



192.168.6.2/Forms/Exan



## Personal information

Student

Shahzeb  
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Reg No

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01:49:16

## Q#17

A 38-year-old woman with pain in her hands for the past year visits you at your office. She takes acetaminophen and over-the-counter nonsteroidal antiinflammatory drugs (NSAIDs) with some relief. The pain began in several metacarpophalangeal (MCP) joints of the hands with the thumb especially affected. Pain has started in the feet as well, affecting the metatarsophalangeal (MTP) joints. She has difficulty moving the joints when getting out of bed or after staying in one position too long. The pain is worse in the morning, but improves as she starts to move around over the course of the day over the next 1 to 2 hours. which of the following tests should be done in order to confirm the diagnosis of Rheumatoid arthritis?

- ☐ ESR
- ☐ RA factor
- ☐ Anti CCP
- ☐ CRP
- ☐ xray of hands

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01:54:02

### Q#10

A 8 year old boy C/o sever pain in b/l wrist and ankle joint.H/o fever,diarrhea and abdominal pain for 5 days.A week later he developed athralgia of the bilateral sacroiliac,wrsit,and ankle joints.O/E swelling and tenderness on motion and pain over the bilateral wrist and left sacroiliac joints.Labs shows hb12.8 g/dl, WBC 21,86/mm3, ESR 74mm/hr, HLA B27positive and stool culture was positive for salmonella .

- ☐ Osteomyelitis
- ☐ Septic arthritis
- ☐ Reactive arthritis
- ☐ Post infective arthritis
- ☐ Growing pains

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01:55:04

### Q#8

A 21-year-old man presents to his physician's clinic with lower back pain. He reports the pain is accompanied by stiffness, is worse in the morning, and improves with exercise. He denies any radiation of pain or bowel and bladder incontinence. On physical exam, there is decreased anterior flexion of the lumbar spine. Laboratory testing is positive for HLA-B27. A plain radiograph of the spine is reported normal. Keeping in view the history which disease signs is he at risk of?

- ☐ scaly rash on extensor surface
- ☐ abdominal pain with Diarrhea and constipation
- ☐ Joint pains sparing DIP joints
- ☐ difficulty combing hair
- ☐ unilateral limb swelling

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01:47:57

### Q#19

Mrs GB 40 years presented with shortness of breath, palpitation and weakness. Examination revealed a pale lady with koilonychia. Rest of examination was unremarkable. Her peripheral smear revealed microcytes. What type of anemia is this lady suffering from?

- ☐ A. Anemia of chronic disorder.
- ☐ B. Autoimmune hemolytic anemia.
- ☐ C. Hemolytic anemia.
- ☐ D. Iron deficiency anemia.
- ☐ E. Megaloblastic anemia.

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01:47:24

### Q#20

A 50 year old man presents with chronic, scaly rash on his elbows and knees. What is the most likely diagnosis?

- ☐ Eczema
- ☐ Psoriasis
- ☐ Contact dermatitis
- ☐ Seborrhic dermatitis
- ☐ Dermatitis herpetiformis

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**Q#11**

A 32 year old female, epileptic on long standing valproic acid comes to clinic for routine examination. she has been seizure free for last 2 years and compliant with her medications. she is a house wife and avoid going outdoor because of fear of getting a seizure. she is concerned about bone fracture 2ndry to osteoporosis as her mother was recently admitted secondary to a bone fracture . Her DEXA scan done to relieve her concern showed a T score 0f -2.1 at hip joint and -1.8 at spine. She has mild aches and pain at back. Laboratory workup showed normal Calcium, and alkaline phosphatase levels. What is the next best action?

- ☐ Start on calcium vitamin D
- ☐ Reassurance
- ☐ Start on Bisphosphonates
- ☐ Do Bone biopsy
- ☐ Start Estrogen therapy

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Q#23

A 28-year-old female is admitted to the burn unit after a house fire, with burns covering 40% of her total body surface area (TBSA). Using the Parkland formula, calculate the total volume of fluid she should receive in the first 24 hours post-burn. If she weighs 70 kg, how much fluid should be administered in the first 8 hours?

- ☐ 4,800 mL in the first 8 hours
- ☐ 1,680 mL in the first 8 hours
- ☐ 2,400 mL in the first 8 hours
- ☐ 3,360 mL in the first 8 hours
- ☐ 5,600 mL in the first 8 hours

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01:51:25

### Q#14

A 6-year-old girl with known sickle cell anemia presents with pallor, severe pain in her limbs, and a fever. Laboratory tests show low hemoglobin and reticulocytosis. What is the most appropriate immediate management?

- ☐ Intravenous fluids and pain management
- ☐ Blood transfusion
- ☐ Antibiotics
- ☐ none of these
- ☐

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01:59:18

## Q#2

A 50-year-old man presents 4 months after an acute gout flare to his primary care physician. Since then, he has had 2 more episodes of minor flares that resolved on its own. He reports wanting better control of this disease. His physician describes several options for chronic gout. which one of the following is used in chronic gout?

- ☐ steroids
- ☐ allopuranol
- ☐ colchicine
- ☐ NSAIDS
- ☐ Diet only

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01:46:52

**Q#22**

A 55-year-old male is brought to the emergency department after being involved in a high-speed motor vehicle collision. He complains of severe pelvic and lower abdominal pain. On examination, the patient is pale, diaphoretic, and tachycardic with a heart rate of 120 beats per minute and a blood pressure of 90/60 mmHg. There is tenderness over the pelvis, and pelvic compression elicits severe pain. An X-ray confirms a complex pelvic fracture. What is the most appropriate initial management step for this patient?

- ☐ Immediate pelvic fixation surgery
- ☐ Fluid resuscitation and pelvic binder application and urgent imaging to assess for internal bleeding
- ☐ Immediately start physical therapy and early mobilization
- ☐ Oral analgesics only and follow up in opd
- ☐ Immobilization with pelvic cast and delayed surgery

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01:59:00

### Q#3

A 1 Year old child presents to OPD with chief complaints of pallor and lethargy from last few weeks. On taking history mother tells you that he has been exclusively breastfed for 8 months and after that weaning was started. On further inquiry proper weaning diets have not been started. She is only giving cereals and sometimes tea. On examination the child is weighing 8 kg. Systemic examination revealed no further abnormality. What is the most probable diagnosis?

- ☐ Iron deficiency anemia
- ☐ Sickle cell anemia
- ☐ Beta thalassemia
- ☐ Hereditary spherocytosis
- ☐ Megaloblastic anemia

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01:59:49

### Q#: 1

During pre-op evaluation of an 33 year old male with ESRD form polycystic kidney disease, his identical twin brother comes forward and wishes to donate one of his kidney to hos brother. What type of graft is this

- ☐ allograft
- ☐ isograft
- ☐ autograft
- ☐ xenograft
- ☐ sterograft

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01:57:16

### Q#5

A 2-month-old male infant is brought to the pediatric physician clinic by his parents, who are concerned about the shape of his feet. On examination, both feet are turned inward, and there is noticeable rigidity in their positioning. The infant has no other congenital abnormalities and has been meeting developmental milestones otherwise. The parents inquire about the condition and its management. What is the most appropriate next step in the management of this infant's condition?

- ☐ Immediately surgical correction
- ☐ Refer to orthopaedic specialist clinic
- ☐ Start physiotherapy and exercise
- ☐ Do casting and Bracing
- ☐ Provide orthosis (AFO)

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**Q#6**

A 2 years old male child is brought by his mother to you in OPD. The child looks lean and pale. The mother complains that he has low appetite and is cranky all the time. You order CBC which shows Hb  $\approx$  8 g/dl, MCV  $\approx$  54, MCH  $\approx$  16, and MCHC  $\approx$  20. You suspect iron deficiency anemia and prescribe iron supplement. What is the most sensitive test to diagnose iron deficiency anemia.

- ☐ CBC
- ☐ Bone marrow
- ☐ Serum ferritin
- ☐ Meintzer index
- ☐ History based diagnosis

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01:58:38

### Q#4

An 8-year-old child is brought to the outpatient clinic by his parents with complaints of persistent fever, malaise and reluctance to bear weight on his right distal femur for the past week after an unwitnessed fall. There is no history of trauma. On examination, there is localized deep tenderness over the distal femur and the child is running fever. Laboratory investigations reveal white blood cell count of 15000 and elevated ESR of 45. What is the most likely diagnosis for this child?

- ☐ Distal femur fracture
- ☐ Juvenile idiopathic arthritis of the knee
- ☐ Osteomyelitis of femur
- ☐ Septic arthritis of the knee
- ☐ Osteoarthritis of the knee

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01:55:54

**Q#7**

SM 60 presented with weakness, shortness of breath for the last few months. He has dragging sensation in left hypochondrium. He has low Hb and a leucerythroblastic picture on Peripheral smear. What clinical sign will be most suggestive of the diagnosis?

