

# BLOCK P PREPROFFS 2024

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## 1. RENAL MEDICINE

### 1.WMC 2024

1. Which of the following is a distinguishing feature of primary chancre in syphilis compared to the other genital ulcers:

- a. Painful multiple lesions
- b. Presence of necrotic tissue
- c. Extensive purulent discharge
- d. Single painless ulcer with clean base
- e. Vesicular eruption

2. In a patient with suspected Gonococcal infection and resistant to first line treatment with Ceftriaxone, which of the following alternative regimen is recommended:

- a. Azithromycin 1 gm orally
- b. Doxycycline 100mg twice daily for 7 days
- c. Gentamicin 240 mg single dose intramuscular
- d. Ofloxacin 400 mg orally twice daily 7 days
- e. Erythromycin 500 mg orally four time daily 7 days

3. A 36-year-old male after head injury secondary to RTA sustained extradural hematoma which was managed by Neurosurgeon.

On third day of admission his electrolytes report is: Potassium: 3.8 mmol/L calcium: 98 mmol/L, Sodium: 125 mmol/L

What could be most likely cause of this Hyponatremia;

- a. Cerebral metastasis
- b. Hypoxemia
- c. SIADH

- d. Pulmonary infection
- e. Hypothyroidism

4. A case of acute hyponatremia S. Na level of 125 m mol, which was treated with hypertonic saline and S. Na level went to 142 m mol after 6 hours. Two days later he developed confusion and hallucinations and became drowsy. What could be the most likely underlying diagnosis;

- a. Metabolic acidosis
- b. Diabetes insipidus
- c. Osmotic demyelination
- d. Hypothyroidism
- e. Hypokalemia

5. A 30-year-old diagnosed patient of CKD presents with lethargy weakness and irritability. On investigation his Potassium level was 6.7 mmol/l. What will be the immediate step for management of hyperkalemia in this patient?

- a. Send the patient for hemodialysis
- b. Give I/V insulin + 5% dextrose
- c. Give sodium polystyrene
- d. Immediate nebulization with salbutamol
- e. IV Calcium gluconate

6. A 20-year-old lady presented to emergency department with dyspnea, vomiting and drowsiness. On examination she has kussmaul breathing. Her ABGs results are as follows PH=7.25 (7.35-7.45), PO<sub>2</sub>=85 (80-110), PCO<sub>2</sub>=30 (35-45), HCO<sub>2</sub> =18 (22-28) What is the underline acid-base disorder in this patient:

- a. DKA
- b. Metabolic Acidosis and Respiratory Alkalosis
- c. Metabolic Acidosis
- d. Metabolic Alkalosis
- e. Respiratory Alkalosis

7. A 63-year-old patient with a severe infection develops Acute Kidney Injury (AKI). His urine output is decreasing. and his blood pressure is unstable



**despite fluid resuscitation. His urine sodium is high, and his urine osmolality is low.**

- Start broad-spectrum antibiotics and monitor fluid status closely
- Initiate high-dose intravenous diuretics to manage fluid overload
- Perform urgent renal biopsy to identify the cause of AKI
- Administer vasopressors to stabilize blood pressure
- Start hemodialysis to address renal failure

**8. A 60-year-old female with a history of chronic kidney disease (CKD) presents with muscle cramps, tingling in her hands, and a recent seizure. She has not been taking her prescribed phosphate binders regularly. On examination, she has a positive Chvostek sign and a blood pressure of 130/80 mmHg. Laboratory results show:**  
**Calcium: 7.2 mg/dl (normal: 8.5-10.5 mg/dl)**  
**Phosphate (PO<sub>4</sub>): 6.0 mg/dL (normal: 2.5-4.5 mg/dL.)**  
**Parathyroid hormone (PTH): 150 pg/mL (normal: 10-65 pg/ml)**  
**Vitamin D: 15 ng/ml (normal: 20-50 ng/ml)**  
**Creatinine: 3.5 mg/dL. (normal: 0.6-12 mg/dl)**  
**What is the most likely cause of this patient's hypocalcemia:**

- Vitamin D deficiency
- Hypoparathyroidism
- Renal failure
- Hyperphosphatemia
- Acute pancreatitis

**9. A 55-year-old woman with chronic kidney disease (CKD) receives contrast-enhanced imaging. Post-procedure, her serum creatinine rises from 2.2 mg/dL to 3.4 mg/dL. She has no oliguria but elevated urine osmolality. Options:**

- Administer intravenous fluids with normal saline prior to any further imaging
- Start erythropoiesis-stimulating agents (ESAs) to enhance kidney recovery
- Initiate aggressive diuretic therapy to flush out the contrast
- Commence dialysis immediately to manage worsening creatinine

e. Perform a renal biopsy to assess for underlying pathology

**10. A 58-year-old female admitted to the hospital with a recent history of non-steroidal antiinflammatory drugs (NSAIDs) for chronic knee pain. She presents with fever, rash and eosinophilia. Laboratory test reveal elevated serum creatinine and blood urea nitrogen (BUN) levels. Urinalysis shows eosinophiluria and sterile pyuria. The patient is diagnosed with Acute Kidney Injury. What is the most likely cause of her condition:**

- Prerenal azotemia
- Acute tubular necrosis
- Glomerulonephritis
- Renal artery thrombosis
- Acute interstitial nephritis

**11. A 65-year-old woman with stage 4 bone pain. Her laboratory results show hemoglobin of 8.5 g/dL, calcium of 7.8 mg/dL, phosphorus of 6.5 mg/dL and chronic kidney disease presents with worsening fatigue, pallor, and generalized parathyroid hormone (PTH) levels significantly elevated. Which of the following complications of CKD is most likely contributing to her symptoms:**

- Anemia of chronic disease
- Uremic encephalopathy
- Renal osteodystrophy
- Hypercalcemia
- Hypertension

**12. A 58-year-old man with stage 3 chronic kidney disease secondary to long-standing hypertension presents to your clinic for a follow-up. His blood pressure is 150/95 mmHg, and recent laboratory results show an estimated glomerular inhibitor filtration rate (eGFR) of 45 mL/min/1.73m<sup>2</sup>, microalbuminuria, and hyperkalemia. He is currently on an ACE inhibitor and thiazide diuretic. What is the most appropriate modification to his current treatment plan:**

- Discontinue the ACE inhibitor and start a calcium channel blocker
- Increase the dose of the thiazide diuretic
- Add a potassium-sparing diuretic to control blood pressure



- d. Initiate dietary potassium restriction and monitor closely
- e. Start low-protein diet to slow the progression of CKD

**13. A 45-year-old woman with stage 3 chronic kidney disease is referred to a dietitian for nutritional counseling. Her eGFR is 40 mL/min/1.73m<sup>2</sup>, and she has mild hyperkalemia, her current diet includes frequent consumption of fruits, vegetables, and dairy products. She is concerned about making dietary changes. Which of the following dietary modifications is most appropriate for this patient:**

- a. Increase intake of high-phosphorus foods like nuts and seeds
- b. Limit intake of high-potassium foods like bananas and oranges
- c. Increase protein intake to 1.5 g/kg/day to maintain muscle mass
- d. Encourage high-fluid intake to flush out toxins
- e. Increase calcium intake through dairy products to strengthen bones

**14. A 20-year-old man was referred for pink discoloration of his urine. He has history of sore throat for the last 3 days and is taking a course of amoxicillin and ibuprofen by the doctor. Urine dipstick showed blood ++, Protein +, nitrites negative. What is the most likely diagnosis:**

- a. Crescentic glomerulonephritis
- b. Wegener's granulomatosis
- c. IgA nephropathy
- d. Post streptococcal glomerulonephritis
- e. Goodpasture's Syndrome

**15. A 46 years old male patient presented with recurrent hemoptysis. There is a history of frequent antibiotic use during the last six months for sinusitis. On examination he is tachypneic, has nasal crusting and a right foot drop.**

**Labs**

**Hb 10.5**

**TLC 11000**

**ESR 80mm in 1st hour**

**PLT 350000**

**Creatinine 3.5mg/dl**

**Urea 110**

**Chest X-Ray - cavitary lesion in the right middle zone**

**Urinalysis. RBCs+++ Proteins ++**

**What is the likely diagnosis:**

- a. Polyarteritis nodosa
- b. Churg strauss syndrome
- c. Microscopic polyangiitis
- d. Wegners granulomatosis
- e. Goodpasture's syndrome

**16. A 14 years old boy presented with three days history of abdominal pain rash on trunk, buttocks and legs. His blood pressure is 140/90. labs are as follows:**

**Hb 12 g/dl TLC 9000/mol PLT 320000**

**RBS 120 mg/dl**

**ANF -ive**

**Urea 110 mg/dl. Creatinine 2 mg /dl**

**Chest Xray- normal**

**Urinalysis: RBCs ++ Proteins ++ Pus cells 2-4/hpf**

**What is the diagnosis:**

- a. Immune thrombocytopenic purpura
- b. Thrombotic thrombocytopenic purpura
- c. Churg strauss syndrome
- d. Henoch schonlein syndrome
- e. Polyarteritis nodosa

**17. A 45-year-old male patient presents to emergency department with 2 weeks history of worsening asthma, symptoms, fever and purpura rash on legs. He has a history of asthma for 10 years and has been on inhalers. Recently he has been experiencing increasing shortness of breath, coughing and wheezing. He also complains of fatigue, weight loss and arthralgias. Physical Examination: Temperature 99°C, Blood Pressure 120/80mmHg, Pulse 100/min, Respiratory Rate 24/min. Chest Examination: Wheezing and crackles in both lungs Skin: Purpuric rash on both legs**

**Investigations:**

**CBC: Eosinophilia (20%)**

**p-ANCA: Positive**

**ESR:60 mm/hr**

**Chest X-ray: Bilateral infiltrates**

**What is the likely diagnosis:**

- a. Polyarteritis nodosa
- b. Churg strauss syndrome
- c. Microscopic polyangiitis



- d. Wegners granulomatosis
- e. Goodpasture's syndrome

**18. A 25-year-old female patient presents with 1-week history of nausea, vomiting and decreased urine output. Her serum creatinine has increased from 1.2 mg/dL to 5.5mg/dL over the past 3 days. Kidney biopsy crescentic glomerulonephritis with ANCA positivity. What is the most likely diagnosis:**

- a. IgA Nephropathy
- b. Post-infectious Glomerulonephritis
- c. Minimal Change Disease
- d. Rapidly Progressive Glomerulonephritis
- e. Membranoproliferative Glomerulonephritis

**19. The commonest cause of End Stage Renal Disease**

- a. Uncontrolled Hypertension
- b. Glomerulonephritis
- c. Polycystic Kidney Disease
- d. Uncontrolled Diabetes Mellitus
- e. Amyloidosis

**20. A 60-year-old woman presents with a complaint of serious bone pain, multiple fractures and generalized weakness. She has a history of chronic kidney disease (CKD) for the past 10 years and is on dialysis. Her laboratory results show the following: serum calcium 8.9 mg/ (Normal 8.5- 10.5 mg/dL), serum phosphate: 3.3mg/ (Normal 2.5- 4.5 mg/dL), PTH :600 pg/mL (Normal: 10-65 pg/mL) and 25-hydroxy vitamin d levels are low. Imaging shows subperiosteal bone resorption and diffuse osteopenia.**

**What is the most likely diagnosis:**

- a. Primary hyperparathyroidism
- b. Secondary hyperparathyroidism
- c. Tertiary hyperparathyroidism
- d. Vitamin D deficiency
- e. Osteomalacia

**21. 50-year-old male patient being treated for TB for the last 2 months, not very compliant with his treatment, presented with complaint of passing large volumes of urine. Intake output chart was maintained.**

**Intake 7 litres output-7.5 litres  
Plasma osmolarity 290 mosm/l**

**Urine osmolarity 400 mosm/l**

**Water deprivation test was performed: PO-310 mosm/1**

**Urine osmolarity -450 mosm/l**

**Desmopressin IM was administered: Urine osmolarity rose to 900 mosm/l What is the likely diagnosis:**

- a. Primary polydipsia
- b. Central diabetes insipidus
- c. Nephrogenic diabetes insipidus
- d. Diabetes mellitus
- e. Normal patient

## 2. KGMC 2024

**1. A 15-year-old man presents with hematuria, mild proteinuria, hypertension, and periorbital edema. His recent history includes a sore throat two weeks ago. Laboratory tests reveal decreased C3 levels. What is the most likely diagnosis?**

- a. Goodpasture syndrome
- b. IgA nephropathy
- c. Post-streptococcal glomerulonephritis
- d. Minimal change disease.
- e. Focal segmental glomerulosclerosis

**2. A 45-year-old man presents with swelling in his legs and hematuria. Blood pressure is elevated, and he has a history of systemic lupus erythematosus. Laboratory tests show red blood cell casts in the urine and a low complement level. Which renal pathology is most consistent with these findings?**

- a. Membranous nephropathy.
- b. Lupus nephritis
- c. IgA nephropathy
- d. Diabetic nephropathy
- e. Focal segmental glomerulosclerosis

**3. A 60-year-old man presents to the Emergency department with fatigue, decreased urine output, and mild swelling in his lower limbs. He reports taking ibuprofen daily for joint pain over the past two weeks. Laboratory results show elevated serum**



creatinine. Which of the following is the most likely cause of his acute kidney injury?

- a. Prostatic carcinoma
- b. Renal cell carcinoma
- c. Multiple myeloma
- d. NSAID-induced renal injury
- e. Urinary tract obstruction

**4. A 45-year-old woman with a history of hypertension presents with acute diarrhea after returning from a camping trip. She reports reduced oral intake and poor hydration. Her vital signs reveal low blood pressure and tachycardia. Her urine output has significantly decreased over the past 24 hours. Which is the most likely underlying mechanism of her acute kidney injury?**

- a. Immune-mediated glomerulonephritis
- b. Pre-renal azotemia due to volume Depletion
- c. Intrinsic renal failure from tubular Injury
- d. Post-renal obstruction from urolithiasis
- e. Acute interstitial nephritis from drug Use

**5. A 65-year-old man with a 15-year history of poorly controlled hypertension presents with fatigue, anorexia, and swelling in his legs. Blood tests reveal an elevated serum creatinine of 3.5 mg/dL and a GFR of 25 mL/min/1.73 m<sup>2</sup>. Urinalysis shows proteinuria but no hematuria. Question: What is the most likely cause of this Patient's chronic renal failure?**

- a. Diabetic nephropathy
- b. Hypertensive nephrosclerosis
- c. Polycystic kidney disease
- d. Obstructive uropathy
- e. Acute tubular necrosis

**6. A 50-year-old woman with chronic kidney disease is being evaluated in the outpatient department. She reports severe fatigue and pallor. Her hemoglobin is 8 g/dL, and further testing shows a low reticulocyte count and normocytic anemia. Question: Which of the following is the most appropriate treatment for her anemia?**

- a. Oral Iron supplements
- b. Intravenous iron therapy
- c. Erythropoiesis-stimulating agent (ESA).
- d. Blood transfusion
- e. Vitamin B12 injection

**7. A 30-year-old woman presents with dull, intermittent flank pain and a history of hypertension. Physical examination reveals bilateral palpable kidneys. She mentions that her father had a similar condition and eventually required dialysis. Laboratory tests show elevated serum creatinine. Which of the following is the most likely diagnosis?**

- a. Autosomal recessive polycystic kidney disease
- b. Autosomal dominant polycystic kidney disease
- c. Renal cell carcinoma
- d. Chronic pyelonephritis
- e. Medullary sponge kidney

**8. A 35-year-old male presents to the emergency department with sudden-onset severe headache, nausea, and vomiting. His medical history includes hypertension and a diagnosis of Adult polycystic kidney disease. On examination, his blood pressure is 180/110 mmHg, and he has neck stiffness. What is the most likely cause of his symptoms?**

- a. Meningitis
- b. Subarachnoid hemorrhage due to ruptured cerebral aneurysm
- c. Migraine headache
- d. Chronic subdural hematoma
- e. Acute pyelonephritis

**9. A 70-year-old male with a history of benign prostatic hyperplasia (BPH. presents with fever, chills, and dysuria. He has suprapubic pain and complains of incomplete bladder emptying. Urine culture is positive for E. coli. What is the most likely predisposing factor for his UTI?**

- a. Recent sexual activity
- b. Benign prostatic hyperplasia
- c. Diabetes mellitus



- d. Dehydration
- e. Use of NSAIDS

**10. A 30-year-old woman presents with fever, chills, flank pain, and dysuria. Urinalysis reveals pyuria and white blood cell casts. She reports a similar episode six months ago. What is the most appropriate diagnosis?**

- a. Cystitis
- b. Urethritis
- c. Acute pyelonephritis
- d. Urethral syndrome
- e. Interstitial cystitis

**11. The following is not an association of Adult Polycystic Kidney Disease?**

- a. Mitral Regurgitation
- b. Mitral Stenosis
- c. Aortic Regurgitation.
- d. Sub Arachnoid Haemorrhage
- e. Colonic Diverticula

**12. A 65-year-old man with a history of hypertension and diabetes presents with lethargy, nausea, and confusion. Laboratory results show elevated blood urea nitrogen (BUN. and serum creatinine. Levels. Physical examination reveals pericarditis and pleuritis. What is the most likely cause of these findings?**

- a. Acute tubular necrosis
- b. Chronic kidney disease
- c. Nephrolithiasis
- d. Acute interstitial nephritis
- e. Nephrotic syndrome

**13. A 13 year old boy presented with a 3 day History of abdominal pain, rash over the trunks buttocks and legs. The B.P is 140/90 mmhg. Urine R/E shows 2+ albumin and gross Hematuria. What is the most likely diagnosis?**

- a. Minimal Change disease
- b. Acute Post Streptococcal G.N

- c. Focal Segmental Glomerulosclerosis
- d. Acute interstitial Nephritis
- e. Henoch-Schonlein Purpura

**14. A 30-year-old female presents with fatigue, pale skin, and shortness of breath on exertion. Laboratory results show a low hemoglobin level, low mean corpuscular volume (MCV., and an elevated reticulocyte count. Peripheral blood smear reveals schistocytes. What is the most likely diagnosis?**

- a. Iron-deficiency anemia
- b. Thalassemia
- c. Hemolytic uremic syndrome
- d. Sickle cell anemia
- e. Autoimmune hemolytic anemia

**15. Which of the following is not a cause of Anaemia in C.R.F?**

- a. Erythropoietin Deficiency
- b. Reduced R.B.C survival
- c. Upper G.I blood loss
- d. Iron Deficiency
- e. Aplastic Anaemia

**16. A 55-year-old male with a history of hypertension is started on a new medication. After a few weeks, he develops a persistent dry cough. Which of The following medications is most likely responsible for this adverse effect?**

- a. Lisinopril
- b. Amlodipine
- c. Metoprolol
- d. Losartan
- e. Hydrochlorothiazide

**17. A 21 year old male presented with a 6 Days history of Gastroenteritis, Excessive Vomiting. On Examination He is mildly dehydrated, with Acidotic Breathing investigation shows Urea 250mg/dl Creatinine 2.5 mg/dl, Urine Output is 4.5 Litres/Day He was given Gentamycin in the Periphery. What is the most likely Renal Diagnosis?**



- a. Acute Tubular Necrosis.
- b. Focal Segmental Glomerulonephrosis
- c. Acute Nephritic Syndrome
- d. IgA Nephropathy
- e. Nephrotic Syndrome

**18. A 45-year-old male presents with recurrent episodes of excruciating pain in his right great toe. The affected joint is red, swollen, and extremely tender to touch. Laboratory tests reveal an elevated serum. Uric acid level. What is the most likely diagnosis?**

- a. Osteoarthritis
- b. Rheumatoid arthritis
- c. Gout
- d. Pseudogout (calcium pyrophosphate deposition disease)
- e. Ankylosing spondylitis

**19. A 55 year old multiparous woman has urge incontinence. Urinalysis is normal and physical exam reveals grade 3 cystocele. Urodynamics reveals involuntary bladder contractions incontinence and a postvoid residual residual of 100ml and a detrusor pressure of 50cm of H<sub>2</sub>O at maximum flow of 8ml/sec. when cystocele is reduced, no stress Incontinence is elicited. The next step is:**

- a. Oxybutynin
- b. Pubovaginal sling

**20. A 30 year-old patient had history of fall. He is now complaining of pain in hypogastrium. FAST revealed no abnormality. Urine RE suggests Numerous RBC. The most appropriate analgesic which will relieve his pain by 50% according to Adapted Oxford League Table of Analgesic Efficacy is:**

- a. Diclofenic 100mg
- b. Ibuprofen 400mg
- c. Tramadol 100mg
- d. Ketorolac 10 mg
- e. Nalbuphine 10mg

### 3. KMC 2024

**1. A 35-year-old woman with IgA nephropathy had persistent microscopic hematuria but normal renal function. What is the most appropriate long-term monitoring strategy for this patient?**

- a. Annual renal biopsies
- b. IgA levels
- c. Monitoring serum complement level
- d. Regular renal ultrasounds
- e. Serial measurements of urinary protein excretion

**2. A 40-year-old man presents with weight gain, frothy urine, and swelling in his face and ankles. Laboratory tests show hypoalbuminemia, proteinuria, and hyperlipidemia. What is the most likely cause of his nephrotic syndrome?**

- a. Alport syndrome
- b. Focal segmental glomerulosclerosis (FSGS)
- c. IgA nephropathy
- d. Membranous nephropathy
- e. Minimal change disease

**3. An 18 years college student presented with shortness of breath on exertion and mild dry cough for last one month. Past history was insignificant. On examination, his pulse was 94/minutes, BP was 130/90mmHg, Temperature was 98.4F, he had mild oedema feet, mild periorbital puffiness, cardiac examination revealed loud S<sub>2</sub>, he has bilateral basal crepitation the intensity of which changed with cough. ESR was 40mm in first hour, urine showed 1+ proteinuria, 5-6 pus cells/HPF, 1-2 RBCs/HPF, 24 hours urine result is awaited. Serum albumen is 3gm%, Serum Cholesterol is 180mg%. Chest X-Rays was almost normal looking. Ultrasound showed mild ascites and Grade 1 fatty liver. What is the most probable diagnosis?**

- a. Acute Nephritic Syndrome
- b. Nephrotic Syndrome
- c. Cirrhosis liver with portal hypertension
- d. Congestive cardiac failure
- e. Diabetic Nephropathy

**4. A 3 years old boy with a diagnosed case of chronic renal failure due to vesico-uretic reflux presents with pallor and tachycardia. His ECG shows tall T waves and K is 7. His output is 4ml/kg/hour and S.**



**Creatinine is 2mg/dl. For emergency management of hyperkalemia which of the following is required?**

- a. IV Normal Saline
- b. IV Salbutamol
- c. IV Dextrose Saline
- d. IV Ca Gluconate
- e. IV Hydrocortisone

**5. A 12-year-old boy was diagnosed with post streptococcal glomerulonephritis based on clinical presentation and laboratory findings. What is the most appropriate initial management for this patient?**

- a. Diuretics
- b. High-dose corticosteroids
- c. Intravenous immunoglobulin (IVIG)
- d. Penicillin
- e. Plasmapheresis

**6. A 35-year-old man presents with fatigue, joint pain, and dark urine for one week. Laboratory tests show elevated creatinine and blood urea nitrogen (BUN). Urinalysis reveals red cell casts and dysmorphic red blood cells. What is the most likely diagnosis?**

- a. Acute glomerulonephritis
- b. Acute interstitial nephritis
- c. Alport syndrome
- d. Focal segmental glomerulosclerosis (FSGS)
- e. Minimal change disease

**7. A 35-year-old woman is admitted with ethylene glycol toxicity after ingesting a substantial amount of antifreeze. Despite supportive care, her anion gap metabolic acidosis persists. What is the most appropriate intervention?**

- a. Administer activated charcoal
- b. Administer fomepizole
- c. Administer intravenous ethanol
- d. Initiate peritoneal dialysis
- e. Start hemodialysis

**8. A 50-year-old man is admitted with severe vomiting and diarrhea. He has been losing large amounts of fluids for the past two days. Laboratory tests reveal hypernatremia. What is the most appropriate initial management?**

- a. Administer diuretics

- b. Administer hypertonic saline
- c. Administer vasopressin
- d. Infuse isotonic saline
- e. Restrict fluid intake

**9. A 60-year-old male complains of urgency, frequency, and nocturia. His urinalysis shows pyuria, and urine culture is positive for Escherichia coli. What is the first-line antibiotic choice for uncomplicated urinary tract infection in men?**

- a. Amoxicillin
- b. Ciprofloxacin
- c. Nitrofurantoin
- d. Sulbactam penicillin
- e. Piperacillin Tazobactam

**10. A 55-year-old man with chronic kidney disease presents with lethargy, confusion, and deep rapid breathing. Arterial blood gas analysis reveals a decreased bicarbonate ( $\text{HCO}_3$ ) level. What is the most likely acid-base disorder?**

- a. Metabolic acidosis
- b. Metabolic alkalosis
- c. Respiratory acidosis
- d. Respiratory alkalosis
- e. Mixed acid-base disorder

**11. A 45-year-old man presents with sudden-onset oliguria, hematuria, and hypertension. Laboratory tests reveal elevated serum creatinine and decreased complement levels. Kidney biopsy shows diffuse proliferative glomerulonephritis. What is the most likely diagnosis?**

- a. Alport syndrome
- b. Goodpasture's syndrome
- c. IgA nephropathy (Berger's disease)
- d. Membranoproliferative
- e. Wegener's granulomatosis

**12. A 45-year-old man presents with acute nephritic syndrome characterized by hematuria, proteinuria, and hypertension. Initial laboratory tests show reduced serum complement levels. What is the most appropriate next step in the management of this patient?**

- a. Administer corticosteroids
- b. Dialysis
- c. Initiate empiric antibiotic therapy



- d. Perform a renal biopsy
- e. Prescribe angiotensin-converting enzyme (ACE) inhibitors

**13. A 10 year old child with a history of repeated UTI presents with fits. On examination he is pale, Bp is on 97th centile. Chest is clinically clear, normal heart sounds, no visceromegaly. His full blood count shows an Hb of 8. Na 124meq/l k 4.6 meq/l. Calcium 7, alkaline phosphatase 863, phosphorus 5 and S. creatinine 3.6. His ultrasound shows increased renal echogenicity with loss of cortico-medullary differentiation. What is the urgent management requirement of this child?**

- a. Erythropoietin
- b. Anti-Hypertensive drugs
- c. Phosphate Binders
- d. Transfuse Blood
- e. Vitamin D Supplementation

**14. A 35 years school teacher presented to A&E department with oedema feet and shortness of breath for last three weeks. Except mild upper respiratory infection two months ago, the past history was insignificant. On examination, her pulse was 88/minutes, BP was 130/80mmHg, and temperature was 98.4F. She had moderate pedal oedema. extending to distal legs and periorbital puffiness. ESR was normal, random blood glucose 199mg%, Chest X-Rays showed bilateral mild pleural effusion, urine routine examination showed proteinuria, 24 hours urine protein result is awaited. Ultrasound showed mild ascites. Serum albumen was 2.4gm%, serum cholesterol was 220mg%. What is the most probable diagnosis?**

- a. Acute Nephritic Syndrome
- b. Nephrotic Syndrome
- c. Cirrhosis liver with portal hypertension
- d. Congestive cardiac failure
- e. Diabetic Nephropathy

**15. A 35-year-old man is diagnosed with rapidly progressive glomerulonephritis and has evidence of anti- glomerular basement membrane (anti-GBM) antibodies. Despite corticosteroid therapy, his renal function continues to decline. What is the most appropriate next intervention?**

- a. Administer diuretics

- b. Discontinue all medications
- c. Increase the dose of corticosteroids
- d. Initiate plasmapheresis
- e. Perform a kidney biopsy

**16. A 30-year-old man presents with hematuria and flank pain following a recent upper respiratory infection. Laboratory tests show elevated serum creatinine and the presence of red blood cell casts in the urine. What is the most likely diagnosis?**

- a. Focal segmental glomerulosclerosis
- b. IgA nephropathy
- c. Membranous nephropathy
- d. Minimal change disease
- e. Nephrotic syndrome

**17. A 65-year-old man with chronic obstructive pulmonary disease (COPD) presents with shortness of breath and is found to be hyperventilating. Arterial blood gas analysis shows an increased pH and decreased carbon dioxide (CO<sub>2</sub>) levels. What is the most likely acid-base disorder?**

- a. Metabolic acidosis
- b. Metabolic alkalosis
- c. Respiratory acidosis
- d. Respiratory alkalosis
- e. Mixed acid-base disorder

**18. A 50-year-old man is brought to the emergency room after ingesting a toxic substance. Laboratory tests reveal severe metabolic acidosis and acute kidney injury. What is the most likely toxic exposure?**

- a. Benzodiazepines
- b. Ethanol
- c. Ethylene Glycol
- d. Methanol
- e. Nonsteroidal anti-inflammatory drugs (NSAIDs)

**19. A 45-year-old woman is admitted with rhabdomyolysis following intense physical exercise. Laboratory tests show elevated creatine kinase levels and acute kidney injury. What is the most likely cause of her acute kidney injury?**

- a. Acute tubular necrosis (ATN)
- b. Glomerulonephritis
- c. Obstructive uropathy
- d. Renal artery stenosis
- e. Prerenal azotemia



## 4. NWSM 2024

1. A 30 year old lady was brought into emergency with severe epigastric pain radiating to back and vomiting for the last six hours. Pain aggravates lying supine. She is a known case of gall stones. On examination she is tachycardia and tender at epigastrium. What is the most likely clinical diagnosis?

- a. Acute cholecystitis
- b. Acute gastritis
- c. Acute hepatitis
- d. Acute pancreatitis
- e. Perforated duodenal ulcer

2. A 13 years old boy reports to the OPD with sudden decrease in urine output, associated with loss of appetite and nausea. He is found to have acute kidney injury on initial investigations. His urine shows ++ Alb and 20-25 RBCs, He doesn't report volume loss, medications in the past week. He only reports upper respiratory tract infection 15 days back. What's the probable diagnosis?

- a. Minimal change disease
- b. Alports disease
- c. Post streptococcal glomerulonephritis
- d. IgA nephropathy
- e. Lupus nephritis

3. 22-year-old medical student has recently returned from his elective in Africa and is complaining of fever, abdominal pain and blood in the urine. What is the likely causative organism?

- a. Plasmodium falciparum
- b. Schistosomiasis haematobium
- c. Aedes Aegyptus
- d. E. coli
- e. Pseudomonas

4. A 34 years old lady presented to antenatal clinic in her second pregnancy with severe abdominal pain since last one day, she is 18 weeks pregnant on examination her vitals are BP 100/50mmHg.pulse is

100/min, temp 98.6F, on U/S single alive fetus of 18+3weeks period of gestation wit right cystic adnexal mass is present about 8 into 9cm, containing hairs elements, unilocular cyst, on urine R/E 4-6pus cells present. What will be the appropriate management for this patient?

- a. Conservative management
- b. Emergency laparotomy
- c. Follow up after 3 months
- d. Refer patient to surgical department
- e. Termination of pregnancy

5. A 35 years old male patient presented with pain and swelling in the joints of right hand. Examination showed tenderness in MCP, PIP and DIP joints. His x-ray of hand report showed that he has typical pencil in cup deformity. What is the diagnosis on the basis of this report?

- a. Rheumatoid Arthritis
- b. Sarcoidosis
- c. Hemochromatosis
- d. Psoriatic arthritis
- e. Osteoarthritis

6. A 39 years old male presented with pain and swelling of small joints of hands is diagnosed as a case of RA. Which of the following is the initial long term drug of choice for him?

