

Name: _____

solved by ayaz....kmc

Time Allowed: 120 min.

Max. Marks: 120

Note: • Attempt all questions. Select the best answer from given choices. Handover response sheet along with question paper after attempting

- Use BLUE / BLACK Ink only. Do not use RED Color. Filling of more than one option shall not be considered.
- Possession of mobile phone and other electronic accessories are strictly prohibited.

- A 41-year-old lady in her first pregnancy comes for a booking visit at 8 weeks. She was very worried about her risk of having Aneuploid fetus and wishes to know about prenatal invasive testing. Which of the following gestational week would she be advised chorionic villous sampling if her screening test comes out as high risk?
 a. 11 weeks b. 15 weeks c. 20 weeks d. 22 weeks e. 24 weeks
- A 21-year-old lady visited an antenatal clinic at 8 week of pregnancy complaining of intractable vomiting. On examination, she was severely dehydrated, emaciated and pale. Her urine was positive for ketones. Which of the following is the first line treatment of Hyperemesis Gravidarum?
 a. Antilematics b. Corticosteroids c. Intravenous fluids d. Thiamine supplementation e. Usodecholic acid
- A 16-year-old female student had an accident while going to school. She had no physical injuries when examined at the hospital and was send back home. Several weeks later she started complaining of inability to sleep up. She reports that she has intrusive thoughts of the accident and is suffering from nightmares. She is not going to school for the fear to ride on the bus. What is the likely diagnosis?
 a. Obsessive compulsive disorder b. Acute stress disorder c. Adjustment disorder
 d. Post traumatic stress disorder e. Sleep disorder
- A 25 years old man presented with one year history of repeated thoughts of contamination and spends most of his days washing hands. What medicines will you prescribe to treat his condition?
 a. Haloperidol b. Olanzapine c. Sertraline d. Mirtazapine e. Olanzapine plus fluoxetine
- A 28- year- old gentleman presented to a psychiatrist with a 10 months history of fatigue after minor physical activity which doesn't resolve with sleep and rest. He has also associated symptoms of headache for which all relevant physical examination and investigations ESR, ASO titre, CBC and head CT are within normal range. What is the likely diagnosis?
 a. Chronic fatigue syndrome b. Depression c. Fibromyalgia d. Hypothyroidism e. Somatoform pain disorder.
- Mother of a 6 year old child complains that her son is staying alone, not interested to play with neighbors nor his siblings. She is upset by his strange movements of hands and odd play. Upon further questioning the mother reports that he is fond of socks and has made a pile of it in his room. He follows a strict routine and gets agitated if not followed. During assessment he didn't made eye contact and didn't respond to his name. What is the most likely diagnosis?
 a. Attachment disorder b. Attention deficit disorder c. Autism spectrum disorder
 d. Intellectual disability e. Stereotypical movement disorder
- Xyz has panic attacks whenever he visits confined places such as lifts or tunnels. Which of the following is the most probable diagnosis in this case?
 a. Acrophobia b. Agoraphobia c. Claustrophobia d. Specific phobia e. Bipolar disorder
- A 26- years 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. Because of all this, his functioning has been badly affected. What is the most likely diagnosis?
 a. Depression b. Generalised anxiety disorder c. Obsessive compulsive disorder d. Panic disorder e. Bipolar disorder
- Which of the following headache type is characterised by severe unilateral pulsating pain often accompanied by Nausea/ vomiting and Photophobia/ phono phobia
 a. Tension headache b. Migraine c. Cluster headache d. Giant cell arteritis e. Trigeminal Neuralgia
- What is the most common viral causes of Encephalitis worldwide?
 a. HSV b. CMV c. EBV d. VZV e. Westnile virus
- A 30 years old women presented to your clinic with loss of vision in left eye for last 2 days. She had same attacks 1 year back. She also gave history of recurrent falls and unsteady gait. She had a past history of a stroke causing a right-sided hemiparesis, which resolved spontaneously after few days. The patient underwent extensive investigations including Carotid Doppler, echocardiography and CT Brain, all were normal. The MRI showed white matter plaques. On examination, she had broad based gait. There was evidence of dysdiadochokinesia in both upper limbs and abnormal heel-shin testing. The lower limb reflexes were brisk and planter response was extensor. Which is the drug of choice for acute attack of this disease?
 a. Dexamethasone b. I/V immunoglobulin c. Methylprednisolone d. Ocrelizumab e. Plasmapheresis
- Which of the following is not a common symptom of Meningitis?
 a. Severe headache b. Stiff neck c. Fever d. Rhinorrhea e. Vomiting
- Which part of the Nervous system is primarily affected by Multiple Sclerosis?
 a. Peripheral nervous system b. Sympathetic nervous system c. Parasympathetic Nervous system
 d. Enteric Nervous system e. Central Nervous system

