

Lens, Glaucoma, and the Fundus 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. Which of the following can be a cause of hypertensive chorioretinopathy?**
 - A. Primary hypertension**
 - B. Kidney disease**
 - C. Hyperthyroidism**
 - D. Endocrine disease**

- 2. What is the mechanism of carbonic anhydrase inhibitors in glaucoma management?**
 - A. Increased aqueous humor production to increased IOP**
 - B. Increased outflow**
 - C. No effect**
 - D. Decreased aqueous humor production to decreased IOP**

- 3. How does anterior lens luxation cause glaucoma?**
 - A. The lens moves forward with the vitreous, acting like a cork in the iridocorneal angle**
 - B. Increased aqueous production**
 - C. Rupture of the lens capsule**
 - D. Iris pressure**

- 4. Which statement is true regarding post-operative management after cataract surgery?**
 - A. Secondary glaucoma must be monitored**
 - B. Glaucoma monitoring is optional**
 - C. Glaucoma will never occur after surgery**
 - D. Glaucoma monitoring is unnecessary if there is no pain**

- 5. Which statement about collie eye anomaly is true?**
 - A. It affects only collies**
 - B. It is hereditary in collies and other herding breeds**
 - C. It is exclusively a retinal detachment**
 - D. It is caused by infectious disease during pregnancy**

- 6. What is the treatment for chronic luxations that are blind/painful?**
- A. Orbital exenteration**
 - B. Enucleation or evisceration + prosthesis**
 - C. Antibiotics and analgesics**
 - D. Observation**
- 7. What are the pectinate ligaments?**
- A. Fibers that connect the base of the iris to inner peripheral cornea**
 - B. Structures that regulate aqueous production**
 - C. The canal of Schlemm**
 - D. The scleral spur**
- 8. What is the prognosis for ivermectin toxicity with appropriate supportive care?**
- A. Good prognosis due to transient effects**
 - B. Poor prognosis with permanent blindness**
 - C. Prognosis depends on ivermectin dose only**
 - D. Prognosis is unpredictable**
- 9. Which sign is described as iris dance (iridodensis) in lens subluxation?**
- A. Iris dance (iridodensis)**
 - B. Visible lens equator**
 - C. Phacodonesis**
 - D. Vitreal prolapse**
- 10. Which statement about breeding is recommended for collie eye anomaly?**
- A. Breed from affected lines only**
 - B. DO NOT BREED**
 - C. Breed only mixed-breed dogs**
 - D. Breed annually regardless of status**

Answers

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

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Explanations

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1. Which of the following can be a cause of hypertensive chorioretinopathy?

- A. Primary hypertension**
- B. Kidney disease**
- C. Hyperthyroidism**
- D. Endocrine disease**

Hypertensive chorioretinopathy happens when blood pressure is high enough to overcome the eye's small-vessel autoregulation, leading to choroidal ischemia and resulting retinal and choroidal changes such as Elschnig spots and, in severe cases, serous detachments. The most direct and common cause is primary (essential) hypertension, which represents sustained, uncontrolled high blood pressure that drives these ocular findings. While kidney disease, hyperthyroidism, and other endocrine disorders can contribute to hypertension by causing secondary high blood pressure, they are not the direct, typical triggers of hypertensive chorioretinopathy themselves.

2. What is the mechanism of carbonic anhydrase inhibitors in glaucoma management?

- A. Increased aqueous humor production to increased IOP**
- B. Increased outflow**
- C. No effect**
- D. Decreased aqueous humor production to decreased IOP**

Carbonic anhydrase inhibitors lower intraocular pressure by reducing the production of aqueous humor. They block carbonic anhydrase in the ciliary body, preventing the formation of bicarbonate. Less bicarbonate means reduced active ion transport (including sodium and bicarbonate) into the posterior chamber, and water follows. The result is decreased secretion of aqueous humor, so less fluid enters the anterior chamber and the IOP falls. They act by lowering production rather than increasing outflow, which is why this mechanism fits best.

3. How does anterior lens luxation cause glaucoma?

- A. The lens moves forward with the vitreous, acting like a cork in the iridocorneal angle**
- B. Increased aqueous production**
- C. Rupture of the lens capsule**
- D. Iris pressure**

When the lens sits abnormally in the front of the eye, it can physically block the normal outflow of aqueous humor. The displaced lens often pushes the iris forward and sits against the pupil or fills the iridocorneal angle, creating a pupillary block and narrowing or closing the drainage angle. With the angle blocked, aqueous humor cannot reach the trabecular meshwork, so intraocular pressure rises rapidly, producing acute glaucoma. The other ideas don't fit the usual mechanism. Glaucoma here isn't driven by more aqueous production, and rupture of the lens capsule isn't the primary cause of the pressure spike (it can lead to inflammation or different complications, but not the immediate outflow obstruction caused by the lens occupying the anterior chamber). Iris pressure alone doesn't explain how blockage of outflow leads to elevated IOP.

