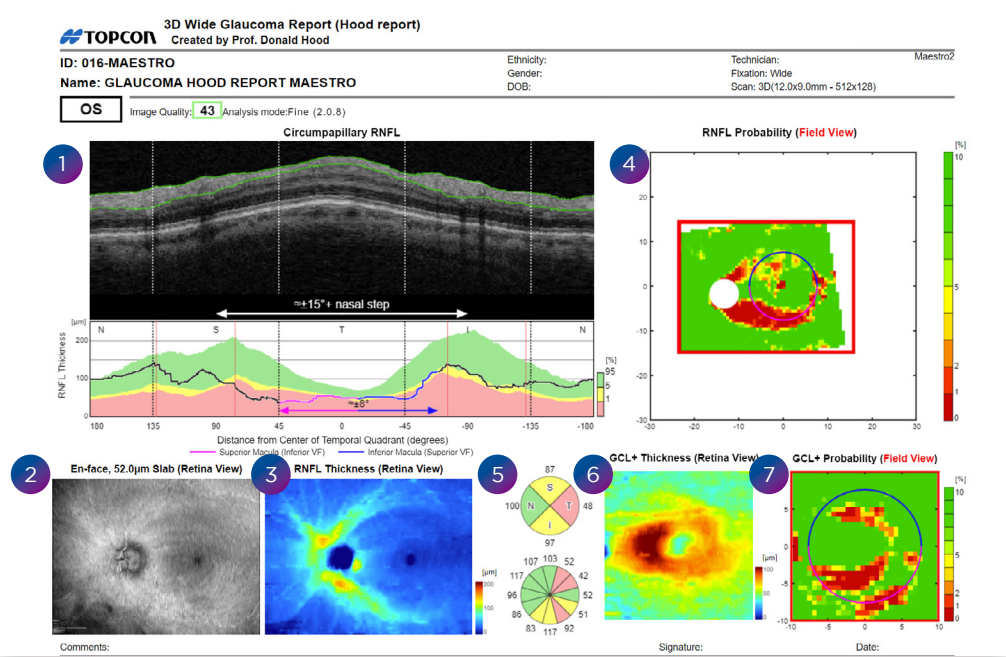
Maestro2

Hood Report for Glaucoma

This glaucoma report has been developed in collaboration with Professor Donald C. Hood of Columbia University. It aids in the decision-making process when determining which areas of the visual field should be examined and perhaps discern which visual field test (e.g.; 10-2 vs 24-2) may be more appropriate as guided by Hood Report indications.



1 **OCT B-Scan of Circumpapillary RNFL (cpRNFL) with Reference Database**
The NSTIN plot positions the circumpapillary tomogram, cpRNFL thickness graph and associated reference database with the most vulnerable areas centrally, making it easier to identify potential abnormalities in the cpRNFL. The large tomogram enables the cpRNFL segmentation to be confirmed. Red vertical lines on the NSTIN graph represent the average location of major blood vessels. The pink and blue lines both on the NSTIN graph and the probability maps represent the nerve fibers coming from the macular region (+8° and -8° from center of the visual field).

2 **Wide Field OCT Enface Image (12mm x 9mm area)**
The grayscale Enface image of a 52-µm thick slab from the ILM down, provides a quick visualization of possible RNFL defects and potential OCT artifacts or pathology interfering with scan signal.

3 **Wide Field RNFL Thickness Map (12mm x 9mm area)**
The wide field RNFL thickness map provides a panoramic view of RNFL thickness, significantly increasing the amount of viewable data compared to a 6mm x 6mm or circle scan. Cooler colors represent thinner areas of the RNFL and warmer colors thicker areas of the RNFL. An enhanced color scale, and the removal of blood vessel detail may aid in the clinical assessment.

4 **RNFL Probability (Field View)**
The RNFL probability map is an easy visual indicator for areas of significant RNFL thinning compared to the reference data collection. Green colors represent RNFL thickness values that are very likely to be normal. Yellow and red colors represent areas that correspond to the thinnest 5% and 1% of the reference data respectively and are therefore more likely to represent abnormality. The map is flipped vertically to anatomically correspond to visual field view.

5 **cpRNFL Thickness 4 Sectors and 12 Clock Hours with Reference Database**
Sectors are color-coded to show how the average cpRNFL thickness over that sector compares to the reference database. Green areas represent cpRNFL thickness values that are likely to be normal. Yellow and red areas represent cpRNFL values that correspond to the thinnest 5% and 1% of the reference database respectively and are therefore more likely to represent abnormality.

6 **GCL+ IPL Thickness Map**
Provides a color-coded map of GCL+IPL thickness of a +/- 10 degree area surrounding the fovea. The enhanced color scale may aid in the clinical assessment.

7 **GCL+ Probability (Field View)**
The GCL+IPL probability map is flipped vertically to anatomically correspond to visual field view. As with the RNFL probability map, yellow and red colors indicate GCL+ values at the thinnest end of the reference data. These areas are much more likely to be abnormal.

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