

1. The endopelvic fascia is a continuation of:

- A. the levator ani muscle.
- B. the transversalis fascia.
- C. Denonvilliers' fascia.
- D. the internal oblique fascia.
- E. the obturator internus muscle.

2. Detumescence of the penis is mediated by:

- A. acetylcholine.
- B. vasoactive intestinal polypeptide.
- C. cyclic GMP.
- D. prostaglandin.
- E. norepinephrine.

3. A 16-year-old phenotypic girl undergoes evaluation for primary amenorrhea. Testes are found on laparoscopic examination. Karyotype is 46,XY. If the gonads are not removed, the tumor most likely to develop is:

- A. seminoma.
- B. Leydig cell tumor.
- C. gonadoblastoma.
- D. embryonal carcinoma.
- E. teratoma.

4. Non-gonococcal urethritis not responsive to a full course of doxycycline should be treated with:

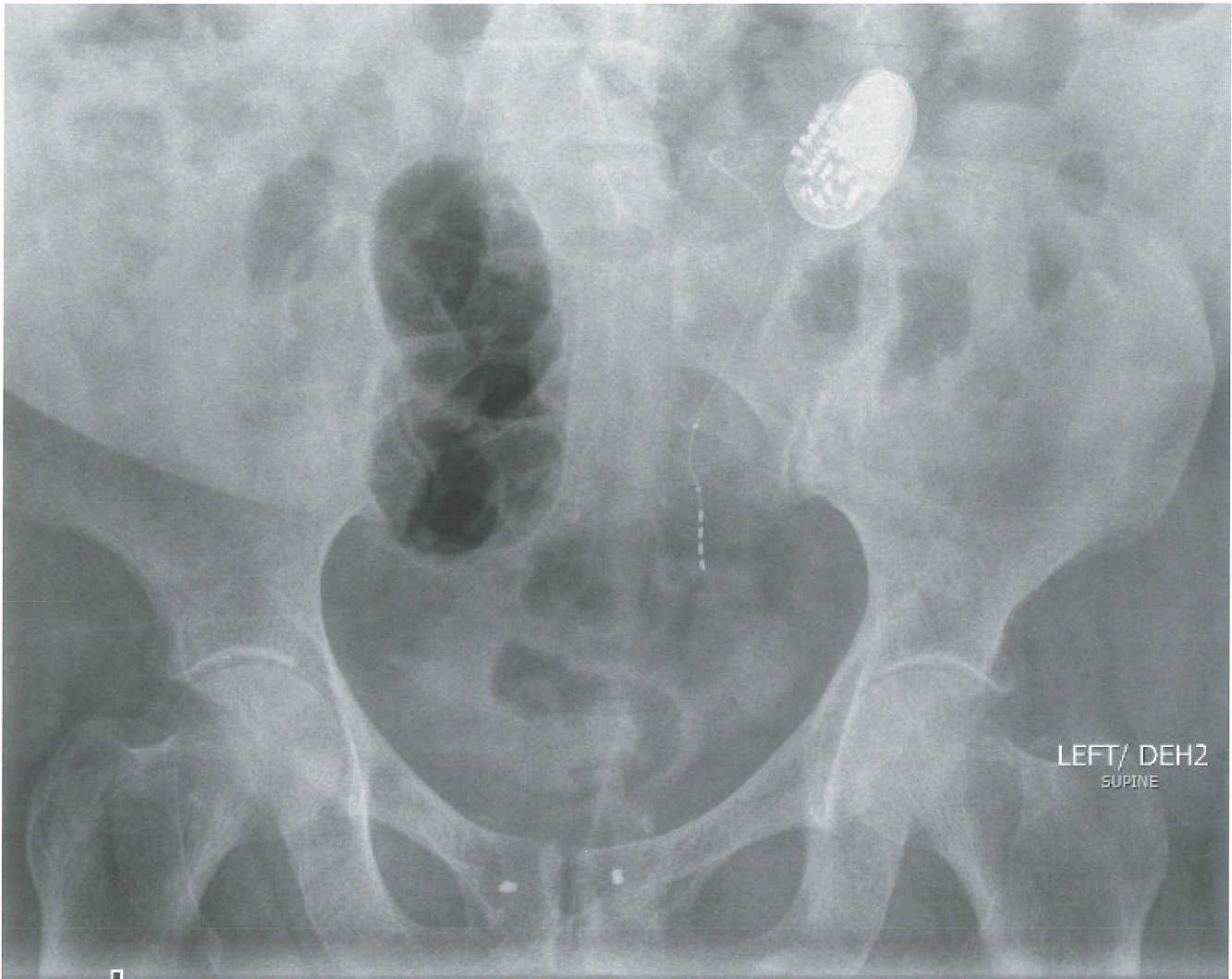
- A. spectinomycin.
- B. ceftriaxone.
- C. amoxicillin-clavulanic acid.
- D. penicillin.
- E. azithromycin.

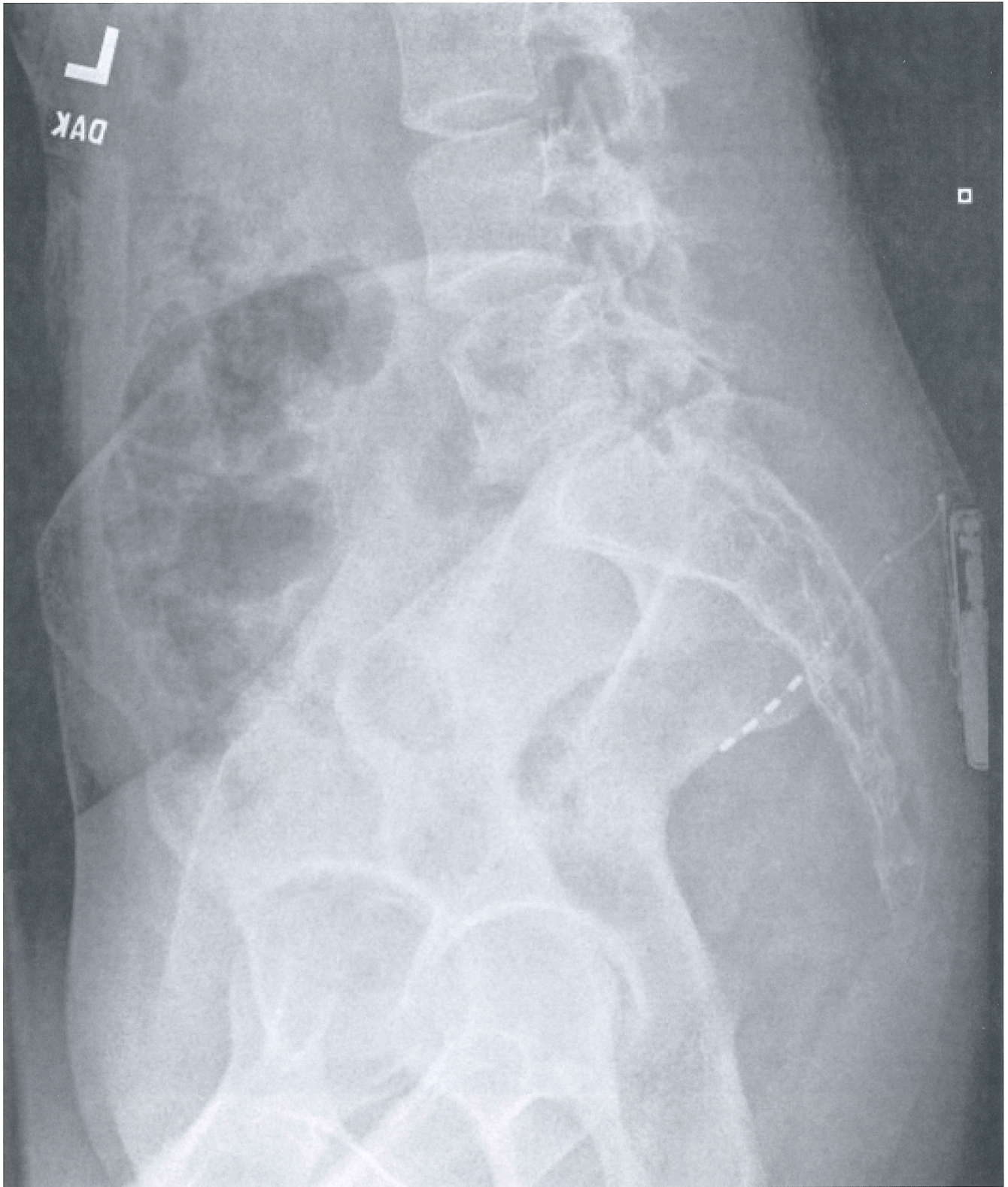
5. During metabolic stone evaluation, a 35-year-old man has a urine pH of 5.45 and total urinary uric acid of 368 mg/day (normal < 650 mg/day). His urinary uric acid level rises to 1,079 mg/day after one month of potassium citrate therapy. The rise in his urinary uric acid level is due to:

- A. increased dietary purine intake.
- B. increased purine turnover.
- C. increased production of endogenous uric acid.
- D. resuspension of urinary uric acid.
- E. inhibition of xanthine oxidase.

6. A 55-year-old woman, who had a sacral neuromodulation implant placed four years ago, has declining efficacy despite several reprogramming sessions. A plain film x-ray is shown. The next steps are to remove the lead and:

- A. place new lead deeper.
- B. place new lead more laterally.
- C. place new lead in S4.
- D. place new lead more medially.
- E. remove implantable pulse generator (IPG) and inject 200 units of onabotulinumtoxinA.





7. The nerve supply of the adrenal gland is:

- A. parasympathetic to medulla.
- B. sympathetic to medulla.
- C. parasympathetic to cortex; sympathetic to medulla.
- D. sympathetic to cortex and medulla.
- E. sympathetic to cortex; parasympathetic to medulla.

8. The principal source of operator radiation exposure during endourologic procedures is:

- A. the primary radiation beam.
- B. radiation leakage from the x-ray tube.
- C. radiation scatter from the patient.
- D. radiation scatter from endoscopic instruments.
- E. radiation scatter from the operating room walls and floor.

9. A 27-year-old man with erectile dysfunction has a mean cavernous artery peak systolic velocity of 30 cm/sec at five and 20 minutes after the intracavernous injection of 10 mcg of PGE-1. He achieves a full erection during this testing situation. The most likely explanation for his erectile dysfunction is:

- A. veno-occlusive dysfunction.
- B. arterial insufficiency.
- C. veno-occlusive dysfunction and arterial insufficiency.
- D. psychogenic dysfunction.
- E. neurogenic dysfunction.

10. A 36-year-old man with ejaculatory duct obstruction and a left varicocele has persistent azoospermia despite normalization of ejaculatory volume following TUR of the ejaculatory duct. The next step is:

- A. TRUS.
- B. repeat TUR of the ejaculatory duct.
- C. scrotal exploration and testis biopsy.
- D. varicocelectomy.
- E. donor insemination.

11. The chemotherapeutic agent used to treat urothelial carcinoma that may be associated with increased absorption in patients with a continent diversion is:

- A. methotrexate.
- B. 5-FU.
- C. vincristine.
- D. cisplatin.
- E. doxorubicin.

12. A 51-year-old woman has formed eight stones over the previous three years. Past medical history is significant for intermittent UTIs and Crohn's disease with persistent watery diarrhea. The most likely finding during metabolic evaluation is hyperoxaluria and:

- A. hypercalciuria.
- B. hyperuricosuria.
- C. hypermagnesuria.
- D. hypocitraturia.
- E. alkaline urine.

13. In a patient with clear cell RCC, the metastatic site with the worst prognosis is:

- A. liver.
- B. bone.
- C. lymph nodes.
- D. lung.
- E. adrenal gland.

14. The most frequent complications associated with the use of mitomycin C for intravesical therapy are:

- A. chemical cystitis and rash.
- B. myelosuppression and rash.
- C. flu-like symptoms and myelosuppression.
- D. contracted bladder and chemical cystitis.
- E. myelosuppression and chemical cystitis.

15. A 32-year-old woman has a malodorous fishy vaginal discharge. She has a single male partner and uses an intrauterine device for contraception. The next step is:

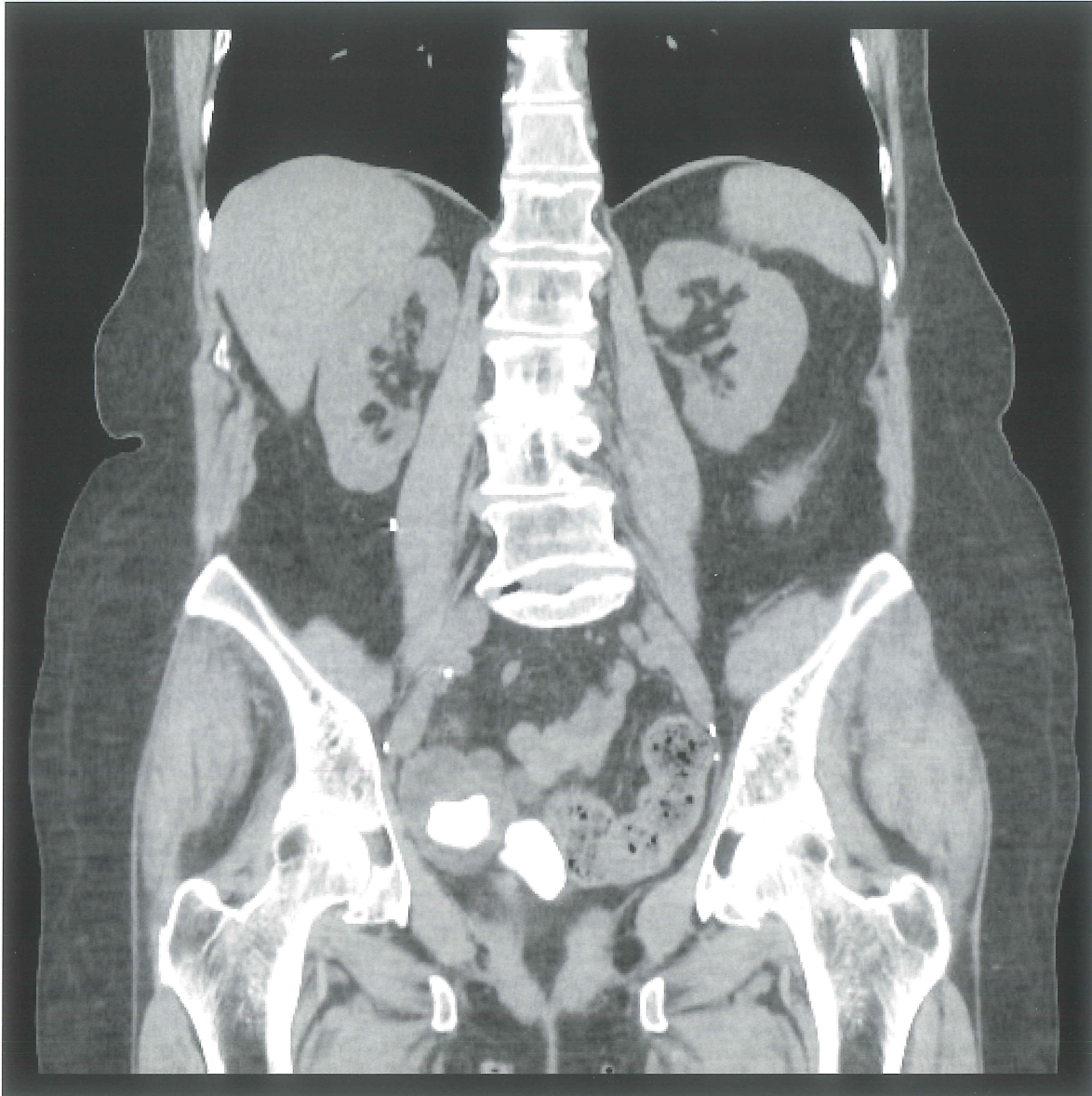
- A. remove her intrauterine device.
- B. metronidazole for the patient.
- C. metronidazole for the patient and her partner.
- D. ciprofloxacin for the patient.
- E. ciprofloxacin for the patient and her partner.

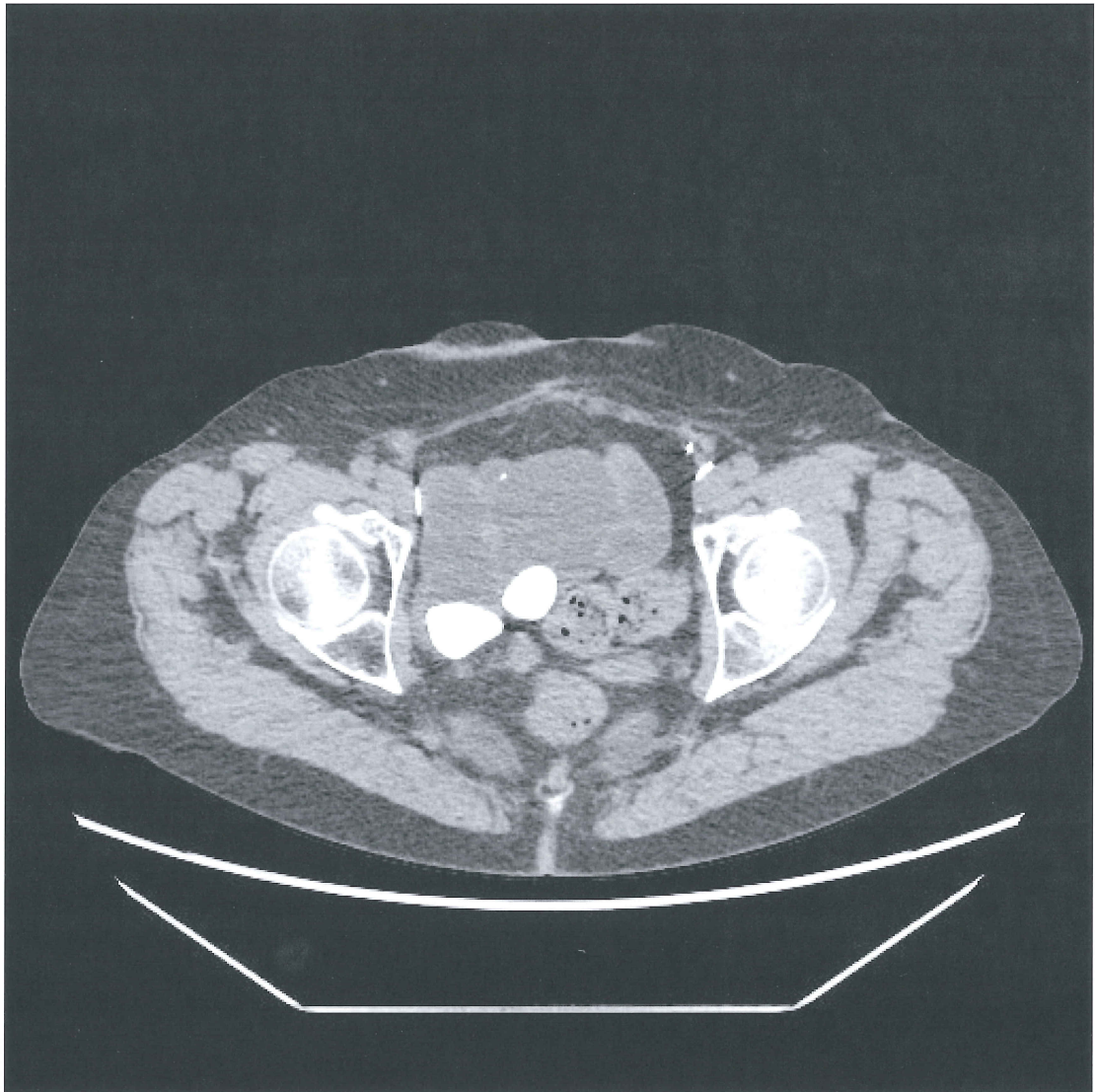
16. During surgical exploration of the left kidney, the first major branch of the renal artery is transected. The renal segment most likely supplied by this branch is:

- A. apical.
- B. upper anterior.
- C. middle anterior.
- D. lower anterior.
- E. posterior.

17. A 70-year-old woman develops recurrent UTIs ten years after continent catheterizable diversion. Urine culture grows *Proteus mirabilis* and urine pH is 7.5. CT scan is shown. The next step is:

- A. antibiotics and Renacidin® irrigation.
- B. SWL.
- C. endoscopic lithotripsy.
- D. open cystolithotomy.
- E. open cystolithotomy and pouch revision.





18. Patients with cystinuria excrete excess amounts of:

- A. glycine.
- B. aspartic acid.
- C. arginine.
- D. L-glycerate.
- E. glycolate.

19. A 68-year-old man has a posterior bladder injury during a low anterior resection for locally advanced colon cancer that is repaired primarily with a two-layer repair.

