



Assessment of Tear Film in Arabian Horses with a Portable Device Compared to Human's Healthy Eyes



Essam S. Almutleb, Meznah S. Almutairi, Gamal A. El-Hiti*, Abdulaziz K. Bin Turki, Mashaaer A. Baashen, Basal H. Altoaimi, Mohammed Althomali, Mana A. Alanazi and Ali M. Masmali

Department of Optometry, College of Applied Medical Sciences, King Saud University, Riyadh 11433, Saudi Arabia.

Abstract

THE stability of the tear film is essential to maintain healthy vision in animals and humans. Therefore, tear film should be assessed occasionally to detect any abnormalities, particularly those living in an environment with high temperature and humidity. The current study assessed the non-invasive tear breakup time (NITBUT), tear meniscus height (TMH), and lipid layer pattern (LLP) in Arabian horses and compared them to those of humans. The study involved a total of 94 Arabian horses and 94 humans with healthy eyes. Each subject's right eye tear film parameters were evaluated using the EASYTEAR View+, with a 5-minute interval between each test. The same examiner performed each test three times. The statistical analysis revealed significant differences in the NITBUT ($P = 0.001$) and LLP ($P = 0.010$) scores between horses and humans. The LLP analysis indicated that grade E or 5 (variable colors, lipid layer thickness, LLT, = 90–140 nm) was predominant in horses ($N = 52$, 55.3%). On the other hand, grade D or 4 (dense white-blue layer; around 80 nm) was common in humans with healthy eyes ($N = 48$, 51.1%). No significant difference ($P = 0.191$) in the TMH scores between horses and humans was found. In conclusion, horses have a longer tear breakup time and thicker lipid layer height than humans with healthy eyes. Their tear meniscus height is similar to that of healthy humans.

Keywords: Arabian horses; Ocular tear film; Non-invasive tear breakup time; Lipid layer patterns; Tear meniscus height.

Introduction

Tear film quality and stability in animals and humans are essential to maintain healthy vision [1]. The structure of the tear film is highly complex and mainly contains water, proteins, lipids, mucins, and electrolytes [2]. The dysfunction of the tear film leads to many ocular disorders, such as dry eyes [3,4]. The two most common types of dry eye result from aqueous deficiency and a high rate of tear evaporation [5]. Aqueous deficient dry eye is more common in horses due to nerve dysfunction or trauma [6]. In comparison, the evaporative dry eye in horses results from meibomian gland dysfunction (MGD) and irritates the tear film [7].

The MGD harms the lipid layer's quantity and quality in the tear film [8]. For example, it leads to several ocular surface discomforts, such as evaporative dry eye [9,10]. The prevalence of MGD

globally in humans was 35.8% [11] and even higher (70%) in dogs having ocular disorders [12]. In horses, MGD can cause persistent epithelial defects and dry eye [13]. Although non-healing corneal ulceration is more common in dogs than in horses, it should be considered when evaluating an older horse [14]. Therefore, the thickness of the lipid layer plays an essential role in keeping tear film healthy. The lipid layer reduces the tear evaporation rate and moistens the tear film. It distributes tear film evenly over the cornea. The thinner the lipid layer, the more the tear film destabilizes due to the increased osmolarity and evaporation.

The tear film assessment is challenging; therefore, different tests and devices should be used [15–17]. Each test assesses a parameter that detects tear volume, stability, osmolarity, evaporation, and quality [18–23]. The tear ferning (TF) test is an excellent tool for assessing tear film in humans and

*Corresponding authors: Gamal A. El-Hiti, E-mail: gelhiti@ksu.edu.sa, Tel.: 00966114693778

(Received 23 December 2024, accepted 18 March 2025)

DOI: 10.21608/ejvs.2025.346189.2578

©2025 National Information and Documentation Center (NIDOC)

animals. The TF test was used to evaluate the quality of tears in horses [24], dogs [25], camels [26], cats [27], and rats [28]. The results obtained from the IF test support the findings from other tests. The TF has good repeatability; however, fern (i.e., crystals) formation is highly dependent on conditions (e.g., temperature, humidity, and dust) [29].

Since the association between tear film parameters is poor, a combination of tests is required to detect abnormalities in the tear film. Some tests need a long time or anesthesia to proceed (e.g., the Schirmer test), and others could be less comfortable. Therefore, using a single device for the noninvasive assessment of different tear film parameters is highly recommended. Indeed, EASYTEAR View+ was used to assess tear film parameters in humans [30]. The current research reports for the first time the noninvasive assessment of noninvasive tear breakup time (NITBUT), tear meniscus height (TMH), and lipid layer patterns (LLP) in horses and compares them to those of humans. It was hypothesized that the lipid layer thickness and NITBUT are greater in horses than in humans due to their living in high-temperature conditions.

