NBME FORM 13 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. Which statement about NSAIDs in gout management is true?

A. They are used for chronic gout only

B. They are used for acute gout attacks

C. They are not recommended

D. They are used as urate-lowering therapy

2. Autoimmune hemolytic anemia involving IgG corresponds to which hypersensitivity type?

A. Type I hypersensitivity

B. Type III hypersensitivity

C. Type II hypersensitivity

D. Type IV hypersensitivity

3. Elevated WBC with metamyelocytes and myelocytes are seen. Which diagnosis is most likely?

A. Acute Lymphoblastic Leukemia

B. Acute Myeloid Leukemia

C. Chronic Lymphocytic Leukemia

D. Chronic Myelogenous Leukemia

4. An 82-year-old with a cauliflower-like lesion between the vagina and rectum; likely diagnosis?

A. Anal Cancer

B. Cervical Cancer

C. Vaginal Sarcoma

D. Vulvar Carcinoma (Squamous Cell)

5. Definitive treatment of Hereditary Spherocytosis?

A. Cholecystectomy

B. Bone Marrow Transplant

C. Splenectomy

D. IVIG

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6. Which thyroid function pattern is typical of primary hypothyroidism?

A. Low TSH with low free T4

B. Elevated TSH with high free T4

C. Low TSH with high free T4

D. Elevated TSH with low free T4

7. Pseudomonas aeruginosa exotoxin A inactivates elongation factor 2. This contributes to pathogenicity by inhibiting which cellular process?

A. DNA replication

B. Protein synthesis in host cells

C. RNA transcription

D. Lipids synthesis

8. Pityriasis Rosea typically resolves in how many weeks?

A. 2-4 Weeks

B. 12-16 Weeks

C. 6-8 Weeks

D. 1 Year

9. A patient with sepsis and hypotension unresponsive to fluids, vasopressors, and antibiotics presents with hyponatremia, hyperkalemia, hypochloremia, and elevated BUN and creatinine. What is the most likely cause?

A. Acute adrenal insufficiency

B. Septic shock refractory to therapy

C. Acute kidney injury from hypovolemia

D. Hyperkalemic crisis due to renal failure

10. Treatment for Pityriasis Rosea?

A. Observe, Resolve in 6-8 Weeks

B. Topical Emollients or Mild Steroids for Pruritus

C. Acyclovir or Macrolide if Severe

D. No Treatment Otherwise

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Answers

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

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Explanations

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1. Which statement about NSAIDs in gout management is true?

A. They are used for chronic gout only

B. They are used for acute gout attacks

C. They are not recommended

D. They are used as urate-lowering therapy

NSAIDs are used to treat acute gout attacks because they rapidly reduce inflammation and pain caused by urate crystal–induced joint inflammation. They do this by inhibiting cyclooxygenase enzymes, which lowers prostaglandin production and dampens the inflammatory response in the affected joint. They provide quick relief during an acute flare, which is the primary reason they're chosen in this setting. They do not lower serum uric acid levels, so they're not used for chronic management of gout or as urate-lowering therapy. Chronic control focuses on medications like allopurinol or febuxostat to reduce uric acid, with NSAIDs reserved for short-term use during acute flares (and sometimes briefly for flare prophylaxis when starting urate-lowering therapy).

