

Name: _____

Time Allowed: 120 min.

Max. Marks: 120

Note: • Attempt all questions. Select the best answer from given choices. Handover response sheet along with question paper after attempting
 • Use BLUE / BLACK ink only. Do not use RED Color. Filling of more than one option shall not be considered.
 • Possession of mobile phone and other electronic accessories are strictly prohibited.

- In nephrotic syndrome the drug of choice for induction of remissions is
 a. Furosemide b. Spironolactone c. Albumin ☒ d. Prednisolone e. None of them
- A 3 year old girl presents to ER with anasarca. The urinalysis shows 4+ proteinuria and is negative for blood. Serum albumin is 1.2 mg/dL and serum creatinine is 0.4 mg/dL. The most likely diagnosis is:
 a. Postinfectious glomerulonephritis ☒ b. Minimal-change disease c. IgA nephropathy d. Lupus nephritis
 e. Focal segmental glomerulosclerosis
- A 2 year old girl presented with acute kidney injury secondary to dehydration. You will label injury to the renal system when?
 a. Creatinine clearance decreases by 25% b. Creatinine clearance decreases by 50%
 c. Creatinine clearance decreases by 75% d. Failure for more than 4 weeks e. Requiring renal replacement therapy
- A 12 year old boy is diagnosed as having End Stage kidney disease. His serum creatinine is 6.2 mg/dL. The normal creatinine level is:
☒ a. Less than 1 mg/dl b. 1 – 2.4 mg/dl c. 2.5 – 3 mg/dl d. Less than 0.1 mg/dl e. 3 – 5 mg/dl
- A female child, aged 5 years having chronic recurrent UTI, presented with complication of Chronic Renal Failure. She is severely anemic. The cause of anemia in Chronic Renal Failure is:
 a. Decreased iron intake ☒ b. Decreased erythropoietin production c. Increased erythropoietin production
 d. Iron over load e. Hematuria
- A 7 years old girl who presented with diarrhea and vomiting for the last 3 days. On examination, patient is tachycardic with Pulse: 145/min, Temp : 101°F, and has sunken eyes and cold peripheries. She has taken only few sips of ORS since morning and has not passed urine since yesterday. You ordered investigation and her ECG showed tall T wave with ST segment depression. Which of the following abnormality do you expect in her blood reports?
☒ a. Hyperkalemia b. Hypocalcaemia c. Hypokalemia d. Metabolic Alkalosis e. Polycythemia
- Which of the following is not a feature of hypospadias?
 a. Ventral chordee b. Hooded foreskin ☒ c. Dorsally placed meatus d. Proximal Meatus e. All of above
- The commonest type of hypospadias is
☒ a. Proximal b. Distal c. Mid penile d. Dorsal Located e. None
- Five-year-old female girl presented with the history of loss of consciousness preceded by polyuria, polydipsia, abdominal pain with un explain weight loss on examination patient was febrile, acidotic with GCS 8/15, severely dehydrated Work up shows Raise TLC, ABG shows metabolic acidosis Urine RE +++ ketone positive, what will be your immediate step?
☒ a. Bolus of normal saline according to weight b. Intra venous insulin c. Intravenous antibiotic
 d. Intravenous bicarbonate e. Intravenous KCL
- Cretinism is a condition in which there is severely physical and mental retardation is due to deficiency of
 a. Growth Hormone b. Thyroid deficiency ☒ c. Insulin deficiency d. Adrenal insufficiency e. FSH deficiency
- Disproportionate short stature is in one of the following conditions
 a. Constitutional short stature b. Familial short stature c. Panhypopituitarism
 d. Protein calories malnutrition e. Rickets ☒
- A full term baby boy born with normal APGAR score. Baby is well and being discharged from hospital. Mother wants to know when to do screening for congenital Hypothyroidism. What will be your answer?
 a. 1 year of age b. 6 months of age c. 1 month of age d. 1 week of age e. 48 hours of age
- 61 years old man complaining of difficulty in micturition, he also added in history of initial hematuria. The origin of his hematuria is most probably:
☒ a. Urethra b. Enlarged prostate c. Bladder d. Upper urinary tract. e. Ureter
- A 40 years old patient presents with thyroid nodule and give history of exposure to irradiation over 20 years earlier, which of the following type of thyroid cancer is most likely?
☒ a. Papillary b. Follicular c. Medullary d. Lymphoma e. Sarcoma
- A 55-year-old male presents with difficulty urinating, frequent nighttime urination, and a weak urinary stream. On examination, you note an enlarged prostate. What is the first-line pharmacotherapy for this patient?
☒ a. 5-alpha reductase inhibitors b. Alpha-1 blockers c. Antimuscarinic agents
 d. Observation and follow up e. Phosphodiesterase-5 inhibitors
- Male infertility is inability of a male to conceive his female partner after unprotected intercourse for a period of
 a. 5 months b. 6 months c. 10 months ☒ d. 12 months e. 15 months
- The results of her thyroid ultrasound show that the nodule is solid and has irregular borders. The results of her FNAB are consistent with indeterminate thyroid nodule. The next step in the management of this patient is:
☒ a. Observation b. Radioactive iodine therapy c. Thyroidectomy d. External beam radiation therapy e. Trucut biopsy
- A 70-year-old male complains of a sudden onset of severe lower abdominal pain radiating to the groin and scrotum. On examination, there is a palpable mass in the scrotum. What is the most likely diagnosis?
☒ a. Epididymitis b. Inguinal hernia c. Scrotal abscess d. Inguinal lymphadenopathy e. Seminoma

