

# KGMC BLOCK N 2024

## 1. RENAL MEDICINE

**1. A 47 Year Old male admitted for workup of mediastinal mass, developed rash, Decreasing Urinary Output with raising Urea and Creatinine few days after CT Scan Thorax. What is the most likely cause of his recent problem?**

- a. Radiations
- b. Radio Nephritis Contrast Associated
- c. Membranous Nephropathy
- d. Polycystic Kidney Disease
- e. Metastasis to the Kidney

**2. A 43 year old diabetic lady presented with a B.P of 145/90 mmHg. Which of the following Anti-Hypertensive is reno protective:**

- a. Calcium Channel blockers
- b. ACEI/ARB
- c. Beta Blockers
- d. Alpha blockers
- e. Diuretics

**3. A 25-year-old woman presents with lower abdominal pain, dysuria, and urgency. Urinalysis reveals pyuria, bacteriuria, and hematuria. She denies any recent sexual activity. What is the most likely causative organism for this urinary tract infection?**

- a. Escherichia coli
- b. Staphylococcus saprophyticus
- c. Klebsiella pneumoniae
- d. Enterococcus faecalis
- e. Proteus mirabilis

**4. Which of the following Anti Hypertensive drugs have got tendency to cause Retro Peritoneal Fibrosis?**

- a. Ramipril

- b. Methyldopa
- c. Nifedipine
- d. Hydrochlorothiazide
- e. Phenoxybenzamine

**5. A 28-year-old female presents with joint pain, morning stiffness, and swelling in multiple joints. She reports feeling fatigued and has noticed small, painless nodules under her skin. Laboratory tests reveal elevated rheumatoid factor and anti-cyclic citrullinated peptide (anti-CCP) antibodies. What is the most likely diagnosis?**

- a. Systemic lupus erythematosus (SLE)
- b. Rheumatoid arthritis (RA)
- c. Osteoarthritis
- d. Sjögren's syndrome
- e. Ankylosing spondylitis

**6. The following is a Contra Indication for ACE Inhibitors.**

- a. Asthma
- b. Renal Failure
- c. Bilateral Renal Artery Stenosis
- d. Co-Arctation of Aorta
- e. Stroke (CVA)

**7. A 35-year-old male with a history of systemic lupus erythematosus (SLE) presents with facial swelling, hematuria, and proteinuria. Laboratory Investigations reveal elevated anti-double-stranded DNA antibodies and low complement levels. What is the most likely diagnosis?**

- a. Lupus nephritis
- b. IgA nephropathy
- c. Alport syndrome
- d. Goodpasture syndrome
- e. Membranous nephropathy

**8. A 9 year old boy was brought to the renal clinic with Fatigue, Failure to thrive and recurrent Nephrolithiasis. Investigation shows Hypokalemia and Alkaline Urine. What is the most likely diagnosis?**

- a. Medullary Sponge kidney
- b. Distal Renal Tubular Acidosis
- c. Renal Glycosuria
- d. Vit-D Deficiency
- e. Protein Syndrome Energy Malnutrition

**9. A 37 year old Man Was admitted for the workup of Anasarca and gross Proteinuria. On 5<sup>th</sup> day of his admission he developed severe dull ache in right Flank. On Examination he has grade 3 tenderness in the abdomen specially Right Hypochondrium. What is the most likely cause presentation?**

- a. Acute Hepatitis
- b. Acute Cholecystitis
- c. Peritonitis
- d. Hepatic Vein Thrombosis
- e. Peptic Ulcer Disease

**10. A 60 year old male presented with Haemoptysis and Hematuria for One Week He had been generally unwell for the last one and half month. Examination shows Nasal Crusting as well which specific serological test would you advice?**

- a. P-ANCA
- b. ANA
- c. Anti GBM antibody
- d. Anti ds-DNA
- e. C-ANCA

**11. A 29-year-old woman comes to your clinic for review. She has a history of SLE and stopped her medication prior to getting pregnant. She is now approaching 17 weeks gestation. Unfortunately her joint pains have returned, creatinine has risen from 95  $\mu\text{mol/l}$  to 150  $\mu\text{mol/l}$ , with blood and proteinuria, despite high dose prednisolone. Which of the following is the most appropriate next step?**

- a. Azathioprine
- b. Ciclosporin
- c. Cyclophosphamide
- d. Methotrexate
- e. Mycophenolate

**12. A 10-day-old newborn presents with jaundice, vomiting, poor feeding, and hepatomegaly. The infant's urine is positive for reducing substances. What is the most likely enzyme deficiency in this patient?**

- a. Galactose-1-phosphate uridyltransferase (GALT)
- b. Glucose-6-phosphatase
- c. Galactokinase
- d. Aldolase B
- e. Fructokinase

## 2. GI MEDICINE

**1. A 36-year-old patient with cirrhosis liver presents with upper abdominal pain and black stool for the last 5 days. What is the most likely diagnosis?**

- a. Upper gastrointestinal bleeding
- b. Acute pancreatitis
- c. Infectious gastroenteritis
- d. Hemorrhoids
- e. Colorectal cancer

**2. A 56-year-old hypertensive and diabetic patient with chronic backache has been using analgesics for a long time and presents with pallor. His hemoglobin is 7.8gm%. What is the most likely cause of his pallor?**

- a. Iron-deficiency anemia
- b. Chronic kidney disease
- c. NSAIDs upper GI bleeding
- d. Multiple myeloma
- e. Acute leukemia

**3. A 17-year-old boy presents with loose motions for the last 6 years. He has a wasted appearance and delayed puberty but normal appetite. What is the most likely diagnosis?**

- a. Celiac disease

- b. Crohn's disease
- c. Irritable bowel syndrome (IBS)
- d. Lactose intolerance
- e. Tuberculosis (TB) of the intestine

**4. A 25-year-old patient presents with abdominal pain, weight loss, fever, and night sweats. On examination, the patient has tenderness in the right lower quadrant and a palpable mass. What is the most likely diagnosis?**

- a. Abdominal tuberculosis
- b. Crohn's disease
- c. Acute appendicitis
- d. Ovarian cyst
- e. Acute gastroenteritis

