

**Eye: Right**

DOB: 30-05-1967

Name: NAVANEETHA KRISHNAN R.

ID: 434794

### Central 24-2 Threshold Test

**Fixation Monitor: Gaze/Blind Spot**

**Fixation Target: Central**

Fixation Losses: 1/16

False POS Errors: 0 %

**False NEG Errors: 5 %**

Test Duration: 05:37

Fovea: 38 dB

Stimulus: III, White

Background: 31.5 ASB

Strategy: SITA-Standard

Pupil Diameter: 3.0 mm

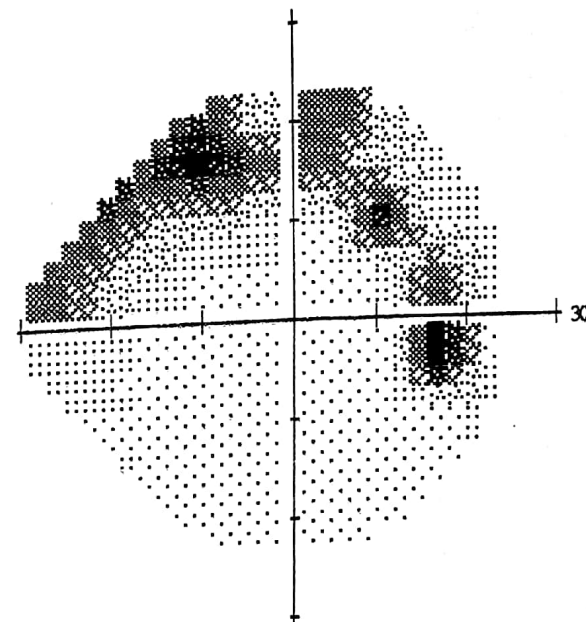
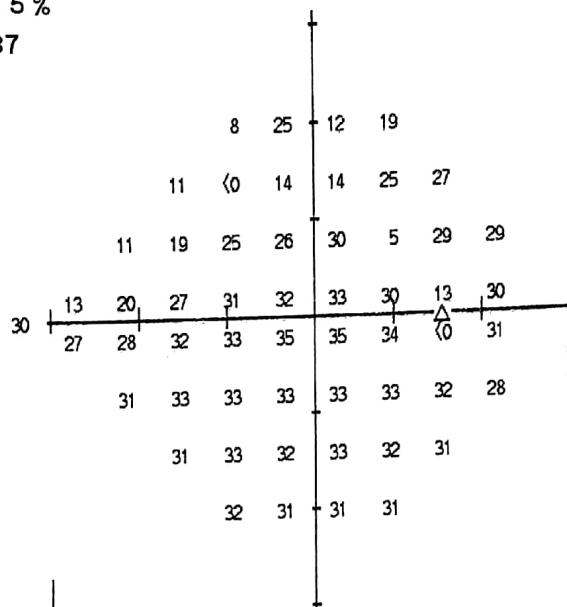
Visual Acuity: 6/6

RX: +1.50 DS      DC X

Date: 15-09-2016

Time: 11:42

**Age: 49**


$$\begin{array}{cccccc|cccc}
 & -20 & -3 & & & & -16 & -8 & & \\
 & & & & & & & & & \\
 & -18 & -32 & -16 & & & -16 & -5 & -2 & \\
 & & & & & & & & & \\
 -18 & -12 & -6 & -6 & & & -2 & -26 & -1 & 0 \\
 & & & & & & & & & \\
 -14 & -9 & -4 & -2 & -1 & & 0 & -2 & & 0 \\
 \hline
 -1 & -2 & 0 & 0 & 2 & & 2 & 1 & & 1 \\
 & & & & & & & & & \\
 & 1 & 2 & 1 & 0 & & 0 & 1 & 1 & -2 \\
 & & & & & & & & & \\
 & & 1 & 2 & 0 & & 1 & 1 & 1 & \\
 & & & & & & & & & \\
 & & & 3 & 1 & & 1 & 1 & & 
 \end{array}$$
$$\begin{array}{cccccc|cccc} & & -21 & -4 & & & -17 & -10 & & \\ & & & & -20 & -33 & -18 & -17 & -6 & -3 \\ & -20 & -13 & -8 & -7 & & -4 & -28 & -3 & -2 \\ -16 & -11 & -6 & -3 & -2 & & -1 & -3 & & -1 \\ \hline -2 & -4 & -2 & -1 & 0 & & 1 & 0 & & -1 \\ & 0 & 1 & 0 & -1 & & -1 & -1 & -1 & -3 \\ & & 0 & 0 & -1 & & 0 & 0 & -1 & \\ & & & 1 & 0 & & 0 & 0 & & \end{array}$$

