QEEG Clinical Report

BrainLens V0.4

Report Description

Personal & Clinical Data

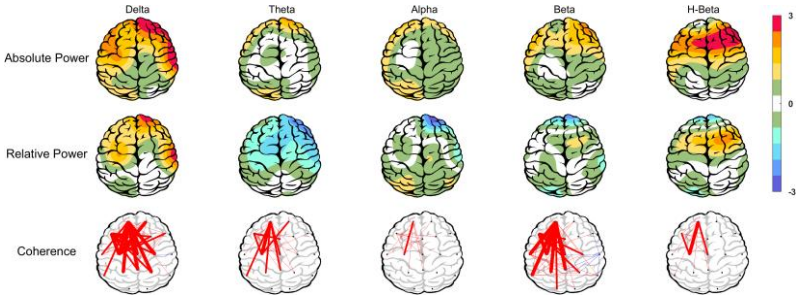
Name	Amirali Esfandiyarisafa	Date of Recording	15-Jan-2025
Date of Birth - Age	17-Jun-2015 - 9.58	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Dehghani
Initial Diagnosis	Attention and Concentration Problem-TIC		
Current Medication	-		

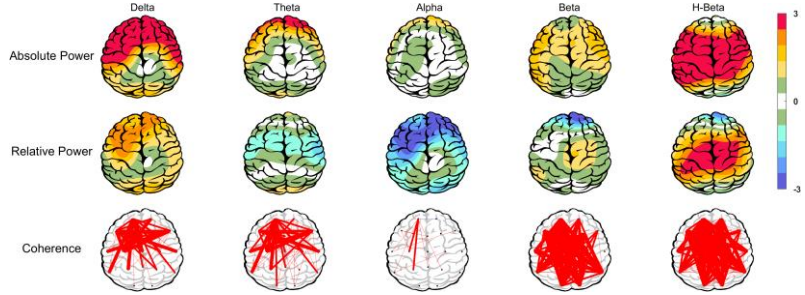
Dr Dehghani

Summary Report

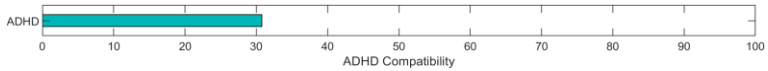
EEG Quality

Z-score Information





Compatibility with ADHD



Arousal Level

APF

Posterior APF-EC= 10.00

Posterior APF-EO= 09.12

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

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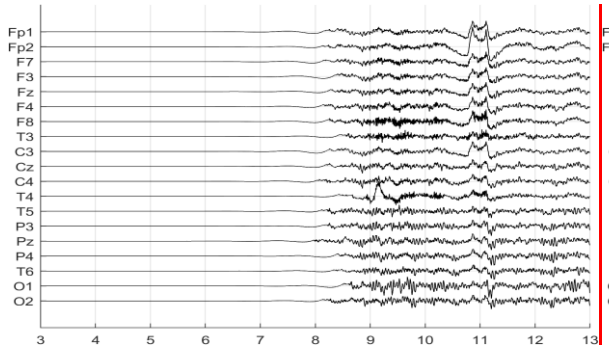
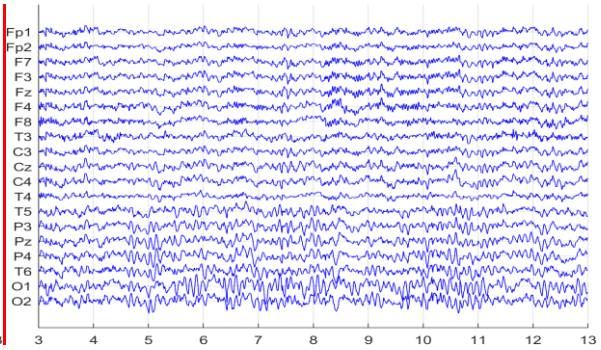
Denoising Information (EC)

