

PANCE Gastrointestinal (GI) and Nutrition Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

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. Which option is not commonly used to treat bleeding esophageal varices?**
 - A. Antibiotics**
 - B. Octreotide**
 - C. Endoscopic band ligation**
 - D. Nonselective beta-blockers**
- 2. Chronic alcoholism is typically associated with deficiency of which vitamin?**
 - A. Thiamine deficiency**
 - B. Niacin deficiency**
 - C. Vitamin A deficiency**
 - D. Cobalamin deficiency**
- 3. Which of the following is not recognized as a symptom that supports the diagnosis of IBS according to the Rome criteria?**
 - A. Altered stool frequency**
 - B. Mucorrhea**
 - C. Abdominal bloating or subjective distention**
 - D. Frequent nausea**
- 4. Biopsy sampling sites for confirmation of celiac disease commonly include which portion of the small intestine?**
 - A. Colon**
 - B. Esophagus**
 - C. Proximal duodenum and distal duodenum**
 - D. Ileum**
- 5. What is the most common cause of cirrhosis in the United States?**
 - A. Hepatitis A**
 - B. Hepatitis B**
 - C. Hepatitis C**
 - D. Alcoholism**

- 6. Which physical examination finding is most suggestive of acute cholecystitis?**
- A. Rovsing sign**
 - B. McBurney point tenderness**
 - C. Guarding with rebound tenderness**
 - D. Positive Murphy sign**
- 7. In the immediate management of a patient with suspected acute cholangitis in the emergency department, which is inappropriate?**
- A. Intravenous fluid**
 - B. Broad-spectrum antibiotics**
 - C. Analgesia**
 - D. Allowing oral feeds**
- 8. Best next step to confirm portal hypertension in a cirrhotic patient with ascites?**
- A. Measurement of HVPG**
 - B. Serum-ascites albumin gradient calculation**
 - C. Doppler ultrasound of the portal vein**
 - D. Liver biopsy**
- 9. Which of the following best describes H. pylori?**
- A. Gram-negative diplococci**
 - B. Gram-positive cocci**
 - C. Gram-negative spiral-shaped bacillus**
 - D. Gram-negative rod**
- 10. A Schatzki ring typically causes dysphagia to which type of food?**
- A. Solids**
 - B. Liquids**
 - C. Both solids and liquids**
 - D. None of the above**

Answers

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

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Explanations

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1. Which option is not commonly used to treat bleeding esophageal varices?

- A. Antibiotics**
- B. Octreotide**
- C. Endoscopic band ligation**
- D. Nonselective beta-blockers**

During a bleeding esophageal variceal episode, the goal is to rapidly reduce portal pressure and achieve hemostasis while preventing complications. Prophylactic antibiotics are commonly given because infection worsens outcomes in cirrhotics with GI bleeding. Vasoactive medications like octreotide decrease splanchnic blood flow and portal pressure, helping to stop the bleed. Endoscopic band ligation provides direct mechanical control of the bleeding varices during the procedure. Nonselective beta-blockers, such as propranolol or nadolol, lower portal pressure but are used for long-term prevention rather than to treat the acute bleed; they're started after stabilization to reduce the risk of rebleeding. So, nonselective beta-blockers are not commonly used to treat the active bleeding.

2. Chronic alcoholism is typically associated with deficiency of which vitamin?

- A. Thiamine deficiency**
- B. Niacin deficiency**
- C. Vitamin A deficiency**
- D. Cobalamin deficiency**

Chronic alcoholism typically leads to thiamine (vitamin B1) deficiency because of poor intake, impaired absorption, and reduced hepatic storage. Thiamine is an essential cofactor for enzymes that convert carbohydrates into energy; without it, brain energy production falters, making the brain especially vulnerable and leading to Wernicke encephalopathy and, if untreated, Korsakoff syndrome. This link between long-term alcohol use and thiamine deficiency is why it's the classic vitamin problem in alcohol use. While niacin deficiency causes pellagra (dermatitis, diarrhea, dementia), vitamin A deficiency affects vision (night blindness), and cobalamin deficiency causes megaloblastic anemia and neuropathy, these are not as closely or specifically tied to chronic alcoholism as thiamine deficiency. In practice, thiamine supplementation is crucial, and it's often given before glucose to prevent precipitating Wernicke.

3. Which of the following is not recognized as a symptom that supports the diagnosis of IBS according to the Rome criteria?

- A. Altered stool frequency**
- B. Mucorrhea**
- C. Abdominal bloating or subjective distention**
- D. Frequent nausea**

The main idea tested is how IBS is diagnosed using the Rome criteria. These criteria center on recurrent abdominal pain that is associated with defecation or with a change in bowel habits, and you need two or more of the following: a change in stool frequency, and a change in stool form. Among the listed symptoms, altered stool frequency directly matches one of those diagnostic features, so it supports the diagnosis. Abdominal bloating or distention is a common accompanying symptom in IBS and often helps raise suspicion, though it isn't one of the core criteria itself. Mucorrhea, or mucus in the stool, can occur with IBS but is not a defining diagnostic criterion. Frequent nausea, however, is not part of the Rome criteria and does not specifically support an IBS diagnosis, so it's not recognized as a criterion for diagnosing IBS.

4. Biopsy sampling sites for confirmation of celiac disease commonly include which portion of the small intestine?

- A. Colon**
- B. Esophagus**
- C. Proximal duodenum and distal duodenum**
- D. Ileum**

Biopsy sampling for suspected celiac disease targets the part of the small intestine where gluten-related damage is most reliably found—the duodenum. The characteristic mucosal changes, including villous atrophy with crypt hyperplasia and increased intraepithelial lymphocytes, are best detected in the proximal small intestine, with the duodenum being the primary site. Because the involvement can be patchy, obtaining tissue from both the proximal duodenum and the distal duodenum increases the likelihood of identifying these changes and confirms the diagnosis. The colon and esophagus aren't typically affected by celiac disease, and while the ileum can be involved in other conditions, it's not the standard site for confirming celiac disease.

5. What is the most common cause of cirrhosis in the United States?

- A. Hepatitis A**
- B. Hepatitis B**
- C. Hepatitis C**
- D. Alcoholism**

Chronic hepatitis C infection is the most common cause of cirrhosis in the United States. Hepatitis C often becomes a lifelong infection, with liver injury accumulating slowly over decades. That prolonged, ongoing damage frequently progresses to fibrosis and eventually cirrhosis, making it the leading contributor to cirrhosis in the population. In contrast, hepatitis A does not cause chronic infection, so it does not lead to long-term cirrhosis. Hepatitis B can become chronic and cause cirrhosis as well, but overall hepatitis C has been the more common driver of cirrhosis in the United States. Alcohol-related liver disease is also a major cause, but when asked for the single most common etiology, chronic hepatitis C is the best answer.

6. Which physical examination finding is most suggestive of acute cholecystitis?

- A. Rovsing sign**
- B. McBurney point tenderness**
- C. Guarding with rebound tenderness**
- D. Positive Murphy sign**

Acute cholecystitis classically causes right upper quadrant pain that worsens with inspiration, producing a positive Murphy sign. When the examiner places fingers under the right costal margin and the patient takes a deep breath, the inflamed gallbladder is pressed against the examiner's fingers, causing sharp pain and often an immediate halt in inspiration. This sign is relatively specific for gallbladder inflammation. Rovsing sign and McBurney point tenderness are classic for appendicitis, not cholecystitis, and guarding with rebound tenderness indicates peritoneal irritation in a broad range of conditions rather than pointing to the gallbladder.

7. In the immediate management of a patient with suspected acute cholangitis in the emergency department, which is inappropriate?

- A. Intravenous fluid**
- B. Broad-spectrum antibiotics**
- C. Analgesia**
- D. Allowing oral feeds**

In suspected acute cholangitis, the immediate goal is to stabilize the patient, treat the infection, and relieve the biliary obstruction. The essential steps are aggressive IV fluids for hemodynamic support, broad-spectrum antibiotics that cover Gram-negative enteric bacteria and anaerobes, and adequate analgesia to control pain and limit sympathetic stress. Early biliary decompression, usually via ERCP, is also critical once the patient is stabilized. Allowing oral feeds is inappropriate in this context because this condition often presents with systemic infection and possible vomiting or ileus, and the patient may require urgent procedures and anesthesia for biliary drainage. Keeping the patient NPO facilitates rapid imaging, endoscopic intervention, and airway protection if the patient becomes unstable, while reducing the risk of aspiration.

8. Best next step to confirm portal hypertension in a cirrhotic patient with ascites?

- A. Measurement of HVPG**
- B. Serum-ascites albumin gradient calculation**
- C. Doppler ultrasound of the portal vein**
- D. Liver biopsy**

Directly measuring the hepatic venous pressure gradient is the most definitive way to confirm portal hypertension because it quantifies the pressure difference driving the condition. By placing a catheter in a hepatic vein, you obtain the wedged hepatic venous pressure and the free hepatic venous pressure; the gradient (wedged minus free) reflects portal pressure. Normal HVPG is about 1-5 mmHg; portal hypertension is defined as HVPG >5 mmHg, with clinically significant portal hypertension often at HVPG ≥ 10 mmHg. In a cirrhotic patient with ascites, this measurement not only confirms portal hypertension but also helps gauge severity and guide management. Other tests can support suspicion but don't directly quantify portal pressure. The serum-ascites albumin gradient can indicate that ascites is due to portal hypertension (SAAG ≥ 1.1 g/dL) but doesn't measure the gradient. Doppler ultrasound may show signs suggestive of portal hypertension, such as altered flow or splenomegaly, but it does not provide a pressure measurement. Liver biopsy assesses fibrosis stage, not portal pressure.

9. Which of the following best describes *H. pylori*?

- A. Gram-negative diplococci**
- B. Gram-positive cocci**
- C. Gram-negative spiral-shaped bacillus**
- D. Gram-negative rod**

H. pylori is best described as a Gram-negative spiral-shaped bacillus that colonizes the stomach lining. The Gram-negative aspect reflects its cell wall with an outer membrane, setting it apart from Gram-positive organisms. Its spiral or curved shape, along with flagellar motility, helps it burrow through the protective mucous layer of the stomach and establish infection. This fits the description of a curved, corkscrew-shaped Gram-negative bacillus rather than a Gram-negative diplococcus or a Gram-positive cocci, and it is not a straight Gram-negative rod. In addition, *H. pylori*'s ability to survive in the acidic stomach is aided by urease production, which raises local pH and facilitates colonization.

10. A Schatzki ring typically causes dysphagia to which type of food?

- A. Solids**
- B. Liquids**
- C. Both solids and liquids**
- D. None of the above**

Schatzki rings create a fixed, ring-like narrowing at the distal esophagus near the gastroesophageal junction. Because this narrowing blocks larger solid boluses, dysphagia occurs with solids such as meat, bread, or other chunky foods. Liquids can usually pass around the narrowed area, so they don't typically cause problems. This pattern of dysphagia to solids helps distinguish it from motility disorders like achalasia, where both solids and liquids are impaired. Diagnosis is often by endoscopy or barium study, and treatment involves endoscopic dilation or bougie, with reflux management if present.

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://panceginutrition.examzify.com>

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