

Case pvgsNBWpfXfgOZf10064 — Questions

Case Details

Demographics 22-year-old white female; student

Chief complaint blurred vision and diplopia

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 8 months ago; mostly wears monthly disposable soft contact lenses; reports compliance with cleaning regimen and discarding lenses monthly; does not sleep in her lenses

Family ocular history paternal uncle: also had acute diplopia in one eye and then affected the other

Patient medical history scoliosis, hypertension

Medications taken by patient lisinopril

Patient allergy history fluoroquinolones

Family medical history father: prostate cancer

Review of systems

Mental status

Clinical findings

Habitual spectacle Rx

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Cover test: distance: 10 exophoria, near: 12 exophoria

Confrontation fields: full to finger counting OD, OS

Keratometry

Slit lamp

IOPs: OD: 15 mmHg, OS: 14 mmHg @ 12:00 pm by Goldmann applanation tonometry

Fundus OD

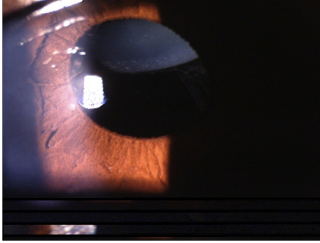
Fundus OS

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

Pulse: 74 bpm, regular

- Character/signs/symptoms: blurry and double vision
- Location: OS
- Severity: severe
- Nature of onset: acute
- Duration: 4 days
- Frequency: constant
- Exacerbations/remissions: blur and diplopia is worse when she covers her right eye; goes away when she covers her left eye
- 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: -10.00 -0.75 x 080; distance VA: 20/25
- OS: -9.50 -1.00 x 075; distance VA: 20/40 (PH 20/25)
- OD: 45.00 @ 175 / 44.00 @ 085; no distortion of mires
- OS: 45.50 @ 165 / 43.75 @ 075; no distortion of mires
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: normal OD, OS
- cornea: clear OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS

- lens: clear OD, see image 1 OS
- vitreous: clear OD, OS
- C/D: 0.30 H/0.35 V
- macula: normal
- posterior pole: normal
- periphery: unremarkable
- C/D: 0.30 H/0.30 V
- macula: normal
- posterior pole: normal
- periphery: superior lattice degeneration



Question 1 / 5

Given the patient's chief complaint and clinical findings, which of the following systemic conditions is she MOST likely suffering from?

- A) Multiple sclerosis
- B) Acromegaly
- C) Osteogenesis imperfecta
- D) Marfan syndrome
- E) Homocystinuria

Question 2 / 5

Which of the following complications is frequently associated with this patient's suspected systemic condition?

- A) Paralysis
- B) Aortic aneurysm
- C) Trisomy 21
- D) Pituitary tumor
- E) Bone fractures
- F) Nerve demyelination

Question 3 / 5

Which of the following results would you MOST likely expect if this patient's color vision was to be tested?

- A) Deuteranopia
- B) Tritanopia
- C) Anomalous trichromacy
- D) Protanopia
- E) Anomalous dichromacy
- F) Normal color vision

Question 4 / 5

You are asked to serve as a subject matter expert and give a testimonial during a trial involving vision loss due to a mismanaged corneal ulcer. Which of the following describes the MOST appropriate scenario?

- A) As an optometrist providing an expert testimony, you are entitled to accept a fee
- B) A fee may only be accepted if the judge rules in favor of the plaintiff
- C) By law, practicing optometrists cannot give expert testimonies
- D) As a clinician, you cannot accept a fee when asked to give an expert testimony

Question 5 / 5

The patient's mother is seen at your office and you fit her with monovision contact lenses. At her follow-up appointment she is belligerent and rude to your staff members. Which of the following is the MOST appropriate scenario?

- A) Dismiss the patient from your office via a letter and also include an offer to see her for 30 days for emergency care only
- B) Refuse to see the patient on the grounds that she is in violation of your personal right to refuse service to any patient

- C) File a police report against the patient so that you can refuse service to her in the future
- D) Politely ask the patient to leave and tell her she is no longer welcome at your office