2. Autoimmune hemolytic anemia involving IgG corresponds to which hypersensitivity type?

A. Type I hypersensitivity

B. Type III hypersensitivity

C. Type II hypersensitivity

D. Type IV hypersensitivity

This question tests recognizing how antibody-mediated destruction of cells fits into hypersensitivity types. When IgG is directed against antigens on the surface of red blood cells, the immune response causes cytotoxic destruction of those cells. This is the hallmark of a Type II hypersensitivity reaction. Mechanistically, IgG binding to RBC surface proteins marks the cells for attack by effector systems. The spleen's macrophages can recognize the Fc portion of IgG-coated red cells and phagocytose them (opsonization), leading to extravascular hemolysis. Complement activation can also occur, contributing to cell lysis, sometimes within blood vessels (intravascular hemolysis). The key point is that the immune attack targets cell-surface antigens with antibodies, rather than forming soluble immune complexes or involving T-cell–mediated delayed responses. In contrast, Type I involves IgE-mediated allergic reactions, Type III involves immune complex deposition causing tissue injury, and Type IV is a T-cell–mediated delayed-type reaction. Since the destruction is driven by antibodies binding to cell surfaces and triggering effector mechanisms, it fits Type II hypersensitivity.

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3. Elevated WBC with metamyelocytes and myelocytes are seen. Which diagnosis is most likely?

A. Acute Lymphoblastic Leukemia

B. Acute Myeloid Leukemia

C. Chronic Lymphocytic Leukemia

D. Chronic Myelogenous Leukemia

A broad spectrum of granulocytic precursors in the blood, including metamyelocytes and myelocytes, points to a myeloproliferative process driving ongoing granulopoiesis. The classic condition with this pattern is chronic myelogenous leukemia, in which the BCR-ABL fusion protein causes unchecked production of granulocytes, leading to very high white blood cell counts and a left-shift that includes metamyelocytes and myelocytes in the peripheral smear. In contrast, acute myeloid or acute lymphoblastic leukemias would typically show a high percentage of blasts rather than a wide range of maturing granulocytes. Chronic lymphocytic leukemia involves mature lymphocytes, not granulocytic precursors. A leukemoid reaction can show left-shifted neutrophils too, but it usually lacks the sustained, broad spectrum of granulocytic maturation and basophilia seen in CML, and it resolves with treatment of the underlying condition. Testing for the Philadelphia chromosome or BCR-ABL fusion can confirm CML.

4. An 82-year-old with a cauliflower-like lesion between the vagina and rectum; likely diagnosis?

A. Anal Cancer

B. Cervical Cancer

C. Vaginal Sarcoma

D. Vulvar Carcinoma (Squamous Cell)

A cauliflower-like, exophytic mass arising from the external genital area in an elderly woman points to vulvar squamous cell carcinoma. The space between the vagina and rectum is the vulvar region, and vulvar cancers classically present as raised, warty (cauliflower-like) lesions that may be pruritic or bleed. This differentiates it from anal cancer (which involves the anal canal itself), cervical cancer (arises from the cervix inside the uterus), or vaginal sarcoma (originating in the vaginal wall). Among vulvar malignancies, squamous cell carcinoma is by far the most common in postmenopausal women, often linked to HPV or chronic inflammatory dermatoses. Diagnosis is confirmed by biopsy.

5. Definitive treatment of Hereditary Spherocytosis?

A. Cholecystectomy

B. Bone Marrow Transplant

C. Splenectomy

D. IVIG

Hereditary spherocytosis is caused by defects in red cell membrane proteins that make red cells spherical and prone to being destroyed by the spleen. The spleen is the main site where these rigid spherocytes are sequestered and removed, so removing the spleen markedly decreases ongoing hemolysis and often corrects the anemia and jaundice. That is why splenectomy is considered the definitive treatment. Cholecystectomy may be needed if pigment gallstones develop from chronic hemolysis, but it does not address the underlying hemolysis. Bone marrow transplant isn't used for this condition, and IVIG is not indicated for hereditary spherocytosis. After splenectomy, there's an increased risk of infection from encapsulated organisms, so appropriate vaccination and precautions are important.

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6. Which thyroid function pattern is typical of primary hypothyroidism?

A. Low TSH with low free T4

B. Elevated TSH with high free T4

C. Low TSH with high free T4

D. Elevated TSH with low free T4

Primary hypothyroidism occurs when the thyroid gland itself can't produce enough thyroid hormone. Because the body's feedback system detects low hormone levels, the pituitary increases TSH stimulation in an attempt to boost the thyroid. The result is a high TSH level with a low free T4 level, which is the classic pattern for this condition. This differs from central (pituitary or hypothalamic) hypothyroidism, where TSH is low or inappropriately normal even though T4 is low, and from hyperthyroidism, where TSH is suppressed and T4 is high.

