

SURNAMES (Block Letters)

ADOM

FIRST NAMES

BRIGHT

Sex

MALE

PHONE NUMBER..... 0244434732

ADDRESS OR RESIDENTIAL..... HOME

OCCUPATION

BUSINESS DEVELOPMENT OFFICER

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
	o	✓	

DATE OF BIRTH

04/01/91

AGE

28

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NO

NATIONALITY

GHAFAQAH

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

9/07/2015

NEXT OF KIN

MICHAEL OKYE ADOM

ADDRESS OR PHONE No. OF NEXT OF KIN

0245131125



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Bright Adu Okye Aduw

CARD NUMBER: 24021

DATE: 9/7/19

% Experiencing Dark Vision in RE, x 3/52
itchy, headache, discharge,
~~Dr~~ Was admitted about a month at J7 Hospital
after feeling mild numbness on the L.E side of the body.
Had MRI Examination
PMR ?? Dr. Ghosh, Resato.

No. 6/6 in

NCT

X

19 17

RE

R/R/R

LE

Pupil

R/R/R

6/6 in

100% colour vision
@ 6m & correction

Fundus

R - 11/12

dilated eye to fundus

L - 9/12

clear lens

raised (swollen) disc
ill-defined margins

haemorrhage

cone

Pl - fundus photo

see 11/52

2. OCT - glaucoma

3. Refer neurologist

Dil

INTER- STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 23327755354

RNFL Glaucoma Report

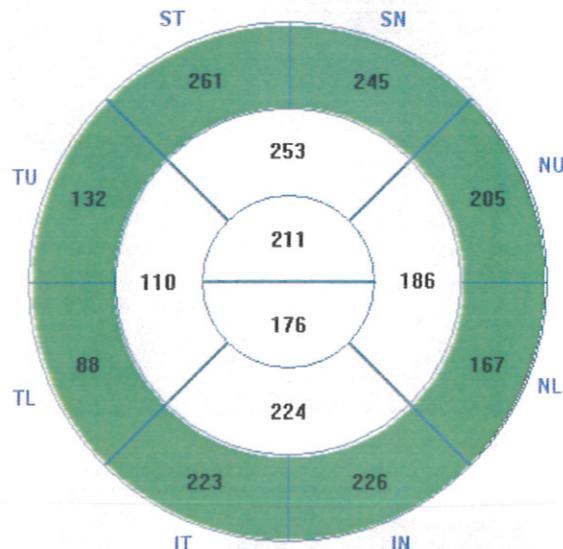
OD/OS

Patient: ADOW, BRIGHT
Physician: CEESAY, W.DR
Operator: E., LOVERENCE
Disease:

Gender: M
ID: 24021

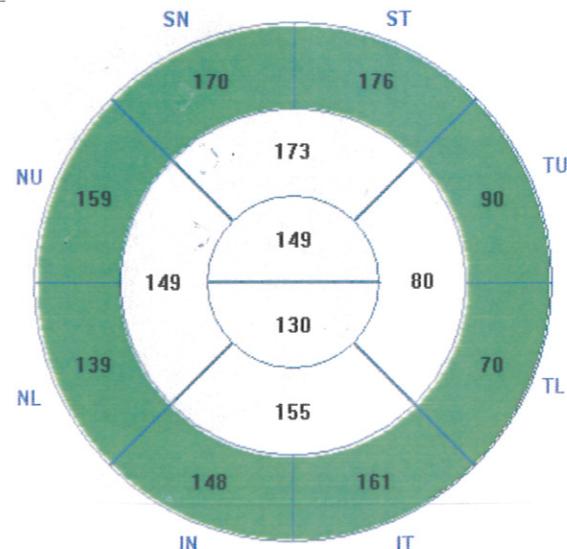
Exam Date: 09/07/2019
DOB(age): 04/01/1991 (28)
Ethnicity: African Descendant
Algorithm Version: A6, 8, 0, 27

