KHYBER MEDICAL COLLEGE PESHAWAR
(EXAMINATION SECTION)
INTERNAL EVALUATION EXAMINATION
BLOCK (N & O)
FINAL YEAR MBBS (Held on 05-Nov-2025)

Class. No 276 B

Time Allowed: 120 Minutes **Max Marks: 120**

Note: Attempt ALL MCQ's.

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

MEDICINE & ALLIED

1 A 50 years old smoker presented with chronic cough from the last 3 years which exacerbates in winter season. He was diagnosed as case of COPD on workup. Which are the 2 best modalities which reduces mortality in COPD patients?

A	Smoking cessation and long acting beta Agonist	B	Smoking cessation and long term O2 therapy	C	Long term O2 therapy and steroids
D	Long term O2 therapy and Long term Muscurinic antagonist	E	Long term O2 therapy and pulmonary rehabilitation		

2 A house officer was trying to pass a Subclavian Central Venous line, while inserting a central venous catheter, the patient developed acute onset respiratory distress. What is the most likely explanation for this acute deteriotion?

A	Hypothermia	B	Hpovolemia	C	Pneumothorax
D	pleural effusion	E	Vasovagal Syncope		

3 A 24 year old male having history of trauma to the chest presented to Emergency room with chief complaint of dyspnea and hypotension. JVP is not elevated. On chest auscultation there was absent breath sound on left side of chest. What is your first line of treatment?

A	CPR	B	Needle decompression	C	Pericardiocentesis
D	Steroids	E	Stomach wash		

4 A 25 years lady who is a patient of SLE for the last 6 years, presented with tingling sensations of fingers, with muscle cramps for the last couple of weeks. What investigations would you like to perform?

A	ANA and Anti-dsDNA	B	Full blood count and renal function tests	C	Serum calcium and PTH
D	Serum electrolytes and renal function tests	E	Urinary albumin thyroid function tests		

5 A 32 years old gentleman who is known Diabetic for the last 15 years and being managed with insulin. He presented to the medical OPD with dizziness, fatigue and weight loss. His BP on arrival is 90/60mmHg and RBS of 70mg/dL. What is your diagnosis?

A	Acute Gastroenteritis	B	Addison's Disease	C	Autonomic Neuropathy
D	Myocardial infarction	E	Hyperthyroidism		

6 A 48 years old male presented with seizures. A CT scan of brain was performed which showed Basal ganglia calcification. An X-ray of the lumbar spine was performed which showed increased density of the lumbar vertebrae. What is your diagnosis?

A	Hypothyroidism	B	Hypoparathyroidism	C	Hyperparathyroidism
D	Multiple Myeloma	E	Paget's Disease		

7 15-A 65 years old hypertensive man presented to A/E with sever shortness of breath. On clinical examination, he was plethoric with SaO2 80%. His JVP was raised. X Ray showed Cardiomegaly. ECHO showed Right ventricular dilatation. He had smoking history of 23 packed years. What is the diagnosis?

A	Bronchial Asthma	B	COPD	C	CorPulmonale
D	Heart failure due to ischemia.	E	Myocardial Infarction		

8 A 30 year old female presented to the emergency department with shortness of breath at rest. She appeared in distress. Her BP = 100/60mmHg, pulse = 110 beats / min, temp. 98°F, SO2 = 88% at room air, resp. rate = 34 / min. Chest examination revealed diffuse wheezes. An urgent chest x-ray and arterial blood gases were planned. What is the most important management step at this point?

A	High flow oxygen	B	Inhaled salbutamol	C	Inhaled steroids
D	Intravenous antibiotics	E	Intravenous corticosteroids		

9 A 25 years old woman came to medical OPD with symptoms of sudden onset severe retrosternal chest pain which radiated to the shoulder blades. The pain increased with taking breath in and lying supine and relieved with sitting up and leaning forward. Previously she had multiple visits to physicians for joint pains of both hands. Examination showed a butterfly rash on the face. ANA and anri-dsDNA were positive. What can be the most likely explanation for chest pain in this patient?

A	Acute MI	B	Acute myocarditis	C	Acute pericarditis
D	Gastro-esophageal reflux disease	E	Pulmonary embolism		

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10 An 18-year-old male, tall thin, smoker with no significant medical history presented to the emergency depart... with sudden shortness of breath and associated left-sided chest pain. Symptoms began while the patient was a... rest. The pain was sharp and worsened with inspiration. There was no history of fever, trauma, cough. What is... likely diagnosis?

A	Acute asthma exacerbation	B	Myocardial infarction	E	pneumothorax
D	pneumonia		Panic attacks		

11 A 70 years old patient is admitted with lobar pneumonia. His oxygen saturations were low so, on duty House Officer put him on Oxygen. He has done multiple ABGs for the patient and rings his senior about the worsening ABGs. A falling blood pH and a rising partial pressure of carbon dioxide due to pneumonia or emphysema indicates?

	Respiratory acidosis	B	Respiratory alkalosis	C	Metabolic acidosis
D	Metabolic alkalosis		None of the above		

12 A 26 years old epileptic lady for the last 2 years, on sodium valproate taking medications regularly being fits free for the last 1 and half years was started on anti tubercular medications for pulmonary tuberculosis 1 week ago. She developed generalized tonic clonic fits yesterday. She took her medications on time, her electrolytes, blood glucose , calcium and magnesium were normal. It might be due to the side effects of which one of the anti tubercular medications?

A	Ethambutol	B	Isoniazid	C	Linezolid
D	Pyrazinamide		Rifampicin		

13 A 34 years old diabetic man presented to medical OPD with low grade fever, weight loss, anorexia and night sweating for last one month. Clinical examination shows left sided decreased chest movements, stony dull percussion note and absent breath sounds. His father was treated for pulmonary tuberculosis 1 year back. What is the most important diagnosis in this patient?

A	Full blood count with ESR		Sputum AFB	C	Sputum Culture
D	Pleural fluid R/E		CT Chest		

A 25 year old male patient presented to the medical outpatients department with 1 week history of shortness of breath more on exertion than at rest. He also reported chest tightness in the morning. His BP = 120/80mmHg, pulse = 90 beats / min, temp. = 98 °F, SO2 at room air = 95%, resp. rate = 20 / min. On chest examination, he had diffuse wheezes in both the lung fields. Which one of the following is the most appropriate investigation in this patient?

	Arterial blood gases	B	Chest x-ray	C	Complete blood count
D	Pulmonary function tests		X-ray paranasal sinuses		

15 A 50 years old post tuberculous man presented to medical OPD with high grade fever, shortness of breath and productive cough having copious amount of foul smelling sputum for last 10 days. Chest examination showed coarse crepts in left apical area. What is your diagnosis?

A	Bronchogenic carcinoma	B	Bronchial asthma with secondary bacterial infection		Bronchiectasis with secondary bacterial infection
D	Pneumonia	E	Reactivation of tuberculosis		

16 A 19 year old boy from karak presented to OPD with history of fever and significant weight loss from last 3 months. Investigation showed a cavity in apical region on chest x ray, a positive sputum AFB and high ESR. He was started on ATT(anti-tuberculous therapy). What is a serious adverse reaction caused by ethambutol?

