

History:

Auditory Brainstem Response (ABR) testing was conducted today on XXXX. XXXX was accompanied by his parents who provided the case history. XXXX has had a history of ear infections and had tubes in both ears previously though Mom reported that the tubes were now out. Recent concerns included XXXX not responding consistently to his name, balance issues and a regression in speech to 'baby talk'. Other medical and familial history was unremarkable with regards to hearing. Observation and interaction with XXXX today indicated age appropriate speech and language development.

Equipment: Vivosonic

Location: Rapid Treatment Unit under sedation

Referral: Dr. XXXX

All ABR thresholds are reported with correction factors applied.

Click ABR Results (1500-4000 Hz):

Right: 20 dB eHL Interpeak interval (Wave I- Wave V) is within two standard deviations of the norm.

Left: 20 dB eHL Interpeak interval (Wave I- Wave V) is within two standard deviations of the norm.

Frequency Specific ABR testing:

500 Hz Right: 40 dB eHL Left: 30 dB eHL

1000 Hz Right: 40 dB eHL Left: 40 dB eHL

2000 Hz Right: DNT dB eHL Left: 20 dB eHL

4000 Hz Right: 20 dB eHL Left: 20 dB eHL

Bone Conduction Click (500-1300 Hz):

Unmasked Right: DNT Left: 25 dB eHL

Distortion Product Otoacoustic Emission Testing: Right: refer Test ID#5719 Left: pass Test ID#5719

Tympanometry- 226 Hz

Right: Flat: ECV 0.52cc

Left: Large Volume: ECV 2.42cc

Summary: ABR results today are consistent with a mild, low frequency hearing loss in both ears that appears conductive in nature. Otoacoustic emission testing suggests adequate cochlear (outer hair cell) function in the left ear and results for the right ear could not rule out a hearing loss at this time. Tympanometry results are consistent with possible middle ear fluid in the right ear and a patent ventilating tube or perforation in the left ear though neither could be visualized.

Impressions/Parental Education: Today's results and recommendations were verbally discussed with XXXX's parents. They demonstrated understanding by asking appropriate questions and summarizing results.

Recommendations:

Medical consultation for middle ear evaluation then **repeat hearing testing** upon middle ear clearance. XXXX should be able to complete behavioral testing. Parents were given locations available for follow up testing.

Thank you for allowing me to participate in the care of XXXX. If there are any questions about test results or recommendations, please call 801-XXX-XXXX.

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