

American Board of Surgery Qualifying Exam (ABS QE) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. What renal physiological change occurs with aging?**
 - A. Increased renal mass and efficiency**
 - B. Decreased renal blood flow by 10% per decade**
 - C. Increased glomerular filtration rate**
 - D. Increased thirst perception**
- 2. In terms of small bowel metastases, which cancer is identified as the most prevalent?**
 - A. Breast cancer**
 - B. Prostate cancer**
 - C. Melanoma**
 - D. Lung cancer**
- 3. Which type of shock is characterized by high pulmonary capillary wedge pressure (PCWP)?**
 - A. Hypovolemic shock**
 - B. Cardiogenic shock**
 - C. Distributive shock**
 - D. Neurogenic shock**
- 4. What can be a common finding in chronic kidney transplant rejection?**
 - A. Acute tubular necrosis**
 - B. Chronic interstitial nephritis**
 - C. Interstitial fibrosis and tubular atrophy**
 - D. Chronic pyelonephritis**
- 5. What is the significance of a positive HBsAg in relation to hepatitis B infection?**
 - A. Indicates recovery from infection**
 - B. Indicates acute or chronic infection**
 - C. Indicates immunity to infection**
 - D. Indicates need for vaccination**

- 6. What characterizes the portal vein contrast enhancement in FNH?**
- A. Normal washout**
 - B. Delayed enhancement**
 - C. Hypodense appearance**
 - D. Rapid washout**
- 7. What is indicated by a positive HBcAb?**
- A. Active infection**
 - B. Previous infection**
 - C. Immunity from vaccination**
 - D. No infection**
- 8. What cardiovascular change occurs with aging?**
- A. Increased contractility of the myocardium**
 - B. Decreased filling pressures in the heart**
 - C. Increased arterial stiffness**
 - D. Decreased sensitivity to arrhythmias**
- 9. Which of the following describes a superficial second-degree burn?**
- A. Painless with loss of hair**
 - B. Redness with blisters**
 - C. Leathery appearance down to subQ tissue**
 - D. Requires skin grafting**
- 10. What is a common metabolic effect of hyperaldosteronism?**
- A. Hyperkalemia**
 - B. Hypocalcemia**
 - C. Metabolic acidosis**
 - D. Metabolic alkalosis**

Answers

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

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Explanations

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1. What renal physiological change occurs with aging?

- A. Increased renal mass and efficiency
- B. Decreased renal blood flow by 10% per decade**
- C. Increased glomerular filtration rate
- D. Increased thirst perception

As individuals age, significant changes occur in renal physiology, and one of the key changes is a decrease in renal blood flow. Specifically, studies have demonstrated that renal blood flow declines by approximately 10% per decade after the age of 20. This reduction can be attributed to several factors, including vascular changes and a decrease in the number of functioning nephrons. A decreased renal blood flow manifests in various ways, such as compromised filtration functions and a decreased ability of the kidneys to respond to metabolic demands. This decline is crucial as it affects the kidneys' ability to maintain homeostasis, manage fluid balance, and handle the excretion of waste products efficiently. Understanding this aspect of renal physiology helps to highlight the importance of kidney health in the aging population, as it can lead to increased risks of medication toxicity, electrolyte imbalances, and other renal-related problems. This knowledge is essential for healthcare providers when considering the management and treatment options for older patients.

2. In terms of small bowel metastases, which cancer is identified as the most prevalent?

- A. Breast cancer
- B. Prostate cancer
- C. Melanoma**
- D. Lung cancer

When considering small bowel metastases, melanoma is recognized as the most prevalent source among the common types of cancer. This is attributed to the aggressive nature of melanoma and its tendency to metastasize to various organs, including the small intestine. Melanoma cells can break away from the primary tumor and travel through the bloodstream or lymphatic system, establishing secondary tumors in distant sites such as the small bowel. While other cancers, like lung cancer and breast cancer, can also metastasize to the small bowel, they generally do so less frequently compared to melanoma. Prostate cancer typically has a predilection for bones and lymph nodes rather than the gastrointestinal tract. The unique behavior of melanoma, with its high metastatic potential and affinity for atypical sites like the small bowel, solidifies its position as the most prevalent cancer contributing to small bowel metastases.

