# **QEEG Clinical Report**

**EEGLens** 





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

# **Personal Data:**

Name: Matin Alemi

Gender: Male

Age: 2009-08-27 - 16.2 Handedness: Right

# **Clinical Data:**

Initial diagnosis: ADHD

Medication: -

Date of Recording: 2025-10-14 Source of Referral: Dr Raisie

This case belongs to Dr Raisie





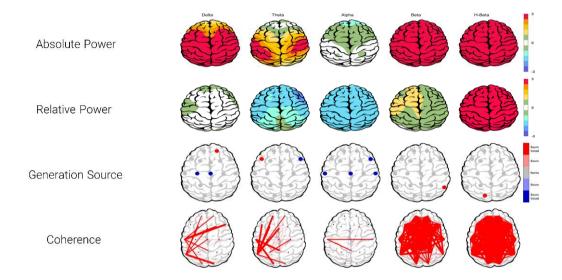




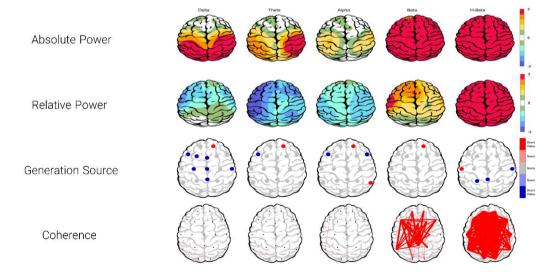


# **Z Score Summary Information**

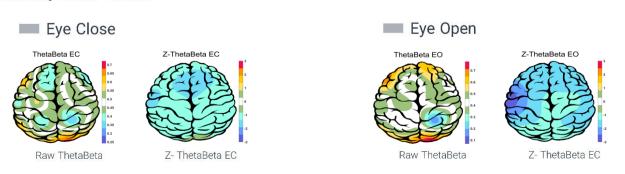
# Eye Close



### Eye Open



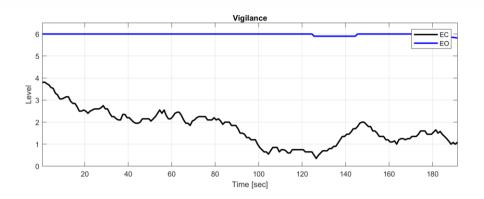
# Theta/Beta Ratio







# Vigilance



# Vigilance Slope EC:-1.24 EO:-0.00 2min 2min EC 10-40-80s Time [sec]

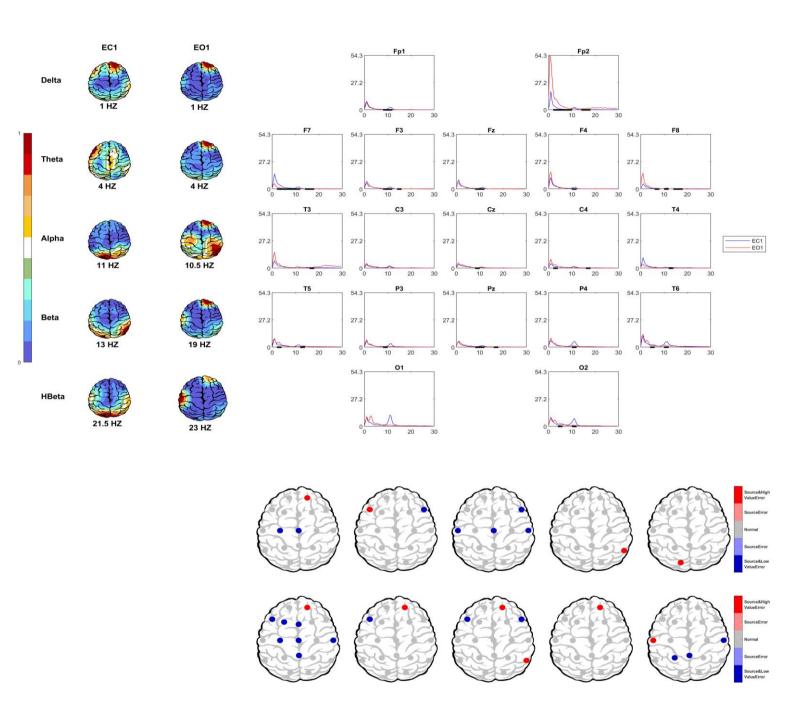
# **EEG Neuromarker Values**

Neuromarker	Region	Value	Assessment
APF - EO	Frontal	10.33	Normal
AFP - EC	Frontal	11.00	High
APF - EO	Occipital	10.25	Normal
AFP - EC	Occipital	11.00	High
Alpha Asymmetry - EO	Frontal	-0.05	Anhedonia
Alpha Asymmetry - EC	Frontal	00.00	Anxiety
Alpha Asymmetry - EO	Occipital	00.05	Anxiety
Alpha Asymmetry - EC	Occipital	00.09	Anxiety
Beta Asymmetry - EO	Frontal	-0.06	Anxiety
Beta Asymmetry - EC	Frontal	-0.02	Anxiety
Alpha Blocking	-	-	Not Observed
Arousal Level - EO	- 8	-	Normal
Arousal Level - EC	. 14	-	Normal
Vigilance Level - EO	. F	06.00	Normal
Vigilance Level - EC	-	02.00	Low
Vigilance Mean - EO	-	05.98	Normal
Vigilance Mean - EC	-	01.74	Low
Vigilance Regulation - EO	·	-0.00	Normal
Vigilance Regulation - EC	-	-1.24	Low
Vigilance 0 Stage (%) - E0		98.96	High
Vigilance 0 Stage (%) - EC	<u>.</u>	00.00	Normal
Vigilance A1 Stage (%) – E0		00.00	-
Vigilance A1 Stage (%) – EC	-	03.12	-





