



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

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Timer

01:09:27

Q#105

A 28-year-old woman with a 2-year history of infertility is diagnosed with anovulation secondary to polycystic ovary syndrome (PCOS). She has a BMI of 30, and her partner's semen analysis is normal. Which of the following is the most appropriate initial treatment for her infertility?

- ☐ Intrauterine insemination (IUI)
- ☐ Laparoscopic ovarian drilling
- ☒ Ovulation induction
- ☐ In vitro fertilization (IVF)
- ☐ Intra-cytoplasmic sperm insemination (ICSI)

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01:09:36

Q#104

22-year-old medical student has recently returned from his elective in Africa and is complaining of fever, abdominal pain and blood in the urine. What is the likely causative organism?

☐ Plasmodium falciparum☒ Schistosomiasis haematobium☐ Aedes aegypti☐ E. coli☐ Pseudomonas

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01:09:50

Q#103

a 13 years old boy reports to the OPD with sudden decrease in urine output, associated with loss of appetite and nausea. He is found to have Acute kidney injury on initial investigations. His urine shows ++ Alb and 20-25 RBCs, He doesn't report volume loss, medications in the past week. He only reports upper respiratory tract infection 15 days back. What's the probable diagnosis?

- ☐ minimal change disease
- ☐ Alports disease
- ☒ post streptococcal glomerulonephritis
- ☐ igA nephropathy
- ☐ Lupus nephritis

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01:11:20

Q#99

A 45 year old man was admitted to surgical ward with severe upper abdominal pain radiating to back for the last 12 hours. He is also vomiting and unable to tolerate any oral fluid. Pain reduces on leaning forward. He is previously diagnosed to have gall stones. On examination he is tachycardiac and tender at epigastrium. Which of the following is the most important investigation to perform?

- ☐ CT abdomen
- ☐ Electrocardiogram
- ☒ Serum amylase
- ☐ Ultrasound abdomen
- ☐ X-ray abdomen

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**Personal information**

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Shahzeb
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scope

01:11:03

Q#100

A 32-year-old woman with Type 1 diabetes presents for preconception counseling. Her HbA1c level is measured at 90 mmol/mol. Based on her HbA1c report, what is the risk of fetal loss during pregnancy?

- ☐ 10%
- ☐ 20%
- ☒ 30%
- ☐ 40%
- ☐ 50%

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01:11:59

Q#98

A 30 years old patient at 27 weeks gestation in her second pregnancy came to delivery suite with abdominal pain, she had a normal vaginal delivery at term in her 1st pregnancy. All observations are within normal limits. CTG shows contraction every ten minutes. Vaginal examination reveals cervix soft, central, 1cm dilated, length 2m and station at -2. Which of the following is the most appropriate management option?

- ☐ Perform TVS to check cervical length
- ☒ Perform fetal fibronectin test
- ☐ Start treatment IV beta agonists
- ☐ Start treatment with progesterone receptor antagonist
- ☐ Start treatment with oral nifedipine

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**Personal information**

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Timer

01:12:51

Q#96

A Primigravida presented at 40 weeks gestation with mild labour pains of 3 hrs duration on vaginal examination her cervix is closed full length, firm posteriorly placed with head at brim. What is the bishop scoring of this patient?

☒ 0☐ 1☐ 2☐ 3☐ 4

PREVIOUS

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**Personal information**

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Timer

01:14:31

Q#92

A 30 year old lady was brought into emergency with severe epigastric pain radiating to back and vomiting for the last six hours. Pain aggravates lying supine. She is a known case of gall stones. On examination she is tachycardiac and tender at epigastrium. What is the most likely clinical diagnosis?

- ☐ Acute cholecystitis
- ☐ Acute gastritis
- ☐ Acute hepatitis
- ☒ Acute pancreatitis
- ☐ Perforated duodenal ulcer

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01:15:35

Q#89

A 32-year-old woman presents with a 2-year history of infertility. Her menstrual cycles are regular, occurring every 28-30 days, and she reports no significant medical history. Her partner's semen analysis is normal. What is the next best step in the investigation of her infertility?

- ☐ Laparoscopy
- ☒ Hysterosalpingography (HSG)
- ☐ Endometrial biopsy
- ☐ Serum FSH and LH levels
- ☐ Serum prolactin levels

PREVIOUS

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01:13:05

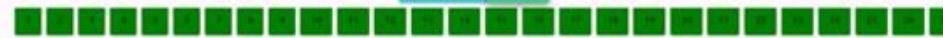
Q#95

A 39 years old male presented with pain and swelling of small joints of hands is diagnosed as a case of RA. Which of the following is the initial long term drug of choice for him?

- ☐ Long term celecoxib
- ☐ Low dose steroids
- ☒ Methotrexate
- ☐ Infliximab
- ☐ Hydroxychloroquine

PREVIOUS

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**Personal information****Student**Shahzeb
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01:16:59

Q#86

A 23 years old lady presents in the antenatal clinic in her first pregnancy at 8 weeks gestation for booking. She is diabetic and on insulin. She enquires about the blood sugar levels monitoring and about the target blood sugar levels. What are the target blood sugar levels one hour after meals

- ☐ Less than 4.2 mmol/l
- ☐ Less than 5.3 mmol/l
- ☐ Less than 6.3 mmol/l
- ☒ Less than 7.8mmol/l
- ☐ Less than 8.8 mmol/l

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01:16:46

Q#87

A 34 years old lady presented to labour room as Gravida 9 Para 7+1 with 38 weeks Period of gestation and is known diabetic since 4 years. She delivered healthy female baby weighing 3.7 kg with good apgar score via normal vaginal delivery 10 minutes ago, now the patient is bleeding heavily per vaginally with estimated blood loss of 1500 ml. What could be the possible cause of primary postpartum hemorrhage in this patient?

- ☐ Diabetes mellitus
- ☐ Genital tract trauma
- ☒ Grand multiparity
- ☐ Patient's age
- ☐ Weight of the baby

PREVIOUS

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Important Note

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01:18:07

Q#84

A 30-year-old woman presents with a 2-year history of infertility. She complains of chronic pelvic pain, dysmenorrhea, and pain during intercourse (dyspareunia). Her menstrual cycles are regular, with painful and heavy periods. Her husband's semen analysis is normal. On physical examination, tenderness is noted in the pelvic region. What is the most likely cause of her infertility?

- ☐ Polycystic Ovary Syndrome (PCOS)
- ☐ Uterine fibroids
- ☒ Endometriosis
- ☐ Adenomyosis
- ☐ Hypothyroidism

PREVIOUS

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01:17:31

Q#85

A 35 years old male patient presented with pain and swelling in the joints of right hand. Examination showed tenderness in MCP, PIP and DIP joints. His x-ray of hand report showed that he has typical pencil in cup deformity. What is the diagnosis on the basis of this report?

- ☐ Rheumatoid Arthritis
- ☐ Sarcoidosis
- ☐ Hemochromatosis
- ☒ Psoriatic arthritis
- ☐ Osteoarthritis

PREVIOUS

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01:19:15

Q#81

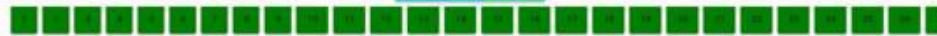
A 45 years old female presented with complaints of pain in small joints of hands for 6 months. She had x-ray of both hands which showed periarticular erosions, subluxation and loss of joint space involving MCP and PIP joints. ESR and CRP are high. What is the diagnosis?

