



QEEG Clinical Report

BrainLens V0.4

Report Description

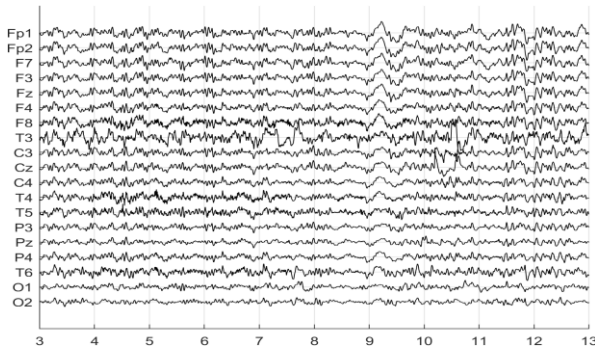
Personal & Clinical Data

Name	Hirad Zarabian	Date of Recording	13-Oct-2024
Date of Birth - Age	28-Aug-2018 - 6.13	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr AtefeSafavi
Initial Diagnosis	ADHD		
Current Medication	Risperidone		

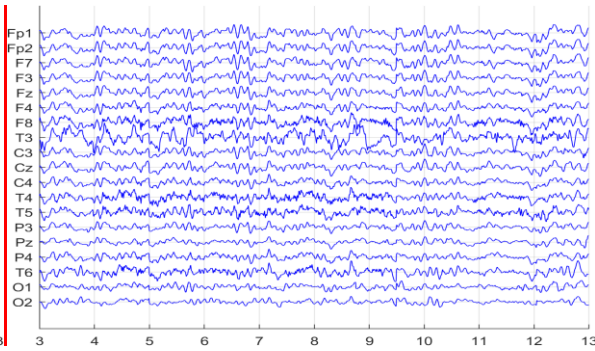
Dr AtefeSafavi

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	1	Muscle	0
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Low Artifact Percentage



Total Artifact Percentage



High Artifact Percentage



EEG Quality

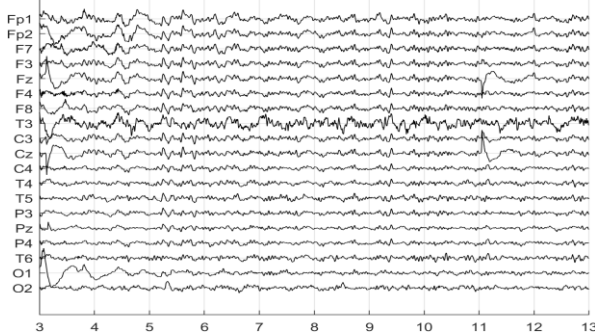
bad

Total Recording Time Remaining

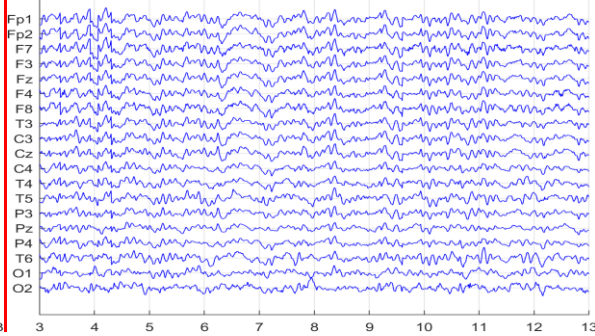
143.46 sec

Denoising Information (EO)

Raw EEG



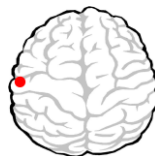
Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	1	Muscle	0
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Low Artifact Percentage



