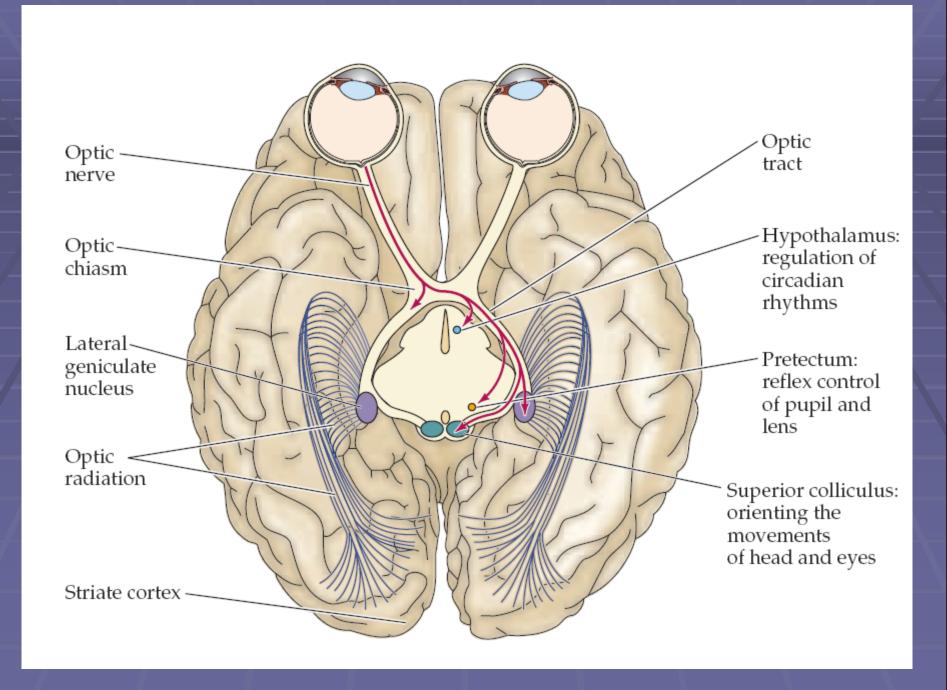
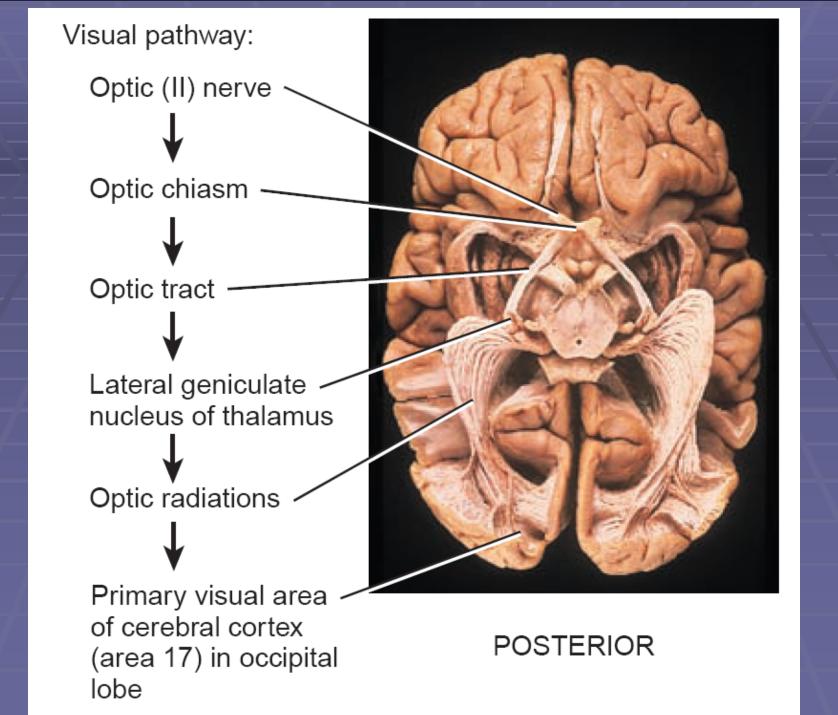
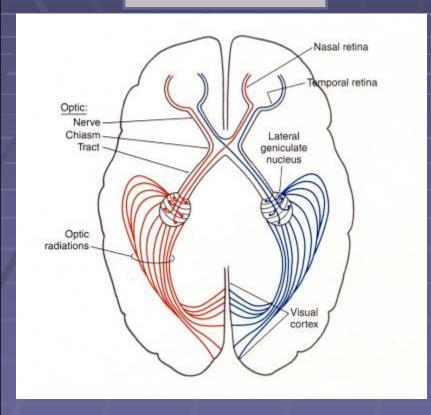
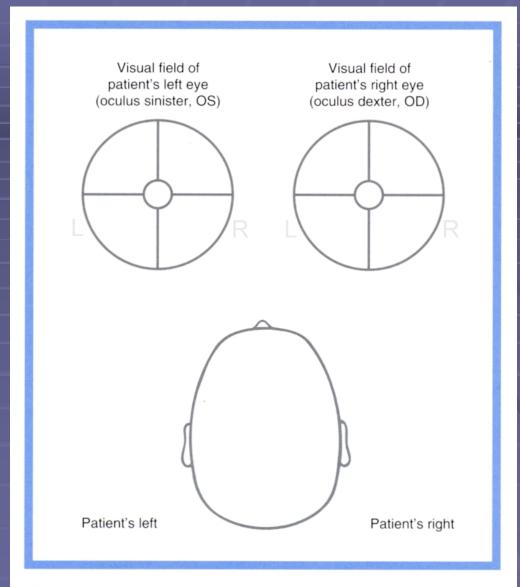
### VISUAL PATHWAY



