

# Genitourinary System Disorders Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

**No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.**

**Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.**

**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

SAMPLE

# 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

SAMPLE

- 1. What is the primary functional unit of the kidney?**
  - A. Glomerulus**
  - B. Bowman's capsule**
  - C. Collecting duct**
  - D. Nephron**
  
- 2. Calcium phosphate stones form in which urine pH?**
  - A. Acidic urine**
  - B. Neutral urine**
  - C. Variable**
  - D. Alkaline urine**
  
- 3. Name a major risk factor for bladder cancer.**
  - A. Alcohol consumption**
  - B. Regular exercise**
  - C. High-fiber diet**
  - D. Smoking**
  
- 4. A male client is admitted for treatment of acute glomerulonephritis. On initial assessment, which sign is a classic indicator of sudden onset glomerulonephritis?**
  - A. Generalized edema, especially of the face and periorbital area.**
  - B. Green-tinged urine.**
  - C. Moderate to severe hypotension.**
  - D. Polyuria.**
  
- 5. Which condition is the classic differential diagnosis for an acutely swollen, painful scrotum that typically presents with gradual onset and fever?**
  - A. Testicular torsion**
  - B. Epididymitis**
  - C. Hydrocele**
  - D. Varicocele**

- 6. Nurse Eve is caring for a client who had a cerebrovascular accident. Which nursing intervention promotes urinary continence?**
- A. Encouraging intake of at least 2 L of fluid daily**
  - B. Giving the client a glass of soda before bedtime**
  - C. Taking the client to the bathroom twice per day**
  - D. Consulting with a dietitian.**
- 7. What combination of tests is typically used for initial evaluation of suspected prostate cancer?**
- A. DRE alone**
  - B. PSA testing alone**
  - C. PSA testing plus digital rectal examination (DRE), with biopsy if indicated after risk assessment**
  - D. MRI pelvis**
- 8. After ileal conduit creation, redness around the stoma suggests an ill-fitting appliance. Which statement is accurate?**
- A. The pouch faceplate doesn't fit the stoma**
  - B. Lubricant was not used**
  - C. The stoma was too large**
  - D. A properly fitted skin barrier was applied**
- 9. Which nursing diagnosis best applies to a patient with renal calculi?**
- A. Ineffective tissue perfusion**
  - B. Risk for infection**
  - C. Decreased cardiac output**
  - D. Functional urinary incontinence**

**10. What is the typical initial evaluation for painless hematuria?**

- A. Urinalysis to confirm hematuria, followed by imaging (CT urogram or ultrasound) and cystoscopy if indicated based on findings**
- B. Urinalysis only**
- C. CT urogram alone without urinalysis**
- D. Ultrasound only**

**SAMPLE**

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

## 1. What is the primary functional unit of the kidney?

- A. Glomerulus
- B. Bowman's capsule
- C. Collecting duct
- D. Nephron**

The kidney's basic functional unit is the nephron. Each nephron carries out filtration, reabsorption, and secretion to form urine and regulate fluid and electrolyte balance. Filtration occurs at the glomerulus, and the resulting filtrate is collected in Bowman's capsule, then processed along the tubule system (proximal tubule, loop of Henle, distal tubule, and collecting duct). While the glomerulus is the filtration site and Bowman's capsule collects filtrate, and the collecting duct conducts final urine and concentration, none of these alone handles the full sequence of filtration plus processing that defines kidney function. That integrated unit is the nephron, making it the correct answer.

## 2. Calcium phosphate stones form in which urine pH?

- A. Acidic urine
- B. Neutral urine
- C. Variable
- D. Alkaline urine**

Calcium phosphate stones form when urine becomes alkaline because higher pH shifts phosphate into more deprotonated forms (like  $\text{PO}_4^{3-}$ ) that readily combine with calcium. This increases the tendency for calcium phosphate to precipitate as stones, since its solubility decreases in alkaline conditions. In acidic urine, phosphate is more protonated and calcium phosphate is more soluble, making precipitation less likely. This pattern helps explain why calcium phosphate stones are associated with alkaline urine, whereas uric acid stones form in acidic urine and struvite stones in alkaline urine due to infection.

