





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Yasin Ghadimi	Date of Recording	28-Oct-2024		
Date of Birth - Age	02-Jul-2017 - 7.32	Gender	Male		
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -		
Initial Diagnosis	ADHD				
Current Medication		-			

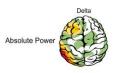
Asayesh Psychiatric Clinic -Dr Torabi





Z Score Summary Information (EC)























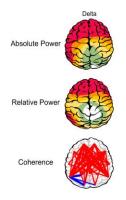






Z Score Summary Information (EO)







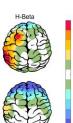






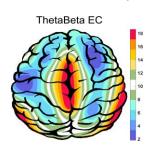


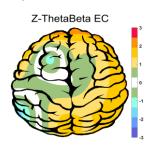




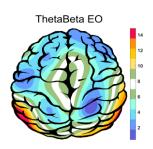


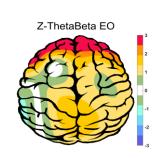
E.C.T/B Ratio (Raw- Z Score)



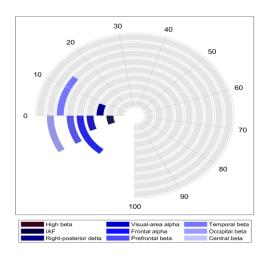


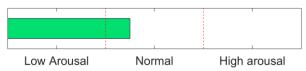
E.O.T/B Ratio (Raw- Z Score)





Arousal Level

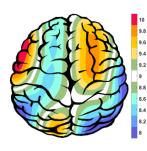








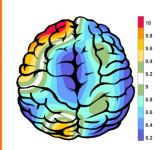
APF(EO)



Frontal APF= 09.33

Posterior APF= 09.00

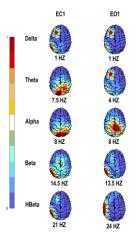
APF(EC)

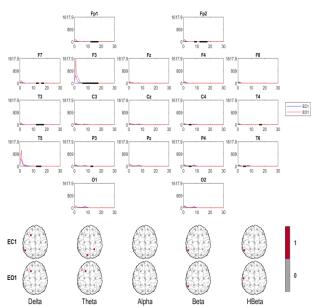


Frontal APF= 08.83

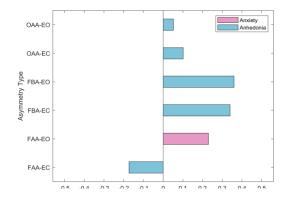
Posterior APF= 08.38

EEG Spectra

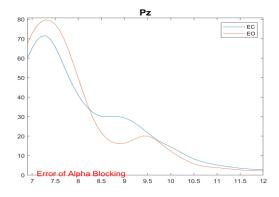




Alpha Asymmetry(AA)



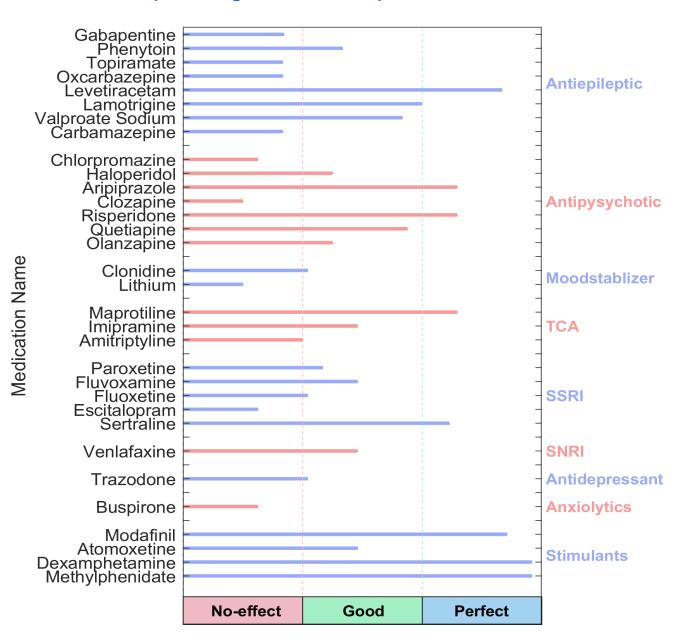
Alpha Blocking







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.

