

UWorld Internal Medicine 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. In the evaluation of acute glomerulonephritis, which lab finding is most commonly associated with post-streptococcal glomerulonephritis?**
 - A. Normal serum creatinine levels**
 - B. Low serum C3 levels**
 - C. High serum potassium levels**
 - D. Elevated BUN with normal creatinine levels**

- 2. What is the most likely diagnosis for a patient with chronic low back pain, trace lower extremity edema, elevated serum creatinine, and bilateral shrunken kidneys who has been taking NSAIDs daily?**
 - A. Chronic interstitial nephritis**
 - B. Chronic pyelonephritis**
 - C. Focal segmental glomerular sclerosis**
 - D. Ischemic tubular necrosis**

- 3. For a patient with poorly controlled hypertension whose follow-up is infrequent, what is the best initial management step?**
 - A. Add Chlorthalidone to her medication regimen**
 - B. Reinforce education about hypertension and treatment goals**
 - C. Admit for inpatient management**
 - D. Order diagnostic tests for secondary causes of hypertension**

- 4. What is the likely cause of erectile dysfunction in a patient experiencing stress at work?**
 - A. Advancing age**
 - B. Antidepressant-induced side effect**
 - C. Psychological distress**
 - D. Vascular insufficiency**

- 5. What finding on a chest X-ray is consistent with interstitial fibrosis in a patient with dyspnea and clubbing?**
 - A. Emphysema**
 - B. Increased reticular markings**
 - C. Consolidation**
 - D. Cardiomegaly**

- 6. What are common symptoms of adrenal insufficiency (Addison's disease)?**
- A. Severe headaches**
 - B. Fatigue, weight loss, and hyperpigmentation**
 - C. Nausea and vomiting**
 - D. Joint pain and swelling**
- 7. What is the main treatment strategy for acute gastroenteritis?**
- A. Antibiotics**
 - B. Supportive care**
 - C. Surgery**
 - D. Anti-nausea medication**
- 8. What is the most common complication of advanced diabetic retinopathy?**
- A. Glaucoma**
 - B. Retinal detachment**
 - C. Cataracts**
 - D. Macular degeneration**
- 9. What is the characteristic psoriasis appearance on the skin?**
- A. Silvery plaques on erythematous skin**
 - B. Red, raised bumps with silvery scales**
 - C. Dry, cracked skin without inflammation**
 - D. Small blisters that ooze**
- 10. Which imaging study is preferred to assess gallbladder disease?**
- A. CT scan of the abdomen**
 - B. Ultrasound of the abdomen**
 - C. X-ray of the abdomen**
 - D. MRI of the abdomen**

Answers

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

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Explanations

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1. In the evaluation of acute glomerulonephritis, which lab finding is most commonly associated with post-streptococcal glomerulonephritis?

A. Normal serum creatinine levels

B. Low serum C3 levels

C. High serum potassium levels

D. Elevated BUN with normal creatinine levels

In post-streptococcal glomerulonephritis, the lab finding most commonly associated with the condition is low serum C3 levels. This occurs due to the consumption of complement as part of the immune response to the infection. Streptococcal infections can lead to the deposition of immune complexes in the glomeruli, triggering complement activation. Specifically, the complement pathway is activated, leading to a decrease in the serum levels of complement components, including C3. Low serum C3 levels can help differentiate post-streptococcal glomerulonephritis from other forms of glomerulonephritis, as this specific finding indicates ongoing complement consumption linked to the infection. It is important to note that while other factors can affect kidney function and serum levels after infection, the hallmark of post-streptococcal glomerulonephritis prominently features this low level of complement.

2. What is the most likely diagnosis for a patient with chronic low back pain, trace lower extremity edema, elevated serum creatinine, and bilateral shrunken kidneys who has been taking NSAIDs daily?

A. Chronic interstitial nephritis

B. Chronic pyelonephritis

C. Focal segmental glomerular sclerosis

D. Ischemic tubular necrosis

In this scenario, the patient presents with chronic low back pain, trace lower extremity edema, elevated serum creatinine, and bilateral shrunken kidneys, in the context of daily NSAID use. The symptoms and laboratory findings point toward chronic interstitial nephritis as the most likely diagnosis. Chronic interstitial nephritis is characterized by renal damage due to inflammation and fibrosis in the interstitial space, typically caused by long-term exposure to nephrotoxins such as NSAIDs. The patient's elevated serum creatinine indicates impaired kidney function, while the presence of shrunken kidneys suggests a long-standing process of kidney damage, which is consistent with chronic interstitial nephritis. Edema can be a consequence of kidney dysfunction, leading to fluid retention. The history of frequent NSAID use aligns with the known side effects of these medications. NSAIDs can induce renal ischemia by inhibiting prostaglandin synthesis, which is essential for maintaining glomerular perfusion, especially in patients with existing risk factors for kidney damage. Other conditions such as chronic pyelonephritis, focal segmental glomerular sclerosis, or ischemic tubular necrosis could present with some similar findings, but they do not match as closely with the chronic nature of this patient's

3. For a patient with poorly controlled hypertension whose follow-up is infrequent, what is the best initial management step?