Total Artifact Percentage



High Artifact Percentage



EEG Quality

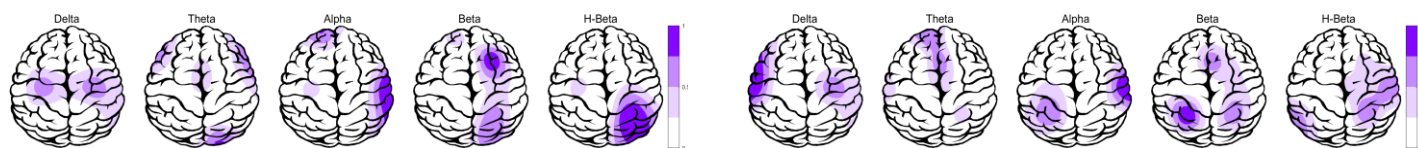
bad

Total Recording Time Remaining

134.06 sec

Pathological assessment for ADHD

Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis

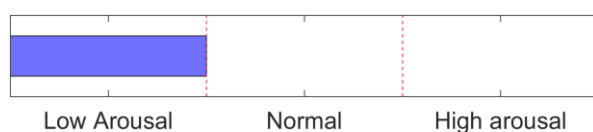
ADHD Table	EC		EO	
Feature Name	Threshold	Region	Threshold	Region
Increased rDelta	0.50	global	0.50	global
Increased rTheta	0.50	frontal	0.00	NAN
Increased rAlpha	0.00	NAN	1.00	global
Increased rBeta	0.00	frontal	0.00	NAN
Decreased SMR	-1.00	global	-2.00	global
Increased T/B Ratio	0.75	Fz and Cz	0.75	Fz and Cz

ADHD

ADHD Compatibility

ADHD Probability

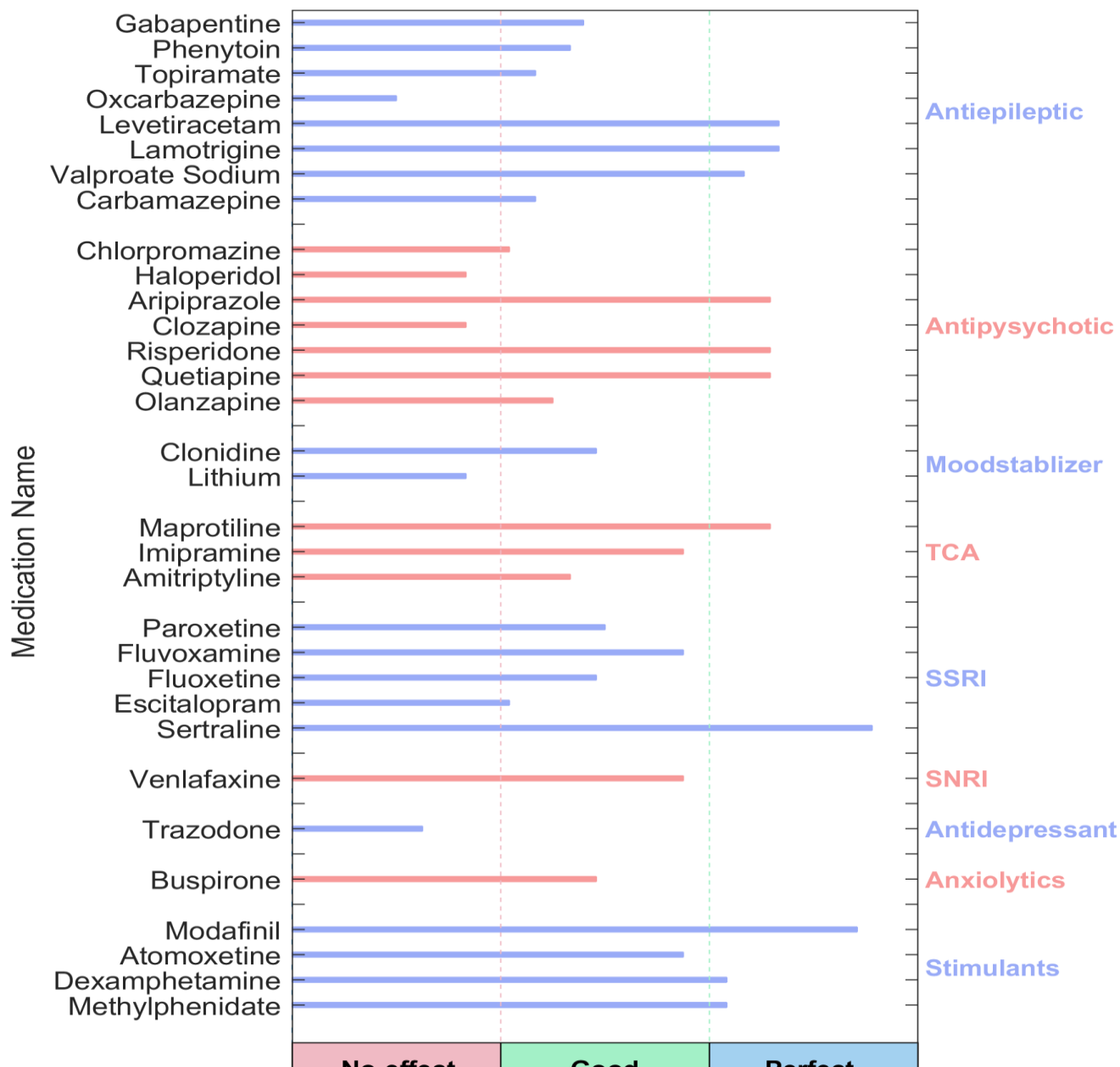
Arousal Level Detection



ADHD Clustering *

1. Same inattentive and hyperactive prevalence. Well respond to stimulants.
2. Least impulsive group, almost only inattentive. May respond to stimulants.
3. May be artistic/creative, may have affective regulatory dysfunction. May respond to SSRI.

