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39	☐ A	☒ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

American College of Veterinary Internal Medicine (ACVIM)

GENSA

SAIM General Exam

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American College of Veterinary Internal Medicine (ACVIM) GENSA , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, GENSA
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A 9-year-old spayed female domestic shorthair cat is diagnosed with diabetes mellitus. On re-examination 4 weeks after starting glargine insulin at 1 U/cat SC q12h, the owner reports the cat is eating well but polyuria and polydipsia have not improved. Fructosamine is 450 $\mu\text{mol/L}$ (reference 190–365). Which is the most appropriate next step?

- ☒ **A** Increase the glargine dose by 0.5–1 U per cat and recheck in 1–2 weeks
- ☐ **B** Switch immediately to detemir insulin at the same dose
- ☐ **C** Discontinue insulin and begin oral glipizide
- ☐ **D** Add oral acarbose to the current insulin dose

ANSWER A

WHY In a newly diagnosed diabetic cat with inadequate glycemic control after 4 weeks, the standard recommendation is to increase the insulin dose by 0.5–1 U per cat and reassess clinical response and glucose curve in 1–2 weeks. Switching insulins, discontinuing insulin in favor of oral hypoglycemics, or adding acarbose are not appropriate first steps; insulin remains the treatment of choice in feline diabetes mellitus.

QUESTION 2

SINGLE CHOICE

An 11-year-old castrated male Persian cat is diagnosed with IRIS Stage 2 chronic kidney disease (serum creatinine 1.9 mg/dL, SDMA 18 µg/dL). Blood pressure is 165 mmHg systolic. Which is the most appropriate initial intervention?

- ☒ **A** Start amlodipine for systemic hypertension and begin a renal diet
- ☐ **B** Start benazepril for proteinuria before further workup
- ☐ **C** Begin subcutaneous fluid therapy at 100 mL/day indefinitely
- ☐ **D** Recheck renal values in 6 months without intervention

ANSWER A

WHY IRIS Stage 2 CKD with documented systemic hypertension (>160 mmHg systolic) warrants antihypertensive therapy, and amlodipine is the first-line drug in cats. A renal therapeutic diet is also recommended at this stage to slow progression. ACE inhibitors are reserved for documented proteinuria, routine subcutaneous fluids are not indicated in a stable, non-azotemic (Stage 2) cat, and 6-month re-evaluation is too long given active hypertension.

QUESTION 3

SINGLE CHOICE

A 4-year-old Soft Coated Wheaten Terrier presents with chronic small bowel diarrhea and weight loss. Serum albumin is 1.8 g/dL and globulin is 2.5 g/dL. Fecal alpha-1 protease inhibitor is elevated. Which diagnostic step is most likely to identify the underlying cause?

- ☒ **A** Abdominal ultrasound with Doppler assessment and endoscopic gastrointestinal biopsy
- ☐ **B** Serum pre- and post-prandial bile acids
- ☐ **C** Adrenocorticotrophic hormone stimulation test
- ☐ **D** Urinary protein:creatinine ratio

ANSWER A

WHY Hypoalbuminemia, hypoglobulinemia, and an elevated fecal alpha-1 protease inhibitor confirm protein-losing enteropathy (PLE). In a young Wheaten Terrier, differentials include inflammatory bowel disease, lymphangiectasia, and alimentary lymphoma. Abdominal ultrasound (looking for intestinal wall changes, loss of layering, lymphadenopathy) followed by endoscopic biopsy is the diagnostic approach most likely to identify the cause. Bile acids test hepatobiliary function, ACTH stimulation tests for hypoadrenocorticism, and urine UPC evaluates glomerular protein loss — none are the primary tools for PLE diagnosis.

QUESTION 4

SINGLE CHOICE

A 7-year-old male Doberman Pinscher presents with a 3-day history of cough, exercise intolerance, and increased respiratory effort. Heart rate is 170 bpm with a soft left apical systolic murmur (grade 2/6). Femoral pulses are weak. Thoracic radiographs show generalized cardiomegaly and pulmonary edema. Which initial therapy is most appropriate?

- ☒ **A** Furosemide, pimobendan, and oxygen supplementation
- ☐ **B** Furosemide, an angiotensin-converting enzyme inhibitor, and a beta-blocker
- ☐ **C** Cough suppressant and a beta-blocker only
- ☐ **D** Diltiazem and taurine supplementation

ANSWER A

WHY This Doberman likely has occult-to-overt DCM with congestive heart failure (pulmonary edema) and cardiogenic shock suggested by weak femoral pulses. The acute treatment of choice is parenteral furosemide to relieve pulmonary edema, pimobendan (positive inotrope and vasodilator) to improve cardiac output, and oxygen supplementation. ACE inhibitors are added later for chronic management; beta-blockers are contraindicated in acute decompensated CHF. Taurine supplementation is inappropriate for a presumed taurine-replete Doberman, and cough suppression alone is insufficient.

QUESTION 5

SINGLE CHOICE

A 5-year-old spayed female Cocker Spaniel presents with lethargy and icterus. PCV is 18%, plasma is red, and there is marked spherocytosis on blood smear. Which diagnostic test is most appropriate to confirm primary immune-mediated hemolytic anemia?

