Pak International Medical College

Department of Medical Education

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

art Time: 9:00-11:00am
me Allowed: 2 hours
ate: 14/06/2024

nstructions:

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.
   Do not Bend, fold or Staple the OMR Sheet.
   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 52 years old man with history of myocardial infarction presents with sudden onset of dyspnea. His chest is having bilateral crackles .What is the best investigation to find the underlying cause?
   a. Chest xray
   b. Echocardiography
   c. D dimer
   d. V/Q ratio
2. A 58 years old man with history of Hypertension for 13 years presented with acute chest pain for 45 minutes. The pain is dull and burning in nature and is radiating towards the jaw. What is likely diagnosis?
   a. Myocardial infarction
   b. Pericarditis
   c. Pulmonary embolism
   d. Pneumothorax
3. A 55 years old had Myocardial infarction 3 weeks ago now presented with acute chest pain which is relieved on moving forward. What treatment would you suggest for the disease?
   a. Aspirin
   b. warfarin
   c. NSAIDS
   d. heparin
4. A 28 years old female presented to you with palpitations with heart rate above 100 beats per minute .Ecg showing supraventricular tachycardia. What is the appropriate drug used for this disease?
   a. Adenosine
   b. Warfarin
   c. Ibutilide
   d. none of the above
5. A 62 years old man is having his routine ECG. He is in normal sinus rhythm. The ECG showing gradual prolongation of PR interval followed by a dropped beat. The ECG machine is unable to calculate the PR interval which of the following is the diagnosis?
   a. 1st degree heart block
   b. Mobitz type 1 heart block
   c. Mobitz type 2 heart block
   d. complete heart block
6. Which of the following are the features of pericardial temponade?
   a. Raised JVP and hypotension
   b. decresed JVP with hypotension
   c. Tachycardia and Decreased JVP
   d. tachycardia and hypertension
7. A 75 years old diabetic and hypertensive patient presented to emergency with palpitations. The doctor ordered the ECG showing irregularly irregular rhythm and absent p wave. On discharging from hospital which drug will the doctor prescribe?
   a. Aspirin
   b. Heparin
   c. Rivaroxaban
   d. All of the above
8. A newborn baby presented with continuous machinery murmur through examination which one of the following is the diagnosis?
   a. Coarctation of Aorta
   b. Patent Ductus arteriosis
   c. VSD
   d. ASD
9. A 60 years old man with a history of myocardial infarction presented to you with heart beat of 170bpm. Ecg reveals broad complex tachycardia . He feels unwell and is having shortness of breath,which of the following is the diagnosis?
   a. Ventricular tachycardia
   b. Ventricular fibrillation
   c. Atrial Fibrillation
   d. Bradycardia
10. A 53 years old man notices an occasional left sided pa which last for less than 10 minutes. According to pati the pain is relieved with rest. The pain is dull and accompanied by sweating .what is the likely diagnos
    a. Myocardial infarction
    b. Variant angina
    c. Stable angina
    d. Unstable angina
11. A 78 years old man presented to emergency depa with severe chest pain which is radiating towards jaw and shoulder. On ECG there is ST elevation anterior leads. According to his son the pain is

since an hour .Which of the following treatment will you offer him in first 90 minutes?

a. PCI
b. heparin
c. Abciximab
d. Ifitibatide

12. A 55 years old man presents with history of sudden left sided chest pain which is dull and burning in nature. The ECG showing ST elevations which of the following investigation will you offer?
a. Echo
b. Repeat ECG
c. Cardiac Enzymes
d. MPIS can

13. In a patient having Congestive heart failure which of of the following drug/Drugs will you give to the patient?
a. ACE inhibitors
b. Diuretics
c. Spironolactone
d. All of above

14. A 2 weeks old baby presented to you with severe cyanosis and distress.On chest xray there are decreased pulmonary markings. Echocardiography showing pulmonary stenosis which of the following disease this is?
a. Transposition of great vessels
b. Tetology of Fallot
c. ASD
d. VSD

15. Which of the Following enzymes rises first after myocardial infarction?
a. Troponin
b. CKMB
c. Myoglobin
d. LDH

16. A patient presented to you with sharp tearing chest pain radiating towards the back. He is having unequal BP in both arms which of the following is the diagnosis?
a. Pericarditis
b. Pneumothorax
c. Pneumonia
d. Aortic dissection

17. You are working in Emergency department.A patient comes to you who is looking unwell and collapses. His heart rate is 36 beats per minute. Blood pressure is 110/70mmHg. ECG showing sinus bradycardia what is the most appropriate treatment?
a. IV Fluids
b. Atropine
c. Adenosine
d. Amiodarone

18. A patient having gradual loss of consciousness wi... of the following investigations will you offer?
a. Gluocometer
b. Pulse oximeter
c. CBC
d. All of above

19. A patient presented with central chest pain and having history of fever cough and sputum. The pain is central and associated with repiration which of the following is the diagnosis?
a. Pneumonia
b. Pulmouary embolism
c. Angina
d. Pericarditis