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.

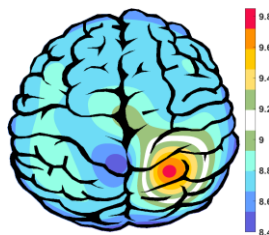
APF(EO)



Frontal APF= 08.50

Posterior APF= 08.62

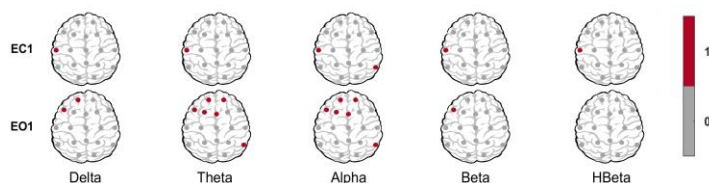
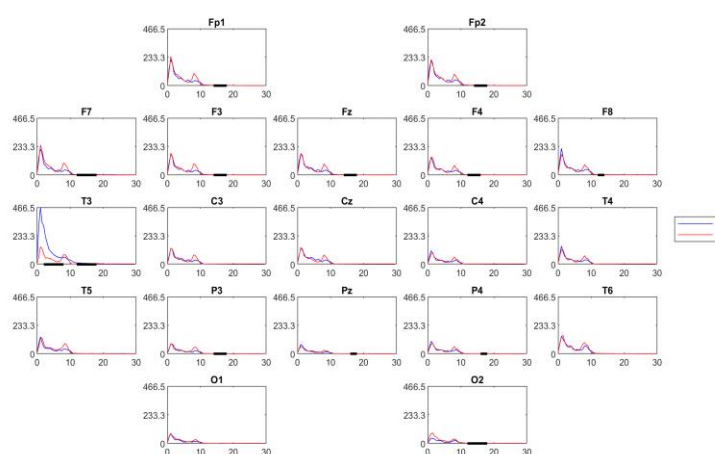
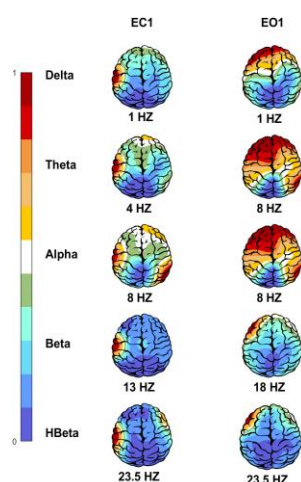
APF(EC)



