

QEEG Clinical Report

EEGLens



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

Personal Data:

Name: Ali Ahmadi

Gender: Male

Age: 2009-03-23 - 16.7

Handedness: Right

Clinical Data:

Initial diagnosis: -

Medication: -

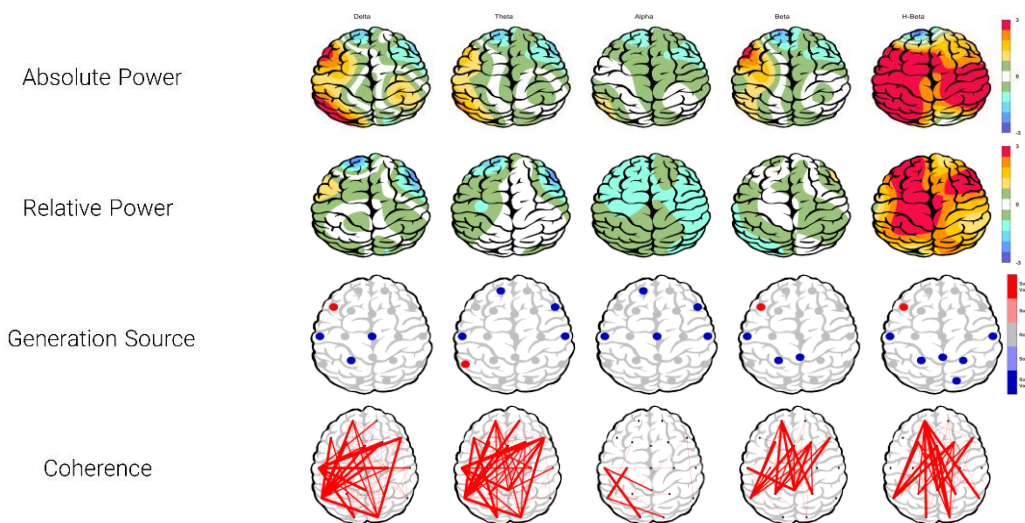
Date of Recording: 2025-10-18

Source of Referral: Dr Raisie

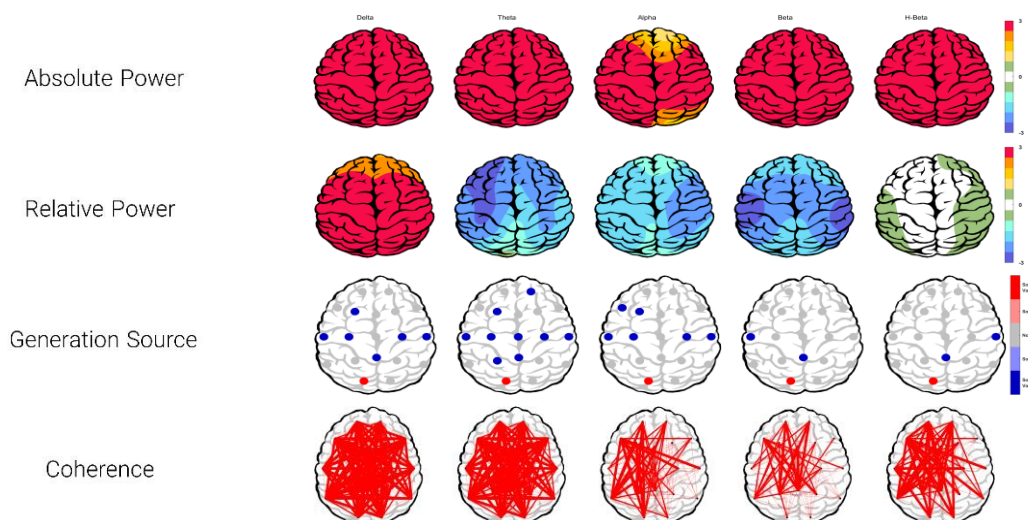
This case belongs to Dr Raisie

Z Score Summary Information

■ Eye Close

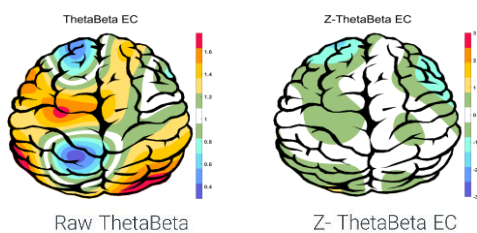


■ Eye Open

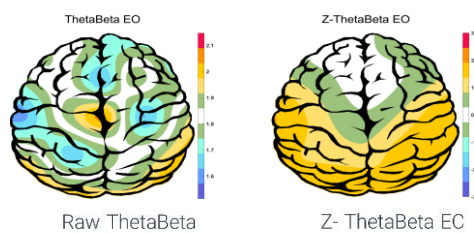


Theta/Beta Ratio

