

## 2026-2027 Internal Medicine Review Syllabus

### Cardiology:

#### Page 29, Procedures and Labs > Echocardiography > AR 2

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 2</b> A 64-year-old man with longstanding hypertension presents with sudden, severe, tearing chest pain radiating to the back. He is hypotensive, tachycardic, and has asymmetric upper extremity blood pressures. ECG shows no acute ischemic changes. Chest x-ray reveals a widened mediastinum. The patient is too unstable to be transported to CT.</p> <p><b>Which of the following is the most appropriate next diagnostic test?</b></p> <ul style="list-style-type: none"> <li>A. Transthoracic echocardiography (TTE)</li> <li>B. Coronary angiography</li> <li>C. Transesophageal echocardiography (TEE)</li> <li>D. CT angiography of the chest</li> <li>E. Cardiac MRI</li> </ul> <p>Answer: _____</p>	<p><b>AR 2</b> A 64-year-old man with longstanding hypertension presents with sudden, severe, tearing chest pain radiating to the back. He is hypotensive, tachycardic, and has asymmetric upper extremity blood pressures. ECG shows no acute ischemic changes. Chest x-ray reveals a widened mediastinum. The patient is too unstable to be transported to CT.</p> <p><b>Which of the following tests offers the greatest diagnostic accuracy for confirming the diagnosis in this patient?</b></p> <ul style="list-style-type: none"> <li>A. Transthoracic echocardiography (TTE)</li> <li>B. Coronary angiography</li> <li>C. Transesophageal echocardiography (TEE)</li> <li>D. CT angiography of the chest</li> <li>E. Cardiac MRI</li> </ul> <p>Answer: _____</p>

#### Page 40, Acute Coronary Syndrome (ACS) > Management of Non-ST-Segment Elevation Acute Coronary Syndrome (NSTEMI-ACS) > AR 7

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 7</b> A 41-year-old woman with hypertension, type 2 diabetes, hyperlipidemia, and tobacco use presents with recurrent episodes of severe substernal chest pressure at rest, rated 9/10, associated with diaphoresis and nausea. On arrival, BP is <b>110/70 mm Hg, HR 75 bpm</b>, O<sub>2</sub> sat 98%. ECG shows sinus rhythm with 1-mm horizontal ST-segment depression in V4-V6. High-sensitivity troponin I is 1,600 ng/L (normal ≤ 20 ng/L). She was treated with aspirin, ticagrelor, IV heparin, nitrates, and metoprolol, but remains in significant pain.</p> <p><b>What is the most appropriate next step in management?</b></p> <ul style="list-style-type: none"> <li>A. Intravenous fibrinolytic therapy</li> <li>B. Intravenous nitroglycerin infusion</li> <li>C. Urgent coronary angiography with possible percutaneous coronary intervention</li> <li>D. Intra-aortic balloon pump placement</li> <li>E. Regadenoson nuclear stress testing</li> </ul> <p>Answer: _____</p>	<p><b>AR 7</b> A 41-year-old woman with hypertension, type 2 diabetes, hyperlipidemia, and tobacco use presents with recurrent episodes of severe substernal chest pressure at rest, rated 9/10, associated with diaphoresis and nausea. On arrival, BP is <b>89/57 mm Hg, HR 121 bpm</b>, O<sub>2</sub> sat 98%. ECG shows sinus rhythm with 1-mm horizontal ST-segment depression in V4-V6. High-sensitivity troponin I is 1,600 ng/L (normal ≤ 20 ng/L). She was treated with aspirin, ticagrelor, IV heparin, nitrates, and metoprolol, but remains in significant pain.</p> <p><b>What is the most appropriate next step in management?</b></p> <ul style="list-style-type: none"> <li>A. Intravenous fibrinolytic therapy</li> <li>B. Intravenous nitroglycerin infusion</li> <li>C. Urgent coronary angiography with possible percutaneous coronary intervention</li> <li>D. Intra-aortic balloon pump placement</li> <li>E. Regadenoson nuclear stress testing</li> </ul> <p>Answer: _____</p>

