

PANCE GASTROINTESTINAL (GI) AND NUTRITION PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://panceginutrition.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. In adults with suspected acute appendicitis, which imaging modality is most sensitive for diagnosis?**
 - A. Plain abdominal X-ray
 - B. Ultrasound
 - C. MRI
 - D. CT scan with contrast

- 2. On MRCP, which finding is characteristic of Primary Sclerosing Cholangitis?**
 - A. Beading of bile ducts with irregular narrowing and dilation
 - B. Gallstones in gallbladder
 - C. Diffuse hepatic steatosis
 - D. Normal MRCP findings

- 3. Which of the following is NOT part of the diagnostic criteria for toxic megacolon?**
 - A. Radiographic evidence of colonic dilatation (>6 cm)
 - B. Fever (>101.5°F)
 - C. Blood pressure > 150/90
 - D. Heart rate > 120/min

- 4. Which finding is most characteristic of Crohn's disease on colonoscopy?**
 - A. Cobblestone appearance with skip lesions
 - B. Isolated mucosa limited to left colon
 - C. Continuous mucosal inflammation from rectum
 - D. Involves the small intestine exclusively

- 5. Choledocholithiasis refers to which of the following?**
 - A. Choledocholithiasis
 - B. Cholecystitis
 - C. Pancreatitis
 - D. Pyloric stenosis

- 6. Which of the following is most sensitive and specific for detection of *Helicobacter* infections?**
- A. serology for IgG against *H. pylori*
 - B. urea breath test
 - C. *H. pylori* stool antigen
 - D. endoscopic biopsy with histologic examination
- 7. Where do most pancreatic carcinomas occur?**
- A. Tail of the pancreas
 - B. Head of the pancreas
 - C. Body of the pancreas
 - D. Islets of Langerhans
- 8. Which of the following is associated with irritable bowel syndrome?**
- A. Alvarado score
 - B. Ranson criteria
 - C. Rome criteria
 - D. Revised Jones criteria
- 9. Which study is not mandatory before initiating treatment for HCV infection?**
- A. Hepatitis C antibody test
 - B. HCV RNA assays
 - C. Recombinant immunoblot assay
 - D. Liver biopsy
- 10. Dunphy's sign is associated with which condition?**
- A. Appendicitis
 - B. Cholecystitis
 - C. Diverticulitis
 - D. Gastritis

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In adults with suspected acute appendicitis, which imaging modality is most sensitive for diagnosis?

- A. Plain abdominal X-ray
- B. Ultrasound
- C. MRI
- D. CT scan with contrast**

CT scan with IV contrast is the imaging study with the highest sensitivity for acute appendicitis in adults. It reliably shows an enlarged appendix, wall thickening, and periappendiceal fat stranding, as well as related signs like an appendicolith or abscess, making it most likely to detect true cases. It also helps identify other causes of right lower quadrant pain, reducing missed diagnoses and unnecessary surgery. Ultrasound can be helpful but is operator-dependent and less sensitive in adults, especially in those who are obese or have gas-filled bowels. Plain abdominal X-ray is largely unhelpful for diagnosing appendicitis. MRI is very accurate and avoids radiation, but it's less available in emergency settings and takes longer, so CT with contrast remains the preferred, most sensitive option in adults.

2. On MRCP, which finding is characteristic of Primary Sclerosing Cholangitis?

- A. Beading of bile ducts with irregular narrowing and dilation**
- B. Gallstones in gallbladder
- C. Diffuse hepatic steatosis
- D. Normal MRCP findings

Primary Sclerosing cholangitis produces scarring and inflammation of the bile ducts, leading to multiple areas of narrowing and dilation along the biliary tree. On MRCP this shows up as a beaded pattern—the irregular, short strictures with intervening dilations in both intrahepatic and extrahepatic ducts. That beading is the classic imaging hallmark of PSC. Other options reflect different liver conditions: gallstones in the gallbladder point to cholelithiasis, diffuse hepatic steatosis shows widespread fat in the liver, and a normal MRCP would not explain PSC findings (though imaging can be normal early in disease).

3. Which of the following is NOT part of the diagnostic criteria for toxic megacolon?

- A. Radiographic evidence of colonic dilatation (>6 cm)
- B. Fever (>101.5°F)
- C. Blood pressure > 150/90**
- D. Heart rate > 120/min

Toxic megacolon is diagnosed by radiographic evidence of colonic dilation (>6 cm) plus systemic features of severe colitis. The systemic features used in the criteria include fever (>101.5°F), tachycardia (>120/min), leukocytosis, and anemia; dehydration or electrolyte disturbances are additional markers of severity, and hypotension can be present as part of the toxemia. A high blood pressure like 150/90 does not fit the diagnostic criteria and would not support the diagnosis. The other items described—the dilated colon on imaging, fever, and rapid heart rate—are consistent with the criteria, reflecting both the structural and systemic aspects of toxic megacolon.

4. Which finding is most characteristic of Crohn's disease on colonoscopy?

- A. Cobblestone appearance with skip lesions
- B. Isolated mucosa limited to left colon
- C. Continuous mucosal inflammation from rectum
- D. Involves the small intestine exclusively

Crohn disease on colonoscopy is best recognized by a patchy, transmural inflammatory pattern that creates a cobblestone mucosa with skip lesions—areas of diseased mucosa separated by normal-appearing segments. This segmental involvement reflects full-thickness inflammation, leading to deep ulcers and fissures that sculpt the mucosal surface into a characteristic cobbled look. In contrast, ulcerative colitis shows continuous mucosal inflammation starting at the rectum, and statements about isolated left-colon disease or exclusive small-bowel involvement don't capture the typical colonoscopic pattern of Crohn's.

5. Choledocholithiasis refers to which of the following?

- A. Choledocholithiasis
- B. Cholecystitis
- C. Pancreatitis
- D. Pyloric stenosis

Choledocholithiasis means stones in the common bile duct. The term breaks down as "choledocho" (the common bile duct) plus "lithiasis" (stone formation). This distinguishes it from cholecystitis, which is inflammation of the gallbladder; pancreatitis, which is inflammation of the pancreas (though CBD stones can cause it); and pyloric stenosis, which is narrowing of the pylorus at the stomach outlet.

6. Which of the following is most sensitive and specific for detection of *Helicobacter* infections?

- A. serology for IgG against *H. pylori*
- B. urea breath test
- C. *H. pylori* stool antigen
- D. endoscopic biopsy with histologic examination

*Direct detection of *H. pylori* by tissue biopsy with histologic examination is the most sensitive and specific way to diagnose infection because you can directly visualize the bacteria in the gastric mucosa and assess associated inflammation in the same sample. Histology provides definitive confirmation and can reveal gastric mucosal changes, which strengthens diagnostic confidence. Because the bacteria can be patchy, sampling from multiple stomach sites improves detection. Noninvasive tests can be highly accurate but have limitations: the urea breath test and stool antigen test can yield false negatives if recent antibiotics or acid-suppressing therapy were used, and serology may remain positive after eradication, making it less reliable for identifying active infection.*

7. Where do most pancreatic carcinomas occur?

- A. Tail of the pancreas
- B. Head of the pancreas**
- C. Body of the pancreas
- D. Islets of Langerhans

Most pancreatic cancers arise in the head of the pancreas because the ductal cells in that region are a common source of the malignant transformation that drives pancreatic adenocarcinoma. Tumors in the head often impinge on the common bile duct, leading to obstructive jaundice, which tends to bring patients to medical attention earlier than tumors in the body or tail. Although cancers can originate anywhere in the pancreas, the head is the most frequent site, followed by the body and then the tail. Tumors in the body or tail usually present later with vague abdominal or back pain and weight loss, making them harder to detect early. The islets of Langerhans are endocrine cells and are not the typical origin for the common pancreatic carcinoma.

8. Which of the following is associated with irritable bowel syndrome?

- A. Alvarado score
- B. Ranson criteria
- C. Rome criteria**
- D. Revised Jones criteria

Irritable bowel syndrome is diagnosed using symptom-based criteria rather than imaging or labs. The Rome criteria are a standardized set of symptoms used to define functional GI disorders, including IBS. They focus on recurrent abdominal pain that is related to defecation or associated with a change in bowel frequency or form, with symptoms having been present for a certain duration. This symptom-based approach is what makes the Rome criteria the best match for identifying IBS in exams and clinical practice. For context, the other scores relate to different conditions: the Alvarado score helps assess the likelihood of appendicitis, Ranson criteria gauge prognosis in acute pancreatitis, and the Revised Jones criteria are used for diagnosing rheumatic fever.

9. Which study is not mandatory before initiating treatment for HCV infection?

- A. Hepatitis C antibody test
- B. HCV RNA assays
- C. Recombinant immunoblot assay
- D. Liver biopsy**

The essential step before starting hepatitis C treatment is to prove active viral infection, not just previous exposure. A hepatitis C antibody test is a screening tool that shows whether you have ever been exposed, but it does not confirm ongoing infection. To establish active infection and guide treatment, you need an HCV RNA assay, which detects and measures the current viral load. The recombinant immunoblot assay was a confirmatory test used when antibody results were unclear, but with modern RNA testing it's generally unnecessary. Liver biopsy used to be done to stage liver damage and fibrosis to inform treatment decisions, but it is not required to initiate therapy today, since antiviral regimens can be started based on confirmed active infection and noninvasive fibrosis assessment when needed. So liver biopsy is not mandatory before starting treatment.

10. Dunphy's sign is associated with which condition?

A. Appendicitis

B. Cholecystitis

C. Diverticulitis

D. Gastritis

Dunphy's sign points to acute appendicitis. The idea is that coughing increases intra-abdominal pressure and irritates the inflamed peritoneum over the appendix, causing a sharp increase in pain in the right lower quadrant. This pattern helps distinguish appendicitis from other abdominal conditions: cholecystitis often causes right upper quadrant pain with Murphy's sign; diverticulitis typically presents with left lower quadrant pain; gastritis tends to cause epigastric discomfort related to meals. A positive Dunphy's sign supports appendicitis but isn't definitive on its own, and imaging is used to confirm.

SAMPLE

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!

SAMPLE