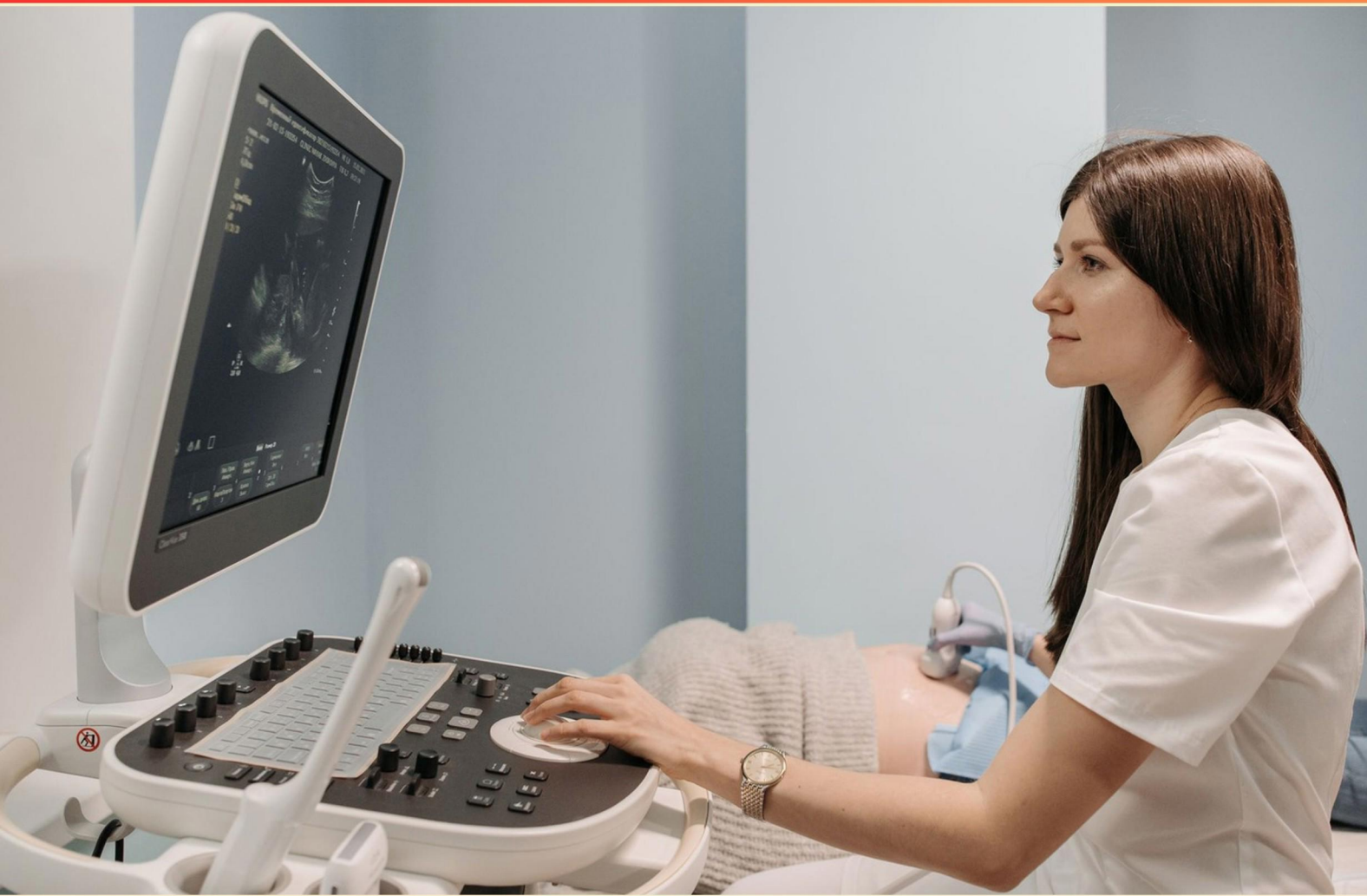


WCUI/SMITH CHASON EXIT ASSESSMENT – ABDOMEN, VASCULAR, OB/GYN PRACTICE TEST (SAMPLE)

STUDY GUIDE



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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 fetal presentation is considered ideal?