## 3. Name a major risk factor for bladder cancer.

- A. Alcohol consumption
- B. Regular exercise
- C. High-fiber diet
- D. Smoking**

Smoking is the major risk factor for bladder cancer because carcinogens from tobacco are absorbed into the bloodstream, filtered by the kidneys, and concentrated in the urine. As urine sits in the bladder, these chemicals repeatedly contact the urothelium, causing DNA damage that can lead to malignant transformation of bladder cells. The risk increases with how much and how long a person has smoked, and it declines after quitting, though it takes years to approach baseline levels. Other options do not have the same strong, well-established link to bladder cancer. Alcohol use isn't a major driver of bladder cancer, and while regular exercise and a high-fiber diet are generally healthy, they do not pose a high risk for bladder cancer in the way tobacco exposure does.

**4. A male client is admitted for treatment of acute glomerulonephritis. On initial assessment, which sign is a classic indicator of sudden onset glomerulonephritis?**

**A. Generalized edema, especially of the face and periorbital area.**

**B. Green-tinged urine.**

**C. Moderate to severe hypotension.**

**D. Polyuria.**

In acute glomerulonephritis, the kidneys' inflammation leads to reduced filtration and salt and water retention, which causes edema. This fluid buildup often appears early as puffiness around the eyes and face, especially the periorbital area, making facial edema a classic early sign of sudden onset nephritic processes. Other signs listed don't fit as neatly: urine may be dark from blood (hematuria) but isn't typically green-tinged; hypotension is not typical—in fact, hypertension is more common due to fluid overload and increased vascular resistance; and polyuria is not typical because urine output is often reduced (oliguria) in acute glomerulonephritis. That combination makes facial edema the best indicator of the sudden onset nephritic process.

**5. Which condition is the classic differential diagnosis for an acutely swollen, painful scrotum that typically presents with gradual onset and fever?**

**A. Testicular torsion**

**B. Epididymitis**

**C. Hydrocele**

**D. Varicocele**

The key idea here is recognizing an infectious/inflammatory process of the scrotum. When the swollen scrotum is painful and the onset is gradual with fever, epididymitis fits best because inflammation of the epididymis tends to develop over hours to days and is commonly accompanied by systemic symptoms like fever and urinary complaints. This contrasts with testicular torsion, which is a surgical emergency that usually presents with sudden, severe pain and typically lacks fever at the outset (often with a high-riding testis and an absent cremasteric reflex). Other causes like a hydrocele or varicocele can cause swelling, but they are usually not acutely painful and fever is not a feature, and they have distinct exam findings (hydrocele with transillumination, varicocele described as a bag-of-worms feel). Doppler ultrasound supports the distinction: epididymitis tends to show increased blood flow from inflammation, whereas torsion shows reduced or absent blood flow.

6. Nurse Eve is caring for a client who had a cerebrovascular accident. Which nursing intervention promotes urinary continence?

- A. Encouraging intake of at least 2 L of fluid daily**
- B. Giving the client a glass of soda before bedtime**
- C. Taking the client to the bathroom twice per day**
- D. Consulting with a dietitian.**

Promoting urinary continence after a cerebrovascular accident centers on supporting normal bladder function, and adequate hydration is fundamental to that. Encouraging a daily fluid intake of about 2 liters helps ensure enough urine is produced to encourage regular bladder emptying and keeps urine dilute, which lowers the risk of bladder irritation and urinary tract infections that can worsen incontinence. This simple step works directly with the body's need to cycle urine and empty the bladder predictably, especially when combined with timely toileting cues. Giving a soda before bed tends to increase nocturnal urine production and can irritate the bladder due to caffeine and carbonation, making continence harder, not easier. Taking the patient to the bathroom only twice a day doesn't provide enough opportunities to void; more frequent, scheduled or cue-initiated toileting is typically needed to support continence. While a dietitian can offer valuable guidance on overall nutrition and bladder irritants, this option doesn't directly address the immediate need to promote continence through hydration and regular voiding.