OD



RNFL Analysis

OS

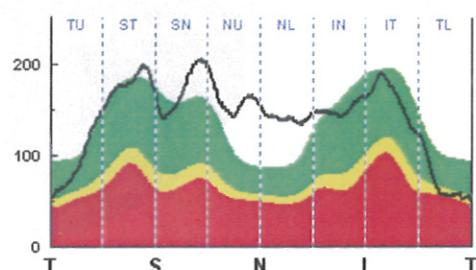
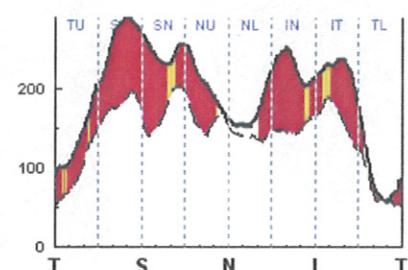
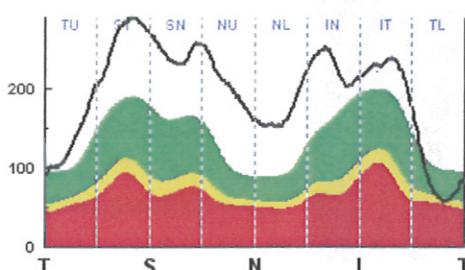


Exam Date: 09/07/2019, SSI= 56.0

RNFL Parameters	OD	OS
Avg. RNFL	193.22	139.35
Sup. Avg	210.81	148.96
Inf. Avg	175.66	129.77

Exam Date: 09/07/2019, SSI= 44.5

TSNIT Analysis



Symmetry Analysis

Solid line - OD
Dash line - OS

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

Report Date: Tuesday July 09 13:53:33 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

Defining the OCT Revolution

optovue

INTER- STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

Patient: ADOW, BRIGHT
 Physician: CEESAY, W.DR
 Operator: E., LOVERENCE
 Disease:

Gender: M
 ID: 24021

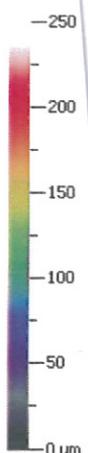
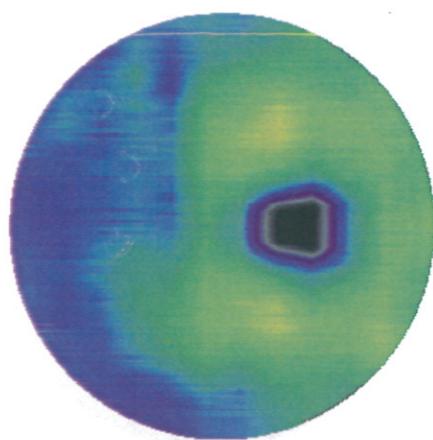
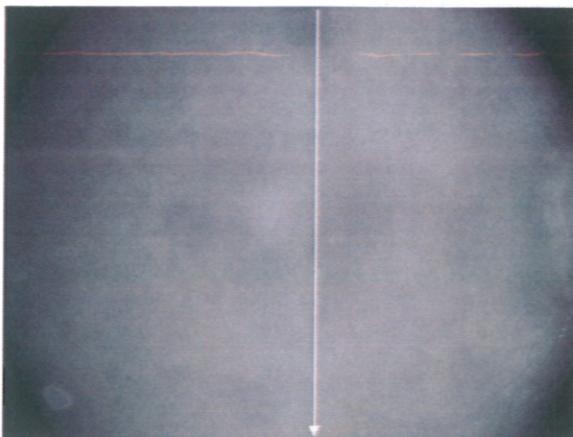
Exam Date: 09/07/2019
 DOB (age): 04/01/1991 (28)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

