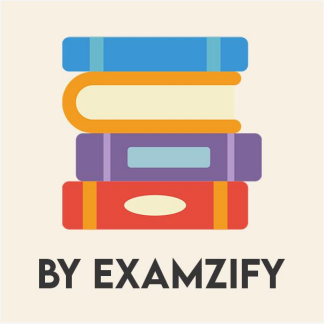
Genitourinary (GU) Examination and Assessment Questionnaire (EAQ) Practice Exam (Sample)

Study Guide



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Questions

1. Which imaging study is commonly used to assess kidney stones?

A. Ultrasound of the abdomen

B. X-ray of the urinary tract

C. Non-contrast CT scan of the abdomen and pelvis

D. MRI of the abdomen

2. What is a major risk factor for pathological fractures in prostate cancer patients?

A. Low exercise level

B. Increasing age

C. Elevated PSA levels

D. Previous fractures

3. What is the primary goal of steroid therapy for a child with nephrotic syndrome?

A. Prevents infection

B. Stimulates diuresis

C. Provides hemopoiesis

D. Reduces blood pressure

4. What symptom might suggest a problem with the prostate?

A. Increase in muscle mass

B. Painful urination and difficulty starting urination

C. Excessive thirst

D. Frequent headaches

5. How does diabetes affect the genitourinary system?

A. Causes increased urine output

B. Leads to nerve damage and impaired kidney function

C. Results in complete kidney failure

D. Has no impact on the genitourinary system

6. What symptom typically indicates a urinary tract infection?

A. Nausea

B. Frequent urination

C. Back pain

D. Weight loss

7. What might the presence of kidney stones indicate?

A. Infection or inflammation in kidneys

B. A genetic disorder affecting kidney function

C. Obstruction in the urinary tract

D. All of the above

8. What anatomical structures are examined during a GU physical examination?

A. Kidneys, ureters, bladder, and urethra

B. External genitalia, urethra, perineum, and rectum

C. Urethra, bladder, prostate, and vagina

D. Fallopian tubes, ovaries, uterus, and cervix

9. Which factors might lead to overactive bladder syndrome?

A. Diet changes and lack of exercise

B. Neurological conditions, medications, and lifestyle factors

C. Excessive hydration only

D. Genetic predisposition alone

10. What are the typical signs associated with marasmus, kwashiorkor, and marasmic-kwashiorkor?

A. Calorie malnutrition only

B. Lack of protein quality/quantity

C. Combined energy and protein malnutrition

D. All of the above

Answers

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

Explanations

1. Which imaging study is commonly used to assess kidney stones?

A. Ultrasound of the abdomen

B. X-ray of the urinary tract

C. Non-contrast CT scan of the abdomen and pelvis

D. MRI of the abdomen

A non-contrast CT scan of the abdomen and pelvis is considered the gold standard for assessing kidney stones due to its high sensitivity and specificity. This imaging modality provides detailed cross-sectional images that allow for the identification of even small stones, their size, and location within the urinary tract. The non-contrast aspect is particularly beneficial for diagnosing kidney stones because it avoids exposure to radiation from contrast agents and provides clear images of calcified structures, like stones, which can be missed in other imaging studies. The speed and availability of CT scans at many medical facilities further enhance their utility in acute settings where immediate diagnosis is crucial. In contrast, while an ultrasound can be useful for assessing stones, particularly in pediatric patients or pregnant individuals due to the lack of radiation, it is less sensitive in identifying stones compared to CT scans. Regular X-rays can demonstrate larger stones but may not detect smaller ones or those that are not sufficiently radiopaque. MRI, while excellent for soft tissue evaluation, is not a first-line imaging choice for kidney stones due to its relative complexity and cost, as well as its inferior ability to visualize and evaluate calcifications compared to CT.

2. What is a major risk factor for pathological fractures in prostate cancer patients?

A. Low exercise level

B. Increasing age

C. Elevated PSA levels

D. Previous fractures

Elevated PSA levels are indeed a significant indicator in the context of prostate cancer, but they specifically reflect the presence and activity of prostate cancer rather than a direct risk factor for pathological fractures. However, PSA levels can lead to more aggressive disease or metastasis, which may ultimately contribute to fracture risk. When considering the overall context of prostate cancer and its complications, low exercise levels often lead to decreased bone density and increased frailty, which can raise the risk of fractures. Similarly, increasing age inherently brings about a decline in bone density and strength, presenting an elevated fracture risk. Previous fractures, while they can indicate an underlying risk of future fractures due to weakened bone, are typically viewed in relation to overall bone health rather than being a fundamental risk factor associated with prostate cancer itself. In essence, while elevated PSA levels indicate disease progression, they are not as directly linked to the risk of pathological fractures as factors like increasing age or low levels of physical activity, which are more closely associated with the general frailty and bone health decline observed in both cancer patients and older adults.

