





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

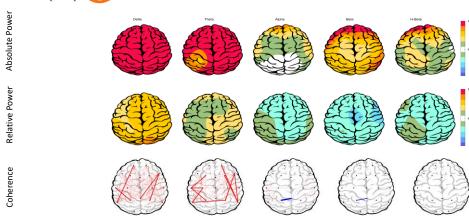
| Name | Payam Zeynali | Date of Recording | 2025-09-14 | | |
|---------------------|---------------------------|--------------------|------------------------------|--|--|
| Date of Birth - Age | 1989-03-26 - 36.6 | Gender | Male | | |
| Handedness(R/L) | Right | Source of Referral | Asayesh Psychiatric Clinic - | | |
| Initial Diagnosis | Methamphetamine-Methadone | | | | |
| Current Medication | | - | | | |

Asayesh Psychiatric Clinic -Dr Torabi

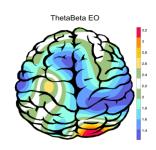


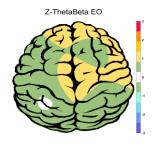


Z Score Summary Information (EO)

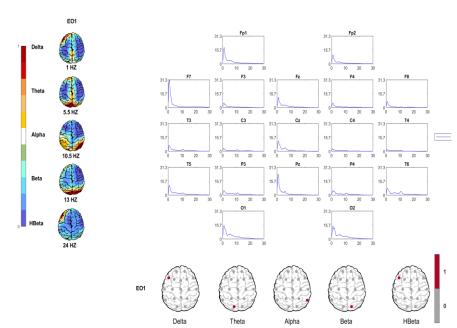


E.O.T/B Ratio (Raw- Z Score)

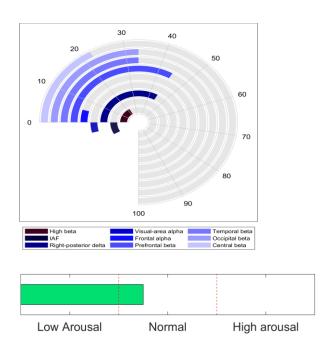




EEG Spectra



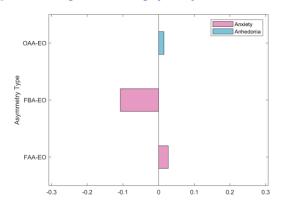
Arousal Level



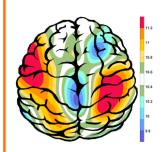




Alpha Asymmetry(AA)



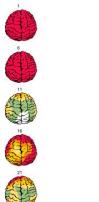
APF(EO)

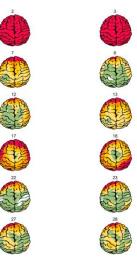


Frontal APF= 10.67

Posterior APF= 09.88

Absolute Power-Eye Open (EO) 🕢

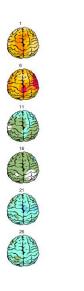


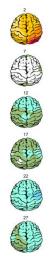


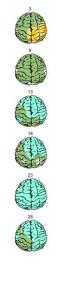


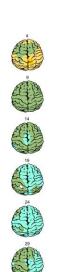


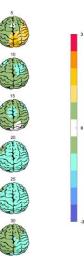
Relative Power-Eye Open (EO)







