studies content and concepts

Applies critical thinking to extend understanding of content and concepts 3

Meets standards in identifying key steps in social studies processes.

Mathematics - MMNJ5-534853 1
Brianne Reilly, Jessica Barone

Demonstrates an understanding of mathematical concepts 2

Solves problems with precision and accuracy 1

Solves problems in multiple ways and explains solutions 1

Laura continues to struggle with mastering foundational skills due to her difficulty to retain learned skills. She has a set of multiplication/division cards, and most recently, as of January, she has received a multiplication table she can utilize for class/homework, as well as classroom assessments. Please take a few minutes daily to review learned skills by providing Laura with 1-2 equations to solve. Fractions and multiplication and division of multi-digit numbers are huge on the state math test, please review. The state test is scheduled for May 1 and May 2. Story problems are important as they are huge on the NYS math test. Please check out https://www.engageny.org/resource/released-2018-3-8-ela-and-mathematics-state-test-questions This site provides you with actual state test questions that were on previous state tests. You can also check out khanacademy.org, math-aids.com, k5learning.com for added practice.

Physical Education - PPNJ5-534853 3
Jordan Strump

Participates in physical activity and demonstrates ability in age-appropriate movement, control, and fitness skills 3

Demonstrates an understanding of basic parts of health-related fitness and the connection between physical activity and wellness 3

Meets standards in demonstrating age appropriate movement, control, and fitness skills. Displays satisfactory effort during fitness activities, skill development, games and sports.

Science - SSNJ5-534853 3
Ana Jukic

Demonstrates an understanding of science content and concepts 2

Uses reading, writing, and mathematics to gather, interpret, and use evidence in science content and concepts 4

Makes and tests predictions, seeks answers, and develops solutions 4

You can help your child succeed in science by reading and researching information about matter and changes in states of matter.

Technology - TCNJ5-534853

Mount Sinai Beth Israel

Progress Notes

Laura Chicos (MR# 2834645)

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Cynthia Harden, MD	Signed	Cynthia Harden, MD	4/21/2017 10:41 PM

Progress Notes

CLINICAL NEUROPHYSIOLOGY LABORATORY

Ambulatory Video Electroencephalography Report

Referring Physician: Dr. Wolf and NP McGoldrick

History: This is a 9 year old girl with seizures

Medications: Zonisamide

Technologist: Maria Regis

Conditions of the Recording: This recording began on 4/17/2017 and was disconnected on 4/18/2017. Electrodes were placed according to the 10-20 international electrode system. EEG activity was recorded referentially, digitized, and stored. Periods of interest were subsequently reformatted to the montage of interest. The XLTEK spike and seizure detection computer program was used to screen the EEG and mark the data file with pointers to electrographic seizures and interictal epileptiform discharges. The attending neurologist/neurophysiologist reviewed the detections in detail. Finally, the patient kept a written log sheet, describing the reasons for pushing the button. The patient used nearly continuous CCTV/EEG monitoring using a cable telemetry system at home while sleeping and at other times while sitting or resting.

Digital Analysis Methodology:
Quantitative EEG (QEEG) analysis was performed during acquisition, including compressed density spectral array and measures of rhythmicity, power, symmetry, amplitude, alpha/delta ratio, and suppression ratio. A minimum of 30 minutes of additional technician time and 30 minutes of additional MD time is spent to set up and analyze QEEG data to detect seizures, ischemia, other acute changes in brain function, and long term trends.

Description of EEG: The cerebral activity in this patient awake was characterized by a symmetrical alpha rhythm of 9.5 Hz that was equally reactive to eye opening. Theta activity was intermixed in the waking background. There was a large amount of low-voltage beta activity present with a frontal maximum. There was an appropriate anterior-to-posterior frequency and voltage gradient. During drowsiness, there was attenuation and fragmentation of the alpha rhythm as well as a generalized desynchronization of the background activity. There was an increase in the background arrhythmic theta and delta activity diffusely. During stage II sleep, there were symmetric and synchronous vertex waves and sleep spindles. There were occasional K-complexes as well. Slow wave sleep was characterized by synchronous delta activity.

Frequent high amplitude singly-occurring left sided spikes and polyspikes were present, with a left temporal predominance. These were present during drowsiness and sleep.

Automated Interictal Epileptiform Discharge Detections: Spike detections correlated with vertex waves and spikes as above.

Automated Seizure Detections: Event detections correlated with artifact and movement associated with state change.

Push Button Detections: No events occurred.

Summary of Digital Analysis: There was an increase in delta power spectra on the left compared to the right.

