- instructions for students
- SIGN attendance sheet before leaving Exam Hall. Sign attendance sneet before leaving Exam Hall.
 Mark correct answer on this sheet+bubble sheet with

4. Only tick one correct answer as more than one

- Hand over this solved sheet + bubble sheet to invigilators/front desk before leaving
- Unfair means strictly not allowed. Turn off mobiles or leave outside. There is no negative marking.

TOTAL TIME ALLWED=02 HOURS

CHOOSE ONE BEST ANSWER FROM 05:

1)A 50 years male presented with bleeding Per rectum, altered bowel habits and spurious diarrhea for last 6 months. Proctoscopy shows a circumferential growth in middle part of rectum. What is the diagnostic investigation of choice in this

- CT scan abdomen and pelvis
- Colonoscopy and biopsy
 - Diagnostic laparoscopy
 - d. MRI pelvis
 - Ultrasound abdomen and pelvis

2)A 20 years old female presented with pain right iliac fossa, nausea and anorexia from last 1 day. On examination RIF is tender. TLC is 15000. He is diagnosed as a case of acute appendicitis. What is the scoring system used for diagnosis of acute appendicitis?

- (a.) Alvarado score
- APACHE 2 score
- motels special Balthazar score
 - d. BISAP score
- la tromis o e. Glasgow score

3)A patient is newly diagnosed with mild Ulcerative colitis. What type of anti-inflammatory medication is typically prescribed as first line treatment for this condition?

- a. Corticosteroids (Prednisone)
- b. Immunomodulators(adalimumab)
 - (c.) 5-Aminosalicylates (Sulfasalazine)
 - d. Immunosuppressors(Azathloprine).
 - Nimesulide
- 4) A one-day old male newborn is brought to the ER with a swelling at the lower back. On examination, there is a rounded, soft, cystic mass measuring 2.5 x 3 cm at the lumbar region. Further assessment of the neonate reveals that he also has decreased muscles tone in the lower limbs, a patulous anus and continuous dribbling of urine. The most likely diagnosis in this case is:
 - Sacrococcygeal teratoma
 - Subcutaneous lipoma
 - c. Lymphangiomas
 - d.) Meningomyelocele
 - e. Spinal Epidural Abscess Abdorphia bilitaconto

5)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
- Colonic atresia (d.)
- Hirschsprung's disease
- Congenital hypothyroldism

6) A 70 years old male smoker presented with dysphagia which is progressive, significant weight loss and anorexia. Labs shows HB 8g/dl, Barium swallow shows irregular stricture in mid esophagus. What is the diagnosis?

- a. Achalasia
- b. Barret's Esophagus
- (c.) Esophageal carcinoma
- GERD
- Zenker's diverticulum

7) A 55 old female patient presented in ER with sudden onset of abdominal pain. On examination abdomen is tender all over with absent of bowel sounds. Her BP 110/70 pulse 120/min and temp is 101F. She is a chronic patient of osteoarthritis for which she takes NSAIDs.

What is the most appropriate diagnosis?

- a. Acute Appendicitis
 - b. Acute pancreatitis
 - Intestinal obstruction
 - (d.) Perforated peptic ulcer
 - e. Perforated Gall bladder

8)A 60 years old male presented with yellowish discoloration of sclera, pain RHC and fever for the last 1 week. On exam he is jaundiced, tender RHC. Labs shows bilirubin 5mg/dl, ALP 550 IU/L. Ultrasound shows cholelithiasis and dilated CBD. What next investigation will you plan to reach the diagnosis?

- a. CT abdomen and pelvis
- b. Endoscopic Ultrasound
- c. HIDA scan
- (d.) MRCP
- e. Triphasic CT abdomen

