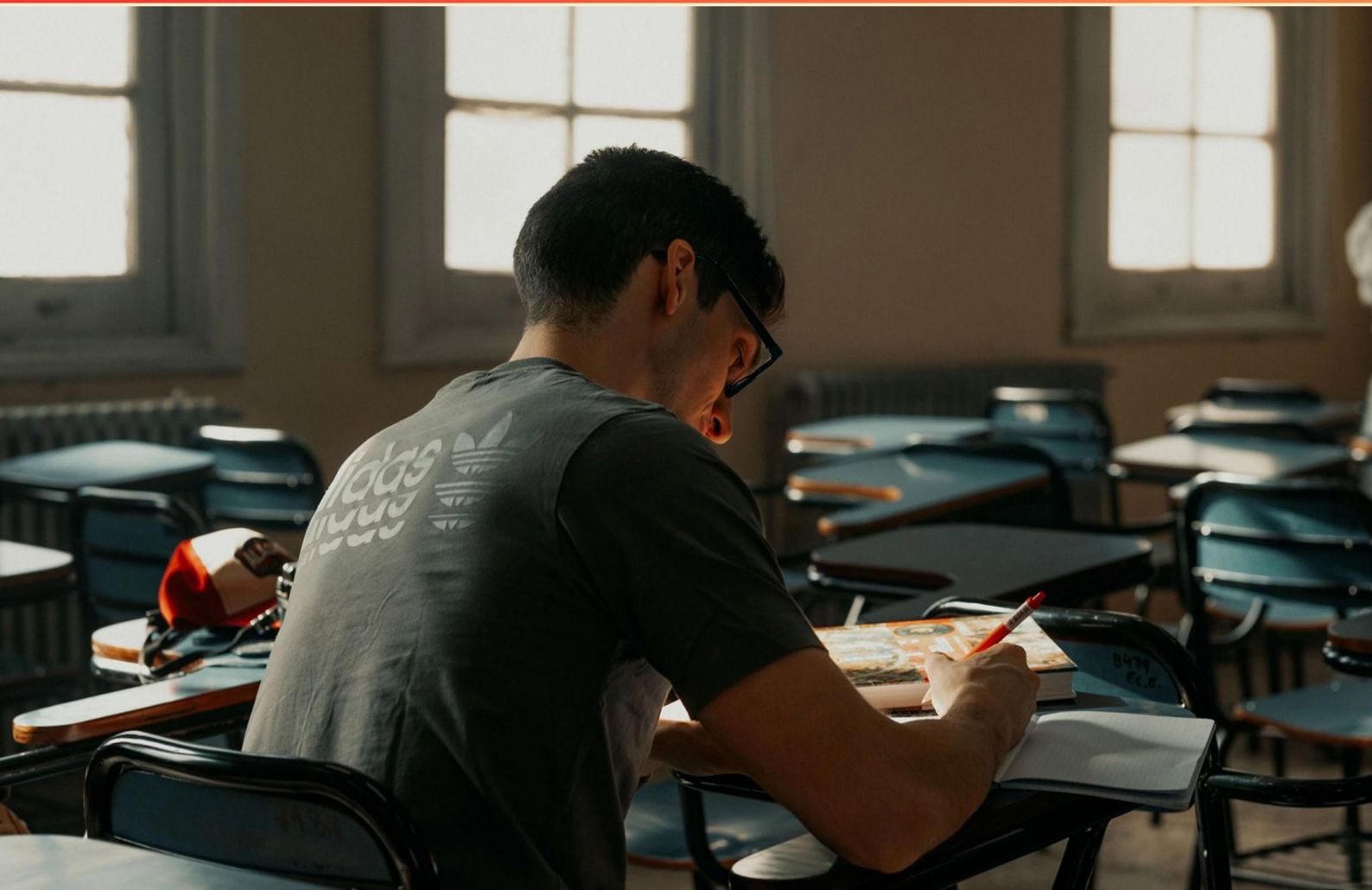


UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE) STEP 3 PRACTICE EXAM (SAMPLE) STUDY GUIDE



