



QEEG Clinical Report

BrainLens V0.4

Report Description



Personal & Clinical Data

Name	Sinaahmadi	Date of Recording	12-Jan-2025
Date of Birth - Age	24-May-2018 - 6.63	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Dinarvand
Initial Diagnosis	ADHD		
Current Medication	-		

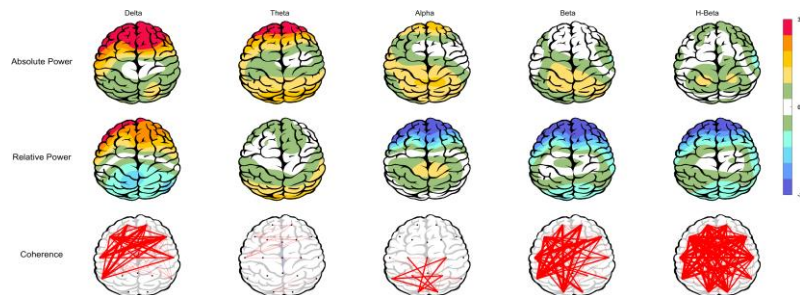
Dr Dinarvand

Summary Report

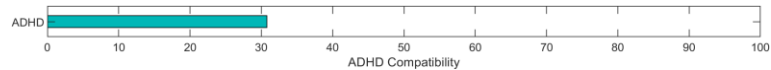
EEG Quality



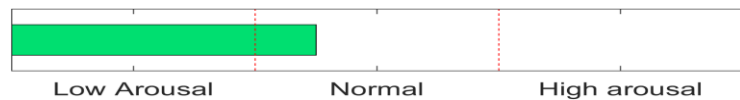
Z-score Information



Compatibility with ADHD



Arousal Level



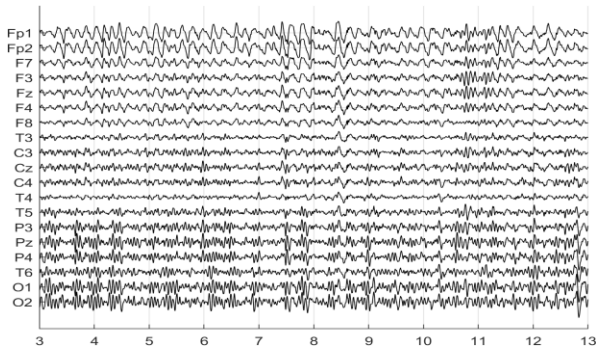
APF

Posterior APF-EC= 09.12

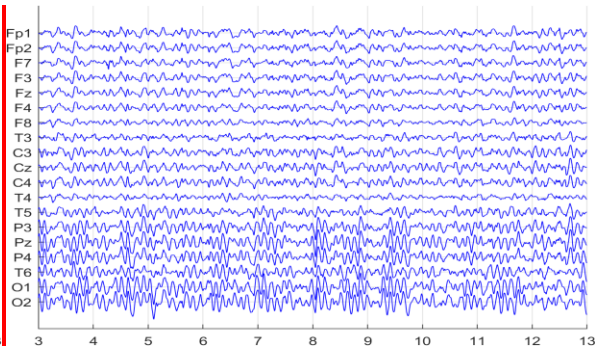
To investigate QEEG-based predicting medication response, please refer to the Report.

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



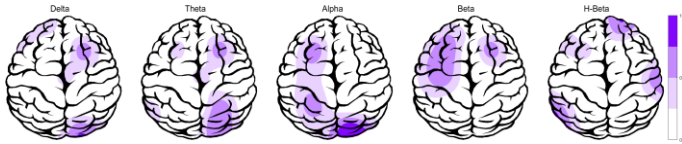
Rejected Channels



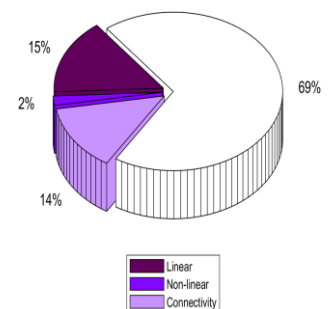
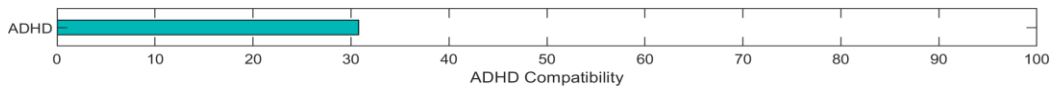
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	3	Muscle	1		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining	
				277.62 sec	