20. 55 years old diabetic hypertensive patient is having ST elevation Myocardial infarction. On Angiography it was found that he is having 1 vessel blocked which treatment option is more appropriate?
a. Aspirin
b. Heparin
c. Stent placement
d. CABG

21. For non ST elevation Myocardial infarction which of the following drug is used exclusively?
a. Aspirin
b. Heparin
c. Nitrates
d. Morphine

22. Which of the following enzymes is used for detecting ReInfarction?
a. Myoglobin
b. Troponin I
c. CKMB
d. Troponin T

23. A patient comes to you with a history of Blunt trauma to the chest. On examination he is having BP of 80/40mmhg and heart rate is 110bpm. His chest is clear .His neck veins are distended. Which of the following is the diagnosis?
a. Acute Pericarditis
b. Pericardial Temponade
c. Constrictive pericarditis
d. Aortic Disection

24. Which of the following is the commonest organism for infective endocarditis IV drug abuses?
a. S.aureus
b. S.epidermidis
c. S.viridans
d. All of above

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A [illegible] years old man presented with loss of counciousness which is sudden in nature. He gained counciousness suddenly. Which of the following investigations will you o[illegible]

a. Urine toxicology
b. Oximeter
c. Ecg
d. CT scan

26. A 35 years old female presented with chest pain which is central. According to the patient the pain increases of applying pressure on. Which of the following will you do to find out the cause?

a. ECG
b. Echocardiography
c. Physical examination
d. Ultrasound chest

27. A 67 years old man presented with ischemic heart disease. He was managed in emergency by giving him aspirin. Meanwhile his ECG is performed showing ST elevation MI. After angiography his 3 coronary vessels were blocked including left main anterior. Which treatment option is appropriate for him?

a. CABG
b. Stent placement
c. Continue with aspirin
d. Thrombolytics

28. A patient presented with ST elevation MI. He is resuscitated in emergency by giving him aspirin and Beta blockers. According to hospital Administration there is no facility of PCI. Which drug will you offer to the patient?

a. Alteplase
b. Increase the dose of aspirin
c. Abciximab
d. Adalimumab

29. A 70 patient presented with severe headache. On measuring his BP his clinical BP is 180/110 mmhg. He was prescribed ACE inhibitors as well as calcium channel blockers but his BP is not controlling. Which of the following drug will you add to the treatment regimen next?

a. Spironolactone
b. Heparin
c. Thiazide diuretics
d. Loop diuretics

30. A 57 years old man presented to you with clinical BP of 160/100mmhg .His ambulatory BP was having systolic BP above 155 mmhg. Which of the following management will you offer to him?

a. Life style modification
b. Salt restriction
c. Calcium channel blockers
d. ACE inhibitors

31. All of the following are Cyanotic heart diseases except?

a. TOF
b. TGA
c. PDA
d. None of the above

32. Eisenminger Syndrome is the complication of all of the following diseases except?

a. TOF
b. PDA
c. ASD
d. VSD

33. All of the following are the symptoms of systolic heart failure except?

a. Orthopnea
b. S4 gallop
c. Dyspnea
d. Raised JVD

34. A diabetic hypertensive patient with history of myocardial infarction 2 days back presented to you with palpitations and chest pain. On ECG there are broad complexes of QRS are seen. His BP is 90/40mmhg. Which treatment will u give to the patient?

a. Defibrillation
b. Beta Blockers
c. CCB
d. DC cardioversion

35. A patient presented to you with acute chest pain. On Examination his chest was clear and no additional heart sounds were found. His ECG shows non ST elevation pattern. The pain remains even when he is at rest. Cardiac enzymes are normal.What is the diagnosis?

a. Stable angina
b. Unstable angina
c. Myocardial infarction
d. Pericarditis

36. Which of the following cardiac markers is more specific to heart?

a. Myoglobin
b. Troponin
c. CKMB
d. CPK

37. Which of the following afterload reducers are used in acute pulmonary edema?

a. Diuretics
b. Calcium channel blockers
c. ACE inhibitors
d. Heparin

38. A patient presented to you with decreased BP. On performing his ECG there was successive prolongation of PR interval. PR interval is greater than 0.20msec. which Type of heart block it is?

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a. First Degree heart block
b. Mobitz Type 1 heart block
c. Mobitz Type 2 heart block
d. Complete heart block

39. A 55 years old man presented to you with exertional chest pain which is relieved on rest. While you perform his ECG it was normal. If you want to diagnose this patient which investigations will you do?
a. Repeat ECG
b. Cardiac Enzymes
c. Exercise stress test
d. Echocardiography

40. A 65 years old man presented to you with severe headache and redness of eyes. On measuring his BP was 170/100. He was previously using ACE inhibitors, Calcium channel blockers and thiazide diuretics. On performing his test his potassium level was 5.1mmol/Lit. Which drug combination will you prescribe?
a. Continue the same regimen
b. Add spironolactone
c. Increase dose of thiazide diuretics
d. Increase dose of calcium channel blocker