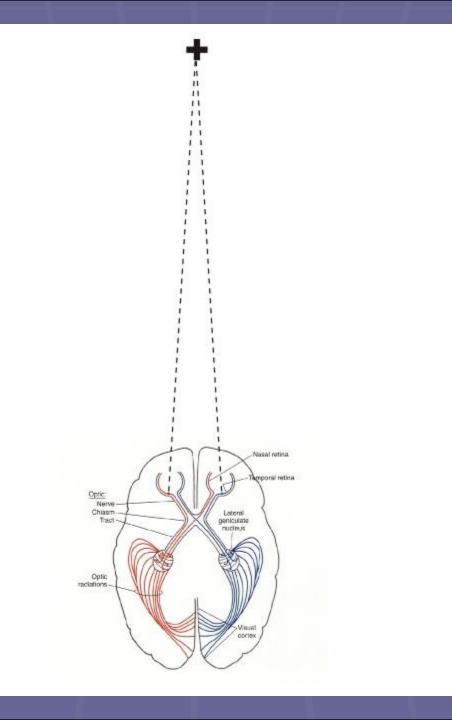


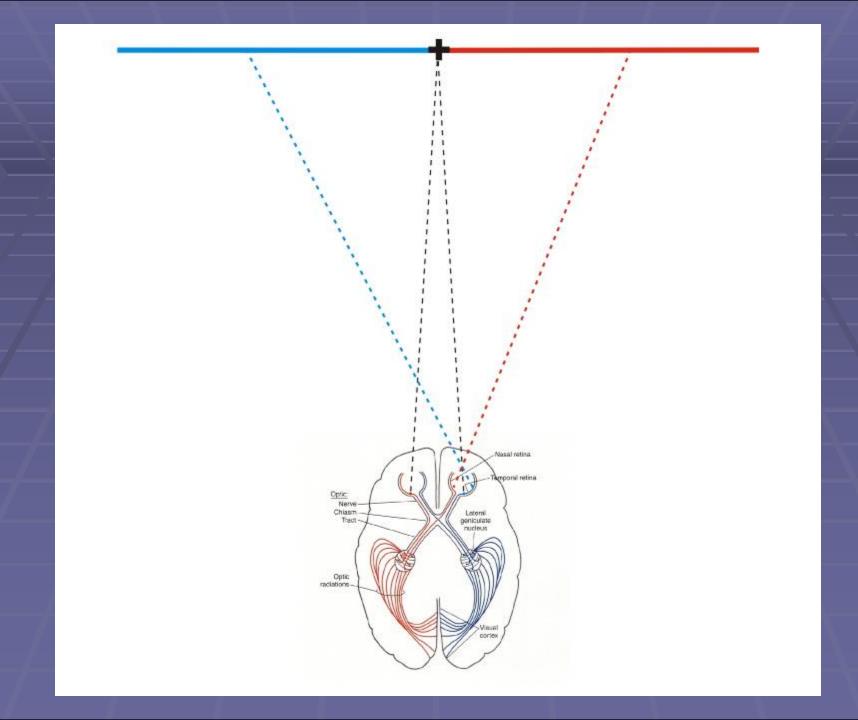
### Looking down from above

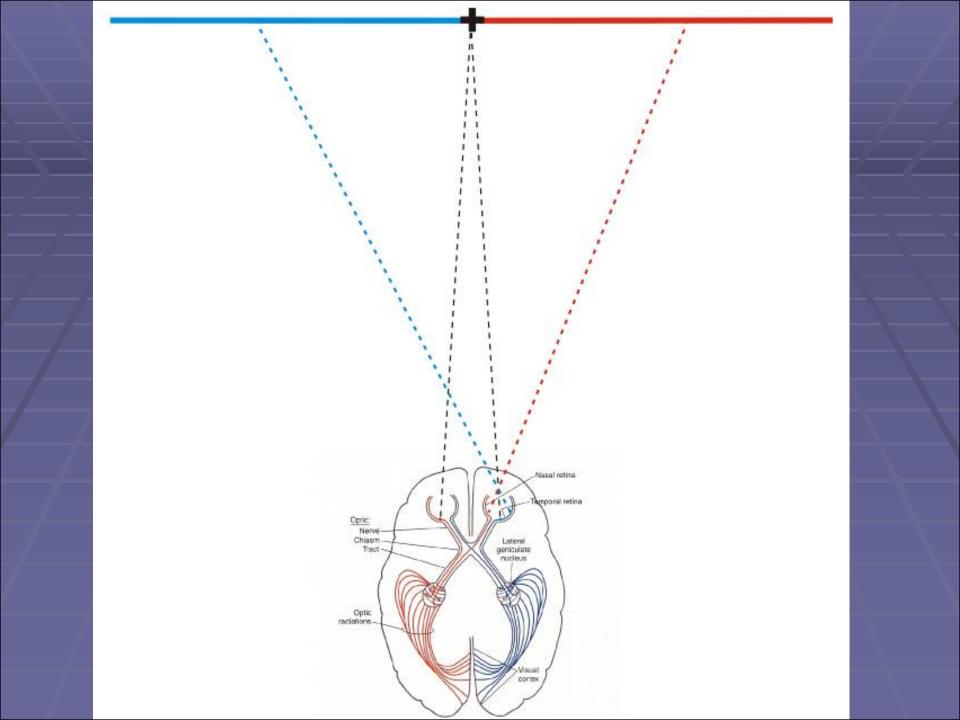


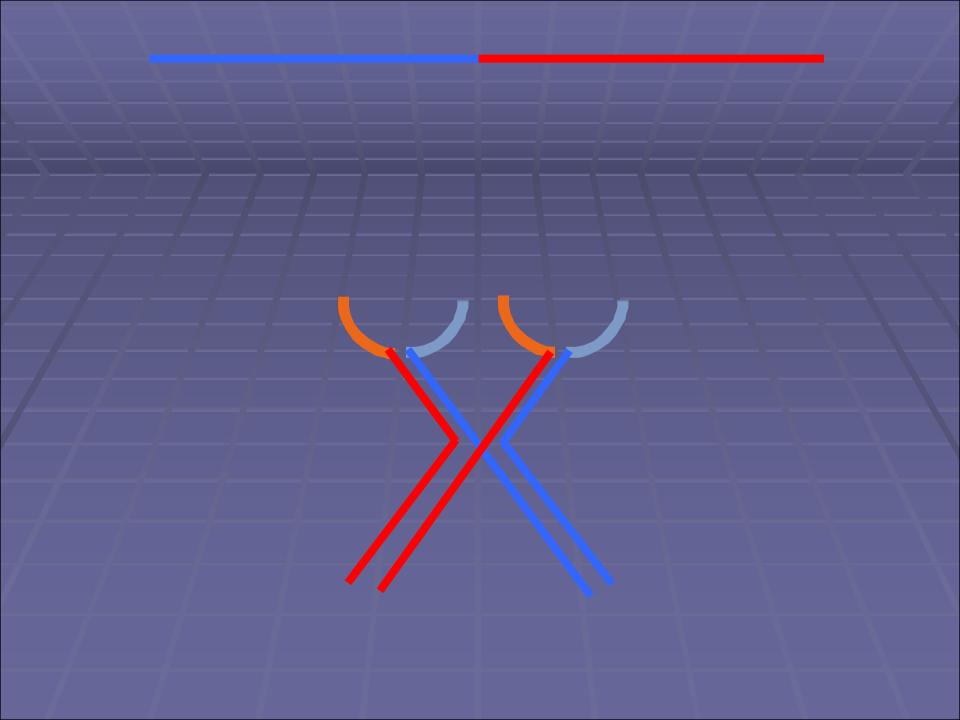


**Figure 20-13.** Relationship of visual field diagrams to patient being examined. The observer draws the diagrams as if they were on the wall the patient is looking at.

