



QEEG Clinical Report

BrainLens V0.4

Report Description



Personal & Clinical Data

Name	Abolfazl Ashoory	Date of Recording	2025-04-23
Date of Birth - Age	2018-02-17 - 7.18	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Zand
Initial Diagnosis	Anxiety		
Current Medication	-		

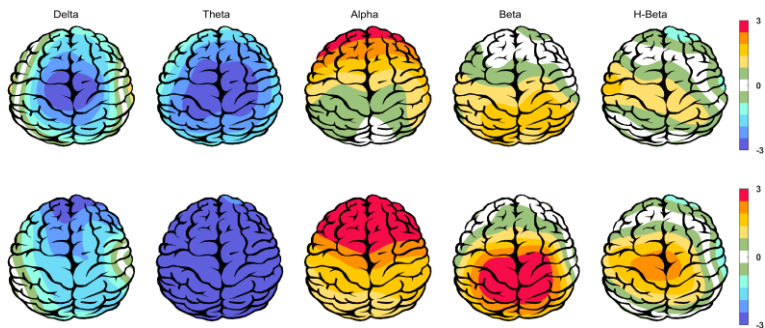
Dr Zand

Summary Report

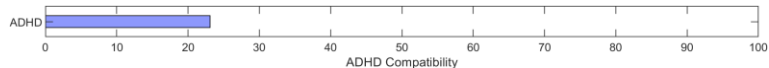
EEG Quality



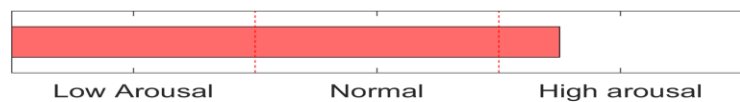
Z-score Information



Compatibility with ADHD



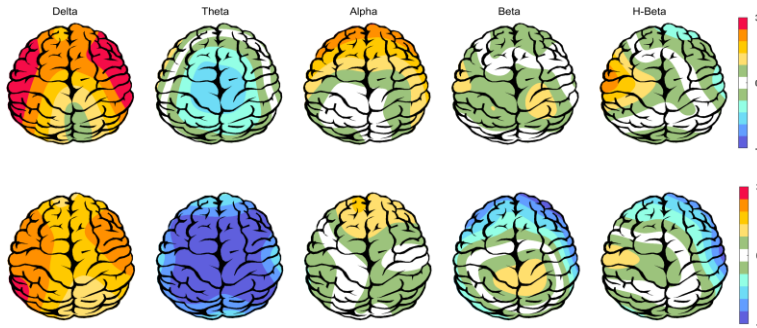
Arousal Level



APF

Posterior APF-EC= 10.38

Posterior APF-EO= 10.50

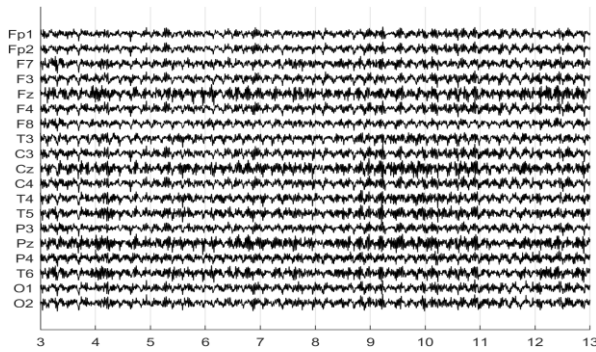


Absolute Power
Relative Power

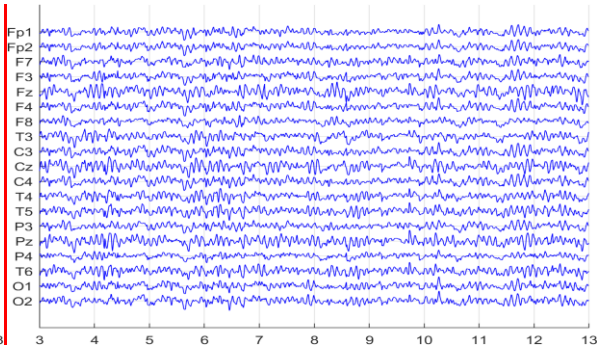
To investigate QEEG-based predicting medication response, please refer to the Report.

