Khyber Girls Medical College
Block P Paper 2024

Total Marks: 120

- Please write your roll numbers on this question paper as well as your answer sheets.
- Only use black or blue pen to mark your answers
- Choose the best answer among the five given options
- You have to submit the question papers back along with the answer sheet.

1.A 55-year-old diabetic patient presents with swelling of the feet, proteinuria, and elevated cholesterol levels. Fundoscopy shows diabetic retinopathy. A kidney biopsy reveals nodular glomerulosclerosis. What is the most likely diagnosis?
a. Minimal change disease
b. Focal segmental glomerulosclerosis
c. Amyloidosis
d. Diabetic nephropathy
e. Membranous nephropathy

2.A 10-year-old boy presents with generalized body edema especially around eyes and lower legs. Laboratory findings reveal proteinuria (>3.5 g/day) and hypoalbuminemia. His lipid profile shows hyperlipidemia. His urine examination reveals fatty casts.What is the most likely underlying cause of his nephrotic syndrome?
a. Henoch Shonlein Purpura
b. Chronic renal failure
c. Minimal change disease
d. Diabetic nephropathy
e. IgA nephropathy

3.A 15-year-old man presents with hematuria, mild proteinuria, hypertension, and periorbital edema. His recent history includes a sore throat two weeks ago. Laboratory tests reveal decreased C3 levels. What is the most likely diagnosis?
a. Goodpasture syndrome
b. IgA nephropathy
c. Post-streptococcal glomerulonephritis
d. Minimal change disease
e. Focal segmental glomerulosclerosis

4.A 14-year-old boy presents with generalized edema, hypertension and cola-colored urine. His mother reports that he had an episode of impetigo two weeks prior. Urine analysis shows red blood cell casts and proteinuria. What is the most likely cause of this presentation?
a. IgA nephropathy
b. Post-streptococcal glomerulonephritis
c. Membranous nephropathy
d. Minimal change disease
e. Focal segmental glomerulosclerosis

5.A 45-year-old man presents with swelling in his legs and hematuria. Blood pressure is elevated, and he has a history of systemic lupus erythematosus. Laboratory tests show red blood cell casts in the urine and a low complement level.
Which renal pathology is most consistent with these findings?
a. Membranous nephropathy
b. Lupus nephritis
c. IgA nephropathy
d. Diabetic nephropathy
e. Focal segmental glomerulosclerosis

6.A 60-year-old man presents to the emergency department with fatigue, decreased urine output, and mild swelling in his lower limbs. He reports taking ibuprofen daily for joint pain over the past two weeks. Laboratory results show elevated serum creatinine. Which of the following is the most likely cause of his acute kidney injury?
a. Prostatic carcinoma
b. Renal cell carcinoma
c. Multiple myeloma
d. NSAID-induced renal injury
e. Urinary tract obstruction

7.A 45-year-old woman with a history of hypertension presents with acute diarrhea after returning from a camping trip. She reports reduced oral intake and poor hydration. Her vital signs reveal low blood pressure and tachycardia. Her urine output has significantly decreased over the past 24 hours. Which is the most likely underlying mechanism of her acute kidney injury?
a. Immune-mediated glomerulonephritis
b. Pre-renal azotemia due to volume depletion
c. Intrinsic renal failure from tubular injury
d. Post-renal obstruction from urolithiasis
e. Acute interstitial nephritis from drug use

8.A 65-year-old man with a 15-year history of poorly controlled hypertension presents with fatigue, anorexia, and swelling in his legs. Blood tests reveal an elevated serum creatinine of 3.5 mg/dL and a GFR of 25 mL/min/1.73 m^2. Urinalysis shows proteinuria but no hematuria.Question: What is the most likely cause of this patient's chronic renal failure?
a. Diabetic nephropathy
b. Hypertensive nephrosclerosis
c. Polycystic kidney disease
d. Obstructive uropathy
e. Acute tubular necrosis

9.50-year-old woman with chronic kidney disease is being evaluated in the outpatient department. She reports severe fatigue and pallor. Her hemoglobin is 8

g/dL, and further testing shows a low reticulocyte count and normocytic anemia. Question: Which of the following is the most appropriate treatment for her anemia?

a. Oral iron supplements
b. Intravenous iron therapy
c. Erythropoiesis-stimulating agent (ESA)
d. Blood transfusion
e. Vitamin B12 injection

10. A 30-year-old woman presents with dull, intermittent flank pain and a history of hypertension. Physical examination reveals bilateral palpable kidneys. She mentions that her father had a similar condition and eventually required dialysis. Laboratory tests show elevated serum creatinine. Which of the following is the most likely diagnosis?

a. Autosomal recessive polycystic kidney disease
b. Autosomal dominant polycystic kidney disease
c. Renal cell carcinoma
d. Chronic pyelonephritis
e. Medullary sponge kidney

11. A 35-year-old male presents to the emergency department with sudden-onset severe headache, nausea, and vomiting. His medical history includes hypertension and a diagnosis of Adult polycystic kidney disease . On examination, his blood pressure is 180/110 mmHg, and he has neck stiffness. What is the most likely cause of his symptoms?