- ☐ A. Generalised Lymphadenopathy.
- ☐ B. Hepatomegaly.
- ☐ C. Jaundice.
- ☐ D. Massive splenomegaly.
- ☐ E. Severe Anemia.

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01:54:25

## Q#9

Confidentiality in healthcare refers to

- ☐ Sharing patient's information with his friends
- ☐ Sharing patient information freely with other healthcare providers
- ☐ Protecting patient information unless consent is given to share it
- ☐ Discussing patient cases in public forums with name for educational purposes
- ☐ Withholding all information from family members even when the patient is incapacitated

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01:44:43

### Q#25

A 45-year-old woman comes to the office with several months of progressively worsening muscle weakness. She delayed coming to see you because she just thought it was fatigue and tiredness from working a lot. Over the past week, the weakness worsened to the point where she needs to use her arms to get up out of a chair. The muscles are not painful. Joint pain is present. A photosensitive pink rash of the neck and trunk is noted along raised violaceous, slightly scaly plaques, on bony prominences of the hands and elbows. Which is the most accurate test of dermatomyositis?

- ☐ CPK level
- ☐ Aldolase levels
- ☐ Muscle biopsy
- ☐ MRI of muscles
- ☐ Anti Jo1 antibody

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01:52:27

### Q#12

What is the most common cause of Steven Johnson's syndrome?

- ☐ Omeprazole
- ☐ Paracetamol
- ☐ Carbamazepine
- ☐ Metronidazole
- ☐ Penicillins

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01:47:03

### Q#21

a 20-year-old male presented with intense itching of the skin for the last one week, especially in the inter digital areas and in the groin. his other siblings also suffer from the same problem? what can be the diagnosis?

- ☐ contact dermatitis
- ☐ drug rash
- ☐ scabies
- ☐ psoriasis
- ☐ herpes simplex

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01:45:06

## Q#24

A 47-year-old alcoholic male presents with a 3-day history of hematemesis. He undergoes an EGD and is found to have several varices with stigmata of recent bleeding, although no active bleeding is found. He is in the intensive care unit with an NGT in place, is not receiving vasoactive medications, and is on 4-L oxygen via nasal cannula. Which of the following is a contraindication to starting enteral feeds on this patient?

- ☐ Being in the intensive care unit
- ☐ Alcohol withdrawal
- ☐ Recent EGD plan
- ☐ UGI bleeding kept nbm
- ☐ Lack of enteral access

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01:52:20

## Q#13

You are called to review a 70 years male admitted on surgical ward. He was admitted with a broken hip and has gone under a Hip Replacement surgery 5 days ago. He is described as very disturbed; struggling to lay in bed, talking to unseen stimuli and changeable mood. He has also been hitting the fellow patients on the ward. The doctors report him to have been stable in his mod prior to 5 days and that this has been a sudden deterioration in his mental health. What treatment strategy would you suggest?

- ☐ Move to a side room with dim lights
- ☐ Keep consistency with the staff looking after him
- ☐ Work up any underlying cause
- ☐ Avoid tranquilizers unless necessary
- ☐ All of the above

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01:48:34

### Q#18

A 40-year-old patient presents with pain, swelling, and inability to bear weight on the right leg after a sports injury. The X-ray confirms a midshaft tibia fracture. What is the most reliable clinical sign to suspect compartment syndrome in this patient?

- ☐ Diminished pulses
- ☐ Sever pain on passive stretching of the toes
- ☐ Cooling of the skin
- ☐ Numbness over the dorsum of the foot
- ☐ Visible bruising over the tibia

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01:50:45

## Q#15

A 45 year old farmer developed swelling in right upper quadrant, which is associated with dull ache on/off. On examination there is moderate hepatomegaly, mild tenderness, however no rigidity or guarding. USG shows a cystic swelling in right lobe of liver and cart-wheel appearance. The most probable diagnosis is

- ☐ Amoebic liver abscess
- ☐ Hydatid liver cyst
- ☐ Adenoma of liver
- ☐ Hematoma of liver
- ☐ Mucocoele of gallbladder

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01:50:06

### Q#16

A 20-year-old woman presented with history of menorrhagia, epistaxis and easy bruising. Her labs shows Prothrombin time:12 seconds, APTT 38.8 seconds, Platelet count: 288,000/ $\mu$ L. she was diagnosed with Von Willebrand disease. What is the primary treatment option?

- ☐ Desmopressin
- ☐ Factor VIII
- ☐ Fresh Frozen Plasma
- ☐ Oral Contraceptives
- ☐ Folic Acid

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01:44:03

### Q#26

A 10 months old child presents to you with the history of loose motions and vomiting for the past 3 days. The child is lethargic since this morning and is unable to take feed. On examination depressed anterior fontanelle, dry mucous membranes, skin pinch goes back very slowly. What is the fluid deficit of this child and over how much time should it be corrected?

- ☐ 300ml IV over 30 minutes then 700ml over 2.5 hours
- ☐ 300ml IV over 20 minutes then 700ml over 2.5 hours
- ☐ 300ml IV over 60 minutes then 700ml over 2.5 hours
- ☐ 300ml IV over 25 minutes then 700ml over 2.5 hours
- ☐ 300ml IV over 1 hour then 700ml over 5 hours

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01:02:43

**Q#120**

Mrs R 46 presented with painless swellings in the neck which are progressively increasing in size and recently she has noticed another swelling on left side of neck. She has low grade fever and night sweats. She has lost 10 kg weight in the past six months. Examination revealed mild anemia, two R cervical lymph nodes 4x5 cm and another lymph node on left side of neck 3x2 cm rubbery in character. She has mild splenomegaly. What investigation will confirm the diagnosis?

- ☐ A. Bone marrow aspiration.
- ☐ B. Bone marrow trephine biopsy.
- ☐ C. CT scan abdomen
- ☐ D. Lymph node biopsy.
- ☐ D. Lymph node biopsy.

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01:43:18

## Q#27

A 30-year-old male presents to the emergency department after a kitchen accident involving boiling water. On examination, the affected area on his forearm is bright red, swollen, and has intact blisters. He reports significant pain upon palpation. Based on this presentation, what is the most likely classification of his burn?

- ☐ Superficial (first-degree) burn
- ☐ Superficial partial-thickness (second-degree) burn
- ☐ Deep partial-thickness (second-degree) burn
- ☐ Full-thickness (third-degree) burn
- ☐ Fourth-degree burn

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01:39:27

## Q#34

a 6-year-old boy, has been experiencing frequent falls recently, difficulty running, and trouble climbing stairs. His parents noticed that he uses his hands to push off his thighs when getting up from the floor, his previous sibling is also suffering from such condition After a visit to a pediatric neurologist and subsequent genetic testing was done reports awaiting base on this what is your diagnosis?

- ☐ CP (cerebral palsy) child
- ☐ Duchenne muscular Dystrophy
- ☐ Development dysplasia of the hip
- ☐ AMC (Arthrogryposis Multiplex Congenita) child
- ☐ Rickets

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01:42:17

**Q#29**

A sixty years old patient who had undergone extensive gut resection for bowel ischemia. His nutritional rehabilitation is planned.

What is the preferred method for this patient nutritional support?

- ☐ Enteral with nasogastric tube
- ☐ Enteral with feeding jejunostomy
- ☐ Parenteral nutrition
- ☐ Oral augmented nutrition
- ☐ Enteral with nasojejunal tube

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01:39:03

### Q#35

A firefighter sustains burns on his arms and legs totaling approximately 30% TBSA after rescuing individuals from a burning building. Which of the following statements regarding fluid resuscitation for this patient is accurate?

- ☐ Crystalloids are preferred over colloids due to their lower cost and ease of administration.
- ☐ The Parkland formula should only be used if the patient is in shock upon arrival.
- ☐ Fluid resuscitation can be initiated with oral fluids if the TBSA is less than 30%.
- ☐ Urine output is not a reliable indicator of adequate resuscitation in burn patients.
- ☐ Normal saline is preferred over lactated Ringer's solution to avoid hyperchloremic acidosis.

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192.168.6.2/Forms/Exan



### Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:40:48

### Q#32

A 53-year-old woman with a past medical history of thyroid disease presents to her physician's office for weakness. She reports that she has been feeling weak, has difficulty climbing the stairs, and combing her hair every morning. Today, she also has difficulty arising out of her chair. Physical exam reveals decreased strength, especially in the shoulders. She also has an impressive lilac periorbital rash and a sunburn on her cheeks. She is sent for further laboratory workup and counseled on the likely initiation of high-dose steroids. What is the most likely diagnosis?

- ☐ Gout
- ☐ Polymyositis
- ☐ Dermatomyositis
- ☐ SLE
- ☐ Psoriatic arthritis

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:31

## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:40:53

### Q#31

A butterfly facial rash is characteristic of which disease?