Material and Methods

Horses and human subjects with healthy eyes

Ninety-four Arabian horses (48 males and 46 females; mean \pm SD = 5.7 ± 3.1 years) were recruited randomly from different stables. The horses' sample size was calculated with a confidence level of 85% and a significance level of 0.05. The horses underwent a thorough ocular examination by a veterinary ophthalmologist using a full slit lamp. Additionally, a veterinarian conducted a systemic health check on all horses. Only healthy horses with no ocular disorders or diseases were included in the study, while the few that did not meet these criteria were excluded. Every precaution was taken to guarantee that the horses were not subjected to any degree of harm or trauma during the experiments. No topical anesthetics were placed on the ocular surface either prior to or throughout the evaluations of the tear film. Moreover, the study included 94 humans with healthy eyes (45 males and 49 females; mean \pm SD = 25.9 ± 5.2 years) for comparison. A slit lamp was used to check for abnormalities within the eyelids, conjunctiva, pupil, cornea, iris, and retina in human subjects. The human participants completed the ocular surface disease index (OSDI). Individuals with ocular abnormalities and OSDI scores above 13 were excluded [31]. It was important to compare tear film parameters in horses with those in humans to understand how they adapt to high temperatures.

The tear film parameters of each subject's right eye were evaluated using EASYTEAR View+ (Figure 1). There was a 5-minute gap between different tests. The experiment involved testing horses and human subjects under specific conditions. The horses were tested at a barn, and the temperature

ranged between 20 and 25 °C between 9 and 12 am. The human subjects were tested at a clinic with a temperature range of 20 to 22 °C between 9 and 12 am. The humidity was between 15 and 20% in the barn and the clinic. The same examiner conducted the tests three times for both horses and humans, and the mean scores were calculated. The principles of the Declaration of Helsinki were followed when providing treatment to the individuals who took part in the study. The methods used within the study were implemented according to the relevant guidelines and regulations.

EASYTEAR View+

EASYTEAR View+ is a portable device used to diagnose dry eye. It evaluates tear film parameters in animals and humans using white, blue, and infrared LED lighting. The device can assess the regularity of the cornea and evaluate fluorescein staining of the anterior segment. It also measures NITBUT and TMH, visualizing the interference of the tear film with the lipid phase. A single examiner performed the NITBUT, TMH, and LLP measurements in triplicate and then calculated average scores. Five minutes between consecutive tests were allowed as a gap [30].

Non-invasive tear breakup time (NITBUT) test

The duration of the time, measured in seconds, between a blink and a dry spot appearance in the tear film is referred to as NITBUT. A NITBUT result of less than 10 seconds indicates dry eye [32].

Tear meniscus height (TMH) test

The TMH height (in millimeters) is the triangular cross-section between the margin of the lower lid and the cornea. A height lower than 0.2 mm is considered dry eyes [33].

Lipid layer patterns (LLP) test

The classification of the lipid layer into five different categories is a quick and precise process. Grade A (LLT = 13–15 nm; gray appearance), grade B (LLT = 30–50 nm; more compact), grade C (LLT = 50–80 nm; gray waves), grade D (LLT = around 80 nm; dense white-blue layer), and grade e (LLT = 90–140 nm; variable colors) were assigned to the LLP for horses and humans [34]. The grades A–E were replaced by a score of 1–5, respectively, to allow statistical analysis as previously reported.³⁰

Statistical analysis

The SPSS software (version 22) developed by IBM Software was utilized to analyze the data. The Kolmogorov–Smirnov test ($P < 0.05$) determined the non-normal distribution of the data. Therefore, the Mann–Whitney U test was employed to analyze the data in both groups. Spearman's correlation coefficient (r) tested the association between different parameters [35]. Meanwhile, the Wilcoxon

signed-rank test was employed to investigate the significance of any differences between other parameters within the same group. The mean scores were calculated and represented as the median and interquartile range (IQR).

Results

The median scores for the NITBUT, TMH, and LLP in horses and healthy-eye humans are given in Table 1. The data showed significant differences (Mann–Whitney U test) in the median scores of the NITBUT ($P = 0.001$) and LLP ($P = 0.010$) scores between horses and subjects with healthy eyes. On the other hand, there was no significant difference in TMH between the horses and human groups (Mann–Whitney U Test, $P = 0.191$). The NITBUT score was significantly longer for horses compared to normal humans. Figure 2 represents the side-by-side boxplots for the NITBUT and LLP in horses and healthy-eye humans.