Postoperatively, a urethral catheter is left indwelling. Serial postoperative cystograms obtained at three, six, and nine weeks following surgery reveal persistent extraperitoneal extravasation from the posterior bladder wall. A CT scan reveals no pelvic masses and no evidence of ureteral injuries. The next step is:

- A. repeat cystogram in three weeks.
- B. cystoscopy and fulguration.
- C. cystoscopy and biopsy.
- D. primary repair and omental interposition.
- E. suprapubic cystostomy.

20. The drug that may result in a false-positive screening test for urinary opiates is:

- A. ampicillin.
- B. cephalexin.
- C. trimethoprim.
- D. ciprofloxacin.
- E. nitrofurantoin.

21. A 16-year-old boy has a complete T12 spinal cord injury. After spinal shock resolves, he is likely to have:

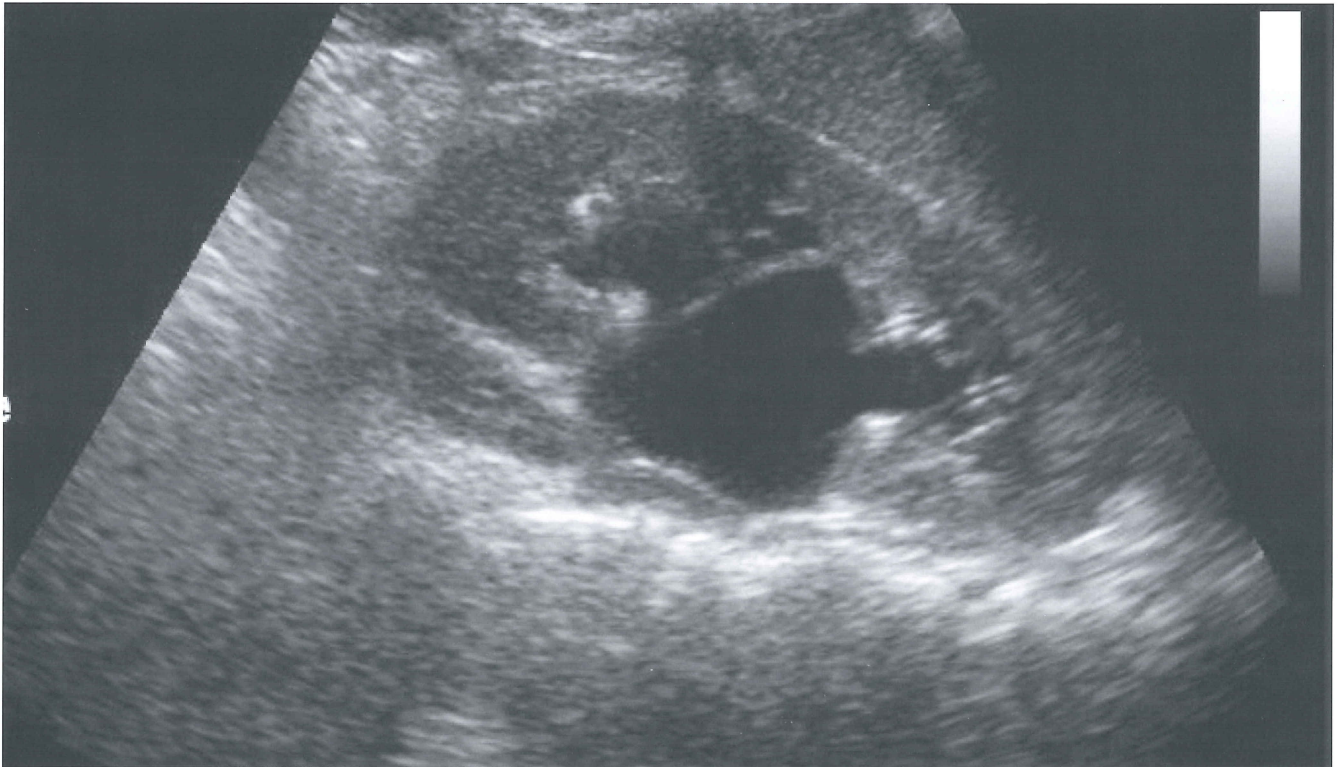
- A. no erection, poor ejaculation.
- B. no erection, vibratory ejaculation.
- C. reflexogenic erection, vibratory ejaculation.
- D. reflexogenic erection, poor ejaculation.
- E. psychogenic erection, poor ejaculation.

22. An 80-year-old obtunded man has urinary retention. He has bilateral pitting edema, an elevated jugular venous pulse, and a blood pressure of 200/120 mmHg. His creatinine is 4.0 mg/dL. The serum K⁺ and Na⁺ are normal. An ultrasound shows a very distended bladder and bilateral pelvicaliectasis. Three liters of urine is obtained from his bladder when he is catheterized. Urine output over the next two hours is 700 mL. The next step is:

- A. serial creatinine measurement.
- B. replace output mL per mL with D5 1/2 NS.
- C. monitor fluid intake and output every four hours.
- D. monitor postural blood pressure for two hours.
- E. spot check urine for osmolality, sodium, and potassium.

23. A 26-year-old pregnant woman at 22 weeks' gestation has intractable left-sided back pain. She is afebrile. Catheterized urinalysis shows 5-10 WBC/hpf. Ultrasound of the left kidney is shown. The right kidney is normal. She refuses CT scan. The next step is empiric antibiotics and:

- A. observation.
- B. hydration and medical expulsive therapy.
- C. non-contrast MRI scan.
- D. cystoscopy and retrograde pyelography.
- E. PCNT.



24. A three-year-old boy who underwent surgical correction for a high imperforate anus is unable to be toilet trained. VCUG reveals a large trabeculated bladder, grade 3 left VUR, and incomplete bladder emptying. Ultrasound of the abdomen shows two normal kidneys. The next step is:

- A. spinal ultrasound.
- B. spinal MRI scan.
- C. alpha-blocker.
- D. CIC.
- E. vesicostomy.

25. A 28-year-old man who is sexually active has recurrent episodes of ischemic priapism requiring visits to the emergency department. The best treatment is:

- A. terbutaline.
- B. LH-RH agonist.
- C. digoxin.
- D. baclofen.
- E. home intracavernosal phenylephrine.

26. A 45-year-old man develops irritative symptoms and a fever of 39° C after beginning induction intravesical BCG therapy. The fever persists for three days despite administration of acetaminophen. Urinalysis reveals microscopic hematuria. After stopping BCG, the next step is:

- A. ciprofloxacin for one week.
- B. ciprofloxacin for one week followed by suppressive antibiotic therapy.
- C. isoniazid for three months.
- D. isoniazid and rifampin for six months.
- E. isoniazid, rifampin, and ethambutol for six months.

27. A 55-year-old man with hypertension and erectile dysfunction, treated with amlodipine 10 mg and sildenafil 25 mg, has LUTS and an IPSS score of 18. His prostate exam is benign. He opts for alpha-blocker therapy. He should be instructed to:

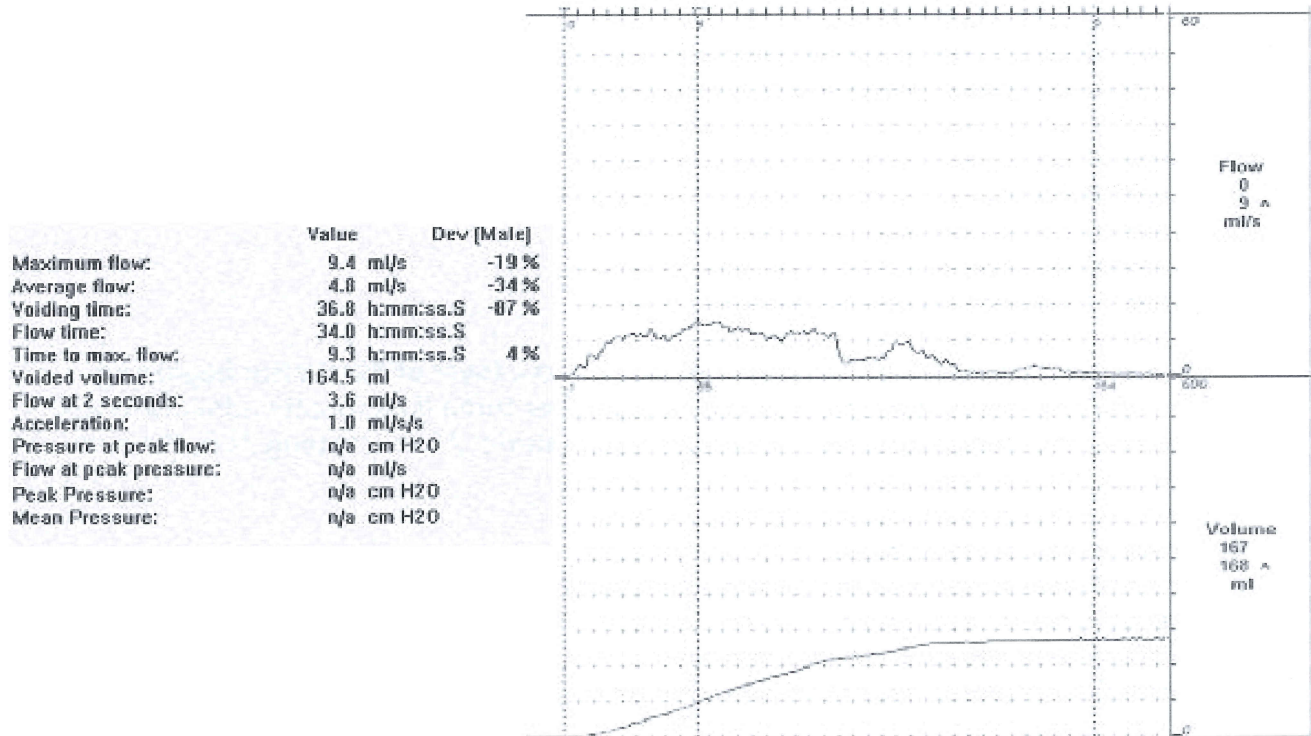
- A. switch to vardenafil.
- B. use tamsulosin 0.4 mg daily.
- C. use tamsulosin 0.4 mg daily separated by four hours from sildenafil.
- D. use tamsulosin 0.4 mg daily separated by 12 hours from sildenafil.
- E. decrease amlodipine dose before combining tamsulosin and sildenafil.

28. A 28-year-old man with Kallmann syndrome is treated with exogenous testosterone. He desires a biological child. Semen analysis reveals a volume of 2.2 mL and azoospermia. The next step is to stop exogenous testosterone and:

- A. obtain a post-ejaculate urinalysis.
- B. obtain serum testosterone, LH, and FSH levels.
- C. administer GnRH.
- D. administer hCG and recombinant FSH.
- E. extract testicular sperm for IVF.

29. A 60-year-old man with urinary urgency and sense of incomplete emptying undergoes a non-invasive uroflow as shown. He has a PVR of 100 mL. Based on these results:

- A. the study should be repeated with higher voided volume.
- B. he is at high risk for retention in ten years.
- C. he is likely to have an elevated IPSS.
- D. obstruction cannot be differentiated from underactive bladder.
- E. symptom improvement after TURP would be worse than if peak flow rate was greater than 15 mL/sec.



30. A 72-year-old man on ADT has difficulty voiding 30 months following brachytherapy for localized prostate cancer and undergoes TURP. Before brachytherapy, his prostate volume was 30 mL, his PSA was 5.2 ng/mL and IPSS was 7. The factor most likely to correlate with incontinence following TURP is:

- A. pre-operative PSA.
- B. prostate volume.
- C. treatment with ADT.
- D. time since brachytherapy.
- E. pre-operative IPSS.

31. A 58-year-old woman returns to the office two months following sacral neuromodulation with a low-grade fever and incisional drainage associated with pain and erythema over the implantable pulse generator (IPG) site. The next steps are explanation of the IPG and:

- A. observation.
- B. lead.
- C. wound irrigation, and reimplantation of the IPG.
- D. lead with simultaneous test stimulation of a new lead.
- E. simultaneous placement of an IPG on the contralateral side.

32. An 85-year-old woman in an assisted living facility with a history of asymptomatic bacteriuria has two days of urinary frequency, urgency, and incontinence. A urine culture reveals > 100,000 CFU/mL pan-sensitive E. coli. The next step is:

- A. observation.
- B. cystoscopy and renal ultrasound.
- C. single dose antibiotic therapy.
- D. antibiotic therapy for three to seven days.
- E. topical vaginal estrogen.

33. A 52-year-old woman develops continuous leakage of clear fluid from her vagina six weeks following a laparoscopic hysterectomy for benign disease. A CT urogram is normal and cystoscopy reveals a subtrigonal 1 cm vesicovaginal fistula between the posterior wall of the bladder and the mid-vagina. The next step is:

- A. placement of urethral catheter and repeat evaluation in six weeks.
- B. cystoscopy and fulguration of the fistula.
- C. immediate transvaginal repair.
- D. immediate transabdominal repair.
- E. transabdominal repair in three months.

34. A 61-year-old man with Parkinson's disease has urinary frequency, urgency, urinary incontinence, and weak stream. UDS reveals detrusor overactivity, a sustained voiding detrusor pressure of 88 cm H₂O, and a maximum flow of 7 mL/sec. Cystometric bladder capacity is 275 mL. PVR is 150 mL. The next step is:

- A. antimuscarinic.
- B. baclofen.
- C. alpha-blocker.
- D. CIC.
- E. laser vaporization of prostate.

35. A 32-year-old man being evaluated for infertility has a history of bronchitis and sinusitis. His semen analysis reveals a volume of 3.3 mL (normal > 1.5 mL), a sperm concentration of 34 million sperm/mL (normal > 15 million sperm/mL), and motility of 0%. The next step is:

- A. serum FSH and testosterone.
- B. testing for cystic fibrosis mutations.
- C. sperm viability testing.
- D. TRUS.
- E. adoption.

36. Eight weeks following placement of a midurethral sling, a 73-year-old woman has difficulty voiding without leakage. Her urinalysis shows large numbers of RBCs and WBCs, and PVR is 300 mL. The next step is CIC and:

- A. UDS.
- B. sling excision.
- C. tamsulosin.
- D. cystoscopy.
- E. sling incision.

37. The enzyme bound by tadalafil which causes lower back pain in some patients is:

- A. phosphodiesterase type 4.
- B. phosphodiesterase type 5.
- C. phosphodiesterase type 6.
- D. phosphodiesterase type 8.
- E. phosphodiesterase type 11.

38. The most appropriate peri-operative management of a patient undergoing adrenalectomy for Cushing's syndrome is:

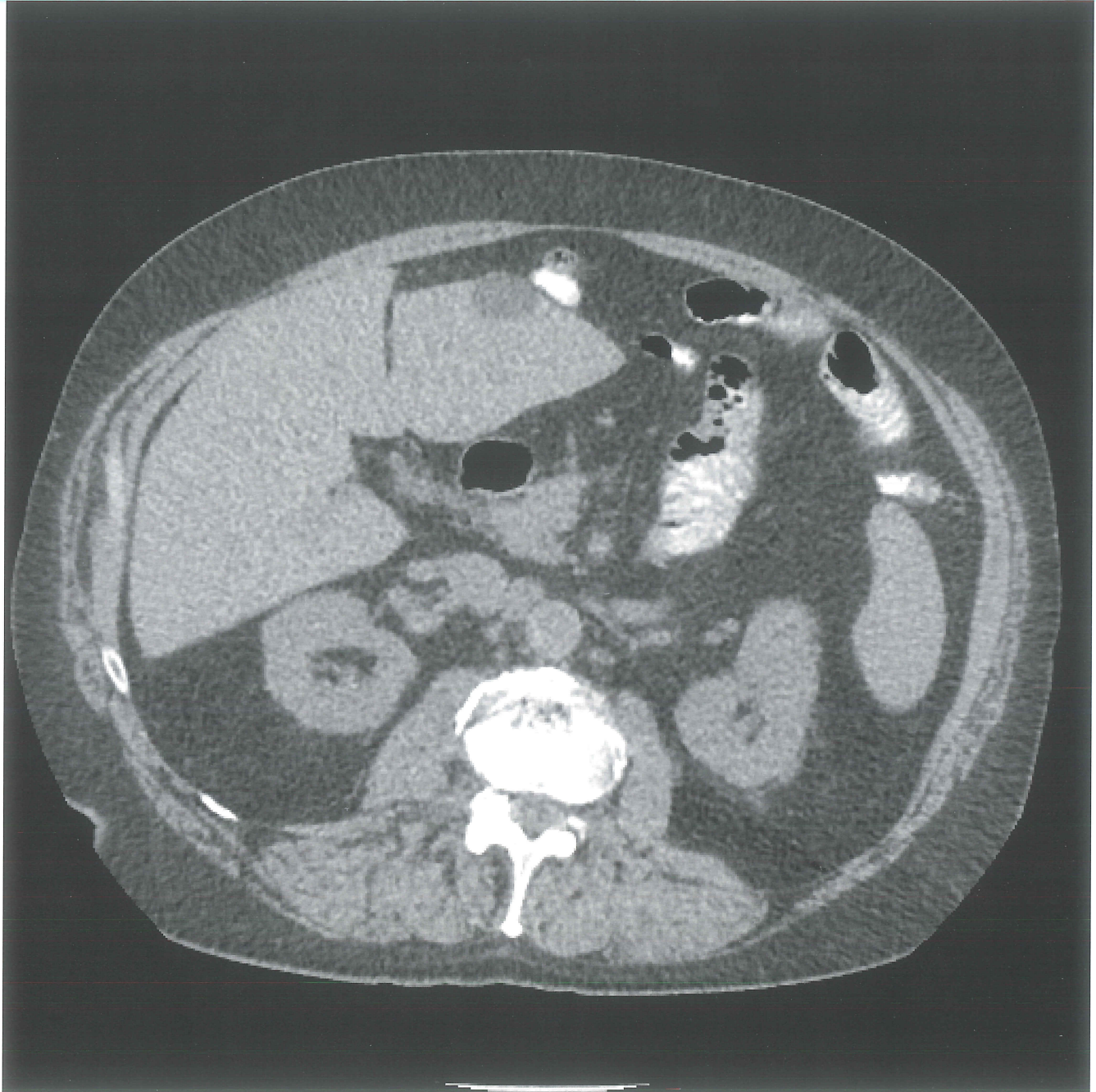
- A. hydration, alpha-blockers, and stress-dose steroids.
- B. beta-blockers, stress-dose steroids, and careful glycemic control.
- C. potassium-sparing diuretics and stress-dose steroids.
- D. stress-dose steroids and careful glycemic control.
- E. potassium-sparing diuretics, stress-dose steroids, and careful glycemic control.

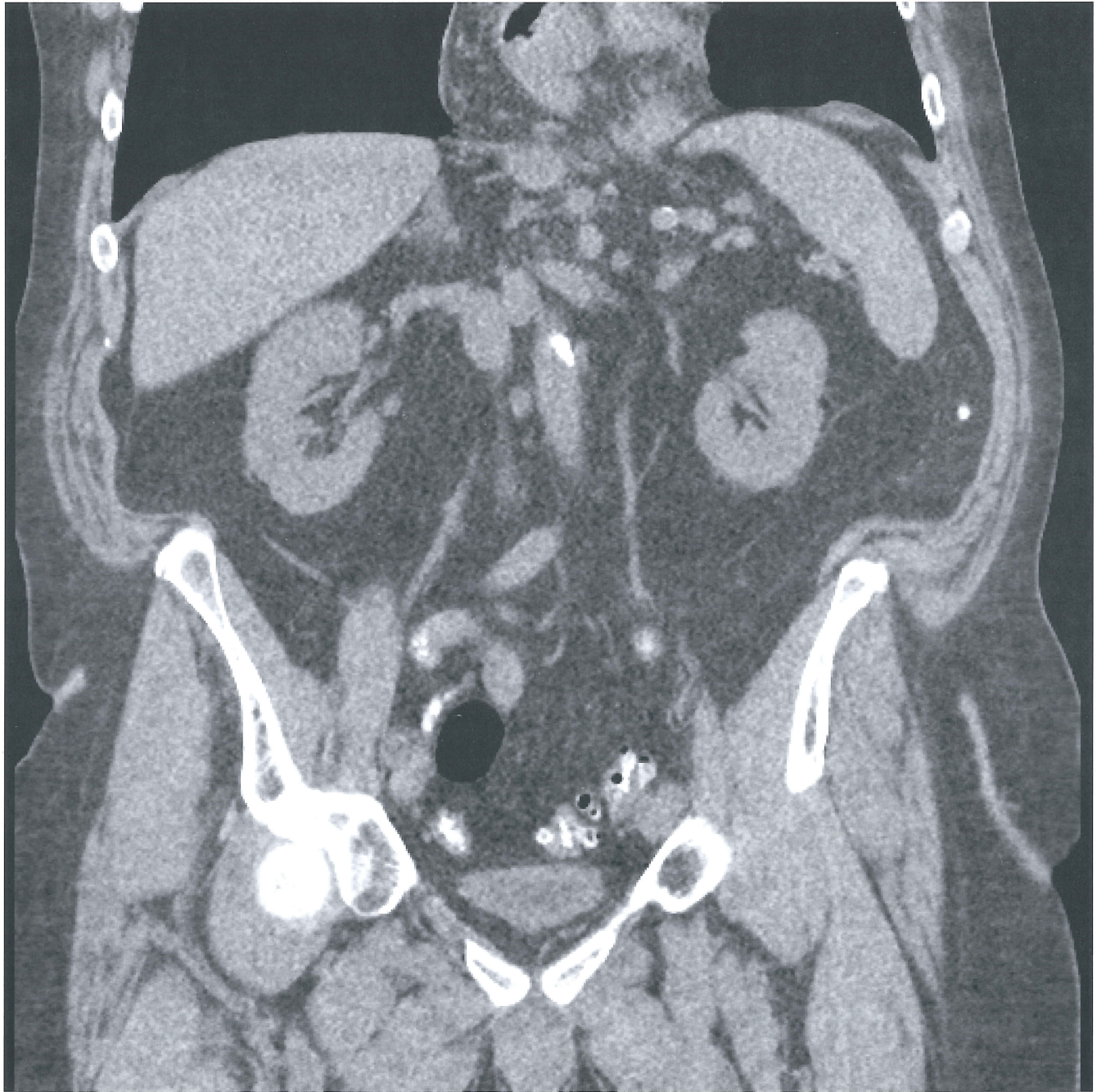
39. The lithotripter generator with the largest focal zone is:

- A. electrohydraulic.
- B. piezoelectric.
- C. electromagnetic.
- D. microexplosive.
- E. electroconductive.

