

34. A patient has two days history of cough and hoarseness of voice. Now the patient has inspiratory stridor and barking cough. There is no cyanosis. What is the diagnosis?
- W.S. a. Bronchiolitis b. Pneumonia c. Croup d. Epiglottitis e. Asthma
35. A 12 years old girl has a difficult-to-treat asthma 6 months after management. She was provided with asthma education, her treatment was Optimized by treating comorbidities and modifiable risk factors. High-dose inhaled corticosteroids (ICS) were tried. What is the diagnosis according to GINA guidelines?
- 6 a. Intermittent Asthma b. Severe persistent asthma c. Moderate persistent Asthma
d. Mild persistent Asthma e. No Asthma
36. 2 years old boy had cough few days ago. Now he presented with barking cough, drooling and cyanosis. What is the diagnosis?
- 6 a. Croup b. Pneumonia c. Epiglottitis d. Bronchiolitis e. Asthma
- GBS 37. 8 years old presented in ER with history of sudden onset of high grade fever, tachypnoea and delirium. A diagnosis of bronchopneumonia was made. What is the most common organism in this age group?
- SP HS SAGA 38. A 7 months old child suffering from fever cough difficulty in breathing. On examination he is tachypneic and having subcostal and intercostal recession. His x ray chest shows consolidation in right middle zone of lung. What is your diagnosis?
- 8 a. Lobar Pneumonia b. Broncho Pneumonia c. Aspiration Pneumonia d. Löffler's Pneumonia e. Bacterial Pneumonia
39. E.coli pneumonia is seen in which age group?
- 7 a. Neonates b. Infants c. Children d. Adolescents e. Elderly
40. When pneumonia is not responding to antibacterial and antiviral treatment, patient is febrile and has respiratory distress, we should consider:
- a. Brucellosis b. Aspergillosis c. Foreign body d. Gastroesophageal reflux e. Lung abscess
41. A 6 months old child is suffering from fever, cough, and difficulty in breathing. On examination he is tachypneic with subcostal recession, now he developed stridor. The most likely diagnosis of this child according to IMNCI is?
- a. Cough and Cold b. Common Cold c. Pneumonia d. Very severe Pneumonia e. Bacterial Pneumonia
42. 14 years old presented with respiratory distress and coughing up green sputum. He has respiratory rate of 65 / min and SpO₂ of 65% in room air. Examination shows clubbing of fingers and hyperdynamic heart. What is the diagnosis?
- a. Congestive cardiac failure b. Cyanotic congenital heart disease c. Cystic fibrosis
d. Pneumothorax e. Celiac Disease Redness
- 0-2 G⁸ 43. A 6 months old child presented with fever cough difficulty in breathing, his doctor is counting his respiratory rate for tachypnea, what will be the respiratory rate at this age leading to tachypnea?
- 2-11m 50 a. Above 20 per min b. Above 30 per min c. Above 40 per min d. Above 50 per min e. Above 60 per min
- 1-5y 44. Diagnosis of cystic fibrosis is confirmed by
- a. Sweat test b. Neonatal screening test c. PCR for gene analysis d. Faecal elastase e. Clinical only
45. 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?
- 20 a. X-Linked Dominant b. X-Linked Recessive c. Autosomal Dominant d. Autosomal Recessive
e. Mitochondrial Disorder
46. 2 years old child presented to emergency department with 6 hours' history of high grade fever, dysphagia, cough and breathing difficulty. O/E He appear toxic with drooling of saliva, febrile and tachypneic with stridor. What is most likely diagnosis?
- 1 a. Croup b. Epiglottitis c. Pneumonia d. Tracheitis e. Foreign Body Inhalation
47. 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?
- 2 a. Antibiotics b. Antivirals c. Steroids d. Supportive (Oxygen and IV hydration) e. Immunoglobulin
48. 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?
- 4 a. Pneumonia b. Bronchial Asthma c. Croup d. Respiratory Failure e. Bronchiolitis
49. A 2-month-old boy with a 3-day history of upper respiratory infection, who suddenly develops high grade fever, cough, and respiratory distress; within 48 hours, the patient has developed a pneumatocele and a left-sided pneumothorax. What is the most likely diagnosis?
- 5 a. Mycoplasma pneumoniae b. Pneumococcal Pneumonia c. Chlamydial Pneumonia
d. Staphylococcal Pneumonia e. Viral Pneumonia
50. 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
51. 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 e. ECG
52. A 55 years old had Myocardial infarction 3 days ago now presented with acute chest pain which is relieved on moving forward. What treatment would you suggest for the disease?
- 5 a. Aspirin b. Warfarin c. NSAIDS d. Heparin e. Streptokinase
- steroids

