



QEEG Clinical Report

BrainLens V0.4

Report Description



Personal & Clinical Data

Name	Farnaz Sardari	Date of Recording	2025-04-12
Date of Birth - Age	2016-04-01 - 9.04	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr Sajjadi
Initial Diagnosis	Anxiety-Attention and Concentration Problem-Memory Problem		
Current Medication	-		

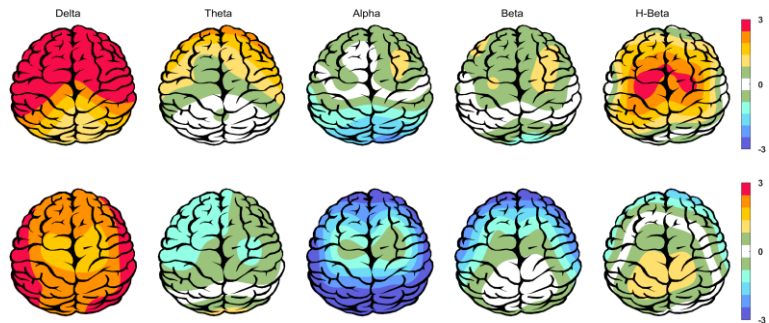
Dr Sajjadi

Summary Report

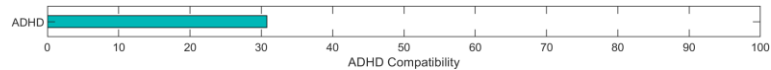
EEG Quality



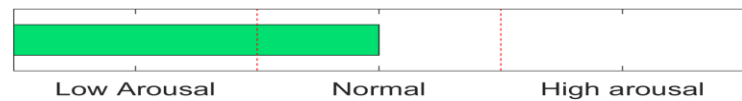
Z-score Information



Compatibility with ADHD



Arousal Level



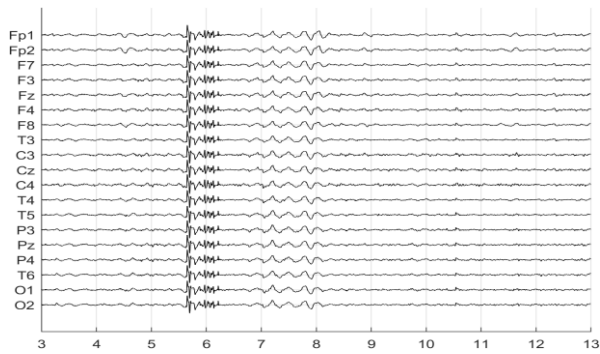
APF

Posterior APF-EC= 09.50

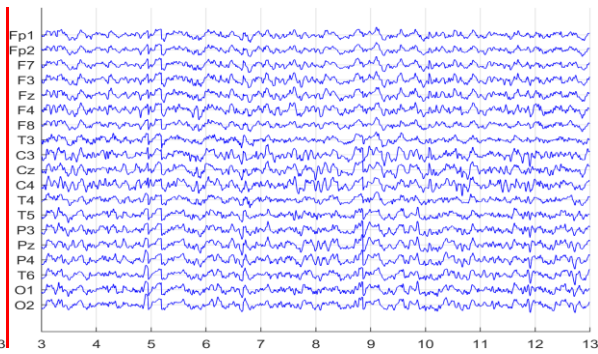
To investigate QEEG-based predicting medication response, please refer to the Report.

