ECVS SA Practical Mock Exam_2024

Exam date: 10/16/2024 8:00:00 AM

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	10974
Author	Yool
Randomized:	No
Block no.:	1
Block name:	
Order:	1
1. Question	

Question 7

During investigation of an 11-month-old, female entire Clumber Spaniel with liver dysfunction, the following radiographic study is obtained.

Q1: Review images 1 and 2. What study has been performed?





Correction notes

We required you to recognise that this was a portovenogram. We did not accept answers that that were not consistent with an operative portovenogram such as 'angiography'. The question asks you to BE SPECIFIC. This should remind you to check your answer and ensure it is clear from it that you understand what has been performed.

A small number of candidates answered portosystemic shunt. This is a diagnosis not a radiographic study. ANSWERING THE WRONG QUESTION is a common mistake. Before moving on, CHECK that you understand what is being asked for and that you have answered the specific question being asked.

- 1. Portogram OR venoportogram OR mesenteric venoportogram OR operative portography
- 2. (2 pts)

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	10975
Author	Yool
Randomized:	No
Block no.:	1
Block name:	
Order:	2

2. Question

Q2: What is the SPECIFIC radiographic diagnosis?

Correction notes

We required an answer which indicated this was a portosystemic shunt involving the azygous (or hemi-azygous) vein as this is clearly identifiable from the radiograph. Any variation of answer that met these two criteria was accepted.

In reading this question, it is important to note that we request a SPECIFIC radiographic diagnosis. Stating portosystemic shunt is not specific enough. When we use words like SPECIFIC, PRECISE etc. in the question text, provide a detailed answer remembering to include orientation information when appropriate (e.g. lateral/ medial, left/ right, proximal/ distal, radius/ulna etc.).

Maximum total amount of characters allowed for the answer

- 1. Porto-azygous shunt
- 2. Porto-hemiazygous also acceptable or other descriptions indicating a portosystemic shunt entering the azygous/ hemi-azygous
- 3. 2 pts

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	10976
Author	Yool
Randomized:	No
Block no.:	1
Block name:	
Order:	3
2 0	

3. Question

Q3: Review Image 3 and identify the contrast filling structures labelled A, B and C.

--- End of Question ---



Correction notes

We expected the most candidates to be able to identify the right ventricle and the ureter in this contrast study (A and B). We did not expect the all candidates to be able to identify C so failing to do this would not in isolation prevent the candidate from passing this question.

- 1. A= Right ventricle
- 2. B= Ureter
- 3. C= mesenteric vein OR arcuate blood vessel OR jejunal vessel (vessel or vein acceptable, artery is NOT acceptable)
- 4. 2pts for all
- 5. No marks if state artery rather than vein or vessel.

Type Free text question, (Max: 2.00 Points) Question-ID: 11009 **Author Eide Knudsen** Randomized: No Block no.: **Block name:** Order: 4 4. Question

Question 17

A 7-year-old, male entire Boxer presents to you with a history of chronic and progressive right hindlimb lameness. Radiographs (IMAGE 1) and a CT scan (IMAGE 2) are obtained.

IMAGE 1: Lateral radiograph of the lumbosacral junction IMAGE 2: CT image showing a transverse section of the lumbosacral junction

Q1: Based on the history and the images provided, what is the MAIN diagnosis seen in IMAGE 2 (excluding ventral spondylosis deformance)?





Correction notes

For the initial pass/borderline/fail assessment, we accepted answers that indicated narrowing at the nerve root exit. However, note that the question asks for a specific DIAGNOSIS and description of the radiographic findings is not sufficient to get marks if a candidate's script was numerically marked. Try to answer the specific question that has been asked. If a diagnosis has been asked for, make sure you have given one in your answer. Refer to the examination guide and video on the assessment structure if the two parts of the marking ('Pass, borderline, fail' and 'Numerical') are not clear to you.

