



Internal medicine exam

Doctor 2020

Special thanks to 

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GI

1. Which of the following is not a part of Child-pugh score?

- A. Albumin
- B. Esophageal varices
- C. Ascites
- D. Encephalopathy
- E. Prothrombin time

Ans: B

2. A 71-year-old man presents with a 2 year history of intermittent problems with swallowing. His wife has also noticed that he has halitosis and coughs at night. His medical history is significant for type 2 diabetes Mellitus. He has good appetite and his weight has been stable. Clinical examination is unremarkable. What is the most likely etiology for his swallowing problems?

- a. Achalasia
- b. Zenker's diverticulum
- c. esophageal Candidiasis
- d. esophageal peptic stricture
- e. esophageal adenocarcinoma

Ans:B

3. Patient presented with lower abdominal pain and intermittent loose stools,she reported slight improvement of pain after defecation,she denied arthralgia,eye pain,(and other extraintestinal sx, can't remember), colonoscopy revealed erythema and ulcerations in the ascending colon,descending colon,sigmoid colon, sparing the transverse colon and rectum,and with cobblestone appearance,what is the diagnosis:

- A. ulcerative colitis
- B. Crohn's disease

Ans: B

4. which of the following is associated with increasing severity of IBD:

- A. PSC
- B. Uveitis
- C. Erythema nodosum
- D. pyoderma gangrenosum
- E. sacroilitis

Ans: c

5.Not associated with a fat malabsorption:

- A. Chronic pancreatitis
- B. Cystic fibrosis
- C. Plummer Vinson syndrome
- D. Pancreatic cancer

E. Zollinger- Ellison

Ans:C

6. a 44-year-old man with cirrhosis due to chronic HCV infection presents to the clinic with new progressive abdominal distension and weight gain. On physical examination the abdomen is symmetrically distended, with positive shifting dullness and fluid thrill. There is no tenderness on superficial or deep palpation. You suspect that he has developed ascites, which of the following statements is true regarding ascites?

- a. Fluid restriction is a standard part of ascites management
- b. Diagnostic paracentesis is not indicated for this patient
- c. Increased angiotensin II secretion is part of the pathophysiology
- d. Cirrhotic ascites forms as a result of increased fenestrations in hepatic sinusoid
- e. Ascites occurs at a rate of 50% per year in cirrhotics

Answer: C

7. Case: patient with sudden onset abdominal pain for 12 hours (110 bpm, 110/65 mmgh, 22 breath/min) he was cool and pale and he passed marron-like (dark) stool 3 times in the last 24 hours,pH of blood was 7.15, what is the diagnosis:

- A. Volvulus
- B. Mesenteric ischemia

Ans: mesenteric ischemia

8. In which of the following cases you advice to do Colon cancer screening with stool blood occult test:

Ans:

9. Which of the following is not a contributing factor to GERD:

- A. Decreased salivation
- B. Increased resting tone of lower esophageal sphincter
- C. Transient LES relaxations
- D. Impaired esophageal peristalsis
- E. Delayed gastric emptying

Ans: B

10. Young female patient with IDA and diarrhea (labs: normal IgG levels, normal IgA levels), what is the best initial step:

- A. Anti tissue transglutaminase IgA
- B. Anti tissue transglutaminase IgG
- C. Anti Gliadin IgA
- D. Anti Gliadin IgG

Ans: a

11. A 64 year old woman with CAD, hyperlipidemia and diabetes presented with abdominal distention and ascites. Blood showed protein 7 mg/dl and serum albumin 3.4mg/dl. Paracentesis was done and showed fluid protein 2.2mg/dl, fluid albumin 1.6mg/dl. What is the cause of her ascites?

