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MT

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Question: 1

Lipids from carbohydrate and alcohol sources are

- A. Anions
- B. Triglycerides
- C. Cholesterol
- D. Eluent

Answer: B

Explanation:

Anions are negatively charged ions of chloride and bicarbonate. Cholesterol is lipids from animal sources that climb after a fatty meal. An eluent is a solvent used for chromatography.

Question: 2

When serum proteins indicate disease, the doctor usually follows up with

- A. Total protein, albumin, and globulin
- B. Ascites
- C. Protein electrophoresis
- D. Bilirubin

Answer: C

Explanation:

The serum proteins test includes total protein, albumin, and globulin. Ascites is swelling of the abdomen from extra fluid in the peritoneum, resulting from end-stage diseases of the heart, kidney, liver, ovary, and pancreas. When serum proteins make the doctor suspect one of these diseases, the doctor follows up with protein electrophoresis. Four globulin fractionations are added to the total protein and albumin alpha-1 globulin, alpha-2 globulin, beta globulin, and gamma globulin. Electrophoresis patterns and the patient's history of drug use help pinpoint the diagnosis, which may extend to rheumatoid arthritis, muscle tumors, and immune deficiencies. Bilirubin is the brownish-red bile pigment from broken down blood cells in the liver.

Question: 3

Elevated creatine phosphokinase (CPK) could mean myocardial infarction, but could also mean

- A. Alcoholism, hypothyroidism, cardioversion, or clofibrate use

- B. Aspirin, burns, warfarin, or sickle cell anemia
- C. Lung disease or congestive heart failure
- D. Crushing injury, bowel infarction, or opiate use

Answer: A

Explanation:

Cardiac enzymes elevate soon after a heart attack, but that is not the only possible root cause. CPK elevates in alcoholism; cardiac catheterization; stroke; clofibrate use; electric shock applied during resuscitation; low thyroid hormone and high thyroid stimulating hormone; and after surgery. B and D refer to situations that cause AST enzyme to rise. C refers to situations that cause LDH enzyme to rise.

Question: 4

A patient whose cortisol level is high at both 8:00 AM and 4:00 PM likely has

- A. Addison's disease
- B. Natriuretic factor
- C. Diabetes insipidus
- D. Cushing syndrome

Answer: D

Explanation:

Cortisol is an adrenal stress hormone that is normally higher around 800 in the morning (6 to 28 mcg/dL) and lower at 400 in the afternoon (2 to 12 mcg/dL). The fluctuation is a normal diurnal variation. Cushing syndrome patients have sustained high cortisol. Addison's disease patients have chronically low cortisol levels, diagnosed by a 24-hour urine test for 17-hydroxycorticosteroids. Abnormal cortisol levels also appear in thyroid and pituitary gland disease, obesity, and cancer, and when steroids, diuretics, or birth control pills are used, but it is not the same pattern as Cushing syndrome. B refers to atrial natriuretic factor (ANF), produced by the heads atria during volume overload and high blood pressure.

Question: 5

Decreased sodium in the blood is

- A. Hypernatremia, often from diabetes, burns, or Cushing syndrome
- B. Hyponatremia, often from vomiting and diarrhea, furosemide, or Addison's disease
- C. Hyperkalemia, often from acidosis, spironolactone, or kidney failure
- D. Hypokalemia, often from alkalosis, stomach cancer, or eating too much licorice

Answer: B

Explanation:

Hyponatremia results from too much water and not enough salt in the bloodstream.

Hyponatremia often presents as a urine sample with a specific gravity (SG) lower than the normal 1.015 to 1.025 and closer to the SG of water (1.000). Hypernatremia refers to too much salt in the bloodstream, which increases SG above 1.025. Hyperkalemia and hypokalemia refer to the level of potassium, not sodium.

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