9)A 20 years male presented emergency with tonic Bonit fits. (25) During appendicectomy, preoperatively case of acute appendicities. 15) Our acute appendictes, per operatively case of acute appendictes, per operatively found to be markedly thickened feel rubb CT scan done which showed hypodense lesion in left frontal lobe with no contrast enhancement. found to the serosa is inflamed consistency, the serosa is inflamed mesentery is thickened with fat growing ab The most probable diagnosis is? circumterence. Most likely diagnosis is: a. Arteriovenous malformation b. Low grade Glioma tleal Crohn's disease C Meningioma 2 b. Ileocecal tuberculosis Osteoma ileal stricture e. Osteosarcoma Meckle's diverticulitis 10)A 30 years old female presented in the outdoor department Ulcerative colitis with primary amenorrhea. MRI done which showed lesion in 16)Which of the following accounts for more than 30 Sellar/suprasellar area. the abdominal hernias? The most probable diagnosis is? Femoral hernia a. Dermoid nguinal hernia Epidermoid (b) Incisional hernia Meningioma (d) Pituitary adenoma d. Umbilical hernia Para umbilical hernia Schwannoma 11) A 60 years old male patient presented to you with history of 17)A 46 years old man admitted in surgical ward as a ca abdominal distention, vomiting and absolute constipation. On of enteric fistula (high output). The ward consultar examination abdomen is distended, hyperresonant and absent of enteric fisture of the on Total Parenteral Nutrition advised for putting him on Total Parenteral Nutrition bowel sounds. 8P 100/70mmhg, pulse 100/ min.DRE is unremarkable. X-ray erect abdomen shows coffee bean sign advised for putters of duty you were advised to (TPN). Being House officer on duty you were advised to What is the most likely diagnosis? (TPN). Being house and to adjust the calculate for his daily energy requirement and to adjust the Hirschsprung's disease various component of TPN accordingly. (b.) Oglive syndrome Which of the following would you like to add to TPN as a Small gut volvulus Sigmoid volvulus larger and cheaper source of energy? Stomach volvulus 12)A patient presented in OPD with complaints of irritability Carbohydrates and anorexia. He said that his wound healing is very poor and Lipids has gingival swelling, mucocutaneous petechiae, ecchymosis c. Minerals and hyperkeratosis. Upon further questioning he said that he Proteins has low intake of fruits and vegetable in his diet. e. Vitamins Deficiency of which vitamin causes these symptoms? 18) Regarding Kyphoscollosis a. It is always an idiopathic disease (b.) Vitamin C b. Is a deformity in one plan Symptoms may include pain hunchback deformity Niacin C. d. Riboflavin and difficulty in breathing. e. B12 d. Conservative treatment is advised in almost all 13) What is the most salient feature with respect to itching in obstetric cholestasis? Can't be corrected surgically if angle is more than Itching is more pronounced on palms and soles of feet Itching more on uppers body and face c Itching is more on extensor surface of limbs 19)The MOST common cause of neonatal seizures is: itching is more on flexor surface of limbs e. Itching is present centripetally around umbilicus. 14)A 25 years old G4P3AL3 with previous normal deliveries. she Intracranial infections is thalassemia minor & her husband too is Thalassemia trait. Brain malformations One of her children is thalassemia major who is on regular Hypoxic-Ischemic encephalopathy transfusions. She has been told about chorionic villus sampling Metabolic disturbances 20)A 3 years old child is brought with history of diarrhea to know about this baby risk of having thalassemia major. and pain abdomen off and on for the last two years. The Currently she is 9 weeks pregnant & she wants to know at what child is pale and wasted with a protuberant abdomen gestation she can have this test? His height and weight are below 5th centile. Feeding history shows that the child was breastfed up to one year and weaning was started at one year age. Hb: 7 11weeks-13+6weeks year and weaning was started at one year age. no: /
g/dl, TLC: 7000, Platelets: 375000, MCV: 50fl. Stool R/I 14weeks-16weeks After 16 weeks 20-25 weeks What next investigation should performed? 7-10 weeks Abdominal ultrasound Anti tissue transglutaminase IgA antibodies Fecal calprotectin levels d. Gastric aspirate for Gene Expert

of Reality of Gashords of diffuse CNS infections depends of or depends on or cerebrospinal fluid (CSF) obtained by lumber one (LP). The cerebrospinal fluid (CSF) protein may reach ms/dL) in? Acute bacterial meningitis Tuberculous meningiris

Fungal meningitis Fungai (naegleria) meningoencephalitis

Subdural empyema

A Property of

I)Bilateral cortical visual dysfunction, encephalopathy, and seizures are seen in?

Global hypoxic-ischemic encephalopathy

Herpes encephalitis Multiple scierosis

Hypertensive encephalopathy

Hypoglycemia

23) Seizures beginning in the delivery room or shortly thereafter may be due to (a) Hypoxic-ischemic encephalopathy

into the fetus

Intracranial hemorrhage

Cerebral anomaly d

Hypoglycemia

24) Approaching to a child with failure to thrive based on 24) Approaching the following the MOST common signs and symptoms. Of the following, the MOST common signs and sympacting splitting, vomiting, and food refusal

a. Gastroesophageal reflux

b. Chronic tonsillitis

Food allergies

(d) Eosinophilic esophagitis Inflammatory bowel disease

25)The definitive diagnosis of type I glycogen storage disease GSD is by:

a. EMG

b. liver biopsy

d. analysis of gene-based mutation

enzyme assay of cultured skin fibroblasts

26) In older infants and children, hypoglycemia is defined as whole blood glucose concentration less than:

45 mg/dL

b. 50 mg/dL c 55 mg/dL

d. 60 mg/dL

e. 65 mg/dl

27)Kawasaki disease closely resembles toxic shock syndrome clinically. However, many of the clinical features of toxic shock syndrome are usually absent or rare in Kawasaki disease like:

 a. fever unresponsive to antibiotics b. hyperemia of mucous membranes

erythematous rash

(d.) desquamation

diffuse myalgia

28)Delayed eruption of the primary teeth can be due to the following EXCEPT

a. familial

b. hypopituitarism

c. hyperthyroldism

d. cleidocranial dysplasia

(e.) trisomy 21

29) Which of the following tests is us executine pancreatic insufficiency as malabsorption?

Ь.

Breath hydrogen test Fecal elastase 1 Serum albumin levels d Stool reducing substances Stool α 1 antitrypsin level

30)A 2 months old baby had presented with persistent womiting for the last one month. He was investigated and diagnosed as a case of Pyloric stenosis. Which of the contract o following metabolic derangement best describes this

ation

EGF.

Hypochloremic hyperkalemic metabolic acidosis

Hyperchloremic hypokalemic metabolic

c. Hypochloremic hyperkalemic metabolic

 Hypochioremic hypokalemic metabolic alkalosis Hyperchloremic hyperkalemic metabolic

31) The main organ damaged by elevated

(a) Brain

b. Kidneys

Liver d. Heart

e. Lungs

32)14 years old presented with diarrhea and vomiting for 5 days. Patient was tachycardisc and hypertensive on examination, his abdomen was tender and also had peripheral neuropathy. What is most likely diagnosis?

a. Malaria

b. Gastroenteritis
C. Acute intermittent porphyria
Enteric fever

Enteric fever

e. Poliomyelitis

33)A 25 years old male patient present to you with the history of intermittent central abdominal pain Investigation revealed microcytic anemia. Family history is positive for juvenile polyposis syndrome. What is the most (a.) Genetic testing and colonoscopy b. EGD appropriate next step

Colonoscopy and surveillance C

Barium follow through

e. capsule endoscopy

34)A 25 years old female patient was admitted with acute severe ulcerative. She became tachycardia and complained of abdominal pain. Investigation revealed Hb 10 g/dl, CRP 60mg/ L. what is the most appropriate investigation.

a. CT-Abdomen

b. Fecal Calprotectin

C-Difficile taxin

(d.) Sigmoidoscopy with Biopsy

e. CMV PCR

35)A 45 Years old lady was admitted with the history of uncontrolled diarrhea. She gives history of laparoscopic cholecystectomy for symptomatic gall stones. Stool anion gap turned out to be < 50 mosm/ Kg. In the view of history, what treatment is she likely to need.

