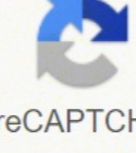


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1. C – Ruptured spleen because of the anemia and referred pain to the shoulder
2. B – LMWH (we think) because it's a chronic DVT and normal heparin/thrombolytics would cause bleeding in the case
3. D – $4\text{mL} \times \% \text{burn} \times \text{weight}(\text{kg}) = 15\text{L}$ of fluids
4. D – Charcot's triad (fever/jaundice/abd pain) and septic shock (part of Reynolds pentad)
5. D – biopsy based on the presence of calcifications only would probably require needle localization
6. E – Hyperkalemia would probably warrant correction prior to elective surgery
7. D – SCC is most commonly the cause of humoral hypercalcemia of malignancy in lung CA
8. C – This question was poorly worded because I would expect someone with prior kidney transplant to be sufficiently immunosuppressed on 3 agents but the question is asking about acute rejection (based on timing) and the mechanism of that rather than what is going on with this patient. D would be hyperacute rejection.
9. G – Most common artery in nosebleeds
10. E – Gross hematuria. Casts are more likely kidney disease than ureteral disease.
11. B – Femoral hernia because its medial to the femoral vein and she has the right demographics/symptoms
12. G – sliding hiatal hernia because of the GERD history
13. D – only gram negative rod choice
14. D – Charcot joint from diabetic neuropathy
15. B – Gas gangrene
16. A – ABIs first then arteriography
17. E – I really wanted this to be a neuroblastoma because they are common in kids and can secrete biogenic amines but VIPoma fits too I suppose probably because its in the pancreas which would be odd for a neuroblastoma. Interestingly some neuroblastomas secrete VIP too...
18. E – Compartment syndrome. The tissue is tense with severe pain. Neurovascular components can be intact
19. D – Probably rebound hypocalcemia due to high calcitonin preoperatively
20. A – Want to rule out damage to the aorta, patient is stable, etc
21. C – Petechiae and agitation after a long bone fracture
22. A – Laceration of middle meningeal artery in temporal bone fracture
23. B – Guy should be holding a sign that says "heart attack"
24. C – Very cool vignette. Atrial myxomas cause diastolic murmurs because they obstruct the mitral valve in diastole. Changing positions causes the tumor (which is usually on a pedicle) to stop obstructing the valve.
25. A – Avascular necrosis or Legg-Calve-Perthes syndrome
26. B – Lots of distracters to make you look for a cardiac etiology (NSR so not A fib) but carotid artery disease can cause TIAs too.
27. D – FAP almost always results in colon cancer if prophylactic colectomy is not performed
28. D – Different from 25 in that the epiphysis came off the bone
29. E – This lady has had life-threatening complications of obesity so she needs bypass
30. E – water soluble contrast is OK but avoid barium if esophageal damage is suspected
31. I – anesthesia below the nipples (T4) so she probably has bony mets there
32. D – ITP diagnosis is most likely
33. B – Awesome question. AV fistulas can cause high output heart failure because the blood takes the path of least resistance into the venous system.
34. E – supportive care for pancreatitis
35. C – CMV causes cellular inclusions and bloody diarrhea in immunosuppressed patients
36. C – Chylous ascites should always prompt a search for malignancy obstructing lymphatic flow
37. A – possible kidney laceration or damage
38. G – Hutchinson's sign is pigmentation under the nailbed and the cuticle. It is CLASSIC for melanoma.
39. C – Upper GI bleed, hemodynamically unstable
40. E – Mass that cannot be transilluminated is cancer until proven otherwise
41. A – You can take things out in surgery that might kill the patient if you don't because of implied consent
42. E – Signs of pleural effusion
43. H – Low P-to-F in likely ARDS, needs his PEEP bumped
44. E – I&D because its visible, otherwise it might need to be explored surgically
45. E – Signs of peritonitis
46. E – Activation of RAAS from renal artery stenosis, end product is aldosterone. If D had said RIGHT renal vein, that would be the answer.
47. B – Some people develop obstruction after being cath'd. The mass is most likely the bladder.
48. A – Normal Na/low K in a hypertensive lady
49. F – Ovarian adenocarcinoma causing peritoneal mets and omental caking
50. D – HIT can happen a week or so after getting heparin. Very tricky question because cholesterol embolus syndrome causes digit ischemia VERY commonly after intravascular procedures but doesn't account for the low platelets.



