Pak International Medical College

Department of Medical Education

5th Year MBBS End of Block-P Exam (Theory Paper)-2024

Start Time: 9:00-11:00am
Time Allowed: 2 hours
Date: 23/09/2024

Instructions:

1. All Question carry equal marks.
2. Write down your roll –number & name in the relevant spaces & box.
3. Also fill the relevant bubbles for roll-number correctly in OMR Sheet.
4. Candidates are allowed to use Blue/Black ball points only, use of lead Pencil is strictly prohibited.
5. Ensure that selected bubble is completely filled in OMR Sheet. Do not mark any area outside the bubble.
6. Do not Bend, fold or Staple the OMR Sheet.
7. Cell phones and others electronic devices are strictly prohibited in the examination cell.

Note: In case of filling of more than bubbles or cutting on bubbles, the relevant answer will be treated incorrect and the candidate will be fully responsible.

Name: _____

Roll No: | | | | | |

1. A 25 yrs old lady in her second pregnancy presents to the OPD with history of amenorrhea of 2 months. She is unsure about her LMP. Which of the following ultrasound feature will you use to assess her gestational age.
   a. Biparietal diameter
   b. Crown Rump length ✓
   c. Femor length measurement
   d. Gestational Sac diameter
   e. Head Circumference
2. A 43 yrs old lady presents to the OPD at 10 weeks of gestation in her first pregnancy. You perform ultrasound and find twin gestation. Which of the following ultrasound finding will diagnose her as having dichorionic pregnancy at this gestation?
   a. Single amniotic cavity
   b. Thin dividing membrane
   c. The Lambda Sign
   d. Twins joined together
   e. Two separate placentas
3. You are performing CTG for a G2P1patient at term in labour. What will be the normal baseline rate of the fetus?
   a. 80 – 120
   b. 100 – 150
   c. 110 – 160
   d. 120 – 180
   e. 140 – 180
4. You are asked to perform Biophysical profile for a PG patient at 38 weeks of pregnancy. Which of the following score is considered as normal?
   a. 0
   b. 2
   c. 4
   d. 6
   e. 8
5. A woman with previous history of pre-eclampsia presents at 20 weeks concerned about her risk of fetal growth restriction. Her anomaly scan was normal. Which investigation will use to access her risk for FGR at this stage?
   a. Middle cerebral artery doppler
   b. Transvaginal Cervical length
   c. Ultrasound for fetal Growth
   d. Umblical artery doppler
   e. Uterine artery Doppler
6. One of the aims of Antenatal Care is to detect high risk pregnancies. Which of the following components, of antenatal care aims at detection of Gestational diabetes Mellitus?
   a. 2 Hours post prandial RBS
   b. FBS done at booking visit.
   c. HbAIC at booking visit
   d. OGTT between 24-28 weeks
   e. Sugar profile in known Diabetics
7. Screening for structural anomalies is an important component of antenatal care done through ultrasound. The anomaly is routinely performed at which gestation?
   a. 11-13+6 weeks
   b. 16-18 weeks
   c. 18-22 weeks
   d. 24-28 weeks
   e. 32-36 weeks
8. Mrs Y is pregnant with her third child. Her Blood group is O- negative and her Husband is B+. Her last born was admitted to NICU for 10 days after birth and had exchange transfusion for severe fetal anemia. Which of the following will you advise to detect fetal anemia in this pregnancy?
   a. Amniocentesis
   b. Chronic villous sampling
   c. Both A&B
   d. Cordocentesis
   e. Neither A&B
9. Screening for Down syndrome can be done through combined & quadruple tests. These rely on a number of factors. Which of the following factors result in low chance of down syndrome?
   a. AFP levels above average for gestation
   b. Age of the mother above 40
   c. Normal B-hcG levels for gestation
   d. NT above average for gestation
   e. Previous History of Down's Syndrome
10. Prenatal diagnosis is the identification of diseases in fetus prior to birth through invasive & non invasive testing. Which of the following can be detected through noninvasive ultrasounography?
    a. Alloimmune thrombocytopenia
    b. Cystic Fibrosis
    c. Down's Syndrome
    d. Fetal thallasemia
    e. Neural tube defect.

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11. You have decided to perform chorionic villous sampling for Mrs Rashid whose first born suffers from Down's syndrome. Which of the following complications will you counsel her about.
    a. Antepartum Hemorrhage
    b. Fetal anemia
    c. Hydrops fetalis
    d. Miscarriage rate
    e. Vaginal discharge

12. A 40 yrs old G4P3 presents to you at 37 weeks of gestation with previous 3 C – sections & complains of per vaginal leak. U/S shows intrauterine fetal death. Mode of delivery in this case will be?
    a. Induction of labour
    b. Wait for spontaneous onset of labour
    c. Augment with oxytocin
    d. Caesarean section

13. Intractable nausea & vomiting affects 0.3 – 2.1 % of all pregnant women. One of the complications of this condition is
    a. Multiple Hemorrhoids
    b. Edema of both feet
    c. Polycythemia vera
    d. Oesophageal trauma
    e. Metallic taste mouth

14. Intractable Nausea & vomiting in pregnancy is called Hyperemesis Gravidarum. The treatment for this includes.
    a. Prolonged fasting
    b. Fluid Replacement
    c. Oral Multivitamins
    d. I/V Vasoconstrictors
    e. Parenteral Antibiotics

15. A 23 years old pregnant lady comes to you for antenatal booking at 10 weeks of gestation. Her BMI is 33kg/m2. She asks you regarding weight control measures. What advice will you give her
    a. She cannot start new exercise programme but can continue her daily routine with diet control.
    b. She can start new exercise programme but have to increase diet in order to combat the increase requirement for fetus and mother.
    c. She can start metformin and new exercise regime along with strict diet to loose weight so that her BMI is <25km/m2 as she is at risk of venous thromboembolism.
    d. She can initiate an exercise programme or can continue most pre-pregnancy exercise programmes, which can help control gestational weight gains.
    e. She is allowed to walk for 15 minutes daily but she cannot start other exercise regimes .

