

Clinical Equine Ophthalmology Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. 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

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- 1. Terramycin is composed of which ingredients?**
 - A. Oxytetracycline + Polymyxin B**
 - B. Gentamicin + Neomycin**
 - C. Ciprofloxacin + Dexamethasone**
 - D. Moxifloxacin + Polymyxin B**

- 2. Which of the following is a systemic NSAID option for uveitis treatment?**
 - A. Flunixin**
 - B. Diclofenac**
 - C. Flurbiprofen**
 - D. Eyewash**

- 3. Which finding on slit lamp exam indicates keratic precipitates?**
 - A. Epiphora and photophobia**
 - B. Keratic precipitates on the endothelium**
 - C. Iris color change**
 - D. Hyphema**

- 4. Terramycin is a tetracycline-class agent used in ocular infections.**
 - A. Terramycin**
 - B. Cefazolin**
 - C. Gentamicin**
 - D. Ofloxacin**

- 5. Which of the following is listed as a cause of brown corneas?**
 - A. Desmetocoele**
 - B. Corneal edema**
 - C. Iris atrophy**
 - D. Retinal detachment**

- 6. Which statement best describes the progression of corneal ulcers?**
- A. Ulcers can progress rapidly from simple to complicated, and complicated ulcers can progress rapidly to site-threatening in a short period of time.**
 - B. Ulcers progress slowly and never become complicated.**
 - C. Ulcers heal spontaneously without treatment.**
 - D. Ulcers cannot progress once they are simple.**
- 7. Which of the following is NOT listed as a feature of a complicated corneal ulcer?**
- A. Deep or large**
 - B. Infected**
 - C. Melting**
 - D. Rapidly healing**
- 8. Palpebral reflex involves which nerves?**
- A. V and VII**
 - B. II and VII**
 - C. V and VI**
 - D. III and IV**
- 9. Ocular infiltrates may also include which mineral or lipid components?**
- A. Mineral/lipid**
 - B. Water**
 - C. Glucose**
 - D. Collagen**
- 10. Which condition is listed as a cause of mydriasis?**
- A. Drugs**
 - B. Uveitis**
 - C. Phthisis**
 - D. Endotheliitis**

Answers

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

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Explanations

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1. Terramycin is composed of which ingredients?

- A. Oxytetracycline + Polymyxin B**
- B. Gentamicin + Neomycin**
- C. Ciprofloxacin + Dexamethasone**
- D. Moxifloxacin + Polymyxin B**

Terramycin is an ophthalmic antibiotic ointment that pairs a tetracycline with a polymyxin B. The active ingredients are oxytetracycline, which provides broad coverage against many gram-positive bacteria and some gram-negatives, and polymyxin B, which adds activity against gram-negative organisms by disrupting their membranes. This combination targets a range of bacteria commonly seen in equine ocular infections. The other listed options mix different antibiotics or include a steroid, so they do not match the Terramycin formulation. Therefore, the composition is oxytetracycline and polymyxin B.

2. Which of the following is a systemic NSAID option for uveitis treatment?

- A. Flunixin**
- B. Diclofenac**
- C. Flurbiprofen**
- D. Eyewash**

Systemic anti-inflammatory control of uveitis relies on an NSAID given by injection or orally to dampen inflammation throughout the body and reach the eye. Flunixin meglumine is the standard systemic NSAID used in horses for intraocular inflammation because of its strong anti-inflammatory effect and adequate systemic distribution to ocular tissues. In contrast, diclofenac and flurbiprofen are typically used as topical ophthalmic NSAIDs, not given systemically for uveitis, and eyewash is just a lavage solution with no anti-inflammatory action. So flunixin is the best systemic NSAID option for uveitis treatment.

3. Which finding on slit lamp exam indicates keratic precipitates?

- A. Epiphora and photophobia**
- B. Keratic precipitates on the endothelium**
- C. Iris color change**
- D. Hyphema**

Keratic precipitates are inflammatory cell deposits on the corneal endothelium. On slit lamp, you look for small to large white or grayish clumps on the posterior surface of the cornea (the endothelium). Their presence is a hallmark of anterior uveitis. The other options describe symptoms or unrelated signs (epiphora and photophobia are patient symptoms, iris color change isn't indicative of KPs, and hyphema is bleeding in the anterior chamber), so they don't point to keratic precipitates.

4. Terramycin is a tetracycline-class agent used in ocular infections.

- A. Terramycin**
- B. Cefazolin**
- C. Gentamicin**
- D. Ofloxacin**

Terramycin is oxytetracycline, a tetracycline-class antibiotic used topically for eye infections. Tetracyclines inhibit bacterial protein synthesis by binding to the 30S ribosomal subunit, blocking the attachment of aminoacyl-tRNA and stopping growth (bacteriostatic). This gives broad activity against many Gram-positive organisms and several Gram-negative bacteria commonly seen on the ocular surface, making it a practical choice for ocular infections in horses. The other drugs listed belong to different classes—cefazolin is a cephalosporin (cell wall synthesis inhibitor), gentamicin is an aminoglycoside, and ofloxacin is a fluoroquinolone—so they are not tetracyclines.

