

Hood report

case 1

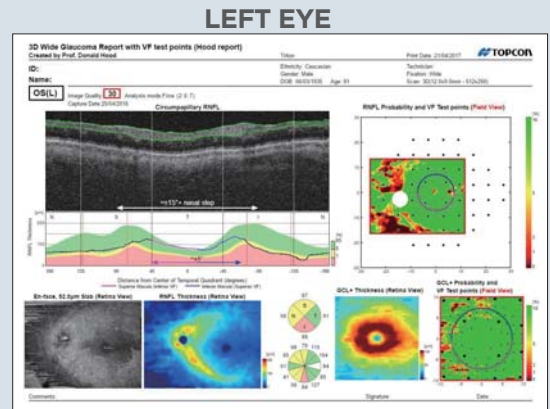
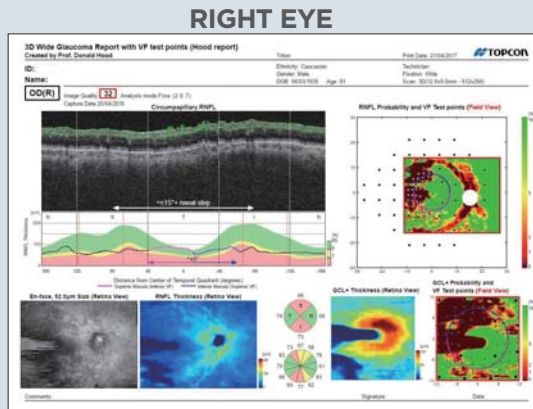
Patient : male, 82 years old.

Test date : 21/04/2017

Note RE : OCT artefact due to residual PCO. R cat op 15/09/2006. RE YAG 10/2009
He was discharged to community optometry with treated OHT for co-management 2016. By 2017 review he shows Conversion to POAG on OCT. Corneal hyperaemia (due to topical hypotensives). Refer back to Ophthalmology

2016 Hood report

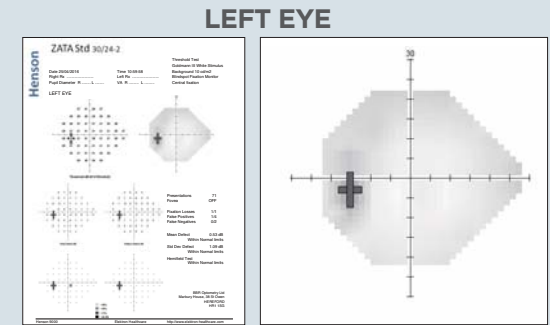
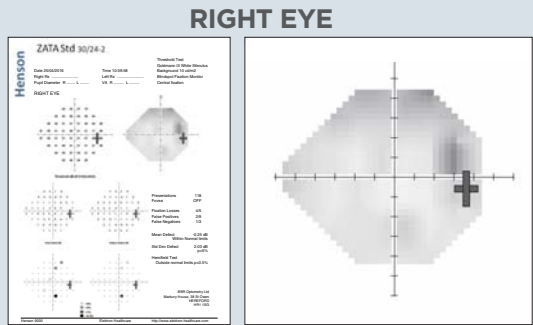
2016; GAT
R: 18.5mm, L: 14.5mm.



RNFL and GCC probably loss.

Henson 30/24-2

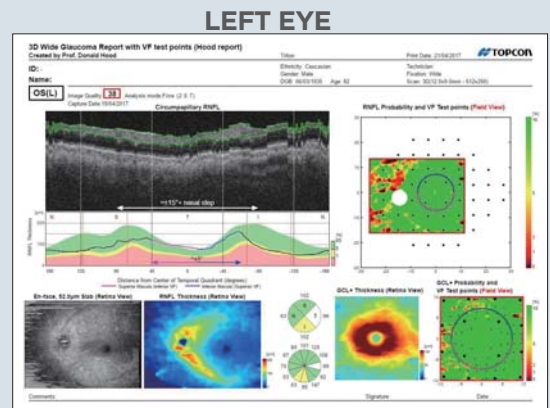
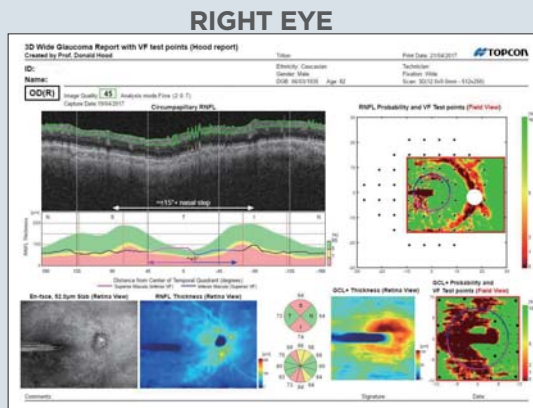
ZATA MD
Right -0.25dB Left 0.53dB