- a. Long term celecoxib
- b. Low dose steroids
- c. Methotrexate
- d. Infliximab
- e. Hydroxychloroquine

7. A 45 years old presents with pruritic, seen by a physician who advises routine workup. Which reveals anemia, impaired renal functions. Hb of 9, urea of 334 and creatinine of 11. He hasn't reported any decrease in urine output, upon evaluating his reports using ample of NSAIDS for backache. His ultrasound is done which shows bilaterally shrunken kidney sizes. A diagnosis of chronic kidney disease is



made. Which of the following is the best treatment option of CKD?

- a. Blood transfusion
- b. Hemodialysis
- c. Peritoneal dialysis
- d. Renal transplantation
- e. Erythropoietin

8. Ms. Sadia, a 23 year old mother of 2 presents to the Emergency Department with a 3 day history of left flank pain and vomiting. She describes the pain as sharp, constant, and worse with touch. Her husband observed her sweating and shivering the night before. She has also experienced a loss of appetite, having been unable to keep any food or liquids "down". In the ED waiting room, she vomits and describes bright red "streaks" mixed with the vomitus. 2 weeks prior to her visit, she describes having dysuria and suprapubic pressure. She has a history of frequent UTIs, so she took an old bottle of unfinished amoxicillin from a previous diagnosis of cystitis and took the remaining 3 pills over the course of the 3 days. Reports that dysuria and pressure subsided afterwards. What is the probable etiology?

- a. Ectopic pregnancy
- b. Acute pyelonephritis
- c. Cystitis
- d. Nephrolithiasis
- e. Papillary necrosis

9. A 5 years old boy presented to your OPD with chief complaints of fever, vomiting, abdominal pain and bloody loose motions from last 6 days. His mother is complaining that he is looking pale since yesterday. Workup revealed Hb 8.2 g/dL TLC 14000/uL Platelet count 58000/uL Reticulocyte count 7% Urea 122 mg/dL Creatinine 4.2 mg/dL. Blood smear was also positive for schistocytes. Blood culture was traced which showed growth of E.coli. What is the most probable diagnosis?

- a. Hemolytic uremic syndrome
- b. Acute gastroenteritis

- c. Enteric fever
- d. Dysentery
- e. Nephrotic syndrome

10-. A 48 years old patient with history of RA for 15 years presented with complaints of ptosis and diplopia on and off more at evening time for 1 month. She also complains of difficulty in combing her hair and climbing stairs for 2 months. She was started on some new DMARD 3 months back. Which of the following is the most likely cause of her symptoms?

- a. Methotrexate
- b. Leflonamide
- c. Infliximab
- d. Penicillamine
- e. Sulphasalazine

11. Which of the following clinical findings is most commonly found in hands of a patient with RA?

- a. Heber den's node
- b. Swan Neck deformity
- c. Button hole deformity
- d. Ulnar deviation of MCP joints
- e. Bouchard Nodes

12. A 33 years old male presents with sudden onset chest pain, he is a known patient of chronic kidney disease stage 5. HE remained on dialysis for 1 year. He reports to have missed dialysis sessions in the past week. ECG done shows saddle shaped ST elevation, which the physician attributes to Uremic pericarditis. What is the single best treatment option?

- a. Streptokinase
- b. Angiography
- c. Hemodialysis
- d. IV calcium gluconate
- e. Morphine

13. A 5 years old male child presents to OPD with 8 months history of excessive urination and blood in urine. Mother states that they have been repeatedly taking treatments for urinary tract infections. On



examination the child is having short stature, pallor, sallow complexion and hypertension. The child is vitally stable and there is no evidence of jaundice or any other abnormality. What is the most probable diagnosis?

- a. Nephrotic syndrome
- b. Chronic liver failure
- c. Chronic renal failure
- d. Acute kidney injury
- e. Acute glomerulonephritis

**14. A 20 year old women has developed low grade fever, a malar rash and arthralgia of the hands over several months. High titers of anti- DNA antibodies are noted and complement levels are low. The patient's white blood cell count is 3000/ul and platelets count is 90,000/ul. The patient is on no medications and has no signs of active infection. The best course of action would be?**

- a. High dose glucocorticoid therapy would be indicated
- b. Start patient on broad spectrum antibiotics
- c. Request bone marrow aspiration to rule out aplastic anemia
- d. Rule out SLE by requesting ANA levels
- e. Urgent blood transfusion

**15. A 40-year-old woman presents to her primary care physician with complaints of worsening muscle aches and diffuse weakness over the past several months. She states that she now has difficulty climbing stairs and extending her neck. Ultimately, she became more concerned when she began having trouble swallowing and experienced shortness of breath last night which has resolved. Her temperature is 98.5°F (36.9°C), blood pressure is 120/84 mmHg, pulse is 70/min, respirations are 12/min, and oxygen saturation is 98% on room air. Physical exam is notable for 2/5 strength of the proximal muscles of the upper and lower extremities. Laboratory studies are notable for an**

**elevated CRP and aldolase. Which of the following is the most appropriate treatment for this patient?**

- a. IV immunoglobulins
- b. Methotrexate
- c. Prednisone
- d. Naproxen
- e. Neostigmine

**16. A 28 years old woman present with no prior medical history presents with a 3 weeks history of joint swelling and stiffness. Morning stiffness lasts for 2hrs every morning since the symptoms started and the symptoms improve as the day progresses. She denies back stiffness or back pain. She has fatigue and low-grade fever. On examination of the wrist, MCPs and PIPs are red and swollen on both hands. The DIPs are not involved. There is a fluid on the wrist joints. Otherwise, the examination is normal. What is the most likely diagnosis?**

- a. Ankylosing Spondylitis
- b. Gout
- c. Reactive Arthritis
- d. Rheumatoid Arthritis
- e. Systemic lupus Erythematosus

**17. A 54 years old female known diabetic for the past 23 years taking insulin basal-bolus regime, reports with decreased appetite, headache, vomiting and generalized body swelling. Her initial workup suggests Hb of 7.5, Urea of 202, creatinine of 9, Urine RE shows ++ Albumin, her ultrasound shows bilateral small kidneys. What is the likely diagnosis?**

- a. Chronic kidney disease
- b. Acute tubular necrosis
- c. Cardio renal syndrome
- d. Nephrotic syndrome
- e. Vasculitis

**18. A 65-year-old woman presents to the emergency department due to a severe headache and visual impairment in the right eye. Her symptoms are associated with pain with chewing and proximal muscle morning stiffness. On physical exam, she has**



decreased visual acuity of the right eye, scalp tenderness on the right, and an absent pulse in the right temporal area. Laboratory test reveals elevated (ESR=110). What is the most specific treatment for this condition?

- a. Corticosteroids
- b. Cyclophosphamide
- c. Methotrexate
- d. NSAIDS
- e. Antibiotics

**19. A 50 year old man complains of abdominal pain, chills and fever. On examination, he is febrile and jaundiced. His liver functions are deranged, and ultrasound abdomen shows multiple gall stones. Which of the following is the most likely diagnosis?**

- a. Acute appendicitis
- b. Acute cholangitis
- c. Acute cholecystitis
- d. Acute pancreatitis
- e. Liver abscess

**20. A 58-year-old woman with type 2 diabetes and stage 3 chronic kidney disease (CKD) is found to have a persistently elevated albumin: creatinine ratio (ACR). Her blood pressure today is 138/98 mmHg. What is the SINGLE MOST appropriate next management for this patient? Select ONE option only.**

- a. Start a beta blocker
- b. Repeat clinic blood pressure on two occasions before considering any medication
- c. Start angiotensin converting enzyme (ACE) inhibitor
- d. Start Calcium channel blocker
- e. Arrange 24-hour home ambulatory blood pressure monitoring

#### 5. GMC 2024

**1. Which of the following is NOT a common complication of chronic kidney disease?**

- a. Anemia
- b. Hyperkalemia
- c. Osteoporosis

- d. Hypertension
- e. Hypercalcemia

**2. The gold standard method for assessing kidney function in patients with chronic kidney disease is:**

- a. Serum creatinine level
- b. Urine dipstick test
- c. Glomerular filtration rate (GFR)
- d. Blood urea nitrogen (BUN) level
- e. Urine protein-to-creatinine ratio

**3. Which of the following is a common cause of acute kidney injury (AKI) in children?**

- a. Urinary tract infection
- b. Nephrotic syndrome
- c. Hypertension
- d. Iron deficiency anemia
- e. Celiac disease

**4. Most common cause of AKI in hospitalized patients**

- a. Contrast induced nephropathy
- b. Acute tubular necrosis
- c. Pre renal azotemia
- d. Drug induced nephropathy
- e. Rapidly progressive glomerulonephritis

**5. Which of the following drugs is most likely to cause AKI in a diabetic and hypertensive patient currently admitted for diarrhea and sepsis?**

- a. Valsartan
- b. Insulin
- c. Paracetamol
- d. Amlodipine
- e. Metronidazole

**6. Which is an indication for dialysis in AKI**

- a. Refractory hypoglycemia
- b. Pedal edema
- c. Uremic Encephalopathy
- d. Refractory hyponatremia
- e. Bleeding diathesis



**7. A 63year old male presents with slowly progressive weakness, anorexia, fatigue, and weight loss for 1 year. There is edema & hypertension, on ultrasound examination his kidney size is smaller than normal, what is most likely Diagnosis.**

- a. Hydronephrosis
- b. Chronic Kidney disease
- c. Renal Cell carcinoma
- d. Polycystic Kidney disease
- e. Acute Kidney Injury

**8. A 60 year old woman is admitted with sudden onset of chest pain and is diagnosed with an acute myocardial infarction. There is difficulty maintaining adequate BP and tissue perfusion for 3days. Her serum lactate become elevated. Her serum urine Nitrogen increases to 44mg/dl and Creatinine to 2.2mg/dl. Granular and hyaline casts are present on urinalysis which of the following renal lesions is most likely to be present in this situation?**

- a. Chronic Pyelonephritis
- b. ATN
- c. Nodular glomerulosclerosis
- d. Renal vein thrombosis
- e. Prerenal Azotemia

**9. If BUN/Creatinine ratio is >20, then what will be the most important cause given below**

- a. ATN
- b. Pre renal azotemia
- c. Post renal AKI
- d. CKD
- e. HRS

**10. A 60 year old patient of CKD V on Conservative management presented in ER with palpitations and feeling "uneasy". His labs are as follows: Cr 9.8mg/dl, K<sup>+</sup> 7.1mEq/L, Ca 8.1mg/d, HCO<sub>3</sub><sup>-</sup> 10.4mEq. Which of the following should be done as an initial step in the management of this patient?**

- a. Insulin and dextrose infusion
- b. NIV NaHCO<sub>3</sub> infusion
- c. Nebulization with salbutamol
- d. Sodium polystyrene sulphonate
- e. IV Ca-gluconate and arrange for hemodialysis

**11. HIV is associated with which of the following histological subtype of Glomerulonephritis?**

- a. Membranous Glomerulonephritis
- b. Minimal change disease
- c. Membranous proliferative Glomerulonephritis
- d. Focal Glomerulonephritis
- e. Collapsing variant of focal Segmenta Glomerulonephritis

**12. A marathon runner is brought into ER in altered state of consciousness, after a race on a hot day. He has no previous significant history. His labs are as follows: Na 152mEq/L, K<sup>+</sup> 3.6mEq/L, serum Glucose 100mg/dl, BUN 24mg/dL, Hb 12.6g/dL, HCT 58%. What is the most appropriate initial treatment?**

- a. Inf. N/S in 100ml boluses
- b. Inf. 0.45% saline at 100ml/h
- c. Inf. R/L at 100ml/h
- d. Inf 5% D/W at 100ml/h
- e. Inf. N/S at 100ml/h

**13. A young female with joint pains and photosensitivity, presented with swelling of feet. She has not felt a decrease in her urine output. On examination, she has red cheeks and muehrcke's bands. BP is 150/100mmHg. Her urine examination revealed protenuria and hematuria. Her serum Cr is 2.4mg/dL. What is the likely cause of her renal dysfunction?**

- a. Hypertensive nephropathy
- b. Rapidly progressive glomerulonephritis
- c. Lupus nephritis
- d. Scleroderma renal crisis
- e. Psoriasis

**14. A marathon runner made sure to stay hydrated during his race. He kept taking sips of water throughout the race. He was later brought in ER after an episode of fits. What is the most likely cause of patient's condition?**

- a. Hyponatremia
- b. Hypovolemic shock
- c. Hypernatremia
- d. Epilepsy
- e. Heat stroke



**15. A 45-year-old female with a 5-year history of systemic sclerosis (scleroderma) presents to the emergency department with a severe headache, blurred vision, and swelling in her legs. She has been experiencing increased fatigue and difficulty controlling her blood pressure over the past few weeks. On examination, her blood pressure is 210/120 mmHg, and she has pitting edema in both lower extremities. Laboratory tests reveal elevated serum creatinine and proteinuria. Fundoscopic examination shows signs of hypertensive retinopathy. Which of the following is the most appropriate next step in the management of this patient?**

- a. Initiate treatment with intravenous corticosteroids
- b. Administer an angiotensin-converting enzyme (ACE) inhibitor
- c. Start dialysis immediately
- d. Prescribe a calcium channel blocker for blood pressure control
- e. Perform a renal biopsy to confirm the diagnosis

**16. An 89-year-old patient presents with fever, rigors, hypotension and reduced urine output. They appear confused and are unable to provide any meaningful history. The care home that the patient came from has provided some basic documentation. You look through the information available and note that the district nurse changed this patient's catheter 24 hours ago. The medical registrar commences antibiotics, aggressive fluid resuscitation and asks you to perform an arterial blood gas, with the results shown below. The patient was not on oxygen at the time of the ABG. PaO<sub>2</sub>: 93 mmHg (82.5-97.5 mmHg), pH: 7.29, PaCO<sub>2</sub>: 41.2 mmHg, HCO<sub>3</sub><sup>-</sup>: 16 mEq/L, Na<sup>+</sup>: 140 mEq/L, Cl<sup>-</sup>: 94 mEq/L. What is the acid base disorder?**

- a. High anion gap metabolic acidosis with respiratory compensation
- b. Normal Anion gap metabolic acidosis
- c. Respiratory alkalosis and additional high anion gap metabolic acidosis

- d. Metabolic alkalosis
- e. High anion gap metabolic acidosis with additional respiratory acidosis

**17. An 18-year-old male high school student presents to the ER with confusion, nausea, headache & decreased vision after a camping trip. The patient's friends state that he became ill 12 to 14 hours ago. Labs: BUN 14 mg/dL, Creatinine 1.0 mg/dL, Serum Na<sup>+</sup> 140 mmol/L, Serum chloride 100 mmol/L, K<sup>+</sup> 4 mmol/L, Serum glucose 108 mg/dL, Measured serum osmolality 326, Serum ketones Negative, Serum lactate 0.7 mmol/L. ABGs: pH 7.29, PCO<sub>2</sub> 26 mmHg, Serum HCO<sub>3</sub><sup>-</sup> 12 mmol/L. What ingestion best explains the acid-base abnormalities?**

- a. Ethanol
- b. Salicylate
- c. Propylene glycol
- d. Isopropyl alcohol
- e. Methanol

**18. An elderly woman develops a UTI, becomes confused & does not eat or drink for three days at her nursing home. She is found to have a BP of 70/50 mmHg (very low). Which one of the following IV fluids would you recommend?**

- a. Half normal saline
- b. Normal saline
- c. 5% dextrose & water
- d. Hypertonic saline
- e. One-quarter normal saline

**19. A 62-year-old man with a history of COPD was admitted to the hospital with increasing shortness of breath on exertion & productive cough. He was receiving a bronchodilator as an outpatient. On physical examination, he was afebrile, BP was 130/85 mmHg without orthostatic changes, heart rate was 92 beats/min & RR was 24/min. Chest examination revealed scattered expiratory wheezes & diminished breath sounds. Cardiac examination showed no murmurs or gallops. There was 1+ lower**



extremity edema. Blood work on admission revealed the following: Na<sup>+</sup> 136 mmol/L, K<sup>+</sup> 3.6 mmol/L, chloride 96 mmol/L, HCO<sub>3</sub><sup>-</sup> 31 mmol/L, pH 7.32, PCO<sub>2</sub> 62 mmHg, PO<sub>2</sub> 64 mmHg on oxygen 2 L/min.

These data are consistent with which of the following acid-base disorders?

- a. Metabolic alkalosis
- b. Acute respiratory acidosis
- c. Chronic respiratory acidosis
- d. Metabolic acidosis
- e. Metabolic alkalosis

**20. A 35-year-old woman presents with altered mental status. No medical history is available. Other than being stuporous, her exam is unremarkable with normal vital signs, no orthostasis, and no edema and without focal findings. Her serum Na<sup>+</sup> is 104 mmol/L, creatinine 0.6 mg/dL, UNa<sup>+</sup> 8 mmol/L and Uosm 90 mOsm/kgH<sub>2</sub>O. Which of the following is most appropriate initial treatment?**

- a. Infuse 100ml of hypertonic saline
- b. Infuse Hypertonic saline at 60ml/hr
- c. Infuse normal saline at 60ml/hr
- d. Inj. Furosemide 80mg, IV
- e. Demeclocycline

**21. Deficiency of which of the following ions can result in renal K<sup>+</sup> wasting?**

- a. Phosphate
- b. Calcium
- c. Sulfate
- d. Magnesium
- e. Manganese

**22. What is the range of proteinuria in Nephrotic syndrome?**

- a. Less than 100mg in 24 hrs
- b. 100-150mg in 24hrs
- c. 150-300mg in 24 hrs
- d. 300-3.5gm in 24hours
- e. More than 3.5gms in 24 hours

**23. A 45 years old male with no comorbidities presented with history of acute gastroenteritis for 5 days Along with decrease urine output. He is hypotensive with blood pressure of 80/50 mmhg. Despite rehydration he remains anuric v serum creatinine of 4mg/dl. Which of the following cast is expected on urine analysis?**

- a. Bile cast
- b. RBC casts
- c. Wbc casts
- d. Granular casts
- e. Lipid casts

**24. Most common cause of nephrotic syndrome in children is due to:**

- a. Minimal change disease.
- b. Membranous nephropathy
- c. Membranoproliferative nephropathy
- d. Focal segmental glomerulosclerosis
- e. Viral nephropathy.

**25. The leading cause of Chronic kidney Disease (CKD) globally is?**

- a. Diabetic nephropathy
- b. Glomerulonephritis
- c. Hypertension-associated CKD
- d. Polycystic kidney disease
- e. Renal calculi

#### 6. AMC 2024

**1. 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



**2. 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 10 mg/dl, platelets count 240k/cmm. Urea 150 mg/dL, creatinine 3mg/diL. Ultrasound shows normal sized 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 erythematosus

**3. A 45 years' female presents to you with 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

**4. 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?**

- a. Acute appendicitis
- b. Acute pyelonephritis
- c. Acute cholecystitis
- d. Acute renal colic

**5. 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?**

- a. Normal (0.9%) saline
- b. Dextrose (5%) saline (0.9%)
- c. Hypertonic (3%) saline
- d. Half (0.45%) saline

**6. 42 years old gentleman, with no previous co-morbidias, 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?**

- a. Cystoscopy
- b. IV Urography
- c. DIPA Scan
- d. Renal biopsy

**7. 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?**

- a. ANA, C3, C4
- b. ANCA, Anti-GBM
- c. ASO Titer
- d. AMA, ASMA

**8. 18-year-old lady presented. with generalized body swelling for 2 weeks. 24-hour urine protein: 5gm/dlay, Albumin:/2.0 mg/d, Cholesterol 288 mg/dl. Renal biopsy: normal glomeruli. What is the best treatment option?**

- a. ACE inhibitor
- b. Atorvastalin
- c. Prednisolone
- d. Loop diuretic

**9. 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?**

- a. Anti- GBM disease
- b. IgA neuropathy
- c. Minimal change disease
- d. Membranous GN



**10. 52 years old known diabetic patient was found to have proteinuria on routine urine examination. BP was 155/90mmHg on Amlodipine 10 mg once daily. Creatinine was stable at 1.3 mg/dl. Diagnosis of diabetic nephropathy was made, and he was started on Losartan 50 mg 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

**11. 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 86 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

**12. 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: 1+. 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

#### 7. RMC 2024

**1. A 35 years old male presented with weakness and difficulty in getting up from bed, which of the following is most likely electrolyte imbalance:**

- a. Low potassium
- b. High magnesium
- c. Low sodium
- d. Low zinc

**2. In patients with CKD, which of the following is the most important contributor to renal osteodystrophy?**

- a. Impaired renal production of 1, 25-dihydroxyvitamin d3 [1,25(OH)<sub>2</sub>D<sub>3</sub>]
- b. Hypocalcemia
- c. Hypophosphatemia
- d. Loss of vitamin D & calcium via dialysis
- e. The use of calcitriol

**3. What is the most significant factor leading to the development of anemia in patients with CKD?**

- a. Reduced absorption iron
- b. Increased erythropoietin resistance
- c. Reduced erythropoietin levels
- d. Reduced erythropoietin levels due to toxic effects of uremia on bone marrow
- e. Blood loss due to capillary fragility & poor platelet function

**4. Oval fat bodies, fatty casts & increased urinary protein are found in the following?**

- a. Obstructive nephropathy
- b. Acute tubular necrosis
- c. Pyelonephritis
- d. Nephrotic syndrome
- e. None of the above

**5. An elderly woman develops a UTI, becomes confused & does not eat or drink for 3 days at her nursing home. She has a BP of 70/50 mmHg (very low), which one of the following IV fluids would you recommend?**

- a. Half normal saline
- b. Normal saline
- c. 5% dextrose & water
- d. Hypertonic saline
- e. One-quarter normal saline

**6. Which is the best screening investigation for relatives of patient of polycystic kidney disease?**

- a. Serum creatinine
- b. Urea
- c. Ultrasound
- d. CT abdomen
- e. X-ray



**7. A patient presents with fever, flank pain, dysuria, costovertebral angle tenderness, papillary necrosis, pyonephrosis and perinephric abscess. Laboratory findings indicate elevated creatinine and BUN levels.**

**Laboratory findings will also reveal:**

- a. WBC casts                      b. RBC casts
- c. Granular casts                d. No casts
- e. None of the above

**8. A young male patient with severe lumbar pain attack, usually one-sided, irradiates by ureter to perineum by spasmolytic. This could be:**

- a. Nephritic syndrome
- b. Urinary infection
- c. Chronic glomerulonephritis
- d. Renal colic
- e. Nephrotic syndrome

**9. A patient complains for sudden attack of fatigue, headache, elevated blood pressure, vision troubles, oliguria and changes in urine color also are present, this could be:**

- a. Acute urinary tract infection
- b. Nephritic syndrome
- c. Nephrotic syndrome
- d. Chronic renal failure
- e. Renal stones

**10. Antibodies most commonly seen in drug induced systemic lupus erythematosus:**

- a. Anti-ds DNA Ab
- b. Anti-Smith Ab
- c. Anti-histone Ab
- d. Anti Ro Ab
- e. Anti-neutrophilic antibody

**11. Most common agent causing catheter induced UTI in females is:**

- a. E. coli      b. Pseudomonas
- c. Staph aureus      d. Proteus      e. Candida

**12. Most common cause of CKD in adults is:**

- a. Hypertension

- b. Diabetes Mellitus
- c. Tuberculosis
- d. Glomerulonephritis
- e. Acute interstitial nephritis

**13. A 36-year-old woman has urinary frequency with dysuria for the past 4 days. On physical examination she has no flank pain or tenderness. A urinalysis reveals sp. gr. 1.014, pH 7.5, no glucose, no protein, no blood, nitrite positive, and many WBC's. She has a serum creatinine of 0.9 mg/dL. Which of the following is the most likely diagnosis:**

- a. Systemic lupus erythematosus      b. Urinary stones
- c. Acute cystitis                              d. Urothelial carcinoma
- e. Malakoplakia

**14. A clinical study is performed with pediatric subjects who had a diagnosis of minimal change disease. These patients were observed to have prominent periorbital edema at diagnosis. Laboratory test findings from serum and urine tests were analyzed. Which of the following urinalysis test findings is most likely to have been consistently present in these subjects?**

- a. Nitrite positive
- b. Proteinuria >40 mg/m<sup>2</sup>/hr.
- c. Hematuria with >10 RBC/hpf
- d. Renal tubular epithelial cells and casts
- e. Calcium oxalate crystals

**15. A 30-year-old man has noted puffiness around his eyes and swelling of his feet with red discoloration of urine for the past 2 weeks. On physical examination his blood pressure is 155/95 mmHg. Urine microscopic examination reveals 2+PROTEIN with RBCs. Which of the following conditions is he most likely to have?**

- a. Ascending pyelonephritis
- b. Nephritic syndrome                      c. Nephrotic syndrome
- d. Obstructive uropathy                      e. UTI



**16. An 11-year-old girl has increasing lethargy and has passed dark-coloured urine for the past week. She had a sore throat two weeks ago. On physical examination she is afebrile with blood pressure 140/90 mm Hg. Laboratory studies show her serum creatinine is 2.8 mg/dL and urea nitrogen 24 mg/dL. Urinalysis shows 2+ blood, 2+ protein, no glucose, and no ketones. Microscopic urinalysis shows dysmorphic RBC's, which one is most likely to be present in this girl?**

- a. Drug-induced interstitial nephritis
- b. Nephrotic syndrome
- c. Post-streptococcal glomerulonephritis
- d. Obstructive uropathy
- e. UTI

**17. A 53-year-old man has passed darker urine for the past week. On physical examination there are no abnormal findings. A urinalysis shows pH 5.5, specific gravity 1.013, 2+ blood, no protein, and no glucose. A urine cystoscopy is performed and there are atypical cells seen. A cystoscopy is performed, but no mucosal lesions are noted. He has a 60 pack year history of smoking cigarettes. Which of the following is the most likely diagnosis?**

- a. Nodular glomerulosclerosis
- b. Obstructive uropathy
- c. Bladder cancer
- d. Nephrolithiasis
- e. UTI

**18.. Which of the following differentiate acute kidney failure from chronic renal failure?**

- a. Increase urinary sodium excretion
- b. LT ventricular hypertrophy
- c. Hypophosphatemia
- d. Renal sizes on ultrasound
- e. Hypokalemia

**19. Which of the following is the most common cause of urinary tract infection (UTI) in adults?**

- a. Staphylococcus aureus
- b. Escherichia coli

- c. Klebsiella pneumonia
- d. Pseudomonas aeruginosa
- e. All the above

**20. Nephrotic syndrome is characterized by all off the following except?**

- a. Proteinuria
- b. Hypercholesterolemia
- c. Edema
- d. Hypertension
- e. None of the above

**21. Histologically what is the most common type of nephrotic syndrome present in children?**

- a. Membranous nephropathy
- b. Post streptococcal glomerulonephropathy
- c. Minimal change disease
- d. Iga nephropathy
- e. Focal segmental glomerulosclerosis

**22. Which of the following is the characteristics of nephritic syndrome?**

- a. Hematuria
- b. Proteinuria
- c. Edema
- d. Hypoalbumemia
- e. None of the above

**23. Urinary tract infection is defined as:**

- a. Culture of a pure growth of organisms > 5000 per 1ml of urine sample
- b. Culture of a pure growth of organisms > 50000 per 1ml of urine sample
- c. Culture of a pure growth of organisms > 1000 per 1ml of urine sample
- d. Culture of a pure growth of organisms > 100000 per 1ml of urine sample
- e. Culture of a pure growth of organisms > 1000000 per 1ml of urine sample

**24. Sudden reduction in renal function, so that the kidney is unable to excrete nitrogenous waste products and there is disturbance of water and electrolyte balance.**

- a. Chronic renal failure
- b. Urinary tract infection
- c. Acute renal failure
- d. None of the above
- e. All of the above



**2. ENDOCRINE MEDICINE****1.WMC 2024**

**1. Weakness associated with Addison disease results from which of the following:**

- a. Glucocorticoid deficiency
- b. Hperglycemia
- c. Hypothyroidism
- d. Electrolyte imbalance
- e. Androgen deficiency

**2.A 16 years old patient of type 1 DM presented with nausea, vomiting, abdominal pain and fever for 02 days. He was on his school trip and shifted with his regular insulin with oral drugs. On examination dehydrated, BP 90/60, tachycardia with rapid deep breathing. What is the most likely diagnosis:**

- a. HONK
- b. Acute Cholecystitis
- c. DKA
- d. Lactic Acidosis
- e. Aspirin Toxicity

**3.A 57-year-old Type 2 DM female presented with nausea and vomiting. Her Metformin dose is recently increased due to poor control of DM. On Examination: patient is drowsy, HR 110/min, BP 100/60**

**Investigations are as under:**

**Hb: 15 g /dl WCC:  $10.2 \times 10^9$ , Platelet:  $205 \times 10^9$ /L , Na 134 mmol /L, K 4.5 mmol/L. ABGs PH 7.3, PaCo2 25mmg (Low), Po2 90 mmg (Normal) HCO3 11 mmol/L (Low). What is the most likely diagnosis:**

- a. DKA
- b. Lactic acidosis
- c. Renal Tubular Acidosis
- d. HONK
- e. Respiratory acidosis

**4.A 65-year-old male with a history of hypertension and diabetes present with acute kidney injury two days after a major abdominal surgery. His serum creatinine has risen from baseline 1.0 mg/dL to 2.5 mg/dL. He has oliguria and his urine sodium concentration is low.**

- a. Initiate high-dose diuretics to manage fluid overload
- b. Start renal replacement therapy (RRT) immediately
- c. Increase fluid resuscitation with isotonic saline two days after
- d. Administer vasopressin to manage bp

e. Use a corticosteroid regimen to reduce inflammation

**5. Which of the following is a characteristic of LADA (Latent Autoimmune Diabetes in Adults):**

- a. Is a part of type - 2 Diabetes
- b. Insulin resistance as the primary defect
- c. Presence of autoimmune antibodies
- d. Typically develops in children
- e. Remains stable without insulin therapy

**6. What is the HbA1c threshold for diagnosing Diabetes Mellitus:**

- a. > 5.7%
- b. >6.0%
- c. > 6.3%
- d. > 6.5%
- e. >6.7%

**7.A 40-year-old male, presents with 06-month history of weight loss, palpitations, anxiety and tremors. On examination, he has a diffusely enlarged thyroid gland. His laboratory results show low serum thyroid-stimulating hormone (TSH) levels and elevated free thyroxine (T4) levels. What is the most likely cause of his hyperthyroidism:**

- a. Thyroid storm
- b. Hashimoto's thyroiditis
- c. Thyroid adenoma
- d. Thyroid carcinoma
- e. Graves' disease

**8.Which of the following tests is the most definitive for diagnosing primary adrenal insufficiency (Addison disease):**

- a. Plasma cortisol measurement after overnight dexamethasone suppression
- b. Serum ACTH stimulation test
- c. Serum aldosterone level
- d. 24 hours urinary free cortisol excretion
- e. Serum sodium and potassium levels

**9. Which of the following management option is typically indicated for a patient with a multinodular goitre and a large compressive symptomatology but without evidence of malignancy:**

- a. Radioactive iodine therapy
- b. Antithyroid drugs
- c. Thyroidectomy
- d. Observation with periodic follow up
- e. High dose corticosteroids



**10. A 35-year-old man with a history of autoimmune diseases, including Addison's disease and type 1 diabetes, presents with generalized fatigue, muscle weakness and perioral numbness. Laboratory test are as follow:**

**Serum calcium: 7 mg/dL (Normal: 8.5-10 mg/dL)**

**Serum phosphate: 6 mg /dL (Normal: 2.4-4.5mg/dL)**

**PTH :12pg/ml (Normal:10-65 pg/ml)**

**Magnesium: 2 mg /dl (Normal:1.7 - 2.2 mg/dl)**

**25-hydroxy vitamin D: 32ng/ml (Normal :20-50 ng/ml)**

**What is the most likely underlying condition:**

- a. Primary hypoparathyroidism due to autoimmune disease
- b. Pseudohypoparathyroidism
- c. Vitamin D deficiency
- d. Hypomagnesemia
- e. Secondary hypoparathyroidism

