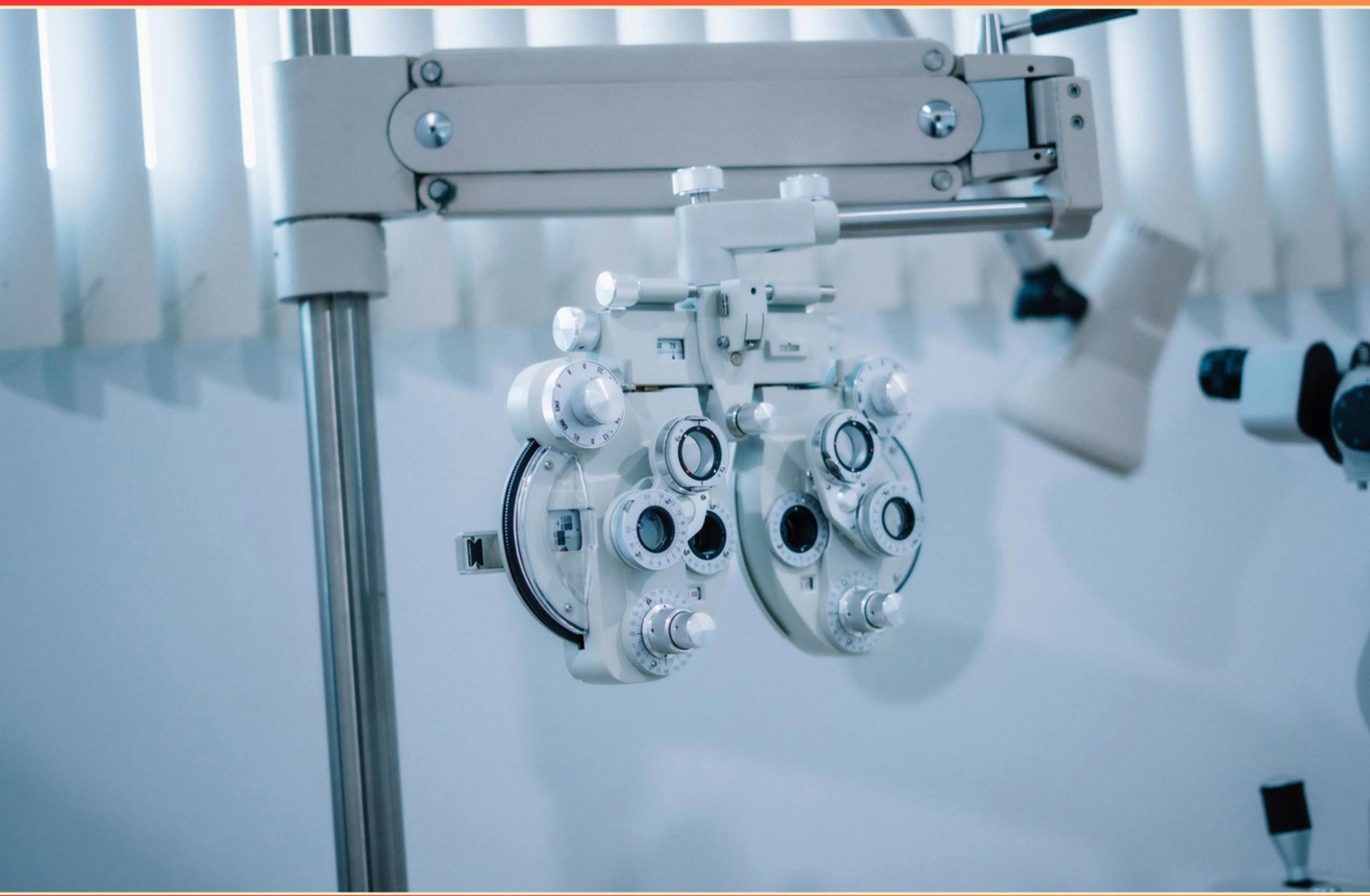
LENS, GLAUCOMA, AND THE FUNDUS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://lensglaucomafundus.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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Retinal hemorrhages can be seen in which locations?