The LLP analysis indicated that grade 5 or E (variable colors, LLT = 90–140 nm) was predominant in horses ($N = 52$, 55.3%). On the other hand, grade 4 or D (dense white-blue layer; ~80 nm) was typical in humans with healthy eyes ($N = 48$, 51.1%). Figure 3 shows the LLP grades for the horses and human groups. Figures 4 and 5 display representative images of the common lipid layer patterns in horses and humans, respectively.

The statistical analysis showed a medium correlation ($r = 0.361$, $P < 0.001$) between the age and TMH scores in horses. In addition, it indicates a weak correlation ($r = 0.273$, $P < 0.010$) between the TMH and NIBUT scores. As age increased, TMH score increased.

Discussion

Assessment of various tear parameters using a single device is very convenient and noninvasive. The current research is the first report to assess the tear film parameters in horses using a single device. The measurement of the NITBUT, TMH, and LLP indicated that horses have scores similar to those of humans with healthy eyes. EASYTEAR View+ showed that horses have significantly longer NITBUT and thicker lipid layers than humans with healthy eyes. These findings have significant implications for veterinary and optometric practice. They provide a basis for understanding and diagnosing ocular disorders in Arabian horses and can inform the development of new treatment strategies.

Various factors lead to differences in the scores of tear film parameters between horses and humans. The tear film thickness is approximately 93 μm in horses, which is thicker than that for humans (7 μm) [36]. In addition, the tear flow rate and tear volume are much higher in horses (34 $\mu\text{L}/\text{min}$ and 234 μL ,

respectively) compared to humans (1.2 $\mu\text{L}/\text{min}$ and 7 μL , respectively) [36]. The status of the tear film is significantly affected by humidity and temperature. Horse tears are less acidic ($\text{pH} = 8.3$) compared to those of humans ($\text{pH} = 6.5\text{--}7.6$) [37,38]. The concentration of calcium cations plays a role in stabilizing the tear film in horses. A high calcium level causes its precipitation and the failure of the tear film function [39]. Maintaining the health of the vision system is dependent on the concentration of proteins present in tears. Tears collected from horses showed a very high level of proteins (13.7 ± 4.0 mg/mL) compared to rabbits (10.2 ± 3.5 mg/mL), cows (5.8 ± 2.2 mg/mL), and dogs (2.6 ± 1.0 mg/mL) [40]. On the other hand, the concentration of protein in human tears varied from 6 to 10 mg/mL [41].

Recent reports indicated that the LLP among animals varied from that of humans [42,43]. Significant differences ($P < 0.01$) were found in the LLP among horses, cats, dogs, and rabbits. Grade E was found to be predominant in horses (55.3%) compared with grade D in cats (44.4%), grade B in dogs (37.3%), and grade A in rabbits (46.7%) [42,43]. Clearly, horses are thicker than other animals. Horses have bigger eyes compared to other animals, such as cats, dogs, and rabbits, and the tear evaporation rate would be expected to be high unless the lipid layer thickness is large. However, there was no significant difference in the TMH scores among Arabian horses compared with those for cats [42].

Healthy horses have a tear film osmolarity (283.5 Osm/L) that is similar to humans (282.5 Osm/L) using a vapor pressure osmometer [44]. However, horses have a much lower tear osmolarity compared with dogs (355.5 Osm/L), cats (328.5 Osm/L), and rabbits (375.8 Osm/L) [45–46]. The osmolarity of the tear film is highly dependent on various factors such as tear composition, evaporation, and production. In addition, the device used to measure osmolarity has a role to play. Hyperosmolarity can result from high tear evaporation (i.e., evaporative dry eyes) [47]. Horses have similar sodium (monovalent) levels in the tear film and serum.⁴⁷ In comparison, potassium in the tear film of horses has a higher concentration than that in the serum by 4.75 times. The concentration of divalent cations (e.g., calcium and magnesium) was much higher in the tear film of horses compared to rabbits and humans [48].

The TF test was used to evaluate the quality of tears collected from the right and left eyes of 30 horses [24]. The TF grades were Type I and II (normal eyes), based on the Rolando grading scale, for most eyes ($N = 49$; 81.7%). The TF grade for tears collected from 18.3% of the eyes showed Type III (dry eyes) [24]. The TF grades of the right eye are not associated with that of the left one. In contrast to humans, the TF grades do not correlate with the age of horses. According to a previous study, adults over

50 commonly have a Type III TF grade at 63%, while children have it at 17% [49].

A future study is still needed to assess the tear film parameters of other animals that live in different environments and compare them to those of horses. In addition, evaluating the relationship between lipid layer thickness and tear film parameters such as evaporation, ferning, and osmolarity of tears is essential. Moreover, the Schirmer tear test needs to be performed to confirm sufficient tear quantity.

