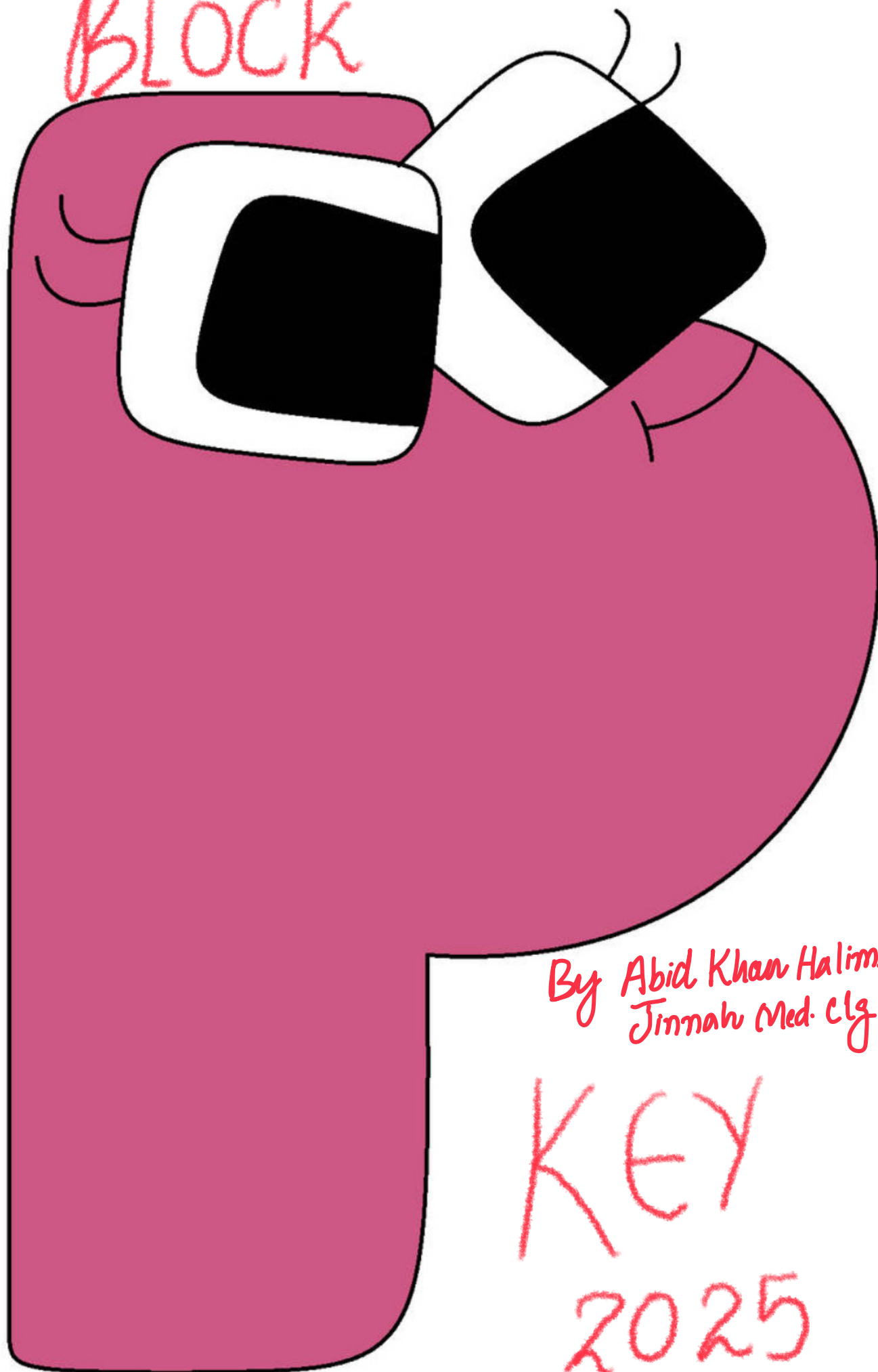


BLOCK



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Jinnah Med. Clg.

KEY

2025

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A 10-year-old boy presents with generalized body swelling especially periorbital and edema feet. Laboratory findings reveal a proteinuria (>3.5 g/day) and hypoalbuminemia. His lipid profile shows hyperlipidemia. His urine examination reveals fatty casts. Select the most likely underlying cause of nephrotic syndrome in this case.

