SPINAL NEUROLOGICAL DISEASE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. How is TL IVDD diagnosed?

A. Signalment, history and PE are suggestive; radiographs supportive; advanced imaging to localize

B. Blood tests confirm diagnosis

C. Ultrasound is the primary imaging modality

D. Spinal tap is required for diagnosis

2. How does a sensory level help localize a spinal cord lesion?

A. It indicates the lowest affected level.

B. It indicates the highest spinal segment involved.

C. It localizes to peripheral nerve root level.

D. It is not useful for localization.

3. Which of the following are examples of postural reaction tests you can perform?

A. Wheelbarrowing, hemiwalking, hopping, placing

B. Gait analysis only

C. Reflex testing

D. Pain perception testing

4. True or false: You can do surgery on cervical IVDD but there are lots of complications.

A. False

B. True

C. Not recommended

D. Depends on owner preference

5. Which statement best describes a T3-L3 lesion in terms of limb function and bladder?

A. Normal thoracic limbs; rear limbs with LMN signs; LMN bladder.

B. Forelimbs are paralyzed.

C. Forelimbs normal; hind limbs show LMN signs.

D. Normal thoracic limbs; rear limbs with UMN signs; UMN bladder.

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6. What is the most common intramedullary spinal cord tumor?

A. Astrocytoma

B. Ependymoma

C. Oligodendroglioma

D. Hemangioblastoma

7. How is lumbosacral stenosis diagnosed?

A. History and physical examination with supportive radiographs; CT or MRI.

B. Only blood tests are used.

C. Ultrasound of the abdomen confirms.

D. Definitive diagnosis cannot be made with imaging.

8. Describe the Doberman type of Wobbler syndrome.

A. Young dogs, with acute pain and severe signs

B. Old age with progressive ataxia

C. Middle aged, acute pain, manifests like small breed disc disease

D. Very large breeds with unilateral signs

9. Describe UMN vs LMN signs.

A. UMN signs include decreased muscle tone.

B. LMN signs include increased reflexes.

C. UMN signs include decreased reflexes.

D. UMN signs include hyperreflexia and increased muscle tone; LMN signs include hyporeflexia and decreased muscle tone.

10. Which dog breeds are predisposed to thoracolumbar intervertebral disc disease?

A. Chondrodystrophic breeds (e.g., dachshunds, basset hounds)

B. Large giant breeds

C. Non-chondrodystrophic cats

D. Bird dogs

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Answers

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

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Explanations

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1. How is TL IVDD diagnosed?

A. Signalment, history and PE are suggestive; radiographs supportive; advanced imaging to localize

B. Blood tests confirm diagnosis

C. Ultrasound is the primary imaging modality

D. Spinal tap is required for diagnosis

Diagnosis rests on a classic clinical picture of thoracolumbar pain with or without neurological deficits, which in many dogs points toward IVDD, especially in predisposed breeds and ages. The initial information from signalment, history, and a careful neurological exam helps establish the syndrome; radiographs can support suspicion by showing signs like calcified discs or degenerative changes, but they do not confirm the exact site or the presence of a current extrusion. To confirm and precisely localize the lesion, advanced imaging is needed—MRI provides detailed visualization of the spinal cord and extruded material, while CT (often with myelography) can localize calcified or acute extrusions when MRI isn't available. Blood tests or ultrasound don't diagnose IVDD, and a spinal tap does not confirm disc herniation.

2. How does a sensory level help localize a spinal cord lesion?

A. It indicates the lowest affected level.

B. It indicates the highest spinal segment involved.

C. It localizes to peripheral nerve root level.

D. It is not useful for localization.

A sensory level marks the most cephalad boundary where sensation is abnormal, so in spinal cord disease the deficit below that point reflects disruption of pathways starting at that level. Since the spinal cord pathways carry sensory information from those segments upward, a lesion will interrupt everything below the level of involvement. Therefore the highest spinal segment showing abnormal sensation corresponds to the level of the lesion. In practice, mapping sensation on the trunk helps localize the lesion to that spinal segment (or just above it, with caveats for how some fibers ascend before crossing). This is why the sensory level is used to pinpoint the highest involved spinal segment.

