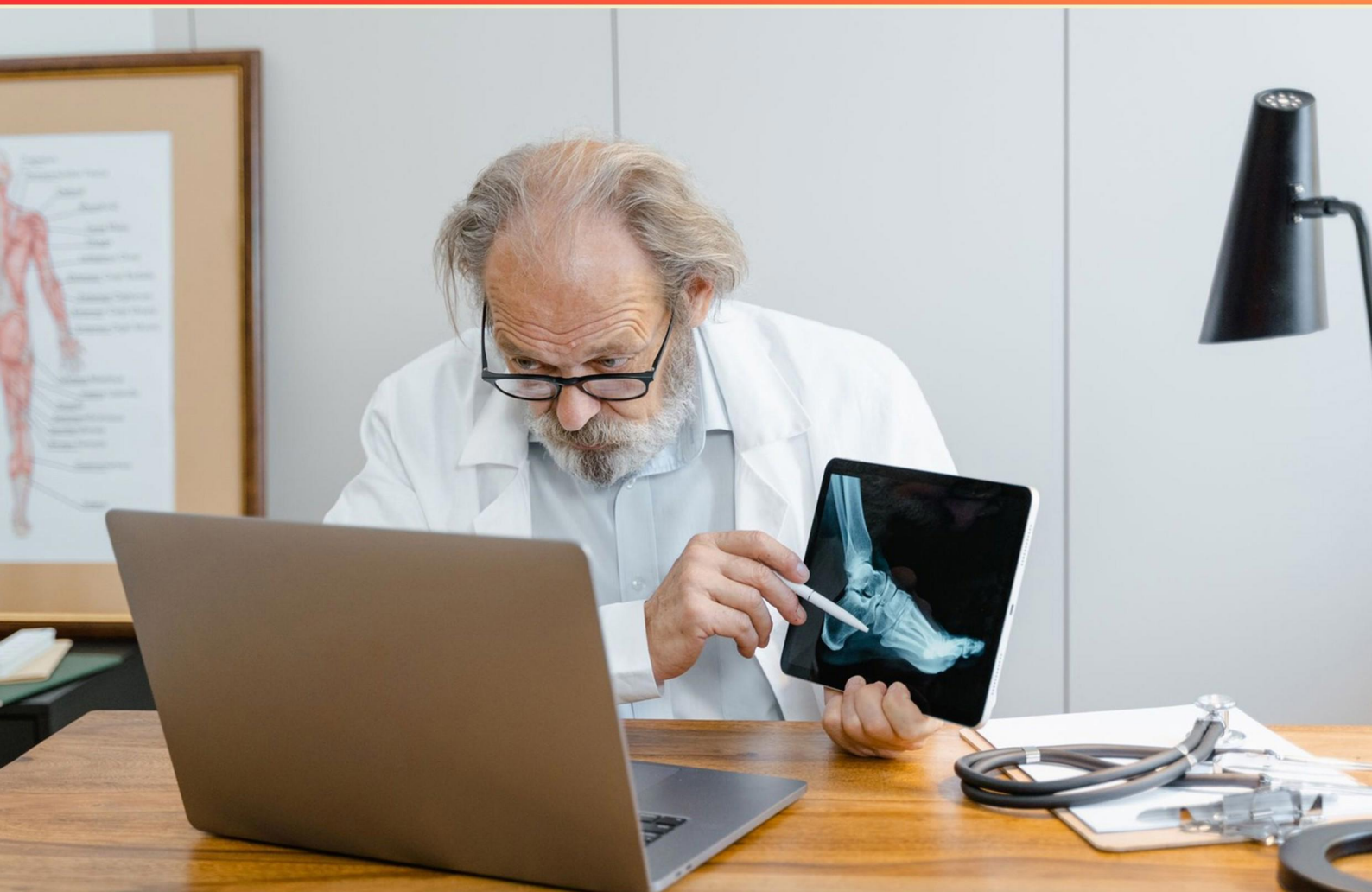


DIVINE INTERVENTION IM SHELF PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://divineinterventionimshelf.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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.

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!

