





# QEEG Clinical Report BrainLens V0.4

# Report Description

# Personal & Clinical Data

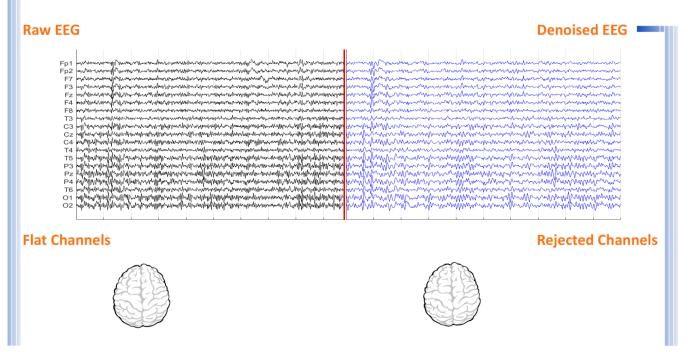
Name	Armin Mohammadkhani	Date of Recording	17-Aug-2024	
Date of Birth - Age	16-Feb-2013 - 11.5	Gender	Male	
Handedness(R/L)	Right	Source of Referral	Dr Saemi	
Initial Diagnosis		-		
Current Medication	Medication Free			

Dr Saemi



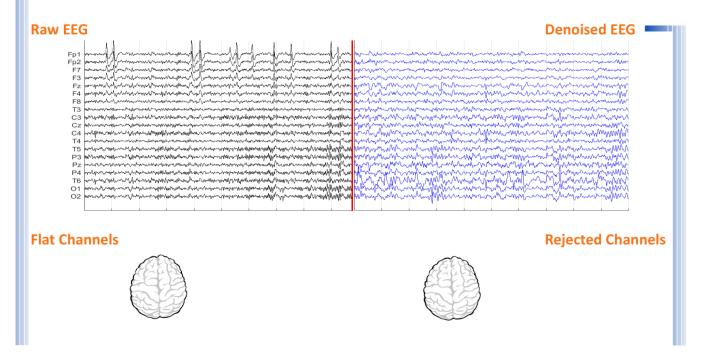


#### **Denoising Information (EC)**



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	0	Muscle	0	0	
Total Artifa	Total Artifact Percentage		High Artifact Percentage		
0		0			
EEG Qualit	y	bad		<b>Total Recording Time Remaining</b> 330.39 sec	

## Denoising Information (EO)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	1	Muscle	1	0	
Total Artifact	Total Artifact Percentage		High Artifact Percentage		
	0				
<b>EEG Quality</b>		bad		<b>Total Recording Time Remaining</b> 199.94 sec	





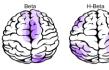
# Pathological assessment for ADHD

#### **Compare to ADHD Database**



















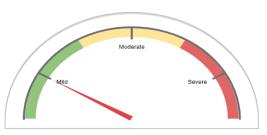
#### **EEG Compatibility with ADHD Diagnosis**

ADHD Table		EC	EO		
Feature Name	Threshold	Region	Threshold	Region	
Increased rDelta	0.00	NAN	0.50	global	
Increased rTheta	1.00	frontal	0.00	NAN	
Increased rAlpha	0.00	NAN	0.00	NAN	
Increased rBeta	0.00	frontal	0.00	NAN	
Decreased SMR	0.00	NAN	-1.00	global	
Increased T/B Ratio	0.00	NAN	1.00	Fz	
ADHD 0	10 20	30 40 50 60 ADHD Probability	70 80	90 100	
ADHD Probability					

#### **Arousal Level Detection**



#### **ADHD Severity**



# **ADHD Clustering**

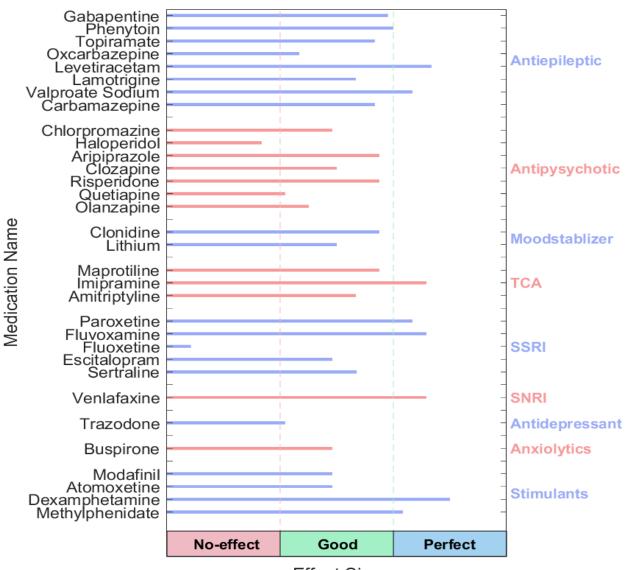
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

<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



Effect Size

#### **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 .



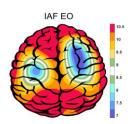
#### The Medication Recommendation

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.





