

ACVIM General Boards Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

- 1. What is the mechanism of action (MOA) of phenylpropanolamine?**
 - A. Beta agonist at urethral sphincter**
 - B. Alpha agonist at urethral sphincter, increasing sphincter tone**
 - C. Inhibits norepinephrine reuptake**
 - D. Acts as a diuretic**
- 2. What is the most sensitive test for Bartonella in dogs?**
 - A. Serology**
 - B. PCR**
 - C. Culturing**
 - D. Histopathology**
- 3. Which hormonal levels would suggest secondary hypoadrenocorticism in an older St Bernard?**
 - A. High ACTH and high cortisol**
 - B. Low ACTH and low basal cortisol**
 - C. High cortisol and low ACTH**
 - D. Normal cortisol and high ACTH**
- 4. Which clinical signs suggest THC toxicity in a dog?**
 - A. Vomiting and diarrhea**
 - B. Myocardial depression**
 - C. Mydriasis, bradycardia, ataxia, and dribbling urine**
 - D. Fever and lethargy**
- 5. What is a common treatment goal for managing congestive heart failure?**
 - A. To cure the underlying heart condition**
 - B. To manage symptoms and improve quality of life**
 - C. To increase heart rate**
 - D. To encourage weight gain**

- 6. What cardiac effect is caused by a patent ductus arteriosus (PDA)?**
- A. Right volume overload**
 - B. Left volume overload**
 - C. Dilated cardiomyopathy**
 - D. Myocardial hypertrophy**
- 7. What is the most common tumor found in cats?**
- A. Squamous cell carcinoma**
 - B. Basal cell tumor**
 - C. Mast cell tumor**
 - D. Fibrosarcoma**
- 8. What is the primary role of the proximal tubule in renal physiology?**
- A. Reabsorption of potassium**
 - B. Reabsorption of sodium and water**
 - C. Secretion of hydrogen ions**
 - D. Filtration of blood**
- 9. If a dog has a high basal cortisol and normal cortisol levels 4 hours post-ACTH stimulation, what condition is suggested?**
- A. Primary hyperadrenocorticism**
 - B. Adrenal carcinoma**
 - C. Pituitary dependent hyperadrenocorticism**
 - D. Syndrome of inappropriate ADH secretion**
- 10. What type of tumor is an oligodendroglioma?**
- A. Neuroendocrine**
 - B. Epithelial**
 - C. Neuroepithelial**
 - D. Mesenchymal**

Answers

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1. B
2. B
3. B
4. C
5. B
6. B
7. B
8. B
9. C
10. C

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Explanations

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1. What is the mechanism of action (MOA) of phenylpropanolamine?

A. Beta agonist at urethral sphincter

B. Alpha agonist at urethral sphincter, increasing sphincter tone

C. Inhibits norepinephrine reuptake

D. Acts as a diuretic

Phenylpropanolamine primarily acts as an alpha agonist, which increases the tone of the urethral sphincter. This action is beneficial in the treatment of urinary incontinence, particularly in dogs. By stimulating alpha-adrenergic receptors in the smooth muscle of the urethral sphincter, phenylpropanolamine enhances the contraction of these muscles, helping to maintain continence and reduce involuntary urination. The other mechanisms listed are not the primary actions of phenylpropanolamine. While some of the options touch upon the drug's influence on the adrenergic system, this specific action at the urethral sphincter and its direct effect on increasing sphincter tone is what classifies it as a treatment for conditions characterized by a lack of sphincter control. Understanding this mechanism is crucial for effectively treating urinary issues in veterinary practice.

2. What is the most sensitive test for Bartonella in dogs?

A. Serology

B. PCR

C. Culturing

D. Histopathology

The most sensitive test for diagnosing Bartonella infection in dogs is PCR (Polymerase Chain Reaction). This method detects the genetic material (DNA) of the Bartonella bacteria in the patient's blood or tissues, allowing for the identification of the organism at a much higher sensitivity compared to other diagnostic approaches. PCR is particularly valuable because it can confirm the presence of the organism even when the bacterial load is low, which is often the case in cases of Bartonella-related infections. Additionally, PCR can be used on various sample types, including blood, tissue biopsies, and aspirates, making it a versatile diagnostic tool. Its ability to amplify the DNA makes it exceed the sensitivity of serological tests, which rely on detecting antibodies, and cultures, which can be time-consuming and may fail to grow the organism due to its particular growth requirements or the fastidious nature of the bacteria. Other tests, like serology, focus on immune response and may not detect active infections if the immune response is absent or delayed. Culturing Bartonella can also be challenging and may not yield results due to the bacteria's unique growth needs. Histopathology can provide supportive evidence of infection but does not definitively identify the organism. Thus, PCR stands out as the most sensitive method.

