



P

GYNAE

1. Incidence of nausea and vomiting in pregnancy is
 - a) 20 %
 - b) 30 %
 - c) 40 %
 - d) 50 %
 - e) 80 %
2. Hyperemesis gravidarum is due to high levels of following hormones
 - a) Estrogen, progesterone
 - b) Cortisol
 - c) HCG, Estrogen, thyroxine
 - d) Growth hormone
 - e) Oxytocin
3. Oligohydramnios is defined as
 - a) Amniotic fluid index (AFI) more than 50 % centile
 - b) AFI less than 5th centile for gestation
 - c) AFI less than 40 centile
 - d) AFI more than 20 cm
 - e) AFI 15 cm
4. Polyhydramnios
 - a) Amniotic fluid index (AFI) < 5th centile for gestation
 - b) AFI > 95th centile for gestation
 - c) AFI 15 cm
 - d) AFI 20 cm
 - e) AFI 8cm
5. Cause of polyhydramnios
 - a) Renal agenesis
 - b) Multicystic kidneys
 - c) Non steroidal antieinflammatory drug (NSAID)
 - d) Anencephaly
 - e) Per vaginal leaking
6. In beta - thalassaemia
 - a) Means corpuscular volume (MCV) high
 - b) MCV low
 - c) MCV normal
 - d) Mean corpuscular hemoglobin high
 - e) MCH normal
7. Antenatal fetal monitoring can NOT be accomplished by:
 - a) Fetal kick chart.
 - b) Fetal scalp sampling.
 - c) Non-stress test.
 - d) Obstetric U/S & Biophysical profile.
 - e) Acoustic stimulation.
8. A biophysical profile includes all of the following assessment parameters EXCEPT:
 - a) Fetal movement.
 - b) Fetal weight.
 - c) Fetal tone.
 - d) Fetal breathing movements.
 - e) Amniotic fluid volume
9. A 39 years old multiparous woman presented in labour room with heavy bleeding, after 6 hours of home delivery by untrained dai. What could be the possible cause of her shock?
 - a) Post partum haemorrhage
 - b) Cardiac arrest
 - c) Ruptured uterus
 - d) Vaginal tears
 - e) Amniotic fluid embolism
10. A primigravid patient presented in accident and emergency department at 37 wks with breech presentation and something coming out of vagina. On examination FHS were absent what is the possible reason?
 - a) Vasa previa
 - b) Placental abruption
 - c) Cord prolapse
 - d) Placenta previa
 - e) Cord enlargement

11. WHO defined secondary PPH as **A**
- a) >500ml of blood loss from genital tract after delivery from 24 hours to 6 weeks
 - b) > 500 ml of blood loss from genital tract after delivery from 4 hours till 6 weeks
 - c) > 500 ml of blood loss from genital tract after delivery from 6 weeks to 1 year
 - d) > 500 ml of blood loss from genital tract from 48 hours till 6 weeks of delivery
 - e) None of all
12. A patient comes to the OPD at 30 weeks of pregnancy, on examination she is diagnosed as a case of preterm labour. She is advised tocolysis for **C**
- a) Delaying labour to reach to term
 - b) To increase the fetal weight
 - c) To give steroid for lungs maturity of the fetus
 - d) To do ARM and augment
 - e) Deliver the patient immediately
13. Patient with preterm labour are tested for fetal fibronectin, where is the sample taken from **A**
- a) Amniotic fluid
 - b) Blood sample from the mother
 - c) Maternal saliva
 - d) Vaginal fluid
 - e) Maternal uterine
14. which of the following vaginal infection has greater risk for preterm labour **A**
- a) Bacterial vaginosis
 - b) Candidiasis
 - c) Group streptococcal
 - d) Trichomoniasis
 - e) chlamydia
15. A 29 year old woman fond of cats and a keen gardener delivers at 32 weeks. The baby has seizures, hydrocephalus, and is small for his gestational age. What is the most likely infection that the mother could have contracted during pregnancy. **A**
- a) Herpes simplex
 - b) Parvo virus
 - c) Rubella
 - d) Toroplasmosis
 - e) syphilis
16. A 20 years old woman from remote Sindh delivers with baby cataract in both eyes and a rash all over his body. The woman recalls having had a rash on her face when she was two months pregnant? What is the most likely condition the newborn is suffering from? **A**
- a) Congenital rubella syndrome
 - b) Cytomegalovirus infection
 - c) Syphilis
 - d) Tosoplasmosis
 - e) Varicella
17. Who is screened gestational diabetes? **B**
- a) Only women under 25 years old
 - b) All pregnant women
 - c) Only women who have had gestational diabetes before
 - d) Only women with risk factor
 - e) BMI below 20
18. The FIRST step in the management of a postpartum haemorrhage (PPH) is **C**
- a) Administer 1ml syntometrine
 - b) Rapid intravenous fluid replacement
 - c) Call for help
 - d) Four T'S assessment
 - e) Uterine Packing
19. Syntometrine is NOT given when there is a maternal history of **A**
- a) Hypertension
 - b) Large baby
 - c) Previous PPH
 - d) Hypotension
 - e) Diabetic patient
20. Side effects of syntometrine include all the below except **d**
- a) Nausea
 - b) Vomiting
 - c) Uterine pain
 - d) Shivering
 - e) Uterine contraction