PAPER CODE D

14. A 40 years old type 1 diabetic women presented with five days history of recurrent falls and unsteady gait. She had a past history of a stroke causing a right-sided hemiparesis, which resolved spontaneously after few days. She also had transient loss of vision in left eye 5 months back. The patient underwent extensive investigations including Carotid Doppler, echocardiography and CT Brain, all were normal. On examination, she had broad based gait. There was evidence of dysdiadochokinesia in both upper limbs and abnormal heel-shin testing. The lower limb reflexes were brisk and planter response was extensor. The heart rate was 80 beats/min and regular. The blood pressure was 130/80. She had a history of infectious mononucleosis in past. What is the diagnosis?
- a. Charcot-Marrie-Tooth Disease b. Friedreich Ataxia c. Hereditary Spastic Paraplegia d. Multiple sclerosis
- e. Vitamin B12 deficiency
15. Which of the following can be used as the diagnostic tool for neuropathy?
- a. Xray b. DEXA scan c. Echocardiogram d. Nerve conduction studies e. Electrocardiogram
16. All of the following diseases commonly present as Paraplegia except
- a. Hypokalemia b. GBS c. Sub-arachnoid hemorrhage d. Transverse myelitis e. CIDP
17. A 15-years-old man presented to medical OPD with progressively increasing gait ataxia. He had normal walking in childhood. He was also complaining of episodic attacks of chest pain on exertion. On examination, the patient had pes cavus. Neurological examination showed dysarthria, nystigmus, absent knee and ankle reflexes, and extensor planters. One of his elder brothers died at age of 32 from sudden cardiac arrest. What is the diagnosis?
- a. Charcot-Marrie-Tooth Disease b. Friedreich Ataxia c. Hereditary Spastic Paraplegia d. Multiple sclerosis
- e. Vitamin B12 deficiency
18. A 56-year-old woman presented with foot drop and weakness of her right hand. On exam, she was weak in both legs and her right arm. She was mildly dysarthric. Her right calf and hand were atrophied and fasciculations were seen in her tongue. She was hyperreflexic in both of her legs. Which of the following is most likely to be seen on an MRI of her brain and spinal cord?
- a. Periventricular plaques of demyelination. b. Hyperintensity of corticospinal tract.
- c. Atrophy of the midbrain and hyperintensity of inferior olives d. Hyperintensity of the pons e. All of the above
19. Which of the following conditions is most likely to coexist in a patient with amyotrophic lateral sclerosis?
- a. Frontotemporal Dementia b. Normal Pressure Hydrocephalus c. Lewy Body Dementia
- d. Transient Global Amnesia e. Dysarthria
20. A 23-years-old female presented to your clinic with gums hypertrophy. She was diagnosed case of epilepsy and was using anti-epileptic drugs for last 7 years. Which of the anti-epileptic drug causes gums hypertrophy?
- a. Carbamazepine b. Lamotrigine c. Levetiracetam d. Phenytoin e. Sodium Valproate
21. While cooking, your patient couldn't feel the temperature of a hot oven. Which lobe could be dysfunctional?
- a. Frontal b. Occipital c. Parietal d. Temporal e. Parieto occipital
22. If a person experienced a cerebrovascular accident (CVA) that damaged the hypothalamus, the doctor would anticipate that the patient has problems with:
- a. Body temperature control b. Balance and equilibrium c. Visual acuity
- d. Thinking and reasoning e. None of the above
23. A 20-years-old man got grand mal fit while taking bath in swimming pool. You are a health care provider. What would be your first step in his management?
- a. Give IV diazepam b. Move him away from the water. c. Put hard object in his mouth
- d. Put him lateral position e. Shift him to nearby hospital
24. A patient who had a stroke is seen bumping into things on the side and is having difficulty picking up the beginning of the next line of what he is reading. The patient is experiencing which of the following conditions?
- a. Visual neglect b. Astigmatism c. Blepharitis d. Homonymous Hemianopsia e. All of the above
25. A female patient has a neurological deficit involving the limbic system. Specific to this type of deficit, the nurse would document to doctor which of the following information related to the patient's behavior.
- a. Is disoriented to person, place, and time. b. Affect is flat, with periods of emotional lability.
- c. Cannot recall what was eaten for breakfast today. d. Demonstrate inability to add and subtract; does not know who is the president. e. All of the above
26. A 60-years-old man was brought to medical emergency by his sons at 3 pm in drowsy state. He suffered fit before becoming drowsy and confused. His sons claimed that he had progressively increasing headache for last 4 months ending in fits for last 1 week. He was hypertensive and with good compliance. On examination, he was drowsy and confused. He was afebrile with BP of 150/90. His lumbar puncture was normal. Fundoscopy showed disc haziness. What is the most probable diagnosis?
- a. Intra cerebral bleed b. Intracranial tumor c. Migraine d. Subarachnoid hemorrhage e. Tuberculous Meningitis
27. In ischemic stroke arterial embolism usually comes from:
- a. Anterior cerebral artery b. Middle cerebral artery c. Carotid artery d. L artery e. Basilar artery
28. In multiple sclerosis the most commonly affected cranial nerve is:
- a. Olfactory nerve b. Optic nerve c. Oculomotor nerve d. Facial nerve e. Hypoglossal nerve
29. A 60-years-old man was brought to medical emergency by his sons at 3 pm in unconscious state. His sons claim that he had sever thunder clap headache before becoming unconscious. He was hypertensive and had poor compliance. On examination, he was deeply comatosed with BP of 200/120. His lumbar puncture showed xanthochromia. What is the diagnosis?
- a. Cluster headache b. Intra cerebral bleed c. Meningitis d. Migraine e. Subarachnoid hemorrhage