Questions

SAMPLE

- 1. What imaging finding is typically associated with Ewing Sarcoma?**
 - A. Onion skin-like periosteal reaction
 - B. Sunburst pattern
 - C. Soft tissue mass
 - D. Osteoid production

- 2. What is a distinguishing symptom of Salmonella Typhoid fever?**
 - A. Bloody diarrhea
 - B. High fever followed by abdominal pain
 - C. Fever with rashes
 - D. Severe nausea and vomiting

- 3. In postinfectious glomerulonephritis, what is typically seen in complement levels?**
 - A. Elevated levels
 - B. Normal levels
 - C. Low levels
 - D. Variable levels

- 4. What characterizes nephritic syndrome on urine analysis?**
 - A. Protein levels greater than 3.5 g/day
 - B. Sterile pyuria
 - C. Presence of glucose
 - D. Hematuria with red blood cell casts

- 5. What is the most common diagnosis for a patient presenting with fever, leukocytosis, and left lower quadrant pain?**
 - A. Appendicitis
 - B. Diverticulitis
 - C. Pancreatitis
 - D. Cholecystitis

- 6. What does the quadruple therapy for H. pylori include?**
- A. Clarithromycin, Amoxicillin, PPI
 - B. Metronidazole, Bismuth, Tetracycline, PPI
 - C. Amoxicillin, Tetracycline, Bismuth, H2 Blocker
 - D. Pantoprazole, Amoxicillin, Metronidazole, Tetracycline
- 7. What does Prussian blue staining of bone marrow biopsy indicate if it shows basophilic inclusions?**
- A. Iron deficiency anemia
 - B. Lead poisoning
 - C. Pernicious anemia
 - D. Sideroblastic anemia
- 8. Which symptom is characteristic of eczema herpeticum?**
- A. Scaly patches
 - B. Umbilicated vesicles
 - C. Exudate formation
 - D. Crusting lesions
- 9. What is the primary treatment for porphyria cutanea tarda?**
- A. Liver transplantation
 - B. Phlebotomy
 - C. Iron chelation therapy
 - D. Vitamin supplementation
- 10. How soon do symptoms typically appear after the initial infection with IgA nephropathy?**
- A. 1-3 days
 - B. 2-6 days
 - C. 1-2 weeks
 - D. 4-6 weeks

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What imaging finding is typically associated with Ewing Sarcoma?

A. Onion skin-like periosteal reaction

B. Sunburst pattern

C. Soft tissue mass

D. Osteoid production

The imaging finding that is typically associated with Ewing Sarcoma is the onion skin-like periosteal reaction. This characteristic involves a layered appearance on imaging, often seen as alternating layers of periosteal bone and soft tissue reaction in the affected area. Such a finding suggests aggressive bone lesions, indicating the presence of a highly malignant tumor like Ewing Sarcoma. When evaluating the imaging characteristics of Ewing Sarcoma, this onion skin appearance is particularly notable in the context of the tumor's common locations, which are often in the long bones or the pelvis. The appearance is indicative of the tumor's rapid growth and its effect on the surrounding bone, leading to alterations in the periosteum. In contrast, while other imaging findings such as a sunburst pattern are associated with other forms of bone tumors, particularly osteosarcoma, they do not reflect the specific presentation of Ewing Sarcoma. Similarly, a soft tissue mass may be seen in multiple tumors, including Ewing Sarcoma, but it is not the most defining characteristic. Osteoid production may indicate osteosarcoma, but again, it lacks specificity for Ewing Sarcoma. Thus, the onion skin-like periosteal reaction is the hallmark finding that accurately represents Ewing Sarcoma

2. What is a distinguishing symptom of Salmonella Typhoid fever?

A. Bloody diarrhea

B. High fever followed by abdominal pain

C. Fever with rashes

D. Severe nausea and vomiting

A distinguishing symptom of Salmonella Typhoid fever is a high fever followed by abdominal pain. In typhoid fever, patients typically experience a sustained fever that can reach as high as 39–40°C (102.2–104°F), often accompanied by gastrointestinal symptoms as the disease progresses. The abdominal pain typically arises from the body's response to the pathogen and the inflammation it causes in the intestines. Understanding this symptom is crucial because typhoid fever is primarily characterized by a gradual onset of fever that can last for days, in contrast to other forms of salmonellosis, which often present with more abrupt onset and different gastrointestinal manifestations, such as bloody diarrhea or severe nausea and vomiting. Notably, abdominal pain is significant in that it occurs as the disease advances, often indicating complications such as intestinal perforation, which can arise without treatment. This symptom helps differentiate typhoid fever from other salmonella infections that more frequently result in gastrointestinal disturbances without the characteristic fever profile associated with typhoid.