41. All of the following are included in major criteria of jones for rheumatic fever except?
a. Fever
b. Migratory arthritis
c. Erythema marginatum
d. Carditis

42. A 3 month old baby presented to you with cyanosis. On examination he was having machine like murmur. Which drug will you prescribe him before surgery?
a. Prostaglandin
b. Indomethacin
c. Heparin
d. Warfarin

43. A 70 years old woman comes to Emergency department with crushing substernal chest pain for last hour. An ECG shows ST Elevation in anterior leads.Aspirin is given to the patient immediately. What will be the next best step?
a. CKMB
b. Troponin levels
c. Angioplasty
d. Morphine

44. All of the following are Acynotic heart diseases except
a. ASD
b. VSD
c. PDA
d. Transposition of great vessels

45. All of the following enzymes are released after MI except?
a. Troponin
b. CKMB
c. Renin
d. Myoglobin

46. A 25-year-old male presented to chest clinic with high grade fever, cough for last one week. He has right side pleuritic chest pain and difficulty in breathing for last 2 days. He used tablet paracetamol for last 3 days but no improvement. On examination his Temp: 102, RR: 20/min, Pulse :125/min. Chest examination showed reduced chest expansion on right side lower part of chest, with localized tenderness, bronchial breath sounds and dull percussion note on the same area. What is the most likely diagnosis?
a. Pleural effusion
b. Pleural malignancy
c. Pneumothorax
d. Pneumonia
e. Pulmonary embolism

47. A 45-year-old male presented with drowsiness for last 3 days. He is diabetic for last 10 years and using metformin 500mg two times daily. On examination his pulse 115/min, B.P 100/60mmhg, Temp: 101/ min, GCS: 13/15. He has wound on right foot. His investigations are as: RBS: 547mg/dl, Urea: 125 mg/dl, Creatinine: 1.9 mg/dl, PH: 7.12, PaCO2: 24 mmHg, PaO2: 58, HCO3: 13 mmHg. What is the acid base abnormality in this patient?
a. Respiratory alkalosis
b. Metabolic acidosis
c. Metabolic alkalosis
d. Mixed acidosis
e. Normal ABGs

48. A 25-year-old male presented to chest clinic with high grade fever, cough for last one week. He has right side pleuritic chest pain and difficulty in breathing for last 2 days. He used tablet paracetamol for last 3 days but no improvement. On examination his Temp: 102, RR: 20/min, Pulse :125/min. Chest examination showed reduced chest expansion on right side lower part of chest, with localized tenderness, bronchial breath sounds and dull percussion note on the same area. What is the initial investigation you will do?
a. Chest X ray
b. CT scan chest
c. Electrocardiography
d. Full blood count
e. Ultrasound Chest

49. A 65-year-old male presented to Emergency with cough and dyspnea for last one day. He was oriented and responsive but his Respiratory rate was 28/minute and oxygen saturation were 88% on room air. House officer started him on high flow oxygen and salbutamol nebulization. His medical records showed COPD as his primary diagnosis. After one hour he became drowsy a

now his PaO2 was 120mmHG and GCS was 10/15. What is the most likely diagnosis now?

a. COPD with Type 1 respiratory failure
b. COPD with type 2 respiratory failure
c. COPD with type 1&2 respiratory failure
d. COPD with exacerbation only.
e. COPD with pneumothorax