A	Gout	B	Gastric ulcer		Hepatotoxicity
	Optic neuritis	E	pulmonary fibrosis		

17 A 40 years old normotensive man got a fracture of the right femur and mandible in a road traffic accident. He was operated for fractured femur and was sent to your hospital for mandible surgery. He was lying in your ward for 7 days, waiting for his surgery. Suddenly he developed chest pain, shortness of breath and tachycardia. What could be the most probable cause of this condition?

A	Any drug reaction	B	Acute attack of bronchial asthma	C	Covid-19 pneumonia
D	Myocardial infarction		Pulmonary embolism		

18 An 18 years Old male reported symptoms of chest tightness for the last 10 days. He also complained of shortness of breath while playing football and a dry cough specially at night and early in the morning. He is a non-smoker and there is no respiratory illness in his family. On examination bilateral wheezes were noted upon expiration. He was requested to undergo PEFR and Spirometry , the results of which are as below.
PEFR 330 L/min. (Predicted 450 L/min) --- FEV1 1.7 L (Predicted 3.8L) --- FVC 2.6 L (Predicted 4.5L) -- FEV1/ FVC 0.65. What is the most probable Diagnosis?

	Asthma	B	Adult Respiratory Distress Syndrome	C	Bronchietasis
D	COPD		Interstitial lung disease		

19 A 20 years old young girl presented with high grade fever, shivering and chills, productive cough (rusty sputum) with pleuritic chest pain for last 10 days. Clinical examination showed bronchial breathing on left side of chest. What is the diagnosis?

A	Bronchial asthma	B	Broncho-pneumonia	C	COPD
D	Pulmonary tuberculosis		Left lobar pneumonia		

A 35 years old hypertensive lady is undergoing investigations for suspected hyperaldosteronism. What medication could be used to control the blood pressure during this period? B

A	Atenolol	B	Losartan	C	Lisinopril
	Hydralazine	E	Thiazide Diuretics		

21 A 22 years old female patient presented to medical OPD with dry cough, fever and shortness of breath for last 10 days. On clinical examination, her pulse was 120/min, BP 110/70, R/R 22/min with SaO2 90%. Her chest is wheezy. What is the diagnosis?

	Bronchial asthma	B	COPD	C	Pneumonia
D	Pulmonary tuberculosis	E	Pulmonary embolism		

22 A 68 years old hypertensive gentleman presented to emergency with confusion and irritability. Besides hypertension, he is also being treated for Benign prostatic hyperplasia and a recent Urinary tract infection. According to the attendants, patient had polyurea and polydipsia before confusion. On examination; the patient is pale with a pulse of 92 beats/min, blood pressure of 160/100 mmHg and is having tachycardia and tachypnea. Patient serum creatinine is 2.5mg/dL. Which test would you like to perform to arrive at the diagnosis?

A	Full blood count	B	Serum calcium		Random Blood Sugar
D	Liver Function test	E	PT/INR		

23 A 55-year-old male smoker presented to medical opd severe shortness of breath even at rest. On general physical examination, he was plethoric and cyanosed. His pulse was 110/min, BP 90/70, R/R 34/min and SaO2 76%. ABGs showed type 2 respiratory failure? What is the diagnosis?

	COPD	B	Br Asthma	C	Heart failure
D	Myocardial Infarction	E	Lung carcinoma		

24 A 35 year old female presented to the medical emergency with sudden onset of severe shortness of breath associated with pleuritic chest pain. On examination, the patient had BP = 100/60mmHg, pulse = 120/min, SO2 = 86% at room air, temp. = 99°F, resp. rate = 30/min. Her jugular venous pulse was raised and she appeared in obvious distress. Her past history was only significant for the use of oral contraceptive pills after the birth of her last baby 2 years back. What is the most likely diagnosis?

A	Acute myocardial infarction	B	Pericarditis		Pulmonary embolism
D	Status asthmaticus	E	Tension pneumothorax		

25 A 65 years old male, chronic smoker from last 20 years presented to emergency department with productive cough and shortness of breath. On Auscultation coarse crepitation at lungs bases during inspiration and expiration. He had history of long term oxygen use at home, What will be the findings on his PFTS?

	Forced expiratory volume FEV1 is reduced	B	peek expiratory flow PEF is increased	C	PFTs reveals Restrictive pattern
D	Residual volume is decreased	E	Total lung capacity TLC is decreased		

26 A 62-year-old lady presented with chest pain. She was known to have stable angina. However, she did not think that this discomfort was due to angina. She described her pain as being present at rest. She found leaning forward to help reduce the pain slightly. Her electrocardiogram showed saddle-shaped ST elevation in most leads. Which of the following is the most appropriate treatment?

A	Coronary stenting	B	Thrombolysis	C	Paracetamol
	Naproxen	E	Adenosine		

27 A 60 years old post tuberculous woman presented to medical OPD with high grade fever, shortness of breath and productive cough having copious amount of foul smelling sputum for last 10 days. Chest examination showed coarse crepts in left apical area. What is the investigation of choice to reach final diagnosis?

A	CT Chest	B	Full blood count and ESR		High resolution CT Thorax
D	Sputum examination	E	X Ray chest		

28 A 35 years old lady presented with generalized itching for the last 18 months. On examination her Pulse was 88/ minutes, BP was 120/65mmHg, Temperature was 98F, she had mild oedema feet, mild icterus and bilateral xanthelasma. Her serum billirubin was 5mg%, S ALT was 66units/L and S ALP was 650 units/L. What is the most likely diagnosis in this lady?

A	Chronic autoimmune hepatitis		Primary billiary cirrhosis	C	Haemachromatosis with liver involvement
D	Wilson's Disease	E	Primary sclerosing cholangitis		

29 The overnight dexamethasone test is performed by giving which one of the following dexamethasone dose?

A	0.5mg dexamethasone		1.0mg dexamethasone	C	1.5mg dexamethasone
D	2.0mg dexamethasone	E	2.5mg dexamethasone		

30 A 52 years old lady presented to E&A department with acute confusional state. On examination she was slightly icteric, liver was three cm palpable, tip of spleen was also palpable, shifting dullness was also noticed. She was taking Ursodeoxycholic acid for last two months. What do you think is the most propable diagnosis in this lady?

	Primary Biliary Cholangitis;	B	Primary sclerosing cholangitis,	C	Haemochromatosis
D	Hepatocellular carcinoma	E	Wison's Disease		

Any corrections would be appreciated

31 A 60 years old diabetic patient well controlled on tablet metformin developed coronary artery disease for which he underwent coronary intervention. What is the best option regarding his antidiabetic medications?

A Continue Metformin | B Add SGLT2 inhibitor to metformin | C Start Insulin | D Start sulfonylureas | E Add Pioglitazone

32 A 30-years-old woman comes to medical OPD with gum bleeding while brushing her teeth and injection site bruising. Her menstrual cycles are also heavy. Clinical examination is normal. Her Hb is 14gm/dl, WBC 5600/ul and platelets count 30000/ul. What is the possible diagnosis?

