

REVIEW OF RELATED DISEASE (RRD) 5 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Which of the following is the most likely diagnosis for sudden, painless monocular vision loss with a pale retina and a cherry-red fovea?**
 - A. Retinal detachment.
 - B. Central retinal artery occlusion.
 - C. Diabetic retinopathy.
 - D. Glaucoma.

- 2. What constitutes the wet form of AMD and how does it differ from dry AMD?**
 - A. Wet AMD involves CNV with subretinal fluid/hemorrhage; Dry AMD features drusen with gradual atrophy.
 - B. Dry AMD features CNV with subretinal fluid/hemorrhage; Wet AMD features drusen with gradual atrophy.
 - C. Wet AMD is slower progression than dry AMD.
 - D. Dry AMD involves CNV with fluid.

- 3. Thrombocytosis refers to a platelet count above 400,000 and is associated with:**
 - A. Platelet count below 100k
 - B. Platelet count around normal
 - C. Platelet count around 300k
 - D. Platelet count above 400k due to myeloproliferative disorders, RA, cancer, splenectomy; hypercoagulation

- 4. Macrocytic anemia is usually due to deficiency of which vitamin because of lack of intrinsic factor?**
 - A. Vitamin C
 - B. Vitamin B12
 - C. Folate
 - D. Vitamin A

- 5. Which set correctly matches normal ranges for hemoglobin and hematocrit?**
 - A. Hemoglobin 14-18 g/dL and hematocrit 42-52%
 - B. Hemoglobin 10-12 g/dL and hematocrit 30-40%
 - C. Hematocrit 60-70% and hemoglobin 12-14 g/dL
 - D. Hemoglobin 20-22 g/dL and hematocrit 50-60%

- 6. Leukocyte is best defined as which component of blood?**
- A. Red blood cell; carry oxygen
 - B. White blood cell; fight infection
 - C. Platelet; clot
 - D. Plasma; transport nutrients
- 7. Amoebic dysentery is associated with which description?**
- A. Bacteria in contaminated water
 - B. Viral infection with mild symptoms
 - C. Protozoa in water; Bloody diarrhea, severe
 - D. Fungi in the gut
- 8. Rubeola (measles) is characterized by what type of rash?**
- A. Dense red maculopapular rash
 - B. Vesicular rash
 - C. Papular rash on face
 - D. No rash
- 9. In outbreak reporting, the term Resolution most accurately indicates:**
- A. Pathogen eliminated; no signs or symptoms
 - B. Ongoing transmission requiring continued control measures
 - C. Pathogen detected in the environment but not in hosts
 - D. Unknown status; further testing needed
- 10. Which statement best contrasts erythrocytosis with polycythemia?**
- A. Erythrocytosis refers to a high red blood cell count, while polycythemia refers to high red blood cell mass due to disease with hematocrit above 52%
 - B. They are the same condition; erythrocytosis is the early stage of polycythemia
 - C. Erythrocytosis involves high WBC count
 - D. Polycythemia always causes anemia

Answers

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

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Explanations

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1. Which of the following is the most likely diagnosis for sudden, painless monocular vision loss with a pale retina and a cherry-red fovea?

- A. Retinal detachment.
- B. Central retinal artery occlusion.**
- C. Diabetic retinopathy.
- D. Glaucoma.

Recognizing central retinal artery occlusion hinges on the classic constellation: sudden, painless loss of vision in one eye with the retina looking pale and a cherry-red spot at the fovea. The pale retina happens because the inner retinal layers become ischemic when the central retinal artery is blocked, usually by an embolus or thrombus. The fovea, which is thin and has a rich blood supply from the choroid, stands out as the cherry-red spot against the pale background. This presentation is distinct from other causes of sudden vision loss. Retinal detachment, for example, typically presents with a curtain-like field loss and may show a visible detached retina rather than a pale, ischemic-appearing retina. Diabetic retinopathy features microvascular changes like microaneurysms, hemorrhages, and exudates rather than a cherry-red fovea. Glaucoma, especially acute angle-closure, tends to cause eye pain, redness, and a markedly different clinical picture with elevated intraocular pressure. Because retinal artery occlusion is an ocular emergency, urgent evaluation by an eye specialist is crucial to attempt to restore blood flow and minimize permanent vision loss.

2. What constitutes the wet form of AMD and how does it differ from dry AMD?

- A. Wet AMD involves CNV with subretinal fluid/hemorrhage; Dry AMD features drusen with gradual atrophy.**
- B. Dry AMD features CNV with subretinal fluid/hemorrhage; Wet AMD features drusen with gradual atrophy.
- C. Wet AMD is slower progression than dry AMD.
- D. Dry AMD involves CNV with fluid.

Wet AMD is defined by choroidal neovascularization, where abnormal new vessels grow under the retina and leak fluid or bleed. This leakage creates subretinal fluid and hemorrhages, causing rapid or sudden vision changes. Dry AMD, on the other hand, features drusen—yellow deposits under the retina—and gradual atrophy of the retinal pigment epithelium and retina, leading to slow, progressive vision loss and, over time, geographic atrophy. So the statement that wet AMD involves CNV with subretinal fluid/hemorrhage and that dry AMD features drusen with gradual atrophy best captures the two forms. The other options either swap these features, claim wet is slower, or say dry involves CNV with fluid, which doesn't fit the disease processes.

3. Thrombocytosis refers to a platelet count above 400,000 and is associated with:

- A. Platelet count below 100k
- B. Platelet count around normal
- C. Platelet count around 300k
- D. Platelet count above 400k due to myeloproliferative disorders, RA, cancer, splenectomy, hypercoagulation**

Thrombocytosis means a platelet count higher than 400,000 per microliter. This rise occurs in both reactive (secondary) processes and primary disorders of platelet production. It's classically seen with myeloproliferative neoplasms, inflammatory or malignant conditions, and after splenectomy. In these situations the excess platelets can create a tendency toward clotting, a hypercoagulable state. That combination—platelets above 400,000 plus links to myeloproliferative disorders, inflammatory conditions, cancer, or splenectomy, and the risk of hypercoagulation—is why the statement describing that association is the best fit. Counts well below normal or around normal (or around 300k) do not meet the threshold for thrombocytosis.

4. Macrocytic anemia is usually due to deficiency of which vitamin because of lack of intrinsic factor?

- A. Vitamin C
- B. Vitamin B12**
- C. Folate
- D. Vitamin A

Macrocytic anemia shows up when DNA synthesis in developing red blood cells is impaired, leading to oversized, abnormal cells. The key link here is that intrinsic factor is required to absorb vitamin B12 in the ileum. When intrinsic factor is lacking, vitamin B12 absorption drops, causing a deficiency that disrupts DNA synthesis and produces macrocytic, megaloblastic anemia. Folate can also cause macrocytosis, but it doesn't depend on intrinsic factor for absorption, so the scenario points to vitamin B12. Vitamin C or vitamin A deficiency do not cause this pattern. In many cases of intrinsic factor deficiency, such as pernicious anemia, B12 deficiency leads to the macrocytic picture and may be accompanied by neurological symptoms.

5. Which set correctly matches normal ranges for hemoglobin and hematocrit?

- A. Hemoglobin 14-18 g/dL and hematocrit 42-52%**
- B. Hemoglobin 10-12 g/dL and hematocrit 30-40%
- C. Hematocrit 60-70% and hemoglobin 12-14 g/dL
- D. Hemoglobin 20-22 g/dL and hematocrit 50-60%

Normal ranges for hemoglobin and hematocrit reflect how much oxygen-carrying capacity blood has and how many red cells are circulating. In healthy adults, hemoglobin typically sits in the mid-teens to upper teens (roughly 14–18 g/dL), and hematocrit is usually in the low-to-mid 40s percent (about 42–52%), with some variation between sexes. The combination of hemoglobin 14–18 g/dL with hematocrit 42–52% aligns well with these common adult reference ranges, making it the best match for normal values. The other sets don't fit typical adult references: lower Hb with lower Hct suggests anemia; a very high hematocrit with normal-to-low Hb is inconsistent; and an Hb as high as 20–22 g/dL is not a normal value.

6. Leukocyte is best defined as which component of blood?

- A. Red blood cell; carry oxygen
- B. White blood cell; fight infection**
- C. Platelet; clot
- D. Plasma; transport nutrients

Leukocytes are white blood cells that defend the body against infections. They are part of the immune system and circulate in the blood to detect and attack pathogens, coordinate immune responses, and sometimes produce antibodies. This distinguishes them from red blood cells, which carry oxygen, platelets, which help with clotting, and plasma, the liquid component that transports nutrients, hormones, and proteins. So the best definition is a white blood cell that fights infection.

7. Amoebic dysentery is associated with which description?

- A. Bacteria in contaminated water
- B. Viral infection with mild symptoms
- C. Protozoa in water; Bloody diarrhea, severe**
- D. Fungi in the gut

*Amoebic dysentery is a protozoal infection caused by *Entamoeba histolytica*, typically transmitted through contaminated water or food. It leads to invasive colitis with dysentery, producing bloody, mucus-rich stools along with abdominal cramps and possible weight loss. That combination—protozoa in water and severe bloody diarrhea—best fits amoebic dysentery. The other options don't match: bacterial pathogens in contaminated water cause bacterial dysentery rather than amoebic; viral infections usually give mild gastroenteritis without blood; fungi are not a cause of dysentery.*

8. Rubeola (measles) is characterized by what type of rash?

- A. Dense red maculopapular rash**
- B. Vesicular rash
- C. Papular rash on face
- D. No rash

Measles produces a dense red maculopapular eruption, often described as morbilliform. This rash typically starts on the face (around the hairline and behind the ears) and then spreads downward to the trunk and extremities, frequently becoming confluent as it moves. This pattern and texture distinguish it from vesicular rashes seen in conditions like chickenpox, and it isn't limited to the face or absent altogether. Supporting features like Koplik spots before the rash and the accompanying fever, cough, coryza, and conjunctivitis help reinforce the diagnosis.

9. In outbreak reporting, the term Resolution most accurately indicates:

- A. Pathogen eliminated; no signs or symptoms**
- B. Ongoing transmission requiring continued control measures
- C. Pathogen detected in the environment but not in hosts
- D. Unknown status; further testing needed

Resolution in outbreak reporting means the outbreak is considered closed, with no active cases and no ongoing transmission. It indicates that control measures have effectively halted spread and that surveillance shows no new signs of the outbreak. It does not imply the pathogen is removed from the environment in general, nor does it mean the status is unknown or that further testing is unnecessary.

10. Which statement best contrasts erythrocytosis with polycythemia?

- A. Erythrocytosis refers to a high red blood cell count, while polycythemia refers to high red blood cell mass due to disease with hematocrit above 52%**
- B. They are the same condition; erythrocytosis is the early stage of polycythemia
- C. Erythrocytosis involves high WBC count
- D. Polycythemia always causes anemia

Understanding the difference between erythrocytosis and polycythemia hinges on what is increased and why. Erythrocytosis is a high red blood cell count in the blood—more RBCs present. Polycythemia, on the other hand, refers to an increased red cell mass that results from a disease process, and is often defined clinically by a hematocrit above about 52%. This distinction matters because you can have a high RBC concentration without a true rise in total red cell mass (for example, due to low plasma volume), and polycythemia implies an actual increase in red cell mass driven by pathology. The best statement captures this nuance by separating high RBC count from increased red cell mass with the hematocrit threshold. The other options mischaracterize the concepts or the physiology: erythrocytosis is not about white blood cells, the two conditions are not the same thing, and polycythemia does not imply anemia.

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://rrd5.examzify.com>

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

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