2017

Final VA
Right 6/9.5-2
Left 6/6
Bino 6/6-2
IOP Goldmann
R Avg 28.5 L Avg 13.5

Hood report

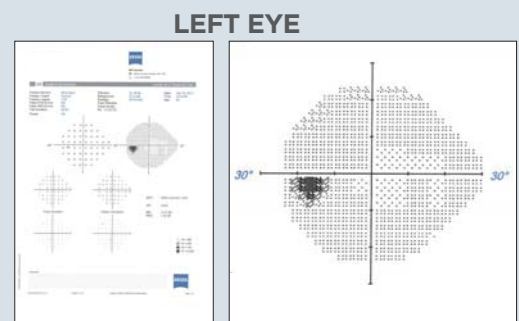
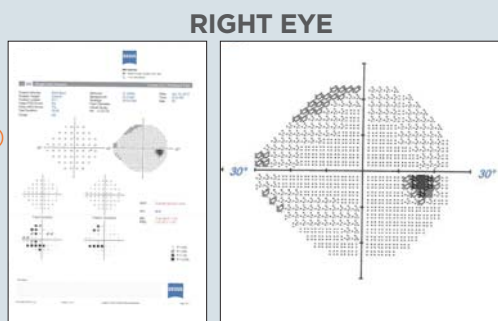


RNFL and GCC LOSS seen more

HFAI 24-2

SITA MD
Right -3.45 (out of normal limit)
Left -0.44

RE superior arcuate visual field loss consistent with NFL loss predicted by Hood report



Hood report

case 2

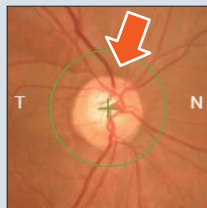
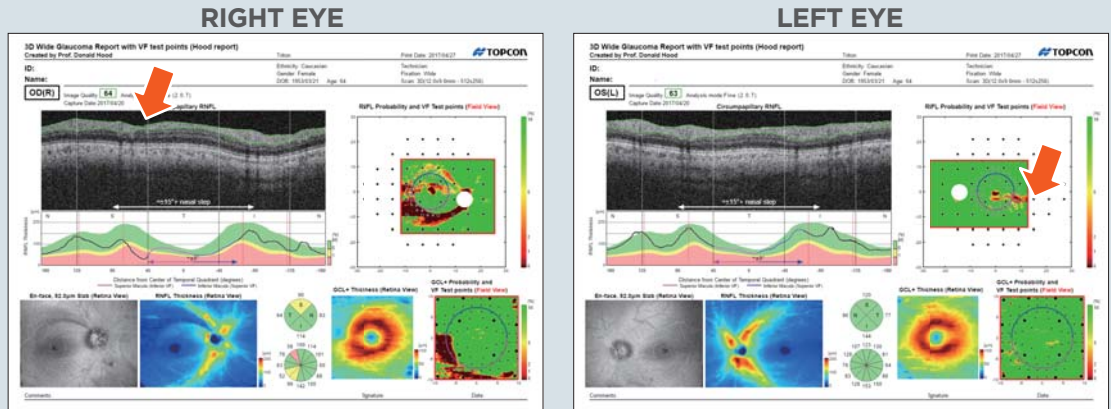
Patient : female, 64 years old

Test date : 13/04/2013

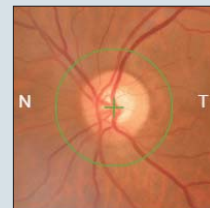
Note : Patient reviewed with a question over normal tension glaucoma or vascular event at the Right eye disc. R cat ext 01/2011 YAG 07/2016 LE: old anterior uveitis 2006, HZO, L cat ext 21/07/2008 LE YAG 20/2016. Left eye has corneal scar resulting in glare. Fundus and ocular are clear and healthy.

