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QEEG Clinical Report

BrainLens V0.4

Report Description

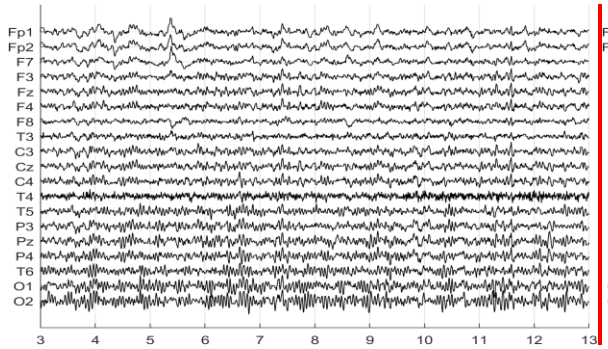
Personal & Clinical Data

Name	Amirali Mehri	Date of Recording	03-Nov-2024
Date of Birth - Age	22-Dec-2016 - 7.86	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Sahraian
Initial Diagnosis	ADHD		
Current Medication	-		

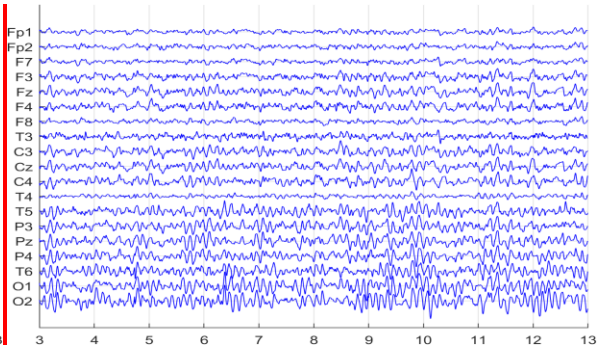
Dr Sahraian

Denoising Information (EC)

Raw EEG



Denoised EEG



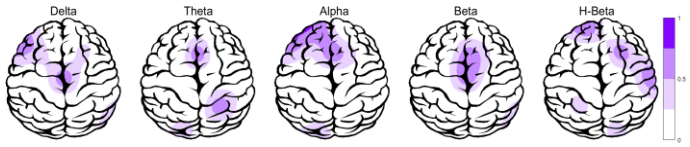
Flat Channels

Rejected Channels

Number of Eye and Muscle Elements				Low Artifact Percentage
Eye	2	**Muscle**	1	
Total Artifact Percentage				**High Artifact Percentage**
EEG Quality	good			**Total Recording Time Remaining** 238.46 sec

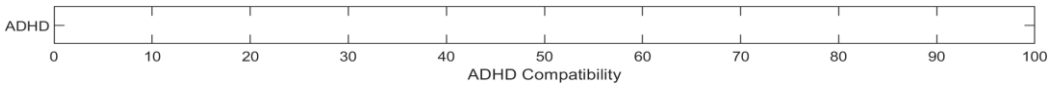
Pathological assessment for ADHD

Compare to ADHD Database



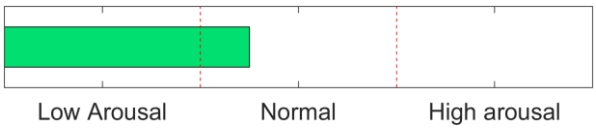
EEG Compatibility with ADHD Diagnosis

ADHD Table	EC	
Feature Name	Threshold	Region
Increased rDelta	0.00	NAN
Increased rTheta	0.00	NAN
Increased rAlpha	0.00	NAN
Increased rBeta	0.00	NAN
Decreased SMR	0.00	NAN
Increased T/B Ratio	0.00	NAN



