

MPAS COMMON LAB TESTS: URINALYSIS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://mpascommonlabtesturinalysis.examzify.com>



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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. Which finding in a urinalysis most strongly suggests a contaminated sample?**
 - A. Glucose
 - B. Squamous epithelial cells
 - C. Nitrites
 - D. Protein

- 2. Which scenario is commonly associated with ketonuria?**
 - A. Hypertension
 - B. Bacterial infection
 - C. Starvation/fasting
 - D. Kidney stones

- 3. What is the average range for urine pH?**
 - A. 4.6-8
 - B. 5.0-7.0
 - C. 6.0-9.0
 - D. 3.5-7.5

- 4. What is the likely interpretation of finding bacteria on urine microscopy in a patient with no urinary symptoms?**
 - A. Contamination
 - B. Asymptomatic bacteriuria
 - C. No clinical significance
 - D. Acute cystitis

- 5. Which statement best describes the difference between urinalysis and urine microscopy?**
 - A. Urinalysis is a broad screening test
 - B. Urinalysis is for diagnosing infections only
 - C. They are the same
 - D. Urinalysis only measures glucose

- 6. Isolated positive bilirubin with negative urobilinogen on urinalysis is most consistent with which scenario?**
- A. Pattern suggesting biliary obstruction or hepatocellular injury; requires further evaluation
 - B. Normal variation
 - C. Urinary tract infection
 - D. Dehydration
- 7. What is considered significant proteinuria on dipstick and on a 24-hour collection?**
- A. Dipstick: any positive color warrants confirmation; 24-hour proteinuria >150 mg/day is abnormal (nephrotic-range >3.5 g/day)
 - B. Dipstick: only strong positives; 24-hour proteinuria >1 g/day
 - C. Dipstick: color change equals mg/day; 24-hour is qualitative
 - D. Dipstick: negative; 24-hour normal
- 8. Elevated urine urobilinogen is most consistent with which condition?**
- A. Kidney disease
 - B. Liver disease
 - C. Diabetes
 - D. Dehydration
- 9. Orange urine can be caused by which of the following?**
- A. Low fluid intake
 - B. Medications such as Pyridium/AZO
 - C. Heavy metal poisoning
 - D. Beeturia
- 10. What should you think when you see protein in urine?**
- A. Kidney disease
 - B. Infection
 - C. Dehydration
 - D. Diabetes

Answers

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

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Explanations

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1. Which finding in a urinalysis most strongly suggests a contaminated sample?

- A. Glucose
- B. Squamous epithelial cells**
- C. Nitrites
- D. Protein

Squamous epithelial cells in a urinalysis strongly suggest a contaminated sample. These cells line the distal urethra and skin, so their appearance in urine typically means the collection wasn't clean—often from skin, vaginal, or urethral contamination. When a sample is contaminated, you're more likely to see extraneous cells and mixed flora, which can skew results and make it hard to interpret true urinary tract findings. Glucose in urine indicates elevated blood glucose or a low renal threshold for glucose, not contamination. Nitrites appear when bacteria reduce nitrates and are a sign of bacterial infection, not contamination by skin or vaginal flora. Protein in urine can result from kidney issues, dehydration, or concentrated urine, and is not a specific indicator of a poor collection. So, among the findings, the presence of squamous epithelial cells is the strongest cue that the sample may be contaminated rather than reflecting a genuine urinary condition.

2. Which scenario is commonly associated with ketonuria?

- A. Hypertension
- B. Bacterial infection
- C. Starvation/fasting**
- D. Kidney stones

Ketonuria happens when ketone bodies build up in the blood and spill over into the urine. This occurs when carbohydrate availability is low and the body switches to fat metabolism for energy. In starvation or prolonged fasting, glucose supplies drop, insulin levels fall, and the liver ramps up lipolysis, converting fats into ketones (acetoacetate, beta-hydroxybutyrate, and acetone). When ketone production outpaces the body's use and the kidneys reach their excretion threshold, these ketones appear in urine. That's why starvation or fasting is the scenario most commonly associated with ketonuria. Hypertension, bacterial infection, and kidney stones aren't typical drivers of ketone production in the same direct way. Bacterial illness can lead to reduced intake and, occasionally, ketosis, but the classic and most common association is with fasting or starvation.

3. What is the average range for urine pH?

- A. 4.6-8**
- B. 5.0-7.0
- C. 6.0-9.0
- D. 3.5-7.5

Urine pH shows how acidic or basic the urine is, and it can vary within a healthy range because of diet and time of day. The typical reference range for urine pH is about 4.6 to 8.0, with many samples around 5.5–7.0 but still within that span. This makes 4.6–8.0 the best choice because it captures the normal variability seen in most individuals. The other ranges either go beyond what's considered normal or miss values that can occur within everyday variation.

4. What is the likely interpretation of finding bacteria on urine microscopy in a patient with no urinary symptoms?

- A. Contamination
- B. Asymptomatic bacteriuria**
- C. No clinical significance
- D. Acute cystitis

When bacteria appear in the urine without any urinary symptoms, the finding is best described as asymptomatic bacteriuria. In this situation, the urinary tract is colonized by bacteria, but there is no inflammatory response producing typical infection symptoms such as dysuria, frequency, urgency, or suprapubic pain. This distinguishes it from an active, symptomatic urinary tract infection, which would present with those symptoms and often with signs of inflammation on urinalysis. Contamination is a separate consideration: if the urine sample is not collected properly, skin or vaginal flora can be introduced, leading to bacteria in the specimen without representing true bacteriuria. A properly collected sample with bacteria in the absence of symptoms points to asymptomatic bacteriuria rather than contamination. In terms of management, asymptomatic bacteriuria generally does not require treatment in most patients, because antibiotics do not improve outcomes and can contribute to resistance. Treatment is typically reserved for specific scenarios, such as pregnancy or certain urologic procedures.

