

QEEG Clinical Report

EEGLens



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

Personal Data:

Name: Arvinasefi
Gender: Male
Age: 2014-02-24 - 11.8
Handedness: Right

Clinical Data:

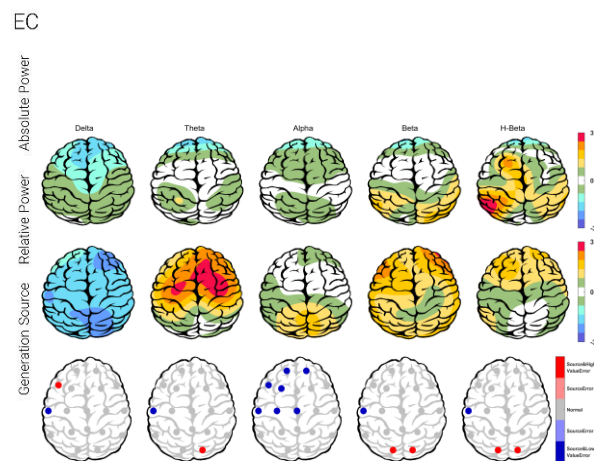
Initial diagnosis: ADD
Medication: -
Date of Recording: 2025-10-18
Source of Referral: Kamal Barzegar Ghazi

This case belongs to Kamal Barzegar Ghazi

EEG Quality



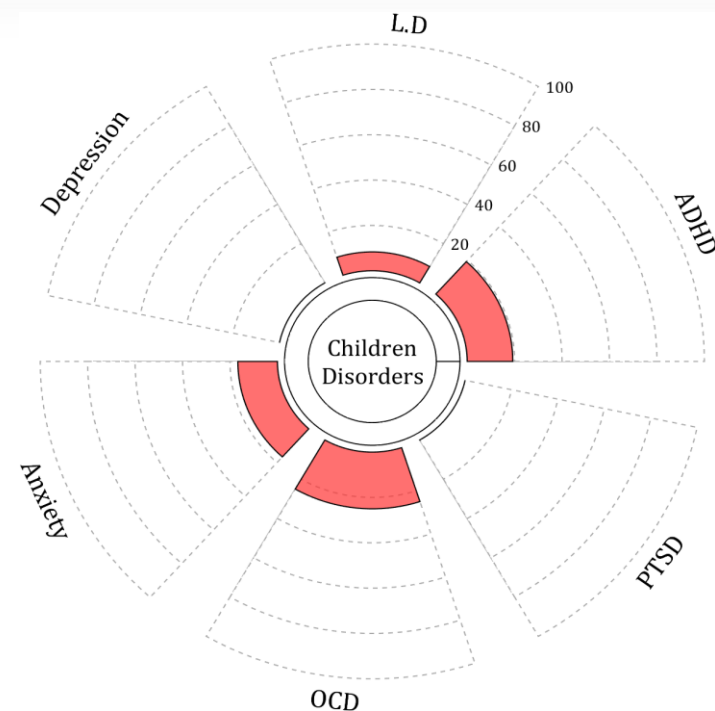
Z-score Information



EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
AFP - EC	Frontal	11.00	High
AFP - EC	Occipital	10.75	High
Arousal Level - EC	-	-	Normal

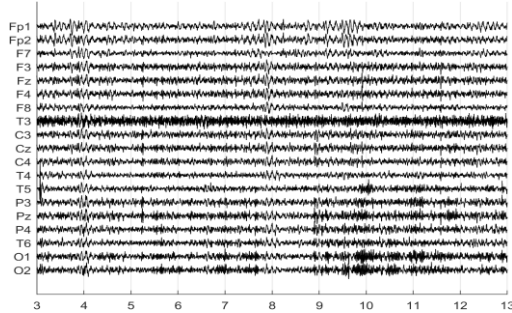
Pathological Assessment



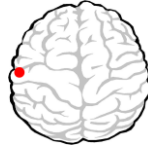
Denoising Information

Eye Close

Raw EEG



Rejected Channel



Total Recording Time Remaining:

177.82 sec

Number of Eye and Muscle Elements

Eye: 1

Muscle: 0

Low Artifact Percentage



High Artifact Percentage

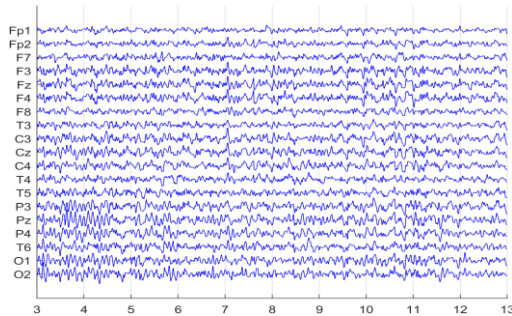


Total Artifact Percentage



EEG Quality: perfect

Denoised EEG

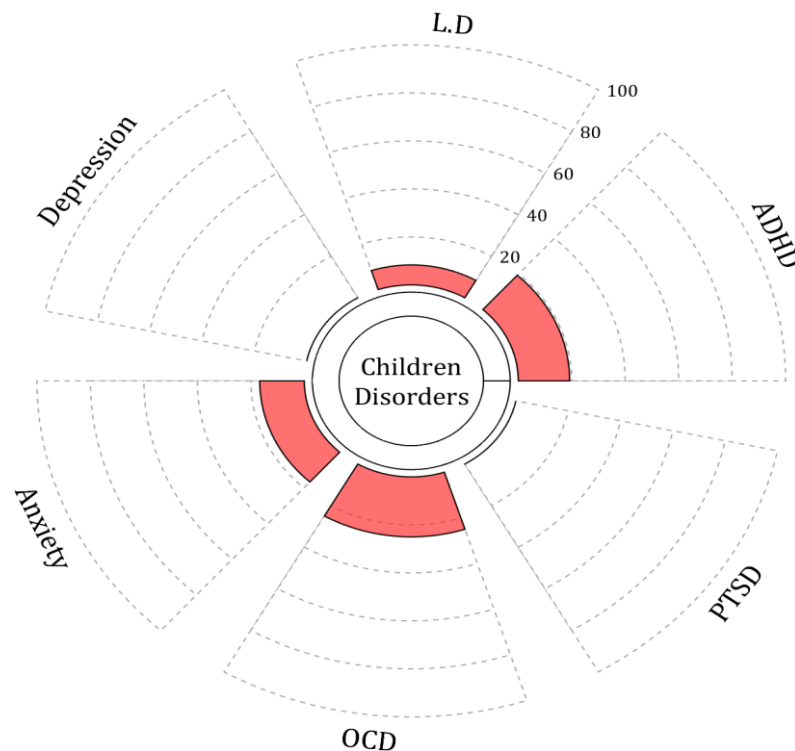


Flat Channel



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. Avoid 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.

