

URNAMES (Block Letters)

ASANTE

FIRST NAMES

ERNEST Onuru

Sex

M

PHONE NUMBER.....

020 936 3092

ADDRESS OR RESIDENTIAL.....

054

OCCUPATION

RTD

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH

AGE
89

PLACE OF BIRTH

KIKHATTU

ANY ALLEGIC REACTION
TO MEDICINE

No

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

5-9-17

NEXT OF KIN

KINGSLEY

for (P) #9117

J-Grid 500 w
paid £(12/17)

w
11/18

ADDRESS OR PHONE No. OF NEXT OF KIN

020 8147 008



ASANTE EYE CLINIC & LASER CENTRE

NAME: Asante Ernest Onwusu CARD NUMBER: 18001

DATE: 5-9-17

Q: Poor vision in LE > RE for 7/12

Cataract + (LE > RE) - 7/12 , Glaucoma + - 7/12
DM + (since 1986 - ^{not} ~~not~~ on medication) HPT +

Last FOS: 5.1 mmol/L on three(3) unknown eye drops

V_R: 6/36ue 6/24⁻² p/t

V_L: PLue NIopt

Reception - Pupil - RAPD +

Wedge + wedge lens - Optical + nuclear
Cylinder

IM
n
+ 16

c/d = 7 - flat - c/d = 95

Plus

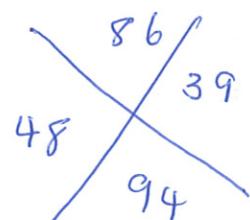
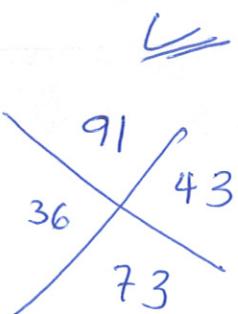
① VF / OCT
(GNTFL + marker)

02.09.17 guitar review. no new complaint

Nr: 936 we 924_{PA}

V_L: HM we NT_{PA}

af. OCT



MD - 22.23

PSD 8.9 FDB.

- Plans
- ① Add Lomijan nocte, RE
 - ② See Y₁₂, to make decision on CIE

05.10.17 S: For review. 8th in on drops. ~~PSM~~

V_R: 924⁻ 928⁻_{PA}

V_L: HM we NT_{PA}



Quet - Ag- Quet

q₁ 0.7 Fudan - q₂ 0.95

My

1. Cont. brinoda zh w
Lomijan BR mta



Eye Star Eye Clinic & Laser Centre

NAME CARD NUMBER

DATE 30-11-17

% Review.

VR 6/36cm, 6DxPDT n. Plus

Item

int opti

Per°, dim rx°

epe

Quit

clear cornea

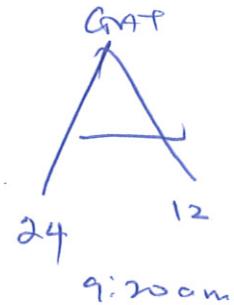
shallow Ac

deep

intumescent

NST

cataract



wp. NE Glaucoma

NE lens induced (uncontrolled wp).

Plan:

1. for possible NE c/E

2. CT

③ RET P.I

Dil

6/12/17 P.I.C (10.2)

pulse	Energy	# of pulse	Total Energy
3	5.8	120	246

Plan

- ① Tobradex 2d
- ② Lemungan PT with 5d
- ③ Convogran PT 5d

su 3/52

30.12.17 Tc: for review - drops finished 3/7

$V_L: 6/36^{-3}$ ue $6/24^{-2}$ PA

$V_L: HM$ ue

Sem

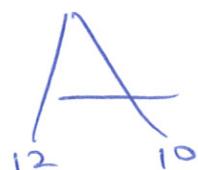
Quiet

clear cornea

deep AC

Patent na virus
PF unreactive
mid dilated

6.7 cm 0.9



1. good wound healing	18/15
2. good conjunctiva	18/15
3. disperse tea bag please	

for LVA

DJ



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Asante Tafari Owusu

CARD NUMBER: 18009

DATE: 13-2-18

1. cloudy vision in RE for 1/52

VR 6/64M us N HMs D

N/PAT

Seen

of e

Quiet

clear cornea

relatively AC deep
shallow

PI @ 10 o'clock
small pupil unreactive
irregular

60°, N/S 60°, N/S, 60°

0.7 CAR 0.5



pls 1. put Lumenon mask | SES

2. put anti sun mask

3. Dose set to fit magnified from
Mark by

4. See 6/52

PJL

15/3/18

C10: For review. Not seeing any improvement.

days are finished

Not satisfied w/ magnifiers given

OK: CF C 1.5m

UL: Hm

OR with Rx: 61₃₆-1

Visual - Uid Normal



PI

Sweet ABS - Quidet

mid Refl
Pupil

mid reflected pupil

coe. poser - lens - coe. poser

0.75 fulcrum - 0.8

Heavy lens

pl

1. All lens can BE recte

2. lens can be sf

see in 3/2

22.05.18

E: Blurry vision in BE

consideration finished for 2/7

✓ R: CF@2m w/ NIPs

~~lens~~

V_L: ~~CF@2m~~ 6/6@1m

Sew

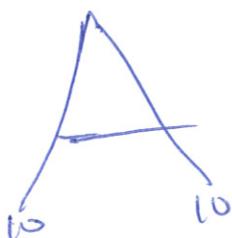
of E

Quidet

shallow AC deep

unreactive mid unreactive

?intumescent lens





INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

1. gritt akifan 10ml
2. gritt kumfan 10ml
3. See Dr.

W.H.

6/8/18

%: Coming for review. Drops got finish and got some from the USA. But stopped using it because vision became more blurred.

VR

CF @ 2m
_{ua}

VL

CF @ 1m
_{ua}



Patent PI

meibomian
gland dysfunction



NS III/
PSC

very hazy view
disk hazy seen

Fundus

AT

C:D - 0.3:1
Pale disk

TA

To change off
Prostaglandin off
later, if pain
redness persists

Adv

→ continue antiglaucoma
medication.

