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QEEG Clinical Report

BrainLens V0.4

Report Description

Personal & Clinical Data

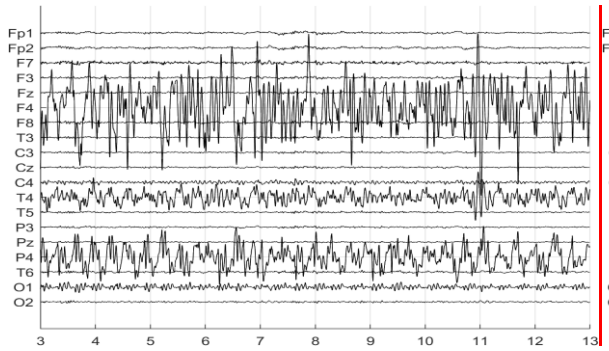
Name	Elina Shahbazishahrivar	Date of Recording	21-Oct-2024
Date of Birth - Age	10-Feb-2012 - 12.7	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr AtefeSafavi
Initial Diagnosis	Initial Assessment		
Current Medication	Medication Free		

Dr AtefeSafavi

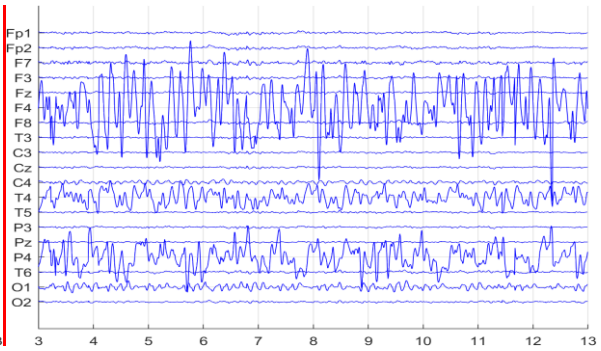
Elina Shahbazishahrivar\Dr AtefeSafavi

Denoising Information (EC)

Raw EEG



Denoised EEG



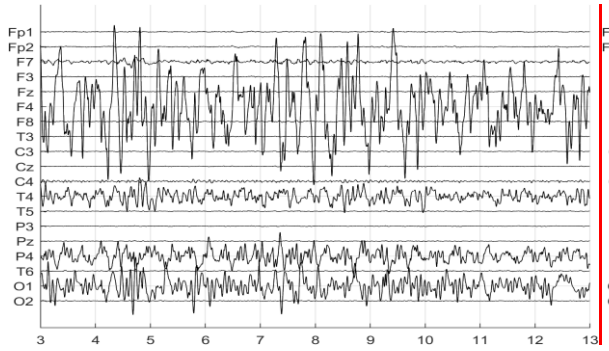
Flat Channels

Rejected Channels

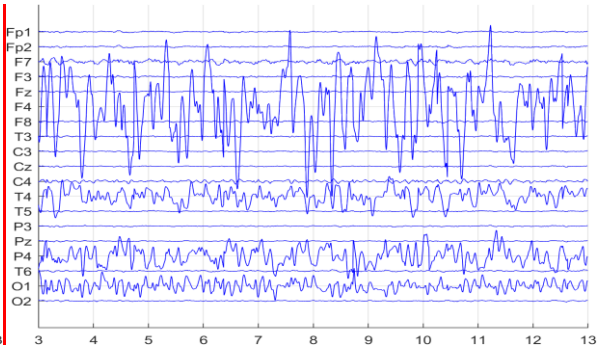
Number of Eye and Muscle Elements				Low Artifact Percentage
Eye	0	Muscle	0	
Total Artifact Percentage				High Artifact Percentage
EEG Quality	bad			Total Recording Time Remaining: 146.77 sec

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels

Rejected Channels

Number of Eye and Muscle Elements				Low Artifact Percentage
Eye	0	Muscle	0	
Total Artifact Percentage				High Artifact Percentage
EEG Quality	bad			Total Recording Time Remaining: 147.42 sec

