NEET PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://neetpediatrics.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. What is the key physical finding in a patient with tetralogy of Fallot (TOF)?

A. Persistent cough
B. Cyanosis
C. Diarrhea
D. Swollen abdomen

2. What does the double bubble sign indicate in pediatric diagnosis?

A. Duodenal atresia
B. Jejunal atresia
C. Pyloric stenosis
D. Esophageal atresia

3. How many alpha Hb chain genes are present in normal human physiology?

A. 2
B. 3
C. 4
D. 5

4. Which is NOT one of the CREAM criteria for Kawasaki disease?

A. Conjunctivitis
B. Mucosal involvement
C. Lymphadenopathy
D. Hepatosplenomegaly

5. Which infection is known to cause nephrotic syndrome?

A. Malaria
B. Syphilis
C. Hepatitis B
D. All of the above

6. In neonates, which type of bilirubin is less likely to be bound to albumin?

A. Indirect bilirubin
B. Direct bilirubin
C. Conjugated bilirubin
D. Free bilirubin

SAMPLE

7. Which urine odor is associated with a condition similar to a "dried malt" smell?

A. Phenylketonuria

B. Trimethylaminuria

C. Cystinuria

D. Multiple carboxylase deficiency

8. What is the significance of having all chambers with the same pressure and saturation?

A. It indicates normal heart function

B. It suggests a shunt in circulation

C. It is characteristic of restrictive cardiomyopathy

D. It points to aortic stenosis

9. Which imaging sign corresponds with pericarditis?

A. Air bronchogram

B. Snowman sign

C. Jug handle sign

D. Money bag sign

10. What is the recommended choice of feeding for infants born at 28 to 32 weeks of gestation?

A. Breastfeeding

B. NG/ oroG tube

C. Paladai

D. Spoon feeding

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the key physical finding in a patient with tetralogy of Fallot (TOF)?

A. Persistent cough

B. Cyanosis

C. Diarrhea

D. Swollen abdomen

In tetralogy of Fallot (TOF), the key physical finding is cyanosis. This condition is a congenital heart defect characterized by four specific anatomical issues: ventricular septal defect, pulmonary stenosis, right ventricular hypertrophy, and an aortic override. The presence of these defects leads to inadequate oxygenation of the blood, resulting in decreased oxygen delivery to the tissues, which causes the bluish discoloration of the skin and mucous membranes known as cyanosis. Cyanosis typically presents in infants and children with TOF when demands for oxygen increase, such as during feeding, crying, or physical activity. It can manifest as peripheral cyanosis (bluish coloration of the extremities) or central cyanosis (bluish discoloration of the lips and face). The severity of cyanosis can vary depending on the degree of right-to-left shunting of blood through the ventricular septal defect and the extent of pulmonary stenosis. Other symptoms such as persistent cough, diarrhea, or a swollen abdomen may occur in various clinical contexts but are not specific indicators of TOF. These symptoms could arise from other respiratory, gastrointestinal, or systemic disorders, making them less relevant in diagnosing or identifying the specific congenital heart defect of tetralogy of Fall

2. What does the double bubble sign indicate in pediatric diagnosis?

A. Duodenal atresia

B. Jejunal atresia

C. Pyloric stenosis

D. Esophageal atresia

The double bubble sign is a specific radiological finding typically observed in abdominal X-rays of newborns. It indicates the presence of two distinct fluid-filled bubbles in the upper abdomen, which are the distended stomach and the proximal duodenum. This sign is most commonly associated with duodenal atresia, a congenital condition where there is a complete obstruction in the duodenum. As a result, there is an accumulation of air and fluid above the obstruction and no air is seen in the distal bowel beyond the atresia, leading to the characteristic "double bubble" appearance on X-ray. In the context of pediatric diagnoses, recognizing the double bubble sign is crucial as it directs clinicians towards further diagnostic evaluation and management of duodenal atresia, which often requires surgical intervention. Other conditions that might present with gastrointestinal symptoms are distinct and do not produce this specific radiographic pattern.