Page 56, Chronic Mitral Regurgitation (Chronic MR) > AR 17

Text currently reads:	Text should read:
<p><b>AR 17</b>                      A 51-year-old man with a history of obesity and sedentary lifestyle is referred for evaluation of a heart murmur. He works at a desk job and is inactive but denies dyspnea, chest pain, or palpitations.</p> <p>Exam: BMI 32 kg/m<sup>2</sup>, BP 115/70 mm Hg, HR 80 bpm. Cardiac exam reveals a diffuse, forceful <b>perioperative myocardial infarction</b> at the 5<sup>th</sup> intercostal space midclavicular line and a grade 4/6 holosystolic murmur at the apex radiating to the axilla. Lungs are clear. CXR: normal.</p> <p>ECG: Normal sinus rhythm, left atrial enlargement, borderline left ventricular hypertrophy. Transthoracic echocardiogram (TTE): thickened, myxomatous mitral valve with severe MR; left ventricular ejection fraction (LVEF) 45%; left ventricular end-systolic diameter (LVESD) 48 mm (abnormal, &gt; 40 mm).</p> <p><b>What is the most appropriate next step in management?</b></p> <p>A. Start lisinopril and repeat TTE in 6 months.                      B. Refer for mitral valve repair or replacement.                      C. Start long-acting nifedipine and repeat TTE in 6 months.                      D. Follow in clinic and repeat TTE annually.                      E. Refer for percutaneous mitral balloon commissurotomy.</p> <p>Answer: _____</p>	<p><b>AR 17</b>                      A 51-year-old man with a history of obesity and sedentary lifestyle is referred for evaluation of a heart murmur. He works at a desk job and is inactive but denies dyspnea, chest pain, or palpitations.</p> <p>Exam: BMI 32 kg/m<sup>2</sup>, BP 115/70 mm Hg, HR 80 bpm. Cardiac exam reveals a diffuse, forceful <b>point of maximal impulse</b> at the 5<sup>th</sup> intercostal space midclavicular line and a grade 4/6 holosystolic murmur at the apex radiating to the axilla. Lungs are clear. CXR: normal.</p> <p>ECG: Normal sinus rhythm, left atrial enlargement, borderline left ventricular hypertrophy. Transthoracic echocardiogram (TTE): thickened, myxomatous mitral valve with severe MR; left ventricular ejection fraction (LVEF) 45%; left ventricular end-systolic diameter (LVESD) 48 mm (abnormal, &gt; 40 mm).</p> <p><b>What is the most appropriate next step in management?</b></p> <p>A. Start lisinopril and repeat TTE in 6 months.                      B. Refer for mitral valve repair or replacement.                      C. Start long-acting nifedipine and repeat TTE in 6 months.                      D. Follow in clinic and repeat TTE annually.                      E. Refer for percutaneous mitral balloon commissurotomy.</p> <p>Answer: _____</p>

General Internal Medicine:

Page 188, Preventive Medicine > Vaccinations > AR 21

Text currently reads:	Text should read:
<p><b>AR 21</b>                      In November, a 34-year-old woman (G1P0) comes to see you at 24 weeks of gestation. She reports no history of chickenpox. She received all regular immunizations growing up, with her last immunizations received prior to college 16 years ago.</p> <p><b>Which immunizations would you recommend?</b></p> <p>A. No immunizations                      B. Varicella, Tdap                      C. Varicella, influenza, PCV20                      D. Varicella, Tdap, influenza                      E. Tdap, influenza, respiratory syncytial virus</p> <p>Answer: _____</p>	<p><b>AR 21</b>                      In November, a 34-year-old woman (G1P0) comes to see you at <b>34</b> weeks of gestation. She reports no history of chickenpox. She received all regular immunizations growing up, with her last immunizations received prior to college 16 years ago.</p> <p><b>Which immunizations would you recommend?</b></p> <p>A. No immunizations                      B. Varicella, Tdap                      C. Varicella, influenza, PCV20                      D. Varicella, Tdap, influenza                      E. Tdap, influenza, respiratory syncytial virus</p> <p>Answer: _____</p>

