Non-Invasive Bladder Test Report

Patient: First and Last Name Office: Urology Practice

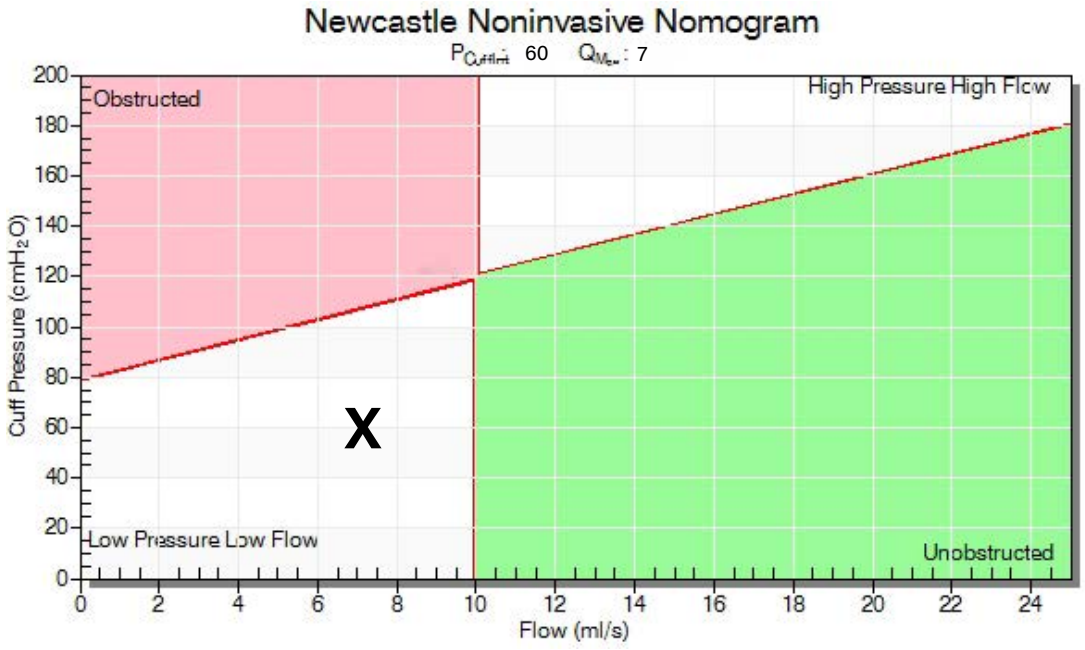
Date of Birth: 1/1/1969

Study Description

A non-invasive bladder test was performed 1/23/2018, 4:38 PM on [Patient Name], a 53-year-old male. The test used the CT3000 instrument and a cuff test technique to measure bladder pressure noninvasively. The principle of the CT3000 Cuff Test is similar to that of blood pressure measurement. When the patient is ready to void, a small pneumatic cuff is fitted around the penis. When voiding has commenced, the cuff automatically inflates at a rate of 10 cm H_2O per second until flow is interrupted. The cuff pressure required to interrupt flow is equal to bladder pressure. Once the flow is reduced to zero, the cuff rapidly deflates, allowing flow to resume. This cycle is repeated until voiding is complete, which is typically 3-4 times.

To interpret the test, the maximum flow (Q_{max}) and highest pressure at flow interruption ($P_{CuffInt}$) are plotted on a specially-constructed nomogram (1) shown below. This nomogram is based on the ICS nomogram (2) modified to account for the lack of an abdominal pressure, and the effect of measuring pressures at zero flow rather than at full flow as in invasive cystometry.

Study Results



An automatic analysis algorithm has calculated the pressure/flow point based on the inflations in this study. When plotted onto the modified nomogram this calculated pressure/flow point lies in the nomogram quadrant that suggests a finding of Obstructed.

Abdominal EMG was measured during the study and no abdominal straining was detected.

Perianal EMG was measured during the study. Elevated perianal EMG levels were detected during voiding.Instability was detected.

(1) Griffiths CJ, Harding C, Blake C, McIntosh S, Drinnan MJ, Robson WA, Abrams P, Ramsden PD, Pickard RS. A nomogram to classify men with lower urinary tract symptoms using urine flow and noninvasive measurement of bladder pressure. J Urol. 2005 Oct;174(4 Pt 1):1323-6; discussion 1326; author reply 1326.
(2) ICS Nomogram – International Continence Society.