ADHD Probability

Arousal Level Detection

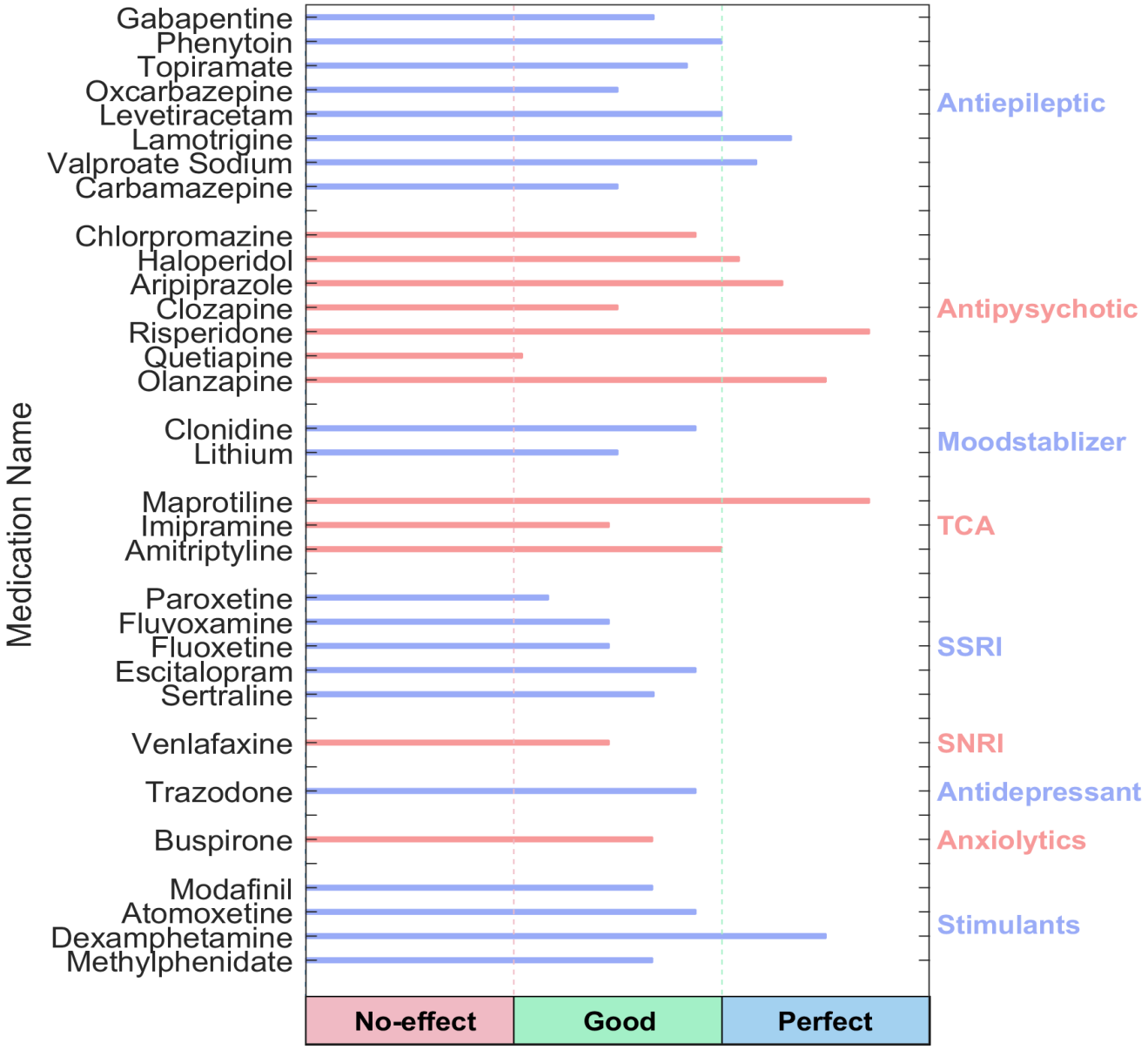


ADHD Clustering *

1.

* 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

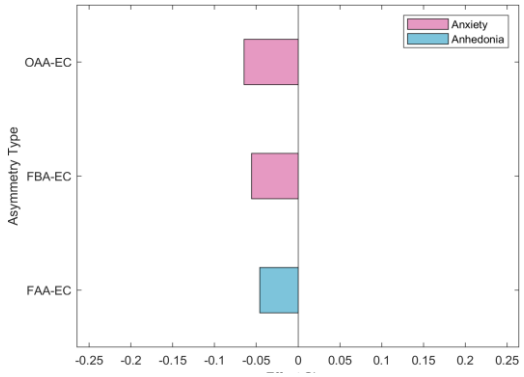
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies.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

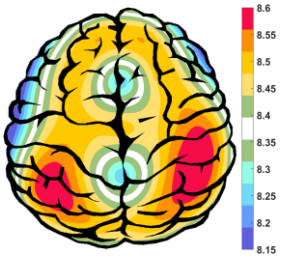
These two charts, calculate response probability to various medications, according only to QEEG indicators. Blue charts favor drug response and red charts favor drug resistance. The longer the bar, the more evidence there is in the articles. Only drugs listed in the articles are listed. These tables present the indicators reviewed in the QEEG studies and are not a substitute for physician selection.

Amirali Mehri\Dr Sahraian

Alpha Asymmetry(AA)



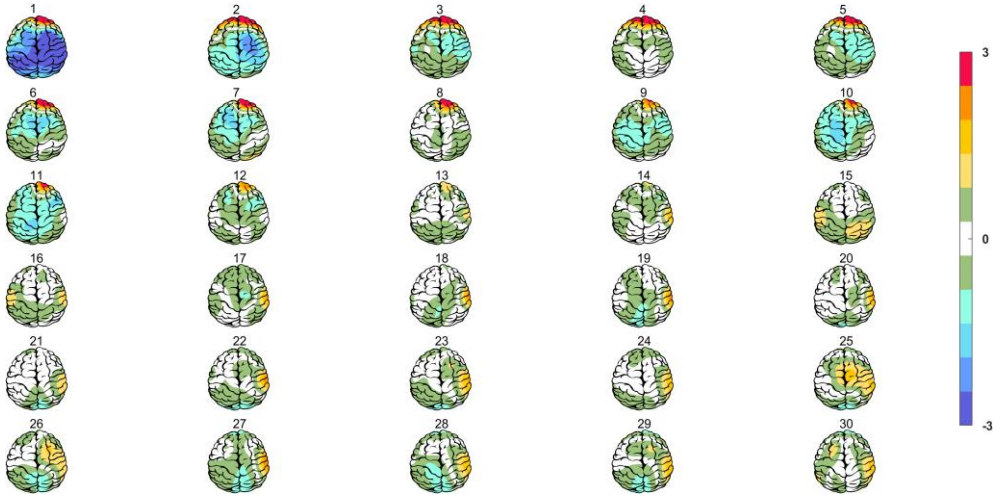
APF(EC)