16. A 24 years old smoker in her second pregnancy visits the OPD at 20 weeks of gestation for anomaly scan. She is known hypertensive and pregnant with twin gestation. She is at risk of which antenatal complication.
    a. Placental abruption
    b. Uterine infection
    c. Post term delivery
    d. Hyperemesis Gravidarum
    e. Bacterial Vaginosis

17. A 30 year old G4P3 come to OPD at 36 weeks of gestation with complains of dyspnea and edema. On examination the fetus is in transverse lie but has regular fetal heart rate. Ultrasound confirms transverse lie with AFI of 26 cm. She is at risk of?
    a. Post term pregnancy
    b. Placenta Previa
    c. Cardiac failure
    d. Cord Prolapse
    e. Obstetric Cholestasis

18. A 22 years old lady with twin gestation presents in emergency at 32 weeks of gestation with early abdominal contractions. Leading twin is cephalic with normal CTG but cervix as is closed. What will you recommend?
    a. Antenatal Corticosteroids
    b. Parentral Antibiotics
    c. Emergency Caeserean
    d. Instrumental delivery
    e. Oxytocin infusion

19. A 35 years old lady with known diabetes mellitus visits the antenatal clinic for Pre pregnancy counseling. What will you advise her.
    a. HbAIC of < 42 mmol/mol
    b. Daily folic acid of 400 µg
    c. Start ACE inhibitors
    d. Start oral Multivitamins
    e. Stop exercise for pregnancy

20. A 28 years old known diabetic lady visits you at 10 weeks for booking. What will you advice to decrease the risk of pre – eclampsia.
    a. Offer low dose aspirin from 12 weeks
    b. Offer low molecular weight Heparin now
    c. Start her on oral antihypertensive
    d. Perform 24 hours Urinary proteins now
    e. Advise her to lose 10 Kg weight.

21. 28 years old G1P0 attends antenatal clinic at 24 weeks of pregnancy. Routine investigations were performed. Her blood group is O-ve. What should be the next appropriate investigation to be done.
    a. Husband's blood group
    b. Indirect coombs tract
    c. Kelhaver test
    d. Obstetric ultrasound
    e. Rh antibody titres in maternal serum

22. Primigravida at 22 weeks gestation attends the antenatal clinic with the history of threatened abortion. Investigations show her blood group is B – ve. Husband blood group is O +ve. What will you advise her.

a. Her fetus will also be Rhesus negative
b. She should have a routine dose of Anti – D injection after delivery
c. She is at risk of developing severe Rh isoimmunization
d. She does not need routine antenatal prophycectic doses of Anti – D
e. She needs Anti – D injection just now, during this hospital visit

23. 42 years old primigravida at 38 weeks is admitted to the labour room with labour pains. Her B.P is 150/110 mm Hg. She is complaining of Headache as well. During labour, she develops a tonic – clonic fit.
What is the most likely diagnosis?
a. Brain tumor
b. Cerebral Hemorrhage
c. Eclampsia
d. Epilepsy

24. Mrs. A visits antenatal clinic at 23 weeks pregnancy. This is her 1st pregnancy. On examination her B.P is found to be 150/105 mm Hg. Urine analysis showed 1 + protein she had been normotensive before pregnancy.
The drug of choice would be.
a. I/V Hydralazine
b. I/V Magnesium Sulphate
c. Labetolol
d. Methyldopa
e. Nifedipine

25. HELLP syndrome is a complication of Pre – Eclampsia. The following is not the complication of HELLP Syndrome.
a. Acute Renal failure
b. Disseminated intra vascular Coagulation
c. Placental abruption
d. Seizures
e. Still birth

26. Active management of 3rd stage of labour includes.
a. Delivery of placenta by controlled Cord traction
b. 10 units of oxytocin I/V at the delivery of Anterior shoulder
c. Uterine Massage after delivery of baby
d. None of the above
e. All of the above

27. G6P5 woman had and emergency caesarean section for transverse lie of fetus. She is also hypertensive. At the end of C – section, the uterus is poorly contracted. She is already receiving 40 units oxytocin in 100 ml Saline over 4 hours.
What is the next appropriate medication to be used.
a. Injection syntommetuine I/V
b. Uterine manage
c. Injection Ergometrine 500 mg I/V
d. Carbaphost 0.25 mg I/M
e. 800 – 1000 mg Rectal Misoprostol

28. In a woman with previous 1 C – Section, the highest incidence of rupture of the uterus is with.
a. Delivery at 37 weeks gestation
b. Spontaneous onset of labour
c. Use of oxytocin during labour
d. Induction of labour with prostaglandin E2

29. Uterine inversion is an obstetric emergency. Which of the following finding rules out the diagnosis of uterine inversion.
a. Mass palpable is vagina
b. Severe bleeding P/V
c. Fundus of the uterus not palpable abdominally
d. Well Contracted uterus

30. Mrs S reported to the hospital on 10th postnatal day with the temperature of 38.40 C, pain lower abdomen and foul smelling lochia. On examination she had supra pubic tenderness and the uterus was of 16 who size and of boggy consistency. She was admitted having puerperal sepsis and her investigation were sent. The most common organism involved in Puerperal sepsis are.
a. Anaevobes – Bacteriodes
b. Chlamydia Trachomatis
c. Gram positive β Hemolytic Strptococci group A, B, D
d. Proterus Mirabilis
e. Gardnella Vaginilis

31. Regarding PIH, which statement is not true.
a. Develops after 20 weeks of pregnancy
b. Usually Associated with proteinuria
c. Does not return to normal after 6 weeks post partum.
d. Often occurs in subsequent pregnancies
e. Can lead to fetal growth retardation.

