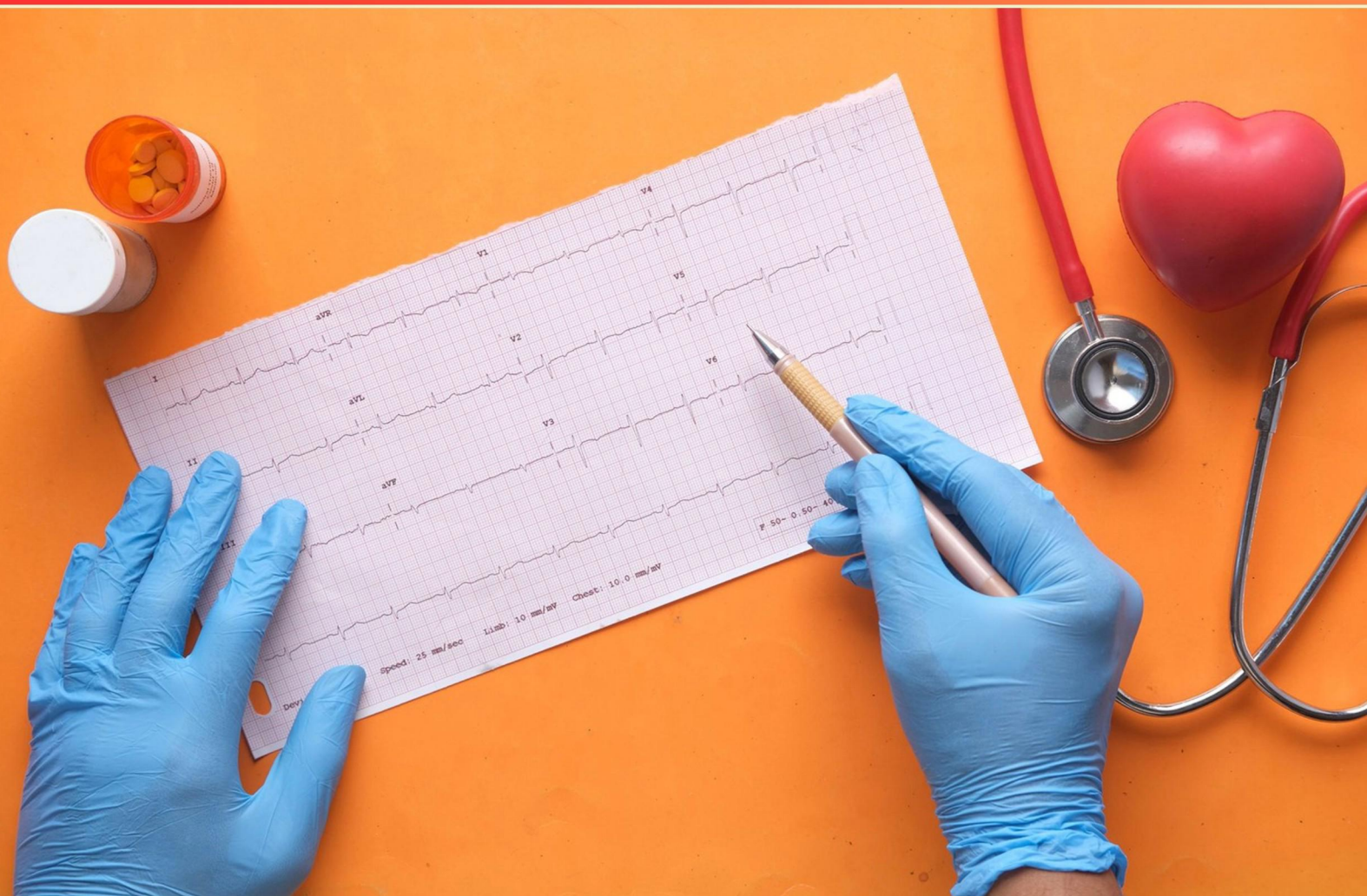


CHRONIC SMALL INTESTINAL DISEASE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://chronicsmallintestinaldisease.examzify.com>



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	15

SAMPLE

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

SAMPLE

- 1. How long do the effects of Antibacterial therapy on the microbiome persist?**
 - A. Hours
 - B. Days
 - C. Weeks
 - D. Weeks to months (sometimes doesn't return to normal)
- 2. Which ultrasound feature may be described as tiger stripe in PLE?**
 - A. Hypoechoic hepatic nodules
 - B. Hyperechoic mucosal striations (tiger stripe)
 - C. Renal pelvis dilatation
 - D. Spleen enlargement
- 3. What type of intestinal biopsy is full thickness, larger samples, can biopsy any part of the intestinal tract; invasive, increased complications, contraindicated with severe hypoproteinemia; can be performed by a general practitioner?**
 - A. Endoscopic
 - B. Surgical
 - C. Percutaneous
 - D. Laparoscopic
- 4. Which of the following is not listed as a clinical sign of protein-losing enteropathy in the material?**
 - A. Ascites
 - B. Pleural effusion
 - C. Hyperglycemia
 - D. Thromboembolic disease
- 5. What is the pathogenesis of Lymphangiectasia?**
 - A. Bacteria invade and degrade villi
 - B. Dilation and dysfunction of intestinal lacteals rupture leakage of protein-rich lymph into lumen PLE
 - C. Autoimmune destruction of enterocytes
 - D. Mucus hypersecretion causing malabsorption

