



## QEEG Clinical Report

BrainLens V0.4



### Report Description



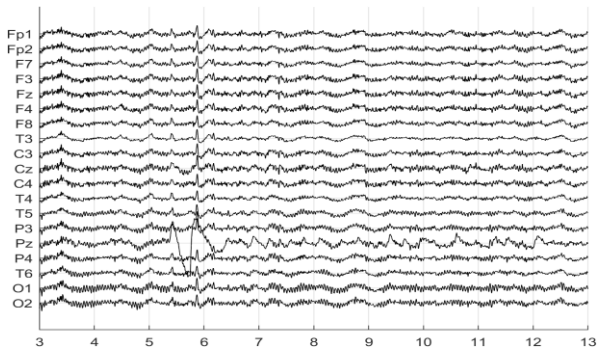
### Personal & Clinical Data

|                     |                     |                    |                   |
|---------------------|---------------------|--------------------|-------------------|
| Name                | Sahar Ghanevati     | Date of Recording  | 14-Nov-2024       |
| Date of Birth - Age | 12-Dec-1989 - 34.79 | Gender             | Female            |
| Handedness(R/L)     | Right               | Source of Referral | Dr Mohammadhasani |
| Initial Diagnosis   | BID                 |                    |                   |
| Current Medication  | Depakine            |                    |                   |