C> d
But it returns to normal after 6 week

32. A 32 years old G3P2 woman at 31 weeks gestation presents to the antenatal clinic with facial edema and headache. She is also gestational diabetic and on insulin. On examination her B.P is 150/110 mmHg, pulse 95 bpm, temperature 36.4° C. During abdominal examination, her extremities turn stiff and she has a convulsion. She is taken to emergency department for stabilization. What is most important next step in management.
a. Valproic acid
b. Corticosteroids
c. Ethosecximide
d. Methyldopa
e. Magnesium Sulphate

33. Twelve hours after vaginal delivery, 29 years old P2 presents with vaginal bleeding and shortness of breath. No complication were reported during delivery. The placenta was removed after 20 mins of gentle cord traction. The vitals of this patient are B.P 70/40 mmHg, Temperature 99°F, pulse 100 bpm. On abdominal examination, uterus is not palpable. What is the most likely diagnosis.
a. Uterine Atomy
b. Uterine Inversion

c. Endometritis
d. Sheehan's Syndrome
e. Uterine Rupture

34. A 35 year old G2P1 come to your OPD with 8 weeks pregnancy with history of DVT in previous pregnancy, what will be your plan of management
a. Observe for DVT in this pregnancy
b. Give Low dose Aspirin
c. Give her LMWH s/c for the rest of pregnancy
d. Give warfarin upto the delivery

35. A 33 years old woman, G3P2 visits the opd for regular checkup at 28 weeks gestation with previous history of preterm labour, UTI and PPH. What will you advise her?
a. Prophylactic antibiotics
b. Corticosteroids
c. Local antifungal treatment
d. Progesterones
e. Prophylactic oxytocin

36. A 40 yrs old G5P4 with known case of type II DM, came to you at 32 weeks pregnancy with dysnea and respiratory distress, her ultrasound shows marked increased liquor without any fetal anomally. How will you reduce her Respiratory distress.
a. By Nubulization
b. I/V Furosemide
c. Amnoreduction
d. Amniocentesis

37. At 20 weeks anomally scan, shows polyhydramnios plus anencephaly. What is your plan, of management.
a. Termination of pregnancy
b. Amnioreduction
c. Continue the pregnancy to term
d. Follow up 2 weekly

38. Oligohydromnios in pregnant refer to.
a. Reduced amniotic fluid
b. Excess amniotic fluid
c. Normal amniotic fluid
d. Enlarged fetal abdomen

39. A 36 year old pregnant lady comes to OPD on her first antenatal visit having 2 months of gestational amenorrhea. She is vitally stable but complaining of excessive nausea & vomiting. Which hormone is responsible for her condition?
a. β – HCG
b. Progesterone
c. Estrogen
d. Cortisol

40. Most common cause of amenorrhea in a young women of reproductive age group is
a. Polycystic ovaries
b. Pregnancy
c. Lactational Amenorrhea
d. Stress

41. A 28 year old patient G4P2 history of 1 unexplained IUD at 39 weeks in previous pregnancy, 1 year back. She came in OPD at gestational amenorrhea of 3 months with RBS report of 20 1 mg/dl. What is your diagnosis?
a. Diabetes Type I
b. Diabetes Type II
c. Gestational diabetes.
d. Maturity onset of young

42. Which of the following not secreted by placenta?
a. HPL
b. HCG
c. Progesterone
d. Alpha – fetoprotein

43. A G6P5 came with 24 weeks gestation to antenatal OPD. On routine test, her RBS was found to be 155 mg/dl. which further investigation would you request to confirm or rule gestational diabetes?
a. Fasting blood sugar
b. Glucose Tolerance test
c. Glucose Challenge test
d. Random blood sugar

44. Which of the following biochemical marker, measured at around 14 -16 weeks of pregnancy, is the most sensitive to detected spine bifida and other types of neural tube defects
a. Maternal serum α – feto protein
b. Amniotic α – feto protein
c. Serum esteadial
d. HCG

45. Lactational amenorrhoea mainly occurs due to :
a. High prolaction level
b. High estrogen and progestron
c. Inhibition of LH pulsatile release
d. Low growth HPL

46. Neonate of diabetic women suffers from which of the following?
a. Respiratory distress
b. Hyperglycemia
c. Hypercalcemia
d. Macrosomia
e. All of the above

47. A patient visits the labour room in early labour. Oxytocin is given to this patient for augmentation of labour. It has effect on?
a. Oxytocin receptors on cervix.
b. Oxytocin receptors on endometrium & myometrium
c. Decrease prostaglandin receptor on cervix
d. Decrease prostaglandin receptor on myometrium

48. Midcavity of pelvis is bounded posteriorly by ?
a. Sacral promontory
b. Coccyx
c. 3rd and 4th piece of sacrum
d. 2nd and 3rd piece of sacrum

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Folic acid deficiency is linked with ?

a. Anencephaly
b. Prune belly Syndrome
c. Congenital cardiac disease
d. All of the above

The following diameter of fetal head presents in face presentation?

a. Mentovertical
b. Occipitofrontal
c. Submento bregmatic
d. Submentovertical

A pregnant lady at 35 weeks of gestation, visits you in OPD stating that she has loss of fluid per vagina since 2 days. You perform ultrasound .the amount of amniotic fluid is reduced . What is diagnostic value for oligohydramnios?

a. Amniotic Fluid Index < 25cm
b. Amniotic Fluid Index <8 cm
c. Amniotic Fluid Index <5cm
d. Amniotic Fluid Index <2 cm