  Clinician_____ Physician_____

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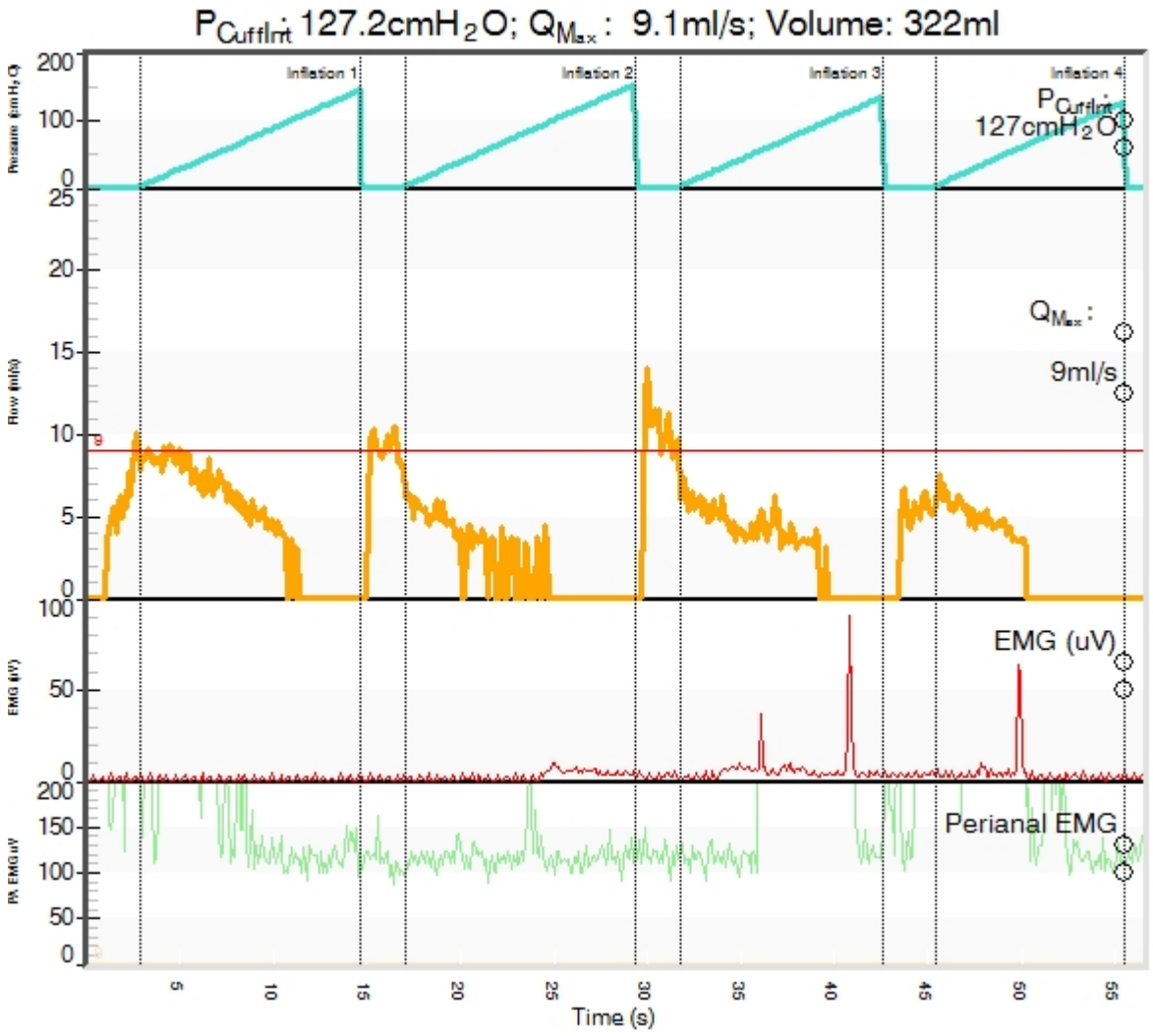

Pressure-Flow Data	Total Voided Volume	322ml
	Max Flow	9ml/s
	Cuff Interruption Pressure	127cmH_2O
Abdominal EMG	Baseline	0.73uV
	100% MVC	142.94uV
	Average EMG during void	7.59uV
	Relative standard deviation during void	208% of baseline
Perianal EMG	Baseline	0.70uV
	Average EMG during void	2.22uV
	Relative standard deviation during void	249% of baseline

Clinician_____ Physician_____