MEDICAL-SURGICAL ENDOCRINE 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. Which combination best describes Addison disease features?

A. Weight loss with obesity and flushed skin

B. Jaundice and pruritus

C. Severe muscle cramps with tetany

D. Fatigue, weakness, orthostatic hypotension, hyperpigmentation; hyponatremia, hyperkalemia, metabolic acidosis, possible hypoglycemia

2. For a thyroid nodule with suppressed TSH, which next steps are appropriate?

A. Do nothing

B. Order CT neck

C. Obtain ultrasound features and consider FNA

D. Start methimazole

3. The nurse explains that hydrocortisone in Addison disease primarily functions to:

A. Increase Cardiac Output

B. Decrease the Level of Cortisol

C. Lower the Blood Sugar Level

D. Regulate the Excretion of Potassium and Sodium

4. Which response is best when addressing a parent of a teenager with gigantism?

A. Gigantism is treatable.

B. Her height could help her be a basketball star or a model.

C. What is it about her height that makes her a freak?

D. All parents feel responsible when their children have problems.

5. Elevated blood glucose increases plasma osmolality and initially causes which symptom?

A. Polyphagia

B. Polyuria

C. Hypoglycemia

D. Polydipsia

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6. What is the typical laboratory pattern in hyperthyroidism and which medications are used to acutely manage symptoms?

A. Elevated free T4/T3 with suppressed TSH; acute tachycardia and tremor treated with beta-adrenergic blockers such as propranolol

B. Low T3 with high TSH

C. Normal thyroid hormones with no supportive therapy

D. Elevated TSH with high thyroxine

7. When a patient newly diagnosed with type 2 diabetes mellitus asks the nurse why she has to take a pill instead of insulin, the nurse replies that in type 2 diabetes mellitus, the body makes insulin but:

A. overweight and under active people cannot simply use the insulin produced.

B. Metabolism is slowed in some people so they have to take a pill to speed up their metabolism.

C. Sometimes the autoimmune system works against the action of the insulin.

D. The cells become resistant to the action of insulin. Pills are given to increase the sensitivity.

8. Adrenal crisis presents with severe weakness, hypotension, and abdominal pain; initial management includes:

A. Aggressive IV fluids, electrolyte correction, and hydrocortisone until adrenal insufficiency is ruled out

B. Oral hydration and bed rest

C. Insulin therapy and potassium replacements only

D. Imaging before initiating treatment

9. Which factor most contributes to underdiagnosis of hypothyroidism in older adults?

A. Signs and symptoms are subtle

B. Signs discounted as age-related changes

C. Weight changes not pronounced

D. Decrease in mental function attributed to dementia

10. Enlargement of the thyroid gland is called _____.

A. hypothyroidism

B. Graves disease

C. goiter

D. myxedema

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Answers

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

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Explanations

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1. Which combination best describes Addison disease features?

A. Weight loss with obesity and flushed skin

B. Jaundice and pruritus

C. Severe muscle cramps with tetany

D. Fatigue, weakness, orthostatic hypotension, hyperpigmentation; hyponatremia, hyperkalemia, metabolic acidosis, possible hypoglycemia

Addison disease is primary adrenal insufficiency, causing loss of both glucocorticoids and mineralocorticoids. This leads to fatigue and weakness from cortisol deficiency, orthostatic hypotension from salt-wasting and volume depletion due to aldosterone deficiency, and hyperpigmentation from ACTH cross-reacting with melanocyte receptors. Electrolyte disturbances are hallmark: hyponatremia and hyperkalemia from aldosterone deficiency, plus a tendency toward metabolic acidosis; hypoglycemia can occur because cortisol helps maintain blood glucose. The described combination captures all of these features, making it the best fit for Addison disease. The other options describe patterns that fit different diseases (for example, obesity with flushed skin isn't typical of Addison's; jaundice points to liver/biliary disease; tetany suggests calcium or magnesium disturbances) and don't align with the adrenal failure picture.

