





# QEEG Clinical Report BrainLens V0.4

## Report Description

## Personal & Clinical Data

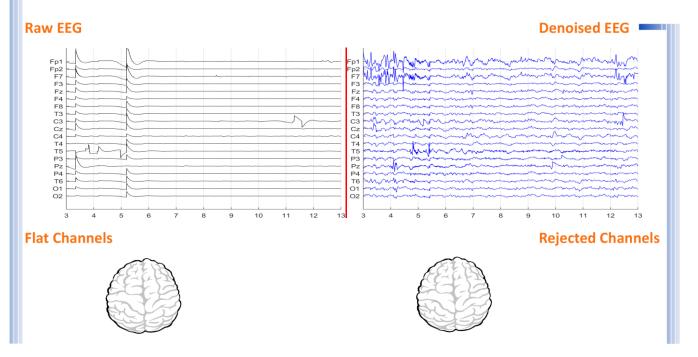
Name	Aliehsan Kazemzade	Date of Recording	09-Oct-2024
Date of Birth - Age	02-May-2017 - 7.44	Gender	Male
Handedness(R/L)	Left	Source of Referral	Asayesh Psychiatric Clinic -
Initial Diagnosis	ADHD-L.D-Epilepsy		
Current Medication	Risperidone-Depakine-Ritalin		

Asayesh Psychiatric Clinic -Dr Torabi



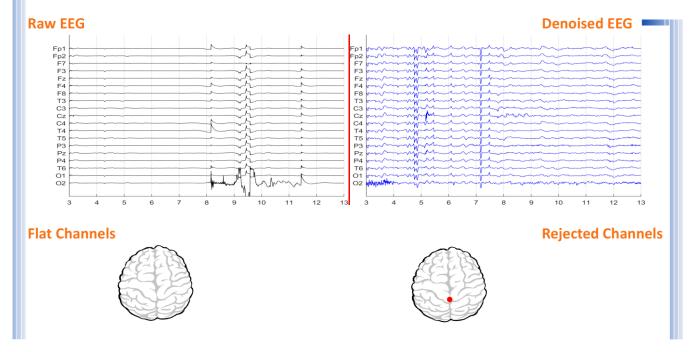


## Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	1	Muscle	0	0	
Total Artifact Percentage			High Artifact Percentage		
<b>EEG Quality</b>		bad		Total Recording Time Remaining	147.73 sec

## Denoising Information (EO)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	2	Muscle	0	0	
Total Artifact Percentage		High Artifact Percentage			
		0			
EEG Quality bad		<b>Total Recording Time Remaining</b> 132.74 sec			





## Pathological assessment for ADHD

#### Compare to ADHD Database

















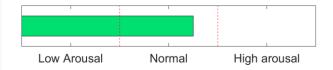




## **EEG Compatibility with ADHD Diagnosis**

ADHD Table	EC		EO	
Feature Name	Threshold	Region	Threshold	Region
Increased rDelta	2.00	global	1.00	global
Increased rTheta	0.00	NAN	0.00	NAN
Increased rAlpha	0.00	NAN	0.00	NAN
Increased rBeta	0.00	NAN	0.00	NAN
Decreased SMR	0.00	NAN	0.00	NAN
Increased T/B Ratio	0.00	NAN	0.00	NAN
ADHD 0 10	20	30 40 50 60 ADHD Compatibility	70	80 90 100
ADHD Probability				

#### **Arousal Level Detection**



## **ADHD Clustering**

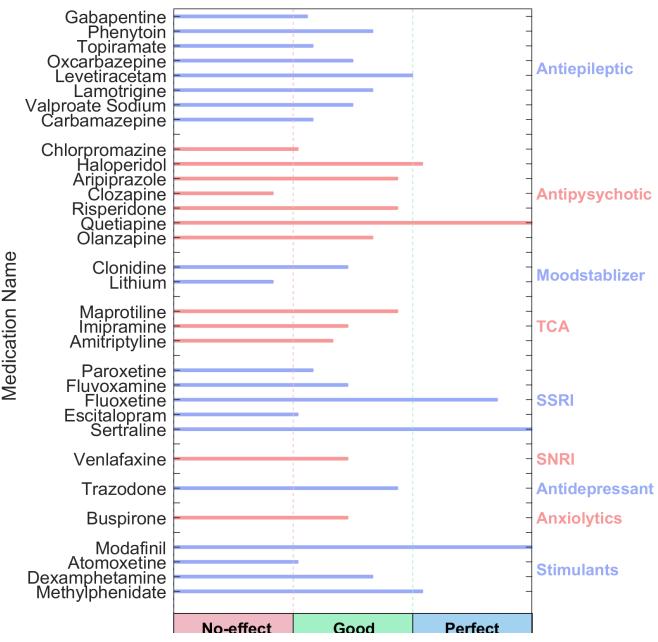
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

<sup>\*</sup> If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake. You can consider anticonvulsant 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 .

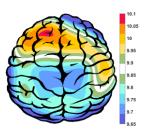


These two charts, calculate response probability to various medications, according only to QEEG indicators. Blue charts favor drug response and red charts favor drug resistance. The longer the bar, the more evidence there is in the articles. Only drugs listed in the articles are listed. These tables present the indicators reviewed in the QEEG studies and are not a substitute for physician selection.