PAPER CODE B

19. Which of following features in a Nodular thyroid swelling is LEAST reliable as an indication of malignancy?
 a. Large size b. Fixity c. Lymphadenopathy d. Hoarseness e. Hardness
20. A 42 year aged lady underwent conservative breast surgery for carcinoma of the breast. She has been discharged from the hospital with advice to come for follow up yearly. Which of the following tests is recommended for follow up?
 a. FNAC b. Mammography c. MRI d. Tumor marker assay e. Ultrasound
21. A 72-year-old male presents to you with a complaint of mild right lower back pain and one episode of blood in his urine 2 weeks ago. He denies voiding symptoms. He quit smoking 5 years ago. His creatinine is 0.8. What are the next step(s) in management?
 a. Urine culture, noncontrast (stone protocol) CT abdomen/pelvis b. Urine culture, urine cytology, renal/bladder ultrasound
 c. Renal/bladder ultrasound, cystoscopy with bilateral retrograde pyelograms
 d. Urine culture, urine cytology, CT urogram, cystoscopy e. No workup needed unless he has another episode of hematuria
22. A 40 year woman complains of left flank pain for the last 2 months with occasional hematuria. She is otherwise afebrile. After workup her CT KUB shows a 22x24mm lower pole stone in left kidney. What is the best treatment to clear her stone in a single session?
 a. Retrograde intrarenal surgery b. Percutaneous nephrolithotomy c. Pyelolithotomy
 d. Extracorporeal shock wave lithotripsy e. Percutaneous nephrostomy.
23. A 33 years old man presents with pain in both flanks, right greater than left. Investigations show bilateral staghorn calculi with better renal function on the left side. The surgical plan should be?
 a. To operate more painful kidney first b. To operate better functioning kidney first
 c. To operate kidney with bigger stone first d. To operate both kidney simultaneously e. To operate poor function kidney first
24. What is the most appropriate next step in an asymptomatic 52- year-old woman with a suspected adnexal mass on clinical examination?
 a. CT chest/abdomen/pelvis b. Pelvic and transvaginal ultrasound c. Observation
 d. Exploratory laparotomy e. Advice Antibiotics
25. A 30-year-old sportsman long distance runner complains of severe pain in the right flank. There is no radiation of the pain to the groin. Examination reveals mild tenderness in the right flank. Which one is the best investigation to confirm radiolucent stone in the right kidney?
 a. Ultrasound KUB b. X-ray KUB c. CT KUB with contrast d. CT KUB without contrast e. Urine R/E
26. Which of following abnormalities LEAST predisposes to torsion of the testis?
 a. Inversion of testis b. Retractable testis c. High investment of tunica vaginalis
 d. Separation of epididymis from the body of testis e. Long spermatic cord
27. A 40 years old male is to undergo vasectomy. Counseling should include all the following statement, EXCEPT?
 a. The procedure is done without anesthesia. b. The procedure is irreversible
 c. The procedure is not individually effective and the patient will need a condom for several weeks.
 d. Spontaneous reanastomosis is a rare possibility. e. Operation on both side vasdeference
28. A 36 years old woman presents with fracture of the right humerus with minimal stress. On diagnostic workup, her serum calcium is 12 mg/dl (normal 9 to 11 mg/dl), PTH is 256 IU/L (normal 16 to 53). What is the most appropriate next step in the management of this patient?
 a. 4 gland parathyroidectomy b. Bilateral neck exploration for enlarged parathyroid c. CT scan of the neck
 d. MRI of the neck e. Technecium labelled Sestamibi scan
29. Following total thyroidectomy, a 50-year-old male presents for his 1-year follow-up visit. He is currently on daily levothyroxine therapy. The best method to monitor the adequacy of replacement therapy is:
 a. Radioactive iodine (RAI) uptake b. Thyroglobulin c. Triiodothyronine resin uptake (RT₃U)
 d. Serum TSH level e. Total thyroxine level (total T₄)
30. "Triple assessment" of the breast, which has a positive predictive value of 99.9 % consist of all of the following evaluations, except?
 a. Clinical examination b. Mammography c. FNAC d. MRI e. History
31. A 30 years old female presents to antenatal OPD in first pregnancy who has been diagnosed as Gestational Diabetes following oral glucose Tolerance Test at 28 weeks gestation. Her fasting blood glucose is 7.2 mmol/dl. What is appropriate management?
 a. Dietary modification alone b. Diet plus exercise c. Glibinclamide d. Insulin e. Metformin
32. 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 e. Amniotic fluid index < 7cm
33. A 39 years old working woman who smokes present as G5P1 +3 with 10 weeks gestation. Her past obst. history shows three 1st trimester miscarriages, one of which ended in a surgical evacuation and has one 28 weeks preterm delivery. Which of the following is most important risk factor for preterm delivery in this pregnancy?
 a. Three 1st trimester miscarriages b. > 30 years c. History of dilation & evacuation
 d. History of delivery at 28 weeks e. Smoker

