

*Section 1: This is December's exam. About 1/3rd is exactly the same.*

*Section 2: is changes made in this version ( I would study both because they are a little differently asked on the same concept)*

*Section 3: The answers and questions are correct, but honestly, I panicked and didn't write the full paragraphs out due to time, but the main concept and answers are correct.*

# Section 1

## Q1

### **Question:**

Your 51-year-old female patient has been diagnosed with a “new murmur” during a near syncopal episode workup. In evaluating this patient, **during which phase of the cardiac cycle would you anticipate auscultation of an S1 heart sound?**

**Correct Answer:** Systole

**Rationale:** S1 (“lub”) marks the closure of the mitral and tricuspid valves, signaling the onset of systole.

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## Q2

### **Question:**

The initial workup for a patient with a new chief complaint of palpitations should include which of the following tests **first?**

**Correct Answer:** Basic metabolic profile

**Rationale:** In a new complaint of palpitations, basic labs (including electrolytes) and an ECG are standard initial steps before more specialized testing.

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### Q3

**Question:**

Which of the following locations is most commonly described as the best location to identify the aortic valve in a healthy adult?

**Correct Answer:** 2nd intercostal space, right sternal border

**Rationale:** The aortic area is auscultated at the 2nd intercostal space along the right sternal border.

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### Q4

**Question:**

Jason, a 63-year-old male who had a cardiac drug-eluting stent placed and had an elevated troponin of 1.6, asks how long he will need to be on aspirin plus clopidogrel (Plavix). **How long should Jason be on dual antiplatelet therapy after his stent?**

**Correct Answer:** 12 months minimum

**Rationale:** Current guidelines advise at least 12 months of dual antiplatelet therapy (DAPT) after drug-eluting stent placement in the setting of elevated troponin or acute coronary syndrome.

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### Q5

**Question:**

What illness or diagnosis would localized egophony on auscultation over the left lower lobe most likely imply?

**Correct Answer:** Consolidation (pneumonia)

**Rationale:** Egophony is most commonly associated with lung consolidation, as in pneumonia.

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### Q6

**Question:**

While assessing a 15-year-old patient for a new onset of cough, how does performing **percussion** of the thorax assist the provider during the physical examination?

**Correct Answer:** To identify if underlying tissues are air-filled, fluid-filled, or consolidated

**Rationale:** Percussion differentiates resonance (air), dullness (fluid or consolidation), and helps guide further assessment.

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### Q7

**Question:**

Which of the following patients would you expect to show a **less-than-expected forced vital capacity (FVC)** on pulmonary function testing?

**Correct Answer:** Severe interstitial lung disease

**Rationale:** Restrictive lung diseases (like interstitial lung disease) reduce FVC.

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**Q8**

**Question:**

In obstructive lung disease, a decreased level in which of the following **spirometry parameters** is most suggestive of diagnosis?

**Correct Answer:** Forced Expiratory Volume in 1 second (FEV<sub>1</sub>)

**Rationale:** Obstructive disease is characterized by a notably reduced FEV<sub>1</sub> and a decreased FEV<sub>1</sub>/FVC ratio.

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**Q9**

**Question:**

Your newly established patient developed a progressively enlarged thyroid gland (goiter) along with symptoms of anxiety, palpitations, and tremor over the last year. **Which diagnosis is most likely** based on these findings?

**Correct Answer:** Graves' Disease

**Rationale:** Goiter plus hyperthyroid symptoms (tremor, palpitations) typically indicates Graves' disease.

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**Q10**

**Question:**

A 32-year-old female with a diagnosis of hyperthyroidism might exhibit which of the following **typical signs** on exam?

**Correct Answer:** Exophthalmos

**Rationale:** Exophthalmos (proptosis) is a hallmark physical finding associated with Graves' hyperthyroidism.

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**Q11**

**Question:**

Your patient has Cushing's disease. Which of the following **would you NOT expect** to find during examination?

**Correct Answer:** Low body temperature

**Rationale:** Common findings in Cushing's include moon facies, abdominal striae, and central obesity; a persistently low body temperature is not typical.

