

Eosinophilic Keratitis (EK) Submission Form



Attending Vet:.....

Practice.....

Address.....

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Postcode.....

Telephone.....

Email.....

Owner's name.....

Address & phone number.....

Horse details

Name.....

Age.....

Gender.....

Breed/type.....

Horse location (county and postcode of premises).....

Disease information

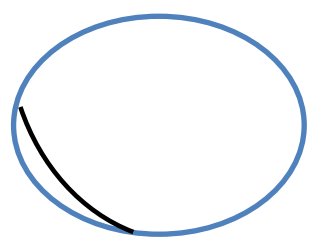
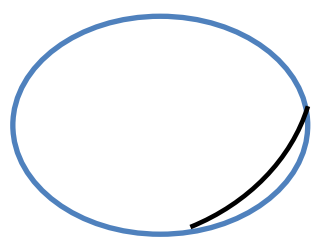
When the horse was first examined for EK?

Eye affected: Right Left Both

Lesion location:

Right

Left



Temporal C.

Nasal C.

Nasal C.

Temporal C.

Clinical signs (Please, score each clinical sign: absent (0), slight (1), moderate (2), severe (3))

| | | | |
|-------------------------|--------------------------|--------------------------------------|--------------------------|
| Blepharospasm | <input type="checkbox"/> | Yellow-white caseous discharge | <input type="checkbox"/> |
| Chemosis | <input type="checkbox"/> | Yellow-white corneal deposits | <input type="checkbox"/> |
| Conjunctival hyperaemia | <input type="checkbox"/> | Corneal Ulcer (fluorescein positive) | <input type="checkbox"/> |
| Epiphora | <input type="checkbox"/> | Miosis | <input type="checkbox"/> |
| Corneal oedema | <input type="checkbox"/> | <i>Thelazia lacrymalis</i> | <input type="checkbox"/> |
| Pigment | <input type="checkbox"/> | <i>Habronema spp.</i> | <input type="checkbox"/> |

Were any concurrent ocular abnormalities detected at the time of EK diagnosis?

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Clinical history

Is this the first time you attended this horse for this particular condition?

Yes No

Have you treated this eye before submitting the samples to the AHT?

Yes No

If yes, please state what treatment and for how long

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Sampling (check list)

- Bloods:
 - Serum (red)
 - EDTA (purple)
- Cytology (Slides submitted as per Information Sheet)
- Faecal sample (1 pot)
- Send pictures (sonia.gonzalez-medina@aht.org.uk)