She has a past ocular history including cataract extraction with lens implants in both eyes in 2001 and 2003. She also has a history of glaucoma diagnosed in 1990 and macular degeneration. She has been followed in her home country and is here visiting family. She had the above-mentioned observation and was brought in on an urgent basis today.,Her past medical history includes hypertension and hypercholesterolemia and hypothyroidism.,Her medications include V-optic 0.5% eye drops to both eyes twice a day and pilocarpine 2% OU three times a day. She took both the drops this morning. She also takes Eltroxin which is for hypothyroidism, Plendil for blood pressure, and pravastatin.,She is allergic to Cosopt.,She has a family history of blindness in her brother as well as glaucoma and hypertension.,Her visual acuity today at distance without correction are 20/25 in the right and count fingers at 3 feet in the left eye. Manifest refraction showed no improvement in either eye. The intraocular pressures by applanation were 7 on the right and 18 in the left eye. Gonioscopy showed grade 4 open angles in both eyes. Humphrey visual field testing done elsewhere showed diffuse reduction in sensitivity in both eyes. The lids were normal OU. She has mild dry eye OU. The corneas are clear OU. The anterior chamber is deep and quiet OU. Irides appear normal. The lenses show well centered posterior chamber intraocular lenses OU.,Dilated fundus exam shows clear vitreous OU. The optic nerves are normal in size. They both appear to have mild pallor. The optic cups in both eyes are shallow. The cup-to-disc ratio in

the right eye is not overtly large, would estimated 0.5 to 0.6; however, she does have very thin rim tissue inferotemporally in the right eye. In the left eye, the glaucoma appears to be more advanced to the larger cup-to-disc ratio and a thinner rim tissue.,The macula on the right shows drusen with focal areas of RPE atrophy. I do not see any evidence of neovascularization such as subretinal fluid, lipid or hemorrhage. She does have a punctate area of RPE atrophy which is just adjacent to the fovea of the right eye. In the left eye, she has also several high-risk drusen, but no evidence of neovascularization. The RPE in the left eye does appear to be more diffusely abnormal although these changes do appear somewhat mild. I do not see any dense or focal areas of frank RPE atrophy or hypertrophy.,The peripheral retinas are attached in both eyes.,Ms. ABC has pseudophakia OU which is stable and she is doing well in this regard. She has glaucoma which likely is worse in the left eye and also likely explains her poor vision in the left eye. The intraocular pressure in the mid-to-high teens in the left eye is probably high for her. She has allergic reaction to Cosopt. I will recommend starting Xalatan OS nightly. I think the intraocular pressure in the right eye is acceptable and is probably a stable pressure for her OD. She will need followup in the next 1 or 2 months after returning home to Israel later this week after starting the new medication which is Xalatan.,Regarding the macular degeneration, she has had high-risk changes in both eyes. The vision in the right eye is good, but she does have a very concerning area of RPE atrophy just adjacent to

the fovea of the right eye. I strongly recommend that she see a retina specialist before returning to Israel in order to fully discuss prophylactic measures to prevent worsening of her macular degeneration in the right eye.