a. Meningitis
b. Subarachnoid hemorrhage due to ruptured cerebral aneurysm
c. Migraine headache
d. Chronic subdural hematoma
e. Acute pyelonephritis

12. A 70-year-old male with a history of benign prostatic hyperplasia (BPH) presents with fever, chills, and dysuria. He has suprapubic pain and complains of incomplete bladder emptying. Urine culture is positive for E. coli. What is the most likely predisposing factor for his UTI?

a. Recent sexual activity
b. Benign prostatic hyperplasia
c. Diabetes mellitus
d. Dehydration
e. Use of NSAIDs

13. A 30-year-old woman presents with fever, chills, flank pain, and dysuria. Urinalysis reveals pyuria and white blood cell casts. She reports a similar episode six months ago. What is the most appropriate diagnosis?

a. Cystitis
b. Urethritis
c. Acute pyelonephritis
d. Urethral syndrome
e. Interstitial cystitis

14. The following is not an association of Adult Polycystic Kidney Disease?

a. Mitral Regurgitation
b. Mitral Stenosis
c. Aortic Regurgitation
d. Sub Arachnoid Haemorrhage
e. Colonic Diverticula

15. A 65-year-old man with a history of hypertension and diabetes presents with lethargy, nausea, and confusion. Laboratory results show elevated blood urea nitrogen (BUN) and serum creatinine levels. Physical examination reveals pericarditis and pleuritis. What is the most likely cause of these findings?

uremia

a. Acute tubular necrosis
b. Chronic kidney disease
c. Nephrolithiasis
d. Acute interstitial nephritis
e. Nephrotic syndrome

16. A 13 year old boy presented with a 3 day History of abdominal pain, rash over the trunks buttocks and legs.The B.P is 140/90 mmhg. Urine R/E shows 2+ albumin and gross Hematuria. What is the most likely diagnosis?

a. Minimal Change disease
b. Acute Post Streptococcal G.N
c. Focal Segmental Glomerulosclerosis
d. Acute interstitial Nephritis
e. Henoch-Schonlein Purpura

17. A 30-year-old female presents with fatigue, pale skin, and shortness of breath on exertion. Laboratory results show a low hemoglobin level, low mean corpuscular volume (MCV), and an elevated reticulocyte count. Peripheral blood smear reveals schistocytes. What is the most likely diagnosis.

a. Iron-deficiency anemia
b. Thalassemia
c. Hemolytic uremic syndrome
d. Sickle cell anemia
e. Autoimmune hemolytic anemia

18. Which of the following Is not a cause of Anaemia in C.R.F?

a. Erythropoietin Deficiency
b. Reduced R.B.C survival → due to uremia RBCs are damaged.
c. Upper G.I blood loss
d. Iron Deficiency → Chr Blood Loss
e. Aplastic Anaemia

19. A 55-year-old male with a history of hypertension is started on a new medication. After a few weeks, he develops a persistent dry cough. Which of

the following medications is most likely responsible for this adverse effect?

a. Lisinopril
b. Amlodipine
c. Metoprolol
d. Losartan
e. Hydrochlorothiazide

20. A 60-year-old male presents with a sudden-onset, severe headache and visual disturbances. On fundoscopic examination, there is evidence of bilateral optic disc swelling. Non-contrast CT scan of the head is normal. What is the most likely diagnosis?

a. Central retinal artery occlusion
b. Open-angle glaucoma
c. Papilledema
d. Acute angle-closure glaucoma
e. Ischemic optic neuropathy

21. A 30 year old male presented with a 6 Days history of Gastroenteritis, Excessive Vomiting. On Examination He is mildly dehydrated, with Acidotic Breathing investigation shows Urea 250mg/dl Creatinine 2.5 mg/di, Urine Output is 4.5 Litres /Day .He was given Gentamycin in the Periphery. What is the most likely Renal Diagnosis?

a. Acute Tubular Necrosis
b. Focal Segmental Glomerunecrosis
c. Acute Nephritic Syndrome
d. IgA Nephropathy
e. Nephrotic Syndrome

22. A 45-year-old male presents with recurrent episodes of excruciating pain in his right great toe. The affected joint is red, swollen, and extremely tender to touch. Laboratory tests reveal an elevated serum uric acid level. What is the most likely diagnosis?

a. Osteoarthritis
b. Rheumatoid arthritis
c. Gout
d. Pseudogout (calcium pyrophosphate deposition disease)
e. Ankylosing spondylitis

23. A 55 year old multyiparous woman has urge incontinence. Urinanalysis is normal and physical exam reveals grade 3 cystocele. Urodynamics reveals involuntary bladder contractions incontinence and a postvoid residual residual of 100ml and a detrusor pressure of 50cm of H2O at maximum flow of 8ml/sec. when cystocele is reduced, no stress incontinence is elicited.The next step is

a. Oxybutynin
b. Pubovaginal sling
c. Doxazocin
d. Anterior colporrhaphy
e. Anterior colporrhaphy and pubovaginal sling