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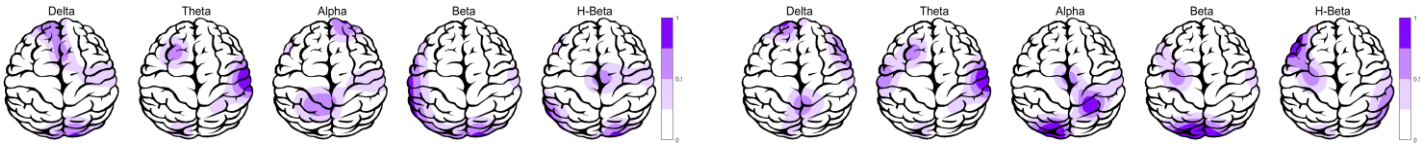
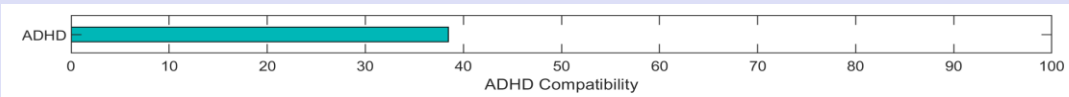
Pathological assessment for ADHD

Compare to ADHD Database



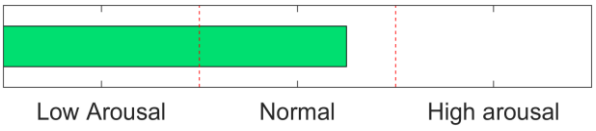
EEG Compatibility with ADHD Diagnosis

ADHD Table	EC		EO	
Feature Name	Threshold	Region	Threshold	Region
Increased rDelta	0.00	NAN	0.00	NAN
Increased rTheta	1.00	frontal	1.00	frontal
Increased rAlpha	0.00	NAN	0.00	NAN
Increased rBeta	0.00	frontal	0.00	frontal
Decreased SMR	0.00	NAN	-0.50	global
Increased T/B Ratio	0.00	NAN	0.50	Fz and Cz