→ Dexatrol e/o (BE)
at night x 2 weeks

→ Refresh tears off (BE)
4 times/day x 2 weeks

→ LE - Place + SOL followed
by RE ↓ AVP

→ To give 20% mannitol before
surgery if needed

keti

1-11-18

%: Review. Symptomatically better.

Still on drops → Luminan off.
Combigan off

VR

VL

CF @ 2m_(av), MI_{pn}

AM_{av}, NI_{pn}

ATC¹⁴
10

Cat \oplus

Cat \oplus

PI.

details not
seen

Fundus

details not
seen



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

2 weeks back
sugar was 50+.

Adv

RE - Phaco + IOL \downarrow AVP

Continue Lumigan eld.

Amkigan eld

01/11/18

Biometry (R.E)

K1 - 44.0

K2 - 46.5

A1 - 21.96

IOL(P) 24.00

(-0.17)

24.50

(-0.52)

2/11/18

RE - ECCE + IOL \downarrow IA

D/B Dr Adam

A/B Godwin

aurolab Aurolens 2022-02
PMMA IOL 2-11-18 RE
Optic Ø 6.0 mm Overall Ø 12.5 mm
REF S3602 Power +22.0
LOT SN-BA3525 -261 ISSUE 2 07 / 16

03-11-18

V_R 6/26

(P) Corneal Suture intact

SL - DOR

PER

(P) ^{Per} Red fest 2Wb
R/S

(D) Holes and R/S

SL 5/7

(D) Ulcers and R/S

(D) CT (granous)
Corneal
Lemper / R/S

8-11-18

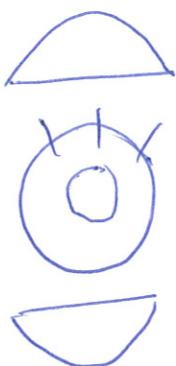
V_R

CF@ I_{max}, M_{pm}

V_L

CF@ I_{max},

PCOL in
AC.



cornea
clear
sutures
intact



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:..... CARD NUMBER:.....

DATE:.....

Adv

(Re)

Pred forte e/d

4 times/day x 1 week

3 times/day x 1 week

2 times/day x 1 week

Vigamox e/d } till the
Acular LS e/d } bottle
finishes

(Be)

Combigan e/d

Latanoprost e/d

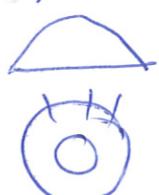
Review in 3 weeks

29-11-18

%: Review. No complaint. Still on drops

Vk
6/60⁻³ mm, 6/36⁻ ph

AT<¹²₁₂



PCJOL

V_h: CF @ 1maw

Phacodonesis

NS III / PSC

PXF

Add

suture removal RE SFA

Flanax eye (RE)

4 times/day x 1 week

3 times/day x 1 week

2 times/day x 1 week

One daily x 1 week

(B) Refresh tears eye

4 times/day

Combigan eye

2 times/day

Latanoprost eye

at night

Review in 1 month

6-12-18

%: Review. Vision has decreased for about 4 days

Still on drops

\checkmark_R

6180 mm^{-3} , 6136 μm

\checkmark_L

CF@ 1 mm_{cm} , $115 \mu\text{m}$



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

PCIOL. in
AC

NS III / PSC
Phacodonesis

Total cupping

Fundus

AT < $\frac{10}{10}$

Adv

glasses

continue same
medication

Keep the old appointment

14/01/19

C/C: mild haziness (od) x 2/12-7f

Vn: L 6/6 Jua

CFQ 1m

PT: 6/24+2

xt 1.

NCT

AT < $\frac{12}{14}$



18/17

PCIOL in
AC

NS III / PSC
Phacodonesis

Adv

(Be)

Combigan e/d

Latanoprost e/d

Refresh tears e/d

LE - cataract extraction
+ IOL

Review after 2 wth

05.03.19

L Blurred vision in RE + tearing for a while ($3\frac{1}{2}$ hr)
still on drops.

Vm: 6/36 gr

VL: 6/10 gr

RE

LE

AT < $\frac{14}{15}$

PCIOL in AC

inflammatory

deposit on the lens

conj congestion

C:D - 0.9

Funders

Cataract

Phacodonesis
conj congestion

very hazy view

Adv

BE - Flarex e/d

4 times / day

BE - Sennchlor H e/o
at night

continue Combigan e/d
Latanoprost e/d

Review in 1 wth
Repeat refraction



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 02/04/29

S Cloudy vision in RE + tearing and pain's
drops finished yesterday.

R: CFC 4m ne 6/60 -
6/60 sp

L: HM ne NI sp
HM sp

14 14

A/C/D A/S N/S
0.9 C/D 0.95

Plan

① Gutt Lumigan BC

Gutt Combigan. BC

Gutt R. Tears BC

② See 2/12

Plaster



INTER-STAR EYE CLINIC & LASER CENTER

18029

Loc: 10th Lane H/No. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite
Buka Restaurant Near Citizen Kofi. E-mail: Interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____

DATE OF BIRTH _____

DATE OF TEST	R				PRESCRIPTION GIVEN			
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
02-02-19	-2.50	-5.00	90		-1.00	-4.00	90	
P.D.	Inter							
58mm	Read							
HEIGHTS	MONO		BLANK			TECH SIG. CHECKED		
R L	R	L						

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
	TOTAL			
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			
PLEASE TICK				
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>		
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
Eyes Haze HM	6/R -2.50/-5.00 X 90. = 6/L 6/R 6/L Plano] -4.00 X 90 Binoc ADD (N)	L Rdg ADD = N
MUSCLE BALANCE	Add +4+0.03	RETEST DATE less than J-8

L -8.25/-5.75 X 97

18001



INTER-STAR EYE CLINIC & LASER CENTER

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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R PRESCRIPTION GIVEN								
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism	
6-12-18	Dist -2.50	-5.00	90		plm -2.00	-2.00	90		
P.D. 58mm	Inter								
	Read +3.00				+3.00				

HEIGHTS	MONO		BLANK		TECH SIG.	
	R	L	R	L	CHECKED	

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME	Own	—	
	LENSES	uv B/F	400.00	
	COATING			
	SUNDRIES			

