BrainView

NEURO FUNCTIONAL RESPONSE TEST

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in
Exam Date: Dec 28 2020 15:31

EEG Frequency Analysis

	Score	Norms
Eyes Open: Posterior Peak Frequency	10.3 Hz	8 - 12
Eyes Open: Theta/Beta Ratio	1.79	< 1
Eyes Closed: Posterior Peak Frequency	10.5 Hz	8 - 12

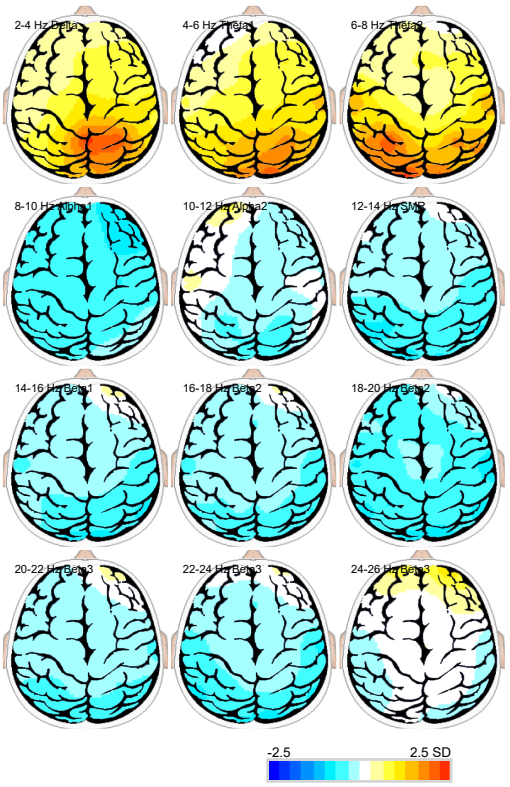
Evoked Potentials (ERPs)

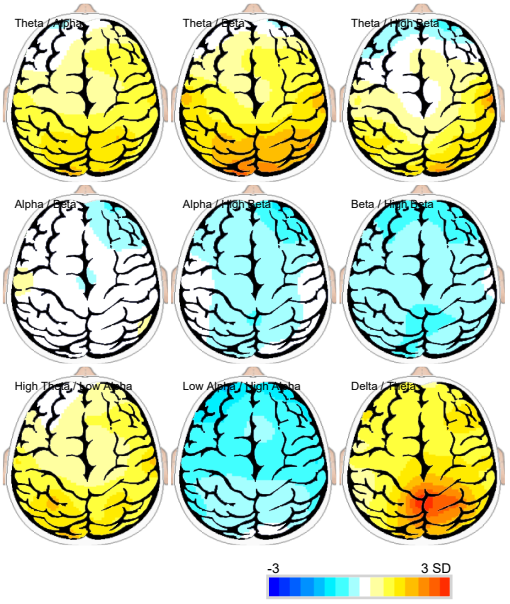
	Score	Norms
Visual Processing	264 ms	P200 < 175
Auditory Processing	116 ms	P200 < 175
Attention / Vigilance	312 ms	P300 < 370
Information Processing / Working Memory	300 ms	P300b < 390

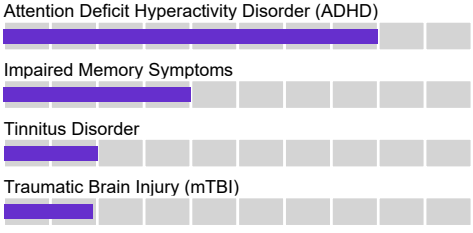
Behavioral Motor Test

	Score	Norms
Reaction Time	349 ms	350 - 550
Reaction Time Variance	5.7 ms	< 10
Missed Responses	0 %	<= 10
Wrong Responses	0.7 %	<= 3

Eyes Open - Headmaps - Z Scored







Physician Summary - Key Findings

Normal response time to visual and cognitive stimulus.

Delayed N1 latency reduced neuronal capacity associated with visual processing.

Normal P300 latency under go-nogo condition and neuronal capacity associated with attention and information processing.

Elevated theta:beta ratio (a subtype measure of inattention). A subtype measure of inattention with excess slow EEG over the anterior cingulate, correlated with a paucity of dopamine receptors.
FDA Approved ADHD Diagnostic (Age < 30); Excessive Cortical Slowing in Frontal and Central Regions; Inattention/Lack of Focus;

Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.

Increased power of slow frequencies brain activity; The most reliable EEG biomarker for attentional disorders is the presence of excessive fronto - central Theta power, reflecting a hypo - arousal in those areas resulting in sub - optimal functioning of brain areas that are important for the regulation of attention and emotions, impulse control and planning. Possible signs of: Depression; Obsessive-Compulsive Disorder; Dementia; Chronic Pain; Poor Visuo-Spatial Working Memory;

Low power of alpha frequencies brain activity; In general, deficient Alpha reflects hyper - arousal. Moreover: as vigilance decreases, Alpha activity shifts from posterior areas to anterior areas.
Possible signs of: Depression; Anxiety Disorder;
Normal level of fast frequencies brain activity;
Alpha left hemispheric dominance.;
Possible signs of Attention Deficit Hyperactivity Disorder (ADHD); Possible signs of Impaired Memory Symptoms; Possible signs of Tinnitus Disorder; Some signs of Traumatic Brain Injury (mTBI);

Physician`s Notes:

BrainView

EEG FREQUENCY ANALYSIS

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Gender: Male
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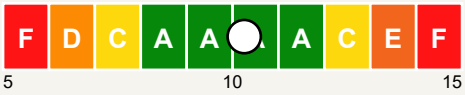
The electroencephalogram (EEG) has been a medical standard for the evaluation of general brain health and overall function. This test detects abnormalities in the brain waves, or in the electrical activity. The brain is the most important organ in the body at the center of the nervous system and controls 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 Open: Posterior Peak Frequency: 10.3 Hz

Marker of Cognitive Performance

Reference: 8 - 12 Hz



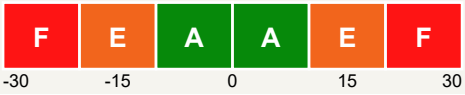
Eyes Open: Theta/Beta Ratio: 1.79

Marker of Inattention

Reference: < 1

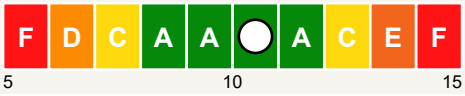
Eyes Open: Central Asymmetry: -32.91 %

Reference: -10 - 10 %



Eyes Closed: Posterior Peak Frequency: 10.5 Hz

Reference: 8 - 12 Hz



Eyes Open / Closed Alpha Ratio: 0.81

Marker of Impaired vigilance regulation

Reference: < 0.8

Eyes Open: Brain Map Source - Deviations from normality

Brodmann Area (BA)	Frequency	Z-Score	Function
BA Right 38, 44, 45 (47, 46) (EEG:F8)	4-6 Hz (Theta1)	5.9 SD	Emotional processing; Sustained attention (P:6.39 N:0.155)
BA Right 20, 21 (22, 38) (EEG:T4)	6-8 Hz (Theta2)	4.3 SD	Emotional regulation; Organization (P:2.584 N:0.114)
BA Left 17, 18, 19 (EEG:O1)	10-12 Hz (Alpha2)	-4 SD	Right visual field (P:0.271 N:0.138)
BA Left 17, 18, 19 (EEG:O1)	12-14 Hz (SMR)	-3.2 SD	Right visual field (P:0.142 N:0.095)
BA Left 17, 18, 19 (EEG:O1)	14-16 Hz (Beta1)	-2.5 SD	Right visual field (P:0.11 N:0.081)

Eyes Closed: Brain Map Source - Deviations from normality

Brodmann Area (BA)	Frequency	Z-Score	Function
BA Left 1, 2, 3, 4 (EEG:C3)	4-6 Hz (Theta1)	5.5 SD	Short-term memory; Coordination (P:4.492 N:0.114)
BA Left 39, 40 (EEG:P3)	6-8 Hz (Theta2)	2.3 SD	Verbal short-term memory (P:2.713 N:0.112)
BA Left 1, 2, 3, 4 (EEG:C3)	10-12 Hz (Alpha2)	-2.2 SD	Short-term memory; Coordination (P:0.801 N:0.164)

Deviations < 1.5 +-SD are in normal range; Deviations > 6 +-SD are not considered due to likelihood of artifact.

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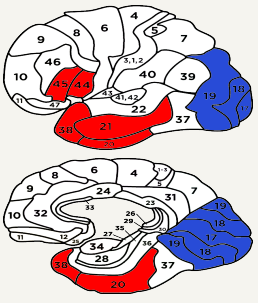

Physician's Notes:
Examination Duration: 22 min 43 sec

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
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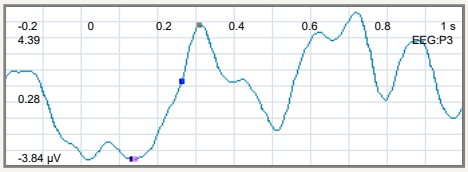
Event-related potentials (ERP) are also referred to as evoked potentials (EP) and are a measurement of the brain's direct response to a specific sensory, cognitive, or motor event. EPRs have the ability to measure (to the millisecond) the speed in which the brain is able to process this information. 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.

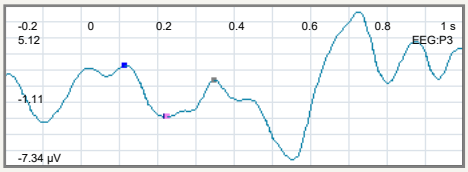
Visual Processing: 264 ms

Reference: P200 < 175 ms



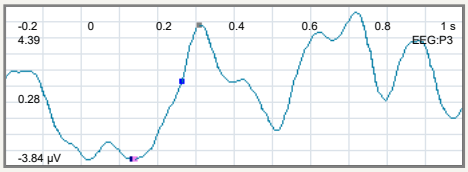
Auditory Processing: 116 ms

Reference: P200 < 175 ms



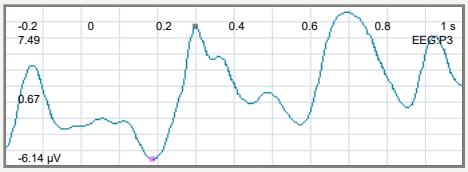
Attention / Vigilance: 312 ms

Reference: P300 < 370 ms



Information Processing / Working Memory: 300 ms

Reference: P300b < 390 ms



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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: 349 ms

Reference: 350 - 550 ms

Reaction Time Variance: 5.7 ms

Reference: < 10 ms

Missed Responses: 0 %

Reference: <= 10 %

Wrong Responses: 0.7 %

Reference: <= 3 %

Normal response time to visual and cognitive stimulus.

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Acquisition Summary:

Montage: Common Reference 21 channels;
Sampling Rate: 500Hz; High Pass Filter: 0.5Hz; Low Pass Filter: 50Hz; Notch Filter: 60Hz;
Examination Duration: 22 min 43 sec;
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:

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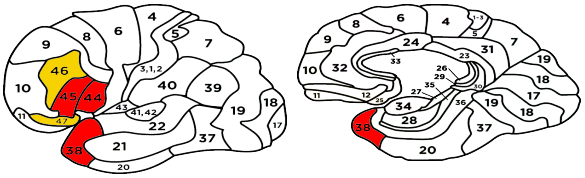
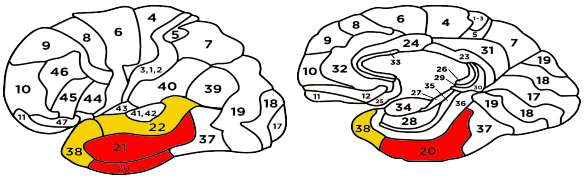
Region: Temporal Lobe
Brodmann Area (BA): Right 38, 44, 45
Secondary BA: Right 47, 46
Frequency: 4 - 6 Hz (Theta1)
Z-Score: 5.9 SD
Brodmann: Temporal pole, Inferior frontal gyrus - Pars opercularis, Inferior frontal gyrus - Pars triangularis
Function: Emotional processing; Sustained attention



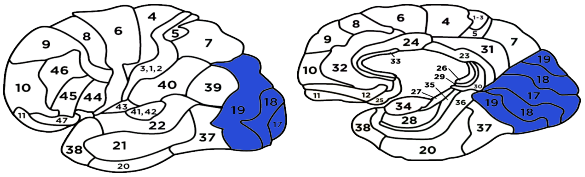
Description: Functional studies have disclosed the unexpected complexity of BA38 functions. Because of its location in the brain, it is understandable that BA38 participates in language processes, emotion, executive functions, and memory. Left BA38 is involved in diverse `high level` verbal functions (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): Right 20, 21
Secondary BA: Right 22, 38
Frequency: 6 - 8 Hz (Theta2)
Z-Score: 4.3 SD
Brodmann: Inferior temporal, Fusiform and Parahippocampal gyri, Multimodal posterior area - Middle temporal gyrus
Function: Emotional regulation; Organization



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: Occipital Lobe
Brodmann Area (BA): Left 17, 18, 19
Frequency: 10 - 12 Hz (Alpha2)
Z-Score: -4 SD
Brodmann: Primary visual cortex (V1) - Striate cortex, Secondary visual cortex (V2) - Middle occipital gyrus, Sssociative visual cortex (V3, V4 & V5) - Inferior occipital gyrus
Function: Right visual field



Description: Complete bilateral lesions of the occipital lobes produce cortical blindness, which is some times associated with unawareness or denial of blindness (Anton's syndrome). According to functional studies BA17 clearly participates in the detection of light intensity, color recognition, and the detection of visual patterns. It also participates in visuo-spatial information processing, tracking motion and visual attention. fMRI studies have disclosed its involvement in some unexpected functions, such as visual priming, and word and face encoding; however in the latter case it is just one of the steps in a widespread network, including the bilateral frontal (BA44/45), occipital (BA17/18/19) and fusiform gyri (BA37) as well as the right hippocampal formation. Interestingly, BA17 is activated not only with the physical presentation of visual information, but also in mental imagery tasks.

