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## Practice Questions

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**1. A 6-month-old male infant presents for a well-child check. Examination reveals a palpable right testis in the inguinal canal that cannot be manipulated into the scrotum. The left testis is normal. What is the most appropriate next step in management?**

- A. Prescribe human chorionic gonadotropin
- B. Order inguinal ultrasound study
- C. Advise parents on manual retraction
- D. Refer to pediatric urology

**2. A 3-year-old child presents with a firm, non-tender abdominal mass discovered by a parent during bathing. The child is hypertensive but otherwise asymptomatic. Which initial diagnostic step is prioritized to maximize patient safety?**

- A. Abdominal ultrasound
- B. Deep palpation examination
- C. Percutaneous needle biopsy
- D. Observation for two weeks

**3. A stable newborn male has a prenatal history of unilateral hydronephrosis. To ensure accurate assessment and minimize false negatives due to transient physiological oliguria, when should the postnatal renal ultrasound be obtained?**

- A. Before hospital discharge
- B. Upon first febrile illness
- C. After 48 hours of life
- D. Immediately after delivery

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**4. During the newborn exam of a male infant, the nurse notes the urethral meatus is located on the ventral aspect of the penis and the prepuce is incompletely fused ventrally. Parents request circumcision before discharge. What is the appropriate response?**

- A. Proceed with Gomco clamp
- B. Utilize Plastibell device
- C. Apply topical corticosteroid
- D. Order renal ultrasonography

**5. A 9-month-old febrile female infant requires a urine culture to rule out pyelonephritis. Which method of specimen collection provides the most reliable result for culture in this non-toilet-trained patient?**

- A. Diaper squeeze technique
- B. Catheterized specimen
- C. Perineal bag collection
- D. Clean-catch midstream

**6. An infant with a history of ureteropelvic junction (UPJ) obstruction has serial ultrasounds showing an increase in anteroposterior (AP) renal pelvic diameter from 12 mm to 25 mm over 3 months. Which study is indicated to assess functional drainage?**

- A. Abdominal CT with contrast
- B. Continued annual ultrasound
- C. Diagnostic ureteroscopy
- D. Diuretic renogram

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**7. A primary care provider is preparing to refer a 10-month-old boy with a nonpalpable undescended testis. They ask if an imaging study should be ordered first to locate the testis. Which response is consistent with best practice guidelines?**

- A. Imaging is not indicated
- B. Order scrotal ultrasound
- C. Schedule pelvic CT scan
- D. Perform diagnostic laparoscopy



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**8. Parents of a 7-year-old with primary nocturnal enuresis are seeking a "quick cure" medication. The child has normal daytime voiding. What is the recommended first-line intervention?**

- A. Oxybutynin chloride
- B. Cystoscopic exam
- C. Alarm therapy
- D. Oral desmopressin

**9. A 4-year-old presents with a large, encapsulated renal mass consistent with Wilms tumor. The care team decides against a percutaneous biopsy before surgery. What is the primary rationale for avoiding biopsy in this context?**

- A. Low diagnostic yield
- B. Risk of acute renal failure
- C. Lack of available sedation
- D. Hemorrhage complication

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**10. A nurse is providing discharge instructions to parents of a 10-month-old boy who just underwent hypospadias repair. Which aspect of care should be included in the counseling?**

- A. Daily warm tub baths
- B. Catheter or stent care
- C. Strict bed rest for 2 weeks
- D. Daily foreskin retraction

**11. A 4-year-old girl presents with her first febrile urinary tract infection. A renal and bladder ultrasound reveals normal kidneys and bladder. Parents ask if more invasive testing is needed. Which management step is most appropriate?**

- A. Radioactive DMSA renal scan to check for scarring
- B. Antibiotic prophylaxis for six months duration
- C. Diagnostic cystoscopy to evaluate ureteral orifices
- D. Continue observation without further imaging



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**12. A 9-month-old male is being evaluated for a unilateral undescended testis palpable in the inguinal canal. The parents inquire about using hormone injections to avoid surgery. Which statement accurately reflects current urologic standards?**