**11. A 55-year-old male patient with complaints of fatigue, muscle weakness and weight gain over the past 6 months. He has a history of hypertension and is on multiple medications. On examination He is found to have dry skin, mild facial edema and delayed deep tendon reflexes. However, his heart rate is 110 beats per minute and he complains of occasional palpitations. His TSH is slightly elevated, but free T3 & T4 are within normal limits.**

**Which of the following is the most appropriate interpretation of these findings?**

- a. Primary hypothyroidism with subclinical hyperthyroidism
- b. Subclinical hyperthyroidism due to overtreatment with levothyroxine
- c. Central hypothyroidism due to pituitary disease
- d. Euthyroid sick syndrome
- e. Subclinical hypothyroidism

**12. A 65-year-old woman with a history of hypothyroidism presents to the emergency department with altered mental status, hypothermia, and bradycardia. She was recently treated for pneumonia. On examination, her blood pressure is 80/50 mmHg, and her heart rate is 40 beats per minute. Laboratory results show markedly elevated TSH with undetectable free T4 levels.**

**What is the most appropriate immediate treatment for this patient:**

- a. Intravenous hydrocortisone
- b. Intravenous levothyroxine
- c. Oral levothyroxine
- d. Passive rewarming with blankets
- e. Intravenous fluids with normal saline

**13. A 45-year-old lady complains of visual problem and headaches. She also states that her shoe size has increased lately. She has been diagnosed as having diabetes mellitus for 2 months. On examination she has big, moist hands. She also has hirsutism and has a blood pressure of 160/120mmHg. Which of the following tests will lead to the diagnosis in this patient:**

- a. HbA1c
- b. Serum cortisol
- c. MRI scan of the pituitary
- d. Thyroid function tests
- e. Serum ACTH

## 2. KGMC 2024

**1. A 55-year-old diabetic patient presents with swelling of the feet, proteinuria, and elevated cholesterol levels. Fundoscopy shows diabetic retinopathy. A kidney biopsy reveals nodular glomerulosclerosis. What is the most likely diagnosis?**

- a. Minimal change disease
- b. Focal segmental glomerulosclerosis
- c. Amyloidosis
- d. Diabetic nephropathy
- e. Membranous nephropathy

**2. A 60-year-old male presents with a sudden-onset, severe headache and visual disturbances. On fundoscopic examination, there is evidence of bilateral optic disc swelling. Non-contrast CT scan of the head is normal. What is the most likely diagnosis?**

- a. Central retinal artery occlusion
- b. Open-angle glaucoma
- c. Papilledema
- d. Acute angle-closure glaucoma
- e. Ischemic optic neuropathy



**3. A 45-year-old woman presents with increased thirst, frequent urination, and unexplained weight loss. Blood tests reveal fasting plasma glucose of 180 mg/dL and HbA1c of 8.2%. Which mechanism primarily contributes to the patient's hyperglycemia?**

- a. Increased insulin sensitivity in Peripheral tissues
- b. Enhanced hepatic gluconeogenesis
- c. Reduced renal glucose reabsorption
- d. Suppression of glucagon secretion
- e. Excessive insulin degradation

**4. A 50-year-old man with obesity and hypertension presents for routine evaluation. His fasting plasma glucose is 126 mg/dL, and his HbA1c is 6.6%. He Reports no symptoms of hyperglycemia. What is the most likely diagnosis?**

- a. Prediabetes
- b. Type 1 diabetes mellitus
- c. Type 2 diabetes mellitus
- d. Latent autoimmune diabetes in adults
- e. Gestational diabetes mellitus

**5. A 35-year-old man is evaluated for diabetes due to a family history and obesity. His fasting glucose is 105 mg/dl, and his 2-hour postprandial glucose is 165 mg/dL. What is the most appropriate diagnostic classification?**

- a. Normal glucose tolerance
- b. Prediabetes
- c. Type 1 diabetes mellitus
- d. Type 2 diabetes mellitus
- e. Gestational diabetes mellitus

**6. A 65-year-old man presents for an annual checkup. He has no symptoms, but his fasting plasma glucose is 130 mg/dl on two separate occasions. Which additional test is most useful to confirm the diagnosis of diabetes in this patient?**

- a. HbA1c measurement
- b. 2-hour oral glucose tolerance test
- c. Random plasma glucose measurement

- d. Serum fructosamine level
- e. C-peptide level

**7. A 55-year-old patient with type 2 diabetes and chronic kidney disease has an eGFR of 25 mL/min/1.73m<sup>2</sup>. Which medication is most appropriate for glycemic control in this patient?**

- a. Metformin
- b. Sulfonylurea
- c. Insulin
- d. SGLT2 inhibitor
- e. DPP-4 inhibitor

**8. A 40-year-old woman with newly diagnosed type 2 diabetes is started on. Lifestyle modifications and metformin. After 3 months, her HbA1c remains at 8.0%. What is the next step in her management?**

- a. Increase the dose of metformin
- b. Add a sulfonylurea
- c. Add an SGLT2 inhibitor
- d. Initiate insulin therapy
- e. Perform a pancreas transplant

**9. A 28-year-old woman with type 1 diabetes presents with nausea, abdominal pain, and fruity breath odor. Arterial blood gas shows pH of 7.25, HCO<sub>3</sub> of 15 mmol/L, and an anion gap of 22. What is the primary metabolic derangement?**

- a. Lactic acidosis
- b. Hyperchloremic acidosis
- c. Diabetic ketoacidosis
- d. Metabolic alkalosis
- e. Respiratory acidosis

**10. A 60-year-old man with type 2 diabetes presents for routine follow-up. His blood pressure is 145/92 mmHg, and laboratory tests show microalbuminuria. What is the Next best step in his management?**

- a. Start an SGLT2 inhibitor
- b. Initiate insulin therapy
- c. Prescribe an ACE inhibitor or ARB
- d. Increase dietary protein intake
- e. Repeat the microalbuminuria test in 6 months



**11. A 35-year-old pregnant woman is diagnosed with gestational diabetes at 28 weeks of gestation. What is the first-line treatment for glycemic control in this condition?**

- a. Metformin
- b. Sulfonylurea
- c. Diet and exercise
- d. Insulin
- e. GLP-1 receptor agonist

**12. A 60-year-old man with type 2 diabetes presents with burning and tingling in his feet, consistent with peripheral neuropathy. Which medication is most appropriate to manage his symptoms?**

- a. Metformin
- b. Pregabalin
- c. Insulin
- d. DPP-4 inhibitor
- e. SGLT2 inhibitor

**13. A 72-year-old man with type 2 diabetes is on basal insulin and experiences frequent nocturnal hypoglycemia. What adjustment is most appropriate to prevent hypoglycemia?**

- a. Increase the basal insulin dose
- b. Add a GLP-1 receptor agonist
- c. Switch to a shorter-acting insulin
- d. Decrease the basal insulin dose
- e. Stop all insulin therapy

**14. A 32-year-old man with obesity and a family history of diabetes undergoes screening. His HbA1c is 6.4%. What is the most likely interpretation of this result?**

- a. Normal glucose metabolism
- b. Prediabetes
- c. Type 1 diabetes mellitus
- d. Type 2 diabetes mellitus
- e. Latent autoimmune diabetes in adults.

### 3. KMC 2024

**1. 10- A 35 years old gentleman is diagnosed as diabetic recently. His weight is 115 kg. He tells you the wife sleeps in another room because his snoring keeps her awake. You noticed that his hands were large and he had hoarse voice during conversation. Which of the following would the nurse suspect as a possible cause of the patient's hyperglycemia?**

- a. Acromegaly

- b. Cushing's syndrome
- c. Growth hormone deficiency
- d. Hypothyroidism
- e. Type 2 Diabetes

**2. A 31 year old lady has come to antenatal opd for her booking visit. According to NICE, which of the following is NOT a higher risk factor for developing pre-eclampsia?**

- a. Systemic lupus erythematosus.
- b. Chronic hypertension
- c. Chronic kidney disease
- d. Previous history of pre-eclampsia
- e. Thyroid disease.

**3. A 45 years old type 2 diabetic has been started on Victoza (GLP 1 Analogue) to control his sugar and reduce his weight. He presented to the emergency department with severe epigastric pain. He has had his ECG and troponin done which are normal. What is the next appropriate test you would like to do?**

- a. CT aortogram to rule out aortic dissection
- b. Serum amylase levels
- c. Serum lactate levels
- d. Ultrasound abdomen
- e. X-rays erect abdomen to rule out bowel perforation

**4. A 46-year-old man was referred to the endocrine team for further assessment of his symptoms of fatigue, malaise, and weight loss. He had a background history of cirrhosis, with portal hypertension due to alcoholic liver disease. On examination, he looked cachectic and had peripheral stigmata of liver failure.**

**Investigations: Albumin 18 g/L (30-50) Alkaline phosphatase (ALP) 275 (50-125)**

**Alanine transaminase (ALT) 142 (5-58) 0-hour cortisol 155nmol/l Bilirubin 2.1 30-minute cortisol (post-ACTH) 396nmol/l (>500)**

**Which one of the following is the most appropriate next step in his further management?**

- a. Measure 21  $\alpha$ -hydroxylase antibodies
- b. Measure salivary cortisol after ACTH
- c. Repeat short synacthen test in 1 week
- d. Start hydrocortisone
- e. Start hydrocortisone and fludrocortisone



5. A 4 years old girl with four days history of fever, tachypnoea and lethargy presented to emergency department with coma. On examination she has a GCS of 7/15, 10% dehydrated, the rest of her systemic examination is unremarkable. Her investigation showed a normal blood picture, hyperglycemia (blood glucose 500 mg/dl), normal electrolytes. Urine for ketone bodies are positive and Venous pH is 7.1 or bicarbonate is 10 mmol/l. What would be the biochemical criteria for the diagnosis of DKA in this patient?

- Coma, Ketone Bodies and Bicarbonate
- Coma, PH and Ketone Bodies.
- Hyperglycemia, PH and Coma
- Hyperglycemia, PH and Ketone Bodies
- PH, Bicarbonate and Ketone Bodies

6. A patient presents for routine ANC visit at 24 weeks pregnancy. Her pregnancy has been uncomplicated so far. Her BMI is 25. Her lab tests are normal including a 75 mg OGTT. Her fundal height corresponds to 28 weeks gestation. A bedside US shows AFI of 30. Which one of the following is NOT a possibility?

- Renal Agenesis
- Gestational Diabetes
- Anencephaly
- Doodenal Atresia
- Type 2 diabetes

7. A 30 years old lady attends the outpatient department complaining hair on her face, chest and back. She has irregular cycles for the past one year. She also complains of easy bruising and poor wound healing Cushing syndrome is suspected and 24 hours urine cortisol is sent. She comes back to the OPD with the results but unfortunately the results are indeterminate. Which of the following studies is most likely to confirm a diagnosis in this patient?

- ACTH levels
- CT scan Abdomen
- Midnight serum cortisol
- MRI pituitary
- Random serum cortisol

8. A 30-year-old man with a history of type 1 diabetes presents with severe hyperkalemia (serum potassium level of 7.5 mEq/L), refractory to medical

management. Despite insulin and potassium-binding resins, his condition does not improve. What is the most appropriate next step?

- Administer sodium bicarbonate
- Continue medical management
- Initiate peritoneal dialysis
- IV fluids
- Start hemodialysis

#### 4. NWSM 2024

1. A 28-year-old woman with a 2-year history of infertility is diagnosed with anovulation secondary to polycystic ovary syndrome (PCOS). She has a BMI of 30, and her partner's semen analysis is normal. Which of the following is the most appropriate initial treatment for her infertility?

- Intrauterine insemination (IUI)
- Laparoscopic ovarian drilling
- Ovulation induction
- In vitro fertilization (IVF)
- Intra-cytoplasmic sperm insemination (ICSI)

2. A 70 year old man presented with painless jaundice and weight loss for the last three months. He is a known case of coronary artery disease. On examination he is jaundiced and emaciated. Which of the following is the investigation of choice to diagnose his condition?

- CT abdomen
- Echocardiogram
- Liver function test
- US abdomen
- X-ray abdomen

3. A 67 year old man presented with painless jaundice and weight loss for the last three months. On examination he is jaundiced and a palpable mass in right hypochondria. What is the most likely clinical diagnosis?

- Acute cholangitis
- Carcinoma gall bladder
- Carcinoma pancreas
- Gall stone pancreatitis
- Hepatocellular carcinoma



4. A 14 years old boy known case of diabetes mellitus type 1 came to Emergency room with chief complaints of vomiting, abdominal pain and lethargy. On examination you find out that his GCS is 10/15 and is having rapid, deep breathing. He is also having a fruity breath odor. On further inquiry mother told you that he has missed doses of insulin since 2 days. What is the most probable diagnosis?

- a. Diabetic ketoacidosis
- b. Hypoglycemia
- c. Hyperosmolar Coma
- d. Diabetic Nephropathy
- e. Diabetic Neuropathy

5. A 32-year-old woman presents with a 1-year history of infertility. She reports fatigue, weight gain, and irregular menstrual cycles. On examination, she has dry skin and mild swelling around her eyes. Laboratory tests reveal a thyroid-stimulating hormone (TSH) level of 8.5 mIU/L (normal range: 0.4-4.0 mIU/L), free thyroxine (T4) level of 0.6 ng/dl. (Normal range: 0.7-1.8 ng/dL), follicle-stimulating hormone (FSH) level of 6.0 mIU/mL (normal range: 4.7-21.5 mIU/mL), and luteinizing hormone (LH) level of 5.0 mIU/mL (normal range: 1.9-12.5 mIU/mL). What is the most likely cause of her infertility?

- a. Polycystic Ovary Syndrome (PCOS)
- b. Endometriosis
- c. Hyperprolactinemia
- d. Hypothyroidism
- e. Premature Ovarian Insufficiency

6. A woman 33 years old, known diabetic since 10 years comes to the hospital at 30 weeks of pregnancy. It's her second pregnancy. She was diagnosed in her last pregnancy 7 years ago for the first time. Her previous child was intrauterine demise. Currently she is on insulin with dosage of 18 units' regular insulin TID with 10 units Levemir at night. Her sugar levels are controlled so far. Her ultrasound scan shows fetal diameters corresponding to 34 weeks and slightly increased

liquor. Keeping in view her condition she has increased risk of the following complication if she goes into labour at 39 weeks of gestation?

- a. Intrauterine growth restriction
- b. Dysfunctional labour
- c. Intrauterine fetal death
- d. Shoulder dystocia
- e. Failed induction

7. A couple attends fertility clinic, married for 2 years and have not conceived yet, the woman age is 38 years and husband age is 40 years. She is having regular menstruation 7/28 cycle and dysmenorrhea. The husband smokes 7 cigarettes per day, live together and have regular unprotected sexual intercourse for last 2 years. The most important factor of infertility in this case is?

- a. Dysmenorrhea
- b. Coital frequency
- c. Cigarette smoking
- d. Female age
- e. Male age

#### 5. GMC 2024

1. A 25 year old female presents with pheochromocytoma. On examination he has multiple neuromas on the lips, Tongue, and oral mucosa. He is most likely suffering from:

- a. MEN 2A
- b. MEN 2B
- c. Von Hippel Lindau Disease
- d. Adrenal tumor
- e. Nelson's syndrome

2. A 45 year old woman presents with multiple fractures. During history taking she reveals that these fractures Developed on different occasions following trivial trauma. How would you investigate her to reach diagnosis:

- a. Serum calcium
- b. Serum TSH and Thyroxine
- c. Parathormone
- d. Serum calcium and parathormone
- e. Serum calcium and Serum Phosphate



**3. A 30 year old woman develops goiter for the last 15 days that is associated with mild discomfort. The antithyroid Antibodies is detected on investigations, however her thyroid function tests are normal.**

**What is the most likely cause:**

- a. Graves' disease
- b. Riedel's thyroiditis
- c. Hashimoto's disease
- d. de Quervain's thyroiditis
- e. Lymphoma

**4. During a workup for infertility, a 34 year old man is noted to have a solid tumor in the anterior aspect of his right**

**Testis. What is the most likely diagnosis?**

- a. Torsion of the testis
- b. Cyst of the epididymis
- c. Lipoma of the cord
- d. Cancer of the testis
- c. Epididymo-orchitis

**5. Glucose will be detected in the urine when the serum level is above:**

- a. 75 mg/dL
- b. 100 mg/dL
- c. 150 mg/dL
- d. 180mg/dL
- e. 225mg/dL

**6. A 58-year-old male with a 15-year history of type 2 diabetes mellitus presents to the clinic for a routine check-up. He has been non-compliant with his, and has poor glycaemic control, with an HbA1c of 9.5%. Physical examination reveals mild pedal edema. Laboratory tests show a serum creatinine of 2.1 mg/dL and a urine albumin-to-creatinine ratio of 450 mg/g. Which of the following is expected to be found in a patient with diabetic Nephropathy**

- a. A normal cardiac angiography
- b. Tuberculosis
- c. Diabetic retinopathy
- d. Eczema
- e. Pulmonary edema

**7. A 50-year-old female with a 10-year history of type 2 diabetes mellitus presents to the clinic for a routine check- up. She has a fair glycaemic control, with an HbA1c of 8%. Physical examination reveals mild pedal edema. Laboratory tests show a serum**

**creatinine of 1.2 mg/dL and a urine albumin-to-creatinine ratio of 500 mg/g. Which of the following drugs is known to be cardioprotective and renoprotective in albuminuric patients with diabetes?**

- a. SGLT-2 inhibitors
- b. Thiazolidinediones
- c. Gliptins
- d. Amlodipine
- e. Biguanides

**8. When progressive enlargement of a multinodular goiter causes symptomatic tracheal compression, the preferred management in otherwise good-risk patients is:**

- a. Iodine treatment
- b. Thyroid hormone treatment
- c. Surgical resection of the abnormal thyroid
- d. Radioactive iodine
- e. Isthmusectomy

#### 6. AMC 2024

**1. 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 metanephrine levels

**2. 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.

**3. 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: 12 mg/dL, Creatinine:**



**6.0mg/dl. Examination is unremarkable. What is the next step of management?**

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

**4. 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 and pelvis
- c. CT abdomen and pelvis with contrast
- d. Contrast Enema study
- e. Thyroid functions tests (TFTs)

**5. 50 years Old diabetic patients visit your clinic for lethargy weight gain and increased insulin resistance. 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

#### 7. RMC 2024

**1. On the fifth postoperative day following total thyroidectomy a patient complains of tingling of the fingertips and is found to have a serum calcium of 5.6 mg/dL. The next step in the treatment of this patient should be:**

- a. Careful observation until the calcium level increases
- b. Administration of vitamin d2 or d3, 50,000 to 100,000 units/day
- c. Administration of dihydrochystrol, 1mg/day
- d. Administration of 1,25(OH)<sub>2</sub>D<sub>3</sub>(calcitriol), 1 to 2 mg/day
- e. Administration of calcium gluconate, 3 to 6 g/day, by slow intravenous drip

**2. The endocrine gland responsible for the body's circadian rhythm is the:**

- a. Thymus
- b. Pineal gland
- c. Parathyroid
- d. Pituitary gland
- e. None of the above

**3. Endocrine glands differ from exocrine glands in that:**

- a. Endocrine glands are ductless and exocrine glands release secretions at the body's surface or into ducts
- b. Endocrine glands release hormones, whereas exocrine release waste
- c. Endocrine glands are formed by epithelial tissue, but exocrine glands are primarily connective tissue
- d. Endocrine glands are all interconnected; whereas exocrine glands act completely independently
- e. None of the above

**4. Regarding calcium metabolism:**

- a. High calcium levels leads to tetany
- b. 85-90% is in the skeleton
- c. High calcium levels activate PTH
- d. Bone turnover is 80% per year in infants
- e. Chronic low calcium leads to secondary hyperparathyroidism

**5. Effects of hypothyroidism include all but this:**

- a. Diarrhea
- b. Lethargy
- c. Weight gain
- d. Anorexia
- e. None of the above

**6. According to the ADA criteria, which of the following is a diagnostic fasting plasma glucose (FPG) value for diabetes mellitus?**

- a. > 100 mg/dL (5.6mmol/L)
- b. > 110 mg/dL (6.1mmol/L)
- c. > 126 mg/dL (7.0mmol/L)
- d. > 140 mg/dL (7.8mmol/L)
- e. > 150 mg/dL (8.3mmol/L)



**7. Which of the following hemoglobin A1c (HbA1c) values meets the ADA criteria for the diagnosis of diabetes mellitus?**

- a. >5.7%      b. >6.0%      c. >6.5%
- d. >7.0%      e. >5.0%

**8. Which test is recommended by the ADA for screening gestational diabetes mellitus (GDM) between 24 and 28 weeks of gestation?**

- a. Fasting plasma glucose (FPG)
- b. Oral glucose tolerance test (OGTT)
- c. HbA1c
- d. Random plasma glucose (RPG)
- e. None of the above

**9. Which of the following is a contraindication for the use of GLP-1 receptor agonists?**

- a. History of pancreatitis
- b. Chronic kidney disease with GFR >30 ml/min/1.73 m<sup>2</sup>
- c. Hyperlipidemia
- d. Obesity
- e. All of the above

**10. According to the ADA, which combination of medications is recommended for type 2 diabetes patients with atherosclerotic cardiovascular disease (ASCVD)?**

- a. Metformin and sulfonylureas
- b. Insulin and meglitinides
- c. GLP-1 receptor agonists or SGLT2 inhibitors
- d. Thiazolidinedione and alpha-glucosidase inhibitors
- e. None of the above

**11. Which of the following is NOT a component of metabolic syndrome?**

- a. Abdominal obesity
- b. Hypertriglyceridemia
- c. Low LDL cholesterol
- d. Elevated fasting blood glucose
- e. None of the above

**12. Which waist circumference threshold defines abdominal obesity as part of metabolic syndrome in**

**men (according to the International Diabetes Federation)?**

- a. >88 cm (35 inches)
- b. >94 cm (37 inches)
- c. >102 cm (40 inches)
- d. >120 cm (47 inches)
- e. >145 cm (50 inches)

**13. Which of the following is the ADA-recommended first-line treatment for type 2 diabetes in patients with coexisting heart failure?**

- a. Thiazolidinedione
- b. Sulfonylureas
- c. SGLT2 inhibitors
- d. GLP-1 receptor agonists
- e. SGLT3 inhibitors

**14. What is the recommended LDL cholesterol target for patients with diabetes and a high risk of cardiovascular disease?**

- a. <100 mg/dL      b. <70 mg/dL
- c. <130 mg/dL      d. <90 mg/dL
- e. <45 mg/dL

**15. Which of the following non-pharmacological interventions is most effective in managing metabolic syndrome?**

- a. Weight loss of 3-5%
- b. Resistance training twice weekly
- c. Mediterranean-style diet and increased physical activity
- d. Fasting for at least 16 hours daily
- e. Weight loss of 7-9%

**16. Which of the following GLP-1 receptor agonists is approved for chronic weight management in obese patients without diabetes?**

- a. Dulaglutide
- b. Semaglutide
- c. Exenatide
- d. Sitagliptin
- e. None of the above



**3. RENAL PEADS****1.WMC 2024**

**1. Urinalysis result include proteinuria, many blood cells and red blood cell casts, and 1-2 white blood cell per height power field, which of the following disease best fit with these findings?**

- a. Acute cystitis
- b. Acute Pyelonephritis
- c. Chronic Pyelonephritis
- d. Acute post streptococcal glomerulonephritis
- e. Minimal change disease

**2. Each of the following features are characteristic of the nephrotic syndrome except**

- a. Marked proteinuria
- b. Hypoalbuminemia
- c. Edema
- d. Hypertension
- e. Hypercholesterolemia

**2. KGMC 2024**

**1. A 14-year-old boy presents with generalized edema, hypertension and cola-colored urine. His mother reports that he had an episode of impetigo two weeks prior. Urine analysis shows red blood cell casts and proteinuria. What is the most likely cause of this presentation?**

- a. IgA nephropathy
- b. Post-streptococcal glomerulonephritis
- c. Membranous nephropathy
- d. Minimal change disease
- e. Focal segmental glomerulosclerosis

**2. A 8 years old child presents with complaints of generalized body edema from the last 6 days with decreased urinary output and abdominal distension. On investigations there is urine protein to Creatinine ratio of 5.7, urine Protein 3+ and RBC's 1-2/HPF.**

**Most likely diagnosis is:**

- a. Nephrotic syndrome
- b. Barter Syndrome.
- c. IGA nephropathy
- d. Post streptococcal Glomerulonephritis
- e. Renal tubular acidosis

**3. One year old child presents with failure to thrive. On examination height weight are less than the 5<sup>th</sup> percentile. On investigation there is hyponatremia, hypokalemia, ABGs (metabolic Alkalosis. urinary Ca, Na, K (Increased., remin Level increased, and abdomoinal ultrasound shows nephrocalcinosis.**

- a. Nephrogenic diabetes insipidus
- b. Central diabetes insipidus
- c. PRTA
- d. Batter Syndrome.
- e. dRTA

**4. A 5 month old child has poor weight gain although his feeding is adequate. The child has has no illness. The examination is normal except for the childs weight loss (failure to thrive.. Laboratory investigation show normal blood counts. Serum celectoriyte levels are sodium 140 mEq/1, chloride 105mEq/1, potassium 3.5mEq/1, bicabonate 170mEq/1, Urinalysis reveals a pH of 8. Plain abdominal X-ray shows medullary nephrocalcinosis.**

- a. Central diabetes insipidus
- b. Nephrogenic diabetes insipidus
- c. Bartter Syndrome
- d. UTIE.
- e. Renal Tubular Acidosis

**5. A 10 year old boy presents with excessive urination and thirst. No other family member has this complaint. OA urine analysis shows no glucosse and ketones. Urine specific gravity is 1.005. His urinary concentration improve when parenteral DDAVP in administered.**

- a. Central Diabetes Insipidus
- b. Nephroginic Diabetes Insipidus
- c. Renal Tubular Acidosis
- d. Batter Syndrome
- e. UTI

**6. A 4 year old child presents with failure to thrive, frequent urination, excessive thirst. Weight has decreased 4 kg in the past 4 months. Other family members have similar histories for many years.**



**Urine analysis shows no glucose, Ketones, or evidence of a urinary tract infection. Specific gravity is less than 1.005. Urine not concentrates when parenteral DDAVP is administered.**

- a. Central Diabetes insipidus
- b. Proximal Renal Tubular Acidosis
- c. Bartter Syndrome
- d. Distal Renal Tubular Acidosis
- e. Nephrogenic Diabetes insipidus

**7. An 8 year old pale looking girl presents. With short stature having polyuria and serum creatinine of 8mg/dl. Most probable diagnosis of a patient presenting with such complaints is?**

- a. Renal tubular acidosis
- b. Nephrotic syndrome
- c. Chronic renal failure
- d. Acute renal failure
- e. IGA nephropathy

**8. Urine dipstick testing of a specimen obtained from a febrile 4 yr old child with acute viral gastroenteritis shows specific gravity 1.030, pH 5.0, 2+ proteinuria, and no blood cells. The most likely cause of the patient's proteinuria is:**

- a. Transient proteinuria
- b. Nephrotic syndrome
- c. Orthostatic proteinuria
- d. Acute glomerulonephritis
- e. Acute kidney injury

**9. A 04 years old healthy girl has a urinalysis as part of her well child visit. Urine dipstick testing shows specific gravity 1.014, pH 6.0, and 2+ proteinuria and is negative for blood. Microscopic examination of the urine is unrevealing. The most appropriate next step in diagnosis is to:**

- a. Collect a 24-hr urine specimen for measurement of protein and creatinine;
- b. Draw blood for a serum chemistry panel;
- c. Measure serum complement levels (C3, C4.);

- d. Perform urine dipstick testing on a 1<sup>st</sup> morning-voided sample;
- e. Measure the urine protein to creatinine ratio

**10. Bacterial pneumonia is more common in Pakistan and is considered the most common cause of death in children less than five year old. The most common bacteria isolated from acute lower respiratory infections in children include:**

- a. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Group A.Streptococci
- b. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Group B.Streptococci
- c. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Staphylococcus epidermidis
- d. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Klebsiella pneumonia
- e. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Mycobacterium tuberculosis

### 3. KMC 2024

**1. A 6-year-old boy presents with periorbital edema, weight gain, and foamy urine. Laboratory tests reveal hypoalbuminemia and massive proteinuria. What is the most likely cause of his nephrotic syndrome?**

- a. Alport syndrome
- b. Focal segmental glomerulosclerosis (FSGS)
- c. IgA nephropathy
- d. Membranous nephropathy
- e. Minimal change disease

**2. A 7 years old girl presents with breathlessness, puffiness and no passage of urine since yesterday. On examination she is acidotic ; her BP is on the 92nd centile. She has normal breath sounds , normal heart sounds ,no visceromegaly and is well oriented in time and space. Her CBC is normal. An electrolyte shows Na 135mEq/l K 5.6mEq/l ,PH 7.2 HCO<sub>3</sub> 10. On monitoring urine output; she has anuria.**



**Absolute Indications for renal replacement therapy in this child are in which of the following?**

- a. Acidosis                      b. Anuria      c. Blood Pressure
- d. Edema                      e. Electrolyte Imbalance

**3. A 3 years old male child presented with constipation and bleeding per rectum for the last 1 month. On examination there is redness in perianal region and child is not allowing digital rectal examination. What can be the underlying cause for this presentation?**

- a. Anal fissure.
- b. Intussusception
- c. Necrotizing enterocolitis.
- d. Meckle's diverticulum
- e. Rectal duplication

**4. A 3 years old boy presents with vomiting, bloody diarrhea, stomach pain, fever, chills, and headache and is treated as dysentery. After 3 days he has a fit and shifted to ICU. On examination the child has a few petechiae; his BP is 120/80mmHg. He is puffy. His Complete blood count shows HB 8, TLC 7600, platelets 75000. Blood urea of 70, creatinine 4. Na 145, K 5.8. On monitoring in PICU his urine output hardly 10ml in 12 hours. What is the most probable diagnosis?**

- a. Acute Tubular Necrosis
- b. Acute Glomerulonephritis
- c. Hemolytic Uremic Syndrome
- d. Nephrotic Syndrome
- e. Sepsis

**5. A 5 Year male Child presented to a Pediatrician with Complain of peri orbital puffiness, red urine and hypertension. He also had throat infection 2 weeks back. A diagnosis of PSGN (Post streptococcal Glomerulonephritis) was made. Which of the following does not fit in the picture of Acute PSGN?**

- a. Hematuria may persist for 1 to 2 yrs.
- b. Hypertension subsides within 2-3 wks
- c. Excellent prognosis in childhood
- d. Prolonged hypocomplementemia > 2 m is indication for renal biopsy
- e. Some may present with congestive cardiac Failure

**6. A 6 months old female infant with delayed passage of meconium (on 3rd day of life), has**

**abdominal distension and non-bilious vomiting. What is the investigation of choice?**

- a. Plain X-ray abdomen.
- b. Barium Enema
- c. Anorectal manometry
- d. Barium meal and follow through
- e. Rectal biopsy.

