SAMPLE PATIENT
Gender: Female
Age: 86 (DOB: Mar 7 1937)
Weight: 109 lbs
Patient Code: 855554
Height: 5 ft 2 in
BMI: 19.9

Physician Only Report
Exam Date: Mar 29 2023 13:57
Organization: Dr. Finnie

EEG Frequency Analysis

	Score	Norms
Eyes Closed: Posterior Peak Frequency	9.4 Hz	8 - 12
Eyes Open: Theta/Beta Ratio	1.05	< 1
Eyes Open: Frontal Alpha Asymmetry	4 %	-10 - 10

Evoked Potentials (ERPs)

	Score	Norms
Visual Processing	244 ms	P2 < 200
Auditory Processing*	156 ms	P2 < 200
Information Processing / Working Memory	384 ms	P3b < 420

Behavioral Motor Test

	Score	Norms
Reaction Time	515 ms	350 - 500
Reaction Time Variance	4.1 ms	< 10
Missed Responses	0 %	<= 6
Wrong Responses	0 %	<= 4

Self-Assessment Questionnaire

Memory Problems: 5 of 5
Don't have enough energy to get moving in the morning and sustain: 5 of 5
Don't fall asleep or stay asleep at night: 5 of 5
Anxiety, Feelings of worry: 5 of 5
Anxiety: 5 of 5
Can't find the correct word to convey in speech: 4 of 5
Concussion, Recent: 4 of 5
Anger / Agitation: 4 of 5
Decreased Attention / Distracted: 4 of 5
Difficulty multitasking/ disorganized: 3 of 5
Altered vision: 3 of 5
Difficult to find words or understand words: 3 of 5

Key Findings

Obsessive-compulsive Disorder (OCD)

Tinnitus Disorder

Physician Summary - Key Findings

Normal response time to visual and cognitive stimulus.

Delayed N1 latency reduced neuronal capacity associated with visual processing.

Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.
The 'Alpha Arrest Reaction (ARR)' was not clearly present at occipital electrode sites. This is caused by an absence of dominant Alpha activity during the Eyes Closed condition and the presence of dominant Alpha activity during the Eyes Open condition.
The absence of a clear ARR can be related to impaired vigilance regulation: The patient is either hypo - aroused, resulting in abnormally high Alpha power during the Eyes Open condition, or the patient is hyper - aroused.

Alpha Interhemispheric asymmetry is in normal level.

Possible signs of Obsessive-compulsive Disorder (OCD) (4 of 5); Possible signs of Tinnitus Disorder (2 of 5);

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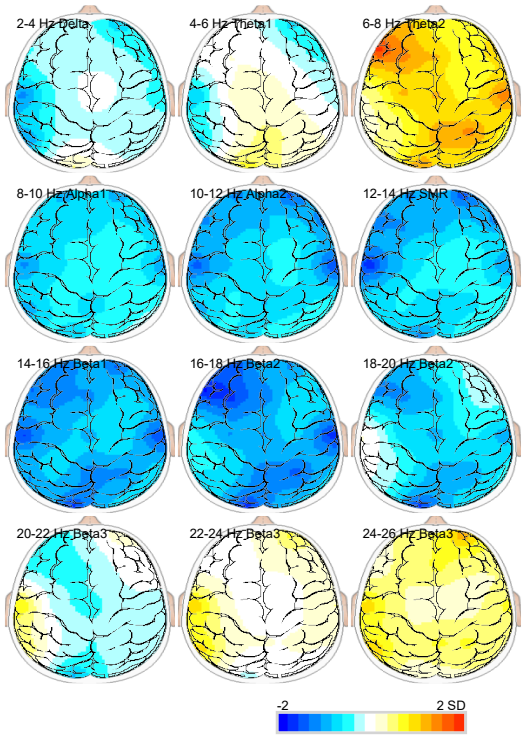
Eyes Open - Headmaps - Z Scored



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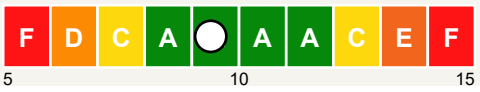
The electroencephalogram (EEG) has been a medical standard for the evaluation of general brain health and overall function. This test detects abnormalities in the brain waves, or in the electrical activity. The brain is the most important organ in the body at the center of the nervous system and controls all parts of the body. An EEG can detect minuscule abnormalities the occur as a result of the normal ageing process, mental diseases or disorders, brain insults due to trauma, and abnormal changes due to exposure to toxins, substance abuse, and acute or chronic events.

Eyes Closed: Posterior Peak Frequency: 9.4 Hz

Reference: 8 - 12 Hz



Eyes Open: Posterior Peak Frequency: 7.1 Hz

Marker of Cognitive Performance

Reference: 8 - 12 Hz

Eyes Open: Theta/Beta Ratio: 1.05

Marker of Inattention

Reference: < 1

Eyes Open: Frontal Alpha Asymmetry: 4 %

Marker of Depression, Anxiety

Reference: -10 - 10 %

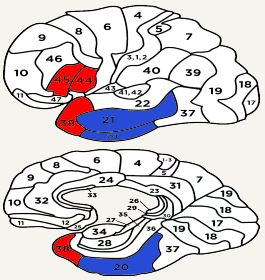
Eyes Open: Brain Map Source - Deviations from normality

Brodmann Area (BA)	Frequency	Z-Score	Function
BA Left 38, 44, 45 (47, 46)	6-8 Hz Theta2	3.9 SD	Language production & comprehension; Working memory, selective attention
BA Left 20, 21 (22, 38)	12-14 Hz SMR	-3.6 SD	Language comprehension, reading; Long term memory
BA Left 20, 21 (22, 38)	14-16 Hz Beta1	-3.5 SD	Language comprehension, reading; Long term memory
BA Left 20, 21 (22, 38)	10-12 Hz Alpha2	-3.1 SD	Language comprehension, reading; Long term memory
BA Left 38, 44, 45 (47, 46)	16-18 Hz Beta2	-2.9 SD	Language production & comprehension; Working memory, selective attention

Eyes Closed: Brain Map Source - Deviations from normality

Brodmann Area (BA)	Frequency	Z-Score	Function
BA Left 20, 21 (22, 38)	14-16 Hz Beta1	-3.5 SD	Language comprehension, reading; Long term memory
BA Left 38, 44, 45 (47, 46)	6-8 Hz Theta2	3 SD	Language production & comprehension; Working memory, selective attention
BA Left 20, 21 (22, 38)	12-14 Hz SMR	-2.8 SD	Language comprehension, reading; Long term memory
BA Right 20, 21 (22, 38)	16-18 Hz Beta2	-2.6 SD	Emotional regulation; Organization
BA Left 17, 18, 19	18-20 Hz Beta2	-2.3 SD	Right visual field

Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.
Examination Duration: 27 min 39 sec



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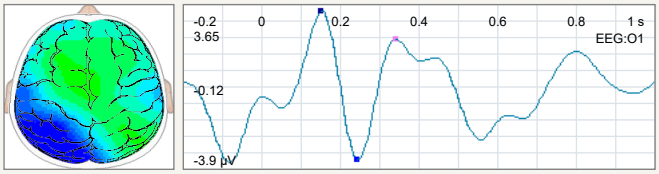
Event-related potentials (ERP) are also referred to as evoked potentials (EP) and are a measurement of the brain's direct response to a specific sensory, cognitive, or motor event. EPRs have the ability to measure (to the millisecond) the speed in which the brain is able to process this information. This fast-paced processing is what allow us as humans to receive, filter, and process billions of pieces of information in order to make split-second decision every second of every day. Due to the sensitivity of ERP testing, we are able to detect changes in this processing speed that is related to cognitive decline. If this testing is performed early enough, these changes can be seen before they become physically noticeable. The ERP can detect slowing in physical reaction times and decision-making skills, as well as stress disorders, memory loss, and other neurological disorders.

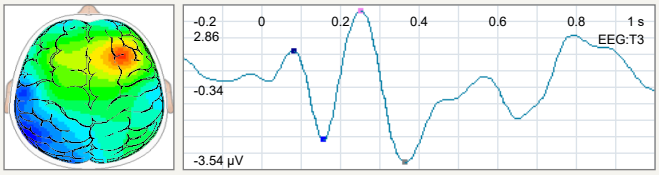
Visual Processing: 244 ms

Reference: P2 < 200 ms
Amplitude: -2.66µV



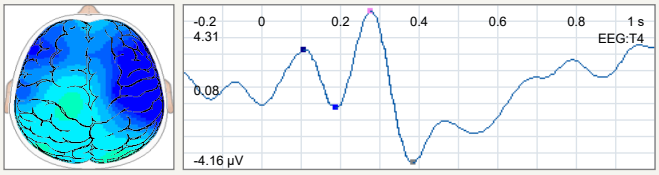
Auditory Processing*: 156 ms

Reference: P2 < 200 ms
Amplitude: -2.47µV



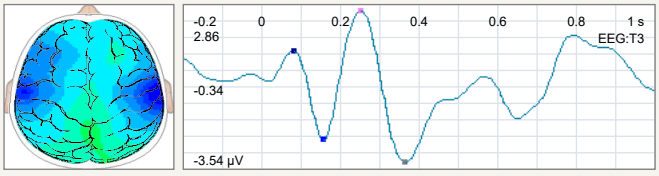
Information Processing / Working Memory: 384 ms

Reference: P3b < 420 ms
Amplitude: -3.7µV



Auditory Attention*: 364 ms

Reference: P3 < 400 ms
Amplitude: -3.33µV



Delayed N1 latency reduced neuronal capacity associated with visual processing.

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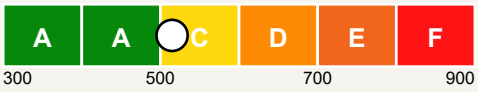
A natural process of ageing includes the decline in neuro physical and cognitive abilities. Behavior performance can be measured as it relates to the daily stressors that everyone faces, including neuro-physical, emotional and mental challenges. The observable changes can include changes in reaction time, errors in commission (how often you make mistakes), and errors in omission (how often you miss information). These performance measures can provide an accurate snapshot and an objective assessment of a patient's ability to effectively perform general or routine daily tasks and can indicate the level of decline.

Reaction Time: 515 ms

Reference: 350 - 500 ms



Reaction Time Variance: 4.1 ms

Reference: < 10 ms

Missed Responses: 0 %

Reference: <= 6 %

Wrong Responses: 0 %

Reference: <= 4 %

Normal response time to visual and cognitive stimulus.

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Medications:

N/A

Patient History:

MCD
Memory Problems: 5 of 5; Don't have enough energy to get moving in the morning and sustain: 5 of 5; Don't fall asleep or stay asleep at night: 5 of 5; Anxiety, Feelings of worry: 5 of 5; Anxiety: 5 of 5;

Acquisition Summary:

Montage: Common Reference 21 channels;
Sampling Rate: 500Hz; High Pass Filter: 0.5Hz; Low Pass Filter: 60Hz; Notch Filter: 60Hz;
Examination Duration: 27 min 39 sec;
Test Type: Routine EEG, including spike annotations; ERP;
The patient was awake with eye open for an adequate period of time during the tracing; During the eye closed test stage, the patient became drowsy;

Physician Summary - Key Findings:

Normal response time to visual and cognitive stimulus.
Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.
The 'Alpha Arrest Reaction (ARR)' was not clearly present at occipital electrode sites. This is caused by an absence of dominant Alpha activity during the Eyes Closed condition and the presence of dominant Alpha activity during the Eyes Open condition.
Alpha Interhemispheric asymmetry is in normal level.

Assessment:

Delayed N1 latency reduced neuronal capacity associated with visual processing (R1, R2, R3);
The absence of a clear ARR can be related to impaired vigilance regulation: The patient is either hypo - aroused, resulting in abnormally high Alpha power during the Eyes Open condition, or the patient is hyper - aroused.

Possible signs of Obsessive-compulsive Disorder (OCD) (4 of 5); Possible signs of Tinnitus Disorder (2 of 5);

Intervention Considerations:

Behavioral Optometry Referral;

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References:

R1. Kimura. Motohiro. Katayama. Et al; (2005); Positive difference in ERPs reflect independent processing of visual changes; Psychophysiology; 42(4).369;
R2. O'Donnell BF. Et al; (1996); ERP measures of visual spatial processing in schizophrenia; Biological psychiatry; 39(7).655;
R3. Sinke C. Neufeld J. et al; (2014); N1 enhancement in synesthesia during visual and audio-visual perception in semantic cross-modal conflict situations: an ERP study; Frontiers in Human Neuroscience; 8(21);

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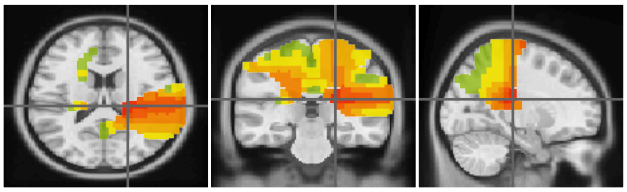
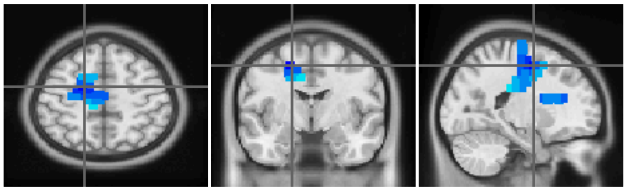
Region: Temporal Lobe
Brodmann Area (BA): Left 38, 44, 45
Secondary BA: Left 47, 46
Frequency: 6 - 8 Hz (Theta2)
Z-Score: 3.9 SD
Brodmann: Temporal pole, Inferior frontal gyrus - Pars opercularis, Inferior frontal gyrus - Pars triangularis
Function: Language production & comprehension; Working memory, selective attention



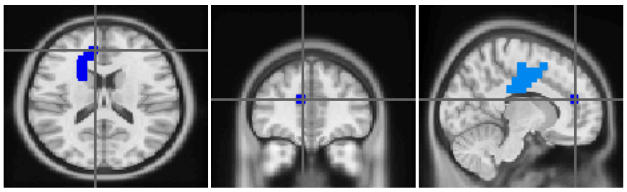
Description: Functional studies have disclosed the unexpected complexity of BA38 functions. Because of its location in the brain, it is understandable that BA38 participates in language processes, emotion, executive functions, and memory. Left BA38 is involved in diverse `high level` verbal functions (e.g., semantic processing, naming of items learned in early life, lexico-semantic ambiguity processing, etc.). Departing from the reported functional studies BA38 involvement in emotion seems evident (e.g., visual processing of emotional images, emotional attachment, response to threat/fearful stimulus, etc.). In some executive functions (e.g., moral judgment, inferential reasoning, etc) BA38 is also active. Diverse studies support BA38 contribution to multimodal memory retrieval. Additionally, it seems to contribute to some complex auditory processing; for instance, recognition of familiar voices (phonognosis), and response to aversive auditory stimulation. Interestingly, traumatic head injury usually impacts the temporal pole, and it has been suggested that the difficulties to separate auditory `figure` (e.g., language) from background `noise` found in patients with head injury, is a result of BA38 damage.

Region: Temporal Lobe
Brodmann Area (BA): Left 20, 21
Secondary BA: Left 22, 38
Frequency: 12 - 14 Hz (SMR)
Z-Score: -3.6 SD
Brodmann: Inferior temporal, Fusiform and Parahippocampal gyri, Multimodal posterior area - Middle temporal gyrus
Function: Language comprehension, reading; Long term memory



Description: Usually, BA 20 is not included as part of Wernicke's area. Indeed, different authors describe Wernicke's area in not completely coincidental way: some authors only include the posterior part of the superior temporal gyrus (BA22); some authors include the superior and middle temporal gyri; and there are authors that even includ the angular gyrus of the parietal lobe as part of Wernicke's area. Functional neuroimaging studies suggest, without question, that BA20 should also be considered as part of Wernicke's area. Left BA20 participation in language understanding and processing is evident: lexico-semantic processing, metaphor comprehension, language comprehension and production, and selective attention to speech. Additionally, BA20, as part of the fusiform gyrus, also participates in some types of visual processing: in the integration of visual elements into perceptual wholes (single objects). BA20 involvement in the `attribution of intentions` seems to be marginal.