21. A primary PPH is
a) 1000 ml or more within 24 hours of birth
b) 400ml or more within first 12 hours of birth
c) 500ml or more within first 24 hours of birth
d) 500ml or more within first 36 hours of birth
e) 1000 cc or more after 24 hours
22. A severe primary PPH is
a) >3000 ml
b) >1000ml
c) >2000ml
d) >1500ml
e) >2500ml
23. All of the following are risk factor for preeclampsia except
a) Hypertensive in previous pregnancy
b) Chronic liver disease
c) SLE
d) Type II diabetes
e) Chronic hypertensive
24. The cut-off limit of proteinuria to define the preeclampsia is
a) > 400 mg per 24 hrs
b) > 300 mg per 24 hrs
c) > 100 mg / 24 hrs
d) > 600 mg /24 hrs
e) > 800 mg /24 hrs
25. A secondary PPH occur
a) From 24 hours to 1 week after birth
b) From 24 hours to 6 weeks after birth
c) From 24 hours to 10 days after birth
d) Any time after 24 hours
e) Within first 24 hours
26. First stage of labour is
a) Delivery of placenta and membrane
b) Delivery of baby
c) Time from diagnosis of labour to full dilatation of cervix (10 cm)
d) Monitoring for 2 hours after delivery
e) Irregular uterine contraction with no cervical change
27. Normal dilatation of cervix in stage one
a) 3 cm /hr
b) 1 cm /hr
c) 4 cm/hr
d) 5 cm/hr
e) 3 cm/2 hr
28. Second stage of labour is defined as
a) Start of labour till full of cervix
b) Delivery of placenta
c) Full dilatation of cervix till delivery of fetus
d) Monitoring phase after delivery
e) Irregular uterine contraction with no cervical change
29. Normal duration of labour in nuuiparous woman is
a) 6 hours
b) 7 hours
c) 8 hours
d) 12 hours
e) 20 hours
30. Normal duration of labour in multiparous woman
a) 4 hours
b) 8 hours
c) 12 hours
d) 15 hours
e) 20 hours
31. First step of mechanism of labour is
a) Engagement
b) Descent
c) Flexion
d) Extension
e) Restitution

32. A primigravida is in second stage of labour and is going to have an episiotomy. Which of the following is an advantage of mediolateral episiotomy as compared to midline episiotomy?
- Ease of repair
 - Fewer breakdowns
 - Less blood loss
 - Less extension of incision into anal sphincter
 - None of all
33. A 33 year old G3 P2 encounter shoulder dystocia during her labour but finally delivers the baby. The pediatrician notes that right arm of baby is hanging limply to baby's side with extension and internal rotation of forearm what is this condition called?
- Erb's palsy
 - Klumpke's paralysis
 - Clavicle fracture
 - Humeral fracture
 - Scapula fracture
34. In antenatal checkup dating scan is recommended at period of gestation of;
- 18- 20 weeks
 - 15 weeks
 - 9-13 weeks
 - 21-22 weeks
 - 30-32 weeks
35. Following nutritional supplement is advised pre conception and 1st trimester for avoidance of neural tube defect(NTD)
- Iron
 - Calcium
 - Magnesium
 - Folic acid
 - Vitamin B12
36. A patient G²P¹, came in antenatal clinic with LMP 10-1-2020. What will be her EDD (estimated due date)
- 20-10-20
 - 17-11-20
 - 17-10-20
 - 17-09-20
 - 10-10-20
37. Ultrasound for structural anomaly is recommended at;
- 6-8 weeks
 - 10-15 weeks
 - 18-22 weeks
 - 25-30 weeks
 - 32-34 weeks
38. Which investigation is not part of normal antenatal care
- Blood group and Rh factor
 - Random blood sugar
 - Hemoglobin level
 - Anti-D antibody titre
 - Urine R/E
39. A lady develops right breast being engorged, hot, painful and fever of 101°F. 1 week postpartum. Which is the most likely organism to be found in culture report?
- Streptococcus
 - Bacteroides
 - Neisseria
 - Staphylococcus aureus
 - E.coli
40. Average blood loss from an uncomplicated vaginal delivery is;
- <250 ml
 - Approximately 500 ml
 - Approximately 750 ml
 - 1000 ml
 - 300 ml
41. Immediately after completion of normal labour and delivery, the uterus should be at which level?;
- At the level of pubic symphysis
 - Boggy and rele
 - Firm and rounded
 - Immobile and fixed
 - Discoïd