Stable Angina

PAPER CODE B

53. A 50-year-old man, presents to the emergency department with sudden-onset severe chest pain that radiates to his left arm. He also feels shortness of breath and diaphoresis. The pain started while he was shoveling snow outside. Based on the scenario, which of the following is the most appropriate immediate management for this patient?
- Administer nitroglycerin sublingually
 - Order a chest X-ray
 - Perform an electrocardiogram (ECG)
 - Refer for immediate cardiac catheterization
 - Start intravenous opioids for pain relief
54. 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?
- Adenosine
 - Warfarin
 - Ibutilide
 - None of the above
 - ACE inhibitor
55. 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?
- 1st degree heart block
 - Mobitz type 1 heart block
 - Mobitz type 2 heart block
 - complete heart block
 - LBBB
56. A 55-year-old woman, presents to the emergency department with new-onset chest pain at rest. The pain is severe but variable and episodes are lasting around 30 minutes. She has a history of hypertension and hyperlipidemia. Based on the scenario, which of the following is the most appropriate diagnosis for him?
- Pericarditis
 - Silent ischemia
 - Stable angina
 - Unstable angina
 - Variant (Prinzmetal) angina
57. Which of the following are the features of pericardial tamponade?
- Raised JVP and hypotension
 - Decreased JVP with hypotension
 - Tachycardia and Decreased JVP
 - Tachycardia and hypertension
 - Cardiogenic Shock
58. A 45-year-old woman, presents to the clinic with episodes of rapid palpitations lasting for a few minutes. She feels her heart racing and experiences occasional dizziness during these episodes. An electrocardiogram (ECG) is performed during an episode, and it shows regular narrow QRS complex tachycardia at a rate of 180 beats per minute. Based on the scenario, which of the following is the most likely diagnosis?
- Atrial fibrillation (AF)
 - Atrioventricular nodal reentrant tachycardia (AVNRT)
 - Sinus tachycardia
 - Supraventricular tachycardia (SVT)
 - Ventricular tachycardia (VT)
59. A newborn baby presented with continuous machinery murmur through examination which one of the following is the diagnosis?
- Coarctation of Aorta
 - Patent Ductus arteriosus
 - VSD
 - ASD
 - Tetralogy of fallout
60. A 62-year-old man, presents to the emergency department with palpitations and presyncope. His ECG shows a regular wide QRS complex tachycardia at a rate of 200 beats per minute, with absence of P waves. Based on the scenario, which of the following is the most likely diagnosis?
- Atrial fibrillation (AF)
 - Atrioventricular nodal reentrant tachycardia (AVNRT)
 - Sinus tachycardia
 - Supraventricular tachycardia (SVT)
 - Ventricular tachycardia (VT)
61. For non ST elevation Myocardial infarction which of the following drug is used exclusively?
- Aspirin
 - Heparin
 - Nitrates
 - Morphine
 - Clopidogril
62. A 65 years old man presented with loss of consciousness which is sudden in nature. He gained consciousness suddenly. Which of the following investigations will you offer?
- Urine toxicology
 - Oximeter
 - ECG
 - CT scan
 - MRI Brain
63. All of the following enzymes are released after MI except?
- Troponin
 - CKMB
 - Renin
 - Myoglobin
 - SGOT
64. A 50-year-old male presents with dyspnea, fatigue, and bilateral lower extremity edema. Echocardiogram shows dilated ventricles with decreased systolic function. What is the most likely diagnosis?
- Dilated cardiomyopathy
 - Hypertrophic cardiomyopathy
 - Ischemic cardiomyopathy
 - Myocarditis
 - Restrictive cardiomyopathy
65. 50 year old male presented to chest pain clinic, ECG done which shows ST elevation in lead 1 and AVL, which coronary artery is likely to be affected?
- Lateral
 - Posterior
 - Anteroseptal
 - Anterolateral
 - Inferior
66. Which of the following condition cause loud second heart sound:
- Aortic regurgitation
 - Systemic hypertension
 - VSD
 - Aortic stenosis
 - Mitral stenosis
67. A 70-year-old male presents with symptomatic bradycardia and a resting heart rate of 40 bpm. He has no history of heart failure. What is the most appropriate indication for a pacemaker?
- First-degree heart block
 - Physiological Bradycardia
 - Second-degree heart block type I (Wenckebach)
 - Sinus bradycardia with normal sinus node function
 - Third-degree heart block
68. A 35 year old male is noted to have a pansystolic murmur associated with V wave in JVP and pulsatile hepatomegaly, which congenital heart disease is most associated with tricuspid regurgitation;
- ASD
 - VSD
 - Ebstein anomaly
 - Coarctation of aorta
 - PDA
69. Amiodarone belongs to which class of antiarrhythmic agent;
- Class-4
 - Class-2
 - Class-3
 - Class-1b
 - Class-2b
70. In the management of hypertension in general practice, which of the following findings should raise suspicion for secondary hypertension?
- Elevated serum creatinine levels
 - Family history of hypertension
 - Obesity
 - Sedentary lifestyle
 - Age at onset (<50 years)

