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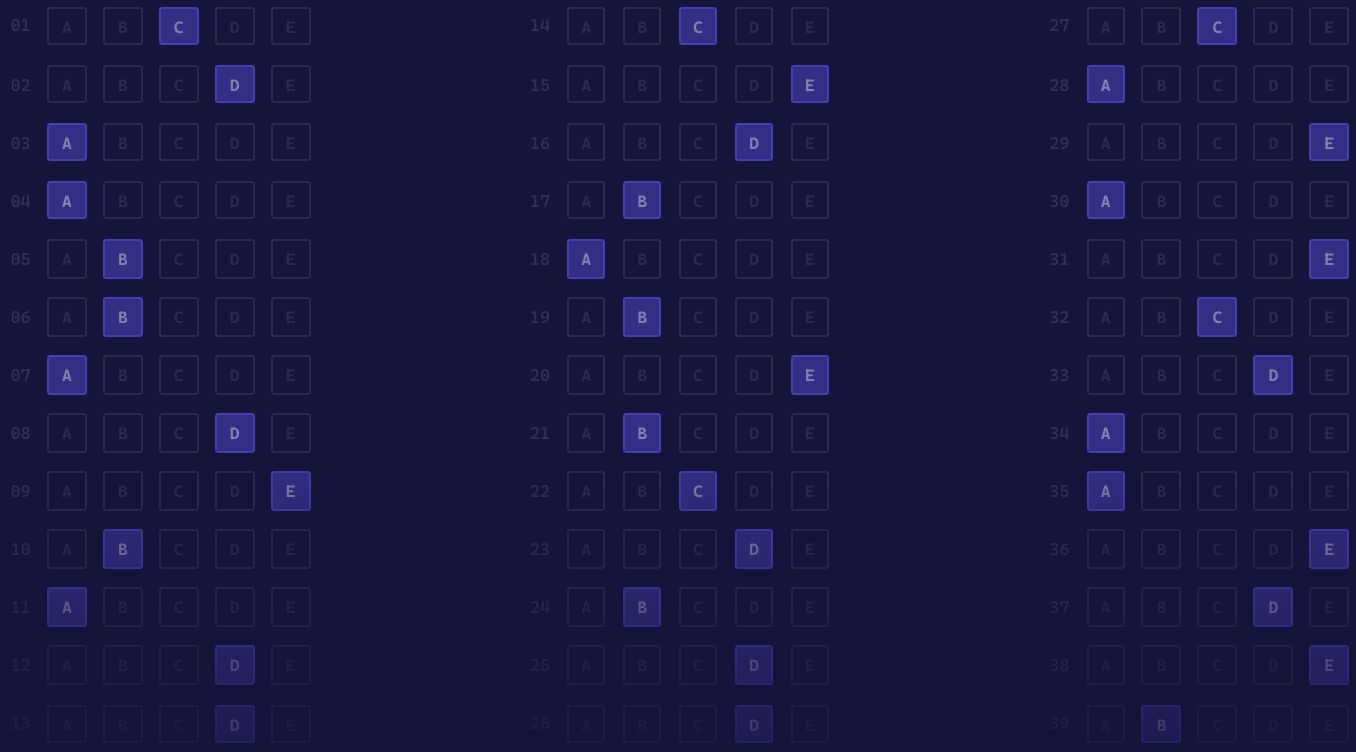

PRACTICE QUESTIONS

Centre for Nursing Education and Testing (CNET)

TYME9JFG

Certified Urologic Associate (CUA) Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Centre for Nursing Education and Testing (CNET) `TYME9JFG`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `TYME9JFG`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

Which structure of the nephron is primarily responsible for the reabsorption of approximately 65–70% of the glomerular filtrate, primarily water, sodium, and chloride?

A Distal convoluted tubule

B Collecting duct

C Proximal convoluted tubule

D Loop of Henle

ANSWER C

WHY The proximal convoluted tubule reabsorbs the largest fraction of the glomerular filtrate (roughly two-thirds), including sodium, water, chloride, glucose, and amino acids. The distal convoluted tubule fine-tunes sodium and water reabsorption, the collecting duct responds to ADH and aldosterone, and the Loop of Henle concentrates the urine via its countercurrent multiplier.

QUESTION 2 SINGLE CHOICE

A patient presents with sudden, severe flank pain radiating to the groin, hematuria, and nausea. Which condition is the most likely cause of these findings?

A Acute cystitis

B Nephrolithiasis

C Benign prostatic hyperplasia

D Overactive bladder

ANSWER B

WHY The classic presentation of nephrolithiasis (kidney stone) is colicky flank pain that radiates to the groin as the stone moves down the ureter, often accompanied by hematuria and nausea/vomiting. Acute cystitis typically presents with dysuria, frequency, and suprapubic pain; BPH causes obstructive lower urinary tract symptoms in older men; overactive bladder causes urgency with or without urge incontinence.