Raw EEG



Denoised EEG



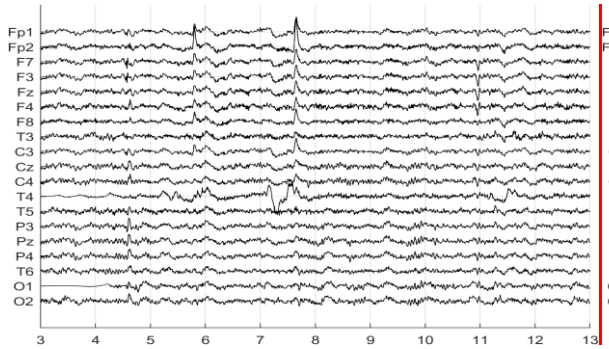
Flat Channels

Rejected Channels

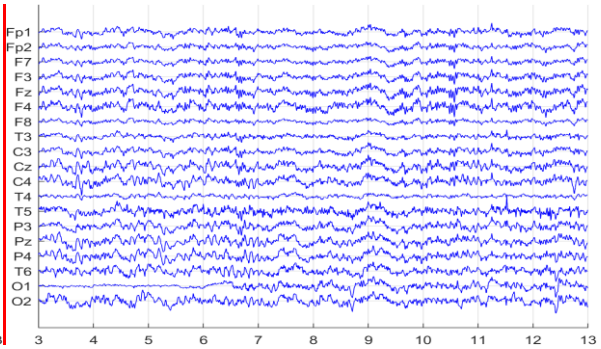
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	1	**Muscle**	1		
Total Artifact Percentage				**High Artifact Percentage**	
EEG Quality	good			**Total Recording Time Remaining**	266.52 sec

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels

Rejected Channels

Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	**Muscle**	3		
Total Artifact Percentage				**High Artifact Percentage**	
EEG Quality	good			**Total Recording Time Remaining**	208.40 sec

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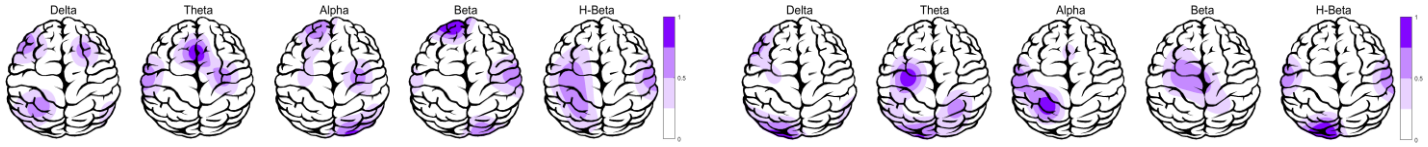
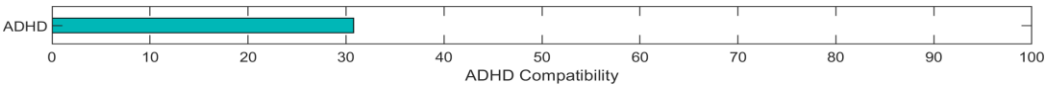
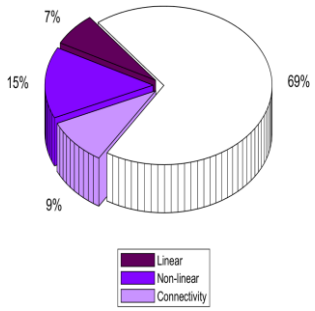
Pathological assessment for ADHD