- A. Cirrhosis
- B. Peritoneal carcinomatosis
- C. Nephrotic syndrome
- D. Congestive heart failure

Ans: A

12. Patient presented with abdominal pain and RUQ abdominal mass, he has a history of hepatitis virus infection since several years, he shows no signs of cirrhosis, serum alpha fetoprotein was 13,500, which of the following would most likely be the cause of HCC:

- A. Hepatitis A
- B. Hepatitis B
- C. Hepatitis C
- D. Hepatitis D
- E. Hepatitis E

Ans: B

13. Patient presented with abdominal distention and ascites, AST 710 ALT 520 ALP 190 bilirubin 3 Hb 18.5, diagnosis?

Ans: Budd-chiari syndrome

14. One of the following is not associated with precipitation of hepatic encephalopathy:

- A. Hyperkalemia
- B. SBP
- C. diuretic abuse
- D. GI bleeding
- E. Constipation

Ans: A

15. Pt complained of diarrhea, stool analysis found to have numerous RBCs and WBCs, what is type of diarrhea?

- A. Secretory
- B. Osmotic
- C. Inflammatory
- D. Fatty

Ans: C

Cardio

1. 78 y/o female smoker with HTN, DM hyperlipidemia and TIA, what is the CHADVASC score

- A. 1
- B. 3
- C. 5
- D. 7
- E. 9

Ans: D

2. Which of the following procedures carries the highest risk to develop endocarditis ?

- A. Mitral valve prolapse
- B. Mitral valve ring repair
- C. Severe mitral regurgitation
- D. Acquired valvular heart disease with rheumatic fever

Ans: B

3. which of the following is not associated with constrictive pericarditis?

- A. Pitting lower limb edema
- B. Hepatomegaly
- C. Pulsus alternans
- D. Increased JVP

Ans: C

4. Case: A 22 year old male patient presented with severe pulsating headache BP:190/110 mmhg in the upper limbs with weak lower extremity pulses, what is the next step:

Ans: Thoracic CT angio

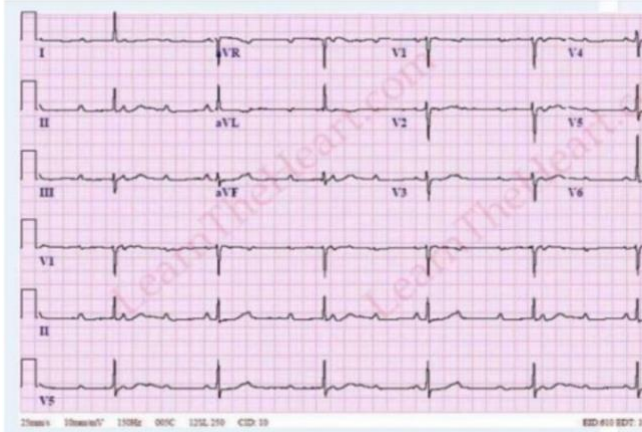
5. 59 Years old male patient who is known to have Diabetes and hypertension presented with four hours history of retrosternal chest pain associated with nausea and vomiting, his ECG is shown below. What is your diagnosis?



- A. post MI
- B. ant MI
- C. lat. MI
- D. inferoposterior MI
- E. pericarditis

Ans: B

6. 80 year old woman presented to the ER with 3 week history of dizziness and palpitations - sth like that- she was previously normal and her activity was good,according to her ECG,what is the diagnosis:



- A. sinus rhythm with PAC
- B. sinus brady
- C. a fib
- D. 2nd degree heart block
- E. 3rd degree heart block