A. Only in the macula

B. Only near the optic nerve

C. Anywhere in any shape or size

D. In the peripheral retina

2. Which describes the normal horse fundus?

A. Oval, ping optic nerve head in ventral location

B. Paurangiotic with 30-60 small blood vessels that extend a short distance from the disk edge

C. Variable color/presence of tapetum

D. Stars of Winslow seen in choroid as end on capillaries within the tapetum

3. Active chorioretinitis is best described by which lesion characteristic?

A. Poorly defined lesions

B. Well defined scars

C. Hyperreflective tapetal lesions

D. Retinal detachment only

4. Glaucoma is best described as what?

A. Increased tear production

B. Blockage of tears drainage

C. Impaired outflow of aqueous humor

D. Inflammation of the sclera

5. Which of the following is a prostaglandin analog used for glaucoma management?

A. Latanoprost 0.005%

B. Dorzolamide

C. Timolol

D. Acetazolamide

SAMPLE

6. Which statement about the normal bird fundus is NOT true?

A. Anangiotic with NO visible blood vessels

B. Optic nerve head is visible as under pecten

C. Pecten is a vascular structure from choroid with pleated appearance

D. Variable pigmented choroid

7. Which pupillary finding can accompany optic neuritis?

A. Normal pupillary reaction

B. Constricted pupils

C. Dilated but nonreactive pupils

D. Fixed and dilated pupils

8. Historic chorioretinitis typically requires treatment:

A. No

B. Yes, always

C. Only if active

D. Only if vision loss occurs

9. What is the treatment for a NON-VISUAL anterior lens luxation?

A. Enucleation

B. Medical management with topical carbonic anhydrase inhibitors AND no miotics

C. Trans-corneal reduction 'couching' procedure

D. Observation

10. What is included in the cataract surgery work-up?

A. Complete ophthalmic exam including STT, fluorescein stain, IOP, dilated exam with tropicamide; gonioscopy; electroretinogram; ocular ultrasound

B. Visual acuity testing only

C. Blood pressure measurement

D. Color vision testing

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Retinal hemorrhages can be seen in which locations?

A. Only in the macula

B. Only near the optic nerve

C. Anywhere in any shape or size

D. In the peripheral retina

Retinal hemorrhages reflect bleeding from retinal vessels at different depths, so they don't stay in one single location. The layer involved determines the shape: flame-shaped hemorrhages run along the nerve fiber layer, dot-blot hemorrhages appear in deeper retinal layers, and preretinal or subhyaloid bleeds sit in front of or between the retina and vitreous. Because bleeding can occur in various retinal regions and the appearance changes with depth, they can be anywhere in the retina and come in different shapes and sizes. That's why the best choice is that retinal hemorrhages can be seen anywhere, in any shape or size.

2. Which describes the normal horse fundus?

A. Oval, ping optic nerve head in ventral location

B. Paurangiotic with 30-60 small blood vessels that extend a short distance from the disk edge

C. Variable color/presence of tapetum

D. Stars of Winslow seen in choroid as end on capillaries within the tapetum

The normal horse fundus is characterized by a paurangiotic retinal pattern, meaning the retinal vessels are relatively sparse and originate from the optic disc, extending only a short distance from the edge of the disk. In horses, you typically see about 30–60 small vessels near the disc, and they do not spread far into the peripheral retina. This reflects how the retinal blood supply relies more on the underlying choroid and tapetum for nourishment, with the superficial vessels confined to a narrow annulus around the optic nerve. A prominent tapetum lucidum is a hallmark of the equine fundus, providing bright reflectivity that helps with night vision. Within the tapetum you may observe the Stars of Winslow—small, end-on capillaries in the choroid that can appear as bright points. The color or presence of the tapetum can vary among horses and breeds, but the defining normal feature is the limited, central retinal vasculature rather than a wide peripheral network.

3. Active chorioretinitis is best described by which lesion characteristic?

A. Poorly defined lesions

B. Well defined scars

C. Hyperreflective tapetal lesions

D. Retinal detachment only

Active chorioretinitis is defined by ongoing inflammation that makes the lesion borders appear blurred and poorly defined. Edema and inflammatory cell infiltration at the chorioretinal interface blur tissue planes, so edges are indistinct rather than crisp. This contrasts with healed or inactive disease, where the scarring that remains tends to have well-defined borders. The other descriptors don't capture the dynamic nature of active inflammation: scars indicate past disease, not current activity; hyperreflective tapetal lesions aren't a standard hallmark of active chorioretinitis in humans; and retinal detachment, while possible as a complication, isn't a characteristic feature used to describe activity.

SAMPLE

4. Glaucoma is best described as what?

A. Increased tear production

B. Blockage of tears drainage

C. Impaired outflow of aqueous humor

D. Inflammation of the sclera

Glaucoma is defined by impaired outflow of aqueous humor, which raises intraocular pressure and damages the optic nerve over time. The eye continuously produces aqueous humor in the ciliary body, and it normally drains through the trabecular meshwork into Schlemm's canal. When drainage is reduced or blocked, pressure builds up and injures retinal ganglion cells, leading to vision loss. This focus on drainage and pressure distinguishes glaucoma from tear-related issues or scleral inflammation. Increased tear production, blocked tear drainage, or scleral inflammation describe other eye problems, not glaucoma.