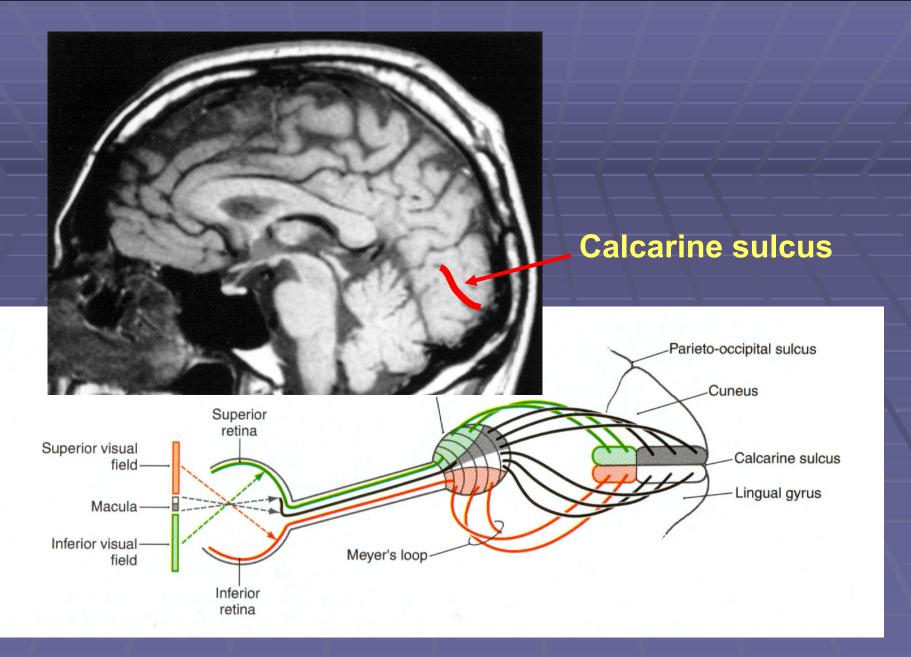


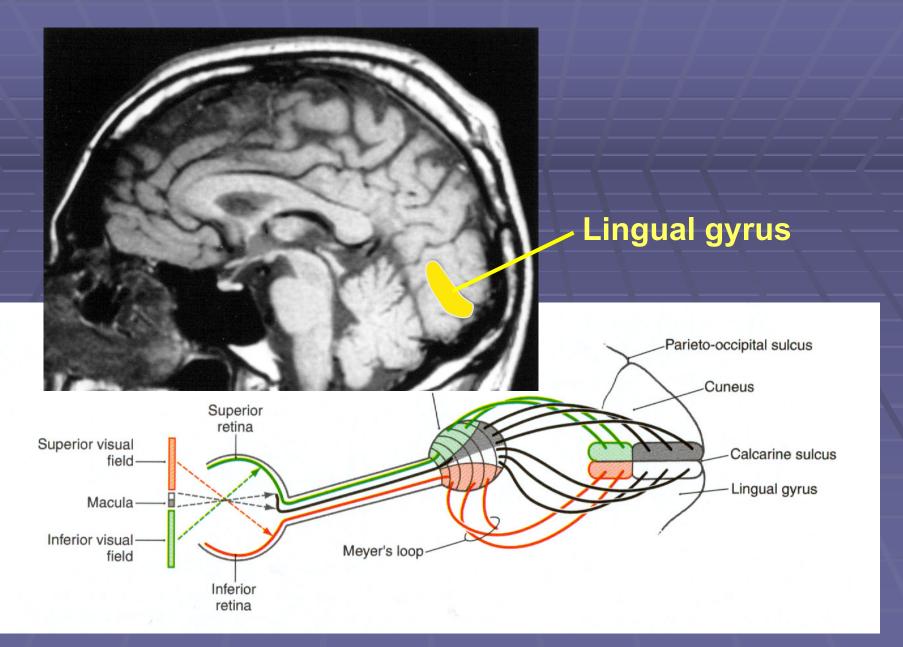


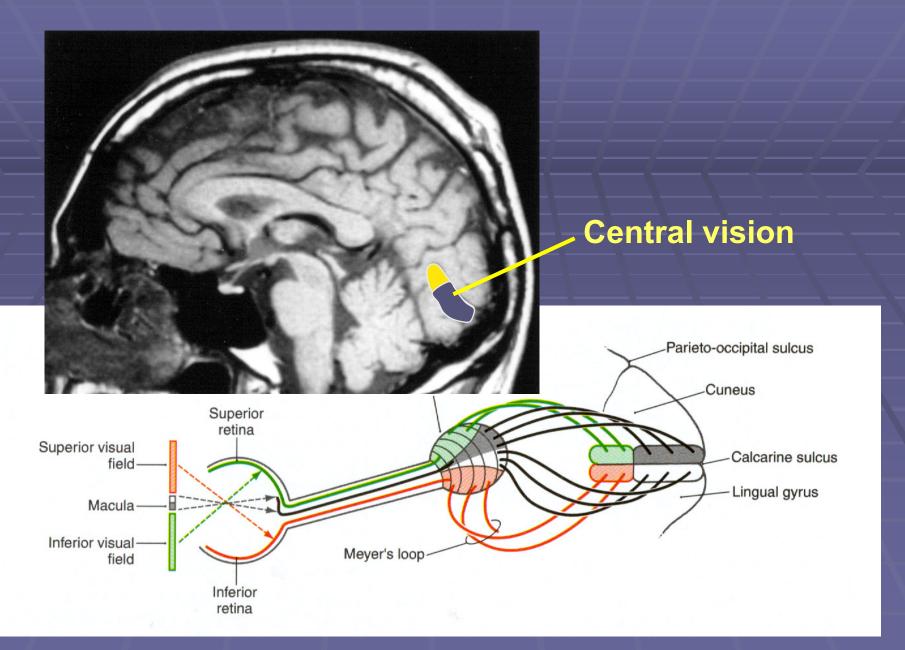


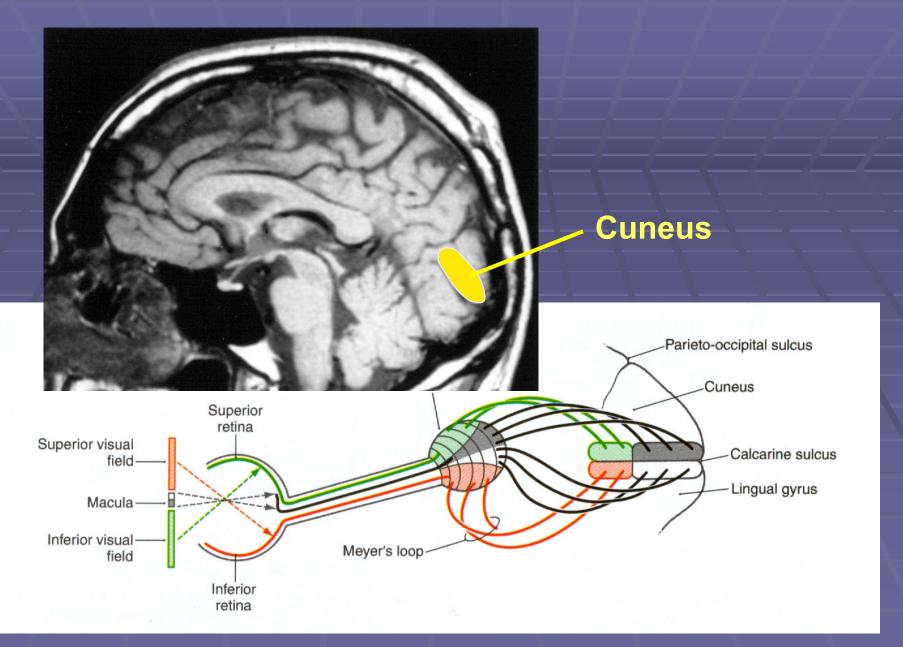


## Primary Visual Cortex



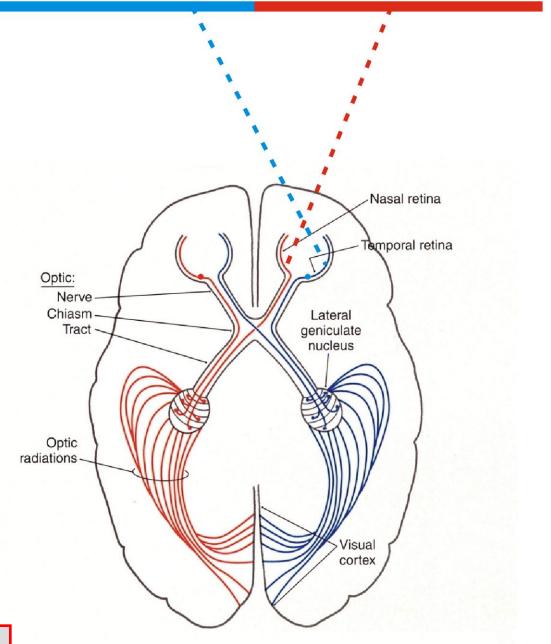


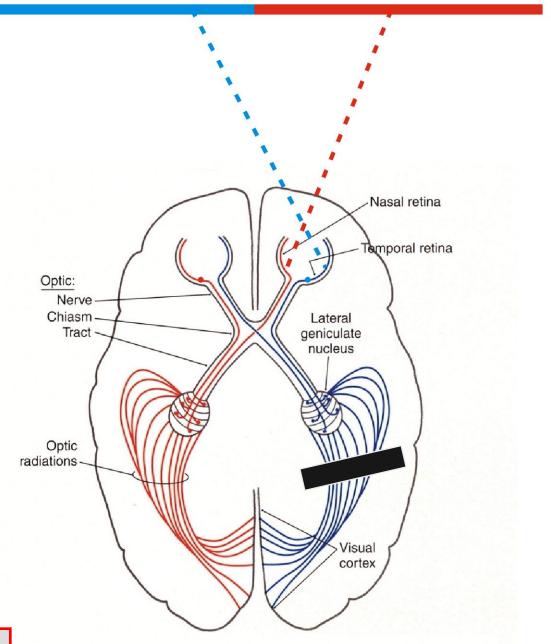




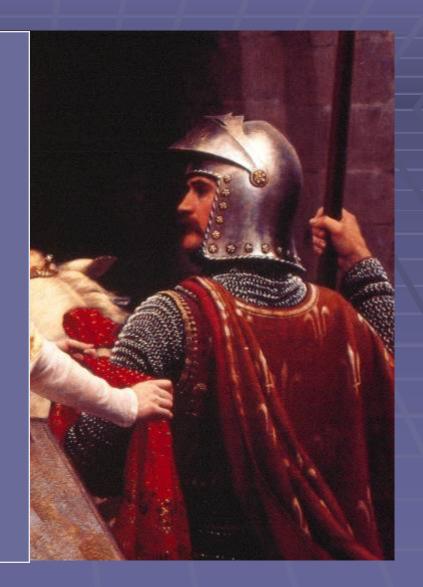
**Text Fig. 20-18** 

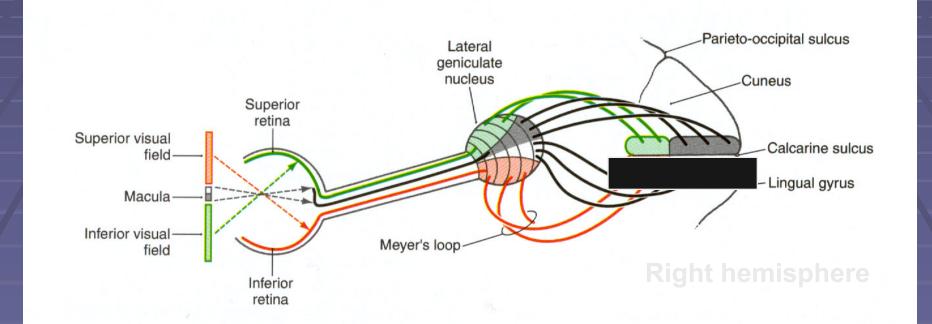
