Cinical OCT Report

OCT findings:

| **Date** | **pRNFL\_OD** | **pRNFL\_OS** | **GCIPL\_OD** | **GCIPL\_OS** |
| --- | --- | --- | --- | --- |
| 11/2/2022 | 73 um | 75 um | 65 um | 64 um |
|  | 1st-5th percentile | 5th-95th percentile | < 1st percentile | < 1st percentile |
| 11/3/21 | 72 | 78 | 64 *(may be impacted by ERM)* | 64 |
| 10/18/21 | 73 | 77 (*Unreliable; poor signal strength)* | *63 (minor segmentation error seen)* | 64 *(Unreliable; poor signal strength)* |
| 10/19/20 | 77 | *74 (Unreliable – poor signal, segmentation error*) | *63 (may be unreliable)* | 64 |
|  | 5th-95th percentile | 1ST-5th percentile | *<1st percentile* | <1st percentile |
| 5/10/17 | *76 (may be unreliable, significant artifact)* | 85 | *75 (may be unreliable)* | 67 |
| 2015 | *77* | 82 | 75 *(likely confounded by ERM)* | 68 |
| 5/23/12 | 71 | 86 | 58 | 70 |

DETAILED INTERPRETATION:

I personally reviewed the OCT scan that is stored on the FORUM server.

The average retinal nerve fiber layer (RNFL) thicknesses were in the 1st-5th percentile in the right eye and 5th-95th percentile in the left eye compared to age-matched normative control data. There was no significant asymmetry in the average RNFL thickness between eyes. There was no significant relative regional thinning of the RNFL in either eye. Average RNFL thicknesses in the left eye is overall stable from recent prior scans, given limitations in scan quality) but is decreased since 5/10/2017.

The average composite ganglion cell layer (GCIPL) thicknesses were in the < 1st percentile in the right eye and < 1st percentile in the left eye compared to age-matched normative control data. There was no significant asymmetry in the average GCIPL thickness between eyes. There was significant inferior / temporal regional thinning of the GCIPL in the right eye. Average GCIPL thicknesses in both eyes were stable since prior OCT on 11/17/2021.

These findings could be supportive of prior optic neuropathy in the right eye.  These findings also show bilaterally thinned GCIPL, which may be seen in patients with prior bilateral optic neuritis, subclinical optic nerve atrophy, cerebral degeneration, or other   
focal retinal pathology. Clinical correlation advised. Annual ophthalmological examination is recommended.

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