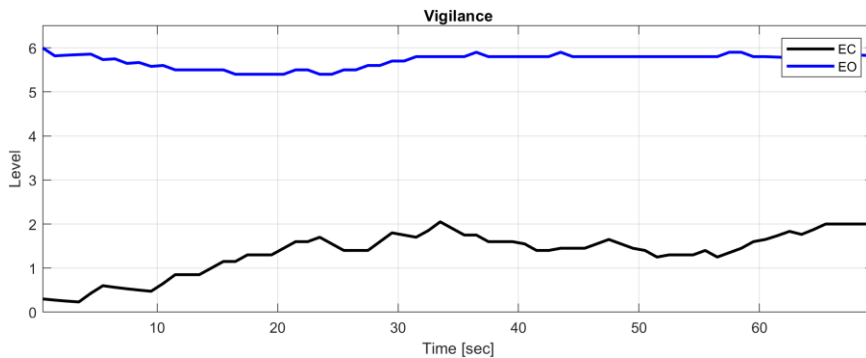
■ Eye Close



■ Eye Open



Vigilance



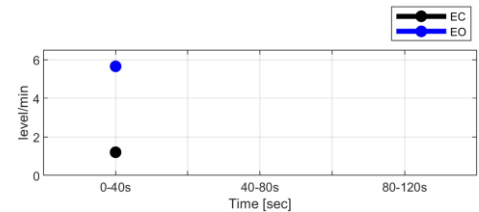
Vigilance Slope

EC:1.17

2min

EO:0.18

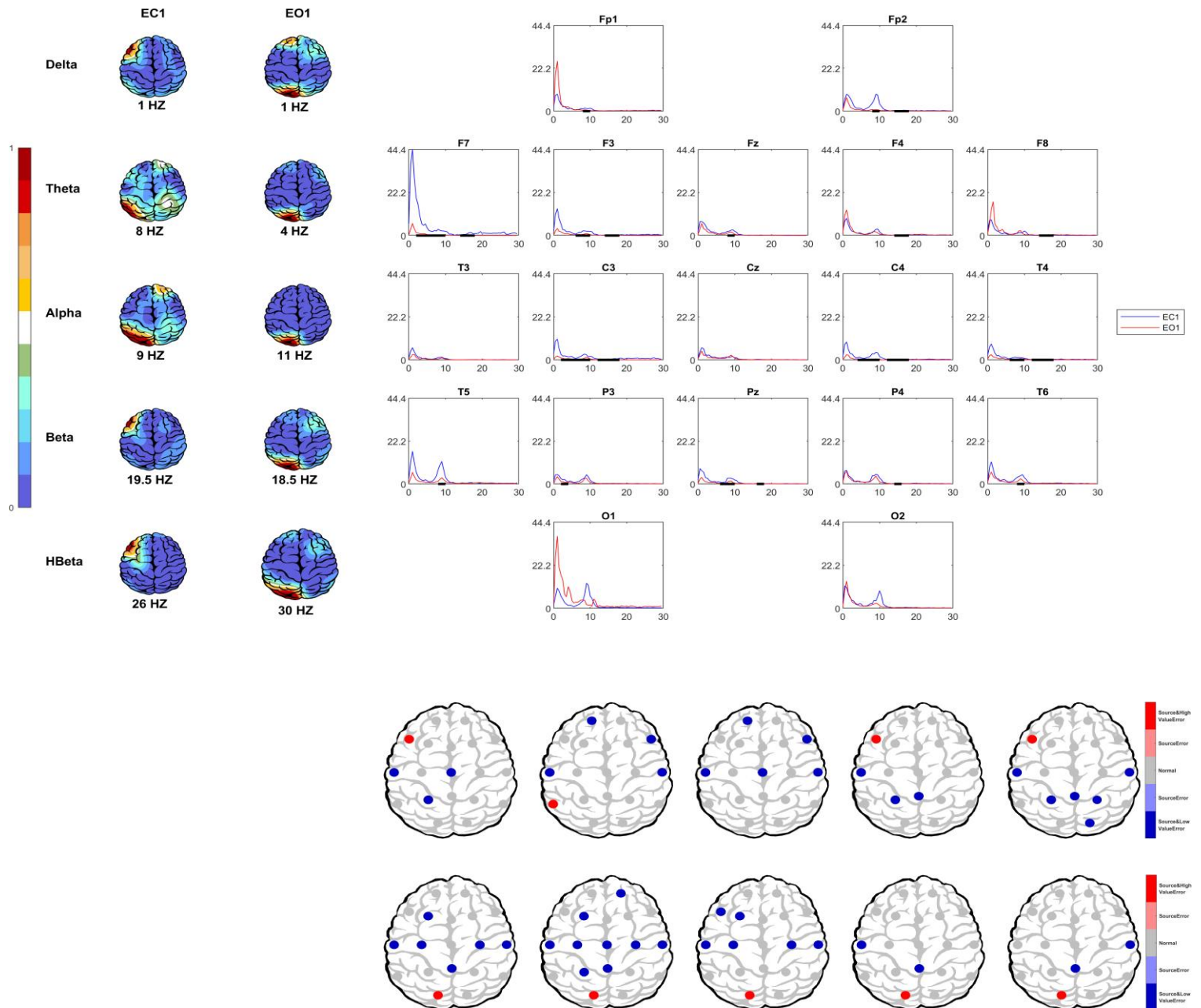
2min



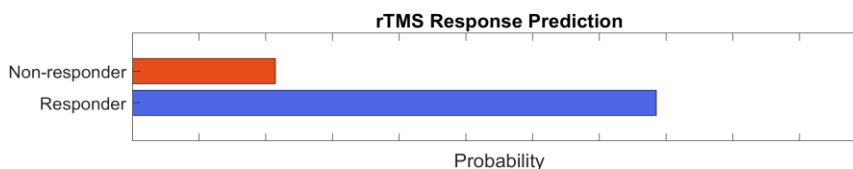
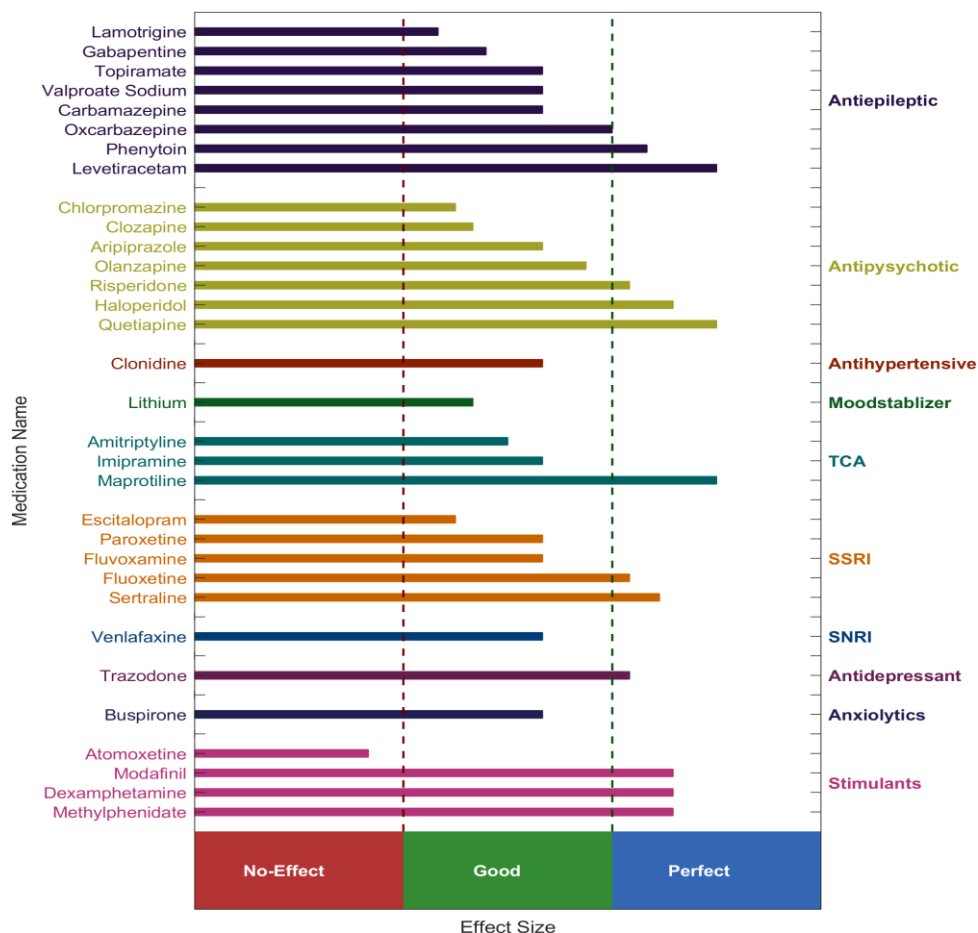
EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
APF - EO	Frontal	09.25	Low
APF - EC	Frontal	09.67	Normal
APF - EO	Occipital	10.50	Normal
APF - EC	Occipital	09.75	Normal
Alpha Asymmetry - EO	Frontal	-0.34	Anhedonia
Alpha Asymmetry - EC	Frontal	00.09	Anxiety
Alpha Asymmetry - EO	Occipital	00.31	Anxiety
Alpha Asymmetry - EC	Occipital	00.14	Anxiety
Beta Asymmetry - EO	Frontal	-0.62	Anxiety
Beta Asymmetry - EC	Frontal	00.18	Anhedonia
Alpha Blocking	-	-	Not Observed
Arousal Level - EO	-	-	Low
Arousal Level - EC	-	-	Low
Vigilance Level - EO	-	06.00	Normal
Vigilance Level - EC	-	00.00	Low
Vigilance Mean - EO	-	05.71	Normal
Vigilance Mean - EC	-	01.37	Low
Vigilance Regulation - EO	-	00.18	Normal
Vigilance Regulation - EC	-	01.17	High
Vigilance 0 Stage (%) - EO	-	85.71	High
Vigilance 0 Stage (%) - EC	-	00.00	Normal
Vigilance A1 Stage (%) - EO	-	00.00	-
Vigilance A1 Stage (%) - EC	-	00.00	-