40. A 62-year-old man undergoes a right radical orchiectomy for a pT1b seminoma. Tumor markers are normal. Abdominal CT scan is shown and chest CT scan is normal. Serum creatinine is 1.9 mg/dL. The next step is:

- A. 20 Gy XRT.
- B. 30 Gy XRT.
- C. single dose carboplatin.
- D. three cycles of BEP.
- E. modified template RPLND.





41. The maximum yearly whole-body exposure to radiation recommended by the National Council on Radiation Protection and Measurements is:

- A. 1 rem.
- B. 5 rem.
- C. 10 rem.
- D. 50 rem.
- E. 100 rem.

42. The nerves at the mid-portion of the clitoral body are found:

- A. ventrally.
- B. dorsally.
- C. laterally.
- D. between the urethra and vagina.
- E. between the shafts of the corpora cavernosa.

43. A 16-year-old girl has amenorrhea. The karyotype is 46,XY and serum testosterone is elevated. Her pelvic examination will reveal a(n):

- A. short vagina.
- B. imperforate hymen.
- C. uterine duplication.
- D. vaginal septum.
- E. bifid clitoris.

44. A 54-year-old man with clinical T2 bladder cancer is planning to undergo a radical cystectomy. A contraindication for orthotopic diversion is:

- A. diffuse bladder CIS.
- B. Crohn's disease.
- C. prior pelvic XRT.
- D. positive pelvic lymph nodes.
- E. tumor at the bladder neck.

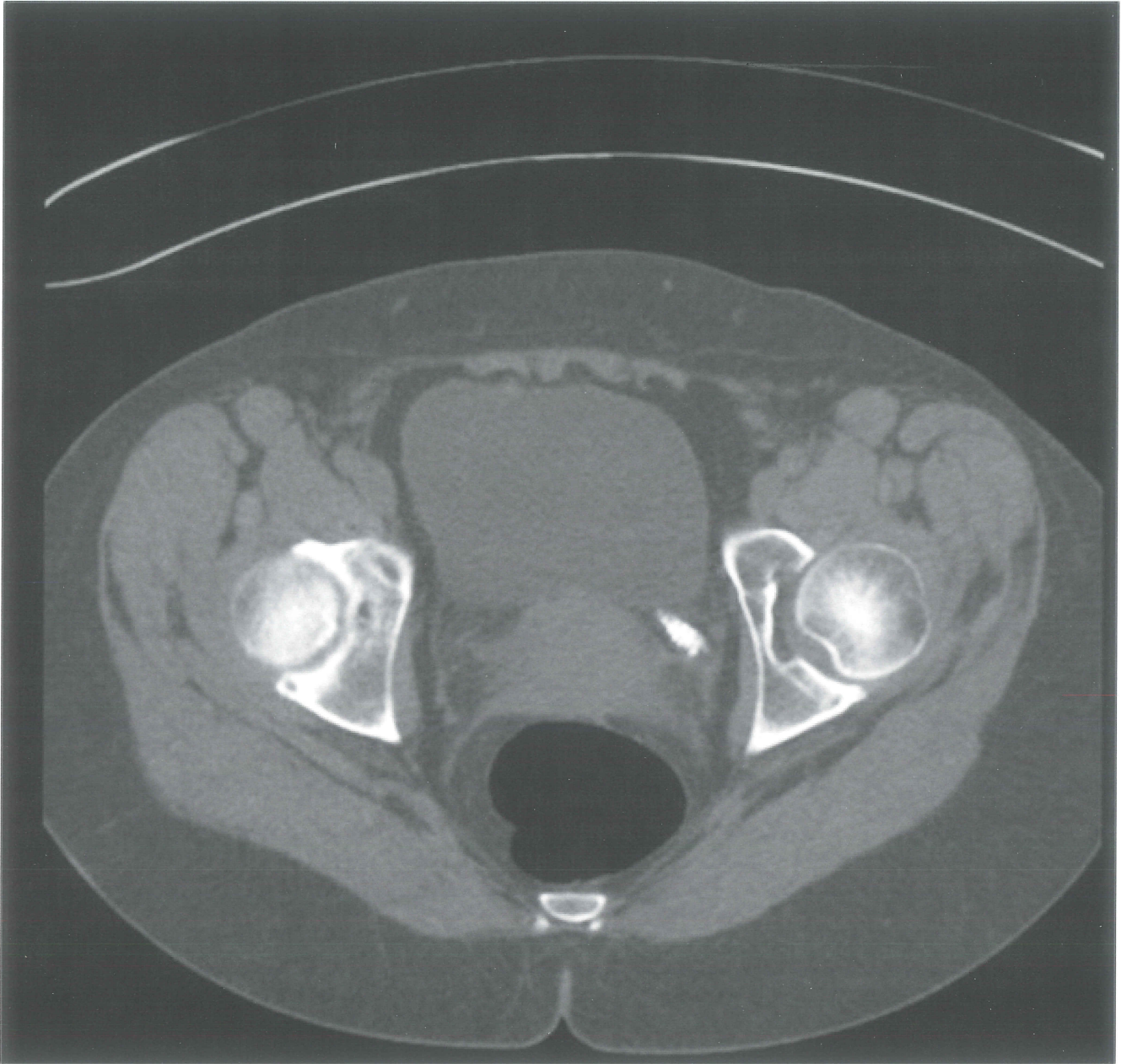
45. A 50-year-old man with multiple endocrine neoplasia type 2 has hypertension resistant to three medications. MRI scan shows a 3 cm adrenal mass and plasma-free metanephrines are elevated. He is placed on maximal dose phenoxybenzamine but has persistent episodic hypertensive crises. The next step is:

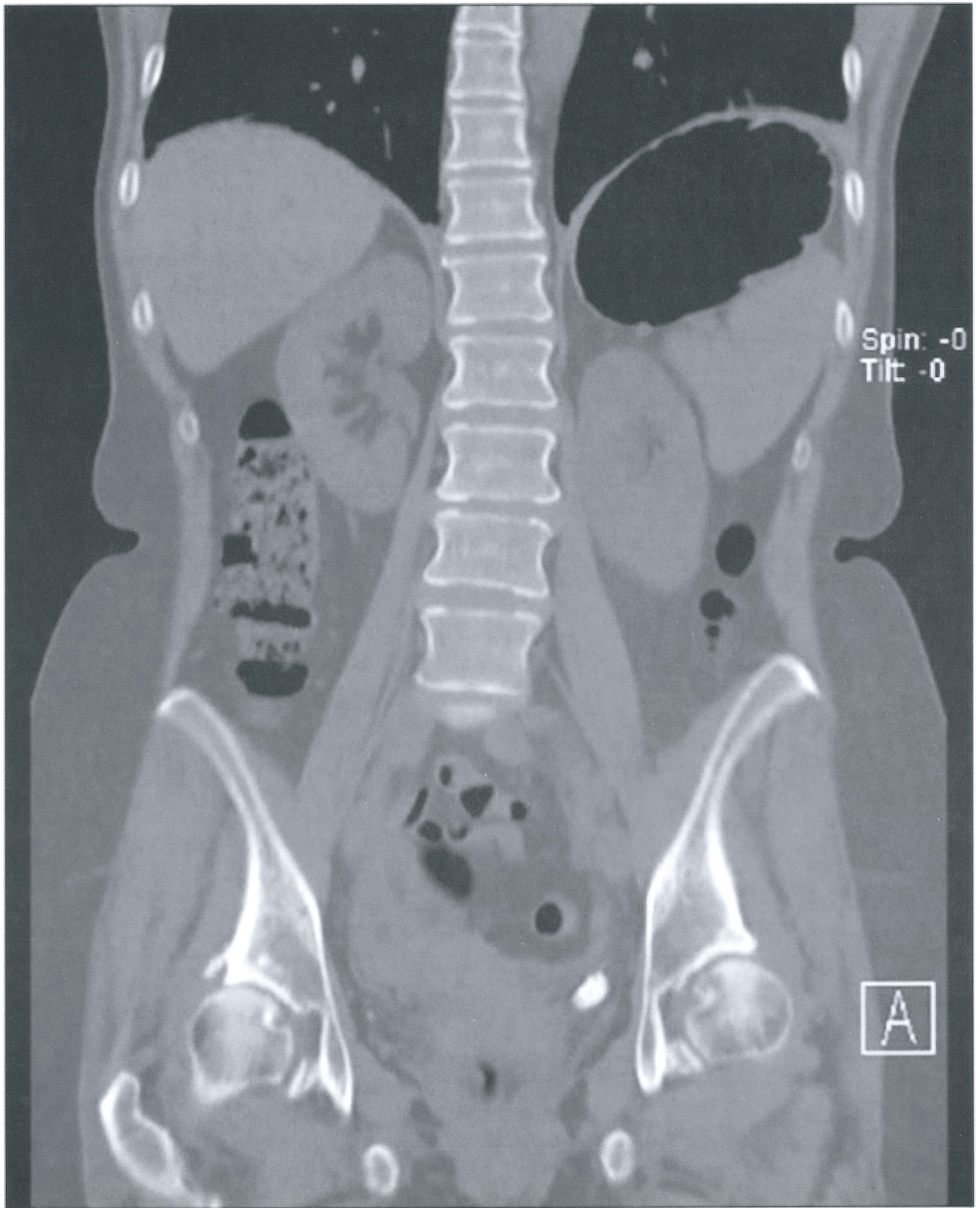
- A. switch phenoxybenzamine to metyrapone.
- B. addition of prazosin.
- C. addition of metyrosine.
- D. addition of clonidine.
- E. adrenalectomy.

46. Pathologic, as opposed to physiologic, post-obstructive diuresis results from:
- A. impaired concentrating ability.
 - B. increased urea and sodium excretion.
 - C. increased free water clearance.
 - D. decreased prostaglandin excretion.
 - E. decreased angiotensin II secretion.
47. A 72-year-old woman with pseudomembranous colitis is treated with oral vancomycin. After 48 hours, her diarrhea worsens, and she develops fever and leukocytosis. The next step is:
- A. oral metronidazole.
 - B. I.V. vancomycin.
 - C. I.V. metronidazole.
 - D. I.V. fluoroquinolone.
 - E. surgical consultation.
48. Compared to placebo, monotherapy with Serenoa repens (saw palmetto) for men with bothersome LUTS due to BPH is likely to result in:
- A. improved IPSS.
 - B. improved maximal flow rate.
 - C. decreased prostate size.
 - D. lowered risk of acute urinary retention.
 - E. similar rate of adverse events.
49. A 12-year-old boy has painless terminal gross hematuria. Physical examination is normal. Urinalysis shows 3-5 RBC/hpf. Urine culture is negative. The next step is:
- A. observation.
 - B. urine calcium:creatinine ratio.
 - C. non-contrast CT scan.
 - D. VCUg.
 - E. cystoscopy.
50. After enucleation of the entire adenoma during a holmium laser enucleation of the prostate, a large capsular perforation with extraperitoneal extravasation of a moderate amount of fluid is noted. The next step is:
- A. insert urethral catheter and return three days later to complete morcellation.
 - B. complete morcellation and insert urethral catheter for 24 hours.
 - C. complete morcellation and insert urethral catheter for three days.
 - D. use alternate lobe fragmentation "mushroom technique."
 - E. open exploration.

51. A 35-year-old healthy woman has a left ureteroscopic intervention for a 1.9 cm upper pole renal stone. One week after stent removal, she has mild left flank pain. Low dose CT scan images are shown. The next step is:

- A. observation and serial imaging.
- B. SWL of lead fragment.
- C. ureteral stent placement.
- D. nephrostomy tube placement.
- E. ureteroscopy with laser lithotripsy.





52. A potential side effect of SSRIs for the treatment of premature ejaculation is:

- A. insomnia.
- B. depression.
- C. erectile dysfunction.
- D. decreased sweating.
- E. increased sexual desire.

53. 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 1,000 cfu/mL of E. coli. He denies urinary urgency or incontinence. The next step is:

- A. observation.
- B. antibiotics.
- C. antibiotics if pyuria is present.
- D. baclofen.
- E. UDS.

54. A 53-year-old woman has POP-Q stage 3 prolapse and urinary incontinence. No SUI is noted during UDS with cough or Valsalva maneuver performed at a maximum bladder capacity of 400 mL with or without reduction of pelvic organ prolapse by physical manipulation. The next step is:

- A. fill the bladder to 100 mL beyond maximal capacity and repeat stress maneuvers.
- B. repeat UDS with prolapse reduction performed by a vaginal pessary.
- C. remove urethral catheter and repeat stress maneuvers.
- D. prolapse repair with no anti-incontinence procedure.
- E. prolapse repair with sling.

55. A 55-year-old man is diagnosed with Paget's disease of the glans penis. In addition to excision, he should undergo:

- A. HPV testing.
- B. HIV testing.
- C. bone scan.
- D. T-cell lymphoma evaluation.
- E. cystourethroscopy.

56. The imaging modality that most accurately predicts renal functional recovery following reversal of prolonged obstruction is a:

- A. renal ultrasound with Doppler.
- B. DMSA scan.
- C. DTPA scan.
- D. MAG-3 scan.
- E. CT urogram.

57. A 55-year-old woman has urinary incontinence two weeks after a vaginal hysterectomy. Cystoscopy confirms a VVF and CT scan is normal. She is dry after placement of an indwelling catheter. The next step is:

- A. bilateral retrograde pyelograms.
- B. double dye test.
- C. continued catheter drainage.
- D. transvaginal repair.
- E. transabdominal repair.

58. A 26-year-old man with complete C7 spinal cord injury managed by CIC has recurrent episodes of vague abdominal pain, severe headache, and diaphoresis. Imaging reveals a 12 mm obstructing radiolucent UPJ stone and urinalysis shows a pH of 5.0, 25-50 RBC/hpf, 0-5 WBC/hpf, and no bacteriuria. The next step is:

- A. urinary alkalinization.
- B. urinary alkalinization and tamsulosin.
- C. stent placement.
- D. SWL.
- E. PCNL.

59. A 32-year-old HIV-positive man has right epididymitis. The next steps are Gram stain of urethral secretions or urine PCR, empiric therapy, and:

- A. syphilis serology.
- B. hepatitis B serology.
- C. hepatitis C serology.
- D. percutaneous epididymal biopsy.
- E. culture of expressed prostatic secretions.

60. A 52-year-old asymptomatic man with an ileal conduit is newly diagnosed with a 1 cm stone within the conduit. His renal ultrasound is normal. The next step is:

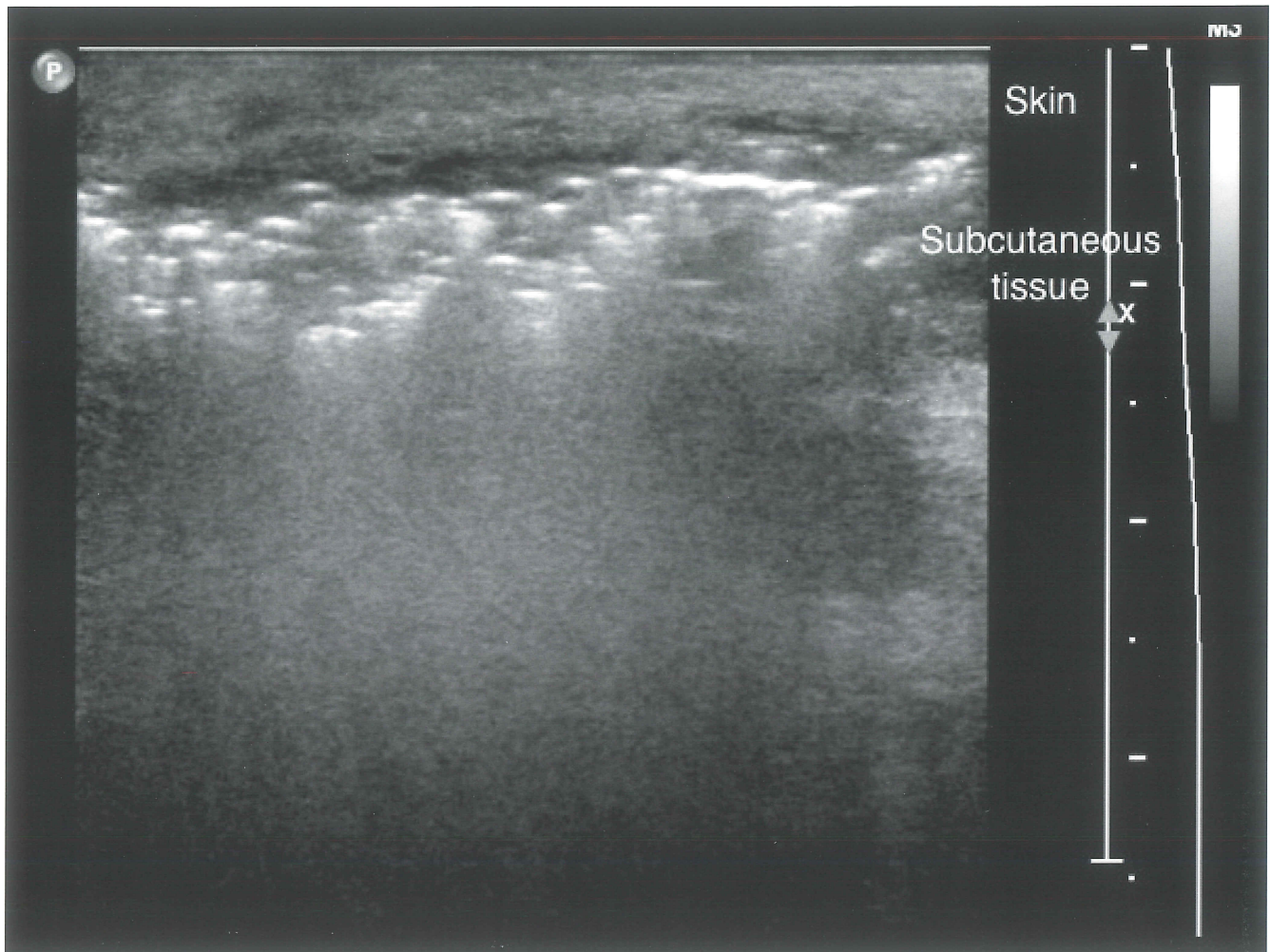
- A. observation and serial imaging.
- B. CT scan.
- C. loopogram.
- D. endoscopy and basket removal of the stone.
- E. laser lithotripsy.