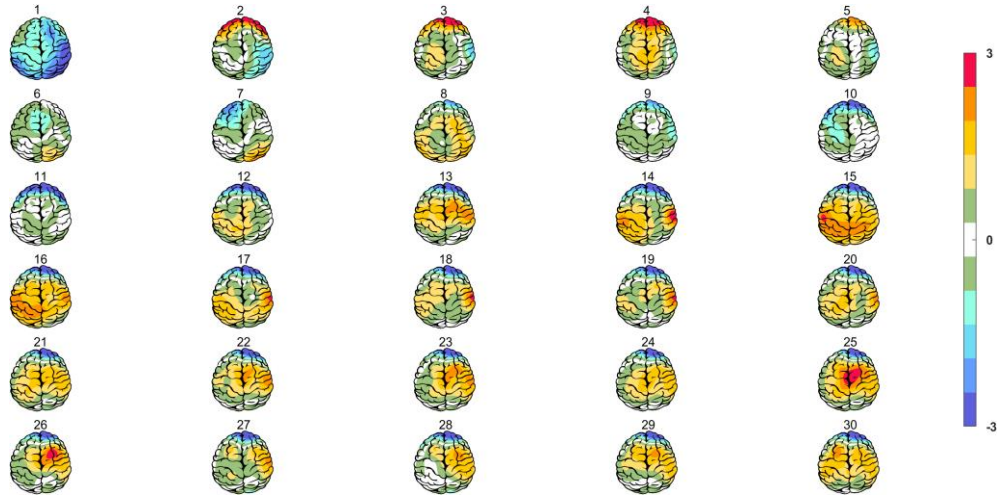
Frontal APF= 08.50

Posterior APF= 08.38

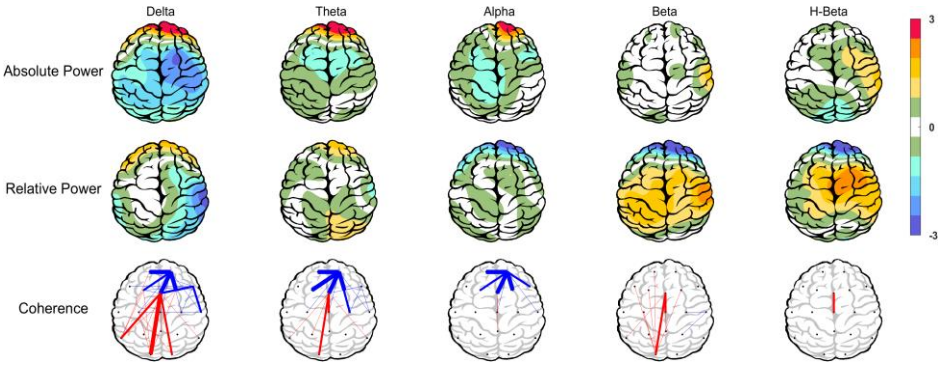
Absolute Power-Eye Closed (EC)



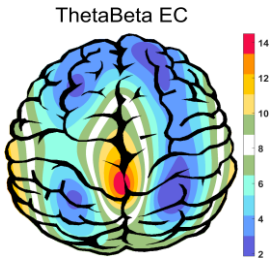
Relative Power-Eye Closed (EC)

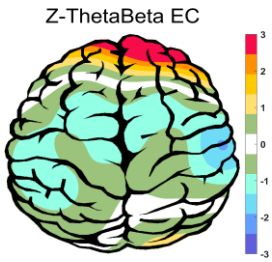


Z Score Summary Information (EC)

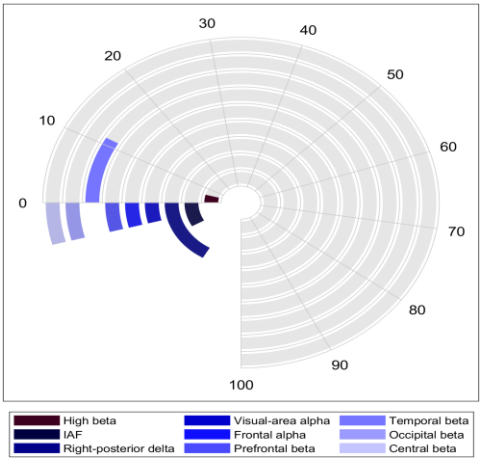


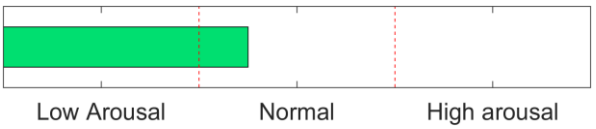
E.C.T/B Ratio (Raw- Z Score)





Arousal Level





EEG Spectra