





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Yasna Abasi	Date of Recording	26-Feb-2025		
Date of Birth - Age	31-Mar-2015 - 9.9	Gender	Female		
Handedness(R/L)	Left	Source of Referral	Asayesh Psychiatric Clinic -		
Initial Diagnosis	ADHD-Nail Biting				
Current Medication		-			

Asayesh Psychiatric Clinic -Dr Torabi





Z Score Summary Information (EC)



































Z Score Summary Information (EO)

















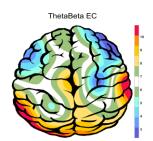


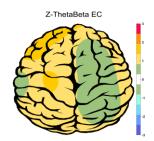




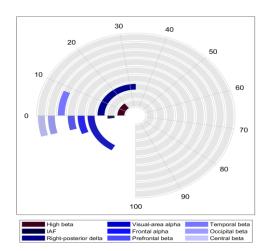


E.C.T/B Ratio (Raw- Z Score)



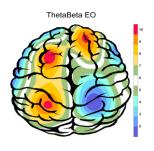


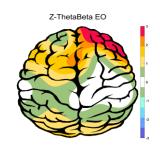
Arousal Level





E.O.T/B Ratio (Raw- Z Score)

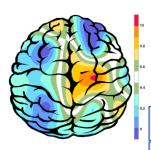








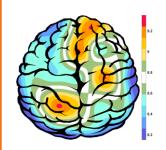
APF(EO)



Frontal APF= 09.42

Posterior APF= 09.75

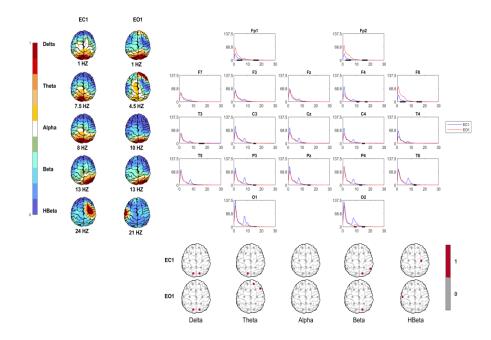
APF(EC)



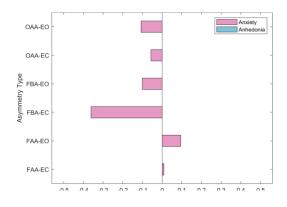
Frontal APF= 08.75

Posterior APF= 08.75

EEG Spectra



Alpha Asymmetry(AA)



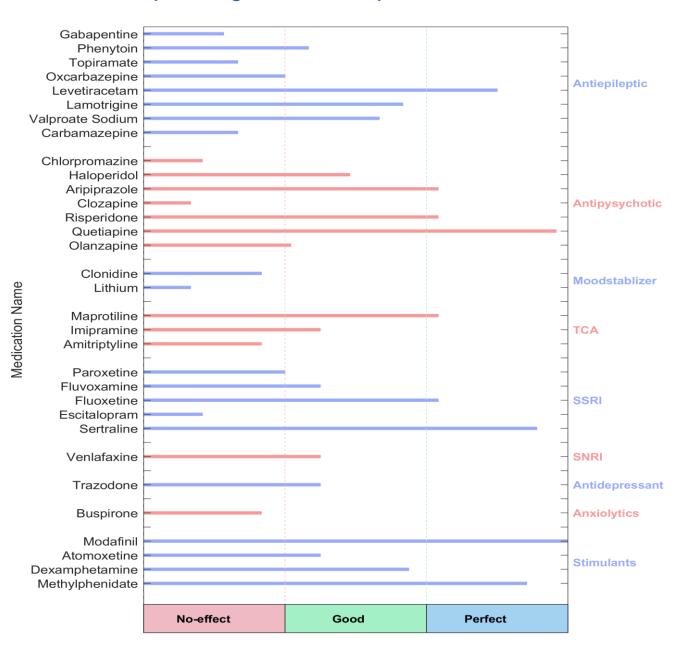
Alpha Blocking







QEEG based predicting medication response



Explanation



Medication Recommendation

These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies. These articles are published between 1970 and 2021. The findings extracted from this set include 85 different factors in the raw band domains, spectrum, power, coherence, and loreta that have not been segregated to avoid complexity, and their results are shown in these diagrams. One can review details in NPCIndex.com.

two charts, calculate probability to various medications, according only to QEEG indicators. Blue charts favor drug response and red charts favor drug resistance. The longer the bar, the more evidence there is in the articles. Only drugs listed in the articles are listed. These tables present the indicators reviewed in the QEEG studies and are not a substitute for physician selection.





