behavior disorder (RBD). Suggest clinical correlation.

Recommendations:

1. Trial of CPAP at 16 cm H2O is warranted at this time. A Medium RESMED Ultra Mirage FFM was used during the titration.
2. Weight loss and avoidance of the supine position are imperative
3. Avoid alcohol and sedatives.
4. If he is still symptomatic despite compliance with CPAP therapy, please reevaluate for RBD.

Associated Medical Conditions:
Diabetes Mellitus (250.0)

Brian Medico, M.D.
10/15/2007
9:36:41 AM



3. Unique and Powerful Features and Benefits

Q-Video®

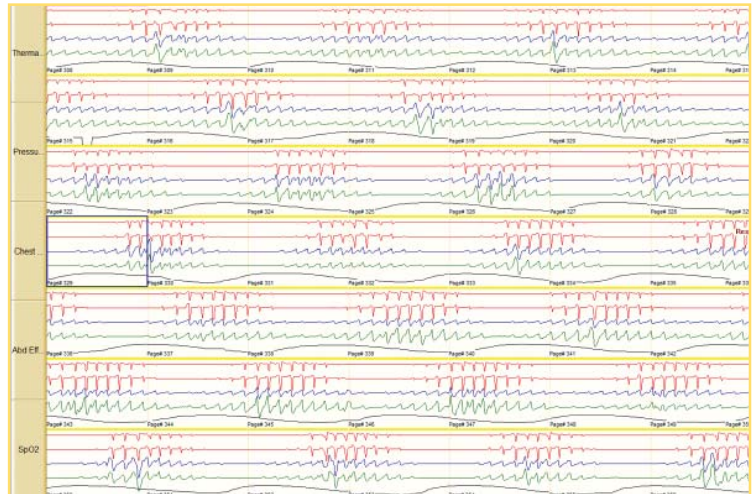
Cadwell's unique Q-Video® technology provides crystal clear video precisely synchronized with patient data. Video movement and audio sound are quantified adjacent to patient data, allowing you to quickly visualize the amount and duration of movement as well as note any ambient sounds that may contribute to arousals. Movement can also be depicted with color for easier identification of arousals and other patient events.

SatelliteView™

Cadwell's SatelliteView™ compresses up to 100 epochs of raw data into a single window. This is particularly useful in identifying cyclic alternating patterns as well as identifying bursts of activity or repetitive events such as Cheyne Stokes or periodic breathing.



Q-Video®

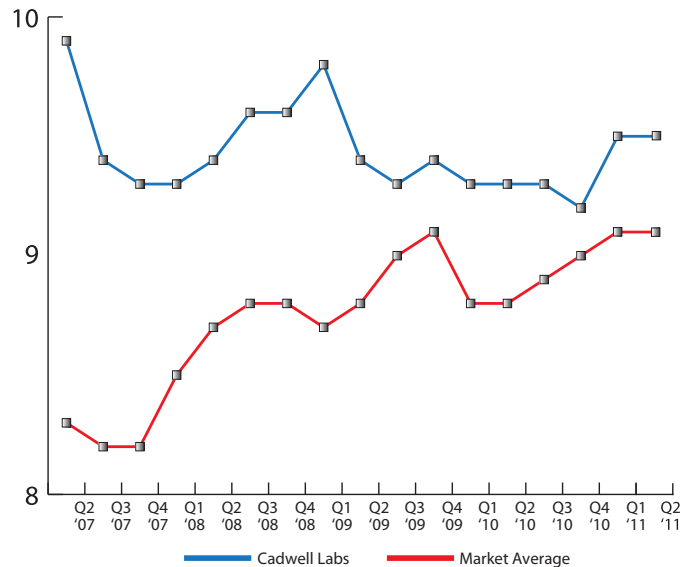


SatelliteView™

Industry leading software and hardware support, reliability and performance

Cadwell has been continuously ranked #1 by MD Buyline for User Satisfaction, Reliability and System Performance.

MD Buyline System Reliability Trend '07-'11



909 N. Kellogg St. · Kennewick, WA 99336
 (800) 245-3001 · (509) 735-6481 ph · (509) 783-6503 fx
www.cadwell.com · info@cadwell.com

