QEEG Clinical Report

BrainLens V0.4

Report Description

Personal & Clinical Data

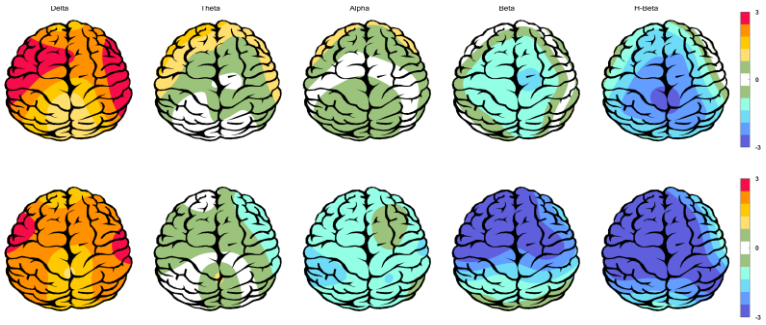
Name	Hosseinanjamrouz	Date of Recording	2025-06-10
Date of Birth - Age	2017-01-13 - 8.14	Gender	Male
Handedness(R/L)	Right	Source of Referral	Ms Mazloumi
Initial Diagnosis	-		
Current Medication	-		

Ms Mazloumi

Summary Report

EEG Quality

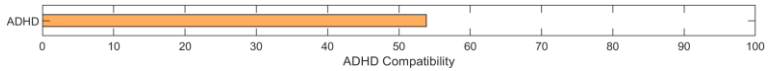
Z-score Information



Absolute Power

Relative Power

Compatibility with ADHD



Arousal Level

APF

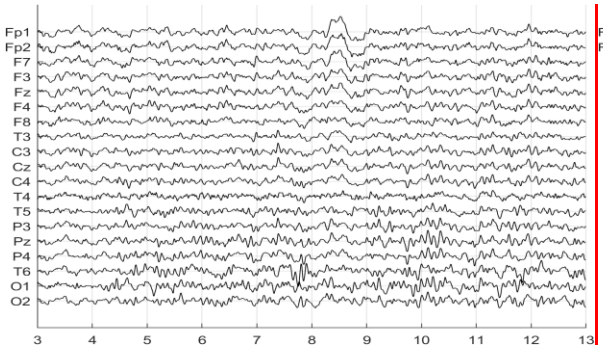
Posterior APF-EC= 09.00

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

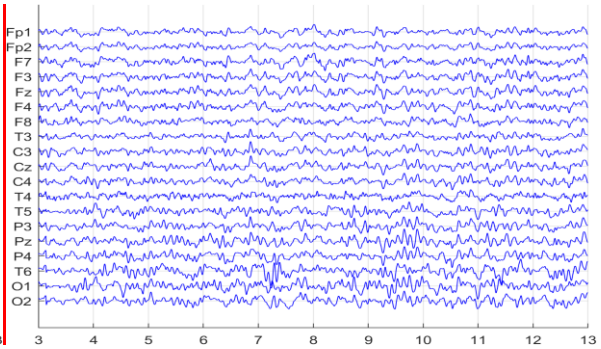
Hosseinanjamrouz\Ms Mazloumi

Denoising Information (EC)

Raw EEG



Denoised EEG



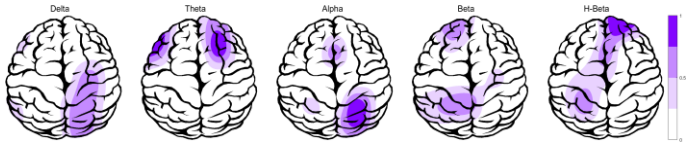
Flat Channels

Rejected Channels

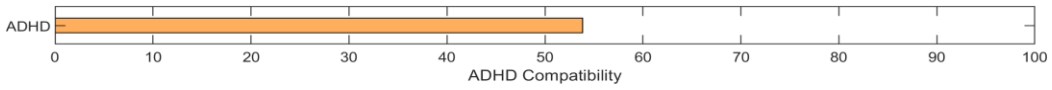
Number of Eye and Muscle Elements				Low Artifact Percentage
Eye	2	**Muscle**	0	
Total Artifact Percentage				**High Artifact Percentage**
EEG Quality	good			**Total Recording Time Remaining** 139.25 sec

