





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

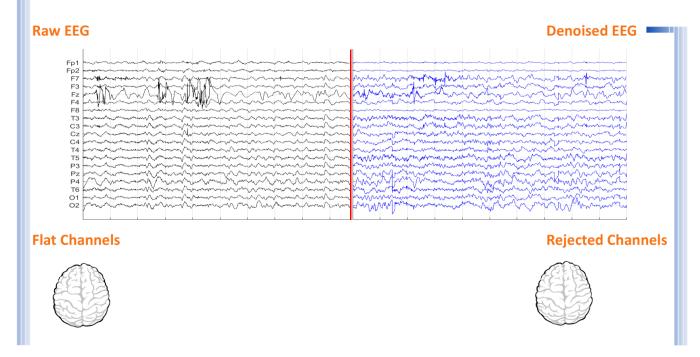
Name	Ghorbanali Keshavarziyan	Date of Recording	21-Jul-2024			
Date of Birth - Age	21-Mar-1932 - 92.33	Gender	Male			
Handedness(R/L)	Right	Source of Referral	Dr Masjedi			
Initial Diagnosis	Speechless-Immobility- Parkinson-Anxiety					
Current Medication	Medication Free					

Dr Masjedi





Denoising Information (EC)



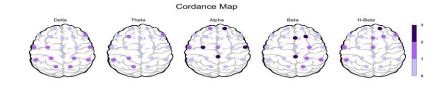
Number of Eye and Muscle Elements				Low Artifact Percentage		
Eye	Eye 3 Muscle 0		0	0		
Total Arti	Total Artifact Percentage			High Artifact Percentage		
	0			0		
EEG Quali	ity	good		Total Recording Time Remaining 234	4.37 sec	





Pathological assessment for mood disorders

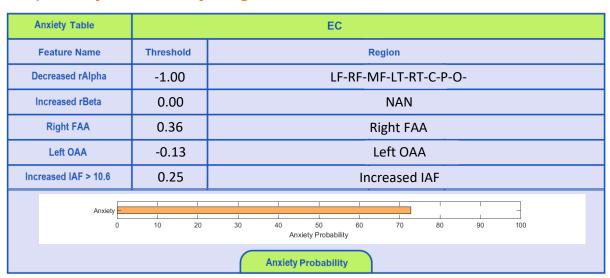
Compare to Mood Disorders Database



EEG Compatibility with Depression Diagnosis

Depression Table	EC				
Feature Name	Threshold	Region			
Increased Global rAlpha	0.00	NAN			
Increased global rTheta	0.00	NAN			
Decreased rDelta	0.00	NAN			
Increased rBeta	0.00	NAN			
Left FAA	0.00	NAN			
Right OAA	0.00	NAN			
Decreased Coherence (D, T)	-0.50	Decreased Coherence (D,T)			
Increased Coherence (A, B)	0.00	NAN			
depression 0	10 20	30 40 50 60 70 80 90 100 Depression Probability			
Depression Probability					

EEG Compatibility with Anxiety Diagnosis







EEG Compatibility with Mood Swings Diagnosis *

M	lood Swings Table	EC											
	Feature Name	Threshold	Т	Region									
0	ecreased rAlpha	-1.00			LF-RF-MF-LT-RT-C-P-O-								
Incre	eased (rDelta+rTheta)	1.00					LF-RF-	·LT-RT-(C-P-O-				
	Increased rBeta	0.00		NAN									
Decre	ased Alpha Coherence	-0.50		Decreased Alpha Coherence									
	Right FAA	0.36					R	ight FA	A				
	BMD 0	10 2	20	30	1 40	50	60	70	80	90	100		
	Mood Swings Probability												

* This index can only be investigated if there are symptoms of mood swings (R/O BMD or R/O mood swings).

Depression Severity

Mild

Anxiety Severity

Moderate

Severe

Extreme





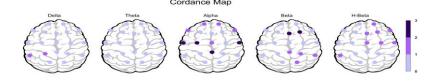






Pathological assessment for Dementia

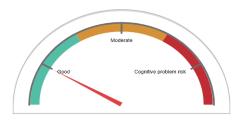
Compare to Dementia Database



Dementia Probability

De	mentia Table	EC						
Fe	eature Name	Threshold	Region					
Inc	reased rDelta	3.00	LF-RF-MF-LT-RT-C-P-O-					
Incr	reased rTheta	0.00	NAN					
Dec	reased rAlpha	-1.00	LF-RF-MF-LT-RT-C-P-O-					
Dec	creased rBeta	-3.00	LF-RF-MF-LT-RT-C-P-O-					
Incre	eased T/A Ratio	2.00	LF-RF-MF-LT-RT-C-P-O-					
Incre	eased D/A Ratio	3.00	LF-RF-MF-LT-RT-C-P-O-					
Decreased	(D+T+A+B) Coherence	-0.50	Decreased global Coherence					
	dementia 0	10 20	30 40 50 60 70 80 90 100 Dementia Probability					
	Dementia Probability							

