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QEEG Clinical Report

BrainLens V0.4

Report Description

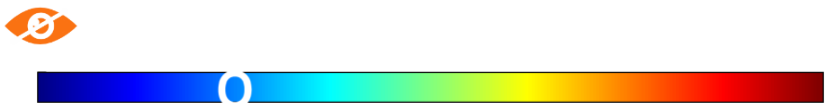
Personal & Clinical Data

Name	Mehrab Khalili	Date of Recording	23-Dec-2024
Date of Birth - Age	07-Jun-2016 - 8.54	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Tabatabaei
Initial Diagnosis	-		
Current Medication	-		

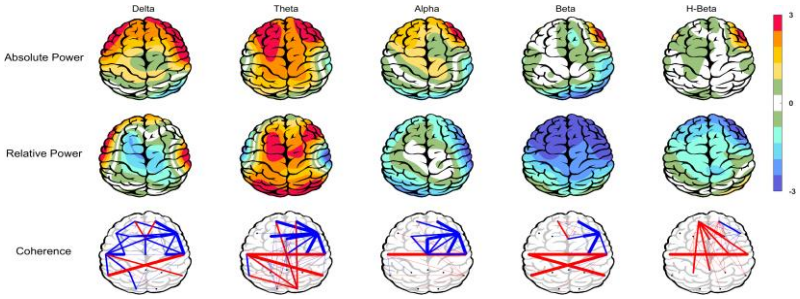
Dr Tabatabaei

Summary Report

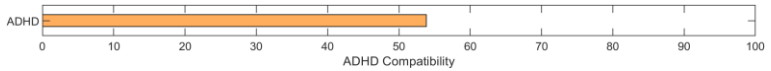
EEG Quality



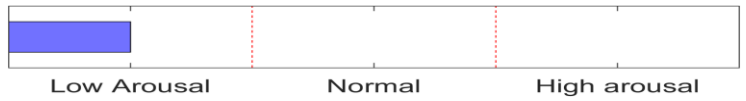
Z-score Information



Compatibility with ADHD



Arousal Level



APF

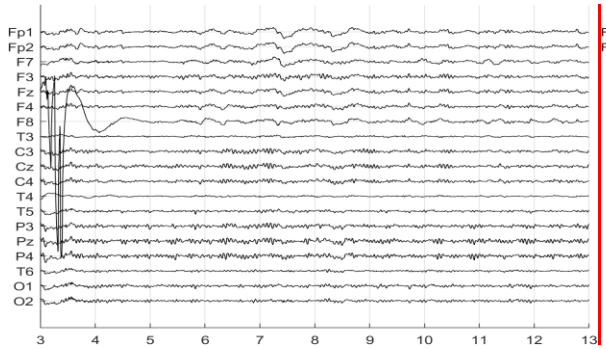
Posterior APF-EC= 08.00

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

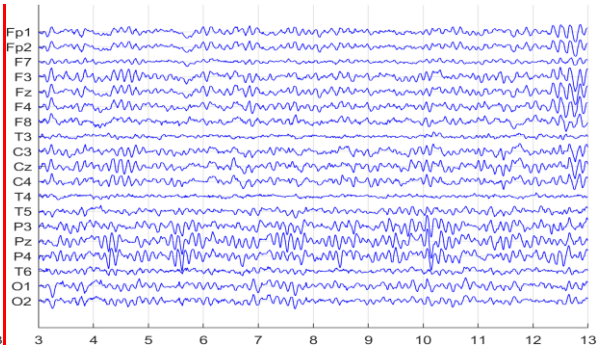
Mehrab Khalili\Dr Tabatabaei

Denoising Information (EC)

Raw EEG



Denoised EEG



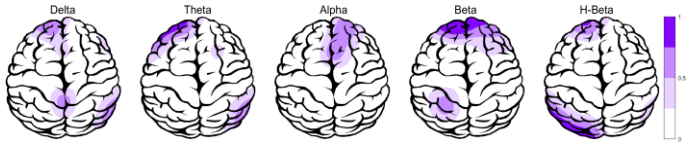
Flat Channels

Rejected Channels

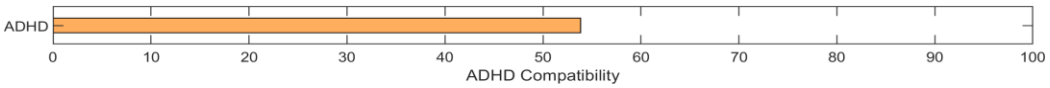
Number of Eye and Muscle Elements				Low Artifact Percentage
Eye	2	**Muscle**	0	
Total Artifact Percentage				**High Artifact Percentage**
EEG Quality	good			**Total Recording Time Remaining** 158.43 sec

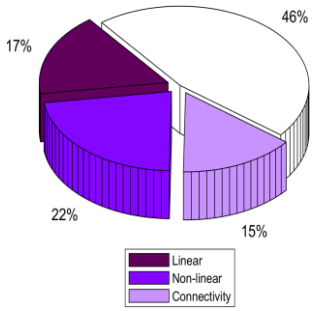
Pathological assessment for ADHD

Compare to ADHD Database

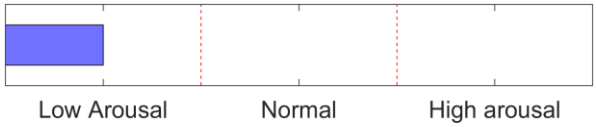


EEG Compatibility with ADHD Diagnosis





Arousal Level Detection



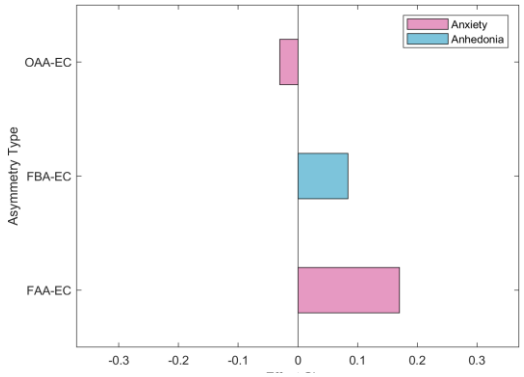
ADHD Clustering *

1. Mostly inattentive and hyper-active prevalence. Well respond to amphetamine-type stimulants and neurofeedback.

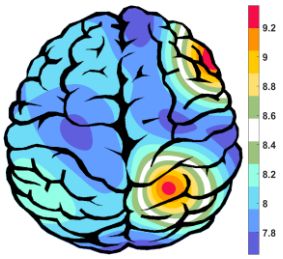
* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.
You can consider anticonvulant medications.

Mehrab Khalili\Dr Tabatabaei

Alpha Asymmetry(AA)



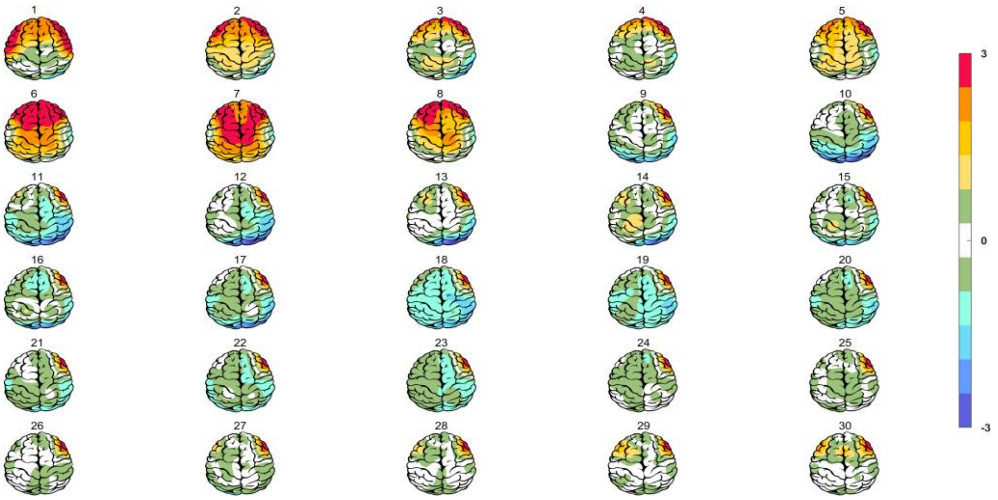
APF(EC)