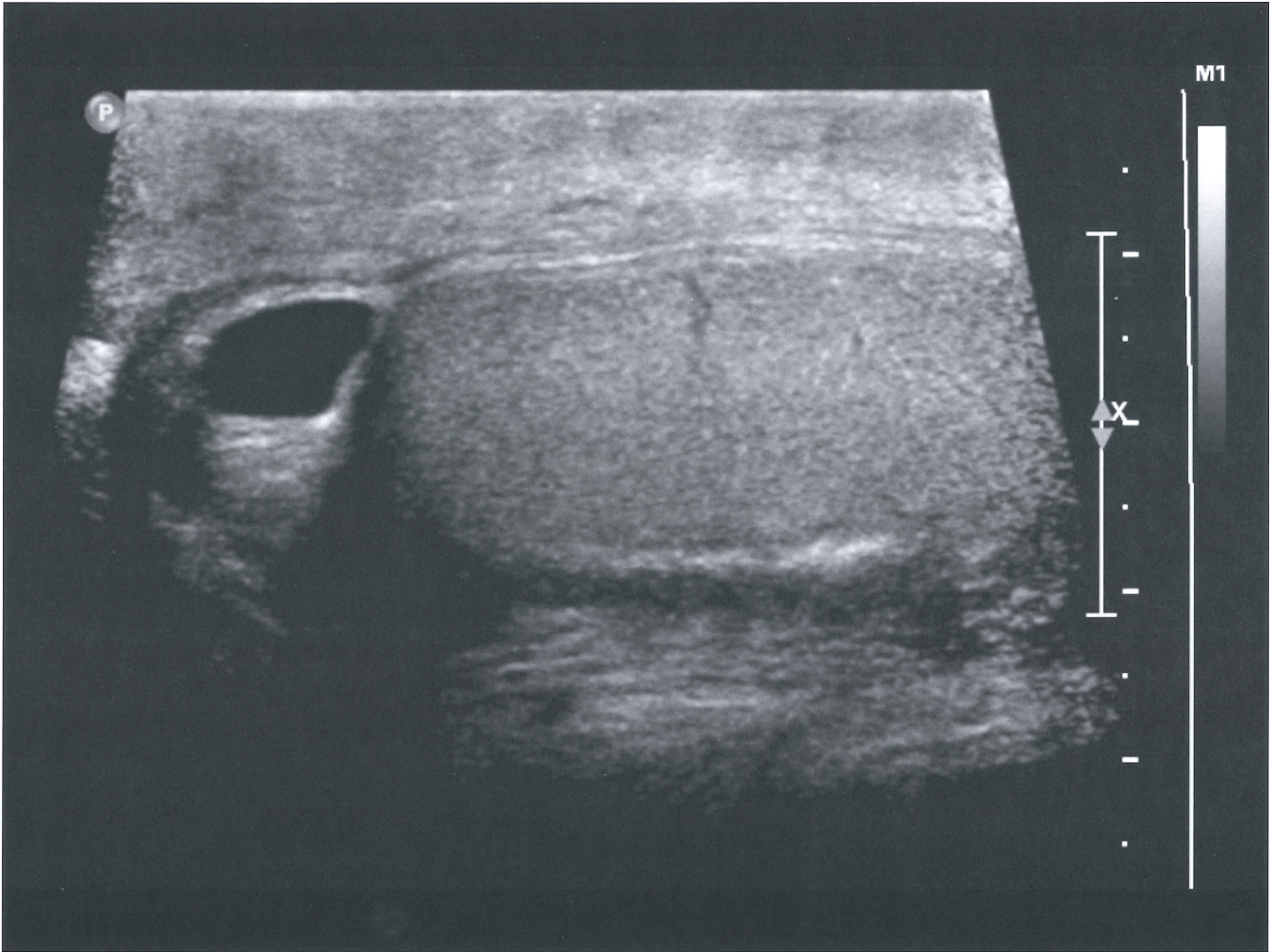
61. During placement of an inflatable penile prosthesis (IPP), a 90-degree dorsal penile curvature is noted. Manual modeling is performed and improves the curvature to 70 degrees. The next step is:

- A. repeat modeling technique.
- B. complete IPP placement.
- C. change to malleable prosthesis with plication.
- D. change to malleable prosthesis with incision and grafting.
- E. complete IPP placement and perform incision and grafting.

62. A 55-year-old man with diabetes has scrotal pain. Physical examination reveals scrotal edema and erythema, and he is afebrile. Scrotal ultrasound is shown. The next step is:

- A. NSAIDs.
- B. antibiotics and scrotal support.
- C. spermatocelectomy.
- D. incision and drainage.
- E. excision of involved skin and broad spectrum antibiotics.





63. A high protein, low carbohydrate diet will decrease urinary:

- A. calcium.
- B. citrate.
- C. sodium.
- D. sulfate.
- E. uric acid.

64. During a laparoscopic partial nephrectomy, poor tidal volumes are noted while using the argon beam coagulator. The next step is:

- A. increase inspired oxygen concentration.
- B. steep Trendelenburg and left lateral decubitus position.
- C. lower the argon generator power setting.
- D. decrease CO₂ insufflation flow rate.
- E. release the pneumoperitoneum.

65. A ten-year-old boy hits a tree while skiing. He has tenderness and bruising on the flank and is hemodynamically stable. Urinalysis is normal. Plain films reveal no fractures. The next step is:

- A. observation.
- B. serial hemoglobin.
- C. renal ultrasound.
- D. CT scan of abdomen.
- E. CT cystogram.

66. In a morbidly obese man with low total testosterone, the serum profile is most likely to show:

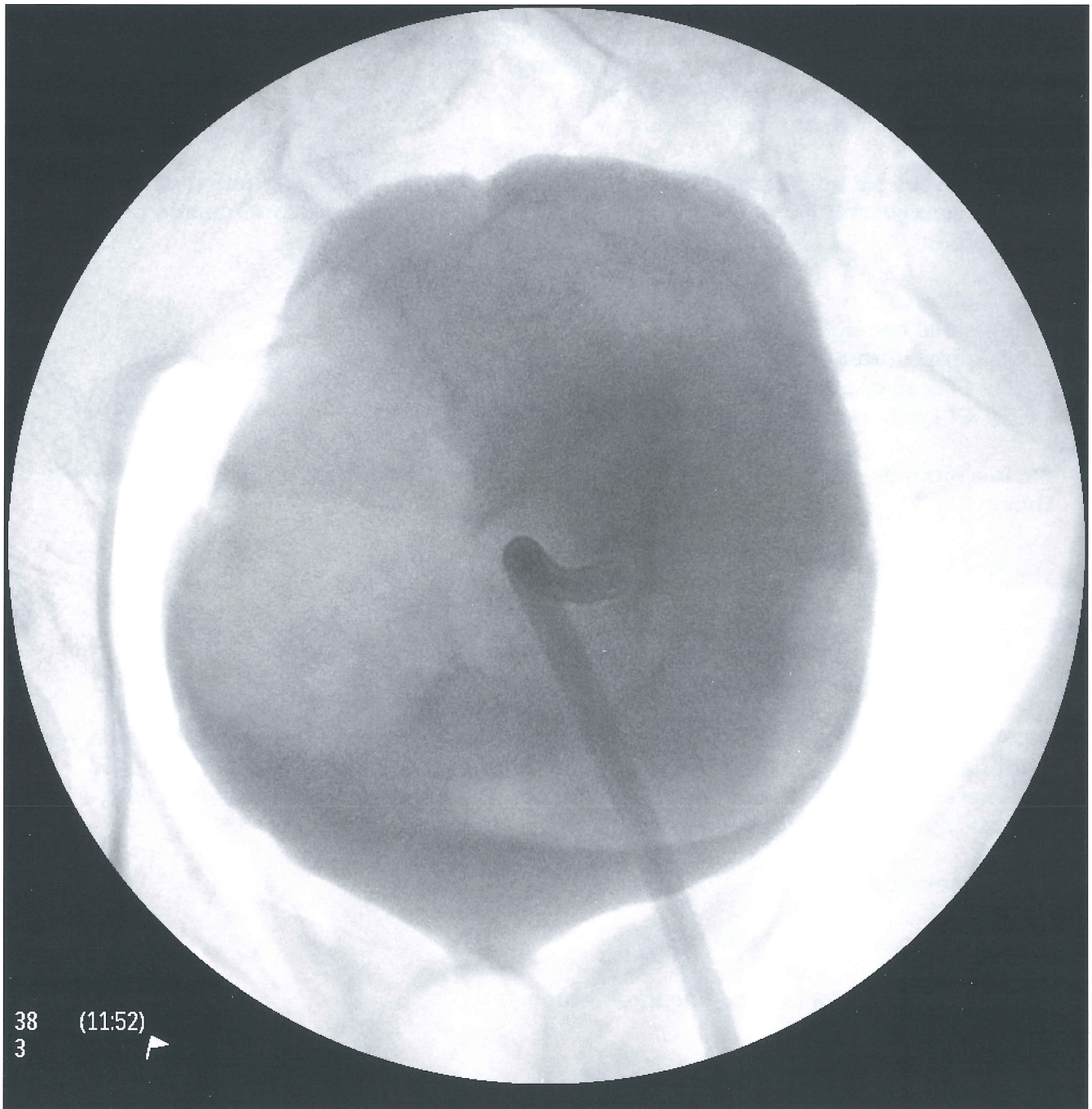
- A. ↓ LH, ↓ estradiol, and ↓ serum hormone-binding globulin.
- B. ↓ LH, ↓ estradiol, and ↑ serum hormone-binding globulin.
- C. normal LH, ↑ estradiol, and ↓ serum hormone-binding globulin.
- D. normal LH, ↓ estradiol, and ↑ serum hormone-binding globulin.
- E. ↑ LH, ↑ estradiol, and ↓ serum hormone-binding globulin.

67. A six-year-old boy who had a right pyeloplasty in infancy for a UPJ obstruction now has right flank pain and vomiting. An ultrasound performed six months ago demonstrated minimal hydronephrosis. Current imaging shows moderate right hydronephrosis with a 7 mm calculus at the UPJ. The next step is:

- A. tamsulosin.
- B. SWL.
- C. ureteroscopic laser lithotripsy.
- D. PCNL.
- E. revision pyeloplasty and nephrolithotomy.

68. A 19-year-old woman has a pelvic fracture after MVC. Vaginal and rectal exams are normal. Urethral catheter placement is unsuccessful. CT urogram shows no upper tract injury. A 16 Fr suprapubic cystostomy catheter returns bloody urine. Cystogram is shown. The next step is:

- A. bladder irrigation.
- B. continued suprapubic tube drainage.
- C. upsize the suprapubic tube.
- D. repair of bladder injury.
- E. repair of urethral injury.



69. A 23-year-old man has metastatic NSGCT with retroperitoneal lymphadenopathy, a left supraclavicular mass, and multiple pulmonary metastases. After chemotherapy, he has a residual 3 cm retroperitoneal mass, a single 1 cm pulmonary nodule, a 1 cm supraclavicular node, and normal tumor markers. Post-chemotherapy RPLND reveals fibrosis. The next step is:

- A. surveillance.
- B. FDG-PET scan.
- C. biopsy of the pulmonary nodule.
- D. resection of the pulmonary nodule.
- E. resection of the pulmonary nodule and supraclavicular mass.

70. A 12-month-old boy has persistent right hydronephrosis with a negative VCUG. The right kidney contributes 35% of the total renal function and the $T_{1/2}$ is 30 minutes on MAG-3 renal scan after diuretic. The next step is antibiotic prophylaxis and:

- A. observation with repeat MAG-3 diuretic scan in one year.
- B. PCN.
- C. creation of a freely refluxing ureterovesical junction.
- D. distal end cutaneous ureterostomy.
- E. tapered ureteral reimplantation.

71. A 34-year-old woman has a blood pressure of 179/99 mmHg despite being on metoprolol. Arteriography shows the distal half of both main renal arteries with stenotic lesions without branch renal artery disease. The next step is:

- A. add ACE-inhibitor.
- B. CT scan of abdomen and pelvis.
- C. renal artery stenting.
- D. percutaneous transluminal renal angioplasty.
- E. revascularization surgery.

72. A 55-year-old man underwent radical cystectomy and orthotopic neobladder. He has been managed with 6 Fr ureteral stents for bilateral 5 cm distal ureteral strictures. Over two years, his creatinine has increased from 1.1 to 1.8 mg/dL. Serum electrolytes are normal. He is continent and able to void to completion. The next step is:

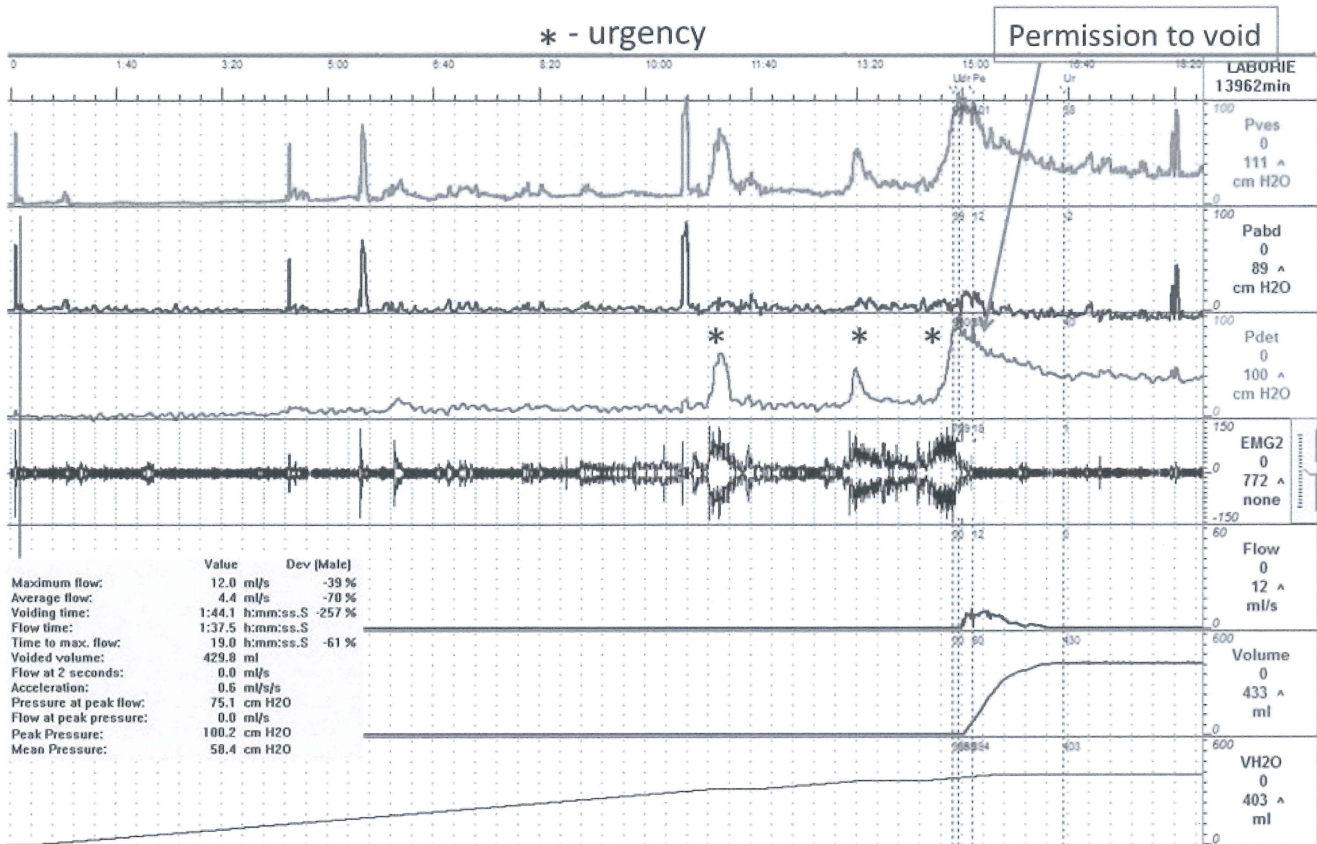
- A. upsize the ureteral stents.
- B. place two stents on each side.
- C. balloon dilation of the ureters.
- D. ureteral reconstruction with bowel interposition.
- E. conversion of the neobladder to a urinary conduit.

73. A 64-year-old man has a biochemical recurrence three years after radical prostatectomy for pT3aN0R1 Gleason 4+4=8 prostate cancer. His PSA is 0.5 ng/mL. The imaging study associated with the greatest sensitivity for detecting a lymph node recurrence is:

- A. ^{18}F -fluciclovine PET-CT.
- B. fluorodeoxyglucose (FDG) PET-CT.
- C. ^{68}Ga -PSMA PET-CT.
- D. multiparametric MRI scan of pelvis.
- E. ^{11}C -choline PET-CT.

74. A 58-year-old man with bothersome LUTS undergoes UDS as shown. His PVR is 0 mL. The likely etiology of his LUTS is:

- A. dysfunctional voiding.
- B. detrusor-external sphincter dyssynergia.
- C. benign prostate enlargement.
- D. multiple sclerosis (MS).
- E. Hinman syndrome.



75. A 52-year-old man who is not mentally competent has urosepsis from an obstructing ureteral stone. The party with the highest priority to give surgical consent is his:

- A. spouse.
- B. parents.
- C. adult son.
- D. court-appointed decision maker.
- E. proxy designated when he was mentally competent.

76. A four-month-old boy has a non-palpable right gonad and flattened right hemiscrotum with a normal left testicle and phallus. At this time, the next step is:

- A. observation.
- B. ultrasound.
- C. karyotype.
- D. scrotal exploration.
- E. laparoscopy.

77. A 68-year-old man with favorable intermediate-risk prostate cancer is deciding between surveillance and treatment. He requests additional prognostic genetic data to inform his decision. The next step is:

- A. Decipher®.
- B. ConfirmMDx™.
- C. BRCA1 testing.
- D. polygenic risk score.
- E. ExoDx™.

78. A 70-year-old man with a history of hypospadias has undergone multiple unsuccessful procedures for an 8 cm penile urethral stricture. The treatment with the best chance of long-term success is:

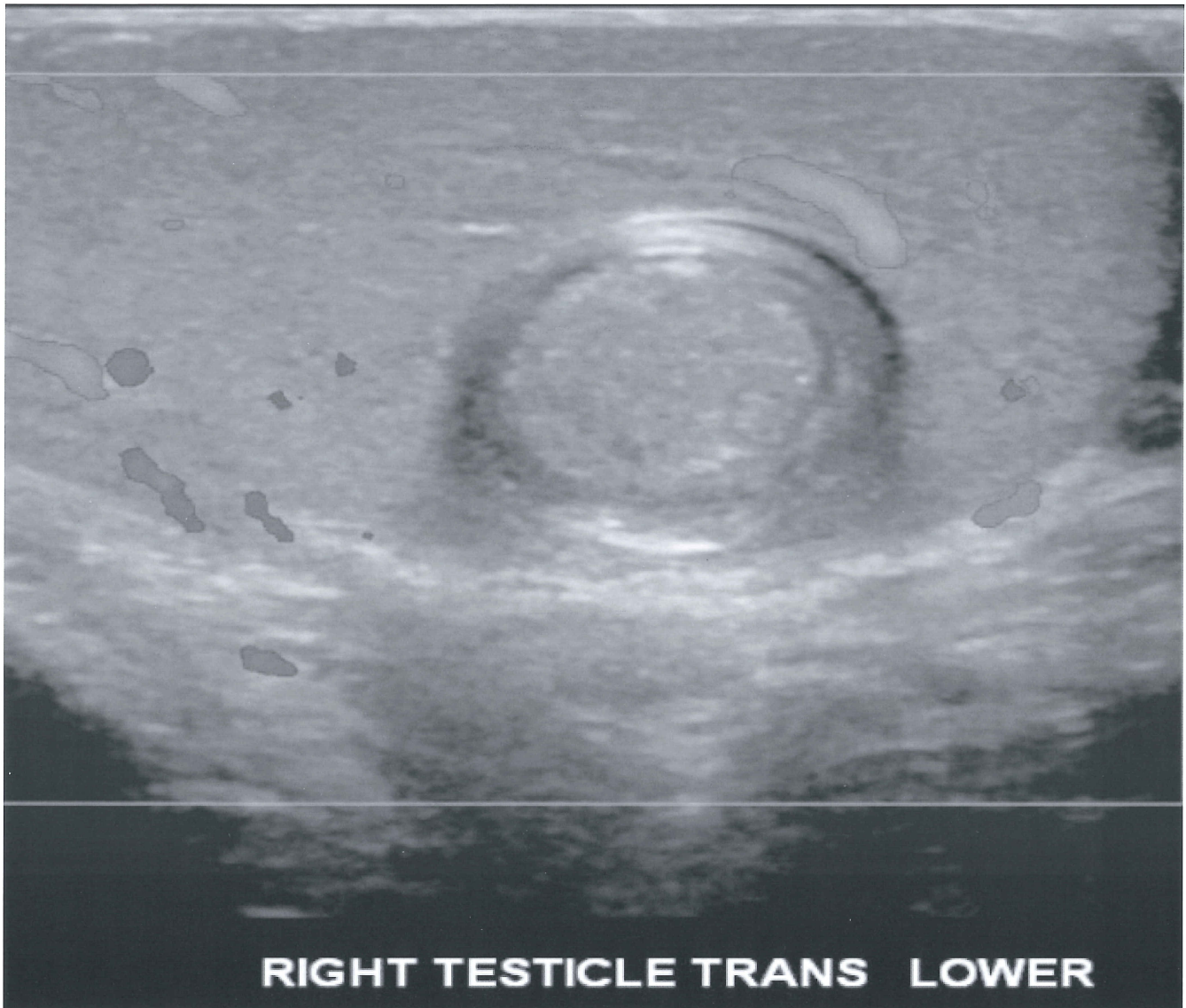
- A. daily self-dilation.
- B. urethrotomy.
- C. perineal urethrostomy.
- D. urethroplasty with oral mucosa graft.
- E. two-stage urethroplasty.