Report

گزارش: 1
نتایج تشخیصی:
ن تایج تشخیصی: 1





Pathological assessment for ADHD

Compare to ADHD Database













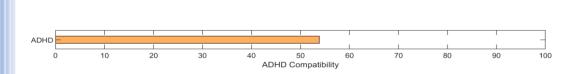


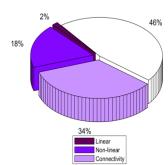




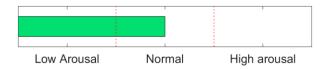


EEG Compatibility with ADHD Diagnosis





Arousal Level Detection



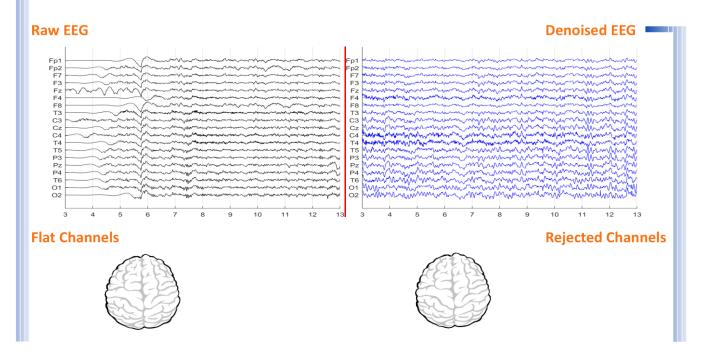
ADHD Clustering *

1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.
You can consider anticonvulant medications.

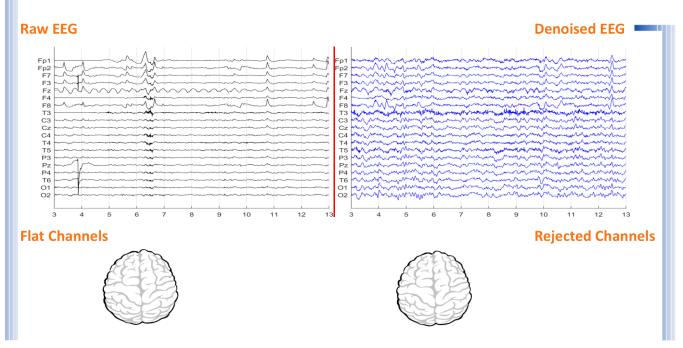


Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage		
Eye	2	Muscle	1	0	
Total Artifact Percentage			High Artifact Percentage		
EEG Quality		good		Total Recording Time Remaining	219.38 sec

Denoising Information (EO)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	3	Muscle	1	0	
Total Artifact Percentage		High Artifact Percentage			
0		0			
EEG Quality		good		Total Recording Time Remaining 264.22 sec	

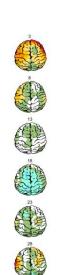


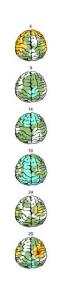


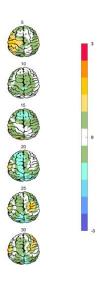
Absolute Power-Eye Closed (EC) 🌮





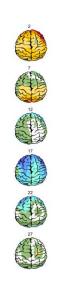


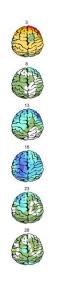


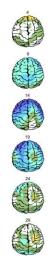


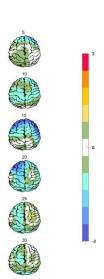
Relative Power-Eye Closed (EC) 🌮







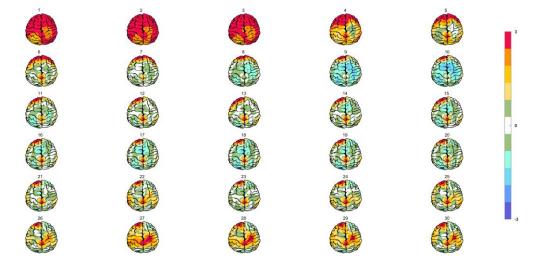




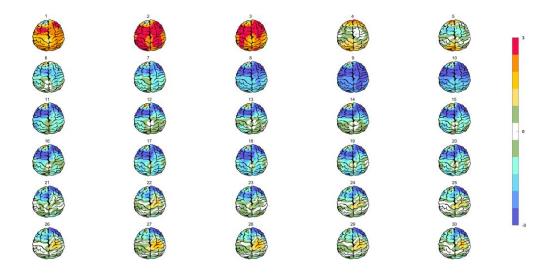




Absolute Power-Eye Open (EO) 🕢



Relative Power-Eye Open (EO) 🕢



Summary Report









Z-score Information





























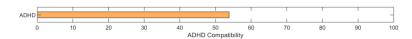












Arousal Level





Posterior APF-EC= 08.75

Posterior APF-EO= 09.75

To investigate QEEG-based predicting medication response, please refer to the Report.