Region: Temporal Lobe
Brodmann Area (BA): Left 20, 21
Secondary BA: Left 22, 38
Frequency: 14 - 16 Hz (Beta1)
Z-Score: -3.5 SD
Brodmann: Inferior temporal, Fusiform and Parahippocampal gyri, Multimodal posterior area - Middle temporal gyrus
Function: Language comprehension, reading; Long term memory



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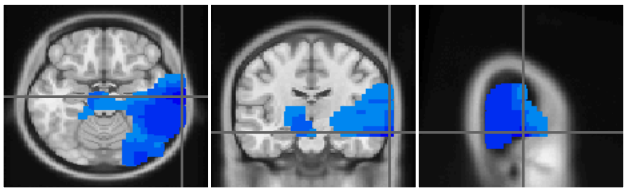
Brodmann: Inferior temporal, Fusiform and Parahippocampal gyri, Multimodal posterior area - Middle temporal gyrus
Function: Language comprehension, reading; Long term memory



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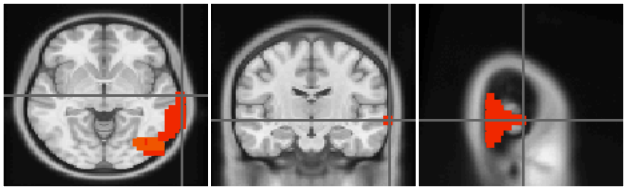
Secondary BA: Left 47, 46
Frequency: 6 - 8 Hz (Theta2)
Z-Score: 3 SD
Brodmann: Temporal pole, Inferior frontal gyrus - Pars opercularis, Inferior frontal gyrus - Pars triangularis
Function: Language production & comprehension; Working memory, selective attention



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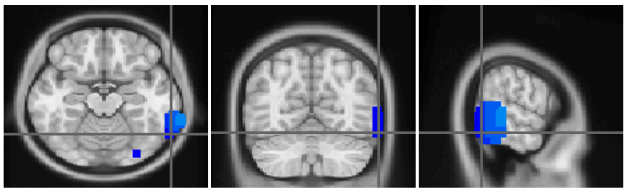
Brodmann: Inferior temporal, Fusiform and Parahippocampal gyri, Multimodal posterior area - Middle temporal gyrus
Function: Language comprehension, reading; Long term memory



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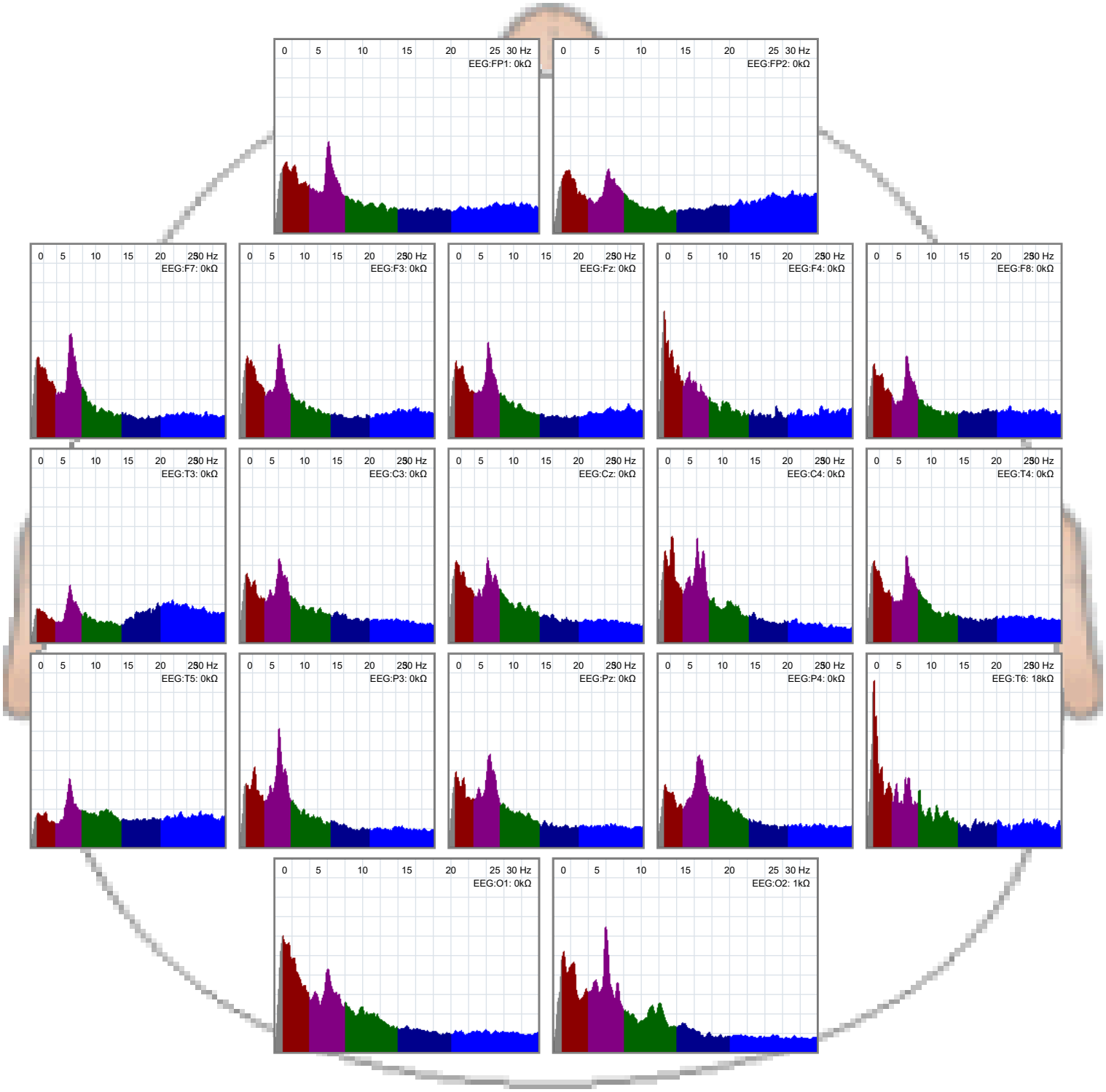

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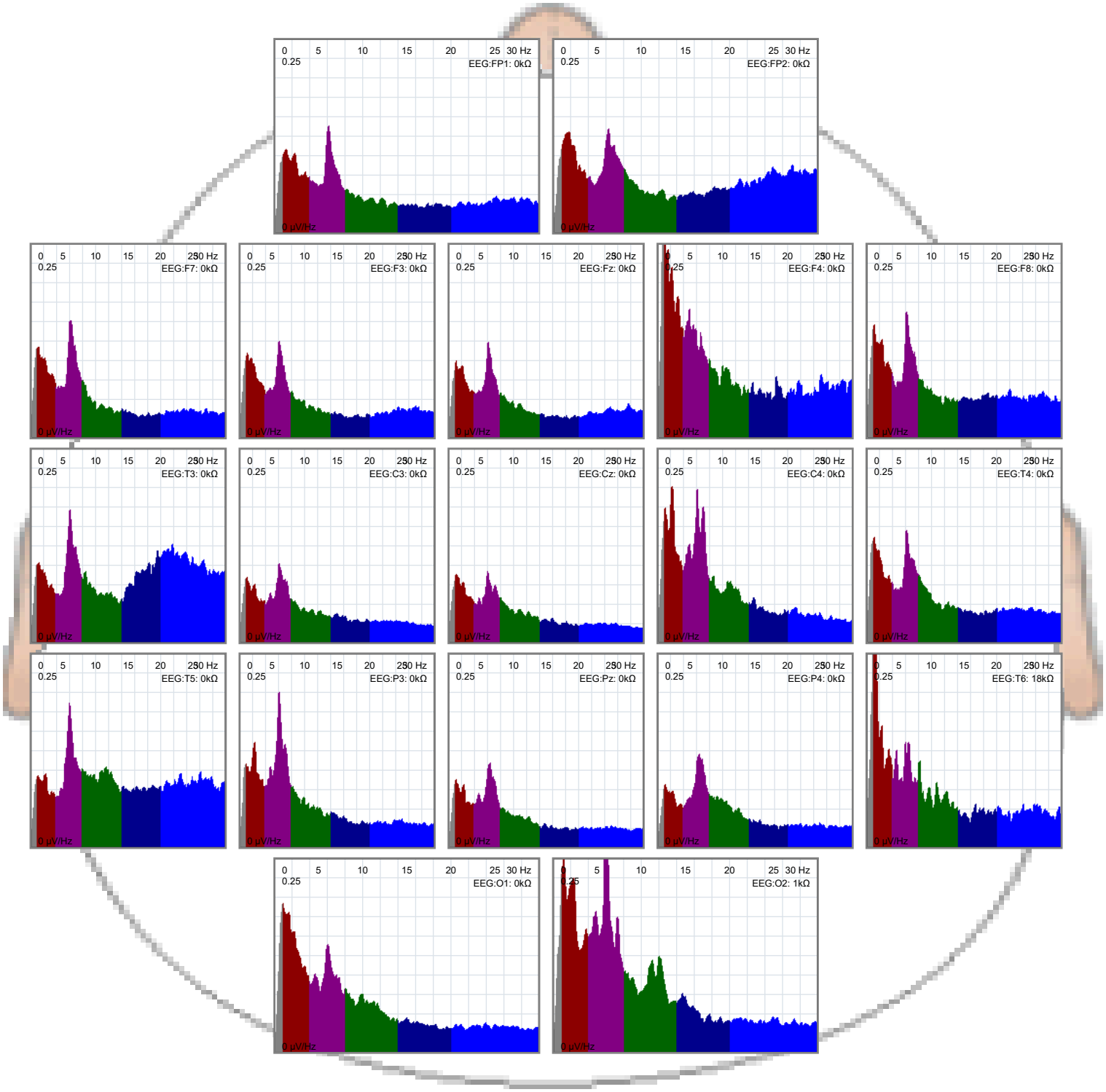

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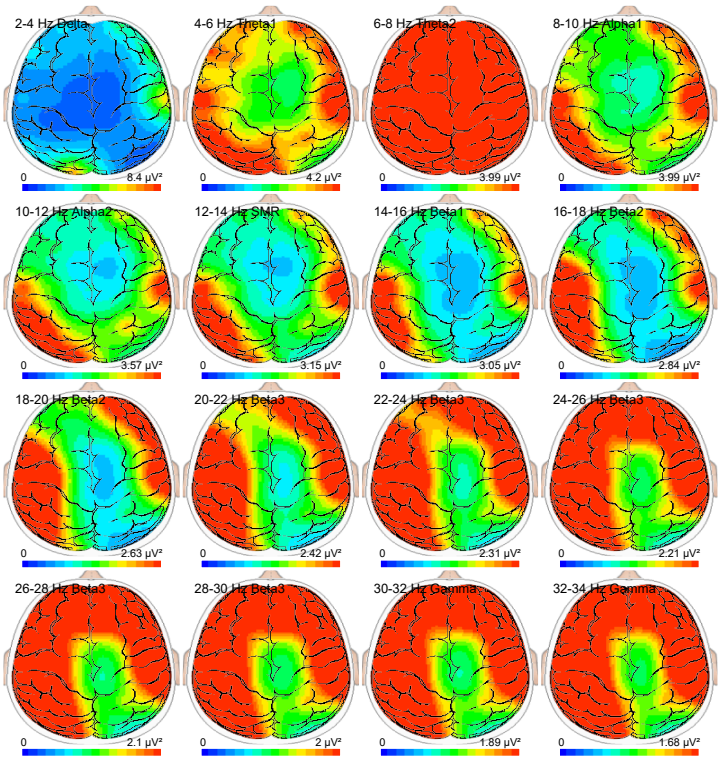
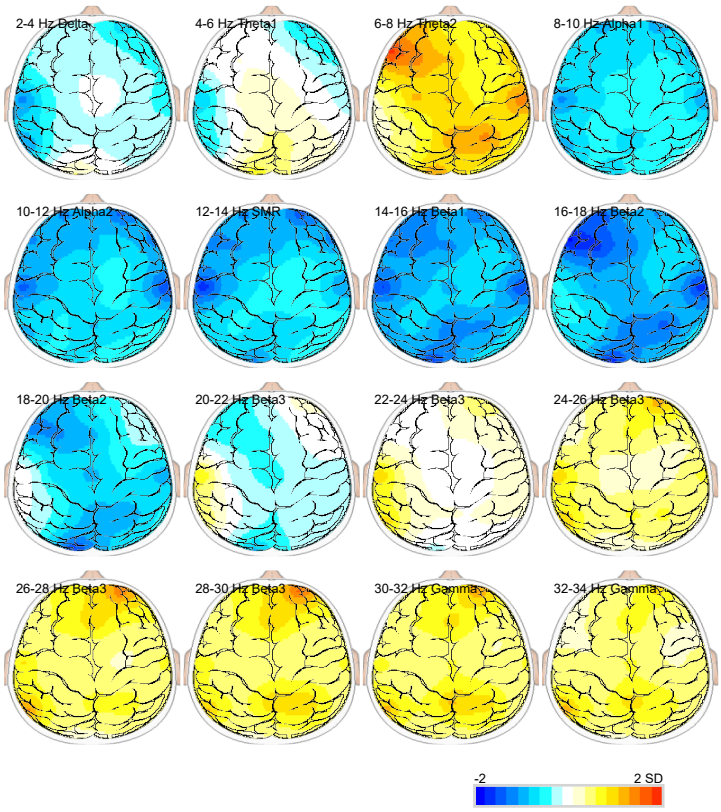
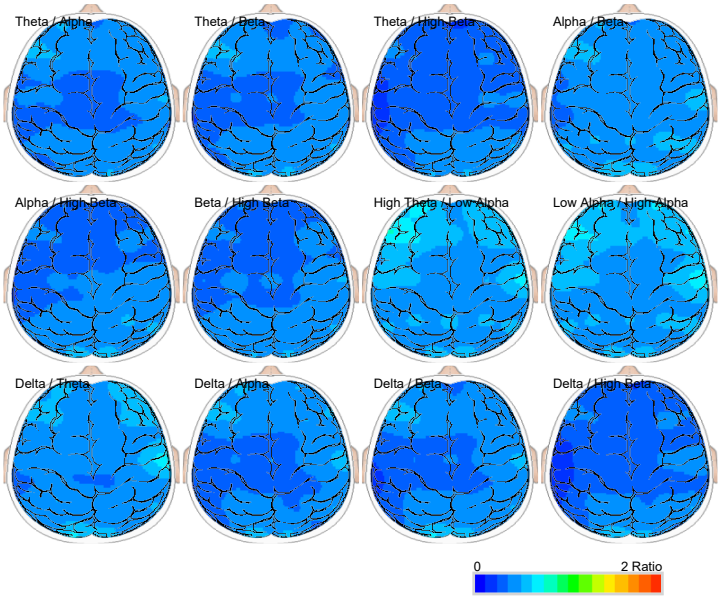
Absolute Power



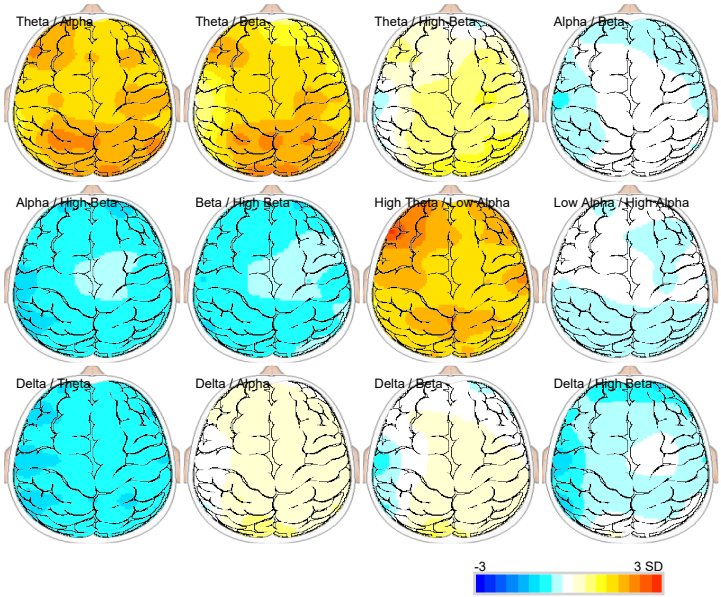
Z Scored - Relative Power



Power Ratio



Z Scored - Power Ratio



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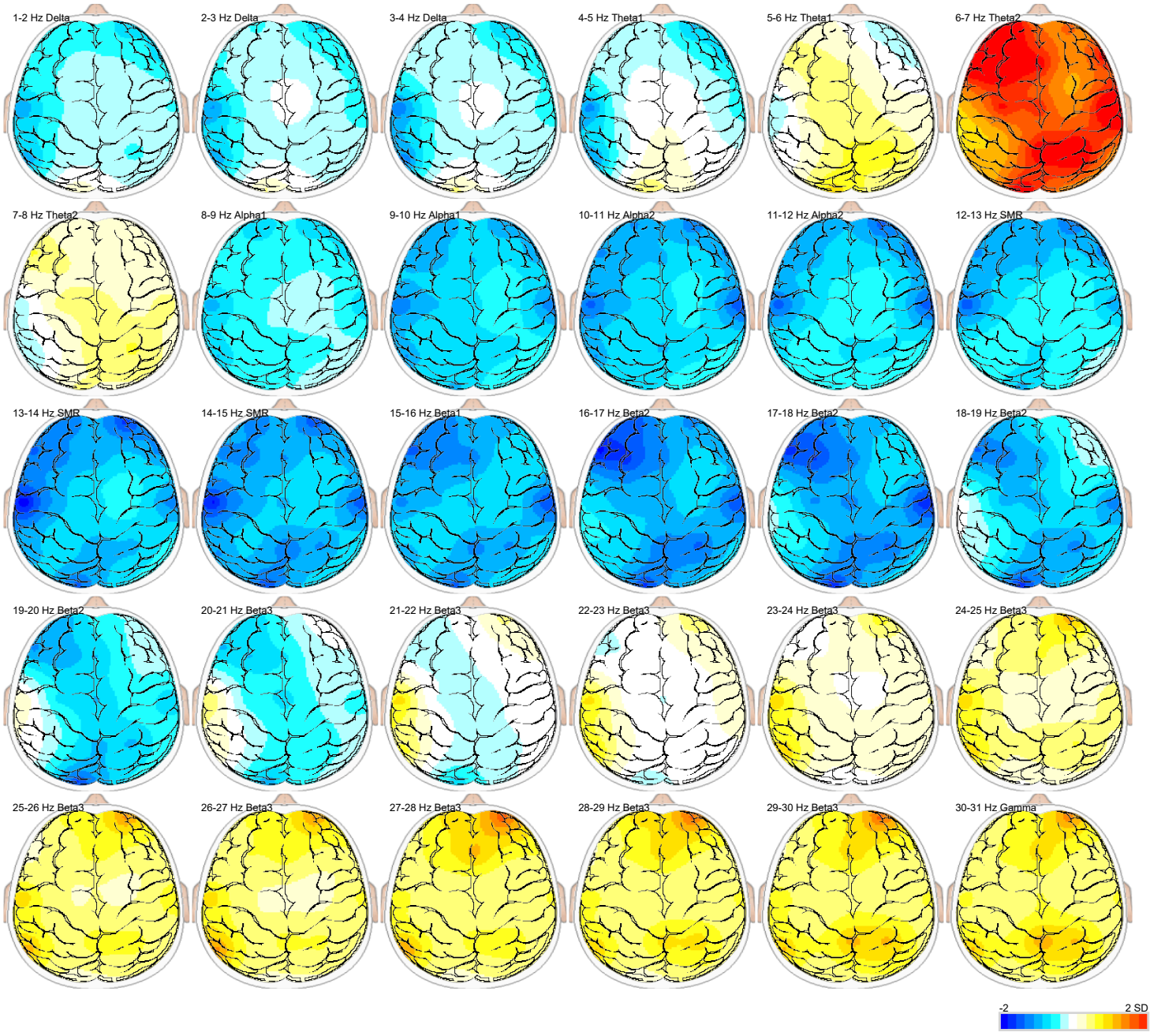