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**Q12**

**Question:**

In a patient with Diabetes Mellitus Type 2, the evaluation for end-organ dysfunction should include which of the following?

**Correct Answer:** All of these are appropriate

**Rationale:** Annual renal function tests, urinalysis, and a dilated (or comprehensive) eye exam are all crucial in diabetes follow-up.

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**Q13**

**Question:**

A patient with **severe cirrhosis** awaiting possible liver transplant should be evaluated with which scoring system to assess **liver function and prognosis**?

**Correct Answer:** Model for End-Stage Liver Disease (MELD) Score

**Rationale:** The MELD score is specifically used to prioritize and assess transplant need in cirrhosis.

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**Q14**

**Question:**

You suspect mononucleosis in a 12-year-old with left upper quadrant pain and likely splenomegaly. **Which examination step should be avoided** over that area?

**Correct Answer:** Deep palpitation

**Rationale:** An enlarged spleen is at risk of rupture, so avoid deep palpation if mononucleosis is suspected.

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**Q15**

**Question:**

A 21-year-old female may have a perforated gastric ulcer with peritonitis. **Which type of bacteria** is most likely the causative agent?

**Correct Answer:** Gram negative rods

**Rationale:** Perforated ulcers and resultant peritonitis often involve gram-negative enteric organisms (e.g., E. coli).

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**Q16**

**Question:**

A 22-year-old male power lifter complains his scrotum is very enlarged and fluid-like. **Which diagnosis is most likely?**

**Correct Answer:** Hydrocele

**Rationale:** A fluid-filled scrotal enlargement that can transilluminate is most consistent with a hydrocele.

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**Q17**

**Question:**

A 22-year-old female has sinus pressure and congestion. **Which maneuver** may help reproduce sinus-related pain and support the diagnosis?

**Correct Answer:** Leaning forward

**Rationale:** Sinus pressure typically worsens when bending or leaning forward.

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**Q18**

**Question:**

A 49-year-old male presents with weight loss, night sweats, anhedonia, and CXR showing profoundly enlarged hilar adenopathy. **Which diagnosis** should be in your differential?

**Correct Answer:** Lymphoma

**Rationale:** "B symptoms" (night sweats, weight loss) plus hilar lymphadenopathy strongly suggests lymphoma.

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**Q19**

**Question:**

Which of the following diseases is associated with **vitreous detachment**?

**Correct Answer:** Ehlers-Danlos

**Rationale:** Ehlers-Danlos syndrome, a connective tissue disorder, can be linked to vitreous abnormalities.

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## Q20

**Question:**

A patient presents with a **unilateral visual deficit** described as loss of visual fields on the **right side** in both eyes. This is known as what?

**Correct Answer:** Homonymous hemianopia

**Rationale:** Loss of the right visual field in both eyes is a right homonymous hemianopia (post-chiasmal lesion).

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## Q21

**Question:**

An adolescent female with microcytic, hypochromic anemia and elevated RDW most likely has iron deficiency. **Which labs** will you order **first**?

**Correct Answer:** TIBC and ferritin

**Rationale:** Iron studies (especially serum ferritin, TIBC) confirm iron deficiency (the most common cause of microcytosis with high RDW).

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## Q22

**Question:**

A microcytic anemia with **normal RDW** is most likely which type of anemia?

**Correct Answer:** Thalassemia trait

**Rationale:** Thalassemia typically shows microcytosis with normal RBC distribution width, as opposed to iron deficiency (which raises RDW).

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## Q23

**Question:**

A 43-year-old male with macrocytic anemia should be evaluated for which lab level to help narrow the etiology?

**Correct Answer:** Vitamin B12

**Rationale:** Macrocytosis suggests checking B12 or folate to differentiate causes.

## Q24

### Question:

A 66-year-old female with end-stage renal disease on dialysis has labs showing high creatinine/BUN. **On CBC**, you'd typically see which result?

**Correct Answer:** Normal MCH, hemoglobin 9.6

**Rationale:** ESRD often causes a normocytic, normochromic anemia (low hemoglobin, but normal indices).

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## Q25

### Question:

During a routine physical, a 12-year-old with a history of Reye syndrome is noted. **Which agent** is most often implicated in causing Reye syndrome?

