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QUESTION 1

A 70-year-old man with a 50 pack-year history of smoking presents with a 6-week history of intermittent, painless, gross hematuria and urinary frequency. There are no masses palpable on abdominal examination, and rectal examination is normal. Urinalysis confirms the presence of hematuria, and urine culture is negative.

The initial diagnostic evaluation does not reveal any abnormalities. Which of the following is the best next step in the diagnostic workup?

- A. an abdominal CT scan
- B. cystourethroscopy and urinary cytology
- C. a transrectal ultrasound
- D. exploratory laparoscopy
- E. re-evaluation in 24 weeks, with repeat urinalysis and urine culture

Correct Answer: B

Patients with gross hematuria require aggressive diagnostic evaluation. A careful, planned approach will yield the cause in the majority of patients. Painless hematuria is often the first sign of a urinary tract malignancy. After confirmation of hematuria, and exclusion of infection, all patients should have plain radiographs and IVP. This is the optimal initial diagnostic approach to aid in distinguishing between upper tract (renal) pathology and lower tract (lower ureteric and bladder) pathology. Further diagnostic evaluation will be guided by these noninvasive studies. A voiding cystourethrogram is invasive. It is a limited examination of bladder function and anatomy, and although advanced invasive bladder tumors may be demonstrated as a filling defect, it is not sensitive for lower stages of bladder neoplasms.

Cystourethroscopy is invasive and is, therefore, not the initial examination in the evaluation of hematuria. It is indicated in the evaluation of gross hematuria in patients with a normal IVP. It is the optimal tool for evaluation of potential bladder pathology. An abdominal ultrasound or CT scan is indicated in patients with a suspected renal mass, either by clinical examination or demonstrated on IVP. Urine for cytology is useful for screening of patients with suspected urinary tract malignancy, but it is falsely negative in approximately 20% of patients and should not be used as the only diagnostic evaluation. Atransrectal ultrasound may be helpful in evaluating the extent of invasion of a bladder or prostatic neoplasm. Abdominal CT scan is a superior imaging study for this purpose.

QUESTION 2

An 18-month-old boy presents with a history of fever to 39.0°C for 5 days. He has also been irritable and has not been drinking well. Associated symptoms include red eyes, a rash, and some trouble walking. On physical examination, he has a temperature of 39.5°C. He has bilateral bulbar conjunctivitis, a strawberry tongue, an inflamed oral pharynx, edema of the hands and feet, a morbilliform rash, and cervical lymphadenopathy. He is very irritable. His CBC shows a WBC of 15,000/mm³ with 60% neutrophils, 35% lymphocytes, and 5% monocytes. His hemoglobin is 12.0 g/dL and platelet count is 500,000/mm³.

Which of the following is the most likely diagnosis?



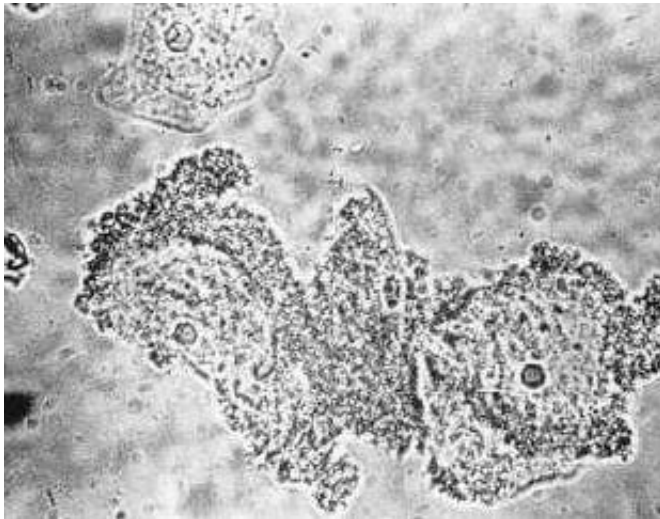
- A. erythema infectiosum (fifth disease)
- B. Kawasaki disease
- C. rubella
- D. rubeola (measles)
- E. rheumatic fever

Correct Answer: B

Kawasaki disease is an acute febrile illness of unknown etiology that typically affects young children, usually those under 5 years of age. There are six clinical criteria used for diagnosing this disease. The presence of 5 days or more of fever, in addition to four of the five additional criteria, establishes the diagnosis. The five additional criteria are bilateral bulbar nonexudative conjunctivitis, rash, hand and foot changes (edema followed by desquamation), oral changes such as strawberry tongue and erythema, and cervical lymphadenopathy. Erythema infectiosum presents with a prodrome of malaise and myalgia and then with local erythema of the cheeks (slapped cheeks). Rubella and rubeola are unusual because of the MMR vaccination. Rubeola presents with the three "Cs"--cough, coryza, and conjunctivitis-- followed by the oral inflammation and the pathognomonic Koplik spots, rash, and fever. Rubella is typically a mild disease characterized by low-grade fever and a maculopapular rash. Rheumatic fever is also unusual. It tends to present in children over 3 years of age after an infection with group A Streptococci, with transient migratory arthritis, carditis, chorea, rash, and nodules. Diagnosis is made according to the Jones criteria.

QUESTION 3

A wet smear of a vaginal discharge is illustrated in Figure. Which of the following is the most likely cause of the discharge?



Which of the following is the most appropriate treatment for the discharge illustrated in Figure?