ADHD Probability

Arousal Level Detection

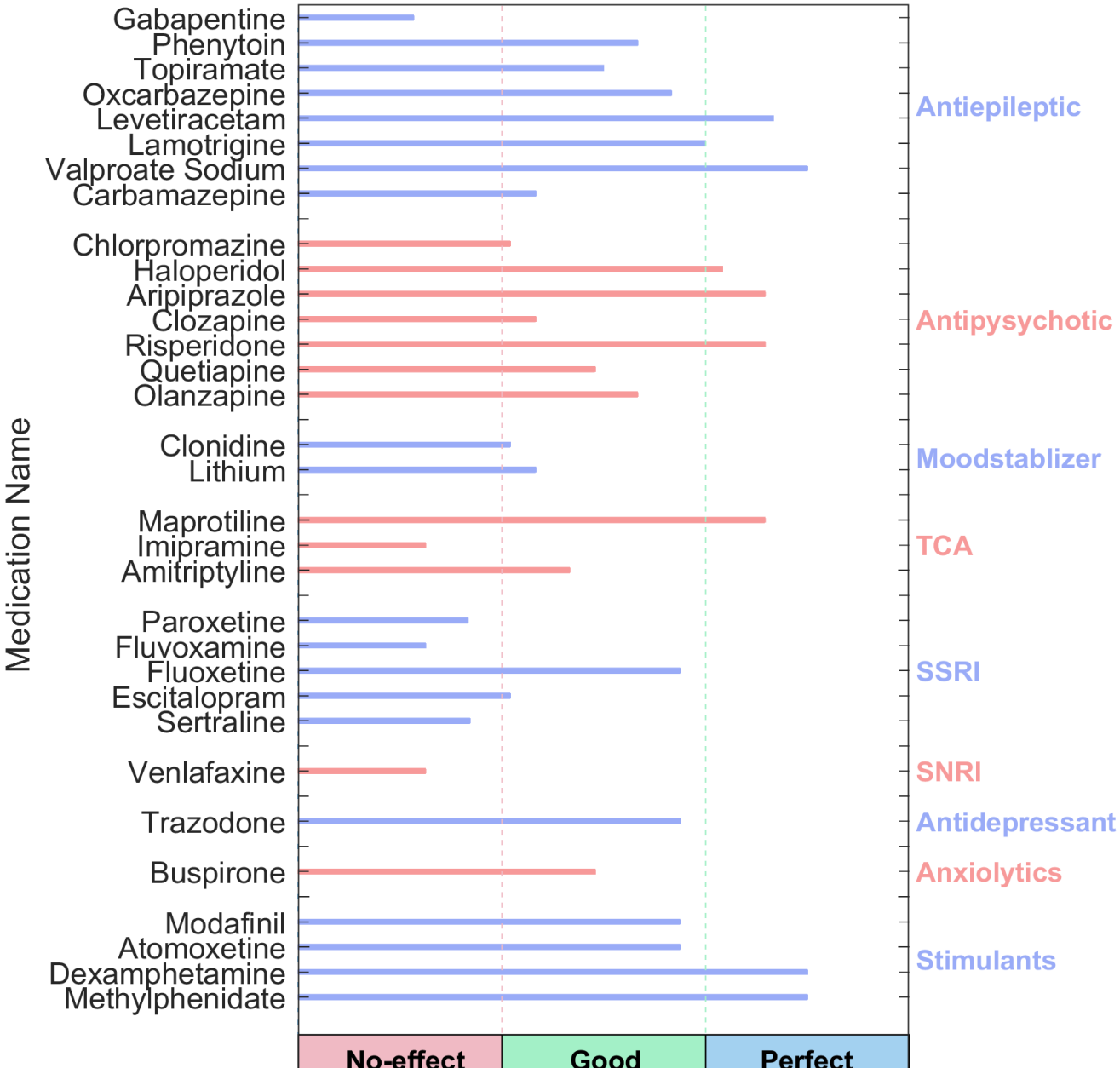


ADHD Clustering *

1. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high arbohydrate inbtake. Consider clonidine

* 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

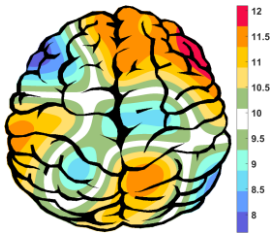
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies.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

Elina Shahbazishahrivar\Dr AtefeSafavi

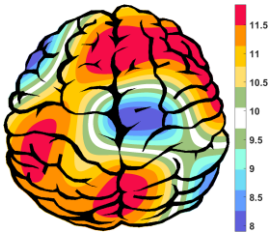
APF(EO)



Frontal APF= 10.17

Posterior APF= 09.75

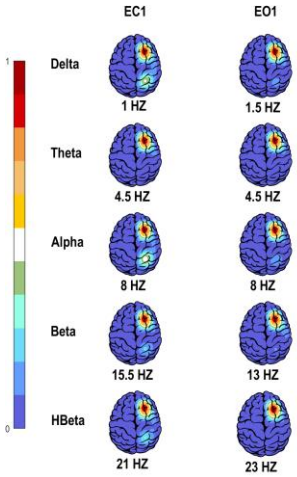
APF(EC)