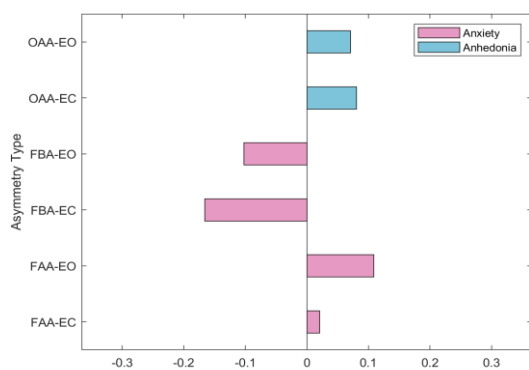
Frontal APF= 08.75

Posterior APF= 08.75

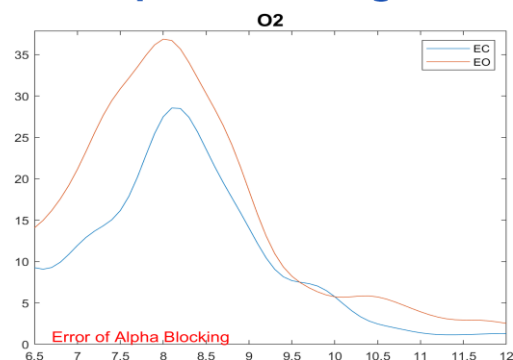
EEG Spectra



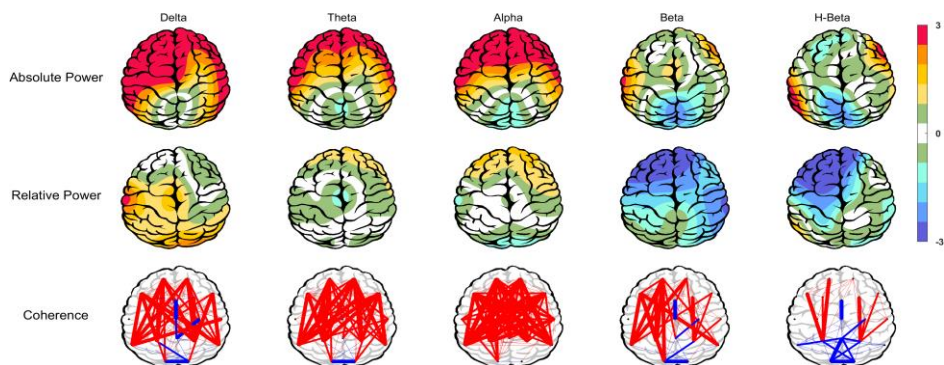
Alpha Asymmetry(AA)



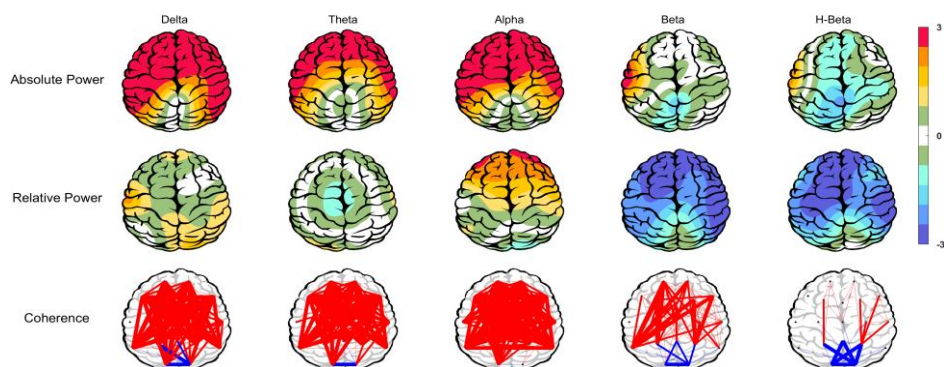
Alpha Blocking



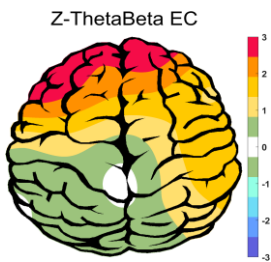
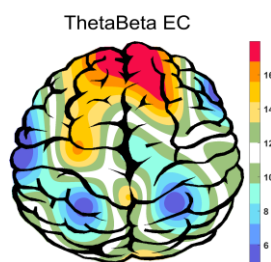
Z Score Summary Information (EC)



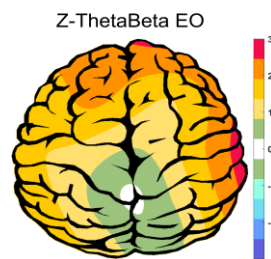
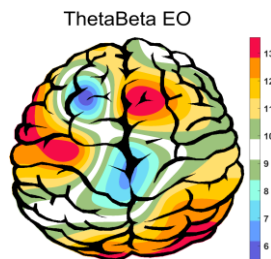
Z Score Summary Information (EO)



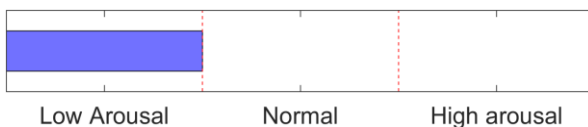
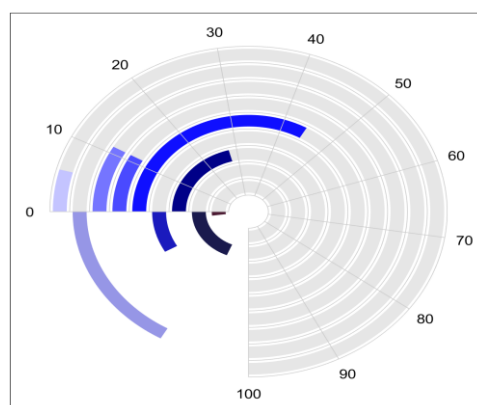
E.C.T/B Ratio (Raw- Z Score)



