

LENS, GLAUCOMA, AND THE FUNDUS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. What is the recommended treatment approach for optic neuritis?**
 - A. Observation without treatment
 - B. Start ASAP and treat underlying cause with systemic anti-inflammatory drugs
 - C. Surgical decompression
 - D. Antibiotics only
- 2. In canine hypertensive chorioretinopathy, which treatment combination is commonly used?**
 - A. Amlodipine alone
 - B. Amlodipine and ACE-inhibitor
 - C. Hydralazine
 - D. ACE inhibitor alone
- 3. Which vascular change is correctly paired with its indication?**
 - A. Engorged vessels – hyperviscosity syndrome
 - B. Perivascular cuffing – inflammatory disease
 - C. Lipemia retinalis – inflammatory disease
 - D. Lipemia retinalis – hyperlipidemia
- 4. Vitreous hemorrhage can be due to which causes?**
 - A. Trauma
 - B. Uveitis
 - C. Both trauma and uveitis
 - D. Infection
- 5. An incipient cataract is defined as affecting what percentage of lens volume?**
 - A. Less than 15%
 - B. 15–30%
 - C. More than 50%
 - D. 100%

- 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 two general mechanisms for medical management of glaucoma?**
- A. Decrease production
 - B. Increase outflow
 - C. None of the above
 - D. Decrease production and increase outflow
- 8. In feline hypertensive chorioretinopathy, which treatment is commonly used?**
- A. Amlodipine +/- other drugs
 - B. Amlodipine alone
 - C. ACE inhibitors
 - D. Beta blockers
- 9. What is the onset pattern for primary closed-angle glaucoma?**
- A. Onset At 6-8 Years; Initially Unilateral With Progression To Bilateral In 5-10 Months
 - B. Acute Onset In Adults
 - C. Chronic Onset In Elderly
 - D. Always Bilateral From Start
- 10. How is the PanOptic ophthalmoscope utilized for the fundic evaluation?**
- A. provides 10x larger field of view of real upright image
 - B. does not need to be close to patient's eye
 - C. provides 5x larger field of view of real, upright image
 - D. shows a smaller field of view than direct ophthalmoscope

Answers

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

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Explanations

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1. What is the recommended treatment approach for optic neuritis?

- A. Observation without treatment
- B. Start ASAP and treat underlying cause with systemic anti-inflammatory drugs**
- C. Surgical decompression
- D. Antibiotics only

Inflammation of the optic nerve needs rapid suppression to protect vision and influence the course of possible demyelinating disease. The best approach is to start systemic anti-inflammatory therapy as soon as possible, typically high-dose intravenous corticosteroids (such as methylprednisolone) followed by an oral steroid taper. This regimen speeds visual recovery and is the standard treatment for optic neuritis. Options like waiting and watching, surgical decompression, or using antibiotics alone don't address the inflammatory process driving optic neuritis and are not appropriate unless there's a specific infectious cause or an indication for a different intervention.

2. In canine hypertensive chorioretinopathy, which treatment combination is commonly used?

- A. Amlodipine alone
- B. Amlodipine and ACE-inhibitor**
- C. Hydralazine
- D. ACE inhibitor alone

Controlling systemic blood pressure is the key in canine hypertensive chorioretinopathy because sustained high pressure damages the retina and choroid. Amlodipine lowers blood pressure by dilating peripheral arteries, reducing vascular resistance. An ACE inhibitor decreases angiotensin II production and aldosterone effects, adding further vasodilation and helping protect the kidneys. Using these together tackles hypertension through two different pathways, often achieving a greater and more stable reduction than either alone. This is important to slow or prevent ocular damage like retinal hemorrhages or detachment. While one drug alone may sometimes suffice, many cases need combination therapy to reach the target BP. Hydralazine is more suited for acute spikes and can cause reflex tachycardia, making it less ideal for chronic management, and an ACE inhibitor alone may not always bring the BP down sufficiently.

3. Which vascular change is correctly paired with its indication?

- A. Engorged vessels – hyperviscosity syndrome
- B. Perivascular cuffing – inflammatory disease
- C. Lipemia retinalis – inflammatory disease
- D. Lipemia retinalis – hyperlipidemia**

The key idea is how specific retinal vascular signs reflect systemic conditions. Lipemia retinalis is a classic sign of extreme hyperlipidemia: when triglyceride-rich lipoproteins are very high, the blood becomes milky and the retinal vessels take on a pale, creamy appearance. This appearance mirrors the lipid-laden blood within the vessels, so the indication is hyperlipidemia. Engorged vessels are more typical of hyperviscosity syndromes, where increased plasma viscosity slows flow and dilates retinal vessels. Perivascular cuffing indicates inflammation around vessels, not lipid disorders. Lipemia retinalis itself is not inflammatory, which is why pairing it with inflammatory disease isn't correct.

