

THE PANOPTIC™ OPHTHALMOSCOPE

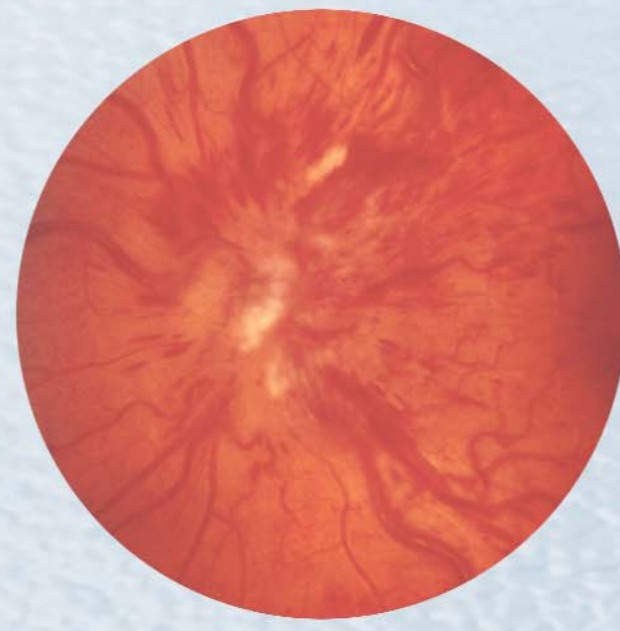
INNOVATIVE OPTICS FOR PANORAMIC VIEWS OF THE FUNDUS



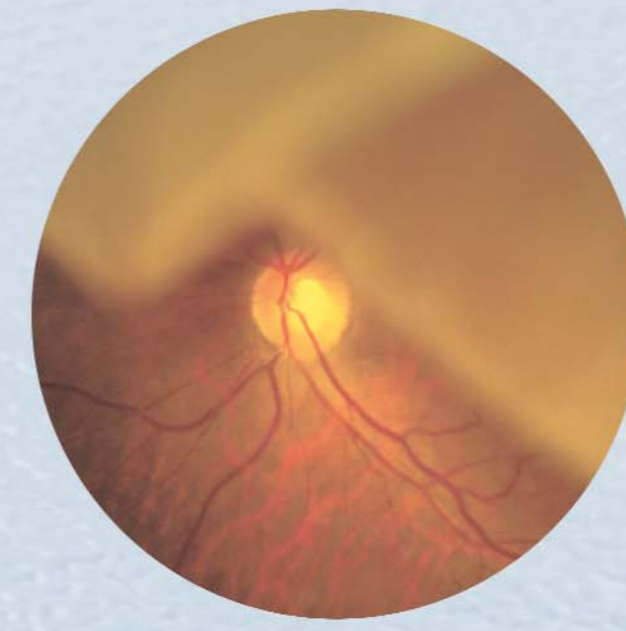
Healthy Optic Nerve:
A small optic cup with pink rim tissue. The cup adheres to the ISNT (Glaucoma) rule, with rim tissue thickest at inferior, superior and nasal portions, and thinnest at temporal.



Nonproliferative Diabetic Retinopathy:
Dot and blot haemorrhages, as well as exudates and cotton wool spots are visible in the posterior pole.



Central Retinal Vein Occlusion:
Engorged veins along with haemorrhages, oedema, and cotton wool spots are associated with a vein occlusion.



Retinal Detachment:
A large superior retinal detachment. The superior retina is an opaque, greyish appearance.



Chorioidal Melanoma:
A large, greyish elevated pigmented area is visible temporal to the optic nerve.



