

NBME Form 30 Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. What is the most likely diagnosis for a patient with AIDS exhibiting progressive memory loss and an MRI showing diffuse, bilateral hyperintensities in the white matter?**
 - A. Cryptosporidiosis**
 - B. HIV encephalopathy**
 - C. Lymphoma**
 - D. Pneumocystis jirovecii infection**
- 2. Which of the following provides symptomatic relief in a patient diagnosed with myasthenia gravis?**
 - A. Corticosteroids**
 - B. Oral pyridostigmine**
 - C. Thyroid hormone replacement**
 - D. Immunosuppressive therapy**
- 3. What is a common finding in patients with allergic rhinitis during the examination?**
 - A. Nasal congestion**
 - B. Bloody discharge**
 - C. Hives**
 - D. Sinus pressure**
- 4. A 40-year-old man has skin that forms blisters upon sun exposure. Which biochemical pathway is likely defective?**
 - A. Bile acid synthesis**
 - B. Bilirubin degradation**
 - C. Heme synthesis**
 - D. Melanin synthesis**
- 5. A chronic cough and chest x-ray showing cavitary lesions are indicative of which condition?**
 - A. Chronic bronchitis**
 - B. Pneumothorax**
 - C. Pulmonary tuberculosis**
 - D. Lung cancer**

6. What is a common feature of aspirin toxicity?

- A. Hypertension**
- B. Thrombocytopenia**
- C. Metabolic acidosis**
- D. Hyperglycemia**

7. A woman develops hypertension and proteinuria after recurrent urinary tract infections. What is the most likely cause of her renal abnormalities?

- A. Acute pyelonephritis**
- B. Amyloidosis**
- C. Reflux nephropathy**
- D. Type 2 diabetes mellitus**

8. If a patient is reported to have prolonged apnea following succinylcholine administration, what is a likely cause?

- A. Vagus nerve injury**
- B. Pseudocholinesterase deficiency**
- C. Idiosyncratic reaction to anesthesia**
- D. Midazolam overdose**

9. What congenital condition leads to an absence of peroxisomes and is characterized by increased very-long-chain fatty acids?

- A. Zellweger syndrome**
- B. Chédiak-Higashi syndrome**
- C. Familial dysautonomia**
- D. Niemann-Pick disease**

10. A woman suffers a car accident and later experiences massive hemorrhage during surgery. What is most likely the underlying cause?

- A. Avulsion of celiac trunk from the aorta**
- B. Avulsion of hepatic veins from the inferior vena cava**
- C. Traumatic transection of aorta**
- D. Hepatic laceration**

Answers

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

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Explanations

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1. What is the most likely diagnosis for a patient with AIDS exhibiting progressive memory loss and an MRI showing diffuse, bilateral hyperintensities in the white matter?

- A. Cryptosporidiosis**
- B. HIV encephalopathy**
- C. Lymphoma**
- D. Pneumocystis jirovecii infection**

The diagnosis of HIV encephalopathy is supported by the presentation of progressive memory loss in a patient with AIDS, especially when paired with MRI findings of diffuse, bilateral hyperintensities in the white matter. HIV encephalopathy is characterized by cognitive impairment, which can manifest as memory loss, confusion, and behavioral changes. The MRI findings highlight the impact of the HIV virus on the brain, leading to neuronal damage, which often presents as increased signal intensity in the white matter due to edema or other pathological changes. This involvement of the white matter is a distinguishing feature that aligns well with HIV-related neurological complications. In contrast, other conditions listed, such as cryptococcal infections or Pneumocystis jirovecii infection, do not typically present with these specific MRI findings or this pattern of progressive cognitive decline. Lymphoma may cause lesions on imaging but often presents as focal masses or enhancing lesions, which differs from the diffuse changes seen in HIV encephalopathy. Therefore, the overall clinical picture and imaging results point clearly towards HIV encephalopathy as the most likely diagnosis.

2. Which of the following provides symptomatic relief in a patient diagnosed with myasthenia gravis?

- A. Corticosteroids**
- B. Oral pyridostigmine**
- C. Thyroid hormone replacement**
- D. Immunosuppressive therapy**

In myasthenia gravis, a neuromuscular disorder characterized by weakness and rapid fatigue of voluntary muscles, symptomatic relief is often achieved through the use of specific medications that enhance neuromuscular transmission. Oral pyridostigmine is an acetylcholinesterase inhibitor that increases the availability of acetylcholine at the neuromuscular junction, thereby improving muscular strength and reducing fatigue. By inhibiting the breakdown of acetylcholine, pyridostigmine helps to counteract the underlying defect in transmission seen in myasthenia gravis, leading to noticeable symptomatic relief for patients. This targeted mechanism makes oral pyridostigmine a first-line treatment for managing symptoms in myasthenia gravis. It directly addresses the problem of muscle weakness by enhancing neurotransmission. In contrast, while corticosteroids and immunosuppressive therapy are important for long-term management to reduce autoimmune activity, they do not provide immediate symptomatic relief as effectively as pyridostigmine does. Thyroid hormone replacement is not relevant in the context of myasthenia gravis unless there is coexisting thyroid dysfunction that needs to be treated, as it does not directly alleviate muscle weakness associated with the condition. Thus, pyridost

