

Case OwZdwaulaQVxBIL14511 — Questions

Case Details

Demographics 32-year-old white male; fisherman/hunter

Chief complaint blurred vision and ocular discomfort

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 2 years ago

Family ocular history unremarkable

Patient medical history ACL repair surgery

Medications taken by patient none

Patient allergy history NKDA

Family medical history mother: ovarian cancer, father: hypertension

Review of systems

Mental status

Clinical findings

Uncorrected visual acuity

Pupils: PERRL, negative APD

EOMs: full, no restrictions OU

Confrontation fields: full to finger counting OD, OS

Slit lamp

IOPs: OD: 14 mmHg, OS: 13 mmHg @ 9:15 am by Goldmann applanation tonometry

Fundus OD

Fundus OS

Blood pressure: 117/73 mmHg, right arm, sitting

Pulse: 66 bpm, regular

- Character/signs/symptoms: blurry vision, light sensitivity, and eye pain
- Location: OD, OS
- Severity: mild
- Nature of onset: acute
- Duration: 2 days
- Frequency: constant
- Exacerbations/remissions: had similar episode last month after hunting trip in Oregon; symptoms resolved on their own after a few days
- Relationship to activity or function: none
- Accompanying signs/symptoms: floaters
- 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: distance: 20/40 (PH 20/30)
- OS: distance: 20/40 (PH 20/30)
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: 1+ hyperemia OD, OS
- cornea: clear OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: OD similar to OS, see image 1 OS
- C/D: 0.30 H/0.30 V
- macula: normal
- posterior pole: similar to image 1
- periphery: unremarkable

- C/D: 0.30 H/0.30 V
- macula: normal
- posterior pole: similar to image 1
- periphery: unremarkable



Question 1 / 5

Considering the patient's history and examination findings, what is the MOST likely etiology of his ocular condition?

- A) Toxoplasmosis
- B) Tuberculosis
- C) Cat-scratch disease
- D) Syphilis
- E) Lyme disease

Question 2 / 5

Which of the following organisms is responsible for the suspected infection of this patient?

- A) Toxoplasma gondii
- B) Treponema pallidum
- C) Mycobacterium tuberculosis
- D) Bartonella henselae
- E) Borrelia burgdorferi

Question 3 / 5

Which 2 of the following lab tests should be completed in order to confirm your suspected diagnosis? (Select 2)

- A) Interferon-gamma release assay (IGRA)
- B) Venereal disease research laboratory (VDRL)
- C) Western blot
- D) Immunoglobulin G (IgG) testing
- E) Enzyme-linked immunosorbent assay (ELISA)
- F) Rapid plasma reagin (RPR)
- G) Tb skin test (TST)

Question 4 / 5

Which of the following represents the BEST treatment for this patient?

- A) Treatment is not required; the condition will resolve on its own
- B) Ciprofloxacin
- C) Azithromycin
- D) Doxycycline
- E) Prednisolone
- F) Pyrimethamine and sulfadiazine
- G) Isoniazid and rifapentine

Question 5 / 5

Which of the following cranial nerve palsies is MOST commonly associated with the patient's condition?

- A) Cranial nerve VII palsy
- B) Cranial nerve IV palsy
- C) Cranial nerve V palsy
- D) Cranial nerve VI palsy
- E) Cranial nerve III palsy