QEEG Clinical Report

BrainLens V0.4

Report Description

Personal & Clinical Data

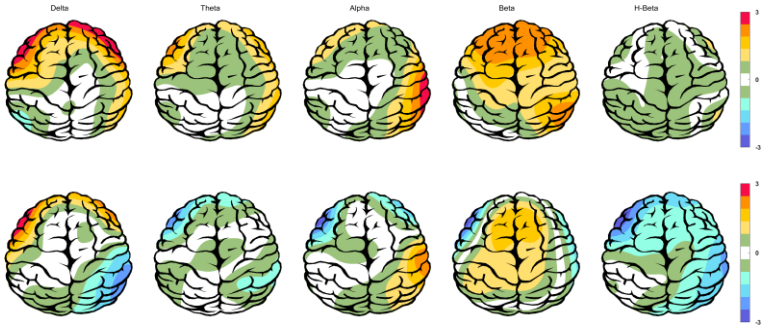
Name	Sahand Atabakhsh	Date of Recording	2025-08-02
Date of Birth - Age	2013-02-23 - 12.44	Gender	Male
Handedness(R/L)	Left	Source of Referral	Clinicbrain
Initial Diagnosis	Examining Brain Function		
Current Medication	-		

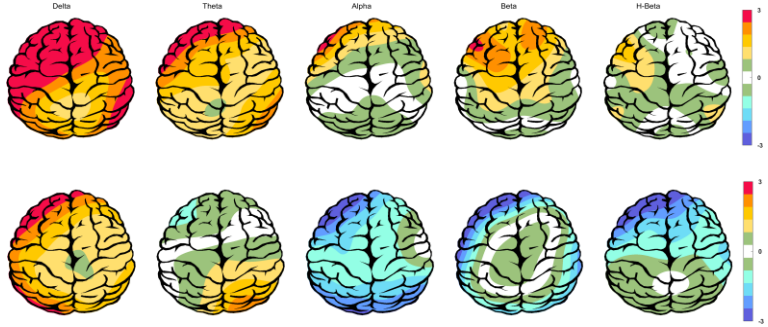
Clinicbrain

Summary Report

EEG Quality

Z-score Information

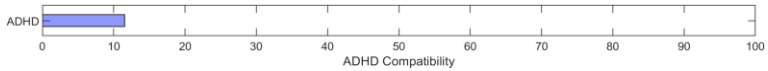




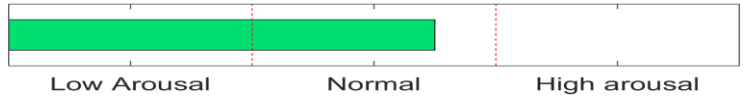
Absolute Power

Relative Power

Compatibility with ADHD



Arousal Level



APF

Posterior APF-EC= 10.75

Posterior APF-EO= 10.25

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

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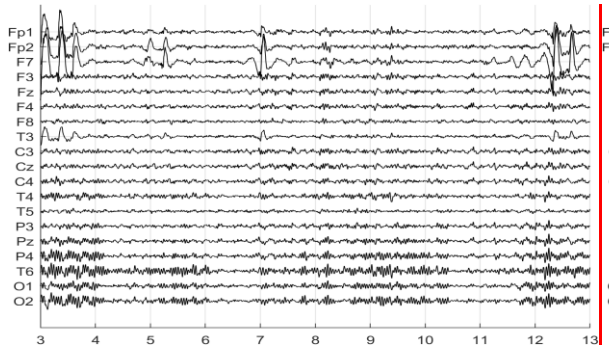
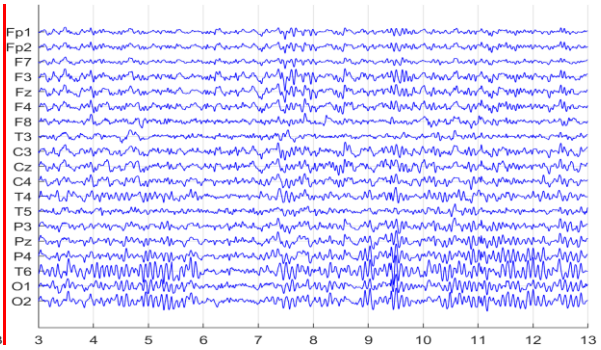
Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels

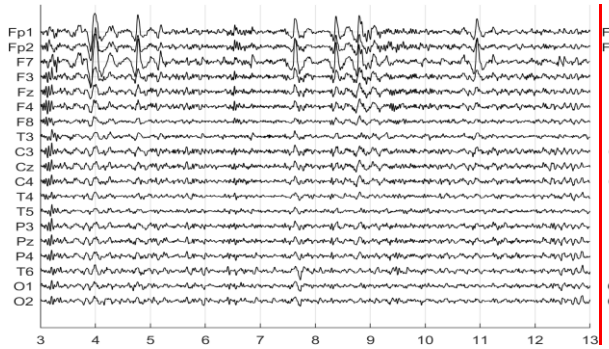
Rejected Channels

Number of Eye and Muscle Elements			
Eye	3	Muscle	0
Total Artifact Percentage			
EEG Quality	good		

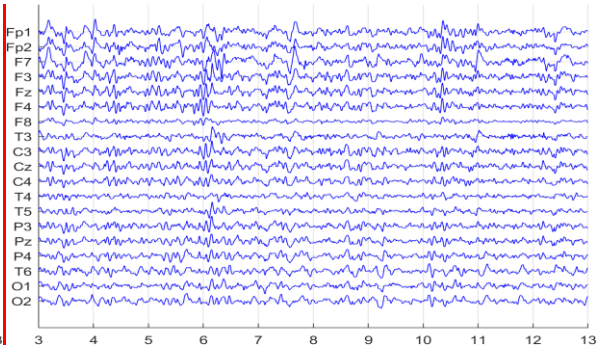
Low Artifact Percentage		
High Artifact Percentage		
Total Recording Time Remaining	208.29 sec	

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels

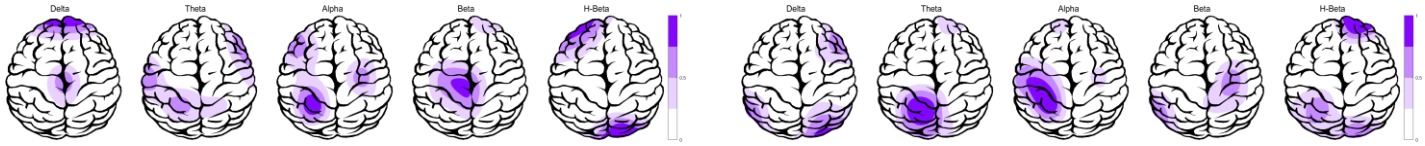
Rejected Channels

Number of Eye and Muscle Elements			
Eye	1	Muscle	0
Total Artifact Percentage			
EEG Quality	good		

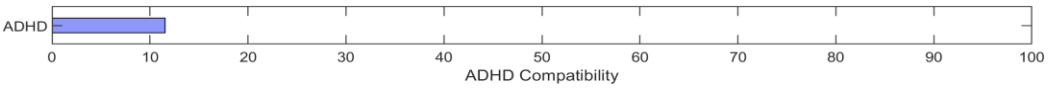
Low Artifact Percentage		
High Artifact Percentage		
Total Recording Time Remaining	220.56 sec	

