extravasation of fluorescein dye over time. The appearance of CNV can vary depending on its location. Type 2 CNV, termed *classic* on FA, appears early as well-defined hyperfluorescent lesions that leak in mid- to late-frames (Figure 7-1). Type 1 CNV, termed *occult* on FA, is ill defined, and leakage often appears only in later frames (Figures 7-2 and 7-3). In type 3 CNV, a focal “hot spot” is often visualized at the point of anastomosis between retinal and choroidal circulations. Indocyanine green angiography is another technique to image CNV and can be particularly useful in differentiating neovascularization associated with AMD from other known variants such as polypoidal choroidal vasculopathy.

Optical coherence tomography (OCT) has become the most commonly used imaging modality in managing neovascular AMD, as it allows for precise, rapid, and noninvasive cross-sectional and volumetric analysis of the retinal architecture. Intra- or subretinal