	TOTAL	400.00
	VOUCHER	paid 14/1/19
	BALANCE	
	DEPOSIT	
	BALANCE	
CASH <input type="checkbox"/>		
CHEQUE <input type="checkbox"/>		
CREDIT CARD <input type="checkbox"/>		
DISPENSED BY	CHECKED BY	RECEIVED BY
		DATE
		29/1/19

SYMPOTMS & HISTORY	OCCUPATION Hobbies	
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/60-3 CF@1m	6/R -2.50/-5.00x90 6/L plano/-2.00x90 Binoc ADD	= 6/18 R = 6/ CF@3m > 6/18 L Rdg ADD = N
muscle balance	<u>lids</u> Add: +3.00 DS → 58 RETEST DATE	
R: -3.25/-7.50x93		

1: plomo / -4. 25 x 101



INTER-STAR EYE CLINIC & LASER CENTER

10/2019

Loc: 10th Lane H/No. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite
Buka Restaurant Near Citizen Kofi. E-mail: Interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST <i>22-08-18</i>	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist	<i>Plano -3.00</i>	<i>90</i>			<i>Plano -3.00</i>	<i>90</i>		
Inter								
Read								

HEIGHTS R L	MONO		BLANK		TECH SIG. CHECKED
	R	L			

DISPENSING NOTES	DESCRIPTION		GH¢ P	
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK	TOTAL		GH¢ P	
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
--------------	------------	-------------	------

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
CF@2m - CF@2mm	6/R Read 1 - 3.00 6/L Read 1 - 3.00 X 90 Binoc ADD	CF@4m = 6/1 R Rdg ADD 6/24 = N
MUSCLE BALANCE	Axe + 3.50 DS → < J.8 Up R Error	RETEST DATE

[+2.5] - 4.00 X 90



INTER-STAR EYE CLINIC & LASER CENTER

18001

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Buka Restaurant Near Citizen Kofi. E-mail: Interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
85.09.17	<i>Plano</i>	<i>-400</i>	<i>90</i>		<i>Plano</i>			
P.D.	<i>(30-11-17)</i> .							
59mm 60mm	<i>+30</i>	<i>+3.50</i>		<i>+300</i>	<i>+3.50</i>	<i>(3.12-17)</i>		
HEIGHTS	MONO		BLANK			TECH SIG. CHECKED		
R L	R	L						
DISPENSING NOTES <i>SIV.</i>		DESCRIPTION				GH¢	P	
		FRAME						
		LENSES						
		COATING						
		SUNDRIES						
						TOTAL		
						VOUCHER		
						BALANCE		
						DEPOSIT		
						BALANCE		
PLEASE TICK		CASH <input type="checkbox"/>		CHEQUE <input type="checkbox"/>		CREDIT CARD <input type="checkbox"/>		
DISPENSED BY		CHECKED BY		RECEIVED BY		DATE		

30.12.17

$$\frac{1}{-4.25} / -4.75 \times 92$$

nts ↙ Plano / -4.75 x 93

by see lwc

SYMPTOMS & HISTORY

6/36-3 R Plano / -4.00 x 90 +/24

~~HMA L N F HMA~~

EXTERNAL EXAMINATION OPHTHALMOSCOPY

Rd +3.50 OS → J 8

OCCUPATION Hobbies

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

6/36ue

P2 ue

SUBJECTIVE

6/R Plano / -4.00 x 90 = 6/18^R

6/L Plano (N) ~~N~~ Rd ADD

Binoc ADD +3.00 Dpsr = 6/ → J 8 = N

ACCOMMODATION

MUSCLE BALANCE

Ach

R -3.50 / -4.25 x 95

RETEST DATE

L Envr



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: Ernest Owusu Asante

SEX: Male

D. O. B:

ID No: 18001

OPERATION CONSENT BY PATIENT/RELATIVE

I, Frank Owusu Asante

On behalf of Ernest Owusu Asante

Hereby consent to undergo the operation of ^{Laser} Cataract Surgery CR.EJ

The effect and nature of which has been explained to me

I also consent to such further or alternative measures as may be found to be necessary during the course of such operation and the administration of local or other anaesthetic for the purpose of same

I understand an assurance has not been given that the operation will be performed by a particular surgeon

Signature of Patient/Relative:

Date: 2nd NOV. 2018

I, DR. HARTI HEIDA have been this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor:

Date: 21/11/18



Patient: ERNEST OWUSU ASANTE
Patient ID: OS-A01-AAA0180
Ref. By: INTER STAR

Sex: Male
Age: 90 Year(s)

Visit ID: 100265
Date: 02-11-2018
Final Report
02-11-2018 08:52 AM

MEDICAL LABORATORY REPORT

SPECIMEN DETAILS

Specimen	Barcode	Collected On	Received On
2 ml Blood (EDTA) - EDTA Vacutainer	181102000003	02-11-2018 08:48 AM	02-11-2018 08:48 AM

FULL BLOOD COUNT (FBC) (CBC)

Test	Result	Unit	Reference Range
WBC COUNT	4.10	10 ³ /uL	5-15
RBC Count (Electrical Impedance)	4.25	10 ⁶ /uL	4.50.-5.50
HGB (Hemoglobin)	11.0	g/dL	13-17
HCT	31.2	%	38-54
Mean Corpuscular Vol(MCV)	73.4	fL	80-100
Mean Corpuscular Hb.(MCH)	25.9	pg.	24-32
Mean Corp.Hb.Con. (MCHC)	35.3	g/dL	32-36
Platelets Count(PLT)	118	10 ³ /uL	150-450
RDW-SD	38.9	fL	29-47
RDW-CV	14.4	%	11.5-14.5
PDW	11.9	fL	9-16.56
Mean Platelet Volume (MPV)	9.9	fL	9.4-12.3
P-LCR	25.1	%	<30
Plateletcrit (PCT)	0.12	%	0.22-0.24

Differential Count

Neutrophils(NEUT)	54.4	%	40-80
Lymphocytes(LYMPH)	33.4	%	20-40
Monocytes(MONO)	10.5	%	2-14
Eosinophils(EO)	1.2	%	1-6
Basophils(BASO)	0.5	%	<2.00