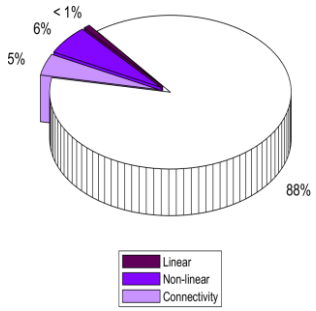
Pathological assessment for ADHD

Compare to ADHD Database

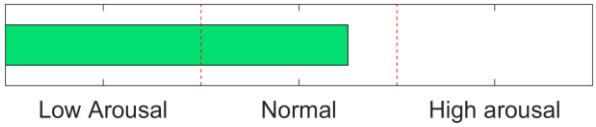


EEG Compatibility with ADHD Diagnosis





Arousal Level Detection

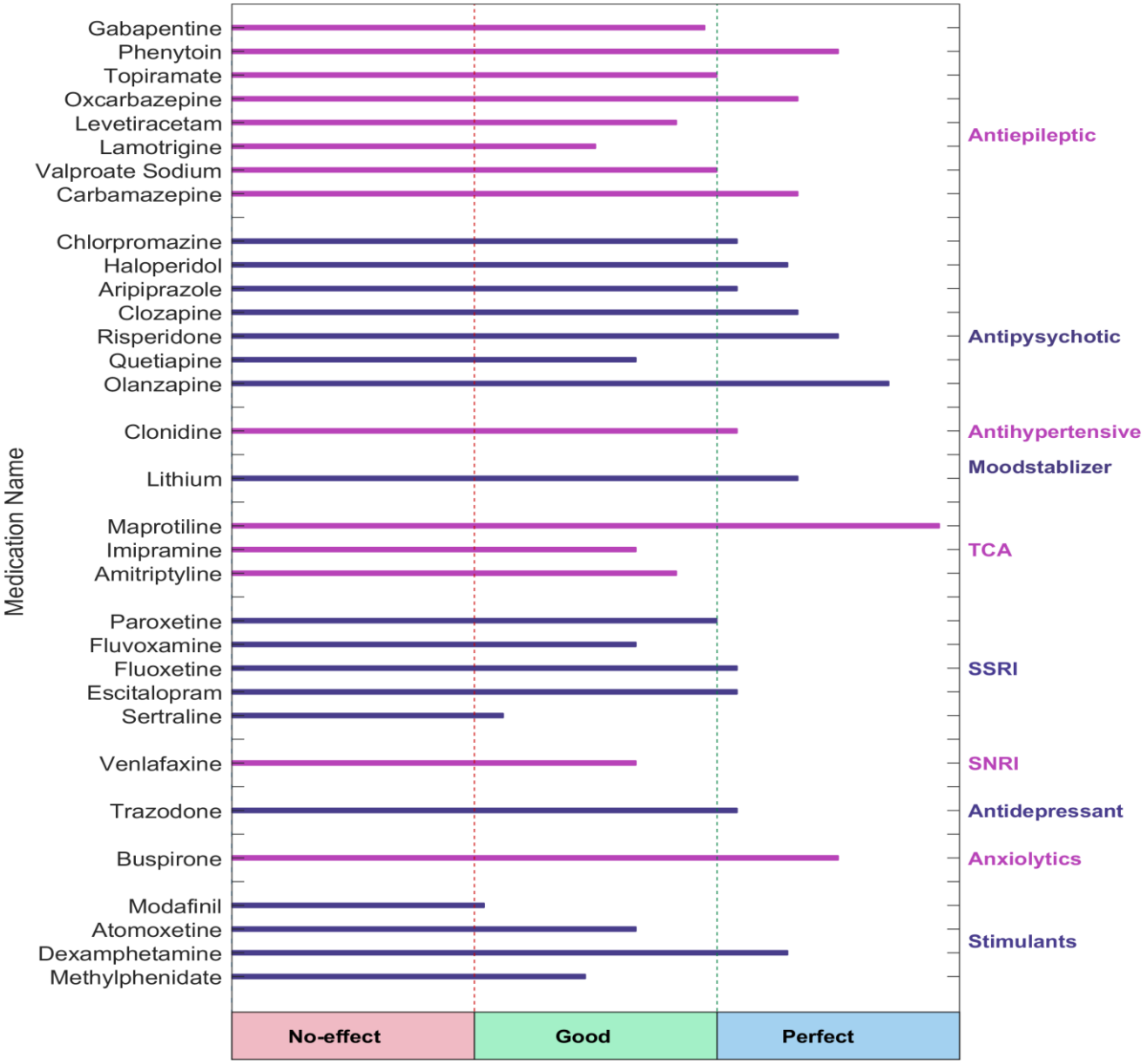


ADHD Clustering *

1. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high arbohydrate inbtake. Consider clonidine

* 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 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 .

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.