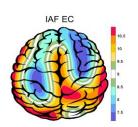
## APF(EO)



**Frontal APF= 07.17** 

Posterior APF= 10.25

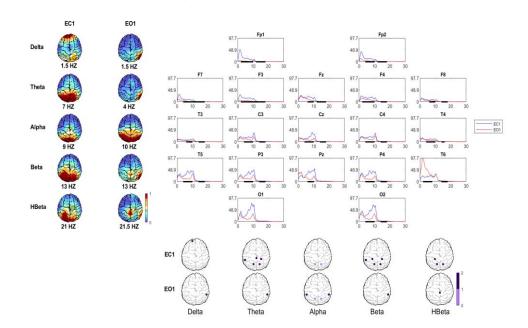
#### APF(EC)



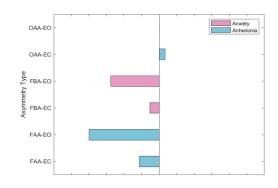
**Frontal APF= 07.25** 

Posterior APF= 10.50

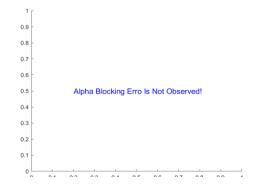
#### EEG Spectra



# Alpha Asymmetry(AA)



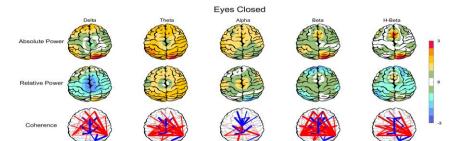
# Alpha Blocking



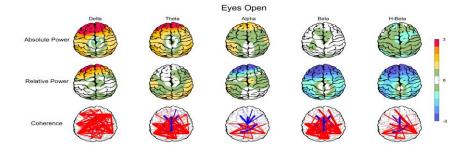




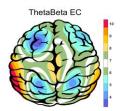
## Z Score Summary Information (EC)

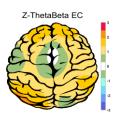


#### Z Score Summary Information (EO)

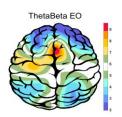


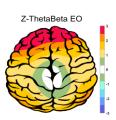
#### E.C.T/B Ratio ( Raw- Z Score)



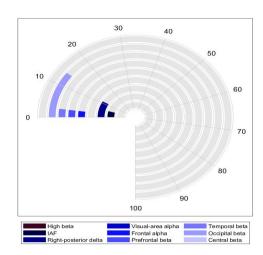


#### E.O.T/B Ratio ( Raw- Z Score)





#### Arousal Level

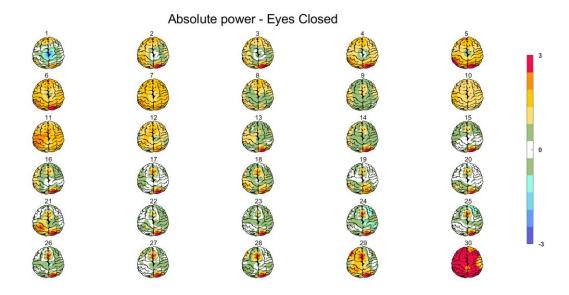




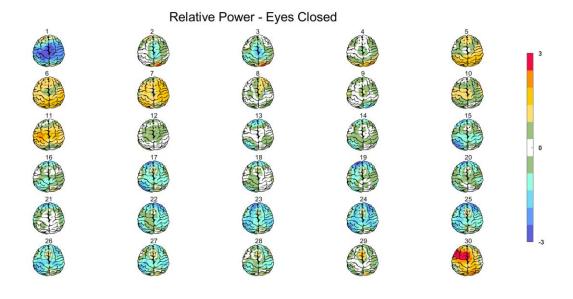




## Absolute Power-Eye Closed (EC) 🌮



## Relative Power-Eye Closed (EC) ớ

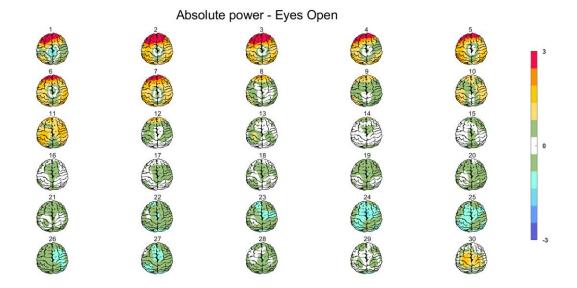






#### Absolute Power-Eye Open (EO) 🕢





## Relative Power-Eye Open (EO)