A pregnant lady at 36 weeks gestation presents with profuse vaginal bleeding without pain per abdomen. Her BP is 90/60. She has no history of any medical disease but occasional bruises over thighs. She had no previous antenatal check up. On examination uterus is soft with high presenting part. What is the most likely cause of bleeding?

a. Placental abruption
b. Placenta Previa
c. coagulopathy
d. Cord presentation with cord rupture

53. Active management of 3rd stage of labour includes?

a. Controlled cord traction for placental delivery
b. Use of uterotonic agents
c. Uterine massage
d. Both B&C
e. All of above

54. A 34 weeks pregnant lady is diagnosed with polyhydramnios and transverse lie on ultrasound. What is diagnostic of polyhydramnios on ultrasound?

a. AFI <25 cm
b. AFI >25 cm
c. AFI=25cm
d. AFI >20 cm

55. You are visited by your regular antenatal patient to OPd in third trimester. Which investigations are used for assessment of fetal wellbeing?

a. Fetal kick count chart (FKCC)
b. Cardiotocograph and FKCC
c. BP measurement and FKCC
d. Serum biomarkers and FKCC
e. FBC and FKCC

56. A woman comes to OPD at 20 weeks of pregnancy with gestational diabetes mellitus. She is at increased risk of?

a. Preterm rupture of membranes
b. Congenital fetal anomalies
c. Anemia
d. Growth restricted fetus

57. 5 years old girl presented with generalized body swelling for the last 5 days. She is afebrile, H.R : 106/min and RR: 28/min. She has got puffy face, edema feet is positive and on respiratory examination, there is decreased breath sounds bilaterally in the lower zones. You investigated her and diagnosed as case of Nephrotic Syndrome. Which of the following is the most common pathology seen in the children?

a. Focal segmental glomerulosclerosis
b. Minimal change disease
c. Membranous nephropathy
d. Mesengial proliferative glomerulonephritis
e. Rapidly progressive glomerulonephritis

58. A 40 days old female baby presented with generalized body swelling for the last 15 days. She has no dysmorphic facies and her CVS examination is unremarkable. There is no documented fever and there is ascites, pedal edema and no organomegaly. After investigating the infant, you diagnosed her as case of congenital nephrotic syndrome. Which of the following in the definitive treatment in this case scenario?

a. Dialysis
b. IV Steroids for 2 weeks
c. Kidney transplantation
d. Oral Steroids for 8 weeks
e. Stem cell Transplantation

59. A 5 years old girl who presented with respiratory distress since morning. She has been having loose motions and vomiting for the last 3 days. Past and family history is unremarkable. Base line investigations showed raised Urea and Creatinine. You diagnosed her as Renal Failure. What can be the likely etiology for this condition?

a. Acute Nephritic Syndrome
b. Chronic Renal Failure
c. Intra-renal AKI
d. Pre-renal AKI
e. Post-renal AKI

60. A 6 years old girl presented with peri-oribital puffiness for the last 4 days. On examination, she is afebrile, not in distress and there is peri-orbital puffiness. Resp and CVS examination is unremarkable. You suspect Nephrotic Syndrome and advised urine R/E. Which of the following of these other investigations will help in making this diagnosis?

a. Complete Blood Count
b. ESR
c. Serum Uric Acid
d. Serum Cholesterol
e. Ultrasound Abdomen

61. A 10 years old girl is diagnosed as case of Chronic Renal Failure. She is on Hemodialysis. Which of the following can be a possible complication of this treatment?

a. Azotemia
b. Hypotension
c. Hypertension
d. Hyperkalemia
e. Metabolic Acidosis

62. A 6-year-old boy presents with headache for the last 2 days. He was diagnosed with an upper respiratory tract infection 10 days ago. There is no history of trauma. Findings include: blood pressure: 108/78 mmHg. Temperature: 101*F and absence of rash. Serum complement level is low. What is the most likely diagnosis?
    a. Alport hereditary nephritis
    b. Chronic Renal Failure
    c. Idiopathic Hypercalceuria
    d. IgA Nephropathy (Berger Disease)
    e. Post infectious Glomerulonephritis
63. A male baby born full term via C-section presented with grunting to nursery unit. His mother had history of gestational diabetes. On examination, he is having Temp: 98.7 * F, Resp Rate: 80/min and has got strong neonatal reflexes. Rest of the examination is unremarkable. What is the most likely diagnosis?
    a. Congenital Heart Disease
    b. Congenital Pneumonia
    c. Congenital Diaphragmatic Hernia
    d. Neonatal Sepsis
    e. Transient Tachypnea of Newborn
64. A 9 years old boy brought to Emergency department. He was unconscious with acidotic breathing. He was diagnosed as Diabetic Keto Acidosis. What should be the 1st step in his management?
    a. Bicarbonate Infusion
    b. I/V fluids for Rehydration
    c. I/V insulin injection
    d. Subcutaneous Insulin injection
    e. Potassium replacement
65. A 9 yrs old boy presented in OPD with the complaints of not growing in height satisfactorily. He was the shortest among the boys of his class. Birth history is unremarkable. There is no past history of any systemic illness. His nutritional history and bowel habits are normal. His height is below 2 S.D on growth chart and weight is normal of his age. Parents are of normal height but there is history of delayed puberty in father. What is the most probable diagnosis?
    a. Achondroplasia
    b. Constitutional short stature
    c. Familial short stature
    d. Hypothyroidism
    e. Panhypopituitarism
66. A 6-month old baby boy brought to OPD for constipation. While taking history, it was found that there was prolonged neonatal jaundice. On examination, there was wide open anterior fontanel and prominent umbilical hernia. Which of the following lab test will help you in confirming the diagnosis?
    a. Growth hormone level
    b. Serum cortisol level
    c. Serum electrolytes
    d. Thyroid function tests
    e. Tissue transglutaminase antibodies
67. A 32-year-old woman presents with amenorrhea, galactorrhea and visual field defects, all of several months' duration. Magnetic resonance imaging reveals a hypophyseal mass impinging on the optic chiasm. The most likely diagnosis is prolactinoma
    a. somatotropic adenoma
    b. corticotropic adenoma
    c. craniopharyngioma
    d. acidophilic adenoma
    e. Cricotrophic blastoma

