

CASE REPORT - POSTERIOR CASES

DEMOGRAPHIC

DIAGNOSIS CASE ID Page 1 of 2
 Date of Presentation Age at Diagnosis Disease Type
 Date of Diagnosis Gender
 Race Specify Other

HISTORY AT PRESENTATION

Onset Course Acute Course
 Duration Eyes Effected

Systemic Diseases

Choose all that apply

Immunodeficiency or Immunosuppression

Choose all that apply

Other Pertinent History

General	
Best Corrected Visual Acuity (RE) <input type="text" value="20"/> / <input type="text" value="20"/>	Best Corrected Visual Acuity (LE) <input type="text" value="20"/> / <input type="text" value="30"/>
Non-Numeric V.A. (RE) <input type="text"/>	Non-Numeric V.A. (LE) <input type="text"/>
Intraocular Pressure (RE) <input type="text" value="18"/>	Intraocular Pressure (LE) <input type="text" value="16"/>

Anterior Segment Findings	
Keratic Precipitates (RE) <input type="text" value="None"/>	Keratic Precipitates (LE) <input type="text" value="Stellate"/>
Location (RE) <input type="text"/>	Location (LE) <input type="text" value="Diffuse"/>

Other Pertinent Corneal Findings	
Other Pertinent Corneal Findings <input type="text"/>	
Ant. Chamber Cells (RE) <input type="text" value="0 (Cells in field = <1)"/>	Ant. Chamber Cells (LE) <input type="text" value="1+ (Cells in field = 6-15)"/>
Ant. Chamber Cells Hypopyon (RE) <input type="text" value="No"/>	Ant. Chamber Cells Hypopyon (LE) <input type="text" value="No"/>
Ant. Chamber Flare (RE) <input type="text" value="0 (None)"/>	Ant. Chamber Flare (LE) <input type="text" value="1+ (Faint)"/>
Iris Abnormal (RE) <input type="text" value="No"/> If yes (RE) <input type="text"/>	Iris Abnormal (LE) <input type="text" value="Yes"/> If yes (LE) <input type="text"/>
Atrophy <input type="text"/>	Atrophy <input type="text" value="Diffuse"/>
Synechia <input type="text"/>	Synechia <input type="text"/>
Heterochromia <input type="text"/>	Heterochromia <input type="text" value="Yes"/>
Nodules <input type="text"/>	Nodules <input type="text"/>

Anterior Segment Findings Cont. Cataracts (RE) <input type="text" value="No"/>	Cataracts (LE) <input type="text" value="Yes"/>
---	---

Posterior Segment Findings Vitreous Cells (RE) <input type="text" value="0"/>	Vitreous Cells (LE) <input type="text" value="0.5+"/>
--	---

Vitreous Haze Vitreous Haze (RE) <input type="text" value="0"/>	Vitreous Haze (LE) <input type="text" value="0.5+"/>
--	--

Funduscopis Findings	
Cup to Disk Ratio (RE) <input type="text" value="0.5"/>	Cup to Disk Ratio (LE) <input type="text" value="0.5"/>
Macular Edema (RE) <input type="text" value="Absent"/>	Macular Edema (LE) <input type="text" value="Absent"/>
Retinal Vascular Changes (RE) <input type="text"/>	Retinal Vascular Changes (LE) <input type="text"/>

Spots

Spots (RE) If yes (RE)
Primary Tissue Involved
Color Shape
Size Focal
Location in Retina
Other Spot Descriptors

Spots (LE) If yes (LE)
Primary Tissue Involved
Color Shape
Size Focal
Location in Retina
Other Spot Descriptors

Other Descriptors

Other Descriptors (RE)

Other Descriptors (LE)

Labs Date
FTA or MHA Lyme Serology ACE Lysozyme
HLA-A29 PPD Quantiferon-Gold
Other Labs
Chest X-Ray If Chest X-Ray Abnormal
Chest CT If Chest CT Abnormal

Images Color Photo No If no images - why?
FA No
ICG No
OCT No