

# 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

Bilateral mild non-proliferative diabetic retinopathy (NPDR). Characterized by microaneurysms and dot-blot hemorrhages. Diagnosis confidence 85.5%.

## Patient Assessment

45-year-old male with mild bilateral diabetic retinopathy. BMI within normal limits (24.49). Non-smoker, low alcohol use. No history of vascular disease. Insulin level of 12.0 suggests uncontrolled or long-standing diabetes requiring ongoing management. Risk score 4.0 indicates moderate risk for progression without intervention.

## Implications

Potential for retinopathy progression to moderate/severe NPDR, proliferative diabetic retinopathy (PDR), and diabetic macular edema (DME). Risk of vision loss or blindness if disease advances and remains untreated. Microvascular damage may indicate systemic microvascular disease.

## Treatment Plan

- clinical\_interventions:** ['Optimize glycemic control: Target HbA1c <7%', 'Optimize blood pressure control: Target <130/80 mmHg.', 'Optimize lipid management: Achieve target lipid levels.', 'Regular ophthalmic examinations: Dilated fundus exam every 6-12 months, or as clinically indicated.]
- monitoring:** ['Serial fundus photography for documentation and comparison.', 'Optical Coherence Tomography (OCT) of macula to rule out diabetic macular edema.', 'Visual acuity monitoring at each visit.]

- **lifestyle\_guidance:** ['Diet: Focus on low glycemic index foods, reduced saturated fats, increased antioxidants.', 'Eye protection: Consistent use of UV-protective eyewear (sunglasses).', 'Physical activity: Engage in regular, moderate-intensity exercise.', 'Smoking: Abstinence (patient is non-smoker).', 'Alcohol: Continue low intake.]

## Life Impact

Currently no significant impact on daily vision or activities at this mild stage. Requires ongoing adherence to medical appointments and lifestyle modifications. Potential for future visual impairment with disease progression.

## Financial Impact

Expected costs include regular ophthalmic examinations, diagnostic imaging (OCT, fundus photography), and systemic diabetes management medications. Potential future costs include laser therapy, anti-VEGF injections, or vitrectomy if retinopathy progresses.

## Recovery Projection

With stringent glycemic, blood pressure, and lipid control, progression of retinopathy can be slowed or halted. Visual acuity is expected to remain stable at this stage with consistent adherence to treatment and monitoring.

## Additional Assessments

- Referral to primary care physician/endocrinologist for optimization of diabetes management.
- Annual comprehensive metabolic panel including HbA1c, fasting glucose, and lipid profile.
- Renal function assessment (microalbuminuria screening).

## Compliance Notice

*Strict adherence to scheduled ophthalmic follow-up examinations, systemic medical management, and lifestyle modifications is crucial for preserving vision and preventing disease progression.*