



Time: 10:00 am to 11:30 am

Date: 04.09.2024

Total Marks: \_\_\_\_\_

Mark Obtained: \_\_\_\_\_

Student Name: \_\_\_\_\_ Roll. NO: \_\_\_\_\_

Instructions: Attempt all questions. All questions carry equal marks. Choose single best option by ticking or encircling.

1. A 25-year-old G2PO at 30 weeks' gestation presents with the complaint of intense itching that is worse on the palms and soles of her feet, and is worse at night. Her physical examination does not show any evidence of rash, but she has obvious excoriations from scratching on her abdomen.

Which of the following tests would be most likely to confirm your suspected diagnosis?

- a. Skin biopsy demonstrating evidence of bile acids in the dermis
- b. Elevated serum liver function enzymes
- ☒ c. Elevated total serum bile acids
- d. Liver biopsy demonstrating cholestasis without inflammation
- e. Liver ultrasound showing normal liver parenchyma and biliary ducts

2. A 35-year-old woman with gestational diabetes mellitus is nearing her due date. Which of the following factors would most likely indicate the need for early delivery?

- a. A decrease in insulin requirements
- b. A fetus estimated to weigh 3,000 grams
- c. Well-controlled blood glucose levels
- ☒ d. Evidence of fetal macrosomia on ultrasound
- e. Mild polyhydramnios

3. A 28-year-old woman is scheduled for an elective cesarean section due to breech presentation at 39 weeks of gestation. Which of the following is the most important preoperative consideration to minimize surgical site infection?

- ☒ a. Administer a single dose of prophylactic antibiotics
- b. Ensure patient fasting for at least 8 hours
- c. Perform routine vaginal cleansing
- d. Provide thromboprophylaxis with low-molecular-weight heparin
- e. Shave the surgical site immediately before surgery

4. A 30 year old Afro-Caribbean woman attends for her antenatal booking screening blood tests. She is found to be a carrier of sickle cell trait.

What is the most appropriate next step in her management?

- a. Genetic counseling
- b. Offer invasive testing (CVS or amniocentesis) for fetal diagnosis
- ☒ c. Partner testing for sickle cell carrier status
- d. Referral to hematologist
- e. Return to low risk antenatal care

5. Sarah is a 30-year-old pregnant woman who is currently in her third trimester. She has been attending regular prenatal check-ups and following her healthcare provider's advice. During her recent ultrasound appointment, the healthcare provider notices an unusually large amount of amniotic fluid surrounding the fetus. Emily does not have a history of diabetes or any known fetal abnormalities.

What is the medical term for the condition described in Sarah's case?

- a. Oligohydramnios
- b. Ectopic pregnancy
- ☒ c. Polyhydramnios
- d. Placenta previa

6. A 35-year-old woman, pregnant with twins, is found to have polyhydramnios in one twin and oligohydramnios in the other during a routine ultrasound. What condition should be considered in this situation?

- ☒ a. Twin-to-twin transfusion syndrome
- b. Fetal growth restriction
- c. Maternal hypertension
- d. Gestational diabetes

7. A 32-year-old woman with a previous caesarean section due to fetal distress at full term now wishes to have a VBAC. What is the recommended mode of monitoring during labour for this patient?

- ☒ a. Continuous fetal monitoring
- b. Intermittent fetal monitoring
- c. No fetal monitoring is required
- d. Continuous maternal blood pressure monitoring



8. A 28-year-old pregnant woman at 36 weeks gestation who presents with decreased fetal movements for the past 24 hours. On conducting ultrasound if an intrauterine fetal death (IUFD) is confirmed.

What is the most appropriate initial step in managing the patient after confirming intrauterine fetal death (IUFD)?

- a. Immediately schedule an induction of labor.
- b. Refer the patient to a psychiatrist.
- c. Offer emotional support and counseling.
- d. Perform a cesarean section.

9. Dr. Robina is seeing a 30-year-old pregnant woman who is now at 41 weeks of gestation. The patient has had an uncomplicated pregnancy so far but is now anxious about the prolonged pregnancy and potential complications. Dr. Sara needs to evaluate and manage this post-term pregnancy effectively.

What is the most common risk associated with a post-term pregnancy (pregnancy beyond 42 weeks of gestation)?

- a. Preterm birth
- b. Low birth weight
- c. Macrosomia
- d. Congenital abnormalities

10. A 32-year-old pregnant woman at 34 weeks of gestation complains of visible leakage of fluid. On ultrasound, the amniotic fluid index (AFI) measures less than 5 cm. What is the appropriate management for this patient?

