



QEEG Clinical Report

BrainLens V0.4



Report Description



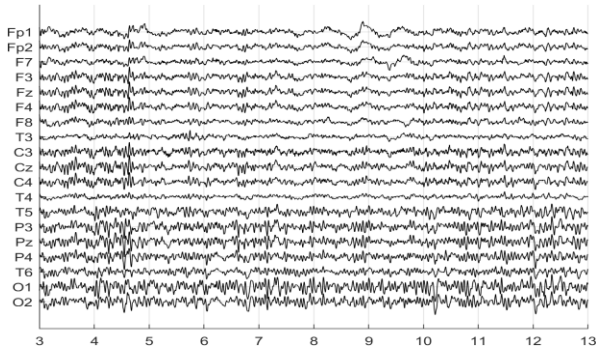
Personal & Clinical Data

Name	Amirali Kazemitabar	Date of Recording	03-Oct-2024
Date of Birth - Age	10-Oct-2013 - 10.98	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Sara Hojjatitabar
Initial Diagnosis	ADHD		
Current Medication	Medication Free		

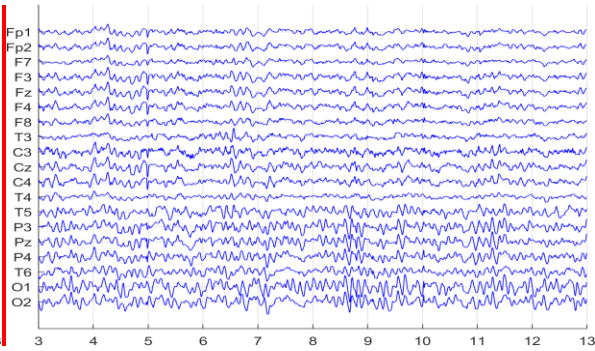
Dr Sara Hojjatitabar

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



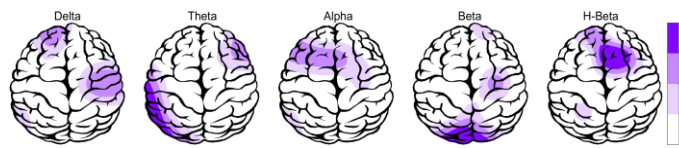
Rejected Channels



Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining	238.79 sec

Pathological assessment for ADHD

Compare to ADHD Database



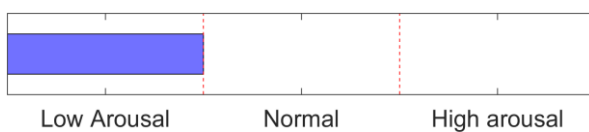
EEG Compatibility with ADHD Diagnosis

ADHD Table	EC	
Feature Name	Threshold	Region
Increased rDelta	0.00	NAN
Increased rTheta	2.00	frontal
Increased rAlpha	0.00	NAN
Increased rBeta	0.00	NAN
Decreased SMR	-0.50	global
Increased T/B Ratio	1.00	Fz and Cz

ADHD Compatibility: 0 to 100. Current score: ~55.