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

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

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

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

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

9. A 45-year-old woman with a history of hypertension presents with acute diarrhea after returning from a camping trip. She reports reduced oral intake and poor hydration. Her vital signs reveal BP 90/70 mmHg and heart rate of 133/minute. Her urine output has significantly decreased over the past 24 hours. Which is the most likely underlying mechanism of her acute kidney injury?

- a. a. Immune-mediated glomerulonephritis
- b. **b. Pre-renal azotemia due to volume depletion**
- c. c. Intrinsic renal failure from tubular injury
- d. d. Post-renal obstruction from urolithiasis
- e. e. Acute interstitial nephritis from drug use

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

- a. a. Oral iron supplements
- b. b. Folic acid supplements
- c. **c. Erythropoiesis-stimulating agent**
- d. d. Blood transfusion
- e. e. Vitamin B12 injection

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

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

2. A 70-year-old male with a history of weak urinary stream, hesitancy, incomplete emptying of bladder, straining and post void dribbling. Now presents with fever, chills, and dysuria. He has suprapubic pain and complains of incomplete bladder emptying. Urine culture is positive for E. coli. What is the most likely predisposing factor for his UTI?

- a. a. Recent sexual activity
- b. **b. Benign prostatic hyperplasia**
- c. c. Diabetes mellitus
- d. d. Dehydration
- e. e. Use of NSAIDs

3. Beat to beat variability of less than 05 beats per minute

- b. Fetal heart rate of 140 beats per minute
- c. No decelerations per 30 minutes
- d. Three accelerations per 30 minutes
- e. Two uterine contractions on Tocograph

4. A lady with Gravida 2, Parity 1, known hypertensive for 03 years, came to labor room at 36 weeks pregnancy with history of leaking of amniotic fluid vaginally for 03 hours & mild labor pain for the last 1 hour. On her cardiotocography at admission, there were early decelerations. Select the likely explanation of early decelerations of fetal heart on cardiotocograph.

- a. Fetal head compression
- b. Fetal umbilical cord compression
- c. Placental insufficiency
- d. Prematurity
- e. Severe fetal distress

5. A primigravida came to labor room in active phase of first stage of labour. On vaginal examination her cervix was soft, anterior, 6 cm dilated & 70% effaced, vertex was at station minus 2. you performed her artificial rupture of membrane (ARM) at 06:00 am & 100cc of clear amniotic fluid was drained, after that you performed her post ARM cardiotocography at 06:10 am which showed fetal bradycardia & no accelerations. What will be your next step to confirm the diagnosis of fetal distress during labour in this case.

- a. Chorionic villus sampling
- b. Fetal cord blood sampling
- c. Fetal movements record
- d. Fetal scalp blood sampling
- e. Non stress test

6. A 28-year-old G2P1⁻⁰, who had her first delivery by caesarean section 3 years back for breech presentation, came to labour room with labour pains at 38 weeks gestation. On vaginal examination. Bishop score was zero. Cardiotocography showed fetal heart of 120 beats per minute, beat to beat variability of 05 to 25 beats, no acceleration & no decelerations. Select the next step of management in this case.

- a. Artificial rupture of membranes
- b. Fetal scalp blood sampling
- c. Perform emergency caesarean section for fetal distress
- d. Reassure the patient that it is a normal finding at this gestation.
- e. Repeat the CTG left lateral position and after hydration.

7. A primigravida came to OPD at 20 weeks gestation with the complaints of decreased fetal movements from morning. she asked you to perform her cardiotocography (CTG). After which gestational age CTG-can be reliably performed to monitor fetal well-being and detect fetal distress.

- a. At 28 weeks of pregnancy.
- b. After 32 weeks of pregnancy
- c. Between 28-32 weeks of pregnancy
- d. Between 20-24 weeks of pregnancy
- e. Between 24-26 weeks of pregnancy

8. A primigravida came to OPD at 37 weeks gestation with complaints of decreased fetal movements from morning, so her modified biophysical profile was performed by the senior registrar on call. In a modified biophysical profile, which of the two features are checked?

- a. Amniotic fluid index & fetal heart rate
- b. Cardiotocography & amniotic fluid index.
- c. Fetal gross body movements & fetal respiratory movements
- d. Fetal heart rate & fetal respiratory movements
- e. Fetal tone & fetal heart rate

9. A G2P1⁻⁰, known case of pregnancy induced hypertension, came to OPD at 38 weeks gestation. After evaluation labour induction is planned. On her pre induction cardiotocography (CTG) you saw that the base line fetal heart rate variability was continuously 4 beats per minute for 30 minutes but after this changed spontaneously ranging from 05-22 beats per

3

minute. How will you counsel the mother about significance of this reduced baseline variability of fetal heart on cardiotocography?

- a. Deep sleep cycle of fetus
- b. Fetal Anemia
- c. Fetal head compression
- d. Postdates pregnancy
- e. Severe fetal hypoxia

i. A primigravida came to antenatal clinic at 28 weeks gestation for her routine antenatal checkup & asked how many fetal movements she should feel that will be normal? The medical officer counseled her about the rule for fetal movements record. How many fetal movements should a mother have in twelve hours period which will be considered normal, if less than that number, further evaluation and monitoring of fetus is warranted?

- a. three
- b. Six
- c. Seven
- d. Ten
- e. Twelve

j. A 30-year-old, primigravida with 10 weeks gestation has a hemoglobin level of 9.5 gm/dl. Which of the following option is correct?

- a. Measure her hemoglobin at next visit
- b. Give her injectable iron
- c. Daily iron supplements should be commenced as soon as possible in non-malarial areas
- d. Weekly oral iron supplement should commence as soon as possible in areas of high malarial endemicity
- e. Give her Blood transfusion

k. A 30-year-old G2P1 presented to emergency department with 28 weeks gestation, and with acute painful sickle crisis. Select the most appropriate initial treatment in this case.

- a. Fluid replacement
- b. Blood transfusion
- c. Analgesia
- d. Steroids
- e. antibiotics

l. A woman presents at 40 weeks of gestation. She had previously two Caesarian sections, one for fetal distress and one for complicated breech presentation. She now has mild polyhydramnios, gestation hypertension of 140/100, Random blood sugar 127gm/dl, hemoglobin of 10gram% and she prefers caesarian section to avoid labour pains. Select the absolute indication for caesarian section in her current pregnancy.

- a. Random blood sugar of 127gm/dl
- b. Mild hydramnios
- c. Blood pressure of 140/100
- d. Hemoglobin of 10gram%
- e. Previous two caesarian sections

m. What drug is administered to treat seizures in eclampsia?

- a. Magnesium Sulphate
- b. Magnesium Hydroxide
- c. Potassium Phosphate
- d. Sodium Sulphate
- e. Phenytoin

n. Select the correct statement regarding Puerperium.

- a. Oxytocin accelerate the process of involution in all women during post-partum period
- b. Within a week the uterus can no longer be palpable above the symphysial pubis
- c. Is the period following delivery till six weeks post-partum
- d. Involution is process by which uterus returns to a smaller size
- e. Lochia is the uterine discharge that consists of only necrotic decidua

o. A 22-year-old G5P3+1 comes to antenatal clinic with gestation of 28 weeks. She complains of lightheadedness and fatigue. She is a habitual tobacco user for the last 6 years. Blood examination shows Hb 7.9gm/dl and MCV 76fl and MCH 20pg/l. Select the best medicine for her condition.

- a. Ferrous Sulphate
- b. Tetrahydrofolate
- c. Vitamin B12
- d. Vitamin B6
- e. Folic acid

p. A newborn baby failed to respond to resuscitative procedure. Prognosis for infant survival is low if no cardiac activity is seen at CPR after for how much time?

- a. 20 minutes of resuscitation
- b. 25 minutes of resuscitation
- c. 10 minutes of resuscitation
- d. 15 minutes of resuscitation

(7)

- A
3. A patient of the following is the most appropriate initial step to evaluate the risk of chromosomal abnormalities in this case?
- Chorionic Villus Sampling
 - Amniocentesis
 - Maternal serum screening and nuchal translucency ultrasound**
 - Non-invasive prenatal testing
 - Genetic counseling
- d. Sarah, a 28-year-old pregnant woman, has a BMI of 32 and is concerned about the risks associated with her weight.
- e. Which of the following maternal and neonatal complications is Sarah at a higher risk for, considering her increased BMI during pregnancy?
- Decreased risk of gestational diabetes and preeclampsia
 - Increased risk of gestational diabetes, preeclampsia, and cesarean delivery**
 - Increased risk of low birth weight
 - Decreased risk of large-for-gestational-age (LGA) babies
 - No significant risks related to maternal and neonatal health
- i. Which of the following women is at the highest risk of developing pre-eclampsia during pregnancy?
- A 30-year-old woman with no comorbidity and normal BMI
 - A 30-year-old woman with a BMI of 22 and a history of uncomplicated pregnancies
 - A 38-year-old woman with a history of hypertension and chronic kidney disease**
 - A 28-year-old woman with a previous pre-eclampsia diagnosis in her last pregnancy
 - A 32-year-old woman who has been diagnosed with gestational diabetes in the current pregnancy
- Which of the following women is at the highest risk of developing vitamin D deficiency during pregnancy?
- 25-year-old woman who spends most of her time outdoors and has a balanced diet
 - A 30-year-old woman with a BMI of 28 and limited sun exposure
 - A 22-year-old woman who follows a vegan diet and uses sunscreen regularly
 - A 35-year-old woman who is pregnant with twins and has a family history of osteoporosis
 - A 40-year-old woman with dark skin living in a northern latitude with minimal sun exposure**
- Which of the following women is most likely to develop fetal growth restriction (FGR) during pregnancy?
- A 25-year-old woman with a healthy diet and regular exercise
 - A 30-year-old woman with uncontrolled hypertension**
 - A 32-year-old woman with a BMI of 23
 - A 22-year-old woman with good prenatal care and a non-smoker
 - A 27-year-old woman, G2P1 with cesarean section in first pregnancy
9. A patient of the following musculoskeletal problems is most commonly experienced during pregnancy?
- Rheumatoid arthritis flare-ups
 - Carpal tunnel syndrome**
 - Osteoporosis
 - Spinal fractures
 - Scoliosis
- d. Maria, a 30-year-old pregnant woman at 28 weeks' gestation, reports feeling fatigued and weak. She has noticed that her gums bleed easily when brushing her teeth. Her blood pressure is normal, and she has no history of chronic medical conditions. Based on Maria's symptoms, which of the following hematological problem is she most likely experiencing during her pregnancy?
- Iron-deficiency anemia**
 - Hemophilia
 - Polycythemia
 - Thrombocytosis
 - Sickle cell disease
2. A 76-year-old Anna, a 26-year-old woman, is in her second trimester of pregnancy, presents to her obstetrician with complaints of persistent heartburn and nausea, especially after meals. She mentions feeling bloated and having trouble eating large meals due to discomfort. She has not experienced vomiting, and her pregnancy has otherwise been progressing normally. Given Anna's symptoms, which of the following gastroenterological problems is she most likely experiencing during pregnancy?
- Gallstones
 - Gastroesophageal reflux disease**
 - Appendicitis
 - Inflammatory bowel disease
 - Peptic ulcer disease

- e. 30 minutes of resuscitation
6. A 32-years-old para 1+0 presents in OPD with complain of swelling, weakness, and pain in left leg since 3 days. She delivered by emergency Caesarian section 5 days back. She also complains of headache, fever, and chest pain. Which of the following is the most likely cause of her condition?
- a. Deep venous thrombosis b. Pneumonia c. Meningitis d. Mastitis e. chest infection
7. Select the embryonic stage of development, till which it remains in the fallopian tube.
- a. Bilaminar germ layer b. Trilaminar germ layer c. Blastocyst d. Zygote e. Morula
8. A 30-years-old woman, Para 3+0, with history of delivery 1 days back followed by primary Post Partum Haemorrhage. She has failed to establish lactation. Select the most probable cause of failure to establish lactation in this case.
- a. mastitis b. Puerperal sepsis c. Cracked nipples d. Anemia e. Sheehan's syndrome
9. A 36-year-old primigravida diagnosed case of gestational diabetes came at 36 weeks of pregnancy and asked regarding time of delivery. Her blood sugar is uncontrolled and obstetrical ultrasound is normal. Select the best time of delivery in this case.
- a. 37-38 weeks b. 38-39 weeks c. 40-41 weeks d. 36 weeks e. 40 weeks
10. Which of the following scenarios is most likely to lead to Hemolytic disease of newborn?
- a. Mother is D rhesus negative, and baby is D rhesus positive
- b. Mother is D rhesus positive, and baby is D rhesus positive
- c. Mother is D rhesus positive, and baby is D rhesus negative
- d. Mother is D rhesus negative, and baby is D rhesus negative
- e. Father is E rhesus negative, and baby is E rhesus negative
11. select correct statement about Puerperal Sepsis.
- a. C usually shows anemia, leukocytosis, and thrombocytosis
- b. Can be defined as genital tract infection following delivery
- c. The most frequent causative organism is mycoplasma species
- d. Instrumental delivery is the most common risk factor
- e. Its coincidence is 9 percent
12. Which of the following is a common risk factor for postpartum depression?
- a. Previous history of depression
- b. Maternal age over 40 years
- c. Having a male infant
- d. Regular physical exercise during pregnancy
- e. High socioeconomic status
13. A 32-year-old pregnant woman comes for her 20-week anomaly scan. The ultrasound reveals a neural tube defect in the fetus. Select the most likely cause of abnormal fetal development in this case.
- a. Exposure to radiation
- b. Folic acid deficiency
- c. Genetic mutation
- d. Infections
- e. Iron deficiency
14. A 28-year-old woman comes for her 20-week anomaly scan. The ultrasound reveals a lemon-shaped fetal skull and a banana-shaped cerebellum. The ventricles are dilated. Select the most likely diagnosis in this case.
- a. Anencephaly
- b. Duodenal Atresia
- c. Holoprosencephaly
- d. Microcephaly
- e. Spinal bifida
15. A 25-year-old primigravida came to OPD at 22 weeks of gestation for a routine ultrasound. The scan revealed polyhydramnios and an absence of fetal stomach bubble. Additionally, the fetal head circumference is below the 10th percentile for gestational age. The patient has no significant medical or family history and her TORCH screen is negative. What is the most likely diagnosis?
- a. Anencephaly b. Down Syndrome c. Esophageal atresia d. Microcephaly e. Spinal Bifida

- e. Administer oxytocin to augment contraction
1. A 22-year-old low risk primigravida came to antenatal clinic for her booking antenatal visit at 11 weeks pregnancy. She had normal clinical examination, you want to perform her routine antenatal investigations required in booking visit. What investigation will you offer for her infection screening at this stage?
- Cytomegalovirus screening
 - Hepatitis C viral screening
 - Rubella screening
 - Syphilis screening**
 - TORCH screening
2. A 23-year-old primigravida came to antenatal clinic at 16 weeks of pregnancy for her routine antenatal visit. She had normal examination after discussion of her previous investigations reports & advising her medications you called her for her next antenatal visit at 18 to 20 weeks of pregnancy. Select the ultrasound scan that is performed between 18-20 weeks of pregnancy.
- Fetal echocardiography scan
 - Fetal growth scan
 - Fetal structural anomaly scan**
 - Fetal umbilical artery doppler scan
 - Uterine artery doppler scan
3. A 34 years old G2P1 at 34 weeks gestation came to antenatal clinic with complain of decreased fetal movements. Her symphysio-fundal height is 32 weeks. Select the first investigation you will advise her.
- Amniocentesis
 - Biophysical profile
 - Cardiotocography
 - Obstetric ultrasound**
 - Uterine artery Doppler study
4. A 32 years old G1P1 at 32 weeks gestation came to antenatal clinic for routine antenatal checkup. Her ultrasound shows an Amniotic Fluid Index of 28cm. she previously had Intrauterine fetal death at 36 weeks gestation. What should be the first investigation you will do for her?
- Complete Blood Count
 - Oral Glucose Tolerance Test**
 - Random blood sugar
 - Serum Ferritin
 - Serum Calcium
5. A 22-year-old primigravida at 9 weeks of gestation is found to be a thalassemia trait during her first antenatal visit. Her husband's Hb electrophoresis also confirms thalassemia trait. To determine whether their baby has thalassemia trait or thalassemia major, which prenatal test should be advised?
- Chorionic villus sampling**
 - Hemoglobin electrophoresis of fetus
 - Pregnancy-Associated Plasma Protein-A (PAAP-A)
 - Noninvasive prenatal testing
 - Triple test
6. A newly married couple who are cousins & have family history of Down's syndrome & thalassemia, are planning their first pregnancy. Select the best time for genetic counselling for this couple.
- After the delivery of their 1st child
 - During Antenatal period
 - During Intrapartum period
 - During Postnatal period
 - During Pre-pregnancy period**
7. A 25 years old G2P1⁺, who is diabetic for the last one year, came to labor room with the complaints of labor pains from morning, on admission her cardiotocography was performed for 30 minutes which showed a baseline fetal heart rate of 140 beats per minute, beat to beat variability of less than 05 beats per minute with three accelerations & no decelerations, & Tocograph showed two uterine contractions. Select the abnormal in this cardiotocograph.

- 48) Urinary protein >3.5 dha nephrotic
- 49)CKD ~ Stage 2
- 50) Down syndrome ~ Alpha feto protein
- 51) acidotic breath ~ DKA
- 52) mother having Am index 25 ~~~ Diabetes
- 53)25yr old baby Hyperthyroidism ~ TSH
- 54) rubbery mass ~ giant juvenile fibroadenoma
- 55)sentinel lymph node ~ first lymph node
- 56) swelling not protude with tongue ~~ thyroid nodule
- 57)10week ~ CVS
- 58) 1st line treatment for glycemic control ~ Insulin (according to KMU guidelines)
- 59) 8 yrs child pale looking with short stature ~ chronic Kidney disease
- 60) diabetic ~~~ enhanced hepatic gluconeogenesis
- 61) 126 fasting sugar and HbA1C 6.6% ~ type 2 DM
- 62) Chronic kidney disease with GFR 25 ~ DD4-Inhibitor
- 63) fruity breath odour ~~ DKA
- 64) hypertensive lorsartan ~~ Drug Induced
- 65) 8m child failure to thrive ~ Barrter syndrome
- 66) 8yrs old with generalised body edema ~ Nephrotic
- 67)fever chills flank pain , ~~~ Acute pyelonephritis
- 68) Rashes over buttocks ~~~ Henoch sch. Purpura
- 69) Smear reveal schistocytes ~~ Hemolytic uremic syndrome

70) due to differentiate seminoma and non seminoma ~ alpha feto

71) 15yrs old 2week hx of sore throat ~~~

Post strep glomeruneph

72) 14 yrs old impetigo 2 weeks ~ post strep

73) weakness and difficulty from bed ~ low potassium

74) SIADH ~~ Evolume hyponatremia

75) muscle spasm etc ~ hypo magnesium

76) elderly woman uti , confused and not drink ~~~ Normal saline

77) PKD ~~~ US

78) 8 yrs old boy present ~~~ minimum change disease

79) severe lumbar pain ~~~ renal colic

80) 5mm stone management ~~~~ 2-3l water daily ...

81) Labs are normal but pt is dehydrated how to prevent renal stones in this condition ~~~~ proper Hydration

82) sudden fatigue elevated bp, change urine color ~~ nephritic syndrome

83) painless testicular mass ~~ testicular cancer

84) epididymis in male ~~ chlamydia

85) flank pain and hematuria ~~~ Renal cell ca

86) 23 yrs old female 1cm smooth breast ~ US of breast

87) oozing blood from drain in recovery rooom ~~ Reactionary hemm

88) Histologically what is most common type of nephrotic syndrome in children
~ minimal change disease

89) screening for gest dm ~~~ oral glucose tolerance

90) type 2 dia drug in CVS patient ~~~ SGLT2 inhibitor

91) waist circumference ~ >102cm [40 inch]

92) GLP 1 receptor agonist ~~ semaglutide

93) initial management to expel out placenta if retained after baby delivery

~~~IV oxytocin (for contraction).

**[Cord traction always after oxytocin**

**According to ten teachers]**

94) cervical length 3cm and 60% effaced and then arrest ~~~ Latent phase

95) during normal labour baby at +3 station and then labour delayed ~~~

vacuum delivery

96) Well flexed head ~~~ Occipito-bragmatic

97) baby at perineum ~~~ Forcep

98) bishop zero ~~~ C section

99) PROM ~~~ wait for spontaneous delivery

100) Hypospadias 2 step~~ Penoscrotal

101) Testicular Torsion ~ immediately exploration

102) Football player testicular torsion ~~ surgical exploration

103) Hypospadias ~ surgery (6m -1yr)

104) T2N1M0

105) 9.5cm

106) Low transverse uterine incision

107) laproscopic ~ hemodynamic unstable

108) Relaxation of smooth muscles and no need for any medication

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109) gestational DM hormone ~ increased placental lactogens

110) cousin marriage having chance of thalasemia~~~ Counsil during pre pregnancy period

111) Down syndrome ~~~ maternal aplha fetoprotein

112) no acceleration and no de acceleration ~ non reactive CTG

113) no diastolic flow wave ~ immediate delivery

114) not member the whole scenario but related to CDI ~~~ desmopressin oral

115) large size man and hypomobile joint ~~~ Marfin syndrom Investigation

116)TSH normal Thyroid nodule ~ FNAC

117)small baby constipation etc ~ Hypothyroidism

118) intial test to differentiate pre renal and acute tubular necrosis ~ Fraction excretion of Na