It can cause hyper prolactinemia

68. During a yearlong training program, a 23 years old female Pakistan Air Force officer falls in class rank from first place to last place. She has also noted a lower pitch to her voice and coarsening of her hair, along with an increased tendency toward weight gain, menorrhagia and increasing intolerance to cold. Which of the following laboratory abnormalities is expected?
    a. Increased serum free T 4
    b. Increased serum T3 resin uptake
    c. Increased saturation of thyroid hormone-binding sites on thyroid- binding globulin
    d. Increased thyroid-stimulating hormone
    e. Decreased serum cholesterol
69. A 35 years old woman is seen 6 months after giving birth to a normal infant. She suffered severe cervical lacerations during delivery, resulting in hemorrhagic shock. Following blood transfusion and surgical repair, postpartum recovery has so far been uneventful. She now complains of continued amenorrhea and loss of weight and muscle strength. Further investigation might be expected to demonstrate which of the following findings?
    a. Decreased serum cortisol
    b. Hyperestrinism
    c. Hyperglycemia
    d. Increased hair growth in a male distribution pattern
    e. increased serum free thyroxine
70. A 68-year-old man undergoes retinal screening. He has type 2 diabetes and uses insulin twice daily. He is told that there is evidence of new vessel formation and asks his doctor for the significance of this finding. Which is the single most appropriate response?
    a. Areas of the eye that had previously been damaged have regenerated
    b. He is likely to lose his sight in this eye within 3 months
    c. His diabetic control is good, and his vision is improving
    d. His disease is progressing and getting harder to control
    e. This is a normal finding in someone with type 2 diabetes
71. A 17-year-old man has lost 6kg over the past 2 months. He has also been excessively thirsty and not his usual self. A venous blood sample is taken. Random venous blood glucose = 16mmol/L(300mg %). Which is the single most appropriate next step in management?
    a. Fasting venous blood glucose
    b. Oral glucose tolerance test (OGTT)
    c. Repeat random venous blood glucose

d. Start treatment for diabetes

72. A 15 years old boy is brought to medical OPD by his mother in drowsy state. He is a known case of type1 diabetes Mellitus. Three days ago he developed productive cough and fever and he stopped insulin. On examination he is dehydrated, pulse is 130/min, BP 100/70 mmHg, temperature 104 F°. His breathing is deep and rapid. Crepitations on the right side of the chest. Blood sugar is 500 mg/dl, TLC 16000 with 90 % neutrophils, blood urea 60 mg/dl and serum creatinine 1.4 mg/dl. What is your most likely diagnosis?
   a. Hyperosmolar non ketotic coma
   b. Hypoglycemic brain injury
   c. Diabetic ketoacidosis
   d. Acute renal failure
   e. Diabetic ketoacidosis with pneumonia

73. A 40 years old woman presents to medical OPD with a three months history of tiredness, weight loss and vague abdominal pains, polyuria and polydipsia. Systemic examination is normal except a small mass in front of the neck. Chest x-ray normal, BS 120 mg%, RFTs & TFTs are normal, serum calcium 16 mg/dl, serum phosphate decreased, alkaline phosphatase 500 IU/liter (normal 20-140). Ultrasound abdomen shows right renal stones. What is the most likely diagnosis?
   a. Primary hyperparathyroidism
   b. Primary hyperthyroidism
   c. Vitamin D intoxication
   d. Chronic renal failure
   e. Sarcoidosis

74. A 35 years old man presents with chronic headache. Examination reveals enlarged hands and feet and prognathism. He is suspected of having acromegaly. Which one of the following is not a complication of this condition?
   a. Hypertension
   b. Diabetes mellitus
   c. Carpal tunnel syndrome
   d. d)Macroglossia
   e. Darkening of skin creases

75. A 45-year-old gentleman with type 2 diabetes is reviewed in the clinic. Because of inadequate control of glycemia and an HbA1c of 8.5%, a sulphonylurea is added to his metformin. When would you repeat the Hb A1c test?
   a. After 2 weeks
   b. After one month
   c. After 3 months
   d. After 8 months
   e. After one year

76. A 30 years old female presents with 2 months history of lethargy, vomiting, weight loss and pigmentation of palmar creases and oral mucosa. Examination reveals a BP 95/50 mmHg with a significant postural drop. Blood tests showsodium 127mmol/liter, Potassium 5.3 mmol/liter and blood glucose 60 mg/dl. Which one of the following test will reveal diagnosis?
   a. Serum phosphate
   b. TSH
   c. Free T4
   d. Overnight dexamethasone suppression test
   e. ACTH stimulation test (Short synacthen test)

77. A 60 year old male complains of tender enlargement of his breast. He is hypertensive and is suffering from congestive cardiac failure. Which one of the following medication is responsible for his current presentation?
   a. Atorvastatin
   b. Lisinopril
   c. Aspirin
   d. Spironolactone
   e. Losartan

78. A 30 years old female who has been unwell recently with flu like illness, presents with painful swelling in her neck. She is feeling anxious, intolerant to heat and suffering from palpitations. Her TFTs show a low TSH and a high T4. What is most likely diagnosis?
   a. Lymphoma
   b. Thyroid malignancy
   c. Multi nodular goiter
   d. Acute Pharyngitis
   e. De quervain's thyroiditis

