UWORLD INTERNAL MEDICINE 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. **In a patient with chronic kidney disease and current ibuprofen use, what is the main risk factor for kidney function deterioration?**

   A. Increased myocardial demand

   B. Afferent arteriolar vasodilation

   C. Decreased renal perfusion

   D. Chronic tubule interstitial damage

2. **In managing hypertriglyceridemia, which lifestyle modification is recommended alongside high-intensity statin therapy?**

   A. Carb-free diet

   B. Extended-release Niacin

   C. Gemfibrozil

   D. Reduced alcohol intake

3. **Which condition is characterized by symptoms of anemia and elevated creatinine in a patient with no significant medical history?**

   A. Hypertensive emergency

   B. Hemolytic uremic syndrome

   C. Lupus nephritis

   D. Acute kidney injury

4. **What disease is indicated by the presence of anti-topoisomerase antibodies?**

   A. Rheumatoid arthritis

   B. Systemic lupus erythematosus

   C. Scleroderma

   D. Hashimoto's thyroiditis

5. **What is the first-line treatment for hypertension in most patients?**

   A. Beta-blockers

   B. Thiazide diuretics

   C. ACE inhibitors

   D. Calcium channel blockers

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6. What is the next best step in managing a patient diagnosed with classic Hodgkin lymphoma?

A. Bone marrow biopsy

B. Local radiation therapy

C. Laparotomy with splenectomy

D. PET/CT scan

7. In addition to the herald patch, where do the smaller lesions appear in pityriasis rosea?

A. On the palms and soles

B. All over the face

C. In clusters on the trunk

D. Only on the scalp

8. In the evaluation of acute glomerulonephritis, which lab finding is most commonly associated with post-streptococcal glomerulonephritis?

A. Normal serum creatinine levels

B. Low serum C3 levels

C. High serum potassium levels

D. Elevated BUN with normal creatinine levels

9. What symptoms are typically associated with pityriasis rosea?

A. Fever and severe fatigue

B. Pruritus and skin lesions

C. Joint pain and swelling

D. Headaches and dizziness

10. What is the most likely cause of bronchospasm in a patient receiving Aspirin and beta-blockers, who develops shortness of breath post-medication?

A. Adverse effect of medications

B. Bronchial infection

C. Pericarditis

D. Pulmonary embolism

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Answers

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

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Explanations

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1. In a patient with chronic kidney disease and current ibuprofen use, what is the main risk factor for kidney function deterioration?

A. Increased myocardial demand

B. Afferent arteriolar vasodilation

C. Decreased renal perfusion

D. Chronic tubule interstitial damage

In patients with chronic kidney disease (CKD) who are using nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen, one of the primary concerns is the risk of diminished kidney function due to decreased renal perfusion. Ibuprofen and other NSAIDs inhibit the enzyme cyclooxygenase (COX), which reduces the production of prostaglandins. Prostaglandins play a crucial role in maintaining afferent arteriolar tone, particularly in situations where renal perfusion is compromised, such as in CKD. When prostaglandin synthesis is inhibited by these medications, afferent arterioles may not dilate adequately in response to drops in renal blood flow, leading to decreased glomerular filtration rate (GFR) and potential deterioration in kidney function. In the context of chronic kidney disease, the kidneys are already compromised and less able to maintain their function during stress or changes in hemodynamics. Therefore, the additional vasoconstrictive effect of NSAIDs can exacerbate the existing renal insufficiency by further decreasing renal perfusion, ultimately leading to greater harm in terms of kidney function. This mechanism is particularly critical because it highlights the delicate balance of renal blood flow and the importance of prostagland

2. In managing hypertriglyceridemia, which lifestyle modification is recommended alongside high-intensity statin therapy?

A. Carb-free diet

B. Extended-release Niacin

C. Gemfibrozil

D. Reduced alcohol intake

When managing hypertriglyceridemia, reducing alcohol intake is a recommended lifestyle modification that complements high-intensity statin therapy. Alcohol consumption can significantly contribute to elevated triglyceride levels, so minimizing or eliminating alcohol can have a beneficial effect on triglyceride control. This action can enhance the efficacy of the statin therapy in lowering lipid levels and reducing the risk of cardiovascular events. Incorporating this lifestyle change is important in a holistic approach to managing hypertriglyceridemia, as medications alone may not sufficiently lower triglyceride levels if lifestyle factors are not addressed. Therefore, advising patients to reduce alcohol intake not only supports pharmacotherapy but also encourages additional health benefits related to liver function and overall metabolic health. Other options, while they might have roles in lipid management, are not essential lifestyle modifications in conjunction with statin therapy specifically for hypertriglyceridemia. Options like a carb-free diet, extended-release Niacin, and Gemfibrozil have specific applications and potential side effects and are not recommended as first-line lifestyle changes in the context of high-intensity statin therapy.