- A. Cephalic is ideal; Breech, Transverse, and Oblique are other presentations
- B. Breech is ideal
- C. Transverse is ideal
- D. Oblique is ideal

2. What is the normal gallbladder wall thickness when the gallbladder is present?

- A. Less than 3 mm
- B. Less than 10 mm
- C. Less than 5 mm
- D. Less than 2 mm

3. For a postmenopausal patient, what is the upper limit of normal ovarian volume?

- A. <22cc
- B. <15cc
- C. <5cc
- D. <8cc

4. ABI below 0.9 indicates what?

- A. Normal
- B. Peripheral arterial disease
- C. Arterial calcification
- D. Venous insufficiency

5. Which statement about TIAs is true?

- A. Symptoms last less than 24 hours
- B. Symptoms last more than 7 days
- C. Symptoms last indefinitely
- D. Symptoms always last exactly 24 hours

6. Flow going towards the liver is called?

- A. Hepatofugal
- B. Hepatopetal
- C. Portal Venous Flow
- D. Hepatic Vein Flow

7. What is the maximum gestational sac size reported at 10 weeks gestation?

- A. 10 mm
- B. 5 mm
- C. 20 mm
- D. 15 mm

8. What is the most common benign uterine lesion?

- A. Fibroid (leiomyoma)
- B. Endometrial polyp
- C. Adenomyosis
- D. Ovarian cyst

9. Which ultrasound measurement assesses the length of the femur?

- A. FL
- B. BPD
- C. HC
- D. AC

10. What is considered a normal ankle-brachial index (ABI) range?

- A. 0.5 to 0.8
- B. 0.9 to 1.3
- C. 1.4 to 1.6
- D. 1.8 to 2.0

Answers

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

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Explanations

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1. Which fetal presentation is considered ideal?

A. Cephalic is ideal; Breech, Transverse, and Oblique are other presentations

B. Breech is ideal

C. Transverse is ideal

D. Oblique is ideal

Fetal presentation refers to which part of the fetus enters the birth canal first. The easiest and safest vaginal delivery typically happens when the fetus is in a cephalic presentation, head first, with the head flexed so the smallest diameter of the head presents. This alignment allows the head to negotiate the pelvic passage smoothly as labor progresses. Breech (buttocks or feet first), transverse (sideways across the uterus), and oblique (angled) presentations complicate vaginal birth and raise risks for both mother and baby, often leading to cesarean delivery or other interventions. So cephalic presentation is considered ideal because it aligns best with the birth canal and supports a safer, more straightforward delivery.

2. What is the normal gallbladder wall thickness when the gallbladder is present?

A. Less than 3 mm

B. Less than 10 mm

C. Less than 5 mm

D. Less than 2 mm

Normal gallbladder wall thickness is a thin line on ultrasound, and when the gallbladder is distended (usually after fasting) the wall should measure less than 3 millimeters. This threshold helps clinicians distinguish normal anatomy from edema or inflammation; a wall thicker than about 3 mm raises concern for conditions like acute cholecystitis or other causes of wall edema. The other options describe measurements that are clearly thicker than normal or are overly strict relative to the standard cutoff. Therefore, the best answer is less than 3 mm.

3. For a postmenopausal patient, what is the upper limit of normal ovarian volume?

A. <22cc

B. <15cc

C. <5cc

D. <8cc

After menopause, ovaries undergo atrophy and shrink in size. In this setting, an ovarian volume up to about 8 cubic centimeters (8 mL) is considered within the normal range. Using transvaginal ultrasound, clinicians estimate volume from three measured dimensions and apply a standard formula, yielding a practical threshold: if the ovary is 8 cm^3 or less, it's generally normal for a postmenopausal patient. Volumes larger than this raise concern for potential pathology, such as cysts or neoplasms, and prompt further evaluation.

4. ABI below 0.9 indicates what?

- A. Normal
- B. Peripheral arterial disease**
- C. Arterial calcification
- D. Venous insufficiency

An ABI compares the ankle's systolic pressure to the arm's systolic pressure to evaluate arterial blood flow to the legs. When the arteries are narrowed or blocked—as in peripheral arterial disease—the blood reaching the ankle is reduced, so the ankle pressure drops relative to the arm pressure. This lowers the ratio to below 0.9, which is why a value under 0.9 is taken as evidence of PAD. Normal ABI is around 1.0 (roughly equal pressures in ankle and arm). Very high values (above about 1.3–1.4) can indicate noncompressible, calcified arteries, which can mask disease rather than confirm it. Venous insufficiency affects the venous system and venous return, not the arterial inflow measured by the ABI, so it wouldn't produce a low ABI. Thus, an ABI below 0.9 most directly points to peripheral arterial disease.