We ask for the MAIN diagnosis. We will only accept the FIRST diagnosis you give for this answer. Similarly, if we ask for TWO differential diagnoses in a question, we will only mark the FIRST TWO differential diagnoses you list even if the correct answers appear later. READ the question carefully and appreciate that we will not give credit for additional answers when question ask for a specific number of options in the answer.

Maximum total amount of characters allowed for the answer

- 1. (Right sided L7-S1) *foraminal stenosis*
- 2. 2 pts for all

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	11010
Author	Eide Knudsen
Randomized:	No
Block no.:	1
Block name:	
Order:	5
F Question	

Q2: The right patella reflex is increased. Based on your interpretation of the CT image (IMAGE 2), how can you explain this?

Correction notes

No additional marking comments.

- 1. Pseudohyperreflexia OR
- 2. Decreased flexor muscle tone OR loss of/reduced sciatic nerve function
- 3. (2 pts)
- 4. Opts for hyperreflexia

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	11011
Author	Eide Knudsen
Randomized:	No
Block no.:	1
Block name:	
Order:	6

6. Question

Q3: Apart from gait abnormalities, list THREE MAIN abnormal findings you might expect in this patient on neurological examination?

--- End of Question ---

Correction notes

We will only mark the first three answers you give as the question asks for you for the MAIN THREE additional findings.

If you list five options, you have not demonstrated that you can make the judgement required to answer the question and you unfairly increase your chances of guessing a correct answer in comparison to a candidate who only lists three options. For these reasons, we follow this rule rigorously when marking. ALWAYS check that you have given the specified number of options when the question indicate that a set number is required.

$\begin{tabular}{ll} \textbf{Maximum total amount of characters allowed for the answer} \\ 250 \end{tabular}$

- 1. *Pain on palpation or manipulation* (LS, coxofemoral, lordosis/ pelvis extension, tail lifting) of the *lumbosacral area
- 2. Proprioceptive deficits OR decreased postural reactions (Hopping test)
- 3. Decreased OR reduced withdrawal reflexes
- 4. Muscle atrophy
- 5. (2 pts for 3; 1 pt for 2 items only if pain or proprioception is one of the answers)

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	11044
Author	Hattersley
Randomized:	No
Block no.:	1
Block name:	
Order:	7

7. Question **Question 9**

A 6-year-old, male neutered English Springer Spaniel presents with a 48-hour history of tachypnoea. A CT scan of the thorax is obtained.

- Video 1: Lung window (pre-contrast) in a transverse plane
 Video 2: Lung window (pre-contrast) in a sagittal plane
 Image 1: taken from the sagittal reconstruction of the lung window

- Image 2: photograph of the device containing the implant used in surgery
- Image 3: photograph of the device containing the implant used in surgery

Q1: Review the CT scans. LIST THREE CLINICALLY RELEVANT radiographic findings visible on these scans (excluding the structure labelled in Image 1).









Correction notes

Many of the questions will ask you to evaluate video clips of CT and to interpret them. In answering this queston, focus on what is being specifically asked. In this example, you are asked for CLINICAL RELEVANT FINDINGS. This requires you to interpret the CT and judge what is most relevant.

This question asks you to list THREE things. Remember, we will only accept the FIRST THREE answers you give. NOTE, we specifically excluded the lung foreign body in this question (circled structure). Be careful to check carefully that you have answered the question being asked and that you fully understand what is being asked.

- 1. Pneumothorax OR
- 2. Pleural effusion OR
- 3. Multi-focal areas of lung consolidation OR
- 4. Bullae/blebs in the accessory lung lobe OR
 5. Mild, multifocal bronchial thickening OR
- 6. Bilateral superficial cervical (moderate), sternal and cranial mediastinal (mild) lymphadenopathy
- 7. 2 for 1pt and 3 answers for 2pts

Type Free text question, (Max: 2.00 Points)

Question-ID: 11045

Author Hattersley

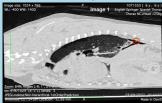
Randomized: No

Block no.: 1

Block name:
Order: 8

8. Question

Q2: Review Image 1, what is the MOST LIKELY explanation for the structure indicated by the red circle?