42. A 25 years old patient primigravida delivered vaginally, which of following is greatest predisposing factor of puerperal infection in this patient?
- Coitus during pregnancy
 - ☒ Tissue trauma **b**
 - Anemia
 - Maternal exhaustion
 - Intra uterine growth restriction
43. 30 years old G³P²Ab⁰Al² delivered vaginally 3 days back, now develops fever of 101°F persistently. Which is the most likely etiology?
- hepatitis ☒
 - Mastitis
 - thrombophlebitis
 - Endometritis ☒
 - pneumonitis ☒
44. Relative contraindication to VBAC (Vaginal birth after cesarean)
- Previous one cesarean section
 - Cephalic presentation in current pregnancy
 - Previous cesarean due to CPD (Cephalopelvic disproportion)
 - ☒ Previous lower segment cesarean section **c**
 - Previous cesarean due to breech presentation
45. 3rd degree perineal tear is
- Injury to perineal skin only
 - Injury to perineum including muscles
 - ☒ Injury to perineum involving and sphincter complex **c**
 - Injury to rectal mucosa **c**
 - Injury to bladder **c**
46. Indication for operative vaginal delivery (OVD)
- Breech presentation ☒
 - Previous 1st c/ section ☒
 - ☒ Suspected fetal compromise **c**
 - Second stage of up to 30 minute in nulliparous ☒
 - Twin pregnancy
47. What is the name of test used for prenatal diagnosis of chromosomal abnormalities, using a long needle and withdrawing fluid from amniotic cavity?
- Ultrasound
 - ☒ Amniocentesis **b**
 - ☒ Chorion villous sampling (CVS)
 - Complete blood count (CBC)
 - None of above
48. Which of the following is a risk factor for fetal macrosomia?
- Hypertension
 - ☒ Gestational diabetes mellitus (GDM) **b**
 - Polyhydramnios
 - Body mass index of 17 Kg/m²
 - None of above
49. In antenatal checkup dating scan is recommended at period of gestation of;
- 18-20 weeks
 - 15 weeks
 - ☒ 9-13 weeks **c**
 - 21-22 weeks
 - 30-32 weeks
50. Following nutritional supplement is advised pre conception and 1st trimester for avoidance of neural tube defect(NTD)
- Iron
 - Calcium
 - Magnesium
 - ☒ Folic acid **d**
 - Vitamin B12
51. Which investigation is not part of normal antenatal care
- Blood group and Rh factor
 - Random blood sugar ☒
 - Hemoglobin level
 - ☒ Anti-D antibody titre **d**
 - Urine R/E
52. Ultrasound for structural anomalies is recommended between
- Estrogen 8-10
 - Cortisol 35 weeks
 - ☒ B-HCG 18-20 weeks **c**
 - Progesterone 14 weeks
 - All of above 30 weeks

53. Maternal complication of pre eclampsia is / are
- Eclampsia
 - Renal failure
 - Pulmonary edema ✓
 - All of above **d**
 - None of above
54. Causes of breech presentation
- Previous 1st c/ section
 - Diabetes
 - Uterine anomaly ✓ **c**
 - Placental abruption
 - Macrosomia
55. Minor disorder in pregnancy is
- Anemia
 - Hypothyroidism
 - Breast soreness ✓ **c**
 - Thromboembolism
 - Ischemia
56. Mrs XYZ suddenly collapse after ARM. What is the 1st step of management?
- Call for help
 - I/V Line
 - I/V Fluid ✓ **A**
 - I/V Inj syntocinon
 - I/V Inj decadron

MEDICINE

57. Which of the following is a distinguishing feature of primary chancre in syphilis compared to the other genital ulcers:
- painful multiple lesions
 - presence of necrotic tissue
 - extensive purulent discharge
 - single painless ulcer with clean base **d**
 - vesicular eruption
58. Weakness associated with Addison disease results from which of the following:
- Glucocorticoid deficiency
 - Hyperglycemia
 - Hypothyroidism
 - Electrolyte imbalance **A**
 - Androgen deficiency
59. In a patient with suspected Gonococcal infection and resistant to first line treatment with Ceftriaxone, which of the following alternative regimen is recommended:
- Azithromycin 1gm orally
 - Doxycycline 100mg twice daily for 7 days
 - Gentamicin 240mg single dose intramuscular **C**
 - Ofloxacin 400mg orally twice daily 7 days
 - Erythromycin 500mg orally four time daily 7 days
60. A 36 year old male after head injury secondary to RTA sustained extradural hematoma which was managed by Neurosurgeon.
- On third day of admission his electrolytes report is:
- Sodium: 125 mmol/L ↓ Potassium: 3.8 mmol/L ✓ calcium: 98 mmol/L ✓
- What could be most likely cause of this Hyponatremia:
- Cerebral Metastasis
 - Hypoxemia
 - SIADH ✓ **C**
 - Pulmonary infection
 - Hypothyroidism
61. A case of acute Hyponatremia with S. Na level of 125 mmol, which was treated with Hypertonic Saline and S. Na level went to 142 mmol after 6 hours. Two days later he developed confusion and hallucinations and became drowsy.
- What could be the most likely underlying diagnosis:
- Metabolic acidosis
 - Diabetes insipidus
 - Osmotic demyelination ✓ **C**
 - Hypothyroidism
 - Hypokalemia

62. A 30 year old diagnosed patient of CKD presents with lethargy weakness and irritability. On

Investigations his Potassium level was 6.7 mmol/L.

What will be the immediate step in the management of Hyperkalemia for this patient:

- a) Send the patient for hemodialysis
- b) Give i/V insulin + 5 % dextrose
- c) Give Sodium Polystyrene
- d) Immediate nebulization with salbutamol

☒ e) IV Calcium gluconate

63. A 20 year old lady presented to emergency department with dyspnea, vomiting and drowsiness. On examination she has kussmaul breathing.

Her ABGs results are as follows.

PH=7.25 (7.35-7.45), $PO_2=85$ (80-110), $PCO_2=30$ (35-45), $HCO_3=18$ (22-28)

What is the underline acid-base disorder in this patient:

- ☒ a) DKA
- b) Metabolic Acidosis and Respiratory Alkalosis
- c) Metabolic Acidosis
- d) Metabolic Alkalosis
- e) Respiratory Alkalosis

64. A 16 years old patient of type 1 DM presented with nausea, vomiting, abdominal pain and fever for 02 days. He was on his school trip and shifted with his regular insulin with oral drugs. On examination dehydrated, BP 90/60, tachycardia with rapid deep breathing. What is the most likely diagnosis:

- a) HONK
- b) Acute Cholecystitis
- ☒ c) DKA
- d) Lactic Acidosis
- e) Aspirin Toxicity

65. A 63-year-old patient with a severe infection develops Acute Kidney Injury (AKI). His urine output is decreasing, and his blood pressure is unstable despite fluid resuscitation. His urine sodium is high, and his urine osmolality is low.

- ☒ a) Start broad-spectrum antibiotics and monitor fluid status closely
- b) Initiate high-dose intravenous diuretics to manage fluid overload
- c) Perform urgent renal biopsy to identify the cause of AKI
- ☒ d) Administer vasopressors to stabilize blood pressure
- e) Start hemodialysis to address renal failure

66. A 60-year-old female with a history of chronic kidney disease (CKD) presents with muscle cramps, tingling in her hands, and a recent seizure. She has not been taking her prescribed phosphate binders regularly.

On examination, she has a positive Chvostek sign and a blood pressure of 130/80 mmHg.

Laboratory results show:

Calcium: 7.2 mg/dL (normal: 8.5-10.5 mg/dL) ↓
 Phosphate (PO4): 6.0 mg/dL (normal: 2.5-4.5 mg/dL) ↑
 Parathyroid hormone (PTH): 150 pg/mL (normal: 10-65 pg/mL) ↑
 Vitamin D: 15 ng/mL (normal: 20-50 ng/mL) ↓
 Creatinine: 3.5 mg/dL (normal: 0.6-1.2 mg/dL) ↑

What is the most likely cause of this patient's hypocalcemia:

- a) Vitamin D deficiency
- b) Hypoparathyroidism
- c) Renal failure
- ☒ d) Hyperphosphatemia
- e) Acute pancreatitis

67. A 57 year old Type 2 DM female presented with nausea and vomiting. Her Metformin dose is recently increased due to poor control of DM.

On Examination: patient is drowsy, HR 110/min, BP 100/60

Investigations are as under:

Hb: 15g/dl WCC: 10.2×10^9 Platelet: $205 \times 10^9/L$

Na 134 mmol/L K 4.5 mmol/L

ABGs PH 7.3 $PaCO_2$ 25mmg (Low), PO_2 90 mmg (Normal) HCO_3 11 mmol/L (Low)

What is the most likely diagnosis:

- ☒ a) DKA
- b) Lactic acidosis
- c) Renal Tubular Acidosis
- d) HONK
- e) Respiratory Acidosis

68. A 55-year-old woman with chronic kidney disease (CKD) receives contrast-enhanced imaging. Post-procedure, her serum creatinine rises from 2.2 mg/dL to 3.4 mg/dL. She has no oliguria but elevated urine osmolality. Options:

- ☒ a) Administer intravenous fluids with normal saline prior to any further imaging
- b) Start erythropoiesis-stimulating agents (ESAs) to enhance kidney recovery
- c) Initiate aggressive diuretic therapy to flush out the contrast
- d) Commence dialysis immediately to manage worsening creatinine
- e) Perform a renal biopsy to assess for underlying pathology

69. A 65-year-old male with a history of hypertension and diabetes presents with acute kidney injury two days after a major abdominal surgery. His serum creatinine has risen from baseline 1.0 mg/dL to 2.5 mg/dL. He has oliguria, and his urine sodium concentration is low.
- Initiate high-dose diuretics to manage fluid overload
 - Start renal replacement therapy (RRT) immediately
 - Increase fluid resuscitation with isotonic saline
 - Administer vasopressors to manage blood pressure
 - Use a corticosteroid regimen to reduce inflammation

