

PANCE GENITOURINARY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. What is the most appropriate initial imaging study for suspected epididymitis in a young man?**
 - A. MRI
 - B. Scrotal ultrasound
 - C. Pelvic X-ray
 - D. CT abdomen

- 2. What is the definitive management for phimosis?**
 - A. Topical corticosteroids
 - B. Circumcision
 - C. Proper hygiene and stretching exercises
 - D. Observation

- 3. The primary infertility risk linked to an untreated varicocele is:**
 - A. Testicular torsion
 - B. Prostate cancer
 - C. Infertility
 - D. Urinary incontinence

- 4. If torsion is likely, what is the next step?**
 - A. Testicular Doppler US
 - B. Emergency surgical exploration
 - C. Observation
 - D. Antibiotics

- 5. Which autonomic system increases urination?**
 - A. Parasympathetic system
 - B. Sympathetic system
 - C. Somatic nervous system
 - D. Enteric nervous system

- 6. Which UA finding is hallmark for pyelonephritis?**
 - A. RBC casts
 - B. WBC casts
 - C. Crystals
 - D. Bacteria only

- 7. Tx: NSAIDs + ice is used for torsion of which condition?**
- A. Emergency surgical exploration
 - B. Broad-spectrum antibiotics
 - C. Intravenous fluids only
 - D. NSAIDs + ice
- 8. Germ cell tumors account for what percentage of testicular tumors?**
- A. 95%
 - B. 50%
 - C. 25%
 - D. 5%
- 9. What is a typical initial management approach for BPH in asymptomatic or mild cases?**
- A. Immediate surgery
 - B. Radiation therapy
 - C. Chemotherapy
 - D. Observation and lifestyle changes
- 10. Which antibiotic is considered second-line for acute cystitis?**
- A. Nitrofurantoin
 - B. Fluoroquinolones
 - C. Fosfomycin
 - D. Amoxicillin

Answers

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

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Explanations

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1. What is the most appropriate initial imaging study for suspected epididymitis in a young man?

- A. MRI
- B. Scrotal ultrasound**
- C. Pelvic X-ray
- D. CT abdomen

The key idea is that scrotal ultrasound with color Doppler is the first test to evaluate acute scrotal pain when epididymitis is suspected. It quickly confirms inflammation of the epididymis and, crucially, assesses testicular blood flow to distinguish epididymo-orchitis from testicular torsion, which is an emergency. In epididymitis you'd typically see an enlarged, sometimes heterogeneous epididymis with increased Doppler flow, and you may also observe scrotal wall thickening or a hydrocele. The testis may be normal or mildly involved. Ultrasound is noninvasive, readily available, and free of radiation, making it ideal for urgent evaluation. Other imaging like MRI, pelvic X-ray, or abdominal CT isn't needed initially because they don't offer the same rapid, targeted information about scrotal contents and blood flow in this scenario.

2. What is the definitive management for phimosis?

- A. Topical corticosteroids
- B. Circumcision**
- C. Proper hygiene and stretching exercises
- D. Observation

Definitive management means the method that permanently resolves the problem. Phimosis is a tight foreskin that cannot be retracted. While topical corticosteroids with gentle stretching can help loosen the foreskin and are often used first, they do not guarantee permanent success and may fail in cases with scarring or chronic tightness. Circumcision surgically removes the foreskin, eliminating the constricting tissue and preventing recurrence, providing a durable solution and reducing risks of recurrent balanitis, paraphimosis, or urinary issues. Other approaches like proper hygiene and stretching or observation may be helpful or appropriate in select cases, but they do not offer the lasting resolution that circumcision provides.

3. The primary infertility risk linked to an untreated varicocele is:

- A. Testicular torsion
- B. Prostate cancer
- C. Infertility**
- D. Urinary incontinence

A varicocele creates an environment around the testicles that raises scrotal temperature and causes venous pooling, both of which impair normal spermatogenesis. Over time this can reduce sperm count and quality, increasing the likelihood of infertility when a man has not conceived before. The other conditions—testicular torsion (an acute emergency from twisting of the spermatic cord), prostate cancer, and urinary incontinence—are not the infertility risk associated with an untreated varicocele. Therefore, the primary infertility risk linked to an untreated varicocele is infertility.

4. If torsion is likely, what is the next step?

- A. Testicular Doppler US
- B. Emergency surgical exploration**
- C. Observation
- D. Antibiotics

Testicular torsion is a vascular emergency where time matters for saving the testicle. When torsion is likely based on acute, severe unilateral scrotal pain and exam findings that raise suspicion, the next step is urgent surgical exploration to detorse the testicle and secure it in place (orchiopexy). This approach addresses the underlying blood supply problem immediately and prevents recurrence; it also allows assessment of viability and, if needed, removal of a nonviable testis. Delaying for imaging or observation can let the torsion progress, decreasing the chance of salvage as time passes. Antibiotics don't fix the vascular issue, and while Doppler ultrasound can help if the diagnosis is uncertain, it should not delay surgery when torsion is highly suspected. Often, the contralateral testis is fixed during the procedure to reduce future torsion risk.

5. Which autonomic system increases urination?

- A. Parasympathetic system**
- B. Sympathetic system
- C. Somatic nervous system
- D. Enteric nervous system

Urination is driven by the parasympathetic system. When the bladder fills, stretch signals trigger a reflex that activates the pelvic nerves (S2–S4). These nerves release acetylcholine onto muscarinic receptors on the detrusor smooth muscle, causing it to contract and push urine toward the urethra. At the same time, parasympathetic activity promotes relaxation of the internal urethral sphincter, allowing voiding to occur. The external sphincter is controlled by the somatic system and must relax voluntarily for urine to pass. The sympathetic system, in contrast, promotes urine storage by relaxing the detrusor and constricting the internal sphincter; the enteric system mainly governs GI function, not urination.

6. Which UA finding is hallmark for pyelonephritis?

- A. RBC casts
- B. WBC casts**
- C. Crystals
- D. Bacteria only

Infectious involvement of the kidney (pyelonephritis) causes inflammation within the renal tubules, so the urine often shows white blood cell casts. These casts form when neutrophils shed into and accumulate inside the tubules, creating cylindrical structures that are excreted in the urine. This finding is more specific for intrarenal inflammation than other UA findings. Red blood cell casts point to glomerular disease, crystals suggest stones or crystal-induced nephropathy, and bacteria alone can occur with lower urinary tract infections or contamination. Thus, white blood cell casts best indicate pyelonephritis.

7. Tx: NSAIDs + ice is used for torsion of which condition?

- A. Emergency surgical exploration
- B. Broad-spectrum antibiotics
- C. Intravenous fluids only
- D. NSAIDs + ice**

Conservative management with NSAIDs and ice is used for torsion of the appendix testis, a self-limited cause of acute scrotum in children. This condition does not threaten the testis itself, so urgent surgical detorsion isn't needed. Pain relief with NSAIDs and reducing swelling with ice are appropriate, with close follow-up to ensure resolution. Distinguishing it from true testicular torsion is key: true torsion compromises blood flow to the testis and requires emergency surgery. If signs point toward testicular torsion (such as an absent cremasteric reflex or a testis that appears high-riding and tender with rapid progression), surgical exploration is warranted. Broad-spectrum antibiotics aren't routinely indicated, and IV fluids alone don't address the pain and inflammation.

8. Germ cell tumors account for what percentage of testicular tumors?

- A. 95%**
- B. 50%
- C. 25%
- D. 5%

Germ cell tumors are by far the most common type of testicular tumor. In adults, roughly 95% of testicular tumors originate from germ cells, with only about 5% arising from non-germ cell tissues. This high prevalence explains why clinicians focus on germ cell tumor diagnostics (such as specific tumor markers) when evaluating a testicular mass, and why the majority of testicular tumors are categorized as germ cell-derived.

9. What is a typical initial management approach for BPH in asymptomatic or mild cases?

- A. Immediate surgery
- B. Radiation therapy
- C. Chemotherapy
- D. Observation and lifestyle changes**

For BPH, the management approach hinges on how much the symptoms bother the patient. In someone with no symptoms or only mild symptoms, the best initial step is observation with conservative measures. This watchful waiting avoids exposing the patient to unnecessary medications or procedures and preserves quality of life while monitoring for signs of progression. Along with watching closely, simple lifestyle adjustments can help prevent symptom worsening: limit fluids late in the day, reduce caffeine and alcohol, avoid medications that can worsen urinary flow, and adopt timed voiding or bladder training, plus general health measures like weight management and regular exercise. If symptoms become bothersome or complications arise—such as acute retention, recurrent infections, or kidney issues—then medical therapy or surgical options can be considered. Immediate surgery, radiation therapy, or chemotherapy aren't appropriate for asymptomatic or mild BPH, since the condition itself doesn't require those interventions.

10. Which antibiotic is considered second-line for acute cystitis?

- A. Nitrofurantoin
- B. Fluoroquinolones**
- C. Fosfomycin
- D. Amoxicillin

Second-line options are reserved for when first-line agents won't work or aren't suitable. Fluoroquinolones are very effective against the common bacteria that cause cystitis and have excellent urinary tract penetration, which makes them strong overall therapy. Because of their broad spectrum and potential for serious adverse effects (tendonitis/tendon rupture, qt prolongation, neuropathy) and for promoting resistance, they're kept as a second-line choice rather than a first-line option. The other choices—nitrofurantoin and fosfomycin—are typically preferred first-line due to targeted activity and lower resistance impact, while amoxicillin usually fails due to high resistance rates. So, fluoroquinolones are considered second-line for acute cystitis.

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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:

<https://pancegenitourinary.examzify.com>

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

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