

1. Seminal emission depends on an intact:
 - A. parasympathetic and somatic nervous system.
 - B. sympathetic nervous system.
 - C. parasympathetic nervous system.
 - D. sympathetic and parasympathetic nervous system.
 - E. sympathetic and somatic nervous systems.

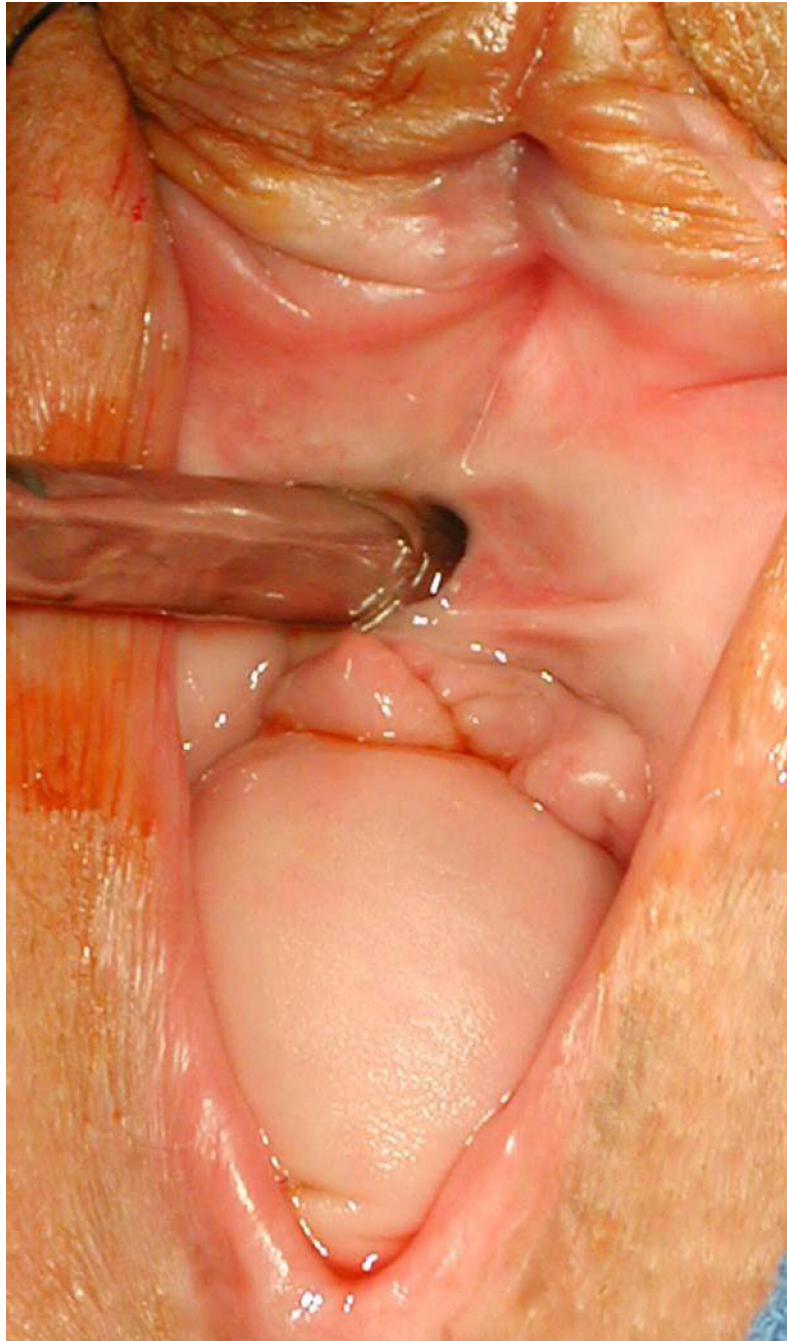
2. After starting antimicrobials in healthy individuals with uncomplicated acute pyelonephritis, the urine is typically sterile within:
 - A. a few hours.
 - B. twenty-four hours.
 - C. forty-eight hours.
 - D. three days.
 - E. seven days.

3. A 55-year-old woman with breast cancer has a 3.5 cm right adrenal nodule. The nodule has an attenuation of 25 Hounsfield units on non-contrast CT scan, 80% washout on contrast enhanced CT scan, and signal loss of 40% on chemical shift MRI scan. The lesion is a:
 - A. lipid rich adenoma.
 - B. lipid poor adenoma.
 - C. myelolipoma.
 - D. breast cancer metastasis.
 - E. primary adrenal cancer.

4. A 54-year-old man with hypertension and a creatinine of 1.7 mg/dl is started on an ACE inhibitor. After two weeks, the creatinine is unchanged, but hypertension persists and a diuretic is added. One week later, the creatinine is 2.5 mg/dl (eGFR of 27 ml/min/1.73 m²). The next test is:
 - A. split renal vein renin measurements.
 - B. contrast-enhanced MR angiography.
 - C. nonenhanced MR angiography.
 - D. contrast-enhanced CT angiography.
 - E. captopril renography.

5. A 25-year-old man has left scrotal pain after sustaining an injury playing soccer. The left testis is tender and enlarged on exam. Scrotal ultrasound reveals a 5cm hematocele, normal intraparenchymal blood flow, and a focal area of increased left testis echogenicity. The tunica albuginea cannot be fully visualized. The next step is:
 - A. observation.
 - B. MRI scan of the scrotum.
 - C. repeat scrotal ultrasound in 48 hours.
 - D. obtain tumor markers.
 - E. scrotal exploration.

6. A 55-year-old active woman desires surgical repair of a vaginal bulge. She has urinary frequency but no urinary or fecal incontinence. The physical examination with a cystoscope in the urethra is shown followed by a cystogram at maximal Valsalva taken during a videourodynamic study. The next step is:
- A. anterior (cystocele) repair with sling.
 - B. transvaginal vault suspension and anterior (cystocele) repair.
 - C. uterosacral vault suspension and rectocele repair.
 - D. robotic sacrocolpopexy.
 - E. robotic sacrocolpopexy and midurethral sling.





7. During the third trimester of pregnancy, the most common changes in renal function tests are:
- A. elevated BUN; decreased creatinine.
 - B. elevated BUN; elevated creatinine.
 - C. decreased BUN; decreased creatinine.
 - D. decreased BUN; elevated creatinine.
 - E. unchanged BUN and creatinine.
8. A 28-year-old man has 1+ proteinuria and moderate blood on two dipstick analyses. Two microscopic urinalyses each reveals 0-2 RBCs/hpf. According to the AUA Guidelines, the next step is:
- A. reassurance and no further evaluation.
 - B. serum albumin level.
 - C. urine cytology.
 - D. 24-hour urine collection for protein.
 - E. cystoscopy and upper tract imaging.
9. A 68-year-old man with ESRD has been on peritoneal dialysis for four years. He is anuric and asymptomatic. Ultrasound reveals several non-echogenic cysts involving the left kidney. The next step is:
- A. left nephrectomy.
 - B. CT scan.
 - C. renal arteriography.
 - D. repeat ultrasound in six months.
 - E. conversion to hemodialysis.
10. A 55-year-old man is scheduled to undergo TRUS-guided prostate biopsies. He has a severe allergy to ciprofloxacin. The best antibiotic regimen is:
- A. trimethoprim and sulfamethoxazole orally twice daily for three days.
 - B. cefuroxime 500 mg orally twice daily for three days.
 - C. levofloxacin 500 mg orally once daily for three days.
 - D. gentamicin 5 mg/kg I.V. 30 minutes prior to the biopsy.
 - E. ceftriaxone 1 gm I.V. 30 minutes prior to the biopsy.
11. A 78-year-old woman with history of anaphylactic reaction to penicillin, renal insufficiency (Cr 2.3) has right-sided flank pain and high fever. Recent culture revealed *E. coli* with sensitivity to nitrofurantoin, gentamicin, ceftriaxone, and intermediate sensitivity to ciprofloxacin. The next step is to admit her to the hospital and start:
- A. ciprofloxacin.
 - B. gentamicin.
 - C. imipenem.
 - D. ceftriaxone with diphenhydramine and hydrocortisone.
 - E. ciprofloxacin and nitrofurantoin.