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 Pharmac 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.

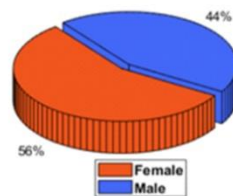
rTMS Response Prediction

Network Performance

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

Participants Information

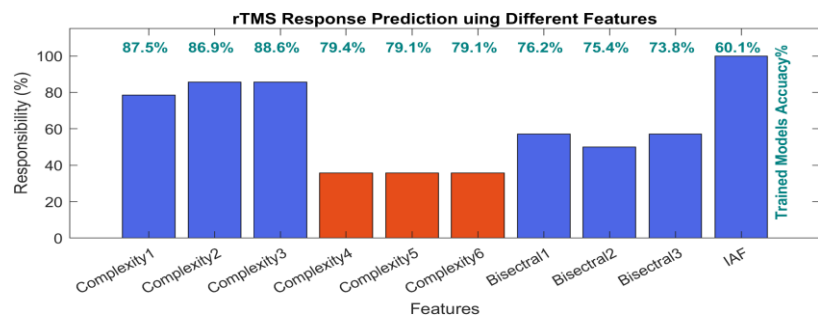
Distribution of Gender



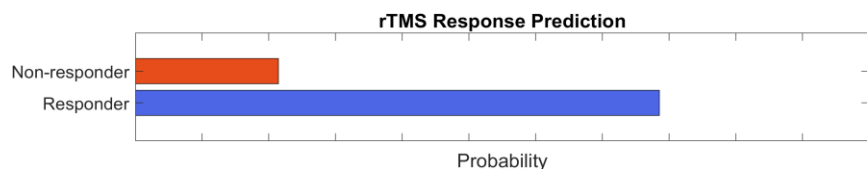
Distribution of Age



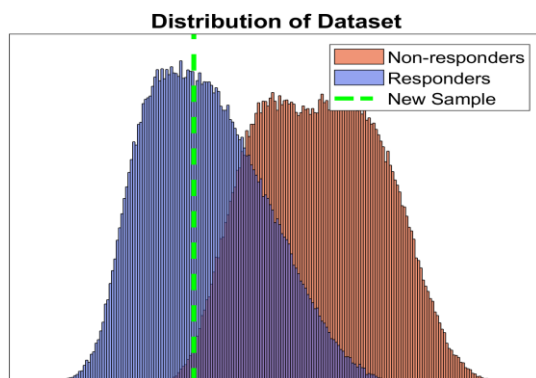
