

NOV 01 2012

benoni

Van QHS OU

~~Supt~~ BID OU

impliantx Azopt

est pmc

WT THIS AM

Dilate - 12:11

F/U

vision seems better.

Pt did not get to
the Ylemung. Pt says
he does not need
them.

tested apex probs (ca < 2mm)

✓ SC 25
SC 25-1

SEX
DTR



T₂ 20,19.
25.

I/930P

P/s h to Jyn sh OU + Azopt

- Fl 1 mo

- OU disc OU

A - Nov 29/12

NOV 03 2012

Humigan QHS OU

Azopt BID OU

compliant?

last pmc

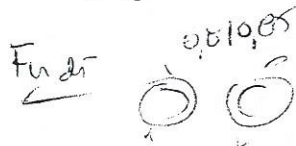
not this AM

F/U since starting Humigan + Azopt

problems

OU last week

SEX
DTR



✓ SC 262
SC 251

T_A 19
19. 231.

I/ Better

P/s. Gmo + get out R/ -/24-21/00

VF - March 23rd
N - June 12th
2013
TH

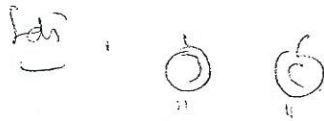
MAY 10 2011

Flut check UF

DxN Blur

CT scan last week - Dlungca

SIEx, Dhe



✓ SC 20
 ✓ SC 20

OS kept going blurry.

Tx 10 e 1:31
 19, 20.

ablan QHS00
 Opt BID 00
 Compliant
 last pm
 THIS AM

I) 2 scan

- 2 mo - JH
 - 6 mo

II) 24-WFOV + OCT dms

- L 6mo

Dilate or

UF NOV 4 4⁰⁰
 N- NOV 15 12⁰⁰

NOV 01 2011

Fit-in eye "wotary" and red OD worse.

ablan QHS 00
 Acept BID 04
 Compliant
 - last pm
 this AM
 Dilate - 11:08

- Taking antibiotics for 4

wks of a 6 month Rx. (for immune system)

- Growth on right eye lid

CIPROFLOXACIN
 pills

- Family th suggested 3 weeks ago he see you.

- OD blurry, cannot make things out a lot of the time

SIEx, Rosacea - styed (small) /
 DOD



Tx 18
 error

I) Blp. Rosacea + 6 stable

II) Fh blebe. had eye - UF pending - June 13

Lesion (stye) OD - NOV 21/11 11⁰⁰

June 13
 12 30
 TA

11/04/11 UF 24-20a

NOV 22 2011

We have Dog Lesion exc. on Nov 21/11
Monica sick
Paulie will discuss i Dog
+ call us. to rebook

NOV 23 2012

Flut check UF

210-20 QAS OA
~~300~~ BID OA
A300T
compliant?
195 PM
170+ hrs AM

Immune system + health
much worse than previous.
Lost vision over the past month
when poison released into bloodstream.
Blurry vision, lots of floaters, hard
time focusing.

✓ SC 25
✓ SC 201

- Bull from PLC by 1/12

- IR OD: Rim artifact
OS: Normal

- SIREX: Done # Sigs /
NS clear OV

+ 19
- 0.254 n -
19

Low
② 11/12/11
① 11/12/11

I/ ~ Same /

P/ Dilated

- 24-24FOD + OCT dis c GB < 1mo - still work

- bet Rx - probs i focusing

- 2 Gms /

+ for Fleming for Rx

+ 6mo -

UF - Jun 26 4w
R - Nov 1 12 TR

same 26/12 UF 24-20a

18 2012

~ Stable
OCT similar to previous one - not comparable - watch -
n. next OCT in 6mo - (auto)

Mar 3/10 Fit-in

Xalatan hs on

keyst tried 4

has D/C yesterday Feb 23/10

15:00pm

too Xalatan this am not last night)

compliance probm

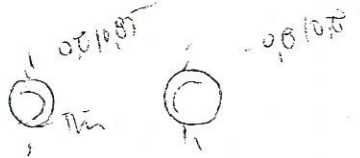
- Seeing a light as flashing since started taking Azopt

- had a massage on neck before lights started

- alot of floaters

- Headaches

- SEx - A/C D/O



Imp/ Poor complian ← - Rxn to Azopt?

P/ Compl stressed - Ref to family MN / Pt will call for ppt - Lmo if shear from MN / Observed ✓

May 12/10 VF (NO SHOW)

June 1/10 VF 24-27w watch nasal stop OS ✓

↳ here after SUR in Halifax or in Gmo (Sept/10) -

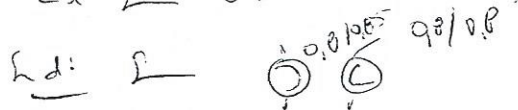
JUN 17 2010

Xalatan hs on
Azopt bid va
Complian ✓
Next pm 4:30am ✓

f/u

- trabeculoplasty OS (Halifax) June 10/10
problems

- SEx L cur corn



I/ Good P/

- P/ fh 6 weeks July 21 12:15

✓ SC 20
SC 20
TA - 27
C250
TA - 24 -

✓ SC 20
SC 20
TA - 19
TA - 18;

JUL 21 2010

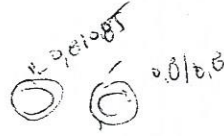
Xelaton HS OW
AZOPT BID OW
Compliant
Lost PML
This AM

Flu Trepheloplasty
OO June 10/10

Cerebral edema attack 1 month ago.
bed ridden
memory problems
caused by smell from
chain saw

- Spine or backer who did
Tests on that

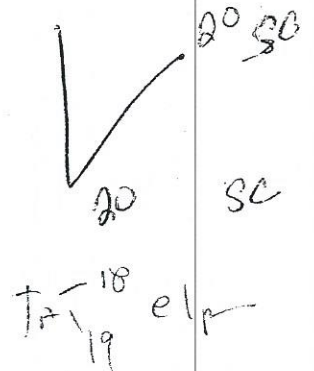
- SEX L - DTR OV
L d L



W/UF → Nov 23 4:00
UF - Feb 3/11 4:00
M - Mar 22/11 12:00

I/ Good R/
P/ SLT 05 MN ✓
OCT OV + 24-24 OV ✓

Dictated to MN ✓



Aug 26/10. I MN. Good report.
Wanted for more SLT

TOP 16 Aug 08
20 07 legs done

Fr as scheduled ✓

Feb 3/11 UF 21.204
PA. CONC Mar 22/11

Mar 3/10 Fit-in

Xalatan hs on

Azoft tried &

has D/c yesterday Feb 23/10

- Seeing a light as flashing
sinu started taking Azoft

histpm

(too Xalatan this
am net last
night)

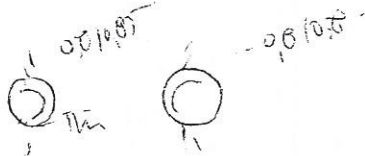
- had a massage on neck
before lights started

- alot of floaters

- Headaches -

- SEx - All D/O

compliance prob



Imp/ Poor compli ← Rxn to Azoft?

f/u Compl started - Ref to nivalu MN ✓
Pt will call for ppt ~ 1mo if hear from MN ✓
Discontinued ✓

May 12/10 VF (NO SHOW)

June 1/10 VF 24-27u watch nasal stop OS ✓

to here after SIT in Halifax or in 6mo (Sept/10) -

JUN 17 2010

Xalatan hs on

Azoft bid ra

Complait ✓

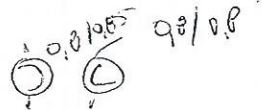
histpm this am ✓

f/u

- trabeculoplasty OS (Halifax) June 10/10
problems

SEx L clear corn

Ld: L



I/ Good Pt.

P/ fh 6 weeks July 21 12¹⁰

✓ SL
 20
 SC
 20
 TA - 27
 28
 24

✓ SL
 20
 SC
 20
 TA - 19
 10

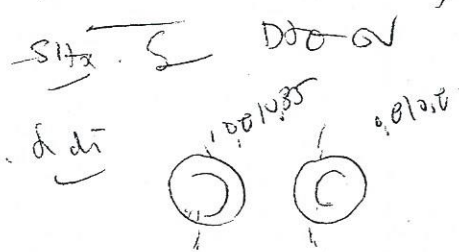
3 2009

Mildly AS RW
Compliant ✓
Last pmv

- blurry vision RW
- VA ↓
- prising came out of eyelids 2 weeks ago (911 victim)
- lid looks as if it has been frost bitten with a discharge

Dilate RW 1:10 pmv

VF WNL OV



- Impl 9/10/09

Pf. 8/16 Dec/09: +24 - 2 VF OV

VF Dec 2
n-Dec 3

pt. case Dec 24 Dec 3
 Rebooked VF For Dec 16 345
 but will call For return later
 will give us notice

~~Nov~~ Dec 4/09 NO SHOW

SC
20-1
SC
20-1
+ 22
- 22

fit-in

11/2008

Xalatan hson
compliant ✓
last pmv ✓

CK TOP'S

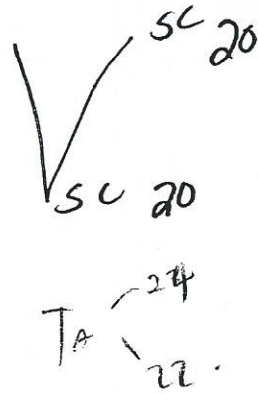
problems

StEx S DDO ov

hd S \odot \odot 0.010.95 0.010.8

- top) sh - 7 TOP OV

1) Add Brimon bid ov



Feb 19/10 VF 24-200

Feb 25/10

Xalatan hson

Brimonidine bid ra
compliant ✓
last pmv this am ✓

CK TOP'S

~~problems~~

- about 4 weeks ago
for a few seconds
everything went black
(like a rectangle) ov
- see alot floaters

StEx S DDO ov

hd S 0.010.800

- top) sh - 7 TOP OV

1) by A3 opt

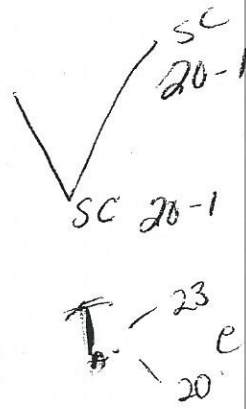
dic Brim

- L Lms

24-2VF ov 3ms

7 N

VF - May 12
N - Mar 23



NOV 08 2007

Prison

Xelw
ov.

Sitz Sam Dte ov
Sint Sam 0,01980v.
R. flat - floeters PVO

V 20/20 SL
V 20/20 SL 2.
T 16
T 16 21:12

Imp / Stable

p/ June/08
24-24f in 2mo
and Gms - Jill check

Dilate OV

1st VF - Jan 14/08 430
2nd VF June 3/08
R - July 9/08

VF JAN 14/08

VF oo worse PSD - needs construction
os Stable

Repeat 24-24f oo only + GPA - Jill check

MARCH 31/08 24-2 R.
OO FLOTER

VF GPA oo + os in summer /08

UF - JULY 10/08
R - AUG 19/08

JULY 10/08 24-2 GPA oo

AUG 19 2008

Blurred vision oo worse lately
D.F.F reading

Xalatan HS oo
Compliant

Floeter
Flashing lights

* Did not take last night

Sitz, P. Gyr / same

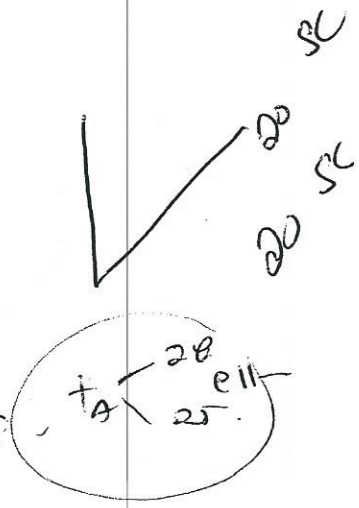
has same changes
0,010,8500 0,010,800. 0,000
R. Put ok

1st - Oct 10
2nd - Feb 06
R - Mar 05
930

Impl. poor compliance

p. Refresh ten giv ov

h Gms - VF 24-24 - 2mo type bid.
Gms



Dilate ov

- continue

Pt. J offered Rx glasses, not interested for now

He prefers to continue wearing store-bought readers only

Oct 10/08 VF No Snow

Nov 21/08 VF 24-2w + GPA

Feb 6th/09 VF 24-2w + GPA (taped lid)

MAR 05 2009

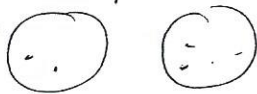
Xelctan. HS ow

Compliant

Last pm ✓

blurriness + floaters on
DIFF Focusing
flashes!

- Sltex Dry eyes

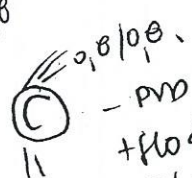


Blup. Dis.

- 07c D00

Exa i Gold + ind
φ20 - hoh -

Red S



- PVD
+ floaters
ov.

TA 16
18

Inpl. Dry eyes - Blup. L
Dis Rx

P/ - Glucose -
- Brown tears 4x -
- 24-27 ov

- Brown tears
- hd conc
- Anv. of sx of PD

- Rt to scars (check recurrent flashes)

April 3/09 VF 24-2w + GPA (taped lid) @dubid

OD. Still

OS. watch nasal step area

Ph do 24-27 open in 4mo + h 6ms +
24-27

Dilate ov

Aug 3/09 VF 24-2w + GPA

n. 12/10

sc

sc

cell

ME: DOUGLAS COPP DATE: MAY 02 2007
 S: M DOB: AUGUST 3 1951 PHONE: 567-1227 ~~995 2668~~
 DRESS: 563 Charlotte Street Sydney NSW BIP 1E6
 N: 0011 427 864 EXP. DATE: _____
 F: OPHTH MO M.C. Boucher FAMILY DOCTOR M. Boucher
 → 2nd opinion, already seen by snow

ALLERGIES: PENICILLIN & MANY SOLVENTS
 CHIEF COMPLAINT: WORLD TRADE POISONING: NUMEROUS HEALTH PROBLEMS; SUSPECTED GIC
VISUAL FIELD DISTURBANCES; ON SOMET DRY - LOSS OF VA, PERIODIC.

OCULAR HISTORY: PR 9/11 NO VISUAL PROBLEMS - HEALTH EXCELLENT
blacked out repeatedly - Dx: Glaucoma 4 years ago, Dr. Shonsawhins said had 6, mylamed
EYE SURGERY NEU optic nerve head + dry eyes,

GRAINESSES: NO STEROID USE YES RAYNAUD'S _____
 FAMILY HISTORY: (NO) _____
 PAST MEDICAL HISTORY: RESPIRATORY PROBLEMS; RECURRENT INFECTIONS JOP never
IMMUNE SYSTEM COMPROMISED lighter than
OPHTHALMIC: TIMOLOL ON H.S. * - 30 /

MEDICATIONS:
 SYSTEMIC: SUPRAX, SYNTHROID, IMPACTAMID, ADVAIR,
ASA 325mg, LITHIUM, SEE LIST.

EXAMINATION: PH SC $\sqrt{20P}$ PUPILS/RAPD ϕ IOP 20 @ 3pm -
21 CCT 602
597

RX: CURRENT RX: READERS +2.00
(R) +1.50 -1.75 x 95 L +0.25 -0.50 x 90

OUR VISION: _____ SCHIRMER _____ BUT _____
 EXOPHTHALMOMETRY _____
 SLE: LIDS _____
 Doesn't want to combine taking timolol, says gives him headaches digress

CORNEA u
 A/C Dna ϕ P x f or PD
 LENS u
 GONIOSCOPY (3) (3) 1/2
 FUNDOSCOPY 11 Jun? 0.810.7
1) Junner 1/2

DX: Glau suspect (NTG?) 1/2 most note OD more suspicious than OS
 PLAN: I explained dx and prognosis + offered to switch from timolol to another
meds and P/B and side effects of Xel gel

VISUAL FIELDS: 1-2 10-2
 TARGET _____ DILATE _____
 BOOK PROCEDURE _____ RETURN 1 month
 LETTER NEEDED _____ DILATE DICTATED (D)

R- June 27/07
 UF- May 16/07
 (mayu)

JUN 27 2007

VHT - May '07 NO VA CHG

Xelatex
all H.S.
complete?

MYD on
Sitz 5m
find @D i Hydro 98198
98199
98198
98199
Acidic
Periph or

V 20/SC
V 20/SC
TA 20
14
OV.

Imp/ likely not?? is PVD - hard to judge max - until VJ
p/ continue on Xelatex.
Disphorb - VJ m 1 w. - 3mo form to check -
fin in 4-6 w. July 27 Photos
1030
July 24 UF x Book UF for
R- Feb 6/08 115 Jan 08.

OCT 09 2007 - Photopsia OD, last for 1 1/2 h, then stops + blurring SS
for 4-5 days, weird lines (black) - zipping across -
Went to ER, had to wait long, so came today

Xelatex giv. ov. - Dilated i drop
Sitz Pipmut flare
didn't put
gts last night
ALC:DTA

@D i drop PVD ov + nit flaster
find 98199 = 98198
98199 98198
min
Acidic

V 20/SC
PL 20/20
SC 20/20
PL 20/20
Tax 28
26

Exc - 3mm or +
individ.
PVD, hls or tears ov

Imp/ - complete? -
PVD ov 00 70S + nit flaster -

p/ Asked to report immediately any worsening or RD. symptoms.
(explained in detail) - letter to Dr. Barcher
for neural assess - in Lmo Dilate ov

FAXED
2012/06/20

Monica M Carrillo, MD, Inc.

1487 George St.
Sydney, NS B1P 1P2

Phone: (902)539-1044

Ophthalmologist

Date: JUN 20 2012

Dear Dr. Fleming

Re: Douglas Copp

DOB: August 3, 1951

Phone: 567-1227

MSI: 0011 427 564

Address: 563 Charlotte St
Sydney, NS B1P 1E6

I would appreciate your assessment of the above mentioned patient regarding

refractive assessment

History: fluent infections since being involved at rescue mission 9/11.

	Right eye	sc	Left eye	sc
Visual acuity	20/20		20/20	
IOP	19		19	mmHg
Cornea	Clear	ow		
Ant. Segment	Deep + quiet	ow		
Discs	0.8/0.8		0.8/0.8	
Retina				

Diagnosis Stable glaucoma

Comments Xelaton qhs ow, Cosopt BID ow

Thank you for seeing Douglas for refractive assessment.

Thank you for seeing this patient at your earliest convenience.

Sincerely,

Monica M Carrillo, MD

Cc: Dr Boucher

This letter was prepared for MSI purpose only. It has not been proofread or verified for a third party or legal proceedings.

CAPITAL HEALTH

PO Box 9000, Halifax, Nova Scotia, B3K 6A3
Health Information Services, Room 1105

HUN# 341467 ACC# 000020465589
HCN# 0011427564
COPP, DOUGLAS, F
563 CHARLOTTE STREET
SYDNEY NS B1P 1E6
DOB: 1951-Aug-03 PHONE: (902)567-1227
PMI: DEPT OF HEALTH

AMBULATORY CARE CLINIC LETTER**Ophthalmology Clinic****Site: Victoria General**

5820 University Avenue
Halifax, NS, B3H 1V8

Visit Date: 2010-Aug-26

Dear Monica:

Thank you for asking me to see Douglas and for your updated note on him. I understand his pressures have actually come down and they are around 18 and 19, in right and left eye, respectively. Douglas had several complaints or a long history today of having an attack that caused him to lose memory, and what he describes as a cerebral edema, a couple of months ago. He has actually no ocular complaints today.

His visual acuity was 6/7.5 in both eyes. Intraocular pressures were 16 and 20 mmHg. Slit-lamp examination was unremarkable. He does have large discs, as was mentioned earlier, with cupping of about 0.8 in the right eye and 0.7 in the left eye. We did do a baseline HRT, as you suggested, confirming very large discs, bilaterally. He does have larger cupping in the right, too.

Overall, I am pleased that Douglas appears to have had a good response to SOT in his right eye. I am not convinced that he needs any lower pressure than what he is running right now. He has very mild visual field defects, and the last report I received from you, they seem to be fairly stable. His disc appearance is worse than his disease, just because of the fact that he does have very large discs. I explained all that to him and said it would be better to save laser therapy for the future, in case he shows any sign of progression of the disease, or his pressures go even higher. I therefore am returning him back to your care with the same medications, and for followup monitoring as you see fit.

Regarding whether I believe his glaucoma is caused by poison effects from 9-11, I, in fact, do not think that is probably the case, but of course this could be a possibility. I explained that to Douglas as well.

Thank you for allowing me to participate in his care.