- ☐ Osteoarthritis
- ☐ Primary Hyperparathyroidism
- ☐ Psoriatic arthritis
- ☐ Systemic lupus erythematosus

☒ Rheumatoid Arthritis

PREVIOUS

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01:19:31

Q#80

A 12-year-old girl with a history of Turner syndrome presents with a neck mass. Physical examination reveals a firm, non-tender mass in the thyroid region. Which of the following is she at increased risk for?

- ☐ Thyroid adenoma
- ☐ Papillary thyroid carcinoma
- ☐ Medullary thyroid carcinoma
- ☐ Follicular thyroid carcinoma
- ☒ none of this

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01:20:25

Q#77

A 34 years old lady presented to antenatal clinic in her second pregnancy with severe abdominal pain since last one day ,she is 18 weeks pregnant on examination her vitals are BP 100/50mmHg,pulse is 100/min,temp 98.6F,on U/S single alive fetus of 18+3weeks period of gestation wit right cystic adnexal mass is present about 8 into 9cm,containing hairs elements ,unilocular cyst,on urine R/E 4-6pus cells present .What will be the appropriate management for this patient?

- ☐ Conservative managment
- ☐ Emergency laprotomy
- ☐ Follow up after 3 months
- ☐ Refer patient to surgical department
- ☐ Termination of pregnancy

PREVIOUS

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Important Note

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- 01:37

**Personal information****Student**Shahzeb
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01:21:33

Q#73

A 28-year-old man presented with a 2 month history of a dull ache in his left testis. On examination you can feel a hard lump on the testis which is tender. Which diagnosis needs to be excluded first?

- ☐ Orchitis
- ☐ Epididymitis
- ☐ Torsion of epididymal appendage
- ☐ Testicular torsion
- ☒ Testicular tumour

PREVIOUS

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01:22:02

Q#72

Ms. Sadia, a 23 year old mother of 2 presents to the Emergency Department with a 3 day history of left flank pain and vomiting. She describes the pain as sharp, constant, and worse with touch. Her husband observed her sweating and shivering the night before. She has also experienced a loss of appetite, having been unable to keep any food or liquids "down". In the ED waiting room, she vomits and describes bright red "streaks" mixed with the vomitus. 2 weeks prior to her visit, she describes having dysuria and suprapubic pressure. She has a history of frequent UTIs, so she took an old bottle of unfinished amoxicillin from a previous diagnosis of cystitis and took the remaining 3 pills over the course of the 3 days. Reports that dysuria and pressure subsided afterwards. what is the probable etiology?

☒ ectopic pregnancy☐ acute pyelonephritis☐ cystitis☐ nephrolithiasis☐ papillary necrosis

PREVIOUS

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- 01:37

**Personal information****Student**Shahzeb
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01:21:23

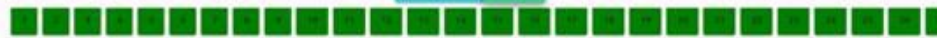
Q#74

A 67 year old man presented with painless jaundice and weight loss for the last three months. On examination he is jaundiced and a palpable mass in right hypochondrium. What is the most likely clinical diagnosis?

- ☐ Acute cholangitis
- ☐ Carcinoma gall bladder
- ☒ Carcinoma pancreas
- ☐ Gall stone pancreatitis
- ☐ Hepatocellular carcinoma

PREVIOUS

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**Important Note:**

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01:24:18

Q#67

a 45 years old presents with pruritis, seen by a physician who advises routine workup. Which reveals anemia, impaired renal functions. Hb of 9, urea of 334 and creatinine of 11. He hasnt reported any decrease in urine output. upon evaluating he reports using ample of Nsaids for backache. His ultrasound is done which shows bilaterally shrunken kidney sizes. A diagnosis of Chronic kidney disease is made. Which of the following is the best treatment option of CKD?

☐ blood transfusion☐ hemodialysis☐ peritoneal dialysis☒ renal transplantation☐ erythropoietin

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**Personal information**

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Timer

01:24:49

Q#66

A 38 years old lady unbooked ,multiparous 4th pregnancy presents to delivery suite in labour with no antenatal records available and having no ultrasound,on per vaginal examination cervix is 5cm dilated,50%effaced,soft central ,presenting part high up ,membrane bulging,during examination spontaneous rupture of membrane occurs followed by gush of fluid along with painless bleeding ,what is the most probable diagnosis?

- ☐ Abruptio
- ☐ Infections
- ☐ Cervicitis
- ☐ Trauma
- ☒ Vasa previa

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01:25:27

Q#64

A 70 year old man presented with painless jaundice and weight loss for the last three months. He is a known case of coronary artery disease. On examination he is jaundiced and emaciated. Which of the following is the investigation of choice to diagnose his condition?

- ☒ CT abdomen
- ☐ Echocardiogram
- ☐ Liver function test
- ☐ US abdomen
- ☐ X-ray abdomen

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**Personal information**

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01:25:11

Q#65

A 30 years old lady para 2 with history of GDM in previous pregnancy, 5 weeks postnatal attends gynae clinic for contraception. she was counselled regarding intrauterine contraception which comes in Medical eligibility criteria 1 (MEC 1). Medical eligibility criteria 1 is defined as?

- ☒ Use the method in any circumstances.
- ☐ Generally use the method , where the advantages outweigh the proven risks
- ☐ Use of the method not usually recommended unless other appropriate methods are not available and acceptable
- ☐ Use the method in high risk cases .
- ☐ method not to be used

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**Personal information**

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01:27:14

Q#61

A 45-year-old woman is found to have suspicious appearing calcifications in the right breast on a screening mammogram. Stereotactic biopsy of the calcifications shows lobular carcinoma in situ (LCIS). On examination both breasts are dense without palpable masses. The neck and bilateral axilla are negative for lymphadenopathy. Which of the following is the most appropriate management of this patient?

☒ Frequent self-breast examinations and yearly screening mammograms

☐ Chemotherapy

☐ Radiation

☐ Right total mastectomy with sentinel lymph node biopsy

☐ Bilateral modified radical mastectomy

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**Personal information**

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01:26:02

Q#63

A 58 years old lady para 10 with previous all normal deliveries present to the Gynae clinic with post-menopausal bleeding for 5 days. She is known hypertensive and diabetic and on medications. examination unremarkable she was thoroughly investigated. Which of the following is most important cause of postmenopausal bleeding?

- ☒ Atrophic vaginitis
- ☐ Endometrial carcinoma
- ☐ Endometrial hyperplasia
- ☐ Cervical carcinoma
- ☐ Fibroid uterus

PREVIOUS

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Important Note

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**Personal information**

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01:28:40

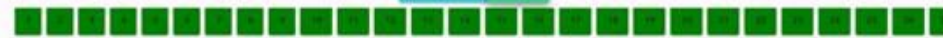
Q#58

A 32 yrs old G2 p1 at 32 weeks gestation is seen in consultation at maternal n fetal unit of hospital. A diagnosis of polyhydromnia has been made with AFI of 32 cm (normal 5 to 25 cm) Which of the following is more likely condition?

