

# QEEG Clinical Report BrainLens V0.4

## Report Description

### Personal & Clinical Data

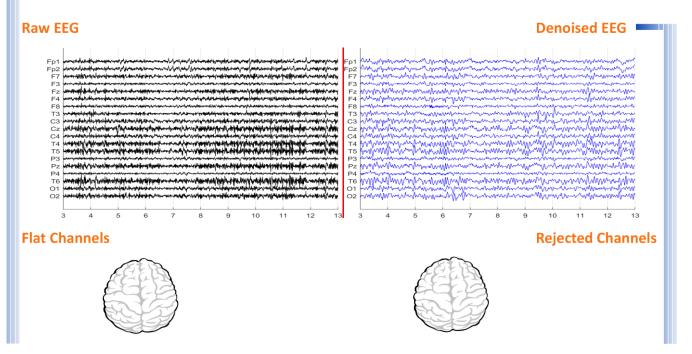
Name	Mohamadshayan Talebi	Date of Recording	12-Oct-2024	
Date of Birth - Age	11-Mar-2014 - 10.59	Gender	Male	
Handedness(R/L)	Right	Source of Referral	Dr Moradkhani	
Initial Diagnosis	Anxiety-OCD-PTSD-Attention and Concentration Problem			
Current Medication	Medication Free			

Dr Moradkhani



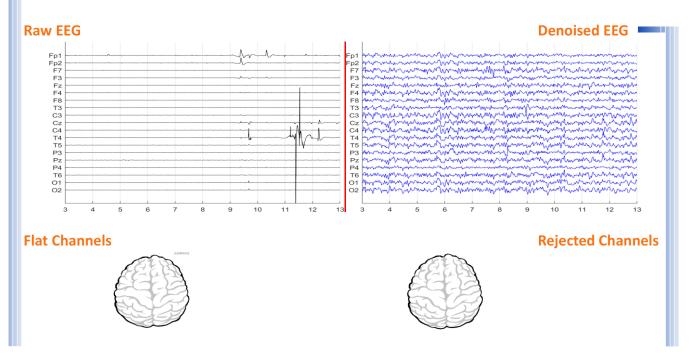


### **Denoising Information (EC)**



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	0	Muscle	0	0	
Total Artifact Percentage		High Artifact Percentage			
			0		
<b>EEG Quality</b>		bad		<b>Total Recording Time Remaining</b>	171.67 sec

### **Denoising Information (EO)**



Number of I	Number of Eye and Muscle Elements		Low Artifact Percentage		
Eye	2	Muscle	0	0	
Total Artifact	: Percentage	rcentage High Artifact Percentage		High Artifact Percentage	
	0			0	
<b>EEG Quality</b>		bad		<b>Total Recording Time Remaining</b> 154.52 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	0.00	NAN	0.00	NAN		
Increased rAlpha	1.00	global	0.00	NAN		
Increased rBeta	0.00	NAN	0.50	NAN		
Decreased SMR	0.00	NAN	0.00	NAN		
Increased T/B Ratio	0.00	NAN	0.00	NAN		
ADHD						
ADHD Probability						

#### **Arousal Level Detection**



### **ADHD Clustering**

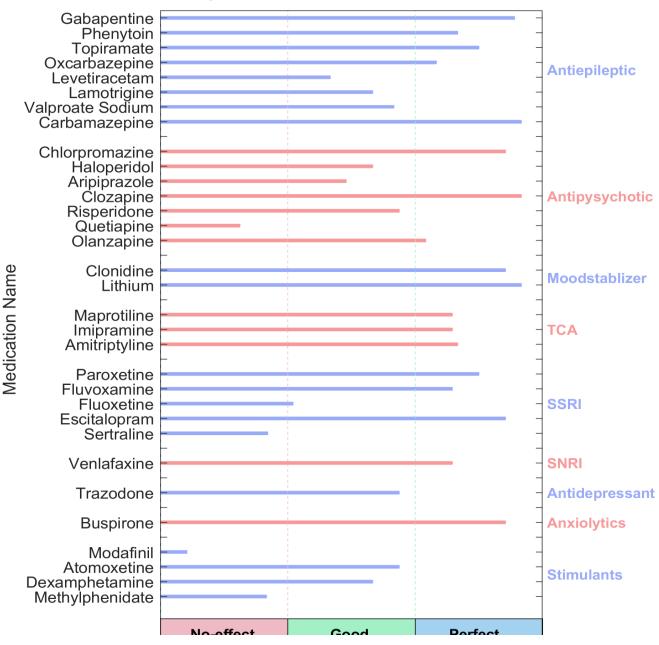
1. Least impulsive group, almost only inattentive. May respond to stimulants.