3. How many alpha Hb chain genes are present in normal human physiology?

A. 2

B. 3

C. 4

D. 5

In normal human physiology, there are four alpha globin (Hb) chain genes located on chromosome 16. These genes are responsible for the production of the alpha chains of hemoglobin, which combine with beta chains to form the functional hemoglobin molecule, essential for oxygen transport in the blood. The presence of four alpha genes allows for a robust production of alpha globin chains, ensuring that each hemoglobin molecule is correctly formed during erythropoiesis (the production of red blood cells). If there is a mutation or deletion in one or more of these alpha genes, it can lead to various forms of alpha thalassemia, where the synthesis of hemoglobin is compromised, resulting in anemia and associated symptoms. Understanding the normal number of alpha globin genes is crucial for recognizing disorders related to hemoglobin synthesis and for guiding the diagnosis and treatment of these conditions.

SAMPLE

4. Which is NOT one of the CREAM criteria for Kawasaki disease?

A. Conjunctivitis

B. Mucosal involvement

C. Lymphadenopathy

D. Hepatosplenomegaly

Kawasaki disease is characterized by a set of clinical features, commonly referred to as the CREAM criteria. These criteria help in the diagnosis of this condition, particularly in children. The CREAM acronym stands for Conjunctivitis, Rash, Ewiki (which refers to edema of the hands and feet), Adenopathy (specifically cervical lymphadenopathy), and Mucosal involvement (such as changes in the lips or oral cavity). In this context, hepatosplenomegaly is not one of the primary features outlined by the CREAM criteria. While hepatosplenomegaly can occur in various childhood illnesses and may be associated with some atypical or complex presentations of Kawasaki disease, it is not a hallmark diagnostic criterion. The first three options—conjunctivitis, mucosal involvement, and lymphadenopathy—are directly part of the established symptoms that guide healthcare providers in diagnosing Kawasaki disease. Therefore, recognizing that hepatosplenomegaly does not fit within the CREAM criteria confirms the understanding of the diagnostic framework for Kawasaki disease.

5. Which infection is known to cause nephrotic syndrome?

A. Malaria

B. Syphilis

C. Hepatitis B

D. All of the above

Nephrotic syndrome is characterized by significant proteinuria, hypoalbuminemia, and edema, often as a result of underlying diseases or infections. In this context, several infections, including malaria, syphilis, and hepatitis B, have been associated with nephrotic syndrome. Malaria can lead to kidney complications, including nephrotic syndrome, due to the immune response and damage resulted from the parasitic infection affecting kidney function. Syphilis has renal complications that can manifest as glomerulonephritis, which, in some cases, may progress to nephrotic syndrome. The systemic effects of syphilis can lead to various forms of kidney dysfunction. Hepatitis B is another viral infection associated with kidney issues, including membranous nephropathy, which can result in nephrotic syndrome. The virus can trigger immune-mediated damage to the glomeruli. Given that all three infections are known to potentially lead to nephrotic syndrome through different mechanisms, this highlights the multifaceted ways in which systemic infections can impact kidney health. Therefore, acknowledging that each of these infections can contribute to the development of nephrotic syndrome makes the selection of all of the above as the correct answer valid.

SAMPLE

6. In neonates, which type of bilirubin is less likely to be bound to albumin?

A. Indirect bilirubin

B. Direct bilirubin

C. Conjugated bilirubin

D. Free bilirubin

In neonates, indirect bilirubin is less likely to be bound to albumin. Understanding bilirubin metabolism is essential in neonatology. Bilirubin exists in two primary forms: direct (conjugated) and indirect (unconjugated) bilirubin. Indirect bilirubin is the form that is not water-soluble and requires binding to albumin for transport in the bloodstream. In neonates, several factors contribute to the lower levels of albumin binding available for indirect bilirubin. One of the critical factors is the relatively lower concentration of serum albumin in newborns compared to older children and adults. Additionally, the immature liver function in neonates can result in a decreased ability to conjugate bilirubin effectively, leading to an accumulation of indirect bilirubin in the blood. The presence of free bilirubin, while relevant, is specifically a subset of indirect bilirubin that remains unbound and is considered toxic. Thus, this type is particularly pertinent when discussing the risk of kernicterus, a serious condition resulting from high levels of unbound bilirubin affecting the central nervous system. In contrast, direct bilirubin is water-soluble and is readily excreted in bile, so binding to albumin is less of a concern for

