

INSTRUCTIONS: Read the instructions carefully before attempting the Paper.

- Write your Name and Roll Number carefully before starting the Paper.
- Use a black or blue ballpoint pen to **ENCIRCLE** the correct answer. Encircling more than one option will receive no marks. Cutting is not allowed

1. A 75 years aged man presented with painless hematuria. His ultrasound shows a small 1cm non obstructing left renal stone, normal size prostate and focal bladder wall thickening. Which of the following is the most probable cause?
 - a. Enlarged prostate
 - ☒ b. urinary tract malignancy
 - c. UTI
 - d. urolithiasis.
2. Which of the following is the most common reversible cause of male factor Infertility?
 - a. Cryptorchidism
 - b. Endocrinopathies
 - c. Pituitary adenoma
 - d. Testicular infections
 - ☒ e. Varicocele
3. A 30 years old man presented with palpable mass above umbilicus O/E he has non tender swelling in right side of scrotum which cannot be felt separately from testis. which of the following is the most probable diagnosis?
 - a. Inflamed hernia
 - b. Renal cell carcinoma
 - ☒ c. Testicular tumor
 - d. Varicose
4. A 35-year-old woman presents to her doctor with a 1-cm nodule on her thyroid gland. She has no other symptoms. On physical exam, the nodule is smooth, firm, and nontender. The remainder of her physical exam is unremarkable. Which of the following is the next step in the evaluation of this patient is?
 - a. Radioactive iodine uptake scan
 - ☒ b. Fine-needle aspiration Cytology (FNAC)
 - c. Thyroid ultrasound
 - d. Thyroid function tests
5. A 65-year-old woman presented with asymptomatic 4-cm nodule on her thyroid gland. The nodule is smooth, firm, and nontender. The remainder of her physical exam is unremarkable. Her thyroid function tests are normal. On ultrasound scan the nodule is solid and has irregular borders. Her FNAC findings are consistent with papillary thyroid cancer. Which of the following is the most suitable plan of action for her?
 - a. External beam radiation therapy
 - b. Neoadjuvant chemotherapy
 - c. Observation
 - d. Radioactive iodine therapy
 - ☒ e. Thyroidectomy
6. A 55-year-old diabetic patient presents with a non-healing ulcer on the sole of the foot. On examination, loss of protective sensation is noted. Which of the following term is most suitable to use for this ULCER?
 - a. Arterial ulcer
 - b. Ischemic ulcer
 - ☒ c. Neuropathic ulcer
 - d. Venous ulcer
7. A 42-year aged lady underwent conservative breast surgery for carcinoma of the breast. She has been discharged from the hospital with advice to come for follow up yearly. Which of the following tests is recommended for follow up?
 - a. FNAC
 - ☒ b. Mammography
 - c. MRI
 - d. Tumor marker assay
 - e. Ultrasound

8. Which of the following is the best treatment option in invasive ductal carcinoma of the breast?
- Lumpectomy
 - Lumpectomy with axillary clearance
 - ☒ Modified radical mastectomy
 - Radical mastectomy
 - Simple mastectomy
9. A 40 years house wife complains of greenish nipple discharge on and off for the last 4 months. On examination she has an irregular, firm lump deep to areola. Which of the following is the most likely diagnosis?
- Breast carcinoma
 - ☒ Duct ectasia
 - Galactocele
 - Monder's disease
 - Phyllodes tumor
10. Which of the following stones give stag horn appearance on x-ray?
- ☒ Ammonium magnesium phosphate
 - Cysteine stones
 - Oxalate stones
 - Uric acid stones
 - Xanthine stones
11. A 30 years old male presented with left loin pain and dysuria. His urine contains RBC but his X-ray is clear. Which of the following stones is radiolucent?
- Ammonium magnesium phosphate
 - Cysteine stones
 - Oxalate stones
 - ☒ Uric acid stones
 - Xanthine stones
12. A 35 years old male presented with typical acute ureteric colic. Which of the following is mainstay of investigations in this condition these days?
- Excretion urography
 - ☒ Spiral Contrast-enhanced CT
 - Ultrasound
 - X-ray KUB
 - MRI
13. Which of the following sizes stone is most likely to pass spontaneously without aggressive treatment?
- ☒ 4 mm
 - 7mm
 - 9mm
 - 11mm
 - 13mm
14. Which of the following types of stones, does not fragment readily with ESWL?
- ☒ Calcium oxalate monohydrate
 - Calcium oxalate dehydrate
 - Uric acid stones
 - Small cysteine stones
 - Tipple phosphate stone
15. Which one of the following is the absolute contraindication to ESWL?
- Obesity
 - ☒ Pregnancy
 - Diabetes mellitus
 - Patient with artificial pacemaker
 - Bleeding disorder
16. A 40 years aged female presented with neck lump which was 4 cm on ultrasound neck. FNAC was performed and was reported as ground glass cytoplasm with intranuclear cytoplasmic inclusions ("Orphan Annie eyes") appearance. Which the following is the most probable diagnosis?
- ☒ Anaplastic carcinoma
 - Follicular carcinoma
 - Lymphoma thyroid
 - Medullary carcinoma
 - Papillary carcinoma
17. A one and half years aged baby presented with bilateral undescended testes. Her mother is unwilling for surgery. W the following is most important complication to council her for surgery?
- Inguinal hernia
 - ☒ Subfertility
 - Malignant transformation
 - Risk of testicular torsion
 - Testicular trauma

8. In which of the following surgeries, Rose's position is used?
- Cholecystectomy
 - Gastrectomy
 - Orchidectomy
 - Nephrectomy
 - ☒ Thyroidectomy
19. A 24 yrs old PG, 39 wks POG was admitted in labor room with effective uterine contractions. Cervix was 4 cm, 80 percent effaced, intact membranes and vertex at -1 station. Intravenous line was secured, partogram plotted. After 2 hrs cervix was 5 cm dilated, fully effaced and after another 2 hrs cervix was 6 cm dilated. She was diagnosed to have primary dysfunctional labor. What would be the next most appropriate step of management?
- ☒ Hydrate the patient
 - Continue partogram
 - Artificial rupture of membranes
 - Augment with oxytocin
 - Sedate the patient
20. A 27 yrs old PG having 31 wks POG was admitted to L room with history of abdominal pain for the last 12 hrs. On examination vitals were normal. She had otherwise uncomplicated singleton pregnancy. Her CTG showed reduced beat to beat variability. What would be the most appropriate step of management for her?
- Reassure the patient
 - Give antenatal corticosteroids and deliver
 - Repeat CTG
 - ☒ Do umbilical artery Doppler
 - Fetal cord sampling
21. A 36 yrs old G3P2 with 20 wks POG presented to OPD for routine antenatal evaluation. She had pre-eclampsia and severe IUGR in previous pregnancy. Her BP was 140/90 mmHg on examination. What would be the most appropriate investigation to predict & prevent fetal morbidity?
- CTG
 - Fetal biometry
 - Umbilical artery Doppler
 - ☒ Uterine artery Doppler
 - Serial growth scans
22. A 24 yrs old lady G2P1 having 36 weeks POG, known hypertension, presented to OPD with decreased fetal movement for 2 days. Her BP was 140/90 mmHg, SFH was 34 cm, FHR 146 bpm. What would be the most appropriate investigation to assess fetal well-being?
- Cardiff count to 10
 - Non stress CTG
 - Stress CTG
 - Fetal biometry
 - ☒ Biophysical profile
23. A 24 year old P1 A0 brought in emergency with H/o of restlessness, light-headedness, anxiety, respiratory difficulties, nausea and vomiting followed by collapse. The possible cause of collapse in this pt is.
- ☒ thromboembolism.
 - amniotic fluid embolism.
 - stroke.
 - Myocardial infarction.
 - Eclampsia
4. A 30 year old G6p5A0 history of increased blood pressure and headache and epigastric pain and tonic clonic convulsion. On examination the patient is unconscious as ND not responding to voice and pain. CPR done but patient didn't survive. What is the most common cause of death in eclampsia?
- respiratory depression.
 - Abruption.
 - Multiorgan failure.
 - ☒ cerebral hemorrhage.
 - thromboembolism.
5. A 32-year-old G6p5A0 at 36 week gestation presented in emergency with history of pain abdomen and per vaginal bleeding after heavy weight lifting. On examination the abdomen is tender and hard and CTG shows foetal distress. What is the likely cause of this foetal distress?
- vasa previa.
 - placenta previa.
 - ☒ placental abruption.
 - meconium.
 - pain.

26. A 28-year-old G3p2A0 presented in emergency at 30 weeks gestation with history of leaking since 3 days. She is known diabetic. On examination her temperature is <36 , heart rate more than 100 beat/minutes, Respiratory rate more than 20, and increase white cell count. On per speculum examination there's foul smelling vaginal discharge. Which investigation should be performed before starting antibiotic.
- urine culture.
 - blood culture.
 - ☒ high vaginal swab.
 - sputum culture.
 - C reactive protein.
27. A 30-year-old primigravida suffering from severe sepsis after cervical cerclage. Which antibiotic provides very broad coverage for the treatment of severe sepsis.
- ☒ carbapenem plus Clindamycin.
 - co amoxiclav.
 - metranidazole.
 - Gentamicin.
 - clindamycin.
28. A 25-year-old primigravida presented in emergency with history of labour pain. During per vaginal examination membrane ruptured and heavy per vaginal bleeding started. What is the likely cause of this bleeding.
- placenta previa.
 - ☒ placental abruption.
 - heavy show.
 - vasa previa.
 - marginal haemorrhage.
29. A 30-year-old woman with a previous history of caesarean section and multiple uterine fibroids had a repeat elective caesarean section due to breech presentation. She had massive postpartum haemorrhage (PPH) secondary to uterine atony with an estimated blood loss of 3 L. She is RhD-negative and had transfusion of the group specific packed red cells, reinfusion of the salvaged red cells from the cell saver and also fresh frozen plasma (FFP), cryoprecipitate and platelets. The cord blood group was confirmed as RhD-negative. Anti-D prophylaxis should be administered in which one of the options, if she had the following blood products transfused?
- ☒ RhD-positive FFP
 - RhD-positive cryoprecipitate
 - RhD-positive platelets
 - RhD-negative packed RBC
 - Reinfusion of the salvaged red cells
30. A 28-year-old teacher was given varicella-zoster immunoglobulin G (VZIG) after a significant exposure to chickenpox at 24 weeks' gestation, as she was found to be seronegative on her booking bloods. How long should she be considered potentially infectious after exposure to chickenpox?
- 8-20 days
 - 8-22 days
 - ☒ 8-24 days
 - 8-26 days
 - 8-28 days
31. A nulliparous woman at 35 weeks' gestation develops primary genital herpes and an elective caesarean section was recommended by your consultant to reduce the risk of neonatal transmission of herpes simplex virus (HSV) at birth. What is the neonatal HSV transmission at birth?
- 10%
 - 20%
 - 30%
 - ☒ 40%
 - 50%
32. A 36-year-old para 3 woman attends day assessment unit after a growth scan for large for gestational age at 28 weeks' gestation. She had three previous normal vaginal deliveries and was low risk at booking. She declined first trimester screening, but had normal dating and anomaly scans. Growth scan showed polyhydramnios, small for gestation foetus with a double bubble sign, and she was referred to the foetal medicine unit by the sonographers. Which one of the aneuploidies is the foetus more likely to have?
- ☒ Down syndrome
 - Edwards syndrome
 - Klinefelter syndrome
 - Patau syndrome
 - Turner syndrome

33. A 25-year-old woman known to have hyperthyroidism is going for radioactive iodine therapy. She has been trying to conceive for the last 6 months. How long should she avoid pregnancy after this treatment?
- 3 months
 - 6 months
 - ☒ 9 months
 - 12 months
 - 15 months
34. A 38-year-old nulliparous woman with moderate chronic renal failure comes to the preconception clinic as she wishes to have a baby. She had renal transplantation 3 years ago and her recent creatinine is around 130 with estimated glomerular filtration rate (GFR) of approximately 45. She is currently taking prednisolone, mycophenolate, angiotensin-converting enzyme (ACE) inhibitors and aspirin. You have advised her to stop mycophenolate and to start another immunosuppressant. Which one of the immunosuppressant drugs would be contraindicated in pregnancy?
- Azathioprine
 - ☒ Cyclosporine
 - Hydroxychloroquine
 - Sirolimus
 - Tacrolimus
35. A 28-year-old nulliparous woman with anti-phospholipid syndrome (APS) and a previous venous thromboembolism (VTE) while on oral contraceptive pills is planning to conceive and seeks your advice. Which one of the options is the most appropriate with regards to her thromboprophylaxis in pregnancy?
- Higher dose of low molecular weight heparin (LMWH) antenatally and for 6 weeks postpartum
 - ☒ LMWH antenatally and for 6 weeks postpartum
 - LMWH from 28 weeks onwards and for 6 weeks postpartum
 - LMWH postpartum for 10 days
 - No need for thromboprophylaxis
36. A 30-year-old para 1 woman with a body mass index (BMI) of 38 and family history of diabetes attends antenatal clinic at 28 weeks' gestation. She was diagnosed with gestational diabetes 2 days ago when her glucose tolerance test was abnormal with a fasting glucose of 7.0 mmol/L and a 2-hour plasma glucose of 8.9 mmol/L. What is the most appropriate intervention in managing her gestational diabetes?
- Trial of changes in diet and exercise
 - Diet + exercise + metformin
 - Diet + exercise + glibenclamide
 - ☒ Diet + exercise + insulin ± metformin
 - Diet + exercise + insulin ± glibenclamide
37. A 26 years old lady presents to antenatal clinic with hx. Of 35 days amenorrhea and pregnancy test is positive. she is having two kids both with neural tube defects. which of the following is most appropriate regarding her/
- ☒ do her anomaly scan
 - start her on tab folic acid 5mg
 - start her on tab folic acid 400microgram
 - counsel her that no intervention or treatment required currently
 - counsel her to terminate this pregnancy as it having 90 percent chance of increased neural tube defects.
38. A 28 years old European lady presents to antenatal opd with BMI of 35kg/m2 at 20weeks pog for anomaly scan which turns out to be normal, what advice are you going to give her?
- start strict dieting and regular exercise of 4hours/day
 - do baseline investigations alone nothing else required
 - ☒ plan ogtt at 24-28weeks
 - repeat anomaly scan as this increased BMI is definitely associated with cardiac anomaly
39. 20years primigravida presents to antenatal clinic and is worried as her teenage friend had eclampsia in her 1st pregnancy at 28 weeks, she basically wants to know about pregnancy induced hypertension, what will you tell her?
- development of new onset hypertension at any gestation in pregnancy
 - development of hypertension along with proteinuria is PIH
 - ☒ new onset of hypertension in previously normotensive patient after 20weeks is PIH
 - hypertension that leads to fits in pregnancy is defined as PIH.
40. Pregnant lady with previous normal babies wants to know about anomaly scan role in pregnancy.
- it is not advised for uncomplicated pregnancies with previous normal babies.
 - planned at 16weeks gestation
 - aims to detect anomalies with diabetic mothers only
 - ☒ planned at 18-22weeks gestation.
41. aims of antenatal care are
- to screen high risk cases
 - to prevent or detect at earliest any complication
 - to ensure continued medical surveillance n prophylaxis
 - to advice mother about antenatal n postnatal care and breast feeding
 - ☒ all of above

42. for a uncomplicated primigravida patient
- provide 10 routine antenatal visits
 - 2 weekly visits after 14 weeks period of gestation
 - uterine artery doppler at 20 weeks is a must
 - ☒ do her serum ferritin at booking because we have raised iron deficiency in our country
 - none of above
43. A 25-year-old primigravida presents to the labor ward at 39 weeks of gestation with regular painful contractions every 4 minutes. Cervical examination reveals that the cervix is 5 cm dilated and fully effaced. The fetal head is at station 0. What is the next appropriate step in the management?
- Amniotomy
 - Continuous electronic fetal monitoring
 - Epidural analgesia
 - ☒ Intravenous oxytocin
 - Reassess in 2 hours
44. A 30-year-old multiparous woman at 40 weeks of gestation presents with regular contractions. Her cervix is 6 cm dilated, and she requests pain relief. Which of the following is the most effective form of pain relief?
- Amniotomy
 - ☒ Epidural analgesia
 - Intravenous opioids
 - Nitrous oxide
 - Spinal anesthesia
45. A 28-year-old primigravida at 38 weeks of gestation is in early labor. Her cervix is 3 cm dilated, and contractions are irregular. She is anxious and in moderate pain. What is the most appropriate initial management?
- Administer intravenous oxytocin
 - Amniotomy
 - ☒ Encourage mobilization and offer supportive care
 - Initiate continuous electronic fetal monitoring
 - Offer an epidural analgesia
46. A 26-year-old primigravida in active labor has been pushing for 3 hours without delivering the baby. The fetal head is at +1 station, and there is no evidence of fetal distress. What is the most appropriate next step?
- Cesarean section
 - ☒ Change maternal position
 - Continue pushing with maternal efforts
 - Vacuum extraction
 - Reassess in 30 minutes
47. A 34-year-old woman with a previous cesarean section is in labor at 40 weeks. She is requesting a trial of labor. The cervix is 3 cm dilated, and the fetal head is engaged. What is the most appropriate management?
- Continuous electronic fetal monitoring
 - ☒ Immediate cesarean section
 - Intermittent auscultation
 - Start intravenous oxytocin
 - Vaginal examination every hour
48. A 37-year-old woman with two previous cesarean sections is admitted in early labor at 38 weeks. The cervix is 2 cm dilated. What is the most appropriate management?
- Continuous electronic fetal monitoring
 - Elective repeat cesarean section
 - Immediate amniotomy
 - Trial of labor
 - ☒ Vaginal examination every 2 hours
49. A 28-year-old woman with a history of a classical cesarean section presents in labor at 39 weeks. What is the most appropriate management?
- Allow labor to progress with close monitoring
 - Continuous electronic fetal monitoring
 - ☒ Immediate cesarean section
 - Induction of labor with prostaglandins
 - Vaginal examination every hour

50. A 30-year-old primigravida at 40 weeks of gestation presents in labor with the baby in a transverse lie. What is the most appropriate next step in management?
- External cephalic version
 - ☒ Immediate cesarean section
 - Induction of labor
 - Reassess after 2 hours
 - Vaginal breech delivery
51. A 28-year-old woman with a dichorionic diamniotic twin pregnancy presents in labor at 36 weeks. The first twin is cephalic, and the second twin is breech. What is the most appropriate mode of delivery?
- Cesarean section
 - Induction of labor
 - Vaginal delivery for the first twin and cesarean for the second
 - ☒ Vaginal delivery with internal podalic version for the second twin
 - Wait for spontaneous onset of labor
52. A 30-year-old woman with a monochorionic diamniotic twin pregnancy presents in labor at 35 weeks. The first twin is cephalic, and the second twin is also cephalic. What is the most appropriate mode of delivery?
- Cesarean section
 - Induction of labor
 - Vaginal delivery
 - Vaginal delivery for the first twin and cesarean for the second
 - ☒ Wait for spontaneous onset of labor
53. 32 years old G6p5 at 39-week gestation presented to labor room in advance labor with twin pregnancy, delivered vaginally. After 1 hour of her delivery, she complains of excessive vaginal bleeding and dizziness, on examination BP was 90/ 50mm hg, pulse 93/ min and large amount of clots removed from vagina uterus was unable to palpate. what is the likely cause of PPH?
- Coagulopathy
 - Twin pregnancy
 - ☒ Uterine atony
 - Vaginal wall tears
54. A 30-year-old para 1 woman was brought in to the hospital 3 weeks after a difficult instrumental delivery as she has been tearful, irritable with lack of interest in herself and her baby. She has been unable to sleep and cope with the demands of the newborn despite family support over the last week
- Postpartum blues
 - ☒ Postpartum depression
 - Postpartum psychosis
 - Postpartum dementia
55. A 25-year-old parous woman had a spontaneous vaginal delivery followed by retained placenta and manual removal. She attends the emergency department on day 5 postpartum complaining of feeling unwell, heavy bleeding and lower abdominal pains. On examination her pulse is 110, BP 100/70 mm Hg, temperature is 38°C and the uterus is tender with heavy offensive lochia. What is the likely diagnosis?
- Endometritis
 - Postpartum haemorrhage
 - Urinary tract infection
 - Pyrexia of unknown origin
 - ☒ Product of conception
56. The following are causes of postpartum haemorrhage (PPH) except
- atonic uterus
 - Placenta praevia
 - Abruption placenta
 - instrumental delivery
 - ☒ Use of uterotonics after delivery
57. The following are causes of puerperal pyrexia except
- endometritis
 - Urinary tract infection
 - Mastitis
 - Septic pelvic thrombophlebitis
 - ☒ episiotomy for assisted delivery

58. Risks of congenital malformations in pregnant patients with history of preexisting diabetes mellitus is significantly increased if there is uncontrolled glucose levels in period of organogenesis. Which one of following is period of organogenesis of pregnancy
- 2-4wks
 - 5wks
 - ☒ 6wks
 - 6-8wks
 - 8wks
59. In diabetic pregnant patients if HbA1c level is $> 8.5\text{mmol/L}$, the risk of early pregnancy loss is
- 10 %
 - ☒ 30 %
 - 40 %
 - $>50\%$
60. Which of following is not a risk to the fetus of mother with preexisting diabetes mellitus
- congenital malformation
 - miscarriage
 - ☒ IUGR
 - still birth
 - hypoglycemia
61. A G2P1A0 at 20wks of gestation with preexisting diabetes mellitus presented in antenatal clinic with uncontrolled glucose level. you advised her anomaly ultrasound and counselled her that she is at increased risk of which of following malformations
- Cardiac malformation
 - Neural tube defects
 - GIT anomalies
 - ☒ Cardiac and neural tube defects
 - Renal anomalies
62. The gold standard test for screening of GDM (gestational diabetes mellitus) is
- HbA1c
 - GCT (glucose challenge test)
 - ☒ OGTT (oral glucose tolerance test)
 - fasting blood glucose level
 - random blood glucose level
63. What is the primary goal of prenatal diagnosis?
- Assessing the health of the mother during pregnancy
 - Determining the gender of the baby
 - ☒ Detecting potential health issues in the fetus before birth
 - Choosing a suitable delivery method
64. Which prenatal diagnostic technique involves the removal of a small amount of amniotic fluid?
- Ultrasound
 - Chorionic villus sampling (CVS)
 - Maternal serum screening
 - ☒ Amniocentesis
65. Down syndrome is caused by:
- ☒ An extra copy of chromosome 21
 - An extra copy of chromosome 18
 - A missing X chromosome
 - A missing Y chromosome
66. All are risk factors for pre-eclampsia EXCEPT
- First pregnancy
 - ☒ Age 30 years or above
 - Multiple pregnancy
 - Antiphospholipid antibodies
 - BMI of 35 or more
67. A 36-year-old woman in her 1st pregnancy is noted to have a blood pressure of 140/86mmHg at 32 weeks of pregnancy. There is no protein in her urine and she is asymptomatic. What is your probable diagnosis?
- Chronic Hypotension
 - ☒ Gestational Hypertension
 - Pre-eclampsia
 - Eclampsia
 - HELLP syndrome

68. What is the first line of drug for the treatment of hypertension in pregnancy?

- a. Methyl Dopa
- b. Nifedipine
- c. Hydralazine
- d. Lasix
- ☒ e. labetalol

69. A 36-year-old woman in her 1st pregnancy is noted to have a blood pressure of 140/86mmHg at 32 weeks of pregnancy. she is asymptomatic. What is your next important investigation ?

- a. CBC
- b. SGPT
- c. Uric acid
- d. serum creatinine
- ☒ e. urine albumin

70. Which of the following drug is useful in the prevention of pre-eclampsia?

- a. Hydralazine
- ☒ b. Aspirin
- c. labetelo
- d. Methyl Dopa
- e. Ranitidine

71. 35 yrs old school teacher G4P1 Ab2 with 28 wks singleton pregnancy came to antenatal care unit complaining of regular painful uterine contractions. Her BP was 150/100mmHg, wt 45kg, symphysiofundal height was 28wks, cephalic presentation longitudinal lie, adequate liquor, fetal biometry corresponded to POG, FHR 155bpm, on pelvic examination cx was soft central 2cm dilated 80% effaced. what are the non amendable risk factors in this patient

- ☒ a. Maternal age
- b. Maternal BMI
- c. Smoking
- d. Short interpregnancy interval
- e. vaginal infections

72. 28 yrs old G4P3 Ab0 previous history of 2 preterm births at 32wks and 28 wks respectively presented to labor room with 26 wks pregnancy. Her GPE was normal, FH corresponded to POG, on P/S examination cx was central os closed, USG showed normal 26 wks pregnancy. What is the risk of recurrence of preterm birth in this pregnancy

- a. 5%
- b. 10%
- c. 15%
- d. 20%
- ☒ e. 35%

73. 27 yrs old G2P1 at 34 wks POG came to labor room with history of regular painful uterine contractions for the last 8 hrs. Her GPE was normal. Symphysiofundal height corresponded to gestation. P/v examination showed cx 2 cm dilated soft central, 30 to 40% effaced, USG showed normal cephalic fetus of 34 wks. Lead in Q what is the next most appropriate step in her management

- a. Bed rest
- b. Intravenous antibiotics administration
- c. Tocolytics
- d. Analgesics
- ☒ e. Maternal antenatal corticosteroids

74. 27 yrs old lady G2P1 with prev 1 C/S came to antenatal OPD at 34 wks POG. She had regular painful uterine contractions. GPE was normal. SFH was 34 wks with breech presentation which was later on confirmed with USG. She was planned for emergency C/S

- a. Dexamethasone 6mg × 6hrly × 24 hrs
- b. Dexamethasone 12mg × 12hrly × 24 hrs
- ☒ c. Betamethasone 12mg × 24 hrly 2 doses
- d. Betamethasone 12mg × 12hrly 2 doses double course 1 wk apart
- e. Mgso4 as tocolytic

75. A patient with tachycardia and weight loss presents to you in OPD. You expect that his labs will show?

- ☒ a. High T4, high T3, low TSH
- b. High T4, low T3, high TSH
- c. High T4, high T3, high TSH
- d. Low T4, low T3, low TSH

76. An old type 2 diabetic female lady presents to you in ER. You suspect her as a case of hyperosmolar nonketotic coma. All of the following are true except:
- ☒ a. Serum osmolality of 300 mosmol/kg
 - b. Serum bicarbonate of 19 mmol/l
 - c. Serum glucose of more >250mg/dl
 - d. PH of 7.32
77. Pheochromocytoma is not associated with
- a. Von Hippel Lindau syndrome
 - b. MEN2
 - ☒ c. Neurofibromatosis type 1
 - d. MEN 1
78. Most common tumor causing Cushing syndrome is?
- a. Pituitary adenoma
 - ☒ b. Ectopic ACTH from bronchogenic CA
 - c. Adrenal carcinoma
 - d. pheochromocytoma
79. A young lady has h/o repeated attack of nocturnal fits for the last one month, when investigated her fasting BSL on consecutive 3 days were 4 mmol/l, 6 mmol/l and 4.5 mmol/l. Her C-Peptide levels were found to be 2.5 mmol. The most appropriate diagnosis is
- a. Insulinoma
 - b. Glucagonoma
 - ☒ c. Self administration of insulin
 - d. sulphonylureas abuse
80. Patient presented with generalized malaise. His investigations show increased phosphate decreased Calcium and increased Urate. What is the most probable Diagnosis?
- a. primary hyperparathyroidism
 - ☒ b. CRF
 - c. Vitamin D deficiency
 - d. pseudo hyperparathyroidism
81. An 8th month pregnant lady presented to you with complaints of polydipsia and polyphagia. Her past history was very significant as she had delivered 2 babies which were of increased weight. The best diagnostic test at this stage would be:
- ☒ a. OGTT
 - b. Fasting sugar
 - c. Glucose challenge test
 - d. Random blood glucose
82. Difference between obesity and Cushing syndrome is?
- a. Abdominal striae
 - b. Acanthosis nigricans
 - ☒ c. Moon face
 - d. Proximal myopathy
83. Which test helps to differentiate Cushing disease from Cushing syndrome?
- a. Low dose dexamethasone suppression test
 - b. High dose dexamethasone suppression test
 - ☒ c. Serum ACTH
 - d. 24 hours urinary cortisol
84. All are side effects of insulin therapy except:
- a. Insulin allergy
 - ☒ b. Lipodystrophy c. Hypoglycemia
 - c. Weight loss
 - d. Edema
85. An obese middle age female presents to you in diabetes clinic with lethargy and polydipsia. The minimum HBA1C level required to diagnosis T2DM is:
- a. 6.0%
 - ☒ b. 6.5%
 - c. 7.0%
 - d. 7.5%
 - e. 8%

86. A middle aged man presents to with bitemporal hemianopia and spade hands. What is the best test to confirm your diagnosis:
- Early morning growth hormones
 - ☒ IGF 1
 - Insulin tolerance test
 - FBS
 - OGTT with growth hormones
87. What type of casts is seen in glomerulonephritis?
- ☒ RBC Casts
 - Granular Casts
 - Hyaline Casts
 - White cell casts
88. What is the most common cause of renal papillary necrosis?
- ☒ Diabetes
 - Hypertension
 - Acute pyelonephritis
 - Obstructive uropathy
89. Which GN is best representative to Steroids?
- ☒ Minimal change disease
 - Membranous GN
 - RPGN
 - Membranoproliferative GN
90. Most common pathogen involved in UTI is.
- Staph aureus
 - ☒ E. coli
 - Proteus
 - Mycoplasma
91. Underlying cause of renal osteodystrophy in CKD is.
- Ca deficiency
 - Vitamin D2 deficiency
 - ☒ Vitamin D3 deficiency
 - Increase phosphate
92. Which one GN is associated with partial lipodystrophy?
- MCD
 - Membranous GN
 - ☒ Mesangiocapillary GN
 - Diffuse proliferative GN
93. Which type of nephropathy is common in AIDS patients?
- Membranous GN
 - ☒ FSGS
 - MCD
 - IgA Nephropathy
94. In microalbuminuria urine albumin is
- ☒ 30-300mg/24hrs
 - 300-500mg/24hrs
 - Greater than 500mg/24hrs
 - Less than 30mg/24hrs
95. In a Patient of nephrotic syndrome renal biopsy, microscopy, and immunofluorescence are normal, diagnosis is ?
- ☒ Minimal change disease
 - FSGS
 - RPGN
 - Membranoproliferative GN
96. A middle age female presented in ER with severe ureteric pain. what will be your next step after pain management?
- Cystoscopy
 - X-ray KUB
 - ☒ Spiral CT scan
 - USG KUB
97. 15 years old guy feel difficulty in hearing since childhood. Now he presented with renal failure. what do you think he will have?
- ☒ Alport syndrome
 - Down syndrome
 - Anti GBM disease
 - Nephritic syndrome
98. A sample of tissue from a renal biopsy is viewed using an electron microscope. Podocyte fusion is seen. Which one of the following types of glomerulonephritis is most associated with this finding?
- Membranous glomerulonephritis
 - IgA nephropathy
 - Focal segmental glomerulosclerosis
 - Mesangiocapillary glomerulonephritis
 - ☒ Minimal change glomerulonephritis

99. A 25-year-old man has a renal biopsy due to worsening renal function. This reveals linear IgG deposits along the basement membrane and anti GBM antibodies positive. What is the most likely diagnosis?
- Systemic lupus erythematosus
 - IgA nephropathy
 - Minimal change disease
 - Post-streptococcal glomerulonephritis
 - ☒ Goodpasture's syndrome
100. A 17-year-old man is referred to the local nephrology unit for investigation. He reports having several episodes of visible haematuria. There is no history of abdominal or loin pain. These typically seem to occur within a day or two of developing an upper respiratory tract infection. Urine dipstick is normal. Blood tests show the following: Na⁺ 141 mmol/l, K⁺ 4.3 mmol/l, Bicarbonate 25 mmol/l, Urea 4.1 mmol/l Creatinine 72 µmol/l. What is the most likely diagnosis?
- Chlamydia
 - Bladder cancer
 - ☒ IgA nephropathy
 - Rhinovirus-associated nephropathy
 - Post-streptococcal glomerulonephritis
101. A 38-year-old male is concerned as he has been passing very small amounts of concentrated urine over the past few days despite drinking litres of water. He has just finished a course of antibiotics for tonsillitis and is feeling generally well in himself. He is afebrile and has a blood pressure of 150/100mmHg. Previous blood pressure readings and kidney function tests have been normal. Urine dipstick -, protein 1+, blood 3+, nitrites negative. What is the most likely diagnosis?
- Renovascular disease
 - Interstitial nephritis
 - Acute tubular necrosis
 - Nephrotic syndrome
 - ☒ Nephritic syndrome
102. Which one of the following is the most common type of SLE associated renal disease?
- Class II: mesangial glomerulonephritis
 - Class III: focal (and segmental) proliferative glomerulonephritis
 - ☒ Class IV: diffuse proliferative glomerulonephritis
 - Class V: diffuse membranous glomerulonephritis
 - Class VI: sclerosing glomerulonephritis
103. A 24-year-old woman is diagnosed as having nephrotic syndrome after being investigated for proteinuria. A diagnosis of minimal change glomerulonephritis is made. What is the most appropriate initial treatment to reduce proteinuria?
- Protein restriction in diet
 - No treatment shown to be effective
 - Angiotensin-converting enzyme inhibitor
 - Diuretic
 - ☒ Prednisolone
104. A 20-year-old woman presents with a 5-day history of painless light brown coloured urine. She has experienced 3 episodes of this over the 5 days. There is no dyspareunia, urgency or pain elsewhere. As of now, she is afebrile though she alludes to being ill with a respiratory infection around three weeks ago. Urine dipstick revealed protein and blood. What is the most likely diagnosis?
- ☒ Post streptococcus glomerulonephritis (PSGN)
 - UTI
 - Pyelonephritis
 - Alport's syndrome
 - IgA nephropathy
105. An 8-year-old boy presents to his GP with swelling around his eyes and limbs, tiredness and weight gain. The GP performs a urine dip. What is the most likely underlying pathology in this child?
- IgA nephropathy
 - ☒ Minimal change disease
 - Glomerulosclerosis
 - Type I diabetes mellitus
 - Membranous glomerulonephritis
106. A 33-year-old man with a history of coeliac disease is admitted for investigation of recurrent macroscopic haematuria. His urine is typically brown and there is no history of passing clots. What is the most likely diagnosis?
- ☒ Diffuse proliferative glomerulonephritis
 - IgA nephropathy
 - Membranous glomerulonephritis
 - Minimal change disease
 - Rapidly progressive glomerulonephritis
107. A 24-year-old man who has a sister with adult polycystic kidney disease (ADPKD) asks if he could be screened for the disease. What is the most appropriate screening test?
- PKD1 gene testing
 - CT abdomen
 - Urine microscopy
 - Ultrasound abdomen
 - ☒ Anti-polycystin 1 antibodies levels