Correction notes

We did not expect passing candidates to always be able to answer this question so failing to get this answer would not influence the initial 'Pass, Borderline, Fail' assessment. It would influence the mark if this candidate was in the borderline group following initial assessment and needed to be numerically marked. Review the Examination Guide and other information provided about the assessment structure if this distinction is not clear to you.

Maximum total amount of characters allowed for the answer

30

- 1. (inhaled) *foreign body*
- 2. 2pts for all

Type Free text question, (Max: 2.00 Points)

Question-ID: 11046

Author Hattersley

Randomized: No

Block no.: 1

Block name: Order: 9

9. Question

Q3: Review Images 2 and 3; what is the leg length of the implants contained WITHIN this device BEFORE it is used?

--- End of Question ---





Correction notes

This question requires you to RECOGNISE that this is a stapling cartridge and INTERPRET the white colour coding to get the correct answer (the length of the staples before deployment).

Some candidates answered 30mm indicating the standard length of the white vascular stapling cartridge indicating that they may have misread the question.

Look at the question and see that we emphasise that we want you to answer the leg length of the IMPLANT within the device.

It is sensible to check the question after you have constructed your answer and make sure that you have answered the specific question being asked and that you understand it.

$\begin{tabular}{ll} \textbf{Maximum total amount of characters allowed for the answer} \\ 20 \end{tabular}$

- 1. 2.5mm
- 2. (2 pts for all)

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	12262
Author	Yool
Randomized:	No
Block no.:	1
Block name:	
Order:	10
10. Question	

Question 15

Part 1

A 20-week-old, male entire, Domestic Shorthaired cat, weighing 2.1kg, is diagnosed with persistent right aortic arch. It undergoes surgery to release the tissue causing mega-oesophagus via a 4th left intercostal thoracotomy. During surgery, an additional congenital vascular anomaly is identified as an incidental finding. Review IMAGE 1 that shows the intraoperative view during dissection.

• IMAGE 1: intra-operative view of the 4th left intercostal thoracotomy. Dorsal is to the top of the image. The arrow points to a band of tissue being dissected as part of the procedure. A red rubber vessel loop is retracting the additional, incidental anomalous vessel and left phrenic nerve ventrally.

Identify the structure indicated by the ARROW. BE SPECIFIC.



Correction notes

May also state persistent, left but not required for pts. May also state patent but not required for pts.

$\begin{tabular}{ll} \textbf{Maximum total amount of characters allowed for the answer} \\ 50 \end{tabular}$

- 1. Ligamentum arteriosum
- 2. Ductus arteriosum
- 3. (2 pts for either)

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	12263
Author	Yool
Randomized:	No
Block no.:	1
Block name:	
Order:	11
11 Question	

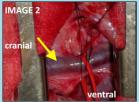
Part 2

Referring to the same case as in part 1:

Review IMAGE 2 which highlights the additional anomalous vessel.

• IMAGE 2: intra-operative view of the 4th left intercostal thoracotomy. Dorsal is to the top of the image. The arrow points to the anomalous vessel that is being retracted with the phrenic nerve by a red rubber vessel loop.

Identify the anomalous vessel indicated by the ARROW. BE SPECIFIC



Correction notesMay also state persistent but not required for answer 0 pts for azygous or hemi-azygous 0 pts if do not state CRANIAL

$\begin{tabular}{ll} \textbf{Maximum total amount of characters allowed for the answer} \\ 30 \end{tabular}$

- 2. CRANIAL VENA CAVA
 3. (2 pts for both, 1 pt if do not state LEFT)

Type Free text question, (Max: 2.00 Points) Question-ID: 12264 **Author** Yool Randomized: No Block no.: Block name:

12. Question Part 3

Order:

Referring to the same case as in parts 1 and 2:

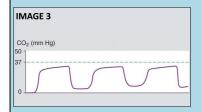
During anaesthesia, a capnogram is obtained (IMAGE 3).