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	0	Muscle	1
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Total Artifact Percentage



EEG Quality	bad
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Low Artifact Percentage



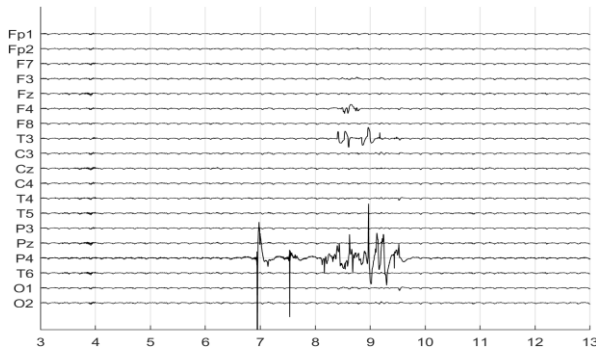
High Artifact Percentage



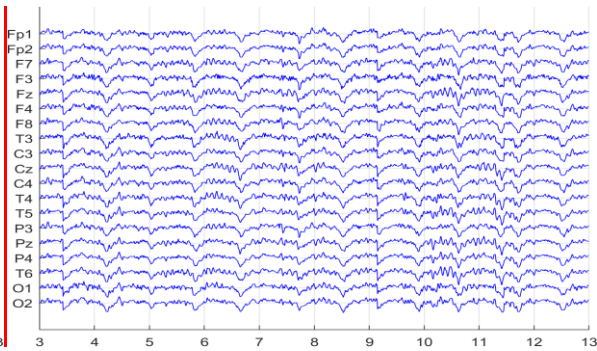
Total Recording Time Remaining	266.08 sec
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Denoising Information (EO)

Raw EEG



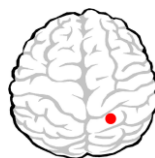
Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	1	Muscle	0
-----	---	--------	---

Total Artifact Percentage



EEG Quality	bad
-------------	-----

Low Artifact Percentage



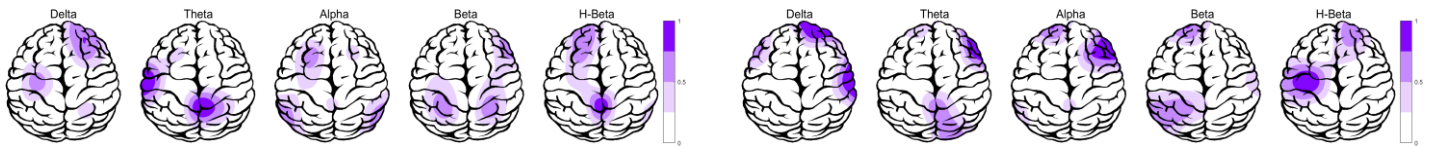
High Artifact Percentage



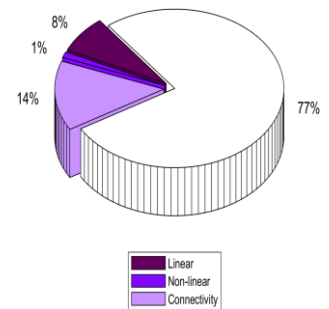
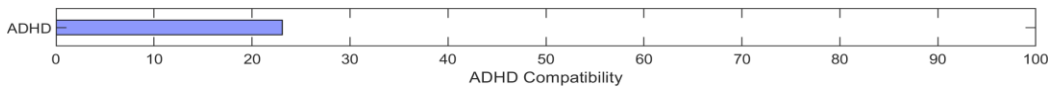
Total Recording Time Remaining	231.23 sec
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Pathological assessment for ADHD

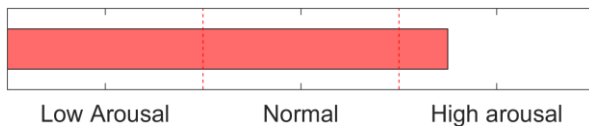
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection

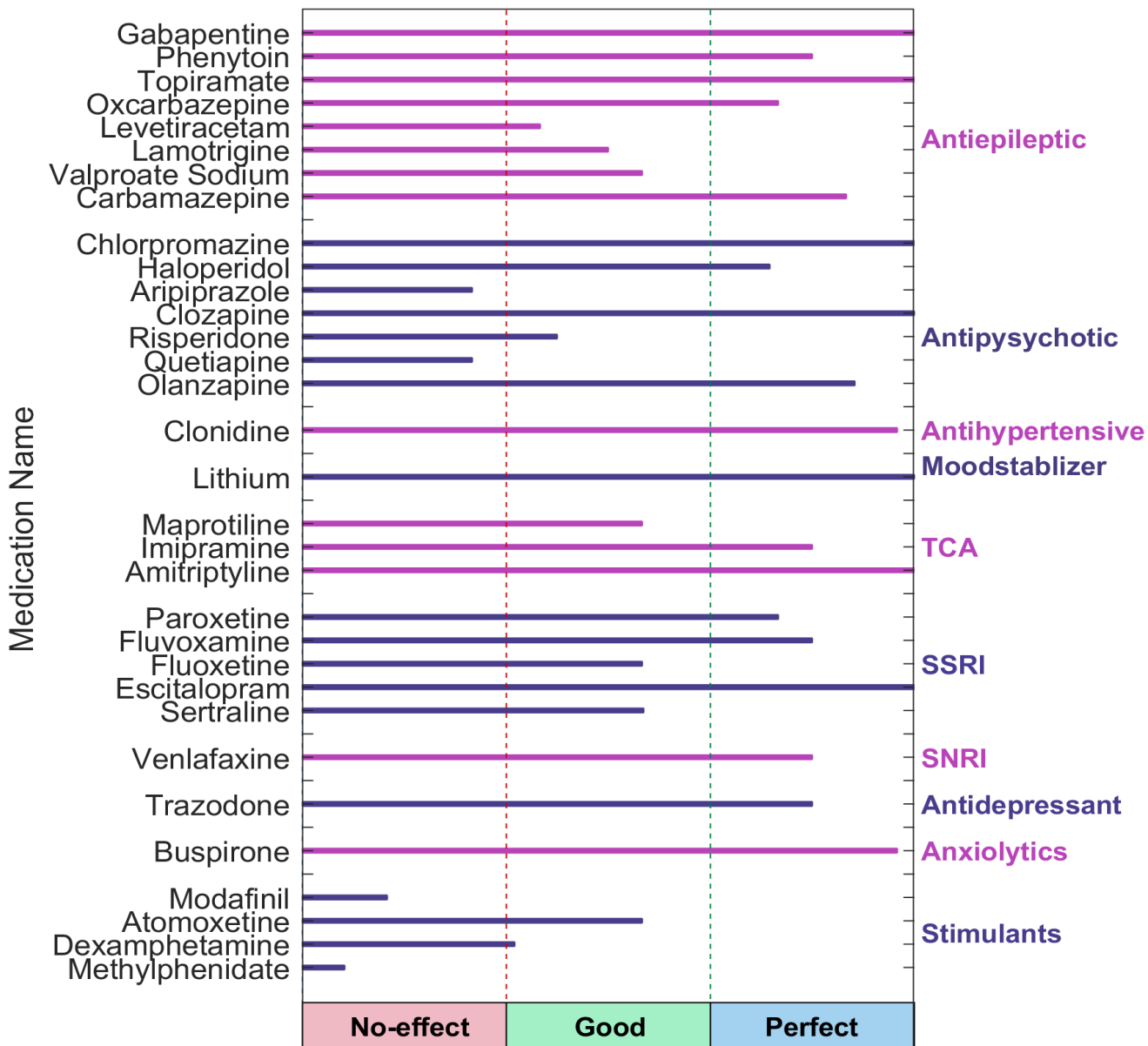


ADHD Clustering *

1. Least impulsive group, almost only inattentive. May respond to stimulants.
2. May be artistic/creative, may have affective regulatory dysfunction. May respond to SSRI.

* 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.

QEEG based predicting medication response



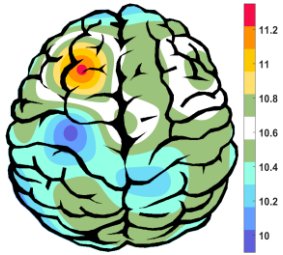
Explanation

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 Pharmacoe 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 .

⚠ Medication Recommendation

These two charts, calculate response 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.