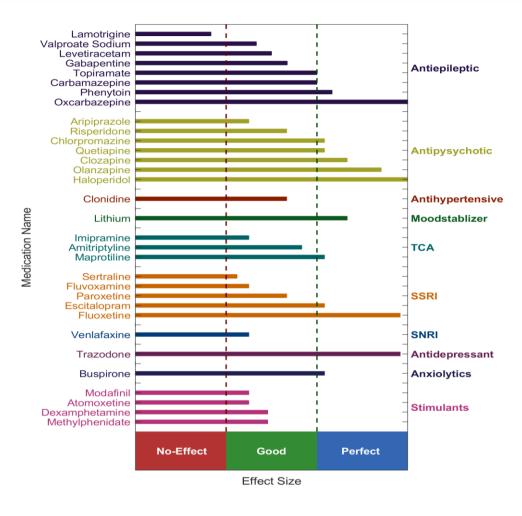
# **EEG Spectra**

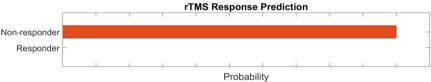






# **QEEG Based Predicting Medication Response**





#### **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.





# Report

گزارش:

.1

نتایج تشخیصی:

.1



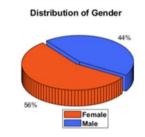


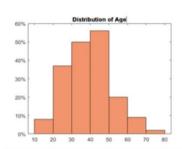
# **rTMS Response Prediction**

#### Network Performance

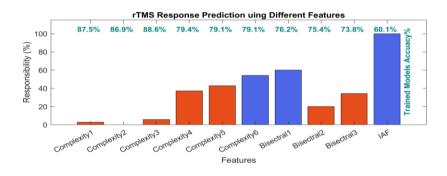
Accuracy: 92.10% Sensitivity: 89.13% Specificity: 97.47%

#### Participants Information

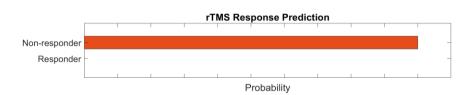




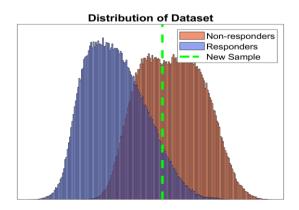
#### Features Information



#### Responsibility



#### Data Distribution



#### **About Predicting rTMS Response**

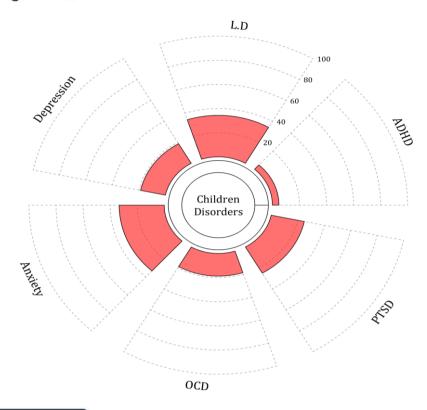
This index was obtained based on machine learning approaches and by examining the QEEG biomarkers of more than 470 cases treated with rTMS. The cases were diagnosed with depression (with and without comorbidity) and all were medication free. By examining more than 40 biomarkers capable of predicting response to rTMS treatment in previous studies and with data analysis, finally 10 biomarkers including bispectral and nonlinear features entered the machine learning process. The final chart can distinguish between RTMS responsive and resistant cases with 92.1% accuracy. This difference rate is much higher than the average response to treatment of 44%, in the selection of patients with clinical criteria, and is an important finding in the direction of personalized treatment for rTMS.





# **Pathological Assessment**

# Main Diagnosis: Children Disorder



# **ADHD Subtypes**

1. Prone to moody behavior and temper tantrums. May be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Avoide stimulants,