- A. Hormonal therapy is not recommended
- B. Human chorionic gonadotropin is the preferred first-line treatment
- C. GnRH therapy should be attempted before considering orchiopexy
- D. Hormonal therapy is highly effective for non-palpable testes

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**13. A 4-week-old infant has a history of mild antenatal hydronephrosis. A postnatal ultrasound confirms mild hydronephrosis (SFU grade 1) with a normal bladder and no dilated ureter. Which diagnostic plan is most appropriate?**

- A. Start prophylactic antibiotics and schedule VCUG
- B. Plan for diagnostic cystoscopy under anesthesia
- C. Continue observation without a VCUG
- D. Perform a voiding cystourethrogram immediately

**14. A 3-year-old girl presents after her mother discovered a firm, smooth, painless mass on the left side of her abdomen. The child is otherwise asymptomatic. Which action should be prioritized?**

- A. Reassure the parent and schedule a two-week follow-up
- B. Instruct the parent to monitor for rapid mass growth
- C. Obtain a urinalysis and await results before referring
- D. Palpate the abdomen vigorously to define mass borders

**15. A newborn assessment reveals severe perineal hypospadias, a bifid scrotum, and non-palpable testes bilaterally. Which clinical concern necessitates a prompt multidisciplinary evaluation involving endocrinology and urology?**

- A. Retractable testes requiring observation only
- B. Underlying disorders of sexual development
- C. Physiological phimosis requiring circumcision
- D. Isolated bilateral cryptorchidism without DSD

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**16. A 7-year-old child is started on desmopressin (DDAVP) for severe nocturnal enuresis. To prevent a potentially serious adverse effect, which instruction is most critical for the nurse to provide to the parents?**

- A. Monitor the child for signs of hyperglycemia
- B. Give the medication after the evening meal
- C. Ensure extra salt intake to maintain electrolytes
- D. Limit fluid intake starting 1 hour before bedtime

**17. During a well-child exam of a 5-year-old boy, the left testis is not immediately visible. However, it can be brought down into the scrotum with gentle manipulation and remains there temporarily without tension. How should this finding be classified?**

- A. Retractable testis variant
- B. True undescended testis
- C. Ectopic testis anomaly
- D. Gliding testis finding

**18. An infant born with unilateral high-grade hydronephrosis (SFU grade 3) has a patent contralateral kidney. The diuretic renogram shows 45% split function in the affected kidney with good drainage. Which management strategy is most indicated?**

- A. Urgent nephrectomy of the affected kidney
- B. Cystoscopic ureteral stent placement
- C. Serial ultrasound monitoring
- D. Immediate pyeloplasty within the first month of life

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**19. A nurse is admitting a 4-year-old child with a suspected Wilms tumor (nephroblastoma). In addition to assessing the abdominal mass, which vital sign assessment requires specific attention due to the tumor's potential systemic effects?**

- A. Resting respiratory rate
- B. Peripheral oxygen saturation
- C. Rectal temperature reading
- D. Apical pulse rate check



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**20. A 6-month-old female with a high fever has a bag urine specimen that tests positive for leukocytes and nitrites. To confirm the diagnosis of a urinary tract infection and determine the causative organism, which action is necessary?**

- A. Wait for the next void to repeat the bag collection
- B. Obtain a catheterized specimen
- C. Treat empirically based on the bag urinalysis results
- D. Send the bag specimen immediately for culture

**21. A 9-month-old infant is scheduled for hypospadias repair. What is the primary rationale for performing this surgery between 6 and 18 months of age rather than delaying until later childhood?**

- A. Avoid all general anesthesia risks
- B. Wait for voluntary bladder control
- C. Allow for patient consent capability
- D. Minimize psychosocial stress impact

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**22. A newborn with a history of prenatal hydronephrosis requires a postnatal renal ultrasound. To minimize the risk of a false-negative result due to transient physiological dehydration, when is the earliest recommended time to perform this study?**

