				PHARMACOLOGY			
T				stational amenorrhea, presente			
			lizine, t	out did not respond to it. Which	of the	e following drugs will be the	1
	A	option to treat her? Dimenhydrinate	В	Itopride	С	Levosulpiride	1
	D	Metoclopramide	E	Ondansetron		Levosuipinae	
2		The state of the s		steoarthritis and constipation.	To pre	event NSAIDs induced peptic	-
_		r in this patient, which of the			Орго	vene reshibs induced popula	
	A	Aluminum containing	В	Aluminum and magnesium	С	Itopride	
	``	Antacids		containing Antacids	_		
	D	Misoprostol	E	Sucralfate			
3				h Peptic Ulcer disease and use	d lar	soprazole. By which of the	
•		wing mechanism, lansoprazol				,	
	A	Block H2 receptors	В	Block proton pump	С	Block proton pump	
	^	Block 112 receptors		irreversibly		reversibly	
	_	In access blood supply of	E	Neutralize acid		Teversiony	
	D	Increase blood supply of	-	Neutralize aciu			
	-	Gl mucosa		is is union and all high and	f Als -	fallerwing statements is torre	
4		•	iyspeps	sia is using antacid. Which one o	i the	following statements is true	
		ut antacid?	T n	Antonial in annual blood	С	Managina sentaining	
	A	Aluminum containing antacids cause diarrhea	В	Antacid increase blood		Magnesium containing antacids cause	
		antacius cause diarrilea		supply of stomach	}		
	D	Magnesium containing	E	Sodium containing antacids		constipation	
	١	antacids cause diarrhea	-	cause constipation			
-	Δ 66		d with (Chronic Hepatitis C. She is non-c	irrho	tic which of the following is	
		best combination of drugs to			.111110	tic. Which of the following is	
	A	Adefovir and ribavirin	В	Sofosbuvir and adefovir	С	Sofosbuvir and	
				Solossavii dila daciovii	·	lamiyudine	
	D	Sofosbuvir and	E	Velpatasvir and adefovir			
		Velpatasvir		1			
6	A 57	years old lady was diagnosed	with C	Chronic Hepatitis C. She was trea	ated v	with interferon and ribavirin	
	1			ct usually reported with interfer			
	Α	Anaphylactic shock	В	Bone marrow suppression	С	Diarrhea	
	D	Dryness of mouth	E	Hemolytic anemia			
7	A 34	4 years old man who was a dru	ig abus	er and used injectable drugs. He	was	diagnosed with co-infection	C
	of h	epatitis B and HIV. What is the	best d	rug to treat this patient?			
	Α	Efavirenz	В	Entecavir	С	Delavirdine	
	D	Maraviroc	E	Tenofovir			
В	A 3	8 years old lady, who had a h	istory	of severe motion sickness and	is n	ow planning for a trip to	
	nor	thern area for summer vacatio	n. Wha	t will be the best drug to preve	nt m	otion sickness and vomit	
	this	patient?					
	Α	Domperidone	В	Levosulpiride	С	Metoclopramide	
	D	Ondansetron	E	Scopolamine			
	A 1	4-year-old boy was presented	with	ascaris lumbricoides (commor	rou	ind worm) infestation	
	1			chanism of action of this drug		•	
	A	Block voltage gated	В	Inhibit microtubule	- C	Induce muscle	
	1	calcium channels		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1	*		polymerization	-	contracture	_
	D	Inhibit oxidative	E	Open chloride ion channels			

	salicylate. What is the mechanism	of acti	ion of this drug?		
	A Acts through adsorption	В	Anti-cholinergic effect	С	Slowing intestinal peristalsis
	D Stimulation of enteric nerves	E	Stimulation of μ receptors in myenteric plexus		
1	A 24 year old man presented w	ith dis	ease and hepatic amoebic abso	cess.	He is advised which of the
	following drugs that is activated to present in the parasite?	o toxic	intermediates by the pyruvate-fo	erredo	oxin oxidoreductase enzyme
	A Diloxanide furoate	В	Emetine	С	lodoquinol
	D Metronidazole	Ε	Paromomycin		
	A 42-year-old woman with diarr	hea pr		rome	presented to physician for
	treatment. The physician suggest	ed an e	exercise regimen, dietary modific		
	is the most likely mechanism of a		Neuromodulation of the S3	-	Non charabable sale
	A Gel formation in the	В		С	Non-absorbable salt
	intestine	+-	nerve root		
_	D Osmotic laxative A 31-year-old woman presented	E	Stimulation of the cholinergic		
	occurring for a couple of years to periods of diarrhea. Her pain doe the diagnosis of constipation-pre drug for this patient?	out has s usual	worsened recently. She is often ly improve after a bowel movem	n con: ent. A	stipated and then will have fter multiple negative tests,
	A Infliximab	В	Metoclopramide	С	Ondansetron
	D Sulfasalazine	E	Tegaserod		
	A 21-year-old male presented to			dy sto	ools. Flexible sigmoidoscopy
	revealed erythema and pseudop	olyps.	Which of the following drugs us	ed fo	r ulcerative colitis has both
	anti-inflammatory and antibacter	iai pro,	perdes:		
	anti-inflammatory and antibacter A Azathioprine	B	Cyclosporine	C	Sulfasalazine
	A Azathioprine D Mesalamine A 25 year old pregnant woman p	B E	Cyclosporine Olsalazine ed in OPD with high-grade fever a	nd pa	in abdomen. She developed
	A Azathioprine D Mosalamine	B E resente eet food	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol	nd pa	in abdomen. She developed
(A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin	B E resente	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol	nd pa h ente	in abdomen. She developed eric fever. What is the most Ciprofloxacin
(A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos The diagnosis was re-confirmed	B resente eet food B E ed with by b	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid h typhoid fever and treated with lood culture and physician lab	C Ciprofeled	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. him as a resistant case to
(A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos The diagnosis was re-confirmed ciprofloxacin. What is the drug of	B E eed with by be choice	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid h typhoid fever and treated with lood culture and physician labe e in fluoroquinolone resistant typ	C ciprofeled hoid?	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. him as a resistant case to
(A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos The diagnosis was re-confirmed ciprofloxacin. What is the drug of A Azithromycin	B E E E E E E E E E E E E E E E E E E E	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid In typhoid fever and treated with lood culture and physician labe in fluoroquinolone resistant typ Chloramphenicol	C Ciprofeled	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. him as a resistant case to
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	A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos The diagnosis was re-confirmed ciprofloxacin. What is the drug of A Azithromycin D Cefixime A 40 years male presented to OP months. He has history of dental sclera and slight tenderness in th hepatitis. Which of the following A Apoptotic hepatocytes D Councilman bodies A 45 years old female presented history of dental extraction an tenderness in the right hypochology	B E E E E E E E E E E E E E E E E E E E	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid In typhoid fever and treated with lood culture and physician laber in fluoroquinolone resistant type Chloramphenicol Linezolid PATHOLOGY complaints of malaise, lethargy ion from a road side quack. On ehypochondrium. Lab investigation loogical features on liver biopsy Balloon cells Ground glass hepatocytes with complaints of low grade ferecystectomy. On examination The lab investigations show Hill	ciprofeled bhoid?	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. In as a resistant case to Ciprofloxacin c
	A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos The diagnosis was re-confirmed ciprofloxacin. What is the drug of A Azithromycin D Cefixime A 40 years male presented to OP months. He has history of dental sclera and slight tenderness in th hepatitis. Which of the following A Apoptotic hepatocytes D Councilman bodies A 45 years old female presented history of dental extraction and	B E E E E E E E E E E E E E E E E E E E	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid In typhoid fever and treated with lood culture and physician laber in fluoroquinolone resistant type Chloramphenicol Linezolid PATHOLOGY complaints of malaise, lethargy ion from a road side quack. On ehypochondrium. Lab investigation loogical features on liver biopsy Balloon cells Ground glass hepatocytes with complaints of low grade ferecystectomy. On examination The lab investigations show Hill	ciprofeled bhoid?	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. In as a resistant case to Ciprofloxacin c
	A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos The diagnosis was re-confirmed ciprofloxacin. What is the drug of A Azithromycin D Cefixime A 40 years male presented to OP months. He has history of dental sclera and slight tenderness in th hepatitis. Which of the following A Apoptotic hepatocytes D Councilman bodies A 45 years old female presented history of dental extraction an tenderness in the right hypochol following is true regarding hepat A Double stranded DNA virus	B E E E E E E E E E E E E E E E E E E E	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid Intyphoid fever and treated with lood culture and physician labe in fluoroquinolone resistant type Chloramphenicol Linezolid PATHOLOGY complaints of malaise, lethargy ion from a road side quack. On e hypochondrium. Lab investigatio lological features on liver biopsy Balloon cells Ground glass hepatocytes with complaints of low grade fer lecystectomy. On examination . The lab investigations show HI rus?	ciprofeled holod? C and loxaminon showill co	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. In as a resistant case to Ciprofloxacin c