**Correct Answer:** Aspirin use

**Rationale:** Reye syndrome in children has been associated with aspirin administration during viral illnesses.

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## Q26

### Question:

Your patient is diagnosed with **hepatitis A**. Which immunoglobulin is the **first to be elevated** in the serum?

**Correct Answer:** IgM

**Rationale:** IgM anti-HAV rises early in acute hepatitis A infections.

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## Q27

### Question:

A patient had **new onset hepatitis B about one year ago**. **Which marker** is most likely elevated now?

**Correct Answer:** Hepatitis Core antibody

**Rationale:** After about a year, the IgG core antibody (anti-HBc) typically remains positive in ongoing or past HBV infection.

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## Q28

### Question:

A 24-year-old female suspected of **systemic lupus erythematosus (SLE)**. Which **useful lab** aids diagnosis?

**Correct Answer:** Antinuclear antibody

**Rationale:** ANA testing is the primary screening test for SLE.

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## Q29

### Question:

Which glands are commonly **obstructed** and may require incision and drainage for abscess?

**Correct Answer:** Apocrine

**Rationale:** Apocrine sweat gland obstruction (e.g., in hidradenitis suppurativa) often leads to abscess formation.

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## Q30

### Question:

When screening a suspicious mole for melanoma, which **feature** is especially concerning?

**Correct Answer:** Irregular border

**Rationale:** An irregular or poorly demarcated border is a classic red flag for melanoma.

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## Q31

### Question:

Which dermatologic lesion is **precancerous** and due to **UV-B** exposure?

**Correct Answer:** Actinic keratosis

**Rationale:** Actinic (solar) keratoses are considered premalignant lesions from sun (UV-B) damage.

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## Q32

### Question:

Based on ABCDE for melanoma, which **represents a suspicious finding**?

**Correct Answer:** Diameter of 0.8 cm

**Rationale:** Lesions >6 mm (0.6 cm) in diameter are concerning ("D" in ABCDE). At 0.8 cm, it's suspicious.

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### Q33

**Question:**

A patient actively experiencing **delirium tremens** after abrupt alcohol cessation is likely suffering from deficit of **which neurotransmitter**?

**Correct Answer:** GABA

**Rationale:** Alcohol enhances GABA; withdrawal states lead to relative GABA deficiency, causing hyperadrenergic symptoms.

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### Q34

**Question:**

To differentiate **anxiety** from **hyperthyroidism**, which test is most useful?

**Correct Answer:** TSH and free T4

**Rationale:** Thyroid function tests help rule out hyperthyroidism, which can mimic anxiety symptoms.

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### Q35

**Question:**

Your **schizophrenic** patient says, "What is that awful smell?" This is an example of **which type of hallucination**?

**Correct Answer:** Olfactory

**Rationale:** Perceiving nonexistent odors is an olfactory hallucination.

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### Q36

**Question:**

A 16-year-old who attempted self-harm must be evaluated for which **most common co-diagnosis**?

**Correct Answer:** Depression

**Rationale:** Depression is the most frequent psychiatric condition co-existing with self-harm/suicidality.

### Q37

**Question:**

A 23-year-old male has severe pain raising his arm overhead. **Which diagnosis** is most likely?

**Correct Answer:** Damage to the rotator cuff

**Rationale:** Pain on overhead abduction or arm raise commonly indicates rotator cuff pathology.

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### Q38

**Question:**

A 16-year-old female has unilateral jaw pain and difficulty fully opening her mouth. **Which diagnosis** is most likely?

**Correct Answer:** Temporomandibular joint (TMJ) pain, treat with a bite guard

**Rationale:** TMJ issues cause jaw pain, limited mouth opening, and often benefit from bite guards.

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### Q39

**Question:**

Limited lumbar spine movement with inflammation over the sacroiliac joints. **Which diagnosis** fits best?

**Correct Answer:** Ankylosing spondylitis

**Rationale:** Sacroiliitis plus decreased lumbar mobility is classic for ankylosing spondylitis.

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### Q40

**Question:**

You perform a sensory exam of the face and notice abnormal sensation to sharp/dull over the left cheek. **Which cranial nerve** is most likely involved?

