



QEEG Clinical Report

BrainLens V0.4

Report Description



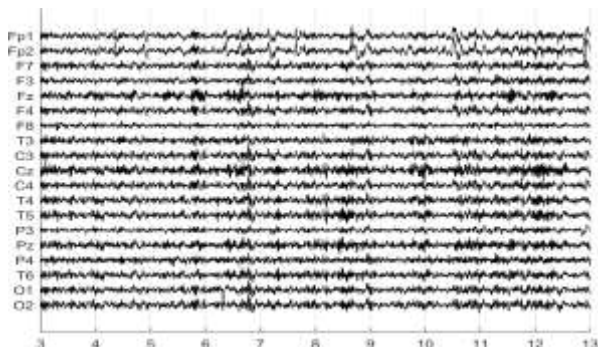
Personal & Clinical Data

Name	Amitis Pooyan	Date of Recording	01-Oct-2024
Date of Birth - Age	30-May-2008 - 16.34	Gender	Female
Handedness(R/L)	Left	Source of Referral	Dr Moradkhani
Initial Diagnosis	BMD in Depression Phase-Personality Cluster B		
Current Medication	Medication Free		

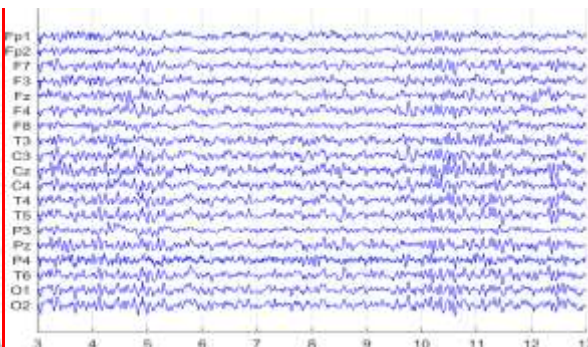
Dr Moradkhani

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



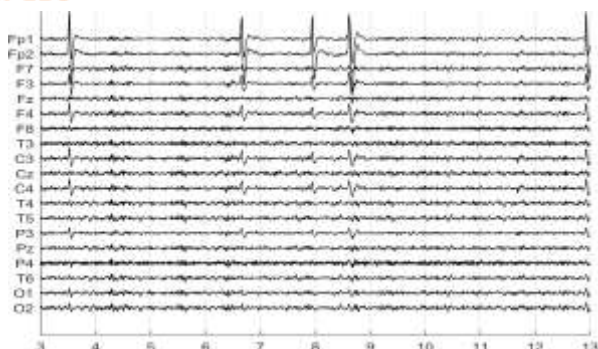
Rejected Channels



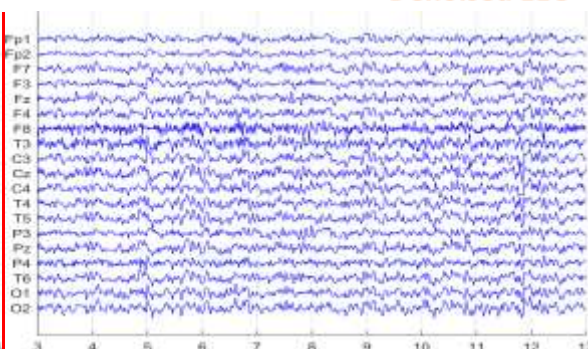
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	1	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
					
EEG Quality		bad		Total Recording Time Remaining	165.25 sec

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels



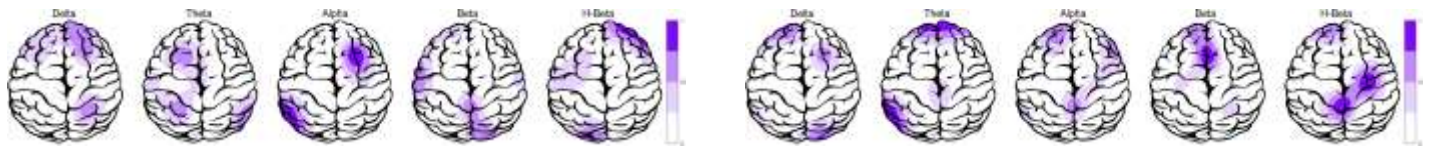
Rejected Channels



Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	1	Muscle	1		
Total Artifact Percentage				High Artifact Percentage	
					
