





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

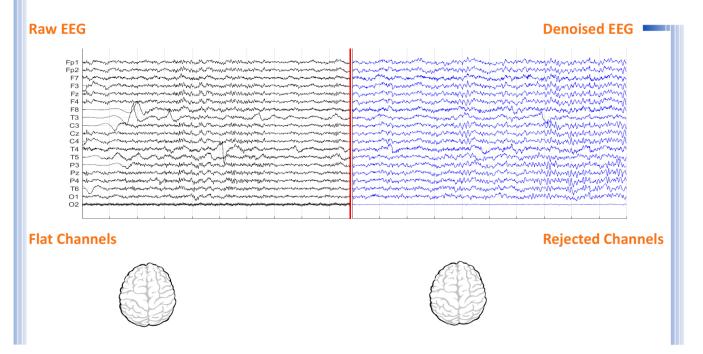
Name	Pardis Rostami	Date of Recording	14-Jul-2024
Date of Birth - Age	30-Jul-2009 - 14.96	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr Dehghani
Initial Diagnosis	Impulsivity -Mood swing-Substance drug abuse		
Current Medication	Medication Free		

Dr Dehghani



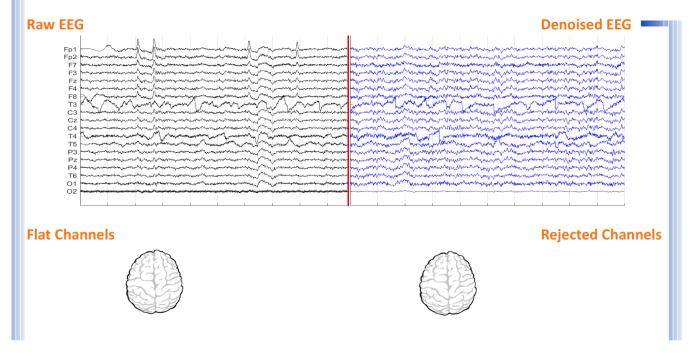


Denoising Information (EC)



Number of	Number of Eye and Muscle Elements		Low Artifact Percentage		
Eye	0	Muscle	1	0	
Total Artifa	otal Artifact Percentage		High Artifact Percentage		
0					
EEG Quality	,	good		Total Recording Time Remaining	160.55 sec

Denoising Information (EO)



Number of	Eye and Muscl	Muscle Elements Low Artifact Percentage		Low Artifact Percentage	
Eye	2	Muscle	1	()	
Total Artifac	t Percentage			High Artifact Percentage	
	0			0	
EEG Quality		bad		Total Recording Time Remaining 181.21 sec	



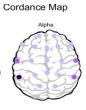


Pathological assessment for ADHD

Compare to ADHD Database











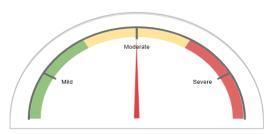
EEG Compatibility with ADHD Diagnosis

ADHD Table	EC		EO	
Feature Name	Threshold	Region	Threshold	Region
Increased rDelta	1.00	global	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	-1.00	global	-0.50	global
Increased T/B Ratio	0.75	Fz and Cz	0.00	NAN
ADHD 0 10 20 30 40 50 60 70 80 90 100 ADHD Probability				
ADHD Probability				

Arousal Level Detection



ADHD Severity



ADHD Clustering

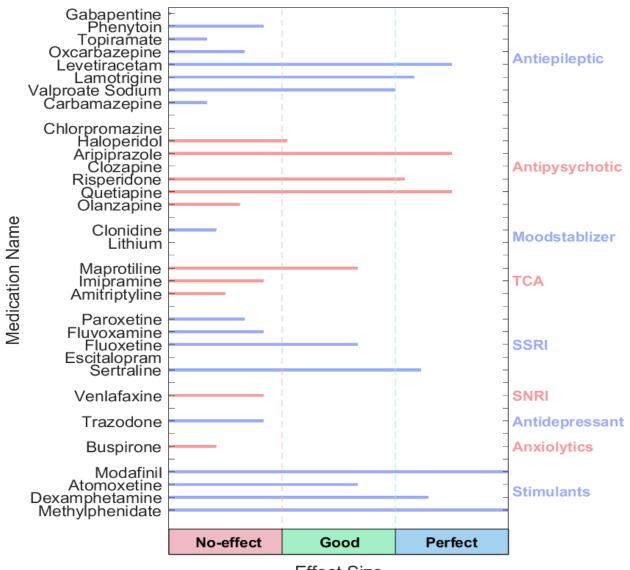
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

^{*} 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.