Absolute Count

Neutrophils(NEUT)	2.23	10 ³ /uL	2-7
Lymphocytes(LYMPH)	1.37	10 ³ /uL	1-3
Monocytes(MONO)	0.43	10 ³ /uL	0.20-1.00
Eosinophils(EO)	0.05	10 ³ /uL	0.02-1.00
Basophils(BASO)	0.02	10 ³ /uL	0.00-0.10



(1/2)



Patient: ERNEST OWUSU ASANTE
Patient ID: OS-A01-AAA0180
Ref. By: NA

Sex: Male
Age: 90 Year(s)

Visit ID: 100264
Date: 02-11-2018
Final Report
02-11-2018 08:19 AM

MEDICAL LABORATORY REPORT

SPECIMEN DETAILS

Specimen	Barcode	Collected On	Received On
2 ml Plasma - Fluoride Vacutainer	181102000002	02-11-2018 08:17 AM	02-11-2018 08:17 AM

FASTING BLOOD SUGAR

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (Glucose, F)	6.8	mmol/L	4.2-6.4

Lab Scientist: Maxwell Adu

END OF REPORT



(1/1)

CENTRAL 24 - 2 THRESHOLD TEST

NAME: ASANTE ERNEST ONUUSU

BIRTHDATE: 10-27-28 DATE: 09-07-17

NIVUS: III, WHITE, BACKGD 31.5 ABB BLIND SPOT CHECK SIZE: IV

FIXATION TARGET: CENTRAL

ID: 18001

TIME: 08:59:22 AM

CATEGORY: FULL THRESHOLD

RX USED: DS: DDX: DEC: PUPIL DIAMETER: VA:

RIGHT

AGE: 89

FIXATION LOSSES: 0/17

FALSE POS ERRORS: 0/14

FALSE NEG ERRORS: 0/7

QUESTIONS ASKED: 266

FOVIA: 24 DB ■

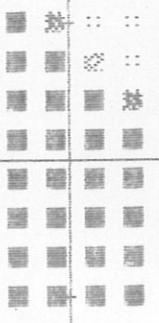
TEST TIME: 00:08:53

HFA S/N

-22	-15	-9	-8				
-13	-15	-13	-8	-6			
-23	-21	-16	-17	-12	-10	-14	-9
-24	-26	-13	-19	-10	-12	-10	-9
-24	-27	-29	-27	-31	-31	-30	-28
-26	-29	-30	-30	-30	-30	-28	-27
-27	-28	-29	-29	-29	-29	-28	-27
-26	-27	-28	-28	-27			

TOTAL

DEVIATION



PROBABILITY SYMBOLS

- P < 5%
- ▨ P < 2%
- ▩ P < 1%
- P < 0.5%

GRAYTONE SYMBOLS

SYM	■■■■	■■■■■■	■■■■■■■■	■■■■■■■■■■	■■■■■■■■■■■■	■■■■■■■■■■■■■■	■■■■■■■■■■■■■■■■	■■■■■■■■■■■■■■■■■■	■■■■■■■■■■■■■■■■■■■■	
ASB	.8 + .1	2.5 + 1	8 + 3.2	25 + 10	79 + 32	251 + 100	794 + 316	2512 + 1000	7943 + 3162	?
DB	.41 + 50	.36 + 40	.31 + 35	.26 + 30	.21 + 25	.16 + 20	.11 + 15	.06 + 10	.01 + 5	.00 + 0

INTER STAR EYE CLINIC
0277-755354/0244850200

ALLERGY
HUMPHREY

REV: AB

INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 23327755354

RNFL Glaucoma Report

OD/OS

Patient: ASANTE, ERNEST OWUSU
 Physician:
 Operator: AMISAH, HENRY ADDISON
 Disease:

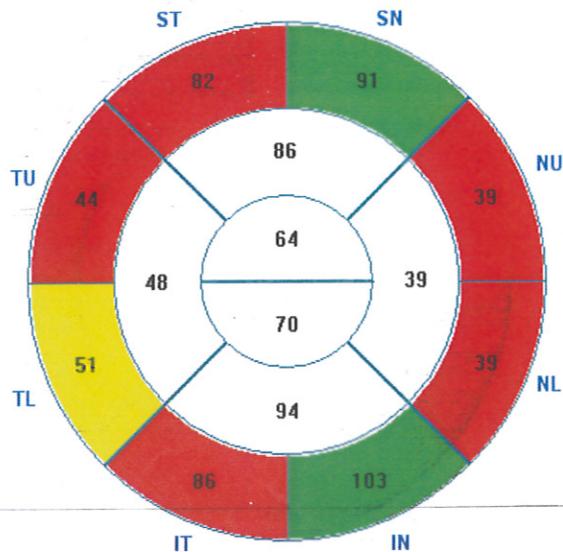
Gender: M
 ID:

Exam Date: 07/09/2017
 DOB(age): 27/10/1928 (88)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