Summary of Findings: Abnormal

1. Frequent left sided spikes and polyspikes, with temporal predominance

Impression: This is an abnormal video ambulatory EEG consistent with a focal seizure disorder involving left hemispheric cortical networks. No seizures occurred and no events were reported.

Reading Physician: Cynthia L. Harden, M.D.

Encounter Status

Electronically signed by Cynthia Harden, MD on 4/21/17 at 22:41

All Progress Notes

Click to see all Progress Notes for this Encounter

Schneider Children's
Hospital
269-01 76th Avenue
New Hyde Park, New York
11040
(718) 470-3457

EEG Report

RECORDING IDENTIFICATION

Recording Name:	10-1255-ROUTINE W/ VIDEO	Recorded On:	6/8/2010

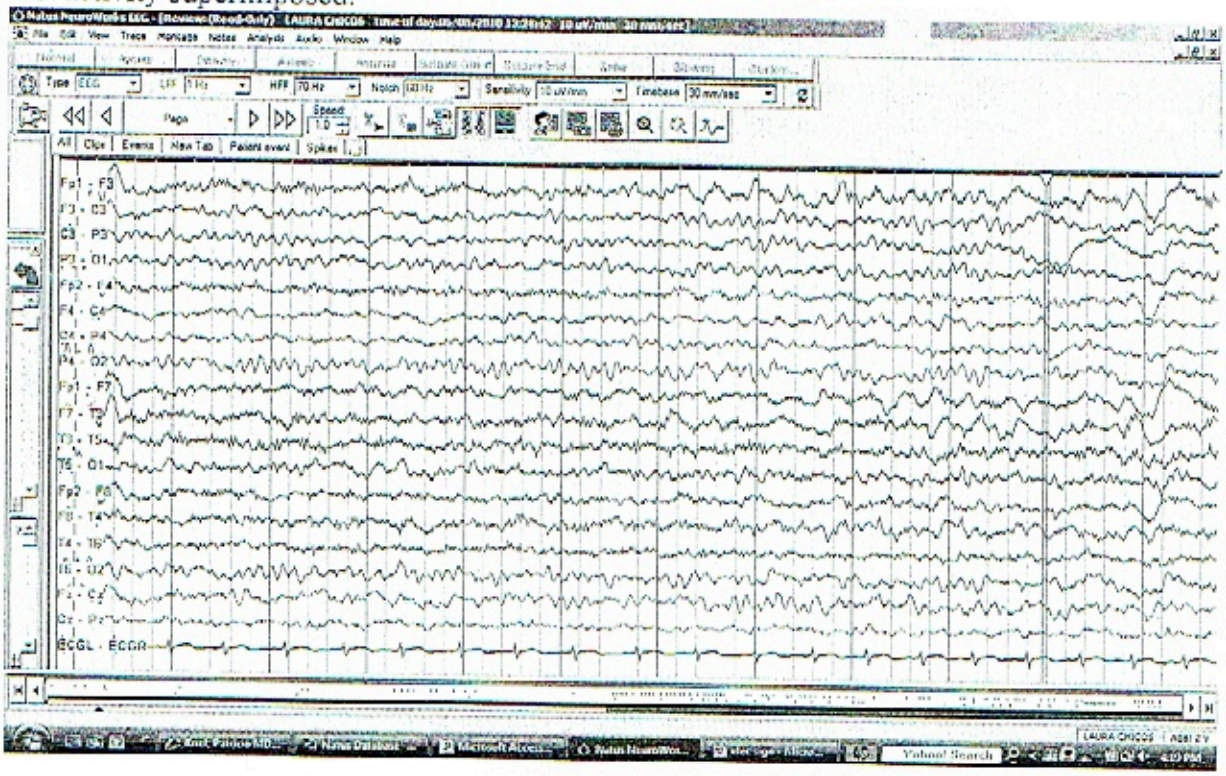
PATIENT IDENTIFICATION

Patient Name:	LAURA CHICOS	Sex:	Female
Id1:	-	Height:	0'
Id2:	-	Weight:	0.0 lbs
Birth Date:	12/4/2007		
Age:	2 y		

COMMENTS

This is a 1 hour 21-channel EEG recording (with video included) done on this 2 year old girl who was awake drowsy and asleep during the recording.

The background activity during wakefulness was characterized by the presence of well-modulated 50mcv 8-9Hz rhythm that appeared symmetrically over both posterior hemispheres and was attenuated with eye opening. 30-40mcv mixture of frequencies, mostly in the 4-6 Hz range was present over the fronto-central head region with moderate amount of low voltage fast activity superimposed.



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EEG Report

As the patient became drowsy, there was an attenuation of the alpha rhythm and the appearance of widespread, irregular 4-7 Hz activity. Vertex sharp transients appeared, and eventually the patient attained stage II sleep, with symmetric sleep spindles.