71. Most common cause of infective endocarditis in native valves is;

- a. Streptococcus agalatis ~~b. Streptococcus viridans~~ c. Streptococcus pneumoniae
d. Streptococcus pyogenes e. Staphylococcus saprophyticus

72. Which part of the jugular waveform is associated with closure of the tricuspid valve;

- a. A-wave ~~b. C-wave~~ c. X-descent d. Y-descent e. V-wave

ACN VY
A.C. V.C. V.R

73. A 72-year-old female presents with palpitations and feelings of light headedness for one month. Her pulse is regular at 84 beats per minute and her ECG is not indicative of any specific pathophysiology. On examination, you note a grade 3 diastolic murmur and when measuring her pulse you notice that her head nods subtly in time with her heart beat. Her symptoms are most likely the result of which pathology?

- ~~a. Aortic regurgitation~~ b. Aortic sclerosis c. Aortic stenosis d. Mitral regurgitation e. Mitral stenosis

74. Which of the following investigations is best for infective endocarditis?

- a. ECG ~~b. Echo~~ c. Holter monitor d. Urine Culture e. Blood culture

75. 25-year-old male having history of hypertension from last one year, his blood pressure is controlled with dual antihypertensive drugs. Urine examination shows protein traces and red blood cells cast. Likely cause of his hypertension;

- a. Conn's syndrome b. Thyroid disorder c. Smoking d. Obesity ~~e. Renal disease~~

76. A 56-year-old woman presents to the emergency department with a 6-hour history of palpitations. She describes the sensation as 'fluttering and racing'. She has never had this before. She is otherwise well, has no past medical history, and takes no medication. An ECG shows atrial fibrillation (AF). An echocardiogram shows no evidence of structural heart disease. Her blood tests are unremarkable. What is the most appropriate medication to treat this patient?

- ~~a. Atenolol~~ b. Digoxin c. Diltiazem d. Flecainide e. Verapamil

77. 60 year old male presented to emergency department with acute shortness of breath, which investigation is used to differentiate between cardiac and non cardiac causes of SOB in ER;

- a. Troponins b. CXR c. ECG d. Echo ~~e. BNP levels~~

78. A 20-year-old woman presents for an insurance medical examination. On feeling the woman's radial pulse, the doctor can feel 2 separate systolic beats, as if there was a double pulse. Which of the following conditions may be a cause of this woman's physical findings?