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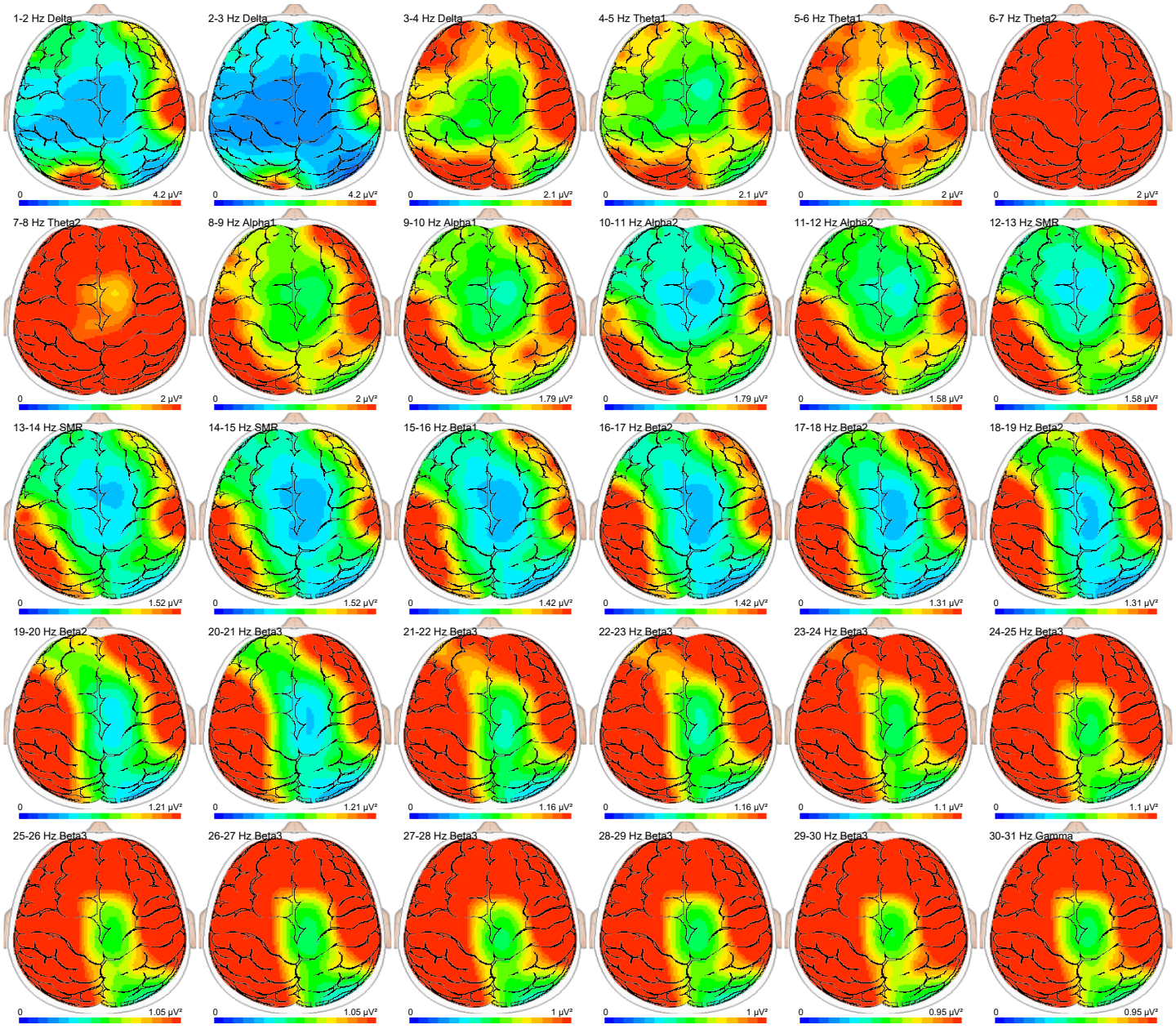

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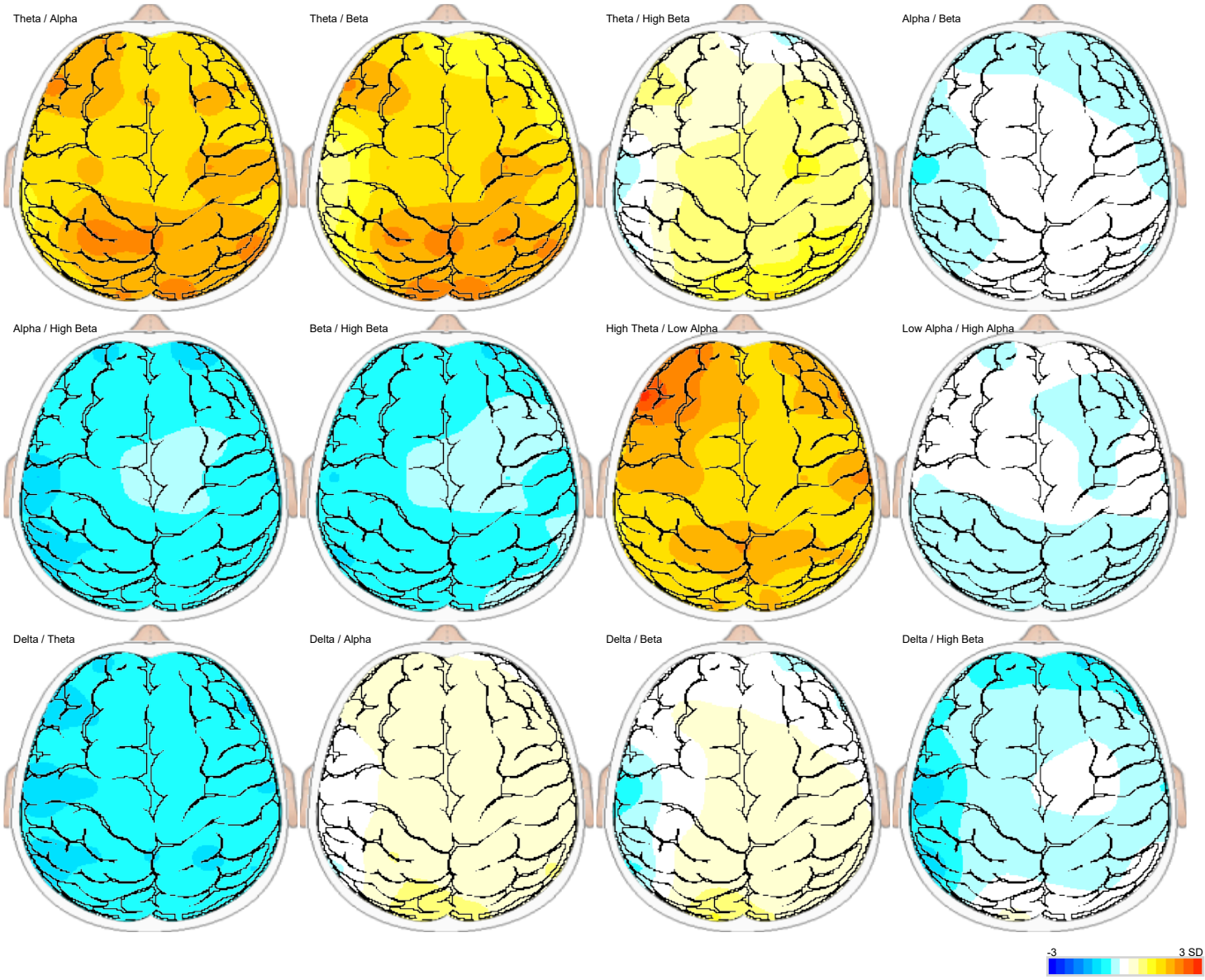

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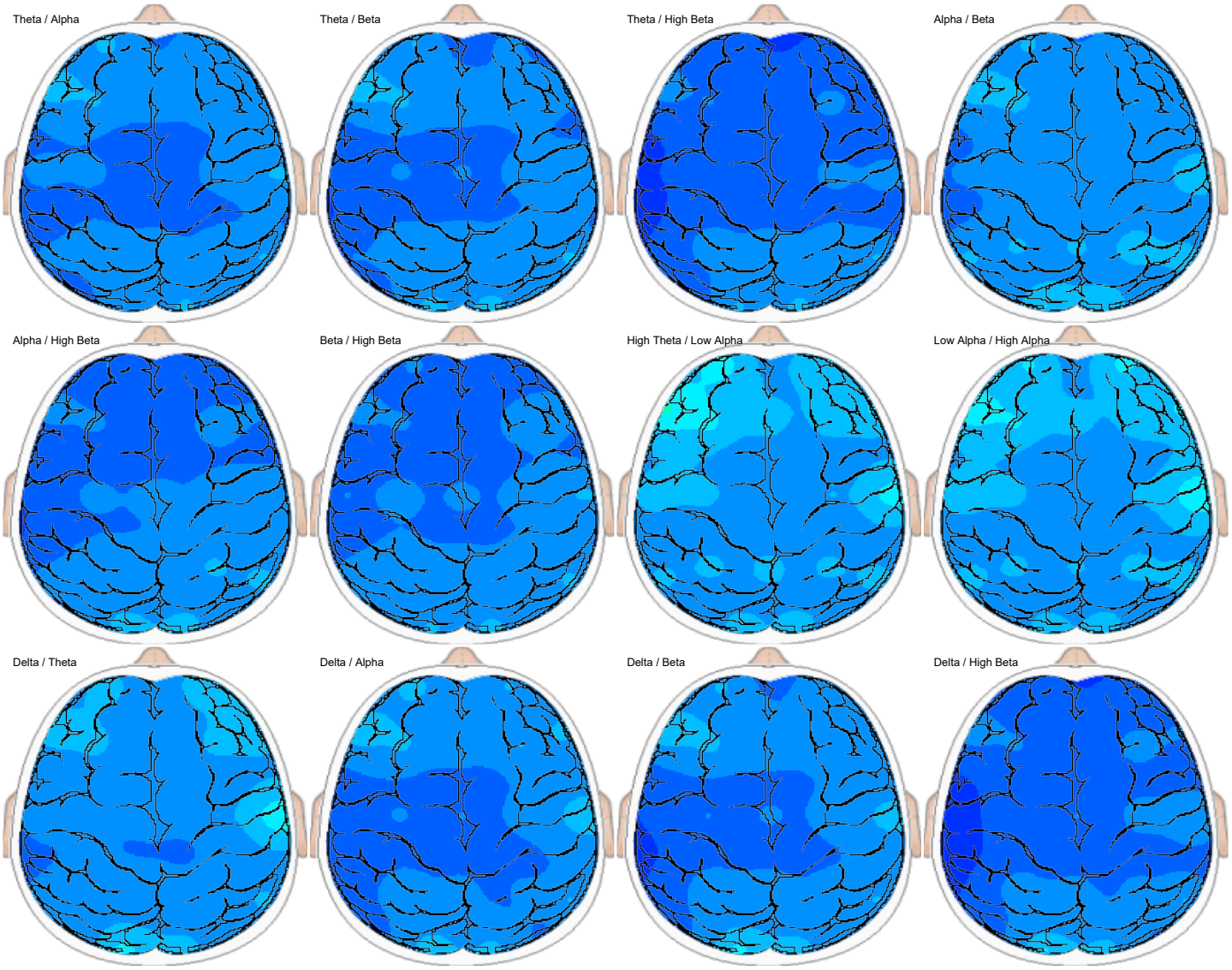

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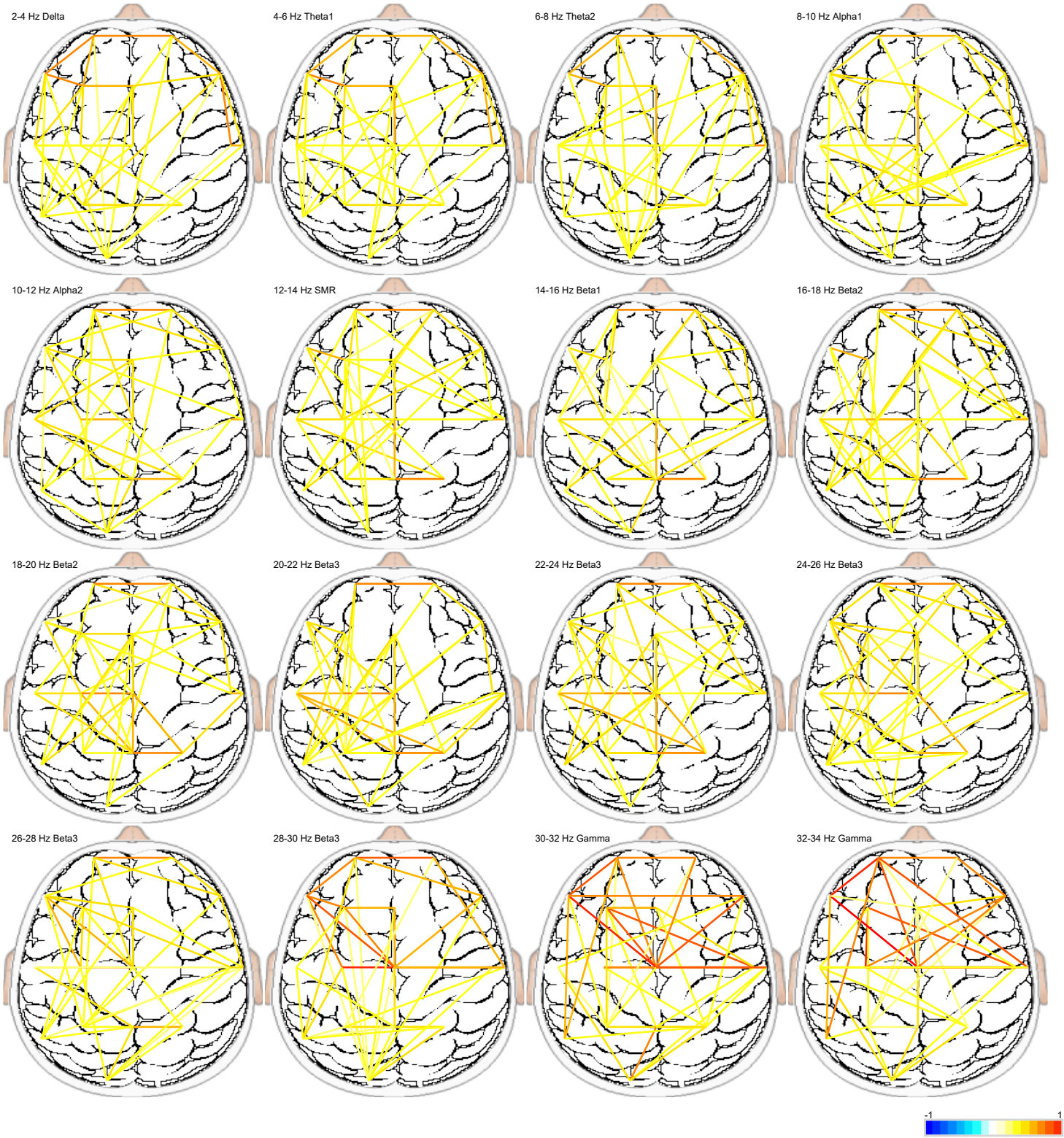

