QEEG Clinical Report

EEGLens





The QEEG report is provided by NPCindex Company, operating under the QEEGhome brand.

Personal Data:

Name: Mohammad Mahdi Abdoli

Gender: Male

Age: 2013-03-16 - 12.7 Handedness: Right

Clinical Data:

Initial diagnosis: -

Medication: -

Date of Recording: 2025-10-06 Source of Referral: Dr Darabi

This case belongs to Dr Darabi





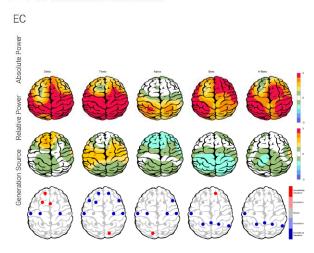




■ EEG Quality

EC

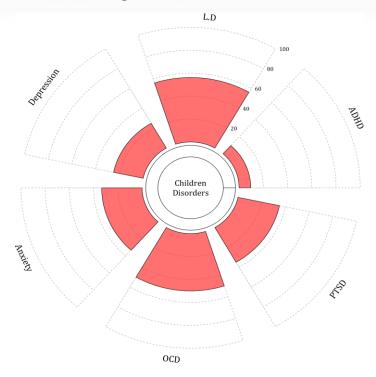
Z-score Information



■ EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
AFP - EC	Frontal	09.00	Normal
AFP - EC	Occipital	09.12	Normal
Arousal Level - EC		-	Low

■ Pathological Assessment

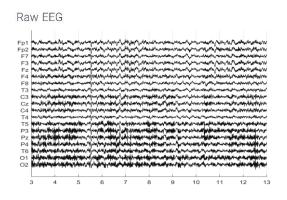






Denoising Information

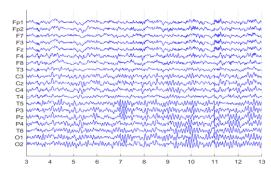
Eye Close







Denoised EEG



Flat Channel



Total Recording Time Remaining: 315.19 sec

Number of Eye and Muscle Elements

Eye: 0 Muscle: 0

Low Artifact Percentage

0

High Artifact Percentage

Total Artifact Percentage

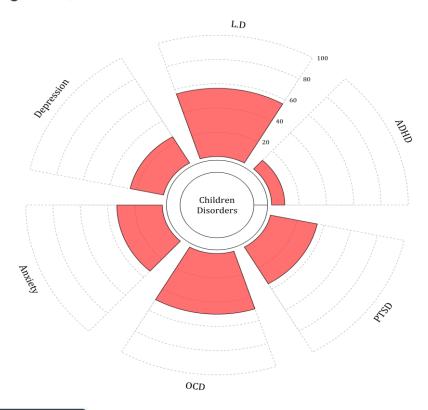
EEG Quality: perfect





Pathological Assessment

Main Diagnosis: Children Disorder



ADHD Subtypes

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

Description

According to the guidelines, psychiatric disorders in children (under 17 years) include ADHD, learning disorder (LD), PTSD, OCD, depression, and anxiety. In the above graph, the red area shows the percentage of each disorder from your patient's EEG markers. Observe that each disorder marker is not unique and can be shared with others.

References: Sadock, B. J., Sadock, V. A., & Ruiz, P. (Eds.). (2025). Kaplan and Sadock's comprehensive textbook of psychiatry (11th ed., Vols. 1–2). Wolters Kluwer Sadock, B. J., Sadock, V. A., & Ruiz, P. (2022). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (12th ed.). Wolters Kluwer

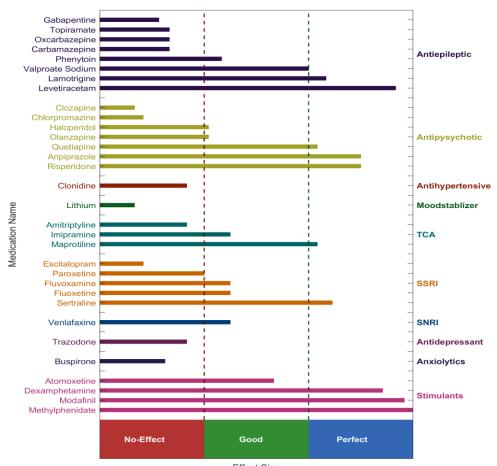
User Manual







QEEG Based Predicting Medication Response



Effect Size

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 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 .