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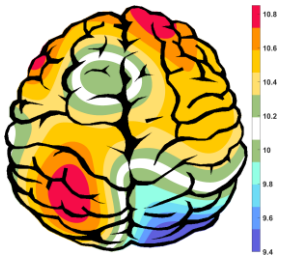
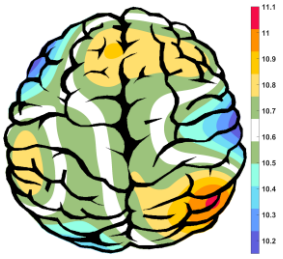
APF(EO)



Frontal APF= 10.50

Posterior APF= 10.25

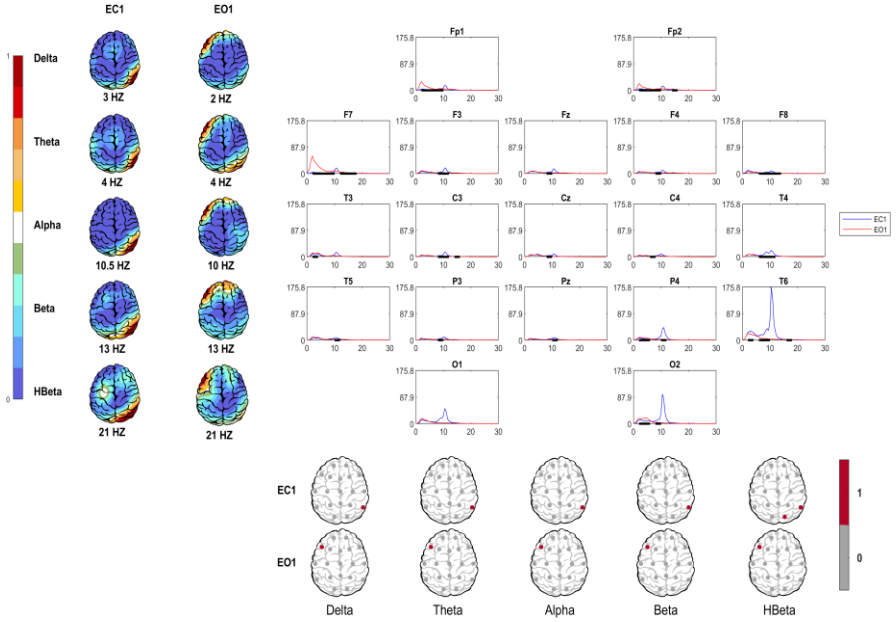
APF(EC)



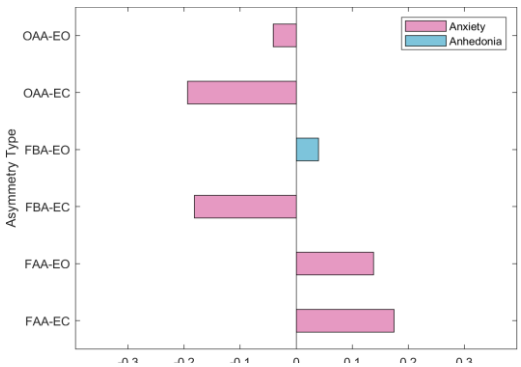
Frontal APF= 10.58

Posterior APF= 10.75

EEG Spectra



Alpha Asymmetry(AA)