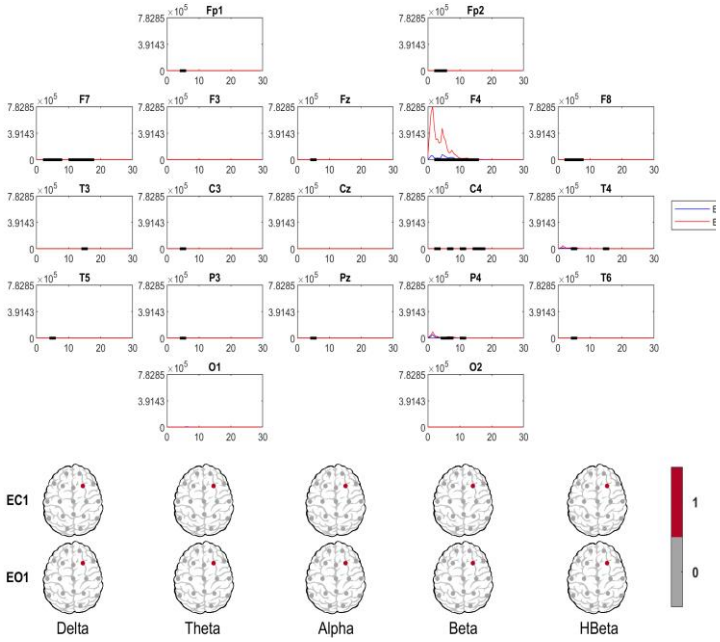


Frontal APF= 10.25

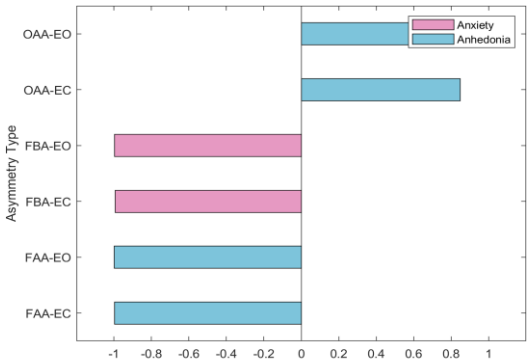
Posterior APF= 09.50

EEG Spectra

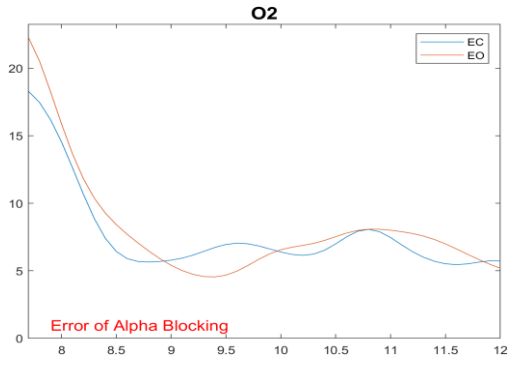




Alpha Asymmetry(AA)



Alpha Blocking



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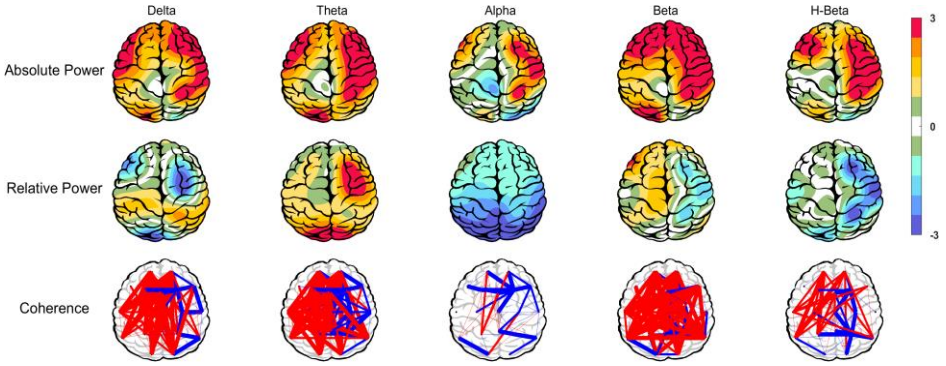
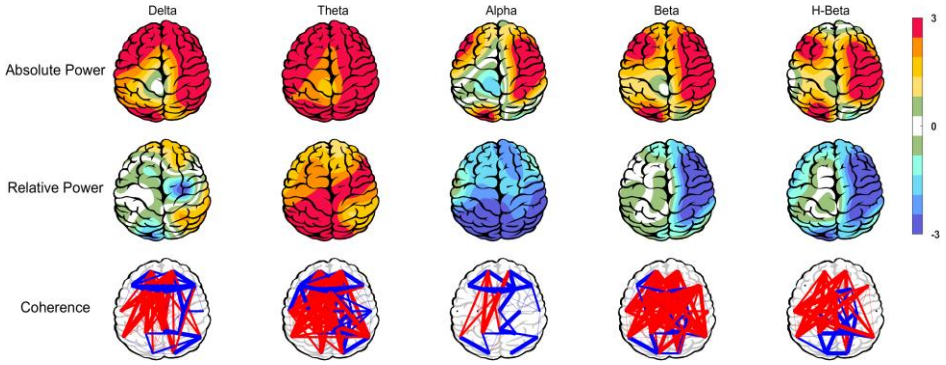
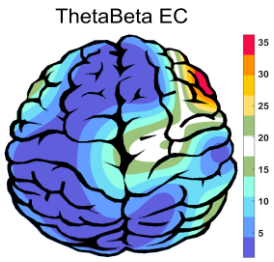
Z Score Summary Information (EC)