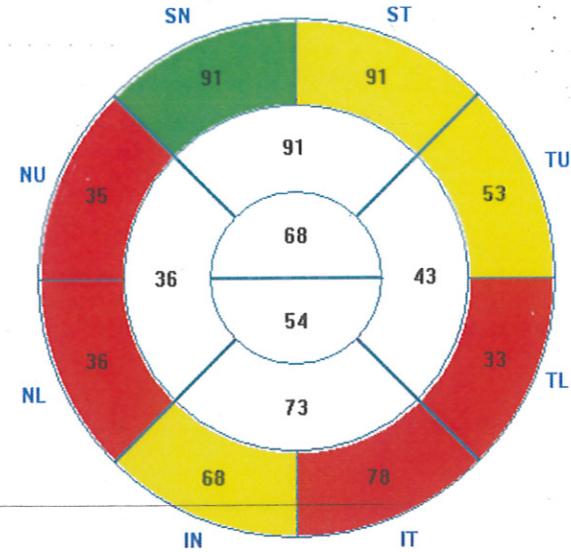
OD

RNFL Analysis

OS

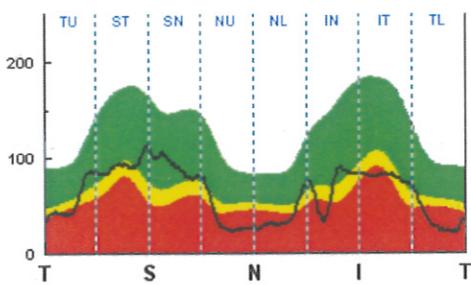
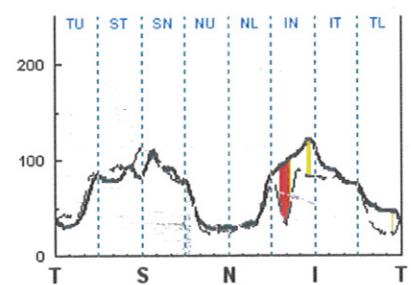
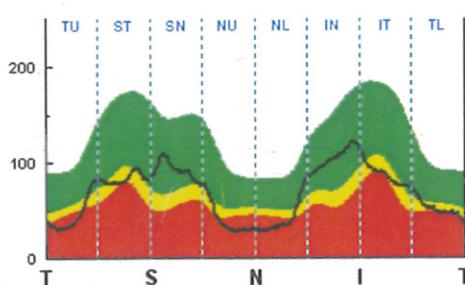


Exam Date: 07/09/2017, SSI= 49.8



Exam Date: 07/09/2017, SSI= 50.2

TSNIT Analysis



Symmetry Analysis

Solid line - OD
 Dash line - OS

p>5% Within Normal
 p<5% Borderline
 p<1% Outside Normal

Report Date: Thursday September 07 10:16:08 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354
ONH/GCC Symmetry Analysis Report

OD/OS

Patient: ASANTE, ERNEST OWUSU
Physician:
Operator: AMISAH, HENRY ADDISON
Disease:

Gender: M
ID:

Exam Date: 07/09/2017
DOB(age): 27/10/1928 (88)
Ethnicity: African Descendant
Algorithm Version: A6, 8, 0, 27

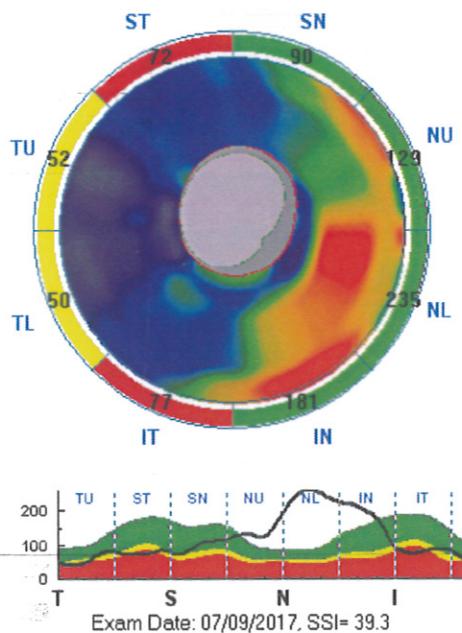
OD

GCC Significance



Exam Date: 07/09/2017, SSI= 44.7

Optic Nerve Head Map



RNFL Parameters	OD	OS
Avg. RNFL	110.77	66.68
Sup. Avg	85.85	70.21
Inf. Avg	135.69	63.15

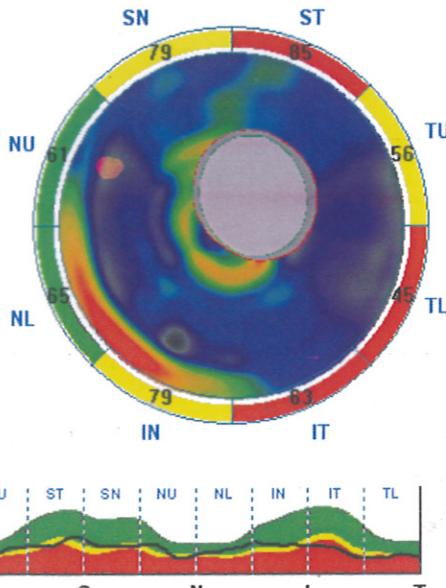
Nerve Head Parameters	OD	OS
Rim Volume (mm³)	0.007	0.001
Nerve Head Vlm (mm³)	0.043	0.018
Cup Volume (mm³)	0.687	0.387

Nerve Head Parameters	OD	OS
Optic Disk Area (mm²)	2.42	2.54
Cup/Disk Area Ratio	0.75	0.81
Horizontal C/D Ratio	0.94	0.91
Vertical C/D Ratio	0.92	0.97
Rim Area (mm²)	0.61	0.47
Cup Area (mm²)	1.81	2.06

p>5% Within Normal
p<5% Borderline
p<1% Outside Normal

OS

Optic Nerve Head Map



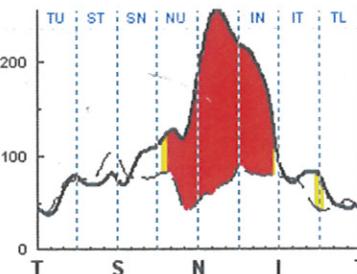
Exam Date: 07/09/2017, SSI= 43.7

GCC Significance

Exam Date: 07/09/2017, SSI= N/A

GCC Parameters	OD	OS
Avg. GCC(μm)	70.02	0.00
Sup. GCC(μm)	67.74	0.00
Inf. GCC(μm)	72.34	0.00
FLV (%)	6.678	0.000
GLV (%)	26.659	0.000

Solid line - OD
Dash line - OS



Report Date: Thursday September 07 10:16:51 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OD

Patient: ASANTE, ERNEST OWUSU
 Physician:
 Operator: AMISAH, HENRY ADDISON
 Disease:

Gender: M
 ID:

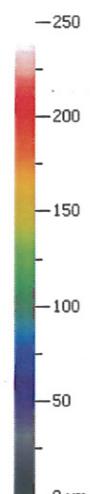
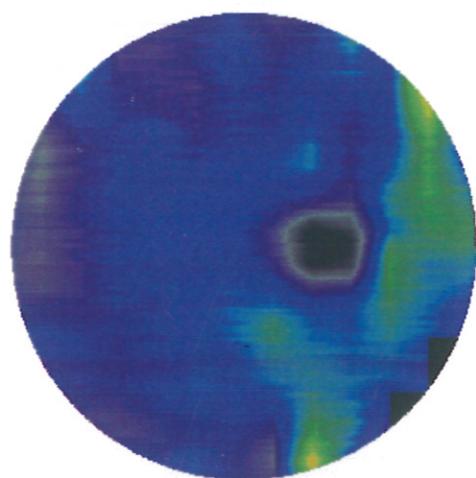
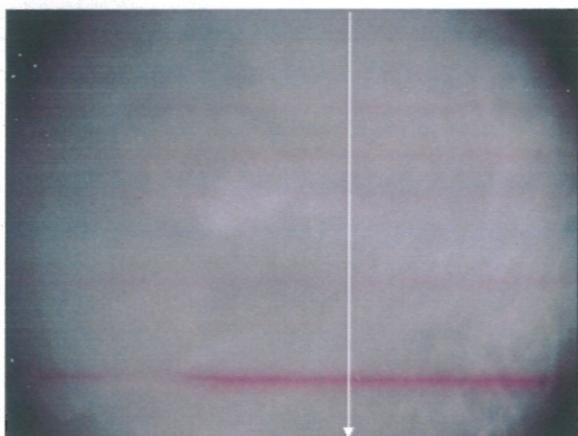
Exam Date: 07/09/2017
 DOB (age): 27/10/1928 (88)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

OD

GCC

SSI= 44.7

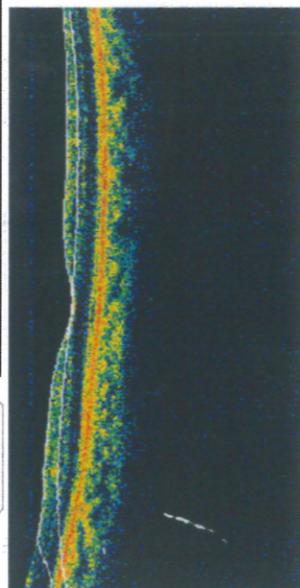
Thickness Map



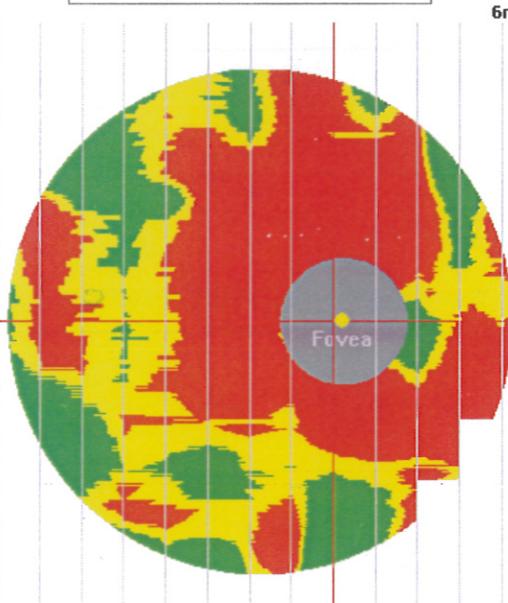
Section	Thickness	Std Dev
Average	70.02	
Superior	67.74	
Inferior	72.34	
S-I	-4.60	15.13
FLV (%)	6.678	
GLV (%)	26.659	

Show Lines

Range: N/A



Significance Map



Diagnosis:

Report Date: Thursday September 07 10:15:30 2017

Report Date: Thursday September 07 10:15:38 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

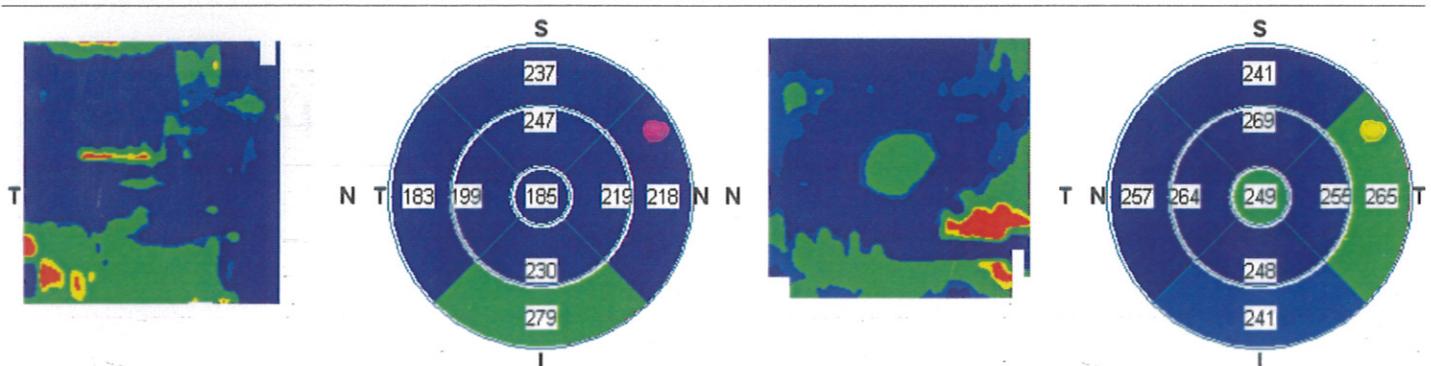
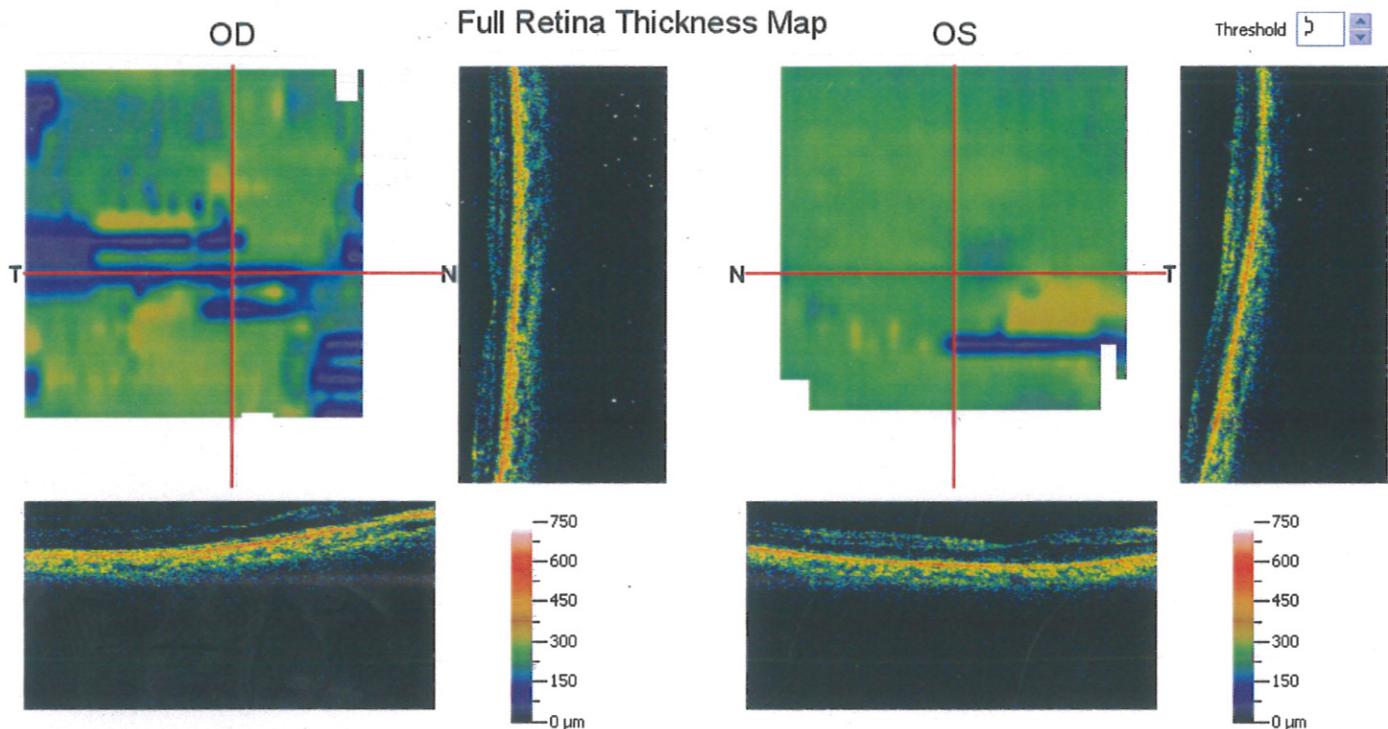
OD/OS