Transc ID#: 9711 / ps
Job ID / Document ID: 3713895 / 3121257
Date Dictated: 2010 Aug 26
Date Transcribed: 2010 Aug 30
Date Revised: 2010 Aug 30
Date Printed: 2010 Sep 20

REFERING DOCTOR...../2

Clinic Letter

Capital Health

COPP, DOUGLAS

HUN: **341467**

Page 2

Warmest regards,

This report has been electronically authenticated by
Marcelo Nicolela, MD, FRCSC on 09/20/2010
15:09:59.

Marcelo Nicolela, MD, FRCSC
Attending Staff, Dept. of Ophthalmology

Office Tel: 473-3622 Office Fax: 473-2839

Copies:

Charles B. Boucher, NS, Family Doctor

Monica Carrillo, Sydney, NS, Referring Doctor

Transc ID#: 9711 / ps
Job ID / Document ID: 3713895 / 3121257
Date Dictated: 2010 Aug 26
Date Transcribed: 2010 Aug 30
Date Revised: 2010 Aug 30
Date Printed: 2010 Sep 20

REFERRING DOCTOR

Clinic Letter

FAKED
July 21/10

MONICA M. CARRILLO, MD INC
OPHTHALMOLOGIST

REGIONAL MEDICAL CENTER
1487 GEORGE STREET, SUITE 2

TEL: (902) 539-1044
FAX: (902)539-9846
SYDNEY, NOVA SCOTIA B1P 1P2

July 25, 2010

Dr. M. Nicolela

RE: Douglas Copp, 563 Charlotte Street, Sydney, Nova Scotia
HCN: 0011 427 564, DOB: August 3, 1951, Phone: 567-1227

Dear Marcelo,

Thank you for your useful letter on Douglas dated June 10, 2010 after he underwent SLT in his right eye. He has been doing very well since his pressure came down from 27 pre SLT to 18 today at 1:00 PM. He is presently on Xalatan QHS OU and Azopt BID OU.

His visual acuity was 20/20 in both eyes without glasses. Applanation tonometry, as I mentioned earlier, was 18 in the right eye and 19 in the left eye. There has been no change in the remainder of the examination.

Since I feel that he would benefit from lower pressures in both eyes I wonder if you would complete the SLT in the right eye and perhaps consider the same treatment for his left eye. I have ordered imaging with OCT for both eyes and I wonder if you could also do a HRT for us to keep on our records here. As I mentioned to you earlier we may be getting an OCT in the Sydney area so it would be great to have a base line image taken in Halifax. I would highly appreciate if your office would contact Douglas directly with an appointment with you. Douglas is worried that all these wide fluctuations in his IOP may be related to the fact that he has health issues since he volunteered and 911 ground zero. I wonder if you have any comments on that. Thanks again for seeing this patient for me.

Sincerely,



Monica Carrillo, MD

Cc Dr. Boucher

This letter was prepared for MSI purposes only, it has not been proofread or verified and as such has not been prepared for third party or legal proceedings.

TD

CAPITAL HEALTH

PO Box 9000, Halifax, Nova Scotia, B3K 6A3
Health Information Services, Room 1105

HUN# 341487 ACC# 000020232203
HCN# 0011427564
COPP, DOUGLAS, F
563 CHARLOTTE STREET
SYDNEY NS B1P 1E6
DOB: 1951-Aug-03 PHONE: (902)567-1227
PMI: DEPT OF HEALTH

AMBULATORY CARE CLINIC LETTER

Ophthalmology Clinic
Site: Victoria General
5820 University Avenue
Halifax, NS, B3H 1V8

Visit Date: 2010-Jun-10

Dear Monica:

Just a quick followup note on Douglas. Following my letter to you, he came today for a right trabeculoplasty. Treatment was done inferiorly using 59 shots. He tolerated it well. He was asked to use Voltaren drops for 3 days and continue with his glaucoma medications as well. I also asked him to contact your office for a pressure check in a week's time. Please let me know how he responds to that and whether you feel he needs the other half of trabeculoplasty done. I failed to mention that this was done with the SLT machine.

Warmest regards,

Marcelo Nicolela, MD, FRCSC
Attending Staff, Dept. of Ophthalmology

Office Tel: 473-3622 Office Fax: 473-2839

Copies:

Charles B. Boucher, Bathurst, NB, Family Doctor
Monica Carrillo, Sydney, NS

MPP
June 17
100 ✓

Transc ID#: 9035 / 10
Job ID / Document ID: 3628393 / 3045116
Date Dictated: 2010 Jun 11
Date Transcribed: 2010 Jun 11
Date Revised: 2010 Jun 11
Date Printed: 2010 Jun 11

CAPITAL HEALTH

PO Box 9000, Halifax, Nova Scotia, B3K 6A3
Health Information Services, Room 1105

HUN# 341467 ACC# 000020082533
HCN# 0011427564
COPP, DOUGLAS, F
563 CHARLOTTE STREET
SYDNEY NS B1P 1E6
DOB: 1951-Aug-03 PHONE: (902)567-1227
PMI: DEPT OF HEALTH

AMBULATORY CARE CLINIC LETTER**Ophthalmology Clinic****Site: Victoria General**

5820 University Avenue
Halifax, NS, B3H 1V8

Visit Date: 2010-Apr-27

Dear Monica:

Thank you for asking me to see Douglas and for your fairly detailed referral note and copies of visual fields. Douglas' history is well known to you and I am not going to go over that. He was basically referred for a second opinion regarding his glaucoma control as his intraocular pressures seem to be fluctuating a bit and they were afraid that he might be progressing. He is currently on Azopt and Xalatan drops bilaterally. His visual acuity on examination today was 6/6 bilaterally. Intraocular pressures are 23 and 21 mmHg with corneas that are slightly thick at 590 and 592 microns. He has decreased tear film breakup time in both corneas that otherwise are normal on anterior segment examination. Both angles are open, grade 4, with 2+ pigmentation. He has large optic disks with cupping of about 0.8 and 0.6 respectively. Remaining examination was unremarkable. His visual fields do fluctuate significantly but has basically been maintaining and is relatively stable with maybe just some very mild changes in the right eye.

My impression therefore is that Douglas seems to have a very early stage of open angle glaucoma mostly on his right side and his pressures are not ideally controlled. I agree with you that he is probably a good candidate for laser trabeculoplasty and I discussed that with him. He opted to do an SLT treatment here and he will be booked for that in the near future.

Once again, thank you for allowing me to participate in his care.

Warmest regards,

This report has been electronically authenticated by
Marcelo Nicolela, MD, FRCSC on 05/10/2010
15:26:12.

Marcelo Nicolela, MD, FRCSC
Attending Staff, Dept. of Ophthalmology

Office Tel: 473-3622 Office Fax: 473-2839

Transc ID#: 9788 / cm
Job ID / Document ID 3575599 / 3005765
Date Dictated: 2010 Apr 30
Date Transcribed: 2010 May 04
Date Revised: 2010 May 04
Date Printed: 2010 May 10

REFERING DOCTOR...../2

Clinic Letter

Capital Health

COPP, DOUGLAS

HUN: **341467**

Page 2

Copies:

Charles B. Boucher, Bathurst, NB, Family Doctor

Monica Carrillo, Sydney, NS, Referring Doctor

Transc ID#: 9788 / cm
Job ID / Document ID: 3575599 / 3005765
Date Dictated: 2010 Apr 30
Date Transcribed: 2010 May 04
Date Revised: 2010 May 04
Date Printed: 2010 May 10

REFERING DOCTOR

Clinic Letter

CAPE BRETON
HEALTHCARE
COMPLEX

UNIT# CB00289266 ACC# CF0477928/09
COPP, DOUGLAS FINDLEY
563 CHARLOTTE ST

CB.NIV

SYDNEY NS B1P 1E6
DOB: 03/08/1951 PHONE: (902)567-1227
PMI: 0011427564 INS: DOH EXP:
07/31/2010

NON-INVASIVE VASCULAR LAB:

Exam Date: March 15/10 Referring Physician: Dr. Carrillo

INDICATION: Amaurosis fugax.

PROCEDURE: Duplex scan of the carotids. This patient was studied using the ATL 5000 Duplex Scanner. External, internal and common carotid vessels were studied bilaterally, as well as the vertebrals.

REPORT: At all sites there were normal flow velocities. ICA/C_{CA} ratios were normal on both sides, .90 on the right, .85 on the left.

B-mode imaging showed no plaqueing. Flow was antegrade in the vertebral on the right but the left one could not be imaged.

SUMMARY: No evidence of significant internal carotid artery stenosis.

This document was electronically
authenticated by
R. Dunn, MD., FRCSC
18/03/2010 08:21:06



R. Dunn, MD., FRCSC

Technologist

Copies: Monica Carrillo, MD., INC
Non-Invasive Vascular Lab

Form# (98/01)

D: 16/03/2010 08:21:27/ Job ID: 1546556 994087
T: 16/03/2010 07:43:11/ dm

ICAVL - Accredited Vascular Laboratory

NON-INVASIVE VASCULAR LAB (CONT'D)

UNIT# **CB00289266** ACC# **CF0477928/09**

COPP, DOUGLAS FINDLEY

The EMR does not represent the patient's entire history. Further information is available on the paper record.



**DALHOUSIE
UNIVERSITY**

Inspiring Minds



Capital Health

DEPARTMENT OF OPHTHALMOLOGY & VISUAL SCIENCES

EYE CARE CENTRE

1276 South Park St. 2W Victoria Bldg., Rm. 2035

Halifax NS B3H 2Y9

Tel: (902) 473-3622 Fax: (902) 473-2839

FAX COVER SHEET

Faculty Members

*A.F. Cruess, MD
Professor & Head*

D.M. Andrews, MD

V.P. Audain, MD

D. Belliveau, MD

B.C. Chauhan, PhD

I. De Becker, MD

J.D. Dickinson, MD

S.P. George, MD

A. Hoskin-Mott, MD

M. Humayun, MD

D.M. Keating, MD

V. Kozousek, MD

G.R. LaRoche, MD

J.R. MacNeill, MD

C.E. Maxner, MD

A.V. Mishra, MD

M.T. Nicolela, MD

D.M. O'Brien, MD

A.C. Orr, MD

B.R. Pretty, MD

P.E. Rafuse, MD

M.S. Ramsey, MD

J.M. Robitaille, MD

A. Samad, MD

G.A. Sapp, MD

C.D. Seamone, MD

L. Shuba, MD

M.M. Silver, MD

A. Tan, MD

F. Tremblay, PhD

A.A. Valenzuela, MD

R. Ritenour, MD

Administrator

J. Poole

TO: Dr. Monica Carrillo

FROM: Carol @ Dr. Marcelo Nicolela's office

DATE: March 10, 2010

FAX NO: 539-9846

TOTAL NO. OF PAGES (including cover): 1

COMMENTS:

Our office received your referral on patient Douglas Copp (DOB: Aug. 3, 1951) on March 4, 2010. Dr. Nicolela would like a copy of any previous visual fields done on this patient faxed to our office as soon as possible. Please fax to the attention of Dr. Nicolela at 473-2839. Our office will be notifying the patient with an appointment for mid-late April 2010.

FAXED
3/11/10

FAXED
Marcelo

Dr. MONICA M. CARRILLO, MD INC
OPHTHALMOLOGIST

REGIONAL MEDICAL CENTER
1487 GEORGE STREET, SUITE 2

TEL: (902) 539-1044
FAX: (902) 539-9846
SYDNEY, NOVA SCOTIA, B1P 1P2

March 4, 2010

Dr. M. Nicolela

RE: Douglas Copp, 563 Charlotte Street, Sydney, Nova Scotia
HCN: 0011 427 564, DOB: August 3, 1951, Phone: 567-1227

Dear Marcelo,

I would appreciate your assessment of this 58 year old patient whom I have followed since 2007 for primary open angle glaucoma in both eyes. He was previously treated by Dr. Snow for the same condition. Dr. Snow mentioned that his pressures have never been higher then 30 mm Hg. Douglas gives a history of being in multiple disasters as part of the America rescue team including the world trade center and has been exposed to smoke and various chemicals. He has numerous healthy problems including emphysema, hypothyroidism and recurrent infections. His medications include Novo-Rabeprazole, Synthroid, Ralivia, Apo-Hydro, Viaderm-KC cream. In the last couple of years I have treated his glaucoma with Xalatan QHS OU with some compliance problems. I have already tried Brimonidine with a poor response and Azopt lately which he seems to be intolerant to.

On his last visit his unaided visual acuity was 20/20 in both eyes. Pupils were equal and reactive. Applanation tonometry was 27 and 24 at 1:30 PM. He put his Xalatan in this morning in both eyes. He was presenting with floaters and flashing lights as well. Slit lamp examination revealed clear corneas. Central corneal thickness was 602 OD and 597 OS microns. Anterior chambers were deep and quiet with no signs of pseudoexfoliation. Lenses were clear. Gonioscopy revealed open angles with 1+ pigmentation of the trabecular meshwork. Dilated funduscopy revealed glaucomatous looking optic nerve heads with a cup/disc ratio of 0.8/0.9 in the right eye and 0.8/0.8 in the left eye. There was thinning in the inferior temporal rims especially in the right eye for almost a notch. The temporal neuroretinal rim looked thin as well. Douglas has various health problems related to his exposure to chemicals and toxins. He feels that glaucoma came as a consequence of these exposures and is requesting a second opinion and more testing to find if any additional treatments will help clarify the etiology of his condition. I find that he would be good candidate for ALT as the next step as I have noticed some slow progression in the glaucoma in the right eye mostly. His last visual field certainly shows some deterioration with superior arcuate scotoma in the right eye which matches the appearance of the disc. He is booked for a follow-up on that test to confirm the findings. I would highly appreciate your comments on this interesting patient.

Sincerely,

Monica Carrillo, MD
Cc Dr. Boucher

This letter was prepared for MSI purposes only. It has not been proofread or verified and as such has not been prepared for third party or legal proceedings.

td

Monica M Carrillo, MD, Inc.

1487 George St.
Sydney, NS B1P 1P2

Phone: (902)539-1044

Ophthalmologist

Date: 11/20/2010

Dear Dr. Boucher

Please arrange follow-up ASAP

Re: Douglas Copp

DOB: Aug 3, 1951

Phone: 567-1227

MSI: 0011 4'27 564

Address: 563 Charlotte St
Sydney NS

The above mentioned patient was seen on consultation on Glaucoma follow-up

Regarding now new complaint "amaurosis pupax"

History: Sudden novel observation while in Hart's ov.

Patient well known to you - Glaucoma on Xctdm gls ov

	Right eye	Left eye
Visual acuity	<u>20/20</u>	<u>OV</u>
IOP	<u>23</u>	<u>20</u> mmHg
Cornea	<u>Clear OV</u>	
Ant. Segment	<u>Unremarkable OV</u>	
Discs	<u>0.8/0.8</u>	<u>0.8/0.8</u>
Retina	<u>flat. no detachments</u>	
	<u>no emboli OV</u>	

Diagnosis Amaurosis pupax?

Treatment Carotid duplex ordered.

Please provide cardiovascular assessment ASAP including
neuro assessment as well. please see if he may

Comments regular ECG - echocardiogram - holter - neuro-psychiatrist
assessment

Follow-up _____ (days, weeks, months, year)

Thank you for allowing me to participate in your patients care.

Sincerely,

ML

Monica M Carrillo, MD

Cc: Dr. Snow

This letter was prepared for MSI purpose only. It has not been proofread or
verified for a third party or legal proceedings.

Dr. Saraswati Sivakumar
DO, MNAMS, FRCS, MRCS

167 Townsend Street
Sydney NS B1P 5E4
Tel- 902-539-8461
Fax-902-539-8543

Dr. Monica Carrillo
Regional Medical Center
1487 George St.
Sydney

RE: Douglas Copp
Date of birth: August 3, 1951
Seen: May 29, 2009

Dear Dr. Monica,

Many thanks for your referral.

Diagnosis: Bilateral open angle glaucoma
Bilateral posterior vitreous detachments

Clinical features: This pleasant 57-year-old gentleman was seen in the clinic today for ocular evaluation. He gave history of being in multiple disasters and has been exposed to smoke and various chemicals.

There is no history of diabetes and he is hypothyroid. He is currently on Xalatan eyedrops to both eyes for his glaucoma.

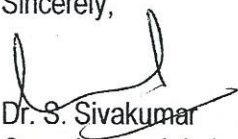
Visual acuities were 6/6 bilaterally without correction. Intraocular pressures were 16 bilaterally.

Slit-lamp examination revealed normal anterior segments bilaterally.

Dilated fundus examination revealed a cup disc ratio of 0.8 bilaterally. Posterior vitreous detachments were noted in both eyes. Shafer's sign was negative in both eyes. The retinal vasculature and maculae appeared normal bilaterally. There was no evidence of retinal tears or holes in both eyes which was confirmed by scleral indentation. However in the left eye, a small retinal hemorrhage was noted in the superotemporal quadrant.

The clinical findings were explained to the patient. I have also explained the warning signs of retinal detachment. I would be happy to review if any further problems arise.

Sincerely,


Dr. S. Sivakumar
Consultant ophthalmologist

FAXED
margis

MONICA M. CARRILLO, MD INC
OPHTHALMOLOGIST

REGIONAL MEDICAL CENTER
1487 GEORGE STREET, SUITE 2

TEL: (902) 539-1044
FAX: (902)539-9846
SYDNEY, NOVA SCOTIA B1P 1P2

March 8, 2009

Dr. S. Sivakumar

RE: Douglas Copp, 563 Charlotte Street, Sydney, Nova Scotia
HCN: 0011 427 564, DOB: August 3, 1951, Phone: 567-1227

Dear Saras,

I would appreciate your assessment of this pleasant 56 year old patient. I have followed Douglas since 2007 for open angle glaucoma and on treatment with Xalatan QHS OU. He use to be Dr. Snow's patient. He has been presenting with recurrent episodes of flashing lights and floaters bothering mostly his right eye. His past medical history is relevant with respiratory problems, recurrent infections and he states that his immune system is compromised since he was involved in the rescue team of 9/11 terrorist attack. Amongst his medications he is on Suprax, Synthroid, Advair, Aspirin and Lithium.

On examination today unaided visual acuity was 20/20 in both eyes. Slit lamp examination revealed dry eyes, blepharitis and rosacea. Anterior chambers were deep and quiet. Fundoscopy revealed glaucomatous looking optic nerve heads with a cup/disc ratio of 0.85/0.8 OD and inferior thinning and 0.8/0.8 in the left eye. Posterior vitreous detachment was observed in both eyes especially in the left eye along with floaters. I found some areas of white without pressure however I couldn't find any retinal holes. Since Douglas has presenting with these recurrent episodes I would appreciate your assessment and comments of this pleasant patient.

Sincerely,

Monica Carrillo, MD
Cc Dr. Boucher

This letter was prepared for MSI purposes only, It has not been proofread or verified and as such has not been prepared for third party or legal proceedings.

TD

FAXED
Oct 10 2007

**MONICA M. CARRILLO, MD INC
OPHTHALMOLOGIST**

**REGIONAL MEDICAL CENTER
1487 GEORGE STREET, SUITE 2**

**TEL: (902) 539-1044
FAX: (902) 539-9846
SYDNEY, NOVA SCOTIA, B1P 1P2**

October 10, 2007

Dr. B. Boucher
Fax: 625-1842

RE: Douglas Copp, 563 Charlotte Street, Sydney, Nova Scotia
HCN: 0011 427 564, Phone: 567-1227, DOB: August 3, 1951

Dear Dr. Boucher,

Thank you for referring this pleasant 55 year old patient. I understand that Douglas has been presenting with a blurred vision and has been previously followed for glaucoma and presently on treatment with Timolol QHS OU. He states that he routinely sees Dr. Snow. He wanted a second opinion to see if he really has glaucoma. He is concerned about sore dry eyes and blurred vision which appears periodically. He states that he was involved in a rescue team of the world trade center terrorist attack and therefore he was subject to poisoning due to a significant amount of toxics released. His glaucoma was diagnosed years ago. He states that his intraocular pressure has never been higher than 30. He has numerous medical problems including respiratory problems, recurrent infection and states that his immune system is compromised. His medications include a long list of Western prescription medicines, naturopathic medicine and chemical compounds as well Chinese herbs. I am sure you are quite familiar with this list. He is also on Synthroid, Suprax, Loperamide, Aspirin and Lithium.

On examination today unaided visual acuity was 20/20 in the right eye and 20/25 in the left eye. Applanation tonometry was 20 mm Hg in the right eye and 21 mm Hg in the left eye at 3:00 PM. Central corneal thickness measured 602 and 597 in the right and left eye respectively. He has a mild hyperopia. Slit lamp examination revealed clear corneas. Anterior chambers were deep and quiet. There was no evidence of pseudoexfoliation or pigment dispersion. Lenses were clear. Gonioscopy revealed open angles with 1+ pigmentation of the trabecular meshwork. Fundoscopy revealed glaucomatous looking optic nerve heads with cup/disc ratio of .8/.9 in the right eye and .8/.8 in the left eye. There was a thinning of the inferior temporal rim in the right optic nerve head. Maculae were within normal limits. Retinal periphery was within normal limits. Retinal periphery was within normal limits.