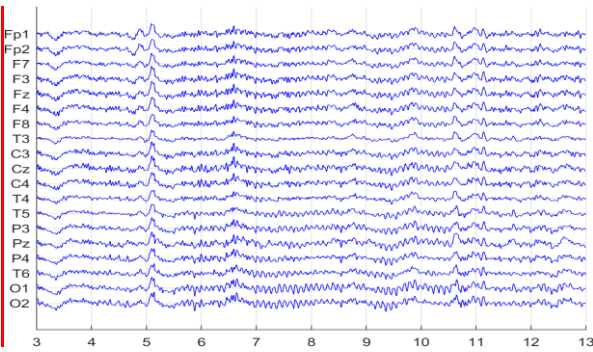
Dr Mohammadhasani

## Denoising Information

### Raw EEG



### Denoised EEG



### Flat Channels



### Rejected Channels



#### Number of Eye and Muscle Elements

Eye 0 Muscle 0

#### Total Artifact Percentage



EEG Quality good

#### Low Artifact Percentage

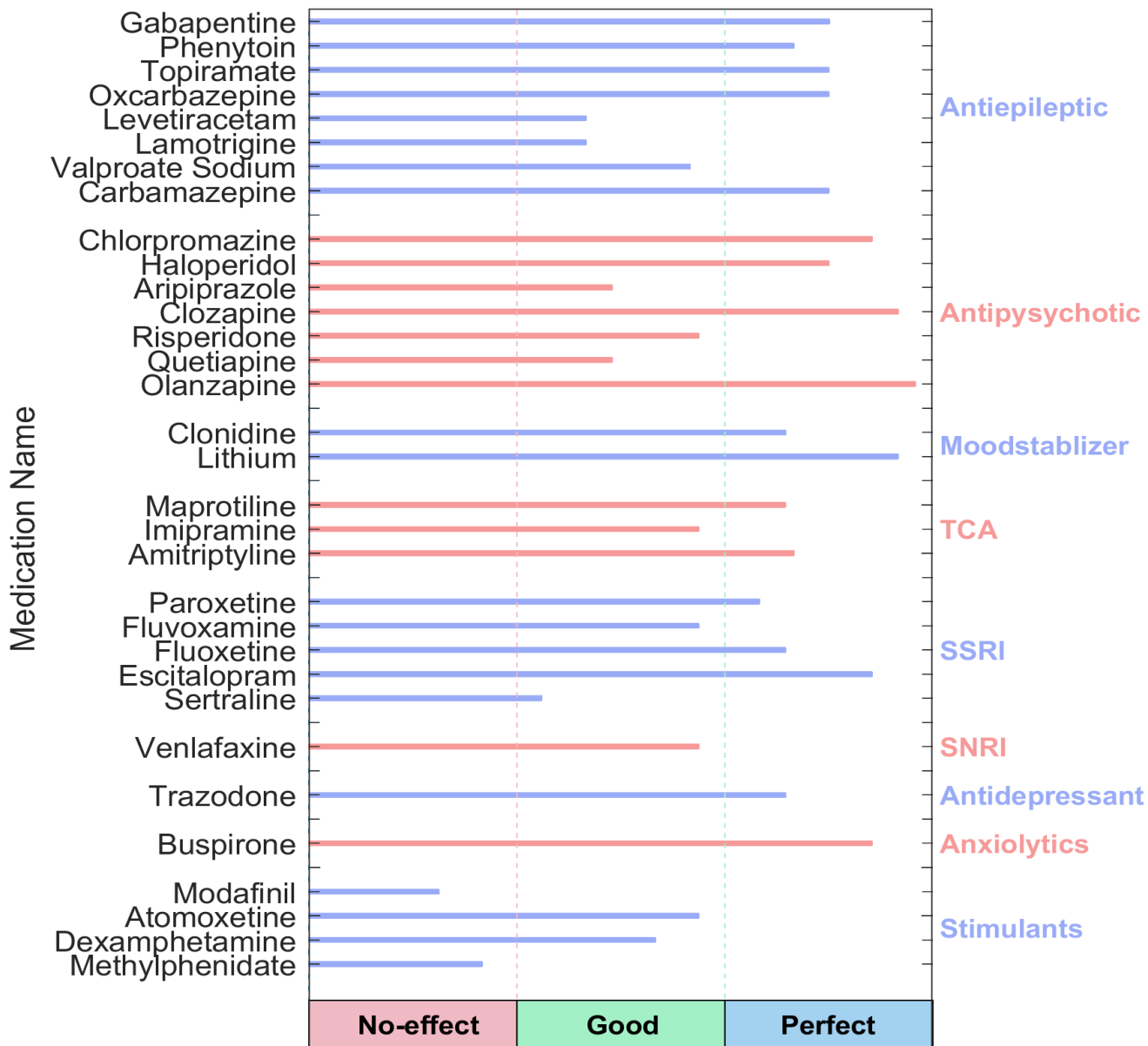


#### High Artifact Percentage



Total Recording Time Remaining 541.73 sec

## QEEG based predicting medication response



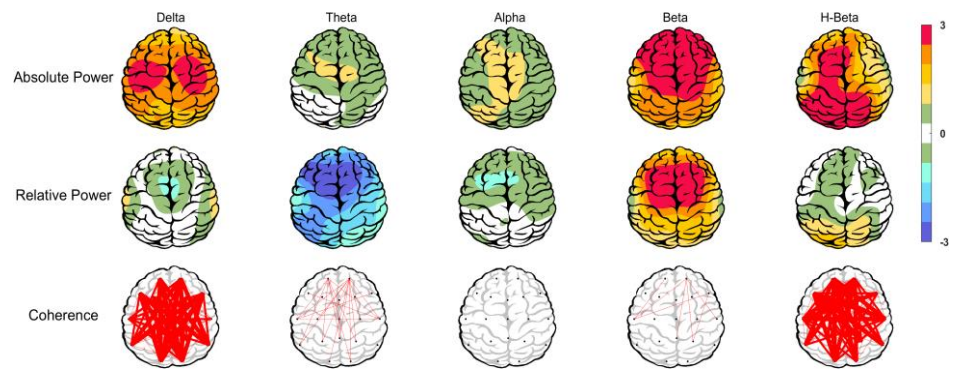
## Explanation

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 Pharmacology 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 .

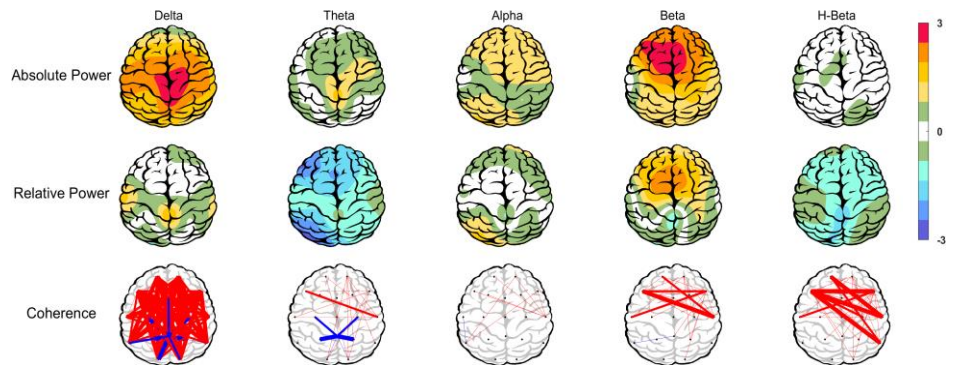
## Medication Recommendation

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.