- a. Immediate induction of labor
- b. Increased fetal monitoring
- c. Expectant management
- d. Amnioinfusion

11. Which condition is associated with oligohydramnios and can lead to facial and limb deformities, as well as lung hypoplasia in the fetus?

- a. Placenta previa
- b. Preeclampsia
- c. Potters sequence
- d. Polyhydramnios

12. A pregnant patient presents with a small-for-dates uterus and easily palpable fetal parts during an antenatal visit. What is the most likely finding associated with this presentation?

What is a risk associated with oligohydramnios?

- a. Fetal growth restriction
- b. Maternal hypertension
- c. Placental abruption
- d. All of the above

13. A 30-year-old primigravida at 39 weeks gestation presents in active labor. She has regular contractions every 2-3 minutes. Vaginal examination reveals cervical dilation of 6 cm, 100% effacement, and the fetal head at 0 station. What is the most appropriate next step in the management?

- a. Administer oxytocin to augment labor
- b. Perform a cesarean section
- c. Perform an episiotomy
- d. perform an operative vaginal delivery
- e. wait and watch

14. A 32-year-old primigravida at 39 weeks gestation is in the second stage of labor. She has been pushing effectively for 2 hours, and the fetal head remains at +1 station. The fetal heart rate shows occasional variable decelerations. What is the most appropriate next step?

- a. Administer oxytocin
- b. Continue to monitor labor progress
- c. Perform an operative vaginal delivery
- d. Prepare for cesarean section

15. A 28-year-old woman had an uncomplicated vaginal delivery. After the delivery of a healthy baby girl, the placenta is not delivered till 30 minutes with active management of 3rd stage of labor. After multiple unsuccessful attempts to deliver the placenta, what is the next appropriate step in management?

- a. start fundal massage
- b. Manual removal of the placenta
- c. Give intramuscular syntometrine
- d. Give intrauterine PGF2alpha
- e. Wait for half an hour

16. A 30-year-old primigravida at 39 weeks gestation is in active labor. She is experiencing severe pain and requests pain relief. Which of the following is the most effective method for pain relief during labor?

- a. Epidural analgesia
- b. Intramuscular opioids
- c. Nitrous oxide inhalation
- d. Paracervical block
- e. Spinal anesthesia