In summary, I feel that Douglas is likely to have primary open angle glaucoma especially in the right eye. On examination I also found some signs of dry eyes. Douglas is presently concerned about having side effects from the Timolol drops that he is presently using. I explained the diagnosis, prognosis and the nature of his condition. I offered him to switch from Timolol to Xalatan QHS OU. I have widely explained the side effects and the risks and benefits of this therapy. Douglas is keen on starting his therapy with Xalatan as soon as possible.

On his next visit here on June 27, 2007 I noticed that his pressures remained at 20 mm Hg in both eyes. He was booked for a visual field test which was initially unreliable due to a high false negatives rate. However the visual fields were repeated on July 24, 2007. There were some changes in the visual fields suggestive of glaucoma especially in the right eye.

I saw Douglas the last time on October 9, 2007. He went through emergency concerned about having photopsias, blurriness, floaters across the visual fields in the right eye. He stated that he didn't put his Xalatan drops in last night.

On examination visual acuity remained the same. Applanation tonometry was 28 mm Hg in the right eye and 26 mm Hg in the left eye. This maybe the result of missing his drops last night. Slit lamp examination was unremarkable. Dilated funduscopy failed to find evidence of retinal detachments, holes or tears. However I noticed posterior vitreous detachment with a big floater in the right eye and small vitreous floaters in the left eye. I asked Douglas to report immediately any worsening or retinal detachment symptoms such as visual field decrease, increasing in the flashing lights and floaters or any visual loss. I asked him to report immediately through emergency or this office. Douglas is concerned that the symptoms may correspond to a neurological disorder. I think that he should have a neurological assessment and I would like to leave that up to your capable hands since he feels these toxics may be affecting his brain and giving him brain edema. In the meantime I have booked a follow-up appointment in one month's time here. I appreciate being involved in your patient's care.

Sincerely

Monica Carrillo, MD

This letter was prepared for MSI purposes only. It has not been proofread or verified and as such has not been prepared for third party or legal proceedings.

td

Name: copp, douglas

OD OS



ID: 0011427564

Exam Date: 11/27/2012 11/27/2012

DOB: 8/3/1951

Exam Time: 11:32 AM 11:33 AM

Gender: Male

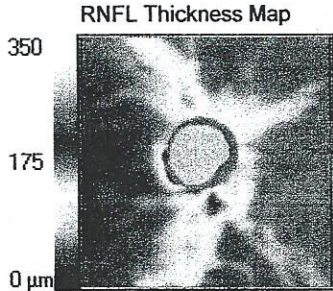
Technician: Operator, Cirrus

Doctor:

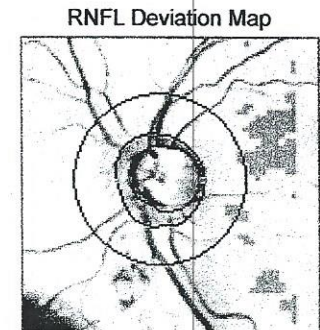
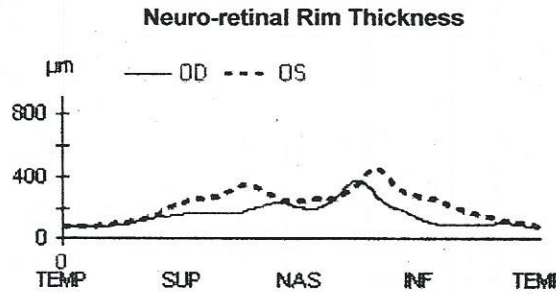
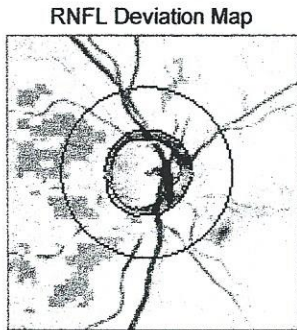
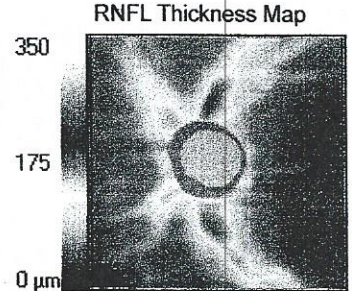
Signal Strength: 9/10 10/10

RNFL and ONH: Optic Disc Cube 200x200

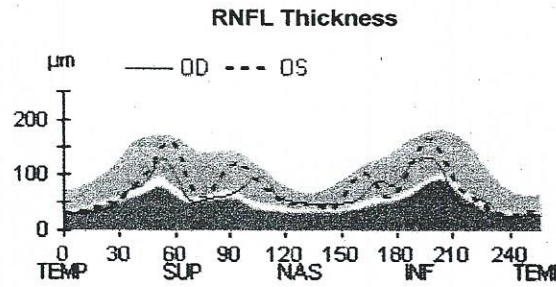
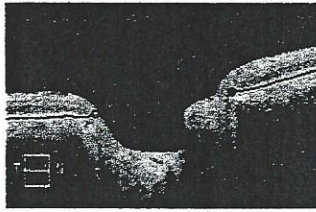
OD ● ● OS



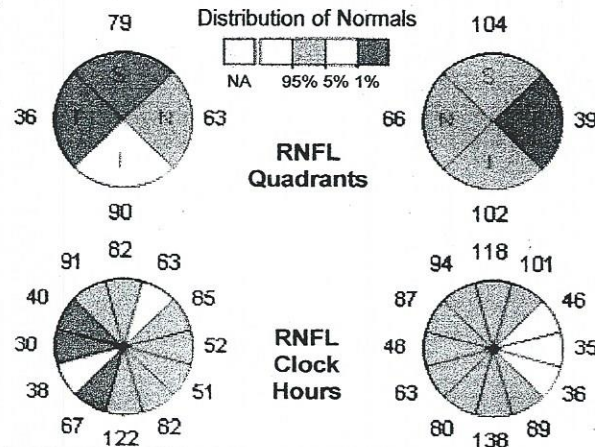
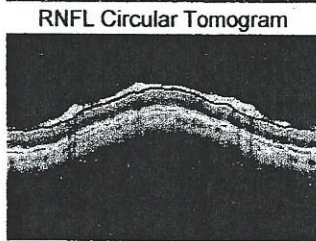
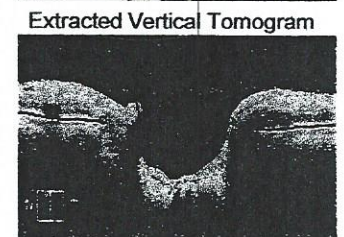
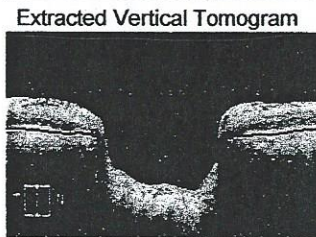
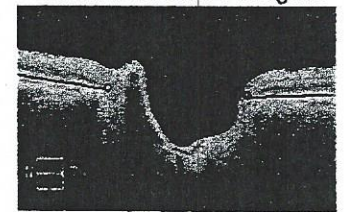
	OD	OS
Average RNFL Thickness	81 μm	78 μm
RNFL Symmetry	88%	
Rim Area	0.81 mm ²	1.17 mm ²
Disc Area	2.42 mm ²	2.70 mm ²
Average C/D Ratio	0.80	0.74
Vertical C/D Ratio	0.81	0.71
Cup Volume	0.777 mm ³	0.608 mm ³



Disc Center (-0.15, 0.24) mm
 Extracted Horizontal Tomogram



Disc Center (-0.24, 0.15) mm
 Extracted Horizontal Tomogram



Comments: -large disc on wall -protr. anch. net

Doctor's Signature: [Handwritten Signature]

Name: copp, douglas

OD OS



ID: CZMI1186630142

Exam Date: 6/26/2012 6/26/2012

DOB: 8/3/1951

Exam Time: 9:43 AM 9:47 AM

Gender: Male

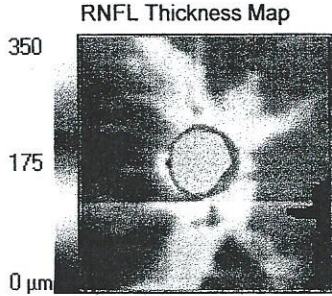
Technician: Operator, Cirrus

Doctor:

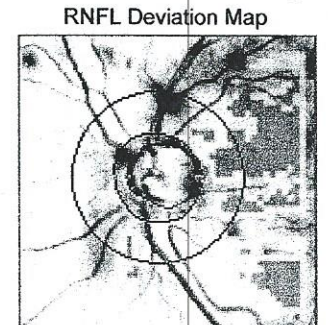
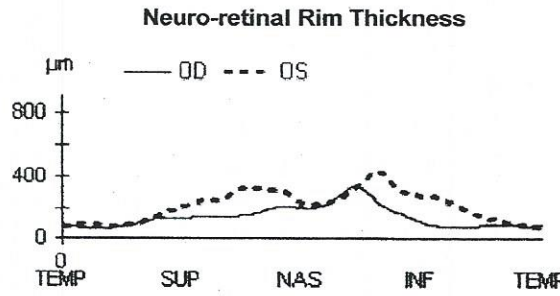
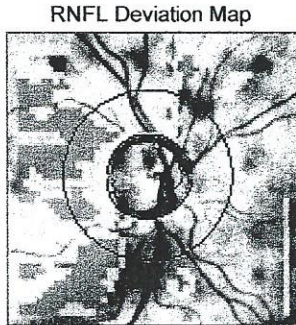
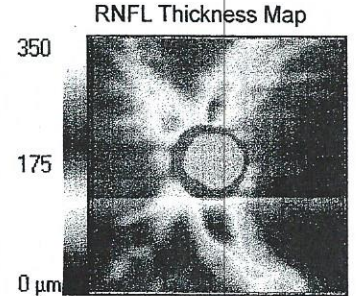
Signal Strength: 7/10 7/10

RNFL and ONH: Optic Disc Cube 200x200

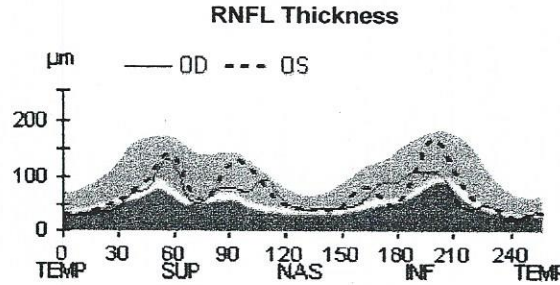
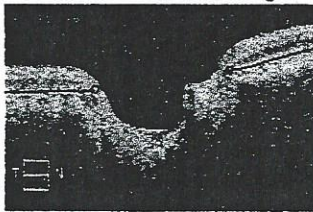
OD ● ● OS



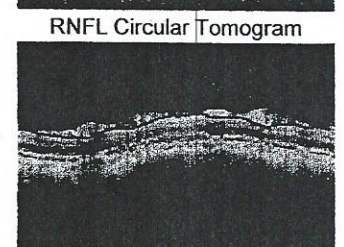
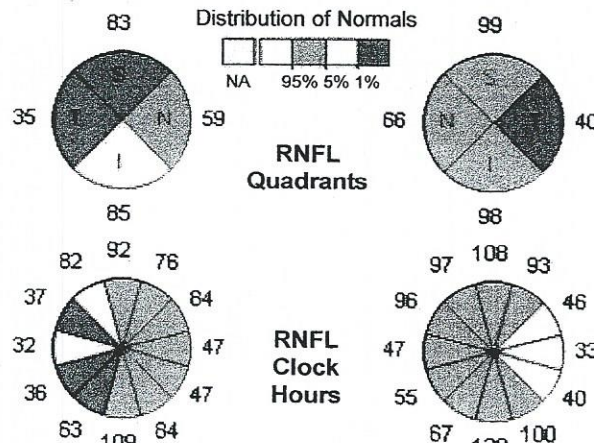
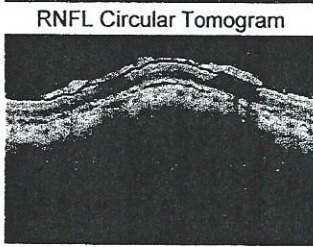
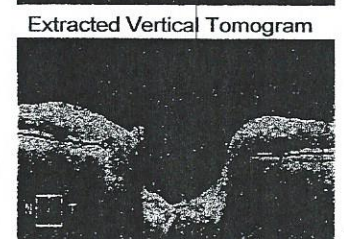
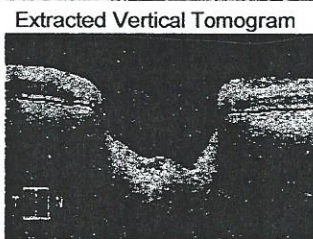
	OD	OS
Average RNFL Thickness	85 μm	76 μm
RNFL Symmetry	83%	
Rim Area	0.73 mm ²	1.09 mm ²
Disc Area	2.39 mm ²	2.54 mm ²
Average C/D Ratio	0.82	0.74
Vertical C/D Ratio	0.84	0.72
Cup Volume	0.771 mm ³	0.617 mm ³



Disc Center (-0.12,0.09) mm
 Extracted Horizontal Tomogram



Disc Center (-0.21,0.12) mm
 Extracted Horizontal Tomogram



Comments: watch RNFL on, ~ similar to test, out - large disc

Doctor's Signature: [Signature]

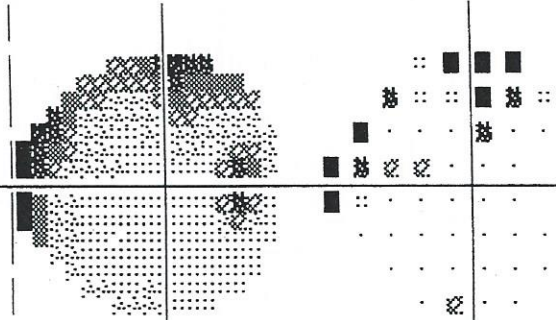
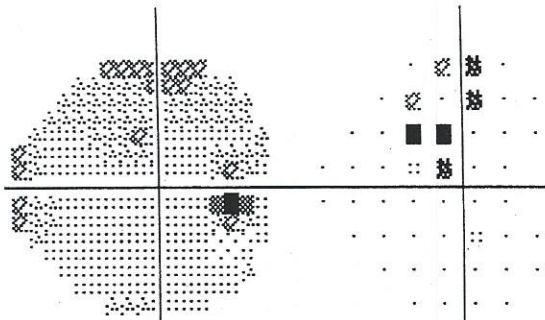
Name: Copp, Douglas
 ID: 0011-427-564
 DOB: 08-03-1951

Baseline: SITA-Standard

Central 24-2 Threshold Test

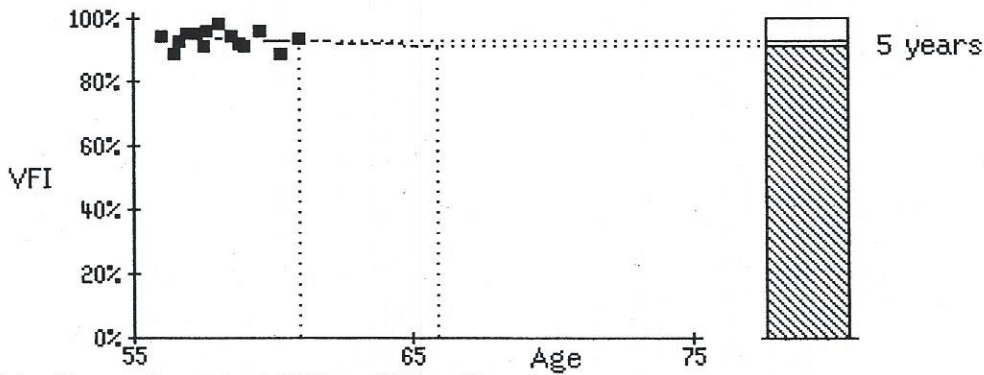
Graytone Pattern Deviation
 07-24-2007 GHT: Outside normal limits

Graytone Pattern Deviation
 01-14-2008 GHT: Outside normal limits



FL: 1/14 FN: 5% FP: 6%
 Fovea: OFF MD: -4.27 dB P < 0.5%
 VFI: 95% PSD: 2.41 dB P < 5%

FL: 2/18 FN: 8% FP: 1%
 Fovea: OFF MD: -6.06 dB P < 0.5%
 VFI: 89% PSD: 4.95 dB P < 0.5%



Rate of Progression: -0.3 ± 1.2 %/year (95% confidence)

Slope not significant

Follow-up

See Full GPA printout for complete analysis

Graytone Pattern Deviation Deviation From Baseline Progression Analysis
 06-26-2012 SITA-Standard GHT: Outside normal limits

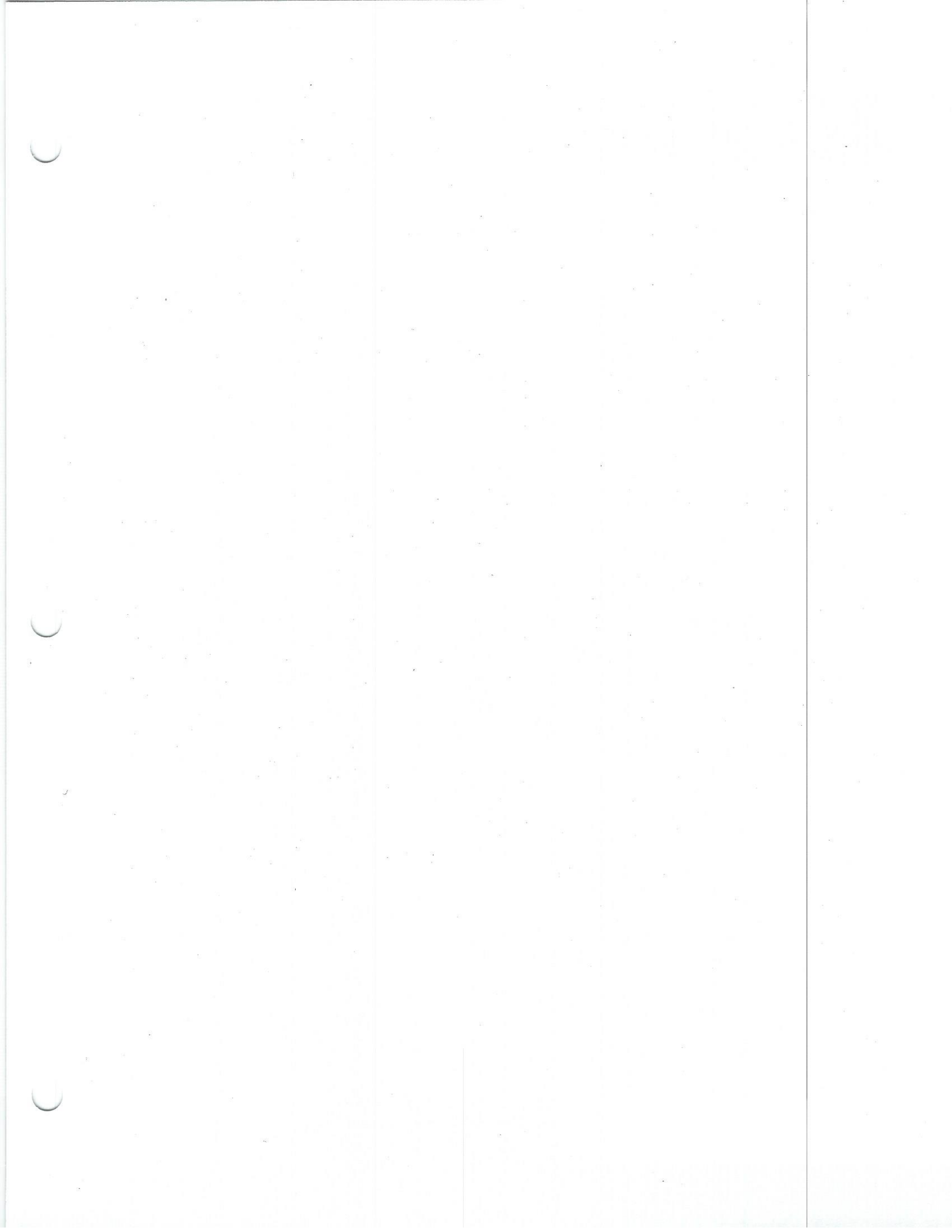
Fovea: OFF MD: -3.88 dB P < 1% FL: 0/0 FN: 5% FP: 1%
 VFI: 93% PSD: 3.18 dB P < 1% No Progression Detected