GHT

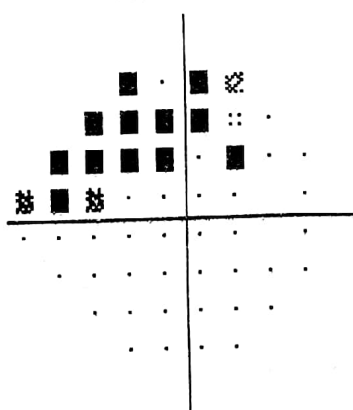
### Outside Normal Limits

VFI 89%

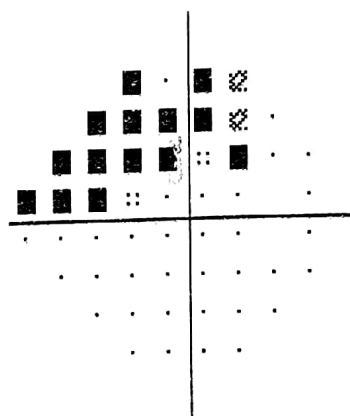
MD -3.35 dB P &lt; 2%

PSD 8.02 dB P &lt; 0.5%

**Total Deviation**



### Pattern Deviation



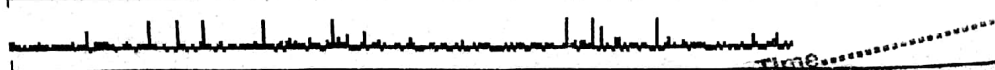
$\therefore < 5\%$

 < 2%

 $\leq 1\%$ 

■ < 0.5%

Aravind Eye Hospital  
Thavalakuppam  
Pondicherry



# Aravind Eye Care System

## Glaucoma Review Record

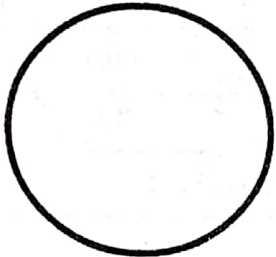
Name : Mr / Ms / Mrs. NAVANEETHA KRISHNAN R. M.R.No.: 434794  
 Age 51 Yrs Sex : M ☒ F ☐ Date : 29 MAY 2018 Review as per appointment : Yes ☐ No ☐  
 Gl.No. \_\_\_\_\_ MRD in time : 9:30 Glaucoma in time : 9:55 out time : \_\_\_\_\_

<b>Previous Diagnosis:</b> <u>(BE) POACH (Post Trab Chop)</u>	<b>Systemic Illness</b> DM <input type="checkbox"/> HTN <input type="checkbox"/> BA <input type="checkbox"/> CARDIAC <input type="checkbox"/> Urinary Problem <input type="checkbox"/> OTHERS _____
<b>Complaints :</b> <u>c/o cheek up</u>	

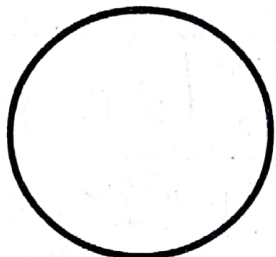
Treatment taken	IOP	RE	Time	LE
<u>eld Lumigan-HS-RE</u>	<u>Perkins/NCT</u>	<u>12</u>	<u>10:30</u>	<u>12</u>
	<u>Applanation</u>			



**Examination :**

RE

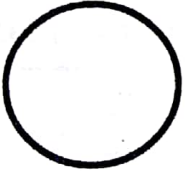
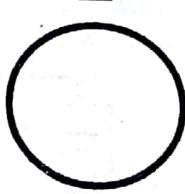


LE



RE	Gonioscopy	LE
		

Dilate : HFA -> Dil (RE)

<b>Fundus :</b> <div style="text-align: center;"> <p>RE</p>  </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 15px; background-color: yellow; margin-right: 5px;"></div> <p>- Cup</p> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 15px; background-color: red; margin-right: 5px;"></div> <p>- Blood Vessels</p> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 15px; background-color: green; margin-right: 5px;"></div> <p>- RNFL</p> </div> </div>	<div style="text-align: center;"> <p>LE</p>  </div>
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**Treatment Plan:**

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<b>Current Diagnosis:</b>	<b>Review After 3 / 4 / 6 / 12 Months</b>