OD

GCC

SST=-71.0

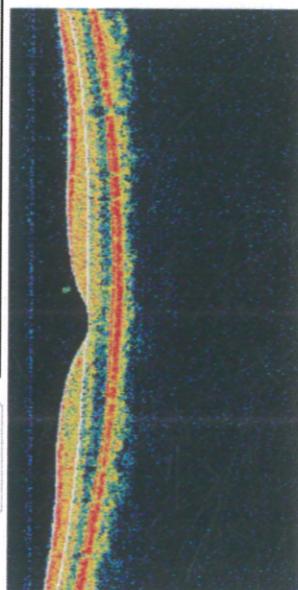
Thickness Map



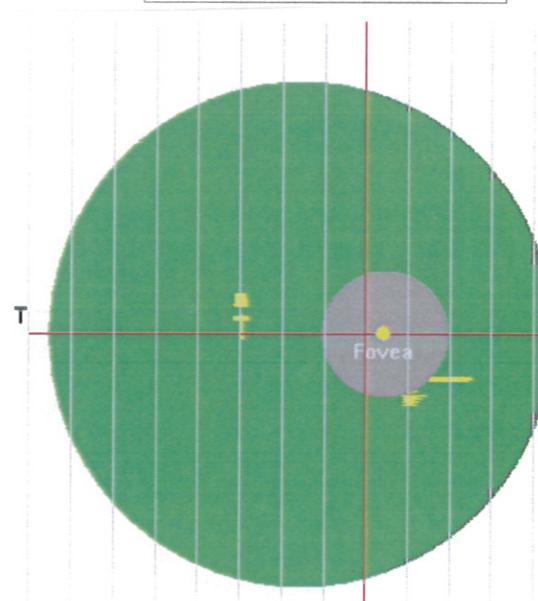
Section	Thickness	Std Dev
Average	101.63	
Superior	102.04	
Inferior	101.24	
S-I	0.80	8.16
FLV (%)	0.771	
GLV (%)	1.559	



Show Boundary Curves



Significance Map



6mm x 6mm



Diagnosis:

Report Date: Tuesday July 09 13:52:51 2019

Report Date: Tuesday July 09 13:53:09 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

Defining the OCT Revolution

optovue

INTER- STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OS

Patient: ADOW, BRIGHT
 Physician: CEESAY, W.DR
 Operator: E., LOVERENCE
 Disease:

Gender: M
 ID: 24021

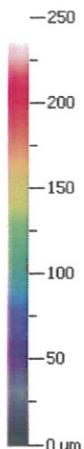
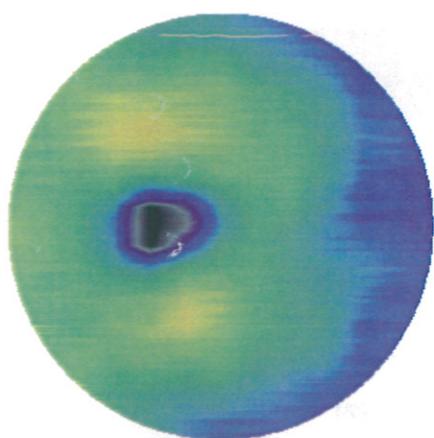
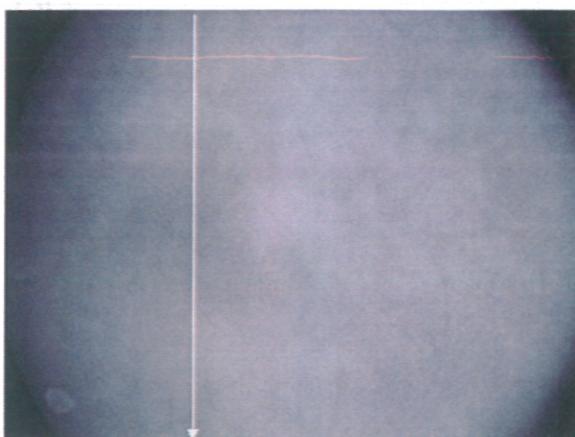
Exam Date: 09/07/2019
 DOB (age): 04/01/1991 (28)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

OS

GCC

SSI = 76.5%

Thickness Map

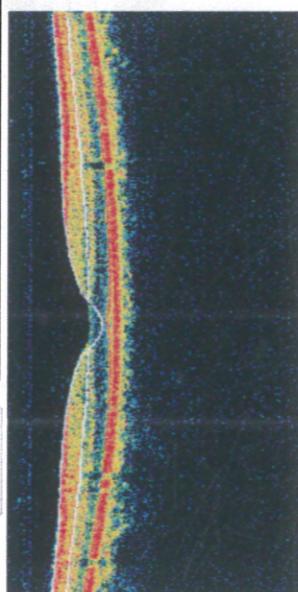


Section	Thickness	Std Dev
Average	107.01	
Superior	109.19	
Inferior	104.86	
S-I	4.33	7.40
FLV (%)	0.715	
GLV (%)	0.771	