- ☐ rosacea
- ☒ systemic lupus erythematosus
- ☐ seborrhic dermatitis
- ☐ contact dermatitis
- ☐ scabies

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:31



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

scope

**Timer**

01:39:56

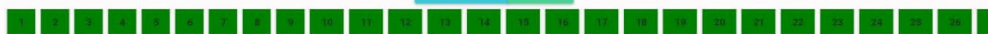
**Q#33**

A patient with RA from last 12 years reported of having difficulty moving limbs and feeling weakness in limbs with tingling sensation. He complains stiffness in his joints. Which of the following complication is most likely to occur in the long term with RA in this patient?

- ☐ Peritoneal inflammation
- ☐ serosal fibrosis
- ☐ SI joint fibrosis
- ☐ Carpel tunnel syndrome
- ☐ Pericarditis

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:41



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

scope

**Timer**

01:38:15

**Q#36**

A woman in her eighth pregnancy presents to the hospital in 37 weeks of pregnancy. She is complaining of extreme fatigue and fainting episode early morning today. She has positive pallor in conjunctiva, skin creases, oral cavity. You ordered her blood test which shows HB of 6.7 g/dl. Red cell indices are all well below the normal level. Serum ferritin is 3 pg/dl. You counsel her husband that best treatment option is

- ☐ Blood transfusion
- ☐ oral iron supplements
- ☐ parenteral iron preparation
- ☐ intramuscular injection of iron
- ☐ injection hydroxyurea

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:41



192.168.6.2/Forms/Exan



### Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

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Timer

01:37:08

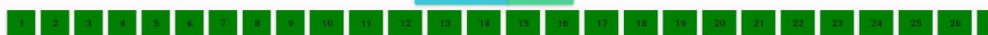
### Q#38

A doctor has been informed that a patient is refusing a life-saving treatment. Which approach is the most professional?

- ☐ Inform the patient's family about the decision
- ☐ Pressurize the patient into receiving the treatment
- ☐ Ignore the patient's wishes and proceed with treatment
- ☐ Respect the patient's autonomy after providing clear information and discussing the risks
- ☐ none of these

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:41





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**Personal information****Student**Shahzeb  
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MB1924-1991

**Scope**

scope

**Timer**

01:37:56

**Q#37**

A 2 year old child developmentally delayed ,mother complains that he is still not walking or crawling, can only sit with support .Mother complains that he had previous episodes of carpopedal spasm and seizures.O/E the child has all the signs of rickets and generalized alopecia .Labs shows ionized ca 2.5 vit D level 120.What is your probable diagnosis ?

- ☐ nutritional rickets
- ☐ hypophosphatemic rickets
- ☐ vit D dependent rickets type 2
- ☐ vit D dependent rickets type 1
- ☐ chronic renal failure

PREVIOUS

NEXT

**Important Note**

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- 01:41



192.168.6.2/Forms/Exan



### Personal information

Student

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Reg No

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Scope

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01:36:08

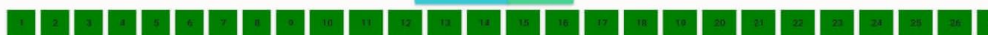
### Q#40

What is the primary treatment of moderate to severe psoriasis?

- ☐ Topical corticosteroids
- ☐ Topical vitamen D
- ☐ Methotrexate
- ☐ Antibiotics
- ☐ Antihistamines

PREVIOUS

NEXT



#### Important Note

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## Personal information

Student

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Reg No

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01:35:54

## Q#41

A 2year old child with fever and refusal to walk for two days .C/o pain and points to his right lower extremity. There is a recent history of an URTI about two weeks ago, but no recent trauma . The pain is not known to migrate. Labs show wbc 20,000 . ESR 45, CRP 12. Hip radiographs shows widening of the acetabular space on the right .what is your probable diagnosis ?

- ☐ Osteomyelitis
- ☐ septic arthritis
- ☐ reactive arthritis
- ☐ post infectious arthritis
- ☐ growing pains

PREVIOUS

NEXT



### Important Note

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- 01:41



192.168.6.2/Forms/Exan



### Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:36:38

### Q#39

A 3-year-old boy is brought to the clinic with a history of easy bruising, prolonged bleeding after dental work, and a family history of similar symptoms. His laboratory tests show normal PT but prolonged aPTT and decreased factor IX activity. What is the likely diagnosis?

- ☐ Hemophilia A
- ☐ Hemophilia B
- ☐ Von Willebrand disease
- ☐ Liver disease
- ☐ none of these

PREVIOUS

NEXT



#### Important Note

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- 01:41

## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:34:43

### Q#43

What is the most common cause of contact dermatitis?

- ☐ Nickel
- ☐ Latex
- ☐ Poison Ivy
- ☐ Linen
- ☐ Fragrances

PREVIOUS

NEXT



#### Important Note

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- 01:41



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

scope

**Timer**

01:32:22

**Q#49**

An 8 month old child with Down Syndrome presents with 2 weeks history of fever. On examination there is pallor, hepatosplenomegaly, generalized petichae and generalized lymphadenopathy. Special smear shows a hemoglobin of 7g/dl, WBC 75,000, 20% blast cells, platelets 20,000, bone marrow examination shows 30% blast cells. You are suspecting a diagnosis of acute myeloid leukemia. Myeloblasts stain positive for which of the following stains?

- ☐ Myelesterase
- ☐ Leukocyte alkaline phosphatase
- ☐ Myeloperoxidase
- ☐ Taetrate-resistant acid phophatase
- ☐ Gram stain

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:41



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

scope

**Timer**

01:34:28

**Q#42**

A 7 year old child presents to you with left knee joint swelling for the past 7 days. He has past history of spontaneous bruising and bleeding from circumcision site. The mother gives history that one of his uncles has a similar illness and he uses some expensive injections regularly. On examination he has a few bruises on his back and legs, left knee joint is swollen and tender, rest of the examination is normal. On initial investigations his APTT is grossly deranged. What is the most likely diagnosis?

- ☐ Von willebrand disease
- ☐ Idiopathic thrombocytopenic purpura
- ☒ Haemophilia
- ☐ Leukaemia
- ☐ Juvenile idiopathic arthritis

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:41



192.168.6.2/Forms/Exan



## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:31:26

## Q#51

A 31-year-old woman presents to her primary care physician's office with general malaise, myalgias, and low-grade fever. She notices that during the winter months the tips of her fingers turn blue and then returns to her baseline color when in a warm environment. She also complains of joint pain swelling involving small joints of hands . On physical exam, there is a malar rash, sclerodactyly, and joint tenderness. Which antibodies are found in it?

- ☐ DsDNA
- ☐ Anti CCCP
- ☐ Anti Ro/ LA
- ☐ Anti Scl 70
- ☐ Anti RNP antibody

PREVIOUS

NEXT



### Important Note

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- 01:41





192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

scope

**Timer**

01:33:06

**Q#47**

A 4 Years old child present with bruises, nose bleeds and generalized petechial rash. There is past history of respiratory infection about 20 days ago. On examination child is afebrile having no hepatosplenomegaly and lymphadenopathy. Labs show Hb 13 g/dL, normal TLC and DLC. PT and APTT are within normal range and platelet count is 12000/mm3. What is the most likely diagnosis?

- ☐ Hemophilia
- ☐ Von willibrand disease
- ☐ ITP
- ☐ Henoch schonlein purpura
- ☐ DIC

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:41

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

scope

**Timer**

01:30:50

**Q#52**

A patient with severe malnutrition is being assessed for severity of the problem and the required type of dietary therapy. The universal scoring system used for assessing the severity of disease is

- ☐ The APACHE score
- ☐ The Van Nhys Index
- ☐ The MUST tool
- ☐ The Parkland formula
- ☐ The Harris Benedict formula

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:41

## Personal information

Student

Shahzeb  
Hassan

Reg No

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Scope

scope

Timer

01:31:26

### Q#51

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- ☐ DsDNA
- ☐ Anti CCCP
- ☐ Anti Ro/ LA
- ☐ Anti Scl 70
- ☐ Anti RNP antibody

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:41

## Personal information

Student

Shahzeb  
Hassan

Reg No

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Scope

scope

Timer

01:34:28

### Q#42

A 7 year old child presents to you with left knee joint swelling for the past 7 days. He has past history of spontaneous bruising and bleeding from circumcision site. The mother gives history that one of his uncles has a similar illness and he uses some expensive injections regularly. On examination he has a few bruises on his back and legs, left knee joint is swollen and tender, rest of the examination is normal. On initial investigations his APTT is grossly deranged. What is the most likely diagnosis?

- ☐ Von willebrand disease
- ☐ Idiopathic thrombocytopenic purpura
- ☒ Haemophilia
- ☐ Leukaemia
- ☐ Juvenile idiopathic arthritis

PREVIOUS

NEXT



#### Important Note

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- 01:41



192.168.6.2/Forms/Exan



## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:30:24

## Q#53

Mrs SA 50 presented with history of fever off and on for the past three months, weight loss cough, dyspnoea and swellings in the neck that are progressively increasing in size. Clinical examination revealed bilateral cervical lymphadenopathy, and signs of superior vena caval obstruction and wide mediastinum. What investigation will confirm the diagnosis?