108. Mechanism of injury to kidney cause by furosemide is
☒ a. Acute interstitial nephritis b. Acute tubular necrosis c. Papillary necrosis d. GN
109. Which hormone works with estrogen to prepare the endometrium for implantation of a fertilized egg?
 a. LDH b. FSH c. ADH ☒ d. Progesterone
110. A girl presents with sudden onset of abdominal pain, vomiting, and severe tenderness on palpation. What is her likely diagnosis?
 a. Ovarian torsion b. Ureteric stone ☒ c. Appendicitis d. Urinary tract infection
111. If left untreated, undescended testes can lead to:
 a. Testicular torsion b. Testicular tumor c. Epididymitis ☒ d. Both A and B
112. A 9-year-old girl presents with foul-smelling vaginal discharge, local itching, and erythematous labia. What is her likely diagnosis?
 a. Vulvovaginitis ☒ b. UTI c. Sexual abuse d. All of the above
113. A patient had head injury, has hypernatremia, poly urea and diluted urine.
☒ a. Central DI b. SIADH c. Nephrogenic DI d. Salt Wasting Syndrome
114. A child with polyuria and dilute urine. On water deprivation urine osmolality increases. He lives with his grandfather as his father died few months ago.
 a. Central DI
☒ b. Psychogenic Polydipsia
 c. Nephrogenic DI
 d. Cerebral Salt Wasting
115. A 10 days old neonate with hyponatremia and hyperkalemia investigation of choice.
 a. 17 OH Progesterone
 b. FSH, LH
☒ c. CXR
 d. LFT's, RFT's
116. Which of the following hormones originates in anterior pituitary.
 a. Dopamine
 b. Growth Hormone, Releasing Hormone
 c. Gonadotropin Releasing Hormone
 d. Somatostatin
☒ e. Thyroid stimulating Hormone
117. 10 years old girl with 2 days history of vomiting fever and abdominal pain severely dehydrated comatose and deeply breathing what is initial investigation.
 a. BSR
 b. S/E
 c. CXR
☒ d. RFT's
 e. LFT's
118. A female baby with CAH, ambiguous genitalia, hyperpigmentation has hypertension.
 a. 11 beta Hydroxylase deficiency
☒ b. 21 beta Hydroxylase deficiency
 c. 10 beta Hydroxylase deficiency
 d. 04 beta Hydroxylase deficiency
119. A 41 years old women has hypocalcaemia hyperphosphatemia and decreased urinary phosphate excretion inject PTH causes an increase in urinary cyclic adenosyl monophosphate.(CAMP) most likely diagnosis
 a. Primary hyperparathyroidism
 b. Vit D intoxication
☒ c. Vit D deficiency
 d. Hyperparathyroidism After thyroid surgery
120. 7 years old with episodic hypertension complains of Headache, Palpitation, abdominal pain and dizziness with v and sweating diagnosis.
 a. Pheochromocytoma
☒ b. Wilms Tumor
 c. Neuroblastoma
 d. Hematoblastoma

01	B	31	D	61	D	91	C
02	E	32	A	62	C	92	C
03	C	33	B	63	C	93	B
04	B	34	D	64	D	94	A
05	E	35	A	65	A	95	A
06	C	36	D	66	B	96	E
07	B	37	B	67	B	97	A
08	C	38	C	68	E	98	E
09	B	39	C	69	E	99	E
10	A	40	D	70	B	100	C
11	D	41	E	71	A	101	E
12	B	42	A	72	E	102	C
13	A	43	E	73	E	103	F
14	A	44	B	74	C	104	A
15	B	45	C	75	✓	105	B
16	E	46	D	76	✓	106	B
17	C	47	A	77	✓	107	E
18	E	48	B	78	✓	108	A
19	C	49	C	79	✓	109	D
20	C	50	B	80	✓	110	A
21	D	51	D	81	✓	111	D
22	B	52	C	82	✓	112	A
23	B	53	C	83	✓	113	A
24	D	54	A	84	✓	114	B
25	C	55	E	85	✓	115	A
26	B	56	E	86	✓	116	E
27	A	57	E	87	A	117	A
28	D	58	C	88	A	118	A
29	C	59	B	89	A	119	D
30	E	60	C	90	B	120	A