	A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stre suitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos The diagnosis was re-confirmed ciprofloxacin. What is the drug of A Azithromycin D Cefixime A 40 years male presented to OP months. He has history of dental sclera and slight tenderness in th hepatitis. Which of the following A Apoptotic hepatocytes D Councilman bodies A 45 years old female presented history of dental extraction an tenderness in the right hypochol following is true regarding hepat A Double stranded DNA virus D Prion A 30 years old female presented examination there is severe epig gastric biopsy shows foci of acceptance.	B E resente eet food B E ed with the best of the choice of	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid In typhoid fever and treated with lood culture and physician laber in fluoroquinolone resistant type Chloramphenicol Linezolid PATHOLOGY complaints of malaise, lethargy sion from a road side quack. On ehypochondrium. Lab investigation loological features on liver biopsy Balloon cells Ground glass hepatocytes with complaints of low grade ferecystectomy. On examination The lab investigations show Hirus? RNA virus Virus having double stranded regency with complaints of profusenderness. There have been epind chronic inflammation with	ciprofeled holod? C and loxaminon showill cover an there BsAg is cover and see von isodes	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. In as a resistant case to Ciprofloxacin c
	A Azathioprine D Mesalamine A 25-year-old pregnant woman p these symptoms after eating stresuitable drug for this patient? A Azithromycin D Cefixime A 20-year young boy was diagnos. The diagnosis was re-confirmed ciprofloxacin. What is the drug of A Azithromycin D Cefixime A 40 years male presented to OP months. He has history of dental sclera and slight tenderness in the hepatitis. Which of the following A Apoptotic hepatocytes D Councilman bodies A 45 years old female presented history of dental extraction and tenderness in the right hypochol following is true regarding hepat A Double stranded DNA virus D Prion A 30 years old female presented examination there is severe epigental examination examination there is severe epigental examination examinatio	B E resente eet food B E ed with the best of the choice of	Cyclosporine Olsalazine ed in OPD with high-grade fever a d. The doctor diagnosed her wit Chloramphenicol Linezolid In typhoid fever and treated with lood culture and physician laber in fluoroquinolone resistant type Chloramphenicol Linezolid PATHOLOGY complaints of malaise, lethargy sion from a road side quack. On ehypochondrium. Lab investigation loological features on liver biopsy Balloon cells Ground glass hepatocytes with complaints of low grade ferecystectomy. On examination The lab investigations show Hirus? RNA virus Virus having double stranded regency with complaints of profusenderness. There have been epind chronic inflammation with	ciprofeled holod? C and loxaminon showill cover an there BsAg is cover and see your showlesses are your showlesses and your showlesses and your showlesses are your showlesses	in abdomen. She developed eric fever. What is the most Ciprofloxacin loxacin but did not respond. In as a resistant case to Ciprofloxacin c

	he pat	tient has pallor and is tender in ic hepatitis is the most probable	right	hypochondrium. There is a	
A Apoptotic hepatocytes	В	Ground glass hepatocytes	С	Lobular disarray	
		E Mallory bodies			_
A 25 years old female presented	to OP	D with complaints of episodic b	loody	diarrhea with mucus, lower	
abdominal cramps and fever. Bi	opsy o	f the terminal ileum revealed to	ransm	ural inflammation and non-	-
	e of the			osis?	1
	В		C	Carcinoma appendix	-
				diama abdania da Tho	+
A 15 years old female presented	to OPD	with complaints of bloody diarri	iea an	a lower abdominal pain. The	1
the most probable diagnosis?	y chan	ges limited to mucosa and sub n	nucos	a and crypt abscess. What is	
A Acute appendicitis	В	Acute ileitis	C	Carcinoma stomach]
	E	Ulcerative colitis			-
carcinoid tumor. Which one of the	ne follo	wing is the commonest site for c	arcino	id tumor?	
	В	Colon	C	Liver	1
D Omentum	E	Stomach			
A 45 year old fisherman present	ed with	abdominal pain and chronic dia	rrhea	His peripheral blood smear	
					1
D Hymenolepis nana	E	Taenia Saginata			
		or the following infective stage	or the	parasite is responsible for	1
	В	Cysticercoid	C	Plerocercoid larvae	1
D Procercoid Larvae	E	Miracidium			1
in genetically susceptible individu	als. W binds	hat is the most common combin	ation	of Human Leucocyte antigen luten peptides for onward	
A HLA-DQ2 or HLA-DQ8	В	HLA-DR2 or HLA-DR8 HLA-DP8 or HLA-DR8	С	HLA-DP2 or HLA-DP8	1
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2	B	HLA-DP8 or HLA-DR8			-
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an ar	B E aronic, as cel	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta	mani ermati eminas	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely	1
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known	B E aronic, as cel	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta	mani ermati eminas	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely	1
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immadeling the second	B E nronic, as cel atibody nunolo	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta egic reactions resulting in lesion lgM lgE	manifermati iminas forma	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG	
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immadely and the second sec	B E aronic, as celutibody munolo	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta agic reactions resulting in lesion lgM lgE c dysentery complaints of pain r	manifermati ermati eminas forma C	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG	
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers impact of the second s	B E aronic, as celutibody munolo	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta igic reactions resulting in lesion IgM IgE c dysentery complaints of pain restinal through blood in this case	manifermati ermati eminas forma C	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG	
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immadely and the second sec	B E aronic, as celutibody munolo	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta agic reactions resulting in lesion lgM lgE c dysentery complaints of pain r	manifermati ermati eminas forma C	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG	
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immated by the following protozoa spreads expended by the following protozoa	B E Aronic, as cellatibody munology B E Chronicktra-int	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta igic reactions resulting in lesion IgM IgE c dysentery complaints of pain restinal through blood in this case is proportional in the case i	manifermati	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG ypochondrium. Which one of Entamoeba histolytica	of
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immunoglobulin that trigge	B E chronic tra-int B B E chronic tra-int B E cof tra-	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta igic reactions resulting in lesion IgM IgE c dysentery complaints of pain restinal through blood in this case Entamoeba dispar Isopora beli vel in forest area has chronic ab	manifermation in a service of the control of the co	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG ypochondrium. Which one of Entamoeba histolytica nal discomfort and diarrhe	of
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immated by the following protozoa spreads expended by the following protozoa	B E chronic tra-int B B E chronic tra-int B E cof tra-	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta igic reactions resulting in lesion IgM IgE c dysentery complaints of pain restinal through blood in this case Entamoeba dispar Isopora beli vel in forest area has chronic ab	manifermation in a service of the control of the co	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG ypochondrium. Which one of Entamoeba histolytica nal discomfort and diarrhe	of
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immated and the following protozoa spreads expended and the following protozoa	B E chronic tra-int B B E chronic tra-int B E cof tra-	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta igic reactions resulting in lesion IgM IgE c dysentery complaints of pain restinal through blood in this case intense is a special comportance in the second in the sec	manifermation in a service of the control of the co	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG ypochondrium. Which one of Entamoeba histolytica nal discomfort and diarrhe	of
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers immade and the second	B E Intronic, as cellatibody munology in the second	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta igic reactions resulting in lesion lgM IgE c dysentery complaints of pain restinal through blood in this case intense is a special sopora belivel in forest area has chronic at a ped organisms. What is the model and the special dysentery Irritable bowel syndrome	manifermation in the control of the	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG ypochondrium. Which one of Entamoeba histolytica nal discomfort and diarrhe bable diagnosis? Cholera	of a.
