

Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) 2 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

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- 1. What symptom is commonly associated with the use of Diltiazem in managing cardiomyopathy?**
 - A. Anxiety**
 - B. Bradycardia**
 - C. Rash**
 - D. Headache**

- 2. What is a common presentation for patients with myasthenia gravis affecting ocular muscles?**
 - A. Permanent diplopia**
 - B. Ptosis and fluctuating weakness**
 - C. Persistent squinting**
 - D. Unilateral vision loss**

- 3. For a patient with chronic renal failure, which dietary adjustment should be avoided to prevent worsening kidney function?**
 - A. Increase potassium intake**
 - B. Reduce protein intake**
 - C. Increase calcium intake**
 - D. Limit sodium intake**

- 4. In a patient presenting with acute onset right eye pain and visual loss, what history question would best support the diagnosis?**
 - A. Contact lens use**
 - B. Past sexual contacts**
 - C. Recent URI symptoms**
 - D. Visualizing halos around street lights**

- 5. A 62-year-old male presents with chronic cough and hemoptysis. What type of lung cancer is most likely if the cancer has an aggressive course and is rarely resectable?**
 - A. Squamous cell**
 - B. Small cell**
 - C. Large cell**
 - D. Adenocarcinoma**

- 6. For a patient with lupus presenting with nephrotic syndrome symptoms, which diagnostic study is best for determining the cause of proteinuria?**
- A. Renal ultrasound**
 - B. Renal biopsy**
 - C. Cystoscopy**
 - D. Computed tomography scan**
- 7. For further assessment of a suspected spinal compression fracture in a patient with significant back pain, which test is most appropriate?**
- A. Computed tomography (CT) of the spine**
 - B. Magnetic resonance imaging (MRI) of the spine**
 - C. DEXA scan**
 - D. Technetium-99m bone scan**
- 8. What is the most likely diagnosis for a 55-year-old female showing symptoms of lethargy, constipation, and an enlarged thyroid with a low free T4?**
- A. Secondary hypothyroidism**
 - B. Primary hypothyroidism**
 - C. Primary hyperthyroidism**
 - D. Secondary hyperthyroidism**
- 9. Which medication is typically used to treat coronary artery spasm?**
- A. Nifedipine (Procardia)**
 - B. Metoprolol (Lopressor)**
 - C. Lisinopril (Zestril)**
 - D. Carvedilol (Coreg)**
- 10. In the presence of a grade III/VI murmur found during examination of an infant, what is suggested when seeking to establish a diagnosis of a ventricular septal defect?**
- A. Start with a CT angiogram**
 - B. Perform an electrocardiogram**
 - C. Conduct an echocardiogram**
 - D. Schedule cardiac catheterization**

Answers

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

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Explanations

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1. What symptom is commonly associated with the use of Diltiazem in managing cardiomyopathy?

- A. Anxiety
- B. Bradycardia**
- C. Rash
- D. Headache

Diltiazem is a calcium channel blocker that is frequently used in the management of various cardiovascular conditions, including cardiomyopathy. One of the known side effects of this medication is bradycardia, which refers to a slower than normal heart rate. This occurrence happens because Diltiazem decreases the rate at which electrical impulses are conducted through the heart, particularly affecting the sinoatrial and atrioventricular nodes. In the context of managing cardiomyopathy, where heart function can be compromised, Diltiazem's ability to lower heart rate allows for better diastolic filling and can aid in reducing the workload of the heart. While bradycardia can sometimes lead to symptoms such as dizziness or fatigue, it is particularly significant in patients with underlying heart conditions, where maintaining an appropriate heart rate is critical for optimal cardiac output. The other symptoms listed, such as anxiety, rash, and headache, while they may occur with various medications, are not typically associated with the pharmacological effects of Diltiazem in managing cardiomyopathy. This specificity of bradycardia as a common side effect makes it the most relevant answer in this scenario.

2. What is a common presentation for patients with myasthenia gravis affecting ocular muscles?

- A. Permanent diplopia
- B. Ptosis and fluctuating weakness**
- C. Persistent squinting
- D. Unilateral vision loss

Myasthenia gravis frequently presents with specific symptoms due to its impact on the neuromuscular junction, particularly involving ocular muscles. The key characteristics of this condition include ptosis (drooping of one or both eyelids) and fluctuating muscle weakness, which are hallmark signs. In patients with myasthenia gravis, muscle weakness can vary throughout the day, often worsening with sustained activity and improving with rest. Ptosis occurs as a result of weakness in the levator palpebrae superioris muscle, which is responsible for elevating the eyelid. This can be seen in one or both eyes and is often one of the earliest symptoms reported by patients. The fluctuating weakness indicates that symptoms may vary not only from day to day but also within the same day, highlighting the variable nature of the disorder. Other options do not adequately reflect the typical presentation of myasthenia gravis affecting ocular muscles. Permanent diplopia might suggest a stable and constant alteration in vision, which doesn't align with the fluctuating nature of this condition. Persistent squinting can be a result of various ocular issues but is less specific to myasthenia gravis. Unilateral vision loss is typically indicative of other ocular conditions and not characteristic

3. For a patient with chronic renal failure, which dietary adjustment should be avoided to prevent worsening kidney function?

- A. Increase potassium intake**
- B. Reduce protein intake**
- C. Increase calcium intake**
- D. Limit sodium intake**

In patients with chronic renal failure, it is crucial to manage dietary intake to help slow the progression of the disease and prevent complications. Increasing potassium intake should be avoided, as renal failure often leads to impaired potassium excretion. Elevated potassium levels can result in hyperkalemia, a serious condition that can cause dangerous cardiac arrhythmias and other health issues. Reducing protein intake is generally recommended to decrease the workload on the kidneys, particularly in advanced stages of chronic kidney disease. Additionally, managing sodium intake is important for controlling blood pressure and fluid balance. Calcium intake must also be monitored, but it is not as critical as potassium in this context. Thus, avoiding an increase in potassium intake is essential for protecting kidney function and maintaining overall health in these patients.

4. In a patient presenting with acute onset right eye pain and visual loss, what history question would best support the diagnosis?

- A. Contact lens use**
- B. Past sexual contacts**
- C. Recent URI symptoms**
- D. Visualizing halos around street lights**

Visualizing halos around street lights is a key symptom associated with certain ocular conditions, most notably glaucoma, which can lead to acute eye pain and visual disturbances. In particular, acute angle-closure glaucoma presents with sudden eye pain, visual loss, and halos around lights due to corneal edema and increased intraocular pressure. The scenario described indicates an acute condition with visual changes, so the presence of halos is indicative of a potential increase in intraocular pressure and a narrowing of the drainage angle of the eye, reinforcing the likelihood of a serious ocular emergency. The other history questions, while relevant in different contexts, do not provide the same direct association with acute eye pain and visual loss as the symptom of halos does. For instance, contact lens use could be relevant in cases of corneal abrasions or infections, past sexual contacts might suggest sexually transmitted infections or systemic conditions, and recent upper respiratory symptoms could indicate a viral etiology that affects systemic health but is less specific to acute visual changes. Thus, in the context of acute eye pain and visual loss, inquiring about peripheral visual experiences like halos is particularly significant and supports the diagnosis effectively.

5. A 62-year-old male presents with chronic cough and hemoptysis. What type of lung cancer is most likely if the cancer has an aggressive course and is rarely resectable?
- A. Squamous cell
 - B. Small cell**
 - C. Large cell
 - D. Adenocarcinoma

The type of lung cancer that is most likely characterized by an aggressive course and a rarity of resectability is small cell lung carcinoma. This cancer is known for its rapid growth and early dissemination to distant sites, making surgical intervention often infeasible. Small cell lung cancer is typically associated with significant paraneoplastic syndromes and can lead to severe complications due to its aggressive nature. In comparison, other types of lung cancer may have different typical clinical presentations and management strategies. Squamous cell carcinoma often presents with symptoms such as cough and hemoptysis, but it may be more amenable to surgical resection if detected early and localized. Large cell carcinoma, while also aggressive, can sometimes be resectable depending on its stage. Adenocarcinoma, the most common type of lung cancer among non-smokers, can also be treated with surgery if confined to a particular location. In summary, the aggressiveness and the pattern of spread associated with small cell lung carcinoma clearly distinguish it as the most likely type of lung cancer in this scenario.

6. For a patient with lupus presenting with nephrotic syndrome symptoms, which diagnostic study is best for determining the cause of proteinuria?
- A. Renal ultrasound
 - B. Renal biopsy**
 - C. Cystoscopy
 - D. Computed tomography scan

A renal biopsy is the best diagnostic study for determining the cause of proteinuria in a patient with lupus presenting with nephrotic syndrome symptoms. This procedure allows for direct examination of renal tissue, which can reveal specific histopathological changes indicative of lupus nephritis or other renal pathologies. In the context of systemic lupus erythematosus (SLE), renal involvement can manifest in various ways, often requiring a biopsy to differentiate between different types of glomerulonephritis that may lead to proteinuria. The renal biopsy provides critical information on the level of kidney involvement, the type of damage present (such as immune complex deposition), and helps guide treatment decisions. While other imaging studies like renal ultrasound or CT scans can provide some information about kidney structure, they do not allow for the assessment of the underlying causes of proteinuria at a cellular level. Therefore, they are not as definitive for this purpose. Cystoscopy is designed primarily for evaluation of the bladder and does not provide information relevant to kidney pathology.

7. For further assessment of a suspected spinal compression fracture in a patient with significant back pain, which test is most appropriate?

- A. Computed tomography (CT) of the spine**
- B. Magnetic resonance imaging (MRI) of the spine**
- C. DEXA scan**
- D. Technetium-99m bone scan**

In the context of assessing a suspected spinal compression fracture in a patient presenting with significant back pain, the most appropriate test is magnetic resonance imaging (MRI) of the spine. MRI is particularly beneficial for evaluating soft tissue structures, including the spinal cord, nerves, and surrounding tissues. It provides detailed images that can help identify not only the presence of a fracture but also potential complications such as hematomas, nerve impingement, and any underlying pathology such as tumors or infections that might contribute to the patient's symptoms. In contrast, a CT scan can also reveal bone structures and fractures, but it does not provide as much detail about the soft tissues. A DEXA scan is primarily utilized for assessing bone density, which can help evaluate the risk for future fractures rather than diagnosing an acute one. A technetium-99m bone scan detects areas of increased bone metabolism, which can indicate stress fractures or other pathological conditions but lacks specificity for acute fractures and does not provide clear anatomical detail as an MRI would. Thus, MRI is the most appropriate imaging modality for suspected spinal compression fractures to fully assess both the fracture and its potential implications on adjacent structures.

8. What is the most likely diagnosis for a 55-year-old female showing symptoms of lethargy, constipation, and an enlarged thyroid with a low free T4?

- A. Secondary hypothyroidism**
- B. Primary hypothyroidism**
- C. Primary hyperthyroidism**
- D. Secondary hyperthyroidism**

The symptoms presented—lethargy, constipation, and an enlarged thyroid, combined with a low free T4 level—strongly indicate primary hypothyroidism. In this condition, the thyroid gland fails to produce sufficient thyroid hormones, leading to lower levels of free T4 in the bloodstream. The thyroid gland can often become enlarged due to compensatory mechanisms in response to low hormone production, which can be referred to as a goiter. Lethargy and constipation are common symptoms associated with hypothyroidism due to the decreased metabolic rate and slowed gastrointestinal motility that occur with insufficient thyroid hormone levels. The combination of these clinical signs and laboratory findings points clearly toward primary hypothyroidism as the most likely diagnosis. In contrast, secondary hypothyroidism typically involves low levels of TSH due to pituitary dysfunction, which would not typically present with an enlarged thyroid. Primary hyperthyroidism would be characterized by high levels of T4 and symptoms such as weight loss and palpitations instead, while secondary hyperthyroidism would also show elevated TSH levels. The clinical picture presented does not align with these conditions, solidifying the diagnosis of primary hypothyroidism as the most definitive choice.

9. Which medication is typically used to treat coronary artery spasm?

- A. Nifedipine (Procardia)**
- B. Metoprolol (Lopressor)**
- C. Lisinopril (Zestril)**
- D. Carvedilol (Coreg)**

Nifedipine is a calcium channel blocker that is commonly used to treat coronary artery spasm, also known as variant angina or Prinzmetal's angina. This medication works by relaxing the smooth muscles of the coronary arteries, which helps to reduce the frequency and severity of spasms that can restrict blood flow to the heart. By blocking calcium from entering the vascular smooth muscle cells, nifedipine causes dilation of the coronary arteries, leading to improved blood supply and oxygen delivery to the heart muscle. The other options, while they may have roles in managing conditions related to cardiovascular health, are not specifically indicated for treating coronary artery spasm. Metoprolol, a beta-blocker, is primarily used for reducing heart rate and myocardial oxygen demand, making it effective for other types of angina, but not directly for spasms. Lisinopril, an ACE inhibitor, is used mainly for hypertension and heart failure, providing vascular benefits through different mechanisms. Carvedilol, which is a non-selective beta-blocker and alpha-1 blocker, addresses heart failure and hypertension but does not target coronary artery spasms directly.

10. In the presence of a grade III/VI murmur found during examination of an infant, what is suggested when seeking to establish a diagnosis of a ventricular septal defect?

- A. Start with a CT angiogram**
- B. Perform an electrocardiogram**
- C. Conduct an echocardiogram**
- D. Schedule cardiac catheterization**

For diagnosing a ventricular septal defect (VSD), conducting an echocardiogram is the preferred method. An echocardiogram allows for direct visualization of the heart's structure and can effectively identify the presence of a ventricular septal defect, as well as assess its size, location, and the hemodynamic impact it may have on the infant. The echocardiogram is non-invasive, does not require sedation, and provides real-time images of the heart, making it an ideal first-line diagnostic tool in this situation. The information obtained from an echocardiogram is crucial for forming an accurate diagnosis and determining the appropriate course of management or intervention. Other modalities such as a CT angiogram involve exposure to radiation and contrast, which is typically unnecessary for the initial evaluation of VSD in an infant. While an electrocardiogram can provide indirect information about heart function and potential complications associated with VSD, it does not offer the anatomical specifics required to establish the diagnosis. Cardiac catheterization, although a useful tool in some cases, is more invasive and usually reserved for cases where non-invasive imaging does not provide sufficient information or when intervention is directly needed. Therefore, conduct an echocardiogram is the most logical and appropriate first step

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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