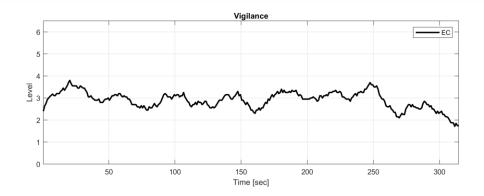
Medication Recommendation

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.

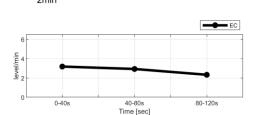




Vigilance



Vigilance Slope -0.20



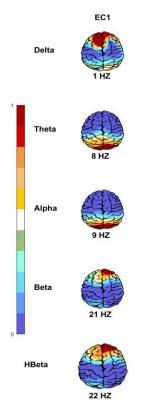
EEG Neuromarker Values

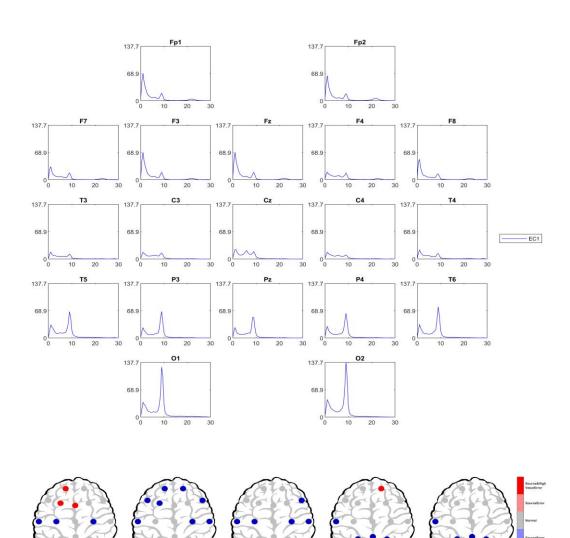
Neuromarker	Region	Value	Assessment
AFP	Frontal	09.00	Normal
AFP	Occipital	09.12	Normal
Alpha Asymmetry	Frontal	-0.01	Anhedonia
Alpha Asymmetry	Occipital	-0.02	Anhedonia
Beta Asymmetry	Frontal	00.02	Anhedonia
Arousal Level		-	Low
Vigilance Level	= =	03.00	Normal
Vigilance Mean		02.90	Normal
Vigilance Regulation		-0.20	Normal
Vigilance 0 Stage (%)	- =	00.00	Normal
Vigilance A1 Stage (%)	_	09.21	-





EEG Spectra



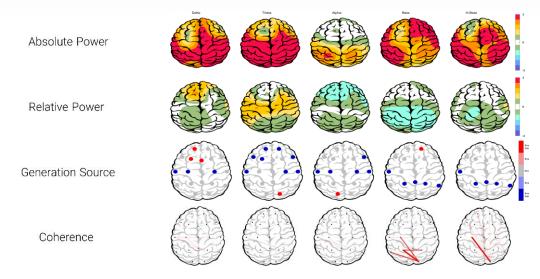




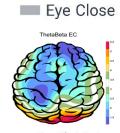


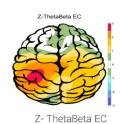
Z Score Summary Information

Eye Close



Theta/Beta Ratio

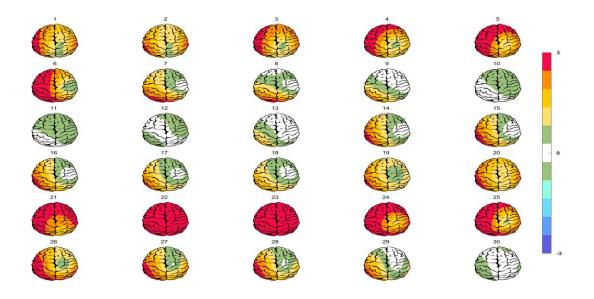








Absolute Power-Eye Close



Relative Power-Eye Close