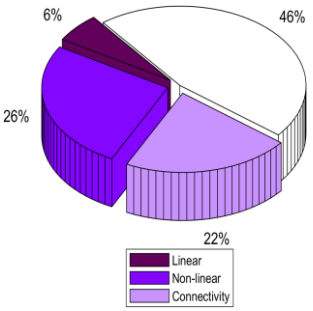
Pathological assessment for ADHD

Compare to ADHD Database

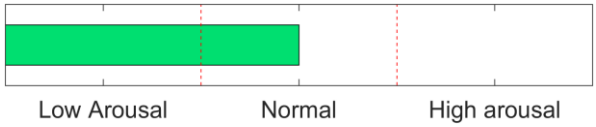


EEG Compatibility with ADHD Diagnosis





Arousal Level Detection



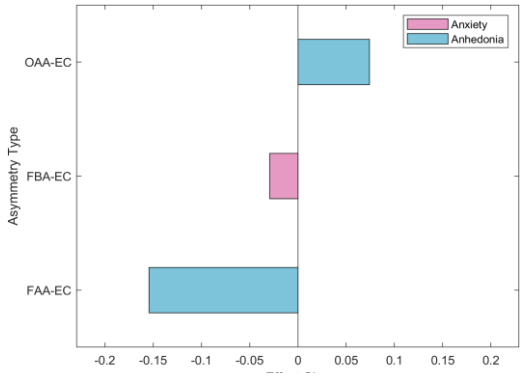
ADHD Clustering *

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

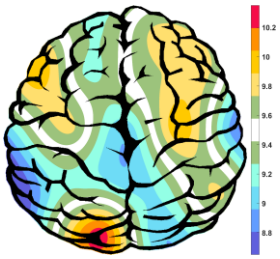
* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.
You can consider anticonvulant medications.

Hosseinanjamrouz\Ms Mazloumi

Alpha Asymmetry(AA)



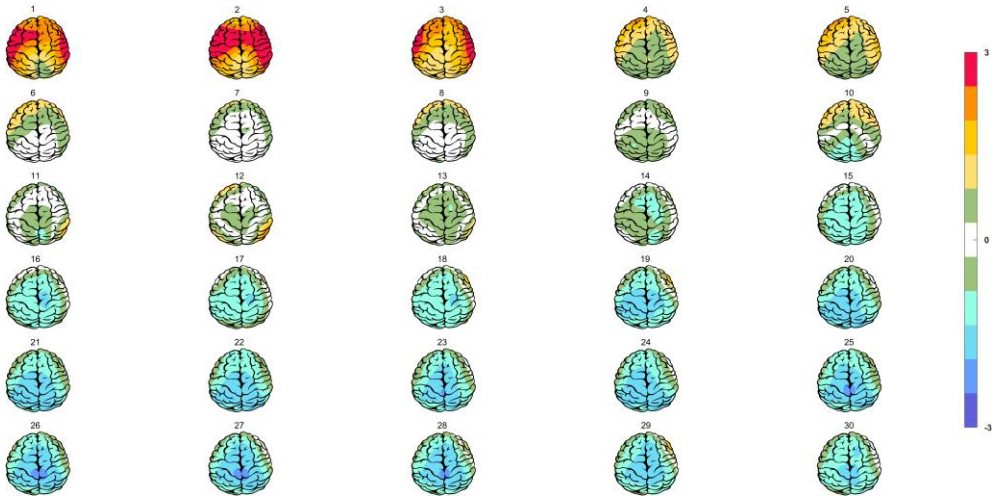
APF(EC)



