

DAVIES VASCULAR TECHNOLOGY (VT) 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.

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. What type of flow pattern is typically seen in the Proximal ICA in healthy conditions?**
 - A. Laminar flow
 - B. Turbulent flow
 - C. Bidirectional flow
 - D. Reversed flow
- 2. Which of the following indicates Doppler waveform abnormalities distal to a significant stenosis?**
 - A. Increased flow reversal component
 - B. Elongation of the peak velocity
 - C. Sharp upslopes and downslopes
 - D. Blunting of the peak velocity
- 3. Which of the following is NOT a deep vein of the upper extremity?**
 - A. Cephalic vein
 - B. Subclavian vein
 - C. Brachial vein
 - D. Axillary vein
- 4. For a hypertensive patient with multiple Transient Ischemic Attacks (TIAs) and 80% diameter stenosis of the ICA, what is likely the recommended intervention?**
 - A. Carotid endarterectomy
 - B. Medical management only
 - C. Carotid artery stenting
 - D. Increased monitoring
- 5. Which artery is primarily involved in supplying the pancreas?**
 - A. Common Hepatic Artery
 - B. Splenic Artery
 - C. Renal Artery
 - D. Aortic Artery

- 6. What is the anatomical relationship of the Left Common Iliac vein to the right common iliac artery?**
- A. Crosses anteriorly
 - B. Crosses superior to
 - C. Crosses posteriorly
 - D. Runs parallel to
- 7. If flow in the left anterior cerebral artery (ACA) is "toward" the beam, this suggests?**
- A. Normal cerebral flow
 - B. Ipsilateral carotid obstruction
 - C. Contralateral carotid obstruction
 - D. No vascular issues
- 8. What is a common effect of Amaurosis Fugax related to an internal carotid lesion?**
- A. Temporary blindness in the ipsilateral eye
 - B. Permanent blindness in both eyes
 - C. Vision distortion in both eyes
 - D. Loss of peripheral vision
- 9. In the context of Doppler ultrasound, which signal is expected from a healthy arterial waveform?**
- A. Low-frequency with significant reversal
 - B. High-frequency with pulsatile patterns
 - C. Monophasic throughout
 - D. Biphasic with consistent amplitude
- 10. In cases of suspected PE, what imaging technique provides the definitive diagnosis?**
- A. Ultrasound
 - B. X-ray
 - C. Pulmonary angiography
 - D. CT scan

Answers

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

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Explanations

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1. What type of flow pattern is typically seen in the Proximal ICA in healthy conditions?

- A. Laminar flow**
- B. Turbulent flow
- C. Bidirectional flow
- D. Reversed flow

In healthy conditions, the Proximal Internal Carotid Artery (ICA) generally exhibits laminar flow. This flow pattern is characterized by a smooth and orderly movement of blood where the velocity of blood flow is highest in the center of the vessel and gradually decreases towards the vessel walls. Laminar flow is typically seen in healthy, unobstructed vessels and is important for maintaining blood flow efficiency and reducing turbulence. Turbulent flow, while present in certain pathological conditions or at regions of significant stenosis, is not characteristic of a healthy ICA. Similarly, bidirectional flow could suggest the presence of a pathological condition or a particular phase of the cardiac cycle in specific scenarios, but it does not apply to the Proximal ICA under normal physiological conditions. Reversed flow is even more indicative of significant vascular issues, such as a severe stenosis or occlusion, which again does not align with the healthy state of the Proximal ICA. Thus, laminar flow is the expected and correct answer for this situation.

2. Which of the following indicates Doppler waveform abnormalities distal to a significant stenosis?

- A. Increased flow reversal component
- B. Elongation of the peak velocity
- C. Sharp upslopes and downslopes
- D. Blunting of the peak velocity**

The presence of blunting of the peak velocity in Doppler waveforms is indicative of significant stenosis and its effects on blood flow. When there is a significant narrowing in a vessel, it disrupts the normal laminar flow and can lead to turbulence, which is reflected in the Doppler signal. Specifically, blunting occurs because the maximum velocity of blood flow is reduced due to the stenosis, and the waveform loses its characteristic sharp peak as a result. This reflects a lack of acceleration during the systolic phase of blood flow, suggesting that the flow is being impeded by the narrowed segment. In contrast, an increased flow reversal component would typically indicate turbulence and disturbed flow, which is seen in more downstream effects rather than directly indicative of stenosis. Elongation of the peak velocity is more associated with normal variations in waveform morphology or less severe stenosis, while sharp upslopes and downslopes suggest a more normal, unobstructed flow pattern. Therefore, the characteristic of blunted peak velocity is the most direct indicator of Doppler waveform abnormalities that result from significant stenosis.