### Visual Field Deficits

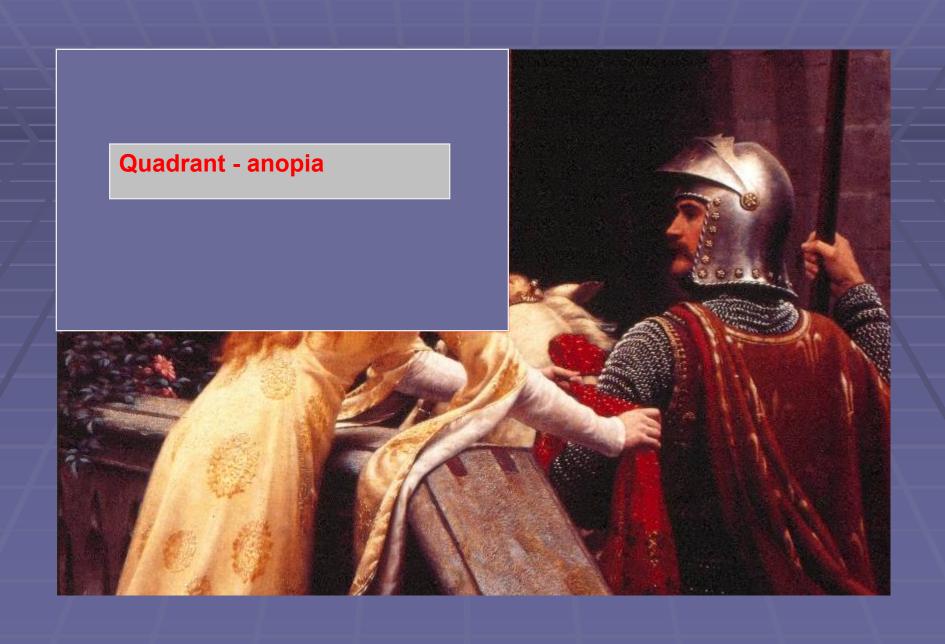


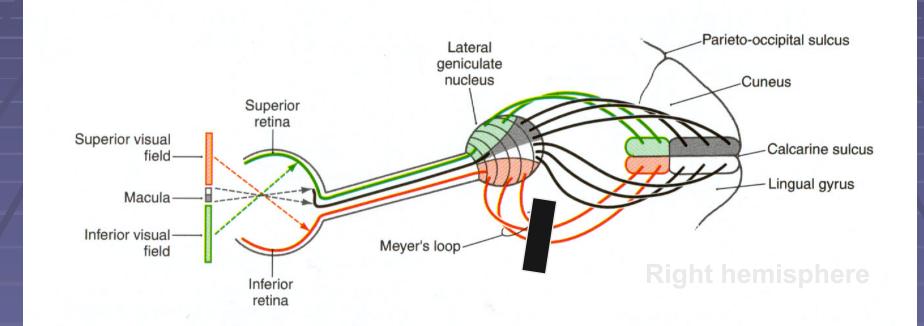


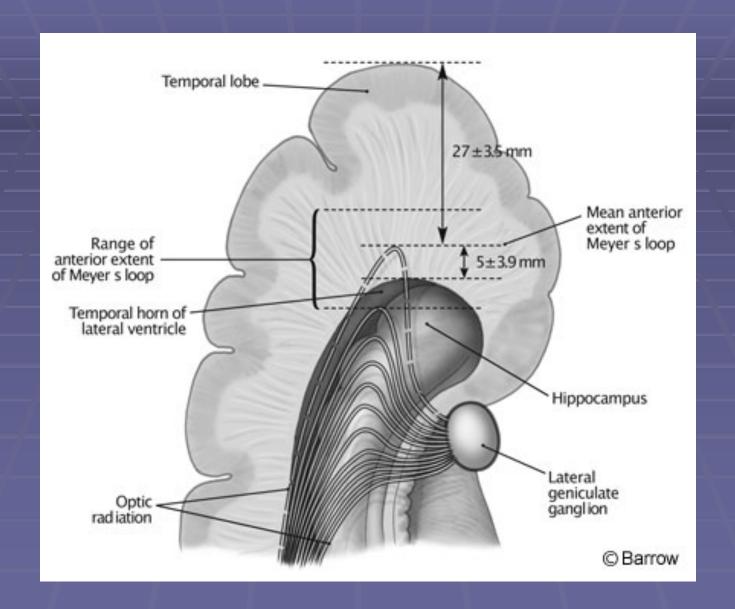
Hemi - anopia

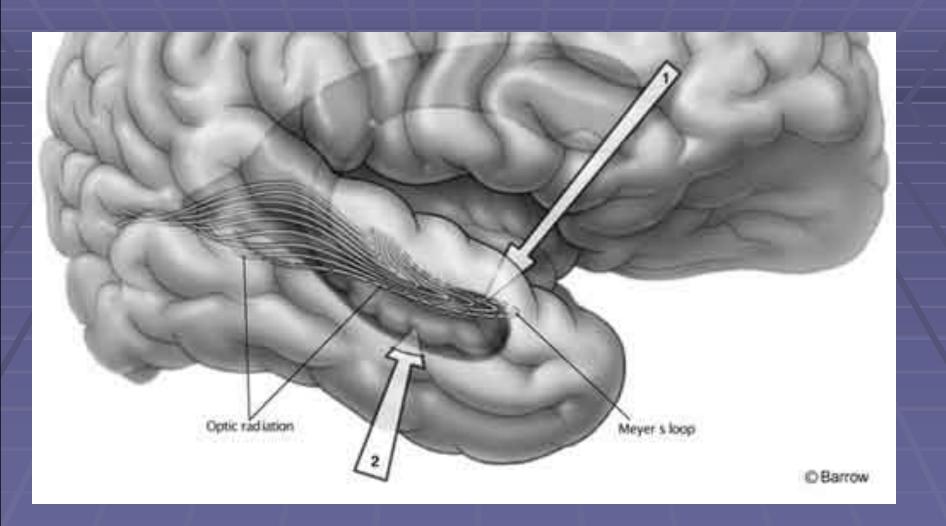


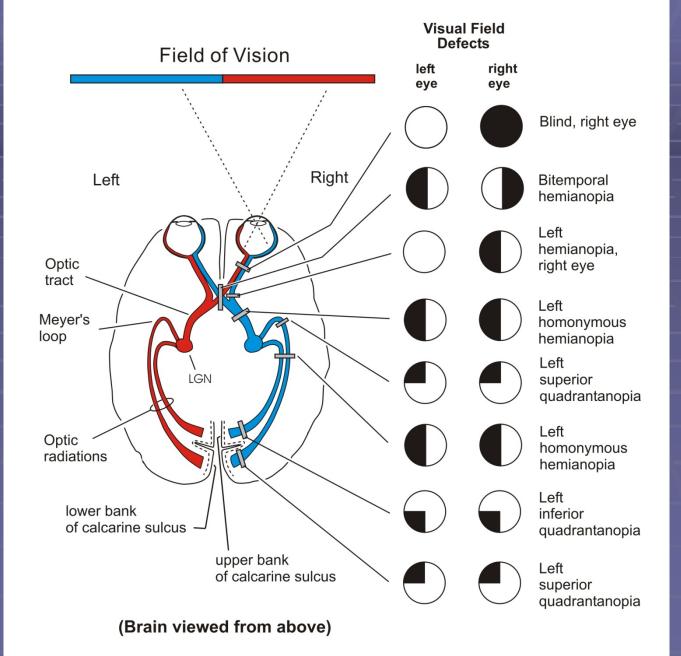


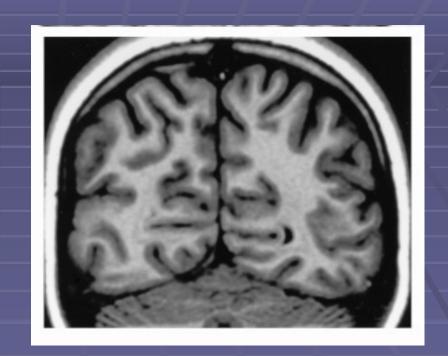






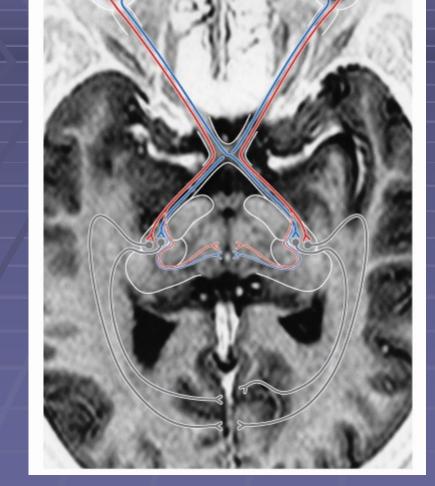




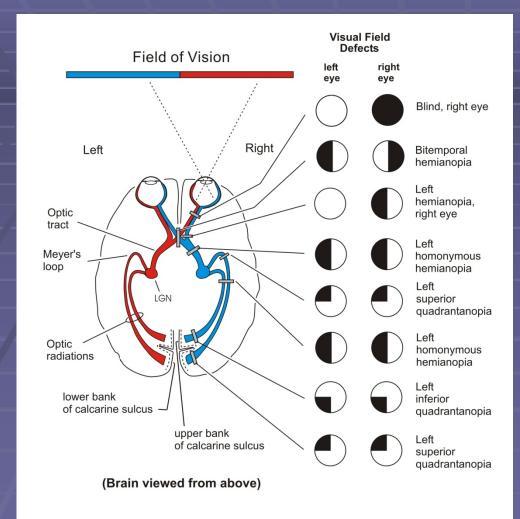