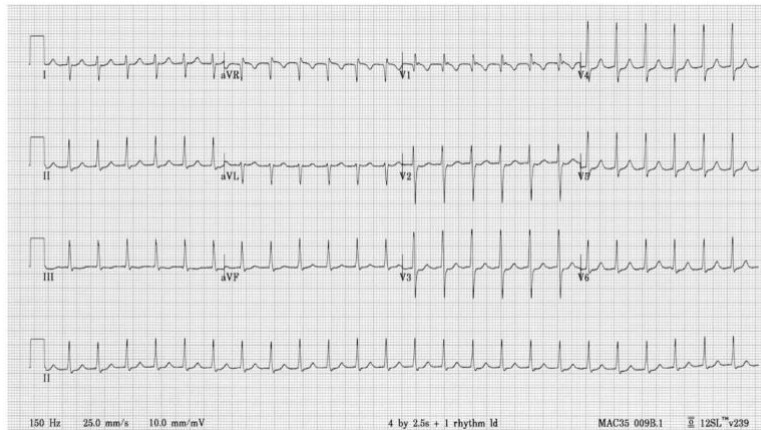
Ans: E

7. A young male patient had a holosystolic apical murmur that radiated to his left axilla after he underwent a dental extraction,an echo revealed severe mitral flial movement indicating mitral regurgitation,what is the diagnosis?

Ans:infective endocarditis

8. Patient complained of palpitations, ECG is shown below, what is the Dx?

- A. Anti-dromic AVRT
- B. Sinus Tachycardia
- C. Ventricular Tachycardia
- D. AVNRT



Ans: D

9. Which of the following indicates a plaque susceptible to rupture:

- A. thick fibrous cap
- B. abundant smooth muscles
- C. abundant inflammatory cells
- D. small lipid pool

Ans: C

10. In aortic stenosis, which of the following carries the highest 1-year mortality risk?

- A. Angina
- B. Syncope
- C. Heart failure
- D. a fib

Ans: C

11. In the definition of drug resistant hypertension, 3 drugs must have been given, which type of drugs must be included in the definition as part of them?

- A. Beta Blockers
- B. Diuretics
- C. ACEi

Ans: B

12. A 32-year-old female was noted to have mild reduction in exercise capacity over the past 6 to 12 months. On physical examination, the blood pressure is 100/70 mm Hg and the pulse is 68/min and regular. The apical impulse is not displaced. The S1 is normal. The S2 is split throughout the respiratory cycle. A grade 2/6 midsystolic murmur is noted at the second left intercostal space. Both murmurs increase with inspiration. The remaining findings on physical examination are unremarkable. An electrocardiogram demonstrates normal sinus rhythm with right axis deviation and normal intervals. Which of the following is the most likely diagnosis in this patient?

- a. Left atrial myxoma
- b. Mitral stenosis.
- c. Atrial septal defect
- d. Hypertrophic cardiomyopathy
- e. Pulmonary artery hypertension

Ans: C

13. HF patient with E_f 35, he takes Captopril, Metoprolol and furosemide which drug can be added to his prescription to reduce mortality?

- A. Losartan
- B. Digoxin
- C. Spironolactone

Ans: C

14. A patient with bilateral lower limb edema, JVP 4cm above sternum ... All can cause his condition except:

- a. Right side heart failure
- b. Cirrhosis
- c. Nephrotic
- d. Pelvic venous fibrosis

Ans: A

15. Clinical scenario with ejection click on right 2 ICS, which test is best to diagnose?
answer TTE

Rheumato

1. Which of the following is associated with poor RA prognosis?

- A. Male gender
- B. Shared epitope
- C. Multiparity
- D. Seronegativity
- E. High educational state

Ans: B

2. which of the following causes scarring alopecia in SLE patients

- A. discoid rash
- B. Acute cutaneous rash
- C. Subacute cutaneous rash
- D. Lupus panniculitis
- E. Lupus pernio

Ans: A

3. which of the following is true about gout?

- A. 20-30% of cases MTP is affected
- B. The presentation is usually monoarticular
- C. Acute attacks can be treated by allopurinol
- D. Serum uric acid is usually high during acute attacks

Ans: B

4. 25-A 68 year old male complains of pain in his knees. It is bilateral but the right knee is worse. The pain is along the joint line and is worse with weight bearing. There has been gradual worsening over the years and the pain is better at rest. He has no recollection of an injury or fall. Your exam reveals bony enlargement of the knee and crepitus. You identify no systemic features and the lab parameters are normal. What is a common clinical finding associated with his diagnosis?

