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Question: 1

A 10-year-old child is brought to your office. On physical examination, she is short in stature and has a short, wide neck, broad forehead and tongue, and small ears. She has a medical history of mild cognitive and cardiac defects. Which of the following chromosomal defects is most likely the cause for her condition?

- A. 13
- B. 21
- C. 23
- D. 24

Answer: B

Explanation:

This child has Down syndrome, which is caused by an extra chromosome 21 (trisomy 21). Chromosome 23 is the sex chromosome. Patients with abnormalities on chromosome 13 (also known as Patau syndrome) usually have serious brain, pulmonary, and circulatory defects that are often fatal. Few patients survive infancy. Those that survive have severe intellectual and physical disabilities. Turner syndrome is a genetic condition in which females are missing all or part of an X chromosome. Some symptoms may include infertility, amenorrhea, short stature, and webbed neck. Klinefelter syndrome patients have an extra Y chromosome, leading to poor muscle strength, decreased fertility or infertility. Gynecomastia, and low testosterone levels. There is no chromosome 24. All humans have 23 chromosomal pairs, totaling 46 chromosomes.

Question: 2

A patient comes to the ER complaining of pain with inspiration, fever, and palpitations. He recently underwent a coronary artery bypass graft 2 weeks prior. A cardiologist consult is called. The cardiologist tells you he noted "electrical alternans" on your patient's electrocardiogram (ECG). Based on the medical history and ECG findings, you diagnose the patient with:

- A. Pericardial tamponade
- B. Myocardial infarction
- C. Pneumothorax
- D. Heart murmur

Answer: A

Explanation:

Electrical alternans is the alternation of the amplitude or axis of the QRS complex between beats, most commonly seen with pericardial tamponade or severe pericardial effusion. Given the patient's history of recent surgery and his diagnosis of pericardial tamponade, this patient most likely has Dressler syndrome. This can occur days to months after a cardiac injury when the body mistakenly attacks healthy heart tissue.

Question: 3

A patient comes into the ER complaining of dull, constant, left-sided chest pain for the previous 6 hours. He is diagnosed with an inferior-wall myocardial infarction (MI). What do you expect the electrocardiogram (ECG) and troponin levels to show?

- A. ST depression in leads VI through V6 and normal troponin
- B. ST elevation in leads I, aVL, V5, and V6 and elevated troponin
- C. ST elevation in leads II, III, and aVF and elevated troponin
- D. ST depression in leads V7, V8, and V9 and normal troponin

Answer: C

Explanation:

Severe ischemia can result in ECG changes within minutes of the occurrence. Other helpful diagnostic aids would include troponin level, creatine phosphokinase-MB (CPK-MB) level, and a two-dimensional echocardiogram (2D echo). These aids can be more diagnostic than an ECG, but an ECG result is obtained much quicker than blood work or a 2D echo. It takes a minimum of 3 hours for a cardiac insult to be reflected in blood tests. Choice A would show an anterior MI. Choice B would show a lateral-wall MI. Choice D would show a posterior-wall MI.

Question: 4

You are evaluating a 72-year-old man in the ER for dizziness and syncope. An electrocardiogram (ECG) shows an increasingly prolonged PR interval on consecutive beats followed by a dropped QRS complex. Based on the ECG findings, you are most likely to suspect what type of heart block?

- A. First-degree heart block
- B. Second-degree heart block
- C. Third-degree heart block
- D. Asystole

Answer: B

Explanation:

There are two types of second-degree heart block. Mobitz type I (Wenckebach block) is characterized by progressive prolongation of the PR interval on beats followed by a blocked P wave/ dropped QRS complex. The PR interval resets, and the cycle repeats. Mobitz type II heart block is characterized by intermittently nonconducting P waves. The PR interval remains unchanged. In first-degree heart block there is a prolonged PR interval that regularly precedes a QRS complex. In third-degree heart block (complete heart block), there is no apparent relationship between P waves and QRS complexes. Asystole is a state of no cardiac electrical activity.