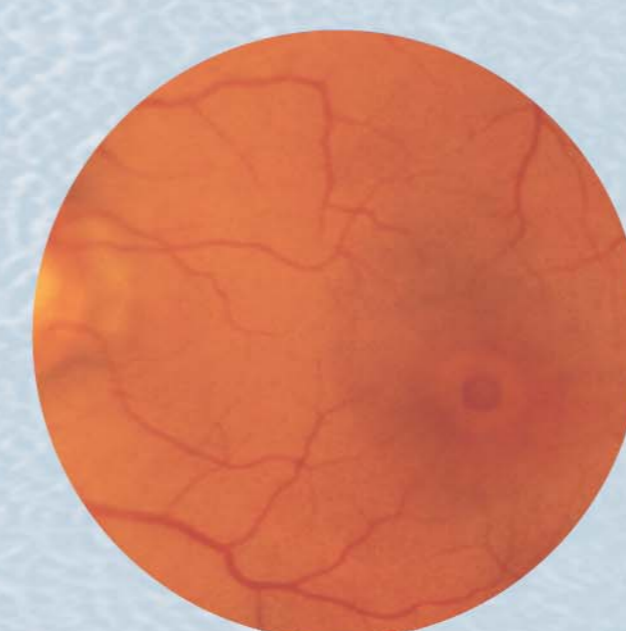
Hollenhorst Plaques:
Multiple, small white plaques are visible in the retinal vasculature of a patient suffering transient ischaemic attacks.



Hypertensive Retinopathy:
The arteries and veins are tortuous, with narrow arteries and A/V nicking present.



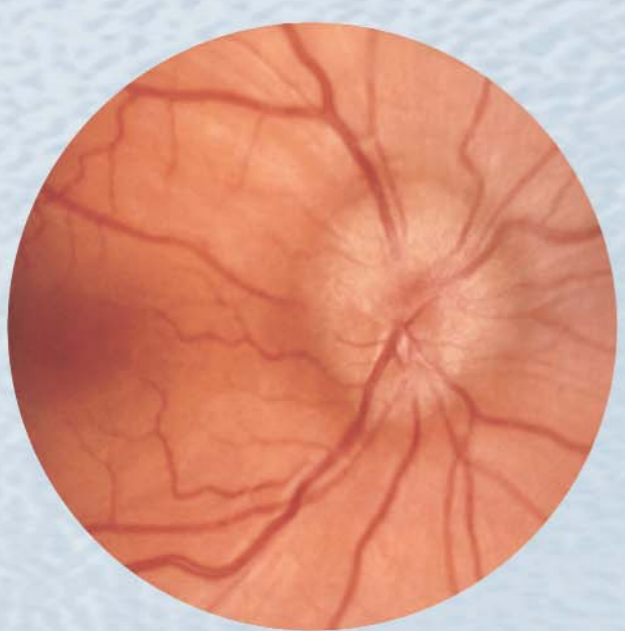
Age-Related Macula Degeneration:
Depigmented areas are visible in the posterior pole.



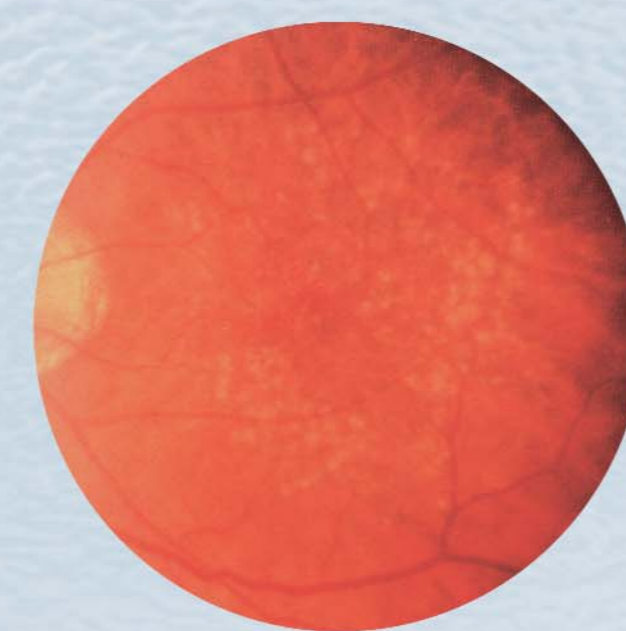
Macula Hole:
A dark red hole is present in the centre of the macula.