Previous Follow-up Exams:

- 02-03-2011 11-04-2011
- :: < 5% ▲ P < 5% Deterioration
- ⊗ < 2% ▲ P < 5% (2 consecutive)
- ⊗ < 1% ▲ P < 5% (3+ consecutive)
- < 0.5% X Out of Range

Notes:

Dr. Monica Carrillo, MD (INC.)
 1487 George Street
 Sydney, NS
 B1P 1P2
 Tel: (902) 539-1044
 © 2007 Carl Zeiss Meditec
 HFA II 745-5805-4.2.2



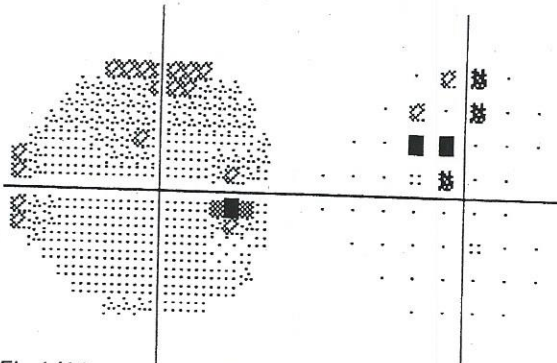
GPA - Summary

Name: Copp, Douglas
 ID: 0011-427-564

Eye: Right
 DOB: 08-03-1951

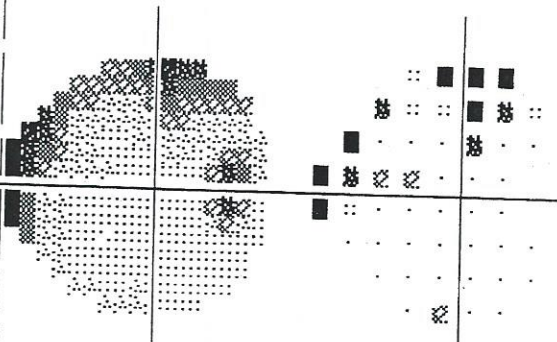
Baseline: SITA-Standard

Graytone Pattern Deviation
 07-24-2007 GHT: Outside normal limits

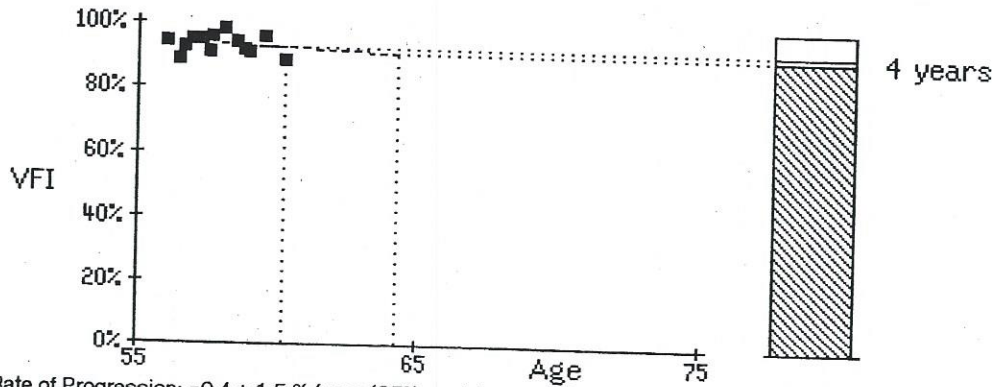


FL: 1/14 FN: 5% FP: 6%
 Fovea: OFF MD: -4.27 dB P < 0.5%
 VFI: 95% PSD: 2.41 dB P < 5%

Central 24-2 Threshold Test
 Graytone Pattern Deviation
 01-14-2008 GHT: Outside normal limits



FL: 2/18 FN: 8% FP: 1%
 Fovea: OFF MD: -6.06 dB P < 0.5%
 VFI: 89% PSD: 4.95 dB P < 0.5%



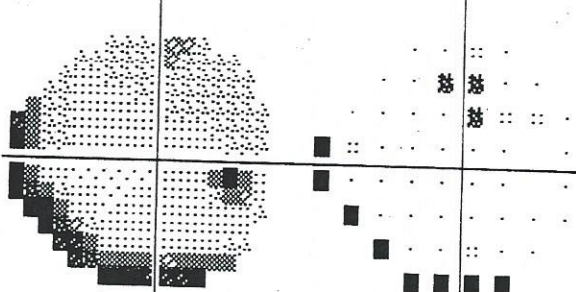
Rate of Progression: -0.4 ± 1.5%/year (95% confidence)

Slope not significant

Follow-up

See Full GPA printout for complete analysis

Graytone Pattern Deviation Deviation From Baseline Progression Analysis
 11-04-2011 SITA-Standard GHT: Outside normal limits



Fovea: OFF MD: -6.41 dB P < 0.5% FL: 0/0 FN: 0% FP: 2%
 VFI: 89% PSD: 9.19 dB P < 0.5%

No Progression Detected

Previous Follow-up Exams:

07-23-2010 02-03-2011

- ∴ < 5% ▲ P < 5% Deterioration
- ⊗ < 2% ▲ P < 5% (2 consecutive)
- ⊠ < 1% ▲ P < 5% (3+ consecutive)
- < 0.5% X Out of Range

Notes:

Dr. Monica Carrillo, MD (INC.)
 1487 George Street
 Sydney, NS
 B1P 1P2
 Tel: (902) 539-1044
 © 2007 Carl Zeiss Meditec
 HFA II 745-5805-4.2.2

*trim
 arch part*

Change Analysis

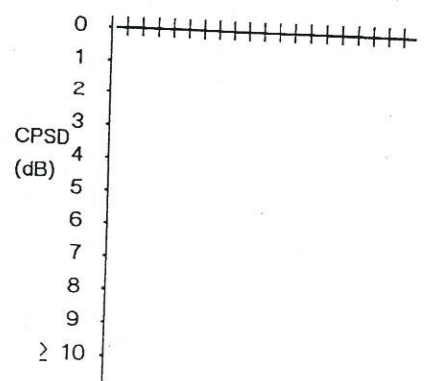
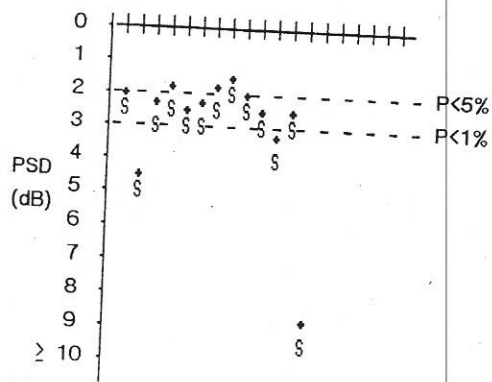
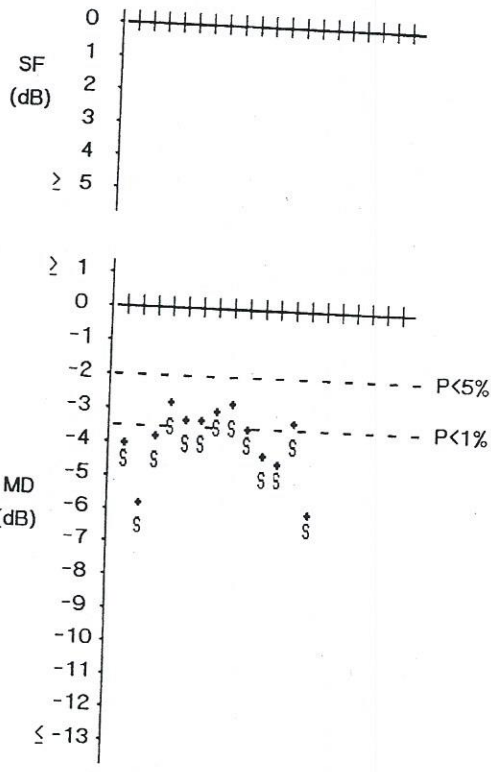
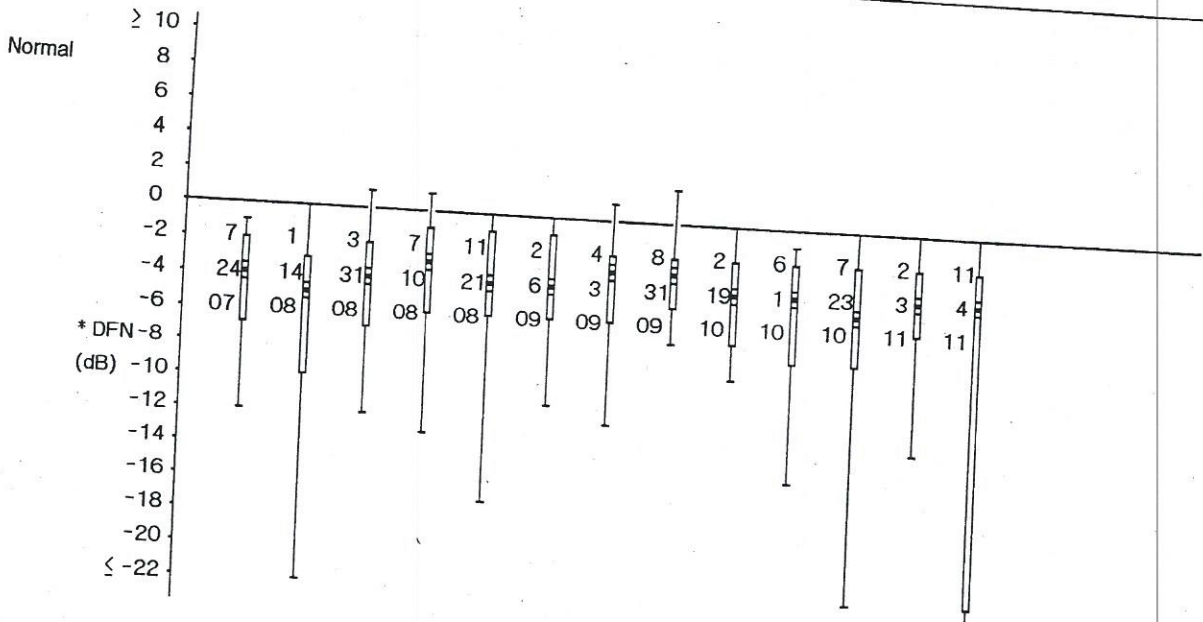
Name: Copp, Douglas

ID: 0011-427-564

Eye: Right

DOB: 08-03-1951

Central 24-2 Threshold Test



MD Slope: -0.21 ± 0.53 dB/year (95% confidence)
 MD slope not significant

- SITA-Standard
- SITA-Fast
- Full Threshold
- FASTPAC
- Full From Prior
- x Reduced reliability

* Deviation From Normal

GPA - Summary

Eye: Right

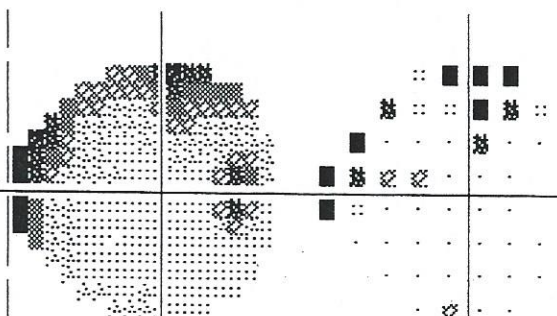
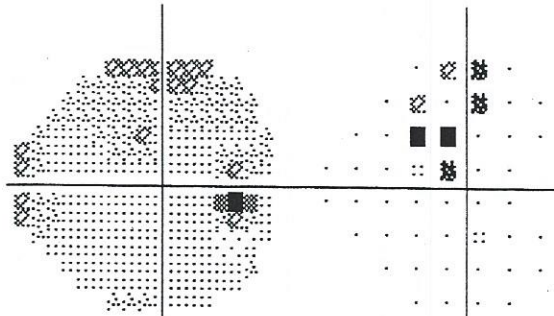
Name: Copp, Douglas
 ID: 0011-427-564
 DOB: 08-03-1951

Baseline: SITA-Standard

Central 24-2 Threshold Test

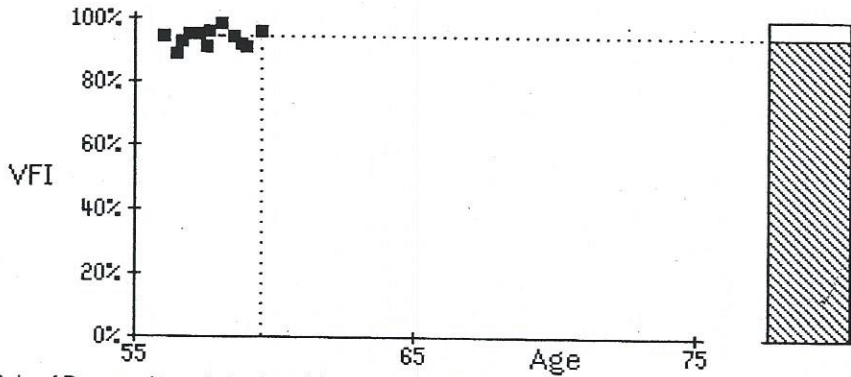
Graytone Pattern Deviation
 07-24-2007 GHT: Outside normal limits

Graytone Pattern Deviation
 01-14-2008 GHT: Outside normal limits



FL: 1/14 FN: 5% FP: 6%
 Fovea: OFF MD: -4.27 dB P < 0.5%
 VFI: 95% PSD: 2.41 dB P < 5%

FL: 2/18 FN: 8% FP: 1%
 Fovea: OFF MD: -6.06 dB P < 0.5%
 VFI: 89% PSD: 4.95 dB P < 0.5%



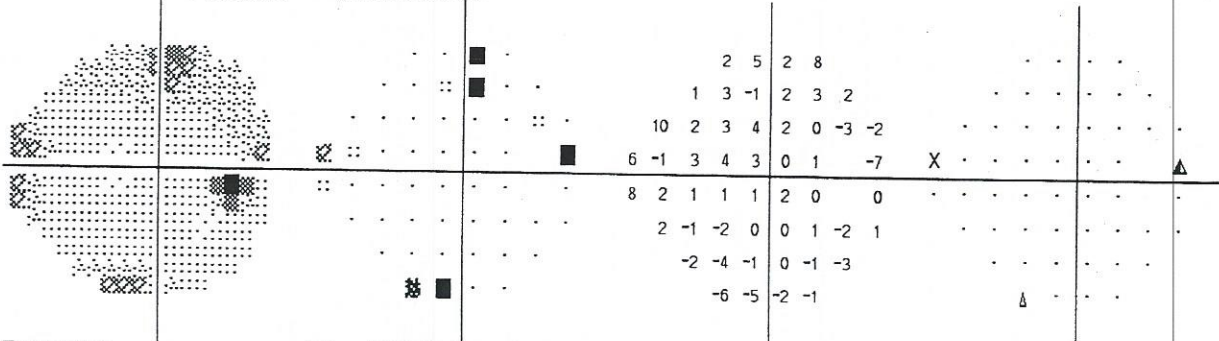
Rate of Progression: +0.4 ± 1.7 %/year (95% confidence)

Slope not significant

Follow-up

See Full GPA printout for complete analysis

Graytone Pattern Deviation Deviation From Baseline Progression Analysis
 02-03-2011 SITA-Standard GHT: Borderline



				2	5	2	8		
				1	3	-1	2	3	2
				10	2	3	4	2	0
				6	-1	3	4	3	0
									-7
				8	2	1	1	1	2
									0
				2	-1	-2	0	0	1
									-2
									0
									-1
									-3
									-2
									-1

Fovea: OFF MD: -3.66 dB P < 1% FL: 0/0 FN: 6% FP: 6%
 VFI: 96% PSD: 2.78 dB P < 2% No Progression Detected

Previous Follow-up Exams:

06-01-2010 07-23-2010
 :: < 5% Δ P < 5% Deterioration
 ☒ < 2% ▲ P < 5% (2 consecutive)
 ☒ < 1% ▲ P < 5% (3+ consecutive)
 ■ < 0.5% X Out of Range

Notes:

Dr. Monica Carrillo, MD (INC.)
 1487 George Street
 Sydney, NS
 B1P 1P2
 Tel: (902) 539-1044
 © 2007 Carl Zeiss Meditec
 HFA II 745-5805-4.2.2

Change Analysis

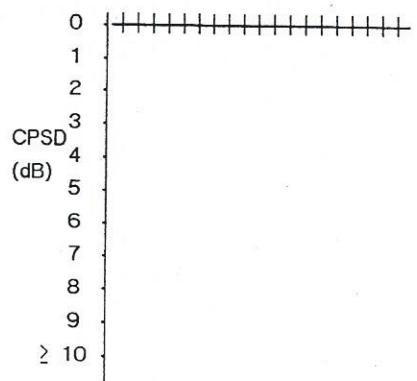
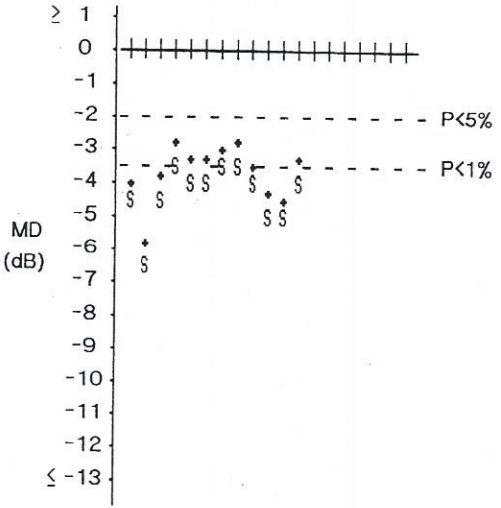
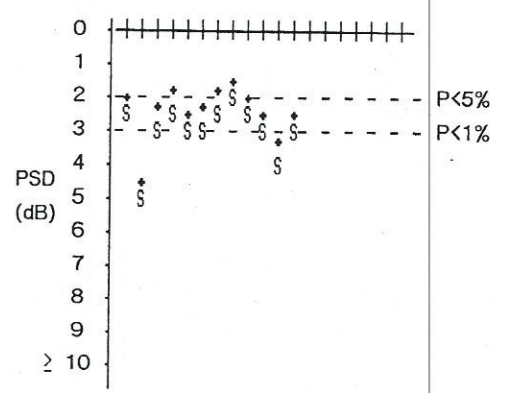
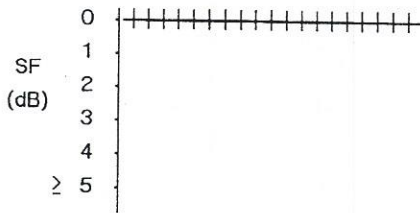
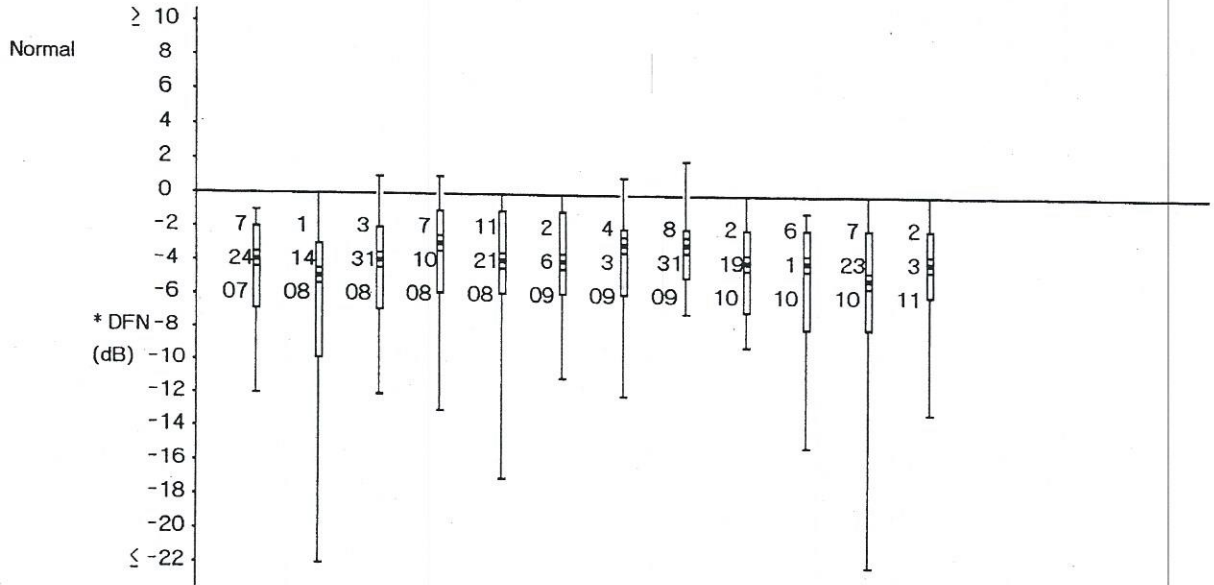
Eye: Right