A HLA-DQ2 or HLA-DQ8 D HLA-DP2 or HLA-DR2 Dermatitis herpetiformis is a chenteropathy, commonly known involves the formation of an arimmunoglobulin that triggers impact of the following protozoa spreads expended by the following protozoa	B E I E I I I I I I I I I I I I I I I I	HLA-DP8 or HLA-DR8 intensely itchy, blistering skin iac disease. Pathogenesis of de to epidermal tissue transgluta agic reactions resulting in lesion IgM IgE c dysentery complaints of pain restinal through blood in this case Entamoeba dispar Isopora belivel in forest area has chronic at aped organisms. What is the momentum of the part of th	manifermation in the company of the	festation of gluten-sensitive tis herpetiformis frequently se. Which is the most likely tion? IgG ypochondrium. Which one of Entamoeba histolytica mal discomfort and diarrhe bable diagnosis? Cholera night time. It was noted the	of a.
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	history of heavy alcohol intake. A of following morphological feature A Apoptotic hepatocytes D Lymphocytes in the portal A 25 years old female presented abdominal cramps and fever. Bit caseating granulomas. Which one A Acute appendicitis D Crohn's disease A 15 years old female presented rectal biopsy shows inflammator the most probable diagnosis? A Acute appendicitis D Crohn's disease A 50 years old male presents auscultation, there is wheezing. Carcinoid tumor. Which one of the A Appendix D Omentum A 45 year old fisherman present revealed megaloblastic anaemic operculum at one end. What is the A Diphyllobothrium lature D Hymenolepis nana Life cycle of Diphyllobothrium lature humans as the definitive host. Initiating infection in the human A Coracidia D Procercoid Larvae Celiac disease is an immune-medin genetically susceptible individual (HLA) class II molecules that	history of heavy alcohol intake. Alcohol of following morphological feature is the A Apoptotic hepatocytes B D Lymphocytes in the portal tract A 25 years old female presented to OP abdominal cramps and fever. Biopsy of caseating granulomas. Which one of the A Acute appendicitis B D Crohn's disease E A 15 years old female presented to OPD rectal biopsy shows inflammatory chain the most probable diagnosis? A Acute appendicitis B D Crohn's disease E A 50 years old male presents to OPD auscultation, there is wheezing. Urinal carcinoid tumor. Which one of the follow A Appendix B D Omentum E A 45 year old fisherman presented with revealed megaloblastic anaemia and soperculum at one end. What is the most operculum at	history of heavy alcohol intake. Alcoholic hepatitis is the most probable of following morphological feature is the most likely in this case? A Apoptotic hepatocytes B Ground glass hepatocytes D Lymphocytes in the portal tract E Mallory bodies A 25 years old female presented to OPD with complaints of episodic b abdominal cramps and fever. Biopsy of the terminal ileum revealed to caseating granulomas. Which one of the following is the most probable. A Acute appendicitis B Acute ileitis D Crohn's disease E Ulcerative colitis A 15 years old female presented to OPD with complaints of bloody diarrherectal biopsy shows inflammatory changes limited to mucosa and sub in the most probable diagnosis? A Acute appendicitis B Acute ileitis D Crohn's disease E Ulcerative colitis A 50 years old male presents to OPD with complaint of diarrhea an auscultation, there is wheezing. Urinary levels of 5 hydroxy indole accarcinoid tumor. Which one of the following is the commonest site for case and a submarked megaloblastic anaemia and stool R/E revealed characteristic operculum at one end. What is the most likely parasite responsible for the Diphyllobothrium latum B Echinococcus granulosus C Economorectulum at one end. What is the most likely parasite responsible for the Diphyllobothrium latum involves two intermediate hosts humans as the definitive host. Which of the following infective stage initiating infection in the human host? A Coracidia B Cysticercoid D Procercoid Larvae E Miracidium Celiac disease is an immune-mediated gastrointestinal disease produced in genetically susceptible individuals. What is the most common combin (HLA) class II molecules that binds preferentially to the deamidated in genetically susceptible individuals. What is the most common combin (HLA) class II molecules that binds preferentially to the deamidated in the deamidated gastrointestinal disease produced in genetically susceptible individuals.	history of heavy alcohol intake. Alcoholic hepatitis is the most probable diagnof following morphological feature is the most likely in this case? A Apoptotic hepatocytes B Ground glass hepatocytes C D Lymphocytes in the portal tract E Mallory bodies A 25 years old female presented to OPD with complaints of episodic bloody abdominal cramps and fever. Biopsy of the terminal ileum revealed transm caseating granulomas. Which one of the following is the most probable diagnot A Acute appendicitis B Acute ileitis C C O Crohn's disease E Ulcerative colitis A 15 years old female presented to OPD with complaints of bloody diarrhea an rectal biopsy shows inflammatory changes limited to mucosa and sub mucosa the most probable diagnosis? A Acute appendicitis B Acute ileitis C C Cohn's disease E Ulcerative colitis A SO years old male presents to OPD with complaint of diarrhea and flus auscultation, there is wheezing. Urinary levels of 5 hydroxy indole acetic accarcinoid tumor. Which one of the following is the commonest site for carcino Appendix B Colon C D Omentum E Stomach A 45 year old fisherman presented with abdominal pain and chronic diarrhea revealed megaloblastic anaemia and stool R/E revealed characteristic oval operculum at one end, What is the most likely parasite responsible for this coil A Diphyllobothrium latum B Echinococcus granulosus C Echinoco A Diphyllobothrium latum B Echinococcus granulosus C Echinoco A Diphyllobothrium latum B Echinococcus granulosus C Echinococ A Diphyllobothrium latum B Echinococcus granulosus C Echinococ A Diphyllobothrium latum Involves two intermediate hosts include humans as the definitive host. Which of the following infective stage of the initiating infection in the human host? A Coracidia B Cysticercoid C C Echinococ Leliac disease is an immune-mediated gastrointestinal disease produced by the in genetically susceptible individuals. What is the most common combination (HLA) class II molecules that binds preferentially to the deamidated gi	history of heavy alcohol intake. Alcoholic hepatitis is the most probable diagnosis in this case. Which one of following morphological feature is the most likely in this case? A Apoptotic hepatocytes B Ground glass hepatocytes C Lobular disarray D Lymphocytes in the portal tract E Mallory bodies A 25 years old female presented to OPD with complaints of episodic bloody diarrhea with mucus, lower abdominal cramps and fever. Biopsy of the terminal ileum revealed transmural inflammation and non-caseating granulomas. Which one of the following is the most probable diagnosis? A Acute appendicitis B Acute ileitis C Carcinoma appendix O Crohn's disease E Ulcerative colitis A 15 years old female presented to OPD with complaints of bloody diarrhea and lower abdominal pain. The rectal biopsy shows inflammatory changes limited to mucosa and sub mucosa and crypt abscess. What is the most probable diagnosis? A Acute appendicitis B Acute ileitis C Carcinoma stomach D Crohn's disease E Ulcerative colitis D Crohn's disease E Ulcerative colitis D Crohn's disease E Ulcerative colitis C Carcinoma stomach D Crohn's disease E Ulcerative colitis D Conentum B S Colon C C Liver A Appendix B Colon C Liver D Omentum E Stomach A 45 year old fisherman presented with abdominal pain and chronic diarrhea. His peripheral blood smear revealed megaloblastic anaemia and stool R/E revealed characteristic oval shaped eggs with a lid like operculum at one end. What is the most likely parasite responsible for this condition? A Diphyllobothrium latum B E Tanela Saginata Life cycle of Diphyllobothrium latum involves two intermediate hosts including copepods and fish with humans as the definitive host. Which of the following infective stage of the parasite is responsible for initiating infection in the human host? A Coracidia B Cysticerco



32	A 4-years-old child was brought t							
	pruritis. Direct microscopy of the f	ecal sp	pecimen revealed chara	cteristic	sphe	rical and colorless eggs with		
	a thin outer membrane and a thick	(inner	embryophore that encl	osed an o	onco	sphere with 3 pairs of lancet		
	shaped hooklets. What is the most	likely	parasite responsible for	r this con	ditio	n?		