- ☐ A. Bone marrow examination.
- ☐ B. Bone marrow trephine.
- ☐ C. Cytogenetic studies.
- ☐ D. Lymph node biopsy.
- ☐ E. Peripheral smear.

PREVIOUS

NEXT



### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:41

## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:32:48

### Q#48

Mr RK 50 year presented with history of heaviness and swelling in R hypochondrium and weakness. Examination revealed well looking man with a moderately enlarged spleen and moderately enlarged liver. His TLC is 35000/cmm, uric acid is raised to 9mg/dl . What test will you do to confirm the diagnosis?

- ☐ A. Bone marrow examination.
- ☐ B. Chromosomal analysis.
- ☐ C. LDH Level
- ☐ D. Peripheral smear.
- ☐ E. RNA analysis.

PREVIOUS

NEXT



#### Important Note

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- 01:41



192.168.6.2/Forms/Exan



### Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:30:01

### Q#54

A 25 year old with acute lymphoblastic leukemia (ALL) in undergoing induction chemotherapy. He developed high grade fever 103F, Neutrophil count is 0.5 and chest X ray shows bilateral infiltrates. What is the most likely complication?

- ☐ Tumour Lysis Syndrome
- ☐ Neutropenic sepsis
- ☐ Pulmonary embolism
- ☐ Hemorrhagic cystitis
- ☐ septic shock

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:41



192.168.6.2/Forms/Exan



## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:29:37

## Q#56

A 35-year-old woman presents to the emergency department after sustaining a 25% total body surface area (TBSA) burn from a kitchen fire. She exhibits signs of inhalation injury, including facial burns and singed nasal hairs. Initial management includes fluid resuscitation using the Parkland formula. What is the most appropriate fluid to administer during the first 24 hours?

- ☐ Dextros 5% Water
- ☐ Normal saline
- ☐ Lactated Ringer's solution
- ☐ Colloids
- ☐ Blood

PREVIOUS

NEXT



### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51



## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:30:24

### Q#53

Mrs SA 50 presented with history of fever off and on for the past three months, weight loss cough, dyspnoea and swellings in the neck that are progressively increasing in size. clinical examination revealed bilateral cervical lymphadenopathy, and signs of superior vena caval obstruction and wide mediastinum. What investigation will confirm the diagnosis?

- ☐ A. Bone marrow examination.
- ☐ B. Bone marrow trephine.
- ☐ C. Cytogenetic studies.
- ☐ D. Lymph node biopsy.
- ☐ E. Peripheral smear.

PREVIOUS

NEXT



#### Important Note

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- 01:41



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

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**Timer**

01:28:33

**Q#57**

.Mr FK 65 presented with fever off and on ,polyuria, generalized body aches anorexia and increasev fatguability. On examination the patient is anemic and febrile. Rest of the examination is unremarkable. Investigations showed Hb 8.0g/dl, TLC normal, Platelets 70000/cmm. Urea 120mg/dl ,Creatinin 2mg/dl.His skull xray showed extensive lytic lesions.his serum calcium is .12mg/dl and his serum potein electrophoresis shows myeloma band. A diagnosis is of multiple myeloma was made. What is the stage of the disease?

- ☐ A. Plasmacytoma
- ☐ B. Stage 0
- ☐ C. Stage I
- ☐ D. stage III
- ☐ E. stagell

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51



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### Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:29:27

### Q#54

A 25 year old with acute lymphoblastic leukemia (ALL) in undergoing induction chemotherapy. He developed high grade fever 103F, Neutrophil count is 0.5 and chest X ray shows bilateral infiltrates. What is the most likely complication?

- ☐ Tumour Lysis Syndrome
- ☐ Neutropenic sepsis
- ☐ Pulmonary embolism
- ☐ Hemorrhagic cystitis
- ☐ septic shock

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51

## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:28:08

### Q#58

45-year-old male presents to the emergency department with a 3-day history of severe pain in his right hip. The pain is constant, worsens with movement, and is accompanied by fever and chills. He reports no recent trauma or injury. On examination, the patient is unable to bear weight on his right leg, and there is marked tenderness over the right hip with limited range of motion. Laboratory tests reveal an elevated white blood cell count, elevated C-reactive protein (CRP), and an erythrocyte sedimentation rate (ESR) of 75 mm/hr. An ultrasound of the hip shows a joint effusion. Blood cultures are pending. what is most important management for this patient?

- ☐ Give orall antibiotics and follow one week later in OPD
- ☐ Do hip arthrotomy for joint collection analysis and C/s
- ☐ Do MRI of the hip
- ☐ Give Steriods to reduce information
- ☐ Give non Steriodal anti inflammatory analgesics

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb  
Hassan**Reg No**

MB1924-1991

**Scope**

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**Timer**

01:27:03

**Q#59**

A 45-year-old female complaints of increasing widespread joint pains which are worse in the evening after a stressful day at work. She describes puffy hands and feet and a painful neck. Her concentration is very poor and she has recently suffered from marital problems. Rheumatoid factor is mildly positive. Examination reveals an increased body mass index and global restriction of movement due to pain, but no synovitis. Which of the following investigations would be useful in this case?

- ☐ Anti-cyclic citrullinated peptide antibody
- ☐ Ultrasound scan hands and feet
- ☐ Anti-JO-I antibody
- ☐ Erythrocyte sedimentation rate and C reactive protein
- ☐ Anti-mitochondrial antibody

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:51

## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

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01:26:20

### Q#60

A 45-year-old male patient presents with chronic back pain, weight loss, and low-grade fever. Upon physical examination, tenderness is noted over the thoracic vertebrae. MRI of the spine reveals destruction of the vertebral bodies and intervertebral disc space at T8-T9, with a paravertebral abscess. Laboratory tests show an elevated erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels. Based on the scenario above, what is the most likely diagnosis?

- ☐ Osteoarthritis of the spine
- ☐ Pyogenic spondylitis
- ☐ TB spine
- ☐ Metastatic bone disease of the spine
- ☐ Spondylolisthesis

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51

Personal information

Student

Shahzeb Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:24:30

Q#65

During their clinical rotation in orthopaedic, final year medical students They encounter a 2-year-old patient named maryam , who has been brought in by her parents due to concerns about her growth and development. Maryam exhibits some distinct physical characteristics that prompt the medical team to suspect achondroplasia. Which of the following clinical features is most commonly observed in individuals with achondroplasia?

- ☐ Excessive Height for Age
- ☐ Long and slender limbs
- ☐ Prominant forehead and face hypoplasia
- ☐ Narrow chest wall and cavity
- ☐ Proportional body

PREVIOUS

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Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51



192.168.6.2/Forms/Exan



### Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:24:46

### Q#64

MR. JK 55 presented for a medical check up with non specific symptoms. His attending physician advised a blood film that showed a platelet count of 1000000/cmm. What investigation will you do to confirm the diagnosis?

- ☐ Peripheral smear.
- ☐ . Bone marrow examination.
- ☐ JAK 2 mutation.
- ☐ Cytogenetic studies.
- ☐ Philadelphia chromosome.

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51



## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:25:35

### Q#62

A 70 year old male having multiple co-morbidities, presented to OPD in state of severe nutritional impairment. He is unable to chew and swallow and is not tolerating NG tube. What would be the most appropriate way of nutritional rehabilitation

- ☐ nasogastric feeding
- ☐ PEG tube
- ☐ Total parenteral nutrition
- ☐ augment oral feeding
- ☐ feeding jejunostomy

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51



192.168.6.2/Forms/Exan



### Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

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01:25:50

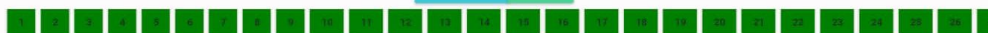
### Q#61

A 60 year old male having undergone oesophageal surgery and feeding jejunostomy in place is being considered for nutritional rehabilitation, What is the preferred way of rehabilitation for this patient

- ☐ enteral feeding through jejunostomy
- ☐ Oral protein rich food
- ☐ total parenteral nutrition
- ☐ through nasojejunal tube
- ☐ through PEG tube

PREVIOUS

NEXT



#### Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:51

## Personal information

Student

Shahzeb  
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:27:03

### Q#59

A 45-year-old female complaints of increasing widespread joint pains which are worse in the evening after a stressful day at work. She describes puffy hands and feet and a painful neck. Her concentration is very poor and she has recently suffered from marital problems. Rheumatoid factor is mildly positive. Examination reveals an increased body mass index and global restriction of movement due to pain, but no synovitis. Which of the following investigations would be useful in this case?