79. A 51-year-old woman has bothersome mixed incontinence despite antimuscarinics. Examination shows no prolapse and loss of urine with strong cough. PVR is 120 mL and urinalysis is normal. The next step is:

- A. cystoscopy.
- B. UDS.
- C. sacral neuromodulation.
- D. onabotulinumtoxinA.
- E. midurethral sling.

80. A 34-year-old man undergoing infertility evaluation has the ultrasound shown. Serum AFP and beta-hCG are normal. The next step is:

- A. surveillance.
- B. MRI scan of scrotum.
- C. CT scan of abdomen and pelvis.
- D. testicular sperm extraction (TESE).
- E. radical orchiectomy.



81. A man is to resume warfarin after undergoing a TURP. He should avoid consumption of:

- A. alcohol.
- B. orange juice.
- C. iron supplements.
- D. trimethoprim/sulfamethoxazole.
- E. nitrofurantoin.

82. A 32-year-old man with infertility has a unilateral absence of the vas deferens and 28 mL testes. Semen analysis reveals a volume of 0.5 mL, azoospermia, and pH of 6.4. FSH is 4.9 IU/L. TRUS reveals ipsilateral seminal vesicle agenesis and contralateral seminal vesical hypoplasia. Genetic testing is normal. The next step is:

- A. renal ultrasound.
- B. scrotal exploration with vasography.
- C. scrotal ultrasound.
- D. sweat test.
- E. testis biopsy.

83. Two years after a radical cystoprostatectomy and ileal conduit for BCG-refractory CIS, an asymptomatic 75-year-old man's urethral wash is suspicious for malignancy. CT scan of the chest, abdomen, and pelvis is normal. Urethroscopy is normal. The next step is:

- A. observation.
- B. MRI scan of the pelvis.
- C. urethroscopy with biopsy.
- D. intraurethral 5-FU.
- E. urethrectomy.

84. A 60-year-old woman develops vaginal leakage of urine and is found to have a ureterovaginal fistula five days after an abdominal hysterectomy. A retrograde ureterogram demonstrates the fistula 2-3 cm above the bladder. Attempts at retrograde and antegrade passage of a ureteral stent are unsuccessful. The most appropriate management is:

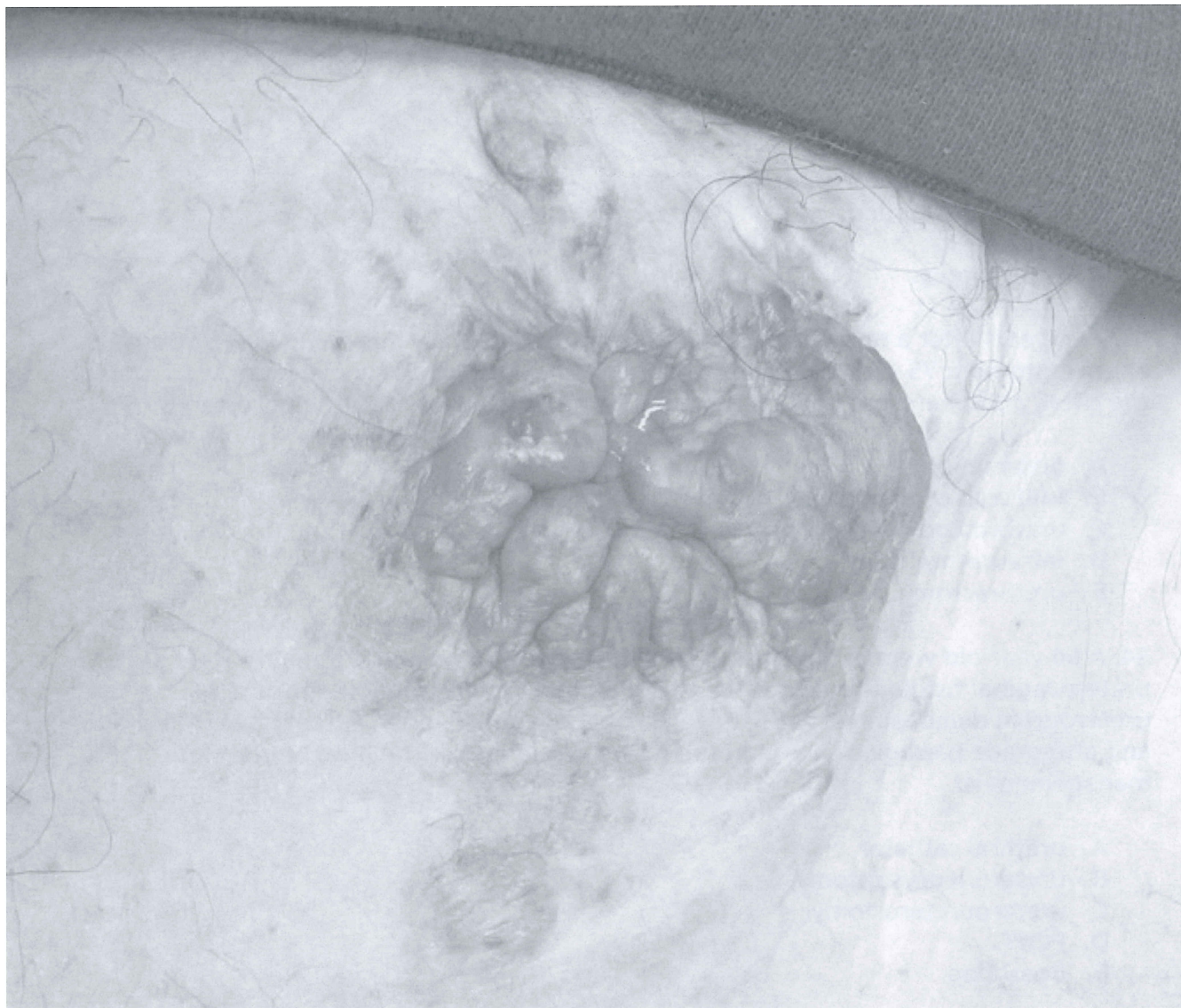
- A. urethral catheter.
- B. ureteroneocystostomy.
- C. ureteroureterostomy.
- D. PCNT.
- E. Boari flap.

85. A 68-year-old man with advanced prostate cancer has new onset hypertension and mild peripheral edema. He takes abiraterone acetate, metformin, and simvastatin. A complete metabolic panel is normal except for a potassium of 3.2 mEq/L. The next step is:

- A. start amlodipine.
- B. start hydrochlorothiazide.
- C. start prednisone.
- D. stop metformin.
- E. stop simvastatin.

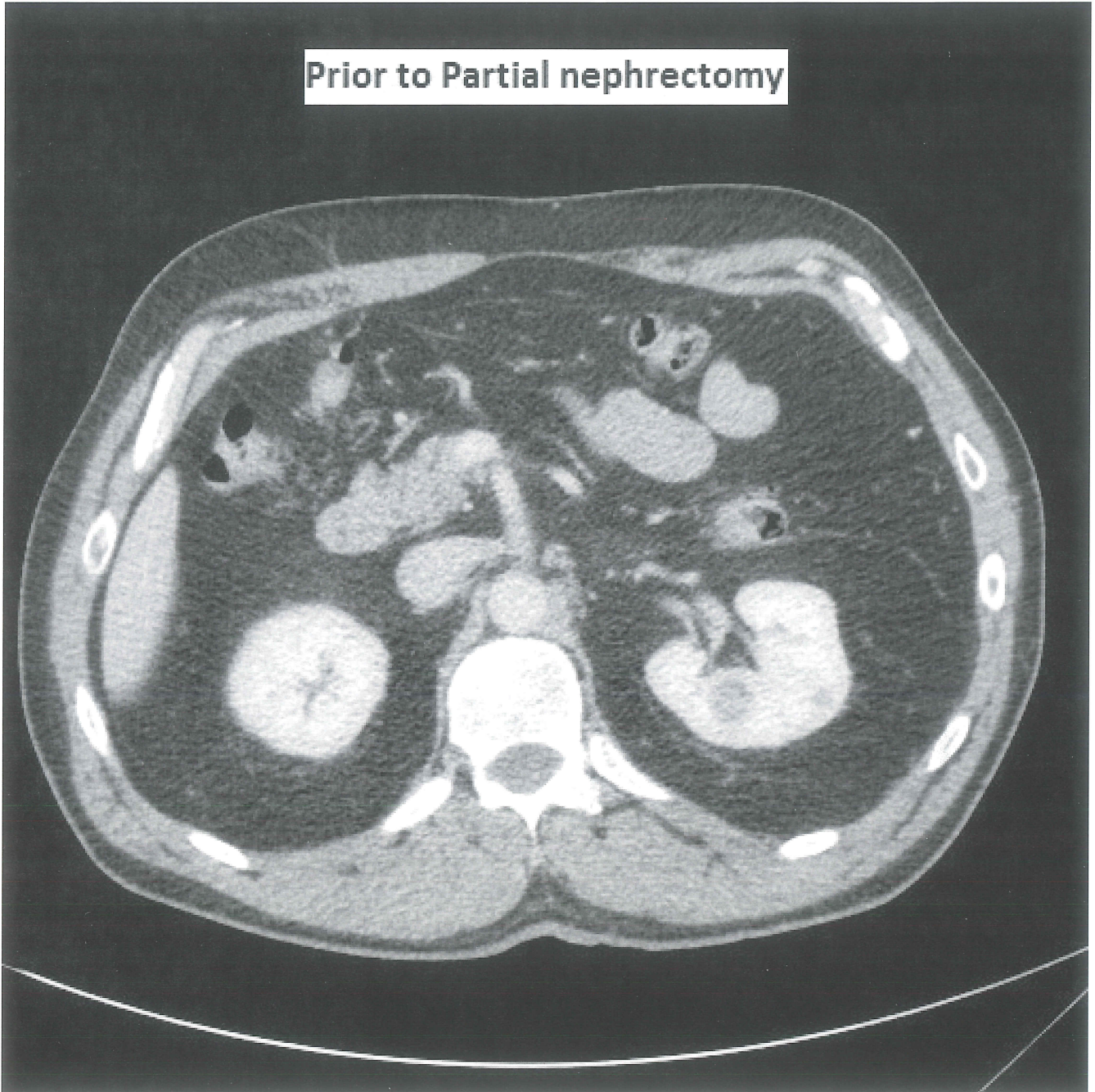
86. A 40-year-old man with a continent catheterizable reservoir has intermittent bleeding from his channel. He has a history of cirrhosis and has been treated for hepatitis C and esophageal varices. An image of the stoma is shown. The next step is:

- A. smaller catheter size.
- B. prolonged catheter placement.
- C. MRI scan of abdomen and pelvis.
- D. endoscopy of channel.
- E. revision of stoma.

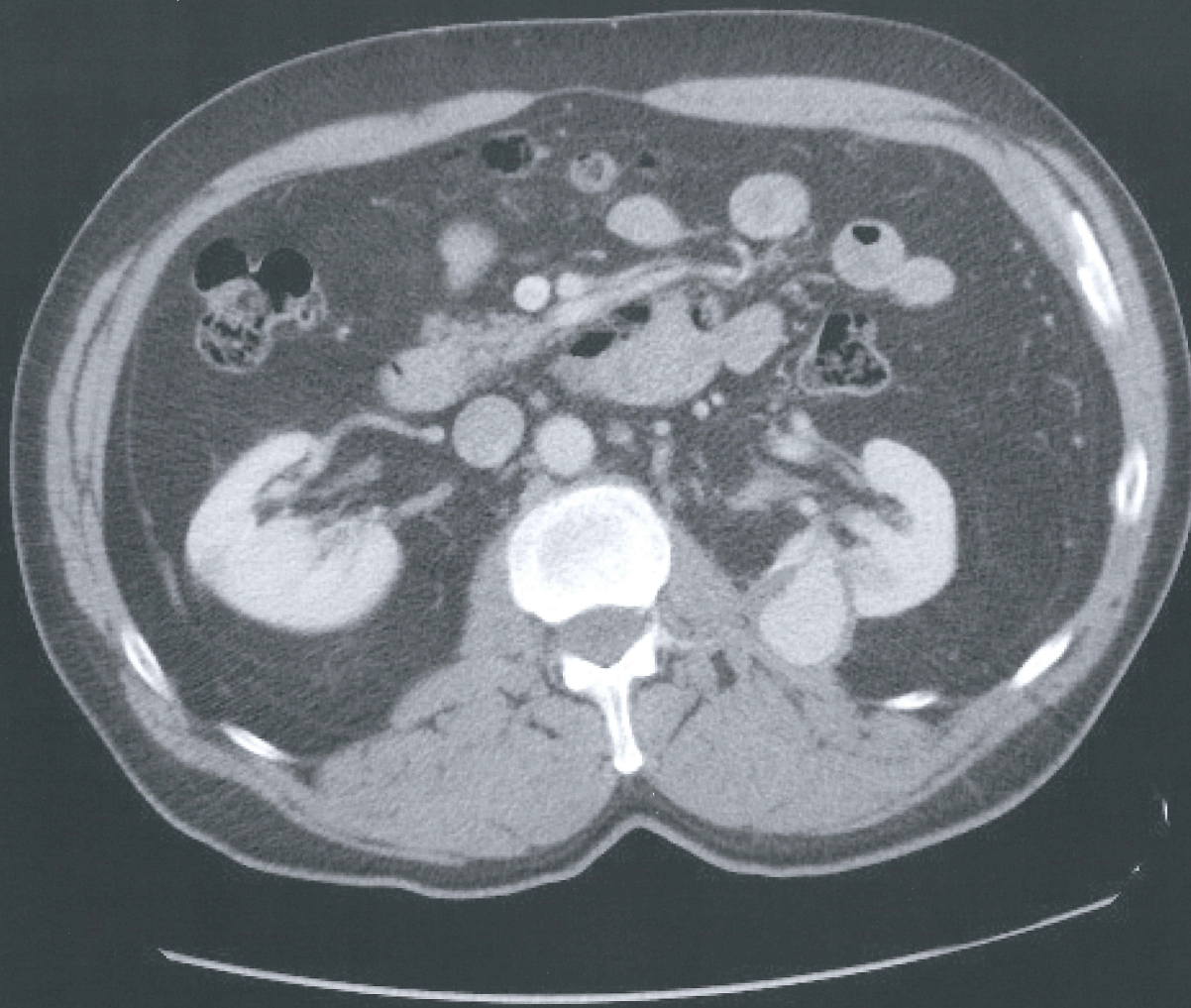


87. A 64-year-old man has a left partial nephrectomy for a pT1aN0M0 clear cell RCC with negative margins. Six months later, his chest x-ray and labs are normal. Preoperative and current CT images are shown. The next step is:

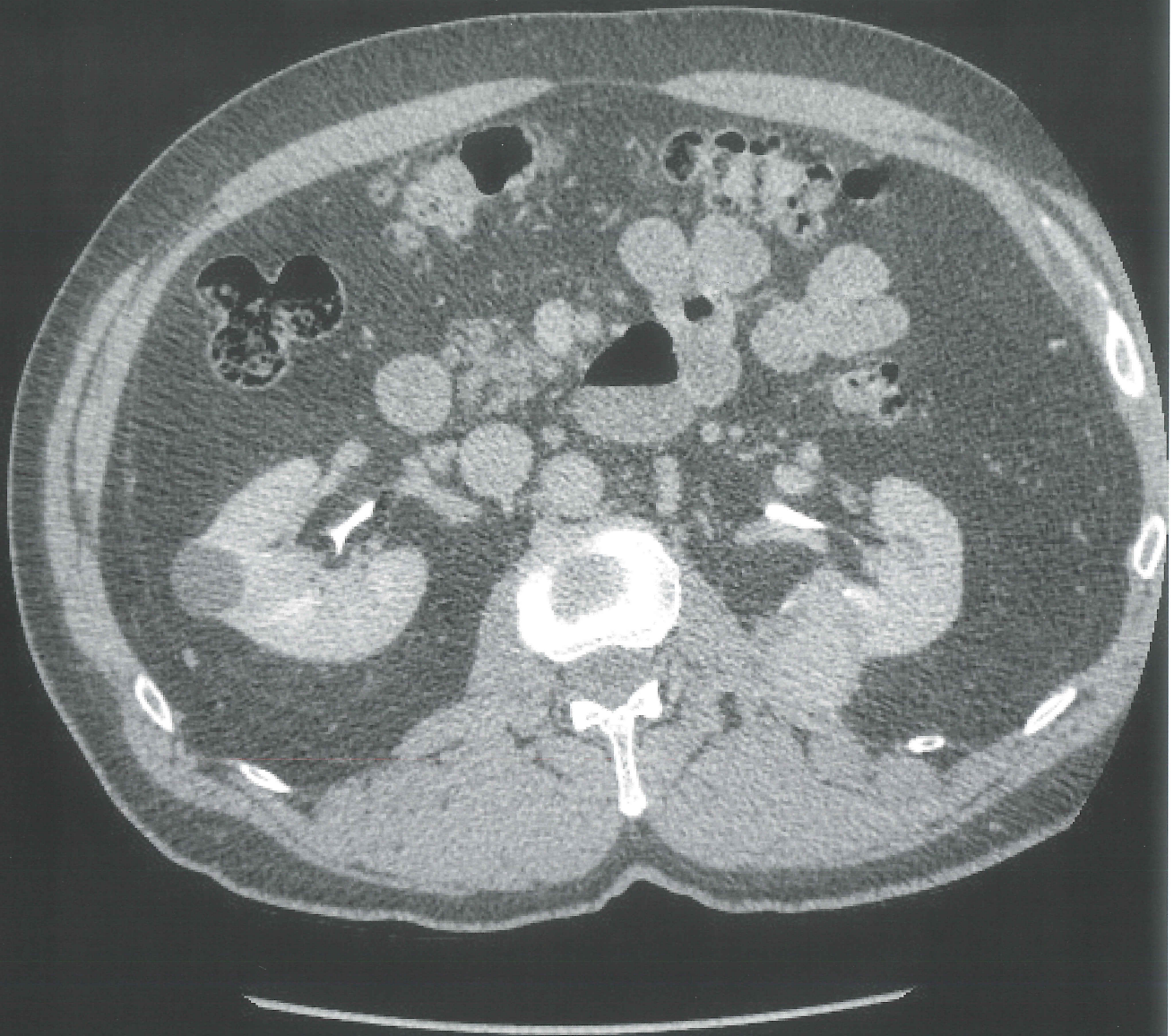
- A. renal ultrasound with Doppler.
- B. left kidney biopsy.
- C. radiofrequency ablation.
- D. partial nephrectomy.
- E. radical nephrectomy.



6 months after partial nephrectomy



6 months after partial nephrectomy



88. A 34-year-old man has recently completed treatment for clinical stage 3 NSGCT of the left testicle. His scrotal ultrasound prior to treatment showed a normal-sized right testicle with multifocal microlithiasis. The next step is:

- A. routine self-examination.
- B. screening ultrasounds.
- C. biopsy.
- D. orchiectomy.
- E. XRT.

89. A CT scan of an asymptomatic, obese patient with recurrent kidney stones shows a non-obstructing 1.4 cm lower pole renal calculus measuring 500 Hounsfield units. The next step is:

- A. urinalysis.
- B. KUB x-ray.
- C. potassium citrate.
- D. ureteroscopy.
- E. mini-PCNL.

90. Decreased libido, arousal, orgasm, and genital sensation in aging women is directly associated with diminished serum levels of:

- A. estrogen.
- B. progesterone.
- C. testosterone.
- D. serotonin.
- E. sex hormone binding globulin.