**5. A 40-year-old male presents with 5 days history of sudden-onset severe epigastric pain radiating to the back, nausea, and vomiting. He has a history of gallstone. On examination, he is tachycardic, hypotensive, and has tenderness in the upper abdomen. Laboratory results show elevated serum lipase and bilirubin. What is the most likely diagnosis?**

- a. Acute pancreatitis
- b. Peptic ulcer disease
- c. Acute cholecystitis
- d. Myocardial infarction
- e. Acute gastroenteritis

**6. A 30-year-old patient presents with jaundice, fatigue, nausea & vomiting, dark urine, and upper right quadrant pain for the last 2 week. Laboratory results show elevated serum alanine aminotransferase (ALT), aspartate aminotransferase (AST), and bilirubin levels. What is the most likely diagnosis?**

- a. Acute viral hepatitis
- b. Acute alcoholic hepatitis
- c. Acute cholecystitis
- d. Hepatic abscess
- e. Drug-induced liver injury

**7. A 60-year-old male presents with a 3-month history of abdominal pain, weight loss, altered bowel habits, and blood in the stool. On examination, he is pale, and laboratory investigations reveal microcytic anemia. What is the most likely diagnosis?**

- Colon carcinoma
- b. Ulcerative colitis
- c. Diverticulitis
- d. Hemorrhoids
- e. Irritable bowel syndrome (IBS)

**8. A 45-year-old female presents with a 6-month history of heartburn, regurgitation, and a sour taste in her mouth, especially after meals and when lying down. She also experiences occasional chest pain. She denies any history of dysphagia or weight loss. What is the most likely diagnosis?**

- a. Gastroesophageal reflux disease (GERD)
- b. Peptic ulcer disease
- c. Myocardial infarction
- d. Esophageal cancer
- e. Functional dyspepsia

**9. A 28-year-old male presents with a 3-month history of bloody diarrhea, abdominal cramps, and urgency. He has also experienced weight loss and fatigue. On examination, he is mildly febrile and has tenderness in the lower abdomen. Colonoscopy reveals continuous inflammation of the mucosa in the rectum extending proximally. What is the most likely diagnosis?**

- a. Ulcerative colitis
- b. Crohn's disease
- c. Infectious gastroenteritis
- d. Irritable bowel syndrome (IBS)
- e. Diverticulosis

### 3. PSYCHIATRY

**1. Which of the following drug for obsessive compulsive disorder has maximum anticholinergic effect?**

- a. Fluvoxamine

- b. Sertraline
- c. Fluoxetine
- d. Clomipramine
- e. Buspirone

**2. A 28-year-old combat veteran reports experiencing frequent nightmares, flashbacks, and a heightened startle response six months after returning from deployment. He avoids situations that remind him of his time in the military and feels detached from his family. What is the most likely diagnosis?**

- a. Generalized Anxiety Disorder
- b. Panic Disorder
- c. Post-Traumatic Stress Disorder (PTSD)
- d. Major Depressive Disorder
- e. Acute Stress Disorder

**3. A 5-year-old child is brought to the clinic by their parents. The parents are concerned because the child does not make eye contact, rarely speaks, and prefers to play alone. During the assessment, the child repeatedly lines up toys in a specific order and becomes very upset when the order is changed. Based on this scenario, what is the most likely diagnosis?**

- a. Attention Deficit Hyperactivity Disorder (ADHD)
- b. Oppositional Defiant Disorder (ODD)
- c. Autism Spectrum Disorder (ASD)
- d. Social Anxiety Disorder
- e. Obsessive-Compulsive Disorder (OCD)

**4. A 25-year-old man reports spending several hours each day checking and rechecking whether he has locked his doors and turned off the stove. Despite knowing that these behaviors are irrational, he feels compelled to perform them repeatedly to reduce his anxiety. What is the most likely diagnosis?**

- a. Generalized Anxiety Disorder
- b. Obsessive-Compulsive Disorder (OCD)
- c. Panic Disorder
- d. Post-Traumatic Stress Disorder (PTSD)
- e. Social Anxiety Disorder

**5. John, a 28-year-old male, has been brought to the emergency department by his family after they noticed erratic behavior and physical symptoms such as dilated pupils, rapid heartbeat, and excessive sweating. John admits to using a new “energy-boosting” supplement he purchased online. He reports feeling extremely anxious and paranoid since taking the supplement. Which of the following substances is most likely responsible for John’s symptoms?**

- a. Alcohol
- b. Opioids
- c. Stimulants (e.g., amphetamines or cocaine)
- d. Benzodiazepines
- e. Cannabis

**6. A young lady presented with history of repeated episodes of binge-eating, followed by purging using laxatives, she is likely suffering from which of the following disorder?**

- a. Anorexia Nervosa
- b. Binge eating disorder
- c. Avoidant Restrictive food intake disorder
- d. Bulimia Nervosa
- e. Eating disorder, unspecified

#### 4. NEUROSCIENCE MEDICINE

**1. A 58-year-old male presents with resting tremors, bradykinesia, and muscle rigidity. He also has a shuffling gait. What is the most likely diagnosis?**

- a. Huntington’s disease
- b. Amyotrophic lateral sclerosis
- c. Parkinson’s disease
- d. Multiple sclerosis
- e. Alzheimer’s disease

**2. A 34-year-old female presents with double vision, difficulty swallowing, and fatigue that worsens at the end of the day. Which test is most likely to confirm the diagnosis?**

- a. Brain MRI

- b. Serum acetylcholine receptor antibody test.
- Lumbar puncture
- d. EEG
- e. Muscle biopsy

**3. A 45-year-old woman presents with unilateral facial weakness, drooping of the mouth, and inability to close her eye. She has no other neurological deficits. What is the most likely diagnosis?**

- a. Stroke
- b. Myasthenia gravis
- c. Bell's palsy
- d. Guillain-Barré syndrome
- e. Multiple sclerosis

**4. A 27-year-old woman presents with episodes of vision loss, fatigue, and numbness in her legs. MRI shows multiple hyperintense lesions in the brain and spinal cord. What is the most likely diagnosis?**

- a. Multiple sclerosis
- b. Stroke
- c. Migraine with aura
- d. Epilepsy
- e. Amyotrophic lateral sclerosis

