



QEEG Clinical Report

BrainLens V0.4



Report Description

Personal & Clinical Data

Name	Abolfazl Dabestan	Date of Recording	2025-09-20
Date of Birth - Age	2014-08-31 - 11.05	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Mohammadhasani
Initial Diagnosis	ADHD		
Current Medication	-		

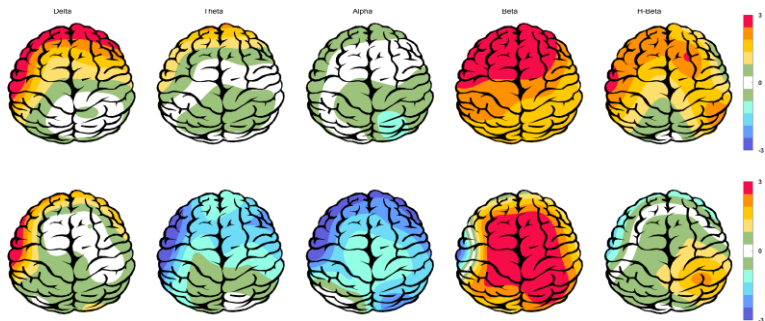
Dr Mohammadhasani

Summary Report

EEG Quality

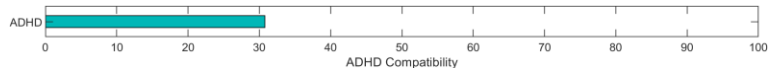


Z-score Information

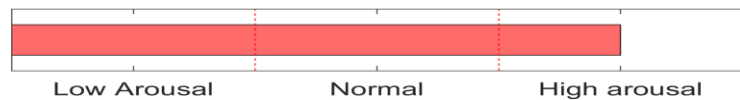


Absolute Power
Relative Power

Compatibility with ADHD



Arousal Level



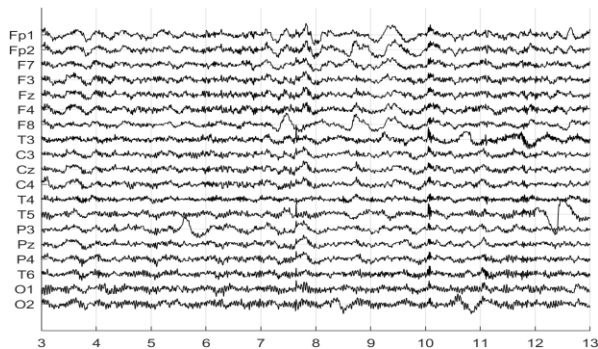
APF

Posterior APF-EC= 11.62

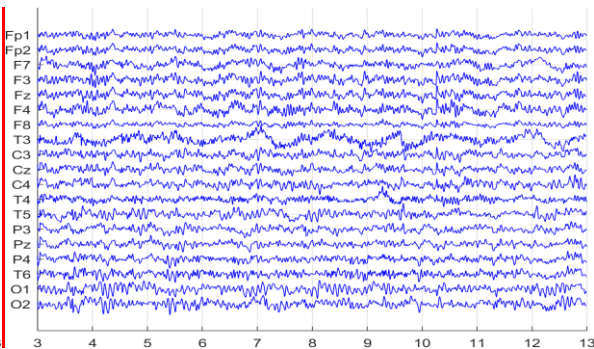
To investigate QEEG-based predicting medication response, please refer to the Report.

Denoising Information (EC)

Raw EEG



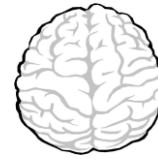
Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye 3 Muscle 0