**Correct Answer:** Trigeminal nerve

**Rationale:** The trigeminal nerve (CN V) provides facial sensory innervation.

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### Q41

**Question:**

During a neurologic exam (cranial nerves), which is the **most effective** for assessing **cranial nerve II**?

**Correct Answer:** Snellen chart for visual acuity

**Rationale:** CN II (optic nerve) is assessed with visual acuity (Snellen) and visual fields.

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**Q42**

**Question:**

Having the patient close their eyes and identify a familiar object in their hand is known as **which test**?

**Correct Answer:** Stereognosis

**Rationale:** Stereognosis tests the ability to perceive and identify objects by touch alone.

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**Q43**

**Question:**

A patient with a damaged **glossopharyngeal nerve** might exhibit which clinical finding?

**Correct Answer:** Impaired gag reflex

**Rationale:** CN IX provides sensory input for the gag reflex.

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**Q44**

**Question:**

A patient successfully treated for strep infection now has **hematuria** with RBC casts. **Which diagnosis** is confirmed?

**Correct Answer:** Glomerulonephritis

**Rationale:** RBC casts post-strep are classic for acute post-streptococcal glomerulonephritis.

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**Q45**

**Question:**

In addition to dysuria and frequency, **which urinalysis finding** confirms pyelonephritis?

**Correct Answer:** WBC casts on urinalysis

**Rationale:** WBC casts indicate upper urinary tract infection (pyelonephritis).

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#### Q46

**Question:**

In assessing suspected pyelonephritis, which **physical exam test** may elicit a confirmatory response?

**Correct Answer:** Renal punch test

**Rationale:** Costovertebral angle tenderness (“renal punch”) is classic for pyelonephritis.

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#### Q47

**Question:**

In a **diabetic hypertensive** patient, which **first** test is used to evaluate early renal dysfunction?

**Correct Answer:** Urinalysis with micro/macro albumin

**Rationale:** Microalbuminuria is an early sign of diabetic/hypertensive nephropathy.

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#### Q48

**Question:**

A 19-year-old female with groin pain and a recent promiscuous partner. She shuffles when walking, STI positive. **Which agent** most likely caused this?

**Correct Answer:** Gonorrhea and Chlamydia

**Rationale:** Co-infection with gonorrhea and chlamydia is common and often presents with PID (“shuffle gait”).

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#### Q49

**Question:**

A 15-year-old with dysfunctional uterine bleeding (DUB). **Which lab** should be ordered **first**?

**Correct Answer:** Serum human chorionic gonadotropin (HCG)

**Rationale:** Always rule out pregnancy first in abnormal uterine bleeding.

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#### Q50

**Question:**

A 25-year-old with malodorous vaginal discharge suspicious for **bacterial vaginosis**. **Which test** is **not** used to diagnose BV?

**Correct Answer:** Gonorrhea and Chlamydia DNA probe

**Rationale:** BV is diagnosed with clue cells, elevated pH, and whiff test; GC/Chlamydia probes are separate tests.

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## Q51

**Question:**

A patient with CHF (EF 30%) has SOB only with jogging/exercise, not at rest or ADLs. **Which NYHA class** is this?

**Correct Answer:** Class II

**Rationale:** NYHA II = slight limitation on ordinary activity (e.g., jogging), no symptoms at rest or mild exertion.

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## Q52

**Question:**

A patient presents with new-onset **irregularly irregular** rapid HR around 100 bpm for several days. **What is the first priority** intervention?

**Correct Answer:** Maintain rate control and anticoagulation prior to rhythm conversion

**Rationale:** In atrial fibrillation >48 hours or unknown duration, guidelines recommend rate control and anticoagulation before cardioversion.

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## Q53

**Question:**

A 63-year-old male with exertional chest pressure that resolves with rest (not increasing in frequency) is diagnosed with **what** and gets **what plan**?

**Correct Answer:** Stable angina; initiate a long-acting oral nitrate

**Rationale:** Predictable exertional chest pain relieved by rest is stable angina, commonly treated with prophylactic nitrates.