**5. A 72-year-old man with hypertension presents with a sudden onset of right-sided weakness and difficulty speaking. CT scan shows an ischemic stroke in the left middle cerebral artery territory. What is the most appropriate next step in management?**

- a. Aspirin
- b. Thrombolysis with alteplase
- c. Heparin
- d. Clopidogrel
- e. Beta-blockers

**6. A 40-year-old man experiences brief episodes of excruciating, sharp facial pain that last for seconds and are triggered by talking or chewing. What is the most likely diagnosis?**

- a. Migraine
- b. Temporal arteritis

- c. Trigeminal neuralgia
- d. Cluster headache
- e. Tension headache

**7. A 25-year-old woman presents with headache, papilledema. Vomiting, and MRI shows no abnormalities, and lumbar puncture reveals increased opening pressure but normal CSF composition. What is the most likely diagnosis?**

- a. Subarachnoid hemorrhage
- b. Intracranial tumor
- c. Idiopathic intracranial hypertension
- d. Meningitis
- e. Hydrocephalus

**8. A 68-year-old man with a history of hypertension and diabetes presents with sudden loss of vision in one eye. Fundoscopy reveals a pale retina and a "cherry-red" spot at the macula. What is the most likely diagnosis?**

- a. Retinal detachment
- b. Acute angle-closure glaucoma
- c. Central retinal artery occlusion
- d. Optic neuritis
- e. Temporal arteritis

**9. A 30-year-old woman has recurrent, throbbing headaches associated with nausea, photophobia, and sensitivity to sound. The headaches last several hours and occur about once a month. What is the most likely diagnosis?**

- a. Tension headache
- b. Cluster headache
- c. Migraine
- d. Temporal arteritis
- e. Sinus headache

**10. A 60-year-old man is brought to the emergency department after having a sudden, severe headache described as "the worst headache of his life." CT scan shows blood in the subarachnoid space. What is the most likely cause?**

- a. Migraine
- b. Intracerebral hemorrhage

- c. Subarachnoid hemorrhage
- d. Epidural hematoma
- e. Meningitis

**11. A 55-year-old woman with a history of breast cancer presents with back pain, weakness in her legs, and urinary incontinence. MRI reveals spinal cord compression. What is the next step in management?**

- a. NSAIDs
- b. Radiation therapy
- c. Oral steroids
- d. Surgical decompressors
- e. Chemotherapy

**12. A 65-year-old woman presents with progressive memory loss, disorientation, and difficulty with activities of daily living. Her MRI shows diffuse cortical atrophy, particularly in the hippocampus.**

**What is the most likely diagnosis?**

- a. Parkinson's disease
- b. Lewy body dementia
- c. Alzheimer's disease
- d. Vascular dementia
- e. Frontotemporal dementia

**13. A 25-year-old man develops ascending weakness and areflexia after a recent respiratory infection.**

**What is the most likely diagnosis?**

- a. Multiple sclerosis
- b. Myasthenia gravis
- c. Guillain-Barré syndrome
- d. Spinal cord injury
- e. Amyotrophic lateral sclerosis

**14. A 38-year-old woman presents with episodes of vertigo, tinnitus, and hearing loss in her left ear. These symptoms come and go over several months.**

**What is the most likely diagnosis?**

- a. Vestibular neuritis
- b. Benign paroxysmal positional vertigo (BPPV)
- c. Ménière's disease
- d. Acoustic neuroma

- e. Labyrinthitis

**15. A 32-year-old man presents with rapidly progressing weakness, dysarthria, and difficulty swallowing. His neurologic exam reveals hyperreflexia and muscle atrophy. What is the most likely diagnosis?**

- a. Multiple sclerosis
- b. Myasthenia gravis
- c. Guillain-Barré syndrome
- d. Amyotrophic lateral sclerosis
- e. Lambert-Eaton syndrome

**16. A 20-year-old college student presents with fever, stiff neck, and photophobia. Lumbar puncture reveals elevated white blood cells, low glucose, and high protein in the cerebrospinal fluid. What is the most likely diagnosis?**

- a. Viral meningitis
- b. Bacterial meningitis
- c. Fungal meningitis
- d. Subarachnoid hemorrhage
- e. Multiple sclerosis

**17. A 50-year-old man presents with a resting tremor in his left hand, bradykinesia, and a mask-like facial expression. He denies any cognitive deficits. What is the best initial treatment?**

- a. Acetylcholinesterase inhibitors
- b. Levodopa
- c. Beta-blockers
- d. Corticosteroids
- e. Anticholinergics

**18. A 24-year-old woman experiences a sudden, severe headache followed by nausea and vomiting. She had a brief loss of consciousness and now reports neck pain. CT scan shows no abnormalities.**

**What is the next best step?**

- a. MRI of the brain
- b. Lumbar puncture
- c. EEG
- d. Antiemetics

e. Observation

**19. A 65-year-old man presents with sudden onset of dizziness, nausea, and inability to walk due to Imbalance. There is no hearing loss. What is the most likely diagnosis?**

- a. Ménière's disease
- b. Benign paroxysmal positional vertigo (BPPV)
- c. Vestibular neuronitis
- d. Stroke
- e. Acoustic neurom

**20. A 40-year-old woman experiences sharp, unilateral, stabbing pain in the back of her throat triggered by swallowing. What is the most likely diagnosis?**

- a. Trigeminal neuralgia
- b. Glossopharyngeal neuralgia
- c. Cluster headache
- d. Migraine
- e. Temporomandibular joint disorder

**21. A 45-year-old woman presents with progressive sensory loss, dysesthesias, and muscle weakness in her legs. Her MRI shows a longitudinally extensive lesion of the cervical and thoracic spinal cord. Serum testing reveals antibodies against aquaporin-4. What is the most likely diagnosis?**

- a. Multiple sclerosis
- b. Guillain-Barré syndrome
- c. Neuromyelitis optica
- d. Transverse myelitis
- e. Spinal cord infarction

**22. A 60 years old male presents with progressive cognitive decline, myoclonus, and ataxia over the course of a few months. MRI shows hyperintensities in the caudate and putamen on diffusion-weighted imaging. CSF analysis reveals 14-3-3 protein. What is the most likely diagnosis?**