24. A 61 year old lady becomes incontinentimmediately after a transvaginal repair of grade 3 cystocele. This is most likrly due to

a. Detrusor instability
b. Partial bladder denervation
c. Underlying urethral deficiency
d. Iatragenic urethral damage
e. Iatragenic bladder neck injury

25. A 55 year old female underwent mid urethral sling for stress incontinence 5months ago. She now has dysuria urgency and frequency despite antibiotic treatment for 2 documented UTIs. Urinanalysis shoes 2-3 rbs/hpf. Pelvic US reveals 50ml of PVR. Next step will be

a. Uroflowmetry
b. IVP
c. VCUG
d. Filling cystometry
e. Cystoscopy

26. A 74 year old woman with SUI and detrusor instability would like to avoid surgery. The best pharmacologic approach is

a. Ditropan (oxybutin)
b. Detrositol (Solifenacin)
c. Imipramine
d. Terazocin → α1 Blocker
e. Ephedrine Sympathomimetic.

27. A 59 years old male presents with LUTS and BOO with IPSS score of 17. He is known case of COPD. His rectal exam reveals a grossly enlarged clinically benign prostate.. QOL is 4. USG suggests 85 gm prostate with normal upper tracts. What will be the most preferred medical treatment for the patient?

a. Saw Palmetto → herbal remedy
b. Alpha-1 blocker
c. Combination Therapy → if alone α1 ineffective
d. Aromatase Inhibitors → for advanced prostate cancer
e. 5-alpha Reductase inhibitor → Takes week to work

28. A 75 year-old man with mature cataract of left eye, has been postponed from the OT list for floppy iris as contraindication for the ophthalmic surgery. According to the patient, he has been on alpha receptor blockers for voiding symptoms due to benign prostatic enlargement.Which of the alpha blocker is most likely involved in this ophthalmic complication:

a. Silodosin
b. Alfuzosin
c. Terazosin
d. Doxazosin
e. Tamsulosin

29. A 30-year old married male has presented to Andrology Clinic with presenting complaint of unable to attain erection for last 6 months. On further enquiry patient is hypertensive and is on Losartan. Examination is not remarkable. The penile buckling pressure during nocturnal penile tumescence is 100 mm.Hg.What is the most likely cause on impotence?
    a. Drug Induced → N
    b. Neurogenic → N or ↓ pressure
    c. Psychogenic → N
    d. Vasculogenic → ↓
    e. Endocrinopathy → ↓

30. A 40 year-old lady G6P5 had undergone difficult TAH. On 7th post operative day, she developed left flank and hypogastic pain. On 8th post operative day she developed urinary incontinence as well as normal voiding pattern. The most likely diagnosis is:
    a. Vesicovaginal fistula
    b. Ureterovaginal fistula → left flank pain. thats why ureter.
    c. Urethrovaginal fistula
    d. Genuine stress incontinence
    e. Complex Genitourinary fistula

31. A 30 year –old patient had history of fall. He is now complaining of pain in hypogastrium. FAST revealed no abnormality. Urine RE suggests Numerous RBC.The most appropriate analgesic which will relieve his pain by 50 % according to Adapted Oxford League Table of Analgesic Efficacy is:
    a. Diclofenic 100mg → 67%.
    b. Ibuprofen 400mg → 50%.
    c. Tramadol 100mg → 36%.
    d. Ketorolac 10 mg → 48%.
    e. Nalbuphine 10mg

32. You have received a called from General Surgical OT. They have opened a patient as Laparatomy for blunt trauma abdomen with spleen rupture. They have performed splenectomy. On your arrival in OT, There is a huge retroperitoneal hematoma on left side. The blood pressure of the patient is 100/70mm.Hg, Pulse 120/min. What is the most preferred imaging modality on OT Table before deciding exploration of retroperitoneal haematoma?
    a. Ultrasound
    b. X ray KUB
    c. IVU
    d. CT KUB
    e. MRI Abdomen

33. A 8 years old child presents with complaints of generalized body edema from the last 6 days with decreased urinary output and abdominal distension. On investigations there is urine protein to creatinine ratio of 5.7, urine Protein 3+ and RBC's 1-2/HPF. Most likely diagnosis is
    a. Nephrotic syndrome
    b. Barter Syndrome
    c. IGA nephropathy
    d. Post streptococcal Glomerulonephritis
    e. Renal tubular acidosis

34. One year old child presents with failure to thrive. On examination height weight are less than the 5th percentile. On investigation there is hyponatremia, hypokalemia, ABGs (metabolic Alkalosis) urinary Ca, Na, K (Increased), remin Level increased, and abdomoinal ultrasound shows nephrocalcinosis. ↑RAAS.
    a. Nephrogenic diabetes insipidus
    b. Central diabetes insipidus
    c. pRTA
    d. Batter Syndrome.
    e. dRTA