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3. Which condition is characterized by symptoms of anemia and elevated creatinine in a patient with no significant medical history?

A. Hypertensive emergency

B. Hemolytic uremic syndrome

C. Lupus nephritis

D. Acute kidney injury

The condition characterized by symptoms of anemia and elevated creatinine in a patient with no significant medical history is often indicative of hemolytic uremic syndrome (HUS). HUS typically presents with a triad of symptoms: microangiopathic hemolytic anemia, acute renal failure (elevated creatinine), and thrombocytopenia. In this scenario, the combination of anemia and elevated creatinine suggests that there is a process affecting both the production of red blood cells and renal function, which aligns well with HUS. The anemia can be caused by the destruction of red blood cells in circulation, while the kidneys are affected due to the damage to the microvasculature caused by the underlying condition. Lupus nephritis, on the other hand, would likely present with additional systemic symptoms or a known history of lupus, making it less likely in a patient with no significant prior medical history. Rather than being the primary condition in this context, acute kidney injury could be a consequence of various conditions but does not specify the anemia seen here. Hypertensive emergencies typically involve severe hypertension and do not directly correlate with elevated creatinine and anemia in this manner. Therefore, the presentation of symptoms aligns most closely with hemolytic uremic

4. What disease is indicated by the presence of anti-topoisomerase antibodies?

A. Rheumatoid arthritis

B. Systemic lupus erythematosus

C. Scleroderma

D. Hashimoto's thyroiditis

The presence of anti-topoisomerase antibodies is most commonly associated with scleroderma, also known as systemic sclerosis. These antibodies target topoisomerase I, an enzyme that is important for DNA replication and repair. In scleroderma, the immune system attacks the body's own connective tissues, leading to fibrosis and vascular damage, which can significantly affect skin and internal organs. Patients with scleroderma can exhibit a variety of symptoms, including skin thickening, Raynaud's phenomenon, and involvement of the gastrointestinal tract, lungs, heart, and kidneys. Testing for autoantibodies like anti-topoisomerase can help in the diagnosis and in predicting disease outcomes, with higher levels often indicating a more aggressive disease course. Other conditions listed do involve autoimmune processes and can have their own specific autoantibodies, but they do not typically include anti-topoisomerase antibodies as a significant marker. For example, rheumatoid arthritis is associated with different autoantibodies such as rheumatoid factor and anti-citrullinated protein antibodies, while systemic lupus erythematosus is characterized by a diverse set of autoantibodies including anti-nuclear antibodies. Hashimoto's thyroiditis primarily involves antibodies against thyroid peroxidase and thyro

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5. What is the first-line treatment for hypertension in most patients?

A. Beta-blockers

B. Thiazide diuretics

C. ACE inhibitors

D. Calcium channel blockers

Thiazide diuretics are considered the first-line treatment for hypertension in most patients due to their efficacy in lowering blood pressure and their favorable safety profile. They work by promoting the excretion of sodium and water from the kidneys, which reduces blood volume and, consequently, blood pressure. Clinical guidelines recommend thiazide diuretics as a foundational treatment for hypertension, particularly in patients with uncomplicated high blood pressure, as they have been shown to reduce the risk of cardiovascular events. Additionally, thiazide diuretics can be beneficial in managing hypertension in various populations, including older adults and those with mild to moderate hypertension. While beta-blockers, ACE inhibitors, and calcium channel blockers can also be effective for treating high blood pressure, they are typically not the first choice for initial therapy unless there are specific indications, such as heart disease, heart failure, or other co-existing conditions. Thiazide diuretics offer a straightforward approach with a long history of positive outcomes in managing hypertension.

6. What is the next best step in managing a patient diagnosed with classic Hodgkin lymphoma?

A. Bone marrow biopsy

B. Local radiation therapy

C. Laparotomy with splenectomy

D. PET/CT scan

In the management of classic Hodgkin lymphoma, imaging studies play a crucial role in assessing the extent of disease and guiding treatment decisions. A PET/CT scan is considered the next best step following diagnosis, as it provides vital information regarding the presence of lymphatic involvement and any systemic spread of the disease. This imaging modality allows clinicians to evaluate the metabolic activity of the lymphoma cells, which is indicative of active disease, and helps determine the stage of cancer according to the Ann Arbor classification system. Understanding the stage is essential for tailoring treatment, whether that includes chemotherapy, radiation, or a combination of modalities. The results from the PET/CT scan can also help in assessing the response to treatment after several cycles of therapy. Other options like a bone marrow biopsy, local radiation therapy, or laparotomy with splenectomy have limited roles at this early stage of management. Bone marrow biopsy is typically used when there is suspicion of bone marrow involvement, which isn't part of the initial workup in all cases. Local radiation therapy may be part of the treatment plan but is usually reserved for localized disease after staging. Laparotomy with splenectomy is also not a standard initial management step for Hodgkin lymphoma unless there are specific concerns about the spleen, which are

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7. In addition to the herald patch, where do the smaller lesions appear in pityriasis rosea?

