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## PRACTICE QUESTIONS

### Neurology Specialty Examination American College of Veterinary Internal Medicine (ACVIM)

# NRGKW

Neurology Specialty Exam, General Knowledge

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

# Before you begin

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## What this is

9 practice questions for Neurology Specialty Examination American College of Veterinary Internal Medicine (ACVIM) **NRGKW**, 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, **NRGKW**
- the question number
- the email address on your order

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

**QUESTION 1**

MULTIPLE CHOICE

Which findings are consistent with a lesion of the peripheral vestibular system? (Choose two.)

- ☒ **A** Conjugate head tilt toward the side of the lesion
- ☐ **B** Positional vertical nystagmus that does not change direction with head position
- ☐ **C** Paresis with absent proprioceptive reactions in all four limbs
- ☒ **D** Ipsilateral Horner syndrome

**ANSWER A - D**

**WHY** A peripheral vestibular lesion commonly causes a head tilt toward the affected side and may produce ipsilateral signs of sympathetic dysfunction, including Horner syndrome. Vertical nystagmus can change direction with changes in head position, while diffuse proprioceptive deficits suggest a multifocal or proprioceptive pathway disorder rather than isolated peripheral vestibular disease.

**QUESTION 2**

MULTIPLE CHOICE

Which clinical findings support a diagnosis of idiopathic facial nerve paralysis in a dog? (Choose two.)

- ☒ **A** Acute inability to move the facial muscles on the affected side
- ☐ **B** Menace-response deficit that resolves when the eyelids are manually held open
- ☐ **C** Absent facial sensation over the muzzle
- ☒ **D** Drooping of the lip and ear on the affected side

**ANSWER A - D**

**WHY** Idiopathic facial nerve paralysis causes acute dysfunction of the motor components of the facial nerve, producing facial asymmetry, drooping of the ear and lip, and impaired blink. A menace deficit caused by facial paralysis resolves when visual perception is bypassed by holding the eyelids open; loss of facial sensation would instead suggest trigeminal or central nervous system involvement.

**QUESTION 3** TRUE FALSE

A dog with an acute, painful thoracolumbar spinal cord injury and loss of deep pain sensation requires emergency stabilization and prompt evaluation for possible decompressive surgery.

☒ **A** True

☐ **B** False

**ANSWER A**

**WHY** Acute severe thoracolumbar spinal cord dysfunction, particularly with loss of deep pain perception, is a neurologic emergency. Immobilization, urgent diagnostic assessment, and early surgical consultation are appropriate because compression, instability, and irreversible cord injury may progress rapidly.

**QUESTION 4** SINGLE CHOICE

A dog has knuckling of the right forelimb, reduced right forelimb proprioception, and normal pelvic-limb function. Which neuroanatomic localization is most likely?

☒ **A** Left caudal cervical spinal cord segment C6-T2

☐ **B** Right C6-T2 spinal cord segment

☐ **C** Left T3-L3 spinal cord segment

☐ **D** Right T3-L3 spinal cord segment

**ANSWER A**

**WHY** The thoracic limbs are represented in the C6-T2 spinal cord segments, while the pelvic limbs are represented in T3-L3. A right forelimb proprioceptive deficit localizes to the left side of the cervical cord at C6-T2 because upper motor neuron and proprioceptive pathways ascend contralaterally before reaching the forebrain.

**QUESTION 5**

SINGLE CHOICE

Which cerebrospinal fluid finding is most consistent with bacterial meningitis in a dog?

- ☒ **A** Marked neutrophilic pleocytosis with intracellular bacteria
- ☐ **B** Mild lymphocytic pleocytosis with normal protein concentration
- ☐ **C** Marked eosinophilic pleocytosis with fungal organisms
- ☐ **D** Complete absence of nucleated cells and normal protein concentration

**ANSWER A**

**WHY** Bacterial meningitis typically produces marked neutrophilic pleocytosis, often with increased protein concentration, and intracellular bacteria may be identified. Viral or steroid-responsive meningitis more often causes lymphocytic or mixed pleocytosis without organisms.

**QUESTION 6**

SINGLE CHOICE

Which feature most strongly supports a diagnosis of idiopathic epilepsy rather than a reactive seizure disorder in a dog?

- ☒ **A** Recurrent unprovoked seizures beginning between 1 and 5 years of age with normal interictal examination
- ☐ **B** A seizure occurring immediately after a witnessed hypoglycemic event
- ☐ **C** Seizures associated with fever and severe systemic illness
- ☐ **D** A single seizure after ingestion of a known toxin

**ANSWER A**

**WHY** Idiopathic epilepsy is characterized by recurrent, unprovoked seizures, commonly with onset in young adult dogs and normal neurologic examination between episodes. Seizures caused by hypoglycemia, toxins, fever, or systemic illness are reactive or secondary events and should prompt evaluation for an underlying cause.

**QUESTION 7**

SINGLE CHOICE

Which MRI characteristic is most typical of a meningioma compressing the spinal cord in a dog?

- ☒ **A** An extra-axial mass that enhances after contrast administration and may have a dural attachment
- ☐ **B** An intraparenchymal, nonenhancing lesion centered in the spinal cord gray matter
- ☐ **C** A well-defined extradural mass composed primarily of fat
- ☐ **D** A diffuse, symmetric intramedullary lesion without contrast enhancement

**ANSWER A**

**WHY** Meningiomas are typically extra-axial, often attached to the dura, and demonstrate contrast enhancement on MRI. Their extra-axial location and mass effect help distinguish them from intraparenchymal lesions and fat-containing extradural masses.

**QUESTION 8**

SINGLE CHOICE

Which clinical finding is most characteristic of myasthenia gravis in a dog?

- ☒ **A** Exercise-induced weakness that improves with rest and worsens with activity
- ☐ **B** Persistent paraplegia with absent spinal reflexes
- ☐ **C** Generalized muscle stiffness and hypertrophy
- ☐ **D** A head tremor that disappears during sleep

**ANSWER A**

**WHY** Myasthenia gravis impairs neuromuscular transmission and causes fatigable, exercise-induced weakness that improves with rest. Persistent paralysis, muscle hypertrophy, and sleep-related head tremors are not characteristic of the typical generalized form.

**QUESTION 9**

SINGLE CHOICE

Which examination finding is most specifically associated with cerebellar dysfunction?

- ☒ **A** Intention tremor that becomes more pronounced as the limb approaches a target
- ☐ **B** Head tilt with spontaneous horizontal nystagmus
- ☐ **C** Decreased withdrawal reflex in the affected limb
- ☐ **D** Delayed conscious proprioception with intact motor strength

**ANSWER A**

**WHY** An intention tremor is a classic cerebellar sign, becoming more pronounced near the intended target. Head tilt and spontaneous nystagmus suggest vestibular disease, reduced withdrawal suggests a lower motor neuron or spinal reflex abnormality, and delayed proprioception can occur with many localizations.