12. A 17-year-old boy has a left radical orchiectomy for a pathologic T2 5 cm tumor, which is 70% embryonal cancer and 30% teratoma. He has a 2 cm para-aortic adenopathy and no other visible metastases. His initial markers show an AFP of 7,000 IU/ml and a normal beta-hCG. Two weeks later, his beta-hCG is normal and his AFP is 5,000 IU/ml. The next step is:
- A. repeat tumor markers in two weeks.
 - B. three cycles BEP.
 - C. four cycles etoposide and cisplatin.
 - D. four cycles of BEP.
 - E. RPLND.
13. A 58-year-old man develops abdominal pain and fever to 101° F three days after left radical nephrectomy. He is treated with I.V. antibiotics. The next day, the previously dry incision leaks 100 ml of cloudy fluid (pH 9.5, amylase 8,000 U/l). CT scan shows a 5 cm fluid collection in the left renal fossa. The next step is a naso-gastric tube and:
- A. low triglyceride diet.
 - B. percutaneous drainage and TPN.
 - C. open surgical drainage.
 - D. open ligation of fistula site and drainage.
 - E. distal pancreatectomy and drainage.
14. Cystine calculi can be diagnosed with the following test:
- A. sodium nitroprusside.
 - B. phenolphthalein.
 - C. thiazide challenge.
 - D. serum pH.
 - E. serum chloride.
15. A 54-year-old man has a muscle invasive urothelial carcinoma on TURBT. The preoperative CT scan shows loss of the fat plane on the right side of the bladder. The next step is:
- A. PET scan.
 - B. MRI scan.
 - C. neoadjuvant chemotherapy.
 - D. XRT.
 - E. cystectomy.
16. The renal toxicity of intravenous contrast material is due to:
- A. glomerular injury.
 - B. afferent arteriolar constriction.
 - C. efferent arteriolar constriction.
 - D. intrarenal vasoconstriction and tubular necrosis.
 - E. efferent arteriolar dilation and tubular necrosis.

17. A 46-year-old woman sustained a ureteral injury during an abdominal hysterectomy for fibroids six weeks ago. A left percutaneous nephrostomy tube was placed. A retrograde ureterogram and an antegrade pyeloureterogram are shown. The next step is:
- A. balloon dilation.
 - B. endoureterotomy.
 - C. ureteroureterostomy.
 - D. ureteral reimplant with psoas hitch.
 - E. ureteral reimplant with Boari flap.



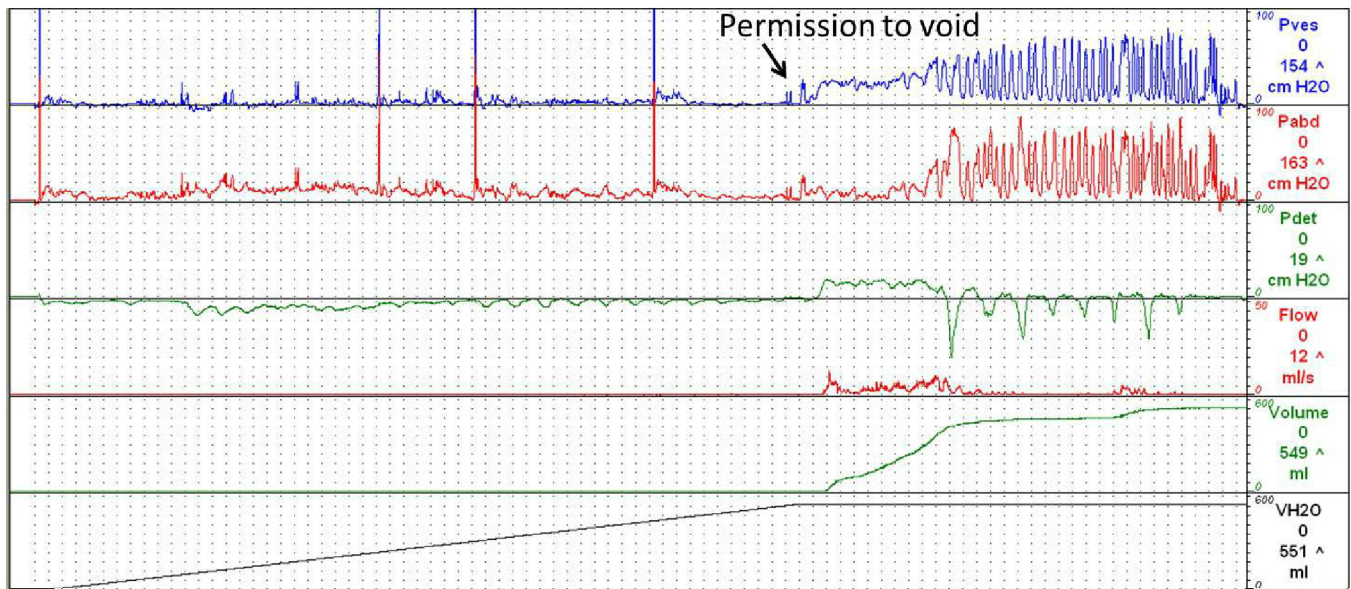


18. A 38-year old man is referred for prostate cancer screening. According to the AUA Guidelines, the next step is:
- A. advise against screening.
 - B. initiate yearly screening.
 - C. initiate yearly screening if positive family history or African American.
 - D. initiate biennial screening.
 - E. screen now and repeat in five years.

19. A 67-year-old man has a rectourethral fistula one year after cryotherapy for localized prostate cancer. An initial fulguration failed and six months ago, he underwent proximal colostomy and suprapubic tube placement. He continues to have urine leakage per rectum and recurrent UTIs. Biopsy of the prostate shows no cancer and serum PSA is 0.3 ng/ml. The best therapy is:
- A. pelvic exenteration.
 - B. transabdominal repair.
 - C. urinary diversion.
 - D. salvage prostatectomy.
 - E. York Mason transrectal, transsphincteric repair.
20. A 76-year-old man with insulin dependent diabetes returns six years after artificial urinary sphincter (AUS) placement with difficulty emptying his bladder despite appropriate action of his control pump. Examination reveals perineal induration without fluctuance or tenderness. Urinalysis is normal and PVR is 250 cc. Urodynamics reveals low pressure voiding with incomplete emptying. Urethroscopy shows no evidence of erosion. The next step is:
- A. ciprofloxacin.
 - B. deactivate cuff.
 - C. initiate CIC.
 - D. pelvic CT scan.
 - E. remove AUS.
21. In a testicular cancer patient, positron emission tomography (PET):
- A. has decreased sensitivity due to high cell turnover of germ cell tumors.
 - B. is most useful at the time of initial diagnosis.
 - C. is most useful in patients with lung nodules.
 - D. has good sensitivity for post-chemotherapy seminomas.
 - E. can distinguish teratoma versus fibrosis.
22. A 62-year-old man develops penile pain three months after implantation of an inflatable penile prosthesis. He denies fever or chills. The prosthesis is functional and in excellent position. Tenderness is localized to the left corpus. WBC count and urinalysis are normal. The most likely cause of the penile pain is:
- A. oversized cylinder.
 - B. prosthetic erosion.
 - C. corporal fibrosis.
 - D. staphylococcal infection.
 - E. psychogenic.

