



QEEG Clinical Report

BrainLens V0.4

Report Description



Personal & Clinical Data

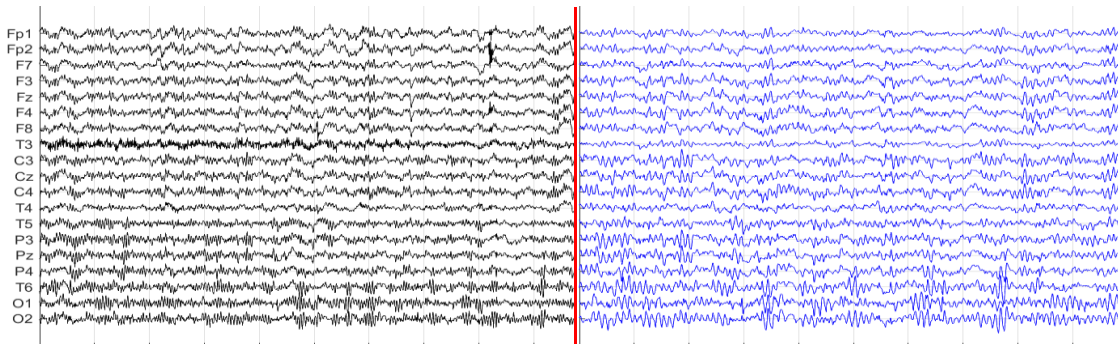
Name	Amiali Najari	Date of Recording	20-Apr-2024
Date of Birth - Age	04-Oct-2013 - 10.54	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Mohammadhasani
Initial Diagnosis	ADHD		
Current Medication	Atomoxetine		

Dr Mohammadhasani

Denoising Information (EC)

Raw EEG

Denoised EEG



Flat Channels



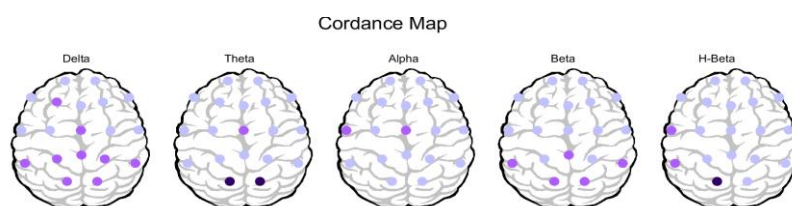
Rejected Channels



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	462.39 sec

Pathological assessment for ADHD

Compare to ADHD Database

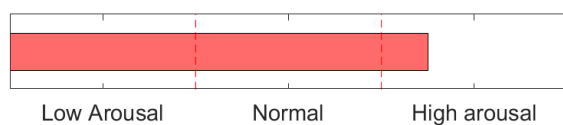


EEG Compatibility with ADHD Diagnosis

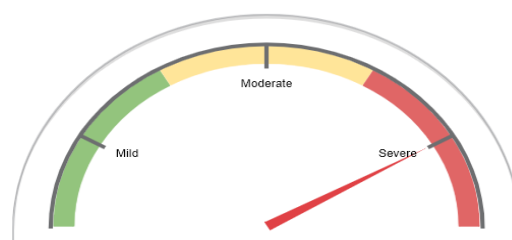
ADHD Table	EC	
Feature Name	Threshold	Region
Increased rDelta	0.50	global
Increased rTheta	0.00	NAN
Increased rAlpha	0.00	NAN
Increased rBeta	0.00	NAN
Decreased SMR	0.00	NAN
Increased T/B Ratio	0.00	NAN