☒ Fetal duodenal atresia☐ Fetal renal disease☐ Uteroplacental insufficiency☐ HELLP Syndrome☐ Immune thrombocytopenic purpra

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**Personal information**

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01:27:52

Q#60

a 33 years old male presents with sudden onset chest pain, he is a known patient of chronic kidney disease stage 5. HE remained on dialysis for 1 year. He reports to have missed dialysis sessions in the past week. ECG done shows saddle shaped ST elevation, which the physician attributes to Uremic pericarditis. Whats the single best treatment option?

- ☐ Streptokinase
- ☐ Angiography
- ☒ Hemodialysis
- ☐ IV calcium gluconate
- ☐ Morphine

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**Personal information**

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01:28:52

Q#55

Which of the following clinical findings is most commonly found in hands of a patient with RA?

- ☒ Heberden's node
- ☐ Swan Neck deformity
- ☐ Button hole deformity
- ☐ Ulnar deviation of MCP joints
- ☐ Bouchard Nodes

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**Personal information**

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01:23:07

Q#69

A 5 years old boy presented to your opd with chief complaints of fever,vomiting,abdominal pain and bloody loose motions from last 6 days.His mother is complaining that he is looking pale since yesterday.Workup revealed Hb 8.2 g/dL TLC 14000 /uL Platelet count 58000 /uL Reticulocyte count 7 % Urea 122 mg/dL Creatinine 4.2 mg/dL Blood smear was also positive for schistocytes.Blood culture was traced which showed growth of E.Coli.What is the most probable diagnosis?

☒ Hemolytic uremic syndrome☐ Acute gastroenteritis☐ Enteric fever☐ Dysentery☐ Nephrotic syndrome

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**Personal information****Student**Shahzeb
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01:28:55

Q#54

A number of screening tests are performed in all pregnancies at designated gestational ages to screen for different abnormalities. Which of the following screening tests given below is correctly matched with the gestational age?

☒ Combined screening test at 11 weeks for aneuploidies☐ Glucose load test at the first prenatal visit☐ Fetal anatomic survey at 28-30 weeks☐ Rubella serology at the 6-week postpartum visit☐ Sexually transmitted disease screening at 22-24 weeks

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**Personal information****Student**Shahzeb
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01:29:14

Q#49

A 35-year-old male presents to the fertility clinic after his partner has been evaluated for infertility. The semen analysis reveals no sperm present in the ejaculate despite normal testicular size and hormonal levels. The urologist explains that this condition can be classified based on its underlying causes, which may be obstructive or non-obstructive. What is the term used to describe the absence of sperm in the ejaculate?

☐ Oligospermia☒ Azoospermia☐ Aspermia☐ Teratospermia☐ Normospermia

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**Personal information****Student**Shahzeb
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01:34:19

Q#46

A 30-year-old woman presents with a 1-year history of infertility. She reports having irregular menstrual cycles ranging from 35 to 50 days. She has gained weight over the past year and has noticed increased hair growth on her face and body. Her partner's semen analysis is normal. What is the most likely cause of her infertility?

- ☐ Endometriosis
- ☒ Polycystic Ovary Syndrome (PCOS)
- ☐ Primary ovarian insufficiency
- ☐ Tubal factor infertility
- ☐ Hyperprolactinemia

PREVIOUS

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Important Note

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**Personal information**

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01:34:43

Q#45

A patient, G3P0, comes to consultant OPD at 34 weeks of gestation with the complaint of reduced foetal movements. You checked her blood pressure which is 100/70 mm hg. Her symphysio fundal height is 34 cm, cephalic presentation and positive foetal heart. Her lab result shows normal Hb and random blood sugar. She denies any illicit drug use and is using just iron and calcium supplements. What next investigation you will advise for fetal well being?

☐ obstetrical ultrasound☒ obstetrical ultrasound with biophysical profile☐ stress test☐ 3 D Ultrasound☐ umbilical artery doppler

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:27

**Personal information**

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Scope

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Timer

01:35:04

Q#44

A 14 years old boy known case of diabetes mellitus type 1 came to Emergency room with chief complaints of vomiting, abdominal pain and lethargy. On examination you find out that his GCS is 10/15 and is having rapid, deep breathing. He is also having a fruity breath odor. On further inquiry mother told you that he has missed doses of insulin since 2 days. What is the most probable diagnosis?

☒ Diabetic ketoacidosis☐ Hypoglycemia☐ Hyperosmolar Coma☐ Diabetic Nephropathy☐ Diabetic Neuropathy

PREVIOUS

NEXT

Important Note

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Timer

01:36:23

Q#41

A woman in her first pregnancy present to the hospital in 37 weeks of pregnancy in labour. She has twin gestation with first twin cephalic presentation and second is transverse lie. on examination she has pulse of 89 beats /minute, blood pressure 120/70 mm hg. Per vaginal examination shows cervical dilatation of 6 cm, station at minus 3, membranes intact. She want vaginal birth. The best tool to assess progress of labour is by

- ☐ bishop scoring
- ☐ cardiotocograph
- ☐ tocometry
- ☒ partograph
- ☐ ultrasound

PREVIOUS

NEXT

Important Note

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01:38:02

Q#38

A 45 yrs p4 presents to gynae opd with history of irregular cycle with scanty flow .she is worried about her cycle and her weight her Bmi is 34 kg/m2 .her gynaecolgist advised her investigations which diagnosed her to b a case of poly cystic ovarin syndrone..her tvs showed endometrial thickness of 8 mm...and informed her long term risk of pco

☒ Endometrial hyperplasia n ca endometrium☐ Diabetes millilitus☐ Hypertension☐ Chushing syndrome☐ Nephrotic syndromr

PREVIOUS

NEXT

Important Note

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- 01:27

**Personal information**

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Timer

01:38:29

Q#37

A woman G2P1 comes to the antenatal clinic at 22 weeks gestation with her 18 months old child. Both of them have a rash over the face since morning. The child is diagnosed by the paediatrician as having chicken pox. Mother past history of chicken pox is negative. What is the next appropriate step in her management?

- ☐ A) Oral administration of acyclovir
- ☒ B) IV Immunoglobulin
- ☐ C) Termination of pregnancy
- ☐ D) Quarantine
- ☐ E) Chicken pox vaccine.

PREVIOUS

NEXT

Important Note

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01:38:59

Q#36

A 32-year-old man visits his healthcare provider with concerns about infertility. He is found to have low sperm counts on semen analysis and is referred for further hormonal evaluation. The physician explains that follicle-stimulating hormone (FSH), produced by the anterior pituitary gland, plays a significant role in male reproductive physiology by acting on specific testicular cells. What is the primary role of FSH in male reproductive health?

- ☐ Stimulates Leydig cells to produce testosterone
- ☐ Enhances prostate function
- ☐ Inhibits sperm maturation
- ☐ Regulates libido
- ☒ Promotes spermatogenesis in Sertoli cells

PREVIOUS

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Important Note

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**Personal information**

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Scope

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Timer

01:40:26

Q#34

A 5 days old baby born at 32 weeks POG who was on formula milk now presents with post feed non projectile vomiting which contains milk and he hasn't passed stool since yesterday. O/E sick looking baby, distended abdomen. Xray abdomen shows pneumatosis intestinalis. What is the most likely diagnosis?