Features Information



Responsibility



Data Distribution

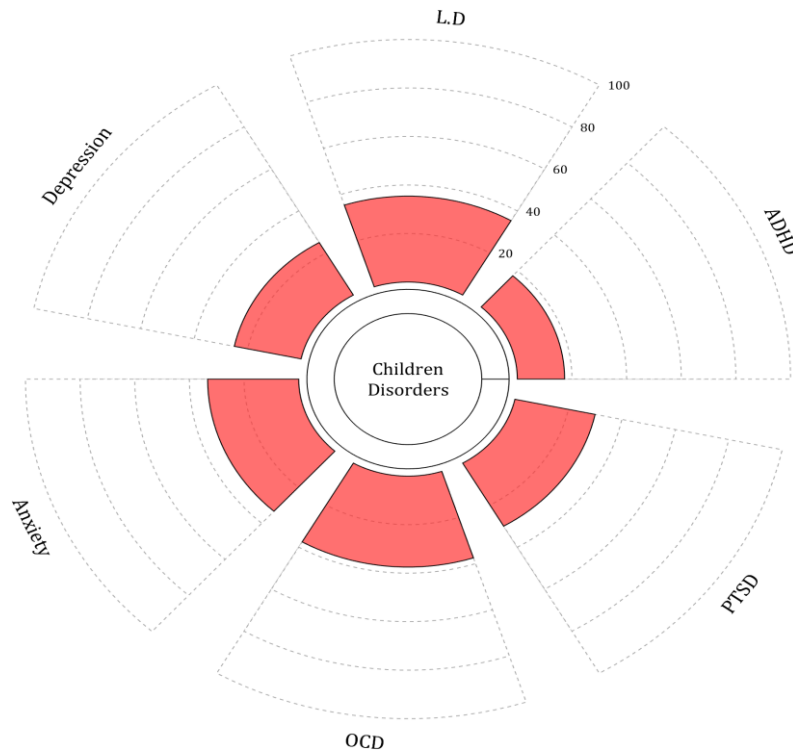


About Predicting rTMS Response

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

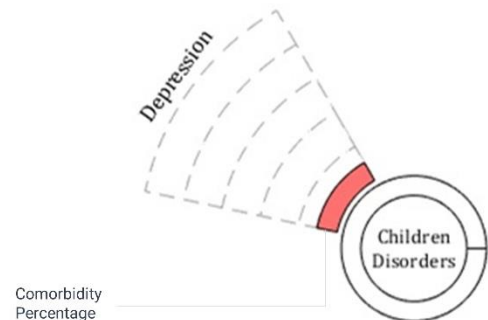
Description

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

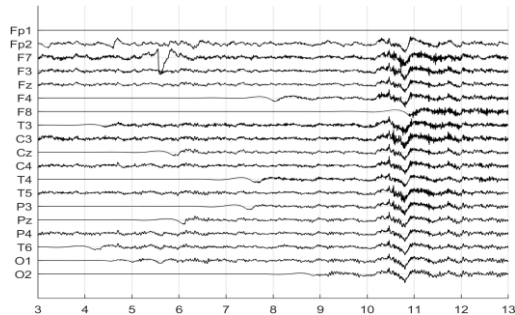
■ User Manual



Denoising Information

Eye Close

Raw EEG



Rejected Channel



