

THERIOGENOLOGY – PROBLEMS OF PREGNANCY 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. Why is monitoring late gestation important in abortion surveillance?**
 - A. It helps identify early pregnancy rates
 - B. It detects abortion risk and potential herd outbreaks among late-gestation animals
 - C. It measures calf birth weight
 - D. It monitors nutrition only
- 2. When does uterine torsion usually occur in the horse?**
 - A. The second half of pregnancy or at the onset of labor
 - B. The first trimester
 - C. Postpartum
 - D. Mid-gestation
- 3. Ultrasound detectability of the pregnancy vesicle is most reliable when the vesicle diameter is which?**
 - A. 7 mm
 - B. 9 mm
 - C. 12 mm
 - D. 15 mm
- 4. What is the approximate gestation length in cows, and how is this used in abortion surveillance?**
 - A. 270 days
 - B. 280 days
 - C. 290 days
 - D. 300 days
- 5. Which statement about fetal viability is true in the context of ascending placentitis?**
 - A. It never affects fetal viability
 - B. It can cause changes in fetal viability markers
 - C. It is always fatal
 - D. It only affects mare and not fetus

- 6. Why is it important to differentiate abortion from stillbirth in herd investigations?**
- A. Abortion investigations focus on contagious pathogens and prevention to protect herd fertility; stillbirth may be due to congenital anomalies or acute stress.
 - B. Abortion and stillbirth are the same.
 - C. Stillbirth always indicates infectious disease; abortion is noninfectious.
 - D. Differentiation is not necessary for management.
- 7. What is the likelihood of delivering twins with viable foals that survive the neonatal period?**
- A. Approximately 50%
 - B. Approximately 20%
 - C. Approximately 5%
 - D. Approximately 1%
- 8. Which infectious etiology is commonly associated with fetal CNS lesions such as cerebellar hypoplasia in calves?**
- A. BVDV infection
 - B. Equine herpesvirus
 - C. Bluetongue virus
 - D. Brucella abortus
- 9. Which statement is not a feature of ascending placentitis?**
- A. Severe fever and coughing in mare
 - B. Late gestation onset
 - C. Purulent vulvar discharge
 - D. Increased neonatal morbidity
- 10. Is the pregnancy vesicle still mobile on day 14 in the mare?**
- A. Yes; the vesicle remains mobile
 - B. No; mobility ceases by day 12
 - C. Only in some mares
 - D. Mobility cannot be observed

Answers

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

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Explanations

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1. Why is monitoring late gestation important in abortion surveillance?

- A. It helps identify early pregnancy rates
- B. It detects abortion risk and potential herd outbreaks among late-gestation animals**
- C. It measures calf birth weight
- D. It monitors nutrition only

Monitoring late gestation serves as an early warning system for abortion risk at the herd level. When abortions accumulate in animals near term, it signals a potential contagious problem or other herd-wide exposure that could spread or cause major losses. By focusing on late-gestation abortions, you can detect patterns that point to outbreaks or common risk factors just before birth, allowing rapid investigation and intervention—such as checking for infectious agents, vaccination status, exposures, nutrition, and management practices. This approach helps implement timely control measures to protect the herd and reduce neonatal losses. In contrast, early pregnancy rates reflect conception performance, calf birth weight relates to neonatal outcomes, and nutrition-only monitoring misses the broader signal of disease or outbreak risk.

2. When does uterine torsion usually occur in the horse?

- A. The second half of pregnancy or at the onset of labor**
- B. The first trimester
- C. Postpartum
- D. Mid-gestation

Uterine torsion in the mare is an emergency most often seen as pregnancy advances toward term or right at the start of foaling. As the uterus enlarges, becomes heavier, and handoff of the fetus shifts, the uterus and its supporting ligaments are more prone to twisting on its long axis. This rotation can cut off uterine blood flow and placental perfusion, leading to acute pain and distress for the mare and, if not corrected promptly, fetal compromise. This timing fits why the second half of gestation or the onset of labor is the typical window. In early or mid-gestation, the uterus is smaller and less likely to twist, so torsion is far rarer. Postpartum torsion is not the usual pattern, because the uterus is already involuting after foaling and the circumstances differ from the conditions that promote twisting during late gestation.

3. Ultrasound detectability of the pregnancy vesicle is most reliable when the vesicle diameter is which?

- A. 7 mm
- B. 9 mm
- C. 12 mm
- D. 15 mm**

Ultrasound detectability of the pregnancy vesicle improves as the vesicle grows because a larger fluid-filled sac creates a clearer, more distinct image against surrounding tissues. When the vesicle reaches about 15 mm in diameter, it becomes large enough to produce a well-defined, anechoic circle with a bright rim on standard transrectal ultrasound probes, making it reliably identifiable in most animals and with typical equipment. Smaller sizes around 7–12 mm may be visible in ideal conditions or with high-resolution probes, but the image can be faint or misinterpreted, reducing reliability. Therefore, 15 mm represents the practical threshold at which the vesicle is consistently detectable, which is why that option is the best choice.

4. What is the approximate gestation length in cows, and how is this used in abortion surveillance?

- A. 270 days
- B. 280 days**
- C. 290 days
- D. 300 days

Gestation length in cows is about 280 days, roughly nine months. This figure serves as the practical reference point for abortion surveillance because it lets us estimate the expected calving date and classify fetal losses relative to term. By comparing the date of pregnancy loss with the estimated due date, veterinarians can decide whether a loss qualifies as an abortion (preterm loss) and monitor patterns of abortions across herds. If there are clusters of losses occurring around the typical term window or earlier than expected, it signals potential problems such as infectious agents or management factors that warrant investigation.