A. Add Chlorthalidone to her medication regimen

B. Reinforce education about hypertension and treatment goals

C. Admit for inpatient management

D. Order diagnostic tests for secondary causes of hypertension

The best initial management step for a patient with poorly controlled hypertension and infrequent follow-up is to reinforce education about hypertension and treatment goals. This approach is crucial in ensuring that the patient understands their condition and the importance of adhering to prescribed medications and lifestyle modifications. Education can empower the patient to take an active role in managing their health, which is particularly important in chronic conditions like hypertension. Providing educational reinforcement can also address common misconceptions about hypertension, the importance of regular follow-ups, and the potential consequences of uncontrolled blood pressure. The aim is to improve medication adherence, encourage lifestyle changes (such as dietary modifications and increased physical activity), and ensure the patient understands the importance of regular monitoring of blood pressure. In outpatient settings, especially with patients who have infrequent follow-up, establishing a strong educational foundation can lead to better long-term management of hypertension. It sets the stage for further interventions or adjustments to therapy as needed in future visits. This supportive approach is essential before considering more intensive management options.

4. What is the likely cause of erectile dysfunction in a patient experiencing stress at work?

A. Advancing age

B. Antidepressant-induced side effect

C. Psychological distress

D. Vascular insufficiency

Erectile dysfunction in the context of significant stress at work is most likely attributed to psychological distress. Psychological factors play a critical role in sexual function, and stress is a common contributor to temporary erectile dysfunction. Situational stress can lead to anxiety, reduced desire, and impaired physiological responses that are necessary for achieving and maintaining an erection. In this scenario, work-related stress can create both emotional and cognitive distractions, initiating a cycle where the stress and anxiety about sexual performance can further exacerbate erectile dysfunction. This relationship underscores the importance of mental health in sexual health and functioning. While advancing age, certain medications like antidepressants, or vascular insufficiency could contribute to erectile dysfunction, in the presence of specific situational stress, psychological distress is the most relevant and immediate factor affecting the individual's sexual performance. Understanding that stress and psychological well-being can directly impact erectile function is crucial for both diagnosis and treatment considerations in such cases.

5. What finding on a chest X-ray is consistent with interstitial fibrosis in a patient with dyspnea and clubbing?

- A. Emphysema**
- B. Increased reticular markings**
- C. Consolidation**
- D. Cardiomegaly**

The finding consistent with interstitial fibrosis on a chest X-ray is increased reticular markings. Interstitial fibrosis, often seen in conditions like idiopathic pulmonary fibrosis or other interstitial lung diseases, results from thickening and scarring of the lung interstitium. This pathological change leads to a specific pattern of lung opacity on imaging, characterized by a fine reticular (net-like) appearance. As the fibrosis progresses, these reticular markings can become more prominent and may be associated with a honeycombing pattern in advanced stages. The presence of dyspnea and clubbing further supports the diagnosis of a chronic lung process that typically manifests in this way on imaging. In contrast, emphysema would show hyperinflation of the lungs and a decrease in vascular markings. Consolidation would present as localized opacities rather than the diffuse pattern seen in interstitial fibrosis. Cardiomegaly would indicate heart enlargement related to various cardiac conditions but does not directly indicate the presence of lung fibrosis. Thus, increased reticular markings is the key radiographic feature that aligns with interstitial fibrosis in this clinical context.

6. What are common symptoms of adrenal insufficiency (Addison's disease)?

- A. Severe headaches**
- B. Fatigue, weight loss, and hyperpigmentation**
- C. Nausea and vomiting**
- D. Joint pain and swelling**

Fatigue, weight loss, and hyperpigmentation are hallmark symptoms of adrenal insufficiency, also known as Addison's disease. This condition occurs due to insufficient production of adrenal hormones, particularly cortisol and, in some cases, aldosterone. Fatigue is often present because cortisol plays a crucial role in energy metabolism and maintaining homeostasis during stress. When cortisol levels are low, individuals commonly experience a persistent sense of tiredness or lethargy. Weight loss can occur as a result of a decreased appetite and the body's inability to utilize energy effectively due to hormonal deficiencies. Hyperpigmentation, or darkening of certain areas of the skin, is specifically associated with Addison's disease due to elevated levels of adrenocorticotropic hormone (ACTH) in response to low cortisol levels. ACTH can stimulate melanocytes, leading to increased pigmentation. The other options listed, while they may occur in various conditions, are not the primary indicators of adrenal insufficiency. Severe headaches can be associated with many other clinical conditions but are not specifically linked to Addison's disease. Nausea and vomiting are common symptoms in a variety of gastrointestinal disorders or acute adrenal crises rather than chronic adrenal insufficiency. Joint pain and swelling can occur in autoimmune conditions but are not typical of