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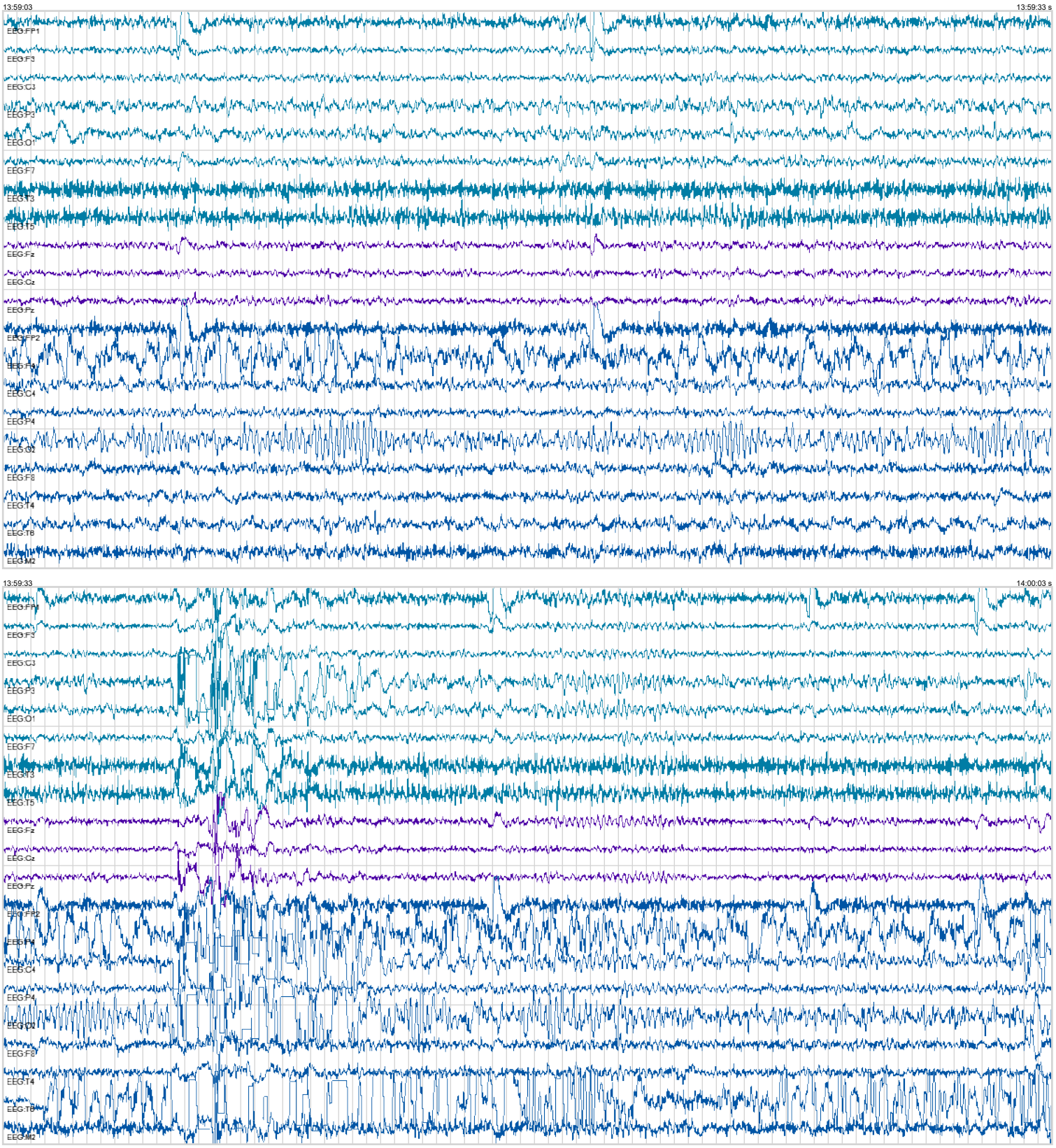

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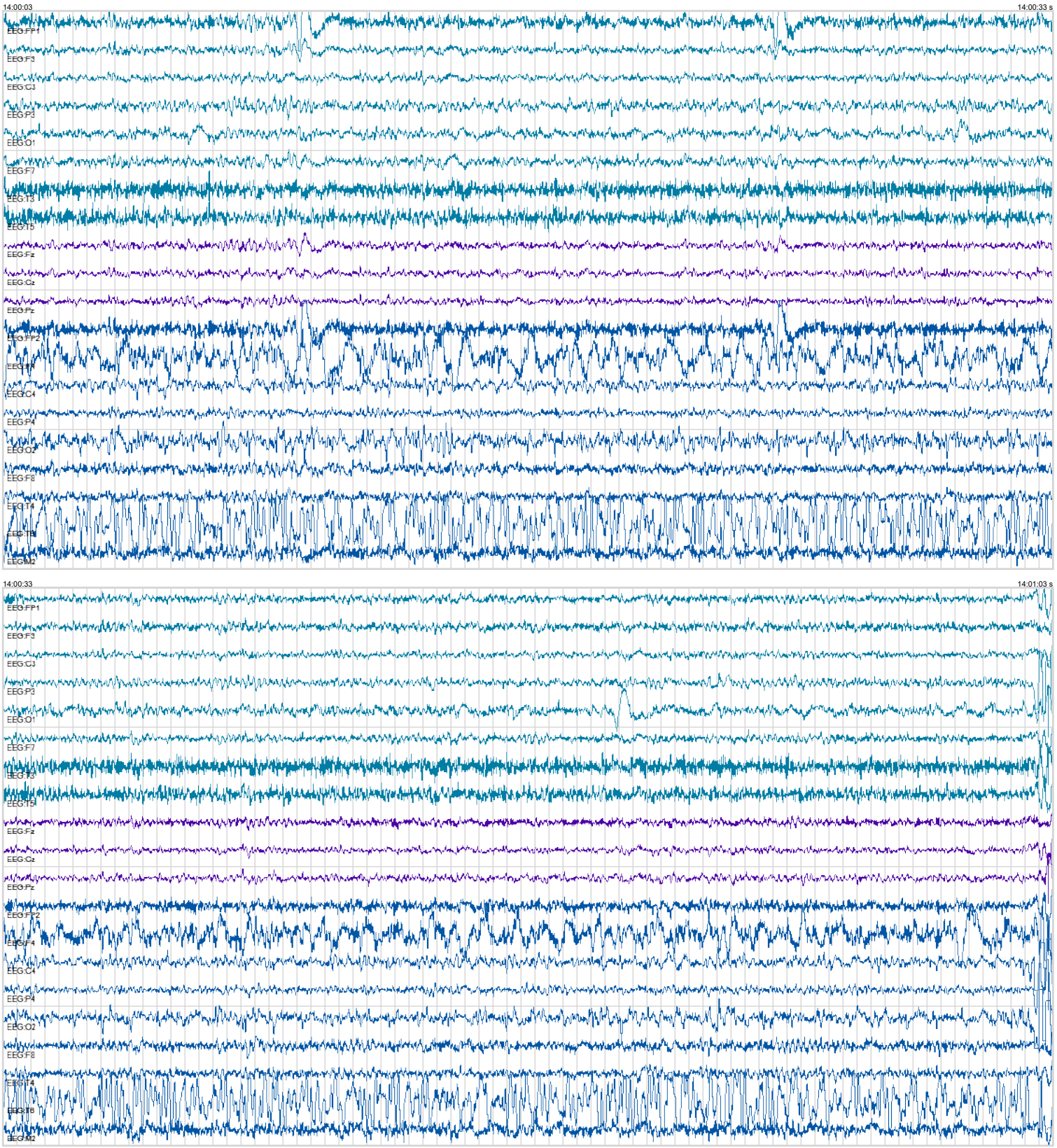


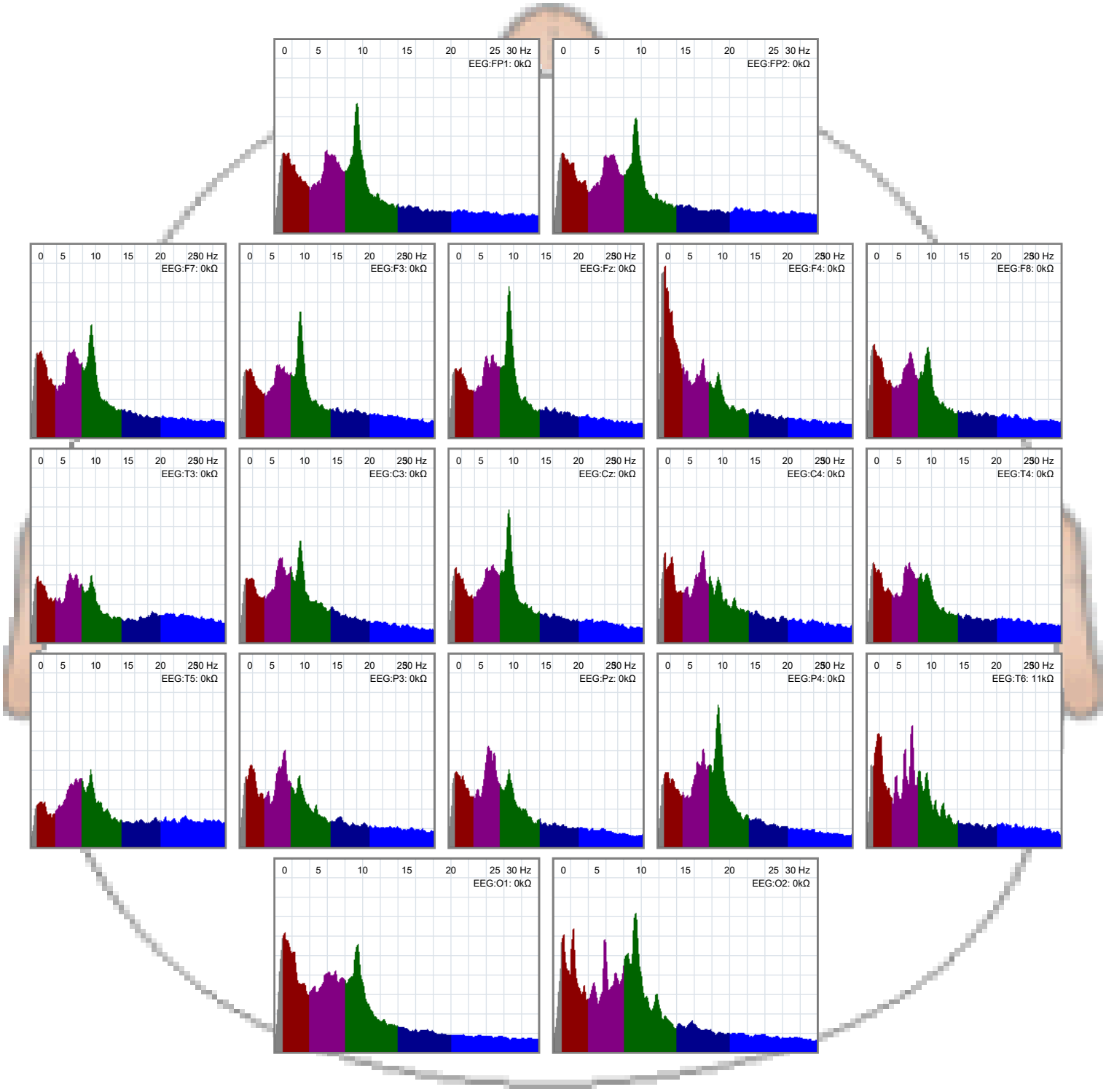
Physician`s Notes:

SAMPLE PATIENT
Gender: Female
Age: 86 (DOB: Mar 7 1937)

Weight: 109 lbs
Patient Code: 855554

Height: 5 ft 2 in
BMI: 19.9

Physician Only Report
Exam Date: Mar 29 2023 13:57
Organization: Dr. Finnie



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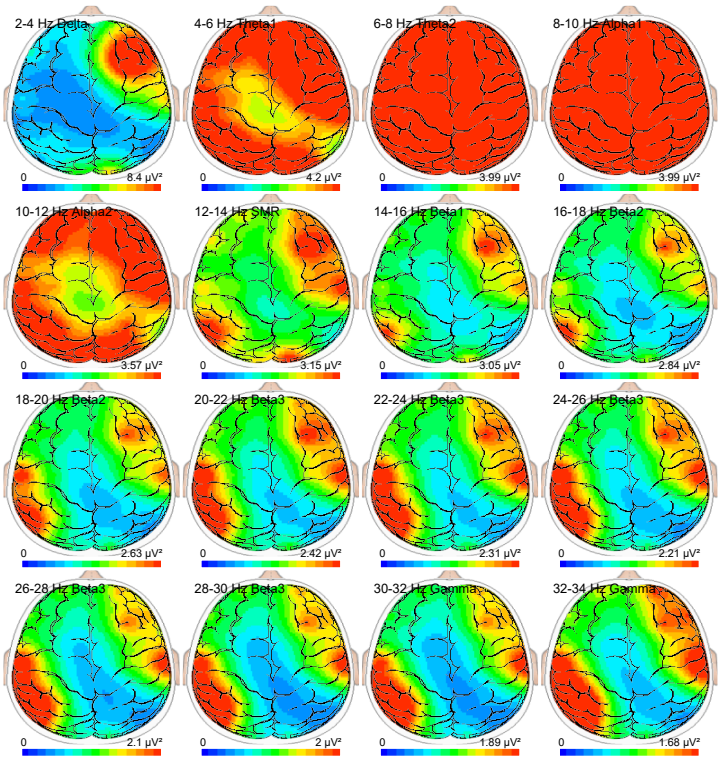
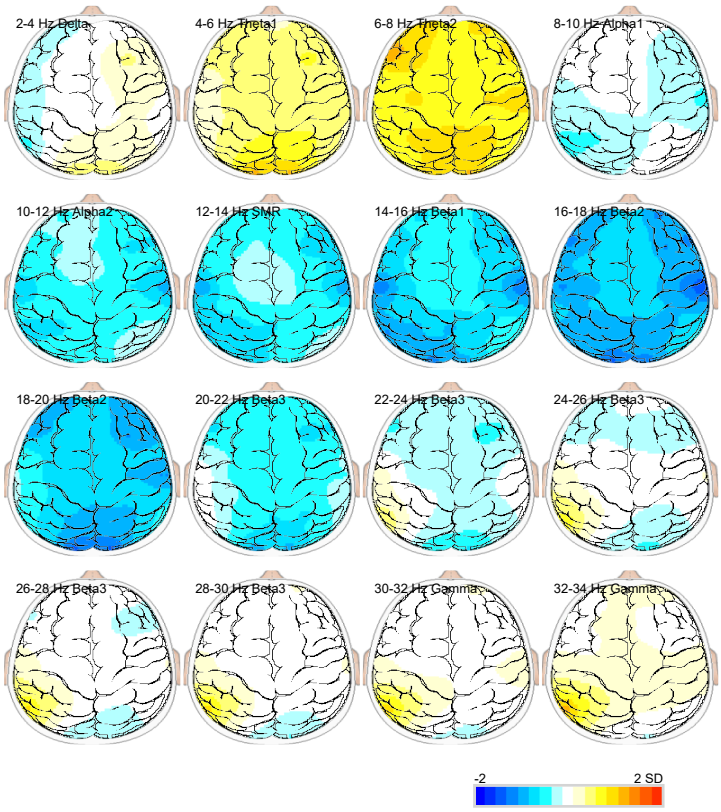
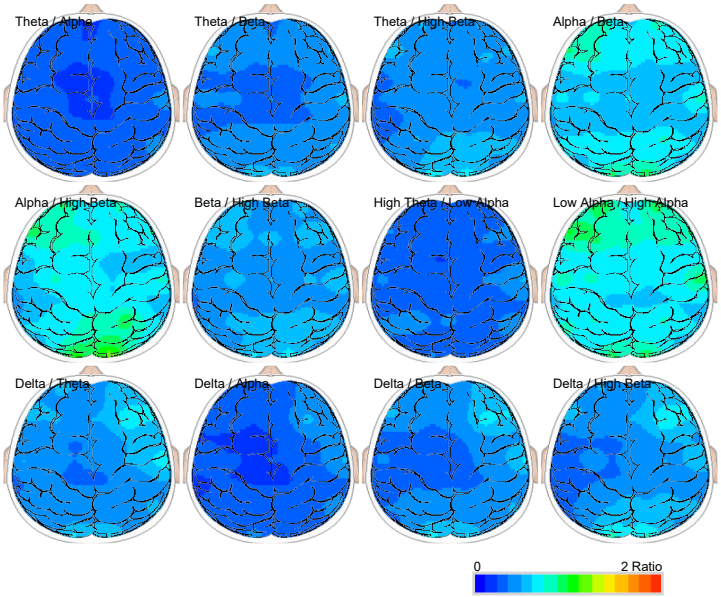
Absolute Power