EEG Quality		bad		Total Recording Time Remaining	162.63 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	0.00	NAN	0.00	NAN
Increased rTheta	0.00	NAN	0.50	frontal
Increased rAlpha	0.00	NAN	0.00	NAN
Increased rBeta	0.00	NAN	0.00	frontal
Decreased SMR	0.00	NAN	0.00	NAN
Increased T/B Ratio	0.00	NAN	0.50	Cz

ADHD

0 10 20 30 40 50 60 70 80 90 100

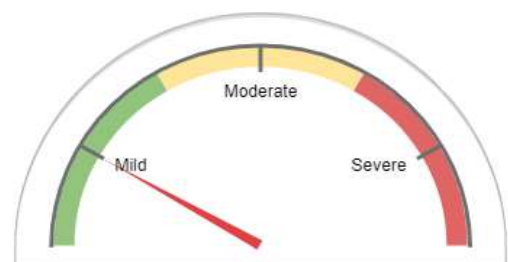
ADHD Compatibility

ADHD Probability

Arousal Level Detection



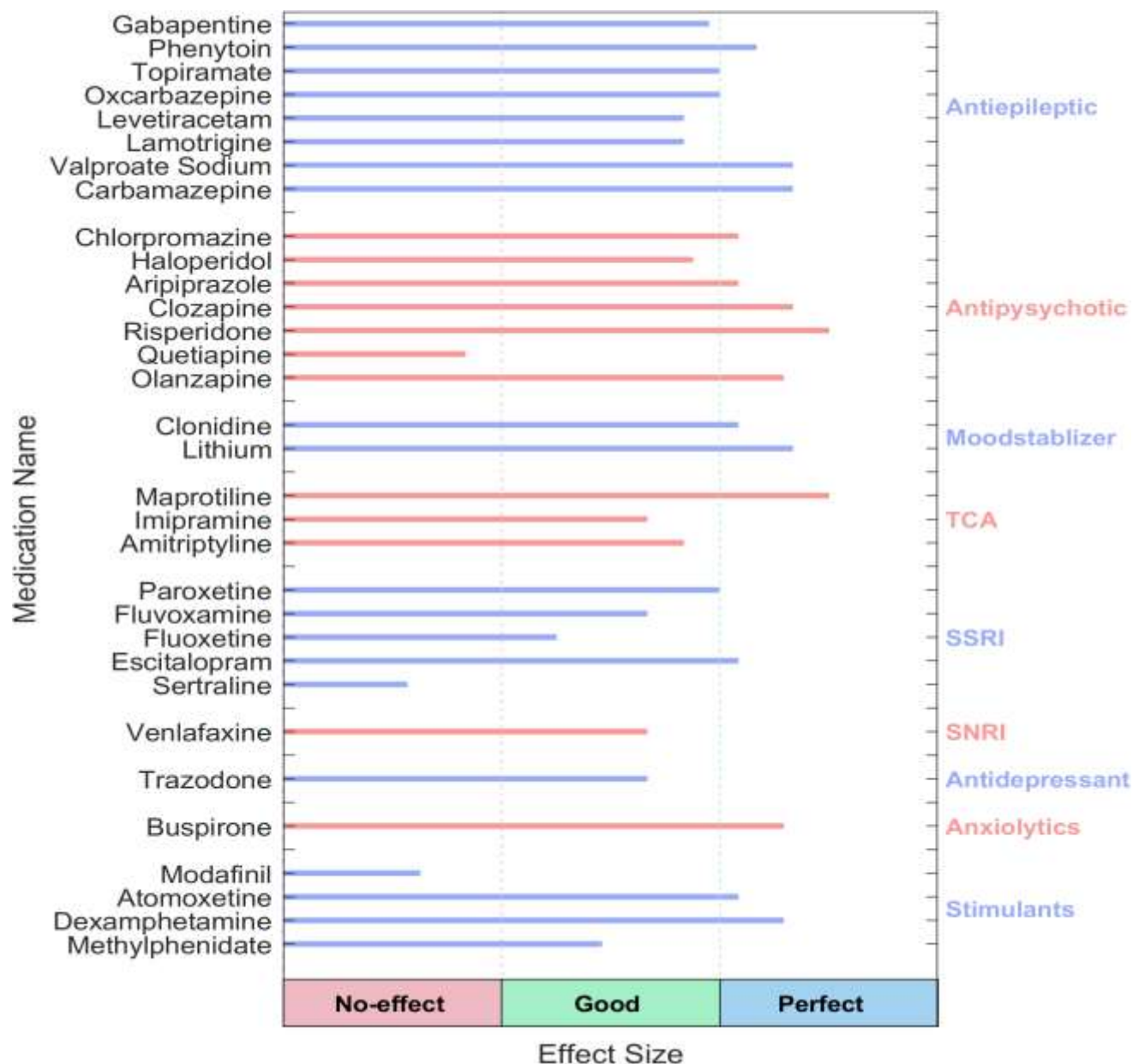
ADHD Severity



ADHD Clustering *

1. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Consider clonidine
2. May be anxious, inattentive, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Consider clonidine.

