Case history:

Patient is complaining from hearing difficulty more in the left ear 2 years ago, tinnitus and vertigo were not reported. There is no history of ear infection or previous ear surgery. Hearing aids have never been used. This is not his first audiological assessment here and previous results showed severe mixed hearing loss in the left ear and mild to moderate SNHL in the right ear.

Pure tone audiometry result:

Pure tone audiometry results showed severe to profound mixed hearing loss in the left ear and mild sloping to moderate SNHL in the right ear.

Immiatnce measurments:

Tympanometry: Right ear: Normal pressure and compliance. Left ear: Flat curve with large ear canal volume.

Acoustic reflexes: Detected ipsilateral reflexes in the right ear and absent ipsilateral reflexes in the left ear.

Recommendations:

An ENT consultation and management, if there is no medical or surgical management then hearing instrument fitting along with an annual hearing assessment is recommended.

Main complaint:

Ex. Patient is complaining from hearing difficulty in the left ear 2 years ago, tinnitus and vertigo were not reported. There is no history of ear infection or previous ear surgery. Hearing aids have never been used and this is his first audiological assessment her.

Patient is complaining from recurrent ear discharge accompanied by tinnitus. There is a history of recurrent ear infections and he had undergone tympanoplasty surgery 3 years ago. This is not his first audiological here and previous results showed that he had bilateral severe mixed hearing loss.

✓ Main complaint and which side? Hearing loss, tinnitus, vertigo, general check, recurrent ear infection?

السبب الرئيسي لفحص السمع،واي اذن، يساعد الطبيب و الاخصائي بمعرفة متطلبات الفحص

Otalgia: الم بالاذن Ear discharge/ Otorrhea: سيلان في الاذن Atresia: اغلاق خلقي بالقناة

✓ Duration/ onset of the problem?
متى بدأت المشكلة او كم اله يعاني منها، تساعد بمعرفة ان كانت قابلة للعلاج او لا

✓ Is there something that is not reported by the patient?
لان الطنين و الدوخة غالبا مترافقة مع ضعف السمع يجب السؤال عنها

✓ Is there a history of recurrent ear infection or surgery?
هل هناك عمليات سابقه او التهابات متكررة، تساعد باختيار شكل السماعة، القياس، او العلاج المطلوب

Tympanoplasty/ otoplasty: رقع الطبلة Tympanostomy/ grommets: تيوبات Stapedectomy: ازالة عظمة الركاب Mastoidectomy: ازالة التسوس Cochlear implant: زراعة قوقعة

يتم السؤال عن الادوية المستمرة او الامراض المزمنة فقط في حالة كان لها علاقة بضعف السمع، مثل العلاج الكيماوي ∕

✓ Is there a familial history of hearing loss?
 Otosclerosis ، نعف السمع الوراثي ان كان طفل،

✓ Have you ever used hearing aids?
هل المريض مستخدم سابق للمعينات السمعية ام لا، تساعدك ايضا بمعرفة سرعة تفهمه للفحص و اجراءاته

✓ Is this his first audiological assessment?

هل هذه اول مرة يقوم بها بالفحص؟ ان كانت الاجابة لا و لديك النتائج السابقة يجب وضعها بالتقرير

Pure tone audiometry result:

Ex. Pure tone audiometry results showed bilateral normal hearing ranges except for a moderate drop at high frequencies.

P.T.A results showed severe mixed hearing loss in the right ear and mild to moderate SNHL in the left ear.

Pure tone audiometry results showed no responses could be obtained at the maximum output level of audiometer in the right ear and normal hearing ranges sloping to moderate SNHL in the left ear.

- Severity / degree
 Mild: 20-40
 Moderate 40-70
 Severe: 71-90
 Profound: 91-120
- ✓ **Type of hearing loss** CHL/ SNHL/ MHL
- ✓ Which side Bilateral or unilateral?
- ✓ Configuration Is it sloping or flat?

Tympanometry:

Ex. Normal pressure and compliance, bilaterally.

Flat curve with normal ear canal volume, bilaterally.

Right ear: Severe negative pressure with normal compliance. Left ear: Normal pressure with high compliance.

- ✓ Compliance
- ✓ Pressure
- ✓ Ear canal volume
- ✓ Results of each side

Acoustic reflexes:

Ex. Detected ipsilateral and contralateral reflexes, bilaterally. Absent ipsilateral reflexes, bilaterally.

✓ Detected or absent

Recommendations:

✓ If the referral doctor is not an ENT, had conductive hearing loss, test is not for audiological reasons.

Recommendations: To be seen by the referral doctor.

- If he had normal hearing ranges.
 Recommendations: An annual hearing assessment.
- If he had hearing loss that need hearing aids and his referral doctor is ENT.
 Recommendations: An ENT consultation and management, if there is no medical or surgical management then hearing instrument fitting along with an annual hearing assessment is recommended.