



# Eye Assessment Quick Reference

A practical guide for general practice teams managing red, squinting, tearing, cloudy, or painful eyes.

**Recognize signs. Evaluate consistently. Protect the eye. Know when to refer.**

## Included inside

- Signs that warrant ocular workup
- First-line evaluation checklist
- Fluorescein stain and Schirmer Tear Test considerations
- Stain-positive pathway and treatment considerations
- Referral awareness and serum support timing pearl

For veterinary professional use only



# 1. Start with the signs

Consider an ocular workup when a patient presents with:

- Squinting or blepharospasm
- Redness or conjunctival inflammation
- Tearing or ocular discharge
- Corneal cloudiness or haze
- Pawing, rubbing, or face rubbing
- Visible corneal defect or surface irregularity
- History of trauma, irritation, or foreign material exposure
- Known or suspected dry eye

**Clinical reminder:** A red eye is not a diagnosis. Pain, cloudiness, discharge, or squinting should raise concern for corneal involvement.

# 2. First-line evaluation

## Minimum useful workup

### Ocular exam

A thorough ocular exam should begin with distance observation of both eyes, then progress to closer assessment of comfort, discharge, corneal clarity, pupil size, eyelids, lashes, third eyelid, and visible foreign material.

### Thorough exam checklist

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| <p><b>Distance observation</b><br/>Symmetry, globe position, eyelid position, discharge, squinting, and facial asymmetry.</p> | <p><b>Adnexa/anterior segment</b><br/>Eyelids, conjunctiva, third eyelid, corneal surface, corneal clarity, edema, vascularization, pigmentation, ulcer appearance, or foreign material.</p>  |
| <p><b>Neuro/vision checks when appropriate</b><br/>Pupillary light reflexes and basic vision/reflex testing.</p>              | <p><b>Diagnostic tests as indicated</b><br/>Fluorescein stain, Schirmer Tear Test before topical drops when dry eye is suspected, tonometry when glaucoma/uveitis/unexplained ocular pain is a concern, and fundic exam when the anterior segment allows.</p> |

### Fluorescein stain

Use fluorescein staining to identify corneal epithelial defects. ACVO notes that corneal ulcers are diagnosed by fluorescein stain testing, with stain adhering to areas where the epithelial layer is missing.

### Schirmer Tear Test, when indicated

Consider STT when dry eye is suspected, especially with mucoid discharge, chronic redness, bilateral signs, recurrent ulceration, or poor ocular surface quality. ACVO describes STT as a diagnostic test for KCS and notes that values below 15 mm/min are suggestive or diagnostic in dogs.

### Document the lesion

Record location, size, depth, corneal haze, vascularization, discharge, and patient comfort.

### 3. If the stain is positive

A positive fluorescein stain suggests a corneal epithelial defect / ulcer.

#### Initial considerations

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|-----------------------------------|---|
| <b>Protect the eye</b>            | Use an Elizabethan collar to reduce rubbing and self-trauma. ACVO notes that a protective Elizabethan collar may be used during corneal ulcer healing.                                  |
| <b>Address infection risk</b>     | Topical antibacterial therapy is commonly part of corneal ulcer treatment. ACVO states that treatment of corneal ulcers typically involves topical antibacterial therapy.               |
| <b>Address pain</b>               | Pain management may be appropriate depending on clinician judgment and case severity.   |
| <b>Support the ocular surface</b> | Consider adjunctive ocular surface support when appropriate, especially in cases involving epithelial defects, tear film compromise, dry eye, or increased concern for delayed healing. |

### 4. Timing pearl: antibiotics + serum support

When topical blood products are used alongside ophthalmic antibiotics, sequence may matter.

A 2024 *Frontiers in Veterinary Science* study by Kubai et al. recommends applying topical blood products at least 15 minutes after the last antibiotic eyedrop to help minimize antibiotic-albumin binding in the tear film.

|                        |                                 |   |
|------------------------|---------------------------------|---|
| <b>Antibiotic drop</b> | <b>Wait at least 15 minutes</b> | <b>Serum support / blood product drop</b> |
|------------------------|---------------------------------|---|

**Simple clinic language:** When using both an antibiotic and serum support, antibiotic first. Serum last.

## 5. Recheck and referral awareness

Corneal ulcers can worsen quickly, and some require advanced treatment or surgical support.

Consider urgent referral or ophthalmology consultation for:

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Deep stromal ulcer</li> <li>• Suspected melting ulcer / collagenolysis</li> <li>• Descemetocele or suspected perforation</li> <li>• Rapid progression</li> <li>• Marked corneal haze or cellular infiltrate</li> <li>• Severe pain</li> </ul> | <ul style="list-style-type: none"> <li>• Vision concern</li> <li>• Non-healing ulcer</li> <li>• Recurrent ulcer</li> <li>• Brachycephalic patient with concerning progression</li> <li>• Suspicion of foreign body, eyelid abnormality, distichia, entropion, or tear film disorder</li> </ul> |
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ACVO notes that ulcers can worsen rapidly, and that non-healing ulcers or ulcers deep into the corneal stroma may require referral to a veterinary ophthalmologist.

## 6. Quick workflow

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| <b>Painful / red / squinting eye</b>   |   |
| <b>Ocular exam + fluorescein stain</b> |   |
| <b>Stain positive?</b>                 |   |
| <b>If no</b>                           | Continue diagnostic workup. Consider tear film disease, uveitis, glaucoma, conjunctivitis, foreign body, eyelid disease, or referral depending on findings.   |
| <b>If yes</b>                          | Corneal ulcer pathway: <ol style="list-style-type: none"> <li>1. Protect with e-collar</li> <li>2. Start appropriate topical antibacterial therapy</li> <li>3. Address pain as indicated</li> <li>4. Consider an STT if dry eye suspected</li> <li>5. Consider ocular surface / serum support where appropriate</li> <li>6. Recheck closely</li> <li>7. Refer if deep, melting, worsening, recurrent, or non-healing</li> </ol> |

**Where SeroLube fits**  
 SeroLube provides ready-to-use frozen eye serum support for clinics that want to add serum support without patient blood draw, centrifugation, aliquoting, or in-clinic processing.

For veterinary professional use only. This quick reference is intended as an educational aid and should not replace clinical judgment, patient-specific treatment planning, or referral to a veterinary ophthalmologist when indicated. Final protocol should be reviewed and approved by a licensed veterinarian.