- a. Alzheimer's disease
- b. Creutzfeldt-Jakob disease
- c. Progressive supranuclear palsy
- d. Huntington's disease

e. Lewy body dementia

**23. A 50-year-old woman presents with painless, progressive bilateral vision loss. Examination shows sluggish pupillary light reactions and optic disc pallor. MRI shows a periventricular white matter lesion. Which of the following is the most likely underlying diagnosis?**

- a. Optic neuritis
- b. Multiple sclerosis
- c. Leber hereditary optic neuropathy
- d. Sarcoidosis
- e. B12 deficiency

**24. A 32-year-old male presents with progressive gait disturbance, slurred speech, and uncoordinated movements. His father had similar symptoms and died in his 50s. On examination, there is ataxia, dysarthria, and reduced vibratory sensation. What is the most likely diagnosis?**

- a. Amyotrophic lateral sclerosis
- b. Huntington's disease
- c. Friedrich's ataxia
- d. Spinocerebellar ataxia
- e. Wilson's disease

**25. A 5-year-old male child comes to the OPD due to progressively worsening muscle weakness for the last several months. The patient has difficulty with activities such as climbing stairs, getting up from chairs. Physical examination shows weakness of the shoulder and hip girdle muscles. His maternal uncle also had similar problems. What is the pattern of inheritance in this child's disease?**

- a. Autosomal dominant
- b. Autosomal recessive
- c. Mitochondrial pattern
- d. X-linked Dominant
- e. X-linked Recessive

**26. A 8 Years old boy presented with history of fever and headache for the last 15 days. Pus discharge form the left ear since 3 months, on examination 6<sup>th</sup> nerve palsy in right eye. Fundoscopy reveals bilateral papilloedema. Treatment for this condition is:**

- a. **Ceftriaxone, Vancomycin**
- b. Ceftriaxone, Vancomycin and Flagyll.
- c. Ceftriaxone, Dexamethasone Vancomycin anD
- d. Inj. Artisunate
- e. Dexamethasone, Ethambutal, Isoniazid, Pyrazinamide and Rifampicin

27. A 12 yrs old presents to the emergency department with fever 122.2 F (39 C ) and intense headache. A lumbar puncture (LP) is performed, and your suspicion of septic meningitis is confirmed. Which of the following CSF findings is most likely 48 hours into the course of meningitis?

- a. 50 WBC, 70% monocytes
- b. 50 WBC, 8000 red blood cells
- c. 100 WBC, 90% eosinophils
- d. 150 WBC, 80% lymphocytes
- e. 5,000 WBC, 90% polymorphonuclear leukocytes

28. A 1 year old infant has excessive crying and high grade fever with fits. On examination he has bulging fontanel and brisk reflexes. Which investigation would you like to perform to confirm diagnosis?

- a. Cerebrospinal Examination Fluid Routine
- b. Coagulation Screening
- c. CT Brain
- d. Fundoscopy
- e. MRI Brain

29.6 months old floppy infant is brought by the mother with the history of recurrent chest infection. On examination his OFC is 44cm, reflexes are absent rest of the examination is unremarkable. What is the most appropriate diagnostic test.

- a. EMG
- b. NCS
- c. MRI brain
- d. CSF R/E
- e. CPK

30. A 3 years old boy is brought to emergency department with the history of generalized tonic colonic fits lasting for 10 minutes with 2 times since morning. On examination his Anterior Fontanel is normal. Kerning and Brudzinski signs are negative, lumber puncture shows 3 cells, sugar 80mg/dl,

Protein 20 mg/dl. RBS 100mg/dl. What is the most likely diagnosis?

- a. Simple febrile fits
- b. Complex febrile fits
- c. Septic meningitis
- d. Septic meningitis
- e. Tuberculous meningitis

31. A 2 years old child brought to emergency department with the history of unconsciousness since morning. On examination she is febrile having a temperature of 104 F, she is pale and few petechiae on the body, spleen tip is palpable. Her GCS is 10/15, kerning and Brudzinski signs are absent, CSF cell count is 5, Protein 40mg/dl and Sugar 70mg/dl. RBS 80 mg/dl. What is most likely diagnosis?

- a. Septic meningitis
- b. septic meningitis
- c. Tuberculous meningitis
- d. Brain abscess
- e. Cerebral malaria

32.7 years old child presented with history of fever for the last 7 days and generalized tonic clonic fits for one day. On examination GCS is 10/15. Signs of meningeal irritation are present, fundoscopy showed papilledema, CT brain with contrast shows hydrocephalous and basilar meningeal enhancement. What is your most likely diagnosis?

- a. Septic meningitis
- b. Aseptic meningitis
- c. Cerebral malaria
- d. Tuberculous meningitis
- e. Brain abscess

33.A 42-Year-old man known to have hypertension, present Emergency Department with sudden onset of severe occipital headache and vomiting for the last two hours. He describes it, the worst headache of his life. After two hours he became unconscious and on examination his GCS 11/15, afebrile, pulse

**90/minute and Blood pressure 170/110 mmHg.**

**What is the Most probable Diagnosis?**

- a. Subarachnoid Hemorrhage
- b. Ischemic stroke
- c. Transient ischemic attack (TIA)
- d. Aseptic Meningitis
- e. Idiopathic Intracranial Hypertension (IIH)

**34. A 7 year old girl is brought with complains of frequent falls. On examination she is hypotonic, power 1, with absent reflexes. Her CSF examination: Colorless, glucose 60mg/dl, Proteins 150 mg/dl, WBC 10 The girl is most likely suffering from**

- a. GBS
- b. Polio
- c. Transverse myelitis
- d. Infection neuritis
- e. Post diphtheria neuropathy

**35. Seizures of Benign Rolandic Epilepsy usually disappears:**

- a. Before 5 years of age
- b. Before 8 years of age
- c. Before 3 years of age
- d. Before 10-14 years of age
- e. Never disappears and continue till age 25 years

