

Time Allowed: 120 Minutes

Max Marks: 120

Note: Attempt ALL MCQ's.

- Use only blue / black pen. Use of mobile phones and other electronic accessories are strictly prohibited.
- Carefully shade paper type and your correct roll no in response sheet
- Student's result will be declared "Under Report" if (i) MCQ question paper is not returned back along with response sheet or is tempered by the student (ii) The roll number is not written on the said paper

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| 1 | A 70-year-old male complains of a sudden onset of severe lower abdominal pain radiating to the groin and scrotum. On examination, there is a palpable mass in the scrotum. What is the most likely diagnosis? | A Epididymitis | B Inguinal hernia | C Scrotal abscess | D inguinal lymphadenopathy | E Seminoma |
| 2 | A 49-year-old diabetic female with a 4-year history of stone disease has passed 6 stones spontaneously, 3 in the last year. She again presents with left flank pain and fever. On examination she is tender in left flank and has a temperature of 101 F. she also complains of nausea and vomiting. Her ultrasound shows small right kidney and left moderate hydronephrosis with hydroureter. Her total leucocyte count is 22000. She is not using any blood thinner medications. Her serum potassium is 5.5 mmol/l, creatinine is 5 mg/dl and urea of 150 mg/dl. What is the next best treatment option for this patient? | A Ureterorenoscopy | B Hemodialysis | C Percutaneous nephrostomy | D Double J stenting | E Ureterolithotomy |
| 3 | A Primigravida with 9 months gestation presented to the emergency with continuous tonic clonic seizures. On exam her BP is 180/110, prominent facial edema, exaggerated reflexes. What is the 1st line of management in this patient? | A Pass iv line | B Do baseline investigations | C Give Mgso4 | D Secure airway and breathing | E catheterize |
| 4 | A 32 years old G2 P1 in 34 weeks of pregnancy is having a blood pressure of 150/100 and urine albumin is +1. What would be the next step? | A Admit patient for monitoring. | B Ask patient to check her blood pressure 4 times a day. | C Do a detailed Obs USG to assess fetal wellbeing | D Put her on first line anti-hypertensive i.e. Labetalol. | E Put her on methyldopa. |
| 5 | An 18 year old patient delivered 3.5 kg baby by vacuum vaginal delivery. She had prelabour rupture of membranes and a prolonged labour at a private clinic. she has come with fever and foul smelling lochia. What is the possible explanation for this? | A UTI | B choreoamnionitis | C Endomyometritis | D genital tuberculosis | E herpetic vulvovaginitis |
| 6 | A 45 years old lady presented to the Outpatient Department with menstrual irregularity, weight gain, hair loss and decreased energy level. Which of the following is the best choice for further investigation in this patient? | A FSH, LH and estradiol levels | B Free T4 and Free T3 levels | C HbA1c levels | D Random cortisol levels | E TSH and Free T4 |
| 7 | A 30 year old lady in her first pregnancy has come to antenatal clinic at 5 weeks pregnancy. The best possible time to perform a dating scan in pregnant women is which one of the following? | A 8-14 week | B 14-20 week | C 20-24 weeks | D After 25 week | E At 28 week |
| 8 | A 6-year-old boy presents with periorbital edema, weight gain, and foamy urine. Laboratory tests reveal hypoalbuminemia and massive proteinuria. What is the most likely cause of his nephrotic syndrome? | A Alport syndrome | B Focal segmental glomerulosclerosis (FSGS) | C IgA nephropathy | D Membranous nephropathy | E Minimal change disease |
| 9 | A 35-year-old woman with IgA nephropathy had persistent microscopic hematuria but normal renal function. What is the most appropriate long-term monitoring strategy for this patient? | A Annual renal biopsies | B IgA levels | C Monitoring serum complement level | D Regular renal ultrasounds | E Serial measurements of urinary protein excretion |

Congenital hypothyroidism

Confirmed by a teacher

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| 10 | A four months old infant was referred for further assessment of his increasingly problem of constipation. His parents are concerned about his umbilical hernia. He had an uneventful birth history. Past history of neonatal jaundice. On examination he had umbilical hernia and normal systemic examination. Which one of the following is a diagnostic investigation? | | | | C | Serum Bilirubin |
| | A | Electrolytes | B | Erect Abdominal X-ray | | |
| | D | Thyroid Function Test | E | Vitamin D Levels | | |
| 11 | A 40-year-old man presents with weight gain, frothy urine, and swelling in his face and ankles. Laboratory tests show hypoalbuminemia, proteinuria, and hyperlipidemia. What is the most likely cause of his nephrotic syndrome? | | | | C | IgA nephropathy |
| | A | Alport syndrome | B | Focal segmental glomerulosclerosis (FSGS) | | |
| | D | Membranous nephropathy | E | Minimal change disease | | |
| 12 | A 45-year-old male with a history of smoking presents with painless hematuria. Cystoscopy reveals a papillary tumor with a cauliflower appearance. What is the most likely diagnosis? | | | | C | Bladder metastasis |
| | A | Bladder diverticulum | B | Bladder stone | | |
| | D | squamous cell carcinoma bladder | E | Transitional cell carcinoma | | |
| 13 | A 28 years house wife presented with fever with chills, abdominal pain mostly Epigastric and back pain, nausea and vomiting for last three days. On examination she had temperature of 102F, pulse of 108/minutes, BP 110/70 mmHg; she was tender in epigastrium and flanks. Ultrasound was unremarkable, TLC was 16000/mm3, 80% of cells were neutrophils, Hb was 10gm%, platelets were 180000/ mm3, Chest X-Rays were normal. Urine routine examination showed glucose normal, trace proteinuria, 6-8pus cells/HPF, 1-3 RBC/HPF. ESR was 60mm/1hour. What further tests would you like to do? | | | | C | Dengue NS1 |
| | A | Serum Amylase | B | Serum Lipase | | |
| | D | Urine culture and sensitivity | E | Upper GI endoscopy | | |
| 14 | A year 3 postgraduate trainee is applying vacuum to a patient in labour. Pre requisite for Vacuum Vaginal Delivery include all of the following except? | | | | C | Presenting part should be at station-3 |
| | A | Bladder should be emptied. | B | Cervix should be fully dilated. | | |
| | D | Pelvis should be adequate. | E | There should be good uterine contraction | | |
| 15 | Biophysical profile (BPP) is an integral ultrasound test for assessing the fetal wellbeing. Its five parameters are non-stress test, amniotic fluid volume, Gross body movements, fetal tone and which of the following? | | | | C | Fetal weight |
| | A | Fetal breathing movements | B | Fetal kicks | | |
| | D | Fetal attitude | E | Fetal presentation | | |
| 16 | A 28 year old woman is seen in antenatal clinic at 34 weeks gestational amenorrhea, she has GDM and her blood sugar is suboptimal despite metformin treatment. The abdominal circumference of fetus is over 97th centile at her most recent growth. What should be next step? | | | | C | Diet Modification |
| | A | Add regular insulin at night | B | Deliver the patient | | |
| | D | Increased dose of metformin | E | Start on Premixed insulin | | |
| 17 | A 19 years old PG at 36 weeks gestation with B.P 150/100, edema +2, proteinuria +2 with no other symptoms. What is the most likely diagnosis in this patient? | | | | C | Eclampsia |
| | A | Pregnancy induced hypertension | B | Pre eclampsia | | |
| | D | Chronic renal disease | E | Gestational hypertension | | |
| 18 | In order to facilitate delivery, operative vaginal delivery involves application of forceps or vacuum extractor to the fetal head, to assist during second stage of labor. Which of the following is not considered an indication for operative vaginal delivery. Rh positivity has nothing to do with OVD | | | | C | Maternal exhaustion |
| | A | 2 nd stage of labour lasting 30 minutes in primigravida | B | Maternal cardiac dysfunction that contraindicates pushing | | |
| | D | Suspicion of fetal compromise. | E | Rh positive blood group | | |
| 19 | A 36 years old woman presents with fracture of the right humerus with minimal stress. On diagnostic workup, her serum calcium is 12 mg/dl (normal 9 to 11 mg/dl), PTH is 256 IU/L (normal 16 to 53). What is the most appropriate next step in the management of this patient? | | | | C | CT scan of the neck |
| | A | 4 gland parathyroidectomy | B | Bilateral neck exploration for enlarged parathyroid | | |
| | D | MRI of the neck | E | Technecium labelled Sestamibi scan | | |
| 20 | A 40 year woman complains of left flank pain for the last 2 months with occasional hematuria. She is otherwise afebrile. After workup her CT KUB shows a 22x24mm lower pole stone in left kidney. What is the best treatment to clear her stone in a single session? | | | | C | Pyelolithotomy |
| | A | Retrograde intrarenal surgery | B | Percutaneous nephrolithotomy | | |
| | D | Extracorporeal shock wave lithotripsy | E | Percutaneous nephrostomy | | |

