



QEEG Clinical Report

BrainLens V0.4

Report Description

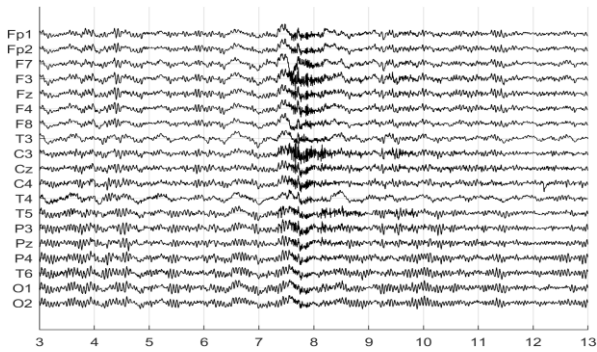
Personal & Clinical Data

Name	Shiva Abednejad	Date of Recording	2025-06-30
Date of Birth - Age	1961-09-22 - 64	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr Seddigh
Initial Diagnosis	-		
Current Medication	-		

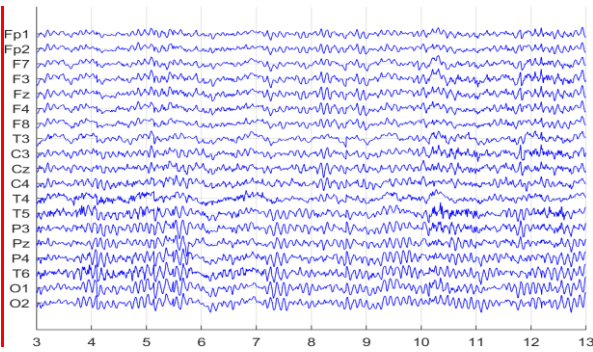
Dr Seddigh

Denoising Information

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	2	Muscle	0
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Total Artifact Percentage

0	100
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EEG Quality	good
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Low Artifact Percentage

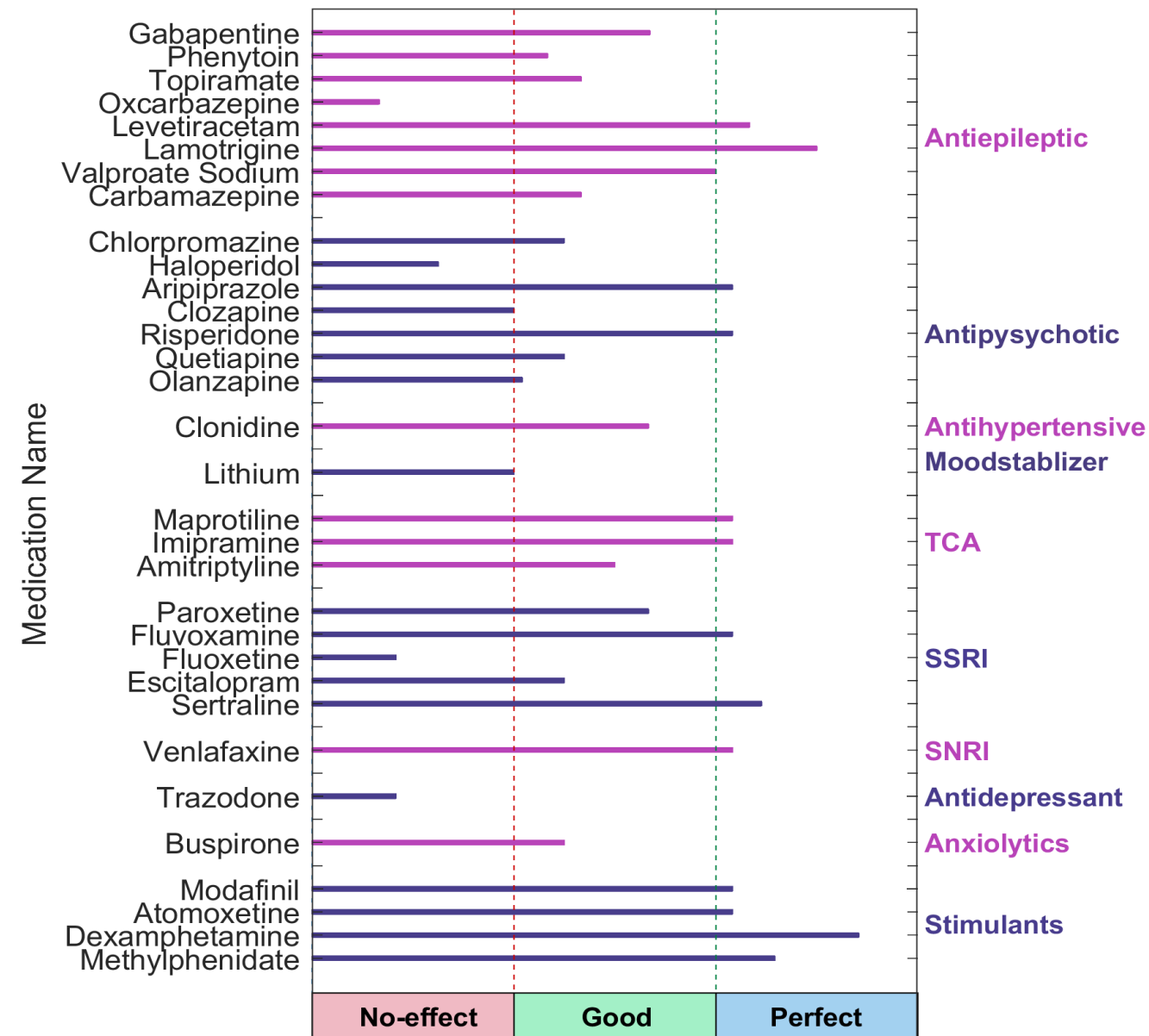
0	100
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High Artifact Percentage

