





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

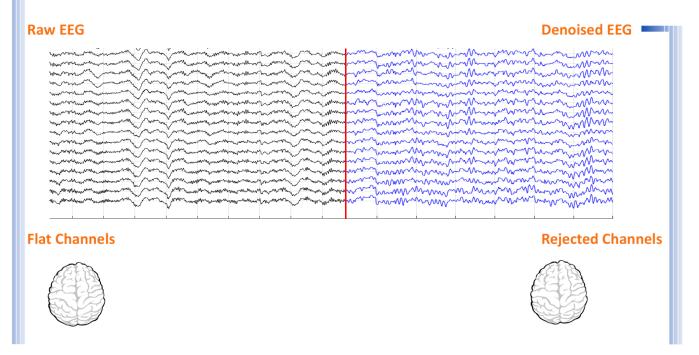
Name	Bita Ghodsi	Date of Recording	23-May-2023
Date of Birth - Age	24-Nov-1996 - 26.5	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr Masjdi
Initial Diagnosis		-	
Current Medication		-	

Dr Masjdi





Denoising Information (EC)



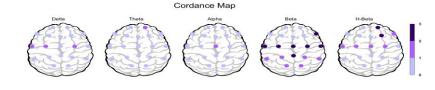
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	2	0	
Total Artifact Percentage				High Artifact Percentage	
()		(0)			
EEG Quali	ity	good		Total Recording Time Remaining 2	245.99 sec





Pathological assessment for mood disorders

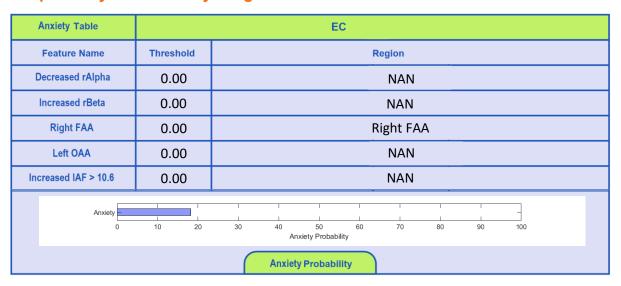
Compare to Mood Disorders Database



EEG Compatibility with Depression Diagnosis

Depression Table	EC			
Feature Name	Threshold	Region		
Increased Global rAlpha	1.00	global		
Increased global rTheta	0.00	NAN		
Decreased rDelta	-0.50	LF-MF-C-P-O-		
Increased rBeta	0.00	NAN		
Left FAA	0.00	NAN		
Right OAA	0.01	Right OAA		
Decreased Coherence (D, T)	0.00	NAN		
Increased Coherence (A, B)	2.00	Increased Coherence (A,B)		
depression 0	10 20	30 40 50 60 70 80 90 100 Depression Probability		
Depression Probability				

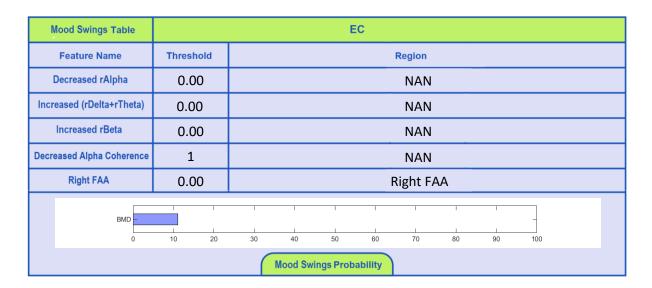
EEG Compatibility with Anxiety Diagnosis