2. For a thyroid nodule with suppressed TSH, which next steps are appropriate?

A. Do nothing

B. Order CT neck

C. Obtain ultrasound features and consider FNA

D. Start methimazole

When a thyroid nodule comes with a suppressed TSH, the patient likely has a hyperfunctioning (toxic) nodule. The next step is to image the thyroid with a high-resolution ultrasound to characterize the nodule's features and to guide whether a biopsy is needed. Ultrasound helps identify suspicious characteristics (such as irregular margins, microcalcifications, taller-than-wide shape, hypoechogenicity) and to determine which nodules warrant fine-needle aspiration cytology. If the ultrasound shows benign features or a clearly hot, toxic nodule, FNA may not be necessary, but if there are suspicious features or a nonfunctioning component, FNA is indicated. Ordering a CT neck isn't needed for initial evaluation, and starting methimazole addresses symptoms of thyrotoxicosis but isn't the correct diagnostic next step. So, obtain ultrasound features and consider FNA based on what those features show.

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3. The nurse explains that hydrocortisone in Addison disease primarily functions to:

A. Increase Cardiac Output

B. Decrease the Level of Cortisol

C. Lower the Blood Sugar Level

D. Regulate the Excretion of Potassium and Sodium

In Addison disease, the adrenal cortex fails to produce enough aldosterone and cortisol. Hydrocortisone provides replacement of cortisol and also has mineralocorticoid activity, which is crucial for electrolyte balance. The mineralocorticoid effect promotes sodium reabsorption and potassium excretion in the distal nephron, helping to correct salt wasting, hyperkalemia, and volume depletion that come with aldosterone deficiency. That's why its primary function in this context is regulating the excretion of potassium and sodium. The other options don't fit as the main action: hydrocortisone does not lower blood glucose (in fact, glucocorticoids tend to raise it), there's no aim to decrease cortisol levels (the therapy replaces cortisol), and while improved volume status can influence cardiac output, the central, defining purpose here is electrolyte regulation through mineralocorticoid activity.

4. Which response is best when addressing a parent of a teenager with gigantism?

A. Gigantism is treatable.

B. Her height could help her be a basketball star or a model.

C. What is it about her height that makes her a freak?

D. All parents feel responsible when their children have problems.

When talking with a parent about gigantism, the goal is to address emotions and stigma while preserving the teen's dignity and inviting open, supportive dialogue. The best response does this by directly confronting the hurtful label and inviting reflection on how height and health affect the teen's feelings and daily life. Saying, "What is it about her height that makes her a freak?" challenges the negative stigma in the moment and shifts the focus from shaming to understanding, which can help the parent acknowledge the impact of words and steer the conversation toward empathy, the teen's psychosocial well-being, and appropriate care. Why the other options fit less well: stating that gigantism is treatable can sound like a simple solution and may overlook individual variability and the emotional weight of the situation. suggesting the teen's height could make her a basketball star or a model reduces her to appearances or potential roles, which can objectify and overlook health concerns and prestige-based expectations. implying that all parents feel responsible generalizes a personal feeling and may dampen the opportunity for a constructive, supportive discussion about the teen's needs.

5. Elevated blood glucose increases plasma osmolality and initially causes which symptom?

A. Polyphagia

B. Polyuria

C. Hypoglycemia

D. Polydipsia

Elevated glucose raises plasma osmolality, which is detected by the hypothalamic osmoreceptors. That triggers the sensation of thirst, leading to polydipsia. This thirst response occurs before significant osmotic diuresis develops, so polydipsia is the initial symptom. Polyuria can follow as the kidneys excrete the excess glucose, but it's not the first sign. Hypoglycemia is not expected with high glucose, and polyphagia is not the immediate osmolality-driven symptom.

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6. What is the typical laboratory pattern in hyperthyroidism and which medications are used to acutely manage symptoms?

A. Elevated free T4/T3 with suppressed TSH; acute tachycardia and tremor treated with beta-adrenergic blockers such as propranolol

B. Low T3 with high TSH

C. Normal thyroid hormones with no supportive therapy

D. Elevated TSH with high thyroxine

In hyperthyroidism the circulating thyroid hormones are elevated, especially free T4 and/or free T3, and this excess feeds back on the pituitary to suppress TSH. That combination—high thyroid hormone levels with a low TSH—is the classic lab pattern you'd expect. For acutely managing symptoms like tachycardia and tremor, blocking the adrenergic effects is most effective and fast-acting. A nonselective beta-adrenergic blocker such as propranolol is used because it quickly reduces heart rate, tremor, anxiety, and short-term sympathetic symptoms. It also has the additional benefit of inhibiting peripheral conversion of T4 to the more active T3, giving a small extra hormonal effect. The other patterns don't fit hyperthyroidism: low T3 with high TSH suggests hypothyroidism or central etiologies; normal thyroid hormones with no symptoms isn't hyperthyroidism; high TSH with high thyroxine contradicts the typical negative feedback seen in thyrotoxicosis.