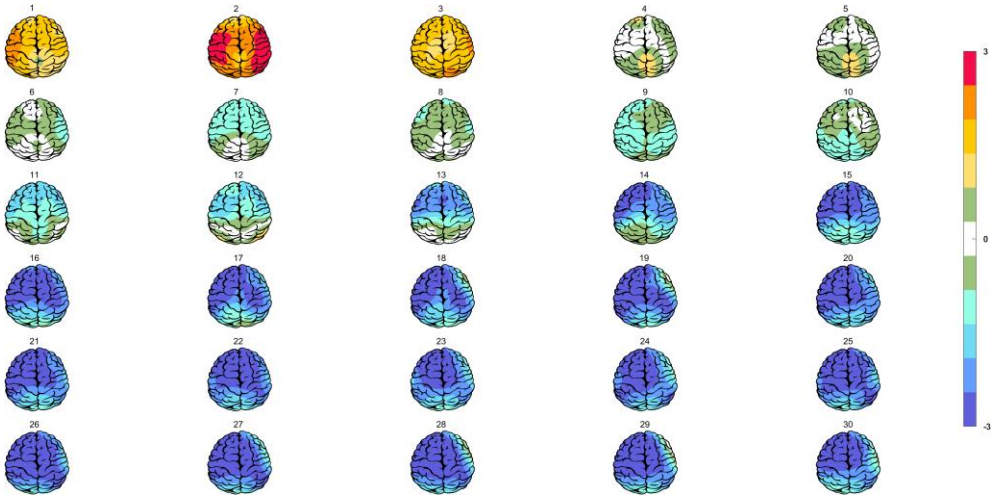
Frontal APF= 09.83

Posterior APF= 09.00

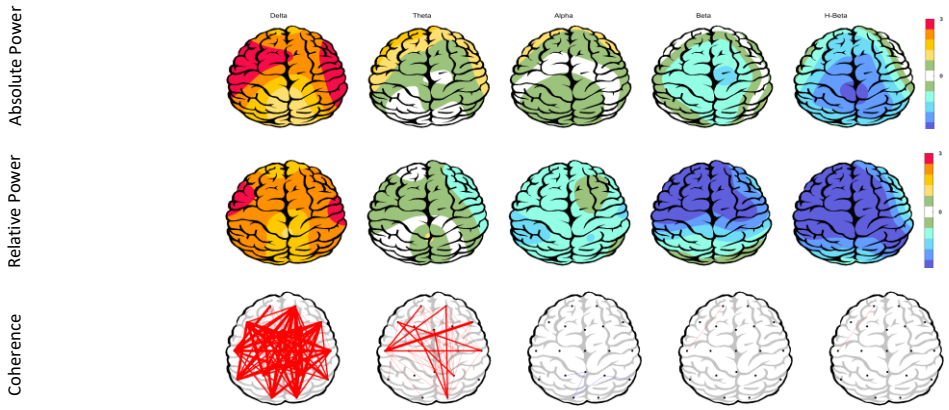
Absolute Power-Eye Closed (EC)



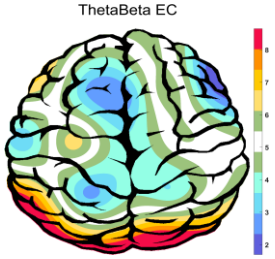
Relative Power-Eye Closed (EC)

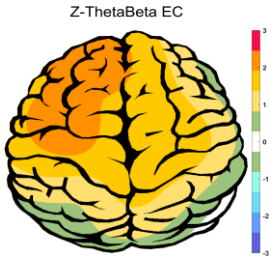


Z Score Summary Information (EC)

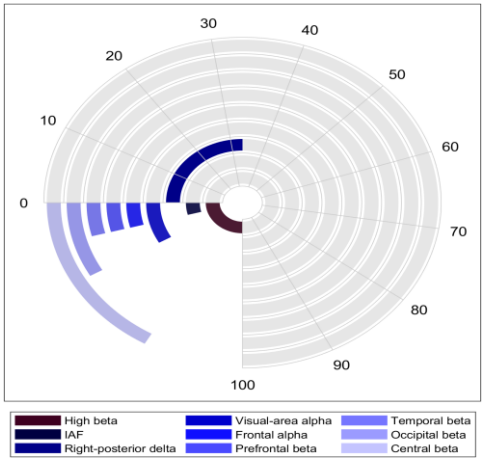


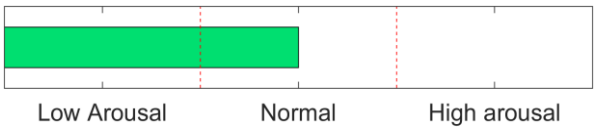
E.C.T/B Ratio (Raw- Z Score)





Arousal Level





EEG Spectra