



Autumn 2010
Newsletter

Welcome to the Eye Vet newsletter. Eye Vet is a veterinary ophthalmology referral service run by Natasha Mitchell MVB CertVOphthal MRCVS through Crescent Veterinary Clinic, Dooradoyle Road, Limerick.

This newsletter is produced quarterly, and is also available online at www.eyevet.ie

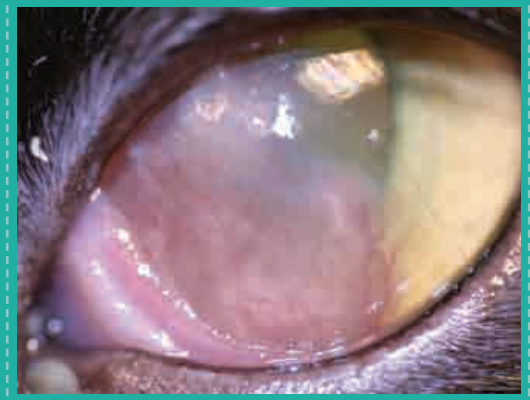
Examination Technique

Recognising common conditions in cats:

Upper eyelid agenesis The lateral two thirds of the upper eyelid is missing in both eyes and this is termed upper eyelid agenesis or coloboma. As hairs tend to rub on the cornea, this leads to blood vessels and scarring on the cornea and may require surgical correction.



Eosinophilic keratitis is a chronic inflammatory condition of the conjunctiva and cornea in one or both eyes, and is diagnosed by cytology. Some cases also have feline herpes-virus. Long-term management is required.



Corneal sequestrum is a focal black or brown plaque within the cornea representing a necrotic area of cornea. This should not be confused with a foreign body. Most cases require surgical removal with keratectomy, usually with a grafting procedure.



Iris melanoma presents as a slowly progressive, diffuse increase in iris pigmentation. Secondary glaucoma may develop. Early detection of the changes is very important, at which time there is a need to distinguish between benign pigmentation and diffuse iris melanoma. The former just need monitoring but many of the latter cases require enucleation.

Clinical Case History

A twelve-year-old female neutered domestic short haired cat present with a one week history of sudden onset blindness. She had also lost weight and was polydipsic.

Clinical Examination

The cat was thin and weighed 3.4kg. There was a systolic heart murmur and no palpable goitre.

Ophthalmic Examination

Both eyes had negative menace responses and could not track moving objects. There was a normal dazzle reflex. There was a negative pupillary light response and both eyes had dilated pupils (mydriasis). There was blood in the anterior chamber in the right eye (hyphaema) obscuring the view of the fundus. The left fundus was abnormal with an area of retinal detachment, with multiple small haemorrhages and round areas of oedema in the area which was not detached.



Diagnosis

Systemic hypertension associated with renal disease (the renal disease may be the cause or a result of hypertension) leading to retinal detachment and hyphaema and therefore blindness.

Work-up

Systolic blood pressure was measured with a Doppler ultrasound, and found to be 220mmHg (normal is 160mmHg or below). Blood was taken for biochemistry, total thyroxine and haematology and urine was taken for urinalysis. Blood urea was high and the urine specific gravity was low (1.014).

Treatment

Amlodipine ('Istin', a calcium channel blocker) and benazepril ('Fortekor', an ACE-inhibitor) were started once daily. A commercial diet for feline kidney disease was recommended.

Prognosis

Lifelong monitoring and treatment are required, but a good quality of life can usually be restored. In this case, some useful vision was restored, which emphasises the need for rapid diagnosis and treatment.

Tip

Most cats tolerate ocular examination better when minimally restrained. If this is not possible, they may be wrapped burrito-style in a towel. Sedation can actually make examination more difficult.

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