**Eyeco**

**Ophthalmology**

**Dr. Alexander Rubovitz**

Ophthalmologist

Retinal and Cataract Surgeon

Tel: 03-7644525, Fax: 03-7645418

Date: **March 11, 2021**

Patient’s name: **Yehonatan Einhorn** ID no. **340465533**

Anamnesis:

6-yr.-old male, systemic background – usually in good health. Was referred by Dr. Kristal, he is in follow-up with her due to astigmatism, pigmentary changes in the peripheral fundi BE, and suspicion of genetic/hereditary retinal disease.

BCVA vision by Dr. Kristal was 6/9 in BE, without significant or very significant myopia. The mother and grandmother have very significant myopia, denies RP or familial retinal disease. According to her [the mother], sees well with glasses, functions well, and didn’t notice particular difficulties at dusk or in the dark. Color UWF photographs were brought, and RF and FAF photographs, as well as macular OCT BE and RNFL.

In the color photographs, there is fine peripheral RPE mottling, BE, and in the FAF, a similar finding that is not to a significant extent. No appearance of bullseye or macular findings, most of the fine changes are in the peripheries. RNFL- normal BE. Macular OCT picture similar BE (slightly more severe on the right) of mild foveal thinning for his age and more significant atrophic thinning in the periphery of the macula BE, (the CMT is around 270 BE), central retinal layers with sparing, and appear to be alright, but the outer retinal layers (especially the PRRPE) are blurred, irregular, with minute deficits in all foveal peripheries.

On examination:

BE, anterior segments quiet and normal, cornea transparent, anterior chamber clear and deep, pupil BE, round and responsive, irises normal, (after dilation:) lenses clear, vitreous humor clean BE, peripheral BE attached 360 degrees, with appearance of coarse RPE mottling, maybe resembling salt & pepper, no clear bone spicules, no membranes or sediment, disc BE normal, normal in color and concavity, no pallor, blood vessels normal and without attenuation or stenosis BE, in total, macula without pathological clinical findings BE.

Recommendations:

Impression of extensive RPE changes, BE, with atrophic thinning of the macula as well (relatively in the peripheries, predominantly with relative foveal sparing at present). In the initial stage, completion of ERG recommended, and then consider continuation of investigation.

Sincerely,

Dr. Alexander Rubovitz

Eye disease specialist

L.N. 2591 S.L.N. 20092