



## TMOD EXAMINATION: SAMPLE MINICASE

### Demographics

66-year-old white male; retired

### Chief complaint

floaters OD > OS

### Patient ocular history

uncomplicated cataract extraction with IOL implant OD, OS 1 year ago

### Patient medical history

hypertension; hypercholesteremia

### Medications taken by patient

hydrochlorothiazide; atenolol; Lipitor®; multivitamin

### Patient allergy history

penicillin

### Clinical findings

<b>BVA:</b>	<u>Distance</u>	<u>Near (with +2.50 Add))</u>
OD:	20/25+ 1	20/20- 1
OS:	20/20	20/20

**Pupils:** PERRL, negative RAPD

**EOMs:** full, no restrictions

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

### Slit lamp:

lids/lashes/adnexa: normal OD, OS

conjunctiva: normal OD, OS

cornea: clear with well healed incision OD, OS

anterior chamber: deep and quiet OD, OS

iris: normal OD, OS

lens: well-centered IOL with clear and intact posterior capsule OD, OS

vitreous: see **Image 1 OD**, clear OS

**IOPs:** 10 mmHg OD, 11 mmHg OS @ 2:50 PM by non-contact tonometry

### Fundus OD:

C/D: see **Image 1**

macula: normal

posterior pole: normal

periphery: difficult to view

### Fundus OS:

C/D, macula, posterior pole: see **Image 2**

periphery: unremarkable

Image 1

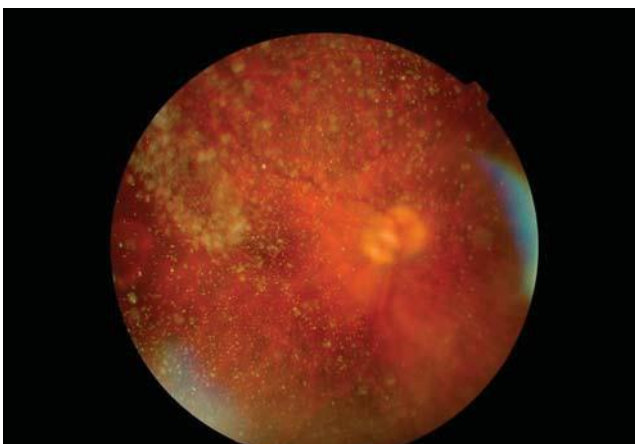


Image 2



correct answer

1. Which of the following is the most likely diagnosis of the patient's ocular findings OD in *Image 1*? **(Diagnosis)**
  - a. Vitritis
  - b. Chorioretinitis
  - c. Vitreal syneresis
  - d. Posterior vitreous detachment
  - e. Asteroid hyalosis
  - f. Weiss ring
  - g. Persistent hyaloid artery
  - h. Endophthalmitis
  
2. Which of the following is the most appropriate management for this patient's ocular findings OD? **(Treatment/ Management)**
  - a. Barrier peripheral laser
  - b. Pars plana vitrectomy
  - c. Oral prednisone 60 mg per day
  - d. Vitreal tap and culture
  - e. Intravenous Vancomycin 1g q. 12h.
  - f. No treatment needed