A Aplastic anemia | B Immune thrombocytopenia | C Acute leukemia | D Malaria | E DIC

33 Which of the following anti tuberculous drug is given for initial two month of therapy? **Not included**

A Ethembutol | B Isoniazid | C Pyrazinamide | D Rifampicin | Streptomycin

34 A 15-years-old girl started bleeding excessively during tooth extraction. Clinical examination showed pallor with anemia. There was no visceromegaly. Her HB was 10gm/dl, WBC 2000/ul and platelets 50000/ul. There are no blast cells in bone marrow. What could be possible cause?

A Aplastic Anemia | B Acute Leukemia | C Acute lymphoma | D Iron deficiency anemia | E Hemolytic anemia

35 A 75-year-old man presents to the clinic with persisting shortness of breath, reduced exercise tolerance, and peripheral oedema over the last month. At night, he sometimes wakes up short of breath and has been sleeping poorly. He suffered from an ST-elevation myocardial infarction 3 years previously. He is currently taking aspirin, ramipril, bisoprolol, and atorvastatin. An echocardiogram shows a left ventricular ejection fraction of 37%. What drug would be the most appropriate for improving this patient's prognosis?

A Digoxin | B Furosemide | C Ivabradine | D Nifedipine | Spironolactone

36 A young lady of about 30 years presented to E&A department with one month history of loose stools, 3-4 times a day and 2-3 time at night as well. It was insidious in onset, there was no blood or mucous in stool, but she did mentioned about abdominal colics. She had been to a hill station for one week about six weeks ago with her family for picnic. On examination her Pulse was 96/min, BP was 100/65 mmHg, Temperature was 100F. She was slightly dehydrated, bowel sounds were exagerated. Which duration of diarrhea in weeks is said to be chronic in this patient?

A Diarrhea persist for more than one week; | B Diarrhea persist for more than two weeks, | C Diarrhea persist for more than three weeks; | D Diarrhea persist for more than four weeks | E Diarrhea persist for more than five weeks

37 A 60 years old smoker presented to medical emergency with sever shortness of breath and productive cough. He had bilateral wheezes on chest examination. His SaO2 was 83%. What is the initial step in his management?

A Start immediate antibiotics. | B Start immediate steroids | C Start nebulization with beta agonists | D Start nebulization with acetylcholine inhibitors | Start immediate Oxygen

38 A 58 years old lady with a BMI of 29 who is known Diabetic for the last 10 years presented to the OPD with moderate to severe pain in the right thigh. It is worse at night and has disturbed her sleep. Her RBS is 280 with HbA1c of 11%. What is your diagnosis regarding her pain?

A Disc Prolapse | Osteoarthritis right hip joint | C Urinary tract infection | D Diabetic Amyotrophy | E Sciatica

39 A young lady of about 30 years presented to E&A department with two days history of nausia, vomitting and loose stools. She used to pass watery stools 10-14 times a day and 2-3 time at night as well. It was sudden in onset, there was no blood or mucous in stool, but mentioned about abdominal colics. She had not passed urine for last 20 hours. She had been to a hill station for one week about six weeks ago with her family for picnic. On examination her Pulse was 108/min, BP was 90/60 mmHg, Temperature was 100F. She was slightly dehydrated, Her Hb was 12mg%, TLC was 10900/mm3, Platelets were 180000/ mm3, blood urea was 140 mg% and serum creatinine was 7mg% and Serum Potassiun 6mmol/L. Which treatment option you would like to choose?

A Antiemitics, Normal Saline, Ciprofloxacin; | Antiemitics, Normal Saline, Ciprofloxacin and Metronidazole, | C Antiemitics, Ringer's Lactate, Ciprofloxacin; | D Antiemitics, Ringer's Lactate, Ciprofloxacin and Metronidazole | E

40 A 35 years lady who is suspected patient of Cushing Syndrome. Her serum ACTH levels are within the normal range. Which test will you perform to confirm the diagnosis?

A MRI brain | B MRI Abdomen | C CT abdomen | D Ultrasound Abdomen | E DPTA

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41 A 50-year-old man presents to the cardiac ward following a stroke. After further questioning, he reports a 4-month history of weight loss and fever. He is later examined and found to have a diastolic murmur for which he is sent for an echocardiogram, The report comes back as follows: *'A pedunculated heterogeneous mass attached to the interatrial septum of the left atrium. Mitral valve obstruction also noted'* Given the report, which of the following is the most likely diagnosis?

A Left heart failure | B Aortic dissection | C Hypertrophic obstructive cardiomyopathy | D Infective endocarditis | B Atrial myxoma

42 A forty years male patient presented to out patient department of ophthalmology with progressive loss of vission. The ophthalmologist noted sunflower cataract and Kayser Fleischer Rings and reffered the patient to physician for further workup. What is the most probable diagnosis :

A Primary Biliary Cholangitis; | B Primary sclerosing cholangitis, | C Haemachromatosis | D Hepatocellular Carcinoma | Wilson's Disease

43 A 68-year-old man is admitted to the hospital with his third episode of atrial fibrillation with a fast ventricular response. Upon questioning, he reports that he has been feeling increasingly dizzy for the last day and was unable to climb the stairs due to shortness of breath. You review the cardiac monitor, which shows that his heart rate is 148 bpm, consistent with atrial fibrillation. His blood pressure is 82/46 mmHg, and his respiratory rate is 32/minute. He is coughing up blood-stained frothy sputum, and you notice his JVP is at the level of his jaw. What is the most appropriate immediate treatment?

A Desynchronised cardioversion (defibrillation) | B IV adenosine | C IV amiodarone | D IV furosemide bolus | Synchronised cardioversion

44 A 21-year-old student presents with a months' history of episodic, retrosternal chest pain. Each episode lasts for half an hour and is accompanied by dizziness and shortness of breath. He denies any triggers, but thinks it is exacerbated by lying down. There is no past medical or family history and he is not on any medications. Physical examination and observations are normal. The 12-lead ECG shows ST-elevation in all leads.

Hb 160 g/L (135-180), Platelets 380 * 109/L (150 - 400), WBC 14.1 * 109/L (4.0 - 11.0)
Troponin 0.01 ng/mL (<0.04). What is the most appropriate next investigation?