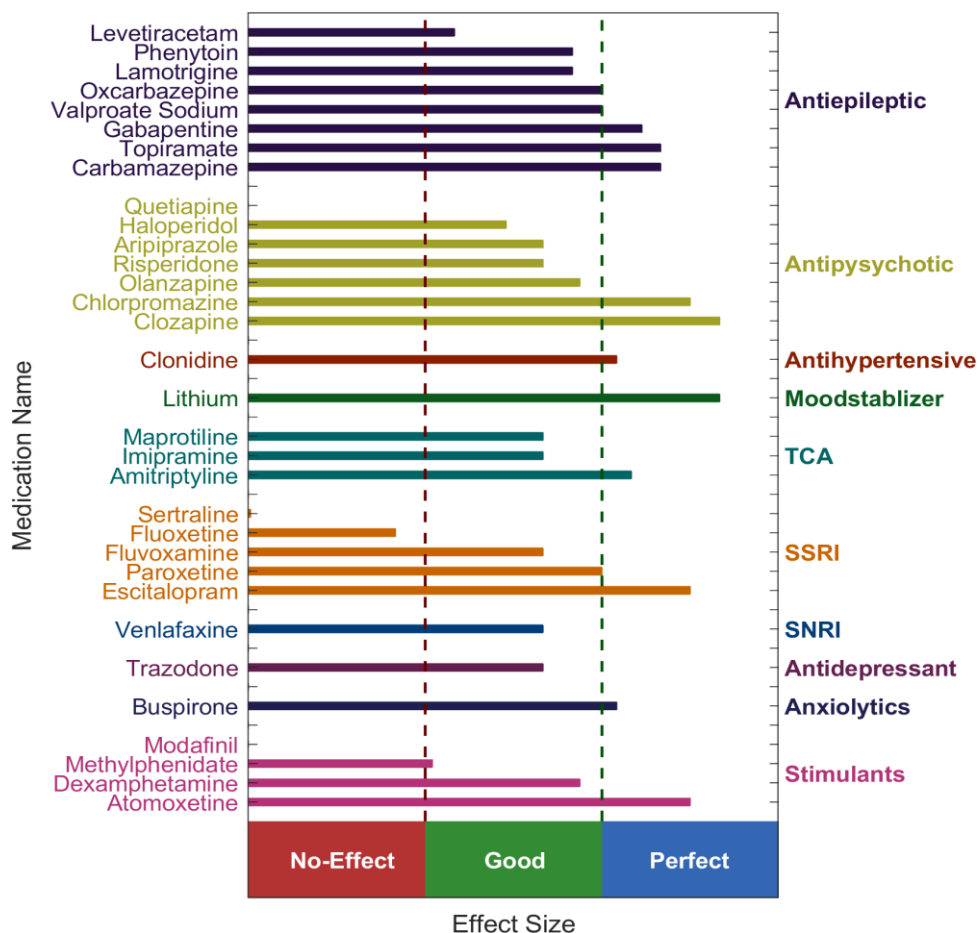
References:

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



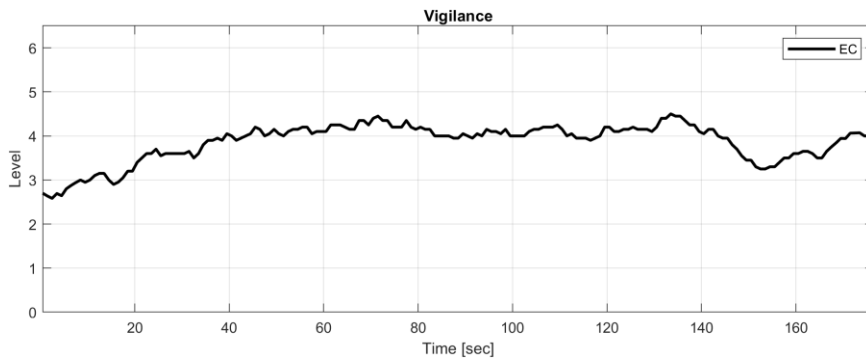
Explanation

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 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.