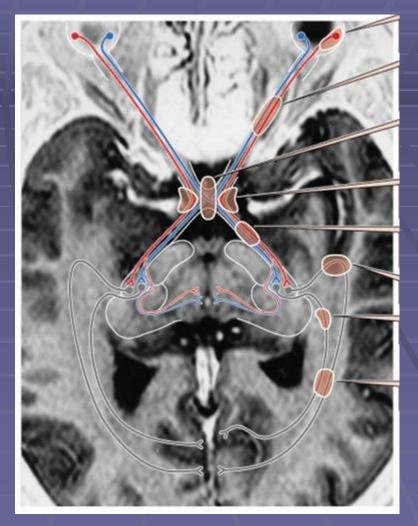
R





R

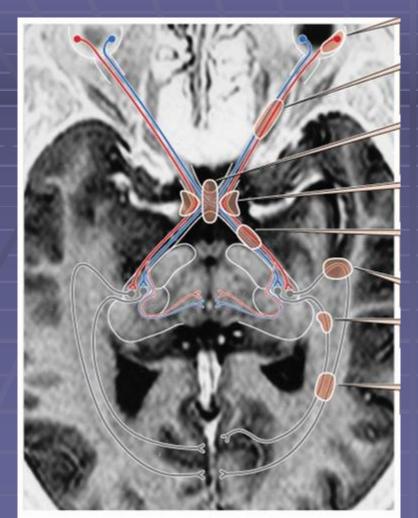




L R R L

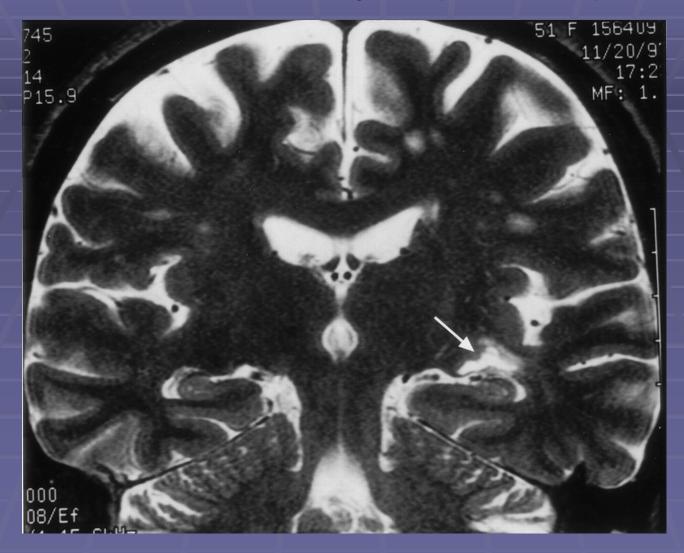


R

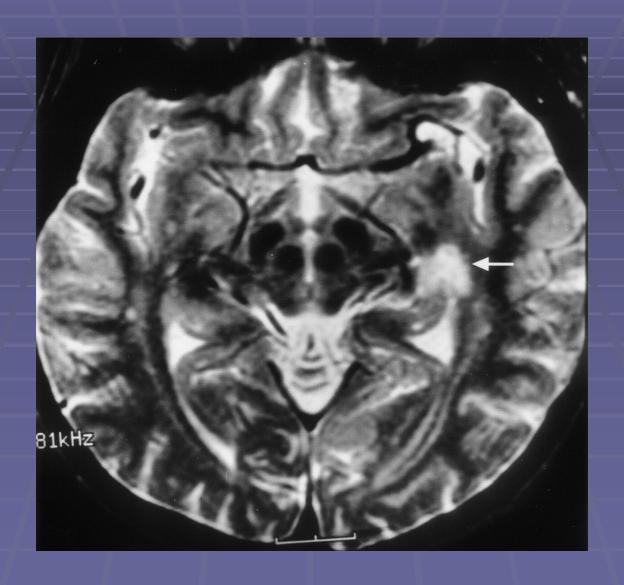


R

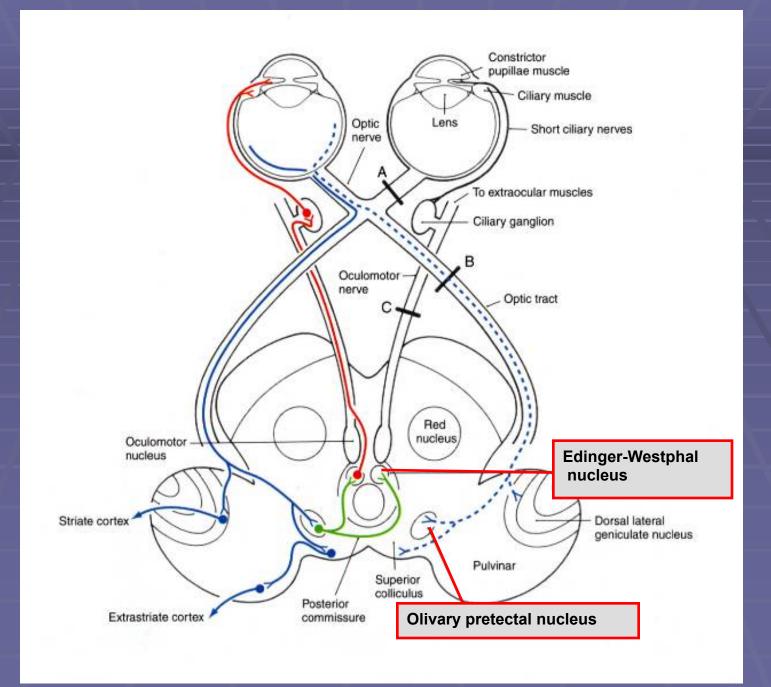
#### Clinical correlation of Meyer's loop in the coronal plane.

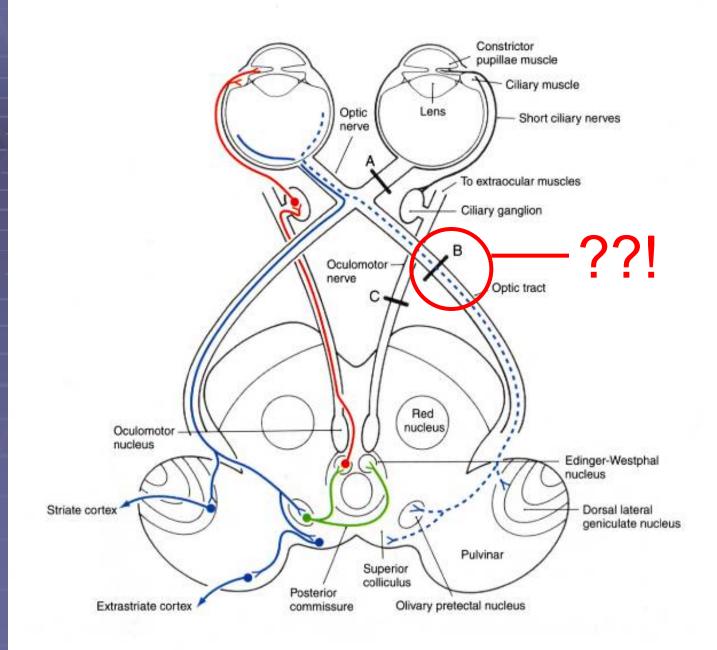


Clinical correlation of Meyer's loop in the axial plane.