3. What is the primary goal of steroid therapy for a child with nephrotic syndrome?

A. Prevents infection

B. Stimulates diuresis

C. Provides hemopoiesis

D. Reduces blood pressure

The primary goal of steroid therapy for a child with nephrotic syndrome is to stimulate diuresis. In nephrotic syndrome, there is significant proteinuria, hypoalbuminemia, and edema due to the altered permeability of the glomerular membrane. Corticosteroids are used to reduce inflammation and control the underlying pathology of the kidneys, leading to a reduction in proteinuria. As the condition improves, fluid balance is restored, which helps in reducing edema and promoting diuresis, resulting in the excretion of excess fluid retained in the body. While preventing infection is important in managing nephrotic syndrome due to an increased risk resulting from immunosuppression, it is not the primary goal of steroid therapy itself. Similarly, providing hemopoiesis is not a direct aim of steroids in this context; rather, these medications target the kidney's response in nephrotic syndrome. Reducing blood pressure is also relevant in certain therapeutic contexts but does not directly relate to the primary objective of managing nephrotic syndrome with steroids. The focus remains squarely on addressing the excessive fluid retention and protein loss through the stimulation of diuresis and improvement of kidney function.

4. What symptom might suggest a problem with the prostate?

A. Increase in muscle mass

B. Painful urination and difficulty starting urination

C. Excessive thirst

D. Frequent headaches

The symptom of painful urination and difficulty starting urination is indicative of potential issues with the prostate, such as benign prostatic hyperplasia (BPH) or prostatitis. These conditions can lead to urinary symptoms due to the prostate's anatomical location surrounding the urethra. When the prostate becomes enlarged or inflamed, it can constrict the flow of urine, leading to discomfort and difficulty initiating urination. In men, these symptoms are particularly significant and can prompt further investigation, as they are commonly associated with prostate pathology. Other symptoms might include increased frequency of urination, urgency, or even blood in the urine, all of which warrant further evaluation to rule out prostate-related disorders. The other options—an increase in muscle mass, excessive thirst, and frequent headaches—do not directly relate to prostate health or function. An increase in muscle mass is more aligned with other factors, such as exercise or hormonal changes. Excessive thirst could suggest issues related to diabetes or dehydration, while frequent headaches may arise from a variety of unrelated medical conditions, but not specifically from prostate problems. Thus, the presence of painful urination and difficulty starting urination stands out as a clear symptom that signals potential prostate issues.

5. How does diabetes affect the genitourinary system?

A. Causes increased urine output

B. Leads to nerve damage and impaired kidney function

C. Results in complete kidney failure

D. Has no impact on the genitourinary system

Diabetes significantly impacts the genitourinary system through various mechanisms, primarily leading to nerve damage and impairments in kidney function. High blood glucose levels characteristic of diabetes can result in diabetic neuropathy, affecting the nerves controlling the bladder and other components of the urinary tract. This can lead to urinary issues, including incontinence or difficulty in emptying the bladder completely. Additionally, diabetes increases the risk of kidney disease, known as diabetic nephropathy. Over time, prolonged high glucose levels can damage the nephrons—tiny filtering units in the kidneys—leading to reduced kidney function and potentially progressing to more serious conditions. This may eventually result in chronic kidney disease or end-stage renal disease if not managed effectively. This choice closely aligns with the documented consequences of diabetes on the genitourinary system, emphasizing the importance of monitoring and managing blood sugar levels to mitigate these effects. Other options might suggest certain outcomes like increased urine output or complete kidney failure, but these scenarios are either potential consequences of the underlying complications or too absolute to encompass the nuances of diabetic effects on kidney health.

6. What symptom typically indicates a urinary tract infection?

A. Nausea

B. Frequent urination

C. Back pain

D. Weight loss

Frequent urination is a hallmark symptom of a urinary tract infection (UTI). In a UTI, the bladder or urethra becomes inflamed and irritated, leading to an increased urge to urinate, often accompanied by a reduced volume of urine during each episode. This symptom occurs due to the body's response to infection, as it signals the need to eliminate the pathogens from the urinary tract. Nausea, back pain, and weight loss can indeed be associated with various medical conditions, but they are not specifically indicative of a UTI. Nausea may arise from numerous issues, such as gastrointestinal disturbances, while back pain often relates more to musculoskeletal problems or other kidney-related conditions. Weight loss can occur for a variety of reasons, including chronic illness or metabolic disorders, but is not a typical symptom of a UTI. Frequent urination stands out as a primary symptom directly tied to the infection and inflammation in the urinary tract.

