

Case gCgfurLoxxYnCWd10202 — Questions

Case Details

Demographics 39-year-old Asian male; housekeeper

Chief complaint blurred vision

History of present illness

Secondary complaints/symptoms occasional itching in inner corners of the eyes

Patient ocular history last eye exam 1 year ago; wears single vision distance glasses

Family ocular history mother: strabismus

Patient medical history hypercholesterolemia

Medications taken by patient lovastatin

Patient allergy history cephalosporins

Family medical history father: hypertension

Review of systems

Mental status

Clinical findings

Habitual spectacle Rx

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Cover test: distance: 4 exophoria, near: 4 exophoria

Confrontation fields: full to finger counting OD, OS

Subjective refraction

Slit lamp

IOPs: OD: 10 mmHg, OS: 10 mmHg @ 4:35 pm by Goldmann applanation tonometry

Fundus OD

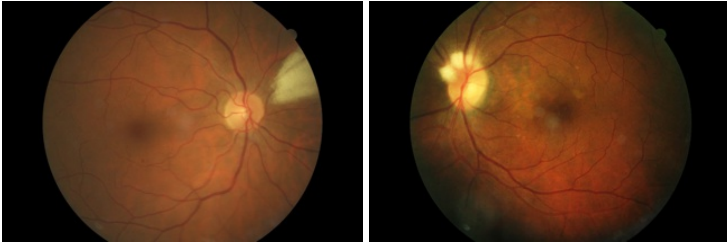
Fundus OS

Blood pressure: 120/79 mmHg, right arm, sitting

Pulse: 74 bpm, regular

- Character/signs/symptoms: decreased distance vision with current glasses
- Location: OD, OS
- Severity: mild
- Nature of onset: gradual
- Duration: 1 year
- Frequency: constant
- Exacerbations/remissions: worse at night
- Relationship to activity or function: none
- Accompanying signs/symptoms: none
- Constitutional/general health: denies
- Ear/nose/throat: denies
- Cardiovascular: denies
- Pulmonary: denies
- Dermatological: denies
- Gastrointestinal: denies
- Genitourinary: denies
- Musculoskeletal: denies
- Neuropsychiatric: denies
- Endocrine: denies
- Hematologic: denies
- Immunologic: denies
- Orientation: oriented to time, place, and person
- Mood: appropriate
- Affect: appropriate
- OD: -1.50 -1.00 x 170; VA distance: 20/25
- OS: -2.00 -0.50 x 020; VA distance: 20/25
- OD: -1.75 -1.00 x 173; VA distance: 20/20
- OS: -2.25 -0.75 x 012; VA distance: 20/20
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: nasal pinguecula OD, OS
- cornea: 1+ arcus OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS

- C/D: see image 1
- macula: see image 1
- posterior pole: see image 1
- periphery: unremarkable
- C/D: see image 2
- macula: see image 2
- posterior pole: see image 2
- periphery: unremarkable



Question 1 / 5

What is the MOST likely diagnosis of the patient's fundus condition observed in images 1 and 2?

- A) Myopic degeneration
- B) Myelinated nerve fiber layer
- C) Optic nerve drusen
- D) Vitritis
- E) Cotton wool spots

Question 2 / 5

Which of the following ocular conditions is MOST frequently associated with the retinal findings observed in images 1 and 2?

- A) Macular edema
- B) Glaucoma
- C) Branch retinal vein occlusion
- D) Myopia
- E) Serous retinal detachment
- F) Posterior subcapsular cataracts

Question 3 / 5

What is the MOST appropriate treatment for the patient's retinal condition at this time?

- A) Order a B-scan ultrasound
- B) Refer for a Kenalog® injection
- C) Refer for a biopsy
- D) Order complete blood panel
- E) Monitor annually
- F) Refer for fluorescein angiography

Question 4 / 5

While performing binocular indirect ophthalmoscopy (BIO), you notice a dark shadow at the inferior edge of your condensing lens. Which of the following is the MOST likely cause of the shadow?

- A) The patient's pupil is too large
- B) The condensing lens is above the common visual axis
- C) The doctor is accommodating
- D) The condensing lens is below the common visual axis
- E) The patient is accommodating

Question 5 / 5

Which of the following BEST reflects an optometrist's duty to promote patient welfare?

- A) Purchasing an intense pulsed light (IPL) device to help increase office profits
- B) Having boxes of contact lenses in stock to ensure that patients will not order contact lenses online
- C) Purchasing an OCT (optical coherence tomography) device to allow for better detection of glaucoma
- D) Having contact lens trials available for purchase to ensure that patients do not go without clear vision if they run out of

