





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Taha Mahbouban	Date of Recording	06-Nov-2024			
Date of Birth - Age	22-Aug-2017 - 7.21	Gender	Male			
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -			
Initial Diagnosis	ADHD-L.D					
Current Medication		-				

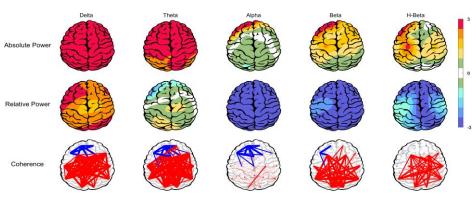
Asayesh Psychiatric Clinic -Dr Torabi





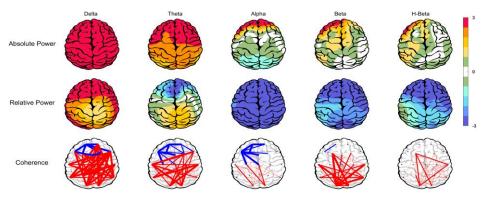
Z Score Summary Information (EC)



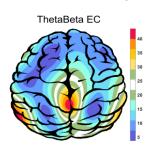


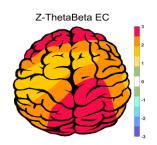
Z Score Summary Information (EO)



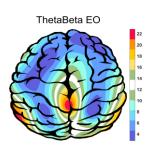


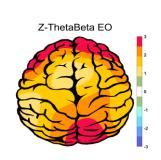
E.C.T/B Ratio (Raw- Z Score)



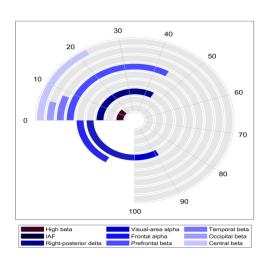


E.O.T/B Ratio (Raw- Z Score)





Arousal Level

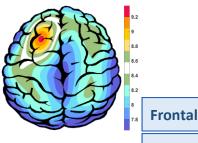








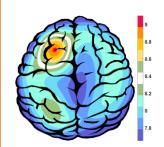
APF(EO)



Frontal APF= 08.25

Posterior APF= 07.75

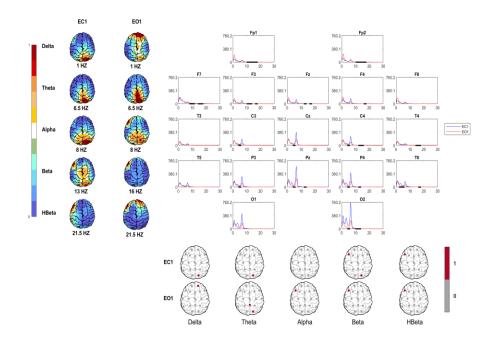
APF(EC)



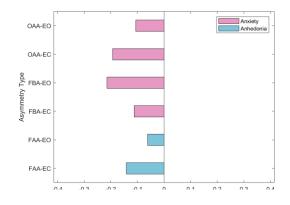
Frontal APF= 08.00

Posterior APF= 07.75

EEG Spectra



Alpha Asymmetry(AA)



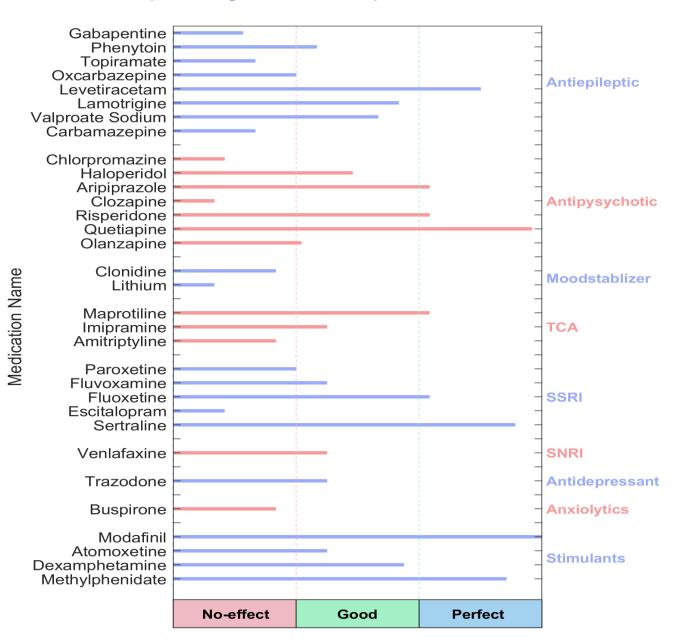
Alpha Blocking







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

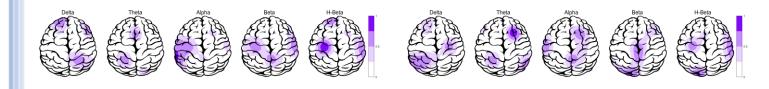
گزارش: 1
نتایج تشخیصی:
نتایج تشخیصی : 1



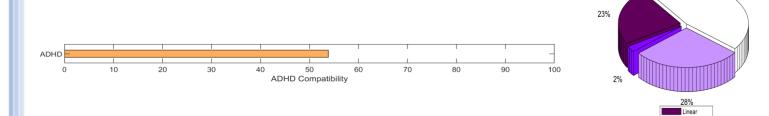


Pathological assessment for ADHD

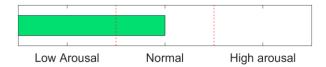
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection



ADHD Clustering *

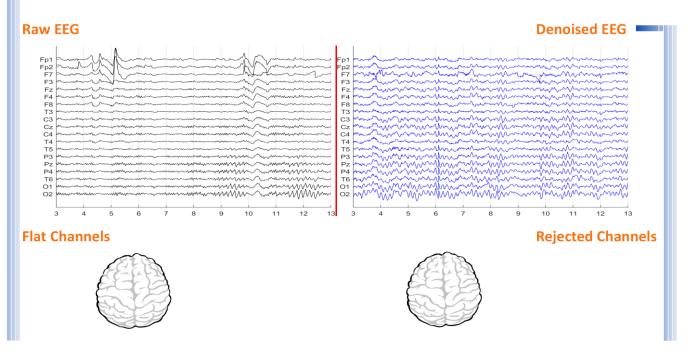
1. Mostly inattentive and hyper-active prevalence. Well respond to amphetamine-type stimulants and neurofeedback.

* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.

You can consider anticonvulant medications.

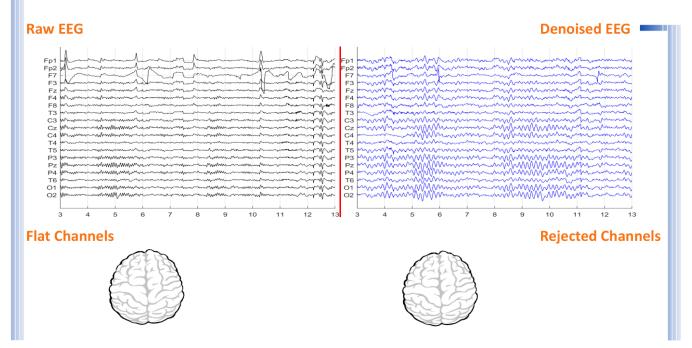


Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage			
Eye	4	Muscle	0			
Total Artifact Percentage			High Artifact Percentage			
0			0			
EEG Quality		bad		Total Recording Time Remaining	276.82 sec	

Denoising Information (EO)



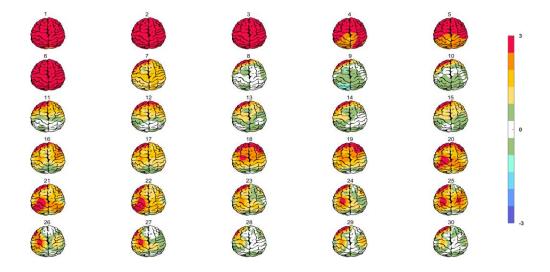
Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	4	Muscle	0	0	
Total Artifact Percentage		High Artifact Percentage			
			0		
EEG Quality good		Total Recording Time Remaining	241.54 sec		



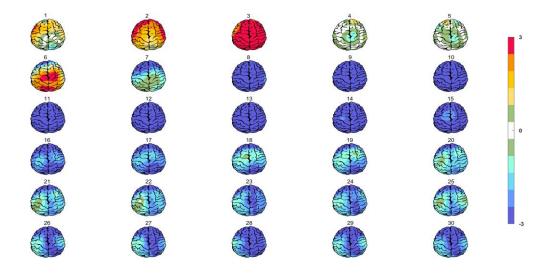


Absolute Power-Eye Closed (EC) 🌮





Relative Power-Eye Closed (EC) 🌮

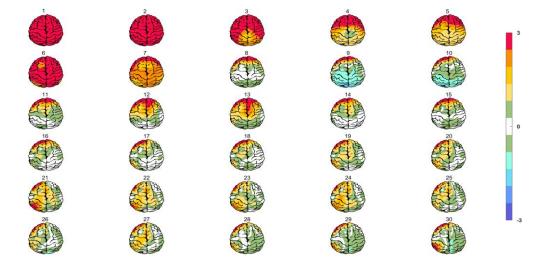




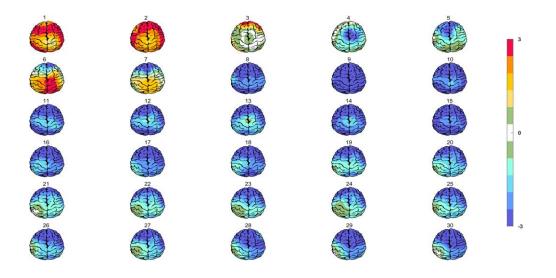


Absolute Power-Eye Open (EO) 🕢





Relative Power-Eye Open (EO) 🕢



Summary Report

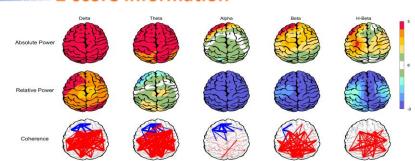
NPCindex



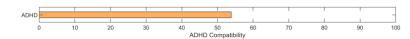
EEG Quality







Compatibility with ADHD



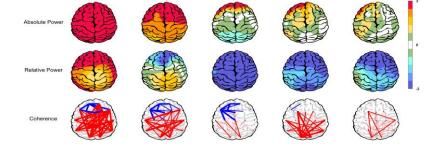
Arousal Level



APF

Posterior APF-EC= 07.75

Posterior APF-EO= 07.75



To investigate QEEG-based predicting medication response, please refer to the Report.