30. A 23 year old man complains of difficulty in walking. Two weeks ago he had gastrointestinal infection. Physical examination reveal lower extremity muscle weakness, absent knee and ankle reflexes and minimal sensory loss. Spinal MRI shows no abnormalities. What is the most probable diagnosis?
- a. Botulism **b. Guillain barre syndrome** c. Myasthenia gravis d. Multiple Sclerosis e. Transverse myelitis
31. Most Commonly observed pathogen of bacterial meningitis is
- a. Neisseria meningitides b. Staphylococcus aureus c. Gram -ve bacilli **d. Streptococcus pneumoniae** e. Enterococcus
32. A 25-years-old man presented to medical OPD with severe headache, perspiration, weakness, nausea, vomiting, tremors, chest pain and abdominal pain for last 2 hours. He developed all these symptoms after taking coffee in a restaurant. On examination, thin lean anxious looking man was having mottling cyanosis and facial flushing. His pulse was 120/min/regular and BP 190/120. Rest of the clinical examination is insignificant. In the past, he used to suffer these attacks during preps for examination but was treated as acute anxiety attack. What is the probable diagnosis?
- a. Acute intermittent porphyria b. Labile essential hypertension **c. Pheochromocytoma** d. Renal artery stenosis
- e. Thyrotoxicosis
33. A patient who has symptoms of gastroesophageal reflux disease (GERD) is prescribed a trial of proton pump inhibitors. 8 weeks later the symptoms have not improved despite treatment, and findings on endoscopy are unremarkable. Which of the following is the most appropriate next step in management?
- a. Barium swallow x-ray study b. Esophageal manometry c. Repeat endoscopy in one month
- d. 24-hour pH testing** e. Continue ppi
34. A 40-year-old man is diagnosed with chronic hepatitis B infection. Which of the following is the most appropriate next step in management?
- a. Initiate tenofovir therapy b. Check hepatitis B core antibody (Anti HBc) c. Perform a liver biopsy
- d. Monitor with ALT and HBV DNA levels and check HBeAg status** e. None of the above
35. A 45-years-old woman presented to medical OPD with complaints of flushing and diarrhea for last 6 months. This flushing appears on face and upper body and is red or violaceous erythema with associated pruritus and lacrimation. This flushing comes in episodes and lasts for 2-5 minute and is usually precipitated by stress or eating cheese. The diarrhea is usually watery and sometime associated with abdominal pain. Systemic clinical examination shows hepatomegaly. An Echo revealed tricuspid regurgitation and pulmonary stenosis. What is the most likely diagnosis?
- a. **Carcinoid syndrome** b. SLE c. Subacute bacterial endocarditis d. Tropical Sprue e. Whipple disease
36. A peptic ulcer is a sore that forms where the lining of the stomach or duodenum (the first part of the small intestine) has been eaten away by stomach acids or digestive juices. What is the most common cause of peptic ulcer?
- a. Consuming very spicy foods b. Cigarette smoking c. Moderate use of alcohol **d. H.pylori infection**
- e. Family history
37. A 35-year-old woman with 4 months pregnancy presents with features of acute hepatitis, INR of 2 and altered mental status. She gives no history of drug intake or blood transfusion. The most likely etiology is:
- a. Hepatitis E** b. Hepatitis B c. Acute fatty liver of pregnancy d. Hepatitis A e. Hepatitis C
38. Which of the following is an indication for colonoscopy in a young patient?
- a. **Bloody stools with a significant weight loss** b. Bloody stools without significant weight loss
- c. Abdominal pain with significant weight loss d. Persistent vomiting e. Dyspepsia and constipation
39. Weight loss and anorexia, with or without any changes in stool, suggests which of the following?
- a. An eating disorder **b. GI cancer** c. Mallory-Weiss tear d. Peptic ulcer disease e. Dyspepsia
40. A 35-year-old injection drug user presents with fatigue and right upper quadrant abdominal pain. His labs show an ALT 2 times the upper limit of normal and anti-HCV antibody positive. HCV RNA is 650,000 IU/mL. Ultrasound abdomen is reported normal. This findings are most consistent with:
- a. **Acute hepatitis C** b. Chronic hepatitis C c. Cirrhosis due to HCV d. HCV-related hepatocellular carcinoma
- e. HCV related decompensated CLD
41. A 23-years-old young man presented to medical OPD in the month of May with 12 days history of high grade fever, headache, malaise, sore throat, abdominal pain and diarrhea. On examination, a toxic young man with coated tongue having fever of 103°F, pulse 62/min and BP 110/60. Abdominal examination shows marked tenderness with distension and mild splenomegaly, although the patient is passing stool. No rash on the body can be appreciated. His investigations revealed mild Leukopenia, and Chest X-Ray was normal. What is the most likely diagnosis?
- a. Abdominal Tuberculosis b. Brucellosis c. Dengue fever **d. Enteric Fever** e. Malaria
42. An 18-year-old female presented in ER with colicky abdominal pain, diarrhea, vomiting, and frothy urine. She gives a history of knee and ankle joint pains for which she was taking NSAIDs, she also complained of a purpuric rash on buttocks and legs. On examination, her blood pressure was 140/89mmg, pulse 78/minute, respiratory rate 17/minute. Blood tests reveal elevated creatinine 1.8mg/dL and raised IgA levels. The platelet count was also raised. Biopsy shows increased IgA levels in the mesangium. What is the most likely diagnosis?
- a. Wegner's disease **b. Henoch-Schoenlein purpura** c. Polyarteritis nodosa d. Churg-Strauss e. Takayasu arteritis
43. A 50 year old man was advised CT-Abdomen for evaluation of a tumor. The patient's condition developed rash, fever, impaired renal functions after IV contrast injection. He was admitted and Resuscitated. Labs show elevated S.Creatinine and Eosinophilia. What is the most probable diagnosis?
- a. Acute Interstitial Nephritis **b. Acute Tubular Necrosis** c. Acute Pyelonephritis
- d. Acute Glomerulonephritis e. Chronic Kidney Disease

