NBDE PATHOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Cytokine that stimulates bone marrow cells (hematopoiesis).

A. GM-CSF

B. IL2

C. IL6

D. IL3

2. Which condition is characterized by involuntary rapid movements of the extremities and is associated with rheumatic fever?

A. Tourette Syndrome

B. Sydenham chorea

C. Huntington disease

D. Parkinson disease

3. Karyotype for Turner's syndrome.

A. 45,X

B. XO

C. 46,XX

D. 46,XY

4. Lobar pneumonia is most often caused by which organism?

A. Haemophilus influenzae

B. Streptococcus pneumoniae

C. Staphylococcus aureus

D. Klebsiella pneumoniae

5. Neuroblastoma most commonly originates from which primary site?

A. Brain

B. Neck

C. Ovary

D. Adrenal gland

6. Which of the following is a macrocytic anemia cause?

A. Iron deficiency

B. Liver disease

C. ACD (Anemia of Chronic Disease - late)

D. Lead poisoning

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7. Which chelation strategy is considered first-line for lead poisoning?

A. Calcium disodium EDTA

B. Penicillamine

C. Deferoxamine

D. Dimercaprol and EDTA

8. Diamond Blackfan anemia is classified as which type of macrocytic anemia?

A. Megaloblastic

B. Macrocytic

C. NonMegaloblastic

D. Normocytic

9. Which type of emphysema is associated with chronic bronchitis and smoking and destroys respiratory bronchioles, with upper lobes mostly affected?

A. Centriacinar

B. Panacinar

C. Paraseptal (distal acinar)

D. Irregular

10. According to the general rules for all DNA viruses, which statement is true?

A. Circular genome in all cases

B. Double-stranded genome

C. Always icosahedral capsid

D. Replication occurs in the cytoplasm

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Answers

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1. D
2. B
3. B
4. B
5. D
6. D
7. D
8. D
9. A
10. B

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Explanations

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1. Cytokine that stimulates bone marrow cells (hematopoiesis).

A. GM-CSF

B. IL2

C. IL6

D. IL3

The key idea is a cytokine that acts as a broad growth factor for hematopoietic progenitors, driving the production of multiple blood cell lineages in the bone marrow. Interleukin-3 fits this role as a multilineage hematopoietic growth factor. It is produced by various cells, including T cells, and binds to receptors on multipotent progenitors, promoting their proliferation and differentiation into erythroid, megakaryocytic, granulocytic, and monocytic lineages. This broad stimulation is exactly what hematopoiesis requires to replenish the blood system. In contrast, GM-CSF mainly enhances granulocyte and macrophage colonies; IL-6 is more of an inflammatory mediator with hematopoietic support in certain contexts but not the primary driver of multilineage progenitor expansion; and IL-2 primarily promotes T-cell growth.

2. Which condition is characterized by involuntary rapid movements of the extremities and is associated with rheumatic fever?

A. Tourette Syndrome

B. Sydenham chorea

C. Huntington disease

D. Parkinson disease

Involuntary rapid, irregular movements of the limbs are the hallmark of chorea. When this movement pattern appears in someone with a history of or after rheumatic fever, it is called Sydenham chorea. This condition reflects an autoimmune attack where antibodies generated against group A Streptococcus cross-react with basal ganglia cells, disrupting motor control. It most often arises in children and can occur weeks to months after a streptococcal throat infection, presenting with choreiform movements, facial grimacing, and sometimes emotional lability or hypotonia. Other conditions can have motor features that might seem similar but don't fit the rheumatic-fever connection. Tourette syndrome involves tics rather than the continuous, flowing chorea and isn't tied to rheumatic fever. Huntington disease produces chorea as part of a progressive neurodegenerative process with genetic inheritance and typically cognitive decline. Parkinson disease shows rigidity and slowing with a resting tremor, not the rapid, dance-like movements of chorea.

3. Karyotype for Turner's syndrome.

A. 45,X

B. XO

C. 46,XX

D. 46,XY

Turner syndrome results from loss of one sex chromosome, so the karyotype shows monosomy X. In practical terms, there is only one X chromosome and no second sex chromosome, which is described as XO. This is why the karyotype is written as XO (sometimes 45,X). Normal females have 46,XX and normal males have 46,XY, so those notations do not fit Turner syndrome. Occasionally Turner can present as mosaicism, such as 45,X/46,XX, but the classic finding is a single X chromosome.

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4. Lobar pneumonia is most often caused by which organism?

A. Haemophilus influenzae

B. Streptococcus pneumoniae

C. Staphylococcus aureus

D. Klebsiella pneumoniae

This item tests which organism most commonly causes a lobar consolidation in pneumonia. Streptococcus pneumoniae is the classic culprit for lobar pneumonia, especially in otherwise healthy adults. It's an encapsulated Gram-positive diplococcus that readily colonizes the nasopharynx and can invade the lower respiratory tract. Once in the alveoli, it triggers a strong neutrophilic inflammatory response with fibrin-rich exudate that fills the airspaces, producing the dense, uniform consolidation that characterizes a single lobe. Rust-colored sputum often mentioned with pneumococcal pneumonia reflects the red blood cell breakdown within this inflammatory exudate. Other organisms tend to be associated with different patterns. Haemophilus influenzae more commonly causes bronchopneumonia or pneumonia in patients with COPD. Staphylococcus aureus is a frequent cause after a viral infection and often leads to multilobar involvement or abscess formation. Klebsiella pneumoniae is classically linked to necrotizing pneumonia with currant jelly sputum, typically in alcoholics and often involving the upper lobes.