- A. clindamycin
- B. erythromycin
- C. metronidazole



D. miconazole

E. doxycycline

Correct Answer: C

The treatment of choice for bacterial vaginosis is metronidazole, also an effective treatment for trichomonas vaginitis. The dose is 375500 mg orally twice daily for 1 week. A single daily dose of 750 mg was recently approved. Vaginal metronidazole gel or clindamycin cream are also approved forms of treatment. Concurrent therapy of the male partner is controversial. Treatment in pregnancy is recommended, because there is a potential association of bacterial vaginosis and preterm labor and delivery.

QUESTION 4

A 39-year-old pregnant woman with chronic hypertension and one prior pregnancy is now at 38 weeks gestation. She comes to labor and delivery with profuse vaginal bleeding and abdominal pain of sudden onset.

Which of the following is the most likely diagnosis?

A. bloody show

B. vaginal laceration from coitus

C. cervicitis

D. placenta previa

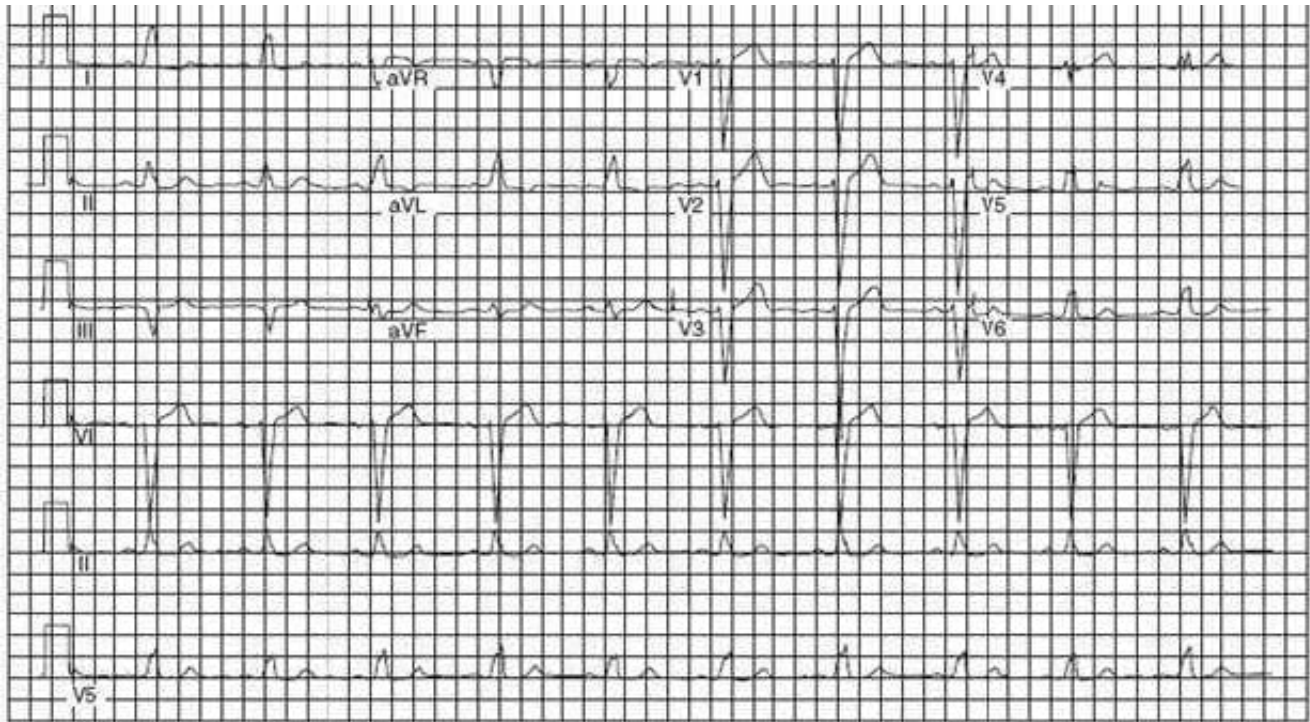
E. placental abruption

Correct Answer: E

Painful vaginal bleeding is most likely the result of placental abruption, premature separation of the placenta. Bloody show is a normal sign of impending or early labor. The bleeding is scant and intermingled with clear mucus. Bleeding from a vaginal laceration following coitus is not associated with abdominal pain. A history of coitus followed immediately by bleeding suggests this diagnosis. Bleeding from cervicitis is most often spotting and not associated with abdominal pain. Classically, bleeding with a placenta previa is painless.

QUESTION 5

A 58-year-old man is establishing care with you because his insurance changed. His old records have not yet arrived, but he is complaining of palpitations and lightheadedness, so you order the ECG shown in Figure



Which of the following is the most likely problem associated with this pattern?

- A. congenital heart disease
- B. severe aortic valve disease
- C. hypokalemia
- D. atrial septal defect (ASD)
- E. VSD

Correct Answer: B

The prolonged, negative QRS vector anteriorly (V1-V3) and wide notched R waves in V5 and V6 are characteristic for LBBB. In RBBB, there is an rSR' complex in V1 and QRS pattern in V6. Accelerated junctional rhythm would not have P waves. Partial blocks, such as left anterior fascicular block, generally do not prolong the QRS duration substantially, but are associated with shifts in the frontal plane QRS axis (left axis deviation). With intraventricular conduction delay, the QRS is between 100 and 120 ms. LBBB is a marker of one of four conditions: severe aortic valve disease, ischemic heart disease, long-standing hypertension, and cardiomyopathy. RBBB is seen more commonly than LBBB in patients without structural heart disease, although RBBB also occurs with congenital heart disease and ASD or valvular heart disease. Hyper- but not hypokalemia may cause intraventricular conduction delay. Myocarditis does not usually lead to LBBB.

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