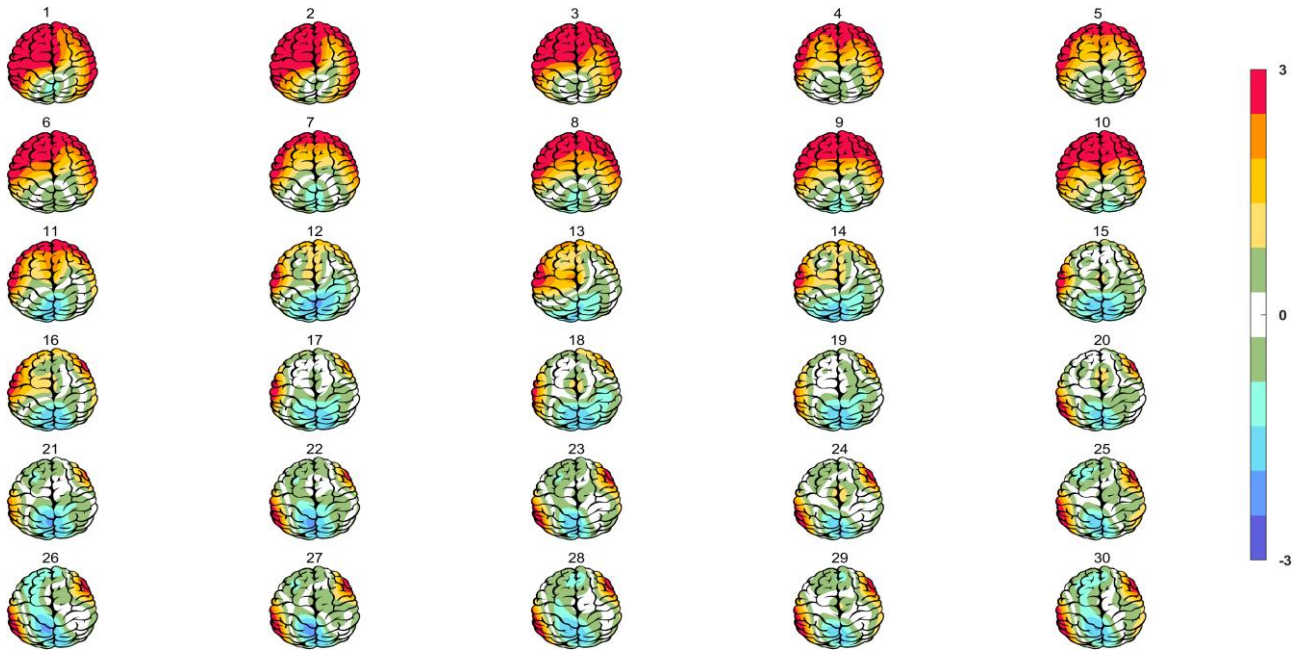
E.O.T/B Ratio (Raw- Z Score)



