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QUESTION 1

Which of the following syndromes corresponds to: lab values indicate elevated IgA levels and presence of thrombocytopenia?

- A. Jobb's syndrome
- B. Wiskott-Aldrich syndrome
- C. Carcinoid syndrome
- D. Mallory-Weiss syndrome

Correct Answer: B

QUESTION 2

A couple presents to a clinic for workup of infertility after 5 years of unprotected intercourse. The wife denies any medical problems and notes regular menstrual cycles. The husband states that he has had chronic sinusitis and lower respiratory tract infections. Physical examination of the woman is unremarkable. Examination of the man is remarkable for dextrocardia. Further workup of the husband will most likely reveal

- A. azoospermia
- B. germinal cell aplasia
- C. immotile sperm
- D. isolated gonadotropin deficiency
- E. varicocele

Correct Answer: C

Explanation:

The husband is suffering from Kartagener syndrome, an autosomal recessive disorder characterized by infertility, situs inversus, chronic sinusitis, and bronchiectasis. The underlying cause of these varied manifestations is a defect in the dynein arms, which are spokes of microtubule doublets of cilia in the airways and the reproductive tract. Since sperm motility is dependent on the functioning of cilia, infertility frequently accompanies this disorder. Situs inversus occurs because ciliary function is necessary for cell migration during embryonic development. Azoospermia is not a feature of Kartagener syndrome, as sperm production or survival is not affected in this disorder. Germinal cell aplasia, also known as Sertoli-only syndrome, is characterized by oligospermia or azoospermia. Isolated gonadotropin deficiency is characterized by delayed or incomplete pubertal maturation. Varicocele results in an increased testicular temperature, decreasing the count of normal, viable sperm.

QUESTION 3

Which of the following is not related to a chronic diabetes mellitus condition?

- A. Atherosclerosis
- B. Neuropathy
- C. Glaucoma
- D. Hypotension

Correct Answer: D

QUESTION 4

Normal values for pCO₂ are considered:

- A. 20-40 mmHg
- B. 25-30 mmHg
- C. 30-40 mmHg
- D. 35-45 mmHg

Correct Answer: D

QUESTION 5

A Guatemalan child with a history of meconium ileus is brought to a clinic because of a chronic cough. The mother notes a history of respiratory tract infections and bulky, foul-smelling stools. After assessment of the respiratory tract illness, the practitioner should also look for signs of:

- A. cystinuria
- B. hypoglycemia
- C. iron deficiency anemia
- D. sphingomyelin accumulation
- E. vitamin A deficiency

Correct Answer: E

Explanation:

The child likely has cystic fibrosis. In this disorder, an abnormality of chloride channels causes all exocrine secretions to be more viscous than normal. Pancreatic secretion of digestive enzymes is often severely impaired, with consequent steatorrhea and deficiency of fat-soluble vitamins, including vitamin A. Cystinuria is a relatively common disorder in which a defective transporter for dibasic amino acids (cystine, ornithine, lysine, arginine; COLA) leads to saturation of the urine with cystine, which is not very soluble in urine, and precipitates out to form stones. Hypoglycemia is not a

prominent feature of children with cystic fibrosis who are on a normal diet. Hyperglycemia may occur late in the course of the disease. Iron deficiency anemia is not typically found in children with cystic fibrosis. Sphingomyelin accumulation is generally associated with deficiency of sphingomyelinase, as seen in Niemann-Pick disease.

QUESTION 6

Emphysema is not linked to which of the following terms?

- A. Blue Bloater
- B. Dyspnea
- C. Liver cirrhosis
- D. Tachycardia

Correct Answer: A

QUESTION 7

Which of the following syndromes corresponds to: chromosomal deficit of #5?

- A. Dubin-Johnson syndrome
- B. Fanconi's syndrome
- C. Edward's syndrome
- D. Cri-du-chat syndrome

Correct Answer: D

QUESTION 8

A 22-year-old woman comes to the office because of a 3-day history of cold symptoms and a 1-week history of progressive fatigue. Six weeks ago, she received a kidney transplant from a living, related donor. Immediately after the operation, she received monoclonal anti-CD3 therapy. Current medications are azathioprine, cyclosporine, and prednisone. Her temperature is 39°C (102.2°F). Physical examination shows a well-healed surgical scar. Serum studies show that her urea nitrogen and creatinine concentrations have tripled. A diagnosis of allograft rejection is suspected. In addition, this patient's clinical presentation is best explained by an infection with which of the following agents?

