

Certified Diagnostic Ophthalmic Sonographer (CDOS) Practice exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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. 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.

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. 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!

Questions

- 1. What is the average chamber depth of a normal eye?**
 - A. 2.0 mm**
 - B. 3.0 mm**
 - C. 4.5 mm**
 - D. 5.5 mm**
- 2. How does the presence of a cataract affect ultrasound imaging?**
 - A. It has no effect on imaging quality**
 - B. It can alter acoustic properties, potentially leading to artifacts**
 - C. It improves imaging resolution**
 - D. It causes complete loss of visibility**
- 3. What does a high reflectivity echo seen in the posterior segment of the eye likely indicate?**
 - A. The presence of a clear lens**
 - B. The presence of a calcified mass or ossified lesion**
 - C. An increased blood flow**
 - D. A detached retina**
- 4. What is the purpose of using S-shaped amplification in standardized A-scan?**
 - A. To enhance image resolution**
 - B. To improve tissue differentiation**
 - C. To minimize artifacts**
 - D. To increase scanning speed**
- 5. Why might contact biometry pose a risk during ocular measurement?**
 - A. It requires special imaging techniques**
 - B. It can lead to corneal infections due to direct contact**
 - C. It generates heat affecting measurement accuracy**
 - D. It needs patient sedation**

- 6. What does standardized Echography combine?**
- A. A-scan and contact B-scan**
 - B. B-scan and digital imaging**
 - C. Fundus photography and A-scan**
 - D. Optical coherence tomography and A-scan**
- 7. What does the term "fundus" refer to in ophthalmology?**
- A. The outer layer of the eye**
 - B. The interior surface of the eye, including the retina and optic nerve**
 - C. The layer responsible for color vision**
 - D. The muscle controlling the eye's movement**
- 8. Which structure is primarily examined using A-mode ultrasound?**
- A. The curvature of the cornea**
 - B. The axial length of the eyeball**
 - C. The width of the optic nerve**
 - D. The thickness of the retina**
- 9. What is a key feature of longitudinal scans regarding the optic nerve?**
- A. It provides a top view of the optic nerve**
 - B. It shows the insertion precisely at the disc**
 - C. It eliminates the need for transverse scans**
 - D. It enhances the focus on the anterior segment**
- 10. What is the role of the A-scan in preoperative cataract assessments?**
- A. To measure corneal curvature for lens fitting**
 - B. To measure axial length for proper IOL calculations**
 - C. To assess the state of the retina**
 - D. To evaluate intraocular pressure**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the average chamber depth of a normal eye?

- A. 2.0 mm
- B. 3.0 mm**
- C. 4.5 mm
- D. 5.5 mm

The average chamber depth of a normal eye is approximately 3.0 mm. This measurement pertains specifically to the anterior chamber, which is the fluid-filled space situated between the cornea and the iris. Understanding this dimension is crucial in the evaluation of ocular health, as deviations from the norm can indicate various conditions, such as glaucoma or other forms of anterior segment abnormalities. In clinical practice, accurate measurement of anterior chamber depth is important for diagnosing and managing eye diseases. A depth of 3.0 mm aligns with typical anatomical references, ensuring that ophthalmic sonographers maintain appropriate benchmarks when assessing patient eyes. This measurement is routinely evaluated during ocular exams and can offer insights into the possibility of complications or patient risk factors related to eye health.

2. How does the presence of a cataract affect ultrasound imaging?

- A. It has no effect on imaging quality
- B. It can alter acoustic properties, potentially leading to artifacts**
- C. It improves imaging resolution
- D. It causes complete loss of visibility

The presence of a cataract can alter the acoustic properties of the eye, which can lead to artifacts in ultrasound imaging. Cataracts are opacities in the lens that can scatter and reflect sound waves differently than a healthy lens would. This scattering can result in the distortion of ultrasound images and may create false echoes or shadows that affect the overall quality of the image. This effect is particularly important to recognize when interpreting sonographic findings, as the artifacts can complicate the diagnosis or assessment of underlying eye conditions. Understanding how cataracts influence ultrasound imaging allows sonographers to better interpret the images they acquire and to account for potential complications caused by these changes in acoustic properties.