- A. After 48 hours of life
- B. Immediately following delivery
- C. Within the first 12 hours
- D. During the first 24 hours

**23. When counseling parents of a 9-month-old with an undescended testicle, what is a primary medical rationale for recommending orchiopexy rather than continued observation?**

- A. Allow for spontaneous descent
- B. Prevent future inguinal hernias
- C. Improve future fertility potential
- D. Eliminate malignancy risk completely



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**24. A 12-month-old female presents with her first febrile urinary tract infection (UTI). According to the American Academy of Pediatrics guidelines, which initial imaging study is the most appropriate next step?**

- A. Voiding cystourethrogram (VCUG)
- B. Dimercaptosuccinic acid scan
- C. Contrast-enhanced CT of abdomen
- D. Magnetic resonance urography

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**25. A pediatric patient is being evaluated for an abdominal malignancy. Which clinical finding is part of the classic presentation triad specifically associated with Wilms tumor?**

- A. Urinary frequency and urgency
- B. Painless palpable abdominal mass
- C. Severe suprapubic pain with voiding
- D. Bilateral scrotal swelling and pain

**26. An infant with prenatal hydronephrosis shows worsening dilation on follow-up ultrasound. A MAG-3 diuretic renogram is ordered primarily to evaluate which parameter?**

- A. Renal parenchymal thickness
- B. Anatomic detail of the ureter
- C. Bladder capacity and compliance
- D. Renal drainage and function

**27. During the physical assessment of a male infant diagnosed with hypospadias, which associated anatomical anomaly is most commonly identified and requires surgical correction?**

- A. Ventral curvature (chordee)
- B. Posterior urethral valves
- C. Undescended testes bilaterally
- D. Inguinal hernia protrusion

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**28. A 7-year-old child presents with monosymptomatic nocturnal enuresis. According to standard clinical treatment guidelines, which intervention should be implemented first?**

- A. Oxybutynin chloride administration
- B. Broad-spectrum antibiotic prophylaxis
- C. Fluid restriction and timed voiding
- D. Desmopressin acetate at bedtime

**29. Which advice given to the parents of a 10-month-old infant with a persistent undescended testicle represents a significant error in standard management?**

- A. Refer if present at six months
- B. Monitor during first six months
- C. Palpate testes at every checkup
- D. Refer for surgery by one year

**30. A 4-year-old child is found to have a large abdominal mass suspicious for Wilms tumor. Which immediate management step is most appropriate for the urologic associate to facilitate?**

- A. Administer empiric chemotherapy dose
- B. Expedite pediatric oncology referral
- C. Prepare for immediate needle biopsy
- D. Schedule elective radical nephrectomy



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## Answer Key & Explanations

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### 1. D — Refer to pediatric urology

The correct answer is to refer to pediatric urology. Spontaneous descent of undescended testes is rare after 6 months of age. Guidelines recommend referral at this age to facilitate timely surgical correction (orchiopexy), typically performed between 6 and 18 months to preserve fertility and monitor for malignancy risk. Distractor 1 is incorrect because waiting until 1 year delays necessary planning for surgery. Distractor 2 is incorrect because hormonal therapy is not a standard first-line treatment for anatomical cryptorchidism. Distractor 3 is wrong because imaging is generally not indicated for palpable testes before referral.

### 2. A — Abdominal ultrasound

The correct answer is abdominal ultrasound. This presentation is highly suspicious for Wilms tumor (nephroblastoma). Ultrasound is the safest first-line imaging modality to confirm the mass without radiation or invasion. Distractor 1 is incorrect because vigorous palpation can rupture the tumor and upstage the disease. Distractor 2 is incorrect because biopsy is generally contraindicated due to spill risk before surgical excision. Distractor 3 is inappropriate as it delays diagnosis of a potential malignancy. Distractor 4 is insufficient given the palpable mass and hypertension.