Compare to ADHD Database

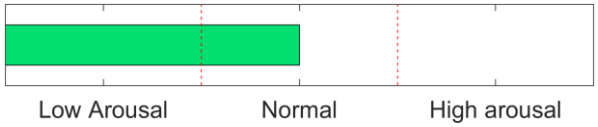


EEG Compatibility with ADHD Diagnosis





Arousal Level Detection

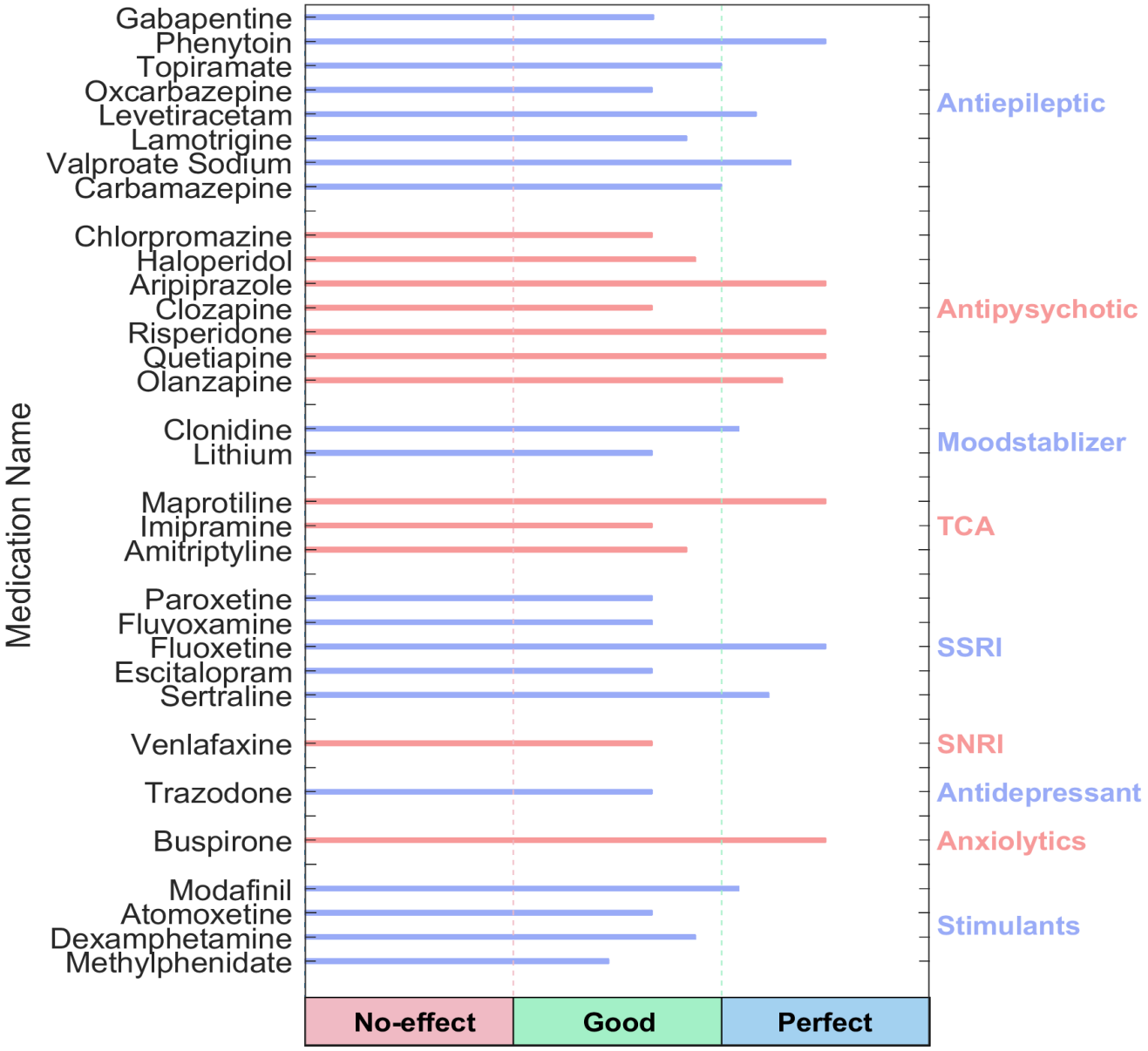


ADHD Clustering *

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

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.