- 6. Which deficiencies are checked in the Texas GI panel when evaluating a dog with PLE?**
- A. Cobalamin (B12) +/- Folate (B9)
 - B. Folate (B9) only
 - C. Cobalamin (B12) only
 - D. Vitamin D
- 7. Mean survival time of PLE?**
- A. 1 week to 1 month
 - B. 6 months to 1 year
 - C. 1 month to >2 years
 - D. >5 years
- 8. Steroid-responsive enteropathy is also referred to as which of the following?**
- A. Immunosuppressant-responsive enteropathy
 - B. Food-responsive enteropathy
 - C. Non-responsive enteropathy
 - D. Antibiotic-responsive enteropathy
- 9. What is called when there is an increased numbers of bacteria in the small intestine due to excessive proliferation of 'normal' microbiome under abnormal conditions?**
- A. SIBO (small intestinal bacterial overgrowth)
 - B. Dysbiosis
 - C. SIFO
 - D. IBS
- 10. Which of the following is listed as a novel protein option?**
- A. Lamb
 - B. Beef
 - C. Pork
 - D. Chicken

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How long do the effects of Antibacterial therapy on the microbiome persist?

- A. Hours
- B. Days
- C. Weeks

D. Weeks to months (sometimes doesn't return to normal)

Antibiotics disrupt the gut microbial ecosystem by reducing many commensal bacteria and letting some resistant or opportunistic species take hold. After stopping therapy, the microbiome begins to rebalance, but the pace and extent of recovery vary widely and depend on factors like the antibiotic's spectrum and duration, as well as the person's age, diet, and health. In many people, this rebound takes weeks to months, and in some cases the community does not return exactly to its pre-treatment state. That variability and the potential for lasting changes make "weeks to months, sometimes not returning to normal" the most accurate description of how long the effects can persist.

2. Which ultrasound feature may be described as tiger stripe in PLE?

- A. Hypoechoic hepatic nodules
- B. Hyperechoic mucosal striations (tiger stripe)**
- C. Renal pelvis dilatation
- D. Spleen enlargement

In protein-losing enteropathy, edema of the intestinal wall thickens the mucosa and submucosa. This creates bright, parallel lines along the folded bowel wall, producing a tiger-striped, hyperechoic mucosal pattern on ultrasound. That striped appearance specifically reflects mucosal edema and is a characteristic finding in this setting. The other options describe different organs or findings (liver nodules, dilated renal pelvis, splenomegaly) and do not produce the distinctive mucosal stripe pattern seen with intestinal edema in PLE.

3. What type of intestinal biopsy is full thickness, larger samples, can biopsy any part of the intestinal tract; invasive, increased complications, contraindicated with severe hypoproteinemia; can be performed by a general practitioner?

- A. Endoscopic
- B. Surgical**
- C. Percutaneous
- D. Laparoscopic

When diagnosing intestinal problems, the depth of tissue sampled and the size of the biopsy matter a lot. A full-thickness, or transmural, biopsy collects all layers of the intestinal wall, so you can evaluate disease that involves beyond the mucosa and you can sample any part of the tract. That level of tissue requires an invasive approach, which explains the larger samples and the higher risk of complications like bleeding or infection. Because it's invasive, it's also contraindicated in patients with severe hypoproteinemia, since poor protein status impairs healing and increases the risk of wound complications. In some settings, a general practitioner with appropriate surgical training can perform this biopsy, but usually it's done in a surgical setting. This combination of depth, sample size, and ability to biopsy any segment, with the associated invasiveness and higher complication risk, is what makes surgical biopsy the correct choice.

4. Which of the following is not listed as a clinical sign of protein-losing enteropathy in the material?

- A. Ascites
- B. Pleural effusion
- C. Hyperglycemia**
- D. Thromboembolic disease

Protein-losing enteropathy involves loss of plasma proteins into the gut, which lowers albumin levels and reduces oncotic pressure. That drop in oncotic pressure promotes leakage of fluid into body spaces, leading to ascites and pleural effusions. It can also cause a loss of anticoagulant proteins like antithrombin III, increasing the risk of thromboembolic disease. Hyperglycemia, on the other hand, is not a characteristic sign of this condition because the problem stems from protein loss and fluid shifts, not from dysregulated glucose control. So the feature that is not listed as a clinical sign is hyperglycemia.