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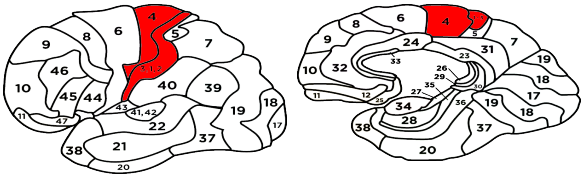
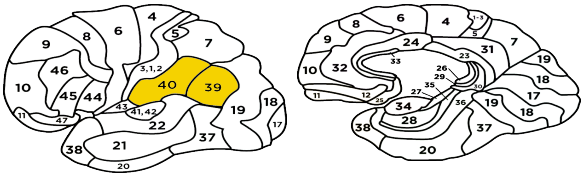
Region: Parietal Lobe
Brodmann Area (BA): Left 1, 2, 3, 4
Frequency: 4 - 6 Hz (Theta1)
Z-Score: 5.5 SD
Brodmann: Primary somatosensory cortex - Postcentral gyrus, Primary somatosensory cortex - Postcentral gyrus, Primary somatosensory cortex - Postcentral gyrus, Primary motor cortex - Precentral gyrus
Function: Short-term memory; Coordination



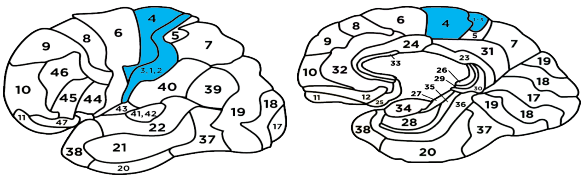
Description: The primary somatosensory area (SI) traditionally has been related with somatosensory perception (localization of touch, two-point discrimination, propioception, etc). Functional studies have demonstrated that SI also participates in movement organization (e.g., voluntary hand and tongue movements), `anticipation`, and `mirror neurons` (i.e., neurons that are active when observing the action of others). Mirror neurons were initially observed in macaques in the premotor and parietal cortical areas, and only recently, reported in humans. Mirror neurons probably play a crucial role in action understanding, anticipation, imitation, imagery, social behavior, and the like; that is, in the internal representations of actions. SI activation during movement performance reflects its participation in an extensive movement network that usually includes not only the primary motor cortex, but also the premotor cortex, the basal ganglia and the cerebellum.

Region: Parietal Lobe
Brodmann Area (BA): Left 39, 40
Frequency: 6 - 8 Hz (Theta2)
Z-Score: 2.3 SD
Brodmann: Part of inferior parietal lobule - Caudal bank of intraparietal sulcus - Angular gyrus; Part of Wernicke`s area, Inferior parietal lobule - Supramarginal gyrus
Function: Verbal short-term memory



Description: The angular gyrus is a cortical area involved in cross-modal association among somatosensory (body knowledge) information, auditory information and visual information. Developmentally, the angular gyrus is one of the last to functionally and anatomically maturate. Classically, it has been assumed that the left angular gyrus participates in calculation abilities, reading/writing, naming and some type of body-knowledge (somatognosis). The deficit associated to left angular lesion (Gertsmann's syndrome) includes acalculia, agraphia, r-l disorientation, and finger agnosia. Spatial knowledge mediated by language has been proposed as a basic underlying deficit observed in cases of L angular gyrus damage, responsible for observed acalculia, and so called sematic aphasia. fMRI studies support the role for angular gyrus in arithmetic abilities, but seemingly the really most crucial area in number processing is the intraparietal sulcus. BA39 activation is observed in some reading related tasks (understanding the relationship among different characters) but no reports are readily available about its participation in writing because writing may be more exactly associated with the superior parietal lobe and BA40 (apraxic agraphia in cases of parietal lobe damage). The R angular gyrus clearly participates in visuospatial process and damage to it results in severe hemi-spatial neglect. In addition BA 39 seems to participate in an executive function brain circuitry, and it activates in tasks such as verbal creativity, inferential reasoning and processing sequences.

Region: Parietal Lobe
Brodmann Area (BA): Left 1, 2, 3, 4
Frequency: 10 - 12 Hz (Alpha2)
Z-Score: -2.2 SD
Brodmann: Primary somatosensory cortex - Postcentral gyrus, Primary somatosensory cortex - Postcentral gyrus, Primary somatosensory cortex - Postcentral gyrus, Primary motor cortex - Precentral gyrus
Function: Short-term memory; Coordination



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Gender: Male
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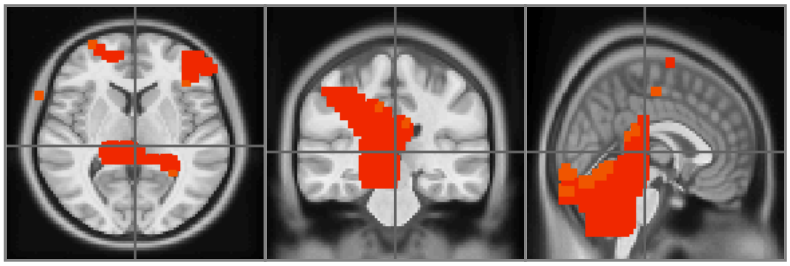
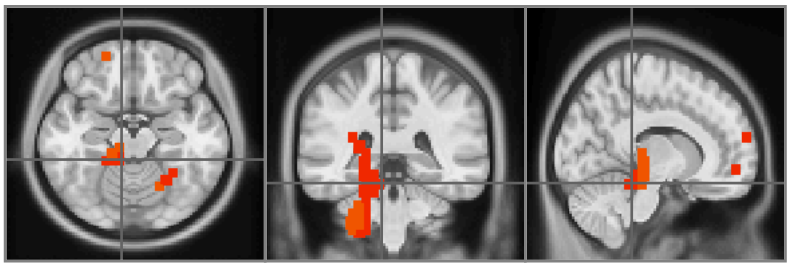
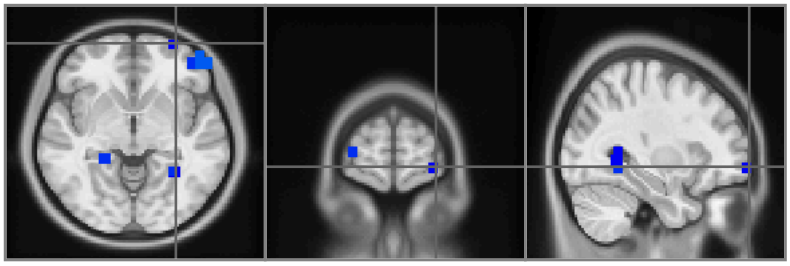
Frequency: 4 - 6 Hz (Theta1)
Data Min: 3.49 (3.49)
Data Max: 3.672 (3.672)
Data Average: 3.561 (794.15)
Data SD: 0.5612
Data Points Count: 223



Frequency: 6 - 8 Hz (Theta2)
Data Min: 5.58 (5.58)
Data Max: 5.996 (5.996)
Data Average: 5.773 (190.518)
Data SD: 0.7733
Data Points Count: 33



Frequency: 8 - 10 Hz (Alpha1)
Data Min: -1.388 (-1.388)
Data Max: -1.225 (-1.225)
Data Average: -1.285 (-25.707)
Data SD: 0.2854
Data Points Count: 20



Frequency: 10 - 12 Hz (Alpha2)
Data Min: -1.319 (-1.319)
Data Max: -0.828 (-0.828)
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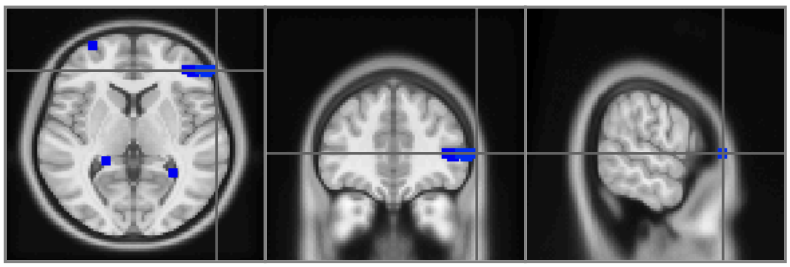
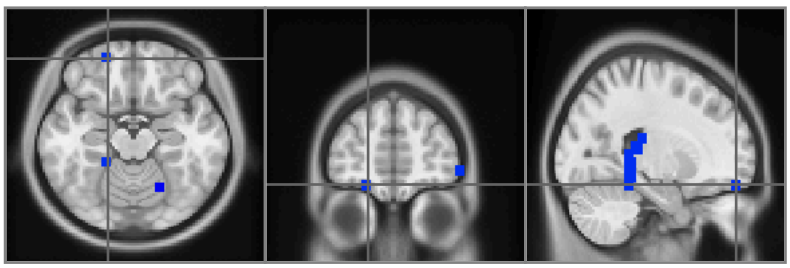
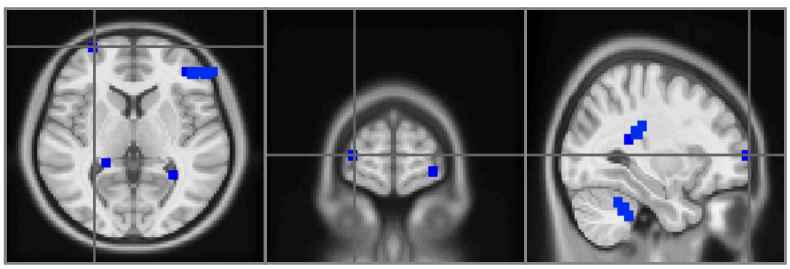
Data SD: 0.4972
Data Points Count: 20



Frequency: 12 - 14 Hz (SMR)
Data Min: -1.344 (-1.344)
Data Max: -1.074 (-1.074)
Data Average: -1.217 (-24.347)
Data SD: 0.2173
Data Points Count: 20



Frequency: 14 - 16 Hz (Beta1)
Data Min: -1.138 (-1.138)
Data Max: -0.969 (-0.969)
Data Average: -1.059 (-21.173)
Data SD: 0.3394
Data Points Count: 20



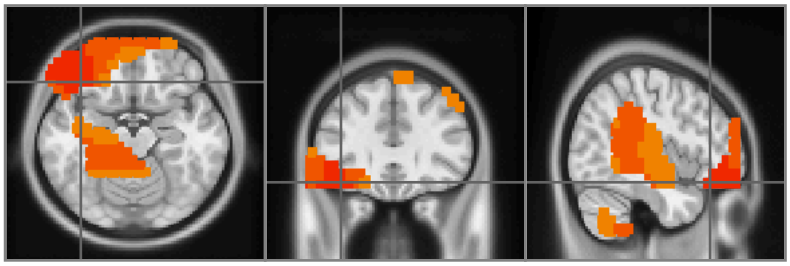
Deviations < 1.5 +-SD are in normal range; Deviations > 6 +-SD are not considered due to likelihood of artifact.