☐ Duodenal atresia☐ Pyloric stenosis☐ Malrotation☐ Intussusception☒ Necrotizing enterocolitis

PREVIOUS

NEXT

Important Note

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- 01:17



Personal information

Student

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Scope

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Timer

01:39:40

Q#35

A 40-year-old man presents with infertility issues, and laboratory tests indicate an imbalance in his reproductive hormones, particularly low levels of testosterone and elevated luteinizing hormone (LH). After discussing various treatment options, the urologist recommends a specific therapy aimed at restoring hormonal balance to improve fertility potential. Which of the following treatment modalities is commonly used for male infertility due to hormonal imbalance?

- ☐ In vitro fertilization (IVF)
- ☐ Surgical correction of varicocele
- ☒ Hormonal therapy with gonadotropins
- ☐ Lifestyle modifications only
- ☐ Sperm retrieval techniques

PREVIOUS

NEXT



Important Note

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Timer

01:31:56

Q#52

A 22 yrs old unbooked PG presents to Delivery Sult at 26 weeks of POG with spontaneous bleeding she soaked 4 pads with fresh red blood n orange size of blood clotts she soaked her linen while on way to hospital.what is the best test to diahnose this condition

- ☐ Cardiotocography
- ☐ CT scan
- ☐ MRI
- ☐ Transabdominal scan
- ☒ Transvaginal scan

PREVIOUS

NEXT

Important Note

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**Personal information**

Student

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Timer

01:41:50

Q#32

A 40-year-old woman presents to her primary care physician with complaints of worsening muscle aches and diffuse weakness over the past several months. She states that she now has difficulty climbing stairs and extending her neck. Ultimately, she became more concerned when she began having trouble swallowing and experienced shortness of breath last night which has resolved. Her temperature is 98.5°F (36.9°C), blood pressure is 120/84 mmHg, pulse is 70/min, respirations are 12/min, and oxygen saturation is 98% on room air. Physical exam is notable for 2/5 strength of the proximal muscles of the upper and lower extremities. Laboratory studies are notable for an elevated CRP and aldolase. Which of the following is the most appropriate treatment for this patient?

- ☐ IV immunoglobulins
- ☐ Methotrexate
- ☒ Prednisone
- ☐ Naproxen
- ☐ Neostigmine

PREVIOUS

NEXT

Important Note

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Timer

01:42:18

Q#31

A 20 year old women has developed low grade fever, a malar rash and arthralgia of the hands over several months. High titers of anti- DNA antibodies are noted and complement levels are low. The patient's white blood cell count is 3000/uI and platelets count is 90,000/uI. The patient is on no medications and has no signs of active infection. The best course of action would be?

☒ High dose glucocorticoid therapy would be indicated.☐ Start patient on broad spectrum antibiotics.☐ Request bone marrow aspiration to rule out aplastic anemia.☒ Rule out SLE by requesting ANA levels☐ Urgent blood transfusion.

A is correct

PREVIOUS

NEXT

Important Note

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01:40:52

Q#33

A 5 year old boy comes with history of cola coloured urine. He also complains of headache and gives a O/E he looks pale, is edematous with BP of 130/90 (raised for age). What lab investigations will u do to

- ☐ CBC, Urine R/E
- ☐ urine R/E, Urine culture and ultrasound abdomen
- ☒ ASO titres, urine R/E, serum urea and creatinine and electrolytes
- ☐ MRI brain
- ☐ renal biopsy

PREVIOUS

NEXT

**Important Note**

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**Personal information**

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scope

01:44:14

Q#28

You are sitting in an antenatal OPD, A healthy 28-year-old G2P1 with previous normal vaginal delivery and previously normotensive presents to you at 34 weeks gestation with a BP of 152/95 mmHg. What test should you check next?

- ☐ Complete blood count
- ☐ Renal function test
- ☐ Liver function test
- ☒ Urine dipstick
- ☐ Uric acid

PREVIOUS

NEXT

Important Note

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**Personal information**

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Scope

scope

Timer

01:44:50

Q#27

A 39 years old woman Para 2 with all normal vaginal deliveries comes to your clinic. Her last-born baby is 8 years ago. She has infrequent periods for last 2 years along with mood swings, difficulty in sleeping and feeling hot. Following diagnosis of her condition how will you counsel her regarding one of the first issues she should know?

☒ An appreciable risk of unpredictable ovulation that may lead to pregnancy☐ Dementia☐ Increased sexual desire☐ Osteoporosis☐ Urogenital prolapse

PREVIOUS

NEXT

Important Note

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Timer

01:46:05

Q#25

A teenage boy presents with left testicular pain for 12 hours. The pain has gradually improved but there is an apparent swelling and a blue dot is visible under the skin on the upper pole of the testis. What is the most likely diagnosis?

- ☐ Orchitis
- ☐ Epididymitis
- ☒ Torsion of testicular appendage
- ☐ Testicular torsion
- ☐ Testicular tumour

PREVIOUS

NEXT

Important Note

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**Personal information**

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Reg No

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Scope

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Timer

01:46:45

Q#24

A 5 years old male child presents to OPD with 8 months history of excessive urination and blood in urine. Mother states that they have been repeatedly taking treatments for urinary tract infections. On examination the child is having short stature, pallor, sallow complexion and hypertension. The child is vitally stable and there is no evidence of jaundice or any other abnormality. What is the most probable diagnosis?

- ☐ Nephrotic syndrome
- ☐ Chronic liver failure
- ☒ Chronic renal failure
- ☐ Acute kidney injury
- ☐ Acute glomerulonephritis

PREVIOUS

NEXT

**Important Note**

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- 01:17

**Personal information**

Student

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Scope

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Timer

01:47:50

Q#22

A pregnant lady 37 years old, during her routine antenatal visit enquires you about the different techniques of pain relief in labour. You tell her that all of the following are pharmacological techniques of analgesia but the most effective form of analgesia in labour is?

- ☐ Spinal anesthesia
- ☐ Intravenous paracetamol
- ☐ Inhalational analgesia
- ☒ Epidural analgesia
- ☐ NSAIDS

PREVIOUS

NEXT

Important Note

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Personal information

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01:48:14

Q#21

A 28 years old woman present with no prior medical history presents with a 3 weeks history of joint swelling and stiffness. Morning stiffness lasts for 2hrs every morning since the symptoms started and the symptoms improve as the day progresses. she denies back stiffness or back pain. She has fatigue and low-grade fever. On examination of the wrist, MCPs and PIPs are red and swollen on both hands. The DIPs are not involved. There is a fluid on the wrist joints. Otherwise, the examination is normal. What is the most likely diagnosis?

- ☐ Ankylosing Spondylitis
- ☐ Gout
- ☐ Reactive Arthritis
- ☐ Rheumatoid Arthritis
- ☒ Systemic lupus Erythematosus

PREVIOUS

NEXT

Important Note

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- 01:17

**Personal information****Student**Shahzeb
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Scope

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01:28:59

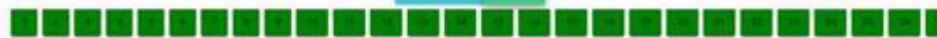
Q#53

A 22-year-old man presents with a day history of right testicular pain. On examination there is significant tenderness on the epididymis but not the testis. He has a history of unprotected intercourse and chlamydia. What is the most likely diagnosis?