ADHD Probability

Arousal Level Detection



ADHD Severity

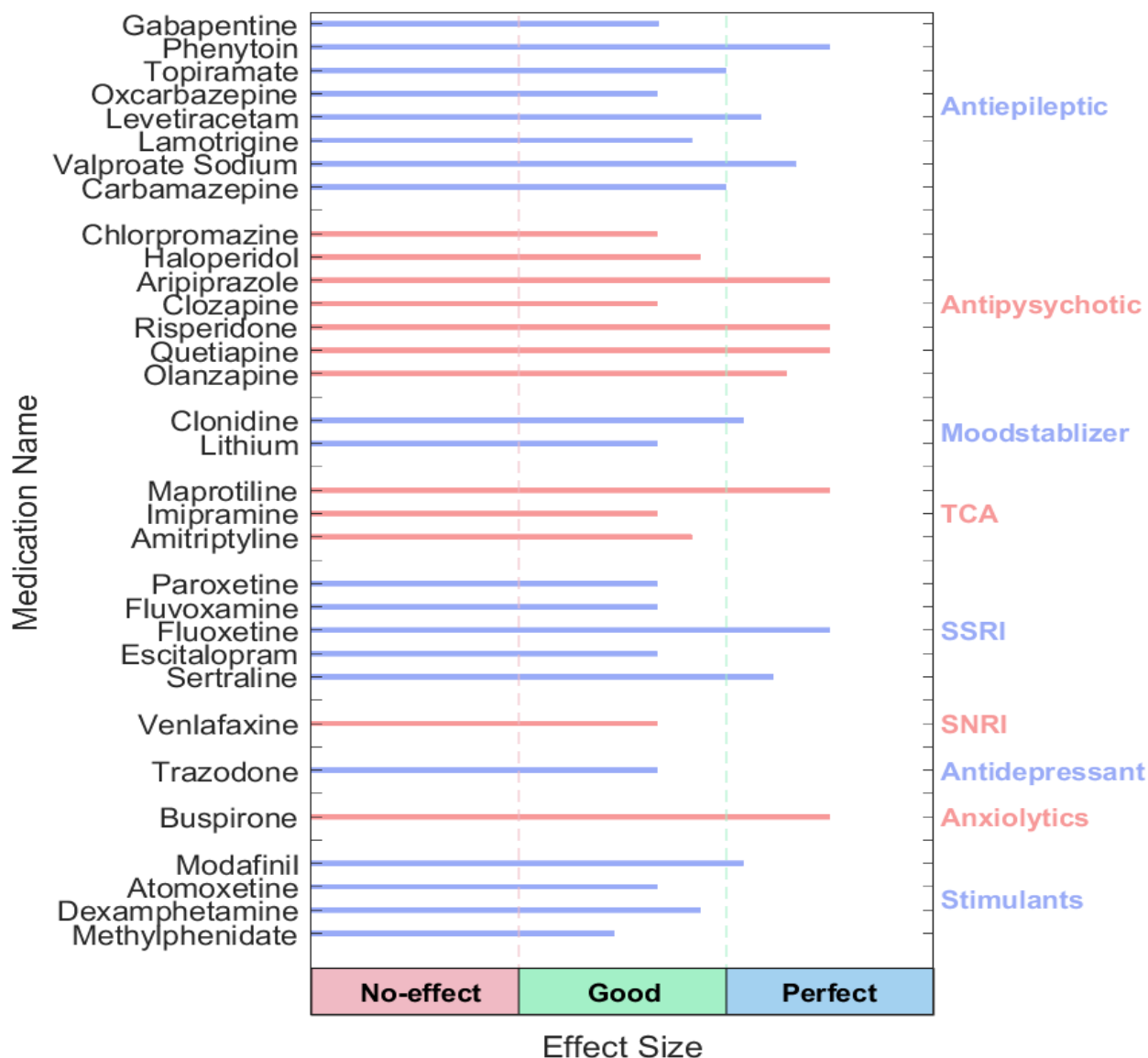


ADHD Clustering *

1. Same inattentive and hyperactive prevalence. Well respond to stimulants.
2. May be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Avoid stimulants, benzodiazepines and SNRI. Consider clonidine.

* If there is Paroxysmal 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



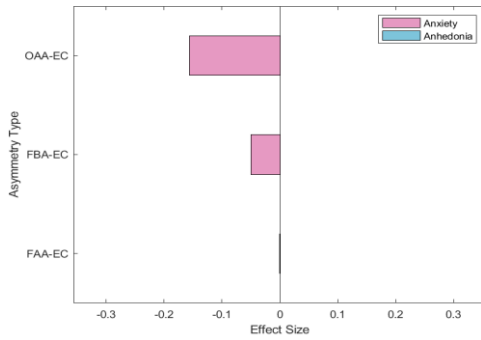
Explanation

⚠ Medication Recommendation

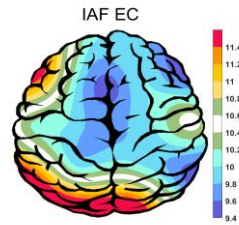
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmacology EEG studies.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

Alpha Asymmetry(AA)