4. Vitreous hemorrhage can be due to which causes?

- A. Trauma
- B. Uveitis
- C. Both trauma and uveitis**
- D. Infection

Vitreous hemorrhage happens when blood enters the gel inside the eye. It can come from damage to retinal or choroidal vessels, or from abnormal new vessels that bleed. Trauma directly injures ocular vessels or can cause vitreous traction that bleeds. Inflammation from uveitis disrupts the blood-ocular barriers and can lead to bleeding, especially if inflammatory vessels are fragile or neovascularization develops. Infection isn't a typical direct cause of vitreous hemorrhage, though severe intraocular infection can accompany various eye problems; the main culprits here are trauma and uveitis.

5. An incipient cataract is defined as affecting what percentage of lens volume?

- A. Less than 15%**
- B. 15–30%
- C. More than 50%
- D. 100%

Grading cataracts by how much of the lens is involved helps distinguish early from more advanced stages. An incipient cataract is the earliest detectable stage, with only a small portion of the lens becoming opaque. Conventionally, this corresponds to less than about 15% of the lens volume. At this level the opacity is minimal and vision is often only mildly affected, if at all, and the opacities may be confined to a small area. As the opacity expands beyond roughly 15%, the condition progresses to early immature stages, and larger involvement (such as 50% or more) marks more advanced disease like mature cataract, which markedly impairs vision. So the defining mark for incipient is a very small fraction of lens volume, specifically under 15%.

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 two general mechanisms for medical management of glaucoma?

- A. Decrease production
- B. Increase outflow
- C. None of the above
- D. Decrease production and increase outflow**

Glaucoma meds lower eye pressure by two broad strategies: reducing the production of aqueous humor and increasing its outflow. The best answer combines both approaches, because many treatments target either pathway and some affect both to varying degrees, giving a more effective overall pressure reduction. For production reduction, agents like beta blockers and carbonic anhydrase inhibitors limit how much aqueous humor the ciliary body makes. For increased outflow, prostaglandin analogs mainly enhance uveoscleral drainage, and cholinergic agents can boost trabecular outflow. So addressing both mechanisms captures the full range of medical strategies used. Choices that propose only one mechanism or none of the above miss part of the therapeutic picture, since the two general mechanisms together describe how medical therapy lowers intraocular pressure.

8. In feline hypertensive chorioretinopathy, which treatment is commonly used?

- A. Amlodipine +/- other drugs**
- B. Amlodipine alone
- C. ACE inhibitors
- D. Beta blockers

Controlling systemic hypertension is essential to prevent or reverse feline hypertensive chorioretinopathy. Amlodipine is the drug of choice for feline hypertension because it reliably lowers blood pressure with convenient once-daily dosing and good tolerance. In practice, amlodipine is often used as the main therapy, but many cats require additional antihypertensive agents to reach the target blood pressure, hence the approach of amlodipine plus or minus other drugs. ACE inhibitors or beta blockers can be used in some cases, but they're not as consistently effective as monotherapy for achieving BP control in cats, and they're less commonly the sole or primary treatment. The emphasis is on lowering the blood pressure to protect the retina and other organs.

9. What is the onset pattern for primary closed-angle glaucoma?

- A. Onset At 6-8 Years; Initially Unilateral With Progression To Bilateral In 5-10 Months**
- B. Acute Onset In Adults
- C. Chronic Onset In Elderly
- D. Always Bilateral From Start

Primary angle-closure glaucoma most often presents with an acute attack in adults. This pattern fits middle-aged to older individuals who have shallower anterior chambers and often hyperopic eyes; a sudden, painful rise in intraocular pressure occurs, typically in one eye at first. The eye may show redness, halos around lights, severe eye pain, headache, nausea, and a mid-dilated pupil. The second eye can become involved later, but not necessarily within a fixed short time frame. The option describing onset in childhood is not consistent with how this disease usually behaves, and the idea that it is always bilateral from the start doesn't match the common unilateral first attack with possible contralateral involvement later. A chronic, slowly progressive pattern is possible (more typical of chronic angle-closure glaucoma), but the classic and most tested onset is an acute, unilateral presentation in adults.

10. How is the PanOptic ophthalmoscope utilized for the fundic evaluation?

- A. provides 10x larger field of view of real upright image
- B. does not need to be close to patient's eye
- C. provides 5x larger field of view of real, upright image
- D. shows a smaller field of view than direct ophthalmoscope

PanOptic is built to give you a wide-field view of the fundus. It provides about five times larger field of view than a standard direct ophthalmoscope, while still presenting a real, upright image. That means you can see a much larger portion of the retina in one look, which makes it easier to evaluate the optic nerve head, vessels, and peripheral retina and to spot abnormalities without having to constantly reposition the instrument. The image orientation remains upright, helping you localize findings quickly. It's not a tenfold increase, and it isn't a smaller field than the direct ophthalmoscope—the gain is a substantial, practical expansion of what you can view in one glance. You still hold the instrument close to the eye, but the wider view makes the fundic exam more efficient and comprehensive.

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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:

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

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