79. A 24year old man presented to you with facial swelling more predominant around eyes and easy fatiguability. O/E he is having Peri orbital puffiness. Bilateral Pleural Effusion, ascites and lower limb edema. Precordium examination was normal with Normal JVP. Labs show elevated S.Creatinine 1.6mg/dl (upto 1.3mg/dl) , Urea 40mg/dl (normal Upto 40mg/dl) What investigation you will do to reach the cause?
   a. Auto Immune Profile
   b. CT Scan-Abdomen
   c. IVU
   d. Xray KUB
   e. Urine R/E

80. A 24year old man presented to you with facial swelling and puffiness around the eyes with easy fatiguability. O/E he is having Peri orbital puffiness. Bilateral Pleural Effusion, ascites and lower limb edema. Precordium examination was normal with Normal JVP. Labs show elevated S.Creatinine 1.6mg/dl (upto 1.3mg/dl) , Urea 40mg/dl (normal Upto 40mg/dl) , Urine R/E shows Proteins ++++ , No Pus Cells / RBCs or Casts or Epithelial Cells. What investigation you will do next to confirm your diagnosis?
   a. 24hour Urinary Proteins
   b. Auto Immune Profile
   c. CT Scan-Abdomen
   d. Xray KUB
   e. Xray Errect Abdomen

81. A 30year old man presented to you with facial swelling and puffiness around the eyes and easy fatiguability. O/E he is having Peri orbital puffiness. Bilateral Pleural Effusion, ascites and lower limb edema.Labs show elevated S.Creatinine

1.7mg/dl (upto 1.3mg/dl) , Urea 45mg/dl (normal Upto 40mg/dl) , Urine R/E shows Proteins ++++ , No Pus Cells / RBCs or Casts or Epithelial Cells. You suspect Nephrotic syndrome. What is the most common cause of Nephrotic Syndrome in adults?

a. IgA Nephropathy
b. Minimal Change Disease
c. Membranous Nephropathy
d. Membranoproliferative Glomerulonephritis
e. Post Streptococcal Glomerulonephritis

82. A 29year old man presented to you with peri orbital puffiness and low volume urine. O/E he is having Peri orbital puffiness and lower limb edema.Labs show elevated S.Creatinine 1.9mg/dl (upto 1.3mg/dl) , Urea 45mg/dl (normal Upto 40mg/dl) , Urine R/E shows Proteins ++++ , No Pus Cells / RBCs or Casts or Epithelial Cells. 24hour Urinary proteins >4g/dl , U/S abdomen show normal size echotexture and parenchyma of both kidneys. What of the following test best explains Nephrotic Range Proteinuria?

a. ASO Titers
b. CT Scan Abdomen
c. Doppler Ultrasound for Renal artery stenosis
d. Diabetic Profile
e. Renal Biopsy with Electron Microscopy

83. A 40 year old man presented with easy fatiguability, peri orbital puffiness and bilateral lower limb edema . His labs are consistent with Nephrotic range proteinuria. Renal biopsy was done and reports awaited. You suspect membranous nephropathy. What is the First line treatment for Membranous Nephropathy?

a. Ciclosporin
b. Corticosteroids
c. Cyclophosphamide
d. Insulin for hyperkalemia
e. Tacrolimus

84. A 55 year old man with long standing diabetes and hypertension presented with easy fatiguability, sallow complexion , facial swelling , easy bruisability and lower limb edema . He is having BP 160/100mmHg, Pale conjunctiva , Hb 11g/dl MCV 95fl (76-100) low MCH and MCHC , Elevated lipid profile , HBA1C > 11mmol/l (normal less than 7) , S.Creatinine 5.5mg/dl (1.3mg/dl) , Na 134meq/l (135-145meq/l) , K 6.6meq/L (3.5-5.5meq/L). U/S abdomen shows shrunken kidneys with increased parenchymal echogenicity. What is the most likely diagnosis?

a. Chronic Kidney Disease
b. IgA Nephropathy
c. Glomerulonephritis
d. Hypertensive Nephropathy
e. Nephrotic Syndrome

85. A 65 year old man with Diabetes, Hypertension for last 15 years presented with worsening of renal functions and shortness of breath. Previously he was well controlled on medications but now his condition is serious. Urine output 200ml/24 hours Labs ; S.Creat 12mg/dl , Serum Potassium 7meq/L , Blood pH 7.2 consistent with metabolic Acidosis. After cardiac membrane potential stabilization with Calcium gluconate , management of hypokalemia was started with IV Dextrose + Insulin + Salbutamol nebulization. But the patient is didn't respond to hyperkalemia treatment and condition has worsened. What is the next line of treatment?

a. Administer Soda Bicarbonate
b. Administer Diuretics
c. Peritoneal Dialysis
d. Pass CVP line and prepare for Hemodialysis
e. Prepare for Renal Transplant

86. A 65 year old man with CKD presented to you with persistent anemia. His labs show Hb 9g/dl , MCV 85fl (76-100) , MCH and MCHC low (Normocytic hypochromic anemia) , Serum Ferritin 100 microgram /L (15-300microgram/L) , Transferrin 200mg/dl (204-350mg/dl) How will you manage this anemia?

a. Administer oral iron
b. Administer Vitamin C
c. Administer Erythropoetin
d. Intravenous iron
e. Intravenous B12 and oral folic acid

