

Name: **Goeltzer1 Goeltzer1 Goeltzer1 Goeltzer1**  
 ID: **JH\_12042025W**      Unters.-Datum: **12.04.2025**  
 Geb.: **23.01.2013**      Geschlecht: **Weiblich**  
 Alter: **12**      Auge: **Rechts**

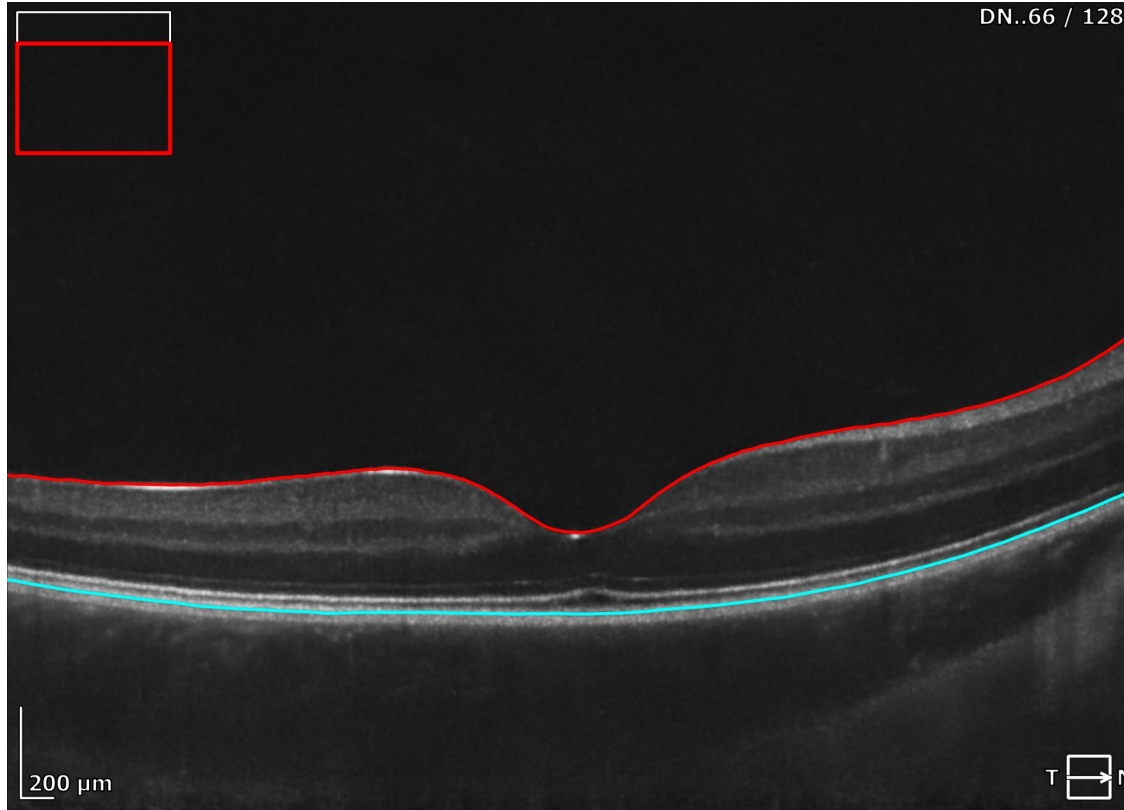
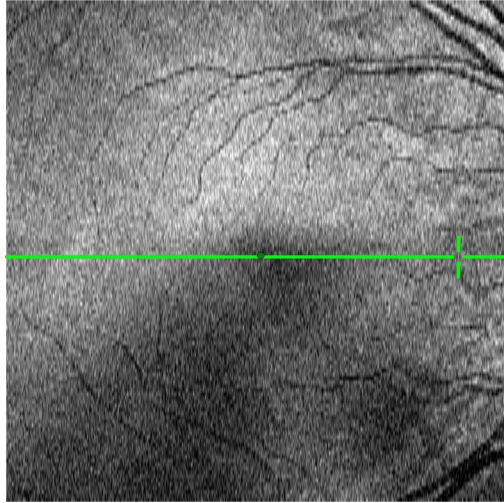
Bemerkung:

Göltzer Augenoptik/Optometrie M  
 artin-Hoffmann-Str. 16 12435 Ber  
 Tel. 030/53 21 82 41 mail: email

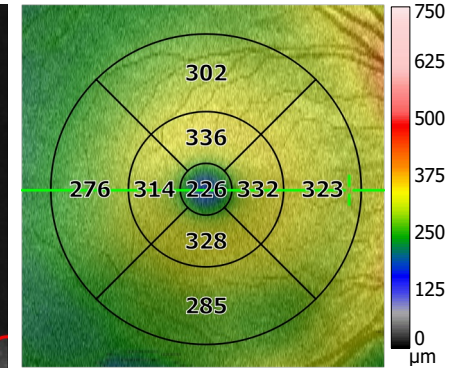


**R** 12.04.2025 10:05:02 QI: **2**      MAKULA | EINZELN  
 3D 7x7 mm

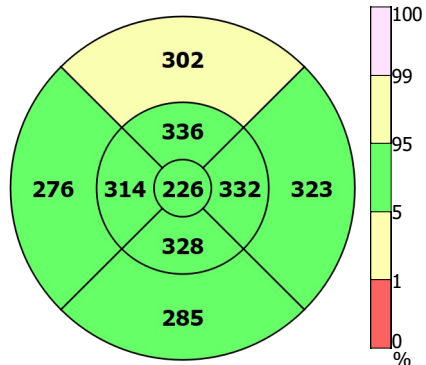
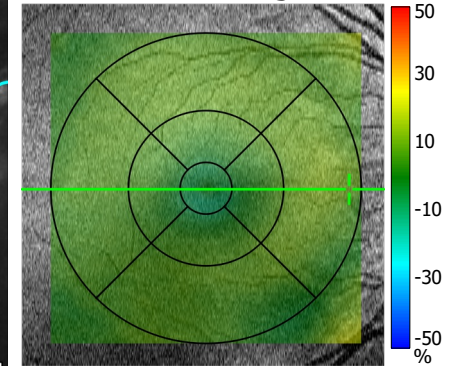
Rekonstruktion



Netzhautdicke



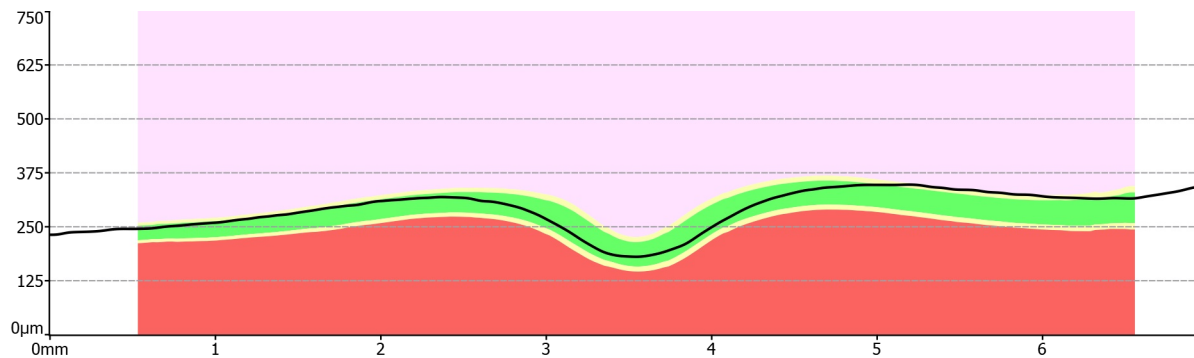
Retina Abweichung



1/3/6 mm

Durchschn.

ILM - OS/RPE Messungen	
Minimum in Fovea [μm]	182
Zentraler Bereich [μm]	226
Dicke der ges. Fläche [μm]	301
Volumen [mm <sup>3</sup> ]	8,52



GCL+IPL Dicke