## 5. INFECTIOUS DISEASES MEDICINE

**1. A 29 years old male from Punjab presented to the hospital with high grade intermittent fever with rigor and chills and sweating from last 3 days. There is associated myalgia, headache and diarrhea. He visited swat for tourism and he hails from Punjab. He has no significant past medical history and personal history of note. On examination toxic looking, mildly icteric young male. Temp 102F, pulse rate 100, BP 100/60, SpO2 96% on R.A. Systemic examination splenomegaly, all other unremarkable. Hb 11, plt 84000, Na 130, K 3.2, Cl 96. All other test are awaited. What is the most likely diagnosis?**

- a. Dengue
- b. Infectious mononucleosis
- c. Typhoid

d. Malaria

e. Infective endocarditis

**2. A 16 years old young male, presented to emergency with profuse vomiting more than 12 episodes from last 2 hours and 2 episode of diarrhea for last 30 minutes. The vomitus contains undigested food and was yellowish in color, no blood or mucus in it. He ate a plate of rice and salad 4 hours ago. No past medical and personal history of note. On Examination abdomen is tender on palpation. Capillary refill is >5sec and tongue is dry. Skin turgor is reduced. Rest examination is unremarkable. BP 90/60, pulse 110 temp 101F Labs: TLC 9000, Hb 12 MCV 95, platelet 250000. Na 135, K 2.8, Cl 100. What is the most likely diagnosis?**

- a. Bacillus Dysentery
- b. Shigella Dysentery
- c. Staphylococcus gastroenteritis aurous
- d. Salmonella enteritis
- e. Giardia lamblia Dysentery

**3. A 50 years old man returned from Karachi several days ago. He presents to the hospital with headache, myalgia and fever of 38 C. Examinations reveal multiple petechiae. His blood shows HB of 13 g/dl, WBC 11\*109/l and platelets of 70 x 109/l Thick and thin films for malaria are negative. Which of the following infection is most likely?**

- a. Plasmodium malariae
- b. Brucella
- c. HIV seroconversion
- d. Plasmodium ovale
- e. Dengue fever

**4. A 22 years old lady presented with 3 days' history of high grade fever with chills and vomiting. Clinical examination shows pale mildly icteric and pyrexia lady with palpable spleen. Her temperature is 105 Degree F. The most likely diagnosis in this patient is:**

- a. Enteric fever
- b. Malaria
- c. Brucellosis

- d. Acute hepatitis
- e. Acute hemolytic anemia

**5. A 21- year old female schoolteacher presents with four-day history of fever and rash. The rash is maculopapular. It began around the ears and spread to rest of the body. On examination she is with febrile with temperature of 38 degrees. She has red eyes and runny nose. She has dry cough. There are small, whites spot visible on her mucosa. Which of the following is most likely diagnosis?**

- a. Measles
- b. Meningococcal meningitis
- c. Mumps
- d. Syphilis
- e. Typhoid

**6. A 63-years-old woman has recently returned from Umrah, presents with dry cough, fever, nasal stiffness and breathlessness from last 03 days. On examination she had bilateral crackles. CXR confirmed bilateral consolidation and infiltrates. Which of the following g is most likely cause?**

- a. Legionella
- b. Mycoplasma
- c. Streptococcus
- d. PneumoniaSARS Covid-19
- e. Klebsiella

**7. A 42-years-old man with end stage renal disease who was receiving Hemodialysis was admitted with fever and confusions. He has been having dialysis via a Subclavian double Lumen catheter for several weeks. The patient was febrile and confused with respiratory rate 25/min and blood pressure of 80/40 mmhg. He had a WBC count of 18x103/microliter. What is the most likely cause of Sepsis in this patient?**

- a. E-coli
- b. Listeria monocytogenes
- c. Staphylococcus aureus
- d. Staphylococcus epidermidis
- e. Streptococcus pyogenes

**8. A 76-years-old lady develops diarrhea following a course of antibiotics. Which of the following antibiotics is most commonly associated with colitis:**

- a.Pseudomembranous Quinolones
- b. Cephalosporins
- c. Macrolides
- d. Folate antagonists
- e. Aminoglycosides.

**9. A 30-years-old patient has previously presented with Jaundice and diagnosed to have G6PD deficiency. She seeks advice about travelling to Chitral because she want to take Malaria Prophylaxis. What drug should she avoid taking?**

- a. Quinine
- b. Chloroquine
- c. Artesunate
- d. Primaquine
- e. Doxycycline

**10. A 26-year-old male presented to the emergency department with stiff jaw and being unable to open mouth. Three days previously he was immunized with tetanus toxin after lacerating his finger at work. On examination he had evidence of lock jaw. His injured finger was swollen, painful and exuding pus. What is the immediate management?**

- a. Debridement and cleansing of the wound.
- b. Injection of tetanus antitoxin into the wound
- c. Oral penicillin V.
- d. Intramuscular human tetanus immunoglobulin.
- e. Intravenous pancuronium

**11. A 56-years-old farmer male was admitted with a 03 weeks history of malaise, headache, pain in his arms, legs and lower back and night sweats. His appetite was poor and has lost 03 kg of weight. On examination he was unwell. He had generalized lymphadenopathy and febrile. He also had a palpable spleen of 04cm below left costal margin. Investigation shows Hb 11.8g/dl, WCC 2x106/L, platelets 440x108/L, ESR 66mm/h, CRP 210 ng/L and**

**CXR shows calcified Para-tracheal lymph nodes.**

**What is the most likely diagnosis?**

- a. Sarcoidosis
- b. Tuberculosis
- c. Brucellosis
- d. Aspargilllosis
- e. Acquired syndrome immune deficiency

## 6. OBS

**1. Which of the following is a cause of Hyperemesis Gravidarum:**

- a. Twin pregnancy.
- b. Diabetes.
- c. Hydrops fetalis
- d. Anencephaly
- e. Antiphospholipid syndrome

**2. Nuchal translucency is used is a marker used for:**

- a. NTD
- b. Anencephaly
- c. Trisomies
- d. Renal agenesis
- e. Triploid

## 7. GI PEADS

**1. A 3-year-old girl is brought to the clinic with a 2-day history of vomiting, fever, and watery diarrhea. On examination, she is alert but has dry mucous membranes and a capillary refill time of 3 seconds. Lab investigations are within normal limits. Stool culture reveals a rotavirus infection. What is the most common cause of vomiting in this case?**