17. A 18 years old primigravida comes to Labour Room at 30 weeks of gestation with history of intermittent uterine tightening. She had uneventful pregnancy course so far. Vitally she is stable. On abdominal examination there are 2 palpable uterine contractions with normal FHS. On vaginal examination cervix is 2cm dilated with 80% effaced. What is the most probable diagnosis?
- a. Normal Labour
  - ☒ b. Pre Term Labour
  - ☒ c. PPRM
  - d. Placental Abruptio
  - ☒ e. Threatened Pre Term Labour
18. A 25 years old G2P1A11 with previous vaginal delivery presents in Labour room at 34 weeks' gestational age with history of sudden gush of watery vaginal discharge for the last 4 hours. On examination she is afebrile & no palpable uterine contractions. While inserting speculum you noticed few vesicles & blisters on vulva (Herpes simplex infection), there is no previous history of such blisters. You have confirmed Pre term Pre Mature rupture of membranes (PPROM). What is the most appropriate management option for her?
- a. Continue conservative management
  - b. Immediate induction of labour
  - ☒ c. Induction of Labour at 36 weeks
  - d. Induction of labour at 37 weeks
  - ☒ e. Wait for Spontaneous Labour
19. A 35-year-old G4P3A2 woman with B negative blood Group delivers a healthy male baby at 39 weeks' gestation two hours back. The blood group of neonate is B Positive. Mother received Anti D Immunoglobulin at 28 weeks. What is the most appropriate Post-Partum management for this mother?
- ☒ a. Administer Anti D immunoglobulin within 72 hours
  - b. Administer Anti D immunoglobulin after 92 hours of delivery
  - c. No Further Anti D immunoglobulin needed as mother received at 28 weeks
  - ☒ d. Perform a Direct Coomb's test on baby
20. A 25 years old PG at 38 weeks gestation presented to labor room with history of PROM of more than 18 hrs. She has fever of 101°F, pulse rate 98/ min. Her TLC is 15x 10<sup>9</sup> /l. CRP is positive. What is best course of management for this patient.
- a. Give her dexamethasone first for fetal lung maturity
  - ☒ b. Give her IV antibiotics and do C-section
  - ☒ c. IOL by PGE2 in the posterior fornix of vagina
  - d. Tab erythromycin 250 mg QID
  - e. Keep conservative
21. A 40 years old patient G10P9 A15 with previous history of anomalous baby comes at 20 weeks gestation for checkup. She is worried for anomalous baby again. The confirmatory test for anterior abdominal wall defects.
- a. AFP
  - ☒ b. Amniocentesis
  - ☒ c. Prenatal scan
  - ☒ d. Beta HCG
  - e. Estriol levels.
22. A 35 years old G5P4 has come to OPD has come for screening test for Down syndrome. Quadruple test used for the diagnosis of Down's syndrome includes.
- ☒ a. AFP, Beta HCG, estriol, Inhibin-A
  - ☒ b. Beta HCG, AFP, Nuchal translucency, PAPP-A
  - c. Maternal age, beta HCG, AFP, estriol
  - d. Maternal age, PAPP-A, Beta HCG, amniocentesis
  - e. AFP, CA 125, LDH, USG.
23. A 28-year-old primigravida at 36 weeks of gestation is admitted to the labor ward for decreased fetal movements. A biophysical profile (BPP) is conducted, showing a score of 4/10. What should be the next course of action?
- a. Reassure the patient and schedule a follow-up in 48 hours
  - ☒ b. Admit for continuous fetal monitoring and plan for delivery
  - c. Perform a contraction stress test (CST)
  - d. Advise maternal rest and re-evaluate in 24 hours
  - e. Schedule a cesarean section immediately
24. A Primigravida patient presented in emergency with lower abdominal pain at 39 weeks pregnancy. On general physical examination she was vitally stable and was anxious looking. On abdominal examination her fundal height was 40 weeks, lie longitudinal, presentation breech, fetal heart rate 120/ min. On vaginal examination Os was fully dilated, membrane absent, breech felt at introitus. What is the best management option.
- a. External cephalic versions at 39 weeks
  - b. Internal podalic versions at delivery.
  - c. Elective caesarean section at 40 weeks.
  - ☒ d. Emergency caesarean section
  - ☒ e. Assisted vaginal breech delivery



25. A 30-year-old woman presents with a history of excessive traction on the umbilical cord during delivery. She complains of severe pain, profuse bleeding, and a sensation of something coming out of her vagina. On examination, a smooth, rounded mass is felt at the introitus. What is the most likely diagnosis?

- a. Uterine atony
- ☒ b. Placental Abruption
- ☒ c. Uterine inversion
- d. Cervical polyp
- ☒ e. Uterine prolapse

26. A 26 years old G2P1Ab0A11 with previous cesarean section undergoes trial of labor at 41 weeks POG. After 4 hours she develops intense uterine contractions and CTG shows late deceleration and bradycardia, after short time her periodic labor pains are replaced by continuous severe abdominal pain with vaginal bleeding. On examination uterus is tender with absent fetal heart sounds.

What is most probable diagnosis?

- a. Intrauterine fetal death
- b. Placental Abruption
- ☒ c. Amniotic Fluid Embolism
- ☒ d. Ruptur Uterus
- e. Vasa previa

27. A 35 years old multiparous woman, 36 weeks pregnant, presents to the emergency department with sudden onset dyspnea, chest pain and tachycardia. She has history of bed rest for threatened preterm labor. On examination, her blood pressure is 100/60mmHg, oxygen saturation is 85% on room air, and her chest x ray shows no abnormality.

Which of the following is most immediate management step?

- ☒ a. Start therapeutic LMWH, administer oxygen and arrange CT Pulmonary Angiogram.
- b. Start oxygen therapy and oral Aspirin.
- c. Perform emergency casarean section.
- d. Give Analgesia and Oxygen therapy
- e. Arrange ventilation Perfusion scan and administer Oxygen.

28. A 28 years old Primigravida admitted in emergency with 34 weeks pregnancy and history of tonic clonic fits for last four hours. On examination she is semiconscious, B.P 160/110, generalized edema. Fundal height is 32 weeks with normal fetal heart sounds.

How management should be proceeded in her case?