50. A 25-year-old female patient presented with dyspnea for last 2 years which was associated with cough and occasional wheezes during exertion. She was nonsmoker. Her dyspnea was persistent and progressive not associated with atopy, orthopnea and leg swelling. His chest x ray showed hyperinflation only. Her spirometry done showed irreversible obstruction post bronchodilation. What test you will do to confirm your diagnosis?
    a. Arterial blood gases
    b. Alpha-1 antitrypsin level
    c. CT scan Chest
    d. HRCT Chest
    e. PEFR monitoring
51. A 64-year-old female patient has completed antituberculosis tablets for six months for relapse Pulmonary Tb without any improvement and his Sputum microscopy was positive for AFB 2+. Treating doctor suspect multi drug resistant Tb and wants to send sputum Culture and sensitivity. What will be Culture report if she is MDR Tb?
    a. Resistant to Rifampicin only.
    b. Resistant to Rifampicin and Isoniazid.
    c. Resistant to Rifampicin and Pyrazinamide
    d. Resistant to Rifampicin and ethambutol
    e. Resistant to Rifampicin and fluoroquinolone
52. A 70-year-old patient presented with sudden onset dyspnea developed 2 days after knee joint replacement. It was associated with two episodes of scanty hemoptysis. His blood pressure was 120/90 mmHg. His Chest X ray was normal. CTPA confirmed pulmonary embolism in right pulmonary artery. What is the best treatment option for this patient?
    a. Antibiotics
    b. Intravenous alteplase
    c. Low molecular weight Heparin
    d. Oxygen inhalation
    e. Pulmonary endarterectomy
53. A 52-year female presented to OPD with dyspnea and cough for the last 2 year which is gradual in onset. She has ischemic heart disease with a history of Percutaneous intervention in right coronary artery. She was smoker for almost 25 years now quit smoking 2 years back. Her chest x ray shows hyperinflation and spirometry shows FEV1=45% of predicted, FVC= 67% of predicted and FEV1/FVC ratio= 57. What is the result of spirometry?
    a. Mixed pattern
    b. Normal
    c. Obstruction
    d. Poor Effort
    e. Restriction
54. A 74-year-old patient presented with hemoptysis for last one week. He has cough for the last 3 months with significant weight loss. He also has a of 30 pack year history smoking and sometime Huqqa smoking. His Contrast enhanced CT scan chest shows soft tissue density lesion in right middle lobe with collapse of right middle lobe. What is the first next step in management?
    a. Bronchoscopy
    b. Bone Scan
    c. Refer to oncologist
    d. Refer to thoracic surgeon
    e. Whole body CT scan
55. An eighteen-year-old patient presented with right side chest pain for last one month which was gradual in onset. He also had low grade fever for last 2 weeks. Chest examination showed reduced air entry right chest with, stony dull percussion note and reduced air entry at the same area. Chest x ray showed homogenous opacification of right lower zone. Ultrasound chest showed moderate pleural effusion without any septation. What is the next investigation to confirm your diagnosis?
    a. Bronchoscopy
    b. Chest intubation
    c. CT Scan Chest
    d. Pleural fluid aspiration
    e. Pleural Biopsy
56. A 30-year-old male presented with cough for the last 10 years which was gradual in onset and associated with copious amount of sputum for the same duration. He also has difficulty in breathing with exertion. He is clubbed and auscultation of the chest shows bilateral basal coarse crepitations. Chest x ray done shows bilateral basal reticulations with some cystic changes. What is the next investigation to confirm your diagnosis?
    a. ABGs
    b. Bronchoscopy
    c. HRCT Chest
    d. Sputum AFB
    e. Sputum Culture
57. A 30-year-old male patient presented to OPD with one month history of cough with sputum production and scanty hemoptysis for last 2 days. He is also complaining of undocumented weight loss and low-grade fever. His chest x ray shows non homogenous opacification in right upper zone. He used tab.co amoxiclav for 6 days but no improvement. What will be the treatment regimen?
    a. 2HRZE/2HR
    b. 2HRZE/4HR
    c. 3HRZE/3HR

d. 6HRZE
e. 8HRZE

58. A 70-year-old patient presented with sudden onset dyspnea developed 2 days after knee joint replacement. It was associated with two episodes of scanty hemoptysis. His blood pressure was 120/90 mmHg. His Chest X ray was normal. CTPA confirmed pulmonary embolism in right pulmonary artery. What is the optimal treatment duration for this patient?
a. Three days.
b. Three weeks
c. Six weeks
d. Three months
e. Six months

59. A 40-year-old patient presented with sudden onset dyspnea developed 2 days after knee joint replacement. It was associated with two episodes of scanty hemoptysis. His Chest X ray was normal. What is your most probable diagnosis?
a. ARDS
b. Hospital acquired pneumonia
c. Lung Carcinoma
d. Pneumothorax
e. Pulmonary Embolism

60. A 40-year-old patient presented with sudden onset dyspnea developed 2 days after knee joint replacement. It was associated with two episodes of scanty hemoptysis. His Chest X ray was normal. What test you will do to confirm your diagnosis?
a. ABGs
b. CTPA
c. D dimer
d. Legs Doppler
e. V/Q scan

61. A 30-year-old male patient presented to OPD with one month history of cough with sputum production and scanty hemoptysis for last 2 days. He is also complaining of undocumented weight loss and low-grade fever. His chest x ray shows non homogenous opacification in right upper zone. He used tab.co amoxiclav for 6 days but no improvement. What will be the next first investigation to confirm your diagnosis?
a. Blood culture and sensitivity.
b. Complete blood picture
c. Sputum for fungal Culture
d. Erythrocyte Sedimentation rate (ESR)
e. Sputum Acid fast bacilli microscopy

62. A 30-year-old male presented with cough for the last 10 years which was gradual in onset and associated with copious amount of sputum for the same duration. He also has difficulty in breathing with exertion. He is clubbed and auscultation of the chest shows bilateral basal coarse crepitations. Chest x ray done shows bilateral basal reticulations with some cystic changes. What is the most probable diagnosis?
a. Bronchial Asthma
b. Bronchiectasis
c. COPD
d. Interstitial lung disease
e. Lung Carcinoma

63. A 30-year-old male patient presented to OPD with one month history of cough with sputum production and scanty hemoptysis for last 2 days. He is also complaining of undocumented weight loss and low-grade fever. His chest x ray shows non homogenous opacification in right upper zone. He used tab.co amoxiclav for 6 days but no improvement. He was diagnosed as clinically diagnosed pulmonary tuberculosis. What will be the total duration of treatment?
a. Six days
b. Ten days
c. Six weeks
d. Six months
e. Eight Months