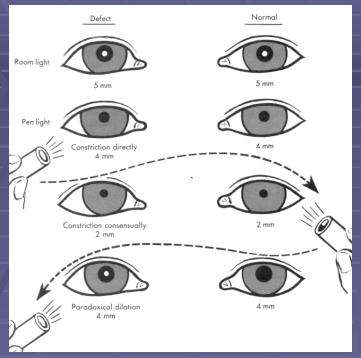
# Pupillary Light Reflex

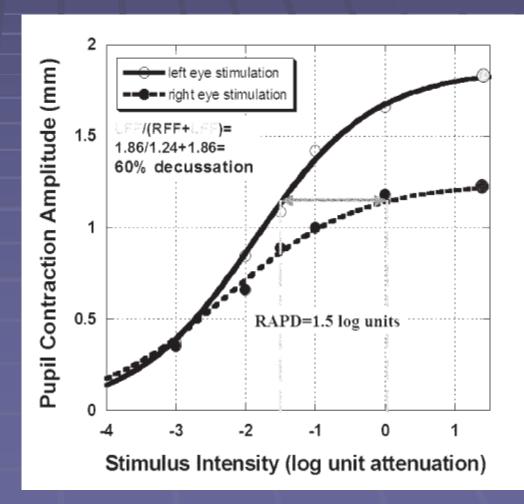




Normal Defect Room light 5 mm5 mm Pen light Constriction directly 4 mm 2 mm Constriction consensually 2 mm Paradoxical dilation 4 mm 4 mm

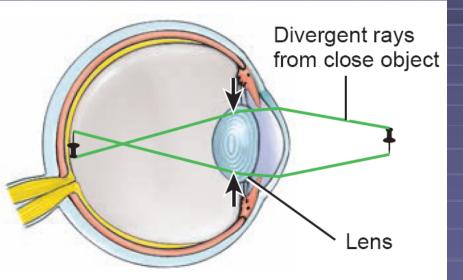
swinging-flashlight test



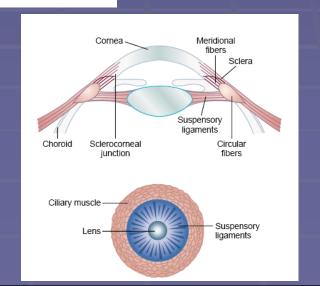


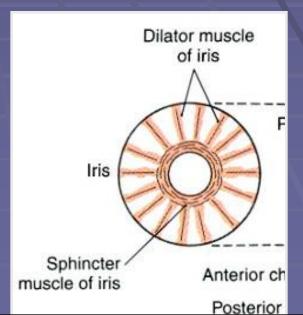
- Usually before the chiasm problem
  - Retinal detachment
  - Ischemic retina
  - Optic nerve : ischemia ,compression neuritis , recovered neuritis ... etc
  - diabetic retinopathy
  - Demyelination (MS)
- Unilateral Optic track lesion
- Unilateral mid brain lesion

## Accommodation and parasympathetic

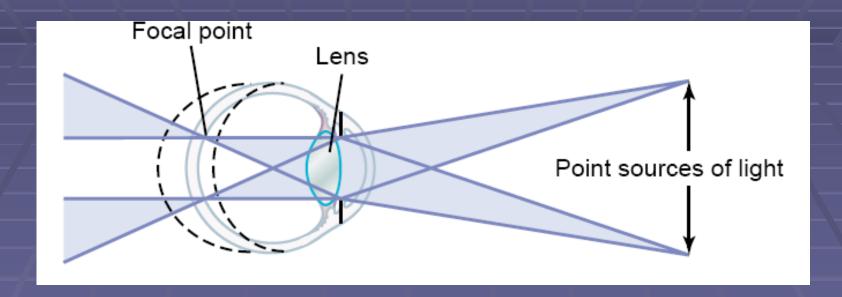


The pupil near reflex

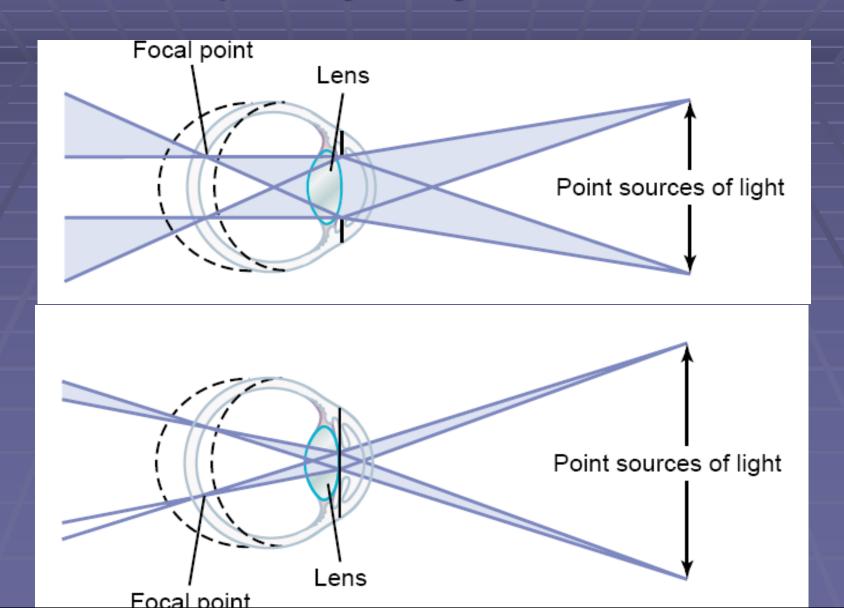


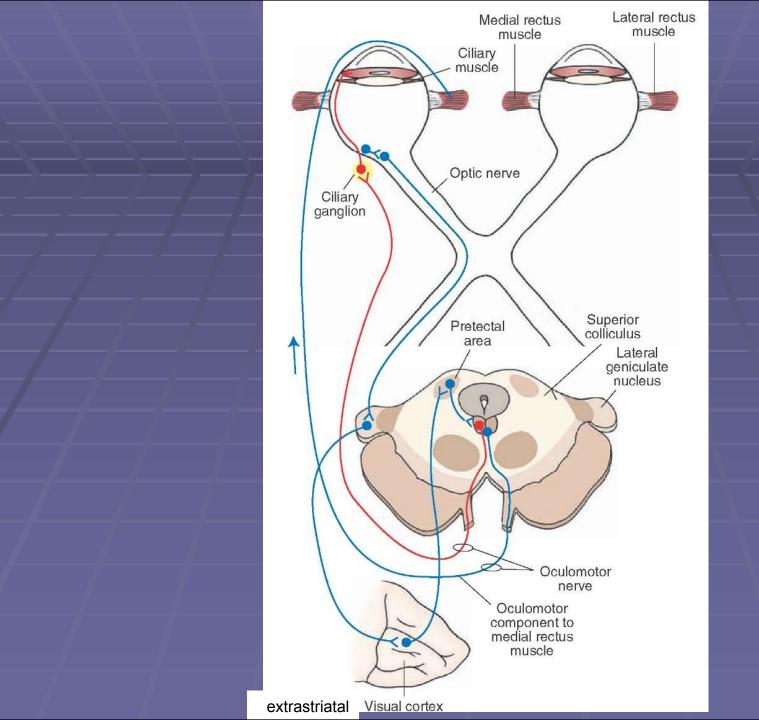


# Pupillary Adjustment



## Pupillary Adjustment





# light-near dissociation

## light-near dissociation

- Adie's tonic pupil
- Damage to the dorsal mid-brain (tectal area) around the cerebral aqueduct "but not the E W nucleus"
  - Stroke
  - Meningitis
  - Tumor
  - Neurosyphilis
  - Diabetic neuropathy
  - Demyelination (MS)
- Dorsal midbrain syndrome
   (Parinaud's Syndrome)