3. In postinfectious glomerulonephritis, what is typically seen in complement levels?

- A. Elevated levels
- B. Normal levels
- C. Low levels**
- D. Variable levels

In postinfectious glomerulonephritis, typically seen following infections such as streptococcal infection, complement levels are characteristically low. This occurs because the immune response to the infection leads to consumption of complement components, particularly C3. The formation of immune complexes and the subsequent activation of the complement cascade is a key feature in the pathophysiology of postinfectious glomerulonephritis. As the disease progresses, the body's complement system becomes overwhelmed, resulting in decreased levels of certain complement proteins in the bloodstream. This reduction in C3 levels is indicative of the disease process and supports the diagnosis. Other complement levels, such as C4, are often less affected in this setting. Understanding this complement consumption is essential in distinguishing postinfectious glomerulonephritis from other types of glomerular diseases, such as those associated with systemic diseases like lupus, where complement levels may show different patterns. In contrast, elevated, normal, or variable levels of complement would not align with the established understanding of postinfectious glomerulonephritis, where decreased C3 levels are a hallmark finding.

4. What characterizes nephritic syndrome on urine analysis?

- A. Protein levels greater than 3.5 g/day
- B. Sterile pyuria
- C. Presence of glucose
- D. Hematuria with red blood cell casts**

Nephritic syndrome is characterized by the presence of hematuria, which often appears as red blood cell casts in the urine. The formation of these casts indicates that there is glomerular injury or inflammation, a hallmark of nephritic processes. This combination of hematuria and red blood cell casts is critical for diagnosing nephritic syndrome, differentiating it from other renal conditions. In contrast, nephrotic syndrome, which significantly differs from nephritic syndrome, typically manifests with substantial protein loss in the urine, specifically over 3.5 grams per day. Sterile pyuria refers to the presence of white blood cells in the urine without an active urinary tract infection, and while it may appear in certain kidney disorders, it does not specifically characterize nephritic syndrome. Glucose presence in urine can indicate diabetes or tubular dysfunction but is not a defining feature of nephritic syndrome. Thus, the presence of hematuria with red blood cell casts aligns precisely with the pathophysiology of nephritic syndrome.

5. What is the most common diagnosis for a patient presenting with fever, leukocytosis, and left lower quadrant pain?

- A. Appendicitis
- B. Diverticulitis**
- C. Pancreatitis
- D. Cholecystitis

A patient presenting with fever, leukocytosis (an elevated white blood cell count), and left lower quadrant pain is most commonly diagnosed with diverticulitis. This condition occurs when diverticula—small pouches in the colon—become inflamed or infected. The clinical presentation fits well with diverticulitis: fever indicates an inflammatory process, leukocytosis shows the body is responding to infection, and left lower quadrant pain is characteristic of pain associated with the sigmoid colon, where diverticula are most commonly located. The acute inflammation in diverticulitis can lead to symptoms that mimic other abdominal conditions, but the combination of these specific signs points most clearly to this diagnosis. It's important to also consider that other conditions affecting the left lower quadrant can present with similar symptoms. However, diverticulitis is the most frequently observed diagnosis in similar patient presentations. Understanding this helps in differentiating it from conditions like appendicitis, pancreatitis, or cholecystitis, which typically present with other characteristic signs and symptoms not primarily centered in the left lower quadrant.

6. What does the quadruple therapy for *H. pylori* include?

- A. Clarithromycin, Amoxicillin, PPI
- B. Metronidazole, Bismuth, Tetracycline, PPI**
- C. Amoxicillin, Tetracycline, Bismuth, H2 Blocker
- D. Pantoprazole, Amoxicillin, Metronidazole, Tetracycline

*The quadruple therapy for *H. pylori* infection typically consists of a combination of medications designed to effectively eradicate the bacteria. The correct answer involves Metronidazole, Bismuth, Tetracycline, and a Proton Pump Inhibitor (PPI). Metronidazole is an antibiotic that targets anaerobic bacteria and certain protozoa, offering coverage against *H. pylori*. Bismuth compounds help protect the gastric lining and have antibacterial properties, making them beneficial in treating ulcers and managing dyspepsia associated with *H. pylori*. Tetracycline is another antibiotic effective against a variety of bacteria, including *H. pylori*. The Proton Pump Inhibitor plays a vital role in reducing gastric acid secretion, which not only aids in symptom relief but also enhances the effectiveness of the antibiotics by creating a more favorable environment for healing. In contrast, other combinations listed in the options either lack one of the essential components of the quadruple therapy or do not include the correct medications that specifically target *H. pylori* effectively. Therefore, the selected combination correctly represents the standard approach for eradication treatment and maximizes the success rate for patients.*

