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KHYBER MEDICAL COLLEGE PESHAWAR (EXAMINATION SECTION)
INTERNAL EVALUATION EXAMINATION
BLOCK- (Q)
FINAL YEAR MBBS (Held on 28-Nov-2024)

Time Allowed: 120 Minutes

Max Marks: 120

Not-	
ore:	Attempt ALL MACOL

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e: 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 sheet or is tempered by the student (ii) The roll number is not written on the said paper

	1	A 33)	edis old man undergoes a	roversal	of a least salasta and M		
		readm	nitted 10 days later with s	ymptoms	of a loop colostomy. He recovers we of vomiting and colicky abdominal tender. Clinically diagnosis of inter-	ell and	is discharged home. He is
		swellii	ng of the loop colostomy sit	o mudici-	the first the control abdominio	pain.	On examination he has a
		A	Anathra Show air fluid leve	els. What i	is the most likely underlying diagno	sis?	struction was made. X-ray
	-	D	- Can	1 13	Anastomotic stricture	Ha	nematoma
	2		Intra-abdominal adhesic	ons	E Obstr	THE RESERVE OF THE PERSON NAMED IN	
		rectum	and sigmoid colon with	ith adeno			
	-	the pro	cedure?		carcinoma upper rectum undergoe sis between distal left colon and r	ectal st	ump. What is the name of
	-	A	Abdominoperineal Rese	ction			
	3	D 0 20 vo	Sigmoid colectomy	E	6 1		artman's Procedure
		for the	last 3 months His pulse	to casualt	y department with shortness of breatin, and BP was 120/80. His respire	th, palp	itation, tremors and sweeting
		unremar	kable. ECG. CHEST X - Ray w	as 110/m	y department with shortness of breating. and BP was 120/80. His respirthing normal range, What will be your	atory a	nd cardiac examination were
		A Cogr	nitive behaviour therapy	B	- Ber sauge sau De Anni	TIEXT STE	on of managements
L		D	Repeat FCG	E	Metanephrine levels C Prog Thyroid function tests	ressive	muscle relaxation exercises
	4	A 44 yea	r old alcoholic presents w	ith nainle	es jaundico Ha harde de la color		
1		and he h	as dark urine. What is the	most like	ess jaundice. He has lost 9 kg in the ly diagnosis?	ie last 4	months. His stools are pale
1		A BII	lary colic B Cancer in t	he tail of	pancreas C Cancer of the hea	d of so	
1)	Chronic pancreatitis	F	Comman bile 1		increas
5) E	lectro-C	onvulsive Which of the fo	llowing th	herapy is the first line treatment		
-		-	pibolat disorder B	Post-t	raumatic stress disorder		Collina
1	D		Generalised anxiety disor	dor			Schizophrenia
6	A.	4 year	s old child has present	ed with	fever, fits and unconsciousnes ich of the following?	tin ren	isal to drink and eat
_	m	eningitis	if CSF cell count is more	than wh	ich of the following?	s. His	CSF would be suggestive of
	A	5		В	10		
	D		0	E	30	C	15
7	Ac	child pre	sents to OPD with comp	plaints of	doggood		
	1 ohe	ese. On	examination he is having	a hilator	al ontic atrophy Many	vtn and	mental slowing. Child is also
	000		evaluation lie is lightl	g blidtel			
	cou	ld be th	e location of the lesion?	g bliater	ar optic atrophy. MRI brain sho	ws a s	pace occupying lesion. Where
	cou	ld be th	e location of the lesion?			ws a s	
	cou	ıld be th Bı	e location of the lesion? rain stem	В	Hypothalamus	C	Pace occupying lesion. Where Occipital lobe
,	A D	lld be th Br	e location of the lesion? rain stem otic nerve	В	Hypothalamus	C	Occipital lobe
	A D A 13 five pass	Brooth days. Sined loose	e location of the lesion? rain stem otic nerve s-old boy was brought nce last 10 hours he wa	B E to you in	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic	C discha	Occipital lobe rge, fever and cough from la e had vomited three times a
	A D A 13 five passi irrita	Ild be th Br Op B-month days. Sined loose ble. Rig	e location of the lesion? Fain stem Otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin	B E to you in s crying pation his	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area was	discharally. H	Occipital lobe rge, fever and cough from la e had vomited three times a d stained. He was straining a
	A D A 13 five passirrita 9000	Br Op B-month days. Sided loose ble. Rig /cmm	e location of the lesion? rain stem otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin the lumbar area and r (4000-11000/mm3), Po	B E to you in s crying pation his ight iliad olys: 759	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area was	discharally. H	Occipital lobe rge, fever and cough from la e had vomited three times a d stained. He was straining a
	A 13 five passi irrita 9000 Norm	Branch Br	e location of the lesion? Fain stem Otic nerve s-old boy was brought nce last 10 hours he was e stool once. On examinate the lumbar area and ref. [4000-11000/mm3], Pour is the most likely diagonal.	B E to you in s crying pation his ight iliad olys: 759	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic	discharally. H	Occipital lobe rge, fever and cough from la e had vomited three times a d stained. He was straining a
	A 13 five passirrita 9000 Norm	Br Op B-month days. Sin ed loose ble. Rig /cmm hal. Wha	e location of the lesion? fain stem otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag ste gastroenteritis	B E to you in s crying pation his ight iliad olys: 759	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area was	discharally. H	Occipital lobe arge, fever and cough from lage had vomited three times and stained. He was straining at the end of the e
	A 13 five passi irrita 9000 Norm A	Branch Br	e location of the lesion? Fain stem Otic nerve s-old boy was brought nce last 10 hours he was e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag ste gastroenteritis	B E to you in s crying pation his ight iliacolys: 759 mosis? B E	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area wa fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia	discharately. He s bloods are 100/mm	Occipital lobe arge, fever and cough from lage had vomited three times and stained. He was straining at Hb: 9g/dl (11.5-14.5g/dl), To a strain (150000-400000/mm³), Comparing the strain of the strai
	A 13 five passi irrita 9000 Norm A D A 32	Brook	e location of the lesion? rain stem otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin the lumbar area and re (4000-11000/mm3), Po ot is the most likely diag stee gastroenteritis cumonia d man was involved in	B E to you in serving pation his ight iliacolys: 75% gnosis? B E a road	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area was fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia	discharated C	Occipital lobe rge, fever and cough from late had vomited three times and stained. He was straining at Hb: 9g/dl (11.5-14.5g/dl), Tailong (150000-400000/mm³), Comparison of the property of
	A 13 five passi irrita 9000 Norm A D A 32 splene	Branch Br	e location of the lesion? rain stem otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag the gastroenteritis tumonia d man was involved in was performed. On t	B E to you in s crying pation his ight iliacolys: 75% nosis? B E a road	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area wa fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia traffic accident and was ope	discharately. H	Occipital lobe arge, fever and cough from lage had vomited three times and stained. He was straining at Hb: 9g/dl (11.5-14.5g/dl), To a strain of the lage of the
St	A 13 five passi irrita 9000 Norm A D A 32 splene	Broom of the state	e location of the lesion? Fain stem Otic nerve s-old boy was brought nce last 10 hours he was e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag the gastroenteritis tumonia d man was involved in was performed. On the complained of epigas	B E to you in s crying pation his ight iliacolys: 75% mosis? B E a road the secontric fulln	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area was fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia traffic accident and was ope and day post-op, his abdominess. He feels pauseous and was	discharated en bee	Occipital lobe rge, fever and cough from late had vomited three times and stained. He was straining at Hb: 9g/dl (11.5-14.5g/dl), Tailong (150000-400000/mm³), Company of the property of the
t	A 13 five passi irrita 9000 Norm A D A 32 splende coressi	Brook	e location of the lesion? rain stem otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag the gastroenteritis tumonia d man was involved in was performed. On the complained of epigas now dropped to 70/40	B E to you in s crying pation his ight iliacolys: 75% nosis? B E a road the second tric fulln mmHg a	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area wa fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia traffic accident and was ope and day post-op, his abdome less. He feels nauseous and ve	discharated en bedomited	Occipital lobe arge, fever and cough from lage had vomited three times and stained. He was straining at the end of the e
t t	A 13 five passi irrita 9000 Norm A D A 32 splende coressi	Brook	e location of the lesion? rain stem otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag the gastroenteritis tumonia d man was involved in was performed. On the complained of epigas now dropped to 70/40	B E to you in s crying pation his ight iliacolys: 75% nosis? B E a road the second tric fulln mmHg a	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area wa fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia traffic accident and was ope and day post-op, his abdome less. He feels nauseous and ve	discharated en bedomited	Occipital lobe arge, fever and cough from lage had vomited three times and stained. He was straining at the end of the e
t t	A 13 five passi irrita 9000 Norm A D A 32 splende pressu nserte	Brook	e location of the lesion? rain stem otic nerve s-old boy was brought nce last 10 hours he wa e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag the gastroenteritis tumonia d man was involved in was performed. On the complained of epigas now dropped to 70/40	B E to you in s crying pation his ight iliacolys: 75% nosis? B E a road the second tric fulln mmHg a	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area wa fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia traffic accident and was ope and day post-op, his abdome less. He feels nauseous and ver and he has a pulse rate of 140 ately relieved. What is the SII	discharated en bedomited beats	Occipital lobe rge, fever and cough from late had vomited three times and stained. He was straining at Hb: 9g/dl (11.5-14.5g/dl), Tailon (150000-400000/mm³), Comparing the comes gradually distended the twice in the morning. His belongst likely diagnosis?
	A 13 five passi irrita 9000 Norm A D A 32 splene tende pressu nserte A	Brook	e location of the lesion? Fain stem Otic nerve s-old boy was brought nce last 10 hours he was e stool once. On examin th lumbar area and r (4000-11000/mm3), Po ot is the most likely diag the gastroenteritis tumonia d man was involved in was performed. On the complained of epigas now dropped to 70/40 the patient was almost	B E to you in s crying pation his ight iliacolys: 75% nosis? B E a road the second tric full n mmHg a immedi	Hypothalamus Sellar supra-sellar area n emergency. He had right ear and becomes irritable episodic s pamper and perineal area wa fossa were tender. His labe (50-65%), Platelets: 35000 Intussusception Septicemia traffic accident and was ope and day post-op, his abdome less. He feels nauseous and ve	discharated en bedomited	Occipital lobe arge, fever and cough from lage had vomited three times and stained. He was straining at the end of the e

	1							
	10	1 10						
		A 20-year-old woman presents to the autoimmune diseases. What is the D						
		has a history of Raynaud's phenome A D Dermatomyositic			tterfly	-shaped rash on	her face. She	
		autoimmune diseases. What is the n	e clinic	with fatigue, joint pain, and a bu	edical	problems or fan	IIIA HISTORA OF	1
	-	De diseases Will phenome	non an	d oral ulcers. She had no other it		- Unic		-
	11	Symptomyositis the n	nost like	ely diagnosis for her condition?	C	Sarcoidosis		
		1 Stemic L		Tal material arthritis	- 1		- are Well	
	-	Controlled pa child is on matter	osus	E Systemic s	nic ep	ilepsy. His stantier	pileptic drugs	
		controlled. Parents ask about disc	ion for	primary generalized tollic dis	contin	uation of a		
		1 Year Indicated when chil	ontinua	tion of anti-epileptic drog.				
	12	(AEDs) is usually indicated when child is on medicated when child is on med	u is free	of seizures for at least	C	2 Years	boos	
		A 45-year-old man with a history of increased was	F	3 Years		thatrexate. H	e had a good	
		response to the treatment and his so A	polymy	vositis is treated with prednison	e and	methoriexe	iscle strength	
		A What is the	ympton	ns improved. His serum CK level	norma	and treatmen	LIESP	
-		Anti-Jo-1 antil	iate inv	estigation to monitor his disease	activi	Creatinine Kina	se	
	13	FILE	l D	A at the address	1 (CICA		
		A 32-year-old woman undergoes procedure, she develops a most	E	Muscle biopsy		anesthesia	. During the	
		procedure, she develops a rapid	a lapa	roscopic cholecystectomy und	er ger	and metabolic	acidosis.	
		anesthesiologist suspects malignan	rise in	body temperature, muscle rig	rolone	What is the r	nechanism	
		action of dantrolene?	riypei	thermia and administers dant	Olene		-+ the	
		A Reduces the production of I	Blog	cks calcium release from C Ir	hibits	acetylcholineste	rase at the	
		D mitochondria			eurom	uscular junction		
-		Prevents the binding of ace	tylchol	ine to the E Stimulates the	he hyp	othalamic		
	14	A 45 years aged male		thermoregul	latory	center	rossion of	
		A 45 years aged male patient presenthe spinal nerve roots. What	ts with	pain, numbness, and tingling in	the ri	ight leg due to co	Subjession -	
-		the spinal nerve roots. What condition A Ankylosing spondylitis	on is mo	ost likely causing these sympton	ns?			
-		D Lordosis	В	Degenerative spine disease	C	Herniated disc		
]]	1.5	A newly born male baby was brought	E	Osteoporosis		Lui	ving On	
		examination, there was a reducible u	mbilies	gical OPD with budging through	the ur	mbilicus wille cr	nost	
-		appropriate next step?	iiiDilica	is swelling with a defect of abou	t TXT (m. What is the i		
-		A CTC	orrhanh	ny after 06 months C Oral an	alaesi	cs and antibiotics	5	
	1	D Reassurance	E	Ultrasound abdomen	laigesit	es una ancibio		
1	6	A 25 year old student while on a tr	ip to B	alakot in the northern helt in	assed a	a disturbed and	sleepless first	
		night. Next day he developed dizzi	ness, h	eadache, nausea and vomiting	g. He	has positive far	nily history of	
		Migraine. What is the most likely diag	gnosis?					
		A Acute mountain sickness	В	Cluster headache	C	Food poisonin	g	
		D High altitude cerebral edem		E Migraine headache				
17		A 21-year-old lady visited an antena						
		examination, she was severely dehye			e was	positive for ket	ones. Which of	
		the following is the first line treatmer	nt of Hy					+
		A Antiemetics	В	Corticosteroids	C	Intravenous fl	uids	+
		D Thiamine supplementation				olic acid		-
18	1	A 3 years old male child presented wi	th loos	e motion and vomiting for last	1 mor	nth. He was born	full term NVD,	
	1	ne was breast fed for 1 month then	started	d with bottle feeding and was	starte	ed on diluted fo	rmula milk. His	1
	0	complementary feed was started at 1	L-year a	age. On examination he is sev	erely v	wasted child wit	h old wise man	
	f	acies and loose hanging skin over the	arms	and buttocks. What is the mos	t likely	y diagnosis for th	nis child?	4
	A		В	Marasmic khwashiorkor	C	Marasmus		1
	0	Stunting	E	Underweight				1
19			uncor	trolled fits. She was born ful	I term	NVD with imm	ediate cry after	
	1	the O/E the infant has round Doll like	ce Face	s, GTC fits, hypotonic, and gre	355 He	patomegaly. He	r RBS is 40mg/d	
	2	nd serum triglycerides more than 50	Omg/dl	. The most likely diagnosis is:				
	-	Galactosemia	В	Glycogen storage disorder	C	Meningitis		
	A		-	Concis				
	D	Pneumonia 2 years old child is brought by parer	-	woight loss nallo	rand	loose motions s	ince 6 months of	of
0	A	2 years old child is brought by parer e. He was passing loose, bulky stool	0/E+	he child had visible severe wa	asting	, and palmer pa	llor. His stool R	/E
	ag	e. He was passing loose, bulky stool	. 0/2 1	ol pus cells. His TSH was nor	mal a	nd dietary inta	ke was sufficier	nt.
	sh	owed no ova or cyst, no RBCs and	norma	in pas cens. This for was not				
	W	hat is the most likely diagnosis?			C			
	A	Abdominal TB	В	Amoebiasis havel disease				
	D	Giardiasis	E	Inflammatory bowel diseas				
THE OWNER OF THE OWNER,	U							

2	1 A 40	-year-old man with Cult					1 - 1
	para	lysis. Despite supportive	Barré sy	androme is admitted with rapi condition continues to dete	dist		В
	inter	vention to accelerate recover	are, his	condition continues to dete	riorata W	ssive weakness and as	centing
	A				riorate, W	mat is the most app	ropriate
	D	IV hydrocartisone	overlou.	inmunoglobulin (IVIG)	10	N/ B12 therapy	
22	2 A 40	ears shopkeeper was brought	** 100	Plasmapharesis department with history of frank ymptoms. On Examination, he w			
	was n	o history of any respiratory illi	ness or s	properties of frank ymptoms. On Examination, he was After initial resuscitation with a	blood per	oral about an hour befo	re. There
	1 0136	was 120/minutes, BP was 90/4	Ommula	After Intellation	tes hate the	king, his Temperature w	/as 98.4F,
-	Greno	ocscopy was planned. What is	the mos	appropriate time for this proces	v fluid, and	proton pump inhibitor,	an upper
		2 24 110013	В	24-48 hours	C	48-72 hours	
	D	After 72 hours	E	After 1 week		Control of the second	
23	A 50 y	rears old man presents with	sudde	n onset pain in the epigastriu	ım radiati	ng to the back. The co	onsultant
	thinks	that the patient might b	e suffe	ring from acute pancreatitis	s. Which	of the following is	the most
	appro	oriate investigation for the c	liagnosi	s of acute pancreatitis?		or the lenotting is	tire most
	A	Computerized Tomography	В	Elevated serum	C Endos	scopic Retrograde	
		(CT) with pancreatic protoco	lo	amylase or lipase levels		ngiopancreatography	(ERCP)
		Jitrasound of the abdomen		Magnetic Resonance Cholang			
24				diabetes is seeking bariatric			associated
				cations, including leaks and st			
	A	Adjustable Gastric		iopancreatic Diversion with	С	Roux-en-Y Gastric	Bypass
		Banding	CONTRACTOR OF THE PARTY OF THE	odenal Switch (BPD/DS)			
	D	Sleeve Gastrectomy	E	Vertical Banded Gastroph	asty		
25		sieeve dastrectority		ous in her apartment with a		nd a bag of white po	wder next
25	A 30-ye	ar-old woman was found u	nconsci	ous in her apartment with a	noint nur	ile and bad shallow	and slow
	to her.	She was unresponsive to	verbal a	and painful stimuli, had pin	house v	urina drug screen is r	positive for
	breathir	ig. She was given naloxone	intrave	nously and regained conscious	usness. A	tent of her sessing toy	icity?
	cocaine			oriate initial investigation to ass	sess the ex	Tent of fier cocame tox	icity
	Α	Arterial blood gas	В	Chest x-ray	С	ECG	
	D	Serum creatinine	E	Serum troponin			
26	A 45 vea	rs old man is diagnosed wit	h recta	cancer on histopathology. I	His CT che	st abdomen and pelv	VIS IS
	narmala	yeart rectal thickening with	nobscu	re demarcation with urinary	bladder.	HIS IVIKI peivis snow:	s tumour
	growth h	evond anterior rectal wall	and invo	olvement of seminal vesicles	and enla	rgement of perirecta	al lymph
	nadas M	hat is stage of the disease?					
Contestration (value			В	T1, N0, M1	C	T2, N1, M0	
1	Charles and the Control of the Contr	T1, N1, M0	E	T4, N1, M0			
		T3, N1, M0		14, NI, WO	d source	cyclophosphamida	rolated side
7 A	55-year	-old man with Granulom	atosis (vith polyangiitis developed	3evere	cyclophosphannae-i	interest side
e	ffects du	ring induction therapy. Wh		native therapy is the most suit	able for co	ntinued remission ma	intenance?
A	A	zathioprine	В	Belimumab	C	Methotrexate	
D	IN	lycophenolate mofetil	E	Rituximab			
1 1	five year	s old hov was brought to	vou wi	th complaints of fever, pai	n abdom	en and vomiting for	r last 4 days.
10-	ovamin	ation the nationt was have	ing iau	indice and liver was palpa	ble 5cm	below right costal	margin. Two
011	examini	the patient was na	fforod	similar illness. Investigation	ns showe	ed normal CBC and	Flectrolytes
we	eks back	nis eider brother also su	200 (N	armal (250) Sorum Biliru	hin was	E HBS Ag was Noga	tive What is
ALT	was 150	00 (Normal <45) ALP was	300 (1)	ormal: <250), Serum Biliru	was .	o. Hos Ag was Nega	itive. What is
the	investiga	ation of choice to confirm	the dia	ignosis?			
A		S Ag	В	Anti HCV Antibodies	C	Anti-Hepatitis A	Virus IgG
		ti-Hepatitis A Virus IgM	E	U/S Abdomen			
D	All	I TIEPATITIS A VITUS IGIVI			ed menta	I status tachycardi	ia tachunno
A 45	-year-old	man presents to the en	iergen	cy department with altere	la kal	history of a live '	a, tacityphe
and a	a core be	ody temperature of 41°C	and fe	atures of Parkinsonism. H	ie nad a	nistory of schizoph	irenia and h
heen	taking o	lozapine for the past ye	ear. He	r Full blood count, Urine	R/E, Ch	est X-Ray, blood c	cultures, Uri
Cult	roc III	racound abdomen are	all no	rmal. Her TSH and Crea	atine Ph	osphokinase (CPK)) are norm
Luitu	res, Ulti	asound abdomen are	an 110	identified often exhausti	in invoca	rigations What is t	the most like
Appra	ently, th	ne cause of fever could	not be	identified after exhaustiv	ve mvest	igations, what is t	the most lik
liagno							
A 100 (10 (10 (10 (10 (10 (10 (10 (10 (10	AND REAL PROPERTY AND PERSONS ASSESSED.	stroke B N	laliona	nt hyperthermia C	Neurolei	ptic malignant synd	drome
			1 m				
	Sero		E	Thyroid storm			
12 11	ear-old	woman presented with	a three	e-week history of interm	ittent he	eadache, nausea a	nd fatigue.
45-y	ear-olu	Vollar presented with	CV Inch	ome They were all diag	nosed w	ith a viral syndron	ne by a pri
usbar	nd and c	hildren also had similar	sympt	oms. They were all diag	noseu w	iti a vii ai syriui oi	ne by a pir
octor	The svi	mptoms began when it	starte	d to get cold. The symp	otoms ar	e worsening in th	ne morning
octor.	THE SY	the state of the s	tala ab	00 400 /74 !!-	ulco 02/	minute and Resni	
prov	1.11			OW RD 1/4/// mmHa n			ratory rate
THE RESIDENCE OF THE PARTY OF T	e while	she was at work. Her vi	tais sn	ow BP 123/74 mmHg, po	uise os/i	minute, una nespi	ratory rate
while	e while in the second s	she was at work. Her vi s 98%. What investigation	n wou	ow BP 123/74 mmHg, policy and serious	ent?		ratory rate
while	e 02 sats	98%. What investigation	n wou	ld you advise to this pati	ent?		
while	e 02 sats	s 98%. What investigation alysis to exclude viral m	n wou neningi	ld you advise to this pati tis B Carboxyhem	ent? noglobin	(COHb) level C	Lead leve
while	e 02 sats	98%. What investigationallysis to exclude viral m	n wou neningi	ld you advise to this pati	ent? noglobin	(COHb) level C	

1						В	
31	1 1	One .		ith complaints of loose motions a		-iting for last 2 days. On	7
	exa	emine vear old boy		ith complaints of loose motions a g. Eyes were sunken and he was e	ind vor	drinking, CBC, Electrolytes	
	and	RET. was brought t	o you wi	th complaints of loos and he was e	agerly	nt?	
	A	were with.	and cryin	th complaints of loos g. Eyes were sunken and he was e the most appropriate step in mand the most appropriate of C	age	- ORS 75ml/kg	
	-	rol and 10% IV P	. What is	the most app	A STATE OF THE PARTY OF THE PAR	· · · · reassess	
	D	Injection		ding along Willi dire.	d give	oral paracetains	_
32	+	Wetron:		E list re-assure		last one year.	
	17	5 Vear all		u -b	MESKII	Ess is limb Dove.	
	Exa	mination of the laws in the	he medi	cal outpatients with lower limb	o, flacc	id right lowe.	
					in right		+
	-	miski reflex hilatoru	o in left	lower mins)		Hinle Sciences	+
	-	Chronic Inflament	ile most i	IKELY GIAGITOSIS	syndro	me G	-
3	AA	Poliomyelitis	E			- 2/2 2 2030	
	ulce	or alone will male complains of po	ostprandi	yneuropathy B Guillain Barres Stroke al bloating and early satiety. Upp shows no evidence of H. pylori	er Gi t	t is the most appropriate	
	mai	lagement?	Biopsy !				+
	A	A		0.	oton Pi	ump Inhibitor therapy	+
	D	Antacid therapy B H2	Recepto	r antagonist therapy C Pro	DEOILL	tump is	+
4	A 39	year old man has a raise !	E	H. pylori eradication therapy ass for the past 6 weeks near his	anus. (On examination, the lump is	
	war	m, erythematous and tendor H	pable ma	ass for the past 6 weeks near his history of diabetes. What is the SII	NGLE n	nost likely diagnosis:	T
	A	Anal fissure	B	Perianal abscess	CF	Perianal haematoma	7
	D					lanarotomy,	
5	A 55		eritonitis		ig him	for exploratory laparete	1
	find	grossly contaminated peritonea	al cavity	, the surgical team while operatin with perforated tumour in upper	third o	of the rectum. They deen	
	1010	sect the tumour, bring out sign	noid colo	with perforated tumour in upper n as end stoma and close the ren	naining	g rectal stump. What	
	Hall	e of this procedure?				Double barrel colostomy	
	A	Abdominoperineal resecti		D AIRCHOI NESCETION	C	Double barrer or	
	D	Hartman's Procedure	E	Paul Mickulikz Procedure dical outpatients with bilateral		timb workness Neurologica	al
	A	ble diagnosis in this case? Guillain Barre Syndrome	В	Tubercolous meningitis	C	Multiple sclerosis	
	D	Myasthenia gravis	Е	Nouro-synhilis			
	amou	nt of ecstasy and methamphetar kidney injury, and disseminated	mine at a intravasc	nsive care unit with severe amphet rave party. She had a core body ular coagulation. She was given int	traveno	ous fluids, cooling measures, a	
	activa	ted charcoal. What is the most ap	propriate	e pharmacological treatment for he	Conui	Naloxone	
	Α	Benzodiazepines	В	Beta-blockers	С	Naibxone	
	D	Norepinephrine	E	Sodium bicarbonate	1-1-4	ing Sho also complained	10
1	A 45-	year-old woman presented wi	th recur	rent sinusitis, nose bleeds, and	joint	pains. She also complained	in
	fatigu	e and unintentional weight lo	ss over	the past few months. Physical	examil	ESP Of 110mm/hr and CRP	P 0
1	and te	enderness over the sinuses. He	er lab re	sults showed creatinine of 2.2r	ng/ui,	ESK of Hommy in and on	
	223 (r	ormal value: <5). What is the	most like	ely diagnosis?	matic	a C Rheumatoid arthritis	S
1	4	Granulomatosis with polya	AND DESCRIPTION OF THE PARTY OF	GPA) B Polymyalgia rheu			
[)	Sjögren's syndrome	E	Systemic lupus erythematosu	S (SLE)	lest 2 months. On ovamina	tic
1	4 6 ye		vith pain	and swelling in lower limb joir	its for	hot and tander to touch	L
			Hic hoth	knee and ankle loints were s	WOIIEI	I, HOL alla tellaci to toacii.	
F	SR is	100mm/ 1st Hour. Rest of syst	emic exa	amination was normal. What w	/outu b	de the mat mie of treatment	16:
A		Antibiotics	В	DMARDS	C	Intra Articular Steroids	
			E	Oral Steroids			
D	20		of SLE	develops a flare during her sec	cond t	rimester of pregnancy. She	e h
aı	rthriti	s, rash, and protentiala. Her	Inisone	What is the most appropriate	e inves	stigation to monitor her dis	se
ta	king l	nydroxychioroduine and pred	misorie.				
ac	tivity	and fetal well-being?	T D	C3 and C4 levels and	C	ESR and CRP levels and	
A		Anti-dsDNA antibodies	В	umbilical artery Doppler		biophysical profile	
		and fetal heart rate			O-Crea	tinine ratio and fetal	1
-							
D		Lupus anticoagulant and ut	terine a		0 0,00	tilline ratio and reserve	
)		Lupus anticoagulant and ut Doppler	terine a	growth scan		Committee of the commit	

50	1.			with history of motor bike ac response and verbal respon 8	cident. I	le is ha	GCS of the patient?
30	Ayou	ng boy presents to you in y	our OPD	with history of motor pine	se. Wha	t is the	GCC
	level.	He can localize pain only w	ith no eye	response and verbu	C	- 3	· -lanis
	A	7	В	8		C la mil	le generalized tonic-clonic seizures? nenytoin
-	D	10	E	12 with re	current	atebri	coizures?
51	A 5 Y	ears old child with norma	develop	nent has presented with re red to be the drug of choice Phenobarbital	for this t	ype of	seizur
	seizur	es. Which of the following	is conside	red to be the drug of circ	C	Pr	herrytom
	A	Carbana	R	Phenobaroital			inor physical
	D	Toniramate	E	Valproate	hs histo	ry of fa	atigue after minor physical s of headache for which all are within normal range.
52	A 28-	year- old gentleman prese	nted to a	psychiatrist with a 10 more	ated sym	ptoms	of headache for the are within normal range.
	activit	which doesn't resolve wi	th sleep a	and rest. He has also associa	and he	ead CT	are within normal
	releva	nt physical examination a	nd investi	gations ESR, ASO titre, Cot			
		s the likely diagnosis?			TC	Fi	bromyalgia
		the interf diagnetic		D		Control of the last of the las	
	D	Unathweidism	F	Somatoform pain disorde	er.	and n	oleuritic chest pain. What is
53	0	Hypothyroldism	trition ex	rationed sudden dysphed,	HAPOME	, allu p	
55	A patie	nt receiving parenteral nu	what sho	uld be evaluated immediate	ely?		eral nutrition-associated
	the mo	se likely complication, and		uld be evaluated immediate Hyperglycemia; blood	CP	arente	Fair function
	A	Central venous catheter	- B	111/20101		ver dis	sease; liver function
		related bloodstream		- Defeading	vndrom	e; elec	ctrolyte imbalances
	D	Pulmonary embolism; CT p	ulmonary				
		ngiography			the rig	ht low	er quadrant since morning. nderness in the right lower
4	A 23 VE	ars old woman presents v	vith gradu	ial onset abdominal pain ir	overle n	nild te	nderness in the right lower citis. Which of the following
	On exam	nination her vital signs ar	e normal	. Abdominal examination r	evedis II	nondi	citis. Which of the following pendicitis
	quadras	t The consultant surgeor	wants to	confirm the diagnosis of a	icute ap	pendic	nondicitis
	investi	ations have the highest se	nsitivity a	nd specificity in the diagno	sis of ac	ute ap	pendicitis
	investig	omputerized Tomography	B Co	mplete Blood Count C	Magnet	ic Reso	onance Imaging
	A C	omputerized Tomography	D CC	F 1114	nd of the	a Ahdo	omen and Pelvis
	D	Plain x rays of the abdor		Li Chandasha ans	Lyomiti	ng On	examination child is having
- 1	A child a	ge 3yrs presents to the o	pd with c	omplaints of fleadactie and	rmal M	Riofh	examination child is having prain done and shows lesion
L	-: lataral	nanilladama while the re	st of neu	Ulugical examination is in		01 L	orain done and shows lesion
li	n poster	ior fossa. What is the mo:	st commo	n tumor in this area in chil	arciii		
TA	COLORADO DE CONTROL DE	Dysgerminoma	В	Germinoma	(Glioma
			_	Dila estic actrocytoma			
D		Meningioma	lia - bt	E years ago, and now pres	sented t	o a ph	ysician with stiff right upper
A	patient	aged 45 years had a stro	ke about	years ago, and now pres	as can h	e seer	ysician with stiff right upper in this patient?
ar	nd lowe	limb and gate abnormal	ity. Whic	n of the following gate typ	es can c	c see.	
A		Scissor gate	В	Ataxic gate		C	Lurching gate
-			E	Steppage gate			
10	20	old man got grand mal	fit while	taking bath in swimming t	oool. Yo	u are	a health care provider. What
A	zu-year.	-olu man got granu mar	agons and	0			
WC	ould be	our first step in his man	agement		Death lead	ed obje	ect in his mouth
Α	Giv	e IV diazepam B Mov	e him av			u obje	ect iii iiis iiioacii
		the leteral position	E	Shift him to nearby hos	pital		
		ald nations was diagnos	and as Da	rkinsonian by a local GP	doctor	and w	as started on haloperidol for
A 7	u years	old patient was diagnos	cu as Pa	torse of similar and brad	ukinasia	More	ened. Which of the following
his	agitate	l state. After one week,	nis symp	toms of rigidity and brad	ykiilesia	. 00013	ened. Which of the following
is th	ne most	likely diagnosis in this p	atient?				
		ewy body dementia	В	Mutiple system atrophy	1.	C	Multiple sclerosis
A			The state of the s	E Progressi	Ve sunr		
D	N	ormal pressure hydroce	phalus.	E Progressi	ve supi	direct.	form annual bandacha a
A 21	5-vears	old girl was brought t	o medica	al emergency room with	high (grade	fever, severe headache a
a-of	uso war	iting On examination	her nuls	e was 110/min, BP 110/7	0, 1em	b Int	.F With marked neck stillle
TOTE	use vor	nung. On examination,	- talding	modicing for right chronic	cunna	rative	otitis media. Which organi
her	e was r	o rash on body. She wa	s taking i	nealcine for right chronic	- suppo	lative	otitis media. Which organi
oule	d he the	most probable cause?					
			В	Meningococcal infectio	n	C	Mucormycosis
١		teria infection		THE RESERVE THE PERSON NAMED IN COLUMN 2 I			
)	my	cobacterium Tuberculo	sis	E			cal infection
-	parc al	how was brought with	history	of recurrent staring with	blinkin	g mov	vements, with transient los
5 ye	ears old	boy was brought with	Cinclina	ware suggestive of the	conco	cola	ros Which of the follow
enso	riun. H	lis clinical and EEG	inding	were suggestive of ab	sence	seizul	res. Which of the follow
tion	nilentic	is the drug of choice for	or this pa	itient?			
inet						С	Ethosuximide
	Ace	tazolamide	В	Clonazepam		L	Ethosuximide
	lam	otrigine	E	Valproate			
	Lall	otrigine		P			

The same of		5-year-old male, a kno painless jaundice (to					e on inst	ilin and	hyperte	nsion, pre	sente
1	TAGE	5-year-old male, a kno painless jaundice (to creas involving the po			- Hed diab	etes mellit	T cran sh	lowed a	mass in	the head	of th
61	with	5-year-old male, a known painless jaundice (to creas involving the posted. What is the most	wn smok	er with cont	the last Of	months.	hiliary	ducts. H	is CA 19	9-9 level is	mild
	Pano	reas involving the	tal bilirut	oin 14) from	+-3 300	Hitton					
	elevi	ated. What is the mos	rtal vein	with dilated	n?	ervative me	dical trea	tment	C ERC	P and ster	nting
1	A	Endoscopic Ultraso			B Conse	rvative me	alcar tree				
	D	~ 4 4 4		TE WI	hipple's pr	ocedure	onset	severe	headac	he, nause	a, an
62	A 55-	year-old woman pre ing for the last 8 h	conts to	the emerge	nev room	with sudd	en-onse	urologic	cal exam	nination i	revea
	vomit	ing for the last 8 h	ours He	or RD is 18	0/110, Te	mp. 98.65,	and its	diagnos	is?		
	photo	ing for the last 8 h phobia and neck stiffr	ness hut n	no lateralizin	g signs. Wi	nat is the m	hyperte	nsive er	ncephalo	pathy	
	1	acuta maningitis	icas bact	n clus	ter heada	che C	Hyperte				
	D	Intracerebral hemi	orrhage	F Sub	arachnoid	hemorrhag	divortica	dum. W	hich dia	gnostic te	est ca
63	A 40-V	Intracerebral heme	lysnhagia	is suspected	d of having	a Zenker's	givernice	ararri.			
-	help vis	sualize the diverticulu	m and its	size?			TC	Eson	hagealr	nanometr	y
-	A	24-hour pH monito		B Bari	um swallo	w		LJOP	1108-		
	n	Esophageal motility	study	E Unn	er endosce	ору		1 E da	us and	abdomina	l pair
54	A 7 1/02	Esophageal motility r old boy presented	with hig	h grade feve	er with rig	ors and ch	ills for la	St 5 ua	tion O/	F he was	febril
64	A / yea	letheray for the las	t 2 days	Ho was wel	I hefore W	ith no histo	ory of hos	pitaliza	1/ 11/ 07	olus: 87%	CRI
1	anorexid	r old boy presented a, lethargy, for the las	he had t	ender hena	tomegaly.	not jaundi	iced. TLC	: 22000	/ μι, p	Diys. Ozro	,
1 2	and toxi	a, lethargy, for the lastic. Chest was clear, al <5), ALT: 150(6-40	11/11 ALD	· 350(140-4	20U/L). W	hat is the n	nost likely	diagno	Absocia		
/	/U(norm	al <3), ALT. 130(0-40	טורו, אנו	. 330/140	tid Cyst		C	Liver	Abscess		
A	4	Acute Viral Hepatitis	,								1411-1-
D		Malaria r old man has a histo		inha lass as	d tonosm	us He is d	iagnosed	with re	ectal ca	rcinoma.	VVNIC
5 A	55 year	old man has a histo	ory of we	eight ioss ar	in tellesin	asi iii					
SI	INGLE ris	sk factor is not associa	ated with	i i cctai cai ci	1101110	CI	nflammat	ory boy	vel dise	ase	
A		Family history	E		fibre diet						
D	1	Polyposis syndromes with severe liver dys	E	Smok	ing	·	omants is	at risk	of dev	eloping h	epat
AI	patient	with severe liver dys	function	and parent	eral nutrii	tion require	ellicites is	in this	natient	?	
end	cephalo	pathy. Which action of	can help	reduce the i	13K OT HEP	-	nalopatri	roaco th	e prote	in conten	t in
end	cephalo	pathy. Which action of	can neip	B E	iscontinu	e	C Inci	rease th	e prote	in conten	t in
end A	cephalo	pathy. Which action on the pathy. Which action of the pathy is a constant.	in amino	B C	Discontinu	e nutrition	C Inci	rease the	ne prote nutritio	in conten	t in
A	Adm acids	pathy. Which action on hinister branched-cha s (BCAAs) in parenter	ain amino ral nutriti	on P	Discontinu	e nutrition	C Inci	enteral	nutrition	in conten in rition	it in
A D	cephalo Adm acids In	pathy. Which action on hinister branched-cha s (BCAAs) in parenter crease total calorie in	ain amino ral nutriti ntake	on P	Discontinue arenteral duce carbo	e nutrition phydrate co	C Incipar	rease the enteral parente hild has	nutrition ral nutrition course	in content on rition e faces, o	cloud
A D	cephalo Adm acids In	pathy. Which action on hinister branched-cha s (BCAAs) in parenter crease total calorie in	ain amino ral nutriti ntake	on P	Discontinue arenteral duce carbo	e nutrition phydrate co	C Incipar	rease the enteral parente hild has	nutrition ral nutrition course	in content on rition e faces, o	cloud
A D A 6-	Adm acids In -year-ol	pathy. Which action of hinister branched-cha s (BCAAs) in parenter crease total calorie in d child presented to eromegaly and heig	ain amino ral nutriti ntake O OPD fo	B E Recor short stathan -3 SE	Discontinuo arenteral duce carbo ture. On O on cen	e nutrition phydrate co	C Incipar	rease the enteral parente hild has by hand	nutrition eral nutrices coursed show	in content on rition e faces, (s bullet	cloud shap
A D A 6-	Adm acids In-year-ol- nea, vice acarpals	pathy. Which action of hinister branched-cha is (BCAAs) in parenter crease total calorie in d child presented to eromegaly and heig . What is the most like	ain amino ral nutriti ntake o OPD fo ght less kely diagi	B E Recor short state than -3 SE nosis for this	Discontinuo arenteral duce carbo ture. On O on cen s child?	e nutrition phydrate co	C Incipar	rease the enteral parente hild has by hand	nutrition eral nutrices coursed show	in content on rition e faces, o	cloud shap
A D A 6-	Adm acids In -year-ol- nea, vice acarpals	pathy. Which action of hinister branched-cha is (BCAAs) in parenter crease total calorie in d child presented to eromegaly and heig . What is the most like wn Syndrome	nin amino ral nutriti ntake O OPD fo ght less kely diago	B Con Pp E Recor short state than -3 SC nosis for thi	Discontinuo arenteral duce carbo ture. On O on cen s child?	e nutrition phydrate co	C Incorpar partent in on this corporation	rease the enteral parente hild has by hand	nutrition eral nutri s course d show	in content on rition e faces, (s bullet	cloud shap
D A 6-corn	Adm acids In -year-ol- nea, vice acarpals	pathy. Which action of ninister branched-cha is (BCAAs) in parenter crease total calorie in d child presented to eromegaly and heig . What is the most lik wn Syndrome	nin amino ral nutriti ntake O OPD fo ght less kely diag	on B Cor short state than -3 SC Galacto	Discontinuitarenteral duce carbotture. On con cen s child?	e nutrition phydrate co examinatio tile chart.	C Incipar on this continuous C	rease the enteral parente hild has by hand Glycog	ne prote nutrition eral nutrition s course d show gen Stor	in content on rition e faces, (s bullet	cloud shap
D A 6-corn meta	Adm acids In-year-ol- nea, vice acarpals Do	pathy. Which action of hinister branched-cha is (BCAAs) in parenter crease total calorie in d child presented to eromegaly and heig . What is the most like wn Syndrome reopolysacaridosis	nin amino ral nutriti ntake O OPD fo ght less kely diag	on B C P P P P P P P P P P P P P P P P P P	Discontinuitarenteral duce carbotture. On on cens child? Discontinuitarenteral duce carbotture. On cens child?	e nutrition ohydrate coexamination tile chart.	C Incipar on this continuous C	rease the enteral parente hild has by hand Glycog	ne prote nutrition eral nutrition s course d show gen Stor	in content on rition e faces, (s bullet	cloud shap
D A 6-corn meta	Adm acids In-year-ol- nea, vice acarpals Do	pathy. Which action of hinister branched-cha is (BCAAs) in parenter crease total calorie in d child presented to eromegaly and heig . What is the most like wn Syndrome reopolysacaridosis	nin amino ral nutriti ntake O OPD fo ght less kely diag	on B Cor short state than -3 SC mosis for this Galactor Phenylled for black tarry seeding is cal	piscontinua arenteral duce carbo ture. On o on cen s child? osemia ketonuria y stool du led upper	nutrition hydrate co examinatio tile chart. e to upper GI bleed?	C Incorporation this content in this x-ra	rease the enteral parents hild has by hand Glycog	ne prote nutrition eral nutrition s course d show gen Stor	in content on rition e faces, os s bullet rage Disea	cloud shap ase
D A 6-corn meta A D Meler the cut	Admacide In-year-older acarpals Do Muna whicutoff points	pathy. Which action of ninister branched-chas (BCAAs) in parenter crease total calorie in d child presented to eromegaly and height. What is the most like wn Syndrome icopolysacaridosis h is defined as the point proximal to which	nin amino ral nutriti ntake O OPD fo ght less kely diag	on B Cor short state than -3 SC mosis for this Galactor Phenylled for black tarry seeding is cal	Discontinuitarenteral duce carbotture. On on cens child? Discontinuitarenteral duce carbotture. On cens child?	nutrition hydrate co examinatio tile chart. e to upper GI bleed?	C Incipar on this continuous C	rease the enteral parents hild has by hand Glycog	ne prote nutrition eral nutrition s course d show gen Stor	in content on rition e faces, (s bullet	cloud shap ase
D A 6-corn meta A D Meler the cut	Adm acide In-year-old nea, vice acarpals Do Mu na whice utoff poi	pathy. Which action of hinister branched-chasts (BCAAs) in parenter crease total calorie in definition of the cromegaly and height. What is the most like with Syndrome acopolysacaridosis in the proximal to which noileal junction	ain aminoral nutriti ntake O OPD fo ght less kely diago B E assage o n, the ble	on B Cor short state than -3 SC mosis for this Galactor Phenylle f black tarry eding is cal Deuden	piscontinua arenteral duce carbo ture. On o on cen s child? psemia ketonuria y stool du led upper ojejunal ju	e nutrition phydrate con examination tile chart. e to upper GI bleed?	C Incorpar ontent in on this corporation His x-ra C GI bleed	rease thenteral parents hild has by hand Glycog	ne prote nutrition eral nutrition s course d show gen Stor hich of the	in content on rition e faces, os s bullet rage Disea the follow	cloud shap ase ving
D A 6-corn meta A D Meler the cut A	Admacide In-year-old Rea, vice acarpals Do Muna whice utoff points Gast	pathy. Which action of inister branched-chasts (BCAAs) in parenter crease total calorie in decided child presented to the comegaly and height with the most like with the most like copolysacaridosis in the defined as the point proximal to which moileal junction crodeudenal junction in the copolysacaridosis.	ain amino ral nutriti ntake O OPD fo ght less kely diago B E assage o n, the ble	on B Cor short statement of the core of th	piscontinua arenteral duce carbo ture. On o on cen s child? osemia ketonuria y stool du led upper ojejunal junt of Tietz	e nutrition phydrate control examination tile chart. e to upper GI bleed? unction	C Incorporation this content in this x-ra	ease the enteral parents hild has y hand Glycog ling. Will Esoph:	ne prote nutrition eral nutrition for second show gen Stor hich of the agogast	in content on rition e faces, os s bullet rage Disea the follow	cloud shap ase ving
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73-year-old male, a known cardiac patient presented to us with a sudden onset of vomiting and abdomination for the last 48 hours. On examination, he had left inguinal swelling with was non-reducible. His laber renormal. What is the most appropriate next step?

CT scan abdomen

B Hernioplasty and gut resection

C Herniorrhaphy, intraoperative evaluation of gut and proceed accordingly

Ice packing and reduction of hernia.

E IV Fluids and antibiotics

A 30-years-old woman was brought by brother to medical emergency with hemiparesis, aphasia and fits had fever, headache, nausea/ vomiting, diarrhea, rash and myalgia for last 7 days. On examination, she had fever of 103F, pulse 110/min and BP 110/70. Clinical examination shows no neck stiffness with normal lower limb reflexes. CSF examination showed cell count of 200 cells/ul with lymphocytic predomince, protein 100mg/dl and glucose 60mg/dl. MRI brain shows lesion in temporo-parietal area. What is the diagnosis? Brain abscess Cryptococcal meningitis B Viral encephalitis A 26- yeas gentleman presented to a Psychiatry OPD with complaints of excessive worries about his job, health and family, future. Upon further exploration, he was found depressed as a result of his worries, poor concentration, irritability and difficulty falling asleep for the last one month (01) after loss in his business. 83 Because of all this, his functioning has been badly affected. What is the most likely diagnosis? Depression | B | Generalised anxiety disorder | C | Obsessive compulsive disorder A 12 years old child has presented with recurrent headache, neck pain, urinary frequency, and progressive lower extremity spasticity. MRI brain shows displacement of the cerebellar tonsils into the cervical canal and syrinx of the cervical spinal cord. There is no hydrocephalus. Which of the following is the most likely diagnosis? 84 Dandy Walker Malformation | C Chiari Malformation type I B E Vein of Gallen Malformation A 22-year-old woman presents to the emergency department with nausea, vomiting, and abdominal pain. She admits to taking 20 tablets of paracetamol (500 mg each) about 10 hours ago after a quarrel with her husband. She has no significant past medical history and does not drink alcohol. What is the most appropriate initial 85 C | Paracetamol level at 4 hours post ingestion investigation to determine the need for treatment? Abdominal ultrasound | B | Liver function tests A 45-year-old man with a history of smoking and hypertension develops sudden-onset left-sided weakness and numbness. CT Imaging reveals a small hypodensity in the right basal ganglia. What is the most likely 86 Venous sinus thrombosis | B | Archnoid cyst in lateral venticle | C | Lacunar infarct in basal ganglia E Tumor basal ganglia A 45 years old lady presented to a physician with the complaints of long-standing mayalgias and arthralgias for 15 years, for which she has consulted many physicians and psychiatrists. During this time. All her relevant investigations are normal. The physician diagnosed her as a case of pain somatization disorder and referred 87 here to a psychiatrist. Which of the following will be the best treatment option amongst the following for which C | Monoamine oxidase inhibitors (MAOs) she has been referred? Antipsychotics | B/Cognitive behavior therapy (CBT) Selective serotonin reuptake inhibitors (SSRIs) E Tricyclic Antidepressants (TCAs) A 3 months old infant presented with bilateral cataract, jaundice and hepatomegaly with positive urinary reducing substances. Which metabolic disease should be screened out in this condition? 88 A 40-year-old woman presents to the clinic with dry eyes, dry mouth, and joint pains. She has a history of hypothyroidism and Raynaud's phenomenon. She has no other symptoms or signs of systemic involvement. What is the most appropriate initial diagnostic test to confirm the diagnosis of Sjogren's syndrome? 89 Serum immunoglobulins and complement levels E Sjogren's syndrome A and B antigens Anti-nuclear antibody and A 20 year old male patient presented to the emergency department with a 2 days history of slowly progressing limb weakness initially starting in the distal lower limbs. On examination he had the following features: Flaccid lower limb weakness bilaterally, power 3/5 in both lower limbs, areflexia in bilateral lower limbs – not elicitable on reinforcement and negative Babinski reflex bilaterally. What is the most likely diagnosis? 90 B12 deficiency assocated peripheral neuropathy B Guillain Barre Syndrome C Multiple sclerosis A 5-days old boy baby brought to OPD for examination, during routine checkup the baby was found to be micro cephalic with up slanting eyes, overlapping fingers, high arch palate, and rocker bottom feet, double palmer crease. She had a pan systolic murmur in left parasternal border. What is the most likely diagnosis for this 91 Edward Syndrome Turner Syndrome baby? Down Syndrome E Patau Syndrome A

							В				
2	A 65 vea	irs old patient presented to yo	241.151	th lethargy On examination h	ne has in	crease	d tone and rigidity in the				
	limbs. BI	rs old patient presented to yo ood pressure on lying is 140/	SU WI	nHg and 95/65mmHg on stan	ding. Wh	at is th	ne most likely diagnosis:				
	A	Motor Neuron disease.	В	Militible system acrobin		Mu	Itiple sclerosis.				
	D	Parkinsons Disease.			palsy	-1	had similar episode in				
	A 14 yea	Parkinsons Disease. rs old girl presented with abo	omir	nal pain and vomiting for last	one weel	k. She	nad similar opinion she has tender				
1	the past	rs old girl presented with abo	d ma	ny time to emergency depart	ment. O	n exam	pulse is 100 /min.				
1	abdome	to for which she was admitte n with a photosensitive rash	on tru	ink and face. Her BP 150/95 r	nm hg ai	all he	abnormal?				
11	Urinary p	n with a photosensitive rash operphobilinogen and porphyr	in are	laised. Willen of the	ng test w	Sal	rum Sodium				
1	A	Blood Culture	В	Full Blood Court							
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1 /	A 25-yea	r-old man is brought to the	emer	gency department by his frie	nas arre	press	ure of 200/120 mmHg. He				
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(complair	is of chest pain and shortnes.	5 01 2	i Cathi Willat is the	C	As	thma exacerbation				
1	A	Acute coronary syndrome	В	Anxiety disorder							
[D	Pulmonary embolism	E	Thyrotoxicosis	ing baria	tric si	urgery. Which procedure is				
1	A patient	Pulmonary embolism t with obesity and uncontrol wn for its rapid effect on imp	led t	ype 2 diabetes was consider	pefore si	gnifica	ant weight loss?				
t	best know	wn for its rapid effect on line	IIVOII	Biliopancreatic Diversion			C Intragastric Balloon				
	4	Adjustable Gastric	В	Duodenal Switch (BPD/D							
		Banding	-								
)	Roux-en-Y Gastric Bypass r-old man was found in his a	E		a history	of bir	polar disorder and has been				
A	A 26-year	r-old man was found in his a thium for the past year.	partr	nent with a seizure, he had	phetam	ne al	buse and has been using				
t	aking lit	thium for the past year.	Не	also had a history of an	and dia	phore	esis. His serum lithium level				
n	nethamp	thium for the past year. Shetamine for the past wee	K. He	" s sall at la the most likely o	Hiagnosis	?					
V	vas 1.2 n	nEq/L (normal range 0.6-1.2	HILLY	LI. WITTER TO THE	Veuroler	otic ma	alignant syndrome				
Λ	Am	phetamine-induced seizure	E	Littlium toxicity							
F		Serotonin syndrome	E	Status epilepticus	the not	ce aft	er being arrested for erration				
1	1 21-VA2	r-old woman was brought to	o the	emergency department by	the pon	min	te and a blood pressure of				
A	deliving 9	she was restless, paranoid,	and	had a heart rate of 160 b	eats per	mite to	use methamphetamine for				
	A 21-year-old woman was brought to the emergency department by the police arter being and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She was restless, paranoid, and had a heart rate of 160 beats per minute and a blood pressure of driving. She had multiple skin lesions on her face and arms. She admits to use methamphetamine for the past three days. What is the most likely cause of her skin lesions?										
1	210/130	three days What is the mos	t like	Ty caase -			Chemical burn				
t	the past	three days. What is the	В	Bacterial infection		<u>C</u>	Cheffical burn				
1	Α	Allergic reaction		Frostbite			- of maningiti				
1	D	Formication	udro	cenhalus after meningitis.	Which of	the f	following types of meringing				
1	D Formication E Frostbite A 7 years old child has developed hydrocephalus after meningitis. Which of the following types of meningitis produce a thick, tenacious exudate that obstructs the basal cisterns and arachnoid villi to cause communicating produce a thick, tenacious exudate that obstructs the basal cisterns and arachnoid villi to cause communicating										
r	produce	a thick, tenacious exudate t	nacc	battacts the same							
1	hydroce	phalus?		Viral Meningitis		C	Fungal Meningitis				
		a -t-rial Maningitis	В		chetes.						
1	D	1 Maningitic	E	Meningitis due to spire	Now pre	sented	with yellowish discoloration of				
	0 22 VAZ	Tuberculous Meningitis r-old female underwent a diffi fever for last 2 days. Ultrasou	cult d	cholecystectomy 05 days ago.	n in gallb	ladder	fossa. Her WBCs are 21000 and				
1	A 25-year	fever for last 2 days. Ultrasour	nd sh	owing 100 mi of fluid collection	?						
1	eyes and	fever for last 2 days. Ultrasou ubin 5, direct bilirubin 3.0. Wh	at is t	he most appropriate next step		C	IV fluids and antibiotics				
	total billi	CT Scan	В	ERCP	id						
1	Α	C 181t	raso	und-guided aspiration of flui	lu	d nai	n in her proximal muscles fo				
(D	Winer	the	clinic with progressive wea	Klic22 at	- Cha	had no history of skin rash o				
0 1	A 50-yea	six months. She also had dolvement. Her physical examples were creating kinas	vsnh	agia, dyspnea, and a low-gra	ade feve	r. She	and strongth in her shoulder				
t	the past	six months. She also had u olvement. Her physical exar 5. Her serum creatine kinas	nina	tion reveals muscle tendern	ess and	decre	aseu strength in mostic test t				
1;	ioint inv	olvement. Her physical exam	0 101	() level was elevated. What	t is the	most a	appropriate diagnostic				
,	and hips	. Her serum creatine kinas	e (Ci	wanathy?							
	confirm	the diagnosis of illination	ory II	Anti-nuclear antibody		C	Electromyography				
10	COMMITTE	Anti-Jo-1 antibody	В	Anti-nuclear arreles							
1	Α		E	MRI of the muscles	nyasthe	nic cr	isis, characterized by seve				
	D	Muscle Biops	then	ia gravis experiences a i	oraco int	ihitor	rs, her symptoms persist. Wh				
1 4	45-ye	Anti-Jo-1 antibody Muscle biopsy ar-old woman with myas and respiratory failure. D	espit	ce receiving acetylcholinest	erase iiii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
V	weaknes	ss and respiratory landic. b	n in t	his acute situation?			crease the dose of				
	s the mo	ost appropriate mes	2	Discontinue all medications	5	inc	etylcholinesterase inhibitor				
and the same of		Administer High dose	D	and artificial ventilation		ac	etylcholinesterase minister				
F	4	corticosteroids		perform Thymectom	V						
		Leitiate plasmanheresis	E	perform mymectom	t at 8 14/6	eks.	She was very worried about				
C)	Initiate plasmapheresis ar-old lady in her first pregi	nanci	y comes for a bookong visi	Lato W	civo +	esting Which of the foll				
2 1	41-yea	ar-old lady in her first pregional arrows and an arrows and and mal week would she be adv	1 varie	thes to know about prena	tal inva	sive t	a test comes out as high ris				
2 A	ick of h	aving Aneuploid fetus and	VV 13	charianic villous sampling i	f her sci	eenir	ng test comes out as mgr				
r	- station	nal week would she be adv	sea	45 wooks		C	20 weeks				
8	gestation	11 weeks	E	15 Weeks							
A	4		E	24 weeks							
-		22 weeks									
)										

A	一回回	100000	000	00000			1
00	0000	**************************************	301	ast one month not respondin c, with a reddish rash on brid er ANA test is positive. Which		520	and
00	000	2000000		ast one month not respondin c, with a reddish rash on brid er ANA test is positive. Which		digation and rash on face	knee
				t est respondin	g to m	edication and checks. Her	KITC
			or for l	ast one month not respondin c, with a reddish rash on brid er ANA test is positive. Which Chronic Renal Failure	ige of t	the nose are the common	rena
-		de old girl presented with feve	anomi	c. with a reddish rash on which	of the	following is the	
12	A 9 year	as avamination she is febrile,	anemi	er ANA test is positive. Willen		Laitic	
	Ci di i	wore swollen and to			1	Lupus IVEF	
	and ank	(le joints were s		Chronic Renal Failure Urinary Tract Infection systemic lupus erythematos remission for the past six months of renal involvement or anther present or an artist of the present of the	+	alinic	for
	complic	ation of this dise	<u>B</u>	Winary Tract Infection	101	nresents to the chine	uine
	Α	Acute Relial rum	E	Urinary Trues erythematos	us (SL	die taking hydroxychlorod	+ho
	D	Renal vein thrombe	ry of	systemic lupus past six mon	iths and	I livid syndrome. What is	flic
113	A 25-y	ear-old woman with	en in	remission for the present or ant	iphosp	nolipia = /	
	precond	ception counselling. She has no	histo	Urinary Tract Infection systemic lupus erythematos remission for the past six mon ry of renal involvement or ant er medication use during pregi	nancy?	stinue	
	and lov	v-dose prednisone. She her regar	ding h	systemic lupus erythematos remission for the past six mon ry of renal involvement or anter medication use during pregramment of the process o	C	, wehloroguille alle	
	most ap	PP	В	Discontinue		taper prednisone before	
	A	Continue					
		hydroxychloroquine and		prednisone before		conception	
		prednisone throughout		conception switch predr	nisone t	co cyclophosphamide xychloroquine	
		pregnancy	to met	and continue	- Ilyun-	· · · · · · · · · · · · · · · · · · ·	orn
	D	Switch hydroxychloroquite		and continue	follow	ing circumcision. He was	e 2
					astfed.	On examination, there were	ts-
114	A 2 we	eks old male baby presented	at hom	rolonged bleeding from wound e. He was well till now and bred left thigh. Investigations show mal <32). D-Dimer – 200(norma	sHb- 1	0.5g/dl, TLC-15000, Platere	is?
	full ter	m via normal vaginal delivery	er on l	left thigh. Investigations show	all. Wha	at is the most likely diagnost	
	bruise	Illaiks, one	6 (Nor				-
	320000	O. PT- 48 (Normal <14), APT1 5	se of N	e. He was well till how are a left thigh. Investigations show mal <32). D-Dimer – 200(normal ewborn	hocyto	penic Purpura (ITP)	114
	A	DIC B Hemolytic Diseas	whorn	E Idiopathic Throm after high grade fever. There are n Which of the following has the high	o signs	of meningeal irritation. The Cit	5
	D	Hemorrhagic Disease of Net	izures	after high grade fever. There are	hest risk	for recurrent of such seizures	
115	A 2 yea	irs old child has presented with se	nutes. '	after high grade fever. There are no Which of the following has the high istory of Febrile Seizures	IC	Family History of Epilepsy	
	D	Complex Febrile Seizure	ose m	-Iling of teet dilu man	u,	- mination ne lid	10
116	A 3 year	ars old child presented with the	ed and	Lower Serum Sodium at Time otion, swelling of feet and han his weaning was started at 1	d extre	nities. Which one is the mos	St
	and ge	inital region	1	stocis of the truing			-
	All Discounting the second	edema of the feet, liaky paint	-cocia	ted in this disease?		remia and Hypergrycelling	
	pitting	L. Is a smallities of		icu mi em	Inernat		
	pitting						
	commo	Albuminuria B Electrolyte II	mbalar	E Hypona	tremia a	and Hyperglycernia	it
	commo	Albuminuria B Electrolyte II	mbalar rmia	E Hypona	tremia a	drowsy state. He suffered fi	it
117	commo	Albuminuria B Electrolyte II Hypokalemia and Hypochlo	mbalar rmia medic	E Hypona:	tremia a pm in ressively	drowsy state. He suffered five increasing headache for last a supplied in the suffered five increasing headache for last a supplied in the sup	it st
117	commo	Albuminuria B Electrolyte II Hypokalemia and Hypochlo	mbalar rmia medic	E Hypona:	tremia a pm in ressively	drowsy state. He suffered five increasing headache for last a supplied in the suffered five increasing headache for last a supplied in the sup	it st
117	A D A 60-y before	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we	mbalar rmia medic ed. His eek. He	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe	tremia a pm in ressively	drowsy state. He suffered five increasing headache for last a supplied in the suffered five increasing headache for last a supplied in the sup	it st
117	A D A 60-y before	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we	mbalar rmia medic ed. His eek. He	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe	tremia a pm in ressively	drowsy state. He suffered five increasing headache for last a supplied in the suffered five increasing headache for last a supplied in the sup	it st
117	A D A 60-y before 4 mon was dr	Albuminuria B Electrolyte II Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a	mbalar rmia medic ed. His eek. He afebrile ost pro	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis?	pm in ressively ood con r punct	drowsy state. He suffered for increasing headache for last appliance. On examination, hours was normal. Fundoscop	it st e
117	D A 60-y before 4 mon was dr showe	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was and disc haziness. What is the model of the confused of the confus	mbalar rmia medic ed. His eek. He afebrile ost pro B	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor Tuberculous Me	pm in ressively ood con r punct	drowsy state. He suffered find increasing headache for last increasing hea	it st e y
117	D A 60-y before 4 mon was dr showe	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was and disc haziness. What is the model of the confused of the confus	mbalar rmia medic ed. His eek. He afebrile ost pro B	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor Tuberculous Me	pm in ressively ood con r punct	drowsy state. He suffered find increasing headache for last increasing hea	it st e y
	D A 60-y before 4 mon was dr showe	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was and disc haziness. What is the model of the confused of the confus	mbalar rmia medic ed. His eek. He afebrile ost pro B	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor Tuberculous Me	pm in ressively ood con r punct	drowsy state. He suffered find increasing headache for last increasing hea	it st e y
1117	pitting common A D A 60-y before 4 mon was dr showe A D A 3 model and a mo	Albuminuria B Electrolyte In Hypokalemia and Hypochlo vears-old man was brought to becoming drowsy and confuscion this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern of the was a land of the was a	mbalar rmia medic ed. His eek. He afebrile ost pro B	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing	pm in ressively ood con r punct	drowsy state. He suffered find increasing headache for last increasing hea	it st e y
	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mo coarse	Albuminuria B Electrolyte In Hypokalemia and Hypochlo years-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern than the m	mbalar rmia medic ed. His eek. He afebrile ost pro B ild brov ruded	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing	pm in ressively od con r punct C ningitis eport. (cle palm	drowsy state. He suffered for last properties of the suffered for last properties. On examination, however, the suffered for last properties of the suffered for last properties. Trisomy 18	it st ee yy
	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mon coarse likely file.	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a disc haziness. What is the modulation of the subarachnoid hemorrhage onths old dysmorphic male chief faces, up slanting eyes, proteining in his karyotyping report	mbalar rmia medic ed. His eek. He afebrile ost pro B ild brounded t? B	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing	pm in ressively od con r punct C ningitis eport. (cle palm	drowsy state. He suffered for increasing headache for last inpliance. On examination, houre was normal. Fundoscop Migraine On examination this child had increase. What is the most increase. Trisomy 18	it st ee yy
	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mon coarse likely find A	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern of the Subarachnoid hemorrhage onths old dysmorphic male chief faces, up slanting eyes, proteinding in his karyotyping report Translocation 14 to 18	mbalar rmia medic ed. His eek. He afebrile cost pro B iild brounded t? B E	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing Trisomy 14 Trisomy xxy	pm in ressively od con r punct C ningitis eport. (cle palm	drowsy state. He suffered for increasing headache for last pliance. On examination, houre was normal. Fundoscop Migraine On examination this child have crease. What is the most patient was found the male patient was found the drows of the most patient.	it st e yy sis st
118	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mon coarse likely file A D	Albuminuria B Electrolyte In Hypokalemia and Hypochlo rears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern this old dysmorphic male chief faces, up slanting eyes, protrinding in his karyotyping report Translocation 14 to 18 Trisomy 21	mbalar rmia medic ed. His eek. He afebrile ost pro B ild brow ruded t? B E rior to	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing Trisomy 14 Trisomy 14 Trisomy xxy employment in Saudi Arabia, a	pm in ressively od con r punct C ningitis eport. (cle palm	drowsy state. He suffered for increasing headache for last pliance. On examination, houre was normal. Fundoscop Migraine On examination this child had her crease. What is the most patient was found thou ormal. On further work up to the sufficient of the sufficient was found the commandation.	it st e yy as st at he bys
118	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mon coarse likely find A D While this certification.	Albuminuria B Electrolyte In Hypokalemia and Hypochlo years-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern of the second dysmorphic male chief acces, up slanting eyes, protesting in his karyotyping report Translocation 14 to 18 Trisomy 21 doing routine investigations parts of the second dysmorphic male chief acces.	mbalar rmia medic ed. His eek. He afebrile ost pro B ild brounded t? B E rior to	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing Trisomy 14 Trisomy xxy employment in Saudi Arabia, at two to three times the upper lines he takes medicines on and o	pm in ressively pod confirmation provided the palmingitis report. Calle palmingitis report. Call	drowsy state. He suffered for increasing headache for last pliance. On examination, houre was normal. Fundoscop Migraine On examination this child had her crease. What is the most partial to make the most partial to further work up to make the did not know a second but he did not know a second to make the did not know a second but he did not know a second but he did not know a second to make the did not know	it st e yy as st at he he
118	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mon coarse likely find A D While this certification.	Albuminuria B Electrolyte In Hypokalemia and Hypochlo years-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern of the second dysmorphic male chief acces, up slanting eyes, protesting in his karyotyping report Translocation 14 to 18 Trisomy 21 doing routine investigations parts of the second dysmorphic male chief acces.	mbalar rmia medic ed. His eek. He afebrile ost pro B ild brounded t? B E rior to	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing Trisomy 14 Trisomy xxy employment in Saudi Arabia, at two to three times the upper lines he takes medicines on and o	pm in ressively pod confirmation provided the palmingitis report. Calle palmingitis report. Call	drowsy state. He suffered for increasing headache for last pliance. On examination, houre was normal. Fundoscop Migraine On examination this child had her crease. What is the most partial to make the most partial to further work up to make the did not know a second but he did not know a second to make the did not know a second but he did not know a second but he did not know a second to make the did not know	it st e yy as st at he has st
118	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mon coarse likely find A D While this certification.	Albuminuria B Electrolyte In Hypokalemia and Hypochlo years-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern of the second dysmorphic male chief acces, up slanting eyes, protesting in his karyotyping report Translocation 14 to 18 Trisomy 21 doing routine investigations parts of the second dysmorphic male chief acces.	mbalar rmia medic ed. His eek. He afebrile ost pro B ild brounded t? B E rior to	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing Trisomy 14 Trisomy xxy employment in Saudi Arabia, at two to three times the upper lines he takes medicines on and o	pm in ressively pod confirmation provided the palmingitis report. Calle palmingitis report. Call	drowsy state. He suffered for increasing headache for last pliance. On examination, houre was normal. Fundoscop Migraine On examination this child had her crease. What is the most partial to make the most partial to further work up to make the did not know a second but he did not know a second to make the did not know a second but he did not know a second but he did not know a second to make the did not know	if t t t t t t t t t t t t t t t t t t t
	pitting common A D A 60-y before 4 mon was dr showe A D A 3 mon coarse likely file A D While his serve reveale were not a serve and	Albuminuria B Electrolyte In Hypokalemia and Hypochlo years-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we rowsy and confused. He was a did disc haziness. What is the modern of the was a large of the sold dysmorphic male chief the was a large of the sold dysmorphic male chief the was a large of th	mbalar rmia medic ed. His eek. He afebrile ost pro B ild brounded t? B E rior to I from or whice ring his but thin	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumbe bable diagnosis? Intracranial tumor E Tuberculous Me ught to OPD with karyotyping retongue and low set years, sing Trisomy 14 Trisomy 14 Trisomy xxy employment in Saudi Arabia, at two to three times the upper lines the takes medicines on and of a k is the commonest cause of ra	pm in ressively pod confirmed provided pod confirmed provided prov	drowsy state. He suffered for increasing headache for last pliance. On examination, houre was normal. Fundoscop Migraine On examination this child have crease. What is the most prize male patient was found the formal. On further work up to say, but he did not know a rum ALT? Calcoholic fatty liver disease	as st at he ways anny
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