**7. A two years boy is brought to the OPD with complaints of facial puffiness and generalized body swelling for the last 3 days. He was alright before that. He is afebrile with puffy face, and having pitting pedal edema, ascites and scrotal wall edema. His respiratory rate is 30/minute with no hepatomegaly. His BP is within normal limit. What first investigation you will advise?**

- a. Liver Functions Test
- b. Echocardiography
- c. CXR
- d. U/S Abdomen
- e. Urine R/E

#### **4. NWSM 2024**

**1. An 11 years old young girl presents with generalized body swelling. Her mother reports frothing of urine, her initial workup suggests Nephrotic syndrome and she is decided to be started on treatment. What's the initial regimen that needs to be chosen?**

- a. Corticosteroids                      b. Cyclophosphamide
- c. Tacrolimus                      d. Rituximab
- e. Cyclosporine

**2. A 5 year old boy comes with history of cola colored urine. He also complains of headache and gives an O/E he looks pale, is edematous with BP of 130/90 (raised for age). What lab investigations will u do to?**

- a. CBC, Urine R/E
- b. Urine R/E, Urine culture and ultrasound abdomen
- c. ASO titers, urine R/E, serum urea and creatinine and electrolytes
- d. MRI brain
- e. Renal biopsy



**3. A 4 years old well grown boy presents to OPD with chief complaints of facial and pedal swelling. On examination he is vitally stable and having generalized edema involving face, abdomen, sacral area and both limbs. Heart sounds are normal and there is no history of jaundice. Investigations reveal proteinuria on Urine microscopy and raised cholesterol with decreased albumin. What investigation will you do to reach the diagnosis?**

- a. Urine Culture
- b. Blood Culture
- c. Urine Protein: creatinine ratio
- d. Urinary chloride
- e. Echocardiography

**4. A 10 year old girl presents to you with 6 months history of progressive weightless, palpitations and loose stools. On examination Restless, fidgety girl, fine tremors, warm sweaty hands, pulse 120 beats/minute, protruding eyes, rest of the examination is unremarkable. Which of the following tests would you like to do to reach a diagnosis?**

- a. Thyroid function tests
- b. Renal function tests
- c. CBC
- d. Renal function tests
- e. Liver function tests

#### 5. GMC 2024

**1. The most common cause of chronic kidney disease in children is:**

- a. Polycystic kidney disease
- b. Nephrotic syndrome
- c. Glomerulonephritis
- d. Urinary tract obstruction
- e. Congenital renal anomalies

**2. 4-Year child presented with sudden loss of consciousness and respiratory distress (Deep shallow breathing).The is history of long standing increased thirst, increased frequency of urination,**

**and progressive weight loss. Initial blood investigation shows RBS more than 300mg/dl, CBC and Chest X-Ray of normal report. Urine R/E shows 3+ ketone. Hb Ac report waited. What is your diagnosis?**

- a. Pneumonia
- b. Meningitis
- c. Diabetic ketoacidosis.
- d. Acute renal failure
- e. Chronic renal failure

**3. 15-days newborn presented with jaundice, history of prolong passage of meconium, large tongue and lethargic Serum bilirubin shows direct bilirubin more than 20 percent of bilirubin and indirect is mildly increased. TSH level is more than 100, RFTS, RBS, growth hormone level are normal. What is your diagnosis?**

- a. Infant of Diabetic Mother.
- b. Congenital hypothyroidism.
- c. Neonatal jaundice
- d. Neonatal constipation
- e. Neonatal sepsis

**4. Treatment of congenital hypothyroidism is;**

- a. Deltacortil.
- b. Neomarcazole
- c. Thyroxin
- d. Methotrexate
- e. Propranolol

**5. Treat of Nephrotic syndrome in children is,**

- a. IV Dexamethasone
- b. Oral delta cortil
- c. Iv methylprednisolone.
- d. Oral Antibiotics
- e. Iv Epinephrine

**6. A 5 years old child presented to Out Patient, with Perineal Hypospadias, micro penis and empty scrotal sa which of the following represents the best first step in his management;**

- a. Karyotyping



- b. Ultrasonography
- c. Hormonal assessment
- d. Magnetic Resonance Imaging
- e. Surgery

#### **6. AMC 2024**

**1. 10-year-old boy presented with an acute history of body swelling and cola coloured urine. He is hypertensive, oliguric and anaemic. Lab investigations show serum urea 120 mg/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

#### **7. RMC 2024**

**1. Which of the following is the investigation of first choice in 15 year old girl with fever and dysuria?**

- a. Ultrasound
- b. Urine re
- c. Peripheral smear
- d. Blood c/s
- e. ESR

**2. An 8-year-old boy presents to his GP with swelling around his eyes and limbs, tiredness and weight gain. The GP performs a urine dip. What is the most likely underlying pathology in this child?**

- a. IgA nephropathy
- b. Minimal change disease
- c. Glomerulosclerosis
- d. Type I diabetes mellitus
- e. Membranous glomerulonephritis

**3. A 14 year old boy developed facial puffiness and lower limb edema, urine re shows 3+ proteinuria renal biopsy shows minimal change disease, drug of choice is?**

- a. Ace inhibitors
- b. Prednisolone
- c. Statins

- d. Furosemide
- e. Cyclophosphamide

**4. As 5 year child presents to the OPD with painless bleeding PR of 1 year duration. The likely diagnosis is:**

- a. Ca colon
- b. Ca rectum
- c. Hemorrhoid
- d. Polyp
- e. Anal fissure

**5. An 8 months old child presents with failure to thrive. On examination, height and weight are less than the 5th percentile. On investigations, there is hyponatremia, hypokalemia, abgs shows metabolic alkalosis. What will be the possible diagnosis?**

- a. Little's syndrome
- b. Bartter syndrome
- c. Turner syndrome
- d. Gitelman syndrome
- e. None of the above

#### **4. ENDOCRINE PEADS**

##### **1.WMC 2024**

**1. During the delivery room resuscitation of a vigorous term newborn, which of the following should be performed first?**

- a. Verify the airway is clear, dry and stimulate the infant
- b. The heart rate should be auscultated
- c. Breath sound should be auscultated
- d. Mouth and trachea should be suctioned
- e. Assess colour and administer Oxygen if necessary

**2. A low risk newborn infant has pathologic, unconjugated hyperbilirubinemia which is appropriately diagnosed jaundice by the nurse. She was asking why the infant was not jaundiced immediately after birth. Which if the following best describes the major route for excretion of bilirubin in the fetus in utero?**

- a. Via the kidney
- b. Trans placental passage
- c. Degradation to biliverdin
- d. Reincorporation to hemoglobin
- e. Hepatic secretion and storage in the intestinal lumen



**3. iodine deficiency can cause**

- a. Goitre
- b. Thyroid cancer
- c. Solitary Thyroid nodules
- d. Thyroiditis
- e. Grave's disease

**4. Grave's disease or basedow's disease due to**

- a. Hyperactivity of adrenal cortex
- b. Hyperactivity of the parathyroid gland
- c. Hyperactivity of thyroid gland
- d. Hyperactivity of islets of Langerhans
- e. None of the above

**5. Which of the following symptoms / signs are included in the clinical features of diabetic ketoacidosis?**

- a. Polyuria and weight loss
- b. Tachypnea and tachycardia
- c. Abdominal pain and vomiting
- d. Cheyne-stokes respiration
- e. A+B+C

**6. Chronic inflammation of the thyroid leading to under-active is**

- a. Thyroiditis
- b. Goitre
- c. Hypothyroidism
- d. Hyperthyroidism
- e. None of the above

**7. Which of the following condition marked by the low TSH?**

- a. Hypothyroidism
- b. Goitre
- c. Hyperthyroidism
- d. Thyroid cancer
- e. All of the above

**8. First treatment of the DKA should be**

- a. Insulin
- b. I/V fluids
- c. Dextrose
- d. Bicarbonates
- e. None of the above

**2. KGMC 2024**

**1. A 10-year-old boy presents with generalized body edema especially around eyes and lower legs. Laboratory findings reveal proteinuria (>3.5 g/day. and hypoalbuminemia. His lipid profile shows hyperlipidemia. His urine examination reveals fatty casts. What is the most likely underlying cause of his nephrotic syndrome?**

- a. Henoch Shonlein Purpura
- b. Chronic renal failure
- c. Minimal change disease
- d. Diabetic nephropathy
- e. IgA nephropathy

**3. KMC 2024**

**1. A four months old infant was referred for further assessment of his increasingly problem of constipation. His parents are concerned about his umbilical hernia . He had an uneventful birth history. past history of neonatal jaundice . on examination he had umbilical hernia and normal systemic examination. Which one of the following is a diagnostic investigation?**

- a. Electrolytes
- b. Erect Abdominal X-ray
- c. Serum Bilirubin
- d. Thyroid Function Test
- e. Vitamin D Levels

**2. A 10 years old boy accompanied by his parent come to your OPD, with the complaint that his parents think that his height is static. He is not a severe short stature on standard deviation score. He is just below his target height. His bone age is 8 years. His father gives a history of delayed puberty. On follow up after 6 months his height increases by 6 cm. What is the most probable diagnosis?**

- a. Celiac Disease
- b. Constitutional Delay
- c. Familial Short Stature
- d. Growth Hormone Deficiency
- e. Hypothyroidism



**5. GMC 2024**

1. A 3-day-old newborn presents with yellowing of the skin and sclera. The baby is otherwise healthy, feeding well, and has no signs of infection.

Laboratory tests show elevated unconjugated bilirubin levels. What is the most likely cause of the jaundice?

- a. Biliary atresia
- b. Hemolytic disease of the newborn
- c. Neonatal hepatitis
- d. Physiological jaundice
- e. None of the above

2. Baby born with blue extremities and pink face, shows grimace, respiratory rate irregular, Heart Rate is greater than 100, muscles show some flexion.

What will be his APGAR score?

- a. 6      b. 8      c. 3      d. 5      e. 9

**6. AMC 2024**

1. Preterm exposed to high oxygen concentration for prolonged period of time have the risk of developing.

- a. Pulmonary hypertension
- b. Retinopathy of prematurity
- c. Respiratory distress
- d. Hypoglycemia

2. 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.

- a. Transient tachypnea of newborn
- b. Respiratory distress syndrome
- c. Early onset sepsis
- d. Congenital heart defect

3. 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 nontender 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

4. 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 palpable tissue and flat maxillary area
- c. Prominent scalp veins and high-pitched cry
- d. Persistent postnatal growth lag and microcephaly

5. Corneal clouding is absent in the following Mucopolysaccharidoses

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

**7. RMC 2024**

1. Commonest cause of bilious vomiting in neonate is:

- a. Necrotizing enterocolitis
- b. Meconium ileus
- c. Duodenal atresia
- d. Intestinal malrotation with volvulus

**5. RENAL SURGERY****1.WMC 2024**

1.Following are the types of hypospadias except

- a. Glandular Hypospadias
- b. Coronal Hypospadias
- c. Penile Hypospadias
- d. Penoscrotal Hypospadias
- e. Ventral hypospadias

2.All are failures of hypospadias except;

- a. Hypospadias occur 1 in 200-300 male live birth
- b. Most common abnormality of urethra
- c. Urethral opening is on dorsum of penis
- d. External meatus open on the underside of penis
- e. Ventral aspect of prepuce is poorly developed



**3. A 35 years old male who is infertile, he was advised semen analysis. His report shows sperm count of 50 million/ml. Semen ejaculate of 3ml. 50% sperms are active motile, 40% abnormal shaped sperm. He is having:**

- a. Aspermic
- b. Azoospermia
- c. Normal sperm count
- d. Asthenospermia
- e. Oligoasthenospermia

**4. Chronic renal failure with low serum calcium, elevated phosphate level & increased PTH is**

- a. Primary hyperthyroidism
- b. Secondary hyperthyroidism
- c. Ca parathyroid
- d. Thyroidism
- e. Tertiary hyperparathyroidism

**5. Which of the following investigation can confirm Ureteric stone**

- a. X-Ray KUB
- b. U/S KUB
- c. CT KUB
- d. Urine R/E
- e. Serum Calcium

**6. A 30 years old male complains of severe pain in left flank that radiates to groin for few hours. He also observed dark color urine twice. What is likely cause**

- a. Bladder stone
- b. Urethral stone
- c. UTI
- d. BPH
- e. Ureteric stone

**7. A young female patient complains of severe pain right flank that radiates to back for 2 hours. She also had episode of haematuria. What is next appropriate step in management**

- a. Parenteral analgesic
- b. Urine R/E
- c. U/S KUB
- d. IVU
- e. CT KUB

**8. A 65 years old female presents with painless haematuria. Ultrasound shows increased wall thickness at one of the wall. What is next step in management**

- a. Urine R/E
- b. IVU
- c. X-Ray KUB
- d. Cystoscopy
- e. Non-contrast CT

**9. Which test is performed to differentiate torsion & Orchitis**

- a. Virchow's sign
- b. Prehn's sign
- c. Troisier's sign
- d. Trousseau's sign
- e. Kehr sign

**10. Sterile collection of fluid in tunica vaginalis**

- a. Varicocele
- b. Hydrocele
- c. Scrotal hematoma
- d. Orchitis
- e. Testicular Ca

**11. A 25-year-old man is admitted with acute left testicular pain for 02 days, dysuria & fever. Examination reveals swelling and tenderness, Prehn's sign is negative. What is likely diagnosis**

- a. Torsion
- b. Testicular abscess
- c. Hydrocele
- d. Orchitis
- e. Varicocele

**12. Tumor marker of testicular carcinoma**

- a. Alpha fetoprotein
- b. CA 15-5
- c. Thyroglobulin
- d. CEA
- e. Calcitonin

## 2. KGMC 2024

**1. A 61 year old lady becomes incontinent immediately after a transvaginal repair of grade 3 cystocele. This is most likely due to:**

- a. Detrusor instability
- b. Partial bladder denervation
- c. Underlying urethral deficiency
- d. Iatrogenic urethral damage
- e. Iatrogenic bladder neck injury



**2. A 55 year old female underwent mid urethral sling for stress incontinence 5 months ago. She now has dysuria urgency and frequency despite antibiotic treatment for 2 documented UTIs. Urinalysis shows 2-3 rbs/hpf. Pelvic US reveals 50ml of PVR. Next step will be:**

- a. Uroflowmetry      b. IVP      c. VCUG
- d. Filling cystometry      e. Cystoscopy

**3. A 74 year old woman with SUI and detrusor instability would like to avoid surgery. The best pharmacologic approach is:**

- a. Ditropan      b. Detrositol
- c. Imipramine      d. Terazocin
- e. Ephedrine

**4. A 59 years old male presents with LUTS and 800 with IPSS score of 17. He is known case of COPD. His rectal exam reveals a grossly enlarged clinically benign prostate. QOL is 4. USG suggests 85 gm prostate with normal upper tracts. What will be the most preferred medical treatment for the patient?**

- a. Saw Palmetto
- b. Alpha-1 blocker
- c. Combination Therapy
- d. Aromatase Inhibitors
- e. 5-alpha Reductase inhibitor

**5. A 75 year-old man with mature cataract of left eye, has been postponed from the OT list for floppy iris as contraindication for the ophthalmic surgery. According to the patient, he has been on alpha receptor blockers for voiding symptoms due to benign prostatic enlargement. Which of the alpha blocker is most likely involved in this ophthalmic complication:**

- a. Silodosin
- b. Alfuzosin
- c. Terazosin
- d. Doxazosin

**6. A 30-year old married male has presented to Andrology Clinic with presenting complaint of unable to attain erection for last 6 months. On further enquiry patient is hypertensive and is on Losartan. Examination is not remarkable. The penile buckling pressure during nocturnal penile tumescence is 100 mm.Hg. What is the most likely cause on Impotence?**

- a. Drug Induced
- b. Neurogenic
- c. Psychogenic
- d. Vasculogenic
- e. Endocrinopathy

**7. A 40 year-old lady G6P5 had undergone difficult TAH. On 7<sup>th</sup> post operative day, she developed left flank and hypogastric pain. On 8<sup>th</sup> post operative day she developed urinary incontinence as well as normal voiding pattern. The most likely diagnosis is:**

- a. Vesicovaginal fistula
- b. Ureterovaginal fistula
- c. Urethrovaginal fistula
- d. Genuine stress incontinence
- e. Complex Genitourinary fistula

**8. You have received a called from General Surgical OT. They have opened a patient as Laparotomy for blunt trauma abdomen with spleen rupture. They have performed splenectomy. On your arrival in OT, There is a huge retroperitoneal hematoma on left side. The blood pressure of the patient is 100/70mm.Hg, Pulse 120/min. What is the most preferred imaging modality on OT Table before deciding exploration of retroperitoneal haematoma?**

- a. Ultrasound
- b. X ray KUB
- c. IVU
- d. CT KUB
- e. MRI Abdomen



## 3. KMC 2024

1. A 70-year-old male complains of a sudden onset of severe lower abdominal pain radiating to the groin and scrotum. On examination, there is a palpable mass in the scrotum. What is the most likely diagnosis?

- a. Epididymitis
- b. Inguinal hernia
- c. Scrotal abscess
- d. Inguinal lymphadenopathy
- e. Seminoma

2. A 49-year-old diabetic female with a 4-year history of stone disease has passed 6 stones spontaneously, 3 in the last year. She again presents with left flank pain and fever. On examination she is tender in left flank and has a temperature of 101 F. she also complains of nausea and vomiting. Her ultrasound shows small right kidney and left moderate hydronephrosis with hydroureter. Her total leucocyte count is 22000. She is not using any blood thinner medications. Her serum potassium is 5.5 mmol/l, creatinine is 5 mg/dl and urea of 150 mg/dl. What is the next best treatment option for this patient?

- a. Ureterorenoscopy
- b. Hemodialysis
- c. Percutaneous nephrostomy
- d. Double J stenting
- e. Ureterolithotomy

3. A 45-year-old male with a history of smoking presents with painless hematuria. Cystoscopy reveals a papillary tumor with a cauliflower appearance. What is the most likely diagnosis?

- a. Bladder diverticulum
- b. Bladder stone
- c. Bladder metastasis
- d. Squamous cell carcinoma bladder
- e. Transitional cell carcinoma

4. A 65 years male patient presents with intermittent urine stream, sense of incomplete voiding and hesitancy. His urine examination report shows occasional leucocytes. Ultrasound shows a prostate of 45 gm with prevoid volume of 300 ml and post void volume of 150 ml. He is non diabetic and is using tamsulosin for the last 1 year. He is not

willing to continue tamsulosin. His digital rectal exam shows normal firm prostate. PSA level is 2 ng/ml. What is the best treatment option for this patient?

- a. Transvesical prostatectomy
- b. Transurethral resection of prostate
- c. Replace tamsulosin with prazosin
- d. Transurethral incision of prostate
- e. Reassure and Observe

5. A 22 years old male complains of testicular pain. He is giving history of pain and swelling under both jaws previously. On examination, the testicles are tender and swollen. What is the most likely diagnosis?

- a. Epididymo-orchitis
- b. Hydrocele
- c. Testicular cancer
- d. Testicular torsion
- e. Varicocele

6. Spinal Anesthesia is an effective form of local anesthesia for pelvic surgeries. The local anesthetic is instilled via a spinal needle in which of the following area?

- a. Epidural space
- b. Extra dural space
- c. Intrathecal instillation
- d. Para spinal region
- e. Sub arachnoid space

7. A 55 year old male presents with difficulty urinating, frequent nighttime urination, and a weak urinary stream. On examination, you note an enlarged prostate. What is the first-line pharmacotherapy for this patient?

- a. 5-alpha reductase inhibitors
- b. Alpha-1 blockers
- c. Antimuscarinic agents
- d. Observation and follow up
- e. Phosphodiesterase-5 inhibitors

8. A 25-year-old male with a history of mumps infection presents with testicular pain and swelling. What is the most likely diagnosis?

- a. Testicular torsion
- b. Epididymitis
- c. Testicular cancer
- d. Hydrocele
- e. Orchitis



**9. A 30-year-old male complains of sudden severe testicular pain and swelling. On examination, the affected testicle is tender and elevated. What is the most likely diagnosis?**

- a. Epididymitis
- b. Labetolol
- c. obstructed inguinal hernia
- d. Testicular torsion
- e. varicocele

**10. A 40-year-old woman presents with sudden onset of severe central chest pain and syncope. A point of care ultrasound shows dilatation of the aortic root. Which of the following are associated with aortic dissection?**

- a. Acromegaly
- b. Cushings syndrome
- c. Marfan's syndrome
- d. Polycystic ovary syndrome
- e. Tetralogy of Fallot

#### **4. NWSM 2024**

**1. A 45 year old man was admitted to surgical ward with severe upper abdominal pain radiating to back for the last 12 hours. He is also vomiting and unable to tolerate any oral fluid. Pain reduces on leaning forward. He is previously diagnosed to have gall stones. On examination he is tachycardia and tender at epigastrium. Which of the following is the most important investigation to perform?**

- a. CT abdomen
- b. Electrocardiogram
- c. Serum amylase
- d. Ultrasound abdomen
- e. X-ray abdomen

**2. A 28-year-old man presented with a 2 month history of a dull ache in his left testis. On examination you can feel a hard lump on the testis which is tender. Which diagnosis needs to be excluded first?**

- a. Orchitis
- b. Epididymitis
- c. Torsion of epididymis appendage

- d. Testicular torsion
- e. Testicular tumor

**3. A 30-year-old woman presents with a 1-year history of infertility. She reports having irregular menstrual cycles ranging from 35 to 50 days. She has gained weight over the past year and has noticed increased hair growth on her face and body. Her partner's semen analysis is normal. What is the most likely cause of her infertility?**

- a. Endometriosis
- b. Polycystic Ovary Syndrome (PCOS)
- c. Primary ovarian insufficiency
- d. Tubal factor infertility
- e. Hyperprolactinemia

**4. A 35-year-old male presents to the fertility clinic after his partner has been evaluated for infertility. The semen analysis reveals no sperm present in the ejaculate despite normal testicular size and hormonal levels. The urologist explains that this condition can be classified based on its underlying causes, which may be obstructive or non-obstructive. What is the term used to describe the absence of sperm in the ejaculate?**

- a. Oligospermia
- b. Azoospermia
- c. Aspermia
- d. Teratospermia
- e. Normospermia

**5. A 40-year-old man presents with infertility issues, and laboratory tests indicate an imbalance in his reproductive hormones, particularly low levels of testosterone and elevated luteinizing hormone (LH). After discussing various treatment options, the urologist recommends a specific therapy aimed at restoring hormonal balance to improve fertility potential. Which of the following treatment modalities is commonly used for male infertility due to hormonal imbalance?**

- a. In vitro fertilization (IVF)



- b. Surgical correction of varicocele
- c. Hormonal therapy with gonadotropins
- d. Lifestyle modifications only
- e. Sperm retrieval techniques

**6. A teenage boy presents with left testicular pain for 12 hours. The pain has gradually improved but there is an apparent swelling and a blue dot is visible under the skin on the upper pole of the testis. What is the most likely diagnosis?**

- a. Orchitis
- b. Epididymitis
- c. Torsion of testicular appendage
- d. Testicular torsion
- e. Testicular tumor

**7. A 77-year-old man presents with haematospermia and hematuria. He reports that his urinary flow has been worsening over the last 6 months. Examination reveals a hard irregular prostate, with prostate specific antigen (PSA) 59 ng/mL (normal PSA 5 ng/mL, adjusted for age). What is the likely cause?**

- a. Bladder cancer
- b. Prostatitis
- c. Urinary colic
- d. Prostate cancer
- e. Urethral strictures

**8. A 38 year old is evaluated after passing his second kidney stone. He reports no fever or dysuria. There is no family history of hyperparathyroidism, nephrolithiasis or kidney disease. He is not on any medication nowadays. His labs shows Calcium of 8.5mg/dL, Creatinine 0.7mg/dL with normal electrolytes. Urinalysis shows PH 5.0 negative dipstick positive for calcium oxalate crystals. In addition to increasing fluid intake, which of the following is the most appropriate management?**

- a. Add Allopurinol
- b. Add Potassium Citrate
- c. Add Vitamin C
- d. Increase Protein intake
- e. Decrease fluid intake

**9. A 24 year G2p1 presents at 27 weeks of gestation is noted to have fetal size greater than her dates. Ultrasound scan performed reveals fetal hydrops. The fetal heart tone are in normal range of 140 BM, middle cerebral artery indicates increased flow. Which of the following is etiology?**

- a. Fetal cardiac tachyarrhythmia
- b. Gestational diabetes
- c. Rh iso-immunization
- d. Immune thrombocytopenia
- e. Intrauterine growth restriction

**10. A 6 years old presented with bilateral absent testis in scrotum and urinary meatus on ventral side of penis near the penoscrotal junction. According to classification system of hypospadias, this penoscrotal variety falls in which category?**

- a. Distal hypospadias
- b. Mid penile variety
- c. Proximal hypospadias
- d. Anterior hypospadias
- e. Hypospadias with chordae variety

**11. 68-year-old man presents with recurrent urinary tract infection (UTI). He has a history of recurrent renal stones and has three previous percutaneous nephrolithotomies in the right kidney. Current evaluation confirms a recurrent 3 cm stone in the right renal pelvis. An isotope study (DMSA) performed 3 months after treatment of his UTI shows 5% function in the right kidney. What is the best treatment strategy for the right renal stone?**

- a. Extracorporeal shock wave lithotripsy (ESWL)
- b. Flexible ureterorenoscopy (FURS) with stone fragmentation
- c. Percutaneous nephrolithotomy (PCNL)
- d. Nephrectomy
- e. Conservative treatment

**12. A 56 years old female, with no past medical history presents with 2 months history of generalized body swelling. Which increased**



progressively with time, she currently has pedal edema, periorbital puffiness. Her initial workup suggests low serum albumin, high cholesterol, urine RE shows ++++ Alb. Which when quantified comes out to be 8.5 grams. Physician suspects Nephrotic syndrome. What's the next best investigation?

- a. Urine ACR
- b. Ultrasound KUB
- c. Urine Cytology
- d. Renal biopsy
- e. CT IVU

**13. A 50 year old man complains of abdominal pain, chills and fever. On examination, he is febrile and jaundiced. His liver functions are deranged, and ultrasound abdomen shows multiple gall stones. Which of the following is the most likely diagnosis?**

- a. Acute appendicitis
- b. Acute cholangitis
- c. Acute cholecystitis
- d. Acute pancreatitis
- e. Liver abscess

**14. A 6 month old male infant presented to you with complain of left sided inguinoscrotal swelling since birth. According to the parents the swelling becomes more apparent and increases in size when the child cries. On examination the swelling is reducible and you are not able to get above the swelling. Left testis is palpable in scrotum. What is your provisional diagnosis?**

- a. Hydrocele
- b. Indirect inguinal hernia
- c. Direct inguinal hernia
- d. Undescended testis
- e. Testicular torsion

**15. A 70 years old male with history of decreased urine output for the past 1 day, reports to the A&E department. He doesn't have any significant past history apart from renal stones. He underwent a surgery for renal stones 6 months ago. His initial labs suggests urea of 230 and creatinine of 8. What's the single best investigation?**

- a. DTPA
- b. IVU
- c. CT-KUB
- d. X-ray KUB
- e. Renal biopsy

## 5. GMC 2024

**1. A 46 year old man has a swelling in the scrotum. It shows clear transillumination anterior to the testis when light is applied to the scrotum in a dark room. What is the most likely diagnosis:**

- a. Indirect inguinal hernia
- b. Direct inguinal hernia
- c. Hydrocele
- d. Cyst of the epididymis
- e. Sebaceous cyst

**2. With which of the following diseases is priapism most commonly associated?**

- a. Peyronie disease
- b. Sickle cell anemia
- c. Parkinson disease
- d. Organic depression
- e. Leukemia

**3. Pain associated with a stone in the ureter is the result of:**

- a. Obstruction of urine flow with distention of the renal capsule
- b. Irritation of the ureteral mucosa by the stone
- c. Excessive ureteral peristalsis in response to the obstructing stone
- d. Irritation of the intramural ureter.
- e. Urinary extravasation from a ruptured calyceal fornix

**4. Which of the following disorders may commonly lead to irritative voiding symptoms?**

- a. Parkinson disease
- b. Renal cell carcinoma
- c. Bladder diverticula
- d. Prostate cancer
- e. Testicular torsion

**5. The female urethra is approximately cm long?**

- a. 04
- b. 06
- c. 08
- d. 10
- e. None



**6. Suprapubic catheter placement with a guide wire is the \_\_\_\_\_ technique?**

- a. Cystotomy
- b. Seldinger
- c. Lowsley
- d. Trocar
- e. None of the above

**7. Lower urinary tract (LUT) dysfunction is associated with which of the following?**

- a. Constipation
- b. Neuropsychiatric issues
- c. UTIs
- d. VUR
- e. All of the above

**8. Terminal hematuria (at the end of the urinary stream) is usually due to:**

- a. Bladder neck or prostatic inflammation.
- b. Bladder cancer.
- c. Kidney stones.
- d. Bladder calculi
- e. Urethral stricture disease

**9. The most common cause of gross hematuria in a patient older than 50 years is:**

- a. Renal calculi
- b. Infection
- c. Bladder cancer
- d. Benign prostatic hyperplasia
- e. Trauma

**10. The most important step in surgical decision making of a patient with midshaft hypospadias is;**

- a. Location of the meatus
- b. Size of the penis
- c. Degree of Ventral Curvature
- d. Urethral plate
- e. Age of the patient

**11. A patient with the history of urethral stricture and recurrent UTI, now presented with the**

**complaints of decrease in urinary output. On examination he had palpable urinary bladder and deranged RFSs in investigations. In which category of renal failure does this falls?**

- a. Prerenal
- b. Renal
- c. Post renal
- d. Glomerular
- e. ATN

**12. Inorganic phosphate is almost exclusively reabsorbed in?**

- a. Proximal tubule
- b. Loop of henle
- c. Distal tubule
- d. Collecting duct
- e. All of the above

**13. Which of the following are the mechanisms for anemia in chronic kidney disease? 1. Deficiency of erythropoietin, 2. Folate and vitamin B12 deficiency, 3. Toxic effects of uremia on bone marrow & 4. Reduced utilization of dietary iron.**

- a. 1,2 and 3
- b. 1,2 and 4
- c. 1,3 and 4
- d. 2,3 and 4
- e. None of the above.