two charts, calculate 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





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	1.00	global		
Increased rTheta	0.50	frontal	0.00	NAN		
Increased rAlpha	0.00	NAN	0.00	NAN		
Increased rBeta	0.00	NAN	0.00	NAN		
Decreased SMR	0.00	NAN	-2.00	global		
Increased T/B Ratio	0.50	Fz	1.00	Fz and Cz		
ADHD 10 20 30 40 50 60 70 80 90 100 ADHD Compatibility						
ADHD Probability						

Arousal Level Detection



ADHD Clustering

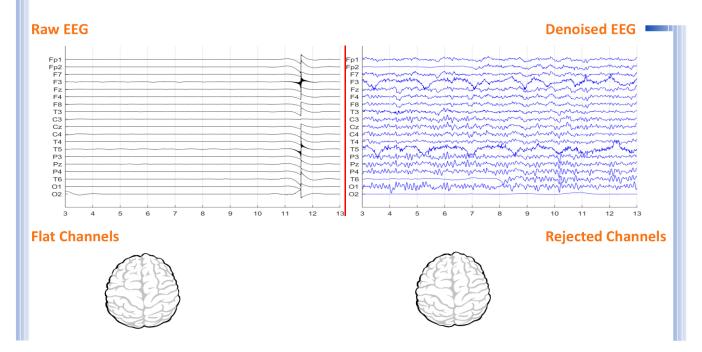
1. Mostly inattentive and hyper-active prevalence. Well respond to amphetamine-type stimulants and neurofeedback.

^{*} 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.



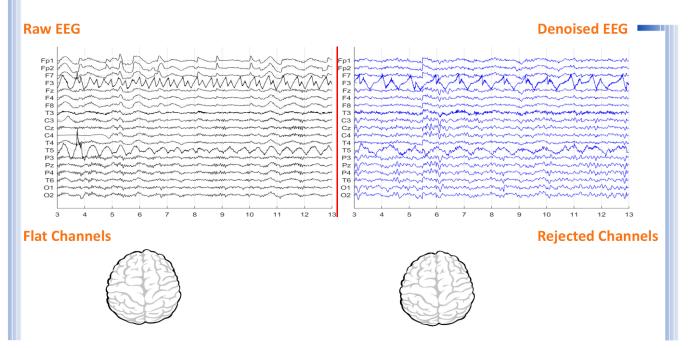


Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage			
Eye	1	Muscle	0			
Total Artifact Percentage			High Artifact Percentage			
0						
EEG Qual	lity	good		Total Recording Time Remaining 170.74 sec		

Denoising Information (EO)



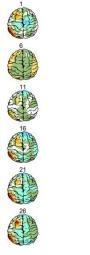
Number of Eye and Muscle Elements		Low Artifact Percentage				
Eye	2	Muscle	0	0		
Total Artifact Percentage		High Artifact Percentage				
EEG Quality		good		Total Recording Time Remaining	150.44 sec	

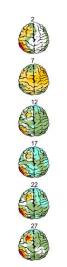


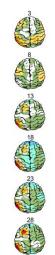


Absolute Power-Eye Closed (EC) 🌮

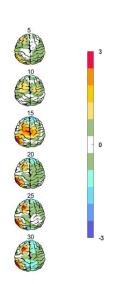




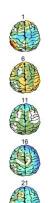


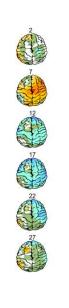


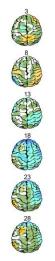


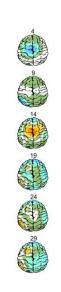


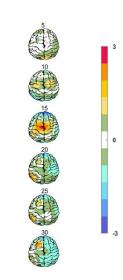
Relative Power-Eye Closed (EC) 🌮









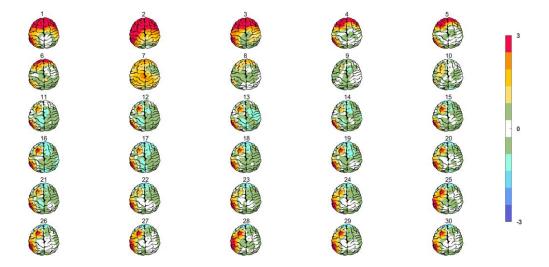






Absolute Power-Eye Open (EO) 🕢





Relative Power-Eye Open (EO) 🕢