- ☐ Anti-cyclic citrullinated peptide antibody
- ☐ Ultrasound scan hands and feet
- ☐ Anti-JO-I antibody
- ☐ Erythrocyte sedimentation rate and C reactive protein
- ☐ Anti-mitochondrial antibody

PREVIOUS

NEXT



#### Important Note

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01:25:17

### Q#63

60 years old male with T2DM (uncontrolled) presented with Shortness of breath on mild exertion for the past 6 months. He also complained of 2 episodes of temporary loss of consciousness of few seconds duration in the past 1 week with spontaneous recovery O/E pulse: 80bpm (weak), Blood pressure: 130/110 mm of Hg, SpO2: 98 %, Temp: 98 F, there is an ejection systolic murmur present at right upper sternal border, which radiates to the carotids. What is your diagnosis?

- ☐ Mitral stenosis
- ☐ Infective endocarditis
- ☐ Aortic stenosis
- ☐ Aortic regurgitation
- ☐ Acute coronary syndrome

PREVIOUS

NEXT



#### Important Note

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01:24:30

### Q#65

During their clinical rotation in orthopaedic, final year medical students They encounter a 2-year-old patient named maryam , who has been brought in by her parents due to concerns about her growth and development. Maryam exhibits some distinct physical characteristics that prompt the medical team to suspect achondroplasia. Which of the following clinical features is most commonly observed in individuals with achondroplasia?

- ☐ Excessive Height for Age
- ☐ Long and slender limbs
- ☐ Prominant forehead and face hypoplasia
- ☐ Narrow chest wall and cavity
- ☐ Proportional body

PREVIOUS

NEXT



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01:24:03

### Q#66

a 4 year old boy comes to your OPD with history of being pale and failure to thrive. You Order a peripheral smear for the patient which shows Hb 8.9 with spherocytes and retic of 21%. parents tell u his grandfather had cholysectectomy done for gall stones and the boy also had a prolonged nenonatal jaundice. what test would u do to confirm diagnosis

- ☐ Hb electrophoresis
- ☐ OSMOTIC FRAGILITY
- ☐ GENETIC TESTING
- ☐ flow cytometry CD 55 AND CD 59
- ☐ BONE MARROW EXAMINATION

PREVIOUS

NEXT



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scope

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01:23:06

### Q#67

A 6 year old child presented to you with history of progressive pallor for the past 1 year. The child is a picky eater he only eats french fries and bananas. He doesn't eat any meat at all. On examination the child is quite pale, no jaundice, no visceromegaly, CVS S1, S2, 0, Chest clear, no bruises or lymphadenopathy. Which of the following investigation will best lead you to the diagnosis?

- ☐ Serum Vitamin B12 levels
- ☐ Serum Ferritin
- ☐ Serum Calcium
- ☐ Serum Folic Acid
- ☐ Serum Vitamin E

PREVIOUS

NEXT



#### Important Note

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- 01:51

## Personal information

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scope

Timer

01:22:43

### Q#68

A 30-year-old male is brought to the emergency department after a motorcycle accident. He has a visibly deformed and bleeding lower leg with exposed bone. The patient complains of severe pain, and the wound is contaminated with dirt and debris. His vital signs show a heart rate of 110 beats per minute, blood pressure of 130/85 mmHg, and respiratory rate of 22 breaths per minute. X-ray confirms a comminuted, open tibia fracture. What is the most appropriate initial management step for this patient?

- ☐ Immediate definitive surgical fixation
- ☐ Application of cast and outpatient follow-up
- ☐ Iv antibiotics tetanus prophylaxis wound irrigation and external fixation
- ☐ Delay wound cleaning and stabilization until the patient is stable
- ☐ Simple wound dressing and immobilization with a splint

PREVIOUS

NEXT



#### Important Note

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## Personal information

Student

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Timer

01:24:03

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- ☐ Hb electrophoresis
- ☐ OSMOTIC FRAGILITY
- ☐ GENETIC TESTING
- ☐ flow cytometry CD 55 AND CD 59
- ☐ BONE MARROW EXAMINATION

PREVIOUS

NEXT



#### Important Note

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## Personal information

Student

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01:21:53

### Q#69

A 60 year old female presents with central obesity, thin extremities, purple striae on her abdomen and easy bruisability. Her blood pressure is also raised. Her labs show a low potassium levels. What can be the underlying diagnosis?

- ☐ Cushing disease
- ☐ Addison's disease
- ☐ Acromegaly
- ☐ Hypothyroidism
- ☐ Hyperaldosteronism

PREVIOUS

NEXT



#### Important Note

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## Personal information

Student

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scope

Timer

01:21:41

### Q#70

The child presented with 2 days history of a generalized rash. The child had an upper respiratory tract infection 1 week back. On examination well looking child, generalized petichial rash, no bone tenderness, no visceromegaly, chest clear, CVS S1, S2, 0.

- ☐ Idiopathic thrombocytopenic purpura
- ☐ Henoch scholen purpura
- ☐ Meningococcemia
- ☐ Leukaemia
- ☐ Anemia

PREVIOUS

NEXT



#### Important Note

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## Personal information

Student

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Timer

01:20:34

### Q#73

A 44 female patient was admitted for abdominal pain, bloody diarrhea of 6-8 weeks duration. She was admitted and workup revealed as having Ulcerative colitis. She was started on sulfasalazine and discharged home. 2 months later she reported again now with joint pain, swelling and morning stiffness. She has past history of hypertension and chronic gout for which she is using CCB and Colchicine plus febuxostat. She also using omeprazole for chronic dyspepsia . her record revealed Rosuvastatin (Statins) prescribed for her dyslipidemia. Her joints pains was investigated and found to be anti histone positive . which medication is responsible for her symptoms?

- ☐ Salfasalazine
- ☐ calcium channel blocker
- ☐ feuxostat
- ☐ Omeprazole
- ☐ rosuvastatin

PREVIOUS

NEXT



#### Important Note

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### Personal information

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01:21:08

### Q#71

a 20-year-old boy was brought by his parents to your OPD for the assessment of weight loss diarrhea. the boy on examination has a rash on the extensor surfaces of the elbows. what is the rash called?

- ☐ herpes simplex
- ☐ psoriasis
- ☐ contact dermatitis
- ☐ dermatitis herpetiformis
- ☐ scabies

PREVIOUS

NEXT



#### Important Note

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## Personal information

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01:20:34

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- ☐ calcium channel blocker
- ☐ feuxostat
- ☐ Omeprazole
- ☐ rosuvastatin

PREVIOUS

NEXT



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## Personal information

Student

Shahzeb  
Hassan

Reg No

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Scope

scope

Timer

01:19:36

### Q#75

A 40 year old man presented with history of fever and sudden loss of vision in right eye. Examination shows a young pale gentleman febrile and having a big bruise at venepuncture site. Apart from retinal hemorrhage in right eye rest of the examination was unremarkable. His TLC is 35000/cml, Neutrophils 30%, Lymphocytes 10% Platelets scanty 60% blasts. What test will confirm the diagnosis?

- ☐ A. Bone marrow aspiration.
- ☐ B. Bone marrow trephine biopsy.
- ☐ C. Peripheral smear.
- ☐ D. Platelet count.
- ☐ E. Prothrombin time.

PREVIOUS

NEXT



#### Important Note

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### Personal information

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01:20:50

### Q#72

A 14-year-old girl comes to the clinic with her mother. The mother is concerned because she has noticed that her daughter's shoulders appear uneven and that she seems to be leaning slightly to one side. On physical examination, the physician observes an asymmetry in the shoulder height and a noticeable curve in the spine when the girl bends forward. The physician orders an X-ray to confirm the diagnosis. What is the most likely diagnosis given the patient's presentation?

- ☐ Kyphosis
- ☐ Spondylolisthesis
- ☐ Scoliosis
- ☐ Spinal canal stenosis
- ☐ Tb Spine

PREVIOUS

NEXT



#### Important Note

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- 01:51



## Personal information

Student

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scope

Timer

01:17:12

### Q#80

A 48-year-old woman with epilepsy since young, has been seizure free for past five years while on sodium valproate. She had gone for a heel ultrasound test during a calcium supplement roadshow in the mall that suggested that she has osteoporosis. She is 1.50m and 48 kg, and has some aches over her shoulders but otherwise fairly unremarkable clinical exam. You send her for formal bone mineral density testing (DXA) and it is T-score -2.2 over the lumbar spine and T-score -1.8 over the Total Hip. what would be the next best course of action?

- ☐ Reassurance
- ☐ Calcium vitamin D supplements
- ☐ bisphosphonates
- ☐ Hormone replacement therapy
- ☐ Tamoxifen

PREVIOUS

NEXT



#### Important Note

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01:19:09

**Q#76**

A 7-year-old boy presents to the pediatric orthopedic clinic with frequent fractures after minor trauma. His parents report that he has a history of fractures since infancy, and they are concerned about his bone health. Physical examination reveals blue sclerae, triangular facies, and multiple deformities of long bones. Which of the following is the most likely diagnosis for this patient?