23. A 55-year-old man with a history of chronic bacterial prostatitis experiences urosepsis during induction chemotherapy for small cell lung cancer. Urine culture is positive for *E. coli* resistant to trimethoprim/sulfamethoxazole and ciprofloxacin; sensitive to nitrofurantoin, tobramycin, amikacin, and meropenem. Thorough urologic evaluation is normal except for documented persistence of the bacteria in the expressed prostatic secretions following a ten day course of I.V. meropenem. The next step is:
- A. observation.
 - B. nightly prophylaxis with oral nitrofurantoin.
 - C. daily intravesical tobramycin instillation.
 - D. I.V. tobramycin for six to eight weeks.
 - E. TURP.
24. A 61-year-old woman underwent percutaneous cryoablation of a 2.4 cm renal mass one year ago. On follow-up imaging, the mass now measures 3 cm with some nodularity within the treatment zone. According to the AUA Guidelines, the next step is:
- A. repeat imaging in six months.
 - B. repeat imaging in one year.
 - C. PET scan.
 - D. percutaneous biopsy.
 - E. repeat cryoablation.
25. Two months following closure of a traumatic bladder rupture associated with a pelvic fracture, a 20-year-old man has persistent urinary leakage through the suprapubic cystostomy site despite voiding. The diagnostic test most likely to diagnose the etiology of the problem is:
- A. CT urogram.
 - B. pelvic MRI scan.
 - C. fistulogram.
 - D. cystourethroscopy.
 - E. urodynamics.
26. Two days after PCNL, a patient is febrile with abdominal pain, rebound, and guarding. A nephrostogram via the nephrostomy tube opacifies the colon and the renal pelvis. The next step is antibiotics and:
- A. withdraw the nephrostomy tube into the colon.
 - B. remove nephrostomy tube and place ureteral stent.
 - C. withdraw the nephrostomy tube into the colon and place a ureteral stent.
 - D. withdraw the nephrostomy tube into the colon and place another nephrostomy tube into the kidney.
 - E. abdominal exploration, diverting colostomy, nephrostomy tube.

27. The use of μ -opioid receptor antagonists after radical cystectomy and urinary diversion is associated with:
- increased cardiac events.
 - reduced opioid consumption.
 - reduced length of stay.
 - increased hospitalization costs.
 - reduced early readmission for post-operative ileus.
28. A 45-year-old woman has recurrent episodes of graft pyelonephritis following a kidney transplantation two years previously. She denies voiding symptoms when she is infection-free. Her renal function is normal and cystogram reveals reflux into the transplanted kidney. Urodynamics are shown. The next step is:
- oxybutynin.
 - mirabegron.
 - suppressive antibiotics.
 - non-refluxing ureteral reimplant.
 - decrease immunosuppression dose.



29. The best treatment for a symptomatic 1.5 cm proximal ureteral stone is:
- A. medical expulsive therapy.
 - B. in situ SWL.
 - C. stent placement and SWL.
 - D. ureteroscopy and laser lithotripsy.
 - E. percutaneous stone removal.
30. Compared to typical prostate adenocarcinoma, prostatic ductal adenocarcinoma often exhibits:
- A. less aggressiveness and lower PSA.
 - B. abnormal DRE and higher PSA.
 - C. increased sensitivity to radiation.
 - D. more aggressiveness and more frequent obstructive symptoms.
 - E. should be treated with neoadjuvant systemic chemotherapy.
31. A 68-year-old woman with a history of a lengthy ureteral stricture developing following pelvic surgery and radiation therapy is managed with a chronic indwelling ureteral stent. At the time of stent exchange, she develops profuse bright red blood per ureteral orifice that stops within five minutes of stent placement, the next step is:
- A. observation and stent exchange in three months.
 - B. placement of nephrostomy tube and removal of the ureteral stent.
 - C. radiologic placement of an endovascular stent.
 - D. oversewing of arterial fistula, ureteroureterostomy, omental wrap around the ureter, and extraperitoneal lateralization of the ureter.
 - E. vascular bypass procedure and nephrostomy tube placement.
32. A 32-year-old anorexic woman with a history of seizures has recurrent urolithiasis. On a 24-hour urine, pH is 7.0 and urinary citrate is 45 (normal >450 mg/day) The medication responsible for her stone disease is:
- A. indinavir.
 - B. guaifenesin.
 - C. carbamazepine.
 - D. topiramate.
 - E. ephedrine.
33. A 66-year-old man undergoes a radical cystectomy and ileal conduit for pT2N0 urothelial carcinoma of the bladder. Final pathology demonstrates CIS at the right ureteral margin. The next step is:
- A. surveillance.
 - B. brush biopsy of ureteral anastomosis.
 - C. BCG via nephrostomy tube.
 - D. distal ureterectomy and reimplantation.
 - E. nephroureterectomy.

34. A 57-year-old man develops fever, nausea, and increasing abdominal pain seven days following a laparoscopic nephrectomy. Despite bowel rest and antibiotics, he develops worsening symptoms. A KUB reveals free air in the abdominal cavity with dilated loops of small bowel. The next step is:
- A. abdominal ultrasound.
 - B. barium enema.
 - C. CT scan of the abdomen with I.V. contrast.
 - D. CT scan of the abdomen with oral contrast.
 - E. immediate surgical exploration.
35. The most important benefit of using 60 versus 120 shocks per minute for SWL of a 9 mm proximal ureteral stone is:
- A. reduced number of shocks.
 - B. reduced renal damage.
 - C. reduced anesthetic requirement.
 - D. reduced steinstrasse rate.
 - E. reduced retreatment rate.
36. A 52-year-old woman has an incidentally-detected right renal lesion on triphasic CT scan. The lesion is classified as complex due to a few hairline septae with fine calcifications noted within the wall, Hounsfield units of 8 is noted. The next step is:
- A. no follow-up necessary.
 - B. ultrasound in six months.
 - C. CT scan in six months.
 - D. CT scan in one year.
 - E. biopsy or fine needle aspiration of lesion.
37. A 68-year-old man with bothersome voiding dysfunction completes a voiding diary revealing 12 voids in 24 hours with volumes ranging from 30 ml to 150 ml, nocturia x 3, and one episode of incontinence. PVR is 50 ml. Uroflowmetry reveals a flattened pattern with a peak flow of 6 ml/sec. His condition is best described as:
- A. BPH.
 - B. benign prostatic obstruction.
 - C. detrusor overactivity.
 - D. detrusor underactivity.
 - E. LUTS.

38. According to the AUA Guidelines, a patient with progressive metastatic castrate resistant prostate cancer having pain controlled with acetaminophen should be offered treatment with:
- A. observation.
 - B. sipuleucel-T.
 - C. cabazitaxel.
 - D. radium-223
 - E. mitoxantrone.
39. A 35-year-old woman with urinary urgency and frequency has a pelvic mass and gross hematuria. Cystoscopy and biopsy of the mass reveals endometriosis. A CT cystogram after four months of a GnRH agonist is shown. The next step is:
- A. CT urogram.
 - B. repeat biopsy of mass.
 - C. transurethral resection of mass.
 - D. partial cystectomy.
 - E. radical cystectomy with urinary diversion.



40. The diminished long term effectiveness of thiazides in the treatment of hypercalciuria is mediated by:
- A. increased dietary sodium.
 - B. increased serum calcitonin.
 - C. increased parathyroid hormone.
 - D. decreased urinary magnesium.
 - E. increased gastrointestinal absorption of calcium.
41. A 25-year-old woman has recurrent pan-sensitive E. coli UTIs with urgency and frequency but no fever. The next step is:
- A. post-coital voiding.
 - B. nightly trimethoprim-sulfamethoxazole.
 - C. nightly fluoroquinolone.
 - D. abdominal ultrasound.
 - E. cystoscopy.
42. A novel medication is being studied to determine efficacy in reducing urinary frequency in patients with overactive bladder. The best statistical method to compare the mean number of voiding episodes per day in three groups of subjects receiving either one of two doses of the medication or placebo is:
- A. ANOVA (analysis of variance).
 - B. chi-square test.
 - C. Pearson r test.
 - D. t-test.
 - E. Spearman rank order.
43. A 65-year-old woman undergoes a retropubic midurethral synthetic sling and is unable to void after surgery. At one month, she is still catheterizing herself and is unable to void on her own. The next step is:
- A. continue CIC and reassess at three months.
 - B. urethral dilation.
 - C. sling incision.
 - D. transvaginal urethrolysis.
 - E. suprameatal urethrolysis.
44. In utero myelomeningocele closure has a favorable impact on:
- A. incidence of spinal cord tethering.
 - B. bladder continence.
 - C. bowel function.
 - D. the need for ventriculo-peritoneal shunting.
 - E. complications at delivery.