### 3. C — After 48 hours of life

The correct answer is after 48 hours of life (often 48-72 hours or later). Newborns experience physiological dehydration and transient oliguria in the first 2 days, which can underestimate the degree of hydronephrosis. Imaging too early may yield a false-negative result. Distractor 1 is incorrect because immediate imaging is prone to this dehydration artifact. Distractor 2 is incorrect as waiting 4 weeks is too long for an initial postnatal evaluation of significant antenatal findings. Distractor 3 and 4 are incorrect because the timing is dictated by physiology, not discharge convenience or symptoms.

### 4. A — Proceed with Gomco clamp

The correct answer is to defer circumcision. The findings describe hypospadias. The foreskin (prepuce) is often essential for future surgical reconstruction of the urethra and should not be removed. Distractor 1 is incorrect because proceeding would remove tissue critical for repair. Distractor 2 refers to a specific device but is still contraindicated. Distractor 3 is irrelevant to the structural anomaly. Distractor 4 is incorrect because imaging is not the immediate priority; stopping the circumcision is.

### 5. B — Catheterized specimen

The correct answer is a catheterized specimen. For non-toilet-trained children, catheterization (or suprapubic aspiration) is required to avoid contamination from skin flora. Bag specimens have a high false-positive rate and are unacceptable for culture diagnosis of UTI. Distractor 1 is incorrect due to high contamination rates. Distractor 2 is not feasible for an infant who cannot void on command. Distractor 3 and 4 describe unreliable methods that mix urine with skin or fiber contaminants.

### 6. D — Diuretic renogram

The correct answer is a diuretic renogram (e.g., MAG-3 scan). Worsening hydronephrosis (increasing AP diameter) requires functional assessment to determine if obstruction is significant enough to damage renal



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function. The renogram measures split function and drainage time. Distractor 1 is a reflux study, not primarily for obstruction. Distractor 2 exposes the child to high radiation and is not first-line for functional assessment. Distractor 3 is incorrect as the worsening trend mandates evaluation, not just observation. Distractor 4 is invasive and premature.

**7. A — Imaging is not indicated**

The correct answer is that imaging is not indicated. Clinical guidelines recommend against ultrasound or other imaging for nonpalpable testes prior to referral because these studies have low sensitivity for intra-abdominal testes and a negative result does not change the need for surgical exploration/laparoscopy. Distractor 1 suggests an unnecessary and often misleading test. Distractor 2 involves radiation and sedation which are unjustified. Distractor 3 is invasive and not a screening tool. Distractor 4 is incorrect because imaging delays definitive management.

**8. C — Alarm therapy**

The correct answer is alarm therapy (and behavioral modification). Enuresis alarms have the highest long-term cure rate and are the recommended first-line treatment for motivated families. Distractor 1 (desmopressin) provides symptom control but has high relapse rates upon discontinuation, making it second-line. Distractor 2 (imipramine) has a higher side effect profile. Distractor 3 (anticholinergics) is used for bladder overactivity, not isolated nocturnal enuresis. Distractor 4 is invasive and unnecessary for uncomplicated enuresis.

**9. A — Low diagnostic yield**

The correct answer is risk of tumor spillage. Rupture or spillage of a Wilms tumor (Stage III) significantly upstages the disease, requiring more aggressive chemotherapy and abdominal radiation. Therefore, in many protocols (especially North American), primary nephrectomy is preferred over biopsy for resectable masses. Distractor 1 is incorrect as tissue is usually abundant. Distractor 2 is not the primary surgical concern relative to staging. Distractor 3 is unrelated to the procedure's contraindication. Distractor 4 is incorrect as bleeding risk is manageable but spillage is the oncologic danger.

**10. B — Catheter or stent care**

Hypospadias repair commonly involves a urinary diversion (stent or catheter) to allow urethral healing. Parents require instruction on device management. Strict bed rest is unrealistic for infants, and tub baths are restricted. Manipulation of the surgical site is contraindicated.

**11. D — Continue observation without further imaging**

A voiding cystourethrogram (VCUG) is not indicated for a first febrile UTI if the renal ultrasound is normal. VCUG is reserved for recurrent UTIs or abnormal ultrasound findings. DMSA scans and cystoscopy are not standard for routine first-time workups. Prophylaxis requires confirmed reflux.

