





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Amirmohammad Hasani	Date of Recording	2025-05-26
Date of Birth - Age	2004-11-08 - 20.7	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Raisie
Initial Diagnosis		-	
Current Medication		-	

Dr Raisie





Z Score Summary Information (EC)



































Z Score Summary Information (EO)





























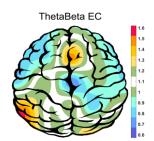


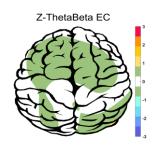




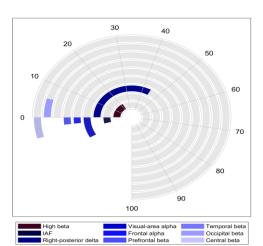


E.C.T/B Ratio (Raw- Z Score)

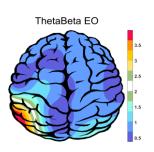


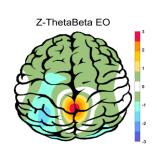


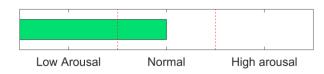
Arousal Level







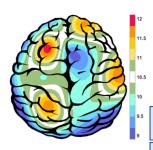








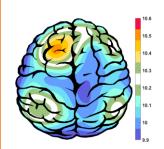
APF(EO)



Frontal APF= 09.92

Posterior APF= 10.00

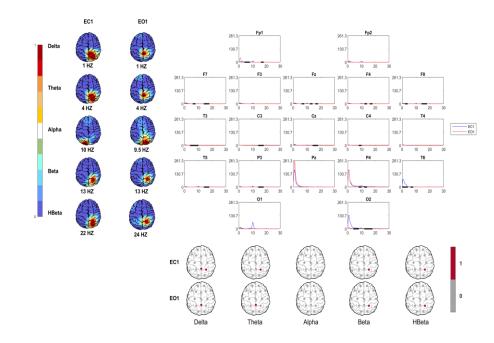
APF(EC)



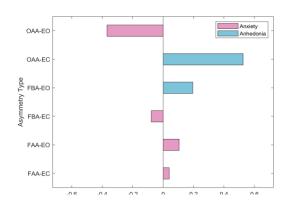
Frontal APF= 10.00

Posterior APF= 10.00

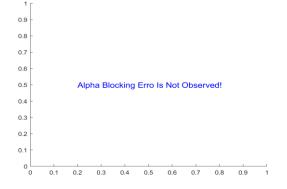
EEG Spectra



Alpha Asymmetry(AA)



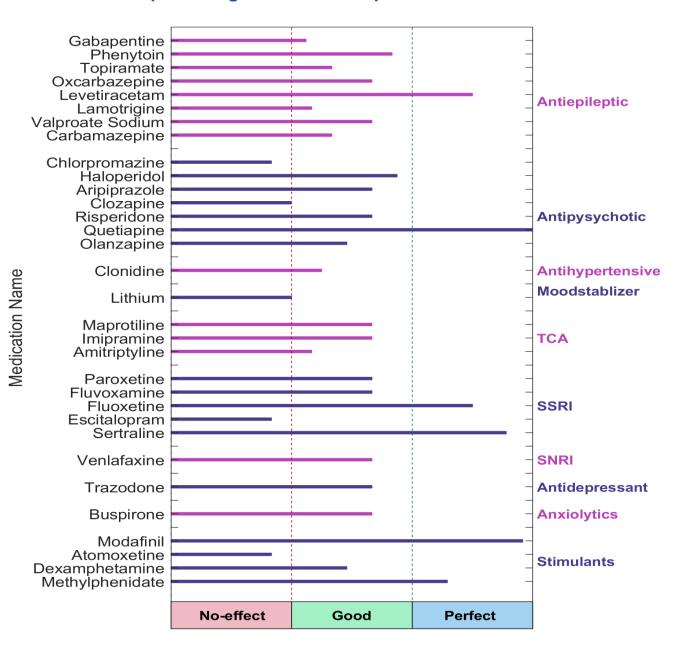
Alpha Blocking







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.

These 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:

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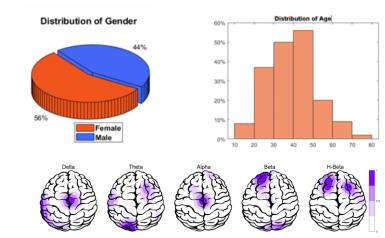