Alpha Blocking

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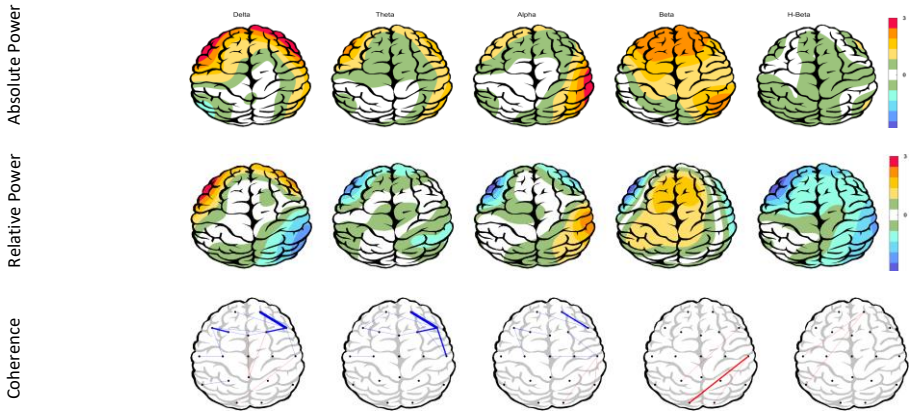
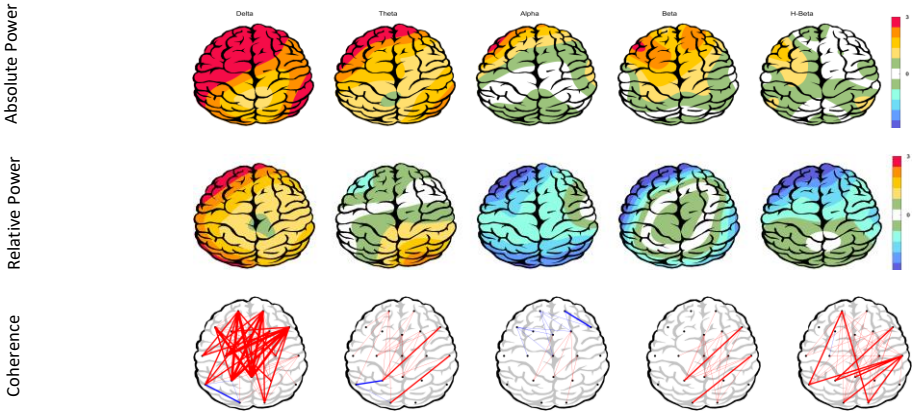
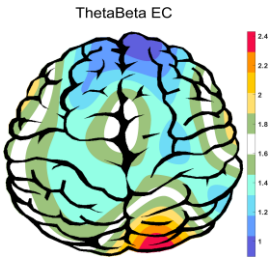
Z Score Summary Information (EC)

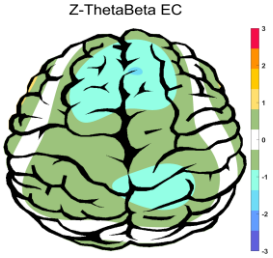


Z Score Summary Information (EO)

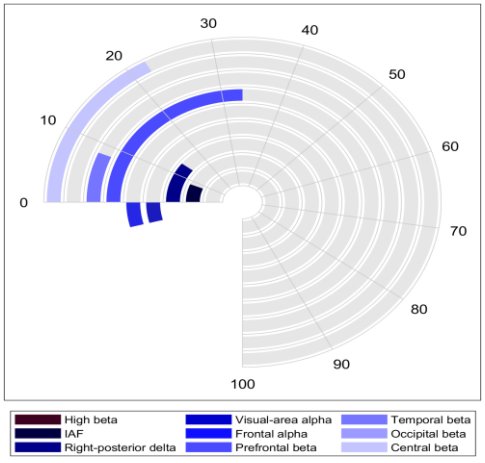


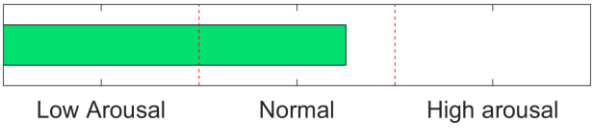
E.C.T/B Ratio (Raw- Z Score)



