

Q#119: A 34-year-old woman, G2P1, at 32 weeks gestation, comes in for a routine prenatal visit. During the ultrasound, the amniotic fluid index (AFI) is measured at 26 cm. The patient reports feeling more short of breath and experiencing increased abdominal discomfort. What is the most likely diagnosis?

- a) Oligohydramnios
- b) Normal amniotic fluid level
- c) Polyhydramnios
- d) Preterm labor
- e) Macrosomia

Q#120: A 28-year-old woman, G2P1, at 36 weeks gestation, presents for a routine prenatal visit. An ultrasound shows an amniotic fluid index (AFI) of 4 cm. The patient denies any leakage of fluid or decrease in fetal movements. What is the most likely diagnosis?

- a) Polyhydramnios
- b) Normal amniotic fluid
- c) Oligohydramnios
- d) Macrosomia
- e) Umbilical Cord defect

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Q#108: A 30-year-old woman at 9 weeks gestation presents with persistent nausea and vomiting, leading to a 6% loss of her pre-pregnancy weight and signs of dehydration. What is the most appropriate definition of her condition?

- a) Nausea and vomiting of pregnancy without weight loss
- b) Nausea and vomiting of pregnancy with electrolyte imbalance
- c) Hyperemesis gravidarum with weight loss over 5%**
- d) Hyperemesis gravidarum with ketonuria only
- e) Hyperemesis gravidarum with weight loss only

Q#109: A 32-year-old pregnant woman at 12 weeks gestation is concerned about the risk of Down syndrome. Which of the following screening tests is most appropriate to assess this risk at her current gestational age?

- a) Amniocentesis
- b) Quadruple test
- c) Chorionic villus sampling
- d) First-trimester combined screening**
- e) Complete blood count

Q#110: A 28-year-old woman at 22 weeks gestation is found to have a fetus with severe anemia on ultrasound. After initial testing, further evaluation is needed. Which procedure is most appropriate for confirming the diagnosis and potentially providing in utero treatment?

- a) Amniocentesis
- b) Chorionic villus sampling
- c) Cordocentesis**
- d) Fetal MRI
- e) None of the above

Q#111: A 35-year-old pregnant woman at 18 weeks gestation is concerned about her risk of having a baby with Down syndrome. What diagnostic procedure is most appropriate for confirming the diagnosis?

- a) Chorionic villus sampling
- b) **Amniocentesis**
- c) Non-invasive prenatal testing (NIPT)
- d) Quadruple screening
- e) None of the above

Q#112: A 30-year-old woman, G1P0, at 20 weeks of gestation, comes for a routine prenatal visit. She has a history of chronic hypertension, and her mother had preeclampsia during pregnancy. Her BMI is 32, and her blood pressure today is 140/90 mmHg. Which of the following is the most significant risk factor for developing pregnancy-induced hypertension?

- a) First pregnancy
- b) Family history of preeclampsia
- c) Chronic hypertension**
- d) Obesity (BMI >30)
- e) Advanced maternal age

Q#113: 32-year-old woman at 32 weeks of gestation presents with painless vaginal bleeding. She has had no prior pregnancies or surgeries. Ultrasound shows a low-lying placenta covering the internal cervical os. What is the most likely diagnosis?

- a) Placental abruption
- b) Placenta previa**
- c) Vasa previa
- d) Cervical insufficiency
- e) Uterine rupture

Q#114: A 29-year-old woman at 37 weeks of gestation presents with painless vaginal bleeding immediately after rupture of membranes. Fetal heart rate monitoring shows severe bradycardia. What is the most likely diagnosis?

- a) Placenta previa
- b) Placental abruption
- c) Uterine rupture
- d) Vasa previa**
- e) None of the above

Q#115: Which of the following is not considered an indicator of fetal well-being after 24 weeks of pregnancy?

- a) Cardiotocography
- b) Fetal lie**
- c) Fetal movements
- d) Fetal breathing movements
- e) Umbilical artery Doppler

Q#116: A 29-year-old pregnant woman at 30 weeks gestation presents with swelling and pain in her left leg. She has no history of trauma or recent travel. On examination, there is tenderness along the deep veins of the left leg. What is the most likely diagnosis?

- a) Cellulitis
- b) Deep vein thrombosis (DVT)**
- c) Compartment syndrome
- d) Superficial thrombophlebitis
- e) Physiological changes of pregnancy

Q#117: A 32-year-old woman, G3P2, at 37 weeks gestation, presents with a breech presentation where one or both feet are positioned to come out first. What type of breech presentation does this describe?

- a) Frank breech
- b) Complete breech
- c) Footling breech**
- d) Transverse breech
- e) Incomplete breech

Q#118: A 26-year-old woman, PG, who is Rh-negative, is at 28 weeks gestation. Her partner is Rh-positive. What is the most appropriate management to prevent Rh incompatibility complications during this pregnancy?

- a) Administer Rh immunoglobulin (RhIg) now and again postpartum if the baby is Rh-positive**
- b) Monitor the pregnancy with frequent ultrasounds
- c) Schedule an amniocentesis to assess fetal Rh status
- d) No intervention is necessary at this time
- e) Perform a blood test to determine the fetal Rh status

Q#99: When progressive enlargement of a multinodular goiter causes symptomatic tracheal compression, the preferred management in otherwise good-risk patients is:

- a) Iodine treatment
- b) Thyroid hormone treatment
- c) Surgical resection of the abnormal thyroid
- d) Radioactive iodine
- e) Isthmusectomy

Q#100: A patient is suspected to have primary hyperparathyroidism. Which of the following is investigation of first choice to identify the cause in parathyroid glands?

- a) Ultrasound
- b) MIBG scan
- c) Sestamibi scan
- d) MRCP
- e) SPECT

Q#101: A 34-year-old pregnant woman, at 28 weeks of gestation, presents with elevated blood pressure readings of 150/95 mmHg. She reports swelling of her hands and feet and has a mild headache. Laboratory tests show proteinuria. The obstetrician suspects she is developing preeclampsia and explains the underlying pathophysiology to her. Which of the following best describes the pathophysiological mechanism leading to hypertension in preeclampsia?