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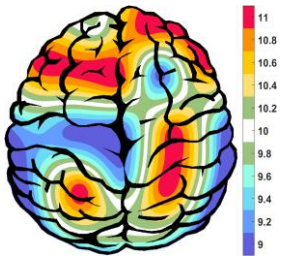
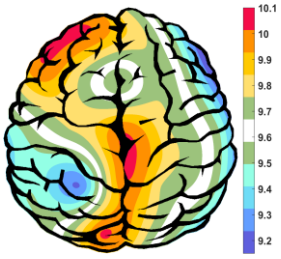
APF(EO)



Frontal APF= 09.67

Posterior APF= 09.12

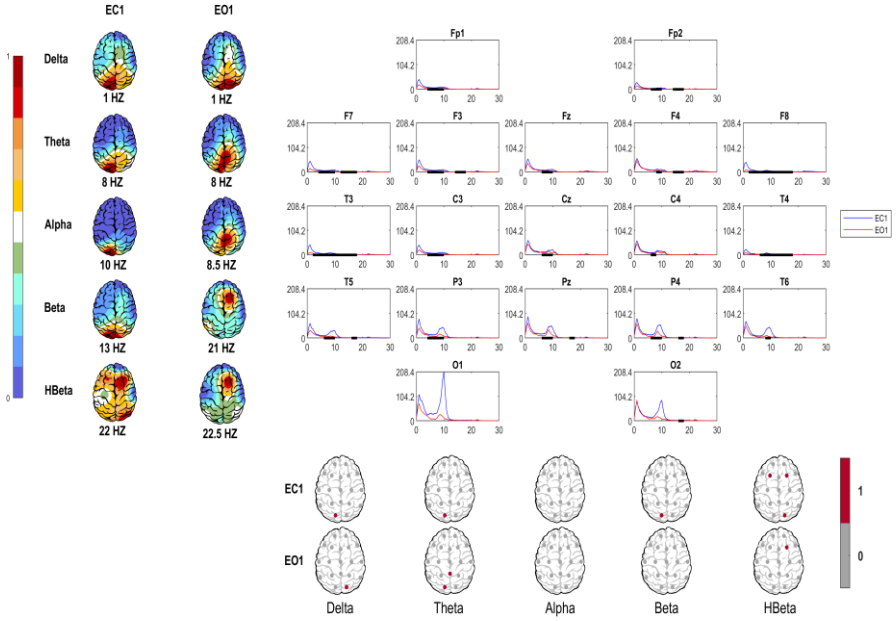
APF(EC)



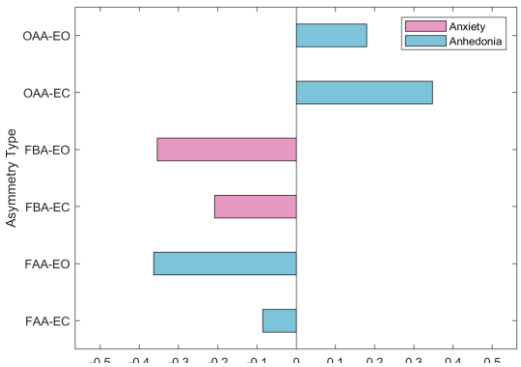
Frontal APF= 09.75

Posterior APF= 10.00

EEG Spectra



Alpha Asymmetry(AA)



Alpha Blocking

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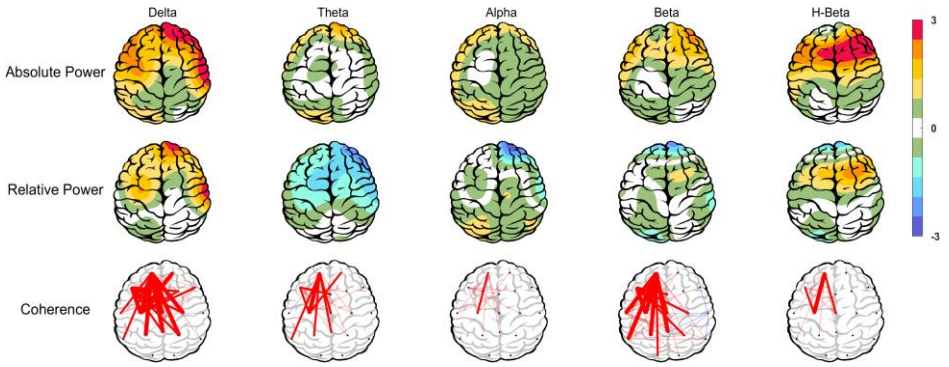
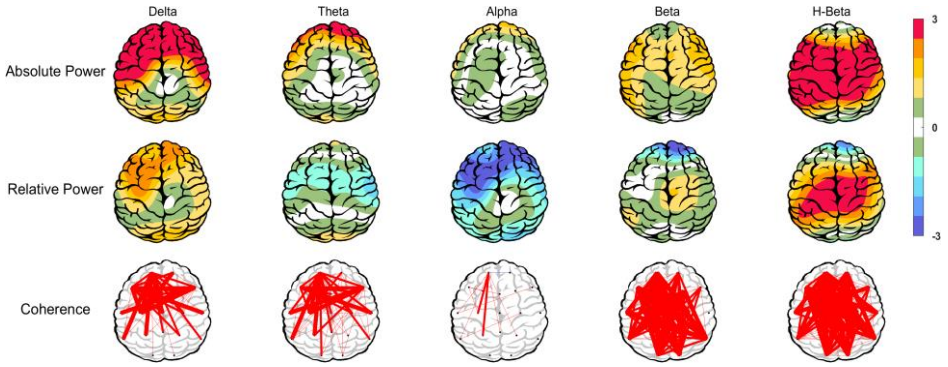
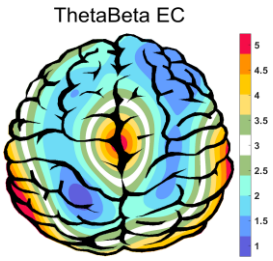
Z Score Summary Information (EC)

