



192.168.6.2/Forms/Exan

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

MB1924-1991

Scope

scope

Timer

01:00:57

Q#106

Surgery in hydrocoele patients is done after 2 years in case of non-resolution but certain cases are operated early. Which of the following conditions is not an indication for early surgery:

- ☐ Non communicating hydrocoele
- ☐ Tense hydrocoele
- ☐ Communicating hydrocoele with hernia
- ☐ Encysted hydrocoele
- ☐ Acute hydrocoele

PREVIOUS

NEXT

**Important Note**

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Timer

01:01:40

Q#104

A 15-year-old girl with short stature, neck webbing, and sexual infantilism is found to have coarctation of the aorta. A chromosomal analysis likely would demonstrate which of the following?

- ☐ Mutation at chromosome 15q21.1
- ☐ Trisomy 21
- ☐ XO karyotype
- ☐ Defect at chromosome 4p 16
- ☐ Normal chromosome analysis

PREVIOUS

NEXT

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Timer

01:03:07

Q#100

A 23 years old female with history of cough, wheeze and chest tightness presents to the OPD for evaluation. Her symptoms are usually prominent in the early winter whenever she has upper respiratory tract infection. On auscultation she has bilateral wheeze. There is no cyanosis and she is afebrile.

- ☐ CXR
- ☐ ECHO
- ☐ CBC
- ☐ PFTs
- ☐ HRCT Chest

PREVIOUS

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01:02:22

Q#102

A 47-year-old man presents to the ER with fever, body aches & breathlessness of 7 days duration. His Pulse is 120, BP 110/70, SpO2 78 % on room air & respiratory rate of 35/minute. Labs: Hb 13.8 gm/ dl, TLC 8000/ cubic millimeter, CRP 22 mg / dl. His SARS COV-2 PCR comes back positive.

Which of the following treatment have been shown to improve his outcome?

- ☐ Amphotericin
- ☐ Dexamethasone
- ☐ Hydroxychloroquine
- ☐ Meropenem
- ☐ Enoxaparin

PREVIOUS

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Timer

01:03:38

Q#99

26 year old football player collapsed during the match. CPR was started. Initial ECG showed ventricular tachycardia for which he was DC cardioverted successfully. He was admitted for workup. He was doing well up till now and never had any chest pain or palpitation. Although he had a positive family history of sudden cardiac arrest in his 1st cousins and one of his uncle. CVS exam revealed an Ejection systolic murmur at the Right lower sternal edge, which increased on standing from the squatting position. ECG showed deep t-wave inversions. Echo showed asymmetrical hypertrophy of the interventricular septum. What is the most likely diagnosis?

- ☐ Vasovagal syncope
- ☐ Anxiety neurosis
- ☐ Fractured Tibia
- ☐ Pneumothorax
- ☐ Hypertrophic Obstructive cardiomyopathy

PREVIOUS

NEXT

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Timer

01:05:22

Q#96

A 66-year-old man presents to A&E with central chest pain, radiating up into his jaw and shoulder. The pain has persisted for 4 hours and increasing in intensity. He has a 40-pack-year smoking history. He has a past medical history of hypertension, type 2 diabetes, and hypercholesterolemia. An ECG shows 5mm ST elevation in leads aVF, II, and III. A diagnosis of Inferior STEMI is made. Given his presentation and past medical history, what is the vital step to take in the Emergency department?

- ☐ Loading doses of Aspirin and Ticagrelor
- ☐ IV PPI
- ☐ Paracetamol infusion
- ☐ 25% dextrose infusion
- ☐ Normal Saline

PREVIOUS

NEXT



Important Note

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Timer

01:04:36

Q#97

A 72-year-old male with a long history of heart failure with preserved ejection fraction (HFpEF) presents with increased shortness of breath, orthopnea, and paroxysmal nocturnal dyspnea. His blood pressure is 145/90 mmHg, his heart rate is 80 bpm, and he has bilateral lower extremity edema. Which of the following is the specific lab investigation for heart failure with preserved ejection fraction (HFpEF)?

- ☐ Total Leukocyte count (TLC)
- ☐ Procalcitonin
- ☐ BNP (Brain Natriuretic Peptide) levels
- ☐ Serum Magnesium levels
- ☐ CRP (C Reactive Protein)

PREVIOUS

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Important Note

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Timer

01:02:38

Q#101

A 33 years old female with diagnosis of Pulmonary Tuberculosis is started on Anti Tuberculous Therapy for the last two weeks. She Follows with the complains of discoloration of her Urine. Her appetite is normal. Her CBC and Liver Function Tests are normal. What can be the cause of this presentation.

- ☐ Drug Induced Hepatitis
- ☐ Side Effect of Rifampicin
- ☐ Hemolysis with Hemoglobinuria
- ☐ Change in diet and fluid intake
- ☐ Hematuria due to Renal TB

PREVIOUS

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**Important Note**

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01:05:45

Q#95

A 68-year-old male with a history of hyperlipidemia, diabetes, and prior myocardial infarction presents to the emergency department with crushing chest pain. The pain began suddenly while he was walking up a flight of stairs and radiates to his left arm. On examination, his blood pressure is 160/90 mmHg, and his heart rate is 105 bpm. His ECG reveals ST-segment elevation in leads V1 to V4. What is the initial treatment for this patient?

- ☐ IV Diuretics
- ☐ Administration of antibiotics only
- ☐ Immediate coronary angiography and PCI
- ☐ Normal Saline Infusion
- ☐ NSAIDS

PREVIOUS

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Important Note

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- 02:09

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

01:06:12

Q#94

A 7 years old child presents to you with acute exacerbation of asthma. The child has shortness breath at rest, he is more comfortable in the sitting position, can not complete is sentences and only talks in phrases, he is quite agitated. His SaO2 is 93% in room air and there is bilateral wheeze throughout exhalation on chest auscultation. How severe is this exacerbation.

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Respiratory arrest is imminent
- ☐ Minimal

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Timer

01:10:13

Q#86

A 30 years old female presents with sudden onset right sided chest pain and dyspnea for the last 12 hours. On examination she is afebrile, Pulse is 110 per minute, Respiratory rate of 22 per minute and Normal Oxygen saturation. Percussion of right side of chest is hyper resonant and auscultation reveals Absent breath sound over right chest. What is the first investigation to confirm the diagnosis in this patient

- ☐ Pulmonary Functions Test
- ☐ Arterial Blood Gases
- ☐ CT scan Chest with contrast
- ☐ Chest Radiograph
- ☐ Echocardiography

PREVIOUS

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**Important Note**

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Timer

01:15:01

Q#77

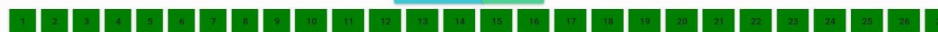
59 yrs old female presents to ER with 5 day history of high-grade fever and SOB. Her vitals are Pulse: 110/min BP: 138/80 SPO2: 92% on air and Resp Rate: 23/min. She has a temperature of 39.5 degrees centigrade. She has an ejection systolic murmur in the aortic area and bibasal crept.

What is the best next course of action?

- ☐ Give broad-spectrum antibiotics straight away before waiting for investigations.
- ☐ Do CBC, CRP and then give IV antibiotics and IV Furosemide
- ☐ Take samples for CBC, CRP, Renal profile, Urine RE, and 2 sets of blood cultures and then give IV antibiotics.
- ☐ Do an emergency echocardiogram before giving any treatment.
- ☐ Do CXR before giving IV Furosemide

PREVIOUS

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Important Note

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- 01:59



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01:12:18

Q#82

A 28 yrs old lady is 35 weeks pregnant. She is brought to ER with severe abdominal pain and visual disturbance. She also had 2 episodes of fits. Her vitals are Pulse: 96 beats per minute BP: 154/98 Oxygen saturation: 95% on room air. She has normal audible S1+S2 with no added heart sounds. Her chest is clear. Fetal movements and Heartbeat Ok. ECG: Sinus rhythm, No STT changes. Hb: 12g/dl, Platelets are low. Urine shows an Albumin creatinine ratio of >30mg/mmol. Alt is 3 times high the upper limit. What is the most likely diagnosis?

- ☐ Grade 1 hypertension
- ☐ Eclampsia
- ☐ Pre-eclampsia
- ☐ Gestational hypertension
- ☐ Severe hypertension.

PREVIOUS

NEXT

**Important Note**

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- 01:59



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Timer

01:17:30

Q#71

A 9 months old male child presented to you with profuse sweating during feeding,tachycardia,tachypnea and multiple episodes of respiratory infections in past.On examination there is harsh pansystolic murmur at left lower sternal edge.Chest X-ray shows increased pulmonary vascularity and cardiomegaly. Which is the most appropriate diagnosis?

- ☐ Atrial septal defect
- ☐ Tetralogy of Fallot
- ☐ Ventricular septal defect
- ☐ Tricuspid atresia
- ☐ .Infective endocarditis

PREVIOUS

NEXT

Important Note

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- 01:59



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**Personal information****Student**Shahzeb
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01:20:18

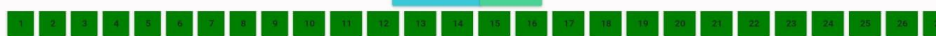
Q#66

A 75 year old man was recently started on Prifenidone for Progressive Idiopathic pulmonary fibrosis. He comes back to clinic with unbearable adverse effects and tells you that he cannot tolerate the drug. What other drug can be used for his treatment ?

- ☐ Cyclophosphamide
- ☐ Etanecept
- ☐ Nintedanib
- ☐ Rituximab
- ☐ Tocilizumab

PREVIOUS

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**Important Note**

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- 01:49



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

01:19:57

Q#67

A 7 years old boy presents to OPD with chief complaints of fever and pain in left knee joint from last 3 days. He also had pain in right elbow joint 6 days ago which improved without taking any treatment. Mother states that he is having some abnormal movements which do not occur during sleep. She also gives history of throat infection which occurred 2 weeks ago. Initial workup reveals increased ESR and CRP. On examination left knee joint is red, swollen and tender. There is no history of palpitations or any skin lesion. What is the most probable diagnosis?

- ☐ .Infective endocarditis
- ☐ Juvenile idiopathic arthritis
- ☐ Septic arthritis
- ☐ Rheumatic fever
- ☐ Hemophilia

PREVIOUS

NEXT

Important Note

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- 01:59



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Timer

01:31:25

Q#47

A 27-year-old female is seen in the clinic with 2 months history of cough & breathlessness. She also reports intermittent fevers. A chest x-ray shows bilateral diffuse nodular infiltrates. The patient had been keeping pigeons at home for the last 8 months. Subsequent blood tests, pulmonary function tests & HRCT suggest a diagnosis of Hypersensitivity pneumonitis. What is the next best step in her management?

- ☐ Start Perfenidone
- ☐ Start Prednisolone 0.5 mg/ kg
- ☐ Remove pigeons from home
- ☐ Start Dexamethasone
- ☐ Send blood for Anti-nuclear antibodies (ANA)

PREVIOUS

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Important Note

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- 01:39



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01:23:07

Q#61

A 60-year-old male with a history of smoking and hyperlipidemia presents with sudden-onset severe chest pain that started while he was at rest. He is anxious and sweating. On examination, he is tachycardic with a heart rate of 115 bpm, and his blood pressure is 140/85 mmHg. An ECG reveals ST-segment elevation in leads V1 to V4, so you made a diagnosis of

- ☐ Posterior Wall MI
- ☐ Lateral Wall MI
- ☐ Anterior Wall MI
- ☐ Inferior Wal MI
- ☐ NSTEMI

PREVIOUS

NEXT



Important Note

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- 01:49



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**Personal information****Student**Shahzeb
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01:14:33

Q#78

Two day old female baby is brought to emergency with no anus, and meconium passing through the vulvoperineal region. Which of the following is the least possible diagnosis of this baby:

- ☐ Perianal fistula
- ☐ Rectovestibular fistula
- ☐ Rectovaginal fistula
- ☐ H type rectovaginal fistula
- ☐ Rectal atresia

PREVIOUS

NEXT

**Important Note**

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- 01:59



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Timer

01:36:37

Q#38

A 45-year-old woman presents with a 2-week history of fever, weight loss, and malaise. She also notes pain in her fingers and toes and has noticed small, painful, erythematous nodules on the pads of her fingers. She has a history of intravenous drug use and a murmur that was detected on a routine examination. Echo reveals vegetation on the mitral Valve along with moderate mitral regurgitation. Which finding is most likely to be seen on this patient's physical exam and is consistent with the probable diagnosis?

- ☐ Osler's nodes, Janeway lesions and splinter hemorrhages
- ☐ Hepatomegaly
- ☐ Congested throat
- ☐ Lymphadenopathy
- ☐ Mild ankle edema

PREVIOUS

NEXT

**Important Note**

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- 01:39



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01:34:36

Q#42

A 45-year-old female presents with progressive shortness of breath, fatigue, and swelling of her legs. She reports a recent history of a viral infection, and three days ago, she began experiencing pleuritic chest pain, which worsens when she lies down. On examination, you note peripheral edema, jugular venous distention (JVD), and a muffled heart sound. Her electrocardiogram (ECG) shows diffuse ST-segment elevation. Which of the following is the most likely cause of her symptoms, and what is the next step in management?

- ☐ Acute pericarditis with associated effusion; initiate high-dose aspirin or colchicine therapy
- ☐ Acute myocardial infarction; initiate thrombolytic therapy immediately
- ☐ Heart failure exacerbation; start intravenous diuretics
- ☐ Pulmonary embolism; begin anticoagulation therapy
- ☐ Aortic dissection; perform immediate imaging for confirmation

PREVIOUS

NEXT

Important Note

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- 01:39



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01:38:47

Q#34

A 79-year-old man gets admitted with COPD exacerbation. He is on standard treatment and is now on IV Steroids & Nebulizations as well. The Oxygen saturations are 84% on room air. Your consultant instructs you to give controlled oxygen as the patient is at risk of retaining CO2 due to his lung disease. What device would you use to deliver oxygen?

- ☐ Nasal cannula
- ☐ Nebulizer mask
- ☐ Non rebreather mask
- ☐ Simple face mask
- ☐ Venturi mask

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**Personal information****Student**Shahzeb
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01:42:41

Q#27

A 2-year-old child presents with fever, cough, and respiratory distress. On examination, there are wheezing and crackles heard bilaterally. diagnosis of acute bronchiolitis is made .What radiological findings will appear in his chest xray film

- ☐ collapse consolidation
- ☐ hyperinflation and peribronchial cuffing
- ☐ pleural effusion
- ☐ ground glass hazziness
- ☐ cavitation

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**Important Note**

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- 01:29



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01:41:29

Q#29

A 1 year old boy presents to you with cyanosis,dyspnea on exertion and digital clubbing.There has been history of paroxysmal hyper-cyanotic spells in the past.On examination there is harsh ejection systolic murmur along left sternal border in 3rd intercostal space.you order a chest X-ray which shows boot shaped heart.what is the most appropriate diagnosis in this patient

- ☐ Ventricular septal defect
- ☐ Atrial septal defect
- ☐ Tetralogy of fallot
- ☐ TAPVR
- ☐ Tricuspid atresia

PREVIOUS

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Important Note

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01:44:32

Q#25

During a regular check-up of an 8-year-old child, you note a loud first heart sound with a fixed and widely split second heart sound at the upper left sternal border that does not change with respirations. The patient is otherwise active and healthy. Which of the following heart lesions most likely explains these findings?

- ☐ Atrial septal defect (ASD)
- ☐ Ventricular septal defect (VSD)
- ☐ Isolated tricuspid regurgitation
- ☐ Tetralogy of Fallot
- ☐ Mitral valve prolapse

PREVIOUS

NEXT

**Important Note**

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- 01:29



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01:49:22

Q#17

A 45-year-old female with a history of dilated cardiomyopathy presents with increasing fatigue, shortness of breath, and a dry cough for the past 3 weeks. On examination, her blood pressure is 155/80 mmHg, heart rate is 95 bpm, and her jugular venous pressure is elevated. Lung auscultation reveals crackles at the bases, and an echocardiogram shows a reduced ejection fraction of 35%. Which of the following medications is most likely to benefit this patient in the long term?

- ☐ Beta-blockers and ACE inhibitors
- ☐ Calcium channel blockers
- ☐ Diuretics
- ☐ Antibiotics
- ☐ Nitrate therapy

PREVIOUS

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Important Note

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- 01:29

**Personal information****Student**Shahzeb
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01:52:19

Q#11

A 6-year-old child with a history of asthma presents with shortness of breath. On examination, there is audible wheezing and prolonged expiratory phase. Which of the following is the most appropriate next step in diagnosis?

- ☐ Chest X-ray
- ☐ Spirometry with bronchodilator response
- ☐ Peak flow monitoring
- ☐ ct chest
- ☐ Sputum culture

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**Important Note**

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01:49:54

Q#14

A 55-year-old male presents to the emergency department with a complaint of palpitations and dizziness. His heart rate on examination is 150 bpm, and his rhythm is irregular. He has a history of hypertension and moderate alcohol use. An ECG shows an irregularly irregular rhythm with no distinct P waves and normal QRS complexes. What is the most likely diagnosis for this patient?

- ☐ Atrial fibrillation
- ☐ Supraventricular tachycardia (SVT)
- ☐ Ventricular fibrillation
- ☒ Atrial flutter
- ☐ Sinus tachycardia

PREVIOUS

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Important Note

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- 01:29

**Personal information**

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Timer

01:53:32

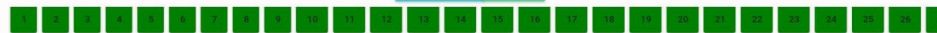
Q#10

A 57-year-old man is admitted with a fever and left-side weakness. Blood cultures yielded gram-positive streptococci and echocardiogram shows an oscillating mass of 8 mm attached to the anterior mitral valve leaflet. He has been on IV antibiotics according to culture results, for the last 8 days. The patient suddenly became bradycardiac, with an HR of 36 /min, and BP: 140/80. ECG shows complete heart block. A temporary pacemaker is inserted and HR is maintained at 80/min. Choose the next best course of action from the following.

- ☐ Repeat 2 sets of blood cultures, both aerobic and anaerobic.
- ☐ Refer to a cardiac surgeon for urgent surgery
- ☐ Change antibiotics to more potent antibiotics.
- ☐ Insert dual chamber permanent pacemaker.
- ☐ Do transesophageal echocardiogram

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

01:57:37

Q#4

A 4 month old child presents with cough, runny nose and dyspnea for the past 4 days. His older sister had a mild upper respiratory tract infection 5 days back. On examination the child has subcostal recessions with a respiratory rate of 64 breaths/min, temperature 100 degree f, SaO2 94% in room air, Bilateral wheeze on chest auscultation. Chest Xray shows hyperinflation. What is the most likely diagnosis?

- ☐ Acute Bronchiolitis
- ☐ Childhood Asthma
- ☐ Pneumonia
- ☐ Allergic Rhinitis
- ☐ Croup

PREVIOUS

NEXT

**Important Note**

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01:56:58

Q#5

A 68-year-old female presents with a complaint of dizziness and occasional headaches. Her blood pressure is found to be 180/110 mmHg. She has a history of Type 2 diabetes mellitus and hyperlipidemia. She is currently on metformin and statins. What is the most likely cause of her elevated blood pressure, and what is the next step in management?

- ☐ White coat syndrome; advise rechecking BP at home and in a relaxed environment
- ☐ Primary hypertension; initiate a calcium channel blocker and monitor closely
- ☐ Secondary hypertension, likely due to renovascular disease; order renal artery ultrasound
- ☐ Hypertensive crisis; admit to the hospital for intravenous antihypertensive therapy
- ☐ Hyperthyroidism; order thyroid function tests to rule out thyroid disease

PREVIOUS

NEXT



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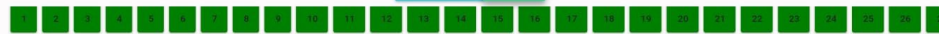
Q#87

3-month old baby was brought to emergency with a history of swelling in the inguinal region over the last month, reducing on its own. The swelling has become fixed over the last 48 hours. Which of the following statement is incorrect:

- ☐ Obstructed hernia
- ☐ Needs urgent reduction
- ☐ Chances of gangrenous testes are present
- ☐ If not reducible, needs urgent exploration
- ☐ No chances of damage to the bowel

PREVIOUS

NEXT

**Important Note**

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01:13:38

Q#79

A 4-day-old infant presents with decreased oral intake and decreased activity. Birth history was unremarkable and he was discharged home on day 2 of his life. Physical exam reveals a cool, mottled infant, with decreased pulses. No significant murmur is audible. Which is the most likely congenital heart defect?

- ☐ Ventricular septal defect
- ☐ Tof
- ☐ TGA
- ☐ Hypoplastic left heart syndrome
- ☐ Ebsteins anomaly

PREVIOUS

NEXT

**Important Note**

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01:10:47

Q#85

55 yrs old man presented to ER with shortness of breath. His heart rate is 96/min reg BP: 160/96 SPO2: 94% on room air. He has pedal edema, high JVP and bibasalcraepts. His blood works are unremarkable. Echocardiogram shows LV Ejection fraction of 40% .He is successfully offloaded with IV diuretics. Which drug combination is best for discharge?

- ☐ Furosemide plus Spironolactone
- ☐ Ramipril plus hydrochlorothiazide
- ☐ Valsartan plus amlodipine plus hydrochlorothiazide
- ☐ Bisoprolol plus Ramipril plus spironolactone plus dapagliflozin
- ☐ Bisoprolol plus diltiazem plus spironolactone

PREVIOUS

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**Important Note**

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01:01:30

Q#105

78 yrs old male presents to ER with shortness of breath and orthopnea. His heart rate is 92/min. BP: 110/60 SPO2: 95% on room air. He has few scattered basal crepts, normal S1 and S2, with no added sounds. CXR shows upper lobe diversion. Which investigation is most important to establish his diagnosis?

- ☐ ECG
- ☐ Echocardiogram
- ☐ CT Chest
- ☐ CBC and renal profile
- ☐ D-Dimers

PREVIOUS

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01:56:19

Q#6

81-year-old man with a history of Hypertension is admitted with fever, chills, and loss of appetite. His investigations show streptococcus viridans growth sensitive to penicillin. His echocardiogram shows 5mm mass attached to the aortic valve cusp with no regurgitation. He is started on IV antibiotics as per sensitivities. What is the best recommendation regarding antibiotic management in this patient?

- ☐ IV antibiotics for minimum of 2 weeks
- ☐ IV antibiotics for minimum of 4 weeks
- ☐ IV antibiotics for minimum of 6 weeks
- ☐ IV antibiotics for minimum of 3 months
- ☐ Refer for emergency surgery.

PREVIOUS

NEXT

**Important Note**

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01:54:42

Q#8

A 3 months old child presents to OPD with chief complaints of poor feeding,tachypnea and weak lower limbs movements.On examination there is a ejection systolic murmur present on left sternal border and there is radio femoral delay.On further examination there is a significant difference between blood pressure in upper and lower limbs.what is the most probable diagnosis?

- ☐ Coarctation of aorta
- ☐ Tetralogy of fallot
- ☐ Ventricular septal defect
- ☐ Atrial septal defect
- ☐ Patent ductus arteriosus

PREVIOUS

NEXT



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01:58:11

Q#1

An otherwise healthy 14-year-old girl complains of chest pain that is particularly severe over the left precordium when she is lying supine. She has begun sleeping upright due to chest pain. She has had a mild viral respiratory infection and intermittent, low-grade fever (<38.5 degrees) for the past 2 weeks. Physical examination is remarkable only for mild jugular venous distention and distant heart sounds. The CXR shows a moderately enlarged cardiac silhouette, and the ECG shows diffusely decreased voltages throughout all leads. Of the following, the MOST likely diagnosis is?

- ☐ Acute rheumatic fever
- ☐ Costochondritis
- ☐ Infective endocarditis
- ☒ Myocarditis
- ☐ Pericarditis

NEXT

**Important Note**

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01:58:07

Q#2

A 39-year-old female presents to the emergency room with acute severe asthma. She has been having asthma for the last 15 years. On examination her Pulse is 115/min, BP 100/70, SpO2 92 % on room air, Respiratory rate 30/min. She has bilateral diffuse wheezing on examination. What would be the first step in her pharmacological management?

- ☐ IV Adrenaline
- ☐ IV Aminophylline
- ☐ IV Magnesium sulphate
- ☒ Repeated Nebulized bronchodilators
- ☐ IV Salbutamol

PREVIOUS

NEXT

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01:55:51

Q#7

A 60-year-old female with a history of chronic heart failure presents with sudden-onset palpitations, shortness of breath, and chest discomfort. On examination, her heart rate is 200 bpm, and the ECG shows a regular, narrow-complex tachycardia. There are no visible P waves, and the QRS complexes are narrow. What is the most likely diagnosis and appropriate next step in management?

- ☐ Ventricular tachycardia; administer amiodarone intravenously
- ☐ Atrial fibrillation; start rate control with a beta-blocker
- ☐ Supraventricular tachycardia (SVT); attempt vagal maneuvers, and if unsuccessful, administer adenosine
- ☐ Atrial flutter; cardioversion should be performed immediately
- ☐ Sinus tachycardia; reassure the patient and provide hydration

PREVIOUS

NEXT



Important Note

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01:58:02

Q#3

A 7 year old girl who is a know case of tetralogy of fallot presented to you with 2 weeks history of high grade intermittent fever and joint pain. On examination splinter haemorrhages of nails, multiple tender, swollen joints, CVS S1, S2, grade 3/6 Ejection systolic murmur left upper sternal border, Chest clear, spleen palpable 3 cms bellow costal margin. Echo shows vegetations on pulmonary valve. What is the most likely diagnosis?

- ☐ Rheumatic fever
- ☐ Infective endocarditis
- ☐ Ventricular Septal defect
- ☐ Juvenile idiopathic arthritis
- ☐ Septic arthritis

PREVIOUS

NEXT

**Important Note**

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01:37:04

Q#37

A 7 month baby is brought to emergency with a history of episodic colicky pain, red currant jelly stools and abdominal distension. Which of the following options is not helpful in patient management?

- ☐ X ray abdomen
- ☐ Ultrasound abdomen
- ☐ Hydrostatic enema reduction
- ☐ Laser therapy reduction
- ☐ Barium enema reduction

PREVIOUS

NEXT

**Important Note**

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01:51:56

Q#12

A 3-year-old child presents with sudden onset of high fever, sore throat, and drooling. On examination, there is stridor and the child appears toxic. Chest X-ray reveals a widened mediastinum with a "thumbprint" sign. What is the most likely diagnosis? :

- ☐ acute epiglottitis
- ☐ bacterial pneumonia
- ☐ Bacterial tracheitis
- ☐ acute pharyngitis
- ☐ peritonsillar abscess

PREVIOUS

NEXT

**Important Note**

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- 01:19

**Personal information****Student**Shahzeb
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01:54:03

Q#9

A 52 years old male, Chronic Smoker presents with history of productive cough and shortness of breath on most days for the last three years. He denies history of fever and weight loss. on examination he is overweight, cyanosed with pedal edema and bilateral ronchi on chest auscultation. His Arterial Blood Gas Analysis shows low Partial Pressure of Oxygen and slightly raised Partial Pressure of Carbon Dioxide. What is the Diagnosis

- ☐ Bronchial Asthma
- ☐ Emphysema
- ☐ Chronic Bronchitis
- ☐ Heart Failure
- ☐ Pneumonia

PREVIOUS

NEXT

**Important Note**

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01:50:50

Q#14

A 55-year-old male presents to the emergency department with a complaint of palpitations and dizziness. His heart rate on examination is 150 bpm, and his rhythm is irregular. He has a history of hypertension and moderate alcohol use. An ECG shows an irregularly irregular rhythm with no distinct P waves and normal QRS complexes. What is the most likely diagnosis for this patient?

- ☐ Atrial fibrillation
- ☐ Supraventricular tachycardia (SVT)
- ☐ Ventricular fibrillation
- ☐ Atrial flutter
- ☐ Sinus tachycardia

PREVIOUS

NEXT



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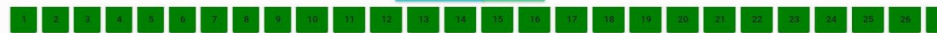
Q#13

A 78-year-old man has presented with being generally unwell, lack of appetite, and low back ache for the last 3 months. He has received multiple courses of IV antibiotics. His vitals are Pulse: 65/min BP: 110/70 SPO2: 95% on air Respiratory rate: 16/min and Temperature: 38.4 degree centigrade. He has erythematous macular patches on the soles and Osler's nodes. He has an ejection systolic murmur. His blood cultures show no growth and Transthoracic echocardiogram shows aortic stenosis with no obvious vegetation. What is the next best investigation for diagnosis?

- ☐ XRAY lumbar spine.
- ☐ Transesophageal echocardiogram
- ☐ Slide for MP.
- ☐ Procalcitonin and urine RE.
- ☐ CT lumbar spine.

PREVIOUS

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**Important Note**

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01:48:46

Q#18

A 7 months old infant has presented to Emergency room with chief complaints of cough, fever and reluctance to feed since last 2 days. The mother states that he his colour has gone blue over last few hours. On examination patient is tachypneic, cyanosed and having retractions. On Chest examination he is having hyper-resonant percussion note, markedly decreased breath sounds on right side. What is the most probable diagnosis?

- ☐ Pneumothorax
- ☐ Pleural effusion
- ☐ Croup
- ☐ Trachietis
- ☐ Lung abscess

PREVIOUS

NEXT

**Important Note**

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01:48:10

Q#19

A 10-year-old boy had a sore throat about 2 weeks ago but did not tell anyone because he was afraid he would miss the play-offs. Since several children have been diagnosed with rheumatic fever in the area, his mother is worried that he may be at risk as well. You tell her that several criteria must be met to make the diagnosis but the most common finding is which of the following?

- ☐ Carditis
- ☐ Polyarthritits
- ☐ Erythema marginatum
- ☐ Chorea
- ☐ Subcutaneous nodules

PREVIOUS

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01:47:39

Q#20

You are seeing a 7-year-old boy with a documented antecedent strep infection, positive ASO, and evidence of carditis of echocardiography, how many MINOR criteria would you need to make the diagnosis of ARF?

- ☐ 2
- ☐ 3
- ☐ 1
- ☐ 5
- ☐ 4

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01:45:54

Q#23

A 55-year-old male with a history of a prosthetic mitral valve presents with fever, fatigue, and a new murmur for the past 5 days. On examination, he has petechial lesions on his conjunctiva and a janeway lesion on his palm. Blood cultures are positive for *Staphylococcus aureus*. A finding of 4x8 mm vegetation on mitral valve is appreciated on Echo. What is the most likely diagnosis?

- ☐ Acute rheumatic fever
- ☐ Myocardial infarction
- ☐ Infective endocarditis
- ☐ Pericarditis
- ☐ Systemic lupus erythematosus

PREVIOUS

NEXT



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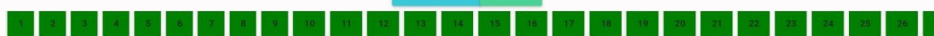
Q#22

A cyanotic newborn is suspected of having congenital heart disease. He has an increased left ventricular impulse and a holosystolic murmur along the left sternal border. The ECG shows left-axis deviation and left ventricular hypertrophy (LVH). Which of the following is the most likely diagnosis

- ☐ TGA
- ☐ Truncus arteriosus
- ☐ Tricuspid atresia
- ☐ Tof
- ☐ Vsd

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01:39:53

Q#32

A 68-year-old lady with is seen in OPD with chief complaint of headaches. Her vitals are Pulse: 92 beats/min regular, BP: 144/92, Oxygen saturation: 98% on room air, Wt: 96kg. Her home BP readings are an average of 144/94. She has normal audible S1 and loud S2. No added heart sounds. Her chest is clear. Investigations show Creatinine: of 0.8 mg/dl (Normal is <1.2). ECG: Normal voltage QRS complexes in chest leads. The echocardiogram shows Normal LV systolic function with no LVH. Choose the single best management option.

- ☐ Admit the patient and start on IV nitrates.
- ☐ Lifestyle advice and start on antihypertensive medications and review in 3 months.
- ☐ Review in clinic in 2 weeks to confirm diagnosis of Hypertension
- ☐ Lifestyle advice, weight loss and review in clinic in 6 weeks.
- ☐ Arrange a 24-hour BP monitor

PREVIOUS

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01:43:24

Q#26

A 58-year-old male presents to the emergency department with severe chest pain that started 30 minutes ago. The pain is described as a crushing sensation radiating to his left arm. He is sweating profusely and feeling nauseated. His blood pressure is 150/90 mmHg, and his heart rate is 110 bpm. An ECG shows ST-segment elevation in leads II, III, and aVF. Which of the following is the definitive management for this patient?

- ☐ Oral nitroglycerin and monitoring
- ☐ Immediate administration of aspirin and a P2Y12 inhibitor
- ☐ Intravenous heparin and beta-blocker therapy
- ☐ Immediate coronary angiography and possible percutaneous coronary intervention (PCI)
- ☐ Oxygen therapy and referral for coronary artery bypass grafting (CABG)

PREVIOUS

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01:40:32

Q#31

An asthmatic child has daytime symptoms 3 to 4 days per week. He has had 2 exacerbations over the past 1 year for which he was admitted in the pediatric unit. What is the best management plan for him?

- ☐ Low dose inhaled steroids plus short acting inhaled beta 2 agonists as needed
- ☐ Short acting inhaled beta2 agonists as needed
- ☐ Medium dose inhaled steroids
- ☐ High dose inhaled steroids
- ☐ Anti histamines

PREVIOUS

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01:42:04

Q#28

66 yrs old man with Type DM and HTN presents to clinic with headaches. His Pulse is 68/min BP: 168/100, SPO2: 98%. He has normal audible heart sounds and his chest is clear. His labs show Creatinine: 1.5mg/dl, Potassium: 4.3. ECG: Flat T wave inferior leads. Echocardiogram shows Preserved LV systolic function. He is on Amlodipine 5mg OD for hypertension. Which of the following is the next best treatment strategy?

- ☐ Amlodipine plus Valsartan
- ☐ Amlodipine 5 BD
- ☐ Enalapril plus Valsartan
- ☐ Bisoprolol plus amlodipine
- ☐ Add Tenormin plus Hydrochlorthiazide and continue Amlodipine

PREVIOUS

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01:41:05

Q#30

A 70-year-old gentleman presented to you in OPD, complaining that he frequently awakes in the middle of the night due to air hunger. After sitting upright, he feels better. He has recently noted swelling of his feet and also gets fatigued on minimal exertion. He was taking medication for his long-standing diabetes, hypertension, and heart failure. But he has missed his doses for 2 weeks as his son forgot to refill his prescription before going on a foreign business trip. Chest examination reveals B/L crepitation up to mid zones. Which medication among the following should be started for relief of his symptoms?

- ☐ Beta 2 Agonist
- ☐ Diuretics
- ☐ Steroids
- ☐ Anti-coagulants.
- ☐ Antiplatelets

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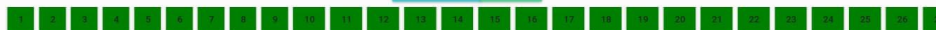
Q#33

A 4 years old boy presents to you with high grade fever and shaking chills.the mother complains that he is also having cough and not taking feeds in appropriate amounts.on examination there is diminished movements on left side of chest,increased vocal fremitus,dullness on percussion and bronchial breathing in left lower zone.WBC count is 18000/mm3. what is the most probable diagnosis?

- ☐ Bacterial pneumonia
- ☐ Epiglottitis
- ☐ Pneumothorax
- ☐ Croup
- ☐ Pleural effusion

PREVIOUS

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01:40:04

Q#32

A 68-year-old lady with is seen in OPD with chief complaint of headaches. Her vitals are Pulse: 92 beats/min regular, BP: 144/92, Oxygen saturation: 98% on room air, Wt: 96kg. Her home BP readings are an average of 144/94. She has normal audible S1 and loud S2. No added heart sounds. Her chest is clear. Investigations show Creatinine: of 0.8 mg/dl (Normal is <1.2). ECG: Normal voltage QRS complexes in chest leads. The echocardiogram shows Normal LV systolic function with no LVH. Choose the single best management option.

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- ☐ Lifestyle advice and start on antihypertensive medications and review in 3 months.
- ☐ Review in clinic in 2 weeks to confirm diagnosis of Hypertension
- ☐ Lifestyle advice, weight loss and review in clinic in 6 weeks.
- ☐ Arrange a 24-hour BP monitor

PREVIOUS

NEXT



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Q#36

2-year-old child with minimal cyanosis has an S3 and S4 (a quadruple rhythm), a systolic murmur in the pulmonic area, and a middiastolic murmur along the lower left sternal border. An ECG shows right atrial hypertrophy and a ventricular block pattern in the right chest leads. Which of the following is the most likely diagnosis

- ☐ Tricuspid regurgitation and pulmonic stenosis
- ☐ Pulmonic stenosis and a VSD (tetralogy of Fallot)
- ☐ Atrioventricular canal
- ☐ Ebstein anomaly
- ☐ Wolff-Parkinson-White syndrome

PREVIOUS

NEXT



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01:38:11

Q#35

A 3 months old child presents to OPD with chief complaints of poor feeding,tachypnea and weak lower limbs movements.On examination there is a ejection systolic murmur present on left sternal border and there is radio femoral delay.On further examination there is a significant difference between blood pressure in upper and lower limbs.what investigation will you do to reach the diagnosis?

- ☐ Chest X-ray
- ☐ Complete blood count
- ☐ CT chest
- ☐ Echocardiography
- ☐ ECG

PREVIOUS

NEXT



Important Note

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MB1924-1991

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01:31:50

Q#46

A 6 month old baby boy presented with recurrent respiratory tract infections and failure to thrive for the past 5 months. The mother is also concerned that the baby gets tired, sweaty and breathless while feeding. On examination there are signs of respiratory distress, CVS S1, S2, Grade 3/6 blowing pansystolic murmur at the left lower sternal border, Chest B/L equal air entry with B/L crepitations, Hepatomegaly on abdominal examination. What is the most like diagnosis?

- ☐ Ventricular Septal Defect
- ☐ Atrial Septal Defect
- ☐ Patent Ductus Arteriosus
- ☐ Dilated Cardiomyopathy
- ☐ Tetralogy of fallot

PREVIOUS

NEXT

**Important Note**

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01:35:49

Q#40

A 7 year old child presented with recurrent episodic shortness of breath and night time cough. This is aggravated whenever he plays with the neighbours cat. On examination No signs of respiratory distress, Chest Bilateral wheeze, CVS S1, S2, 0, No visceromegaly. You are suspecting a diagnosis of Childhood Asthma. You order a chest X ray. What do you expect to see on the chest X ray?

- ☐ Consolidation
- ☐ Hyperinflation
- ☐ Pneumothorax
- ☐ Miliary shadows
- ☐ Pleural effusion

PREVIOUS

NEXT

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Timer

01:36:14

Q#39

68 yrs old male is admitted with low-grade fever and weight loss for 6 weeks. He has spiked a temperature of 38.5 degrees centigrade. He has a pan systolic murmur in the mitral area. His echocardiogram shows an oscillating mass of 5 mm attached to the anterior mitral valve leaflet. His blood cultures show gram-positive staphylococci growth. What is the diagnosis?

- ☐ Definite Infective endocarditis
- ☐ Possible infective endocarditis
- ☐ Probable infective endocarditis
- ☐ Gram positive bacteremia.
- ☐ Contaminated growth from common skin commensal

PREVIOUS

NEXT

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01:33:51

Q#43

A 7 years old child presented to you with 4 days history of high grade, intermittent fever and cough. On examination sick looking child, sign of respiratory distress, temp 102F, bronchial breath sounds at right middle zone on auscultation. Rest of the examination is unremarkable. What is the most likely diagnosis?

- ☐ Lobar pneumonia
- ☐ Pleural effusion
- ☐ Pneumothorax
- ☐ Croup
- ☐ Acute epiglottitis

PREVIOUS

NEXT



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Timer

01:35:08

Q#41

A 4-year-old child presents with fever, cough, and difficulty breathing. On examination, there are decreased breath sounds and dullness to percussion over the right lower lung field. Chest X-ray reveals a right lower lobe consolidation. What is the most likely causative agent of the pneumonia? what is the most common organism causing pneumonia in this age group children

- ☐ staph aureus
- ☐ strep pneumoniae
- ☐ group B streptococci
- ☐ klebsiella
- ☐ mycoplasma pneumoniae

PREVIOUS

NEXT

Important Note

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01:29:55

Q#49

A 6-year-old boy, with no previous cardiac history, is admitted to the PICU in congestive heart failure. Upon questioning his parents, he had a fever and cultureproven strep throat 3 weeks ago, but the family could not fill the antibiotic prescription. Your differential diagnosis includes ARF. Carditis is a major criterion. What other MAJOR criterion do you need to confirm to make this diagnosis?

- ☐ Arthritis
- ☐ Elevated ESR
- ☐ Elevated CRP
- ☐ Anemia and elevated white blood count
- ☐ ECG changes of prolonged PR and/or QT intervals

PREVIOUS

NEXT



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Timer

01:33:09

Q#44

A 62 yrs old man is seen in OPD with for pre op assessment for hernia. His vitals are Pulse: 96 beats /min, BP: 180/108, Oxygen saturation: 96% on room air, Wt: 100kg. He has normal audible S1+S2+0. Chest is clear. He has high cholesterol and suffers from Type 2 DM too. What is his diagnosis?

- ☐ High normal Blood pressure
- ☐ Grade 1 Hypertension
- ☐ Grade 2 hypertension
- ☐ Grade 3 hypertension
- ☐ Grade 4 Hypertension

PREVIOUS

NEXT

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01:27:53

Q#53

A 45 year old man gets admitted to the medical ward with a community acquired pneumonia. He does not have any comorbidities and has never been admitted to a hospital. The patient is vitally stable and there are coarse crackles on examination of his right chest. A chest x-ray shows right sides infiltrates. What antibiotics would you start ?

- ☐ Amoxicillin – Clavulanic acid
- ☐ Ceftriaxone
- ☐ Cefotaxime
- ☐ Ceftriaxone + Clarithro
- ☐ Piperacillin Tazobactam

PREVIOUS

NEXT

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01:29:24

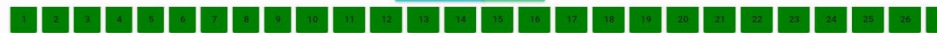
Q#50

A 35-year-old man presents to the ER in the month of December with fever, cough for 3 days & breathlessness for the last 1 day. He admits to having runny nose, sore throat & aches & pains in the body for 3 days prior to developing cough. The pulse is 126/min, BP 100/70, Respiratory rate 29/min, SpO2 92 % with 6Litres/min. There are bilateral lower part crackles on chest examination. His WBC count is 7×10^9 , PLTs 109 & CRP is 31. Other labs are normal. The chest x-ray shows bilateral middle and lower zone alveolar infiltrates. What is the most appropriate treatment?

- ☐ Amoxicillin P.O
- ☐ Ceftriaxone, Clarithromycin, Oseltamivir
- ☐ Meropenem, Levofloxacin
- ☐ Meropenem, Vancomycin, Gemifloxacin
- ☐ Piperacillin/ tazobactam

PREVIOUS

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01:30:50

Q#48

A 55-year-old female with no significant past medical history presents with a 1-hour history of tight chest pain radiating to her left arm. She denies any shortness of breath, but she is visibly anxious and pale. On examination, her heart rate is 100 bpm, and blood pressure is 135/85 mmHg. Her ECG shows no significant ST changes, but T-wave inversions are noted in the inferior leads. Cardiac biomarkers, including troponin, are mildly elevated. What is the most likely diagnosis?

- ☐ Unstable angina
- ☐ Non-ST-elevation myocardial infarction (NSTEMI)
- ☐ Stable angina
- ☐ Aortic dissection
- ☐ Pericarditis

PREVIOUS

NEXT

**Important Note**

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Timer

01:21:10

Q#64

A 32 yrs old pregnant lady is seen in Obstetric clinic. It's her 30th week of pregnancy. She is found to have Bp: 150/90. Her pulse is 80/min, SPo2: 95% on air. She has normal audible heart sounds. Her chest is clear. Urine shows 1 plus proteins. Which medication is contraindicated in pregnancy?

- ☐ ACE inhibitor
- ☐ Amlodipine
- ☐ Labetaolol
- ☐ Methyldopa
- ☐ Hydralazine

PREVIOUS

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scope

Timer

01:28:18

Q#52

A 6 month old baby boy presented with recurrent respiratory tract infections and failure to thrive for the past 5 months. The mother is also concerned that the baby gets tired, sweaty and breathless while feeding. On examination there are signs of respiratory distress, CVS S1, S2, Grade 3/6 blowing pansystolic murmur at the left lower sternal border, Chest B/L equal air entry with B/L crepitations, Hepatomegaly on abdominal examination. You are suspecting a diagnosis of Ventricular Septal Defect. Which of the following investigations would you like to do to confirm your diagnosis?

- ☐ Echocardiography
- ☐ Chest Xray
- ☐ Electrocardiogram
- ☐ complete blood picture
- ☐ Urine RE

PREVIOUS

NEXT

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01:28:44

Q#51

A 61 years old male with diagnosis of COPD in the past presents with increasing shortness of breath at rest despite the use of his medications for the treatment of COPD. His arterial Blood Gases show a Partial Pressure of Oxygen of 52 mm Hg (Below Normal). What treatment is warranted in this patient at this stage of disease to improve the natural history of his Disease.

- ☐ Long Term Oxygen Therapy
- ☐ Cigarette Smoking
- ☐ Corticosteroids
- ☐ Influenza Vaccination
- ☐ Chest Physiotherapy

PREVIOUS

NEXT



Important Note

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01:26:08

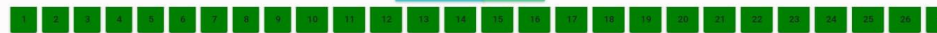
Q#57

A 68-year-old man with a history of heart failure with reduced ejection fraction (HFrEF) presents with increased shortness of breath and fatigue for the past 2 days. He also has a history of recent non-compliance with his medications. On examination, his blood pressure is 110/70 mmHg, heart rate is 98 bpm, and he has bilateral pitting edema up to his knees. The patient's chest is clear on auscultation. What is the most likely cause of this patient's symptoms?

- ☐ Pulmonary embolism
- ☐ Acute exacerbation of heart failure
- ☐ Acute myocardial infarction
- ☐ Pneumonia
- ☐ Renal failure

PREVIOUS

NEXT

**Important Note**

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Timer

01:27:34

Q#54

A 70-year-old male with a history of aortic stenosis and diabetes mellitus presents with a 4-day history of fever, chills, and a persistent headache. He also reports weakness of right side of body and has noticed some blood in his urine. On examination, his heart rate is 110 bpm, blood pressure is 100/65 mmHg, and a new systolic murmur is auscultated over the left sternal border. A fundoscopic exam shows retinal hemorrhages. Suspicion of Infective endocarditis is high. Which of the following complications is most concerning in this patient?

- ☐ Cerebrovascular accident (stroke) secondary to thromboembolic phenomena
- ☐ Acute renal failure
- ☐ Myocardial infarction
- ☐ Acute exacerbation of diabetes
- ☐ Chronic liver disease

PREVIOUS

NEXT

**Important Note**

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Timer

01:25:13

Q#58

A 47 years old male with Pulmonary Tuberculosis presents with Acute Swelling of right big toe. He is using Anti Tuberculous Therapy for the last 10 days. He is afebrile but is having tender, swollen right Meta-Tarso-Pahlangeal Joint. His Uric acid is 11 mg/dL. what is the cause of his presentation.

- ☐ Trauma to right big toe
- ☐ Tuberculous Osteomyelitis
- ☐ Rheumatoid Arthritis
- ☐ Osteoarthritis
- ☐ Hyperuricemia secondary to Pyrazinamide

PREVIOUS

NEXT

**Important Note**

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01:26:34

Q#56

A 72-year-old woman with a history of hypertension and type 2 diabetes presents to the emergency department with mild chest discomfort. She states the pain started about 2 hours ago and has been gradually increasing in intensity. She is also feeling lightheaded. Her blood pressure is 130/85 mmHg, heart rate 98 bpm, and her ECG shows ST-segment depression in the lateral leads. Cardiac biomarkers, including troponin, are elevated. Which of the following diagnoses is most likely for this patient?

- ☐ Unstable angina
- ☐ Non-ST-elevation myocardial infarction (NSTEMI)
- ☐ ST-elevation myocardial infarction (STEMI)
- ☐ Aortic dissection
- ☐ Pulmonary embolism

PREVIOUS

NEXT



Important Note

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Timer

01:27:01

Q#55

A 25-years-old lady presents with 5 years history of cough, copious sputum and recurrent episodes of fever & increased chest symptoms. She is vitally stable. There are diffuse coarse crackles on auscultation of the chest. An HRCT chest is done which shows bilateral cystic shadows suggestive of Bronchiectasis. What is the most important step in the management of bronchiectasis ?

- ☐ IV antibiotics
- ☐ Chest toilet
- ☐ Inhaled bronchodilators
- ☐ Inhaled antibiotics
- ☐ Referral to Allergy clinic

PREVIOUS

NEXT



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01:24:47

Q#59

A 72 years old male with recent ischemic stroke and bedridden for the last two weeks presents with one week history of high grade fever, cough and purulent sputum. On examination he is febrile and clubbed. Chest radiograph shows a thick walled cavity with in the right middle zone. Which of the following pathogens are usually present in the sputum of patients with lung abscess.

- ☐ Streptococci
- ☐ pseudomonas
- ☐ Anaerobes
- ☐ Mycobacterium Tuberculosis
- ☐ Pneumocystis jirovecii

PREVIOUS

NEXT

**Important Note**

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01:20:49

Q#65

A 21 years old male presents with anorexia, Fever, Productive cough and weight loss for the last four weeks. On examination he is having a temperature of 100 F, Pulse is 80 per minute and no cyanosis or clubbing. Chest examination is normal. Labs Show Hemoglobin of 11.3 g/dL (Low) and ESR of 84 mm in first hour. Chest radiograph shows apical lung opacities. What should be the next step to diagnosis.

- ☐ CBC
- ☐ CT scan chest with contrast
- ☐ C Reactive Protein
- ☐ Sputum for ZN stain
- ☐ Blood cultures

PREVIOUS

NEXT



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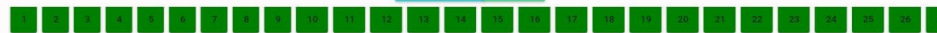
Q#62

A 75-year-old male with a history of hypertension, coronary artery disease, and diabetes presents with progressive shortness of breath on exertion for the past 3 weeks. He also notes swelling in his ankles and a recent decrease in exercise tolerance. On examination, he is tachycardic with a heart rate of 110 bpm, blood pressure of 140/90 mmHg, and bilateral lower extremity edema. Jugular venous distention is noted, and lung auscultation reveals bilateral basal crackles. What is the most likely diagnosis?

- ☐ Acute myocardial infarction
- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Acute pulmonary embolism
- ☐ Heart failure with reduced ejection fraction (HFrEF)
- ☐ Acute kidney injury

PREVIOUS

NEXT



Important Note

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Timer

01:21:28

Q#63

A 15-year-old girl with short stature, neck webbing, and sexual infantilism is found to have coarctation of the aorta. A chromosomal analysis likely would demonstrate which of the following?

- ☐ Mutation at chromosome 15q21.1
- ☐ Trisomy 21
- ☐ XO karyotype
- ☐ Defect at chromosome 4p 16
- ☐ Normal chromosome analysis

PREVIOUS

NEXT

**Important Note**

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- 01:49

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Timer

01:18:33

Q#69

A 5-year-old previously healthy child presents with fever, cough, and chest pain. On examination, there are decreased breath sounds and dullness to percussion over the left lung base. Chest X-ray reveals a left lower lobe opacification with a meniscus sign. What is the most likely diagnosis?

- ☐ lung abscess
- ☐ pneumothorax
- ☐ consolidation
- ☐ Parapneumonic effusion
- ☐ viral pneumonia

PREVIOUS

NEXT

**Important Note**

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01:19:23

Q#68

A 40 year old male comes for follow up of his long standing asthma. He uses his inhalers intermittently when he develops symptoms. The patient is vitally stable and has mild wheezing on auscultation. What is the recommended method of assessing his asthma control?

- ☐ Frequency of reliever (Short acting Beta 2 agonist) use
- ☐ Serial PEF measurements
- ☐ Serial spirometry
- ☐ The number of used inhaler canisters
- ☐ The patient's subjective view of his level of control

PREVIOUS

NEXT

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01:17:57

Q#70

A 5 month old child presents with cough, runny nose and dyspnea for the past 3 days. On examination the child has subcostal recessions with a respiratory rate of 64 breaths/min, temperature 100 degree f, SaO2 93% in room air, Bilateral wheeze on chest auscultation. Chest Xray shows hyperinflation. You are suspecting that this is a case of acute bronchiolitis. Which of the following is the most common etiologic factor for acute bronchiolitis?

- ☐ Respiratory syncytial virus
- ☐ Influenza virus
- ☐ Parainfluenza virus A
- ☐ Parainfluenza virus B
- ☐ Adenovirus

PREVIOUS

NEXT



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Timer

01:17:06

Q#73

A 63-year-old male presents to the emergency department with severe chest pain, shortness of breath, and nausea. His blood pressure is 220/130 mmHg, and he appears in distress. His ECG shows signs of acute myocardial ischemia. What is the most appropriate first-line treatment for this patient's hypertensive emergency?

- ☐ Administer sublingual nitrates to reduce blood pressure quickly
- ☐ Start an intravenous beta-blocker to reduce heart rate and blood pressure
- ☐ Administer intravenous sodium nitroprusside to rapidly lower blood pressure
- ☐ Start an ACE inhibitor and monitor blood pressure closely
- ☐ Begin oral antihypertensive therapy and discharge the patient for follow-up

PREVIOUS

NEXT



Important Note

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01:16:15

Q#74

A 70-year-old man presents to A&E with central chest pain radiating up his jaw. He describes it as a 'heaviness' and feels sweaty. It started 5 hours ago and getting progressively worse. He has a past medical history of hypertension and takes amlodipine for it. He has 30 pack year history of smoking. His ECG shows significant ST depression in leads II, III, and aVF. On arrival to A&E Troponins were significantly raised. What is the most likely diagnosis?

- ☐ Panic attack
- ☐ Pneumonia
- ☐ NSTEMI
- ☐ Muscle spasm
- ☐ Herpes zoster

PREVIOUS

NEXT

**Important Note**

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01:12:53

Q#81

A 9 months old child presents to you with history of cyanotic spells for the past 4 months. The mother is concerned that the child becomes blue, starts gasping and is irritable. On examination Central Cyanosis, clubbing, CVS ejection systolic murmur at left upper sternal border, Chest B/l equal air entry. What is the most like diagnosis?