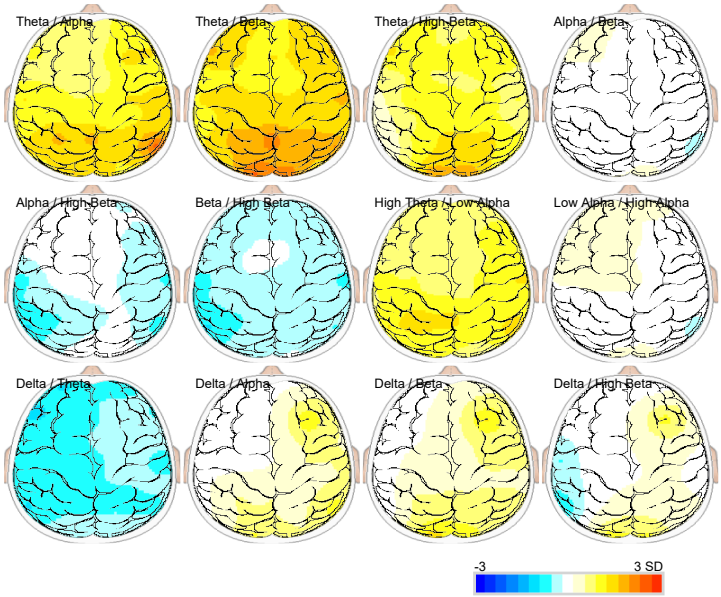
Z Scored - Relative Power



Power Ratio



Z Scored - Power Ratio



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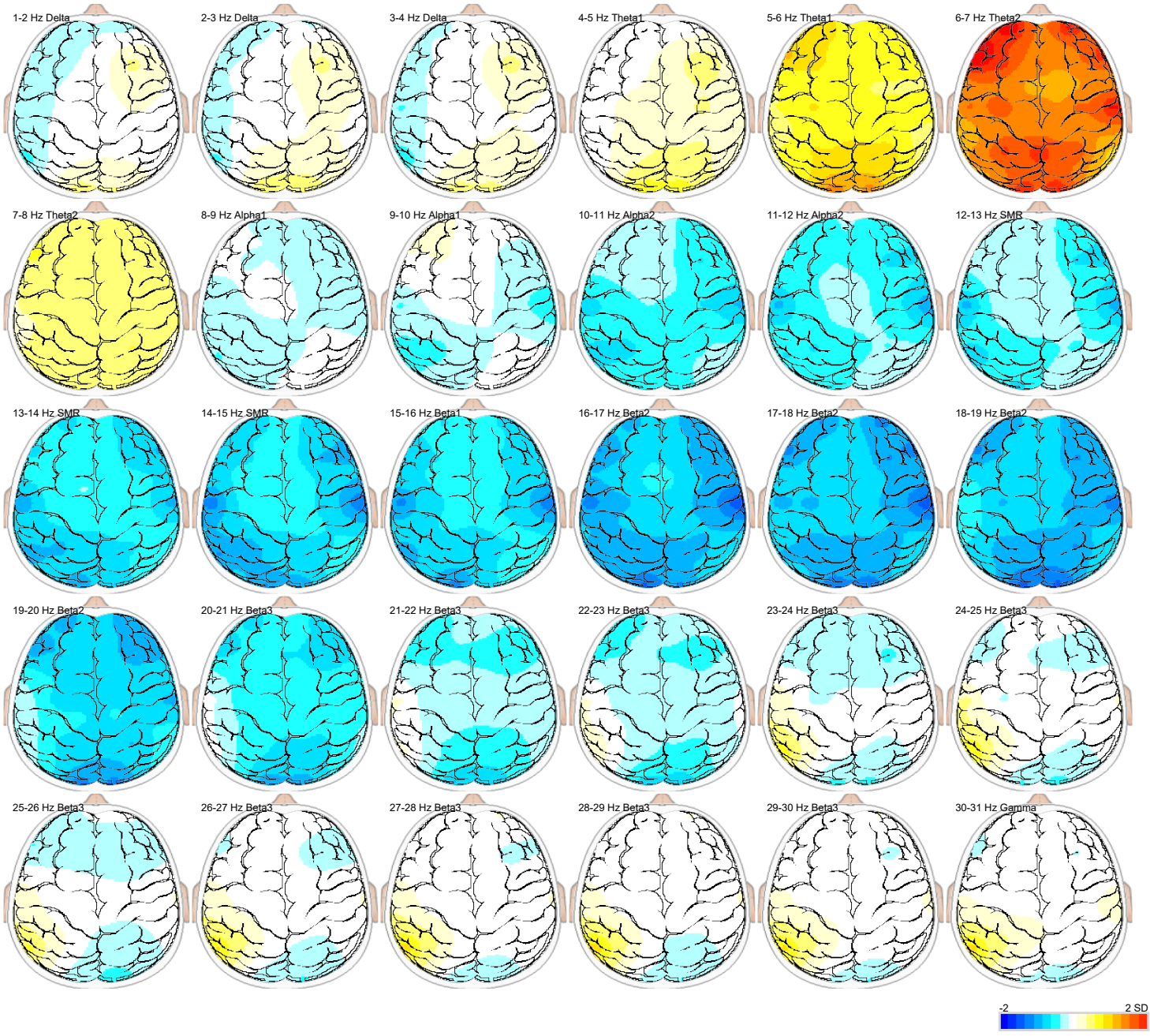

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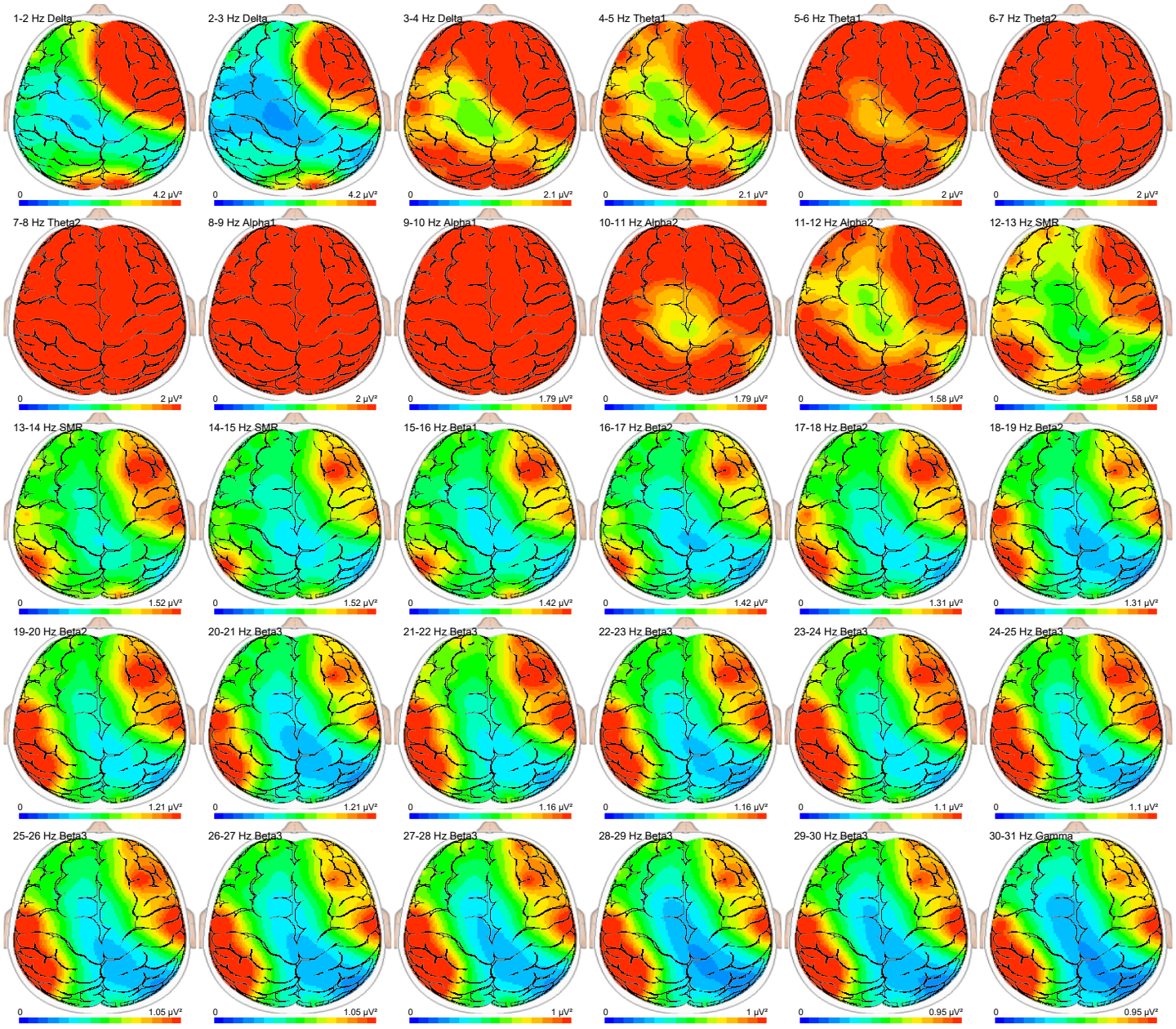

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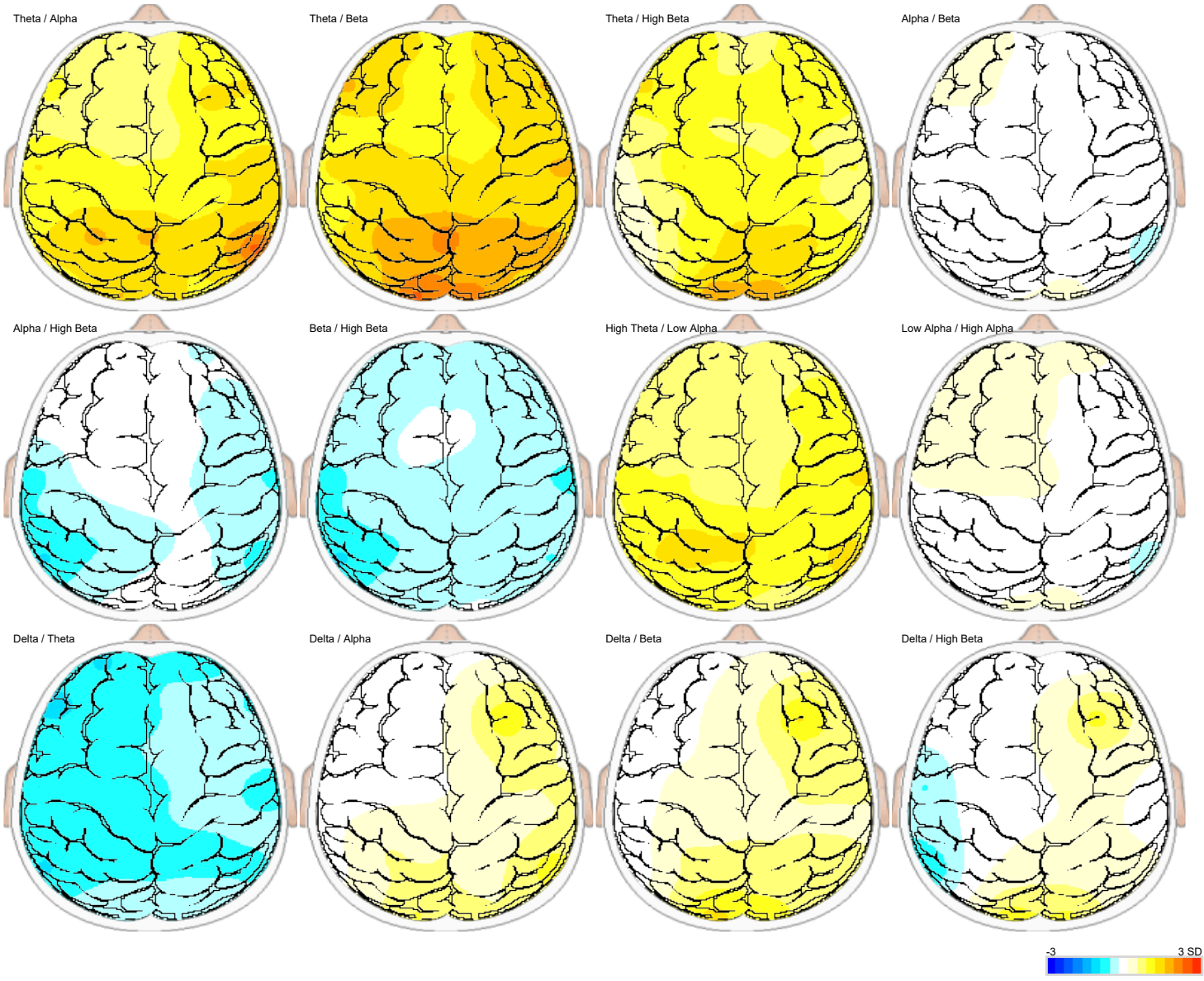

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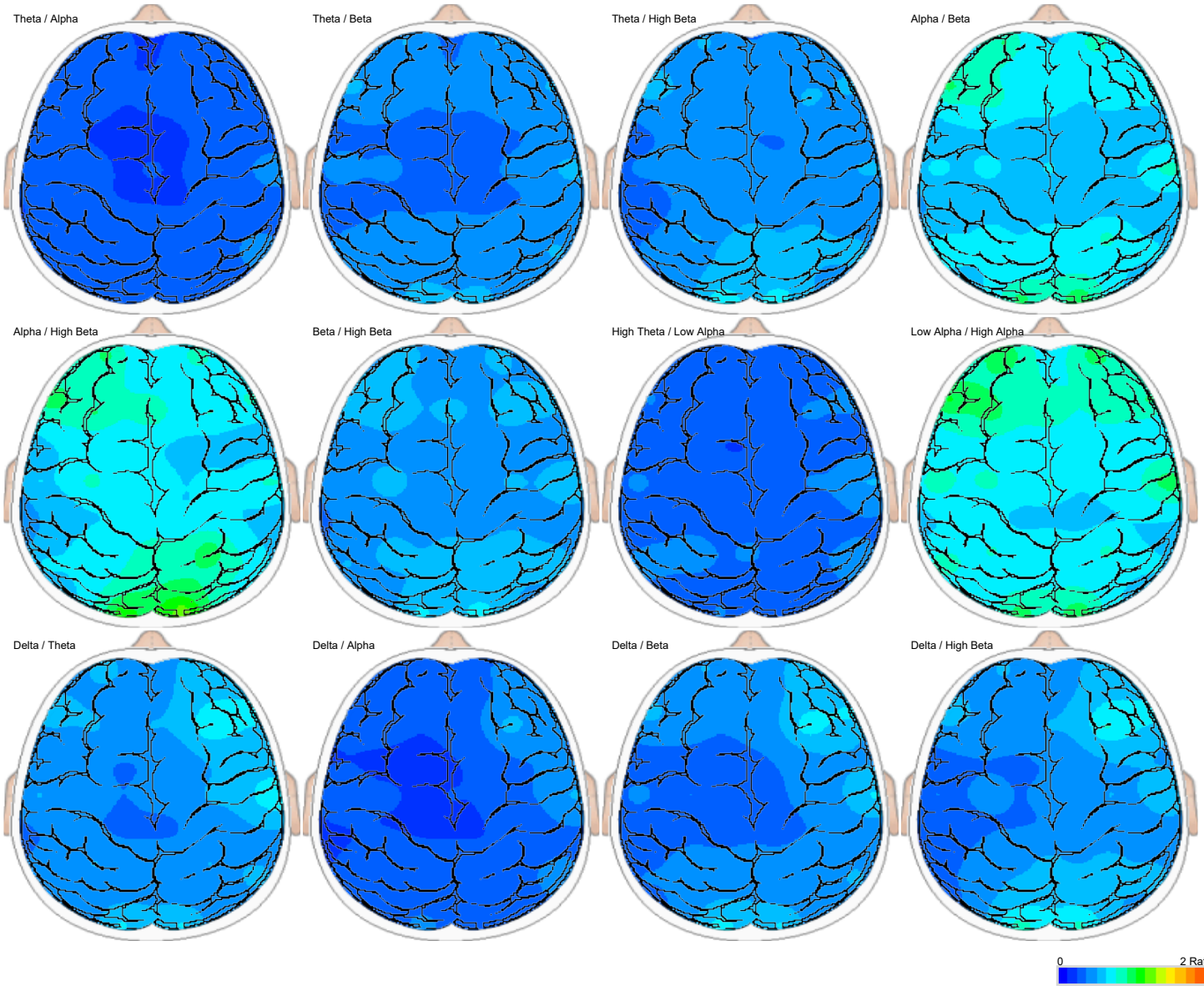

