



## TMOD EXAMINATION: SAMPLE CASE 2

### **Demographics**

62-year-old white female; travel agent

### **Chief complaint**

decreasing vision

### **History of present illness**

**Character/signs/symptoms:** blurred vision

**Location:** OD

**Severity:** severe

**Nature of onset:** gradual

**Duration:** 6 months

**Frequency:** constant

**Exacerbations/remissions:** none

**Relationship to activity or function:** none

**Accompanying signs/symptoms:** none

### **Secondary complaints/symptoms**

eyes feel scratchy all day

### **Patient ocular history**

corneal abrasion OS at age 45

### **Family ocular history**

father: macular degeneration

### **Patient medical history**

rheumatoid arthritis

### **Medications taken by patient**

Plaquenil® 200 mg per day for 2 years

### **Patient allergy history**

hayfever; NKDA

### **Family medical history**

mother: diabetes

### **Review of systems**

**Constitutional/general health:** malaise

**Ear/nose/throat:** denies

**Cardiovascular:** denies

**Pulmonary:** denies

**Dermatological:** denies

**Gastrointestinal:** denies

**Genitourinary:** denies

**Musculoskeletal:** joint pain

**Neuropsychiatric:** denies

**Endocrine:** denies

**Hematologic:** denies

**Immunologic:** denies

### **Mental status**

**Orientation:** oriented to time, place, and person

**Mood:** appropriate

**Affect:** appropriate

### **Clinical findings**

<b>Habitual spectacle Rx:</b>	<u>VA Distance</u>	<u>VA Near (with Add)</u>
OD: +1.50 -0.50 x 085	20/200	20/200
OS: +2.00 -0.75 x 090	20/20	20/20

+2.50 D Add

**Pupils:** PERRL, negative RAPD

**EOMs:** full, no restrictions

**Confrontation fields:** full to finger counting OD, OS

<b>Subjective refraction:</b>	<u>VA Distance</u>	<u>Pinhole</u>	<u>VA Near (with Add)</u>
OD: +1.75 -0.75 x 090	20/200	no improvement	20/200
OS: +1.75 -0.50 x 095	20/20		20/20

+2.50 D Add

**Amsler grid:**

OD: see **Image 1**

OS: see **Image 2**

**Slit lamp:**

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: 1+ nuclear sclerosis OD, OS

vitreous: posterior vitreous detachment OD, syneresis OS

**IOPs:** 14 mmHg OD, 14 mmHg OS @ 11:20 AM by applanation tonometry

**Fundus OD:**

C/D: 0.4H/0.45V

macula, posterior pole: see **Image 3**

periphery: scattered pavingstone degeneration 360°

**Fundus OS:**

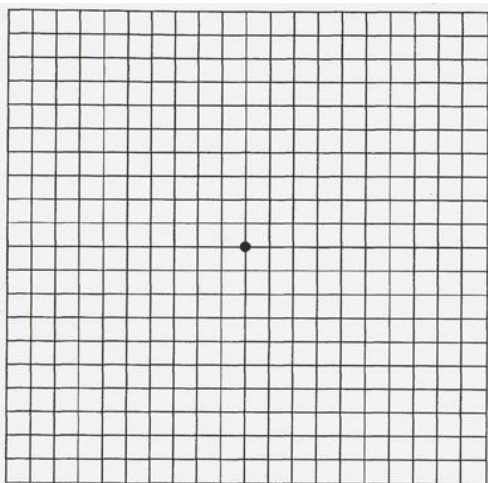
C/D, macula, posterior pole: see **Image 4**

periphery: scattered pavingstone degeneration 360°

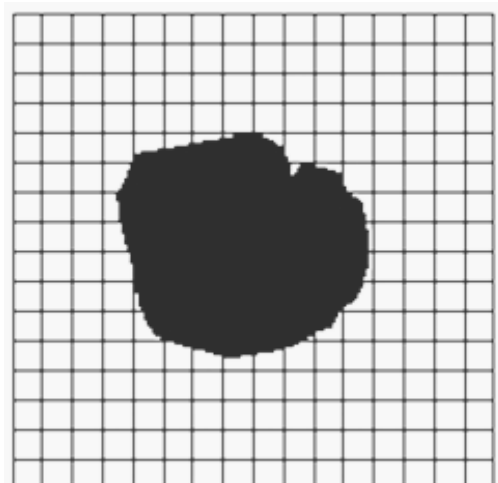
**Blood pressure:** 134/82 mmHg, right arm, sitting

**Pulse:** 76 bpm, regular

**Image 2: OS**



**Image 1: OD**

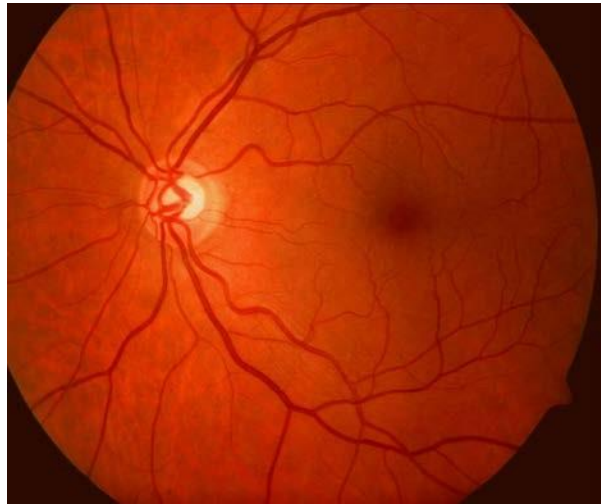


**Note: When visual fields are displayed side-by-side, the OD visual field will be on the right and the OS visual field will be on the left.**

Image 3: OD



Image 4: OS



correct answer

- 1. The most likely diagnosis of the patient's fundus condition OD is: (Diagnosis)**
  - a. bull's eye maculopathy.
  - b. histoplasmosis.
  - c. wet age-related maculopathy.
  - d. solar retinopathy.
  - e. macular hole.**
- 2. Which of the following is the most appropriate management for this patient? (Treatment / Management)**
  - a. Annual monitoring
  - b. Vitrectomy**
  - c. Oral prednisone
  - d. Laser photocoagulation
  - e. Ocuvite®
  - f. Anti-VEGF injection
- 3. Which of the following is most appropriate to include in the education of this patient? (Related to Treatment / Management)**
  - a. Polycarbonate spectacle lenses are important to protect the left eye.**
  - b. Genetic counseling for the patient's grandchildren is essential.
  - c. The patient's rheumatologist should discontinue the Plaquenil®.
  - d. Sunglasses should be worn full-time to protect the retina.
  - e. Consultation with a pulmonologist should be scheduled.
  - f. Low vision aids are necessary for activities of daily living.