Name: Copp, Douglas

DOB: 08-03-1951

ID: 0011-427-564

Central 24-2 Threshold Test



MD Slope: +0.12 ± 0.53 dB/year (95% confidence)
 MD slope not significant

- * SITA-Standard
- SITA-Fast
- Full Threshold
- FASTPAC
- ♦ Full From Prior
- x Reduced reliability

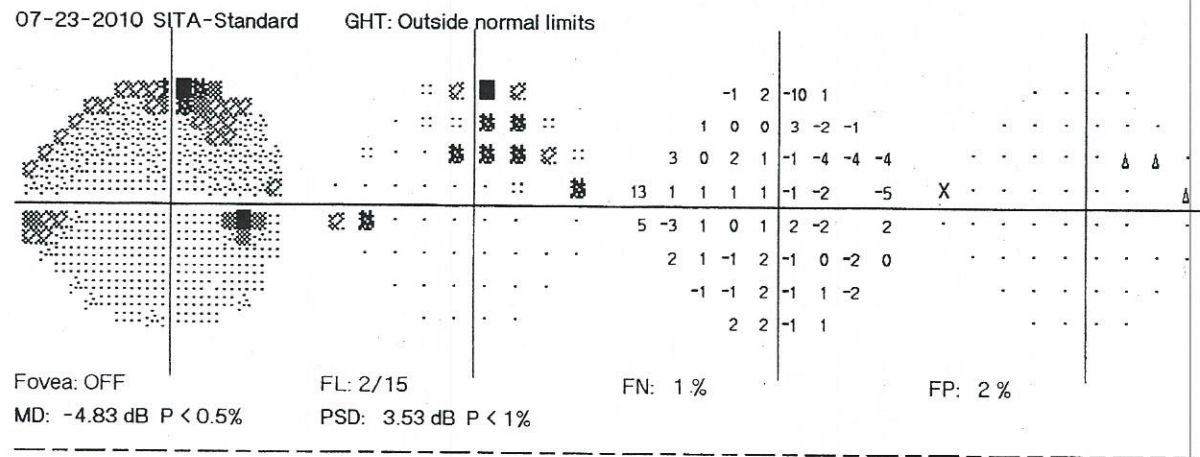
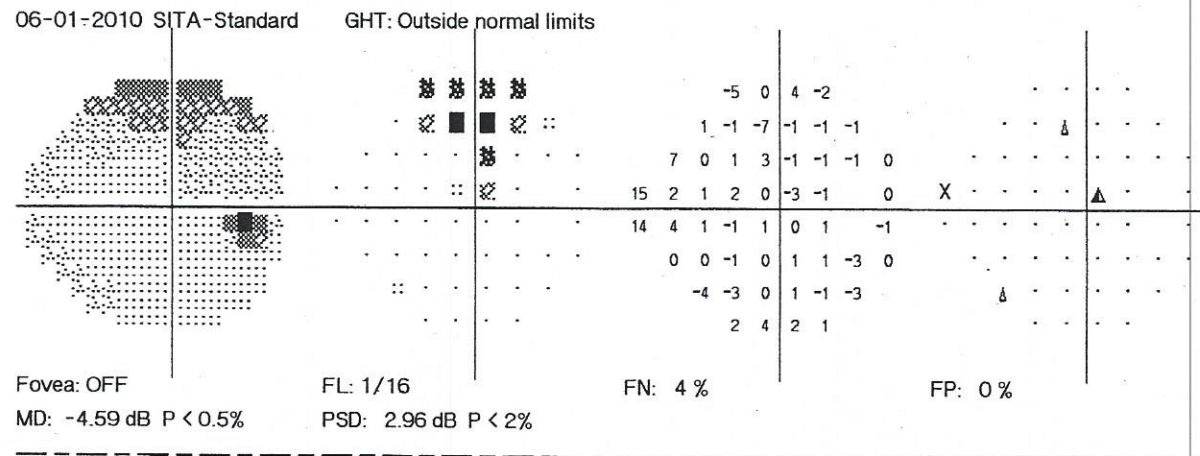
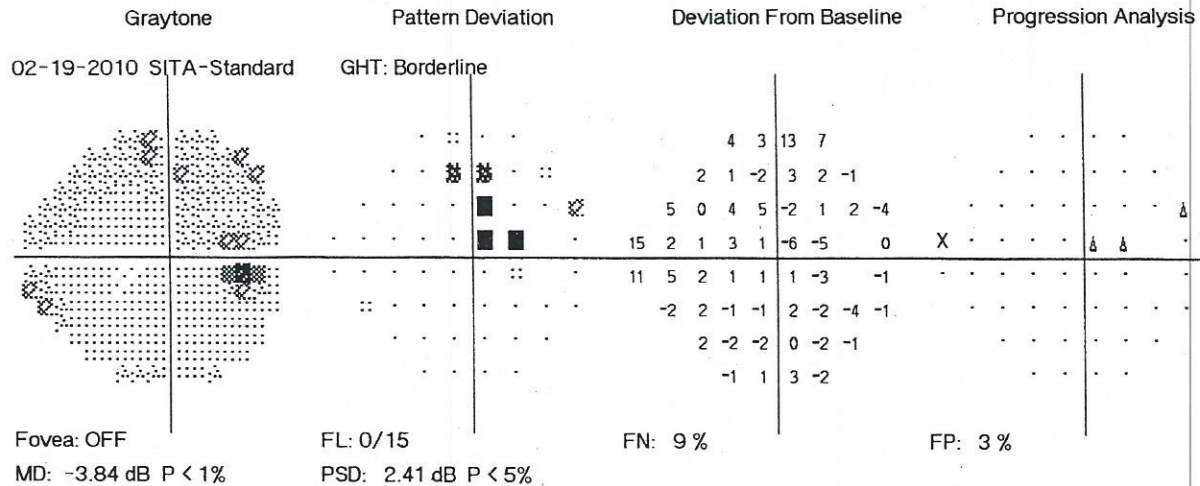
* Deviation From Normal

Name: Copp, Douglas

DOB: 08-03-1951

ID: 0011-427-564

Central 24-2 Threshold Test



Baseline Exams: 07-24-2007 01-14-2008

Dr. Monica Carrillo, MD (INC.)

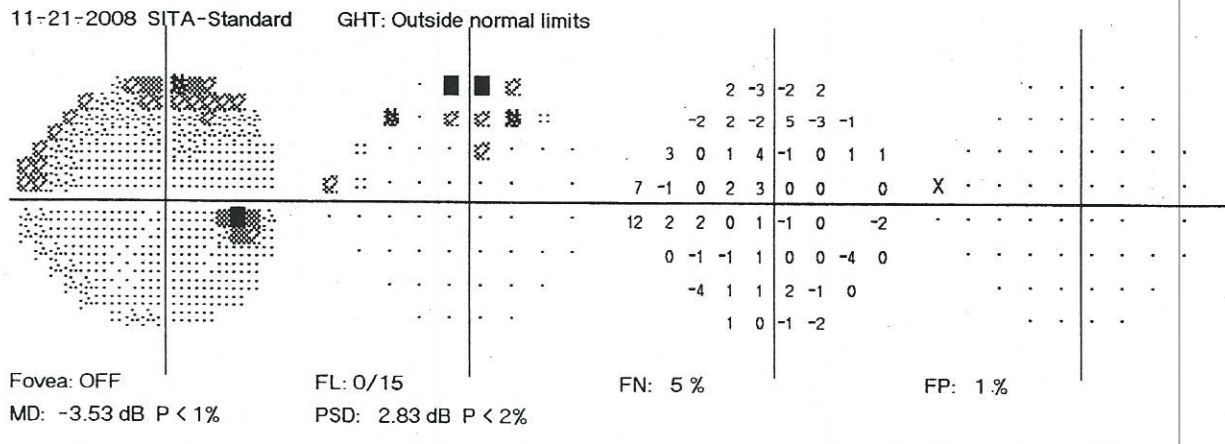
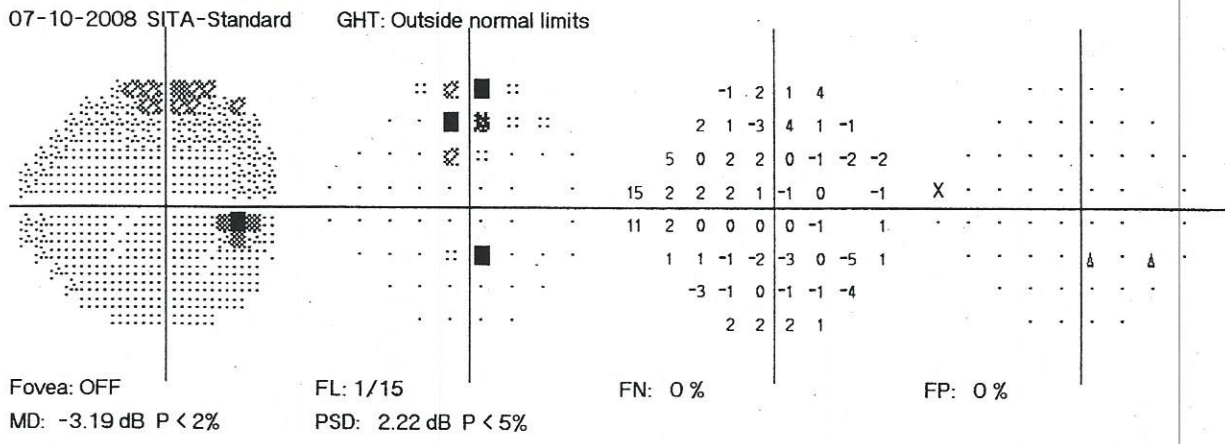
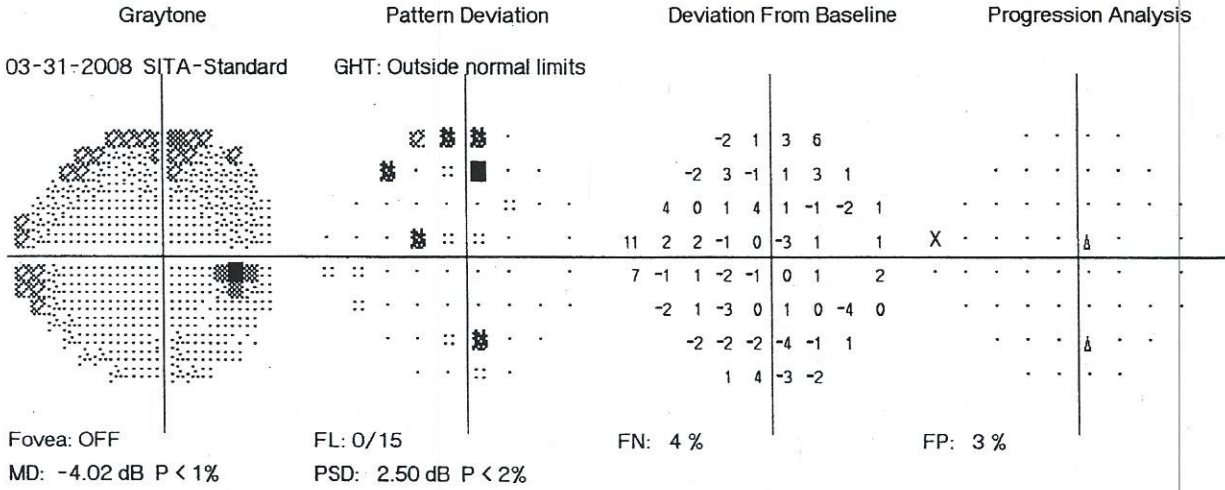
Glaucoma Progression Analysis (GPA)

- :: < 5%
- ◊ < 2%
- ▨ < 1%
- < 0.5%
- △ P < 5% Deterioration
- ▲ P < 5% (2 consecutive)
- ▲ P < 5% (3+ consecutive)
- X Out of Range

Name: Copp, Douglas
ID: 0011-427-564

DOB: 08-03-1951

Central 24-2 Threshold Test



Baseline Exams: 07-24-2007 01-14-2008

- ∴ < 5%
- ⊗ < 2%
- ⊗ < 1%
- < 0.5%
- △ P < 5% Deterioration
- ▲ P < 5% (2 consecutive)
- ▲ P < 5% (3+ consecutive)
- X Out of Range

Dr. Monica Carrillo, MD (INC.)

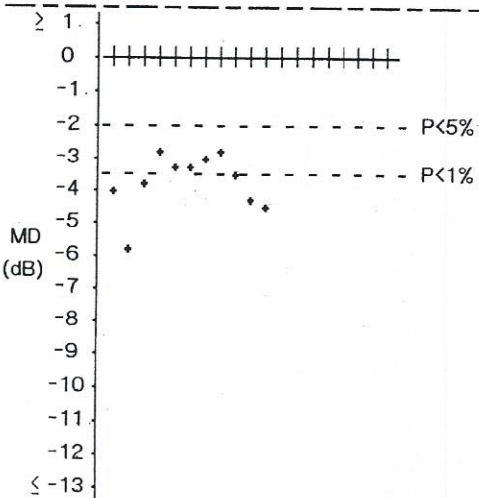
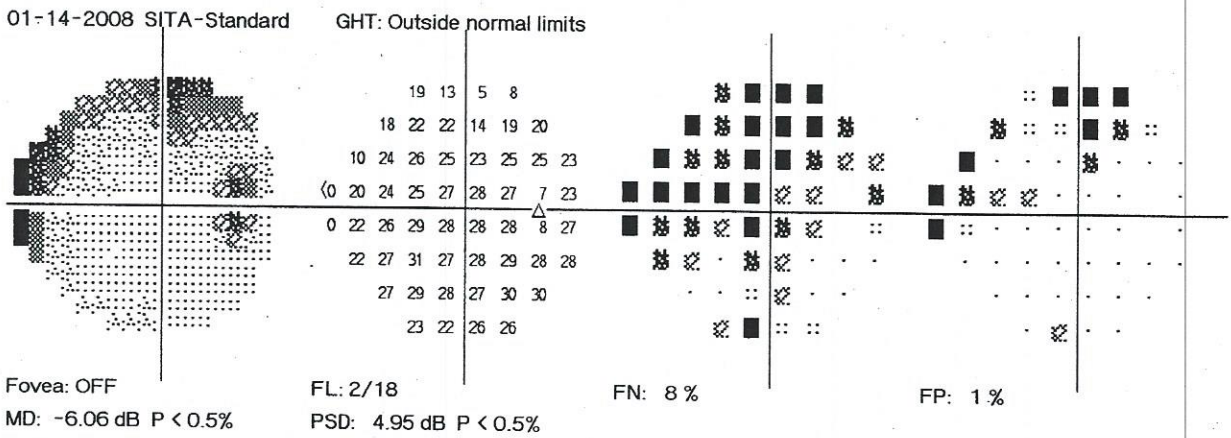
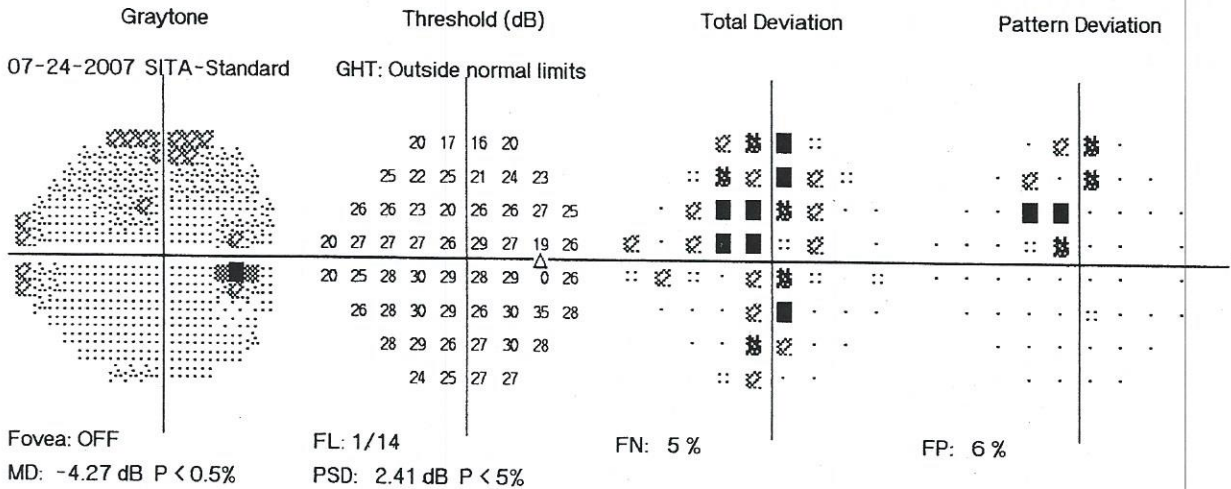
Glaucoma Progression Analysis (GPA)

Name: Copp, Douglas

DOB: 08-03-1951

ID: 0011-427-564

Central 24-2 Threshold Test

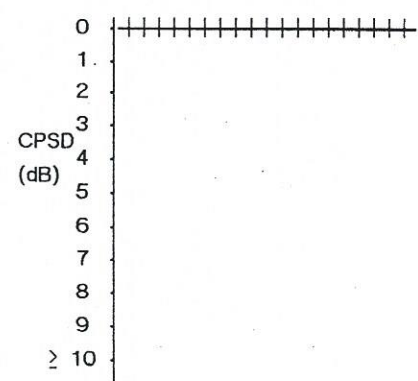
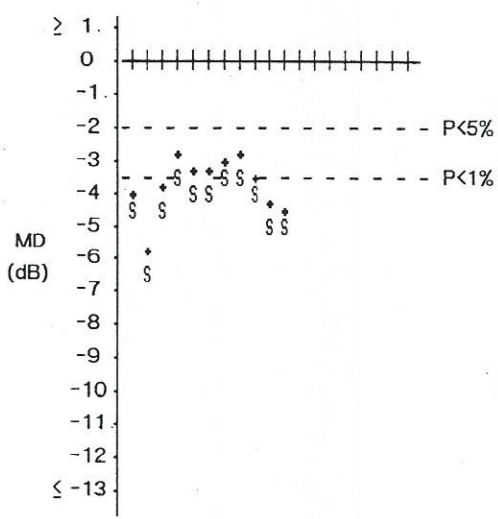
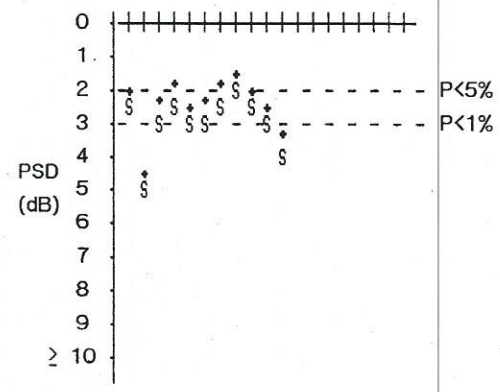
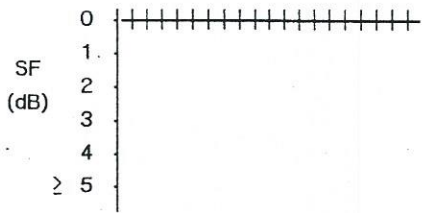
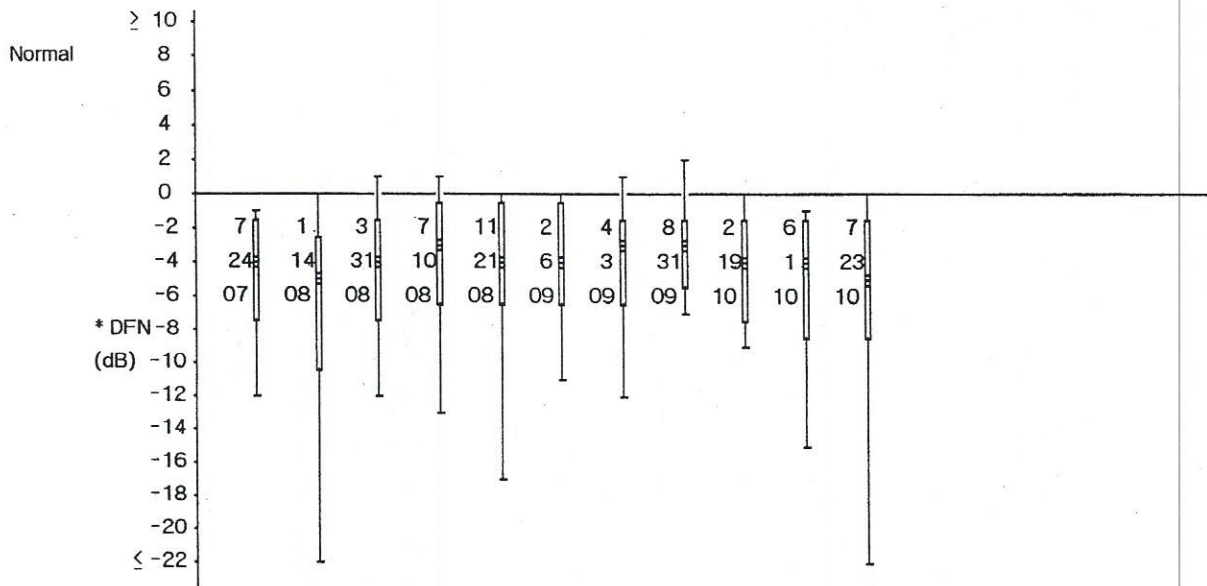