- ☒ **A** Direct antiglobulin (Coombs) test or saline agglutination test
- ☐ **B** Coagulation profile (PT and PTT)
- ☐ **C** Bone marrow aspirate cytology
- ☐ **D** Erythrocyte osmotic fragility test

ANSWER A

WHY Spherocytes and evidence of hemolysis with regenerative changes and autoagglutination strongly suggest IMHA. The Coombs (direct antiglobulin) test or saline agglutination test confirms antibody-mediated erythrocyte destruction. Coagulation testing is indicated if disseminated intravascular coagulation is suspected, bone marrow aspiration is reserved for non-regenerative anemia, and osmotic fragility tests assess membrane disorders (e.g., hereditary spherocytosis), not immune-mediated disease.

QUESTION 6

SINGLE CHOICE

A 3-year-old Border Collie has had three generalized tonic-clonic seizures in the past 8 months, each lasting approximately 2 minutes with full recovery. Interictal physical and neurological examinations are normal. CBC, biochemistry, and urinalysis are unremarkable. Which is the most appropriate next step?

- ☐ A Start phenobarbital or potassium bromide as maintenance antiepileptic therapy
- ☒ B Perform MRI of the brain and CSF analysis before deciding on therapy
- ☐ C Start a 2-week course of prednisone and reassess
- ☐ D Reassure the owner and not initiate therapy because seizures are infrequent

ANSWER B

WHY Idiopathic epilepsy is a diagnosis of exclusion, and advanced imaging with MRI and CSF analysis is recommended in suspected idiopathic epileptic dogs to rule out structural intracranial disease (e.g., inflammatory, neoplastic, or developmental lesions) before committing to lifelong antiepileptic therapy. While some clinicians begin treatment after a single seizure, given three events, full diagnostic workup including MRI/CSF is appropriate before initiating therapy. Prednisone is not indicated for idiopathic epilepsy and can lower seizure threshold; avoiding treatment entirely ignores a treatable, recurrent condition.

QUESTION 7

SINGLE CHOICE

A 6-year-old domestic shorthair cat presents with episodic cough and expiratory wheeze. Thoracic radiographs show a diffuse bronchial pattern with no alveolar infiltrates. Heartworm antibody and antigen tests are negative. Which is the most appropriate long-term therapy?

- ☒ **A** Inhaled fluticasone via spacer (AeroKat) with a metered-dose inhaler
- ☐ **B** Oral aminophylline as the sole agent
- ☐ **C** Oral prednisone tapered over 7 days and then discontinued
- ☐ **D** Oral doxycycline to cover Mycoplasma

ANSWER A

WHY Feline lower airway disease (asthma) is best managed long term with inhaled corticosteroids (e.g., fluticasone) administered via a chamber such as the AeroKat, which minimizes systemic glucocorticoid side effects. Oral aminophylline alone is inadequate and has a narrow therapeutic index. Short oral prednisone courses fail to control chronic airway inflammation. Doxycycline is not first-line therapy for routine feline asthma unless Mycoplasma infection is specifically documented, and it would not address the underlying eosinophilic inflammation.

QUESTION 8

SINGLE CHOICE

A 3-year-old intact male Labrador Retriever is presented for acute oliguric renal failure and icterus. He is unvaccinated, lives on a farm, and has exposure to standing water and rodents. Which combination of diagnostic tests is most appropriate to confirm leptospirosis?

- ☒ **A** Microscopic agglutination test (MAT) on acute and convalescent serum, ideally with concurrent PCR on urine or blood
- ☐ **B** Single in-clinic ELISA snap test only
- ☐ **C** Blood culture for *Leptospira* only
- ☐ **D** Serum bile acids and abdominal ultrasound

ANSWER A

WHY The gold standard for diagnosing leptospirosis is the microscopic agglutination test (MAT) performed on acute and 2–4 week convalescent serum, demonstrating a fourfold rise in titer. PCR on urine or blood (before antibiotic administration) provides earlier organism detection. In-clinic SNAP tests have variable sensitivity and are not stand-alone confirmatory tests. *Leptospira* culture is rarely performed due to slow growth and biosafety concerns. Bile acids and ultrasound characterize hepatic disease but do not identify the etiologic agent.

QUESTION 9

SINGLE CHOICE

An 11-year-old spayed female domestic shorthair cat presents with weight loss despite a good appetite, intermittent vomiting, and a palpably enlarged thyroid. Total T4 is markedly elevated. Which diagnostic or therapeutic intervention is most appropriate as the next step?

- ☐ A Begin methimazole therapy empirically without further imaging
- ☐ B Perform thoracic radiographs and echocardiography to screen for hypertrophic cardiomyopathy before initiating therapy
- ☒ C Obtain a free T4 by equilibrium dialysis and technetium-99m pertechnetate scintigraphy to evaluate for ectopic or bilateral thyroid involvement
- ☐ D Refer for surgical thyroidectomy without scintigraphy

ANSWER C

WHY Free T4 by equilibrium dialysis confirms the diagnosis when total T4 is borderline, and technetium-99m pertechnetate scintigraphy is the gold standard for identifying unilateral versus bilateral thyroid involvement and detecting ectopic hyperfunctional tissue before surgery or radioiodine therapy. Empirical methimazole without functional/anatomic characterization is suboptimal, screening all hyperthyroid cats with cardiac imaging is not standard, and scintigraphy is recommended prior to thyroidectomy.