- A. Prevalence increases with age
- B. Synovial fluid wbc count of 15,000
- C. Collection of urate crystals in the pre-patellar bursa
- D. Presence of rheumatoid factor
- E. Association with Raynaud's Phenomenon

Ans: A

5. case about CREST syndrome and asking about antibody:

- A. anti-Centromere Ab.
- B. Anti JO 1 AB
- C. Anti SCL70

Ans: A

6. case: young female; positive for HLA-B27, back pain with sacro-iliac tenderness bilaterally, early morning stiffness for more than 1 hour relieved by moving, x ray didn't reveal findings, what is the best next step:

- A. No need
- B. SI joint MRI

Ans: B

7. Which of the following support the diagnosis of primary raynauds:

- A. Age < 25
- B. Male gender
- C. Presence of telangiectasia
- D. pitting nails

Ans : A

8. Patient with headache and temporal tenderness and jaw claudication and other symptoms of GCA, what is the most specific symptom for diagnosis:

- A. Headache
- B. Jaw claudication
- C. temporal tenderness

Ans: C

9. A female patient with rheumatoid arthritis that is well controlled on methotrexate monotherapy presented with sudden right eye pain and redness with limbal sparing, the right eye was sensitive to light and pressure on the globe produces pain, which of the following is the most common eye finding in active RA:

- A. Conjunctivitis
- B. Scleritis
- C. Uveitis
- D. Optic neuritis

Ans: B

10. Which of the following is likely to come with negative rheumatoid factor

- A. Adult still's disease
- B. Subacute bacterial endocarditis
- C. Cryoglobulinemia
- D. Sarcoidosis
- E. Sjogren's syndrome

Ans:A

Infectious

1. Which of the following is true about brucella?

- A. brucella abortis is the most virulent species
- B. commonly transmitted from human to human
- C. G+ bacilli
- D. should be treated with antibiotics for several weeks
- E. people who work with animals should have brucella vaccine

Ans: D

2. Which antibiotic will cause arthropathy as a side effect?

Ans: levofloxacin

3. The risk of HCV infection after a needle stick injury:

- A. 0.3%
- B. 3%
- C. 30%

Ans: 3%

4. not a side effect of vancomycin:

- A. red man syndrome
- B. neutropenia
- C. phlebitis

- D. seizures
- E. nephrotoxicity

Ans: D

5. not an HIV defining illness:

- A. kaposi sarcoma
- B. TB
- C. CMV retinitis
- D. Herpes zoster

ANS: D

6. patient presented with abdominal discomfort, has 4 bowel movements of loose stool with no blood, no fever, his brother had similar symptoms 2 days ago and symptoms have resolved.. which is the most likely organism?

- A. rota
- B. noro
- C. s. aureus

Ans:norovirus

7. which is a mismatch?

- A. chlamydia... bats
- B. salmonella enteritidis... chicken
- C. pasteurella... cats
- D. cryptococcus neoformans... pigeons
- E. brucella canis ... dohs

Ans:A

8. Most sensitive sample to be tested by PCR for COVID is:

- A. sputum
- B. nasopharyngeal swab
- C. anal swab

Ans: B

9. which of the following is true regarding TB:

- A. Gram positive bacilli
- B. Intracellular organism
- C. Minimal time of treatment is of 9 months

Ans: B

10. the combination with worse nephrotoxicity
Vancomycin with amikacin

Respiratory

1. case: pregnant by IVF, lying in bed food 4 days, presented with leg swelling and SOB, she was also found to have signs of varicose veins, which of the following is a moderate risk of PE:

- A. Bed rest for 4 days
- B. Pregnancy
- C. IVF
- D. Varicose veins

Ans: IVF

2. case: smoker, sob, prolonged expiratory time, end expiratory wheezes, basal inspiratory crackles, FEV1/FVC 73% (Normal >70%) on spirometry, which of the following is not related to COPD?