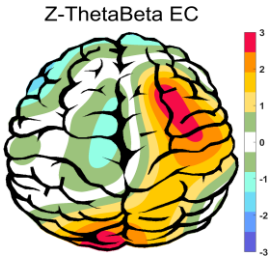


Z Score Summary Information (EO)

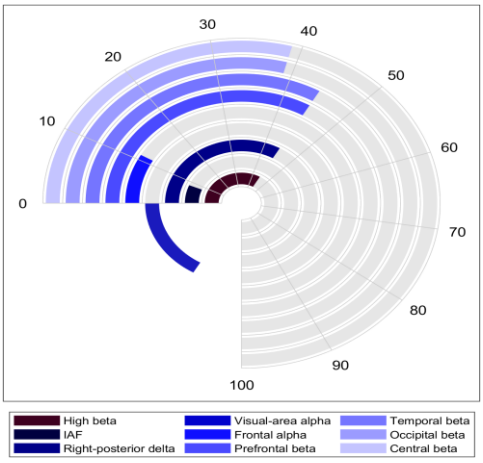


E.C.T/B Ratio (Raw- Z Score)

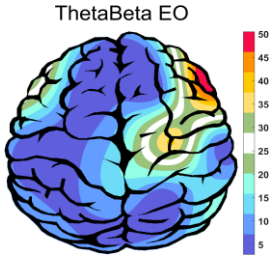


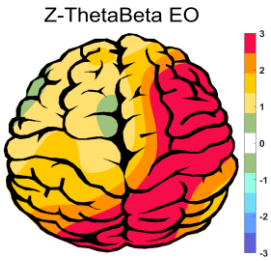


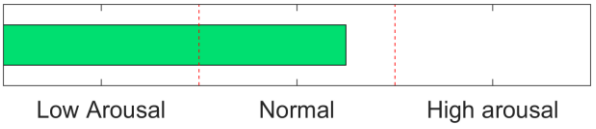
Arousal Level



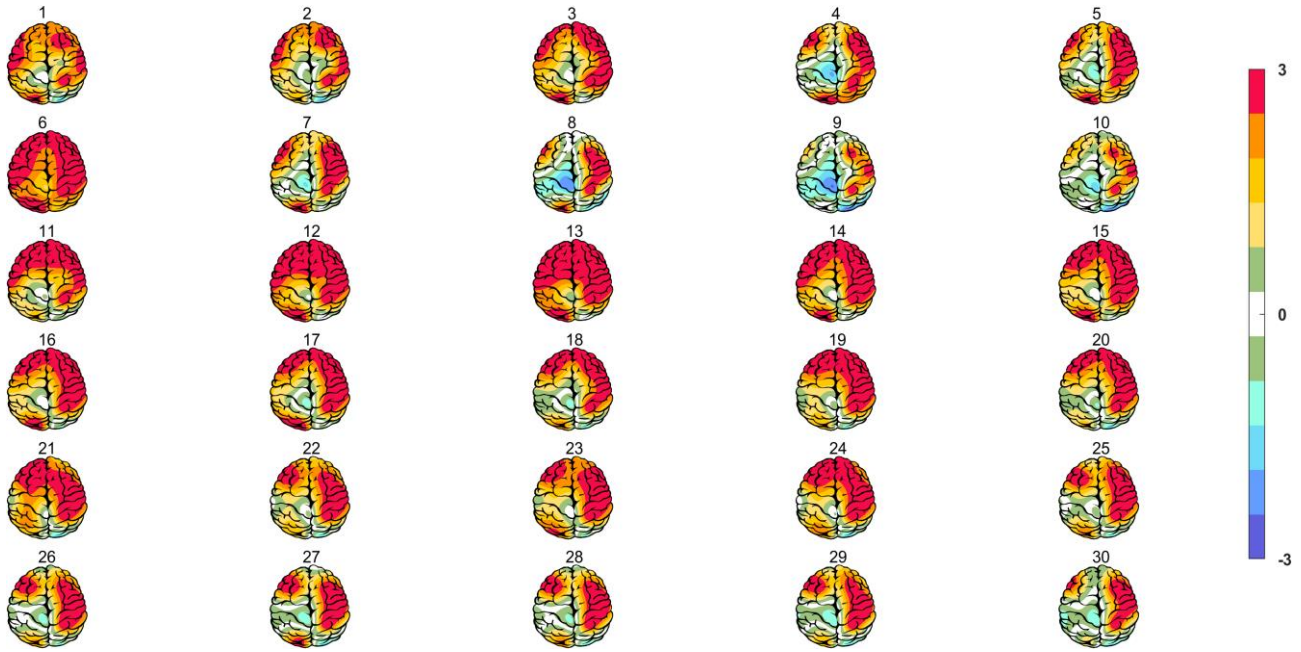
E.O.T/B Ratio (Raw- Z Score)



