

Screening Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total thru Dec 2014
Screening Location	Phelan	Whittier	Chino	Huntington Park	Tecate	Big Bear	Santa Ana	Flying Doc Thermal	Pomona Western U	Oxnard	Montebello	Barstow	West Covina	Imperial	Rancho Cucamo	Apple Valley	
Pathology, type of	CALIFORNIA LIONS FRIEND IN SIGHT, PATHOLOGY PROFILE FOR FYE JUNE 2015																
Cataracts	1	3		4	14	1	4	3	5	8	1	4		3	2	3	56
Glaucoma & or suspect	5	13	7	10	5	3	8	19	3	11	14	6	1	17	6	9	137
Pterygium	1			1	1		3	3								1	10
Laser Peripheral Iridotomies(narrow angles)		2		1		1					4	1				2	12
Strabismus / Amblyopia (visual therapy & or surgery)											2				1	1	4
Dry Macular Degeneration, life style advice		1	1	2			1				1	2		3	1		12
6 month follow up on background diabetic retinopathy	1	2		1		1	2	2		1	2	2				1	14
Na Yag capsulotomy for a secondary cataract														1		1	2
SX / Medical Tx for proliferative diabetic retinopathy					1							1					2
Retinal Detachment																	0
Amaurosis fugax																	0
SX / Medical Treatment for diabetic maculopathy				2	6												8
Laser treatment for proliferative retinopathy (sickle cell)																	0
Dilated Fundus Examination for flashes & floaters											1				1		2
Treatment for Neovascular Glaucoma/ Diabetes																	0
Excision of a sebaceous cyst																	0
Work up for recent onset of diplopia/strabismus																	0
Treatment for a corneal abrasion																	0
Optic Neuritis																	0
Bacterial Conjunctivitis																	0
Allergic Conjunctivitis																	0
Seborrheic Blepharitis																	0
Work up for optic disc pallor							1			2						2	5
3 month follow up on diabetic retinopathy							2		1					3		2	8
Ptosis surgery																	0
Dilated Fundus Examination for high myopia																	0
HGP fit for irregular cornea and keratoconus			1		2					1							4
Ectropion Surgery																	0
Macular Hole					1										1		2
Penetrating Keratoplasty secondary to corneal scar								1									1
Right homonymous hemianopic visual field loss																	0
Pupillary defect																	0
Intermittent diplopia																	0
Optic Atrophy								1									1
Unilateral aphakia																	0
Anterior Uveitis																	0
Transient bilateral loss of complete visual field																	0
Lacrimal dilation/probing/irrigation																	0
Prosthetic shell																	0
Bilateral optic disc edema																	0
Optic disc shunt vessels																	0
Branch Retinal Venous Occlusion															1		1
Central Retinal Venous Occlusion					2			1									3
Wet Macular Degeneration					1												1
Pars Planitis																	0
Blepharospasm																	0
Conjunctival mass lesion																	0
Marginal Keratitis																	0
Conjunctival cyst																	0
Retinal Mass Lesion, vascularized																	0
Convergence Insufficiency																	0
Corneal ulcer																	0
Choroidal nevus vs. malignant melanoma																	0
Corneal Foreign Body Removal																	0
Vitreous Hemorrhage																	0
endophthalmitis																	0
old retinal detachment repair																	0
asteroid hyalosis, vitrectomy consideration																	0
ruptured limbal sutures																	0
ectopic pupil secondary to peripheral anterior synchia																	0
Chalazion																	0
Orbital pain																	0
Thygeson's Keratitis																	0
Blepharochalasis																	0
Iris melanoma																	0
Herpes Simplex Keratitis																	0
Episcleritis		1															1
Amblyopia		2									1						3
Bell's Palsy		1															1
Basal Cell Carcinoma		1			1												2
Hollenshort plaque, emboli lodged in retinal arteriole					1												1
Central Serous Chorio-retinopathy							1										1
Calcific Band Keratopathy								1									1
Disciform Keratitis														1			1
United States	8	26	9	21		6	22	32	9	23	25	16	1	28	13	22	261

TYPE OF PATHOLOGY	COMMENTS ON PATHOLOGY TYPES
Cataracts	pathological blindness if not treated, leading cause of blindness in the 3rd world, no access to care
Glaucoma & or suspect	pathological blindness-treatment just slows it down,most treated patients will pass before blindness
Pterygium	can cause pathological blindness if not treated
Laser Peripheral Iridotomies(narrow angles)	can cause angle closure glaucoma, potentially blinding and very painful
Strabismus	functional blindness if amblyopia develops., VT/ surgery aims for cosmetic/functional cure.