34. A 27 year old Primigravida prenatal at 35+5 weeks gestation presented with headache, epigastric pain and 24hrs of no fetal movement. An IUD and pre-eclampsia are diagnosed, patient delivered safely after induction of labour. On first postnatal day, her BP is still not controlled and she continues to require 2nd line oral therapy. She is troubled by lactation and breast pain. What would be the best management for her lactation suppression?
- Cabergoline
 - Bromocriptine
 - Metoclopramide
 - Ethyl estradiol
35. A 28 year old woman is seen in antenatal clinic at 34 weeks gestational amenorrhea, she has GDM and her blood sugar is suboptimal despite metformin treatment. The abdominal circumference of fetus is over 97th centile at her most recent growth. What should be next step?
- Add regular insulin at night
 - Deliver the patient
 - Diet Modification
 - Increased dose of metformin
 - Start on Premixed insulin
36. A G2P1 visits antenatal OPD at 36 weeks of gestation. Which investigations are used for assessment of fetal wellbeing?
- Fetal kick count chart
 - Cardiotocograph and Biophysical Profile
 - BP measurement and FKCC
 - Serum biomarkers and FKCC
 - FBC and FKCC
37. You are performing an emergency C/Section of a primigravida due to obstructive labour, patient bleeds during c/section responded to utero tonic but relaxed again, blood loss reduced on manual compression. What will you do?
- Balloon tamponade
 - B-lymph
 - Cesarean hysterectomy
 - Uterine artery Ligation
 - Internal Iliac ligation
38. A G3P2 29 years old at 18 weeks gestation gives history of mechanical heart valves. Before pregnancy she was taking warfarin as anticoagulant, now you switch her to Low Molecular Weight Heparin because of teratogenic effect of warfarin. At this gestation what is the risk to the fetus from warfarin
- Limb and facial deficits
 - Intracerebral hemorrhages
 - Cleft lip and cleft palate
 - Paraventricular hemorrhages
 - Miscarriage
39. A 30 years old patient delivered vaginally 10 days back and now presents to OPD with fever 101 F° and foul smelling vaginal discharge. What is the most likely diagnosis?
- Mastitis
 - Urethritis
 - Endometritis
 - Peritonitis
 - Cystitis
40. A 25 years old primigravida at 37 weeks gestation presents in labour with rupture of membranes. A Fetal Heart Record tracing is category I. On examination, her cervix is 4cm dilated and 90% effaced with Presenting Part at -3. The presenting part is soft felt most likely to be fetal buttocks. An ultrasound examination revealed breech presentation with both arms flexed and knees extended. What should be next line of management?
- Conservative management
 - Manage labour and watch for progress of labour
 - Emergency cearean section
 - Give maternal steroids and weight 24 hours
 - Start on IV antibiotics and hydration+
41. A 38 years old woman G4P3 at 33 weeks of gestation present for a routine Obs visit & is noted to have a fundal height of 24 cm. An ultrasound is performed and demonstrates estimated fetal weight in the 5th percentile for gestational age. Which of the following factors would indicate that this baby needs to be delivered immediately?
- A biophysical profile of 8/10
 - Estimated fetal weight in the 5th percentile
 - A Doppler U/S showing S/D ratio of 3
 - Reverse flow on umbilical artery Doppler
 - Amniocentesis demonstrating trisomy 21
42. You are called to review a patient who delivered vaginally 12 minutes back.. She is bleeding moderately vaginally and the midwife has said her uterus is boggy and not well contracted. What is your first step in the management of her uterine atony?
- Carbaprost 0.25 mg by IM
 - Ergometrine 500ug IM
 - Misoprostol 800-1,000 µg rectal
 - Oxytocin 5-10 units IV/IM
 - Uterine massage
43. An unbooked primigravida at full term is admitted in labour room at 5cms dilatation of cervix. On investigation her blood group is B - ve while her husband blood group is B +ve. At what time period anti D immunoglobulin should be given to this patient?
- Within 24 hours of delivery
 - Within 48 hours of delivery
 - Within 52 hours of delivery
 - Within 72 hours of delivery
 - Within 8 hours of delivery
44. A 32-year-old woman and her husband, experiencing 2 years of subfertility, have undergone assessments. The semen fluid analysis for the husband is normal, and the woman exhibits a normal hormone profile and markers for ovarian reserve. Transvaginal ultrasound scans show no abnormalities. The woman reports a 3-year history of premenstrual pain, constant right iliac fossa pain, and dyspareunia. Which test is most appropriate for assessing tubal patency in this case?
- Hysteroscopy
 - HyCoSy
 - Hysterosalpingography
 - Laparoscopy and dye insufflation
 - Magnetic Resonance Imaging
45. G4P2, 32 weeks POG presented to OPD with heavy P/V bleeding, vitals are BP 80/60, pulse 102/min. what is most important investigation for management?
- FBC
 - Obstetrical ultrasound for localization of placenta
 - Blood group
 - Viral profile
 - Pelvic U/S
46. A 28 year old G2P1 with 37 weeks Gestational amenorrhea presents to labour room with history of PV leak for the last 24 hours. On examination she has temp 100F, pulse 101, with positive uterine tenderness. On PV examination external os is closed uneffaced high up presentation. On scan reveals mild oligohydromnios. Which should be the definitive management?
- Antibiotics then Induction of labour
 - Conservative treatment with antibiotics
 - Antibiotics and Emergency cesarean section
 - Awaits spontaneous delivery
 - Antenatal corticosteroids
47. A 40 years 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. What is the safe management in this case?
- Induction of labour
 - Wait for spontaneous onset of labour
 - Augment with oxytocin
 - Caesarean section
 - Pass cervical foley's catheter