- ☐ Osteopetrosis
- ☐ Osteomalasia
- ☐ Osteogenesis imperfecta
- ☐ Rickets
- ☐ Osteosarcoma

PREVIOUS

NEXT

**Important Note**

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- 02:01

## Personal information

Student

Shahzeb  
Hassan

Reg No

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Scope

scope

Timer

01:18:33

### Q#77

A woman gravid 6 para 5 present to antenatal clinic with the complaint of dizziness, easy fatigability and inability to carry household work. She is wed to her cousin and husband is jobless. Her labs performed last week shows all red indices to be below normal. Serum ferritin done today shows a value of 5 nanogram per decilitre. She is most probably suffering from

- ☐ iron deficiency anemia
- ☐ megaloblastic anemia
- ☐ pernicious anemia
- ☐ thalassemia trait
- ☐ sickle cell anemia

PREVIOUS

NEXT



#### Important Note

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**Timer**

Time

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- ☐ A. Bone marrow aspiration.
- ☐ B. Bone marrow trephine biopsy.
- ☐ C. Peripheral smear.
- ☐ D. Platelet count.
- ☐ E. Prothrombin time.

PREVIOUS

NEXT

**Important Note**

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## Personal information

Student

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Timer

01:18:12

### Q#78

An 8 year old child from Afghanistan presented with 1 month history of fever and bone pains. On examination: Pallor, cervical lymphadenopathy, bone tenderness, hepatosplenomegaly, bruises, chest clear, CVS S1, S2, 0. Smear shows 80% blasts. What is most likely diagnosis?

- ☐ Leukaemia
- ☐ Idiopathic thrombocytopenic purpura
- ☐ Hemophilia
- ☐ Juvenile idiopathic arthritis
- ☐ Rickets

PREVIOUS

NEXT



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01:17:47

## Q#79

A 6-year-old child presents to the orthopedic clinic with sudden onset of fever, headache, vomiting, and neck stiffness. Over the next few days, the child develops muscle weakness, particularly in the legs. The parents mention that the child was not fully vaccinated according to the recommended immunization schedule. Based on the scenario, which of the following is the most likely diagnosis?

- ☐ Meningitis
- ☐ Muscular dystrophy
- ☐ Guillain Barre syndrome
- ☐ Poliomyelitis
- ☐ Cerebral Palsy

PREVIOUS

NEXT



### Important Note

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01:16:50

**Q#81**

MR SK 50 presented with history of lethargy, weakness and heaviness in left hypochondrium. Examination showed a middle aged man with massive splenomegaly. His HB is 12g/dl, TLC 120000/cmm, with increased neutrophils, metamyelocytes, and myelocytes. What is the best treatment option for this patient

- ☐ A. Bone marrow transplant.
- ☐ B. Hydroxyurea .
- ☐ B. Hydroxyurea .
- ☐ D. Myeleran .
- ☐ Radiotherapy

PREVIOUS

NEXT

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01:18:33

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- ☐ iron deficiency anemia
- ☐ megaloblastic anemia
- ☐ pernicious anemia
- ☐ thalassemia trait
- ☐ sickle cell anemia

PREVIOUS

NEXT



### Important Note

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**Timer**

01:15:52

**Q#83**

A 3 year old boy presented in neuro opd with complaints of speech delay .His birth history is unremarkable .Development is normal ,apart from that he started walking at age of 2 years .His mother describes him as being clumsy. He can say one to two words speech .He is the 3rd child of healthy unrelated parents .On exam, his height and weight on the 50th centile.He has a waddling gait and a mild lordosis .Systemic examination is normal .Which investigation is most likely to reveal the diagnosis:

- ☐ Thyroid function test
- ☐ Hearing test
- ☐ DNA for CGG repeat sequence
- ☒ Creatinine kinase
- ☐ Ct scan brain

PREVIOUS

NEXT

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01:15:25

**Q#85**

Patients are admitted to the hospital. you are on duty in the ward. For a specific patient a senior resident has prescribed a higher dosage of a drug than is advised. You have a responsibility to protect the patient, even when you are not sure if this is an error or a component of the therapy plan. In this case, how would you respond most professionally?

- ☐ Say nothing, as the senior resident is more experienced and must be right.
- ☐ Report the senior resident to your supervisor without addressing the issue directly with them
- ☐ Discuss your concern with the colleagues rather than senior
- ☐ Discuss your concern openly in front of the entire team to ensure everyone is aware of the mistake
- ☐ Privately ask the senior resident about the medication dosage and express your concern politely

PREVIOUS

NEXT

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**Timer**

01:14:52

**Q#86**

.Mr.JG 14 presented with symptoms of anemia since childhood, requiring repeated blood transfusions.Examination revealed young boy, short statured, pale and icteric. He has moderately enlarged spleen. What investigation you would do to confirm diagnosis?

- ☐ A. Bone marrow examination
- ☐ B. Hemoglobin electrophoresis.
- ☐ C. Peripheral smear.
- ☐ D. RBC fragility test.
- ☐ E. Reticulocyte count.

PREVIOUS

NEXT

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01:16:09

### Q#82

A 4 year old child presented with bone pains for the past 1 month. His dietary intake consists of potatoes, rice and biscuits. On examination frontal bossing, wide wrists, rachitic rosary, harrison sulcus and dental caries are present. What is the most likely diagnosis?

- ☐ Osteopetrosis
- ☐ Osteoporosis
- ☒ Rickets
- ☐ Scurvy
- ☐ Beriberi

PREVIOUS

NEXT



#### Important Note

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## Personal information

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Timer

01:17:12

## Q#80

A 48-year-old woman with epilepsy since young, has been seizure free for past five years while on sodium valproate. She had gone for a heel ultrasound test during a calcium supplement roadshow in the mall that suggested that she has osteoporosis. She is 1.50m and 48 kg, and has some aches over her shoulders but otherwise fairly unremarkable clinical exam. You send her for formal bone mineral density testing (DXA) and it is T-score -2.2 over the lumbar spine and T-score -1.8 over the Total Hip. what would be the next best course of action?

- ☐ Reassurance
- ☐ Calcium vitamin D supplements
- ☐ bisphosphonates
- ☐ Hormone replacement therapy
- ☐ Tamoxifen

PREVIOUS

NEXT



### Important Note

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01:14:33

### Q#87

40 years old male ,IV drug abuser presented with fever for the past 1 month ,the fever is intermittent in character slightly improved with taking paracetamol ,he now complains of mild shortness of breath for the past 1 week .O/E BP:110/70 mm of Hg , Pulse:105 bpm, Temp :100 F (hands show reddish-brown dots under the nails), Chest: Bilaterally clear to auscultation.CVS normal first and second heart sound with systolic murmur. What investigation will you do first for diagnosis ?

- ☐ Urine R/E
- ☐ Chest X-ray lateral view
- ☐ Coronary angiography
- ☐ Echocardiography
- ☐ Nuclear perfusion scan

PREVIOUS

NEXT



#### Important Note

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01:15:44

### Q#84

A 29-year-old woman comes to the office with several months of progressively worsening muscle weakness. She delayed coming to see you because she just thought it was fatigue and tiredness from working a lot. Over the past week, the weakness worsened to the point where she needs to use her arms to get up out of a chair. The muscles are not painful. Joint pain is present. Which of the following is the most initial investigation for this patient?

- ☐ EMG
- ☐ CPK levels
- ☐ NCS
- ☐ ESR
- ☐ Alkaline phosphatase levels

PREVIOUS

NEXT



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**Timer**

01:12:25

**Q#94**

Mr NJ 54 presnted with non specific symptoms of weakness lethargy, night sweats and raised uric acid. He had an enlarged spleen and high TLC. A diagnosis of CML was made and he was put on treatment. What will be the most sensitive test to follow response to treatment?

- ☐ A. Bone marrow aspiration.
- ☐ B. Bone marrow trephine biopsy.
- ☐ C. Cytogenetic studies.
- ☐ D. PCR for BCR-ABL gene.
- ☐ E. Peripheral smear.

PREVIOUS

NEXT

**Important Note**

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Hassan**Reg No**

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**Scope**

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**Timer**

01:13:49

**Q#89**

A 56-year-old woman presents to her primary care physician with pain in her hands. The pain began approximately 1 year prior to presentation and has progressively worsened. She describes the pain being worse in the evening and improves in the morning. She has also noticed swelling in her knuckles. On physical exam, there is bone deformity noted on the distal and proximal interphalangeal joints, as well as tenderness upon palpation of the affected joints. she also has subcutaneous nodule on bony prominences. which one of the following is most likely diagnosis?

- ☐ Rheumatoid Arthritis
- ☐ Osteoarthritis
- ☐ SLE
- ☐ Mix Connective tissue disease
- ☐ Gout

PREVIOUS

NEXT

**Important Note**

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01:13:12

### Q#91

A 14 year old boy who was trapped in burning house for half an hour was retrieved with difficulty and is found to have face and neck burns. with some burns on rest of body making a total of 35 % burns. What is the most important safety precaution

- ☐ preventing hyperthermia
- ☐ fluid replacement
- ☐ antibiotic cover
- ☐ airway maintenance
- ☐ ice blanket cover

PREVIOUS

NEXT



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Timer

01:12:25

## Q#94

Mr NJ 54 presnted with non specific symptoms of weakness lethargy, night sweats and raised uric acid. He had an enlarged spleen and high TLC. A diagnosis of CML was made and he was put on treatment. What will be the most sensitive test to follow response to treatment?