- a. Administer intravenous Labetalol and keep fetal heart rate record.
- b. Administer intravenous Hydralazine and Dexamethasone
- ☒ c. Administer Magnesium Sulphate and plan urgent delivery.
- ☒ d. Administer Magnesium Sulphate and continue conservative management till 37 weeks.
- ☒ e. Administer intravenous Diazepam and continue conservative management till 36 weeks.

29. A man who has been unsuccessful in impregnating his wife during the past year is identified to have azoospermia and semen volumes of 0.8 and 0.5 mL. What is the next step in the management?

- a. Testis biopsy.
- ☒ b. Scrotal ultrasound.
- c. Postejaculatory urinalysis.
- d. Clomiphene citrate, 50 mg every other day.
- e. transurethral resection of ejaculatory ducts.

30. A 65-year-old retired nurse was referred to the endocrine clinic by her primary care physician in view of incidentally-detected hypocalcaemia. She had no significant past medical history and was not taking any regular medications. Her general physical and systemic examination was unremarkable.

Investigations:

Urea 7.5 mg/dL (5-9)

Creatinine 98 µmol/L (60-115)

Calcium 2.8 mmol/L (2.2-2.6)

Phosphate 0.74 mmol/L (0.8-1.5)

alkaline phosphatase 450 IU/L (50-110)

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Which one of the following investigations is most likely to help establish the diagnosis?

- a. 25-OH vitamin D levels
- ☒ b. Myeloma screen
- c. PTH level
- d. Sestamibi scan



31. A 30 years old female presented in OPD with complaints of weight loss, excessive sweating, palpitation and tremors. She also has history of increased appetite and heat intolerance. There is family history of Thyroid disease. On examination, She has diffuse thyroid enlargement. Which of the following is the best test to screen for thyroid disease?
- A. TSH.
  - B. Thyroid ultrasound.
  - C. TSH receptor antibodies (TRAB).
  - D. Thyroid Scintigraphy.
  - E. FNAC.
32. A 40 years old female patient who has history of multiple joint pain for which she took oral pain killers and weekly injectables steroids for past few months, presented to medical outpatient department with complaints of weight gain, headache, poor wound healing and generalized body aches. She had rounded moonface with facial plethora. B.P of 150/90 mmHg. The most likely investigation of choice will be?
- A. Plasma ACTH
  - B. Evening serum cortisol
  - C. 8am serum cortisol+ACTH.
  - D. Plasma metanephrin levels
33. 05 year old girl presented with acute renal failure. Her lab investigations shows serum creatinine 6mg/dL, Na 145meq/dL, K 7.5 meq/dL. What is the best initial treatment option in this patient?
- a. IV Calcium gluconate
  - b. Hemodialysis
  - c. IV insulin & glucose
  - d. Salbutamol inhalation
  - e. IV Sodium bicarbonate
34. 10 year old boy presented with acute history of body swelling and cola coloured urine. He is hypertensive, oligouric and anaemic. Lab investigations show serum urea 120mg/dL, serum creatinine 1.6mg/dL, low serum C3 levels. What is the most common underlying pathology?
- a. Focal segmental glomerulonephritis
  - b. IgA nephropathy
  - c. Membranous nephropathy
  - d. Minimal change disease
  - e. Post streptococcal glomerulonephritis
35. A young boy presented with body swelling and decreased urine output after acute gastroenteritis. Clinically he is lethargic and dehydrated. His BP is 80/40mmHg. CBC shows Hb 10mg/dL, platelets count 240k/cmm. Urea 150mg/dL, creatinine 3mg/dL. Ultrasound shows normal size kidneys. What is the underlying diagnosis?
- a. Acute kidney injury secondary to dehydration
  - b. Acute kidney injury secondary to obstructive uropathy
  - c. Chronic kidney injury secondary to focal segmental glomerulonephritis
  - d. Chronic kidney injury secondary to hemolytic uremic syndrome
  - e. Chronic kidney injury secondary to systemic lupus erythromatosis
36. A 45 years' female presents to you with a swelling in front of the neck for the last 4 years initially it was small now with the passage of time it has increased in size. She also gives history of weight loss, diarrhea and insomnia. On examination the swelling moves with swallowing, the pulse is 110/min. blood pressure is 140/90. What is the most appropriate investigation?
- a. Ultrasound neck
  - b. Thyroid functions tests
  - c. FNAC
  - d. Thyroid scan
37. A 55 years male presents to you with long standing history of thyroid swelling. He gives the history of weight loss and change in voice. On examination the swelling moves with swallowing with skin changes which is adherent to swelling what important investigation will you do?
- a. TFTS
  - b. Thyroid scan
  - c. FNAC
  - d. CT neck
  - e. ultra sound neck
38. A 32-year-old man presents for fertility evaluation. Physical exam and endocrine assessment are normal. Semen analysis demonstrates volume 2.5 mL, density 84 million/mL, motility 71%, and strict morphology 0% with a variety of abnormal forms. The next step is:
- a. Vitamin E.
  - b. Reassurance.
  - c. Testis biopsy.
  - d. Scrotal ultrasound.
  - e. Antisperm antibody



