

# Internal Medicine EOR - Cardiovascular Practice Test (Sample)

## Study Guide



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

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

- 1. For a patient with Rheumatic fever who is experiencing severe joint pain, what might be prescribed for relief?**
  - A. Beta-blockers**
  - B. Salicylates**
  - C. Narcotics**
  - D. Calcium channel blockers**
- 2. Which symptom is NOT associated with a thoracic aortic aneurysm?**
  - A. Substernal pain**
  - B. Chest tightness**
  - C. Cough**
  - D. Hoarseness**
- 3. What are the diagnostic criteria for dilated cardiomyopathy?**
  - A. Echocardiogram with normal ejection fraction**
  - B. Evidence of ventricular dilation and ejection fraction below 40%**
  - C. Presence of hypertension**
  - D. Diagnosis from a cardiac stress test**
- 4. What characteristic finding would you see on a chest X-ray of a patient with congestive heart failure?**
  - A. Pneumonia**
  - B. Kerley B lines**
  - C. Air bronchograms**
  - D. Cardiac silhouette normal in size**
- 5. In patients with heart failure, what is the effect of beta blockers on left ventricular function?**
  - A. They decrease ejection fraction**
  - B. They improve ejection fraction**
  - C. They include arrhythmias**
  - D. They cause vasoconstriction**



- 6. Which diuretic should be used if a patient develops side effects from Spironolactone?**
- A. Eplerenone**
  - B. Hydrochlorothiazide**
  - C. Furosemide**
  - D. Bumetanide**
- 7. Which clinical symptom is associated with left-sided heart failure?**
- A. Peripheral edema**
  - B. Jaundice**
  - C. Exertional dyspnea**
  - D. Bradycardia**
- 8. What is the major contributing factor to exertional pulmonary vascular congestion?**
- A. Increased heart rate**
  - B. Left ventricular dysfunction**
  - C. Right ventricular hypertrophy**
  - D. Myocardial ischemia**
- 9. What are EKG abnormalities commonly found in myocarditis?**
- A. Only significant ST segment elevation**
  - B. Sinus tachycardia, arrhythmias, and blocks**
  - C. Consistent bradycardia**
  - D. Normal sinus rhythm in all patients**
- 10. What symptom may indicate chronic venous insufficiency in a patient?**
- A. Sudden and severe chest pain**
  - B. Dull pain with standing**
  - C. Fatigue after sleeping**
  - D. Shortness of breath at rest**

## **Answers**

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

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## **Explanations**

**1. For a patient with Rheumatic fever who is experiencing severe joint pain, what might be prescribed for relief?**

**A. Beta-blockers**

**B. Salicylates**

**C. Narcotics**

**D. Calcium channel blockers**

In the context of rheumatic fever and the accompanying severe joint pain, salicylates are the treatment of choice for providing relief. Salicylates, which are non-steroidal anti-inflammatory drugs (NSAIDs), work by inhibiting the inflammatory process, thereby reducing pain and swelling in the affected joints. This makes them particularly effective for managing the arthritic symptoms associated with rheumatic fever. The condition is characterized by a significant inflammatory response, which salicylates directly address. They not only alleviate pain but also help to decrease inflammation, which is crucial for patients suffering from joint manifestations of rheumatic fever. The use of salicylates is well-supported by clinical guidelines for rheumatic fever management, making them a standard therapy. Other options, while they may have roles in different contexts, are not appropriate first-line treatments for joint pain specifically associated with rheumatic fever. Beta-blockers and calcium channel blockers primarily target cardiovascular issues and do not have analgesic or anti-inflammatory properties relevant to treating joint pain. Narcotics, while effective for pain relief, are usually reserved for more severe pain or when other treatments have failed, as they do not address the underlying inflammation that is present in rheumatic fever.

**2. Which symptom is NOT associated with a thoracic aortic aneurysm?**

**A. Substernal pain**

**B. Chest tightness**

**C. Cough**

**D. Hoarseness**

A thoracic aortic aneurysm is often asymptomatic, but when it does present with symptoms, these can include substernal pain, cough, and hoarseness. Each of these symptoms can occur due to the pressure exerted by the aneurysm on adjacent structures. Substernal pain is a common symptom because the aneurysm can irritate the surrounding tissue or press against the chest wall, leading to discomfort or pain that may be felt in the substernal area. Cough can occur if the aneurysm compresses the trachea or bronchi, leading to respiratory symptoms as the airway is mechanically affected. This kind of cough is often vague and may not be associated with an infectious illness. Hoarseness is also a potential symptom, particularly if the aneurysm affects the recurrent laryngeal nerve, which innervates the vocal cords. This could lead to vocal changes or hoarseness due to nerve compression. While chest tightness is a subjective experience that could be related to various cardiovascular pathologies, it is not a classic symptom associated specifically with thoracic aortic aneurysm. The other symptoms have more direct anatomical relationships to the aneurysm, making chest tightness the least specific and not typically recognized as a defining symptom of thor