3. Which of the following are examples of postural reaction tests you can perform?

A. Wheelbarrowing, hemiwalking, hopping, placing

B. Gait analysis only

C. Reflex testing

D. Pain perception testing

Postural reactions test how well the nervous system uses proprioceptive input to maintain balance and coordinate automatic limb responses when the body or limb is displaced. The examples wheelbarrowing, hemiwalking, hopping, and placing all fit this category because they provoke the animal to respond with weight shifts, paw placement, or stepping without needing a voluntary gait or conscious sensation. They specifically reveal how the limbs and trunk coordinate together when challenged, which helps detect unilateral or bilateral problems in motor pathways or proprioception. Gait analysis by itself looks at locomotion as a whole and may miss subtle postural weaknesses that only appear when a limb is challenged. Reflex testing focuses on simple spinal reflex arcs, not the coordinated postural adjustments tested here. Pain perception testing assesses sensory input to pain pathways, not how posture is maintained or adjusted in response to limb displacement.

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4. True or false: You can do surgery on cervical IVDD but there are lots of complications.

A. False

B. True

C. Not recommended

D. Depends on owner preference

In cervical IVDD, surgically decompressing the spinal cord is a real option when there's ongoing neurologic decline or when medical management isn't enough. You can choose different approaches (ventral decompression for ventral compression, dorsal decompression for dorsally compressive material) depending on where the disc herniation sits and what's causing the compression. The goal is to relieve pressure quickly and improve function, which can be life-changing for dogs with significant myelopathy. But the cervical region is anatomically complex and tightly surrounding critical structures, so these surgeries carry notable risks. Anesthesia in a neurologically compromised patient, potential injury to the spinal cord or nerve roots during decompression, and risks to nearby structures like the esophagus, trachea, or blood vessels are real concerns. Postoperative problems such as neck pain, dysphagia or vocal changes, infection, and issues related to stabilization hardware or incomplete decompression can occur. Some patients may have residual deficits or require additional procedures later. So the statement is true: you can do surgery for cervical IVDD, but there are lots of potential complications to consider.

5. Which statement best describes a T3-L3 lesion in terms of limb function and bladder?

A. Normal thoracic limbs; rear limbs with LMN signs; LMN bladder.

B. Forelimbs are paralyzed.

C. Forelimbs normal; hind limbs show LMN signs.

D. Normal thoracic limbs; rear limbs with UMN signs; UMN bladder.

A T3–L3 lesion interrupts the long descending motor tracts to the hindlimbs while sparing the neurons that innervate the forelimbs. The forelimbs are controlled by cervical spinal segments (roughly C6–T2) and remain normal. The hindlimbs, however, show upper motor neuron signs because the pathways to them are disrupted above the lumbosacral enlargement, leading to increased reflexes and rigidity rather than flaccid LMN weakness. Bladder control is also affected by an UMN pattern when the lesion is above the sacral micturition center, resulting in an UMN bladder with poor voluntary control and potential urinary retention. So the best description is that the forelimbs are normal, the hindlimbs have UMN signs, and the bladder shows UMN characteristics. The pattern of hindlimbs with LMN signs would imply involvement of the lumbosacral enlargement itself, not a lesion confined to the T3–L3 region.

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6. What is the most common intramedullary spinal cord tumor?

A. Astrocytoma

B. Ependymoma

C. Oligodendroglioma

D. Hemangioblastoma

Intramedullary spinal cord tumors arise from within the spinal cord itself. The most common tumor in this location is the ependymoma, which develops from ependymal cells that line the central canal. This origin tends to produce a centrally located, well-defined mass within the cord, making it more amenable to complete surgical removal and often leading to a better prognosis. Clinically, it classically presents with progressive myelopathy and possibly segmental sensory loss. On MRI, it typically appears as a centrally located intramedullary mass that enhances with contrast and may be associated with a syrinx; a hemosiderin cap can appear if there has been prior hemorrhage. Astrocytomas, while also intramedullary, are more infiltrative and harder to resect, and they are more common in children. Oligodendrogliomas and hemangioblastomas are much less common intramedullary lesions and have different clinical or imaging patterns.