5. Which of the following is listed as a cause of brown corneas?

- A. Desmetocoele**
- B. Corneal edema**
- C. Iris atrophy**
- D. Retinal detachment**

The main idea here is that a brown appearance of the cornea in horses is most consistent with a very deep corneal ulcer that has reached Descemet's membrane, forming a desmetocoele. This is a thin, vulnerable corneal state where the ulcer has penetrated to the deepest corneal layer, and the exposed tissue can give the cornea a brown, compromised look. It signals that the ulcer is at high risk of perforation and needs urgent surgical management to save the eye. The other options involve structures not producing a brown corneal surface: corneal edema typically causes haziness or a blue-white clouding, iris atrophy changes the iris rather than the cornea, and retinal detachment affects the back of the eye with no direct corneal color change.

6. Which statement best describes the progression of corneal ulcers?

- A. Ulcers can progress rapidly from simple to complicated, and complicated ulcers can progress rapidly to site-threatening in a short period of time.**
- B. Ulcers progress slowly and never become complicated.
- C. Ulcers heal spontaneously without treatment.
- D. Ulcers cannot progress once they are simple.

Corneal ulcers can change in severity very quickly. A simple epithelial defect can deteriorate into a stromal-invading, complicated ulcer, and that in turn can progress to a site-threatening condition with risk of perforation in a short period if not treated promptly. This rapid escalation comes from a combination of aggressive infectious agents producing tissue-damaging enzymes and a vigorous inflammatory response that breaks down corneal tissue faster than it can heal. In horses, virulent bacteria and the resulting proteolysis can drive this swift progression, making early, targeted therapy crucial. Therefore, the best statement reflects the real risk: ulcers can move rapidly from simple to complicated, and from complicated to site-threatening in a short timeframe. The other options imply slow progression, spontaneous healing, or no progression, which does not match clinical reality.

7. Which of the following is NOT listed as a feature of a complicated corneal ulcer?

- A. Deep or large
- B. Infected
- C. Melting
- D. Rapidly healing**

A complicated corneal ulcer shows signs that indicate aggressive disease and a higher risk to the cornea's integrity. When an ulcer is deep or large, there is substantial stromal involvement, which raises the risk of perforation and makes treatment more challenging. An infected ulcer means active microbial invasion, which worsens inflammation, delays healing, and demands targeted antimicrobials. Melting, or keratomalacia, reflects enzymatic dissolution of the corneal stroma, causing rapid thinning and a real threat of perforation. Rapid healing, in contrast, would imply a straightforward, uncomplicated ulcer with quick epithelialization and preserved stroma; it does not fit the pattern of a complicated ulcer.

8. Palpebral reflex involves which nerves?

- A. V and VII**
- B. II and VII**
- C. V and VI**
- D. III and IV**

Palpebral reflex tests the sensory input from the eyelid carried by the trigeminal nerve and the motor output to close the eyelid carried by the facial nerve. When you touch the eyelid margin, the afferent signal travels via the ophthalmic branch of the trigeminal nerve to the brainstem, which then triggers the facial nerve to contract the orbicularis oculi and produce a blink. So the reflex relies on V for sensation and VII for eyelid closure, making that pairing the correct one. The other nerves listed aren't responsible for eyelid blink—the optic nerve handles vision, and III, IV, and VI control eye movements rather than eyelid closure.

9. Ocular infiltrates may also include which mineral or lipid components?

- A. Mineral/lipid**
- B. Water**
- C. Glucose**
- D. Collagen**

Ocular infiltrates are more than just inflammatory cells and fluid—they can carry additional material from the inflammatory process. Mineral deposits, such as calcium (calcific deposits) or phosphate, can become embedded in an infiltrate, especially in chronic inflammation. Lipid material can also accumulate as lipid droplets or cholesterol crystals within inflammatory exudates or in certain inflammatory eye diseases. This is why mineral or lipid components are a plausible and common part of infiltrates. Water, glucose, and collagen don't reflect what infiltrates are typically composed of: water is just part of normal tissue fluid, glucose is a metabolic substrate, and collagen is a structural protein of the extracellular matrix rather than a deposit within an inflammatory infiltrate.

10. Which condition is listed as a cause of mydriasis?

- A. Drugs**
- B. Uveitis**
- C. Phthisis**
- D. Endotheliitis**

Mydriasis happens when the iris dilator muscle is activated or when the parasympathetic input to the iris sphincter is blocked. Medications are a classic cause because many drugs either stimulate adrenergic pathways or block acetylcholine at the sphincter muscle, leading to pupil dilation. In horses, topical or systemic anticholinergic agents (which inhibit the sphincter) and adrenergic agonists can produce a dilated pupil, which is why drugs are commonly listed as a cause of mydriasis. Uveitis tends to cause constriction (miosis) due to iris sphincter spasm and inflammatory mediators; a shrunken globe in phthisis can be associated with a small, nonfunctional pupil rather than dilation; endotheliitis is inflammation of the corneal endothelium and does not typically produce mydriasis. Therefore, drugs are the correct cause among the options.

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://clinicalequineophthalmology.examzify.com>

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

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