87. A 40year old taxi driver presented to the ER with multiple episodes of diarrhea and vomiting. O/E dry coated tongue with signs of dehydration, BP 90/60mmHg (supine) Pulse 102/min , Temperature 99F. Urine output 400ml/24hours Labs : S.Urea 90mg/dl (upto 40mg/dl) , S.Creatinine 1.5mg/dl (upto 1.3mg/dl), K 5.8meq/L (upto 5.5meq/L) Urine R/E and ultrasound abdomen was unremarkable. You suspect AKI secondary to Acute Gastroenteritis. What is the first line treatment to prevent complications?

a. Replace packed RBCs
b. IV Diuretics
c. IV Antibiotics
d. Two Large Bore IV lines and Normal Saline infusion
e. PPI infusion

88. A 47 year old diabetic man comes to the OPD due to recent onset of tremors. She had undergone renal transplant secondary to ESRD. His B.P is 150/90mmHg , Pulse 80/min , R/R 16/min. Examination shows Gum Hypertrophy. Which of the following immunosuppresants is most likely responsible for her presentation?

a. Azathioprin
b. Cyclosporin
c. Mycophenolate
d. Steroids
e. Tacrolimus

89. A 40 year old man with diabetes mellitus and hypertension for the last 15 years . He needs an advice regarding Hemodialysis. Which of the following is absolute indication for Dialysis?

a. Anemia
b. Coagulopathy
c. Hypertension
d. Metabolic bone disease
e. Pulmonary Edema

90. A 30year old man is evaluated for possible End Stage Renal Disease. He has a long history of diabetes mellitus and renal functions are getting worse day by day. Which of the following long term treatment would give best survival rate for this patient?

a. Hemodialysis
b. Peritoneal Dialysis
c. Renal Transplant from Cadaver
d. Renal Transplant from living related donor

e. Renal transplant from living unrelated donor

1. A 38year old lady comes to the Physician's Office because of occasional headache and palpitations. Her B.P is 180/100mmHg. Abdominal Examination shows bilateral Flank Masses. Her Urine R/E shows RBCs 10-12/hpf , Blood Urea 26mg/dl , Creatinine 1.3mg/dl . Which of the following is most common complication that can occur in this patient?
   a. Aortic Dissection
   b. Intracranial Aneurysms
   c. Liver Necrosis
   d. Pancreatic Cancer
   e. Restrictive Cardiomyopathy

2. A 40year old man presented to the ER with impaired Renal Functions. S.Creat 2mg/dl and Blood Urea is 120mg/dl (Normal upto 40mg/dl) . Urine R/E is normal .BUN:Creat (>30:1) , Urinary Na is < 1 % . Urinary osmolarity is high & Fractional Excretion of Na is low The above mentioned reports best fit in which disease?
   a. Acute Interstitial Nephritis
   b. Acute Tubular Necrosis
   c. Hypovolemia (pre renal)
   d. Obstructive uropathy (post renal)
   e. Polycystic Kidney disease

3. A 50 year old man was advised CT-Abdomen for evaluation of a tumor. The patient's condition developed rash, fever, impaired renal functions after IV contrast injection. He was admitted and Resuscitated. Labs show elevated S.Creatinine and Eosinophilia. What is the most probable diagnosis?
   a. Acute Interstitial Nephritis
   b. Acute Tubular Necrosis
   c. Acute Pyelonephritis
   d. Acute Glomerulonephritis
   e. Chronic Kidney Disease

4. A 50 year old man presented to you with Left loin pain radiating to the flank with gross hematuria. He had previous history of Renal stone in right kidney. O/E he is febrile with Left Loin tenderness. What initial investigation you will do?
   a. CT KUB
   b. CT Scan Abdomen / pelvis
   c. MRI Abdomen
   d. Xray Lumbosacral Spine
   e. Urine R/E

5. A 35 year old female presented to the ER with severe pain in right flank radiating to the groin. She also had an episode of vomiting. The pain is severe in intensity, She also complains of Burning Micturition. O/E Unwell Urine R/E : Pus Cells 06-08/hpf , RBCs Numerous/hpfUltrasound abdomen Pelvis shows: 6mm Renal Calculus in Right Pelvic-Ureteric Junction resulting into Mild Hydroureter and Mild Hydronephrosis. What is the best management option?
   a. Prescribe NSAIDS for pain
   b. Prescribe Antibiotics only
   c. Prescribe IV Fluids
   d. Refer To Urologist
   e. Refer To General Surgeon for Pyelolithotomy

6. A 65 year old man presented to the ER with severe hypogastric pain and unable to pass urine. O/E He is unwell and Supra Pubic Tenderness is present. Previous Ultrasound shows Median lobe of Prostate gland enlargement and chronic Cystitis.You suspect Urinary Bladder outflow obstruction. Past Medical and Drug History is unremarkable What is the best immediate step in management?
   a. Serum Creatinine level
   b. Xray KUB
   c. Xray Lumbosacral Spine
   d. CT KUB
   e. Pass Folley's urinary Catheter

7. A 50 year patient with DM , HTN and CCF presented to you with pulmonary Edema. He also has Hypercalcemia. He is vitally stable but O2 saturation is 88% at room air. Apart from Oxygen inhalation , which drug will be the most beneficial in management?
   a. Aspirin
   b. Digoxin
   c. IV Furosemide
   d. Spironolactone
   e. IV Salt Free Albumin 5%

8. A 55year old with End Stage CKD is hemodialysis sessions , Presented to you with Fever with no focus.O/E temperature 102 F , Pulse 108/min regular , BP 90/60mmHg Which of the following drugs is nephrotoxic?
   a. Amikacin & Gentamicin
   b. Ceftriaxone
   c. Cefepime
   d. Cefixime
   e. Cefuroxime