ADHD Probability

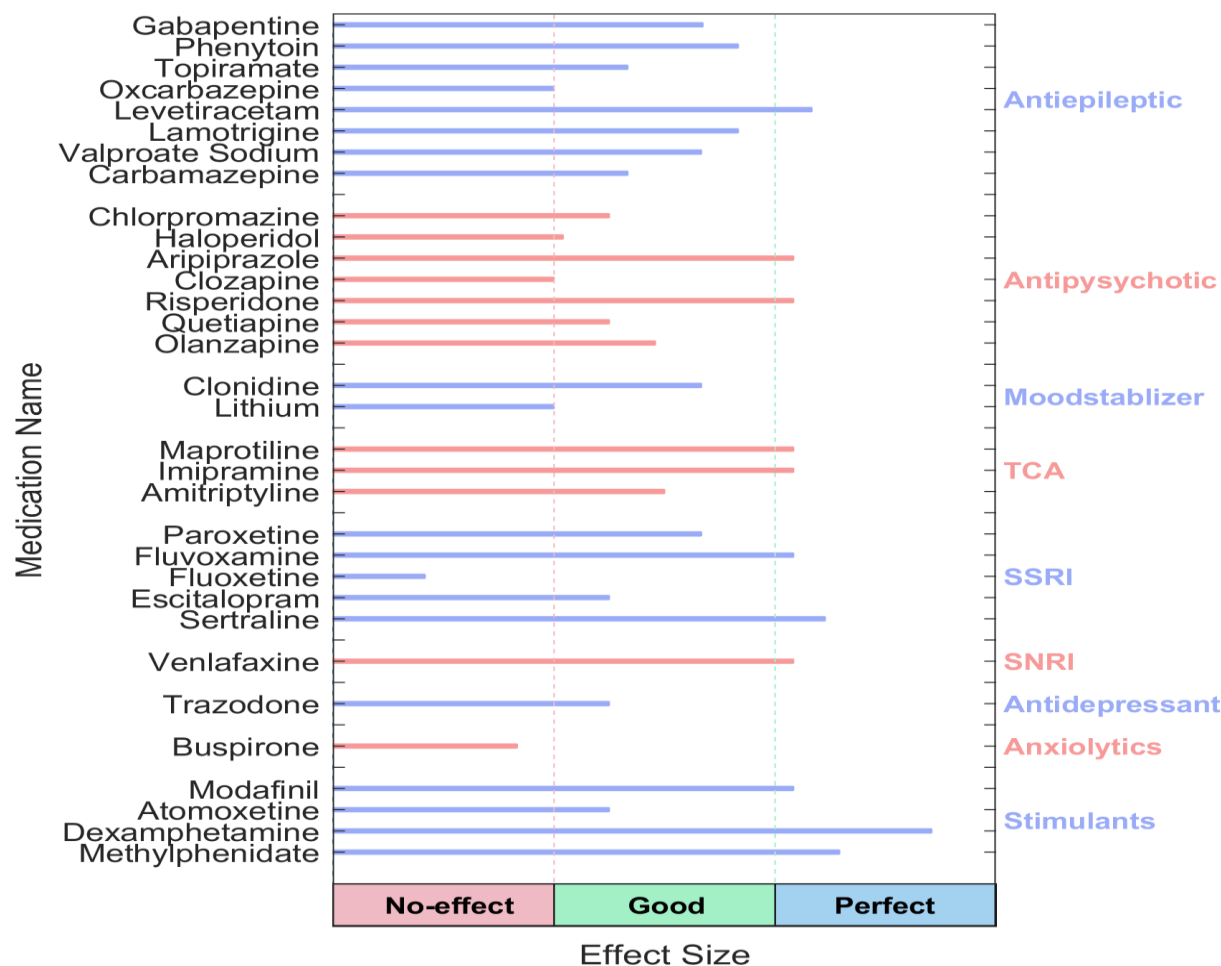
Arousal Level Detection



ADHD Clustering *

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

QEEG based predicting medication response



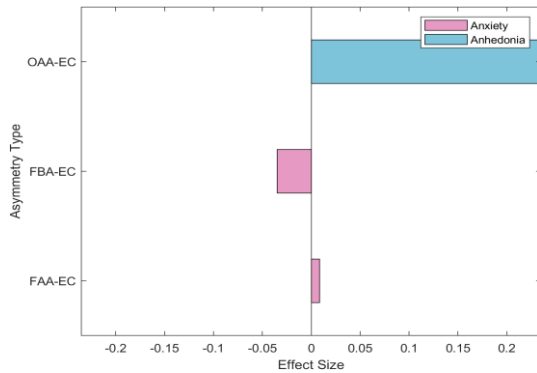
Explanation

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 .

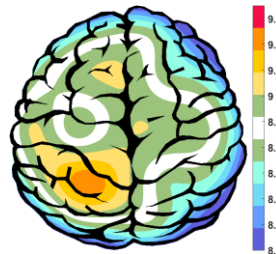
Medication Recommendation

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.

Alpha Asymmetry(AA)



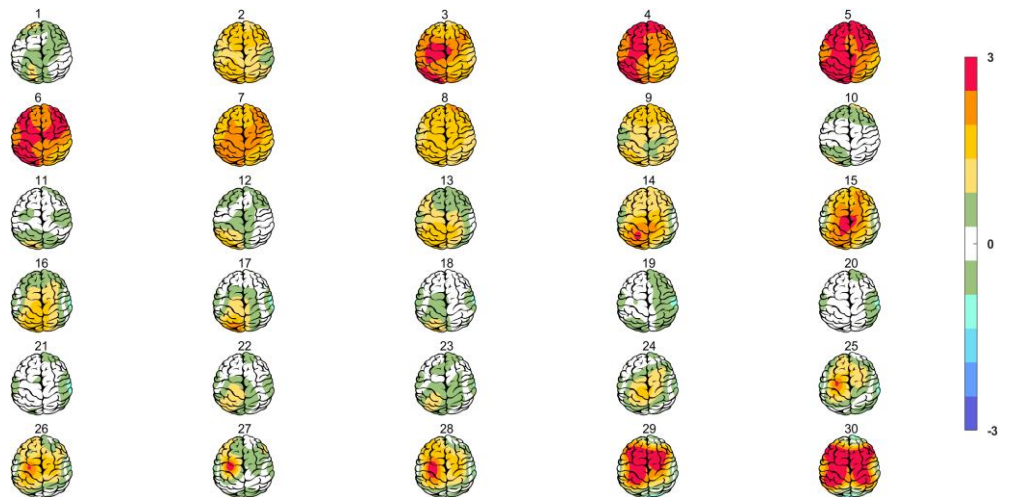
APF(EC)