- A. smoking
- B. physical findings
- C. spirometry findings
- D. symptoms

Ans: C

3. Case about hypersensitivity pneumonitis (middle aged male, pigeon fancier, headache, fever, dyspnea), best follow up investigation:

Ans: HRCT

4. A young female with unexplained shortness of breath was diagnosed with pulmonary hypertension on echocardiogram, A RHC (right heart catheter) was inserted as a tool of confirmation of the diagnosis and showed PAWP=30 mmHg and PVR=4WU, which of the following conditions does she have:

- A. Pre capillary hypertension
- B. postcapillary hypertension
- C. combined pre and post capillary hypertension
- D. Exercise PH

Ans: C

5. case: Middle aged woman who was obese, witnessed snoring and apnea episodes during sleep by her husband, Mallampati score 3, which of the following is least likely associated with this case?

- A. stroke
- B. htn
- C. obesity
- D. cancer
- E. sarcoidosis

ans: E

6. Case: male smoker 40 pack year, known COPD بما معناه انه كان عنده , presented complaining of SOB, productive purulent sputum for 3 days + new onset +3 Lower limb edema

VAS 6,RR 24,HR 90,O2 Sat 86% on room air,CRP 40 (normal <5)

- A. Mild exacerbation and don't admit
- B. Moderate exacerbation and don't admit
- C. Moderate exacerbation and admit
- D. This is not considered an exacerbation,it is a part of his COPD progression

Ans:C

7.Which of the following carries the highest risk of mortality in patients with PE

- A. Positive troponin level
- B. PESI grade IV on clinical exam
- C. Evidence of right ventricular dysfunction on echocardiogram or CTPA
- D. Saddle embolism bilateral
- E. Vasopressor to maintain the SBP above 90 mmHg

Ans:E

8. A 23 year old lady was recently diagnosed with hypertension has been admitted to the ER for an acute asthma attack , which of the following is the least likely to have caused the trigger ?

- A. Aspirin
- B. B blockers
- C. ACEi
- D. Vape
- E. Upper respiratory tract infection

Ans:C

9. which of the following is an indication for life long oxygen therapy in COPD patients ?

- A. PaO2 of 61 mmHg and right heart failure
- B. PaO2 of 56 mmHg and polycythemia
- C. Advanced COPD patient with O2 sat 89% on RA
- D. patient with O2 sat 93% and sth

Ans:B

10. Which of the following is true regarding lung cancer ?

- A. Mortality has decreased in the past 20 years
- B. Small cell cancer is sensitive to chemotherapy ad has good prognosis
- C. Small cell cancer can cause Pancoast tumor by invading the superior sulcus

Ans: A

11.Exudative Effusion with low glucose

- A. Uncomplicated parapneumonic
- B. Rheumatoid effusion

Ans: B

12. Pft question

13. Which is wrong about OHS ?

- A. Most common symptom is exertional dyspnea
- B. HCO₃ levels are usually elevated
- C. Longstanding disease will lead to cor pulmonale
- D. Associated with sleep apnea or sleep hypoventilation
- E. Hypercapnia without hypoxia

Ans: e

14. What is the mechanism of pleural effusion in pneumonia

- A. Increased oncotic pressure
- B. Decreased oncotic pressure
- C. Increased capillary permeability
- D. Increased hydrostatic pressure
- E. Decreased hydrostatic pressure

Ans : C

15. A case of shortness of breath and dry cough sarcoidosis with bilateral hilar enlargement and with bronco-vascular nodularity, there was erythema nodosum what is a good prognostic sign in this case

- A.erythema nodosum
- B. Shortness of breath
- C. Bilateral hilar enlargement with vascular nodularity
- D. Dry cough

Ans: A

Hemato

1. A patient who was on warfarin developed an episode of melena, his INR was 7.9, hemoglobin was 9.3. In addition to omitting warfarin, what is the next step:

Ans: give vitamin K.

