

Name: Levi Heller | DOB: 7/2/2020 | MRN: 13370982 | PCP: Sky Pittson, MD | Legal Name: Levi Heller

EEG AND VIDEO TELEMETRY (Levi)

Results New

Clare Margaret Timbie, MD 4/7/2026 4:22 PM

UCSF Epilepsy Center
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VIDEO-EEG Daily Report

Patient Name: Levi Heller

MRN: 13370982

DOB: 7/2/2020)

Room/Bed: C5893/C5893-26

Attending / Referring Physician: AYLIN SEVIL ULKU, MD

OBJECT OF RECORDING: 5 y.o. male with a history of autism spectrum disorder, developmental regression, with recent diagnosis of epileptic encephalopathy (3/2026) of unclear etiology undergoing video-EEG monitoring in order to evaluate his interictal discharge burden.

STUDY START: 04/06/2026 at 1602

STUDY STOP: 04/07/2026 at 1221, study completed

CONDITIONS OF RECORDING:

Recordings were obtained using a standard international 10-20 electrode placement in a 19-channel standard recording supplemented with a single electrocardiogram chest electrode. The recordings were obtained using a reference electrode and reformatted into bipolar montages for review. Concurrent continuous video recording was utilized. Throughout the entire monitoring evaluation, a video sitter (EEG technologist) observed the patient in real-time. The Natus/Persyst spike and seizure detection computer program was used to screen the EEG. An epilepsy fellow and the attending neurologist reviewed the entire recording including detections. They also reviewed concurrent EEG and Video during episodes of interest.

FINDINGS - DAILY SUMMARIES AND DETAILED SEIZURE DATA:

DAY 1: 04/06/2026 from 1602 to 2359

Relevant medications: No antiepileptic or general anesthetic medications.

Background: The waking background at rest was continuous, composed of an admixture of largely delta, alpha and beta frequencies. The expected anterior-posterior voltage and

frequency organization was present but mildly reduced, with intermixed faster frequencies anteriorly and a symmetric and well-formed posterior dominant alpha rhythm of 7 Hz that was reactive to eye opening. There were no interhemispheric asymmetries or areas of focal slowing.

During sleep, normal sleep architecture emerged including vertex waves, sleep spindles, and K complexes.

Interictal: There were interictal epileptiform abnormalities including

Occasional bursts of multifocal spike-wave discharges at P7/F4/T8 and T7

Ictal/push-button events: There were no electrographic or clinical seizures.

DAY 2: 4/7/2026 from 0000 to 1221

Relevant medications: Unchanged

Background: Unchanged

Interictal: Unchanged

Ictal/push-button events: None

IMPRESSION:

This continuous Video-EEG monitoring study was abnormal due to:

Mild diffuse slowing and reduced organization, a non-specific finding suggestive of global cerebral dysfunction.

Occasional multifocal spike-wave discharges suggestive of multifocal epileptogenic potential.

Epilepsy Fellow(s):

Omolara Kolawole, MD

Epilepsy/EMU attending(s) and dates of service:

Clare Timbie MD, PhD, 04/06 - 04/07/2026

Ordering provider: Genesis Trejo

Authorizing provider: Aylin Ulku

Result date: Apr 07, 2026 3:12 PM

Result status: Final

Resulting lab:

UCSF EEG