Final	VA	Sph	Cyl	Axis	IOP Goldmann
Right	6/24	+2.00	-2.75	103	R 18.0 L 17.0
Left	6/15	+2.25	-2.50	100	
Bino	6/9.5-1				

Hood report

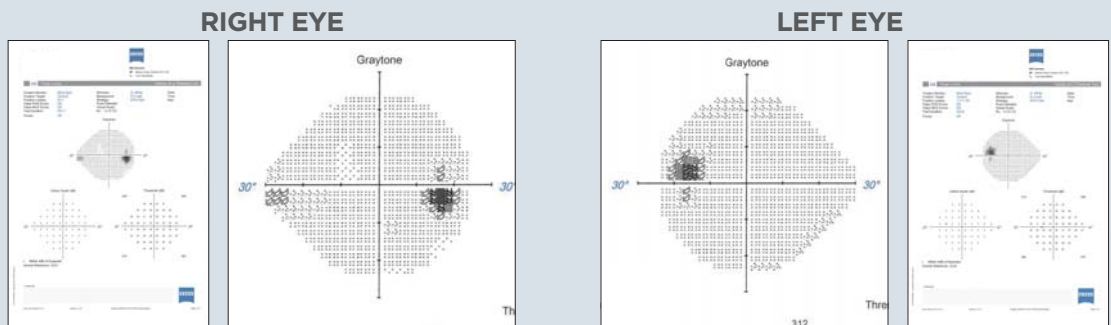


OCT RNFL LOSS on Right ?
Or the vascular?
GCL LOSS PROBABLY on Right?

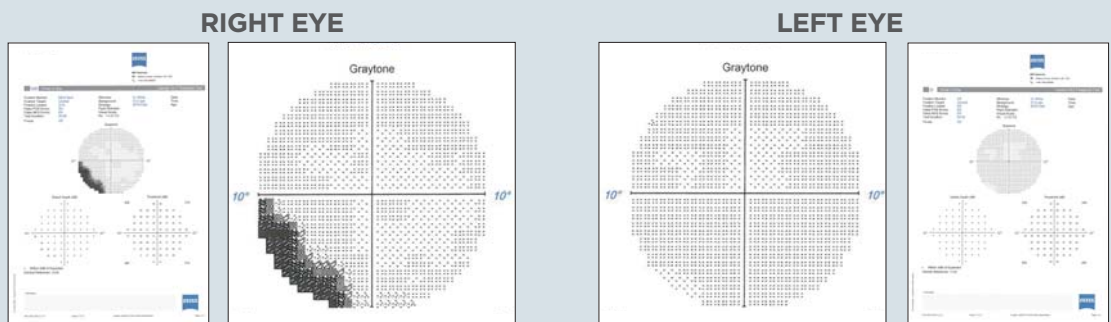


Artifact on left eye surface.

HFAII 24-2



HFAII 10-2



Visual field defect NOT seen on 24-2 but visible on 10-2 as predicted by Hood report

VF defect consistent with accurate field loss edge of disc

Hood report

case 3

Patient : female, 74 years old

Test date : 10/01/2017

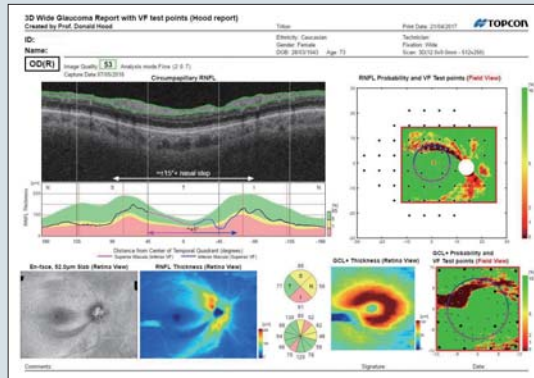
Note : Confirmed normal tension glaucoma (2007) with stable visual field since trabeculectomy surgery (2008).
Much more easily seen on 10-2

