PANCE Genitourinary Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. **CT scan is performed and is not suggestive of pyelonephritis. What test should be performed next to evaluate for bladder cancer?**

   A. Urine cytology

   B. Renal ultrasound

   C. Cystoscopy

   D. MRI pelvis

2. **NAAT testing can detect infections caused by which organisms?**

   A. Gonorrhea only

   B. Gonorrhea, Chlamydia, and Mycoplasma genitalium

   C. Chlamydia only

   D. Mycoplasma genitalium only

3. **Patient with dysuria, fever, back/flank pain, CVA tenderness—dx?**

   A. Cystitis

   B. Urethritis

   C. Pyelonephritis

   D. Prostatitis

4. **Who is at highest risk for testicular torsion?**

   A. Adults aged 25-40

   B. Children aged 10-12

   C. Adolescents & neonates

   D. Elderly men

5. **Painless scrotal swelling with transillumination that worsens with Valsalva is most consistent with which diagnosis?**

   A. Noncommunicating hydrocele

   B. Spermatocele

   C. Varicocele

   D. Communicating hydrocele

6. Infants younger than 2 months with a VUR-associated UTI should be treated with which regimen?

- **A. Nitrofurantoin monotherapy**
- **B. Cephalosporin plus Amoxicillin**
- **C. Ceftriaxone alone**
- **D. Ampicillin alone**

7. In men under 35, prostatitis is most commonly due to which pathogens?

- **A. E. coli**
- **B. Chlamydia and gonorrhea**
- **C. Mycoplasma genitalium**
- **D. Trichomonas vaginalis**

8. Most varicoceles occur on which side?

- **A. Right**
- **B. Left**
- **C. Bilateral**
- **D. Midline**

9. A varicocele found on the right side in an adult should prompt evaluation for what?

- **A. Retroperitoneal or abdominal cancer**
- **B. Prior varicocele due to venous insufficiency**
- **C. Acute infection**
- **D. Traumatic injury**

10. Blood at urethral meatus indicates what?

- **A. Blood at the Urethral Meatus**
- **B. Normal Voiding**
- **C. Elevated Prostate**
- **D. Clear Urine**

Answers

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

Explanations

1. CT scan is performed and is not suggestive of pyelonephritis. What test should be performed next to evaluate for bladder cancer?

A. Urine cytology

B. Renal ultrasound

C. Cystoscopy

D. MRI pelvis

Direct visualization of the bladder with cystoscopy is the next step when CT rules out infection and bladder cancer is still suspected. Cystoscopy lets you inspect the bladder lining directly and obtain biopsies from any suspicious lesions, which is essential for a definitive diagnosis and grading of urothelial carcinoma. Urine cytology can detect malignant cells in urine but has limited sensitivity for low-grade, early tumors and is not reliable as the sole test for initial evaluation. Renal ultrasound examines the kidneys and upper tract but doesn't assess the bladder mucosa well. MRI of the pelvis provides detailed imaging but isn't the standard first-line test for suspected bladder cancer; cystoscopy is the gold standard for diagnosis and staging of bladder lesions.

2. NAAT testing can detect infections caused by which organisms?

A. Gonorrhea only

B. Gonorrhea, Chlamydia, and Mycoplasma genitalium

C. Chlamydia only

D. Mycoplasma genitalium only

NAATs look for the genetic material of pathogens, making them extremely sensitive for detecting many sexually transmitted infections. For urogenital infections, NAATs are routinely used to identify gonorrhea (Neisseria gonorrhoeae), chlamydia (Chlamydia trachomatis), and now Mycoplasma genitalium. They work on urine samples as well as swabs from the cervix, vagina, or urethra, and can detect infections even when symptoms are mild or absent. Because NAATs can reliably identify all three organisms with high sensitivity, the best answer is the one that includes gonorrhea, chlamydia, and Mycoplasma genitalium.

3. Patient with dysuria, fever, back/flank pain, CVA tenderness—dx?

A. Cystitis

B. Urethritis

C. Pyelonephritis

D. Prostatitis

Acute pyelonephritis is most likely here because the combination of fever, back or flank pain, and costovertebral angle tenderness points to infection of the kidney itself, not just the bladder or urethra. Dysuria can occur with any lower urinary tract infection, but the systemic sign (fever) plus flank involvement signals upper urinary tract infection with renal parenchymal inflammation. Cystitis would involve lower urinary tract symptoms like dysuria with frequency and urgency and suprapubic discomfort, usually without fever or CVA tenderness. Urethritis centers on urethral symptoms such as dysuria often with discharge, again without CVA tenderness or flank pain. Prostatitis can present with urinary symptoms and fever as well, but it typically causes perineal or pelvic pain rather than classic renal flank pain or CVA tenderness, and is considered based on the patient's sex and specific exam findings. So the presence of fever, flank pain, and CVA tenderness most strongly supports pyelonephritis.

4. Who is at highest risk for testicular torsion?

A. Adults aged 25-40

B. Children aged 10-12

C. Adolescents & neonates

D. Elderly men

Testicular torsion is most closely linked to an anatomical predisposition that allows the testicle to twist on the spermatic cord. This predisposition is most evident in neonates and during adolescence, when rapid testicular growth and changes in fixation increase mobility. The Bell clapper deformity, where the testis hangs freely within the tunica vaginalis, is a classic example; it makes twisting more likely. Because twisting cuts off arterial blood flow, the condition presents as sudden severe unilateral scrotal pain and is a true emergency—the sooner detorsion is achieved, the better the chance of saving the testicle. So, adolescents and neonates carry the highest risk, reflecting both congenital factors and the hormonal/physical changes of puberty that enhance testicular mobility.

5. Painless scrotal swelling with transillumination that worsens with Valsalva is most consistent with which diagnosis?

A. Noncommunicating hydrocele

B. Spermatocele

C. Varicocele

D. Communicating hydrocele

Transillumination indicates a fluid-filled process around the testicle. When the swelling enlarges with Valsalva, it supports a connection between the scrotal sac and the peritoneal cavity. A patent processus vaginalis allows peritoneal fluid to flow into the scrotum and be drawn in more with increased abdominal pressure, so the swelling grows during Valsalva. That combination—fluid-filled, enlarging with Valsalva due to an abdominal communication—is characteristic of a communicating hydrocele. Noncommunicating hydrocele would also be fluid-filled and transilluminate but wouldn't change with Valsalva, since there's no ongoing connection to the abdomen. A spermatocele is a cystic structure in the epididymal head and typically sits separate from the testis, not markedly affected by Valsalva. A varicocele is a venous dilation that does not transilluminate and worsens with standing or Valsalva due to increased venous pressure.

6. Infants younger than 2 months with a VUR-associated UTI should be treated with which regimen?

A. Nitrofurantoin monotherapy

B. Cephalosporin plus Amoxicillin

C. Ceftriaxone alone

D. Ampicillin alone

In infants younger than 2 months with a UTI and suspected vesicoureteral reflux, the goal is to start broad-spectrum therapy that covers the common neonatal uropathogens, including Gram-negative bacteria like E. coli and enterococci. A cephalosporin provides strong coverage against Gram-negative rods, which are a leading cause of UTIs in this age group. Adding amoxicillin expands coverage to Gram-positive organisms, including Enterococcus, which can be involved in neonatal UTIs and may be of particular concern with VUR. This combination helps ensure you're not missing important pathogens while awaiting culture results. Nitrofurantoin monotherapy isn't suitable here because it doesn't treat systemic infection well and isn't reliable in neonates; a cephalosporin alone may miss Enterococcus, and ampicillin or amoxicillin alone lacks adequate Gram-negative coverage.

7. In men under 35, prostatitis is most commonly due to which pathogens?

A. E. coli

B. Chlamydia and gonorrhea

C. Mycoplasma genitalium

D. Trichomonas vaginalis

Young men with prostatitis are most often affected by sexually transmitted infections, because the infection typically ascends from the urethra to involve the prostate. The pathogens Chlamydia trachomatis and Neisseria gonorrhoeae are classic culprits in this age group, reflecting the high prevalence of urethritis caused by these organisms among younger, sexually active men. E. coli, while the most common cause overall and especially in older men, is more associated with urinary tract infections rather than the STI pattern seen in younger patients. Mycoplasma genitalium and Trichomonas vaginalis can cause urethral symptoms but are not the typical primary causes of prostatitis in men under 35. Thus, the combination of Chlamydia and gonorrhea best fits the scenario.

8. Most varicoceles occur on which side?

A. Right

B. Left

C. Bilateral

D. Midline

Varicoceles arise from dilation of the pampiniform venous plexus due to increased venous pressure in the testicular veins. They occur most commonly on the left because the left gonadal vein drains into the left renal vein at a perpendicular angle and can be subjected to higher pressure, sometimes due to the nutcracker effect where the left renal vein is compressed between the aorta and superior mesenteric artery. The right gonadal vein, by contrast, drains directly into the IVC at a more favorable angle with less resistance, making right-sided varicoceles much less common. Bilateral cases can occur but the classic and most frequent side is left.

9. A varicocele found on the right side in an adult should prompt evaluation for what?

A. Retroperitoneal or abdominal cancer

B. Prior varicocele due to venous insufficiency

C. Acute infection

D. Traumatic injury

Right-sided varicoceles in adults are uncommon and usually signal an abnormal process obstructing venous return. The right testicular vein drains directly into the inferior vena cava, so a mass in the retroperitoneum or abdomen can compress this vein and cause dilation of the pampiniform plexus on the right. Because a retroperitoneal or abdominal tumor can present this way, the finding warrants workup for cancer in that region. In contrast, acute infection would present with tenderness, fever, and systemic signs; traumatic injury would have a clear history of trauma and acute symptoms; a prior varicocele from venous insufficiency would not typically present as a new unilateral right-sided finding in an adult. Therefore, evaluating for retroperitoneal or abdominal cancer is the appropriate next step. Imaging such as abdominal/pelvic CT is typically used to search for a mass.

10. Blood at urethral meatus indicates what?

A. Blood at the Urethral Meatus

B. Normal Voiding

C. Elevated Prostate

D. Clear Urine

Blood at the urethral meatus signals urethral injury, typically from trauma such as a pelvic fracture. This finding is a red flag because inserting a catheter can worsen a urethral rupture or create a false passage; the next step is usually a retrograde urethrogram to assess the extent of injury and involve urology if needed. If the urethra is not injured, you'd expect normal voiding with no blood in the urine and no abnormal findings; elevated prostate or clear urine don't explain bleeding at the meatus.

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://pancegenitourinary.examzify.com

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