

# Diabetic Retinal Diagnosis Report

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## Patient Information

**Name:** Test Patient

**Age:** 45

**Sex:** M

**Weight:** 75.0 kg

**Height:** 175.0 cm

**BMI:** 24.49

## Diagnosis Findings

**Left Eye:** Mild

**Right Eye:** Mild

**Confidence:** 85.5%

**Risk Score:** 4.0

## Condition Overview

Diabetic retinopathy (DR) is microvascular damage to the retina from diabetes. Mild DR observed in both eyes (OU). Confidence: 85.5%.

## Patient Assessment

45-year-old male with mild bilateral DR. Primary risk factor: Insulin-dependent diabetes. Favorable factors: Healthy BMI, non-smoker, low alcohol intake, no overt vascular disease. Risk score 4.0 indicates ongoing risk for progression.

## Implications

Risk of DR progression to proliferative DR, diabetic macular edema. Potential for severe vision loss, blindness if untreated. Systemic microvascular compromise likely present.

## Treatment Plan

- Medical Management:** ['Optimize glycemic control (HbA1c target <7%).', 'Maintain blood pressure <130/80 mmHg.', 'Manage dyslipidemia (LDL target <100 mg/dL).']
- Ophthalmologic Monitoring:** ['Dilated fundus examination every 6-12 months.', 'Optical coherence tomography (OCT) as indicated.']

- **Lifestyle Guidance:** ['Diet: Emphasize low glycemic index foods, limit saturated fats, increase antioxidant-rich vegetables/fruits.', 'Eye protection: Wear UV-blocking sunglasses outdoors.', 'Glycemic control: Consistent medication adherence, regular blood glucose monitoring.', 'Physical activity: Regular moderate exercise.', 'Smoking cessation: Critical for vascular health (patient advised to maintain non-smoker status).', 'Alcohol moderation: Continue low intake.']

## Life Impact

- Currently minimal visual impairment.
- Potential for future blurry vision, floaters.
- Future impact on driving, reading, fine visual tasks possible.

## Financial Impact

- **Monitoring Costs:** ['Regular ophthalmologic examinations.', 'Retinal imaging (OCT, DFE).']
- **Therapy Costs:** ['Potential future anti-VEGF injections, laser photocoagulation, vitrectomy surgery.']
- **Systemic Management Costs:** ['Ongoing diabetes medication, primary care visits, endocrinology consultations.']

## Recovery Projection

With stringent glycemic, blood pressure, lipid control, and regular ophthalmologic follow-up, disease progression can be slowed or halted. Vision stabilization is expected. Regression of mild DR is possible. Non-adherence risks rapid progression and irreversible vision loss.

## Additional Assessments

- Referral to endocrinology for diabetes optimization.
- Referral to primary care for comprehensive systemic risk factor management.
- Baseline HbA1c, lipid panel, renal function tests.

## Compliance Notice

*Strict adherence to medical regimen, lifestyle modifications, and scheduled ophthalmologic follow-ups is critical to preserve vision.*