A Repeat full blood count | B D-dimer | C CT pulmonary angiogram | D Chest X-ray | Transthoracic echocardiography

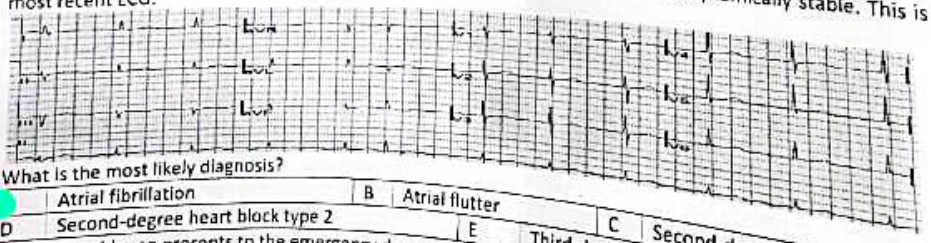
45 A 55-year-old man presents for a review of his atrial fibrillation. Despite treatment, he is still experiencing recurrent episodes of dyspnoea and palpitations. His heart rate is 85 bpm, his blood pressure is 125/75 mmHg, and his chest is clear with normal heart sounds. An ECG shows absent p-waves and an irregularly irregular rhythm. He has a history of asthma and takes salbutamol and beclometasone inhalers and does very little exercise. He has been given diltiazem which has been trialled for a few weeks but has been ineffective and he is still symptomatic. What additional drug would be most appropriate?

A Amiodarone | B Bisoprolol | C Digoxin | D Dronedarone | E Flecainide

46 A 23-year-old man attends a routine checkup as he plan to sign up to the army. On auscultation, the army doctor finds a third heart sound, however, the rest of the examination is normal. He is otherwise well with no symptoms or past medical history. Which of the following can be true regarding this scenario?

A Atrial fibrillation | B Heart failure | Normal physiological extra heart sound | D Hypertrophic obstructive cardiomyopathy (HOCM) | E Aortic stenosis

47 A consultant is investigating a 58-year-old man for a 2-month history of palpitations. He describes experiencing a fluttering sensation in his chest associated with light-headedness and almost 'blacking-out'. He has a past medical history of COPD and gout. On examination, the patient is alert, afebrile, and hemodynamically stable. This is his most recent ECG:



What is the most likely diagnosis?

A Atrial fibrillation | B Atrial flutter | C Second-degree heart block type 1 | D Second-degree heart block type 2 | E Third-degree heart block

48 A 26-year-old man presents to the emergency department complaining of chest pain and shortness of breath. He has been recently diagnosed with acute pericarditis, which seemed to have resolved a week ago. On examination, he looks breathless. His heart rate is 92/min, respiratory rate 25/min, blood pressure 88/58 mmHg and temperature 36.5 ºC. Upon cardiovascular examination, it is notable that his radial pulse disappears during inspiration. He is generally healthy and he is a non-smoker. What is the most likely cause of his symptoms?

A Acute heart failure | Cardiac tamponade | D Dilated cardiomyopathy | E Myocarditis | C Constrictive pericarditis

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49 A 54 years old female patient who had undergone left nephrolithotomy, five years ago, presented with severe epigastric pain for last ten hours. On examination she had Pulse of 120/ minute, BP of 90/50 mmHg, 99.6 temperature. She had slight tenderness in epigastrium. S ALT was 150iu/l, blood urea was 85mg%, S creatinine was 3mg%, S calcium was 11.8mg%, S triglycerides were 1200mg% and s amylase was 1500 iu/L. What is the most probable diagnosis?

A Acute cholicystitis; B Acute pancreatitis, C Perforated peptic ulcer
D Acute pyelonephritis E Acute appendicitis

50 Patient aged 20 years with celiac disease presented to the emergency department with sudden onset of difficulty in breathing and inability to talk. On chest examination there was a strider. ECG showed bradycardia. What is your diagnosis?

A Hypothyroidism B Hypocalcemia C Hypoparathyroidism
D Hypokalemia E Hyperparathyroidism

51 A 50-years-old woman presented to OPD with complaints of easy fatigability, anorexia, generalized body aches, occasional mucosal bleeding and dragging sensation in left hypochondrium. Clinical examination shows pallor with sternal tenderness. There is massive splenomegaly with 2 finger breadth hepatomegaly. Peripheral smear shows Hb 9gm/dl, WBC 50,000/uL, Platelets 800,000/uL. Few myeloblasts with giant abnormal degranulated platelets are seen in peripheral smear. Bone marrow examination could not be performed despite few attempts by a well-qualified pathologist. JAK-2 mutation is positive. What is the diagnosis?

A Acute Leukemia B Chronic Myeloid Leukemia C Essential Thrombocytosis
D Primary Myelofibrosis E Primary Polycythemia Rubra Vera

52 A 40-year-old female presented to Medical OPD with malaise, fatigue, and generalized pruritis for 6 months. It was associated with a 6 kg weight loss. Examination showed deep jaundice, scratch marks, and palpable mass in the right upper quadrant. Hb 12g/dl, TLC 9800/cc, platelet count 140,000/ccc. Bilirubin 12 mg/dl, ALP 600 IU/l, ALT 76 IU/l. Ultrasound showed no intra or extrahepatic biliary dilatation. What type of antibodies will be present in this disease?

A AMA B ASMA C Anti-LKM1
D Anti-SLA E Anti-SM

53 A patient with heart-failure is being reviewed by the cardiologist. Their symptoms are under control at rest although the patient comments that walking to the shops can make him quite breathless. 5 years ago, he says, this would not have been a problem. He doesn't struggle, though, making breakfast in the morning or moving around his house. He does mention though that more intense house-chores such as cleaning are a struggle. According the the NYHA classification, what stage is this patient at?

A NYHA Class 0 B NYHA Class I C NYHA Class II
D NYHA Class III E NYHA Class IV

54 A 14-year-old boy presented to a dental clinic for extraction of a tooth. During tooth extraction, he bled more than expected. His father told that he also bled more during circumcision. His platelet count was normal. What is most probable diagnosis?

A Hemophilia B Aplastic anemia C Von Willebrand disease
D Acute leukemia E Bernard-Soulier syndrome

55 A 35-year-old man attends the emergency department with a high fever. He is a known intravenous drug user. On examination, he has a fever of 38.2°C and is tachycardic at 132 beats per minute. He has a mild systolic murmur. His urine dip shows protein 1+, blood 1+ and is negative for nitrites and leukocytes. Which of the following is the most likely diagnosis?

A Pyelonephritis B Infective endocarditis C Reactivation of Hep C
D Psoas abscess E Vertebral osteomyelitis

56 A 67-year-old man presents to his GP. He has a past history of hypertension. He complains of gradually increasing shortness-of-breath on exertion and orthopnoea over the past few months. Clinical examination is unremarkable. A full blood count, urea and electrolytes and CRP are normal. Spirometry and a chest x-ray are also normal. You suspect the patient may have heart failure. What is the most appropriate next test to perform?

A Troponin I B B-type natriuretic peptide C Myocardial perfusion scan
D Echocardiogram E Coronary angiography

57 You review a 62-year-old man who has recently been discharged from hospital in Hungary following a myocardial infarction. He brings a copy of an echocardiogram report which shows his left ventricular ejection fraction is 38%. On examination his pulse is 78 / min and regular, blood pressure is 124 / 72 mmHg and his chest is clear. His current medications include aspirin, simvastatin and lisinopril. What is the most appropriate next step in terms of his medication

A Add atenolol B Add furosemide C Add bisoprolol
D Add isosorbidemononitrate E Make no changes

58 A 30 year-old-gentleman came to OPD carrying some blood results advised to him by his GP. The results are as follows, Anti HBs positive , Anti-HBc Ig G positive , HBsAg negative What is the status of hepatitis B status?