Page 193, Pregnancy and Women's Health > Obstetrics > Hypertension and Pregnancy

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Hypertension and Pregnancy</p> <ul style="list-style-type: none"> <li>• National Institute for Health and Care Excellence, International Society for the Study of Hypertension in Pregnancy                             <ul style="list-style-type: none"> <li>– <math>\geq 140/90</math> mm Hg for any hypertension during pregnancy</li> </ul> </li> <li>• American College of Obstetrics &amp; Gynecology                             <ul style="list-style-type: none"> <li>– <math>\geq 140/90</math> mm Hg for chronic hypertension</li> <li>– <math>\geq 160/110</math> mm Hg for acute treatment of gestational hypertension and preeclampsia</li> </ul> </li> <li>• American College of Cardiology/American Heart Association                             <ul style="list-style-type: none"> <li>– No clear thresholds but suggest considering lower thresholds (eg, 130/80 mm Hg)</li> </ul> </li> </ul>	<p>Hypertension and Pregnancy</p> <ul style="list-style-type: none"> <li>• American College of Obstetrics/American College of Cardiology/American Heart Association (2025)</li> <li>• For women with chronic hypertension who become pregnant                             <ul style="list-style-type: none"> <li>– Goal BP &lt; 140/90 mm Hg</li> <li>– Offer low-dose aspirin starting at 12 weeks of gestation to prevent preeclampsia</li> </ul> </li> <li>• Treat BP of &gt; 160/110 mm Hg at any point during pregnancy</li> </ul>

Infectious Disease:

Page 273, Urinary Tract Infections > Symptomatic UTIs > Complicated vs Uncomplicated UTIs

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>Complicated vs Uncomplicated UTIs</p> <ul style="list-style-type: none"> <li>• Definition of complicated UTI                             <ul style="list-style-type: none"> <li>– Diabetes mellitus</li> <li>– Immunocompromised</li> <li>– Structural anomaly</li> <li>– Foreign body</li> <li>– Resistant organism</li> <li>– Male</li> </ul> </li> <li>• All others are uncomplicated</li> </ul>	<p>Complicated vs Uncomplicated UTIs (2025 IDSA)</p> <ul style="list-style-type: none"> <li>• Complicated UTI/Acute pyelonephritis                             <ul style="list-style-type: none"> <li>– An infection beyond the bladder; includes pyelonephritis, CAUTI, and patients with fever or bacteremia</li> </ul> </li> <li>• Uncomplicated UTI                             <ul style="list-style-type: none"> <li>– All other infections not defined as complicated</li> </ul> </li> </ul>

Neurology:

Page 329, Audience Response Answers

<i>Text currently reads:</i>	<i>Text should read:</i>
<p>AR 8 A. Tardive dyskinesia</p>	<p>AR 8 B. Chorea</p>

Psychiatry:

Page 368, Complications of Psychotropic Drug Therapy > Serotonin Syndrome and Neuroleptic Malignant Syndrome (NMS) > AR 10

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 10</b> A 68-year-old man is brought to the emergency department by his wife for evaluation of fever and confusion.</p> <p><b>PMH:</b> Parkinson’s, HTN</p> <p><b>Meds:</b> omeprazole, lorazepam, enalapril; he <b>started</b> taking levodopa-carbidopa 1 week ago</p> <p><b>Exam:</b> T 40.1 °C (104.2 °F), BP 185/110 mm Hg, HR 135 bpm, diaphoretic; Ext: marked muscle rigidity with hypoactive reflexes</p> <p><b>Labs:</b> Hgb 13 g/dL, WBC 13,000/mm<sup>3</sup>, Ca<sup>2+</sup> 8.7 mg/dL, CK 605 U/L</p> <p><b>What is the most likely diagnosis?</b></p> <p>A. Parkinson disease exacerbation B. Meningitis C. Depression D. Neuroleptic malignant syndrome E. Serotonin syndrome</p> <p>Answer: _____</p>	<p><b>AR 10</b> A 68-year-old man is brought to the emergency department by his wife for evaluation of fever and confusion.</p> <p><b>PMH:</b> Parkinson’s, HTN</p> <p><b>Meds:</b> omeprazole, lorazepam, enalapril; he <b>stopped</b> taking levodopa-carbidopa 1 week ago</p> <p><b>Exam:</b> T 40.1 °C (104.2 °F), BP 185/110 mm Hg, HR 135 bpm, diaphoretic; Ext: marked muscle rigidity with hypoactive reflexes</p> <p><b>Labs:</b> Hgb 13 g/dL, WBC 13,000/mm<sup>3</sup>, Ca<sup>2+</sup> 8.7 mg/dL, CK 605 U/L</p> <p><b>What is the most likely diagnosis?</b></p> <p>A. Parkinson disease exacerbation B. Meningitis C. Depression D. Neuroleptic malignant syndrome E. Serotonin syndrome</p> <p>Answer: _____</p>