7. Pseudomonas aeruginosa exotoxin A inactivates elongation factor 2. This contributes to pathogenicity by inhibiting which cellular process?

A. DNA replication

B. Protein synthesis in host cells

C. RNA transcription

D. Lipids synthesis

The key idea is that Pseudomonas exotoxin A halts host protein production by disabling elongation during translation. It does this by ADP-ribosylating elongation factor 2, which is essential for the translocation step that moves the growing peptide from the A site to the P site on the ribosome. Without EF-2 function, peptide chain elongation stops, so protein synthesis in the affected host cells ceases. This loss of protein production leads to cell injury and death, contributing to tissue damage during infection. DNA replication would not be directly affected, transcription remains ongoing with RNA polymerase, and lipid synthesis isn't targeted by EF-2's role, so those processes aren't the primary impact of this toxin.

8. Pityriasis Rosea typically resolves in how many weeks?

A. 2-4 Weeks

B. 12-16 Weeks

C. 6-8 Weeks

D. 1 Year

Pityriasis rosea is a self-limited skin eruption that follows a predictable course and tends to resolve on its own. The typical duration from onset to clearance is about 6 to 8 weeks. This timeframe reflects the natural course of the condition, with lesions appearing over the first week or so and gradual fading over several weeks without lasting scarring. Shorter durations, such as 2–4 weeks, would be unusually rapid for this type of eruption, while longer timeframes like 12–16 weeks or a full year are not consistent with its common self-limited pattern. Management is mainly supportive for itch and comfort, since the condition often resolves spontaneously within this 6–8 week window.

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9. A patient with sepsis and hypotension unresponsive to fluids, vasopressors, and antibiotics presents with hyponatremia, hyperkalemia, hypochloremia, and elevated BUN and creatinine. What is the most likely cause?

A. Acute adrenal insufficiency

B. Septic shock refractory to therapy

C. Acute kidney injury from hypovolemia

D. Hyperkalemic crisis due to renal failure

Acute adrenal insufficiency presents with shock that is difficult to treat and a characteristic electrolyte pattern from mineralocorticoid deficiency. When aldosterone is lacking, the kidneys lose sodium and water, and cannot adequately excrete potassium. This leads to hyponatremia and hyperkalemia, often with volume depletion that raises BUN and creatinine. Cortisol deficiency further blunts vascular responsiveness to catecholamines, worsening hypotension despite fluids and vasopressors. The combination of unresponsive hypotension and the hyponatremia with hyperkalemia point to an adrenal crisis as the underlying cause. Other scenarios like septic shock refractory to therapy describe the physiology of shock without a specific electrolyte signature, acute kidney injury from hypovolemia explains reduced kidney function but not the concurrent hyperkalemia with hyponatremia as cleanly, and a hyperkalemic crisis from renal failure centers on potassium elevation without the accompanying hyponatremia and the broader context of cortisol/aldosterone deficiency.

10. Treatment for Pityriasis Rosea?

A. Observe, Resolve in 6-8 Weeks

B. Topical Emollients or Mild Steroids for Pruritus

C. Acyclovir or Macrolide if Severe

D. No Treatment Otherwise

Pityriasis rosea is a self-limited skin eruption that typically resolves on its own within about 6–8 weeks. Because there's no therapy proven to shorten this course, the best approach is to observe and let it run its natural course. If itching is bothersome, symptomatic relief can help—such as regular moisturizers and, if needed, a mild topical corticosteroid. Antiviral or antibiotic treatments aren't routinely indicated for typical pityriasis rosea and are reserved only for unusual or severe situations.

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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://nbmeform13.examzify.com

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

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