45. A risk factor for systemic allergic-type reactions to radiocontrast media is:
- A. povidone-iodine (Betadine) allergy.
 - B. African-American ethnicity.
 - C. asthma.
 - D. obesity.
 - E. diabetes.
46. A 64-year-old, T4 paraplegic man on CIC is admitted for treatment of pneumonia. He suddenly develops a severe headache and has a heart rate of 42 bpm, and blood pressure of 210/130 mmHg. The next step is:
- A. sublingual nifedipine.
 - B. sublingual terazosin.
 - C. oral nitroglycerine.
 - D. nitroglycerine paste.
 - E. place a urethral catheter.
47. During testosterone replacement therapy for androgen deficiency, significant mood swings, and variations in libido are most likely to develop when using:
- A. testosterone enanthate.
 - B. testosterone gel.
 - C. transdermal testosterone patch.
 - D. methyltestosterone.
 - E. subcutaneous testosterone pellets (Testopel™).
48. An eight-year-old boy with a large expanding cystic right testicular mass has normal tumor markers and organ confined mature testicular teratoma on radical orchiectomy. The next step is:
- A. serial examination.
 - B. abdomen and pelvis CT scan.
 - C. serial tumor markers.
 - D. RPLND.
 - E. platinum-based chemotherapy.
49. A man with erectile dysfunction is given a test dose of intraurethral alprostadil 1000 mcg, and achieves complete rigidity. He complains of penile, scrotal, and leg pain during the erection. The next step is:
- A. reassurance.
 - B. oral terbutaline.
 - C. intraurethral lidocaine.
 - D. methylene blue intracavernosal injection.
 - E. phenylephrine intracavernosal injection.

50. Compared to a normal kidney, the percutaneous access for nephrolithotomy in the kidney shown will be more:
- A. superior and medial.
 - B. inferior and medial.
 - C. superior and lateral.
 - D. inferior and lateral.
 - E. posterior and medial.



51. The right adrenal vein enters:
- A. right renal vein.
 - B. right inferior phrenic vein.
 - C. right gonadal vein.
 - D. IVC.
 - E. ascending lumbar vein.

52. Three years after placement of a sacral neuromodulator for refractory urinary urgency and urgency incontinence, a 45-year-old woman develops new symptoms of blurred vision, numbness in her lower extremities, and significant exacerbation of her urinary symptoms. The next step is:
- A. anterior, posterior and lateral radiograph of the sacrum.
 - B. reprogramming of the device.
 - C. MRI scan of the brain and spine.
 - D. surgical revision of the impulse generator.
 - E. removal of the device.
53. A 38-year-old woman with recurrent nephrolithiasis has a serum calcium of 10.8 mg/dl and serum parathyroid hormone level of 85 pg/ml. After administration of thiazide, serum calcium is 11.8 mg/dl. She is currently stone free. The treatment that will best reduce her risk of nephrolithiasis is:
- A. sodium restriction.
 - B. potassium citrate.
 - C. low calcium diet.
 - D. orthophosphates.
 - E. parathyroidectomy.
54. A novel medication is being studied for the treatment of urinary frequency. The best statistical method to compare the mean number of voiding episodes per day in subjects receiving the medication versus those receiving placebo is:
- A. chi-square test.
 - B. ANOVA (analysis of variance).
 - C. Pearson r test.
 - D. t-test.
 - E. Spearman rank order test.
55. Three years following placement of a retropubic midurethral sling, a 58-year-old woman has recurrent stress urinary incontinence. Valsalva LPP is 32 cm H₂O with a stable bladder and a capacity of 400 ml. The urethra is well-supported. The best option is:
- A. pelvic floor muscle training.
 - B. imipramine.
 - C. Burch urethropexy.
 - D. transobturator sling.
 - E. autologous fascial sling.

56. A 60-year-old paraplegic woman with multiple medical problems has an ileal conduit because she was unable to perform intermittent catheterization. She develops pyocystis unresponsive to three weeks of oral ciprofloxacin. Pyocystis recurs one week following three days of intravesical bladder irrigation with neomycin. The next step is:
- A. formalin bladder irrigation.
 - B. suprapubic cystotomy.
 - C. broad spectrum I.V. antibiotics.
 - D. vesicovaginostomy.
 - E. convert to ileovesicostomy.
57. A six-year-old boy undergoes right pyeloplasty and pyelolithotomy for UPJ obstruction and 1 cm renal pelvic stone. The stone is composed of calcium oxalate. Three months post-op, ultrasound shows improved hydronephrosis and diuretic renography shows no obstruction. The next step is:
- A. observation.
 - B. metabolic stone evaluation.
 - C. low oxalate diet.
 - D. hydrochlorothiazide.
 - E. potassium citrate.
58. A unique challenge of robotic vesicovaginal fistula repair as compared to robotic sacrocolpopexy is:
- A. adequate exposure.
 - B. ease of suturing.
 - C. maintaining pneumoperitoneum.
 - D. avoiding ureteral injury.
 - E. port site complications.
59. Eighteen hours after a radical nephrectomy, a 35-year-old man has a high grade fever, pain, and impressive erythema at the operative site associated with a thin, watery discharge from the incision. The infection is most likely caused by:
- A. Clostridium perfringens.
 - B. beta-hemolytic streptococci.
 - C. Staphylococcus aureus.
 - D. Pseudomonas aeruginosa.
 - E. Candida albicans.

60. A four-year-old boy who recently emigrated from Ethiopia has gross hematuria. There is no history of UTI. KUB demonstrates a 2 cm bladder stone. The most likely stone composition is:
- A. ammonium acid urate.
 - B. calcium oxalate.
 - C. calcium phosphate.
 - D. cystine.
 - E. struvite.
61. A 55-year-old woman has dyspareunia several months after a mid-urethral sling. She has no residual urinary symptoms. Examination reveals 2 cm of mesh exposure along the anterior vaginal wall and urinalysis is normal. The next step is:
- A. observation with secondary healing.
 - B. topical estrogen cream.
 - C. excision of exposed mesh and closure of vaginal wall defect.
 - D. excision of exposed mesh and repeat synthetic midurethral sling.
 - E. excision of exposed mesh and autologous fascial sling.
62. The finding on a high dose dexamethasone suppression test (2 mg every six hours) that establishes the diagnosis of Cushing's disease is:
- A. suppression of urinary 17-hydroxycorticosteroids.
 - B. no change in urinary 17-hydroxycorticosteroids.
 - C. elevation of urinary 17-hydroxycorticosteroids.
 - D. suppression of urinary 17-ketosteroids.
 - E. elevation of serum ACTH.
63. Prenatal ultrasonography in a 22-week fetus shows bilateral hydroureteronephrosis. The parameter most predictive of a poor postnatal renal outcome is:
- A. oligohydramnios.
 - B. a persistently distended bladder.
 - C. diameters of the renal pelves.
 - D. renal cortical thinning.
 - E. echogenic kidneys.
64. During a robotic sacrocolpopexy, a patient has tachycardia and hypercarbia. In addition to increasing respiratory rate, the next step is:
- A. increase positive end expiratory pressure (PEEP).
 - B. I.V. fluid bolus.
 - C. check arterial blood gas.
 - D. decrease the insufflation pressure.
 - E. take the patient out of steep Trendelenburg.

65. A 27-year-old man on an alpha-blocker for hypertension undergoing an infertility evaluation has a normal physical examination. Two semen analyses demonstrate volumes of less than 1 ml, pH of 7.4, normal viscosity, and sperm counts in the range of 60 million/ml with 80% motility and 8% normal forms. The following test provides the most useful information:
- A. TRUS.
 - B. postejaculatory urinalysis.
 - C. serum testosterone.
 - D. serum FSH and LH.
 - E. serum prolactin.
66. A 15-year-old girl involved in a car versus pedestrian accident sustains a fracture of her left ischiopubic ramus with diastasis of the sacroiliac joint. Urinalysis has 5-10 RBC's and there is blood at the introitus. CT scan with contrast shows no renal fracture. The next step is:
- A. observation.
 - B. DRE.
 - C. VCUG.
 - D. flexible cystoscopy.
 - E. cystoscopy and vaginoscopy.
67. A morbidly obese woman has crepitus along the abdomen and thorax and mild hypercarbia four hours into a laparoscopic radical nephrectomy. The next step is:
- A. confirm trocars are in intraperitoneal location.
 - B. relocate gas insufflation to a different trocar.
 - C. increased respiratory rate.
 - D. increase tidal volume.
 - E. convert to open nephrectomy.
68. The treatment of idiopathic oligospermia with human chorionic gonadotropin is most likely to result in:
- A. elevation of serum testosterone.
 - B. increased sperm concentration.
 - C. improved sperm motility.
 - D. increased pregnancy rate.
 - E. increased seminal volume.
69. A six-month-old boy has a non-palpable left testis. The contralateral testis is descended and normal in size. The next step is:
- A. inguinal scrotal ultrasound.
 - B. abdominal CT scan.
 - C. left scrotal exploration.
 - D. diagnostic laparoscopy.
 - E. hCG treatment.