91. While performing a retropubic midurethral sling, the right trocar is seen in the lateral urethra on cystoscopy. The next step is to repair the urethrotomy and:

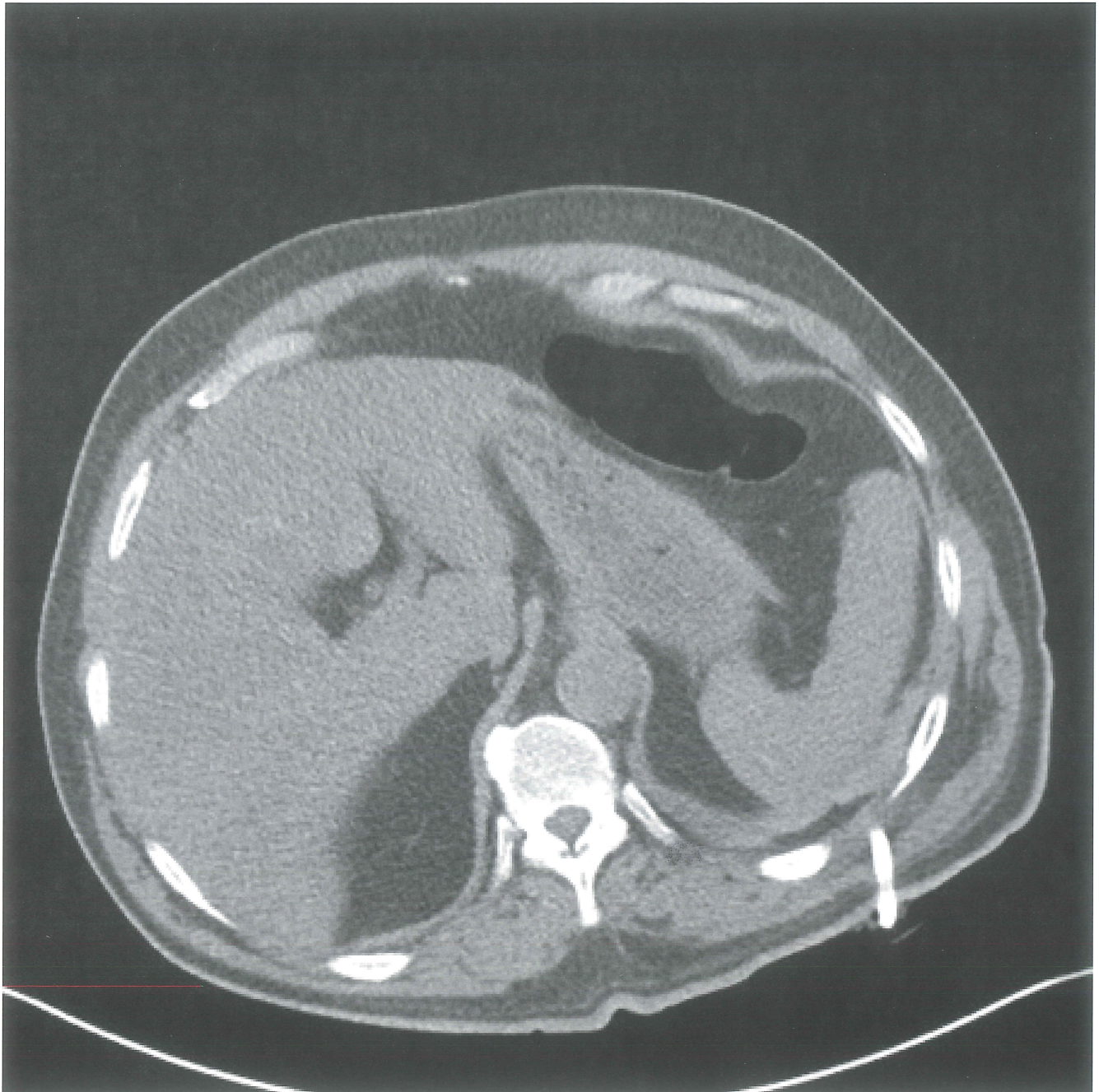
- A. abort the procedure and place indwelling catheter.
- B. perform Martius labial fat pad graft.
- C. continue with retropubic midurethral sling.
- D. perform transobturator midurethral sling.
- E. perform autologous fascial sling.

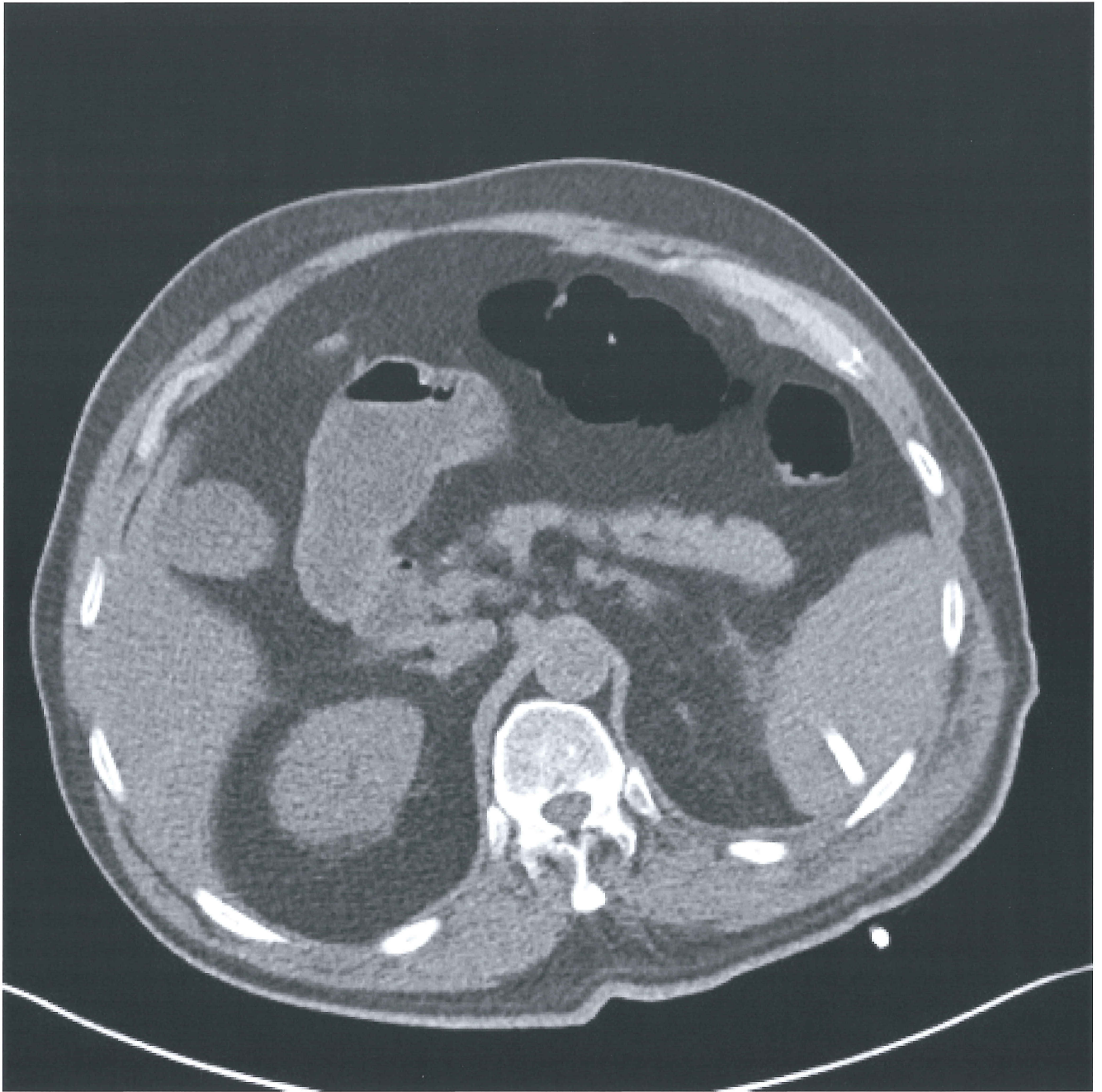
92. A 28-year-old man and his 27-year-old healthy wife have been trying unsuccessfully to conceive for 12 months. He was hospitalized for febrile influenza three months ago and had a bilateral inguinal hernia repair five years ago. Physical examination and serum hormone testing are normal except for a mildly elevated serum FSH level. Two separate semen tests performed one month ago had normal ejaculate volume azoospermia. The next step is:

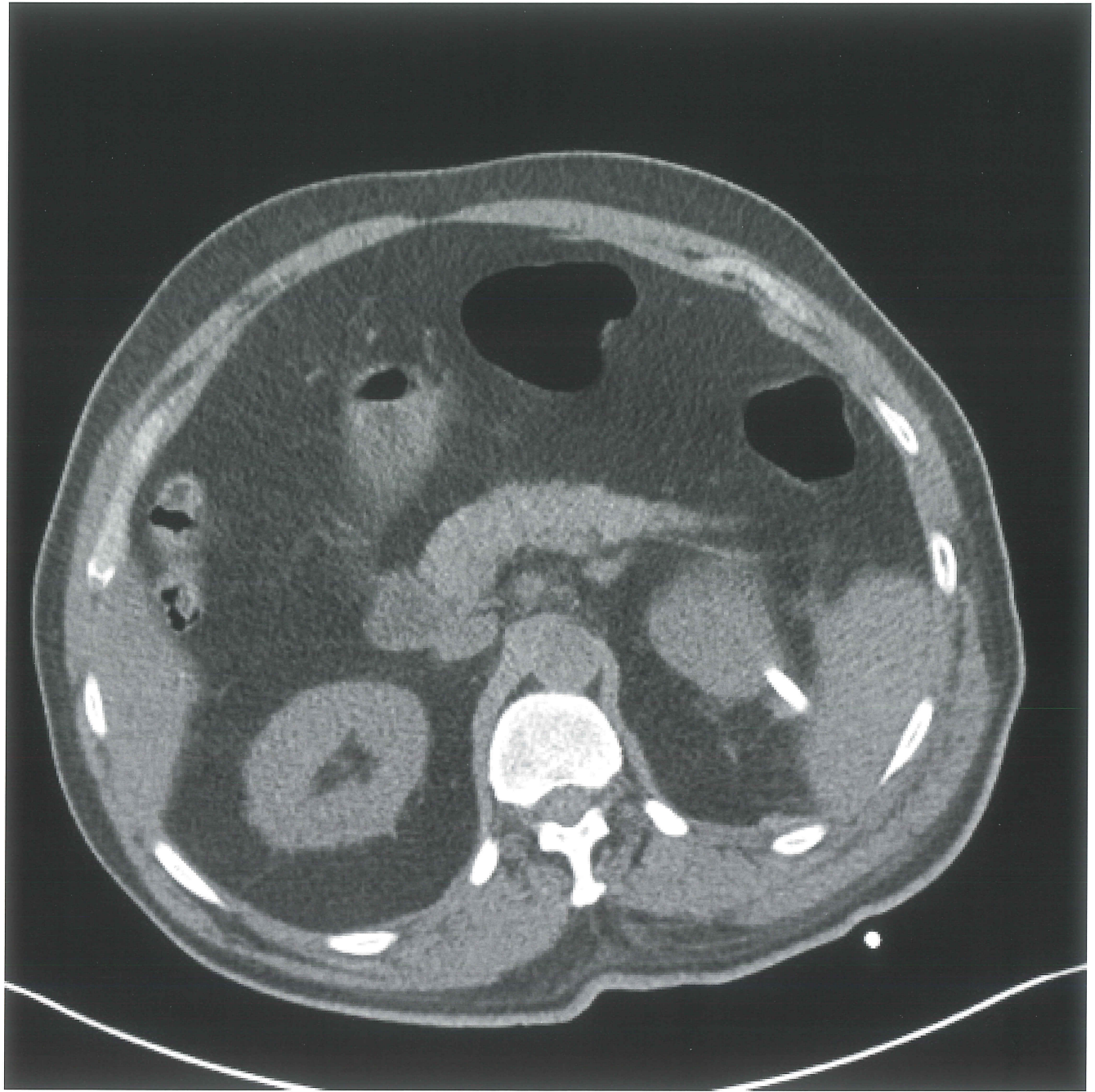
- A. repeat semen analysis.
- B. vasography.
- C. TRUS with seminal vesicle aspiration.
- D. epididymal exploration.
- E. microdissection testicular sperm extraction (micro-TESE).

93. Immediate post-PCNL CT scan images are shown. The patient is stable. The next step is:

- A. bed rest and serial hematocrits.
- B. reposition nephrostomy.
- C. reposition nephrostomy and place ureteral stent.
- D. angiography.
- E. surgical exploration.







94. A 67-year-old woman with Lynch syndrome has a solitary, 3 cm high-grade urothelial carcinoma of the midureter. She is status post total proctocolectomy, hysterectomy, oophorectomy, pelvic XRT, and has peripheral neuropathy. Metastatic evaluation is negative and eGFR is 63 mL/min/1.73 m². The next step is:

- A. chemotherapy.
- B. endoscopic laser ablation.
- C. segmental ureterectomy with ureteroureterostomy.
- D. distal ureterectomy with ureteral reimplantation.
- E. nephroureterectomy.

95. A 36-year-old woman is instructed to empty her bladder with the Credé maneuver. This mode of emptying will be most successful if her neurogenic bladder is related to a:

- A. stroke.
- B. demyelinating disorder.
- C. C7 spinal cord injury.
- D. T6 spinal cord injury.
- E. T12 spinal cord injury.

96. A 52-year-old woman with chronic pelvic pain syndrome undergoes a trial of opioid treatment. She returns after ten days reporting that the opioids are insufficient. The next step is:

- A. discontinue opioid treatment.
- B. increase opioid dose.
- C. combine opioids with NSAIDs.
- D. combine opioids with small dose of benzodiazepine.
- E. obtain urine drug screen to rule out abuse.

97. A five-year-old girl is dry during the day but wets the bed every night. She does not have any daytime urinary symptoms. Physical exam and urinalysis are normal. In addition to scheduled voiding and treatment of constipation, the next step is:

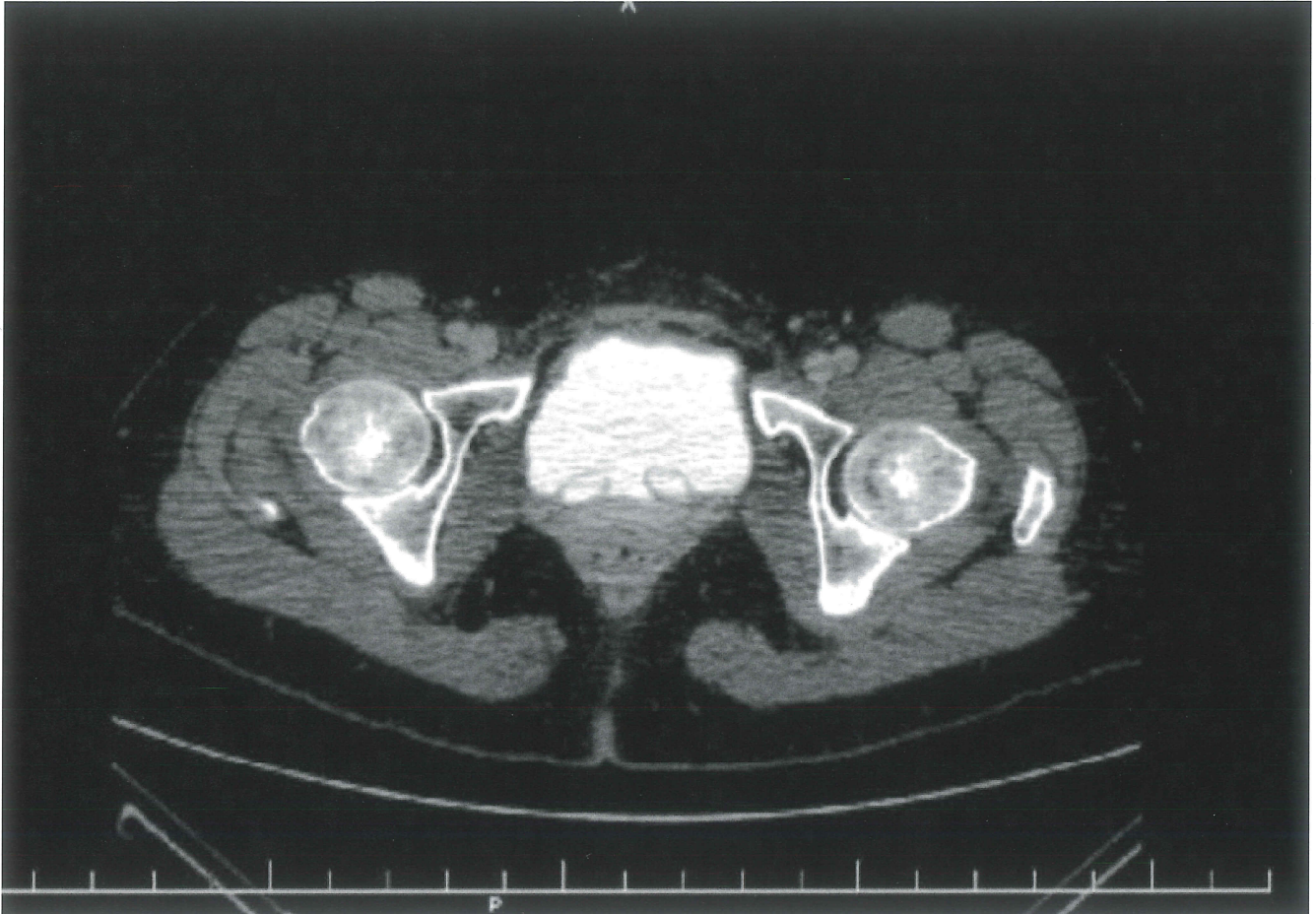
- A. observation.
- B. desmopressin.
- C. oxybutynin.
- D. enuresis alarm.
- E. imipramine.

98. Severe CKD is associated with elevated:

- A. total PSA.
- B. free PSA.
- C. proPSA.
- D. prostate health index (phi).
- E. 4Kscore[®].

99. A 62-year-old woman has been successfully treated for two febrile UTIs in the past year. Her non-contrast phase of a CT urogram is normal; an image of the contrast phase is shown. The next step is:

- A. observation.
- B. VCUG.
- C. retrograde pyelograms.
- D. cystolitholapaxy.
- E. transvaginal excision.



100. A two-month-old girl has left upper pole hydroureteronephrosis. To best differentiate an ectopic ureter from a ureterocele on renal and bladder ultrasound, evaluate the:

- A. degree of hydronephrosis.
- B. thickness of lower pole parenchyma.
- C. tortuosity of the ureter.
- D. thickness of cystic dilation near the bladder.
- E. fullness of the bladder.

101. A 63-year-old man has high-grade T1 urothelial carcinoma of the bladder with sarcomatoid features, confirmed at a second TURBT. Metastatic evaluation and laboratory studies are normal. The next step is:

- A. intravesical BCG.
- B. dose-dense M-VAC.
- C. pembrolizumab.
- D. chemotherapy and XRT.
- E. radical cystectomy.

102. A seven-month-old girl has intermittent drainage of clear fluid from her umbilicus. The next step is:

- A. observation.
- B. fluid culture.
- C. bladder ultrasound.
- D. VCUG.
- E. cystoscopy.

103. A 69-year-old man with bladder cancer has lost several pounds over three months. Serum albumin is 3.4 g/dL. He receives TPN for seven days prior to radical cystectomy with ileal conduit. After surgery, he is at increased risk for:

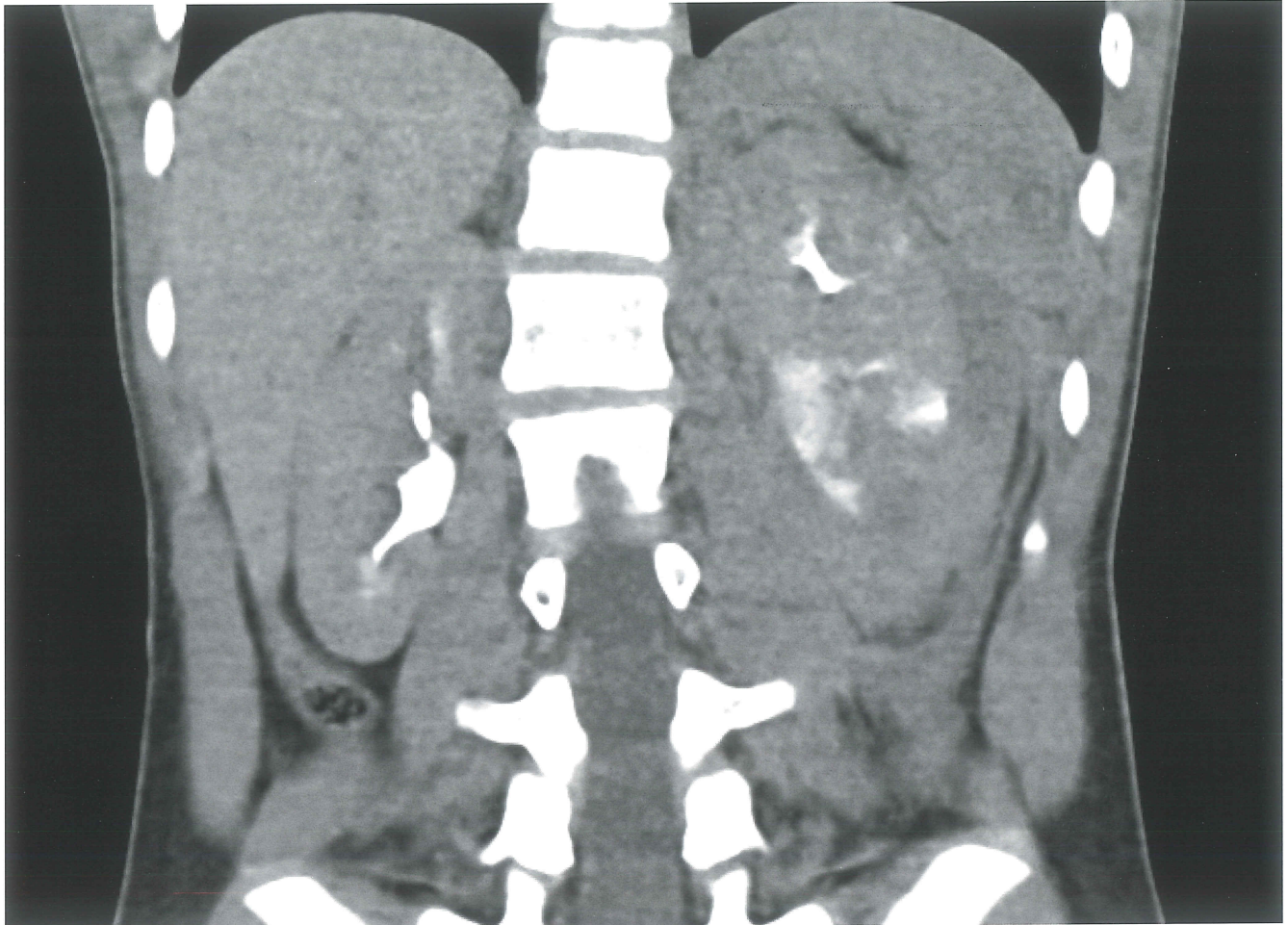
- A. ileus.
- B. sepsis.
- C. requiring TPN.
- D. anastomotic leak.
- E. fascial dehiscence.

