

NBME FORM 26 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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.

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

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- 1. Degenerative changes associated with memory loss in a patient with a prior cancer history are likely located where in the brain?**
 - A. Frontal pole
 - B. Mesial temporal lobe
 - C. Substantia nigra
 - D. Superior cerebellar vermis
- 2. A 59-year-old man with esophageal cancer is presented with wheezing and weight loss. What is the likely cause of his symptoms?**
 - A. Direct extension of malignancy
 - B. Acid reflux irritation
 - C. Bronchial obstruction
 - D. Metastases to the lungs
- 3. What characteristic of anesthesia would facilitate rapid induction in a fearful child needing an appendectomy?**
 - A. High blood solubility
 - B. Low blood solubility
 - C. High lipid solubility
 - D. Low lipid solubility
- 4. A 63-year-old woman with an arteriovenous fistula is experiencing heart failure symptoms. What cardiovascular finding is expected?**
 - A. Decreased arterial oxygen saturation
 - B. Decreased stroke volume
 - C. Decreased mixed venous oxygen saturation
 - D. Increased resting cardiac output
- 5. What are the typical findings in a peripheral blood smear of a patient with agnogenic myeloid metaplasia?**
 - A. Teardrop-shaped erythrocytes and leukoerythroblastosis
 - B. Normochromic, normocytic erythrocytes
 - C. Sickle-shaped erythrocytes
 - D. Hypochromatic microcytic erythrocytes

- 6. A 59-year-old man presents with progressive difficulty swallowing and significant weight loss. A biopsy of a mid esophageal mass is likely to reveal which of the following histological features?**
- A. Acinar formation
 - B. Foci of keratinization
 - C. Intracytoplasmic pigment
 - D. Neuroendocrine granules
- 7. Which coronary artery stenosis is likely responsible for hypokinesis of the posterior left ventricle in this patient?**
- A. Left coronary artery
 - B. Right coronary artery
 - C. Left circumflex artery
 - D. Anterior descending artery
- 8. A patient presents with symptoms of chronic liver disease and increased blood glucose. Which complication may arise?**
- A. Acute renal failure
 - B. Portal hypertension
 - C. Non-alcoholic fatty liver disease
 - D. Cholecystitis
- 9. What is a common risk factor for developing placenta accreta?**
- A. Multiparity
 - B. Obesity
 - C. Smoking
 - D. History of preterm labor
- 10. Which amino acid undergoes iodination during the biosynthesis of thyroid hormones?**
- A. Histidine
 - B. Phenylalanine
 - C. Tyrosine
 - D. Tryptophan

Answers

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

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Explanations

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1. Degenerative changes associated with memory loss in a patient with a prior cancer history are likely located where in the brain?

- A. Frontal pole
- B. Mesial temporal lobe**
- C. Substantia nigra
- D. Superior cerebellar vermis

The mesial temporal lobe is crucial for memory processing, particularly in the formation and retrieval of declarative memories, which encompass facts and events. This area includes structures such as the hippocampus and the parahippocampal gyrus that are integral to memory function. In patients experiencing memory loss, especially those with a prior history of cancer, degenerative changes often disrupt the neural circuits critical for memory. Tumors or their treatments can lead to cognitive decline and specifically affect areas involved in memory, with the mesial temporal lobe being a common site for such changes. Damage to this region can result in anterograde amnesia, where new memories cannot be formed, matching the symptoms often observed in similar clinical scenarios. Other regions listed, such as the frontal pole, substantia nigra, and superior cerebellar vermis, are involved in different aspects of cognition and motor control but are less specifically tied to the memory functions that are typically compromised in this context. Thus, the identification of the mesial temporal lobe as the likely location of degenerative changes associated with memory loss in this patient population is consistent with current understanding of the neuroanatomy underpinning memory processes.

2. A 59-year-old man with esophageal cancer is presented with wheezing and weight loss. What is the likely cause of his symptoms?

- A. Direct extension of malignancy**
- B. Acid reflux irritation
- C. Bronchial obstruction
- D. Metastases to the lungs

The symptoms presented in the case, particularly the wheezing and weight loss in a patient with esophageal cancer, suggest that the malignancy may be impacting surrounding structures. The most likely cause of these symptoms is the direct extension of the cancer into adjacent organs or tissues, which can lead to airway compromise and resultant wheezing. As esophageal cancer progresses, it can invade nearby structures such as the trachea or bronchi. This invasion can cause obstruction or irritation of the airways, leading to wheezing and difficulty with airflow. The weight loss is also consistent with malignancies, which often cause systemic effects, including decreased appetite and increased metabolic demands. While acid reflux irritation could potentially lead to respiratory symptoms, it is less likely to cause wheezing in such an acute manner compared to the direct mechanical effects of the tumor itself. Similarly, bronchial obstruction and lung metastases could also lead to wheezing, but in the context of this specific case where there is esophageal cancer, the more direct cause related to the primary malignancy's growth and local invasion is the most plausible explanation for the symptoms described.