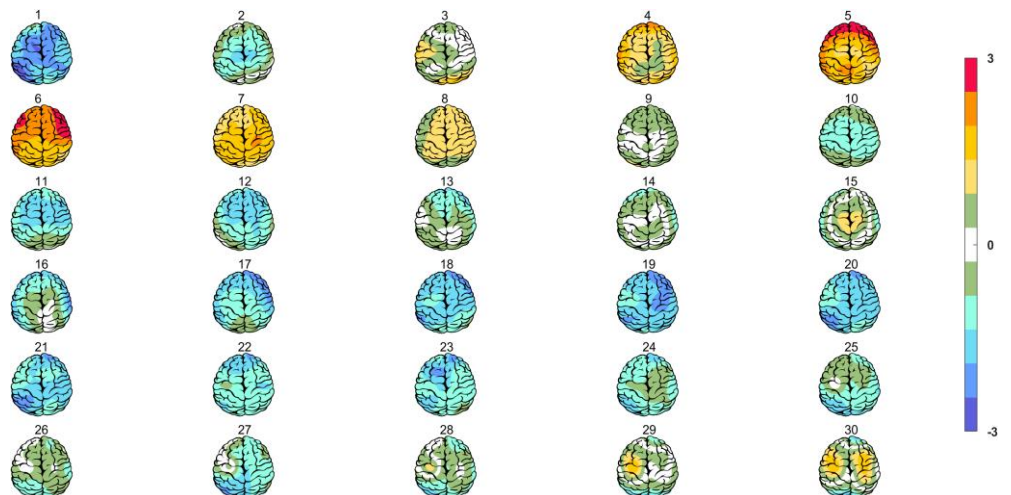
Frontal APF= 08.83

Posterior APF= 09.00

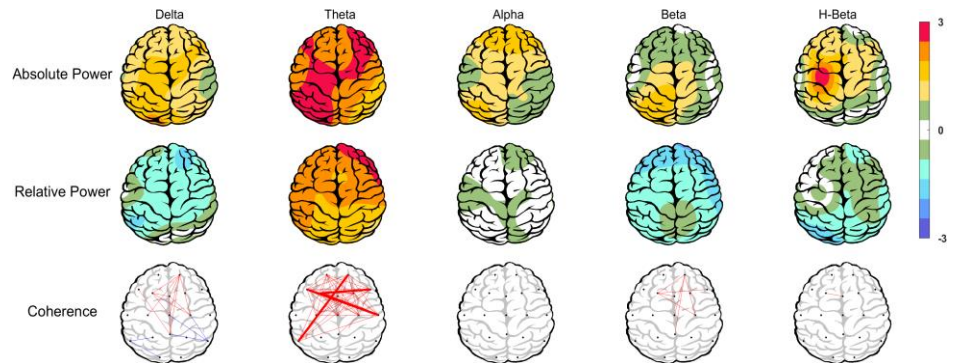
Absolute Power-Eye Closed (EC)



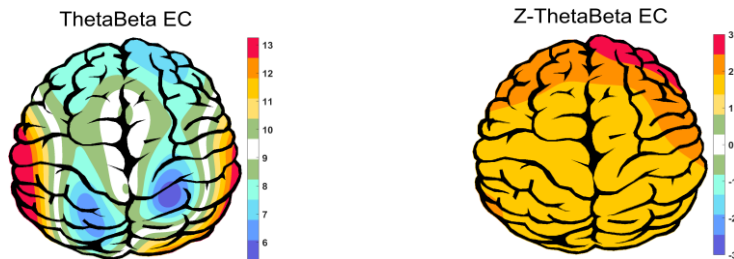
Relative Power-Eye Closed (EC)



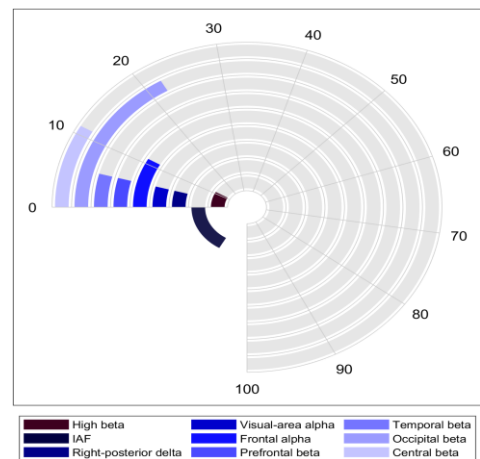
Z Score Summary Information (EC)



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



Arousal Level



EEG Spectra

