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QUESTION 1

Myasthenia gravis is due to ____ receptors being blocked and destroyed by antibodies.

- A. Epinephrine
- B. Nicotinic
- C. Acetylcholine
- D. Transient

Correct Answer: C

QUESTION 2

A 62-year-old man comes to the physician for a follow-up examination after he was diagnosed with chronic inflammatory interstitial pneumonitis. Following pulmonary function testing, a biopsy specimen of the affected area of the lungs is obtained. Compared with a healthy man, analysis of this patient's biopsy specimen is most likely to show which of the following patterns of changes in the cell populations of alveoli?

A.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↑	↑	↑
B.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↑	↑	↓
C.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↑	↓	↑
D.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↑	↓	↓
E.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↓	↑	↑
F.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↓	↑	↓
G.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↓	↓	↑
H.	Type I Pneumocytes	Type II Pneumocytes	Fibroblasts
	↓	↓	↓

- A. Option A
- B. Option B
- C. Option C
- D. Option D



E. Option E

F. Option F

G. Option G

H. Option H

Correct Answer: E

QUESTION 3

A 63-year-old man is brought to the emergency department because of a 4-day history of increasingly severe left leg pain and swelling of his left calf. He also has a 1-month history of increasingly severe upper midthoracic back pain. During this time, he has had a 9-kg (20-lb) weight loss despite no change in appetite. He has no history of major medical illness. His only medication is ibuprofen. He is 180 cm (5ft11in) tall and weighs 82 kg (180lb); BMI is 25 kg/m². His vital signs are within normal limits. On examination, lower extremity pulses are palpable bilaterally. The remainder of the physical examination shows no abnormalities. An x-ray of the thoracic spine shows no abnormalities. A CT scan of the abdomen shows a 3-cm mass in the body of the pancreas; there are liver metastases and encasement of the superior mesenteric artery. Ultrasonography of the left lower extremity shows a femoropopliteal venous clot. Which of the following is the most likely cause of this patient's symptoms?

A. Carcinoid syndrome

B. Hypercoagulability from advanced malignancy

C. Multiple endocrine neoplasia

D. Splenic artery aneurysm and embolic disease of the left lower extremity

E. Superior mesenteric artery syndrome

Correct Answer: B

QUESTION 4

Which of the following is not directly related with pheochromocytoma?

A. Pallor

B. Perspiration

C. Decreased blood pressure

D. Headaches

Correct Answer: C



QUESTION 5

A 40-year-old male comes to the emergency department due to a two-week history of a productive cough that is occasionally associated with blood. He has had similar episodes in the past. Vitals reveal a blood pressure of 140/80 mmHg, a heart rate of 75/min, a temperature of 37.6°C (99.6°F) and a respiratory rate of 16/min. Oxygen saturation is 90% on room air. Laboratory results are as follows:

Complete blood count

Hemoglobin 11.8 g/dL

Hematocrit 35.4%

Mean Corpuscular Volume 85 μm^3

Leukocytes 10,000/ mm^3

Differential: Neutrophils 60%

Bands 3%

Lymphocytes 25%

Monocytes 7%

Eosinophils 3%,

Liver function studies

Alanine aminotransferase – 15 U/L

Aspartate aminotransferase – 90 U/L

Serum chemistry Creatinine – 1.5 mg/dL

Blood urea nitrogen – 23 mg/dL

Urinalysis 2+ blood, red blood cell casts.

The most likely other finding in this patient's serum is

- A. anti-basement membrane antibodies
- B. anti-double stranded DNA antibodies
- C. anti-mitochondrial antibodies
- D. anti-myeloperoxidase antibodies
- E. anti-proteinase 3 antibodies

Correct Answer: A



Explanation:

This patient most likely has Good pasture syndrome which is a type of rapidly progressive glomerulonephritis characterized by the presence of autoantibodies to the glomerular and alveolar basement membranes. It usually presents with hemoptysis, glomerulonephritis and hematuria. Good pasture syndrome is an example of a type II cytotoxic hypersensitivity reaction. Laboratory findings include a linear pattern of IgG deposition within glomeruli on fluorescent antibody testing. Treatment is with plasmapheresis.

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