3. What characteristic of anesthesia would facilitate rapid induction in a fearful child needing an appendectomy?

- A. High blood solubility
- B. Low blood solubility**
- C. High lipid solubility
- D. Low lipid solubility

Rapid induction of anesthesia, especially in a fearful child, is crucial to minimize anxiety and facilitate a smooth surgical process without prolonged distress. The characteristic that facilitates this rapid induction is low blood solubility of the anesthetic agent. Anesthetics with low blood solubility are quickly taken up into the bloodstream from the lungs when inhaled. This means that they can rapidly enter the central nervous system, where they exert their effects. The low solubility allows for faster changes in the partial pressure of the anesthetic in the bloodstream and, consequently, in the brain. This leads to a quicker onset of anesthesia, which is particularly beneficial in a pediatric patient who may be anxious or uncooperative. In contrast, agents with high blood solubility would result in slower induction because they would be absorbed into the blood more slowly, delaying the onset of their anesthetic effects. Thus, choosing an anesthetic with low blood solubility is critical for ensuring that the child can be sedated quickly, minimizing their anxiety and allowing for a more efficient surgical procedure.

4. A 63-year-old woman with an arteriovenous fistula is experiencing heart failure symptoms. What cardiovascular finding is expected?

- A. Decreased arterial oxygen saturation
- B. Decreased stroke volume
- C. Decreased mixed venous oxygen saturation
- D. Increased resting cardiac output**

In a patient with an arteriovenous fistula, blood is shunted from the arterial system directly into the venous system, bypassing the capillary beds. This results in a significant increase in blood flow returning to the heart, which can lead to a compensatory increase in cardiac output as the heart works to manage the increased volume of blood. As the heart experiences this increased preload, it responds by increasing stroke volume initially, and thus the overall cardiac output rises. This mechanism is particularly relevant in this scenario, especially considering the patient is experiencing heart failure symptoms. The heart, although compromised, attempts to accommodate the increased workload and volume through enhanced output. Therefore, the expectation of increased resting cardiac output aligns with the pathophysiology of arteriovenous fistulas and the physiological adaptations seen in heart failure. In contrast, the other choices do not reflect the expected changes in this situation. Decreased arterial oxygen saturation and decreased mixed venous oxygen saturation are generally observed in conditions causing low cardiac output or severe hypoxia, which isn't the primary concern here. Lastly, while decreased stroke volume may occur in severe heart failure, the initial response to the increased volume load from the arteriovenous fistula would typically be an increase, not

5. What are the typical findings in a peripheral blood smear of a patient with agnogenic myeloid metaplasia?

A. Teardrop-shaped erythrocytes and leukoerythroblastosis

B. Normochromic, normocytic erythrocytes

C. Sickle-shaped erythrocytes

D. Hypochromatic microcytic erythrocytes

Agnogenic myeloid metaplasia, also known as myelofibrosis, is a myeloproliferative disorder characterized by the abnormal proliferation of megakaryocytes and subsequent fibrosis of the bone marrow. As the disease progresses, the bone marrow environment becomes unsuitable for normal hematopoiesis, leading to extramedullary hematopoiesis, which often occurs in the spleen and liver. In a peripheral blood smear from a patient with agnogenic myeloid metaplasia, one would typically observe teardrop-shaped erythrocytes. These alterations in red blood cell morphology are attributed to the mechanical distortion that occurs as blood cells navigate through the abnormal hematopoietic microenvironment. Additionally, leukoerythroblastosis may be observed, which is a condition characterized by the presence of immature white blood cells (leukocytes) and nucleated red blood cells in the peripheral blood, reflecting the stress on the bone marrow and the body's attempt to produce blood cells in the face of compromised marrow function. This specific combination of findings—particularly teardrop erythrocytes and leukoerythroblastosis—is classic for this condition and helps in differentiating it from other hematological

6. A 59-year-old man presents with progressive difficulty swallowing and significant weight loss. A biopsy of a mid esophageal mass is likely to reveal which of the following histological features?

A. Acinar formation

B. Foci of keratinization

C. Intracytoplasmic pigment

D. Neuroendocrine granules

The correct answer highlights the presence of foci of keratinization, which is particularly characteristic of squamous cell carcinoma of the esophagus. In adults, especially those with a history of risk factors such as smoking and consumption of alcohol, squamous cell carcinoma is a common malignancy affecting the esophagus. Histologically, this type of cancer is identified by the presence of keratin-producing cells. Within the tumor, the foci of keratinization can be identified as areas where the cells are producing keratin, which is a protein found in epithelial cells. This keratinization may present as intercellular bridges and keratin pearls, contributing to the characteristic appearance of this malignancy under microscopic examination. Understanding these histological features is essential, especially since the symptoms presented by the patient—progressive dysphagia (difficulty swallowing) and significant weight loss—are indicative of a malignant process within the esophagus. The histological identification can help confirm the diagnosis and guide treatment options.