Stone size >1.5 - 20 mm and specifically in lower pole so can't do ESWL, will do PCNL

- 21 A 28-year-old woman, 30 weeks pregnant, presents with mild abdominal pain and vaginal bleeding. She is found to have a blood pressure of 130/80 mmHg, a pulse of 90 beats per minute, and a respiratory rate of 16 breaths per minute. On examination, her abdomen is soft and nontender, and she has no uterine contractions. Fetal heart tones are present and reassuring. Which of the following is the most likely diagnosis?
- A Abruptio placentae B Oligohydromnia C Placenta previa
D Subchorionic hematoma E Uterine rupture
- 22 A 35 years old P5 was presented to the labour room in shock. She was delivered 3 hours back at home by a mid-wife. She has uterine inversion with placenta attached to the fundus. You have started the resuscitation. What would be your next step of management in this patient?
- A Manually replace the uterus first and then separate the placenta. B Manually separate the placenta first and then replace the uterus. C Perform laparotomy to replace the uterus
D Start oxytocin to help separate the placenta. E Use hydrostatic pressure to replace the uterus
- 23 A 65 years male patient presents with intermittent urine stream, sense of incomplete voiding and hesitancy. His urine examination report shows occasional leucocytes. Ultrasound shows a prostate of 45 gm with prevoid volume of 300 ml and post void volume of 150 ml. He is non diabetic and is using tamsulosin for the last 1 year. He is not willing to continue tamsulosin. His digital rectal exam shows normal firm prostate. PSA level is 2 ng/ml. What is the best treatment option for this patient?
- A Transvesical prostatectomy B Transurethral resection of prostate C Replace tamsulosin with prazosin
D Transurethral incision of prostate E Reassure and Observe
- 24 A 25 years old lady who delivered a healthy male baby has come to a well-baby clinic 40 days post-delivery and wants advice regarding breast feeding. You advise that Breast milk is deficient in which of the following?
- A Vitamin A B Vitamin B12 C Vitamin C
D Vitamin E E Vitamin K
- 25 A 29 years old primi gravida with a duration of gestation of 34 weeks presents with continuous fits, with a BP of 180/110 and proteinuria. For the control of fits in this patient, what could be the adequate dose of Mg SO₄?
- A 4 gm B 8 gm C 12 gm
D 16 gm E 20 gm
- 26 A 17 years old girl presented to the outpatient department complaining palpitations and five Kilogram weight loss in the last three months despite good appetite. She is also complaining gritty eyes and double vision. Her thyroid function tests shows:
TSH 0.001mU/L (Normal 0.3–4 mU/L) Free T3 4nmol/L (Normal 1.2–2.8 nmol/L)
Free T4 256nmol/L (Normal 77–155 nmol/L)
What is the next appropriate test to establish cause of her hyperthyroidism?
- A Antithyroid peroxidase antibodies B ESR and CRP C Ultrasound thyroid
D Thyroid receptor antibodies E Thyroglobulin levels
- 27 10- A 35 years old gentleman is diagnosed as diabetic recently. His weight is 115 Kg. He tells you that his wife sleeps in another room because his snoring keeps her awake. You noticed that his hands were large and he had hoarse voice during conversation. Which of the following would the nurse suspect as a possible cause of the patient's hyperglycemia?
- A Acromegaly B Cushings syndrome C Growth hormone deficiency
D Hypothyroidism E Type 2 Diabetes
- 28 A 23 year primigravida with 34 weeks of pregnancy, came with complaints of high blood pressure. On examination her BP 160/110 mm of Hg, proteinuria on clean catch specimen is 2+. Her cardiotocography was also done and was found to be normal. What will be your next step of management in this patient?
- A Do her obstetrical ultrasound and Doppler studies of umbilical artery. B Give her ante-natal steroids. C Give her prophylactic dose of magnesium sulphate.
D Increase her dose of antihypertensive. E Send her renal and liver function tests.
- 29 A 27 year old G4P3 is due for induction of labour for prolonged pregnancy. Her Bishop score is 5. What is the best choice of induction method in this patient?
- A Artificial Rupture of Membranes. B Mechanical methods C Misoprostol.
D Oxytocin. E Prostaglandin E2
- 30 A primipara patient 24 hours postnatal after an instrumental delivery has presented with mood changes, tearfulness, fatigue and poor sleep. What is the most likely diagnosis amongst the following?
- A Postpartum psychosis B Mania C Postpartum blues
D Postpartum depression E None of the above

31 A 27 year old G2P1 is 34 weeks pregnant. Her ultrasound report shows a single alive normal fetus with marked polyhydramnios. You are planning amniotic fluid reduction to relieve maternal symptoms. What is the serious side effect of the amnio-reduction?

- A Chorioamnionitis. B Cord prolapse C Fetal distress.
D Maternal sepsis. E Placental abruption.

32 A 7 years old girl presents with breathlessness, puffiness and no passage of urine since yesterday. On examination she is acidotic; her BP is on the 92nd centile. She has normal breath sounds, normal heart sounds, no visceromegaly and is well oriented in time and space. Her CBC is normal. An electrolyte shows Na 135mEq/l K 5.6mEq/l, PH 7.2 HCO₃ 10. On monitoring urine output; she has anuria. Absolute indications for renal replacement therapy in this child are in which of the following?