- ~~a. Hypertrophic obstructive cardiomyopathy (HOCM)~~ b. Mitral regurgitation c. Mitral stenosis
d. Restrictive cardiomyopathy e. Aortic regurgitation

79. A 30-year-old female presents to ER with palpitation associated with sweating, dizziness, chest pain and drowsiness. Her BP was 180 systolic and ECG shows Atrial Fibrillation with fast ventricular rate. Which treatment modality will offer to her;

- a. Valsalva manure b. Injection Verapamil c. Injection Amiodarone d. Injection Atropine ~~e. DC Cardioversion~~

80. A 20 year old boy was found to have a murmur on routine examination, he has no symptoms of dyspnea, chest pain or palpitation. He has low grade fever for last one month and splenomegaly on abdominal examination. Which of the following is the most probable diagnosis?

- a. Malaria b. Abdominal Tuberculosis ~~c. Infective Endocarditis~~ d. Tuberculus Pericarditis e. Leishmaniasis

81. A 50-year-old woman, visits her general practitioner with complaints of severe headache, blurred vision, and epistaxis. Her blood pressure reading is 200/120 mmHg. Based on the scenario, what is the most appropriate next step in her management?

- a. Evaluate for secondary causes of hypertension, including renal artery stenosis
b. Order a complete blood count (CBC) and renal function tests
c. Perform an electrocardiogram (ECG) to assess for left ventricular hypertrophy
~~d. Prescribe antihypertensive medication immediately~~ e. Refer patient to the emergency department for further evaluation

82. A 35 year old pregnant lady presented to ER with headache and palpitation, her blood pressure is 160/110 mm Hg. Which of the following is the appropriate anti-hypertensive drug for her?

- ~~a. Methyle Dopa~~ b. Spironolactone c. Losartan Potassium d. Ramipril e. Diltiazem

83. A 45-year-old man with a known history of intravenous drug use, presents to the emergency department with fever, fatigue, and a new heart murmur. Blood cultures are drawn, and an echocardiogram reveals a vegetation on the mitral valve. Based on the scenario, what is the most likely causative organism of endocarditis in this patient?

- a. Bartonella henselae b. Coxiella burnetii c. Enterococcus faecalis ~~d. Staphylococcus aureus~~
e. Streptococcus viridans

84. A 60 years old obese male teacher by profession came to cardiology OPD for consultation. He is an occasional smoker and his blood pressure is 138/88 mmHg with no past history of DM. Which of the following is not appropriate at this stage?

- ~~a. Prescribe drugs to reduce BP~~ b. Encourage daily exercise c. Should take diet rich in fiber
d. Quit smoking e. Reduce salt intake

85. A 40-year-old man with past history of lymphoma, presented with central chest heaviness for 45 minutes. His BP is 110/70 mmHg and the ECG shows ST segment elevation in V1 to V6 leads. Which of the following the initial appropriate step?

- a. Start Anti-hypertensive drugs b. Do echocardiography ~~c. Send Troponin I~~ d. Give 300mg of Aspirin
e. Send cardiac Troponin T

86. A 65-year-old woman with a history of mitral valve prolapse, presents to her primary care physician with fatigue, low-grade fever, and night sweats. On examination, a new regurgitant murmur is appreciated. Blood cultures are drawn, and an echocardiogram reveals a vegetation on the mitral valve. Based on the scenario, what is the most appropriate initial treatment for his endocarditis?