2. Long case with image for Aure bodies:

ans: acute leukemia

3. long case scenario (heme-arthrosis, painful, tenderness knee joint + swelling and redness) what is special; markedly elevated PTT, PT normal, WBC normal, Platelet normal, decreased Hb (forgot the number), what to do next:

- A. Factors X, V, II
- B. Factors VII, IX, XI, XII
- C. Mixing study

Ans: C

4. Long case scenario (pregnant lady ; fatigue, SOB, MCV= 60, low MCH, HbF<1% (normal level),HbA2 4.5%(normal 1.5-3.5%) ,what is the diagnosis:

- A. Iron deficiency anemia
- B. Beta thalassemia trait
- C. Sickle cell anemia

Ans:B

5. which one is Not considered a variable in MDS classification according to IPSS:

- A. Percentage of blasts
- B. Creatinine
- C. Anemia
- D. Thrombocytopenia
- E. Karyotype

Ans:B

6. Wrong about IDA

- A. High reticulocyte count
- B. High TIBC
- C. Low ferritin
- D. Low serum iron
- E. Low MCV

Ans:A

7. 21 year old female with purpura on chest and back and low platelet count with hx of recent URI (There is a similar case in the slides)

- A. ITP
- B. HSP

Ans:A

8. Patient with fever and drenching sweats, red steenberg cells, has enlarged lymph nodes on both sides of the diaphragm and hypodense liver lesion, what is her ann arbor stage:

- A. II
- B. III A
- C. III B
- D. IV A
- E. IV B

Ans: E

9. A 30 year old woman was brought to the ER by her husband and was disoriented to surrounding, decreased Hb, normal WBCs, decreased platelets, Cr 4, LDH 859, haptoglobin low, bilirubin 3, peripheral blood smear is shown, what is the diagnosis:

Ans: TTP

10. A 55 year old male patient suffers from itching after taking hot shower baths, all of the following are cause to his presentation except:

- A. Polycythemia rubra vera
- B. Hemochromatosis
- C. Renal cell carcinoma
- D. Dehydration

Ans: B

11. which is not a risk factor of IDA?

- A. vegan
- B. old age
- C. multiparity
- D. menorrhagia

Ans: B

Nephro

1. 76 year old male with diabetes and CAD on multiple drugs including statin with diffuse muscle tenderness and muddy brown cast (uric acid high, high potassium) most likely cause

Ans: Rhabdomyolysis

2. Psychotic patient with hyponatremia, hypokalemia, normal urinary potassium and hypocalciuria

Ans: Thiazide abuse

3. pH 7.3, pCO₂ 38, HCO₃⁻ 13

Ans: HAGMA with respiratory acidosis

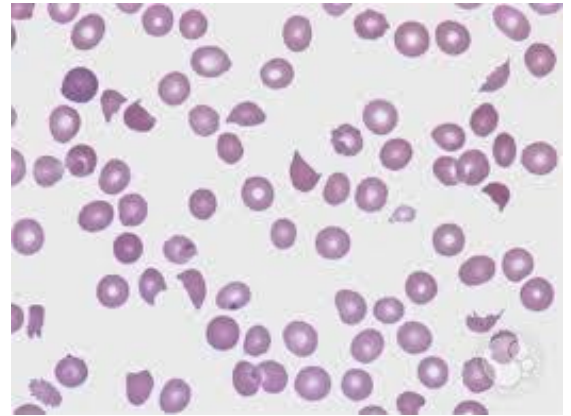
4. young lady took ibuprofen for shoulder pain for 1 month presents with nephrotic range proteinuria (it was very high 10g/day)

Ans: FSGS mostly

5. schizophrenic ptn with hypernatremia with low urine Na and osmolarity

Ans: Diabetes insipidus

6. ptn with history of Lung CA and findings of nephrotic syndrome



Ans: Membranous nephropathy

7. CKD patient with hip fracture likely cause of hypocalcemia:

Ans: Decreased vit d hydroxylation

8. 40 y.o female with diabetic nephropathy, which one is true?