Does anyone have link to family medicine one? Thank you in advance.
Does anyone know where I can find the answers to family med form 2?

Family Medicine Form 1: The ones I got wrong. If it helps to put the correct answer below the image, I have not gone over them.

3. An 11-year-old boy is brought to the physician because of a 3-day history of nasal congestion and mild sore throat; he has coughing and sneezing productive of green mucus. He has not had fever or ear pain. He has had no sick contacts. His temperature is 37.0°C (98.6°F), and pulse is 94/min and regular. Examination shows clear and moist tympanic membranes. The tonsils are mildly enlarged and erythematous; there is no exudate. There is postnasal drainage in the posterior pharynx and copious yellow-green nasal drainage. The lungs are clear to auscultation. Heart sounds are normal. Which of the following is the most appropriate next step in management?
 - A) Provide symptomatic care only
 - B) Recommend sinus lavage in the clinic
 - **C) Culture of the nasal discharge**
 - D) X-ray of the sinuses
 - E) Antiviral therapy
 - F) Broad-spectrum antibiotic therapy
4. A 57-year-old man comes to the physician because of a 6-month history of cough productive of gray to light yellow sputum, shortness of breath on exertion, and occasional wheezing. He has not had chest pain. He has smoked one and a half packs of cigarettes daily for 38 years. His pulse is 78/min, respirations are 20/min, and blood pressure is 140/88 mm Hg. Breath sounds are decreased; occasional wheezing and fine scattered crackles are heard. Cardiac examination shows normal findings. There is trace pedal edema with no jugular venous distention or hepatogastric reflux. Laboratory findings are within the reference range except for a hemoglobin concentration of 17.6 g/dL. An x-ray of the chest shows **retained diaphragms**. An ECG shows right axis deviation. Which of the following is the most appropriate next step in management?
 - **A) Recommend participation in a smoking cessation program**
 - B) Inhaled cromolyn therapy
 - C) Inhaled fluticasone therapy
 - D) Oral amoxicillin therapy
5. An asymptomatic 27-year-old woman comes for a routine health maintenance examination. She works as a lawyer. Her temperature is 37.2°C (98.9°F), pulse is 90/min, respirations are 16/min, and blood pressure is 144/82 mm Hg. Serum studies show a thyroxine (T₄) concentration of 14 µg/dL, a triiodothyronine (T₃) concentration of 2.0 ng/dL, and a thyroid-stimulating hormone concentration of 0.1 µIU/mL. A radioactive iodine scan shows increased uptake and a diffusely enlarged gland. Which of the following is the most likely cause of this patient's findings?
 - A) Acute suppurative thyroiditis
 - B) Chronic lymphocytic thyroiditis (Hashimoto disease)
 - C) Drug-induced hypothyroidism
 - D) Euthyroid sick syndrome
 - E) Exogenous administration of thyroid hormone
 - F) Hyperthyroidism
 - G) Multiple endocrine neoplasia syndrome
 - H) Subacute thyroiditis
 - I) Thyroid cancer
6. An asymptomatic 42-year-old man with a 1-month history of essential hypertension comes for a follow-up examination. He has been moderately obese for 20 years and follows a high-calorie, high-fat diet. He drinks four to five cups of coffee daily. He has smoked one pack of cigarettes daily for 20 years. He drinks one beer at dinner almost daily. He has a sedentary lifestyle. He is 175 cm (5 ft 9 in) tall and weighs 100 kg (220 lb); BMI is 33 kg/m². His pulse is 78/min, and blood pressure is 148/94 mm Hg. Examination shows no other abnormalities. Which of the following is the most effective method to decrease his blood pressure?
 - A) Abstinence from alcohol
 - **B) Abstinence from coffee**
 - C) Smoking cessation
 - D) Weight loss of 9 kg (20 lb)
 - E) Biofeedback
 - F) Vitamin E supplementation

D

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