64. A 30-year-old male patient presented to OPD with one month history of cough with sputum production and scanty hemoptysis for last 2 days. He is also complaining of undocumented weight loss and low-grade fever. His chest x ray shows non homogenous opacification in right upper zone. He used tab.co amoxiclav for 6 days but no improvement. What is the most probable diagnosis?
a. Bronchiectasis
b. Lung malignancy.
c. Pneumonia
d. Pneumothorax
e. Tuberculosis

65. A 25-year-old female patient presented with dyspnea for last 2 years which was associated with cough and occasional wheezes during exertion. She was nonsmoker. Her dyspnea was persistent and progressive not associated with atopy, orthopnea and leg swelling. His chest x ray showed hyperinflation only. Her spirometry done showed irreversible obstruction post bronchodilation. What is the most probable diagnosis of this patient?
a. Asthma
b. Alpha-1 antitrypsin deficiency.
c. Cardiac Asthma
d. Chronic bronchitis
e. Interstitial Lung disease

66. A 25-year-old male presented to chest clinic with high grade fever, cough for last one week. He has right side pleuritic chest pain and difficulty in breathing for last 2 days. He used tablet paracetamol for last 3 days but no improvement. On examination his Temp: 102, RR: 20/min, Pulse :125/min. Chest examination showed

reduced chest expansion on right side lower part of chest, with localized tenderness, bronchial breath sounds and dull percussion note on the same area. What is the best treatment option as first line?

a. Amoxycillin plus clarithromycin
b. Amoxycillin plus levofloxacin
c. Ceftriaxone plus Moxifloxacin
d. Moxifloxacin plus Doxycycline
e. Tazocin plus piperacillin

67. A 30-year-old patient on mechanical ventilation for acute respiratory distress syndrome develops a right-sided pneumothorax. Which of the following measures should be taken at this time?

a. Pleural puncture and aspiration of the pleural air
b. Conservative management with vitals monitoring
c. Double-lumen intubation and reduction of positive end-expiratory pressure
d. Insertion of a small-bore chest tube
e. Surgical closure of the leak by video-assisted thoracoscopic surgery

68. A 65-year-old male presented to Emergency with cough and dyspnea for last one day. He was oriented and responsive but his Respiratory rate was 28/minute and oxygen saturation were 88% on room air. House officer started him on high flow oxygen and salbutamol nebulization because his medical records showed COPD as his primary diagnosis. After one hour he became drowsy and now his GCS was 10/15. What is the next important investigation you will do?

a. ABGs
b. Blood Urea nitrogen
c. Chest X ray
d. CT scan Brain
e. CT scan Chest

69. A 65-year-old male presented to Emergency with cough and dyspnea for last one day. He was oriented and responsive but his Respiratory rate was 28/minute and oxygen saturation were 86% on room air. Previously he was diagnosed as COPD with one attack of type 2 respiratory failure. What will be the mode of oxygen delivery to this patient?

a. Continuous positive airway pressure
b. Face Mask
c. Nasal cannula
d. Non rebreather mask
e. Venturi mask

70. A 65-year-old male presented to Emergency with cough and dyspnea for last one day. He was oriented and responsive but his Respiratory rate was 28/minute and oxygen saturation were 88% on room air. House officer started him on high flow oxygen, IV steroids, ipratropium and salbutamol nebulization because his medical records showed COPD as his primary diagnosis. After one hour he became drowsy and now his PaO2 was 120mmHG, PaCO2 was 63 mmHg, PH of 7.21 and GCS was 10/15. What is the next step of management?

a. Broad spectrum antibiotics.
b. Invasive ventilation
c. Non-Invasive ventilation
d. Long term oxygen therapy (LTOT)
e. Observation

71. A 10 years old boy presented to Peads OPD with C/O fever with chills & body aches for 1 week and difficulty in breathing for 1 day. O/E there are splinter hemorrhages in nail beds, clubbing, tachycardia and changing heart murmur. What can be the most probable diagnosis?

a. Rheumatic Fever
b. Myocarditis
c. Cardiomyopathy
d. Infective Endocarditis
e. Ebstein Anomaly

72. A newborn baby with H/O cyanosis and tachypnea since birth is being diagnosed as a case of transposition of Great Arteries.
Which of the following are the possible findings on Echocardiography?

a. Aorta and pulmonary artery arising from left ventricle together.
b. Aorta and pulmonary artery arising from a single trunk in the middle of heart.
c. Pulmonary artery and pulmonary veins arising from Aorta.
d. Aorta arising from right and pulmonary artery arising from left ventricle
e. Pulmonary veins drain into the Right Atrium.

73. A 4 years old boy brought to OPD with C/O easy fatigability & shortness of breath especially while playing. He was having off & on chest pain also. After examination and investigations, he was diagnosed as a case of Congenital Aortic stenosis. Which type of intervention is required in most of the cases of Congenital Aortic Stenosis?

a. Indomethacin to dilate Aortic valve
b. Prosthetic patch application
c. Prostaglandin to maintain the Patency of Aortic Valve
d. Balloon valve dilatation.
e. Aortic Valve replacement

74. A newborn is being diagnosed as a case of transposition of Great Arteries. The management plan is to keep the Ductus Arteriosus patent till the surgical correction. What is the drug of choice for this purpose?

a. Prostaglandin
b. Indomethacin
c. Epinephrine
d. Vancomycin

e. Amiodarone

75. A 7 years old boy presented with history of pain in legs after walking & playing. O/E patient has delayed femoral pulses. ECHO showing Co-arctation of aorta. Which one is the most common site for Co-arctation?
   a. Beyond the left Subclavian artery
   b. Before the left common carotid artery.
   c. Beyond the Brachiocephalic artery.
   d. At the origin of Ascending Aorta
   e. At the bifurcation of Descending Aorta.

76. A 7 days old baby brought to the emergency with severe cyanosis for the last 2 days. Baby was born full term with no complication. Chest X ray & ECG done. ECG shows left axis deviation. ECHO was planned. What is the most likely diagnosis?
   a. Truncus Arteriosus
   b. Co- arctation of Aorta
   c. Tricuspid Atresia
   d. Tetralogy of Fallot
   e. Transposition of Great Arteries

77. A two months old child has been diagnosed as a case of Tetralogy of Fallot after diagnostic work-up. While counselling the parents about the home management of the child, what lying position will be advised in order to diminish right-to-left shunting?
   a. Supine position
   b. Prone position
   c. Left-Lateral position
   d. Right-Lateral position
   e. Knee-Chest position

78. A four years old child has been diagnosed as a case of Infective Endocarditis.
Which of the following is the most common organism responsible for this disease?
   a. Streptococcus viridans
   b. E.coli
   c. Salmonella paratyphi
   d. Pseudomonas
   e. H. Influenzae

79. A three years old child has acute gastroenteritis with severe dehydration. He developed congestive heart failure due to fluid overload after rehydration. Now he is being put on treatment for CHF.
What should be the first medicine to be advised?
   a. Digoxin
   b. Diuretics
   c. Dopamine
   d. Dobutamine
   e. Captopril

80. A one-month old girl has been diagnosed with a large ventricular septal defect.
Surgical repair of this defect is required before which age?
   a. 2 months
   b. 6 months
   c. 1 year
   d. 1.5 years
   e. 2 years

81. A 14 months old baby being diagnosed as a case of small Patent Ductus Arteriosus. Parents refused to go for surgical closure. What complications most probably, may arise in this child in future?
   a. Congestive Cardiac failure and Rheumatic fever.
   b. Congestive Cardiac failure and pulmonary hypertension
   c. Congestive Cardiac and Renal failure
   d. Pulmonary Hypertension and Cardio Myopathy
   e. Myocarditis and Pulmonary Hypertension

82. In ASD Patients, Surgery is advised in all symptomatic patients. It is advised in all asymptomatic patients also who:
   a. Has Anemia
   b. Has Shunt ratio of 1:1
   c. Has Shunt ratio of 2:1
   d. Are born premature
   e. Are born with low birth weight

83. Regarding large VSD the following are true:
   a. It causes loud pansystolic Murmur with thrill.
   b. There is right to left shunt
   c. Pulmonary blood flow is half of the systemic blood flow
   d. Treatment is expectant initially
   e. None of the above

84. The commonest ASD is:
   a. ASD secondum
   b. ASD Primum
   c. Sinus Venosus ASD
   d. ASD with mitral incompetence
   e. None of the above

85. Eisenmenger Syndrome is associated with the following.
   a. Reversal of shunt from right to left.
   b. Reversal of shunt from left to right
   c. There is no shunting of blood in it.
   d. Pulmonary resistance is decreased
   e. None of the above

86. 10 year-old boy presented with migratory arthritis. On examination he has multiple red, warm, and swollen joints. He also has pansystolic murmur at mitral area and tachycardia. Lab investigation reveal raised ESR and ASO titers. The diagnosis is
   a. Acute Rheumatic fever
   b. JRA with Carditis
   c. Kawasaki disease with carditis
   d. Systemic lupus Erythematosus
   e. VSD with arthritis

87. Patients with acute rheumatic carditis and cardiac failure should receive prednisone 2 mg/kg/day in 4 divided doses for
    a. 3-5 days
    b. 2-3 weeks
    c. 6-8 weeks
    d. 2-3 months
    e. 4-6 months

88. In patients who have had acute rheumatic fever with carditis without residual heart disease, prophylaxis with Penicillin should be continued for
    a. 5 years or until 21years of age, whichever is longer
    b. 10 year or until 21 year of age, whichever is longer
    c. 5 years or until 40 years of age, whichever is longer
    d. 10 years or until 40 years of age, whichever is longer
    e. Lifelong

89. The region of the chest at the 2nd Right intercostals space along the right border of sternum is called.
    a. Mitral area
    b. Tricuspid area
    c. Aortic area
    d. Pulmonary area
    e. Apex area

90. Echocardiography of a child reveals large VSD. Regarding large VSD, the following is true:
    a. It cause loud pan systolic murmur with thrill
    b. There is right to left shunt
    c. Pulmonary blood flow is half of the systemic blood flow
    d. Treatment is expectant only
    e. None of the above

91. Most common cardiac complication caused by Rheumatic fever in children is:
    a. Myocardial Infection
    b. Hypertension
    c. Pulmonary Hypertension
    d. Cardiac Temponade
    e. Mitral Regurgitation

92. According to the modified Duke criteria of Infective endocarditis, which of the following is a major criterion?
    a. Fever
    b. Hypertension
    c. Intra cranial hemorrhage
    d. 2 or more positive blood cultures
    e. Deep venous thrombosis

93. Pulmonary blood flow is increased in the following except:
    a. PDA
    b. VSD
    c. TGA
    d. Fallot's Tetrology
    e. None of the above

94. 15 days old baby brought to the OPD with poor feeding and cyanosis for the last 4 days. On examination patient is afebrile, tachypneic and cyanosed. ECHO showed Total Anomalous Pulmonary Venous Connection. Which of the following condition has got an association with this above mentioned disease?
    a. Ambiguous Genitalia
    b. Cleft Palate.
    c. Asplenia
    d. Polydactyly
    e. Microcephaly

95. A patient brought to the pediatric emergency with Respiratory distress and poor feeding for the last 2 days. O/ E patient is tachycardiac, tachypneic and cyanosed. Chest X-Ray showed Snow-Man Appearance. What is the most likely diagnosis?
    a. Truncus Arteriosus
    b. Transposition of Great Arteries
    c. Tetralogy Of Fallot
    d. Tricuspid Atresia
    e. Total Anomalous Pulmonary Venous Connection

96. A 1 year old infant has got high grade fever with history of cough and difficulty in breathing. His temperature: 103 F and Respiratory Rate: 70/ min with bilateral crepitations. What is the most likely diagnosis?
    a. Pneumonia
    b. Bronchial Asthma
    c. Croup
    d. Respiratory Failure
    e. Bronchiolitis

97. A 3 months old infant presented with low grade fever & reluctant to feed for the last 2 days. On examination, patient is tachypnic & has bilateral wheezes on auscultation. A diagnosis of Acute Bronchiolitis is made. Which of the following organism is the most likely cause for it?
    a. E. Coli
    b. Influenza Virus
    c. H. Influenza Type B
    d. Respiratory Syncytial Virus
    e. Paramyxo virus

98. A 5 years old boy who presented with fever and cough for the last 20 days. On examination, he is pale looking, febrile, tachypneic and clubbing is positive. He is the fifth born to consanguineous marriage and his eldest sister had similar history of repeated chest infection. His past history is significant for delayed passage of meconium. What is the genetic transmission of this disease?
    a. X-Linked Dominant
    b. X-Linked Recessive
    c. Autosomal Dominant
    d. Autosomal Recessive
    e. Mitochondrial Disorder.

A 12 years old girl presented with history of repeated chest infection. She was diagnosed as case of Cystic Fibrosis. The main complications of this disease involve the lungs, with damage to the small and large airways and chronic and recurrent bacterial infections. As cystic fibrosis progresses, which of the following organisms is most commonly isolated?

a. Staphylococcus Aureus
b. Mycoplasma Pneumonia
c. Pseudomonas Aeruginosa
d. Legionella Pneumophilia
e. Streptococcus Pneumonia

100. A 4 months old boy brought to the OPD with low grade fever and resp distress for the last 3 days. On examination, Patient is having Temp: 100 * F, Resp Rate 58/ min and chest has got bilateral wheezing sounds. He is diagnosed as case of Bronchiolitis. Which of the following is the mainstay of treatment in this disease?

a. Antibiotics
b. Antivirals
c. Steroids
d. Supportive (Oxygen and IV hydration)
e. Immunoglobulin

101. A three months old baby being diagnosed as case of pneumonia. According to IMCI, what is the cutoff point for Tachypnea in this age group?

a. >30 breaths per minute
b. >35 breaths per minute
c. >40 breaths per minute
d. >45 breaths per minute
e. >50 breaths per minute

102. A 24 days old child presented to PEDS OPD with C/O fever, breathlessness, and getting cyanosed while crying, for two days. The child is reluctant to feed since morning. O/E temperature is 101 F and respiratory rate is 65/min. What is the diagnosis according IMCI

a. Pneumonia
b. Moderate Pneumonia
c. No Pneumonia
d. Severe disease
e. Cough/common cold

103. A 1 year old infant has got high grade fever with history of cough and difficulty in breathing. His temperature: 103 F and Respiratory Rate: 70/ min with bilateral crepts. What is the most likely diagnosis?

a. Pneumonia
b. Bronchial Asthma
c. Croup
d. Respiratory Failure
e. Bronchiolitis

104. According to IMCI, severe pneumonia is diagnosed when:

a. Cough for the last 14 days
b. Respiratory rate more than 40/min
c. Patient is unable to take feed
d. Patient is mild dehydrated
e. None of the above

105. A generally well looking pre – school child with respiratory difficulty and stridor is most likely to have

a. Bronchiolitis
b. Croup
c. Bronchopneumonia
d. Epiglottitis
e. None of the above

106. A child with high grade fever and chest pain, having bronchial breathing is likely to suffer from?

a. Lobar Pneumonia
b. Bronchitis
c. Bronchiectasis
d. Emphysema
e. Pneumothorax

107. An infant suffering from Bronchiolitis. Which of the following examination finding you expect in this patient?

a. Dullness on percussion
b. Bronchial breathing
c. Bilateral wheeze
d. Reduced breath sounds
e. Bilateral crepitations

108. A 3 years old child has been admitted in Peds ward. Pneumonia. Which of the following is the most common complication of the disease?

a. Congestive Heart Failure
b. Metastatic Septic lesions
c. Growth retardation
d. Empyema / Pleural Effusion
e. Pulmonary Hypertension

109. A 4 years old child presented to Peds OPD with C/O cough, hoarseness of voice and loose motions. On examination there is mild conjunctivitis and stuffy nose. Temp is 101°F
What is the most probable cause?

a. Streptococcal infection
b. Staphylococcal infection
c. Group A streptococci
d. H. Influenza
e. Viral infection

110. 14 months old unvaccinated child referred to OPD w... history of Cough and fever for 2 weeks. The cough ... in bouts and is followed by cyanosis. In between the ... bouts the child is well. What is your probable diagn...

a. Pneumonia
b. Pertussis
c. Bronchiolitis Asthma
d. Bronchiolitis
e. Bronchiectasis

Pak International Medical College

Department of Medical Education

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

111. A 9 Years old boy presented to clinic with Respiratory distress & fever for the last 2 days He was unwell for the last 7 days & was taking antibiotics for it. O/E patient is sick looking, pale, & tachypenic. There are absent breath sounds on the left side of chest & percussion notes are dull on the same side as well. You investigated & diagnosed him as case of left sided empyema. Which of the following organisms is most likely the cause for this condition?
   a. H. influenza type B
   b. Mycoplasma Pneumonia
   c. E. Coli
   d. Pseudomonas
   e. Staphylococcus Aureus

112. A 7 years old female patient who had fever & Cough for the last 8 days and respiratory distress for the last 2 days. She was investigated & tested as case of Pneumonia 5 days back, but her condition has worsen now. O/E she is febrile, tachypnea & has hyper resonant percussion note on the Right side of chest. Which of the following complications has she developed now?
   a. Right lung abscess
   b. Respiratory failure
   c. Right sided pleural effusion
   d. Right sided pneumothorax
   e. Right empyema

113. A 9 months old baby brought to the clinic with history of repeated chest infection. On examination, patient is 5.4 kg, afebrile and has hepatomegaly. On Precordium examination, you hear an abnormal heart sound. You advised and ECHO and it showed Ventricular Septal Defect. Which of the following murmur you would expect in the patient?
   a. Early Diastolic Murmur
   b. Ejection Systolic Murmur
   c. Mid Diastolic Murmur
   d. Pansystolic Murmur
   e. Machinery Murmur

114. A 4 years old boy presented with poor weight gain and history of repeated chest infection. On examination, patient is afebrile, pale looking and emaciated. On precordium examination, you hear an ejection systolic murmur with fixed splitting of 2nd heart sound. What is the most likely diagnosis?
   a. Mitral Regurgitation.
   b. Tricuspid Regurgitation.
   c. Atrial Septal Defect
   d. Ventricular Septal Defect
   e. Patent Ductus Arteriosus

115. A 5 years old boy, who presented with easy fatigability and respiratory distress on laying position. His past history is significant for being admitted and treated as case of myocarditis 8 months ago. On examination, [illegible] tachypneic and has got pedal edema and gallop rhythm. Chest X-ray shows cardiomegaly with pulmonary venous congestion. Which of the following is the most likely diagnosis for this current disease?
   a. infective Endocarditis
   b. Rheumatic Heart Disease.
   c. Cardiomyopathy.
   d. Acute Pericarditis.
   e. Atrial Fibrillation.

116. What is the most immediate management of tension pneumothorax?
   a. Chest tube placement in the intercostal space.
   b. Place a three sided dressing on chest wound.
   c. Needle thoracentesis in the 2nd intercostal space on the affected side.
   d. Thoracotomy.

117. Flail chest is defined as.
   a. Multiple rib fractures with subsequent emphysema.
   b. Chyle in the pleural space.
   c. Excess fluid in pericardium.
   d. Two or more rib fractures at two or more points.

118. An old lady presents with history of fever and left sided chest pain for the last one month. Examination of respiratory system shows decreased chest movements, stony dull percussion note and absent breath sounds on left side. Her chest X-ray is likely to reveal.
   a. Collapse.
   b. Consolidation.
   c. Fibrosis.
   d. Pleural effusion.

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.