A. On the palms and soles

B. All over the face

C. In clusters on the trunk

D. Only on the scalp

In pityriasis rosea, after the initial herald patch presents, smaller lesions commonly develop in a distinctive pattern known as the "Christmas tree" distribution, particularly on the trunk. These lesions typically appear along the lines of skin tension and may also occur on the proximal extremities. This characteristic arrangement helps distinguish pityriasis rosea from other rashes. The herald patch is usually larger and oval-shaped, and once the smaller lesions manifest, they often appear in a symmetrical and organized manner, following the lines of the skin. This distinctive distribution is a key feature that aids in the diagnosis of the condition. The lesions are generally focused on the trunk and do not appear on the face, scalp, palms, or soles, further emphasizing the trunk as the primary area affected. Therefore, option C accurately reflects the typical pattern in which smaller lesions appear following the herald patch in pityriasis rosea.

8. In the evaluation of acute glomerulonephritis, which lab finding is most commonly associated with post-streptococcal glomerulonephritis?

A. Normal serum creatinine levels

B. Low serum C3 levels

C. High serum potassium levels

D. Elevated BUN with normal creatinine levels

In post-streptococcal glomerulonephritis, the lab finding most commonly associated with the condition is low serum C3 levels. This occurs due to the consumption of complement as part of the immune response to the infection. Streptococcal infections can lead to the deposition of immune complexes in the glomeruli, triggering complement activation. Specifically, the complement pathway is activated, leading to a decrease in the serum levels of complement components, including C3. Low serum C3 levels can help differentiate post-streptococcal glomerulonephritis from other forms of glomerulonephritis, as this specific finding indicates ongoing complement consumption linked to the infection. It is important to note that while other factors can affect kidney function and serum levels after infection, the hallmark of post-streptococcal glomerulonephritis prominently features this low level of complement.

9. What symptoms are typically associated with pityriasis rosea?

A. Fever and severe fatigue

B. Pruritus and skin lesions

C. Joint pain and swelling

D. Headaches and dizziness

Pityriasis rosea is characterized primarily by a distinctive rash along with associated itching, making pruritus and skin lesions the hallmark symptoms of this condition. The condition usually begins with a single, larger "herald patch" that is often followed by a generalized distribution of smaller lesions that may develop into oval-shaped patches. These lesions typically have a fine scaling and can be accompanied by mild to moderate itching. The rash typically resolves on its own within several weeks to months, and while there can occasionally be systemic symptoms such as low grade fever or malaise, these are not defining features of the condition. Instead, the focus remains on the pruritic rash, which is crucial for diagnosis and management.

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10. What is the most likely cause of bronchospasm in a patient receiving Aspirin and beta-blockers, who develops shortness of breath post-medication?

A. Adverse effect of medications

B. Bronchial infection

C. Pericarditis

D. Pulmonary embolism

The most likely cause of bronchospasm in this patient is an adverse effect of medications, specifically due to the combination of Aspirin and beta-blockers. Aspirin can provoke bronchospasm in patients with asthma by inhibiting the enzyme cyclooxygenase (COX), leading to an increase in leukotriene production, which contributes to airway constriction. This phenomenon is often seen in individuals with underlying asthma or respiratory conditions. In addition, certain beta-blockers, particularly non-selective ones, can induce bronchospasm in asthmatic patients by blocking β2-adrenergic receptors in the lungs, which are responsible for bronchodilation. The combination of Aspirin-induced bronchial hyperreactivity and the potential bronchoconstriction caused by beta-blockers can significantly increase the risk of bronchospasm. Regarding the other options, while bronchial infections can cause shortness of breath, this patient's symptoms occurring specifically after the administration of medication points more towards an adverse drug reaction. Pericarditis and pulmonary embolism could also cause respiratory symptoms, but they do not directly relate to the timing of medication intake or the specific context provided in the question, making them less relevant than the adverse effects of the medications in question.

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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:

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

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