7. What is the main treatment strategy for acute gastroenteritis?

- A. Antibiotics**
- B. Supportive care**
- C. Surgery**
- D. Anti-nausea medication**

The main treatment strategy for acute gastroenteritis is supportive care. This approach focuses on managing symptoms and preventing dehydration, which is a common complication of the condition. Supportive care typically includes encouraging fluid intake to replace lost electrolytes and fluids due to diarrhea and vomiting. Oral rehydration solutions may be recommended for rehydration, and in severe cases, intravenous fluids may be necessary. In most instances of acute gastroenteritis, particularly those caused by viral infections, antibiotics are not effective and can even be harmful. Therefore, supportive care is the cornerstone of treatment, as it addresses the immediate needs of the patient without compromising their health further. Other measures within supportive care may include dietary modifications and gradually reintroducing a bland diet as symptoms improve. Overall, focusing on rehydration and supportive measures ensures that patients recover effectively while minimizing the risks associated with the illness.

8. What is the most common complication of advanced diabetic retinopathy?

- A. Glaucoma**
- B. Retinal detachment**
- C. Cataracts**
- D. Macular degeneration**

The most common complication of advanced diabetic retinopathy is retinal detachment. This condition arises due to the proliferation of abnormal blood vessels (neovascularization) in the retina, which can lead to the growth of fibrous tissue that can traction on the retinal surface. As diabetic retinopathy progresses, the likelihood of developing complications such as retinal detachment increases, particularly in the advanced stages where there is significant neovascularization and potential for hemorrhage. Retinal detachment can result in severe vision loss if not treated promptly, underscoring the importance of early detection and management of diabetic retinopathy in patients with diabetes. Regular eye examinations are crucial for these patients to monitor for signs of progression to advanced stages where complications like retinal detachment may occur. While glaucoma, cataracts, and macular degeneration can also affect individuals with diabetes, they are not as directly associated with advanced diabetic retinopathy as retinal detachment is. Thus, retinal detachment stands out as the most common and concerning complication in this context.

9. What is the characteristic psoriasis appearance on the skin?

- A. Silvery plaques on erythematous skin**
- B. Red, raised bumps with silvery scales**
- C. Dry, cracked skin without inflammation**
- D. Small blisters that ooze**

The characteristic appearance of psoriasis on the skin is typically described as silvery plaques on erythematous skin. This specific presentation arises from the autoimmune nature of psoriasis, where there is rapid proliferation of skin cells leading to the buildup of thickened areas. The plaques are usually well-demarcated and commonly found on areas such as the elbows, knees, and scalp. The silvery quality of the plaques is due to the accumulation of dead skin cells that do not shed normally, creating a thick, scaly surface atop the inflamed, red skin underneath. This inflammation is part of the pathophysiological process of psoriasis, contributing to the erythema associated with the lesions. Descriptions that include red, raised bumps with silvery scales can refer to other skin conditions, and while dry, cracked skin without inflammation or small blisters that ooze does not accurately reflect the inflammatory process typical in psoriasis, the combination of silvery plaques and erythematous skin is distinctive and serves as a hallmark of this condition.

10. Which imaging study is preferred to assess gallbladder disease?

- A. CT scan of the abdomen**
- B. Ultrasound of the abdomen**
- C. X-ray of the abdomen**
- D. MRI of the abdomen**

Ultrasound of the abdomen is the preferred imaging study to assess gallbladder disease due to its high sensitivity in detecting gallstones and gallbladder inflammation. Ultrasound is a non-invasive, widely available, and cost-effective modality that does not involve ionizing radiation, making it particularly valuable for patients in various settings, including pregnant women. It can effectively visualize gallstones, evaluate the gallbladder wall for signs of inflammation, and detect complications such as cholecystitis or gallbladder distension. In cases where ultrasound results are inconclusive or if further evaluation of biliary pathology is required, other imaging techniques may be used, but they are not the first-line choice for gallbladder assessment. For example, a CT scan is more useful in assessing complications or diseases of the surrounding organs but is not as effective in specifically identifying gallstones. Similarly, X-ray is limited in its ability to visualize soft tissues and is not typically used for gallbladder disease evaluation. MRI may provide detailed images and is employed in certain scenarios, such as assessing bile duct obstruction, but it is more expensive and less accessible than ultrasound for initial gallbladder assessment.

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://uworldinternalmed.examzify.com>

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

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