TQEEG 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 .



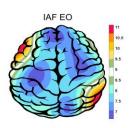
Medication Recommendation

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.



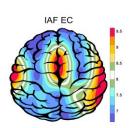


IAF(EO)



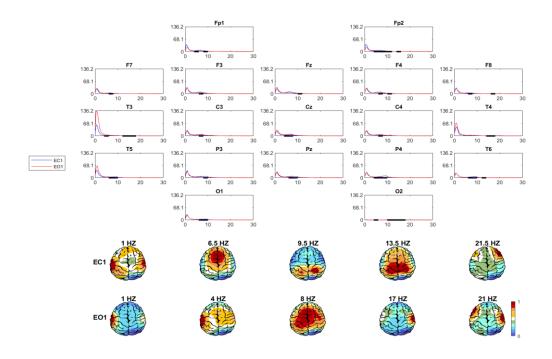
Eye Open IAF= 07.75

IAF(EC)

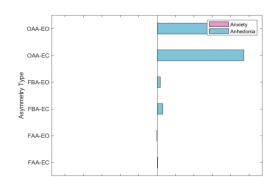


Eye Close IAF= 08.25

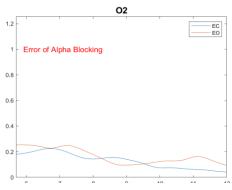
EEG Spectra



Alpha Asymmetry(AA)



Alpha Blocking







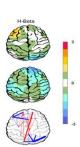
Z Score Summary Information (EC)





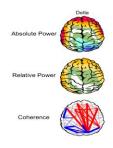






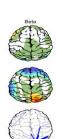
Z Score Summary Information (EO)

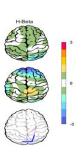




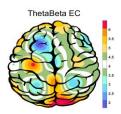


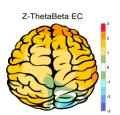




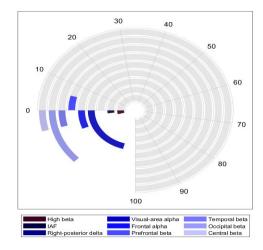


E.C.T/B Ratio (Raw- Z Score)

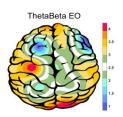


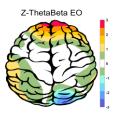


Arousal Level







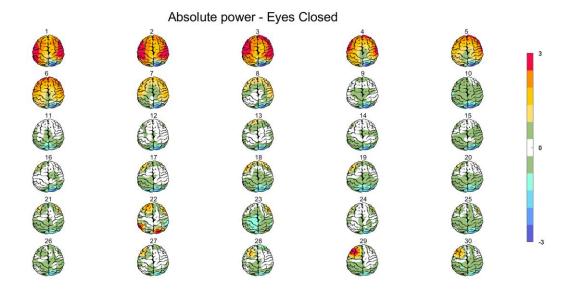




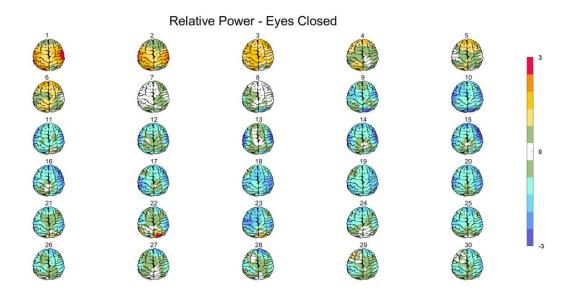




Absolute Power-Eye Closed (EC) 🌮



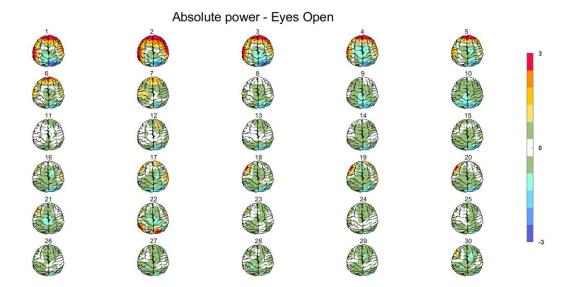
Relative Power-Eye Closed (EC) ớ







Absolute Power-Eye Open (EO) 📀



Relative Power-Eye Open (EO)