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. In sideroblastic anemia, what happens to the serum iron and ferritin levels?**
 - A. Both are decreased
 - B. Iron is decreased, ferritin is increased
 - C. Both are increased
 - D. Iron is increased, ferritin is decreased
- 2. What is the main limitation of ertapenem?**
 - A. It does not cover anaerobes.
 - B. It does not cover Gram-negative rods.
 - C. It does not cover pseudomonas.
 - D. It has poor consistency in treating strep infections.
- 3. Dermatographism is characterized by which of the following?**
 - A. Presence of blisters
 - B. Localized urticaria due to pressure
 - C. Severe systemic reactions
 - D. Chronic pain from skin inflammation
- 4. What is a unique characteristic of soluble transferrin receptor assay in iron deficiency evaluation?**
 - A. It measures serum iron levels
 - B. It is always low in iron deficiency
 - C. It is elevated in iron deficiency
 - D. It is used to measure transferrin saturation
- 5. In cellulitis with a penicillin allergy, what is appropriate treatment for a minor infection?**
 - A. Oral clindamycin
 - B. IV vancomycin
 - C. Oral cephalexin
 - D. IV cefazolin

- 6. What treatment is commonly used for primary HIV-associated thrombocytopenia?**
- A. Rituximab
 - B. Zidovudine (AZT)
 - C. Corticosteroids
 - D. Platelet transfusions
- 7. Which test is necessary before administering oral antibiotics for osteomyelitis?**
- A. Bone biopsy and culture
 - B. CT scan
 - C. Serum protein electrophoresis
 - D. X-ray
- 8. What do you need to assess with a contrast head CT?**
- A. Hemorrhage
 - B. Vascular malformations or tumor
 - C. Bone abnormalities
 - D. Sinus conditions
- 9. What is the causative agent of chancroid?**
- A. Streptococcus pyogenes
 - B. Hemophilus ducreyi
 - C. Neisseria gonorrhoeae
 - D. Treponema pallidum
- 10. What treatment is indicated for early localized Lyme disease with a rash?**
- A. IV ceftriaxone
 - B. Doxycycline
 - C. Clarithromycin
 - D. Amphotericin B

Answers

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

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Explanations

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1. In sideroblastic anemia, what happens to the serum iron and ferritin levels?

- A. Both are decreased
- B. Iron is decreased, ferritin is increased
- C. Both are increased**
- D. Iron is increased, ferritin is decreased

In sideroblastic anemia, there is a defect in the incorporation of iron into heme, leading to an accumulation of iron in the erythrocyte precursors. This is a result of impaired hemoglobin synthesis, despite the presence of adequate or even elevated iron stores. Due to the body's inability to utilize iron effectively for hemoglobin production, serum iron levels are typically increased as the iron remains in circulation rather than being utilized for erythropoiesis. Additionally, ferritin levels, which reflect the body's iron stores, are also elevated because the body is essentially "storing" excess iron that cannot be used due to the defect in hemoglobin synthesis. Thus, both serum iron and ferritin levels are increased in sideroblastic anemia, reflecting the accumulation of iron in the body alongside the iron utilization defect. This understanding is crucial for correctly diagnosing and managing patients with sideroblastic anemia, which can be associated with other conditions such as alcohol use, certain medications, and lead exposure.

2. What is the main limitation of ertapenem?

- A. It does not cover anaerobes.
- B. It does not cover Gram-negative rods.
- C. It does not cover pseudomonas.**
- D. It has poor consistency in treating strep infections.

*Ertapenem is a broad-spectrum carbapenem antibiotic known for its effectiveness against a variety of bacteria, but it has a notable limitation in that it does not provide coverage against *Pseudomonas aeruginosa*. This is significant because *Pseudomonas* is a common pathogen, particularly in neutropenic patients, those with cystic fibrosis, or patients with hospital-acquired infections. The inability to treat infections caused by *Pseudomonas* can limit the use of ertapenem in certain clinical scenarios where this organism is a possible causative agent. The other options reflect common misconceptions regarding the spectrum of activity of ertapenem. For example, while it is known to cover anaerobes such as *Bacteroides* species, it also effectively covers a variety of gram-negative rods besides *Pseudomonas*. Additionally, ertapenem has shown good activity against *Streptococcus* species, making it suitable for infections caused by these organisms. Thus, the main limitation centers on its lack of efficacy against *Pseudomonas*, which can often guide a clinician's choice of antibiotic therapy in appropriate clinical settings.*

3. Dermatographism is characterized by which of the following?

- A. Presence of blisters
- B. Localized urticaria due to pressure**
- C. Severe systemic reactions
- D. Chronic pain from skin inflammation

Dermatographism is a type of physical urticaria, which is a condition that occurs when the skin is stroked or scratched, leading to localized swelling and hives in the affected area. The characteristic feature of dermatographism is that it triggers urticaria (hives) in response to mechanical pressure or minor trauma to the skin. When the skin is stimulated, it causes mast cells to release histamine and other chemicals, resulting in localized inflammation and redness. This can appear as raised welts or wheals on the skin that correspond to the area that was scratched or pressed, which is often transient and resolves quickly after the stimulus is removed. The other options do not accurately describe dermatographism. The presence of blisters is not typical of dermatographism; rather, the reaction is primarily hives. Severe systemic reactions, such as anaphylaxis, are not associated with dermatographism, as this condition is generally localized and not life-threatening. Chronic pain from skin inflammation is also not a hallmark of dermatographism, which primarily manifests as itching and wheals rather than persistent pain. Therefore, localized urticaria due to pressure accurately captures the essence of dermatographism.