3. Which type of shock is characterized by high pulmonary capillary wedge pressure (PCWP)?

- A. Hypovolemic shock**
- B. Cardiogenic shock**
- C. Distributive shock**
- D. Neurogenic shock**

In the context of shock, high pulmonary capillary wedge pressure (PCWP) is indicative of the heart's inability to effectively pump blood, leading to fluid backing up into the lungs. This condition is primarily seen in cardiogenic shock, which arises from inadequate cardiac output due to heart failure, myocardial infarction, or any condition that directly affects the heart's ability to function. In cardiogenic shock, the failing heart results in elevated pressures in the left atrium and subsequently in the pulmonary circulation, causing an increase in PCWP. This increase reflects the degree of left atrial pressure and provides insight into the fluid status of the lungs. Consequently, patients may experience pulmonary congestion and edema as a result. In comparison, hypovolemic shock is characterized by a decrease in blood volume which typically leads to low PCWP. Distributive shock, often seen in conditions like septic shock, can also show low or normal PCWP due to peripheral vasodilation and relative hypovolemia. Neurogenic shock, a form of distributive shock, is similar in that it does not result in elevated PCWP due to the lack of fluid overload. Thus, the recognition of high PCWP is vital in diagnosing cardiogenic shock, making it a key characteristic

4. What can be a common finding in chronic kidney transplant rejection?

- A. Acute tubular necrosis**
- B. Chronic interstitial nephritis**
- C. Interstitial fibrosis and tubular atrophy**
- D. Chronic pyelonephritis**

Chronic kidney transplant rejection is characterized by a progressive decline in kidney function and is often associated with specific histological findings. One of the hallmark features of this condition is interstitial fibrosis and tubular atrophy. In the setting of chronic rejection, the immune response can lead to chronic inflammation and damage to the renal interstitium. This results in the formation of fibrous tissue in the interstitial space, which can replace the normal kidney tissue. Alongside this, there is also atrophy of the renal tubules, contributing to a decrease in the functional capacity of the kidney over time. The combination of these processes leads to the classic picture of interstitial fibrosis and tubular atrophy observed in biopsies from kidney transplant recipients experiencing chronic rejection. Understanding this process is crucial because it provides insight into how chronic damage accumulates in transplanted kidneys, distinguishing it from other conditions like acute tubular necrosis, which is more related to acute injury or ischemia, or pyelonephritis, which typically results from infectious processes. Furthermore, chronic interstitial nephritis can be a broader category that may include various pathological insults but does not specifically delineate the mechanisms of rejection as clearly as interstitial fibrosis and tubular atrophy do.

5. What is the significance of a positive HBsAg in relation to hepatitis B infection?

- A. Indicates recovery from infection**
- B. Indicates acute or chronic infection**
- C. Indicates immunity to infection**
- D. Indicates need for vaccination**

A positive HBsAg (Hepatitis B surface antigen) is a crucial marker for determining the status of an individual with respect to hepatitis B infection. It indicates the presence of the hepatitis B virus (HBV) in the bloodstream. This marker signifies that the virus is actively replicating, which means the individual is either experiencing an acute infection or has a chronic infection. Monitoring HBsAg levels is essential in managing hepatitis B, as it helps clinicians assess whether an infection is new (acute) or has persisted over a longer period (chronic). Acute infections tend to show HBsAg positivity for a limited duration, while chronic infections will show persistent positivity over six months or more. In contrast, the other options present different scenarios related to hepatitis B that do not correlate with the meaning of a positive HBsAg. For example, recovery from infection typically results in the presence of antibodies to HBsAg (anti-HBs) rather than HBsAg itself. Hence, a positive HBsAg would not indicate recovery. Similarly, immunity to hepatitis B infection, either from vaccination or previous infection, is reflected in the presence of antibodies (anti-HBs) rather than the antigen (HBsAg). Lastly, the need for vaccination is

6. What characterizes the portal vein contrast enhancement in FNH?

- A. Normal washout**
- B. Delayed enhancement**
- C. Hypodense appearance**
- D. Rapid washout**

The portal vein contrast enhancement in focal nodular hyperplasia (FNH) is characterized by normal washout, which means that the contrast material remains visible in the lesion for a duration that is consistent with normal hepatic tissue. This occurs because FNH is a vascular lesion that contains a mixture of normal hepatocytes, bile duct elements, and a central scar, which all contribute to a typical perfusion pattern. During imaging, particularly with CT or MRI after the administration of contrast, the enhancement seen within FNH tends to mirror that of surrounding liver tissue. This is indicative of its unique vascular structure, allowing for normal blood flow and perfusion characteristics. It is essential to distinguish these features in FNH from other hepatic lesions, where abnormal washout patterns may suggest malignancy or other pathologies. In contrast, other options, such as delayed enhancement or rapid washout, point towards different pathological processes typically associated with other types of liver lesions, making them not applicable to FNH. A hypodense appearance can be observed in certain conditions but does not characterize the vascular enhancement pattern seen with FNH in imaging studies. Hence, recognizing normal washout as the key characteristic helps differentiate FNH from other liver abnormalities during evaluations.