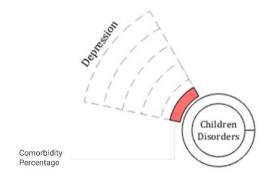
## **Description**

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

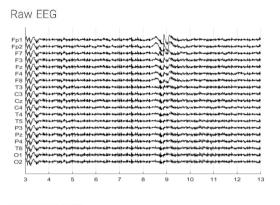






# **Denoising Information**

### Eye Close



Rejected Channel



Flat Channel

**Total Recording Time Remaining:** 

206.45 sec

# **Number of Eye and Muscle Elements**

Eye: 2 Muscle: 1

Low Artifact Percentage

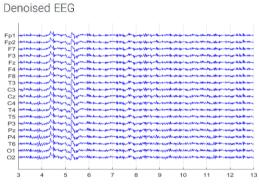


High Artifact Percentage

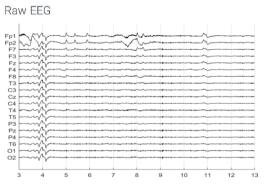


**Total Artifact Percentage** 

**EEG Quality:** perfect



# Eye Open



Rejected Channel



# **Total Recording Time Remaining:**

192.05 sec

# **Number of Eye and Muscle Elements**

Eye: 4 Muscle: 2

Low Artifact Percentage

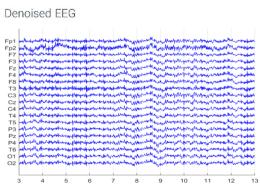


High Artifact Percentage



**Total Artifact Percentage** 

**EEG Quality:** perfect

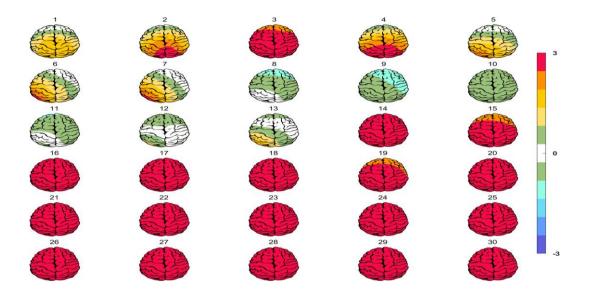




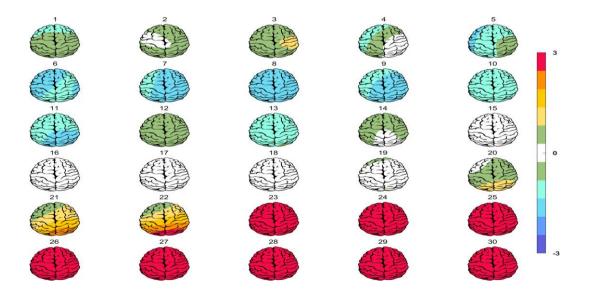




# **Absolute Power-Eye Close**



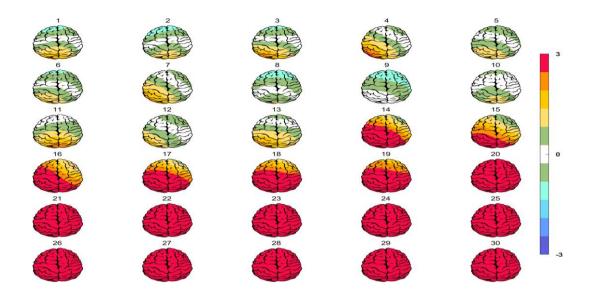
# **Relative Power-Eye Close**



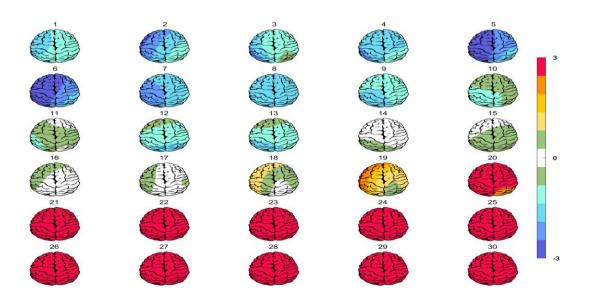




# **Absolute Power-Eye Open**



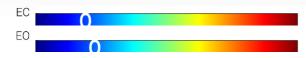
# **Relative Power-Eye Open**





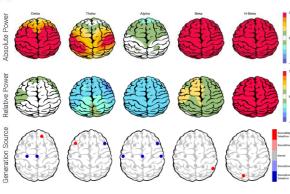


#### **EEG** Quality

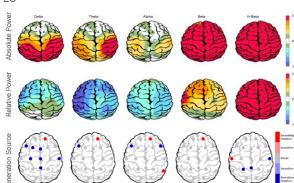


#### Z-score Information

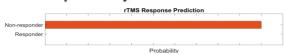
EC



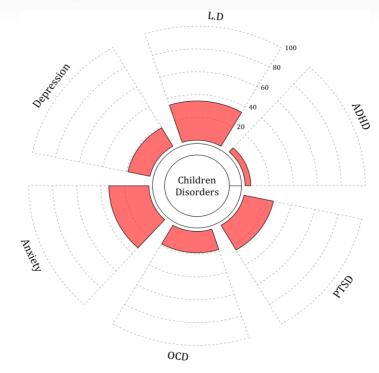
EO



#### **■** TMS Reponsibility



#### ■ Pathological Assessment



#### **■ EEG Neuromarker Values**

Neuromarker	Region	Value	Assessment
APF - EO	Frontal	10.33	Normal
AFP - EC	Frontal	11.00	High
APF - EO	Occipital	10.25	Normal
AFP - EC	Occipital	11.00	High
Arousal Level - EO	TO 15.	-	Normal
Arousal Level - EC		-	Normal

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Dr Raisie