



QEEG Clinical Report

BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Arsha Darabi	Date of Recording	2024-08-25
Date of Birth - Age	2017-02-09 - 8.55	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Saemeh Khani
Initial Diagnosis	-		
Current Medication	-		

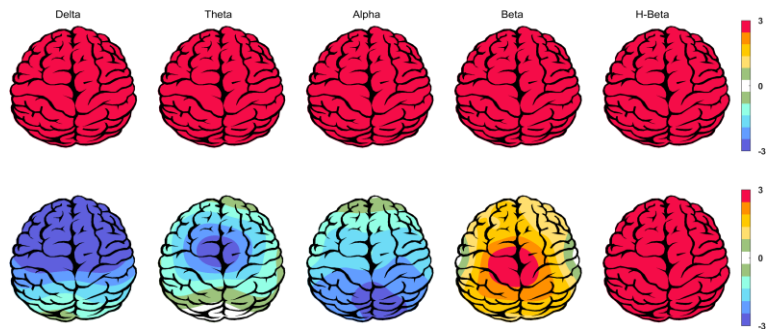
Dr Saemeh Khani

Summary Report

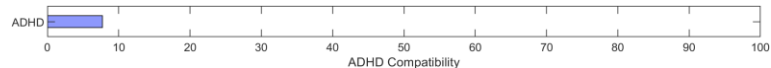
EEG Quality



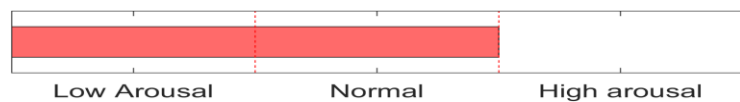
Z-score Information



Compatibility with ADHD



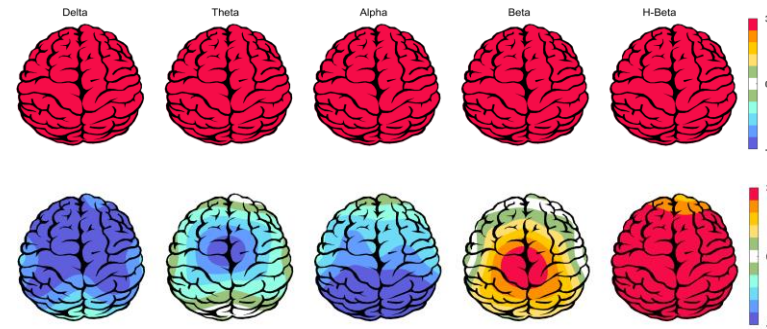
Arousal Level



APF

Posterior APF-EC= 10.25

Posterior APF-EO= 10.62

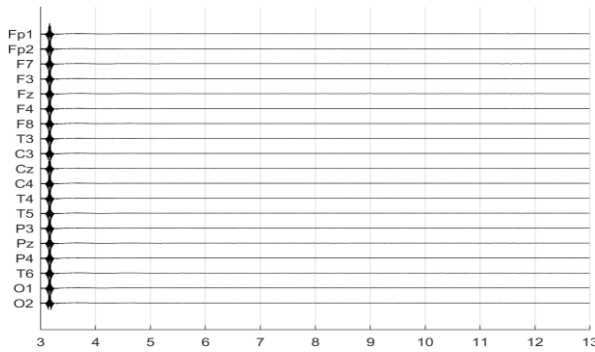


Absolute Power
Relative Power

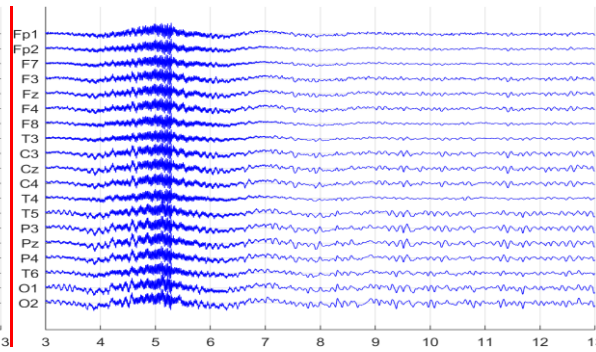
To investigate QEEG-based predicting medication response, please refer to the Report.

