

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.