

USMLE-STEP-2^{Q&As}

United States Medical Licensing Step 2

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QUESTION 1

A woman at 31 weeks\\' gestation complains of feeling dizzy and lightheaded when she lies on her back. She is Rh negative but denies vaginal bleeding, abdominal trauma, or abdominal pain. The diagnosis is probably the supine hypotensive syndrome.

This results in which of the following?

- A. a decreased fetal heart rate
- B. an increased frequency of uterine contractions
- C. a decreased tolerance to pain
- D. a decreased effect of epidural analgesia
- E. an increased risk of placental abruption

Correct Answer: A

In late pregnancy, the large uterus commonly compresses the inferior vena cava and impedes return of blood from the lower extremities to the heart. This may be sufficient to reduce cardiac output. In approximately 10% of women, arterial hypotension occurs, which can result in diminished uteroplacental blood flow and a decreased fetal heart rate. None of the other options occur as a result of this syndrome. Management is to have the woman roll on to her side or lean forward if she is sitting. Both these maneuvers cause the uterus to fall away from the inferior vena cava.

QUESTION 2

A45-year-old man is brought to the emergency department after being involved in an automobile crash. He is alert and oriented, with a normal neurologic examination. His respiratory rate is 20/min, with clear lungs, pulse rate of 120/min, and blood pressure of 80/40 mmHg. On examination, he is noted to have a distended abdomen, with decreased bowel sounds, and a fracture of the right ankle. IV access is established, and the patient receives a rapid infusion of 2 L of saline, without changes to pulse rate or blood pressure. Which of the following is the most appropriate next step in his management?

- A. abdominal CT scan
- B. insertion of a Swan--Ganz catheter
- C. exploratory laparotomy
- D. focused abdominal sonography for trauma (FAST)
- E. diagnostic peritoneal lavage

Correct Answer: C

This patient has a distended abdomen, with decreased bowel sounds, in the presence of shock that is unresponsive to aggressive fluid resuscitation. Intra-abdominal hemorrhage from solid visceral injury (hepatic, splenic, or renal) is the most likely etiology. The patient should undergo an urgent exploratory laparotomy and damage control (packing) for control of the bleeding, in conjunction with ongoing resuscitation with infusion of IV fluids and blood products. Although hypotension can result from a cervical cord injury, it is unlikely in this case, in the presence of a documented normal neurologic examination. ASwan-Ganz catheter is not indicated in the initial evaluation and management of a patient



presenting in hypovolemic shock from blunt trauma. Abdominal CT scan is indicated only for evaluation of blunt abdominal trauma in patients who are hemodynamically stable. FAST and diagnostic peritoneal lavage may be indicated in the evaluation of patients with hypotension in which the source of bleeding is unclear. In this patient, however, the presence of a distended abdomen suggests hemoperitoneum, and therefore, FAST and lavage are not necessary

QUESTION 3

A 6-year-old Caucasian female has breast enlargement (Tanner stage II) and coarse curly pubic hair. She

is not yet menstruating. She is otherwise healthy and has normal growth parameters. There are no signs

of virilization and her abdominal examination reveals no masses. Examination of the vaginal area shows

signs of estrogenization.

On laboratory evaluation, you find elevated levels of follicle-stimulating hormone (FSH), luteinizing

hormone (LH), and pubertal levels of estradiol. The bone age is advanced beyond the height and

chronologic age.

The most likely cause is which of the following?

- A. idiopathic
- B. central nervous system (CNS) tumor
- C. ovarian tumor
- D. functional ovarian cyst
- E. congenital adrenal hyperplasia

Correct Answer: A

The laboratory and radiologic studies indicate a form of central precocious puberty. It is most likely to be idiopathic; however, imaging of the head as well as a careful neurologic and visual examination is recommended to exclude a CNS lesion (tumor, trauma, hamartoma, and so forth). Estradiol secreting ovarian tumors and functional ovarian cysts may cause peripheral precocious puberty; however, the levels of FSH and LH are prepubertal. Congenital adrenal hyperplasia results in signs of virilization; these include excessive hirsutism, deepening voice, acne, clitoromegaly, and muscle development.

QUESTION 4

Afamily is scheduled to move into a home that is 15 years old. Its water supply is a well, and sewage is discharged to an on-site septic system. In preparation for the move, they obtain a series of water tests from the well. All of the results show the presence of coliform bacteria. Which of the following is the implication of these data?

A. They are at risk of acquiring a coliform bacterial infection.

B. The well water has been mixed with untreated surface or groundwater.



- C. Nothing--this is a common finding in the country.
- D. The groundwater is extensively contaminated and the house is unlivable.
- E. They can live in the house but must seek medical care at the first sign of illness.

Correct Answer: B

Testing for the presence of coliform bacteria is a standard bacterial test of water quality. Since coliform bacteria are ubiquitous in nature, their presence means only that the water has been contaminated with water from the ground surface or the septic system. It is only an indicator. Coliform bacteria are not the principal agents of disease. It is the other agents introduced into the water by the contamination that create the risk. The problem should be resolved before using the well water. A common cause of contamination is poor well construction, resulting in surface water moving down the outside of the well casing and into the water source.

QUESTION 5

For each clinical setting described below, select the set of ABG determinations with which it is most likely to be associated. A30-year-old woman with salicylate intoxication

pH PaO2 PaCO2

A. 7.23 64 80

- B. 7.39 88 40
- C. 7.22 74 33
- D. 7.54 75 24
- E. 7.37 67 52

Correct Answer: D

ABG determinations are essential in the diagnosis of respiratory and acid-based disturbances. Extremely obese patients suffer from increased work of breathing, as well as elevation of the diaphragm with decrease in lung volume. The resultant hypoventilation is characterized by carbon dioxide retention leading to chronic respiratory acidosis with metabolic compensation (ABG set E in the question). When associated with somnolence, excessive appetite, and polycythemia, this is known as the pickwickian syndrome. Modest weight loss can lead to dramatic improvement in respiratory functioning. The earliest derangement in salicylate poisoning is hyperventilation, resulting in decreased PaCO2 and increased arterial pH (ABG set D). Eventually, there is CNS depression with somnolence and hypoventilation resulting in respiratory acidosis. Diabetic ketoacidosis may cause acute metabolic acidosis. In a healthy young adult with no lung disease, appropriate respiratory compensation occurs (ABG set C). Without insulin to reverse this process, the patient may go on to develop worsening acidosis and an inability to compensate adequately. ABG set A reflects acute respiratory acidosis (hypoventilation) without metabolic compensation. ABG set B is normal.

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