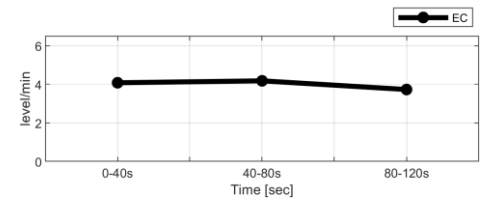
Vigilance



Vigilance Slope

0.61

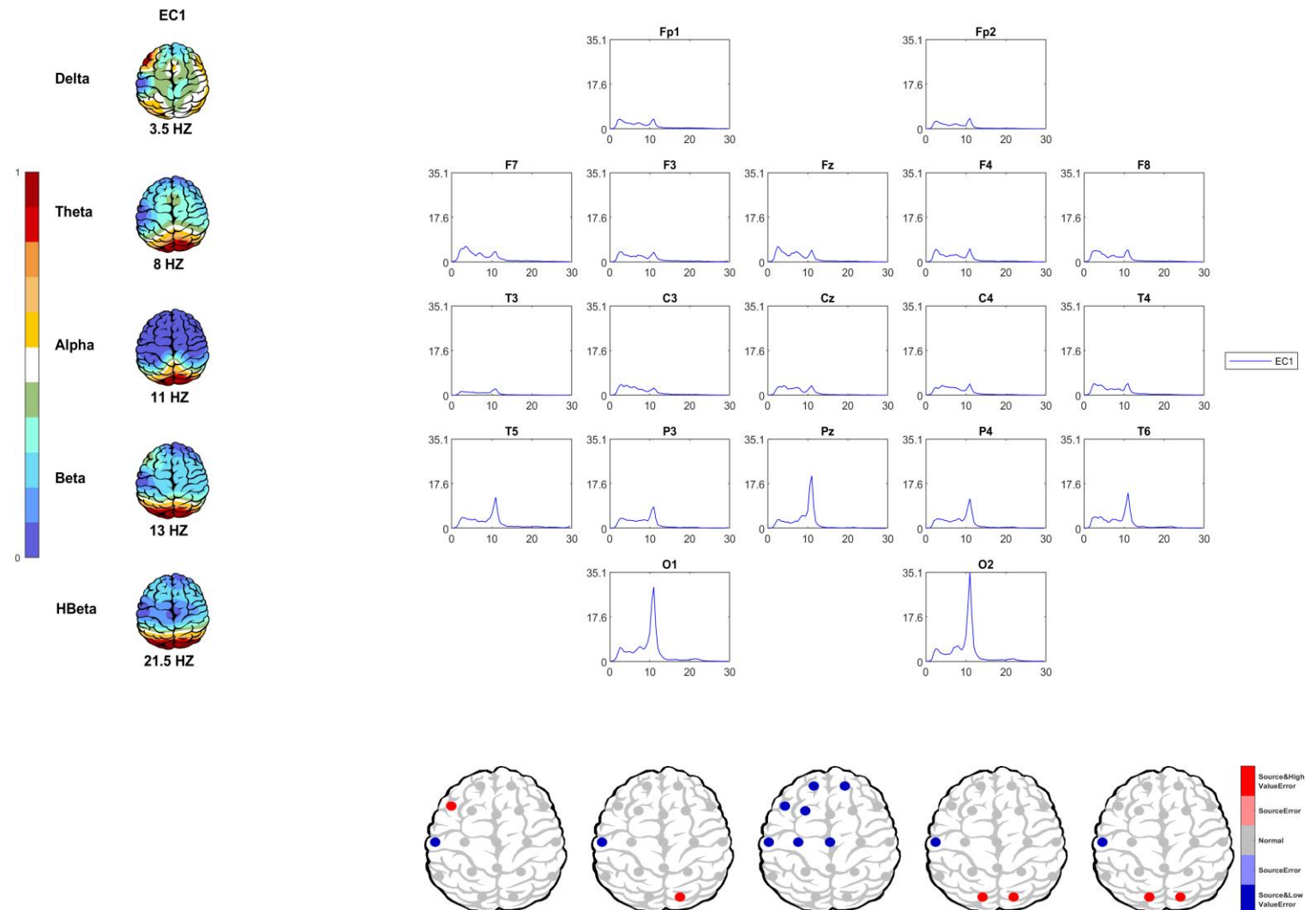
2min



EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
APF	Frontal	11.00	High
APF	Occipital	10.75	High
Alpha Asymmetry	Frontal	-0.06	Anhedonia
Alpha Asymmetry	Occipital	-0.03	Anhedonia
Beta Asymmetry	Frontal	00.04	Anhedonia
Arousal Level	-	-	Normal
Vigilance Level	-	04.00	Normal
Vigilance Mean	-	03.86	Normal
Vigilance Regulation	-	00.61	High
Vigilance 0 Stage (%)	-	00.00	Normal
Vigilance A1 Stage (%)	-	37.29	-