- a. Intravenous ceftriaxone ~~b. Intravenous penicillin and gentamicin~~ c. Intravenous vancomycin and gentamicin
d. Oral amoxicillin e. Oral doxycycline and rifampin

PAPER CODE B

87. Which lead of ECG is best used to check for rhythm abnormalities?
 a. Lead I b. Lead II c. Lead III d. Lead V6 e. Lead V3
88. An unknown patient presented to the ER unconscious, blood analysis was done and the result show that the patient has hypokalemia and hypomagnesemia. While the ECG suggests a heart failing. Which of the following drugs is contraindicated in this case?
 a. Digoxin. b. Spironolactone. c. Isosorbite dinitrate. d. Ramipril. e. Verapamil
89. Based on the recent infective endocarditis diagnostic criteria, what are the two most important parameters for the diagnosis of this infection?
 a. ECG changes and an audible murmur on examination b. Increased CRP and a positive blood culture.
 c. Positive blood cultures and echocardiographic changes d. Positive ASO titers e. Splenomegaly and a positive blood culture
90. Which of the following group of drugs are the 1st line treatment in heart failure?
 a. ACE inhibitor. b. Cardiac glycosides. c. Calcium channel blockers d. Nitrates e. B Blockers
91. You are seeing a 60-year-old man for the first time. He has untreated hypertension (168/106 mm Hg and blood pressure has been elevated on at least 3 occasions). There is currently no evidence of target organ dysfunction (heart, neurological, or eyegrounds). From a therapeutic perspective, what is the best initial approach?
 a. Initiate treatment with 25 mg of hydrochlorothiazide.
 b. Consider initiating treatment with a 2-agent combination pill. (ARBS+CCB)
 c. Delay pharmacologic intervention and treat with salt restriction. d. Continue with beta blockers. e. No Treatment
92. An 8 years old child has a previous history of cyanotic congenital heart disease has now developed fever for last 4 weeks. He has used multiple antibiotics but not improving. You examine the child. He is toxic looking with a fever of 101 Fahrenheit. His post auricular lymphnodes are palpable. On abdominal examination spleen is palpable 5cm extending from the left costal margin. Among the following what is an important risk factor for developing infective endocarditis?
 a. MMR vaccine b. Arrhythmias c. Diarrhea d. Poor dental hygiene e. RSV infection
93. A 71-year-old woman presents to an ambulatory clinic with a chief complaint of dyspnea upon exertion. Over the past few weeks she has had a chronic cough and shortness of breath when walking more than two city blocks. She has a long history of hypertension that has been poorly controlled in recent years. On physical examination she has an elevated jugular venous pulse and rales are evident on lung examination. Cardiac enzyme tests are negative. What is the most appropriate next step in distinguishing systolic from diastolic heart failure?
 a. CT scan of the chest b. Cardiac catheterization c. Clinical judgment based on physical examination
 d. Echocardiography e. X-ray of the chest