**14. Asymptomatic bacteria is define as the presence of more than ?**

- a. 10<sup>5</sup> organisms/mL in the urine of apparently health asymptomatic patients
- b. 10<sup>4</sup> organisms/mL in the urine apparently health asymptomatic patients
- c. 10<sup>3</sup> organisms/mL in the urine of apparently health asymptomatic patients
- d. 10<sup>2</sup> organisms/mL in the urine of apparently health asymptomatic patients
- e. More than 10<sup>5</sup> organisms/mL in the urine of apparently health asymptomatic patients



**15. A 17-13 year old boy presents with hematuria, oliguria, edema and hypertension. He has history of sore throat two weeks prior to presentation.**

**Laboratory investigations are remarkable for low C3 and increased titers of ASO and antiDNase. Which of the following statement is not correct about management for this condition?**

- a. Renal biopsy is rarely required for Streptococcal infection
- b. Antibiotic treatment is given for streptococcal Infection
- c. Treatment is largely supportive
- d. Immunosuppressant's are to be used for crescentic glomerulonephritis
- e. All of the above

**16. consider the following statements in relation to an adult patient? 1. Oliguria is defined as passage of urine less than 300 ml per day, 2. Anuria is said to exist when less than 50 ml urine is passed per day & 3. Polyuria is defined as urine volume in excess of 3 liter per day. Which of the following given above are correct?**

- a. 1 & 3
- b. 2&3
- c. 1 & 2
- d. 1, 2 & 3
- e. 1 only

**17. A 60 year old male presents to the clinic to review labs. He has a history of hypertension, diabetes and lung cancer for which he is undergoing treatment. He has no complaints at this time. His only medications are metformin and lisinopril. His physical exam does not reveal any jugular venous distention (JVD), lower extremity edema, or other abnormality. Other results include Sitting blood pressure 124/82mmHg standing blood pressure 120/80mmHg, HgbA1c is 6.4%, CBC unremarkable. Lipid panel shows an LDL 58mg/dL serum electrolytes are normal except for a sodium level of 123mg/dL, serum osmolarity 250mOsm/L. He says**

**his appetite has been great and denies any weight loss. He also denies vomiting or diarrhea. Which of the following is the best solution for his hyponatremia at this time?**

- a. Furosemide
- b. 3% normal saline
- c. 0.9% normal saline
- d. Fluid restriction and possibly demecocycline
- e. 5% dextrose in water (D5W solution)

**18. cause of metabolic alkalosis include all the following except ?**

- a. Mineralocorticoid deficiency
- b. Hypokalemia
- c. Thiazide diuretic therapy
- d. Recurrent vomiting
- e. Excessive NaHCO<sub>3</sub> tablets ingestion

**19. in a man undergoing surgery, it was necessary to aspirate the contents of the upper gastrointestinal tract. After surgery the following values were obtained from an arterial blood sample: pH 7.55, PCO<sub>2</sub> 52mmHg and HCO<sub>3</sub><sup>-</sup> 40mmol/l. What is the underlying disorder?**

- a. Metabolic Acidosis
- b. Metabolic Alkalosis
- c. Respiratory acidosis
- d. Respiratory alkalosis
- e. Metabolic and respiratory alkalosis both

**20. A young woman is found comatose having taken an unknown number of sleeping pills an unknown time before. An arterial blood sample yields the following values: pH-7.30, HCO<sub>3</sub><sup>-</sup> 13 meq/liter, PaCO<sub>2</sub> 68 mmHg. This patient's acid-base status is most accurately described as:**

- a. Uncompensated metabolic acidosis
- b. Uncompensated respiratory acidosis
- c. Simultaneous respiratory and metabolic acidosis
- d. Respiratory acidosis with partial renal compensation
- e. Eupneumatic state



**6. AMC 2024**

**1. 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 stones

**2. 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 his finding?**

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

**7. RMC 2024**

**1. A 63-year-old man is admitted with severe right sided loin pain to the Emergency Department. A urine dipstick shows blood +++, leucocytes +, protein +. An abdominal radiograph is therefore ordered which shows a stag-horn calculus in the right renal pelvis. What are stag-horn calculi normally composed of?**

- a. Xanthine
- b. Calcium
- c. Uric acid
- d. Magnesium calcium phosphate
- e. Cysteine

**2. What is the gold standard investigation for diagnosing urolithiasis?**

- a. Plain X-ray KUB
- b. Ultrasound abdomen
- c. Non-contrast CT scan
- d. Intravenous pyelography (IVP)
- e. None of the above

**3. A 25-year-old male presents with a painless testicular mass. What is the most likely diagnosis?**

- a. Epididymitis

- b. Hydrocele
- c. Testicular cancer
- d. Varicocele
- e. All of the above

**4. Which type of urinary incontinence is characterized by leakage with sneezing or coughing?**

- a. Urge incontinence
- b. Overflow incontinence
- c. Stress incontinence
- d. Functional incontinence
- e. None of the above

**5. What is the initial management for a patient presenting with obstructive uropathy and hydronephrosis?**

- a. Emergency cystoscopy
- b. Antibiotics and observation
- c. Placement of a ureteric stent or per cutaneous nephrostomy (PCN)
- d. Open surgery
- e. All of the above

**6. What is the most common cause of epididymitis in men under 35 years of age?**

- a. Escherichia coli
- b. Mycobacterium tuberculosis
- c. Chlamydia trachomatis
- d. Treponema pallidum
- e. All of the above

**7. Which of the following is a known risk factor for bladder cancer?**

- a. Smoking
- b. High-protein diet
- c. Low fluid intake
- d. Obesity
- e. None of the above



**8. A 60-year-old male presents with difficulty urinating and a weak urinary stream. Which investigation is most appropriate initially?**

- a. PSA testing
- b. Digital rectal examination
- c. Urodynamic study
- d. MRI pelvis
- e. None of above

**9. Which is the most common congenital anomaly of the kidney?**

- a. Horseshoe kidney
- b. Polycystic kidney disease
- c. Vesicoureteral reflux
- d. Duplex kidney
- e. None of the above

**10. The triad of hematuria, flank pain, and a palpable mass is most characteristic of which condition?**

- a. Renal cell carcinoma
- b. Wilms' tumor
- c. Hydronephrosis
- d. Polycystic kidney disease
- e. None of the above

## 6. ENDOCRINE SURGERY

### 1.WMC 2024

**1. A 28-year-old infertile male patient married for the last 4 years, his wife workup for infertility is normal. On examination, his genitalia is normal and his semen analysis shows azoospermia. What next investigation will you perform;**

- a. Serum Testosterone
- b. Serum Fsh
- c. Serum LH
- d. Serum Prolactin
- e. Serum LDH

**2.A 22-year-old female presents with a lump on front of neck for the last three years. It is painless lump & increasing in size slowly, moving upwards with protrusion of tongue. What is likely diagnosis?**

- a. Hypothyroidism
- b. Lipoma of neck
- c. Cervical lymph node
- d. Sebaceous cyst
- e. Thyroglossal cyst

**3.From Para follicular or C cells arise the**

- a. Medullary Ca
- b. Papillary Ca
- c. Anaplastic Ca
- d. Lymphoma
- e. None

**4.Regarding pathogenesis of Diabetic foot ulcer, all the following are responsible for the development of diabetic foot except;**

- a. Diabetic peripheral neuropathy
- b. Ischemia
- c. Hyperglycemia
- d. Diabetic motor and autonomic neuropathy
- e. Hypocalcemia

**5. A young lactating female presented in surgical OPD with painful swelling of right breast for few days. She also gives history of fever and is unable to feed her baby from the affected side. Examination showed red, hot and tender swelling. What is next appropriate treatment**

- a. Antibiotics and analgesics
- b. Mammography
- c. Hot compressions
- d. Incision and drainage
- e. Reassurance only

**6.A 45 years old female presented in surgical OPD having a lump in breast for 2 months. Lump is hard, fixed to deeper structures and non-tender, there is also a lump in ipsilateral axilla, what is next step in management**

- a. FNAC
- b. Mammography
- c. Ultrasound breast
- d. Open biopsy
- e. Reassurance only

### 2. KGMC 2024

**1. A 30 year old woman comes to the OPD with art neck lump for the last two months and she denies any associated symptoms like palpitations, hot flushes etc. on examination the lump moves on swallowing but not on tongue protrusion. The lump is 2 cm, soft, with smooth surface. There is no**



**evidence of lymphadenopathy. Her FNAC shows follicular adenoma. What is the next important step?**

- a. Incision biopsy
- b. Total thyroidectomy
- c. Diagnostic Rt lobectomy
- d. Trucut biopsy
- e. Radioiodine

**2. Which of the following laboratory test will effectively exclude or confirm hyperthyroidism in a 25 year old lady with a nodular goiter.**

- a. Thyroid stimulating hormone
- b. Serum total T4 level
- c. Thyroid binding globulin
- d. Serum T3 level
- e. Serum iodine level

**3. With regard to PTH, which of the following statements is incorrect?**

- a. PTH blocks calcium excretion at the ascending limb of the loop of Henle.
- b. PTH stimulates osteoclast resorption of calcium and phosphate.
- c. PTH cells express G protein-coupled calcium-sensing receptors.
- d. PTH inhibits calcium excretion at the distal convoluted tubule of the kidney.
- e. PTH enhances renally mediated hydroxylation of 25-hydroxyvitamin D.

**4. All of the following are consistent with the diagnosis of hyperparathyroidism except: secondary**

- a. History of chronic kidney disease (CKD./chronic renal insufficiency (CRI).
- b. Elevated serum calcium level
- c. Vitamin D deficiency
- d. Elevated PTH level
- e. History of gastric bypass

**5. A 60 years male underwent total thyroidectomy for MNG. The patient displaced carpopedal spasm in the evening. Treatment will be:**

- a. IV bicarbonate
- b. IV potassium
- c. IV calcium gluconate
- d. IV parathormone
- e. IV digoxine

**6. A 30 years old woman comes to OPD with a 04 month history of lump in the neck. On examination it moves on swallowing but not when she protrudes her tongue, what is the most likely diagnosis?**

- a. Thyroglossal cyst
- b. Laryngocele
- c. Lymph node
- d. Thyroid nodule
- e. Branchial cyst

**7. A 57-year-old woman is noted to have a 1.5-cm breast mass, which on tru-cut needle biopsy is diagnosed as invasive carcinoma. The surgeon is planning on a local tumor resection and sentinel lymph node assessment. Which of the following most accurately describes a sentinel lymph node?**

- a. A lymph node containing cancer metastases
- b. The lymph node that is most likely to become infected postoperatively
- c. The first lymph node in the lymph node basin draining a tumor
- d. The only lymph node that contains metastasis
- e. The surgical margins of an axillary dissection

**8. A 14 year old girl has a firm movable and rubbery mass in her Lt Breast. The mass was first noticed 6 months ago and has since grown to about 6cm in diameter. Which of the following is most likely diagnosis?**

- a. Cystosarcomaphyllodes
- b. Cancer of breast
- c. Giant juvenile fibroadenoma
- d. Intraductal papilloma
- e. Fibrocystic disease of breast



**9. A 7 year old boy presented with history of unconsciousness since this morning, there is also history of polyuria and polydipsia for the past 1 month. On examination GCS 10/15, acidotic breathing, urine re ketones 3+, RBS 375mg/dl. What is the most likely diagnosis?**

- a. Diabetic ketoacidosis
- b. Hyperosmolar non ketotic coma
- c. Urinary tract infection
- d. Meningitis
- e. Barter's

**10. A 8 year old child presented to you with failure to thrive, darkening of mucous membranes and recurrent episodes of dehydration. Labs show Sodium 120 meq/l, potassium 6 meq/l, RBS 40mg/dl, Raised ACTH and low cortisol. What is the most likely diagnosis?**

- a. Addison's disease
- b. Diabetes Mellitus
- c. Hypothyroidism
- d. Hyperthyroidism
- e. Hypoparathyroidism

**11. A 9 year old child presents to you with 1 year history of heat intolerance, diarrhoea and weight loss. On examination exophthalmos, fine tremors, sweaty palms. Labs show low TSH and raised T3 and T4. What is the most likely diagnosis?**

- a. Hypothyroidism
- b. Hyperthyroidism
- c. Addison's
- d. Diabetes mellitus
- e. Celiac disease

### 3. KMC 2024

**1. A 36 years old woman presents with fracture of the right humerus with minimal stress. On diagnostic workup, her serum calcium is 12 mg/dl (normal 9 to 11mg/dl) , PTH is 256 IU/L (normal 16 to 53). What is the most appropriate next step in the management of this patient?**

- a. 4 gland parathyroidectomy
- b. Bilateral neck exploration for enlarged parathyroid

- c. CT scan of the neck
- d. MRI of the neck
- e. Technecium labelled Sestamibi scan

**2. A 40 year woman complains of left flank pain for the last 2 months with occasional hematuria. She is otherwise afebrile. After workup her CT KUB shows a 22x24mm lower pole stone in left kidney. What is the best treatment to clear her stone in a single session?**

- a. Retrograde intrarenal surgery
- b. Percutaneous nephrolithotomy
- c. Pyelolithotomy
- d. Extracorporeal shock wave lithotripsy
- e. Percutaneous nephrostomy

**3. A 17 years old girl presented to the outpatient department complaining palpitations and five Kilogram weight loss in the last three months despite good appetite. She is also complaining gritty eyes and double vision. Her thyroid function tests shows: TSH 0.001mU/L (Normal 0.3-4 mU/l) Free T3 4nmol/L (Normal 1.2-2.8 nmol/L) Free T4 256nmol/L (Normal 77-155 nmol/l) What is the next appropriate test to establish cause of her hyperthyroidism?**

- a. Antithyroid peroxidase antibodies
- b. ESR and CRP
- c. Ultrasound thyroid
- d. Thyroid receptor antibodies
- e. Thyroglobulin levels

**4. A 35 years old woman undergoes uneventful thyroidectomy. On the first post-operative day, the patient complains of tingling sensation around her mouth and numbness in her limbs. What is the commonest reason for the fore mentioned complaints?**

- a. Haematoma formation in the neck
- b. Injury of the trachea due to endotracheal tube insertion
- c. Parathyroid glands injury
- d. Recurrent laryngeal nerve injury
- e. Superior laryngeal nerve injury



**5. A 20 year old presents with a 2 cm mobile lump in the upper outer quadrant of the left breast. Her grandmother had breast cancer at the age of 60 years. What is the first investigation that should be done in this patient?**

- a. Bilateral breast MRI
- b. Bilateral mammogram
- c. BRCA 1 and 2 testing
- d. Fine needle aspiration
- e. Ultrasound of the breasts

**6. A 60 years old gentleman who had pituitary surgery for nonfunctioning adenoma 2 years back. Post- surgery he had hypopituitarism and was started on thyroxin, steroids and testosterone replacement. He is currently taking thyroxin 100 microgram daily, Inj Testosterone 250mg I/M every three week and Hydrocortisone 10mg morning, 10 mg lunch time and 5 mg in the afternoon. He came for follow up and his blood tests are as under:**

**CBC normal with normal PCV**

**TSH 0.02mU/L Cortisol**

**PSA normal**

**Lipid profile Normal**

**Electrolytes Normal**

**Testosterone 25nmol/L (Normal 10 to 35 nmol/L)**

**(Normal 0.3-4 mU/I) 450 nmol/L (Normal 140 to 690 nmol/L)**

**What is the next appropriate step?**

- Check free T4 and free T3 B levels
- Reduce thyroxin level to 50 microgram daily
- Recheck TSH in six weeks time
- Stop thyroxin
- Stop thyroxin and start tri iodothyronin

**7. A 45 years old woman is diagnosed with left breast invasive carcinoma on triple assessment. On examination, she has 4x5 cm mass in left upper quadrant of her left breast with fixity to the skin. She has two mobile lymph nodes in the left axilla. Her CT chest, abdomen and pelvis, apart from the findings above, is completely normal. What is the stage of the disease?**

- a. T1, N1, MO
- b. T2, N1, MO
- c. T3, N1, MO
- d. T4, N1, M0
- e. T4, N1, M1

**8. A 25 year old man is brought to the emergency room with nausea , vomiting and abdominal pain. He was at a party and consumed homemade alcohol. Physical examination reveals optic disc hyperemia and visual disturbances. what is the most likely diagnosis?**

- a. Acetaminophen overdose
- b. Benzodiazepine toxicity
- c. Ethanol toxicity
- d. Isopropanol poisoning
- e. Methanol poisoning

**9. A 53 years old man undergoes a total thyroidectomy for multinodular goitre. His recovery from the anaesthesia is uneventful and is maintaining spontaneous respiration. In the ward, he develops difficulty in breathing and stridor. What is the reason for his condition?**

- a. Bilateral recurrent laryngeal nerve injury
- b. Hypocalcemia due to parathyroid glands injury
- c. Reactionary hemorrhage with hematoma formation
- d. Tracheal injury during surgery
- e. Unilateral recurrent laryngeal nerve injury

**10. A 65 years old woman presents with foul smelling discharge from a long standing wound on left heel. Examination reveals that the left foot is swollen, red and tender. Capillary refill in the toes is good. X-ray of the foot shows osteomyelitis in all metatarsal bones and in calcaneum as well. What is the most appropriate next step in the management?**

- a. Above knee amputation
- b. Amputation of left leg at below knee level
- c. Broad spectrum antibiotics treatment and control of blood glucose
- d. Extensive debridement of the foot and broad spectrum antibiotics
- e. Transmetatarsal amputation of the left foot

**11. A 55-year-old man is evaluated for a recent diagnosis of primary hyperparathyroidism after an elevated serum calcium (serum calcium 12mg/dl) level was incidentally detected on laboratory testing. On physical examination, temperature is 35.8 °C (96.4 °F), blood pressure is 120/68 mm Hg, pulse rate is 62/min, and respiration rate is 14/min. BMI is 32. The remainder of his examination is unremarkable.**



DEXA scan shows:

T-scores of -2.5 in the right femoral neck, -1.5 in the lumbar spine, and -1.4 in the non-dominant forearm. His urea 70mg/dL (Normal 12 to 55 mg/dL) and creatinine 3 mg/dl (0.7 to 1.3 mg/dL). Which of the following is the most appropriate management of this patient?

- Refer for parathyroidectomy
- Start alendronate
- Start calcitonin
- Start cinacalcet
- Start calcium supplements

**12. A 6-week-old girl presents with lethargy, difficulty feeding, and hypotonia. Her parents report that she was healthy and did not have any apparent symptoms at birth. This is her first time seeing a doctor. On examination, she appeared jaundiced and had a large tongue that is protruding. Neonatal screening revealed hypothyroidism. The most common cause of congenital hypothyroidism is which one of the following?**

- Ectopic Thyroid
- Thyroid Agenesis
- Thyroid Dysgenesis
- Thyroid Hypoplasia
- Transient Hypothyroidism

**13. A 45 years old gentleman with Type 2DM for the last three years presented with bilateral knee pain for the last six months but getting worst over the last couple of weeks.**

He has strong family history of IHD

HbA1C 11% despite of triple regimen antidiabetic

Bariatric Surgery

BMI 44

BP 150/85mmHg

Cholesterol 280, HDL 20

What would you like to suggest?

- Bariatric Surgery
- B-Diet and exercise
- GLP-1 analogue
- Insulin
- Orlistat

**14. A 20 years old girl, who has previously tried weight loss with little success, has recently been losing weight and she seems very happy about that.**

Her mother is hypothyroid and on thyroxin. She is worried that her daughter might be taking her thyroxin tablets secretly as she ran out of her tablets too quickly.

The thyroid function tests of the patient are as under:

TSH 0.001mU/L (Normal 0.3-4 mU/l)

Free T4 270nmol/L (Normal 77-155 nmol/l)

Free T3 5nmol/L

(Normal 1.2-2.8 nmol/L)

What is the best way to find out that the girl is taking external thyroxin?

- Secretly observe her
- Serial thyroid hormones levels during the day
- Thyroid auto antibodies
- Thyroglobulin levels
- Thyroid Ultrasound

#### 4. NWSM 2024

**1. A 32-year-old woman presents with a 2-year history of infertility. Her menstrual cycles are regular, occurring every 28-30 days, and she reports no significant medical history. Her partner's semen analysis is normal. What is the next best step in the investigation of her infertility?**

- Laparoscopy
- Hysterosalpingography (HSG)
- Endometrial biopsy
- Serum FSH and LH levels
- Serum prolactin levels

**2. A 12-year-old girl with a history of Turner syndrome presents with a neck mass. Physical examination reveals a firm, non-tender mass in the thyroid region. Which of the following is she at increased risk for?**

- Thyroid adenoma
- Papillary thyroid carcinoma
- Medullary thyroid carcinoma
- Follicular thyroid carcinoma
- None of these



**3. A 30-year-old woman presents with a 2-year history of infertility. She complains of chronic pelvic pain, dysmenorrhea, and pain during intercourse (dyspareunia). Her menstrual cycles are regular, with painful and heavy periods. Her husband's semen analysis is normal. On physical examination, tenderness is noted in the pelvic region. What is the most likely cause of her infertility?**

- a. Polycystic Ovary Syndrome (PCOS)
- b. Uterine fibroids
- c. Endometriosis
- d. Adenomyosis
- e. Hypothyroidism

**4. A 45-year-old woman is found to have suspicious appearing calcifications in the right breast on a screening mammogram. Stereotactic biopsy of the calcifications shows lobular carcinoma in situ (LCIS). On examination both breasts are dense without palpable masses. The neck and bilateral axilla are negative for lymphadenopathy. Which of the following is the most appropriate management of this patient?**

- a. Frequent self-breast examinations and yearly screening mammograms
- b. Chemotherapy
- c. Radiation
- d. Right total mastectomy with sentinel lymph node biopsy
- e. Bilateral modified radical mastectomy

**5. A 40 year old female patient presented to the outpatient department with a lump in left breast which is painless and firm in consistency. She has a history of breast cancer in her family. After thorough work up it was found to be fibro-adenoma left breast with no axillary lymph nodes on ultrasound. The patient is very anxious even after thorough counseling and wants to remove it. What is the most appropriate management of this patient?**

- a. Counsel about thorough surveillance only
- b. Advise lumpectomy and sent biopsy

- c. Start her on evening primrose oil
- d. Send her for BRCA screening
- e. Start on anti-tumor medicines

**6. A 14-year-old black girl has her right breast removed because of a large mass. The tumor weighs 1400 g and has a bulging, very firm, lobulated surface with a whorl-like pattern, which of the following is the most likely diagnosis?**

- a. Cyst sarcoma phloxe
- b. Intraductal carcinoma
- c. Malignant lymphoma
- d. Giant Fibro-adenoma
- e. Juvenile hypertrophy

#### 5. GMC 2024

**1. A 40year old man is admitted with a thyroid swelling that has been increasing in size over the past 6 months. He has a lymph node removed from right side of his neck that reveals adenocarcinoma with psammoma bodies. What is the Primary lesion?**

- a. Papillary carcinoma
- b. Follicular carcinoma
- c. Medullary carcinoma
- d. Anaplastic carcinoma
- e. Lymphoma

**2. Regarding screening of development dysplasia of hip in neonates. Following test is most reliable in establishing a Diagnosis?**

- a. Restricted abduction on examination
- b. Click on abduction of hip joint
- c. Ultrasound of hip joint
- d. X-ray of hip joint
- e. Ortolani-Barlow method

**3. A patient is suspected to have primary hyperparathyroidism. Which of the following is investigation of first choice to identify the cause in parathyroid glands?**

- a. Ultrasound    b. MIBG scan    c. Sestamibi scan
- d. MRCP        e. SPECT



**6. AMC 2024**

1. 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 umol/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)

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

2. 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. Ultrasound neck

3. A 25 years old unmarried lady presented in surgical OPD with a firm rubbery hard right breast lump in the upper medial quadrant for the last 1 year. It is painless, freely mobile, with circumscribed borders, what is the most likely diagnoses?

- a. Galactocele
- b. Fibroadenoma
- c. Cyst in the breast
- d. Carcinoma breast

**7. RMC 2024**

1. A 23 year old woman presents with a 1cm small smooth, firm, mobile mass in her left breast. She is very anxious. What is the most investigation to be done?

- a. Mammography

- b. Ultrasound breast
- c. FNAC
- d. Mammography and Ultrasound
- e. Tumor markers

2. A 60 year old patient recovering from a surgery for toxic goiter is found to be hypotensive, cyanosed in the recovery room. Exam: neck is tense. There is oozing of blood from the drain. What is the most probable diagnosis?

- a. Thyroid storm
- b. Reactionary hemorrhage
- c. Secondary hemorrhage
- d. Primary hemorrhage
- e. Tracheomalacia

3. Regarding follicular adenoma of thyroid all of the following statement are true except:

- a. Presents as clinically solitary nodule
- b. In adenoma there is no invasion of capsule or pericapsular blood vessels
- c. Lobectomy is the treatment
- d. Diagnosis is confirmed on FNAC
- e. The remaining thyroid tissue is normal

4. All the following statements regarding myxedema are true except:

- a. The symptoms and signs of hypothyroidism are accentuated
- b. The facial appearance is typical
- c. There is malar flush and yellow tinge to the skin
- d. There is supraclavicular puffiness
- e. Myxedema coma is characterized by a rise in temperature

5. Which of the following is the most likely diagnosis in a 45 years old female patient with hypertension, facial hair and a 7cm suprarenal mass?

- a. Cushing's disease
- b. Myelolipoma
- c. Adrenocortical carcinoma
- d. Pheochromocytoma
- e. Carcinoid



**6. A 30 years old nonalcoholic male has noticeable gynecomastia since age 18 years. He is reluctant to swim or to exercise at a gym for fear of having an object of derision. He should be advised to have which of the following.**

- a. Mastectomy
- b. Observation
- c. Needle biopsy of the breast
- d. Endocrine workup and subcutaneous mastectomy
- e. Testosterone therapy by transdermal patch

**7. The classic mnemonic "stone, bones, abdominal groans, thrones and psychiatric moans" is associated with:**

- a. Hyperparathyroidism
- b. Hypoparathyroidism
- c. Hyperthyroidism
- d. Hypothyroidism
- e. Pseudo hypoparathyroidism

## 7. OBS

### 1.WMC 2024

**1. Incidence of nausea and vomiting in pregnancy is**

- a. 20 %
- b. 30 %
- c. 40 %
- d. 50 %
- e. 80%

**2. Hyperemesis gravidarum is due to high levels of following hormones**

- a. Estrogen, progesterone
- b. Cortisol
- c. HCG, Estrogen, thyroxine
- d. Growth hormone
- e. Oxytocin

**3. Oligohydramnios is defined as**

- a. Amniotic fluid index (AFI) more than 50 % centile
- b. AFI less than 5th centile for gestation
- c. AFI less than 40 centile
- d. AFI more than 20 cm
- e. AFI 15 cm

**4. Polyhydramnios**

- a. Amniotic fluid index (AFI) < 5TH centile for gestation
- b. AFI> 95th centile for gestation
- c. AFI 15 cm
- d. AFI 120 cm
- e. AFI 8cm

**5. Cause of polyhydramnios**

- a. Renal agenesis
- b. Multicystic kidneys
- c. Non-steroidal antiinflammatory drug (NSAID)
- d. Anencephaly
- e. Per vaginal leaking

**6. In beta -thalassaemia**

- a. Mean corpuscular volume (MCV) high
- b. MCV low
- c. MCV normal
- d. Mean corpuscular hemoglobin high
- e. MCH normal

**7. Antenatal fetal monitoring can NOT be accomplished by:**

- a. Fetal kick chart.
- b. Fetal scalp sampling.
- c. Non-stress test.
- d. Obstetric U/S & Biophysical profile.
- e. Acoustic stimulation

**8. A biophysical profile includes all of the following assessment parameters EXCEPT:**

- a. Fetal movement
- b. Fetal weight.
- c. Fetal tone.
- d. Fetal breathing movements.
- e. Amniotic fluid volume

**9. A 39 years old multiparous woman presented in labour room with heavy bleeding, after 6 hours of home delivery by untrained dai. What could be the possible cause of her shock?**

- a. Post partum haemorrhage
- b. Cardiac arrest
- c. Ruptured uterus
- d. Vaginal tears
- e. Amniotic fluid embolism



**10. A primigravid patient presented in accident and emergency department at 37 weeks with breech presentation and something coming out of vagina. On examination FHS were absent. What is the possible reason?**

- a. Vasa previa
- b. Placental abruption
- c. Cord prolapse
- d. Placenta previa
- e. Cord enlargement

**11. WHO defined secondary PPH as**

- a. 500ml of blood loss from genital tract after delivery from 24 hours to 6 weeks
- b. 500 ml of blood loss from genital tract after delivery from 4 hours till 6 weeks
- c. 500 ml of blood loss from genital tract after delivery from 6 weeks to 1 year
- d. 500 ml of blood loss from genital tract from 48 hours till 6 weeks of delivery
- e. None of all

**12. A patient comes to the OPD at 30 weeks of pregnancy. On examination she is diagnosed as a case of preterm labour. She is advised tocolysis for**

- a. Delaying labour to reach to term
- b. To increase the fetal weight
- c. To give steroid for lungs maturity of the fetus
- d. To do ARM and augment
- e. Deliver the patient immediately

**13. Patient with preterm labour are tested for fetal fibronectin, where is the sample taken from**

- a. Amniotic fluid
- b. Blood sample from the mother
- c. Maternal saliva
- d. Vaginal fluid
- e. Maternal uterine

**14. Which of the following vaginal infection has greater risk for- preterm labour**

- a. Bacterial vaginosis
- b. Candidiasis
- c. Group streptococcal
- d. Trichomoniasis
- e. Chlamydia

**15. A 29-year-old woman fond of cats and a keen gardener delivers at 32 weeks. The baby has seizures, hydrocephalus, and is small for his gestational age. What is the most likely infection that the mother could have contracted during pregnancy.**

- a. Herpes simplex
- b. Parvovirus
- c. Rubella
- d. Toxoplasmosis
- e. Syphilis

**16. Who is screened gestational diabetes?**

- a. Only women under 25 years old
- b. All pregnant women
- c. Only women who have had gestational diabetes before
- d. Only women with risk factor
- e. BMI below 20

**17. The FIRST step in the management of a postpartum haemorrhage (PPH) is**

- a. Administer 1 ml syntometrine
- b. Rapid intravenous fluid replacement
- c. Call for help
- d. Four T'S assessment
- e. Uterine packing

**18. syntometrine is NOT given when there is a maternal history of**

- a. Hypertension
- b. Large baby
- c. Previous PPH
- d. Hypotension
- e. Diabetic patient

**19. Side effects of syntometrine include all the below except**

- a. Nausea
- b. Vomiting
- c. Uterine pain
- d. Sivering
- e. Uterine contraction

**20. A primary PPH is**

- a. 1000 ml or more within 24 hours of birth
- b. 400ml or more within first 12 hours of birth
- c. 500ml or more within first 24 hours of birth
- d. 500l or more within first 36 hours of birth
- e. 1000 cc or more after 24 hours



**21. A severe primary PPH is**

- a. >3000 ml
- b. >1000ml
- c. >2000ml
- d. >1500ml
- e. >2500ml

**22. All of the following are risk factor for preeclampsia except**

- a. Hypertensive in previous pregnancy
- b. Chronic liver disease
- c. SLE
- d. Type II diabetes
- e. Chronic hypertensive

**23. The cut-off limit of proteinuria to define the preeclampsia is**

- a. >400 mg per 24 hrs
- b. >300 mg per 24 hrs
- c. >100 mg 24 hrs
- d. >600 mg/24 hrs
- e. >800 mg/24 hrs

**24. A secondary PPH occur**

- a. From 24 hours to 1 week after birth
- b. From 24 hours to 6 weeks after birth
- c. From 24 hours to 10 days after birth
- d. Any time after 24 hours
- e. Within first 24 hours

**25. First stage of labour is**

- a. Delivery of placenta and membrane
- b. Delivery of baby
- c. Time from diagnosis of labour to full dilatation of cervix (10 cm)
- d. Monitoring for 2 hours after delivery
- e. Irregular uterine contraction with no cervical change

**26. Normal dilatation of cervix in stage one**

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

**27. Second stage of labour is defined as**

- a. Start of labour till full of cervix

- b. Delivery of placenta
- c. Full dilatation of cervix till delivery of fetus
- d. Monitoring phase after delivery
- e. Irregular uterine contraction with no cervical change

**28. Normal duration of labour in nulliparous woman is**

- a. 6 hours
- b. 7 hours
- c. 8 hours
- d. 12 hours
- e. 20 hours

**29. Normal duration of labour in multiparous woman**

- a. 4 hours
- b. 8 hours
- c. 12 hours
- d. 15 hours
- e. 20 hours

**30. First step of mechanism of labour is**

- a. Engagement
- b. Descent
- c. Flexion
- d. Extension
- e. Restitution

**31. A primigravida is in second stage of labour and is going to have an episiotomy. Which of the following is an advantage of repair of mediolateral episiotomy as compared to midline episiotomy?**

- a. Ease of repair
- b. Fewer breakdowns
- c. Less blood loss
- d. Less extension of lesion into anal sphincter
- e. None of all

**32. A 33 year old G3 P2 encounter shoulder dystocia during her labour but finally delivers the baby. The pediatrician notes that right arm of baby is hanging limply to baby's side with extension and internal rotation of forearm what is this condition called?**

- a. Erb's palsy
- b. Klumpke's paralysis
- c. Cradle fracture
- d. Humeral fracture
- e. Scapula fracture