Physician`s Notes:

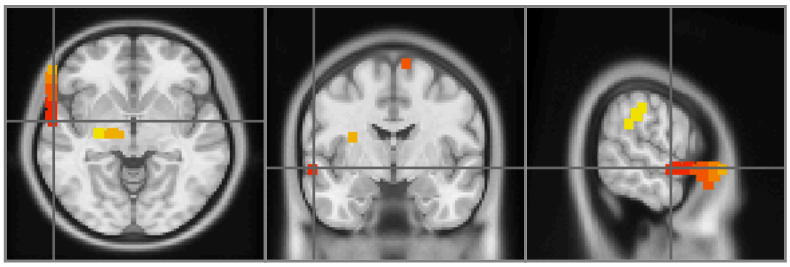
EYES CLOSED: BRAIN MAP LORETA 3D

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in
Exam Date: Dec 28 2020 15:31

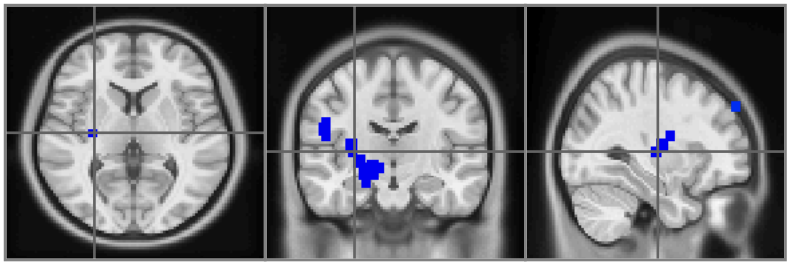
Frequency: 4 - 6 Hz (Theta1)
Data Min: 5.194 (5.194)
Data Max: 5.997 (5.997)
Data Average: 5.452 (1215.737)
Data SD: 0.4517
Data Points Count: 223



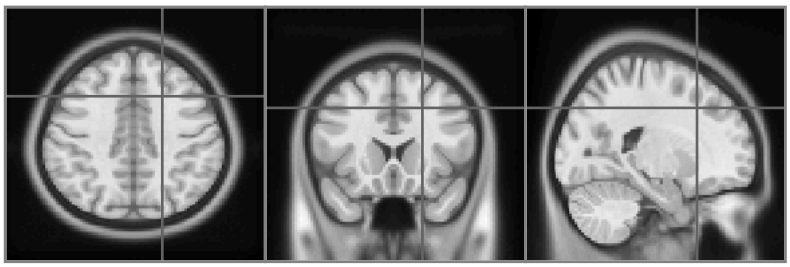
Frequency: 6 - 8 Hz (Theta2)
Data Min: 1.915 (1.915)
Data Max: 2.702 (2.702)
Data Average: 2.197 (72.516)
Data SD: 0.6141
Data Points Count: 33



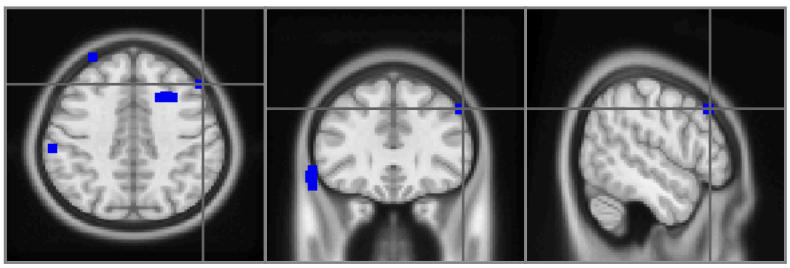
Frequency: 8 - 10 Hz (Alpha1)
Data Min: -1.193 (-1.193)
Data Max: -1.132 (-1.132)
Data Average: -1.167 (-23.334)
Data SD: 0.1667
Data Points Count: 20



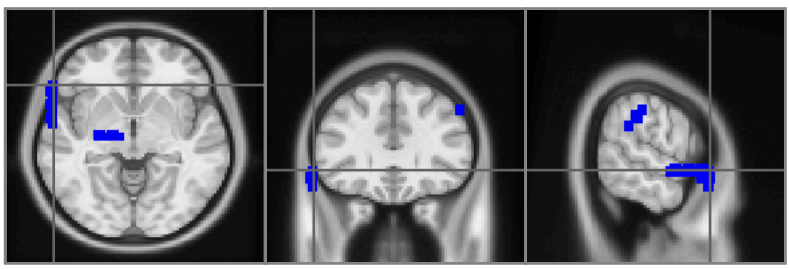
Frequency: 10 - 12 Hz (Alpha2)
Data Min: -2.14 (-2.14)
Data Max: -1.948 (-1.948)
Data Average: -2.082 (-41.633)
Data SD: 0.4256
Data Points Count: 20



Frequency: 12 - 14 Hz (SMR)
Data Min: -1.044 (-1.044)
Data Max: -0.501 (-0.501)
Data Average: -0.811 (-16.21)
Data SD: 0.7713
Data Points Count: 20



Frequency: 14 - 16 Hz (Beta1)
Data Min: -1.455 (-1.455)
Data Max: -0.125 (-0.125)
Data Average: -0.939 (-18.785)
Data SD: 0.6978
Data Points Count: 20



Deviations < 1.5 +-SD are in normal range; Deviations > 6 +-SD are not considered due to likelihood of artifact.

Physician`s Notes:

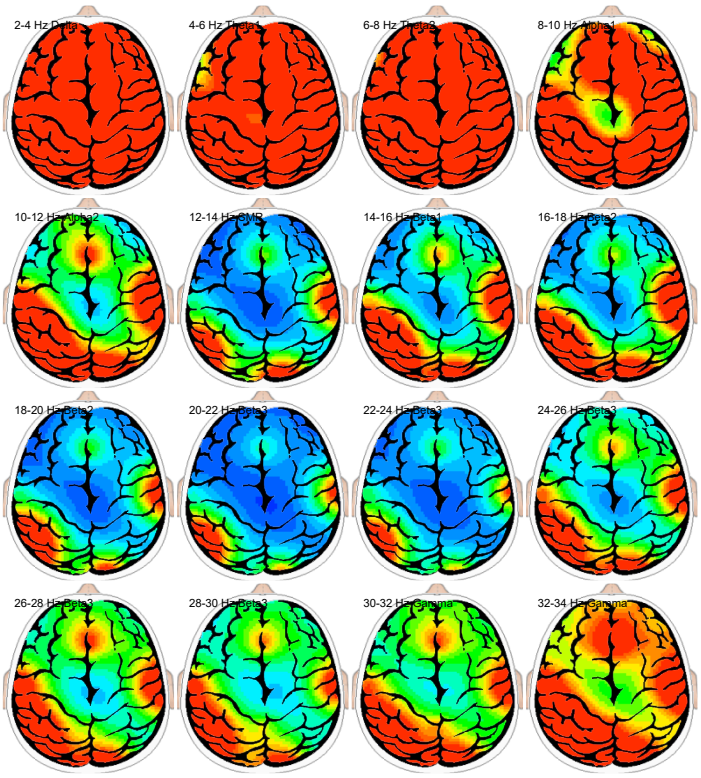
BrainView

EYES OPEN - HEADMAPS

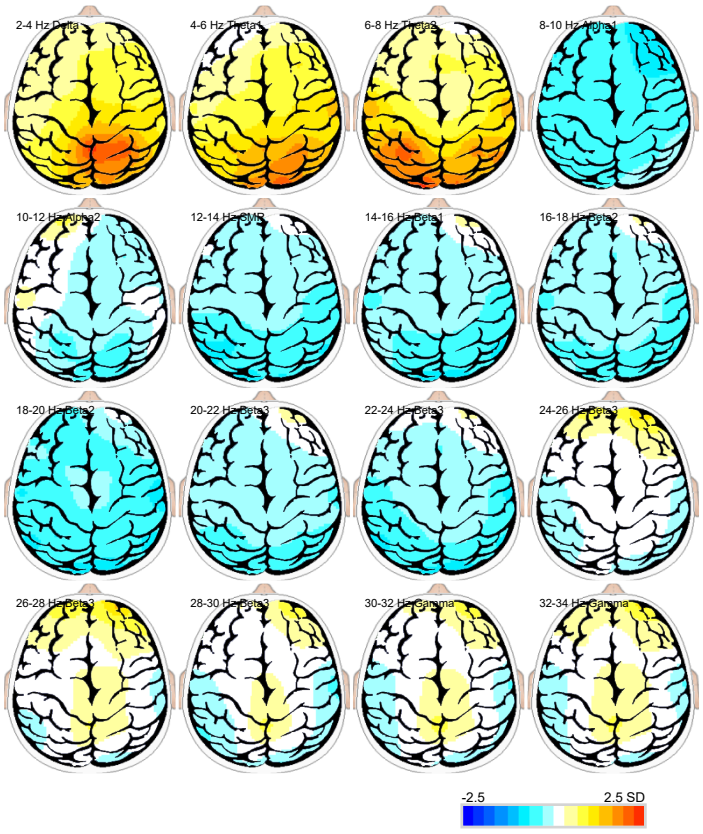
Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31

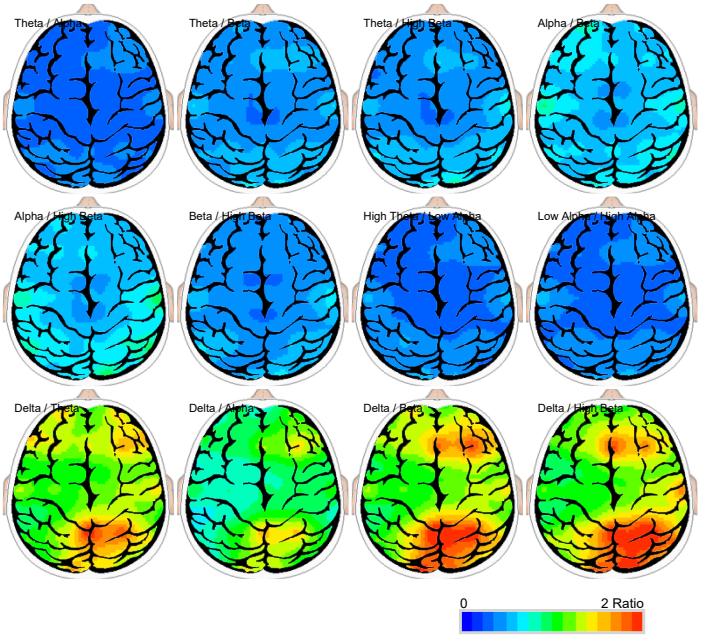
Absolute Power



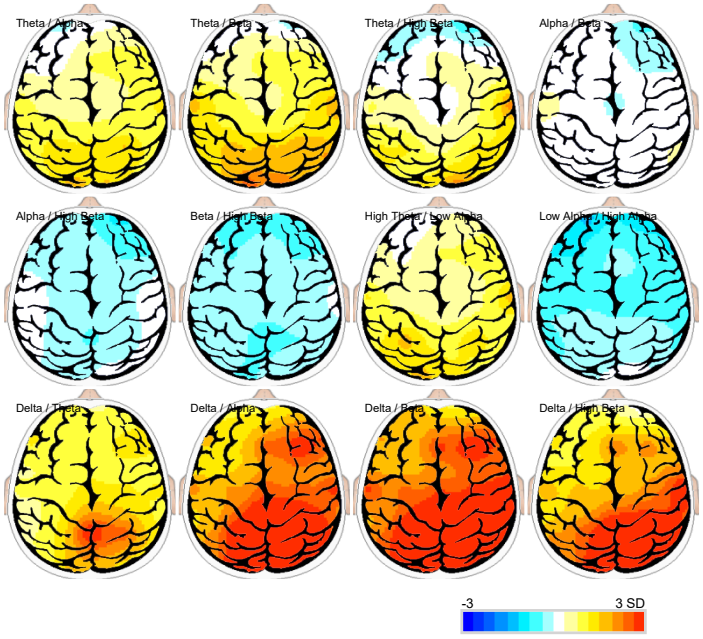
Z Scored - Relative Power



Power Ratio



Z Scored - Power Ratio



Physician`s Notes:

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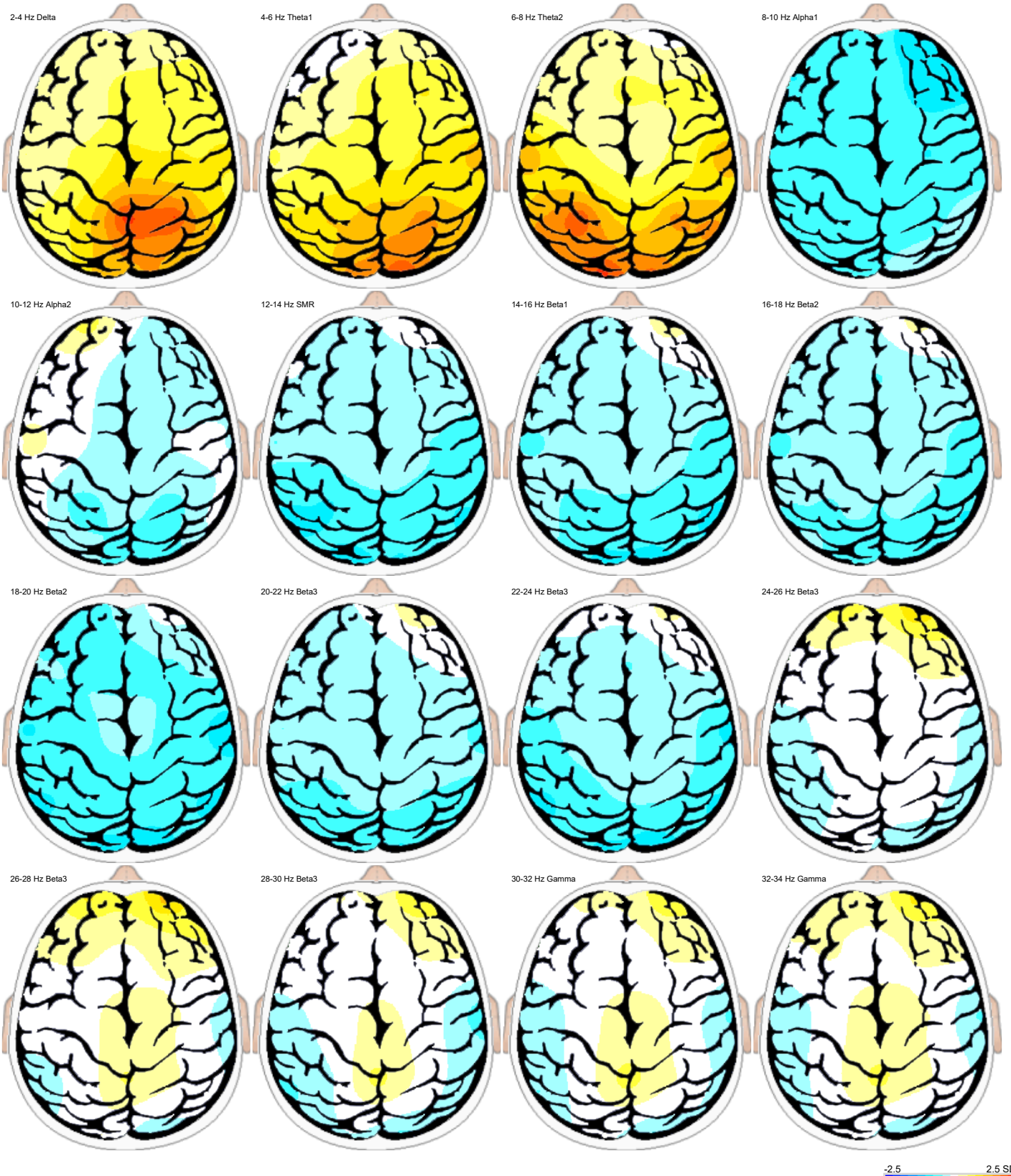
Printed: Feb 9 2021 00:19

BrainView

EYES OPEN - Z SCORED - RELATIVE POWER

Demo ADHD **Gender:** Male **Age:** 25 (DOB: Nov 20 1995) **BMI:** 32.2

Exam Date: Dec 28 2020 15:31



Physician`s Notes:

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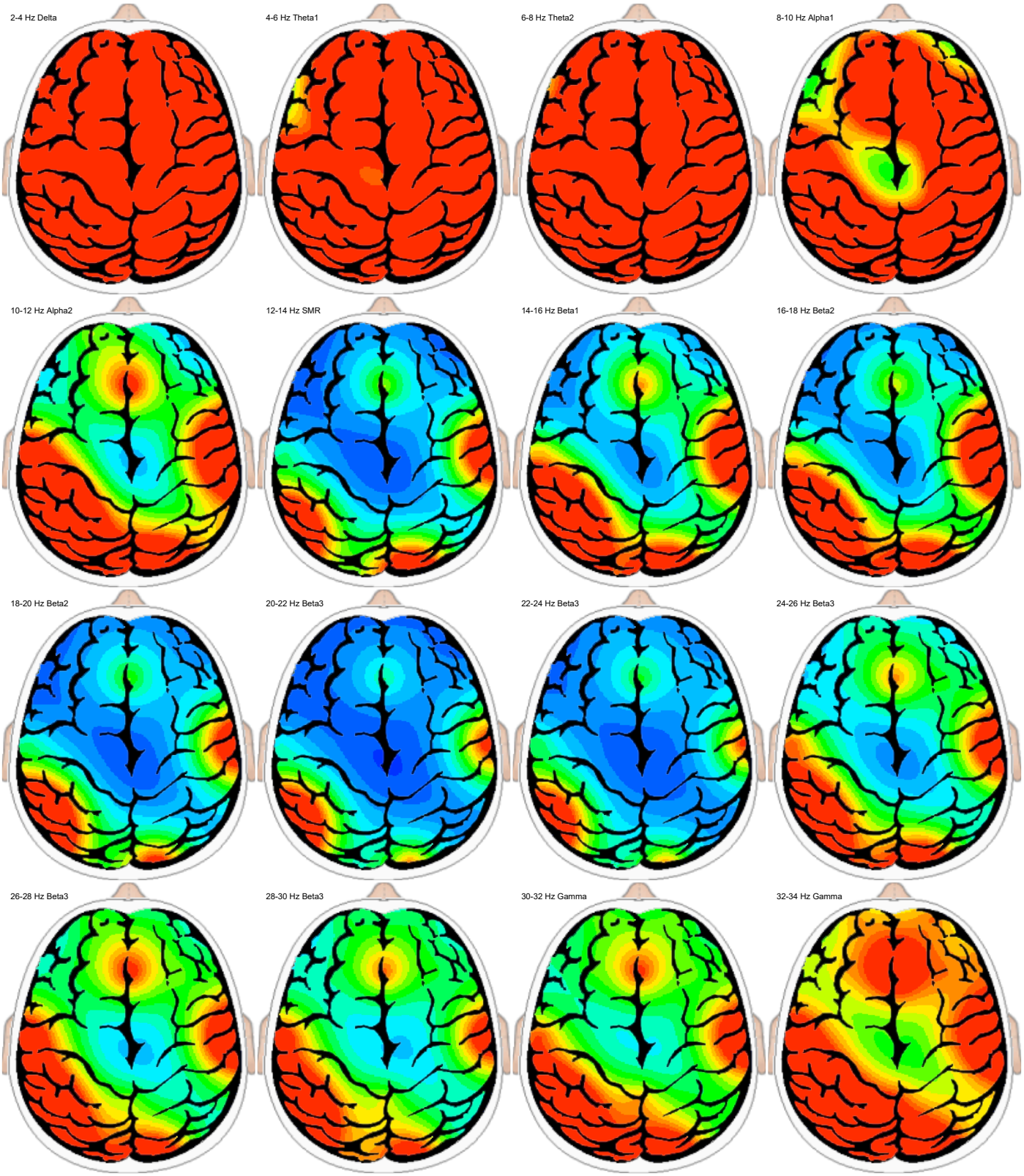
Printed: Feb 9 2021 00:19

BrainView

EYES OPEN - ABSOLUTE POWER

Demo ADHD **Gender:** Male **Age:** 25 (DOB: Nov 20 1995) **BMI:** 32.2

Exam Date: Dec 28 2020 15:31



Physician`s Notes:

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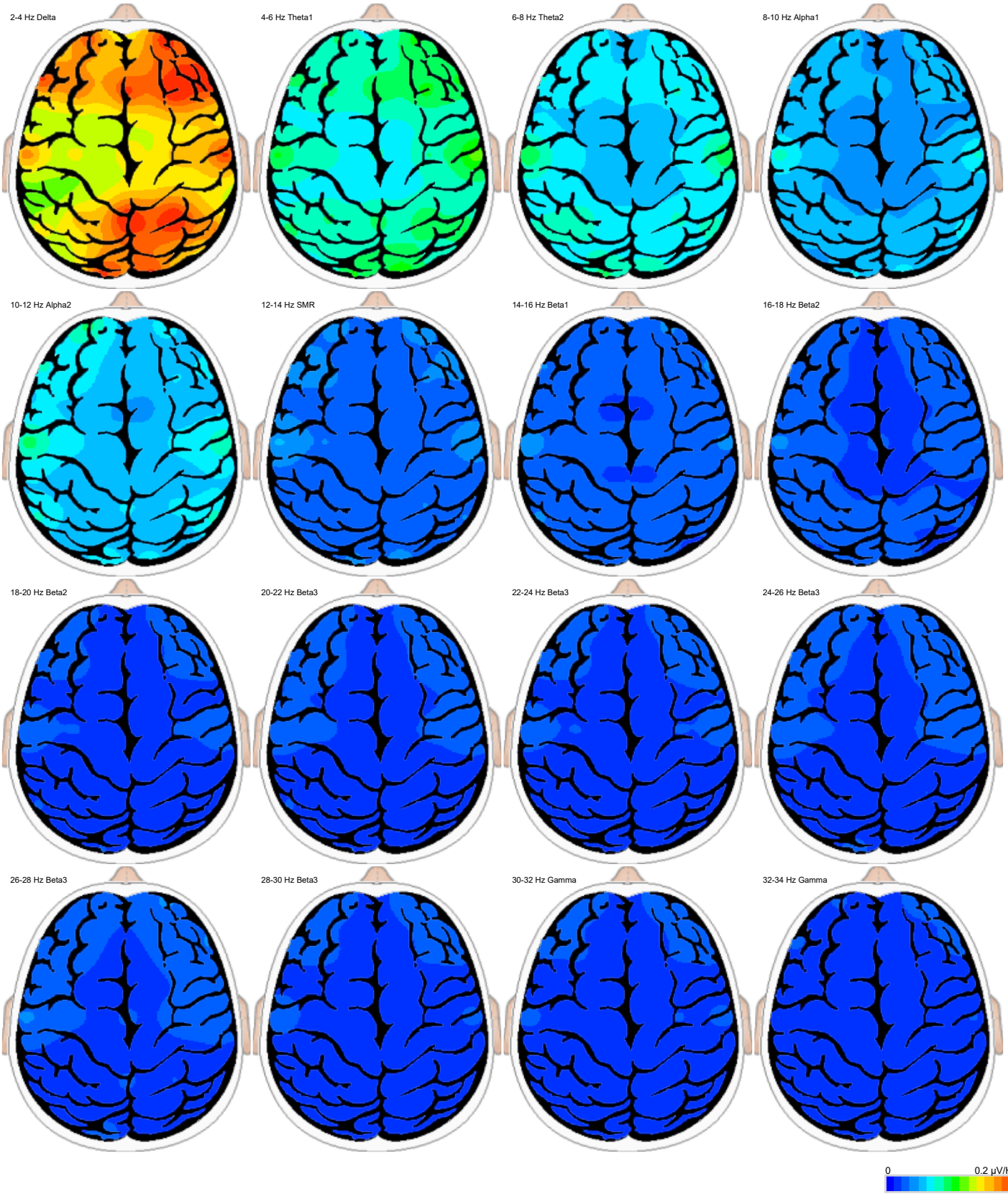
Printed: Feb 9 2021 00:19

BrainView

EYES OPEN - RELATIVE MAGNITUDE

Demo ADHD **Gender:** Male **Age:** 25 (DOB: Nov 20 1995) **BMI:** 32.2

Exam Date: Dec 28 2020 15:31



Physician`s Notes:

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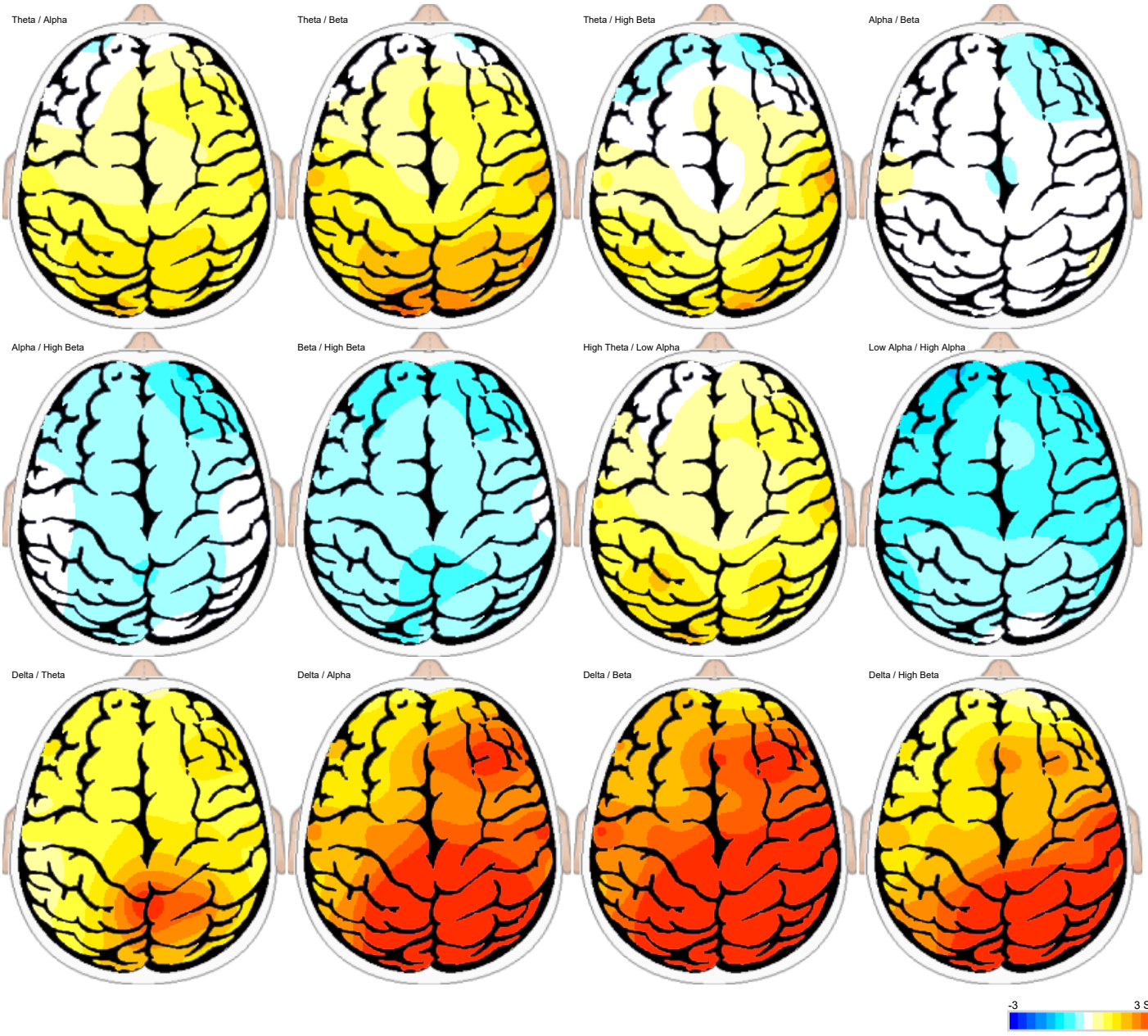
Printed: Feb 9 2021 00:19

BrainView

EYES OPEN - Z SCORED POWER RATIO

Demo ADHD **Gender:** Male **Age:** 25 (DOB: Nov 20 1995) **BMI:** 32.2

Exam Date: Dec 28 2020 15:31



Physician`s Notes:

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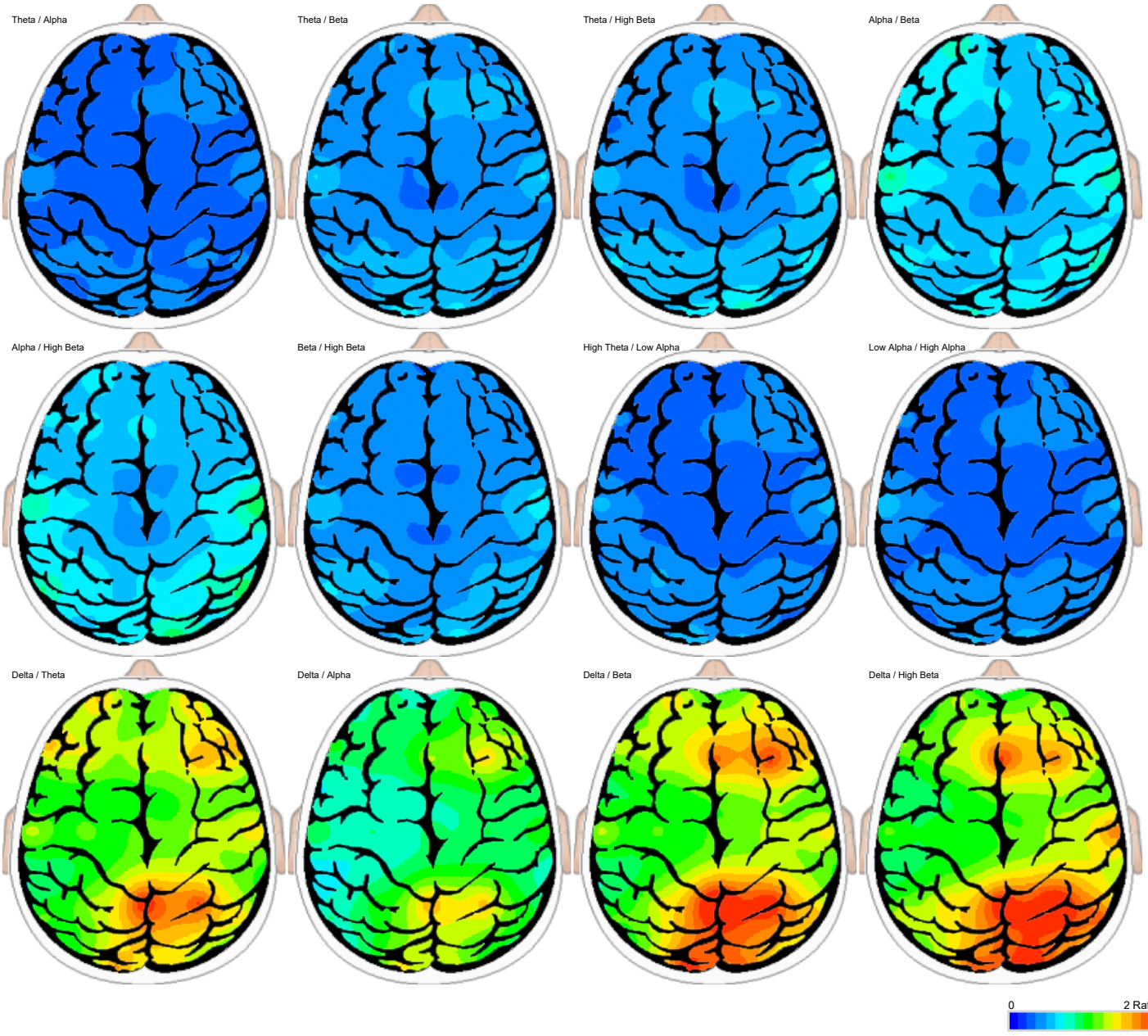
Printed: Feb 9 2021 00:19

BrainView

EYES OPEN - POWER RATIO

Demo ADHD **Gender:** Male **Age:** 25 (DOB: Nov 20 1995) **BMI:** 32.2

Exam Date: Dec 28 2020 15:31



Physician`s Notes:

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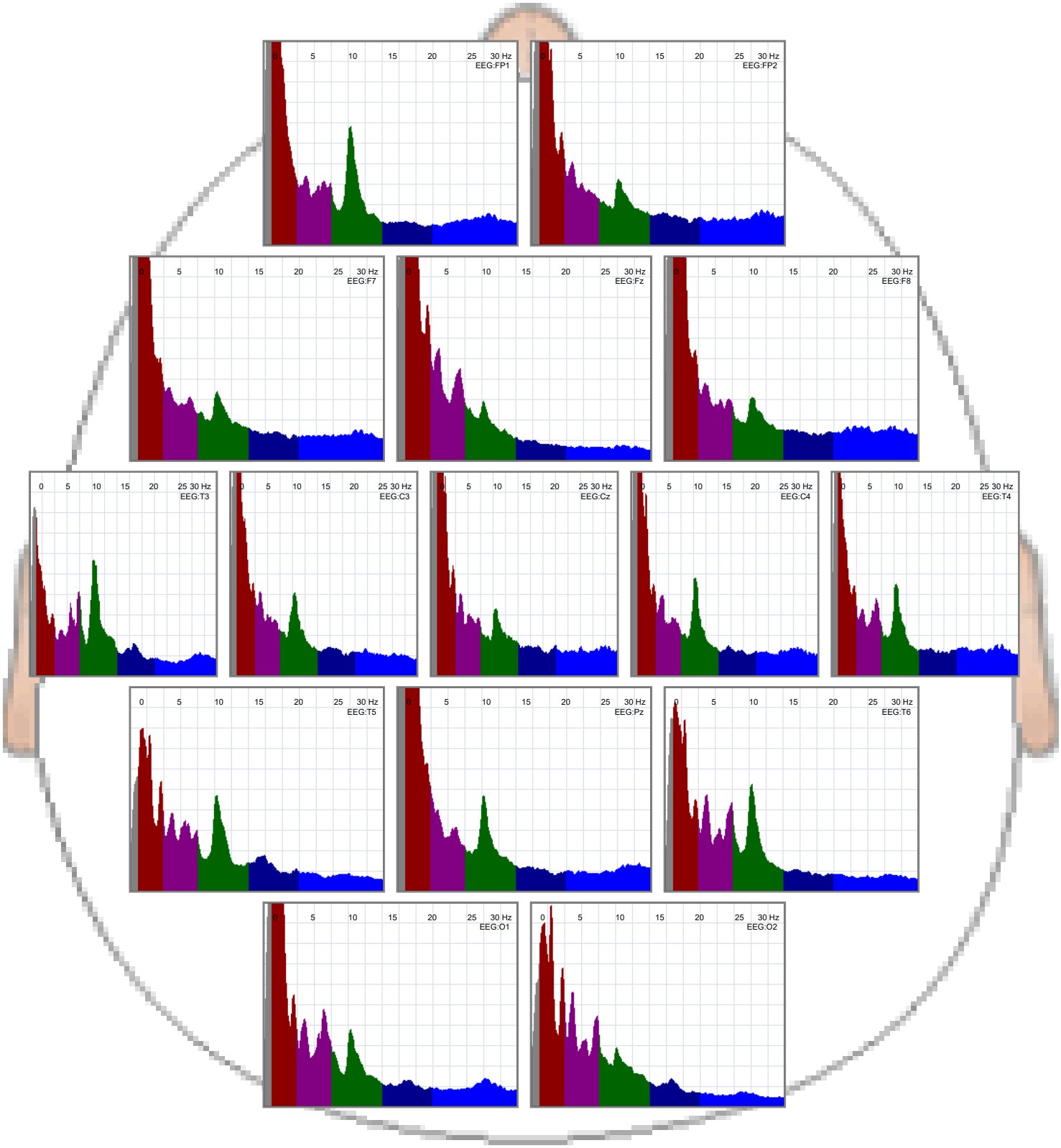
Printed: Feb 9 2021 00:19