3. What does a high reflectivity echo seen in the posterior segment of the eye likely indicate?

- A. The presence of a clear lens**
- B. The presence of a calcified mass or ossified lesion**
- C. An increased blood flow**
- D. A detached retina**

A high reflectivity echo seen in the posterior segment of the eye typically indicates the presence of a calcified mass or ossified lesion. This high echo often arises from structures that have a dense acoustic interface, which reflects ultrasound waves more significantly than surrounding tissues. Calcifications or ossifications within a mass create echoes that are strong enough to be detected as high reflectivity on ultrasound imaging. This acoustic property helps sonographers differentiate between various types of ocular lesions. For instance, benign lesions like a choroidal nevus generally produce lower reflectivity echoes compared to calcifications found in tumors such as retinoblastoma or other mineralized lesions. Understanding the characteristics of these echoes is crucial in identifying and diagnosing ocular pathologies during an ultrasound examination. In this context, other choices do not correspond to the same high reflectivity pattern. A clear lens typically does not generate high reflectivity and might produce minimal echoes due to its transparency. Increased blood flow typically produces low reflectivity echoes due to the motion of blood cells and the Doppler effect, not high reflectivity. A detached retina would also not generally produce high reflectivity echoes, as it usually appears as a hypoechoic or anechoic area due to its separation from the underlying retinal pigment epithelium.

4. What is the purpose of using S-shaped amplification in standardized A-scan?

- A. To enhance image resolution**
- B. To improve tissue differentiation**
- C. To minimize artifacts**
- D. To increase scanning speed**

Using S-shaped amplification in standardized A-scan serves the important purpose of improving tissue differentiation. In ophthalmic ultrasound, the ability to distinguish between different types of tissues is crucial for accurate diagnoses. S-shaped amplification refers to a specific method of adjusting the gain across different depths in the tissue being imaged, allowing for enhanced visualization of structures that might otherwise appear similar. This technique can significantly improve the detectability of interfaces between various tissues, such as the difference between a normal crystalline lens and a cataract-affected lens. By optimizing the display of signals based on the varying acoustic properties of different tissues, clinicians can better assess pathologies and make informed clinical decisions. Enhanced tissue differentiation directly contributes to more effective patient management and treatment planning in ophthalmology, making it a fundamental aspect of A-scan ultrasound technology.

5. Why might contact biometry pose a risk during ocular measurement?

- A. It requires special imaging techniques**
- B. It can lead to corneal infections due to direct contact**
- C. It generates heat affecting measurement accuracy**
- D. It needs patient sedation**

Contact biometry involves placing a measurement device directly onto the surface of the eye, which can increase the risk of corneal infections. This is primarily because any device that touches the eye has the potential to transfer bacteria or other pathogens, especially if proper sterile techniques are not followed. The direct contact can lead to abrasions or breaks in the corneal epithelium, providing an entry point for microbes. Understanding this risk is critical in diagnostic procedures, as corneal infections can lead to significant complications, including pain, vision loss, and the need for aggressive treatment. Therefore, maintaining strict hygiene protocols during contact biometry is essential to minimize these risks and ensure patient safety during ocular measurements.

6. What does standardized Echography combine?

- A. A-scan and contact B-scan**
- B. B-scan and digital imaging**
- C. Fundus photography and A-scan**
- D. Optical coherence tomography and A-scan**

Standardized Echography involves the combination of A-scan and contact B-scan modalities. A-scan ultrasound provides precise axial measurements of the eye, such as axial length, and is fundamental for calculating intraocular lens power prior to cataract surgery. On the other hand, contact B-scan ultrasound offers a two-dimensional view of the structures within the eye, making it useful for evaluating complex diseases and conditions like retinal detachment or tumors. By integrating both A-scan and contact B-scan techniques, standardized echography delivers comprehensive information about eye anatomy and measurements, which is essential for accurate diagnosis and treatment planning in ophthalmology. This combination allows clinicians to not only measure specific dimensions but also visualize the anatomical structures, leading to more informed clinical decisions.

