UROLOGY AND NEPHROLOGY 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. What is the standard short-course therapy for uncomplicated cystitis in nonpregnant women?

A. Short course antibiotics such as nitrofurantoin or trimethoprim-sulfamethoxazole

B. Broad-spectrum therapy for 14 days

C. IV antibiotics

D. Observation only

2. Which imaging test uses intravenously injected dye to visualize the kidneys and urinary tract?

A. Ultrasound

B. CT scan

C. Intravenous Pyelogram

D. MRI

3. Undescended testes are best described as

A. A bacterial infection of the testes

B. A congenital abnormality where one or both testes fail to descend into the scrotum

C. A temporary condition resolved after puberty

D. An acquired deformity due to trauma

4. Which statement best describes the acute management of hyperkalemia in a patient with CKD presenting with ECG changes?

A. IV calcium to stabilize the myocardium, then shift K+ into cells (insulin with glucose or albuterol) and remove K+ (diuretics, dialysis, or potassium binders).

B. IV bicarbonate to correct acidosis only.

C. Hemodialysis first, then potassium binders.

D. Give potassium supplements.

5. In yolk sac tumors, which marker is elevated?

A. Beta-hCG

B. LDH

C. PSA

D. AFP (alpha-fetoprotein)

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6. Which condition is an inherited kidney disorder characterized by numerous cysts that can lead to kidney failure?

A. Renal failure

B. PKD

C. Prostatic cancer

D. Retrograde pyelogram

7. Narrowing of the opening of the prepuce over the glans penis is called?

A. Prostatic cancer

B. Phimosis

C. Sexually transmitted disease

D. Prostate-specific antigen

8. Testicular cancer most commonly occurs in men within which age range?

A. 5-14

B. 25-45

C. 15-35

D. 60-75

9. Which combination is most effective for reducing the risk of contrast-induced nephropathy?

A. Adequate hydration and using low- or iso-osmolar contrast media.

B. Prophylactic diuretics only.

C. Prehydration with high-osmolar contrast media.

D. No specific preventive measures are recommended.

10. Which root means 'body'?

A. Vas/o

B. Genit/o

C. Corpor/o

D. Albumin/o

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Answers

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

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Explanations

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1. What is the standard short-course therapy for uncomplicated cystitis in nonpregnant women?

A. Short course antibiotics such as nitrofurantoin or trimethoprim-sulfamethoxazole

B. Broad-spectrum therapy for 14 days

C. IV antibiotics

D. Observation only

Short-course oral antibiotics are standard for uncomplicated cystitis in nonpregnant women. This includes commonly used options like nitrofurantoin or trimethoprim-sulfamethoxazole, given for a short duration (typically about 3–5 days). This approach effectively relieves symptoms while minimizing antibiotic exposure and reducing the risk of resistance. Longer or broader-spectrum regimens, such as 14 days of broad-spectrum therapy, aren't needed for this uncomplicated setting, and IV antibiotics aren't required. Observing without treatment would allow the infection to persist or worsen, so active antibiotic therapy is the appropriate choice even though symptoms can be bothersome.

2. Which imaging test uses intravenously injected dye to visualize the kidneys and urinary tract?

A. Ultrasound

B. CT scan

C. Intravenous Pyelogram

D. MRI

The key idea is an X-ray study that relies on a contrast dye injected into a vein, which is then filtered by the kidneys and outlines the entire urinary tract on imaging. This excretory process makes the kidneys, collecting system (calyces and pelvis), ureters, and bladder visible as the contrast flows through them. It allows you to assess anatomy and how well the urine is being excreted, helping identify obstructions, hydronephrosis, or abnormalities in the collecting system. That's why this test is described as intravenous pyelography (intravenous urography): the intravenously injected contrast directly highlights the urinary tract on radiographs in a timed sequence. Other imaging modalities operate differently. Ultrasound uses sound waves and shows structure without contrast, which is great for stones and kidney size but not for outlining the collecting system with injected dye. CT scan can use intravenous contrast and visualize the urinary tract in great detail, but it's not the classic excretory urography test. MRI uses magnetic fields and gadolinium-based contrast, providing different kinds of detail and not the traditional excretory overview of the urinary tract.

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3. Undescended testes are best described as

A. A bacterial infection of the testes

B. A congenital abnormality where one or both testes fail to descend into the scrotum

C. A temporary condition resolved after puberty

D. An acquired deformity due to trauma

Undescended testes reflect a congenital abnormality in which one or both testes do not complete their normal journey from the abdomen into the scrotum during development. Normally, the testes descend through the inguinal canal and settle in the scrotum before birth or in early infancy. When descent does not occur, the testis may remain in the abdomen or groin, leading to a non-scrotal location. This description distinguishes it from an infection of the testes, which involves bacterial inflammation and symptoms like swelling and pain; from a temporary condition that resolves after puberty, which would imply spontaneous descent or normalization later on; and from a trauma-related deformity, which would be due to injury rather than developmental failure. Understanding this concept also highlights important implications: undescended testes can impact fertility and increase risks for testicular cancer and hernias, and early management with surgical correction is typically recommended to optimize outcomes.

4. Which statement best describes the acute management of hyperkalemia in a patient with CKD presenting with ECG changes?

A. IV calcium to stabilize the myocardium, then shift K+ into cells (insulin with glucose or albuterol) and remove K+ (diuretics, dialysis, or potassium binders).