• IMAGE 3: capnogram trace.

12

Review IMAGE 3 and INTERPRET the capnogram.

--- End of Question ---



Correction notesMay also state the patient is normocapnic but not required for points.

$\begin{tabular}{ll} \textbf{Maximum total amount of characters allowed for the answer} \\ 20 \end{tabular}$

1. rebreathing

2. (2 pts)

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	12293
Author	Barthelemy
Randomized:	No
Block no.:	1
Block name:	
Order:	13

13. Question Part 2

A 4-year-old, male neutered, Boxer, weighing 30kg, presents to you acutely non-ambulatory and in lateral recumbency. The dog does not demonstrate pain on thoracolumbar and cervical spine manipulation.

The rest of the neurological exam is summarized in the Tables below:

	Fore limb	Hindlimb
Muscle Tone	Increased Bilaterally	Increased Bilaterally
Proprioceptive Placement	Normal bilaterally	Absent Bilaterally
Deep Pain	Present bilaterally	Absent Bilaterally
Withdrawal Reflexes	Normal bilaterally	Normal Bilaterally
Patellar Reflex		Increased Bilaterally

Cutaneus trunci reflex	Stops in the T13-L1 lumbar area
Neck	Moderately hyperextended
Mentation	Normal
Cranial nerves	Normal

Based on your neurological examination, where is the MOST LIKELY neuro-localisation of the lesion?

Correction notesShiff Sherington is not wrong but does not provide localization or would accept any more accurate location within T3-L3 segment.

- 1. T3-L3 or anywhere within this segment
- 2. (2 pts for any)

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	12277
Author	Radke
Randomized:	No
Block no.:	1
Block name:	
Order:	14
14. Question	

Question 6

Part 1

You are planning to stabilise a simple, closed, transverse radial fracture in a 1-year-old, male entire, mixed-breed dog, weighing 7 kg, using minimally invasive percutaneous plate osteosynthesis (MIPO). The selected plate is shown in IMAGE 1.

• IMAGE 1: 8 hole 2.4mm locking plate, letter A indicating holes in question.

STATE how the holes in the plate indicated by the letter A in IMAGE 1 are used to facilitate the procedure.



Correction notes

 $\begin{tabular}{ll} \textbf{Maximum total amount of characters allowed for the answer} \\ 50 \end{tabular}$

- 1. Temporary fixation (with a K-wire) OR temporary K-wire OR temporary alignment
- 2. (2 pts for any (need say temporary))

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	12292
Author	Barthelemy
Randomized:	No
Block no.:	1
Block name:	
Order:	15
15. Question	

Question 8

Part 1

A 6-year-old, male entire, Labrador Retriever, weighing 35 kg, is presented for a progressive onset of ataxia (see VIDEO 1).

• VIDEO 1: Video of the dog walking.

Based on the gait evaluation in VIDEO 1, where is the MOST LIKELY neuro-localisation of the lesion?



Correction notes

Maximum total amount of characters allowed for the answer

30

- 1. C6-T2 / caudal cervical spine / or any synonym of C6-T2 (thoracic limb outflow etc...)
- 2. (2 pts for any)

Туре	Free text question, (Max: 2.00 Points)
Question-ID:	12266
Author	Yool
Randomized:	No
Block no.:	1
Block name:	
Order:	16
16 Question	

16. Question

Part 2

A 7-year-old, female neutered, Miniature Schnauzer, weighing 12kg, is being investigated for persistent RIGHT otitis externa. As part of the investigation, a CT scan of the head is obtained (see VIDEO 1).

• VIDEO 1: transverse CT scan of the dog's head.

Review VIDEO 1. The patient has secondary otitis externa. You consider neoplasia to be one of the main primary differentials. What is the MOST LIKELY other PRIMARY differential diagnosis excluding neoplasia?



Correction notes

- 1. Tympanokeratoma
- 2. Cholesteatoma
- 3. (2 pts for either)