7. What does the term "fundus" refer to in ophthalmology?

- A. The outer layer of the eye**
- B. The interior surface of the eye, including the retina and optic nerve**
- C. The layer responsible for color vision**
- D. The muscle controlling the eye's movement**

The term "fundus" in ophthalmology refers specifically to the interior surface of the eye, which includes important structures such as the retina and the optic nerve. This area is crucial for visual processing, as the retina contains the photoreceptor cells that convert light into neural signals, and the optic nerve transmits these signals to the brain for visual interpretation. Understanding the fundus is vital for diagnosing and monitoring various eye conditions, such as diabetic retinopathy, retinal detachments, and glaucoma. This anatomical definition highlights the significance of the fundus in both clinical evaluations and the overall understanding of ocular health.

8. Which structure is primarily examined using A-mode ultrasound?

- A. The curvature of the cornea**
- B. The axial length of the eyeball**
- C. The width of the optic nerve**
- D. The thickness of the retina**

A-mode ultrasound is primarily utilized for measuring distances and assessing anatomical structures in a linear fashion, making it particularly suited for determining the axial length of the eyeball. This technique provides a one-dimensional representation where the amplitude of the returning echoes is plotted against depth, enabling precise measurements that are crucial for calculations in refractive surgery and determining intraocular lens power. The axial length of the eyeball is a critical measurement in ophthalmology because it helps in diagnosing and managing conditions such as myopia (nearsightedness) and hyperopia (farsightedness), as well as in planning for cataract surgeries and other procedures. Accurate measurements of the axial length contribute significantly to successful outcomes in lens placement. In contrast, the other options involve structures and dimensions that are typically assessed using different modalities or measurements. The curvature of the cornea is best evaluated using corneal topography or Pentacam technology, while the width of the optic nerve and the thickness of the retina are usually examined through different imaging techniques such as B-mode ultrasound or optical coherence tomography (OCT).

9. What is a key feature of longitudinal scans regarding the optic nerve?

- A. It provides a top view of the optic nerve**
- B. It shows the insertion precisely at the disc**
- C. It eliminates the need for transverse scans**
- D. It enhances the focus on the anterior segment**

A key feature of longitudinal scans regarding the optic nerve is that they provide a precise view of how the optic nerve inserts into the optic disc. This orientation is critical in ophthalmic ultrasound because it allows for detailed examination of the optic nerve's structural relationship to the disc, which is vital for diagnosing conditions such as papilledema or optic nerve head abnormalities. By accurately displaying the attachment of the optic nerve to the disc, longitudinal scans enable clinicians to assess potential pathologies effectively. This view can also assist in measuring the diameter of the optic nerve and monitoring changes over time in various disease processes. Other options do not emphasize the longitudinal aspect's unique utility in visualizing the nerve's insertion point, making this choice particularly relevant in diagnostic applications.

10. What is the role of the A-scan in preoperative cataract assessments?

- A. To measure corneal curvature for lens fitting**
- B. To measure axial length for proper IOL calculations**
- C. To assess the state of the retina**
- D. To evaluate intraocular pressure**

The role of the A-scan in preoperative cataract assessments is primarily to measure the axial length of the eye. This measurement is critical for proper intraocular lens (IOL) calculations. During cataract surgery, selecting the right power for the IOL to be implanted is essential to ensure optimal visual outcomes for the patient. The axial length, which is the distance from the front (the cornea) to the back (the retina) of the eye, directly influences the necessary power of the lens that will replace the cloudy natural lens. Precise measurements obtained through an A-scan help determine this power by allowing ophthalmologists to consider other factors, such as corneal curvature and patient-specific anatomical variations. While the other options present important aspects of eye examinations—such as corneal curvature measurement which aids in lens fitting, assessing the retina's condition, and evaluating intraocular pressure—these are not the primary focus of the A-scan in the context of cataract preoperative assessments. The A-scan is specifically designed to measure the length of the eye, which emphasizes its invaluable role in guiding effective IOL choices during cataract surgery.

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://diagopthalmicsonographer.examzify.com>

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