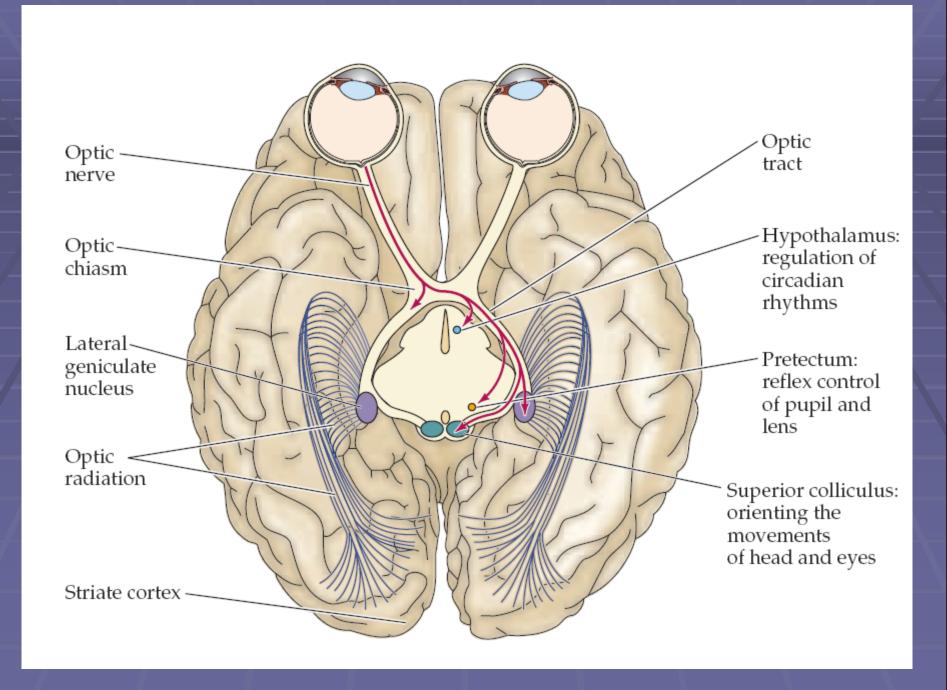
### Anisocoria



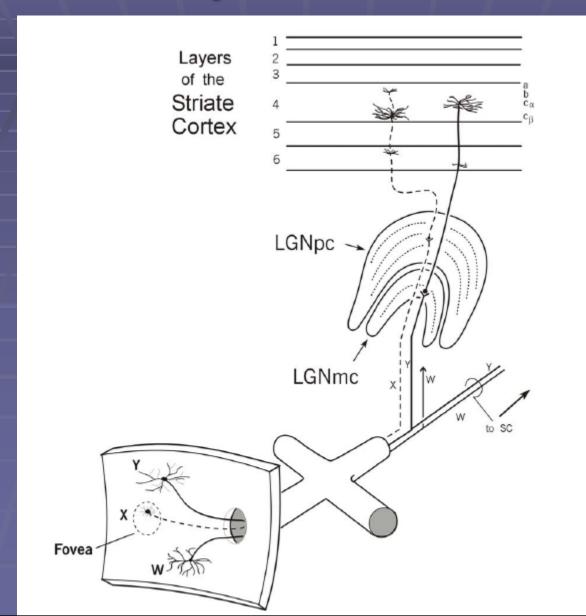
#### Anisocoria

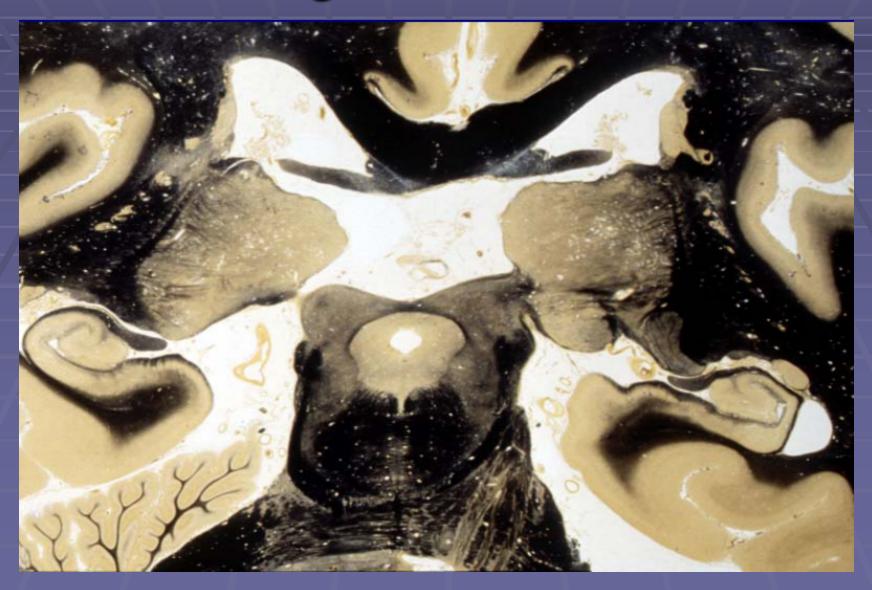
- Efferent pathway or the eye it self
- Adie's tonic pupil
- One side Dorsal midbrain syndrome
- Horner syndrome