70. While starting a planned placement of an artificial urinary sphincter (AUS), an 8 Fr bladder neck contracture is noted cystoscopically after a 14 Fr catheter is unable to be placed. The next step is:
- A. place an 8 Fr urethral catheter and proceed with AUS placement.
 - B. dilate the bladder neck contracture, place a larger catheter and proceed with AUS placement.
 - C. transurethrally resect the bladder neck, place a larger catheter and proceed with AUS placement.
 - D. transurethrally resect the bladder neck, inject the resected bladder neck area with steroids and proceed with AUS placement.
 - E. transurethrally resect the bladder neck and proceed with AUS placement three months later once assured the bladder neck remains open.
71. The primary advantage of ultrasound for SWL stone localization is:
- A. capability for continuous real-time monitoring.
 - B. short learning curve.
 - C. multifunctional use for diagnosis and endourological treatment.
 - D. ability to identify ureteral calculi.
 - E. efficacy in clinical situations with multiple calculi.
72. Regarding family members of a child with VUR, the 2012 AUA Reflux Guidelines recommend VCUG screening in:
- A. all siblings.
 - B. all offspring.
 - C. any non-toilet-trained sibling.
 - D. any sibling with prenatal hydroureteronephrosis.
 - E. any sibling with prenatal bilateral pelviectasis.
73. A 24-year-old man with a T4 complete spinal cord injury who manages his bladder with CIC every six hours complains of increased lower extremity spasms during the past week. Urine culture reveals 100 cfu/ml E. coli. He denies urinary urgency or incontinence. The next step is:
- A. observation.
 - B. antibiotics.
 - C. antibiotics if pyuria present.
 - D. baclofen.
 - E. urodynamics.

74. A 22-year-old woman with recurrent febrile E. coli UTIs wants to become pregnant. CT scan shows a normal left kidney and an atrophic, scarred right kidney with less than 5% function on a DMSA scan. VCUG shows no reflux. The next step is:
- A. indium-labeled WBC scan.
 - B. preventive antimicrobial therapy.
 - C. bilateral ureteral catheterization with cultures.
 - D. fluorescent bacterial antibody testing.
 - E. right nephrectomy.
75. A three-year-old girl has a right 9 cm lower pole renal mass and a left 2 cm upper pole renal mass without lymphadenopathy on CT scan. The next step is:
- A. percutaneous renal mass biopsies.
 - B. open renal mass biopsies.
 - C. neoadjuvant chemotherapy and repeat CT scan at six weeks.
 - D. right nephrectomy and left partial nephrectomy.
 - E. bilateral partial nephrectomies.
76. A 60-year-old man being evaluated for renal transplantation has urinary frequency and decreased force of stream. He is on tamsulosin. DRE reveals a benign 30 gm prostate. Voiding diary reveals voided volumes of 50-75 ml/void and a total voided volume of 400 ml/24 hours. Maximum flow rate is 8 ml/second and Pdet Qmax is 80 cm H₂O on pressure flow urodynamics. Postvoid residual urine is 0 ml. The next step is:
- A. finasteride.
 - B. onabotulinumtoxinA.
 - C. TUIP.
 - D. TURP.
 - E. evaluate bladder symptoms after transplant.
77. The following correlates with improved patency rates after vasectomy reversal:
- A. absence of sperm granuloma.
 - B. increased diameter of proximal vas.
 - C. multi-layered anastomosis.
 - D. length of the proximal vas.
 - E. increase in cross-sectional tubular area of the testis.
78. A three-year-old boy has a 1 cm area of erythema and swelling of the foreskin for 24 hours. He last voided with severe dysuria six hours ago. He has no fever. The next step is:
- A. observation.
 - B. topical antibiotic.
 - C. topical testosterone.
 - D. oral antifungal.
 - E. dorsal preputial slit.

79. A 62-year-old man with a history of metastatic prostate cancer and erectile dysfunction develops priapism for the past five days. He denies using any erectogenic medications and complains of persistent penile pain. Corporal blood gas reveals pH 7.35, pCO₂ 50 mmHg, and pO₂ 40 mmHg. The next step is:
- A. oral terbutaline.
 - B. sympathomimetic cavernosal injection.
 - C. proximal bulbo-cavernosal shunt.
 - D. selective embolization.
 - E. corporal biopsy.
80. Hypertension in Cushing's syndrome is primarily related to:
- A. elevated plasma catecholamines.
 - B. elevated plasma aldosterone.
 - C. retention of water and salt.
 - D. ACTH-stimulated renin.
 - E. elevated angiotensin II.
81. Monitoring for adenocarcinoma of the bladder after a sigmoid bladder augmentation cystoplasty is best performed by yearly:
- A. urine cytology.
 - B. urine fluorescence in-situ hybridization (FISH) analysis.
 - C. serum carcinoembryonic antigen (CEA) level.
 - D. renal and bladder ultrasound.
 - E. cystoscopy.
82. A 60-year-old man with LUTS and an AUA Symptom Score of 18 has a PVR of 200 ml. This residual volume is:
- A. associated with recurrent pyelonephritis.
 - B. an indication for surgical therapy.
 - C. of limited clinical utility.
 - D. highly correlated with urinary symptoms.
 - E. predictive of outcome after surgery.
83. A 68-year-old asymptomatic man receives two six-week courses of intravesical BCG for recurrent bladder tumors. A new firm area in the prostate is noted on DRE. Serum PSA is 3.0 ng/ml. Ultrasound-directed needle biopsy of the lesion reveals a caseating granuloma. The next step is:
- A. observation.
 - B. repeat prostate biopsies in three months.
 - C. cycloserine for six months.
 - D. isoniazid for six months.
 - E. isoniazid and rifampin for six months.

84. A five-year-old girl with a horseshoe kidney has moderate left hydronephrosis and a 2.1 cm renal pelvis stone. The next step is:
- A. ureteral stent.
 - B. SWL.
 - C. ureteroscopic laser lithotripsy.
 - D. PCNL via lower pole access.
 - E. laparoscopic pyelolithotomy.
85. A 54-year-old woman undergoes intradetrusor injection of 100 units of onabotulinumtoxinA for symptoms of urgency, frequency, and urgency urinary incontinence. Two weeks later, she complains of worsening frequency, urgency, and urinary incontinence. The next step is urinalysis and:
- A. PVR.
 - B. urodynamics.
 - C. mirabegron.
 - D. immediate reinjection of an additional 100 units of onabotulinumtoxinA.
 - E. reinject an additional 100 units of onabotulinumtoxinA in three months.
86. A 21-year-old man had a right inguinal orchiectomy for a clinical Stage I mixed germ cell tumor. He was observed and seven months later, a 4 cm mass is seen on the abdominal CT scan in the interaorto-caval region. The chest x-ray, beta-hCG, and AFP are normal. The next step is:
- A. retroperitoneal XRT.
 - B. percutaneous biopsy of retroperitoneal mass.
 - C. cisplatin-based chemotherapy.
 - D. right modified template RPLND.
 - E. full bilateral RPLND.
87. DDAVP causes absorption of water by exerting its effects on:
- A. juxtaglomerular apparatus.
 - B. distal tubule.
 - C. macula densa.
 - D. loop of Henle.
 - E. collecting ducts.
88. An 85-year-old man has bothersome LUTS. He underwent TURP 12 years ago. Urinalysis and urine cytology are negative. The most important test before considering repeat TURP is:
- A. serum creatinine.
 - B. residual urine.
 - C. uroflowmetry.
 - D. cystoscopy.
 - E. pressure-flow study.