39. A 25 years old unmarried lady presented in surgical OPD with a firm rubbery hard right breast lump in the upper media quadrant for the last 1 year. It is painless, freely mobile, with circumscribed borders, what is the most likely diagnose?
- Galactocoele
  - ☒ Fibroadenoma
  - Cyst in the breast
  - Carcinoma breast
40. Preterm exposed to high oxygen concentration for prolonged period of time have the risk of developing.
- Pulmonary hypertension
  - ☒ Retinopathy of prematurity
  - Respiratory distress
  - Hypoglycemia
41. 2 days old neonate developed respiratory distress while admitted in hospital. He is born at 30 weeks of gestation with history of premature rupture of membranes his X-ray shows air Broncho grams. What is the diagnosis.
- Transient tachypnea of new born
  - ☒ Respiratory distress syndrome
  - Early onset sepsis
  - Congenital heart defect
42. 36-year-old lady, known case of poorly controlled diabetes, presented to Emergency with high grade fever with rigors, vomiting and right flank pain. She also complains of increased frequency of urination for last week. On examination, she is tender in right lumbar region. What is the most likely diagnosis?
- Acute appendicitis
  - ☒ Acute pyelonephritis
  - Acute cholecystitis
  - Acute renal colic
43. 45 years old lady known hypertensive presented with nausea, vomiting and confusion. Examination: BP 130/85mmHg, afebrile with no focal deficit or clinical signs of meningitis. Her prescription was recently modified for poorly controlled blood pressure. Labs: Creatinine: 0.8 mg/dL, Sodium: 107 mEq/L, Potassium: 3.6 mEq/L. Arterial blood gas is normal. What is the most appropriate treatment in this patient?
- Normal(0.9%) saline
  - Dextrose(5%) saline(0.9%)
  - Hypertonic(3%) saline
  - ☒ Half (0.45%) saline
44. 42 years old gentleman, with no previous co-morbid, now presented with generalized body swelling. Urine RE showed: 4+ protein. 24-hour urine protein: 6 gm/day. What is the next best investigation for definitive diagnosis?
- Cystoscopy
  - IV Urography
  - DTPA Scan
  - ☒ Renal biopsy
45. 20 years old girl presented with shortness of breath and blood in sputum. She was alright 4 weeks ago when she developed ear discharge which resolved after antibiotics. On catheterization, she was anuric. X-ray showed bilateral infiltrates. WBC: 11,000/mm<sup>3</sup>, Creatinine: 6.5mg/dL. How will you investigate further?
- ANA, C3, C4
  - ☒ ANCA, Anti-GBM
  - ASO Titer
  - AMA, ASMA
46. 18 years old lady presented with generalized body swelling for 2 weeks. 24-hour urine protein: 5gm/day. Albumin: 2.0 mg/dl. Cholesterol: 288mg/dl. Renal biopsy: Normal glomeruli. What is the best treatment option?
- ACE inhibitor
  - Atorvastatin
  - ☒ Prednisolone
  - Loop Diuretic
47. 25 years old gentleman, presented with gross hematuria. Urine RE showed RBC Casts and protein 4+. Creatinine: 2.0 mg/dL. Renal biopsy showed increased mesangial matrix. What is the most likely diagnosis?
- Anti-GBM Disease
  - ☒ IgA Nephropathy
  - Minimal change disease
  - Membranous GN



48. 45 years old gentleman, known case of IgA Nephropathy, now presented with itching and severe bone pains. His workup showed: Calcium: 7.5mg/dL, Phosphorus: 12mg/dL, Creatinine: 6.0mg/dL. Examination is unremarkable. What is the next step of management?

- a. Calcium acetate
- b. Calcium gluconate
- c. Cinacalcet 30mg
- d. Vitamin D analog

49. Which of the following is not a characteristic feature of Grave disease?

- a. Increased total and free T4
- b. Suppressed plasma TSH
- c. Exophthalmos
- d. Decreased thyroid radioactive iodine uptake.