9. A 60 year old diabetic with complications presented with periorbital puffiness and low urinary output. O/E he has puffiness around eyes with bilateral pitting edema Urine R/E Report : Pus Cells 2-4/hpf , RBCs Nil , Albumin Ultrasound Abdomen : Kidney parenchymal echogenicity is increased and size is normal.You Suspect Microalbuminuria What is the next line of investigation?
   a. Ultrasound abdomen / pelvis (Pre voidal vs post voidal)
   b. CT KUB
   c. CT Scan Abdomen and pelvis
   d. IVU
   e. 24 hour urinary proteins

10. You have been called to give your comments on a report of a patient with Diabetes Mellitus for last 5 years. He has good medication compliance . His RBS is 124mg/dl and HBA1C is 6.9% (Well Controlled) His Urine R/E Report shows : Pus Cells 02-04/hpf , RBCs Nil , Epithelial Casts Nil Sugar +++ , Albumin Nil What is the most likely interpretation of the above abnormalities?
    a. Patient is having Uncontrolled Diabetes Mellitus
    b. Patient is having Chronic Kidney Disease
    c. Patient is having UTI
    d. Patient is using SGLT-2 inhibitors for DM
    e. Patient is using Metformin

11. The basic structural unit of Breast is:-
    a. A lobe.
    b. A Lobule.
    c. A Quadrant.
    d. 1/4th of the breast.
    e. 1/5th of the breast.

12. Cancer of breast arises from:-
    a. Parenchyma of the breast.
    b. Areola of the breast.
    c. Lining epithelium of small mammary ducts.
    d. Squamous cells of the overlying skin.
    e. Skin of the Nipple.

13. Lymph nodes in axilla in cases of Ca breast are grouped into:-
    a. Six groups
    b. Two groups.
    c. Eight groups.
    d. Four groups.

Apical central anterior posterior lateral interpectoral

e. Three groups.

104. Lymphatic drainage of breast maybe divided into various levels while doing surgery for Ca breast as:-
a. Level I,II,III,IV
b. Level I,II,III.
c. Level I,II.
d. Level I,II,III,IV, V.
e. Level I,II,III,IV, V,VI.

105. Commonest carcinoma of the breast is:-
a. Inflammatory carcinoma.
b. Lobular carcinoma.
c. Medullary carcinoma.
d. Invasive ductal carcinoma.
e. Colloid carcinoma.

106. The best option to diagnosis Ca breast is:-
a. Clinical examination.
b. Ultrasound.
c. Tripple assessment.
d. CT scan.
e. MRI.

107. Nipple discharge is of concern if it is:-
a. Watery.
b. Purulant
c. Bloody.
d. Serous.
e. Yellowish in color.

108. Recent advances in the management of breast cancer: regarding prognosis includes:
a. ER, PR markers.
b. ER, PR, HER-2 markers.
c. Use of cyclophosphamide.
d. Use of mitomycin-C
e. Use of steroids.

109. Von Hipple-Lindau disease is associated with mutations on which gene locus?
a. 1q42
b. 3p25
c. 7q31
d. 9q34
e. 17p11

110. A 64-year old presents with a 2 month history of painless visible haematuria, hypertension, weight loss, pyrexia and anaemia. What is the most likely diagnosis?
a. Adenocarcinoma of the bladder.
b. Urothelial bladder cancer.
c. Prostate cancer.
d. Renal cancer.
e. Lower urinary tract infection.

111. Commonest type of hypospedias:
a. Glandular. Glanular
b. Coronal.
c. Penile.
d. Penoscrotal.

112. What is the imaging investigation of choice in a stable patient with suspected renal trauma who has presented with visible haematuria?
a. Ultrasound renal tract.
b. IVU.
c. CT KUB.
d. Contrast CT with delayed scan.
e. None of the above.

113. A 5 years who was operated two year back came for follow up. Which radiological investigation you will suggest to know the function of kidney?
a. IVU
b. Ultrasound.
c. DTPA.
d. CT Urogram.

114. Testicular torsion is a serious condition due to rotation of the testis and consequent strangulation of the blood supply. Torsion is most common in males between the ages of 12 and 18 years and is uncommon in men older than 30 years. When a patient presents with testicular torsion, which of the following is the most immediate symptom.
a. Fever
b. Pain.
c. Scrotal edema.
d. Urinary.

115. A 3 year old boy presents with fever; dysuria and gross hematuria. Physical examination shows a prominent suprapubic area which is dull on percussion. Urinalysis reveals red blood cells but no proteinuria. Which of the following is the most likely diagnosis?
a. Acute glomerulonephritis.
b. Urinary tract infection.
c. Posterior urethral valves.
d. Teratoma.

116. Which age group is more susceptible to stones in their kidney?
a. Women between 30 to 50 years.
b. Men between 20 to 40 years.
c. Children within 11 years of age.
d. Young adults.
e. None of them.

117. The incidence of testicular cancer is 2.5 to 20 times higher in patients with which of the following comorbidities?
a. Congenital adrenal hyperplasia.
b. Crytorchidism.
c. Inguinal Hernia.
d. Retractile testicle.

118. A 75 year old woman being investigated for recurrent urinary (Proteus on culture) has a staghorn calculus on CT. What is the most like composition?
a. Cysteine
b. Uric acid
c. Struvite
d. Calcium oxalate
e. Hydrogen.

119. Ideal site for chest tube insertion is.
a. 3rd or 4th space in the mid to anterior axillary line.
b. 4th or 5th space in the mid to anterior axillary line.
c. 5th or 6th space in the mid to anterior axillary line.
d. 6th or 7th space in the mid to anterior axillary line.

120. A 30 years old female has sustained injury to the left breast during sports. She has a 3-4cm painful mass in the upper outer quadrant with skin retraction. What is the most likely diagnosis?
a. Infiltrating carcinoma.
b. Breast abscess.
c. Hematoma.
d. Fat necrosis.