

ROSH GASTROINTESTINAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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. A woman presenting with pain in the epigastric area and a positive Murphy sign is most likely suffering from what condition?**
 - A. Cholangitis
 - B. Cholecystitis
 - C. Duodenal ulcer
 - D. Pancreatitis

- 2. In the context of a teenager presenting with abdominal pain, which symptom is a red flag for serious pathology?**
 - A. Intolerance to feeding
 - B. Symptoms improving with analgesics
 - C. Intermittent pain
 - D. History of previous similar episodes

- 3. For a patient with non-strangulated internal hemorrhoids not improving with topical treatment, what is the most recommended next step?**
 - A. Injection sclerotherapy
 - B. Lord's procedure
 - C. Operative hemorrhoidectomy
 - D. Rubber band ligation

- 4. Which of the following symptoms is a common presentation of intussusception in children?**
 - A. Abdominal tenderness
 - B. Severe dehydration
 - C. Rectal bleeding
 - D. Weight gain

- 5. What lab finding suggests an increased risk for pancreatitis complications?**
 - A. Amylase 120 units/L
 - B. Lactate dehydrogenase 180 units/L
 - C. White blood cell count 25,000 cells/mcL
 - D. Serum lipase 400 units/L

- 6. What is the most likely cause of phenylketonuria?**
- A. Conversion of phenylalanine to tyrosine
 - B. Conversion of tyrosine to phenylalanine
 - C. Deficiency of phenylalanine hydroxylase
 - D. Excess of phenylalanine hydroxylase
- 7. What is a classic manifestation of cholecystitis observed during physical examination?**
- A. Rebound tenderness
 - B. Guarding
 - C. Murphy's sign
 - D. Brudzinski's sign
- 8. What management is indicated for a 17-year-old boy with abdominal cramping and diarrhea after eating at a picnic?**
- A. Antiemetics and fluids
 - B. Ciprofloxacin
 - C. CT scan of the abdomen and pelvis
 - D. Stool cultures
- 9. Which of the following is a common symptom of acute diverticulitis?**
- A. Weight loss
 - B. Bloody stools
 - C. Severe constipation
 - D. Crampy abdominal pain
- 10. Which condition is typically not associated with weight loss?**
- A. Chronic pancreatitis
 - B. Celiac disease
 - C. Peptic ulcer disease
 - D. Gastroesophageal reflux disease

Answers

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

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Explanations

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1. A woman presenting with pain in the epigastric area and a positive Murphy sign is most likely suffering from what condition?

- A. Cholangitis
- B. Cholecystitis**
- C. Duodenal ulcer
- D. Pancreatitis

The presence of epigastric pain along with a positive Murphy sign is strongly indicative of cholecystitis. The Murphy sign is used specifically to evaluate for gallbladder inflammation, which occurs in cholecystitis. When a doctor performs the Murphy test by asking the patient to take a deep breath while palpating the right upper quadrant, pain or the cessation of breath due to pain suggests irritation of the gallbladder. This is a classic clinical finding associated with acute cholecystitis, which often results from gallstones blocking the cystic duct, leading to inflammation and potential infection. Other conditions listed, such as cholangitis, duodenal ulcer, and pancreatitis, may present with epigastric pain, but they would not typically produce a positive Murphy sign. Cholangitis involves infection of the bile duct, which may cause jaundice and fever. A duodenal ulcer would generally cause a different pattern of pain and is not associated with the Murphy sign. Pancreatitis could cause severe abdominal pain, but again, it does not elicit a Murphy sign. Therefore, the combination of specific symptoms presented confirms that cholecystitis is the most likely diagnosis in this scenario.

2. In the context of a teenager presenting with abdominal pain, which symptom is a red flag for serious pathology?

- A. Intolerance to feeding**
- B. Symptoms improving with analgesics
- C. Intermittent pain
- D. History of previous similar episodes

Intolerance to feeding in a teenager presenting with abdominal pain may indicate serious underlying conditions, such as gastrointestinal obstructions, infections (like appendicitis or pancreatitis), or even metabolic issues. When a patient is unable to tolerate food, it signals that something may be significantly amiss with their digestive system, possibly suggesting an acute problem that warrants further investigation. Other symptoms mentioned, such as pain improving with analgesics or intermittent pain, may be more characteristic of less severe, chronic conditions or functional abdominal pain that is common in this age group. Similarly, a history of previous similar episodes could indicate a recurrent or chronic issue, but not necessarily an acute or serious pathology. Therefore, intolerance to feeding stands out as a strong indicator that further evaluation is needed to rule out critical gastrointestinal conditions.

3. For a patient with non-strangulated internal hemorrhoids not improving with topical treatment, what is the most recommended next step?

- A. Injection sclerotherapy
- B. Lord's procedure
- C. Operative hemorrhoidectomy

D. Rubber band ligation

In cases of non-strangulated internal hemorrhoids that have not improved with topical treatments, the most recommended next step is rubber band ligation. This minimally invasive procedure involves placing a small rubber band around the base of the hemorrhoid, which cuts off its blood supply. As a result, the hemorrhoid tissue shrinks and eventually falls off. Rubber band ligation is a widely accepted treatment option for patients with symptomatic internal hemorrhoids, particularly when conservative measures fail. The advantage of rubber band ligation lies in its effectiveness and relatively low complication rate compared to more invasive surgical options. It can be performed in an outpatient setting, offers quick recovery time, and patients often experience significant relief from symptoms. In contrast, injection sclerotherapy is typically employed for smaller hemorrhoids or when ligation is not feasible, while Lord's procedure and operative hemorrhoidectomy are more invasive treatments indicated for severe cases or larger hemorrhoids and often involve longer recovery times.

4. Which of the following symptoms is a common presentation of intussusception in children?

- A. Abdominal tenderness
- B. Severe dehydration

C. Rectal bleeding

D. Weight gain

Intussusception is a serious condition in children where a part of the intestine telescopes into an adjacent segment, leading to obstruction and potential ischemia. One of the classic symptoms associated with intussusception is rectal bleeding, often described as "currant jelly" stools due to the presence of blood and mucus. This occurs because the compromised blood supply to the affected segment of the bowel can result in mucosal sloughing, leading to bleeding. While abdominal tenderness can be a symptom, it is not as specific or characteristic for intussusception compared to rectal bleeding. Severe dehydration may indeed occur due to prolonged vomiting or inability to eat, but it's not a primary symptom of the condition itself. Weight gain is generally not associated with intussusception, as the condition typically leads to other symptoms that are indicative of gastrointestinal distress, such as pain, vomiting, and decreased appetite. Thus, rectal bleeding is recognized as a crucial sign of intussusception in pediatric patients.

5. What lab finding suggests an increased risk for pancreatitis complications?

- A. Amylase 120 units/L
- B. Lactate dehydrogenase 180 units/L
- C. White blood cell count 25,000 cells/mcL**
- D. Serum lipase 400 units/L

An elevated white blood cell count is a significant indicator of systemic inflammation and can suggest a more severe or complicated course of pancreatitis. In the setting of pancreatitis, particularly when the white blood cell count rises to levels such as 25,000 cells/mcL, it could indicate complications such as infection, necrotizing pancreatitis, or the presence of associated conditions like abscesses or sepsis. In contrast, elevated levels of amylase and lipase, while they indicate pancreatic inflammation, do not necessarily correlate with the severity of the condition or the risk of complications. An amylase level of 120 units/L is above the normal range, but it is not exceptionally high and does not indicate an increased risk for complications. Similarly, a serum lipase level of 400 units/L is indicative of pancreatitis but is not as directly linked to complications as a markedly elevated white blood cell count. Lactate dehydrogenase (LDH) levels can be elevated in various conditions, but a lower level like 180 units/L does not specifically suggest a higher complication risk in the context of pancreatitis. Thus, the white blood cell count being significantly elevated highlights a potentially serious infection or inflammatory response, suggesting an increased risk for complications.

6. What is the most likely cause of phenylketonuria?

- A. Conversion of phenylalanine to tyrosine
- B. Conversion of tyrosine to phenylalanine
- C. Deficiency of phenylalanine hydroxylase**
- D. Excess of phenylalanine hydroxylase

Phenylketonuria (PKU) is primarily caused by a deficiency of the enzyme phenylalanine hydroxylase. This enzyme is crucial for the metabolic pathway that converts phenylalanine, an amino acid found in many protein-containing foods, into tyrosine, another amino acid. When phenylalanine hydroxylase is deficient or nonfunctional, phenylalanine accumulates in the body and can lead to serious neurological consequences if not managed through dietary restrictions. Understanding this biochemical process underscores the importance of phenylalanine hydroxylase in maintaining amino acid balance within the body. Without this enzyme, phenylalanine cannot be effectively converted to tyrosine, and high levels of phenylalanine lead to the symptoms associated with PKU, including intellectual disability, developmental delays, and other neurological issues. The other options relate to aspects of the metabolic pathway but do not directly address the underlying cause of PKU. The conversion processes mentioned are contingent upon the presence and functionality of phenylalanine hydroxylase, further reinforcing why its deficiency is the critical issue in PKU.

7. What is a classic manifestation of cholecystitis observed during physical examination?

- A. Rebound tenderness
- B. Guarding
- C. Murphy's sign**
- D. Brudzinski's sign

Murphy's sign is a classic physical examination finding associated with acute cholecystitis. This sign is tested by having the patient take a deep breath while the examiner palpates the right upper quadrant of the abdomen. If the patient suddenly stops inhaling due to pain in this area, it indicates inflammation of the gallbladder, supporting a diagnosis of cholecystitis. In contrast, rebound tenderness and guarding are more general signs of abdominal inflammation or irritation that could indicate various conditions, not specific to cholecystitis. Additionally, Brudzinski's sign is a clinical indicator of meningitis and does not relate to gastrointestinal issues or cholecystitis. Thus, Murphy's sign is uniquely characteristic for identifying acute cholecystitis during a physical examination.

8. What management is indicated for a 17-year-old boy with abdominal cramping and diarrhea after eating at a picnic?

- A. Antiemetics and fluids**
- B. Ciprofloxacin
- C. CT scan of the abdomen and pelvis
- D. Stool cultures

In the context of a 17-year-old boy experiencing abdominal cramping and diarrhea after eating at a picnic, the appropriate management involves addressing the symptoms and providing supportive care, which includes antiemetics and fluids. This approach is particularly relevant in cases of acute gastroenteritis, which is often caused by foodborne pathogens commonly encountered in picnic settings, such as viruses or bacteria. Antiemetics are useful for managing nausea and vomiting that may accompany diarrhea, improving the patient's comfort. Additionally, rehydrating with fluids is critical, as diarrhea can lead to dehydration, especially in younger individuals. Fluid replacement helps restore electrolyte balance and prevents complications associated with dehydration. While stool cultures can be important in diagnosing specific pathogens if the symptoms persist or worsen, they are not routinely performed immediately unless there are concerning features (such as high fever, blood in the stool, or severe dehydration). Similarly, while antibiotics like Ciprofloxacin may be warranted in more severe cases of bacterial infections, they are not indicated in most cases of mild acute gastroenteritis, especially if caused by viruses. A CT scan is usually unnecessary in this scenario, as the patient's symptoms are likely management-focused and based on less severe gastrointestinal complaints. Thus, the management choice of providing antiemetics and fluids

9. Which of the following is a common symptom of acute diverticulitis?

- A. Weight loss
- B. Bloody stools**
- C. Severe constipation
- D. Crampy abdominal pain

Acute diverticulitis commonly presents with crampy abdominal pain. Patients typically experience this pain in the left lower quadrant of the abdomen, which could be accompanied by tenderness upon palpation. Crampy abdominal pain is a characteristic symptom that indicates irritation or inflammation of the diverticula in the digestive tract. Weight loss may occur, but it is usually not an immediate symptom of acute diverticulitis; instead, it can develop over time due to dietary changes or prolonged illness. Bloody stools are more suggestive of diverticular bleeding rather than diverticulitis itself, as the inflammation does not typically cause bleeding. Severe constipation can sometimes be associated with diverticular disease in general, but during an acute diverticulitis episode, patients might experience altered bowel habits rather than severe constipation alone. Therefore, crampy abdominal pain is the symptom most consistently linked with acute diverticulitis.

10. Which condition is typically not associated with weight loss?

- A. Chronic pancreatitis
- B. Celiac disease
- C. Peptic ulcer disease
- D. Gastroesophageal reflux disease**

Gastroesophageal reflux disease (GERD) is primarily characterized by symptoms such as heartburn, regurgitation, and difficulty swallowing, but it is not typically associated with weight loss. While some individuals with GERD may experience weight loss, this is not common and usually occurs only in cases where esophageal constriction or significant pain prevents normal eating. Most people with GERD maintain their weight despite discomfort. In contrast, conditions like chronic pancreatitis, celiac disease, and peptic ulcer disease often lead to weight loss. Chronic pancreatitis can impair nutrient absorption and digestion, leading to a decrease in appetite and subsequent weight loss. Celiac disease causes inflammation of the intestinal lining due to gluten ingestion, which can result in malabsorption of nutrients and significant weight loss. Peptic ulcer disease may cause pain after eating, leading to a reduction in food intake and eventual weight loss as well. Thus, GERD stands out as the condition least likely to result in weight loss, emphasizing its difference from the other gastrointestinal conditions mentioned.

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://rosh-gastrointestinal.examzify.com>

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

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