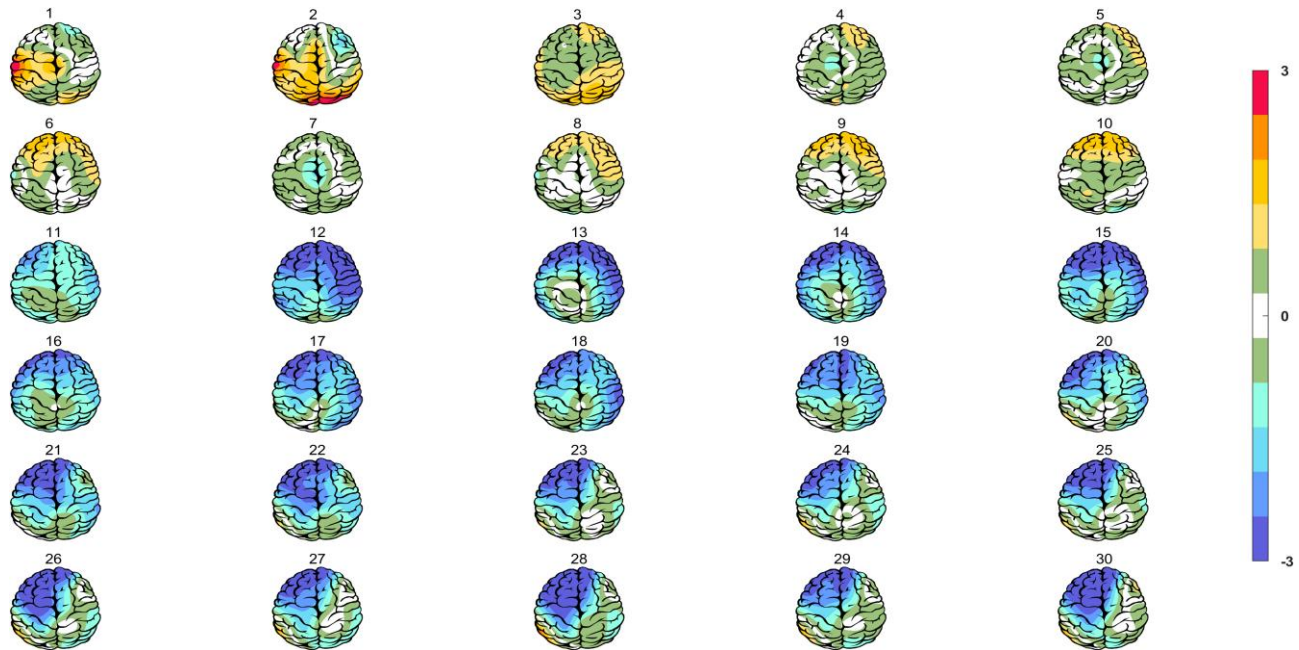
Arousal Level



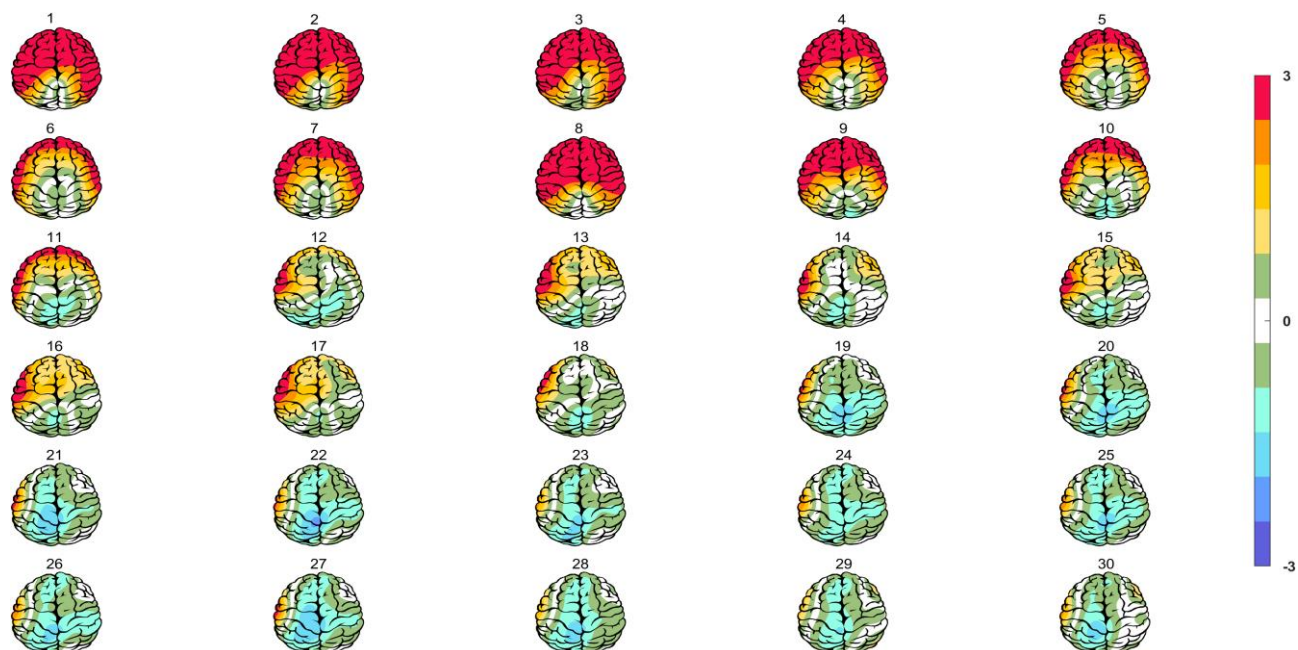
Absolute Power-Eye Closed (EC)



Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)