35. A 5 month old child has poor weight gain although his feeding is adequate. The child has has no illness. The examination is normal except for the childs weight loss (failure to thrive). Laboratory investigation show normal blood counts. Serum celectorlyte levels are sodium 140 mEq/1, N chloride 105mEq/1, N potassium 3.5mEq/1, N bicabonate 170mEq/1, ↑ X5 Urinalysis reveals a pH of 8. Plain abdominal X-ray shows medullary nephrocalcinosis.
    a. Central diabetes insipidus
    b. Nephrogenic diabetes insipidus
    c. Bartter Syndrome
    d. UTIE.
    e. Renal Tubular Acidosis

36. A 10 year old boy presents with excessive urination and thirst. No other family member has this complaint. 0A urine analysis shows no glucosse and ketones. Urine specific gravity is 1.005. his urinary concentration improve when parenteral DDAVP in administered.
    a. Central Diabetes Insipidus
    b. Nephroginic Diabetes Insipidus
    c. Renal Tubular Acidosis
    d. Batter Syndrome
    e. UTI

37. A 4 year old child presents with failure to thrive, frequent urination , excessive thirst. Weight has decreased 4 kg in the past 4 months. Other family members have similar histories for many years. Urine analysis shows no glucose, Ketones, or evidence of a urinary tract infection. Specific gravity is less than 1.005. Urine not concetrates when parenteral DDAVP is administered.
    a. Central Diabetes insipidus

b. Proximal Renal Tubular Acidosis
c. Bartter Syndrome
d. Distal Renal Tubular Acidosis
e. Nephrogenic Diabetes Insipidus

38.An 8 year old pale looking girl presents with short stature having polyuria and serum creatinine of 8mg/dl.Most probable diagnosis of a patient presenting with such complaints is?

a. Renal tubular acidosis
b. Nephrotic syndrome
c. Chronic renal failure
d. Acute renal failure
e. IGA nephropathy

39. Urine dipstick testing of a specimen obtained from a febrile 4 yr old child with acute viral gastroenteritis shows specific gravity 1.030, pH 5.0, 2+ proteinuria, and no blood cells. The most likely cause of the patient's proteinuria is:

due to febrile illness.

a. Transient proteinuria
b. Nephrotic syndrome
c. Orthostatic proteinuria
d. Acute glomerulonephritis
e. Acute kidney injury

40.A 04 years old healthy girl has a urinalysis as part of her well child visit. Urine dipstick testing shows specific gravity 1.014, pH 6.0, and 2+ proteinuria and is negative for blood. Microscopic examination of the urine is unrevealing. The most appropriate next step in diagnosis is to:

a. Collect a 24-hr urine specimen for measurement of protein and creatinine;
b. Draw blood for a serum chemistry panel;
c. Measure serum complement levels (C3, C4);
d. Perform urine dipstick testing on a 1st morning-voided sample;
e. Measure the urine protein to creatinine ratio

41.A 45-year-old woman presents with increased thirst, frequent urination, and unexplained weight loss. Blood tests reveal fasting plasma glucose of 180 mg/dL and HbA1c of 8.2%. Which mechanism primarily contributes to the patient's hyperglycemia?

a. Increased insulin sensitivity in peripheral tissues
b. Enhanced hepatic gluconeogenesis
c. Reduced renal glucose reabsorption
d. Suppression of glucagon secretion
e. Excessive insulin degradation

42.A 50-year-old man with obesity and hypertension presents for routine evaluation. His fasting plasma glucose is 126 mg/dL, and his HbA1c is 6.6%. He reports no symptoms of hyperglycemia. What is the most likely diagnosis?

a. Prediabetes
b. Type 1 diabetes mellitus
c. Type 2 diabetes mellitus
d. Latent autoimmune diabetes in adults
e. Gestational diabetes mellitus

43.A 35-year-old man is evaluated for diabetes due to a family history and obesity. His fasting glucose is 105 mg/dL, and his 2-hour postprandial glucose is 165 mg/dL. What is the most appropriate diagnostic classification?

FBG (100-125)
5.7-6.4 HbA1c
Postprandial: (140-199)

a. Normal glucose tolerance
b. Prediabetes
c. Type 1 diabetes mellitus
d. Type 2 diabetes mellitus
e. Gestational diabetes mellitus

44.A 65-year-old man presents for an annual checkup. He has no symptoms, but his fasting plasma glucose is 130 mg/dL on two separate occasions. Which additional test is most useful to confirm the diagnosis of diabetes in this patient?

a. HbA1c measurement
b. 2-hour oral glucose tolerance test
c. Random plasma glucose measurement
d. Serum fructosamine level
e. C-peptide level

45.A 55-year-old patient with type 2 diabetes and chronic kidney disease has an eGFR of 25 mL/min/1.73m². Which medication is most appropriate for glycemic control in this patient?

a. Metformin
b. Sulfonylurea
c. Insulin
d. SGLT2 inhibitor
e. DPP-4 inhibitor

46.A 40-year-old woman with newly diagnosed type 2 diabetes is started on lifestyle modifications and metformin. After 3 months, her HbA1c remains at 8.0%. What is the next step in her management?

a. Increase the dose of metformin
b. Add a sulfonylurea
c. Add an SGLT2 inhibitor
d. Initiate insulin therapy
e. Perform a pancreas transplant

47.A 28-year-old woman with type 1 diabetes presents with nausea, abdominal pain, and fruity breath odor. Arterial blood gas shows pH of 7.25, HCO_3^- of 15 mmol/L, and an anion gap of 22. What is the primary metabolic derangement?

a. Lactic acidosis
b. Hyperchloremic acidosis
c. Diabetic ketoacidosis
d. Metabolic alkalosis

e. Respiratory acidosis

48.A 60-year-old man with type 2 diabetes presents for routine follow-up. His blood pressure is 145/92 mmHg, and laboratory tests show microalbuminuria. What is the next best step in his management?

a. Start an SGLT2 inhibitor
b. Initiate insulin therapy
c. Prescribe an ACE inhibitor or ARB
d. Increase dietary protein intake
e. Repeat the microalbuminuria test in 6 months

49.A 35-year-old pregnant woman is diagnosed with gestational diabetes at 28 weeks of gestation. What is the first-line treatment for glycemic control in this condition?

a. Metformin
b. Sulfonylurea
c. Diet and exercise
d. Insulin
e. GLP-1 receptor agonist

50.A 60-year-old man with type 2 diabetes presents with burning and tingling in his feet, consistent with peripheral neuropathy. Which medication is most appropriate to manage his symptoms?

a. Metformin
b. Pregabalin
c. Insulin
d. DPP-4 inhibitor
e. SGLT2 inhibitor

51.A 72-year-old man with type 2 diabetes is on basal insulin and experiences frequent nocturnal hypoglycemia. What adjustment is most appropriate to prevent hypoglycemia?

a. Increase the basal insulin dose
b. Add a GLP-1 receptor agonist
c. Switch to a shorter-acting insulin
d. Decrease the basal insulin dose
e. Stop all insulin therapy

52.A 32-year-old man with obesity and a family history of diabetes undergoes screening. His HbA1c is 6.4%. What is the most likely interpretation of this result?

a. Normal glucose metabolism
b. Prediabetes
c. Type 1 diabetes mellitus
d. Type 2 diabetes mellitus
e. Latent autoimmune diabetes in adults

53.Lowered Hemoglobin during normal pregnancy is a physiological finding. It's mainly due to:

a. low iron stores in all women.
b. Blood loss to the placenta
c. Increased plasma volume.
d. Increased cardiac output resulting in greater red cell destruction.
e. Decreased reticulocytosis

54. The following are presumptive skin signs of pregnancy except:

a. Chloasma
b. Maculo-papular rash
c. Linea Nigra
d. Stretch Marks
e. Spider Telangiectasis

55. After birth, all of the following vessels constrict EXCEPT:

a. Ductus arteriosus.
b. Umbilical arteries.
c. Ductus venosus.
d. Hepatic portal vein.
e. Umbilical vein.

56. In the fetus, the most well oxygenated blood is allowed into the systemiccirculation by the:

a. Ductus arteriosus.
b. Foramen ovale.
c. Rt. Ventricle.
d. Ligamentum teres.
e. Ligamentum venosum

57. Regarding renal tract during pregnancy, the following are true EXCEPT:

a. The ureters are dilated.
b. The renal pelvis calyces are dilated.
c. The right side is affected more than the left side.
d. The primigravida shows more changes than multigravida.
e. The bladder tone increases.

58. All the following are possible causes of Polyhydramnios, EXCEPT:

a. Diabetes
b. Multiple pregnancy
c. Fetus with hydrops fetalis
d. Fetus with duodenal atresia or neural tube defect
e. IUGR

59. All of the following causes Oligohydramnios EXCEPT:

a. Renal agenesis
b. Poor placental perfusion
c. Post term pregnancy
d. Anencephaly
e. Urinary obstruction

60. Which one of the following is caused in fetus due to deficiency of folate

a. Dextrocardia
b. Neural tube defects
c. Gastroschisis
d. Cleft palate
e. Urinary obstruction

61.Components of biophysical profile include all of the following, EXCEPT:

a. Fetal movement
b. Placental thickness
c. Fetal tone
d. Fetal breathing movement
e. Amniotic fluid volume assessment

62.Antenatal fetal monitoring can NOT be accomplished by:

a. Fetal kick chart.
b. Fetal scalp sampling.
c. Non-stress test.
d. Obstetric U/S & Biophysical profile.
e. Acoustic stimulation

63.Which of the following procedures allow the earliest retrieval of DNA for prenatal diagnosis in pregnancy:
a. Fetoscopy.
b. Amniocentesis.
c. Chorionic Villi Sampling (CVS)
d. Percutaneous Umbilical Blood Sampling (PUBS)
e. Fetal biopsy.

64.Patients with high-risk pregnancy should have:
a. Follow-up in ANC every 6 weeks
b. Fetal kick chart
c. Fetal maternal transfusion
d. Fetal amniotomy
e. Fetal biophysical profile.

65.Antenatal booking investigations include all of the following, EXCEPT:
a. Complete blood count
b. Blood sugar
c. Hepatitis screening
d. Rubella status
e. Thyroid function

66.Counseling of a pregnant patient during early prenatal care should includedetection of & information on:
a. Smoking.
b. Alcohol abuse.
c. Drug abuse.
d. Avoiding infections.
e. All of the above.

67.The following measures are usually performed during a routine antenatal visit for a healthy uncomplicated pregnancy at 36 weeks gestations' EXCEPT:
a. Symphysis-fundal height.
b. Maternal blood pressure.
c. Maternal weight.
d. Mid-steam urine specimen (MSU) for culture & sensitivity.
e. Listening to the fetal heart.

68.Antenatal care can prevent all the following complications, EXCEPT:
a. Anemia due to iron deficiency or folic acid deficiency.
b. UTI of pyelonephritis.
c. Macrosomia.
d. Preterm labor.
e. Rh immunization

69.Nuchal translucency is used is a marker used for:
a. IUFD
b. Multiple pregnancy
c. Some Ovarian Cancer
d. Trisomy 21
e. Neural tube defect

70. Patient with epidural anesthesia during labour is at increased risk of
a. Instrumental delivery
b. Fetal distress
c. Shoulder dystocia
d. PPH
e. Floppy baby

71. Hyperextension of the fetal head is found in:
a. Vertex presentation
b. Face presentation
c. Shoulder presentation
d. Breach presentation
e. Hydrocephalic baby

72.All the following characteristics are applied to a pelvis favorable to vaginal delivery EXCEPT:
a. Sacral promontory cannot be felt.
b. Obstetric conjugate is less than 10 cm.
c. Ischial spines are not prominent.
d. Subpubic arch accepts 2 fingers.
e. Intertuberous diameter accepts 4 knuckles on pelvic exam.

73.In the fetus which one is true;
a. The coronal suture lies between the two parietal bones.
b. The umbilical artery normally contains one artery and two veins.
c. Fetal lie describes the long axis of the fetus to the long axis of the mother.
d. Entanglement of the umbilical cord is common in diamniotic twins.
e. The anterior Fontanelle is usually closed by the time of labor.

74. Which of the following terms best describes the pelvic type of small posterior sagittal diameter, convergent sidewalls, prominent ischial spines, and narrow pubic arch?
a. Android.
b. Gynecoid.
c. Anthropoid.
d. Platypelloid.
e. Mixed.

75.The second stage of labor involves:
a. Separation of the placenta.
b. Effacement of the cervix.
c. Expulsion of the placenta.
d. Dilation of the cervix.
e. Expulsion of the fetus.

76. In a vertex presentation, the position is determined by the relationship of what fetal part to the Maternal pelvis:
a. Mentum.
b. Sacrum.
c. Acromion.
d. Occiput.
e. Sinciput

77.Which one is true for Obstructed labor:

Khyber Girls Medical College
Block P Paper 2024

a. Diagnosed only when the cervix is fully dilated.
b. Usually predicted before the onset of labor.
c. More common in developed countries.
d. Mento-posterior position could be a cause.
e. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in aprimigravida.

78. Which of the followings is a contraindication to a trial of labor after cesarean delivery?
a. Prior classical incision.
b. Prior cesarean delivery for dystocia.
c. Prior IUFD.
d. Ultrasound estimation of fetal weight of 3500g.
e. Prior cesarean delivery for breech

79. Prolapse of umbilical cord: Which is true?
a. Not an indication for caesarean section when baby viable at 36 weeks
b. Diagnosed when membranes are still intact
c. Is more common when fetus acquires an abnormal lie
d. Incidence is 5%
e. Causes severe respiratory alkalosis

80. The following are absolute indication for C-section EXCEPT:
a. Face presentation.
b. Shoulder presentation.
c. Cervical cancer.
d. Fibroids in the lower uterine segment.
e. Previous classical C-section.

81. Complete breech means:
a. Flexion at hip joint and extension in knee joint
b. Flexion at hip joint and flexion at knee joint
c. Extension at the hip joint
d. Flexion at knee joint and extension at the hip joint
e. Flexion of one leg at hip joint and extension of the other leg at the hip Joint

82. An infant present as a breech presentation and delivered without assistance as far as the umbilicus. The reminder of the body is manually assisted by the obstetrician. This is called:
a. Version and extraction
b. Spontaneous breech delivery
c. Assisted breech delivery
d. Total breech extraction
e. Pipers of the after-coming head

83. Regarding Puerperium:
a. Refer to the first 6 months after delivery
b. The lochia usually persists for 7 weeks
c. The uterine fundus should not be palpable abdominally by 14 days after delivery
d. The incidence of postpartum depression is 50%
e. Fever due to engorged breast occurs on the second day after delivery

84. Risk factors of postpartum Endometritis include all of the following, EXCEPT:
a. Prolonged labor
b. Prolonged rupture of membranes
c. Multiple vaginal exams
d. Prolonged monitoring with an intrauterine pressure catheter
e. Gestational diabetes

85. Symptoms and signs of puerperal endometritis include all the following,EXCEPT:
a. Malodorous vaginal discharge.
b. Lower abdominal pain.
c. Fever.
d. Involution of the uterus.
e. Uterine tenderness on palpation.

86. In the mother suckling leads to which of the following responses?
a. Decrease Oxygen
b. Increase of prolactin-inhibiting factor
c. Increase of hypothalamic dopamine
d. Increase of hypothalamic Prolactin.
e. Increase of luteinizing hormone-releasing factor

87. All the following methods inhibit lactation EXCEPT :
a. Restriction of fluid and diuretics
b. Tight breast binder and analgesics
c. estrogen hormone in large dose
d. Thyroxin hormone
e. Dopamine agonist

88. In eclampsia: Which is true?
a. Caesarean section must be carried out in all cases
b. Hypotensive drugs should not be used
c. Urinary output is increased
d. Antidiuretic drugs are essential in all cases
e. Ergometrine should be avoided in the third stage of labor

89. Risk factors for pre- eclampsia include all of the following, EXCEPT:
a. Elderly primigravida
b. African ethnicity
c. Positive family history of hypertension
d. Positive history of pre- eclampsia in previous pregnancies
e. Positive history of macrosomic baby

90. Maternal complications associated with polyhydramnios include:
a. High blood pressure.
b. Urinary tract anomalies.
c. Diabetes.

d. Postmature pregnancy.
e. All of the above.

91. Infants of diabetic mothers are at risk of one of the following:
a. Low Hb.
b. Hypercalcemia.
c. Hyperglycemia.
d. Microsomia.
e. Respiratory distress syndrome

92. Risk Factors for DVT include all, EXCEPT:
a. Smoking
b. Operative delivery
c. Lupus anticoagulation
d. Maternal weight over 80 kg
e. Hyperthyroidism

93. The period of gestation on dating scan is calculated by measuring:
a. Crown rump length
b. Biparietal diameter
c. Femur length
d. Head circumference
e. Abdominal Circumference

94. Regarding biophysical profile which one is not assessed on ultrasound
a. Non stress test
b. Amniotic fluid volume
c. Fetal breathing movements
d. Fetal body movements
e. Fetal tone

95. Which of the following is a normal cardiovascular change during pregnancy?
a. Decreased cardiac output
b. Increased systemic vascular resistance
c. Decreased heart rate
d. Increased blood volume
e. increased blood pressure

96. A newborn is noted to have a darkened swelling of the scalp that does notcross the midline. This is most likely a:
a. Caput succedaneum.
b. Subdural hemorrhage.
c. Cephalohematoma.
d. Subarachnoid hemorrhage.
e. Tentorial tear

97. Advantage of lower segment caesarean section over the classic incision includes:
a. Ease of repair
b. Decreases blood loss
c. Lower probability of subsequent uterine rupture
d. Decreases danger of intestinal obstruction
e. All of the above

98. All of the following causes Oligohydramnios EXCEPT:
a. Renal agenesis
b. Poor placental perfusion
c. Post term pregnancy
d. Anencephaly
e. Urinary obstruction

99. Which of the following causes of polyhydramnios is most common:
a. Twin pregnancy.
b. Diabetes.
c. Hydrops fetalis.
d. Anencephaly.
e. Idiopathic.

100. The most common cause of perinatal death in mono-amniotic twin is:
a. Cord entrapment.
b. Cord prolapse.
c. Twin-twin transfusion syndrome.
d. Lethal congenital anomalies.
e. Placental abruption

101. A pregnant woman presents with a placenta previa of a major degree and fetus is malformed. Which of the following will be the best management?
a. Caesarian section
b. Oxytocin drip
c. Rupture of membranes
d. Induce with PG E2
e. Forceps delivery in the second stage to accelerate delivery.

102. Anti-D prophylaxis:
a. Should be given to all sensitized Rhesus negative women after delivery
b. Should be given to all Rhesus positive women after amniocentesis.
c. Should be given to all Rhesus negative women who give birth to Rhesus positive babies.
d. Should be given to all women whose babies are Rhesus negative
e. Is contra-indicated during pregnancy if the woman is Rhesus negative

103. Postpartum hemorrhage can occur due to all the followings EXCEPT:
a. Fetal macrosomia.
b. Polyhydramnios.
c. Placenta previa.
d. Abruptio placenta.
e. Postdate pregnancy.

104. Advantage of lower segment caesarean section over the classic incision includes:
a. Ease of repair
b. Decreases blood loss
c. Lower probability of subsequent uterine rupture
d. Decreases chance of gut injury
e. All of the above

105. A newborn is noted to have a darkened swelling of the scalp that does not cross the midline. This is most likely a:
a. Caput succedaneum.
b. Subdural hemorrhage.
c. Cephalohematoma.
d. Subarachnoid hemorrhage.

e. Tentorial tear.

