

QSight - Diabetic Retinal Diagnosis Report

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Patient Information

Name:	Jana	Age:	45
Sex:	Female	Weight:	75.0 kg
Height:	175.0 cm	BMI:	24.49
Insulin:	12.0	Smoker:	No
Alcohol:	None	Vascular Disease:	No

Diagnosis Findings

Left Eye:	Moderate	Left Confidence:	50.4%
Right Eye:	No_DR	Right Confidence:	90.4%
Average Confidence:	70.4%	Risk Score:	3.0/10

Condition Overview

Dear Jana, this report summarizes our findings regarding your recent eye examination. You have been diagnosed with Moderate Diabetic Retinopathy (DR) in your left eye, a complication of diabetes affecting the small blood vessels of the retina. Your right eye currently shows no signs of DR.

Patient Assessment

- Female, 45 years old, with a healthy BMI of 24.49.
- No history of smoking, alcohol use, or vascular disease.
- Left eye exhibits Moderate Diabetic Retinopathy, confirmed with a confidence of 70.4%.
- Right eye shows no signs of Diabetic Retinopathy.
- Your current risk score for DR progression is 3.0.
- Current insulin level 12.0, indicating ongoing management or presence of diabetes.

Clinical Implications

- The presence of moderate DR in your left eye indicates that the blood vessels in your retina are being affected by your diabetes.
- There is a risk of progression to more severe forms of DR, which could lead to vision impairment if not managed effectively.
- While your right eye is currently unaffected, it remains at risk for developing DR in the future.
- Strict control of your blood glucose levels, blood pressure, and lipids is crucial to prevent progression and protect your vision.

Treatment Plan

- Lifestyle: Implement strict blood glucose control through diet and exercise. Maintain healthy blood pressure and cholesterol levels as advised by your primary care physician or endocrinologist.
- Monitoring: Regular ophthalmic examinations every 3-6 months, including dilated fundus examination and imaging, to monitor the progression of DR in your left eye and to screen your right eye.
- Medical: Currently, no direct ocular intervention is required for moderate non-proliferative DR without macular edema. Focus remains on systemic diabetes management.
- Follow-up: Your next ophthalmic follow-up is recommended in 3-6 months, or sooner if you experience any changes in vision.

Life Impact

Early detection of Diabetic Retinopathy allows for proactive management to preserve your vision and maintain your quality of life. Adherence to your diabetes management plan and regular eye check-ups are key to minimizing the impact of this condition on your daily activities.

Financial Impact

- Costs associated with ongoing ophthalmic examinations and diagnostic imaging.
- Potential future expenses for ocular treatments such as laser therapy or anti-VEGF injections if the condition progresses.
- Costs related to systemic diabetes management, including medications and primary care visits.

Recovery Projection

With diligent management of your diabetes and consistent ophthalmic follow-up, the progression of Diabetic Retinopathy can often be stabilized, and severe vision loss can frequently be prevented. While the changes in your left eye may not fully reverse, the goal is to prevent worsening and protect your remaining vision.

Additional Assessments

- Comprehensive physical examination and review of systemic health by your primary care physician or endocrinologist.
- HbA1c testing to assess long-term blood glucose control.

- Blood pressure and lipid panel evaluation.
- Optical Coherence Tomography (OCT) of the macula to rule out diabetic macular edema.
- Fundus photography for baseline documentation and future comparison.

Important Notice

This report is for your information and does not replace direct consultation with your healthcare provider. Please follow all medical advice, attend scheduled appointments, and do not hesitate to contact our office if you have any questions or experience any acute changes in your vision.

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