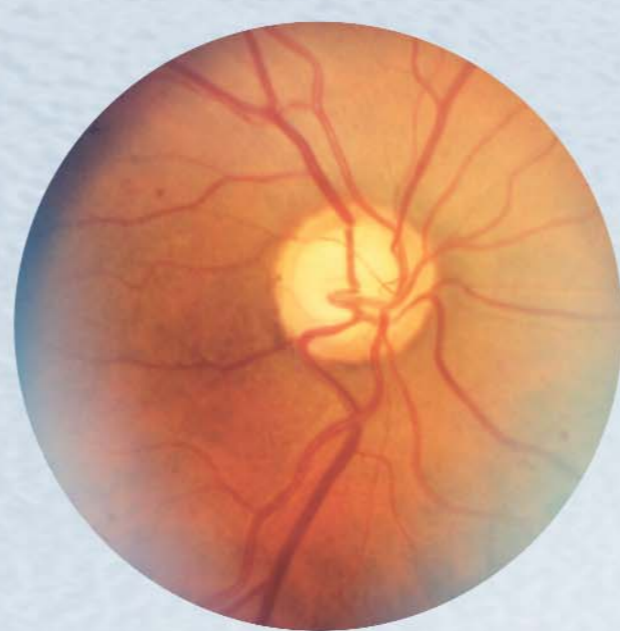
Chorioretinal Scar (Toxoplasma):
A chorioretinal scar in the posterior pole of a patient with a history of toxoplasmosis.



Papilloedema:
The optic disc margins are hazy and obscured in this patient with papilloedema.



Macular Drusen (Colloid Bodies):
Extensive white drusen of the retina are clearly visible.



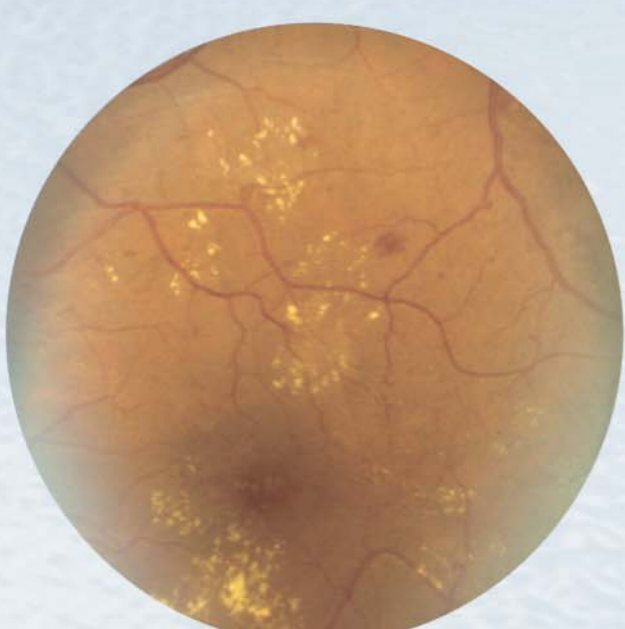
Glaucomatous Cupping of Disc:
The cup in the centre of the optic disc is large with the rim tissue, found on the disc's perimeter, thin for 360 degrees. The vessel at 11 o'clock can be seen to drop into the disc as it passes the rim tissue.



Open Angle Glaucoma:
The optic cup is large and the neuroretinal rim thin, especially in the inferior portion of the optic nerve. The cup is a vertical shape.



Advanced Open Angle Glaucoma:
The optic nerve is almost completely cupped, with little neuroretinal rim tissue remaining. This disc has a pale, white atrophic appearance.

