





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

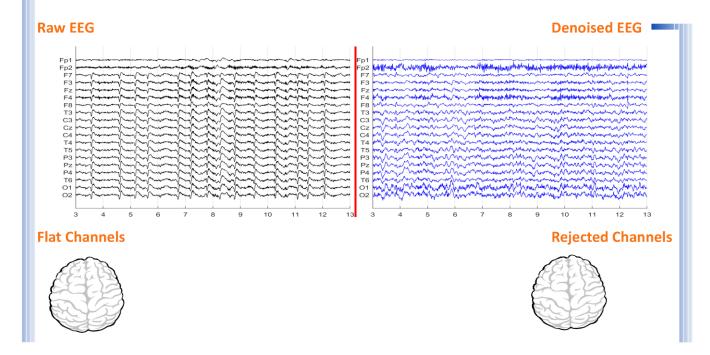
Name	Seyedhadi Hasheminezhad	Date of Recording	20-Oct-2024		
Date of Birth - Age	21-Mar-2010 - 14.58	Gender	Male		
Handedness(R/L)	Right	Source of Referral	Dr Masjedi		
Initial Diagnosis	ADHD-Autism				
Current Medication	Medication Free				

Dr Masjedi





Denoising Information (EC)



Number of Eye and Muscle Elements				Low Artifact Percentage			
Eye	4	Muscle	2	0			
Total Artifact Percentage				High Artifact Percentage			
EEG Quality bad		Total Recording Time Remaining 466.04 sec					





Pathological assessment for ADHD

Compare to ADHD Database







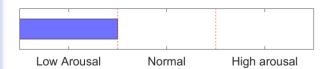




EEG Compatibility with ADHD Diagnosis

ADHD Table	EC					
Feature Name	Threshold	Region				
Increased rDelta	1.00	global				
Increased rTheta	0.50	frontal				
Increased rAlpha	0.00	NAN				
Increased rBeta	0.00	NAN				
Decreased SMR	-1.00	global				
Increased T/B Ratio	1.50	Fz and Cz				
ADHD 0 10	20	30 40 50 60 70 80 90 100 ADHD Compatibility				
ADHD Probability						

Arousal Level Detection



ADHD Clustering

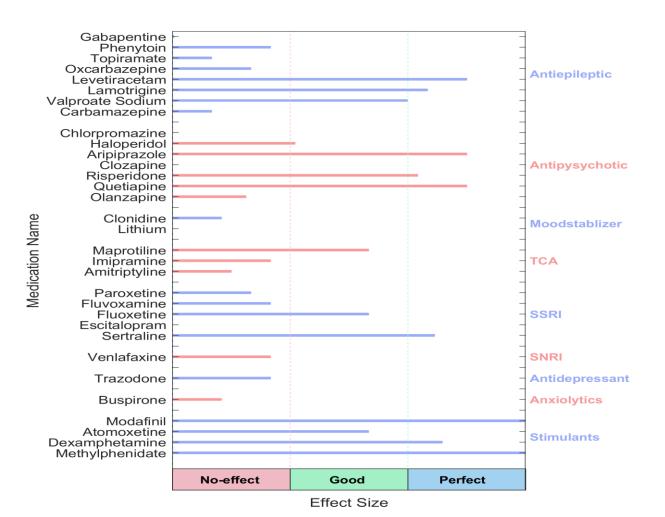
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

^{*} If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake. You can consider anticonvulsant medications.





QEEG based predicting medication response



Explanation

Medication Recommendation

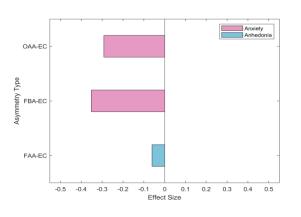
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies. 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.

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.

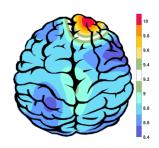




Alpha Asymmetry(AA)



APF(EC)



Frontal APF= 08.75

Posterior APF= 09.00

🚃 Absolute Power-Eye Closed (EC) 🥟























































TBI Severity

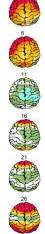
0	1	2	3	4	5	6	7	8	9	10

Relative Power-Eye Closed (EC) 🌮











































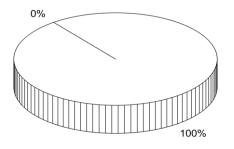






TBI Probability

TBI Probability

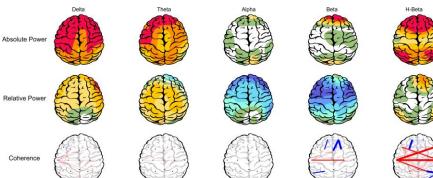






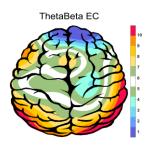
Z Score Summary Information (EC)

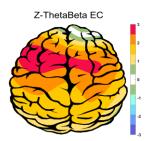




E.C.T/B Ratio (Raw- Z Score)

Arousal Level





80

EEG Spectra