89. A 23-year-old man is referred for treatment after a left trans-scrotal orchiectomy. Pathology shows an embryonal cell carcinoma mixed with elements of seminoma. AFP, beta-hCG, and chest x-ray are normal. No inguinal lymph nodes are palpable. In addition to excision of the left spermatic cord, treatment should include:
- A. hemiscrotectomy.
 - B. left superficial inguinal lymph node dissection.
 - C. biopsy of left sentinel inguinal node.
 - D. radiation of left inguinal nodes.
 - E. observation of inguinal nodes.
90. A six-month-old boy is scheduled for elective hypospadias repair. Instructions given to his parents regarding his NPO pre-op fluid status include:
- A. NPO after midnight.
 - B. clear fluids until one hour prior to anesthesia.
 - C. breast milk until four hours prior to anesthesia.
 - D. formula until four hours prior to anesthesia.
 - E. any fluids until four hours prior to anesthesia.
91. The best time to perform urodynamics on a patient after a complete T4 spinal cord injury is:
- A. during the initial in-patient rehabilitation stay.
 - B. at the initial sign of urinary incontinence.
 - C. after the patient has learned to perform CIC.
 - D. three months after the initial injury.
 - E. after the return of deep tendon reflexes.
92. A 35-year-old man has persistent retroperitoneal lymphadenopathy after cisplatin-based chemotherapy for NSGCT. The parameter most predictive of finding only fibrosis in the retroperitoneum is:
- A. normalization of serum hCG.
 - B. 50% reduction in size of the mass on CT scan.
 - C. pure embryonal cell carcinoma in the primary tumor.
 - D. normalization of serum alpha-fetoprotein.
 - E. teratoma in the primary tumor.
93. A six-year-old boy with the history of a neonatally ablated PUV has worsening bilateral hydroureteronephrosis. He is incontinent at night and occasionally wet during the day. A 24-hour urine collection shows a urine volume of two liters. Videourodynamics shows no detrusor overactivity, no residual valves, and no VUR. Along with more frequent daytime voiding, the next step is:
- A. decreased fluid intake.
 - B. dietary salt restriction.
 - C. DDAVP.
 - D. CIC.
 - E. continuous night time catheterization.

94. The main disadvantage of bladder autoaugmentation is:
- A. increased operative time.
 - B. decreased bladder compliance.
 - C. limited increase in bladder capacity.
 - D. increased risk of perforation.
 - E. increased complication rate of subsequent enterocystoplasty.
95. A 60-year-old man with squamous cell carcinoma of the penis invading the right corpus cavernosum undergoes partial penectomy. After six weeks of cephalexin, a 3.5 cm right inguinal lymph node has decreased in size to 2.0 cm. Pelvic CT scan is normal. The next step is:
- A. reevaluation in three months.
 - B. needle aspiration of the suspicious node.
 - C. sentinel node biopsy.
 - D. bilateral inguinal node dissection.
 - E. right inguinal node dissection.
96. A 25-year-old woman has a chronic history of intermittent urinary stream and a lower abdominal discomfort without significant urinary urgency. Physical exam is normal and PVR is 1 liter. MRI scan of the brain and spine is normal, as is cystoscopy. Pressure flow analysis shows an active EMG during voiding. She has failed treatment with biofeedback and prefers not to do CIC. The next step is:
- A. vaginal estrogen therapy.
 - B. alpha-blocker therapy.
 - C. onabotulinumtoxinA of the sphincter.
 - D. sacral neuromodulation.
 - E. sphincterotomy.
97. During a penile plication for a 50 degree ventral penile curvature with palpable plaque, the deep dorsal vein is inadvertently transected. The next step is:
- A. abort procedure and reattempt three months later.
 - B. ligate deep dorsal vein and continue with plication.
 - C. primary repair of deep dorsal vein and continue with plication.
 - D. anastomose deep dorsal vein to inferior epigastric vein and continue with plication.
 - E. convert to excision and grafting procedure.
98. The drug with the most rapid onset of action in treating BCG sepsis is:
- A. isoniazid.
 - B. rifampin.
 - C. ethambutol.
 - D. para-aminosalicylic acid.
 - E. cycloserine.

99. A nine-year-old girl who recently emigrated from Japan has recurrent right flank pain and urolithiasis with SWL being unsuccessful in the past. Renal ultrasound shows two right 8 mm renal calculi and moderate hydronephrosis. Urinalysis shows hexagonal-shaped crystals. The most likely cause of her urolithiasis is:
- A. hypercalciuria.
 - B. hyperuricosuria.
 - C. cystinuria.
 - D. low urinary volume.
 - E. UPJ obstruction.
100. A 32-year-old man with a testosterone of 223 ng/dl has low energy, low libido and increased fatigue. He and his female partner are currently trying to conceive. Semen analysis demonstrates oligoasthenoteratospermia. Physical exam is normal. The next step is:
- A. topical testosterone.
 - B. subcutaneous testosterone.
 - C. human chorionic gonadotropin.
 - D. scrotal ultrasound.
 - E. testis biopsy.
101. The treatment most likely to cause painful gynecomastia is:
- A. leuprolide.
 - B. leuprolide and bicalutamide.
 - C. ketoconazole.
 - D. bicalutamide.
 - E. finasteride.
102. A three-year-old boy is referred for bilateral undescended testes. On examination, both testes can be manipulated into a dependent scrotal position where they remain transiently upon fatigue of the cremasteric muscle. The next step is:
- A. follow-up in one year.
 - B. LH and FSH measurement.
 - C. ultrasound and measurement of testis volume.
 - D. hCG injections.
 - E. bilateral scrotal orchiopexies.
103. The use of quick connectors when performing an artificial urinary sphincter (AUS) revision:
- A. allows for the best, watertight connection.
 - B. minimizes the risk of device infection peri-operatively.
 - C. should not be used due to biofilm formation.
 - D. should not be used due to tubing size mismatch.
 - E. are equivalent to hand-tie connectors.

104. The manifestation of the von Hippel-Lindau syndrome that tends to be clustered only within a subset of affected families is:
- A. RCC.
 - B. pheochromocytoma.
 - C. retinal angioma.
 - D. cerebellar hemangioblastoma.
 - E. epididymal papillary cystadenoma.
105. A four-month-old girl has a two-day history of fever. She is being followed for bilateral grade 2 hydronephrosis that was diagnosed antenatally. She is hemodynamically stable and no localizing signs are found on physical exam. A bagged urine specimen reveals 8-10 WBC/hpf and is nitrite positive. The next step is:
- A. observation.
 - B. oral antibiotics.
 - C. I.V. antibiotics.
 - D. catheterized urine culture.
 - E. repeat ultrasound.
106. A 35-year-old man with spina bifida has urinary incontinence despite CIC every three hours. Urodynamics show detrusor overactivity and detrusor LPP of 60 cm H₂O at 200 ml. Continence is achieved two weeks after intradetrusor injection of 200 units of onabotulinumtoxinA. The next step is:
- A. increase time between catheterizations.
 - B. repeat onabotulinumtoxinA in six months.
 - C. repeat onabotulinumtoxinA when incontinence returns.
 - D. repeat onabotulinumtoxinA when urodynamic evidence of detrusor overactivity returns.
 - E. repeat urodynamics now.
107. A 59-year-old man with a history of liver transplantation has a 1 cm raised, tender, penile lesion at the coronal sulcus dorsally. Incisional biopsy reveals Kaposi's sarcoma. The next step is:
- A. decrease immunosuppression.
 - B. topical 5-FU.
 - C. local excision.
 - D. CO₂ laser ablation.
 - E. partial penectomy.