A Immunization for HBV B Chronic HBV---high infectivity C Previous HBV infection---- non-carrier
D Chronic HBV infection-------not infectious E Acute HBV infection

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59 A 40-year-old female presented to Medical OPD with malaise, fatigue, and generalized pruritis for 6 months. It was associated with a 6 kg weight loss. Examination showed deep jaundice, scratch marks, and palpable mass in the right upper quadrant. Hb 12g/dl, TLC 9800/cc, platelet count 140,000/ccc. Bilirubin 12 mg/dl, ALP 600 IU/l , ALT 76 IU/l. Question. What is the diagnosis?

A Carcinoma pancreas | B Carcinoma gall bladder | C Primary biliary cirrhosis | D Primary sclerosing cholangitis | E Auto-immune hepatitis

60 A 34-year-old man is admitted to the emergency department following difficulties breathing. He is a known intravenous drug user. He explains that he has felt feverish for the past few days. On examination, it is noted that the patient's temperature is alarmingly high. There is also the presence of a new pansystolic murmur, heard loudest over the left lower sternal border. You suspect this is likely to be infective endocarditis. What is the most likely causative organism in this scenario?

A Streptococcus viridans | B Streptococcus bovis | C Coxiellaburnetii | D Staphylococcus aureus | E Staphylococcus epidermis

61 A 50 years old patient whose occupation is a stone cutter presented to Emergency Department with shortness of breath and cough. CXR shows egg shell classification. What is the diagnosis?

A Asbestosis | B Coal worker's | C Rheumatoid associated lung disease | D Silicosis | E Siderosis

62 A 50-year-old gentleman came to OPD with chief symptoms of bulky oily, foul-smelling stool for about a year. The stool is difficult to flush down the toilet. There is a significant history of weight loss of 10 kg. he gives a history of alcohol intake for 10 years. Questions: which of the following is the most appropriate investigation?

A Fecal calprotectin | B Fecal elastase | C Gamma glutamyl transferase | D Serum amylase | E Serum lipase

63 A patient with known heart failure is unable to carry out any physical activity without discomfort. Symptoms of heart failure are present even at rest with increased discomfort with any physical activity. What New York Heart Association class best describes the severity of their disease?

A NYHA Class I | B NYHA Class II | C NYHA Class III | D NYHA Class IV | E NYHA Class 0

64 A 60 years old lady presented to accident and emergency with acute confusion. Her initial investigations showed hyponatraemia of 120 meq/L.The trainee on duty is suspecting SIADH, to diagnose SIADH as the cause of hyponatremia which must not be present?

A Hypovolemia | B Hypotonicity | C No cardiac/renal/ hepatic failure | D Urine osmolality >100ml/kg | E Urinary Na >20 mmol/ml

65 A 40 years old patient presented to Medical OPD with chief complaints of chronic cough with copious purulent sputum, hemoptysis and weight loss. On examination he is having clubbing and having coarse crackles in the upper and lower zone. What is the most likely diagnosis?

A Allergic bronchopulmonary aspergillosis | B Asthma | C Bronchiolitis | D Bronchiectasis | E Chronic obstructive pulmonary disease

66 A 54 years old female patient who had undergone per abdominal hysterectomy ten years ago and received three units of Red Cell Concentrates, now presented with progressive abdominal distention. Ultrasound report showed moderate ascites, mild splenomegaly, normal sized liver with increased echogenicity. Ascitic fluid aspirate showed total protein of 1.1 gm%, total white cells count of 550/cmm, 75% of which were neutrophyls and 25% were lymphocytes. What is the most probable diagnosis

A cirrhotic ascites; | B Malignant ascites, | C Tuberculous ascites | D Septic ascites | E Spontaneous bacterial peritonitis

67 A 50-year-old came to OPD with chief symptoms of bulky oily, foul-smelling stool for about a year. the stool is difficult to flush down the toilet. There is a significant history of weight loss of 10 kg. he gives a history of alcohol intake for 10 years. Questions: what is the diagnosis?

A Alcoholic liver disease | B Chronic pancreatitis | C Carcinoma pancreas | D Malabsorption syndrome | E Zollinger Ellison Syndrome

68 A 25 years old asthmatic patient presented to Medical OPD with chief complaints of shortness of breath. On Examination his respiratory rate is 30 and Heart rate is 115/min. PEFR is 30% ,SpO2 is 90% and PaC02 is 5.0Kpa (4.6-6.0Kpa). What is the severity of the patient asthma?

A Acute Severe Asthma | B Life threatening Asthma | C Near Fatal Asthma | D Mild Asthma | E Moderate Asthma

69 A 40-year-old female presented to Medical OPD with malaise, fatigue, and generalized pruritis for 6 months. It was associated with a 6 kg weight loss. Examination showed deep jaundice, scratch marks, and palpable mass in the right upper quadrant. Hb 12g/dl, TLC 9800/cc, platelet count 140,000/ccc. Bilirubin 12 mg/dl, ALP 600 IU/l , ALT 76 IU/l. Ultrasound showed no intra or extrahepatic biliary dilatation. What is the ideal treatment?

A Cholestyramine | B Interferon | C Pentoxifylline | D Ribavirin | E Ursodeoxycholic acid

Any corrections would be appreciated

A 47-year-old male presents to the emergency department with palpitations. His ECG shows a supraventricular tachycardia. He is haemodynamically stable. After performing a vagal manoeuvre which proves unsuccessful, you administer a medication in accordance to guidelines. Which of these is a side effect of this medication?

A	Ankle oedema	B	Flushing	C	Hypertension
D	Muscle spasms	E	Urinary retention		

A 35-year-old woman with a history of severe, persistent asthma presents with worsening cough, wheezing, and dyspnea. She reports that her cough produces thick, brown sputum and has not improved despite treatment with moxifloxacin 400 mg by mouth daily for the past 21 days. Pulmonary-function testing demonstrates an FVC of 3.25 liters (predicted value is 3.20 liters), an FEV1 of 1.4 liters (predicted is 2.5), and an FEV1/FVC ratio of 0.43 (predicted is 0.80). Laboratory testing reveals an absolute Eosinophil count of 1200 per mm3 (reference range, 0–350) and a serum immunoglobulin E level of 800 IU/mL (10–179). CT of the chest shows central bronchiectasis. Which one of the following diagnosis is most likely in this case?

A	Allergic bronchopulmonary aspergillosis	B	Atypical mycobacterial pneumonia	C	Burkholderia cepacia pneumonia
D	Chronic eosinophilic pneumonia	E	Legionella pneumonia		

72 A 30 year old lady came to the medical OPD with a 1 month history of low grade fevers and body aches and pains. She gave a history of tooth extraction at a local set up in her village 8 months back. On examination, she had a temp. = 99.5F. Rest of the systemic examination was otherwise unremarkable. Investigations revealed Hb = 12gm/dl, WCC = 9,500/cmm, Platelet count = 320,000/cmm, SGPT = 60 IU/l, ALK.PO4 = 250 IU/l, Bilirubin = 1.6 mg/dl. What is the next investigation of choice?