94. In a patient with history of shortness of breath, which of the following sign indicates left heart failure?
 a. Ascites b. Basal crepitations. c. Dependent edema. d. Engorged neck veins. e. Fourth heart sound.
95. Which of the following causes inferior rib notching
 a. Aortic coarctation b. Marfan syndrome c. Osteogenesis imperfect d. Poliomyelitis e. Rheumatoid arthritis
96. A 30 years old man presented with clubbing. Which of the following respiratory illness is associated with Clubbing?
 a. Asthma b. COPD c. Pulmonary Embolism d. Bronchogenic Carcinoma e. Pleural Effusion
97. A 30 years old man presented with shortness of breath in spring season. O/E He had Bilateral Wheezes. Spirometry revealed Obstructive pattern lung disease. Which of the following is true regarding Obstructive pattern?
 a. FEV1 is normal, FEV1/FVC ratio is increased
 b. FEV1 is increased, FEV1/FVC ratio is increased
 c. FEV1 is reduced, FEV1/FVC ratio is reduced
 d. FEV1 is reduced, FEV1/FVC ratio is normal.
 e. FEV1 is normal, FEV1/FVC ratio is normal.
98. A 60 year old male is smoker for the last 25 years. He presented to medical OPD with 2 months history of weight loss and cough. A chest X ray revealed a left apical mass for which he underwent bronchoscopy and transbronchial biopsy. Which type of malignancy is expected to be the most common in this patient?
 a. Adenocarcinoma b. Large cell carcinoma c. Mesothelioma d. Small cell carcinoma e. Squamous cell carcinoma
99. A 65 years old man presented with shortness of breath and hemoptysis. Which of the following disease is associated with hemoptysis?
 a. Asthma b. Bronchogenic Carcinoma c. COPD d. Pleural Effusion e. Silicosis
100. A 55 years old chronic smoker presented to you with breathlessness. Chest Xray shows Nodule formation in Right Lung Middle Zone. What investigation you will do next?
 a. CT Pulmonary Angiography b. CT Scan Chest with Contrast c. CT Scan Chest without Contrast
 d. High Resolution CT chest e. Observe
101. A 25 years old asthmatic patient presented to Medical OPD with chief complaints of shortness of breath. On Examination his respiratory rate was 30 and Heart rate was 115/min. with feeble respiratory sounds. PEFr was 30%, SpO2 was 90% and PaCO2 is 5.0Kpa (4.6-6.0Kpa). What is the severity of the patient's asthma?
 a. Acute Severe Asthma b. Life threatening Asthma c. Mild Asthma d. Moderate Asthma e. Near Fatal Asthma
102. A 60 years old chronic smoker presented to you with shortness of breath upon exertion, and productive cough. O/E Pursed Lip breathing with Respiratory Rate 26/min and Bilateral Wheezes. What is the most likely Diagnosis?
 a. Asthma b. COPD c. Pleural Effusion d. Pneumothorax e. Lung Abscess
103. The doctor inserts a chest tube into a female patient to treat pneumothorax. The tube is then connected to water-seal drainage. The available nurse in charge can prevent chest tube air leakage by:
 a. Checking and taping all the connections. b. Checking patency of the patient's chest tube.
 c. Keeping the head of the bed elevated d. Keeping the patient's chest drainage system below the level of the chest
 e. No interventions