Denoising Information (EC)

Raw EEG



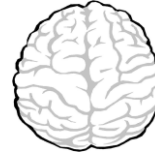
Denoised EEG



Flat Channels



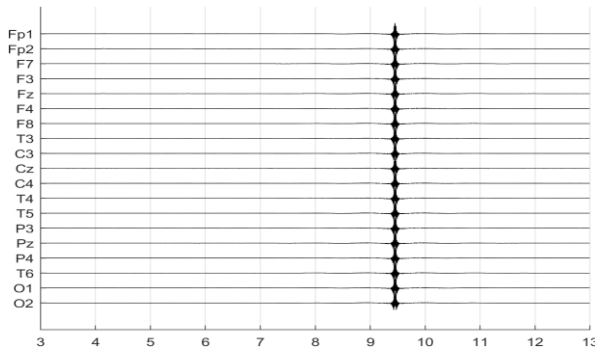
Rejected Channels



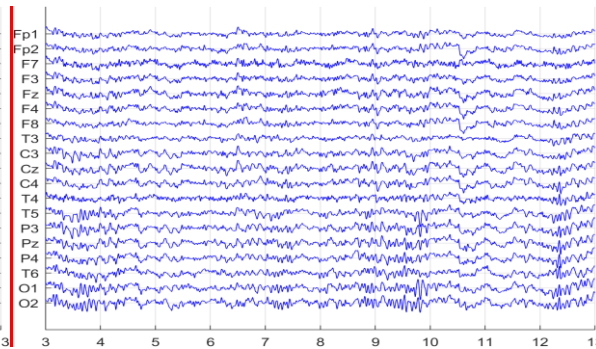
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		bad		Total Recording Time Remaining	
				736.06 sec	

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels



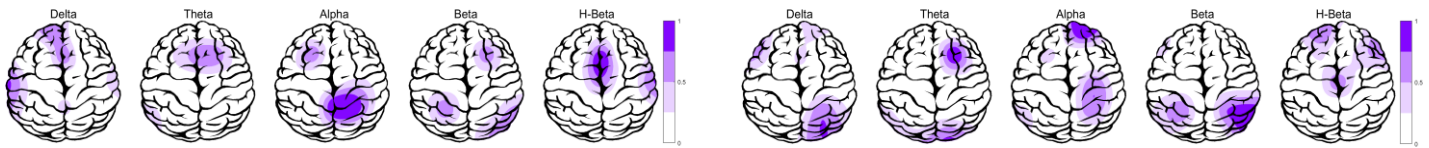
Rejected Channels



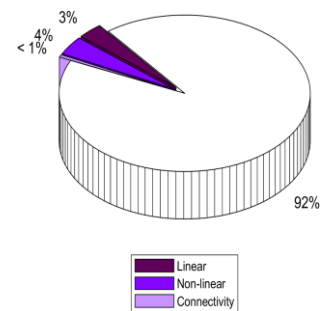
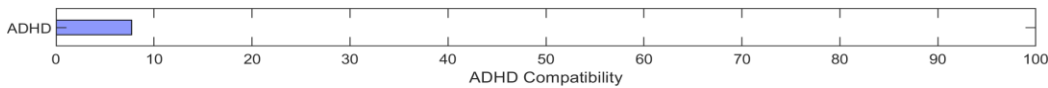
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	2		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining	
				620.81 sec	

Pathological assessment for ADHD

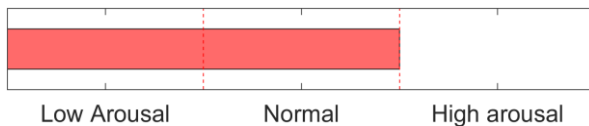
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection

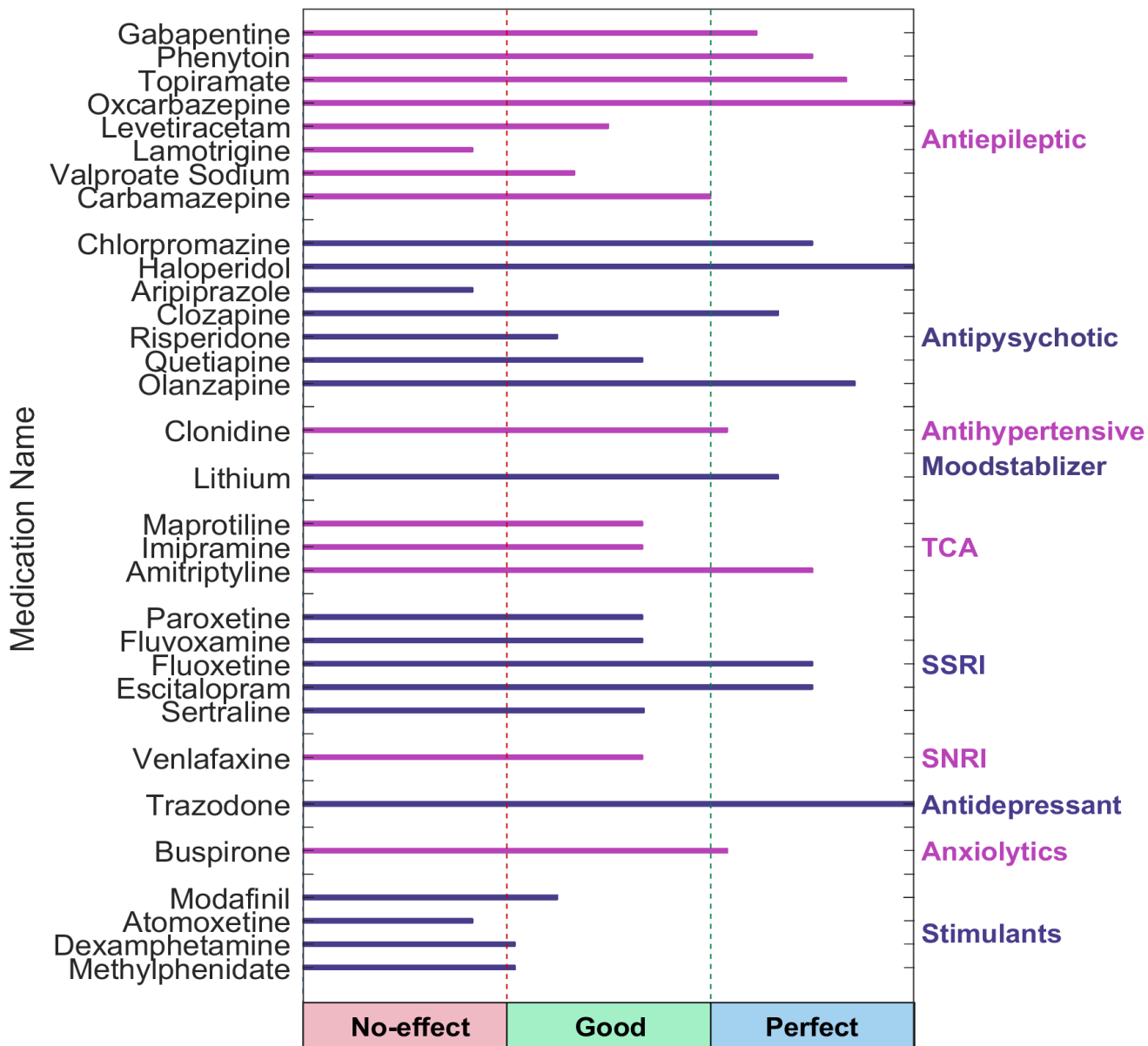


ADHD Clustering *

1. Prone to moody behavior and temper tantrums and mostly inattentive. May respond to neurofeedback and amphetamine-type stimulants, consider anticonvulsants or clonidine, avoid SSRI.

* 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



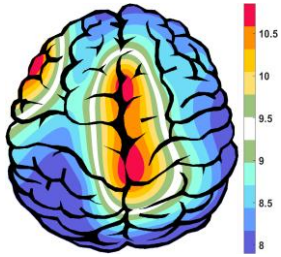
Explanation

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 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.