PAPER CODE B

48. A 34 year old lady and her 36-year-old husband, have sought assistance at an infertility clinic due to 8 years of subfertility. The woman's evaluation reveals a normal hormone profile, normal ovarian reserve, and bilateral patent fallopian tubes. However, the husband's semen fluid analysis indicates a sperm count of 6 million/ml and motility of 20%. What is the most suitable treatment option for this couple?
- a. IVF and ICSI b. IUI c. PGD d. OI e. IVF alone
49. A primigravida comes with preterm labour at 34 weeks of gestation. Her cervix is fully dilated for the last two hours, the foetal head is at station 2+ in occipitoanterior position. Which of the following instruments will be the best choice to assist her delivery?
- a. Mid cavity forceps b. Pipers forceps c. Kielland forceps d. Ventouse extractor with metallic cup e. Wrigley outlet forceps
50. A 25 years old G3P2 presents at 37 weeks of gestation complaining of fresh vaginal bleeding, pain abdomen. She is tender over fundus of uterus. Which of the following is most likely diagnosis?
- a. Degenerating uterine fibroid b. Placental previa c. Placental abruption d. Ruptured ovarian cyst e. Uterine rupture
51. A 33 year old patient G2P1 at 14 weeks gestational amenorrhea present for routine antenatal care. She has history of previous preterm labour at 32 weeks. She is currently receiving vaginal progesterone suppositories daily. TVS demonstrate cervical length of 24mm. She denies painful contraction, leaking of fluid or vaginal bleed. Which of following is the most appropriate next step in management
- a. Place patient on bedrest b. Perform cervical cerclage c. Start the patient on tocolytics d. Weekly antenatal visits follow up e. Tocolysis and steroids at 30weeks
52. A 30-year-old woman who has been experiencing subfertility for 2 years, has a height of 1.7 m, weighs 70 kg (BMI 24), and exhibits polycystic ovary syndrome as confirmed by hormone profile and transvaginal ultrasound. Her menstrual cycle is 45 days with menstruation lasting 6 days, and a Hysterosalpingograph reveals bilateral patent fallopian tubes. The husband's semen fluid analysis is normal. Which of the following is the most appropriate treatment for her?
- a. Weight reduction b. Metformin c. Clomiphene citrate d. Gonadotrophins e. Laparoscopic ovarian drilling
53. A 30 year old G4P3 come to OPD at 36 weeks of gestation with complains of abdominal discomfort 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. What is she at risk of?
- a. Post term pregnancy b. Placenta Previa c. Cardiac failure d. Cord Prolapse e. Obstetric Cholestasis
54. An 18 years old female is noted to have a marginal placenta previa on U/S examination at 22 weeks of gestation. She does not have vaginal bleeding or spotting. Which of the following is the most appropriate management?
- a. Schedule cesarean section at 39 weeks. b. Schedule an amniocentesis at 34 weeks and deliver by cesarean if fetal lungs are mature. c. Schedule an MRI examination at 35 weeks to assess for possible percreta involving the bladder d. Reassess placental position at 32 weeks gestation by ultrasound e. Recommend termination of pregnancy
55. A 27 year old G2P1 is 34 weeks pregnant. Her ultrasound report shows a single alive normal fetus with marked polyhydramnios. You are planning amniotic fluid reduction to relieve maternal symptoms. What is the serious side effect of the amnio-reduction?
- a. Chorioamnionitis. b. Cord prolapse c. Fetal distress. d. Maternal sepsis. e. Placental abruption.
56. A 43 year old woman visits labour room in emergency at 33 weeks of gestation with pain abdomen and discharge per vagina. On examination her symphysiofundal height is 34 cm, regular fetal heart rate, cervix is 80 % effaced and 3 cm dilated with intact membranes. What is your probable diagnosis?
- a. Polyhydramnios b. Urinary tract infection c. Preterm labour d. Vaginal infection e. Normal Labour
57. You are doing in-ward round on antenatal patients with your registrar. Your registrar prescribes corticosteroid therapy to a pregnant lady in preterm labour. What is the advantage of steroid in this patient?
- a. Prevention of preterm labour b. Stopping preterm labour c. Fetal lung maturity d. Preventing maternal and fetal infection e. Prevention of fetal prematurity
58. A 24-year-old Primigravida presents to labour suit with clear loss of fluid since 8 hours. Currently she is 31 weeks pregnant. Speculum examination shows clear fluid. Which is the antibiotic of choice for this patient?
- a. Azithromycin b. Benzyl penicillin c. Ciprofloxacin d. Cephalosporin e. Erythromycin
59. A 29 years old lady G3P2 is 36 weeks pregnant. She has presented to labour room with ante-partum haemorrhage. Her ultrasound report shows type IV placenta praevia. Her blood pressure is 100/60 mm of Hg and her pulse is 110 beats/min. What is your next step of management?
- a. Give her ante-natal steroids to enhance fetal lung maturity. b. Give her tocolytic therapy to buy time for steroids to work. c. Maintain her vital records and keep her for observation. d. Shift her for caesarean section. e. Transfuse her 1 unit of blood.
60. A 30-year-old para 1 woman was brought in to the hospital 3 weeks after a difficult instrumental delivery as she has been tearful, irritable with lack of interest in herself and her baby. She has been unable to sleep and cope with the demands of the newborn despite family support over the last week
- a. Postpartum blues b. Postpartum depression c. Postpartum psychosis d. Postpartum dementia e. Maligner
61. A 33 years old G3P2 comes in preterm labour at 36 weeks of gestation. On examination She has cephalic presentation with symphysio-fundal height of 36 cm, regular fetal heart rate. Vaginal examination show cervix to be 7 cm dilated and 50 percent effaced with positive show and intact membrane. What will be your plan of management?
- a. Shift the patient to OT for rescue cerclage b. Shift the patient to OT for caesarean section c. Give her tocolytics to stop labor d. Start intensive fetal monitoring and allow normal vaginal delivery. e. Start her on progesterones to stop labour and prepare her for rescue cervical cerclage