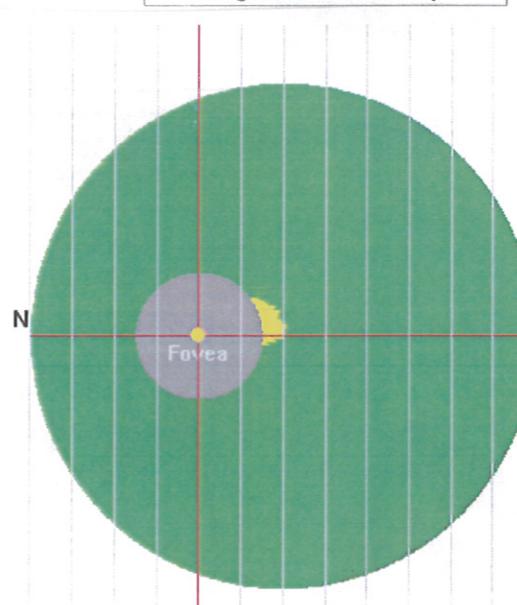
Thickness
 Full Retinal
 GCC
 Outer Retinal

Show Boundary Curves

Diagnosis:



Significance Map



6mm x 6mm



Report Date: Tuesday July 09 13:53:10 2019

Report Date: Tuesday July 09 13:53:20 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

