

Case GosNTRksFOWOFZi10335 — Questions

Case Details

Demographics 48-year-old black female; homemaker

Chief complaint blurred and distorted vision

History of present illness

Secondary complaints/symptoms none

Patient ocular history last eye exam 3 years ago; wore glasses for reading but lost them last year

Family ocular history mother: cataracts

Patient medical history appendectomy (1 year ago)

Medications taken by patient Tylenol® PRN

Patient allergy history NKDA

Family medical history mother: scoliosis, father: prostate cancer

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

Subjective refraction

Slit lamp

IOPs: OD: 16 mmHg, OS: 14 mmHg @ 2:15 pm by Goldmann applanation tonometry

Fundus OD

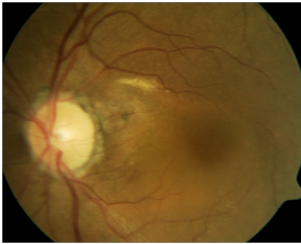
Fundus OS

Blood pressure: 102/78 mmHg, right arm, sitting

Pulse: 56 bpm, regular

- Character/signs/symptoms: vision is blurry at all distances and straight lines appear wavy
- Location: OD, OS (OS worse than OD)
- Severity: moderate
- Nature of onset: gradual
- Duration: 2 weeks
- Frequency: constant
- Exacerbations/remissions: none
- Relationship to activity or function: none
- Accompanying signs/symptoms: headaches and eye fatigue with prolonged reading
- 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: 20/25
- OS: VA distance: 20/100 (PHNI)
- OD: -0.25 -0.25 x 120; VA distance: 20/25
- OS: -0.50 DS; VA distance: 20/100
- lids/lashes/adnexa: unremarkable OD, OS
- conjunctiva: nasal pinguecula OD, OS
- cornea: crocodile shagreen OD, OS
- anterior chamber: deep and quiet OD, OS
- iris: normal OD, OS
- lens: clear OD, OS
- vitreous: clear OD, OS
- C/D: 0.20 H/0.20 V

- macula: normal
- posterior pole: similar to image 1
- periphery: unremarkable
- C/D: see image 1
- macula: pigment epithelial detachment, see image 1
- posterior pole: reddish-orange polyp-like lesion in peripapillary region, see image 1
- periphery: unremarkable



Question 1 / 5

Given the clinical findings and the associated image, what is the MOST likely diagnosis of the patient's retinal condition?

- A) Exudative macular degeneration
- B) Polypoidal choroidal vasculopathy
- C) Central serous retinopathy
- D) Age-related peripapillary choroidal neovascularization

Question 2 / 5

Which of the following systemic conditions is MOST commonly observed in association with this retinal condition and may increase its severity?

- A) Hypertension
- B) Hyperthyroidism
- C) Diabetes
- D) Hyperlipidemia
- E) Multiple sclerosis

Question 3 / 5

Which of the following imaging techniques will allow for the best diagnostic evaluation of the lesions associated with this condition?

- A) Fluorescein angiography
- B) A-scan ultrasonography
- C) Indocyanine green angiography
- D) B-scan ultrasonography

Question 4 / 5

Which 2 of the following populations have the highest predilection for developing this retinal condition? (Select 2)

- A) Asian
- B) American-Indian
- C) Eastern European
- D) Hispanic
- E) African-American
- F) Caucasian

Question 5 / 5

An elderly patient visits your office and you suspect that he is being abused. Which of the following actions should you take as an optometrist?

- A) Report your suspicions to the patient's caretaker
- B) Inform the appropriate agencies as dictated by state law
- C) Confront your patient and directly ask him if he is being abused
- D) Take no action as your suspicions may be unwarranted
- E) Reports your suspicions to the patient's next of kin
- F) Teach the patient how to protect himself