Dry Macular Degeneration, life style advice	pathological blindness can occur, however most of these changes cause just a mild to moderate loss of vision.
6 month follow up on background diabetic retinopathy	monitor to treat if diabetic maculopathy and or proliferative changes occur.. Pathological blindness
Na Yag capsulotomy for a secondary cataract	pathological blindness if not treated. Easily treated with access to care
Laser treatment for proliferative diabetic retinopathy	pathological blindness if not treated, highly likely
Retinal Detachment	pathological blindness if not treated.
Amaurosis fugax	loss of vision out of one eye secondary to an embolus, condition can cause a stroke/death
Laser treatment for diabetic MACULOPATHY	pathological blindness, treatment usually maintains current level of vision, but does not improve it.
Laser treatment for proliferative retinopathy (sickle cell)	similar to proliferative diabetic retinopathy.
Dilated Fundus Examination for flashes & floaters	has the potential to cause a tear in the retina and subsequent retinal detachment (15% of cases)
Treatment for Neovascular Glaucoma/ Diabetes	pathological blindness: highly likely even with treatment
Excision of a sebaceous cyst	typical not a issue, other than cosmetic
Work up for recent onset of diplopia/strabismus	need to determine etiology, could signify vascular problems or a brain tumor.
Treatment for a corneal abrasion	potential for pathological blindness
Optic Neuritis	may represent initial sign of multiple sclerosis or represent a vascular or viral origin. Can cause loss of vision/blindness
Bacterial Conjunctivitis	usually self limiting, easily treated; but can cause corneal scarring and other issues in serious cases
Allergic Conjunctivitis	usually self limiting, easily treated in most cases, not usually associated with blindness issues.
Seborrheic Blepharitis	rather common, treatments help reduce complaints, but problem is usually chronic in nature
Work up for optic disc pallor	its presence could represent a tumor compressing the optic nerve or part of its pathway. Also could have vascular/MS issue
3 month follow up on diabetic retinopathy	monitor to treat if diabetic maculopathy and or proliferative changes occur.. Pathological blindness
Ptosis surgery	upper eyelid/s drop down and obscure vision. Can represent a paresis/paralysis of the 3rd cranial nerve.
Dilated Fundus Examination for high myopia	high myopia is associated with more peripheral degenerative changes in the retina, that may be prophylactically treated.
HGP fit for irregular cornea and keratoconus	hard gas permeable contact lenses are the initial treatment for patients that cannot see well enough with glasses.
Ectropion Surgery	the lower eyelid falls away from the eyeball, causing excessive tearing and increased risk for corneal/eyelid desiccation
Macula Hole	potential to cause blindness as the patient loses central vision to a significant level
Penetrating Keratoplasty secondary to corneal scar	scars dense enough and causing irregularity in the cornea need to be removed and have a donor cornea sown in place
Right homonymous hemianopic visual field loss	can represent a symptom of a stroke or tumor in the visual pathway
Pupillary defect	can represent a variety of causes that need to be ruled out.
Intermittent diplopia	a general binocular dysfunction, usually just functional in origin, but could represent the residual effect of a pathologic origin
Optic Atrophy	sign of a current or previous pathology causing damage to the optic nerve from various causes: tumor/vascular/MS, etc..
Unilateral Aphakia	patient has had their natural lens removed from the eye and no intra-ocular implant, needs a contact lens to see
Anterior Uveitis	could lead to increased probability for cataract formation/glaucoma and may be associated with systemic diseases
Transient bilateral loss of complete visual field	typically associated with a vascular cause; requires a complete cardio-vascular assessment
Lacrimal dilation/probing/irrigation	blockage in the lacrimal drainage system increases the risk for infections and constant tearing that flows down the face
Prosthetic shell	eyes that have been damaged beyond repair and or that have been removed generally require a glass eye for appearance.
Bilateral optic disc edema	while there are several possible causes, a brain tumor is always assumed the cause until ruled out. A potentially life/visually threatening condition.
Optic disc shunt vessels	may represent a previous vascular compromise to the retina and or a compressive lesion to the optic nerve.
Branch Retinal Venous Occlusion	may cause blindness depending on location/severity and macular involvement. Needs a systemic vascular workup.
Central Retinal Venous Occlusion	may cause blindness depending on ischemic or non-ischemic severity and or secondary complications. Needs a systemic workup.