Macula Map(EMM5) Retina Report

Patient: ASANTE, ERNEST OWUSU
 Physician:
 Operator: AMISAH, HENRY ADDISON
 Disease:

Gender: M
 ID:

Exam Date: 07/09/2017
 DOB(age): 27/10/1928 (88)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27



Significance from Normal Map

Significance from Normal Map

Global RPE/Choroid Disruption

D>15μm	
D>8μm	
D	
D<8μm	
D<-15μm	

OD OS

p>99% Outside Normal	
p>95% Borderline	
p>5% Within Normal	
p<5% Borderline	
p<1% Outside Normal	

Report Date: Thursday September 07 10:15:25 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OD

Patient: ASANTE, ERNEST OWUSU

Physician:

Operator: AMISAH, HENRY ADDISON

Disease:

Gender: M

ID:

Exam Date: 07/09/2017

DOB (age): 27/10/1928 (88)

Ethnicity: African Descendant

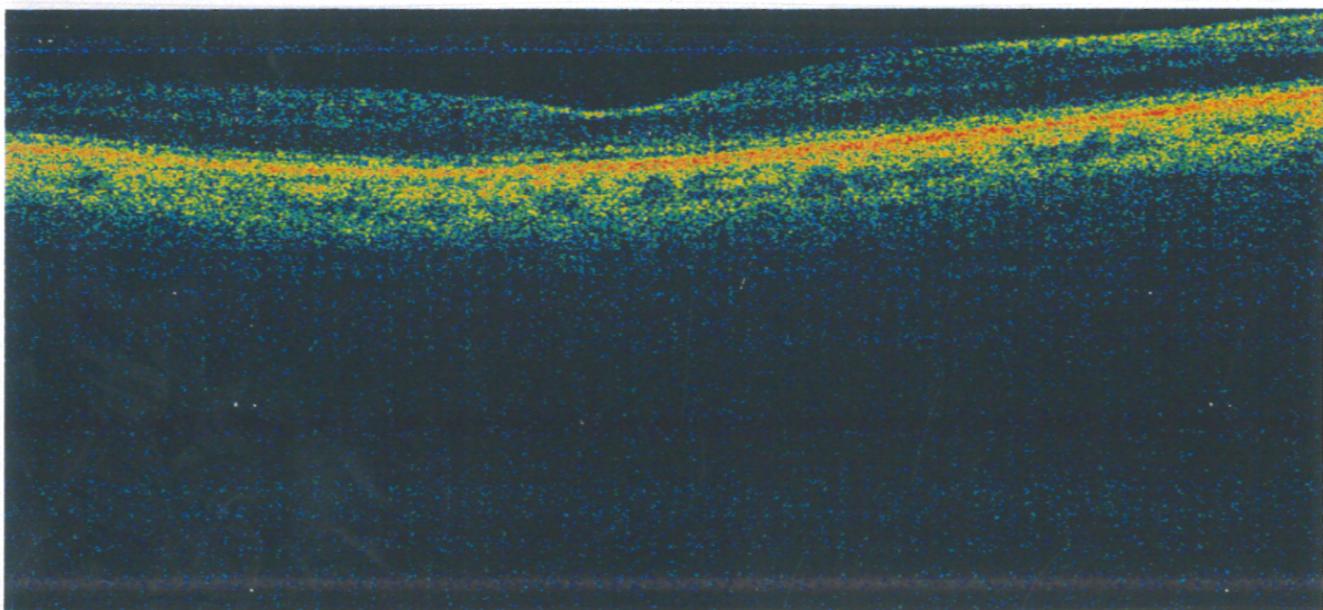
Algorithm Version: A6, 8, 0, 27

OD

Line

SSI = 40.9

6.00mm Scan Length



Diagnosis:

Report Date: Thursday September 07 10:14:47 2017

Report Date: Thursday September 07 10:14:51 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