5. Which of the following is a prostaglandin analog used for glaucoma management?

A. Latanoprost 0.005%

B. Dorzolamide

C. Timolol

D. Acetazolamide

Prostaglandin analogs lower intraocular pressure by increasing aqueous humor outflow, mainly through the uveoscleral pathway, via FP receptor activation. Latanoprost 0.005% is a prostaglandin F2α analog and is used as eye drops (often once daily) to reduce IOP. The other drugs listed don't belong to this class: dorzolamide and acetazolamide are carbonic anhydrase inhibitors (they reduce production of aqueous humor), and timolol is a beta-blocker (also reducing production). So latanoprost is the prostaglandin analog used for glaucoma management.

6. Which statement about the normal bird fundus is NOT true?

A. Anangiotic with NO visible blood vessels

B. Optic nerve head is visible as under pecten

C. Pecten is a vascular structure from choroid with pleated appearance

D. Variable pigmented choroid

Birds have anangiotic retinas, meaning there are no retinal vessels visible on the fundus. Nutrient supply comes from the choroid and the pecten oculi, a highly vascular, pleated structure that projects into the vitreous. The pecten lies over the optic nerve region, so the optic nerve head is not readily visible; it is obscured by the pecten rather than seen clearly beneath it. The choroid pigment can vary between individuals and species, and the pecten's pleated appearance is characteristic. Therefore, the statement about the optic nerve head being visible under the pecten is not true.

SAMPLE

7. Which pupillary finding can accompany optic neuritis?

A. Normal pupillary reaction

B. Constricted pupils

C. Dilated but nonreactive pupils

D. Fixed and dilated pupils

Pupillary light reflex hinges on the afferent input from the retina through the optic nerve to the midbrain. In optic neuritis, this afferent pathway is inflamed and disrupted, so the light signal fails to elicit constriction. When the inflammation is pronounced, the affected pupil may not constrict at all in response to light, appearing fixed and dilated. This reflects a severe loss of the light reflex from the damaged optic nerve. The other patterns—normal reaction, constricted pupils, or a dilated pupil that still responds—fit less with an optic nerve issue, whereas a fixed and dilated pupil fits the scenario where the reflex is essentially absent due to optic nerve involvement.

8. Historic chorioretinitis typically requires treatment:

A. No

B. Yes, always

C. Only if active

D. Only if vision loss occurs

A history of chorioretinitis points to a prior infection where the parasite can remain in the tissue as dormant cysts. Those dormant parasites can reactivate if the immune system becomes weakened, leading to new, potentially vision-threatening inflammation. Because of that risk, treating historic chorioretinitis is commonly done to prevent reactivation and protect vision, especially in scenarios where the patient might become immunosuppressed or during pregnancy planning. Active inflammation clearly requires therapy to control the current infection, but the persistent threat from latent infection means preventive treatment is often warranted even when there's no current activity.

9. What is the treatment for a NON-VISUAL anterior lens luxation?

A. Enucleation

B. Medical management with topical carbonic anhydrase inhibitors AND no miotics

C. Trans-corneal reduction 'couching' procedure

D. Observation

When a lens is luxated anteriorly and the eye is no longer able to provide vision, removing the eye is the most definitive and appropriate treatment. An anteriorly dislocated lens in a non-visual eye tends to cause ongoing pain, contributes to corneal edema, raised intraocular pressure, and inflammation, and it poses a risk of sympathetic ophthalmia in the other eye. Enucleation eliminates these problems and spares the patient from a painful, nonfunctional eye. Medical management or observation does not address the dislocated lens or the pain and inflammatory risks, and cannot restore vision. The couching procedure is an outdated technique with high complication rates and is not used in modern practice.

SAMPLE

10. What is included in the cataract surgery work-up?

A. Complete ophthalmic exam including STT, fluorescein stain, IOP, dilated exam with tropicamide; gonioscopy; electroretinogram; ocular ultrasound

B. Visual acuity testing only

C. Blood pressure measurement

D. Color vision testing

Color vision testing is included because the aging, opacified lens of a cataract alters color perception. Establishing a baseline color vision before surgery helps you understand how the cataract is distorting color and provides a reference to compare with after the lens is replaced. It also helps reveal any coexisting retinal or optic nerve issues that could limit postoperative color perception or overall outcome. While a broader preop evaluation may include many other tests as indicated, color vision testing specifically addresses how the cataract affects color perception and aids in counseling and detecting additional ocular problems.

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://lensglaucomafundus.examzify.com

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

SAMPLE