Dr. Monica Carrillo, MD (INC.)
 1487 George Street
 Sydney, NS
 B1P 1P2
 Tel: (902) 539-1044

- ∴ < 5%
- ⊗ < 2%
- ⊠ < 1%
- < 0.5%
- ◆ SITA-Standard
- SITA-Fast
- Full Threshold / Full From Prior

Glaucoma Progression Analysis (GPA)

Central 24-2 Threshold Test



MD Slope: +0.09 ± 0.66 dB/year (95% confidence)

MD slope not significant

- * SITA-Standard
- SITA-Fast
- Full Threshold
- FASTPAC
- ◆ Full From Prior
- x Reduced reliability

* Deviation From Normal

Name: Copp, Douglas
 ID: 0011-427-564

DOB: 08-03-1951

Baseline: SITA-Standard

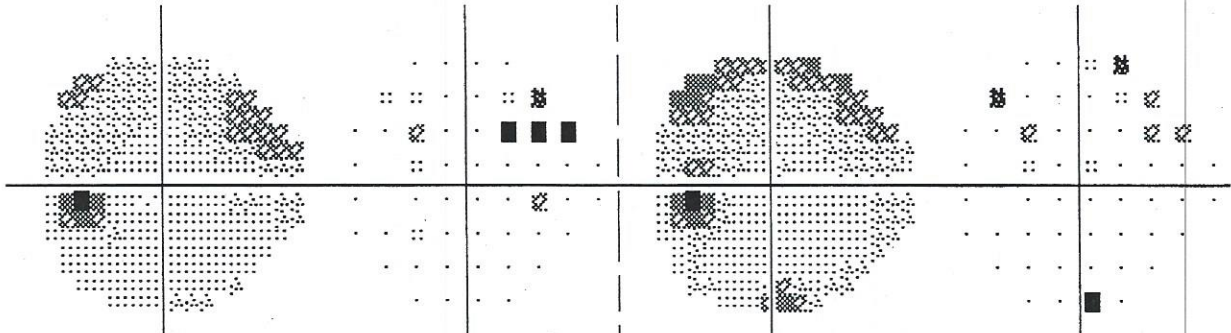
Central 24-2 Threshold Test

Graytone
 07-24-2007 GHT: Borderline

Pattern Deviation

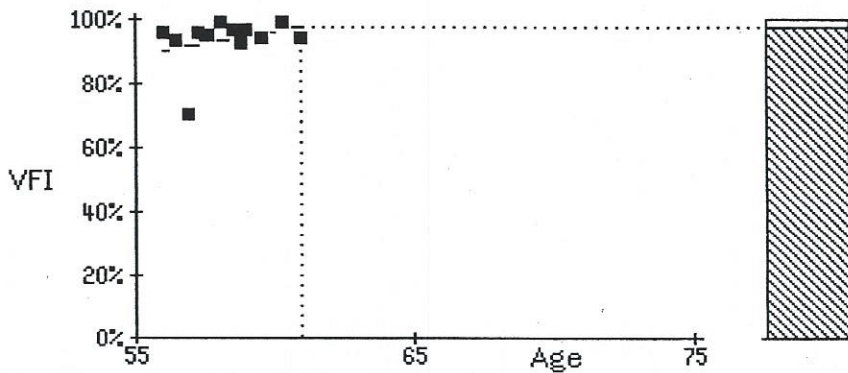
Graytone
 01-14-2008 GHT: Borderline/General Reduction

Pattern Deviation



FL: 0/15
 Fovea: OFF
 VFI: 96%
 FN: 0%
 FP: 2%
 MD: -4.22 dB P < 0.5%
 PSD: 2.39 dB P < 5%

FL: 3/17
 Fovea: OFF
 VFI: 94%
 FN: 10%
 FP: 0%
 MD: -5.73 dB P < 0.5%
 PSD: 2.80 dB P < 2%



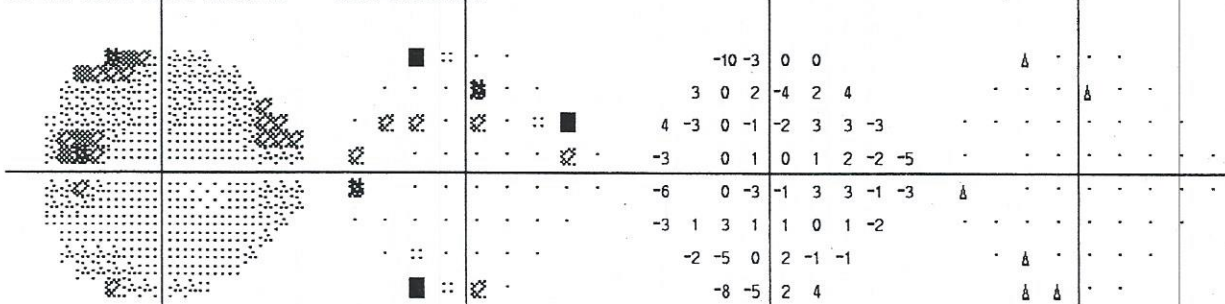
Rate of Progression: +1.5 ± 3.2 %/year (95% confidence)

Slope not significant

Follow-up

See Full GPA printout for complete analysis

Graytone
 06-26-2012 SITA-Standard
 Pattern Deviation
 GHT: Borderline
 Deviation From Baseline
 Progression Analysis



Fovea: OFF
 VFI: 95%
 MD: -4.00 dB P < 1%
 PSD: 2.83 dB P < 2%
 FL: 1/17
 FN: 10%
 FP: 0%
 No Progression Detected

Previous Follow-up Exams:

02-03-2011 11-04-2011

- ∴ < 5% Δ P < 5% Deterioration
- ⊗ < 2% ▲ P < 5% (2 consecutive)
- ⊠ < 1% ▲ P < 5% (3+ consecutive)
- < 0.5% X Out of Range

Notes:

Dr. Monica Carrillo, MD (INC.)

1487 George Street

Sydney, NS

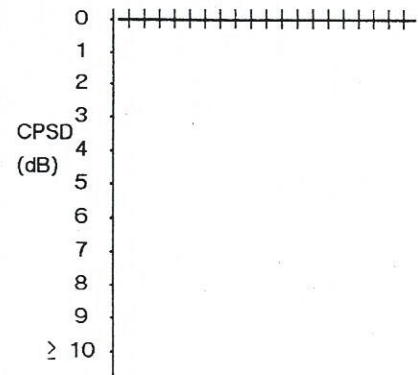
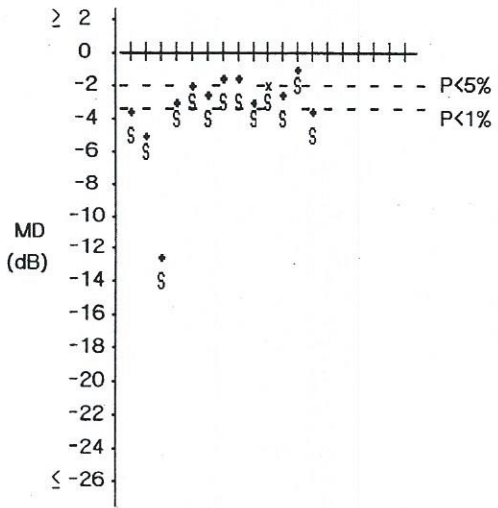
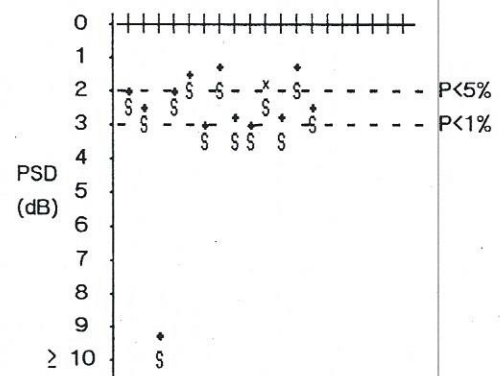
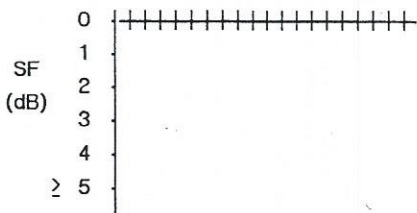
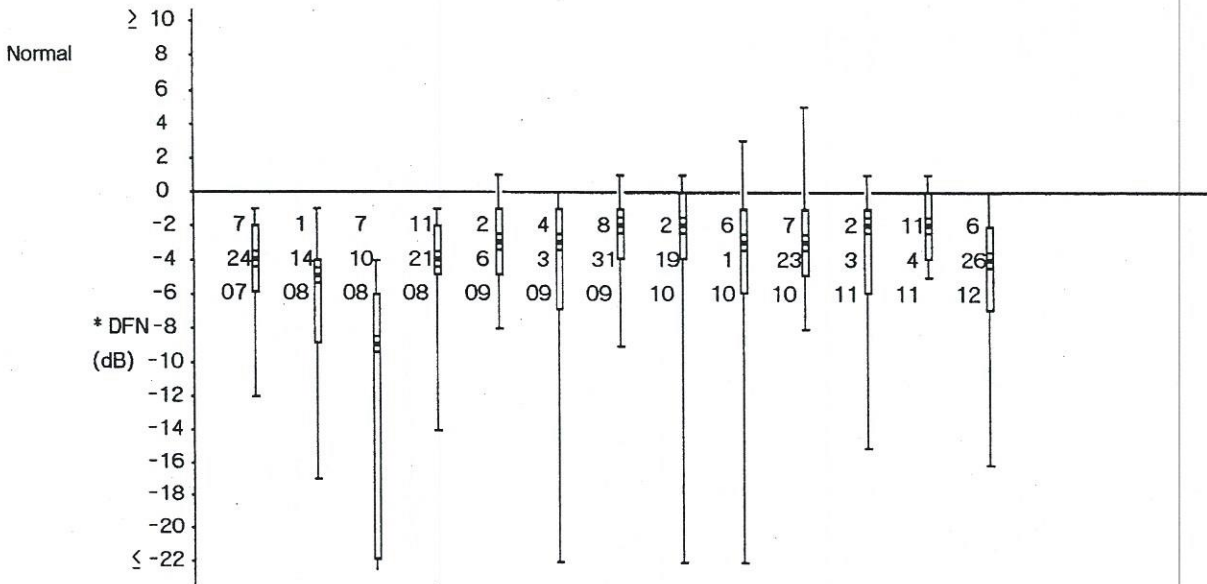
B1P 1P2

Tel: (902) 539-1044

© 2007 Carl Zeiss Meditec

HFA II 745-5805-4.2.2

Central 24-2 Threshold Test



MD Slope: $+0.83 \pm 1.21$ dB/year (95% confidence)
MD slope not significant

- ♦ SITA-Standard
- § SITA-Fast
- Full Threshold
- FASTPAC
- ◆ Full From Prior
- x Reduced reliability

* Deviation From Normal

GPA - Summary

Eye: Left

Name: Copp, Douglas

DOB: 08-03-1951

ID: 0011-427-564

Baseline: SITA-Standard

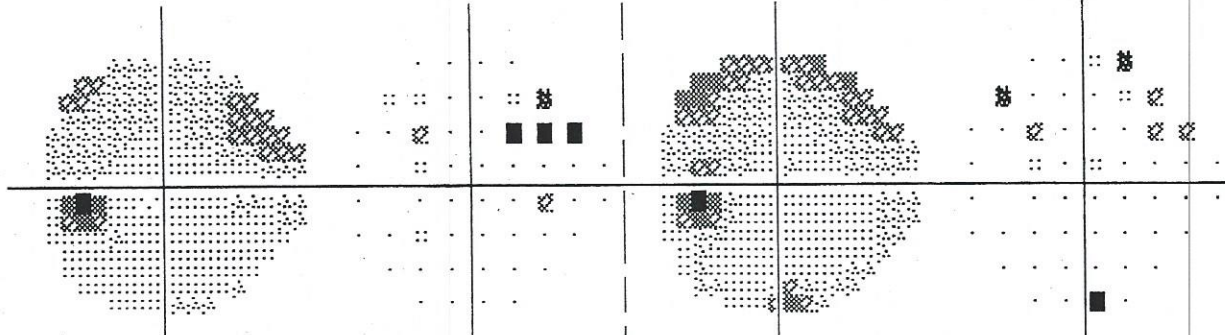
Central 24-2 Threshold Test

Graytone
07-24-2007 GHT: Borderline

Pattern Deviation

Graytone
01-14-2008 GHT: Borderline/General Reduction

Pattern Deviation

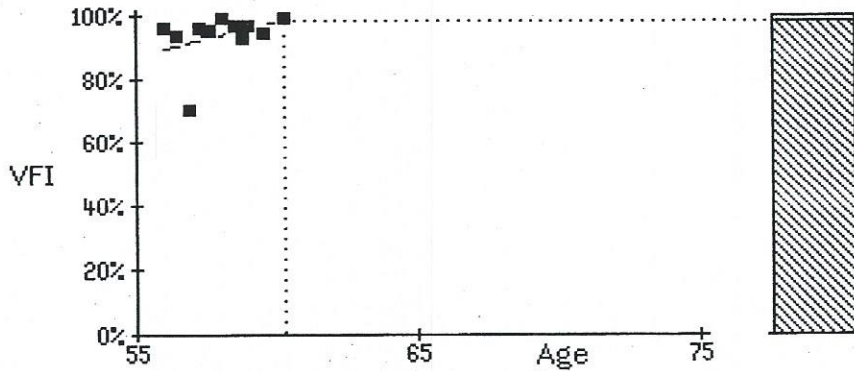


FL: 0/15
Fovea: OFF
VFI: 96%

FN: 0%
MD: -4.22 dB P < 0.5%
PSD: 2.39 dB P < 5%

FL: 3/17
Fovea: OFF
VFI: 94%

FN: 10%
MD: -5.73 dB P < 0.5%
PSD: 2.80 dB P < 2%



Rate of Progression: +2.0 ± 4.0 %/year (95% confidence)

Slope not significant

Follow-up

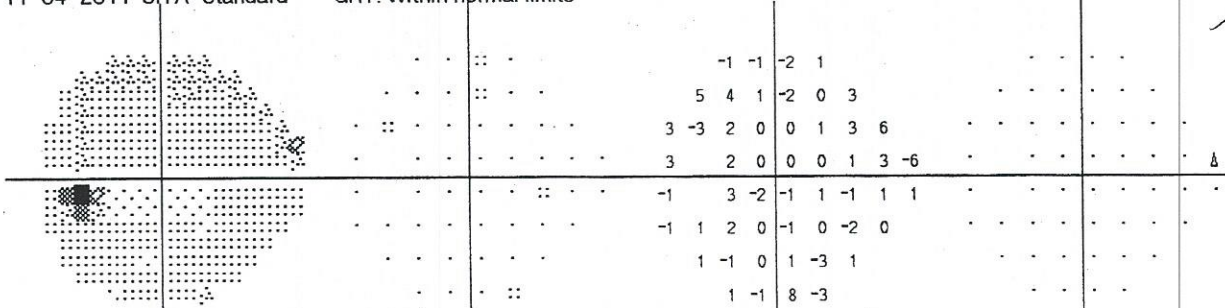
See Full GPA printout for complete analysis

Graytone
11-04-2011 SITA-Standard

Pattern Deviation
GHT: Within normal limits

Deviation From Baseline

Progression Analysis



Fovea: OFF
VFI: 99%

MD: -1.74 dB P < 10%
PSD: 1.58 dB

FL: 0/0

FN: 5%

FP: 3%

No Progression Detected

Previous Follow-up Exams:

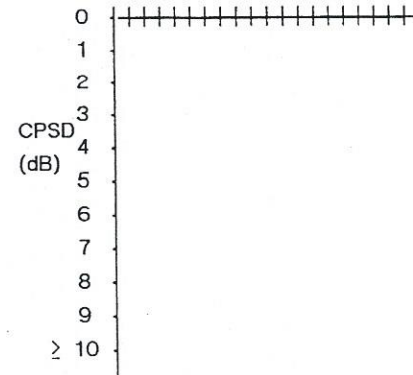
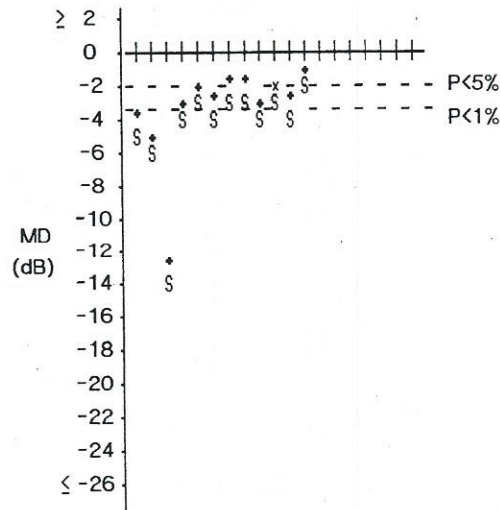
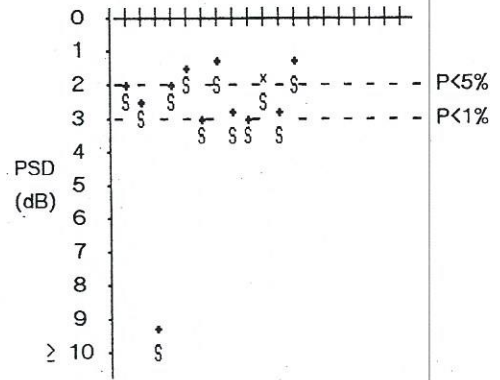
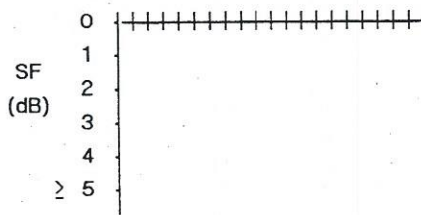
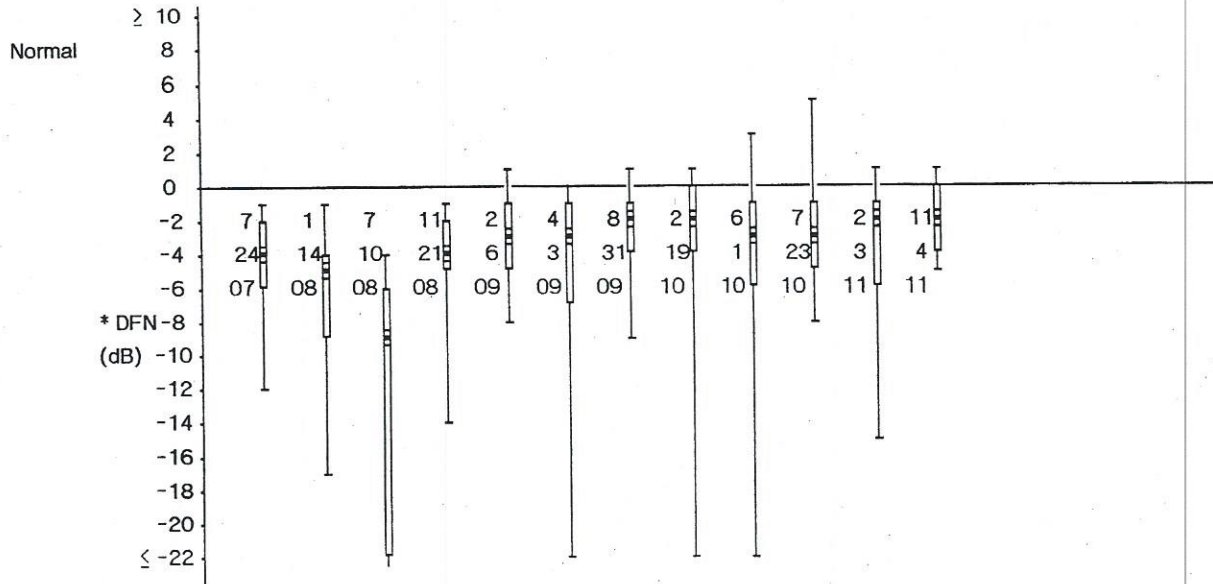
07-23-2010 02-03-2011