108. A newborn has endoscopic ablation of PUV. Three months later, he has a febrile UTI despite being maintained on prophylactic antibiotics. Follow-up ultrasound demonstrates persistent bilateral grade 4 hydroureteronephrosis. Creatinine is 1.0 mg/dl. The next step is:
- A. MR urogram.
 - B. VCUG.
 - C. urodynamics.
 - D. change prophylactic antibiotics.
 - E. vesicostomy.
109. According to the 2011 FDA notification, the use of vaginal mesh in pelvic organ prolapse surgery:
- A. should never be done.
 - B. should only be done by physicians board-certified in Female Pelvic Medicine and Reconstructive Surgery.
 - C. has equivalent complication rates compared to mesh placed via an abdominal approach.
 - D. may result in rare complications if performed by an experienced vaginal surgeon.
 - E. may result in improved anatomic but equivalent symptomatic outcomes compared to transvaginal repairs without mesh.
110. During a radical cystectomy a small 3 mm papillary lesion is noted at the proximal margin of the transected ureter. Frozen section reveals a low grade Ta urothelial cell carcinoma. The next step is:
- A. re-resect ureter until margin negative.
 - B. treat with BCG via diversion stent post-op.
 - C. flexible ureteropyeloscopy.
 - D. resect ureter and ileal ureter interposition.
 - E. nephroureterectomy.
111. A ten-year-old boy has day and night urinary incontinence. Uroflow with simultaneous EMG reveals a maximum flow rate of 7 ml/sec with good relaxation of the pelvic musculature and an eight second lag between the onset of EMG quiescence and initiation of flow. VCUG shows a normal urethra with a PVR of 100 ml. The next step is:
- A. double voiding.
 - B. pelvic floor retraining.
 - C. alpha-blockers.
 - D. CIC.
 - E. external sphincteric injection with onabotulinumtoxinA.

112. Optimal tumor destruction during laparoscopic renal cryoablation is achieved by:
- A. intraoperative ultrasound-guided cryo probe placement.
 - B. placing the cryo probe tip at the center of the tumor.
 - C. obtaining a target temperature of -10°C .
 - D. extending the cryo lesion 2 cm beyond the tumor margin.
 - E. performing an active single freeze-thaw cycle.
113. A 70-year-old man develops hematuria 18 months following a radical cystectomy and orthotopic neobladder. A urine cytology is positive for malignant cells. On cystoscopy, a focal area of erythema in the bulbar urethra reveals CIS. The next step is:
- A. intraurethral BCG.
 - B. segmental urethrectomy.
 - C. segmental urethrectomy with perineal urethrostomy.
 - D. total urethrectomy.
 - E. XRT.
114. The nerve that must be intact for the cremasteric reflex is:
- A. iliohypogastric.
 - B. genitofemoral.
 - C. lateral femoral cutaneous.
 - D. ilioinguinal.
 - E. femoral.
115. A 32-year-old man with chronic diarrhea is diagnosed with hypocitraturia. The best therapy is:
- A. citrate repletion with lemonade.
 - B. potassium citrate tablet.
 - C. potassium citrate liquid.
 - D. sodium citrate liquid.
 - E. magnesium oxide tablet and pyridoxine hydrochloride tablet.
116. A 60-year-old man with CIS of the bladder received an induction course of BCG. Follow-up biopsy shows no residual tumor, and cytology shows mild atypia. The next step is:
- A. cystoscopy and cytology in three months.
 - B. monthly BCG for one year.
 - C. three weeks of BCG at three and six months, then every six months for two years.
 - D. intravesical mitomycin C for six weeks.
 - E. an additional six weeks of BCG.

117. A three-year-old boy has a fever of 100° F, WBC count of 17,000, and purulent umbilical drainage. Pelvic ultrasound reveals a 2 cm complex mass between the umbilicus and dome of the bladder. The next step is antibiotics and:
- A. cystoscopy.
 - B. incision, drainage and packing.
 - C. excision of urachus and partial cystectomy.
 - D. delayed excision of urachus.
 - E. chemical sclerosis of the sinus tract.
118. Normal semen pH (alkaline) is derived mainly from the:
- A. prostate.
 - B. seminal vesicles.
 - C. testes.
 - D. vas deferens.
 - E. epididymis.
119. A 21-year-old man who underwent inguinal orchiectomy for a pure seminoma of the right testis has an 11 cm retroperitoneal mass. Serum beta-hCG and AFP are normal. Following three cycles of BEP, repeat CT scan demonstrates a residual 2 cm mass in the inter-aortocaval region. Chest CT scan is negative, and tumor markers remain normal. The next step is:
- A. local excision of the mass.
 - B. RPLND.
 - C. observation.
 - D. salvage chemotherapy.
 - E. retroperitoneal XRT.
120. A nine-year-old boy has primary nocturnal enuresis. He has daytime urgency and frequency, but remains dry. He has used an alarm for four months without improvement. Urinalysis is normal. The next step is:
- A. voiding diary.
 - B. urodynamics.
 - C. VCUG.
 - D. DDAVP.
 - E. oxybutynin.
121. A 24-year-old woman with cystic fibrosis undergoes ureteroscopic treatment of a calcium oxalate stone. The most likely etiology of stone formation is:
- A. absent *Oxalobacter formigenes*.
 - B. absorptive hypercalciuria.
 - C. reduced urinary magnesium.
 - D. reduced urinary sodium.
 - E. renal tubular acidosis.

122. A 32-year-old woman has a two year history of hypertension treated with a diuretic. BP is 150/95, sodium 135 mEq/l, creatinine 0.8 mg/dl and potassium 2.7 mEq/l. The most likely diagnosis is:
- A. essential hypertension.
 - B. aldosteronoma.
 - C. adrenal hyperplasia.
 - D. fibromuscular dysplasia.
 - E. Bartter's syndrome.
123. A two-year-old boy with stranguria develops gross hematuria. Urine culture is negative. Ultrasound shows normal kidneys and bladder. The next step is:
- A. CT urogram.
 - B. urine cytology.
 - C. VCUG.
 - D. MRI scan with gadolinium.
 - E. cystoscopy.
124. A 35-year-old woman with diabetes has asymptomatic bacteriuria on a routine urine analysis. The next step is:
- A. antibiotics.
 - B. antibiotics followed by regular screening urinalyses.
 - C. imaging of the urinary tract.
 - D. antibiotics followed by cystoscopy.
 - E. no treatment.
125. A contraindication to cytoreductive nephrectomy prior to systemic therapy in an asymptomatic patient with metastatic RCC is:
- A. brain metastasis.
 - B. vena caval thrombus.
 - C. involvement of the contralateral adrenal gland.
 - D. sarcomatoid cell histology.
 - E. pulmonary metastases.
126. Twenty-four hours after a newborn circumcision, a circumferential skin separation with a 1.5 cm defect is noted. The best management is:
- A. observation with local wound care.
 - B. immediate repair.
 - C. delayed repair.
 - D. split thickness skin graft.
 - E. full thickness skin graft.

127. A 19-year-old man sustained a gunshot wound to the abdomen. Preoperative imaging was not performed. During emergent exploratory laparotomy, a non-expanding, non-pulsatile, left retroperitoneal hematoma is encountered. The next step is:
- A. observation.
 - B. intraoperative sonography.
 - C. one shot IVP.
 - D. renal arteriography.
 - E. left renal exploration.
128. An otherwise healthy 65-year-old man elects active surveillance for T1c, PSA 8.2 ng/dl, Gleason score 6 (1 of 12 cores positive) prostate cancer. His DRE remains normal and has subsequent serial PSA values of 7.1, 9.2, and 7.9 ng/dl at 6, 12, and 18 months respectively. The next step is:
- A. endorectal MRI scan.
 - B. TRUS and prostate biopsy.
 - C. bone scan.
 - D. ProstaScint™ scan.
 - E. definitive local therapy.
129. A four-week-old boy has a febrile UTI. Renal ultrasound shows right hydroureteronephrosis with the distal ureter measuring 2.0 cm in diameter and a normal left kidney. VCUG is normal and a MAG-3 scan shows 80% function on the left and 20% on the right. T $\frac{1}{2}$ on the right is > 30 minutes. The next step is antibiotics and:
- A. ultrasound and MAG-3 scan in three months.
 - B. percutaneous nephrostomy.
 - C. distal cutaneous ureterostomy.
 - D. primary ureteral reimplant with tapering.
 - E. nephrectomy.
130. A 24-year-old man on CIC for a neurogenic bladder is unable to catheterize. Retrograde urethrogram reveals a 2 cm proximal bulbar urethral stricture. The next step is:
- A. direct vision internal urethrotomy and resume CIC.
 - B. suprapubic tube placement.
 - C. excision and primary anastomosis.
 - D. bulbar urethroplasty with graft.
 - E. bulbar urethroplasty with flap.