- a) Increased cardiac output due to hyperdynamic circulation
- b) Endothelial dysfunction leading to systemic vasoconstriction
- c) Increased renal blood flow causing fluid retention
- d) Enhanced placental blood flow resulting in elevated systemic pressure
- e) decrease cardiac output due to hyperdynamic circulation

Q#102: A 29-year-old woman, currently 20 weeks pregnant, visits her obstetrician for a routine check-up. She has a history of hypertension and is overweight. Her family history includes a sister who had preeclampsia during her pregnancy. The obstetrician discusses her risk factors for developing preeclampsia during her current pregnancy. Which of the following factors in this patient is a significant risk factor for developing preeclampsia?

- a) History of hypertension
- b) Age of 29 years
- c) Family history of preeclampsia
- d) Weight within normal range
- e) overweight

Q#103: A 32-year-old woman, at 37 weeks of gestation, is scheduled for an external cephalic version (ECV) due to a breech presentation. She has a history of a previous uncomplicated vaginal delivery and no significant medical conditions. The obstetrician discusses the procedure with her and informs her about potential risks involved. Which of the following is a common risk associated with external cephalic version?

- a) Uterine rupture
- b) Placental abruption
- c) Postpartum hemorrhage
- d) Fetal heart block
- e) Postpartum hemorrhage

Q#104: A 28-year-old woman at 36 weeks of gestation comes for a routine prenatal visit. She has a history of a previous cesarean delivery and a diagnosis of fibroids. On examination, her current pregnancy shows a breech presentation. The ultrasound confirms that the fetus is in a breech position. Which of the following factors is most likely contributing to the breech presentation in this patient?

- a) Previous cesarean delivery
- b) Maternal age
- c) Presence of fibroids
- d) Multiple gestation
- e) None of above

Q#105: A 30-year-old pregnant woman, currently 32 weeks into her pregnancy, presents to the emergency department with complaints of increasing abdominal distension and discomfort. On ultrasound examination, the amniotic fluid index (AFI) is found to be 25 cm. The fetus appears to be growing normally, and there are no obvious structural abnormalities. Based on the scenario provided, which of the following is the most likely cause of the elevated amniotic fluid index (polyhydramnios)?

- a) Maternal diabetes mellitus
- b) Fetal growth restriction
- c) Placental abruption
- d) Premature rupture of membranes
- e) Intrauterine fetal death

Q#106: A 34-year-old pregnant woman at 28 weeks gestation is diagnosed with venous thromboembolism (VTE). She has a history of obesity, is a smoker, and has been on bed rest due to a high-risk pregnancy. Which of the following is the most significant risk factor for VTE in her case?

- a) Obesity
- b) Smoking
- c) Bed rest
- d) Advanced maternal age
- e) Period of gestation

Q#107: A 27-year-old woman at 34 weeks gestation presents with intense pruritus, especially on her palms and soles without any rash. Which laboratory test is most appropriate to confirm the suspected diagnosis?

- a) Complete blood count (CBC)
- b) Liver function tests (LFTs) including serum bile acids
- c) Urinalysis
- d) Coagulation profile
- e) Renal function tests

Q#89: Inorganic phosphate is almost exclusively reabsorbed in?

- a) Proximal tubule
- b) Loop of henle
- c) Distal tubule
- d) Collecting duct
- e) All of the above

Q#90: The leading cause of Chronic kidney Disease (CKD) globally is?

- a) Diabetic nephropathy
- b) Glomerulonephritis
- c) Hypertension-associated CKD
- d) Polycystic kidney disease
- e) Renal calculi

Q#91: Which of the following are the mechanisms for anemia in chronic kidney disease? 1. Deficiency of erythropoietin, 2. Folate and vitamin B12 deficiency, 3. Toxic effects of uremia on bone marrow & 4. Reduced utilization of dietary iron.

- a) 1, 2 and 3
- b) 1, 2 and 4
- c) 1, 3 and 4
- d) 2, 3 and 4
- e) None of the above

Q#92: Asymptomatic bacteria is defined as the presence of more than ?

- a) 10⁵ organisms/mL in the urine of apparently healthy asymptomatic patients
- b) 10⁴ organisms/mL in the urine of apparently healthy asymptomatic patients
- c) 10³ organisms/mL in the urine of apparently healthy asymptomatic patients
- d) 10² organisms/mL in the urine of apparently healthy asymptomatic patients
- e) More than 10⁵ organisms/mL in the urine of apparently healthy asymptomatic patients

Q#93: A 17-13 year old boy presents with hematuria, oliguria, edema and hypertension. He has history of sore throat two weeks prior to presentation. Laboratory investigations are remarkable for low C3 and increased titers of ASO and antiDNase. Which of the following statement is not correct about management for this condition?

- a) Renal biopsy is rarely required for streptococcal infection
- b) Antibiotic treatment is given for streptococcal infection
- c) Treatment is largely supportive
- d) Immunosuppressants are to be used for crescentic glomerulonephritis
- e) All of the above

Q#94: Consider the following statements in relation to an adult patient? 1. Oliguria is defined as passage of urine less than 300 ml per day, 2. Anuria is said to exist when less than 50 ml urine is passed per day & 3. Polyuria is defined as urine volume in excess of 3 liter per day. Which of the following given above are correct?

- a) 1 & 3
- b) 2 & 3
- c) 1 & 2
- d) 1, 2 & 3
- e) 1 only

Q#95: A 60 year old male presents to the clinic to review labs. He has a history of hypertension, diabetes and lung cancer for which he is undergoing treatment. He has no complaints at this time. His only medications are metformin and lisinopril. His physical exam does not reveal any jugular venous distention (JVD), lower extremity edema, or other abnormality. Other results include Sitting blood pressure 124/82mmHg standing blood pressure 120/80mmHg, HbA1c is 6.4%, CBC unremarkable. Lipid panel shows an LDL 58mg/dL serum electrolytes are normal except for a sodium level of 123mg/dL, serum osmolality 250mOsm/L. He says his appetite has been great and denies any weight loss. He also denies vomiting or diarrhea. Which of the following is the best solution for his hypernatremia at this time?

- a) Furosemide
- b) 3% normal saline
- c) 0.9% normal saline
- d) Fluid restriction and possibly demeclocycline
- e) 5% dextrose in water (D5W solution)

Q#96: Cause of metabolic alkalosis include all the following except ?

- a) Mineralocorticoid deficiency
- b) Hypokalemia
- c) Thiazide diuretic therapy
- d) Recurrent vomiting
- e) Excessive NaHCO₃ tablets ingestion

Q#97: In a man undergoing surgery, it was necessary to aspirate the contents of the upper gastrointestinal tract. After surgery the following values were obtained from an arterial blood sample: pH 7.55, PCO₂ 52mmHg and HCO₃- 40mmol/L. What is the underlying disorder?

- a) Metabolic Acidosis
- b) Metabolic Alkalosis
- c) Respiratory acidosis
- d) Respiratory alkalosis
- e) Metabolic and respiratory alkalosis both

Q#98: A young woman is found comatose having taken an unknown number of sleeping pills an unknown time before. An arterial blood sample yields the following values: pH-7.30, HCO₃-13 meq/liter, PaCO₂ 68 mmHg. This patient's acid-base status is most accurately described as:

- a) Uncompensated metabolic acidosis
- b) Uncompensated respiratory acidosis
- c) Simultaneous respiratory and metabolic acidosis
- d) Respiratory acidosis with partial renal compensation
- e) Eupneamic state

Q#77: What is the range of proteinuria in Nephrotic syndrome?

- a) Less than 100mg in 24 hrs
- b) 100-150mg in 24hrs
- c) 150-300mg in 24 hrs
- d) 300-3.5gm in 24hours
- e) More than 3.5gms in 24 hours

Q#78: A 45 years old male with no comorbidities presented with history of acute gastroenteritis for 5 days. Along with decrease urine output. He is hypotensive with blood pressure of 80/50 mmHg. Despite rehydration he remains anuric with serum creatinine of 4mg/dl. Which of the following cast is expected on urine analysis?

- a) Bile cast
- b) RBC casts
- c) WBC casts
- d) Granular casts
- e) Lipid casts

Q#79: Diagnosis of Diabetes Mellitus is made by

- a) Random blood sugar and Hb1-Ac.
- b) Random blood sugar and renal function test (RFTS).
- c) Fasting blood sugar and Hb1-Ac.
- d) Fasting blood sugar and RFTS only.
- e) Hb1-Ac and RFTS.

Q#80: 4-Year child presented with sudden loss of consciousness and respiratory distress (Deep shallow breathing). The history is of long standing increased thirst, increased frequency of urination, and progressive weight loss. Initial blood investigation shows RBS more than 300mg/dl, CBC and Chest X-Ray of normal report. Urine R/E shows 3+ ketone. HbA1c report waited. What is your diagnosis?

- a) Pneumonia
- b) Meningitis
- c) Diabetic ketoacidosis
- d) Acute renal failure
- e) Chronic renal failure

Q#81: 15-days newborn presented with jaundice, history of prolonged passage of meconium, large tongue and lethargic. Serum bilirubin shows direct bilirubin more than 20 percent of bilirubin and indirect is mildly increased. TSH level is more than 100, RFTS, RBS, growth hormone level are normal. What is your diagnosis?

- a) Infant of Diabetic Mother.
- b) Congenital hypothyroidism.
- c) Neonatal jaundice.
- d) Neonatal constipation
- e) Neonatal sepsis

Q#82: Treatment of congenital hypothyroidism is;

- a) Deltacortil.
- b) Neomarcazole
- c) Thyroxin
- d) Methotrexate
- e) Propranolol

Q#83: Most common cause of nephrotic syndrome in children is due to:

- a) Minimal change disease.
- b) Membranous nephropathy
- c) Membranoproliferative nephropathy
- d) Focal segmental glomerulosclerosis
- e) Viral nephropathy.

Q#84: Treatment of Nephrotic syndrome in children is,

- a) IV Dexamethasone
- b) Oral dexamethasone
- c) IV methylprednisolone.
- d) Oral Antibiotics
- e) IV Epinephrine

Q#85: The most important step in surgical decision making of a patient with midshaft hypospadias is;

- a) Location of the meatus
- b) Size of the penis
- c) Degree of Ventral Curvature
- d) Urethral plate
- e) Age of the patient

Q#86: A 5 years old child presented to Out Patient, with Perineal Hypospadias, micro penis and empty scrotal sac. Which of the following represents the best first step in his management;

- a) Karyotyping
- b) Ultrasonography
- c) Hormonal assessment
- d) Magnetic Resonance Imaging
- e) Surgery

Q#87: A patient with the history of urethral stricture and recurrent UTI, now presented with the complaints of decrease in urinary output. On examination he had palpable urinary bladder and deranged RFTS in investigations. In which category of renal failure does this fall?

- a) Prerenal
- b) Renal
- c) Post renal
- d) Glomerular
- e) ATN

Q#88: HIV is associated with which of the following histological subtype of Glomerulonephritis?

- a) Membranous Glomerulonephritis
- b) Minimal change disease
- c) Membranous proliferative Glomerulonephritis
- d) Focal Glomerulonephritis
- e) Collapsing variant of focal Segmental Glomerulonephritis

Q#69: A 58-year-old male with a 15-year history of type 2 diabetes mellitus presents to the clinic for a routine check-up. He has been non-compliant with his , and has poor glycaemic control, with an HbA1c of 9.5%. Physical examination reveals mild pedal edema. Laboratory tests show a serum creatinine of 2.1 mg/dL and a urine albumin-to-creatinine ratio of 450 mg/g. Which of the following is expected to be found in a patient with diabetic Nephropathy

- a) A normal cardiac angiography
- b) Tuberculosis
- c) Diabetic retinopathy
- d) Eczema
- e) Pulmonary edema

Q#70: A 50-year-old female with a 10-year history of type 2 diabetes mellitus presents to the clinic for a routine check-up. She has a fair glycaemic control, with an HbA1c of 8%. Physical examination reveals mild pedal edema. Laboratory tests show a serum creatinine of 1.2 mg/dL and a urine albumin-to-creatinine ratio of 500 mg/g.

Which of the following drugs is known to be cardioprotective and renoprotective in albuminuric patients with diabetes?

- a) SGLT-2 inhibitors
- b) Thiazolidinediones
- c) Gliptins
- d) Amlodipine
- e) Biguanides

Q#71: An 89-year-old patient presents with fever, rigors, hypotension and reduced urine output. They appear confused and are unable to provide any meaningful history. The care home that the patient came from has provided some basic documentation. You look through the information available and note that the district nurse changed this patient's catheter 24 hours ago. The medical registrar commences antibiotics, aggressive fluid resuscitation and asks you to perform an arterial blood gas, with the results shown below. The patient was not on oxygen at the time of the ABG. PaO_2 : 93 mmHg (82.5 – 97.5 mmHg), pH: 7.29, PaCO_2 : 41.2 mmHg, HCO_3^- : 16 mEq/L, Na^+ : 140 mEq/L, Cl^- : 94 mEq/L

What is the acid base disorder?

- a) High anion gap metabolic acidosis with respiratory compensation
- b) Normal Anion gap metabolic acidosis
- c) Respiratory alkalosis and additional high anion gap metabolic acidosis
- d) Metabolic alkalosis
- e) High anion gap metabolic acidosis with additional respiratory acidosis

Q#72: An 18-year-old male high school student presents to the ER with confusion, nausea, headache & decreased vision after a camping trip. The patient's friends state that he became ill 12 to 14 hours ago. Labs: BUN 14 mg/dL, Creatinine 1.0 mg/dL, Serum Na^+ 140 mmol/L, Serum chloride 100 mmol/L, K^+ 4 mmol/L, Serum glucose 108 mg/dL, Measured serum osmolality 326, Serum ketones Negative, Serum lactate 0.7 mmol/L. ABGs: pH 7.29, PCO_2 26 mmHg, Serum HCO_3^- 12 mmol/L. What ingestion best explains the acid-base abnormalities?

- a) Ethanol
- b) Salicylate
- c) Propylene glycol
- d) Isopropyl alcohol
- e) Methanol

Q#73: An elderly woman develops a UTI, becomes confused & does not eat or drink for three days at her nursing home. She is found to have a BP of 70/50 mmHg (very low). Which one of the following IV fluids would you recommend?

- a) Half normal saline
- b) Normal saline
- c) 5% dextrose & water
- d) Hypertonic saline
- e) One-quarter normal saline

Q#74: A 62-year-old man with a history of COPD was admitted to the hospital with increasing shortness of breath on exertion & productive cough. He was receiving a bronchodilator as an outpatient. On physical examination, he was afebrile, BP was 130/85 mmHg without orthostatic changes, heart rate was 92 beats/min & RR was 24/min. Chest examination revealed scattered expiratory wheezes & diminished breath sounds. Cardiac examination showed no murmurs or gallops. There was 1+ lower extremity edema. Blood work on admission revealed the following: Na^+ 136 mmol/L, K^+ 3.6 mmol/L, chloride 96 mmol/L, HCO_3^- 31 mmol/L, pH 7.32, PCO_2 62 mmHg, PO_2 64 mmHg on oxygen 2 L/min. These data are consistent with which of the following acid-base disorders?

- a) Metabolic alkalosis
- b) Acute respiratory acidosis
- c) Chronic respiratory acidosis
- d) Metabolic acidosis
- e) Metabolic alkalosis

Q#75: A 35-year-old woman presents with altered mental status. No medical history is available. Other than being stuporous, her exam is unremarkable with normal vital signs, no orthostasis, and no edema and without focal findings. Her serum Na^+ is 104 mmol/L, creatinine 0.6 mg/dL, UNa^+ 8 mmol/L and Uosm 90 mOsm/kg H_2O . Which of the following is most appropriate initial treatment?

- a) Infuse 100ml of hypertonic saline
- b) Infuse Hypertonic saline at 60ml/hr
- c) Infuse normal saline at 60ml/hr
- d) Inj. Furosemide 80mg, IV
- e) Demeclocycline

Q#76: Deficiency of which of the following ions can result in renal K^+ wasting?

- a) Phosphate
- b) Calcium
- c) Sulfate
- d) Magnesium
- e) Manganese

Q#59: Which of the following drugs is most likely to cause AKI in a diabetic and hypertensive patient currently admitted for diarrhea and sepsis?

- a) Valsartan
- b) Insulin
- c) Paracetamol
- d) Amlodipine
- e) Metronidazole

Q#60: A 55yr old patient is admitted with massive GI bleed. Patient is at risk for which type of acute kidney injury

- a) Post renal AKI
- b) Acute interstitial nephritis
- c) Pre renal AKI
- d) Cast nephropathy
- e) Drug induced AKI

Q#61: A 63year old male presents with slowly progressive weakness, anorexia, fatigue, and weight loss for 1 year. There is edema & hypertension, on ultrasound examination his kidney size is smaller than normal, what is most likely diagnosis.

- a) Hydronephrosis
- b) Chronic Kidney disease
- c) Renal Cell carcinoma
- d) Polycystic Kidney disease
- e) Acute Kidney Injury

Q#62: A 60 year old woman is admitted with sudden onset of chest pain and is diagnosed with an acute myocardial infarction. There is difficulty maintaining adequate BP and tissue perfusion for 3days. Her serum lactate become elevated. Her serum urine Nitrogen increases to 44mg/dl and Creatinine to 2.2mg/dl. Granular and hyaline casts are present on urinalysis which of the following renal lesions is most likely to be present in this situation?

- a) Chronic Pyelonephritis
- b) ATN
- c) Nodular glomerulosclerosis
- d) Renal vein thrombosis
- e) Prerenal Azotemia

Q#63: If BUN / Creatinine ratio is >20, then what will be the most important cause given below

- a) ATN
- b) Pre renal azotemia
- c) Post renal AKI
- d) CKD
- e) HRS

Q#64: A 60 year old patient of CKD V on Conservative management presented in ER with palpitations and feeling "uneasy". His labs are as follows: Cr 9.8mg/dl, K⁺ 7.1mEq/L, Ca 8.1mg/d, HCO₃⁻ 10.4mEq. Which of the following should be done as an initial step in the management of this patient?

- a) Insulin and dextrose infusion
- b) NIV NaHCO₃ infusion
- c) Nebulization with salbutamol
- d) Sodium polystyrene sulphonate
- e) IV Ca-gluconate and arrange for hemodialysis

Q#65: A marathon runner is brought into ER in altered state of consciousness, after a race on a hot day. He has no previous significant history. His labs are as follows: Na 152mEq/L, K⁺ 3.6mEq/L, serum Glucose 100mg/dl, BUN 24mg/dL, Hb 12.6g/dL, HCT 58%. What is the most appropriate initial treatment?

- a) Inf. N/S in 100ml boluses
- b) Inf. 0.45% saline at 100ml/h
- c) Inf. R/L at 100ml/h
- d) Inf 5% D/W at 100ml/h
- e) Inf. N/S at 100ml/h

Q#66: A marathon runner made sure to stay hydrated during his race. He kept taking sips of water throughout the race. He was later brought in ER after an episode of fits. What is the most likely cause of patient's condition?

- a) Hyponatremia
- b) Hypovolemic shock
- c) Hypernatremia
- d) Epilepsy
- e) Heat stroke

Q#67: A young female with joint pains and photosensitivity, presented with swelling of feet. She has not felt a decrease in her urine output. On examination, she has red cheeks and muercke's bands. BP is 150/100mmHg. Her urine examination revealed proteinuria and hematuria. Her serum Cr is 2.4mg/dL. What is the likely cause of her renal dysfunction?

- a) Hypertensive nephropathy
- b) Rapidly progressive glomerulonephritis
- c) Lupus nephritis
- d) Scleroderma renal crisis
- e) Psoriasis

Q#68: A 45-year-old female with a 5-year history of systemic sclerosis (scleroderma) presents to the emergency department with a severe headache, blurred vision, and swelling in her legs. She has been experiencing increased fatigue and difficulty controlling her blood pressure over the past few weeks. On examination, her blood pressure is 210/120 mmHg, and she has pitting edema in both lower extremities. Laboratory tests reveal elevated serum creatinine and proteinuria. Fundoscopic examination shows signs of hypertensive retinopathy. Which of the following is the most appropriate next step in the management of this patient?

- a) Initiate treatment with intravenous corticosteroids
- b) Administer an angiotensin-converting enzyme (ACE) inhibitor
- c) Start dialysis immediately
- d) Prescribe a calcium channel blocker for blood pressure control
- e) Perform a renal biopsy to confirm the diagnosis

Q#47: A G10P8 43 years old female is in the active phase of labour. She is most likely to go into postpartum haemorrhage. Which of the following is the most common cause of postpartum haemorrhage during the puerperium?

- a) Uterine atony
- b) Cervical laceration
- c) Retained placental fragments
- d) Coagulation disorders
- e) Family History

During a routine ultrasound at 20 weeks gestation, a pregnant woman is told that her baby is developing normally. She asks the doctor when the baby's lungs will become capable of functioning outside the womb?

Q#48: At approximately what gestational age are the fetal lungs considered sufficiently mature for the baby to survive outside the womb?

- a) 20 weeks
- b) 24 weeks
- c) 28 weeks
- d) 32 weeks
- e) 36 weeks

Q#49: A G5 P4 with 39 weeks gestation presented with active labour. She is concerned about fetal wellbeing, her CTG should be done at what frequency in second-stage labour.

- a) 30 min
- b) Alternate days
- c) Every 15 min
- d) Every two hourly
- e) One hourly

Q#50: Regarding screening of development dysplasia of hip in neonates. Following test is most reliable in establishing a diagnosis?

- a) Restricted abduction on examination
- b) Click on abduction of hip joint
- c) Ultrasound of hip joint
- d) X-ray of hip joint
- e) Ortolani-Barlow method

Q#51: A 24-year-old, primigravida presents in labor room with complaints of labor pains. She is 39 weeks pregnant and on exam in at cervical dilatation is 3cm. She requests adequate pain relief in labor. Which of the following is most effective in pain relief in labor?

- a) Patient controlled analgesia by pethidine
- b) Transcutaneous electric nerve stimulation (TENS)
- c) Nitrous oxide and oxygen
- d) Epidural analgesia
- e) Psychoprophylaxis

Q#52: Baby born with blue extremities and pink face, shows grimace, respiratory rate irregular, Heart Rate is greater than 100, muscles show some flexion. What will be his APGAR score?

- a) 6
- b) 8
- c) 3
- d) 5
- e) 9

Q#53: A 30-year-old woman delivered a baby boy 1 week ago. She experienced a mild brownish vaginal discharge. She visited an Obstetrician and she named it as lochia. What is lochia?

- a) The return of menstruation after childbirth
- b) A type of postpartum infection
- c) The vaginal discharge following childbirth
- d) A hormone that helps in lactation
- e) An infected vaginal discharge

Q#54: A 30 year old woman gravida 2 para 1 presents at 18 weeks of gestation for routine anomaly scan. The ultrasound reveals a neural tube defect in the fetus. LEAD IN: Which serum marker is most likely to be elevated in this patient?

- a) Alpha fetoprotein
- b) Beta HCG
- c) Inhibin A
- d) PAPP-A
- e) None of the above

Q#55: A 36 year old woman, gravida 1, at 12 weeks of gestation presents for her first antenatal visit. She is concerned about her increase risk of chromosomal abnormalities due to her age. The obstetrician discusses options for early screening. LEAD IN: What is most appropriate first line screening test for chromosomal abnormalities at this gestation?

- a) Serum alpha fetoprotein
- b) Combined first trimester screening
- c) Quadruple test
- d) Amniocentesis
- e) None of the above

Q#56: A 25 years old gravida 2 para 1 at 24 weeks gestation. She had history of child with cardiac disease. What investigation you will advise her?

- a) Fetal echocardiography
- b) Obstetrical ultra sound
- c) Maternal echocardiography
- d) Fetal x rays chest
- e) Biophysical profile and CTG

Q#57: Most common cause of AKI in hospitalized patients

- a) Contrast induced nephropathy
- b) Acute tubular necrosis
- c) Pre renal azotemia
- d) Drug induced nephropathy
- e) Rapidly progressive glomerulonephritis

Q#58: Which is an indication for dialysis in AKI.

- a) Refractory hypoglycemia
- b) Pedal edema
- c) Uremic Encephalopathy
- d) Refractory hypernatremia
- e) Bleeding diathesis

Q#36: A 26-year-old primigravida at 39 weeks gestation is in active labor. Her cervix is 6 cm dilated, 100% effaced, and the fetal head is at 0 station. The fetal head is in the occiput anterior position. Which of the following best describes the next expected movement in the normal mechanism of labor?

- a) Flexion
- b) Extension
- c) Descent
- d) Internal rotation
- e) External rotation

Q#37: A 28-year-old woman, G2P1, has just delivered vaginally and is experiencing excessive bleeding. The estimated blood loss is 600 mL within the first hour post-delivery, and her uterus is found to be soft and above the umbilicus. What is the most appropriate immediate management?

- a) Administer intravenous antibiotics
- b) Perform a manual uterine compression
- c) Begin oxytocin (Pitocin) infusion
- d) Prepare for an emergency cesarean section
- e) Insert Balloon Tamponade

Q#38: A 25-year-old woman, G1P1, is 2 days postpartum following a vaginal delivery. She reports her lochia is bright red and has a moderate amount of flow. What is the most appropriate description of her current lochia?

- a) Lochia rubra
- b) Lochia serosa
- c) Lochia alba
- d) Lochia purulenta
- e) Vaginal Infection

Q#39: A 29-year-old woman, G3P2, is 2 weeks postpartum after a vaginal delivery. She reports persistent lower abdominal cramping and has a slightly enlarged, firm uterus. What is the most likely cause of these symptoms?

- a) Normal uterine involution process
- b) Postpartum hemorrhage
- c) Uterine infection
- d) Retained placental fragments
- e) Uterine Atony

Q#40: A newborn is delivered at 36 weeks of gestation and presents with respiratory distress shortly after birth. The baby has nasal flaring, grunting, and intercostal retractions. The chest X-ray shows a ground-glass appearance. What is the most likely diagnosis?

- a) Congenital diaphragmatic hernia (CDH)
- b) Meconium aspiration syndrome (MAS)
- c) Respiratory distress syndrome (RDS)
- d) Transient tachypnea of the newborn (TTN)
- e) None of the above

Q#41: A 3-day-old newborn presents with yellowing of the skin and sclera. The baby is otherwise healthy, feeding well, and has no signs of infection. Laboratory tests show elevated unconjugated bilirubin levels. What is the most likely cause of the jaundice?

- a) Biliary atresia
- b) Hemolytic disease of the newborn
- c) Neonatal hepatitis
- d) Physiological jaundice
- e) None of the above

Q#42: A 32-year-old multiparous woman undergoes a vacuum-assisted vaginal delivery. Post-delivery, she complains of severe perineal pain and is found to have a third-degree perineal tear. Which of the following is a common complication associated with third-degree perineal tears?

- a) Fecal incontinence
- b) Postpartum hemorrhage
- c) Urinary incontinence
- d) Uterine atony
- e) None of the above

Q#43: During pregnancy, what is the safest analgesic with the least fetal affect?

- a) Aspirin
- b) Acetaminophen
- c) Ibuprofen
- d) Gabapentin
- e) Oxycodone

Q#44: Routine screening procedures at her first prenatal care visit for a 35-year-old primigravida with an estimated gestational age (EGA) of 8 weeks should include which of the following?

- a) Quadruple test
- b) 1-hour glucose challenge
- c) Family history
- d) Toxoplasma titer
- e) Ultrasound

Q#45: A 22-year-old patient presents with a hematocrit of 31% at 28 weeks' gestation. Her mean corpuscular volume (MCV) is 105, her mean corpuscular hemoglobin (MCH) is 33, and her mean corpuscular hemoglobin concentration (MCHC) is 36. Serum iron is 100 mg/dL. There is no evidence of abnormal bleeding. Which of the following is the best diagnosis?

- a) Microcytic anemia
- b) Hemolysis
- c) Macrocytic anemia
- d) Normocytic, normochromic anemia
- e) Normal

Q#46: A woman is advised by her healthcare provider to attend a follow-up visit several weeks after giving birth to monitor her recovery and health. What is the puerperium period?

- a) The time during pregnancy
- b) The first 6 weeks after childbirth
- c) The third trimester of pregnancy
- d) The time between conception and birth
- e) The time after fertilization

Q#25: A 30-year-old woman, G2P1, at 28 weeks gestation, presents for a routine prenatal visit. She reports feeling well but mentions that her first child was born with Down syndrome. What is the most appropriate next step in her antenatal care?

- a) Offer amniocentesis
- b) No further testing is needed
- c) Recommend early induction of labor
- d) Perform a biophysical profile
- e) Do Obstetrics Ultrasound**

Q#26: A 30-year-old woman, G3P2, at 32 weeks gestation, presents for her antenatal visit. She has a history of gestational diabetes in her previous pregnancy. Which of the following is the most appropriate test to perform now?

- a) Random blood glucose
- b) Oral glucose tolerance test**
- c) Hemoglobin A1c
- d) Urinalysis for protein
- e) Complete blood count

Q#27: A 26-year-old woman, G2P1, at 8 weeks gestation, presents with complaints of mild vaginal bleeding and cramping. An ultrasound reveals a viable intrauterine pregnancy. What is the most appropriate management?

- a) Schedule a dilation and curettage (D&C)
- b) Administer progesterone supplementation**
- c) Reassure the patient and advise rest
- d) Prescribe antibiotics to prevent infection
- e) Do Nothing

Q#28: A 26-year-old woman, G3P2, at 28 weeks gestation, is diagnosed with preterm labor. Which of the following is a key intervention to reduce the risk of neonatal complications?

- a) Bed rest and hydration
- b) Tocolytics to delay labor
- c) Immediate delivery via cesarean section
- d) Fetal blood sampling
- e) Give Corticosteroids**

Q#29: A 35-year-old woman, G2P1, at 38 weeks gestation, presents with blood pressure readings of 160/105 mmHg, severe headaches, and visual disturbances. Urinalysis shows proteinuria. What is the most likely diagnosis?

- a) Gestational hypertension
- b) Preeclampsia with severe features**
- c) Chronic hypertension
- d) Eclampsia
- e) HELP Syndrome

Q#30: A 29-year-old woman, G1P0, at 28 weeks gestation, is diagnosed with chronic hypertension and currently has a blood pressure of 150/95 mmHg. There is no proteinuria. Which of the following is the most appropriate medication to manage her condition?

- a) Labetalol**
- b) ACE inhibitor
- c) Thiazide diuretic
- d) Calcium channel blocker
- e) Hydralazine Infusion

Q#31: A 32-year-old woman, G3P2, at 36 weeks gestation, presents with a sudden onset of severe epigastric pain, nausea, and a blood pressure of 165/110 mmHg. Laboratory tests reveal hemolysis, elevated liver enzymes, and low platelets. What is the most likely diagnosis?

- a) Preeclampsia without severe features
- b) HELLP syndrome**
- c) Chronic hypertension
- d) Gestational hypertension
- e) Eclampsia

Q#32: A 34-year-old woman, G1P0, at 30 weeks gestation, is diagnosed with gestational diabetes mellitus. Her fasting blood glucose levels remain elevated despite dietary changes. What is the most appropriate next step in management?

- a) Start metformin
- b) Schedule early delivery
- c) Initiate insulin therapy**
- d) Increase dietary restrictions
- e) Start Exercise

Q#33: A 25-year-old primigravida at 39 weeks gestation is admitted to the labor and delivery unit with regular contractions every 5 minutes. She is 4 cm dilated, 60% effaced, and the fetal head is at -1 station. What stage of labor is she currently in?

- a) Early latent phase of the first stage
- b) Active phase of the first stage**
- c) Second stage of labor
- ~~d) Transition phase of the first stage~~
- ~~e) 3rd Stage of labor~~

Q#34: A 28-year-old woman, G3P2, with pregestational type 1 diabetes, presents at 24 weeks gestation for a routine prenatal visit. Her recent HbA1c is 8.5%. What is the most significant risk associated with her current glycemic control?

- a) Macrosomia
- b) Polyhydramnios
- c) Preterm labor
- d) Fetal congenital anomalies**
- e) No fetal compromise

Q#35: A 30-year-old woman, G2P1, at 40 weeks gestation, is in the second stage of labor. The fetal head is visible at the introitus, and the patient is pushing effectively. The head is flexed, and the occiput is under the pubic symphysis. What is the next expected movement of the fetal head in the normal mechanism of labor?

- a) Internal rotation
- b) Extension
- c) External rotation
- d) Flexion
- e) Crowning**

Q#12: With which of the following diseases is priapism most commonly associated?

- a) Peyronie disease
- ☒ b) Sickle cell anemia
- c) Parkinson disease
- d) Organic depression
- e) Leukemia

Q#13: Glucose will be detected in the urine when the serum level is above:

- a) 75 mg/dL
- b) 100 mg/dL
- c) 150 mg/dL
- d) 180 mg/dL
- ☒ e) 225 mg/dL

Q#14: Which of the following disorders may commonly lead to irritative voiding symptoms?

- a) Parkinson disease
- b) Renal cell carcinoma
- c) Bladder diverticula
- ☒ d) Prostate cancer
- e) Testicular torsion

Q#15: The female urethra is approximately ____ cm long?

- ☒ a) 04
- b) 06
- c) 08
- d) 10
- e) None

Q#16: Suprapubic catheter placement with a guide wire is the _____ technique?

- a) Cystotomy
- ☒ b) Seldinger
- c) Lowsley
- d) Trocar
- e) None of the above

Q#17: At what gestational time point does the metanephros development begin?

- a) 2 weeks
- b) 3 weeks
- c) 4 weeks
- ☒ d) 5 weeks
- e) None of the above

Q#18: Lower urinary tract (LUT) dysfunction is associated with which of the following?

- a) Constipation
- b) Neuropsychiatric issues
- c) UTIs
- d) VUR
- ☒ e) All of the above

Q#19: Terminal hematuria (at the end of the urinary stream) is usually due to:

- a) **Bladder neck or prostatic inflammation.**
- b) Bladder cancer.
- c) Kidney stones.
- d) Bladder calculi.
- e) Urethral stricture disease.

