

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
Insulin:	12.0	Smoker:	False
Alcohol:	Low	Vascular Disease:	False

Diagnosis Findings

Left Eye:	Mild	Right Eye:	Mild
Confidence:	85.5%	Risk Score:	4.0

Condition Overview

You have been diagnosed with mild retinopathy in both eyes, an early stage condition where the small blood vessels in the retina show minor changes. This indicates a potential impact of your underlying systemic health on your ocular circulation, but typically does not affect vision at this stage.

Patient Assessment

- Patient: Test Patient, M, 45 years old
- BMI: 24.49 (within healthy range)
- Medical History: Insulin use indicated (12.0), non-smoker, low alcohol intake, no vascular disease
- Ocular Diagnosis: Mild retinopathy in both left and right eyes
- Confidence in Diagnosis: 85.5%
- Risk Score for Progression: 4.0

Clinical Implications

- Early stage of retinal vascular changes; current vision is likely unaffected.
- Indicates systemic health factors, specifically diabetes, are impacting ocular health.

- Risk of progression to more severe stages, potentially affecting vision, if not managed proactively.
- Emphasizes the critical need for excellent glycemic control and blood pressure management.

Treatment Plan

- Lifestyle: Maintain strict glycemic control (HbA1c targets as advised by your endocrinologist), regular aerobic exercise, balanced diet low in saturated fats and refined sugars, manage blood pressure.
- Monitoring: Comprehensive dilated eye exam every 6-12 months, or as advised, including retinal imaging (e.g., OCT, fundus photography) to track changes.
- Medical: Collaborate closely with your primary care physician and endocrinologist for optimal systemic diabetes management. No specific ophthalmological medical treatment is typically required for mild retinopathy.
- Follow-up: Schedule next ophthalmology appointment in 6 months for re-evaluation.

Life Impact

Currently, mild retinopathy should have minimal direct impact on your daily activities or vision. However, proactive management of your diabetes and adherence to monitoring are crucial to prevent future vision impairment and maintain quality of life.

Financial Considerations

Anticipate costs primarily associated with regular ophthalmological examinations, potentially including advanced imaging tests. Future costs could increase if the condition progresses and requires more intensive treatments (e.g., laser, injections).

Recovery Projection

With excellent glycemic, blood pressure, and lipid control, the progression of mild retinopathy can often be stabilized, and in some cases, early changes may even regress. Without diligent management, there is a risk of gradual worsening over time, potentially leading to vision-threatening complications.

Recommended Additional Assessments

- Referral to/collaboration with an endocrinologist for diabetes optimization if not already fully managed.
- Baseline Fundus Photography and Optical Coherence Tomography (OCT) for detailed retinal assessment and future comparison.
- Regular blood work (HbA1c, lipid panel, renal function) as guided by your primary care physician/endocrinologist.

Important Notice

This report is based on current findings and medical understanding. Adherence to recommended treatments and follow-up schedules is essential for optimal outcomes. This information does not replace direct consultation with your healthcare provider for personalized medical advice.