Intermittent photic stimulation did not produce abnormal activity.

There were no spikes, seizures or asymmetries present.

EEG classification: Normal

Impression: This is a normal EEG for wakefulness, drowsiness, and sleep.

Joseph Maytal, MD

Patricia Krief, MD

Mount Sinai Beth Israel

Phillips Ambulatory Care Center
10 Union Square East - 3rd Floor
New York, NY 10003
Phone: (212) 844-8850
Fax: (212) 844-6815

STEVEN M WOLF, MD
10 UNION SQUARE EAST
SUITE 5J
NEW YORK, NY 10003

Patient Name: CHICOS, LAURA
Patient Number: 2834645
Date of Birth: 12/04/2007
Req Provider: WOLF, STEVEN M, MD MD
Att Provider: WOLF, STEVEN M

Primary Study: 1000339872 (4/16/17) - (PH) PH MRI BRAIN WITHOUT CONTRAST/PED

FINAL REPORT

Dear Dr. Wolf:

EXAMINATION: An MRI examination of the brain was performed utilizing sagittal and axial T1 weighted images as well as axial and coronal T2 weighted, axial and coronal FLAIR, axial gradient echo and axial diffusion weighted images. A 3-D T1-weighted volume acquisition was also acquired in the axial plane and reformatted into sagittal, axial and coronal images.

HISTORY: Epilepsy.

COMPARISON: No prior MRI of the brain is available for comparison.

FINDINGS:

The ventricular and sulcal spaces are normal in caliber. Mild asymmetry of the frontal horns of the lateral ventricles is likely developmental.

There is no evidence of intracranial mass lesion, hydrocephalus, infarct, extra-axial fluid collection or parenchymal hemorrhage.

The corpus callosum is formed. The cerebellar tonsils are normal in position. The pituitary gland is not enlarged. There is no evidence of mesial temporal sclerosis. The myelination pattern is unremarkable. No abnormal intracranial vascular structures are identified.

No intraorbital soft tissue mass lesion is identified. Mild mucosal thickening is noted lining the ethmoid and sphenoid sinuses.

IMPRESSION:

Unremarkable noncontrast MRI examination of the brain.

MRI BRAIN W/WO CONTRAST

Status: **Final result** Connect: **Pt Inactive**

MRI BRAIN W/WO CONTRAST

Ordered: 12/03/2008 02:25 PM
Location: G06N6218-A
Adm M.D.: ENGEL, MURRAY MD

PATIENT NAME: CHICOS, LAURA
MRN: 09196916
Age: 1 yrs Sex: F
DOB: 12/04/2007

Exam Date:	Accession #:	Exam Code:	Order MD:
12/04/2008	*1656545	MRBWWO	CHRISTMAN, CATHERINE B MD

Clinical statement: 12-month-old female with seizure.
Technique: Magnetic resonance imaging of the brain was performed before and after the administration of 2 mL of Magnevist intravenous contrast. The following pulse sequences were obtained: Precontrast sagittal T1, axial DWI, axial FLAIR, axial GRE, axial T2, sagittal 3D BRAVO, coronal FLAIR, and axial T1, and postcontrast axial and coronal T1. Coronal reformatted images were archived.
Comparison: None available.
Findings:
A cystic pineal mass measures 1.3 x 1.1 x 0.9 cm. There is no mass effect.
A prominent cerebrospinal fluid space is identified in the medial left parietal lobe with minimal asymmetric thickening of the adjacent left cortical gyri, but without signal abnormality. The ventricles are within normal limits in size and configuration.
There is no hippocampal atrophy or signal abnormality. No acute or chronic hematomas are present. There is no restricted diffusion to suggest an acute infarction. The brainstem and cerebellum appear normal. Normal intracranial intravascular flow-voids are present.
The paranasal sinuses and mastoid air cells are patent. The orbits are unremarkable.
IMPRESSION:
1.3 x 1.1 x 0.9 cm cystic pineal mass may represent a simple cyst, but neoplasm cannot be excluded. Continued followup is recommended.
Prominent cerebrospinal fluid space in the medial left parietal lobe with minimal asymmetric thickening of the adjacent cortical gyri without focal signal abnormality likely represents anomalous gyri and/or dysplasia. Correlation with EEG findings is recommended.

Prepared By: Kazam, Jonathan MD
Study interpreted and report approved by: Comunale, Joseph MD
Electronically signed Diagnostic Report Imaging Report
12/03/2008 02:25 PM - 12/04/2008 04:33 PM
Exam Start - Signed-Off

Narrative

Ordered by an unspecified provider.

Accession #: 100664725 Specimen Collected: 12/04/08 9:33 AM