

GENITOURINARY SYSTEM DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. For a patient in the oliguric phase of acute renal failure, which nursing intervention is most important?**
 - A. Encouraging coughing and deep breathing
 - B. Promoting carbohydrate intake
 - C. Limiting fluid intake
 - D. Providing pain-relief measures

- 2. Which prostatic zone is most commonly involved in cancer?**
 - A. Central zone
 - B. Peripheral zone
 - C. Transitional zone
 - D. Anterior fibromuscular stroma

- 3. Which feature best distinguishes Goodpasture syndrome clinically?**
 - A. Pulmonary involvement with hemoptysis and nephritic symptoms due to anti-GBM antibodies
 - B. Renal failure without pulmonary symptoms
 - C. Isolated proteinuria
 - D. Hypertension without kidney injury

- 4. What is included in the LUTS spectrum for BPH?**
 - A. Storage symptoms (frequency, urgency, nocturia) and voiding symptoms (weak stream, hesitancy, incomplete emptying)
 - B. Only storage symptoms
 - C. Only voiding symptoms
 - D. Pain and fever

- 5. Uric acid stones form in urine with which pH?**
 - A. Alkaline urine
 - B. Acidic urine
 - C. Neutral urine
 - D. High urine calcium

- 6. Testicular torsion most commonly occurs in which age group?**
- A. Adolescents
 - B. Infants
 - C. Older adults
 - D. Mid-life adults
- 7. General management goals for CKD across stages include which of the following?**
- A. Slow progression, manage complications, and plan for dialysis or transplant as needed
 - B. Cure CKD with medication
 - C. Only treat blood pressure
 - D. No specific management is required
- 8. What GFR threshold is commonly used to consider renal replacement therapy?**
- A. GFR 60
 - B. GFR 30
 - C. GFR <15 mL/min/1.73 m²
 - D. GFR 120
- 9. Which statement best explains the edema in nephrotic syndrome?**
- A. Edema due to decreased plasma oncotic pressure from hypoalbuminemia.
 - B. Edema due to increased capillary hydrostatic pressure alone.
 - C. Edema due to lymphatic obstruction.
 - D. Edema due to increased plasma volume.
- 10. Which of the following is a contraindication to renal transplantation?**
- A. Active infection
 - B. Good nutritional status
 - C. Absence of active cancer
 - D. Severe comorbidity with poor prognosis

Answers

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

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Explanations

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1. For a patient in the oliguric phase of acute renal failure, which nursing intervention is most important?

- A. Encouraging coughing and deep breathing
- B. Promoting carbohydrate intake
- C. Limiting fluid intake**
- D. Providing pain-relief measures

In the oliguric phase of acute renal failure, the kidneys sharply reduce urine output, so the body can't excrete excess fluid. Any fluid taken in tends to accumulate, leading to edema, high blood pressure, and potential congestive heart or pulmonary edema. Limiting fluid intake directly addresses this dangerous fluid balance, helping prevent overload while kidney function may recover. The nurse should enforce a prescribed fluid allowance, monitor intake and output, and watch for weight changes as a concrete sign of fluid status. Other measures like coughing and deep breathing, or general comfort goals such as carbohydrate intake or pain relief, don't tackle the key risk in this phase as effectively as fluid restriction does.

2. Which prostatic zone is most commonly involved in cancer?

- A. Central zone
- B. Peripheral zone**
- C. Transitional zone
- D. Anterior fibromuscular stroma

Prostate cancer most often originates in the peripheral zone, the outer portion that contains the bulk of prostatic glands and lies toward the back of the gland. This abundant glandular tissue provides more targets for malignant transformation, and its posterior location makes cancers easier to detect on a digital rectal exam and with imaging. The transitional zone is where benign prostatic hyperplasia tends to develop, so cancers there are less common; the central zone has fewer glands and is less frequently involved in cancer; the anterior fibromuscular stroma contains little glandular tissue, making cancer there rare. So the peripheral zone stands out as the typical site for malignancy because of both its large amount of glandular tissue and its accessible, posterior location.

3. Which feature best distinguishes Goodpasture syndrome clinically?

- A. Pulmonary involvement with hemoptysis and nephritic symptoms due to anti-GBM antibodies
- B. Renal failure without pulmonary symptoms**
- C. Isolated proteinuria
- D. Hypertension without kidney injury

Goodpasture syndrome is an autoimmune condition where anti-GBM antibodies attack basement membranes in both the lungs and kidneys. The feature that most clearly identifies it clinically is the combination of pulmonary hemorrhage (often presenting as hemoptysis) with nephritic kidney involvement. This dual involvement—lung bleeding plus rapidly progressive glomerulonephritis—sets anti-GBM disease apart from conditions that affect only the kidneys or only the lungs. In cases with kidney failure but no lung symptoms, or with isolated proteinuria or hypertension without kidney injury, the diagnosis is less consistent with Goodpasture. Confirmation comes from detecting anti-GBM antibodies in serum and showing linear IgG deposition along the glomerular basement membrane on biopsy.