62. A 36-year-old woman in her 1st pregnancy is noted to have a blood pressure of 150/90mmHg at 32 weeks of pregnancy. There is no protein in her urine and she is asymptomatic. What is your probable diagnosis?
- a. Chronic Hypotension b. Gestational Hypertension c. Pre-eclampsia d. Eclampsia e. HELLP syndrome
63. A 27 year old G4P3 is due for induction of labour for prolonged pregnancy. Her Bishop score is 5. What is the best choice of induction method in this patient?
- a. Artificial Rupture of Membranes. b. Mechanical methods c. Misoprostol. d. Oxytocin. e. Prostaglandin E2
64. A 28 years old G2P1+0, who had her first delivery by caesarean section 3 years back for breech presentation, she came to labour room with labour pains at 38 weeks gestation, when you performed her vaginal examination her bishop score was unfavorable, so you performed her cardiotocography which showed no acceleration & rest of the CTG was normal. What will be your next step of management?
- a. Artificial rupture of membranes b. Fetal scalp blood sampling
c. Perform emergency caesarean section for fetal distress d. Reassure the patient that it is a normal finding at this gestation
e. Repeat the CTG after making the mother lie in left lateral & hydrating her
65. A 36-year-old woman in her 1st pregnancy is noted to have a blood pressure of 140/90mmHg at 32 weeks of pregnancy. She is asymptomatic. What is your next important investigation?
- a. CBC b. SGPT c. Uric acid d. Serum creatinine e. Urine albumin
66. A 21 years old pregnant lady comes to OPD with complaints of fever and sinusitis. Her tests show + Rubella IGM antibodies. What anomalies do you suspect in the fetus?
- a. Cataract, Mental Retardation, Heart defects. b. Microcephaly, Ventriculomegaly, Thrombocytopenia
c. Cerebral calcification, Growth Restriction, Hepatomegaly d. Aplastic anemia, hydrops e. Spina bifida
67. A 23 years old G7P6 is in 35 weeks of her pregnancy. She came to accident and emergency department with cord prolapse. On examination, you find cord pulsations and you have confirmed fetal hearts. What is your next step of management?
- a. Do Cardiotocography. b. Give antenatal steroids. c. Give her oxygen.
d. Minimize compression on the cord while shifting for Caesarean Section. e. Shift her for caesarean section.
68. A G3P2+0, who had 02 caesarean sections for cephalo-pelvic disproportion previously now was admitted for elective caesarean section in view of placenta accreta. A plan of giving midline incision was made in her case. What are the benefits of midline incision?
- a. Decreased risk of dehiscence b. Decreased risk of hernia c. Decreased risk of bleeding
d. Good exposure & can be extended e. Looks cosmetically good
69. A G3p2A0 patient come to OPD for antenatal checkup at 9 month gestation. She is unsure of date. She is having previous two cesarean sections. Which ultrasound report is consider reliable for calculating her expected date of delivery dates?
- a. Crown rump length (CRL) between 09 weeks to 13 weeks 6 days b. CRL 11 weeks c. Head circumference 14 weeks
d. Head circumference 20 weeks e. First trimester scan
70. A 34 years old lady presented to you for post natal checkup 14 days after delivery. She has a history of attempted suicide and tells you that she wants to kill her baby. What is your diagnosis?
- a. Postpartum depression b. Postpartum Psychosis c. Baby blues d. Schizophrenia e. Bipolar disorder
71. You have been called to labour room in emergency to deliver a patient who has shoulder dystocia. What would be your next step of management?
- a. Give her wide episiotomy to facilitate the delivery of the fetus. b. Put patient in MacRoberts position.
c. Call for help. d. Apply supra-pubic pressure. e. Perform rotatory maneuvers.
72. A G3P2 known case of gestational diabetes came to labour room with complaints of labour pains at 38 weeks pregnancy. After artificial rupture of membranes (ARM) there was grade 2 meconium stained liquor, her post ARM cardiotocography showed fetal heart rate of 100 bpm. So her caesarean section was decided. Which incision is used to perform caesarean section?
- a. Mediolateral incision b. Midline incision above umbilicus c. Midline incision below the umbilicus
d. Pfannenstiel incision e. Sub-umbilical incision
73. A pregnant woman with a history of previous cesarean section presents with signs of labor. What is the most important initial step in managing labor in this patient?
- a. Administering epidural anesthesia b. Offering immediate operative vaginal delivery
c. Monitoring for uterine scar dehiscence d. Scheduling an elective cesarean section e. Inducing labor with high-dose oxytocin
74. A primigravida came to labour room in active first stage of labour, vaginal examination shows cervical dilatation of 8 cm & face presentation with fetal chin towards the sacrum. What will be your next step of management?
- a. Caesarean section b. Kielland forceps delivery c. Normal vaginal delivery
d. Outlet Forceps vaginal delivery. e. Vacuum vaginal delivery
75. Biophysical profile (BPP) is an integral ultrasound test for assessing the fetal well being. Its five parameters are non-stress test, amniotic fluid volume, Gross body movements, fetal tone and :
- a. Fetal breathing movements b. Fetal kicks c. Fetal weight d. Fetal attitude e. Fetal presentation
76. A 27 years old lady has a history of deep venous thrombosis in the current pregnancy and is on injection heparin. If delivery occurs unexpectedly while the patient is on Heparin and excessive bleeding occurs what is the appropriate initial intervention?
- a. Administration of Protamine sulphate b. Administration of Vitamin K. c. Administration of tranexemic acid.
d. Ligation of hypogastric arteries. e. Infusion of FFPs