QEEG based predicting medication response



Explanation

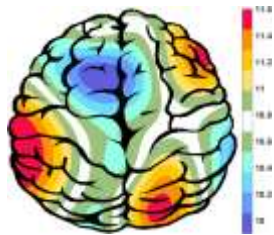
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmac EEG studies. These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

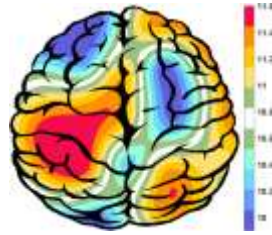
APF(EO)



Frontal APF= 10.75

Posterior APF= 10.50

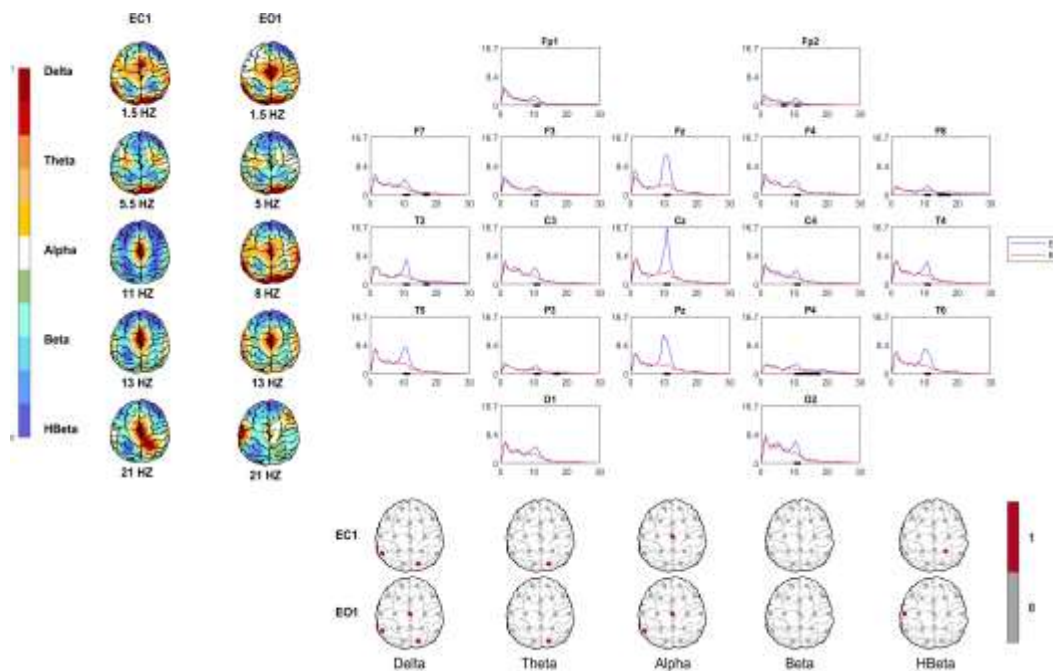
APF(EC)