Conclusion

A portable device was successfully used to assess different tear film parameters in Arabian horses and humans. Arabian horses have significantly longer tear breakup time and thicker lipid layer height than humans with healthy eyes. No significant difference was observed in the height of the tear meniscus between Arabian horses and humans.

TABLE 1. Median (IQR) scores for the NITBUT, TMH, and LLP in horses compared to human's healthy eyes.

Parameter	Horses (N = 94)	Healthy-eye humans (N = 94)	P-value
NITBUT (s)	21.3 (14.0)	12.0 (7.0)	0.001*
TMH (mm)	0.16 (0.06)	0.15 (0.10)	0.191
LLP	5 (1)	4 (1)	0.010*

*Significant difference (Mann–Whitney U test).

Acknowledgments

The authors acknowledge the support received from King Saud University, Riyadh, Saudi Arabia.

Funding statement

King Saud University.

Declaration of conflict of interest

The authors declare that there is no conflict of interest.

Ethical approval

The study was approved by the King Saud University IRB Committee (E-22-6562). The relevant guidelines and regulations were followed in the tests.



Fig. 1. The use of EASYTEAR View+ to detect tear film parameters in horses.

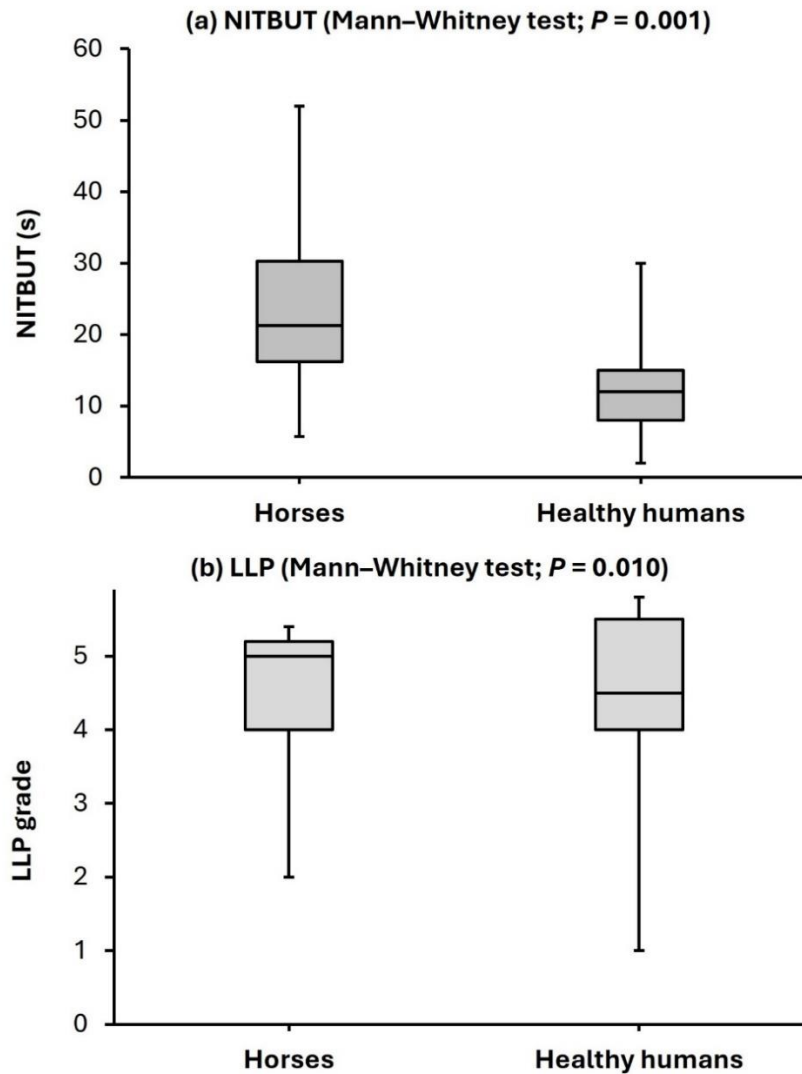


Fig. 2. Side-by-side boxplots of (a) the NITBUT scores (s) and (b) LLP grades in horses and humans..

