

Non-healing deep corneal ulcer in a Pug



Assume that today's date is 22 October 2026. Bruno has just been re-examined at your practice this morning. You are the veterinarian at a general veterinary practice who has been treating Bruno. Using the information in the case notes, write a letter of referral to Dr Ramesh Talukder, a veterinary ophthalmologist, requesting urgent assessment and possible surgical management of Bruno's right eye. Address the letter to Dr Ramesh Talukder, Veterinary Ophthalmologist, Veterinary Eye Referral Service, 48 Bridge Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|---|--------------------------|--------------------------|--------------------------|
| 1. Patient: Bruno, Pug, male neutered, 4 yrs | ☐ | ☐ | ☐ |
| 2. Weight: 8.6 kg | ☐ | ☐ | ☐ |
| 3. Owner: Ms Achieng Sokolova; works from home, able to transport Bruno today | ☐ | ☐ | ☐ |
| 4. Pet insurance; owner agrees to referral and surgical costs | ☐ | ☐ | ☐ |

Social background

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|---|--------------------------|--------------------------|--------------------------|
| 5. Lives indoors with owner + 1 adult cat; owner saw cat swipe at Bruno's face 11/10 → suspected cause of ulcer | ☐ | ☐ | ☐ |
| 6. Enjoys daily walks to local dog park; plays with neighbour's dog | ☐ | ☐ | ☐ |
| 7. Owner complained at reception that vet nurse was 'rude and rushed' at last visit | ☐ | ☐ | ☐ |
| 8. Owner reports neighbour said Pugs 'should be banned from breeding' | ☐ | ☐ | ☐ |

Medical history

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|--|--------------------------|--------------------------|--------------------------|
| 9. Brachycephalic obstructive airway syndrome: stertor, snores, exercise intolerance in hot weather; no airway surgery to date | ☐ | ☐ | ☐ |
| 10. Prominent globes, incomplete blink (lagophthalmos) OU; nasal fold close to R cornea | ☐ | ☐ | ☐ |
| 11. Vaccinations up to date; parasite control current | ☐ | ☐ | ☐ |
| 12. Skin fold dermatitis 2024 — resolved with topical tx | ☐ | ☐ | ☐ |
| 13. Allergies: nil known | ☐ | ☐ | ☐ |

Presentation 12/10/26

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|---|--------------------------|--------------------------|--------------------------|
| 14. Blepharospasm + epiphora R eye (OD) × 1 day | ☐ | ☐ | ☐ |
| 15. Fluorescein +ve: superficial central ulcer OD approx. 3 mm; no stromal loss; no foreign body; lashes normal | ☐ | ☐ | ☐ |
| 16. Schirmer tear test OU: within normal limits | ☐ | ☐ | ☐ |
| 17. Rx: chloramphenicol eye drops OD QID; meloxicam PO SID; Elizabethan collar | ☐ | ☐ | ☐ |

Progress

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|---|--------------------------|--------------------------|--------------------------|
| 18. 15/10: ulcer size unchanged; comfortable; same tx continued | ☐ | ☐ | ☐ |
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Progress

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| 19. Owner admits collar removed at night 'so he can sleep' — seen rubbing eye on carpet | ☐ | ☐ | ☐ |
| 20. 20/10: ulcer ↑ approx. 5 mm; stromal loss approx. 1/3 depth; cytology: rod-shaped bacteria + neutrophils; culture & sensitivity sent; changed to ofloxacin eye drops q2h around the clock (day and night) + atropine eye drops SID; collar 24 hrs/day | ☐ | ☐ | ☐ |
| 21. 22/10 (today): soft, grey, gelatinous ('melting') stroma, approx. 6 mm, approx. 1/2 stromal depth; marked corneal oedema; miosis; ↑ pain; Seidel test -ve; no descemetocoele seen | ☐ | ☐ | ☐ |
| 22. Culture result (rec'd 22/10): Pseudomonas aeruginosa, sensitive to ofloxacin | ☐ | ☐ | ☐ |
| 23. Left eye (OS): normal on examination | ☐ | ☐ | ☐ |
| 24. Eating normally; bright; temp normal | ☐ | ☐ | ☐ |
| 25. Owner asked if Bruno can still attend groomer's appointment next week | ☐ | ☐ | ☐ |

Current treatment

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|---|--------------------------|--------------------------|--------------------------|
| 26. Autologous serum eye drops OD q2h started 22/10; ofloxacin q2h day and night (intensive regimen agreed with Dr Talukder by phone) to continue until handover - owner giving; practice to administer in hospital if owner unable; atropine SID, meloxicam SID, collar 24 hrs/day | ☐ | ☐ | ☐ |
| 27. Last meloxicam 08:00 today; no food since last night (fasted for possible GA) | ☐ | ☐ | ☐ |

Plan

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 28. Urgent referral to veterinary ophthalmologist: assessment ± surgery (e.g. conjunctival graft) | ☐ | ☐ | ☐ |
| 29. Phoned Dr Talukder's clinic 22/10: appt today 15:00; owner to bring Bruno + all eye meds | ☐ | ☐ | ☐ |
| 30. Cytology + culture reports enclosed | ☐ | ☐ | ☐ |
| 31. Owner advised: keep collar on at all times; keep cat separated | ☐ | ☐ | ☐ |
| 32. Owner understands eye may need surgery; keen to save eye | ☐ | ☐ | ☐ |