INTERNAL MEDICINE EOR – CARDIOVASCULAR PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://internalmedeorcardio.examzify.com

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

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

1. What is rheumatic fever primarily triggered by?

A. Viral infections

B. Beta hemolytic strep pharyngitis

C. Chronic heart disease

D. Allergic reactions

2. Why are loop diuretics preferred over thiazides in patients with impaired kidney function?

A. They have a stronger diuretic effect

B. They are more effective in the distal convoluted tubule

C. They work at a more proximal site in the nephron

D. They cause less electrolyte imbalance

3. Which of the following is NOT a treatment option for Rheumatic fever?

A. Salicylates

B. Steroids

C. Benzathine PCN

D. Thyroid Hormones

4. What is the primary physiological change seen in dilated cardiomyopathy?

A. Increased hypertrophy of the ventricles

B. Dilation of the left ventricle

C. Thinning of the ventricular walls

D. Fibrosis of the heart muscle

5. What is the most common cause of aortic stenosis (AS)?

A. Degenerative calcified valve

B. Rheumatic fever

C. Infective endocarditis

D. Congenital unicuspid or bicuspid valve

6. Which statement accurately describes diastole?

A. Ventricles contract and pump blood

B. Valves close to prevent backflow

C. Atria and ventricles fill with blood

D. Aortic and pulmonic valves close

7. What symptom may present along with hepatomegaly in right-sided heart failure?

A. Right upper quadrant pain

B. Hemoptysis

C. Severe headache

D. Increased thirst

8. What is defined as pain in the foot that arises at rest, particularly at night?

A. Pedal pain

B. Rest pain

C. Acute arterial pain

D. Claudication pain

9. Which diagnosis method is less favored for thoracic aortic aneurysms compared to CT and MRI?

A. Aortography

B. Physical examination

C. Ultrasound

D. X-ray

10. Which factors are considered for primary prevention when starting a statin?

A. Age, LDL levels, and smoking status

B. Family history alone

C. Gender and ethnicity only

D. Cholesterol levels only

Answers

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

Explanations

1. What is rheumatic fever primarily triggered by?

A. Viral infections

B. Beta hemolytic strep pharyngitis

C. Chronic heart disease

D. Allergic reactions

Rheumatic fever is primarily triggered by an infection with group A beta-hemolytic streptococci, which typically presents as strep throat or pharyngitis. Following an untreated or inadequately treated streptococcal throat infection, the body's immune response mistakenly attacks not only the bacteria but also its own tissues, particularly in the heart, joints, skin, and nervous system. This autoimmune reaction can lead to the characteristic symptoms of rheumatic fever, such as fever, joint pain, and inflammation of the heart. Unlike other infections or conditions mentioned, such as viral infections or allergic reactions, which do not initiate the autoimmune response observed in rheumatic fever, group A strep is specifically associated with this disease. Chronic heart disease can be a consequence of rheumatic fever but is not a triggering factor. Therefore, beta-hemolytic strep pharyngitis is directly linked to the development of rheumatic fever, making it the correct answer in this context.

2. Why are loop diuretics preferred over thiazides in patients with impaired kidney function?

A. They have a stronger diuretic effect

B. They are more effective in the distal convoluted tubule

C. They work at a more proximal site in the nephron

D. They cause less electrolyte imbalance

Loop diuretics are preferred over thiazides in patients with impaired kidney function primarily because they act at a more proximal site in the nephron. Loop diuretics, such as furosemide, target the thick ascending limb of the loop of Henle, where they inhibit the sodium-potassium-chloride (Na-K-2Cl) cotransporter. This location allows for significant diuresis, even when the glomerular filtration rate (GFR) is reduced. In contrast, thiazide diuretics primarily work on the distal convoluted tubule and rely on adequate renal function to be effective. Their efficacy diminishes as kidney function declines, which is often the case in patients with chronic kidney disease. Therefore, loop diuretics can provide a more reliable diuretic response in these patients, making them a better choice when renal function is compromised. The other options, while they mention relevant factors, do not accurately support the preference for loop diuretics in patients with impaired kidney function. The comparison of diuretic strength or electrolyte imbalance is secondary to the critical aspect of nephron site action, which directly influences their effectiveness in the setting of renal impairment.