Defining the OCT Revolution

optovue

CANON

Patient ID : 24021

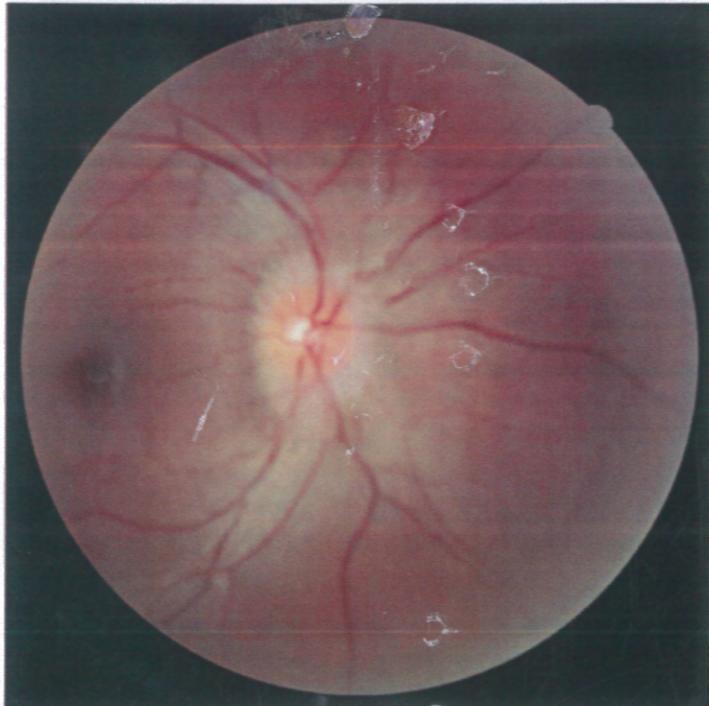
Patient Name : ADOW^BRIGHT

Sex : M

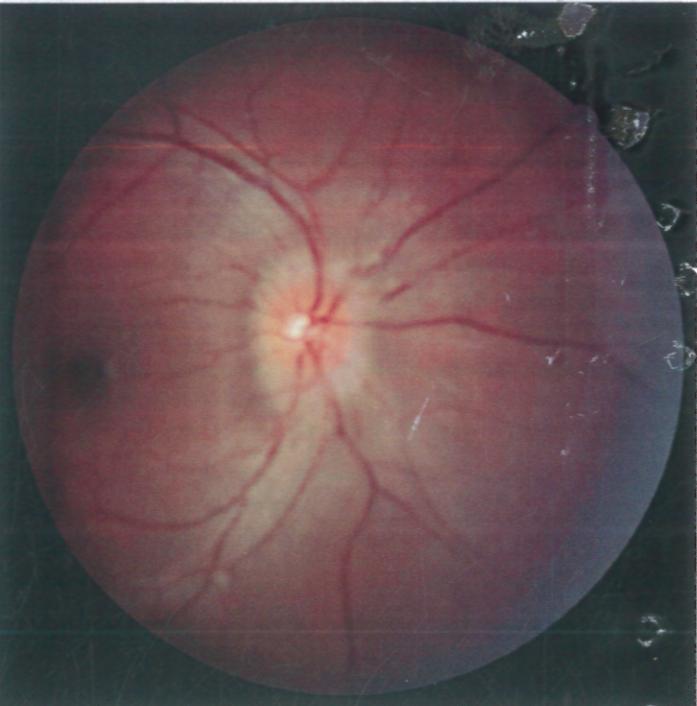
Birth Date : 1/4/1991

Study Datetime : 7/9/2019 1:56:45 PM

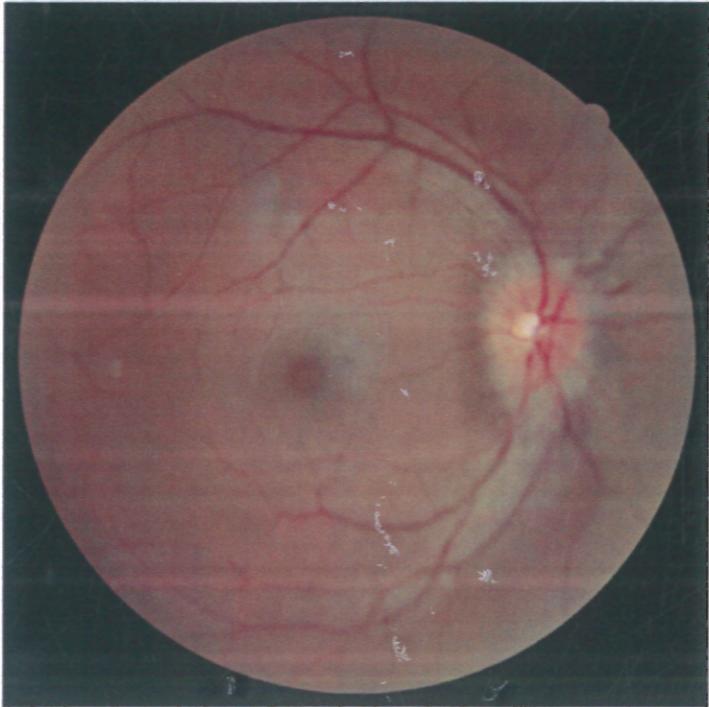
R Color



R Color



R Color



Disease Name :

Comment :

Physician's Name :

Physician's Signature :