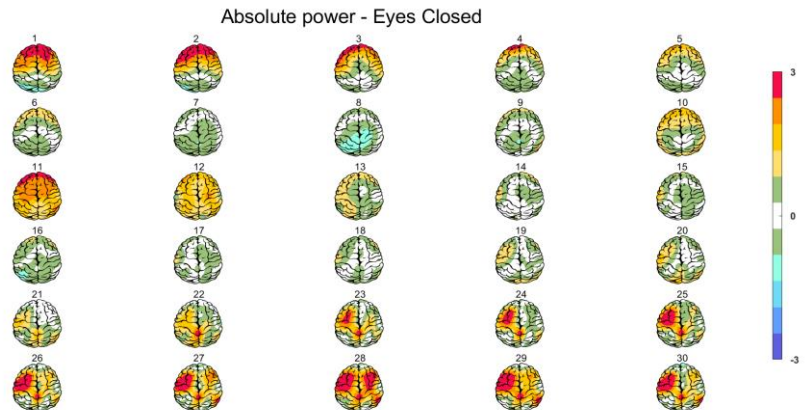


IAF(EC)

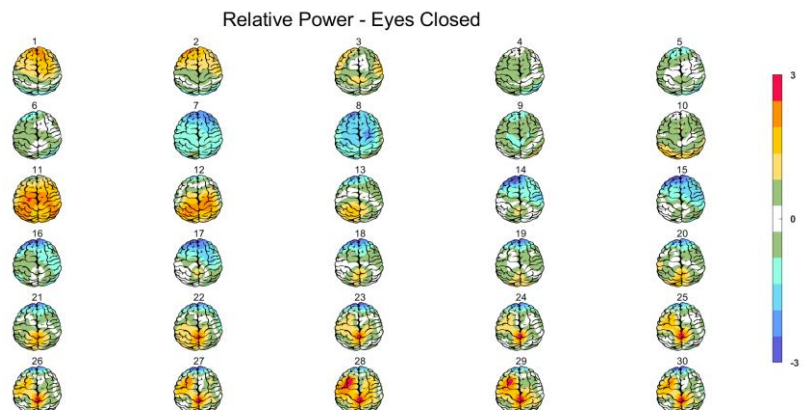


Eye Close IAF= 09.88

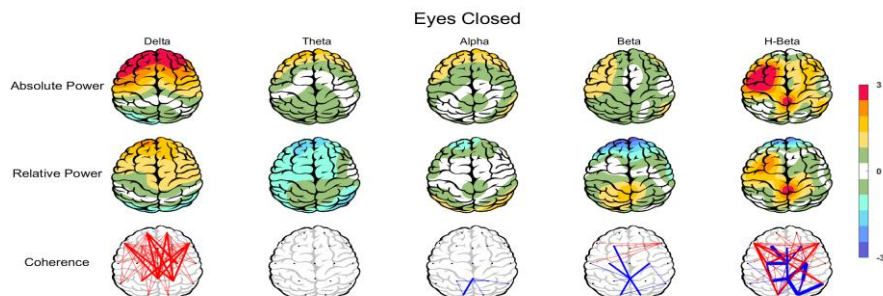
Absolute Power-Eye Closed (EC)



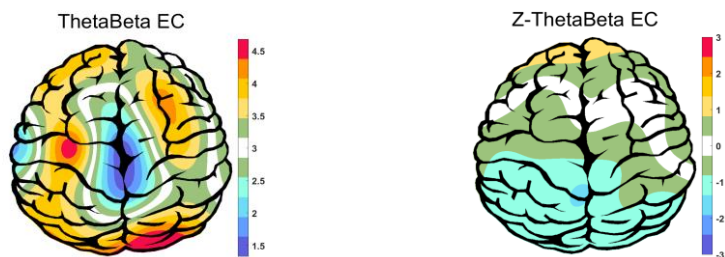
Relative Power-Eye Closed (EC)



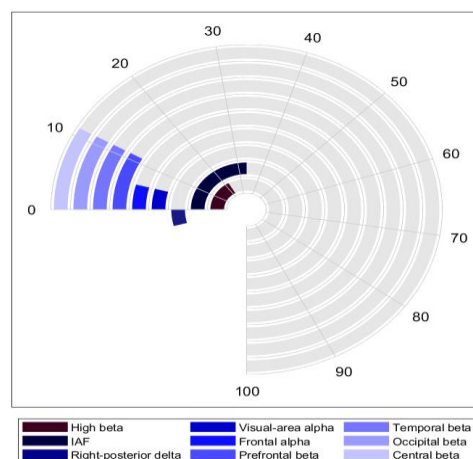
Z Score Summary Information (EC)



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



Arousal Level



EEG Spectra

