

Info

Project

EB-203-201

Subject

01-R03 (1)

Scan Date

2025-06-13

Time Point

BL

Visit Type

Baseline

No.

-

Reader

Reader 1

Approved Date

2025-06-30

OCT

☒

Yes

☐

No

☐

Not

Presence of available OCT images

Evaluable

2025-06-

13 OCT (Zip File)@ZIP

Date of scan/image

2025-06-30

Evaluation Date of scan/image

OCT (Oculus Sinister, Left Eye)

☒

OS

☐

OD

☐

Not

Location of Evaluated Oculus in OCT images

Applicable

2.5

Central Retinal Thickness (CRT)

µm

☒

YES

☐

NO

Presence of Intraretinal Fluid (IRF)

11.2

Maximum Height of Intraretinal Fluid (IRF)

µm

☒

YES

☐

NO

Presence of Subretinal Fluid (SRF)

6.6

Maximum Height of Subretinal Fluid (SRF)

µm

Comment

OCT (Oculus Dexter, Right Eye)

☐

OS

☐

(Oculus Sinister)

Location of Evaluated Oculus in OCT images

☒ OD
(Oculus Dexter)

☐ Not
Applicable

Central Retinal Thickness (CRT)

12.8

μm

Presence of Intraretinal Fluid (IRF)

☒ YES
☐ NO

Maximum Height of Intraretinal Fluid (IRF)

1.9

μm

Presence of Subretinal Fluid (SRF)

☒ YES
☐ NO

Maximum Height of Subretinal Fluid (SRF)

13

μm

Comment