☐ Orchitis☒ Epididymitis☐ Torsion of epididymal appendage☐ Testicular torsion☐ Testicular tumour

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:37

**Personal information**

Student

Shahzeb
Hassan

Reg No

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Scope

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Timer

01:49:13

Q#19

A 28-year-old male presents to the clinic with concerns about decreased libido and difficulty achieving erections. Blood tests reveal low testosterone levels. The physician explains that the regulation of testosterone production is primarily controlled by a specific hormone secreted by the anterior pituitary gland. Which hormone is responsible for stimulating testosterone production in Leydig cells?

☒ Luteinizing hormone (LH)☐ Follicle-stimulating hormone (FSH)☐ Prolactin☐ Estrogen☐ Cortisol

PREVIOUS

NEXT

Important Note

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- 01:17



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Timer

01:49:57

Q#:18

A 38 year old is evaluated after passing his second kidney stone . He reports no fever or dysuria . There is no family history of hyperparathyroidism, nephrolithiasis or kidney disease.He is not on any medication nowadays. His labs shows Calcium of 8.5mg/dL , Creatinine 0.7mg/dL with normal electrolytes. Urinalysis shows PH 5.0 negative dipstick positive for calcium oxalate crystals. In addition to increasing fluid intake ,which of the following is the most appropriate management?

- ☐ Add Allopurinol
- ☒ Add Potassium Citrate
- ☐ Add Vitamin C
- ☐ Increase Protein intake
- ☐ Decrease fluid intake

PREVIOUS

NEXT

Important Note

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- 01:17

**Personal information**

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scope

Timer

01:52:30

Q#14

A patient in Post operative ward is admitted having Elective cesarean section 6 hours back. On examination her abdomen is soft and non tender. She is mobilized. She is on Normal/saline 1 Liter/day. She is thirsty but staff has not allowed her for oral intake yet. She is wearing compression stockings. In her management which of the following will increase the risk of venous thromboembolism ?

- ☐ Early mobilization
- ☐ Adequate hydration
- ☐ Effective pain relief
- ☐ Compression stockings
- ☒ Fluid restriction

PREVIOUS

NEXT

Important Note

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Timer

01:53:34

Q#12

A 77-year-old man presents with haematospermia and haematuria. He reports that his urinary flow has been worsening over the last 6 months. Examination reveals a hard irregular prostate, with prostate specific antigen (PSA) 59 ng/mL (normal PSA 5 ng/mL adjusted for age). What is the likely cause?

- ☐ Bladder cancer
- ☐ Prostatitis
- ☐ Urinary colic
- ☒ Prostate cancer
- ☐ Urethral strictures

PREVIOUS

NEXT

Important Note

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- 01:07

**Personal information**

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scope

Timer

01:54:56

Q#9

A 27 years lady in her second pregnancy at 28 weeks period of gestation presented to delivery suite with history of Prelabour preterm rupture of membranes for 7 days. On examination her blood pressure is 90/50 mmhg, Pulse = 110 bpm, Temperature = 101 degree F and Respiratory rate = 22 bpm. Which of the following step will you take for this patient?

- ☒ Administer antibiotics before taking blood sample for investigations
- ☐ Administer broad spectrum antibiotics within two hours of recognition of severe sepsis
- ☐ If serum lactate is > 2 mmol/l, deliver an initial amount of 20 ml/kg of crystalloids
- ☐ Measure serum Lactate
- ☐

Monitor her vitals and in case of persistent hypotension despite fluid resuscitation aim to achieve central venous pressure (CVP) of > 4 mmhg

PREVIOUS

NEXT

**Important Note**

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Timer

01:54:05

Q#11

A 6 years old presented with bilateral absent testis in scrotum and urinary meatus on ventral side of penis near the penoscrotal junction. according to classification system of hypospadias, this penoscrotal variety falls in which category?

☒ distal hypospadias☐ mid penile variety☐ proximal hypospadias☐ anterior hypospadias☐ hypospadias with chordee variety

PREVIOUS

NEXT

Important Note

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01:53:14

Q#13

A 65-year-old woman presents to the emergency department due to a severe headache and visual impairment in the right eye. Her symptoms are associated with pain with chewing and proximal muscle morning stiffness. On physical exam, she has decreased visual acuity of the right eye, scalp tenderness on the right, and an absent pulse in the right temporal area. Laboratory test reveals elevated (ESR=110). what is the most specific treatment for this condition?

☒ Corticosteroids☐ Cyclophosphamide☐ Methotrexate☐ NSAIDS☐ antibiotics

PREVIOUS

NEXT

Important Note

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Personal information

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01:51:49

Q#15

A 34-year-old woman presents with a 5-year history of infertility. She has regular menstrual cycles and no significant medical history, but reports a past history of lower abdominal pain, abnormal vaginal discharge, and fever. Her partner's semen analysis is normal. Which of the following investigations is most appropriate to confirm the diagnosis of infertility?

☒ HyCoSy (hystero-salpingo contrast sonography)☐ Transvaginal ultrasound☐ Laparoscopy with dye test☐ Hysterosalpingography (HSG)☐ MRI pelvis

PREVIOUS

NEXT

Important Note

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- 01:07



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01:28:48

Q#56

a 54 years old female known diabetic for the past 23 years taking insulin basal-bolus regime, reports with decreased appetite , headache, vomiting and generalized body swelling. Her initial workup suggests Hb of 7.5, Urea of 202, creatinine of 9, Urine RE shows ++ Albumin . her ultrasound shows bilateral small kidneys. Whats the likely diagnosis?

☐ Chronic kidney disease☒ acute tubular necrosis☐ cardiorenal syndrome☐ Nephrotic syndrome☐ VAcutitis

PREVIOUS

NEXT

**Important Note**

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01:20:46

Q#76

You are sitting in an antenatal clinic, a pregnant lady G3P2 at 30 weeks period of gestation with complaints of fatigue and shortness of breath. Her Hb is 8.5 g/dl. Maternal iron deficiency anemia is a risk factor for which pregnancy outcome?

- ☐ High birth weight
- ☒ Low birth weight
- ☐ Polyhydramnios
- ☐ Pregnancy induced hypertension
- ☐ No effect on the fetus

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:37

**Personal information**

Student

Shahzeb
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Scope

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Timer

01:20:04

Q#78

a 28 years old ale, cook by profession comes to OPD with history of headache, decreased urine output and metallic taste in mouth. He doesnt have any significant abnormality on examination. His workup reveals Urea of 78, creatinine of 4.0. His urine RE shows ++ ALb and RBC casts. He reports having a sore throat 2 days back. He is planned for a renal biopsy, which of the etiology is prbably suspected?

- ☐ thin basement membrane disease
- ☐ Fabry disease
- ☒ post streptococcal glomerulonephritis
- ☐ hemolytic uremic syndrome
- ☐ igA nephropathy

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:37

**Personal information**

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01:14:52

Q#91

A 34-year-old lady presented to the fertility clinic with a history of primary infertility. The woman has been shown to have a normal hormone profile with a normal ovarian reserve and here TVS shows normal study diagnostic laparoscopy shows healthy and patent tubes The semen analysis has shown a sperm count of 4 million/ml, a total sperm count of 22 million and motility of 20%. . What will be the most suitable treatment for this couple?

- ☐ Do Nothing
- ☐ spontaneous conception
- ☐ ovulation induction
- ☐ IUI
- ☒ IVF and ICSI

PREVIOUS

NEXT

**Important Note**

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**Personal information**

Student

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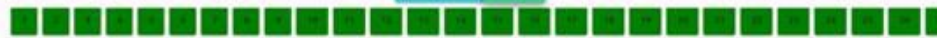
Q#97

A 23 yrs old lady present to opd in her 2nd pregnancy with complaints of severe nausea n vomiting..her bp is 120/80 mmhg pulse 73 / mint urinary ketones are +++..Her condition may lead to which of the following

- ☐ Niacin deficiency
- ☐ Pyrodixin deficiency
- ☐ Riboflavin deficiency
- ☒ Thiamine deficiency
- ☐ Ascorbic deficiency

PREVIOUS

NEXT

**Important Note:**

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- 01:47

**Personal information**

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Reg No

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Scope

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Timer

01:50:43

Q#17

A 4 years old well grown boy presents to OPD with chief complaints of facial and pedal swelling. On examination he is vitally stable and having generalized edema involving face, abdomen, sacral area and both limbs. Heart sounds are normal and there is no history of jaundice. Investigations reveal proteinuria on Urine microscopy and raised cholesterol with decreased albumin. What investigation will you do to reach the diagnosis?

- ☐ Urine Culture
- ☐ Blood Culture
- ☒ Urine Protein : creatinine ratio
- ☐ Urinary chloride
- ☐ Echocardiography

PREVIOUS

NEXT

Important Note

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Reg No

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Timer

01:56:08

Q#8

A 30 years old G5P3plus 1 presented to clinic at 26 weeks gestation with recurrent UTI. She has previous history of shoulder dystocia. her father is diabetic and hypertensive. Her investigations showed HB of 11.4 gms/dl , TLC of $6.7 \times 10^9/L$, platelets of $220 \times 10^9/L$. midstream urinary specimen showed 10-12 pus cells/high power field, albumin nil and sugar ++. What investigation are you going to do next?

☐ HbA1C☒ OGTT☐ serum fasting blood sugar☐ Serum random blood sugar☐ serum uric acid

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:07



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:51:09

Q#16

A woman in her fifth month of second pregnancy comes to her doctor with the complaints of increased thirst ,increased frequency of urination and excessive vaginal itching along with whitish discharge.She has used medication which temporarily relieves her symptoms.What investigation you will do in this case.

- ☒ glucose tolerance test
- ☐ full blood count
- ☐ TSH
- ☐ URINE CULTURE
- ☐ DIFFERENTIAL LEUCOCYTE COUNT

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:48:46

Q#20

A pregnant lady gravida 3 para 2 at 34 weeks period of gestation presents to you for her checkup. Her blood pressure is 130/80 mmhg, Pulse = 84 bpm, Temperature = 98 F. Her BMI is 32 kg/m2. On examination her fundal height is 38 cm. Ultrasound confirms fetal macrosomia with fetal weight of 4.3 kg. what do you think could be the possible underlying cause for fetal macrosomia in this case?

- ☐ Fetal Hyperglycemia
- ☒ Fetal Hyperinsulinemia
- ☐ Increased maternal blood cortisol levels
- ☐ Maternal human placental lactogen
- ☐ Maternal Hyperglycemia

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:17

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:47:34

Q#23

A woman 33 years old, known diabetic since 10 years comes to the hospital at 30 weeks of pregnancy. It's her second pregnancy. She was diagnosed in her last pregnancy 7 years ago for the first time. Her previous child was intrauterine demise. Currently she is on insulin with dosage of 18 units regular insulin TID with 10 units Levemir at night. Her sugar levels are controlled so far. Her ultrasound scan shows fetal diameters corresponding to 34 weeks and slightly increased liquor. Keeping in view her condition she has increased risk of the following complication if she goes into labour at 39 weeks of gestation?

- ☐ intrauterine growth restriction
- ☐ dysfunctional labour
- ☐ intrauterine fetal death
- ☒ shoulder dystocia
- ☐ failed induction

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:17

**Personal information**

Student

Shahzeb
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Reg No

MB1924-1991

Scope

scope

Timer

01:45:31

Q#26

A 33 years old lady and her partner attends fertility clinic after trying for a baby for 4 years . The husband semen analysis has been checked and is normal, the woman had normal hormonal profile and normal pelvic ultrasound, she has a 3 years' history premenstrual pain for 3 days before each menstrual cycle and deep dyspareunia. What is the most suitable test for tubal patency in this patient ?

- ☐ HSG
- ☐ Hysteroscopy
- ☒ Hysterocontrast sonography (HyCoSy)
- ☐ Laparoscopy and dye test
- ☐ MRI

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:17



192.168.6.2/Forms/Exan



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MB1924-1991

Scope

scope

Timer

01:43:47

Q#29

A 32-year-old woman presents with a 1-year history of infertility. She reports fatigue, weight gain, and irregular menstrual cycles. On examination, she has dry skin and mild swelling around her eyes. Laboratory tests reveal a thyroid-stimulating hormone (TSH) level of 8.5 mIU/L (normal range: 0.4-4.0 mIU/L), free thyroxine (T4) level of 0.6 ng/dL (normal range: 0.7-1.8 ng/dL), follicle-stimulating hormone (FSH) level of 6.0 mIU/mL (normal range: 4.7-21.5 mIU/mL), and luteinizing hormone (LH) level of 5.0 mIU/mL (normal range: 1.9-12.5 mIU/mL). What is the most likely cause of her infertility?

- ☐ Polycystic Ovary Syndrome (PCOS)
- ☐ Endometriosis
- ☐ Hyperprolactinemia
- ☒ Hypothyroidism
- ☐ Premature Ovarian Insufficiency

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:17



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:43:05

Q#30

68-year-old man presents with recurrent urinary tract infection (UTI). He has a history of recurrent renal stones and has three previous percutaneous nephrolithotomies in the right kidney. Current evaluation confirms a recurrent 3 cm stone in the right renal pelvis. An isotope study (DMSA) performed 3 months after treatment of his UTI shows 5% function in the right kidney. What is the best treatment strategy for the right renal stone?

- ☐ Extracorporeal shock wave lithotripsy (ESWL)
- ☐ Flexible ureterorenoscopy (FURS) with stone fragmentation
- ☐ Percutaneous nephrolithotomy (PCNL)
- ☒ Nephrectomy
- ☐ Conservative treatment

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:17

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:35:54

Q#42

A 21 yrs old PG Presents at 15 weeks of Gestation and is noted to have fever of 101 F..Her Bp is 80/40 mmhg and decreased urine output.which of the following is most common cause of septic shock in pregnancy

- ☐ Mastitis
- ☐ PID
- ☒ Pylonephritis
- ☐ Wound infection
- ☐ Endometritis

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:27

**Personal information**

Student

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Reg No

MB1924-1991

Scope

scope

Timer

01:37:27

Q#39

A baby born at 28 weeks gestation admitted in the neonatal ICU develops respiratory distress 2 hours after birth. On examination subcostal indrawing, respiratory rate 80 breaths/min, Chest bilateral decreased air entry, no visceromegaly, CVS S1, S2, 0. Chest X Ray shows bilateral ground glass appearance. The deficiency of which of the following substances is responsible for this condition?

