

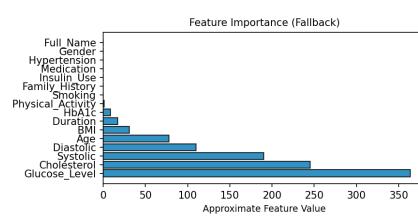
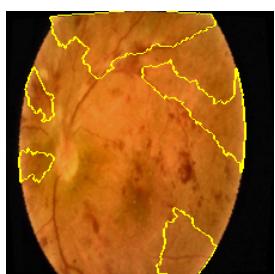
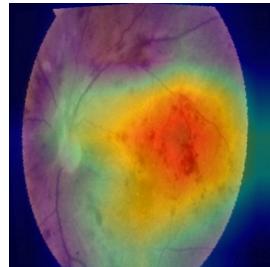
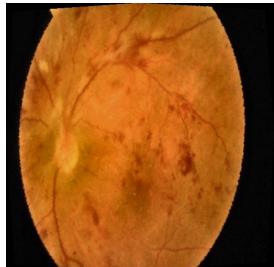
# Clinical Report

Generated: 2025-11-12 13:29:56

## Stage: PDR

### Metadata Snapshot

Name:	jenifer
Age:	78
Gender:	Female
Systolic (mmHg):	190
Diastolic (mmHg):	110
BMI:	30.8
Glucose:	364
HbA1c:	8.6
Cholesterol:	245
Smoking:	Yes
Hypertension:	Yes
Diabetes Duration:	17



### Summary

- Clinical Report — Ophthalmologist
- Patient: Name: jenifer, Age: 78, BMI: 30.8
- Predicted stage: PDR
- Model confidence: 83.96%

# Summary

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- Risk score: 96.04%
- Findings (automated lesion quantification):
  - Microaneurysms: 25.00%
  - Exudates: 25.00%
  - Hemorrhages: 2.10%
  - Cotton Wool: 0.00%
  - Neovascularization: 25.00%
  - Total Lesion Load: 52.10%
- Clinical interpretation:
  - Features consistent with proliferative DR (neovascularization). Immediate retina specialist referral recommended (consider anti-VEGF / PRP).
- Model & Explainability:
  - Multi-model fusion: CNN ensemble (EfficientNet, ResNet50, ViT) + metadata models (RF, XGBoost, stacked ensemble).
  - Explainability outputs available: GradCAM++, LIME, SHAP — review heatmaps and overlay masks.
- Performance metrics:
  - Accuracy: 0.947
  - F1-score: 0.938
  - AUC/ROC: 0.971
- Suggested clinical action items:
  1. Correlate with slit-lamp exam and fundus exam.
  2. If macular edema suspected, obtain OCT imaging.
  3. For suspected PDR, arrange urgent retina referral for potential PRP/anti-VEGF.
  4. Document lesion masks if available for audit.