- ☐ A. Bone marrow aspiration.
- ☐ B. Bone marrow trephine biopsy.
- ☐ C. Cytogenetic studies.
- ☐ D. PCR for BCR-ABL gene.
- ☐ E. Peripheral smear.

PREVIOUS

NEXT



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01:12:55

### Q#92

What is the most common cause of skin cancer?

- ☐ Melanoma
- ☐ Basal cell carcinoma
- ☐ Squamous cell carcinoma
- ☐ Kaposi sarcoma
- ☐ Erythroderma

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NEXT



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01:13:27

### Q#90

A 25 years old man has presented with fever, night sweats and painless swellings in the cervical region. On examination a young man looking pale, having bilateral cervical lymphadenopathy, and an enlarged spleen measuring 3cm below the costal margin. His Hb is normal, ESR 70mm/1sthr, TLC 13000/cumm, DLC shows increased Eosinophils, Peripheral smear shows Leucerythroblastic picture. Chest X-Ray shows widened mediastinum. What is the diagnosis?

- ☐ A. Acute myeloid Leukemia
- ☐ B. Chronic lymphocytic Leukemia
- ☐ C. Hodgkins disease
- ☐ D. Multiple myeloma
- ☐ E. Polycythemia Rubra Vera

PREVIOUS

NEXT



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01:14:13

### Q#88

A 10-year-old child who presents to the you with symptoms such as fatigue, weakness, dizziness, and frequent infections since last 8 months. On examination the child is lethargic, pale and having petechiae all over the body. There is no evidence of hepatosplenomegaly or lymphadenopathy. What investigation will you do to reach the diagnosis?

- ☐ Bone marrow aspiration and biopsy
- ☐ Complete blood count
- ☐ Peripheral smear
- ☐ Ferritin level
- ☐ Hb electrophoresis

PREVIOUS

NEXT



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01:12:13

### Q#95

A 35-year-old man came to your OPD but upon entering the clinic, he has no recollection of how he got there in the first place. Contact with family reveals he's from Peshawar and went out to get some groceries. What do you think might be going on with this person:

- ☐ Schizophrenia
- ☐ Delusional disorder
- ☐ Amnesia
- ☐ Dementia
- ☐ Dissociative Identity disorder

PREVIOUS

NEXT



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**Timer**

01:12:45

**Q#93**

a young boy comes with a month history of fever, with weight loss. on examination he has hepatosplenomegaly with lymphadenopathy and is markedly pale. you advice a peripheral smear. preliminary report shows Hb of 8 with Tlc of 56000 and platelet count of 74000 along with presence of blast cells. a provisional diagnosis is made. how would u proceed with the manangement

- ☐ start chemotherapy urgently
- ☐ do a bone marrow examination and refer the child to an oncologist
- ☐ start radiotherapy and councel the parents about prognosis
- ☐ do flow cytometry
- ☐ refer the child to an oncologist

PREVIOUS

NEXT

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01:11:27

**Q#97**

A 38-year-old male comes to the office with several months of progressively worsening muscle weakness. A photosensitive pink rash of the neck and trunk is noted along raised violaceous, slightly scaly plaques, on bony prominences of the hands and elbows with purple/lilac or red rash around eyes and on eyelids. Over the past week, the weakness worsened to the point where he needs to use his arms to get up out of a chair. His labs are shown below: • ↑ creatinine phosphokinase (CPK or CK) • ↑ creatine kinase-MB (CK-MB) • ↑ aldolase • ↑ lactate dehydrogenase (LDH) He is started on steroids and azathioprine but few weeks later he didn't tolerate it well and patient got worsened. What will you add to treatment if there is worsening on steroids and azathioprine?

- ☐ 6 Mercaptopurine
- ☐ Androgen
- ☐ Rituximab
- ☒ Methotrexate
- ☐ increase steroids dose

PREVIOUS

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01:12:00

### Q#96

A 5 year old child complains of difficulty and pain in walking. He had upper respiratory infection 2 weeks ago. O/e hips and knee joints are normal with no signs of inflammation. Labs show CBC ESR and CRP to be normal. What is the most likely diagnosis.

- ☐ Septic arthritis
- ☐ Osteomyelitis
- ☐ transient synovitis
- ☐ growing pains
- ☐ JIA

PREVIOUS

NEXT



#### Important Note

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01:10:38

### Q#100

A patient came with diagnosed dermatomyositis from last 2 years with severe muscle weakness and multiple episodes of disease flare up affecting multiple muscles. He is currently on hydroxychloroquine with remissions. Currently he is maintained on methotrexate. Which of the following complication he would develop most commonly in long term?

- ☐ lung fibrosis
- ☐ dilated cardiomyopathy
- ☐ Skin cancer
- ☐ Pancreatic insufficiency
- ☐ Diabetes mellitus

PREVIOUS

NEXT



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01:10:53

### Q#99

A 54-year-old obese man comes to the physician for a follow-up examination because of progressive rheumatoid arthritis unresponsive to high dose nonsteroidal anti-inflammatory drugs (NSAIDs). Treatment with prednisone and hydroxychloroquine was started six weeks earlier. The patient is concerned about steroid-induced osteoporosis, because his father, a type 2 diabetic, recently fell and broke his hip. Laboratory studies and a dual energy x-ray absorptiometry (DEXA) test of the spine and hip are ordered to address the patient's concerns. Which of the following additional tests would be recommended for this patient?

- ☐ Vitamin D levels
- ☐ Diabetes screening
- ☐ PTH level
- ☐ Chest x-ray for lung fibrosis
- ☐ bone biopsy

PREVIOUS

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## Personal information

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01:10:18

### Q#101

A 72-year-old man presents with an acutely painful right knee. On examination, he had a temperature of 37°C with a hot, swollen right knee. Of relevance amongst his investigations, was his white cell count which was  $12.6 \times 10^9 / l$  and a knee X-ray revealed reduced joint space and calcification of the articular cartilage. Culture of aspirated fluid revealed no growth. What is the most likely diagnosis?

- ☐ Gout
- ☐ Pseudogout
- ☐ Psoriatic monoarthropathy
- ☐ Rheumatoid a
- ☐ Septic arthritis

PREVIOUS

NEXT



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01:11:22

### Q#98

A 7-year-old girl is brought to the emergency department after experiencing a wrist fracture after a fall to the ground. The patient's parents reports their child states she has pain in bones and at times feels weak. On physical exam, there is tenderness to palpation of the wrist with a waddling gait. Laboratory testing is notable for a decreased serum calcium and phosphate level, and increased alkaline phosphatase and parathyroid hormone. which one of the most likely diagnosis?

- ☐ Hyperparathyroidism
- ☐ Osteoporosis
- ☐ Osteomalacia
- ☐ multiple myeloma
- ☐ Rickets

PREVIOUS

NEXT



#### Important Note

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## Personal information

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01:12:13

### Q#95

A 35-year-old man came to your OPD but upon entering the clinic, he has no recollection of how he got there in the first place. Contact with family reveals he's from Peshawar and went out to get some groceries. What do you think might be going on with this person:

- ☐ Schizophrenia
- ☐ Delusional disorder
- ☐ Amnesia
- ☐ Dementia
- ☐ Dissociative Identity disorder

PREVIOUS

NEXT



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01:09:25

## Q#103

A 16 year old girl attends your clinics. She is accompanied by her mother and her older sister. She appears nervous, restless and frightened. This is her first time coming to see a psychiatrist or anyone from the mental health service. Family reports that she has been isolating herself and does not engage in any activities. Her sleep, appetite and energy levels have all been low recently. How would you proceed with the assessment?

- ☐ Apply a baseline anxiety scale to measure her anxiety in the very beginning.
- ☐ Introduce yourself, and attempt to establish a rapport with the patient first.
- ☐ Prescribe medication/s and arrange a follow up appointment for 2 months.
- ☐ Start asking closed questions to gather as much information as possible.
- ☐ Tell the family to first get some baseline bloods, ECG, and Urine R/E done.

PREVIOUS

NEXT



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01:09:41

**Q#102**

A 6-year-old boy presents with recurrent joint bleeds and easy bruising. His family history reveals a maternal uncle with similar symptoms. Which of the following laboratory tests is most indicative of Hemophilia A?

- ☐ Prolonged prothrombin time (PT)
- ☐ Prolonged activated partial thromboplastin time (aPTT)
- ☐ Normal PT and aPTT
- ☐ Thrombocytopenia
- ☐ none of these

PREVIOUS

NEXT

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**Personal information****Student**Shahzeb  
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**Timer**

01:08:23

**Q#106**

You see a 54 year old female in the medical ward. She is accompanied by her husband and oldest daughter. She has a long standing history of psychiatric illness but has not brought any previous notes with her. This is the first time you are seeing her and you want to assess her mood. What kind of question/s would you normally use for this purpose?

