

MEHLMAN HIGH YIELD RISK FACTORS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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	15

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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. An obese man presents with regurgitation of undigested food, gurgling sounds on swallowing, and halitosis. Which esophageal condition best fits this presentation?**
 - A. Zenker diverticulum
 - B. Achalasia
 - C. Esophageal varices
 - D. Pyloric stenosis

- 2. A 50-year-old man with hematuria and a history of smoking. Which cancer is most likely?**
 - A. Prostate cancer
 - B. Bladder cancer (transitional cell carcinoma)
 - C. Kidney stones
 - D. Renal cell carcinoma

- 3. A 38-year-old man with diabetes and no proteinuria; LDL 95 mg/dL; BP 120/80; HbA1c 10%. Which intervention is most likely to decrease morbidity?**
 - A. Commence metformin
 - B. Initiate lisinopril
 - C. Start statin
 - D. Begin aspirin therapy

- 4. Which CT finding is typical of an epidural hematoma?**
 - A. Biconvex-shaped
 - B. Crescent-shaped
 - C. Diffuse hypodense
 - D. Ring-enhancing lesion

- 5. An 8-year-old with a long history of recurrent pulmonary infections and progressive peripheral neuropathy is most consistent with which diagnosis, given fat-soluble vitamin deficiencies?**
 - A. Cystic fibrosis
 - B. Vitamin B12 deficiency
 - C. Guillain-Barré syndrome
 - D. Spinocerebellar ataxia

- 6. In suspected diabetic gastroparesis, which diagnostic step should be performed first to exclude obstruction?**
- A. Endoscopy to rule out obstruction.
 - B. Gastric emptying scintigraphy as the initial test.
 - C. Trial of prokinetic therapy.
 - D. Barium swallow study.
- 7. An 11-year-old with rhinoconjunctivitis; what should you ask the parents?**
- A. Family history of allergy
 - B. Recent pets in household
 - C. Travel to farm
 - D. Exposure to moldy indoor air
- 8. Which factor is most strongly associated with an increased risk of osteosarcoma in a patient with retinoblastoma?**
- A. Hereditary retinoblastoma
 - B. Enucleation in infancy
 - C. Unilateral retinoblastoma
 - D. Vitamin D deficiency
- 9. In a patient with COPD showing signs of pulmonary hypertension, which auscultatory finding most suggests elevated pulmonary pressures?**
- A. Left axis deviation
 - B. Loud P2
 - C. Diminished breath sounds
 - D. Pericardial friction rub
- 10. In adults with diabetes, which LDL goal is commonly targeted to reduce cardiovascular risk?**
- A. Less than 100 mg/dL
 - B. Less than 130 mg/dL
 - C. Less than 70 mg/dL
 - D. Less than 160 mg/dL

Answers

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

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Explanations

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1. An obese man presents with regurgitation of undigested food, gurgling sounds on swallowing, and halitosis. Which esophageal condition best fits this presentation?

A. Zenker diverticulum

B. Achalasia

C. Esophageal varices

D. Pyloric stenosis

Regurgitation of undigested food with gurgling sounds on swallowing points to a pouch forming in the pharyngoesophageal region. Zenker diverticulum is a pulsion diverticulum that mucosa herniates through Killian's dehiscence above the upper esophageal sphincter. Food can get trapped in this pouch, leading to regurgitation of undigested material, characteristic halitosis from bacterial growth, and audible gurgling as air and contents move in the pouch with swallowing. This makes Zenker diverticulum the best fit for the presentation. In contrast, achalasia causes progressive difficulty with swallowing both solids and liquids and often a dilated esophagus without the same localized pouch-related regurgitation or halitosis. Esophageal varices typically present with bleeding rather than regurgitation of undigested food. Pyloric stenosis presents in infancy with projectile vomiting due to gastric outlet obstruction, not an upper esophageal diverticulum.