EEG Compatibility with Mood Swings Diagnosis *



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

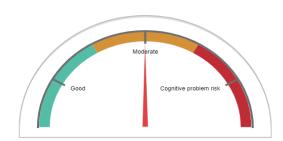
Depression Severity

Mild Borderline Moderate Severe Extreme

Anxiety Severity



Cognitive Functions



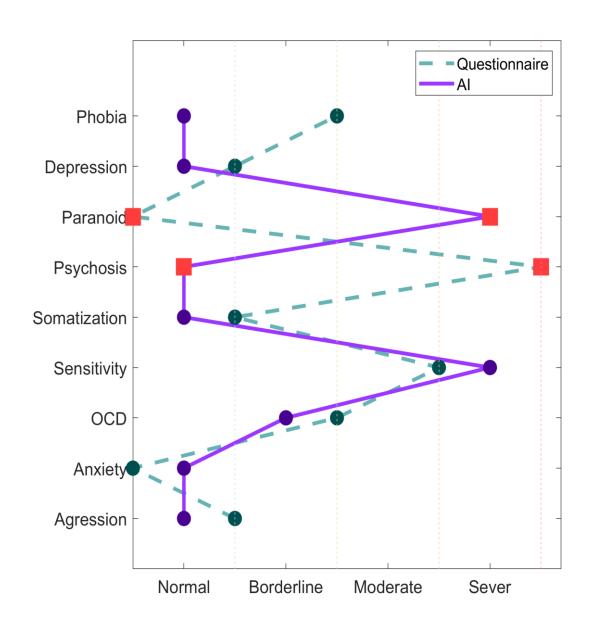
Arousal Level Detection







Al-Driven Psychometric Symptoms Assessing



Explanation

■ 🔔 Note

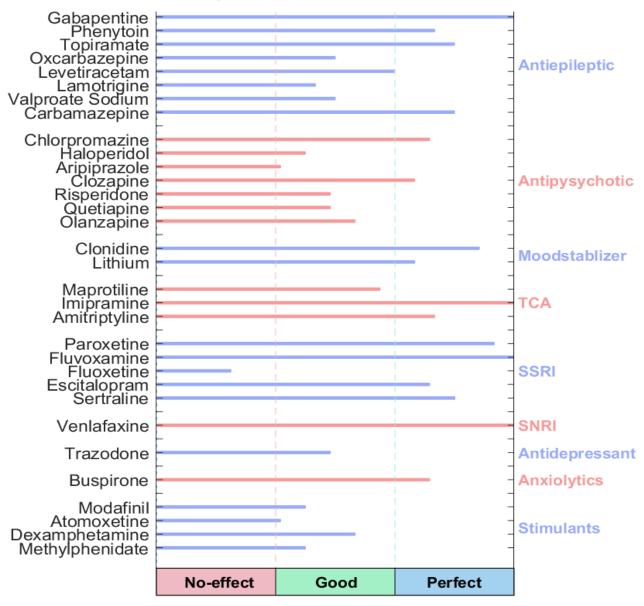
The above diagram illustrates the psychometric symptoms based on the SCL90 questionnaire of the subject (green line) and AI (purple line). Combination of non-linear EEG markers have been used to estimate these symptoms using AI. All the AI algorithms used in these analysis have an accuracy more than 97.60%, a sensitivity more than 97.54%, and a specificity more than 97.58%.

If a red square marker appears in the symptom, it means there is a remarkable difference between the subject's questionnaire score and AI estimate. In the other words, the subject's questionnaire score is in the normal to borderline area, but the AI estimate is in the moderate to extreme area or vice versa.





•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 .



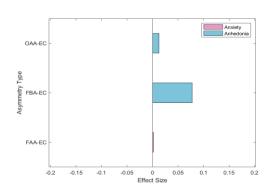
Medication Recommendation

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.

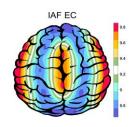




Alpha Asymmetry(AA)



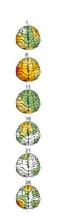
IAF(EC)



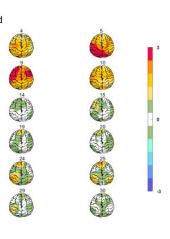
Eye Close IAF= 09.75

Absolute Power-Eye Closed (EC) 🌮





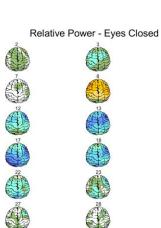


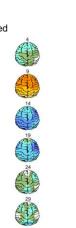


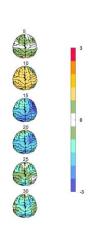
Relative Power-Eye Closed (EC) 🌮







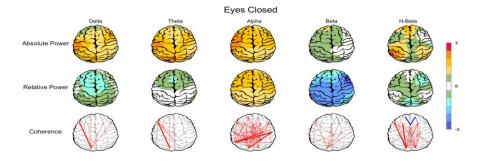




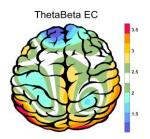


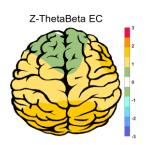


Z Score Summary Information (EC)

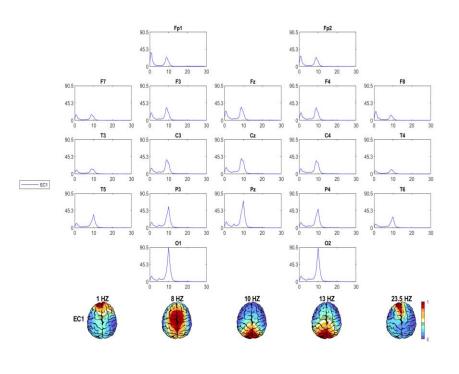


E.C.T/B Ratio (Raw- Z Score)





EEG Spectra



Arousal Level