BrainView

EYES OPEN

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31



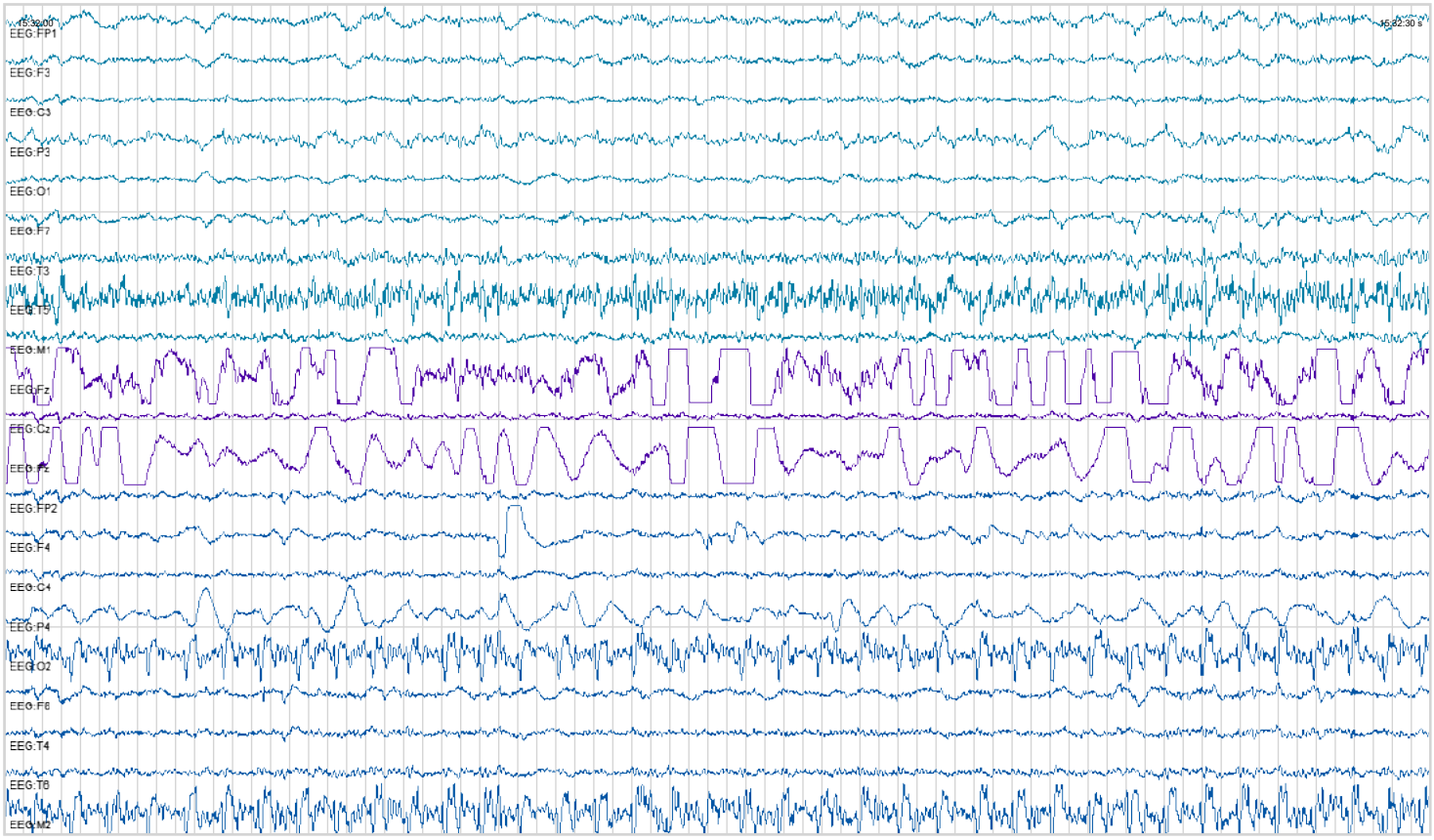
Physician`s Notes:

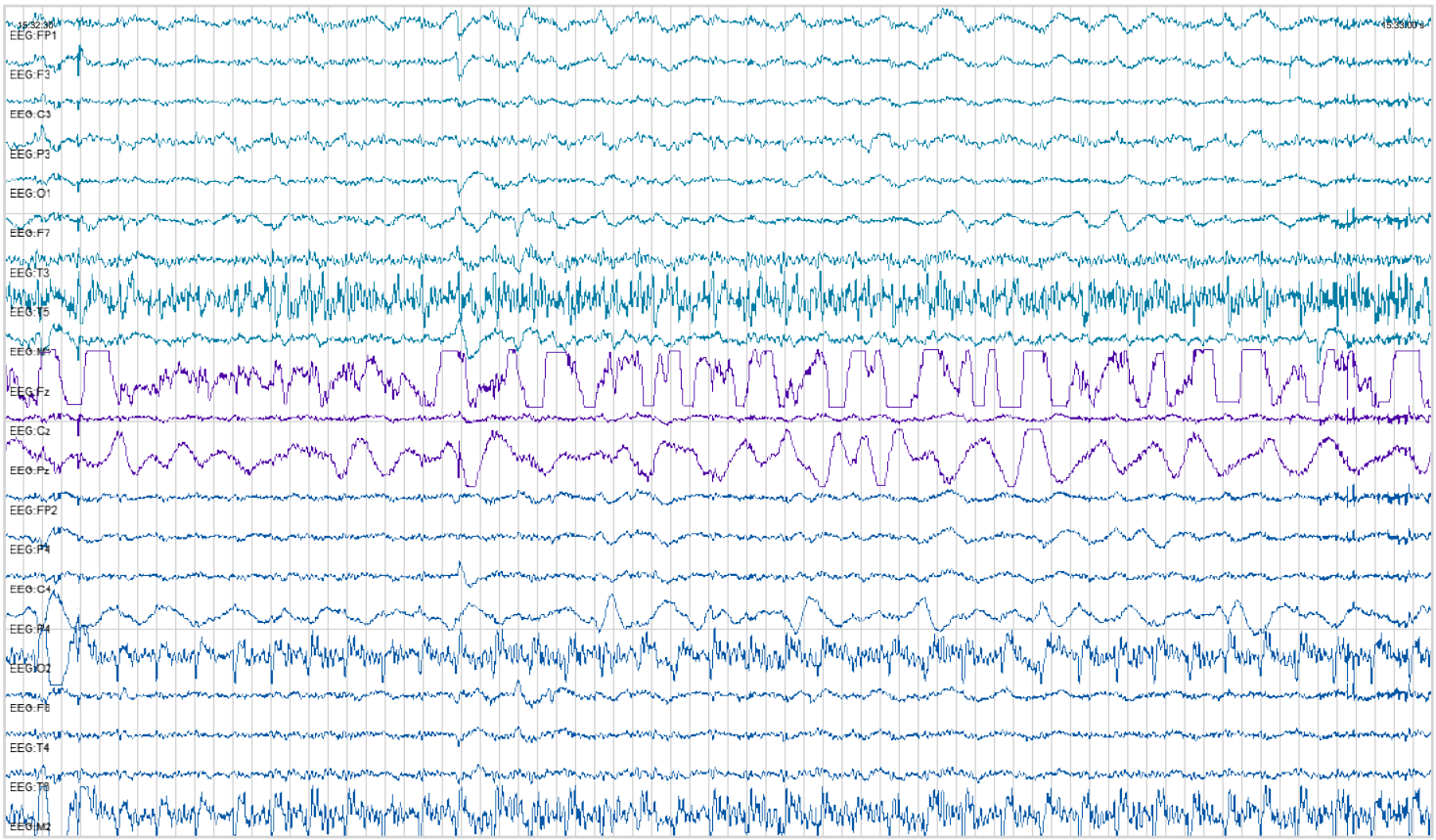
BrainView

EYES OPEN

Demo ADHD **Gender:** Male **Age:** 25 (DOB: Nov 20 1995) **BMI:** 32.2

Exam Date: Dec 28 2020 15:31





Physician`s Notes:

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Printed: Feb 9 2021 00:19

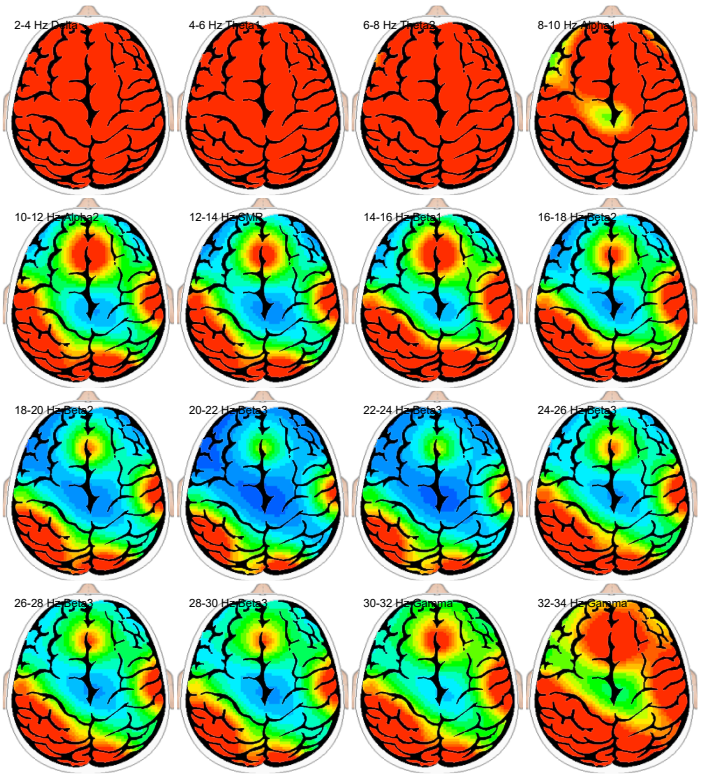
BrainView

EYES CLOSED - HEADMAPS

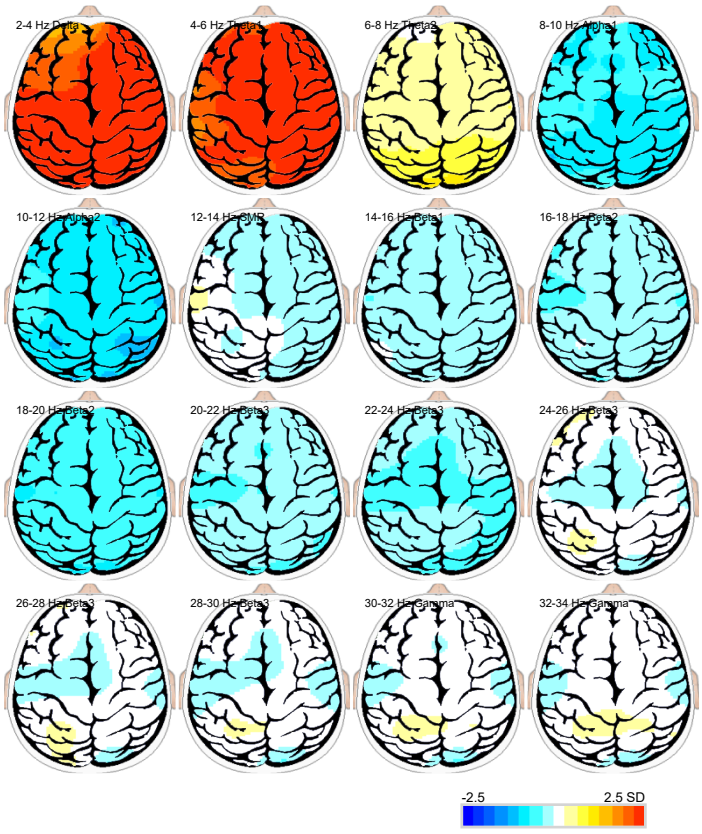
Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31