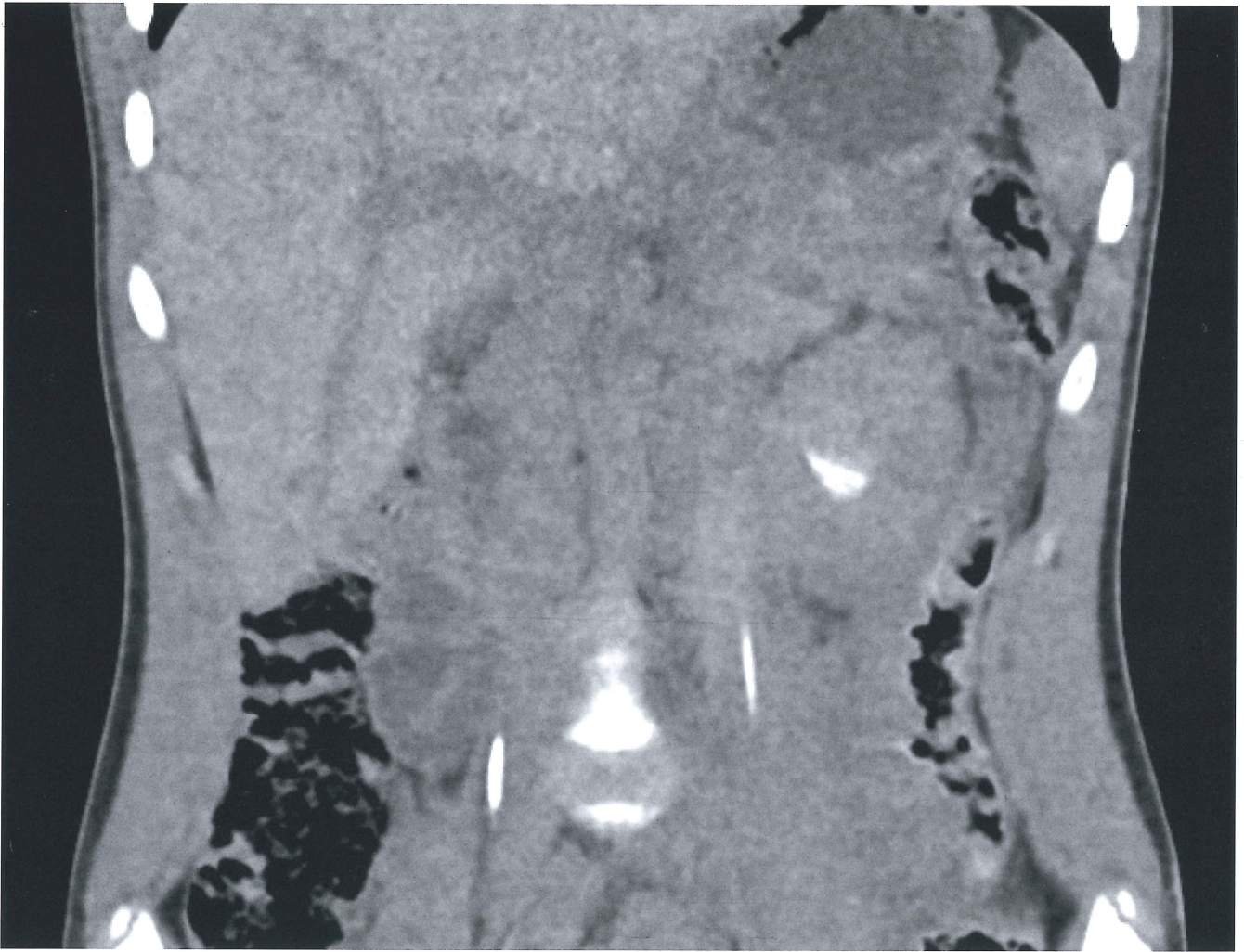
104. A 52-year-old man with a weak stream and penile itching has white pigmental changes, meatal stenosis, and a small non-healing ulcer involving his glans penis. The next step is:

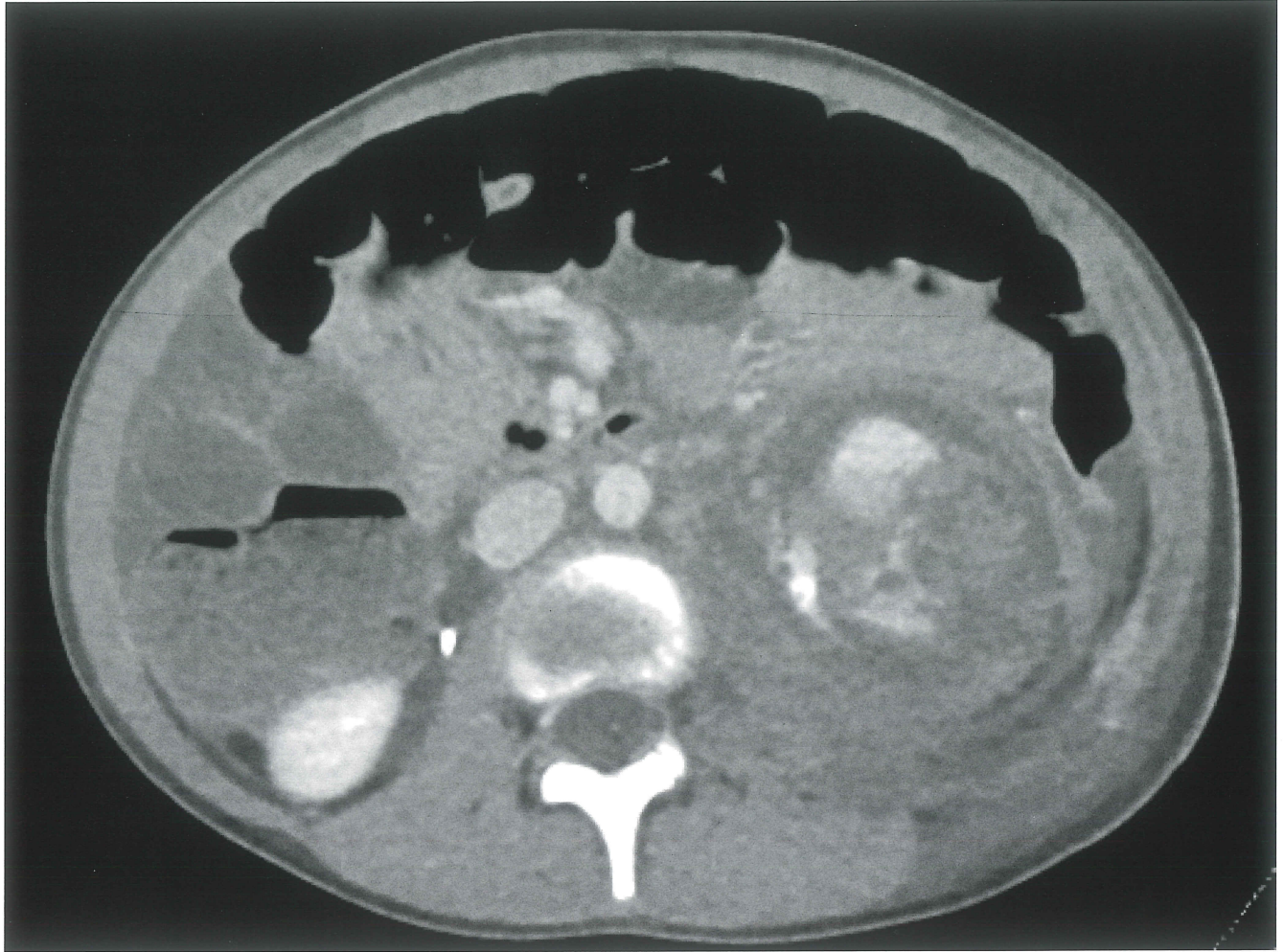
- A. topical steroids.
- B. nystatin cream.
- C. biopsy the ulcer.
- D. dilate the meatus and biopsy the ulcer.
- E. meatoplasty.

105. One day after being kicked by a horse, an 18-year-old woman is febrile to 38° C but otherwise hemodynamically stable. CT images are shown. The next step is:

- A. observation.
- B. repeat CT scan.
- C. retrograde pyelogram.
- D. nephrostomy tube.
- E. perinephric drain placement.







106. A 30-year-old woman has recurrent bacterial cystitis. She is healthy and her examination is normal. The best strategy for UTI prophylaxis is:

- A. D-mannose.
- B. vaginal estrogen.
- C. vaginal lactobacillus.
- D. increase fluid intake.
- E. daily methenamine.

107. A 30-year-old man has a history of bilateral orchidopexy at nine months of age and a one-year history of infertility. Semen analysis reveals: 1.7 mL volume, 20,000 sperm/mL, 20% motility. Serum testosterone is 300 ng/dL and FSH is 20 mIU/mL. Karyotype and Y-chromosome testing are normal. The next step is:

- A. post-ejaculate urinalysis.
- B. TRUS.
- C. clomiphene citrate.
- D. testosterone supplementation.
- E. in vitro fertilization (IVF) with ICSI.

108. The best Veress needle insertion point during pregnancy is:

- A. supraumbilical.
- B. left upper quadrant, anterior axillary line.
- C. right upper quadrant, anterior axillary line.
- D. left upper quadrant, midclavicular line.
- E. right upper quadrant, midclavicular line.

109. A 63-year-old man has clinical T3N0M0 urothelial carcinoma with glandular differentiation on the dome and anterior wall of the bladder. Laboratory studies and metastatic evaluation are normal. The next step is:

- A. colonoscopy.
- B. dose dense M-VAC.
- C. oxaliplatin, leucovorin and 5-FU.
- D. partial cystectomy with en bloc excision of urachus and umbilicus.
- E. radical cystoprostatectomy.

110. A 1.5 cm asymptomatic partially obstructing matrix calculus in the renal pelvis is best treated with:

- A. acetohydroxamic acid.
- B. urinary alkalization.
- C. SWL.
- D. ureteroscopy.
- E. PCNL.

111. A 15-year-old boy undergoes an exploratory laparotomy for a GSW. The boy is hemodynamically stable, and a complete transection of the right midureter is discovered. The next steps are to debride necrotic tissue and:

- A. place ureteral stent.
- B. ligate proximal ureter and place PCNT.
- C. perform cutaneous ureterostomy.
- D. place abdominal drain and repair in three days.
- E. perform immediate ureteroureterostomy with ureteral stent.

112. For nerve sparing versus non-nerve sparing robotic-assisted radical cystectomy, the dissection differs at the:

- A. posterior prostate.
- B. seminal vesicle.
- C. space of Retzius.
- D. anterior bladder pedicle.
- E. posterior bladder pedicle.

113. A 45-year-old woman with recurrent acute bacterial cystitis typically after vaginal intercourse should be advised to:

- A. wipe from front to back.
- B. void before intercourse.
- C. void after intercourse.
- D. take nitrofurantoin 100 mg once after intercourse.
- E. take cephalexin 500 mg once after intercourse.

114. A 50-year-old man sustains a sudden bend in his penis during intercourse and must stop due to pain three minutes later. The following morning, he has persistent pain and genital bruising. The next step is:

- A. supportive care.
- B. urinalysis.
- C. penile ultrasound.
- D. penile MRI scan.
- E. surgical exploration.

115. A 16-year-old girl has obesity, recurrent uric acid kidney stones and nonfebrile E. coli UTIs. A 24-hour urine collection reveals urine pH 5.5, volume 2.1 L, calcium 195 mg/day (normal < 200), and uric acid 1.03 g/day (normal < 0.75). Urine sodium is elevated, and urine magnesium, sulfate, and urea nitrogen are normal. Her kidney stones are most likely due to:

- A. obesity.
- B. recurrent UTIs.
- C. excessive sodium intake.
- D. excessive protein intake.
- E. gout.

116. A 24-year-old man with a T4 complete spinal cord injury has urinary incontinence despite CIC and maximal anticholinergic therapy. His UDS is shown. He would like to be dry and was injected with 300 units of onabotulinumtoxinA for lower extremity spasticity one month ago. The next step is:

- A. increase frequency of CIC.
- B. immediate injection of 200 units onabotulinumtoxinA.
- C. injection of 200 units onabotulinumtoxinA in two months.
- D. sacral neuromodulation.
- E. artificial urinary sphincter.



117. A 65-year-old man has ESRD on dialysis for five years, CHF with an ejection fraction of 25%, and is not eligible for a kidney transplant. His PSA is 18 ng/mL, DRE is normal, and biopsy shows 3 cores of Gleason 4+4=8 prostate cancer. He is asymptomatic and a PSMA PET-CT scan is without evidence of metastases. The next step is:

- A. observation.
- B. XRT to the prostate.
- C. XRT to the prostate with 36 months of ADT.
- D. intermittent ADT.
- E. continuous ADT.

118. A 67-year-old man with ESRD has a potential living kidney donor. He has Gleason 3+3=6 prostate cancer and is on active surveillance. Transplant may occur:

- A. immediately.
- B. in one year, if no progression on repeat biopsy.
- C. two years after radiation, if no recurrence.
- D. six months after radical prostatectomy, if no recurrence.
- E. five years after treatment.

119. After treatment for acute lymphoblastic leukemia, a two-year-old boy develops a painless testicular mass. AFP and beta-hCG are normal. The next step is:

- A. biopsy.
- B. partial orchiectomy with frozen section.
- C. radical orchiectomy.
- D. chemotherapy.
- E. XRT.

120. Five-millimeter laparoscopic ports in a child should be closed with:

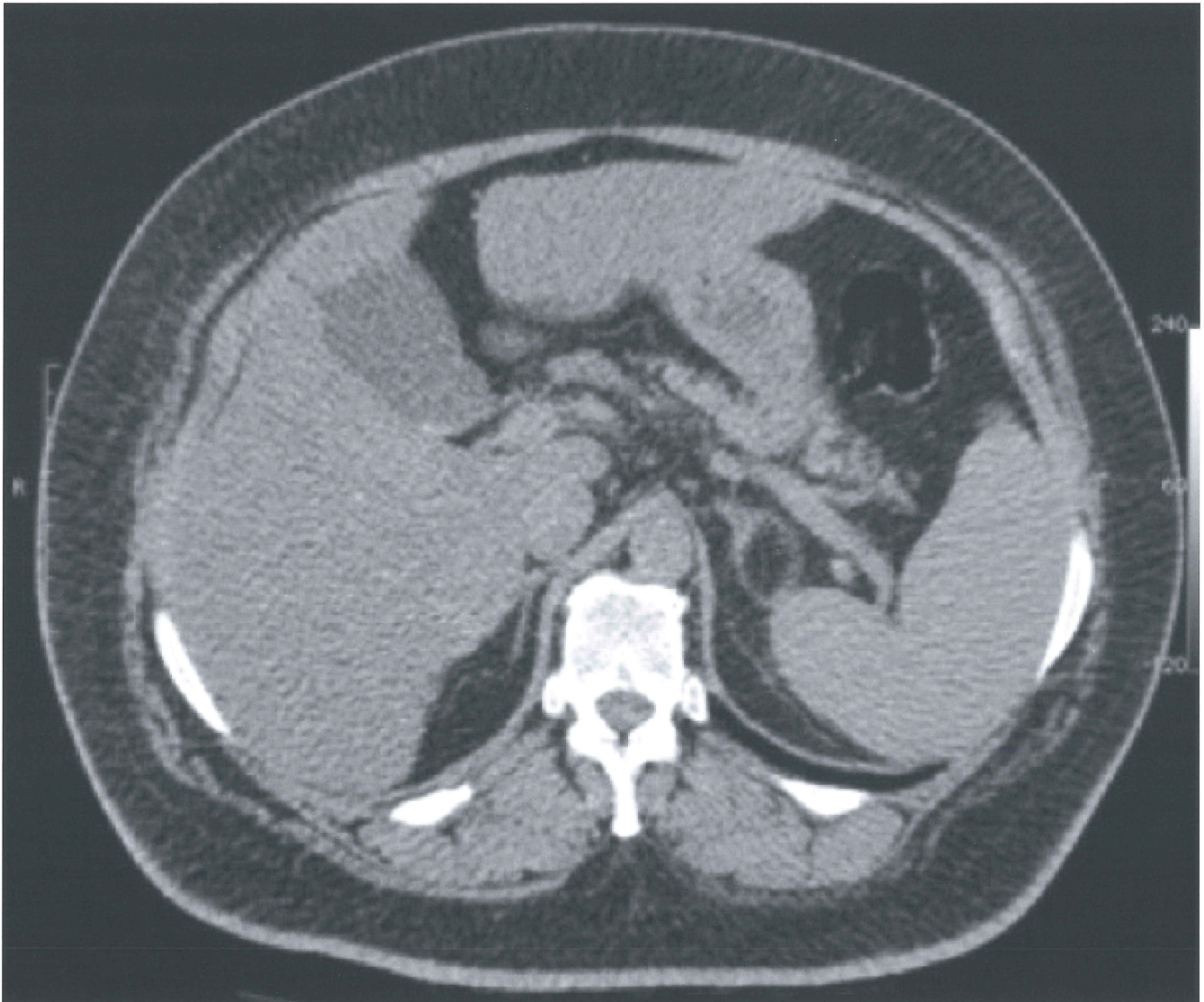
- A. cutaneous glue alone.
- B. subcuticular layers alone.
- C. absorbable fascial suture(s).
- D. a single non-absorbable fascial suture.
- E. interrupted non-absorbable fascial sutures.

121. A 19-year-old woman with spina bifida and an augmentation cystoplasty has amenorrhea for two months. Her urine hCG is positive. The next step is:

- A. antibiotic prophylaxis.
- B. urine culture.
- C. repeat urine hCG.
- D. serum hCG.
- E. transvaginal ultrasound.

122. A 63-year-old woman with left flank pain has the non-contrast CT scan shown. The next step is:

- A. CT scan with contrast.
- B. MRI scan.
- C. metabolic evaluation.
- D. repeat imaging in two years.
- E. needle biopsy.



123. A 42-year-old woman has a history of recurrent UTIs and microscopic hematuria. Cystoscopy reveals a mass on the bladder dome. Pathology from TURBT reveals cystitis glandularis. The next step is:

- A. observation.
- B. nitrofurantoin prophylaxis.
- C. cystoscopy in one year.
- D. repeat resection in six weeks.
- E. partial cystectomy.

124. Two days following robotic-assisted cystectomy, a 65-year-old man has focal left lower abdominal pain and diarrhea. He is afebrile and WBC count is $3.0 \times 10^9/L$ with 80% neutrophils. A CT scan with oral contrast reveals stranding and thickening of the sigmoid colon. The next step is:

- A. cholestyramine.
- B. oral metronidazole.
- C. a repeat CT in six-eight hours.
- D. colonoscopy.
- E. laparotomy.

125. A 24-year-old man in an MVC has a pelvic fracture and voids with gross hematuria. A cystogram is performed with easy passage of a catheter and filling to 250 mL. End-fill and post-drainage images demonstrate no extravasation. The next step is:

- A. allow the patient to void spontaneously.
- B. place an indwelling urinary catheter.
- C. repeat cystogram with 350 mL contrast.
- D. retrograde urethrography.
- E. cystoscopy in OR during pelvic external fixation.

