

AUDIOLOGICAL EVALUATION TEST DATE: May 16, 2013
HISTORY

**Name:** Casey Collins

**Age:** 2 years 3 months

**Reason for visit:** Follow-up hearing evaluation

**Hearing and middle ear history:** Casey presents with a history of conductive hearing loss and middle ear fluid. Casey passed a newborn hearing screening at Evergreen Hospital. Casey demonstrated a mild conductive hearing loss and middle ear fluid in both ears at an evaluation at this clinic on February 16, 2013. Casey has had frequent ear infections and upper airway congestion over the past 6 months. He was treated with antibiotics for an ear infection shortly after the visit here in February, as prescribed by his primary care physician.

**Family history of childhood hearing loss:** Negative. Casey's sibling has had recurrent ear infections and received tympanostomy tubes at age 2.

**Medical history:** Casey was born at term gestation and has a neonatal history significant for hypoxic ischemic encephalopathy.

**Developmental progress:** Parents have some concerns about Casey's speech and language development; he has about 20 words and does not combine words together.

**Medical home:** Casey lives with his parents in Seattle and is followed by Dr. Jones at Seattle Family Medicine Clinic.

TEST RESULTS
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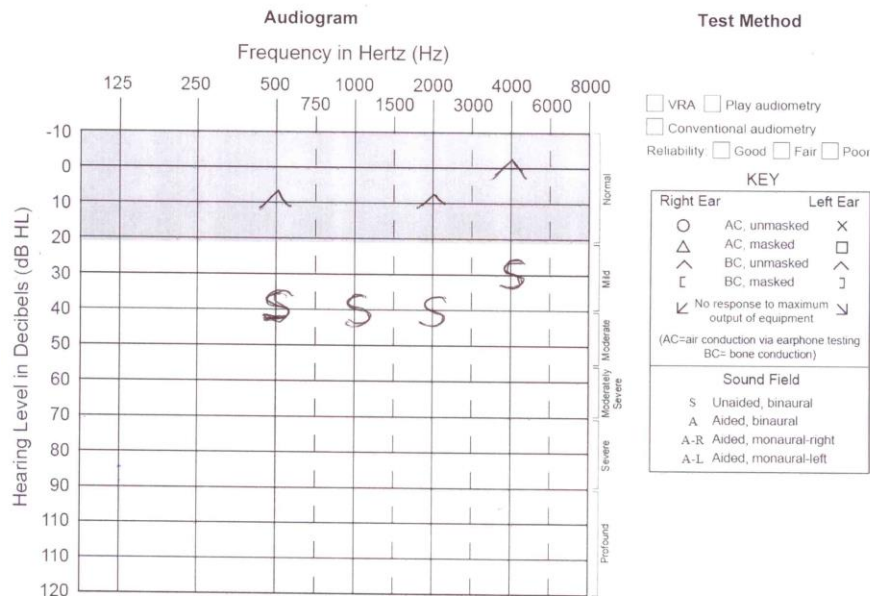
**Behavioral Assessment**

**Procedure: visual reinforcement audiometry (VRA):** a child is taught to respond to auditory stimuli with a head turn response toward the sound, and the child is then rewarded with the activation of a mechanical toy. Threshold is determined as the lowest decibel (dB) level at which the child responds a minimum of two times. Testing was completed using a test assistant in the test room with the child. A judgment of the reliability of the child's responses is noted on the audiogram.

**Normal range:** Normal hearing is defined as thresholds of 0-20 dBHL

**Results:**

<p><b>PT.NO:</b> U2474111</p> <p><b>NAME:</b> COLLINS, CASEY</p> <p><b>DOB:</b> 02-16-2011</p>	<p><b>UW Medicine</b></p> <p><b>Pediatric Audiology, Box 357920</b></p> <p><b>Center on Human Development and Disability (CHDD)</b></p> <p><b>University of Washington Medical Center</b></p> <p><b>Seattle, WA 98195</b></p> <p style="text-align: right;"><b>Page 1 of 3</b> <b>Date: 05-16-13</b></p>
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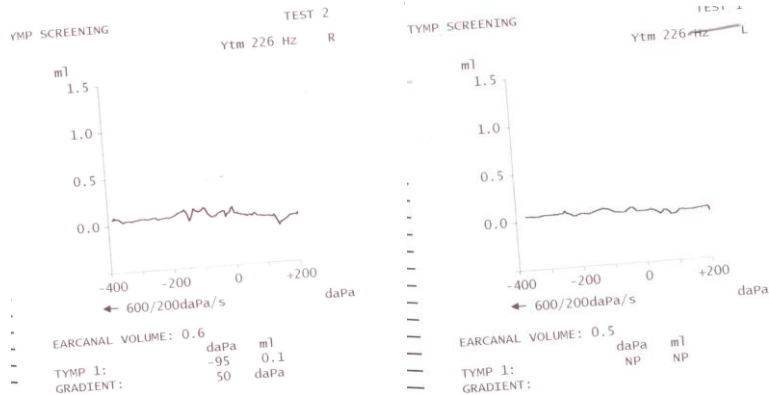


**Immittance and Otoscopy**

**Procedure:** Tympanometry measures the function of the outer and middle ear systems. Tympanometry was conducted using a 226 Hz probe tone. On otoscopic inspection, the ear canals were determined to be clear bilaterally.

**Normal range:** Normal compliance values are indicated by values greater than .1ml., and peak pressure from -200 to +100daPa.

**Results:**



**ASSESSMENT**

Casey demonstrates a mild conductive hearing loss and middle ear fluid in both ears. Specifically, Casey demonstrates sound field behavioral hearing thresholds of 30 to 40 dBHL across the frequency range, indicating a hearing loss in the mild range in at least one ear. He demonstrates unmasked bone conduction thresholds of 0 to 10 dBHL across the frequency range and a significant air-bone gap, supporting that the hearing loss is conductive in nature in at least one ear. He demonstrates middle ear fluid in both ears, as

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indicated by flat tympanograms. Today's results are consistent with the results from Casey's initial evaluation 3 months ago, indicating no improvement in hearing and middle ear status.

RECOMMENDATIONS

1. Due to Casey's history of recurrent middle ear infections and the evidence of persistent conductive hearing loss for 3 months, it is recommended that Casey be referred to an ear nose throat physician for a consultation regarding the placement of tympanostomy tubes. Casey has been referred to Dr. Smith at Seahurst Otolaryngology Clinic.
2. It is recommended that Casey's hearing status be re-evaluated after medical management, within the next 3 months.

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Steve Stevens  
Graduate Audiology Clinician

cc: parents (Cindy and Caleb Collins )  
primary care physician (Dr. Jones @ Seattle Family Medicine )  
otolaryngologist (Dr. Smith @ Seahurst Otolaryngology)

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