

QUESTION

1. A patient with a long history of rheumatoid arthritis (RA) presents with a 2-week history of low-grade fever, weight loss, and a new-onset cough. Physical examination reveals bilateral hilar lymphadenopathy and bilateral lower lung zone infiltrates. Laboratory studies show an elevated erythrocyte sedimentation rate (ESR) and a positive rheumatoid factor. The patient's RA is currently well-controlled on low-dose prednisone and methotrexate. Which of the following is the most likely diagnosis?

2. A 65-year-old male with a long history of hypertension and hyperlipidemia presents with a 3-month history of progressive weakness and fatigue. Physical examination reveals bilateral lower extremity weakness and atrophy. Laboratory studies show a significantly elevated creatine kinase (CK) level and a positive anti-HMG-CoA reductase antibody test. Which of the following is the most likely diagnosis?

3. A 45-year-old female with a long history of rheumatoid arthritis (RA) presents with a 2-week history of low-grade fever, weight loss, and a new-onset cough. Physical examination reveals bilateral hilar lymphadenopathy and bilateral lower lung zone infiltrates. Laboratory studies show an elevated erythrocyte sedimentation rate (ESR) and a positive rheumatoid factor. The patient's RA is currently well-controlled on low-dose prednisone and methotrexate. Which of the following is the most likely diagnosis?

Option	Answer	Explanation
A	1. Rheumatoid arthritis	Incorrect. The patient's RA is well-controlled on low-dose prednisone and methotrexate. The new-onset cough and bilateral hilar lymphadenopathy are not typical of RA.
B	2. Hypertension	Incorrect. Hypertension does not cause bilateral hilar lymphadenopathy and bilateral lower lung zone infiltrates.
C	3. Hyperlipidemia	Incorrect. Hyperlipidemia does not cause bilateral hilar lymphadenopathy and bilateral lower lung zone infiltrates.
D	4. Systemic lupus erythematosus (SLE)	Incorrect. SLE can cause bilateral hilar lymphadenopathy and bilateral lower lung zone infiltrates, but the patient's RA is well-controlled on low-dose prednisone and methotrexate.
E	5. Rheumatoid lung disease	Correct. Rheumatoid lung disease is a complication of RA that can cause bilateral hilar lymphadenopathy and bilateral lower lung zone infiltrates. The patient's RA is well-controlled on low-dose prednisone and methotrexate.

ANSWER: 1. Rheumatoid lung disease

QUESTION



ANSWER: 1. The weight on the right end of the cable counteracts the weight on the left end of the beam.