2. A 50-year-old man with hematuria and a history of smoking. Which cancer is most likely?

A. Prostate cancer

B. Bladder cancer (transitional cell carcinoma)

C. Kidney stones

D. Renal cell carcinoma

Smoking exposure raises the risk of bladder cancer, and painless blood in the urine is a classic presenting sign of urothelial (transitional cell) carcinoma of the bladder. The carcinogens in tobacco are filtered into the urine and contact the bladder lining, promoting mutations that lead to cancer. Among urologic cancers, this combination—hematuria with a smoking history—most strongly points to bladder cancer. Prostate cancer can cause urinary symptoms or elevated PSA but does not fit as neatly with painless hematuria in this context. Kidney stones can cause hematuria too, but they usually present with colicky flank pain rather than a cancer-type presentation. Renal cell carcinoma can cause hematuria, but its strongest association isn't as tied to smoking as bladder cancer and it often comes with flank pain or a palpable mass. So, bladder cancer (transitional cell carcinoma) is the most likely diagnosis here.

3. A 38-year-old man with diabetes and no proteinuria; LDL 95 mg/dL; BP 120/80; HbA1c 10%. Which intervention is most likely to decrease morbidity?

A. Commence metformin

B. Initiate lisinopril

C. Start statin

D. Begin aspirin therapy

The key idea is that severe hyperglycemia in type 2 diabetes is most effectively addressed first with a glucose-lowering medication, because improving glycemic control reduces long-term complications and overall morbidity. Starting metformin is the best choice here because it directly lowers hepatic glucose production and improves insulin sensitivity, which lowers HbA1c and reduces microvascular complications (retinopathy, nephropathy, neuropathy) and even mortality in overweight patients. The patient's blood pressure is normal and there's no proteinuria, so ACE inhibitors for kidney protection aren't currently a priority. Although statins and aspirin have cardiovascular benefits, the immediate and strongest impact on reducing morbidity in this scenario comes from correcting the marked hyperglycemia with metformin.

4. Which CT finding is typical of an epidural hematoma?

A. Biconvex-shaped

B. Crescent-shaped

C. Diffuse hypodense

D. Ring-enhancing lesion

Epidural hematomas on CT are classically a biconvex (lens-shaped) hyperdense collection between the skull and the dura. This shape comes from bleeding, usually arterial (often from the middle meningeal artery) after trauma, and the hematoma is confined by the sutures of the skull, so it tends to have that characteristic lens appearance rather than spreading along the surface. The other patterns point to different processes: a crescent-shaped collection is typical for a subdural hematoma, a diffuse hypodense area suggests generalized brain edema or chronic changes, and a ring-enhancing lesion is more consistent with an abscess or tumorous lesion that has developed a contrast ring.

5. An 8-year-old with a long history of recurrent pulmonary infections and progressive peripheral neuropathy is most consistent with which diagnosis, given fat-soluble vitamin deficiencies?

A. Cystic fibrosis

B. Vitamin B12 deficiency

C. Guillain-Barré syndrome

D. Spinocerebellar ataxia

Fat-soluble vitamins (A, D, E, and K) depend on proper fat digestion and pancreatic enzymes to be absorbed. When fat absorption is impaired, as in fat-malabsorption syndromes, you see deficiencies of these vitamins. In a child with long-standing recurrent pulmonary infections, think of a condition that causes both chronic lung disease and exocrine pancreatic insufficiency. Cystic fibrosis fits perfectly: thick mucus blocks the airways leading to infections, and the pancreatic ducts become obstructed, reducing enzyme delivery to the gut and causing fat malabsorption. That malabsorption explains the fat-soluble vitamin deficiencies, and the neuropathy can be a manifestation of vitamin E deficiency. The other options don't link chronic lung infections with fat-malabsorption-related vitamin deficiencies in a way that matches this presentation.

6. In suspected diabetic gastroparesis, which diagnostic step should be performed first to exclude obstruction?

- A. Endoscopy to rule out obstruction.**
- B. Gastric emptying scintigraphy as the initial test.
- C. Trial of prokinetic therapy.
- D. Barium swallow study.

When evaluating suspected diabetic gastroparesis, the first priority is to rule out a mechanical obstruction. Endoscopy is the best initial step because it provides direct visualization of the upper GI tract, allowing you to see and rule out obstructive lesions such as tumors, ulcers, strictures, or other mucosal problems. It also lets you take biopsies if needed, which can uncover non-obstructive causes that might mimic gastroparesis. Only after obstruction has been excluded would you move on to assess gastric emptying with a study like gastric emptying scintigraphy to confirm delayed emptying consistent with gastroparesis. A trial of prokinetic therapy is therapeutic, not diagnostic, and could delay the correct assessment. Barium studies can reveal some obstructions but don't replace the definitive ability of endoscopy to directly evaluate the lumen and mucosa.

7. An 11-year-old with rhinoconjunctivitis; what should you ask the parents?

- A. Family history of allergy
- B. Recent pets in household**
- C. Travel to farm
- D. Exposure to moldy indoor air

Identifying triggers you can modify is key when a child has rhinoconjunctivitis. The most useful question is about recent pets in the household because pet dander is a very common, persistent allergen that often drives allergic nasal and ocular symptoms. Finding a pet exposure helps you explain why symptoms are present and guides practical steps to reduce triggers, such as keeping the pet out of the child's bedroom, implementing regular cleaning routines, or considering environmental controls that can lessen nasal irritation. While asking about family history can reveal a predisposition to allergies, it doesn't point to an immediate, actionable trigger. Travel to a farm or exposure to moldy indoor air are relevant possibilities but are less likely to offer a simple, quick path to symptom reduction in daily life. The pet exposure question directly informs practical management you can start right away.

8. Which factor is most strongly associated with an increased risk of osteosarcoma in a patient with retinoblastoma?

- A. Hereditary retinoblastoma
- B. Enucleation in infancy
- C. Unilateral retinoblastoma**
- D. Vitamin D deficiency

The strongest factor linked to an increased risk of osteosarcoma in a patient with retinoblastoma is the presence of a germline RB1 mutation, which is typical of hereditary retinoblastoma (often bilateral). When this inherited mutation exists in every cell, a second "hit" in the RB1 gene within osteoblast lineage cells can lead to osteosarcoma, making second primary cancers more likely. By contrast, unilateral retinoblastoma is usually nonhereditary and carries a much lower risk of osteosarcoma as a second malignancy. Enucleation in infancy is a treatment detail, not a risk factor for osteosarcoma, and vitamin D deficiency is not associated with this cancer risk. Thus, hereditary retinoblastoma best explains the increased osteosarcoma risk.

9. In a patient with COPD showing signs of pulmonary hypertension, which auscultatory finding most suggests elevated pulmonary pressures?

- A. Left axis deviation
- B. Loud P2**
- C. Diminished breath sounds
- D. Pericardial friction rub

The main idea is that higher pressure in the pulmonary arteries makes the pulmonic valve close with more force, so the pulmonic component of the second heart sound becomes louder. This is the hallmark auscultatory clue for pulmonary hypertension. In COPD, chronic hypoxic vasoconstriction and vascular remodeling raise pulmonary artery pressures, so you often hear an accentuated or loud P2 on auscultation. The other options aren't as informative here: a left axis deviation is an ECG finding, not an auscultatory one; diminished breath sounds stem from COPD-related hyperinflation and airway obstruction rather than elevated pressures; a pericardial friction rub points to pericardial inflammation.

10. In adults with diabetes, which LDL goal is commonly targeted to reduce cardiovascular risk?

- A. Less than 100 mg/dL**
- B. Less than 130 mg/dL
- C. Less than 70 mg/dL
- D. Less than 160 mg/dL

Lowering LDL cholesterol in adults with diabetes lowers cardiovascular risk by reducing the amount of atherogenic cholesterol circulating in the blood. In people with diabetes, guidelines typically push for a relatively strict LDL level because diabetes confers a high baseline risk for heart disease and stroke. Achieving a lower LDL target has consistently been associated with better cardiovascular outcomes in this population. In those with especially high risk—such as those with multiple risk factors or existing cardiovascular disease—clinicians may pursue even lower levels, but for most adults with diabetes the goal is a relatively strict LDL target to maximize risk reduction. The other, less aggressive targets would not provide the same level of risk reduction in this group.

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://mehlmanhyriskfactors.examzify.com>

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

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