## solved by ayaz ali khan kmcite..errors may be there. i tried my $dest_{No}$

## KHYBER MEDICAL COLLEGE PESHAWAR (EXAMINATION SECTION) INTERNAL EVALUATION EXAMINATION BLOCK-(Q) FINAL YEAR MEBS (Hald on 28 Nov. 202.0)

FINAL YEAR MBBS (Held on 28-Nov-2024)

Time Allowed: 120 Minutes

Max Marks: 120

B

IND	te: Att	empt	ALL	MCQ's.
			74	MICCO'S.

C D

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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 to be a said paper. sheet or is tempered by the student (ii) The roll number is not written on the said paper

	1	A 53 )	years old man undergo nitted 10 days later wi	es a revers	al of a loo	colostomy Ho		11 1			
		readm	nitted 10 days later wing of the loop coloston	ith sympton	ns of vom	iting and colicky	abdominal	ell and	is discharged hom	ne. He i	ST
		swellir	ng of the loop coloston	ny sita and i	+ != + !	City is the	· · ·	pairi.	On examination I	ne has	a
	-	A erect a	Anastomotic leak	levels. Wh	at is the m	ost likely underly	ing diagnos	is?	struction was ma	de. X-ra	y
	-	D	- Cur	1 15	Anas	tomotic stricture	С	Ha	aematoma		11
	2		Intra-abdominal adl	hesions			E Obstru	THE RESERVE OF THE PARTY OF THE	The state of the s		41
	1	rectum	ears old man, diagnose and sigmoid colon, w	ed with ade	nocarcino	na upper rectun				thirds	
		the pro	and sigmoid colon, w	ith anastor	nosis betw	veen distal left o	olon and re	ectal st	ump. What is the	nama	of of
		A	Abdominoperineal F	Posostina						dille	01
		D	Sigmoid colectomy	-	C. 1.	B Anterior res		H	artman's Procedu	ire	
	3	A 20-yea	ir- old gentleman preser	ntod to see	miles of	otal colectomy					
		for the	last 3 months. His pul kable. ECG, CHEST X – Ra	se was 110	/min_and	RP was 120/90	less of breat	h, palp	itation, tremors ar	nd swear	ting
		unremar	kable. ECG, CHEST X - Ra	av were also	within no	mal range What	His respira	tory ar	nd cardiac examin	nation w	vere
1		A Cogr	nitive behaviour thera	ру В							
1		D	Repeat ECG	E	Thyr	oid function test	e Flogi	ezzive	muscle relaxatio	n exerc	ises
1	4	A 44 yea	r old alcoholic presen as dark urine. What is	ts with pai	nless jaur	dice Ha bas las	t 9 kg in the	a last d			
-		and he h	as dark urine. What is	the most I	ikely diag	nosis?	c 3 kg iii tiii	2 1051 4	months. His sto	ols are	pale
1		A BII	lary colic   B Cancel	r in the tail	of pancre	as C Cancer	of the hear	1 = 5 = =			
-		D							increas		
5	-	Electro-Co	onvulsive Which of th	ne following	therapy	is the first line t	reatment				
-	-	A	Bipolar disorder	B Pos	t-trauma	ic stress disorde	THE RESERVE THE PERSON NAMED IN				
1		D (	Generalised anxiety of	disorder				C	Schizophrenia		
6	1	<ol> <li>4. 4 year.</li> </ol>	s old child has pres	sented wit	h fever	fits and unser	ression wi	th refu	isal to drink and	eat	
	1000				" ICVCI,		SCINIICNAFF	Hic.	CCT III		
-	n	neningitis	if CSF cell count is m	ore than w	which of t	ha fallowin-2	36104311633	. 1115	CSF would be s	suggest	live of
-	A	meningitis 5	if CSF cell count is m			he following?		. 1115	CSF Would be s	suggest	tive of
	D	2	0	В	10			С	15		
7	D	2	0	В	10			С	15		
7	DA	child pre	0 sents to OPD with c	B E	10 30	acad .: .:		С	15		
7	D A ot	child pre	O sents to OPD with c examination he is h	B E omplaints aving bilat	10 30	acad .: .:		С	15		
7	A D A ob co	child pre cese. On uld be th	osents to OPD with cexamination he is he location of the lesi	B E omplaints aving bilat	10 30	acad .: .:		С	15		
7	A ob co	child pre pese. On uld be th	o sents to OPD with ce examination he is he elocation of the lesi rain stem	B E omplaints aving bilat	10 30 of decre eral opti	ased vision, stu		th and	d mental slowin	g. Chile lesion	
	A ob co	child pre pese. On uld be th	osents to OPD with context of the less of	B E omplaints aving bilat ion? B	10 30 of decre eral opti	ased vision, stu atrophy. MRI	nted grow brain show	th and	d mental slowin pace occupying  Occipital lobe	g. Child	d is also . Where
7	A ob co A D A 1	child pre- pese. On uld be the Br Op .3-month	sents to OPD with cexamination he is he location of the less rain stem otic nerve	B E B B E B B B B B B B B B B B B B B B	10 30 of decre eral option Hypo Sella	ased vision, stu atrophy. MRI othalamus	nted grow brain show	th and	d mental slowin pace occupying  Occipital lobe	g. Child lesion	d is also . Where
	A ob co A D A 1	child pre- pese. On uld be the Br Op .3-month	sents to OPD with cexamination he is he location of the less rain stem otic nerve	B E B B E B B B B B B B B B B B B B B B	10 30 of decre eral option Hypo Sella	ased vision, stu atrophy. MRI othalamus	nted grow brain show	th and	d mental slowin pace occupying  Occipital lobe	g. Child lesion	d is also . Where
	A ob co A D A 1 five	child prepared of the control of the	sents to OPD with context of the less of t	omplaints aving bilation?  B E ght to you	10 30 of decre eral opti Hypo Sella in emer	ased vision, stu atrophy. MRI othalamus r supra-sellar a gency. He had	nted grow brain show rea right ear	th and	d mental slowing pace occupying  Occipital lobe	g. Child lesion	d is also . Where
	A D A 1 five pas	child precess. On uld be the Br Op .3-month e days. Sin sed loose	sents to OPD with context of the less of t	omplaints aving bilation?  B E ght to you was cryin	10 30 of decre eral opti  Hypo Sella in emer	ased vision, sture atrophy. MRI othalamus r supra-sellar agency. He had comes irritable as and posinoses.	brain show	th and ws a s	d mental slowin pace occupying  Occipital lobe arge, fever and e had vomited	g. Child lesion cough	d is also . Where from las
	A obtained	child pre- pese. On uld be the Br Op 3-month e days. Sin sed loose able. Rig	sents to OPD with cexamination he is he location of the less rain stem otic nerve s-old boy was broughce last 10 hours he estool once. On examination area and the lumbar area and sent sents to old sen	omplaints aving bilation?  B E ght to you was cryin amination	10 30 of decre eral option Hypo Sella in emer ing and be his pamp	othalamus r supra-sellar a gency. He had comes irritable er and perinea	rrea right ear ee episodical area was	th and ws a s	d mental slowin pace occupying  Occipital lobe  orge, fever and e had vomited d stained. He w	g. Child lesion cough three	d is also . Where from las
	A ob co A D A 1 five pas irrit 9000	child pre- pese. On uld be the Br Op .3-month e days. Sin sed loose able. Rig O/cmm (	sents to OPD with cexamination he is had elocation of the less rain stem of the lumbar area and rain rain stem of the lumbar area and rain rain rain rain rain rain rain rain	omplaints aving bilation?  B E ght to you was cryin mination and right il	10 30 of decre eral option Hypo Sella in emer ng and be his pamp iac fossa	othalamus r supra-sellar a gency. He had comes irritable er and perinea	rrea right ear ee episodical area was	th and ws a s	d mental slowin pace occupying  Occipital lobe  orge, fever and e had vomited d stained. He w	g. Child lesion cough three	d is also . Where from las
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8	A D A 1 five pas irrit 9000 Norn	child precesse. On uld be the Op. 3-month e days. Sin sed loose able. Rig O/cmm (mal. What	sents to OPD with cexamination he is had be location of the less rain stem of the last 10 hours he estool once. On example the lumbar area and 14000-11000/mm3), at is the most likely	omplaints aving bilation?  B E ght to you was cryin mination and right il diagnosis	Hype Sellar in emergiac fossa	ased vision, study atrophy. MRI othalamus r supra-sellar agency. He had comes irritable er and perinea were tender 65%), Plateler	rrea right ear ee episodical area was	th and ws a s	d mental slowing pace occupying  Occipital lobe  orge, fever and the had vomited distained. He will be selected by the selecte	g. Child lesion cough three to vas stra 5-14.5g	from last times an aining aining an
8	A D A 1 five pas irrit 9000 Norn	child pre- pese. On uld be the Br Op. 3-monthe days. Sin sed loose able. Rig O/cmm ( mal. Wha	sents to OPD with context of the less of the lumbar area and the lumbar area of the lumbar area of the lumbar of the lumba	omplaints aving bilation?  B E ght to you was cryinomination and right ill, Polys: 7 diagnosis:  B	Hypo Sella in emer ing and be his pamp iac fossa 75% (50	othalamus r supra-sellar a gency. He had comes irritable er and perinea were tender 65%), Platele	rrea right ear ee episodical area was	th and ws a s	d mental slowing pace occupying  Occipital lobe  orge, fever and the had vomited distained. He will be selected by the selecte	g. Child lesion cough three to vas stra 5-14.5g	from last times an aining aining an
8	A D A 1 five pas irrit 9000 Norn A D	child pre- pese. On uld be the Br Og. 3-month e days. Sin sed loose able. Rig O/cmm ( mal. Wha	sents to OPD with cexamination he is had elocation of the less rain stem otic nerve sold boy was broughted last 10 hours he estool once. On examination of the lumbar area and (4000-11000/mm3), at is the most likely of the gastroenteritis elumonia	omplaints aving bilat ion?  B E ght to you was cryin mination nd right il polys: 7 diagnosis	Hypo Sella in emer ag and be his pampiac fossa 75% (50-2)	ased vision, stuct atrophy. MRI othalamus r supra-sellar agency. He had comes irritable er and perinea were tender (65%), Platelet susception icemia	right ear e episodical area was ts: 35000	th and ws a s	d mental slowing pace occupying  Occipital lobe  orge, fever and the had vomited distained. He will be stained. He will be selected by the sel	g. Child lesion cough three tras strates 5-14.5g 000/m	from last times an aining an aining arm 3), CX
8	A D A 1 five passirrit 9000 Norn A D A 32	child pre- pese. On uld be the original of the original	sents to OPD with contexamination he is had a location of the less that stem of the less that lumbar area and stem of the location of the likely of the gastroenteritis the most likely of the gastroenteritis that was involved that the location of the less that location of the location o	omplaints aving bilation?  B Eght to you was crying mination and right ill, Polys: 7 diagnosis:  B C d in a roa	Hypo Sella in emering and be his pampiac fossa 75% (50-	esed vision, stuck atrophy. MRI othalamus r supra-sellar a gency. He had comes irritable er and perinea were tender 65%), Platelet susception icemia	right ear of episodical area was:  His labs	th and ws a silver and control of the control of th	d mental slowing pace occupying  Occipital lobe  orge, fever and e had vomited d stained. He was the series of the	g. Child lesion cough three tras stras 5-14.5g 000/m	d is also. Where from lastimes an aining an aining an aining are see
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В	A D A 1 five pas irrit 9000 Norn A D A 32 spler	child pre- pese. On uld be the Br Op. 3-month e days. Sin sed loose able. Rig O/cmm ( mal. Wha Acu Pne year old nectomy	sents to OPD with context of the less of the lumbar area and the lumbar area and the lumbar area of the	omplaints aving bilat ion?  B E ght to you was cryin mination nd right il , Polys: 7 diagnosis  B E d in a roa On the se	Hypo Sella in emer lag and be his pampiac fossa 75% (50-2) Intus Sept and traffic condidates and traffic condidate	ased vision, stuctory, MRI othalamus r supra-sellar agency. He had comes irritable er and perinea were tender 65%), Platelet susception icemia accident and	right ear de episodical area was ts: 35000	th and ws a s	d mental slowin pace occupying  Occipital lobe  orge, fever and e had vomited d stained. He was the series of the	g. Child lesion cough three to as strain 5-14.5g 000/m	from lass times an aining an aining an aining arm 3), CX
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8	A D A obtoo CO A D A 1 five passirrit 9000 Norri A D A 32 spler tende	child pre- pese. On uld be the pese. On uld be the pese. On uld be the pese. Or uld be pese. O	sents to OPD with contexamination he is had a location of the less rain stem of the last 10 hours he is stool once. On example of the lumbar area and rain rain and rain rain rain rain rain rain rain rain	omplaints aving bilat ion?  B E ght to you was cryin mination d right il , Polys: 7 diagnosis  d in a roa on the se igastric fu	Hypo Sella in emer ng and be his pampiac fossa 75% (50-7) Intus Sept cond da Ilness, H	ased vision, stuck atrophy. MRI othalamus r supra-sellar a gency. He had comes irritable er and perinea were tender 65%), Platelet susception icemia accident and y post-op, his efeels pauseo	riea right ear de episodical area was ts: 35000	th and ws a sign of the sign o	d mental slowing pace occupying  Occipital lobe  orge, fever and e had vomited d stained. He was the series of the	g. Child lesion cough three the vas stra 5-14.5g 000/m	d is also. Where from lastimes and aining aining and aining aining and aining aining and aining ainin
B	A D A 1 five pas irrit 9000 Norn A D A 32 spler tende press	child pre- pese. On uld be the Br Og. 3-month e days. Sin sed loose able. Rig O/cmm ( mal. Wha Acu Pne year old nectomy er and he sure has i	sents to OPD with context of the less of t	omplaints aving bilat ion?  B E ght to you was cryin mination nd right il polys: 7 diagnosis:  B E d in a roa on the se igastric fu /40 mmH	Hypo Sella in emering and be his pampiac fossa 75% (50-2) Inturbed traffic cond da llness. High and he grand he	ased vision, stuce atrophy. MRI othalamus r supra-sellar a gency. He had comes irritable er and perinea were tender 65%), Platelet susception icemia accident and y post-op, his e feels nauseo has a pulse ra	riea right ear de episodical area was ts: 35000 was open abdome	th and ws a s	d mental slowin pace occupying  Occipital lobe  orge, fever and the had vomited distained. He will be septic Ulcer  Peptic Ulcer  for abdominal comes gradual distained and the minute. A septic unit of the minute of the minute.	g. Child lesion cough three to vas stra 5-14.5g 000/m	from lass times an aining aining an aining
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	/	9							
	10	) In							
		h > 1	O-year-old woman presents to to the commune diseases. What is the						
		1,92	a history of Raynaud's phenom Dermatomyositis			- butter	fly-sh	aped rash on her face. She	
		A	a history of Raynaud's phenomomy of Raynaud's phenomomy of Raynaud's phenomomy of the state of the systemic lupus erythems of the systemic lupus erythems.	he clinic	with fatigue, joint pain, and	er medi	cal pr	oblems of farmy matery of	1
	1	D	Der Der Whenom	enon an	d oral ulcers. She had no oth	n?		-idosis	11
	11	A 7	Syste Systemation Systemation Systemator Sys	most lik	ely diagnosis for her condition	C	Sa	rcoldosis	
		COD	Systemic lupus erythemat year old child is on medica rolled. Parents ask about dis	В	Rheumatoid arthritis	nic sclere	osis	His seizures are well	
						-clonic	epiler	ion of antiepileptic drugs	
		A	s) is usually in the about dis	tion for	primary generalized tollie	Discont	tinuat	1011 01	
	-	D	1 Year	ild is fre	e of seizures for at least		12	Years	
	12	AAG	Os) is usually indicated when ch	В	1 5 Years	C		12 0000	1
		resp	-year-old man with	E	3 Years		1 770	thotrexate. He had a got	1
		incre	2.5 Years  -year-old man with a history of the treatment and his cased. What is the most appropriate the control of the contro	f polym	yositis is treated with predni	isone ar	maliz	ed and his muscle screen?	
		A	What is the	symptor	ns improved. His serum CK le	evel nor	1110	and treatment respe	
-	10	D	Anti-Jo-1 antil	riate in	vestigation to monitor his dis	sease ac	CI	eatinine Kinase	
	13	A 32	Electromyography	В	Anti-nuclear antibody	-		During the	2
		proce	edure di woman undergoes	a lana	Muscle biopsy	under s	ener	al anesthesia. During	2
		anesi	thesiolary a rapid	rise in	body temperature muscle	rigidit	y, an	d metabolic acidosism o	f
		actio	thesiologist suspects malignar n of dantrolene?	nt hype	rthermia and administers d	lantrole	ne. V	that is the mechanic	
		A	Reduces the production of					" esterase at the	
		-	heat by the mitochondria		cks calcium release from	C Inhib	its ace	etylcholinesterase at the	1
		D	Prevents the hinding of	the		neuro	omuse	cular junction	
-	14	+	Prevents the binding of ac nicotinic receptors	etylchol	line to the E Stimulat	es the h	ypotr	nalamic	1
		A 45	years aged male	ntc with	thermor		ry cer	leg due to compression o	f
		the sp	pinal nerve roots. What condition	on is me	ost likely causing those symp	ng in the	tigin	lieg due to	-
		D		В	Degenerative spine disease	se C	Н	erniated disc	4
1	1.5		Lordosis	F	0-1	THE RESERVE TO SERVE			-
		A liew	ly born male baby was brough	nt to sur	raical ODD with hard-in-th-	ugh the	umb	ilicus while crying. On	
			" tiele was a reducible	umbilica	al swelling with a defect of a	bout 1x	1 cm.	What is the most	
			CT Control Step?						+
		D	CT Scan abdomen B Hern Reassurance			al analge	esics a	and antibiotics	-
1	6	A 25 V		E	Ultrasound abdomen			- I decadors fire	+
		night	rear old <mark>student</mark> while on a t Next day he developed dizz	rip to E	Balakot in the northern belt	t, passe	dad	isturbed and sleepless in-	of
		Migrai	ne. What is the most likely dia	iness, r	leadache, nausea and vom	niting. H	le has	s positive family mistory	
		A	Acute mountain sickness	B	Cluster headache	С		ood poisoning	
		D	High altitude cerebral eder		E Migraine headach			oou poisoning	
17	,	A 21-ve	ear-old lady visited an antena				ining	of intractable vomiting. O	n
			ation, she was severely dehy						
			owing is the first line treatme				4-		
		A	Antiemetics	В	Corticosteroids	C	1	ntravenous fluids	
		D	Thiamine supplementation			Usode	choli	cacid	
18		A 3 year	rs old male child presented w	ith loos	e motion and vomiting for	last 1 m	onth	. He was born full term NV	D,
	1	ne was	breast fed for 1 month ther	starte	d with bottle feeding and	was sta	rted	on diluted formula milk. F	lis
	10	omnler	mentary feed was started at	1-year	age. On examination he is	severel	y was	sted child with old wise m	an
	f	acies ar	nd loose hanging skin over th	e arms	and buttocks. What is the	most lik	ely di	agnosis for this child?	
	A		Kwashiorkor	В	Marasmic khwashiorkor	(		Marasmus	
	1-		Chumting	E	Underweight				
10			I II - f t massantad wit	h uncor	ntrolled fits. She was born	full te	rm N	VD with immediate cry af	ter
19	1-	: +4 0/	E the infant has round Doll !	ike Face	es, GTC fits, hypotonic, and	a gross	hepat	comegaly. Her RBS is 40mg	s/dl
	b	irtn. U/	m triglycerides more than 50	Omg/d	I. The most likely diagnosis	s is?			
		action to be supply	m trigiyeerides more than so	В	Glycogen storage disord	er	C	Meningitis	
	A		Galactosemia	-	Concir				
	D		Pneumonia old child is brought by pare	-	sive weight loss n	allor ar	nd loc	se motions since 6 month	ns of
0	A	2 years	old child is brought by pare was passing loose, bulky stoo	1 0/5	the child had visible sever	e wasti	ng, ar	nd palmer pallor. His stoo	R/E
	ag	e. He w	vas passing loose, bulky stoc	I. U/E C	al pus cells. His TSH was	normal	and	dietary intake was suffic	ient.
	sh	owed r	no ova or cyst, no RBCs and	norma	di pus celis. His isti was	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	W	hat is th	ne most likely diagnosis?			T	С	Celiac disease	
	A		Abdominal TB	В	Amoebiasis		-	CCHCC CHCCCCC	
			Giardiasis	E	Inflammatory bowel dis	ease			
1	D		Old Glad						

	paralysis. Despite supportion intervention to accelerate re	Illain-Barré sy	ndrome is admitted with rap condition continues to dete			В
-	intervention to accelerate re	covery?	condition continues to dete	riorata Wi	sive weakness and ascer	nding
-	A Gabapentin B			morace, tyl	iat is the most approp	griate
L	D IV hydrocartisone	E	Immunoglobulin (IVIG) Plasmapharesis	C	IV B12 therapy	
2	A 40 years shopkeeper was bro was no history of any respirato	Sught to Apr	The second live between the second live and th			
	was no history of any respirato Pulse was 120/minutes, BP was	ory illness or sy	mptoms. On Examination he	k blood per o	ral about an hour before.	There
	Pulse was 120/minutes, BP was Gl endocscopy was planned. Wi	90/40mmHg.	After initial resuscitation with I	V fluid, and	ing, his Temperature was proton pump inhibitor, an	98.4F,
	Gl endocscopy was planned. Wi	CONTRACTOR OF THE PARTY OF THE	The state of this proce	dure?		
	D After 72 hours	В	24-48 hours	C	48-72 hours	
23	- 7110013	E with sudden	After 1 week			
	A 50 years old man presents thinks that the patient mig appropriate investigation for	int be suffer	ing from acute pancreatiti	um radiatings. Which o	g to the back. The cons f the following is the	sultant e most
	A Computerized Tomogra		Elevated serum	C Endosc	opic Retrograde	
	(CT) with pancreatic pr		amylase or lipase levels	Account to the second s	giopancreatography (E	RCP)
	D Ultrasound of the abdor		Magnetic Resonance Cholan			
24	A patient with severe obesity				Vhich procedure is ass	ociated
	with a higher risk of postopera	the same of the sa		STREET, STREET		
	A Adjustable Gastric		opancreatic Diversion with	C	Roux-en-Y Gastric By	pass
-	Banding		odenal Switch (BPD/DS)			
	D Sleeve Gastrectomy A 30-year-old woman was fou	E	Vertical Banded Gastrop			des servit
	to her. She was unresponsive breathing. She was given nalox cocaine and opioids. What is the	one intraver e most approp	ously and regained conscion riate initial investigation to as	usness. A u sess the exte	rine drug screen is pos ent of her cocaine toxicit	sitive for
	A Arterial blood gas	В	Chest x-ray	С	ECG	
	D Serum creatinine	E	Serum troponin	Ui- CT abas	t abdemon and notice	ic
26	A 45 years old man is diagnosed	d with rectal	cancer on histopathology.	His Ci ches	t abdomen and pelvis	15
	normal except rectal thickening	with obscur	e demarcation with urinary	bladder. F	as with pervis shows to	umoui
	growth beyond anterior rectal	wall and invo	Ivement of seminal vesicle	s and eniar	gement of perfrectars	ympn
	nodes. What is stage of the dise				TO 414 540	
	A T1, N1, M0	В	T1, N0, M1	С	T2, N1, M0	
	T3, N1, M0	E	T4, N1, M0		100000000000000000000000000000000000000	
27 /	A 55-year-old man with Granu	ilomatosis v	ith polyangiitis develope	d severe c	yclophosphamide-rel	ated side
1 6	ffects during induction therapy	. What altern	ative therapy is the most suit	able for cor	itinued remission maint	tenance?
A	Azathioprine	В	Belimumab	С	Methotrexate	
D	Mycophenolate mofeti	il E	Rituximab			
8 A	five years old hov was brough	t to you wit	h complaints of fever, pa	in abdome	n and vomiting for la	ast 4 days.
0	examination the patient was	s having jau	ndice and liver was palpa	able 5cm b	elow right costal ma	argin. Two
WE	eks back his elder brother als	o suffered s	imilar illness. Investigatio	ns showed	I normal CBC, and El	ectrolytes.
AI	T was 1500 (Normal <45) ALP	was 300 (No	ormal: <250), Serum Biliru	ibin was 5.	HBS Ag was Negativ	ve. What is
	investigation of choice to con					
	HBS Ag	В	Anti HCV Antibodies	С	Anti-Hepatitis A V	irus IgG
A		<u> </u>	U/S Abdomen			
D	Anti-Hepatitis A Virus Ig 5-year-old man presents to th	O OPPOSE		ed mental	status tachycardia	tachynnon
A 45	year-old man presents to th	e emergeno	y department with after	do had a h	istory of schizonhan	nia and ha
and	a core body temperature of	41°C and re	atures of Parkinsonism. r	Te Hau a H	istory or schizopine	illa alla lla
beer	taking clozapine for the pa	st year. He	r Full blood count, Urine	K/E, Che	st X-Ray, blood cut	lures, onn
Cultu	res, Ultrasound abdomen	are all nor	mal. Her TSH and Cre	atine Pho	sphokinase (CPK)	are norma
Appr	ently, the cause of fever co	uld not be	identified after exhausti	ve investi	gations. What is the	e most like
diagn						
CONTRACTOR OF THE PARTY OF THE		Malignar	nt hyperthermia C	Neurolen	tic malignant syndro	ome
A	Heat strong			redioiep	tie mangrane synare	J.1.10
D	Serotonin syndrome		Thyroid storm			
A 43-1	rear-old woman presented w	vith a three	-week history of interm	ittent hea	idache, nausea and	I tatigue. I
hucha	nd and children also had sim	nilar sympte	oms. They were all diag	nosed wit	th a viral syndrome	by a priv
lasud	. The symptoms began whe	n it starte	to get cold The symm	otoms are	worsening in the	morning
doctor	. The symptoms began whe	ar it started	DD 122/74 results	ulco 92/m	inute and Passina	tonyrata
mprov	re while she was at work. He	er vitals sho	ow BP 123/74 mmHg, p	uise 83/m	illiute, and Kespira	tory rate
2 whi	e 02 sats 98%. What investig	gation woul	d you advise to this pati	ient?		
	CSF analysis to exclude vir			noglobin (	COHb) level C	Lead leve
1	Cor allalysis to exclude vil	a		0 /		
				or influer	172/COVID +00+	
)	Mono spot test		Nasal pharyngeal swab f	or influer	za/COVID test	

21 A 40-year-old

1						В
31	A	One		ith complaints of loose motions a		witing for last 2 days. On
	exa	aminati old boy we		ith complaints of loose motions of g. Eyes were sunken and he was e	and voi	drinking. CBC, Electrolytes
	an	RETE Was brought	to you w	ith complaints of loos g. Eyes were sunken and he was e the most appropriate step in man	ageriy	nt? - 4 hours
	A	were with an initable	and cryin	g. Eyes were sumo	age	ORS 75ml/kg
	-	rol and 10% IV	e. What is	the most opp	The second second	· · · · · reassess
	D	Injection	beautten	ding along Willi aller	d give	oral paracetains
32	+	Wetron:		E list re-assure		the last one year.
	1 7	5 Vear all		11 - b	MERKIT	timh Duve.
	Exa	mination of the law	the medi	cal outpatients with lower lim	b, flacc	id right lowe.
					in righ	
	-	miski reflex hilatorall	3 III left	lower line)		Hinle Sciences
	1	Chronic Inflament	the most i	TRETY UTAGITOSIST	syndro	me o
3	AA	Poliomyelitis	F			
	ulce	o-year-old male complains of p	ostprand	yneuropathy   B   Guillain Barre   Stroke   Stroke   Guillain Barre   Stroke   Strok	per GI	t is the most appropriate
	mai	lagements	Biopsy			
	A	A			aton P	ump Inhibitor therapy
		Antacid therapy B H	2 Recepto	r antagonist therapy C Pr	OLUIT	1 mis
4	A 39	vear old man be	E	H. pylori eradication therapy	anus. (	on examination, the lump is
	war	m, erythematous and tank	Ipable ma	H. pylori eradication therapy ass for the past 6 weeks near his history of diabetes. What is the SI	NGLE n	nost likely diagnosis?
	Α	Anal fissure	ne nas a r	listory of diabetes, white is en-	C F	Perianal haematoma
	D		В			
5	A 55		eritonitic		ng him	for exploratory laparotomy,
	find	grossly contaminated peritone	al cavity	, the surgical team while operation with perforated tumour in upper	third o	f the rectum. They decide
	0010	sect the tumour, bring out sign	noid colc	with perforated tumour in upper n as end stoma and close the rer	naining	rectal stump. What is the
	nam	e of this procedure?				
	Α	Abdominoperineal resect	ion	B Anterior Resection	C	Double barrel colostomy
	D	Hartman's Procedure	E	Paul Mickulikz Procedure dical outpatients with bilateral		Naurological
	exan	nination of the lower limbs rev	ealed: Ind	dical outpatients with bilateral creased tone, power 2/5 right lov	Cha al	so gave a history significant
	visua	l loss in right eye 2 years ba	ack that	responded to methyl prednisol	one in	jections. What could be the
	possi	ble diagnosis in this case?				Multiple sclerosis
	Α	Guillain Barre Syndrome	В	Tubercolous meningitis	С	Multiple scierosis
	D	Myasthenia gravis	E	Neuro-syphilis	1	she took an unknow
	A 23-	year-old woman was admitted to	the inter	nsive care unit with severe amphet	tomne	rature of 42°C, rhabdomyolysis
	amou	nt of ecstasy and methampheta	mine at a	rave party. She had a core body ular coagulation. She was given in	traveno	us fluids, cooling measures, an
	activa	ted charcoal What is the most a	nnronriat	e pharmacological treatment for he	r condi	tion?
7524 2255	A A	Benzodiazepines	В	Beta-blockers	C	Naloxone
-	D	Norepinephrine	E	Sodium bicarbonate		
	D 45	Notebiliebiline	ith rocu	rent sinusitis, nose bleeds, and	ioint	pains. She also complained
1	c	d unintentional waight le	acc aver	the nast few months. Physical	examil	lation revealed masar crusen
	atigu	e and difficentional weight to	lar lah re	sults showed creatinine Of 2.21	mg/dl,	ESR Of 110mm/hr. and CRP
1	and te	ormal value: <5). What is the	most lik	ely diagnosis?		
STATE OF THE PARTY OF	MANAGEMENT AND ADDRESS.	formal value: <5). What is the	angiitis (	GPA) B Polymyalgia rheu	ımatica	C Rheumatoid arthritis
F		Granulomatosis with poly	THE RESERVE THE PARTY OF THE PA	Systemic lupus erythematosu		
C	)	Sjögren's syndrome	E	and swelling in lower limb join	ats for	last 2 months. On examinat
A	6 ye	ars old male child presented	with pair	and swelling it lower initia join	woller	bot and tender to touch.
h	e is a	ctive alert with limping gait.	His both	h knee and ankle joints were s	would b	on the first line of treatment
E	SR is	100mm/ 1st Hour. Rest of sys	temic ex	amination was normal. What w	TOURGE L	Intra Articular Steroids
A		Antibiotics	В	DMARDS	C	IIII a Ai ticulai Steroius
0.000			E	Oral Steroids		
^	20		y of SLE	develops a flare during her se	cond t	rimester of pregnancy. She
ar		e rach and blocelliuld. Her	F	What is the most appropriate	e inves	stigation to monitor her disc
A	thriti	s, rash, and province and prov	dnisone	VVIId 13 the most app. op.		
ta	king l	hydroxychloroquine and pre-	dnisone.	What is the most appropria		
ta	king l	nydroxychloroquine and pre- and fetal well-being?	dnisone.			
ac A	king l	nydroxychloroquine and pre- and fetal well-being? Anti-dsDNA antibodies	dnisone.	C3 and C4 levels and	C	ESR and CRP levels and
ac	king l	and fetal well-being?  Anti-dsDNA antibodies  and fetal heart rate	B B	C3 and C4 levels and umbilical artery Doppler	C	ESR and CRP levels and biophysical profile
ac A	king l	and fetal well-being?  Anti-dsDNA antibodies  and fetal heart rate	B B	C3 and C4 levels and umbilical artery Doppler rtery E Urine protein-t	C	ESR and CRP levels and
ac	king l	nydroxychloroquine and pre- and fetal well-being? Anti-dsDNA antibodies	B B	C3 and C4 levels and umbilical artery Doppler	C	ESR and CRP levels and biophysical profile

50	TAI			- Fanati	or bike accident	. He is the	naving decreased conscious e GCS of the patient?
	A young bo	y presents to you in	your OPD	with history of mote	al response. Wh	c a	
	level. He ca	in localize pain only	with no eye	response and vers		<u></u>	- slopic
-	A 7		В	8		Color	ile generalized tonic-cionic
51	D 1	)	E	12	d with recurrer	it afebi	f spizures?
21	A 5 Years	old child with normal hich of the following	al developr	nent has presented	of choice for this	s type o	hapytoin
	seizures. W	hich of the following	s is consider	red to be the drug c		CP	hellytom
	A C	rhamana.i.a	B	Phenobarbitai			- inor physical
	D To	piramate	E	Valproate	10 months hist	ory of	fatigue after minor physical is of headache for which all it are within normal range.
52	A 28- year-	old gentleman pres	ented to a	psychiatrist with a	a associated sy	mptom	s of headache
	activity whi	ch doesn't resolve v	vith sleep a	ind rest. He has als	the CBC and	head C	T are Within Horns
	relevant ph	vsical examination	and investi	gations ESR, ASO	itie, coo		
		likely diagnosis?				CF	is of headache for the state of
		mich diagnosis		ncrion			
	D H	nothyroidism	E	Somatoform pa	in disorder.	ia and	pleuritic chest pain. What is
53	A patient re	coiving parenteral n	utrition exi	iancos sudden o	Vspnea, hypox	ia, uria	pleuritic chest pain. What is
33	A patient re	ceiving parenteral nely complication, and	d what sho	uld be evaluated in	nmediately	Darant	eral nutrition-associated
+	the most like	ly complication, and		Hyperglycemia;	blood	Parent	sease; liver function
		ntral venous cathete	51-	glucose levels		liver a	sease, liver rainbalances
	rela	ated bloodstream	nulmanan.	e Da	feeding syndro	me; ele	ctrolyte imbalances
	D Pulmo	onary embolism; CT	pulmonary				
	angiog	raphy	Table 1	I t abdamin	al pain in the r	ight lov	ver quadrant since morning.
4	A 23 years o	d woman presents	with gradu	iai onset abdomini	ination reveals	mild to	ver quadrant since morning, enderness in the right lower citis. Which of the following
	On examinat	ion her vital signs a	ire normal.	Abdominal exam	nation reveals	nnendi	citis. Which of the following
	quadrant. Th	e consultant surgeo	n wants to	confirm the diagr	iosis of acute a	pperior	citis. Which of the following opendicitis
	invoctigation	have the highest's	GIISILIVILY a	ila specificati	The second secon	ti D	enance Imaging
	1 Compi	iterized Tomograph	N B Co	mplete Blood Cou	nt C Magne	etic Res	onance Imaging
	A Compu	n x rays of the abdo	men	E	Jitrasound of t	he Abd	omen and Pelvis
L				omplaints of head	ache and vomi	ting. O	n examination child is having brain done and shows lesion
A	child age 3y	rs presents to the	spa with co	rological evaminat	ion is normal.	MRI of	brain done and shows lesion
b	ilateral papil	ledema while the r	est of neur	Ological examinat	na in children?		
ir	n posterior fo	ssa. What is the mo	ost commo	on tumor in this are	za iri cimurcir.		Glioma
A		erminoma	В	Germinoma		C	Gilottia
D	Men	ingioma	E	Pilocytic astrocy	rtoma		
1		AF ware had a str	oke about	5 years ago, and	ow presented	l to a p	hysician with stiff right uppe n in this patient?
A	patient ageu	and gate abnorma	lity Which	h of the following	gate types can	be see	n in this patient?
an			Tilty. VVIIIci	Ataria gata	Barray	С	Lurching gate
A	Scisso	or gate	В	Ataxic gate			
D	Spast	ic gate	E	Steppage gate			Leelth sara provider Whi
A 2	20-vears-old	man got grand ma	I fit while	taking bath in swi	mming pool. Y	ou are	a health care provider. Wha
Iwo	uld be your	first step in his mai	nagement	?			
		A STREET OF THE PARTY OF THE PA	avo him av	vay from the water	r C Puth	ard ob	ect in his mouth
Α	Give IV d						
D	Put hi	m lateral position	E	Shift him to nea	Irby nospital		an haloneridol
In the second second	0 vears old i	patient was diagno	osed as Pa	rkinsonian by a le	ocal GP docto	r and v	vas started on haloperidol
A 70			his summ	toms of rigidity a	nd bradykines	ia wor	sened. Which of the follow
A 70	agitated stat	a After one week	THIS SVIIII	TOTTIS OF FIETURE			
his a	agitated stat	e. After one week	ostion+2	itoms of rigidity a			
his a	agitated stat ne <mark>most likel</mark> y	y diagnosis in this I	patient?				
his a	agitated stat ne <mark>most likel</mark> y	e. After one week diagnosis in this pody dementia	patient?	Mutiple system	atrophy.	С	Multiple sclerosis
his a is th	agitated states	y diagnosis in this poody dementia	patient? B enhalus	Mutiple system	atrophy.	C	Multiple sclerosis
his a is th	agitated states	y diagnosis in this poody dementia	patient? B enhalus	Mutiple system	atrophy.	C	Multiple sclerosis
his a is th	agitated state most likely be Lewy be Norma	y diagnosis in this pody dementia  I pressure hydroce	ephalus.	Mutiple system  E P	atrophy. rogressive sup	C pranuc grade	Multiple sclerosis lear palsy fever, severe headache
his a is the A D A 25	ne most likely Lewy b Norma 5-years-old g	y diagnosis in this poody dementia I pressure hydrocegirl was brought	ephalus. to medica	Mutiple system  E P  al emergency roo e was 110/min, E	atrophy. rogressive supom with high 3P 110/70, Te	C pranuc grade mp 10	Multiple sclerosis lear palsy fever, severe headache 1F with marked neck stiffn
his a is the A D A 25	ne most likely Lewy b Norma 5-years-old g	y diagnosis in this poody dementia I pressure hydrocegirl was brought	ephalus. to medica	Mutiple system  E P  al emergency roo e was 110/min, E	atrophy. rogressive supom with high 3P 110/70, Te	C pranuc grade mp 10	Multiple sclerosis lear palsy fever, severe headache 1F with marked neck stiffn
his a is the A D A 25 profu	agitated state ne most likely Lewy b Norma 5-years-old g use vomiting e was no ras	y diagnosis in this prody dementia I pressure hydrocegirl was brought B. On examination The on body. She was	ephalus.  to medical, her pulse as taking r	Mutiple system  E P  al emergency roo e was 110/min, E	atrophy. rogressive supom with high 3P 110/70, Te	C pranuc grade mp 10	Multiple sclerosis lear palsy fever, severe headache
his a is the A D A 25 profu	agitated state ne most likely Lewy b Norma 5-years-old g use vomiting e was no ras	y diagnosis in this prody dementia  I pressure hydroce girl was brought g. On examination sh on body. She was t probable cause?	patient? B ephalus. to medica h her pulse as taking r	Mutiple system  E P al emergency roo e was 110/min, E medicine for right	atrophy. rogressive supom with high BP 110/70, Te t chronic supp	coranuc grade mp 10:	Multiple sclerosis lear palsy fever, severe headache 1F with marked neck stiffn e otitis media. Which organ
his a is the A D A 25 profu	agitated state ne most likely Lewy b Norma 5-years-old g use vomiting e was no ras	y diagnosis in this prody dementia I pressure hydrocegirl was brought B. On examination The on body. She was	ephalus.  to medical, her pulse as taking r	Mutiple system  E P  al emergency roo e was 110/min, E	atrophy.  rogressive supom with high BP 110/70, Te t chronic supp	C grade mp 10:	Multiple sclerosis lear palsy fever, severe headache Fr with marked neck stiffn otitis media. Which organ
his a is the A D A 25 profu	agitated state ne most likely Lewy b Norma 5-years-old g use vomiting e was no ras d be the mos	y diagnosis in this prody dementiand of the pressure hydrocological was brought and on examination on body. She was probable cause infection	patient? B ephalus. to medica , her pulse as taking r  B	Mutiple system  E P al emergency roo e was 110/min, E medicine for right	atrophy.  rogressive supom with high BP 110/70, Te t chronic supp	C grade mp 10:	Multiple sclerosis lear palsy fever, severe headache 1F with marked neck stiffn e otitis media. Which organ
his a is the A D A 25 profu	Norma 5-years-old g was no ras be the mos	y diagnosis in this prody dementia  I pressure hydroce girl was brought g. On examination sh on body. She was t probable cause? infection	patient? B ephalus. to medica her pulse as taking r B osis	Mutiple system  E P  al emergency roo e was 110/min, E medicine for right  Meningococcal	atrophy.  rogressive supom with high BP 110/70, Te t chronic suppomption  E Pneu	coranuc grade mp 10 corative	Multiple sclerosis lear palsy fever, severe headache IF with marked neck stiffn otitis media. Which organ Mucormycosis cal infection
his a is the A D A 25 profu	Norma 5-years-old ge was no ras d be the mos Listeria mycoba	y diagnosis in this prody dementia I pressure hydroce girl was brought g. On examination th on body. She was triprobable cause infection acterium Tubercul	ephalus. to medica , her pulse as taking r  B  osis h history o	Mutiple system  E P  al emergency roo e was 110/min, E medicine for right  Meningococcal	atrophy. Progressive supom—with high BP 110/70, Te t chronic suppomer infection E Pneurong with blinking	grade mp 10: oorative C mococcing mo	Multiple sclerosis lear palsy fever, severe headache fr with marked neck stiffn e otitis media. Which organ  Mucormycosis cal infection vements, with transient lo
his a is the A D A 25 profu	Norma 5-years-old ge was no ras d be the mos Listeria mycoba	y diagnosis in this prody dementia I pressure hydroce girl was brought g. On examination th on body. She was triprobable cause infection acterium Tubercul	ephalus. to medica , her pulse as taking r  B  osis h history o	Mutiple system  E P  al emergency roo e was 110/min, E medicine for right  Meningococcal	atrophy. Progressive supom—with high BP 110/70, Te t chronic suppomer infection E Pneurong with blinking	grade mp 10: oorative C mococcing mo	Multiple sclerosis lear palsy fever, severe headache fr with marked neck stiffn e otitis media. Which organ  Mucormycosis cal infection vements, with transient lo
his a is the A D A 25 profut There a could A D A 5 years on a 5 years	Agitated state in most likely be nost likely be nos	y diagnosis in this prody dementia  I pressure hydroce girl was brought g. On examination to body. She was the probable cause? Infection to the product of t	ephalus. to medica , her pulse as taking r  B  osis h history o	Mutiple system  E P  al emergency roo e was 110/min, E medicine for right  Meningococcal  of recurrent stari were suggestive	atrophy. Progressive supom—with high BP 110/70, Te t chronic suppomer infection E Pneurong with blinking	grade mp 10: oorative C mococcing mo	Multiple sclerosis lear palsy fever, severe headache IF with marked neck stiffn otitis media. Which organ Mucormycosis cal infection
his a is the A D A 25 profut There a could A D A 5 years on a 5 years	ne most likely  Lewy be Norma 5-years-old ge was no rase was no rase be the most mycobal ears old boy riun. His confeptics is the	y diagnosis in this poody dementia Il pressure hydroce girl was brought g. On examination th on body. She was t probable cause infection teterium Tubercul was brought with linical and EEG the drug of choice in	ephalus. to medica , her pulse as taking r  B  osis h history of finding v for this pa	Mutiple system  E P  al emergency roo e was 110/min, E  medicine for right  Meningococcal  of recurrent stari were suggestive attient?	atrophy. Progressive supom—with high BP 110/70, Te t chronic suppomer infection E Pneurong with blinking	coranuc grade mp 10 corative C mococc ang mo	Multiple sclerosis lear palsy fever, severe headache for with marked neck stiffing otitis media. Which organ  Mucormycosis cal infection vements, with transient loadings. Which of the followings.
his a is the A D A 25 profut There a could A D A 5 years on a 5 years	Agitated state in most likely be nost likely be nos	y diagnosis in this poody dementia Il pressure hydroce girl was brought g. On examination th on body. She was t probable cause infection teterium Tubercul was brought with linical and EEG the drug of choice in	ephalus. to medica , her pulse as taking r  B  osis h history o	Mutiple system  E P  al emergency roo e was 110/min, E  medicine for right  Meningococcal  of recurrent stari were suggestive	atrophy. Progressive supom—with high BP 110/70, Te t chronic suppomer infection E Pneurong with blinking	grade mp 10: oorative C mococcing mo	Multiple sclerosis lear palsy fever, severe headache fr with marked neck stiffn e otitis media. Which organ  Mucormycosis cal infection vements, with transient lo
his a is the A D A 25 profut There a could A D A 5 years on a 5 years	Norma 5-years-old ge was no ras d be the most listeria mycoba ears old boy riun. His colleptics is the	y diagnosis in this poody dementia I pressure hydrocegirl was brought as On examination the non body. She was the probable cause infection acterium Tubercular was brought with linical and EEG amide	ephalus. to medical, her pulse as taking reports. B B B B B B B B B B B B B B B B B B B	Mutiple system  E P  al emergency roo e was 110/min, E  medicine for right  Meningococcal  of recurrent stari were suggestive atient?  Clonazepam	atrophy. Progressive supom—with high BP 110/70, Te t chronic suppomer infection E Pneurong with blinking	coranuc grade mp 10 corative C mococc ang mo	Multiple sclerosis lear palsy fever, severe headache for with marked neck stiffing otitis media. Which organ  Mucormycosis cal infection vements, with transient loadings. Which of the followings.
his a is the A D A 25 profut There a Could A D A 5 years on a 5 years	ne most likely  Lewy be Norma 5-years-old ge was no rase was no rase be the most mycobal ears old boy riun. His confeptics is the	y diagnosis in this poody dementia I pressure hydrocegirl was brought as On examination the non body. She was the probable cause infection acterium Tubercular was brought with linical and EEG amide	ephalus. to medica , her pulse as taking r  B  osis h history of finding v for this pa	Mutiple system  E P  al emergency roo e was 110/min, E  medicine for right  Meningococcal  of recurrent stari were suggestive attient?	atrophy. Progressive supom—with high BP 110/70, Te t chronic suppomer infection E Pneurong with blinking	coranuc grade mp 10 corative C mococc ang mo	Multiple sclerosis lear palsy fever, severe headache for with marked neck stiffing otitis media. Which organ  Mucormycosis cal infection vements, with transient loadings. Which of the followings.
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				-			
							В
				-1000	s on inst	ulin and hypertension, presonated a mass in the head of ducts. His CA 19-9 level is a	ented
61 A 66-year-old male, a kno	own smok	er with cont	rolled diat	etes mellito	T scan st	nowed a mass in the head of ducts. His CA 19-9 level is a	of the
with painless jaundice (to	tal bilirub	in 14) from	the last Of	intrahepatio	biliary	ducts. His CA 19-9 level is a	imaly
Pancreas involving the po	rtal vein v	with dilated	extra and	Illian	11000	tment C SRCP and stent	
			p?	ervative med	lical trea	fillette	
and scopic offrase							
1 2		IF WI	nipple's pr	ocedure	n-onset	severe headache, nausea eurological examination re diagnosis?	, and
62 A 55-year-old woman pre vomiting for the last 8 I photophobia and neck stiffs	sents to	the emerge	ncy room	with sudde	and Ne	urological examination re	veals
vomiting for the last 8 I photophobia and neck stiffin	nours. He	r BP is 18	0/110, Te	mp. 90.00	st likely	diagnosis?	
The state of the s	ness but n	o lateralizin	g signs. Wi	che C	hyperte	ensive encephalopathy	
A acute meningitis		B clus	ster heada	hemorrhag	e	14/1-b diagnostic tes	t can
D Intracerebral hem  63 A 40-year-old patient with o	orrhage	E Sub	arachinolo	a Zenker's	divertice	ulum. Which diagnostic tes	Can
63 A 40-year-old patient with o	lysphagia	is suspected	O OI Having	, -		Esophageal manometry	
help visualize the diverticulu  A 24-hour pH monitor	in one ies		um swallo		C	Esophagearmanometry	
D Esophageal motility	v study	F Upp	er endosc	ору		t days and abdominal	pain,
D Esophageal motility  64 A 7 year old boy presented	with high	prade feve	er with rig	ors and chi	lls for la	sitalization O/E he was fe	brile
64 A 7 year old boy presented anorexia, lethargy, for the last	st 2 days.	He was wel	I before w	ith no histo	ry of nos	22000/ ul. polys: 82%,	CRP:
anorexia, lethargy, for the las and toxic. Chest was clear,	he had te	ender hepa	tomegaly,	not jaundi	cea. TEC	diagnosis?	
and toxic. Chest was clear, 70(normal <5), ALT: 150(6-40	U/L), ALP	. 330/140		hat is the m	OSTIKE	Liver Abscess	
Acute viral Hepatitis		Tryua	tiu cyse				
D Malaria 65 A 55 year old man has a histo	E	Wilso	n Disease	- Vo is di	agnosed	with rectal carcinoma. W	/hich
65 A 55 year old man has a histo	ory of we	ight loss ar	nd tenesm	us. He is ur	agriose		
SINGLE risk factor is not associ	ateu with	icciai caici	1101110	CIn	flammat	tory bowel disease	
A Family history	В		fibre diet				
D Polyposis syndromes  66 A patient with severe liver dys	E	Smok	ing -	ion require	ments is	s at risk of developing he	patic
66 A patient with severe liver dys	function	and parent	eral nutin	atic enceph	alopath	y in this patient?	
encephalopathy. Which action	can neip i	educe the i	iscontinu		C Inci	rease the protein content	in
A Administer branched-cha	ain amino		arenteral	nutrition	par	enteral nutrition	
acids (BCAAs) in parenter			Luca anche	hydrate co	ntent in	parenteral nutrition	
D Increase total calorie i  A 6-year-old child presented to		1 1 1-	+ On	avaminatio	n this c	hild has course laces, ci	oudy
67 A 6-year-old child presented to cornea, viceromegaly and heig	the lose	than -3 ST	on cen	tile chart.	His x-ra	ay hand shows bullet s	hape
cornea, viceromegaly and neigh	balu diagr	osis for thi	s child?				
metacarpals. What is the most lil	B	Galacto	semia		C	Glycogen Storage Diseas	se se
A Down Syndrome		Ohanull	otonuria				
D Mucopolysacaridosis  Melena which is defined as the p	200300 01	f black tarry	stool du	e to upper	GI bleed	ling. Which of the following	ng is
8 Melena which is defined as the p the cutoff point proximal to which	h the blace	oding is cal	led upper	GI bleed?			
the cutoff point proximal to winci	B	Deuden	ojejunal j	unction	C	Esophagogastric junctio	n
A Jejunoileal junction		Ligamen	t of Tietz				
D Gastrodeudenal junction A 60-years-old man was brought t	- madica	Lamargene	y hy his s	ons at 3 pr	n in unc	onscious state. His sons	claim
A 60-years-old man was brought that he had severe thunder clap h	o medica	hofore be	coming I	nconscious	. He wa	s hypertensive and had	poor
that he had severe thunder clap is compliance. On examination, he	readache	perore be	seed with	RP of 200	7/120 H	His lumber puncture sho	owed
compliance. On examination, he	was deep	ply comate	Sea with	DI 01 200	,, 120		
xanthochromia. What is the diagno	ISIS!		to a Llala a	-	C	Meningitis	
A Cluster headache	В		ebral blee		-	Methigicis	
D Migraine	E	Subarach	noid hem	norrnage	1!		1:
A 15 days old newborn presented	with pers	sistent jaur	ndice sinc	e birth. Or	exami	nation she is deeply jau	naice
La Lui the wise moraly Shall	was hosn	italized in	nursery,	during ner	Stay Sile	e developed his and jau	nuice
during has	nital stay	She is pr	oduct of	consangou	2 haren	172 MITH OHE OTHER SIDNIN	gnau
same problem at birth. Her urine rep	port is po	sitive for re	educing s	ugars. The	most in	mportant test to diagnos	se her
condition is?	I R	Blood	С	Galactose	1-Pho	spahte Uridyl transferas	e
Arterial Blood Gasses				(GALT) ar			
(ABGs)		Culture	1 4 1 1		larysis II	TRECS	
Peripheral Blood Smear	and the second second	Ultrasound					
73-year-old male, a known cardiac	patient	presented	to us wi	th a sudde	en onse	t of vomiting and abdo	ominal

73-year-old male, a known cardiac patient presented to us with a sudden onset of vomiting and abdominal itension for the last 48 hours. On examination, he had left inguinal swelling with was non-reducible. His labs re normal. What is the most appropriate next step?

CT scan abdomen	B Hernioplasty and gut resection	С	Herniorrhap proceed acc		intraoperative evaluation of guingly	t and
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 investigation to determine the need for treatment? C Paracetar 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 A 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 Edward Syndrome Turner Syndrome baby? Down Syndrome E Patau Syndrome A

								VIII LITE
2	A 65 ye	ears old patient presented to	OU WIS	th lethargy. On examination he ha	as increa	ised t	one and rigidit	gnosis?
	limbs.	Blood pressure on lying is 140/	80mm		. What is	s the	le scierosis.	
	14	Motor Neuron disease.	B	Multiple system acrops.				
	D	Parkinsons Disease.	E	Progressive supranuclear palsy al pain and vomiting for last one	V == 4 51	no ha	d similar episor	dein
3	A 14 ye	ears old girl presented with abo	lomin	al pain and vomiting for last one only ny time to emergency departmen ny land face. Her BP 150/95 mm l	week. SI	amin	ation she has t	ender
	the pas	st to for which she was admitte	d ma	ny time to emergency departmen	he and h	er ni	Ise is 100 /min	١.
	abdom	en with a photosensitive rash	on tru	ny time to emergency department ink and face. Her BP 150/95 mm l	ng and n	e abi	ormal?	
	Urinary	y porphobilinogen and porphyr	in are	raiseu. Willen of the	C	Serun	Sodium	
	A	Blood Culture	B	Full Blood Count				
	D	Urine C/S	E	Urine R/E gency department by his friends of 180 heats per minute and a b	after sn	ortin	cocaine at a	party. He
4	A 25-ye	ear-old man is brought to the	emer	gency department by his mends	lood pre	essure	of 200/120 m	nmHg. He
	was ag	itated, sweaty, and has a hear	trate	gency department by his friends of 180 beats per minute and a b reath. What is the most likely dia	enosis?			
	compla	ains of chest pain and shortnes	2010	reath. What is the most likely dia Anxiety disorder	C	Asth	na exacerbatio	on
	A	Acute coronary syndrome	В					
	D	Pulmonary embolism	E	a dishatos was considering	bariatric	surg	ery. Which pro	ocedure is
5	A patie	nt with obesity and uncontrol	led ty	pe 2 diabetes was considering	re signif	icant	weight loss?	
	best kn	own for its rapid effect on imp	TOVIII	g diabetes symptoms even befo Biliopancreatic Diversion with		C	Intragastric I	Balloon
	А	Adjustable Gastric	В	Duodenal Switch (BPD/DS)				
		Banding	-					
	D	Roux-en-Y Gastric Bypass	E	ut to do bio	story of	bipol	ar disorder an	d has been
	A 26-ye	ar-old man was found in his a	partn	nent with a seizure. He had a nis also had a history of amphe a had fever, muscle rigidity, and	tamine	abus	e and has b	been using
	taking	lithium for the past year.	не а	also had a miscle rigidity and	diapho	resis	. His serum li	thium level
	methan	nphetamine for the past wee	k. He	also had a history of amprie had fever, muscle rigidity, and (1) What is the most likely diagr	nosis?			
	was 1.2	mEq/L (normal range 0.6-1.2	TILLY/	L). Willacio C.	rolentic	malie	nant syndrom	ne
	ΔΑ	mphetamine-induced seizure	D	Littlidili toxicity				
	D	Serotonin syndrome	E	Status epilepticus emergency department by the	nolice :	after	heing arrested	d for erratic
7	A 21 V	ar-old woman was brought t	o the	emergency department by the had a heart rate of 160 beats sions on her face and arms. She	ponce	nuta	and a blood	pressure of
7	A ZI-ye	che was restless, paranoid,	and	had a heart rate of 160 beats sions on her face and arms. She	per im	+0.11	se methamph	etamine for
					e admits	, to a	se memamp.	
	210/13	U mmHg. Sile that indicate of	+ lika	by cause of her skin lesions?				
	the nac		LIIKE	V Lause of fiel similar				
	the pas	st tillee days. What is	L IIKC	y cause	С	Ch	emical burn	
	Α.	Allergic reaction	В	Bacterial infection	C	Ch		cingitic
	A	Allergic reaction	B	Bacterial infection Frostbite	C	Ch	awing types (	of meningitis
8	A	Allergic reaction	B	Bacterial infection Frostbite	C	Ch	awing types (	of meningitis mmunicating
8	A	Allergic reaction	B	Bacterial infection Frostbite	C	Ch e foll oid vil	owing types o	
8	A D A 7 year	Allergic reaction  Formication  ars old child has developed has a thick, tenacious exudate to	B E nydroc	Bacterial infection Frostbite cephalus after meningitis. Which is the basal cisterns and in the basal cisterns are the basal cisterns and in the basal cisterns are the basal cisterns and in the basal cisterns are the basal cisterns are the basal cisterns are the basal cisterns and in the basal cisterns are the basal cistern	ch of the	Ch e foll oid vil	owing types o	
8	A D A 7 year	Allergic reaction  Formication  ars old child has developed has thick, tenacious exudate the rephalus?	B E nydroc that o	Bacterial infection Frostbite cephalus after meningitis. Which is the basal cisterns and which	ch of the arachno	Ch e foll oid vil	owing types o li to cause cor ngal Meningit	is
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2	2002	1		ast one month not respondin c, with a reddish rash on brid er ANA test is positive. Which	a to m	edication and lash	knee
				ast one month not respondin c, with a reddish rash on brid er ANA test is positive. Which Chronic Renal Failure	g conf	the nose and checks	ena
		it recented with feve	er for I	ast one meddish rash on brid	of the	following is the comme	
2	A 9 year	's old girl presented is febrile,	anemi	C, Will a star is positive. Which	01 1110		
	trunk. O	n examination site is	ider. H	er ANA test of	T-	Lupus Nephritis	
	and ankl	le joints were swone		Chronic Renal Failure	1-	- Unio	for
	complica	ation of this discuse	В	Chronic Renal Failure Urinary Tract Infection systemic lupus erythematos remission for the past six mon ry of renal involvement or ant	1	nresents to the clinic	ine
	A	Acute Renal Fallule	E	Urinary Tract Infection systemic lupus erythematos remission for the past six mon ry of renal involvement or ant er medication use during pregr	us (SL	Lis taking hydroxychlorogi	Aho
	D	Renal vein thrombes	ry of	systemic lupus and six mon	ths and	I staking what is	flic
13	A 25-ye	ear-old woman with	en in I	remission for the present or ant	iphosp	nolipiu 37.	
	preconc	eption counselling. She has no	histor	ry of renal involved	nancy?	Discontinue	
	and low	dose prednisone. She	ding he	systemic lupus erythematos remission for the past six mon ry of renal involvement or anter medication use during pregration by droxychloroquine and	C	chloroquille une	
	most ap		В	hydroxychloroquine and		taper prednisone before	
	A	Continue hydroxychloroquine and		prednisone before		conception	
		prednisone throughout		prednisone better		conception	
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	D	and continue prednisone		" from WOUND	TOHOW	thore were	22
	1 2	alla continuation of the old male baby presented s	with pr	rolonged bleeding from wound e. He was well till now and bred left thigh. Investigations show mal <32). D-Dimer – 200(norma	astfed.	On examined of Color Platelet	ts-
114	A 2 Wee	n via normal vaginal delivery a	at home	e. He was well enter thigh Investigations show	sHb- 1	t is the most likely diagnosi	5?
	bruise	marks, one on face and other	er on I	e. He was well till how are left thigh. Investigations show mal <32). D-Dimer – 200(normal ewborn	al). Wha	It is the man	_
	320000	PT- 48 (Normal <14), APTT- 5	6 (1401	owhorn C Hemophilia	A	panic Purpura (ITP)	
	Δ	DIC B Hemolytic Disea	se or ty	E Idiopathic Throm  after high grade fever. There are n  Which of the following has the high	bocyto	penic Purpura (ITP)	ld
	0	Hemorrhagic Disease of Nev	WDOIII	ofter high grade fever. There are n	o signs	for recurrent of such seizures?	
115	A 2 year	rs 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	TC T	Family History of Epilepsy	-
	D	Complex Febrile Seizure	ose m	alling of teel dilu ilui	~, -	- mination He Ha	0
116	A 3 yea	ars old child presented with the	ed and	his weaning was started at 1	d extre	nities. Which one is the mos	ot
	and gel	nital region	1	stocis of the truing			-
	nitting	odema of the reel, liaky party	cocia	and in this disease?	Inornat	remia and Hypergrycering	
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	commo	Albuminuria B Electrolyte II	mbalar	E Hyponat	remia :	and Hyperglycernia	t
	A A	Albuminuria B Electrolyte II	<mark>mb</mark> alar rmia	E Hyponal	tremia in	drowsy state. He suffered fi	t
117	A A	Albuminuria B Electrolyte II Hypokalemia and Hypochlo	<mark>mb</mark> alar rmia medic	E Hyponal	pm in essively	drowsy state. He suffered fi v increasing headache for las	t
117	A A	Albuminuria B Electrolyte II Hypokalemia and Hypochlo	<mark>mb</mark> alar rmia medic	E Hyponal	pm in essively	drowsy state. He suffered fi v increasing headache for las	t
117	A D A 60-ye before	Albuminuria B Electrolyte III Hypokalemia and Hypochlo ears-old man was brought to becoming drowsy and confuse this ending in fits for last 1 we	mbalar rmia mediced. 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 lumber	pm in essively	drowsy state. He suffered fi v increasing headache for las	t
117	A A D A 60-ye before 4 month was dre	Albuminuria  B Electrolyte III  Hypokalemia and Hypochio ears-old man was brought to becoming drowsy and confuse ths ending in fits for last 1 we owsy and confused. He was a	mbalar rmia medici ed. His eek. He afebrile ost prol	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go with BP of 150/90. His lumber bable diagnosis?	pm in essively od con r punct	drowsy state. He suffered fit increasing headache for lass appliance. On examination, he ure was normal. Fundoscopy Migraine	t t
117	A D A 60-ye before 4 mont was dro showed	Albuminuria B Electrolyte III  Hypokalemia and Hypochlo ears-old man was brought to becoming drowsy and confuse ths ending in fits for last 1 we owsy and confused. He was a d disc haziness. What is the mo	mbalar rmia medicied. 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 lumber bable diagnosis?  Intracranial tumor	pm in ressively od con punct	drowsy state. He suffered fit increasing headache for lass inpliance. On examination, he ure was normal. Fundoscopy Migraine	t t t
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118	A D A 60-ye before 4 month was drown showed A D A 3 mo coarse likely fin A D While Chis seru reveale were no details A	Albuminuria B Electrolyte III  Hypokalemia and Hypochlo ears-old man was brought to becoming drowsy and confuse ths ending in fits for last 1 we owsy and confused. He was a disc haziness. What is the mo Intra cerebral bleed Subarachnoid hemorrhage onths old dysmorphic male chi faces, up slanting eyes, prote nding in his karyotyping repor Translocation 14 to 18 Trisomy 21 doing routine investigations pour ad that he had gastric acidity formal. He had forgotten to be of the ultrasound. What do yo H2 receptor antagonists	mbalar rmia medicied. His eek. He afebrile ost pro B  ild brow ruded t t? B E rior to I from to or whice ring his ou thin 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 lumber bable diagnosis?  Intracranial tumor  E Tuberculous Me tongue and low set years, sing trisomy 14  Trisomy 14  Trisomy xxy employment in Saudi Arabia, a two to three times the upper limited the takes medicines on and of sultrasound which was done at k is the commonest cause of ra  Metabolic liver disease  C Viral Hepatitis	pm in essively od confirmation of the palm	mand Hyperglycerna drowsy state. He suffered fily increasing headache for last pliance. On examination, he was normal. Fundoscopy Migraine  On examination this child hast per crease. What is the most prize male patient was found that ormal. On further work up heads ago, but he did not know a rum ALT?  Calcoholic fatty liver disease of limbs. X-ray shows a loss of the suffered for the suffered fatty liver disease.	tt tt tt tt tt tt ee yy
118	A D A 60-ye before 4 month was drown showed A D A 3 mo coarse likely fin A D While Chis seru reveale were no details A	Albuminuria B Electrolyte III Hypokalemia and Hypochlo ears-old man was brought to becoming drowsy and confuse ths ending in fits for last 1 we owsy and confused. He was a disc haziness. What is the model of the ultrasound. What do you may be a subarachnoid hemorrhage on this old dysmorphic male chi faces, up slanting eyes, protection of the ultrasound. What do you had been and protection of the ultrasound. What do you had receptor antagonists proton pump inhibitors ear-old female presents with	mbalar rmia medicied. His eek. He afebrile ost pro B  ild brow ruded t t? B E rior to I from to or whice ring his ou thin 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 lumber bable diagnosis?  Intracranial tumor  E Tuberculous Me tongue and low set years, sing trisomy 14  Trisomy 14  Trisomy xxy employment in Saudi Arabia, a two to three times the upper limited the takes medicines on and of sultrasound which was done at k is the commonest cause of ra  Metabolic liver disease  C Viral Hepatitis	pm in essively od confirmation of the palm	mand Hyperglycerna drowsy state. He suffered fily increasing headache for last pliance. On examination, he was normal. Fundoscopy Migraine  On examination this child hast per crease. What is the most prize male patient was found that ormal. On further work up heads ago, but he did not know a rum ALT?  Calcoholic fatty liver disease of limbs. X-ray shows a loss of the suffered for the suffered fatty liver disease.	tt tt tt tt tt tt ee yy
1118	A D A 3 mo coarse likely find A D While Chis seru reveale were no details A D A 50-ye intervel	Albuminuria B Electrolyte III  Hypokalemia and Hypochlo ears-old man was brought to becoming drowsy and confuse ths ending in fits for last 1 we owsy and confused. He was a disc haziness. What is the mo Intra cerebral bleed Subarachnoid hemorrhage onths old dysmorphic male chi faces, up slanting eyes, prote nding in his karyotyping repor Translocation 14 to 18 Trisomy 21 doing routine investigations pour ad that he had gastric acidity formal. He had forgotten to be of the ultrasound. What do yo H2 receptor antagonists	mbalar rmia medic ed. His eek. He afebrile ost pro B  Ild brow ruded f t? B E rior to I from to or whice ring his ou thin B E severe hyte fo	al emergency by his sons at 3 sons claimed that he had progress was hypertensive and with go was hypertensive and with go 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 two to three times the upper lines the takes medicines on and of a ultrasound which was done at k is the commonest cause of rate Metabolic liver disease  Viral Hepatitis e neck pain and tingling in the formation. What is the most like	pm in essively od confirmation of the palm	mand Hyperglycerna drowsy state. He suffered fily increasing headache for last pliance. On examination, he was normal. Fundoscopy Migraine  On examination this child hast per crease. What is the most prize male patient was found that ormal. On further work up heads ago, but he did not know a rum ALT?  Calcoholic fatty liver disease of limbs. X-ray shows a loss of the suffered for the suffered fatty liver disease.	tt tt tt tt tt tt ee yy