KHYBER MEDICAL COLLEGE PESHAWAR (EXAMINATION SECTION) INTERNAL EVALUATION EXAMINATION BLOCK-N FINAL YEAR MBBS (Held on 25-Nov-2024)

| | | EINAL. | BLOCK-N YEAR MBBS (Held on 25-Nov-202 | 4) | |
|----------|--------|--|--|--|--|
| Time | Allowe | d. 120 Minutes | | Max Marks: 120 | |
| | | | nobile phones and other electronic accessories cancelled. Student's result will be declared "I | are strictly prohibited. | |
| • Use | only b | lue / black pen. Possession / use of r | nobile phones and other electronic accessories cancelled. Student's result will be declared "I or is tempered by the student (ii) The roll num | inder Report "If (I) MCQ question paper is aber is not written on the said paper | |
| • Res | return | ed back along with response sheet | cancelled. Student's result will be declared "to or is tempered by the student (ii) The roll num /pe 1 is taking aspirin for arthritis. She ther minor cuts. Which of the following | presents with a history of easy | |
| 1. | A 70- | year-old woman with VWD to | ype 1 is taking aspirin for arthritis. She ter minor cuts. Which of the following | is the most likely explanation for | |
| | bruie | ing and prolonged bleeding at | (et tilliot et | A data is causing a | |
| | her it | Aspirin is causing a | Aspirin is causing a decrease | decrease in the | |
| | A | decrease in the number of | in the production of | production of VWF. | |
| | | platelets. | platelets. E Aspirin is interfering with | | STATE OF THE PARTY |
| | 0 | Aspirin is interfering with | E Aspirin is interior of VWF. | 1 agamic with | THE REAL PROPERTY. |
| | 0 | the function of platelets. | the function of the nose a | nd gums. Child is severely alternic | |
| 2. | An 8 | years old child has presented | the function of VWF. with anemia and bleeding from nose as so lymphadenopathy or visceromegaly ereflection of active erythropoiesis of the | . Peripheral smear shows portey | |
| 2. | pete | echial rash on the body. There | - flaction of active erviniopolesis of the | alead cell volulie (| |
| | Oft | ne following, the | - n mean corpuscular volume (" | | |
| | 1 1 | hemoglobin concernation | L'autonindex | aight-hearing | |
| | D | reticulocyte count | with joint pain and stiffness that prin | narily affects the land rest. X-rays show | THE REAL PROPERTY. |
| 3. | A | 0-year-old patient presents | ins. The symptoms worsen with activ | marily affects the large weight does not have a show lity and improve with rest. X-rays show llowing is the most likely classification | |
| | joi | nts, such as the knees and i | ri-articular sclerosis. Which of the fo | llowing is the | |
| - | ioi | nt space narrowing and pe | 2 | ity and improve with rest. X-rays Illowing is the most likely classification C Osteoarthritis | |
| | 10 | I tills partie | R Gout | -boulder | |
| | Δ | Ankylosing spondynds | 5 Pheumatoid arthritis | ds, along with weakness in her shoulder shortness of breath. On examination, she is rash on her hands. She has symmetric is rash is patient? | |
| | 10 | Psoriatic arthritis | E kinesh on her face and han | ds, along with weakness in her shoulder shortness of breath. On examination, she is rash on her hands. She has symmetric stresses. Laboratory tests reveal an elevated stresses. Laboratory tests reveal an elevated the most likely diagnosis for this patient? | 10000000 |
| | 1 | ES-year-old woman prese | nts with a rash of he wallowing and | shortness of bridge shortn | |
| 4. | A | ad hin muscles. She also co | implains of difficulty strengthematou | s rash of field state of this nation? | |
| | 1 | as a heliotrope rash on h | er eyelids and a scory | iscles. Labore diagnosis for this personal likely diagnosis for the likely diagnosis for this personal likely diagnosis for this personal likely diagnosis f | |
| | 11 | ias a weakness. | including the mediae What is | the most inclusion body | |
| | 1 1 | John Land no | ositive allulivii z | 1116 | |
| | | | | | a |
| | | | | | m |
| | | D Lambert-Eaton my | pormal mile stones presented | aring activities). | ne |
| - | | A 5 years old boy with | hing stairs, reciprocal inclumbar | dring activities). On examinating activities. On examinating activities. On examinating activities, and the spine activities of Duches and upright position. A diagnosis of Duches are this diagnosis. C muscle biopsy d muscles not have splenomegals. | |
| 5 | | getting to the bus, clim | with hyper lordosis of the lachiev | e an upright posis | |
| | | waddling, wide-based gai | ion He crawls up his legs to confi | m this diagnoss muscle blopsy | |
| | | whine post | LIUII. I + + oct is used to | | - 4 |
| | | the sitting dystrophy is co | nsidered B EMG | d muscles not have splenomegor | uction |
| | | muscular cy | t with hyper lordosis of the tachievation. He crawls up his legs to achievation. He crawls up his legs to achievation. He crawls up his legs to achievation. He crawls up his legs to achievation with his legs to achievation. He crawls are the control of the affected by t | up. She does not the reticulocyte proc | |
| COPA TE | | A CFR | I for anaemia work | d muscles up. She does not have splenomegally and the reticulocyte production of the production of th | ia |
| | | D (PCR) asset | is admitted for volume of the | cause of her anemia: Siderblastic Anaem | III a |
| - | | A 15 years old 5 | is admitted for anaemia Work mean carpuscular volume of the mean carpuscular volume of the following is the most likely of the following is the most likely B Iron deficiency B Vit B12 Deficiency | Anaemia C Side is Sincy The incy The incy | |
| | 6. | lumphadenopathy. The | of the following is tron deficiency | th, umbilicus and blood in the stool. There is the three stools and blood in the stool. There is the three stools and blood in the stool. There is the three stools and blood in the stool. There is the three stools and blood in the stool. There is the three stools and blood in the stool. There is the three stools are in the stool. There is the three stools are in the stool. There is the three stools are in the stool. There is the stool in the stool. The stool in the stool in the stool. There is the stool in the stool in the stool. The stool in the stool | are bruises |
| | | index is low. Which one | B B 12 Deficie | ency and blood in the stoom | g/dl; TLC = |
| | | Anlastic Anaemia | E VIT BIZ | th, umbilicus and blood in the stool. He, umbilicus and blood in the stool. He stool. | diagnosis IS |
| | | A Apid | and with bleeding from the | APTT > 60 seconds. SGT. APTT > 60 seconds. SGT. The most likely mers normal, ALT is normal. The most likely Platelet Function | on Disorder |
| | | D Thalassoon | s presented with PT > 60 seconds) | mers normal, ACT C Platelet Functi | |
| | | A 7 days old neonate | ime = 4 militates, CRP negative. D comma cRP negative. | | ination |
| | 7. | on the body. Bleeding | t = 250,000/111113 Haemophilla | Gaiancy Las yet, Or | examination |
| | | onon/mm3; Platlet coun | Vitamin K D | eficiency and hold her neck as year | er knee jerk IS |
| | | DIC | E Vitamis tha | it she cannot had when lying prone. | ofant? |
| | | A Swore Liver Dis | ther main concern is the | eficiency It she cannot hold her neck as yet. On the she cannot hold her neck as yet. On the she cannot hold her neck as yet. On the she cannot raise her head when lying prone. He most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis in this is a most in reaching to the diagnosis. | eth and |
| | 1 | D Severe and infa | nt's mother hear weight, can | most in reaching to the Prenatal, b | I history |
| The same | 1 | A 10 months old into | ck hold, cannot be you the | tal | ental nistory |
| | 8. | to is floppy, poor lie | of your history Would Developm | ental, | |
| | | she is What conten | B B Demuniza | tion and | ·+00/ |
| | | Olicitable anta | | tion and al history E Prenatal, birth and nutritional h | IISTOLA. |
| | 1 | A :=ation | and social nutition | Dranatal, Dillilland | |
| | 1 | immunization | history | E Prenaca, | |
| | 3/ | history. | 4 immunization history | | |
| | | mostal birth | and immunization history | | |
| | - | D Prenatal, S. | | | |
| | | | | | |
| | | | | | |
| BELLIN | | | | | |

| | | | | | to a patient's fa | amily t | "I'm afraid that | your loved | 100 |
|-----------------------------------|--|--|---|--|--|--|--|--|--------------|
| 9. | Beir | ng a doctor in a hospital, you lich of the following is the mos | nave to I | break the I | to start the conversa | C | "I'm afraid that one has a termi | inal | |
| | Whi | ch of the following is the most | approp | riate way | that I have some | | illness." | | |
| | A | "I have some bad news | В | difficult n | ews to share with | 1981 | aur loved one h | as | |
| | | about your loved one." | | you." | www.sorry to say | y that y | our ice | ish a sharp | |
| | D | "I'm here to talk to you aho | ut vour | loved | E cancer." | -d in a | an altercation, v | oling occurs | |
| 10. | - | one's diagnosis." | | | Lower limb, sustain | imary (| or secondary ne | alling | |
| 10. | A pa | "I'm here to talk to you abo one's diagnosis." attent comes to your unit wit ct. Which one of the followin in the cutaneous wound? | h a lace | eration to | defines whether pr | IIIIa. 7 | Lanis | m of injury | |
| 1 | with | ct. Which one of the following | g most | accuratery | | TC | The mechanis | 10 0001201102 | |
| 1 | | | | | | | | | - |
| | | How closely the wound edges are apposed | В | damage | - healing | gtakes | to occur | od, worse in | |
| | D | The method of wound close | ire | E | The time new | comp | laints of low mo | of interest in | |
| 11. | A 46 | row closely the wound edges are apposed The method of wound close-year-old businessman presemorning, early morning wak aspect of life. His symptometric fent. Further history revealed. | nted to | the office | of psychiatrist | al idea | tions and loss | road traffic | |
| | the r | year-old businessman prese morning, early morning wak y aspect of life. His sympto lent. Further history revealed nosis? | ing with | pessimis | tic thoughts a | go afte | er Williessing | e most likely | |
| | even | aspect of life. His symptom | oms de | veloped fo | e nightmares and | flashb | acks. Wiles | | + |
| | diag | lent. Further history reveale nosis? | d no hy | pervigilari | | TC | Generalized an | xiety disorder | - |
| | A | | | 1 - 11- | ior depressive | | AND DESCRIPTION OF REAL PROPERTY. | | - |
| | - | | | | F Panic | uisore | | d sample and | |
| 12. | A 35 | vear old man somes to a | clinic v | vith Koilor | nychia and Dysphag | gia. Ai | which type of | f anemia does | |
| | exam | Acute and transient psycho year old man comes to a nine it under the microscope patient have? | there | was Pokil | iocytosis and Aniso | Cytosis | residential h | D-1ENYOUR PARTY | |
| | # USA CONTRACTOR OF THE PARTY O | ationt have a | ., | | AND POST PORT AND ADDRESS OF | Micro | ocytic hyperoch | romic anemia | |
| | AM | egaloblastic anemia R N | //icrocy | tic Hypoch | I Office and | | naomia | | |
| | D | Normocytic normochromic | anemia | a | E | tant mi | th shortness of | breath. She is | |
| 13. | A 75 | Normocytic normochromic year-old woman with adva- that she has only a few week | nced ca | ncer is ad | mitted to the nosp | t goal o | of her care at th | is time? | |
| | tolut | mat sile has only a few week | 3 10 114 | e. What is | the most important | C | To make he | r comfortable | 100 |
| | A | to prolong her life | B | TOTCHE | | | | Harrist A. S. Cont. | - |
| | D | To help her prepare for de | ath | _ | | | . He has a hist | tory of chronic | |
| 14. | Mr. N | Naeem, a 75-year-old man, corticoid use for his rhe | preser | nts with a | low-energy mp in | scena | ario, which of | the following | |
| | gluco | corticoid use for his rhe ventions is most appropriate | umato | d arthriti | ment of osteoporos | is in N | Ir. Naeem? | | - |
| | interv | ventions is most appropriate | tor the | Hilaliage | supplementation | C | Teriparatid | le therapy | |
| | А | Bisphosphonate therapy | В | | r Weight- | bearin | g exercises | HI BE LEVEL | |
| | D | Vitamin D supplementation ar old female presented to | | Li- ODD I | auing hypo-nigme | nted n | nacules affectir | ng the neck and | |
| 15. | 16 ye | ar old female presented to trunk. KOH preparation is | the si | ive of fun | gal infection, what | is the | most likely diag | nosis? | |
| | | trunk. KOH preparation is | B | Mellas | sezia furfur | (| Tiena niag | ra | |
| | А | Candidiasis | - | Trichor | hyton Ruhrum | | | The state of the s | |
| | | Tinea Manum ear-old woman presents with | E | | to weeks over the | ne past | year. She has di | ifficulty getting up | |
| 16. | A 50-y | ear-old woman presents with sitting position, climbing st | progre | d lifting o | biects. On examinat | ion, sh | ne has symmetric | c proximal muscle | |
| | The state of the s | and Laboratory tests reveal at | ı elevati | ed creating | Killage ic ver alla be | | | | |
| | weakne | ermatomyositis B Imm | une-me | ediated ne | ecrotizing myopath | ny | C Inclusion | body myositis | |
| | | | | | | | MAIN THE PARTY OF THE | | |
| 1) | | | | | sadas of acute init | nt pair | , redness, and | swelling in the big | |
| | | | | | | | | | |
| 1 | toe. Th | ne pain is excruciating and uric acid levels. Which of t | he follo | owing is t | he most likely classi | fication | for this patient | s joint disease? | 1 |
| S | | | В | Osten | arthritis | 7 | C Psoriati | c arthritis | |
| 10 | 1 | out | - | The second second | nic lupus erythem | atosus | s | | |
| 1 | RI | heumatoid arthritis nbreen, a 55-year-old w | E | System | - standing share | atold | arthritis has | been experiencing | g |
| | Charles and the latest and the lates | . FF was ald w | oman | with lon | g-standing rneum | natola | noorly contro | lled desnite the us | e |
| D | Charles Control | ibreen, a 55-year-old w | | | | | | | |
| D | Irs. Am | | | ing stim | | | | of appropriate he | ×1 |
| M wc | irs. Am | ng joint pain, swelling, an | d morr v drug | S (NSAID | s). Which of the | follov | wing is the mo | oc appropriate | |
| M wc | irs. Am | ng joint pain, swelling, an | d morr v drug | n rheum | atoid arthritis? | 101101 | Willig is the me | | |
| M wo of ste | orsening nonste | ng joint pain, swelling, an eroidal anti-inflammator e management of Mrs.A | d morr y drug mbree | n rheum | atoid arthritis? | e-mod | lifying C | Prescription of o | |
| M wc | orsenin nonste p in the | ng joint pain, swelling, an eroidal anti-inflammator e management of Mrs.A ministration of intra-artio | d morr y drug mbree | n rheum | atoid arthritis? itiation of disease tirheumatic drug | e-mod | lifying C | Prescription of o | |
| M wo of ste | nonste p in the | ng joint pain, swelling, an eroidal anti-inflammator e management of Mrs.A ministration of intra-artic icosteroid injections | d morr y drug mbree cular | n rheum B Ini | atoid arthritis? tiation of disease tirheumatic drug | e-mod | lifying C | Prescription of o | |
| D M wc of ste | orsening nonster p in the Adn cort | ng joint pain, swelling, and eroidal anti-inflammator e management of Mrs.A ministration of intra-articlicosteroid injections | d morr y drug mbree cular | n rheum B Ini | atoid arthritis? Itiation of disease Itirheumatic drug | e-mod | lifying C MARDs) Tor joint replace | Prescription of o corticosteroids tement surgery | ral |
| D M woo of stee | norsening nonsteep in the Adn cort | ng joint pain, swelling, an eroidal anti-inflammator e management of Mrs. A ministration of intra-articicosteroid injections mendation of physical to the contract of the cont | d morry drug mbree cular | n rheum B Ini an y and ex | atoid arthritis? Itiation of disease Itirheumatic drug ercise E Ref. | e-mod gs (DN erral f | ifying C MARDs) Cor joint replace | Prescription of o corticosteroids tement surgery having Hemoglob | ral |
| D M woo of stee | norsening nonsteep in the Adn cort | ng joint pain, swelling, an eroidal anti-inflammator e management of Mrs. A ministration of intra-articicosteroid injections mendation of physical to the contract of the cont | d morry drug mbree cular | n rheum B Ini an y and ex | atoid arthritis? Itiation of disease Itirheumatic drug ercise E Ref. | e-mod gs (DN erral f | lifying C MARDs) Cor joint replace | Prescription of or corticosteroids tement surgery having Hemoglobs | ral oin 8 |
| D M wo of stee A D I The I gm/d | orsenin nonste p in the Adn cort Recom most I | ng joint pain, swelling, and eroidal anti-inflammator e management of Mrs. A ministration of intra-articular icosteroid injections immendation of physical tables of the properties of the prope | d morry drug mbree cular cherap fant 1 ic coul | n rheum B Ini an y and ex 15 mont nt 1.5 % | atoid arthritis? Itiation of disease Itirheumatic drug ercise E Ref hs age with ane and without hep | e-mod gs (DN erral f emia p | ifying C MARDs) for joint replace boor weaning plenomegaly i | Prescription of o corticosteroids tement surgery having Hemoglob | ral oin 8 |
| D M wc of ste A D I The I gm/d A | nonsterp in the Adn cort Recommost II, MCV Anem | ng joint pain, swelling, and proidal anti-inflammator e management of Mrs. A ministration of intra-articlicosteroid injections imendation of physical tables of the properties | d morry drug mbree cular cherap fant 1 ic coular chery. | n rheum B Ini an y and ex 15 mont nt 1.5 % B B Be | atoid arthritis? Itiation of disease Itirheumatic drug ercise E Refi hs age with ane and without her | e-mod gs (DN erral f emia p patosp | ifying C MARDs) for joint replace poor weaning plenomegaly in r. C Her | Prescription of or corticosteroids tement surgery having Hemoglobs | ral oin 8 |
| D M wc of stee A D I The I gm/d A | nonsterp in the Adn cort Recommost II, MCV Anem | ng joint pain, swelling, and eroidal anti-inflammator e management of Mrs. A ministration of intra-articular icosteroid injections immendation of physical tables of the properties of the prope | d morry drug mbree cular cherap fant 1 ic coul | n rheum B Ini an y and ex 15 mont nt 1.5 % B B Be | atoid arthritis? Itiation of disease Itirheumatic drug ercise E Ref hs age with ane and without hep | e-mod gs (DN erral f emia p patosp | ifying C MARDs) for joint replace poor weaning plenomegaly in r. C Her | Prescription of or corticosteroids tement surgery having Hemoglobs | ral oin 8 |

| | THE RESERVE TO SERVE | 7 | 1000 | | 9 | |
|--|---|-----------------------|--|--------------------|------------------------------|-------------|
| | - Commence | 120 | A STATE OF THE STA | - | | |
| | 109 | 3.1 | | | | |
| 11 | 1 | | | | | ALCOHOL: S |
| 1.00 | | | pathy. He has a hemoglobin concent peripheral smear. On Hb electrophor | | | |
| at the form | lymphadenopathy or ly | has prese | pathy. He has a hemoglobin concent peripheral smear. On Hb electrophor peripheral smear and see B ß-thalassemia minor E sideroblastic anemia | | | |
| 1 | level is 130 ng/ml. | hromia on | peripheral smear emoglobin con- | ildly ar | | |
| 1 | A anemia due to chr | onic diseas | se on Hb electrophor | esis Hh | of 10 gm/di pure | |
| 21. | la woman ne | | Sideroblassi | - | um for- | |
| | there is all loss of a | pnetite W | ith pain in her dosed | | ron deficiency as | |
| | of D8/D9 vertebrae. Her l | deformity | he is feeling progressive weakness in at mid dorsal spine. Her distal neuro de esr 65. What is the most appropriation of the background of | last one | year. She is rue | |
| | Anterior debrima and | cage | nd esr 65. What is the most appro- | logy is | 4/5. X-rays of | |
| 22. | U Postovi | | (Incline Tolland) | | ritients | 100 |
| 22. | 42 year old | rumentati | on | | Continue on Anti | |
| | associated sympassis | tient has | on E Wide lan kin opd with 3 years history of oral developed flaccid blisters affecting blogy of one of the blister shows i | ninecto | my at D8/D9 | |
| | most likely diagnosis? | Histopatho | developed flaccid blisters affecting of one of the blister shows i | the tru | Ink and limbs at | |
| | A Bullous pemphigoid | | anatel shows i | ntra ep | idermal split. What is the | |
| | Epidermolysis I | B | Bullous SLE | | | |
| a | s hemorrhadia with | home del | ivery, has presented with bleeding | Vulgar | is herpatiformis | Bear Bridge |
| A | factor I V VIII VIII | he newbo | ivery, has presented with bleeding irn. Which of clotting factors group factor II, VII, IX, X | per rec | tum and has been labelled | |
| | Tactor IV V/ V/I V/III | | idetoi II, VII. IX X | To a second second | | |
| 24. M | r. Amiad. a 60-years 11 | E | factor VIII, XI, XII, XIII | C | ractor III, IV, VI, XII | |
| m | entions that his symptom | an, prese | ents with chronic joint pain and st Ily worse in the morning and impro actor. Based on the scenario, whi | iffness | in the hands and for the | |
| art | veal the presence of rhe | umatoid f | actor. Based as it | ove wit | h activity. Laboratory tests | |
| A | | | Illy worse in the morning and impro actor. Based on the scenario, whi Amjad? | ch of t | the following autoimmune | |
| D | 8 - Politayiitis | (AS) | B Psoriatic arthritis (PsA) | | Reactive arthritis | 1000 |
| | Rheumatoid arthritis | E | | (SLF) | Reactive arthritis | 1000 |
| She | is suffering from swelling | ts with jo | Systemic lupus erythematosus int pain, stiffness, and swelling th ght ring finger. Laboratory tests re | at affe | ct both the skin and joints | |
| prot | ein. Which of the followi | or ner ri | int pain, stiffness, and swelling th ght ring finger. Laboratory tests re nost likely classification for this pa | eveal e | levated levels of C-reactive | |
| A | Ankylosing spondylitis | B | gnt ring finger. Laboratory tests re nost likely classification for this pa Gout | tient 3 | Joint disease? | 100 m |
| D | Psoriatic arthritis | F | Rheumatoid arthritis | C | Osteoarthritis | * 14 |
| 26. A ma | Inourished child was bro | ught to o | ut-nationt donartment of D. U. | ric Th | a ago of the ability a | 1000 |
| | | | | elp vo | u the most to reach to a | |
| | and the current u | ietary sta | tus or routine food intake. | | and most to reach to a | |
| A | Amount of weaning diet | | 24 hour dietary recall | С | Content of weaning diet | |
| D | Timings and number of | servings. | E Weaning age of th | e child | SECTION OF STREET | |
| 7. You al | re doing round with you | r consult | ant. He examines a patient of N | lon Ho | odgkins Lymphoma.He asks | |
| you at | ostic index for Non Hodgl | ostic inde | x criteria. Which one of the foll | owing | is NOT in the international | |
| | Age | | LDH levels | | comments barely (1) | |
| | Number of extra nodal sit | В | The Advisor of the Ad | С | Lymphocyte Count | |
| The state of the s | | and the second second | E Performance status | 1165 | Conta (Special and | |
| A 24 ye | tornhalangeal joint (DIR | with to | e deformities, and you observe | a fixe | ed flexion deformity at the | e |
| the ton | of the toe. What condition | n is this | ourth toe. The patient mention | is chro | onic friction and calluses o | n |
| 1 -1 | aw toe | Total I | | | | |
| | | В | Hallux valgus | С | Hammer toe | |
| | allet toe | E | Stress Fracture | 4 10 | | |
| 6 years o | ld baby presents with irr | itability a | and fever for last 1 day. On exa | amina | tion her right thigh is tend | ter |
| and swon | ien. Sne looks febrile. | (-rays of | involved femur looks norma | al.whi | ch of the following is m | ost |
| common | organism responsible for | acute O | steomyelitis? | | 10110441118 13 111 | 031 |
| | fluenza | | Mycobacterium tuberculosis | С | Stanh auraus | |
| D Stapl | n epidermidis | CIARLO III | | C | Staph aureus | |
| Stupi | . epideriiluis | E S | treptococcus pyogenese | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | - | | | | |

| 30. | 1 | 4-year-old boy is referred | 11 8-7 | 9550 | | | an he v | voke this me | orning, ne | | 12.00 |
|-------|---------|--|---|-----------|--|-----------------|------------|----------------|-------------------|-----------|----------|
| 30. | A. | 4-year-old boy is referred used to walk on his right en his mother noticed th | | | limping yester | rday and wh | alth unt | yesterday | Later that | | |
| | ref | 4-year-old boy is referred used to walk on his right en his mother noticed thening, his limp became not ke complaining of right land. | becaus | e he be | He was apparent | y in good in | t the gr | ocery Store | norning he | | |
| | 100 | en hi- | lower ex | Clemity | · · · · · · · · · · · · | 2 115 | - right | 1100 | avalliated | | |
| | Wo | ke come his limp became n | nore obv | vious ar | nd he complained | ev called th | eir peur | veals that 2 | Weeks on | | |
| | hin | and reference of right I | knee pai | n and r | efused to Walk. | . The past n | istory | | eniphysis | | |
| | he | ening, his limp became n ke complaining of right l and referred him for a had a fever and cough th Legg-Calvé-Porth | possible | infectio | n in the right | The past h | lipped ca | pital femoral | СРІР | | |
| | | Legg-Calvé-Perthes disa | 200 0 | acton | myelitis C Read | | | - 40 | fever night | | |
| 31. | | septic arthritic | | ti | ransient synovitis | -tmen | with | low Blade | months with | | |
| 31. | A | 23 years female prese | ented to | the : | spine outpatient | departition | oner wit | h All lol o | with epidural | | |
| | SW6 | Legg-Calvé-Perthes dise septic arthritis 23 years female prese eats, weight loss and low improvement. She has cess. The most appropri | back pai | n. She v | vas treated by Gen | nows collaps | se of D | Z dilu Li | | | |
| | 1.00 | IIIprovement ch- | | | aplegia and Win S. | | | Lumbar co | orset and | | |
| | A | cess. The most appropria | ate treat | ment o | Anti-tuberculosi | s medication | 1 | analgesia | | - | |
| | | Anterior debridement | t, fusion | В | and physiothera | ру | cortical | " Crost g | raft | - | |
| | D | Posterior instruments | entation | | Anti-tuberculosis and physiothera Posterior spinal fus | sion with th | s skin le | sions, he is a | known case of | | |
| 32 | 12 y | Posterior instrume Posterior instrumenta ear old child referred by the umatic heart disease. Wha | ho cardio | Logist to | the skin OPD for so | me cutaneou | condition | on? | 16 | | |
| | Rhe | | | ost likel | y cutaneous manife | station of this | ryhtma | annulare ce | ntrifuguiii | + | |
| | A | Erythema multiforme | | В | Erythema nodosur | n C | | | | + | |
| 33 | D | Erythema Marginatur old boy presented with shoulder 10 months back | m | E I | Erythema Migrans | r last 10 mon | ths. It st | arted with fe | ever and pain in | t | |
| ,3 | A 5y | r old boy presented with shoulder 10 months back. t and Lt ankle, treated with | history o | f recurr | ent pain in joints for | ouple of mon | ths later | this time inv | developed acut | e | 172.0 |
| | Wris | tand is | A Sillilla | chisea | I week. | After an inte | | win \// | RC 6500/cu mii | 1, | |
| | pain | in right to | III IVSAID | 3 11116. | | icrocytic hyp | Ocimon | I actaalyt | tic area at uppe | er | |
| | norr | nal platelete Devi | investigi | atcu. co | ast tosts normal. | (ray right mi | 5 3110110 | history 0/1 | F: malnourished | d, | |
| | end | of femur. Similar area at mic, no Lymphadenopath | the low | er end | of tibia on left side | ovements. So | oft tissue | e swelling ov | er left ankle ar | al | |
| | aner | nic, no Lymphadenopath | y, joints | normal, | no restriction of the | een 2cm firm | n. Other | system exa | mination norm | | |
| | | mic, no Lymphadenopath wrist but joints not invo | IVEU. LIV | er 3cm | | | - | | ious arthritis | | |
| | A | Acute lymphoblastic le | ignosis | - | Juvenile idiopat | thic arthritis | C | Post infect | lous artification | | |
| | - | | | | | | | | stan to take | to | |
| 4. | A DI | Reactive arthritis. | on to a | nationt | Which of the fo | ollowing is t | he mos | t important | step to take | | |
| | nrev | ent medication errors? | | patient | | | | C -firm t | he medication | | |
| | A | Administer the | | В | Check the patien | nt's | C | Confirm | h the prescrib | er. | |
| | ^ | medication by the co | rrect | | identification bra | acelet twice | | order with | II the present | | |
| | | route. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | Chara | | 201 200 | |
| | - | Document the medic | ration | E | Rinse the patien | it's mouth w | vith wat | er atter | are acong a | | |
| | D | administration accur | ately. | | | | | | y He has rece | ently | |
| - | A 1 1 | administration accur years old child has pres n diagnosed as Acute id | ented v | vith ble | eding from nose | and petech | iai rasn | wing the LF | AST likely fea | ature | |
| 5 | hoor | diagnosed as Acute I | glopatin | ic tillo | 110001-1 | rpura. Of th | ie iolio | Willig, the Li | | | |
| | of | cute immune thromboo | cytoben | 10 (111) | 10 | | asad n | mher of m | egakaryocyte | sin | |
| | 933 | A preceding viral | B | Isolate | u | C Incre | oone m | arrow | | | |
| | А | infaction | | | oocytopenia | | and the | AN EXILABILITY | estimate (1941) | | |
| | | Intection | lv | E | Mucocutaneou | is bleeding | | bloodi | ng from nose | for 4 | |
| | D | Isolated splenomega years old boy has pre- | sented | with p | etechial rash on | the body | and his | tory bleedi | ng nom nose | ae and | |
| | A 6 | years old boy has pre- There was history of | commo | n cold | 8 days back. Chi | ld is active | and ate | brile. Ther | e are perecin | Hh=10 | |
| 1 | days | There was history of bruises on the body. | Post of | nhysic | al examination | is normal. | Comple | ete blood (| count snows. | 110-10 | |
| | few | bruises on the body. | let cou | nt= 25(| 000/cumm. The | most likely | diagno | sis is. | 1 -1- | | 1 |
| | g/dl, | TLC=8000/cumm, plat | let coul | 11- 25 | Anlastic anemi | ia | (| Haem | nophilia | 1 | 1 |
| | | Acute Leukemia | | D | | 11.1 - Alas | ramba | vtonenic r | ourpura | | |
| | | Hanoch Schonelin pu | irpura. | | | 1 | - Intaka | or of mul | tinle hypo-p | igmente | d \ |
| | 0 | ar old male brought b | y her | parent | s to the skin O | PD With tr | caling. | over it It is | s asymptom | atic, Wh | at |
| | 6 yea | I old male brought | ks area | s on ex | xamination ther | e is mild s | calling | JVE1 11, 11 1 | o 001111610111 | | |
| | macu | les affecting the check | | | | | | | large and area or | ntation | |
| | is the | most likely diagnosis? | | D | Pityriasis alba | C Po | ost infla | ammatory | hypopigmen | itation | |
| 1 | A | Dicoid eczema | | В | | | | | | | |
| | D | Tinea faciae ear-old man presents wi | | E | Vitiligo | · · | unales | acc and diff | ficulty walkin | g. He has | s had |
| - 1 | 1.05 | ear old man presents wi | th a 5-v | ear his | tory of progress | ive muscle | weakn | 233 dilu ull | distal muscl | es being | more |
| F | 4 65-ye | ear-old man presents wi | et On e | xamin | ation, he has asy | mmetric w | reaknes | s, with the | uistai illusti | c rofleve | s are |
| fa | alls du | e to tripping over his re- | nec L | e has | weakness of th | he quadric | ceps ar | nd wrist e | extensors. HI | 2 IEIIEVE | or this |
| af | ffected | e to tripping over his fe than the proximal o | illes. III | n alou | ated creatine k | inase level | . What | is the m | ost likely dia | ignosis t | 01 (1115 |
| di | minish | than the proximal o ed. Laboratory tests r | eveal a | ii eiev | ateu creatine k | | | | | | |
| pa | tient? | | | | | | | Eaton mi | yasthenic s | vndrom | е |
| A | | ermatomyositis B | Inclus | sion be | ody myositis | C La | mpert | -caton in | yastricines | 1 | |
| | | | | E | Undifferentia | ated Myo | sitis | | | | |
| D | PO | lymyositis | | - | | | | | | | |

| | and female referred fro | om the I | Rheumatology department | | IAI |
|--|---|---|--|--|--|
| 1 | | s and fe | theumatology department with mild in story was significant for the Rheumatout story was significant for the Rheumatout staneous examination shows large cr set, her nails were thickened and dy see? | | |
| | A Drugs | B | Eczema C Erythroderm Psoriasis | a of unkno | own origin |
| 40 | A 3 years old female child has pr caféauait spots on the body. She Patelet count= 36000/cmm. The | esented has tri most lik | with anemia. She is stunted and hy phalangeal thumb on right hand. H | o=6 gm/dl | Inted with multiple I, TLC=30000/cmm, |
| | D Glanzmann Thrombastheni | | mbocytopenia E thrombocytopenia with Absent | Radii (TAI | R) Syndrome |
| 41 | 25 year old female presented to | the E | R department with fever and wide al and genital mucosa are also inv What is the most likely diagnosis? | espread e volved. Pa | rosions and blisters atient is also having |
| | A Erythema multifome minor | В | erythema multiforme major | C Fixed | I drug eruptions |
| 42 | D Lichenoid drug eruption A 60-year-old woman, presents f in her 70s. Based on her risk fa prevention of osteoporosis in her | ctors, v | Steven Johnson syndrome utine check-up. She mentions that which of the following intervention | 15 15 11103 | er had a hip fracture t appropriate for the thyroid hormone |
| | A Bisphosphonate therapy | В | Calcium supplementation and estrogen replacement therapy | (PTH |) analog therapy |
| | and lifestyle modifications D Selective estrogen recepto | | E Weight-bearing exercise | s and vita | amin D |
| 43 | modulator (SERM) therapy A 30-year-old G2P1 presents at 2 | | t | care and | complains of frequent |
| | fatigue. Routine prenatal laborat and red cell indices are consi | ory test stent v | s reveal a hemoglobin concentration in the service of the service | on of 8 g/ I change | s. What is the most |
| | appropriate next investigation? | 1. | Comm forritin (| Seri | um Iron |
| | A Hb Electrophoresis D Total iron binding capacity | | E Transferrin saturation | ment wi | ith methotrexate and a |
| 44 | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Khad A Caplan's syndrome B | (TIBC) nan wit pitor. Sh ed liver adija m Drug- | E Transferrin saturation n rheumatoid arthritis, is on trea ne develops a persistent low-grade enzymes and positive anti-nuc ost likely experiencing? nduced lupus-like syndrome | tment wi e fever, f clear ant | ith methotrexate and a atigue, and weight loss. Libodies. Which of the alty's syndrome |
| | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease | (TIBC) nan with bitor. Shed liver adija me | E Transferrin saturation n rheumatoid arthritis, is on trea ne develops a persistent low-grade enzymes and positive anti-nuc ost likely experiencing? nduced lupus-like syndrome Rheumatoid vasculitis | tment wi e fever, fi clear ant | atith methotrexate and a latigue, and weight loss. Eibodies. Which of the lity's syndrome |
| 44 | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by his | (TIBC) nan with oitor. Shed liver adija mo Drug- E s parer I vesicle | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nucleost likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis att to the skin OPD having fewers affecting the face, trunk and likely experiencing. | tment wi e fever, fi clear ant | atith methotrexate and a latigue, and weight loss. Eibodies. Which of the lity's syndrome |
| | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most | (TIBC) nan withoitor. Shed liver adija m Drug- E s parer I vesicle | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nuclear likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis Its to the skin OPD having few as affecting the face, trunk and likelingnosis? | tment wi e fever, fi clear ant C Fe er sore mbs, The | atith methotrexate and a latigue, and weight loss. Eibodies. Which of the lity's syndrome |
| 45 | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha | (TIBC) nan with oitor. Shed liver adija m Drug- E s parer d vesicle likely co | E Transferrin saturation in rheumatoid arthritis, is on treat the develops a persistent low-grade enzymes and positive anti-nucleost likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis that to the skin OPD having fevels affecting the face, trunk and lifting the face, trunk and lifting the face and mouth disease Rubella | c Fe mbs, The | ath methotrexate and a latigue, and weight loss. Libodies. Which of the lity's syndrome throat and malaise. On lere is also erosion on the lityers zoster |
| 45 | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha D Measles An 80-year-old man with heart far reatment for high blood pressure | (TIBC) nan with bitor. Shed liver adija m Drug- E s parer I vesicle likely c and foo | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nucles likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis at the skin OPD having fevers affecting the face, trunk and lifting liagnosis? It and mouth disease Rubella admitted to the hospital for she liabetes. Which of the following liabetes. | tment wi e fever, fi clear ant C Fe er sore mbs, The C H | ith methotrexate and a atigue, and weight loss. iibodies. Which of the alty's syndrome throat and malaise. On the also erosion on the alerpes zoster of breath and is also taking most important risk factor |
| 45 | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by his examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha D Measles | (TIBC) nan with bitor. Shed liver adija m Drug- E s parer I vesicle likely c and foo | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nucleat likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis Into to the skin OPD having few as affecting the face, trunk and lifting the face and mouth disease Rubella Rubella Rubella Riadmitted to the hospital for should be a simple to the following the face and mouth disease Rubella Rubella Rubella Rubella Rubella Rubella Rubella Rubella | tment wi e fever, fi clear ant C Fe er sore mbs, The | ith methotrexate and a atigue, and weight loss. iibodies. Which of the alty's syndrome throat and malaise. On the also erosion on the derpes zoster |
| 45 46 46 A | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha D Measles An 80-year-old man with heart fa reatment for high blood pressure or falls in this patient? Age Diabetes | (TIBC) nan with oitor. Shed liver adija m Drug- s parer d vesicle likely co and foo E ilure is e and co B E | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nucleost likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis Into to the skin OPD having fewers affecting the face, trunk and lifting the face and mouth disease Rubella | tment wi e fever, ficlear ant C Fe er sore mbs, The ortness of | atth methotrexate and a latigue, and weight loss. Eibodies. Which of the lety's syndrome throat and malaise. On letere is also erosion on the lety breath and is also taking most important risk factor. High blood pressure |
| 45 46 46 A D 46 Sca | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha D Measles An 80-year-old man with heart fa reatment for high blood pressure or falls in this patient? Age | (TIBC) nan with oitor. Shed liver adija m Drug- Ess parer I vesicle likely co and foo E illure is a and co B E | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nuclear likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis at the skin OPD having fevers affecting the face, trunk and light liagnosis? It and mouth disease Rubella admitted to the hospital for she liabetes. Which of the following the face of the skin OPD having for she liabetes. Which of the following the face of the skin OPD having for she liabetes. Which of the following the face of the skin OPD having for she liabetes. Which of the following the face of the skin OPD having for she liabetes which of the following the face of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which is a she liabete | tment with the fever, ficter and the fever, ficter and the fever and the fever sore mbs, The fever sore is the fever the fever this partners of the fever this partners for this partners for this partners for the fever the | ith methotrexate and a atigue, and weight loss. ibodies. Which of the alty's syndrome throat and malaise. On the are is also erosion on the are is also ero |
| 45 46 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha D Measles An 80-year-old man with heart fa reatment for high blood pressure or falls in this patient? Age Diabetes year old female known psoriat ling affecting almost all over the | (TIBC) nan with oitor. Shed liver adija m Drug- Ess parer I vesicle likely co and foo E illure is a and co B E | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nucleost likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis lits to the skin OPD having few as affecting the face, trunk and lifting having the face, trunk and lifting having the face and mouth disease Rubella admitted to the hospital for should be a substitute of the following sent presented to the skin OPD dy. She has recently been sweet. | tment wing fever, ficter and C Fe er sore mbs, The ortness or g is the c C C C C C C C C C C C C C C C C C C | ith methotrexate and a atigue, and weight loss. ibodies. Which of the alty's syndrome throat and malaise. On the are is also erosion on the are is also ero |
| 45 46 f A D 46 sca mee | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha D Measles An 80-year-old man with heart fareatment for high blood pressure or falls in this patient? Age Diabetes year old female known psoriat dication by the physician. What Acitretin | (TIBC) nan with bitor. Shed liver adija m Drug- E s parer I vesicle likely c and foo E illure is a and c B E ic patie | E Transferrin saturation in rheumatoid arthritis, is on treated develops a persistent low-grade enzymes and positive anti-nuclear likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis at the skin OPD having fevers affecting the face, trunk and light liagnosis? It and mouth disease Rubella admitted to the hospital for she liabetes. Which of the following the face of the skin OPD having for she liabetes. Which of the following the face of the skin OPD having for she liabetes. Which of the following the face of the skin OPD having for she liabetes. Which of the following the face of the skin OPD having for she liabetes which of the following the face of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which of the skin OPD having for she liabetes which is a she liabete | tment with the fever, ficter and the fever, ficter and the fever and the fever sore mbs, The fever sore is the fever the fever this partners of the fever this partners for this partners for this partners for the fever the | ith methotrexate and a atigue, and weight loss. ibodies. Which of the alty's syndrome throat and malaise. On the are is also erosion on the are is also ero |
| 45 46 A D 46 sca me A D 30 yea | A Hb Electrophoresis D Total iron binding capacity Mrs. Khadija, a 40-year-old wom tumor necrosis factor (TNF) inhib Laboratory tests reveal elevate following complications, Mrs. Kha A Caplan's syndrome B D Rheumatoid lung disease 10 year old boy brought by hi examination there is wide spread palatal mucosa. What is the most A Chicken pox B Ha D Measles An 80-year-old man with heart fareatment for high blood pressure or falls in this patient? Age Diabetes year old female known psoriat ling affecting almost all over the dication by the physician. What Acitretin | (TIBC) nan with bitor. Shed liver adija m Drug- s parer d vesicle likely co and foo E ilure is a and co B E ic patie he boo is the B E ft hum | E Transferrin saturation r rheumatoid arthritis, is on treat de develops a persistent low-grade enzymes and positive anti-nuc est likely experiencing? Induced lupus-like syndrome Rheumatoid vasculitis est to the skin OPD having fevels affecting the face, trunk and life liagnosis? It and mouth disease Rubella admitted to the hospital for sho liabetes. Which of the following Heart failure Medications ent presented to the skin OPD dy. She has recently been sympost appropriate medicine for Azathioprine Methotraxate erus after road traffic accident | tment wing fever, ficter and C Fe er sore mbs, The ortness of g is the record or this particle or this parti | th methotrexate and a atigue, and weight loss. bibodies. Which of the attropy of |

| 9 | Anza | | | | | | | - | |
|-----|--|--|--|--|--|--|--|--|--------------------|
| | irrital | month old | | D with complaints of poor apply the complaints of poor apply the complaints of poor apply the complaints on the complaints of poor apply the | etite t | o semis | olid/solid food and | | |
| | Dala . | ility with be | | D with complaints of poor app child is bottle fed with cow's child is pourpuric spots on | milk. C | n exam | minal examination | The s | - |
| | show. | rritable, there holding spe | lle The | D with complaints of poor applications of poor applications of the complaints of poor applications of the complaints of poor applications of poor applicatio | the bo | d. Abdo | nm2, Platelet count | | 1 |
| | | | | | | 9000/1 | - ala | 1 | |
| | | | ry inves | thy and no purpuric sp tigation shows Hb = 8.5 gm/di What is the most likely diagno. | sis? | Iron de | ficiency anemia. | 1 | |
| | 0 | Aplastic anemia | 16 pg. \ | What is the most likely | C | 1101. | - hoen | 1 | |
| 0 | V | Sickle cell approx | В | Iron deficiency anemia. | | real un | it where it has been | | |
| | rou ha | ave been assi- | E | What is the most live is the most live in the most live is the most live in the most live in the most live is the most live in the most live is the most live in the most live in the most live is the most live in the most live in the most live is the most live in the most live in the most live is the most live in the most live in the most live is the most live in the most live i | n a me | ich of | the following is the | | |
| | obsen | ved that the | of super | vising a clinical audit sessincreas | ed. Wr | nich of | | + | |
| - | most i | mportant outcome of such Improved patient care | spital-ac | quired infections has | | lacro2 | sed efficiency | + | |
| | A | Improved patient care | clinical | audit? | C | Increa | | + | - |
| | | | | | | | aplasia are | 2 | |
| 1 | A 15 | Vears old research output | E | Improved staff morale Reduced costs astic anaemia. Most of the cuses. Which one of the follows. | ases o | f bone | marrow cause o | f | |
| | idiopa | thic but all boy presented v | ith apla | astic anaemia. Most of the follo | wing is | a well | recognis | _ | |
| | aplast | ic anaemia? | nown ca | uses. Which one of the | | The said | titis virus infection | | |
| | A | Cytomogala | | - 1-ficienty | C | Hepa | titis virus | | |
| | D | Cytomegalo virus infection | | B G6PD deficiency | | | arade with n | 0 | |
| 2 | A 10 | receptor blockers | E | Omeprazole ft knee and ankle joint she also has stiffness in these joints after | compla | ins of fe | ver, low grade with | 1. | |
| | rigors | more in severe pain & swel | ling in le | Omeprazole ft knee and ankle joint she also e has stiffness in these joints aft oft non tender, liver not palpabl | er inacti | vity and | has poor sleep a linte | r- | |
| | On ex | amination it | Jilli. Jil | the not nalpabl | e. Len | (liee, ie | t race in these Join | LS | |
| | Phalai | ngeal joint of right middle | d ring fi | ft knee and ankle joint sne also e has stiffness in these joints aft oft non tender, liver not palpabl nger and left middle finger we 25. peripheral smear exam nori | re swol | en. Ten | rmal, CRP 42, S. Feriti | in | |
| | | | | | | | | - | |
| | The state of the s | RF positive, ANA positive, anti- | IsDNA ne | Battive: Title and I | scenar | nt of sm | nall joints | | |
| | - | ANA | B | Anti dsDNA | | | | | |
| | D | RF | E | Splenomegaly nts with lower back pain an | | age the | at has been gradual | ly | ELE |
| 3 | Mr. i | brahim, a 35-year-old mar | prese | nts with lower back pain an | d stiffr | ness the | mproves with activit | y. | |
| | wors | ening over the past few mo | nths. He | nts with lower back pain and experiences stiffness in the | mornin | g that i | ce of HI A-B27 antige | n. | |
| | He al | so reports occasional eve re | dness a | e experiences stiffness in the nd pain. Laboratory tests rev owing arthritic conditions is m | eal the | present | r Ibrahim? | | |
| | Base | d on the scenario, which of | the follo | | | Dro | riatic arthritis (PsA) | | |
| | 10000 | | 1 | B Enteropathic arthritis | C | PSO | Hatic artificial | | |
| | A | Ankylosing spondylitis (AS | | | | | | | |
| | A | Ankylosing spondylitis (AS | | | | | | on | |
| 5.4 | D | Reactive arthritis | E | Rheumatoid arthritis | lothars | gy. She | is pale on examinati | on ws: | BE |
| 54 | D A 30 | Reactive arthritis years old lady presented w | E vith two | Rheumatoid arthritis months history of fever and | lethar | gy. She od sme | is pale on examinati | on ws: | |
| 54 | D A 30 | Reactive arthritis years old lady presented w | E vith two | Rheumatoid arthritis months history of fever and | lethar | gy. She od sme nophils | is pale on examinati ar is to hand. It show and platelets. Wha | on ws: t is | BB I |
| 54 | D A 30 and Incre | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophi | E vith two | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi | lethars eral blo ls, eosi | nophils | and platelets. Wha | t is | BE |
| 54 | D A 30 and Increating the r | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? | eith two investigations, band | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia | lethargeral blo | nophils Chron | is pale on examinati ar is to hand. It show and platelets. What ic myelocytic leukem | t is | BE |
| 54 | D A 30 and Incretthe r | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi | E with two investigations, band | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia | lethargeral blo | Chron | ic myelocytic leukem | nia | BB |
| | D A 30 and Incretther A A | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leuk | E rith two investigates, banda B emia | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce | lethargeral blo | Chron emia | ic myelocytic leukem | nia nt is | Bb |
| 54 | D A 30 and Incre the r A A A D 37 y | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leukear old female refereed by | E with two investigates, band a B emia a gyne | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for | lethargeral bloods, eosi | Chron emia | ic myelocytic leukem | nia nt is | Black |
| | D A 30 and Incre the r A A A D 37 y | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leukear old female refereed by | E with two investigates, band a B emia a gyne | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for | lethargeral bloods, eosi | Chron emia taneou ast 6 m | ic myelocytic leukem s lesions. The patier onths. What is the n | nia nt is | BB. |
| | D A 30 and Incre the r A A A D 37 y | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done | E with two investigates, band a B emia a gyneth the continuous in the continuous and a gyneth the gyneth the continuous and a gyneth the gyneth th | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition | lethargeral bloods, eosi | Chron emia taneou ast 6 m | ic myelocytic leukem | nia nt is | |
| | D A 30 and Incretter A D B A 37 y havis special A | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leuker old female refereed by ng facial erythema along wiffic investigation can be don | E prith two investigals, band a B emia a gyneith the cone in the B | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA | lethargeral blods, eosi C III leuke the cur the la? | Chronemia taneou | ic myelocytic leukem s lesions. The patier onths. What is the n | nia nt is nost | |
| | D A 30 and Incretter A D B A 37 y havis special A D | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemic Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro | E vith two investigals, band a B emia a gyneth the che in the B E | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith | lethargeral bloods, eosi | Chronemia taneou ast 6 m | ic myelocytic leukem s lesions. The patier onths. What is the n | nia nt is nost | t |
| 55 | D A 30 and Incretter A D B A 37 y havis special A D | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemic Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro | E vith two investigals, band a B emia a gyneth the che in the B E | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith | lethargeral bloods, eosi | Chronemia taneou ast 6 m | ic myelocytic leukem s lesions. The patier onths. What is the n | nia nt is nost | t |
| | D A 300 and Incre the r A D 37 y havi spec A D An e | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be don ANA Anti-Ro eighteen years old girl preseite illness and was prescr | E vith two investigals, band a B emia a gyne th the cone in the B E emit a bed so | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she | lethargeral bloods, eosi | Chronemia taneou ast 6 m | ic myelocytic leukem s lesions. The patier onths. What is the n | nia nt is nost | t |
| 55 | D A 300 and Incre the r A D 37 y havi spec A D An e | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be don ANA Anti-Ro eighteen years old girl preseite illness and was prescr | E vith two investigates, band a B emia a gyneth the cone in the B E ented wi bed so abocyto | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? | lethargeral blooks, eosil leuke the cur the larger the | Chronemia taneou ast 6 m | and platelets. What is the patients what is the number. Which commended to the plate of the patients wise well. She had remember. Which commended to the plate of | nia nt is nost | t |
| 55 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemic Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro | E vith two investigals, band a B emia a gyne th the cone in the B E emit a bed so | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin | lethargeral blooks, eosil leuke the cur the larger the | Chronemia taneou ast 6 m | ic myelocytic leukem s lesions. The patier onths. What is the n | nia nt is nost | t |
| 55 | D A 30 and Incre the r A D 37 y havii spec A D An e febr follo A | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be don ANA Anti-Ro eighteen years old girl preseitle illness and was prescribing drugs can cause thron Aspirin | E vith two investigals, band a B emia a gyneth the che in the B E ented with bed so abocyto B | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin | lethargeral blooks, eosile the current blooks, eosile the current blooks. She is e does | C C C | and platelets. What is the patient on the control of the patient on the patient of the patient o | nia nt is nost | t e |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophinost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro Lighteen years old girl preseitle illness and was prescriving drugs can cause throm Aspirin Sulfonamide | E visith two sinvestigates, band as B emia a gyneth the cone in the B E emit and bed so abocyto B E emit and bed so abocyto B E emit and bed so abocyto B E E | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid | lethargeral blooks, eosis Coll leuke the cur the lar? | C C C | and platelets. What is myelocytic leukem is lesions. The patier onths. What is the notice with the month of the member. Which compared to the member of the | nia | t e gut |
| 55 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be don ANA Anti-Ro sighteen years old girl preseite illness and was prescriving drugs can cause thron Aspirin Sulfonamide | E prith two investigals, band a B emia a gyneth the cone in the B E ented with bed so in bocyto B E entshot in the cone in the | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergos small howel. Postoperative | lethargeral blooks, eosis colors, eosis colors colo | Chroniemia taneou ast 6 ma cothern not re cexplore develor | and platelets. What is myelocytic leukem is lesions. The patier onths. What is the number. Which is the member. Which compared to the patients of the patients | nt is nost eccentric first the first triangle from the | t e gut me. |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be don ANA Anti-Ro sighteen years old girl preseite illness and was prescriving drugs can cause thron Aspirin Sulfonamide | E prith two investigals, band a B emia a gyneth the cone in the B E ented with bed so in bocyto B E entshot in the cone in the | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergos small howel. Postoperative | lethargeral blooks, eosis colors, eosis colors colo | Chroniemia taneou ast 6 ma cothern not re cexplore develor | and platelets. What is myelocytic leukem is lesions. The patier onths. What is the number. Which is the member. Which compared to the patients of the patients | nt is nost eccentric first the first triangle from the | t e gut me. |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophinost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro eighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide is year old man sustains a guotion for multiple perforation to would be the remaining | E prith two investigals, band a B emia a gyneth the cone in the B E ented with bed so in bocyto B E entshot in the cone in the | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid | lethargeral blooks, eosis colors, eosis colors colo | Chroniemia taneou ast 6 ma cothern not re cexplore develor | and platelets. What is myelocytic leukem is lesions. The patier onths. What is the number. Which is the member. Which compared to the patients of the patients | nt is nost eccentric first the first triangle from the | t e gut me. |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemic Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Rosighteen years old girl preseitle illness and was prescribing drugs can cause thron Aspirin Sulfonamide Syear old man sustains a great of the preservation of th | E with two investigals, band a B emia a gyneth the che in the bed so abocyto B E unshot i ens in his length | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines | lethargeral blooks, eosis colors, eosis colors colo | Chron emia taneou est 6 merco not receptors develor finition | and platelets. What is myelocytic leukem is lesions. The patier onths. What is the number. Which is the member. Which compared is a compared to the property laparotomy was short bowel syntantic for him to develop the property laparotomy was short bowel syntantic. | nt is nost eccentric first the first triangle from the | t e gut me. |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophinost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro eighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide is year old man sustains a guotion for multiple perforation to would be the remaining | E prith two investigals, band a B emia a gyneth the cone in the B E ented with bed so in bocyto B E entshot in the cone in the | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. | lethargeral blooks, eosis colors, eosis colors colo | Chroniemia taneou ast 6 ma cothern not re cexplore develor | and platelets. What is myelocytic leukem is lesions. The patier onths. What is the number. Which is the member. Which compared to the patients of the patients | nt is nost eccentric first the first triangle from the | t e gut me. |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro Sighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide Syear old man sustains a giction for multiple perforation to would be the remaining frome? < 25 cm | E with two investigals, band a B emia a gyneth the che in the bed so abocyto B E unshot i ens in his length | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines | lethargeral blooks, eosis colors, eosis colors colo | Chron emia taneou est 6 merco not receptors develor finition | and platelets. What is myelocytic leukem is lesions. The patier onths. What is the number. Which is the member. Which compared is a compared to the property laparotomy was short bowel syntantic for him to develop the property laparotomy was short bowel syntantic. | nt is nost eccentric first the first triangle from the | t e gut me. |
| 555 | D A 30 and Incre the r A D 37 y havii spec A D An e febr follo A D A 35 rese Wha syndi A D | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be don ANA Anti-Ro Sighteen years old girl preserving drugs can cause thron Aspirin Sulfonamide syear old man sustains a guotion for multiple perforation twould be the remaining frome? < 25 cm | E with two investigates, band a B emia a gyneth the che in the che in the dots and bed so abocyto B E enshot i ens in his length | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. | lethargeral blooks, eosile the current blooks. She is e does an eely he by de | Chronemia taneou ast 6 m content conte | and platelets. What is the months. What is the months. What is the months which compared to the part of the months | nia | t e gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A D A 35 y | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophinost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro Eighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide Eyear old man sustains a guotion for multiple perforation to would be the remaining rome? < 25 cm <150 cm | E vith two investigates, band as B emia as gyneth the cone in the B E emis bed so abocyto B E emishot is length B E emishot is glength. | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. <50 cm <150 inches chyroidism, taking regular | lethargeral blooks, eosis colors, eosis colors the current blooks. She is colors does not be does they de | Chronemia taneou ast 6 mars otherwood record develor finition C | and platelets. What is myelocytic leukem is lesions. The patient on this. What is the months. What is the months which compared wise well. She had remember. Which compared is always after the months of the months will be always after the months of the mo | ecennist the second sec | t e e gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A D A 35 y lap che | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro eighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide syear old man sustains a guotion for multiple perforation to would be the remaining orme? < 25 cm <150 cm year old lady suffering from colecystectomy. After reco | E vith two investigals, band a B emia a gyneth the che in the che in the bed so abocyto B E unshot i ens in his length B E h hypotyvery, al | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. <50 cm <150 inches | lethargeral blooks, eosis control leuke the current he larger and the current he larger and the current he larger and the larg | Chronemia taneou ast 6 min record develor finition C | and platelets. What is the months. What is the months. What is the months wise well. She had memember. Which compared to the months with the months of the months with the mon | ecennist the same same same same same same same sam | gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A D A 35 y lap che | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro eighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide syear old man sustains a guotion for multiple perforation to would be the remaining orme? < 25 cm <150 cm year old lady suffering from colecystectomy. After reco | E vith two investigals, band a B emia a gyneth the che in the che in the bed so abocyto B E emishot i ens in his length B E h hypotyery, al | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. <50 cm <150 inches chyroidism, taking regular | lethargeral blooks, eosis control leuke the current he larger and the current he larger and the current he larger and the larg | Chronemia taneou ast 6 min record develor finition C | and platelets. What is the months. What is the months. What is the months wise well. She had memember. Which compared to the months with the months of the months with the mon | ecennist the same same same same same same same sam | gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A D A 35 y lap chelevel w | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophinost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro Lighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide Syear old man sustains a greation for multiple perforation to would be the remaining frome? < 25 cm <150 cm Lear old lady suffering from the olecystectomy. After recovers between 85-90%. She | E vith two investigates, band as B emia as gyneth the cone in the she in the | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. <50 cm <150 inches chyroidism, taking regular though she was breathin ministered oxygen using | lethargeral blooks, eosis control leuke the current he larger and the current he larger and the current he larger and the larg | Chronemia taneou ast 6 min record develor finition C | and platelets. What is the months. What is the months. What is the months wise well. She had memember. Which compared to the months with the months of the months with the mon | ecennist the same same same same same same same sam | gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 y lap che level w adminis | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemic Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Rosighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide Syear old man sustains a greation for multiple perforation to would be the remaining rome? < 25 cm <150 cm year old lady suffering from colecystectomy. After recovers between 85-90%. She stered oxygen which one content of the surface oxygen which one content in the surface oxygen which one content in the surface of the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface of the | E with two investigates, band a B emia a gyneth the che in the bed so abocyto B E enshot i ens in his length B E h hypotyvery, all was adfithe for | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo is small bowel. Postoperation of the small intestines. <50 cm <150 inches thyroidism, taking regular though she was breathir ministered oxygen using ollowing is correct? | lethargeral blooks, eosis control leuke the current he larger and the current he larger and the current he larger and the larg | Chronemia taneou ast 6 minor recorded finition C | and platelets. What is the months. What is the months. What is the months which compared to the months of the mont | ecennist the same same same same same same same sam | gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A D A 35 y lap che level w adminis A 51 | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophinost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro Eighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide Syear old man sustains a greation for multiple perforation to would be the remaining from eye are old lady suffering from olecystectomy. After recovers between 85-90%. She stered oxygen which one of the control of the | E with two investigates, band as B emia as gyneth the cone in the bed so inbocyto B E emishot is emissioned as emiss | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. <50 cm <150 inches chyroidism, taking regular though she was breathin ministered oxygen using following is correct? 10L/min | lethargeral blooks, eosis control leuke the current he larger and the current he larger and the current he larger and the larg | Chronemia taneou ast 6 min record develor finition C | and platelets. What is the months. What is the months. What is the months wise well. She had memember. Which compared to the months with the months of the months with the mon | ecennist the same same same same same same same sam | gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A D A 35 y lap che level w adminis A 51 | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophimost likely diagnosis? Acute lymphblastic leukemic Chronic lymphocytic leukeer old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Rosighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide Syear old man sustains a greation for multiple perforation to would be the remaining rome? < 25 cm <150 cm year old lady suffering from colecystectomy. After recovers between 85-90%. She stered oxygen which one content of the surface oxygen which one content in the surface oxygen which one content in the surface of the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface oxygen which one content is sufficient to the surface of the | E with two investigates, band a B emia a gyneth the che in the bed so abocyto B E enshot i ens in his length B E h hypotyvery, all was adfithe for | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti dsDNA Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo is small bowel. Postoperation of the small intestines. <50 cm <150 inches thyroidism, taking regular though she was breathir ministered oxygen using ollowing is correct? | lethargeral blooks, eosis control leuke the current he larger and the current he larger and the current he larger and the larg | Chronemia taneou ast 6 minor recorded finition C | and platelets. What is the months. What is the months. What is the months which compared to the months of the mont | ecennist the same same same same same same same sam | gut me. this |
| 555 | D A 30 and Incre the r A D 37 y havi spec A D An e febr follo A D A 35 rese Wha synd A D A 35 y lap che level w adminis A 51 | Reactive arthritis years old lady presented whas splenomegaly. She has eased number of neutrophinost likely diagnosis? Acute lymphblastic leukemi. Chronic lymphocytic leuker old female refereed by ng facial erythema along wific investigation can be done ANA Anti-Ro Eighteen years old girl preserving drugs can cause throne Aspirin Sulfonamide Syear old man sustains a greation for multiple perforation to would be the remaining from eye are old lady suffering from olecystectomy. After recovers between 85-90%. She stered oxygen which one of the control of the | E with two investigates, band as B emia as gyneth the cone in the bed so inbocyto B E emishot is emissioned as emiss | Rheumatoid arthritis months history of fever and ations requested and periphe cells, meyelocytes, basophi Acute myeloid leukemia E Hairy ce cologist to the skin OPD for oral erosions and hair loss for above mentioned condition. Anti-smith th platelets count of 98.000 me medications which she paenia? Oral peniccilin Steroid njury for which he undergo s small bowel. Postoperation of the small intestines. <50 cm <150 inches chyroidism, taking regular though she was breathin ministered oxygen using following is correct? 10L/min | lethargeral blooks, eosis control leuke the current he larger and the current he larger and the current he larger and the larg | Chronemia taneou ast 6 minor recorded finition C | and platelets. What is the months. What is the months. What is the months which compared to the months of the mont | ecennist the same same same same same same same sam | gut me. this |

| | | | | | MANUFACTURE OF THE PARTY OF THE | | 200 | The state of the s | |
|-----------------------|----------------------|--|--|--|--|--|--|--|----------|
| 79 | | | | | | | | A | |
| 9 | | 7 years old child has presen here is no past history of blo nemic, mildly icteric, with ormochromic anemia with re | | non or mospitalizatio | II. Offile color is | 1110 | ny in childh ne is moder lws normo | ood. ately cytic, | - |
| | A | ormochromic anemia with re Hereditary spherocytosis. | etic count o | 15 %. What can be | the most livery | Tio Direct | | 7/3/4 | |
| | - | | B iron d | eficiency anemia | C Paroxysma Haemoglo | | | | |
| 80 | D | Sickle cell anemia | E | Thalassemia major | The second secon | | front of pat | ents? | |
| 00 | 1 | Which of the following model of | f breaking ba | d news in hospital setti | ings is most comm | SOAP for | rmat | | |
| | | - Therice and Non- | Maleficence | B SBAR pro | 10001 | | | ho ckin | |
| 81 | - | D SPIKES 40 year old known uncontro OPD having cutaneous lesio predominately affecting the | olled diabet | tic and obese patien | nt referred by to that is having hypokely diagnosis? | he endocrin per-pigment | ed velvety | | |
| | - | A Accept a significant | nexors area | Candidal Intertrig | 0 0 | Diabet | ic Deriv | | |
| | - | | E | Seborrheic Derm | atitis pain, muscle we | akness, and | frequent | ractures. | 2 |
| 82 | | D Flexural psoriasis Mrs. Hunaiza, a 55-year-old She has a history of malal calcium and phosphate. Ba for the prevention and mar A Bisphosphonate therapy and weight- | ased on the nagement o | scenario, which of t f osteomalacia in Mr ommercially availab ortified milk and phy | rs. Hunaiza? | Phosphate parathyroid | supplemen I hormone rapy | tation and | |
| | | bearing exercises | | L - un mil | | - 41610 | ations | at | |
| | | bearing exercises D Protein supplements Electrical injury may be classi | s E V | r high voltage. The dis | stinction betwee | n high and ic | V 000 | 100 | - |
| 83 | 3 | | | | | | | | No. |
| | | A 100 V D 100,000 V Mr. Bilal, a 60-year-old mar | E | None of the ac | arthritis, preser | nts with sud | den onset i entricles. L | aboratory tests | PAC. |
| 0 | 1 | Mr. Bilal, a 60-year-old man | with long-s | chycardia. Echo shov | vs dilated and h | umatoid arth | nritis is Mr. | Bilal most likely | |
| 84 | | reveal elevated cardiac enzy | mes. Which | or the lone is a | me | CS | jögren's sy | ndrome | |
| - | | | tis E | | muncarditis | The patie | nt is curr | ently taking an | 13 |
| | | D Caplan's syndrome | itioner car | ing for a hyperter | sion patient. | find the b | est evide | ovidence? | 题 |
| 85 | | nationt Which of the follo | owing resor | arces would be the | ence survey | C A rand | omizeu co | | N. W. W. |
| | - | A A clinical practice 8 | / E | A textbook o | on hypertension | shed with | Hb Of 7 an | d MCV of 104. He | |
| | | | | ed to your ward. | - J folato | levels sent | and resu | its awares | |
| 96 | - | A 33 years old drug addict | t is admitte | endocarditis. B1 | 2 and totale | 10.00 | | | |
| 86 | 1 | A A clinical practice guide D A systematic review A 33 years old drug addict had Echo done with no e | t is admitte evidence o | f endocarditis. B1 B12 deficiency? | 2 and folate | | Lethars | Sy . | |
| 86 | 0 | had Echo done with he differentiates folate defici | ency from | B12 deficiency? Glossitis | | С | Letharg | NY . | |
| 86 | 0 | had Echo done with he differentiates folate defici | ency from | B12 deficiency? Glossitis | | С | Letharg | NY . | |
| | 0 | had Echo done with he differentiates folate defici | ency from | B12 deficiency? Glossitis Neurologica WHO Surgical Safe | al symptoms ety Checklist | С | rating roo | m? | |
| | 0 | had Echo done with his differentiates folate deficing Anaemia Muscle weakness What is the primary purpo | ency from E see of the led for I | B12 deficiency? B Glossitis Neurologic WHO Surgical Safe To ensure procedure | al symptoms ety Checklist the surgical is performed | in the ope | rating roce To exproce | m? pedite surgical dures by skipping in safety steps | |
| | D | had Echo done with his differentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patients | ency from E Dise of the led for left Interest to the left to th | B12 deficiency? Glossitis Neurological WHO Surgical Safe procedure senior surgical surgical | al symptoms ety Checklist the surgical is performed geon. | in the ope | To exproce certa | m? pedite surgical dures by skipping in safety steps | |
| 7 | A D W | had Echo done with his differentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication and the pre-operative patient assessments | ency from E See of the ed for nt Inication a | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure procedure senior surgend teamwork | al symptoms ety Checklist the surgical is performed geon. E To rec opera | in the ope | To exproce certained for patterning | m? pedite surgical dures by skipping in safety steps ost- | 1 |
| 7 | D W A | had Echo done with his differentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical team | ency from E See of the e ed for nt nication a | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure of procedure senior surgend teamwork | al symptoms ety Checklist the surgical is performed geon. E To rec opera | in the ope | To exproce certained for putoring | m? pedite surgical edures by skipping in safety steps ostterm treatment with | |
| 7 | D W A | had Echo done with his differentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical team | ency from E See of the e ed for nt nication a | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure of procedure senior surgend teamwork | al symptoms ety Checklist the surgical is performed geon. E To rec opera | in the ope | To exproce certained for putoring | m? pedite surgical edures by skipping in safety steps ostterm treatment with | |
| 7 | D W A | had Echo done with hodifferentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical team Farhan, a 50-year-operative patient of the present of | ency from E See of the e ed for nt nication a | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure of procedure senior surgend teamwork | al symptoms ety Checklist the surgical is performed geon. E To rec opera | in the ope | To exproce certaineed for pattoring on longest pain. | m? pedite surgical edures by skipping in safety steps ostterm treatment with Chest imaging reveals iritis is Mr. Farhan most | |
| 7 | D W A | had Echo done with hodifferentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical teams. Farhan, a 50-year-operative patient of the present o | ency from Expresse of the led for int nication a ins Id man with symbol to the led for int Its wit | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure procedure senior surgend teamwork with rheumatoic shortness of breche following con | al symptoms ety Checklist the surgical is performed geon. E To rec opera d arthritis, the | in the ope | To exproce certained for patoring on longest pain. | m? pedite surgical dures by skipping in safety steps ost- | |
| 7 | D Mr. mee inte | had Echo done with hodifferentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical team of the presentation of the present | ency from | B12 deficiency? Glossitis Neurological WHO Surgical Safe To ensure procedure senior surgend teamwork with rheumatoic shortness of breine following core | al symptoms ety Checklist the surgical is performed geon. E To rec opera I arthritis, h eath, cough, mplications of | in the ope duce the native moninas been and che | To exproce certa eed for patoring on long est pain. | m? pedite surgical dures by skipping in safety steps ostterm treatment with Chest imaging reveals writis is Mr. Farhan most heumatoid lung disease | |
| i I A | D Mr. meintellikel | had Echo done with hodifferentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical teams. Farhan, a 50-year-operative patient among surgical teams. Farhan, a 50-year-operative patient of the present of | ency from Expose of the vector of the vecto | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure procedure senior surgend teamwork with rheumatoic shortness of breche following core B Felty's sy F Sjögren's | al symptoms ety Checklist the surgical is performed geon. E To rec opera d arthritis, h eath, cough, nplications co- ndrome s syndrome | in the ope I by a duce the native moninas been , and che of rheuma | To exproce certaineed for patoring on long est pain. | m? pedite surgical dures by skipping in safety steps ostterm treatment with Chest imaging reveals writis is Mr. Farhan most heumatoid lung disease | |
| 7 | D Mr me intellikel | had Echo done with his differentiates folate deficing Anaemia Muscle weakness What is the primary purport To eliminate the new pre-operative patient assessments To improve communamong surgical teams. Farhan, a 50-year-olythotrexate. He present erstitial lung disease. Why experiencing? Caplan's syndrome Rheumatoid vasculit | ency from Expose of the vector of the vecto | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure procedure senior surgend teamwork with rheumatoic shortness of bree following core B Felty's sy E Sjögren's | al symptoms ety Checklist the surgical is performed geon. E To rec opera arthritis, heath, cough, mplications of | duce the native moninas been, and che of rheuma | To exproce certained for pattoring on longest pain. C R D having | m? pedite surgical dures by skipping in safety steps ostterm treatment with Chest imaging reveals writis is Mr. Farhan most heumatoid lung disease cutaneous lesions for the | |
| 1 1 1 A D D | D Mr me intellikel | had Echo done with his differentiates folate deficing Anaemia Muscle weakness What is the primary purport To eliminate the new pre-operative patient assessments To improve communamong surgical teams. Farhan, a 50-year-olythotrexate. He present erstitial lung disease. Why experiencing? Caplan's syndrome Rheumatoid vasculit | ency from Expose of the vector of the vecto | B12 deficiency? Glossitis Neurologics WHO Surgical Safe To ensure procedure senior surgend teamwork with rheumatoic shortness of bree following core B Felty's sy E Sjögren's | al symptoms ety Checklist the surgical is performed geon. E To rec opera arthritis, heath, cough, mplications of | duce the native moninas been, and che of rheuma | To exproce certained for pattoring on longest pain. C R D having | m? pedite surgical dures by skipping in safety steps ostterm treatment with Chest imaging reveals writis is Mr. Farhan most heumatoid lung disease cutaneous lesions for the | |
| 1 | D Mr. me' intellikel | had Echo done with had differentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical teams. Farhan, a 50-year-operative patient of the present | ency from Expose of the vector of the vecto | B12 deficiency? B Glossitis Neurologics WHO Surgical Safe B To ensure procedure senior surgend teamwork with rheumatoic shortness of breight following corrections B Felty's sy E Sjögren's y the rheumatoic statement is having gover it. Nail e | al symptoms ety Checklist the surgical is performed geon. E To rec opera arthritis, heath, cough, mplications of | duce the native moninas been, and che of rheuma | To exproce certained for pattoring on long est pain. C R D having ecting precision archive the certain a | m? pedite surgical dures by skipping in safety steps ostterm treatment with Chest imaging reveals writis is Mr. Farhan most heumatoid lung disease cutaneous lesions for the edominantly the extensors coloration and nail pitting. | |
| 1 | D Mr. me' intellikel | had Echo done with hodifferentiates folate deficing. Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical teams. Farhan, a 50-year-operative patient of the present | ency from Expose of the red for Int Inication a Ins Id man to the with so the red for Int Expose of the red for Int Inication a Ins Id man to the position of the position the position of the position | B12 deficiency? B Glossitis Neurologics WHO Surgical Safe B To ensure procedure senior surgend teamwork with rheumatoic shortness of bree following core B Felty's sy E Sjögren's y the rheumatoic atient is having gover it. Nail e | al symptoms ety Checklist the surgical is performed geon. E To rec opera arthritis, heath, cough, mplications of | duce the native moninas been, and che of rheuma | To exproce certained for pattoring on longest pain. C R D having | m? pedite surgical dures by skipping in safety steps ostterm treatment with Chest imaging reveals writis is Mr. Farhan most heumatoid lung disease cutaneous lesions for the | |
| 1 | D Mr. me' intellikel | had Echo done with had differentiates folate deficing Anaemia Muscle weakness What is the primary purport of the pre-operative patient assessments To improve communication among surgical teams. Farhan, a 50-year-operative patient of the present | ency from Expose of the red for Int Inication a Ins Id man to the with so the red for Int Expose of the red for Int Inication a Ins Id man to the position of the position the position of the position | B12 deficiency? B Glossitis Neurologics WHO Surgical Safe B To ensure procedure senior surgend teamwork With rheumatoic shortness of bree following correct surgend teamwork B Felty's sy E Sjögren's y the rheumatoic atient is having gover it. Nail e | al symptoms ety Checklist the surgical is performed geon. E To rec opera arthritis, heath, cough, mplications of | duce the native moninas been, and che of rheuma | To exproce certained for pattoring on long est pain. C R D having ecting precision archive the certain a | m? pedite surgical dures by skipping in safety steps ostterm treatment with Chest imaging reveals writis is Mr. Farhan most heumatoid lung disease cutaneous lesions for the edominantly the extensors coloration and nail pitting. | |

| W | | | | | A STATE OF | | STATE OF | The same of the sa | |
|------------------------|--|--|--|---|--|--|---|--|------------------------|
| - 101 | | 90 | Who | | | | | A | |
| | | | Who should explain the su A Surgeon D Hospital | rgical pro | radus to the | | d consent | process? | |
| 120 | | | D Hospital | B.car pro | Anesthesiolo | nt during the informe | Registe | ered nurse | 200 |
| | | 91 | A 45 years ald | or E | None of the | above | | anck of | 7000 |
| | | | femur and unable to move in pain which one of the fe | herwise fi | it and healthy, tra | pped in the house af | ter a fall a | und fracture fice | 1000 |
| | | | mi pain which one of the for | for 24 ho | urs has been brou | ght to the hospital. W | Thie site is | | 71 |
| | | | A Glucose would now | B | Glucose would not | v C The proces | ss of gluco | neogenesis would | 111 |
| 1 | | | be absorbed from the Liver | | be absorbed from | now be re | sponsible | for providing energy | 10 1 11 |
| 60 | + | 00 | D Glycogenolvis uses | | the muscles | I - au fab - about | | | 1 |
| | | 92 | D Glycogenolyis uses pr A 12-year-old female presents the upper and leaves | rotein to | produce glucose | E All of the above | | t abdominal reflexes in | 1 |
| | | | | | | | | | |
| | | | | rmal abda | minal roflower Who | it is the next step in ma | anagement | Tagnetic resonance | |
| | - | - | A Anterior and posterio with instrumentation | | usion B Br | acing with a thoraco mbar-sacral orthosis | 10000 | naging (MRI) | 6 4 6 |
| 19 | | | Observation with rene | eat E | Posterior sp | inal fusion with | | | 4 |
| | 9 | 3 | Iddiographe is c | | | 49.00 | TIEV proce | nots with fatigue, joint | |
| 99 | | | Ars. Anjuman, a 30-year-old ain, and a butterfly-shape | | | | | | La constant |
| | | | veis and positive anti der | DALA | ross her cheeks | the following is th | ne most a | appropriate treatment | ACHERY S |
| | - | | Priori for Mrs. Anjuman's SI | LE? | | | | | |
| | - | - | | | osteroids C | Disease-modifying a | intirheum | atic drugs (DMARDs) | 1000 |
| | 94 | D | Manuel | | | r Dia | emanher | esis | The state of |
| | 94 | A | 26-year-old woman was | brought | to the emergen | cy department wit | h episodi | amination and relevant | The second |
| | | p. | 26-year-old woman was lpitation, sweating and ap investigations including | prehensi | ion with fear of a | bout to die. Her pr | normal l | imit. What is the most | |
| | | 1 | investigations including ely diagnosis? | ECG, Ech | ocardiogram and | I IFIS Were Within | | | - |
| | | A | | | n Social | anxiety disorder | C Par | nic disorder | |
| | | | Generalized anxiety dis | | | 1 - N - features | | 1 746 | 72 |
| | 95 | | Major depressive disor 7 years old boy was admi | rder E | | | ight loss. | He was diagnosed with | 840 |
| | | acı | 7 years old boy was admi te lumphoblastic leukem | itted to to | ather meets you | and ask about the | ne progn | osis. Which one of the | 122 |
| | | foll | te lumphoblastic leukem owing is not a good progn | actic tact | or in a patient w | I CIT CO CO. | stic leuke | pression of ZAP-70 | |
| | | A | Age 4 to 10 years old | B Chr | romosomai ivuili | DEL HINDER | | pression of 2rti | |
| | | D | Gender- Fomale | | | | cells | to the least 2 days | |
| | 96 | A 7 | vear how presented to e | mergenc | y department v | ith history of swe | elling of | left knee for last 2 days bear weight on the left | |
| | | 3000 | ciatod with fover his l | parents v | ucity and | | | nacting knee louit septie | |
| | | side | on examination his left k | nee is sv | wollen with eryt | hematous skin yo | nerator | specting knee joint septic dependant investigation | |
| | | arth | itic which of the follows | ilig is til | C III. | noninvasive and c | | | |
| | | that | can help you to know abou | ut the co | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | CF | PET scan | |
| | | THE PARTY NAMED IN | | I D | MRI | | | | |
| | | A | CT scan | В | | ral view | | | |
| | | A | ultrasound local | E | x ray ap late | | the pa | st 2 years. She has see | n |
| | 17 | D | ultrasound local | E comp | x ray ap late | re back pain for | the pa | st 2 years. She has see hat she has a serious bac | n ck |
| 9 | 1. | D A 40- | ultrasound local ear-old woman has bee e doctors, but all of her t | E en comp tests hav | x ray ap late plaining of seve we come back n | ormal. She is con | lief She | st 2 years. She has see hat she has a serious bac has become increasing | ck gly |
| 9 | 1. | D A 40- | ultrasound local ear-old woman has bee e doctors, but all of her t | E en comp tests hav | x ray ap late plaining of seve we come back n | ormal. She is con | lief She | has become increasing | ck gly |
| 9 | 1. | D A 40- | ultrasound local ear-old woman has bee e doctors, but all of her t | E en comp tests hav | x ray ap late plaining of seve we come back n my evidence to difficulty sleepi | re back pain for ormal. She is con support her be ng. What is the n | lief She | has become increasing | ck gly |
| 9 | ir | D A 40- multip njury, ithdra | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and s | E en comp tests hav | x ray ap late plaining of seve we come back n ny evidence to difficulty sleeping Conversion of | ere back pain for ormal. She is con support her be ng. What is the m lisorder | lief She | has become increasing | n ck gly |
| 9 | ir w | D A 40- multip njury, ithdra | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and so ronic fatigue syndrome | E en comp tests hav ovide ar he has o | x ray ap late plaining of seve we come back n my evidence to difficulty sleeping Conversion of | ore back pain for ormal. She is con support her be ng. What is the m lisorder | lief. She nost like C | has become increasing ly diagnosis? Depressive disorder | BIY |
| 9 | ir w A | D A 40- multip njury, ithdra CH | ultrasound local rear-old woman has bee e doctors, but all of her to but she is unable to prown and depressed, and so ronic fatigue syndrome pochondriasis | En comp tests have ovide ar he has o | x ray ap late plaining of seve ye come back n ny evidence to difficulty sleepi Conversion of Somatization | ore back pain for ormal. She is con support her being. What is the misorder disorder | lief. She | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is kn | own |
| 98 | r ir w A D 18 y | D A 40- multip njury, ithdra Ch Hy | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome bochondriasis | E en comp tests have ovide ar he has o | x ray ap late plaining of seve we come back in ny evidence to difficulty sleepi Conversion of Somatization on-healing wor | ore back pain for ormal. She is con support her being. What is the milisorder disorder und on right tibitaking oral ster | lief. She nost like C a for th oids. X- | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is kn rays show involucrum | own |
| 98 | r ir w A D 18 y | D A 40- multip njury, ithdra Ch Hy | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome bochondriasis | E en comp tests have ovide ar he has o | x ray ap late plaining of seve we come back in ny evidence to difficulty sleepi Conversion of Somatization on-healing wor | ore back pain for ormal. She is con support her being. What is the milisorder disorder und on right tibitaking oral ster | lief. She nost like C a for th oids. X- | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is kn rays show involucrum | own |
| 98 | A D 18 y case sequs | D A 40- multip njury, ithdra Ch Hy rears o of RI tra. L | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and so ronic fatigue syndrome cochondriasis ld gentleman presents eumatoid arthritis for ab shows high ESR. Whi | E en comp tests have ovide are the has of B E with no which ich of fo | x ray ap late plaining of seve we come back in my evidence to difficulty sleepi Conversion of Somatization on-healing wor he has been | ore back pain for ormal. She is con support her being. What is the milisorder disorder und on right tibitaking oral ster | lief. She nost like C a for th oids. X- priate a | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is kn rays show involucrum intibiotic? | own |
| 98 | A D 18 y case sequs | D A 40- multip njury, ithdra Ch Hy rears o of RI tra. L | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and so ronic fatigue syndrome cochondriasis ld gentleman presents eumatoid arthritis for ab shows high ESR. Whi | E en comp tests have ovide are he has completed by the has completed by | x ray ap late blaining of seve we come back in ny evidence to difficulty sleepi Conversion of Somatization on-healing wou he has been bllowing would Amoxicillin | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral sterlibe most appro | lief. She nost like C a for th oids. X- | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is kn rays show involucrum | own |
| 98 | A D 18 y case sequs | D A 40-multip njury, ithdra Cf Hy rears of Ri etra. L Genta | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and so ronic fatigue syndrome cochondriasis lid gentleman presents eumatoid arthritis for ab shows high ESR. Whi | E en comp tests have ovide are the has complete the has c | x ray ap late blaining of seve we come back in my evidence to difficulty sleepi Conversion of Somatization on-healing wou he has been bllowing would Amoxicillin Metronidazo | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral steril be most appro | lief. Shenost like C a for thoids. X-priate a | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is knrays show involucrum intibiotic? Erythromycin | own and |
| 98 | A D 18 y case sequs | D A 40-multip njury, ithdra Cf Hy rears of Ri etra. L Genta | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and so ronic fatigue syndrome cochondriasis lid gentleman presents eumatoid arthritis for ab shows high ESR. Whi | E en comp tests have ovide are the has complete the has c | x ray ap late blaining of seve we come back in my evidence to difficulty sleepi Conversion of Somatization on-healing wou he has been bllowing would Amoxicillin Metronidazo | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral steril be most appro | lief. Shenost like C a for thoids. X-priate a | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is knrays show involucrum intibiotic? Erythromycin | own and |
| 98 D | A D L L | D A 40-multip njury, ithdra Ch Hy rears of RI ttra. L Genta | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and s ronic fatigue syndrome cochondriasis ald gentleman presents eumatoid arthritis for ab shows high ESR. Whi micin | E en competests have ovide ar he has competests have ovide ar he has competests have ovide ar he has competests have been doctored by the second seco | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist | ore back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral steril be most appropriate ory of easy bru | lief. Shenost like C a for thooids. X-priate a C | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin and bleeding gums of 2 | own and weeks |
| 98 D | A D L L | D A 40-multip njury, ithdra Ch Hy rears of RI ttra. L Genta | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and s ronic fatigue syndrome cochondriasis ald gentleman presents eumatoid arthritis for ab shows high ESR. Whi micin | E en competests have ovide ar he has competests have ovide ar he has competests have ovide ar he has competests have been doctored by the second seco | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist | ore back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral steril be most appropriate ory of easy bru | lief. Shenost like C a for thooids. X-priate a C | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is knrays show involucrum intibiotic? Erythromycin | own and weeks |
| 98 D A 5 dura | A D 18 y case sequs A L 50-year ation. | D A 40- multip njury, ithdra CH Hy rears o of RI itra. L Genta inzoli Her | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and s ronic fatigue syndrome bochondriasis ald gentleman presents eumatoid arthritis for ab shows high ESR. Whi micin d woman presents to th platelet count is 10,00 | E en competests have ovide ar he has competests have ovide ar he has competests have ovide ar he has competests have been doctored by the second seco | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist | ore back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral steril be most appropriate ory of easy bru | lief. Shenost like C a for thooids. X-priate a C | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin and bleeding gums of 2 | own and weeks |
| 98 D A 5 dura the n | A D 18 y case seques A L 50-yea ation. most i | A 40- multip njury, ithdra Ch Hy rears of RI stra. L. Genta inzoli ar-olo Her | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome cochondriasis lid gentleman presents eumatoid arthritis for ab shows high ESR. Whit micin d woman presents to th platelet count is 10,00 diagnosis? | E en comp tests have ovide are he has de la | x ray ap late blaining of seve we come back in ny evidence to difficulty sleepi Conversion of Somatization on-healing wou he has been following would Amoxicillin Metronidazol or with a hist | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most appropriate to the cory of easy brue: 150,000-400 | lief. Shenost like C C a for the oids. X-priate a C ising ar | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin and bleeding gums of 2 L). Which of the follo | own and weeks |
| 98 D A 5 dura the n | A D 18 y case sequs A L 50-year ation. | A 40- multip njury, ithdra Ch Hy rears of RI stra. L. Genta inzoli ar-olo Her | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome cochondriasis lid gentleman presents eumatoid arthritis for ab shows high ESR. Whit micin d woman presents to th platelet count is 10,00 diagnosis? | E en comp tests have ovide are he has completed by the has completed by | x ray ap late blaining of sever we come back in ny evidence to difficulty sleeping Conversion of Somatization on-healing would Amoxicillin Metronidazol or with a hist (normal range) | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most appropriate ory of easy brue: 150,000-400 intravascular | lief. Shenost like C a for thooids. X-priate a C | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin d bleeding gums of 2 L). Which of the folloometics. | own and weeks owing is |
| 98 D A 5 durathe n | A D 18 y case seques A L 50-year ation. most in Denger | D A 40-nultip njury, iithdra Cr Hy erears of RI Rittra. L. Genta inzoli Her likely gue fi | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and s ronic fatigue syndrome bochondriasis ald gentleman presents eumatoid arthritis for ab shows high ESR. Whi micin d woman presents to the platelet count is 10,00 diagnosis? ever B | E en comp tests have ovide are he has completed by the has completed by | x ray ap late blaining of seve we come back in ny evidence to difficulty sleepi Conversion of Somatization on-healing wou he has been following would Amoxicillin Metronidazol or with a hist | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most appropriate ory of easy brue: 150,000-400 intravascular | lief. Shenost like C C a for the oids. X-priate a C ising ar | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin and bleeding gums of 2 L). Which of the follo | own and weeks owing is |
| 98 D A 5 durathe n | A D 18 y case seques A L 50-year ation. most in Denger | D A 40-nultip njury, iithdra Cr Hy erears of RI Rittra. L. Genta inzoli Her likely gue fi | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and s ronic fatigue syndrome bochondriasis ald gentleman presents eumatoid arthritis for ab shows high ESR. Whi micin d woman presents to the platelet count is 10,00 diagnosis? ever B | E en competests have ovide ar he has competests have ovident he has competests have ovident has competent has competent have been also competests have ovident has competent have been have been also competests have ovident has competent have been also competests have ovident has competent have been have been also competests have ovident have been have been also competent has competent have been | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist (normal range) | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most approve e ory of easy brue: 150,000-400 intravascular DIC) | lief. Shenost like C a for thooids. X-priate a C ising ar | has become increasingly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin Ind bleeding gums of 2 L). Which of the following thrombocytopenia | own and weeks owing is |
| 98 D A 5 durathe n | A D 18 y case seques A L 50-year ation. most in Dengaliopa | D A 40-10 A 40 | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome cochondriasis old gentleman presents reumatoid arthritis for ab shows high ESR. Whit micin d woman presents to th platelet count is 10,00 diagnosis? ever B thrombocytopenic | E en comp tests have ovide are he has completed by the has completed by | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist (normal range) | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most approve e ory of easy brue: 150,000-400 intravascular DIC) | lief. Shenost like C a for thooids. X-priate a C ising ar | has become increasing ly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin d bleeding gums of 2 L). Which of the folloometics. | own and weeks owing is |
| 98 D A 5 durathe n | A D 18 y case seques A L 50-year ation. most in Denger | D A 40-10 A 40 | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome cochondriasis old gentleman presents reumatoid arthritis for ab shows high ESR. Whit micin d woman presents to th platelet count is 10,00 diagnosis? ever B thrombocytopenic | E en competests have ovide ar he has competests have ovident he has competests have ovident has competent has competent have been also competests have ovident has competent have been have been also competests have ovident has competent have been also competests have ovident has competent have been have been also competests have ovident have been have been also competent has competent have been | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist (normal range) | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most approve e ory of easy brue: 150,000-400 intravascular DIC) | lief. Shenost like C a for thooids. X-priate a C ising ar | has become increasingly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin Ind bleeding gums of 2 L). Which of the following thrombocytopenia | own and weeks owing is |
| 98 D A 5 dura the n | A D 18 y case seques A L 50-year ation. most in Dengaliopa | D A 40-10 A 40 | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome cochondriasis old gentleman presents reumatoid arthritis for ab shows high ESR. Whit micin d woman presents to th platelet count is 10,00 diagnosis? ever B thrombocytopenic | E en competests have ovide ar he has competests have ovident he has competests have ovident has competent has competent have been also competests have ovident has competent have been have been also competests have ovident has competent have been also competests have ovident has competent have been have been also competests have ovident have been have been also competent has competent have been | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist (normal range) | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most approve e ory of easy brue: 150,000-400 intravascular DIC) | lief. Shenost like C a for thooids. X-priate a C ising ar | has become increasingly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin Ind bleeding gums of 2 L). Which of the following thrombocytopenia | own and weeks owing is |
| 98 D A 5 durathe n | A D 18 y case seques A L 50-year ation. most in Dengaliopa | D A 40-10 A 40 | ultrasound local rear-old woman has bee e doctors, but all of her t but she is unable to pro wn and depressed, and si ronic fatigue syndrome cochondriasis old gentleman presents reumatoid arthritis for ab shows high ESR. Whit micin d woman presents to th platelet count is 10,00 diagnosis? ever B thrombocytopenic | E en competests have ovide ar he has competests have ovident he has competests have ovident has competent has competent have been also competests have ovident has competent have been have been also competests have ovident has competent have been also competests have ovident has competent have been have been also competests have ovident have been have been also competent has competent have been | x ray ap late blaining of seve we come back n my evidence to difficulty sleepin Conversion of Somatization on-healing would he has been following would Amoxicillin Metronidazol or with a hist (normal range) | re back pain for ormal. She is con support her being. What is the misorder disorder und on right tibitaking oral ster be most approve e ory of easy brue: 150,000-400 intravascular DIC) | lief. Shenost like C a for thooids. X-priate a C ising ar | has become increasingly diagnosis? Depressive disorder e last 2 years. He is known involucrum intibiotic? Erythromycin Ind bleeding gums of 2 L). Which of the following thrombocytopenia | own and weeks owing is |

Protestal

A 31-year old male has been screened for a familial blood disorder. The results show hemoglobin of 9.5 What is the the analysis of the state of the 8/31-year old male has been screened for a familial blood disorder. The results show hemoglobin of 9.9 g/dL and smear displays few target cells. Hemoglobin electrophoresis shows a mild increase in HbA2.

A Herror B Hemozygous β thalassemia Septic arthritis occurs most frequently in adults; however, the most serious sequelae from infection occur in children, especially if a hin injection of the following is the most common microorganism in children, especially if a hip joint is involved which of the following is the most common microorganism responsible for neonatal sentic arthritis A 3 months old baby brought by nother to orthopedic opd with click around the hip. Baby was born full term NVD. Which one is not a sixth for the contraction of the c term NVD. Which one is not a risk factor for DDH? A 22-year-old patient with a thermal injury is referred to you. The referring unit described the injury as a second degree by the transfer of the second degree by th second degree burn. Which one of the following is correct regarding second-degree burns? Capillary refill is rarely D The entire dermis is normally involved. E The skin appendages are completely destroyed. В A 3 year old child has history of Recurrent episodes of pain in chest legs and abdomen and recurrent pyrexia. He is pale, mildly icteric. Abdominal examination shows liver 2.5 cm, spleen not palpable. Hemoglobin= 8 g/dl; TLC= 15000/mm3; Platelet count= 400,000/mm3; Retic count 20 %. SBR is 4 mg/dl which is mostly in the count is the count in the count is mostly in the count in the count is mostly in the count in the count is mostly in the count in the count in the count is mostly in the count in the count in the count is mostly in the count in the cou 115 Sickle cell anemia which is mostly indirect. The most likely diagnosis is iron deficiency anemia В Acute Leukemia Thalassemia intermedia A 30 years old lady presented with pallor, fatigue and dyspnoes. Physical examination shows pallor of the conjunctiva, angular cheilosis and kiolonychia. Which one of the following is NOT expected on the 116 Low total iron binding laboratory findings? Low Iron: total iron binding High serum tranferrin capacity capacity ration Low transferring saturation Low serum ferritin A 30-year-old G2P1 presents at 20 weeks' gestation to enroll for prenatal care and complains of frequent 117 fatigue. Routine prenatal laboratory tests reveal a hemoglobin concentration of 8 g/dl. A peripheral smear and red cell indices are consistent with hypochromic, microcytic cell changes. What is the most appropriate next step in management? C Supplemental iron given orally Folate supplementation B Recombinant erythropoetin Transfusion with packed red cells Supplemental iron given intravenously E Mrs. Aneela, a 45-year-old woman, presents with joint pain, swelling, and morning stiffness in multiple 118 joints. She also experiences fatigue and occasional low-grade fever. Laboratory tests reveal the presence of an antibody directed against double-stranded DNA. Based on the scenario, which of the following autoimmune arthritis conditions is most likely in Mrs. Aneela? Psoriatic arthritis (PsA) Reactive arthritis Ankylosing spondylitis (AS) Systemic lupus erythematosus (SLE) Rheumatoid arthritis E What is the best way to avoid per-operative errors and adverse events during elective surgical 119 operations? Follow the WHO Surgical Follow the ATLS protocols Follow the NICE Safety Checklist Guidelines Follow the AHA Follow the best clinical decision F Guidelines A pregnant woman with fever, chills, and sweating is brought to the clinic. The woman has a history of malaria. The woman's temperature is 38 degrees Celsius. What is the most appropriate treatment? Artesunate-mefloquine В Chloroquine C Doxycycline D Quinine E Sulfadoxine-pyrimethamine

120