## **QEEG Clinical Report**

**EEGLens** 





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

#### **Personal Data:**

Name: Mahor Khoshhaltalab

Gender: Male

Age: 2018-06-13 - 7.5 Handedness: Right

#### **Clinical Data:**

Initial diagnosis: -

Medication: -

Date of Recording: 2025-10-14 Source of Referral: Ms Moradi

This case belongs to Ms Moradi





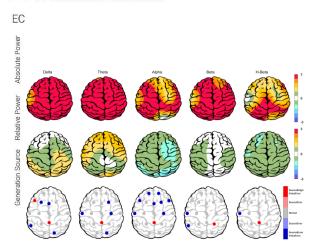




#### **EEG** Quality

EC

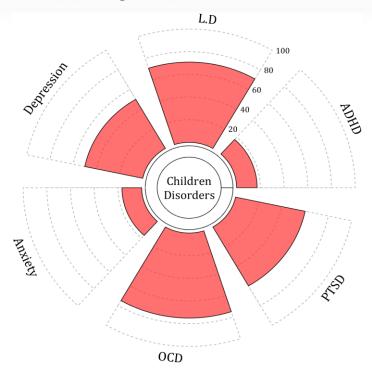
#### Z-score Information



#### **■ EEG Neuromarker Values**

Neuromarker	Region	Value	Assessment
AFP - EC	Frontal	10.25	High
AFP - EC	Occipital	10.50	High
Arousal Level - EC	-	-	Normal

#### **■** Pathological Assessment



QEEGhome Clinical Report

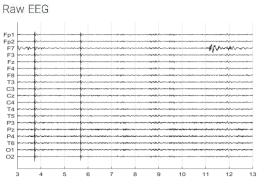
Ms Moradi





## **Denoising Information**

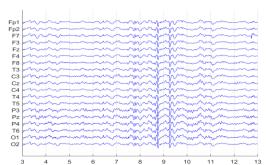
#### Eye Close







Denoised EEG



Flat Channel



**Total Recording Time Remaining:** 320.68 sec

**Number of Eye and Muscle Elements** 

Eye: 0 Muscle: 0

Low Artifact Percentage

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High Artifact Percentage

 $\mathbf{O}$ 

**Total Artifact Percentage** 

0

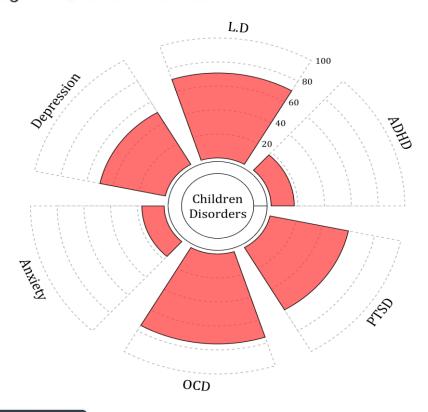
**EEG Quality:** good





#### **Pathological Assessment**

## Main Diagnosis: Children Disorder



#### **ADHD Subtypes**

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

#### **Description**

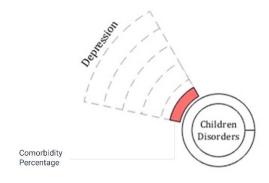
According to the guidelines, psychiatric disorders in children (under 17 years) include *ADHD*, learning disorder (LD), PTSD, OCD, depression, and anxiety.

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

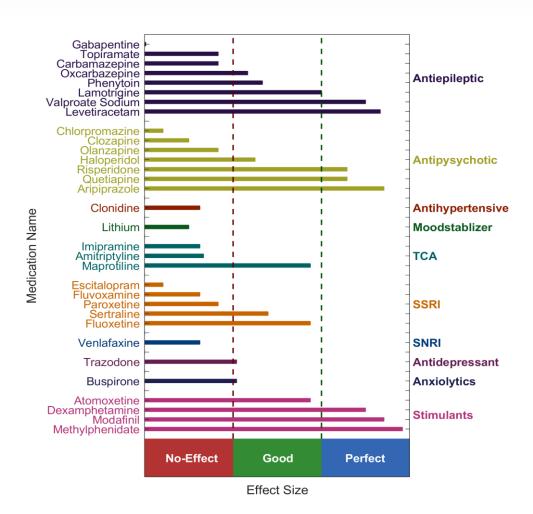
#### User Manual







#### **QEEG Based Predicting Medication Response**



#### **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 .

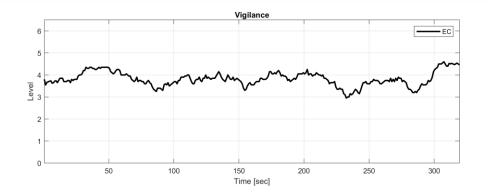
#### **Medication Recommendation**

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.

