Screening Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			Total
Screening Location	Phelan	San Diego Stand Down	Huntington Park	Whittier	Chino	Apple Valley	Ontario	Thermal	Tecate Mexico	Oxnard Sai Baba	Jurupa	Glendale	S.L.R.C. Mexico	West Covina	Imperial	Montebello			thru Dec
Pathology, type of	**CALIFORNIA LIONS FRIEND IN SIGHT, PATHOLOGY PROFILE FOR FYE JUNE 2018**																		2017
Cataracts		10	7	7	2	2	3	1	14	3	5	4	37	4	7	2			108
Glaucoma & or suspect	2	10	5	11		1	6	14	6	11	1	8	4	3	5	4			91
Pterygium			2	2					7		4	1	8	1		4			29
Laser Peripheral Iridotomies(narrow angles)				1	1				1	1	1	1	1						7
Strabismus / Amblyopia (visual therapy & or surgery)							1		1			1	2						5
Dry Macular Degeneration, life style advice	1	1			1				2	1	2				2				10
6 month follow up on background diabetic retinopathy			1		2	1			1	1	2		1	1	3	1			14
Na Yag capsulotomy for a secondary cataract		1											1		1	1			4
SX / Medical Tx for proliferative diabetic retinopathy	1		1	2	1			1	2				1						9
Retinal Detachment													1						1
Amaurosis fugax																			0
SX / Medical Treatment for diabetic maculopathy			1	1				1	3	2		2	5	1	1				17
Laser treatment for proliferative retinopathy (sickle cell)																			0
Dilated Fundus Examination for flashes & floaters	2										1								3
Treatment for Neovascular Glaucoma/ Diabetes																			0
Excision of a sebaceous cyst																			0
Work up for recent onset of diplopia / strabismus																1			1
Treatment for a corneal abrasion																			0
Optic Neuritis																			0
Bacterial Conjunctivitis																			0
Allergic Conjunctivitis																			0
Seborrehic or Staph. Blepharitis																			0
Work up for optic disc pallor		1																	1
3 month follow up on diabetic retinopathy					1		2		1		1				1				6
Ptosis surgery									1										1
Dilated Fundus Examination for high myopia																			0
HGP Contact Lens fit for irregular cornea / keratoconus													1			1			2
Ectropion Surgery													1						1
Macular Hole										1									1
Penetrating Keratoplasty secondary to corneal scar													1						1
Visual field loss																			0
Pupillary defect																			0
Intermittent diplopia																			0
Optic Atrophy																1			1
Unilateral Aphakia																			0
Anterior Uveititis																			0
Transient bilateral loss of complete visual field																			0
Lacrimal dilation/probing/irrigation																			0
Prosthetic shell																			0
Bilateral optic disc edema / incipient congestion			1							1									2
Optic disc shunt vessels																			0
Branch Retinal Venous Occlusion																			0
Central Retinal Venous Occlusion																			0
Wet Macular Degeneration										1									1
Pars Planitis																			0
Blepharospasm																			0
Conjunctivial mass lesion								1											1
Marginal Keratitis																			0
Conjunctivial cyst																			0
Retinal Mass Lesion, vascularized																			0
Convergence Insufficiency																			0
Retinal Hole / Retinal Tear																			0
Episcleritis																			0
Central Serous Chorio-retinopathy																			0
Low Vision Workup																			0
Corneal ulcer																			0
Choroidal nevus vs. malignant melanoma																			0
Corneal Foreign Body					1														1
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 synchiae																			0
Chalazion																			0
Orbital Pain																			0
Thygeson's Keratitis																			0
Blepharochalasis																			0
Iris melanoma																			0
Herpes Simplex Keratitis													1						1
Amblyopia																			0
Bell's Palsy																			0
Basal Cell Carcinoma																			0
Hollenhorst plaque, emboli lodged in retinal arteriole										1									1
Calcific Band Keratopathy																			0

Disciform Keratitis																			0
Proptosis, unilateral or bilateral																			0
Conjunctivial Vascular Lesion																			0
Contact Lens Fitting for Anisometropia																			0
Phthisis																			0
Hordeolum																			0
Orientation & Mobility Training:																			0
Macular Dystrophies																			0
Limbal Dermoid																			0
Keratitis, secondary to contact lens overwear																			0
Isolated cotton wool spots																			0
Retinitis Pigmentosa																			0
High Myopia, CL intolerance: Intra-ocular Contact Lens																			0
Elevated Sub Retinal Mass Lesion																			0
Epi-retinal Membrane																			0
Visual Therapy for a General Binocular Dysfunction																			0
plaquenil macular toxicity																			0
hypertensive retinopathy																			0
systemic assessment / treatment for high cholesterol																			0
speciality contact lens fit for congenital aniridia																			0
work up for chronic progressive external ophthalmoplegia																			0
treatment for an inflammed pterygium / pinguecla																			0
dry eye syndrome																			0
trichiasis																			0
United States	6	23	18	24	9	4	12	18		23	17	17		10	20	15			216
Mexico									39				65						104
																			320

TYPE OF PATHOLOGY	COMMENTS ON PATHOLOGY TYPES
Cataracts	pathological blindness if not treated, the leading cause of blindness in the 3rd world because of access to care issues.
