

PANCE CARDIOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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	16

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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. A diastolic low-pitched decrescendo rumble with an opening snap indicates which valvular lesion?**
 - A. Mitral Stenosis
 - B. Tricuspid Regurgitation
 - C. Aortic Regurgitation
 - D. Pulmonary Stenosis

- 2. Which of the following is NOT a major Duke criterion?**
 - A. Positive blood culture
 - B. Vegetation on echocardiogram
 - C. Fever $\geq 38.0^{\circ}\text{C}$
 - D. New valvular regurgitation

- 3. What is the most common congenital heart disease?**
 - A. Atrial septal defect
 - B. Ventricular septal defect
 - C. Patent ductus arteriosus
 - D. Tetralogy of Fallot

- 4. The most common cause of CHF is?**
 - A. Coronary artery disease
 - B. Hypertension
 - C. Valvular disease
 - D. Arrhythmia

- 5. Which class of cardiac medications should be avoided in patients with asthma?**
 - A. Ace inhibitors
 - B. Beta blockers
 - C. Calcium channel blockers
 - D. Diuretics

- 6. Which condition commonly presents with jaw claudication and an extremely elevated ESR?**
- A. Giant Cell Arteritis
 - B. Aortic Aneurysm
 - C. Prinzmetal Variant Angina
 - D. Varicose Veins
- 7. Tachy-brady syndrome refers to**
- A. Alternating fast and slow heart rates due to sinus node dysfunction
 - B. A persistent tachycardia
 - C. A constant heart rate
 - D. Atrial fibrillation with rapid ventricular response
- 8. What are the three categories of cardiomyopathy, and which is the most common?**
- A. Dilated, Hypertrophic, and Restrictive; Dilated is the most common.
 - B. Dilated, Hypertrophic, and Arrhythmogenic; Dilated is the most common.
 - C. Ischemic, Hypertrophic, and Restrictive; Hypertrophic is the most common.
 - D. Dilated, Restrictive, and Unclassified; Dilated is the most common.
- 9. Which condition has dilated tortuous superficial veins with lower extremity pain after sitting or standing, venous stasis ulcers, and ankle edema, treated with leg elevation and compression stockings?**
- A. Phlebitis/Thrombophlebitis
 - B. Peripheral Artery Disease
 - C. Varicose Veins
 - D. Aortic Aneurysm
- 10. A high pitched holosystolic murmur best heard at the lower left sternal border that may decrease with inspiration corresponds to which condition?**
- A. Tricuspid Regurgitation
 - B. Aortic Stenosis
 - C. Mitral Stenosis
 - D. Pulmonary Regurgitation

Answers

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

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Explanations

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1. A diastolic low-pitched decrescendo rumble with an opening snap indicates which valvular lesion?

- A. Mitral Stenosis**
- B. Tricuspid Regurgitation
- C. Aortic Regurgitation
- D. Pulmonary Stenosis

This finding is classic for mitral stenosis. The opening snap happens when the stiff mitral valve leaflets first snap open early in diastole after S2, followed by a low-pitched, rumbling diastolic murmur as blood flows through the narrowed orifice from left atrium to left ventricle. The murmur is best heard at the apex with the patient in the left lateral decubitus position and tends to be softer later in diastole (a decrescendo). The combination of an opening snap plus a diastolic rumble is highly characteristic of mitral stenosis, usually from rheumatic disease. In contrast, tricuspid regurgitation gives a holosystolic murmur at the left lower sternal border; aortic regurgitation gives an early diastolic high-pitched blowing murmur along the left sternal border; and pulmonary stenosis produces a systolic murmur at the upper left sternal border.

2. Which of the following is NOT a major Duke criterion?

- A. Positive blood culture
- B. Vegetation on echocardiogram
- C. Fever $\geq 38.0^{\circ}\text{C}$**
- D. New valvular regurgitation

Infective endocarditis is diagnosed using the Duke criteria, which split findings into major and minor categories. Major criteria reflect strong evidence of infection of the endocardial surface: a typical organism in blood cultures (often in more than one culture) or positive cultures persistently, and imaging evidence of endocardial involvement such as vegetation seen on echocardiography or new-valve regurgitation. Fever, while common in many illnesses, is nonspecific and is classified as a minor criterion because it doesn't by itself prove endocardial infection. Thus, fever $\geq 38.0^{\circ}\text{C}$ is not a major Duke criterion. The other findings—positive blood cultures, vegetation on echocardiography, and new valvular regurgitation—are all major criteria.

3. What is the most common congenital heart disease?

- A. Atrial septal defect
- B. Ventricular septal defect**
- C. Patent ductus arteriosus
- D. Tetralogy of Fallot

Understanding prevalence helps here: ventricular septal defect is the most common congenital heart defect. It is a hole in the wall between the heart's lower chambers, which allows a left-to-right shunt. Many small VSDs close on their own as the child grows, while larger ones can cause symptoms from heart failure and pulmonary overcirculation if not addressed. Atrial septal defects are relatively common too, but not as frequent as VSDs. Patent ductus arteriosus is especially common in premature infants, yet it does not exceed VSD in overall frequency. Tetralogy of Fallot is much less common than VSD. That's why this defect is the best answer.

4. The most common cause of CHF is?

A. Coronary artery disease

B. Hypertension

C. Valvular disease

D. Arrhythmia

The main idea is identifying the most common underlying disease that progresses to congestive heart failure. Coronary artery disease is the leading cause, because ischemic damage from CAD often leads to myocardial scar and systolic dysfunction (ischemic cardiomyopathy), which reduces the heart's pumping ability and drives heart failure. Hypertension plays a huge role as a risk factor and often leads to heart failure over time, especially causing diastolic dysfunction, but when asked for the single most common cause, CAD typically leads the list. Valvular disease and arrhythmias can cause heart failure too, but they are less commonly the primary etiology compared with CAD.

5. Which class of cardiac medications should be avoided in patients with asthma?

A. Ace inhibitors

B. Beta blockers

C. Calcium channel blockers

D. Diuretics

The main concept is that blocking beta-adrenergic receptors can worsen asthma. In the lungs, beta-2 receptors normally cause bronchodilation when stimulated. A beta-blocker that blocks both beta-1 and beta-2 receptors (nonselective) removes this bronchodilatory influence, making bronchial smooth muscle more prone to constrict and triggering or worsening asthma symptoms. Because of that, beta blockers are avoided in asthma patients. If a beta blocker is absolutely necessary, a cardioselective agent that primarily blocks beta-1 receptors (with little effect on beta-2) can be considered at the lowest effective dose, but still with caution and close monitoring for bronchospasm. In contrast, the other classes listed do not inherently provoke bronchoconstriction: ACE inhibitors can cause cough due to irritation but not bronchospasm; calcium channel blockers and diuretics do not directly impair bronchial dilation and are generally usable depending on the clinical scenario.

6. Which condition commonly presents with jaw claudication and an extremely elevated ESR?

- A. Giant Cell Arteritis**
- B. Aortic Aneurysm
- C. Prinzmetal Variant Angina
- D. Varicose Veins

Jaw claudication with an extremely elevated ESR points to giant cell arteritis. In this inflammatory vasculitis, older adults develop granulomatous inflammation of large and medium arteries, especially the temporal arteries. The narrowing of arteries supplying the jaw muscles during chewing causes ischemic jaw pain—hence jaw claudication. The systemic inflammation raises the erythrocyte sedimentation rate dramatically, which is a common clue in this condition. This illness is a medical emergency because it can lead to irreversible vision loss from involvement of the arteries supplying the optic nerve. Therefore, treatment with high dose corticosteroids is started immediately to prevent blindness, even before temporal artery biopsy confirms the diagnosis. If a biopsy is performed, it typically shows granulomatous inflammation with multinucleated giant cells. The other conditions don't fit this presentation: an aortic aneurysm causes pain and risk features related to vascular dilation but not jaw claudication or a markedly elevated ESR as a hallmark; Prinzmetal angina presents with episodic chest pain due to coronary vasospasm and is not linked to jaw claudication or inflammatory markers; varicose veins involve leg venous insufficiency and edema, with no inflammatory ESR elevation or jaw-related symptoms.

7. Tachy-brady syndrome refers to

- A. Alternating fast and slow heart rates due to sinus node dysfunction**
- B. A persistent tachycardia
- C. A constant heart rate
- D. Atrial fibrillation with rapid ventricular response

Tachy-brady syndrome is a pattern of sinus node dysfunction in which the heart rate swings between rapid and slow. This reflects episodes of tachyarrhythmias (fast rhythms) interspersed with bradycardia or pauses (slow rhythms) due to the sinus node's impaired ability to pace the heart consistently. The best description among the options is alternating fast and slow heart rates caused by sinus node dysfunction, which captures the fluctuating nature of this condition. Reasoning about the other choices: a persistent tachycardia lacks the accompanying slow episodes; a constant heart rate implies neither tachycardia nor bradycardia; and atrial fibrillation with rapid ventricular response describes a single tachyarrhythmia rather than the alternating tachycardia and bradycardia pattern driven by sinus node dysfunction.

8. What are the three categories of cardiomyopathy, and which is the most common?

- A. Dilated, Hypertrophic, and Restrictive; Dilated is the most common.**
- B. Dilated, Hypertrophic, and Arrhythmogenic; Dilated is the most common.
- C. Ischemic, Hypertrophic, and Restrictive; Hypertrophic is the most common.
- D. Dilated, Restrictive, and Unclassified; Dilated is the most common.

Three primary forms are used to describe cardiomyopathies: dilated, hypertrophic, and restrictive. Dilated cardiomyopathy is the most common type. It features enlargement of the ventricles with impaired systolic function, leading to heart failure symptoms. Hypertrophic cardiomyopathy involves thickened ventricular walls, often with diastolic dysfunction, while restrictive cardiomyopathy is marked by stiff ventricles causing diastolic dysfunction with relatively preserved systolic function. Other terms you might see, like ischemic cardiomyopathy, describe myocardial dysfunction due to coronary artery disease rather than a primary cardiomyopathy, and arrhythmogenic cardiomyopathy is a separate entity. But the classic trio taught is dilated, hypertrophic, and restrictive, with dilation being the most common form.

9. Which condition has dilated tortuous superficial veins with lower extremity pain after sitting or standing, venous stasis ulcers, and ankle edema, treated with leg elevation and compression stockings?

- A. Phlebitis/Thrombophlebitis
- B. Peripheral Artery Disease
- C. Varicose Veins**
- D. Aortic Aneurysm

Varicose veins arise from chronic venous insufficiency due to incompetent valves in the superficial veins. When you stand or sit for long periods, gravity increases venous pressure in the legs, causing the veins to dilate and become tortuous. This venous hypertension leads to aching leg pain, edema, and, in more advanced cases, venous stasis ulcers. The recommended first-line management is leg elevation to aid venous return and compression stockings to provide external support, reduce venous dilation, and lessen pooling. This picture is different from peripheral artery disease, which causes leg pain (claudication) from arterial insufficiency and often involves diminished or absent pulses, pallor with walking, and ulcers usually at the toes. Phlebitis or thrombophlebitis is an inflamed vein with localized warmth, tenderness, and redness along a vein. An aortic aneurysm presents with a pulsatile abdominal mass or back pain, not the venous manifestations described. So the features described best fit varicose veins.

10. A high pitched holosystolic murmur best heard at the lower left sternal border that may decrease with inspiration corresponds to which condition?

A. Tricuspid Regurgitation

B. Aortic Stenosis

C. Mitral Stenosis

D. Pulmonary Regurgitation

A holosystolic murmur heard best at the lower left sternal border points to regurgitant flow through the tricuspid valve during systole. Right-sided murmurs, including tricuspid regurgitation, typically become louder with inspiration because inspiration increases venous return to the right heart (the Carvallo sign). So, a high-pitched holosystolic murmur at the left lower sternal border that varies with respiration best fits tricuspid regurgitation. The other options don't match this pattern: aortic stenosis is a systolic murmur heard at the right upper sternal border with a crescendo–decrescendo quality and often radiates to the carotids; mitral stenosis is a diastolic murmur heard at the apex; pulmonary regurgitation is a diastolic murmur heard at the left upper sternal border.

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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:

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

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