0	100
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Total Recording Time Remaining	245.94 sec
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QEEG based predicting medication response



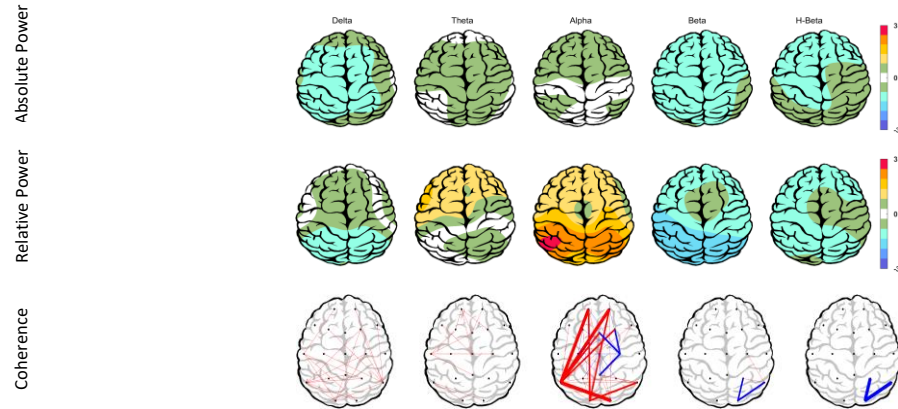
Explanation

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 .

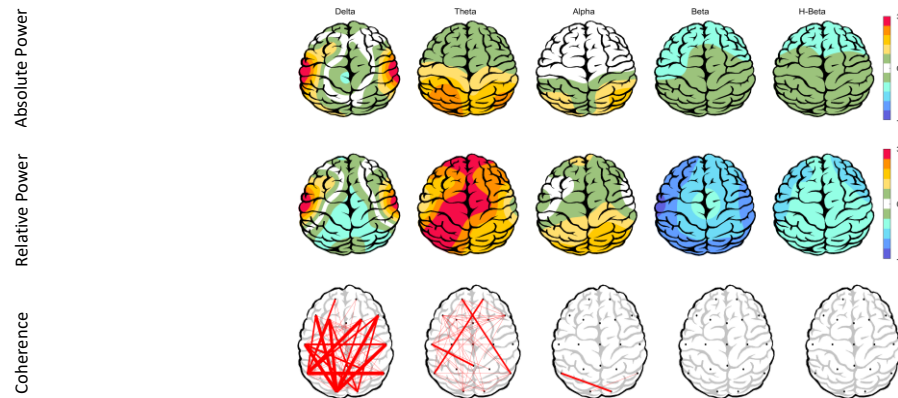
Medication Recommendation

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.

