

Case UpDDzKjQWkKpSqY11782 — Questions

Case Details

Demographics 58-year-old Filipino male; accountant

Chief complaint blurry vision

History of present illness

Secondary complaints/symptoms none

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

Family ocular history unremarkable

Patient medical history hypertension, hyperlipidemia

Medications taken by patient lisinopril, atorvastatin

Patient allergy history NKDA

Family medical history father: hypertension, hyperlipidemia

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Habitual spectacle Rx

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Confrontation fields: full to finger counting OD, OS

Subjective refraction

Slit lamp

IOPs: OD: 11 mmHg, OS: 11 mmHg @ 8:30 am by Goldmann applanation tonometry

Fundus OD

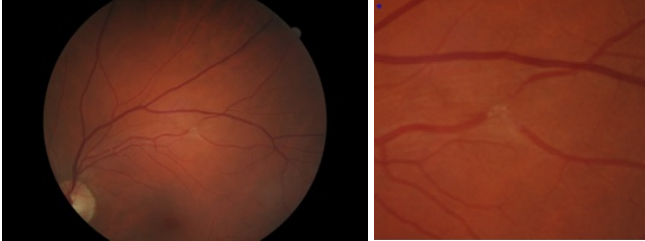
Fundus OS

Blood pressure: 132/80 mmHg, right arm, sitting

Pulse: 82 bpm, regular

- Character/signs/symptoms: decreased vision at near with current glasses
- Location: OD, OS
- Severity: mild
- Nature of onset: gradual
- Duration: 6 months
- Frequency: constant
- Exacerbations/remissions: better if he holds reading material further away
- Relationship to activity or function: near vision only; distance vision is adequate
- 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: VA distance: 20/20
- OS: VA distance: 20/20
- OD: +1.75 -0.50 x 172; VA near: 20/30 @ 40 cm
- OS: +2.00 -0.25 x 180; VA near: 20/30 @ 40 cm
- OD: plano -0.50 x 175 add: +2.25; VA distance: 20/20, VA near: 20/20 @ 40 cm
- OS: +0.25 -0.50 x 180 add: +2.25; VA distance: 20/20, VA near: 20/20 @ 40 cm
- lids/lashes/adnexa: 1+ MGD OD, OS
- conjunctiva: normal 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: 0.40 H/0.40 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: 0.40 H/0.40 V
- macula: normal
- posterior pole: see images 1 & 2
- periphery: unremarkable



Question 1 / 5

What is the MOST appropriate diagnosis for the patient's left eye retinal condition observed in images 1 and 2?

- A) Hypertensive retinopathy
- B) Branch retinal artery occlusion
- C) Ocular ischemic syndrome
- D) Diabetic retinopathy
- E) Branch retinal vein occlusion
- F) Hollenhorst plaque

Question 2 / 5

Which of the following BEST describes the most likely origin of the retinal finding observed in images 1 and 2?

- A) Ulcerated atheromatous plaque from the aortic arch
- B) Ulcerated atheromatous plaque from a coronary artery
- C) Thrombus from the left side of the heart
- D) Ulcerated atheromatous plaque from the carotid bifurcation
- E) Plaque material from calcified heart valves

Question 3 / 5

Which 3 of the following tests should be performed on all patients presenting with this retinal condition? (Select 3)

- A) Fluorescein angiography
- B) Magnetic resonance angiography
- C) Fasting blood glucose and lipid panel
- D) Electrocardiogram
- E) Carotid artery ultrasound

Question 4 / 5

Which of the following ranges of arterial stenosis are MOST likely to produce the sound of a carotid bruit on auscultation?

- A) 50 to 90% occlusion
- B) 40 to 99% occlusion
- C) 30 to 50% occlusion
- D) 20 to 75% occlusion
- E) 10 to 60% occlusion

Question 5 / 5

What is the BEST ocular treatment for the patient at this time?

- A) Intravenous acetazolamide
- B) Panretinal photocoagulation
- C) Intravitreal anti-VEGF injection
- D) Anterior chamber paracentesis

E) Ocular indentation using a three-mirror contact lens

F) Monitor the condition