Pathological assessment for ADHD

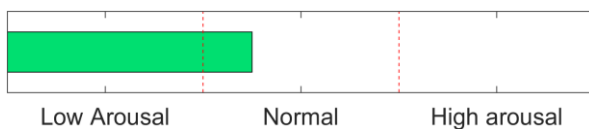
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection

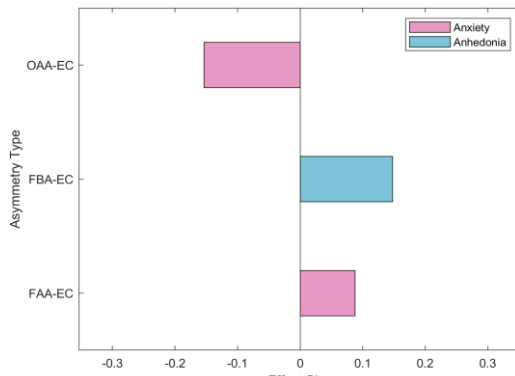


ADHD Clustering *

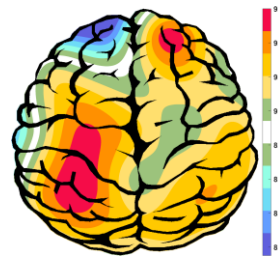
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

* 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.

Alpha Asymmetry(AA)



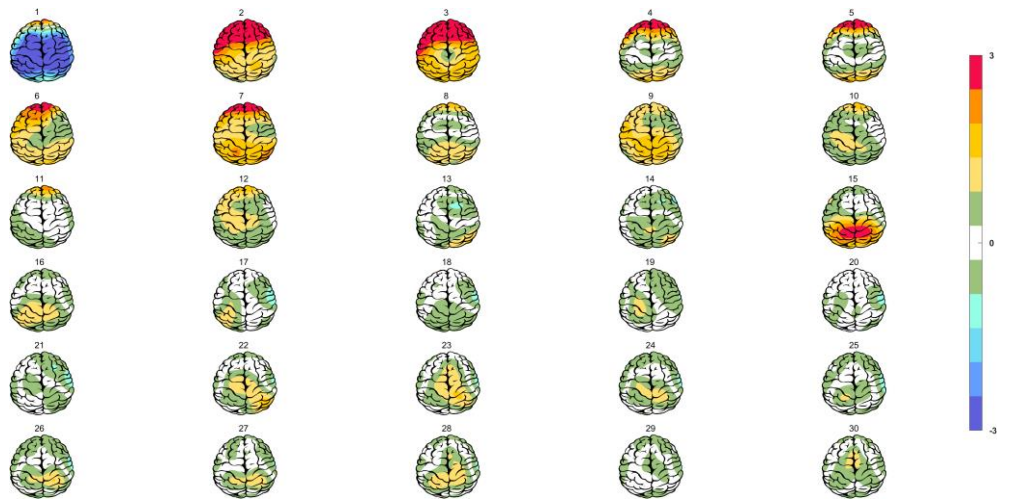
APF(EC)