EEG Spectra



Z Score Summary Information

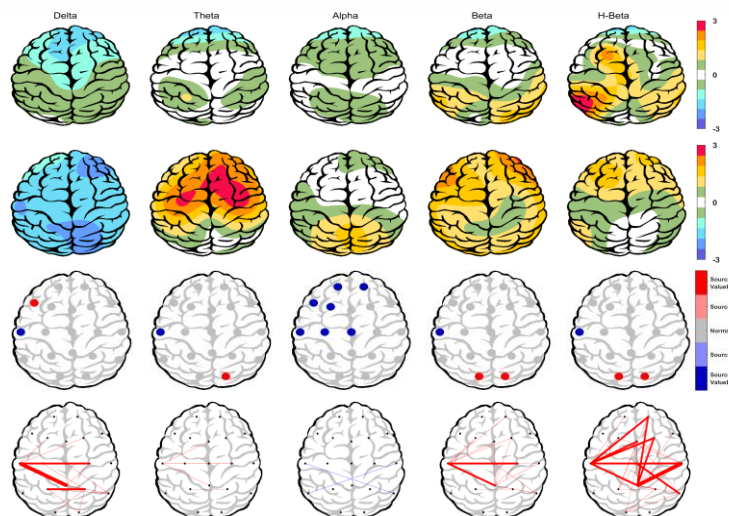
■ Eye Close

Absolute Power

Relative Power

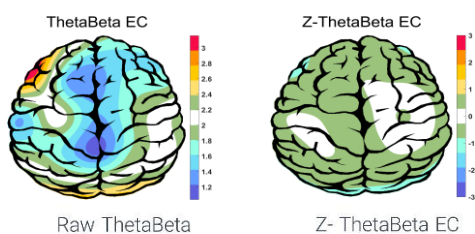
Generation Source

Coherence

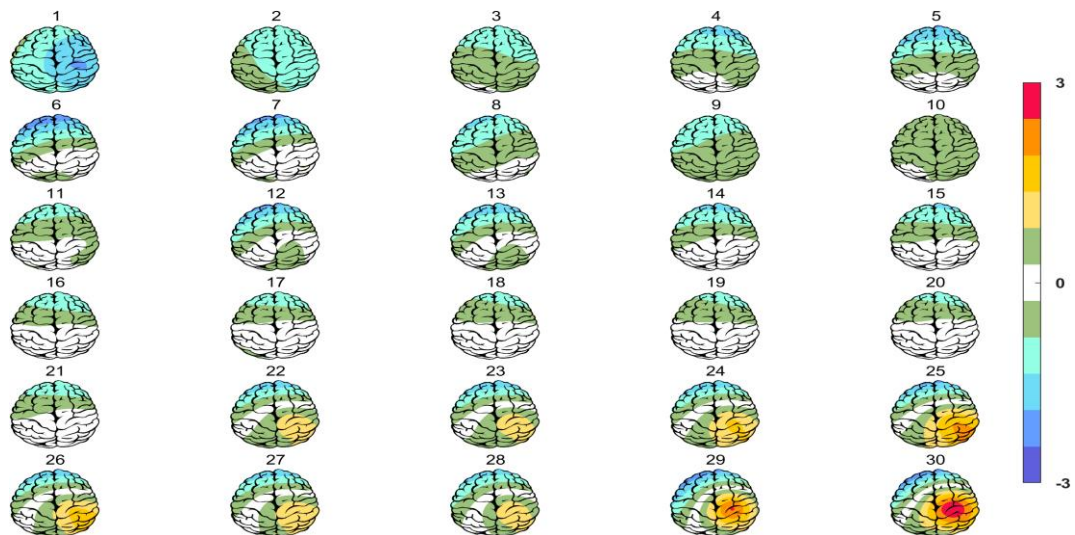


Theta/Beta Ratio

■ Eye Close



Absolute Power-Eye Close



Relative Power-Eye Close