Total Artifact Percentage



EEG Quality good

Low Artifact Percentage



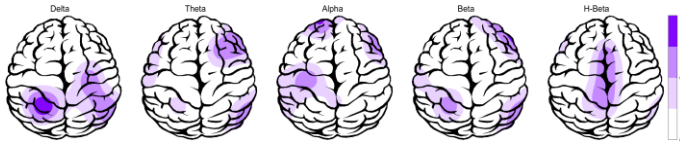
High Artifact Percentage



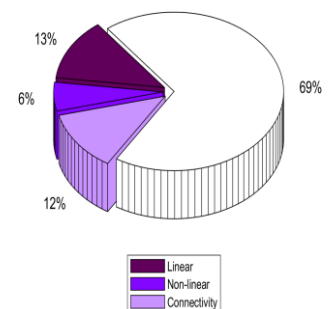
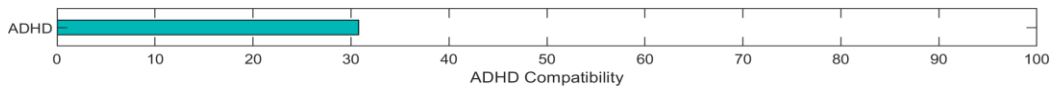
Total Recording Time Remaining 461.12 sec

Pathological assessment for ADHD

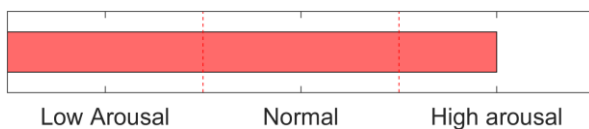
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection

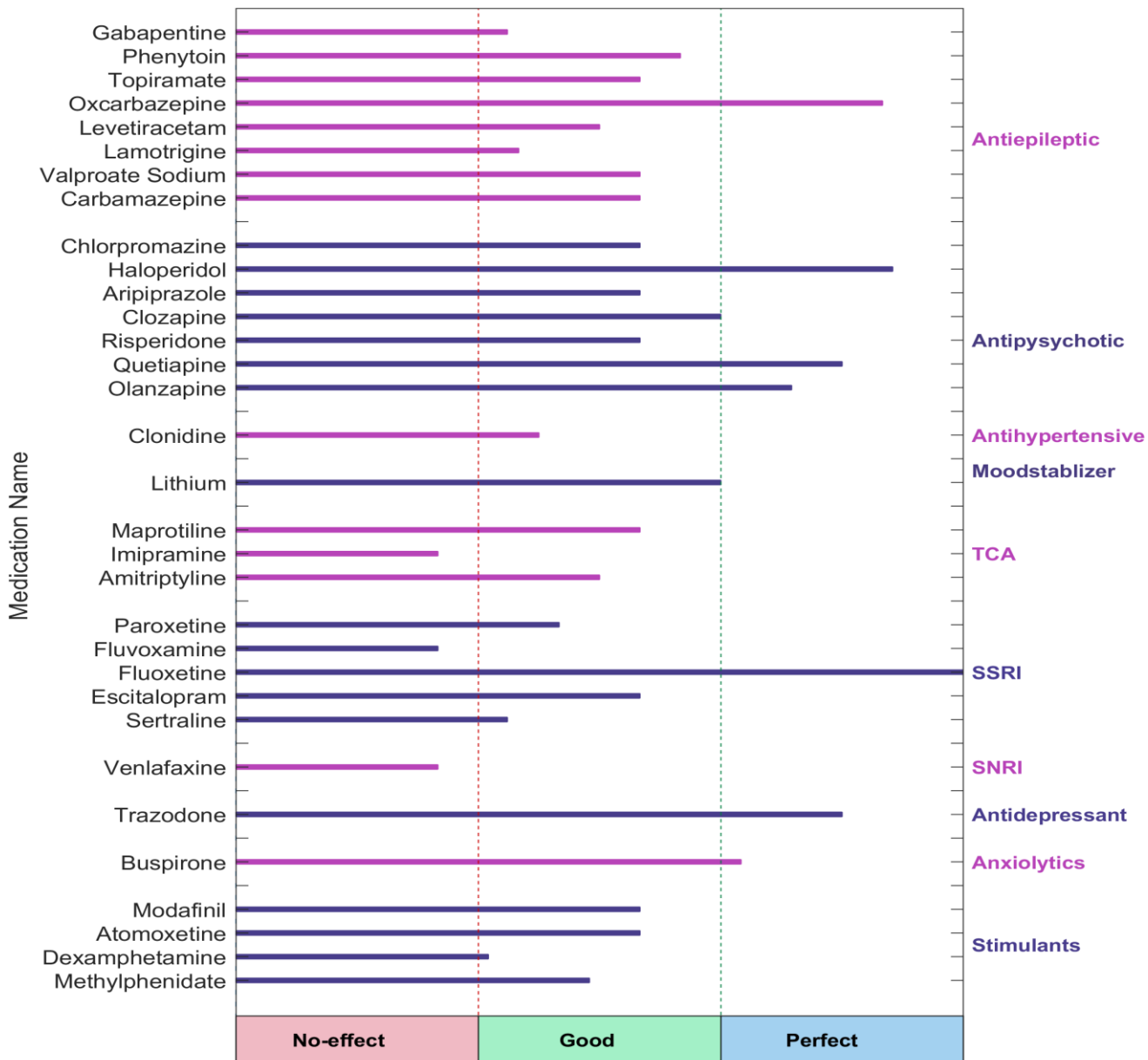


ADHD Clustering *

1. Prone to moody behavior and temper tantrums. May be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Avoid stimulants, benzodiazepines, SSRI and SNRI. Consider clonidine.
2. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. 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



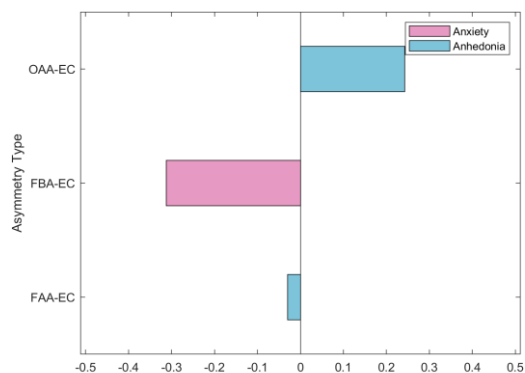
Explanation

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 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 .

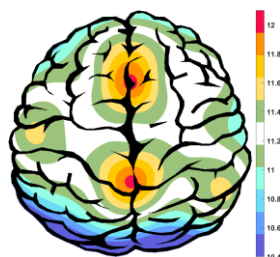
Medication Recommendation

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.

Alpha Asymmetry(AA)



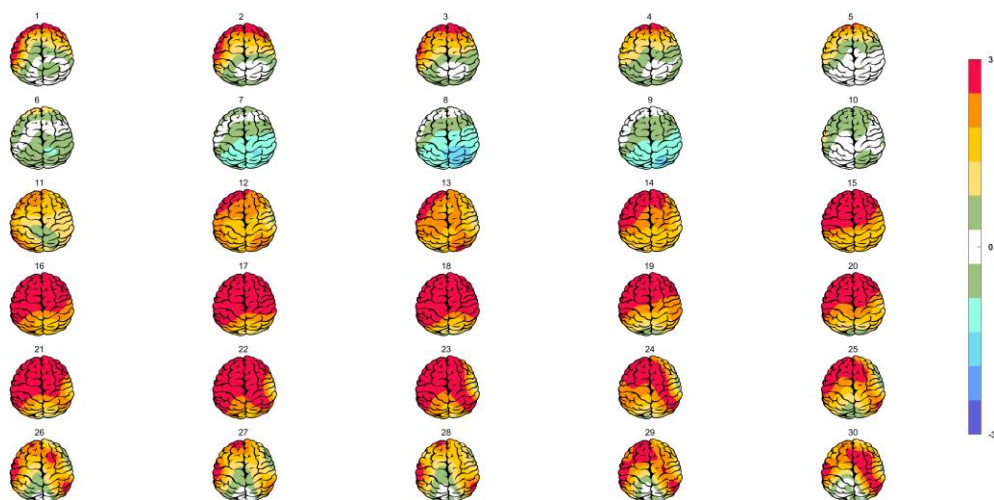
APF(EC)