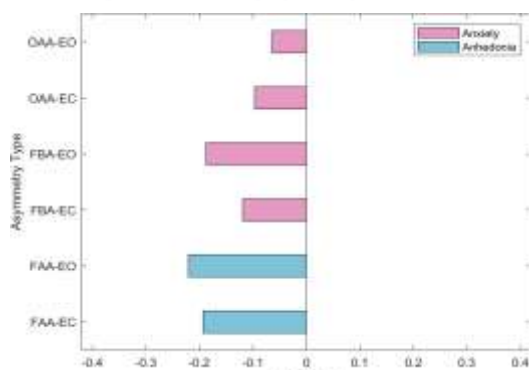
Frontal APF= 10.50

Posterior APF= 10.75

EEG Spectra



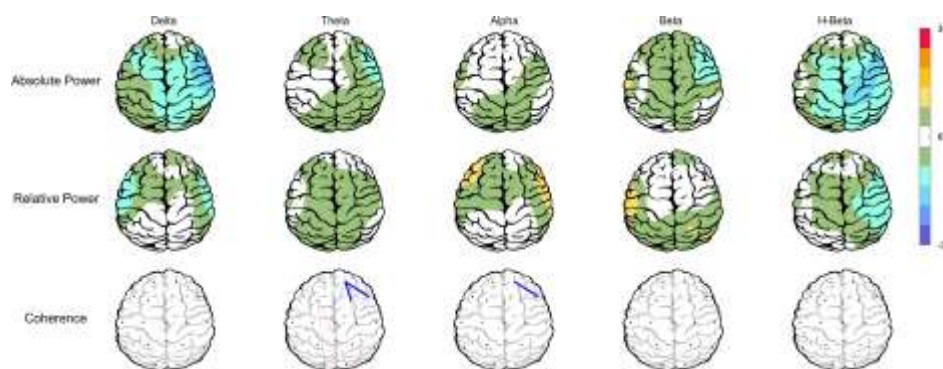
Alpha Asymmetry(AA)



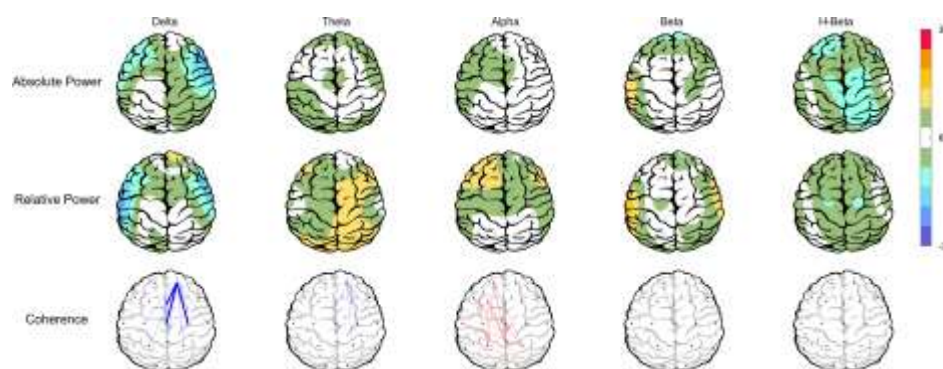
Alpha Blocking



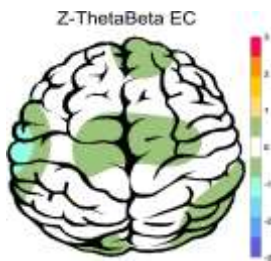
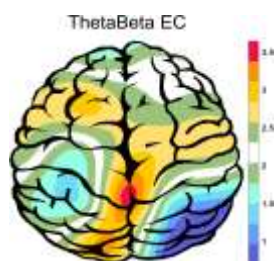
Z Score Summary Information (EC)



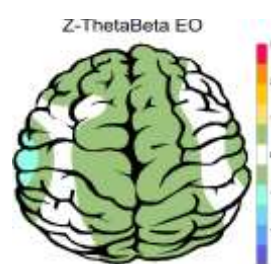
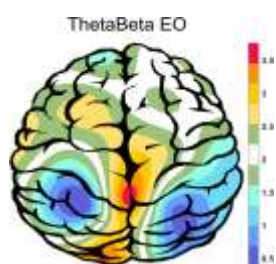
Z Score Summary Information (EO)



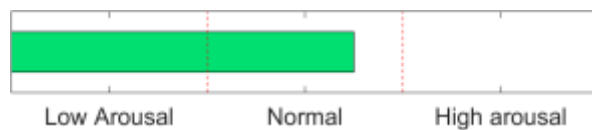
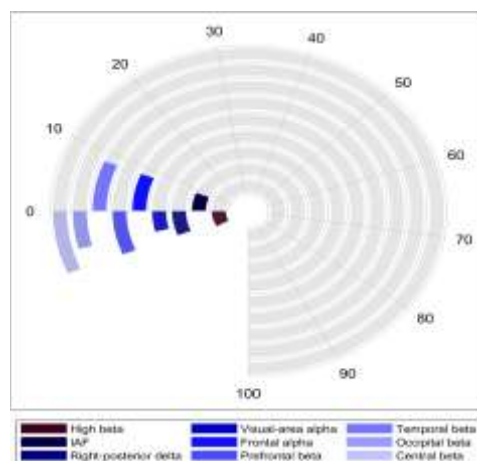
E.C.T/B Ratio (Raw- Z Score)