- ∴ < 5% Δ P < 5% Deterioration
- ⊗ < 2% ▲ P < 5% (2 consecutive)
- ⊗ < 1% ▲ P < 5% (3+ consecutive)
- < 0.5% X Out of Range

Notes:

Dr. Monica Carrillo, MD (INC.)
1487 George Street
Sydney, NS
B1P 1P2
Tel: (902) 539-1044
© 2007 Carl Zeiss Meditec
HFA II 745-5805-4.2.2

Central 24-2 Threshold Test



MD Slope: $+1.18 \pm 1.47$ dB/year (95% confidence)
 MD slope not significant

- ◆ SITA-Standard
- ◊ SITA-Fast
- Full Threshold
- FASTPAC
- ◆ Full From Prior
- x Reduced reliability

* Deviation From Normal

Name: Copp, Douglas
 ID: 0011-427-564

DOB: 08-03-1951

Baseline: SITA-Standard

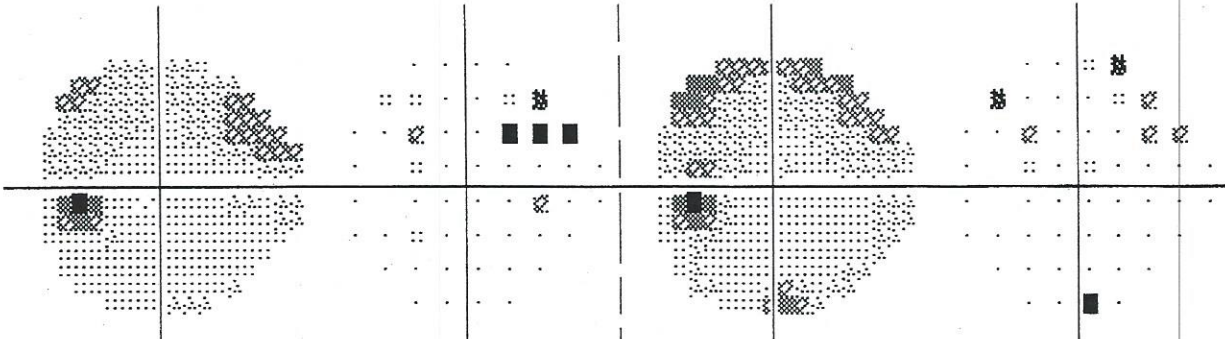
Central 24-2 Threshold Test

Graytone
 07-24-2007 GHT: Borderline

Pattern Deviation

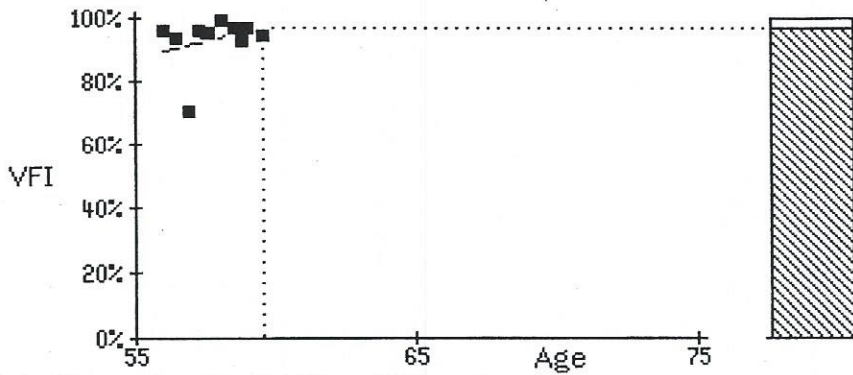
Graytone
 01-14-2008 GHT: Borderline/General Reduction

Pattern Deviation



FL: 0/15
 Fovea: OFF
 VFI: 96%
 FN: 0%
 MD: -4.22 dB P < 0.5%
 PSD: 2.39 dB P < 5%
 FP: 2%

FL: 3/17
 Fovea: OFF
 VFI: 94%
 FN: 10%
 MD: -5.73 dB P < 0.5%
 PSD: 2.80 dB P < 2%
 FP: 0%



Rate of Progression: +1.9 ± 5.1 %/year (95% confidence)

Slope not significant

Follow-up

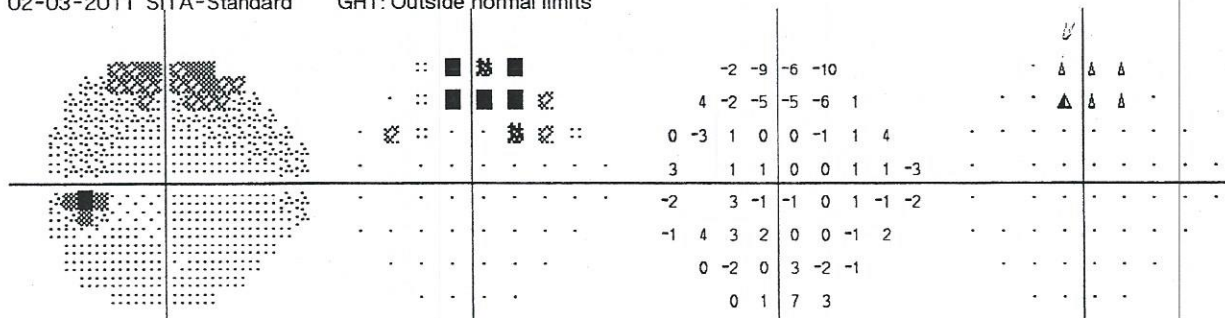
See Full GPA printout for complete analysis

Graytone
 02-03-2011 SITA-Standard

Pattern Deviation
 GHT: Outside normal limits

Deviation From Baseline

Progression Analysis



Fovea: OFF
 VFI: 95%

MD: -3.16 dB P < 2%
 PSD: 3.00 dB P < 2%

FL: 0/0

FN: 0%
 FP: 4%
 No Progression Detected

Previous Follow-up Exams:

06-01-2010 07-23-2010

- :: < 5% ▲ P < 5% Deterioration
- ⊗ < 2% ▲ P < 5% (2 consecutive)
- ⊠ < 1% ▲ P < 5% (3+ consecutive)
- < 0.5% X Out of Range

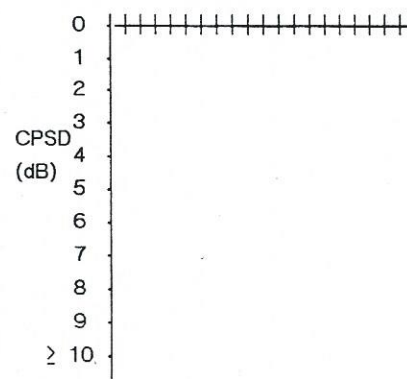
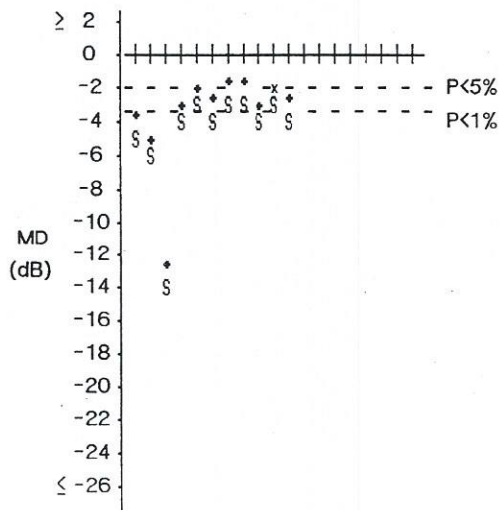
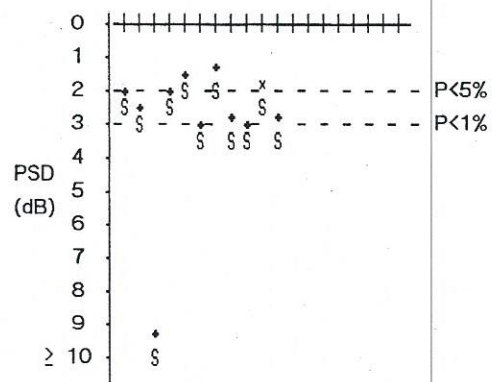
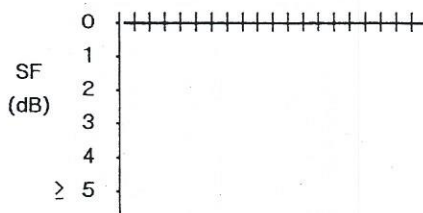
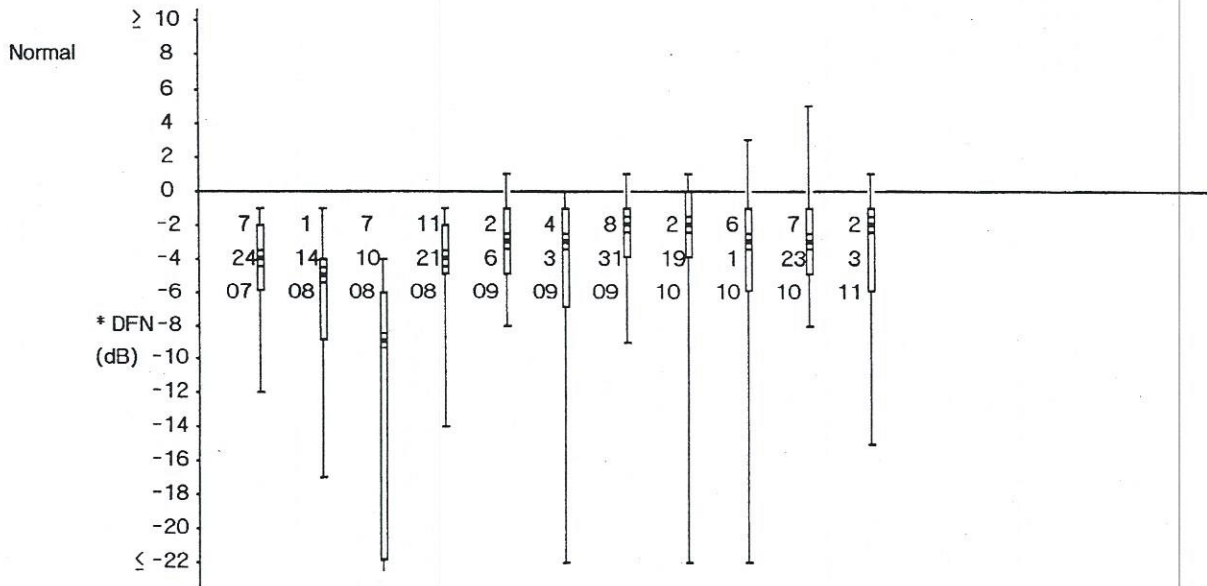
Notes:

Dr. Monica Carrillo, MD (INC.)

1487 George Street
 Sydney, NS
 B1P 1P2
 Tel: (902) 539-1044

© 2007 Carl Zeiss Meditec
 HFA II 745-5805-4.2.2

Central 24-2 Threshold Test



MD Slope: +1.24 ± 1.89 dB/year (95% confidence)

MD slope not significant

- ◆ SITA-Standard
- ◻ SITA-Fast
- Full Threshold
- ◻ FASTPAC
- ◆ Full From Prior
- × Reduced reliability

* Deviation From Normal

Name: Copp, Douglas	DOB: 08-03-1951
ID: 0011-427-564	

Central 24-2 Threshold Test

Graytone	Pattern Deviation	Deviation From Baseline	Progression Analysis
06-01-2010 SITA-Standard	GHT: Outside normal limits		
		-6 -1 0 -7 6 -2 -2 -2 -1 -1 0 -1 -1 -3 -2 0 2 6 2 1 -2 1 -1 1 -2 -4 -2 2 -3 -1 -2 2 -1 -27 -1 2 2 -1 -1 0 -2 1 2 -1 -3 0 -3 1 4 0 9 1	Δ · · Δ · · · · · · · · Δ · · · · · · · · · · · · · · · · ·
Fovea: OFF MD: -3.55 dB P < 1%	FL: 1/16 PSD: 3.43 dB P < 1%	FN: 6%	FP: 2%

07-23-2010 SITA-Standard	GHT: Within normal limits	*** Low Test Reliability ***	
		0 -2 -2 4 7 0 -4 -3 1 2 -1 -1 -1 -2 0 3 1 7 2 4 1 2 -1 1 1 -2 -1 1 -3 -2 2 2 -1 -3 -2 2 1 -2 0 -2 -1 0 1 -1 -3 1 -1 3 -1 0 9 8	· · · · · · · · Δ ·
Fovea: OFF MD: -2.95 dB P < 2%	FL: 6/14 xx PSD: 2.24 dB P < 5%	FN: 2%	FP: 0%

Baseline Exams: 07-24-2007 01-14-2008

- :: < 5%
- ⊗ < 2%
- ⊠ < 1%
- < 0.5%
- Δ P < 5% Deterioration
- ▲ P < 5% (2 consecutive)
- ▲ P < 5% (3+ consecutive)
- X Out of Range

Dr. Monica Carrillo, MD (INC.)

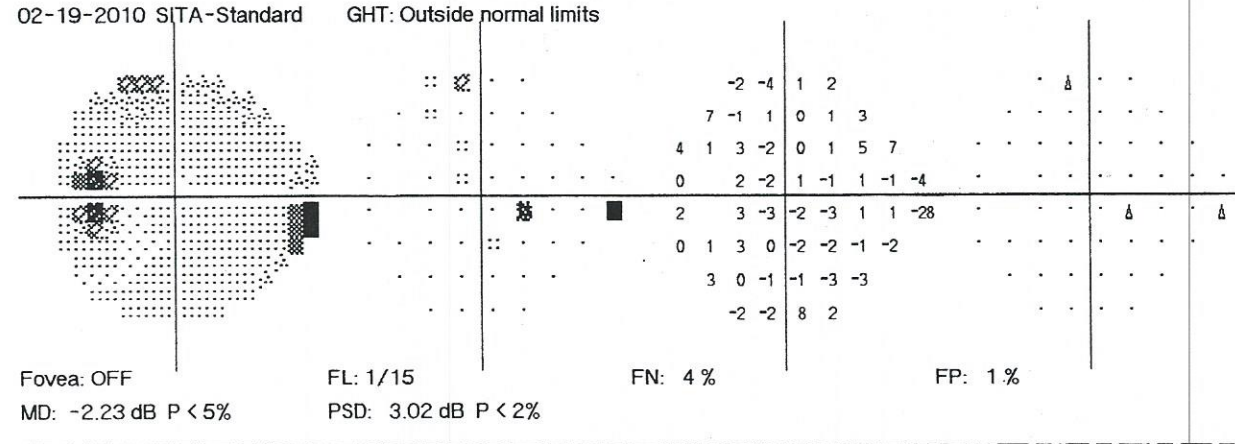
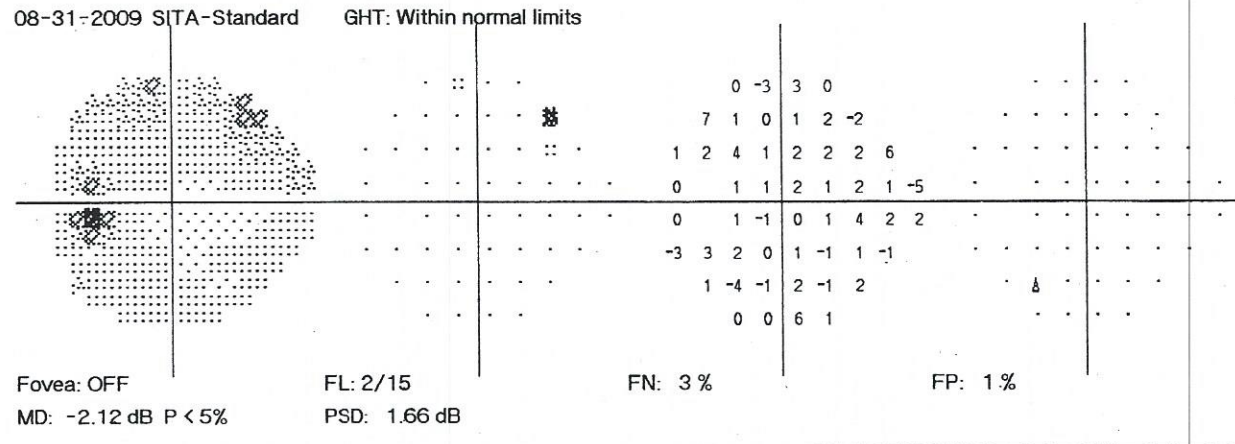
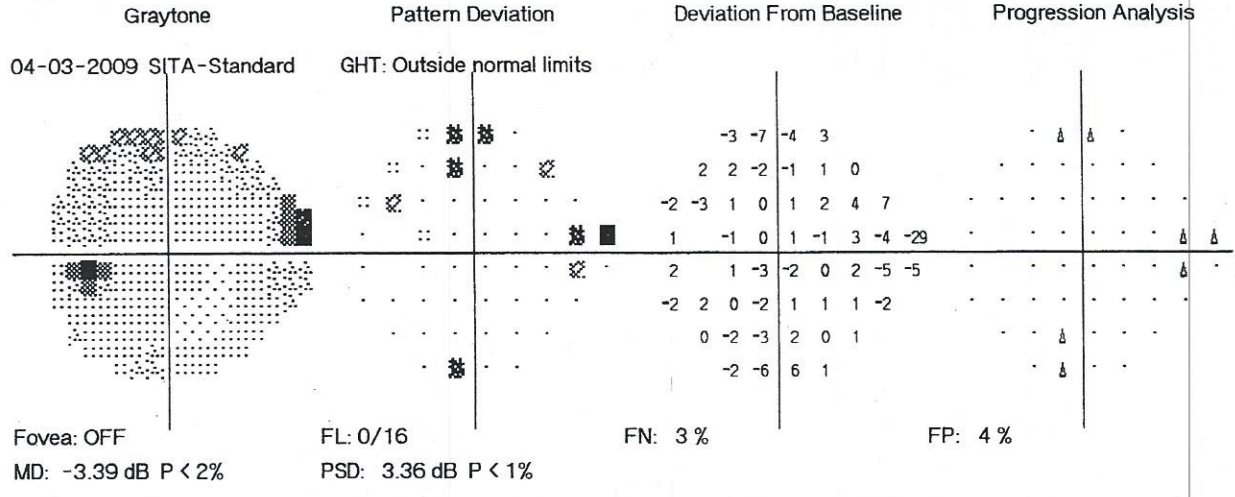
Glaucoma Progression Analysis (GPA)

Name: Copp, Douglas

DOB: 08-03-1951

ID: 0011-427-564

Central 24-2 Threshold Test



Baseline Exams: 07-24-2007 01-14-2008

Dr. Monica Carrillo, MD (INC.)