- a. Pyloric stenosis
- b. Gastroesophageal reflux disease (GERD)
- c. Intussusception
- d. Gastroenteritis dehydration with some
- e. Duodenal atresia

**2. A 4-year old boy presents with persistent vomiting over several days. Laboratory investigations reveal low serum sodium and chloride levels, with a raised blood pH. Which electrolyte abnormality is this child most likely experiencing?**

- a. Hyperkalemic metabolic alkalosis
- b. Hyperchloremic metabolic acidosis
- c. Hypochloremic metabolic alkalosis
- d. Hypokalemic respiratory acidosis
- e. Hyponatremic respiratory acidosis

**3. A 2-year-old girl presents with chronic cough, hoarseness, and regurgitation. Her symptoms worsen at night and she has frequent otitis media. A barium swallow study shows delayed gastric emptying and esophageal reflux. What is the most appropriate pharmacological treatment?**

- a. H2-receptor antagonists
- b. Proton pump inhibitors
- c. Prokinetic agents
- d. Antacids
- e. Corticosteroids

**4. A 2-year-old child with recurrent vomiting and poor weight gain. He also has history of recurrent episodes of wheezy chest. On examination his weight is below 5<sup>th</sup> centile. He looks pale with bilateral wheezes on chest examination. Based on history and examination you suspect gastroesophageal reflux disease. Which of the following investigations is most useful in diagnosing gastroesophageal reflux?**

- a. Barium swallow
- b. Esophageal pH monitoring
- c. Abdominal ultrasound
- d. Upper GI endoscopy
- e. CT scan of the abdomen

**5. A 2-year-old child presents with frequent regurgitation and poor weight gain. The mother reports the child is fussy and refuses to eat solid foods. On Physical Examination the child's weight and height is on the 10<sup>th</sup> percentile, abdomen is soft and non-distended. On Lab Findings CBC and Biochemistry is normal. Esophageal pH monitoring shows Increased acid exposure. What is the best initial management for this child?**

- a. Proton pump inhibitor (PPI) therapy

- b. Thickened feeds
- c. Surgical fundoplication
- d. Elimination of cow's milk
- e. H<sub>2</sub> receptor antagonist

**6. A 3-year-old child presents with acute onset of diarrhea, vomiting, and low-grade fever. He attends daycare where other children have similar symptoms. On examination, he has dehydrated with sunken eyes and dry mucous membranes. What is the most appropriate initial management?**

- a. Intravenous fluids
- b. Oral rehydration solution (ORS)
- c. Antibiotics
- d. Antidiarrheal medications
- e. Probiotics

**7. A 2-year-old child presents with sunken eyes and lethargy. On examination, the skin pinch goes back very slowly, and the child is unable to drink or drinks poorly. How will you classify his dehydration according to IMNCI?**

- a. No dehydration
- b. Mild dehydration
- c. Moderate dehydration
- d. Severe dehydration
- e. Very severe dehydration

**8. A 5-year-old child presents with chronic diarrhea for 8 months. He has bulky, foul-smelling stools and poor weight gain. Physical examination shows a distended abdomen and wasted buttocks, his height and weight are both below 5<sup>th</sup> centiles. Lab investigations shows normal electrolytes, low Hb of 8 g/dl and low serum ferritin level. Which investigation is most likely to confirm the diagnosis?**

- a. Sweat chloride test
- b. Stool culture
- c. Serum anti-tissue transglutaminase antibodies
- d. Abdominal ultrasound
- e. Colonoscopy

#### 8. PEADS MULTISYSTEM

**1. A 2-week-old infant with diagnosed galactosemia is brought to the nursery ER.. The parents ask about dietary management. What advice should be given regarding the infant's diet?**

- a. Switch to a lactose free formula
- b. Continue breastfeeding
- c. Start on high galactose milk
- d. Introduce cow's milk at 6 months
- e. Add glucose supplements

**2. A 14-year-old girl presents with recurrent episodes of severe abdominal pain, vomiting, and confusion. She reports these episodes occur after stressful events. Her urine turns dark upon exposure to sunlight.Which type of porphyria is most likely responsible for these symptoms?**

- a. Acute intermittent porphyria
- b. Porphyria cutanea tarda
- c. Erythropoietic protoporphyrina
- d. Hereditary coproporphyrina
- e. Variegate porphyria

**3. A 12-year-old boy with a known history of acute intermittent porphyria presents to the emergency department with an acute attack of abdominal pain and hypertension. What is the appropriate initial treatment? Most**

- a. Intravenous glucose
- b. Intravenous fluids
- c. Hematin infusion
- d. Beta-blockers
- e. Intravenous antibiotics

**4. A 6 months old infant presents with hypoglycemia, hepatomegaly, and lactic acidosis. The mother complains that the baby is becoming lethargic, reluctant to feed and having high grade fever.Which organism is most likely the infectious cause in this infant?**

- a. Campylobacter jejuni
- b. Clostridium difficile
- c. Salmonella
- d. E. Coli
- e. Yersinia

**5. 6 months old infant is brought in with poor feeding, hypotonia. Xray chest shows enlarged heart. On examination, the baby has a large tongue and hepatomegaly. Which glycogen storage disease is most likely responsible for these findings?**

- a. Pompe disease
- b. McArdle disease
- c. Von Gierke's disease
- d. Cori disease
- e. Andersen disease

**6. A newborn screening test for a 2-day-old infant comes back positive for phenylketonuria (PKU). The infant is currently asymptomatic. What is the most appropriate next step in management?**

- a. Begin a low-phenylalanine diet
- b. Wait for symptoms to develop
- c. Repeat the newborn screening
- d. Start folic acid supplementation
- e. Introduce a high-protein diet

**7. A 2 yr old child with PKU is brought to the clinic for a routine checkup.. The parents express concern about dietary restrictions. What dietary advice should be reinforced?**

- a. Avoid meat and dairy
- b. Allow unrestricted protein intake
- c. Increase meat intake to promote growth
- d. Give ketogenic diet
- e. Supplementation of tyrosine rich food