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QUESTION 3 SINGLE CHOICE

Which urinalysis finding is most characteristic of a urinary tract infection?

A Glucosuria with negative ketones

B **Positive nitrites and leukocyte esterase**

C Presence of hyaline casts only

D Urine pH consistently below 5.0

ANSWER B

WHY Positive nitrites (indicating gram-negative bacteria that convert nitrates to nitrites) and positive leukocyte esterase (indicating pyuria/white blood cells) are the hallmark urinalysis findings of a UTI. Glucosuria with negative ketones suggests hyperglycemia; hyaline casts alone are typically benign; urine pH below 5.0 suggests acidifying conditions such as renal tubular acidosis or a high-protein diet.

QUESTION 4 SINGLE CHOICE

Following a transurethral resection of the prostate (TURP), a patient is found to have continuous bladder irrigation fluid returning bright red with clots and increasing difficulty emptying the bladder. What is the most appropriate initial nursing intervention?

A **Increase the rate of the continuous bladder irrigation**

B Discontinue the irrigation and notify the surgeon

C Instill 50 mL of sterile water into the catheter

D Remove the indwelling catheter immediately

ANSWER A

WHY Increasing the irrigation rate helps flush clots and debris that are obstructing the outflow, which is the most common cause of post-TURP clot retention. Removing the catheter or instilling fluid without first relieving the obstruction could worsen bleeding; the surgeon's notification may follow if the maneuver is unsuccessful, but the initial action is to increase irrigation flow per protocol.

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QUESTION 5 SINGLE CHOICE

In which condition does benign enlargement of the prostate gland cause compression of the urethra, leading to bladder outlet obstruction?

A Prostatitis

B Benign prostatic hyperplasia

C Prostate cancer

D Urethral stricture

ANSWER B

WHY Benign prostatic hyperplasia (BPH) is the non-malignant proliferation of glandular and stromal cells in the prostate that compresses the prostatic urethra and produces bladder outlet obstruction. Prostatitis is inflammation, typically infectious; prostate cancer produces malignant nodules that may or may not cause obstruction; urethral stricture is a fibrotic narrowing of the urethra from scarring.

QUESTION 6 SINGLE CHOICE

A patient receiving oxybutynin for an overactive bladder reports dry mouth, constipation, blurred vision, and urinary retention. These findings are best classified as which type of adverse effect?

A Idiosyncratic reaction

B Anticholinergic side effects

C Anaphylactic reaction

D Cumulative toxicity

ANSWER B

WHY Oxybutynin is an antimuscarinic/anticholinergic agent. Blockade of muscarinic receptors produces the classic anticholinergic effects of dry mouth, constipation, blurred vision, urinary retention, and tachycardia. Anticholinergic burden is a key nursing consideration, especially in older adults who are at risk for falls and cognitive effects.

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QUESTION 7 SINGLE CHOICE

Which segment of the male urethra passes through the urogenital diaphragm (deep perineal pouch)?

A Prostatic urethra

B Membranous urethra

C Bulbous urethra

D Penile (spongy) urethra

ANSWER B

WHY The male urethra is divided into four segments: prostatic, membranous, bulbous, and penile (spongy). The membranous urethra is the shortest segment and the only portion that passes through the urogenital diaphragm and the external urethral sphincter. Because it is relatively fixed and least elastic, it is also the segment most commonly injured in pelvic fractures.

QUESTION 8 SINGLE CHOICE

A patient with an indwelling urinary catheter develops fever, flank pain, hypotension, and altered mental status. Which complication is most likely developing?

A Urinary tract infection

B Urosepsis

C Autonomic dysreflexia

D Renal colic

ANSWER B

WHY The systemic signs (fever, flank pain, hypotension, and mental status change) indicate that the urinary infection has progressed from a localized catheter-associated UTI to a systemic infection — urosepsis. Early recognition, fluid resuscitation, blood cultures, and prompt initiation of broad-spectrum antibiotics are essential. A simple UTI would typically lack hypotension and altered mentation.

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QUESTION 9 MULTIPLE CHOICE

Which of the following are drug classes commonly used to treat the symptoms of benign prostatic hyperplasia (BPH)? (Choose two.)

A **Alpha-1 adrenergic antagonists**

B **5-alpha reductase inhibitors**

C Beta-2 adrenergic agonists

D Tricyclic antidepressants

ANSWER **A** · **B**

WHY Alpha-1 antagonists (e.g., tamsulosin, doxazosin) relax smooth muscle in the prostate and bladder neck to relieve obstruction, while 5-alpha reductase inhibitors (e.g., finasteride, dutasteride) shrink the prostate over time by blocking conversion of testosterone to dihydrotestosterone. Beta-2 agonists and tricyclic antidepressants are not first-line BPH therapies.

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