Question: 5

Management of asymptomatic sinus bradycardia may include:

- A. Continuous telemetry monitoring
- B. Atropine
- C. Epinephrine
- D. Transcutaneous pacing

Answer: A

Explanation:

The other modalities would be used if the patient had symptomatic bradycardia. Choice A may be a part of the workup, although an ECG is usually all that is necessary. Symptoms of bradycardia may include pallor, weakness, dizziness altered mental status, fatigue, and shortness of breath. If the patient had been symptomatic, atropine would have been the first-line agent used. In the event that atropine is ineffective, epinephrine and dopamine may be used. If the patient continues to display signs of poor perfusion, he or she may be a candidate for transcutaneous pacing.

Question: 6

Which of the following is NOT a characteristic of the Beck triad?

- A. Distended jugular veins
- B. Hypotension
- C. Muffled heart sounds
- D. Hypertension

Answer: D

Explanation:

Hypertension is not a factor in the Beck triad. The Beck triad is the combination of distended jugular veins due to increased venous pressure, hypotension due to low arterial pressure, and muffled heart sounds due to excessive fluid around the heart. It occurs as a result of pericardial effusion. Aside from physical examination findings an electrocardiogram (ECG) and/or a two-dimensional echocardiogram may help diagnose this condition.

Question: 7

All of the following may commonly trigger an asthma attack EXCEPT:

- A. Sinusitis
- B. Allergies
- C. Warm air
- D. Smoke

Answer: C

Explanation:

Warm air does not commonly cause an asthma exacerbation, although extreme heat or humidity may cause an asthma attack. Cold air usually triggers an asthma attack because it can irritate the airways. Sinusitis, or any upper respiratory infection that affects breathing, can cause irritation and induce an asthma attack. Allergens such as dust and pollen can aggravate the airways, which can induce an asthma attack. Cigarette smoke is a common trigger that can cause irritation and inflammation in the airways which can aggravate asthma. Patients who live around tobacco smokers are predisposed to developing asthma.

Question: 8

Which of the following cells release insulin?

- A. Alpha cells
- B. Beta cells
- C. Gamma cells (PP cells)
- D. Delta cells

Answer: B

Explanation:

All the choices are a part of the islets of Langerhans, which are responsible for the endocrine function of the pancreas. Beta cells secrete insulin, which stimulates the cells to use and store glucose, lowering the blood sugar levels. Alpha cells produce glucagon, which stimulates cells to break down their glucose reserves to rise the serum glucose level. Gamma cells (or PP cells) of the pancreas secrete a specialized type of peptide, which is thought to reduce one's appetite. Delta cells of the pancreas secrete somatostatin, which plays a role in food absorption by the small intestine.

Question: 9

Which of the following is NOT a complication of diabetes mellitus?

- A. Atherosclerosis
- B. Renal insufficiency
- C. Neuropathy
- D. Hypotension

Answer: D

Explanation:

Diabetics are at risk for hypertension, not hypotension. Diabetics have higher levels of blood sugar because the pancreas produces insufficient or no insulin. High levels of blood glucose stimulate systemic inflammation and atherosclerosis formation, causing a multitude of other pathologies. Atherosclerotic plaques decrease the lumen of blood vessels, causing hypertension. Excessive deposits in the renal tubules can cause

chronic renal insufficiency and potentially renal failure. The systemic inflammation caused by diabetes can also lead to neuropathy.

Question: 10

All of the following combinations of medication are used to treat *Helicobacter pylori* (H. pylori) infections EXCEPT:

- A. Clarithromycin, metronidazole, esomeprazole
- B. Amoxicillin, omeprazole, clarithromycin
- C. Omeprazole, metronidazole, tetracycline, bismuth
- D. Pantoprazole, esomeprazole, clarithromycin

Answer: D

Explanation:

The most effective treatment of *Helicobacter pylori* is the combination of antibiotics (amoxicillin and clarithromycin, or metronidazole) plus a proton pump inhibitor. Two antibiotics are recommended due to potential antibiotic resistance. In areas with increased resistance to clarithromycin, quadruple therapy is used (PPI plus bismuth, metronidazole, and tetracycline). It is recommended that the patient be treated for 10 to 14 days to increase the chances of complete recovery.

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