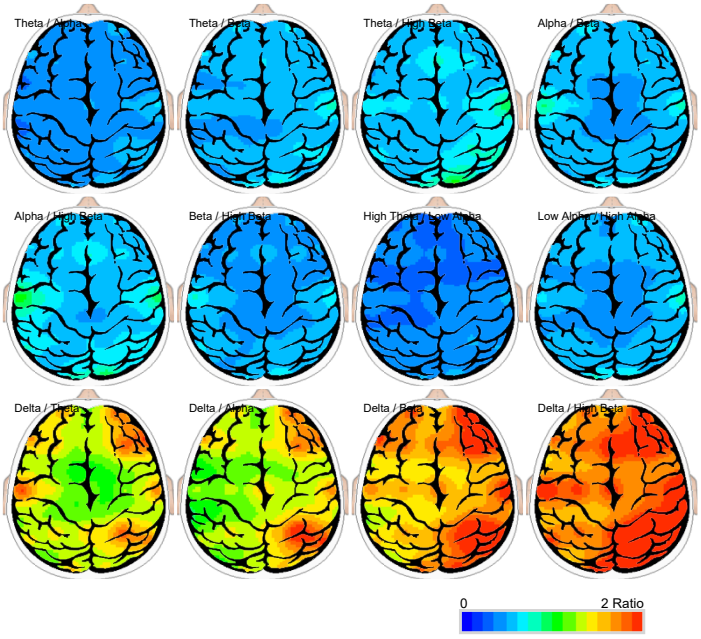
Absolute Power



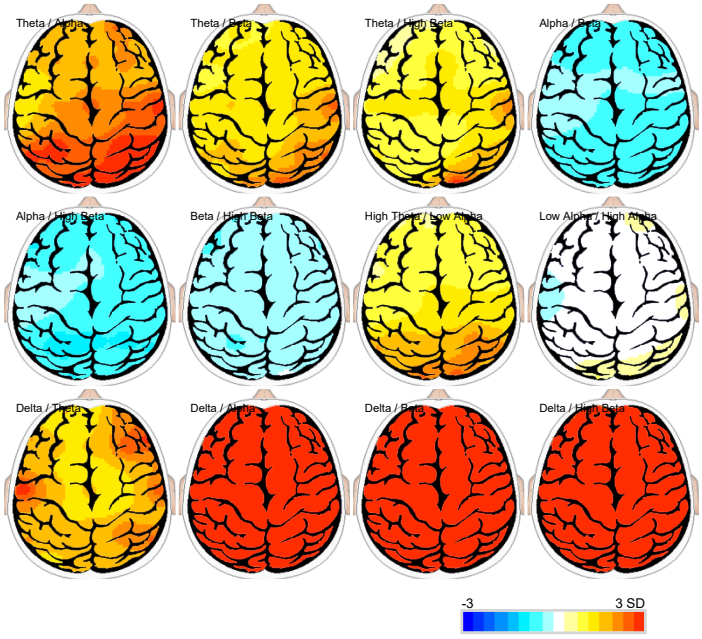
Z Scored - Relative Power



Power Ratio



Z Scored - Power Ratio



Physician`s Notes:

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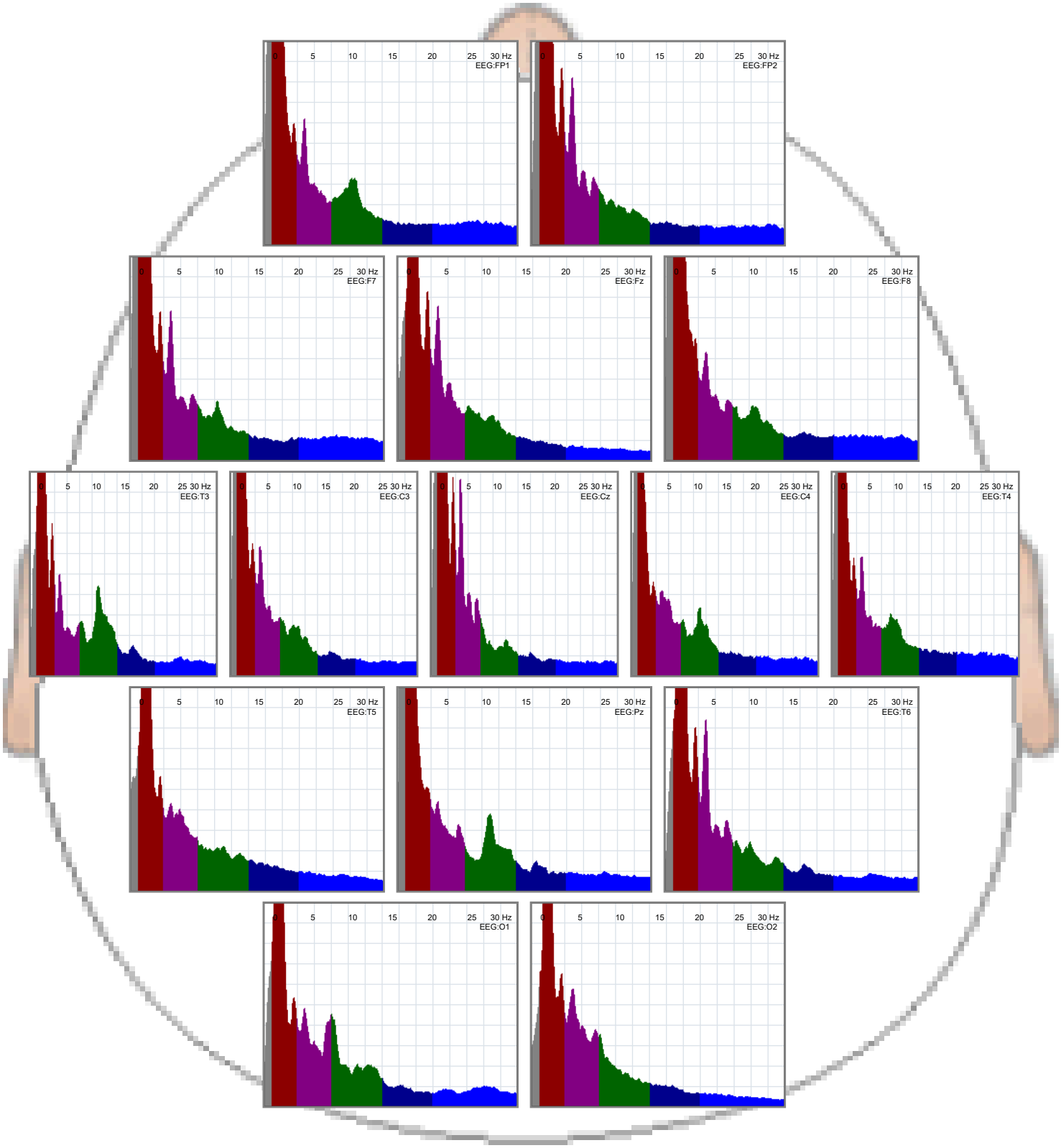
Printed: Feb 9 2021 00:19

BrainView

EYES CLOSED

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31



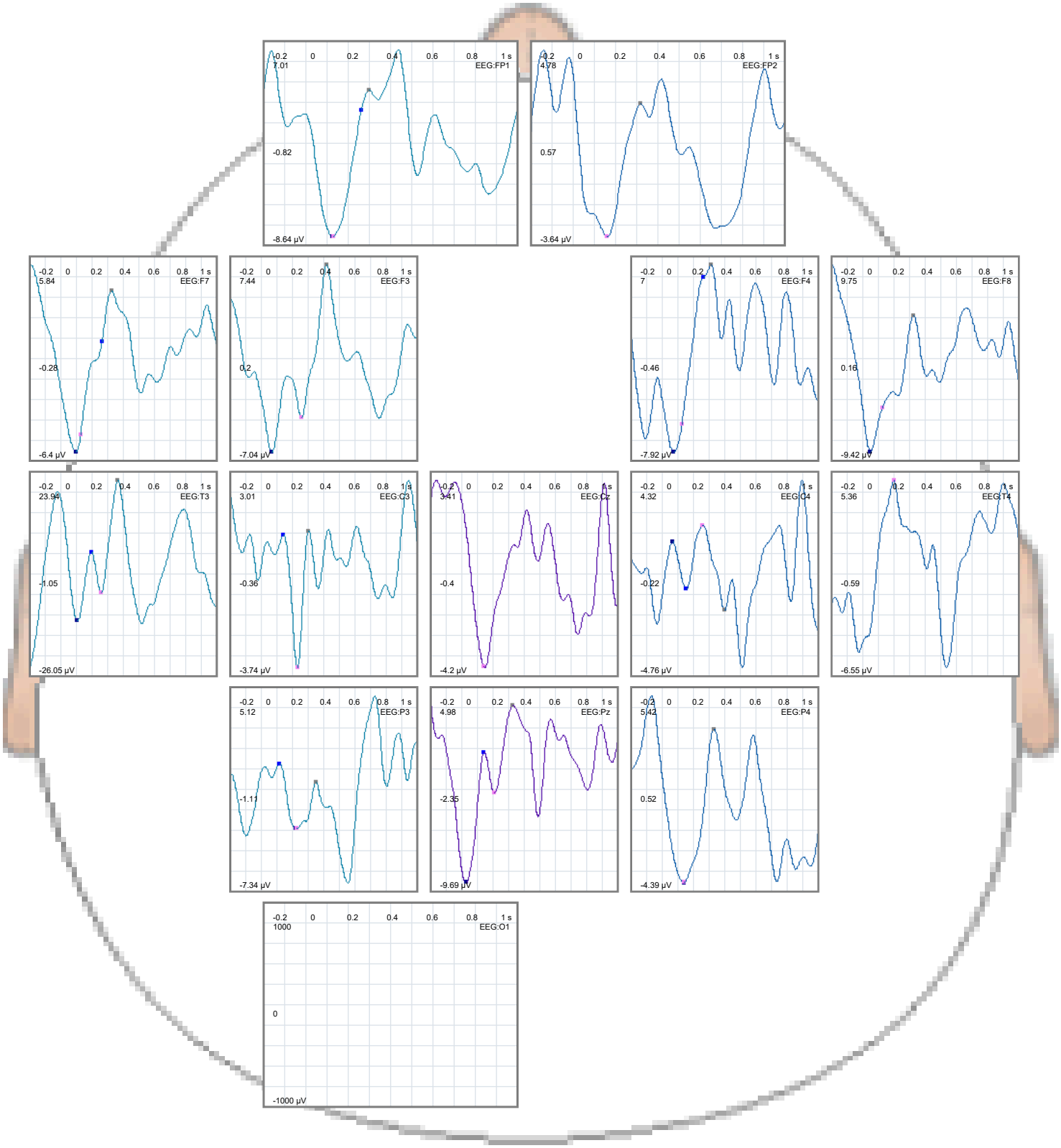
Physician`s Notes:

BrainView

EVOKED RESPONSE TEST - NOISE

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31



Physician`s Notes:

VitalScan

ECG ANALYSIS REPORT

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31

Recorded time	
Start Date	2020-12-28 15:31:12
Duration	5 min 0 sec (378 beats)
High Pass Filters	3.4 Hz

Heart Rate	
Average Heart Rate	75 bpm
Fastest rate	156 bpm
Slowest rate	64 bpm

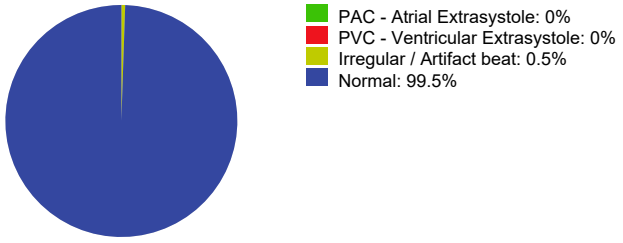
Ventricular Details	
PVC - Ventricular Ectopy	0 beats (0%)
Ventricular Couplet	0 episodes

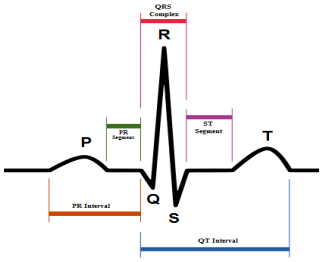
Supraventricular Details	
PAC - Supraventricular Ectopy	0 beats (0%)
Supraventricular Couplet	0 episodes

Pause / Block	
Irregular / Artifact beat	2 beats (0.5%)

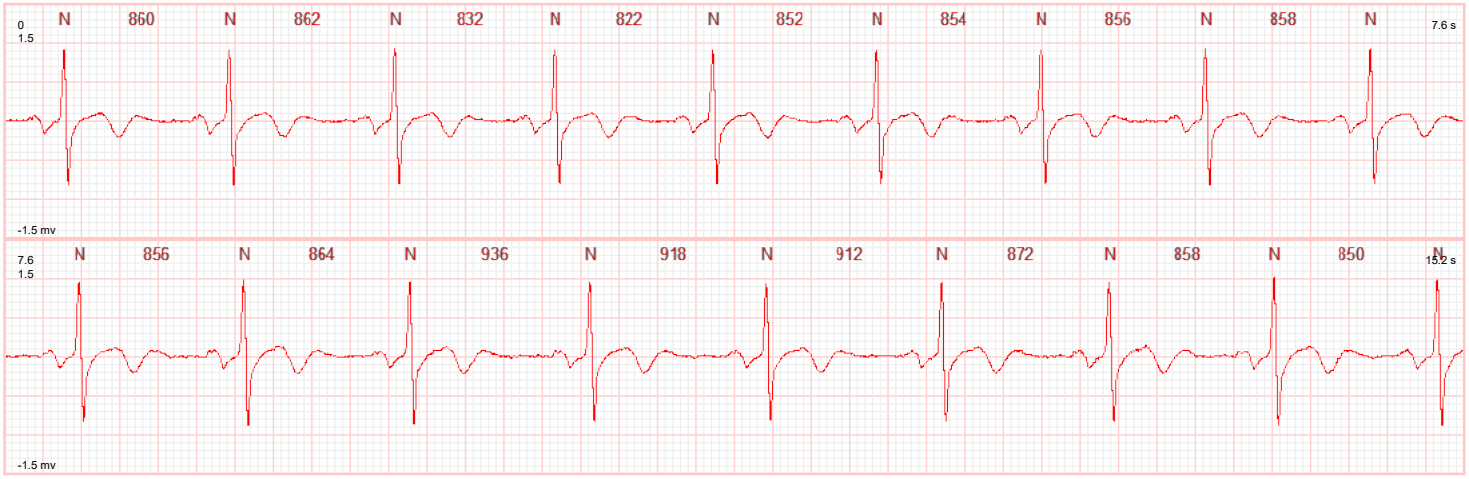
HRV Analysis	
SDNN	40 ms

QRS Analysis	
QRS	61 ms
QT / QTc	300 ms / 337 ms
PR int / seg	140 ms / 106 ms
ST int / seg	232 ms / 92 ms