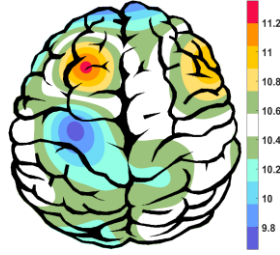
APF(EO)



Frontal APF= 10.33

Posterior APF= 10.50

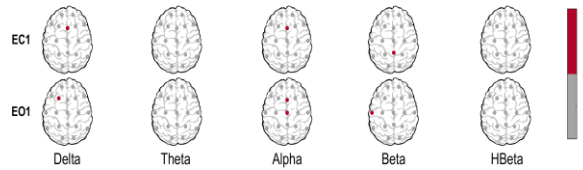
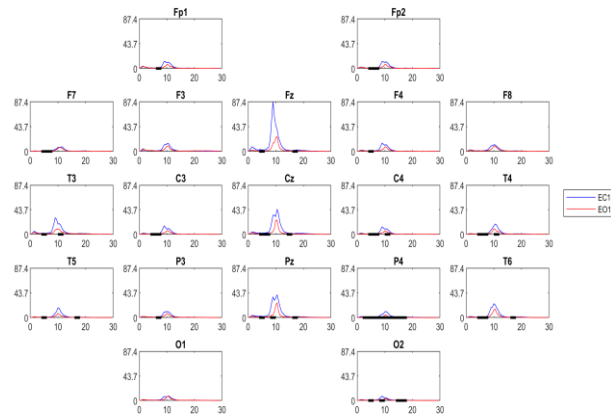
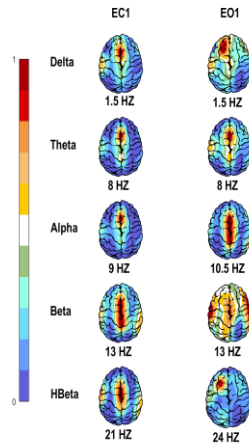
APF(EC)



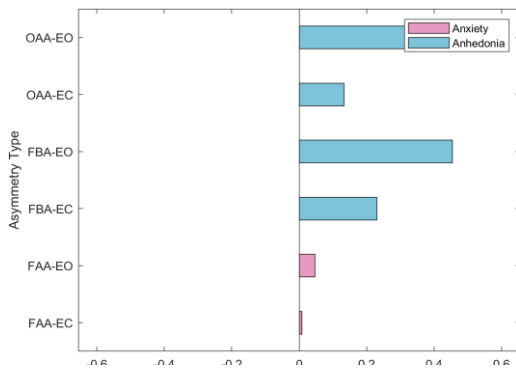
Frontal APF= 10.25

Posterior APF= 10.38

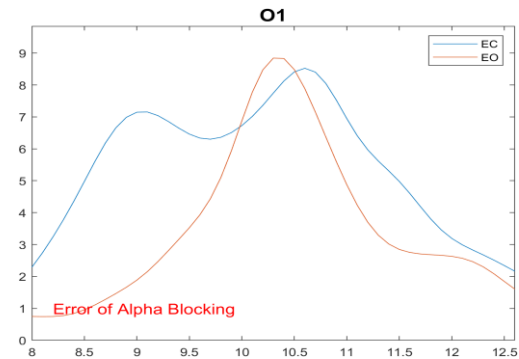
EEG Spectra



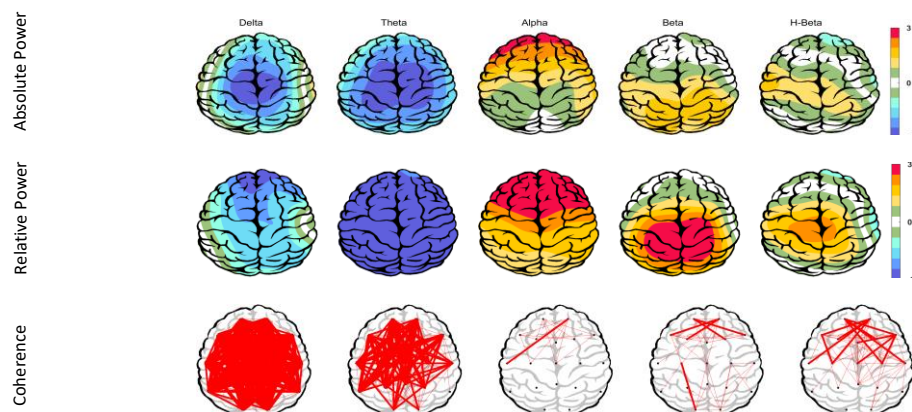
Alpha Asymmetry(AA)