3. Which of the following is NOT a deep vein of the upper extremity?

- A. Cephalic vein**
- B. Subclavian vein
- C. Brachial vein
- D. Axillary vein

The cephalic vein is not classified as a deep vein of the upper extremity; instead, it is considered a superficial vein. Superficial veins are those that are located closer to the surface of the skin and are generally more visible, whereas deep veins are situated deeper within the tissues and accompanying arteries. The cephalic vein runs along the outer side of the forearm and arm and is often used for venous access due to its accessibility. In contrast, the subclavian vein, brachial vein, and axillary vein are all classified as deep veins. The subclavian vein is located beneath the clavicle and is critical for draining blood from the upper extremity to the heart. The brachial vein accompanies the brachial artery and plays an essential role in draining blood from the arm. The axillary vein is formed by the convergence of the brachial and basilic veins and is situated deep in the axilla (armpit area). These deep veins are essential for proper venous return and have significant anatomic and physiological roles in the upper extremity's vascular system.

4. For a hypertensive patient with multiple Transient Ischemic Attacks (TIAs) and 80% diameter stenosis of the ICA, what is likely the recommended intervention?

- A. Carotid endarterectomy**
- B. Medical management only
- C. Carotid artery stenting
- D. Increased monitoring

In cases of significant carotid artery stenosis, particularly when a patient has a history of multiple Transient Ischemic Attacks (TIAs), the recommended intervention leans towards surgical options that can alleviate the risk of future cerebrovascular events. Carotid endarterectomy is favored in patients with 70% or greater stenosis, especially when they have experienced TIAs, as this procedure involves manually removing the buildup of plaque from the carotid artery. The rationale behind this approach is that removing the obstruction not only improves blood flow to the brain but also reduces the risk of stroke associated with further ischemic events. In a patient with 80% stenosis and a history of TIAs, the risks of future strokes are significantly heightened, making a surgical intervention compelling to prevent potential severe outcomes. While medical management may play a role in the overall care of a hypertensive patient—by controlling blood pressure and managing risk factors—it may not adequately address the critical stenosis that heightens stroke risk. Carotid artery stenting could also be considered in some cases, but endarterectomy has a long-standing history of demonstrated effectiveness, particularly in symptomatic patients, making it the more conventional recommendation in this scenario. Increased monitoring is generally not a proactive

5. Which artery is primarily involved in supplying the pancreas?

- A. Common Hepatic Artery
- B. Splenic Artery**
- C. Renal Artery
- D. Aortic Artery

The splenic artery plays a crucial role in supplying blood to the pancreas. As a branch of the celiac trunk, it travels along the superior border of the pancreas and gives off several pancreatic arteries that provide the necessary blood flow to this vital organ. The pancreas has a unique vascular supply that, while influenced by multiple arteries, including some contribution from the gastroduodenal artery and the pancreaticoduodenal arcade, primarily relies on the vessels arising from the splenic artery. In contrast, the other arteries mentioned do not primarily serve the pancreas. The common hepatic artery is more focused on supplying the liver and parts of the gastrointestinal tract. The renal artery is solely responsible for supplying blood to the kidneys, while the aortic artery is the main vessel from which all systemic arteries arise but does not directly provide specific supply to the pancreas. Thus, the splenic artery is the most directly associated with pancreatic vascularization, making it the correct response in this context.

6. What is the anatomical relationship of the Left Common Iliac vein to the right common iliac artery?

- A. Crosses anteriorly
- B. Crosses superior to
- C. Crosses posteriorly**
- D. Runs parallel to

The anatomical relationship of the Left Common Iliac vein to the Right Common Iliac artery is that the Left Common Iliac vein crosses posteriorly to the Right Common Iliac artery. This relationship is important to understand in the context of the vascular anatomy, particularly in relevant procedures or the interpretation of imaging studies. In the pelvic region, the Left Common Iliac vein runs posterior to the Right Common Iliac artery on its way to join the Inferior Vena Cava. This positioning is crucial for identifying vascular structures during diagnostic procedures and interventions. Understanding the spatial relationships of these vessels helps medical professionals avoid complications during surgeries and interpret imaging results more accurately, as knowing the proper anatomical positioning can guide interventions like catheter placements or window approaches for vascular surgeries. Contextually, options indicating anterior crossing, superior positioning, or parallel alignment do not accurately describe the vein's anatomical relationship to the artery, reinforcing why the posterior crossing is the correct identification of their anatomical relationship.