Glaucoma & or suspect	pathological blindness possible-treatment just slows it down,most treated patients will pass before blindness is complete.
Pterygium	can cause pathological blindness if not treated.
Laser Peripheral Iridotomies(narrow angles)	can cause acute angle closure glaucoma which is potentially blinding and very painful. Chronic and or intermittent forms can also cause vision loss.
Strabismus / Amblyopia (visual therapy & or surgery)	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 is possible.
Na Yag capsulotomy for a secondary cataract	pathological blindness if not treated. Easily treated with access to care via laser's.
SX / Medical Tx 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 signifies the increased potential for a stroke or death.
SX / Medical 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	typically not an issue, other than cosmetic.
Work up for recent onset of diplopia / strabismus	need to determine etiology, could signify vascular problems, multiple sclerosis, a brain tumor, etc..
Treatment for a corneal abrasion	potential for pathological blindness from an infection that ensues and or residual distortion from irregularity / scarring.
Optic Neuritis	may represent initial sign of multiple sclerosis or represent a vascular problem, viral problem, etc.. 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.
Seborrehic or Staph. Blepharitis	rather common, treatments help reduce complaints, but problem is usually chronic in nature. Patients are more likely to have anterior segment infections.
Work up for optic disc pallor	its presence could represent a tumor compressing the optic nerve or part of its pathway. Also could have avascular / MS issue.
3 month follow up on diabetic retinopathy	monitor to treat if diabetic maculopathy and or proliferative changes occur.. Pathological blindness is possible.
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 to prevent retinal detachments.
HGP Contact Lens fit for irregular cornea / 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 to restore vision.
Visual field loss	can represent a symptom of a stroke or tumor in the visual pathway and or retinal damage.
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 Uveititis	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 eye 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 as 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.
Conjunctivial mass lesion	concern over a mass lesion that is not normally present and is growing in size, raises the concern over cancer. Excision / Biopsy is needed.
Marginal Keratitis	usually a chronic condition that can lead to corneal scarring, irregularity and neovasculaization. Untreated can cause loss of vision.
Conjunctivial 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 maligancy/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.
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 an associated systemic auto-immune disease.
Central Serous Chorio-retinopathy	serous fluid leaks into the sub-retinal space causing distortion, usually resloves on its own without significant residual vision loss. However, treatment may be necessary for some cases.
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 maintained 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 synchiae	the pulled / distorted pupil may not allow light to be focused directly on the foveloa 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.
Amblyopia	can occur independent of strabismus, but it is often associated with it. Here we are talking about deprivation ambloypia 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.
Hollenshort plaque, emboli lodged in retinal arteriole	this embolus usually presents no loss of vision to the eye, but represents a systemic threat to a cerebro-vascular accident waiting to happen. A systemic medical work up is needed.
Calcific Band Keratopathy	deposits of calcium form in the cornea, limiting vision. It can be associated with high serum calicum and phosphate levels for which systemic treatment is needed. Corneal debridement is needed.
Disciform Keratitis	probable hypersensitivity reaction to viral antigen causing a host / viral reaction in the cornea that can lead to corneal scarring and vision loss. Topical and oral medications are indicated.
Proptosis, unilateral or bilateral	can be as a result of various conditions, most commonly Graves disease. Orbital tumors and inflammation are other less common sources. Compression of the optic nerve can lead to vision loss.
