PANCE CARDIOLOGY 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 organism is commonly associated with acute endocarditis in intravenous drug users?

A. Staphylococcus aureus

B. Streptococcus viridans

C. Enterococcus faecalis

D. Pseudomonas aeruginosa

2. Premature activation of ventricular myocardium from an ectopic focus is

A. Atrial premature contraction

B. Premature activation of ventricular myocardium from an ectopic focus

C. Junctional rhythm

D. Sinus tachycardia

3. Where is disease of the mitral valve best heard on auscultation?

A. At the Apex

B. At the Base

C. In the Right Upper Sternal Border

D. Left Lower Sternal Border

4. A rhythm described as an early wide QRS complex with no preceding P wave followed by a slight pause is most consistent with which finding?

A. Premature Ventricular Contraction

B. Premature Atrial Contraction

C. Supraventricular Tachycardia

D. Bundle Branch Block

5. A 75-year-old male with chest pain, dyspnea, and syncope has a harsh systolic murmur at the right second intercostal space. Which accompanying finding would you expect?

A. Laterally displaced PMI

B. Diminished radial pulses

C. S4 heart sound

D. Wide pulse pressure

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6. Which population is most susceptible to restrictive cardiomyopathy according to the material?

A. Men of Northern European descent

B. Women of African descent

C. Men of Asian descent

D. Women of Northern European descent

7. An EKG shows a regular heart rate of about 200 bpm with a narrow QRS complex. What is the most likely diagnosis?

A. Atrial fibrillation

B. Ventricular tachycardia

C. Supraventricular tachycardia

D. Sinus tachycardia

8. Tall peaked P waves on an electrocardiogram are most strongly associated with enlargement of which chamber?

A. Right atrial enlargement

B. Left atrial enlargement

C. Right ventricular hypertrophy

D. Left ventricular hypertrophy

9. Which condition is treated with indomethacin?

A. Atrial septal defect

B. Ventricular septal defect

C. Patent ductus arteriosus

D. Coarctation of the aorta

10. In shock, which sign is commonly observed?

A. Hypotension with cool extremities

B. Hypertension with warm extremities

C. Edema without BP change

D. Normal perfusion

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Answers

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

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Explanations

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1. Which organism is commonly associated with acute endocarditis in intravenous drug users?

A. Staphylococcus aureus

B. Streptococcus viridans

C. Enterococcus faecalis

D. Pseudomonas aeruginosa

The key idea is that acute endocarditis in intravenous drug users is most commonly caused by Staphylococcus aureus. This organism is a skin flora that can be directly introduced into the venous system with injections, making it highly likely to seed the heart quickly. Its virulence allows it to invade and destroy valve tissue rapidly, and in IV drug users the tricuspid valve on the right side of the heart is often affected due to the direct venous entry, leading to a rapid, fulminant presentation with high fever and systemic symptoms. In contrast, viridans streptococci typically cause subacute endocarditis on abnormal valves after dental work, Enterococcus faecalis is more associated with urinary tract or GI sources and healthcare exposure, and Pseudomonas aeruginosa can occur in IV drug users but is less common than Staphylococcus aureus.

2. Premature activation of ventricular myocardium from an ectopic focus is

A. Atrial premature contraction

B. Premature activation of ventricular myocardium from an ectopic focus

C. Junctional rhythm

D. Sinus tachycardia

Premature activation of ventricular myocardium from an ectopic focus describes a premature ventricular contraction. It means the ventricle fires an impulse early from an abnormal focus within the ventricular muscle, outside the normal conduction pathway. On an ECG this shows up as a wide, strange-looking QRS complex that occurs earlier than expected and usually without a preceding P wave, often followed by a pause as the rhythm resets. This is distinct from a premature atrial contraction, which starts in the atria and typically has a premature P wave with a normal-appearing QRS; a junctional rhythm, which paces from the AV node and usually produces a narrow QRS with P waves that may be inverted or absent; and sinus tachycardia, which is a faster-than-normal rhythm arising from the SA node with a normal P-QRS-T sequence. So the described phrase precisely defines a ventricular ectopic beat that activates the ventricle prematurely.

3. Where is disease of the mitral valve best heard on auscultation?

A. At the Apex

B. At the Base

C. In the Right Upper Sternal Border

D. Left Lower Sternal Border

Mitral valve disease is best heard at the apex because that location lies over the left ventricle where the mitral valve sits. The apex, typically in the left fifth intercostal space at the midclavicular line, brings the auscultatory window closest to the mitral orifice, so murmurs and abnormal heart sounds from mitral lesions are most prominent there. Listening in this spot, especially with the patient in the left lateral decubitus position, enhances the ability to detect mitral murmurs. For example, mitral regurgitation tends to produce a holosystolic murmur most clearly heard at the apex, often radiating to the axilla. By contrast, other valve sounds are best heard in their respective areas: base regions for aortic/pulmonic, and left lower sternal border for tricuspid.

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4. A rhythm described as an early wide QRS complex with no preceding P wave followed by a slight pause is most consistent with which finding?