# VISUAL PATHWAY

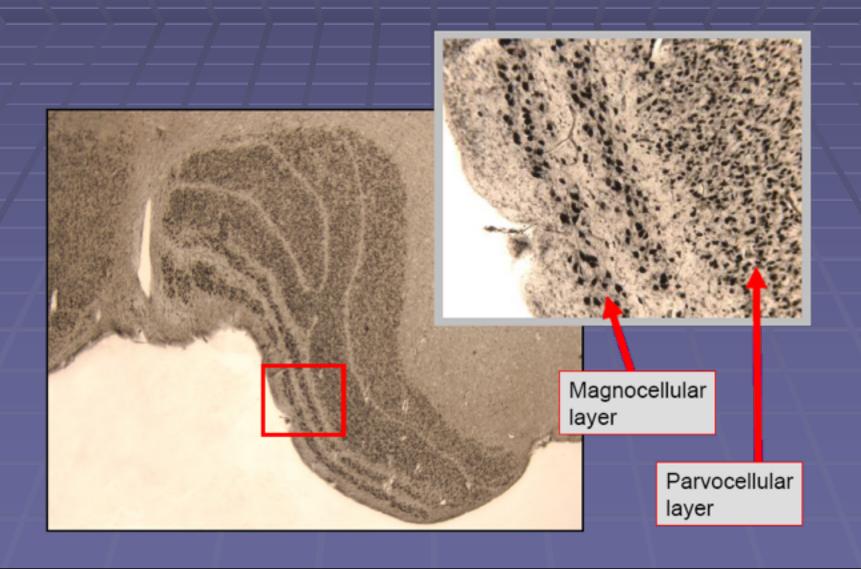


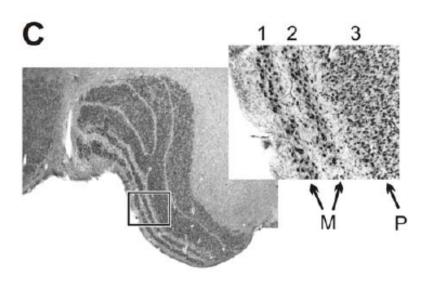
## Primary visual cortex





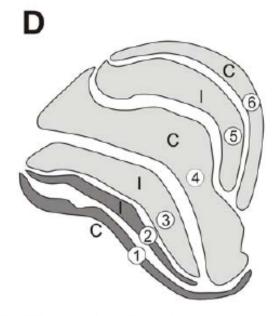




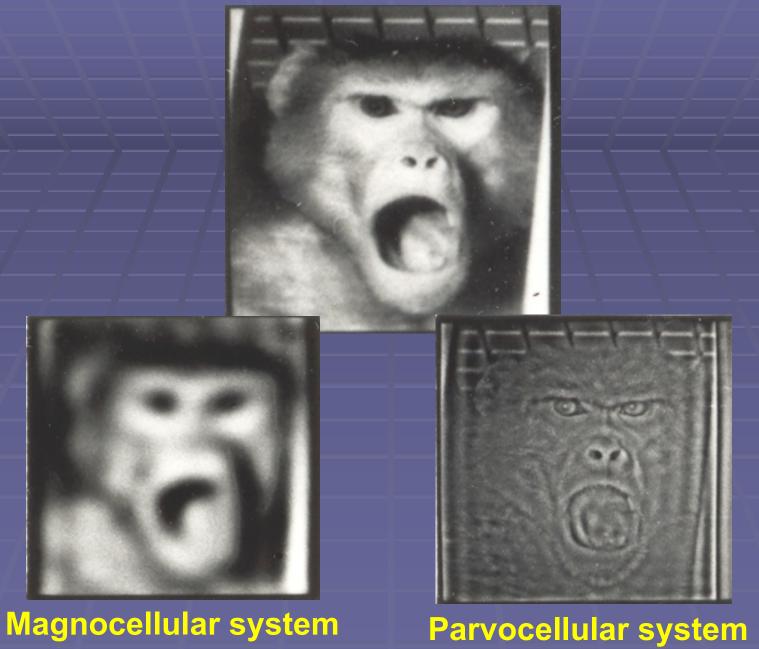


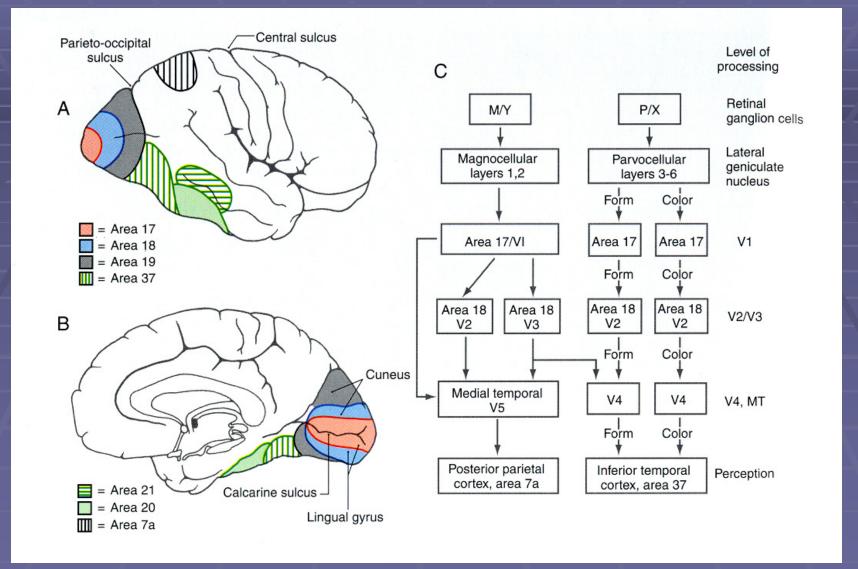
Left Lateral geniculate nucleus (coronal plane, posterior part of nucleus)

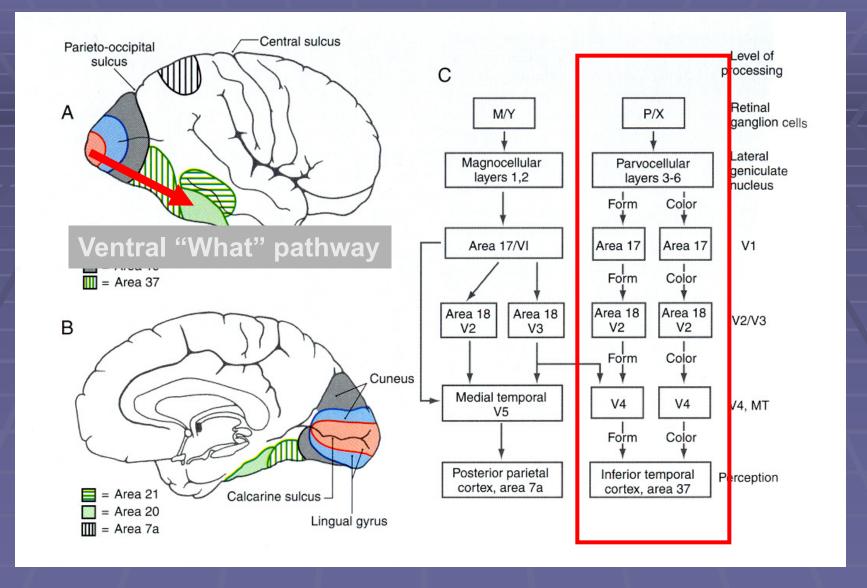
M: magnocellular layers P: parvocellular layers

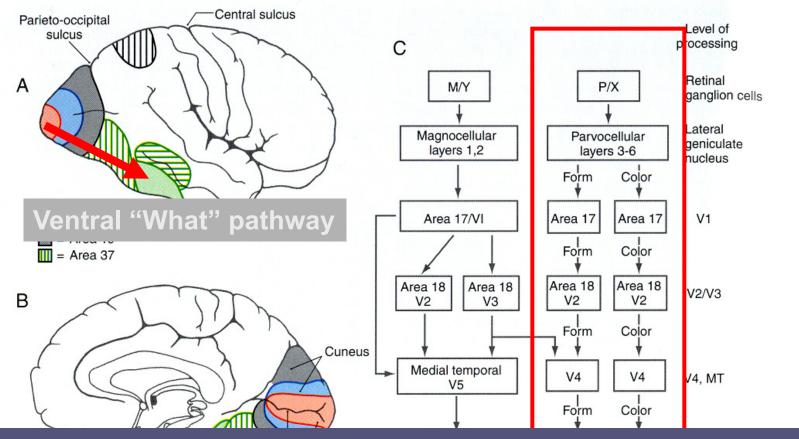


Left Lateral geniculate nucleus (coronal plane, middle of nucleus)
Layers 1 and 2: magnocellular layers
Layers 3-6: parvocellular layers
C: layer receives input from contralateral eye
I: layer receives input from ipsilateral eye

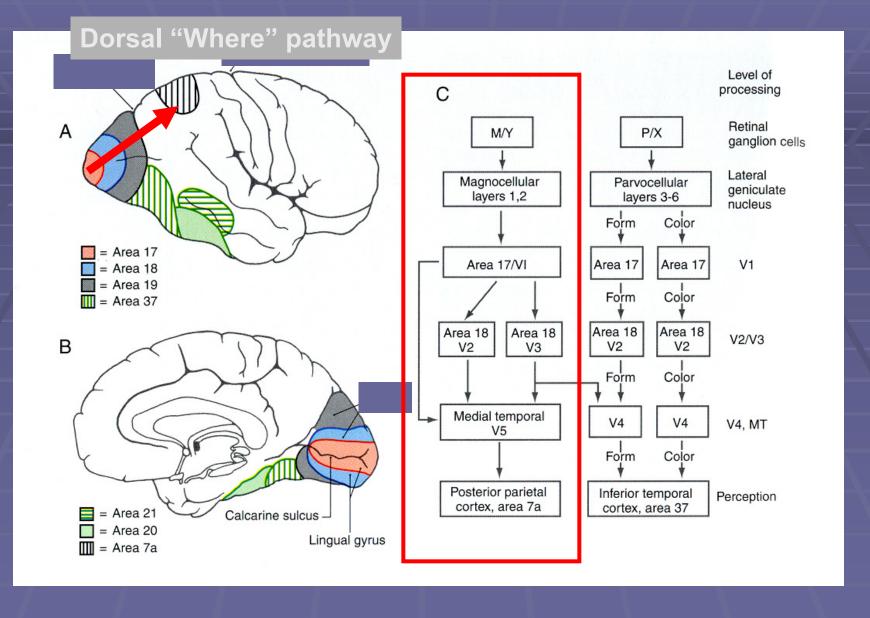


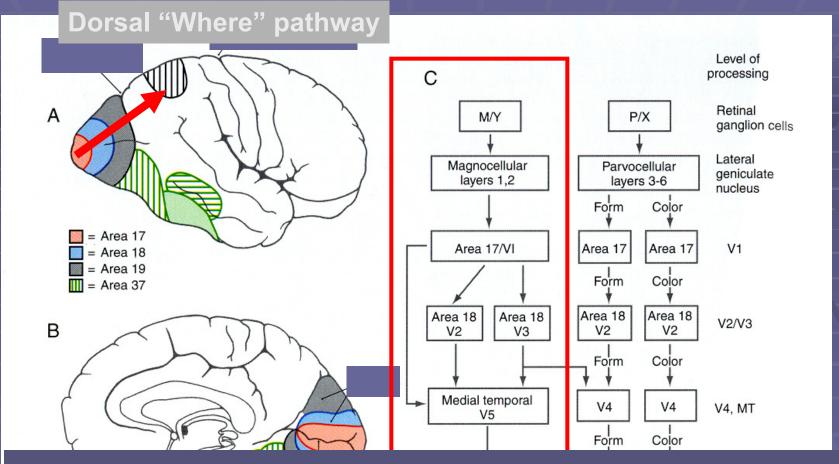






- Carries information about static object properties such as colour, luminance, stereopsis and pattern recognition.
- Slow pathway from P-ganglion cells (through laminae 3-6 of LGN, V1) to V2, V4 and **inferior temporal** cortex





- Information about dynamic object properties- motion and spatial relationships
- Fast pathway for transient visual signals
- Pathway to V1, V2, MT, medial superior temporal and parietal lobe