50. A three-days old full-term neonate was brought to the ER with gradual abdominal distension, reluctant to feeds and has not passed meconium after birth. On examination, his vitals are stable. Abdomen is distended but soft and non-tender and, anus is normal. X-ray abdomen shows dilated gas-filled bowel loops reaching up to pelvis. After rectal stimulation, he passed meconium and flatus with a gush. The most likely diagnosis is:

- a. Paralytic ileus
- b. Meconium ileus
- c. Colonic atresia
- d. Hirschsprung's disease
- e. Congenital hypothyroidism

51. A two-year old boy presents to the Out-Patient Clinic with a history of irregular bowel habits since birth. He had been following paediatricians, been treated for constipation medically without any symptomatic improvement. He has a history of delayed passage of meconium after 3 days of birth with stimulation. An X-ray abdomen is done which shows dilated large bowel loops. The next investigation in his workup should be:

- a. Ultrasound whole abdomen
- b. MRI Abdomen & Pelvis
- c. CT Abdomen & Pelvis with Contrast
- d. Contrast Enema study
- e. Thyroid Functions Tests (TFTs)

52. 52 years old known diabetic patient was found to have proteinuria on routine urine examination. BP was 155/90mmHg on Amlodipine 10mg once daily. Creatinine was stable at 1.3 mg/dl. Diagnosis of diabetic nephropathy was made, and he was started on Losartan 50mg once daily. A week later, his repeat creatinine was 2.2 mg/dl. What is the most likely cause of deranged renal functions in this patient?

- a. Glomerulonephritis
- b. Interstitial nephritis
- c. Renal artery stenosis
- d. Uncontrolled hypertension

53. A 60-year-old man with known lung cancer is seen on follow-up with no active complaints. His BP is 150/90 mmHg, pulse 66 bpm and he has no edema. Electrolytes reveal a serum sodium concentration of 125 mEq/L; BUN is 6mg/dl; uric acid is 2.8 mg/dl, and the urine osmolality is 380 mosm/kg. The most likely explanation for his hyponatremia is

- a. Psychogenic polydipsia
- b. Adrenal insufficiency due to metastasis
- c. Syndrome of inappropriate ADH
- d. Hypovolemic Hyponatremia

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54. 50 years old diabetic patients visit your clinic for lethargy weight gain and increased insulin requirements. How much physical activity should you aim for each week to help weight loss?

- a. 20 minutes on most days
- b. 30 minutes on most days
- c. 45 minutes each week
- d. 45 minutes every other week



55. A 35 years old lactating mother presented in OPD with a huge swelling of left breast. Swelling is red, hot and tender with pussy discharge from the nipple. What is the most likely diagnosis?

- a. Galactocoele
- b. breast abscess
- c. fibroadenoma
- d. carcinoma breast

56. This assessment finding would enable a resident in Pediatric to suspect the presence of Down syndrome in a newborn

- a. Single palmar crease and hypotonia
- b. Short palpebral tissues and flat maxillary area
- c. Prominent scalp veins and a high-pitched cry
- d. Persistent postnatal growth lag and Microcephaly

57. Corneal clouding is absent in the following Mucopolysaccharidoses

- a. Hunter's
- b. Hurler's
- c. Scheie's
- d. Morquio

58. 42 years old laborer presented with left sided flank pain and hematuria for one day. Pain is colicky radiating to the right groin. Ultrasound showed mild right hydronephrosis. Lab workup: Uric acid: 10 mg/dL, Creatinine: 1.2 mg/dL. What is the most likely cause of his presentation?

- a. Urethral valves
- b. Ureteric stone
- c. Ureteric stricture
- d. Bladder stone

59. A young gentleman presented with flank pain. X-ray KUB showed radio-opaque shadow in the right upper abdomen. What is the most common cause of this finding?

- a. Calcium oxalate
- b. Calcium phosphate
- c. Staghorn calculi
- d. Mixed stone

60. 23 years old gentleman presented with generalized body swelling and decreased urine output for 3 days. His BP: 160/80mmHg. Urine RE: RBCs numerous, RBC cast: +, Protein: T+. He reports recurrent pharyngitis, last episode 2 weeks ago. Which of the following is expected in this patient?

- a. positive cryoglobulin
- b. High ANCA level
- c. Low serum C3 level
- d. Normal ASO titers