

INDIANA UNIVERSITY  
September 14, 1998  
SCHOOL OF MEDICINE  
Gregory Smith, M.D.  
8937 Southpointe Dr. #2C  
Indianapolis, IN 46227

**Re: Nathan**

Dear Dr. Smith,

Nathan was seen in consultation September 11, 1998. He is a four year old with history of developmental delay and problems with poor dark adaptation. The parents have concerns regarding his depth perception and peripheral vision. He has previously been seen by Dr. Hidaji. He was felt to have a retinal degeneration. There is no family history of ocular diseases.

**Examination:** Uncorrected visual acuity by Allen figure testing was 20/40 in either eye. Color vision was grossly normal. He was unable to consistently perform stereo acuity testing. Ocular alignment and motility appeared normal. Slit lamp examination was normal. Cycloplegic refraction revealed no significant refractive error. Dilated retinal examination was normal.

**Diagnosis:** 1) Developmental delay

2) Possible sub-normal vision worse in dim lighting conditions

**Plan:** Nathan may have an underlying systemic problem causing both developmental delay and sub-normal vision. I have discussed with the family that it would be beneficial to more clearly delineate his retinal status. I have suggested that we perform an electroretinogram under anesthesia. This is not quite as ideal as testing done in the awake patient. However, our experience has been that this is useful in characterizing the presence or absence of retinal dystrophies. This may be of assistance in the search for a possible systemic disorder. Conditions to consider include the mucopolysaccharidoses and the multiple varieties of retinitis pigmentosa associated with systemic diseases. Other possibilities include congenital stationary night blindness and cone-rod dystrophies. A normal ERG would serve to alleviate some of the family's uncertainty.

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Re: Nathan

Nathan will be seen by Developmental Pediatrics within the next two months. We have asked that they return to our office for continued follow up in four months.

Thank you for allowing us to participate in the care of this child. Please feel free to contact our office if you have any further questions.

Sincerely,

Daniel E. Neely, M.D. Assistant Professor of Ophthalmology  
DEN/sd

cc: Developmental Pediatrics Riley - 1601

The following are notes taken during Nathan's eye exam:

7022009  
Clarian Health  
Methodist- IU-Riley

OCULAR MOTILITY EXAMINATION

AGE ONSET: None NO = developmental delay hypopycne Here for end of peripher VA and limited blindness / poor dark adaptation parents also concerned

AGE NOW: 43/12 MILTO, NATHAN 1434643 E

GLASSES: None limited central conc depth perc

(2) VISION: LETTER CHT. NEAR: 20/40 20/40 20/40 20/40

(3) EXTERNAL: (4) IOP: Normal (5) MOTILITY: Full

(6) SENSORY: Range: Normal Hebrews Crayon Normal

(7) PATTERN: (8) PRISM COVER TEST: None or R SLE 15-19 keel te dig sm

(9) PUPILS: Normal PRAD 135

(10) RNS: Normal OP sph 1.00 OS sph 1.00

(11) MEDIA: Normal

Dx: Developmental Delay? decreased vision in dark

Rx: None

Goal: Consider EEG Parents to consider

Result: consider SEP 11 1998

Plan Next Visit: None Date: SEP 11 1998 Signature: [Signature]

MEDICAL RECORDS COPY

OCULAR MOTILITY EXAMINATION B-70

B-CLIN. NOTES E-LAB G-X-RAY K-DIAGNOSTIC M-SURGERY O-THERAPY T-ORDERS W-NURSING Y-MISC.