





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Mahanalaei	Date of Recording	2025-09-03	
Date of Birth - Age	2017-03-21 - 8.45	Gender	Male	
Handedness(R/L)	Right	Source of Referral	Kamal Barzegar Ghazi	
Initial Diagnosis	ADHD			
Current Medication		-		

Kamal Barzegar Ghazi

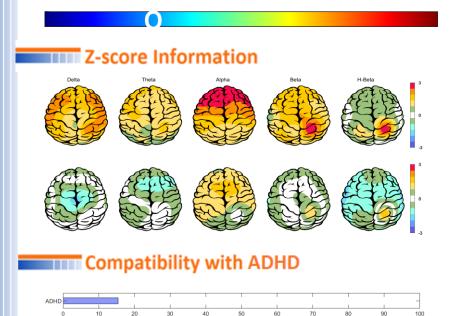
Summary Report











Arousal Level





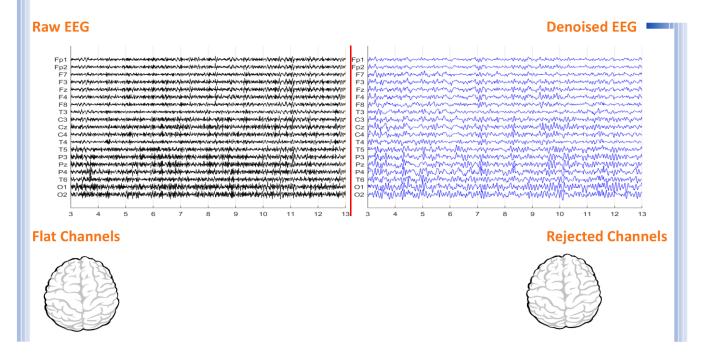
Posterior APF-EC= 09.75

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





Denoising Information (EC)



Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	0	0	
Total Artifact Percentage				High Artifact Percentage	
()					
EEG Qual i	ity	good		Total Recording Time Remaining 151.10 sec	



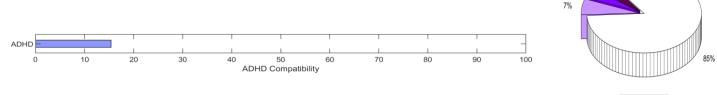


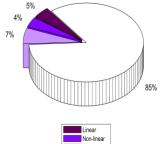
Pathological assessment for ADHD

Compare to ADHD Database

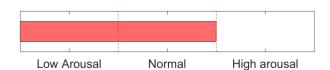


EEG Compatibility with ADHD Diagnosis





Arousal Level Detection



ADHD Clustering *

1. Least impulsive group, almost only inattentive. May respond to stimulants.

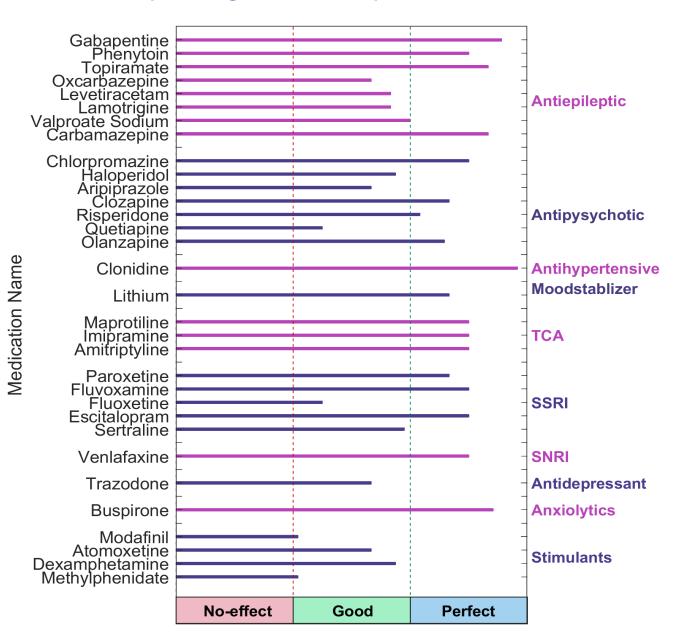
* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.

You can consider anticonvulant medications.





QEEG based predicting medication response



Explanation



Medication Recommendation

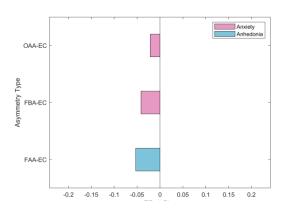
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies. 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.

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.

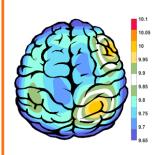




Alpha Asymmetry(AA)



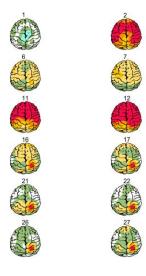
APF(EC)

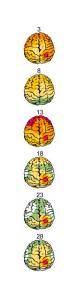


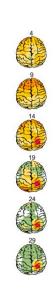
Frontal APF= 09.75

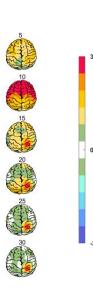
Posterior APF= 09.75

Absolute Power-Eye Closed (EC) 🥟

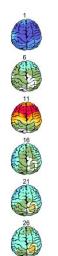


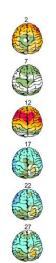


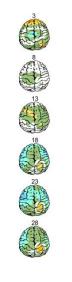




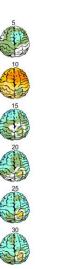
Relative Power-Eye Closed (EC) 🌮







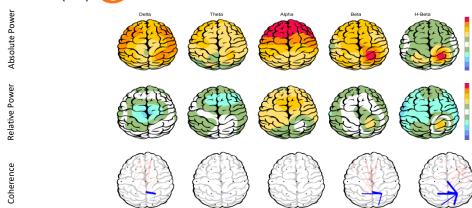




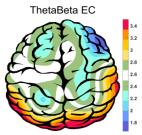


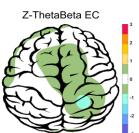


Z Score Summary Information (EC)



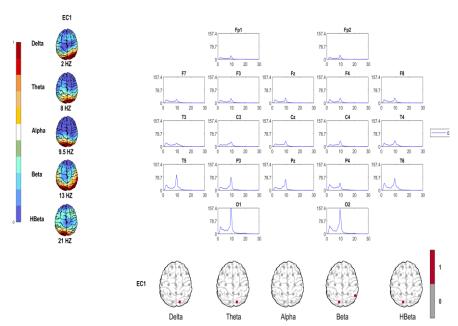
E.C.T/B Ratio (Raw- Z Score)





EEG Spectra





Arousal Level