7. How is lumbosacral stenosis diagnosed?

A. History and physical examination with supportive radiographs; CT or MRI.

B. Only blood tests are used.

C. Ultrasound of the abdomen confirms.

D. Definitive diagnosis cannot be made with imaging.

Diagnosing lumbosacral stenosis hinges on putting together the clinical picture with imaging that confirms narrowing of the spinal canal. Patients often present with neurogenic claudication—leg pain or numbness triggered by walking and relieved by sitting or bending forward—along with possible back pain, weakness, or sensory changes. On exam you may find sensory deficits, weakness in the legs, or reflex changes that localize to the lower spine. Plain radiographs are usually the first step to look for degenerative changes, alignment problems, osteophytes, or spondylolisthesis that can contribute to narrowing. To actually visualize the canal and see nerve compression, CT or MRI is used. MRI is preferred because it shows soft tissues, disc bulges, foraminal involvement, and the relationship of neural elements to the stenosis. CT provides excellent detail of bony structures and can be helpful when MRI is not available or clearly interpretable. In some cases CT myelography is used if MRI is contraindicated or further detail is needed. Imaging alone isn't enough; the findings must fit the patient's symptoms. Many people have imaging-detected stenosis without symptoms, and imaging findings without the clinical picture can be misleading. So the best approach combines a careful history and physical examination with supportive imaging, especially MRI or CT, to confirm lumbosacral stenosis and guide treatment.

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8. Describe the Doberman type of Wobbler syndrome.

A. Young dogs, with acute pain and severe signs

B. Old age with progressive ataxia

C. Middle aged, acute pain, manifests like small breed disc disease

D. Very large breeds with unilateral signs

Doberman-type Wobbler syndrome is the disc-associated form of cervical spondylomyelopathy that tends to affect middle-aged Doberman Pinschers. The cervical discs compressing the spinal cord lead to neck pain and acute or episodic neurological signs. Clinically this presentation can look like small-breed intervertebral disc disease, with sudden neck pain, reluctance to move the neck, and focal deficits, rather than the gradual, progressive sign pattern seen with other forms or breeds. In contrast, the osseous-associated form, which is more common in other large breeds or older dogs, often shows a slower, progressive decline due to bony stenosis. Thus, a middle-aged dog with acute neck pain and signs resembling small-breed IVDD best fits the Doberman type.

9. Describe UMN vs LMN signs.

A. UMN signs include decreased muscle tone.

B. LMN signs include increased reflexes.

C. UMN signs include decreased reflexes.

D. UMN signs include hyperreflexia and increased muscle tone; LMN signs include hyporeflexia and decreased muscle tone.

The main idea is differentiating where the problem lies in the motor system. Upper motor neurons (the brain and corticospinal tract) regulate and dampen reflexes; when they're impaired, reflexes become exaggerated and muscles become stiffer. This leads to increased muscle tone (spasticity) and hyperreflexia, with possible signs like a Babinski pattern or clonus. Lower motor neurons are the final pathway to the muscle—the ventral horn cells and peripheral nerves. When these are damaged, reflexes drop and muscles lose tone, often showing weakness with atrophy and fasciculations (hyporeflexia or areflexia, decreased muscle tone). So the correct description is that upper motor neuron signs include hyperreflexia and increased muscle tone, while lower motor neuron signs include hyporeflexia and decreased muscle tone.

10. Which dog breeds are predisposed to thoracolumbar intervertebral disc disease?

A. Chondrodystrophic breeds (e.g., dachshunds, basset hounds)

B. Large giant breeds

C. Non-chondrodystrophic cats

D. Bird dogs

Predisposition to thoracolumbar intervertebral disc disease is strongest in chondrodystrophic dogs, such as dachshunds and basset hounds. In these breeds, the intervertebral discs undergo early degeneration with calcification of the nucleus pulposus. This makes the discs prone to acute extrusion into the spinal canal, most often at the thoracolumbar junction (around T11–L2). The sudden extrusion compresses the spinal cord or nerve roots, leading to abrupt back pain, weakness, or paralysis in the hindlimbs. While other breeds can develop IVDD, the classic and most pronounced pattern—early disc degeneration and thoracolumbar extrusion—occurs in chondrodystrophic dogs. Non-chondrodystrophic cats and bird dogs don't share this breed-associated predisposition, and large or giant breeds can get IVDD but not with the same characteristic thoracolumbar predisposition as the chondrodystrophic group.

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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:

https://spinalneurologicaldisease.examzify.com

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

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