A	Gamma Glutamyl Trans-peptidase (GGT)	B	HbSAg / Anti HCV Abs	C	RBS
D	Renal profile	E	Ultrasound abdomen		

73 A 20 year old dental college student returned from a college trip to Lahore. 1 week afterwards, he developed nausea, vomiting and right sided upper abdomen pain. Examination revealed mild jaundice. Hepatomegaly, 2 finger breadth below the right costal margin was noted. Investigations revealed SGPT = 300 IU/l, Alk. PO4 = 350 IU/l, Bilirubin = 2 mg/dl. What is the most likely diagnosis?

A	Hepatitis A	B	Hepatitis B	C	Hepatitis C
D	Hepatitis D	E	Hepatitis E		

74 A 65-year-old man who has had hypertension for 2 years. He is not diabetic and there is no other significant medical history. He is currently taking amlodipine at the maximum recommended dose of 10mg. At his medication review at his GP his blood pressure remains elevated - it is 158/95mmHg on average over a number of readings. What medication is the most appropriate next step?

A	Bisoprolol	B	Doxazosin	C	Verapamil
D	Losartan		Spironolactone		

75 A 40-year-old female presented to Medical OPD with malaise, fatigue, and generalized pruritis for 6 months. It was associated with a 6 kg weight loss. Examination showed deep jaundice, scratch marks, and palpable gall bladder Hb 12g/dl, TLC 9800/cc, platelet count 140,000/ccc. Bilirubin 12 mg/dl, ALP 600 IU/l , ALT 76 IU/l. What is the diagnosis?

A	Carcinoma pancreas	B	Carcinoma gall bladder		Primary biliary cirrhosis
D	Primary sclerosing cholangitis	E	Auto-immune hepatitis		

76 A 38-year-old man presents to the Emergency Department with sudden onset of uncontrollable epistaxis and chest pain. He is severely anxious and has already vomited on the way to hospital. The medical history reveals that he is a long-term user of recreational drugs especially amphetamine. His blood pressure reading is 205/110 mmHg and fundoscopy reveals retinal bleeding with papilloedema. Which of the following is the most likely cause of this man's symptoms?

A	Myocardial infarction	B	Encephalopathy	C	Malignant hypertension
D	Secondary hypertension	E	Pulmonary hypertension		

77 A 34-year-old man presented to the emergency department. He looked unwell and has a temperature of 38.2ºC. He is normally fit and well without any past medical condition. He is an IV drug user. He drinks 10 units of alcohol per week and smokes 1 pack a day. Examination of the cardiovascular and respiratory system revealed a pansystolic murmur in the left lower sternal edge and enlarged cervical lymph nodes. Which of the following will be most helpful to make the diagnosis?

A	Chest X ray	B	Blood cultures	C	CT scan of the thorax
D	Biopsy of the cervical lymph nodes	E	Electrocardiogram		

78 A 74-year-old woman who is known to have type 2 diabetes mellitus. Her blood pressure has been borderline for a number of weeks now but you have decided she would would benefit from treatment. Her latest blood pressure is 146/88 mmHg, HbA1c is less than 7% and her BMI is 25 kg/m^2. What is the most appropriate drug to prescribe?

A	Amlodipine	B	Bendroflumethiazide	C	Bisoprolol
D	Ramipril	E	Orlistat		

79 A 12 year old girl presented to medical OPD with 3 day history of dark concentrated urine and peri-orbital swelling. She is giving history of sore-throat and fever 2 weeks ago. She is mild puffy, BP=130/95 mmHg. Urine R/E: Alb +, RBC's Numerous; ASO Titre: > 800. Complement levels: Low. What is your most probable diagnosis? B

A Acute Post-infectious Glomerulonephritis | B Crescentic Glomerulonephritis | C IgA Nephropathy | D Minimal change disease | E Systemic Lupus Erythematosus

80 A 62-year-old man who suffers from chest pain and severe shortness of breath, complained of shortness of breath when lying down. At night, he sometimes wakes up from his sleep feeling breathless. He is a heavy smoker and suffers from chronic obstructive pulmonary disease. Recently, his symptoms are getting worse. On examination, he has a bilateral expiratory wheeze. Abdominal examination reveals findings suggestive of hepatomegaly. You suspect that he might suffer from corpulmonale. Which of the following would support your suspicion?

A Shortness of breath on exertion | B Orthopnoea | C Chest pain on exertion | D Hepatomegaly | E Paroxysmal nocturnal dyspnea

PAEDS

81 A 6 years old child suffering from tuberculosis meningitis. What is the most appropriate treatment regime for this child?

A Combination of 4 drugs ATT with steroids for 1 year | B 4 Drugs ATT for 2 months then 2 drugs ATT for the next 10 Months with steroids for 4 – 6 weeks | C 4 drugs ATT for 6 months then 2 drugs ATT for the next 6 months with steroids for 6 months

D 2 drugs ATT for 1 year with steroids for 4 – 6 weeks | E 3 drugs ATT for 1 year with steroids for 4 – 6 weeks

82 Which of the following action should be included in the treatment plan for a 4-month- old breastfed female child weighing 4 kg with acute diarrhoea with NO DEHYDRATION?

A Give ORS and follow up in 7 days | B Give metronidazole and follow up in 14 days. | C Give ORS and Follow-up in 5 days

D Give ORS and Follow up in 30 days. | E Treat low blood sugarand follow up in 7 days

83 A 5 years old school going child presented with fever and jaundice for the last one day. On examination febrile child with fever of 101 F, jaundice with tender right hypochondrium. Rest of the systemic examination is normal. Which of the following would be the most likely etiological agent of this child?

A Hepatitis A Virus | B Hepatitis C Virus | C Mycobacterium Tuberculosis | D Plasmodium Falciparum | E Salmonella Typhi

84 A 1-year-old boy with midline defects presents to pediatrics clinic. He has a cleft palate and an abnormal facial appearance. He has a ventricular septal defect (VSD). Vital signs are stable. Rest of the systemic examination are normal. Thischild's medical history is that of also pneumonia twice. Serum calcium level is low. What is the diagnosis?

A Combine Immunodeficiency. | B DI George syndrome. | C Down syndrome | D Hyper IGE syndrome | E Noonan's syndrome

85 A 6 years old child suffering from Dengue fever, which of the following will be the most likely etiological agent?

A Autoimmune | B Bacterial Infection | C Fungal Infection | D Protozoal Infection | E Viral infection

86 Which of the following actions should be included in the treatment plan for an 18-month-old child with acute diarrhea classified as DYSENTERY WITH NO DEHYDRATION?

A Ciprofloxacin for 3 days and Follow up in 5days. | B Ciprofloxacin for 3 days andFollow up in 7 days | C Ciprofloxacin for 3 days and Follow up in 14 days

D Ciprofloxacin for 3 days Follow up in 3 days. | E Oral antibiotic based on stool culture and Follow up in 2 days

87 A 3 years old unvaccinated male child presented with Acute Flaccid Paralysis (AFP) of both lower limbs. He has recently suffered from upper respiratory tract infection with nasal regurgitation of fluids and swelling of the neck. What would be the most likely diagnosis for this child?

