

REVIEW OF RELATED DISEASE (RRD) 5 PRACTICE EXAM (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. Polycythemia is characterized by hematocrit greater than what value?**
 - A. Greater than 52%
 - B. Greater than 40%
 - C. Greater than 60%
 - D. Greater than 30%
- 2. Which statement describes the acute stage of infection?**
 - A. Mild symptoms
 - B. No symptoms
 - C. Sickest, strong S&S
 - D. Recovery
- 3. Which of the following is commonly present in acute angle-closure glaucoma?**
 - A. Sudden-onset severe eye pain
 - B. Red eye, corneal edema
 - C. Halos around lights
 - D. Mid-dilated pupil
- 4. Which condition is associated with greasy frothy stools and a protozoan cause?**
 - A. Bacillary dysentery
 - B. Pseudomembranous colitis
 - C. Giardiasis
 - D. Viral gastroenteritis
- 5. Which of the following best reflects the S&S of thrombocytopenia:**
 - A. Fever and night sweats
 - B. Weight loss
 - C. Petechiae, purpura, ecchymosis
 - D. Jaundice

- 6. Thrombocyte corresponds to which blood component?**
- A. Platelet; clot
 - B. White blood cell
 - C. Red blood cell
 - D. Plasma
- 7. What does OCTA visualize, and how is it different from fluorescein angiography?**
- A. OCTA requires intravenous dye and shows dynamic leakage.
 - B. OCTA visualizes large vessel anatomy only and cannot show microvasculature.
 - C. OCTA images only the retina.
 - D. OCTA visualizes retinal and choroidal microvasculature without dye; FFA requires intravenous dye and shows dynamic leakage and perfusion.
- 8. Which symptoms are characteristic of viral diarrhea according to the material?**
- A. Bloody diarrhea and severe cramps
 - B. Vomiting, watery diarrhea
 - C. Fever and constipation
 - D. Greasy, foul-smelling stools
- 9. Which statement best describes BRVO fundus involvement?**
- A. BRVO shows sectoral hemorrhages along a single venous branch.
 - B. CRVO shows sectoral hemorrhages along a single venous branch.
 - C. BRVO involves CNV with subretinal fluid
 - D. CRVO has no hemorrhages
- 10. What distinguishes CRVO from BRVO in terms of fundus appearance?**
- A. BRVO shows sectoral hemorrhages along a single venous branch.
 - B. CRVO presents with widespread retinal hemorrhages, dilated and tortuous veins, and a classic congested look.
 - C. CRVO is limited to the macula with minimal hemorrhage.
 - D. BRVO causes no venous dilation.

Answers

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

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Explanations

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1. Polycythemia is characterized by hematocrit greater than what value?

- A. Greater than 52%**
- B. Greater than 40%
- C. Greater than 60%
- D. Greater than 30%

Hematocrit tells us what fraction of blood is made up of red blood cells. Polycythemia means there's an actual increase in red cell mass, so the hematocrit climbs above the upper limit of normal. In adults, the upper normal hematocrit is about 52% for men (and lower for many women), so using a value greater than 52% as the threshold best captures when red cell mass is abnormally high. This cutoff is practical because once hematocrit passes that point, blood becomes thicker and the risk of clotting rises. There are different causes of polycythemia (relative, absolute primary like polycythemia vera, or secondary from hypoxia), but the criterion most often used to define it clinically is hematocrit above the upper normal limit around 52%.

2. Which statement describes the acute stage of infection?

- A. Mild symptoms
- B. No symptoms
- C. Sickest, strong S&S**
- D. Recovery

The acute stage of infection is when the invading organism is multiplying rapidly and the body's inflammatory response is at its strongest, leading to the most noticeable and intense symptoms. This is why the statement describing the patient as the sickest with strong signs and symptoms best fits the acute phase. After a typically quiet incubation period where no symptoms are present, the illness escalates to this peak phase before the body starts to recover. Mild symptoms would point to a milder or earlier phase, no symptoms align with the incubation or latent period, and recovery reflects the waning of illness rather than its height.

3. Which of the following is commonly present in acute angle-closure glaucoma?

- A. Sudden-onset severe eye pain
- B. Red eye, corneal edema
- C. Halos around lights**
- D. Mid-dilated pupil

Halos around lights are commonly present in an acute angle-closure glaucoma because the sudden rise in intraocular pressure causes corneal edema, which diffuses light and creates visible halos around light sources. This edema distorts the refractive surface of the cornea, making rings around lights a noticeable symptom for patients during an acute attack. Along with halos, you often see a very painful, red eye and a mid-dilated pupil, and patients may report blurred vision or nausea. These signs together reflect the abrupt angle closure and elevated pressure, but halos around lights stand out as a distinctive, patient-reported clue that points to an acute attack.

4. Which condition is associated with greasy frothy stools and a protozoan cause?

- A. Bacillary dysentery
- B. Pseudomembranous colitis
- C. Giardiasis**
- D. Viral gastroenteritis

Greasy frothy stools signal fat malabsorption, or steatorrhea. The classic infectious cause among these options is giardiasis, due to Giardia lamblia, a protozoan parasite. Giardia attaches to the lining of the small intestine and disrupts fat digestion and absorption, so fats pass into the stool, producing bulky, pale, greasy, foul-smelling stools that may float and be frothy. This condition is typically acquired by ingesting cysts in contaminated water or food. Other choices tend to produce different stool patterns: bacillary dysentery (Shigella) causes bloody, inflammatory stools; pseudomembranous colitis (Clostridioides difficile) presents with watery diarrhea and pseudomembranes after antibiotic use; viral gastroenteritis usually causes vomiting and watery stools without fat malabsorption.

5. Which of the following best reflects the S&S of thrombocytopenia:

- A. Fever and night sweats
- B. Weight loss
- C. Petechiae, purpura, ecchymosis**
- D. Jaundice

Low platelets impair the formation of the platelet plug, the first step in stopping bleeding. When platelets are deficient, small blood vessels leak into the skin and mucous membranes, producing the classic skin findings: tiny pinpoint hemorrhages (petechiae), larger patches (purpura), and even larger bruises (ecchymosis). These signs directly reflect a problem with platelet numbers and primary hemostasis. Fever with night sweats, weight loss, and jaundice point to other processes such as infection, malignancy, liver disease, or hemolysis, and are not characteristic manifestations of thrombocytopenia. If you see petechiae, purpura, or ecchymosis, it's a clue to check the platelet count and assess for thrombocytopenia.

6. Thrombocyte corresponds to which blood component?

- A. Platelet; clot**
- B. White blood cell
- C. Red blood cell
- D. Plasma

Thrombocyte refers to the platelet, the tiny cell fragment that drives blood clotting. Platelets originate from megakaryocytes in the bone marrow and circulate to patrol blood vessels. At injury, they adhere to the damaged site, become activated, and aggregate to form a platelet plug, then release signals to kick off the coagulation cascade that stabilizes the clot with fibrin. The other options point to white blood cells (immune responders), red blood cells (oxygen transport), and plasma (the liquid component of blood). So thrombocyte corresponds specifically to the platelet, the key player in clot formation.

7. What does OCTA visualize, and how is it different from fluorescein angiography?

- A. OCTA requires intravenous dye and shows dynamic leakage.
- B. OCTA visualizes large vessel anatomy only and cannot show microvasculature.
- C. OCTA images only the retina.
- D. OCTA visualizes retinal and choroidal microvasculature without dye; FFA requires intravenous dye and shows dynamic leakage and perfusion.**

OCTA maps blood flow by detecting motion of red blood cells, giving depth resolved views of the retinal and choroidal microvasculature without using dye. It provides detailed images of which microvessels are present and where there are areas of nonperfusion, across layers like the superficial and deep capillary plexuses (and into the choriocapillaris with some technologies). Fluorescein angiography, by contrast, uses an intravenous dye and follows its transit through the retinal circulation over time. This dynamic imaging reveals perfusion patterns and, importantly, leakage from vessels, pooling in tissue, and breakdowns in the blood–retinal barrier. Thus OCTA visualizes retinal and choroidal microvasculature without dye and does not show leakage, while fluorescein angiography requires dye and displays dynamic perfusion and leakage.

8. Which symptoms are characteristic of viral diarrhea according to the material?

- A. Bloody diarrhea and severe cramps
- B. Vomiting, watery diarrhea**
- C. Fever and constipation
- D. Greasy, foul-smelling stools

Viral diarrhea is typically characterized by vomiting and watery diarrhea. Viruses such as norovirus or rotavirus infect the gut lining, causing a rapid onset of non-bloody, watery stools and often accompanying vomiting. Fever can occur, but blood in the stool is uncommon, helping distinguish viral from invasive bacterial infections. The other patterns don't fit viral gastroenteritis: bloody diarrhea with severe cramps points to invasive bacteria; fever with constipation isn't typical of acute infectious diarrhea; greasy, foul-smelling stools suggest fat malabsorption rather than viral gastroenteritis.

9. Which statement best describes BRVO fundus involvement?

- A. BRVO shows sectoral hemorrhages along a single venous branch.**
- B. CRVO shows sectoral hemorrhages along a single venous branch.
- C. BRVO involves CNV with subretinal fluid
- D. CRVO has no hemorrhages

When a branch retinal vein becomes occluded, the resulting retinal changes are confined to the territory drained by that branch. The fundus classically shows flame-shaped hemorrhages restricted to the distribution of a single venous branch, producing a sectoral pattern in one quadrant. This localized, sectoral hemorrhage distribution is what distinguishes BRVO from other vein occlusions. In contrast, central retinal vein occlusion produces widespread, "blood and thunder" hemorrhages that affect many quadrants, not just a single branch's territory. While BRVO can have complications like macular edema or even CNV with subretinal fluid, those are not the defining fundus finding. And saying there are no hemorrhages with CRVO contradicts the typical presentation. Thus, the description of BRVO as showing sectoral hemorrhages along a single venous branch best captures its fundus involvement.

10. What distinguishes CRVO from BRVO in terms of fundus appearance?

- A. BRVO shows sectoral hemorrhages along a single venous branch.
- B. CRVO presents with widespread retinal hemorrhages, dilated and tortuous veins, and a classic congested look.**
- C. CRVO is limited to the macula with minimal hemorrhage.
- D. BRVO causes no venous dilation.

The distinguishing feature is how widespread the retinal changes are. When the central retinal vein is occluded, drainage from the entire retina is blocked, leading to a diffuse, congested fundus with widespread retinal hemorrhages and veins that are dilated and tortuous. This broad involvement across the retina gives the classic "congested, blood and thunder" appearance. In contrast, a branch vein occlusion affects only the area drained by the involved venous branch, so you see hemorrhages that are confined to a sector or quadrant along that branch, with venous dilation limited to that region. So the description of CRVO as having widespread retinal hemorrhages with dilated and tortuous veins and a congested look best captures the difference from BRVO. Statements claiming macular-limited CRVO or no venous dilation in BRVO don't fit the typical fundus findings.

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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:

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

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