rTMS Response Prediction

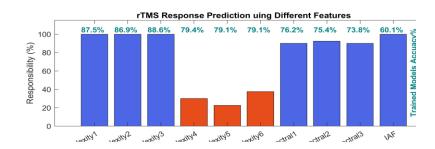
Network Performance

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

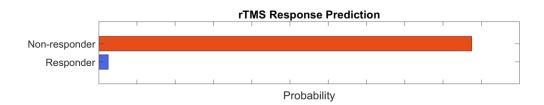
Participants Information



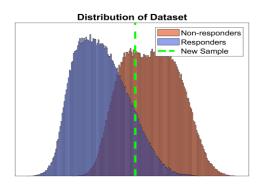
Features Information



Responsibility



Data Distribution



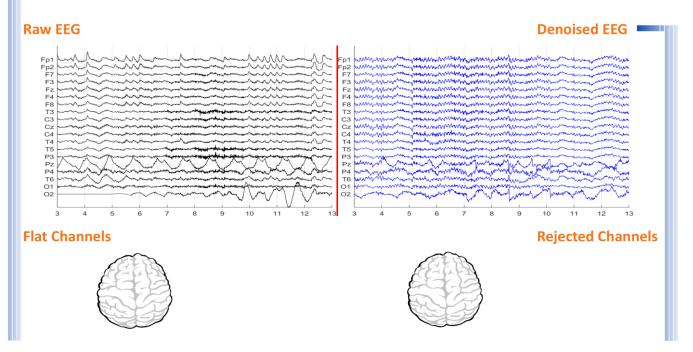
About Predicting rTMS Response

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.



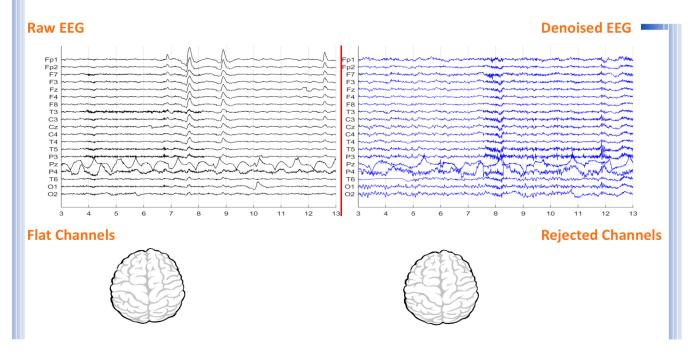


Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage		
Eye	3	Muscle	3	0	
Total Artifact Percentage			High Artifact Percentage		
0			0		
EEG Qual	ity	good		Total Recording Time Remaining 203.08 sec	

Denoising Information (EO)



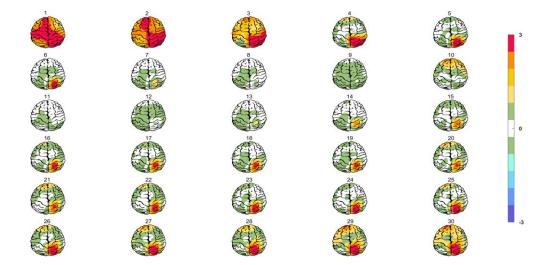
Number of Eye and Muscle Elements			Low Artifact Percentage		
Eye	1	Muscle	1	()	
Total Artifact Percentage			High Artifact Percentage		
0			()		
EEG Quality		bad		Total Recording Time Remaining 38.17 sec	



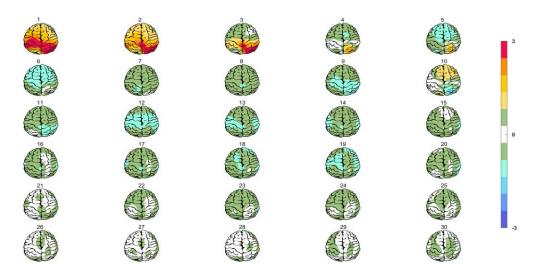


Absolute Power-Eye Closed (EC) ớ





Relative Power-Eye Closed (EC) 🌮

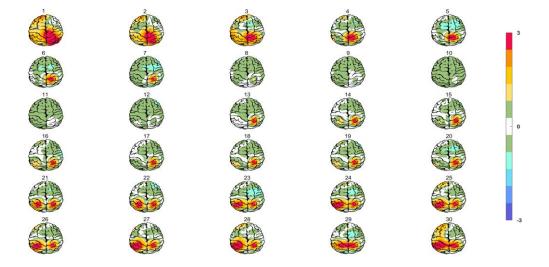




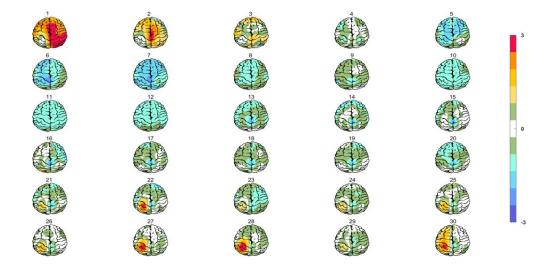


Absolute Power-Eye Open (EO) 📀





Relative Power-Eye Open (EO)



Summary Report





EEG Quality





Z-score Information



































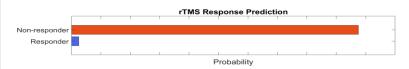
Absolute Power

Relative Power

Arousal Level



TMS Responsibility





Posterior APF-EC= 10.00

Posterior APF-EO= 10.00

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