3. Which of the following is NOT a treatment option for Rheumatic fever?

A. Salicylates

B. Steroids

C. Benzathine PCN

D. Thyroid Hormones

The treatment options for rheumatic fever primarily focus on the management of inflammation, prevention of further complications, and addressing the underlying streptococcal infection. Salicylates are commonly used to reduce inflammation and alleviate pain associated with rheumatic fever. Steroids may also be prescribed to further manage severe inflammation and control symptoms, particularly in cases of carditis. Benzathine penicillin is crucial for treating the streptococcal infection and also for secondary prophylaxis to prevent recurrences. Thyroid hormones, however, are not indicated in the management of rheumatic fever. They are primarily used for conditions related to thyroid dysfunction, such as hypothyroidism, and do not have a role in either treating the acute phase of rheumatic fever or preventing its complications. Therefore, recognizing that thyroid hormones do not contribute to the treatment of rheumatic fever highlights why they are not considered a treatment option in this context.

4. What is the primary physiological change seen in dilated cardiomyopathy?

A. Increased hypertrophy of the ventricles

B. Dilation of the left ventricle

C. Thinning of the ventricular walls

D. Fibrosis of the heart muscle

In dilated cardiomyopathy, the primary physiological change is the dilation of the left ventricle. This condition is characterized by an abnormal enlargement of the heart chambers, particularly the left ventricle, which leads to decreased contractility and impaired pumping function. The dilation occurs as a result of a variety of factors, such as genetic predispositions, viral infections, and other underlying health conditions, leading to the weakening of the ventricular walls. The dilation itself results in an increased end-diastolic volume and a reduction in the efficiency of the heart's ability to pump blood, which can lead to symptoms of heart failure. While hypertrophy, thinning of the ventricular walls, and fibrosis can occur in various types of heart disease or later on in the course of dilated cardiomyopathy, they are not the defining features of the condition. The hallmark is indeed the enlarged, or dilated, state of the left ventricle, which is fundamental in understanding the pathophysiology and clinical manifestations of dilated cardiomyopathy.

5. What is the most common cause of aortic stenosis (AS)?

A. Degenerative calcified valve

B. Rheumatic fever

C. Infective endocarditis

D. Congenital unicuspid or bicuspid valve

The most common cause of aortic stenosis is indeed a degenerative calcified valve. This typically occurs in older adults as a result of age-related wear and tear on the aortic valve. Over time, the valve may become calcified, leading to narrowing (stenosis) that restricts blood flow from the heart into the aorta. This condition is often seen in individuals over the age of 70 and is particularly associated with risk factors such as hypertension and hypercholesterolemia. While there are other causes of aortic stenosis, they are less common in the general population. Rheumatic fever can lead to stenosis, especially in younger patients who have had previous rheumatic heart disease, but it is now much less common due to advancements in the treatment of streptococcal infections. Infective endocarditis is primarily an infection of the heart valves and does not typically lead to chronic aortic stenosis but may cause acute valvular dysfunction. Congenital conditions, such as a unicuspid or bicuspid aortic valve, do cause aortic stenosis but are more prevalent in a younger cohort compared to age-related degeneration. Therefore, among the options provided, degenerative calcified valve changes are the predominant

6. Which statement accurately describes diastole?

A. Ventricles contract and pump blood

B. Valves close to prevent backflow

C. Atria and ventricles fill with blood

D. Aortic and pulmonic valves close

Diastole is the phase of the cardiac cycle when the heart muscle relaxes, allowing the chambers to fill with blood. During this period, both the atria and ventricles are in a state of relaxation, which is crucial for ensuring that the heart receives an adequate volume of blood to pump out during the subsequent contraction (systole). This phase occurs after the ventricles have emptied their blood into the aorta and pulmonary artery, transitioning smoothly to a state where blood flows from the veins into the atria, and then into the ventricles. As the heart relaxes, the atrioventricular (AV) valves open, permitting blood to flow from the atria into the ventricles, highlighting the importance of this filling phase for maintaining effective cardiovascular function. This process is vital for optimal heart performance, as sufficient filling during diastole is necessary to ensure adequate stroke volume during systole. The other statements describe different aspects or phases of heart function. The first option refers to systole, where the ventricles contract, and this is not related to diastole. The closure of valves to prevent backflow typically happens during systole when the heart contracts. Additionally, while the aortic and pulmonic valves do indeed close at