- A Acidosis B Anuria C Blood Pressure
D Edema E Electrolyte imbalance

33 A 25yr old primigravida at 37 weeks gestation presents in labour with rupture of membranes. A Fetal Heart Record tracing is category I. On examination, her cervix is 4cm dilated and 90% effaced with Presenting Part at -3. The presenting part is soft felt most likely to be fetal buttocks. An ultrasound examination revealed breech presentation with both arms flexed and knees extended. What should be next line of management?

- A Conservative management B Manage labour and watch for progress of labour C Emergency cearean section
D Give maternal steroids and weight 24 hours E Start on IV antibiotics and hydration+

34 An 18 years college student presented with shortness of breath on exertion and mild dry cough for last one month. Past history was insignificant. On examination, his pulse was 94/minutes, BP was 130/90mmHg, Temperature was 98.4F, he had mild oedema feet, mild periorbital puffiness, cardiac examination revealed loud S2, he has bilateral basal crepitation the intensity of which changed with cough. ESR was 40mm in first hour, urine showed 1+ proteinuria, 5-6 pus cells/HPF, 1-2 RBCs/HPF, 24 hours urine result is awaited. Serum albumen is 3gm%, Serum Cholesterol is 180mg%. Chest X-Rays was almost normal looking. Ultrasound showed mild ascites and Grade 1 fatty liver. What is the most probable diagnosis?

- A Acute Nephritic Syndrome B Nephrotic Syndrome C Cirrhosis liver with portal hypertension
D Congestive cardiac failure E Diabetic Nephropathy

35 A patient, who is a statistician by profession, presents with a lump in the right breast. While discussing the details of the diagnostic pathway, the discussion on triple assessment comes up. She inquires about the validity of the procedure. What is the positive predictive value of triple assessment?

- A More than 90% B More than 95% C More than 97%
D More than 98% E More than 99.9 %

36 A 35 years old woman undergoes uneventful thyroidectomy. On the first post-operative day, the patient complains of tingling sensation around her mouth and numbness in her limbs. What is the commonest reason for the fore mentioned complaints?

- A Haematoma formation in the neck B Injury of the trachea due to endotracheal tube insertion C Parathyroid glands injury
D Recurrent laryngeal nerve injury E Superior laryngeal nerve injury

37 A 30-year-old woman with a history of two previous cesarean sections is in labor. On admission, the obstetrician notes a previous low transverse incision. What is the most appropriate mode of delivery in this case?

- A Forcep delivery B Elective repeat cesarean section C Vacuum extraction
D Trial of labour E External cephalic version

38 A 20 years old lady, in her pre-conception visit, asks her gynaecologist about rubella infection, before being vaccinated against rubella. All following statements are true about Rubella infection except?

- A Features of congenital Rubella syndrome include sensorinewal deafness, congenital cataracts, blindness, encephalitis and endocrine problems B It is characterised with occipetal lymphadenopathy C Risk of congenital rubella infection increases with gestation
D Rubella infection is characterized by a febrile risk. E Vaccination against Rubella is contra indicated in pregnancy

39 A 3 years old boy with a diagnosed case of chronic renal failure due to vesico-uretic reflux presents with pallor and tachycardia. His ECG shows tall T waves and K is 7. His output is 4ml/kg /hour and S. Creatinine is 2mg/dl. For emergency management of hyperkalemia which of the following is required?

- A IV Normal Saline B IV Salbutamol C IV Dextrose Saline
D IV Ca Gluconate E IV Hydrocortisone

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| 40 | A 3 years old male child presented with constipation and bleeding per rectum for the last 1 month. On examination there is redness in perianal region and child is not allowing digital rectal examination. What can be the underlying cause for this presentation? | | | A |
| | A Anal fissure. | B Intussusception. | C Meckle's diverticulum | |
| | D Necrotizing enterocolitis. | E Rectal duplication | | |
| 41 | A 3 years old boy presents with vomiting, bloody diarrhea, stomach pain, fever, chills, and headache and is treated as dysentery. After 3 days he has a fit and shifted to ICU. On examination the child has a few petechiae; his BP is 120/80mmHg. He is puffy. His Complete blood count shows HB 8, TLC 7600, platelets 75000. Blood urea of 70, creatinine 4, Na 145, K 5.8. On monitoring in PICU his urine output hardly 10ml in 12 hours. What is the most probable diagnosis? | | | |
| | A Acute Tubular Necrosis | B Acute Glomerulonephritis | C Hemolytic Uremic Syndrome | |
| | D Nephrotic Syndrome | E Sepsis | | |
| 42 | A 31 year old lady has come to antenatal opd for her booking visit. According to NICE, which of the following is NOT a higher risk factor for developing pre-eclampsia? | | | |
| | A Systemic lupus erythematosus | B Chronic hypertension. | C Chronic kidney disease. | |
| | D Previous history of pre-eclampsia | E Thyroid disease. | | |
| 43 | A 30 years old lady with 32 weeks gestational amenorrhea presented with preterm labor. Which drug/drugs should be given for lung maturity in preterm baby? | | | Can cross placenta in it's active form |
| | A Inj. Prednisone | B Inj. Betamethasone | C In cortisone | |
| | D Inj. magnesium sulfate | E Inj. Vitamin K | | |
| 44 | A 35 years old women presented to accident and emergency in a state of shock. She has gestational amenorrhea of 2 months. She is complaining of left sided abdominal pain and vomiting. Upon examination she looks anxious and B.P =70/50, pulse 101 beats per minute. Per Abdominal examination revealed left sided abdominal tenderness and per vaginal brownish vaginal discharge. What is the most likely diagnosis? | | | |
| | A Placenta previa | B Placental abruption. | C Rupture ectopic pregnancy. | |
| | D Rupture uterus | E Threatened miscarriage | | |
| 45 | Twin to twin transfusion syndrome (TTS) results from abnormal placental vascular communication. The recipient twin becomes larger with hydramnios. While donor twin becomes smaller with oligohydramnios. This condition is diagnosed when estimated fetal weight discrepancy is more than which of the following percentage? | | | |
| | A 10% | B 25% | C 50% | |
| | D 75%5% | E 80% | | |
| 46 | A 65-year-old woman with a history of diabetes mellitus presents with a 1-day history of fever, nausea, and vomiting. She also reports a moderate amount of right flank pain. On physical examination, her temperature is 38°C (100.4°F), and she has mild tenderness in the right costovertebral angle. Urinalysis reveals pyuria and bacteriuria. Which of the following is the most likely diagnosis? | | | |
| | A Cystitis | B Pelvic inflammatory disease | C Pyelonephritis | |
| | D Urethritis | E Vaginal candidiasis | | |
| 47 | Epidural analgesia is a very effective method of pain relief for labouring patients. Its contraindication are fixed cardiac output of patient, history of allergy to local anesthetic, hypovolemia, coagulopathy and which one the following condition? | | | |
| | A Asthmatic patient | B Epileptic patient | C Patients on anti tuberculous medicines | |
| | D Patients on steroids | E Patients with thrombocytopenia | | |
| 48 | A 32 year old patient G2P1 with 34 weeks gestational amenorrhea presents to labour room with irregular uterine contractions. She has history of previous preterm delivery. On examination she has 2 contraction in 10 min of 20 seconds. On P/V exam os is 2.5 cm uneffaced high up presentation. To diagnose preterm labour the criterion include which one of the following? | | | |
| | A 3 contraction in 10 min | B Cervical os 3 cm or more | C Cervical effacement 80% | |
| | D Gestational age between 34 to 36+6 weeks | E All of the above | | |
| 49 | A 20 year old presents with a 2 cm mobile lump in the upper outer quadrant of the left breast. Her grandmother had breast cancer at the age of 60 years. What is the first investigation that should be done in this patient? | | | |
| | A Bilateral breast MRI | B Bilateral mammogram | C BRCA 1 and 2 testing | |
| | D Fine needle aspiration | E Ultrasound of the breasts | | |
| 50 | A 12-year-old boy was diagnosed with post streptococcal glomerulonephritis based on clinical presentation and laboratory findings. What is the most appropriate initial management for this patient? | | | |
| | A Diuretics | B High-dose corticosteroids | C Intravenous immunoglobulin (IVIG) | |
| | D Penicillin | E Plasmapheresis | | |

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| 51 | A 22-year-old male complains of testicular pain. He is giving history of pain and swelling under both jaws previously. On examination, the testicles are tender and swollen. What is the most likely diagnosis? | | | C | Testicular cancer |
| | A | Epididymo-orchitis | B | Hydrocele | |
| | D | Testicular torsion | E | Varicocele | |
| 52 | A 35-year-old woman, G3P2, presents at 32 weeks of gestation with a history of gestational diabetes mellitus (GDM) in her previous pregnancy. She is currently diet-controlled and has no other medical conditions. Her blood pressure is 135/85 mmHg and her urine dipstick is negative for protein. Her abdominal ultrasound shows a fetal weight of 3.5 kg. Which of the following is the most likely diagnosis for this patient? | | | C | Placental abruption |
| | A | Gestational hypertension | B | Preeclampsia | |
| | D | Preterm rupture of membranes (PROM) | E | Intrauterine growth restriction (IUGR) | |
| 53 | A 23 years old lady undergoes emergency c section at 38 weeks pregnancy due to malpresentation resulting in obstructed labour. The measurement of Brow presentation is which of the following? | | | C | 13cm |
| | A | 11cm | B | 12cm | |
| | D | 6cm | E | 9.5cm | |
| 54 | A 45 years old type2 diabetic has been started on Victoza (GLP 1 Analogue) to control his sugar and reduce his weight. He presented to the accident and emergency department with severe epigastric pain. He has had his ECG and troponin done which are normal. What is the next appropriate test you would like to do? | | | B | Serum amylase levels |
| | A | CT aortogram to rule out aortic dissection | C | Serum lactate levels | |
| | D | Ultrasound abdomen | E | X-rays erect abdomen to rule out bowel perforation | |
| 55 | Spinal Anesthesia is an effective foam of local anesthesia for pelvic surgeries. The local anesthetic is instilled via a spinal needle in which of the following area? | | | C | Ntrathecal instillation |
| | A | Epidural space | B | Extra dural space | |
| | D | Para spinal region | E | Sub arachnoid space | |
| 56 | A 55-year-old male presents with difficulty urinating, frequent nighttime urination, and a weak urinary stream. On examination, you note an enlarged prostate. What is the first-line pharmacotherapy for this patient? | | | B | Alpha-1 blockers |
| | A | 5-alpha reductase inhibitors | C | Antimuscarinic agents | |
| | D | Observation and follow up | E | Phosphodiesterase-5 inhibitors | |
| 57 | A 35-year-old woman with a history of chronic antacid use for gastroesophageal reflux presents with muscle twitching and numbness. Arterial blood gas analysis reveals an increased pH and increased bicarbonate (HCO3) levels. What is the most likely acid-base disorder? | | | B | Metabolic alkalosis |
| | A | Metabolic acidosis | C | Respiratory acidosis | |
| | D | Respiratory alkalosis | E | Mixed acid-base disorder | |
| 58 | A 35-year-old man presents with fatigue, joint pain, and dark urine for one week. Laboratory tests show elevated creatinine and blood urea nitrogen (BUN). Urinalysis reveals red cell casts and dysmorphic red blood cells. What is the most likely diagnosis? | | | C | Alport syndrome |
| | A | Acute glomerulonephritis | B | Acute interstitial nephritis | |
| | D | Focal segmental glomerulosclerosis (FSGS) | E | Minimal change disease | |
| 59 | A 35-year-old woman is admitted with ethylene glycol toxicity after ingesting a substantial amount of antifreeze. Despite supportive care, her anion gap metabolic acidosis persists. What is the most appropriate intervention? | | | C | Administer intravenous ethanol |
| | A | Administer activated charcoal | B | Administer fomepizole | |
| | D | Initiate peritoneal dialysis | E | Start hemodialysis | |
| 60 | A 46- year- old man was referred to the endocrine team for further assessment of his symptoms of fatigue, malaise, and weight loss. He had a background history of cirrhosis, with portal hypertension due to alcoholic liver disease. On examination, he looked cachectic and had peripheral stigmata of liver failure. Investigations: Albumin 18 g/L (30-50) Alkaline phosphatase (ALP) 275 (50-125) Alanine transaminase (ALT) 142 (5-58) Bilirubin 2.1 0-hour cortisol 155nmol/l 30-minute cortisol (post-ACTH) 396nmol/l (>500) Which one of the following is the most appropriate next step in his further management? | | | C | Repeat short synacthen test in 1 week |
| | A | Measure 21 α-hydroxylase antibodies | B | Measure salivary cortisol after ACTH | |
| | D | Start hydrocortisone | E | Start hydrocortisone and fludrocortisone | |

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| 61 | 5 Year male Child presented to a Pediatrician with Complain of peri orbital puffiness, red urine and hypertension. He also had throat infection 2 weeks back. A diagnosis of PSGN (Post streptococcal Glomerulonephritis) was made. Which of the following does not fit in the picture of Acute PSGN? | | | | | A |
| | A | Gross Hematuria may persist for 1 to 2 yrs | B | Hypertension subsides within 2-3 wks | C | Excellent prognosis in childhood |
| | D | Prolonged hypocomplementemia > 2 m is indication for renal biopsy | E | Some may present with congestive cardiac Failure | | |
| 62 | A 6 months old female infant with delayed passage of meconium (on 3rd day of life), has abdominal distension and non-bilious vomiting. What is the investigation of choice? | | | | | |
| | A | Plain X-ray abdomen. | B | Barium Enema | C | Anorectal manometry. |
| | D | Barium meal and follow through. | E | Rectal biopsy. | | |
| 63 | 4- A 60 years old gentleman who had pituitary surgery for nonfunctioning adenoma 2 years back. Post-surgery he had hypopituitarism and was started on thyroxin, steroids and testosterone replacement. He is currently taking thyroxin 100 microgram daily, Inj Testosterone 250mg I/M every three week and Hydrocortisone 10mg morning, 10 mg lunch time and 5 mg in the afternoon. He came for follow up and his blood tests are as under: CBC normal with normal PCV PSA normal Lipid profile Normal Electrolytes Normal TSH 0.02mU/L (Normal 0.3-4 mU/L) Testosterone 25nmol/L (Normal 10 to 35 nmol/L) Cortisol 450 nmol/L (Normal 140 to 690 nmol/L) What is the next appropriate step? | | | | | |
| | A | Check free T4 and free T3 levels | B | Reduce thyroxin level to 50 microgram daily | C | Recheck TSH in six weeks time |
| | D | Stop thyroxin | E | Stop thyroxin and start tri iodothyronin | | |
| 64 | A 50-year-old man is admitted with severe vomiting and diarrhea. He has been losing large amounts of fluids for the past two days. Laboratory tests reveal hypernatremia. What is the most appropriate initial management? | | | | | |
| | A | Administer diuretics | B | Administer hypertonic saline | C | Administer vasopressin |
| | D | Infuse isotonic saline | E | Restrict fluid intake | | |
| 65 | A 45 years old woman is diagnosed with left breast invasive carcinoma on triple assessment. On examination, she has 4x5 cm mass in left upper quadrant of her left breast with fixity to the skin. She has two mobile lymph nodes in the left axilla. Her CT chest, abdomen and pelvis, apart from the findings above, is completely normal. What is the stage of the disease? | | | | | |
| | A | T1, N1, M0 | B | T2, N1, M0 | C | T3, N1, M0 |
| | D | T4, N1, M0 | E | T4, N1, M1 | | |
| 66 | What is the most common cause of maternal mortality in Pakistan? | | | | | |
| | A | Toxemia in pregnancy | B | Infection | C | Post-partum haemorrhage |
| | D | Road accidents | E | Thromboembolism | | |
| 67 | A 55-year-old man with chronic kidney disease presents with lethargy, confusion, and deep rapid breathing. Arterial blood gas analysis reveals a decreased bicarbonate (HCO ₃) level. What is the most likely acid-base disorder? | | | | | |
| | A | Metabolic acidosis | B | Metabolic alkalosis | C | Respiratory acidosis |
| | D | Respiratory alkalosis | E | Mixed acid-base disorder | | |
| 68 | A 29 years old women G2P1, 14 weeks period of gestation presented with painless genital ulcer with generalized maculopapular rash. Her 1st pregnancy ended up in still birth of the baby. What is the most probable diagnosis? | | | | | |
| | A | CMV infection. | B | Genital warts | C | Herpes simplex |
| | D | Rubella infection. | E | Syphilis | | |
| 69 | A 25-year-old man is brought to the emergency room with nausea, vomiting, and abdominal pain. He was at a party and consumed homemade alcohol. Physical examination reveals optic disc hyperemia and visual disturbances. What is the most likely diagnosis? | | | | | |
| | A | Acetaminophen overdose | B | Benzodiazepine toxicity | C | Ethanol toxicity |
| | D | Isopropanol poisoning | E | Methanol poisoning | | |
| 70 | Regarding gestational Diabetes Mellitus all are true EXCEPT which of the following? | | | | | |
| | A | Insulin resistance decrease with maturation of fetus | B | Testing is done with 50grams of glucose at 24-28 weeks | C | Glycemia is controlled with diet modification as first line |
| | D | Oral glucose tolerance test is diagnostic | E | Obesity is a risk factor | | |
| 71 | A 53 years old man undergoes a total thyroidectomy for multinodular goitre. His recovery from the anaesthesia is uneventful and is maintaining spontaneous respiration. In the ward, he develops difficulty in breathing and stridor. What is the reason for his condition? | | | | | |
| | A | Bilateral recurrent laryngeal nerve injury | B | Hypocalcemia due to parathyroid glands injury | C | Reactionary hemorrhage with hematoma formation |
| | D | Tracheal injury during surgery | E | Unilateral recurrent laryngeal nerve injury | | |

Hirschsprung ds

| | | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---|----------------------------------------------------------|-------------------------------------------------------------------|
| 72 | In normal labour, the uterine contractions are strongest in intensity in which of the following stage? | | | C | 3rd stage of labour |
| | A | Latent phase of stage | B | 2nd stage of labour | |
| | D | Active stage of labour | E | in all stages | |
| 73 | A 27 years old lady has a history of deep venous thrombosis in the current pregnancy and is on injection heparin. If delivery occurs unexpectedly while the patient is on Heparin and excessive bleeding occurs what is the appropriate initial intervention? | | | C | Administration of tranexemic acid |
| | A | Administration of Protamine sulphate | B | Administration of Vitamin K | |
| | D | Ligation of hypogastric arteries. | E | Infusion of FFPs | |
| 74 | A two years boy is brought to the OPD with complaints of facial puffiness and generalized body swelling for last 3 days. He was alright before that. He is afebrile with puffy face, and having pitting pedal edema, ascites and scrotal wall edema. His respiratory rate is 30/minute with no hepatomegaly. His BP is within normal limit. What first investigation you will advise? | | | C | CXR |
| | A | Liver Functions Test | B | Echocardiography | |
| | D | U/S Abdomen | E | Urine R/E | |
| 75 | You have been called to labour room in emergency to deliver a patient who had shoulder dystocia presentation. What would be your next step of management? | | | C | Call for help |
| | A | Give her wide episiotomy to facilitate the delivery of the fetus | B | Put patient in MacRoberts position | |
| | D | Apply supra-pubic pressure | E | Perform rotatory maneuvers | |
| 76 | A 34 years old woman presents with painless lump in the right side of the neck. Ultrasound of the neck shows 3x3 cm lump in the right thyroid lobe. Her thyroid function tests (T3, T4, TSH) are normal. What is the next investigation in the diagnostic workup of the patient? | | | C | Fine needle aspiration cytology |
| | A | CT scan of neck | B | Estimation of serum thyroglobulin | |
| | D | PET CT for detection of metastatic disease | E | Radioisotope scan of the thyroid | |
| 77 | A 45-year-old man presents with sudden-onset oliguria, hematuria, and hypertension. Laboratory tests reveal elevated serum creatinine and decreased complement levels. Kidney biopsy shows diffuse proliferative glomerulonephritis. What is the most likely diagnosis? | | | C | IgA nephropathy (Berger's disease) |
| | A | Alport syndrome | B | Goodpasture's syndrome | |
| | D | Membranoproliferative | E | Wegener's granulomatosis | |
| 78 | A primigravida at 38 weeks gestation presents with severe headache, visual disturbances, and epigastric pain. On examination, her blood pressure is 160/100 mmHg. What is the most appropriate initial management? | | | C | Administer labetalol |
| | A | Administer magnesium sulfate | B | Induce labor | |
| | D | Order a 24-hour urine protein collection | E | Perform a non-stress test | |
| 79 | A 65 years old woman presents with foul smelling discharge from a long standing wound on left heel. Examination reveals that the left foot is swollen, red and tender. Capillary refill in the toes is good. X-ray of the foot shows osteomyelitis in all metatarsal bones and in calcaneum as well. What is the most appropriate next step in the management? | | | C | Broad spectrum antibiotics treatment and control of blood glucose |
| | A | Above knee amputation of the left leg | B | Amputation of left leg at below knee level | |
| | D | Extensive debridement of the foot and broad spectrum antibiotics | E | Transmetatarsal amputation of the left foot | |
| 80 | A 45-year-old man presents with acute nephritic syndrome characterized by hematuria, proteinuria, and hypertension. Initial laboratory tests show reduced serum complement levels. What is the most appropriate next step in the management of this patient? | | | C | Initiate empiric antibiotic therapy |
| | A | Administer corticosteroids | B | Dialysis | |
| | D | Perform a renal biopsy | E | Prescribe angiotensin-converting enzyme (ACE) inhibitors | |
| 81 | A 10 year old child with a history of repeated UTI presents with fits. On examination he is pale, Bp is on 97 th centile. Chest is clinically clear, normal heart sounds, no visceromegaly. His full blood count shows an Hb of 8. Na 124meq/l k 4.6 meq/l. Calcium 7, alkaline phosphatase 863, phosphorus 5 and S. creatinine 3.6. His ultrasound shows increased renal echogenicity with loss of cortico-medullary differentiation. What is the urgent management requirement of this child? | | | C | Phosphate Binders |
| | A | Erythropoietin | B | Anti-Hypertensive drugs | |
| | D | Transfuse Blood | E | Vitamin D Supplementation | |