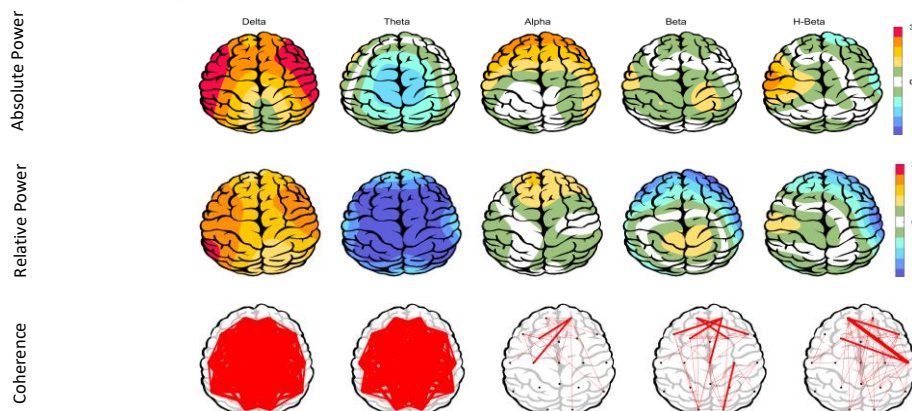
Alpha Blocking



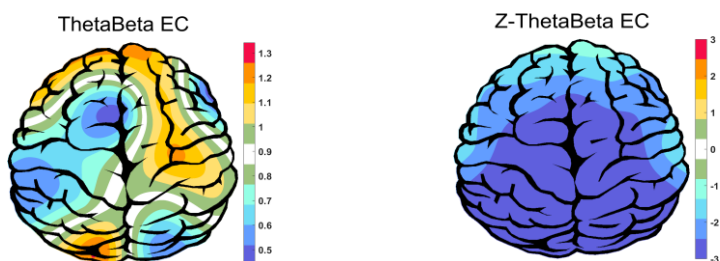
Z Score Summary Information (EC)



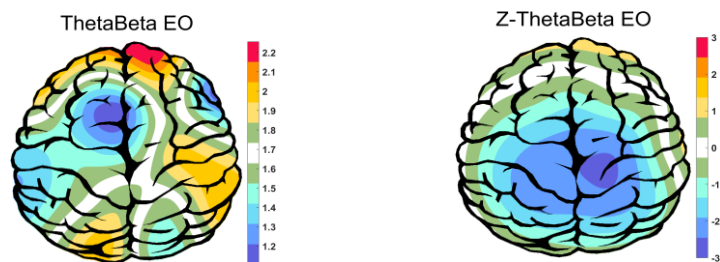
Z Score Summary Information (EO)



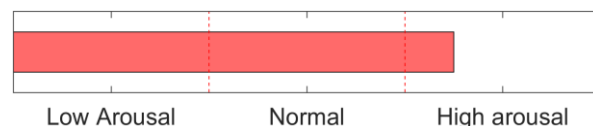
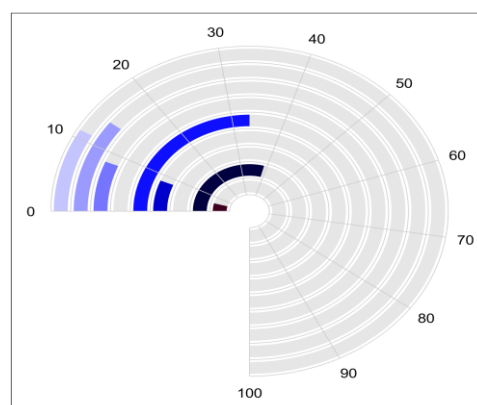
E.C.T/B Ratio (Raw- Z Score)



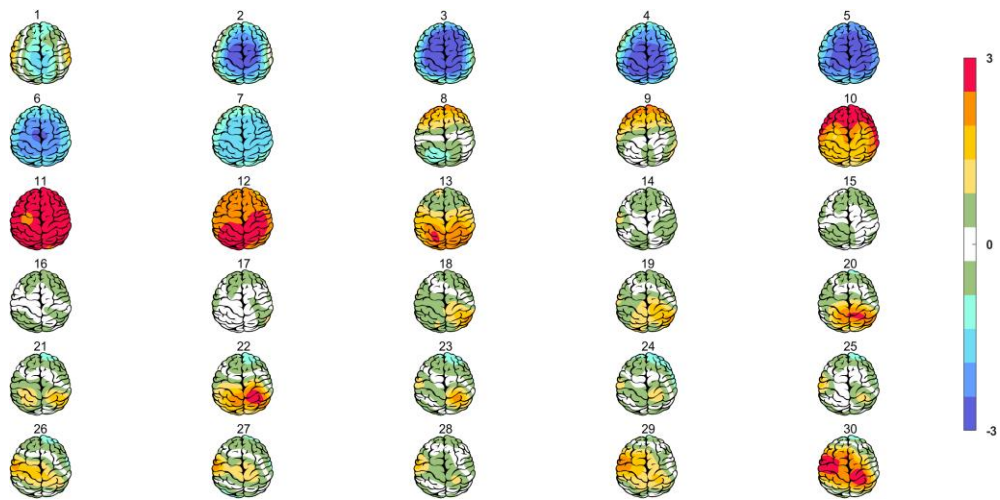
E.O.T/B Ratio (Raw- Z Score)



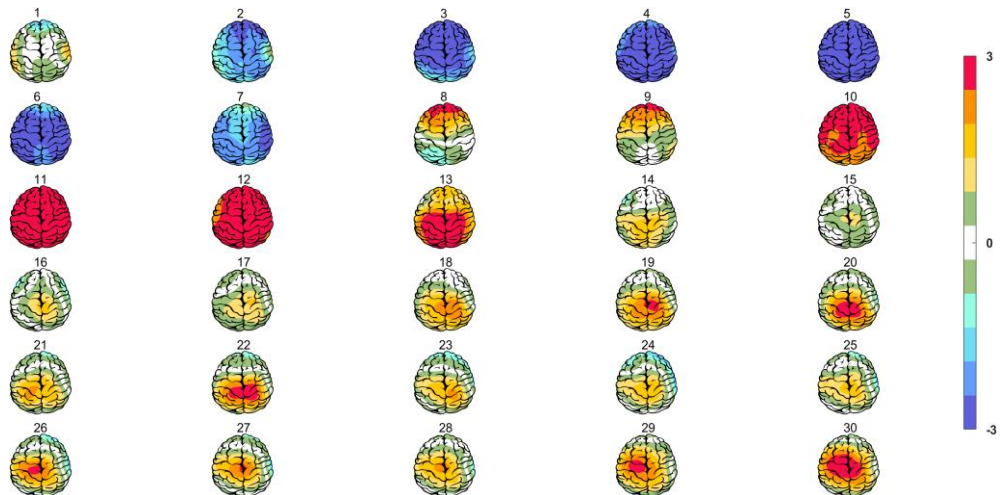
Arousal Level



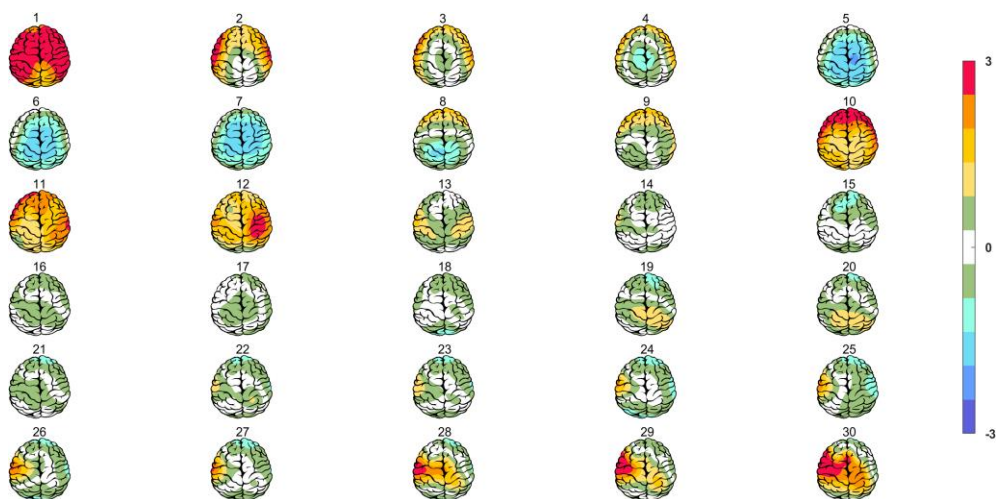
Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)

