Figure 9-1. Sample image of a healthy cornea. SD-OCT provides a clear view of corneal epithelium, stroma, and endothelium. Note that the vertical white line is an artifact showing that the OCT scanning beam was hitting the corneal surface perpendicularly. Usually in imaging, artifacts are not welcomed. However, this is a “good” artifact to have ensuring that the scanning is properly aligned with the corneal surface.

Figure 9-2. LASIK flap analysis (TD-OCT). (A) Center cornea scanned by TD-OCT after LASIK. LASIK flap is visible as a moderately high-intensity band on top of the cornea. (B) LASIK flap thickness can be measured at various distances from the center. The top number indicates the distance from the center, while the bottom numbers indicate the flap thickness and corneal thickness below the flap.

Figure 9-3. Granular corneal dystrophy. (A) Slit-lamp photo of a granular corneal dystrophy case. (B) Cross-sectional view of the granular corneal dystrophy (TD-OCT). Note that granularly opacified lesions have varied depth but mainly reside on the top half of the stroma.

Figure 9-4. Healthy anterior chamber angle. (A) Healthy anterior chamber angle scanned with SD-OCT. The angle is clearly open (arrow head) and the scleral spur (white arrow) and Schlemm canal (black arrows) are clearly visible. (B) Infrared camera image showing the scanning path (white arrow) on the temporal limbus OD.