### 3. What are the diagnostic criteria for dilated cardiomyopathy?

- A. Echocardiogram with normal ejection fraction
- B. Evidence of ventricular dilation and ejection fraction below 40%**
- C. Presence of hypertension
- D. Diagnosis from a cardiac stress test

The diagnostic criteria for dilated cardiomyopathy primarily involve evaluating the structure and function of the heart using imaging studies, particularly echocardiography. Dilated cardiomyopathy is characterized by the dilation of the heart chambers (mostly the left ventricle) and a significant reduction in the heart's ejection fraction, typically below 40%. An ejection fraction below this threshold indicates that the heart is not pumping efficiently, which is a hallmark of this condition. Ventricular dilation is another key feature of dilated cardiomyopathy. In an echocardiogram, findings would demonstrate enlarged ventricles, reflecting the impaired contractility of the heart muscle. Therefore, the combination of ventricular dilation and reduced ejection fraction is critical for diagnosing this condition. Other options do not fulfill the necessary criteria. A normal ejection fraction alongside ventricular dilation would not be indicative of dilated cardiomyopathy. The presence of hypertension alone does not confirm the diagnosis, as hypertension can lead to various forms of cardiomyopathy and heart disease but is not exclusive to dilated cardiomyopathy. Lastly, a cardiac stress test is not typically used as a diagnostic tool for this condition; rather, it assesses myocardial ischemia or functional capacity but does not directly measure the structural

### 4. What characteristic finding would you see on a chest X-ray of a patient with congestive heart failure?

- A. Pneumonia
- B. Kerley B lines**
- C. Air bronchograms
- D. Cardiac silhouette normal in size

In a patient with congestive heart failure, the presence of Kerley B lines on a chest X-ray is a characteristic finding. These lines are indicative of interstitial edema due to increased pulmonary venous pressure. They appear as short, straight lines at the lung periphery, particularly in the lower zones, and are associated with fluid accumulation in the interstitial spaces of the lungs. Kerley B lines signify the early stage of pulmonary congestion and reflect the underlying pathology of heart failure, where the heart's diminished ability to pump blood effectively leads to fluid retention and congestion in the pulmonary circulation. This is often the first radiological sign of heart failure when other findings may not yet be evident. In contrast, pneumonia typically presents with different radiographic features, such as consolidations or localized opacities, air bronchograms occur when there are areas of consolidation surrounded by air, and a normal cardiac silhouette would be inconsistent with congestive heart failure, as heart enlargement is often present in such cases. Thus, the identification of Kerley B lines specifically points to the effects of congestive heart failure on the pulmonary structures.

**5. In patients with heart failure, what is the effect of beta blockers on left ventricular function?**

- A. They decrease ejection fraction**
- B. They improve ejection fraction**
- C. They include arrhythmias**
- D. They cause vasoconstriction**

In patients with heart failure, beta blockers have a beneficial effect on left ventricular function primarily by improving ejection fraction. This improvement occurs through several mechanisms. Beta blockers help to decrease the heart rate, allow for improved filling of the ventricles during diastole, and reduce myocardial oxygen demand. By blocking sympathetic overactivity, they also promote reverse remodeling of the heart, which enhances overall cardiac performance over time. Additionally, beta blockers can improve survival rates in patients with heart failure, largely due to their neurohormonal modulation. They help to counteract the detrimental effects of the renin-angiotensin-aldosterone system, which is often overactive in heart failure. As a result, the left ventricular function can gradually improve, leading to better ejection fractions in these patients. This is particularly noted in patients with chronic heart failure with reduced ejection fraction (HFrEF), where long-term use of beta blockers is a standard part of the treatment regimen. Other options like decreasing ejection fraction, causing arrhythmias, and inducing vasoconstriction do not accurately reflect the role of beta blockers in heart failure management. Instead of impairing function or inducing complications, beta blockers are fundamentally aimed at enhancing cardiac function and supporting the heart

**6. Which diuretic should be used if a patient develops side effects from Spironolactone?**

- A. Eplerenone**
- B. Hydrochlorothiazide**
- C. Furosemide**
- D. Bumetanide**

Eplerenone is a suitable alternative if a patient develops side effects from Spironolactone because it is a similar potassium-sparing diuretic that works primarily by antagonizing the mineralocorticoid receptor. Both Spironolactone and Eplerenone are effective in managing conditions such as hypertension and heart failure due to their ability to decrease fluid overload and reduce cardiac workload. However, Eplerenone has a more selective profile, which may result in fewer side effects, particularly endocrine-related ones like gynecomastia or menstrual irregularities that are more common with Spironolactone. This selectivity makes Eplerenone an excellent option for patients who experience intolerable side effects with Spironolactone yet still require the benefits of a similar medication class. In contrast, Hydrochlorothiazide, Furosemide, and Bumetanide belong to different classes of diuretics. Hydrochlorothiazide is a thiazide diuretic, which is often used to manage hypertension but does not provide the same potassium-sparing effects as Eplerenone or Spironolactone. Furosemide and Bumetanide are loop diuretics, which are more potent but