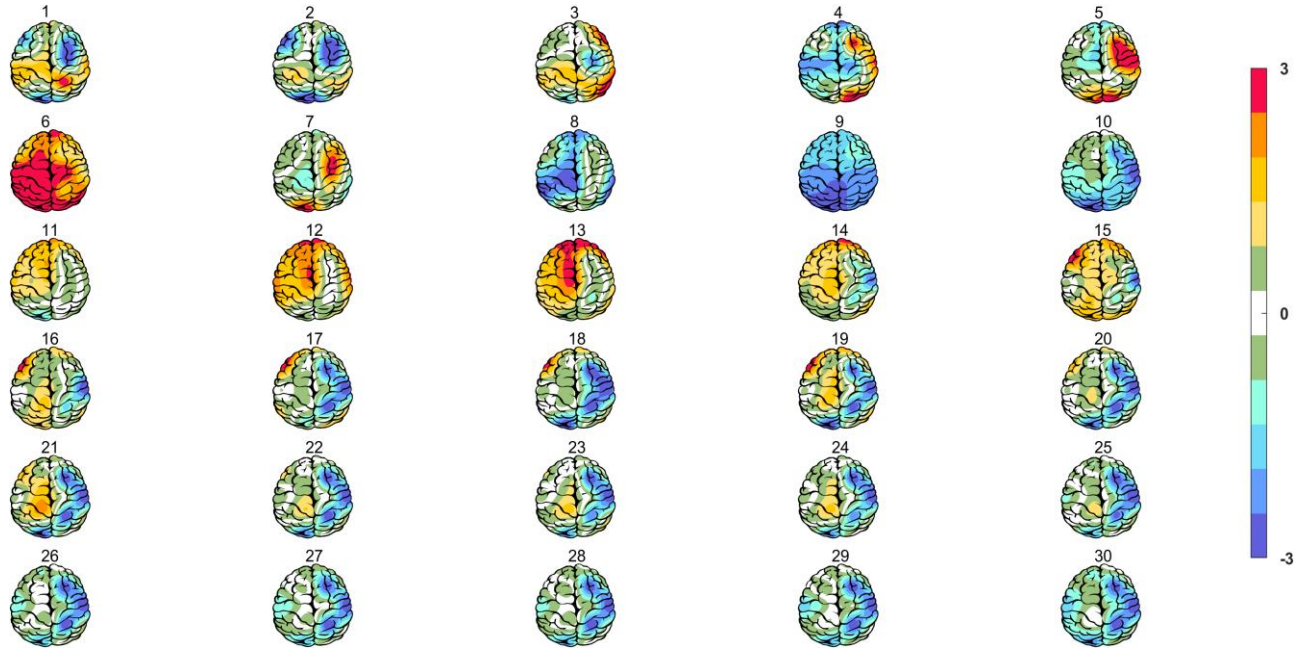




Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