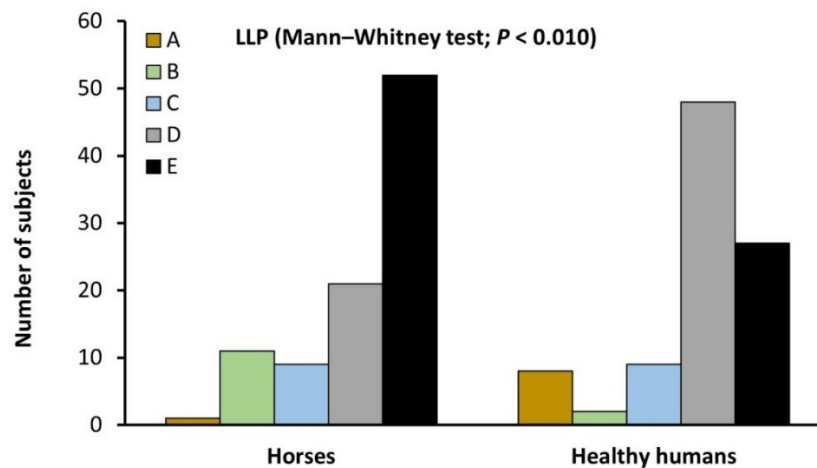


Fig. 3. LLP representation in horses and humans. Grade 1 or A (LLT = 13–15 nm; gray appearance), grade 2 or B (LLT = 30–50 nm; more compact), grade 3 or C (LLT = 50–80 nm; gray waves), grade 4 or D (LLT = around 80 nm; dense white-blue layer), and grade 5 or e (LLT = 90–140 nm; variable colors).

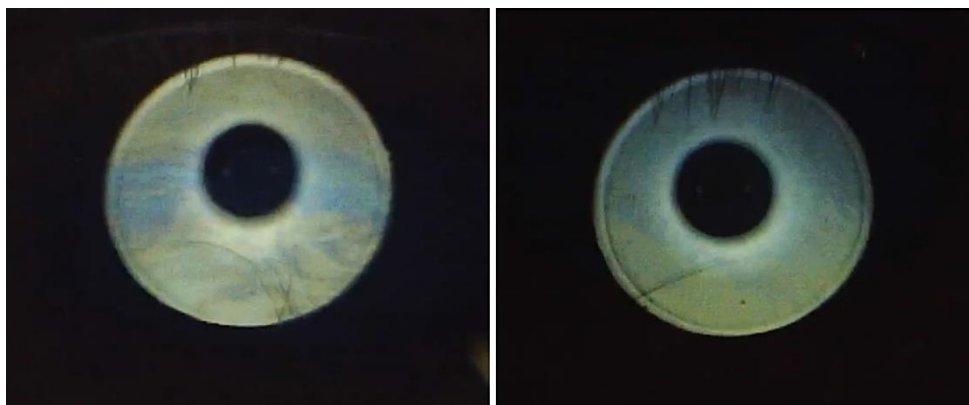


Fig. 4. Representative images of the common lipid layer patterns in horses.

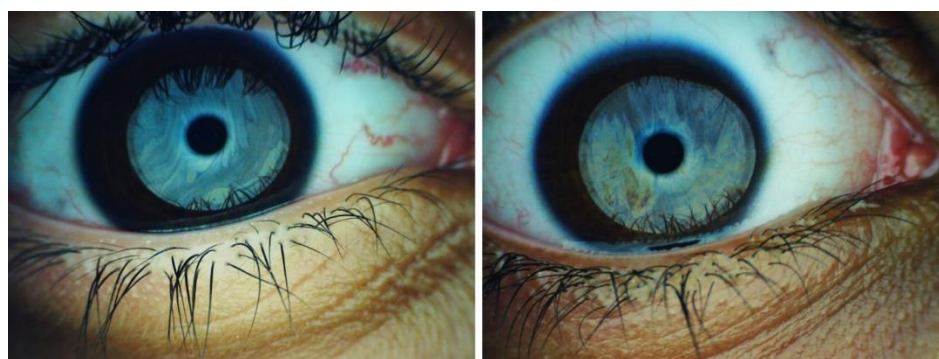


Fig. 5. Representative images of the common lipid layer patterns in humans.