Total Recording Time Remaining:
70.81 sec

Number of Eye and Muscle Elements

Eye: 1

Muscle: 3

Low Artifact Percentage



High Artifact Percentage

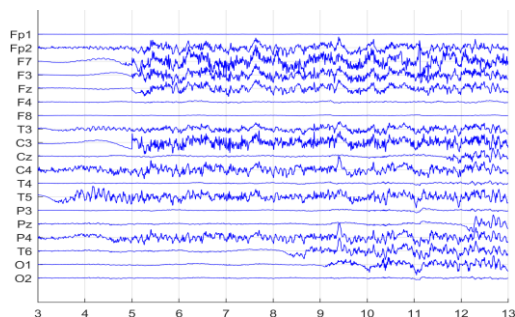


Total Artifact Percentage



EEG Quality: good

Denoised EEG

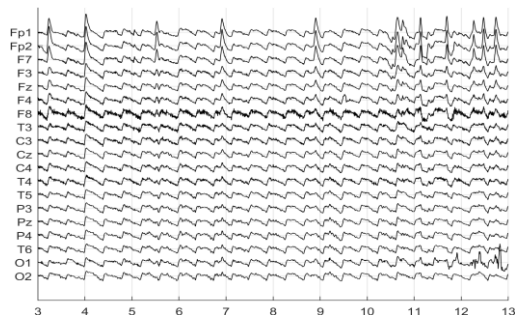


Flat Channel



Eye Open

Raw EEG



Rejected Channel



Total Recording Time Remaining:
78.89 sec

Number of Eye and Muscle Elements

Eye: 2

Muscle: 6