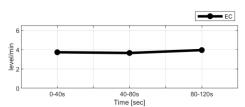




## Vigilance



# Vigilance Slope -0.06 <sub>2min</sub>



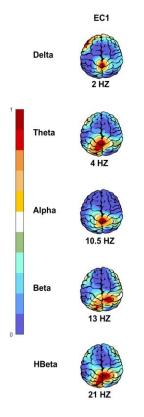
## **EEG Neuromarker Values**

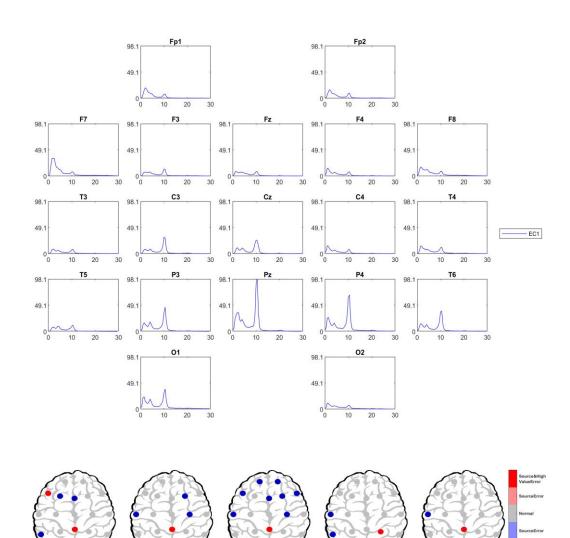
Neuromarker	Region	Value	Assessment
APF	Frontal	10.25	High
APF	Occipital	10.50	High
Alpha Asymmetry	Frontal	00.15	Anxiety
Alpha Asymmetry	Occipital	00.61	Anxiety
Beta Asymmetry	Frontal	00.11	Anhedonia
Arousal Level		-	Normal
Vigilance Level		04.00	Normal
Vigilance Mean		03.82	Normal
Vigilance Regulation		-0.06	Normal
Vigilance 0 Stage (%)		00.00	Normal
Vigilance A1 Stage (%)		36.56	-





## **EEG Spectra**



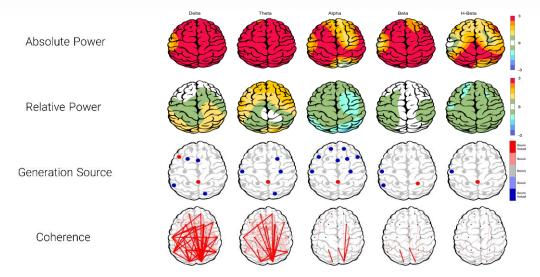




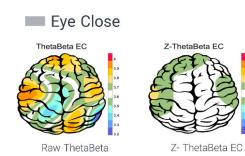


## **Z Score Summary Information**

Eye Close



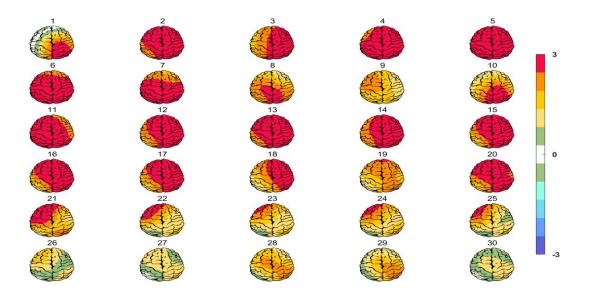
## Theta/Beta Ratio







## **Absolute Power-Eye Close**



## **Relative Power-Eye Close**