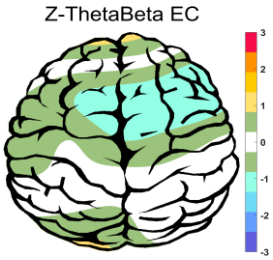


Z Score Summary Information (EO)

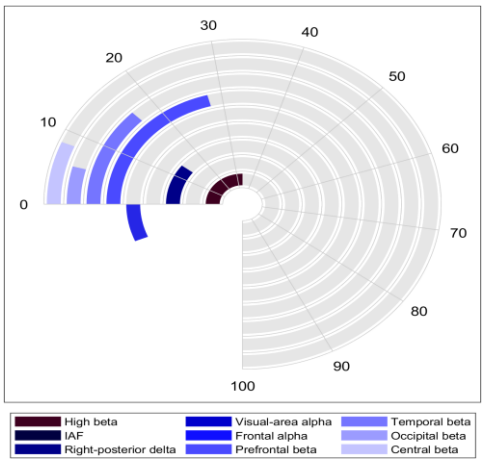


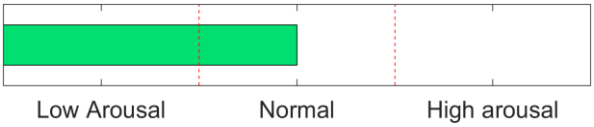
E.C.T/B Ratio (Raw- Z Score)