- ☐ Tetrology of fallot
- ☐ Transposition of great arteries
- ☐ Ebstein Anomaly
- ☐ Ventricular Septal defect
- ☐ Atrial Septal Defect

PREVIOUS

NEXT

**Important Note**

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01:15:55

Q#75

A 6 years old child presents to you with history of recurrent episodic wheeze, cough and dyspnea. He has daytime symptoms everyday, he wakes up at night due to shortness of breath 2 to 3 nights per week. How would you classify the severity of his asthma?

- ☐ Mild intermittent
- ☐ Mild persistent
- ☐ Moderate persistent
- ☐ Severe persistent
- ☐ Severe intermittent

PREVIOUS

NEXT

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MB1924-1991

Scope

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Timer

01:11:35

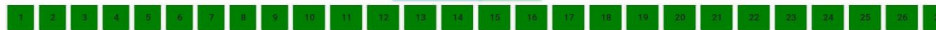
Q#83

62 yrs old lady presented with long long-standing history of cough and shortness of breath. She has comorbidities of Hypertension. On examination, she is found to have a systolic murmur in the pulmonic area. Echocardiogram shows Atrial septal defect. CBC and CRP are in the normal range. She is planning for Bronchoscopy. Choose the best options from below regarding antibiotic prophylaxis for infective endocarditis.

- ☐ Amoxicillin 2 gm orally 1 hr before the bronchoscopy
- ☐ Clindamycin 600mg orally 1 hr before the bronchoscopy
- ☐ Cephalexin 2gm IV 1 hr before the bronchoscopy
- ☐ Ceftriaxone 1 gm IV 1 hr before the bronchoscopy
- ☐ No need for antibiotic prophylaxis before the bronchoscopy

PREVIOUS

NEXT



Important Note

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- 01:59

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

01:07:37

Q#91

A 53 years old female admitted in Medical ICU and on Mechanical Ventilation develops high grade fever and increasing shortness of breath on fourth day of admission. You are suspecting Ventilator associated Pneumonia. Which antibiotic would you use in this patient.

- ☐ Amoxycillin
- ☐ clindamycin
- ☐ Tetracycline
- ☐ Ceftriaxone
- ☐ Piperacillin Tazobactam

PREVIOUS

NEXT

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MB1924-1991

Scope

scope

Timer

01:11:09

Q#84

A 7 years old girl presents to you with the history of joint pain and swelling for the past 2 weeks. At first her right wrist joint got swollen that improved then her right elbow joint got swollen. She also has a rash over her arms and legs. The child had a streptococcal sore throat 3 weeks prior to this illness. On examination tender, hot, swollen right elbow joint, erythema marginatum all over the arms and legs, CVS S1, S2, grade 3/6 pansystolic murmur at the apex, rest of the examination is unremarkable. What is the most likely diagnosis?

- ☐ Infective endocarditis
- ☐ Rheumatic Fever
- ☐ Myocarditis
- ☐ Pneumonia
- ☐ Septic Arthritis

PREVIOUS

NEXT



Important Note

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Timer

01:09:03

Q#88

A 5 year old child presented to you with 5 days history of high grade intermittent fever, cough and right sided chest pain which is aggravated with coughing. On examination: Sick looking child, temperature 102 degree F, Respiratory rate 50 breaths/minute, signs of respiratory distress with subcostal indrawing, Chest stonny dull percussion note in right lower zone with absent air entry, rest of the examination is unremarkable. You are suspecting that the child has a pleural effusion. What initial investigation would you like to do to reach a diagnosis?

- ☐ Pleural biopsy
- ☐ Chest Xray
- ☐ Sputum culture
- ☐ Sputum for AFB
- ☐ Gastric Aspirate

PREVIOUS

NEXT



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Reg No

MB1924-1991

Scope

scope

Timer

01:08:31

Q#89

An 82-year-old lady is brought into A&E following a collapse at home. She reports blacking out for a few seconds after feeling dizzy when getting up from her chair. She denies chest pain, palpitations or shortness of breath. She has a history of resistant HTN and takes ramipril 5mg OD, amlodipine 10mg OD, bendroflumethiazide 2.5mg OD, and doxazocin 2 mg. Clinical examination is grossly normal. Her ECG, Echo, and blood tests including cardiac enzymes and RBS are all normal. What is the most likely cause of her collapse?

- ☐ Myocardial Infarction
- ☐ Acute gastroenteritis
- ☐ Anxiety
- ☐ Postural hypotension secondary to anti-hypertensive medications
- ☐ Hypoglycemia

PREVIOUS

NEXT



Important Note

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Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:08:01

Q#90

23 year old female, gives a history of palpitations and exertional dyspnea. She has had many visits to her GP with no improvement and now referred the patient to you for further evaluation. She gives history of recurrent throat infections since childhood. She has bilateral basal crepitations on chest auscultation. A cardiovascular exam revealed Loud S1, Mid-diastolic rumbling murmur, and tapping apex beat. Which investigation will help in the diagnosis?

- ☐ CXR
- ☐ High-resolution CT of Chest
- ☐ Holter monitoring
- ☐ Echocardiography
- ☐ Renal profile

PREVIOUS

NEXT

**Important Note**

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- 02:09

**Personal information**

Student

Shahzeb
Hassan

Reg No

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Scope

scope

Timer

01:06:49

Q#93

A five-month-old child with unrepaired tetralogy of Fallot presents to the clinic with 2 weeks of intermittent low-grade fever, malaise, weight loss, and irritability with movement. His parents have been watching for "tet spells" but have noted no cyanosis. A workup performed at a freestanding clinic the prior day revealed a normal white count, but a blood culture grew *Kingella kingae*. The next step in management should be:



Repeat the blood culture and reassure the parents that the child has a viral illness and that the organism in the blood culture is a typical skin contaminant



Increase the caloric density of his formula to help with weight gain and follow-up next week



Arrange an evaluation by his cardiologist next week



Initiate oral clindamycin therapy and follow-up in two days



Admit directly to the hospital, get two more blood cultures, and start vancomycin

PREVIOUS

NEXT

**Important Note**

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Scope

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Timer

01:01:56

Q#103

A 44-year-old female presented to the A&E department with complaints of sudden shortness of breath while she was walking in a park. She is the mother of 2 kids and currently using OCPs. They are back from 2 weeks trip to the Middle East after taking 12-hour non-stop flight. Her BP was 90/60 and she was tachycardiac with a heart rate of 120 bpm. Her Oxygen saturation was 88% on room air. The chest was clear to auscultation and she has normal heart sounds apart from tachycardia. ECG showed sinus tachycardia and an S1Q3T3 pattern. The echo revealed dilated right-sided cardiac chambers. Labs show raised D. dimers. What's the most likely cause?

- ☐ Pneumonia
- ☐ Asthma exacerbation
- ☐ Pulmonary Embolism
- ☐ Unstable angina
- ☐ Trauma

PREVIOUS

NEXT

Important Note

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**Personal information**

Student

Shahzeb
Hassan

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Scope

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Timer

01:07:23

Q#92

A 67-year-old man is admitted with fever and rt side weakness. Blood cultures yielded MRSA and the echocardiogram shows an oscillating mass of 8 mm attached to the anterior mitral valve leaflet. He has been on IV antibiotics according to culture results, for the last 6 days. The patient's condition has now deteriorated, BP is 60 systolic, and with norepinephrine support, it is 90 systolic. CXR shows frank pulmonary edema. The echocardiogram shows an Oscillating mass of 15 mm attached to the mitral valve and severe mitral regurgitation. Choose the best option from the following

- ☐ Repeat 2 sets of blood cultures, both aerobic and anaerobic.
- ☐ Refer to a cardiac surgeon for emergency surgery.
- ☐ Give IV Lasix.
- ☐ Change antibiotics to more potent antibiotics.
- ☐ Do CXR and ECG before giving IV lasix and beta blockers.

PREVIOUS

NEXT

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