7/9/2019

Canon:CX-1

CANON

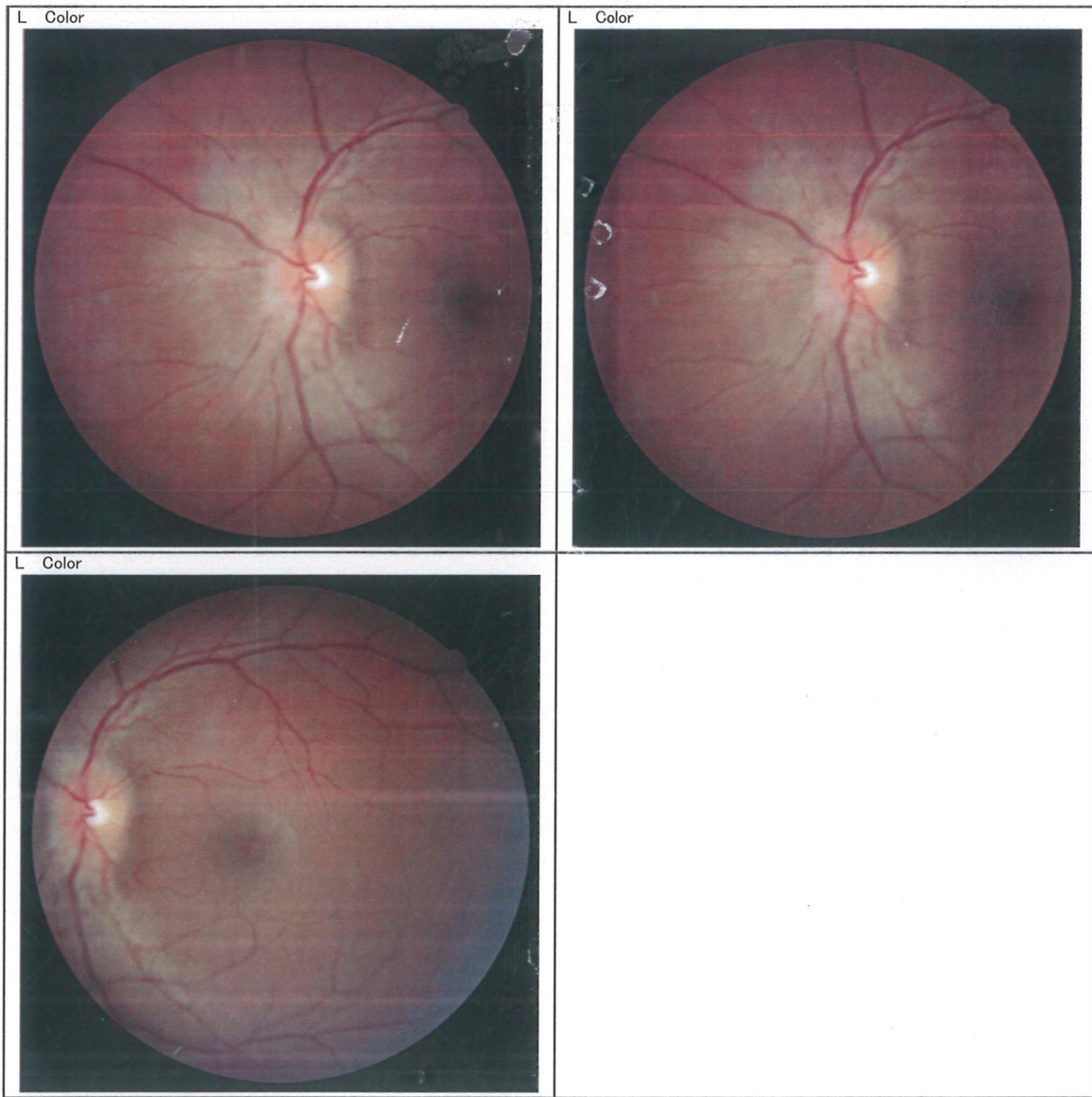
Patient ID : 24021

Patient Name : ADOW^BRIGHT

Sex : M

Birth Date : 1/4/1991

Study Datetime : 7/9/2019 1:56:45 PM



Disease Name :

Comment:

Physician's Name :

Physician's Signature :

7/9/2019

Canon:CX-1



INTER-STAR EYE CLINIC & LASER CENTER

24P621

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:	OCUPATION	TEL HOUSE	WORK		
ADDRESS:	DATE OF BIRTH _____				
DATE OF TEST	R	PRESCRIPTION GIVEN			
09-07-09 FIELD LENSOMETRY COLORCODED Dist -2.5	Sph	Cyl	Axis	Prism	Extrigent Examinations
P.D. 63mm	Inter				
	Read				
HEIGHTS	MONO		BLANK	TECH SIG. CHECKED	
R L	R L				
DISPENSING NOTES		DESCRIPTION			RH¢ P
		FRAME			
		LENSES			
		COATING			
		SUNDRIES			
		TOTAL			
		VOUCHER			
		BALANCE			
		DEPOSIT			
		BALANCE			
DISPENSED BY	CHECKED BY		RECEIVED BY	DATE	

SYMPTOMS & HISTORY**OCCUPATION Hobbies****EXTERNAL EXAMINATION OPHTHALMOSCOPY****FIELD TONOMETRY COLOUR ETC.**

OPHTHALMOSCOPY
6/5 -
6/5 ve
6/5 -

SUBJECTIVE

6/R

 $-0.25 \text{ OS } 6/5 = 6/1$

6/L

 $-0.25 \text{ OS } 6/5 = 6/1$

Binoc ADD

ACCOMMODATION

R

L

Rdg ADD

= N

MUSCLE BALANCEAut

R -0.50/-0.25 x 89

L -0.25/-0.50 x 104

RETEST DATE