Conjunctivial Vascular Lesion	a symptomatic growing lesion needs surgical treatment to rule out maligancy and maintain a normal comfortable blinking process.
Contact Lens Fitting for Anisometropia	large differences in refractive errors between the eyes cannot be adequately addressed with eyeglasses. Left uncorrected, amblyopia can develop in the under corrected eye when fit with eyeglasses.
Phthisis	an eye becomes soft or "wasted", from previous injury, surgery and or disease. Treatment is surgically based and outcomes are usually not good.
Hordeolum	infected eyelid glands, probably bacterial. Can produce a swollen and tender eyelid that can spread to become a preseptal cellulitis, which can be a precursor to an orbital cellulitis and problems.
Orientation & Mobility Training:	skills that are taught and learned by a person who is blind for whatever reason.
Macular Dystrophies	various dystrophies that involve the macular area of the retina, can lead to various levels of visual impairment to blindness. These dystrophies are corrleated to genetic defects & show up early in life.
Limbal Dermoid	a benign tumor involving normal human tissue, but in the wrong place. This tumor sits in an area where the white of your eye meets the color of your eye. Removal improves comfort & comesis.
Keratitis, secondary to contact lens overwear	usually recoverable with no loss of vision; however neovascularization and corneal scarring can ocurr causing visual impariment.
Isolated cotton wool spots	can reflect as a sequale of various systemic conditions of which high blood pressure, diabetes and HIV are most common. Systemic workup and ocular obseravation to resolution is recommended.
Retinitis Pigmentosa	a degenerative disease that affects the retina causing loss of night vision first and then eventually complete loss of vision in the day. Currently, there is no treatment to stop the loss.
High Myopia, CL intolerance: Intra-ocular Contact Lens	a lens is implanted behind the iris and in front of the normal crystalline lens of the eye to help the patient see better.
Elevated Sub Retinal Mass Lesion	fluid, an older hemorrhage or a tumor would be your major concern. Depending on the nature of the lesion, vision or life could be a risk.
Epi-retinal Membrane	a membrane forming on top of the retina in the macular area of the eye can dramatically distort your vision and possibly lead to a macular hole developing. Treament invloves stripping the membrane.
Visual Therapy for a General Binocular Dysfunction	headaches, intermittent diplopia adn eye strain can be linked to a visual system that works, but has limited capacity to maintain normal binocular and accomodative function throughout the day.
plaquenil macular toxicity	patients taking this medication for several years are at a slight risk for toxicity development in the retina that can lead to irreversible damage and loss of central vision.
hypertensive retinopathy	if the patients blood pressure is excessively high, the blood vessels in the retinal can start to rupture affecting the eye, like a stroke to the brain-which is also a concern in this situation.
systemic assessment / treatment for high cholesterol	certain eye findings can raise the possibility that the patients cholestrol levels are elevated. Systemic assessment / treatment is warranted to help prevent vascular accidents like strokes / heart attacks.
speciality contact lens fit for congenital aniridia	failure of the pupil to form normally leads to increased blur and light sensitivity. Special contact lenses can create an artificial iris and functional pupil for better vision.
work up for chronic progressive external ophthalmoplegia	the patient looses all ability to move the eyes and ptosis develops obscurring vision and creating abnomal body posture. Surgical treatment of the ptosis needs to be considered.
treatment for an inflammed pterygium / pinguecla	a short course of topical steroids will usually decrease the inflammation and increase comfort. Artifical tears and Rx sunglasses may defer the need for surgical treatment.
dry eye syndrome	we all loose the ability to produce the same volumne/quality of tears with time. Artificial tears, topical medications & sunglasses can all help diminish discomfort and help preserve the corneal integerity.
trichiasis	eye lashes rubbing against the cornea from misdirected growth or an inward turning of the eyelid can dessicate the cornea and be very painful and make you more likely to develop corneal ulcers.

Screening Number	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	Total thru June 2018
Screening Location																			
Pathology, type of	**CALIFORNIA LIONS FRIEND IN SIGHT, PATHOLOGY PROFILE FOR FYE JUNE 2018**																		
Cataracts																			
Glaucoma & or suspect																			
Pterygium																			
Laser Peripheral Iridotomies(narrow angles)																			
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