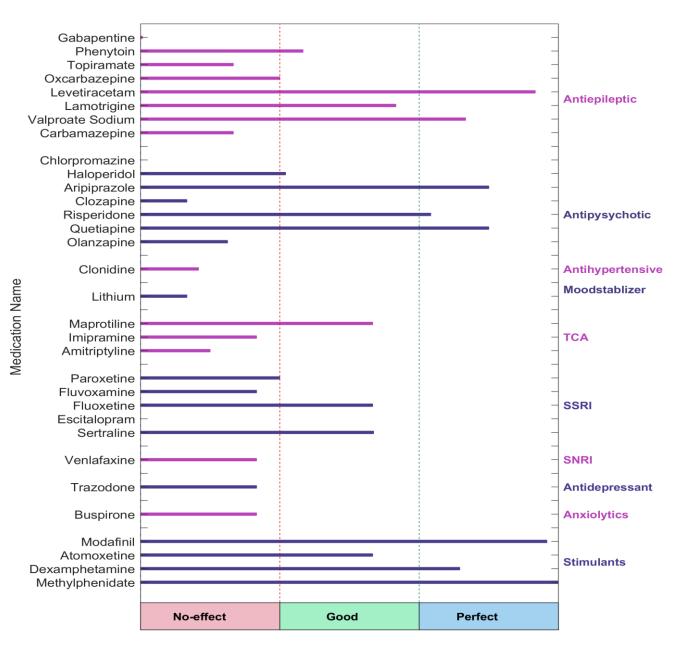








QEEG based predicting medication response



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.





Report

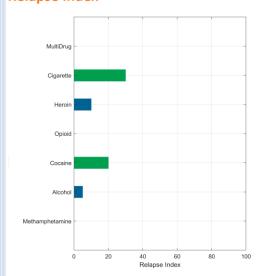
| گزارش: 1 | |
|--------------------|--|
| نتایج تشخیصی: | |
| 1 | |
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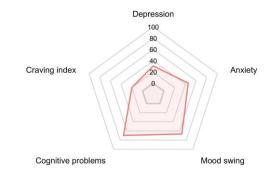


Pathological Assessment for Substance Abuse

Relapse Index

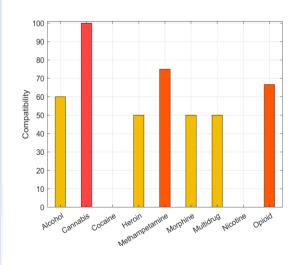


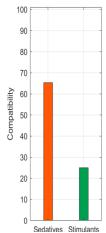
Comorbid Symptoms



Relapse Index graph shows the relapse index based on a combination of EEG neuromarkers. If the type of substance your patient uses is included in this chart, you can read its relapse rate. The condition for using this chart is that the patient consumes each substance specified in the chart. If your patient does not consume each of the substances specified in the chart, the index shown is not valid.

Subsance Abuse Compatibiliy





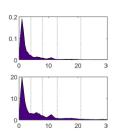
The Compatibility graph shows the compatibility of the patient's EEG neuromarkers and the alternations that the specific substance causes in the EEG. In other words, this chart indicates that your patient has how percentage of validated neuromarkers due to the use of specific substances.

Using this chart, you can figure out how substances have affected EEG and if multiple drugs were used, which one has the most dominant effect. If your patient does not consume each of the substances specified in the chart, the index shown is not valid.

Functional Problems Source Detection

Eyes Open













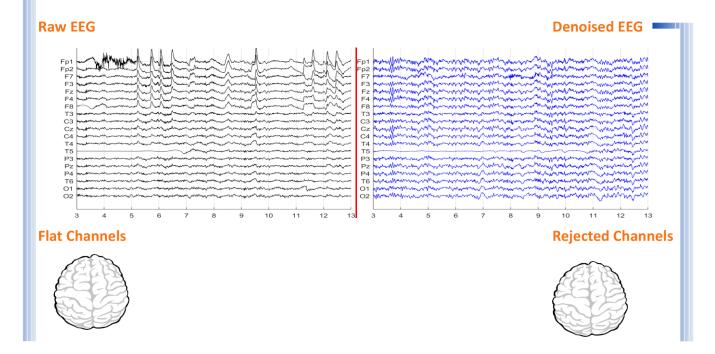
Brodmann area 44 Brodmann area 45 Inferior Frontal Gyrus

Middle Frontal Gyrus





Denoising Information (EO)



| Number of Eye and Muscle Elements | | | | Low Artifact Percentage | |
|-----------------------------------|---|--------|---|--------------------------|--|
| Eye | 3 | Muscle | 2 | 0 | |
| Total Artifact Percentage | | | | High Artifact Percentage | |
| | | | | 0 | |
| EEG Quality good | | | Total Recording Time Remaining 161.24 sec | | |

Summary Report









Z-score Information























Arousal Level





Posterior APF-EO= 09.88

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