A GBS | B Poliomyelitis | C Post Diphtheric Paralysis | D Post traumatic Neuritis | E Ticks's Paralysis

88 A 6 months old child presented with fever and cough for the last 3 days. The cough is dry intermittent and occurs inexorable paroxysms followed by emesis after each episode. In between episodes the child is well and playful. This child is achieving normal developmental milestones and his vaccination is up to date according to EPI schedule. What is the most appropriate treatment for this child?

A Oral Amoxicillin | B Oral Augmentin | C Oral Cefixime | D Oral Ciprofloxacin | E Oral Azithromycin

89 3 years old child presented with fever and runny nose for the last 2 days. He has developed morbilliform rash over the face and trunk in the morning. On examination ill looking, febrile with 101 fever, morbilliform rash face and trunk which is blanchable and red eyes. No visceromegaly and lymphadenopathy. What is the most appropriate treatment for this child?

A	Antipyretic and Oral Antibiotic	B	Antipyretic and Oral Vitamin A Capsule	C	Antipyretic and IV Hydration Therapy
D	Antipyretic and IV Antibiotics	E	Only Antipyretic		

90 Five - year old girl, presented with failure to thrive and short stature since birth and off and on diarrhea. She is a product of consanguineous marriage. On examination, she has protruded abdomen, has finger clubbing, is anemic. Her weight and height is below 3rd centile. Her baseline investigations were normal except for anemia. She had growth hormone stimulation test with good response. Bone age was of 2 years. Which one of the following is most likely diagnosis?

A	Achondroplasia	B	Coeliac disease.	C	Hypothyroidism.
D	Noonan syndrome.	E	Turners syndrome.		

91 Four- month old infant, presented with failure to thrive. His mother was complaining of too many diaper change & urine was leaking out of diapers most of the time. On examination he was having, moderate to severe dehydration. The rest of the systemic examination is normal. His blood glucose is normal, initial sodium was 175 mmol/l, urine osmolality 105 mosmol/l, serum osmolality 315 mosmol/l. Which one of the following is most common cause in the differential diagnosis of this infant?

A	Diabetes Insipidis.	B	DIDMOAD syndrome	C	Diabetes Mellites.
D	Langerhans cell histiocytosis	E	Psychological polydipsia.		

92 A 4-year old girl recently diagnosed with persistent oligo articular juvenile idiopathic rheumatoid arthritis (JIA); she has 3 involved joints including the right knee, right ankle and left elbow; antinuclear antigen (ANA) is significantly positive. Which of the following is the MOST important step needed to pick the most dreaded complication in this girl?

A	Frequent C-reactive protein (CRP) monitoring	B	Periodic slit-lamp examination	C	Periodic ANA monitoring
D	Periodic erythrocyte sedimentation rate (ESR) monitoring	E	Regular examination of locomotor system		

93 A 7 years old child is suffering from fever anorexia and abdominal pain for the last 2 weeks, not responding to oral antibiotics and antimalarial. On examination this child is ill looking febrile 101 F fever with abdominal distension and hepatosplenomegaly. Rest of the systemic examination is normal. What is the most likely diagnosis of this child?

A	Malaria	B	Measles	C	Pneumonia
D	Typhoid Fever	E	Urinary Tract Infection		

94 A 6year old girl presented with fever. Her ANA and Ds DNA is positive. Skin is a commonly involved organ by SLE. There are different cutaneous manifestations. Of the following, which skin manifestation will be most commonly present in this child?

A	Cutaneous Vasculitis	B	Discoid rash	C	Livedo reticularis
D	Malar Rash	E	Photosensitive rash		

95 To continue the insulin infusion in treatment of DKA without causing hypoglycemia, glucose must be added to the infusion. On what level of decreased serum glucose, a 5% solution would be added?

A	<100 mg/dL	B	<150 mg/dL	C	<200 mg/dL
D	<250 mg/dL	E	<300 mg/Dl		

96 A 12 years old child recently diagnose as a case of septic meningitis. Which is the most common bacterial organism at this age for septic meningitis?

A	E.coli	B	H. Influenza	C	Mycobacterium Tuberculosis
D	Meningococcus	E	Streptococcus Pneumonia		

97 Which of the following actions should be included in the treatment plan for a 28-month-old child, living in a high malaria risk area, who has an axillary temperature of 38.3°C?

A	Advice mother when to return in 14 days.	B	Follow up in 3 days	C	Give one dose of paracetamol for high fever
D	Give oral antimalarial (first dose)	E	Refer urgently to hospital		

98 Which of the following actions should be included in the treatment plan for a 48-month-old child, complaining of ear pain for 3 days, who has an axillary temperature of 39.3°C, has no general danger signs, has no other severe classification and has a swelling behind the ear which hurts when touched?

A	Follow up in 4 days of fever persists	B	Give an antibiotic for 5 days	C	Give first dose of paracetamol for pain and high fever
D	Give first dose of an appropriate antibiotic	E	Refer urgently to hospital		

99 Which of the following actions should be included in the treatment plan for a 41-month-old child, who has an axillary temperature of 37.6°C, has no general danger signs and no severe classification, has a runny nose, has no measles nor measles history and has no apparent bacterial cause of fever? **B**

A	Advise the mother when to return in 14 days.	B	Follow up in 15 days	C	Follow up in 12 days if fever persists
D	Give Paracetamol for fever.	E	Give an appropriate antibiotic for 3 days		

100 While screening for hypothyroidism in a newbornwhich of the following screening test should be used as an initial investigation?

A	Free T3 and T4.	B	Free T4 alone	C	Guthrie test
D	Serum TSH alone	E	Thyroid function test		

101 A 12 years old boy is brought to you with complaints of pain epigastrium and vomiting since last one day. On examination the patient is lying on left lateral position with hips and knees closed. He is having epigastric tenderness. His serum lipase is 400(normal range 145-216U/L). ALT is 58(6-40 U/L), serum bilirubin is 1mg/dl and ALP is 150(140-560U/L). Ultrasound abdomen is normal. What is the most likely diagnosis?

A	Acute Hepatitis	B	Acute Pancreatitis	C	Intestinal Obstruction
D	Peptic Ulcer Disease	E	Renal Colic		

102 Which of the following can be a cause of repeated Urinary Tract Infections?

A	Acute Gastro enteritis	B	Constipation	C	Male gender
D	Trachea esophageal fistula	E	Younger age		

103 A 13-months-old boy is brought to you in emergency. He has right ear discharge, fever and cough from last five days. Since last 10 hours he is crying and becomes irritable episodically. He has vomited three times and passed loose stool once. On examination his pamper and perineal area is blood stained. He is straining and irritable. Right lumbar area and right iliac fossa is tender. His labs are as follow

Hb	9g/dl (11.5-14.5g/dl)
TLC	9000/cmm (4000-11000/mm3)
Polys	75% (50-65%)
Platelets	350000/mm3 (150000-400000/mm3)
CXR	Normal

What is the most likely diagnosis?