Low Artifact Percentage



High Artifact Percentage

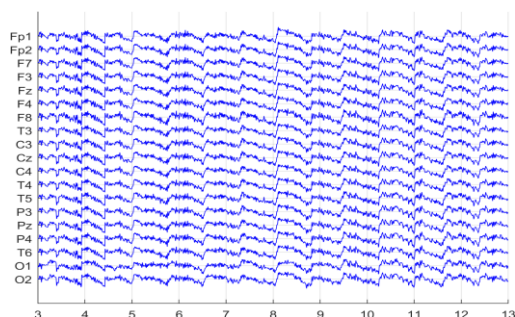


Total Artifact Percentage



EEG Quality: bad

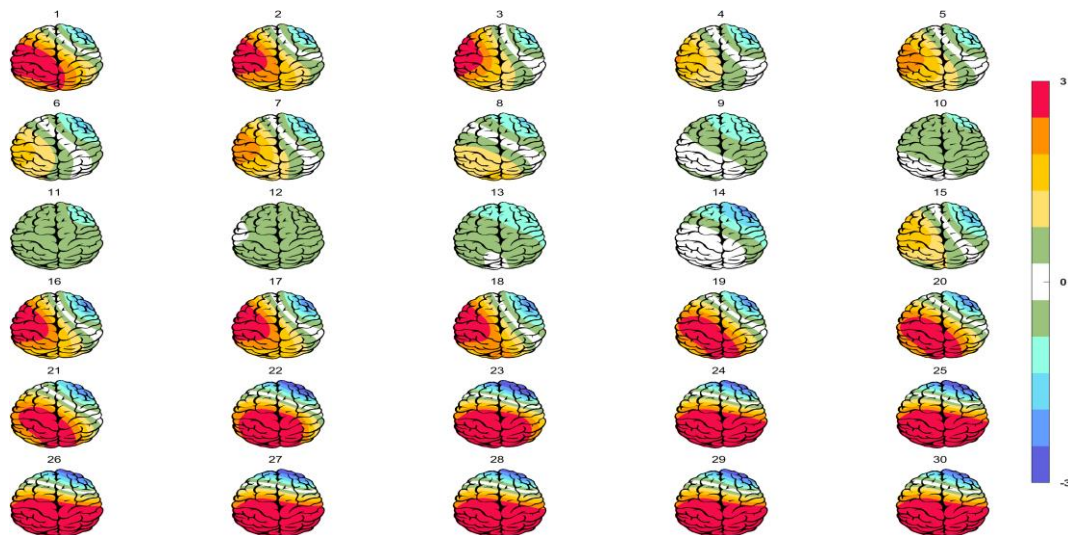
Denoised EEG



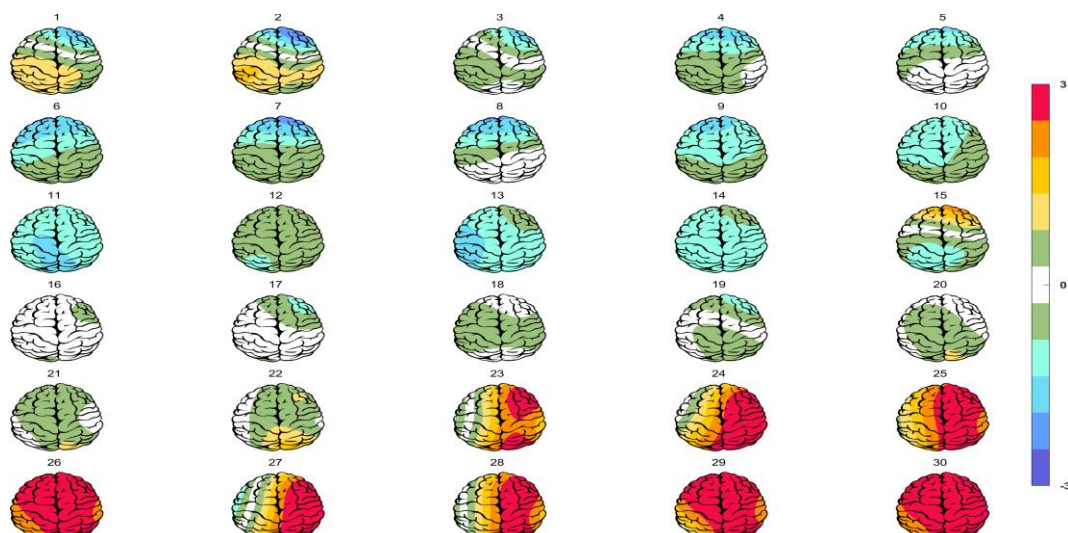
Flat Channel



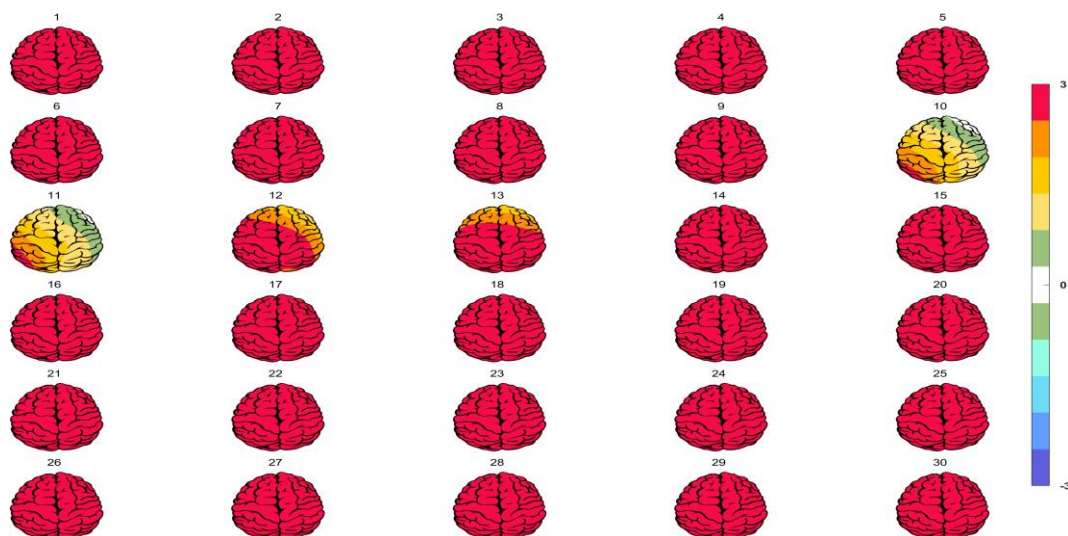
Absolute Power-Eye Close



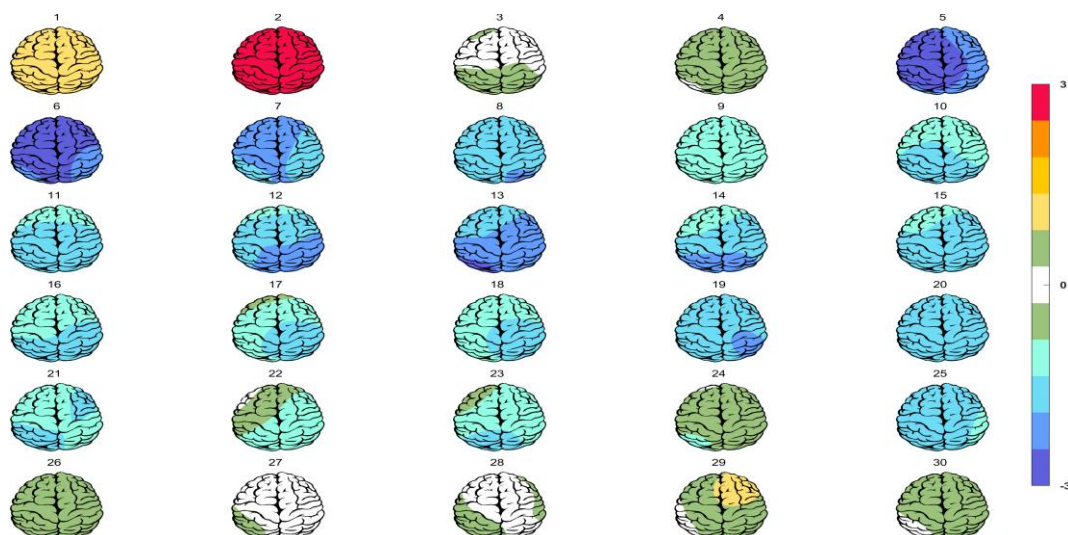
Relative Power-Eye Close



Absolute Power-Eye Open



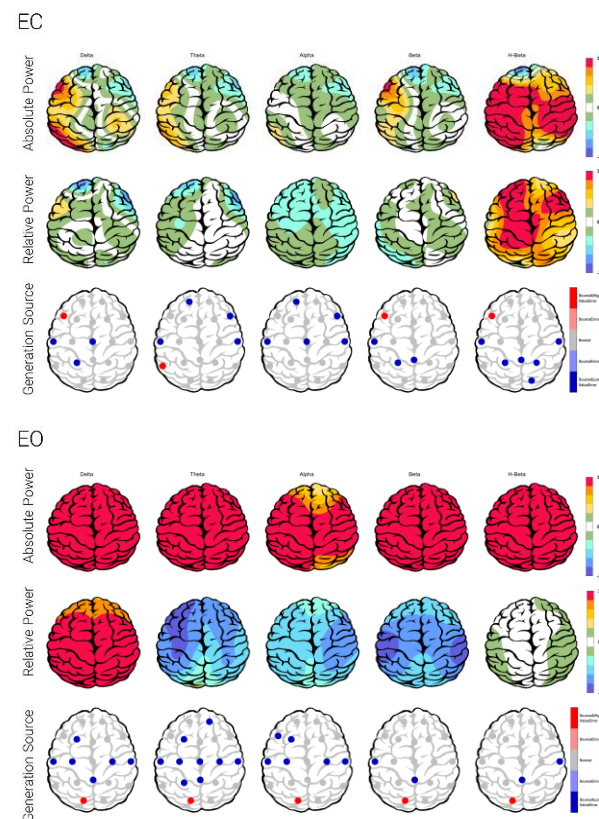