104. A 40 years old patient presented to Medical OPD with chief complaints of chronic cough with copious purulent sputum, hemoptysis and weight loss. On examination he was having clubbing and coarse crackles in the upper and lower zone of lungs. What is the most likely diagnosis?
- a. Allergic bronchopulmonary aspergillosis b. Bronchiolitis c. Bronchial Asthma
~~d. Bronchiectasis~~ e. Chronic obstructive pulmonary disease
105. Which of these measures best determines that a patient with pneumothorax no longer needs the chest tube?
- a. A lot of drainage from the chest tube is observed. ~~x~~ b. Arterial blood gas (ABG) levels are observed to be normal.
 c. The chest X-ray shows the lung is 35% deflated ~~x~~ ~~d. The water-seal chamber doesn't fluctuate till no suction is applied~~
 e. Pulmonary function tests are normal
106. Why do patients with emphysema often exhibit purse-lipped breathing?
- a. Chest discomfort during inspiration b. Regulates filling of lungs that have increased compliance
~~c. Increases airway pressure during expiration to reduce air trapping~~ d. Reflex response to severe breathlessness. e. None
107. A 66 years old man attends clinic, following a hospital admission for an infective exacerbation of COPD. Latest spirometry showed FEV1 (55% predicted), FVC (79% predicted), ratio 0.62. He wishes to reduce the risk of infection in the future. What is the single most appropriate vaccination to recommend?
- a. H. influenza type B ~~b. Influenza H5N1 vaccine~~ c. Pneumococcal Polysaccharide vaccine
 d. Respiratory syncytial virus vaccine e. Varicella-zoster virus vaccine
108. A 67 years old man was brought to casualty with fever and confusion. X ray chest showed pneumonic consolidation. The attending physician stratified his disease as CURB-65 score of 3. What will be the 30 day mortality risk in this patient?
- a. 0.60% b. 2.70% c. 6.80% ~~d. 14%~~ e. 27.80%
109. Kartagener syndrome has the following except?
- a. Recurrent sinusitis b. Transposition of viscera ~~c. Autosomal dominant~~ d. Bronchiectasis e. Emphysema
110. A 48-years old homeless man, who is living in a local homeless shelter and is an IV drug user, has arrived to the clinic to have his PPD skin test assessed. What is considered a positive result?
- a. 5 mm induration b. 15 mm induration c. 9 mm induration d. 10 mm induration ~~e. 20 mm induration~~
111. A 30 years aged male had a road traffic accident. He has multiple chest injuries. Which injuries are considered life-threatening requiring immediate intervention?
- a. Clavicle fracture b. Cardiac contusion c. Rib fractures d. Subcutaneous emphysema ~~e. Tension pneumothorax~~
112. While travelling on motorway, you saw an accident scene. A person of 40 years age is in severe distress with visible bruises on his chest and limited chest movement on left side. Which of the following is the immediate treatment option in this case?
- a. Chest tube placement in 7th intercostal space ~~b. Needle thoracentesis in 2nd intercostal space~~
 c. Place a dressing on bruise area d. Pain killer injection e. Thoracotomy
113. A medical undergraduate is complaining of nocturnal dry cough. He is denying any history of gastro-esophageal reflux disease. As a doctor, you are suspecting bronchial asthma. You are planning for spirometry in this patient. Asthma can be diagnosed on spirometry 10 minutes after bronchodilator by which of the following parameter?
- a. Increase in FEV1 of more than 400 ml from baseline ~~b. Increase in FEV1 of more than 200 ml from baseline~~
 c. Increase in FEV1 of more than 18% from baseline d. Increase in FVC of more than 10% from baseline
 e. Increase in TLC of more than 10% from baseline
114. A 10 year old boy presented to medical emergency with history of Fever and shortness of breath. Mother give history of recurrent chest infection and fuel smelling bulky stool. On examination patient is thin lean having digital clubbing. What is the most likely diagnosis?
- a. Asthma. ~~b. Cystic fibrosis.~~ c. Pneumonia d. Pulmonary tuberculosis e. Chronic
115. A 9 years old boy presented to medical emergency with history of low grade fever and weight loss. Examination reveals decrease movement on right side of the chest with decrease fremitus, dull to percussion. The trachea is deviated to the left. The most likely diagnosis is?
- a. Atelectasis. b. Pneumonia ~~c. Pleural effusion~~ d. Pneumothorax e. Lung
116. A 60-years-old smoker man presented with progressive dyspnea. On examination, he is plethoric and cyanosed. Chest examination shows reduced air entry bilaterally. Cardiac examination shows right ventricular heave with MR and TR. X ray chest revealed cardiomegaly. What is the most probable diagnosis?
- ~~a. Congestive cardiac failure~~ b. COPD c. Cor Pulmonale d. Left heart failure e. Right heart failure
117. A 7 years old girl presented to medical emergency with history of Fever and difficulty in breathing. Mother give history of recurrent chest infection and fuel smelling bulky diarrhea. On Examination patient is weak having digital clubbing. What investigations you will order to reach the diagnosis?
- a. Arterial blood gases b. CBC c. LFTs ~~d. Sweat chloride test~~ e. Chest X-Ray
118. A low protein content is characteristic of pleural effusions associated with:
- a. TB. ~~b. Cirrhosis.~~ c. Bronchogenic carcinoma. d. Rheumatoid diseases. e. Para pneumonic Effusion
119. Hypercapnia is a typical feature of
- a. Pulmonary embolism b. Salicylate intoxication c. Pulmonary fibrosis ~~d. Severe chronic bronchitis~~ e. Bronchial Asthma
120. Which is correct in type 2 respiratory failure:
- ~~a. Decreased Po2, increased PCO2~~ ~~x~~ b. Decreased Po2, Decreased Pco2. ~~x~~ c. Decreased Po2 and normal Pco2. ~~x~~
 d. Normal Po2, increased Pco2 ~~x~~ e. None of the Above