Case gCgfurLoxxYnCWd10202 Details

**Demographics**

* 39-year-old Asian male; housekeeper

**Chief complaint**

* blurred vision

**History of present illness**

* 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

**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**

* 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

**Mental status**

* Orientation:oriented to time, place, and person
* Mood:appropriate
* Affect:appropriate

**Clinical findings**

**Habitual spectacle Rx**

* OD:-1.50 -1.00 x 170; VA distance: 20/25
* OS:-2.00 -0.50 x 020; VA distance: 20/25

**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**

* OD:-1.75 -1.00 x 173; VA distance: 20/20
* OS:-2.25 -0.75 x 012; VA distance: 20/20

**Slit lamp**

* 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

**IOPs:**

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

**Fundus OD**

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

**Fundus OS**

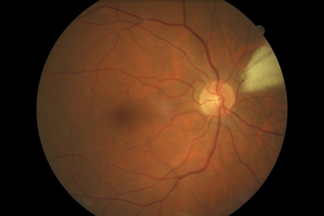
* C/D:see image 2
* macula:see image 2
* posterior pole:see image 2
* periphery:unremarkable

**Blood pressure:**

* 120/79 mmHg, right arm, sitting

**Pulse:**

* 74 bpm, regular





## 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 contacts