7. If flow in the left anterior cerebral artery (ACA) is "toward" the beam, this suggests?

- A. Normal cerebral flow
- B. Ipsilateral carotid obstruction**
- C. Contralateral carotid obstruction
- D. No vascular issues

When flow in the left anterior cerebral artery (ACA) is "toward" the beam, it indicates that the blood is moving in a direction that is consistent with the Doppler ultrasound beam. In the context of assessing cerebral blood flow, this specific flow direction can be suggestive of the underlying vascular conditions. When this flow is detected, particularly in the ACA, it may imply the presence of ipsilateral carotid obstruction. This is due to the fact that if there is an obstruction on the same side (left) as the ACA, compensatory mechanisms could lead to altered hemodynamics, resulting in reversed or abnormal flow patterns. In simpler terms, if the carotid artery supplying the left ACA is narrowed or obstructed, the blood flow can be redirected such that it appears "toward" the beam in the ACA, reflecting compensatory flow changes. Observations indicating the ACA flow toward the beam thus serve as an important diagnostic indicator, as they could highlight the presence of underlying vascular issues, especially related to the ipsilateral carotid artery. This makes it a crucial aspect of interventional strategies and further evaluations in vascular technology assessments.

8. What is a common effect of Amaurosis Fugax related to an internal carotid lesion?

- A. Temporary blindness in the ipsilateral eye**
- B. Permanent blindness in both eyes
- C. Vision distortion in both eyes
- D. Loss of peripheral vision

Amaurosis fugax refers to a temporary loss of vision, often described as a curtain falling over the eye or a transient blackout. This phenomenon is typically linked to issues with the vascular supply to the eye. When there is an internal carotid artery lesion, such as a stenosis or plaque, it can lead to transient ischemia affecting the blood flow to the retina, specifically on the side of the lesion. The reason temporary blindness is noted in the ipsilateral eye is due to the direct relationship between the internal carotid artery and the retinal arteries it supplies. If blood flow is compromised because of a lesion in the internal carotid artery, the area affected would be the retina supplied by these compromised vessels, leading to transient visual symptoms in the corresponding eye. In contrast, conditions such as permanent blindness or visual distortion in both eyes indicate more severe and widespread damage or systemic issues that are not characteristic of amaurosis fugax, which is distinctly a temporary issue linked to a localized vascular problem. Similarly, loss of peripheral vision would suggest different underlying conditions that wouldn't typically correlate with the immediate effects of an internal carotid lesion.

9. In the context of Doppler ultrasound, which signal is expected from a healthy arterial waveform?

- A. Low-frequency with significant reversal
- B. High-frequency with pulsatile patterns**
- C. Monophasic throughout
- D. Biphasic with consistent amplitude

In the context of Doppler ultrasound used for assessing arterial waveforms, a healthy arterial waveform is characterized by a high-frequency signal that exhibits a pulsatile pattern. This is indicative of the normal physiological flow of blood in arteries, which corresponds to the cardiac cycle. During systole, when the heart pumps blood, there is a strong forward flow resulting in a pronounced peak, followed by a lesser flow during diastole as the heart relaxes. This pulsatile nature demonstrates the alternating phases of blood flow, correlating with the rhythmic contractions of the heart, which leads to the high-frequency signals observed on the Doppler spectrum. The presence of a well-defined pulsatile pattern is crucial as it signifies good elasticity and responsiveness of the arterial walls, which is essential for healthy vascular function. Such patterns are commonly seen in younger individuals or those without significant vascular pathology, reinforcing the idea that a high-frequency, pulsatile Doppler signal is indicative of healthy arterial conditions.

10. In cases of suspected PE, what imaging technique provides the definitive diagnosis?

- A. Ultrasound
- B. X-ray
- C. Pulmonary angiography**
- D. CT scan

The definitive diagnosis of pulmonary embolism (PE) is achieved through pulmonary angiography. This imaging technique involves the injection of a contrast dye into the pulmonary arteries, allowing for detailed visualization of blood flow in the lungs. It clearly shows any blockages or obstructions caused by emboli and is considered the gold standard for diagnosing PE due to its high specificity and sensitivity. While other modalities such as CT scans can also be used effectively to identify PE, pulmonary angiography remains the most definitive, providing direct visualization of the vascular structures involved. The use of ultrasound is primarily for the evaluation of deep vein thrombosis, which can lead to PE, while X-rays are not sensitive or specific enough to diagnose PE.

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://daviesvascular.examzify.com>

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

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