5. Which statement best describes the difference between urinalysis and urine microscopy?

- A. Urinalysis is a broad screening test**
- B. Urinalysis is for diagnosing infections only
- C. They are the same
- D. Urinalysis only measures glucose

The key idea is that urinalysis is a broad screening approach, while urine microscopy is just one part of that broader test. Urinalysis combines physical evaluation (appearance, color, clarity), chemical analysis (dipstick tests for pH, protein, glucose, ketones, blood, nitrites, leukocyte esterase, etc.), and microscopic examination of the urine sediment. Urine microscopy specifically looks under the microscope at the formed elements in the urine—cells, crystals, bacteria, casts, and other particles. So describing urinalysis as a broad screening test best captures its role: it's not limited to one finding or purpose (like infections or glucose measurement). It's used to screen for a range of conditions affecting the kidneys and urinary tract, systemic diseases, and other abnormalities. Why the other statements don't fit: urinalysis is not for diagnosing infections only, because it assesses many parameters beyond infection markers; they are not the same—urine microscopy is the microscopic portion of the broader urinalysis, not the entire test; and urinalysis does not only measure glucose—the dipstick panel covers multiple substances, not just glucose.

6. Isolated positive bilirubin with negative urobilinogen on urinalysis is most consistent with which scenario?

- A. Pattern suggesting biliary obstruction or hepatocellular injury; requires further evaluation
- B. Normal variation
- C. Urinary tract infection
- D. Dehydration**

Isolated bilirubin in the urine with no urobilinogen points to bilirubin that is being excreted directly into the urine rather than being processed in the gut. This happens when bile flow is blocked or when the liver leaks conjugated bilirubin into the bloodstream, so little bilirubin reaches the intestine to form urobilinogen. In both scenarios you get bilirubinuria with a lack of urobilinogen in the urine. Dehydration wouldn't produce this pattern, and a urinary tract infection isn't typically associated with bilirubin in urine. So the finding is most consistent with biliary obstruction or hepatocellular injury and should prompt further evaluation (e.g., liver function tests and imaging).

7. What is considered significant proteinuria on dipstick and on a 24-hour collection?

- A. Dipstick: any positive color warrants confirmation; 24-hour proteinuria >150 mg/day is abnormal (nephrotic-range >3.5 g/day)**
- B. Dipstick: only strong positives; 24-hour proteinuria >1 g/day
- C. Dipstick: color change equals mg/day; 24-hour is qualitative
- D. Dipstick: negative; 24-hour normal

Proteinuria is first screened with a dipstick, which only tells you whether protein is present in a urine sample in a qualitative way. Because the dipstick result is influenced by urine concentration and composition, any positive color change should be followed by a quantitative measurement to determine how much protein is actually being excreted. That's why the idea that any positive dipstick warrants confirmation is the best approach. For the 24-hour collection, total protein excretion above about 150 mg per day is considered abnormal, indicating significant protein loss. When the amount exceeds roughly 3.5 g per day, that's termed nephrotic-range proteinuria, a level associated with nephrotic syndrome. In short, dipstick-positive signals require quantitative confirmation, and a 24-hour protein excretion threshold of >150 mg/day marks abnormal proteinuria, with nephrotic-range proteinuria defined as >3.5 g/day.

8. Elevated urine urobilinogen is most consistent with which condition?

- A. Kidney disease**
- B. Liver disease
- C. Diabetes
- D. Dehydration

Urobilinogen in urine comes from bilirubin that has been processed in the gut. Bacteria convert bilirubin to urobilinogen in the intestine, and some of that urobilinogen is reabsorbed and then excreted in urine. When bilirubin production is increased (as in hemolysis) or when the liver is able to process bilirubin but bile flow remains intact, more urobilinogen is formed and appears in urine. If bile flow is blocked (obstructive jaundice), less bilirubin reaches the gut, so urinary urobilinogen decreases. Dehydration and diabetes don't directly raise urinary urobilinogen, and kidney disease isn't a typical cause of increased urobilinogen. So, elevated urine urobilinogen is most consistent with liver disease (or conditions causing increased bilirubin delivery to the gut, such as hemolysis), rather than kidney disease, dehydration, or diabetes.

9. Orange urine can be caused by which of the following?

- A. Low fluid intake
- B. Medications such as Pyridium/AZO**
- C. Heavy metal poisoning
- D. Beeturia

Orange urine is most often due to certain urinary analgesics that contain azo dyes, such as phenazopyridine products like Pyridium or AZO. These dyes are excreted in the urine and give it an orange to reddish-orange color, which is an expected effect of the medication. Lower fluid intake makes urine more concentrated and appears dark yellow or amber rather than bright orange. Heavy metal poisoning can discolor urine but typically shows atypical shades (like brown or green) and is not a common or isolated cause of orange urine. Beeturia from beets causes pink to red urine, not orange. So the medication-related color change best explains orange urine.

10. What should you think when you see protein in urine?

- A. Kidney disease**
- B. Infection
- C. Dehydration
- D. Diabetes

Protein in the urine, or proteinuria, signals that the kidneys aren't filtering properly. The glomeruli normally keep most proteins in the blood, so when they're damaged or overwhelmed, proteins leak into the urine. That makes kidney disease the best answer. Dehydration concentrates urine but isn't by itself a cause of true protein leakage. Infections can cause temporary protein in urine, but persistent proteinuria points to kidney problems. Diabetes is a common cause of kidney disease, but the presence of protein in urine is a marker of kidney disease in general rather than a diagnosis of diabetes by itself.

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://mpascommonlabtesturinalysis.examzify.com>

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

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