

Name: xxx, xxx

OD

OS



ID: 12345678

Exam Date: 3/17/2022

3/17/2022

CZMI

DOB: 1/1/2000

Exam Time: 8:09 AM

8:14 AM

Gender: Female

Serial Number: 5000-19931

5000-19931

Technician: Operator, Cirrus

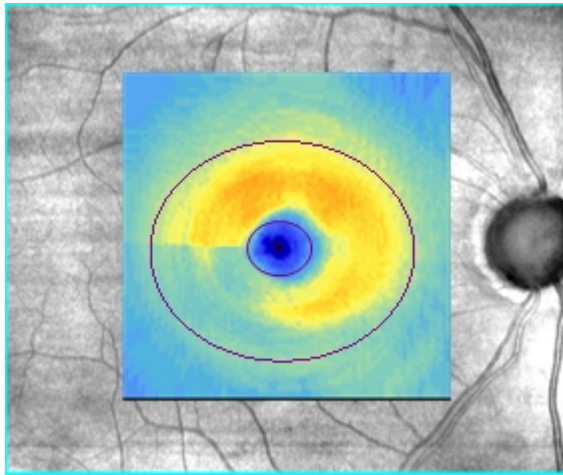
Signal Strength: 10/10

10/10

Ganglion Cell OU Analysis: Macular Cube 512x128

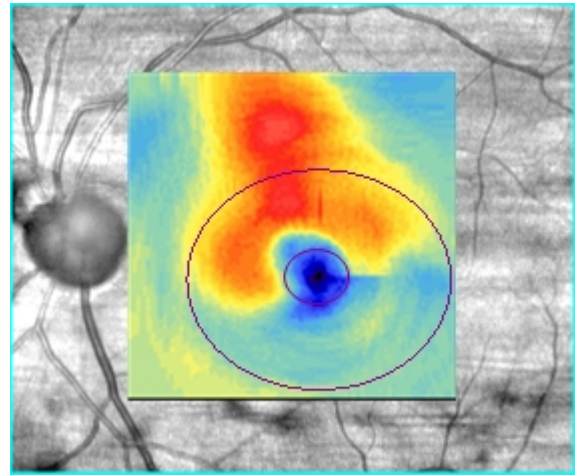
OD ● ● OS

OD Thickness Map



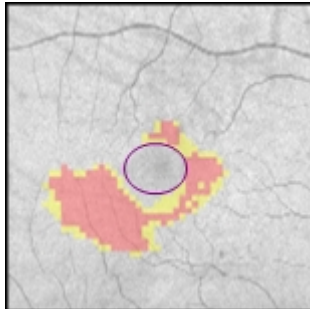
Fovea: 247, 69

OS Thickness Map

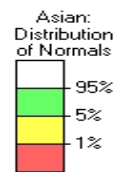
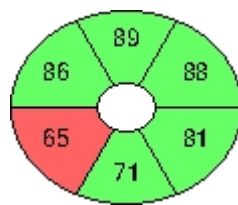


Fovea: 296, 80

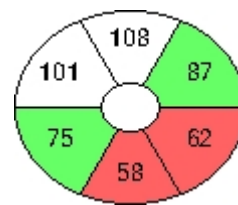
OD Deviation Map



OD Sectors



OS Sectors

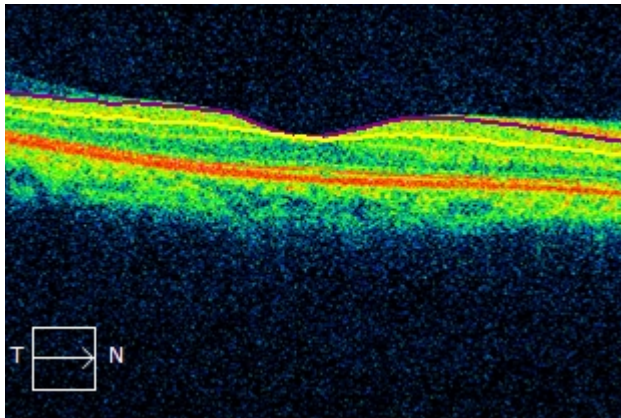


OS Deviation Map



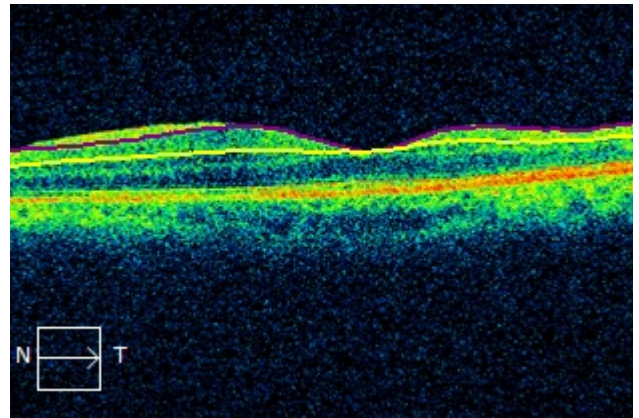
	OD μm	OS μm
Average GCL + IPL Thickness	80	82
Minimum GCL + IPL Thickness	62	52

OD Horizontal B-Scan



BScan: 69

OS Horizontal B-Scan



BScan: 80

Comments

Doctor's Signature

OCT5000
SW Ver: 11.0.0.29946
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