4. What is a unique characteristic of soluble transferrin receptor assay in iron deficiency evaluation?

- A. It measures serum iron levels
- B. It is always low in iron deficiency
- C. It is elevated in iron deficiency**
- D. It is used to measure transferrin saturation

The soluble transferrin receptor (sTfR) assay is a specific diagnostic test used in the evaluation of iron deficiency anemia. A unique characteristic of the sTfR assay is that it is elevated in cases of iron deficiency. When iron stores are depleted, the body increases the production of transferrin receptors to enhance iron uptake from the bloodstream, resulting in higher levels of soluble transferrin receptors in the serum. This elevation occurs irrespective of inflammatory conditions, making the sTfR a reliable marker in distinguishing iron deficiency anemia from anemia of chronic disease, where transferrin receptors may not be elevated due to inflammation. Other tests, such as serum iron or transferrin saturation, primarily focus on the iron available in circulation or the binding capacity of transferrin but can be influenced by factors like acute illness or inflammation, potentially leading to misleading results. The sTfR level serves as a more direct indicator of iron status, particularly in the context of anemia, thus making it significant for diagnosing iron deficiency.

5. In cellulitis with a penicillin allergy, what is appropriate treatment for a minor infection?

- A. Oral clindamycin**
- B. IV vancomycin
- C. Oral cephalexin
- D. IV cefazolin

*In cases of cellulitis where a patient has a known penicillin allergy, the treatment options need to be carefully chosen to ensure effectiveness while avoiding allergic reactions. Oral clindamycin is an appropriate treatment for minor infections in this scenario because it has good coverage for the common pathogens responsible for cellulitis, which often include *Streptococcus* and *Staphylococcus* species. Clindamycin not only effectively targets these bacteria but also has the added benefit of being able to be given orally for outpatient management, making it convenient for a minor infection. This is particularly relevant for patients who might not require hospitalization or intravenous therapy. In contrast, IV vancomycin, while effective for more severe infections and resistant organisms, is generally reserved for cases where there is a higher concern for methicillin-resistant *Staphylococcus aureus* (MRSA) and where an intravenous route is warranted. Oral cephalexin, a first-generation cephalosporin, is typically contraindicated in patients with a penicillin allergy due to potential cross-reactivity. IV cefazolin shares similar concerns as it is a beta-lactam antibiotic and thus may trigger allergic reactions in susceptible individuals. Therefore, clindamycin stands out as the safest and most suitable option for treating*

6. What treatment is commonly used for primary HIV-associated thrombocytopenia?

- A. Rituximab
- B. Zidovudine (AZT)**
- C. Corticosteroids
- D. Platelet transfusions

Zidovudine (AZT) is commonly used in the management of primary HIV-associated thrombocytopenia because it serves a dual purpose: it not only treats the HIV infection itself but also has been shown to contribute to the improvement of platelet counts in some patients. In the context of HIV-related immune thrombocytopenia, the underlying mechanism is often due to viral replication and immune-mediated destruction of platelets. By effectively suppressing viral load, zidovudine can help restore normal platelet production and survival. While other treatments might be considered for thrombocytopenia from different causes, zidovudine addresses both the HIV infection and its associated hematological complications, making it a preferred choice in this situation. The use of zidovudine may lead to a decrease in the immunologic effects that contribute to thrombocytopenia, thus improving the overall condition of the patient. Other options, such as rituximab and corticosteroids, may be utilized in different contexts of thrombocytopenia but are not first-line treatments specifically for HIV-associated thrombocytopenia. Platelet transfusions are generally reserved for acute situations where immediate hemostatic improvement is needed and do not address the underlying viral cause of the thrombocytopenia

7. Which test is necessary before administering oral antibiotics for osteomyelitis?

- A. Bone biopsy and culture**
- B. CT scan
- C. Serum protein electrophoresis
- D. X-ray