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## Q54

**Question:**

A 72-year-old female with prior CABG and valve replacement now has fever, night sweats, and a **new murmur**. **Which complication** must you evaluate?

**Correct Answer:** Bacterial endocarditis

**Rationale:** A new murmur with systemic symptoms (fever, sweats) in a patient with prosthetic valves strongly suggests endocarditis.

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### Q55

**Question:**

In a 9-year-old, you hear crackles in the lower lobe that clear after coughing. **What do you suspect?**

**Correct Answer:** Atelectasis

**Rationale:** Crackles that resolve after coughing in a child often indicate atelectasis.

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### Q56

**Question:**

A tall, thin 15-year-old male abruptly developed SOB after a minor fall. **Which diagnosis** do you anticipate?

**Correct Answer:** Spontaneous pneumothorax

**Rationale:** Sudden onset SOB in a tall, thin adolescent is classically a spontaneous pneumothorax.

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### Q57

**Question:**

A patient recently post-operative for appendectomy has **dull percussion** over the lung base. **Which diagnosis** is likely?

**Correct Answer:** Atelectasis

**Rationale:** Post-op patients are prone to atelectasis, which yields dullness on percussion.

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### Q58

**Question:**

Which of the following patients is **most likely** to complain of hemoptysis?

**Correct Answer:** Lung cancer

**Rationale:** Hemoptysis is highly suspicious for a malignancy such as lung cancer in the correct clinical context.

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### Q59

**Question:**

A patient's labs show **TSH 5.9** (slightly high) and **free T4 0.3** (low). **Which symptom** would you expect with these values?

**Correct Answer:** Cold intolerance

**Rationale:** Elevated TSH and low T4 indicates hypothyroidism; cold intolerance is a classic symptom.

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### Q60

**Question:**

A 40-year-old African American female patient presents with **exophthalmos** on exam. **Which condition** is described?

**Correct Answer:** Hyperthyroidism

**Rationale:** Exophthalmos (proptosis) is a hallmark of hyperthyroid states (Graves').

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### Q61

**Question:**

For suspected **Hashimoto's thyroiditis**, **which test** specifically evaluates the underlying pathology of hypothyroidism?

**Correct Answer:** Check anti-thyroid peroxidase levels

**Rationale:** Elevated anti-TPO antibodies support the diagnosis of autoimmune (Hashimoto's) thyroiditis.

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### Q62

**Question:**

A 51-year-old Caucasian male hasn't seen a provider in 20 years. He presents with **nonpitting periorbital edema, coarse hair, lateral eyebrow thinning**. **Which finding** causes this?

**Correct Answer:** Severe hypothyroidism

**Rationale:** Myxedema (severe hypothyroidism) can present with these hallmark facial changes.

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### Q63

**Question:**

Patients with **flu-like symptoms, splenomegaly, and posterior cervical chain adenopathy** should be screened with **which test**?

**Correct Answer:** Monospot

**Rationale:** Infectious mononucleosis is typically tested with a Monospot (heterophile) test.

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**Q64**

**Question:**

A patient diagnosed with **acanthosis nigricans** would typically have which exam finding?

**Correct Answer:** Central obesity

**Rationale:** Acanthosis nigricans often occurs in obesity and insulin resistance (velvety skin changes).

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**Q65**

**Question:**

A 39-year-old female with **RUQ pain** worsened by deep breathing and a **positive Murphy sign**. **Which condition** is consistent with this?

**Correct Answer:** Cholecystitis

**Rationale:** A positive Murphy sign is classic for acute inflammation of the gallbladder (cholecystitis).

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**Q66**

**Question:**

In educating a patient about GERD management, **which factor** is **not** typically an aggravating cause?

**Correct Answer:** Increased gastric emptying (“dumping”)

**Rationale:** Faster emptying usually reduces esophageal reflux exposure. Bending over, citrus, alcohol, etc. can worsen GERD.

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**Q67**

**Question:**

A 48-year-old with **floaters, flashes of light, and a “curtain” coming down** over the visual field. **Which condition** is likely?