70. A 58-year-old female admitted to the hospital with a recent history of nonsteroidal anti-inflammatory drug (NSAID) for chronic knee pain. She presents with fever, rash, and eosinophilia. Laboratory tests reveal elevated serum creatinine and blood urea nitrogen (BUN) levels. Urinalysis shows eosinophiluria and sterile pyuria. The patient is diagnosed with Acute Kidney Injury. What is the most likely cause of her condition:

- Prerenal azotemia
- Acute tubular necrosis
- Glomerulonephritis
- Renal artery thrombosis
- Acute interstitial nephritis

71. A 65-year-old woman with stage 4 chronic kidney disease presents with worsening fatigue, pallor, and generalized bone pain. Her laboratory results show hemoglobin of 8.5 g/dL, calcium of 7.8 mg/dL, phosphorus of 6.5 mg/dL and parathyroid hormone (PTH) levels significantly elevated.

Which of the following complications of CKD is most likely contributing to her symptoms:

- Anemia of chronic disease
- Uremic encephalopathy
- Renal osteodystrophy
- Hyperkalemia
- Hypertension

72. A 58-year-old man with stage 3 chronic kidney disease secondary to long-standing hypertension presents to your clinic for a follow-up. His blood pressure is 150/95 mmHg, and his recent laboratory results show an estimated glomerular filtration rate (eGFR) of 45 mL/min/1.73m², microalbuminuria, and hyperkalemia. He is currently on an ACE inhibitor and a thiazide diuretic.

What is the most appropriate modification to his current treatment plan:

- Discontinue the ACE inhibitor and start a calcium channel blocker
- Increase the dose of the thiazide diuretic
- Add a potassium-sparing diuretic to control blood pressure
- Initiate dietary potassium restriction and monitor closely
- Start a low-protein diet to slow the progression of CKD

73. A 45-year-old woman with stage 3 chronic kidney disease is referred to a dietitian for nutritional counseling. Her eGFR is 40 mL/min/1.73m², and she has mild hyperkalemia. Her current diet includes frequent consumption of fruits, vegetables, and dairy products. She is concerned about making dietary changes.

Which of the following dietary modifications is most appropriate for this patient:

- Increase intake of high-phosphorus foods like nuts and seeds
- Limit intake of high-potassium foods like bananas and oranges
- Increase protein intake to 1.5 g/kg/day to maintain muscle mass
- Encourage high-fluid intake to flush out toxins
- Increase calcium intake through dairy products to strengthen bones

74. A 20 year old man was referred for pink discoloration of his urine. He has history of sore throat for the last 3 days and is taking a course of amoxicillin and ibuprofen by the doctor. Urine dipstick showed blood ++, Protein +, nitrites negative. What is the most likely diagnosis:

- Crescentic glomerulonephritis
- Wegener's granulomatosis
- IgA nephropathy
- Post streptococcal glomerulonephritis
- Good pastures syndrome

75. A 46 years old male patient presented with recurrent hemoptysis. There is a history of frequent antibiotic use during the last six months for sinusitis. On examination he is tachypneic, has nasal crusting and a right foot drop.

Labs

Hb 10.5

TLC 11000

PLT 350000

Urea 110

Chest X-Ray - cavity lesion in the right middle zone

Urinalysis. RBCs +++ Proteins ++

What is the likely diagnosis:

- Polyarteritis nodosa
- Churg strauss syndrome
- Microscopic polyangitis
- Wegners granulomatosis
- Good pastures syndrome

76. A 14 years old boy presented with three days history of abdominal pain, rash on the trunk buttocks and legs. His blood pressure is 140/90. Labs are as follows:

Hb 12 g/dl TLC 9000/mel PLT 320000 RBS 120mg/dl
ANF -ive Creatinine 2 mg/dl

Chest X-ray - normal

Urinalysis: RBCs ++ Proteins ++ Pus cells 2-4 /hpf

What is the diagnosis:

- a) Immune thrombocytopenic purpura
- b) Thrombotic thrombocytopenic purpura
- c) Churg strauss syndrome
- ☒ d) Henoch schonlein syndrome
- e) Polyarteritis nodosa

77. A 45-year-old male patient presents to the emergency department with a 2-week history of worsening asthma symptoms, fever, and purpuric rash on his legs. He has a history of asthma for 10 years and has been on inhalers. Recently, he has been experiencing increasing shortness of breath, coughing, and wheezing. He also complains of fatigue, weight loss, and arthralgias.

Physical Examination: Temperature 99°C, Blood Pressure 120/80 mmHg, Pulse 100/min, Respiratory Rate 24/min. Chest Examination: Wheezing and crackles in both lungs Skin: Purpuric rash on both legs

Investigations:

CBC: Eosinophilia (20%)

p-ANCA: Positive

ESR: 60 mm/hr

Chest X-ray: Bilateral infiltrates

What is the likely diagnosis:

- ☒ a) Polyarteritis nodosa
- b) Churg strauss syndrome
- c) Microscopic polyangitis
- d) Wegners granulomatosis
- e) Good pastures syndrome

78. A 25-year-old female patient presents with a 1-week history of nausea, vomiting, and decreased urine output. Her serum creatinine has increased from 1.2 mg/dL to 5.5 mg/dL over the past 3 days. Kidney biopsy shows crescentic glomerulonephritis with ANCA positivity.

What is the most likely diagnosis:

- ☒ a) IgA Nephropathy
- b) Post-infectious Glomerulonephritis
- c) Minimal Change Disease
- ☒ d) Rapidly Progressive Glomerulonephritis
- e) Membranoproliferative Glomerulonephritis

79. Which of the following is a characteristic of LADA (Latent Autoimmune Diabetes in Adults):

- ☒ a) Is a part of type - 2 Diabetes
- b) Insulin resistance as the primary defect
- ☒ c) Presence of autoimmune antibodies
- d) Typically develops in children
- e) Remains stable without insulin therapy

80. What is the HbA1c threshold for diagnosing Diabetes Mellitus:

- a) > 5.7%
- b) > 6.0%
- c) > 6.3%
- ☒ d) > 6.5%
- e) > 6.7%

81. A 40-year-old male, presents with 06 month history of weight loss, palpitations, anxiety and tremors. On examination, he has a diffusely enlarged thyroid gland. His laboratory results show low serum thyroid-stimulating hormone (TSH) levels and elevated free thyroxine (T4) levels.

What is the most likely cause of his hyperthyroidism:

TSH ↓

T₄ ↑

- a) Thyroid storm
- b) Hashimoto's thyroiditis
- c) Thyroid adenoma
- d) Thyroid carcinoma
- ☒ e) Graves' disease

82. Which of the following tests is the most definitive for diagnosing primary adrenal insufficiency (Addison disease):

- ☒ a) Plasma cortisol measurement after overnight dexamethasone suppression
- b) Serum ACTH stimulation test
- c) Serum aldosterone level
- ☒ d) 24 hours urinary free cortisol excretion
- e) Serum sodium and potassium levels

83. Which of the following management option is typically indicated for a patient with a multinodular goitre and a large compressive symptomatology but without evidence of malignancy:

- a) Radioactive iodine therapy
- b) Antithyroid drugs
- c) Thyroidectomy ✓
- d) Observation with periodic follow up
- e) High dose corticosteroids

84. The commonest cause of End Stage Renal Disease is:

- a) Uncontrolled Hypertension
- b) Glomerulonephritis
- c) Polycystic Kidney Disease
- d) Uncontrolled Diabetes Mellitus ✓
- e) Amyloidosis

85. A 60-year-old woman presents with complaints of severe bone pain, multiple fractures, and generalized weakness. She has a history of chronic kidney disease (CKD) for the past 10 years and is on dialysis. Her laboratory results show the following: serum calcium 8.9 mg/(Normal: 8.5-10.5 mg/dL), serum phosphate 3.3 mg/ (Normal: 2.5-4.5 mg/dL), PTH 600 pg/mL (normal: 10-65 pg/mL), and 25-hydroxy vitamin D levels are low. Imaging shows subperiosteal bone resorption and diffuse osteopenia.

What is the most likely diagnosis:

- a) Primary hyperparathyroidism
- b) Secondary hyperparathyroidism ✓
- c) Tertiary hyperparathyroidism
- d) Vitamin D deficiency
- e) Osteomalacia

86. A 35-year-old man with a history of autoimmune diseases, including Addison's disease and type 1 diabetes, presents with generalized fatigue, muscle weakness, and perioral numbness. Laboratory tests are as follows:

Serum calcium: 7 mg/dL (Normal: 8.5-10.5 mg/dL)
 Serum phosphate: 6.0 mg/dL (Normal: 2.5-4.5 mg/dL) ↓
 PTH: 12 pg/mL (Normal: 10-65 pg/mL)
 Magnesium: 2.0 mg/dL (Normal: 1.7-2.2 mg/dL)
 25-hydroxy vitamin D: 32 ng/mL (Normal: 20-50 ng/mL)

What is the most likely underlying condition:

- a) Primary hypoparathyroidism due to autoimmune disease
- b) Pseudohypoparathyroidism ✓
- c) Vitamin D deficiency
- d) Hypomagnesemia
- e) Secondary hypoparathyroidism

87. A 55-year-old male presents with complaints of fatigue, muscle weakness, and weight gain over the past six months. He has a history of hypertension and is on multiple medications. On examination, he is found to have dry skin, mild facial edema, and delayed deep tendon reflexes. However, his heart rate is 110 beats per minute, and he complains of occasional palpitations.

His TSH is slightly elevated, but free T3 & T4 are within normal limits.

Which of the following is the most appropriate interpretation of these findings

- a) Primary hypothyroidism with subclinical hyperthyroidism
- b) Subclinical hyperthyroidism due to overtreatment with levothyroxine ✓
- c) Central hypothyroidism due to pituitary disease
- d) Euthyroid sick syndrome
- e) Subclinical hypothyroidism

88. A 65-year-old woman with a history of hypothyroidism presents to the emergency department with altered mental status, hypothermia, and bradycardia. She was recently treated for pneumonia. On examination, her blood pressure is 80/50 mmHg, and her heart rate is 40 beats per minute. Laboratory results show markedly elevated TSH with undetectable free T4 levels.

What is the most appropriate immediate treatment for this patient:

- a) Intravenous hydrocortisone
- b) Intravenous levothyroxine ✓
- c) Oral levothyroxine
- d) Passive rewarming with blankets
- e) Intravenous fluids with normal saline

89. A 45 year old lady complains of visual problem and headache. She also states that her shoe size has increased lately. She has been diagnosed as having diabetes mellitus since 2 months. On examination she has big, moist hands. She also has hirsutism and has a blood pressure of 160/120mmHg. Which of the following tests will lead to the diagnosis in this patient:

- a) HbA1c
- b) Serum cortisol
- c) MRI scan of the pituitary ✓
- d) Thyroid function tests
- e) Serum ACTH

90. 50 years old male patient being treated for TB for the last 2 months, not very compliant with his treatment, presented with complaint of passing large volumes of urine. Intake output chart was maintained.

Intake 7 litres output 7.5 litres

Plasma osmolality - 290 mosm/l ✓

Urine osmolality - 400 mosm/l ✓

Water deprivation test was performed: PO - 310 mosm/l Urine osmolality - 450 mosm/l

Desmopressin IM was administered: Urine osmolality rose to 900 mosm/l

What is the likely diagnosis:

- a) Primary polydipsia
- b) Central diabetes insipidus
- ✓ c) Nephrogenic diabetes insipidus
- d) Diabetes mellitus
- e) Normal patient

X

b

PEDIATRICS

91. During the delivery room resuscitation of a vigorous term newborn, which of the following should be performed first?

- a. Verify the airway is clear, dry, and stimulate the infant.
- b. The heart rate should be auscultated.
- c. Breath sound should be auscultated
- ✓ d. The mouth and trachea should be suctioned.
- e. Assess color and administer oxygen if necessary.

}

A

92. A Low-risk newborn infant has pathologic unconjugated hyperbilirubinemia, which is appropriately diagnosed jaundice by the nurse. She is asking why the infant was not jaundiced immediately after birth. Which of the following best describes the major route for excretion of bilirubin in the fetus in utero?

- a. Via the kidney
- ✓ b. Trans placental passage
- c. Degradation to biliverdin
- d. Reincorporation into hemoglobin
- e. Hepatic secretion and storage in the intestinal lumen

e

93. Urinalysis result include proteinuria, many blood cells and red blood cell casts, and 1-2 white blood cell per high power field, which of the following disease best fit with these findings?

- a. Acute cystitis
- b. Acute Pyelonephritis
- c. Chronic Pyelonephritis
- d. Acute post streptococcal glomerulonephritis
- ✓ e. Minimal change disease

J

d

94. Each of the following features are characteristic of the nephrotic syndrome except

- a. Marked proteinuria
- b. Hypoalbuminemia
- c. Edema
- d. Hypertension
- ✓ e. Hypercholesterolemia

X

d

95. Iodine deficiency can casuse

- ✓ a. Goitre
- b. Thyroid cancer
- c. Solitary Thyroid nodules
- d. Thyroiditis
- e. Grave's disease

A

96. Grave's disease or basedow's disease due to

- a. Hyperactivity of adrenal cortex
- b. Hyperactivity of the para thyroid gland
- ✓ c. Hyperactivity of thyroid gland
- d. Hyperactivity of islets of Langerhans
- e. None of the above

✓ c

97. Which of the following symptoms / signs are included in the clinical features of diabetic ketoacidosis?

- a. Polyuria and weight loss
- ✓ b. Tachypnea and tachycardia
- c. Abdominal pain and vomiting
- ✓ d. Cheyne-stokes respiration
- ⊙ e. a+b+c

X e

98. Chronic inflammation of the thyroid leading to under-active is

- ✓ a. Thyroiditis
- b. Goitre
- c. Hypothyroidism
- d. Hyperthyroidism
- e. None of the above

✓

A

99. Which of the following condition marked by the low TSH?
- ☒ a. Hypothyroidism
 - ☐ b. Goitre
 - ☐ c. Hyperthyroidism
 - ☐ d. Thyroid cancer
 - ☐ e. All of the above

100. First treatment of the DKA should be

- ☒ a. Insulin
- ☐ b. i/v fluids
- ☐ c. Dextrose
- ☐ d. Bicarbonates
- ☐ e. None of the above