126. An 11-year-old boy who underwent hematopoietic stem cell transplantation develops hemorrhagic cystitis. He is voiding with minimal PVR. Serum hemoglobin remains stable. Urine testing returns positive for BK virus. The next step is:

- A. I.V. hydration and analgesics.
- B. acyclovir.
- C. cidofovir.
- D. continuous bladder irrigation.
- E. cystoscopy.

127. A pudendal nerve block targets the nerve as it enters (the):

- A. greater sciatic foramen.
- B. lesser sciatic foramen.
- C. obturator foramen.
- D. perineal membrane.
- E. deep to Buck's fascia.

128. A 65-year-old woman has one week of flank pain and malaise. A non-contrast CT scan is shown. The next step is:

- A. urine culture and metabolic stone evaluation.
- B. MAG-3 renal scan with Lasix™.
- C. PCNT.
- D. PCNL.
- E. ureteroscopic laser lithotripsy.



129. The ureter runs:

- A. anterior to the gonadal vessels.
- B. lateral to the medial umbilical ligament.
- C. posterior to the vas deferens.
- D. anterior to the uterine artery.
- E. posterior to the uterosacral ligament.

130. A 42-year-old woman with VHL has a 3.5 cm hilar tumor in a solitary right kidney. She has no metastatic disease. Her serum creatinine is 1.8 mg/dL. With the goal of making a partial nephrectomy more technically feasible, the next step is:

- A. axitinib.
- B. belzutifan.
- C. pazopanib.
- D. nivolumab plus ipilimumab.
- E. axitinib plus pembrolizumab.

131. A seven-year-old boy with a history of neonatal PUV ablation has worsening hydroureteronephrosis. VCUG shows bilateral grade 3 VUR and no recurrent urethral obstruction. Despite CIC and oxybutynin, there is no improvement in hydroureteronephrosis. The next step is:

- A. overnight catheter drainage.
- B. subureteric injection of bulking agent.
- C. intradetrusor onabotulinumtoxinA.
- D. ureteral reimplantation.
- E. bladder augmentation.

132. A 22-year-old man with sickle cell trait has hematuria and left flank pain. He is afebrile and creatinine is 1.0 mg/dL. Ultrasound demonstrates moderate left hydroureteronephrosis. The next step is I.V. hydration and:

- A. MAG-3 renal scan.
- B. CT scan with and without I.V. contrast.
- C. retrograde pyelography.
- D. aminocaproic acid.
- E. tamsulosin.

133. A 64-year-old man with a mechanical heart valve on coumadin, multiple previous deep vein thromboses, frailty, and transportation difficulties has metastatic castration-sensitive prostate cancer, including multifocal vertebral lesions. He is asymptomatic. The most appropriate form of initial and ongoing ADT is:

- A. leuprolide.
- B. degarelix.
- C. relugolix.
- D. abiraterone acetate.
- E. bilateral orchiectomy.

134. Four years after radical prostatectomy and adjuvant XRT, a 75-year-old man has urinary incontinence with activity requiring two pads per day. He denies nocturia and is dry at night. His urinalysis is normal and PVR is 0 mL. He has seen no improvement despite three months of pelvic floor muscle therapy. The next step is:

- A. UDS.
- B. cystoscopy.
- C. continue pelvic floor muscle therapy.
- D. male sling.
- E. artificial urinary sphincter.

135. A 20-year-old man has a GSW to the pelvis. He is hypotensive and taken directly for exploratory laparotomy without prior imaging. The trauma surgeons discover a large left retroperitoneal hematoma at the pelvic inlet. An iliac vessel injury is suspected. The best way to evaluate for a concomitant left ureteral injury is:

- A. on the table one-shot IVP.
- B. left retrograde pyelogram.
- C. CT scan of the abdomen and pelvis in 48 hours.
- D. cystotomy and retrograde ureteral catheterization.
- E. explore the left retroperitoneum.

136. An 83-year-old man develops urinary retention. He has been on tamsulosin for four years. He has a smooth, 60 gram prostate on examination, a PSA of 4.5 ng/mL and a normal urinalysis. The next step is:

- A. finasteride.
- B. bethanechol.
- C. TRUS with prostate biopsy.
- D. suprapubic tube.
- E. TURP.

137. A 72-year-old woman takes tolterodine for urgency urinary incontinence. She has increasing memory issues and worsening hypertension. Blood pressure is 168/89 mmHg and pelvic exam is significant for vaginal atrophy. Urinalysis is unremarkable and PVR is 30 mL. The next steps are to discontinue tolterodine and treat with:

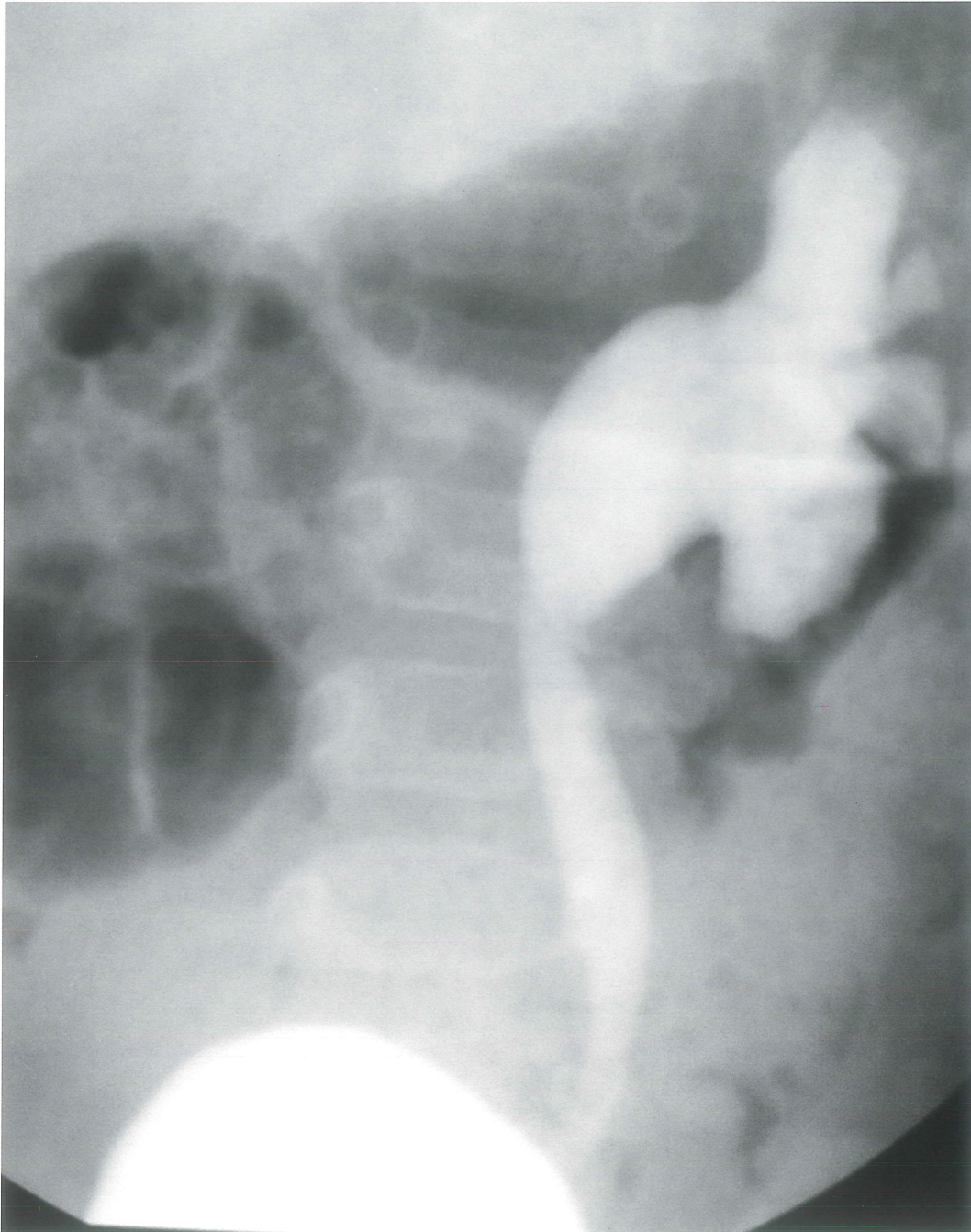
- A. vaginal estrogen cream.
- B. an incontinence pessary.
- C. mirabegron.
- D. vibegron.
- E. sacral neuromodulation.

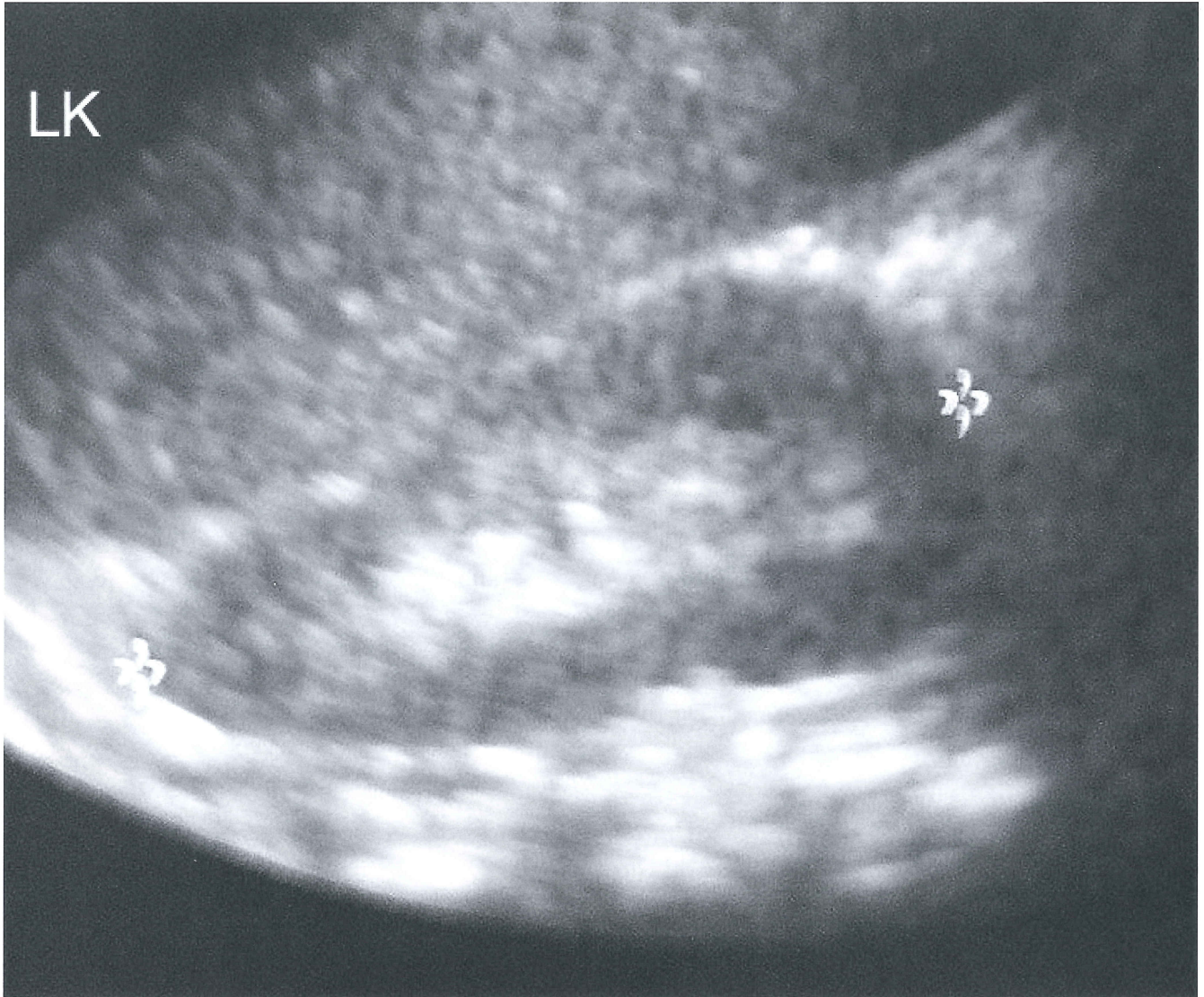
138. During radical prostatectomy and pelvic lymphadenectomy, a 1 cm segment of the obturator nerve is cauterized with bipolar forceps. The next step is:

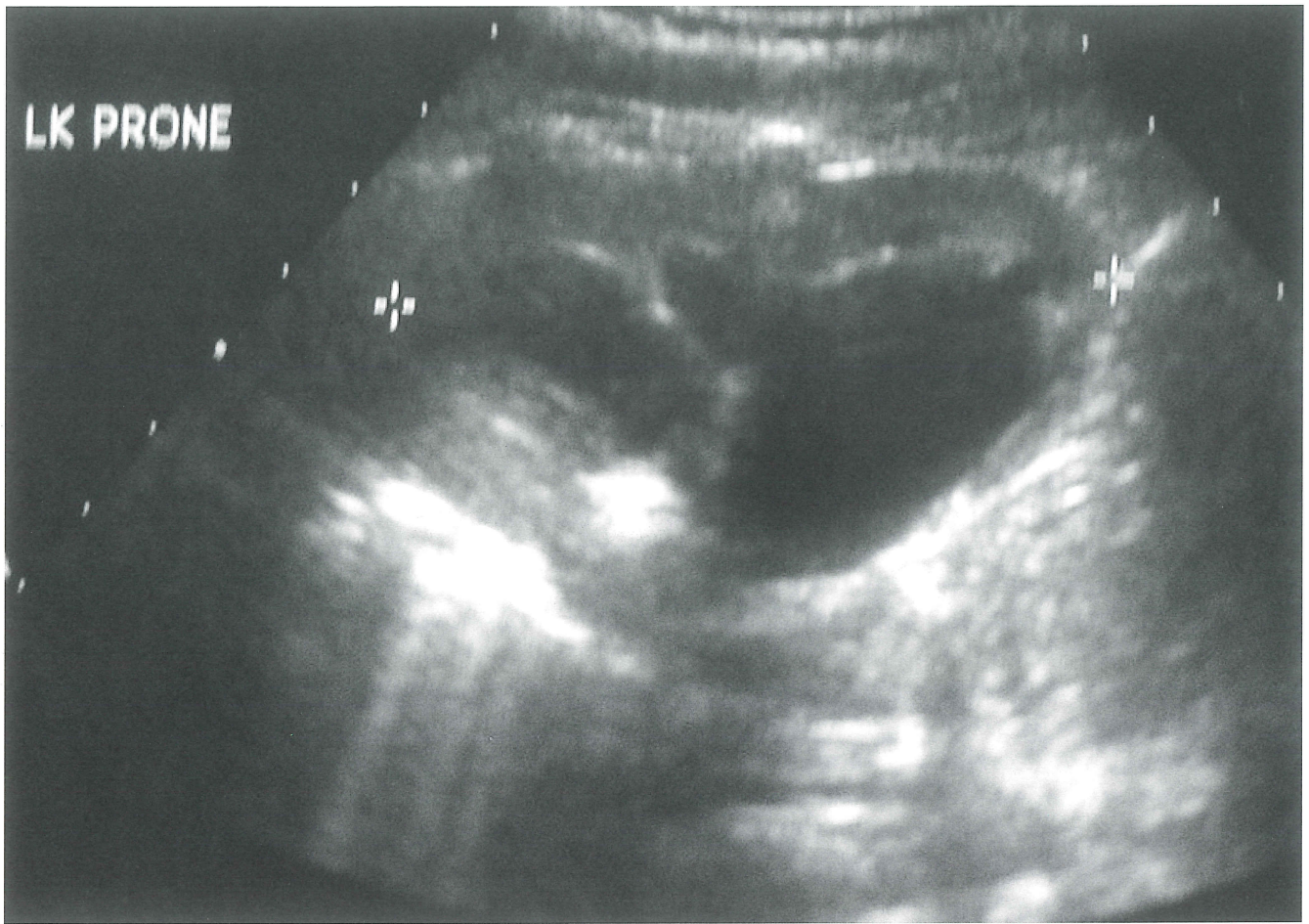
- A. to wrap the nerve with amniotic membrane.
- B. to debride the cauterized segment.
- C. segmental resection and anastomosis.
- D. segmental resection and nerve autograft.
- E. to continue the surgery.

139. A two-year-old boy undergoes a left ureteral reimplant. The preoperative VCUG and renal ultrasound are shown in the first two images. A routine postoperative ultrasound at one month is shown in the last image. He is asymptomatic. The next step is:

- A. follow-up renal ultrasound in two months.
- B. VCUG.
- C. MAG-3 renal scan with Lasix™.
- D. PCNT.
- E. cystoscopy and ureteral stent.







140. A 13-year-old boy with cystinuria has a recurrent 1 cm right renal calculus on ultrasound. Daily fluid intake is 2.7 L, sodium intake is 2 g/day, and he takes potassium citrate. Urine pH is 7.2. Following treatment of this stone, the next step is:

- A. reduce sodium intake to < 1 g/day.
- B. D-penicillamine.
- C. alpha-mercaptopyrionylglycine.
- D. hydrochlorothiazide.
- E. allopurinol.

141. A renal ultrasound shows a 4 cm left upper pole solid mass in a 54-year-old woman with stage 4 CKD. The next step is:

- A. non-contrast CT scan.
- B. CT scan with and without half-dose iodinated contrast.
- C. CT scan with and without iodinated contrast with N-acetylcysteine.
- D. MRI scan with and without group I gadolinium-based contrast agent.
- E. MRI scan with and without group II gadolinium-based contrast agent.

142. A 72-year-old woman with a history of hysterectomy has vaginal pressure and urine leakage with activity. On standing examination, Aa/Ba are -1, Ap/Bp are -2, and C is -8. She has leakage with cough and vaginal atrophy is noted. Urinalysis is normal and PVR is 20 mL. The next steps are midurethral sling and:

- A. no additional procedures.
- B. anterior repair.
- C. posterior repair.
- D. anterior and posterior repair.
- E. abdominal sacrocolpopexy.

143. For the past year, a 49-year-old man has been receiving the same systemic therapy for metastatic RCC. If cytoreductive nephrectomy is being considered, the therapy that needs to be stopped at least four weeks prior to surgery is:

- A. axitinib.
- B. cabozantinib.
- C. ipilimumab.
- D. nivolumab.
- E. pembrolizumab.

144. A 17-year-old boy with bladder augmentation and bladder neck closure is unable to catheterize his appendicovesicostomy (APV). The bladder is palpably distended. When a 14 Fr catheter is passed into the stoma, there is resistance two inches deep to the skin with no return of urine. The next step is:

- A. CT scan of abdomen/pelvis.
- B. dilation of APV with sounds.
- C. percutaneous bladder drainage.
- D. bilateral PCNTs.
- E. open APV revision.

145. An evidence-based method for reducing opioid prescribing after surgery is:

- A. use of an electronic prescribing system.
- B. communication through an electronic patient portal.
- C. postoperative counseling regarding pain expectations.
- D. prescribing by advanced practice providers.
- E. filling prescriptions preoperatively.

146. Prostate health index (phi) and 4Kscore® both include total PSA and:

- A. hK2.
- B. proPSA.
- C. free PSA.
- D. IsoPSA™.
- E. PCA3.

147. A 55-year-old transgender woman has two years of urinary hesitancy and a weakening urine stream. Physical examination is unremarkable and reveals normal appearing female genitalia. Urinalysis is normal, PVR is 20 mL, and cystoscopy reveals no strictures. The next step is:

- A. reassurance.
- B. uroflowmetry.
- C. UDS.
- D. bethanechol.
- E. tamsulosin.

148. A 32-year-old man has incidentally discovered 3.5 cm lower pole and 2 cm upper pole enhancing right renal masses, and a 2 cm non-enhancing right adrenal mass with 35 Hounsfield units (HU) on non-contrast phase. Physical examination is unremarkable. Creatinine is 0.9 mg/dL. Chest imaging is normal. The next step is:

- A. adrenal metabolic workup.
- B. MRI scan of the abdomen.
- C. biopsy the renal mass.
- D. biopsy the adrenal mass.
- E. partial nephrectomies and adrenalectomy.

149. A new survey instrument measures the severity of patient symptoms from bladder cancer. The research team validated this instrument by asking a team of urologic oncologists to read the survey and determine whether the questions characterized all aspects of bladder cancer symptoms. This validation process is an example of:

- A. face validity.
- B. criterion validity.
- C. content validity.
- D. construct validity.
- E. predictive validity.

150. During resection of a large retroperitoneal rhabdomyosarcoma in a two-year-old girl, the right ureter is transected 1 cm distal to the UPJ and again at the pelvic brim. Preoperative serum creatinine is 1.0 mg/dL. The next step is:

- A. ureteral ligation and PCNT placement.
- B. transureteroureterostomy.
- C. appendiceal ureter interposition.
- D. auto-transplantation.
- E. nephrectomy.