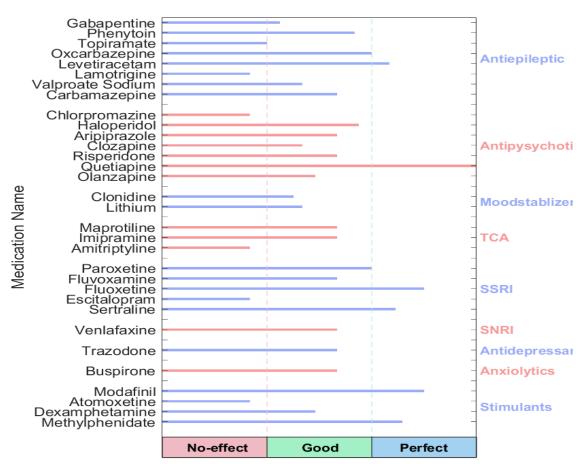
Cognitive Impairment Severity







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.



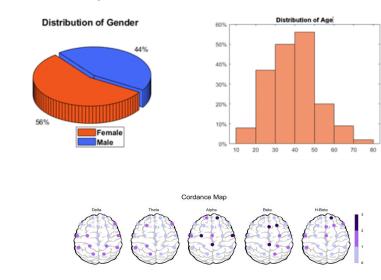


rTMS Response Prediction

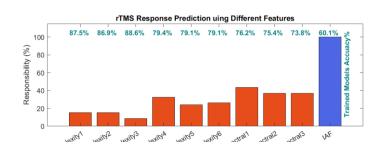
Network Performance

Accuracy: 92.1% Sensitivity: 89.13% Specificity: 97.47%

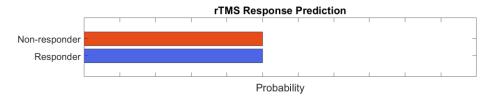
Participants Information



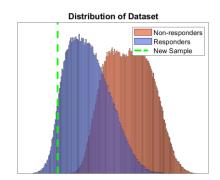
Features Information



Responsibility



Data Distribution



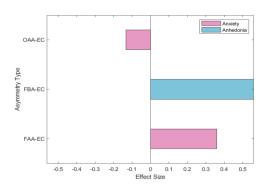
About Predicting rTMS Response

This index was obtained based on machine learning approaches and by examining the QEEG biomarkers of more than 470 cases treated with rTMS. The cases were diagnosed with depression (with and without comorbidity) and all were medication free. By examining more than 40 biomarkers capable of predicting response to rTMS treatment in previous studies and with data analysis, finally 10 biomarkers including bispectral and nonlinear features entered the machine learning process. The final chart can distinguish between RTMS responsive and resistant cases with 92.1% accuracy. This difference rate is much higher than the average response to treatment of 44%, in the selection of patients with clinical criteria, and is an important finding in the direction of personalized treatment for rTMS.

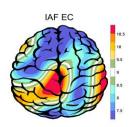




Alpha Asymmetry(AA)



IAF(EC)

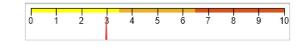


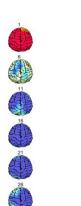
Eye Close IAF= 10.75

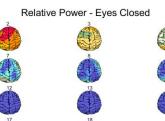
🚃 Absolute Power-Eye Closed (EC) 🌮

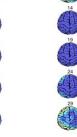


TBI Severity







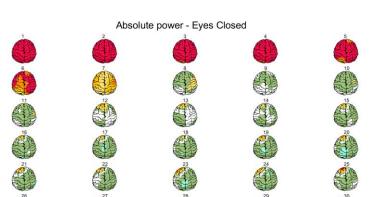


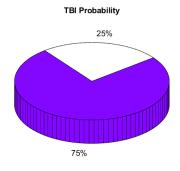


Relative Power-Eye Closed (EC) 🌮



TBI Probability

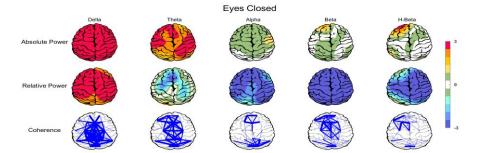




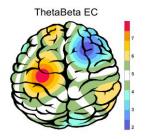


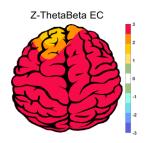


Z Score Summary Information (EC)

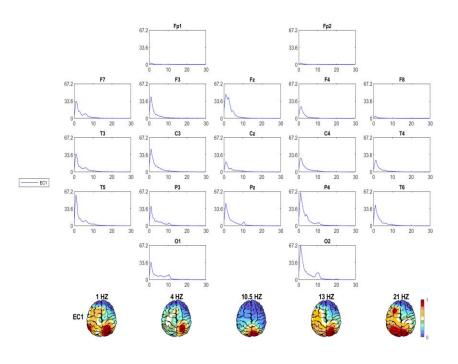


E.C.T/B Ratio (Raw- Z Score)





EEG Spectra



Arousal Level