7. What does Prussian blue staining of bone marrow biopsy indicate if it shows basophilic inclusions?

- A. Iron deficiency anemia
- B. Lead poisoning**
- C. Pernicious anemia
- D. Sideroblastic anemia

Prussian blue staining is a specific technique used in histology to detect the presence of iron within tissues, particularly in bone marrow biopsies. When basophilic inclusions are seen in the context of Prussian blue staining, this indicates the presence of lead in the body. Lead inhibits the normal heme synthesis pathway, which can lead to the formation of these basophilic stippling inclusions in red blood cell precursors in the bone marrow. In cases of lead poisoning, the body's ability to produce hemoglobin is disrupted due to the interference with enzymes involved in heme synthesis. This results in the accumulation of abnormal precursors and inclusions that can be identified during microscopic examination of the bone marrow using the Prussian blue stain. The other answer choices do not correlate with the presence of basophilic inclusions on Prussian blue staining. For example, iron deficiency anemia would typically show a lack of iron deposits, while pernicious anemia relates to vitamin B12 deficiency and does not involve lead. Sideroblastic anemia may present with ringed sideroblasts but is characterized differently in terms of inclusions and iron staining. Hence, the presence of basophilic inclusions highlighted by Prussian blue staining is a clear indication of lead poisoning.

8. Which symptom is characteristic of eczema herpeticum?

- A. Scaly patches
- B. Umbilicated vesicles**
- C. Exudate formation
- D. Crusting lesions

Eczema herpeticum is a viral skin infection caused by the herpes simplex virus that occurs in individuals with atopic dermatitis (eczema). A hallmark symptom of eczema herpeticum is the presence of umbilicated vesicles. These vesicles resemble small blisters that have a depressed center, often described as 'umbilicated.' They typically arise in areas of the skin that are already affected by eczema, and the rapid onset often follows a period of irritation or an outbreak of eczema. In contrast, the other options are associated with different dermatological conditions or manifestations. Scaly patches are more characteristic of conditions like psoriasis or chronic dermatitis. Exudate formation may occur in various infections or inflammatory skin conditions but is not specific to eczema herpeticum. Crusting lesions might develop in response to significant exudation or secondary infections but are not a defining feature of the umbilicated vesicles that characterize the herpes infection in this context. Hence, umbilicated vesicles stand out as the most distinctive symptom for diagnosing eczema herpeticum.

9. What is the primary treatment for porphyria cutanea tarda?

- A. Liver transplantation
- B. Phlebotomy**
- C. Iron chelation therapy
- D. Vitamin supplementation

The primary treatment for porphyria cutanea tarda (PCT) is phlebotomy. PCT is a type of porphyria that often results from an accumulation of porphyrins, particularly due to hepatic dysfunction and iron overload in the liver. Phlebotomy works by reducing the iron load in the body, which is a significant contributing factor to the development of PCT. By regularly removing blood, which contains iron, the treatment helps decrease the iron levels and subsequently reduce the production of porphyrins, alleviating symptoms and preventing skin complications that can arise from this condition. This approach not only addresses the underlying issue of iron overload but also helps in managing the skin lesions and other manifestations of the disease. Other methods, while potentially beneficial in different contexts, do not primarily target the iron overload associated with PCT in the same effective manner as phlebotomy.

10. How soon do symptoms typically appear after the initial infection with IgA nephropathy?

- A. 1-3 days
- B. 2-6 days**
- C. 1-2 weeks
- D. 4-6 weeks

In the case of IgA nephropathy, symptoms usually manifest between 2 to 6 days following the initial infection. This condition often arises in conjunction with a preceding respiratory or gastrointestinal infection, where the immune system response triggers an increase in IgA production that leads to deposition in the kidney mesangial cells. The temporal relationship of symptom onset within this timeframe helps to establish a clear association with the preceding infection. This understanding is significant as it aids in diagnosing and managing the condition effectively, allowing for timely intervention that can alter the progression of the disease.

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://divineinterventionimshelf.examzify.com>

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

SAMPLE