PAPER CODE B

77. A G3P2 came to labour room at 04 am with labour pains from yesterday evening on examination she is dehydrated & exhausted, on abdominal examination fetal head is 3/5 palpable & FHR is 120 bpm on perineal examination her vulva is swollen her cervical is 8cm dilated & 50% effaced, there is +++ moulding of fetal head with caput formation. What will be your next step of management?
- Caesarean section
 - Kielland forceps delivery
 - Normal vaginal delivery
 - Outlet Forceps vaginal delivery.
 - Vacuum vaginal delivery
78. Epidural analgesia is a very effective method of pain relief for labouring patients. Its contraindication are fixed cardiac output of patient, history of allergy to local anesthetic, hypovolemia, coagulopathy and which one the following condition?
- Asthmatic patient
 - Epileptic patient
 - Patients on anti tuberculous medicines
 - Patients on steroids
 - Patients with thrombocytopenia
79. A 19 years old PG at 36 weeks gestation with B.P 150/100, edema +2, proteinuria +2 with no other symptoms. What is the most likely diagnosis in this patient?
- Pre existing hypertension
 - Pre eclampsia
 - Eclampsia
 - Chronic renal disease
 - Gestational hypertension
80. A G3P2 at 38weeks gestation came to clinic with Gestational hypertension which is controlled with tab alpha methyl dopa. Ultrasound shows deepest vertical pool of 1.5 cm and fetal parameters are equivalent to 38 weeks. CTG is normal. What is the most appropriate treatment?
- Caesarean section
 - Encourage fluid intake
 - Indomethacin
 - Induction of labour
 - Intravenous fluids
81. A Primigravida with 9 months gestation presented to the emergency with continuous tonic clonic seizures. On exam her BP is 180/110, prominent facial edema, swollen tongue due to tongue bite and exaggerated reflexes. What is the 1st line of management in this patient?
- Pass iv line
 - Do baseline investigations
 - Give Mgso4
 - Secure airway and breathing
 - Catheterize
82. A G3P2 presented to outpatient department for her routine checkup at 16 weeks of gestation. She is Rh negative. Her checkup went uneventful. When will you call her for her next visit?
- At 20 weeks
 - At 24 weeks
 - At 30 weeks
 - At 34weeks
 - At 18 weeks
83. Spinal Anaesthesia is an effective form of regional anaesthesia for pelvic surgeries. The local anesthetic is instilled via a spinal needle in which of the following area?
- Epidural space
 - Extra dural space
 - intrathecal instillation
 - Para spinal region
 - Sub arachnoid space
84. A 25 years old lady who delivered a healthy male baby has come to a well-baby clinic 40 days post-delivery and wants advice regarding breast feeding. You advise that Breast milk is deficient in which of the following?
- Vitamin A
 - Vitamin B12
 - Vitamin C
 - Vitamin E
 - Vitamin K
85. A PG at 16 weeks of pregnancy present to antenatal case for antenatal care. On her routine screening she comes out to be HIV positive. Regarding HIV infection in pregnancy, which one is correct?
- Median time between exposure to virus and development of antibody is about 2 months
 - Transplacental transfer to the fetus is reduced by C-Section when viral load is < 50 copies / ml
 - Breastfeeding is contraindicated
 - Antiretroviral therapy should not be given during pregnancy
 - Implementation of intervention reduce the risk of mother to child transmission of HIV from 25 – 30% to < 10%
86. An 18 years old woman had her 1st Obstetric ultrasound done at 16 weeks which showed an irregular mass protruding from anterior abdominal wall of fetus at the level of umbilicus. Which prenatal diagnostic test is best to diagnose gastroschisis at the gestation?
- Chronic villous sampling
 - Cell free fetal DNA in maternal blood
 - Obstetric ultrasound
 - Amniocentesis
 - Cordocentesis
87. Arterial blood gases of a patient are as follows:
 $K= 5.6$ $Cl=91$ $pH= 7.28$ $HCO_3= 12$ $Na= 141$ $PaCO_2= 26$
 What acid base balance disorders are present?
- Respiratory acidosis
 - Metabolic acidosis
 - Metabolic alkalosis
 - Respiratory acidosis and metabolic acidosis
 - Metabolic acidosis with compensatory respiratory alkalosis
88. Middle aged gentleman is referred to nephrology clinic from pulmonology department for evaluation of renal impairment. He was diagnosed as extra-pulmonary tuberculosis while being evaluated for right sided pleural effusion and has been on anti-tubercular therapy for last 3 weeks. On examination he has no abnormalities except for swelling and pain of right big toe and right side pleural effusion. Labs showed Hb 15.2gm% (12-16), TLC 9000/cc (4000-11000), platelets 250000 (100000-450000), Creatinine 2.6mg/dL (0.4-1.1 mg/dL), Fasting blood glucose 102mg/dL, ALT 32 U/L (10-40). Urinalysis shows protein Nil, 20-50 RBCs, No pus cells, 15-20 Eosinophils and uric acid crystals. Ultrasound shows normal sized unobstructed kidneys. Pure tone audiometry is normal and there is no abnormality of colour vision. Which drug should be stopped as part of his ATT?
- Rifampicin
 - Ethambutol
 - Isoniazid
 - Levofloxacin
 - Pyrazinamide
89. A 12-year-old boy is diagnosed with poststreptococcal glomerulonephritis based on clinical presentation and laboratory findings. What is the most appropriate initial management for this patient?
- Diuretics
 - High-dose corticosteroids
 - Intravenous immunoglobulin (IVIG)
 - Penicillin
 - Plasmapheresis
90. A 21 years female patient had emergency caesarean section for her antepartum haemorrhage. Intra op she had blood loss of about 1.5 litres. Post-op she has developed shortness of breath & anuria for the last 24 hrs. On examination BP is 70/40 mmHg, pulse 126/min, afebrile. Her serum creatinine has increased from 60umol/L to 150umol/L. Her haemoglobin is 4.8 gm %, platelet count is 540,000/ml, WBC count is 5200/ml. Ultrasound shows bilateral normal sized kidneys. What is the cause of renal failure in this patient?
- Accidental Ureteric ligation
 - Septicemia
 - Pre-renal AKI due to blood loss
 - Acute interstitial nephritis
 - Acute glomerulonephritis