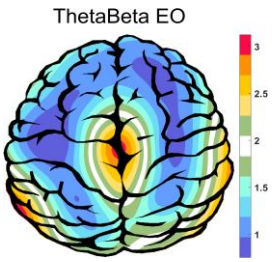


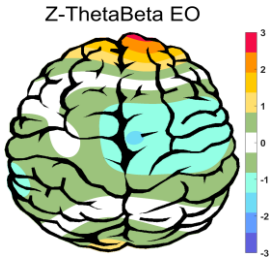
Arousal Level





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





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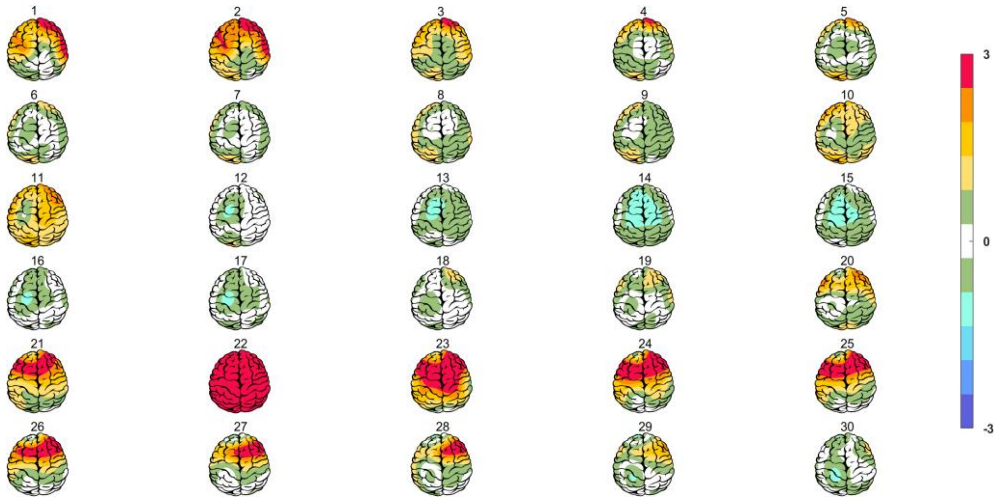
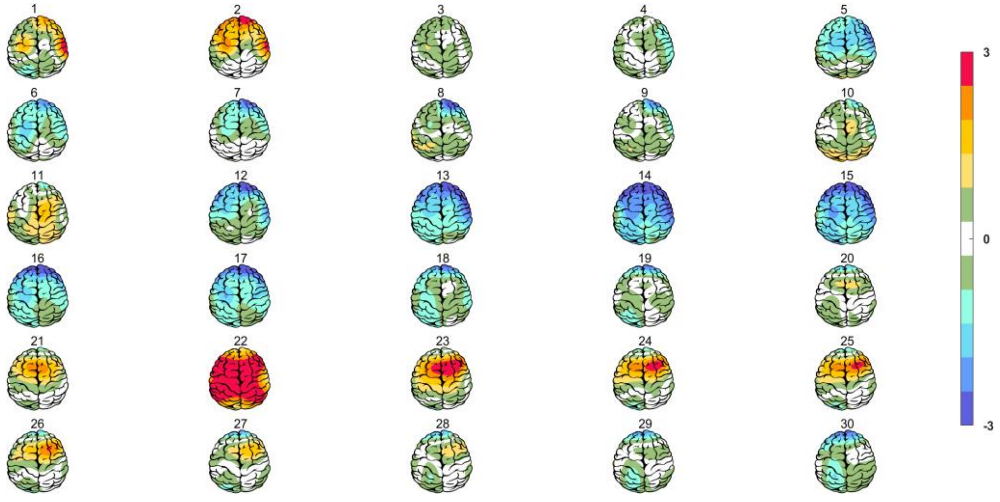
Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



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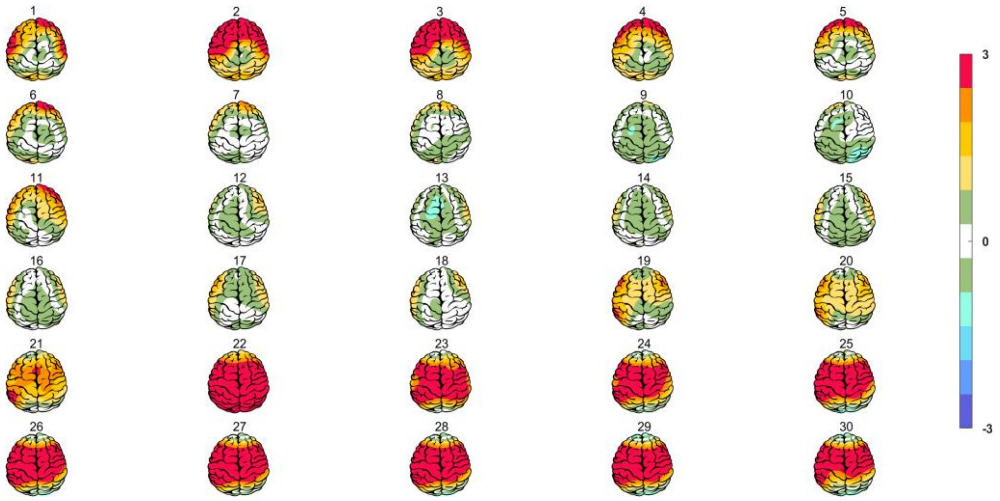
Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)