**33. In antenatal checkup dating scan is recommended at period of gestation of:**

- a. 18-20 weeks
- b. 15 weeks
- c. 9-13 weeks
- d. 21-22 weeks
- e. 30-32 weeks

**34. Following nutritional supplement is advised pre-conception and 1st trimester for avoidance of neural tube defect (NTD)**

- a. Iron
- b. Calcium
- c. Magnesium
- d. Folic acid
- e. Vitamin B12

**35. A patient G2P1, came in antenatal clinic with LMP 10-1-2020. What will be her EDD (estimated due date)**

- a. 20-10-20
- b. 17-11-20
- c. 17-10-20
- d. 17-09-20
- e. 10-10-20

**36. Ultrasound for structural anomaly is recommended at;**

- A. 6-8 weeks
- B. 10-15 weeks
- C. 18-22 weeks
- D. 25-30 weeks
- E. 32-34 weeks

**37. Which investigation is not part of normal antenatal care**

- a. Blood group and Rh factor
- b. Random blood sugar
- c. Hemoglobin level
- d. Anti-D Antibody titre
- e. Urine R/E

**38. A lady develops a right breast being engorged, hot, painful and fever of 101°F. 1 week postpartum. Which is the most likely organisms to be found in culture report?**

- a. Streptococcus
- b. Bacteroides

- c. Neisseria
- d. Staphylococcus aureus
- e. E. coli

**39. average blood loss from an uncomplicated vaginal delivery is;**

- a. <250 ml
- b. Approximately 500 ml
- c. Approximately 750 ml
- d. 1000 ml
- e. 300 ml

**40. Immediately after completion of normal labour and delivery, the uterus should be at which level?**

- a. Umbilicus
- b. Boggy and rele
- c. Firm and rounded
- d. Immobile and fixed
- e. Discoid

**41. A 25 years old patient primigravida delivered vaginally, which of following is greatest predisposing factor of puerperal infection in this patient?**

- a. Coitus during pregnancy
- b. Tissue trauma
- c. Anemia
- d. Maternal exhaustion
- e. Intrauterine growth restriction

**42. A 30-year-old G3 P2 Ab0 Al2 delivered vaginally 3 days back, now develops a fever of 101°F persistently. What is the most likely etiology**

- a. Hepatitis
- b. Mastitis
- c. Thrombophlebitis
- d. Endometritis
- e. Pneumonitis

**43. Relative contraindication to VBAC (Vaginal birth after cesarean)**

- a. Previous one caesarean section
- b. Cephalic presentation in current pregnancy
- c. Previous caesarean due to CPD (Cephalopelvic disproportion)
- d. Previous lower segment caesarean section
- e. Previous caesarean due to breech presentation



**44. 3rd degree perineal tear is**

- a. Injury to perineal skin only
- b. Injury to perineum including muscles
- c. Injury to perineum involving and sphincter complex
- d. Injury to rectal mucosa
- e. Injury to bladder

**45. Indication for operative vaginal delivery (OVD)**

- a. Breech presentation
- b. Previous 1c/ section
- c. Suspected fetal compromise
- d. Second stage of up 30 minutes in nulliparous
- e. Twin pregnancy

**46. What is the name of test used for prenatal diagnosis of chromosomal abnormalities, using a long needle and withdrawing fluid from amniotic cavity?**

- a. Ultrasound
- b. Amniocentesis
- c. Chorionic villus sampling (CVS)
- d. Complete blood count (CBC)
- e. None of above

**47. Which of the following is a risk factor for fetal macrosomia?**

- a. Hypertension
- b. Gestational diabetes mellitus (GDM)
- c. Polyhydramnios
- d. Body mass index of 17 Kg/m<sup>2</sup>
- e. None of above

**48. In antenatal checkup dating scan is recommended at period of gestation of**

- a. 18-20 weeks
- b. 15 weeks
- c. 9-13 weeks
- d. 21-22 weeks
- e. 30-32 weeks

**49. Following nutritional supplement is advised pre-conception and 1st trimester for avoidance of neural tube defect (NTD)**

- a. Iron
- b. Calcium
- c. Magnesium
- d. Folic acid
- e. Vitamin B12

**50. Which investigation is not part of normal antenatal care**

- a. Blood group and Rh factor
- b. Random blood sugar
- c. Hemoglobin level
- d. Anti-D antibody titre
- e. Urine R/E

**51. Ultrasound for structural anomalies is recommended between**

- a. 8-10 weeks
- b. 35 weeks
- c. 18 -20 weeks
- d. 24 weeks
- e. 30 weeks

**52. Maternal complication of pre-eclampsia is/are**

- a. Eclampsia
- b. Renal failure
- c. Pulmonary edema
- d. All of above
- e. None of above

**53. Causes of breech presentation**

- a. Previous 1c/section
- b. Diabetes
- c. Uterine anomaly
- d. Placental abruption
- e. Macrosomia

**54. Minor disorder in pregnancy is**

- a. Anemia
- b. Hypothyroidism
- c. Breast soreness
- d. Thromboembolism
- e. Ischemia

**55. Mrs XYZ suddenly collapsed after ARM. What is the 1st step of management?**

- a. Call for help
- b. I/V Line
- c. I/V Fluid
- d. I/V 1nj syntocinon
- e. I/V Inj decadron



## 2. KGMC 2024

**1. Lowered Hemoglobin during normal pregnancy is a physiological finding. It's mainly due to:**

- a. Low iron stores in all women.
- b. Blood loss to the placenta
- c. Increased plasma volume.
- d. Increased cardiac output resulting in greater red cell destruction.
- e. Decreased reticulocytosis

**2. The following are presumptive skin signs of pregnancy except:**

- a. Chloasma
- b. Maculo-papular rash
- c. Linea Nigra
- d. Stretch Marks
- e. Spider Telangiectasis

**3. After birth, all of the following vessels constrict EXCEPT:**

- a. Ductus arteriosus.
- b. Umbilical arteries.
- c. Ductus venosus.
- d. Hepatic portal vein.
- e. Umbilical vein.

**4. In the fetus, the most well oxygenated blood is allowed into the Systemic circulation by the:**

- a. Ductus arteriosus.
- b. Foramen ovale.
- c. Rt. Ventricle.
- d. Ligamentum teres.
- e. Ligamentum venosum

**5. Regarding renal tract during pregnancy, the following are true EXCEPT;**

- a. The ureters are dilated.
- b. The renal pelvis calyces are dilated.
- c. The right side is affected more than the left side.
- d. The primigravida shows more changes than multigravida.
- e. The bladder tone increases.

**6. All the following are possible causes of Polyhydramnios, EXCEPT:**

- a. Diabetes
- b. Multiple pregnancy
- c. Fetus with hydrops fetalis
- d. Fetus with duodenal atresia or neural
- e. Tube defect

**7. All of the following causes Oligohydramnios EXCEPT:**

- a. Renal agenesis
- b. Poor placental perfusion
- c. Post term pregnancy
- d. Anencephaly
- e. Urinary obstruction

**8. Which one of the following is caused in fetus due to deficiency of folate**

- a. Dextrocardia
- b. Neural tube defects
- c. Gastroschisis
- d. Cleft palate
- e. Urinary obstruction

**9. Components of biophysical profile include all of the following, EXCEPT:**

- a. Fetal movement
- b. Placental thickness
- c. Fetal tone
- d. Fetal breathing movement
- e. Amniotic fluid volume assessment

**10. Antenatal fetal monitoring can NOT be accomplished by:**

- a. Fetal kick chart.
- b. Fetal scalp sampling.
- c. Non-stress test.
- d. Obstetric U/S & Biophysical profile.
- e. Acoustic stimulation

**11. Which of the following procedures allow the earliest retrieval of DNA for prenatal Diagnosis in pregnancy:**



- a. Fetoscopy.
- b. Amniocentesis.
- c. Chorionic Villi Sampling (CVS).
- d. Percutaneous Umbilical Blood Sampling
- e. Fetal Biophysical Profile

**12. Antenatal booking investigations include all of the following, EXCEPT:**

- a. Complete blood count
- b. Blood sugar
- c. Hepatitis screening
- d. Rubella status
- e. Thyroid function

**13. Counseling of a pregnant patient during early prenatal should include detection of & information on:**

- a. Smoking.
- b. Alcohol abuse.
- c. Drug abuse.
- d. Avoiding infections.
- e. All of the above.

**14. The following measures are usually performed during a routine antenatal visit for a healthy uncomplicated pregnancy at 36 weeks gestations' EXCEPT:**

- a. Symphysis-fundal height.
- b. Maternal blood pressure.
- c. Maternal weight.
- d. Mid-stream urine specimen (MSU. for culture & sensitivity.
- e. Listening to the fetal heart.

**15. Antenatal care can prevent all the following complications, EXCEPT:**

- a. Anemia due to iron deficiency or folic acid deficiency.
- b. UTI of pyelonephritis.
- c. Macrosomia.
- d. Preterm labor.
- e. Rh immunization

**16. Nuchal translucency is used is a marker Used for:**

- a. IUFD
- b. Multiple pregnancy
- c. Some Ovarian Cancer
- d. Trisomy 21
- e. Neural tube defect

**17. Patient with epidural anesthesia during labour is at increased risk of:**

- a. Instrumental delivery
- b. Fetal distress
- c. Shoulder dystocia
- d. PPH
- e. Floppy baby

**18. Hyperextension of the fetal head is found In:**

- a. Vertex presentation
- b. Face presentation
- c. Shoulder presentation
- d. Breach presentation
- e. Hydrocephalic baby.

**19. All the following characteristics are applied. To a pelvis favorable to vaginal delivery EXCEPT:**

- a. Sacral promontory cannot be felt.
- b. Obstetric conjugate is less than 10 cm.
- c. Ischial spines are not prominent..
- d. Subpubic arch accepts 2 fingers.
- e. Intertuberous diameter accepts 4 knuckles on pelvic exam.

**20. In the fetus which one is true;**

- a. The coronal suture lies between the two parietal bones.
- b. The umbilical artery normally contains one artery and two veins.
- c. Fetal lie describes the long axis of the fetus to the long axis of the mother.
- d. Entanglement of the umbilical cord is common in diamniotic twins.
- e. The anterior Fontanelle is usually closed by the time of labor.



**21. Which of the following terms best describes the pelvic type of small posterior sagittal diameter, convergent sidewalls, prominent ischial spines, and narrow pubic arch?**

- a. Android.
- b. Gynecoid.
- c. Anthropoid.
- d. Platypelloid.
- e. Mixed.

**22. The second stage of labor involves:**

- a. Separation of the placenta.
- b. Effacement of the cervix.
- c. Expulsion of the placenta.
- d. Dilation of the cervix.
- e. Expulsion of the fetus.

**23. In a vertex presentation, the position is determined by the relationship of what fetal part to the Maternal pelvis:**

- a. Mentum.
- b. Sacrum.
- c. Acromion.
- d. Occiput.
- e. Sinciput

**24. Which of the following is true for obstructed labor,**

- a. Diagnosed only when the cervix is fully dilated
- b. Usually predicted before the onset of labor.
- c. More common in developed countries.
- d. Mento-posterior position could be a cause.
- e. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in a primigravida.

**25. Which of the following is contraindication to the trial of labor after cesarean delivery?**

- a. Prior classical incision.
- b. Prior cesarean delivery for dystocia.
- c. Prior IUFD.
- d. Ultrasound estimation of fetal weight of 3500g.
- e. Prior cesarean delivery for breech

**26. Prolapse of umbilical cord: Which is true?**

- a. Not an indication for caesarean section When baby viable at 36 weeks

- b. Diagnosed when membranes are still intact
- c. Is more common when fetus acquires an abnormal lie
- d. Incidence is 5%
- e. Causes severe respiratory alkalosis

**27. The following are absolute Indication for C-Section EXCEPT:**

- a. Face presentation.
- b. Shoulder presentation.
- c. Cervical cancer.
- d. Fibroids in the lower uterine segment.
- e. Previous classical C-section,

**28. Complete breech means:**

- a. Flexion at hip joint and extension in knee joint
- b. Flexion at hip joint and flexion at knee joint
- c. Extension at the hip joint.
- d. Flexion at knee joint and extension at the hip joint
- e. Flexion of one leg at hip joint and extension of the other leg at the hip Joint

**29. An infant present as a breech presentation and delivered without assistance as far as the umbilicus. The remainder of the body is manually assisted by the obstetrician. This is called:**

- a. Version and extraction
- b. Spontaneous breech delivery
- c. Assisted breech delivery
- d. Total breech extraction
- e. Pipers of the after-coming head

**30. Regarding Puerperium:**

- a. Refer to the first 6 months after delivery
- b. The lochia usually persists for 7 weeks
- c. The uterine fundus palpable abdominally by 14 days after delivery
- d. The incidence of postpartum depression is 50%
- e. Fever due to engorged breast occurs on the second day after delivery



**31. Risk factors of postpartum Endometritis Include all of the following, EXCEPT:**

- a. Prolonged labor
- b. Prolonged rupture of membranes
- c. Multiple vaginal exams
- d. Prolonged monitoring with an intrauterine pressure catheter.
- e. Gestational diabetes

**32. Symptoms and signs of puerperal endometritis Include all following, EXCEPT: the**

- a. Malodorous vaginal discharge.
- b. Lower abdominal pain.
- c. Fever.
- d. Involution of the uterus.
- e. Uterine tenderness on palpation.

**33. In the mother suckling leads to which of the following responses?**

- a. Decrease Oxygen
- b. Increase of prolactin-inhibiting factor
- c. Increase of hypothalamic dopamine
- d. Increase of hypothalamic Prolactin.
- e. Increase of luteinizing hormone-Releasing factor

**34. All the following methods inhibit lactation EXCEPT:**

- a. Restriction of fluid and diuretics
- b. Tight breast binder and analgesics
- c. Estrogen hormone in large dose
- d. Thyroxin hormone
- e. Dopamine agonist

**35. In eclampsia: Which is true?**

- a. Caesarean section must be carried out in all cases
- b. Hypotensive drugs should not be used
- c. Urinary output is increased
- d. Antidiuretic drugs are essential in all cases
- e. Ergometrine should be avoided in the third stage of labor

**36. Risk factors for pre-eclampsia include all of the following, EXCEPT:**

- a. Elderly primigravida
- b. African ethnicity
- c. Positive family history of hypertension
- d. Positive history of pre-eclampsia in previous pregnancies
- e. Positive history of macrosomic baby

**37. Maternal complications associated with polyhydramnios include:**

- a. High blood pressure.
- b. Urinary tract anomalies.
- c. Diabetes.
- d. Postmature pregnancy.
- e. All of the above.

**38. Infants of diabetic mothers are at risk of one of the following:**

- a. Low Hb
- b. Hypercalcemia.
- c. Hyperglycemia.
- d. Microsomia.
- e. Respiratory distress syndrome

**39. Risk Factors for DVT include all, EXCEPT:**

- a. Smoking
- b. Operative delivery:
- c. Lupus anticoagulation
- d. Maternal weight over 80 kg
- e. Hyperthyroidism

**40. The period of gestation on dating scan is calculated by measuring:**

- a. Crown rump length
- b. Biparietal diameter
- c. Femur length
- d. Head circumference
- e. Abdominal Circumference.

**41. Regarding biophysical profile which ultrasound not assessed on ultrasound:**

- a. Non stress test
- b. Amniotic fluid volume



- c. Fetal breathing movements.
- d. Fetal body movements
- e. Fetal tone

**42. A newborn is noted to have a darkened Swelling of the scalp that does not cross the midline. This is most likely a:**

- a. Caput Succedaneum
- b. Subdural hemorrhage
- c. Cephalohematoma
- d. Subarachnoid Hemorrhage
- e. Tentorial tear

**43. Advantage of lower segment cesarean section over the classic incision includes:**

- a. Ease of repair
- b. Decreased blood flow
- c. Lower probability of subsequent uterine rupture
- d. Decreased danger of intestinal rupture
- e. All of the above

**44. All of following causes oligohydramnios except:**

- a. Renal agenesis
- b. Poor placental perfusion
- c. Post term pregnancy
- d. Anencephaly
- e. Urinary obstruction

**45. Which of the following causes of Polyhydramnios is most common:**

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

**46. The most common cause of perinatal Death in mono-amniotic twin is:**

- a. Cord entrapment.
- b. Cord prolapse.
- c. Twin-twin transfusion syndrome.
- d. Lethal congenital anomalies.

- e. Placental abruption

**47. A pregnant woman presents with a Placenta previa of a major degree and fetus is malformed. Which of the following will be the best management?**

- a. Caesarian section
- b. Oxytocin drip
- c. Rupture of membranes
- d. Induce with PG E2
- e. Forceps delivery in the second stage to accelerate delivery.

**48. Anti-D prophylaxis:**

- a. Should be given to all sensitized Rhesus negative women after delivery
- b. Should be given to all Rhesus positive women after amniocentesis.
- c. Should be given to all Rhesus negative women who give birth to Rhesus positive babies.
- d. Should be given to all women whose babies are Rhesus negative.
- e. Is contra-indicated during pregnancy if the woman is Rhesus negative

**49. Postpartum hemorrhage can occur due to all the followings EXCEPT:**

- a. Fetal macrosomia.
- b. Polyhydramnios.
- c. Placenta previa.
- d. Abruptio placenta.
- e. Postdate pregnancy.

**50. A newborn is noted to have a darkened swelling of the scalp that does not cross the midline. This is most likely a:**

- a. Caput succedaneum.
- b. Subdural hemorrhage
- c. Cephalohematoma
- d. subarachnoid hemorrhage
- e. Tentorial tear



**51. All the following are possible causes of premature labour, EXCEPT:**

- a. Multiple pregnancy
- b. Polyhydramnios
- c. Bicornuate uterus
- d. Anencephaly
- e. Perinatal infection

**52. The following are causes for a uterus that is large for gestation during pregnancy, EXCEPT:**

- a. Multiple pregnancy
- b. IUGR
- c. Fibroid
- d. Polyhydramnios
- e. Incorrect dating of pregnancy

### 3. KMC 2024

**1. A Primigravida with 9 months gestation presented to the emergency with continuous tonic clonic seizures. On exam her BP is 180/110, prominent facial edema, exaggerated reflexes. What is the 1st line of management in this patient?**

- a. Pass iv line
- b. Do baseline investigations
- c. Give Mgso4
- d. airway and breathing
- e. Catheterize

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**2. A 32 years old G2 P1 in 34 weeks of pregnancy**

- d. Secur
- is having a blood pressure of 150/100 and urine albumin is +1. What would be the next step?**
- a. Admit patient for monitoring
  - b. Ask patient to check her blood pressure 4 times a day.
  - c. Do a detailed Obs USG to assess fetal wellbeing
  - d. Put her on first line anti-hypertensive i.e. Labetalol
  - e. Put her on methyldopa.

**3. An 18 year old patient delivered 3.5 kg baby by vaccum vaginal delivery. She had prelabour rupture of membranes and a prolonged labour at a private clinic. she has come with fever and foul smelling lochia. What is the possible explanation for this?**

- a. UTI
- b. Choroamnionitis
- c. Endomyometritis
- d. Genital tuberculosis
- e. Herpetic vulvovaginitis

**4. A 45 years old lady presented to the Outpatient Department with menstrual irregularity, weight gain, hair loss and decreased energy level. Which of the following is the best choice for further investigation in this patient?**

- a. FSH, LH and estradiol levels
- b. Free T4 and Free T3 levels
- c. HbA1c levels
- d. Random cortisol levels
- e. TSH and Free T4

**5. A 30 year old lady in her first pregnancy has come to antenatal clinic at 5 weeks pregnancy. The best possible time to perform a dating scan in pregnant women is which one of the following?**

- a. 8-14 week
- b. 14-20 week
- c. 20-24 weeks
- d. After 25 week
- e. At 28 week

**6. A year 3 postgraduate trainee is applying vacuum to a patient in labour. Pre requisite for Vacuum Vaginal Delivery include all of the following except?**

- a. Bladder should be emptied.
- b. Cervix should be fully dilated.
- c. Presenting part should be at station-3
- d. Pelvis should be adequate.
- e. There should be good uterine contraction

**7. Biophysical people (BPP) is an integral ultrasound test for assessing the fetal wellbeing. Its five parameters are non-stress test, amniotic fluid volume, Gross body movements, fetal tone and which of the following?**

- a. Fetal breathing movements
- b. Fetal kicks
- c. Fetal weight
- d. Fetal attitude
- e. Fetal presentation



**8. A 28 year old woman is seen in antenatal clinic at 34 weeks gestational amenorrhea, she has GDM and her blood sugar is suboptimal despite metformin treatment. The abdominal circumference of fetus is over 97th centile at her most recent growth. What should be next step?**

- a. Add regular insulin at night
- b. Deliver the patient
- c. Diet Modification
- d. Increased dose of metformin
- e. Start on Premixed insulin

**9. A 19 years old PG at 36 weeks gestation with B.P 150/100, edema +2, proteinuria +2 with no other symptoms. What is the most likely diagnosis in this patient?**

- a. Pregnancy induced hypertension
- b. Pre eclampsia
- c. Eclampsia
- d. chronic renal disease
- e. Gestational hypertension

**10. In order to facilitate delivery, operative vaginal delivery involves application of forceps or vacuum extractor to the fetal head, to assist during second stage of labor. Which of the following is not considered an indication for operative vaginal delivery.**

- a. 2nd stage of labour lasting 30 minutes in primigravida
- b. Maternal cardiac dysfunction that contraindicates pushing
- c. Maternal exhaustion
- d. Suspicion of fetal compromise.
- e. Rh positive blood group

**11. A 28-year-old woman, 30 weeks pregnant, presents with mild abdominal pain and vaginal bleeding. She is found to have a blood pressure of 130/80 mmHg, a pulse of 90 beats per minute, and a respiratory rate of 16 breaths per minute. On examination, her abdomen is soft and nontender, and she has no uterine contractions. Fetal heart tones are present and reassuring. Which of the following is the most likely diagnosis?**

- a. Abruptio placentae
- b. Oligohydromnia
- c. Placenta previa

- d. Subchorionic hematoma
- e. Uterine rupture

**12. A 35 years old P5 was presented to the labour room in shock. She was delivered 3 hours back at home by a mid-wife. She has uterine inversion with placenta attached to the fundus. You have started the resuscitation. What would be your next step of management in this patient?**

- a. Manually replace the uterus first and then separate the placenta.
- b. Manually separate the placenta first and then replace the uterus.
- c. Perform laparotomy to replace the uterus
- d. Start oxytocin to help separate the placenta.
- e. Use hydrostatic pressure to replace the uterus

**13. 25 years old lady who delivered a healthy male baby has come to a well-baby clinic 40 days post-delivery and wants advice regarding breast feeding. You advise that Breast milk is deficient in which of the following?**

- a. Vitamin A
- b. Vitamin B12
- c. Vitamin C
- d. Vitamin E
- e. Vitamin K

**14. A 29 years old primi gravida with a duration of gestation of 34 weeks presents with continuous fits, with a BP of 180/110 and protienuria. For the control of fits in this patient, what could be the adequate dose of Mg SO4?**

- a. 4gm
- b. 8gm
- c. 12gm
- d. 16 gm
- e. 20gm

**15. A 23 year primigravida with 34 weeks of pregnancy, came with complaints of high blood pressure. On examination her BP 160/110 mm of Hg, proteinuria on clean catch specimen is 2+. Her cardiotocography was also done and was found to be normal. What will be your next step of management in this patient?**

- a. Do her obstetrical ultrasound and Doppler studies of umbilical artery.



- b. Give her ante- natal steroids
- c. Give her prophylactic dose of magnesium sulphate.
- d. Increase her dose of antihypertensive.
- e. Send her renal and liver function tests.

**16. A 27 year old G4P3 is due for induction of labour for prolonged pregnancy. Her Bishop score is 5. What is the best choice of induction method in this patient?**

- a. Artificial Rupture of Membranes.
- b. Mechanical methods
- c. Misoprotosol
- d. oxytocin
- e. Prostaglandin E2

**17. A primipara patient 24 hours postnatal after an instrumental delivery has presented with mood changes, tearfulness, fatigue and poor sleep. What is the most likely diagnosis amongst the following?**

- a. Postpartum psychosis
- b. Mania
- c. Postpartum blues
- d. Postpartum depression
- e. None of the above

**18. A 30 years old diabetic pregnant lady presented to OPD. She is complaining of vaginal itching and curdy white thick discharge. The most likely diagnosis is which of the following?**

- a. Bacterial vaginosis
- b. Candidiasis
- c. Trichomoniasis
- d. syphilis
- e. Gonorrhea

**19. A 27 year old G2P1 is 34 weeks pregnant. Her ultrasound report shows a single alive normal fetus with marked polyhydromnios. You are planning amniotic fluid reduction to relieve maternal symptoms. What serious side effect of amnio-reduction?**

- a. Chorioamnionitis.
- b. Cord prolapse
- c. Fetal distress.
- d. Maternal sepsis
- e. Placental abruption

**20. A 25yr old primigravida at 37 weeks gestation presents in labour with rupture of membranes. A fetal Heart Record tracing is category on examination, her cervix is 4cm dilated and 90% effaced with Presenting Part at -3. The presenting part is soft felt most likely to be fetal buttocks. An ultrasound examination revealed breech presentation with both arms flexed and knees extended next line of management?**

- a. Conservative management
- b. Manage labour and watch for progress of labour
- c. Emergency cearen section
- d. Give maternal steroids and weight 24hour4/12
- e. Start on IV antibiotics and hydration

**21. A 30-year-old woman with a history of two previous cesarean sections is in labor. On admission, the obstetrician notes a previous low transverse incision. What is the most appropriate mode of delivery in this case?**

- a. Forcep delivery
- b. Elective repeat cesarean section
- c. Vacuum extraction
- d. Trial of labour
- e. External cephalic version

**22. A 20 years old lady, in her pre-conception visit, asks her gynaecologist about rubella infection, before being vaccinated against rubella. All following statements are true about Rubella infection except?**

- a. Features of congenital Rubella syndrome include sensorinewal deafness, congenital, cataracts, blindness, encephalitis and endocrine problems
- b. it is characterized with occipetal lymphadenopathy
- c. Risk of congenital rubella infection increases with gestation
- d. Rubella infection is characterized by a febrile risk.
- e. Vaccination against Rubella is contra indicated in pregnancy

**23Q43. A 30 years old lady with 32 weeks gestational amenorrhea presented with preterm labor. Which drug/drugs should be given for lung maturity in preterm baby?**

- a. Inj. Prednisone
- b. Inj. Betamethasone



- c. In cortisone
- d. Inj. magnesium sulfate
- e. Inj. Vitamin K

**24. A 35 years old women presented to accident and emergency in a state of shock. She has gestational amenorrhea of 2 months. She is complaining of left sided abdominal pain and vomiting. Upon examination she looks anxious and B.P =70/50, pulse 101 beats per minute. Per Abdominal examination revealed left sided abdominal tenderness and per vaginal brownish vaginal discharge. What is the most likely diagnosis?**

- a. Placenta previa
- b. Placental abruption
- c. Rupture ectopic pregnancy.
- d. Rupture uterus
- e. Threatened miscarriage

**25. Twin to twin transfusion syndrome (TTS) result from abnormal placental vascular communication. The recipient twin becomes larger with hydramnios. While donor twin becomes smaller with oligohydramnios. This condition is diagnosed when estimated fetal weight discrepancy is more than which of the following percentage?**

- a. 10%
- b. 25%
- c. 50%
- d. 75%
- e. 8%

**26. A 28 year old G2P1 with weeks gestational amenorrhea presents to labour room with history of PV leak for the last 24 hours. On examination she has temp 100F, pulse 101, with positive uterine tenderness . On PV examination external os is closed unaffected high up presentation. On scan reveals mild oligohydromnios. Which should be the definitive management?**

- a. Antibiotics then induction of labour
- b. Conservative treatment with antibiotics
- c. Antibiotics and Emergency cesarean section
- d. Awaits spontaneous delivery
- e. Antenatal corticosteroids

**27. A 25 years old lady, delivered an alive male baby 3 days back after a prolonged labour now presents**

**with fever of 102 F, pulse 106/min, respiratory rate 28/min. her labs show blood glucose level of 220 mg/dl. TLC is 21,000. She is suspected to be a case of urinary tract infection. Which of the following organism is most commonly involved in the condition of this patient?**

- a. Bacteroids fragilis
- b. E. coli
- c. Proteus mirabilis
- d. Staphylococcus aureus
- e. Streptococci

**28. A 65-year-old woman with a history of diabetes mellitus presents with a 1-day history of fever, nausea, and vomiting. She also reports a moderate amount of right flank pain. On physical examination, her temperature is 38°C (100.4°F), and she has mild tenderness in the right costovertebral angle. Urinalysis reveals pyuria and bacteriuria. Which of the following is the most likely diagnosis?**

- a. Cystitis
- b. Pelvic Inflammatory disease
- c. Pyelonephritis
- d. Urethritis
- e. Vaginal candidiasis

**29. A 32 year old patient G2P1 with 34 weeks gestational amenorrhea presents to labour room with irregular uterine contractions. She has history of previous preterm delivery. On examination she has 2 contractions in 10 min of 20 seconds. On P/V exam os is 2.5 cm uneffaced high up presentation. To diagnose preterm labour the criterion include which one of the following?**

- a. contraction in 10 min
- b. Cervical os 3 cm or more
- c. Cervical effacement 80%
- d. Gestational age between 34 to 36+6 weeks
- e. All of the above

**30. 35 year old woman, G3P2, presents at 32 weeks of gestation with a history of gestational diabetes mellitus (GDM) in her previous pregnancy. She is currently diet-controlled and has no other medical conditions. Her BP is 135/85 mm/Hg and her urine dipstick is negative for protein. Her abdominal ultrasound shows a fetal weight of 3.5kg. Which of**



the following is the most likely diagnosis for this patient?

- a. Gestational hypertension
- b. Preeclampsia
- c. Placental abruption
- d. Preterm rupture of membranes
- e. Intrauterine growth restriction (IUGR)

**31. A 23 years old lady undergoes emergency c section at 38 weeks pregnancy due to malpresentation resulting in obstructed labour. The measurement of Brow presentation is which of the following?**

- a. 11cm
- b. 12cm
- c. 13cm
- d. 6cm
- e. 9.5cm

**32. What is the most common cause of maternal mortality in Pakistan?**

- a. Toxemia in pregnancy
- b. Infection
- c. Post-partum haemorrhage
- d. Road accidents
- e. Thromboembolism

**33. A 29 years old women G2P1, 14 weeks period of gestation presented with painless genital ulcer with generalized maculopapular rash. Her 1st pregnancy ended up in still birth of the baby. What is the most probable diagnosis?**

- a. CMV infection.
- b. Genital warts
- c. Herpes simplex
- d. Rubella infection
- e. Syphilis

**34. Regarding gestational Diabetes Mellitus all are true EXCEPT which of the following?**

- a. Insulin resistance decrease with maturation of fetus
- b. Testing is done with 50grams C of glucose at 24-28 weeks
- c. Glycemia is controlled with diet modification as first line
- d. Oral glucose tolerance test is diagnostic
- e. Obesity is a risk factor

**35. A patient presented with 8 months gestational amenorrhea presented to the labor room with complaints of epigastric pain, blurring of vision and headache. On examination, her GCS is 15/15, BP= 160/100mmHg, pulse 98/min, which of the following drug of choice you will give to prevent fits?**

- a. Hydralazine
- b. Labetolol
- c. Methyldopa
- d. MgSo<sub>4</sub>
- e. Nifedipine

**36. A G3P2, 28 years old woman with a suspected urinary tract infection presented to a gynaecologist. What is the first line investigation?**

- a. Clear void midstream urine for culture and sensitivity
- b. Urine sample collected after Catheterization
- c. 24 hour urine collection for culture and sensitivity
- d. First morning void urine sample for culture and sensitivity
- e. Ultrasound pelvis.