Interpretations:



Physician`s Notes:

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Printed: Feb 9 2021 00:19

VitalScan

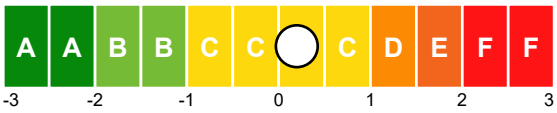
AUTONOMIC REGULATION ASSESSMENT

Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31

AUTONOMIC PHYSICAL DYSREGULATION (PSI) = 0.2

PSI is an indicator of accumulative chronic physical stress. Physical stress can be caused by long-term exposure to negative factors in one`s life or physical illness. The way in which a person copes with physical stressors is a significant contributing factor to this process. When the stress becomes too great, the body will show signs of distress.



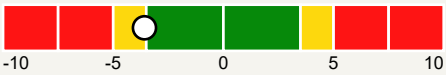
The score is average. It indicates low physical stress. Stress in the recent past has had little or no long-term effect on your physical balance. The negative effects of physical stress are limited.

ACCUMULATIVE MENTAL STRESS (MSI) = 1.34

MSI is an indicator of accumulative mental stress. Mental stress can be caused by situations one has to cope with daily and the emotional states that result. The way in which a person copes with stressful events is a significant contributing factor to this process. When the stress becomes too great, the body will show signs of distress.

The score is clearly above average. It indicates high mental stress. Stress in the recent past has had a major impact on your mental health. The negative effects of mental stress are clearly visible. You are likely to experience concentration problems, forgetfulness and reduced energy levels.

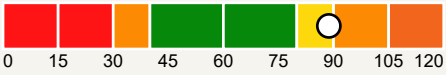
Autonomic Balance: -3.6



Sympathetic dominance; The autonomic nervous system is out of balance; Suggests increased sympathetic development; Possible chronic autonomic dysfunction; Treatment Options: Changes in lifestyle, medications and other

The sympathetic nervous system activates the “fight-or-flight” responses. The parasympathetic nervous system controls the “rest and digest” responses.

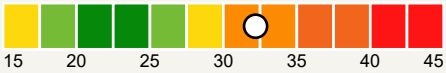
Total Autonomic Activity:89



Stress response. This may be a sign of physical or mental stress or the presence of any acute health issue causing an increase in the function of the sympathetic nervous system. If similar results appear 3 or more times in a row, it is recommended that one should have a thorough health checkup. Maintaining a healthy lifestyle may help improve the functioning of the autonomic nervous system;

Marker of the overall ANS activity at rest.

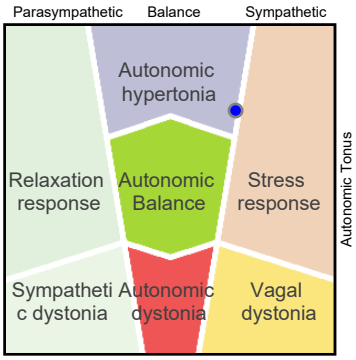
Body Mass Index (BMI):32.2



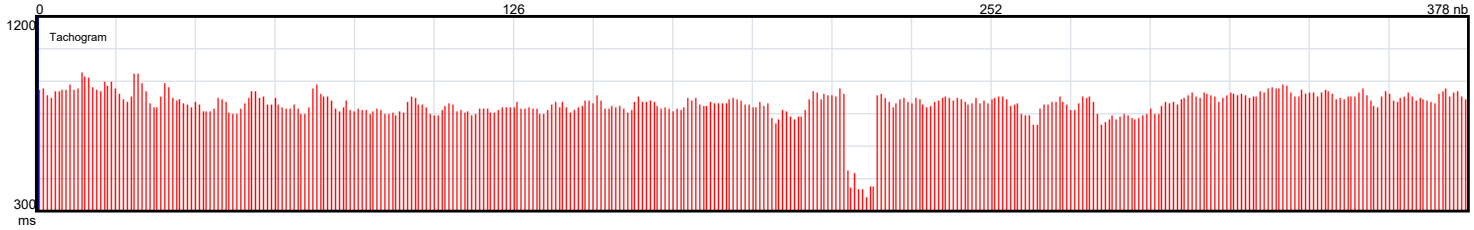
Overweight to Obese - high risk of associated diseases

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.

	Score	Units	Norms		Score	Units	Norms
LFa	4.79	bpm²	0.5-4	HFa	2.32	bpm²	0.5-4
SpO2	98	%	>94	Functional Age	33	years	< 27
Health Risk Factor	59	%	< 50	SDNN	60	ms	> 40
HeartRate	75	bpm	< 90	Ventricular Extrasystole	0		< 1
Atrial Extrasystole	0		< 1	Artifacts	2		< 1



A - Normal B - Borderline Normal C - Moderate D - Borderline Abnorma E - Abnormal F - Severe



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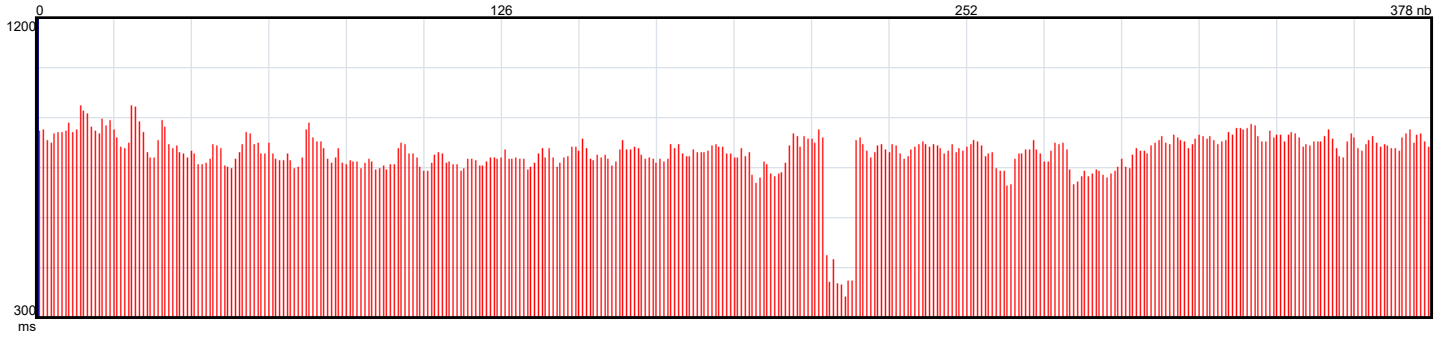
Printed: Feb 9 2021 00:19

VitalScan

HEART RATE VARIABILITY ANALYSIS

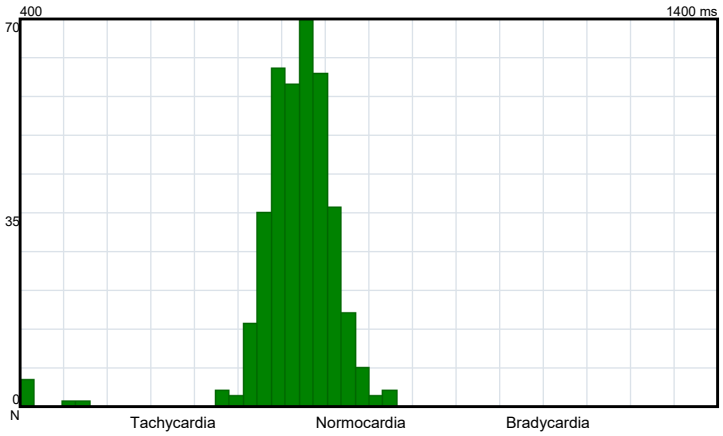
Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in

Exam Date: Dec 28 2020 15:31

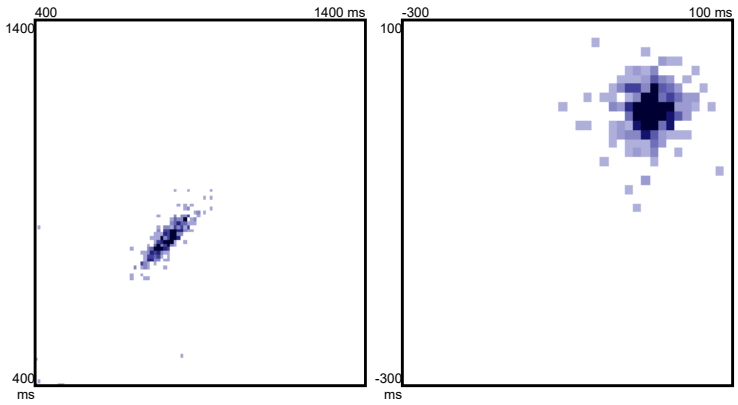


Total HeartBeats = 374 Artifacts = 3 (0.8%) Signal Quality = Good

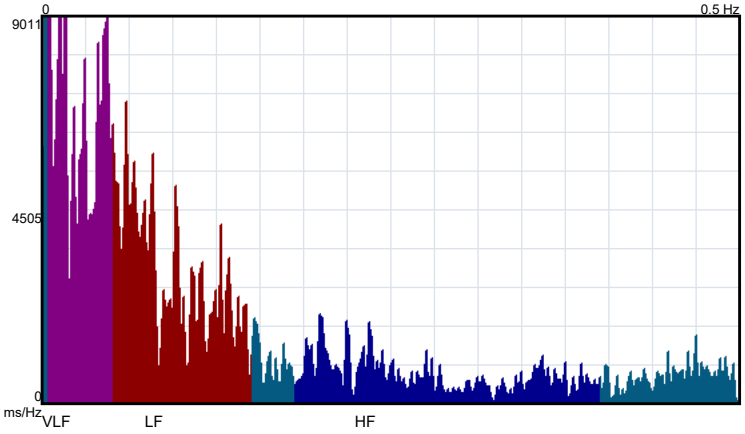
Parameters	Value	Units
HeartRate	75.41	bpm
AMo	70	number
Mo	800	ms
SDNN	59.57	ms
SDNN5	53.22	ms
pNN50	4.02	%
rmsSD	28.15	ms
SDSD	28.15	ms



Parameters	Value	Units
SD1	19.9	ms
SD2	81.86	ms
SD1/SD2	0.24	



Parameters	Peak(Hz)	Power(ms²)	Power(%)	Power(n.u.)
VLF	0.02	1478.17	41.86	
LF	0.06	1475.24	41.77	71.85
HF	0.3	130.2	3.69	6.34
TP		3531.41		
LF/HF		11.33		



Physician`s Notes:

Printed: Feb 9 2021 00:19

BrainView

METABOLIC REPORT

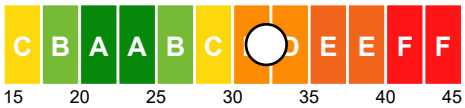
Demo ADHD
Gender: Male
Age: 25 (DOB: Nov 20 1995)
Weight: 244 lbs
BMI: 32.2
Height: 6 ft 1 in
Exam Date: Dec 28 2020 15:31

Ideal Body Weight = 184 Lbs
Real Body Weight = 244 Lbs
Basal Metabolic Rate (BMR) = 2352 cal
Total Daily Energy Expenditure = 3058 cal

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

Body Mass Index (BMI) = 32.2

(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: