

**KHYBER MEDICAL COLLEGE PESHAWAR**  
(EXAMINATION SECTION)  
**INTERNAL EVALUATION EXAMINATION**  
**BLOCK-O**  
**FINAL YEAR MBBS (Held on 26-Nov-2024)**

Class No: \_\_\_\_\_

A

Time Allowed: 120 Minutes

Max Marks: 120

Note: Attempt ALL MCQ's.

- Use only blue / black pen. Possession / use of mobile phones and other electronic accessories are strictly prohibited.
- Response sheets without roll numbers will be cancelled. Student's result will be declared "Under Report" if (i) MCQ question paper is not returned back along with response sheet or is tampered by the student (ii) The roll number is not written on the said paper

1	A 55-year-old woman, visits her general practitioner for a routine check-up. Her blood pressure is consistently elevated, with readings around 140/90 mmHg on multiple visits. She has no significant medical history. Based on the scenario, what is the most appropriate initial step in the management of her hypertension?					
	A	Initiate lifestyle modifications and reassess blood pressure in 3 months	B	Order an ambulatory blood pressure monitoring (ABPM) to confirm the diagnosis	C	Perform additional investigations, including renal function tests and an echocardiogram
	D	Prescribe a single antihypertensive medication and reassess blood pressure in 2 weeks	E	Refer Mrs. Johnson to a specialist for further evaluation		
2	A 45-year-old man with a known history of intravenous drug use, presents to the emergency department with fever, fatigue, and a new heart murmur. Blood cultures are drawn, and an echocardiogram reveals a vegetation on the mitral valve. Based on the scenario, what is the most likely causative organism of endocarditis in this patient?					
	A	Bartonella henselae	B	Coxiella burnetii	C	Enterococcus faecalis
	D	Staphylococcus aureus	E	Streptococcus viridans		
3	A 4 months old infant has a history of sweating while taking feeds and most of the time the baby is lethargic. Oxygen saturation in room air is 95percent .chest auscultation is unremarkable with a grade 3/6 ejection systolic murmur over the right second intercostal space. You suspect aortic stenosis. The murmur of aortic stenosis radiates to					
	A	left axilla	B	left sternal border	C	Neck
	D	right axilla	E	there is no radiation of murmur of aortic stenosis		
4	A 35 years old female patient presented to Medical OPD with 3 months history of fever, body aches. On examination she was found to have parotid enlargement and a slit lamp examination of the fundus revealed uveitis. On examination she is unable to close left eye and having drooping of saliva from the same side of the mouth. Her chest x-ray revealed bilateral hilar shadows. What is your likely diagnosis?					
	A	Bell's palsy	B	Disseminated Tuberculosis	C	Heerfordt syndrome
	D	Lofgren Syndrome	E	Mucililz syndrome		
5	A 55-years-old man presented to medical emergency with severe shortness of breath (Stage 4 functional status). He has anginal pain and nonproductive cough. On Physical examination, JVP is raised, loud P2 and tricuspid regurgitation. Echo is documenting: patent foramen ovale with right to left shunt causing cyanosis. Which one is the gold standard investigation in this case?					
	A	Arterial Blood Gases	B	Electrocardiogram	C	Echo with Doppler
	D	Right side cardiac catheterization	E	X Ray Chest		
6	A 19-year-old woman presents to the emergency department with new-onset chest pain and shortness of breath. The pain started today and is centrally located, sharp in nature and doesn't change with breathing or position. She has been unwell for the past week, with fever and joint pains. She has no past medical history of note. On examination, she has bibasilar crackles, with dull heart sounds with no added sounds. Her vital signs are normal apart from a respiratory rate of 24/min. An ECG is performed and shows diffuse T-wave inversion. What is the most likely diagnosis?					
	A	Cardiac tamponade`	B	Coronary artery vasospasm	C	Dilated cardiomyopathy
	D	Myocarditis	E	Pericarditis		
7	A 6-mo-old Infant is presented with Cough Respiratory Distress and poor feeding for the last one week O/E He was having tachycardia, tachypnea, and Hepatomegaly. Precordium examination reveals a continuous machinery murmur and a wide pulse pressure with a prominent apical impulse. The most likely diagnosis is:					
	A	aortic stenosis	B	anomalous coronary artery	C	Patent ductus arteriosus
	D	pulmonic stenosis	E	ventricular septal defect		
8	A 62-year-old woman is admitted to the medical ward with a 3-week history of fevers and lethargy. On examination, you note a few splinter haemorrhages in the finger nails and a loud systolic murmur at the apex. Your consultant instructs you to take 3 sets of blood cultures and to arrange an echocardiogram. Later that day you receive a call from microbiology about the provisional blood culture results. Which of the following is most likely to have grown?					
	A	Fungal hyphae	B	Gram negative bacilli	C	Gram negative cocci
	D	Gram positive bacilli	E	Gram positive cocci		



9	A 65-year-old woman, presents to her primary care physician with intermittent chest discomfort that occurs with exertion and improves with rest. She also experiences dyspnea on exertion. She has a history of hypertension and hyperlipidemia. Based on the scenario, which of the following is the most appropriate initial diagnostic test for her?				
	A	Chest CT angiography	B	Coronary angiography	C Echocardiography
	D	Exercise stress test	E	High-sensitivity cardiac troponin measurement	
10	Chest intubation was performed for suspected hemothorax and 2000 ml of frank blood came into the chest drain in the initial 3 minutes. The next step is to:				
	A	Inform the Thoracic Surgeon to prepare for Emergency Thoracotomy	B	Block the drain with a clamp	C Put another chest tube
	D	Do an e-FAST ultrasound examination	E	Refer the patient to another hospital	
11	A 60-year-old male who recently underwent cardiac surgery presents with fever, fatigue, and weight loss. The patient was discharged after a successful mitral valve replacement 4 months ago and as such an urgent echocardiogram is performed. The echo confirms the presence of a new valvular lesion, and a diagnosis of endocarditis is made. Three sets of blood cultures are taken. Which organism is most likely to be responsible for the patient's diagnosis?				
	A	HACEK organisms	B	Staphylococcus aureus	C Staphylococcus bovis
	D	Staphylococcus epidermidis	E	Streptococcus mitis	
12	A 45-year-old man presents to the emergency department with chest pain that radiates to his back. On questioning he says in the last couple of days the chest pain has started, and it is much worse on inspiration. On examination you notice that when the patient breathes in, his jugular venous pulse (JVP) rises. What is the most likely cause of this man's pain?				
	A	Cardiac tamponade	B	Constrictive pericarditis	C Pancreatitis
	D	Pneumonia	E	Unstable angina	
13	A 45-year-old female, presents to the clinic with recurrent episodes of chest pain that occur at rest and are associated with transient ST-segment elevation on the electrocardiogram (ECG). The pain typically occurs in the early morning hours. There is no history of Diabetes, Hypertension or Dyslipidemia. Based on the scenario, which of the following is the most appropriate diagnosis for her?				
	A	Acute myocardial infarction	B	Silent ischemia	C Stable angina
	D	Unstable angina	E	Variant (Prinzmetal) angina	
14	A 50 years old smoker who is known case of COPD presented to OPD with shortness of breath and cough. PFTs shows FEV1/FVC ratio of 65% and FEV1 is 45% of the predicted. What is the severity of his disease?				
	A	Mild	B	Moderate	C Normal
	D	Severe	E	Very Severe	
15	A 13 months old child has persistent fever, cough for the last 6 days and is pulling at left ear. On examination the left tympanic membrane is bulging and immobile the most appropriate therapy at this time is. Which of the following:				
	A	Amoxicillin	B	Erythromycin	C Ceftriaxone
	D	Otorhinolaryngology consultation for drainage	E	Acetaminophen and fluids	
16	A 67 year old man was brought to casualty with fever and confusion. X ray chest showed pneumonic consolidation. The attending physician stratified his disease as CURB-65 score of 3. What will be the 30 day mortality risk in this patient?				
	A	0.60%	B	2.70%	C 6.80%
	D	14%	E	27.80%	
17	A neonate is brought to nursery few hours after birth when the midwife noticed the baby is getting blue. He is a full term baby with an uneventful birth. On examination the baby is cyanosed and in respiratory distress chest auscultation is unremarkable and there is no murmur audible on cardiac examination. You inform pediatric cardiologist to assess the child and order chest xray ECG and ECHO. Egg on side appearance of heart on chest radiograph is seen. This abnormality is seen in which of the following condition				
	A	ebstein anomaly	B	Pertussis	C tetralogy of fallot
	D	total anomalous pulmonary venous return	E	transposition of great arteries	
18	A 6 weeks old infant who was diagnosed at birth with tetralogy of fallot has been asymptomatic throughout his first month of life and was scheduled for surgery at 6 months. Over the last few weeks has been having multiple hypercyanotic spells and was brought to the emergency room by his mother. After assessment he was admitted in the cardiac unit which of the following palliative procedure is used on temporary basis for increasing pulmonary blood flow in this patient.				
	A	blalock-taussig shunt	B	mustard procedure	C ramstead procedure
	D	rashkind procedure	E	senning procedure	
19	A 12 years old boy was brought with complaints of fever and breathlessness of 6 days duration. He gave a history of joint pains and swelling involving both knee joints one week before the onset of illness. On inquiring he gave a history of sorethroat 4 weeks ago for which he had taken some medication. On examination there are no signs of inflammation in joints. Auscultation of heart reveals pansystolic murmur at the apex. Which commonest valvular abnormality you would expect in the above scenario?				
	A	Aortic regurgitation	B	Aortic stenosis	C Mitral regurgitation
	D	Mitral stenosis	E	Tricuspid regurgitation	

Professional Year

☐ 1st Professional MBBS

☐ 2nd Professional MBBS

☐ 3rd Professional MBBS

☐ 4th Professional MBBS

☐ Final Professional MBBS

☐ Block-A

☐ Block-B

☐ Block-C

☐ Block-D

☐ Block-E



A

20	A 65-year-old man, visits his general practitioner for a routine check-up. He has a history of hypertension and is currently taking an angiotensin-converting enzyme (ACE) inhibitor for blood pressure control. His blood pressure reading today is 170/100 mmHg. Based on the scenario, what is the most appropriate next step in the management of his hypertension?		
	A Increase the dose of the ACE inhibitor	B Add a calcium channel blocker to the current regimen	C Switch the ACE inhibitor to a calcium channel blocker
	D Prescribe a beta-blocker in addition to the ACE inhibitor	E Perform additional investigations, including renal artery ultrasound and 24-hour urine collection for proteinuria	
21	A 60 year old male patient was diagnosed as a case of bronchogenic carcinoma. After workup, the multidisciplinary team decided to manage this tumor with radiation therapy that utilizes radioactive seeds implanted directly into a tumor? What type of therapy is this?		
	A Brachytherapy	B Gamma knife radiosurgery	C Intensity-modulated radiation therapy
	D Proton therapy	E Stereotactic body radiation therapy	
22	While testing for cystic fibrosis in new-born who is born to parents who are unaffected carriers, the best strategy would be		
	A No need for testing as different CF Gene mutation from each parent will give cystic fibrosis	B Sweat Test is the Most Reliable Diagnostic Test	C Blood for $\Delta F508$ Gene Mutation
	D The immune-reactive trypsin level is typically low in CF	E The newborn blood spot IRT test is only valid if the baby has received at least 3 days milk feeds.	
23	A 50-year-old woman, visits her general practitioner with complaints of severe headache, blurred vision, and epistaxis. Her blood pressure reading is 200/120 mmHg. Based on the scenario, what is the most appropriate next step in her management?		
	A Evaluate for secondary causes of hypertension, including renal artery stenosis	B Order a complete blood count (CBC) and renal function tests	C Perform an electrocardiogram (ECG) to assess for left ventricular hypertrophy
	D Prescribe antihypertensive medication immediately	E Refer Mrs. Arsalan to the emergency department for further evaluation	
24	which cardiac anomaly may be associated with maternal lithium ingestion		
	A ASD	B ebstein anomaly	C PDA
	D total anomalous pulmonary venous return	E truncus arteriosus	
25	A 5 months old baby is brought to you by his mother with increased fussiness for last 2 days. He is pale irritable and mild respiratory distress. He is tachycardiac with a heartrate of 300 beats/min. Liver is not palpable. Diagnosis of Supraventricular tachycardia is made. The first step of management of this infant is?		
	A DC cardioversion	B Digitalization	C IV verapamil
	D IV morphine	E vagal stimulation	
26	A 63-year-old man is reviewed by his physician regarding his blood pressure. He has been on amlodipine for several years, but over the past month, he has noticed that his home blood pressure readings are consistently higher than previously - an average of 157/86 mmHg. Today, blood pressure is recorded as 155/88 mmHg. Recent blood tests revealed a potassium level of 4.8 mmol/L. What is an appropriate next step in management, according to guidelines?		
	A Add bisoprolol	B Add diltiazem	C Add doxazosin
	D Add spironolactone	E Add Valsartan	
27	A 58-year-old man presents with breathlessness and chest discomfort. He has diet controlled diabetes, hypertension and hyperlipidaemia. He has a weak rapid, regular pulse of 160bpm, blood pressure is 80/50mmHg, he is cold peripherally and crepitations are heard bibasally on auscultation of the chest. An ECG shows a regular broad complex tachycardia. What is the best initial management of this arrhythmia?		
	A Adenosine	B Amiodarone	C Diltiazem
	D Electrical cardioversion	E Vagal manoeuvres	
28	Females with cystic fibrosis can have children. Males usually have infertility due to absence of the vas deferens. Unaffected carrier male and female can have children. A women who has cystic fibrosis marries and is pregnant. What is the most appropriate statement amongst the following?		
	A About 1 in 200 people carry the CF gene mutation	B About 1 in 4000 children are born with cystic fibrosis	C If both parents carry the gene mutation there is a 50:50 chance that they will have an affected child
	D If both parents have CF then 3 in 4 children will have CF	E If the mother has CF then the father should be offered carrier testing	
29	A 12 years old girl with no improvement in asthma symptoms present to you in OPD. She is on inhaled corticosteroids, inhaled B2 agonist and oral leukotriene inhibitor. What is the most appropriate step that you should consider on follow-up?		
	A Consider Increasing dosage of inhaled corticosteroid	B Consider hospitalizing.	C Check inhaler technique and adherence
	D control environmental allergens	E Consider add-on nonbiologic therapy.	



111

A 60-year-old

30 A 75-years-old woman presented to medical OPD with anorexia, significant weight loss, asthenia and hemoptysis. She had also noted change in his voice. On examination, the patient was pale and anemic, clubbed and had left ptosis. Chest examination showed trachea deviated to left and dull percussion note in left apical area. There was also stony dull percussion note with absent breath sounds in left lower chest. What is the investigation of choice to reach final diagnosis?

- A CT Chest B Fiberoptic Bronchoscopy C Pleural fluid aspiration for malignant cells  
D Sputum cytology E Sputum for AFB and GenXpert

31 A 50 year old male patient was diagnosed as a case of bronchogenic carcinoma. Multidisciplinary team decided to manage this tumor with immunotherapy therapy on the basis of workup. Which of the following is a type of immunotherapy for bronchogenic carcinoma?

- A Bleomycin B Carboplatin C Gemcitabine  
D Pembrolizumab E Vinorelbine

32 A 13 year old boy presented to OPD with a fever & cough for 15 days. His mother reports that he has not responded to co-amoxiclav, cefotaxime, or ceftazidime, prescribed over the last 15 days. O/E His vitals are in the normal range, he is lethargic and has bilateral fine scattered crepts. His x-Ray shows changes in bilateral hilar area with peripheral extension. His gene-xpert from sputum and Montoux tests are negative. What is the most likely organism?

- A E. Coli B H. Influenza C C. Mycoplasma  
D D. Staph aureus E E. Strep pneumonia

33 A 50 year old smoker working in wool mill is having longstanding history of chronic cough and dyspnoea. The physician advised him Pulmonary function tests. The following results are obtained on spirometry: FEV1: 74% predicted, FVC: 68% predicted, TLC: 46% predicted, KCO: 53% predicted. Which of the following is the most likely cause?

- A Asthma B Chronic obstructive pulmonary disease C Kyphoscoliosis  
D Lung fibrosis E Morbid obesity

34 A 55-year-old woman, presents to the emergency department with new-onset chest pain at rest. The pain is severe but variable and episodes are lasting around 30 minutes. She has a history of hypertension and hyperlipidemia. Based on the scenario, which of the following is the most appropriate diagnosis for him?

- A Pericarditis B Silent ischemia C Stable angina  
D Unstable angina E Variant (Prinzmetal) angina

35 You are evaluating a recently adopted 2 years old child. His new parents were told that this child has some cardiac issue. They noticed that he loves to run around the house but he often takes breaks squats down and breathes heavily. He has dark skin and dusky lips but they wonder if he looks dusky then he runs. O/E he has 80% saturation in room air a harsh systolic murmur at left upper sternal border. There is no hepatosplenomegaly, and pulses in all extremities are equal. Which congenital cardiac lesion do you suspect?

- A Atrial septal defect B Coarctation of aortic C Patient ductus arteriosus  
D Tetralogy of fallot E Ventricular septal defect

36 A 2 weeks old infant was brought to your clinic with a history of cyanosis for last few days especially in morning. On examination you see a vitally stable child with oxygen saturation of 86% in room air. He is not in respiratory distress. Bilateral chest auscultation reveals clear lung fields. There is a grade 3/6 ejection systolic murmur on the left upper sternal border. You suspect TETRALOGY OF FALLOT. You order an echo. Which of the following is not included in tetralogy of fallot?

- A atrial septal defect B obstruction to right ventricular outflow C overriding of aorta  
D right ventricular hypertrophy E ventricular septal defect

37 3 months old infant has had upper respiratory symptoms for few days and presented to emergency with fever, cough and breathing difficulty. His mother is suffering from flu. O/E he is irritable, tachypnea with air hunger, wheezy and hypoxic. What is most likely Diagnosis?

- A URTI B Pneumonia C Asthma  
D Diaphragmatic Hernia E Bronchiolitis

38 A poorly controlled diabetic lady with a blood sugar of 450 mg/dl becomes unconscious. With a serum osmolality of 300 mosm/l. Her Arterial Blood Gases revealed pH of 7.2, and low HCO<sub>3</sub> level. Which metabolic abnormality is present in this patient?

- A Metabolic alkalosis B Metabolic acidosis C Respiratory acidosis  
D Salicylate (Aspirin) poisoning E Respiratory alkalosis

39 A 3 years old boy presented with barking cough and fever for 3 days. On examination, his respiratory rate is 40 breaths per minute with subcostal recessions. He has a hoarse voice and difficulty in inspiration. An inspiratory sound is also audible. What is the most likely diagnosis?

- A Bronchiolitis B Bronchopneumonia C Croup  
D Epiglottitis E Common cold



40. A 65-year-old woman with a history of mitral valve prolapse, presents to her primary care physician with fatigue, low-grade fever, and night sweats. On examination, a new regurgitant murmur is appreciated. Blood cultures are drawn, and an echocardiogram reveals a vegetation on the mitral valve. Based on the scenario, what is the most appropriate initial treatment for his endocarditis?
- A Intravenous ceftriaxone B Intravenous penicillin and gentamicin C Intravenous vancomycin and gentamicin  
D Oral amoxicillin E Oral doxycycline and rifampin
41. A 2 years old child suffering from croup, the most appropriate treatment for this child is?
- A Oxygen inhalation and antipyretic B Epinephrine nebulization and steroids C Antipyretic  
D Hospitalization and Anti tussive. E Hospitalization and observation
42. A 50 years old smoker patient presented to Medical OPD with chief complaints of miosis, drooping of eyelid and anhidrosis. He is also complaining of cough, hemoptysis and weight loss. On examination, there is clubbing of fingers. which clinical condition is present in this patient
- A Horner's Syndrome B Kartegener's syndrome C Lofgren Syndrome  
D Pancoast syndrome E plummer Vinson's syndrome
43. A healthy 9 months old Infant is brought to the physician for a well-child examination. He has no history of serious illness. He has been feeding and growing well. Pulse oximetry on room air shows oxygen saturation of 98%.he is pink in air. A grade 3/6 ejection systolic murmur is heard along the left middle and upper sternal border. S2 is widely split and does not vary with respiration. Pulses are good in all extremities. What is the most likely diagnosis
- A atrial septal defect B ebstein anomaly C patent ductus arteriosus  
D transposition of great arteries E Ventricular septal defect
44. A 3 days old neonate presents with increased work of breathing and decreased oral intake .on neonatal assessment pediatrician had advised ECHO as he noticed there is some cardiac lesion.you examine the baby and hear a continuous murmur all over the precordium. What is the contraindication for indomethacin use in closure of patent ductus arteriosus
- A Serum ALT of 90mg/dl B Serum creatinine greater than 1.7mg/dl C Serum ALT of 90mg/dl and Serum creatinine greater than 1.7mg/dl  
D Serum creatinine greater than 1.7mg/dl and thrombocytopenia E thrombocytopenia
45. A 6 months old child is suffering from fever, cough, and difficulty in breathing. On examination he is tachypnic with subcostal recession, now he developed stridor. The most likely diagnosis of this child according to IMNCI is?
- A Cough and Cold B Common Cold C Pneumonia  
D Very severe Pneumonia E Bacterial Pneumonia
46. A 58-year-old man, presents to the emergency department with severe chest pain radiating to his left arm. He has a history of hypertension and hyperlipidemia. His electrocardiogram (ECG) shows ST-segment elevation in leads II, III, and aVF. Troponin levels are elevated. Which of the following is the most appropriate management for Mr. Arbaz that is proven to be most effective?
- A Administration of thrombolytic therapy B Antiplatelet therapy with aspirin and clopidogrel C Intravenous nitroglycerin infusion  
D Monitoring in the intensive care unit (ICU) E Percutaneous coronary intervention (PCI)
47. A 1-year-old child presented with fever cough rhinorrhea and acute onset stridor. His X ray neck AP view shows steeple sign, what is the most likely diagnosis?
- A Bronchiolitis B Epiglottitis C Bacterial Pneumonia  
D Croup E Tracheitis
48. A 50-years-old woman presented to emergency with severe shortness of breath which is present even at rest. She was experiencing these attacks quite frequently in the past as well. She is house wife and cooks food for her kids on wood fire. Physical examination shows clubbing and cyanosis. Chest examination shows fine end inspiratory crackles and occasional wheeze. Cardiac examination shows right ventricular heave and loud P2? What is the diagnosis
- A Cor pulmonale due to Bronchial Asthma B Cor pulmonale due to Bronchiectasis C Cor pulmonale due to COPD  
D Cor pulmonale due to ILD E Cor pulmonale due to Pneumoconiosis
49. A 3 Years old child is presented to emergency with shortness of breath of lethargy. He was perfectly alright 3 days back. He had mild upper respiratory tract infection 2 days back & at night he suddenly developed respiratory distress. On examination the child is lethargic, has cold peripheries with feeble peripheral pulses and has gallop rhythms, chest auscultation reveals bilateral equal air entry and fine basal crepitation. What is the clinical diagnosis?
- A Acute viral myocarditis B CROUP C Pleural effusion  
D Pneumothorax E Tet spell
50. Mr. Maaz, a 50-year-old man, presents to the emergency department with sudden-onset severe chest pain that radiates to his left arm. He also feels shortness of breath and diaphoresis. The pain started while he was shoveling snow outside. Based on the scenario, which of the following is the most appropriate immediate management for Mr.Maaz?
- A Administer nitroglycerin sublingually B Order a chest X-ray C Perform an electrocardiogram (ECG)  
D Refer for immediate cardiac catheterization E Start intravenous opioids for pain relief



Year	Roll Number	Date	Paper Type	Subjects	Block-H	Block-I	Block-J	Block-K	Block-L	Block-M	Block-N	Block-O	Block-P	Block-Q	Block-R	Block-S	Block-T	Block-U	Block-V	Block-W	Block-X	Block-Y	Block-Z
51	A 70-year-old man presents to the Emergency Department with a 4-hour history of palpitations and collapse. On examination, he has swollen ankles and cool peripheries. His observations are as follows: • Pulse rate 46 beats per minute, irregularly irregular and thread • Blood pressure unrecordable despite three attempts • Respiratory rate 26 breaths per minute • Oxygen saturations 91% on air He was previously well with no history of any structural or ischaemic heart disease. ECG shows no P waves. What is the most appropriate initial management?																						
A Immediate electrical (DC) cardioversion followed by thromboprophylaxis					B Pharmacological cardioversion with amiodarone intravenously					C Pharmacological cardioversion with flecainide intravenously													
D Thromboprophylaxis with heparin for three weeks followed by DC cardioversion					E Trans-oesophageal echocardiogram followed by intravenous amiodarone																		
52	A 50-year-old woman with no medical conditions comes to your outpatients with a 6-month history of worsening exertional dyspnea. Physical examination is unremarkable. The laboratory shows a normal Pro-BNP level. An echo shows normal heart chamber and ventricular function. The resting RVSP is 42 with a mild tricuspid regurgitation. Which medication can be one of the treatment options considering the underlying diagnosis?																						
A Ace-inhibitors					B Beta-blockers					C Calcium channel blockers													
D Sacubitril					E Trimetazidine																		
53	A young gentleman presented to Medical OPD with shortness of breath. On examination, his chest was wheezy. Pulmonary Function Tests showed FEV1/FVC ratio of 65% and FEV1 was 60%. FEV1 was repeated after salbutamol inhaler which did not improve. What is your diagnosis?																						
A Bronchial Asthma					B Bronchiectasis					C Chronic Obstructive Pulmonary Disease (COPD)													
D Interstitial Lung Disease					E Pneumonia																		
54	A 62-year-old man with a background of chronic obstructive pulmonary disease (COPD) attends for his annual check-up. He is on 1 litre of home oxygen for 15 hours a day. His treatment for COPD includes salbutamol, Symbicort (budesonide/formoterol) and tiotropium inhaler. On examination, you can hear scattered wheeze with no crackles. You also note pitting oedema in both legs. When you listen to his heart sound, you suspect that he may have pulmonary hypertension. Which of the following features would support this diagnosis?																						
A A loud first heart sound					B A loud second heart sound					C A soft first heart sound													
D A soft second heart sound					E Splitting of first heart sound																		
55	2 years old child presented to emergency department with 6 hours' history of high grade fever, dysphagia, cough and breathing difficulty. O/E He appear toxic with drooling of saliva, febrile and tachypneic with stridor. What is most likely diagnosis?																						
A Croup					B Epiglottitis					C Pneumonia													
D Tracheitis					E Foreign Body Inhalation																		
56	A 54-year-old man presents to the GP with 3 episodes of dizziness and fainting. An ECG is performed that shows a bradycardia with intermittently non-conducted P waves, there is no sign of PR elongation or shortening of the waves that are conducted. Given the most likely diagnosis, what is the best long-term management options?																						
A Accessory pathway ablation					B Atropine					C Beta blocker													
D Pacemaker insertion					E Reassurance with 6 monthly review																		
57	Mr. Elahi, a 62-year-old man, presents to the emergency department with palpitations and presyncope. His ECG shows a regular wide QRS complex tachycardia at a rate of 200 beats per minute, with absence of P waves. Based on the scenario, which of the following is the most likely diagnosis?																						
A Atrial fibrillation (AF)					B Atrioventricular nodal reentrant tachycardia (AVNRT)					C Sinus tachycardia													
D Supraventricular tachycardia (SVT)					E Ventricular tachycardia (VT)																		
58	A 45-year-old male presents with pleuritic chest pain that improves with leaning forward and worsens with inspiration. ECG shows diffuse ST-segment elevations. What is the most likely diagnosis?																						
A Acute myocardial infarction (MI)					B Cardiac tamponade					C Constrictive pericarditis													
D Acute Pericarditis					E Stable angina																		
59	A 65-year-old female with a history of hypertension and diabetes presents with shortness of breath, orthopnea, and bilateral crackles on lung auscultation. Her Pulse is 45 beats per minute. ECG shows normal rhytm with occasional P waves and regular but wide QRS complexes. Echocardiogram shows an ejection fraction of 25%. What is the most likely diagnosis?																						
A First-degree heart block					B Physiological Bradycardia					C Second-degree heart block type I (Wenckebach)													
D Sinus bradycardia with normal sinus node function					E Third-degree heart block (complete heart block)																		
60	A 35-year-old male presents to the emergency department with chest pain and fever for 2 days. He denies any significant past medical history or family history. Last week he returned to the Pakistan from a 4-week holiday in Australia. On examination, he is in obvious discomfort but is able to speak in full sentences. His observations show a heart rate 120 beats/minute, blood pressure 120/85 mmHg, respiratory rate 22 breaths/min, oxygen saturation 97% on room air, temperature 38.2°C. On auscultation of his chest you hear clear lung fields and a grating to-and-fro sound is heard over the pericardium. What is the most likely cause of this patient's chest pain?																						
A Acute pericarditis					B Community-acquired pneumonia					C Dressler's syndrome													
D Pulmonary embolism					E Tuberculosis																		



61 Thirty years old man present at the Emergency department of Khyber Teaching Hospital after a head-on collision of his car 5 minutes back. He is restless, short of breath, and cyanosed. His neck veins are distended, the right side of his chest is hyper-resonant and breath sounds are not audible on the right side. The appropriate immediate treatment is:

- A Chest intubation on the right side      B Needle decompression on the right side followed by chest intubation      C To perform a Chest X-ray

- D To perform a Tracheostomy      E Insert endotracheal tube

62 A 10 days old infant presents with decreased oral intake. Birth history was unremarkable but the baby was not reviewed by a child specialist at birth and was discharged home on day 2 of life. Physical examination reveals a lethargic infant who is in respiratory distress. There is a pan systolic murmur of grade 3 on left lower sternal border which is the most likely congenital heart defect.

- A Aortic stenosis      B Atrial septal defect      C Hypo plastic left heart syndrome

- D Transposition of great arteries      E Ventricular septal defect

63 A previously asymptomatic 30-year-old woman has presented to the emergency department with severe dyspnoea while jogging. She stated that this has occurred twice before in the last month but this time it was more serious which prompted her to seek help. She has not been diagnosed with any conditions. She is adopted and is aware that her biological mother suffered from rheumatic fever as a child and biological father had 'some sort of heart problem'. All vital signs were within normal range. An ECG was done and showed left ventricular hypertrophy. What is the most likely diagnosis?

- A Aortic stenosis      B Friedrich's ataxia      C Hypertrophic obstructive cardiomyopathy (HOCM)

- D Mitral stenosis      E Wolff-Parkinson White

64 In the management of hypertension in general practice, which of the following findings should raise suspicion for secondary hypertension?

- A Elevated serum creatinine levels      B Family history of hypertension      C Obesity

- D Sedentary lifestyle      E age at onset (<50 years)

65 12 years old child presents with cyanosis, respiratory distress. His mother reports that the child is already on cardiac medications but over a Period of few months his condition is deteriorating. Due to affordability issues they failed to do followup visits with their cardiologist. Which of the following is Correct about eisenminger syndrome

- A considered a high indication for surgery in a baby with congenital heart disease      B it is usually a primary cyanotic congenital heart disease      C pulmonary hypertension is not always present

- D represents a serious complication of Acyanotic congenital heart disease      E this phenomenon is associated with transposition of great arteries

66 A 48-year-old man presents with increasing breathlessness and cough. This has been getting worse over the last year and he had repeated chest infections over the last six months. He smoked 10 cigarettes a day until eight years ago. He has no known allergies. He works as a hairdresser. A chest X- ray was reported as being normal. Pulmonary function testing demonstrated:

FEV1: 1.60 l (53% predicted), FVC : 2.86 l (78% predicted), Total lung capacity: 4.83 l (110% predicted)  
 TLCO: 6.63% (93% predicted) KCO: 1.36 (120% predicted) What is the most likely diagnosis?

- A Asthma      B Chronic bronchitis      C Emphysema

- D Obesity      E Pulmonary embolism

67 Mr. Zahid, a 60-year-old man, is three days post myocardial infarction. He is currently asymptomatic and has been started on optimal medical therapy. Based on the scenario, which of the following interventions is most appropriate for risk stratification and secondary prevention in Mr. Zahid?

- A Cardiac magnetic resonance imaging (MRI) to evaluate myocardial viability      B Coronary angiography to assess the extent of coronary artery disease      C Echocardiogram to assess left ventricular function

- D Exercise stress test to evaluate functional capacity      E Serial cardiac troponin measurements to monitor for recurrent infarction

68 A 35-year-old woman with a history of severe, persistent asthma presents with worsening cough, wheezing, and dyspnea. She reports that her cough produces thick, brown sputum and has not improved despite treatment with moxifloxacin 400 mg by mouth daily for the past 21 days. Pulmonary-function testing demonstrates an FVC of 3.25 liters (predicted value is 3.20 liters), an FEV1 of 1.4 liters (predicted is 2.5), and an FEV1/FVC ratio of 0.43 (predicted is 0.80). Laboratory testing reveals an absolute eosinophil count of 1200 per mm<sup>3</sup> (reference range, 0–350) and a serum immunoglobulin E level of 800 IU/mL (10–179). CT of the chest shows central bronchiectasis. Which one of the following diagnoses is most likely in this case?

- A Allergic bronchopulmonary aspergillosis      B Atypical mycobacterial pneumonia      C Burkholderia cepacia pneumonia

- D Chronic eosinophilic pneumonia      E Legionella pneumonia

69 Mrs. Iqbal, a 70-year-old woman, presents to the clinic with episodes of lightheadedness and syncope. Her ECG shows a prolonged PR interval of 300 milliseconds, with occasional dropped beats. Based on the scenario, which of the following is the most likely diagnosis?

- A Atrial fibrillation (AF)      B Atrioventricular (AV) block      C Sick sinus syndrome

- D Sinus bradycardia      E Wolff-Parkinson-White (WPW) syndrome



70. A 25 year old man was complaining of fever and dry irritating cough for the last 3 days. On examination, there were reduced breath sounds with dull percussion notes and bronchial breathing in the right lower zone. The doctor on duty did his radiologic workup which showed an air bronchogram. What is the expected diagnosis in this patient?
- A Bronchial Asthma B Bronchiolitis C COPD  
D Pneumonia E Pneumothorax
71. An 8 years old child has a previous history of cyanotic congenital heart disease has now developed fever for last 4 weeks. He has used multiple antibiotics but not improving. You examine the child. He is toxic looking with a fever of 101 Fahrenheit. His post auricular lymph nodes are palpable. On abdominal examination spleen is palpable 5cm extending from the left costal margin. Among the following what is an important risk factor for developing infective endocarditis?
- A MMR vaccine B Arrhythmias C Diarrhea  
D poor dental hygiene E RSV infection
72. A medical undergraduate is complaining of nocturnal dry cough. He is denying any history of gastro-esophageal reflux disease. As a doctor, you are suspecting bronchial asthma. You are planning for spirometry in this patient. Asthma can be diagnosed on spirometry 10 minutes after bronchodilator by which of the following parameter?
- A Increase in FEV1 of more than 400 ml from baseline B Increase in FEV1 of more than 200 ml from baseline C Increase in FEV1 of more than 18% from baseline  
D Increase in FVC of more than 10% from baseline E Increase in TLC of more than 10% from baseline
73. A 10 years old school going child is brought by his father for a well-child examination. He is otherwise a healthy child but gives history of shortness of breath sometimes while he is participating in sports at his school. His cousin has been recently diagnosed with some cardiac condition. Father wants his child to be assessed. Physical examination is unremarkable. You order some basic labs and an ECG. Shows first degree heart block Which is best characterized by Which one of the following.
- A a completely normal ECG B a normal PR interval with intermittently missed QRS complexes C a prolonged PR interval only  
D a progressively increased PR interval then a missing QRS in a cyclical pattern E no relationship between QRS complexes and P wave
74. An 18 month old infant presented to a bhu. He has a fever of 101 F. The medical officer has an IMNCI book let and wants to find out tachypnoea in this infant. The respiratory rate to label as tachypnoea is
- A 10 B 20 C 30  
D 40 E 50
75. A 7 months old child suffering from fever cough difficulty in breathing. On examination he is tachypneic and having subcostal and intercostal recession. His x ray chest shows consolidation in right middle zone of lung. What is your diagnosis?
- A Lobar Pneumonia B Broncho Pneumonia C Aspiration Pneumonia  
D Löffler's Pneumonia E Bacterial Pneumonia
76. Based on the recent infective endocarditis diagnostic criteria, what are the two most important parameters for the diagnosis of this infection?
- A ECG changes and an audible murmur on examination B Increased CRP and a positive blood culture. C Positive blood cultures and echocardiographic changes.  
D Positive ASO titers E Splenomegaly and a positive blood culture
77. A 60-year-old male presents with chest pain and exertional dyspnea. ECG shows diffuse ST-segment elevations in V2 to V4. Troponin levels are high. What is the most likely diagnosis?
- A Acute anterior MI B Acute inferior MI C Acute lateral MI  
D Right ventricular MI E Unstable angina
78. A 6 months old child presented with fever cough difficulty in breathing, his doctor is counting his respiratory rate for tachypnea, what will be the respiratory rate at this age leading to tachypnea?
- A Above 20 per min B Above 30 per min C above 40 per min  
D Above 50 per min E Above 60 per min
79. A worrisome mother complains that she has observed her 02 years old infant turns blue early in the morning and after heavy episodes of crying. She has now presented to emergency when she observed her infant is breathing fast and has turned blue restless and agitated since an hour. Which one of the following is not used for the treatment of this patient
- A Furosemide B knee chest position C Morphine  
D Oxygen E Propranolol



80	A 55-year-old woman, presents to the emergency department of a local hospital where the facilities of cardiac services are not available, with sudden-onset severe chest pain and diaphoresis. The pain started at rest and has been ongoing for the past 30 minutes. She has a history of smoking and hypertension. ECG shows ST elevations in inferior leads. The nearest Cath lab facility is 4 hours away. Based on the scenario, which of the following is the most appropriate next step in the management of her?		
	A	Take high dose aspirin orally	B Take sublingual nitroglycerin
	D	Take IV frusamide	E Take IV heparin
81	AN 18 month old presented to the Emergency department with fever (low grade) for 2 days and shortness of breath. O/E he has RR of 70 breaths/ min, HR- 160/ min, Saturation- 87% on air, subcostal & intercostal recessions with noisy breathing. His CBC shows normal counts, normal TLC, and DLC. Chest X-ray shows bilateral hyperinflation with scattered nodular shadows. What is the most likely diagnosis?		
	A	Bronchiolitis	B B. Epiglottitis
	D	D. Pneumonia	E E. Pneumothorax
82	A 50 years old patient whose occupation is a stone cutter for the last 30 years presented to us with shortness of breath and cough. What radiological abnormality is expected in the plain X-Ray chest of this patient?		
	A	dystrophic calcification	B egg shell calcification
	D	linear calcification	E metastatic calcification
83	A 45 years old man sustained penetrating fire-arm injury to the left side of the chest 2 cm below the nipple. The patient is haemodynamically stable. What is the next appropriate management step?		
	A	Observe the haemodynamic status of the patient	B Pass a left sided chest tube and observe
	D	Perform a left sided thoracotomy	E Perform a left sided thoracotomy and Laparotomy
84	6 months old 7 kg infant is unwell for the last one day. He is lethargic unable to take feed. Mother has observed that his heart is beating fast. On examination the infant is pale looking lethargic with a heart rate of 280 beats per min. His liver is 3cm below the right costal margin. What ECG findings do u expect in this patient?		
	A	Inverted P waves with no QRS complexes	B Narrow QRS complexes with no visible P waves
	D	Peaked P waves with absent QRS complexes	E Widened QRS complexes with no visible P waves
85	A 60-year-old man, presents to his primary care physician with recurrent episodes of chest discomfort that occur predictably with exertion and resolve with rest or nitroglycerin. The symptoms have been stable for the past few months. He has a history of hypertension and hyperlipidemia. Based on the scenario, which of the following is the most appropriate diagnosis for her?		
	A	Acute myocardial infarction	B Silent ischemia
	D	Unstable angina	E Variant (Prinzmetal) angina
86	You are called to see a 74-year-old patient who is complaining that her heart is racing. On examination, her heart rate is 209bpm and she appears breathless. Cardiac monitoring confirms a rapid narrow complex tachycardia. She states that she is now experiencing chest pain. What is the most appropriate management step?		
	A	Atropine 500micrograms IV	B Echocardiogram
	D	Salbutamol inhaler up to 10 puffs	E Synchronised DC cardioversion
87	A 72-year-old female presents with palpitations and feelings of light headedness for one month. Her pulse is regular at 84 beats per minute and her ECG is not indicative of any specific pathophysiology. On examination, you note a grade 3 diastolic murmur and when measuring her pulse you notice that her head nods subtly in time with her heart beat. Her symptoms are most likely the result of which pathology?		
	A	Aortic regurgitation	B Aortic sclerosis
	D	Mitral regurgitation	E Mitral stenosis
88	A five month old infant is referred for assessment due to dysmorphic features. The Patient has flat nasal bridge with epicanthal fold and upslanting palpebral fissure, low set ears and protruding tongue. On auscultation heart has a grade 4/6 Pansystolic murmur over the left sternal border. Which cardiac defect is most common in This Condition		
	A	Atrial septal defect	B Atrioventricular septal defect
	D	Pulmonary stenosis	E Tetralogy of fallot
89	An 8 months old child presented in OPD with fever runny nose, hoarse voice, barking cough and stridor, the most common organism responsible for this condition is?		
	A	Parainfluenza and Influenza Virus	B Streptococcal Pneumonia
	D	Measles Virus	E Coccis Virus
90	A 70-year-old male presents with symptomatic bradycardia and a resting heart rate of 40 bpm. He has no history of heart failure. What is the most appropriate indication for a pacemaker?		
	A	First-degree heart block	B Physiological Bradycardia
	D	Sinus bradycardia with normal sinus node function	E Third-degree heart block

Student Signature



INSTR

1. Shade Circle with Black ball pen.
2. Hand over the response sheet back along with MCQ question paper after completing section 1.

not staple or fold MCQ sheet.  
any other color

A

91 Ms. Tamana, a 45-year-old woman, presents to the clinic with episodes of rapid palpitations lasting for a few minutes. She feels her heart racing and experiences occasional dizziness during these episodes. An electrocardiogram (ECG) is performed during an episode, and it shows regular narrow QRS complex tachycardia at a rate of 180 beats per minute. Based on the scenario, which of the following is the most likely diagnosis?

- A Atrial fibrillation (AF) B Atrioventricular nodal reentrant tachycardia (AVNRT) C Sinus tachycardia  
D Supraventricular tachycardia (SVT) E Ventricular tachycardia (VT)

92 A 12-yr-old asthmatic boy has developed an asthma exacerbation in the past few days. Asthma symptoms have continued to progress despite frequent salbutamol inhaler use at home. He comes to the emergency department with chest tightness, dyspnea, and wheezing, and in moderate respiratory distress. In this setting, management should include

- A Close monitoring, Supplemental oxygen, Inhaled salbutamol, Theophylline, B Close monitoring, Supplemental oxygen, Inhaled salbutamol, Systemic glucocorticoids C Close monitoring, Supplemental oxygen, Inhaled salbutamol, inhaled glucocorticoids.  
D Close monitoring, Supplemental oxygen, Inhaled salbutamol, inhaled ipratropium bromide E Close monitoring, Supplemental oxygen, Inhaled salbutamol, Montelukast

93 An infant with congestive cardiac failures receives digoxin, you notice that the heart rate of the infant slows down to less than 100 beats per min. You suspect digoxin toxicity. How will you manage this child after stopping the digoxin

- A Give atropine B Give KCl infusion in 5% dextrose C Give atropine and KCl infusion in 5% dextrose  
D Give morphine E With calcium gluconate

94 A 56-year-old woman presents to the emergency department with a 6-hour history of palpitations. She describes the sensation as 'fluttering and racing'. She has never had this before. She is otherwise well, has no past medical history, and takes no medication. An ECG shows atrial fibrillation (AF). An echocardiogram shows no evidence of structural heart disease. Her blood tests are unremarkable. What is the most appropriate medication to treat this patient?

- A Atenolol B Digoxin C Diltiazem  
D Flecainide E Verapamil

95 Ms. Humaira, a 35-year-old woman with a history of congenital heart disease and a ventricular septal defect (VSD) repair in childhood, presents to her cardiologist with fever and malaise. On examination, a new murmur is heard. Blood cultures are drawn, and an echocardiogram reveals a vegetation on the repaired VSD patch. Based on the scenario, what is the most likely mechanism of endocarditis in this patient?

- A Direct spread of infection from a dental procedure B Hematogenous spread of infection from another site C Infection of a preexisting bicuspid aortic valve  
D Infection of a previously undetected VSD E Infection of the prosthetic material used for VSD repair

96 A 60-years-old smoker man presented with progressive dyspnea. On examination, he is plethoric and cyanosed. Chest examination shows reduced air entry bilaterally. Cardiac examination shows right ventricular heave with MR and TR. X ray chest revealed cardiomegaly. What is the most probable diagnosis?

- A Congestive cardiac failure B COPD C Cor Pulmonale  
D Left heart failure E Right heart failure

97 A 30 years old male presents to the emergency with sudden onset right sided chest pain. After receiving life saving measures in the A/E department, the attending physician decides to insert a chest tube on the right side. What is the most appropriate location for passing the chest drain

- A 4th intercostal space in mid-axillary line B 4th intercostal space in mid-clavicular line C 7th intercostal space in anterior axillary line  
D 7th intercostal space in mid-axillary line E 7th intercostal space in mid-clavicular line

98 A 12 years old girl has a difficult-to-treat asthma 6 months after management. She was provided with asthma education, her treatment was Optimized by treating comorbidities and modifiable risk factors. High-dose inhaled corticosteroids (ICS) were tried. What is the diagnosis according to GINA guidelines?

- A Intermittent Asthma B Severe persistent asthma C Moderate persistent Asthma  
D Mild persistent Asthma E No Asthma

99 A 55-year-old man visits his GP for a routine blood pressure (mmHg) check. After obtaining a reading the GP tells him he may have stage 1 hypertension and will need ambulatory blood pressure monitoring (ABPM). What reading is the GP likely to have obtained?

- A 134/89mmHg B 139/86mmHg C 148/92mmHg  
D 195/110mmHg E 85/55mmHg

100 An infant 11months old; with respiratory symptoms and diarrhoea was diagnosed as Cystic fibrosis. The infant in newborn period was operated for meconium ileus. He has poor growth with weight of 4.5kg. There is history of recurrent episodes of pneumonia and diarrhoea. He is admitted this summer with hypernatremic dehydration. Looking at the above scenario and the complications what further needs to be considered on priority basis.

- A Meconium aspiration syndrome in about 1 in 10 babies with CF B Pancreatic disease with a risk of diabetes C Hypernatremia in hot weather due to salt Accumulation.  
D Hypercholesterolemia due to Fat Absorption E Poor Growth Secondary to the need for high Dose Steroid Therapy



Professional Year  
1st Professional MBBS  
2nd Professional MBBS  
3rd Professional MBBS  
4th Professional MBBS  
Final Professional MBBS

101	A child diagnosed with rheumatic fever with carditis but without residual heart disease will require prophylaxis for which of the following duration?			A	5 years or until 21 years of age whichever is longer	B	lifelong prophylaxis	C	needs no prophylaxis
				D	10 years or until 21 years of age, whichever is longer	E	10 years or until 40 years of age, whichever is longer		
102	A 2-month-old boy with a 3-day history of upper respiratory infection, who suddenly develops high grade fever, cough, and respiratory distress; within 48 hours, the patient has developed a pneumatocele and a left-sided pneumothorax. What is the most likely diagnosis?			A	Mycoplasma pneumonia	B	Pneumococcal Pneumonia	C	Chlamydial Pneumonia
				D	Staphylococcal Pneumonia	E	Viral Pneumonia		
103	A 38-year-old man presents to the Emergency Department with sudden onset of uncontrollable epistaxis and chest pain. He is severely anxious and has already vomited on the way to hospital. The medical history reveals that he is a long-term user of recreational drugs especially amphetamine. His blood pressure reading is 205/110 mmHg and fundoscopy reveals retinal bleeding with papilloedema. Which of the following is the most likely cause of this man's symptoms?			A	Encephalopathy	B	Malignant hypertension	C	Myocardial infarction
				D	Hypertensive heart failure	E	Hepatic Encephalopathy		
104	A 66-year-old man presented to his general practitioner with a longstanding history of leg swellings is now also complaining of becoming short of breath when walking. He has a background of chronic obstructive pulmonary disease, ischaemic heart disease and diabetes mellitus. He recently stopped smoking after doing so for the last 40 years and is now retired at home living with his wife in a two-bedroom house. Upon examination, he had a pansystolic murmur loudest at the left sternal edge with peripheral pitting oedema to the shins and a clear chest when auscultated. He appeared comfortable at rest and was not in any distress. What is the most likely cause for his murmur?			A	Connective tissue disorder	B	Hyperdynamic circulation	C	Patent ductus arteriosus
				D	Pulmonary hypertension	E	Ventricular septal rupture		
105	A 12-years-old boy presented to medical OPD with recurrent attacks of chest infection with spitting of huge amount of foul smelling sputum. He also gives history of poor growth and diarrhea. CT chest shows diffuse bronchiectasis. How would you investigate this patient to reach the final diagnosis?			A	Full blood count with ESR	B	HIV Test	C	Sputum Cytology and culture/sensitivity
				D	Sweat Chloride Test	E	X Ray Chest		
106	A patient with heart-failure is being reviewed by the cardiologist. Their symptoms are under control at rest although the patient comments that walking to the shops can make him quite breathless. 5-years-ago, he says, this would not have been a problem. He doesn't struggle, though, making breakfast in the morning or moving around his house. He does mention though that more intense house-chores such as cleaning are a struggle. According to the NYHA classification, what stage is this patient at?			A	Stage I	B	Stage II	C	Stage III
				D	Stage IV	E	Stage V		
107	A 40 years old patient presented to Medical OPD with chief complaints of chronic cough with copious purulent sputum, hemoptysis and weight loss. On examination he was having clubbing and coarse crackles in the upper and lower zone of lungs. What is the most likely diagnosis?			A	Allergic bronchopulmonary aspergillosis	B	Bronchiolitis	C	Bronchial Asthma
				D	Bronchiectasis	E	Chronic obstructive pulmonary disease		
108	A 60 year old male is smoker for the last 25 years. He presented to medical OPD with 2 months history of weight loss and cough. A chest X ray revealed a left apical mass for which he underwent bronchoscopy and transbronchial biopsy. Which type of malignancy is expected to be the most common in this patient?			A	Adenocarcinoma	B	Large cell carcinoma	C	Mesothelioma
				D	Small cell carcinoma	E	Squamous cell carcinoma		
109	A 25 years old asthmatic patient presented to Medical OPD with chief complaints of shortness of breath. On Examination his respiratory rate was 30 and Heart rate was 115/min. with feeble respiratory sounds. PEFR was 30%, SpO2 was 90% and PaCO2 is 5.0Kpa (4.6-6.0Kpa). What is the severity of the patient's asthma?			A	Acute Severe Asthma	B	Life threatening Asthma	C	Mild Asthma
				D	Moderate Asthma	E	Near Fatal Asthma		
110	A 65-year-old gentleman with known diabetes and heart failure is currently admitted to the general medical wards suffering from atrial fibrillation (AF). He presented with a fast AF with a tachycardia of 130 beats per minute. He has been given atenolol but this has not yet reduced his heart rate below 120/min. Which of the following can be added as a second-line medication to help control his heart rate?			A	Adenosine	B	Amiodarone	C	Amlodipine
				D	Digoxin	E	Verapamil		



111 A 60-year-old man presents with a 2-week history of dyspnoea and leg swelling. On examination, he has a raised JVP that doesn't fall with inspiration. His lung bases are clear. His only past medical history is angina for which he was recently investigated with a coronary angiogram. Given this presentation, which of the following is the most likely cause of his presentation?

- |   |                           |   |                        |   |                   |
|---|---------------------------|---|------------------------|---|-------------------|
| A | Acute heart failure       | B | Acute pericarditis     | C | Cardiac tamponade |
| D | Constrictive pericarditis | E | Infective endocarditis |   |                   |

112 A 35-years-old man presented to medical OPD with day time drowsiness and lack of concentration. He met a road side accident one month back but fortunately he survived. His wife gives history that he thrashes leg to one side and there is frequent arousal from sleep. Examination shows a large goiter with retrosternal extension. Lab investigations show erythrocytosis. How will you confirm your diagnosis?

- |   |                     |   |                        |   |                  |
|---|---------------------|---|------------------------|---|------------------|
| A | Electrocardiography | B | Electroencephalography | C | Electromyography |
| D | Polysomnography     | E | Thyroid function tests |   |                  |

113 A 55 year old smoker was diagnosed as a case of bronchogenic carcinoma. Multidisciplinary team decided to manage this tumor with targeted therapy on the basis of workup. Which of the following is a type of targeted therapy for bronchogenic carcinoma?

- |   |              |   |            |   |           |
|---|--------------|---|------------|---|-----------|
| A | Bevacizumab  | B | Cisplatin  | C | Erlotinib |
| D | Methotrexate | E | Paclitaxel |   |           |

114 While assessing a conscious trauma patient in a primary healthcare facility, the best way to check the airway is to:

- |   |                            |   |                          |   |  |
|---|----------------------------|---|--------------------------|---|--|
| A | Check the blood pressure   | B | Check the gag reflex     | C | Talk to the patient whether he can talk back |
| D | Check for response to pain | E | Do suction of the airway |   |  |

115 A 2-mo-old female infant is presented with a chief complaint of poor feeding and lethargy. Parents report that the child was well until 3 days earlier, when poor feeding began. Pulse rate is 280 beats/min, respiratory rate is 65/min, and blood pressure is 80/50 mm Hg. Physical examination shows a gallop rhythm and an enlarged liver palpable 2-3 cm below the right costal margin. The most appropriate diagnostic test for this patient would be

- |   |                  |   |               |   |     |
|---|------------------|---|---------------|---|-----|
| A | ABGs analysis    | B | blood culture | C | CBC |
| D | chest radiograph | E | ECG           |   |     |

116 A 75-year-old man presents to the physician with a 10-week history of worsening oedema in his lower legs and breathlessness that he feels is getting worse. Initially, he was only breathless walking up the stairs but now he feels he is breathless sitting in his chair at rest. Occasionally, he can wake up at night gasping for breath. On examination, pitting oedema is present up the mid-calf, his respiratory rate is 24 breaths/ minute, his heart rate is 110 beats/ minute, his blood pressure is 105/60 and his oxygen saturation on air is 91%. The physician refers the patient for an echocardiogram which shows a reduced left ventricular ejection fraction (LVEF). What is the first-line treatment for this patient's most likely diagnosis?

- |   |                           |   |   |   |                                |
|---|---------------------------|---|---|---|--------------------------------|
| A | ACE inhibitor + diuretics | B | ACE inhibitor + calcium channel blocker | C | ACE inhibitor and beta blocker |
| D | Beta blocker only         | E | Beta blockers + calcium channel blocker |   |                                |

117 A 5 years old boy is brought to emergency with a history of loose motions and vomiting for the last 5 days which has increased in frequency for the last 24 hours. Parents got worried when they observed their child getting lethargic since morning. On assessment the child is severely dehydrated. You start dehydration correction and order investigations. Labs show severe metabolic acidosis with a serum creatinine of 4mg/dl serum sodium 140mEq/l and potassium of 6.6mEq/L. What ECG findings would you expect in this patient?

- |   |                  |   |                    |   |                |
|---|------------------|---|--------------------|---|----------------|
| A | flattened P wave | B | no ECG abnormality | C | peaked P waves |
| D | peaked T waves   | E | shallow T wave     |   |                |

118 10 years old child who is otherwise well came with a concern that during his previous admission for acute gastroenteritis the doctors noticed wide splitting of second heart sound and advised an echocardiogram. The echo report showed an Atrial septal defect. They are anxious about further management of this child. Surgical closure of atrial septal defect is indicated in the following condition?

- |   |   |   |  |   |                            |
|---|---|---|--|---|----------------------------|
| A | all patients irrespective of symptoms           | B | All Asymptomatic patients                      | C | All patients thriving well |
| D | asymptomatic patients with a shunt ratio of 1:1 | E | symptomatic patients with a shunt ratio of 2:1 |   |                            |

119 A 50-year-old male presents with dyspnea, fatigue, and bilateral lower extremity edema. Echocardiogram shows dilated ventricles with decreased systolic function. What is the most likely diagnosis?

- |   |                        |   |                             |   |                         |
|---|------------------------|---|-----------------------------|---|-------------------------|
| A | Dilated cardiomyopathy | B | Hypertrophic cardiomyopathy | C | Ischemic cardiomyopathy |
| D | Myocarditis            | E | Restrictive cardiomyopathy  |   |                         |

120 A 20-year-old woman presents for an insurance medical examination. On feeling the woman's radial pulse, the doctor can feel 2 separate systolic beats, as if there was a double pulse. Which of the following conditions may be a cause of this woman's physical findings?

- |   |  |   |                      |   |                 |
|---|--|---|----------------------|---|-----------------|
| A | Hypertrophic obstructive cardiomyopathy (HOCM) | B | Mitral regurgitation | C | Mitral stenosis |
| D | Restrictive cardiomyopathy                     | E | Aortic regurgitation |   |                 |