7. What combination of tests is typically used for initial evaluation of suspected prostate cancer?

- A. DRE alone**
- B. PSA testing alone**
- C. PSA testing plus digital rectal examination (DRE), with biopsy if indicated after risk assessment**
- D. MRI pelvis**

The key idea is that initial evaluation relies on both a blood test for a biochemical marker and a physical examination to stratify risk before moving to tissue diagnosis. Measuring PSA in the blood helps flag potential prostate issues, but PSA can be elevated for reasons other than cancer, such as benign enlargement or inflammation. A digital rectal examination complements this by allowing the clinician to feel the prostate for any nodules, asymmetry, or irregularities that raise concern. Using both tests together gives a fuller picture of cancer risk than either test alone. If the combination of findings suggests a higher risk after this initial assessment, a biopsy is performed to obtain tissue and confirm cancer histology. This step is the definitive diagnosis, guiding subsequent management. Imaging like MRI pelvis is valuable in planning biopsies or evaluating known cancer, but it isn't the baseline screen for everyone with suspected cancer.

**8. After ileal conduit creation, redness around the stoma suggests an ill-fitting appliance. Which statement is accurate?**

- A. The pouch faceplate doesn't fit the stoma**
- B. Lubricant was not used**
- C. The stoma was too large**
- D. A properly fitted skin barrier was applied**

Redness around the stoma indicates skin irritation from rubbing against an ill-fitting appliance. If lubricant wasn't used, there's more friction at the interface between the skin and the pouching system as the body moves, which irritates the delicate skin and shows up as redness. The other possibilities don't fit this specific irritation pattern: a pouch faceplate that doesn't fit would more likely cause leakage and air or fluid seepage with broader skin irritation; a stoma that is too large would create a poor seal and possible gaps rather than targeted rubbing; and a properly fitted skin barrier would not produce redness.

**9. Which nursing diagnosis best applies to a patient with renal calculi?**

- A. Ineffective tissue perfusion**
- B. Risk for infection**
- C. Decreased cardiac output**
- D. Functional urinary incontinence**

When a renal calculus obstructs the urinary tract, urine can become stagnant above the blockage. Stasis and obstruction create an environment that readily supports bacterial growth, so infection becomes a key potential complication. The nursing focus that best fits this scenario is risk for infection because preventing and detecting urinary infections early is essential in someone with stones and possible obstruction. In practice, the nurse would monitor for signs of infection such as fever, chills, tachycardia, foul-smelling or cloudy urine, and flank or groin pain, and promote measures that reduce infection risk—adequate hydration to help flush the urinary tract, careful catheter care if needed, and prompt assessment and treatment of any suspected infection. The other options don't align as closely with the common complications of renal calculi: perfusion issues aren't the primary concern with stones, decreased cardiac output is unrelated to the urinary obstruction scenario, and functional urinary incontinence isn't a typical consequence of renal calculi.

**10. What is the typical initial evaluation for painless hematuria?**

- A. Urinalysis to confirm hematuria, followed by imaging (CT urogram or ultrasound) and cystoscopy if indicated based on findings**
- B. Urinalysis only**
- C. CT urogram alone without urinalysis**
- D. Ultrasound only**

When painless hematuria is detected, the best approach starts with confirming the finding and characterizing it, then evaluating the urinary tract step by step. A urinalysis with microscopic examination confirms that red blood cells are actually present in the urine and helps rule out false positives or nonhematuria causes, while also noting any associated signs like infection or proteinuria. After confirming hematuria, imaging of the kidneys, ureters, and bladder is pursued to identify upper-tract sources such as stones or urothelial tumors, with CT urography as a comprehensive option (or ultrasound when CT is not appropriate). If imaging or clinical features point to bladder involvement, or if there is persistent microscopic hematuria despite a negative initial workup, cystoscopy is performed to directly visualize the bladder mucosa and ureteral openings and to obtain biopsies if needed. This staged strategy—urinalysis first, then imaging, then cystoscopy when indicated—best balances noninvasiveness with thorough evaluation of potential causes.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://genitourinarysysdisorders.examzify.com>**

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

SAMPLE