Final Sph Cyl Axis IOP Goldmann
Right +0.25 -1.75 33 R Avg 13.5 L 10.0
Left +0.25 -1.75 140

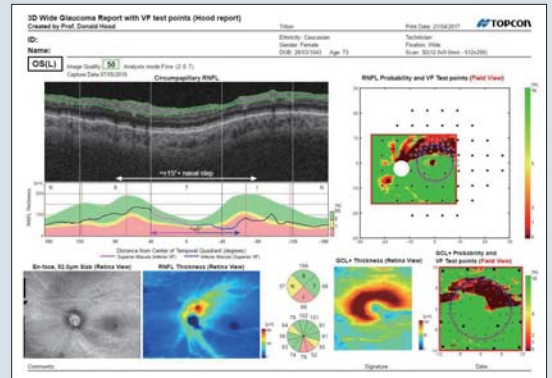
Hood report

OCT RNFL LOSS on BOTH
OCT GCL LOSS on BOTH

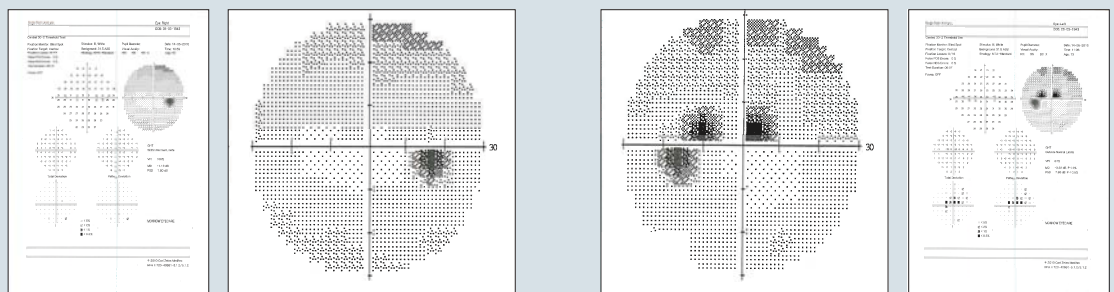
RIGHT EYE



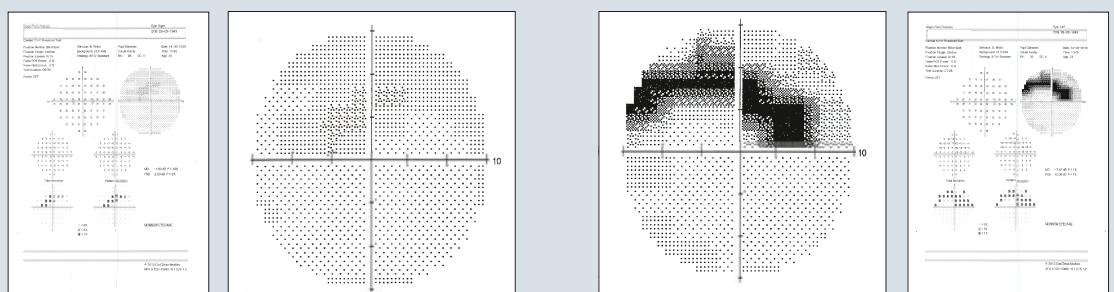
LEFT EYE



HFAII 30-2



HFAII 10-2



Correlating well with the OCT Hood report

10-2 confirms loss seen on 24-2 and predicted by Hood report

Hood report case 4

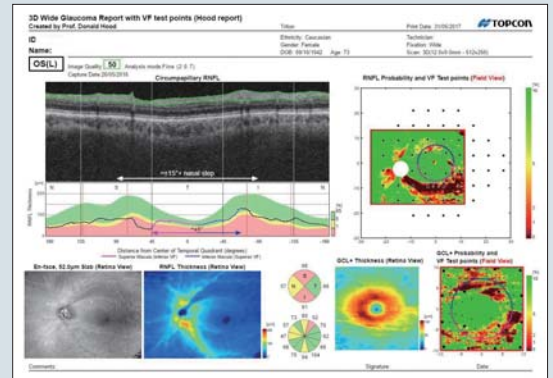
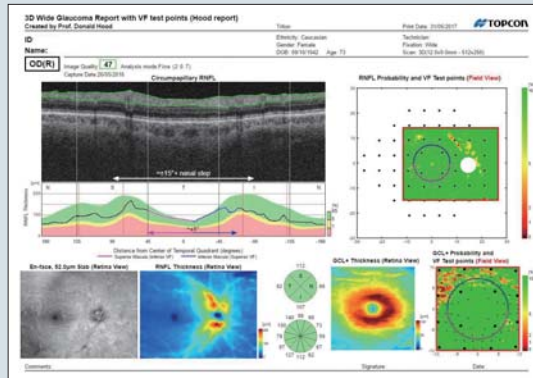