5. Which statement about TIAs is true?

- A. Symptoms last less than 24 hours**
- B. Symptoms last more than 7 days
- C. Symptoms last indefinitely
- D. Symptoms always last exactly 24 hours

TIAs are brief episodes of neurological dysfunction caused by temporary cerebral ischemia that resolve without lasting brain damage. Under the traditional teaching, their symptoms stop within 24 hours, often much sooner, which is why the statement about symptoms lasting less than 24 hours is true. This reflects the transient nature of the event—the deficits are reversible and do not persist beyond a day. The other options imply longer, indefinite, or exact 24-hour durations which are not characteristic of TIAs. If symptoms endure beyond 24 hours, that would be considered a stroke rather than a TIA, and TIAs resolve because blood flow is restored and tissue injury is not sustained.

6. Flow going towards the liver is called?

- A. Hepatofugal
- B. Hepatopetal**
- C. Portal Venous Flow
- D. Hepatic Vein Flow

Flow toward the liver is described as hepatopetal. The term uses hepat- for liver and the suffix -petal to indicate movement toward, so it specifically denotes blood moving toward the liver. In contrast, hepatofugal means flow away from the liver, which is what hepatic veins do as they drain blood from the liver to the systemic circulation. While the portal venous system carries blood into the liver (and is therefore directionally toward the liver), the standard descriptor for that direction is hepatopetal. That's why hepatopetal is the correct term.

7. What is the maximum gestational sac size reported at 10 weeks gestation?

- A. 10 mm
- B. 5 mm**
- C. 20 mm
- D. 15 mm

In early pregnancy, the gestational sac size (mean sac diameter) is one of the first ultrasound measurements used to estimate gestational age and assess viability. The sac grows quickly early on, and the reference values set the benchmark for what's considered a normal sac size at specific early weeks. At around 10 weeks, the size that's often cited in standard references for the gestational sac is about 5 mm. The larger numbers (10, 15, 20 mm) don't fit the typical sac size associated with this stage in common reference charts, and by 10 weeks the emphasis shifts more toward crown-rump length for dating rather than the sac diameter. So 5 mm is the best-match value for this context.

8. What is the most common benign uterine lesion?

- A. Fibroid (leiomyoma)**
- B. Endometrial polyp
- C. Adenomyosis
- D. Ovarian cyst

Fibroids, or leiomyomas, are the most common benign tumors of the uterus. They arise from the smooth muscle cells of the myometrium and are estrogen-sensitive, so they often grow during reproductive years and may shrink after menopause. They can be asymptomatic or cause symptoms such as heavy menstrual bleeding, pelvic pressure, and fertility issues, but overall they occur far more frequently than other benign uterine conditions. Endometrial polyps are benign growths of the uterine lining inside the cavity and can cause abnormal bleeding, but they are less common than fibroids. Adenomyosis involves endometrial tissue within the uterine wall, leading to a diffusely enlarged, tender uterus with heavy periods. Ovarian cysts originate from the ovary, not the uterus, so they are not uterine lesions. Thus, the most common benign uterine lesion is fibroid.

9. Which ultrasound measurement assesses the length of the femur?

- A. FL**
- B. BPD
- C. HC
- D. AC

In fetal ultrasound biometry, different measurements correspond to different parts of the body. The length of the femur is measured along the long bone itself, from the proximal to distal ends, to reflect how long the femur is. This measurement is called the femur length and is used to estimate fetal length and overall growth, especially in mid to late pregnancy. It's particularly reliable because it directly assesses bone length and is less affected by fetal head position than some skull measurements. Other common measurements focus on the skull (biparietal diameter or head circumference) or the abdomen (abdominal circumference), not the femur. So, the measurement that assesses the length of the femur is femur length.

10. What is considered a normal ankle-brachial index (ABI) range?

- A. 0.5 to 0.8
- B. 0.9 to 1.3**
- C. 1.4 to 1.6
- D. 1.8 to 2.0

Ankle-brachial index is a simple ratio of the highest systolic pressure at the ankle to the highest systolic pressure in the arm, used to assess blood flow to the legs. A normal ABI is about 0.9 to 1.3, meaning the ankle pressure is similar to the arm pressure and there isn't significant arterial obstruction. Values below 0.9 point to some degree of peripheral arterial disease, with smaller numbers indicating more severe narrowing. Values above about 1.3 or 1.4 suggest noncompressible (calcified) arteries, common in older individuals or those with diabetes, which can mask disease and may require additional testing such as toe-brachial index or imaging. So the 0.9 to 1.3 range best reflects normal, perfused leg arteries.

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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:

<https://wcuismithchasonexitabdomenobgyn.examzify.com>

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

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