**8. A 4 yr old boy presents with frequent fractures, blue sclerae, and hearing loss. There is a family history of similar symptoms. What is the most likely diagnosis?**

- a. Osteogenesis imperfecta
- b. Ehlers-Danlos syndrome
- c. Marfan syndrome
- d. Scurvy
- e. Achondroplasia

**9. A 10-year-old girl presents with hypermobile joints, skin hyperextensibility, and easy bruising.**

**There is no history of trauma. Which collagen disorder is most likely?**

- a. Ehlers-Danlos syndrome
- b. Osteogenesis imperfecta
- c. Marfan syndrome
- d. Scleroderma
- e. Scurvy

**0. A 3yr old from kpk presents with severe wasting, bilateral pedal edema, and a distended abdomen. The mother reports the child has been having only bread and tea. What type of malnutrition is most likely in this child?**

- a. Kwashiorkor
- b. Marasmus
- c. Mixed malnutrition
- d. Vitamin A deficiency
- e. Iron deficiency anemia

#### **9. GI SURGERY**

**1. A 20 years old female present in ER with complaint of nausea pain in para-umbilical region then shift to RIF O/E tender in RIF, Rebound tenderness Positive. What is you most probable diagnosis.**

- a. Acute pancreatitis
- b. Acute Appendicitis
- c. Psoas Abscess
- d. Right sided rupture ectopic
- e. None of above

**2. A 20 yrs old female present in ER with complaint of nausea pain in para-umbilical region then shift to RIF O/E tender in RIF, Rebound tenderness Positive. Clinico pathological score use for diagnosis of acute appendicitis?**

- a. Ranson's score
- b. sopa
- c. Alverado score
- d. Glasgow
- e. All of the above

**3. A 18 yrs old female present in ER with compliant of pain in RIF, Fever vomiting and Diagnosis of acute Appendicitis made. Per op Appendix was normal but you notice a 2 inches tubular structure at 2 feet from ICI which was inflamed what's you most probable diagnosis?**

- a. Mesenteric cyst
- b. Ectopic tubular pregnancy
- c. Meckles diverticulitis
- d. Mittelschmerz
- e. None of above

**4. A 40 yrs old rheumatoid arthritis patient present in ER with compliant of sudden onset epigastric pain which is now all over the abdomen. O/E temperature 102 F pulse 120/min abdomen tender rigid guarding is present bowel sound absent most probable diagnosis?**

- a. Acute cholecystitis
- b. Gastric perforation with peritonitis
- c. Sigmoid volvulus
- d. Adhesive obstruction
- e. All of above

**5. A 40 yrs old rheumatoid arthritis patient present in ER with compliant of sudden onset epigastric pain which is now all over the abdomen. O/E temperature 102 F pulse 120/min abdomen tender rigid guarding is present bowel sound absent most appropriate next step?**

- a. Exploratory laparotomy
- b. NG and resuscitation
- c. Conservative management
- d. None of the above
- e. Send him home on painkillers

**6. A 40 yrs old male underwent open cholecystectomy 5 yrs back now present with complaint of abd pain + vomiting and absolute constipation O/E Abd tense + distended + tender + resonant percussion and borborygmi bowel sound X-ray show multiple air fluid level what's you most probable diagnosis?**

- a. Viscus perforation
- b. Adhesive obstruction

- c. Sigmoid volvulus
- d. All of the above
- e. A and B both

**7. A 40 yrs old male underwent open cholecystectomy 5 yrs back now present with complaint of abd pain + vomiting and absolute constipation O/E Abd tense + distended + tender + resonant percussion and borborygmi bowel sound X-ray show multiple air fluid level first investigation of choice?**

- a. X-ray erect abd
- b. X-ray supine
- c. Colonoscopy
- d. Ct Scan
- e. None of above

**8. A 40 yrs old male underwent open cholecystectomy 5 yrs back now present with complaint of abd pain + vomiting and absolute constipation O/E Abd tense + distended + tender + resonant percussion and borborygmi bowel sound X-ray show multiple air fluid level next most appropriate next step?**

- a. pass NG and resuscitate
- b. laparotomy
- c. sent him home
- d. Put drain under local anesthesia
- e. None of the above

**9. A 35 yrs old multiparous lady present with swelling in umbilical region with crescent shape umbilicus which reduce in size on laying done and increased with cough and sneeze. What is your most probable diagnosis?**

- a. Hematoma
- b. abscess
- c. Omphalitis
- d. Para umbilical hernia
- e. A and D both

**10. A 35 yrs old multiparous lady present with swelling in umbilical region with crescent shape**

umbilicus which doesn't reduce or increase in size with negative cough pulse on examination patient is febrile pulse 110/min swelling is tender, hard and irreducible. What is your most probable diagnosis?

- a. Strangulated hernia
- b. Irreducible hernia
- c. A and B both
- d. None of the above
- e. uncomplicated hernia

11. A 40 year old gentleman present with painful swelling in Right inguinal region along with vomiting abd distension and absolute constipation for 2 days what is your diagnosis?

- a. Enlarge inguinal lymph node
- b. infected hematoma
- c. Obstructed inguinal
- d. hernia Hydrocele
- e. All of above

12. McBurney point is the distance between anterior superior Iliac spine and umbilical?

- a. 1/3<sup>rd</sup> lateral 2/3<sup>rd</sup> medial
- b. 1/3<sup>rd</sup> medial 2/3<sup>rd</sup> lateral
- c. Half lateral and half medial
- d. A and C both
- e. All of above

13. A 35-year-old male underwent a laparoscopic appendectomy. On final pathology, he was found to have a 1.4-cm carcinoid tumor in the mid-appendix with direct extension to the mesoappendix, negative margins, and no lymphovascular invasion. What is the best treatment plan?

- a. No further treatment needed
- b. Lleocectomy
- c. Right hemicolectomy
- d. Medical treatment with octreotide
- e. Chemotherapy

14. Which of the following is true regarding dumping syndrome?

- a. Late dumping syndrome is the result of a massive influx of high osmolarity intestines. Contents into the
- b. It is more common after Billroth I reconstructions versus Billroth II.
- c. It can include cardiovascular effects such as palpitations, diaphoresis, fainting, and flushing.
- d. Early dumping syndrome is made worse by high-carbohydrate foods.
- e. Most patients require long-acting octreotide agonists to control their symptoms.