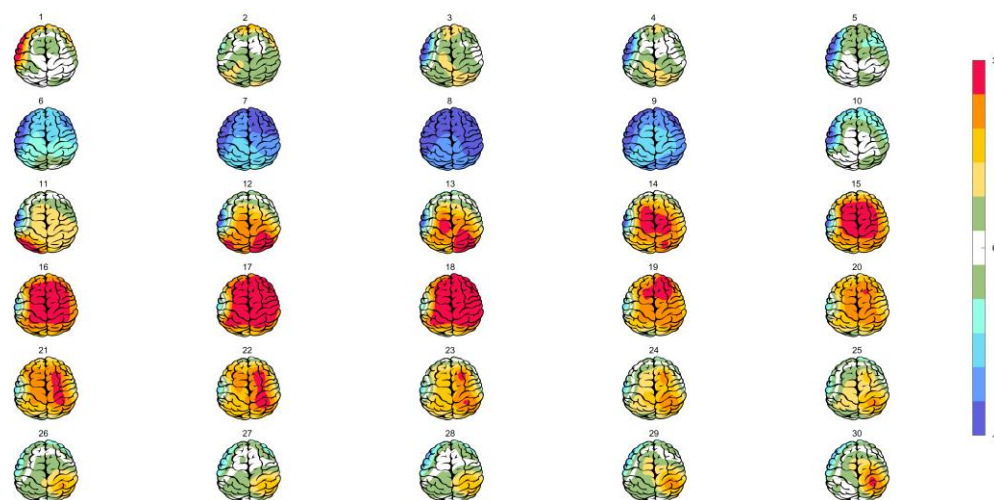
Frontal APF= 11.25

Posterior APF= 11.62

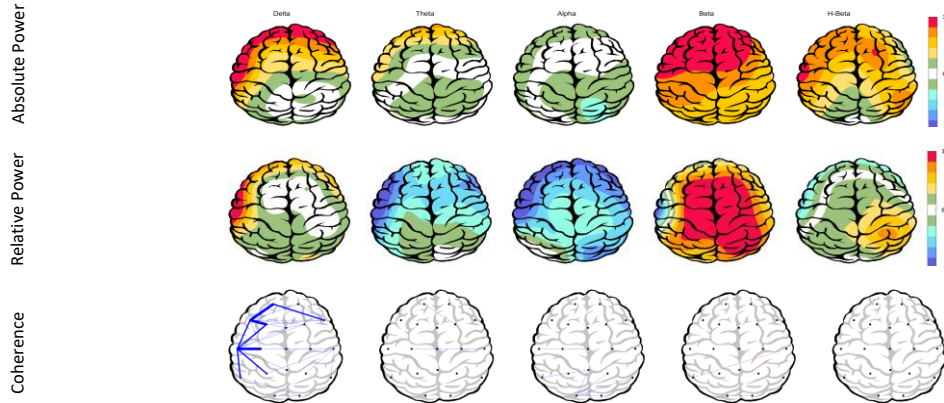
Absolute Power-Eye Closed (EC)



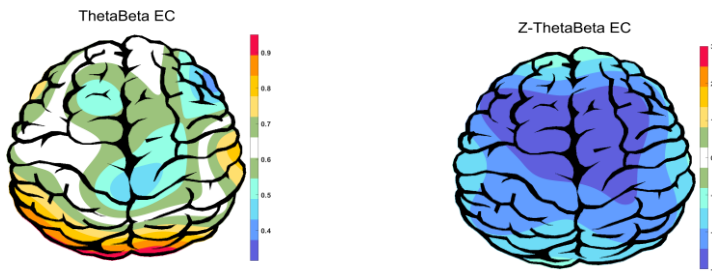
Relative Power-Eye Closed (EC)



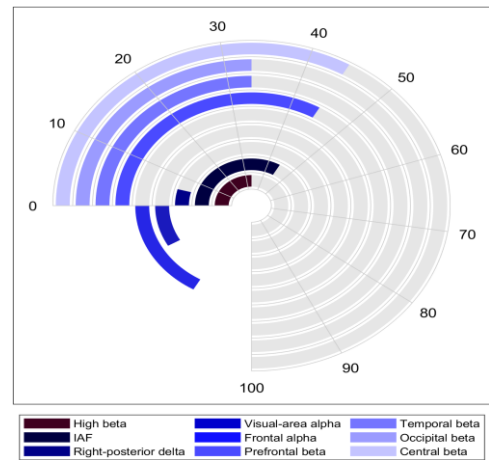
Z Score Summary Information (EC)



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



Arousal Level



EEG Spectra