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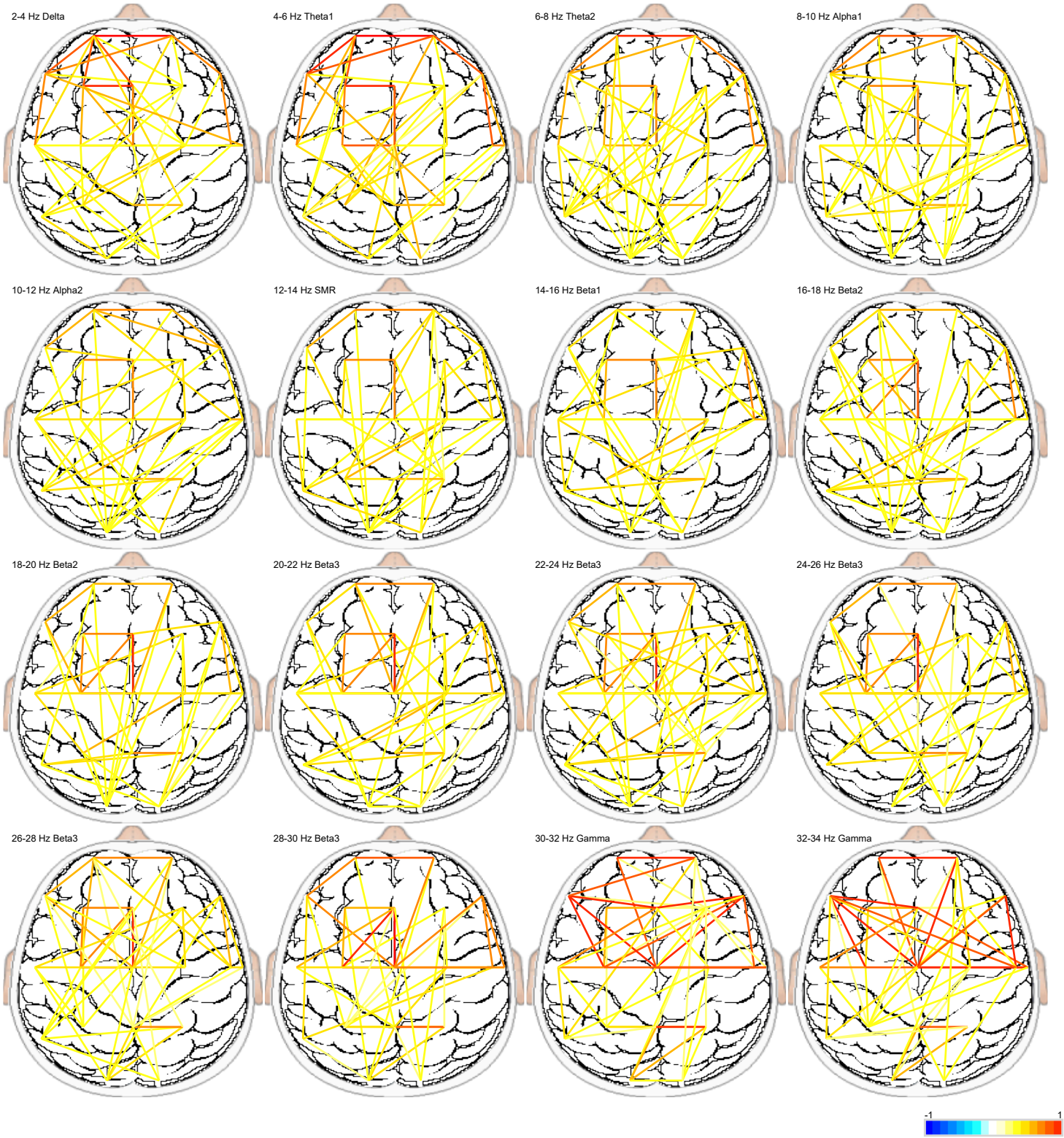

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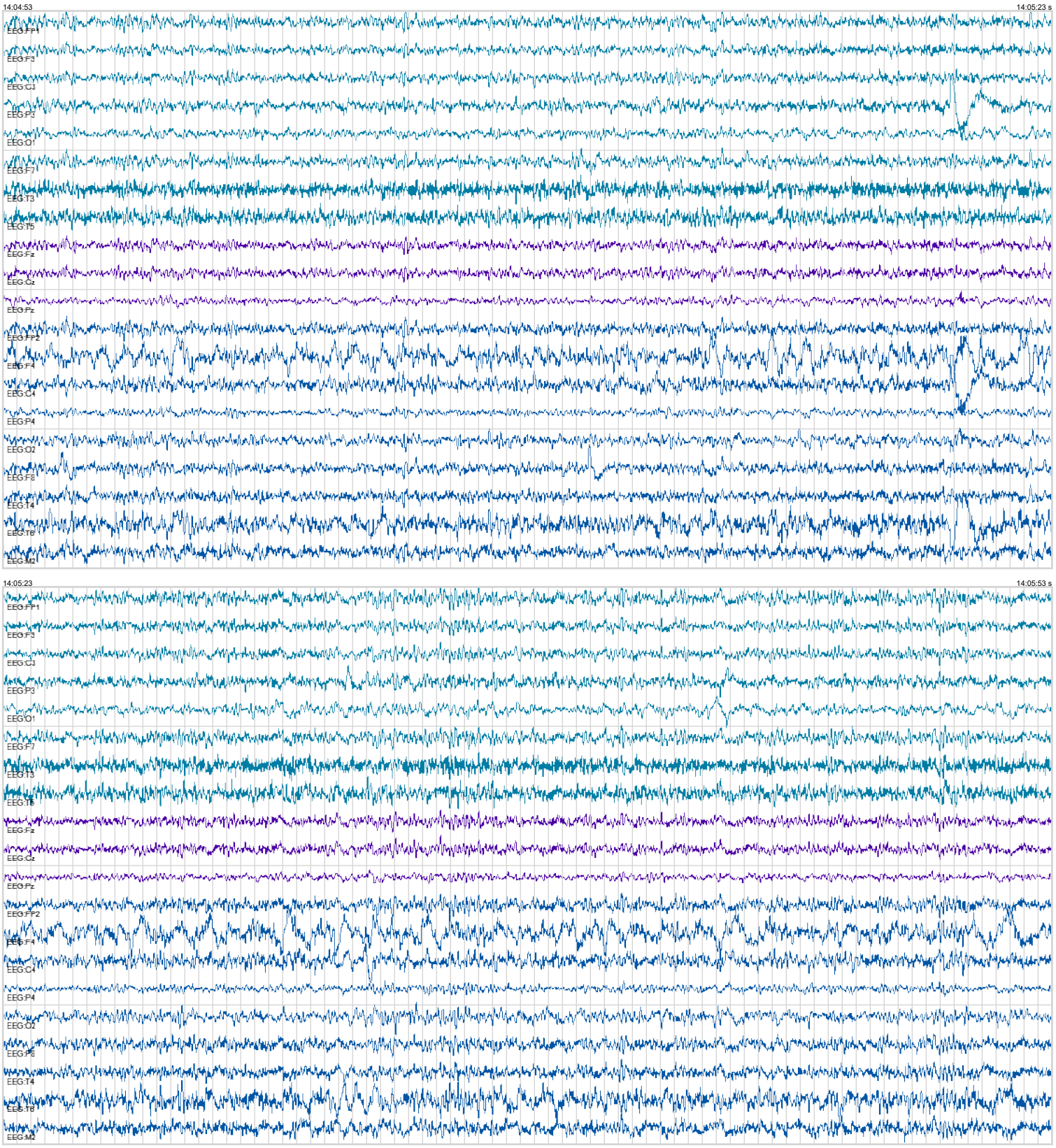

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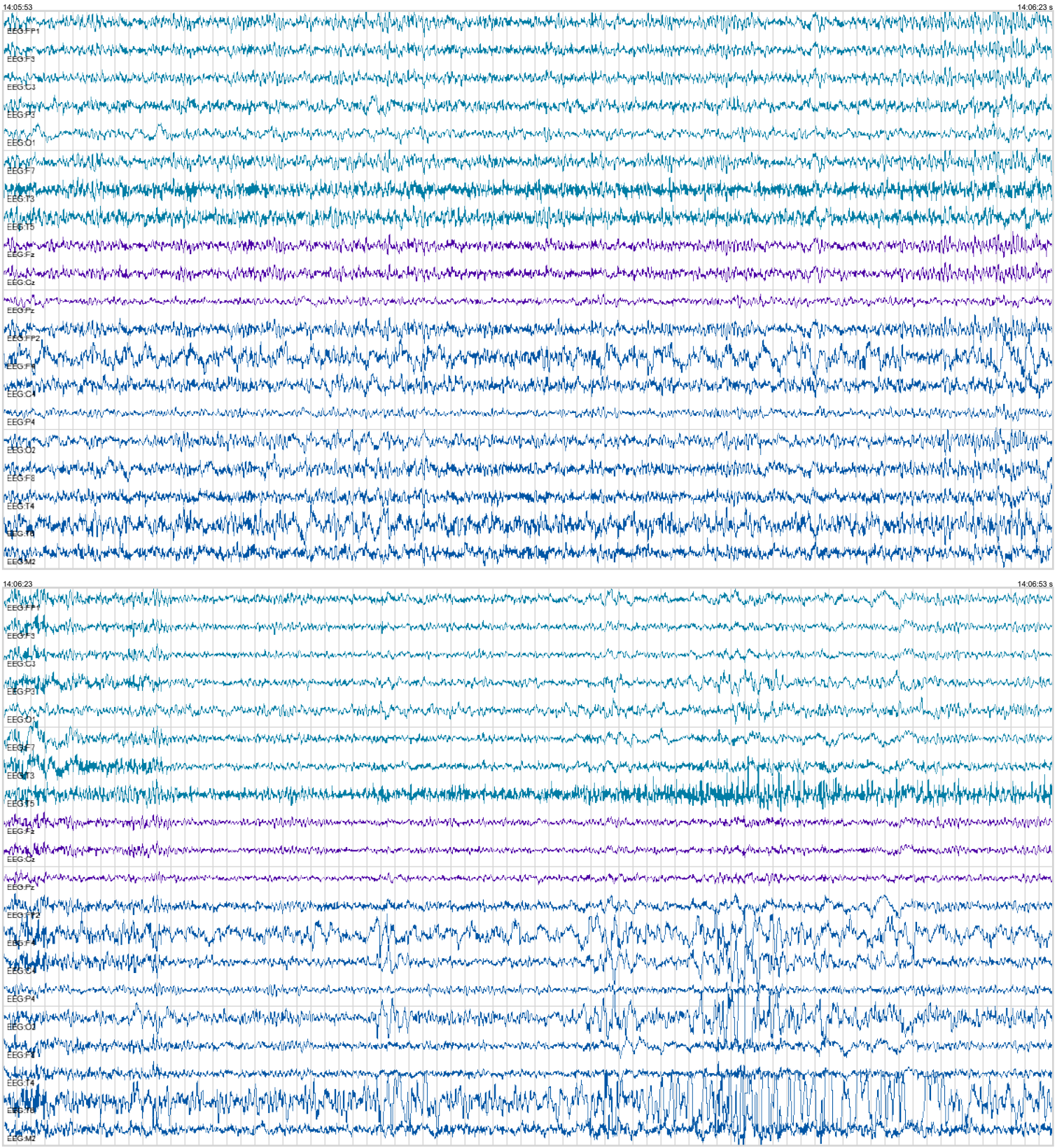

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Physician Only Report
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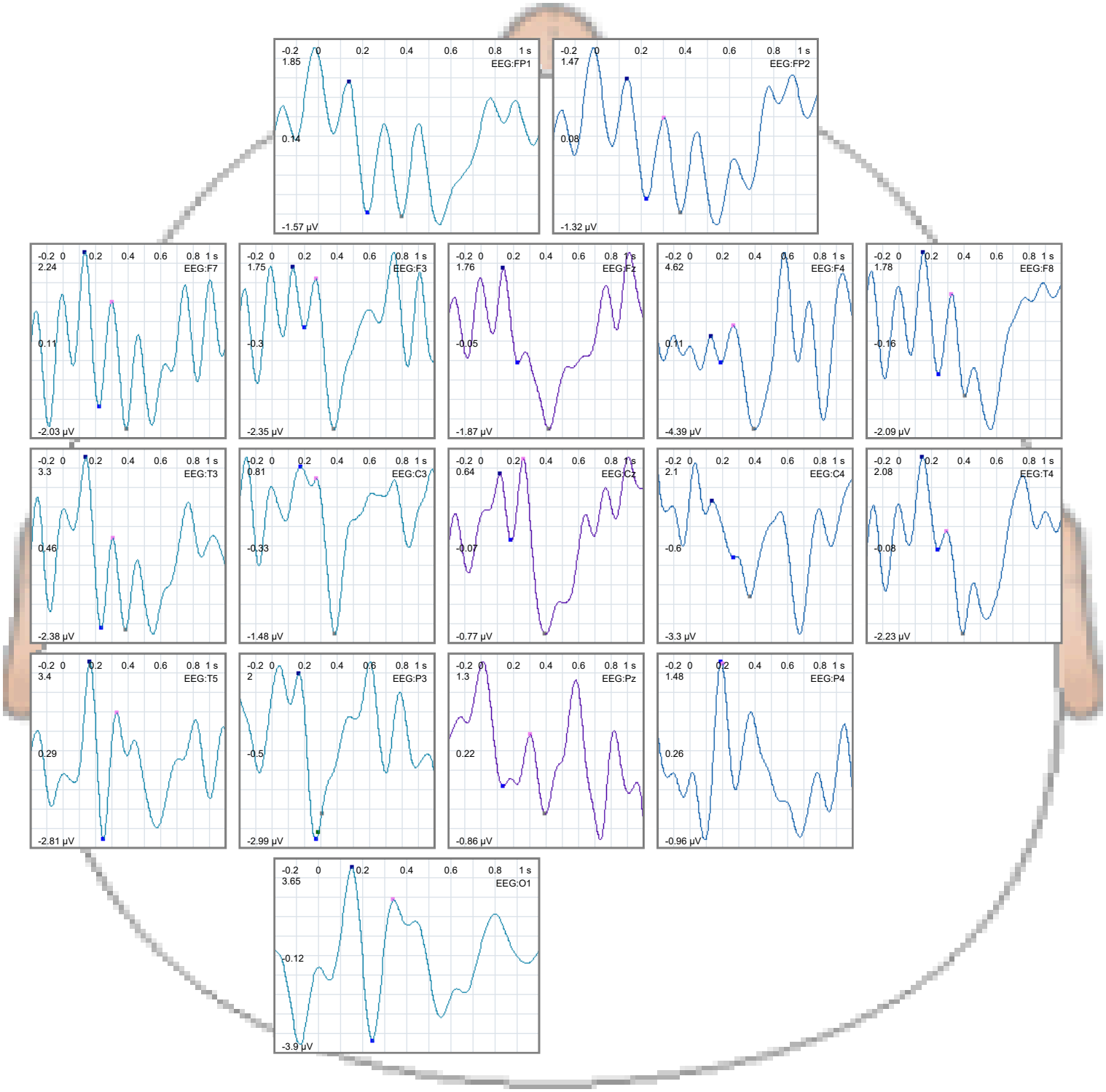