131. A 52-year-old man undergoes right partial nephrectomy and regional lymphadenectomy for a large upper pole tumor in a solitary kidney. A drain is placed in the renal fossa. The drain output increases precipitously when the patient begins a regular diet. The drain output is a milky white fluid. The test which will confirm the diagnosis is:
- A. drain fluid amylase and lipase level.
 - B. drain fluid fat and total protein level.
 - C. drain fluid creatinine level.
 - D. activated charcoal test.
 - E. abdominal CT scan with oral and I.V. contrast.
132. The appropriate maintenance I.V. fluid for a 14 kg child is:
- A. 25 ml/hr of 1/2 NS.
 - B. 50 ml/hr of 1/2 NS.
 - C. 50 ml/hr of Lactated Ringers Solution.
 - D. 75 ml/hr of 1/4 NS.
 - E. 75 ml/hr of 1/2 NS.
133. A 28-year-old man sustains a straddle injury with bulbar urethral disruption. A suprapubic tube is placed for three months. Cystoscopy and retrograde urethrogram reveal a 1 cm mid bulbar urethral stricture with a 4 Fr lumen. The next step is:
- A. dilation.
 - B. direct visual internal urethrotomy with mitomycin injection.
 - C. laser urethrotomy.
 - D. excision and primary anastomosis.
 - E. urethroplasty with graft.
134. A 57-year-old man has a 2 cm cT2 urothelial carcinoma of the bladder. He opts for chemoradiation. The most effective concurrent chemotherapeutic agent is:
- A. methotrexate.
 - B. vinblastine.
 - C. doxorubicin.
 - D. cisplatin.
 - E. paclitaxel.
135. A ten-month-old girl undergoes left nephrectomy for Wilms' tumor. The right kidney is normal at the time of surgery. Pathology reveals the presence of perilobar nephrogenic rests. She is at increased risk for:
- A. nephrotic syndrome.
 - B. renal failure.
 - C. metachronous Wilms' tumor.
 - D. local recurrence.
 - E. metastatic disease.

136. A 22-year-old woman with a prior history of right nephrolithiasis and ureteroscopic stone extraction has right flank pain. Serum creatinine is 1.0 mg/dl. A CT urogram demonstrates left hydronephrosis, no calculi and a 6 cm ureteral stricture extending from the UPJ to mid-ureteral region. Diuretic renal scan shows left renal function of 35% and T1/2 of 40 minutes after Lasix administration. The next step is:
- A. endopyelotomy.
 - B. transureteroureterostomy.
 - C. ureterocalicostomy.
 - D. appendiceal ureteral substitution.
 - E. ileal ureter.
137. A 70-year-old asymptomatic woman has bladder cancer surveillance after cystectomy and ileal conduit diversion. Her family physician recently checked a random urine culture which revealed > 100,000 Proteus species. The next step is:
- A. observation.
 - B. repeat urine culture.
 - C. antibiotic therapy.
 - D. loopogram.
 - E. non-contrast CT scan.
138. An 11-year-old boy is shot by a .22 caliber rifle and suffers a penetrating injury to the left renal cortex. The injury did not require surgery. Six months later, he develops headaches and is found to be severely hypertensive. Both kidneys measure 10 cm on ultrasound. Renal nuclear scan shows equal function of both kidneys with no photopenic areas. The most likely cause of his hypertension is:
- A. arteriovenous fistula.
 - B. global renal scarring.
 - C. renal infarction.
 - D. renal vein thrombosis.
 - E. segmental renal scarring.
139. A 24-year-old man is shot with a high velocity hand gun in the mid-penile shaft. CT scan of the abdomen and pelvis reveals no other injuries. Retrograde urethrogram shows contrast extravasation from a 2 cm segment of the mid-penile urethra. The next step is:
- A. cystoscopy and primary realignment.
 - B. suprapubic tube placement.
 - C. debridement and primary closure.
 - D. debridement and urethroplasty with graft.
 - E. debridement and urethroplasty with flap.

140. A 52-year-old woman undergoes radical cystectomy with orthotopic urinary diversion. A maneuver to prevent hypercontinence (retention) is:
- A. nerve-sparing techniques.
 - B. the use of > 60 cm of intestine for the reservoir.
 - C. omental packing anterior to the reservoir.
 - D. suspension of the pouch to the back of the rectus muscle.
 - E. suspension of the vagina to the endopelvic fascia.
141. A five-year-old boy who had PUV fulgurated as a newborn is referred because of daytime urinary incontinence and nocturnal enuresis. An ultrasound shows stable bilateral hydronephrosis and VCUG shows a trabeculated bladder, no VUR and no residual valve tissue. Serum creatinine is normal. The next step is:
- A. 24-hour urine volume and urodynamics.
 - B. diuretic renography.
 - C. antegrade pressure perfusion study.
 - D. antimuscarinics.
 - E. cystoscopy.
142. A 32-year-old man with congenital bilateral absence of the vas deferens (CBAVD) desires a biological child. Testing for the cystic fibrosis transmembrane conductance regulator (CFTR) gene is negative. The next step is:
- A. test the man's parents for the CFTR gene.
 - B. proceed with testicular sperm extraction and ICSI.
 - C. CFTR testing of his female partner.
 - D. proceed with testicular sperm extraction and ICSI and do pre-implantation genetic diagnosis.
 - E. CFTR testing of the man's sperm.
143. A 77-year-old man with hypertension, coronary artery disease, and a creatinine of 1.3 mg/dl has gross hematuria. Cystoscopy reveals a normal bladder, and bilateral retrogrades show a small right distal ureteral filling defect. On ureteroscopy, there is a 5 mm solitary papillary tumor and biopsy demonstrates a low grade urothelial carcinoma. The next step is:
- A. intravesical BCG with ureteral stent in place.
 - B. ureteroscopic laser ablation of tumor.
 - C. segmental resection and ureteroureterostomy.
 - D. distal ureterectomy with reimplant.
 - E. laparoscopic nephroureterectomy.

144. A one-month-old boy undergoes left radical orchiectomy for a yolk sac tumor. Chest and abdominal CT scans are normal. Preoperative AFP is 2600 ng/dl, and postoperative levels at one and two months are 330 and 90 ng/dl. The next step is:
- A. repeat AFP in one month.
 - B. ultrasound of right testis.
 - C. bone scan.
 - D. RPLND.
 - E. multiagent chemotherapy.
145. The most effective medication class for the relief of pain associated with acute renal colic is:
- A. alpha-blockers.
 - B. calcium channel blockers.
 - C. NSAIDS.
 - D. narcotics.
 - E. corticosteroids.
146. A 56-year-old woman develops a 3.0 cm benign ureteral stricture at the left ureteroileal anastomosis six months after a radical cystectomy and ileal neobladder. Left renal function is 25%. The next step is:
- A. endoscopic balloon dilation.
 - B. endoscopic laser incision.
 - C. metallic stent placement.
 - D. open surgical repair.
 - E. nephrectomy.
147. The most common long-term outcome for a renal arteriovenous fistula occurring after needle biopsy of the kidney is:
- A. hematuria.
 - B. embolic events.
 - C. diastolic hypertension.
 - D. high output cardiac failure.
 - E. spontaneous closure.
148. A 55-year-old man develops anterior thigh numbness following a ureteral reimplant and psoas hitch for a distal ureteral stricture. The nerve most likely injured is the:
- A. lateral femoral cutaneous nerve.
 - B. ilioinguinal nerve.
 - C. genital branch of the genitofemoral nerve.
 - D. femoral branch of the genitofemoral nerve.
 - E. obturator.

149. A 52-year-old woman is admitted to the hospital with acute flank pain. She is hemodynamically stable. A non-contrast CT scan demonstrates an 8 cm lower pole renal mass measuring -20 Hounsfield units (HU) and evidence of perinephric bleeding. Serum creatinine is 1.6 mg/dl. Hematocrit is 25%. The next step is:
- A. transfuse two units PRBC and bedrest.
 - B. selective angiographic embolization.
 - C. percutaneous thermal ablation.
 - D. partial nephrectomy.
 - E. radical nephrectomy.
150. The spread of urinary extravasation secondary to urethral injury below the urogenital diaphragm, when associated with a tear in Buck's fascia, is limited by the following fascial layers:
- A. Denonvilliers' and Colles'.
 - B. Colles' and Scarpa's.
 - C. Scarpa's and Denonvilliers'.
 - D. dartos and Colles'.
 - E. dartos and Denonvilliers'.