91. A 54 years old male underwent emergency laparotomy for intestinal perforation. 24 hours post op he remains oliguric with urine output of 200ml and his serum urea is 15.2 mmol/L, creat is 160 umol/L. On examination he is running high grade fever (102 F), BP is 60/40mmHg, pulse 122/min feeble, peripheries are warm. CBC shows Hb of 15.8gm/dL, WBC count is 35,000/ml, platelets are 88,000/dl. Fibrinogen is low and coagulation is deranged. What is the likely cause of acute kidney injury?
- Septicaemia with acute tubular necrosis
 - Hemolytic uremic syndrome
 - Thrombotic thrombocytopenic purpura
 - Obstructive nephropathy
 - Acute glomerulonephritis
92. A 35-year-old woman with IgA nephropathy has persistent microscopic hematuria but normal renal function. What is the most appropriate long-term monitoring strategy for this patient?
- Annual renal biopsies
 - IgA levels
 - Monitoring serum complement levels
 - Regular renal ultrasounds
 - Serial measurements of urinary protein excretion
93. A 34 years old soldier is brought in emergency after he collapsed during rigorous physical training. He is found to have a BP of 110/70mmHg. Pulse of 90/min, afebrile. He is mildly dehydrated. Rest of clinical examination is unremarkable. His bloodwork shows Hb of 15.4gm/dL, WBC 6500/ml, platelets 280,000/ml. Serum creatinine is 490umol/L, Urea is 62mmol/L, serum Na 140mmol/L, K is 5.6 mmol/L. He is passing good amount of dark coloured urine. Urine dipstick is positive for blood but microscopy does not show any RBCs. Serum CK is 20,000 (normal <200). What is the likely cause of acute kidney injury?
- Septicaemia with acute tubular necrosis
 - Rhabdomyolysis
 - Acute Interstitial Nephritis
 - Renal caluli
 - Acute glomerulonephritis
94. A 22 years old male is brought in emergency with acute gastroenteritis for the last 3 days with up to 15 episodes of diarrhoea per day and 5-6 episodes of vomiting per day. He has become drowsy. He is found to have a BP of 70/30mmHg. Pulse of 112/min, afebrile. He is severely dehydrated. There is no rash. His bloodwork shows Hb of 18.4gm/dL, WBC 11,500/ml, platelets 120,000/ml. Serum creatinine is 190umol/L, Urea is 62mmol/L, serum Na 144mmol/L, K is 4.2 mmol/L. What is the most important aspect of management to prevent worsening of acute kidney injury?
- Intravenous antibiotics
 - Intravenous fluids
 - Urgent renal biopsy
 - Ultrasound abdomen to look for kidney sizes
 - Haemodialysis
95. A 45-year-old man presents with acute nephritic syndrome characterized by hematuria, proteinuria, and hypertension. Initial laboratory tests show reduced serum complement levels. What is the most appropriate next step in the management of this patient?
- Administer corticosteroids
 - Dialysis
 - Initiate empiric antibiotic therapy
 - Perform a renal biopsy
 - Prescribe angiotensin-converting enzyme (ACE) inhibitors
96. What type of casts is seen in glomerulonephritis?
- RBC Casts
 - Granular Casts
 - Hyaline Casts
 - White cell casts
 - None of the Above
97. What is the most common cause of renal papillary necrosis?
- Diabetes
 - Hypertension
 - Acute pyelonephritis
 - Obstructive uropathy
 - All of the Above
98. Which GN is best representative to Steroids?
- Minimal change disease
 - Membranous GN
 - RPGN
 - Membranoproliferative GN
 - Acute GN
99. A 55-year-old man with chronic kidney disease presents with lethargy, confusion, and deep rapid breathing. Arterial blood gas analysis reveals a decreased bicarbonate (HCO_3) level. What is the most likely acid-base disorder?
- Metabolic acidosis
 - Metabolic alkalosis
 - Respiratory acidosis
 - Respiratory alkalosis
 - Mixed acid-base disorder
100. Most common pathogen involved in UTI is.
- Staph aureus
 - E. coli
 - Proteus
 - Mycoplasma
 - Treptococcus
101. A 24 year 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?
- Auto Immune Profile
 - CT Scan-Abdomen
 - IVU
 - Xray KUB
 - Urine R/E
102. A 25-year-old man is brought to the emergency room with nausea, vomiting, and abdominal pain. He was at a party and consumed homemade alcohol. Physical examination reveals optic disc hyperemia and visual disturbances. What is the most likely diagnosis?
- Acetaminophen overdose
 - Benzodiazepine toxicity
 - Ethanol toxicity
 - Isopropanol poisoning
 - Methanol poisoning
103. A 24 year 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?
- 24hour Urinary Proteins
 - Auto Immune Profile
 - CT Scan-Abdomen
 - Xray KUB
 - Xray Erect Abdomen
104. A 30 year 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?
- IgA Nephropathy
 - Minimal Change Disease
 - Membranous Nephropathy
 - Membranoproliferative Glomerulonephritis
 - Post Streptococcal Glomerulonephritis

PAPER CODE B

105. A 30-year-old man with a history of type 1 diabetes presents with severe hyperkalemia (serum potassium level of 7.5 mEq/L), refractory to medical management. Despite insulin and potassium-binding resins, his condition does not improve. What is the most appropriate next step?