- A. Adenovirus
- B. BK virus
- C. Epstein-Barr virus

- D. Herpes simplex virus
- E. Varicella-zoster virus

Correct Answer: B

QUESTION 9

Which of the following is not directly related to a drug toxicity of Ibuprofen?

- A. Nausea
- B. Renal dysfunction
- C. Anemia
- D. Muscle wasting

Correct Answer: D

QUESTION 10

A 30-year-old prim gravid female at 16 weeks\| gestation comes to the physician for a routine prenatal examination. She has no pre-existing medical conditions and thus far her pregnancy has been uncomplicated. She currently takes prenatal vitamins and iron supplements. Vitals reveal a blood pressure of 160/110 mmHg. Urinalysis reveals 3+ proteinuria. The most likely cause of these findings is

- A. anencephaly
- B. hydatidiform mole
- C. maternal renal disease
- D. neural tube defects
- E. twin gestation

Correct Answer: B

Explanation:

Although this patient has high blood pressure and proteinuria, one of the major diagnostic criteria for preeclampsia is onset of symptoms after 20 weeks of gestation. Development of these symptoms before the 20th week of pregnancy is suggestive of the presence of a hydatidiform mole which is a form of gestational trophoblastic disease characterized by "early pre-eclampsia," uterine enlargement, vaginal bleeding, passage of soft, edematous, grapelike tissue and significantly elevated beta-human chorionic gonadotropin (beta-hCG). Hydatidiform moles may be either complete moles or partial moles. The diagnosis may be made by ultrasound, but definitive diagnosis is confirmed by histopathologic examination. Treatment is with methotrexate, dilation and curettage.

QUESTION 11

Thyroid Hormone T3 does not have which of the following functions?

- A. Stimulate bone development and growth
- B. Create beta-adrenergic responses
- C. Cause brain development
- D. Decrease calcium re-absorption

Correct Answer: D

QUESTION 12

Which of the following is not a contributor to a condition of ascites?

- A. Elevated levels of aldosterone
- B. Hypertension
- C. Low levels of albumin
- D. Elevated levels of angiotensin I

Correct Answer: D

QUESTION 13

A 30-year-old woman comes to the physician because of a 2-day history of abdominal pain. She has a history of recurrent upper respiratory tract infections, sinusitis, and pancreatitis. She has thick nasal secretions. She says that her sweat is salty and crystallizes on her skin. Her vital signs are within normal limits. Physical examination shows epigastric tenderness. Genetic testing for the 36 most common mutations shows a detectable mutation (G551D) in one allele of the CFTR gene. Which of the following best explains this patient's clinical phenotype?

- A. Loss of heterozygosity of the CFTR gene has occurred in the pancreas
- B. Only one G551D allele is needed in CFTR
- C. The patient is a CFTR obligate carrier
- D. The patient's CFTR mutation is unrelated to her clinical phenotype
- E. The second CFTR mutation was not detected by the testing obtained

Correct Answer: E

QUESTION 14

The drug _____ blocks the reuptake of serotonin into presynaptic axons.

- A. Prozac
- B. Valium
- C. Xanax
- D. Deprenyl

Correct Answer: A

QUESTION 15

A 15-year-old girl comes to the physician because of a 3-month history of acne. Breast and pubic hair development began at the age of 12 years. Menarche occurred at the age of 14 years. Physical examination shows scattered open and closed comedones over the cheeks and forehead. Breast and pubic hair development is Tanner stage 5. Which of the following is the most likely underlying cause of this patient's acne?

- A. Decreased parasympathetic stimulation to the sebaceous glands
- B. Increased estrogen stimulation of the sebaceous glands
- C. Increased responsiveness of the sebaceous glands to follicle-stimulating hormone
- D. Increased sympathetic stimulation to the sebaceous glands
- E. Stimulation of the sebaceous glands by androgens

Correct Answer: E

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