7. Which urine odor is associated with a condition similar to a "dried malt" smell?

A. Phenylketonuria

B. Trimethylaminuria

C. Cystinuria

D. Multiple carboxylase deficiency

The condition associated with a urine odor reminiscent of "dried malt" is indeed linked to multiple carboxylase deficiency. This metabolic disorder is characterized by a deficiency in one or more of the carboxylase enzymes, which leads to disturbances in the metabolism of certain amino acids and fatty acids. The distinctive odor results from the accumulation of specific organic acids, which when excreted in the urine, produce a smell that can be likened to that of dried malt. Understanding the connection between metabolic disorders and their associated odors can be helpful in clinical settings, as it may prompt further investigation into underlying conditions when certain urine smells are noted. Each of the other conditions listed has its own unique odor, but none share the specific "dried malt" characteristic, highlighting the distinctiveness of multiple carboxylase deficiency in this context.

SAMPLE

8. What is the significance of having all chambers with the same pressure and saturation?

A. It indicates normal heart function

B. It suggests a shunt in circulation

C. It is characteristic of restrictive cardiomyopathy

D. It points to aortic stenosis

The significance of having all chambers with the same pressure and saturation primarily suggests a shunt in circulation. In a healthy heart, there are typically pressure differences between the various chambers, as well as differences in oxygen saturation that reflect the separation of oxygenated and deoxygenated blood. When all chambers have the same pressure and saturation, it typically indicates that blood is not flowing in the normal pathway and may be mixing between systemic and pulmonary circulation. This lack of separation is characteristic of conditions such as an atrial or ventricular septal defect, where a shunt allows blood to flow from one chamber to another abnormally, thus equalizing pressures and oxygen content. In contrast, normal heart function involves distinct pressures in each chamber, reflecting the different roles of the atria and ventricles during the cardiac cycle. Restrictive cardiomyopathy and aortic stenosis also present with their specific hemodynamic profiles and do not typically result in equal pressures and saturations across all chambers.

9. Which imaging sign corresponds with pericarditis?

A. Air bronchogram

B. Snowman sign

C. Jug handle sign

D. Money bag sign

The "money bag sign" is an imaging characteristic associated with pericarditis, particularly in the context of a pericardial effusion. This sign typically presents as a rounded, enlarged heart silhouette seen on chest X-rays, which resembles a bag of money. In pericarditis, the inflammation can lead to fluid accumulation in the pericardial space, resulting in this characteristic appearance. It indicates that the heart is surrounded by excess fluid, which alters its normal contour and can be a critical aspect of diagnosing pericarditis. In contrast, the other signs are related to different conditions. For instance, the air bronchogram is an imaging sign often associated with lung pathology, like pneumonia, indicating that air-filled bronchi are made visible by the surrounding opacified alveolar spaces. The snowman sign is classically seen in cases of total anomalous pulmonary venous return (TAPVR), specifically the supracardiac type. The jug handle sign refers to a specific appearance of the gallbladder or the kidney in imaging, which isn't related to pericarditis. Understanding these distinctions enhances the ability to interpret imaging findings accurately in pediatric practice.

SAMPLE

10. What is the recommended choice of feeding for infants born at 28 to 32 weeks of gestation?

A. Breastfeeding

B. NG/ oroG tube

C. Paladai

D. Spoon feeding

Infants born at 28 to 32 weeks of gestation are considered preterm and often face challenges in coordinating suck and swallow reflexes, which can make direct breastfeeding difficult or ineffective. The primary concern for these infants is to ensure they receive adequate nutrition while minimizing the risk of aspiration and ensuring safety during feeding. Using a nasogastric (NG) or orogastric (oroG) tube is the recommended approach in this scenario. This method allows for the safe delivery of nutrients directly into the stomach without requiring the infant to coordinate sucking and swallowing, which they may not yet be ready to do effectively. It also helps ensure that the infant is receiving the necessary caloric intake for growth and development without the added stress or energy expenditure that comes with trying to feed from the breast or bottle. Other feeding methods, such as breastfeeding or spoon feeding, may not be appropriate at this stage due to the immature feeding skills of these preterm infants. While breast milk is highly beneficial and preferred when possible, direct breastfeeding often requires additional support and may not be feasible for very preterm infants lacking the capability to latch and suck effectively. Thus, the NG or oroG tube feeding is the most suitable choice for their nutritional needs in the early weeks of

SAMPLE

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://neetpediatrics.examzify.com

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

SAMPLE