☒ Surfactant☐ Aminoacids☐ Iron☐ Vitamin D☐ Phosphorus

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:27



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:37:00

Q#40

A young lady in her second pregnancy at 37+6 weeks period of gestation has Gestational diabetes mellitus and polyhydromnios with transverse lie. She presented to the ER with complaints of spontaneous rupture of membranes. On speculum examination cord prolapse confirmed. Which of the following is the best next step?

- ☐ Inform senior and prepare for normal vaginal delivery.
- ☒ Place mother in knee to chest position.
- ☐ Prevent further cord compression by emptying the bladder.
- ☐ Manually reduce the cord back into the cervix
- ☐ No need to confirm fetal heart rate as this could delay the time to delivery.

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:27



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MB1924-1991

Scope

scope

Timer

01:35:25

Q#43

A 48 years old patient with history of RA for 15 years presented with complaints of ptosis and diplopia on and off more at evening time for 1 month. She also complains of difficulty in combing her hair and climbing stairs for 2 months. She was started on some new DMARD 3 months back. Which of the following is the most likely cause of her symptoms?

- ☐ Methotrexate
- ☐ Leflonamide
- ☐ Infliximab
- ☒ Penicillamine
- ☐ Sulphasalazine

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:27

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:33:50

Q#48

A pregnant lady from Australia Gravida 3 para 2 with 18 weeks Period of gestation comes to you in an antenatal clinic for antenatal checkup. she has previous all normal vaginal deliveries. Her last born baby is 2 years ago with good size at birth weighing 4.2 kg. On examination her blood pressure is 120/70 mmhg, Pulse = 82 bpm, Temperature = 98F and BMI = 29 kg/m2. She tells you that her father is having hypothyroidism. Her OGTT done in previous pregnancy was normal. While taking her history and examination which factor prompts you to do her OGTT at 28 weeks to screen for diabetes.

- ☐ All pregnant women should be screened for Gestational Diabetes
- ☐ Family history of endocrine disorders
- ☐ Her ethnic origin
- ☐ Her raised BMI
- ☐ Previous history of good size baby/ macrosomia

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:27



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:29:06

Q#51

A 58-year-old woman with type 2 diabetes and stage 3 chronic kidney disease (CKD) is found to have a persistently elevated albumin:creatinine ratio (ACR). Her blood pressure today is 138/98 mmHg. What is the SINGLE MOST appropriate next management for this patient? Select ONE option only.

- ☐ Start a beta blocker
- ☐ Repeat clinic blood pressure on two occasions before considering any medication
- ☒ Start angiotensin converting enzyme (ACE) inhibitor
- ☒ Start Calcium channel blocker.
- ☐ Arrange 24-hour home ambulatory blood pressure monitoring

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:37



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:29:10

Q#50

A 40 year old female patient presented to the outpatient department with a lump in left breast which is painless and firm in consistency. She has a history of breast cancer in her family. After thorough work up it was found to be fibroadenoma left breast with no axillary lymph nodes on ultrasound. The patient is very anxious even after thorough counseling and wants to remove it. What is the most appropriate management of this patient?

- ☐ Counsel about thorough surveillance only
- ☒ Advise lumpectomy and sent biopsy
- ☐ Start her on evening primrose oil
- ☐ Send her for BRCA screening
- ☐ d. Start on anti tumor medicines

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:37

**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:34:04

Q#47

A 50 year old man complains of abdominal pain, chills and fever. On examination, he is febrile and jaundiced. His liver functions are deranged, and ultrasound abdomen shows multiple gall stones. Which of the following is the most likely diagnosis?

☐ Acute appendicitis☒ Acute cholangitis☐ Acute cholecystitis☐ Acute pancreatitis☐ Liver abscess

PREVIOUS

NEXT

**Important Note**

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- 01:27

**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:29:22

Q#:47

A 50 year old man complains of abdominal pain, chills and fever. On examination, he is febrile and jaundiced. His liver functions are deranged, and ultrasound abdomen shows multiple gall stones. Which of the following is the most likely diagnosis?

☐ Acute appendicitis☒ Acute cholangitis☐ Acute cholecystitis☐ Acute pancreatitis☐ Liver abscess

PREVIOUS

NEXT

**Important Note**

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- 01:37



192.168.6.2/Forms/Exan



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:29:18

Q#48

A pregnant lady from Australia Gravida 3 para 2 with 18 weeks Period of gestation comes to you in an antenatal clinic for antenatal checkup. she has previous all normal vaginal deliveries. Her last born baby is 2 years ago with good size at birth weighing 4.2 kg. On examination her blood pressure is 120/70 mmhg, Pulse = 82 bpm, Temperature = 98F and BMI = 29 kg/m2. She tells you that her father is having hypothyroidism. Her OGTT done in previous pregnancy was normal. While taking her history and examination which factor prompts you to do her OGTT at 28 weeks to screen for diabetes.

- ☒ All pregnant women should be screened for Gestational Diabetes
- ☐ Family history of endocrine disorders
- ☐ Her ethnic origin
- ☐ Her raised BMI
- ☐ Previous history of good size baby/ macrosomia

PREVIOUS

NEXT

Important Note

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- 01:37



192.168.6.2/Forms/Exan



Personal information

Student

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Reg No

MB1924-1991

Scope

scope

Timer

01:28:44

Q#57

A couple attends fertility clinic, married for 2 years and have not conceived yet, the woman age is 38 years and husband age is 40 years. She is having regular menstruation 7/28 cycle and dysmenorrhea. The husband smokes 7 cigarettes per day, live together and have regular unprotected sexual intercourse for last 2 years. The most important factor of infertility in this case is?

- ☐ Dysmenorrhea
- ☐ Coital frequency
- ☒ Cigarette smoking
- ☐ Female age
- ☐ Male age

PREVIOUS

NEXT

Important Note

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- If you are uploading multiple files, first zip it.
- 01:37



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:28:22

Q#59

A nulliparous patient came to OPD ,married for 2 years wants conception .On examination patient is obese complaining of increase hair growth on face and upper lip,her cycles are regular normal flow,bleed after every 28 days for 5to 6 days.you advise all base line investigation and trans vagin ultrasound.On ultrasound ovarian enlarge having multiple cysts.What is rotterdam criteria for Polycystic ovarian syndrome?

- ☐ Anovulation,hyperandrogenism, polycystic ovaries
- ☒ Hyperandrogenism,heavy menstrual bleeding , polycystic ovaries
- ☐ Anovulation,Obesity, polycystic ovaries
- ☐ Anovulation, oligomenorrhea, polycystic ovaries
- ☐ Hyperandrogenism, oligomenorrhea,heavy menstrual bleeding

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:37



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:26:40

Q#62

A 44 year old male presented to ER with shortness of breath. He had previous history of Diabetes Mellitus for 10 years and Hypertension for 5 years. He is currently on Insulin for his blood sugars and Valsartan 80mg for blood pressure. He had recent fall and has used diclofenac 50mg for five days twice daily. On examination he is in distress, requiring oxygen with bilateral crackles and raised JVP. His blood pressure is 160/100 mm Hg. Lab studies show Urea 290mg d/L Creatinine 10.3mg/dL Na 138 K 6.9 HCO3 18. ECG shows peaked T waves and prolongation of PR interval. What is the most appropriate immediate therapy?