- a. Administer sodium bicarbonate
- b. Continue medical management
- c. Initiate peritoneal dialysis
- d. IV fluids
- e. Start hemodialysis

106. A 29 year 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

107. 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

108. A 45-year-old man presents with sudden-onset oliguria, hematuria, and hypertension. Laboratory tests reveal elevated serum creatinine and decreased complement levels. Kidney biopsy shows diffuse proliferative glomerulonephritis. What is the most likely diagnosis?

- a. Alport syndrome
- b. Goodpasture's syndrome
- c. IgA nephropathy (Berger's disease)
- d. Membranoproliferative GN
- e. Wegener's granulomatosis

109. A 44-year-old woman presents to her GP as she is feeling 'hot all the time' and is consequently worried she is going through an early menopause. Her husband has also noticed a 'fullness' of her neck which has become apparent over the past few weeks. On examination her pulse is 90/minute and she has a small, non-tender goitre. Blood tests are arranged:

TSH < 0.05 mu/l Free T4 24 pmol/l Anti-thyroid peroxidase antibodies 102 IU/mL (< 35 IU/mL) ESR 23 mm/hr. What is the most likely diagnosis?

- a. Hashimoto's thyroiditis
- b. Toxic multinodular goiter
- c. Thyroid cancer
- d. De Quervain's thyroiditis
- e. Graves' disease

110. A 55-year-old man is evaluated for a recent diagnosis of primary hyperparathyroidism after an elevated serum calcium (serum calcium 12mg/dl) level was incidentally detected on laboratory testing. On physical examination, temperature is 35.8 °C (96.4 °F), blood pressure is 120/68 mm Hg, pulse rate is 62/min, and respiration rate is 14/min. BMI is 32. The remainder of his examination is unremarkable. DEXA scan shows: T-scores of -2.5 in the right femoral neck, -1.5 in the lumbar spine, and -1.4 in the non-dominant forearm. His urea 70mg/dL (Normal 12 to 55 mg/dL) and creatinine 3 mg/dl (0.7 to 1.3 mg/dL). Which of the following is the most appropriate management of this patient?

- a. Refer for parathyroidectomy
- b. Start alendronate
- c. Start calcitonin
- d. Start cinacalcet
- e. Start Calcium supplements

111. A 29-year-old female who is 7 weeks into her first pregnancy is investigated for excessive sweating and tremor. Blood tests reveal the following: TSH < 0.05 mu/l , T4 188 nmol/l. What is the most appropriate management?

- a. Immediate surgery
- b. Carbimazole
- c. Surgery at start of third trimester
- d. Propylthiouracil
- e. Radioiodine

112. A 45-year-old female is admitted to the Emergency Department with abdominal pain associated with vomiting. She has a past medical history of hypothyroidism and takes thyroxine. On examination she is pyrexial at 37.6°C. Pulse is 110 bpm with a blood pressure of 100/64 mmHg. Blood results show the following:

Na+ 131 mmol/l, K+ 4.9 mmol/l, Urea 8.1 mmol/l ,Creatinine 110 µmol/l, Glucose 3.3 mmol/l (60 mg/dl). What treatment should be given first?

- a. Ceftriaxone + benzylpenicillin
- b. Glucagon
- c. Propranolol
- d. Triiodothyronine
- e. Hydrocortisone

113. A 35 years old gentleman is diagnosed as diabetic recently. His weight is 115 Kg. He tells you that his wife sleeps in another room because his snoring keeps her awake. You noticed that his hands were large and he had hoarse voice during conversation. Which of the following would the nurse suspect as a possible cause of the patient's hyperglycemia?

- a. Acromegaly
- b. Cushings syndrome
- c. Growth hormone deficiency
- d. Hypothyroidism
- e. Type 2 Diabetes

114. A 53 year man presents as his wife has noticed a change in his appearance. He has also noticed his hands seem larger. On examination blood pressure is 170/94 and he is noted to have bitemporal hemianopia. What is the most appropriate first-line treatment?

- a. Octreotide
- b. External irradiation
- c. Pegvisomant
- d. Trans-sphenoidal surgery
- e. Bromocriptine

115. 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

116. A 40-year-old woman presents with sudden onset of severe central chest pain and syncope. A point of care ultrasound shows dilatation of the aortic root. Which of the following are associated with aortic dissection?

- a. Acromegaly
- b. Cushings syndrome
- c. Marfan's syndrome
- d. Polycystic ovary syndrome
- e. Tetralogy of Fallot

117. 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

118. A 30 years old lady attends the outpatient department complaining hair on her face, chest and back. She has irregular cycles for the past one year. She also complains of easy bruising and poor wound healing. Cushing syndrome is suspected and 24 hours urine cortisol is sent. She comes back to the OPD with the results but unfortunately the results are indeterminate. Which of the following studies is most likely to confirm a diagnosis in this patient?

- a. ACTH levels
- b. CT scan Abdomen
- c. Midnight serum cortisol
- d. MRI pituitary
- e. Random serum cortisol

119. 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
- e. None of the above

120. A 40 years old lady who is a known case of rheumatoid arthritis and has been on steroids for the last two years. She has developed cushingoid features. She is vomiting for the last 2 days and is brought to the accident and emergency department for treatment. She is afebrile and physical examination is unremarkable except moderate dehydration. What can be the immediate clinical diagnosis in this patient to explain the current features?

- a. Acute Adrenocortical insufficiency
- b. Acute intestinal obstruction
- c. Cushing's syndrome
- d. Acute pancreatitis
- e. Steroid induced psychosis