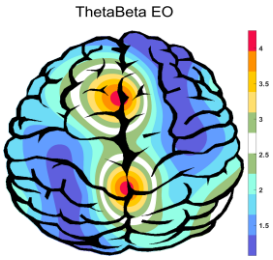


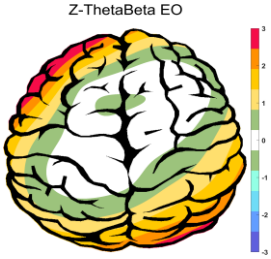
Arousal Level



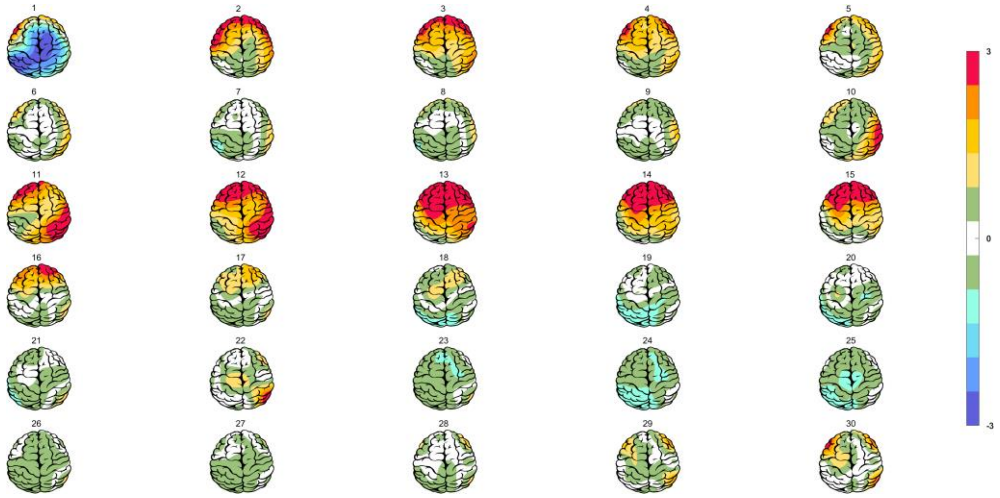


E.O.T/B Ratio (Raw- Z Score)

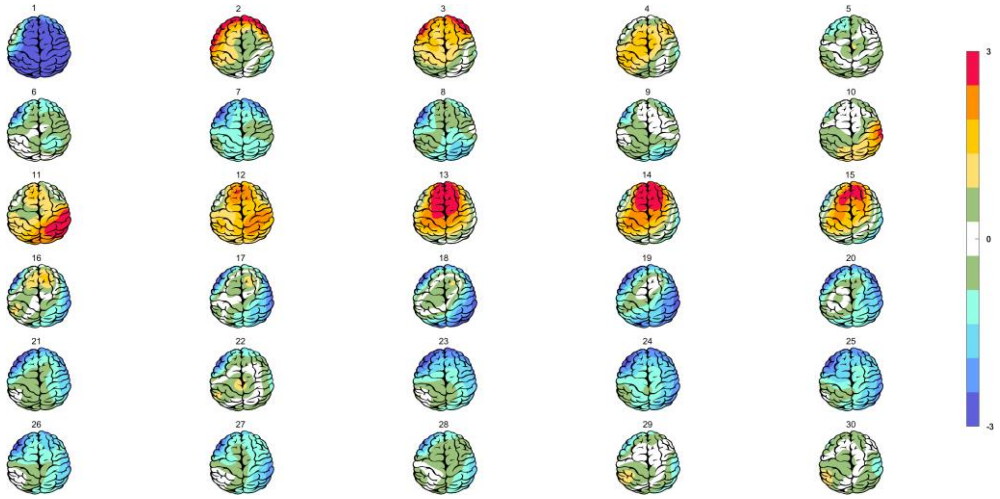




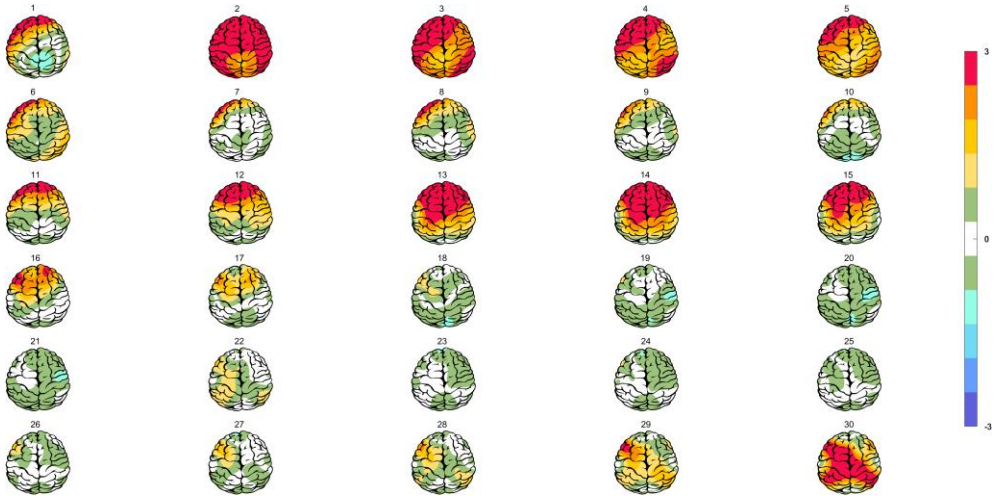
Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)