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Physician Assistant National Recertifying Exam (PANRE)

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Question: 1

A 46-year-old man arrives at your family practice office as a new patient since he just moved to the area. His only complaint is soreness in his legs for the past few weeks. He says that his previous primary care provider had recently started him on several new medications. Which of the following medications is likely causing his reported symptom?

- A. Lisinopril
- B. Atorvastatin
- C. Naproxen
- D. Niacin

Answer: B

Explanation:

Atorvastatin is an HMG-CoA reductase inhibitor and is used to treat hypercholesterolemia. Myalgias are a common side effect. More rarely, the statin medications can cause rhabdomyolysis, which may present with renal dysfunction. Niacin is also a medication used to manage cholesterol, but flushing is a more common side effect.

Question: 2

A 72-year-old African-American man with no prior history of cancer asks if he should have a blood test to check for prostate cancer since his brother had prostate cancer. Since your practice uses the most recent United States Preventive Services Task Force (USPSTF) guidelines, what do you do?

- A. Order a prostate-specific antigen (PSA) test since he is older than 55 years
- B. Do not order a PSA test since he is African American and at lower risk for prostate cancer
- C. Order a PSA test since his brother had prostate cancer
- D. Do not order a PSA test since the harm outweighs the benefit of screening

Answer: D

Explanation:

Do not order a PSA test since the harm outweighs the benefit of screening. The USPSTF recommends against PSA-based screening for prostate cancer in patients 70 and older regardless of risk factors. African Americans and those with a family history of prostate cancer are at a higher risk of developing prostate cancer.

Question: 3

A 25-year-old woman arrives in your urgent care facility with a bright red left scler

- a. She denies any eye trauma. The review of symptoms is negative besides the patient reporting constipation. How do you treat this patient?
- A. Prescribe antibiotics for 1 week.
 - B. Refer her to an ophthalmologist for further evaluation.
 - C. Advise her that the condition will likely resolve on its own.
 - D. Give a steroid shot today to reduce inflammation.

Answer: C

Explanation:

Advise her that the condition will likely resolve on its own. Based on the information given, this patient likely has a subconjunctival hemorrhage. They are usually caused by coughing, sneezing, or straining. They generally clear up on their own in a couple of weeks.

Question: 4

A 43-year-old woman with a history of cocaine dependence presents to your office complaining of stress. She says that for the past 3 months, she has been worrying excessively about her job, finances, relationships, and other daily matters. She denies depressed mood. She would like to start a medication to help with her symptoms. What is a reasonable choice of medication to start?

- A. Buspirone
- B. Clonazepam
- C. Bupropion
- D. Doxepin

Answer: A

Explanation:

Buspirone is an anti-anxiety medication that is taken daily to reduce symptoms of generalized anxiety. Clonazepam is in the benzodiazepine class of medications and is usually used on an as-needed, short-term basis. It is generally avoided in patients with a history of substance dependence because of its potential for abuse. While bupropion and doxepin may also relieve anxiety symptoms, they are primarily used to treat depression.

Question: 5

A 56-year-old woman arrives with an itchy rash that has been present for several weeks. On exam, you find small, flat, purplish papules spread primarily over her forearms and back. You decide to do a biopsy, but in the meantime before the results come back, the patient wants to know if she is contagious. What do you tell her based on your suspected diagnosis at this time?

- A. Not contagious anymore since it started several weeks ago
- B. Contagious for the next 2 to 4 days as she starts antibiotics
- C. Not contagious since this is an autoimmune condition
- D. Contagious until the rash is completely cleared

Answer: C

Explanation:

The condition described is lichen planus, which is thought to be an autoimmune condition that is T cell-mediated and therefore, not contagious. It is usually characterized by the "Ps"-pruritic, polygonal, planar, purple, papules/plaques. Lesions can also occur on the oral or vaginal mucosa. A biopsy can confirm the diagnosis, and it is treated with steroids.

Question: 6

What would you expect to hear on exam when listening to the heart of a patient with known severe aortic stenosis?

