





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Amir Arsalan Farsi	Date of Recording	12-Dec-2024			
Date of Birth - Age	21-Mar-2010 - 14.72	Gender	Male			
Handedness(R/L)	Right	Source of Referral	Dr Torkaman Malayeri			
Initial Diagnosis	Depression-Overthinking					
Current Medication		-				

Dr Torkaman Malayeri

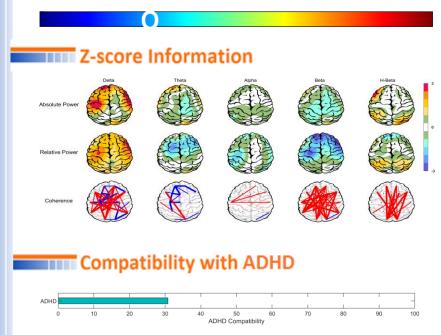
Summary Report











Arousal Level





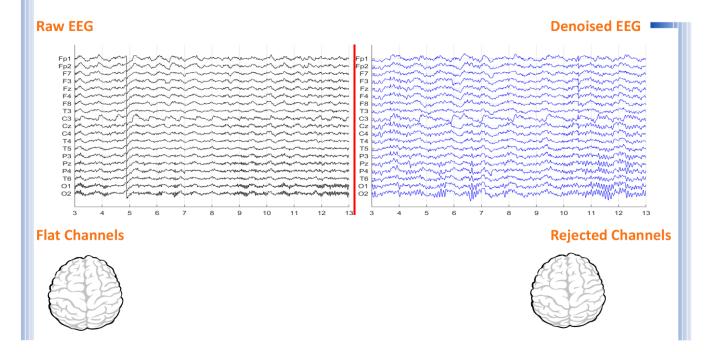
Posterior APF-EC= 10.38

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





Denoising Information (EC)



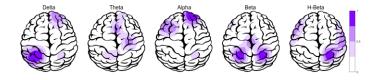
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	0	0	
Total Artifact Percentage				High Artifact Percentage	
()				0	
EEG Qual	lity	bad		Total Recording Time Remaining 3	306.74 sec



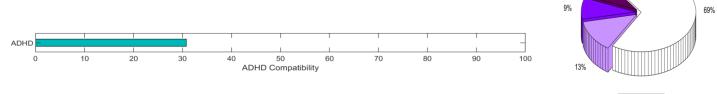


Pathological assessment for ADHD

Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis





Arousal Level Detection



ADHD Clustering *

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

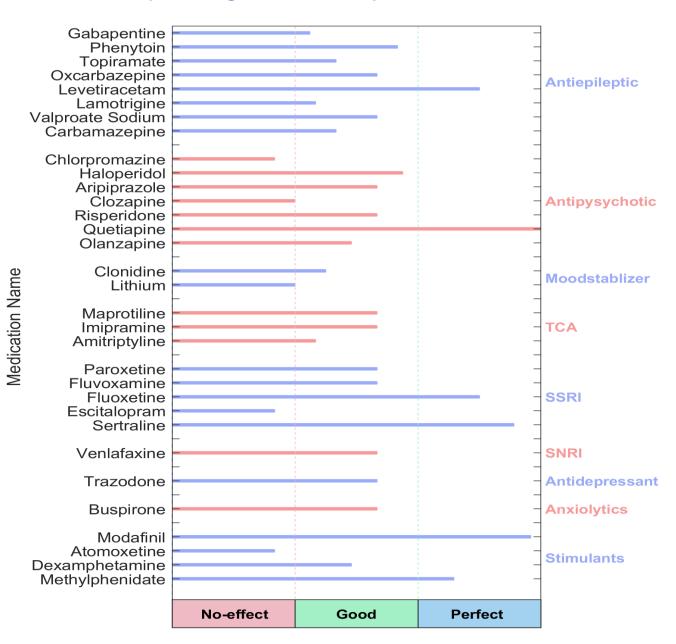
* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.

You can consider anticonvulant medications.





QEEG based predicting medication response



Explanation



Medication Recommendation

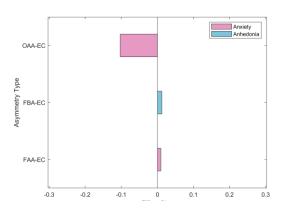
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies.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

These 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.

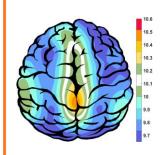




Alpha Asymmetry(AA)



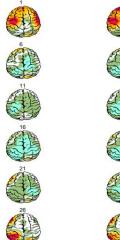
APF(EC)

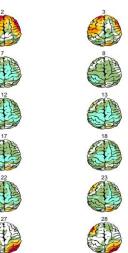


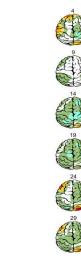
Frontal APF= 09.75

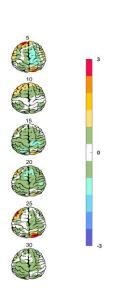
Posterior APF= 10.38

🚃 Absolute Power-Eye Closed (EC) 🌮

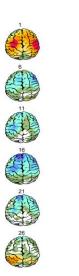


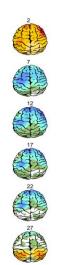


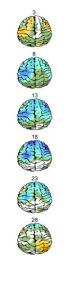




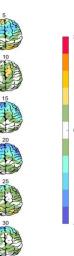
Relative Power-Eye Closed (EC) ớ









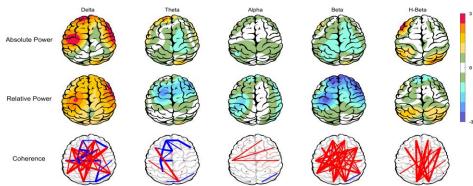






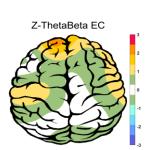
Z Score Summary Information (EC)



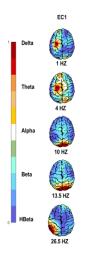


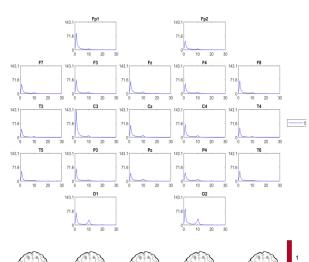
E.C.T/B Ratio (Raw- Z Score)

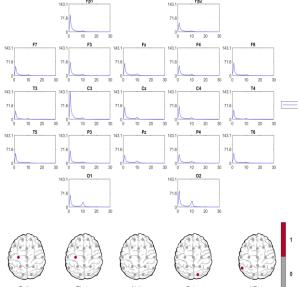
ThetaBeta EC



EEG Spectra







Arousal Level