4. What is included in the LUTS spectrum for BPH?

- A. Storage symptoms (frequency, urgency, nocturia) and voiding symptoms (weak stream, hesitancy, incomplete emptying)
- B. Only storage symptoms
- C. Only voiding symptoms
- D. Pain and fever

LUTS in BPH spans both storage and voiding areas. Obstruction from an enlarged prostate makes it harder to empty the bladder, producing voiding symptoms like a weak stream, hesitancy, and the sense of incomplete emptying. Over time, the bladder compensates and may become irritable or overactive, leading to storage symptoms such as increased frequency, urgency, and nocturia. That combination is why the full LUTS spectrum includes both types. Pain and fever are not typical LUTS of BPH, as they point to infection or other conditions.

5. Uric acid stones form in urine with which pH?

- A. Alkaline urine
- B. Acidic urine
- C. Neutral urine
- D. High urine calcium

Uric acid stones form in acidic urine because the solubility of uric acid is highly pH-dependent. In an acidic environment, uric acid remains largely nonionized and has low solubility, so it tends to crystallize and aggregate into stones. When urine is alkaline, uric acid is converted to urate, which is much more soluble, making stone formation less likely. Neutral urine isn't as conducive to uric acid crystallization as acidic urine, and high urine calcium points toward calcium-based stones rather than uric acid stones. So the acidic urine context best explains why uric acid stones form.

6. Testicular torsion most commonly occurs in which age group?

- A. Adolescents
- B. Infants
- C. Older adults
- D. Mid-life adults

Testicular torsion is most likely to occur during adolescence because this is when the testicles undergo rapid growth and a common congenital finding—bell clapper deformity—makes the testis more freely mobile within the scrotum. That increased mobility allows the spermatic cord to twist more easily, cutting off blood flow to the testicle and causing sudden, severe pain. While infants can experience torsion, the highest incidence is in the teenage years, when puberty-related changes heighten the risk. The other age groups—infants outside the neonatal period, older adults, and mid-life adults—have torsion far less frequently, with scrotal pain in those ages more often due to other conditions.

7. General management goals for CKD across stages include which of the following?

- A. Slow progression, manage complications, and plan for dialysis or transplant as needed**
- B. Cure CKD with medication
- C. Only treat blood pressure
- D. No specific management is required

CKD care is about a proactive, comprehensive approach: aim to slow the kidney function decline, prevent and treat complications that arise as CKD progresses, and plan for renal replacement therapy (dialysis or transplantation) if and when function drops enough or complications occur. This set of goals applies across all stages, though specifics change with progression. The best answer captures all these elements—slowing progression, managing complications, and preparing for dialysis or transplant as needed. CKD isn't typically curable with medication, and management involves more than just blood pressure control or doing nothing, so the other options don't fit.

8. What GFR threshold is commonly used to consider renal replacement therapy?

- A. GFR 60
- B. GFR 30
- C. GFR <15 mL/min/1.73 m²**
- D. GFR 120

Renal replacement therapy is typically considered when kidney function has declined to a level where waste products, fluids, and electrolytes can no longer be managed with conservative care. That usually happens when the GFR falls to about 15 mL/min/1.73 m² or lower, marking the transition to end-stage kidney disease and prompting evaluation for dialysis or transplantation. At this point, uremic symptoms (like fatigue, nausea, and pruritus) and metabolic disturbances (such as hyperkalemia or metabolic acidosis) become more likely, and initiating RRT helps remove toxins and restore balance. Of course, the exact decision is individualized: some patients may start earlier if symptoms or complications arise, while others with slower progression may continue conservative management. The other options reflect earlier CKD stages or normal function, where dialysis is not indicated.

9. Which statement best explains the edema in nephrotic syndrome?

- A. Edema due to decreased plasma oncotic pressure from hypoalbuminemia.**
- B. Edema due to increased capillary hydrostatic pressure alone.
- C. Edema due to lymphatic obstruction.
- D. Edema due to increased plasma volume.

Nephrotic edema arises mainly from a fall in plasma oncotic (colloid osmotic) pressure due to hypoalbuminemia. In nephrotic syndrome, heavy protein loss in the urine lowers the amount of albumin in the blood, so the forces pulling fluid back into the vessels weaken. That fluid then shifts into the interstitial spaces, causing edema. The body's response to perceived reduced circulating volume can trigger sodium and water retention, which can add to the edema, but the primary driver is the decreased oncotic pressure from hypoalbuminemia, not a primary increase in hydrostatic pressure or lymphatic obstruction.

10. Which of the following is a contraindication to renal transplantation?

- A. Active infection**
- B. Good nutritional status
- C. Absence of active cancer
- D. Severe comorbidity with poor prognosis

Active infection is a contraindication to renal transplantation because the immunosuppressive drugs required after transplant would let the infection worsen, potentially leading to sepsis and failure of the graft or the patient. Before transplantation, infections must be treated and cleared, and the patient re-evaluated to ensure there is no active infection. Good nutritional status and absence of active cancer are favorable factors for transplantation, while severe comorbidity with poor prognosis can also preclude it, but the presence of an active infection is the clearest, immediate reason to withhold transplantation until it is resolved.

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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://genitourinarysysdisorders.examzify.com>

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

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