

# WESTERN NEUROLOGICAL ASSOCIATES

1218 W. Olive Avenue, Burbank, CA 91506  
Tel: (818) 845-2255 Fax: (818) 845-2828

<b>Patient:</b> Robert Riglietti	
<b>DOB:</b> 7/30/1995	<b>Age:</b> 29
<b>Ref. Physician:</b> Fawaz Faisal, MD	<b>Technician:</b> Ruiz, Antonio
<b>Recording Date:</b> 3/18/2025	<b>Duration:</b> 47:38:50

## 48 Hrs. Ambulatory EEG Report: Day I

### **Impression:**

This EEG is normal. No focal, diffuse or generalized abnormalities were noted. The absence of epileptiform discharge during the EEG recording does not rule out the diagnosis of a seizure disorder.

### **History:**

Episodes of AMS Twitches. R/O seizures.

### **Medications:**

Duloxetine.

### **Technical Description:**

This was a digitally recorded Ambulatory EEG using the 10/20 electrode placement. No activation procedures were used. Push button events were reviewed. Auditory and visual scanning were utilized. Simultaneously video recording was obtained and reviewed.

### **Push Button Events:**

The patient had only a couple of headaches, and lightheadedness at 2:10PM, 3:42PM. One single episode of twitching was reported at 10:33AM. The EEG did not reveal any correlate. Video showed no significant change clinically.

### **Video Monitoring:**

Review of the video data around those events was unremarkable.

### **Inter-ictal EEG:**

With the eyes closed, the background activity consisted of symmetrical, posterior dominant, and low amplitude 10-12 Hz Alpha. With the eyes open more mixed, low voltage frequencies were seen. No significant slow wave activity was noted.

### **Sleep Patterns:**

Stage II sleep was achieved. Symmetrical sleep spindles, vertex sharp waves, and K complexes were intermixed with low to moderate amplitude theta activity. Deep sleep (stage III & IV) was noted by a Signed electronically, Sleep was unremarkable.

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### **Fawaz Faisal, MD**

Diplomate, American Board of Psychiatry and Neurology  
Diplomate, American Board of Clinical Neurophysiology  
Diplomate, American Board of Sleep Medicine

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<b>Recording Date:</b>	3/19/2025	<b>Duration:</b>	47:38:50

## 48 Hrs. Ambulatory EEG Report: Day II

### **Impression:**

Normal interictal and ictal EEG. The patient had 2 episodes of headaches and lightheadedness on day I and 3 events of brain fog with head fullness and one episode of twitching on day II. These episodes did not have any electrical or video correlation. The interictal recording did not reveal any focal, diffuse or generalized abnormalities. The absence of epileptiform discharge during the EEG recording does not rule out the diagnosis of a seizure disorder. Clinical correlation is advised.

### **History:**

Episodes of AMS Twitches. R/O seizures.

### **Medications:**

Duloxetine.

### **Technical Description:**

This was a digitally recorded Ambulatory EEG using the 10/20 electrode placement. No activation procedures were used. Push button events were reviewed. Auditory and visual scanning were utilized. Simultaneously video recording was obtained and reviewed.

### **Push Button Events:**

The patient reported 3 episodes of brain fog with head fullness: 10:13, 11:17 AM, 4:40PM. No EEG correlate. No video changes noted.

He also reported one episode of twitching/tremors at 10:40 am. The EEG did not show any correlate. The video did not show any clinical change.

### **Video Monitoring:**

Review of the video data, specifically around the above marked events did not reveal any clinical change, anomaly.

### **Inter-ictal EEG:**

The background activity consisted of low and symmetrical amplitude 10-12 Hz Alpha. No significant slow wave activity was noted. There were no paroxysmal or lateralized discharges.

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## **Sleep Patterns:**

The drowsy portion of the record was characterized by attenuation of the background activity with the presence of low amplitude activity seen diffusely. Stage II sleep was achieved. Symmetrical sleep spindles, vertex sharp waves, and K complexes were intermixed with low to moderate amplitude theta activity. Deep sleep (stage III & IV) was noted by a decrease in sleep spindle activity and an increase in amplitude of theta and delta activity. There were no epileptic anomalies noted.

Signed electronically,

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