- A. High-pitched murmur during diastole
- B. Crescendo-decrescendo ejection murmur
- C. Holosystolic murmur at the apex
- D. Rumbling diastolic murmur at the apex

Answer: B

Explanation:

Aortic stenosis is a harsher sounding crescendo-decrescendo ejection murmur caused by a narrowing of the aortic valve between the left ventricle and the aorta. Aortic regurgitation is a high-pitched decrescendo diastolic murmur caused by flow from the aorta back into the left ventricle. A holosystolic murmur is heard with mitral regurgitation caused by retrograde blood flow from the left ventricle to the left atrium. Mitral stenosis is caused by a narrowing of the valve between the left atrium and left ventricle, resulting in a rumbling murmur that occurs during diastole.

Question: 7

A 72-year-old woman with a history of congestive heart failure (CHF) and hypertension arrives in the emergency department with shortness of breath. Her breath sounds are clear, but you notice an irregularly irregular rhythm with auscultation. What does her electrocardiogram (ECG) likely show?

- A. Myocardial infarction
- B. Pericardial effusion
- C. Atrial fibrillation
- D. Aortic stenosis

Answer: C

Explanation:

Atrial fibrillation is an arrhythmia caused by disorganized atrial activity characterized by an irregularly irregular rhythm. The patient has risk factors such as advanced age and underlying heart problems. A

patient with a myocardial infarction may present with shortness of breath, along with other symptoms like chest pain; however, the heart rhythm is not characteristically irregularly irregular. Pericardial effusion would present with diminished heart sounds due to the fluid surrounding the heart. Patients with aortic stenosis may present with chest pain, dyspnea on exertion, left ventricular hypertrophy, or syncope.

Question: 8

A 24-year-old woman reports intermittent stomach cramping, diarrhea, and constipation, which has been present for the past 5 years. She has tried cutting out wheat from her diet but did not notice any difference in her symptoms. She has had a colonoscopy and endoscopy that had normal results. What is the most likely diagnosis?

- A. Celiac disease
- B. Crohn disease
- C. Irritable bowel syndrome
- D. Ulcerative colitis

Answer: C

Explanation:

Irritable bowel syndrome (IBS) is a condition characterized by diarrhea and/or constipation. It has no clear cause but is common, especially in younger patients. Celiac disease is a condition in which the body reacts to the ingestion of gluten (e.g., wheat, rye, barley), so this patient would have likely seen a reduction in her symptoms with diet changes. Crohn disease and ulcerative colitis are inflammatory bowel diseases that would likely show evidence of lesions on the studies performed.

Question: 9

A 35-year-old woman has fatigue and generalized weakness. She is mildly tachycardic with cool skin, but otherwise the exam is normal. You suspect she is anemic and would like to figure out the cause. Which of the following is NOT a test you would typically order for an initial work-up?

- A. Complete blood cell count (CBC)
- B. Fecal occult blood testing
- C. Complete metabolic panel (CMP)
- D. Bone marrow biopsy Correct

Answer: D

Explanation:

Anemia can be acute or chronic. In women of childbearing age, anemia can be due to iron-deficiency and treated with supplementation and diet changes. A CBC can help determine the cause of anemia, along with additional iron studies (e.g., serum iron, transferrin, ferritin, TIBC). It is important to evaluate for active bleeding and clinical stability. Stool studies can show occult bleeding from the GI tract. A bone marrow biopsy is invasive and may be indicated at some point, but it is not a first step.

Question: 10

A 46-year-old man arrives in the emergency department with confusion. He had previously been diagnosed with AIDS but has not recently been taking antiretrovirals or prophylactic antibiotics. A ring-enhancing lesion is seen on head computed tomography (CT). What is causing his current presentation?

- A. Toxoplasmosis
- B. Kaposi sarcoma
- C. Pneumocystis jiroveci
- D. Mycobacterium avium complex

Answer: A

Explanation:

Toxoplasmosis is a parasitic infection spread by cat feces or improperly cleaned food that can present with flu-like symptoms, but the disease occurs mostly in immunocompromised patients and results in brain abscesses causing encephalopathy. The other answer choices can also occur in AIDS patients. Kaposi sarcoma usually presents as cutaneous lesions. Pneumocystis jiroveci and Mycobacterium avium complex infections usually involve the lungs.



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