82 A 36 years old G5P4 is 16 weeks pregnant. Her BMI is 35 kg/unit. She is nonsmoker and Normotensive with as family history of hypertension. What would you do to prevent thromboembolism in this patient?

| | | | | | | |
|---|----------------------------------------------|---|-----------------------------------------------------------------------|---|--------------------------------------------------|---|
| A | You will advise her to have plenty of water. | B | You will start her thromboprophylaxis from now onwards till delivery. | C | You will start thromboprophylaxis from 28 weeks. | A |
| D | She does not need any thromboprophylaxis. | E | You will give thromboprophylaxis only for 7 days in postnatal period. | | | |

83 A 4 years old girl with four days history of fever, tachypnoea and lethargy presented to emergency department with coma. On examination she has a GCS of 7/15, 10% dehydrated, the rest of her systemic examination is unremarkable. Her investigation showed a normal blood picture, hyperglycemia (blood glucose 500 mg/dl), normal electrolytes. Urine for ketone bodies are positive and Venous pH is 7.1 or bicarbonate is 10 mmol/l. What would be the biochemical criteria for the diagnosis of DKA in this patient?

| | | | | | |
|---|-------------------------------------|---|-----------------------------------|---|----------------------------|
| A | Coma, Ketone Bodies and Bicarbonate | B | Coma, PH and Ketone Bodies. | C | Hyperglycemia, PH and Coma |
| D | Hyperglycemia, PH and Ketone Bodies | E | PH, Bicarbonate and Ketone Bodies | | |

84 A 40 years old grand multi para women having delivered 1 hour ago fainted and had a B.P of 70/50 mmHg, pulse 105 beats per minute. On P/V, she is passing heavy blood clots. She was diagnosed as a case of PPH. What is most common cause of PPH?

| | | | | | |
|---|----------------|---|-------------------|---|----------------|
| A | Uterine atony. | B | Bleeding disorder | C | Endometriosis. |
| D | RPOC | E | Trauma | | |

4Ts

85 A 35 years school teacher presented to A&E department with oedema feet and shortness of breath for last three weeks. Except mild upper respiratory infection two months ago, the past history was insignificant. On examination, her pulse was 88/minutes, BP was 130/80mmHg, and temperature was 98.4F. She had moderate pedal oedema extending to distal legs and periorbital puffiness. ESR was normal, random blood glucose 199mg%, Chest X-Rays showed bilateral mild pleural effusion, urine routine examination showed proteinuria, 24 hours urine protein result is awaited. Ultrasound showed mild ascites. Serum albumen was 2.4gm%, serum cholesterol was 220mg%. What is the most probable diagnosis?

| | | | | | |
|---|----------------------------|---|----------------------|---|------------------------------------------|
| A | Acute Nephritic Syndrome | B | Nephrotic Syndrome | C | Cirrhosis liver with portal hypertension |
| D | Congestive cardiac failure | E | Diabetic Nephropathy | | |

86 A 25-year-old male with a history of mumps infection presents with testicular pain and swelling. What is the most likely diagnosis?

| | | | | | |
|---|--------------------|---|--------------|---|-------------------|
| A | Testicular torsion | B | Epididymitis | C | Testicular cancer |
| D | Hydrocele | E | Orchitis | | |

87 A 35-year-old man is diagnosed with rapidly progressive glomerulonephritis and has evidence of anti-glomerular basement membrane (anti-GBM) antibodies. Despite corticosteroid therapy, his renal function continues to decline. What is the most appropriate next intervention?

| | | | | | |
|---|-------------------------|---|-----------------------------|---|--------------------------------------|
| A | Administer diuretics | B | Discontinue all medications | C | Increase the dose of corticosteroids |
| D | Initiate plasmapheresis | E | Perform a kidney biopsy | | |

88 A patient presents for routine ANC visit at 24 weeks pregnancy. Her pregnancy has been uncomplicated so far. Her BMI is 25. Her lab tests are normal including a 75 mg OGTT. Her fundal height corresponds to 28 weeks' gestation. A Bedside US shows AFI of 30. Which one of the following is NOT a possibility?

| | | | | | |
|---|------------------|---|----------------------|---|--------------------------------|
| A | Renal Agenesis | B | Gestational Diabetes | C | Anencephaly |
| D | Duodenal Atresia | E | Type 2 diabetes | | Other options,, polyhydramnios |

89 A 28-year-old pregnant woman presents at 38 weeks gestation with severe hypertension, proteinuria, and edema. Which of the following is the most appropriate initial management?

| | | | | | |
|---|--------------------|---|-----------------------------------------|---|--------------------------|
| A | Induction of labor | B | Antihypertensive therapy | C | Observation and bed rest |
| D | Cesarean section | E | Serial ultrasounds for fetal well-being | | |

90 A 30-year-old man presents with hematuria and flank pain following a recent upper respiratory infection. Laboratory tests show elevated serum creatinine and the presence of red blood cell casts in the urine. What is the most likely diagnosis?

| | | | | | |
|---|------------------------------------|---|--------------------|---|------------------------|
| A | Focal segmental glomerulosclerosis | B | IgA nephropathy | C | Membranous nephropathy |
| D | Minimal change disease | E | Nephrotic syndrome | | |

91 A 65-year-old man with chronic obstructive pulmonary disease (COPD) presents with shortness of breath and is found to be hyperventilating. Arterial blood gas analysis shows an increased pH and decreased carbon dioxide (CO2) levels. What is the most likely acid-base disorder?

| | | | | | |
|---|-----------------------|---|--------------------------|---|----------------------|
| A | Metabolic acidosis | B | Metabolic alkalosis | C | Respiratory acidosis |
| D | Respiratory alkalosis | E | Mixed acid-base disorder | | |

Hyperventilation,,, excess CO2 clearance,,, ph inc,, resp alkalosis

| | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---|--------------------------------------------------------------|------------------------------------------------------------|
| 92 | A 29 years old lady G3P2 is 36 weeks pregnant. She has presented to labour room with ante-partum haemorrhage. Her ultrasound report shows type IV placenta praevia. Her blood pressure is 100/60 mm of Hg and her pulse is 110 beats/min. What is your next step of management? | | | | |
| | A | Give her ante-natal steroids to enhance fetal lung maturity. | B | Give her tocolytic therapy to buy time for steroids to work. | C Maintain her vital records and keep her for observation. |
| | D | Shift her for caesarean section. | E | Transfuse her 1 unit of blood. | |
| 93 | A 35 year old woman delivered a male baby vaginally under the supervision of an LHV two hours ago, presents to emergency in shock. Which of the following is not a likely finding in a woman with uterine inversion? | | | | |
| | A | Fundus not palpable | B | Hemorrhage | C Lower abdominal pain |
| | D | Mass in vagina | E | Well contracted uterus | |
| 94 | A 50-year-old man is brought to the emergency room after ingesting a toxic substance. Laboratory tests reveal severe metabolic acidosis and acute kidney injury. What is the most likely toxic exposure? | | | | |
| | A | Benzodiazepines | B | Ethanol | C Ethylene Glycol |
| | D | Methanol | E | Nonsteroidal anti-inflammatory drugs (NSAIDs) | |
| 95 | A 55-year-old man is evaluated for a recent diagnosis of primary hyperparathyroidism after an elevated serum calcium (serum calcium 12mg/dl) level was incidentally detected on laboratory testing. On physical examination, temperature is 35.8 °C (96.4 °F), blood pressure is 120/68 mm Hg, pulse rate is 62/min, and respiration rate is 14/min. BMI is 32. The remainder of his examination is unremarkable. DEXA scan shows: T-scores of -2.5 in the right femoral neck, -1.5 in the lumbar spine, and -1.4 in the non-dominant forearm. His urea 70mg/dL (Normal 12 to 55 mg/dL) and creatinine 3 mg/dl (0.7 to 1.3 mg/dL) Which of the following is the most appropriate management of this patient? | | | | |
| | A | Refer for parathyroidectomy | B | Start alendronate | C Start calcitonin |
| | D | Start cinacalcet | E | Start Calcium supplements | |
| 96 | A 33 year old patient G2P1 at 18weeks gestational amenorrhea present for routine antenatal care. She has history of previous preterm labour at 32 weeks. She is currently receiving vaginal progesterone suppositories daily. TVS demonstrate cervical length of 24mm. She denies painful contraction, leaking of fluid or vaginal bleed. Which of following is the most appropriate next step in management? | | | | |
| | A | Place patient on bedrest | B | Perform cervical cerclage | C Start the patient on tocolytics |
| | D | Weekly antenatal visits follow up | E | Tocolysis and steroids at 30 weeks | |
| 97 | A 6-week-old girl presents with lethargy, difficulty feeding, and hypotonia. Her parents report that she was healthy and did not have any apparent symptoms at birth. This is her first time seeing a doctor. On examination, she appeared jaundiced and had a large tongue that is protruding. Neonatal screening revealed hypothyroidism. The most common cause of congenital hypothyroidism is which one of the following? | | | | |
| | A | Ectopic Thyroid | B | Thyroid Agenesis | C Thyroid Dysgenesis |
| | D | Thyroid Hypoplasia | E | Transient Hypothyroidism | Pervaiz akbar |
| 98 | A 23 years old G7P6 is in 35 weeks of her pregnancy. She came to accident and emergency department with cord prolapse. On examination, you find cord pulsations and you have confirmed fetal heart sounds. What is your next step of management? | | | | |
| | A | Do Cardiotocography . | B | Give antenatal steroids. | C Give her oxygen. |
| | D | Minimize compression on the cord while shifting for Caesarean Section | E | Shift her for caesarean section | |
| 99 | A 60-year-old male complains of urgency, frequency, and nocturia. His urinalysis shows pyuria, and urine culture is positive for Escherichia coli. What is the first-line antibiotic choice for uncomplicated urinary tract infection in men? | | | | |
| | A | Amoxicillin | B | Ciprofloxacin | C Nitrofurantoin |
| | D | Sulbactam penicillin | E | piperacillin Tazobactam | |
| 100 | What would be the Prerequisite of artificial rupture of membranes in full term pregnant women not going in labour? | | | | |
| | A | Blood pressure of the patient should be controlled. | B | Fetal weight should be less than 4 kg. | C Fetus should be in vertex presentation. |
| | D | Gestational age should be confirmed. | E | Head should be fixed in pelvis. | |
| 101 | A 23 years old primigravida has been in labour for 5 hours. On pelvic examination, the fetal head is above the pelvic brim. The most favorable pelvis type for Normal Vaginal Delivery is which of the following? | | | | |
| | A | Platypelloid pelvis | B | Android pelvis | C Anthropoid pelvis |
| | D | Gynecoid pelvis | E | Ovoid pelvis | |

toxoplasmosis is caused by Eating undercooked meat, contact with contaminated cat's feces, touching a stray cat.

102 Eating uncooked meat and unpasteurized milk by pregnant ladies can result in infection due to which one of the following? **A**

- | | | | | | |
|---|----------------|---|------------|---|---------------|
| A | Campylobacter | B | Salmonella | C | Toxoplasmosis |
| D | Vibrio Cholera | E | Yersinia | | |

103 A 45 years old gentleman with Type 2DM for the last three years presented with bilateral knee pain for the last six months but getting worst over the last couple of weeks. He has strong family history of IHD BMI 44 BP 150/85mmHg HbA1C 11% despite of triple regimen antidiabetic Cholesterol 280, HDL 20 What would you like to suggest?

- | | | | | | |
|---|-------------------|---|----------------------|---|----------------|
| A | Bariatric Surgery | B | B- Diet and exercise | C | GLP-1 analogue |
| D | Insulin | E | Orlistat | | |

104 A 45-year-old woman is admitted with rhabdomyolysis following intense physical exercise. Laboratory tests show elevated creatine kinase levels and acute kidney injury. What is the most likely cause of her acute kidney injury?

- | | | | | | |
|---|------------------------------|---|-----------------------|---|----------------------|
| A | Acute tubular necrosis (ATN) | B | Glomerulonephritis | C | Obstructive uropathy |
| D | Prerenal azotemia | E | Renal artery stenosis | | |

step up page 268,269

105 A 19 year old primigravida patient at term presents to labour room reporting irregular contraction and rupture of membranes 21 hours prior to arrival. She is afebrile and CTG is reactive with mild variable decelerations. Which is most common method to confirm rupture of membranes?

- | | | | | | |
|---|--------------------|---|---------------------------------------|---|----------------|
| A | Coomb's test | B | Ferning test | C | Nitrazine test |
| D | Pelvic examination | E | Vaginal pooling of liquor on speculum | | |

106 A 40 years old lady who is a known case of rheumatoid arthritis and has been on steroids for the last two years. She has developed cushingoid features. She is vomiting for the last 2 days and is brought to the accident and emergency department for treatment. She is afebrile and physical examination is unremarkable except moderate dehydration. What can be the immediate clinical diagnosis in this patient to explain the current features?