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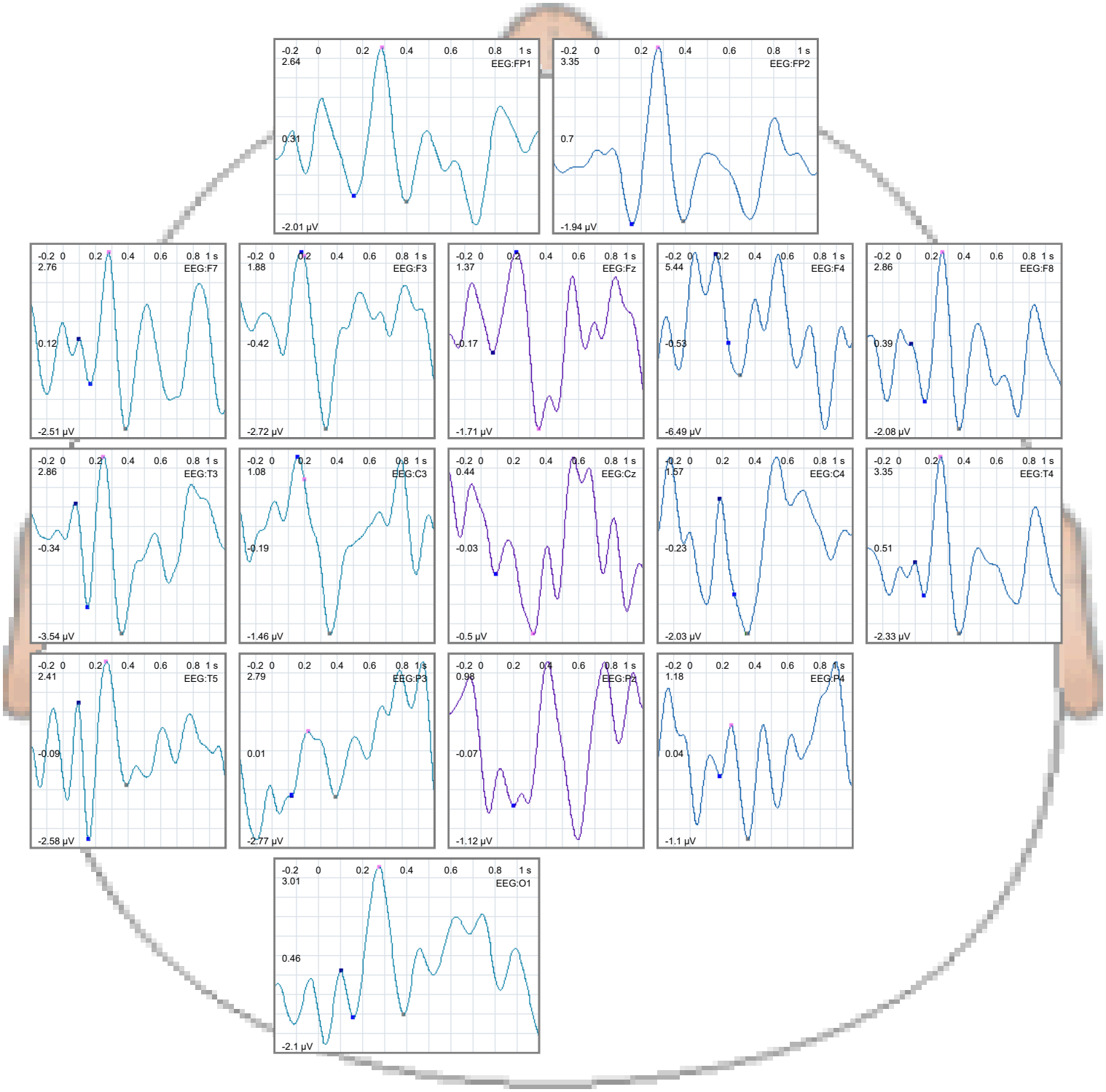

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EVENTS

	Events	Duration	Longest	Mean Duration
Generalized Spike Wave Complex	6	58 sec	7 sec	9 sec
EEG:O2: Spike Wave Complex	5	30 sec	7 sec	6 sec
Generalized Spike & Sharp Wave	3	40 sec	4 sec	13 sec
Generalized Irregular	26	28 min 27 sec	29 sec	1 min 5 sec
EEG:C3: Irregular	2	15 sec	10 sec	7 sec
EEG:F4: Irregular	43	6 min 25 sec	27 sec	8 sec
EEG:T3: Irregular	2	28 sec	21 sec	14 sec
EEG:O1: Irregular	8	55 sec	10 sec	6 sec
EEG:O2: Irregular	35	6 min 54 sec	24 sec	11 sec
EEG:P4: Irregular	8	1 min 3 sec	17 sec	7 sec
EEG:FP2: Irregular	11	2 min 8 sec	29 sec	11 sec
EEG:F8: Irregular	3	33 sec	22 sec	11 sec
EEG:F7: Irregular	4	29 sec	9 sec	7 sec
EEG:FP1: Irregular	9	1 min 13 sec	19 sec	8 sec
EEG:F3: Irregular	2	18 sec	11 sec	9 sec
EEG:P3: Irregular	14	2 min 8 sec	19 sec	9 sec
EEG:Pz: Irregular	4	34 sec	11 sec	8 sec
EEG:T5: Irregular	3	23 sec	10 sec	7 sec
EEG:T4: Irregular	1	21 sec	21 sec	21 sec
EEG:C4: Irregular	25	3 min 52 sec	27 sec	9 sec

Spike detection software was utilized; however, this study was not performed for the diagnosis of epilepsy; spike detection software often identifies EEG related artifacts.

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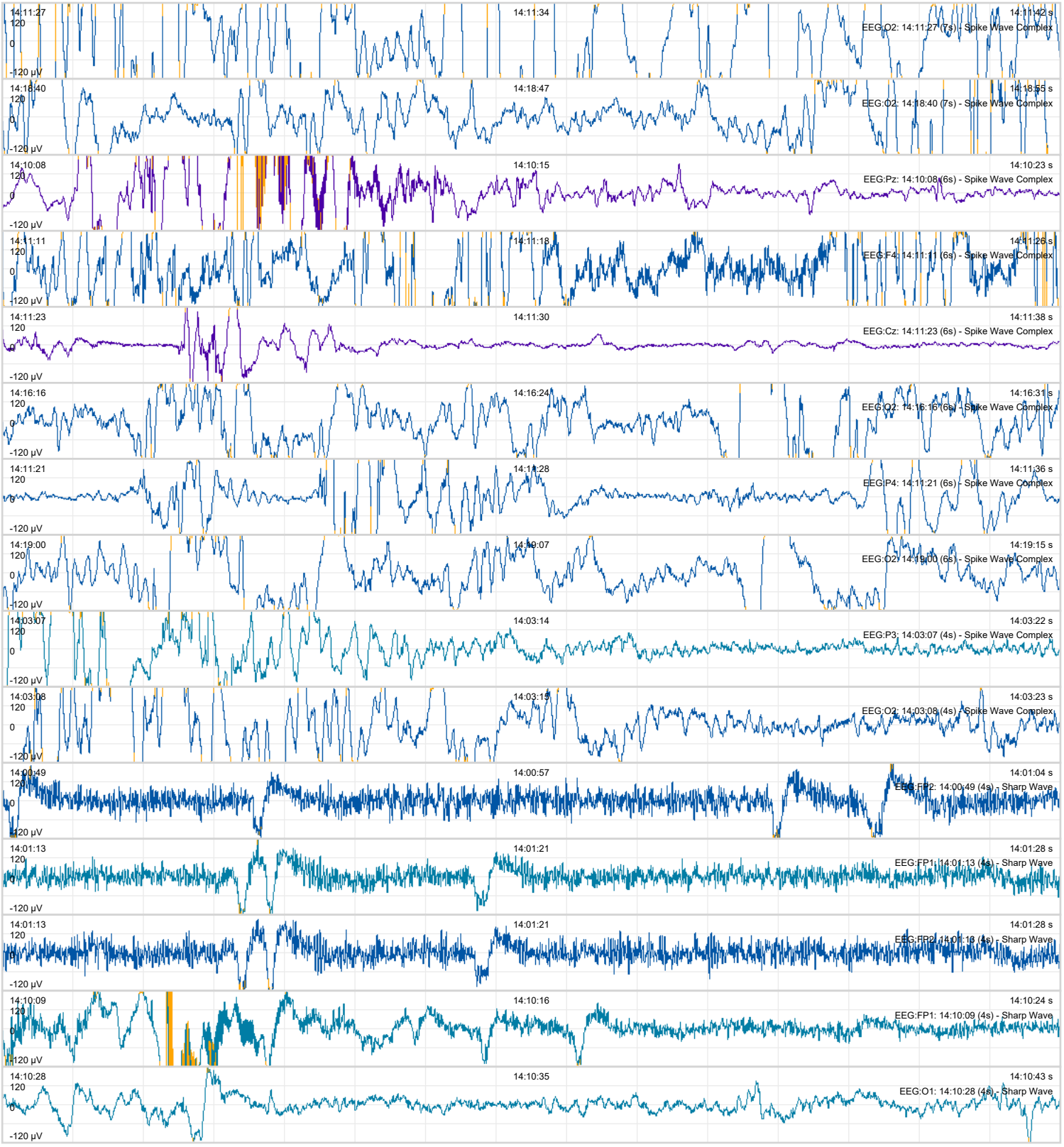

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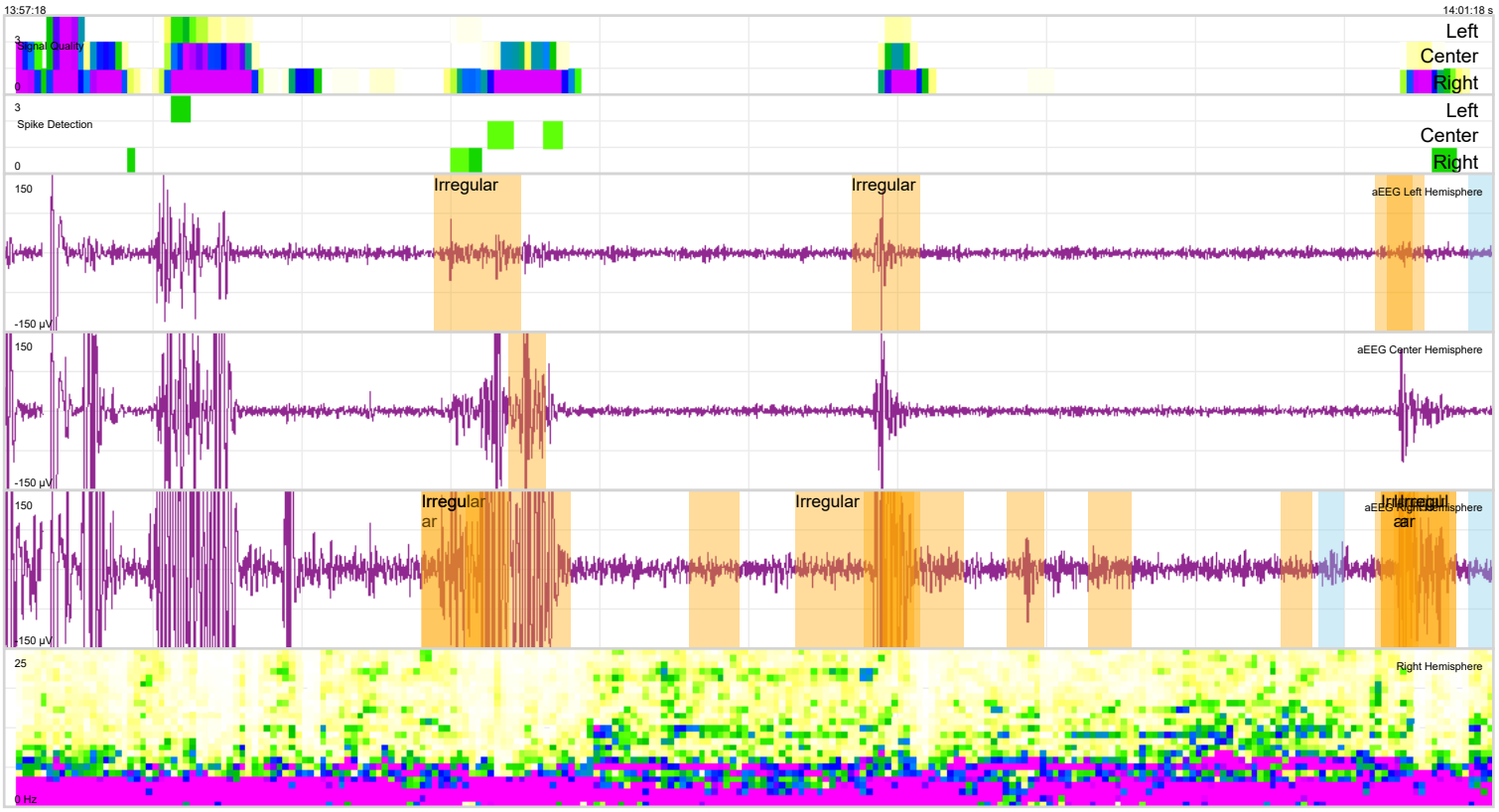
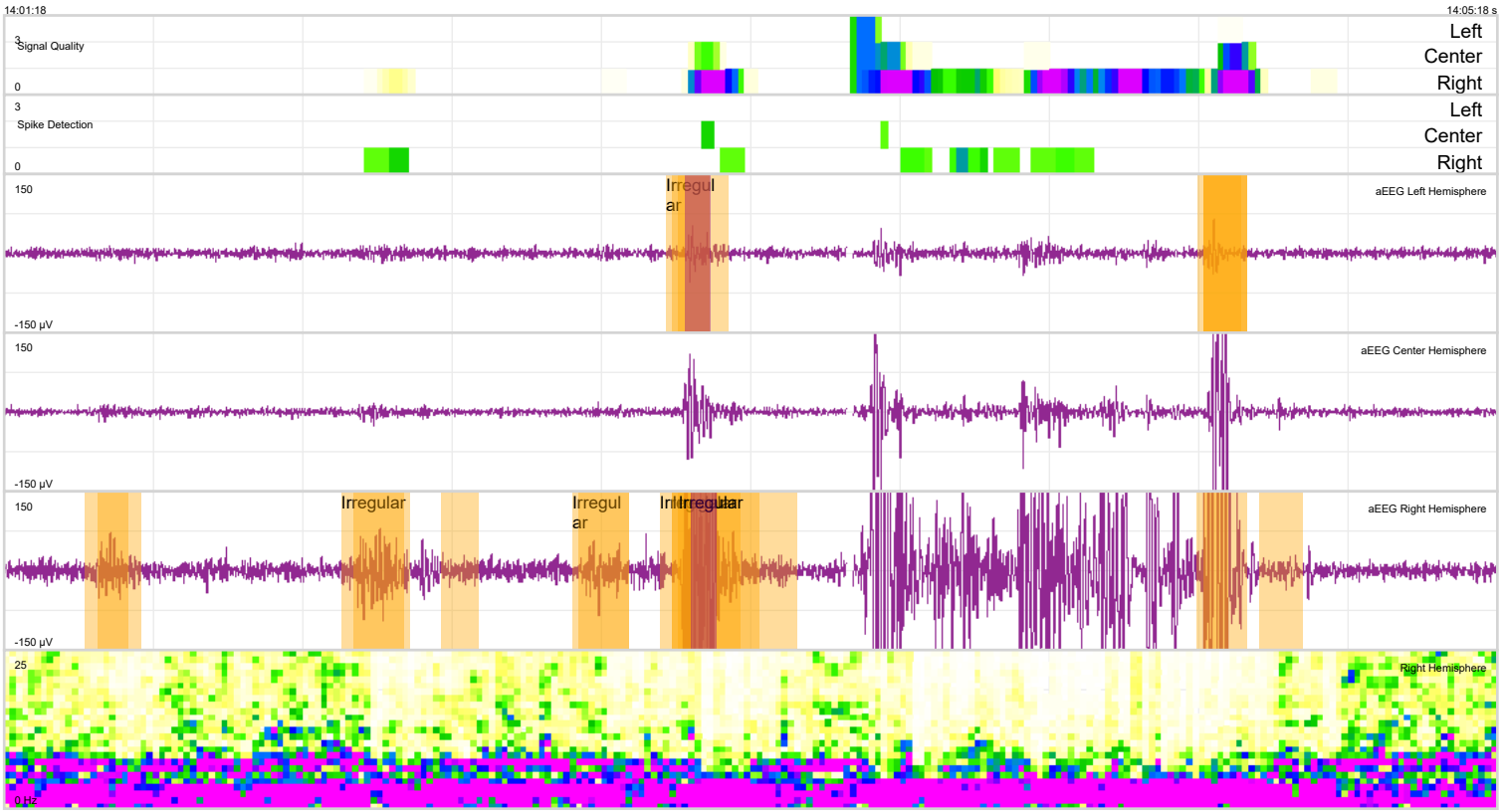
4 min / page;