Relative Power-Eye Open



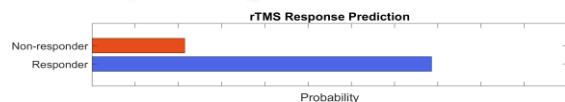
EEG Quality



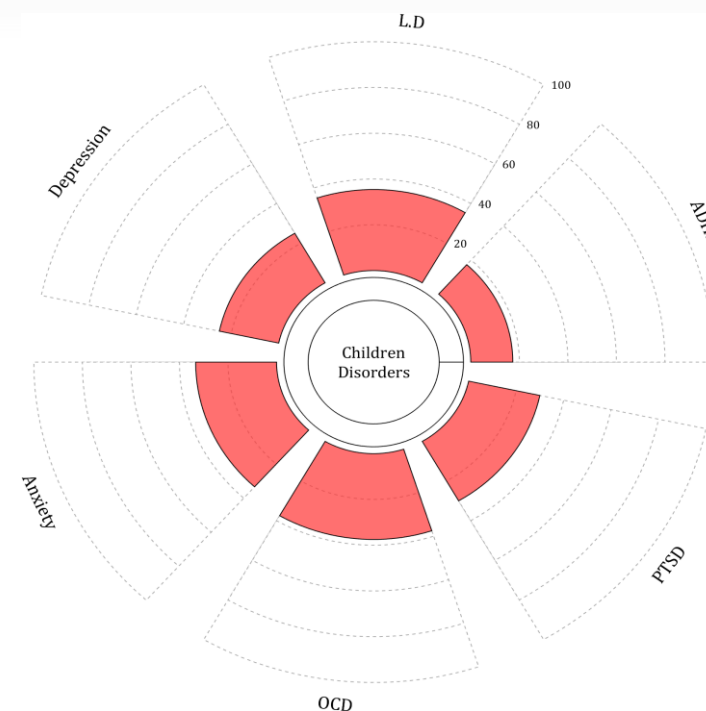
Z-score Information



TMS Responsibility



Pathological Assessment



EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
APF - EO	Frontal	09.25	Low
AFP - EC	Frontal	09.67	Normal
APF - EO	Occipital	10.50	Normal
AFP - EC	Occipital	09.75	Normal
Arousal Level - EO	-	-	Low
Arousal Level - EC	-	-	Low