

NBEO SYSTEMIC DISEASE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://nbeosystematicdisease.examzify.com>



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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. Copper in the cornea is identified as what?**
 - A. Fleischer ring
 - B. Kayser-Fleischer ring
 - C. Sunflower cataracts
 - D. Cupric deposits

- 2. What are the two most common etiologies of chronic renal failure?**
 - A. Diabetes and Hypertension
 - B. Glomerulonephritis and Acute tubular necrosis
 - C. Polycystic kidney disease and Obstruction
 - D. Hypertension and Glomerulonephritis

- 3. Which two arteries are most commonly associated with the rupture of an intracranial aneurysm leading to a subarachnoid hemorrhage?**
 - A. ACA and MCA
 - B. PCOM and ICA
 - C. PCOM and ACA
 - D. MCA and ICA

- 4. What symptom is characterized by excessive thirst and is a common manifestation of diabetes?**
 - A. Polyphagia
 - B. Polydipsia
 - C. Polyuria
 - D. Weight loss

- 5. Which symptom is more common with gastric ulcers than with duodenal ulcers?**
 - A. Pain after meals
 - B. Pain on an empty stomach
 - C. Nocturnal pain
 - D. Mild discomfort

- 6. What are considered 1-2mm hemorrhages on the skin?**
- A. Petechiae
 - B. Purpura
 - C. Ecchymoses
 - D. Hemothorax
- 7. What condition is related to the impaired ability of the pancreas to produce insulin in Type 1 Diabetes?**
- A. Autoimmune destruction
 - B. Insulin resistance
 - C. Chronic pancreatitis
 - D. Increased glucose uptake
- 8. What type of malignant tumors arise from epithelial cells?**
- A. Carcinomas
 - B. Sarcomas
 - C. Leukemias
 - D. Lymphomas
- 9. Which medication is NOT typically associated with causing Aplastic anemia?**
- A. Chloramphenicol
 - B. Tetracycline
 - C. Acetazolamide
 - D. Methotrexate
- 10. Where are arterial thromboses more likely to embolize to?**
- A. Brain
 - B. Kidneys
 - C. Spleen
 - D. All of the above

Answers

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

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Explanations

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1. Copper in the cornea is identified as what?

- A. Fleischer ring
- B. Kayser-Fleischer ring**
- C. Sunflower cataracts
- D. Cupric deposits

The presence of copper in the cornea is identified as a Kayser-Fleischer ring. This distinctive greenish or golden-brown ring is typically observed at the corneal margin and is most commonly associated with Wilson's disease, a genetic disorder that leads to excessive accumulation of copper in the body. The ring forms due to the deposition of copper in the corneal tissue, and it is an important clinical sign that can aid in the diagnosis of Wilson's disease. The appearance of the ring is a direct result of the underlying metabolic dysfunction that impairs copper metabolism, leading to the accumulation of copper in various tissues including the liver, brain, and cornea. While Fleischer rings can also be found in the eye, they are primarily associated with conditions like keratoconus and are not specifically indicative of copper deposition. Sunflower cataracts refer to a specific type of cataract associated with copper build-up but occur in a different anatomical location (the lens), and "cupric deposits" is a more general term that does not specify the characteristic appearance seen in the cornea. Therefore, the identification of copper in the cornea is most accurately described by the term Kayser-Fleischer ring.

2. What are the two most common etiologies of chronic renal failure?

- A. Diabetes and Hypertension**
- B. Glomerulonephritis and Acute tubular necrosis
- C. Polycystic kidney disease and Obstruction
- D. Hypertension and Glomerulonephritis

The two most common etiologies of chronic renal failure are indeed diabetes and hypertension. Diabetes mellitus is the leading cause of chronic kidney disease (CKD) largely due to its ability to induce diabetic nephropathy, characterized by damage to the kidney's blood vessels and filtration system over time. This can result in proteinuria and eventual decline in kidney function. Hypertension, or high blood pressure, serves as a significant risk factor and can also directly damage blood vessels in the kidneys, further exacerbating renal function decline. Chronic hypertension can lead to structural changes in the kidney, making them less efficient at filtering blood and regulating waste products. While other options mention conditions that can indeed lead to renal issues, they do not represent the leading causes of chronic renal failure. Glomerulonephritis and acute tubular necrosis are less common as primary causes of chronic renal failure compared to diabetes and hypertension. Polycystic kidney disease, while a serious hereditary disorder, occurs less frequently in the general population. Obstruction is typically an acute issue that can lead to kidney damage if untreated, rather than a leading cause of chronic renal failure. The focus on diabetes and hypertension reflects their prevalence in the overall population and their significant direct impact on kidney health over time.

3. Which two arteries are most commonly associated with the rupture of an intracranial aneurysm leading to a subarachnoid hemorrhage?

- A. ACA and MCA
- B. PCOM and ICA
- C. PCOM and ACA**
- D. MCA and ICA

The rupture of an intracranial aneurysm typically leads to a subarachnoid hemorrhage, which is a serious medical condition characterized by bleeding into the subarachnoid space. Among the various arteries in the cranial region, the posterior communicating artery (PCOM) and the anterior cerebral artery (ACA) are the most commonly associated with this type of rupture. Intracranial aneurysms often occur at arterial bifurcations where blood flow may be turbulent, making these locations prone to aneurysm formation. The junction between the PCOM and the internal carotid artery (ICA), as well as the point where the ACA originates, is particularly susceptible. When an aneurysm located on these arteries ruptures, the resulting hemorrhage can fill the subarachnoid space, leading to the classic symptoms of a sudden, severe headache, often described as a "thunderclap headache." The other combinations of arteries mentioned relate to possible aneurysm locations, but they are not as frequently implicated in the context of subarachnoid hemorrhage as the PCOM and ACA. Therefore, the association of these two arteries with the occurrence of subarachnoid hemorrhage following aneurysm rupture is well-documented in the literature, making this

4. What symptom is characterized by excessive thirst and is a common manifestation of diabetes?

- A. Polyphagia
- B. Polydipsia**
- C. Polyuria
- D. Weight loss

Polydipsia refers to excessive thirst and is indeed a hallmark symptom of diabetes. In diabetes, the body experiences elevated blood glucose levels, which can lead to increased urination, known as polyuria. This loss of fluids causes dehydration, triggering the body's thirst mechanism, resulting in polydipsia. It is important for individuals who experience these symptoms to seek medical evaluation, as they can indicate not only diabetes but also other conditions related to fluid imbalance. While polyphagia refers to increased hunger, polyuria pertains to increased urination, and weight loss can be associated with diabetes, polydipsia specifically addresses the thirst complaint that arises from the physiological changes caused by high blood sugar levels.

5. Which symptom is more common with gastric ulcers than with duodenal ulcers?

- A. Pain after meals**
- B. Pain on an empty stomach
- C. Nocturnal pain
- D. Mild discomfort

Pain after meals is indeed more commonly associated with gastric ulcers compared to duodenal ulcers. This distinction arises from the differing physiological responses of the stomach and duodenum to food intake. In the case of gastric ulcers, patients often experience pain shortly after eating, as the presence of food in the stomach increases gastric acid production and can exacerbate irritation of the ulcerated area. This leads to discomfort or pain, prompting patients to eat smaller meals or avoid eating altogether due to the anticipatory pain. On the other hand, duodenal ulcers are more characteristically linked to pain that occurs on an empty stomach or several hours after a meal. This is because the acid produced in the stomach can cause discomfort when it is not buffered by food. The nocturnal pain is also more frequently associated with duodenal ulcers as it typically occurs due to increased gastric acid secretion during the night. Recognizing these patterns can be crucial for diagnosis and treatment, as the timing and nature of the pain can guide clinicians towards the underlying cause and appropriate management strategies for each type of ulcer.

6. What are considered 1-2mm hemorrhages on the skin?

- A. Petechiae**
- B. Purpura
- C. Ecchymoses
- D. Hemothorax

Petechiae are defined as small, pinpoint hemorrhages that measure between 1-2 millimeters in diameter. They can appear on various parts of the body, including the skin and mucous membranes, and are often caused by various underlying conditions such as platelet disorders, certain infections, or trauma. Their small size distinguishes them from other forms of bleeding. Purpura, on the other hand, consist of larger areas of bleeding, typically greater than 3 millimeters but less than 1 centimeter in diameter, and usually indicate a more significant underlying vascular or blood-related issue. Ecchymoses are larger bruise-like areas of bleeding that often exceed 1 centimeter, resulting from trauma or bleeding disorders. Hemothorax refers to blood accumulation in the pleural cavity, which is an entirely different clinical condition unrelated to skin hemorrhages. Understanding the size and context of these hemorrhagic lesions helps in diagnosing and identifying potential hematological or systemic conditions.

7. What condition is related to the impaired ability of the pancreas to produce insulin in Type 1 Diabetes?

- A. Autoimmune destruction**
- B. Insulin resistance
- C. Chronic pancreatitis
- D. Increased glucose uptake

The condition related to the impaired ability of the pancreas to produce insulin in Type 1 Diabetes is autoimmune destruction. In Type 1 Diabetes, the body's immune system mistakenly attacks and destroys the insulin-producing beta cells in the pancreas. This autoimmunity is primarily driven by genetic and environmental factors, leading to a significant reduction, or complete absence, of insulin production. As a result, the body is unable to regulate blood glucose levels properly, leading to hyperglycemia and the characteristic symptoms of diabetes. This autoimmune destruction differentiates Type 1 Diabetes from other forms of diabetes, such as Type 2 Diabetes, where insulin resistance plays a more significant role rather than complete loss of insulin production.

8. What type of malignant tumors arise from epithelial cells?

- A. Carcinomas**
- B. Sarcomas
- C. Leukemias
- D. Lymphomas

Carcinomas are malignant tumors that originate from epithelial cells, which are the cells that line the surfaces of organs, glands, and body cavities. Epithelial tissue is involved in functions such as protection, absorption, secretion, and sensation, making it prone to the development of cancer under certain conditions. Carcinomas can arise in various organs and systems, including the skin (such as basal cell carcinoma and squamous cell carcinoma), the lungs (like lung cancer), the breast (breast cancer), and the gastrointestinal tract (such as colorectal cancer). The classification of tumors as carcinomas emphasizes their origin from epithelial cells, distinguishing them from other types of malignancies. Other types of tumors mentioned in the options, such as sarcomas, leukemias, and lymphomas, originate from different types of cells. Sarcomas arise from mesenchymal cells (connective tissues), leukemias originate from hematopoietic (blood-forming) tissues, and lymphomas arise from lymphatic tissue. This distinction is crucial in understanding the biology, behavior, and treatment of different malignancies.

9. Which medication is NOT typically associated with causing Aplastic anemia?

- A. Chloramphenicol
- B. Tetracycline**
- C. Acetazolamide
- D. Methotrexate

Aplastic anemia is a condition characterized by the failure of the bone marrow to produce adequate blood cells, leading to pancytopenia. Several medications are known to potentially cause this serious side effect due to their impact on bone marrow function. Chloramphenicol is well-documented for its association with aplastic anemia, particularly due to its myelosuppressive effects. Methotrexate, a chemotherapy agent, can also lead to bone marrow suppression, contributing to the risk of aplastic anemia. Acetazolamide, primarily used as a diuretic and for glaucoma, has been reported less frequently in connection with hematological disorders, but it does carry some risk for affecting blood cell production. On the other hand, tetracycline is a broad-spectrum antibiotic that is not typically associated with bone marrow suppression or aplastic anemia. It works by inhibiting protein synthesis in bacteria and does not have direct effects on blood cell production in the bone marrow. This makes it the least likely candidate among the listed medications to cause aplastic anemia, making it the correct choice. Understanding the specific pathways and mechanisms through which these medications affect bone marrow can help clarify why certain drugs are implicated in hematological adverse effects while others are not.

10. Where are arterial thromboses more likely to embolize to?

- A. Brain
- B. Kidneys
- C. Spleen
- D. All of the above**

Arterial thromboses can break off and travel through the bloodstream, which is known as embolization. The locations where these emboli can lodge are dependent on factors such as the size of the embolus and the distribution patterns of blood supply in the body. The brain is a common site for embolic strokes, particularly when a thrombosis originates from structures such as the heart or carotid arteries. This is critical because cerebral arterial occlusion can lead to significant neurological deficits. The kidneys are also a destination for emboli, particularly due to their vascular structure and the fact that they receive a substantial portion of cardiac output. An embolus can obstruct renal arteries, leading to renal infarction, which can impact kidney function. The spleen can similarly be affected by emboli arising from arterial sources. Splenic emboli can occur following a thrombus originating from the heart or other areas of the vascular system, potentially causing splenic infarction. Since emboli can travel to the brain, kidneys, or spleen, the assertion that arterial thromboses are likely to embolize to all these sites is accurate, making the choice that includes all of the above the correct answer. Each of these organs is susceptible to complications resulting from embolic events, thus highlighting

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://nbeosystematicdisease.examzify.com>

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

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