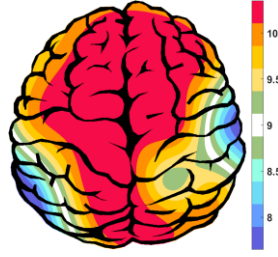
APF(EO)



Frontal APF= 08.75

Posterior APF= 10.62

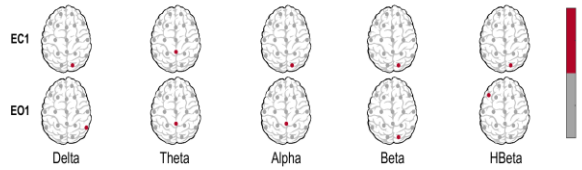
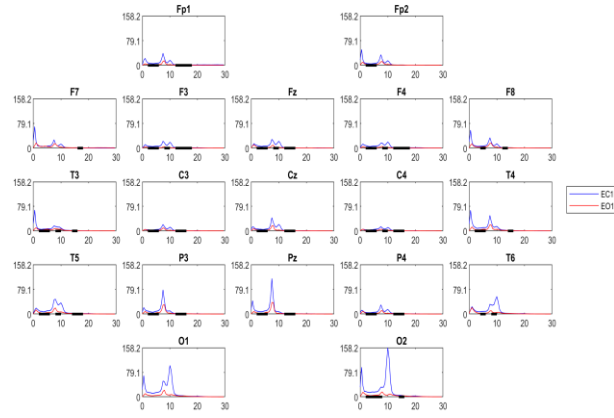
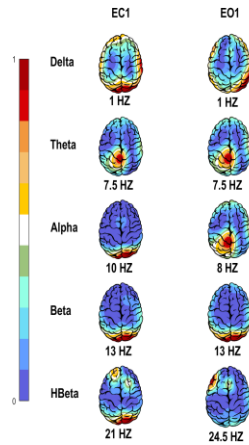
APF(EC)



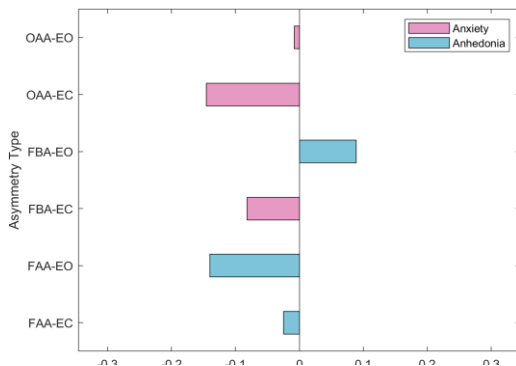
Frontal APF= 10.25

Posterior APF= 10.25

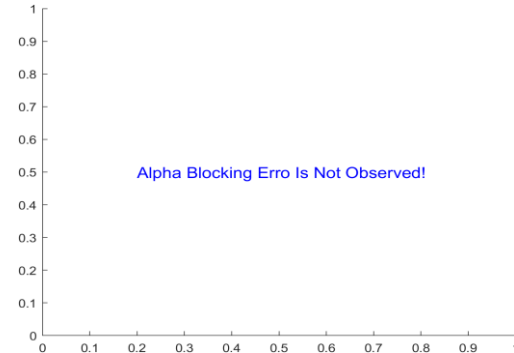
EEG Spectra



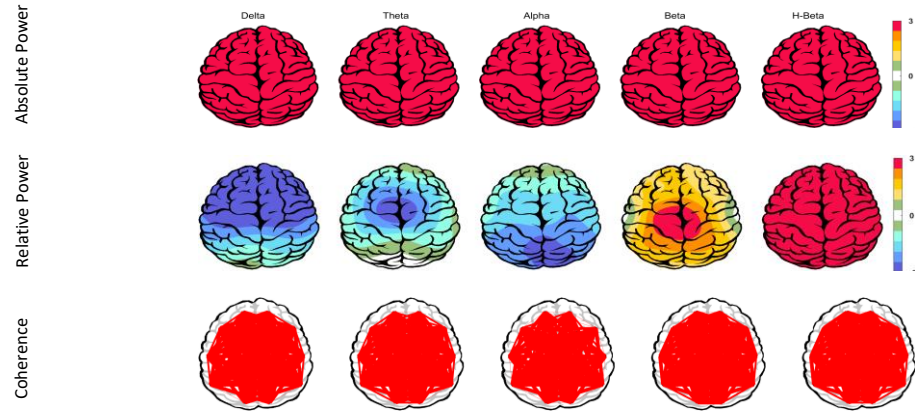
Alpha Asymmetry(AA)