3. What is a common finding in patients with allergic rhinitis during the examination?

- A. Nasal congestion**
- B. Bloody discharge**
- C. Hives**
- D. Sinus pressure**

Nasal congestion is a hallmark finding in patients with allergic rhinitis. This condition arises from an allergic response to environmental allergens such as pollen, dust mites, or pet dander. When these allergens are inhaled, they trigger the release of histamines and other inflammatory mediators, leading to swelling and inflammation of the nasal mucosa. This results in a blockage of the nasal passages, causing the patient to experience nasal congestion. During a clinical examination of a patient with allergic rhinitis, you would typically observe other related symptoms such as clear nasal discharge, sneezing, and itchy eyes. However, nasal congestion is particularly prominent and can significantly affect a patient's quality of life by making breathing through the nose difficult and affecting sleep. Other symptoms, such as bloody discharge, hives, or sinus pressure, are not commonly associated with allergic rhinitis. Bloody discharge might indicate a more serious condition such as trauma or a different type of inflammation, while hives are typically a sign of a systemic allergic reaction and not restricted to nasal symptoms. Sinus pressure is often associated with sinusitis rather than allergic rhinitis specifically, although nasal congestion can lead to secondary issues such as sinus infections if not managed properly.

4. A 40-year-old man has skin that forms blisters upon sun exposure. Which biochemical pathway is likely defective?

- A. Bile acid synthesis**
- B. Bilirubin degradation**
- C. Heme synthesis**
- D. Melanin synthesis**

In the context of a 40-year-old man who develops skin blisters upon sun exposure, the defect is likely related to the biochemical pathway involved in heme synthesis. This condition could suggest a form of porphyria, particularly one that results in skin manifestations such as photosensitivity, blisters, and increased fragility of the skin after exposure to sunlight. Porphyrias arise from deficiencies in enzymes that are critical to the heme biosynthesis pathway. As these porphyrins build up due to the enzymatic block, they can cause phototoxicity, leading to skin symptoms including blister formation upon UV exposure. This is why heme synthesis is the correct pathway identified in this scenario. In contrast, while melanin synthesis is related to the skin's response to UV light and can contribute to skin protection, a defect in this pathway would not typically result in blistering but rather in pigmentation issues. The other pathways, bile acid synthesis and bilirubin degradation, mainly involve liver function and are less likely to be directly implicated in skin blistering due to sunlight. Therefore, the correct identification of a defect in heme synthesis aligns with the symptoms observed in this patient, reinforcing the understanding of porphyrias and their clinical manifestations.

5. A chronic cough and chest x-ray showing cavitary lesions are indicative of which condition?

- A. Chronic bronchitis**
- B. Pneumothorax**
- C. Pulmonary tuberculosis**
- D. Lung cancer**

Cavitary lesions on a chest X-ray, coupled with a chronic cough, are strongly indicative of pulmonary tuberculosis (TB). Tuberculosis is caused by the bacterium *Mycobacterium tuberculosis* and is known for creating necrotic lung tissue, which can manifest as cavities on imaging studies. In pulmonary TB, these cavitary lesions typically occur in the upper lobes of the lungs and result from progressive tissue destruction, where the body attempts to isolate the infection but allows for the formation of cavity-like spaces filled with necrotic tissue and bacteria. The chronic cough associated with TB results from the irritation of the air passages as well as the body's response to the infection. This specific presentation is distinct from the other conditions listed. Chronic bronchitis generally does not produce cavitary lesions; rather, it is characterized by productive cough due to mucus hypersecretion. A pneumothorax would show air in the pleural space but not cavitary lesions and would present with sudden onset chest pain and shortness of breath, rather than a chronic cough. While lung cancer can lead to cavities, particularly with certain types like squamous cell carcinoma, the classic presentation of cavitary lesions on a chest X-ray in conjunction with chronic cough is more specific for pulmonary tuberculosis.

6. What is a common feature of aspirin toxicity?

- A. Hypertension**
- B. Thrombocytopenia**
- C. Metabolic acidosis**
- D. Hyperglycemia**

In cases of aspirin toxicity, a hallmark feature is metabolic acidosis, which occurs due to the accumulation of salicylic acid in the body. Aspirin, or acetylsalicylic acid, is metabolized into active forms that can disrupt normal acid-base balance. High levels of salicylates lead to increased production of organic acids and decreased renal excretion of acids, contributing to a decrease in blood pH, which is the defining characteristic of metabolic acidosis. Additionally, aspirin toxicity may also lead to respiratory alkalosis initially, as it stimulates the respiratory center, causing hyperventilation. However, as the condition progresses and the metabolic effects take over, the metabolic acidosis becomes more pronounced. Recognizing metabolic acidosis in the clinical setting is critical for prompt diagnosis and management of aspirin poisoning. This condition can be further assessed through blood gas analysis, which will show a low pH and low bicarbonate levels in the presence of elevated salicylate levels. The other options, while they may have relevance in different contexts, are not characteristic of aspirin toxicity. This distinction solidifies the understanding of how aspirin affects the body's metabolic processes.