- ☐ inhale salbutamol
- ☐ intravenous insulin and glucose
- ☐ PO polystyrene sulphate resin
- ☐ immediate withdrawal of valsartan

☒ IV calcium gluconate

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:37

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:23:45

Q#68

a 25 years old boy from khyber agency reports with altered sensorium decreased urine output. His brother tells the doctor that he had profuse diarrhea and vomiting with fever 3 days back. He also reports over 20 episodes a day. on examination he is found to have a blood pressure of 80 systolic, dry mucus membranes. his investigations show urea of 199 and creatinine of 2.3, upon admission volume resuscitation is started. Whats the probable diagnosis?

- ☐ acute tubular necrosis
- ☐ acute gastroenteritis
- ☐ hemolytic uremic syndrome
- ☒ pre-renal AKI
- ☐ cholera

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:37

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:22:31

Q#71

A 24 yr G2p1 presents at 27 weeks of gestation is noted to have fetal size greater than her dates..ultrasound scan performed reveals fetal hydrops.The fetal heart tone are in normal range of 140 bm.Middle cerebral artery indicates increased flow. Which of the following is etiology?

- ☐ Fetal cardiac tachyarrhythmias
- ☐ Gestational diabetes
- ☒ Rh isoimmunization
- ☐ Immune thrombocytopenia
- ☐ Intrauterine growth restriction

PREVIOUS

NEXT

Important Note

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- 01:37



192.168.6.2/Forms/Exan



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**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:21:01

Q#75

a 56 years old female, with no past medical history presents with 2 months history of generalized body swelling, which increased progressively with time, she currently has pedal edema, periorbital puffiness. Her initial workup suggests low serum albumin, high cholesterol, urine RE shows ++++ Alb. Which when quantified comes out to be 8.5 grams. Physician suspects Nephrotic syndrome. Whats the next best investigation?

- ☐ Urine ACR
- ☐ Ultrasound KUB
- ☐ Urine Cytology
- ☒ renal biopsy
- ☐ CTIVU

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:37

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:18:30

Q#83

A 32 yrs presents to ER with 34 weeks POG with bp of 160/ 100 mmhg with headach for last 1 week along with epigastric pain blurring of vision on and off along with neck pain..her dipstick for protienuria is positive with 3 plus albumin.. Hb is 11 g/ dl Rbs is 122 mg/ dl Urine RE is 3 + Albumin Uric acid is 7.2

- ☐ Chronic hypertension
- ☐ Pregnancy induced hypertension
- ☒ Preeclmpsia
- ☐ Eclmapsia
- ☐ Epilepsy

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:47



Personal information

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:18:50

Q#82

A 10 year old girl presents to you with 6 months history of progressive weightless, palpitations and loose stools. On examination Restless, fidgety girl, fine tremors, warm sweaty hands, pulse 120 beats/minute, protruding eyes, rest of the examination is unremarkable. Which of the following tests would you like to do to reach a diagnosis?

☒ Thyroid function tests☐ Renal function tests☐ CBC☐ Renal function tests☐ Liver function tests

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:47



192.168.6.2/Forms/Exan



5

**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:16:08

Q#88

A 28 yrs old woman has chronic history of oligomenorrhea and amenorrhea. she undergoes endometrial biopsy coz of long history of an ovulation which return to b grade 1 adenocarcinoma. MRI Indicates tht endometrial cancer is isolated to uterus. The patient desires to have children if possible. which of the following is best treatment for this patient

- ☐ Cervical conization
- ☐ Endometrial ablation
- ☐ Radical hystrectomy
- ☐ High dose progesterone
- ☐ Oral contrsceptive agents

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:47

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:15:02

Q#90

A 14-year-old black girl has her right breast removed because of a large mass. The tumor weighs 1400 g and has a bulging, very firm, lobulated surface with a whorl-like pattern, which of the following is the most likely diagnosis?

- ☐ Cystosarcoma phyllodes
- ☐ Intraductal carcinoma
- ☐ Malignant lymphoma
- ☒ Giant Fibroadenoma
- ☐ Juvenile hypertrophy

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:47

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:14:01

Q#93

A 36 years old lady attend gynae clinic as Para 4, all Normal vaginal deliveries with no comorbid attends gynae clinic for contraception. She wants birth spacing for 3 years. The most appropriate contraceptive method for her is ?

- ☐ progesterone only pills
- ☐ progesterone only implants
- ☐ Oral contraceptive pills
- ☒ Mirena LNG-IUS
- ☐ barrier contraceptive methods

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:47



192.168.6.2/Forms/Exan



5

**Personal information****Student**Shahzeb
Hassan**Reg No**

MB1924-1991

Scope

scope

Timer

01:13:23

Q#94

a 70 years old male with history of decreased urine output for the past 1 day, reports to the A&E department. He doesn't have any significant past history apart from renal stones. He underwent a surgery for renal stones 6 months ago. His initial labs suggests urea of 230 and creatinine of 8. Whats the single best investigation?

☐ DTPA☐ IVU☒ CT-KUB☐ Xray-KUB☐ Renal biopsy

PREVIOUS

NEXT

**Important Note**

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:47



192.168.6.2/Forms/Exan



Personal information

Student

Shahzeb
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Reg No

MB1924-1991

Scope

scope

Timer

01:10:19

Q#102

A 32 year old woman and her husband are assessed for 2 years' subfertility. The semen fluid analysis has been checked and is normal. The woman has normal hormone profile and normal markers for ovarian reserve. The transvaginal ultrasound scan is normal. She has a 3-year history of premenstrual pain for 3 days before each period, constant right iliac fossa pain and dysperunia. The most suitable test for her tubal patency is :

- ☐ Hysteroscopy
- ☐ HyCoSy
- ☐ Hysterosalpingography
- ☒ Laparoscopy and dye insufflation
- ☐ Magnetic Resonance Imaging

PREVIOUS

NEXT



Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:47



192.168.6.2/Forms/Exan

**Personal information**

Student

Shahzeb
Hassan

Reg No

MB1924-1991

Scope

scope

Timer

01:10:45

Q#101

A 6 month old male infant presented to you with complain of left sided inguinoscrotal swelling since birth. According to the the parents the swelling becomes more apparent and increases in size when the child cries. On examination the swelling is reducible and you are not able to get above the swelling. Left testis is palpable in scrotum.what is your provisional diagnosis?

☒ hydrocele☐ indirect inguinal hernia☐ direct inguinal hernia☐ undescended testis☐ testicular torsion

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
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- 01:47



192.168.6.2/Forms/Exan

**Personal information****Student**Shahzeb
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MB1924-1991

Scope

scope

Timer

01:09:03

Q#106

A 36 yrs old G2p1 at 27 weeks of gestation is noted to have fever right flank pain n tenderness and pyuria. She is diagnosed with pyelonephritis. A urine culture is performed. Which of the following is most common etiological agent of pyelonephritis in pregnancy?

- ☐ Candida species
- ☒ Escherichia coli species
- ☐ Proteus species
- ☐ Klebsiella
- ☐ Streptococcal

PREVIOUS

NEXT

Important Note

- Finishing test is mandatory, exit in the mid of the test will mark the student as absent.
- If you are uploading multiple files, first zip it.
- 01:57