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye 2 Muscle 0

Total Artifact Percentage



EEG Quality good

Low Artifact Percentage



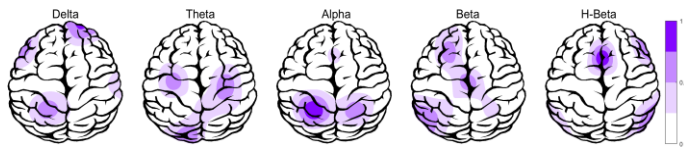
High Artifact Percentage



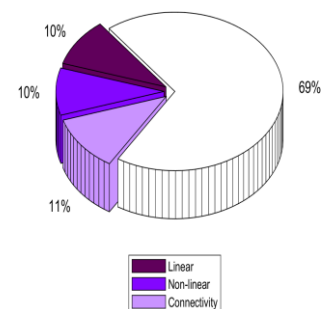
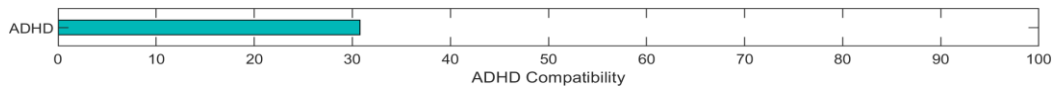
Total Recording Time Remaining 242.06 sec

Pathological assessment for ADHD

Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection

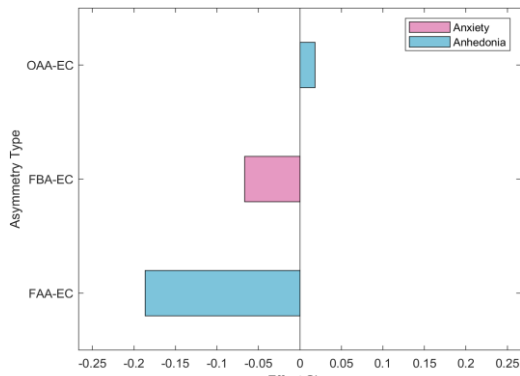


ADHD Clustering *

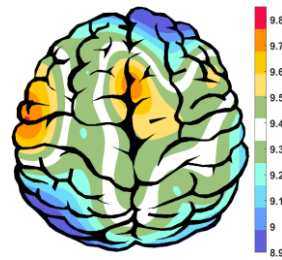
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

* 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.

Alpha Asymmetry(AA)



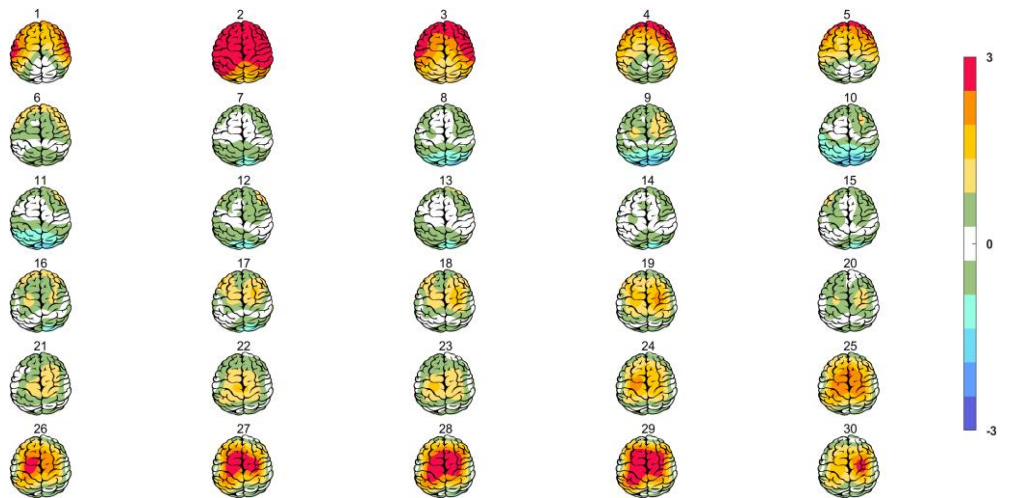
APF(EC)