- | | | | | | |
|---|------------------------------------|---|------------------------------|---|--------------------|
| A | Acute Adrenocortical insufficiency | B | Acute intestinal obstruction | C | Cushing's syndrome |
| D | Acute pancreatitis | E | Steroid induced psychosis | | |

step up page 202

107 A 20 year old lady presents at your clinic with an ultrasound scan showing breech presentation at 38 weeks pregnancy. What is the incidence of breech at term?

- | | | | | | |
|---|-------|---|-------|---|------|
| A | 0.05 | B | 0.1 | C | 0.12 |
| D | 3-4 % | E | 7-8 % | | |

irfan masood page 345

108 A 25 years old lady was diagnosed with secondary syphilis in the 2nd trimester of pregnancy, is concerned about the outcome of her pregnancy and wants baby to be delivered at full term and healthy. Which of the following drug improves the outcome in this case?

- | | | | | | |
|---|----------------|---|-------------------------|---|----------------|
| A | Azithromycin | B | Benzathine Penicilline. | C | Cephalosporins |
| D | Ciprofloxacin. | E | Meronem. | | |

irfan masood page 274

109 A patient presented with 8 months gestational amenorrhea presented to the labor room with complaints of epigastric pain, blurring of vision and headache. On examination, her GCS is 15/15, BP= 160/100mmHg, pulse 98/min, which of the following drug of choice you will give to prevent fits?

- | | | | | | |
|---|-------------|---|------------|---|------------|
| A | Hydralazine | B | Labetolol | C | Methyldopa |
| D | Mgso4 | E | Nifedipine | | |

110 A 20 years old girl, who has previously tried weight loss with little success, has recently been losing weight and she seems very happy about that. Her mother is hypothyroid and on thyroxin. She is worried that her daughter might be taking her thyroxin tablets secretly as she ran out of her tablets too quickly. The thyroid function tests of the patient are as under:

TSH 0.001mU/L (Normal 0.3-4 mU/L) Free T3 5nmol/L (Normal 1.2-2.8 nmol/L)

Free T4 270nmol/L (Normal 77-155 nmol/L)

What is the best way to find out that the girl is taking external thyroxin?

- | | | | | | |
|---|----------------------|---|-----------------------------------------------|---|-------------------------|
| A | Secretly observe her | B | Serial thyroid hormones levels during the day | C | Thyroid auto antibodies |
| D | Thyroglobulin levels | E | Thyroid Ultrasound | | |

111 A 30-year-old male complains of sudden severe testicular pain and swelling. On examination, the affected testicle is tender and elevated. What is the most likely diagnosis?

- | | | | | | |
|---|--------------------|---|------------|---|----------------------------|
| A | Epididymitis | B | Hydrocele | C | obstructed inguinal hernia |
| D | Testicular torsion | E | Varicocele | | |

step up page 301,,

In Testicular torsion, effected testis will be placed at higher level, known as DEMING sign

Chorioamnionitis

- 112 A 28 year old G2P1 with 37 weeks Gestational amenorrhea presents to labour room with history of PV leak for the last 24 hours. On examination she has temp 100F, pulse 101, with positive uterine tenderness. On PV examination external os is closed uneffaced high up presentation. On scan reveals mild oligohydramnios. Which should be the definitive management?
- A Antibiotics then Induction of labour B Conservative treatment with antibiotics C Antibiotics and Emergency cesarean section D Awaits spontaneous delivery E Antenatal corticosteroids
- 113 A 30 years old G3P2 is 32 weeks pregnant. She gives history of oligohydramnios in previous pregnancy. What is the best method to measure the amount of amniotic fluid?
- A Measure amniotic fluid index B Measure deepest vertical pool of the amniotic fluid containing fetal parts. C Measure deepest vertical pool of the amniotic fluid devoid of fetal parts. D Measure symphysio-fundal height of the patient. E Perform 2-D obstetrical ultrasound.
- 114 A 10 years old boy accompanied by his parent come to your OPD, with the complaint that his parents think that his height is static. He is not a severe short stature on standard deviation score. He is just below his target height. His bone age is 8 years. His father gives a history of delayed puberty. On follow up after 6 months his height increases by 6 cm. What is the most probable diagnosis?
- A Celiac Disease B Constitutional Delay C Familial Short Stature D Growth Hormone Deficiency E Hypothyroidism
- 115 A 30 years old diabetic pregnant lady presented to OPD. She is complaining of vaginal itching and curdy white thick discharge. The most likely diagnosis is which of the following?
- A Bacterial vaginosis B Candidiasis C Trichomoniasis D syphilis E Gonorrhea
- 116 A 30 years old lady attends the outpatient department complaining hair on her face, chest and back. She has irregular cycles for the past one year. She also complains of easy bruising and poor wound healing. Cushing syndrome is suspected and 24 hours urine cortisol is sent. She comes back to the OPD with the results but unfortunately the results are indeterminate. Which of the following studies is most likely to confirm a diagnosis in this patient?
- A ACTH levels B CT scan Abdomen C Midnight serum cortisol D MRI pituitary E Random serum cortisol
- 117 A G3P2, 28 years old woman with a suspected urinary tract infection presented to a gynaecologist. What is the first line investigation?
- A Clear void midstream urine for culture and sensitivity B Urine sample collected after Catheterization C 24 hour urine collection for culture and sensitivity D First morning void urine sample for culture and sensitivity E Ultrasound pelvis
- 118 A 25 years old lady, delivered an alive male baby 3 days back after a prolonged labour now presents with fever of 102 F, pulse 106/min, respiratory rate 28/min. her labs show blood glucose level of 220 mg/dl. TLC is 21,000. She is suspected to be a case of urinary tract infection. Which of the following organism is most commonly involved in the condition of this patient?
- A Bacteroids fragilis B E. coli C Proteus mirabilis D Staphylococcus aureus E Streptococci
- 119 A 30-year-old man with a history of type 1 diabetes presents with severe hyperkalemia (serum potassium level of 7.5 mEq/L), refractory to medical management. Despite insulin and potassium-binding resins, his condition does not improve. What is the most appropriate next step?
- A Administer sodium bicarbonate B Continue medical management C Initiate peritoneal dialysis D IV fluids E Start hemodialysis
- 120 A 40-year-old woman presents with sudden onset of severe central chest pain and syncope. A point of care ultrasound shows dilatation of the aortic root. Which of the following are associated with aortic dissection?
- A Acromegaly B Cushings syndrome C Marfan's syndrome D Polycystic ovary syndrome E Tetralogy of Fallot

Davidson
682

MEDICAL COLLEGE
HAWAR

Date

Roll Number

INSTRUCTIONS

- Circle with Blue or ball pen.
Fold over the response sheet back along with MCQ question paper after completing section 1.
3. Do not staple or fold MCQ response sheet.
4. Do not use any other color to mark circle.