- ☐ Finding out if she has any paranoid/ persecutory delusions regarding others
- ☐ Finding out if she has been interacting well with others and is socializing
- ☐ Finding out if she has been employed in the past and is financially stable
- ☐ Finding out if she has been experiencing any perceptual abnormalities
- ☐ Finding out if she has insight and capacity to make reasonable decisions

PREVIOUS

NEXT

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01:08:41

## Q#105

A 12 year old girl presents to you with the history of swollen, painful bilateral wrist joints, bilateral interphalangeal joints and bilateral knee joints for the past 6 months associated with morning stiffness. The pain is non migratory and there is no history of any rash. Investigations are significant for a positive Rheumatoid Factor and raised ESR. What is the most likely diagnosis?

- ☐ Juvenile idiopathic arthritis
- ☐ Reactive Arthritis
- ☐ Toxic synovitis
- ☐ Rheumatic Fever
- ☐ Septic Arthritis

PREVIOUS

NEXT



### Important Note

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**Timer**

01:07:02

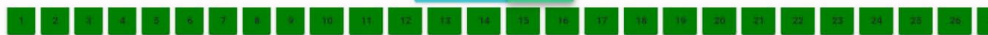
**Q#110**

A 10-year-old boy presents with recurrent nosebleeds and easy bruising. His family history is notable for maternal relatives with similar symptoms. Laboratory tests reveal aPTT of 45 seconds (normal: 30 seconds) and normal PT. What is the most likely diagnosis?

- ☐ Hemophilia A
- ☐ Von Willebrand disease
- ☐ Thrombocytopenic purpura
- ☐ Vitamin K deficiency
- ☐ none of this

PREVIOUS

NEXT

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01:07:15

## Q#109

a 3 years old child comes to your clinic with history of fever,cough and vomiting for last 2 days.0/E the child is tachypnoic with R/R 70 and has subcostal,intercostal retractions and B/L coarse crepitation with temp of 102f. mother tells you the child is refusing everything and has not taken any feed since last night.what will you do?

- ☐ refer urgently to hospital
- ☐ give oral antibiotics and send home
- ☐ refer urgently to hospital after giving 1st dose of antibiotics and iv provas
- ☐ admit in clinic for iv antibiotics
- ☐ discharge home with no medications.

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**Timer**

01:06:48

**Q#111**

Female patient 46 years of age with 10 year history of inflammatory myositis came with itching, amenorrhea and pelvic pain associated with nausea and vomiting for the last 2-3 weeks. On examination weak emaciated lady with tender, distended abdomen, BP is 135/82 and RR is 16/min. She has a positive shawl sign and periorbital puffiness with heliotrope rash. She has lost to follow up and was using Hakim's medications for the last 5 years. Which complication should be suspected in this patient?

- ☐ liver cirrhosis
- ☐ Intestinal obstruction
- ☐ Renal failure
- ☐ Breast fibroadenoma
- ☐ adnexal neoplasia

PREVIOUS

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01:07:38

## Q#108

You are a surgical rotation final-year MBBS student. A senior consultant has just told a patient who was newly diagnosed with advanced cancer how serious their condition is. The patient asks you, "Is there any hope for me?" Although you are in the room, you are not the one who made the diagnosis.

- ☐ I think you should discuss your prognosis with the doctor directly, as they have the full details.
- ☐ I'm not sure about the specifics, but I suggest we remain positive and wait for further treatment results.
- ☐ you should try not to worry too much, cancer treatment has advanced, and there's always hope.
- ☐ You just ignored the patient and walked away from the room.
- ☐

I understand this is a difficult time. Let me arrange a time for you to speak with the doctor who has more information on your treatment plan.

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01:09:04

### Q#104

A 45 year old women presents to the rheumatology clinic with a history of persistent dry cough, fatigue, shortness of breath and eye discomfort over the past several months. she complains of mild eye redness with slight eye pain and photo-phobia. Her CXR shows bilateral symmetric hilar lymphadenopathy and diffuse reticulonodular infiltrates. Pulmonary function test shows restrictive defect. What is the most likely dermatological condition she is suffering from?

- ☐ Exzema
- ☐ Psoriasis
- ☐ Vitiligo
- ☐ Erythema nodosum
- ☐ Xerostomia

PREVIOUS

NEXT



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**Timer**

01:05:46

**Q#113**

A five year old boy from Afghanistan presents with 3 weeks history of high grade fever, progressive pallor and abdominal distention. Examination shows pallor, generalized lymphadenopathy, hepatosplenomegaly and generalized bruises. Investigations show Hemoglobin 7g/dl, WBC 20,000, 30% Blast cells. What is the most likely diagnosis?

- ☐ Acute Leukemia
- ☐ Hereditary spherocytosis
- ☐ Thalasaemia Major
- ☐ Chronic liver disease
- ☐ Diamond Blackfan Anaemia

PREVIOUS

NEXT

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01:06:13

## Q#112

45-year-old male presents with a 2-month history of fatigue, weight loss, and swelling in the neck. On examination reveals Bilateral cervical lymphadenopathy and Splenomegaly. His labs shows WBC 15,000/ $\mu$ L, Hb 10 g/dL, platelets 150,000/ $\mu$ L, LDH: 500 U/L. Biopsy of cervical lymph node shows Diffuse large B-cell lymphoma (DLBCL) What is the most appropriate initial treatment approach?

- ☐ R-CHOP therapy
- ☐ ABVD chemotherapy
- ☐ radiation to the cervical and mediastinal lymph nodes
- ☐ Targetted therapy with ibrutinib
- ☐ Lymph Node surgery

PREVIOUS

NEXT



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## Personal information

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01:04:18

### Q#116

Mr KJ 24 presented with shortness of breath, palpitations and weakness of long duration. He is also stating to have episodes of generalized pains, sometimes very severe bone pain and fever which required admission to hospital. Examination revealed a young man, thin lean, with moderate anemia and jaundice. Rest of the examination is unremarkable. His HB is 7.5g/dl, indirect hyperbilirubinemia, and reticulocyte count 5%. What is the diagnosis?

- ☐ A. Alpha thalassemia.
- ☐ B. Hereditary spherocytosis.
- ☐ C. Sickle cell anemia.
- ☐ D. Thalassemia .
- ☐ E. Thalassemia trait.

PREVIOUS

NEXT



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01:04:37

### Q#115

The Roentgen (R) exposure is measured in:

- ☐ Tissue
- ☐ Water
- ☐ A lab
- ☐ Air
- ☐ None

PREVIOUS

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**Personal information****Student**Shahzeb  
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**Timer**

01:02:58

**Q#119**

A 43 years old patient presents with petechiae, easy bruising, and epistaxis. His labs shows HB 11g/dl and platelets 23000/ul. His mother has the same symptoms but not diagnosed. What is the most likely diagnosis?

- ☐ Immune thrombocytopenic Purpura
- ☐ Thrombotic thrombocytopenic purpura
- ☐ Hemophilia A
- ☐ von Willebrand disease
- ☐ Hemophilia B

PREVIOUS

NEXT

**Important Note**

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01:03:08

**Q#118**

SB 8 yr of age presented with fever, bone pain, episaxis. Has got lymphadenopathy and hepatosplenomegaly. Her peripheral smear shows blast cells that cannot be differentiated even on bone marrow examination. Cytochemical stain is done on bone marrow. Which stain will be positive in acute lymphoblastic leukemia?

- ☐ Acid phosphatase.
- ☐ Non specific esterase.
- ☐ Periodic acid Schiff.
- ☐ Peroxidase.
- ☐ Sudan black.

PREVIOUS

NEXT

**Important Note**

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## Personal information

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01:03:41

### Q#117

A 5 years old child presents with recurrent episodes of bleeding from various sites. Now he is having a swollen knee joint. There is no history of trauma to the knee joint. There is a past history of prolonged bleeding after circumcision and profuse bleeding from lip wounds and minor cuts. Lab shows bleeding time is normal. PT is normal and APTT prolonged. Platelet count and platelet function studies are normal. What is the most likely diagnosis?

- ☐ Hemophilia
- ☐ Von willibrand disease
- ☐ ITP
- ☐ Henoch schonlein purpura
- ☐ DIC

PREVIOUS

NEXT



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## Personal information

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01:05:04

### Q#114

A 7 year old girl presented with 3 days history of epistaxis. The child also has a history of spontaneous bruising in the past. The child's mother has history of menorrhagia. Investigations show Hb 12g/dl, WBC 7000, Platelets 180000, bleeding time prolonged, APTT 60 seconds( deranged), PT normal. What is the most likely diagnosis?

- ☐ Hemophilia
- ☐ Idiopathic thrombocytopenia
- ☐ Von willebrand disease
- ☐ Leukaemia
- ☐ Lymphoma

PREVIOUS

NEXT



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