A. Premature Ventricular Contraction

B. Premature Atrial Contraction

C. Supraventricular Tachycardia

D. Bundle Branch Block

An early wide QRS complex without a preceding P wave followed by a brief pause is classic for a premature ventricular contraction. This happens when an ectopic focus in the ventricle fires prematurely, so the beat originates in the ventricle rather than through the normal atrial-ventricular conduction system. Because the impulse starts in the ventricle, it travels through the myocardium in a slower, abnormal path, producing a wide QRS complex. Since the beat comes from outside the normal atrial rhythm, there isn't a preceding P wave. After the premature beat, the sinus node reset often creates a compensatory pause before the next normal beat resumes. If you saw a premature beat with an early P wave and a normal-width QRS, that would point to a premature atrial contraction. A rapid rhythm with narrow QRS and often hidden or altered P waves suggests supraventricular tachycardia, not an isolated premature beat. A persistent wide QRS during a steady rhythm points to a bundle branch block, which is a conduction abnormality rather than a premature beat.

5. A 75-year-old male with chest pain, dyspnea, and syncope has a harsh systolic murmur at the right second intercostal space. Which accompanying finding would you expect?

A. Laterally displaced PMI

B. Diminished radial pulses

C. S4 heart sound

D. Wide pulse pressure

Aortic stenosis creates a long-standing pressure overload on the left ventricle, leading to concentric LV hypertrophy. That increased wall thickness and mass make the ventricle enlarge and push the point of maximal impulse (PMI) farther to the left and downward, so you feel a laterally displaced apical impulse. In this patient with chest pain, dyspnea, syncope, and a harsh systolic murmur at the right upper sternal border, this LV remodeling is the most expected accompanying finding. S4 can be present with LVH, reflecting a stiff ventricle, but the hallmark here is the physically displaced PMI due to LV hypertrophy from chronic afterload. Wide pulse pressure points to conditions like aortic regurgitation, not isolated aortic stenosis, and diminished radial pulses are less specific for AS.

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6. Which population is most susceptible to restrictive cardiomyopathy according to the material?

A. Men of Northern European descent

B. Women of African descent

C. Men of Asian descent

D. Women of Northern European descent

The main idea is how genetics and population data shape who is most at risk for restrictive cardiomyopathy. The material points to a higher susceptibility in men of Northern European descent, likely because specific hereditary mutations linked to restrictive physiology are more frequently reported in that group. This form of cardiomyopathy causes diastolic dysfunction from a stiff, noncompliant ventricles, with preserved or near-preserved systolic function and signs of heart failure from impaired filling. Other populations aren't highlighted in the material as having as strong a association, so the emphasis is on this group as the most affected.

7. An EKG shows a regular heart rate of about 200 bpm with a narrow QRS complex. What is the most likely diagnosis?

A. Atrial fibrillation

B. Ventricular tachycardia

C. Supraventricular tachycardia

D. Sinus tachycardia

A regular tachycardia with a narrow QRS complex around 200 beats per minute points to a supraventricular tachycardia. The narrow QRS means the impulse is conducted through the normal His-Purkinje system, so the origin is above the ventricles. In this speed range (roughly 150–250 bpm) the classic pattern is AV nodal reentry or another supraventricular mechanism. This helps distinguish from other possibilities: atrial fibrillation would be irregular with no consistent R–R intervals and often irregular QRS; ventricular tachycardia usually produces a wide QRS due to ventricular origin; sinus tachycardia can reach high rates but typically does not sustain a stable 200 bpm and would show visible P waves before each QRS.

8. Tall peaked P waves on an electrocardiogram are most strongly associated with enlargement of which chamber?

A. Right atrial enlargement

B. Left atrial enlargement

C. Right ventricular hypertrophy

D. Left ventricular hypertrophy

Tall, peaked P waves, often called P pulmonale, point to enlargement of the right atrium. When the right atrium enlarges due to conditions that raise right-sided pressures—most classically pulmonary hypertension from chronic lung disease or tricuspid regurgitation—the atrial depolarization vector toward the inferior leads becomes stronger, so the P waves in those leads become tall and sharp. In contrast, left atrial enlargement tends to produce broad, notched P waves (P mitrale) with a longer duration and prominent terminal forces in V1, while left ventricular or right ventricular hypertrophy affect QRS patterns and axis rather than producing tall P waves. So the presence of tall, peaked P waves most specifically indicates right atrial enlargement.

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9. Which condition is treated with indomethacin?

A. Atrial septal defect

B. Ventricular septal defect

C. Patent ductus arteriosus

D. Coarctation of the aorta

Indomethacin closes a patent ductus arteriosus by inhibiting prostaglandin synthesis. In preterm infants, prostaglandins, especially PGE2, keep the ductus arteriosus open after birth. Indomethacin, a COX inhibitor, lowers prostaglandin production, allowing the smooth muscle of the ductus to constrict and the vessel to close. The other defects listed are anatomical abnormalities that are not treated with prostaglandin inhibition; they require surgical repair or device closure rather than medication.

10. In shock, which sign is commonly observed?

A. Hypotension with cool extremities

B. Hypertension with warm extremities

C. Edema without BP change

D. Normal perfusion

Shock is a state of inadequate tissue perfusion. When tissues aren't getting enough blood, the body activates sympathetic vasoconstriction to preserve blood flow to vital organs. That peripheral vasoconstriction reduces blood flow to the skin, producing cool, clammy extremities and, often, low blood pressure. This combination—hypotension with cool extremities—is the most common sign seen in many forms of acute shock, such as hypovolemic or cardiogenic shock. In some shock types, like early septic (distributive) shock, the skin can actually feel warm due to vasodilation, which is why temperature of the skin helps distinguish subtypes. Edema by itself or a normal perfusion state doesn't fit the typical acute shock presentation.

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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:

https://pancecardiology.examzify.com

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

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