7. When a patient newly diagnosed with type 2 diabetes mellitus asks the nurse why she has to take a pill instead of insulin, the nurse replies that in type 2 diabetes mellitus, the body makes insulin but:

A. overweight and under active people cannot simply use the insulin produced.

B. Metabolism is slowed in some people so they have to take a pill to speed up their metabolism.

C. Sometimes the autoimmune system works against the action of the insulin.

D. The cells become resistant to the action of insulin. Pills are given to increase the sensitivity.

In type 2 diabetes the problem is insulin resistance: the body's cells—especially muscle, fat, and liver cells—don't respond well to insulin, so glucose isn't taken up efficiently even though insulin is present. Because of this, treatment often uses oral medications that improve how sensitive the tissues are to insulin and that reduce glucose production by the liver. That's why the statement that pills are given to increase insulin sensitivity is the best fit: it reflects the core issue in many patients with type 2 diabetes and why oral agents can be effective early in the disease. Autoimmune destruction of beta cells describes type 1 diabetes, not type 2; and the option about metabolism speed or "overweight and underactive" users not fitting the primary mechanism of resistance.

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8. Adrenal crisis presents with severe weakness, hypotension, and abdominal pain; initial management includes:

A. Aggressive IV fluids, electrolyte correction, and hydrocortisone until adrenal insufficiency is ruled out

B. Oral hydration and bed rest

C. Insulin therapy and potassium replacements only

D. Imaging before initiating treatment

When adrenal crisis is suspected, the priority is rapid stabilization to treat shock and the underlying hormone deficiency. Aggressive intravenous fluids restore intravascular volume and improve blood pressure, while correcting electrolyte disturbances helps prevent dangerous imbalances. Starting hydrocortisone promptly is essential because the lack of cortisol (and some mineralocorticoid activity) drives the hypotension and hyponatremia; providing hydrocortisone addresses this deficiency immediately and supports vascular tone, even before any confirmatory tests are back. You don't wait for imaging or lab results to start treatment, since delays can be fatal and testing can follow stabilization. Oral hydration or bed rest cannot reverse the severe volume depletion and hormonal deficit, and insulin-only therapy won't fix the underlying crisis or restore perfusion and electrolytes.

9. Which factor most contributes to underdiagnosis of hypothyroidism in older adults?

A. Signs and symptoms are subtle

B. Signs discounted as age-related changes

C. Weight changes not pronounced

D. Decrease in mental function attributed to dementia

In older adults, hypothyroidism is often missed because its signs and symptoms can be mistaken for normal aging. The most influential factor is discounting these changes as age-related rather than recognizing them as potentially abnormal, which leads clinicians to skip thyroid testing or treatment. While symptoms may be subtle and cognitive changes can resemble dementia, the key issue driving underdiagnosis is attributing the findings to aging itself, not to a reversible endocrine problem. This misattribution slows or prevents appropriate evaluation, delaying diagnosis and care.

10. Enlargement of the thyroid gland is called _____.

A. hypothyroidism

B. Graves disease

C. goiter

D. myxedema

Goiter is the term for enlargement of the thyroid gland. The gland can swell for many reasons, including iodine deficiency, inflammation, or nodular growth, and the word "goiter" describes the size change itself, not how well the gland is functioning. Hypothyroidism is a state of low thyroid hormone production. Graves disease is an autoimmune condition that often causes hyperthyroidism and a swollen thyroid, but the specific term for the enlarged gland is still goiter. Myxedema refers to the severe, advanced state of hypothyroidism with edema and other systemic symptoms, not to the enlargement itself. So the best answer is goiter because it directly names the enlargement of the thyroid gland, regardless of the underlying function or cause.

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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:

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

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