5. What is the pathogenesis of Lymphangiectasia?

- A. Bacteria invade and degrade villi
- B. Dilation and dysfunction of intestinal lacteals rupture leakage of protein-rich lymph into lumen PLE**
- C. Autoimmune destruction of enterocytes
- D. Mucus hypersecretion causing malabsorption

Lymphangiectasia starts with dilation and dysfunction of the intestinal lacteals inside the villi. When these lymphatic vessels enlarge, pressure builds and lymph—rich in protein and fat—begins to leak into the intestinal lumen. This leakage causes protein-losing enteropathy, leading to hypoalbuminemia, edema, and loss of immunoglobulins, along with impaired fat absorption and steatorrhea because the chyle cannot be properly transported. In some cases, the dilated lacteals can rupture, causing a more rapid or dramatic leakage into the lumen. This mechanism directly explains why protein-rich lymph ends up in the gut and why protein loss occurs, which is the hallmark of lymphangiectasia. Other options describe different disease processes (villous damage from infection, autoimmune enteropathy, or mucus-related malabsorption) that do not center on dilation and leakage of intestinal lymphatics.

6. Which deficiencies are checked in the Texas GI panel when evaluating a dog with PLE?

- A. Cobalamin (B12) +/- Folate (B9)**
- B. Folate (B9) only
- C. Cobalamin (B12) only
- D. Vitamin D

Texas GI panel checks cobalamin (B12) and folate (B9) because they reflect how well the small intestine is absorbing nutrients, and they come from different gut segments. Cobalamin is absorbed in the ileum with help from pancreatic intrinsic factor; a low B12 level points to distal small intestinal disease or pancreatic dysfunction affecting intrinsic factor. Folate is absorbed in the proximal small intestine; a low folate level indicates proximal small intestinal disease or general malabsorption. In dogs with protein-losing enteropathy, measuring both vitamins helps localize where the gut is not absorbing properly and provides a picture of overall absorptive function. Vitamin D isn't part of this panel, so the deficiencies checked are cobalamin and folate.

7. Mean survival time of PLE?

- A. 1 week to 1 month
- B. 6 months to 1 year
- C. 1 month to >2 years**
- D. >5 years

Prognosis for protein-losing enteropathy varies widely because it's a syndrome caused by different underlying conditions, and each one responds differently to treatment. Some animals can live only weeks if the underlying disease is severe or not easily controlled, while others respond well to dietary management, immunosuppressants when indicated, and supportive care and can survive for months to years. That broad variability means the overall mean survival time falls roughly from about one month to more than two years, which best reflects the range seen across different causes and therapies. Shorter ranges would miss many longer-lived cases, and longer ranges are less representative of the typical cross-cause average.

8. Steroid-responsive enteropathy is also referred to as which of the following?

- A. Immunosuppressant-responsive enteropathy**
- B. Food-responsive enteropathy
- C. Non-responsive enteropathy
- D. Antibiotic-responsive enteropathy

Steroid-responsive enteropathy is driven by immune-mediated inflammation of the gut. Steroids act as immunosuppressants, dampening immune cell activity and inflammatory signals in the intestinal mucosa. If a patient with chronic enteropathy improves on steroid therapy, this points to an immune-driven disease, so the condition is best described as immunosuppressant-responsive enteropathy. In contrast, food-responsive enteropathy improves with dietary changes rather than immune suppression, antibiotic-responsive enteropathy improves with antibiotics that alter gut bacteria, and non-responsive enteropathy does not respond to standard therapies.

9. What is called when there is an increased numbers of bacteria in the small intestine due to excessive proliferation of 'normal' microbiome under abnormal conditions?

- A. SIBO (small intestinal bacterial overgrowth)**
- B. Dysbiosis
- C. SIFO
- D. IBS

This situation reflects an abnormal rise in the number of bacteria within the small intestine caused by proliferation of the usual gut microbiota under unfavorable conditions. The term for this is small intestinal bacterial overgrowth, or SIBO. Normally the small intestine harbors relatively few bacteria compared with the colon, so when motility slows, the anatomy alters, or gastric acid is reduced, those normal residents can multiply excessively in the small bowel. That overgrowth disrupts digestion and absorption, leading to symptoms like bloating, gas, abdominal pain, and sometimes fat or vitamin malabsorption. Dysbiosis is a broader imbalance of the gut microbiota that isn't necessarily about a quantitative overgrowth in the small intestine. SIFO refers to fungal overgrowth, not bacteria. IBS is a functional bowel disorder without a primary overgrowth of bacteria in the small intestine. So the best fit for this description is SIBO.

10. Which of the following is listed as a novel protein option?

A. Lamb

B. Beef

C. Pork

D. Chicken

In a diet-elimination approach, a novel protein is a source the patient hasn't previously been exposed to, which helps avoid prior sensitization and makes it easier to tell whether the protein itself is related to symptoms. Lamb fits as a novel protein for many patients because beef, pork, and chicken are more commonly eaten in typical Western diets, so they are less likely to be considered novel. Using lamb provides a different protein source that is less likely to have preexisting sensitivities from frequent exposure, helping to identify if a patient's symptoms improve when common proteins are avoided. The other options are all common dietary proteins, so they are less likely to be considered novel.

SAMPLE

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://chronicsmallintestinaldisease.examzify.com>

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

SAMPLE