Patient : female, 74 years old

Test date : 31/05/2017

Note : RNFL defect in superior arcuate area Left eye, with stable vision acuity. Probably a vascular event at optic disc and NOT glaucoma.

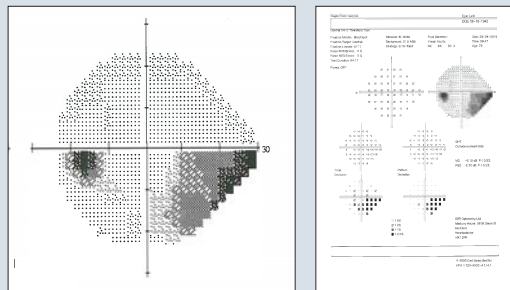
Final	VA	Sph	Cyl	Axis	IOP i-care
Right	6/15+2	+0.25	-1.75	130	R Avg 13.5 L 10.0
Left	6/7.5-1	-0.25	-0/25	80	

Hood report



HFAII 24-2

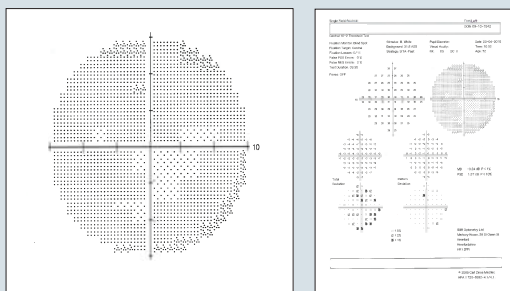
LEFT EYE



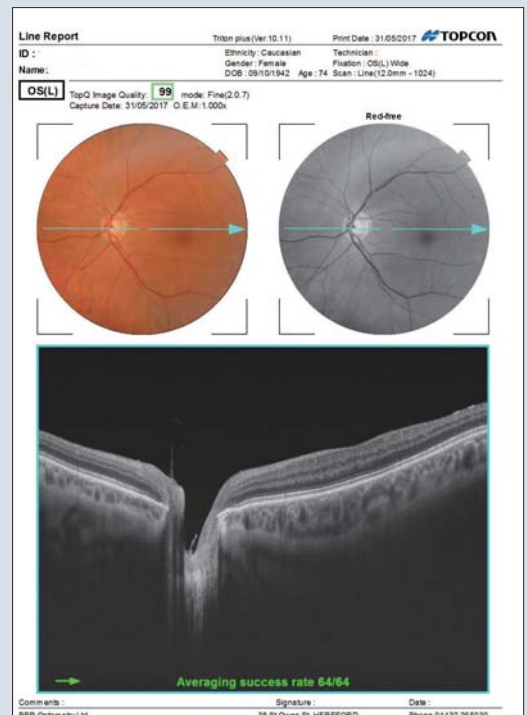
RNFL defect causes fixation loss on 24-2.