References

1. Pflugfelder, S.C. and Stern, M. E. Biological functions of tear film. *Experimental Eye Research*, **197**, 108115 (2020).
2. Zhou, L. and Beuerman, R. W. Tear analysis in ocular surface diseases. *Progress in Retinal and Eye Research*, **31**, 527-550 (2012).
3. Milner, M. S., Beckman, K. A., Luchs, J. I., Allen Q. B. and et al. Dysfunctional tear syndrome: dry eye disease and associated tear film disorders – New strategies for diagnosis and treatment. *Current Opinion in Ophthalmology*, **28**, 3-47 (2017).
4. Aragona, P., Giannaccare, G., Mencucci, R., Rubino, P. Cantera, E. and Rolando, M. Modern approach to the treatment of dry eye, a complex multifactorial disease: A P.I.C.A.S.S.O. board review. *British Journal of Ophthalmology*, **105**, 446-453 (2021).
5. Ollivier, F. J. The precorneal tear film in horses: Its importance and disorders. *Veterinary Clinics of North America: Equine Practice*, **20**, 301-318 (2004).
6. Dziezyc, J. Nasolacrimal System. In: *Equine Surgery*. Saunders, 3rd ed. Auer JA, Stick JA, Eds.; Saunders Elsevier: St. Louis, MO, USA, 2006; pp. 727-731.
7. Crispin, S. M. Tear-deficient and evaporative dry eye syndromes of the horse. *Veterinary Ophthalmology*, **3**, 87-92 (2000).
8. Zhu, J., Inomata, T., Shih, K. C., Okumura, Y., Okumura, Y., Fujio, K., Huang, T., Nagino, K., Akasaki, Y., Fujimoto, K., Yanagawa, A., Miura, M., Midorikawa-Inomata, A., Hirokawa, K., Kuwahara, M., Shokirova, H., Eguchi, A., Morooka, Y., Chen, F. and Murakami, A. Application of animal models in interpreting dry eye disease. *Frontiers in Medicine*, **9**, 830592 (2022).
9. Green-Church, K. B., Butovich, I., Willcox, M., Borchman, D., Paulsen, F., Barabino, S. and Glasgow, B. J. The International workshop on meibomian gland dysfunction: report of the subcommittee on tear film lipids and lipid-protein interactions in health and disease. *Investigative Ophthalmology & Visual Science*, **52**, 1979-1993 (2011).
10. Foulks, G. N. The correlation between the tear film lipid layer and dry eye disease. *Survey of Ophthalmology*, **52**, 369-374 (2007).
11. Hassanzadeh, S., Varmaghani, M., Zarei-Ghanavati, S., Shandiz, J. H. and Khorasani, A. A. Global prevalence of meibomian gland dysfunction: a systematic review and meta-analysis. *Ocular Immunology and Inflammation*, **29**, 66-75 (2021).

12. Viñas, M., Maggio, F., D'Anna, N., Rabozzi, R. and Peruccio, C. Meibomian gland dysfunction (MGD), as diagnosed by non-contact infrared meibography, in dogs with ocular surface disorders (OSD): a retrospective study. *BMC Veterinary Research*, **15**, 443 (2019).
13. Armstrong, S. K., Blacklock, B., Keen, J. and Peck, F. S. Successful management of a unilateral persistent epithelial defect secondary to meibomian gland dysfunction in an Irish Sports Horse using a multi-modal treatment plan. *Veterinary Record Case Reports*, **10**, e496 (2022).
14. Michau, T. M., Schwabenton, B., Davidsonm, M. G. and Gilger, B. C. Superficial, nonhealing corneal ulcers in horses: 23 cases (1989–2003). *Veterinary Ophthalmology*, **6**, 291-297 (2003).
15. Barabino, S., Chen, W. and Dana, M. R. Tear film and ocular surface tests in animal models of dry eye: Uses and limitations. *Experimental Eye Research*, **79**, 613-621 (2004).
16. Rahman, M. M., Kim, D. H., Park, C.-K. and Kim, Y. H. Experimental models, induction protocols, and measured parameters in dry eye disease: Focusing on practical implications for experimental research. *International Journal of Molecular*, **22**, 12102 (2021).
17. Tsubota, K. Short tear film breakup time-type dry eye. *Investigative Ophthalmology & Visual Science*, **59**, DES64-DES70 (2018).
18. Abusharha, A., El-Hiti, G. A., Alsubaie, M. H., Munshi, A. F., Fagehi, R., Alanazi, M. A. and Masmali, A. M. Evaluation of tear evaporation rate in patients with diabetes using a hand-held evaporimeter. *Healthcare*, **10**, 104 (2022).
19. Fagehi, R., El-Hiti, G. A., Alsubaie, M. H., Abusharha, A., Alanazi, M., Masmali, M.A. and Almubrad, T. Measurements of tear evaporation rate in subjects with refractive errors using a portable evaporimeter. *Healthcare*, **10**, 405 (2022).
20. Masmali, A., Alqahtani, T.A., Alharbi, A. and El-Hiti, G. A. Comparative study of repeatability of phenol red thread test versus Schirmer's test in normal adults in Saudi Arabia. *Eye & Contact Lens*, **40**, 127-131 (2014).
21. Li, N., Deng, X.-G. and He, M.-F. Comparison of the Schirmer I test with and without topical anesthesia for diagnosing dry eye. *International Ophthalmology*, **5**, 478-481 (2012).
22. Shen, M., Li, J., Wang, J., Ma, H., Cai, C., Tao, A., Yuan, Y. and Lu, F. Upper and lower tear menisci in the diagnosis of dry eye. *Investigative Ophthalmology & Visual Science*, **50**, 2722-2726 (2009).
23. Alanazi, M. A., El-Hiti, G. A., Alhafy, N. R., Almutleb, E. S., Fagehi, R., Alanazi, S. A. and Masmali, M. A.. Correlation between osmolarity measurements using the TearLab™ and I-Pen® systems in subjects with a high body mass index. *Clinical and Experimental Medicine*, **31**, 1413-1418 (2022).
24. Silva, L. R., Gouveia, A. F., de Fátima, C. J. T., Oliveira, L. B., Reis, J. L., Ferreira, R. F., Pimentel, C. M. and Galera, P. D. Tear ferning test in horses and its correlation with ocular surface evaluation. *Veterinary Ophthalmology*, **19**, 117-123 (2016).
25. Oriá, A. P., Raposo, A. C. S., Araújo, N. L. L. C., Lima, F. B., Lima, F. B. and Masmali, A. M. Tear ferning test in healthy dogs. *Veterinary Ophthalmology*, **21**, 391-398 (2018).
26. Masmali, A. M., Fagehi, R. A., El-Naggar, A. H., Almubrad, T. M. and Akhtar, S. Structure and microanalysis of tear film ferning of camel tears, human tears, and Refresh Plus. *Molecular Vision*, **24**, 305-314 (2018).
27. Veloso, J. F., Oriá, A. P., Raposo, A. C. S., Lacerda, A. J., Silva, C. V. B., Lima, L. F. and Alberto Carlos, R. S. The use of tear ferning test in cats for evaluation of ocular surface. *Acta Veterinaria Scandinavica*, **62**, 23 (2020).
28. Tang, Y.-J., Chang, H.-H., Tsai, C.-Y., Chen, L.-Y. and Lin, D.P.-C. Establishment of a tear ferning Test protocol in the mouse model. *Translational Vision Science & Technology*, **9**, 1 (2020).
29. Horwath, J., Ettinger, K., Bacherneegg, M., Bodner, E. and Schmut, O. Ocular ferning test: Effect of temperature and humidity on tear ferning patterns. *Ophthalmologica*, **215**, 102-107 (2001).
30. Fagehi, R., El-Hiti, G. A., Almojalli, A., Alzuhairi, F. S., Alanazi, M. A., Masmali, A. M. and Almubrad, T. Assessment of tear film parameters in smokers and subjects with a high body mass index. *Optometry and Vision Science*, **99**, 358-362 (2022).
31. Schiffman, R. M., Christianson, M. D., Jacobsen, G., Hirsch, J. D. and Reis, B. L. Reliability and validity of the ocular surface disease index. *Archives of Ophthalmology*, **118**, 615-621 (2000).
32. Martin, E., Oliver, K. M., Pearce, E. I., Tomlinson, A., Simmons, P. and Hagan, S. Effect of tear supplements on signs, symptoms and inflammatory markers in dry eye. *Cytokine*, **105**, 37-44 (2018).
33. Masmali, A. M., Alanazi, S. A., Almagren, B. and El-Hiti, G. A. Assessment of the tear film in normal eye subjects after consumption of a single dose of hot peppermint drink. *Clinical Optometry*, **11**, 39-45 (2019).
34. Garcia-Resua, C., Pena-Verdeal, H., Giraldez, M. J. and Yebra-Pimentel, E. Clinical performance of an objective methodology to categorize tear film lipid layer patterns. *Third International Conference on Applications of Optics and Photonics*, **10453**, T1-8 (2017).
35. Cohen, J. Statistical Power Analysis for the Behavioral Sciences; Lawrence Erlbaum Associates: Hillsdale, NJ, USA, 1988.
36. Chen, T. and Ward, D. A. Tear volume, turnover rate, and flow rate in ophthalmologically normal horses. *American Journal of Veterinary Research*, **71**, 671-676 (2010).
37. Abelson, M.B., Udell, I. J. and Weston, J. H. Normal human tear pH by direct measurement. *Archives of Ophthalmology*, **99**, 301 (1981).