<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



#### **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.



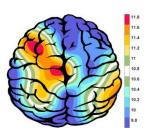
Medication Recommendation

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.





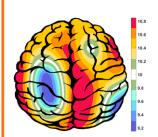
### APF(EO)



Frontal APF= 10.33

Posterior APF= 10.75

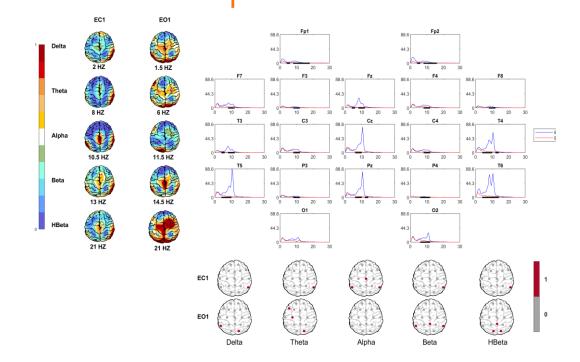
### APF(EC)



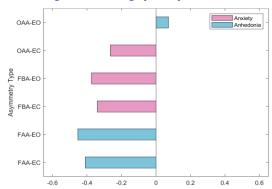
Frontal APF= 09.92

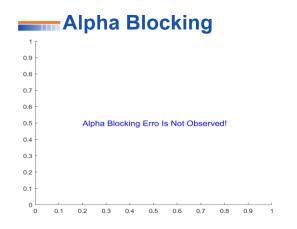
Posterior APF= 10.75

#### EEG Spectra



### Alpha Asymmetry(AA)



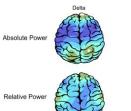






#### Z Score Summary Information (EC)





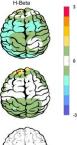






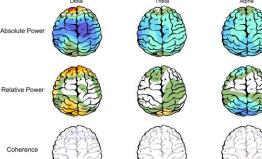






### Z Score Summary Information (EO)



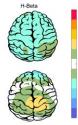






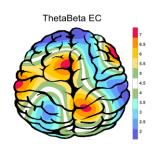


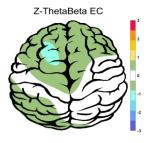




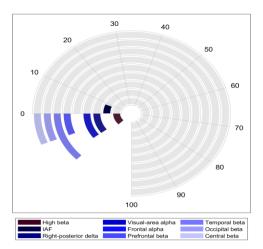


#### E.C.T/B Ratio (Raw- Z Score)

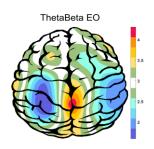


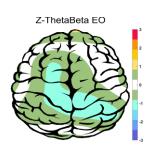


### Arousal Level



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



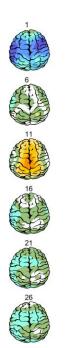


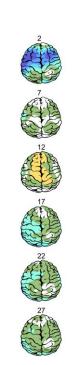


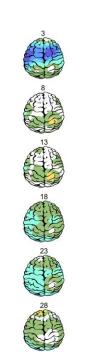


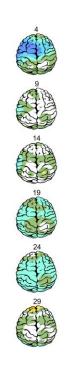


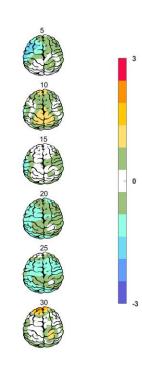
### Absolute Power-Eye Closed (EC) 🌮



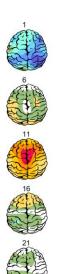


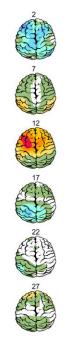


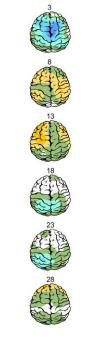


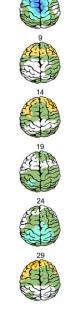


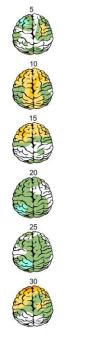
### Relative Power-Eye Closed (EC) ớ









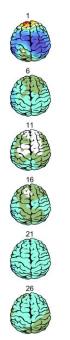


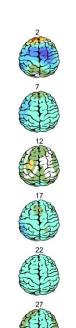


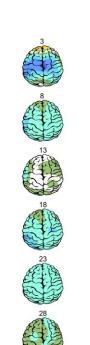


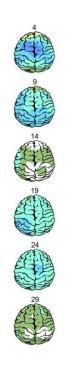
### Absolute Power-Eye Open (EO) 📀

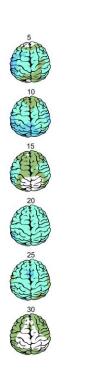












### Relative Power-Eye Open (EO)