**7. Which clinical symptom is associated with left-sided heart failure?**

- A. Peripheral edema
- B. Jaundice
- C. Exertional dyspnea**
- D. Bradycardia

Exertional dyspnea is a hallmark symptom associated with left-sided heart failure. This condition occurs when the left ventricle's ability to pump blood is compromised, leading to inadequate circulation and fluid buildup in the lungs. During physical activity or exertion, the increased demand for oxygen and blood flow exacerbates the already compromised capacity of the heart, resulting in shortness of breath, also referred to as exertional dyspnea. In left-sided heart failure, the increased pressure in the pulmonary circulation can cause fluid to leak into the alveoli, leading to pulmonary congestion and ultimately, difficulty breathing during exertion. This symptom is significant in diagnosing heart failure and understanding its impact on the patient's functional capacity and quality of life. While peripheral edema is more commonly associated with right-sided heart failure, jaundice and bradycardia are less directly linked to left-sided heart failure. Jaundice can indicate liver dysfunction, which can occur as a consequence of right-sided failure or hepatic congestion, but it is not a primary symptom of left-sided heart failure. Bradycardia refers to a slow heart rate, which does not specifically correlate with the left-sided heart failure mechanism or its clinical presentation.

**8. What is the major contributing factor to exertional pulmonary vascular congestion?**

- A. Increased heart rate
- B. Left ventricular dysfunction**
- C. Right ventricular hypertrophy
- D. Myocardial ischemia

The major contributing factor to exertional pulmonary vascular congestion is left ventricular dysfunction. When the left ventricle is unable to effectively pump blood, particularly during physical exertion, it can lead to a backlog of blood in the pulmonary circulation. This results in increased pulmonary venous pressure, leading to congestion in the lungs, which manifests as shortness of breath or pulmonary edema during exertion. In situations where the left ventricular function is compromised, such as in heart failure or ischemic heart disease, the heart may not be able to fill adequately or eject blood effectively. During exertion, the body's demand for oxygen increases, and if the left ventricle cannot meet this demand due to dysfunction, the subsequent back pressure into the pulmonary circulation becomes significant, causing congestion. Other factors like increased heart rate, right ventricular hypertrophy, and myocardial ischemia can contribute to cardiovascular problems but do not primarily lead to exertional pulmonary vascular congestion to the same extent as left ventricular dysfunction. Increased heart rate may occur during exertion but is a compensatory response rather than a direct cause of pulmonary congestion. Right ventricular hypertrophy may result from chronic left-sided heart failure, but it is the left ventricular dysfunction that directly causes the pulmonary district congestion during exertion. Myocardial



**9. What are EKG abnormalities commonly found in myocarditis?**

- A. Only significant ST segment elevation**
- B. Sinus tachycardia, arrhythmias, and blocks**
- C. Consistent bradycardia**
- D. Normal sinus rhythm in all patients**

In myocarditis, the most commonly observed EKG abnormalities include sinus tachycardia, various arrhythmias, and conduction blocks. Sinus tachycardia is often present due to the inflammatory process and associated symptoms such as fever or pain. Arrhythmias can arise from the involvement of the myocardium, which disrupts normal electrical conduction and can lead to both atrial and ventricular arrhythmias. Additionally, conduction blocks such as atrioventricular (AV) blocks can occur as the inflammation affects the conductive pathways in the heart. The presence of significant ST segment elevation is not exclusive or definitive for myocarditis, as it can indicate other cardiac conditions such as myocardial infarction, thus making it too narrow a view of the possible EKG changes associated with myocarditis. While bradycardia may occur, it is not consistent across all cases and is not a common finding unlike the previously mentioned rhythm abnormalities. Normal sinus rhythm is also misleading in the context of myocarditis. While some patients may present with a normal sinus rhythm, EKG abnormalities are often present due to the underlying inflammatory process of the myocardium. Thus, the broad range of potential EKG findings—including various rhythm disturbances—supports the choice identifying sinus tachycardia

**10. What symptom may indicate chronic venous insufficiency in a patient?**

- A. Sudden and severe chest pain**
- B. Dull pain with standing**
- C. Fatigue after sleeping**
- D. Shortness of breath at rest**

Dull pain with standing is a classic symptom of chronic venous insufficiency (CVI). CVI occurs when the valves in the veins of the legs become weakened or damaged, which disrupts normal blood flow back to the heart. As a result, blood can pool in the lower extremities, leading to increased venous pressure. This can cause discomfort and a dull ache, particularly when the individual is in a standing position for extended periods. The pain often improves with elevation of the legs, which is a key characteristic of this condition. In contrast, sudden and severe chest pain is more indicative of acute conditions such as pulmonary embolism or myocardial infarction, rather than chronic venous issues. Fatigue after sleeping can be associated with a variety of general health conditions but is not specific to chronic venous insufficiency. Shortness of breath at rest could suggest pulmonary issues or heart failure, rather than the localized venous problems associated with CVI. Thus, the symptom of dull pain with standing aligns well with the physiological changes and effects of chronic venous insufficiency.

## 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://internalmedeorcardio.examzify.com>**

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