38. Ollivier, F. J., Brooks, D. E., Schultz, G. S., Blalock, T. D., Andrew, S. E., Komaromy, A. M., Cutler, T. J., Lassaline, M. E., Kallberg, M. E. and Van Setten, G. B. Connective tissue growth factor in tear film of the horse: detection, identification and origin. *Graefe's Archive for Clinical and Experimental Ophthalmology*, **242**, 165-171 (2004).
39. Brooks, D. E. Calcium degeneration and ocular surface failure in the horse. *Equine Veterinary Education*, **24**, 8-11 (2012).
40. Davidson, H. J., Blanchard, G. L. and Montgomery, P. C. Comparisons of tear proteins in the cow, horse, dog and rabbit. *Advances in Experimental Medicine*, **350**, 331-334 (1994).
41. Selsted, M.E. and Martinez, R.J. Isolation and purification of bactericides from human tears. *Experimental Eye Research*, **34**, 305-318 (1982).
42. Almutleb, E. S., El-Hiti, G. A., Al-Okail, F. B., Altoaimi, B. H., Almutairi, M. S., Baashen, M. A., Althomali, M., Alanazi, S. A. and Masmali A. M. Evaluation of tear meniscus height and lipid layer patterns of the tear film in domestic cats: An observational study. *Open Veterinary Journal*, **14**, 846-851 (2024).
43. Almutleb, E. S., El-Hiti, G. A., Alshulayyil, A. N., Alghamdi, A. D., Almutairi, M. S., Baashen, M. A., Altoaimi, B. H., Alanazi, S. A. and Masmali, A. M. Assessment of lipid layer patterns in domestic dogs and rabbits: An observational study. *Open Veterinary Journal*, **14**, 879-884 (2024).
44. Wei, X. E., Markoulli, M., Millar, T. J., Mark, D. P. and Zhao, Z. Divalent cations in tears, and their influence on tear film stability in humans and rabbits. *Investigative Ophthalmology & Visual Science*, **53**, 3280-3285 (2012).
45. Davis, K. and Townsend, W. Tear-film osmolarity in normal cats and cats with conjunctivitis. *Veterinary Ophthalmology*, **14**, 54-59 (2011).
46. Korth, R. M. E., Romkes, G. and Eule, J. C. Tear film osmolarity as a diagnostic tool in small animal and equine medicine? *Veterinary Ophthalmology*, **13**, 349 (2010).
47. Lemp, M. A., Bron, A. J., Baudouin, C., Benítez Del Castillo, J. M., Geffen, D., Tauber, J., Foulks, G. N., Pepose, J. S. and D Sullivan, B. D. Tear osmolarity in the diagnosis and management of dry eye disease. *American Journal of Ophthalmology*, **151**, 792-798 (2011).
48. Best, L. J., Hendrix, D. V. H. and Ward, D. A. Tear film osmolality and electrolyte composition in healthy horses. *American Journal of Veterinary Research*, **76**, 1066-1069. (2015).
49. Puderbach, S. and Stolze, H. H. Tear fanning and other lacrimal tests in normal persons of different ages. *International Ophthalmology*, **15**, 391-395 (1991).

تقييم الشريط الدمعي في الخيول العربية باستخدام جهاز محمول مقارنةً بعيون الإنسان السليمة

عصام المطلب ، مزنة المطيري ، جمال الهيتي ، عبد العزيز بن تركي ، مشاعر باعشن ، باسل الطعيمي ، محمد الشمالي ، مناء العنزي وعلي مسلمي

قسم البصريات، كلية العلوم الطبية التطبيقية، جامعة الملك سعود، الرياض 11433، المملكة العربية السعودية.

الملخص

إن ثبات الشريط الدمعي ضروري للحفاظ على صحة الرؤية لدى الحيوانات والبشر. لذلك، يجب تقييم الشريط الدمعي من حين لآخر للكشف عن أي ظواهر غير طبيعية، وخاصة تلك التي تعيش في بيئة ذات درجة حرارة ورطوبة عالية. قامت الدراسة الحالية بتقييم وقت تفكك الدموع وارتفاع هلال الدموع ونمط الطبقة الدهنية في الخيول العربية ومقارنتها بتلك الموجودة لدى البشر. كانت الفرضية هي أن بتقييم وقت تفكك الدموع وسمك الطبقة الدهنية أكبر في الخيول منها لدى البشر بسبب معيشتهم في ظروف درجات حرارة عالية. شملت الدراسة ما مجموعه 94 حصاناً عربياً و94 إنساناً يتمتعون بعيون سليمة. تم تقييم معالم طبقة الدموع في العين اليمنى لكل مشارك باستخدام جهاز محمول بفاصل زمني مدته 5 دقائق بين كل اختبار. قام نفس الفاحص بإجراء كل اختبار ثلاث مرات. كشف التحليل الإحصائي عن اختلافات جوهرية في وقت تفكك الدموع وسمك الطبقة الدهنية بين الخيول والبشر. لم يتم العثور على فرق كبير في ارتفاع هلال الدموع بين الخيول والبشر.

الكلمات الدالة: الخيول العربية، شريط الدمع العيني، وقت تفكك الدموع، أنماط الطبقة الدهنية، ارتفاع هلال الدموع.