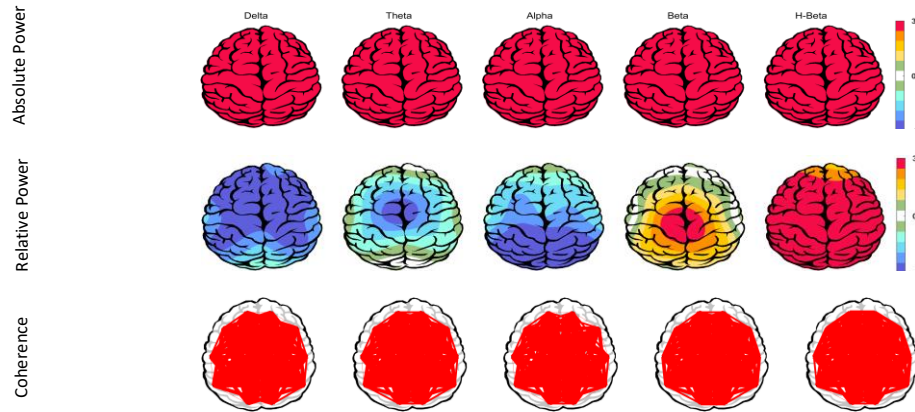
Alpha Blocking



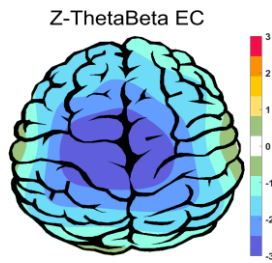
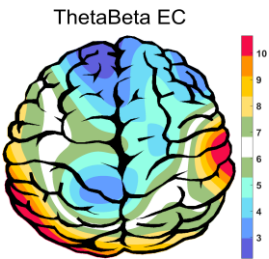
Z Score Summary Information (EC)



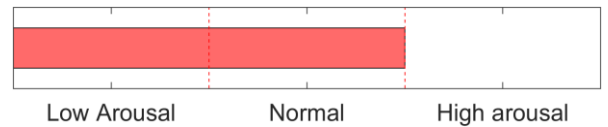
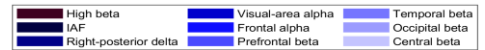
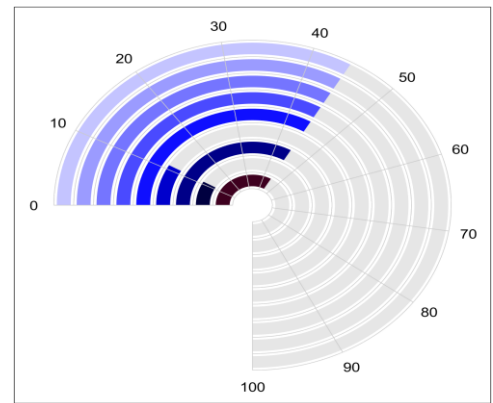
Z Score Summary Information (EO)



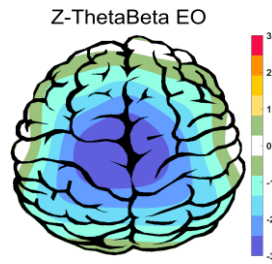
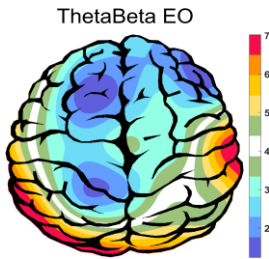
E.C.T/B Ratio (Raw- Z Score)



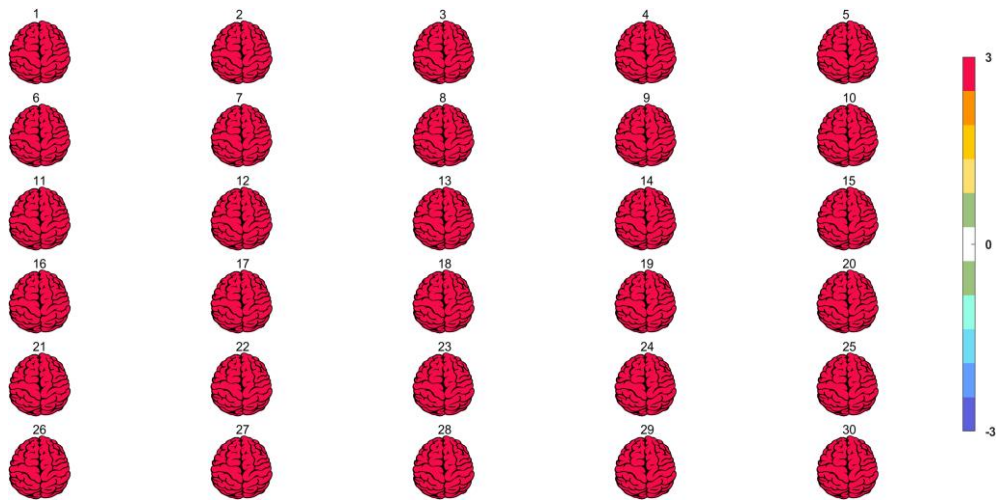
Arousal Level



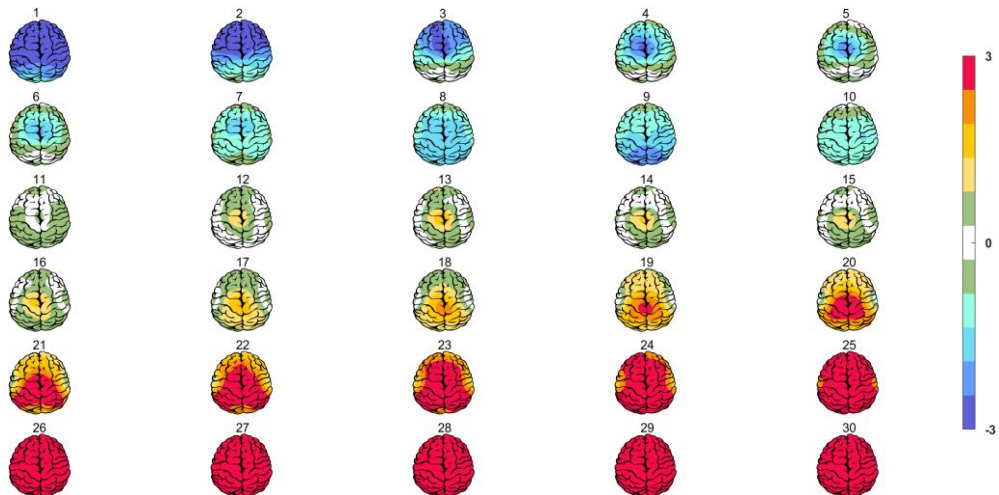
E.O.T/B Ratio (Raw- Z Score)



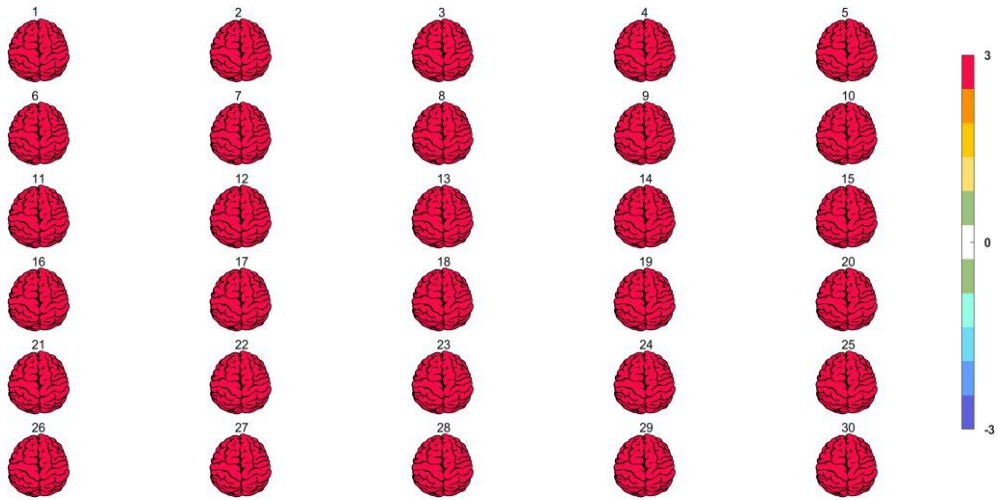
Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)