- A. Absence of retinopathy excludes it.
- B. Most patients develop nephropathy after 10-20 years after diagnosis

Ans: B

9. ptn with diabetes and CAD who takes amlodipine and metoprolol, presented with acidosis and hyperkalemia, urinary pH 5.7

Ans: Type IV RTA

10. True about CKD:

- A. 90% of patients with late stage CKD have anemia
- B. Anemia causes significant morbidity and mortality in CKD patients
- C. CKD can rarely cause Iron deficiency
- D. Criteria for Iron deficiency in patients with CKD is similar to normal patients
- E. erythropoietin secretion is not controlled by hypoxia inducible factor

Ans: A ?

11. A diabetic patient takes metformin, he has CKD, when is it indicated to stop Metformin?

- 1. Creatinine > 1.5
- 2. Creatinine > 1.5 for males and > 1.4 for females
- 3. GFR < 30
- 4. GFR < 15
- 5. When starting HD

Ans: 3

Endo

1. patient with random blood sugar of 220, she complains of polyuria and polydipsia, what is your advice?

- A. do fasting blood sugar
- B. Diagnosis with DM2 and give insulin
- C. Prediabetes and give metformin
- D. Do HbA1C
- E. No need to investigate more and reevaluate after 6 months

Ans: B

2. MOA of SGLT2 inhibitor in decreasing blood glucose levels:

Ans: decreases kidney glucose reabsorption

3. 19-year-old male with delayed puberty, small testicles (high LH, low testosterone) what is the best diagnostic test to confirm his diagnosis:

- a. Testicular biopsy
- b. Give testosterone
- c. karyotyping

Ans: c

4. Patient presented with bitemporal hemianopia and with prolactin = 32 ng /mL (normally <20), which of the following is the least likely cause ?

- A. Exercise
- B. Hypothyroidism
- C. Nonfunctioning pituitary adenoma
- D. 2 cm functional prolactinoma
- E. Antipsychotic drugs

Ans D

5. Which of the following is not associated with increase in CK:

- A. MI
- B. Hypothyroidism
- C. Hyperparathyroidism
- D. Dystrophy

Ans: C

6. Hyperthyroidism symptoms, t4 30 and TSH 3.5, what's your Dx:

- A. Primary hyperthyroidism
- B. Subclinical Hyperthyroidism
- C. Central hyperthyroidism

Ans: C

7. Case with labs of hypercalcemia and low PTH, what is least likely the cause:

- A. Malignancy
- B. FHH
- C. Chronic kidney disease

Ans: B

8. Cushing syndrome case, which test of the following is not useful for Dx:

- A. Midnight salivary cortisol
- B. 24 hour urine cortisol
- C. Low dose dexamethasone suppression test
- D. Midnight serum cortisol
- E. 8 A.M cortisol test

Ans: D

9. Patient with 21-hydroxylase deficiency, what is the most appropriate test:

- A. 17-hydroxyprogesterone

- B. 17-hydroxypregnenolone
- C. Cortisol and aldosterone
- D. DHEA

Ans : A

10. A patient has symptoms and signs of acromegaly, What is the definitive test for the diagnosis?

- a. IGF-BP3
- b. Glucose suppression test
- c. MRI
- d. Insulin stimulation test

Ans: B

11. Patient 30 y/o diagnosed with DM, what test support DM2 over DM1 :

- A. Waist circumference 70cm
- B. Presence of other autoimmune diseases
- C. Anti glutamic acid decarboxylase antibody
- D. Elevated c peptide

Ans: d

12. least likely associated with hypothyroidism

- A. Hypertension
- B. Hyponatremia
- C. Hypokalemia
- D. Macrocytosis

Ans : C

surgery question!!

Which of the following doesn't need mammogram screening?

- A. 38 y.o asymptomatic with average risk
- B. 42 y. with family history of breast cancer
- C. 50 y.o with family history of breast cancer
- D. 60 y.o with average risk.

Ans: A