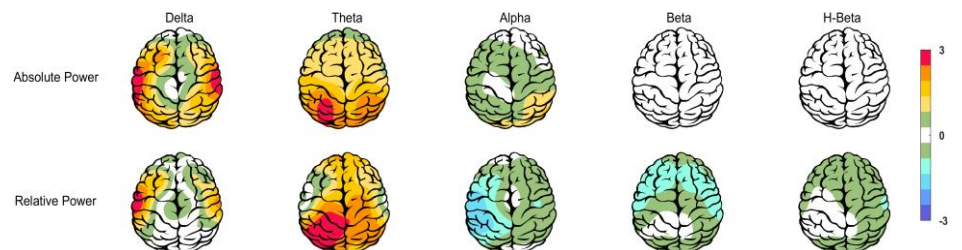
First Topographic Map



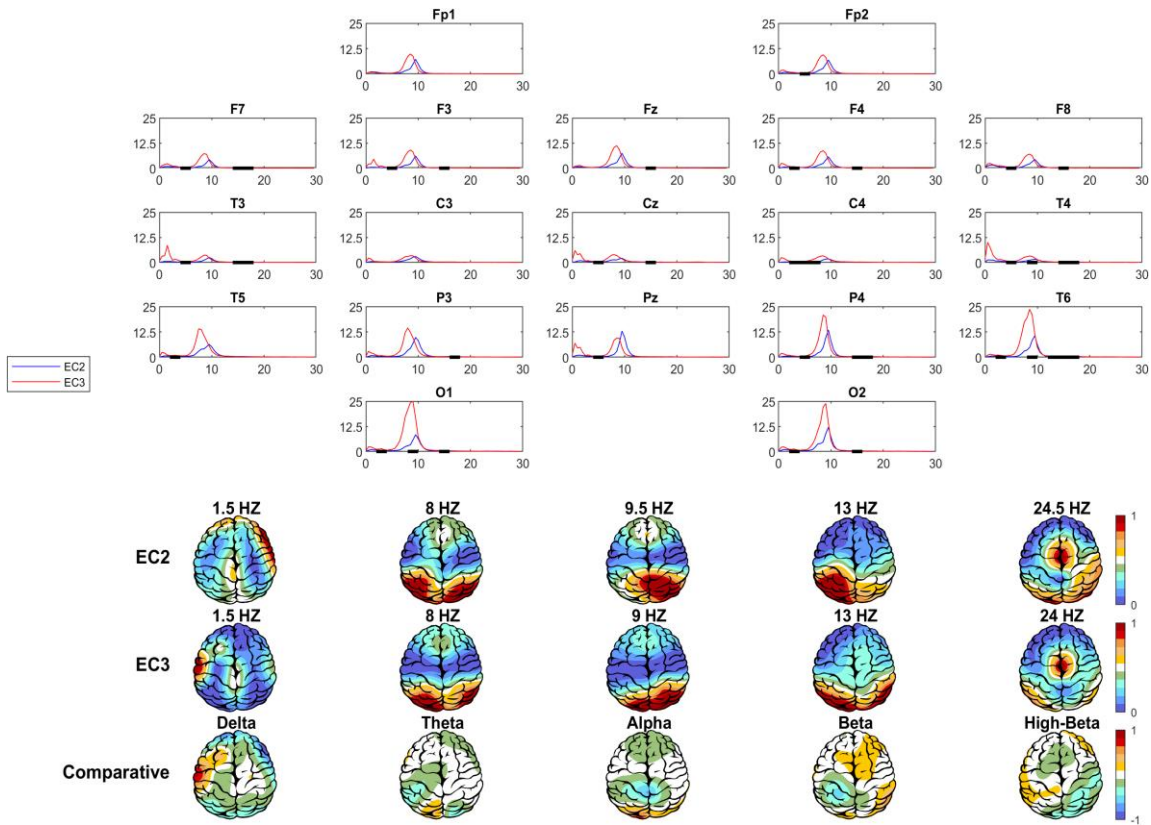
Second Topographic Map



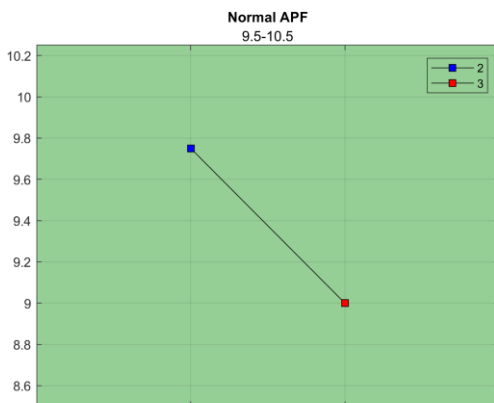
Comparsion Topographic Map



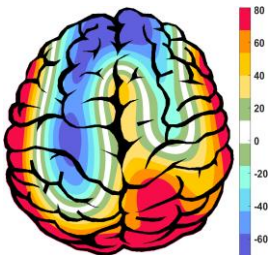
Power Spectrum



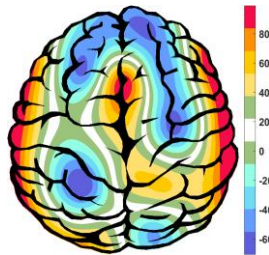
APF



Theta Cordance-Pre



Theta Cordance-Post



Theta Cordance Comparative