106. All the following are possible causes of premature labour, EXCEPT:
a. Multiple pregnancy
b. Polyhydramnios
c. Bicornuate uterus
d. Anencephaly
e. Perinatal infection

107. Which of the following is NOT considered a high risk pregnancy :
a. Gestational diabetes
b. Cardiac disease in pregnancy
c. Candida infection in pregnancy
d. Bleeding in pregnancy
e. Patient with history of previous IUFD

108. The following are causes for a uterus that is large for gestation during pregnancy, EXCEPT:
a. Multiple pregnancy
b. IUGR
c. Fibroid
d. Polyhydramnios
e. Incorrect dating of pregnancy

109. A 30 year old woman comes to the OPD with art neck lump for the last two months and she denies any associated symptoms like palpitations, hot flushes etc. on examination the lump moves on swallowing but not on tongue protrusion. The lump is 2 cm, soft, with smooth surface. There is no evidence of lymphadenopathy. Her FNAC shows follicular adenoma. What is the next important step?
a. Incision biopsy
b. Total thyroidectomy
c. Diagnostic Rt lobectomy
d. Trucut biopsy
e. Radioiodine

110. Which of the following laboratory test will effectively exclude or confirm hyperthyroidism in a 25 year old lady with a nodular goiter.
a. Thyroid stimulating harmone
b. Serum total T4 level
c. Thyroid binding globulin
d. Serum T3 level
e. Serum iodine level

111. With regard to PTH, which of the following statements is incorrect?
a. PTH blocks calcium excretion at the ascending limb of the loop of Henle.
b. PTH stimulates osteoclast resorption of calcium and phosphate.
c. PTH cells express G protein–coupled calcium-sensing receptors.
d. PTH inhibits calcium excretion at the distal convoluted tubule of the kidney.
e. PTH enhances renally mediated hydroxylation of 25-hydroxyvitamin D.

112. All of the following are consistent with the diagnosis of secondary hyperparathyroidism except:
a. History of chronic kidney disease (CKD)/chronic renal insufficiency (CRI)
b. Elevated serum calcium level
c. Vitamin D deficiency
d. Elevated PTH level
e. History of gastric bypass

113. A 60 years male underwent total thyroidectomy for MNG. The patient displaced carpopedal spasm in the evening. Treatment will be
a. IV bicarbonate
b. IV potassium
c. IV calcium gluconate
d. IV para tharmone
e. IV digoxine

114. A 30 years old woman comes to OPD with a 04 month history of lump in the neck. On examination it moves on swallowing but not when she protrudes her tongue, what is the most likely diagnosis?
a. Thyroglossal cyst
b. Laryngocele
c. Lymph node
d. Thyroid nodule
e. Brancheal cyst

115. A 57-year-old woman is noted to have a 1.5-cm breast mass, which on tru-cut needle biopsy is diagnosed as invasive carcinoma. The surgeon is planning on a local tumor resection and sentinel lymph node assessment. Which of the following most accurately describes a sentinel lymph node?
a. A lymph node containing cancer metastases
b. The lymph node that is most likely to become infected postoperatively
c. The first lymph node in the lymph node basin draining a tumor
d. The only lymph node that contains metastasis
e. The surgical margins of an axillary dissection

116. A 14 year old girl has a firm movable and rubbery mass in her Lt Breast. The mass was first noticed 6 months ago and has since grown to about 6cm in diameter. Which of the following is most likely diagnosis?
a. Cystosarcomaphyllodes
b. Cancer of breast
c. Giant juvenile fibroadenoma
d. Intraductal papilloma
e. Fibrocystic disease of breast

117. A 7 year old boy presented with history of unconsciousness since this morning, there is also history of polyuria and

polydipsia for the past 1 month. On examination GCS 10/15, acidotic breathing, urine re ketones 3+, RBS 375mg/dl. What is the most likely diagnosis?

a. Diabetic ketoacidosis
b. Hyperosmolar non ketotic coma
c. Urinary tract infection
d. Meningitis
e. Barter's

118. A 8 year old child presented to you with failure to thrive, darkening of mucous membranes and recurrent episodes of dehydration. Labs show Sodium 120 meq/l, potassium 6 meq/l, RBS 40mg/dl, Raised ACTH and low cortisol. What is the most likely diagnosis?

a. Addison's disease
b. Diabetes Mellitus
c. Hypothyroidism
d. Hyperthyroidism
e. Hypoparathyroidism

119. A 9 year old child presents to you with 1 year history of heat intolerance, diarrhoea and weight loss. On examination exophthalmos, fine tremors, sweaty palms. Labs show low TSH and raised T3 and T4. What is the most likely diagnosis?

a. Hypothyroidism
b. Hyperthyroidism
c. Addison's
d. Diabetes mellitus
e. Celiac disease

120. Bacterial pneumonia is more common in Pakistan and is considered the most common cause of death in children less than five year old. The most common bacteria isolated from acute lower respiratory infections in children include:

a. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Group A.Streptococci
b. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Group B.Streptococci
c. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Staphylococcus epidermidis
d. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Klebsiella pneumonia
e. Streptococcus pneumonia, Haemophilus influenzae, Staphylococcus aureus and Mycobacterium tuberculosis