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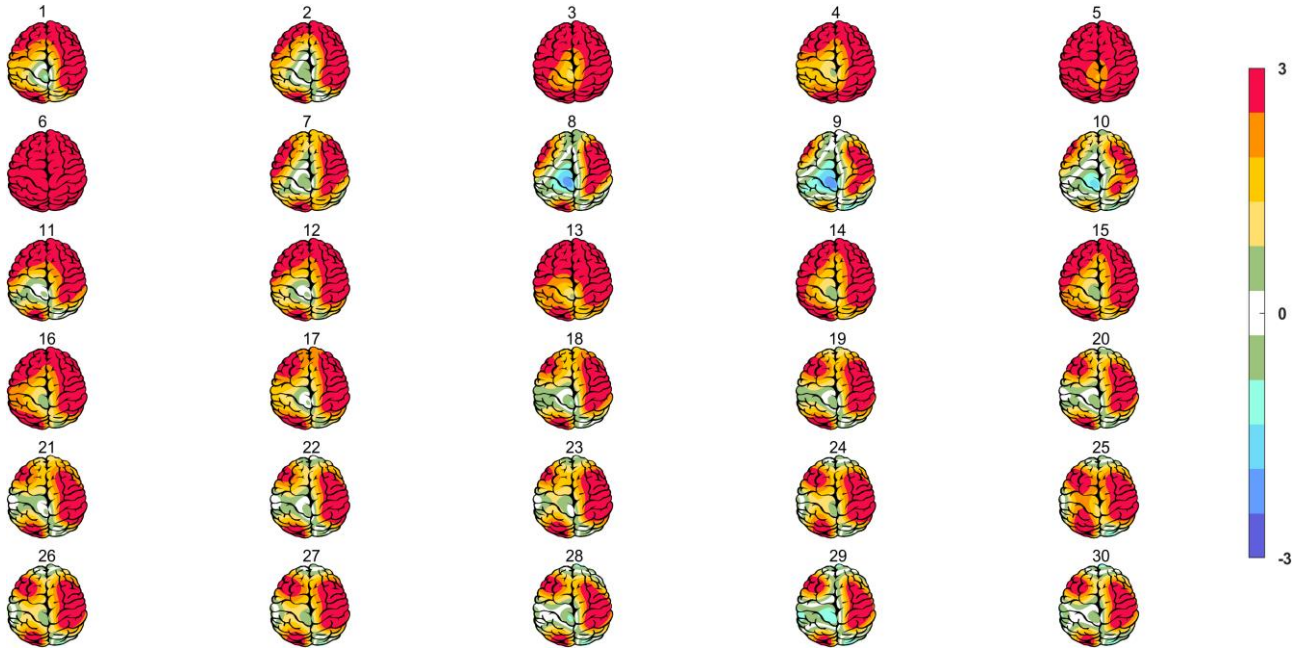
Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)