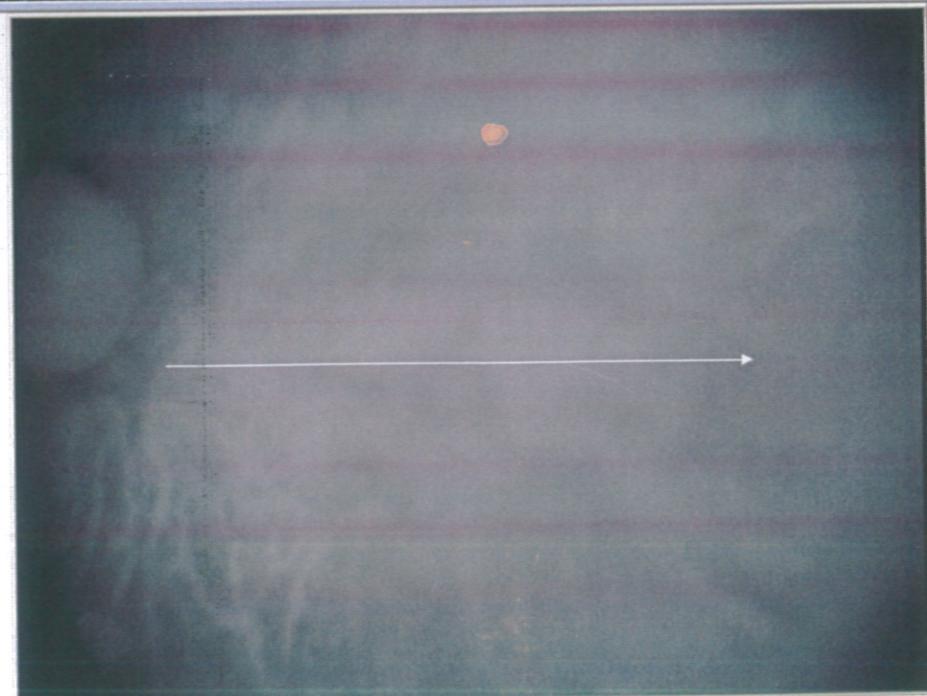
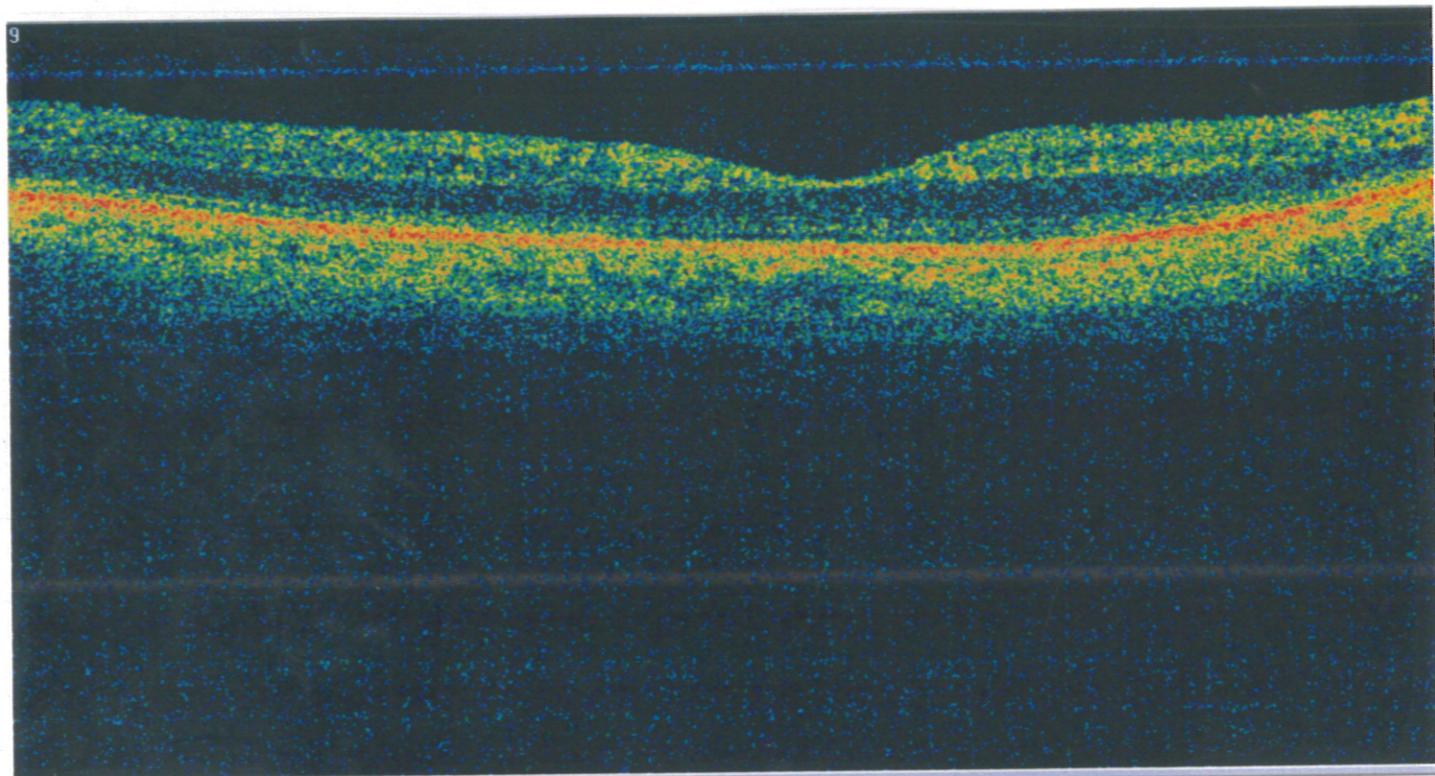
OSU ACCRA . 233277755354

Patient: ASANTE, ERNEST OWUSU
Physician:
Operator: AMISAH, HENRY ADDISON
Disease:

Gender: M
ID:

Exam Date: 07/09/2017
DOB (age): 27/10/1928 (88)
Ethnicity: African Descendant
Algorithm Version: A6, 8, 0, 27

OS



Brightness



Contrast



Report Date: Thursday September 07 10:14:45 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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