SURGERY

101. Following are the types of hypospadias except

- ☐ a. Glanular Hypospadias
- ☐ b. Coronal Hypospadias
- ☐ c. Penile Hypospadias
- ☐ d. Penoscrotal Hypospadias
- ☒ e. Ventral Hypospadias

102. All are features of hypospadias except:

- ☐ a. Hypospadias occur 1 in 200-300 male live birth
- ☐ b. Most common abnormality of urethra
- ☒ c. Urethral opening is on dorsum of penis
- ☐ d. External meatus open on the underside of penis
- ☐ e. Ventral aspect of prepuce is poorly developed

103. A 35 years old male who is infertile, he was advised semen analysis. His report shows sperm count of 50 million /ml. Semen ejaculate of 3 ml. 50% sperms are active motile, 40% abnormal shape sperm. He is having:

- ☐ a. Aspermic
- ☐ b. Azospermia
- ☒ c. Normal sperm count
- ☐ d. Asthenospermia
- ☐ e. Oligoasthenospermia

104. A 28 years infertile male patient who is married for the last 4 years, his wife workup for infertility is normal. On examination, his genitalia is normal and his semen analysis shows azospermia. What next investigation will you perform:

- ☐ a. Serum Testosterone
- ☒ b. Serum Fsh
- ☐ c. Serum LH
- ☐ d. Serum Prolactin
- ☐ e. Serum LDH

105. A 22 year old female presents with a lump of front of neck for the last three years. It is painless lump & increasing in size slowly, moving upwards with protrusion of tongue. What is likely diagnosis?

- ☐ a. Hypothyroidism
- ☐ b. Lipoma of neck
- ☐ c. Cervical lymph node
- ☐ d. Sebaceous cyst
- ☒ e. Thyroglossal cyst

106. From Para follicular or C cells arise the

- ☒ a. Medullary Ca
- ☐ b. Papillary Ca
- ☐ c. Anaplastic Ca
- ☐ d. Lymphoma
- ☐ e. None

107. Chronic renal failure with low serum calcium, elevated phosphate level & increased PTH is

- ☐ a. Primary hyperthyroidism
- ☒ b. Secondary hyperthyroidism
- ☐ c. Ca parathyroid
- ☐ d. Thyroidism
- ☐ e. Tertiary hyperparathyroidism

108. Regarding pathogenesis of Diabetic foot ulcer, all the following are responsible for the development of diabetic foot except;

- ☐ a. Diabetic peripheral neuropathy
- ☐ b. Ischemia
- ☐ c. Hyperglycemia
- ☐ d. Diabetic motor and autonomic neuropathy
- ☒ e. Hypocalcaemia

109. A young lactating female presented in surgical OPD with painful swelling of right breast for few days. She also gives history of fever and is unable to feed her baby from affected side. Examination showed red, hot and tender swelling. What is next appropriate treatment
- Antibiotics and analgesics
 - Mammography
 - Hot compressions
 - ☒ Incision and drainage
 - Reassurance only
110. A 45 years old female presented in surgical OPD having a lump in breast for 2 months. Lump is hard, fixed to deeper structures and non tender. There is also a lump in ipsilateral axilla. What is next step in management
- ☒ FNAC
 - Mammography
 - Ultrasound breast
 - Open biopsy
 - Reassurance only
111. Which of the following investigation can confirm Ureteric stone
- X-Ray KUB
 - U/S KUB
 - ☒ CT KUB
 - Urine R/E
 - Serum Calcium
112. A 30 years old male complains of severe pain in left flank that radiates to groin for few hours. He also observed dark color urine twice. What is likely cause
- Bladder stone
 - ☒ Urethral stone
 - UTI
 - BPH
 - Ureteric stone
113. A young female patient complains of severe pain right flank that radiates to back for 2 hours. She also had episode of haematuria. What is next appropriate step in management
- ☒ Parenteral analgesic
 - Urine R/E
 - U/S KUB
 - IVU
 - CT KUB
114. A 65 years old female presents with painless haematuria. Ultrasound shows increased wall thickness at one of the wall. What is next step in management
- Urine R/E
 - IVU
 - X-Ray KUB
 - ☒ Cystoscopy
 - Non contrast CT
115. Which test is performed to differentiate torsion & Orchitis
- Virchow's sign
 - ☒ Prehn's sign
 - Troisier's sign
 - Trosseau's sign
 - Kehr sign
116. Sterile collection of fluid in tunica vaginalis
- Varicocele
 - ☒ Hydrocele
 - Scrotal hematoma
 - Orchitis
 - Testicular Ca
117. A 25 year man is admitted with acute left testicular pain for 02 days, dysuria & fever. Examination reveals swelling and tenderness, Prehn's sign is negative. What is likely diagnosis
- ☒ Torsion
 - Testicular abscess
 - Hydrocele
 - Orchitis
 - Varicocele
118. Tumor marker of testicular carcinoma
- ☒ Alpha fetoprotein
 - CA 15-5
 - Thyroglobulin
 - CEA
 - Calcitonin