

# Visionary Veterinary Consulting®

OPHTHALMOLOGY TELECONSULT REPORT — EYE WISE VET®

VVC-260519-001

Dr. Amy Baker, DVM — May 20, 2026

**PATIENT**

Canine | French Bulldog  
| 5 yrs 11 mo | Spayed  
Female | 24.4 lbs

**CLINIC**

**Southgate  
Animal Hospital**

**CONTACT**

**SERVICE TYPE**

**Comprehensive  
Case Report &  
Follow-Up**

**PRESENTING COMPLAINT**

Persistent left eye (OS) corneal ulcer present since 3-30-26. Patient has a history of distichiae in the mid-superior left eyelid, directly overlying the ulceration site. Surgical wedge excision was performed on 5-17-26. Corneal ulcer debridement was performed on 3-30-26 and again on 5-18-26. Currently managing with topical neo/poly/bac and Remend corneal repair gel. Cyclosporine was started for borderline dry eye but discontinued 5-18-26 due to concern for interference with healing.

**CLINICAL SUMMARY**

The following structures are within normal limits OU: globe/orbit, eyelids (post-wedge resection), nictitating membrane, conjunctiva, anterior chamber, lens. Menace and dazzle responses are intact OU, indicating functional vision and intact subcortical light-processing pathways bilaterally.

The right eye (OD) is unremarkable per primary vet history provided. The left eye (OS) has an axial corneal ulcer classified as indolent (SCCED) per records, with a positive fluorescein stain confirming active epithelial disruption. Schirmer tear test values are borderline low bilaterally (5-10 mm/min), consistent with an underlying qualitative tear film deficiency and dry eye disease. The distichia in the mid-superior OS eyelid have been addressed via wedge resection performed 5-17-26.

**VISION ASSESSMENT**

FINDING	OD (RIGHT EYE)	OS (LEFT EYE)
Menace Response	Present	Present
Dazzle Reflex	Present	Present
PLR Direct	Positive	Positive
PLR Consensual	Positive	Positive

**OPHTHALMIC EXAMINATION FINDINGS**

FINDING	OD (RIGHT EYE)	OS (LEFT EYE)
Globe / Orbit	Normal	Normal
Eyelids	Normal	Normal
Nictitating Membrane	Normal	Normal
Conjunctiva	Normal	Normal
Cornea	Normal	Ulcer: Indolent Fluor (+)

FINDING	OD (RIGHT EYE)	OS (LEFT EYE)
Anterior Chamber	Normal	Normal
Lens	Normal	Normal
Lens Position	N/A	N/A
Iris	—	—
Retina	Normal	Normal

#### ANCILLARY TESTING

FINDING	OD (RIGHT EYE)	OS (LEFT EYE)
Schirmer Tear Test	5-10 mm/min	5-10 mm/min
Fluorescein Stain	Negative	Positive
Systemic BP	159 mmHg oscillometric (assessed during surgery 5-17-26)	
Additional Notes	Medical history attached for superficial corneal ulcer OS present since 3-30-26. History of distichiae mid-superior left eyelid, directly overlying ulceration site — managed via repeated plucking until wedge excision 5-17-26. Cyclosporine started for borderline KCS, discontinued 5-18-26 due to healing concerns. Debridement (CTA) performed 3-30-26 and 5-18-26.	

#### DIAGNOSTIC IMPRESSIONS

- OD: Normal per primary vet history provided
- OS: Axial indolent corneal ulcer (SCCED) — post CTA debridement 5-18-26
- OS: Distichia — resolved post wedge resection 5-17-26
- OU: Borderline Schirmer tear test (5-10 mm/min) consistent with qualitative tear film deficiency / dry eye disease
- Systemic blood pressure mildly elevated (159 mmHg); monitor in context of underlying health status

#### THERAPEUTIC RECOMMENDATIONS

##### MEDICAL

1. Discontinue NeoPolyBac ointment OS. Replace with NeoPolyGram OS QID.
2. Restart Ofloxacin OS QID (anterior stromal involvement suspected centrally; breed predisposition to infectious component).
3. Begin autologous serum OS 4-6× daily (promotes epithelial healing and addresses underlying dry eye disease).
4. Continue Remend OS TID.
5. Hold cyclosporine OS temporarily. Continue as previously directed OD.

##### SURGICAL / PROCEDURAL

If ulcer has not resolved at recheck, diamond burr debridement or grid keratotomy may be indicated.

Consider corneal culture if infectious component not adequately addressed with current antibiotic regimen (note: significant infection less likely given duration and prior antibiotic treatment).

Examine under superior lid OS to confirm subcutaneous suture (from wedge resection) has not penetrated conjunctiva and is not causing irritation.

##### RECHECK

Recheck in 10-14 days (may extend if clinically comfortable). Assess ulcer healing and fluorescein stain. If not healed, proceed to diamond burr debridement or grid keratotomy.

**MONITORING  
FREQUENCY**

E-collar at all times until ulcer is healed. Once OS ulcer has resolved, reassess and address underlying dry eye / qualitative tear film deficiency with long-term cyclosporine OU and ongoing Schirmer tear test monitoring. Monitor systemic BP at next routine visit.

**FOLLOW-UP PLAN**

One follow-up consultation is included with this report. To initiate follow-up, resubmit updated clinical findings and imaging through the Eye Wise Vet platform using the same case number. Follow-up turnaround is under 24 hours from submission.

<b>REVIEWED AND REPORTED BY</b> <b>Dr. Amy Baker, DVM</b> Visionary Veterinary Consulting®	<b>REPORT COMPLETED</b> <b>May 20, 2026</b>	<b>CASE NUMBER</b> <b>VVC-260519-001</b>	<b>FOLLOW-UP INCLUDED</b> <b>Yes</b> Under 24 hours turnaround
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**CONSULTING VETERINARIAN**

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