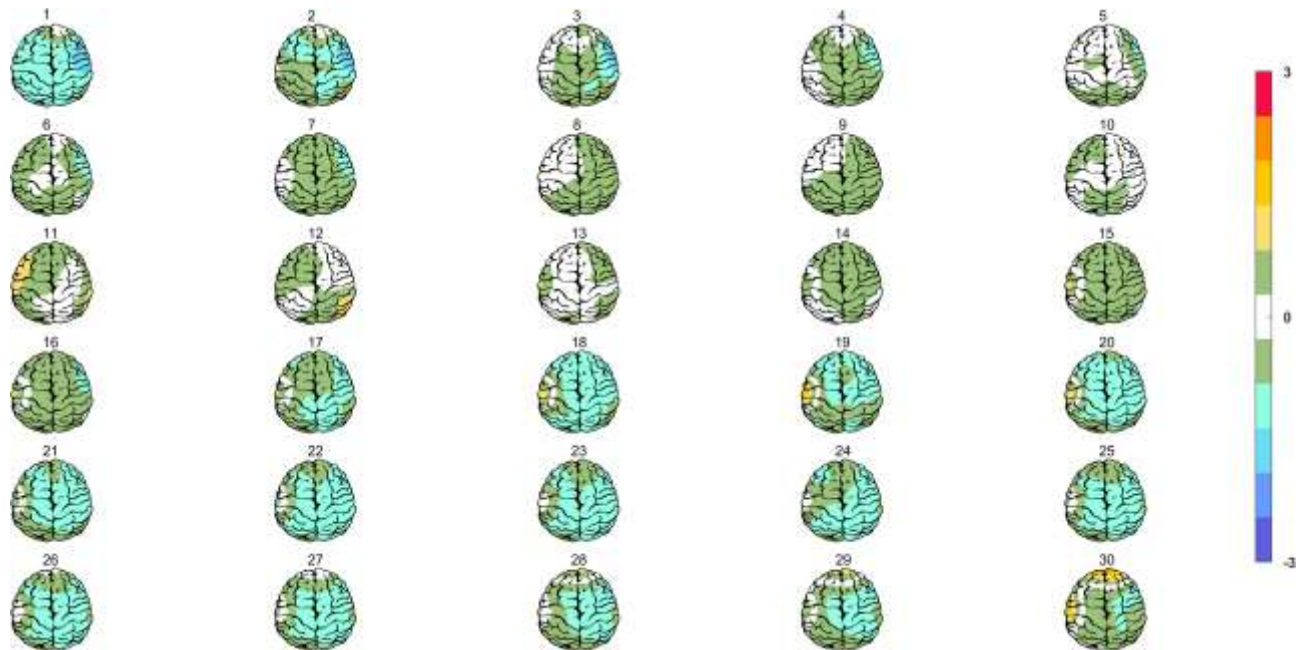
E.O.T/B Ratio (Raw- Z Score)



