

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, a microvascular complication of diabetes affecting the retina. Bilateral mild non-proliferative diabetic retinopathy (NPDR) confirmed. Confidence 85.5%.

Patient Assessment

Patient 45M with established diabetes. BMI 24.49. Insulin dependent. Non-smoker. Low alcohol consumption. No history of vascular disease. Risk score 4.0 indicates ongoing risk of progression. Mild DR presence necessitates strict systemic control.

Implications

Potential for progression to moderate/severe NPDR, proliferative diabetic retinopathy (PDR), or diabetic macular edema (DME). Visual impairment, vision loss, or blindness possible if untreated. Systemic microvascular complications (nephropathy, neuropathy) frequently co-occur.

Treatment Plan

- monitoring:** ['Dilated fundus examination every 6-12 months.', 'Optical Coherence Tomography (OCT) as indicated for macular edema screening.', 'Fluorescein angiography if progression or macular edema suspected.']
- systemic_management:** ['Optimize glycemic control (HbA1c <7%).', 'Blood pressure control (<130/80 mmHg).', 'Lipid management (LDL <100 mg/dL).']

- **lifestyle_guidance:** ['**Diet**': Emphasize low glycemic index foods, reduced saturated fat, increased antioxidant-rich vegetables/fruits.', '**Exercise**': Regular physical activity.', '**Eye Protection**': Consistent use of UV-blocking sunglasses outdoors.', 'Maintain healthy weight.']
- **ophthalmic_intervention_future_consideration:** ['Anti-VEGF injections for DME.', 'Laser photocoagulation (focal/grid for DME, panretinal for PDR).']

Life Impact

- Currently minimal visual impact.
- Progression can cause difficulty with reading fine print.
- Impaired night vision possible.
- Reduced ability to drive safely possible.
- Challenges with daily tasks requiring detailed vision possible.

Financial Impact

Ongoing costs include: regular ophthalmologic examinations, diagnostic imaging (OCT, FA). Potential future therapies: anti-VEGF injections, laser treatments, vitrectomy, systemic medication costs.

Recovery Projection

Adherence to systemic and ophthalmic management can stabilize disease, slow progression, and preserve vision. Reversal of existing microvascular damage is limited; primary goal is preventing further deterioration and vision loss. Early intervention improves prognosis.

Additional Assessments

- Referral to endocrinologist for comprehensive diabetes management review.
- Baseline HbA1c, lipid panel, and renal function tests.
- Consideration for primary care physician co-management of systemic risk factors.
- Neurology/Nephrology consultation if systemic neuropathy or nephropathy suspected.

Compliance Notice

Strict adherence to follow-up schedules is critical for early detection of disease progression. Consistent glycemic, blood pressure, and lipid control significantly impacts retinopathy outcomes. Non-compliance increases risk of irreversible vision loss.