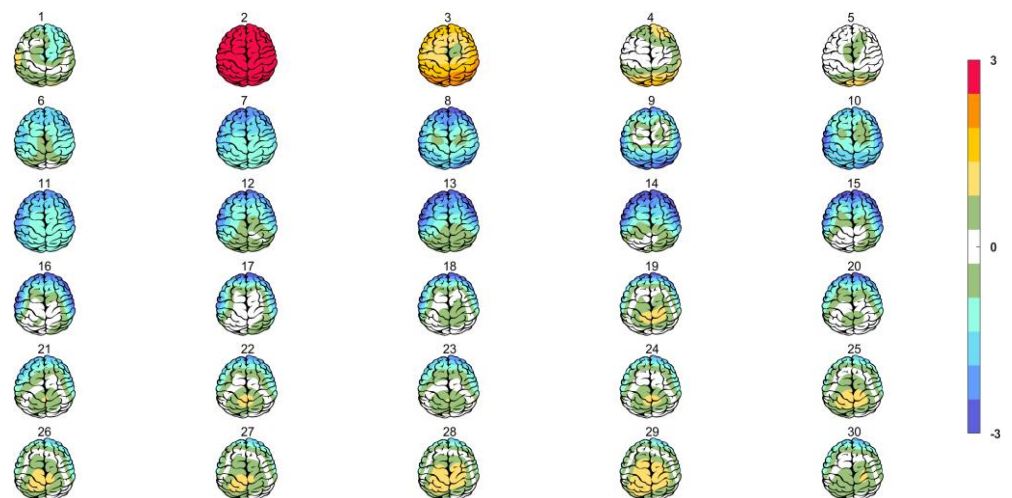
Frontal APF= 09.33

Posterior APF= 09.50

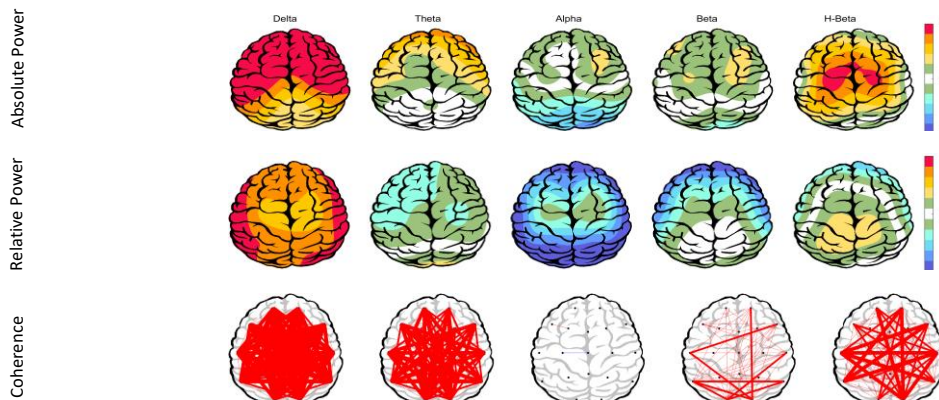
Absolute Power-Eye Closed (EC)



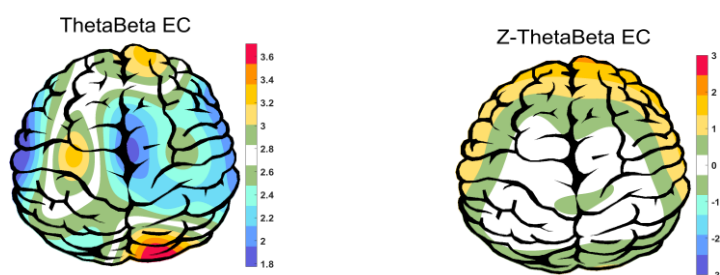
Relative Power-Eye Closed (EC)



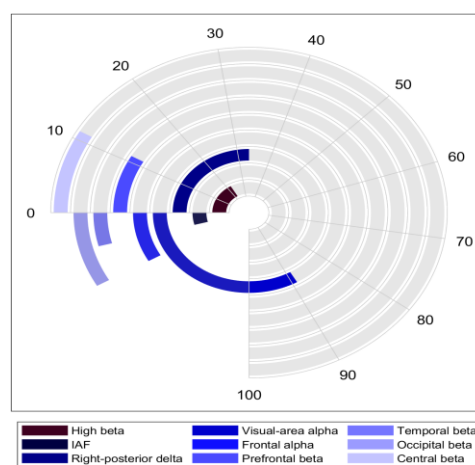
Z Score Summary Information (EC)



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



Arousal Level



EEG Spectra