HFAII 10-2

LEFT EYE



wider arcuate visual field loss predicted by Hood is visible on 24-2



Hood report

case 5

Patient : female, 65 years old

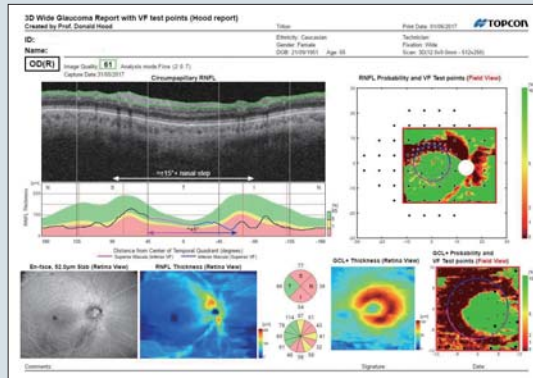
Test date : 31/05/2017

Note : Case 5. RGP Contact lens wearer with allergic conjunctivitis. Diagnosed bilateral POAG with symmetrical defect NFL loss. IOP at 2016/Dec/1 R 22.0 L17.0

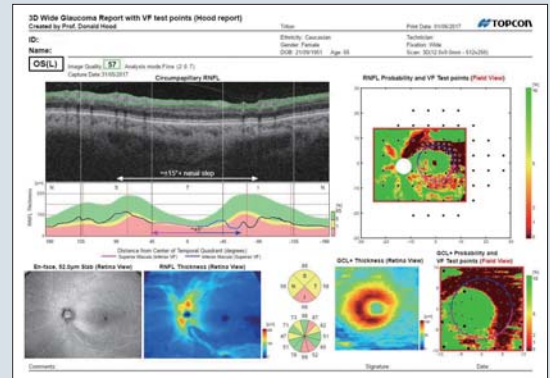
Final	Sph	Cyl	Axis	IOP Goldman
Right	-5.50	-1.25	5	R Avg 14.0 L Avg 16.0
Left	-5.00	-1.00	5	

Hood report

RIGHT EYE



LEFT EYE

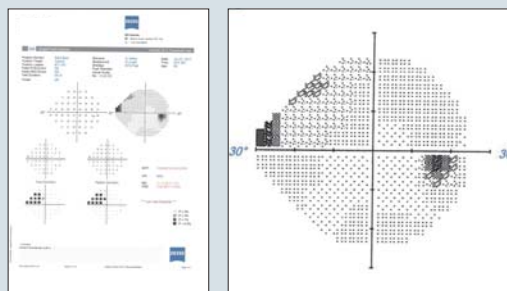


HFA3 24-2

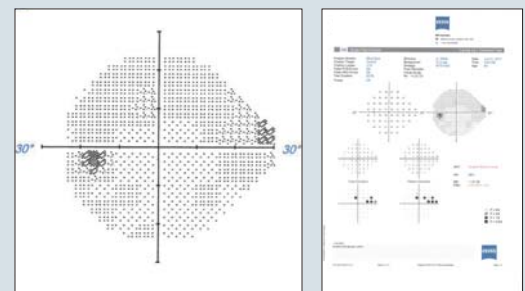
OD MD -2.13 dB < 5%
PSD 4.23 dB < 0.5%

OS MD -1.02 dB
PSD 2.39 < 2%

RIGHT EYE



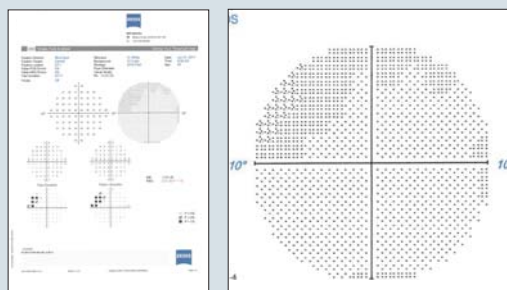
LEFT EYE



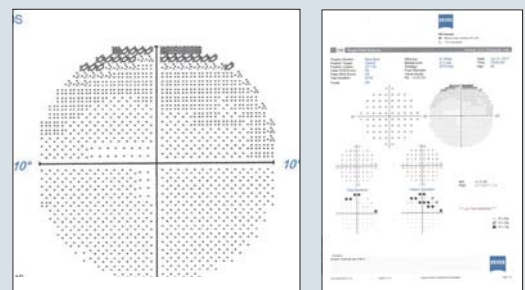
HFA3 10-2

OD PSD 2.01 dB < 1%
OS PSD 2.77 dB < 1%

RIGHT EYE



LEFT EYE



Bilateral arcuate defects predicted by Hood are visible on 10-2 and 24-2

Courtesy of
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