7. What is indicated by a positive HBcAb?

- A. Active infection**
- B. Previous infection**
- C. Immunity from vaccination**
- D. No infection**

A positive result for HBcAb, or Hepatitis B core antibody, indicates that there has been a previous infection with the Hepatitis B virus. When the virus infects an individual, the body generates IgM and later IgG antibodies to the core antigen (HBcAg). The presence of these antibodies serves as evidence that the individual was exposed to the virus at some point, whether through active infection or resolved infection. Unlike the surface antibody (HBsAb), which signifies immunity either from vaccination or past infection, HBcAb specifically denotes that there has been a response to the core antigen, confirming past exposure to the virus. In contrast, other options pertain to different scenarios of infection status or immunity that are characterized by different serological markers.

8. What cardiovascular change occurs with aging?

- A. Increased contractility of the myocardium**
- B. Decreased filling pressures in the heart**
- C. Increased arterial stiffness**
- D. Decreased sensitivity to arrhythmias**

With aging, one of the significant cardiovascular changes observed is increased arterial stiffness. As individuals age, the elastic fibers within the arterial walls degrade, leading to a reduced ability for arteries to expand and contract. This stiffness contributes to higher systolic blood pressure and a wider pulse pressure, both of which can have downstream effects on cardiovascular health. Increased arterial stiffness is associated with various conditions, including hypertension and increased left ventricular workload, which can influence the overall function of the heart and increase the risk of cardiovascular events. The other choices present different phenomena associated with heart function. Increased contractility of the myocardium would imply a stronger heart muscle, which typically does not occur with aging; instead, contractility often decreases. Decreased filling pressures in the heart are not a primary change seen in aging; in fact, the opposite may occur due to increased stiffness. A decreased sensitivity to arrhythmias is not a reported effect of aging; older individuals often exhibit an increased risk for arrhythmias due to other factors such as structural heart changes and altered conduction pathways.

9. Which of the following describes a superficial second-degree burn?

- A. Painless with loss of hair**
- B. Redness with blisters**
- C. Leathery appearance down to subQ tissue**
- D. Requires skin grafting**

A superficial second-degree burn is characterized by redness and the presence of blisters. This type of burn typically involves the epidermis and part of the dermis but does not extend deeper into tissues. The redness indicates inflammation and increased blood flow to the area, while blisters form due to the accumulation of fluid between the layers of the skin, which is a protective response. The other options describe different types of burns or conditions. Painless areas with loss of hair suggest deeper damage, likely corresponding to more severe burns. A leathery appearance that extends down to subcutaneous tissue indicates a full-thickness or third-degree burn where nerve endings in the skin are destroyed, resulting in the lack of pain. Lastly, the need for skin grafting usually relates to full-thickness burns, where extensive damage has occurred and the skin cannot heal well on its own. Thus, the features of superficial second-degree burns align specifically with the presence of redness and blisters.

10. What is a common metabolic effect of hyperaldosteronism?

- A. Hyperkalemia**
- B. Hypocalcemia**
- C. Metabolic acidosis**
- D. Metabolic alkalosis**

Hyperaldosteronism is a condition characterized by an excess of the hormone aldosterone, which plays a crucial role in regulating electrolyte balance and fluid homeostasis in the body. One of the primary effects of increased aldosterone is enhanced reabsorption of sodium in the renal tubules, coupled with increased excretion of potassium and hydrogen ions. The reabsorption of sodium leads to increased extracellular fluid volume and can cause hypertension. At the same time, the increased excretion of hydrogen ions contributes to a rise in blood pH, resulting in metabolic alkalosis. This condition is particularly evident in primary hyperaldosteronism (Conn's syndrome), where patients frequently present with elevated blood pressure, low serum potassium levels (hypokalemia), and a tendency towards metabolic alkalosis due to the loss of hydrogen ions. Hence, the metabolic effect of hyperaldosteronism is best described as metabolic alkalosis, as the excessive aldosterone not only affects sodium and potassium levels but also disrupts acid-base balance, favoring an alkaline state in the blood.

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://americanboardofsurgery.examzify.com>

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