Wet Macular Degeneration	may cause blindness, needs appropriate treatment.
Pars Planitis	may cause blindness from the secondary effects of chronic inflammation in the eye.
Blepharospasm	may cause various levels of visual impairment secondary to the degree of eyelid closure, various treatment options exist.
Conjunctival mass lesion	concern over a mass lesion that is not normally present and is growing in size, raises the concern over cancer. Excision/Biopsy needed.
Marginal Keratitis	usually a chronic condition that can lead to corneal scarring, irregularity and neovascularization. Untreated can cause loss of vision.
Conjunctival cyst	usually removed secondary to comfort and or cosmetic reasons. Not typically associated with blindness issues.
Retinal Mass Lesion, vascularized	lesion may be benign, however needs to be photo-documented, A & B scanned and followed for change. Increasing size raises concern for malignancy/enucleation.
Convergence Insufficiency	patient experiences double vision when reading, needs visual therapy to enhance his visual systems ability converge at near. Not a pathological concern.
Systemic workup for a Hollenhorst plaque	this embolus lodged in the retinal artery/arterioles represents an increased risk for stroke/death.
Retinal Hole / Retinal Tear	a hole / tear in the retina may need to be prophylactically treated if it appears likely to lead to a retinal detachment
Episcleritis	usually self limiting and uncomfortable, however recurrent flare ups raises the suspicion of a systemic auto-immune disease
Central Serous Chorio-retinopathy	typically resolves on its own without treatment, however some cases may leave the patient with some central vision loss
Low Vision Workup	patient has lost vision from trauma and or pathology and may benefit from certain low vision devices to help enhance what residual vision they have.
Corneal ulcer	bacteria, viruses and fungus are among the common causes of a potentially vision threatening condition. Topical and sometimes systemic treatment is warranted.
Choroidal nevus vs. malignant melanoma	a choroidal nevus can transform itself over time (increased diameter and thickness), as this growth reaches a certain size, there is an increased risk for it to become malignant.
Corneal Foreign Body	a foreign object imbedded in the cornea needs to be removed and covered with antibiotics for comfort and the prevention of a corneal ulcer which could lead to serious problems.
Vitreous Hemorrhage	sometimes the hemorrhage is large/dense enough not to allow visualization of the back of the eye. Its presence can be related to diabetes, retinal tears/detachments, etc.
endophthalmitis	a serious intraocular infection that could lead to blindness.
old retinal detachment repair	assessment determines whether the repair was successful and maintain or is starting to fail or predispose the retina to another detachment.
asteroid hyalosis, vitrectomy consideration	if the patient is bothered by the condition in the vitreous, BCVA is down and visualization of the fundus is impossible; surgical treatment may be indicated.
ruptured limbal sutures	cause discomfort/pain and allow a potential pathway for microbes to enter the eye. Could possibly lead to a severe intra-ocular infection and loss of sight.
ectopic pupil secondary to peripheral anterior synchia	the pulled/distorted pupil may not allow light to be focused directly on the foveola at the back of the eye. As a result, vision may be poor and the visual field limited.
Chalazion	a nodular mass in the eyelid, secondary to a hordeolum. Typically not sight threatening, but can cause comfort and cosmetic issues.
Orbital Pain	pain behind the eyeball can be associated with various problems including, tumors and inflammations, infections, A-V malformations and auto-immune diseases which can be very serious.
Thygeson's Keratitis	can disrupt vision until the punctate lesions and associated sub-epithelial haze resolves. Artificial tears, soft contact lenses and or topical steroid drops may be necessary.
Blepharochalasis	the skin of the upper eyelid extends downward obscuring vision. If excessive and the patient is symptomatic, surgical correction is necessary. Does not cause blindness.
Iris melanoma	its presence can be sight and or life threatening. Treatment is critical.
Herpes Simplex Keratitis	can lead to visual impairment and or blindness depending on the level of residual scarring / corneal reaction.
Episcleritis	usually self limiting over a 3week period of time. The patient may need medications to reduce the inflammation and gain comfort.
Amblyopia	can occur independent of strabismus, but it is often associated with it. Here we are talking about deprivation amblyopia from the lack of a clear image on the retina early in life.
Bell's Palsy	when the 7th cranial nerve is affected, the patient may not be able to adequately close the eyelids and subsequently lead to dry eye complications.
Basal Cell Carcinoma	a skin cancer commonly found around the lower eyelids. It has a low potential to spread systemically, but locally can lead to the need to surgically remove large sections of the eyelid.