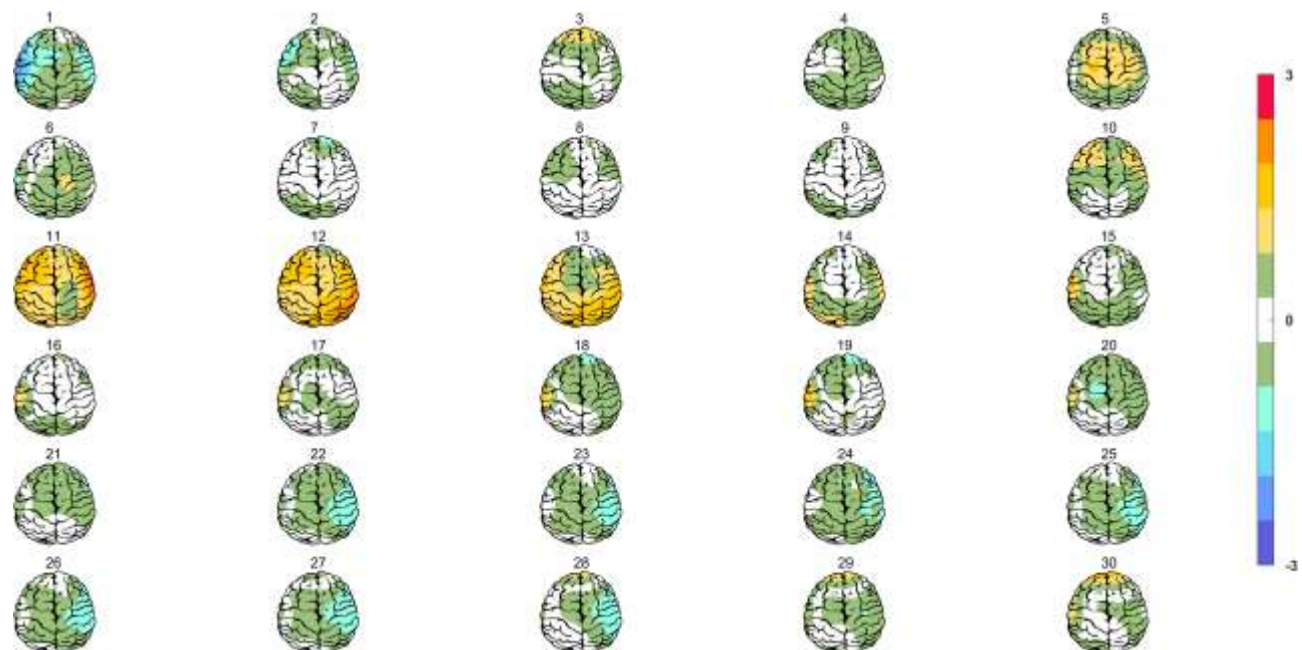
Arousal Level



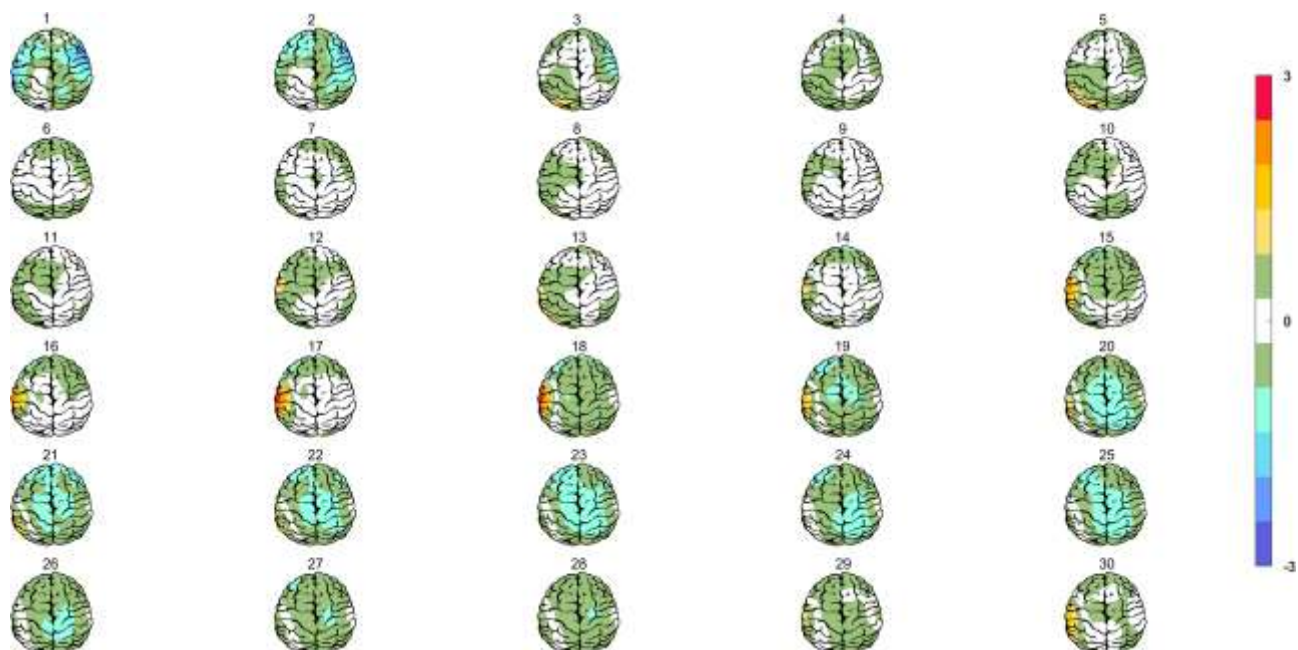
Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)