			hinococcus granulosus			coccus multilocularis		
	D Hymenolepis nana	E	Taenia Saginata					
33				nt of pain	in er	igastric area for the last two		
55	A 23 years old medical student presents to you with the complaint of pain in epigastric area for the last two months. The pain occurs after eating food and is relieved by taking milk. On examination, there is slight							
	tenderness in epigastric area. The	-				_		
		•						
	the basis of history and examination			diagnosis				
	A Carcinoma stomach	В	Chron's disease		С	MALT lymphoma		
	D Meckel's diverticulosis	E	Peptic ulcer					
34	A 70 years old male present to OPE							
	lower abdomen for the last 3 mon	ths. O	n further questioning, it	was four	nd th	at the patient has history of		
	diarrhea alternating with constipat	tion fo	or the last 6 months. The	e patient	has l	been consuming diet high in		
	animal fats. On abdominal examin	nation	, there is mild pain in lo	ower abd	omer	n. Stool examination reveals		
	occult blood. The report of colono	scopy	is awaited. What is the	most pro	bable	e diagnosis in this patient?		
	A Carcinoma esophagus	В	Carcinoma colon		С	Cirrhosis		
	D Peptic ulcer	E	Sigmoid volvulus					
35	A 40 years old male patient is diag	znosec		ous coliti	s. A c	colonic biopsy specimen was		
,,	taken. Which one of the following							
	A Colonic aganglionosis	В	Excessive ulceration i		С	Serositis covered by		
	A colonic againginations		serosa		_	membrane		
	D Small ulceration with slough		E Necrosis					
36	A 55 year old female patient w			th compl	aint	of pain in right iliac fossa		
90	Appendicitis was diagnosed and	annei	ndectomy was nerform	ed On e	ross	examination, the appendix		
	specimen was dilated, filled with	fecal n	natter and mucus. Histor	logical se	tion	s of the specimen show that		
	the cavity was lined with normal a	append	diceal mucus. What is th	e most lik	elv l	esion in this case?		
		В	Mucocele	111030 111	C	Non-mucinous		
	A Mucinous cystadenoma		Macoccic		•	appendiceal neoplasm		
	D Pseudocyst	E	Pseudomyoma perito	nai		арренитеся пеоризт		
37	A histopathologist received the sp	_			rs ol	d nations who was operated		
	for acute abdomen. The Histor							
	epithelium and coagulative necro							
	diagnosis in this case?							
	A Mucosal ischemic	В	Mural ischemic infaro	ction	С	Subserosal ulcers		
	infarction							
38	D Submucosal ischemia	E	Transmucosal ischem	nic infarct				
38	A 6 years old male child is brough	t to O	PD with complaint of lov	w grade f	ever,	generalized body acries and		
	painful swelling in front of the	ears (on both sides. Based t	nistory	WII	at will be the most leaved		
	complication in this case?	В	Arthritis	-	С	Dermatitis		
	A Conjunctivitis D Orchitis	E	Arthritis Uveitis		L	Dermatitis		
39				un blant	!	-ala in anionatria coning and		
,,	A 30 years old male comes to OP nausea. Patient had been taking							
	was planned for the patient for th							
			•					
	can be done for confirmation of H							
	A Polymerase chain reaction :			ntigen te	st	C Urea breath test		
-	D Rapid urease test	E	Serology for IgG antil					
10	A 60 years old male patient prese							
	biopsy was taken and sent for his							
	stomach is infiltrated with atypic				gland	like structures. What is the		
	most likely diagnosis on the basis	of hist	opathological findings?					
	A Adenocarcinoma	В	Autoimmune gastriti	S	С	Helicobacter pylori		
						related gastritis		
	D Hyperplastic gastropathy	E	Peptic ulcers					
				nlainta a	ــــــــــــــــــــــــــــــــــــــ	mouth and qualities and		
	A 50 years old female patient p							
	tenderness and redness in the par		rea. What is the most li	kely diag	$\overline{}$	in this case?		
- }	A Mucocele	В	Retention cyst sialad	enitis	C	Sialadenítis		
7	D Sialodochitis	E	Sialolithiasis					
	- Julodocillo	-	2.010111110113		1			

	for the last one week. Blood cultu							
	Centre. Gram staining revealed pi	nk rods	which were motile. Which of th	e folk	owing is most likely causativ			
	organism?							
	A Campylobacter	В	E.coli	C	Helicobacter pylori			
	D Salmonella	E	Shigella					
13	Autoimmune gastritis is a chroni	ic infla		by im	mune destruction of gastri			
43	parietal cells of the corpus and fi							
	autoimmune gastritis?	uuus .	or storidari. Winer outer contr.		THOSE OTTER ASSOCIATED THE			
	A Hashimoto thyroiditis	В	Helicobacter pylori infection	С	Menetriere disease			
			E Trichobezoars	-	Wichelf disease			
	D Peptic ulceration of duode A 55 years old patients presents			Lazir	diarrhan and blooding no			
4	rectum. Diagnosis of carcinoid s	to OP	D with complaints of abdomina	into	i, diarrilea and bleeding pe			
	1	ynaron	ie was made. Winch cens in the	e mile	stilles are the precursors of			
	Carcinoids?	Tn	Goblet cells	С	Neuroendocrine cells			
	A Enterocytes	В	Stromal cells		Neuroendocrine cens			
	D Paneth cells A histopathologist received esop	E		+ 11/10/1	complaints of bloating an			
5	acid reflux. The microscopic ex	nageai	ion of bionsy specimen rever	lad h	asal zone hyperolasia with			
	elongation of lamina propria, pap	aminat	nd by inflammatory infiltrates th	eu u	ntained ensinonhils What i			
	the most probable diagnosis in th			iat co	manieu eosmopinis. What i			
	A Barret esophagus	B	Boerhaave syndrome	C	Mallory Weiss syndrome			
	D Reflux esophagitis	E	Viral esophagitis	-	Walloty Weiss syriatome			
	In Peutz Jeghers syndrome, there	1		tinal	mucosa. They are compose			
16	of fibromuscular network enclos	ing gla	nds lined by normal intestinal	pithe	elium with numerous goble			
	cells. Which of the following is th	e most	ant description for these lesions	?	and the same and bearing			
		В	Hamartomas	C	Mucinous cyst adenoma			
	1 1 1	E	Villous adenoma					
47	A 14 warm old nationt presents	with sig	ns symptoms of Jaundice and liv	er fa	ilure. On examination it wa			
	found that natient had choreifo	rm mo	vements of the arms. Ophthalm	iic ex	amination showed greenis			
	brown ring at the periphery of co	rneas.	What is the most likely diagnosis	in th	is case?			
	A Alpha 1 antitrypsin deficie	ncy	B Budd-Chairi syndrome	С	Primary biliary Cirrhosis			
	D Whipple's disease	E	Wilson disease					
48	A 39 years old female patient pr	resents	to OPD with complaints of seve	re ito	thing on hands and feet and			
	fatigue. On examination, there i	s jaund	lice. Laboratory investigations re	veal	increased levels of bilirubin			
	alkaline phosphatase, and positi	ive IgG	antimitochondrial antibodies. W	hat is	the most likely diagnosis ii			
	this case? A Extrahepatic biliary tract o	betruct	ion B Alcoholic hepatitis	С	Viral hepatitis			
	D Primary biliary cirrhosis	E	Carcinoma of the liver	_	vii ai nepatitis			
49	A 30 year old patient complaints	_		n whi	ch radiates to the back. The			
43								
	pain is relieved by leaning forwards. Laboratory investigations show elevated levels of serum bilirubin, Alaine transaminase, amylase and lipase. Leukocyte count is also increased. What is the most likely							
	, ,	nd lipa	se. Leukocyte count is also inc	crease	ed. What is the most likely			
	Alaine transaminase, amylase a	nd lipa	se. Leukocyte count is also inc	rease	ed. What is the most likel			
	, ,	nd lipa	se. Leukocyte count is also inc Acute pancreatitis	C	Acute Viral Hepatitis			
	Alaine transaminase, amylase a diagnosis in this case?							
50	Alaine transaminase, amylase a diagnosis in this case? A Acute Cholecystitis	B	Acute pancreatitis Pancreatic pseudocyst	С	Acute Viral Hepatitis			
50	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the paragraph of the components of the compone	B E lains of tient ha	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter	C	Acute Viral Hepatitis y and weakness for the last of the distribution of the distribu			
50	Alaine transaminase, amylase addiagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient comp	B E lains of tient ha	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter	C	Acute Viral Hepatitis y and weakness for the last of the distribution of the distribu			
50	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the paragraph of the components of the compone	E lains of tient had gue ma	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and	C	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul			
50	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows va	E lains of tient had gue ma	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and	C	Acute Viral Hepatitis y and weakness for the last of the distribution of the distribu			
	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows valued blood. What is the diagnosis in the Colorectal carcinoma D Meckel's diverticulitis	B Elains of tient had gue mais case? B E	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis	C tharge natin slight	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids			
50	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows valued blood. What is the diagnosis in the Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was	B E lains of tient had gue ma is case: B E	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and so Erythroplakia Pancreatitis at to OPD with complaint of abd	charge matin slight	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for on			
	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows valued blood. What is the diagnosis in the A Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient	B E lains of tient had gue mais case? B E brought was	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in	charge natin slight C	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for on omen. Stool examination by			
	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows valued blood. What is the diagnosis in the Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was	B E lains of tient had gue mais case? B E brought was	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in	charge natin slight C	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for on omen. Stool examination by			
	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows valued blood. What is the diagnosis in the A Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient	B E lains of tient had gue made is case: B E brough t was mented	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in eggs and eggs with actively mote	charge natin slight C	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for on omen. Stool examination by			
	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows valued blood. What is the diagnosis in the Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient routine microscopy revealed segments.	B E lains of tient had gue made is case: B E brough t was mented	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in eggs and eggs with actively mote	charge natin slight C	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for one omen. Stool examination by			
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51	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows vare blood. What is the diagnosis in the A Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient routine microscopy revealed segment egg shell membrane. What is the A Ancylostoma duodenale D Taeniasis	B E lains of tient had gue made is case? B E brough at was mented most p B E	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in eggs and eggs with actively mot robable cause? Ascaris lumbricoides Trichuris trichiura	charge matin slight C omina abd cile Rf	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for one omen. Stool examination by the habditiform larvae within the Hymenolepsis nana			
	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient comp months. It was found that the parabdominal examination shows valued blood. What is the diagnosis in the Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient routine microscopy revealed segment shell membrane. What is the A Ancylostoma duodenale D Taeniasis A 14 years old patient was brought	B E lains of tient had gue mais case: B E brough t was mented most p B E nt from	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in eggs and eggs with actively mot robable cause? Ascaris lumbricoides Trichuris trichiura a local village with bloody diarre	chargenating slight	Acute Viral Hepatitis y and weakness for the last of glarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for one omen. Stool examination be habditiform larvae within the Hymenolepsis nana t was found that many others.			
51	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows various blood. What is the diagnosis in the Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient routine microscopy revealed segment egg shell membrane. What is the A Ancylostoma duodenale D Taeniasis A 14 years old patient was brough people from the same vicinity	B E lains of tient had gue mais case. B E brough at was mented most p B E chart from had the	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and is Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in eggs and eggs with actively mot robable cause? Ascaris lumbricoides Trichuris trichiura a local village with bloody diarrice e same symptoms. On micros	chargenating slight	Acute Viral Hepatitis y and weakness for the last of glarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for one omen. Stool examination be habditiform larvae within the Hymenolepsis nana t was found that many others.			
51	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient comp months. It was found that the parabdominal examination shows vare blood. What is the diagnosis in the A Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient routine microscopy revealed segment egg shell membrane. What is the A Ancylostoma duodenale D Taeniasis A 14 years old patient was brough people from the same vicinity nucleated cysts were found. What	B E lains of tient had gue mais case: B E brough t was mented most p B E nt from had the t is the	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and se Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in eggs and eggs with actively mot robable cause? Ascaris lumbricoides Trichuris trichiura a local village with bloody diarre e same symptoms. On micros most probable diagnosis?	chargenating slight Coming abd cile Rh	Acute Viral Hepatitis y and weakness for the last of g diarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for one omen. Stool examination be habditiform larvae within the Hymenolepsis nana t was found that many other examination of stool, for			
51	Alaine transaminase, amylase and diagnosis in this case? A Acute Cholecystitis D Chronic cholecystitis A 70 years old male patient components. It was found that the parabdominal examination shows various blood. What is the diagnosis in the Colorectal carcinoma D Meckel's diverticulitis A 12 years old female patient was day. On examination, the patient routine microscopy revealed segment egg shell membrane. What is the A Ancylostoma duodenale D Taeniasis A 14 years old patient was brough people from the same vicinity	B E lains of tient had gue mais case. B E brough at was mented most p B E chart from had the	Acute pancreatitis Pancreatic pseudocyst weight loss, low grade fever, let as altered bowel habits i.e. alter ass in right lower abdomen and is Erythroplakia Pancreatitis at to OPD with complaint of abd anemic and had tenderness in eggs and eggs with actively mot robable cause? Ascaris lumbricoides Trichuris trichiura a local village with bloody diarrice e same symptoms. On micros	chargenating slight	Acute Viral Hepatitis y and weakness for the last of glarrhea and constipation pain. Stool R/E shows occul Haemorrhoids al pain and diarrhoea for one omen. Stool examination be habditiform larvae within the Hymenolepsis nana t was found that many others.			

	examination, the patient has fever	and	looks very unwell. The labora	atory	inves	tigations snow a man-	
	bilirubin level, and a high leukocyt					the normal value. Based C)
	history and investigations what is	_		is case			
	A Acute Cholecystitis	В	Acute Pancreatitis		С	Acute Viral hepatitis	
	D Chronic Pancreatitis	E	Intestinal perforation				
54	A child was brought to the OPD wit		•				bed
	lesion. The child has habit of walki	ing t	pare footed. What is the most	prob	able h	nelminthic cause?	
	A Ascariasis	В	Ancylostoma duodenale		С	Hymenolepis nana	
	D Taenia saginata	Ε	Trichuris trichiura.				
55	A 68 years old male patient pre examination, there is profound ja		_				
	diagnosis in this patient?						
	A Carcinoma gall bladder	В	Carcinoma head of pance	reas	С	Carcinoma stomach	
	D Meckel's diverticulum	E	Sigmoid volvulus				
56	A 7 years' female child age was b	roug	tt to Paeds OPD with comp	laints	of pe	rianal itching. The child h	as
	difficulty in sleeping and irritability	ty. S	cotch tape was done which	show	ed al	mond shaped parasitic ov	/a.
	What is the causative agent?						
	A Ascariasis	В	Ancylostoma duodenale		C	Enterobius vermicularis	
	D Hymenolepsis nana	E	Taenia saginata				
57	A 44 years patient with a BMI of 2	8 Kg	/m2 who is a known patient	of Hep	oatitis	s C and Diabetes Mellitus	
J.	has following LFTs:						
	Total Bilirubin		0.7 mg/dl			(<1.1)	
1	ALT		94 U/L			(< 42)	
	ALP		145 U/L		•	85- 307)	
	Albumin		46 g/L			(35-50)	
	What is the most likely explanation		r these changes?				
	A Primary Biliary Cirrhosis	В	Primary Sclerosing Chola	angitis		C Hemochromatosis	_
	D Non-alcoholic fatty liver dis	sease					
	Dead hadres 1 h		FORENSIC MEDICINE		<u>.</u>		
58	Dead body of an adult male was						
	face was cyanosed, the jaws we almonds was felt from the mouth						.61
	A Carbolic acid	В	Cyanide	c susp	C	Inebriant poisons	_
	D Oxalic acid	E	Sulphuric acid		_	meditatic poisons	
59	A young patient presented to the			r Teac	hing I	Hospital, Peshawar with pa	in
	in mouth, throat, esophagus, abo						
	case of poisoning. Upon further	exa	mination, it was revealed tha	at this	pois	on has the ability to extra	ct
	water from tissue, liberate heat	t, an	d causing coagulation necro	sis w	nen i	ngested. Which poison w	as
	ingested by the patient?						
	A Arsenic tri-iodide	В	Copper arsenate		С	Mercuric oxide	
	D Sodium hydroxide	E	Thallium sulfate				
60	You are posted as Casualty Medic						
	with headache as the only symp						be
	potassium cyanide. Cyanide is inc			condi			
	A Low acid in stomach	В			С	Low dose	
	D Achlorhydrea	E	Obesity				
61	Three young males from silk in					•	
	Emergency Department, where					_	
	arrhythmias, tachypnea and cher						nlq /
	be the functional deformity in the			nptom			
	A Anemia	В			С	Hypochlorhydria	_
_	D Hypokalemia	E					-
2	A case of accidental poisoning w						
	Peshawar. The patient presented		_		•		
	strong corrosive agent. In all suc	h ca	ses the step of neutralization	is co	ntrair	ndicated. What is the rea	son
	for the said contraindication?						
	A Anabolic reactions	В	Ectothermic reactions		С	Endothermic reactions	5
	D Exothermic reactions	E	Normothermic reactions	s			
		1 -		~			

	A dead body brought to the Autor officer was of poisoning. On exam	ination	, there was dark brown staining	and	garlic odour of the stomach.
1	What is the most likely poison in t	his cor	MICION:		
	A Aniline dye	В	Carbon dioxide	С	Hydrochloric acid
1	ni sahina	E	Phosphorus		· · · · · · · · · · · · · · · · · · ·
64	A child of two years presented to	the En	nergency and Accident Departm	ent f	or ingestion or an accidental
	nation from deacting table of her	elder si	ster with sign and symptoms of	convu	ision, muscle in trabine, and
	Accoucheur's hand. In addition, hy	pocalc	emia, positive Chyostek's sign, in	11e(au 2	One acidosis and renor ionare
	was also recorded. Which poison	B B	Carbolic acid	c	Magnesium Sulphate
	A Acetic acid D Oxalic acid	E	Zinc Sulphate	-	MoBilesian
65	A child of 05 years belonging to a			encv	Department with abdominal
05	pain, vomiting, diarrhea, and ble	edina r	per rectum. In order to decrease	e the	toxicity procedure of gastric
	lavage was performed which extra	acted s	mall reddish brownish seeds fro	m the	stomach. What can be most
	common manner of death in such	noiso	ning?		
	A accidental	В	homicidal	С	pending
	D suicidal	E	undetermined		
66	A group of travelers had a visit to			ddenl	y found dead on one side of
00	the valley in her camp. The crime	scene :	shows that she was in a closed s	pace a	and some plastic was burning
	there, the fatal period was record	led as 2	to 10 minutes and the phenon	nena l	by which death occurred was
	Cytotoxic Anoxia. Which specime	n woul	d be considered as best sample	for co	infirmation of the poison?
	A blood	В	liver	С	lungs
	D spleen	E	urine		
67	You are posted as Casualty Medic	al Offic	er (CMO) in a District Headquar	ter H	ospital. A patient was
	received with headache as the on	ly symp	ptom. He brought some sample	of a p	oison which was identified
	to be potassium cyanide. Cyanide		fective in which of the following	cond	itions?
	A Have low acid in stomach	В	Have hyperacidity	C	Low dose
	D No acid in stomach (achlor	/dria)	E Obese persons		vas Unon evamination it had
68	A dead body was brought to auto bitter almond like smell, cherry	psy roc	or postmortem lividity cyanose	esnav	e tightly clenched law, and
	hemorrhages on the serosal surfa	aces Ir	such cases, spleen is considere	ed to	be best sample for chemical
	analysis. What would be the poss	ible fin	dings by the chemical analyzer i	n sucl	h a poisoning case?
	A Decrease number of RBCs	В	Degenerated RBCs	С	Increase number of RBCs
	D Normal RBCs	E	Ruptured RBCs		
69	You are posted as Medical Officer	in Acci	dent & Emergency department of	of KTH	I. A patient came with history
	of glass particles ingestion and co	mplain	ing of pain abdomen with vomi	ting. V	what would be the 1st line of
	treatment in this condition?	To	Hyoscine	С	Paracetamol
	A Furosemide D Purgative	B	Sucralfate	-	raidcetailloi
70	A dead body was presented in the	_		Khybe	r Medical College, Peshawar
, ,	for postmortem examination, wh	erein :	autopsy report revealed blue lir	ne gur	ns, ulceration of GIT wall, on
	X-ray lead line was recorded, a	nd bor	ne marrow hyperplasia was als	so no	ted. What is fatal period in
	poisoning of all such cases?				
	A 12-24 hours	В	1-2 days	С	2-3 days
	D 3-4 days	E	4-5 days	<u> </u>	1
71	A case of chronic poisoning was	repor	ted to the Medical Unit of a to	ertian	y care nospitals. The patien
	presented with insomnia, headac erethism. History from the patien	:ne, nai	litosis, tunnei vision, pink diseas	liquid	las a treatment advised heir
	part of Folk Medicine. If such po	icon ic	presented in acute form then	which	of the treatment is of prim
	1	12011 12	presented in acute form their		of the tree ment to a p
	importance? A Gastric Lavage only	В	Gastric Lavage with Albumin	С	Gastric Lavage with
	A Gastric Lavage Orny		Custine zevege mem me emm		Calcium Carbonate
	D Gastric Lavage with	E	Gastric Lavage with		
	Diluents	-	Universal Antidote		
	Direction	1		ieh	I De amenica
•	In a dental OPD, a doctor examine	ed a ba	tient with history of toothache	WILLI	roul smelling. On examina
2	In a dental OPD, a doctor examine	ea a pa looser	ning of teeth, necrosis of the	gum	s with multiple foul smi
2	there was swelling of Jaw with	looser	ning of teeth, necrosis of the	gum	s with multiple foul sm
2	there was swelling of Jaw with discharging sinuses. What is the r	looser most lik	ning of teeth, necrosis of the kely cause in this condition?	gum	s with multiple foul sm
2	there was swelling of Jaw with discharging sinuses. What is the r	looser most lik	ning of teeth, necrosis of the kely cause in this condition? Cocaine poisoning	gum	s with multiple foul smi
	there was swelling of Jaw with discharging sinuses. What is the r	looser most lik	ning of teeth, necrosis of the kely cause in this condition?	gum	s with multiple foul sm

3	washer-men presented with irritar								
	surrounding skin resembling a bru								
	A Eabrus precatorius	B	Calotropis procera	C	Croton tiglium				
	D Plumbago rosea	E	Semecarpus anacardium	-	Croton tignam				
	D Fluilbago losea		COMMUNITY MEDICINE	4					
	The Additional Deplementary was			in Ca	-to-the 2000 when the LL				
74	The Millennium Declaration was				•				
	member states and the development partners set Millennium Development Goals. How many goals wer								
	set in Millennium Development G	_		_					
	A 5 goals	В	6 goals	С	7 goals				
	D 8 goals	E	9 goals						
75	In Millennium Development Goals	8 prior	ity areas were focused includin	g mate	ernal health, child health an				
	infectious diseases. What was the	timelin	ne set for MDGs to achieve its t	argets	5?				
	A From 1990 to 2000	В	From 1990 to 2005	C	From 2000 to 2010				
	D From 2000 to 2015	E	From 2010 to 2020						
76	In MDGs, 8 goals, 20 targets and 6	0 indic	ators were set to be achieved d	uring	2000 to 2015. Pakistan falle				
	to achieve its targets including ta								
	was the target set for Pakistan to								
	A To reduce MMR by	В	To reduce MMR by	C	To reduce MMR by				
	50/100,000/ live births		100/100,000 live births		140/100,000/ live births				
	D To reduce MMR by 200/100,	000/ liv		R by 3	00/100,000/ live births				
77	The Millennium Developmental	Goal N							
•	developing countries including Pa								
	A To reduce MMR by	В	To reduce MMR by 20/1000	C	To reduce MMR by				
	10/1000 live births		live births		30/1000 live births				
	D To reduce MMR by 42/100	0 live b	irths E To reduce MMR I	by 52/	1000 live births				
78	In September 2015, the developm	nent ag	enda termed as "2030 agenda fo	or Sus	tainable Development Goals				
	was adopted by the United Nation	ons (UI	N) General Assembly. In the ne	w dev	relopment agenda termed a				
	SDGs, how many goals were set?								
	A 10 goals	В	17 goals	С	25 goals				
79	D 30 goals	E	37 goals						
	promoting health according to Pakistan's third and so far, the la A In 1981			Ata C	Declaration. When was th				
	D In 2011	E	In 2021						
80	Decentralization is one of the prin	nciples	in Health Management informa	tion s	ystem (HMIS). What does thi				
	imply?								
	A Stake holders should have	В	The administration and	C	Data collection tools				
	access to patients records	1	management shifted to		should be developed by				
		+=-	provincial level	Щ.	community members				
	D Data entry should be done	E	Data output should be deve	loped	at provincial level				
04	at district level	<u> </u>	hlab d						
81	HMIS serves to provide information basic information provided by HI	מוכם	nealth workers for improving i	nealth	service delivery. What is th				
			Quality of health C The						
		В			per of medical conditions				
	to facility establishment				ealth facilities				
	D Utilization of drugs and the								
82	Reduction in morbidity and mort			sess tr	ne extent of any public nealt				
	problem. What type of indicator	$\overline{}$		10	Charles In				
	A Outcome	B	Impact	С	Strategic				
	D Process	E	Input		1				
83	A health care system is an organ meet the health needs of target Building Blocks as chalked out by	popul	ations. Which of the following						
	A Health care delivery system	n	B Media projection	C	Nutritional counseling				
	D Rehabilitation	E	Social research						
2	The Hospital is an integral part o			hich o	f the following key functi				
red .	also performed by hospital along								
		. www.till ()							
		1							
	A Charity services	В	Lobbying	C	Media projection				

.00	DHO Peshawar wants to plan a healt	h care facility for Maternal and Chi	ild health. Which 1st step will be
,	take keeping in view the planning cycl	B Preparing the budget	C Resource allocation
1	A Monitoring and evaluation D Situation analysis E	B Preparing the budget Setting goals	C Resource anocation
85	D Situation analysis E The government has prepared a reg		sidity and mortality during flood
40	disasters every year. However, the		
	emergency and failure of primary plan		
	A Contingency plan B	Long term plan	C Operational plan
	D Strategic plan E	Technical plan	
87	Health management information in I	Pakistan has numerous pitfalls. Wh	nat is the most important flaw in
	current HMIS?		
	A Lack of equipment B	Lack of personnel	C Lack of interest
	D Poor infrastructure E	Poor data quality	
88	The health department wanted to co		
	family planning. For this purpose, Med	dical officer of BHU gathered 10 mo	thers. Which of the following best
	suits this method of health education	?	
	A Workshop B	Seminar	C Group discussion
	D Symposium E	lecture	
89	The District Health Officer of Mardan	decided to distribute equipment re	elated to diagnostics amongst the
	different hospitals of district according	ig to the needs of the hospital what	is this method called?
	A Appropriate technology B	Effectiveness	C Equity
	D Efficiency E	Efficacy	
90	What is the smallest organizational un	nit in a health care delivery system	called?
	A Tehsil Head Quarter B	Rural Health Center	C District Head Quarter
	hospital		hospital
	D Basic health unit E		
91	The WHO has given targets to achieve		
	what should be the minimum GNP / o		
	A 350 \$ US / annum B		C 750 \$ US / annum
	D 850 \$ US / annum E		
-		VERTICAL INTEGRATION	Hab a bligadian An diseas Ab de de
92	The WHO has defined the Social A education, research and service a		
1	community, region, and/or nation t		
	important factor in identifying the pr		inch of the following is the most
	A Media B		C Politicians
	D Public E		
93	Mr. Ahmad is a 40 years old gentlema	an. He presented with long standing	history of dysphagia. He has been
	to multiple physicians and at last diag		allow and esophageal manometry.
ł	What is the best treatment option for		1
	A Cardiomyotomy B		C Nifedipine
94	D Proton pump inhibitors E		
34	A patient who has symptoms of gastre inhibitors. One month later, the s		
	endoscopy are unremarkable. Which		
	A Barium swallow B		C Endoscopic ultrasound
	D Repeat endoscopy in a month		PH monitoring
95	Mr.Zahir is a 50 years old gentleman		
	diagnosed with non-dysplastic Barre		
	malignant transformation as he has		
	endoscopies and biopsy to monitor f		
	A Every 4-6 months E		C Every 3-5 years
	D Every 6-8 years E		
6	Mr. Najam is a 56 years old gentlem		decompensated liver disease with
	ascites. He was investigated and fou		
	with drowsiness and low blood pres	· ·	
	stools. After initial resuscitation an		
	J SLOUIS. AILEI IIIILIAI TESUSCILALION AN	ia terripressiri, you decided endos	scobs runnscobs sugmen Razer

varices. What is the best treatment for gastric varices?

CS CamScanner

	diagnosed as acute hepatitis B. \			
	A Active immunization B		C Pro	phylactic Adefovir
	against hepatitis B	against hepatitis B		
	D Avoidance of sexual	E Use of condoms		
	contact			
98	A 17 years old boy presented w	ith acute jaundice. His investigations sh	lowed derang	ged LFTs and Hepatitis
	B surface antigen positive. Rega	rding the treatment for acute hepatitis	B what is the	best answer?
		symptomatic/Supportive treatment		cination
	D No treatment required	E Vitamin K therapy		
99		hed cirrhosis underwent a six monthly		
	It showed a suspicious focal live	er lesion. A subsequent contrast enhan	ced CT scan o	of abdomen confirmed
		r. Serum Alpha Fetoproteins were raise		nl. A previous AFP and
		ier. What is the most appropriate next		
	A Liver transplant referral	B PET scan		eat scan in 6 weeks
	D Repeat AFP in 6 weeks	E Ultrasound guided liver biop		
00		hed cirrhosis had a surveillance ultraso		SS). It showed a 2 cms
		e normal. What is the most appropriate		
	A Contrast enhanced CT sca			eat AFP at 6 weeks
	D Repeat USS at 6 weeks	E Ultrasound guided liver biop		sials of househoodly las
.01		h cirrhosis due to hepatitis C is worrie		
		wspaper report. He seeks an earlier out	patient appo	intment to discuss the
	risks. The risk of Hepatocellular		C 3-59	6 per year
	A 0.1% per year	B 1 % per year E > 10% per year	C 3-3/	a per year
	D 7-9% per year	ymptoms that characterize IBS must ha	ve heen pres	ent for the previous 3
02	marks Which of the following	is one of the criteria for diagnosing irrit	able bowel s	vndrome (IBS)?