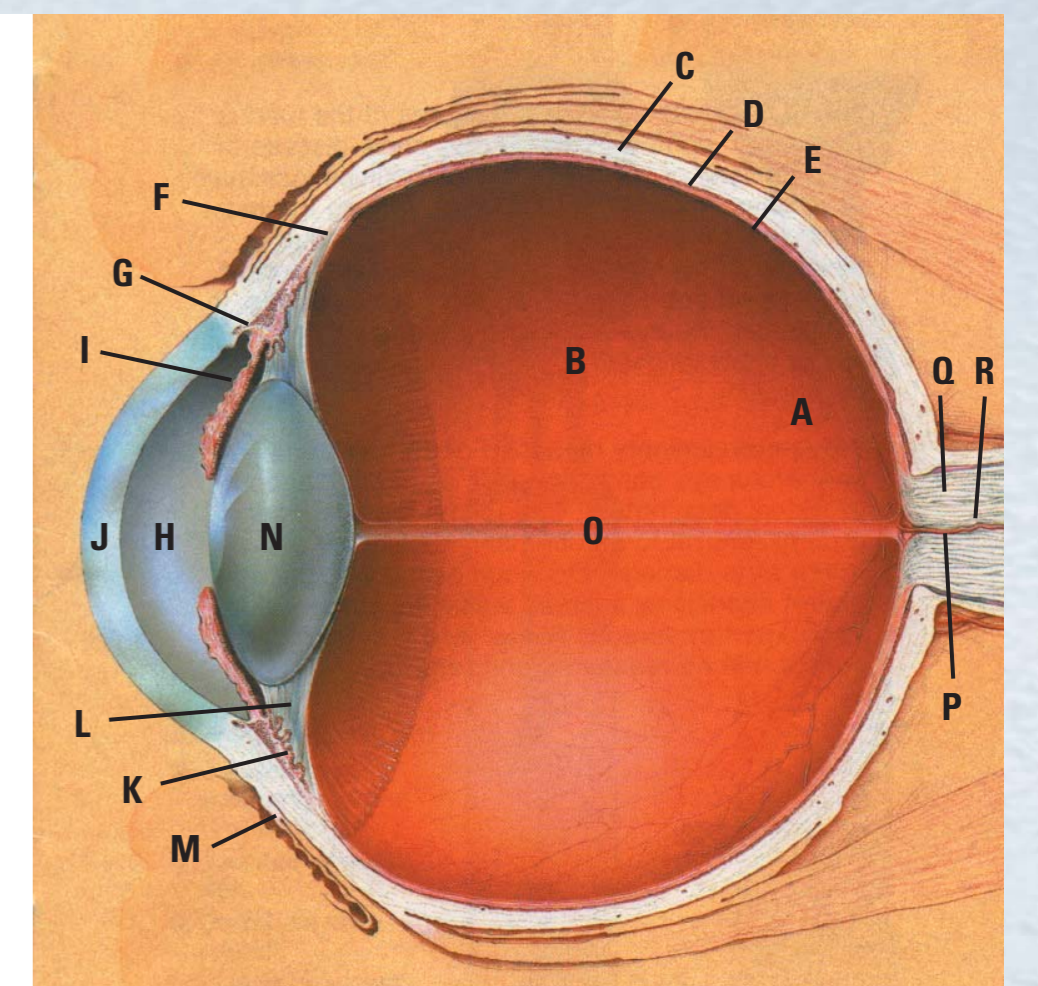


Background Diabetic Retinopathy:
In addition to haemorrhages, areas of exudates can be noted throughout the posterior pole.



Proliferative Diabetic Retinopathy:
New blood vessels can be seen around the optic disc.

- A Macula
- B Vitreous Humor
- C Sclera
- D Choroid
- E Retina
- F Ora Serrata
- G Canal of Schlemm
- H Anterior Chamber
- I Iris
- J Cornea
- K Ciliary Body
- L Zonule (Suspensory Ligament)
- M Conjunctiva
- N Lens
- O Hyaloid Canal
- P Central Retinal Vein
- Q Optic Nerve
- R Central Retinal Artery



See 5X more in 5 easy steps:



Step 1.
Remove spectacles (optional). Place the PanOptic against the brow and, using the thumb on the focusing wheel, focus on an object 3m away so that it is clear and sharp.



Step 2.
Using the aperture/filter dial, set to small spot (green line). Ensure that the rheostat is turned on fully. This will assist when obtaining the red reflex in step 3.



Step 3.
Sit opposite patient and hold PanOptic 15 to 24 centimetres away, at a 15-20 degree angle on the temporal side. Look through the eyepiece until the red retinal reflex is seen.



Step 4.
Move towards patient, following the red reflex into the pupil. To achieve the view the eyecup must contact the patient's brow.



Step 5.
To maximise view compress eyecup. Maintaining contact with the patient, move the instrument to observe different areas of the fundus.

WelchAllyn®

Advancing Frontline Care™

www.welchallyn.com