For the management of osteomyelitis, obtaining a definitive diagnosis is crucial. A bone biopsy and culture is necessary before initiating oral antibiotics. This procedure allows for the identification of the specific pathogen causing the infection, which is essential for guiding appropriate antibiotic therapy. Culture results help ensure that the prescribed antibiotics are effective against the identified organism, minimizing the risk of treatment failure or complications due to inadequate coverage. In cases of osteomyelitis, imaging studies such as CT scans or X-rays may be useful for assessing the extent of the infection or evaluating changes in bone structure, but they do not provide definitive information about the causative organism. Serum protein electrophoresis is unrelated to the diagnosis or treatment of osteomyelitis and does not play a role in guiding antibiotic therapy. Therefore, while imaging can support the diagnosis, the confirmation through a bone biopsy and culture is necessary to tailor the treatment effectively.

8. What do you need to assess with a contrast head CT?

- A. Hemorrhage
- B. Vascular malformations or tumor**
- C. Bone abnormalities
- D. Sinus conditions

When considering what needs to be assessed with a contrast-enhanced head CT, identifying vascular malformations or tumors is paramount. Contrast material enhances the visibility of certain structures in the brain by providing a clear distinction between tissues that may have similar densities. In the case of tumors, contrast helps to delineate the borders of the tumor from surrounding brain tissue, allowing for a better assessment of its size, extent, and potential involvement of surrounding structures. Additionally, vascular malformations, such as arteriovenous malformations (AVMs) or aneurysms, are better visualized with contrast as it highlights abnormal blood vessels that may not be as apparent on a non-contrast scan. This capacity to enhance vascular and tumor-related structures sets contrast CT apart from other imaging methods, particularly when evaluating suspected intracranial lesions. The other options, while relevant in different contexts, do not necessitate the use of contrast for optimal assessment; for example, bone abnormalities are typically evaluated with non-contrast imaging or dedicated bone studies, and sinus conditions can often be assessed adequately with non-contrast CT focused on the sinuses and surrounding soft tissue without enhancement.

9. What is the causative agent of chancroid?

- A. Streptococcus pyogenes
- B. Hemophilus ducreyi**
- C. Neisseria gonorrhoeae
- D. Treponema pallidum

Chancroid is a sexually transmitted infection characterized by painful ulcerations on the genitalia, and the causative agent is *Hemophilus ducreyi*. This bacterium is a small, gram-negative rod that primarily infects the genital area and is known for causing ulcerating lesions, which can significantly contribute to the transmission of other sexually transmitted infections, including HIV. The unique features of *H. ducreyi* include its requirement for specific growth factors, and it often needs to be cultured under special conditions in a laboratory setting. Effective treatment options typically include antibiotics such as azithromycin or ceftriaxone, which are capable of clearing the infection. The other options listed, such as *Streptococcus pyogenes*, *Neisseria gonorrhoeae*, and *Treponema pallidum*, are associated with different types of infections. *Streptococcus pyogenes* is primarily known for causing strep throat and skin infections, *Neisseria gonorrhoeae* is responsible for gonorrhea, and *Treponema pallidum* is the causative agent of syphilis. Each of these pathogens differs significantly in clinical presentation and treatment protocols from *H. ducreyi*.

10. What treatment is indicated for early localized Lyme disease with a rash?

- A. IV ceftriaxone
- B. Doxycycline**
- C. Clarithromycin
- D. Amphotericin B

In cases of early localized Lyme disease, characterized by the presence of erythema migrans (the characteristic rash), doxycycline is the preferred treatment. This antibiotic is effective against *Borrelia burgdorferi*, the spirochete responsible for Lyme disease. Doxycycline not only targets this organism effectively but is also well-tolerated and has a convenient oral formulation, making it ideal for outpatient treatment. The use of doxycycline in early Lyme disease is supported by guidelines, which recommend it for patients who are older than 8 years and not pregnant. Doxycycline also offers the added benefit of treating potential co-infections that might be present, such as those from other tick-borne pathogens. The other treatment options are not suitable for early localized Lyme disease. Intravenous ceftriaxone is typically reserved for more severe manifestations of Lyme disease, such as neurologic or cardiac involvement. Clarithromycin, while it is an antibiotic, is not effective against *Borrelia* species and is not recommended for Lyme disease treatment. Amphotericin B is an antifungal medication and is irrelevant in the context of a bacterial infection like Lyme disease. Thus, doxycycline is the most appropriate choice for treating early localized Lyme disease with a rash.

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://usmlestep3.examzify.com>

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

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