**12. A — Hormonal therapy is not recommended**

The correct answer is that hormonal therapy is not recommended. Current urology guidelines advise against using hormonal therapy (such as hCG or GnRH) as a standard treatment for undescended testes due to low efficacy rates (often <20%) and potential side effects. Surgical orchiopexy is the gold standard. Distractor 1 is incorrect because hCG was historically used but is no longer a first-line recommendation. Distractor 2 is incorrect because GnRH is not a prerequisite for surgery. Distractor 3 is incorrect because palpable vs. non-palpable status does not make hormonal therapy the preferred choice over surgical exploration. Distractor 4 is incorrect as topical testosterone is not a standard treatment for promoting testicular descent.



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**13. C — Continue observation without a VCUG**

Voiding cystourethrograms (VCUG) are invasive and not routinely indicated for mild postnatal hydronephrosis without ureteral dilation or history of febrile UTI. Observation is preferred to avoid infection risks. MAG-3 scans are for significant hydronephrosis. Prophylaxis and cystoscopy are not standard for low-grade findings.

**14. A — Reassure the parent and schedule a two-week follow-up**

A painless abdominal mass in a toddler suggests Wilms tumor. This requires immediate referral for imaging and specialist evaluation; observation allows progression. Vigorous palpation is contraindicated as it may rupture the tumor, spilling contents into the peritoneum and worsening the prognosis.

**15. B — Underlying disorders of sexual development**

Severe hypospadias with bilateral cryptorchidism and bifid scrotum indicates possible disorders of sexual development (DSD), such as congenital adrenal hyperplasia. This requires immediate endocrine and urologic evaluation to prevent life-threatening complications. Isolated cryptorchidism or chordee typically presents with less severe anomalies.

**16. D — Limit fluid intake starting 1 hour before bedtime**

Desmopressin reduces urine production. Fluid intake must be restricted to prevent water intoxication and dilutional hyponatremia, which can cause seizures. Fluids are typically limited 1 hour before administration until morning. Taking medication with water increases hyponatremia risk. Desmopressin does not cause hyperglycemia. Bedtime administration is standard, but safety relies on fluid restriction. Salt supplementation is not indicated.

**17. A — Retractable testis variant**

Retractile testes reside in the inguinal canal due to an active cremasteric reflex but can be manipulated into the scrotum without tension. This is a normal variant. Ectopic testes are outside the normal descent path. Gliding testes retract immediately under tension. Ascending testes move up after previous descent. True undescended testes cannot be brought into the scrotum.

**18. C — Serial ultrasound monitoring**

The correct answer is serial ultrasound monitoring. In cases of unilateral hydronephrosis where renal function is preserved (typically >40%) and drainage is adequate, observation is the preferred initial strategy. Many cases of antenatal hydronephrosis resolve or stabilize without surgery. Distractor 1 is incorrect because pyeloplasty is reserved for cases with worsening hydronephrosis, significant obstruction, or loss of renal function (<40%). Distractor 2 is incorrect because nephrostomy is for acute, severe obstruction or infection. Distractor 3 is incorrect because the kidney has viable function (45%). Distractor 4 is incorrect as stenting is not the standard management for congenital UPJ obstruction unless acute temporizing is needed.

**19. A — Resting respiratory rate**

Wilms tumor often causes hypertension due to increased renin secretion or renal artery compression. Blood pressure monitoring is critical. Oxygen saturation is usually unaffected unless pulmonary metastases exist. Fever is less specific to the tumor's pathophysiology than hypertension. Other vital signs are routine but do not reflect the tumor's specific paraneoplastic effects.