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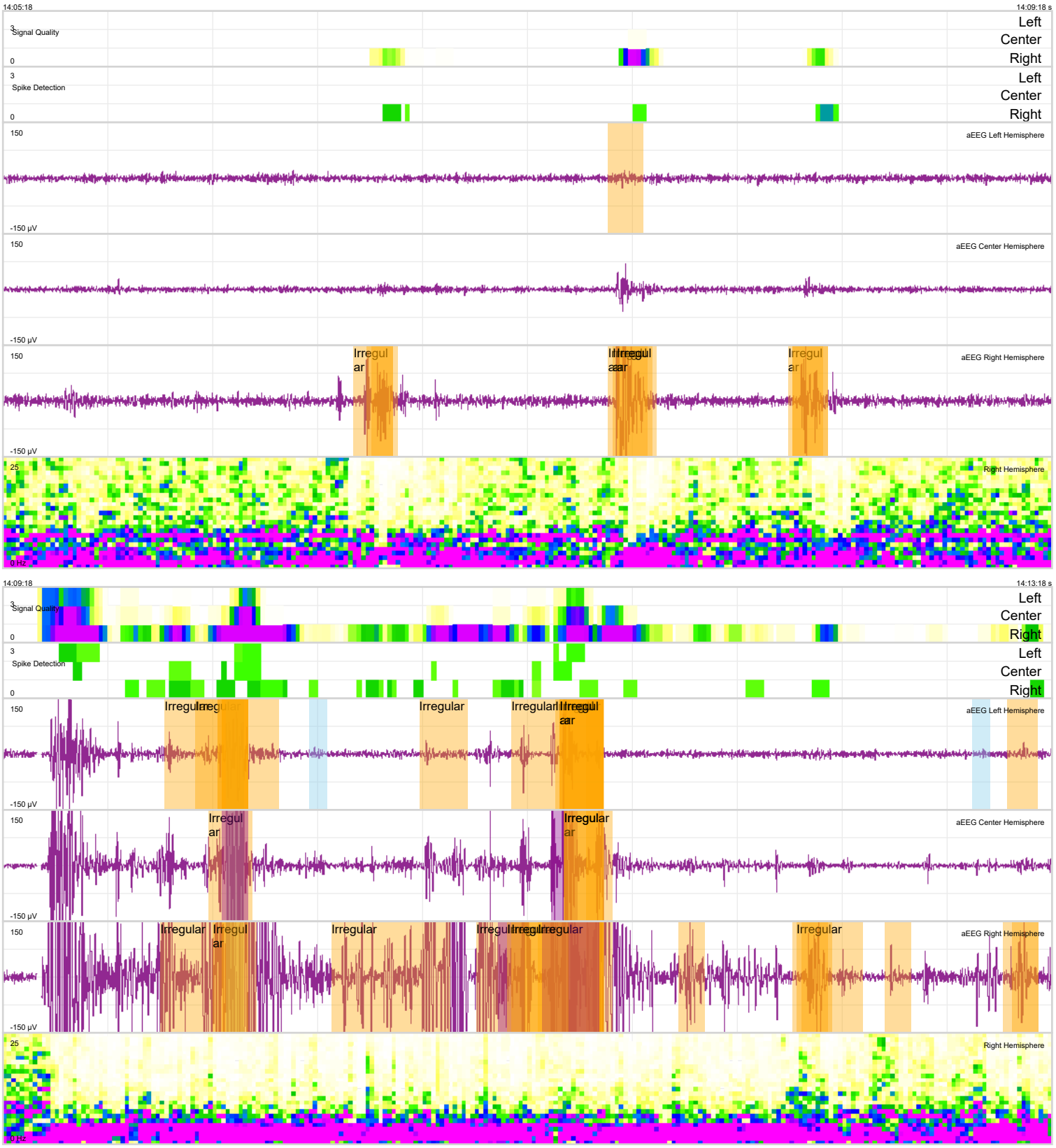

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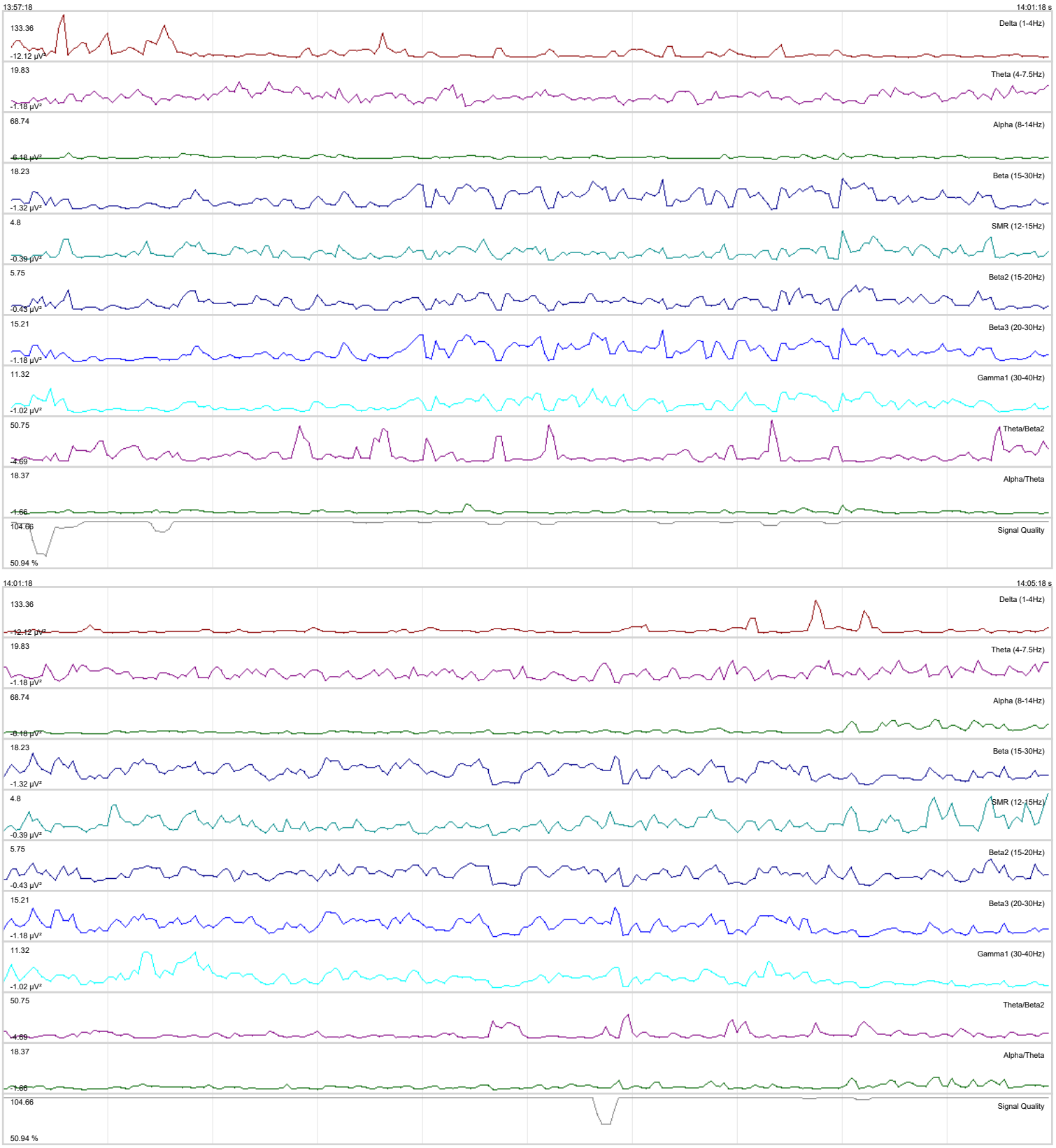

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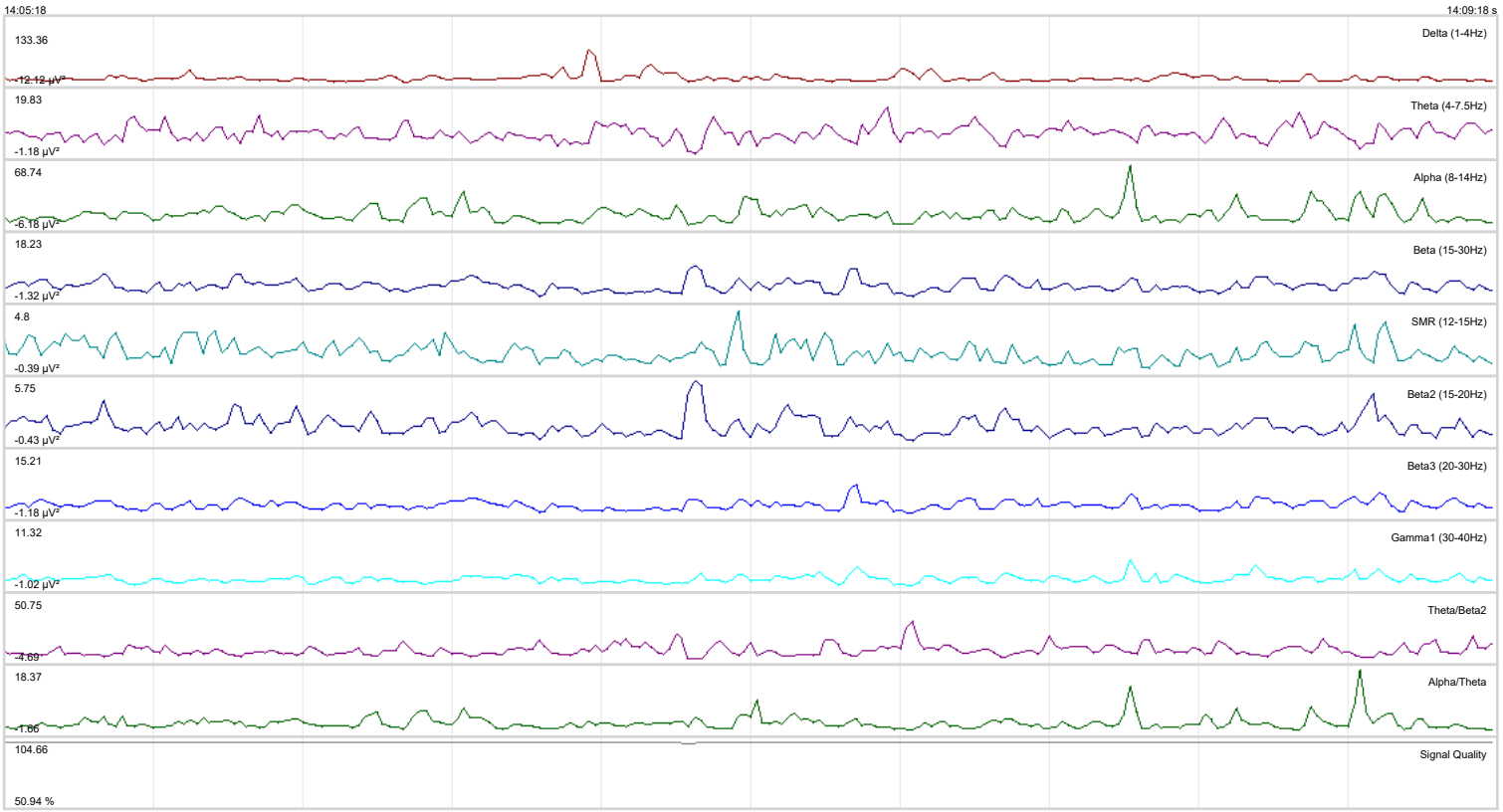

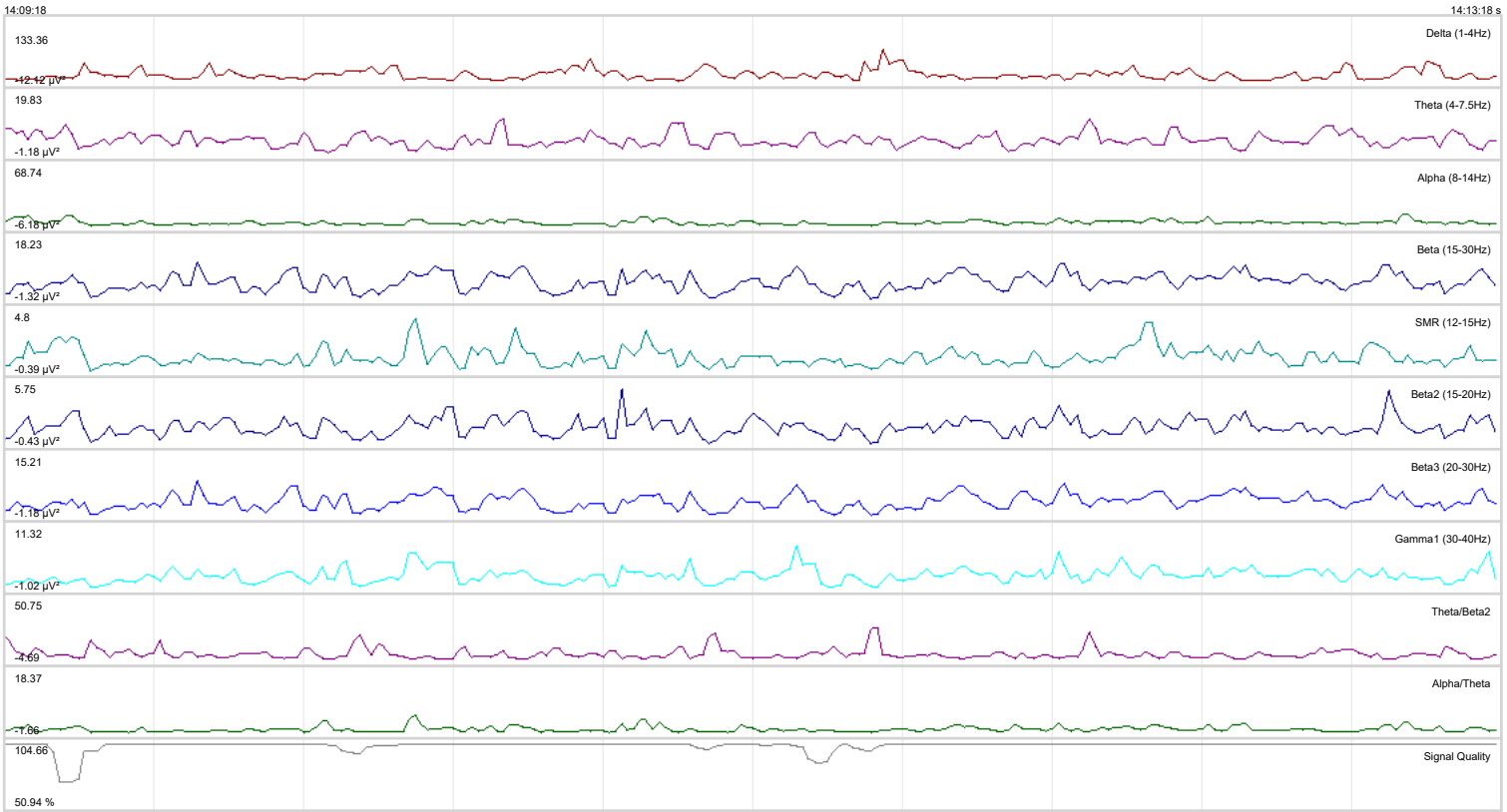

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Gender: Female
Age: 86 (DOB: Mar 7 1937)

Weight: 109 lbs
Patient Code: 855554

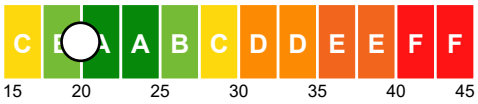
Height: 5 ft 2 in
BMI: 19.9

Physician Only Report
Exam Date: Mar 29 2023 13:57
Organization: Dr. Finnie

Ideal Body Weight = 110 Lbs
Real Body Weight = 109 Lbs
Basal Metabolic Rate (BMR) = 1023 cal
Total Daily Energy Expenditure = 1329 cal

Normal | Borderline Normal | Mild - Moderate | Borderline Abnormal | Abnormal - Severe

Body Mass Index (BMI) = 19.9
(Normal value range: 19 - 25)



Body mass index, or BMI, is a new term to many people.
However, it is the measurement of choice for many physicians and researchers and it is used to estimate a healthy body weight based on a person's height, assuming an average body composition.

It is the most widely used diagnostic tool to identify weight problems within a population.
Body mass index is defined as the individual's body weight divided by the square of his or her height.

The body mass index can be used to identify if you are overweight.
A drawback of the calculation is that if you are muscular it can suggest you are overweight due to muscle density.

An elevated BMI is associated with Metabolic Syndrome and is tied to an elevated risk of type 2 diabetes, hypertension, and cardiovascular disease.

Risk of Associated Disease According to BMI and Waist Size

18.5 or less: Underweight - N/A
19 - 25: Normal - very low risk of associated diseases
26 - 29: Overweight - prone to health risks
30 - 40: Overweight to Obese - high risk of associated diseases
40 or greater: Extremely Obese - very high risk of associated diseases

The Basal Metabolic Rate (BMR) shows the calories (energy) your body uses per day while at rest.
The Total Daily Energy Expenditure shows the calories needed to maintain your current weight.

For healthy weight management increase your caloric usage (exercise) and decrease you caloric intake below the Total Daily Energy Expenditure towards the Basal Metabolic Rate (BMR).

Eating a high quality, nutrient dense diet (fresh vegetables (cooked and raw), chicken, fish, eggs, and yogurt) and staying away from carbohydrates and poor quality fats helps to prevent cravings and aids in weight loss.
If you go too far below the Basal Metabolic Rate (BMR) your metabolism may slow down making weight management more difficult.

Physician`s Notes:

SAMPLE PATIENT
Gender: Female
Age: 86 (DOB: Mar 7 1937)
Current Medications: N/A
Symptoms: MCD

Weight: 109 lbs
Patient Code: 855554

Height: 5 ft 2 in
BMI: 19.9

Physician Only Report
Exam Date: Mar 29 2023 13:57
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Memory Problems: 5 of 5

Can't find the correct word to convey in speech: 4 of 5

Difficulty multitasking/ disorganized: 3 of 5

Don't have enough energy to get moving in the morning and sustain: 5 of 5

Don't fall asleep or stay asleep at night: 5 of 5

Altered vision: 3 of 5

Anxiety, Feelings of worry: 5 of 5

Difficult to find words or understand words: 3 of 5

Concussion, Recent: 4 of 5

Anger / Agitation: 4 of 5

Decreased Attention / Distracted: 4 of 5

Anxiety: 5 of 5

Physician`s Notes: