UROLOGY AND NEPHROLOGY 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

1. Which sexually transmitted disease is highly infectious and causes blister-like lesions on the genitalia?

A. Gonorrhea

B. Human Papillomavirus Infection

C. Syphilis

D. Genital herpes

2. Struvite stones form in the setting of infection with which organisms and alkaline urine?

A. Urease-producing bacteria (e.g., Proteus); alkaline urine.

B. E. coli; acidic urine.

C. Staphylococcus aureus; neutral urine.

D. Pseudomonas; acidic urine.

3. Which imaging modality is preferred for initial evaluation of suspected nephrolithiasis in a nonpregnant adult?

A. Non-contrast CT abdomen/pelvis.

B. Ultrasound abdomen.

C. KUB radiograph.

D. MRI pelvis.

4. Which combining form means 'glomerulus'?

A. Cyst/o

B. Glomerul/o

C. Nephr/o

D. Prostat/o

5. Ven/o is a combining form for which structure?

A. Vein

B. Artery

C. Nerve

D. Bone

6. Besides hCG, which marker can be positive in seminoma?

A. AFP

B. PLAP

C. LDH

D. CA125

7. Which term describes artificial means to remove waste from the body by infusing a warm, balanced solution into the peritoneal cavity?

A. Renal transplant

B. Peritoneal dialysis

C. Retrograde pyelogram

D. Semen analysis

8. In diabetic patients, what bladder dysfunction may result from autonomic neuropathy?

A. Neurogenic bladder with detrusor underactivity and impaired sensation

B. Urge incontinence due to detrusor overactivity

C. Stress incontinence due to pelvic floor weakness

D. Bladder outlet obstruction from BPH

9. What is the preferred first-line treatment for erectile dysfunction in men without contraindications to PDE5 inhibitors?

A. Phosphodiesterase-5 inhibitor therapy (e.g., sildenafil)

B. Testosterone therapy

C. Vacuum erection device

D. Penile implant

10. Inability of the kidneys to filter wastes from the blood and/or produce urine is termed?

A. Renal failure

B. PKD

C. Renal transplant

D. Peritoneal dialysis

Answers

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

Explanations

1. Which sexually transmitted disease is highly infectious and causes blister-like lesions on the genitalia?

A. Gonorrhea

B. Human Papillomavirus Infection

C. Syphilis

D. Genital herpes

Blister-like genital lesions that are highly infectious point to genital herpes caused by herpes simplex virus. The hallmark is grouped vesicles on an inflamed base that rupture to form painful ulcers, and the infection is easily transmitted through intimate skin-to-skin contact. Transmission can occur even when there are no visible sores due to viral shedding. In contrast, gonorrhea typically causes urethral discharge and dysuria; HPV tends to cause warts or precancerous changes rather than vesicular lesions; and syphilis usually begins with a painless chancre rather than vesicles (though it can have other mucocutaneous findings later). So genital herpes best fits the description.

2. Struvite stones form in the setting of infection with which organisms and alkaline urine?

A. Urease-producing bacteria (e.g., Proteus); alkaline urine.

B. E. coli; acidic urine.

C. Staphylococcus aureus; neutral urine.

D. Pseudomonas; acidic urine.

Struvite stones form when urine becomes alkaline due to urease-producing bacteria. Urease splits urea into ammonia, which raises the urine pH. In this alkaline environment, magnesium, ammonium, and phosphate precipitate as magnesium ammonium phosphate, the composition of struvite. Organisms like Proteus species commonly drive this process, leading to infection-related stones that can grow large and form branching "staghorn" calculi. Other bacteria that don't produce urease don't create the same alkaline conditions, so they're not typically associated with struvite stone formation.

3. Which imaging modality is preferred for initial evaluation of suspected nephrolithiasis in a nonpregnant adult?

A. Non-contrast CT abdomen/pelvis.

B. Ultrasound abdomen.

C. KUB radiograph.

D. MRI pelvis.

For a nonpregnant adult with suspected kidney stones, non-contrast CT of the abdomen/pelvis is the preferred initial imaging because it detects stones of all sizes and compositions with high accuracy, and it rapidly shows whether there is obstruction, hydronephrosis, or other causes of pain. CT provides a comprehensive view and guides urgent management, unlike other modalities that have more limited sensitivity. Ultrasound can be used when radiation should be avoided or in specific populations (like pregnancy or children), but it is less sensitive for detecting small stones. KUB radiographs miss a substantial portion of stones, especially radiolucent ones, and MRI is not effective for visualizing calcified stones. Therefore, non-contrast CT is the best first test for suspected nephrolithiasis in a nonpregnant adult.

4. Which combining form means 'glomerulus'?

A. Cyst/o

B. Glomerul/o

C. Nephr/o

D. Prostat/o

Glomerul/o is the combining form for glomerulus. The glomerulus is the tiny cluster of capillaries in the nephron where filtration starts, forming the basis of many kidney terms such as glomerulonephritis or glomerulopathy. The other forms refer to different structures: cyst/o to the bladder or a cyst, nephr/o to the kidney in general, and prostat/o to the prostate gland.

5. Ven/o is a combining form for which structure?

A. Vein

B. Artery

C. Nerve

D. Bone

Ven/o designates a vein, which is why it's the correct choice. In medical terminology, combining forms attach to suffixes to describe parts or functions. Ven/o appears in terms like venous (relating to veins), venipuncture (drawing blood from a vein), and venography (imaging of veins). The other options use arteri/o for arteries, neur/o for nerves, and oste/o (osteo-) for bone, which do not match ven/o.

6. Besides hCG, which marker can be positive in seminoma?

A. AFP

B. PLAP

C. LDH

D. CA125

Marker profile in seminoma includes hCG and PLAP; besides hCG, placental alkaline phosphatase can be positive. PLAP is an enzyme expressed by germ cell tumor cells, particularly seminomas, and it shows up on serum tests and tissue staining, helping support the diagnosis when seminoma is suspected. LDH can be elevated and may reflect tumor burden, but it's nonspecific. AFP is typically not elevated in pure seminoma (more common in yolk sac tumors and other nonseminomatous components), and CA125 is not a relevant marker for testicular germ cell tumors. So, PLAP is the classic additional marker that can be positive in seminoma.

7. Which term describes artificial means to remove waste from the body by infusing a warm, balanced solution into the peritoneal cavity?

A. Renal transplant

B. Peritoneal dialysis

C. Retrograde pyelogram

D. Semen analysis

Peritoneal dialysis uses the peritoneal membrane as the filtering surface. A warmed, balanced dialysis solution is infused into the abdominal cavity through a catheter. The solution dwells, allowing waste products and excess fluid to move from the blood into the dialysis fluid by diffusion and osmosis, and then the fluid is drained away. This method provides artificial waste removal directly through the peritoneal cavity and can be done continuously or with automated cycles. The other options don't describe this process: a renal transplant is surgical kidney replacement, a retrograde pyelogram is an imaging test of the urinary tract, and semen analysis assesses male fertility.

8. In diabetic patients, what bladder dysfunction may result from autonomic neuropathy?

A. Neurogenic bladder with detrusor underactivity and impaired sensation

B. Urge incontinence due to detrusor overactivity

C. Stress incontinence due to pelvic floor weakness

D. Bladder outlet obstruction from BPH

Autonomic neuropathy from diabetes disrupts the nerves that control the bladder, especially the parasympathetic input that drives detrusor contraction and the sensory pathways that signal filling. When these nerves are impaired, the detrusor becomes underactive and the bladder sensation is blunted, so the bladder fills to a larger capacity and empties incompletely. This combination defines a neurogenic bladder with detrusor underactivity and impaired sensation. Clinically, patients may have weak urinary streams, difficulty initiating voiding, and residual urine with potential overflow leakage. This pattern is distinct from urge incontinence (detrusor overactivity), stress incontinence (pelvic floor weakness), or bladder outlet obstruction from BPH, which are not typically caused by diabetic autonomic neuropathy.

9. What is the preferred first-line treatment for erectile dysfunction in men without contraindications to PDE5 inhibitors?

A. Phosphodiesterase-5 inhibitor therapy (e.g., sildenafil)

B. Testosterone therapy

C. Vacuum erection device

D. Penile implant

PDE5 inhibitors are the preferred first-line treatment for erectile dysfunction in men who have no contraindications to these medications. They work by enhancing the nitric oxide–cGMP pathway, which increases blood flow to the penis in response to sexual stimulation, helping to achieve and maintain an erection. They're noninvasive, convenient (taken orally before sexual activity), and have strong proven effectiveness with a favorable safety profile for most patients. It's important to note they require sexual arousal to work and must not be used with nitrates due to the risk of dangerous blood pressure drops. Testosterone therapy is reserved for men with documented hypogonadism, not as a routine first-line treatment for ED. Other options like vacuum devices or penile implants exist but are typically considered only if PDE5 inhibitors are ineffective or contraindicated.

10. Inability of the kidneys to filter wastes from the blood and/or produce urine is termed?

A. Renal failure

B. PKD

C. Renal transplant

D. Peritoneal dialysis

Renal failure is the term that directly describes the kidneys' inability to filter wastes from the blood and to produce urine. This condition can be acute (sudden loss of function) or chronic (gradual loss over time). When the kidneys fail, waste products like urea and creatinine accumulate in the blood, and the kidneys can't regulate fluids and electrolytes properly, leading to signs such as fluid overload and electrolyte disturbances. Polycystic kidney disease is a specific kidney disease that can lead to renal failure, but it is not the general term for the failure itself. Renal transplant is a treatment that replaces the kidneys, not the condition. Peritoneal dialysis is another treatment modality, not the disease state. So the wording that matches the described situation—the kidneys' loss of filtration and urine production—is renal failure.

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://urologynephrology.examzify.com

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