3. Which hormonal levels would suggest secondary hypoadrenocorticism in an older St Bernard?

- A. High ACTH and high cortisol
- B. Low ACTH and low basal cortisol**
- C. High cortisol and low ACTH
- D. Normal cortisol and high ACTH

In the context of diagnosing secondary hypoadrenocorticism, it is important to understand the roles of ACTH (adrenocorticotropic hormone) and cortisol in the feedback loop of the hypothalamic-pituitary-adrenal (HPA) axis. In cases of secondary hypoadrenocorticism, the underlying issue resides at the level of the pituitary gland, where inadequate ACTH production results in insufficient stimulation of the adrenal glands. When ACTH levels are low, the adrenal glands do not produce enough cortisol, leading to low basal cortisol levels. This pattern (low ACTH and low cortisol) indicates that the adrenal glands are not responding adequately due to lack of stimulation from ACTH, which is a hallmark of secondary adrenal insufficiency. Therefore, when faced with an older St. Bernard exhibiting these hormonal levels, one can suspect secondary hypoadrenocorticism. High levels of ACTH paired with low cortisol, as seen in primary hypoadrenocorticism, reflect an adrenal issue rather than one related to the pituitary gland. Likewise, high cortisol combined with low ACTH indicates primary hyperadrenocorticism (Cushing's disease), not secondary hypoadrenocorticism. Normal cortisol with high ACTH

4. Which clinical signs suggest THC toxicity in a dog?

- A. Vomiting and diarrhea
- B. Myocardial depression
- C. Mydriasis, bradycardia, ataxia, and dribbling urine**
- D. Fever and lethargy

THC toxicity, or toxicity from tetrahydrocannabinol, the active component of cannabis, can produce a distinctive set of clinical signs in dogs. The presence of mydriasis (dilated pupils), bradycardia (slowed heart rate), ataxia (lack of voluntary coordination), and dribbling urine are particularly indicative of THC's effects on the central nervous system. Mydriasis is common due to THC affecting neurotransmitter pathways, particularly those involving the autonomic nervous system. Bradycardia occurs as THC can impact heart rate regulation, potentially leading to an overall decreased heart rate. Ataxia signifies disruption in motor coordination, while dribbling urine points to possible impairment in bladder control, further reinforcing the neurological impacts of THC. These signs collectively highlight the neurotoxic effects of THC, which can lead to altered mental status and motor function in dogs. Recognizing this constellation of symptoms is crucial for veterinarians in diagnosing and managing THC-related toxicity effectively. The other options, while they may be seen in different types of toxicity or health conditions, do not encapsulate the specific clinical manifestations associated with THC exposure.

5. What is a common treatment goal for managing congestive heart failure?

- A. To cure the underlying heart condition**
- B. To manage symptoms and improve quality of life**
- C. To increase heart rate**
- D. To encourage weight gain**

A common treatment goal for managing congestive heart failure is to manage symptoms and improve quality of life. In this condition, the heart is unable to pump blood effectively, leading to fluid buildup and various symptoms such as shortness of breath, fatigue, and swelling. The primary focus of treatment is to alleviate these symptoms, which can significantly impact a patient's daily living and overall wellbeing. This involves a combination of lifestyle changes, medications, and possibly devices or surgical interventions to help the heart function more effectively. By managing symptoms, patients can experience a better quality of life, allowing them to engage in more activities and experience less discomfort. Treating the underlying heart condition, while important, is often not feasible in cases of chronic heart failure, as the damage may be irreversible. Increasing heart rate is generally not a goal, as doing so could exacerbate the heart's workload. Encouraging weight gain is also not appropriate, as managing fluid retention is crucial, and most heart failure patients may struggle with weight management due to fluid overload.

6. What cardiac effect is caused by a patent ductus arteriosus (PDA)?

- A. Right volume overload**
- B. Left volume overload**
- C. Dilated cardiomyopathy**
- D. Myocardial hypertrophy**

A patent ductus arteriosus (PDA) leads to a left volume overload. This condition occurs when there is a persistent connection between the aorta and the pulmonary artery, allowing blood to flow from the aorta (which is under higher pressure) into the pulmonary artery. As a result, this abnormal blood flow increases the volume of blood returning to the left side of the heart, particularly the left atrium and left ventricle. Over time, this excessive volume can lead to dilation of the left atrium and left ventricle and may ultimately cause complications such as congestive heart failure if not addressed. The left ventricle not only has to manage the normal volume of blood returning from the lungs but also the additional volume that is shunted from the aorta. This situation can lead to structural changes in the heart, including hypertrophy of the left ventricular muscle as it works harder to pump the increased volume of blood. Thus, the primary cardiac effect of a patent ductus arteriosus is left volume overload, which can set the stage for further cardiovascular issues if the PDA is not closed, either surgically or via interventional techniques.