4. Which statement is true regarding post-operative management after cataract surgery?

- A. Secondary glaucoma must be monitored
- B. Glaucoma monitoring is optional**
- C. Glaucoma will never occur after surgery
- D. Glaucoma monitoring is unnecessary if there is no pain

Postoperative care after cataract surgery includes watching for glaucoma because pressure inside the eye can change after the procedure. Steroid drops used after surgery can raise intraocular pressure in some patients, and cataract surgery can unmask or worsen preexisting glaucoma. Elevated pressure can damage the optic nerve even if the patient has no pain or obvious symptoms, so simply assuming everything is fine without checking is risky. Regular checks of intraocular pressure, evaluation of the optic nerve, and appropriate adjustments to treatment are standard parts of post-op management. So glaucoma monitoring after cataract surgery is necessary, not optional.

5. Which statement about collie eye anomaly is true?

- A. It affects only collies
- B. It is hereditary in collies and other herding breeds**
- C. It is exclusively a retinal detachment
- D. It is caused by infectious disease during pregnancy

Collie eye anomaly is a congenital, inherited eye disorder seen in collies and several other herding breeds. The condition stems from genetic defects in eye development, often passed down within a breed and across related herding breeds, rather than arising from infection or a single breed confinement. It can affect structures like the retina and choroid, with a range from developmental defects such as choroidal hypoplasia to more serious problems like retinal detachment in some cases. Because it is genetic and present in multiple herding breeds, the true statement is that it is hereditary in collies and other herding breeds.

6. What is the treatment for chronic luxations that are blind/painful?

- A. Orbital exenteration
- B. Enucleation or evisceration + prosthesis**
- C. Antibiotics and analgesics
- D. Observation

Relieving the pain and restoring appearance requires removing the diseased globe. When a luxated globe is chronic, blind, and painful, definitive removal of the eye—either enucleation (removing the entire globe including the optic nerve) or evisceration (removing the intraocular contents while preserving the scleral shell)—followed by placement of a prosthetic eye, is the best course. This eliminates the source of pain and allows a comfortable cosmetic result. Antibiotics and analgesics do not address the structural issue or the pain from a dislocated, nonfunctioning eye. Observation leaves the pain and risk of ongoing inflammation. Orbital exenteration is far more radical and is reserved for cases with malignant disease or extensive orbital involvement, not for a nonmalignant chronic luxation.

7. What are the pectinate ligaments?

- A. Fibers that connect the base of the iris to inner peripheral cornea**
- B. Structures that regulate aqueous production**
- C. The canal of Schlemm**
- D. The scleral spur**

Pectinate ligaments are radiating fibrous strands in the iridocorneal angle that connect the base of the iris to the inner peripheral cornea. They form a lattice of connective tissue that helps hold the iris root in place against the cornea and contribute to the structural framework of the filtration angle, supporting the trabecular meshwork where aqueous humor drains. They do not regulate aqueous production (that's done by the ciliary body), nor are they the canal of Schlemm or the scleral spur. Recognizing them as iris-to-cornea connective strands explains why they're described as part of the angle's supporting architecture and why the correct description matches option describing fibers linking the iris base to the inner cornea.

8. What is the prognosis for ivermectin toxicity with appropriate supportive care?

- A. Good prognosis due to transient effects**
- B. Poor prognosis with permanent blindness**
- C. Prognosis depends on ivermectin dose only**
- D. Prognosis is unpredictable**

The main idea here is that ivermectin toxicity in humans is typically reversible when we provide supportive care. In overdose, the drug can cause CNS depression, but there isn't a specific antidote; recovery happens as the drug is metabolized and cleared from the body. With appropriate measures—protecting the airway if needed, close monitoring, fluids and electrolyte management, and treating complications—the symptoms commonly fade and patients return to baseline. Permanent damage like blindness is not expected in standard toxicity scenarios, so the overall prognosis is generally good. It's not correct to think the outcome is dictated only by dose or that it's unpredictable, because, with proper supportive care, most cases improve and recover.

9. Which sign is described as iris dance (iridodensis) in lens subluxation?

- A. Iris dance (iridodensis)**
- B. Visible lens equator**
- C. Phacodonesis**
- D. Vitreal prolapse**

Iris dance, or iridodonesis, is the tremulous appearance of the iris seen when the lens has subluxated due to weak or broken zonules. When the lens isn't firmly supported, it moves with eye movements, causing the iris to ripple or "dance" in the pupil. This iris flutter is a telltale sign of insufficient lens support and is best appreciated with a slit-lamp exam, often becoming more evident as the pupil is examined under bright illumination. Phacodonesis refers to tremulousness of the lens itself, not the iris, and while both indicate zonular weakness, they describe different tissues. Visible lens equator indicates that the edge of the lens is displaced and can be seen, but it isn't the iris's movement. Vitreal prolapse is about vitreous pushing into the anterior chamber, a separate complication.

10. Which statement about breeding is recommended for collie eye anomaly?

- A. Breed from affected lines only**
- B. DO NOT BREED**
- C. Breed only mixed-breed dogs**
- D. Breed annually regardless of status**

Collie Eye Anomaly is a hereditary eye disorder in collies, so breeding decisions directly affect how the trait is passed to future puppies. The safest and most responsible approach to minimize this inherited problem is to avoid breeding dogs that are affected by CEA. This helps prevent producing affected offspring and reduces the overall burden of the condition in the breed. The other options would either spread the problem (breeding from affected lines), fail to address the genetic risk (breeding only mixed-breed dogs), or ignore status altogether (breeding regardless of health), none of which are prudent breeding practices.

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://lensglaucomafundus.examzify.com>

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

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