7. A woman develops hypertension and proteinuria after recurrent urinary tract infections. What is the most likely cause of her renal abnormalities?

- A. Acute pyelonephritis**
- B. Amyloidosis**
- C. Reflux nephropathy**
- D. Type 2 diabetes mellitus**

In this scenario, the presence of hypertension and proteinuria following recurrent urinary tract infections strongly points to the development of reflux nephropathy. Reflux nephropathy occurs when there is abnormal backflow of urine from the bladder into the ureters and potentially into the kidneys, often due to a congenital defect in the ureterovesical junction. This condition can lead to repeated infections and subsequent renal damage. Over time, the persistent backflow and infection can result in scarring of the renal tissue, decreased renal function, and complications such as hypertension and proteinuria. The recurrent nature of the urinary tract infections in this case further supports the likelihood of reflux nephropathy as it fosters a cycle of renal injury. In contrast, while acute pyelonephritis can cause temporary changes in kidney function and may present with similar symptoms, it is typically due to a single acute infection rather than recurrent issues leading to chronic damage. Amyloidosis primarily causes proteinuria due to deposition of amyloid proteins in the renal interstitium, but it is less likely to be linked to recurrent urinary infections. Finally, type 2 diabetes mellitus can lead to kidney damage and proteinuria, but its connection to the recent history of urinary tract infections does not provide a clear caus

8. If a patient is reported to have prolonged apnea following succinylcholine administration, what is a likely cause?

- A. Vagus nerve injury**
- B. Pseudocholinesterase deficiency**
- C. Idiosyncratic reaction to anesthesia**
- D. Midazolam overdose**

Prolonged apnea following the administration of succinylcholine is primarily due to pseudocholinesterase deficiency. Succinylcholine is a neuromuscular blocking agent that is metabolized by pseudocholinesterase. In individuals with a deficiency of this enzyme, the drug is not broken down effectively, leading to prolonged neuromuscular blockade and resulting in extended periods of apnea. This condition can be genetic, where individuals might have an inherited deficiency that affects the enzyme's activity, or it may occur in conjunction with certain health conditions, such as liver disease. In normal scenarios, succinylcholine's effects are rapid and transient due to the swift activity of pseudocholinesterase, but when this enzyme is deficient, the body cannot clear the drug quickly, causing extended respiratory paralysis and apnea. Understanding the mechanism behind the metabolism of succinylcholine and the role of pseudocholinesterase is crucial for anticipating and managing potential complications during anesthesia, particularly in populations where enzyme activity may be compromised.

9. What congenital condition leads to an absence of peroxisomes and is characterized by increased very-long-chain fatty acids?

- A. Zellweger syndrome**
- B. Chédiak-Higashi syndrome**
- C. Familial dysautonomia**
- D. Niemann-Pick disease**

Zellweger syndrome is a congenital condition caused by a defect in the peroxisome biogenesis. This disorder is characterized by the complete absence of functional peroxisomes, which are important for various metabolic processes, including the breakdown of very-long-chain fatty acids. In the absence of these organelles, the body cannot properly metabolize these fatty acids, resulting in their accumulation in tissues and blood. The symptoms of Zellweger syndrome typically manifest at birth and include significant neurological impairment, developmental delays, dysmorphic facial features, and hepatic dysfunction. The accumulation of very-long-chain fatty acids in the plasma and tissues is a hallmark of the condition and helps in its diagnosis. In contrast, the other conditions listed are unrelated to peroxisome function and do not involve the specific accumulation of very-long-chain fatty acids. Chédiak-Higashi syndrome is associated with immunodeficiency and neurological issues, familial dysautonomia involves autonomic nervous system dysfunction, and Niemann-Pick disease typically presents with sphingomyelin accumulation due to a defect in lipid metabolism, not specifically related to peroxisomes or very-long-chain fatty acids.

10. A woman suffers a car accident and later experiences massive hemorrhage during surgery. What is most likely the underlying cause?

- A. Avulsion of celiac trunk from the aorta**
- B. Avulsion of hepatic veins from the inferior vena cava**
- C. Traumatic transection of aorta**
- D. Hepatic laceration**

In the scenario described, the likely underlying cause of massive hemorrhage during surgery following a car accident is the avulsion of hepatic veins from the inferior vena cava. In traumatic situations, particularly blunt abdominal trauma like that from a car accident, there is a significant risk of liver injury due to the liver's large size and its position in the upper right quadrant of the abdomen. If the hepatic veins, which drain the blood from the liver into the inferior vena cava, are avulsed or torn, this can lead to a rapid loss of blood into the abdominal cavity, resulting in massive hemorrhage. This situation is critical because hepatic vein injury can be particularly difficult to manage surgically due to the complexity of vascular anatomy involved and the high volume of blood that can be lost in a short period. Such injuries can lead to severe hypovolemia and potentially lead to shock if not addressed immediately. Other potential injuries listed might also cause significant bleeding, but the avulsion of hepatic veins from the inferior vena cava is specifically associated with the rapid and catastrophic hemorrhage that one would expect to observe during an acute surgical intervention following a traumatic event like a car accident.

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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