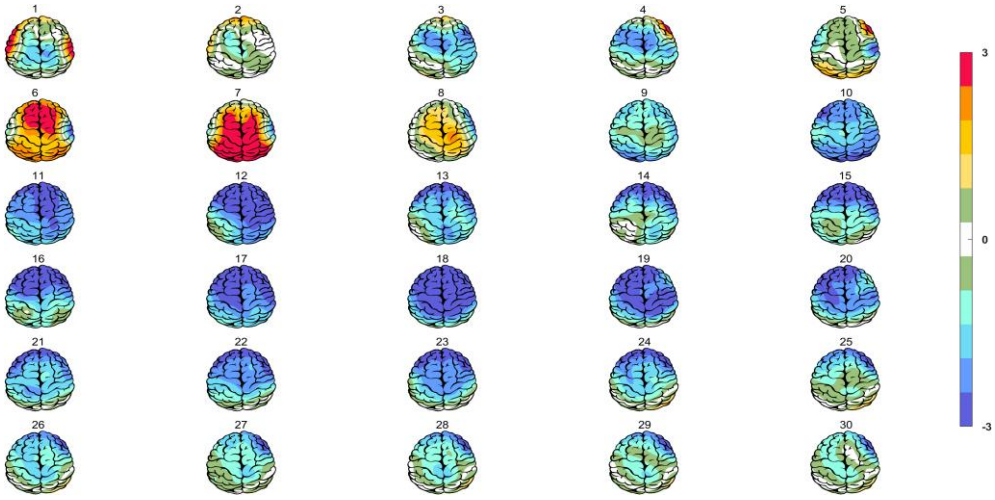
Frontal APF= 07.83

Posterior APF= 08.00

Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



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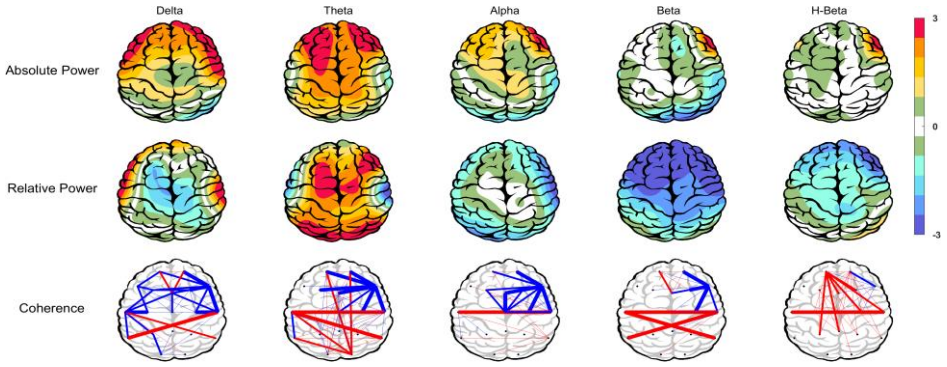
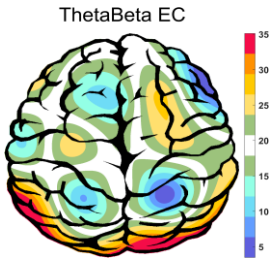
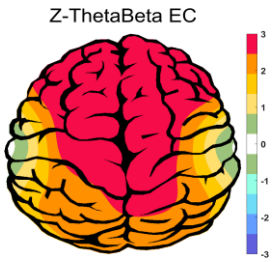
Z Score Summary Information (EC)

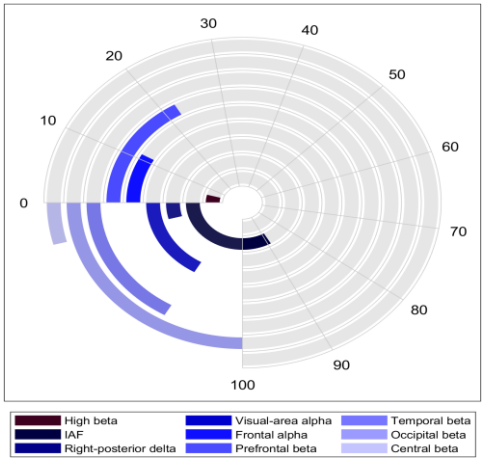


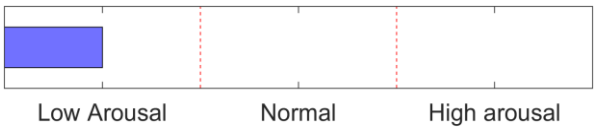
E.C.T/B Ratio (Raw- Z Score)





Arousal Level





EEG Spectra