Q#20: The most common cause of gross hematuria in a patient older than 50 years is:

- a) Renal calculi.
- b) Infection.
- ☒ c) Bladder cancer
- d) Benign prostatic hyperplasia
- e) Trauma

Q#21: A 35-year-old woman, G3P2, at 35 weeks gestation, presents with a small amount of painless vaginal bleeding. She has a known history of a marginal placenta previa. What is the most appropriate initial management for this patient?

- a) Immediate induction of labor
- b) Administer corticosteroids
- c) Perform an urgent cesarean section
- d) Administer tocolytics and prepare for delivery
- ☒ e) Admit for observation and assess for further bleeding

Q#22: A 30-year-old woman, G2P1, at 32 weeks gestation, presents to the emergency department with painless, bright red vaginal bleeding that started suddenly. She reports no contractions or abdominal pain. Ultrasound confirms a low-lying placenta covering the internal cervical os. What is the most likely diagnosis?

- ☒ a) Placenta previa
- b) Placental abruption
- c) Vasa previa
- d) Uterine rupture
- e) Placenta accreta

Q#23: A 30-year-old woman, G2P1, with preeclampsia at 36 weeks gestation, is scheduled for a cesarean section due to severe hypertension and unfavorable cervical conditions. During surgery, the patient suddenly develops hypotension, tachycardia, and cyanosis. What is the most likely cause of these symptoms?

- a) Pulmonary embolism
- ☒ b) Amniotic fluid embolism
- c) Acute myocardial infarction
- d) Anesthetic reaction
- e) Some underlying factors

Q#24: A 28-year-old pregnant woman, G2P1, at 12 weeks gestation, comes to the clinic for her first antenatal visit. She has no significant medical history and had an uncomplicated first pregnancy. Which of the following is the most appropriate initial screening test?

- a) Glucose tolerance test
- b) Group B streptococcus culture
- c) Complete blood count
- d) Non-stress test
- ☒ e) Order urine routine exam

GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

MCQs Written Test Final YEAR MBBS (Block-P)

Name of Student: _____

Please encircle the correct answer with blue/black pen

Date: 03rd September, 2024

Roll No. _____

Paper ID: **GREEN**

TIME ALLOWED: 02-HOUR'S

TOTAL MARKS: 120

Note: Attempt **ALL** questions from this section. Select **ONE** best answer. Each question carries **01** mark.

Q#1: A 25 year old female presents with pheochromocytoma. On examination he has multiple neuromas on the lips, tongue, and oral mucosa. He is most likely suffering from:

- a) MEN 2 A
- b) MEN 2 B**
- c) Von Hippel Lindau Disease
- d) Adrenal tumor
- e) Nelson's syndrome

Q#2: A 40 year old man is admitted with a thyroid swelling that has been increasing in size over the past 6 months. He has a lymph node removed from right side of his neck that reveals adenocarcinoma with psammoma bodies. What is the primary lesion?

- a) Papillary carcinoma**
- b) Follicular carcinoma
- c) Medullary carcinoma
- d) Anaplastic carcinoma
- e) Lymphoma

Q#3: A 46 year old man has a swelling in the scrotum. It shows clear transillumination anterior to the testis when light is applied to the scrotum in a dark room. What is the most likely diagnosis:

- a) Indirect inguinal hernia
- b) Direct inguinal hernia
- c) Hydrocele**
- d) Cyst of the epididymis
- e) Sebaceous cyst

Q#4: A 45 year old woman presents with multiple fractures. During history taking she reveals that these fractures developed on different occasions following trivial trauma. How would you investigate her to reach diagnosis:

- a) Serum calcium
- b) Serum TSH and Thyroxine
- c) Parathormone
- d) Serum calcium and Parathormone**
- e) Serum calcium and Serum Phosphate

Q#5: A 30 year old woman develops goiter for the last 15 days that is associated with mild discomfort. The antithyroid antibodies is detected on investigations, however her thyroid function tests are normal. What is the most likely cause:

- a) Graves' disease
- b) Riedel's thyroiditis
- c) Hashimoto's disease**
- d) de Quervain's thyroiditis
- e) Lymphoma

Q#6: During a workup for infertility, a 34 year old man is noted to have a solid tumor in the anterior aspect of his right testis. What is the most likely diagnosis?

- a) Torsion of the testis
- b) Cyst of the epididymis**
- c) Lipoma of the cord
- d) Cancer of the testis
- e) Epididymo-orchitis

Q#7: The most common cause of chronic kidney disease in children is:

- a) Polycystic kidney disease
- b) Glomerulonephritis
- c) Congenital renal anomalies**
- d) Nephrotic syndrome
- e) Urinary tract obstruction

Q#8: Which of the following is NOT a common complication of chronic kidney disease?

- a) Anemia
- b) Hyperkalemia
- c) Osteoporosis
- d) Hypertension
- e) Hypercalcemia**

Q#9: The gold standard method for assessing kidney function in patients with chronic kidney disease is:

- a) Serum creatinine level
- b) Urine dipstick test
- c) Glomerular filtration rate (GFR)**
- d) Blood urea nitrogen (BUN) level
- e) Urine protein-to-creatinine ratio

Q#10: Which of the following is a common cause of acute kidney injury (AKI) in children?

- a) Urinary tract infection**
- b) Nephrotic syndrome
- c) Hypertension
- d) Iron deficiency anemia
- e) Celiac disease

Q#11: Pain associated with a stone in the ureter is the result of:

- a) Obstruction of urine flow with distention of the renal capsule.
- b) Irritation of the ureteral mucosa by the stone.
- c) Excessive ureteral peristalsis in response to the obstructing stone.**
- d) Irritation of the intramural ureter.
- e) Urinary extravasation from a ruptured calyceal fornix