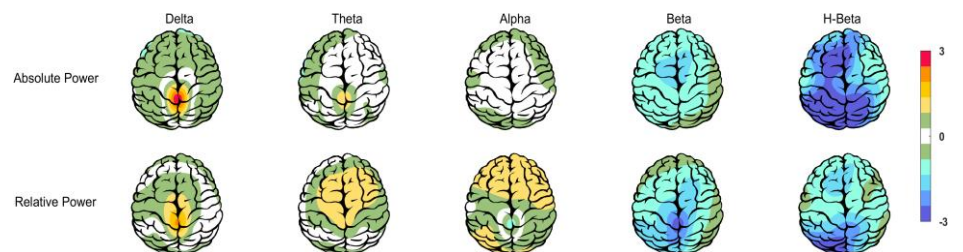
## First Topographic Map



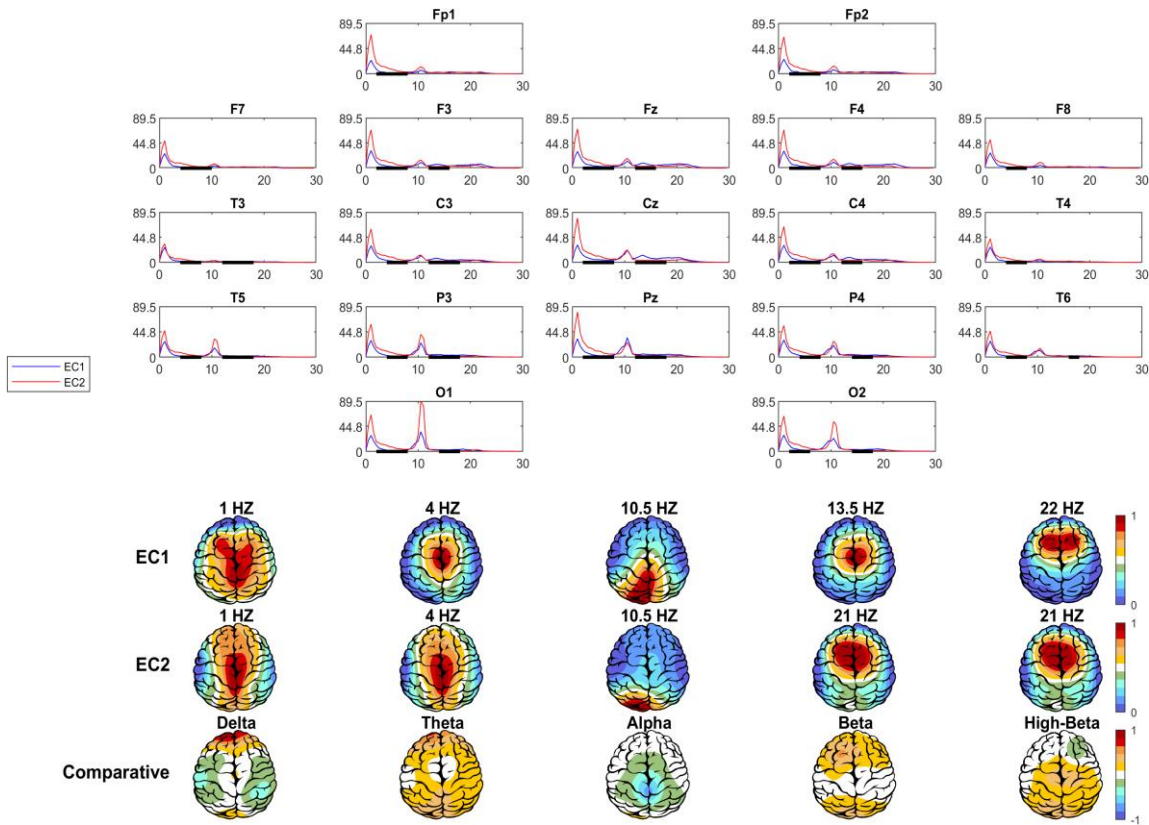
## Second Topographic Map



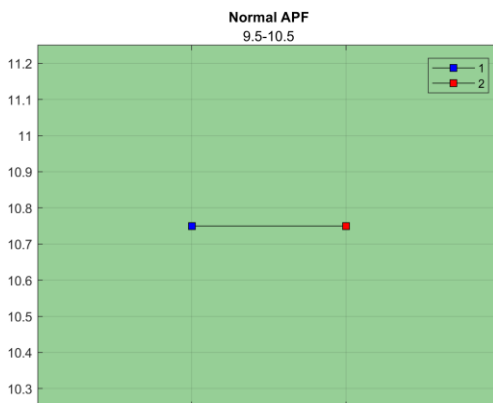
## Comparsion Topographic Map



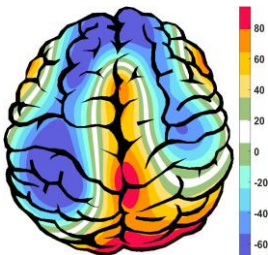
## Power Spectrum



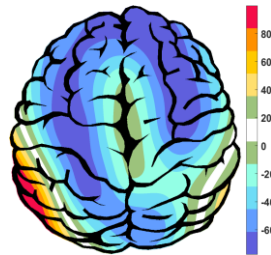
## APF



### Theta Cordance-Pre



### Theta Cordance-Post



### Theta Cordance Comparative

