



QEEG Clinical Report

BrainLens V0.4



Report Description

Personal & Clinical Data

Name	Mehran Rajabi	Date of Recording	2025-05-04
Date of Birth - Age	2008-11-02 - 16.51	Gender	Male
Handedness(R/L)	Right	Source of Referral	Movasat-talent-center
Initial Diagnosis	Aggressive-Implusivity-Claustrophobia-Developmental disorder		
Current Medication	Citalopram-Risperidone		

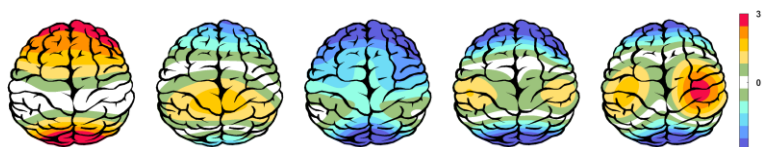
Movasat-talent-center

Summary Report

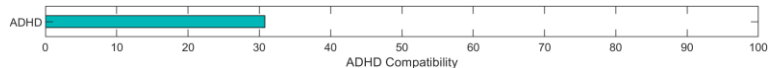
EEG Quality



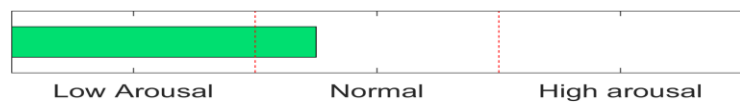
Z-score Information



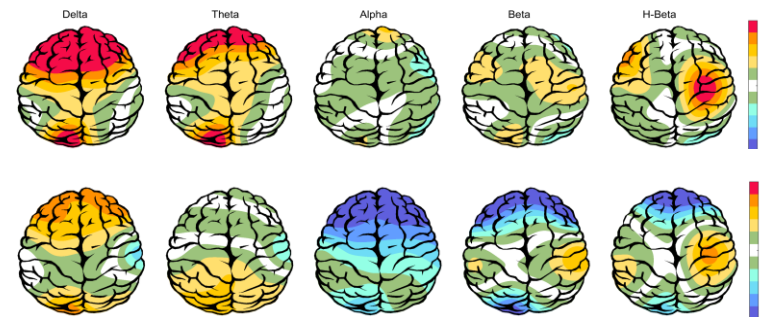
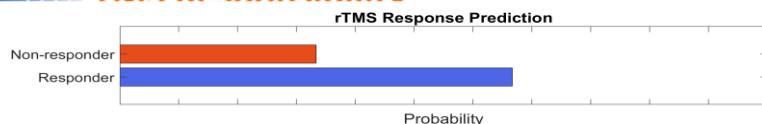
Compatibility with ADHD



Arousal Level



TMS Responsihilitv



Absolute Power
Relative Power

APF

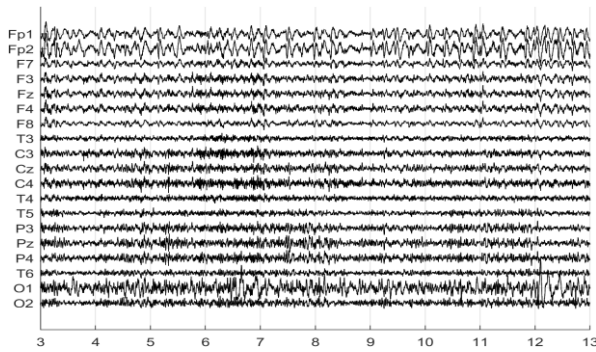
Posterior APF-EC= 09.75

Posterior APF-EO= 09.62

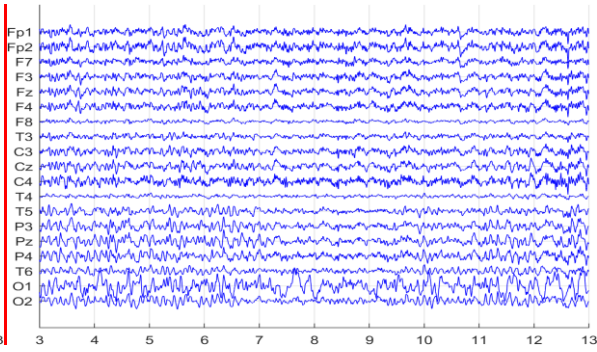
To investigate QEEG-based predicting medication response, please refer to the Report.

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye 3 Muscle 2

Total Artifact Percentage



EEG Quality bad

Low Artifact Percentage



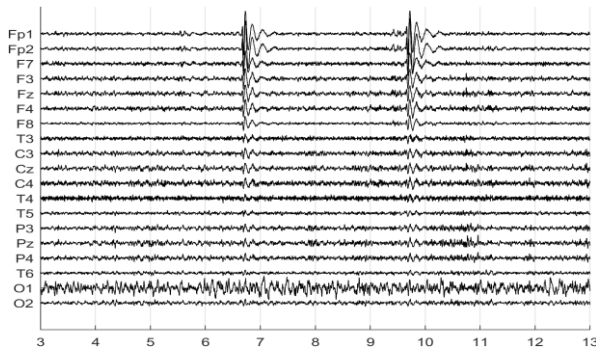
High Artifact Percentage



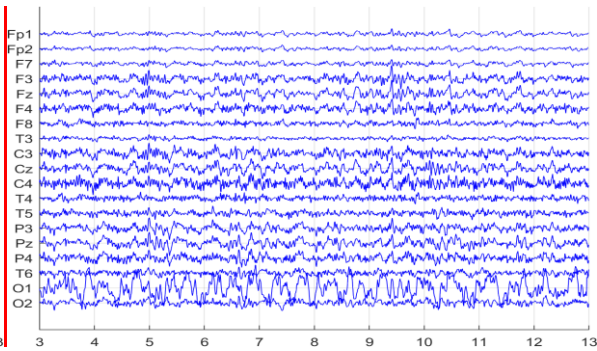
Total Recording Time Remaining 62.65 sec

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye 2 Muscle 3

Total Artifact Percentage



EEG Quality bad

Low Artifact Percentage



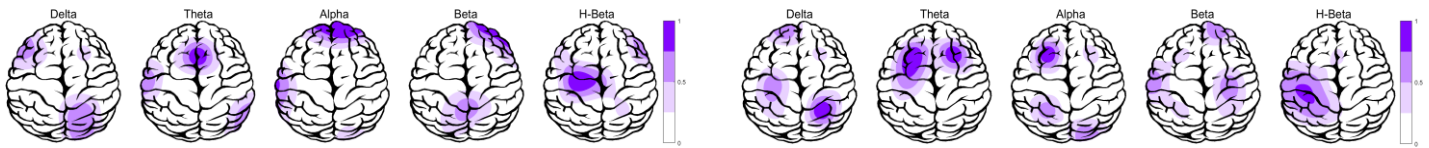
High Artifact Percentage



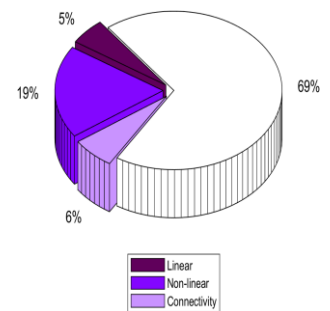
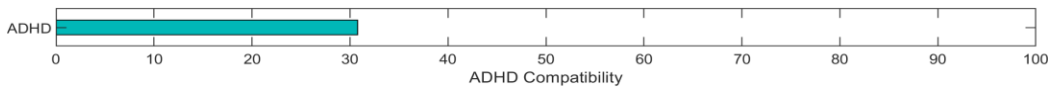
Total Recording Time Remaining 57.51 sec

Pathological assessment for ADHD

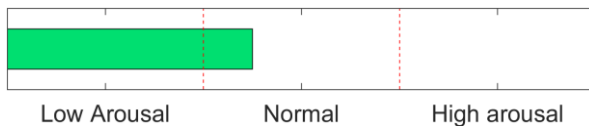
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection



ADHD Clustering *

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

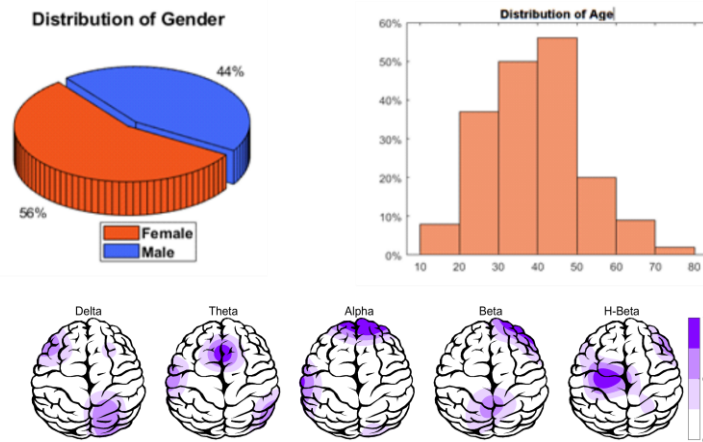
* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.
You can consider anticonvulant medications.

rTMS Response Prediction

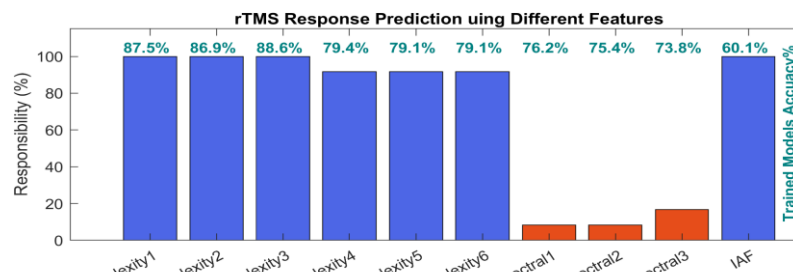
Network Performance

Accuracy: 92.1%
Sensitivity: 89.13%
Specificity: 97.47%

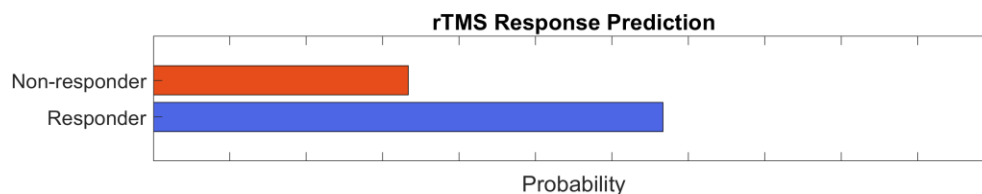
Participants Information



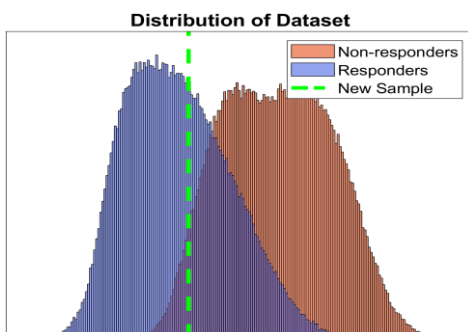
Features Information



Responsibility



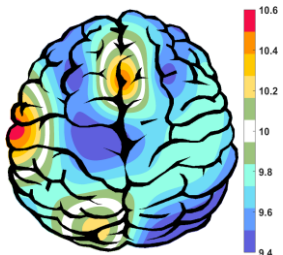
Data Distribution



About Predicting rTMS Response

This index was obtained based on machine learning approaches and by examining the QEEG biomarkers of more than 470 cases treated with rTMS. The cases were diagnosed with depression (with and without comorbidity) and all were medication free. By examining more than 40 biomarkers capable of predicting response to rTMS treatment in previous studies and with data analysis, finally 10 biomarkers including bispectral and nonlinear features entered the machine learning process. The final chart can distinguish between RTMS responsive and resistant cases with 92.1% accuracy. This difference rate is much higher than the average response to treatment of 44%, in the selection of patients with clinical criteria, and is an important finding in the direction of personalized treatment for rTMS.

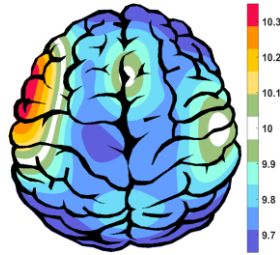
APF(EO)



Frontal APF= 09.58

Posterior APF= 09.62

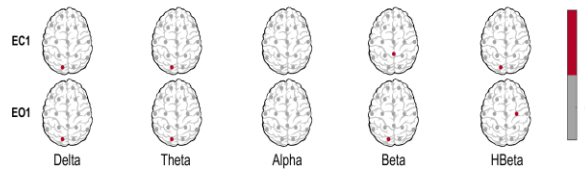
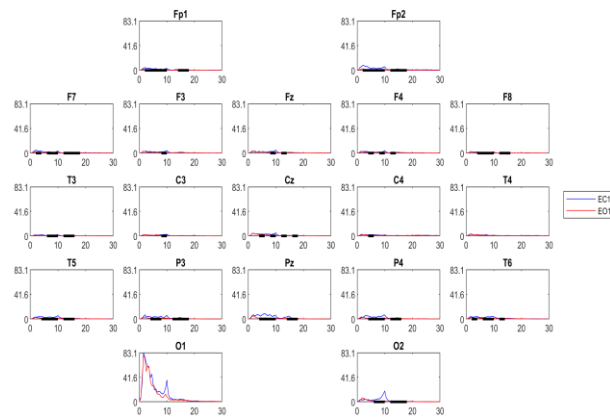
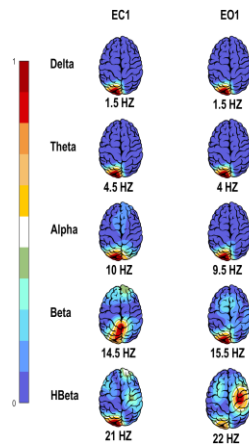
APF(EC)



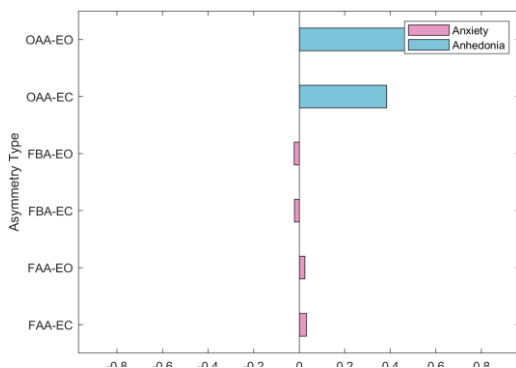
Frontal APF= 09.75

Posterior APF= 09.75

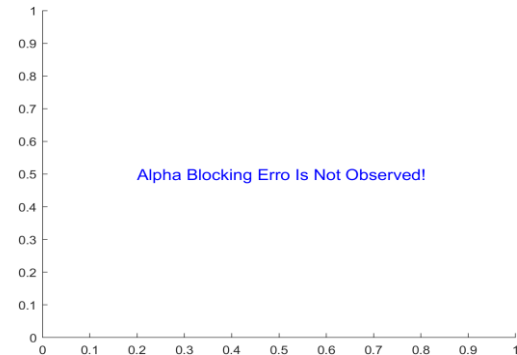
EEG Spectra



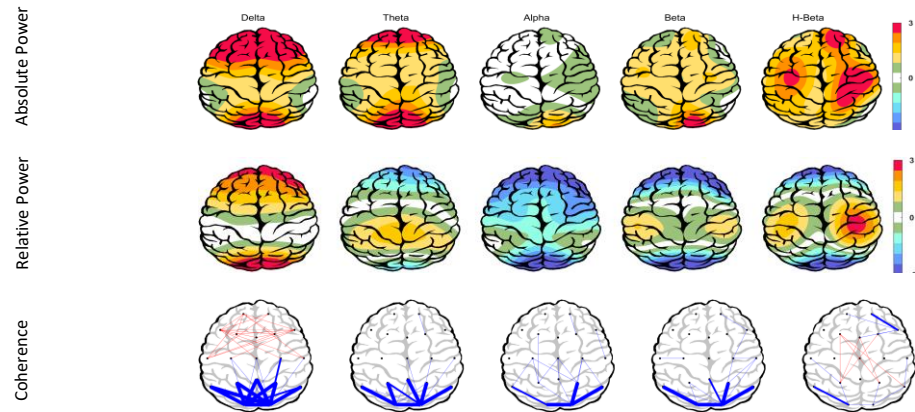
Alpha Asymmetry(AA)



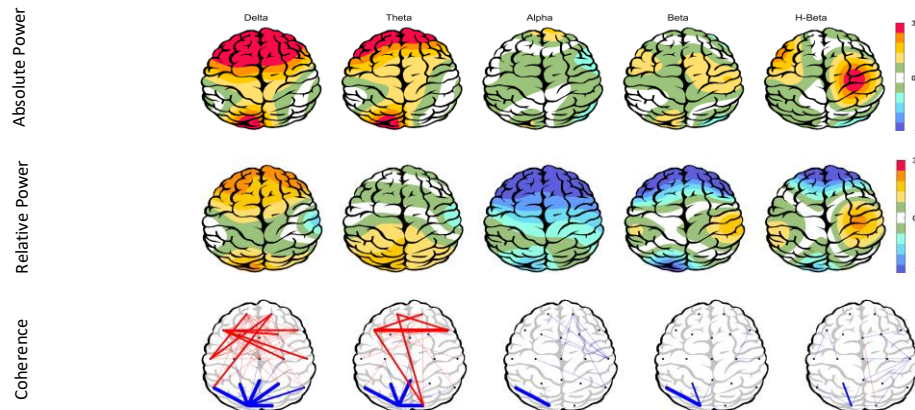
Alpha Blocking



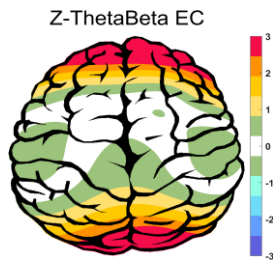
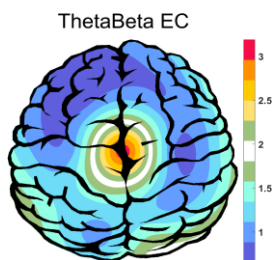
Z Score Summary Information (EC)



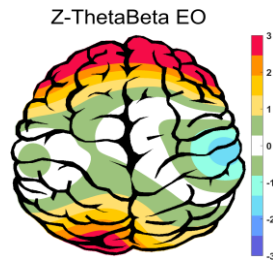
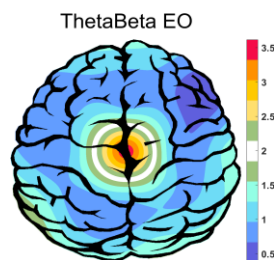
Z Score Summary Information (EO)



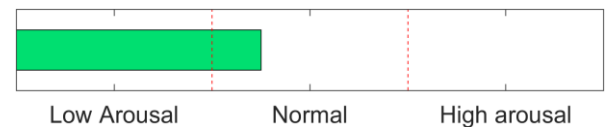
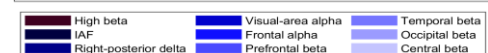
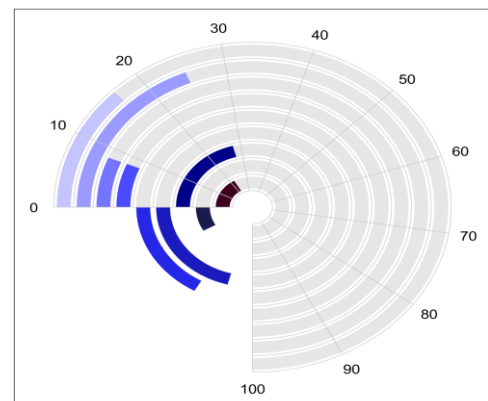
E.C.T/B Ratio (Raw- Z Score)



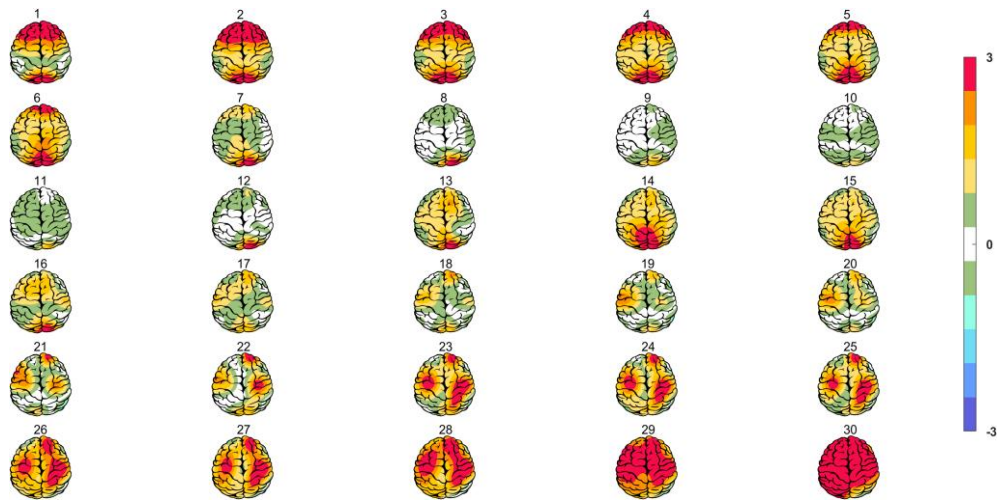
E.O.T/B Ratio (Raw- Z Score)



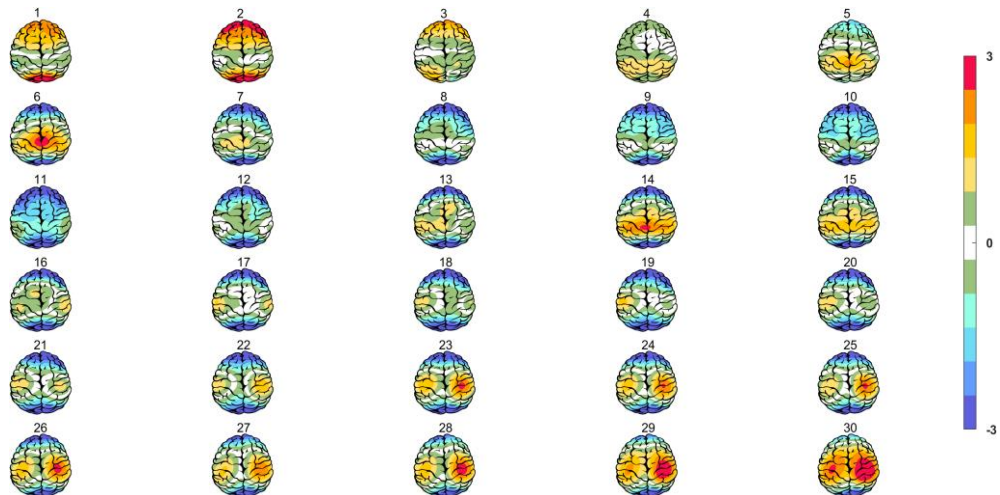
Arousal Level



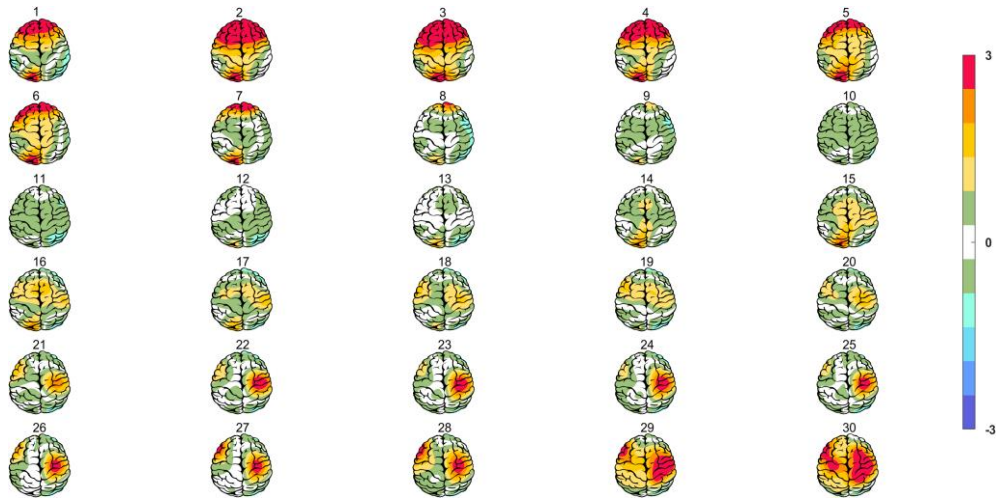
Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)