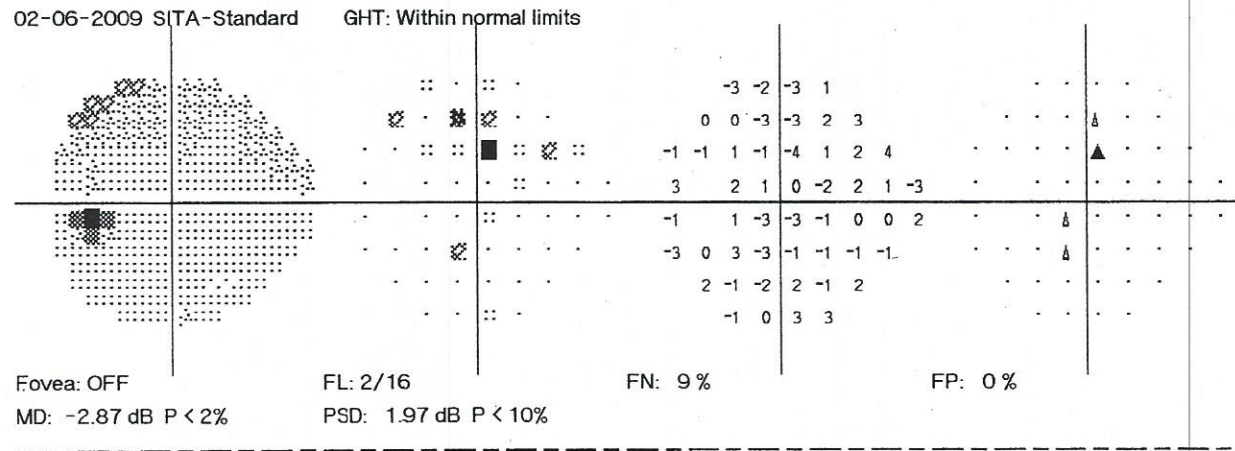
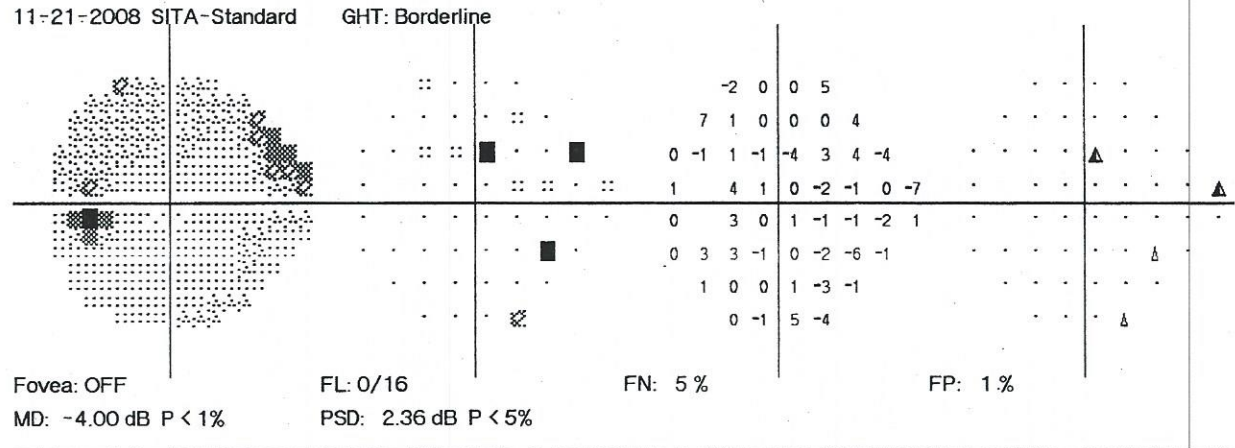
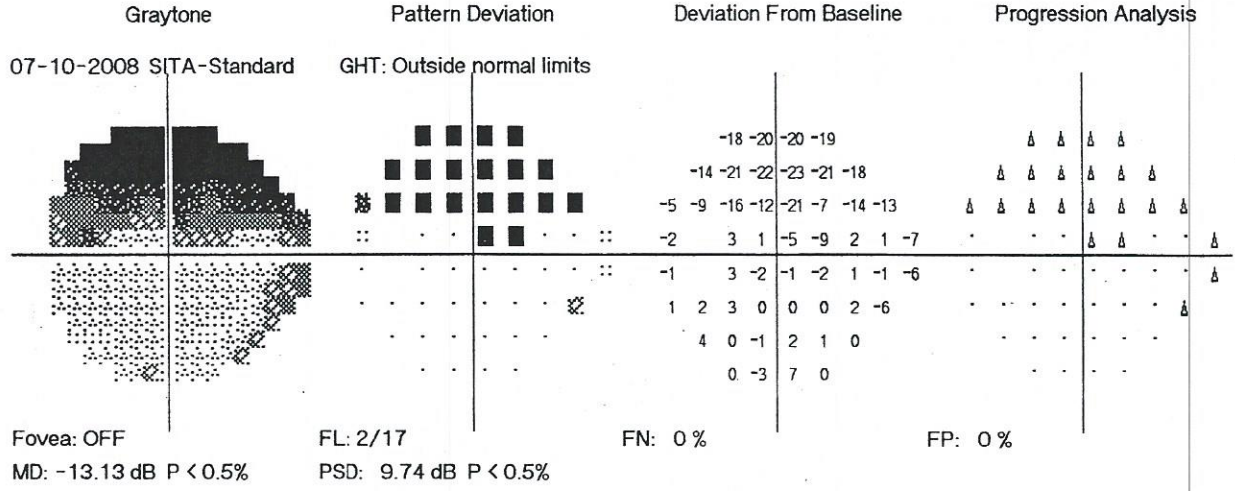
- :: < 5%
- ⊗ < 2%
- ⊠ < 1%
- < 0.5%
- Δ P < 5% Deterioration
- ▲ P < 5% (2 consecutive)
- ▲ P < 5% (3+ consecutive)
- X Out of Range

Glaucoma Progression Analysis (GPA)

Name: Copp, Douglas
ID: 0011-427-564

DOB: 08-03-1951.

Central 24-2 Threshold Test



Baseline Exams: 07-24-2007 01-14-2008

- ∴ < 5%
- ⊗ < 2%
- ⊗ < 1%
- < 0.5%
- Δ P < 5% Deterioration
- ▲ P < 5% (2 consecutive)
- ▲ P < 5% (3+ consecutive)
- X Out of Range

Dr. Monica Carrillo, MD (INC.)

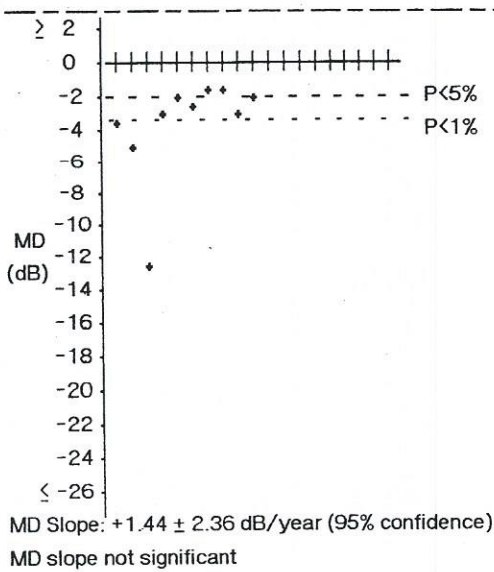
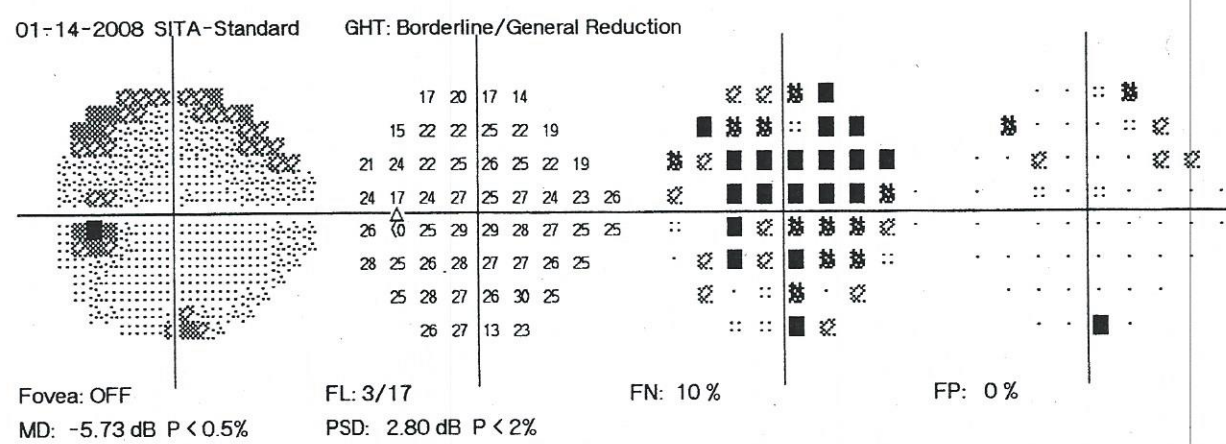
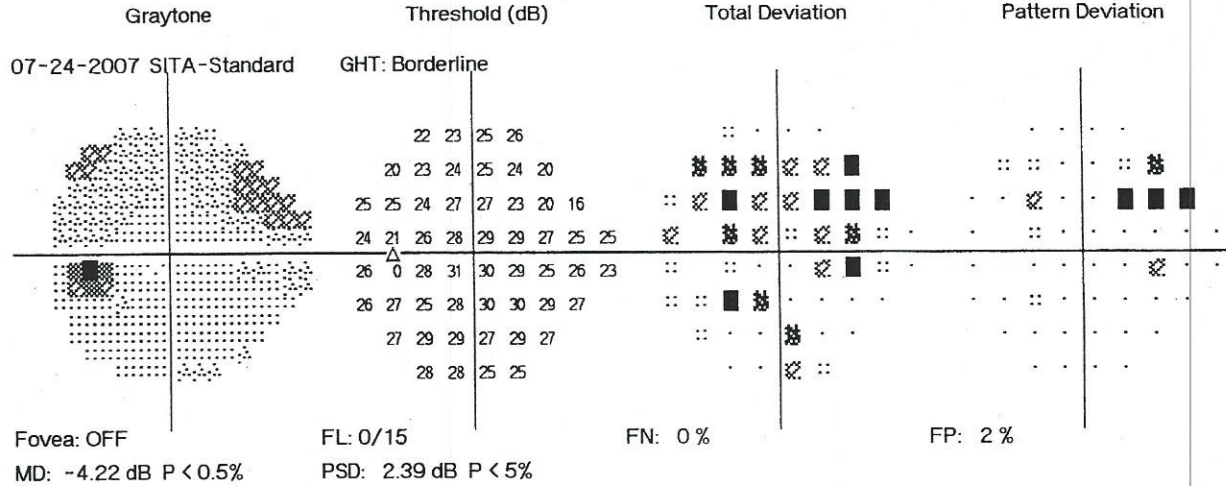
Glaucoma Progression Analysis (GPA)

Name: Copp, Douglas

DOB: 08-03-1951

ID: 0011-427-564

Central 24-2 Threshold Test

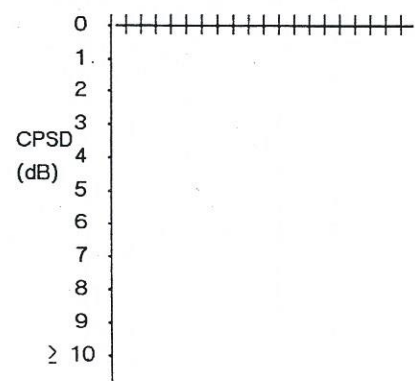
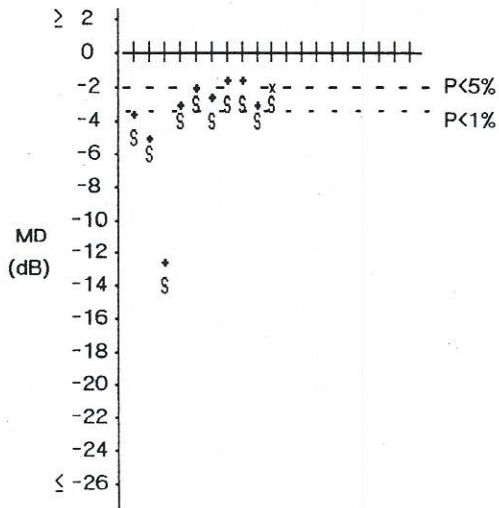
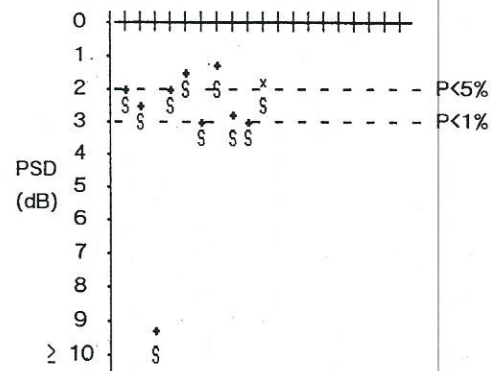
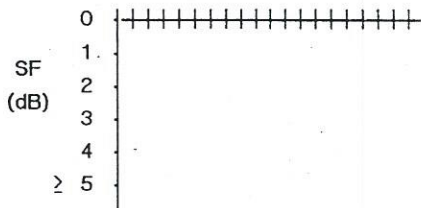
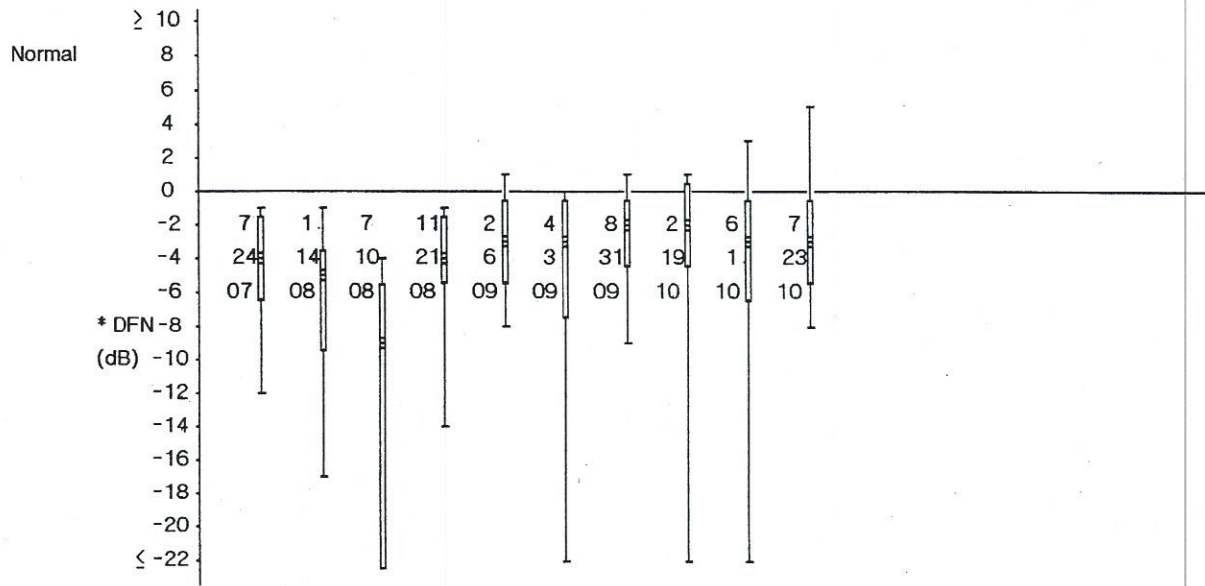


Dr. Monica Carrillo, MD (INC.)
 1487 George Street
 Sydney, NS
 B1P 1P2
 Tel: (902) 539-1044

Glaucoma Progression Analysis (GPA)

- :: < 5%
- ⊗ < 2%
- ⊗ < 1%
- < 0.5%
- ◆ SITA-Standard
- SITA-Fast
- Full Threshold / Full From Prior

Central 24-2 Threshold Test



MD Slope: +1.44 ± 2.36 dB/year (95% confidence)

MD slope not significant

- ♦ SITA-Standard
- § SITA-Fast
- Full Threshold
- FASTPAC
- ♦ Full From Prior
- x Reduced reliability

* Deviation From Normal

Name: COPP, DOUGLAS F

OD OS



ID: 341467

Exam Date: 11/26/2010 11/26/2010

Eye Care Centre

DOB: 8/3/1951

Exam Time: 1:37 PM 1:37 PM

Gender: Male

Technician: Operator, Cirrus

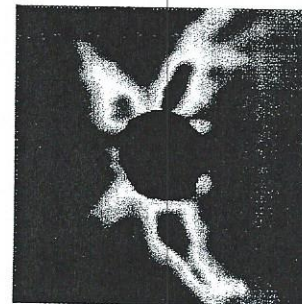
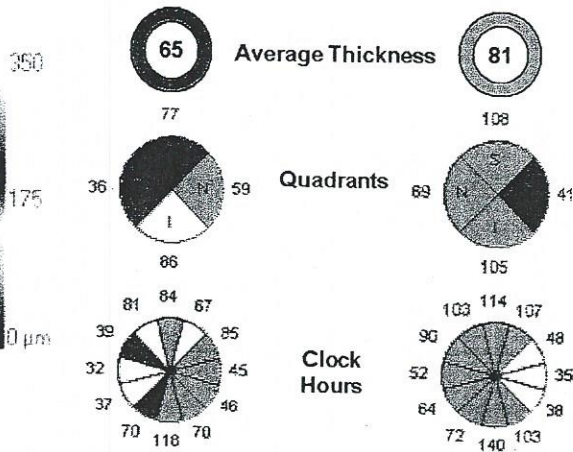
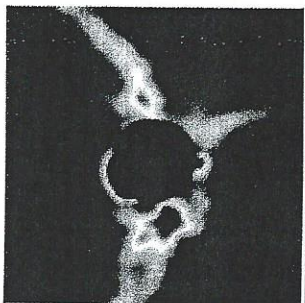
Doctor:

Signal Strength: 9/10 10/10

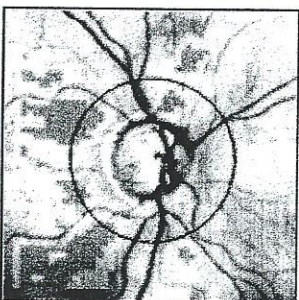
RNFL Thickness Analysis: Optic Disc Cube 200x200

OD ● ● OS

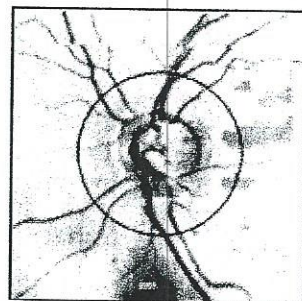
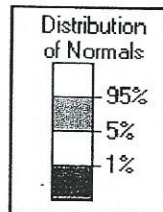
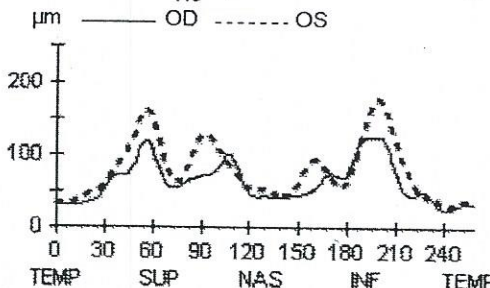
RNFL Thickness Map



RNFL Thickness Deviation

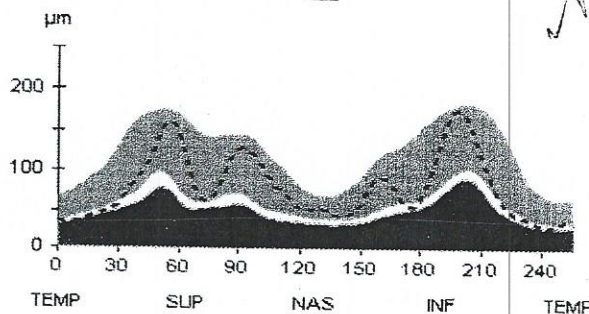
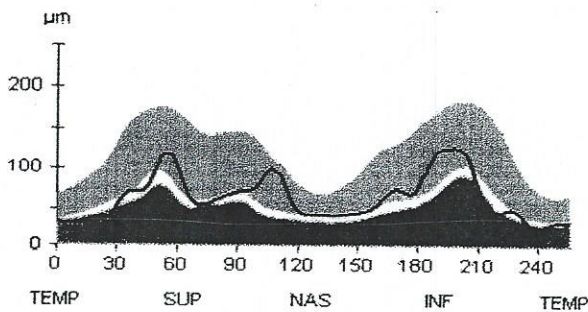


Offset (0.03; -0.12) mm



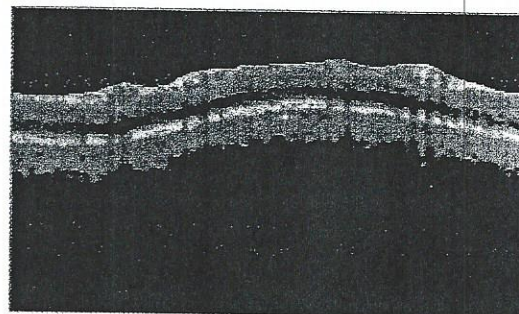
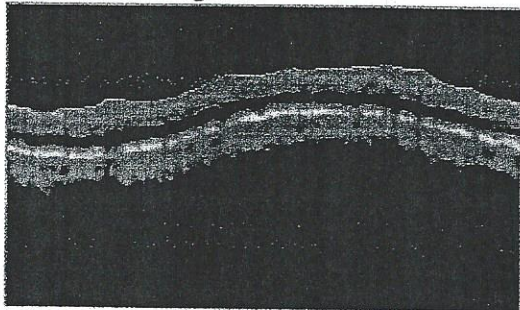
Offset (0.03; 0.03) mm

RNFL TSNIT Normative Data



Symmetry **90%**

Extracted RNFL Tomogram



Comments

Doctor's Signature

Cirrus-OCT Green
SW Ver: 5.1.0.96
Copyright 2010
Carl Zeiss Meditec, Inc
All Rights Reserved

DR. CARRILLO
[Signature]