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FP

Family Practice Board Exam (FP)



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Question: 1

A patient presents with acute right upper quadrant (RUQ) pain. What imaging study is the test of choice to assess this patient?

- A. Ultrasound (US)
- B. Plain films
- C. Abdominal computed tomography (CT)
- D. Endoscopy

Answer: A

Explanation:

The American College of Radiology¹ has recommended different imaging studies based on pain location. US is recommended to assess RUQ pain while CT with contrast is best for right lower and left lower quadrant pain (RLQ and LLQ). CT without contrast is recommended for left upper quadrant (LUQ) pain.

Question: 2

A 74-year-old woman reports that she has experienced "crampy" left lower quadrant abdominal pain with diarrhea for 4 days. On examination, she has a temperature of 101.5 OF, pulse of 110 beats per minute, decreased capillary refill, and moderate left lower quadrant abdominal pain. The complete blood count shows leukocytosis with a left shift. An abdominal CT helps diagnose diverticulitis and rules out an abscess. What is the best course of treatment?

- A. Instruct the patient to follow a clear liquid diet and return to the office in 2 days for a follow-up appointment
- B. Instruct the patient to follow a clear liquid diet with ciprofloxacin and metronidazole for 10 days
- C. Instruct the patient to follow a clear liquid diet with ciprofloxacin and metronidazole for 10 days, plus add ibuprofen for the pain
- D. Hospitalize the patient with complete bowel rest and broad-spectrum intravenous Antibiotics

Answer: D

Explanation:

Answer B is the best choice for those with mild diverticulitis who can tolerate oral rehydration. Ibuprofen should not be used in patients with diverticulitis due to the increased risk of GI bleeding. However, this patient exhibits signs of inflammation including fever and leukocytosis and signs of dehydration which require hospitalization. Diverticulitis tends to be more severe in elderly patients.

Question: 3

A 55 year-old-woman, who was previously diagnosed with irritable bowel syndrome (IBS) at another office, presents with complaints of dyspepsia, diarrhea, bloating, and weight loss. She has been following a high-fiber diet, including many whole-grain breads, and avoiding dairy and other fatty foods. She is frustrated as her symptoms have not improved and seem to be getting worse. Due to the patient's history, the physician should suspect which of the following?

- A. Worsening IBS
- B. Viral gastroenteritis
- C. Ulcerative colitis
- D. Celiac disease

Answer: D

Explanation:

The symptoms of IBS and celiac sprue or celiac disease often overlap. These symptoms include diarrhea, flatulence, and abdominal discomfort. The key to this patient was her history of increased ingestion of whole-grain breads, which led to an increase in her symptoms. Ulcerative colitis is marked by bloody diarrhea. IBS is a diagnosis of exclusion and the history did not indicate an acute viral illness.

Question: 4

The physician orders an electrocardiograph (ECG) of a 44-year-old patient with hypertension. The ECG shows left ventricular hypertrophy (LVH). Which of these findings should the physician expect to see in this ECG?

- A. A tall R wave in V6, a deep S in VI, inverted T waves in VS and V6, and left axis deviation
- B. A predominant R wave in VI, a deep S in V6, inverted T waves in V2 and V3, and right axis deviation
- C. A tall R wave in V6, a deep S in VI, inverted T waves in VS and V6, and right axis deviation
- D. A predominant R wave in VI, a deep S in V6, inverted T waves in V2 and V3, and left axis deviation

Answer: A

Explanation:

Answer A corresponds to changes seen in LVH while answer B corresponds to changes seen in right ventricular hypertrophy. Leads I, aVL, and VA-6 are left-sided leads while leads III, aVR and VI-3 are right-sided leads. In LVH the ventricular wall is thickened, which results in an increased R wave in the left-sided leads and a deeper S wave in the right-sided leads. Inverted T waves in V5 and V6 show the strain on the left ventricle.

Question: 5

Which statement is FALSE regarding B-type natriuretic peptide (BNP)?

- A. It is a cardiac neurohormone that is secreted from the ventricles due to volume expansion and pressure overload
- B. Levels increase in patients with CHF and vary in proportion to the exacerbation of the overload
- C. Levels greater than 400 pg/mL indicate a definitive diagnosis of congestive heart failure (CHF) and are good to screen for and monitor CHF
- D. BNP levels are lower in men than women, are inversely related to body weight, and increase with age

Answer: C

Explanation:

While a BNP value greater than 400 pg/mL does point to a probable diagnosis of CHF, it is not a definitive diagnosis. One must also rely on the history, physical examination, and other tests. It is not a good test for screening or monitoring since the value changes rapidly in response to volume and pressure overload. However, it is helpful when distinguishing between cardiac and pulmonary causes of dyspnea.

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