7. Which coronary artery stenosis is likely responsible for hypokinesis of the posterior left ventricle in this patient?

- A. Left coronary artery
- B. Right coronary artery**
- C. Left circumflex artery
- D. Anterior descending artery

In the context of cardiac blood supply, the posterior part of the left ventricle is primarily supplied by the right coronary artery (RCA) in the majority of individuals, especially right-dominant coronary systems. The RCA typically gives rise to the posterior descending artery (PDA), which supplies the inferior wall of the left ventricle. When there is stenosis or blockage in the right coronary artery, it can lead to decreased blood flow to the areas supplied by its branches, including the PDA. This reduction in blood flow can result in hypokinesis of the posterior left ventricle, as the affected myocardial tissue becomes ischemic and unable to contract effectively. In contrast, the left coronary artery and its branches, such as the left anterior descending artery and the left circumflex artery, primarily supply the anterior and lateral walls of the left ventricle. Stenosis in these arteries would more likely impact those regions, not the posterior wall. Therefore, in this scenario, the right coronary artery stenosis is directly associated with the hypokinesis of the posterior left ventricle due to the specific areas it supplies.

8. A patient presents with symptoms of chronic liver disease and increased blood glucose. Which complication may arise?

- A. Acute renal failure
- B. Portal hypertension**
- C. Non-alcoholic fatty liver disease
- D. Cholecystitis

In the context of chronic liver disease, portal hypertension is a significant complication that arises due to the liver's inability to properly process blood from the portal vein. Chronic liver diseases, such as cirrhosis, lead to structural changes and fibrosis within the liver, causing increased resistance to blood flow. This elevated resistance ultimately results in increased pressure within the portal venous system, leading to portal hypertension. Portal hypertension can have various clinical manifestations, including the development of varices (enlarged veins) in the esophagus and stomach, which can rupture and cause life-threatening hemorrhage. Patients may also experience splenomegaly (enlargement of the spleen) and ascites, resulting from increased pressure and altered fluid dynamics in the body. The presence of increased blood glucose in conjunction with chronic liver disease suggests that liver function is impaired, potentially affecting insulin metabolism and glucose homeostasis. In this context, the development of portal hypertension as a complication aligns with the physiological changes occurring in chronic liver disease. While acute renal failure, non-alcoholic fatty liver disease, and cholecystitis are conditions that can be associated with various complications, they do not directly stem from the pathophysiological changes of chronic liver disease in the same way

9. What is a common risk factor for developing placenta accreta?

- A. Multiparity**
- B. Obesity
- C. Smoking
- D. History of preterm labor

Multiparity, which refers to having had multiple pregnancies, is a common risk factor for developing placenta accreta. This condition occurs when the placenta attaches too deeply into the uterine wall, potentially causing complications during delivery. The increased number of previous pregnancies may lead to changes in the uterine lining, making it more susceptible to abnormal placentation in subsequent pregnancies. Factors such as obesity and smoking do have implications for overall pregnancy health but are not specifically tied to the incidence of placenta accreta in the same direct manner as multiparity. A history of preterm labor is typically indicative of other obstetric issues and does not have a strong association with the likelihood of placenta accreta. Therefore, the relationship between multiparity and placenta accreta is well-documented in obstetric literature, making it the most appropriate choice in this context.

10. Which amino acid undergoes iodination during the biosynthesis of thyroid hormones?

- A. Histidine
- B. Phenylalanine
- C. Tyrosine**
- D. Tryptophan

Tyrosine is the amino acid that undergoes iodination during the biosynthesis of thyroid hormones, specifically thyroxine (T4) and triiodothyronine (T3). In the thyroid gland, tyrosine residues in the protein thyroglobulin are modified through the addition of iodine atoms. This process is catalyzed by the enzyme thyroperoxidase, and it involves the formation of monoiodotyrosine (MIT) and diiodotyrosine (DIT). Subsequently, these iodinated tyrosine residues undergo further coupling reactions to form the active thyroid hormones. The significance of this process lies in the role of thyroid hormones in regulating metabolism, growth, and development. The availability of iodine is crucial for the synthesis of these hormones, emphasizing the importance of nutrition in thyroid health. The correct identification of tyrosine as the amino acid involved in this iodination process reflects its unique function and significance in thyroid hormone production.

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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