



# USMLE<sup>Q&As</sup>

United States Medical Licensing Examination

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### QUESTION 1

Object permanence for toddlers develops in this age range?

- A. 5–10 months
- B. 10–14 months
- C. 12–24 months
- D. 15–24 months

Correct Answer: C

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### QUESTION 2

A previously healthy 24-year-old woman who is a college student comes to the office because of a 6-month history of abdominal bloating, upper abdominal discomfort, and constipation. The symptoms are more severe when she is preparing for examinations but improve after bowel movements. She takes no medications. She does not smoke or use illicit drugs. She drinks alcoholic beverages occasionally. She is 160 cm (5 ft 3 in) tall and weighs 57 kg (125 lb); BMI is 22 kg/m<sup>2</sup>. Her pulse is 72/min, and blood pressure is 100/72 mmHg. Physical examination, including digital rectal examination, shows no other abnormalities. A complete blood count and serum electrolyte concentrations are within the reference ranges. A urease breath test result is negative. Upper and lower endoscopies show no abnormalities. Which of the following is the most appropriate pharmacotherapy for this patient?

- A. Azathioprine
- B. Infliximab
- C. Lubiprostone
- D. Mesalamine
- E. Sulfasalazine

Correct Answer: C

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### QUESTION 3

Which of the following is not a characteristic of Fabry's disease?

- A. X-linked disease
- B. Low levels of alpha-galactosidase A
- C. Profound muscular weakness



D. Increased levels of ceramide trihexoside

Correct Answer: C

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#### QUESTION 4

A 50-year-old male is brought to the emergency department due to an acute onset chest pain that radiates to his jaw. An ECG reveals ST segment elevation in leads II, III and a VF. He undergoes percutaneous coronary intervention with stenting without any complications. The patient is discharged from the hospital three days later with aspirin and clopidogrel. He returns to the emergency department eight weeks later due to recurrent chest pain which he describes as a sharp pain that worsens when he lies flat. The pain does not radiate or improve with nitroglycerin tablets. Vitals reveal a blood pressure of 135/87 mmHg, a heart rate of 84/min, a temperature of 38.0°C (100.5°F) and a respiratory rate of 12/min. Oxygen saturation is 98% on room air. Physical examination reveals a harsh three component extra heart sound heard best at the left lower sternal border. An ECG is obtained which reveals diffuse ST elevations. The most likely cause of the current findings is

- A. autoimmune pericarditis
- B. infective endocarditis
- C. papillary muscle rupture
- D. Prinzmetal angina
- E. stent thrombosis

Correct Answer: A

Explanation:

This patient most likely has Dressler syndrome, which is an autoimmune post-myocardial infarction phenomenon resulting in fibrinous pericarditis. Fibrinous pericarditis presents with fever and positional chest pain, with patients generally preferring to remain upright and leaning forward. Physical examination findings include a loud three component pericardial friction rub heard on auscultation and ECG changes include diffuse ST segment elevations. Patients with autoimmune pericarditis typically present several weeks after an acute myocardial infarction.

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#### QUESTION 5

Which of the following matches the definition: The loss of circulatory fluids into interstitial spaces?

- A. Hypovolemia
- B. Necrosis
- C. Eschar
- D. Maceration

Correct Answer: A



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