	months which of the longwing		10 0	roesophageal refulx
		e B Flatulence	C Gast	
	A Abdominal pain 3 or more	e B Flatulence	C Gast	rocsopriagear retain
	A Abdominal pain 3 or more days per week	E Pain with defecation	C Gast	irocsophiageal relaix
103	A Abdominal pain 3 or more days per week D Nausea Inflammatory bowel disease (IB	E Pain with defecation D) includes both Crohn disease and ulce	rative colitis.	IBD is a relapsing and
103	A Abdominal pain 3 or more days per week D Nausea Inflammatory bowel disease (IB remitting condition characterize	E Pain with defecation D) includes both Crohn disease and ulced by chronic inflammation at various	rative colitis.	IBD is a relapsing and
103	A Abdominal pain 3 or more days per week D Nausea Inflammatory bowel disease (IB remitting condition characteriz diarrhea and abdominal pain.)	E Pain with defecation D) includes both Crohn disease and ulce	rative colitis.	IBD is a relapsing and
103	A Abdominal pain 3 or more days per week D Nausea Inflammatory bowel disease (IB remitting condition characteriz diarrhea and abdominal pain. Colitis?	E Pain with defecation D) includes both Crohn disease and ulced by chronic inflammation at various which of the following is indicative of	rative colitis. s sites in the Crohn diseas	IBD is a relapsing and e GI tract resulting in se but NOT ulcerative
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08	A 70-	-year old man presented w	-!	n+		
	A	stigations will help in diagno Abdominal X-ray	B B	Abdominal ultrasound	С	Serum alpha feto proteir
	D	Serum amylase	E	Total leukocyte count		
09		-year old alcoholic man pre		with mass in epigastrium whic		
				ng to the back. What condition	_	
	A	Pancreatic abscess	В	Pancreatic pseudo cyst	С	Pancreatic carcinoma
	D	Pancreatic ascites	E	Pancreatic aneurysm		
10				ht upper abdominal discomfo		
				sonography reveals a multi loc	ulated	cyst with floating membrar
	insid	e. The diagnosis in this case	would b			
	Α	Hydatid liver disease	В	Hemangioma of liver	С	Amoebic liver abscess
	D	Pyogenic liver abscess	E	Polycystic liver disease		
11	A 37-	-year old woman has had 3	days of	increasing epigastric pain, na	usea ar	d fever. She is tender in th
	right	upper quadrant of the abo	lomen. I	Investigations reveal a WBC of	17 x 1	0^9, a CRP of 25mg/l and a
				t is the single most appropriate		
	Α	Abdominal X-ray	В	Ct scan of abdomen	C	Upper abdominal
						ultrasound scan
	D	OGD	E	Magnetic resonance		
			1	cholangiopancreatography		
2	A 45-	vear old male presents to t	he OPD v	with the complaints of dyspeps	ia On c	areful questioning he admit
-				nation, a pallor is noted. Rest o		
				is 9 g/dl. What is the most app		
	A	Ultrasound of abdomen	B	CT scan abdomen and	С	Upper GI endoscopy
	^	Oitrasoulid of abdomen	6	pelvis	-	opper of endoscopy
	_	II	E	Urea breath test for H	+	
	D	H pylori antigen	-	pylori		
_				DVIDTI		
113	1 . 24	ald male is brough	1 to the			singel comittee Mhat is th
13				e emergency with profuse bl	ood st	ained vomitus. What is th
13	com	monest cause of such vomi	ting worl	e emergency with profuse bl dwide?		
.3		monest cause of such vomi Arterio-venous malforma	ting worl	e emergency with profuse bi idwide? B Cirrhosis of the	ood st	Oesophageal varices
L3	A	monest cause of such vomi Arterio-venous malforma stomach	ting worl	e emergency with profuse bl ddwide? B Cirrhosis of the liver		
	A D	monest cause of such vomi Arterio-venous malforma stomach Peptic ulcer disease	ting work	e emergency with profuse bloodidwide? B Cirrhosis of the liver Zollinger Ellison Syndrome	С	Oesophageal varices
	A D A 58	monest cause of such vomi Arterio-venous malforma stomach Peptic ulcer disease 3-years-old woman is broug	ting work	e emergency with profuse bl idwide? B Cirrhosis of the liver Zollinger Ellison Syndrome e emergency with sudden onse	C et pain	Oesophageal varices in the abdomen for the las
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and of 4d 7 da	yellowish discoloration since la cm below right costal margin a ys back her younger brother w	st 4 da nd ten as trea	ys. On examination she is febrild der right hypochondrium. Ited for jaundice. Hepatitis B an	e jaun d C wo	diced, having hepatomegaly orkup by ICT is negative. ALT	
Α	Ultrasound abdomen	В	Hepatitis B and C by ELISA	С	Hepatitis B and C by PCR	
D	Anti Hepatitis A IgM	E	Anti Hepatitis A IgG			
A 70	years patient was recently dia	agnose	d with ascites and yellow discol	oratio	on of the sclera presented to	
a GF	with altered consciousness. T	he GP,	after initial management suspe	ected	which of the following?	
Α	Hepatic encephalopathy	В	Subdural hematoma	С	Stroke	1
D	Hemolytic jaundice	E	Congestive cardiac failure			
A pa	atient aged 30 years presented	to a G	P with 4 days history of watery	diarri	hea and now with pursed lip	
brea	athing and confusion. What is t	he mo	st likely diagnosis in this patien	t?		
Α	Acute tubular necrosis	В	Black water fever	C	Cholera	1
D	Hepatic encephalopathy	E	Hypovolemic shock			1
	and of 40 7 da is 15 A D A 70 A pa brea	and yellowish discoloration since la of 4cm below right costal margin a 7 days back her younger brother w is 1500, ALP is 70 and Serum Biliru A Ultrasound abdomen D Anti Hepatitis A IgM A 70 years patient was recently dia a GP with altered consciousness. The Hepatic encephalopathy D Hemolytic jaundice A patient aged 30 years presented breathing and confusion. What is the A cute tubular necrosis	and yellowish discoloration since last 4 days of 4cm below right costal margin and ten 7 days back her younger brother was treatis 1500, ALP is 70 and Serum Bilirubin is 1 A Ultrasound abdomen B D Anti Hepatitis A IgM E A 70 years patient was recently diagnose a GP with altered consciousness. The GP, A Hepatic encephalopathy B D Hemolytic jaundice E A patient aged 30 years presented to a G breathing and confusion. What is the most A Acute tubular necrosis B	and yellowish discoloration since last 4 days. On examination she is febrile of 4cm below right costal margin and tender right hypochondrium. 7 days back her younger brother was treated for jaundice. Hepatitis B an is 1500, ALP is 70 and Serum Bilirubin is 16mg/dl, How will you confirm to A Ultrasound abdomen B Hepatitis B and C by ELISA D Anti Hepatitis A IgM E Anti Hepatitis A IgG A 70 years patient was recently diagnosed with ascites and yellow discola a GP with altered consciousness. The GP, after initial management suspend Hepatic encephalopathy B Subdural hematoma D Hemolytic jaundice E Congestive cardiac failure A patient aged 30 years presented to a GP with 4 days history of watery breathing and confusion. What is the most likely diagnosis in this patient A Acute tubular necrosis B Black water fever	and yellowish discoloration since last 4 days. On examination she is febrile jaun of 4cm below right costal margin and tender right hypochondrium. 7 days back her younger brother was treated for jaundice. Hepatitis B and C we is 1500, ALP is 70 and Serum Bilirubin is 16mg/dl, How will you confirm the dia A Ultrasound abdomen B Hepatitis B and C by ELISA C D Anti Hepatitis A IgM E Anti Hepatitis A IgG A 70 years patient was recently diagnosed with ascites and yellow discoloration a GP with altered consciousness. The GP, after initial management suspected A Hepatic encephalopathy B Subdural hematoma C D Hemolytic jaundice E Congestive cardiac failure A patient aged 30 years presented to a GP with 4 days history of watery diarrough breathing and confusion. What is the most likely diagnosis in this patient? A Acute tubular necrosis B Black water fever C	7 days back her younger brother was treated for jaundice. Hepatitis B and C workup by ICT is negative. ALT is 1500, ALP is 70 and Serum Bilirubin is 16mg/dl, How will you confirm the diagnosis? A Ultrasound abdomen B Hepatitis B and C by ELISA C Hepatitis B and C by PCR D Anti Hepatitis A IgM E Anti Hepatitis A IgG A 70 years patient was recently diagnosed with ascites and yellow discoloration of the sclera presented to a GP with altered consciousness. The GP, after initial management suspected which of the following? A Hepatic encephalopathy B Subdural hematoma C Stroke D Hemolytic jaundice E Congestive cardiac failure A patient aged 30 years presented to a GP with 4 days history of watery diarrhea and now with pursed lip breathing and confusion. What is the most likely diagnosis in this patient? A Acute tubular necrosis B Black water fever C Cholera

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