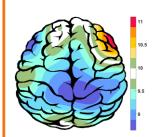
## APF(EO)



Frontal APF= 09.83

Posterior APF= 09.75

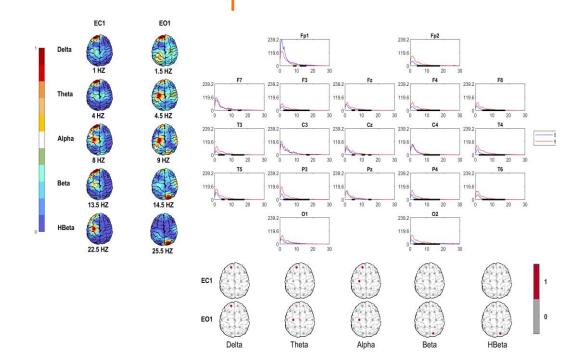
## APF(EC)



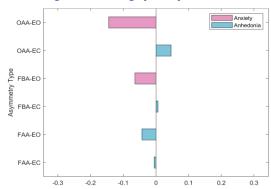
Frontal APF= 09.42

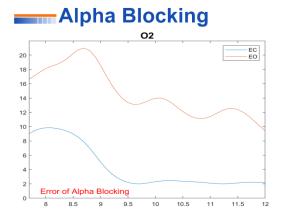
Posterior APF= 08.88

#### EEG Spectra



## Alpha Asymmetry(AA)



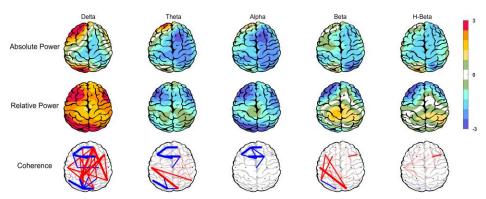






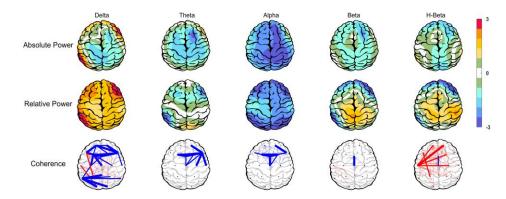
## Z Score Summary Information (EC)



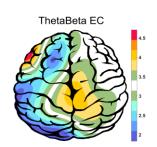


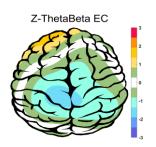
## Z Score Summary Information (EO)



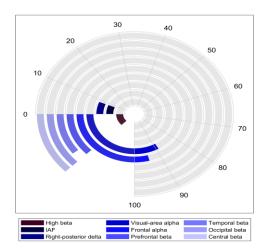


#### E.C.T/B Ratio ( Raw- Z Score)

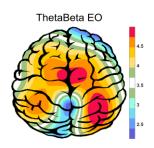


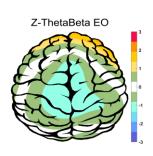


## Arousal Level



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



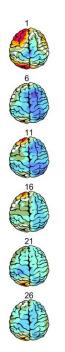


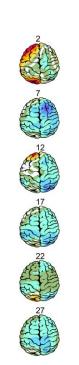


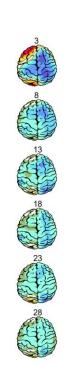


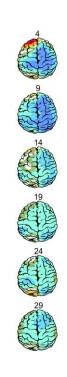


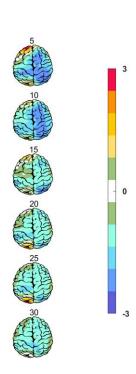
## Absolute Power-Eye Closed (EC) 🌮











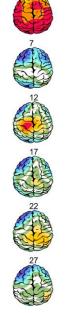
## Relative Power-Eye Closed (EC) ớ

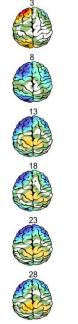


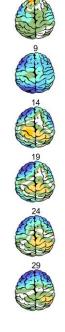


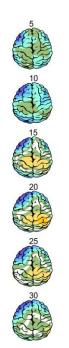










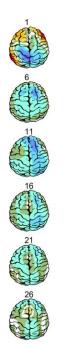


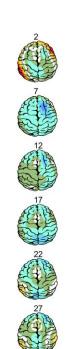


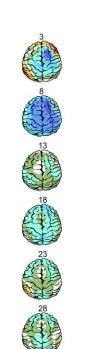


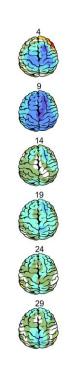
## Absolute Power-Eye Open (EO) 📀

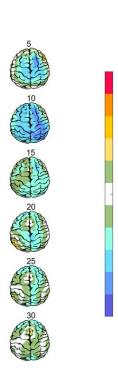




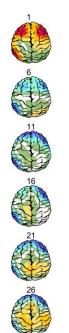


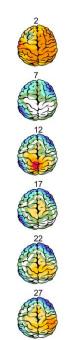


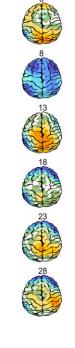


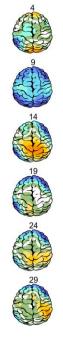


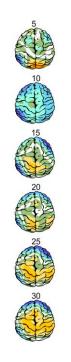
## Relative Power-Eye Open (EO)















# Report

<b>گزارش:</b> 1
نتایج تشخیصی:
1