**37. In normal labour, the uterine contractions are strongest in intensity in which of the following stage?**

- a. Latent phase of stage
- b. 2nd stage of labour
- c. 3rd stage of labour
- d. Active stage of labour
- e. in all stages

**38. A 27 year old lady has a history of deep venous thrombosis in the current pregnancy and is on injection Heparin. If delivery occurs unexpectedly while the patient is on Heparin and excessive bleeding occurs . what is the appropriate initial intervention?**

- a. Administration of Protamine sulphate
- b. Administration of Vitamin K
- c. Administration of transexemic acid
- d. ligation of hypogastric arteries
- e. Infusion of FFPs



**39. You have been called to labour room in emergency to deliver a patient who had shoulder dystocia presentation. What would be your next step management?**

- Give her wide episiotomy to facilitate the delivery of the fetus
- Put patient in MacRoberts position
- Call for help
- Apply supra-pubic pressure
- Perform rotatory maneuvers

**40. A 34 years old woman presents with painless lump in the right side of the neck. Ultrasound of the neck shows 3x3 cm lump in the right thyroid lobe. Her thyroid function tests (T3, T4, TSH) are normal. What is the next investigation in the diagnostic workup of the patient?**

- CT scan of neck
- Estimation of serum thyroglobulin
- Fine needle aspiration cytology
- Apply supra-pubic pressure
- Radioisotope scan of the thyroid

**41. A primigravida at 38 weeks gestation presents with severe headache, visual disturbances, and epigastric pain. On examination, her blood pressure is 160/100 mmHg. What is the most appropriate initial management?**

- Administer magnesium sulfate
- Induce labor
- Administer labetalol
- Order a 24-hour urine protein collection
- Perform a non-stress test

**42. A 36 years old G5P4 is 16 weeks pregnant. Her BMI is 35 kg/unit. She is nonsmoker and Normotensive with no family history of hypertension. What would you do to prevent thromboembolism in this patient?**

- You will advise her to drink as much water as possible.
- You will start her thromboprophylaxis from now onwards till delivery.
- You will start thromboprophylaxis from 28 weeks.
- She does not need any thromboprophylaxis.
- You will give thromboprophylaxis only for 7 days in postnatal period.

**43. A 40 years old grand multi para woman having delivered 1 hour ago fainted and had a B.P of 70/50 mmHg, pulse 105 beats per minute. On P/V, she is passing heavy blood clots. She was diagnosed as a case of PPH. What is the most common cause of PPH?**

- Uterine atony.
- Bleeding disorder
- Endometriosis.
- RPOC
- Trauma

**44. A 19 year old primigravida patient at term presents to labour room reporting irregular contraction and rupture of membranes 21 hours prior to arrival. She is afebrile and CTG is reactive with mild variable decelerations. Which is the most common method to confirm rupture of membranes?**

- Coomb's test
- Ferning test
- Nitrazine test
- Pelvic examination
- Vaginal pooling of liquor on speculum

**45. A 20 year old lady presents at your clinic with an ultrasound scan showing breech presentation at 38 weeks pregnancy. What is the incidence of breech at term?**

- 0.05
- 0.1
- 0.12
- 3.4%
- 7-8%

**46. A 28-year-old pregnant woman presents at 38 weeks gestation with severe hypertension, proteinuria, and edema. Which of the following is the most appropriate initial management?**

- Induction of labor
- Antihypertensive therapy
- Observation and bed rest
- Cesarean section
- Serial ultrasounds for fetal well-being

**47. A 29 years old lady G3P2 is 36 weeks pregnant. She has presented to labour room with ante-partum haemorrhage. Her ultrasound report shows type IV placenta praevia. Her blood pressure is 100/60 mm**



of Hg and her pulse is 110beats/min. what is your next management?

- Give her ante-natal steroids to enhance fetal lung maturity.
- Give her tocolytic therapy to buy time for steroids to work
- Maintain her vital records. and keep her for observation.
- Shift her for caesarean
- Transfuse her 1 unit of blood.

48. A 35 year old women delivered a male baby vaginally under the supervision of an LHV two hours ago, presents to emergency in shock. Which of the following is not likely finding in a woman with uterine inversion?

- Fundus not palpable
- Hemorrhage
- Lower abdominal pain
- Mass in vagina
- Well contracted uterus

49. A 33 year old patient G2P1 at 18weeks gestational amenorrhea present for routine antenatal care. She has history of previous preterm labour at 32 weeks. She is currently receiving vaginal progesterone suppositories daily. TVS demonstrate cervical length of 24mm. She denies painful contraction, leaking of fluid or vaginal bleed. Which of following is the most appropriate next step in management?

- Place patient on bedrest
- Perform cervical cerclage
- Start the patient on tocolytics
- Weekly antenatal visits follow up
- Tocolysis and steroids at 30 weeks

50. A 23 years old G7P6 is in 35 weeks of her pregnancy. She came to accident and emergency department with cord prolapse. On examination, you find cord pulsations and you have confirmed fetal heart sounds. What is your next step of management?

- Do Cardiotocography.
- Give antenatal steroids.
- Give her oxygen.
- Minimize compression on the cord while shifting for

- Shift her for caesarean section

51. What would be the Prerequisite of artificial rupture of membranes in full term pregnant women not going in labour?

- Blood pressure of the patient should be controlled.
- Fetal weight should be less than 4 kg
- Fetus should be in vertex presentation.
- Gestational age should be confirmed.
- Head should be fixed in pelvis.

52. Eating uncooked meat and unpasteurized milk by pregnant ladies can result in infection due to which one of the following?

- Campylobacter
- Salmonella
- Toxoplasmosis
- Vibrio Cholera
- Yersinia

53. A 25 years old lady was diagnosed with secondary syphilis in the 2nd trimester of pregnancy, is concerned about the outcome of her pregnancy and wants baby to be delivered at full term and healthy. Which of the following drug improves the outcome in this case?

- Azithromycin
- Benzathine Penicilline.
- Cephalosporins
- Ciprofloxacin.
- Meronem.

#### 4. NWSM 2024

1. A Prim gravida presented at 40 weeks gestation with mild labor pains of 3hrs duration on vaginal examination her cervix is closed full length, firm posteriorly placed with head at brim. What is the bishop scoring of this patient?

- 0
- 1
- 2
- 3
- 4



2. A 30 years old patient at 27 weeks gestation in her second pregnancy came to delivery suite with abdominal pain, she had a normal vaginal delivery at term in her pregnancy. All observations are within normal limits CTG shows contraction every ten minutes. Vaginal examination reveals cervix soft central, 1cm dilated, length 2m and station at -2. Which of the following is the most appropriate management option?

- a. Perform TVS to check cervical length
- b. Perform fetal fibronectin test
- c. Start treatment IV beta agonists
- d. Start treatment with progesterone receptor antagonist
- e. Start treatment with oral nifedipine

3. A 32-year-old woman with Type 1 diabetes presents for preconception counseling. Her HbA1c level is measured at 90 mmol/mol. Based on her HbA1c report, what is the risk of fetal loss during pregnancy?

- a. 10%
- b. 20%
- c. 30%
- d. 40%
- e. 50%

4. A 34 years old lady presented to labor room as Gravida 9 Para 7+1 with 38 weeks Period of gestation and is known diabetic since 4 years. She delivered healthy female baby weighing 3.7 kg with good Apgar score via normal vaginal delivery 10 minutes ago, now the patient is bleeding heavily per vaginally with estimated blood loss of 1500 ml. What could be the possible cause of primary postpartum hemorrhage in this patient?

- a. Diabetes mellitus
- b. Genital tract trauma
- c. Grand multiparity
- d. Patient's age
- e. Weight of the baby

5. A 23 years old lady presents in the antenatal clinic in her first pregnancy at 8 weeks gestation for booking. She is diabetic and on insulin. She enquires about the blood sugar levels monitoring and about the target blood sugar levels. What are the target blood sugar levels one hour after meals?

- a. Less than 4.2 mmol/L
- b. Less than 5.3 mmol/L
- c. Less than 6.3 mmol/L
- d. Less than 7.8 mmol/L
- e. Less than 8.8 mmol/L

6. A 30 years old lady para 2 with history of GDM in previous pregnancy, 5 weeks postnatal attends gynae clinic for contraception, she was counselled regarding intrauterine contraception which comes in Medical eligibility criteria 1 (MEC 1). Medical eligibility criteria 1 is defined as?

- a. Use the method in any circumstances.
- b. Generally use the method, where the advantages outweigh the proven risks
- c. Use of the method not usually recommended unless other appropriate methods are not available and acceptable
- d. Use the method in high risk cases
- e. Method not to be used

7. A 38 years old lady unbooked, multiparous 4th pregnancy presents to delivery suite in labour with no antenatal records available and having no ultrasound, on per vaginal examination cervix is 5cm dilated, 50% effaced soft central, presenting part high up, membrane bulging during examination spontaneous rupture of membrane occurs followed by gush of fluid along with painless bleeding, what is the most probable diagnosis?

- a. Abruptio
- b. Infections
- c. Cervicitis
- d. Trauma
- e. Vasa Previa



**8. A number of screening tests are performed in all pregnancies at designated gestational ages to screen for different abnormalities. Which of the following screening tests given below is correctly matched with the gestational age?**

- a. Combined screening test at 11 weeks for aneuploidies
- b. Glucose load test at the first prenatal visit
- c. Fetal anatomic survey at 28-30 weeks
- d. Rubella serology at the 6-week postpartum visit
- e. Sexually transmitted disease screening at 22-24 weeks

**9. A 32 years old G2 p1 at 32 weeks gestation is seen in consultation at maternal n fetal unit of hospital. A diagnosis of polyhydramnios has been made with AFI of 32 cm (normal 5 to 25 cm). Which of the following is more likely condition?**

- a. Fetal duodenal atresia
- b. Fetal renal disease
- c. Uteroplacental insufficiency
- d. HELLP Syndrome
- e. Immune thrombocytopenic purpura

**10. A 58 years old lady para 10 with previous all normal deliveries present to the Gynae clinic with post-menopausal bleeding for 5 days. She is known hypertensive and diabetic and on medications, examination unremarkable she was thoroughly investigated. Which of the following is most important cause of postmenopausal bleeding?**

- a. Atrophic vaginitis
- b. Endometrial carcinoma
- c. Endometrial hyperplasia
- d. Cervical carcinoma
- e. Fibroid uterus

**11. A 5 days old baby born at 32 weeks POG who was on formula milk now presents with post feed non projectile vomiting which contains milk and he hasn't passed stool since yesterday. O/E sick looking baby, distended abdomen. X-ray abdomen shows**

**pneumatosis intestinalis. What is the most likely diagnosis?**

- a. Duodenal atresia
- b. Pyloric stenosis
- c. Malrotation
- d. Intussusception
- e. Necrotizing enterocolitis

**12. A 32-year-old man visits his healthcare provider with concerns about infertility. He is found to have low sperm counts on semen analysis and is referred for further hormonal evaluation. The physician explains that follicle-stimulating hormone (FSH), produced by the anterior pituitary gland, and plays a significant role in male reproductive physiology by acting on specific testicular cells. What is the primary role of FSH in male reproductive health?**

- a. Stimulates Leydig cells to produce testosterone
- b. Enhances prostate function
- c. Inhibits sperm maturation
- d. Regulates libido
- e. Promotes spermatogenesis in Sertoli cells

**13. A woman G2P1 comes to the antenatal clinic at 22 weeks gestation with her 18 months old child. Both of them have a rash over the face since morning. The child is diagnosed by the paedritician as having chicken pox. Mother past history of chicken pox is negative. What is the next appropriate step in her management?**

- a. Oral administration of acyclovir
- b. IV Immunoglobulin
- c. Termination of pregnancy
- d. Quarantine
- e. Chicken pox vaccine

**14. A 45 years p4 presents to gynae opd with history of irregular cycle with scanty flow she is worried about her cycle and her weight her Bmi is 34 kg/m2. Her gynecologist advised her investigations which diagnosed her to be a case of poly cystic ovarian syndrome. Her tvs showed endometrial**



thickness of 8 mm and informed her long term risk of pco?

- a. Endometrial hyperplasia n ca endometrium
- b. Diabetes mellitus
- c. Hypertension
- d. Cushing syndrome
- e. Nephrotic syndrome

**15. A woman in her first pregnancy present to the hospital in 37 weeks of pregnancy in labour. She has twin gestation with first twin cephalic presentation and second is transverse lie. On examination she has pulse of 89 beats/minute, blood pressure 120/70 mm hg. Per vaginal examination shows cervical dilatation of 6 cm, station at minus 3, membranes intact. She want vaginal birth. The best tool to assess progress of labour is by:**

- a. Bishop scoring
- b. Cardiotocograph
- c. Tachometry
- d. Partograph
- e. Ultrasound

**16. A patient, G3P0, comes to consultant OPD at 34 weeks of gestation with the complaint of reduced fetal movements. You checked her blood pressure which is 100/70 mmHg. Her symphysio fundal height is 34 cm, cephalic presentation and positive fetal heart. Her lab result shows normal Hb and random blood sugar. She denies any illicit drug use and is using just iron and calcium supplements. What next investigation you will advise for fetal wellbeing?**

- a. Obstetrical ultrasound
- b. Obstetrical ultrasound with biophysical profile
- c. Stress test
- d. 3D Ultrasound
- e. Umbilical artery Doppler

**17. You are sitting in an antenatal OPD, A healthy 28-year-old G2P1 with previous normal vaginal delivery and previously normotensive presents to**

**you at 34 weeks gestation with a BP of 152/95 mmHg. What test should you check next?**

- a. Complete blood count
- b. Renal function test
- c. Liver function test
- d. Urine dipstick
- e. Uric acid

**18. A 22 years old unbooked PG presents to Delivery Suit at 26 weeks of POG with spontaneous bleeding she soaked 4 pads with fresh red blood n orange size of blood clots she soaked her linen while on way to hospital. What is the best test to diagnose this condition?**

- a. Cardiotocography
- b. CT scan
- c. MRI
- d. Transabdominal scan
- e. Transvaginal scan

**19. A patient in Post-operative ward is admitted having Elective cesarean section 6 hours back. On examination her abdomen is soft and non-tender. She is mobilized. She is on Normal/saline 1 Liter/day. She is thirsty but staff has not allowed her for oral intake yet. She is wearing compression stockings. In her management which of the following will increase the risk of venous thromboembolism?**

- a. Early mobilization
- b. Adequate hydration
- c. Effective pain relief
- d. Compression stockings
- e. Fluid restriction

**20. A 28-year-old male presents to the clinic with concerns about decreased libido and difficulty achieving erections. Blood tests reveal low testosterone levels. The physician explains that the regulation of testosterone production is primarily controlled by a specific hormone secreted by the anterior pituitary gland. Which hormone is**



responsible for stimulating testosterone production in Leydig cells?

- a. Luteinizing hormone (LH)
- b. Follicle-stimulating hormone (FSH)
- c. Prolactin                      d. Estrogen                      e. Cortisol

**21. A 22-year-old man presents with a day history of right testicular pain. On examination there is significant tenderness on the epididymis but not the testis. He has a history of unprotected intercourse and chlamydia. What is the most likely diagnosis?**

- a. Orchitis
- b. Epididymitis
- c. Torsion of epididymal appendage
- d. Testicular torsion
- e. Testicular tumor

**22. A pregnant lady 37 years old, during her routine antenatal visit enquires you about the different techniques of pain relief in labour. You tell her that all of the following are pharmacological techniques of analgesia but the most effective form of analgesia in labour is?**

- a. Spinal anesthesia
- b. Intravenous paracetamol
- c. Inhalational analgesia
- d. Epidural analgesia
- e. NSAIDS

**23. A 23 years old lady present to OPD in her 2nd pregnancy with complaints of severe nausea n vomiting. Her BP is 120/80 mmHg pulse 73/ min urinary ketones are +++. Her condition may lead to which of the following:**

- a. Niacin deficiency
- b. Pyridoxine deficiency
- c. Riboflavin deficiency
- d. Thiamine deficiency
- e. Ascorbic deficiency

**24. A 34-year-old lady presented to the fertility clinic with a history of primary infertility. The woman has**

**been shown to have a normal hormone profile with a normal ovarian reserve and here TVS shows normal study diagnostic laparoscopy shows healthy and patent tubes. The semen analysis has shown a sperm count of 4 million/ml, a total sperm count of 22 million and motility of 20%. What will be the most suitable treatment for this couple?**

- a. Do Nothing
- b. Spontaneous conception
- c. Ovulation induction
- d. JUI                      e. IVF and ICSI

**25. A 28 years old ale, cook by profession comes to OPD with history of headache, decreased urine output and metallic taste in mouth. He doesn't have any significant abnormality on examination. His workup reveals Urea of 78, creatinine of 4.0. His urine RE shows ++ Alb and RBC casts. He reports having a sore throat 2 days back. He is planned for a renal biopsy, which of the etiology is probably suspected?**

- a. Thin basement membrane disease
- b. Fabry disease
- c. Post streptococcal glomerulonephritis
- d. Hemolytic uremic syndrome
- e. IgA nephropathy

**26. You are sitting in an antenatal clinic, a pregnant lady G3P2 at 30 weeks period of gestation with complaints of fatigue and shortness of breath. Her Hb is 8.5 g/dl. Maternal iron deficiency anemia is a risk factor for which pregnancy outcome?**

- a. High birth weight
- b. Low birth weight
- c. Polyhydramnios
- d. Pregnancy induced hypertension
- e. No effect on the fetus

**27. A 34-year-old woman presents with a 5-year history of infertility. She has regular menstrual cycles and no significant medical history, but reports a past history of lower abdominal pain, abnormal**



vaginal discharge, and fever. Her partner's semen analysis is normal. Which of the following investigations is most appropriate to confirm the diagnosis of infertility?

- a. HyCoSy (hystero-salpingo contrast sonography)
- b. Transvaginal ultrasound
- c. Laparoscopy with dye test
- d. Hysterosalpingography (HSG)
- e. MRI pelvis

28. A 33 years old lady and her partner attends fertility clinic after trying for a baby for 4 years. The husband semen analysis has been checked and is normal, the woman had normal hormonal profile and normal pelvic ultrasound, she has a 3 years' history premenstrual pain for 3 days before each menstrual cycle and deep dyspareunia. What is the most suitable test for tubal patency in this patient?

- a. HSG
- b. Hysteroscopy
- c. Hysterocontrast sonography (HyCoSy)
- d. Laparoscopy and dye test
- e. MRI

29. A 22 years old unbooked PG presents to Delivery Suit at 26 weeks of POG with spontaneous bleeding she soaked 4 pads with fresh red blood n orange size of blood clots she soaked her linen while on way to hospital. What is the best test to diagnose this condition?

- a. Cardiotocography
- b. CT scan
- c. MRI
- d. Transabdominal scan
- e. Transvaginal scan

30. A pregnant lady gravida 3 para 2 at 34 weeks period of gestation presents to you for her checkup. Her blood pressure is 130/80 mmHg, Pulse = 84 bpm, Temperature 98 F. Her BMI is 32 kg/m<sup>2</sup>. On examination her fundal height is 38 cm. Ultrasound confirms fetal macrosomia with fetal weight of 4.3

kg. What do you think could be the possible underlying cause for fetal macrosomia in this case?

- a. Fetal Hyperglycemia
- b. Fetal Hyperinsulinemia
- c. Increased maternal blood cortisol levels
- d. Maternal human placental lactose
- e. Maternal Hyperglycemia

31. A woman in her fifth month of second pregnancy comes to her doctor with the complaints of increased thirst, increased frequency of urination and excessive vaginal itching along with whitish discharge. She has used medication which temporarily relieves her symptoms. What investigation you will do in this case.

- a. Glucose tolerance test
- b. Full blood count
- c. TSH
- d. Urine culture
- e. Differential leucocyte count

32. A 30 years old G5P3plus 1 presented to clinic at 26 weeks gestation with recurrent UTI. She has previous history of shoulder dystocia. Her father is diabetic and hypertensive. Her investigations showed HB of 11.4 gm/dl, TLC of 6.7 x 10<sup>9</sup>/L, platelets of 220 x 10<sup>9</sup>/L. midstream urinary specimen showed 10-12 pus cells/high power field, albumin nil and sugar ++. What investigation are you going to do next?

- a. HBATC                      b. OGTT
- c. Serum fasting blood sugar
- d. Serum random blood sugar                      e. Serum uric acid

33. A pregnant lady from Australia Gravida 3 para 2 with 18 weeks Period of gestation comes to you in an antenatal clinic for antenatal checkup, she has previous all normal vaginal deliveries. Her last born baby is 2 years ago with good size at birth weighing 4.2 kg. On examination her blood pressure is 120/70 mmHg, Pulse = 82 bpm, Temperature = 98F and BMI = 29 kg/m<sup>2</sup>. She tells you that her father is having



hypothyroidism. Her OGTT done in previous pregnancy was normal. While taking her history and examination which factor prompts you to do her OGTT at 28 weeks to screen for diabetes?

- a. All pregnant women should be screened for Gestational Diabetes
- b. Family history of endocrine disorders
- c. Her ethnic origin
- d. Her raised BMI
- e. Previous history of good size baby/macrosomia

34. A young lady in her second pregnancy at 37+6 weeks period of gestation has Gestational diabetes mellitus and polyhydramnios with transverse lie. She presented to the ER with complaints of spontaneous rupture of membranes. On speculum examination cord prolapse confirmed. Which of the following is the best next step?

- a. Inform senior and prepare for normal vaginal delivery.
- b. Place mother in knee to chest position.
- c. Prevent further cord compression by emptying the bladder.
- d. Manually reduce the cord back into the cervix
- e. No need to confirm fetal heart rate as this could delay the time to delivery

35. A baby born at 28 weeks gestation admitted in the neonatal ICU develops respiratory distress 2 hours after birth. On examination subcostal indrawing, respiratory rate 80 breaths/min, Chest bilateral decreased air entry, no visceromegaly, CVS S1, S2, 0. Chest X Ray shows bilateral ground glass appearance. The deficiency of which of the following substances is responsible for this condition?

- a. Surfactant
- b. Amino acids
- c. Iron
- d. Vitamin D
- e. Phosphorus

36. A 21 years old PG Presents at 15 weeks of Gestation and is noted to have fever of 101 F. Her BP is 80/40 mmHg and decreased urine output. Which of the following is most common cause of septic shock in pregnancy?

- a. Mastitis
- b. PID
- c. Pyelonephritis
- d. Wound infection
- e. Endometritis

37. A nulliparous patient came to OPD, married for 2 years wants conception. On examination patient is obese complaining of increase hair growth on face and upper lip, her cycles are regular normal flow, bleed after every 28 days for 5 to 6 days. You advise all base line investigation and Transvaginal ultrasound. On ultrasound ovarian enlarge having multiple cysts. What is Rotterdam criteria for polycystic ovarian syndrome?

- a. Anovulation, hyper androgenic, polycystic ovaries
- b. Hyper androgenic, heavy menstrual bleeding, polycystic ovaries
- c. Anovulation. Obesity, polycystic ovaries
- d. Anovulation, oligo-menorrhea, polycystic ovaries
- e. Hyper androgenic, oligo-menorrhea heavy menstrual bleeding

38. A pregnant lady from Australia Gravida 3 para 2 with 18 weeks Period of gestation comes to you in an antenatal clinic for antenatal checkup. She has previous all normal vaginal deliveries. Her last born baby is 2 years ago with good size at birth weighing 4.2 kg. On examination her blood pressure is 120/70 mmHg, Pulse 82 bpm, Temperature - 98F and BMI 29 kg/m<sup>2</sup>. She tells you that her father is having hypothyroidism. Her OGTT done in previous pregnancy was normal. While taking her history and examination which factor prompts you to do her OGTT at 28 weeks to screen for diabetes?

- a. All pregnant women should be screened for Gestational Diabetes
- b. Family history of endocrine disorders



- c. Her ethnic origin
- d. Her raised BMI
- e. Previous history of good size baby/ macrosomia

**39. A 32 year old woman and her husband are assessed for 2 years' subfertility. The semen fluid analysis has been checked and is normal. The woman has normal hormone profile and normal markers for ovarian reserve. The transvaginal ultrasound scan is normal. She has a 3-year history of premenstrual pain for 3 days before each period, constant right iliac fossa pain and dyspareunia. The most suitable test for her tubal patency is:**

- a. Hysteroscopy
- b. HyCoSy
- c. Hysterosalpingography
- d. Laparoscopy and dye insufflation
- e. Magnetic Resonance Imaging

**40. A 36 years old lady attend gynae clinic as Para 4, all Normal vaginal deliveries with no comorbid attends gynae clinic for contraception. She wants birth spacing for 3 years. The most appropriate contraceptive method for her is?**

- a. Progesterone only pills
- b. Progesterone only implants
- c. Oral contraceptive pills
- d. Mirena Intra-uterine device
- e. Barrier contraceptive methods

**41. A 28 years old woman has chronic history of oligomenorrhea and amenorrhea. She undergoes endometrial biopsy coz of long history of an ovulation which return to b grade 1 adenocarcinoma. MRI Indicates that endometrial cancer is isolated to uterus. The patient desires to have children if possible. Which of the following is best treatment for this patient**

- a. Cervical ionization
- b. Endometrial ablation
- c. Radical hysterectomy
- d. High dose progesterone

- e. Oral contraceptive agents

**42. A 32 years presents to ER with 34 weeks POG with BP of 160/100 mmHg with headache for last 1 week along with epigastric pain blurring of vision on and off along with neck pain. Her dipstick for proteinuria is positive with 3 plus albumin, Hb is 11 g/dl Rbs is 122 mg/dl Urine RE is 3 + Albumin Uric acid is 7.2.**

- a. Chronic hypertension
- b. Pregnancy induced hypertension
- c. Preeclampsia
- d. Eclampsia
- e. Epilepsy

**43. A 36 years old G2p1 at 27 weeks of gestation is noted to have fever right flank pain and tenderness and pyuria. She is diagnosed with pyelonephritis. A urine culture is performed which of the following is most common etiological agent of pyelonephritis in pregnancy?**

- a. Candida specie
- b. Escherichia coli specie
- c. Proteus specie
- d. Klebsiella
- e. Streptococcal

#### 5. GMC 2024

**1. At what gestational time point does the metanephros development begin?**

- a. 2 weeks
- b. 3 weeks
- c. 4 weeks
- d. 5 weeks
- e. None of the above

**2. A 35-year-old woman, G3P2, at 35 weeks gestation, presents with a small amount of painless vaginal bleeding. She has a known history of a marginal placenta previa. What is the most appropriate initial management for this patient?**

- a. Immediate induction of labor
- b. Administer corticosteroids
- c. Perform an urgent cesarean section
- d. Administer tocolytics and prepare for delivery
- e. Admit for observation and assess for further bleeding



**3. A 30-year-old woman, G2P1, with preeclampsia at 36 weeks gestation, is scheduled for a cesarean section due to severe hypertension and unfavorable cervical conditions. During surgery, the patient suddenly develops hypotension, tachycardia, and cyanosis. What is the most likely cause of these symptoms?**

- a. Pulmonary embolism
- b. Amniotic fluid embolism
- c. Acute myocardial infarction
- d. Anesthetic reaction
- e. Some underlying factors

**4. A 28-year-old pregnant woman, G2P1, at 12 weeks gestation, comes to the clinic for her first antenatal visit. She has no significant medical history and had an uncomplicated first pregnancy. Which of the following is the most appropriate initial screening test?**

- a. Glucose tolerance test
- b. Group B streptococcus culture
- c. Complete blood count
- d. Non-stress test
- e. Order urine routine exam

**5. A 30-year-old woman, G2P1, at 28 weeks gestation, presents for a routine prenatal visit. She reports feeling well but mentions that her first child was born with Down syndrome. What is the most appropriate next step in her antenatal care?**

- a. Offer amniocentesis
- b. No further testing is needed
- c. Recommend early induction of labor
- d. Perform a biophysical profile
- e. Do Obstetrics Ultrasound

**6. A 30-year-old woman, G3P2, at 32 weeks gestation, gestational diabetes in her previous pregnancy. Which of the following is the most appropriate test to perform now?**

- a. Random blood glucose
- b. Oral glucose tolerance test

- c. Hemoglobin Alc
- d. Urinalysis for protein
- e. Complete blood count

**7. A 26-year-old woman, G2P1, at 8 weeks gestation, presents with complaints of mild vaginal bleeding and cramping. An ultrasound reveals a viable intrauterine pregnancy. What is the most appropriate management?**

- a. Schedule a dilation and curettage (D&C)
- b. Administer progesterone supplementation
- c. Reassure the patient and advise rest
- d. Prescribe antibiotics to prevent infection
- e. Do Nothing diagnosed with preterm labor

**8. A 35-year-old woman, G2P1, at 38 weeks gestation, presents with blood pressure readings of 160/105 mmHg, severe headaches, and visual disturbances. Urinalysis shows proteinuria. What is the most likely diagnosis?**

- a. Gestational hypertension
- b. Preeclampsia with severe features
- c. Chronic hypertension
- d. Eclampsia
- e. HELP Syndrome

**9. A 29-year-old woman, G1PO, at 28 weeks gestation, is diagnosed with chronic hypertension and currently has a blood pressure of 150/95 mmHg. There is no proteinuria. Which of the following is the most appropriate medication manage her condition?**

- a. Labetalol
- b. ACE inhibitor
- c. Thiazide diuretic
- d. Calcium channel blocker
- e. Hydralazine Infusion

**10. A 32-year-old woman, G3P2, at 36 weeks gestation, presents with a sudden onset of severe epigastric pain, nausea, and a blood pressure of 165/110 mmHg. Laboratory tests reveal hemolysis,**



**elevated liver enzymes, and low platelets. What is the most likely diagnosis?**

- a. Preeclampsia without severe features
- b. HELLP syndrome
- c. Chronic hypertension
- d. Gestational hypertension
- e. Eclampsia

**11. A 34-year-old woman, G1P0, at 30 weeks gestation, is diagnosed with gestational diabetes mellitus. Her fasting blood glucose levels remain elevated despite dietary changes. What is the most appropriate next step in management?**

- a. Start metformin
- b. Schedule early delivery
- c. Initiate insulin therapy
- d. Increase dietary restrictions
- e. Start Exercise

**12. A 25-year-old primigravida at 39 weeks gestation is admitted to the labor and delivery unit with regular contractions every 5 minutes. She is 4 cm dilated, 60% effaced, and the fetal head is at -1 station. What stage of labor is she currently in?**

- a. Early latent phase of the first stage
- b. Active phase of the first stage
- c. Transition phase of the first stage
- d. Transition phase of the first stage
- e. 3<sup>rd</sup> stage of labour

**13. A 28-year-old woman, G3P2, with pregestational type 1 diabetes, presents at 24 weeks gestation for a routine prenatal visit. Her recent HbA1c is 8.5%. What is the most significant risk associated with her current glycemic control?**

- a. Macrosomia
- b. Polyhydramnios
- c. Preterm labor
- d. Fetal congenital anomalies
- e. No fetal compromise

**14. A 30-year-old woman, G2P1, at 40 weeks gestation, is in the second stage of labor. The fetal**

**head is visible at the introitus, and the patient is pushing effectively. The head is flexed, and the occiput is under the pubic symphysis. What is the next expected movement of the fetal head in the normal mechanism of labor?**

- a. Internal rotation
- b. Extension
- c. External rotation
- d. Flexion
- e. Crowning

**15. A 26-year-old primigravida at 39 weeks gestation is in active labor. Her cervix is 6 cm dilated, 100% \_\_\_\_\_ the fetal head is at 0 station. The fetal head is in the occiput anterior position. Which of the following best describes the next expected movement in the normal mechanism of labor?**

- a. Flexion
- b. Extension
- c. Descent
- d. Internal rotation
- e. External rotation

**16. A 28-year-old woman, G2P1, has just delivered vaginally and is experiencing excessive bleeding. The estimate blood loss is 600 ml within the first hour post-delivery, and her uterus is found to be soft and above the umbilicus. What is the most appropriate immediate management?**

- a. Administer intravenous antibiotics
- b. Perform a manual uterine compression
- c. Begin oxytocin (Pitocin) infusion
- d. Prepare for an emergency cesarean section
- e. Insert Balloon Tamponade

**17. A 25-year-old woman, G1P1, is 2 days postpartum following a vaginal delivery. She reports her lochia is bright red and has a moderate amount of flow. What is the most appropriate description of her current lochia?**

- a. Lochia rubra
- b. Lochia serosa



- c. Lochia alba
- d. Lochia purulenta
- e. Vaginal Infection

**18. A 29-year-old woman, G3P2, is 2 weeks postpartum after a vaginal delivery. She reports persistent lower abdominal cramping and has a slightly enlarged, firm uterus. What is the most likely cause of these symptoms?**

- a. Normal uterine involution process
- b. Postpartum hemorrhage
- c. Uterine infection
- d. Retained placental fragments
- e. Uterine Atony

**19. A newborn is delivered at 36 weeks of gestation and presents with respiratory distress shortly after birth. The baby has nasal flaring, grunting, and intercostal retractions. The chest X-ray shows a ground-glass appearance. What is the most likely diagnosis?**

- a. Congenital diaphragmatic hernia (CDH)
- b. Meconium aspiration syndrome (MAS)
- c. Respiratory distress syndrome (RDS)
- d. Transient tachypnea of the newborn (TTN)
- e. None of the above

**20. A 32-year-old multiparous woman undergoes a vacuum-assisted vaginal delivery. Post-delivery, she complains of severe perineal pain and is found to have a third-degree perineal tear. Which of the following is a common complication associated with third-degree perineal tears?**

- a. Fecal incontinence
- b. Postpartum hemorrhage
- c. Urinary incontinence
- d. Uterine atony
- e. None of the above

**21. Routine screening procedures at her first prenatal care visit for a 35-year-old primigravida**

**with an estimated gestational age (EGA) of 8 weeks should include which of the following?**

- a. Quadruple test
- b. 1-hour glucose challenge
- c. Family history
- d. Toxoplasma titer
- e. Ultrasound

**22. A 22-year-old patient presents with a hematocrit of 31% at 28 weeks' gestation. Her mean corpuscular volume (MCV) is 105, her mean corpuscular hemoglobin (MCH) is 33, and her mean corpuscular hemoglobin concentration (MCHC) is 36. Serum iron is 100 mg/dL. There is no evidence of abnormal bleeding. Which of the following is the best diagnosis?**

- a. Microcytic anemia
- b. Hemolysis
- c. Macrocytic anemia
- d. Normocytic, normochromic anemia
- e. Normal

**23. A woman is advised by her healthcare provider to attend a follow-up visit several weeks after giving birth to monitor her recovery and health. What is the puerperium period?**

- a. The time during pregnancy
- b. The first 6 weeks after childbirth
- c. The third trimester of pregnancy
- d. The time between conception and birth
- e. The time after fertilization

**24. A G10P8 43 years old female is in the active phase of labour. She is most likely to go into postpartum haemorrhage. Which of the following is the most common cause of postpartum haemorrhage during the puerperium?**

- a. Uterine atony
- b. Cervical laceration
- c. Retained placental fragments
- d. Coagulation disorders
- e. Family History



**25. During a routine ultrasound at 20 weeks gestation, a pregnant woman is told that her baby is developing normally. She asks the doctor when the baby's lungs will become capable of functioning outside the womb?**

**At approximately what gestational age are the fetal lungs considered sufficiently mature for the baby to survive outside the womb?**

- a. 20 weeks                      b. 24 weeks                      c. 28 weeks
- d. 32 weeks                      e. 36 weeks

**26. A G5 P4 with 39 weeks gestation presented with active labour, she is concerned about fetal wellbeing, her CTG should be done at what frequency in second-stage labour.**

- a. 30 mins                      b. Alternate days
- c. Every 15 min                      d. Every two hourly
- e. One hourly

**27. A 24-year-old, primigravid a presents in labor room with complains of labor pains. She is 39 weeks pregnant and on exam in at ioncervicaldilatation is 3cm. She requests adequate pain relief in labor. Which of the following is most effective in pain relief in labor?**

- a. Patient controlled analgesia by pethidine
- b. Transcutaneous electric nerve stimulation (TENS)
- c. Nitrous oxide and oxygen
- d. Epidural analgesia
- e. Psychoprophylaxis

**28. A 30-year-old woman delivered a baby boy 1 week ago. She experienced a mild brownish vaginal discharge. She visited an Obstetrician and she named it as lochia. What is lochia?**

- a. The return of menstruation after childbirth
- b. A type of postpartum infection
- c. The vaginal discharge following childbirth
- d. A hormone that helps in lactation
- e. An infected vaginal discharge

**29. A 30 year old woman gravida 2 para 1 presents at 18 weeks of gestation for routine anomaly scan. The ultrasound reveals a neural tube defect in the fetus. LEAD IN: Which serum marker is most likely to be elevated in this patient?**

- a. Alpha fetoprotein
- b. Beta HCG                      c. Inhibin A
- d. PAPP-A                      e. None of the above

**30. A 36 year old woman, gravida 1, at 12 weeks of gestation presents for her first antenatal visit. She is concerned about her increase risk of chromosomal abnormalities due to her age. The obstetrician discusses options for early screening. LEAD IN: What is most appropriate first line screening test for chromosomal abnormalities at this gestation?**

- a. Serum alpha fetoprotein
- b. Combined first trimester screening
- c. Quadruple test
- d. Amniocentesis
- e. None of the above

**31. A 25 years old gravida 2 para 1 at 24 weeks gestation. She had history of child with cardiac disease. What b Obstetrical ultra sound investigation you will advise her?**

- a. Fetal echocardiography
- b. Obstretical ultra sound
- c. Maternal echocardiography
- d. Fetal x rays chest
- e. Biophysical profile and CTG

**32. A 34-year-old pregnant woman, at 28 weeks of gestation, presents with elevated blood pressure readings of 150/95 mmHg. She reports swelling of her hands and feet and has a mild headache. Laboratory tests show proteinuria. The obstetrician suspects she is developing preeclampsia and explains the underlying pathophysiology to her. Which of the following best describes the pathophysiological mechanism leading to hypertension in preeclampsia?**



- a. Increased cardiac output due to hyperdynamic circulation
- b. Endothelial dysfunction leading to systemic vasoconstriction
- c. Increased renal blood flow causing fluid retention
- d. Enhanced placental blood flow resulting in elevated systemic pressure
- e. decrease cardiac output due to hyperdynamic circulation

**33. A 29-year-old woman, currently 20 weeks pregnant, visits her obstetrician for a routine check-up. She has a history of hypertension and is overweight. Her family history includes a sister who had preeclampsia during her pregnancy. The obstetrician discusses her risk factors for developing preeclampsia during her current pregnancy. Which of the following factors in this patient is a significant risk factor for developing preeclampsia?**

- a. History of hypertension
- b. Age of 29 years
- c. Family history of preeclampsia
- d. Weight within normal range
- e. Overweight

**34. A 32-year-old woman, at 37 weeks of gestation, is scheduled for an external cephalic version (ECV) due to a breech presentation. She has a history of a previous uncomplicated vaginal delivery and no significant medical conditions. The obstetrician discusses the procedure with her and informs her about potential risks involved. Which of the following is a common risk associated with external cephalic version?**

- a. Uterine rupture
- b. Placental abruption
- c. Postpartum hemorrhage
- d. Fetal heart block
- e. Postpartum hemorrhage.

**35. A 28-year-old woman at 36 weeks of gestation comes for a routine prenatal visit. She has a history**

**of a previous cesarean delivery and a diagnosis of fibroids. On examination, her current pregnancy shows a breech presentation. The ultrasound confirms that the fetus is in a breech position. Which of the following factors is most likely contributing to the breech presentation in this patient?**

- a. Previous cesarean delivery
- b. Maternal age
- c. Presence of fibroids
- d. Multiple gestation
- e. None of above

**36. A 30-year-old pregnant woman, currently 32 weeks into her pregnancy, presents to the emergency department with complaints of increasing abdominal distension and discomfort. On ultrasound examination, the amniotic fluid index (AFI) is found to be 25 cm. The fetus appears to be growing normally, and there are no obvious structural abnormalities. Based on the scenario provided, which of the following is the most likely cause of the elevated amniotic fluid index (polyhydramnios)?**

- a. Maternal diabetes mellitus
- b. Fetal growth restriction
- c. Placental abruption
- d. Premature rupture of membranes
- e. intrauterine fetal death

**37. A 34-year-old pregnant woman at 28 weeks gestation is diagnosed with venous thromboembolism (VTE). She has a history of obesity, is a smoker, and has been on bed rest due to a high-risk pregnancy. Which of the following is the most significant risk factor for VTE in her case?**

- a. Obesity
- b. Smoking
- c. Bed rest
- d. Advanced maternal age
- e. Period of gestation



**38. A 30-year-old woman at 9 weeks gestation presents with persistent nausea and vomiting, leading to a 6% loss of pre-pregnancy weight and signs of dehydration. What is the most appropriate definition of her condition?**

- a. Nausea and vomiting of pregnancy without weight loss
- b. Nausea and vomiting of pregnancy with electrolyte imbalance
- c. Hyperemesis gravidarum with weight loss over 5%
- d. Hyperemesis gravidarum with ketonuria only
- e. Hyperemesis gravidarum with weight loss only

**39. A 32-year-old pregnant woman at 12 weeks gestation is concerned about the risk of Down syndrome. Which of the following screening tests is most appropriate to assess this risk at her current gestational age?**

- a. Amniocentesis
- b. Quadruple test
- c. Chorionic villus sampling
- d. First-trimester combined screening
- e. Complete blood count

**40. A 28-year-old woman at 22 weeks gestation is found to have a fetus with severe anemia on ultrasound. After initial testing, further evaluation is needed. Which procedure is most appropriate for confirming the diagnosis and potentially providing in utero treatment:?**

- a. Amniocentesis
- b. Chorionic villus sampling
- c. Cordocentesis
- d. Fetal MRI
- e. None of the above

**41. A 35-year-old pregnant woman at 18 weeks gestation is concerned about her risk of having a baby with Down syndrome. What diagnostic procedure is most appropriate for confirming the diagnosis?**

- a. Chorionic villus sampling

- c. Non-invasive prenatal testing (NIPT)
- b. Amniocentesis
- d. Quadruple screening
- e. None of the above

**42. A 30-year-old woman, G1PO, at 20 weeks of gestation, comes for a routine prenatal visit. She has a history of chronic hypertension, and her mother had preeclampsia during pregnancy. Her BMI is 32, and her blood pressure today is 140/90 mmHg. Which of the following is the most significant risk factor for developing pregnancy-induced hypertension?**

- a. First pregnancy
- b. Family history of preeclampsia Chronic hypertension
- c. Vasa previa
- d. Obesity (BMI >30)
- e. Advanced maternal age

**43. 32-year-old woman at 32 weeks of gestation presents with painless vaginal bleeding. She has had no prior pregnancies or surgeries. Ultrasound shows a low-lying placenta covering the internal cervical os. What is the most likely diagnosis?**

- a. Placental abruption
- b. Placenta previa
- c. Vasa previa
- d. Cervical insufficiency
- e. Uterine rupture

**44. A 29-year-old woman at 37 weeks of gestation presents with painless vaginal bleeding immediately after rupture of membranes. Fetal heart rate monitoring shows severe bradycardia. What is the most likely diagnosis?**

- a. Placenta previa
- b. Placental abruption
- c. Uterine rupture
- e. None of the above

**45. Which of the following is not considered an indicator of fetal well-being after 24 weeks of pregnancy?**



- a. Cardiotocography
- b. Fetal lie
- c. Fetal movements
- d. Fetal breathing movements
- e. Umbilical artery Doppler

**46. A 29-year-old pregnant woman at 30 weeks gestation presents with swelling and pain in her left leg. She has no history of trauma or recent travel. On examination, there is tenderness along the deep veins of the left leg. What is the most likely diagnosis?**

- a. Cellulitis
- b. Deep vein thrombosis (DVT)
- c. Compartment syndrome
- d. Superficial thrombophlebitis
- e. Physiological changes of pregnancy

**47. A 32-year-old woman, G3P2, at 37 weeks gestation, presents with a breech presentation where one or both feet are positioned to come out first. What type of breech presentation does this describe?**

- a. Frank breech
- b. Complete breech
- c. Footling breech
- d. Transverse breech
- e. Incomplete breech

**48. A 26-year-old woman, PG, who is Rh-negative, is at 28 weeks gestation. Her partner is Rh-positive. What is the most appropriate management to prevent Rh incompatibility complications during this pregnancy?**

- a. Administer Rh immunoglobulin (Rhlg) now and again postpartum if the baby is Rh-positive
- b. Monitor the pregnancy with frequent ultrasounds
- c. Schedule an amniocentesis to assess fetal Rh status
- d. No intervention is necessary at this time
- e. Perform a blood test to determine the fetal Rh status

**49. A 34-year-old woman, G2P1, at 32 weeks gestation, comes in for a routine prenatal visit. During the ultrasound, the amniotic fluid index (AFI)**

**is measured at 26 cm. The patient reports feeling more short of breath and experiencing increased abdominal discomfort. What is the most likely diagnosis?**

- a. Oligohydramnios
- b. Normal amniotic fluid level
- c. Polyhydramnios
- d. Preterm labor
- e. Macrosomia

**50. A 28-year-old woman, G2P1, at 36 weeks gestation, presents for a routine prenatal visit. An ultrasound shows an amniotic fluid index (AFI) of 4 cm. The patient denies any leakage of fluid or decrease in fetal movements. What is the Most likely diagnosis?**

- a. Polyhydramnios
- b. Normal amniotic fluid
- c. Oligohydramnios.
- d. Macrosomia
- e. Umbilical Cord defect

#### 6. AMC 2024

**1. A 25-year-old G2P0 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 initiate 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 an 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 minimise surgical site infection?**

- a. Administer a single dose of prophylactic antibiotics
- b. Ensure patient is 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 counselling
- b. Offer invasive testing (CVS or amniocentesis) for fetal diagnosis
- c. Partner testing for sickle cell carrier status
- d. Referral to haematologist
- e. Return to low risk antenatal care

**5. Sara 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
- d. Continuous maternal blood pressure monitoring

**8. 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

**9. 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.

**10. 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. Potter's sequence
- d. Polyhydramnios

**11. A pregnant patient presents with small for-dates uters. 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

**12. A 30-year-old primigravida 39 weeks gestation presents in active labour, she has regular contractions every 2-3 minutes. Vaginal examination reveals cervical dilation of 6cm, 100% effacement, and the fetal head is 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

**13. A 32-year-old effectively 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 acceleration. What is the most appropriate next step?**

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

**14. 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 3<sup>rd</sup> stage of labor. After multiple unsuccessful attempts to deliver the placenta, what is the next appropriate step in management?**

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

**15. 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

**16. A 18 years Old primigravida comes to the Labour Room at 30 weeks of gestation with a history of intermittent uterine tightening. She had an uneventful pregnancy course so far, vitally she is stable on abdominal examination there are 2 palpable uterine contractions with normal FHS. On a vaginal examination cervix is 2cm dilated with 80% effaced, What is the most probable diagnosis?**

- a. Normal labour
- b. Preterm labor
- c. PPROM
- d. Placental Abruption
- e. Threatened Preterm labour

**17. A 25 years old G2P1A1 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 Preterm Premature rupture of membranes (PPROM). What is the most appropriate management option for her?**

- a. Continue conservative management
- b. Immediate induction of labor
- c. Induction of labour at 36 weeks
- d. Induction of labour at 37 weeks
- e. Wait for spontaneous labour

**18. A 35-year-old G4P3AL2 woman with B negative blood Group delivers a healthy male baby at 39 weeks' gestation two hours back. The blood group of neonates is B Positive. Mother received Anti D Immunoglobulin at 28 weeks. What is the most appropriate Postpartum 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 Coombs test on baby



**19. 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 PGE<sub>2</sub> in posterior fornix of vagina
- d. Tab erythromycin 250 mg QID
- e. Keep conservative

**20. 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

**21. 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

**22. 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 version at 39 weeks
- b. Internal podalic version at delivery
- c. Elective cesarean section at 40 weeks.
- d. Emergency cesarean section
- e. Assisted vaginal breech delivery

**23. 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

**24. A 26 years old G2P1 AD0A11 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 a short time her periodic labor pains are replaced by continuous severe abdominal pain with vaginal bleeding. On examination the uterus is tender with absent fetal heart sounds.**

**What is the most probable diagnosis?**

- a. Intrauterine fetal death
- b. Placental abruption
- c. Amniotic fluid embolism
- d. Rupture uterus
- e. Vasa previa

**25. 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 100/60 mmHg, oxygen saturation is 85% on room air, and her chest x-ray shows no abnormality.**

**Which of the following is the 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 caesarean section.
- d. Give Analgesia and Oxygen therapy.
- e. Arrange ventilation Perfusion scan and administer Oxygen.



**26. 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 preceded 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.

**27. 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 management?**

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

#### 7. RMC 2024

**1. A 25 years old PG has come for routine visit at 38 weeks. On examination, fetus is of average size with cephalic presentation but her head is free. On pelvic assessment, the sacral promontory is reachable, interischial diameter is normal and outlet is also normal. What is the best management plan for her?**

- a. Emergency C-section
- b. C-section when goes in labor
- c. Elective C-section at 39 weeks
- d. Admit and induction of labor
- e. Allow to go in spontaneous labor & trial of labor

**2. Conservative management of Placenta Previa includes all except:**

- a. Admit and keep record of vitals
- b. Anti d administration

- c. Cervical cerclage
- d. Blood transfusion
- e. Steroid cover

**3. Risk factors for Placental Abruption include all, except:**

- a. Imparity
- b. Smoking
- c. Preeclampsia
- d. Advanced maternal age
- e. Cocaine use

**4. A 32 years PG with 37 weeks gestation comes to ER with vaginal bleeding. Her vitals are stable. On abdominal examination, uterus is relaxed with fundal height of 38 weeks with cephalic presentation with free head. FHS are normal, no active bleeding at the moment. All of the following are done except:**

- a. Urgent ultrasound
- b. End blood investigations
- c. Pelvic examination
- d. Urgent admission
- e. Arrange blood

**5. G2P1 with 35 weeks gestation comes to labor room with major Placenta Previa and bleeding per vagina. Her BP is 90/60 and pulse is 110/min. On examination, uterus is relaxed and fetus in transverse lie. FHS are normal. What is the best management?**

- a. Admit in ward & conservative treatment
- b. Resuscitate & immediate C-section
- c. Resuscitate and induction of labor
- d. Resuscitate & C. Section once she goes in labor
- e. Admit and await spontaneous onset of labor

**6. A 30 years G4P3 with 36 weeks gestation presents with excessive bleeding per vagina for 2 hours. On examination FHS are positive, and fundal height is 34 weeks, oblique lie and soft uterus. Which is the most likely diagnosis?**



- a. Placental abruption
- b. Placenta Previa
- c. Hematuria
- d. Carcinoma cervix
- e. Vasa Previa

**7. Normal labor is a process during which regular contractions of the gravid uterus expel the fetus & placenta:**

- a. Between 37 & 42 weeks of gestation
- b. Before 37 weeks of gestation
- c. After 37 weeks of gestation
- d. After 42 weeks of gestation
- e. After 24 weeks of gestation

**8. Regarding stages of labor:**

- a. First stage of labor ends with delivery of the fetus
- b. Second stage is divided into latent and active phase
- c. Third stage begins after delivery of the baby & ends with delivery of placenta
- d. Third stage lasts for 2 hours
- e. Duration of first stage of labor is same both for PG & multigravida

**9. Active management of third stage of labor include all except:**

- a. Injection oxytocin after delivery of baby
- b. Controlled cord traction
- c. Uterine massage
- d. Cord clamping
- e. Supra pubic pressure

**10. Cardinal movements of labor include:**

- a. Descent, engagement, flexion, restitution, internal rotation, extension
- b. Engagement, descent, internal rotation, flexion, restitution, extension
- c. Engagement, descent, flexion, internal rotation, extension, restitution
- d. Descent, engagement, flexion, extension, internal rotation, extension
- e. Engagement, descent, flexion, internal rotation, restitution, extension

**11. A 35 weeks pregnant woman comes with complain of pain abdomen and bleeding per vagina for 3 hours. Her BP is 140/100 and uterus is tense and tender with absent FHS. What is the most likely diagnosis?**

- a. Placenta Previa
- b. Placental abruption
- c. Preterm labor
- d. Polyhydramnios
- e. Pregnancy induced hypertension

**12. False labor pain is characterized by:**

- a. Show is present
- b. Cervix is 4 cm dilated
- c. Pain dull in nature
- d. Bag of fore waters present
- e. Regular contractions

**13. The most common cause of postpartum hemorrhage is:**

- a. Retained cotyledons
- b. Uterine over-distention
- c. Lower genital tract lacerations
- d. Uterine atony
- e. Hematologic disorders

**14. Steps in active management of third stage of labor includes:**

- a. Injection, syntocinon, tab misoprostol, infusion ringer lactate
- b. Controlled cord traction & intravenous oxytocin
- c. Manual removal of placenta & uterine massage
- d. Uterine massage & uterine packing
- e. Uterine packing and tab misoprostol

**15. What types of trauma during labor and birth would lead to PPH risk?**

- a. Instrumental assisted birth (vacuum or forceps)
- b. C-Section
- c. Lacerations of the cervix or vaginal wall
- d. All of the above



**16. The 4 "T's" of PPH are:**

- a. Trauma Toxins Tone Tissue
- b. Trauma Tissue Threads Tone
- c. Trauma Toxins Travel Tissue
- d. Trauma Tissue Thrombin Tone
- e. None of the above

**17. If continued bleeding occurs during the third stage with a contracted uterus, the cause is most likely to be:**

- a. Cervical and perineal Lacerations
- b. Placental abruption
- c. Uterine atony
- d. Cervical Polyp
- e. All of the above

**18. What are four risk factors for PPH (arising during pregnancy)?**

- a. Previous PPH; polyhydramnios; multiple pregnancy; anemia
- b. Abruptio placenta; Polyhydramnios, grand multi; iron deficiency,
- c. Intrauterine death; abracadabra placenta, previous PPH, iron deficiency.
- d. Placenta Previa; polyhydramnios, intrauterine death, hydroceph
- e. A&C

**19. Primary PPH is:**

- a. 1000ml or more within first 24 hours of birth
- b. 400ml or more within first 12 hours of birth
- c. 500ml or more within first 24 hours of birth
- d. 500ml or more within first 36 hours of birth
- e. 700ml or more within first 12 hours of birth

**20. A secondary PPH occurs:**

- a. From 24 hours to 1 week after birth
- b. From 24 hours to 6 weeks after birth
- c. From 24 hours to 10 days after birth
- d. Any time after 24 hours
- e. From 24 hours to 6 weeks after birth

**21. You notice abnormal blood loss. You assess that the loss is currently around 400ml. When should you call for help?**

- a. Wait until 500ml as that is when it technically becomes PPH
- b. Now you have detected abnormal blood loss
- c. Once the PPH reached 1000ml
- d. Only when you no longer feel in control
- e. Now you have detected abnormal blood

**22. After a PPH, and the woman is stable, what should you check?**

- a. CRP
- b. Leukocytes
- c. Hemoglobin
- d. Rhythm

**23. What are the early signs of deterioration due to significant PPH?**

- a. Tachycardia & Hypotension
- b. Hypotension
- c. Tachypnea and Pallor
- d. Heart Sinking
- e. Tachycardia and Fainting

**24. Congenital rubella is associated with development of what clinical condition 80% of those infants?**

- a. Blindness
- b. Deafness
- c. Obesity
- d. Diabetes mellitus
- e. None of the above

**25. Syphilis is sexually acquired infection caused by:**

- a. Trichomonas
- b. Treponema pallidum
- c. Gonococcus
- d. Chlamydia
- e. Toxoplasma



**26. A fetus is particularly susceptible to rubella infection when maternal infection occurs during which stage of pregnancy?**

- a. 1st trimester
- b. 2nd trimester
- c. 3rd trimester
- d. Susceptibility unknown
- e. All of the above

**27. Clinical features such as hepatosplenomegaly, skin and mucosal lesions, and a saddle-shaped nose are associated with what congenital infection?**

- a. Congenital rubella
- b. Congenital CMV
- c. Congenital syphilis
- d. Congenital HIV
- e. All of the above

**28. Congenital HIV infections can be controlled or prevented by:**

- a. Offering antiviral drugs during pregnancy
- b. Having an elective cesarean section
- c. Avoid breast feeding
- d. All of the above

**29. A new born baby develops swelling & edema in the right eye with redness and copious discharge. This is an example of what type of infection that usually causes inflammation and edema of the eye and is more severe?**

- a. Congenital HSV
- b. Gonococcal ophthalmic neonatorum
- c. Chlamydia infection
- d. Staphylococcal infection
- e. None of the above

**30. The non-pregnant uterus measure 80 gram. What is wait of uterus at term pregnancy?**

- a. 500 GM
- b. 400 GM
- c. 700 GM
- d. 800 GM
- e. 900 GM

**31. The plasma increases by**

- a. 20%
- b. 30%
- c. 40%
- d. 50%
- e. 60%

**32. The creatinine clearance in pregnancy:**

- a. Increases
- b. Decreases
- c. Remains unchanged
- d. Average
- e. None of the above

**33. Dilution anemia or physiological anemia of pregnancy is more marked at....**

- a. 28weeks
- b. 30weeks
- c. 32weeks
- d. 34weeks
- e. 36weeks

**34. Regarding thyroid function tests in pregnancy, which statement is true?**

- a. Free T3 increases
- b. Free T4 increases
- c. Thyroid binding globulin decreases
- d. Bound form of T3 and T4 Increases
- e. Pregnancy is hyperthyroid phase

**35. The most important parameter in interpreting CTG is:**

- a. Base line rate only
- b. Base line rate and variability
- c. Baseline rate and acceleration
- d. Variability and deceleration
- e. Variability only

**36. Which pregnancy hormone is responsible for vasodilatation and smooth muscle relaxation?**

- a. Estrogen
- b. Relaxant
- c. Progesterone
- d. Cortisol
- e. B. hCG

**37. A G3P2 presents at 11 weeks of gestation with previous one thalassemia major child. She wants to test status of her fetus for thalassemia. Which test will you advise?**

- a. Fetal cord blood sampling



- b. Fetal cell free DNA testing
- c. Chorionic villous sampling
- d. Amniocentesis
- e. Post-natal fetal blood sampling

**38. Which of the following statements about amniotic fluid is incorrect?**

- a. It contains desquamated cell from fetal skin
- b. Disposal of liquor at term is by fetal swallowing and absorption in intestine
- c. By term nearly 500ml is secreted daily as fetal urine
- d. The temperature by the mother of amniotic fluid is not maintained by mother
- e. Amniotic fluid guards the fetus against mechanical shock

**39. Regarding amniotic fluid which statement is correct?**

- a. Amniotic fluid is only water with no organic contents
- b. It cannot be used for screening for aneuploidies
- c. The PH of amniotic fluid is acidic
- d. Loss of amniotic fluid in early pregnancy can form amniotic bands and limbs deformities
- e. It has no bacteriostatic activity

**40. All the following statements regarding Oligohydramnios are correct except?**

- a. Amniotic fluid index less than 5th centile for gestation is called Oligohydramnios
- b. Renal tract abnormalities do not cause Oligohydramnios
- c. Oligohydramnios is caused by fetal growth restriction and placental insufficiency
- d. Rupture of membranes should be excluded in all cases of Oligohydramnios
- e. None of the above

**41. Clinically oligohydradramnios presents with the following except?**

- a. Symphysiofundal (SFH) height is small than Period of gestation

- b. Fetal poles are easily felt
- c. Fetal heart is difficult to auscultate
- d. Fetal may develop distress in labor
- e. None of the above

**42. Low dose aspirin may be used in management of Oligohydramnios due to:**

- a. Premature rupture of membranes
- b. Renal agenesis
- c. Multicystic kidneys
- d. Placental insufficiency
- e. All of the above

**43. The cause of Polyhydramnios include all the following except?**

- a. Anencephaly
- b. Duodenal atresia
- c. Multiple gestations
- d. Placental insufficiency
- e. Twin to twin transfusion syndrome

**44. The cause of preterm labor include all the following except?**

- a. Cervical weakness
- b. Infection
- c. Multiple gestation
- d. Polyhydramnios
- e. Cephalic presentation of fetus

**45. Severe Polyhydramnios can be managed by which of the following?**

- a. Low molecular weight heparin
- b. Cervical cerclage
- c. Low dose aspirin
- d. Antibiotic
- e. Indomethacin

**46. Regarding preterm labor all the following statements are correct except?**

- a. Chorio-amnionitis is a major cause
- b. Administration of corticosteroid is recommended



- c. Calcium channel blockers can be used to relax myometrium
- d. Cervical cerclage should be applied
- e. All of the above

**47. The following is correct about the drugs used for the management of preterm labor except?**

- a. Indomethacin use may cause premature closure of ductus arteriosus if given after 32 weeks
- b. Calcium channel blocker may cause hypotension
- c. Oxytocin receptor antagonist results in inhibition of uterine contractility
- d. In women with cardiac disease with preterm labour beta-agonist are indicated
- e. None of the above

**48. Risk factors for preterm labour include all, except:**

- a. Hypertension
- b. Placental abruption
- c. Cocaine use, smoking
- d. Unmarried and low socioeconomic status
- e. Prim gravida

**49. Magnesium sulphate is recommended in Preterm labour to:**

- a. Control fits
- b. Reduce incidence of cerebral palsy
- c. Stop uterine contractions
- d. After 35 weeks of gestation
- e. After 39 weeks of gestation

**50. Regarding preconception counselling, what should be ideal HbA1C around time of conception in a known diabetic lady?**

- a. <4.5%      b. <5.5%      c. <6.5%
- d. <7.5%      e. <7.0%

**51. Which anti-diabetic is contraindicated in pregnancy?**

- a. Metformin
- b. Long acting insulin

- c. Short acting insulin
- d. Ultrashort acting insulin
- e. Sulphonyl urea

**52. Which test is gold standard for diagnosis of gestational diabetes?**

- a. Fasting blood sugar levels
- b. 2 hours post prandial sugar levels
- c. 50gm oral glucose challenge test
- d. 75 gm oral glucose tolerance test
- e. Urine sugar test

**53. What is ideal time for delivery of known diabetic with controlled sugar levels?**

- a. Completed 36week
- b. Completed 37 weeks
- c. Completed 38 weeks
- d. Completed 39 weeks
- e. Can wait till 40weeks

**54. Secondary arrest of labour means:**

- a. Prolong latent phase.
- b. Failure of cervix to dilate beyond 3cm
- c. Failure of cervix to dilate beyond 5cm
- d. Failure of cervix to dilate beyond 7cm
- e. Failure of presenting part to decent beyond zero station

**55. Internal rotation occurs at which station?**

- a. At Pelvic brim
- b. 2 cm above ischial spine
- c. At ischial spine
- d. 2 cm below ischial spine
- e. Before engagement

**56. 2nd stage of labour is defined as:**

- a. Onset of uterine contraction till 5cm dilatation of cervix
- b. Onset of uterine contraction till full dilatation of cervix
- c. From full dilation of cervix to delivery of baby
- d. From delivery of baby to delivery of placenta
- e. None of the above