7. What might the presence of kidney stones indicate?

A. Infection or inflammation in kidneys

B. A genetic disorder affecting kidney function

C. Obstruction in the urinary tract

D. All of the above

The presence of kidney stones can indicate several underlying issues, which is why the most comprehensive answer is that it may signal infection or inflammation in the kidneys, a genetic disorder affecting kidney function, and obstruction in the urinary tract. Kidney stones can form due to a variety of factors, including metabolic conditions and dietary influences, which sometimes stem from genetic predispositions. For instance, some individuals may have a hereditary tendency to form stones, which can suggest an underlying genetic disorder affecting how the kidneys function. Additionally, when stones obstruct the urinary tract, they can lead to urinary retention, pain, and potential infections due to stagnant urine, which causes inflammation in the kidneys. This situation presents not only as a physical blockage but can also escalate the risk of infections. The multifaceted nature of kidney stones means that their presence often requires further investigation to rule out or confirm these potential conditions, making the suggestion that they can indicate all these possibilities accurate.

8. What anatomical structures are examined during a GU physical examination?

A. Kidneys, ureters, bladder, and urethra

B. External genitalia, urethra, perineum, and rectum

C. Urethra, bladder, prostate, and vagina

D. Fallopian tubes, ovaries, uterus, and cervix

During a genitourinary physical examination, the focus is on assessing the structures that are directly involved in the reproductive and urinary systems. The external genitalia, urethra, perineum, and rectum are key components evaluated in this exam. This assessment is crucial for identifying any abnormalities, signs of infection, or anatomical issues. The external genitalia provide insight into both urinary and reproductive health, while the urethra is examined to check for any obstructions or abnormalities. The perineum can indicate potential issues with pelvic support or trauma, and evaluation of the rectum is vital for assessing rectal health and overall pelvic floor function. Other options do include structures relevant to the genitourinary system but do not encompass the broad range of structures examined specifically in a standard genitourinary physical examination. For instance, while the kidneys, ureters, bladder, and urethra are important to urinary function, the external anatomical structures like those mentioned in the correct answer are more commonly the focus during a physical examination. Additionally, the internal reproductive organs such as the fallopian tubes and ovaries, while essential to female reproductive health, are not externally examined in a GU examination. Thus, the selection of external genitalia, ure

9. Which factors might lead to overactive bladder syndrome?

A. Diet changes and lack of exercise

B. Neurological conditions, medications, and lifestyle factors

C. Excessive hydration only

D. Genetic predisposition alone

Overactive bladder syndrome is a complex condition that can result from a variety of factors. The correct choice highlights that neurological conditions, certain medications, and various lifestyle factors can all contribute to its development. Neurological conditions such as multiple sclerosis, Parkinson's disease, or stroke can affect the nerves that control bladder function, leading to urinary urgency and frequency. Specific medications, particularly diuretics, can increase the urgency of needing to urinate as they promote increased urine production. Additionally, lifestyle factors including high caffeine or alcohol intake, obesity, and physical inactivity can exacerbate symptoms by either irritating the bladder or affecting overall bladder health. This multifactorial approach is crucial in understanding overactive bladder syndrome, as it emphasizes the interplay between various elements rather than attributing it to a single cause such as excessive hydration or genetic predisposition alone. These factors may contribute to the syndrome, but they do not encompass the broader range of influences that can lead to its manifestation.

10. What are the typical signs associated with marasmus, kwashiorkor, and marasmic-kwashiorkor?

A. Calorie malnutrition only

B. Lack of protein quality/quantity

C. Combined energy and protein malnutrition

D. All of the above

Marasmus, kwashiorkor, and marasmic-kwashiorkor are all forms of severe malnutrition that are commonly associated with deficiencies in energy (calories) and protein. Each condition reflects different physiological and nutritional deficiencies, but all are interconnected. Marasmus typically presents from a severe deficiency in calories, leading to significant muscle wasting and a frail appearance. It is characterized by an overall lack of energy, which is reflected in extreme weight loss. Kwashiorkor, on the other hand, is brought about primarily by a deficiency in protein despite an adequate caloric intake. This condition often leads to edema, liver enlargement, and various dermatological issues. The protein quality and quantity are compromised, impacting the body's ability to maintain proper physiological functions. Marasmic-kwashiorkor combines features of both previous conditions, presenting with both calorie shortage and protein deficiency, leading to a complex state that displays characteristics of both marasmus and kwashiorkor. Thus, the signs associated with these conditions encompass calorie malnutrition, lack of protein quality and quantity, and a combination of energy and protein malnutrition, confirming that all of the factors mentioned reflect the characteristics of these severe forms of malnutrition. Hence, the comprehensive understanding of