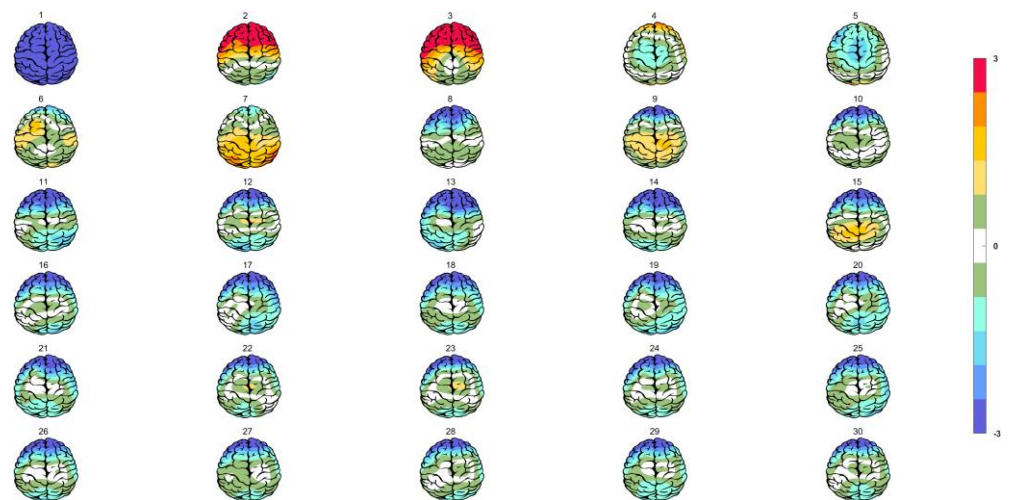
Frontal APF= 09.25

Posterior APF= 09.12

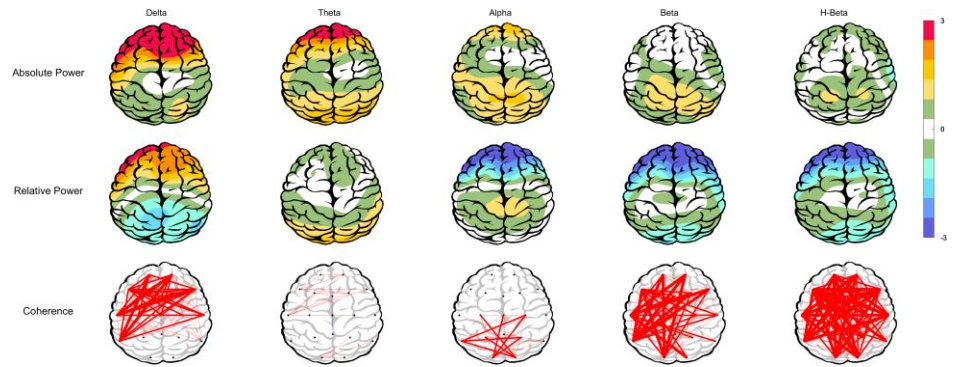
Absolute Power-Eye Closed (EC)



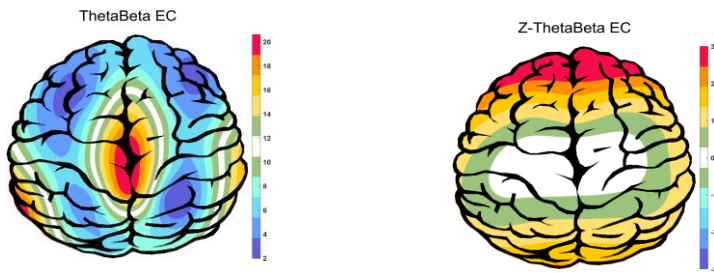
Relative Power-Eye Closed (EC)



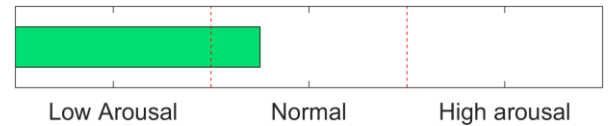
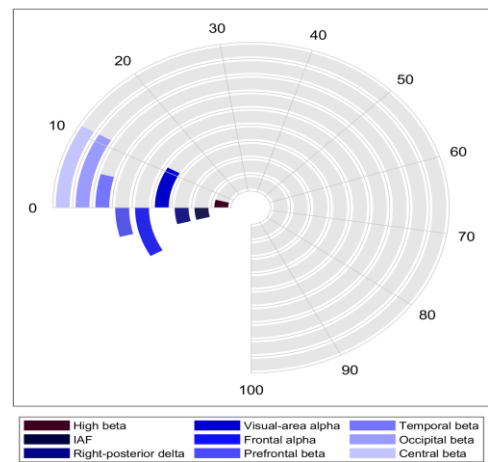
Z Score Summary Information (EC)



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



Arousal Level



EEG Spectra