**20. B — Obtain a catheterized specimen**

The correct answer is to obtain a catheterized specimen. Bag urine specimens have a very high rate of contamination from skin flora (false positives). While a negative bag result can rule out UTI, a positive result in a non-toilet-trained child must be confirmed with a catheterized specimen (or suprapubic aspiration) to ensure



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accurate culture results before starting antibiotics. Distractor 1 is incorrect because culturing a bag specimen is unreliable. Distractor 2 is incorrect because treating based on a likely contaminated specimen leads to antibiotic overuse. Distractor 3 is incorrect because clean-catch is not feasible in a 6-month-old. Distractor 4 is incorrect because another bag specimen will have the same contamination issues.

**21. D — Minimize psychosocial stress impact**

Surgery between 6 and 18 months minimizes psychosocial stress by avoiding the separation anxiety and body image awareness seen in older children. This window also balances anesthetic safety. Delaying surgery increases psychosocial risks. Penile size rarely requires delay to puberty. Anesthetic risks are manageable in this age group.

**22. A — After 48 hours of life**

The correct answer is after 48 hours of life. Newborns experience physiological oliguria and relative dehydration during the first 2 days of life, which can underestimate the degree of hydronephrosis (dilation) on ultrasound. Performing the scan after 48 hours allows for fluid shifts that provide a more accurate anatomical assessment. Distractor 1 is incorrect because immediate scanning often yields false negatives. Distractor 2 and Distractor 3 fall within the window of physiological dehydration artifact.

**23. C — Improve future fertility potential**

Early orchiopexy preserves germ cell development, improving future fertility potential. It also facilitates future testicular self-examination for malignancy. Surgery facilitates surveillance but does not eliminate cancer risk. Cosmetic symmetry is secondary. Spontaneous descent after 6 months is rare, making continued observation ineffective.

**24. A — Voiding cystourethrogram (VCUG)**

Renal and bladder ultrasound (RBUS) is the recommended first-line screening for anatomical abnormalities (e.g., hydronephrosis) in young children with a first febrile UTI. It avoids radiation exposure. Voiding cystourethrogram (VCUG) is invasive and indicated for recurrent UTIs or abnormal ultrasound findings. DMSA and CT involve radiation and are not first-line.

**25. B — Painless palpable abdominal mass**

Wilms tumor (nephroblastoma) classically presents as a painless, palpable abdominal mass. The triad often includes hypertension and hematuria. Painful voiding suggests cystitis, while scrotal swelling indicates testicular pathology. Fever and flank pain are more typical of pyelonephritis.

**26. D — Renal drainage and function**

The correct answer is renal drainage and function. A MAG-3 scan provides functional data, specifically the split differential function (percentage of function in each kidney) and drainage time (washout), to distinguish between obstruction and non-obstructive dilation. Distractor 1 is evaluated by VCUG. Distractor 2 is evaluated by ultrasound. Distractor 3 refers to structural detail, which is better seen on anatomical imaging.

**27. A — Ventral curvature (chordee)**

Ventral curvature (chordee), a downward penile curvature caused by fibrous bands, is frequently associated with hypospadias and requires surgical correction. A dorsal hooded foreskin is also characteristic. Conditions like posterior urethral valves or hernias are distinct and not universally present with the hypospadias defect.

**28. C — Fluid restriction and timed voiding**

Behavioral modifications, such as fluid restriction and timed voiding, are first-line therapy. If these fail,



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bedwetting alarms are used. Pharmacological agents like desmopressin or anticholinergics are second-line treatments reserved for refractory cases.

**29. A — Refer if present at six months**

Spontaneous descent is rare after 6 months. Referral is required if the testis remains undescended by this age to facilitate orchidopexy between 6 and 18 months, optimizing fertility. Waiting until school age delays necessary surgery and negatively impacts outcomes.

**30. B — Expedite pediatric oncology referral**

The correct answer is to expedite pediatric oncology referral. Management of Wilms tumor requires a multidisciplinary approach involving pediatric urology and oncology. Biopsy is generally contraindicated (Distractor 1) due to the risk of tumor spillage and upstaging the disease; the diagnosis is often confirmed by imaging and then surgical resection. Distractors 2 and 3 are inappropriate as they delay necessary multidisciplinary evaluation or involve procedures that should only be decided by the specialist team.



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