PAPER CODE D

44. A 45-year-old woman presented with recurrent sinusitis, nose bleeds, and joint pains. She also complained of fatigue and unintentional weight loss over the past few months. Physical examination revealed nasal crusting and tenderness over the sinuses. Her lab results showed creatinine of 2.2 mg/dl, ESR of 110 mm/hr. and CRP of 223 (normal value: <5). What is the most likely diagnosis?
- a. Granulomatosis with polyangiitis (GPA) b. Polymyalgia rheumatic c. Rheumatoid arthritis
d. Sjögren's syndrome e. Systemic lupus erythematosus (SLE)
45. A 25-year-old patient was brought to the ER with altered consciousness. Further enquiry revealed Benzodiazepine pills intoxication for the last 2 hours. O/E he is vitally stable, but having low GCS. Which of the following is a specific antidote for above mentioned poisoning?
- a. IV Naloxone b. IV Naltrexone c. Atropine d. Flumazenil e. N-Acetylcysteine
46. A 34-year-old Housewife who has been recently diagnosed with Systemic Lupus erythematosus presents to outpatient department with lower limbs swelling. On examination she is normotensive but having severe pitting edema up to the knees. Urine dipstick shows +++ proteins with no hematuria, Serum creatinine is 1.4 mg/dl, serum Albumin is 1.2 mg/dl and 24hrs urinary proteins is 8.2 gm. She was scheduled for a renal biopsy. The most likely ISN/RPS class of lupus nephritis you expect on her renal biopsy will be.
- a. Class II lupus nephritis b. Class III lupus nephritis c. Class IV lupus nephritis d. Class V lupus nephritis
e. Class VI lupus nephritis
47. A 55-year-old man with Granulomatosis with polyangiitis developed severe cyclophosphamide-related side effects during induction therapy. What alternative therapy is the most suitable for continued remission maintenance?
- a. Azathioprine b. Belimumab c. Methotrexate d. Mycophenolate mofetil e. Rituximab
48. A 50-year-old lady presented with weakness in lower limbs. She is having difficulty from rising up from chair. O/E there is pigmented rash on the neck with muscle weakness. What investigation you will do to confirm the diagnosis?
- a. ANA levels b. Anti DsDNA levels c. Low CPK levels d. Muscle Biopsy e. High serum potassium levels
49. A 28-year-old man was admitted for nausea, vomiting, weakness, cough, progressive dyspnea, and occasional hemoptysis of 2 weeks' duration. He was treated with antibiotics with temporary improvement in his respiratory symptoms. However, dyspnea and hemoptysis continued, requiring hospitalization. He smokes two packs of cigarettes per day. On examination he is hemodynamically stable, has conjunctival pallor, crackles on chest auscultation and mild pedal edema. Labs showed; serum cr: 7.1 mg/dl, bun: 100 mg/dl, serum k: 5.6 meq/l, hb: 9 g/dl, platelets: 340,000, serum complement c3, c4: normal, P anca: positive, urinalysis 2+ blood, 1+ protein, 20-30 RBCs and erythrocyte casts chest x-ray: fluffy infiltrates renal biopsy: crescentic glomerulonephritis (GN) with fibrinoid necrosis and strong linear IgG deposition of the glomerular basement membrane (GBM) which one of the following is the most likely diagnosis?
- a. Granulomatosis with polyangiitis (Wegener's granulomatosis) b. Microscopic polyangiitis
c. Goodpasture disease (GPD) d. Systemic lupus erythematosus (SLE) e. Classic polyarteritis nodosa
50. A 50-year-old woman presents with recurrent sinus infections, weight loss, and joint pain. Physical examination revealed necrotic lesions on her nasal septum. Lab results showed elevated eosinophils and positive anti-myeloperoxidase (MPO) antibodies. What is the most likely diagnosis?
- a. Eosinophilic granulomatosis with polyangiitis (EGPA) b. Churg-Strauss syndrome c. Goodpasture's syndrome
d. Polymyositis e. Wegener's granulomatosis
51. A 36-year-old woman with rheumatoid arthritis for several years is admitted for hematuria, proteinuria, and worsening renal function. Her medications include prednisone, methotrexate, and an ACE-inhibitor. Her arthritis was controlled for 8 years, but joint pain became worse 6 months ago. At that time, she was started on etanercept (TNF α -antagonist) and her symptoms improved. Her serum creatinine was 0.8 mg/dL. She had no hematuria or proteinuria at the start of etanercept. On admission, her serum creatinine is 6.2 mg/dL. ANA and anti-double-stranded DNA are positive. Urinalysis reveals 2+ blood, 4+ proteinuria, RBCs, and RBC casts. Spot urine protein to creatinine ratio is 8. Which one of the following is the MOST likely diagnosis in this patient?
- a. ACE-inhibitor-induced acute kidney injury (AKI) b. Amyloidosis c. Glomerulonephritis induced by etanercept
d. Glomerulonephritis due to long-term rheumatoid arthritis e. Methotrexate-induced chronic tubulointerstitial disease (TID)
52. A 45-year-old man presents to the emergency department with altered mental status, tachycardia, tachypnea, and a core body temperature of 41°C and features of Parkinsonism. He had a history of schizophrenia and has been taking clozapine for the past year. Her Full blood count, Urine R/E, Chest X-Ray, blood cultures, Urine Cultures, Ultrasound abdomen are all normal. Her TSH and Creatine Phosphokinase (CPK) are normal. Apparently, the cause of fever could not be identified after exhaustive investigations. What is the most likely diagnosis?
- a. Heat stroke b. Malignant hyperthermia c. Neuroleptic malignant syndrome d. Serotonin syndrome e. Thyroid storm
53. A 37-year-old employ of telecommunication company, an occasional smoker was admitted through ER with recent onset complaints of shortness of breath, Anorexia, Nausea and 2 episodes of hemoptysis. On examination he had increased BP of 165/90 mmHg, Orthopnea, Crackles on bilateral lung auscultation. Labs were significant for mild Anemia (Hb: 9.5), Deranged RFTs (Cr: 6.2 mg/dl, Urea: 195 mg/dl), Urine RE showed 2+ blood, 1+ protein, 30-35 RBCs and RBC casts, Complement: normal. Renal biopsy: Crescentic glomerulonephritis (GN) with fibrinoid necrosis and strong linear IgG deposition of the glomerular basement membrane (GBM). Which one of the following BEST diagnostic tests you order to confirm the diagnosis in the above patient?
- a. Antibodies to $\alpha 5$ chain of type-IV collagen b. Antibodies to $\alpha 3$ chain of type-IV collagen
c. Antibodies to myeloperoxidase (pANCA) d. Antibodies to proteinase-3 (cANCA) e. Antibodies to double-stranded DN
54. Kimmelstiel-wilson disease is diagnostic of:
- a. Diabetic glomerulosclerosis b. Hypertension benign c. Malignant hypertension d. Amyloidosis e. None

55. A 25-year-old man is brought to the emergency department by his friends after snorting cocaine at a party. He was agitated, sweaty, and has a heart rate of 180 beats per minute and a blood pressure of 200/120 mmHg. He complains of chest pain and shortness of breath. What is the most likely diagnosis?
- a. Acute coronary syndrome b. Anxiety disorder c. Asthma exacerbation d. Pulmonary embolism e. Thyrotoxicosis
56. A 55-year-old schoolteacher is admitted for fever, cough, weight loss, and pain in knees. Past medical history includes recurrent nasal discharge mixed with blood, frequent rhinitis, headaches, and ear pain. CT of the sinus showed pansinusitis. He takes a 2-week course of antibiotics. BP is 150/90 mmHg; pulse is 82 and afebrile. Positive findings on the physical exam include clotted blood in both nares, mild discharge in the left ear and crackles in both lung fields. Serum creatinine is 4.5 mg/dL (1.1 mg/dL 1 month ago). cANCA is positive, but ANA negative. Urinalysis shows 1+ proteinuria, 3+ blood, 20–30 RBCs and RBC casts. CXR shows bilateral infiltrates. Which one of the following therapies is indicated in the above patient? Which one of the following therapies is indicated in the above patient?
- a. Corticosteroids alone b. Trimethoprim-sulfamethoxazole and low-dose corticosteroids
c. Combined corticosteroids and cyclophosphamide
d. Intravenous immunoglobulins and tumor necrosis factor inhibitor- α (TNF- α)
e. Corticosteroids, methotrexate, and plasma exchange
57. Characteristic feature of kidneys in diabetes mellitus is:
- a. Nodular sclerosis b. Fibrin cap c. Papillary necrosis d. Diffuse glomerulosclerosis e. None of them
58. A 45-year-old man presents with bilateral ankle swelling on examination, JVP is not elevated, heart and lung examination is normal. He has no stigmata of chronic liver disease. What is the most appropriate investigation?
- a. Abdominal ultrasound scan b. D-Dimer c. Echo d. Urinalysis e. Urinary Sodium
59. Linear deposition of IgG on glomerular basement membrane is seen in:
- a. CRF b. Good pasteur's syndrome c. Nephrotic syndrome d. Shunt nephritis e. Nephritic Syndrome
60. A 72-year-old man is found to have acute kidney injury. Urine microscopy reveal the presence of red cell casts. What is the most likely etiology of his renal failure?
- a. Acute tubular necrosis b. Hemolytic uremic syndrome c. Microscopic poly angitis
d. Sclerodermic renal crisis e. None of the above
61. The main reason for anemia in chronic renal pathology is:
- a. Vitamin K deficiency b. Iron deficiency c. Low erythropoietin production d. Infections e. Multiple blood sampling
62. A 47 year old diabetic man comes to the OPD due to recent onset of tremors. She had undergone renal transplant secondary to ESRD. His B.P is 150/90mmHg, Pulse 80/min, R/R 16/min. Examination shows Gum Hypertrophy. Which of the following immunosuppressants is most likely responsible for her presentation?
- a. Azathioprin b. Cyclosporine c. Mycophenolate d. Steroids e. Tacrolimus
63. A 40 year old man with diabetes mellitus and hypertension for the last 15 years. He needs an advice regarding Hemodialysis. Which of the following is absolute indication for Dialysis?
- a. Anemia b. Coagulopathy c. Hypertension d. Metabolic bone disease e. Pulmonary Edema
64. Hirschsprung disease is a congenital anomaly of innervation of the large intestine that results in partial or total obstruction. Which of the following is the most prominent symptom or sign of this disease in neonates?
- a. Empty rectum on digital rectal examination b. Failure to pass meconium within 48 hours of life
c. Lack of physiologic urge to defecate d. Mild constipation with intermittent bouts of mild diarrhea e. None of them
65. Which of the following is the midline defect
- a. Down Syndrome b. Cushion syndrome c. Spinal bifida d. The meninges e. None of the above
66. An infant aged 8 months presents with 2 days history of fever and convulsions. On examination, he is drowsy and anterior fontanel is bulging. Which of the following is the most probable diagnosis?
- a. Epilepsy b. Febrile fits c. Meningitis d. Herpes encephalitis e. Intra ventricular hemorrhage.
67. A 5 years old was watching TV in a dark room. Sound of TV was very loud. Suddenly he fell down and started seizing. What type of seizures can be exacerbated by flashing lights?
- a. Myoclonic epilepsy b. Salaam seizures c. Absence seizures d. General tonic-clonic seizures e. Atonic seizures
68. A 3 years child is admitted in Paeds department with diagnosis of partial seizures type of Epilepsy. The treatment of choice for partial seizures amongst the following drugs would be:
- a. Sodium Valproate b. Ethosuximide c. Gabapentin d. Phenobarbitone e. Nitrazepam
69. A 6 years old was brought in OPD with drowsiness. On examination, her reflexes are brisk. CSF shows elevated proteins, low CSF glucose and predominantly lymphocytes. What is the diagnosis?
- a. Bacterial meningitis b. Viral meningitis c. Encephalitis d. Tuberculous meningitis e. Brain Abscess
70. A 2 years old boy has been diagnosed as a case of acquired Hydrocephalus. Which one of the following is the MOST common cause of this condition?
- a. Craniosynostosis b. Intraventricular Hemorrhage c. Post bacterial Meningitis d. Brain Tumor
e. Subarachnoid Bleed
71. A mother brought her 2 years old boy with concern of her child having large head. Which of the following measures will you take FIRST in the management of this patient?
- a. CT brain b. CBC c. Plot OFC on Centile chart d. U/S skull e. Only Reassure the mother
72. A 5 years old child has been diagnosed as a case of epilepsy. While counseling the mother about the management of fits in future, which of the following step has to be taken FIRST?
- a. Prop up position b. Lateral position c. Oral diazepam administration d. Knee chest position e. Prone position

PAPER CODE D

73. A 25 days old baby becomes reluctant to feed and irritable. CSF examination confirms the suspicion of Bacterial Meningitis. What organism is most commonly responsible for this disease in this age group?
a. **E. coli** b. Hemophilus Influenza type b c. Neisseria meningitides
d. Streptococcus pneumoniae e. Staphelococcus aureus
74. Most common cause of chronic diarrhea in children
a. Intestinal tuberculosis b. Giardiasis c. **Celiac disease** d. Ambiasis e. Abetalipoproteinemia
75. Three years old boy presented with failure to thrive. Initially he was alright. He has frequent loose motions which is not easily to flush. He is currently on the 5th centile for weight. On examination he is pale, wasted, clubbed and having rickets and abdomen is distended.
a. **Coeliac disease** b. Intussusception c. Toddlers diarrhea d. Ulcerative colitis e. Crohn's disease
76. A one year old child has chronic diarrhea and failure to thrive and diagnosed as coeliac disease. Coeliac disease has association with
a. Hyperthyroidism b. Hepatitis A c. **Type I diabetes mellitus** d. Kawasaki Disease e. None of above
77. 6 months old boy presented with history of acute gastroenteritis for last 3 days. On examination, he is pale irritable with some dehydration. He has vomited several times, initially milk but now bilious and blood stained stool. Abdominal examination reveals mass in the right upper quadrant. His full blood count shows elevated white cell count. His C-reactive protein (CRP) is 10 mg/l and all other blood results are normal. What is the most likely diagnosis?
a. Bacterial gastroenteritis b. Intestinal obstruction c. **Intussusception** d. Mal rotation e. Acute pancreatitis
78. Four weeks old boy is presented with persistent vomiting. He was well until 2 weeks of life but is now vomiting after each feed and not gaining weight. After a test feed he has a projectile non-bilious vomit. You suspect that he has pyloric stenosis and blood gas and serum electrolytes done. What would you expect the result to reveal?
a. Hyperchloraemic metabolic alkalosis b. Hyperchloraemic metabolic acidosis c. Hypochloraemic metabolic acidosis
d. No derangement e. **Hypochloraemic metabolic alkalosis**
79. A 4 months old child has vomiting for the last 3 and half months. Vomiting occurs after feeding, non-projectile and non-bilious, child is thriving. Which investigation is significant to diagnose the case?
a. X ray abdomen b. Oesophageal pH Studies c. Urine RE d. **Ultrasound abdomen** e. None of them
80. In a five year old boy having fever, vomiting and jaundice for three days, you are suspecting infective hepatitis A infection. Diagnosis will be confirmed by:
a. Liver biopsy b. **IgM anti HAV antibodies** c. HIDA scan of liver d. CT scan of liver e. IgG antibodies for hepatitis A
81. A 6-week-old female is brought to emergency clinic with a history of vomiting and diarrhea. The baby had initially been successfully breast-fed, but for the last 3 weeks she is on bottle-fed. On examination the baby is thin, mildly dehydrated and had a distended abdomen. What is the most likely diagnosis?
a. Coeliac disease b. Gastro-oesophageal reflux disease c. Tropical sprue
d. **Cow's milk protein intolerance** e. Lactase deficiency
82. A 4-year-old child presents with temperature of 101.3°C (38.5°C) and a sore throat. On examination, you notice exudative pharyngitis and bilateral, anterior cervical lymphadenopathy. Rapid streptococcal antigen testing is negative. What is the most likely etiology of this presentation?
a. Kawasaki syndrome b. Behçet syndrome c. **Adenovirus** d. Parainfluenza virus e. Respiratory syncytial virus
83. 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?
a. **Galactosemia** b. Organic Acidemia c. Phenylketonuria d. Tyrosinemia e. Urea Cycle Defects
84. 3 months old infant presented with severe vomiting and fits for the last three days. On examination he was having fair (lighter) complexion than other sibs. There is an unpleasant musty odor and he is microcephalic. On neurological examination he was spastic having hyperreflexia and tremors. What is most likely diagnosis?
a. **Phenylketonuria** b. Maple Syrup Urine disease c. Tyrosinemia d. Alcaptonuria e. Homocystinuria
85. An 8-month-old female presents with failure to thrive, constipation, fevers, and polydipsia. On evaluation, you find hypokalemia and hyperchloraemic metabolic acidosis and suspect Fanconi syndrome. Which of the following would be the most likely inherited cause?
a. **Cystinosis** b. Cystic fibrosis c. Glycogen storage disease d. Tay-Sachs disease e. Tyrosinemia
86. A 6-year-old child presented to OPD for short stature. On examination this child has coarse faces, cloudy cornea, visceromegaly and height less than -3 SD on centile chart. His x-ray hand shows bullet shape metacarpals. What is the most likely diagnosis for this child?
a. Down Syndrome b. Galactosemia c. Glycogen Storage Disease d. **Mucopolysaccharidosis** e. Phenylketonuria
87. An 8-month-old Caucasian male is brought with concerns of a 4-day history of fever and decreased food intake. The mother states that he has slept most of the day. On examination, the patient is febrile with otherwise normal vital signs. He does not open his eyes during the examination. The liver is noted to be slightly enlarged. His laboratory values show normal electrolytes without acidosis. The serum glucose is 33 mg/dL. Liver enzymes as well as ammonia are slightly elevated. Serum insulin is undetectable. A simultaneous urine sample is negative for ketones. Which of the following conditions is the most likely diagnosis?
a. Sulfonylurea ingestion b. **Glycogen storage disease type I** c. Accelerated starvation
d. Primary adrenal insufficiency e. Medium-chain acyl-CoA dehydrogenase deficiency
88. 1 year old infant presented with history of decreased appetite, loose motions, vomiting and generalized whole body edema. There is history of giving diluted cow milk since birth and NO weaning started yet. There are skin rashes all over the body especially over the buttocks. On examination baby is lethargic, edematous having more edema on lower limbs. What is most

likely diagnosis?

- a. Nephrotic syndrome b. Nephritic syndrome c. Acute hepatitis d. Congestive cardiac failure e. Kwashiorkor
89. You are called to evaluate the cause of hypotonia in a 1-day-old full-term female infant born to a 28-year-old mother. The baby is alert and moves all extremities well but is hypotonic. She has upward slanting palpebral fissures, speckled irides, a large tongue, short fifth digits, and bilateral transverse palmar creases. Karyotype is 46,XX. 100. What is the most likely reason for this result?
- a. The number of chromosomes was miscounted b. She has a partial translocation involving chromosome 21
c. There is no chromosomal abnormality d. Interference of the test by maternal-fetal blood transfusion
e. She has Turner syndrome
90. 18 months old presented to paediatric OPD with loose motions and vomiting for the last 2 days. He was on diluted cow milk since birth and weaning not started as yet. On examination he is emaciated and his weight is 7 kg and length is 70, both below 3rd centile. On buttocks area there is loose hanging skin folds (baggy pants appearance). There is no history of TB contact. What is most likely diagnosis?
- a. Marasmus b. Kwashiorkor c. Galactosemia d. Tuberculosis e. Celiac disease
91. An irregular red reflex is noted on the initial examination of an infant. The infant is referred to the ophthalmologist for evaluation of a cataract. Which of the following is most likely to be associated with a cataract in the newborn?
- a. Maple syrup urine disease b. Glucose-6-phosphate dehydrogenase deficiency c. Phenylketonuria
d. Galactosemia e. Propionic acidemia
92. The MOST important screening test of acute intermittent porphyria is
- a. Plasma porphyrins b. Fibroblast porphyrins c. Fecal porphobilinogen d. Erythrocyte porphyrins
e. Urinary porphobilinogen
93. Diagnostic measures for esophageal atresia include?
- a. Failure to pass a 10 Fr orogastric tube into the stomach b. X-ray chest and abdomen c. Ultrasound chest
d. A & b e. None of them
94. A 37-year-old woman presents 10 weeks after her laparoscopic Bariatric surgery with severe heartburn usually after eating and food or liquid regurgitation for the past week. She reports non compliance with the postoperative diet and exercise regimen recommended to her. What Bariatric surgery she might underwent?
- a. Gastric bypass b. Gastric Banding c. Sleeve Gastrectomy d. Biliopancreatic Diversion
e. One anastomosis gastric bypass
95. A child presents to OPD with complaints of decreased vision, stunted growth and mental slowing. Child is also obese. On examination he is having bilateral optic atrophy. MRI brain shows a space occupying lesion. Where could be the location of the lesion?
- a. Brain stem b. Hypothalamus c. Occipital lobe d. Optic nerve e. Sellar supra-sellar area
96. 2 years old baby has been brought in paediatric OPD with constipation for 5 days and abdominal distension. In history there is delayed passage of meconium. Examination shows failure to thrive. On digital rectal examination (DRE) there is gush of air with stool. Which investigation will you perform for the confirmation of diagnosis?
- a. X-ray abdomen plain b. Ultrasound abdomen c. CT abdomen d. Rectal biopsy e. Barium enema
97. A 68-year-old male presents to your emergency department after high-speed motor vehicle crash. His GCS was 13 in the field but is 15 on arrival. He exhibits no focal neurologic deficits and has no midline C-spine tenderness. Which of the following is the appropriate imaging workup?
- a. Noncontrast CT head only b. CTA of the head and neck c. Noncontrast CT head and C-spine
d. No imaging indicated e. Noncontrast C-spine CT
98. A newborn baby presented with gut and liver lying outside on abdomen and gut is covered with a thin membrane. Umbilical cord is attached at the top of membrane. What is your most probable diagnosis?
- a. Gastroschisis b. Umbilical hernia c. Omphalocele d. Gut atresia e. Omphalomesenteric duct
99. A young boy presents to you in your OPD with history of motor bike accident. He is having decreased conscious level. He can localize pain only with no eye response and verbal response. What is the GCS of the patient?
- a. 7 b. 8 c. 9 d. 10 e. 12
100. 6 months old child is brought to paediatric emergency with complaints of excessive cry and vomiting. On examination legs of the child are flexed, abdomen is distended with a palpable sausage shaped mass in right upper quadrant and in the pampers there is blood mixed with mucus (red current jelly stool). What is your plan of management?
- a. Keep NPO, pass NG tube and give kleen enema b. Counselling and shift the child to OT for emergency Laparotomy
c. Give kleen enema and keep under observation emergency
d. Admit, Keep NPO, Pass IV line, Give IV-fluids & antibiotics, Pass NG tube, send labs and prepare for surgery
e. Keep NPO, pass NG tube, give IV fluids and admit for observation
101. To appropriately stage Colon cancer, patients need what imaging studies for initial assessment?
- a. Chest CT, abdomen CT, pelvic CT with contrast b. Chest x-ray, abdomen and pelvis MRI, PET/CT
c. Chest x-ray, abdomen and pelvis CT d. Abdomen CT, pelvic MRI e. Chest x-ray, abdomen CT, pelvic MRI
102. 2 days old neonate presented in emergency with history of abdominal distension. On examination abdomen is distended and anal opening is absent. Which investigation will help you in deciding whether to make a colostomy or not?
- a. Ultrasound abdomen b. Contrast study c. CT scan d. Lateral prone X-ray / Invertogram e. MRI
103. A 45 years aged male patient presents with pain, numbness, and tingling in the right leg due to compression of the spinal nerve roots. What condition is most likely causing these symptoms?
- a. Ankylosing spondylitis b. Degenerative spine disease c. Herniated disc d. Lordosis e. Osteoporosis

PAPER CODE D

104. A 37 years old male presented to surgical OPD with the history of vomiting whatever he eats for the last 03 months. Vomiting occurs almost half an hour after meal, is copious in quantity containing undigested food particles. Investigation work-up diagnosed him as a case of benign Gastric outlet obstruction. How will you proceed with his management?
- Total Gastrectomy
 - Sleeve Gastrectomy
 - Gastric bypass
 - Pyloromyotomy
 - Roux en Y Gastrojejunostomy
105. 1 month old first born male baby presented in emergency with repeated episodes of non-bilious projectile vomiting for the last 10 days. He vomits after every feed and gets hungry after vomiting. On examination the baby is dehydrated and an olive shaped mass is palpable in Right Hypochondrium. Which one investigation will you do for confirmation of diagnosis?
- CT Scan
 - MRI
 - X-ray abdomen
 - Barium Enema
 - Ultrasound
106. A 35 years old patient presented with complain of pain over thoracic spine, low grade fever CRP 20 mg/L, ESR 85 mm/hour x rays shows lesion in the body of thoracic vertebra. How will diagnose this condition.
- MRI thoracic vertebra
 - Bone scan
 - TLC count and lymphocyte percentage
 - MR angiography
 - CT guided biopsy
107. A 6 month is brought to OPD with abdominal distension and history of failure to pass meconium within 48 hour of life and passing stools with enemas and rectal stimulation toxic megacolon is suspected, which of following is definitive investigation for diagnosis?
- X ray abdomen
 - Rectal manometry
 - Barium enema
 - Rectal biopsy
 - None of them
108. Which of the following secretion is associated with obesity?
- Ghrelin
 - Gastrin
 - Histamine
 - Cholecystokinin
 - Somatostatin
109. Which of the following is the definitive treatment of Hirschsprung's disease?
- Anal dilatation
 - Colostomy
 - Excision of aganglionic segment of the gut
 - Lateral internal sphincterotomy
 - Nerve grafting
110. A 50-year-old female presents with severe neck pain and tingling in the upper limbs. X-ray shows a loss of intervertebral disc height and osteophyte formation. What is the most likely diagnosis?
- Cervical disc herniation
 - Cervical myelopathy
 - Cervical spondylosis
 - Osteoporotic vertebral fracture
 - Rheumatoid arthritis
111. A 45 years old male presented with progressive dysphagia and on work up he has been diagnosed as carcinoma esophagus of middle one third of esophagus. How much normal looking esophagus from the macroscopic tumor should ideally be resected?
- 3 cm proximal and 4 cm distal
 - 4 cm proximal and 3 cm distal
 - 5 cm proximal and 10 cm distal
 - 8 cm proximal and 4 cm distal
 - 10 cm proximal and 5 cm distal
112. A jaundice patient has intrahepatic biliary dilations on ultrasound. Which of the following investigation will be most helpful in further diagnosis?
- CT (Computed Tomography) scan
 - ERCP (Endoscopic Retrograde Cholangiopancreatography)
 - HIDA scan (hepatobiliary iminodiacetic acid)
 - PTC (Percutaneous transhepatic cholangiography)
 - MRCP (magnetic Resonance cholangiopancreatography)
113. A newly born male baby was brought to surgical OPD with budging through the umbilicus while crying. On examination, there was a reducible umbilical swelling with a defect of about 1x1 cm. What is the most appropriate next step?
- CT Scan abdomen
 - Herniorrhaphy after 06 months
 - Oral analgesics and antibiotics
 - Reassurance
 - Ultrasound abdomen
114. A 25-year-old man has recurrent, indolent fistula in ano. He also complains of weight loss, recurrent attacks of diarrhea with blood mixed in the stool, and tenesmus. Proctoscopy revealed a healthy, normal-appearing rectum. What is the most likely diagnosis?
- Crohn's colitis
 - Ulcerative colitis
 - Amoebic colitis
 - Ischemic colitis
 - Colitis associated with acquired immunodeficiency syndrome (AIDS)
115. Which of the following is the most common cause of intestinal obstruction?
- Adhesions
 - Carcinoma
 - Obstructed hernia
 - Paralytic ileus
 - Faecal impaction
116. Which part of the large gut with malignancy most commonly present with intestinal obstruction?
- Ascending colon
 - Caecum
 - Descending colon
 - Rectum
 - Transverse colon
117. Which of the following options is reversible in bariatric surgery?
- Biliary pancreatic diversion
 - Ileo-transverse anastomosis
 - Gastric banding
 - Roux-en-Y Gastric bypass surgery
 - Sleeve gastrectomy
118. Which of the following is the most common location for myelomeningocele?
- Cervical
 - Thoracic
 - Lumbar
 - Sacral
 - None
119. A 50-Year old Male patient presented to emergency surgical department with Endoscopy report of active bleeding from duodenal ulcer. What is the preferred surgical therapy for hemodynamically unstable patients with bleeding duodenal ulcers?
- Graham patch
 - Duodenotomy and three-point ligation of the bleeding vessel
 - Duodenotomy, three-point ligation of the bleeding vessel with highly selective vagotomy
 - Duodenotomy, three-point ligation of the bleeding vessels with truncal vagotomy, and pyloroplasty
 - Duodenal resection with reconstruction
120. A patient with severe malabsorption is prescribed enteral nutrition. Which type of enteral formula is most suitable to provide easily absorbable nutrients and improve nutritional status?
- Blenderized whole food formula
 - Disease-specific formula
 - Elemental formula
 - Immunonutrition formula
 - Standard polymeric formula