5. Neuroblastoma most commonly originates from which primary site?

A. Brain

B. Neck

C. Ovary

D. Adrenal gland

Neuroblastoma is a cancer of neural crest–derived cells that form the sympathetic nervous system, and it most often arises in the adrenal medulla. The adrenal gland contains a large reservoir of these sympathetic chromaffin cells, so it becomes the most common primary site in children. Tumors can occur along the sympathetic chain in the chest or abdomen, but these are less frequent. The brain, neck, and ovaries are not typical primary sources for this tumor.

6. Which of the following is a macrocytic anemia cause?

A. Iron deficiency

B. Liver disease

C. ACD (Anemia of Chronic Disease - late)

D. Lead poisoning

Macrocytic anemia shows enlarged red blood cells due to impaired DNA synthesis, most classically from B12 or folate deficiency, but it can also be seen with liver disease or alcoholism. Lead poisoning disrupts heme synthesis and typically causes microcytic anemia with basophilic stippling. Among these options, liver disease fits the macrocytic pattern because it can cause macrocytosis through changes in erythrocyte membrane lipids and sometimes reticulocytosis, whereas iron deficiency is microcytic, anemia of chronic disease is usually normocytic or microcytic, and lead poisoning is microcytic. Thus, liver disease is the macrocytic anemia cause.

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7. Which chelation strategy is considered first-line for lead poisoning?

A. Calcium disodium EDTA

B. Penicillamine

C. Deferoxamine

D. Dimercaprol and EDTA

In lead poisoning, removing the metal quickly from both brain and body is critical, especially when there are neurologic signs. Dimercaprol (BAL) and calcium disodium EDTA are used together because they work in tandem: BAL is lipophilic and can cross the blood brain barrier, pulling lead out of the brain and other tissues into the bloodstream. EDTA then binds the mobilized lead in the serum and extracellular spaces, allowing the body to excrete it more readily. This combination accelerates lead removal and is particularly important in severe cases with encephalopathy, which is why it's considered first-line in that context. For less severe poisoning, calcium disodium EDTA alone can be effective, but the presence of CNS involvement makes the BAL–EDTA regimen the preferred initial approach. Penicillamine is used for other metal issues and isn't a standard first-line for lead, and deferoxamine targets iron overload rather than lead.

8. Diamond Blackfan anemia is classified as which type of macrocytic anemia?

A. Megaloblastic

B. Macrocytic

C. NonMegaloblastic

D. Normocytic

Diamond-Blackfan anemia causes macrocytic anemia, but it is nonmegaloblastic. In this condition, the marrow shows erythroid hypoplasia with a paucity of red cell precursors, leading to reduced reticulocytes and macrocytosis without the nuclear-cytoplasmic asynchrony seen in megaloblastic processes. Megaloblastic anemia arises from impaired DNA synthesis (often B12 or folate deficiency) and features megaloblasts in the marrow and hypersegmented neutrophils on smear. Since Diamond-Blackfan lacks these megaloblastic changes, it fits the nonmegaloblastic category despite the enlarged red cells.

9. Which type of emphysema is associated with chronic bronchitis and smoking and destroys respiratory bronchioles, with upper lobes mostly affected?

A. Centriacinar

B. Panacinar

C. Paraseptal (distal acinar)

D. Irregular

Smoking-related emphysema primarily shows centriacinar (centrilobular) involvement. In this pattern, the damage and destruction occur around the respiratory bronchioles within the proximal parts of the acinus, while the distal alveolar ducts and sacs are relatively spared early on. Cigarette smoke drives a protease-rich inflammatory response—neutrophil and macrophage elastases, plus oxidative stress—that overwhelms antiprotease defenses, tipping the balance toward tissue destruction. The result is enlargement of airspaces around the respiratory bronchioles and loss of elastic recoil, with the upper lobes more prominently affected, which fits the described scenario of chronic bronchitis and smoking. For context, other emphysema types have different patterns: panacinar involves destruction of the entire acinus and is usually linked to α1-antitrypsin deficiency, often affecting the lower lobes; paraseptal (distal acinar) emphasizes distal parts near septa with subpleural blebs and can lead to spontaneous pneumothorax; irregular emphysema arises from scarring and is not a distinct pattern driven by smoking.

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10. According to the general rules for all DNA viruses, which statement is true?

A. Circular genome in all cases

B. Double-stranded genome

C. Always icosahedral capsid

D. Replication occurs in the cytoplasm

DNA viruses typically carry double-stranded DNA, which lets them use the host cell's transcription and replication machinery in the nucleus. This dsDNA characteristic is the most consistent feature across many DNA viruses, making it the best true statement among the options. While there are exceptions—some DNA viruses have linear genomes rather than circular, and a few (like poxviruses) replicate in the cytoplasm, or parvoviruses in which the genome is single-stranded—the general rule that DNA viruses have dsDNA is the most reliable description for most of them. The other statements aren't universal: genomes aren't always circular, capsids aren't always icosahedral, and replication isn't confined to the cytoplasm for all DNA viruses.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nbdepathology.examzify.com

We wish you the very best on your exam journey. You've got this!

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