5. Which statement about fetal viability is true in the context of ascending placentitis?

- A. It never affects fetal viability
- B. It can cause changes in fetal viability markers**
- C. It is always fatal
- D. It only affects mare and not fetus

Ascending placentitis inflames the placenta and impairs its ability to exchange oxygen and nutrients with the fetus. This can lead to fetal hypoxia and stress, which shows up as changes in fetal viability markers such as fetal heart rate, heart rate variability, and Doppler indices of blood flow in the umbilical circulation. Because the fetus may respond to placental compromise in ways that alter these markers, viability can become affected even if abortion hasn't occurred yet. Therefore, the true statement is that placentitis can cause changes in fetal viability markers. It is not true that it never affects viability, nor that it is always fatal, and it can involve the fetus as well as the mare.

6. Why is it important to differentiate abortion from stillbirth in herd investigations?

- A. Abortion investigations focus on contagious pathogens and prevention to protect herd fertility; stillbirth may be due to congenital anomalies or acute stress.**
- B. Abortion and stillbirth are the same.
- C. Stillbirth always indicates infectious disease; abortion is noninfectious.
- D. Differentiation is not necessary for management.

Differentiating abortion from stillbirth focuses the investigation on the most relevant causes and controls. Abortion investigations look for contagious pathogens that threaten herd fertility and require biosecurity measures, tracing, vaccination, and herd-wide prevention. This often involves sampling fetal tissues, placenta, and maternal blood to identify infectious agents and implement controls to protect future pregnancies. Stillbirth investigations, on the other hand, typically address noninfectious factors such as congenital anomalies, acute maternal or fetal stress, placental insufficiency, malpresentation, nutrition, toxins, or metabolic problems, and thus emphasize management changes, prenatal care, nutrition, and birthing practices. While some infectious agents can contribute to both, the practical goal is to tailor tests and interventions to the most likely causes, ensuring effective use of resources and better herd outcomes.

7. What is the likelihood of delivering twins with viable foals that survive the neonatal period?

- A. Approximately 50%
- B. Approximately 20%
- C. Approximately 5%
- D. Approximately 1%**

Twin pregnancies in mares are extraordinarily high risk for producing two healthy foals that survive the neonatal period. Even when twins are carried to term, the challenges are severe: competition for placental blood supply often leads to growth restriction, weaker birth weights, and compromised vitality at birth. After birth, neonatal survival is jeopardized by the same issues, along with the general stress of caring for twins and the mare's limited ability to provide adequate colostrum and support. Because of these factors, the chance of delivering two viable foals that both survive the neonatal period is very low, about 1%. The larger percentages proposed in the other options are not consistent with the typical outcomes seen with equine twinning.

8. Which infectious etiology is commonly associated with fetal CNS lesions such as cerebellar hypoplasia in calves?

- A. BVDV infection**
- B. Equine herpesvirus
- C. Bluetongue virus
- D. Brucella abortus

A fetal viral infection during a key window of brain development can disrupt cerebellar growth, leading to cerebellar hypoplasia in calves. BVDV is the classic cause because infection of the fetus during mid-gestation interferes with cerebellar neuron proliferation and migration, producing a hypoplastic cerebellum that causes ataxia and tremors after birth. If the dam is infected early and the fetus becomes immunotolerant, a persistently infected calf may be born and continue to shed the virus. Among the listed pathogens, BVDV is by far the most consistently linked to this specific CNS malformation in cattle. The other agents can cause abortion or other fetal issues but are not as characteristically associated with cerebellar hypoplasia in calves.

9. Which statement is not a feature of ascending placentitis?

- A. Severe fever and coughing in mare**
- B. Late gestation onset
- C. Purulent vulvar discharge
- D. Increased neonatal morbidity

Ascending placentitis is an infection that travels upward from the vagina to the placental interface in late gestation. The timing is typically late in pregnancy, when the cervix more readily allows ascent of bacteria. This infection inflames the placenta and often leads to placental separation, which is reflected by purulent discharge from the vulva as inflammatory material exits. Because the issue is centered on the uterus and placenta, systemic signs like severe fever with coughing are not typical features; the mare may appear relatively quiet despite placental inflammation. The infection disrupts placental function, raising the risk of adverse neonatal outcomes such as weak foals or other neonatal morbidity. So, severe fever and coughing in the mare is not a feature of ascending placentitis, while late gestation onset, purulent vulvar discharge, and increased neonatal morbidity are consistent signs.

10. Is the pregnancy vesicle still mobile on day 14 in the mare?

A. Yes; the vesicle remains mobile

B. No; mobility ceases by day 12

C. Only in some mares

D. Mobility cannot be observed

In early equine gestation, the conceptus is mobile within the uterus as it migrates to achieve even distribution. This migration lasts for roughly the first 12–14 days, and mobility is still observable around day 14. After about day 16, fixation occurs and the vesicle becomes relatively stationary. So on day 14, the vesicle is typically still mobile, making mobility a normal finding at this stage. The idea that mobility stops by day 12 is earlier than the usual window, and claiming mobility can't be observed or that only some mares show it doesn't fit the standard pattern.

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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://theriogenologyproblems.examzify.com>

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

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