A	Acute gastroenteritis	B	Intussusception	C	Peptic ulcer disease
D	Pneumonia	E	Septicemia		

104 An 8yrs old child is seen in OPD for routine checkup. Child is active in sports and doing well in studies. O/E chest is clear, heart examination shows loud S1 and fixed split S2 with soft systolic murmur at upper left sternal edge. There is no cyanosis, clubbing or any sign of heart failure. What is the most likely diagnosis?

A	Atrial Septal Defect	B	Coarctation of Aorta	C	Patent Ductus Arteriosus
D	Tetralogy of Fallot	E	Ventricular Septal Defect		

105 A 1 yr old child presented with poor feeding and breathing difficulty. On examination, he is pink in air, tachpneic and tachycardiac, pulse good volume, liver palpable 3 finger below costal margin. Heart examination shows pansystolic murmur left lower sternal edge with thrill. What is the most likely diagnosis?

A	Coarctation of Aorta	B	Tetralogy of Fallot	C	Truncus Arteriosis
D	Transposition of Great Arteries	E	Ventricular Septal Defect		

106 Which one of the following is the recommended regimen to eradicate H-pylori in a 30 kg old boy?

A	Clarithromycin + Amoxicillin + Streptomycin	B	Metronidazole + Clarithromycin + Omeprazole	C	Omeprazole + Azithromycin + Streptomycin
D	Omeprazole + Metronidazole + Nitazoxanide	E	Omeprazole + Amoxicillin + Co-amoxiclave		

107 A 7 year old boy presented with high grade fever with rigors and chills for last 5 days and abdominal pain, anorexia, lethargy, for the last 2 days. He was well before with no history of hospitalization. O/E he is febrile and toxic. Chest is clear, he has tender hepatomegaly, not jaundiced.

TLC	22000/ µL
polys	82%
CRP	70(normal <5)
ALT	150(6-40 U/L)
ALP	350(140-420U/L)

What is the most likely diagnosis?

A	Acute Viral Hepatitis	B	Hydatid Cyst	C	Liver Abscess
D	Malaria	E	Wilson Disease		

108 A 2 weeks old male baby presented with prolonged bleeding from wound following circumcision. He was born at term via normal vaginal delivery at home. He was well till now and breast fed. On examination, there were 2 bruise marks, one on face and other on left thigh. Investigations show Hb- 10.5g/dl, TLC-15000, Platelets- 320000, PT- 15/48, APTT- 20/56. D-Dimer – 200(normal). What is the most likely diagnosis?

A DIC | B Hemophilia A | C Hemorrhagic disease of newborn | D Hemolytic disease of newborn | E Idiopathic thrombocytopenic Purpura (ITP)

109 5 months old infant presents with difficulty feeding and poor weight gain. According to the mother, baby turns blue at times. O/E the baby is cyanosed with heart rate of 120/min, respiratory rate is 54/min, precordium has right ventricular impulse. There is a systolic murmur at left sternal edge. What is the most likely diagnosis?

A Atrial septal defect | B Coarctation of aorta | C Patent ductus arteriosus | D Ventricular septal defect | E Tetralogy of fallot

110 What is the age approved for Hepatitis A vaccine in children?

A 6 months | B 1 Year | C 2 years | D 3 years | E 4 years

111 7 months old child presented with anemia hepatosplenomegaly, having Hemoglobin 5 gm/dl, MCV 49 fl, MCH 16 Pcg. What is the most likely diagnosis?

A Anaemia due to Folate Deficiency. | B Beta Thalassemia Major | C Hereditary Spherocytosis | D Iron Deficiency Anemia. | E Sickle Cell Anemia.

112 Which one of the following test is recommended as a screening test to be performed between 5 to 7 day of life?

A CXR | B Full Blood Count | C Liver Function Tests | D Renal Function Tests | Thyroid Stimulating Hormone

113 A 7 days old neonate presented to nursery with history of poor feeding and irritability. He was born full term at home delivered by local Dai. On examination, baby is irritable and goes to spasm with slight touch. His tone is increased and mouth is tightly closed. He is poorly kept in unhygienic condition. Maternal vaccination record is not available. What is the most likely diagnosis based on history and examination findings?

A Hypoxic ischemic encephalopathy | B Intracranial bleed | C Opioid poisoning | D Septic meningitis | Tetanus

114 A 7yrs old boy presented with swelling of left ankle joint 7 days back followed by involvement of right knee joint for the last 2 days. There is a history of fever and sore throat 10 days back for which only a cough suppressant and antipyretic was used. O/E the child is having difficulty walking with obvious swelling of left ankle and right knee joint with faint rash on elbows. On heart auscultation, there is pansystolic murmur at mitral area
What is the most likely diagnosis?

A Enteric Fever | B Infective Endocarditis | C JIA | D Rheumatic Fever | E Septic Arthritis

115 What level of serum ferritin should be considered to start to Iron chelation in a Thalassemic child?

A > 150 ng/ml | > 1000 ng/ml | C > 250 ng/ml | D > 550 ng/ml | E > 750 ng/ml

116 A 15 days old neonate presented in neonatology OPD with history of black colored vomiting and abdominal distension, he was delivered as NVD at 30 weeks gestation to a primigravida mother. He is breast fed as well on formula feed. On examination he is pale, lethargic, distended abdomen with shiny abdominal wall skin and sluggish bowl sounds, rest of examination is unremarkable. Which investigation will you advise to reach the diagnosis?

A Barium enema | B CT-abdomen | C Serum Electrolytes | U/S abdomen | E X-ray Erect Abdomen

117 A 1 year old child is cyanosed since birth. The cyanosis doesn't improve with Oxygen. He is not in failure and is taking feed well. His X Ray show Egg shape[illegible]eart shadow with oligemic lung fields. What is the likely diagnosis?

A Atrial Septal Defect | B Coarctation of Aorta | C Patent Ductus Arteriosus | D Transposition of Great Arteries | E Ventricular septal defect

118 In which of the following haematological problem, there is increased osmotic fragility of Red blood cells?

A Hereditary Spherocytosis | B Iron deficiency anemia | C Paroxysmal nocturnal hemoglobinuria | D Sickle cell anemia | E Thalassemia Major

119 Which of the following milk feeding in infant is usually associated with megaloblastic anemia?

A Breast feeding. | B Buffalo milk feeding. | Cow' milk feeding. | D Goat milk feeding. | E Lactose- free formula feeding

120 A 10years old child presented with history of fever for last 40days. The fever is intermittent and is associated with night sweats, dyspnea and weight loss. He used multiple oral antibiotics but no improvement. O/E he is febrile, toxic looking with clubbing, hepatosplenomegaly and splinter hemorrhages in nail beds. Heart examination shows a holosystolic murmur. What is the most likely diagnosis?

A Brulellosis | B Enteric Fever | Infective Endocarditis | D Infectious Mononucleosis | E Rheumatic Fever