B. IV bicarbonate to correct acidosis only.

C. Hemodialysis first, then potassium binders.

D. Give potassium supplements.

In acute hyperkalemia with ECG changes, the priority is to prevent dangerous arrhythmias and rapidly reduce potassium. The best approach has three steps in order: first stabilize the heart with IV calcium, which protects the myocardium regardless of how high the potassium is. Then shift potassium into cells to lower the serum level quickly, using insulin with glucose and a beta-agonist such as albuterol. Finally remove potassium from the body through methods like diuretics, dialysis, or potassium-binding agents, with dialysis often needed in CKD due to limited renal excretion. Calcium doesn't lower potassium by itself, but it buys time and stabilizes cardiac membranes so it's given immediately when ECG changes are present. After stabilization, shifting potassium into cells reduces serum level rapidly, and removal addresses the ongoing excess. IV bicarbonate can help if acidosis is present, but it's not a stand-alone treatment when acute ECG changes are already occurring. Dialysis or binders alone don't address the immediate threat to the heart, and giving potassium would worsen the situation.

5. In yolk sac tumors, which marker is elevated?

A. Beta-hCG

B. LDH

C. PSA

D. AFP (alpha-fetoprotein)

Yolk sac tumors differentiate toward structures that produce alpha-fetoprotein (AFP), a fetal protein. Because these tumors secrete AFP, it becomes the characteristic serum marker used to diagnose and monitor them. In practice, a rising or persistently elevated AFP level points toward a yolk sac tumor and helps track treatment response or detect recurrence. By contrast, beta-hCG is more linked to trophoblastic elements and choriocarcinoma (or mixed germ cell tumors with such components), LDH is a non-specific tumor-burden marker, and PSA is unrelated to germ cell tumors. So the elevated marker in yolk sac tumors is AFP.

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6. Which condition is an inherited kidney disorder characterized by numerous cysts that can lead to kidney failure?

A. Renal failure

B. PKD

C. Prostatic cancer

D. Retrograde pyelogram

An inherited cystic kidney disease where numerous cysts develop in the kidneys and progressively impair function. This is polycystic kidney disease, typically autosomal dominant, though a rare autosomal recessive form exists. The cysts grow and replace normal renal tissue, leading to a decline in nephron number and kidney function, and eventually renal failure. Patients often have hypertension and may notice hematuria or flank pain as cysts enlarge. Imaging—especially ultrasound or MRI—shows many bilateral renal cysts, which helps distinguish this condition from other kidney issues. Because it's inherited, a family history is common. Management centers on controlling blood pressure, protecting kidney function, treating complications, and planning for renal replacement therapy (dialysis or transplant) as kidney failure ensues. The other options aren't the disease: renal failure is a consequence rather than the disorder, prostatic cancer relates to the prostate, and a retrograde pyelogram is a diagnostic test, not a disease.

7. Narrowing of the opening of the prepuce over the glans penis is called?

A. Prostatic cancer

B. Phimosis

C. Sexually transmitted disease

D. Prostate-specific antigen

Phimosis is the narrowing of the opening of the foreskin (prepuce) over the glans penis. When the foreskin cannot be pulled back to expose the glans, this is phimosis. It can be normal in infancy but may cause problems if persistent or acquired, such as difficulty urinating, recurrent infections, or discomfort during erections. A related, distinct emergency is paraphimosis, where a retracted foreskin cannot return to cover the glans. The other options do not describe this condition: prostatic cancer involves the prostate, sexually transmitted diseases are infections, and PSA is a blood test used in screening for prostate cancer.

8. Testicular cancer most commonly occurs in men within which age range?

A. 5-14

B. 25-45

C. 15-35

D. 60-75

Testicular cancer has its highest incidence in younger men, typically during adolescence and early adulthood. The age window that best captures this peak is 15–35 years, which is why this option is the most correct. Cases are far less common outside this range, especially in early childhood or older age. Clinically, recognizing this pattern helps clinicians stay vigilant when a young man presents with a new testicular lump or swelling, since early detection leads to highly successful treatment.

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9. Which combination is most effective for reducing the risk of contrast-induced nephropathy?

A. Adequate hydration and using low- or iso-osmolar contrast media.

B. Prophylactic diuretics only.

C. Prehydration with high-osmolar contrast media.

D. No specific preventive measures are recommended.

The main idea is that protecting the kidneys from contrast hinges on two actions: keeping the kidneys well-perfused and reducing the toxic effects of the contrast itself. Adequate hydration of the patient with isotonic fluids helps maintain intravascular volume, improves renal blood flow, and dilutes the contrast as it passes through the kidneys, all of which reduce tubular injury and medullary hypoxia. At the same time, using low- or iso-osmolar contrast media lowers the osmotic and direct tubular toxicity compared with high-osmolar agents, further reducing the risk of injury. Together, these strategies provide the strongest protection against contrast-induced nephropathy. Prophylactic diuretics can worsen dehydration and do not reliably prevent CIN. Prehydration with high-osmolar contrast would increase risk rather than decrease it. No preventive measures would miss the opportunity to reduce risk.

10. Which root means 'body'?

A. Vas/o

B. Genit/o

C. Corpor/o

D. Albumin/o

The idea here is to recognize roots that specify body parts or structures. The combining form that means body is corpor/o, coming from the Latin corpus, corporis. It appears in medical terms like corporeal (relating to the body) and intracorporeal (within the body), so it directly carries the meaning "body." The other roots point to something else: vas/o means vessel, genit/o relates to the genitals or reproductive organs, and albumin/o refers to the protein albumin. That's why corpor/o is the correct root for "body."

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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://urologynephrology.examzify.com

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

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