7. What symptom may present along with hepatomegaly in right-sided heart failure?

A. Right upper quadrant pain

B. Hemoptysis

C. Severe headache

D. Increased thirst

In right-sided heart failure, the heart's inability to effectively pump blood leads to a backlog of blood in the venous system, resulting in venous congestion. This congestion can affect various organs, particularly the liver, leading to hepatomegaly. With hepatomegaly, patients may experience right upper quadrant pain due to the distension of the liver capsule as the organ enlarges. Right upper quadrant pain is a classic symptom that can accompany liver distention, as the liver is located in that area of the abdomen. Patients may describe the discomfort as a dull ache, which is often exacerbated by the enlargement of the liver as a result of congestion. The other symptoms listed are not typically associated with hepatomegaly in the context of right-sided heart failure. For instance, hemoptysis relates primarily to pulmonary issues, while severe headaches and increased thirst don't have a direct connection to the condition arising from liver congestion associated with heart failure. Thus, right upper quadrant pain is the most relevant symptom that can present alongside hepatomegaly in this scenario.

8. What is defined as pain in the foot that arises at rest, particularly at night?

A. Pedal pain

B. Rest pain

C. Acute arterial pain

D. Claudication pain

Rest pain is characterized by pain in the foot that occurs while at rest, often worsening at night. This is typically associated with critical limb ischemia due to severe peripheral artery disease, where there is inadequate blood flow to meet the metabolic needs of the tissues, especially in a given patient's lower extremities. Unlike claudication pain, which is triggered by activity and eases with rest, rest pain signifies a more advanced stage of arterial insufficiency and is frequently a symptom of worsening vascular health. As the name suggests, rest pain can lead to significant discomfort when lying down, often requiring positioning of the limb to alleviate symptoms. Other terms, while related to foot pain, do not precisely describe the phenomenon of pain at rest. Pedal pain is a general term that encompasses pain in the foot without specifying the conditions under which it occurs. Acute arterial pain generally refers to sudden onset pain due to an acute vascular occlusion, such as in the case of an embolism or thrombosis, which does not specifically correlate with the rest context. Claudication pain refers to ischemic discomfort during physical activity, making it distinct from rest pain, which is not activity-dependent. Understanding these nuances is crucial for recognizing and diagnosing conditions related to vascular insufficiency.

9. Which diagnosis method is less favored for thoracic aortic aneurysms compared to CT and MRI?

A. Aortography

B. Physical examination

C. Ultrasound

D. X-ray

Ultrasound is less favored as a diagnostic method for thoracic aortic aneurysms when compared to CT and MRI primarily due to its limitations in providing clear, detailed images of the thoracic aorta. While ultrasound can be useful for assessing other types of aneurysms, such as abdominal aortic aneurysms, it is less effective in the thoracic region. This is largely because the presence of lung tissue and air in the thoracic cavity can obstruct the sound waves, making it difficult to visualize the aorta thoroughly. On the other hand, CT and MRI are advanced imaging techniques that offer high-resolution images and can provide detailed information about the size, shape, and extent of the aneurysm. These modalities can also visualize surrounding structures, which is crucial for management and surgical planning. The rapid acquisition of images with CT and the lack of ionizing radiation with MRI make them more favorable options in clinical practice for diagnosing thoracic aortic aneurysms. Therefore, while ultrasound can be a helpful tool in certain scenarios, its effectiveness in evaluating thoracic aortic aneurysms is limited compared to the comprehensive capabilities of CT and MRI.

10. Which factors are considered for primary prevention when starting a statin?

A. Age, LDL levels, and smoking status

B. Family history alone

C. Gender and ethnicity only

D. Cholesterol levels only

The factors considered for primary prevention when starting a statin include age, LDL levels, and smoking status, as these are important determinants of cardiovascular risk. Age is a crucial factor because the risk of cardiovascular diseases occurs more frequently as individuals get older. LDL cholesterol levels (the "bad" cholesterol) are also vital since high levels can significantly increase the risk of atherosclerosis and subsequent cardiovascular events. Smoking status is another key element, as smoking is a major modifiable risk factor that contributes to the development of cardiovascular diseases. In primary prevention, the goal is to identify individuals at high risk for cardiovascular events who may benefit from statin therapy, even if they do not yet have established cardiovascular disease. Therefore, a comprehensive assessment that includes these three factors provides a more accurate evaluation of an individual's risk profile, helping inform the decision to initiate statin therapy. Other options do not encompass a holistic view of the cardiovascular risk factors necessary for primary prevention. Family history alone lacks the inclusion of variable and modifiable risk factors, such as LDL levels and lifestyle choices, which are critical in assessing an individual's overall risk. Similarly, focusing solely on gender and ethnicity or just cholesterol levels fails to capture the multifactorial nature of cardiovascular risk, hence making these options less

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://internalmedeorcardio.examzify.com

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