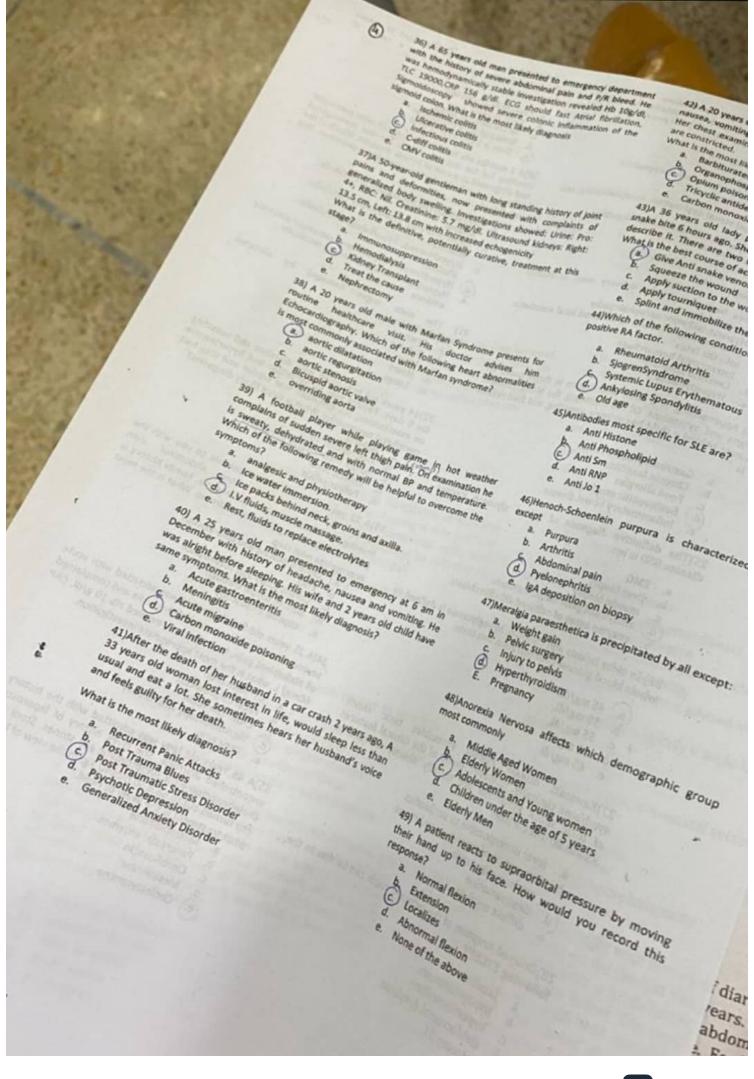
a. Metronidazole

b. Pancreatic enzymes

c. Ciprofloxacin

Mesalamine

Cholestyramine (e.





which of the following is an example of Developmental 55) An 18 years old male gives history of early to trking movements of his arm. After a night of heavy drinking and sleep deprivation, he has a generalized toric clonic seizure at Sam. An EEG reveals generalized spike an ADHD Autistic Spectrum Disorder 0 wave discharges. What is the most appropriate choice of Dyslexia Mental Retardation None of these a. Phenytoin d. Gabapentin 51) A 73 years old patient with previous history of smoking (40 C Sodium valproate 53) A / 5 years), hypertension (6 years), TIA(2 years back) was reported years), hypertension department. His chief complete Ethosuximide years), hyperitation department. His chief complaints included to outpatient department incontinence. Mai and arinary incontinence. Carbamazepine to outpaties and urinary incontinence. MRI Brain indicates multiple lacunar infarcts. 56) A 62 years old man is prescribed Ropinirole for Parkinson's disease. What is the mechanism of action? What is the most likely diagnosis? MAO-B inhibitor E (b) Dopamine receptor agonist Huntington's disease Dopamine receptor antagonist IC Frontotemporal dementia Antimuscarinic Lewy body dementia b. D e. Decarboxylase inhibitor Vascular dementia (d.) Normal pressure hydrocephalus 57) a 20 years old man presents with severe left sided headache associated with photophobia. He has similar 52) A 56 years old woman presented with sudden onset left history of episodes over last few months. Current episode sided arm and leg weakness. She has a background of atrial has lasted for 2 hours while previous episodes has lasted fibrillation, for which she is anti-coagulated with warfarin and for several minutes several times a day for two weeks and suffers from Alzheimer's dementia for which she takes then subsided spontaneously. The patient is unable to donepezil. She lives on her own and reports noncompliance to stand, agitated and anxious. What is the most likely diagnosis? medication. On examination, she did not have any slurred speech but there was a right facial droop. A reduction in power was noted in her a. Tension headache left arm and leg. Her left plantar response was up going. Migraine headache Migraine with aura What is the first line investigation to further evaluate her Cluster headache Caffeine headache 58) All are signs of meningeal irritation except? symptoms? Non contrast MRI Brain Diffusion weighted MRI Brain a. Neck rigidity Non contrast CT Head b. Brudzinski sign (c.) Contrast CT Head Kernig sign Echocardiography 53) A 29 years old male with Polycystic kidney disease present photophobia Babinski response with sudden onset headache and collapse. On admission to ER (e. 59) A 27 years old man presents to ER with sev BP: 190/105, Pulse: 123/min with GCS of 7/15. He is intubated headache and pyrexia for last 2 days. CT scan sh and transferred for CT scan. Scan reveals subarachnoid petechial hemorrhage in the temporal and inferior fr hemorrhage. He is transferred to critical care unit for Tobes, no mass effect, brain parenchyma otherwise ne What is the most likely diagnosis? Which medication should be prescribed to reduce the chance of monitoring. a. Brain abscess Meningococcal meningitis Cerebral malaria any acute complication? Herpes simplex encephalitis (d.) New variant CID Labetalol 60) A 24 years old female was admitted in Mannitol unit. She was experiencing B/L lower limb w Ramipril numbness. She has a history of diarrhea for to 54) You are asked to perform a neurological exam of lower limb Furosemide Which of the following is a good treatm on patient with Multiple Sclerosis. Guillain-Barre syndrome? Which one of these following findings is least typical? Kidney transplant Antiviral agents Brisk reflexes IVIG Antifungals Weakness Cryotherapy Up going plantars Patellar Clonus Decreased tone