7. What is the most common tumor found in cats?

- A. Squamous cell carcinoma
- B. Basal cell tumor**
- C. Mast cell tumor
- D. Fibrosarcoma

The most common tumor found in cats is, in fact, squamous cell carcinoma. This malignancy frequently arises in areas that are exposed to sunlight, particularly in white cats or those with light-colored fur, as they are more susceptible to UV radiation. Squamous cell carcinoma presents a significant concern due to its aggressive nature and potential for local invasion. Basal cell tumors can occur in cats but are not as prevalent as squamous cell carcinomas. They tend to be benign and slow-growing, making them less common as a major type of tumor in the feline population. Mast cell tumors and fibrosarcomas, while present in cats, are also not as frequently diagnosed as squamous cell carcinomas. Mast cell tumors can be seen in various forms but are more often linked to breeds such as the Siamese and Burmese. Fibrosarcomas, particularly associated with vaccination sites, are also significant but do not match the prevalence of squamous cell carcinoma in the general feline population. In summary, understanding the prevalence and characteristics of squamous cell carcinoma is essential, as it represents the most commonly diagnosed tumor in cats and is known for its critical implications for treatment and outcome.

8. What is the primary role of the proximal tubule in renal physiology?

- A. Reabsorption of potassium
- B. Reabsorption of sodium and water**
- C. Secretion of hydrogen ions
- D. Filtration of blood

The primary role of the proximal tubule in renal physiology is the reabsorption of sodium and water. In this segment of the nephron, approximately 65-70% of filtered sodium is reabsorbed, along with a similar percentage of water, which follows sodium passively due to osmotic gradients. This process is critical for maintaining fluid and electrolyte balance in the body. In addition to sodium and water, the proximal tubule is also involved in the reabsorption of glucose, bicarbonate, and various amino acids, contributing to the regulation of the body's metabolic needs and acid-base balance. The effective reabsorption here helps to concentrate the urine further down the nephron while also preventing excessive loss of essential solutes. This function distinguishes it from other parts of the nephron, such as the distal tubule and collecting duct, which play different roles in fine-tuning sodium and water reabsorption based on hormonal regulation. The unique anatomy and transport mechanisms of the proximal tubule emphasize its primary role in the initial stages of urine formation by reclaiming critical substances from the filtrate.

9. If a dog has a high basal cortisol and normal cortisol levels 4 hours post-ACTH stimulation, what condition is suggested?
- A. Primary hyperadrenocorticism
 - B. Adrenal carcinoma
 - C. Pituitary dependent hyperadrenocorticism**
 - D. Syndrome of inappropriate ADH secretion

In cases where a dog presents with high basal cortisol levels but normal cortisol responses to an ACTH stimulation test four hours post-administration, this finding is suggestive of pituitary-dependent hyperadrenocorticism (Cushing's disease). In this condition, the pituitary gland produces excess adrenocorticotrophic hormone (ACTH), leading to an overproduction of cortisol by the adrenal glands. However, the adrenal glands in this scenario are still capable of responding to ACTH, as evidenced by the high basal cortisol levels. The key point distinguishing pituitary-dependent hyperadrenocorticism in this context is that despite the increased baseline cortisol, the adrenal glands may show a blunted or normal response upon additional stimulation, as seen in post-ACTH cortisol levels that do not significantly rise. Pituitary-dependent hyperadrenocorticism is the most common form of Cushing's disease in dogs and tends to result in a peculiar pattern in diagnostic tests. In contrast, primary hyperadrenocorticism and adrenal carcinoma would typically produce consistently elevated cortisol levels both at baseline and following stimulation, indicating a deregulated adrenal response. The syndrome of inappropriate ADH secretion is unrelated to cortisol production and would not present with these specific cortisol findings.

10. What type of tumor is an oligodendroglioma?

- A. Neuroendocrine
- B. Epithelial
- C. Neuroepithelial**
- D. Mesenchymal

An oligodendroglioma is categorized as a neuroepithelial tumor. This classification arises from the type of cells from which oligodendrogliomas originate—specifically, oligodendrocytes or their precursors, which are glial cells found in the central nervous system. Neuroepithelial tumors encompass a variety of tumors that arise from the neuroectoderm, which includes not only glial cells but also neurons. Oligodendrogliomas are typically found in the brain and can vary in aggressiveness. They are known for their particular histological features, including the presence of round nuclei and a "fried egg" appearance due to the perinuclear halo of cytoplasm. Their classification as neuroepithelial underscores their relationship to the supportive and regulatory cells of the nervous system, distinguishing them from tumors derived from other tissue types, such as epithelial (which arise from the surface layers of the body), mesenchymal (which originate from connective tissues), or neuroendocrine tumors (which arise from cells that release hormones into the blood). The key aspect that reinforces the correct classification of oligodendrogliomas as neuroepithelial is their origin from glial cells, which play a crucial role in supporting neuronal function.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://acvimgenboards.examzify.com>

We wish you the very best on your exam journey. You've got this!