

# Empire Diagnostic Solutions, Inc.

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Name: ID:  
Age: Visit Date:  
Occupation: Tester:  
Medication: Doctor:  
Comment: Interpretation:

OT Name	Test Comment	Section Comment
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**Summaries:**

Caloric Summary	RVR (UW): L ear 12% weaker. DP: R btg 11% stronger	
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**Nystagmus Tests:**

- Gaze-Vertical
- Gaze-Horizontal
- Spontaneous Nystagmus
- Dix-Hallpike Left
- Dix-Hallpike Right
- Positional Head

**Caloric Tests:**

- Left Cool
- Right Cool
- Left Warm
- Right Warm

**Oculomotor Tests:**

- ◆ Saccade-Random [Random] L Lat. (560). R Lat. (622).
- ◆ Pursuit [L 30 d/s] Gain 0.41
- ◆ OPK-Fixed [R 30 d/s] Gain 0.41

**Active Head Rotation:**

- VORTEQ-Horizontal Active
- VORTEQ-Vertical Active

Interpretation:.. next page

◆ Finding(s) outside clinical threshold.

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Due to the patient's condition VNG is in order.

The VNG showed no gaze, spontaneous or positional nystagmus. The Dix-Hallpike test for benign paroxysmal positioning vertigo (BPPV) was negative for both sides. Bithermal caloric irrigations produced robust and symmetrical nystagmus. Caloric fixation suppression was normal. Visual pursuit tests were normal and symmetrical.

Vorteq active head rotation and Dynamic Visual Acuity testing of the VOR found the VOR in the horizontal and vertical directions were within normal thresholds.

The eye movement recordings in the optokinetic test showed abnormal gain. This is a central ocular motor finding.

The saccade ocular motor tests showed abnormal gain. Horizontal saccades were abnormally slow in both directions This is a central ocular motor finding.

Impression: Slow or delayed saccades are associated with lesions of the basal ganglia, brain stem, cerebellum, or peripheral oculomotor nerves or muscles. This abnormality can be caused by drowsiness or drugs, such as anticonvulsants, sedative or antidepressants.

However, medications or patient's inattentiveness could be a factor in the test interpretation.

Conclusion:

Considering patient's past medical history, the above findings may be consistent with central vestibular dysfunction.

Clinical correlation is suggested. The patient may need physical therapy targeting the above mentioned abnormalities.

Review of current medications to establish any relationships with the patient's symptoms is indicated. Further investigation ( brain MRI, Neurology/ENT consultation and lab works ) may be needed.

# Balance Function Laboratory

## VisualEyes 2 Channel

Name:

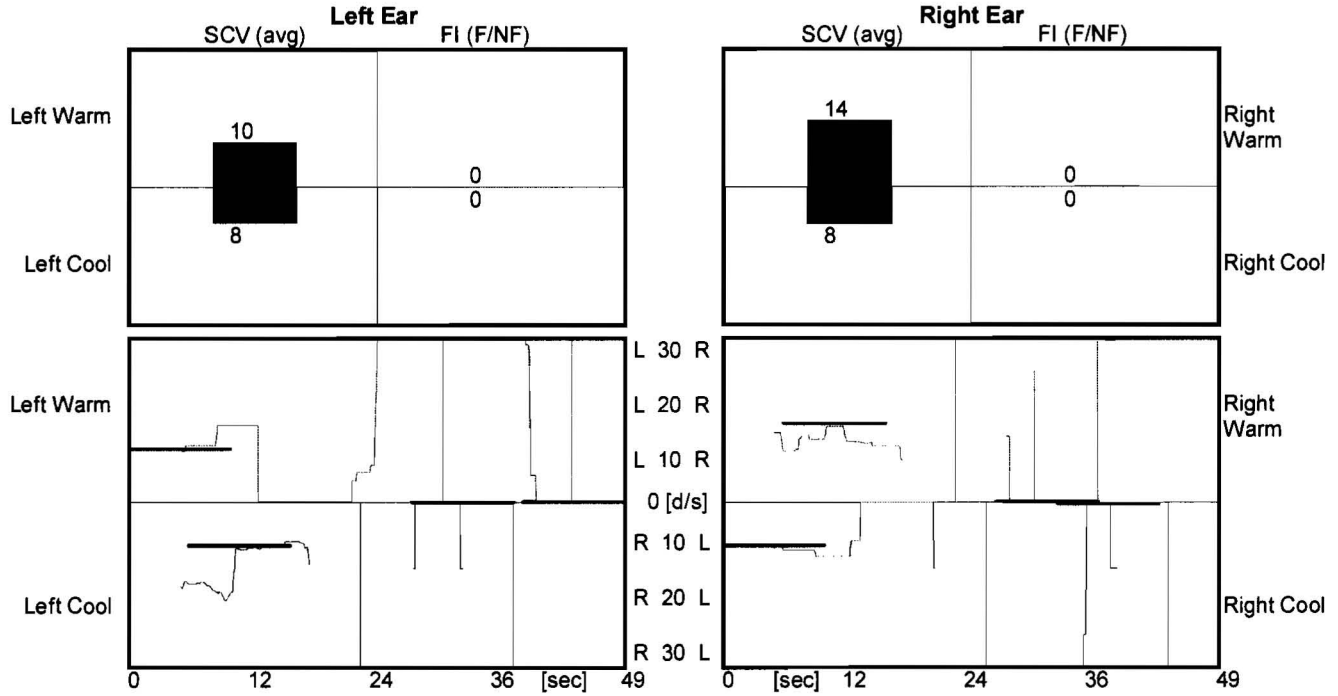
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Age:

Visit Date:

### Caloric Summary



RVR (UW): Left Ear Response 12% weaker  
 DP: Right beating response 11% stronger  
 Total Eye Speed: 40 [deg/sec]  
 Spontaneous Nystagmus: None

Left Cool: Left Cool  
 Right Cool: Right Cool  
 Left Warm: Left Warm  
 Right Warm: Right Warm  
 Spont. Nyst.: Spontaneous Nystagmus