15. A 45 year old man presents with weight loss over 6 months and anorexia. He had mild pain on and off in the epigastrium. On examination he has yellow sclera, very weak and has a non tender palpable mass in the Right hypochondrium. What is the most likely diagnosis?

- a. Mucocele gall bladder
- b. Empyema gall bladder
- c. Carcinoma head of pancreas
- d. Mirizzi syndrome
- e. CBD stone

16. A 75 yrs old man presents as an emergency with the left iliac fossa pain, fever of high grade with chills and constipation, on examination generalized tenderness and guarding was found. Chest X ray shows gas under Rt hemidiaphragm. On exploration, perforated diverticular disease and fecal peritonitis was found. The safest procedure at this time would be,

- a. Anterior resection
- b. Lt hemicolectomy
- c. Sigmoid colectomy
- d. Hartmans procedure
- e. Abdominoperineal resection

17. A 83 years old woman presents in an emergency sudden with severe generalized abdominal pain. She is in great pain, apyrexial, hypotensive, with an irregularly irregular pulse of 150/min. Her abdomen on examination is soft and there is mild tenderness. What is the most likely diagnosis?

- a. Ruptured aortic aneurysm
- b. Acute renal colic
- c. Acute cholecystitis
- d. Acute mesenteric ischemia
- e. Acute pancreatitis.

**18. A 42-year-old man with no past medical history presents with a 5-day history of left lower quadrant abdominal pain. He is found to have sigmoid diverticula with associated pericolonic stranding and mesenteric lymphadenopathy on CT imaging. He is treated with IV antibiotics, his pain resolves, a diet is restarted, and he is transitioned to oral antibiotics and discharged. Which of the following is most appropriate?**

- a. Add probiotics
- b. Schedule elective sigmoid colectomy
- c. Schedule colonoscopy
- d. No further recommendations
- e. Schedule repeat CT scan of the abdomen and pelvis with IV contrast

**19. A 68-year-old female presents to the emergency department (ED) with obstipation, nausea, and gradually worsening abdominal distension. She is afebrile with normal vital signs and has moderate distention on examination with mild abdominal tenderness. A CT scan of the abdomen and pelvis suggests a large bowel obstruction with a transition point in the left (descending) colon and multiple hypoattenuating masses in the liver and base of the lungs. There is also evidence of small bowel dilation. She is a febrile and hemodynamically stable. A nasogastric tube is placed. What is the next best step in the management of this patient?**

- a. Colonoscopy and uncovered stent placement
- b. Colonoscopy and covered stent placement
- c. Left colectomy
- d. Diverting loop ileostomy
- e. Initiate inpatient chemotherapy

**20. Which of the following is true about colonic physiology?**

- a. The colon absorbs the majority of water in the gastrointestinal tract
- b. Sodium is absorbed actively via  $\text{Na}^+/\text{K}^+$ -ATPase
- c. Ammonia reabsorption is unaffected by luminal pH
- d. Chloride is secreted
- e. It produces no nutrients

**21. A 55-year-old woman undergoes laparoscopy for presumed appendicitis. At surgery, she is found to have perforated appendicitis with what appears to be peritoneal studding. The patient undergoes appendectomy and biopsy of the peritoneum. Final pathology reveals appendiceal adenocarcinoma. Subsequent workup reveals no evidence of additional metastatic spread to the liver or lungs. Further treatment would consist of:**

- a. No further treatment
- b. Systemic chemotherapy
- c. Intraperitoneal chemotherapy
- d. Cytoreductive hyperthermic chemotherapy surgery and intraperitoneal
- e. Cytoreductive surgery and systemic chemotherapy

**22. A 73-year-old female with no significant medical problems is found to have a 3-cm hepatic flexure mass on screening colonoscopy. A biopsy demonstrates moderately differentiated adenocarcinoma. Her laboratory tests are notable for microcytic anemia and normal liver function tests. Which of the following is the most appropriate preoperative staging strategy?**

- a. CT scan of the chest, abdomen, and pelvis, and transrectal endoscopic ultrasound
- b. CT scan of the chest, abdomen, and pelvis, and carcinoembryonic antigen
- c. CT scan of the chest, abdomen, and pelvis, MRI of the brain, and carcinoembryonic antigen
- d. PET/CT of the chest, abdomen, and pelvis, MRI of the brain, and carcinoembryonic antigen
- e. PET/CT of the chest, abdomen, and pelvis, MRI of the brain

## 9. NEUROSURGERY

**1. A 15-year-old boy was hit on the temple with a baseball and he became unconscious. After about ten minutes, he regained consciousness, but he soon became lethargic, and over the next two hours, he was stuporous. His pupils were unequal. Intra cranial hemorrhage was suspected. He was shifted to the radiology department for an urgent CT scan brain which shows biconvex, hyperdense lesion on right temporal regions. What is the most probable diagnosis?**

- a. Extradural Hematoma
- b. Subdural Hematoma
- c. Subdural Hygroma
- d. Intracerebral bleed
- e. Contusion

**2. A 21 years male patient got head trauma after fall, present to ER with GCS 15/15. On examination 5mm wound observed on right forehead which was packed and discharge to home. After 15 days patient present to neuro emergency with GCS 8/15. He has high grade fever and left side weakness.**

**Immediately we did CT brain which shows diffuse hypodensity with midline shift. What will be the diagnosis?**

- a. Delayed EDH
- b. Delayed SDH
- c. Subdural empyema
- d. Cerebral abscess
- e. Delayed contusion

**3. A 39 year old patient presented to surgical emergency after road traffic accident ( pedestrian vs car). He is suspecting to have a spinal cord injury. What is the first step with regard to management of spinal trauma in this patient.**

- a. CT. Scan of the whole spine
- b. MRI Spine
- c. Plain x-ray of spine
- d. Log roll for examination of the rest of the spine
- e. Cervical spine immobilization

**4. Your patient vocal response is confused, but they are still able to speak in full sentences. What score you give them for the verbal portion of Glasgow Coma Scale.**

- a. 5
- b. 4
- c. 3
- d. 2
- e. 1