me:BLC	OCK L (RENAL - 2 END	OCRINE & REPRODUCTION - 2)	D
a Allowed: 120 min	180	** ************************************	- the moting
e: • Attempt all questions. Select the best	answer from given choices, H	andover response sheet along with questi	on paper after attempting
. Use blue / BLACK link only. Do not use	RED Color, Filling of more than	n one option shall not be consider as	
 Possession of mobile phone and other 	electronic accessories are stri	ctly prohibited.	lles
Aseptic autolysis is found in:	and the state of	d. Maceration e. Baby born with	congenital anomalies
Adipocere b. putrefaction	c. Mummification		
Sexual offence in which seminal determinates. Sodomy b. Bestiality	- 0.0	d. Tribadism e. Rape	
Injecting soapy solution in to the ute	rus during criminal abortion	is likely to result in: d. Fat embolism	e. Thromboembolism
D. Hemorrhag	e c. Air embolism		
Spaulding sign is present in: Maceration b. Putrefaction c. Fetus	born dust	or d. Fetus born with congenital and	malies e. Putrefaction
Epispadias and hypospadias are the	conditions that prevent pro	nor denosition of semen in vagina and	1 C3 UIL3 III.
			e. Veginismus
Ergot preparations used to induce crabortion pills b. Ecbolics	iminal abortion are classific	ed as:	e. Systemic poisons
Police caught a renal transplant surg	c. Emmenagog	ues d. Irritants	e. Systemic poisons
charged with violation of human tiss	ue and organ transplant as	llegal renal transplants in a private seto	act of Pakistan what
perior ric could face:			
nprisonment for up to 1 year and per	meant removal of name fro	om PMDC b. Imprisonment for up to	2 years only
iprisonment for up to 5 years and rer	noval of name for 2 years i	nitially	
nprisonment for up to 10 years and re Because of positive biopsy findings a	nd negative works the	e. Removal of name from P	The pathology
report reveals Gleason score 9/10 ar	id involvement of several n	relyic lymph nodes. Which of the follow	ing is the most likely
site for prostatic cancer metastasis?	o involvement or several p	retvic lymph hodes. Which of the terms	
iver b. Kidney c. Lur	g d. Bone	e. Brain	
A 62-year-old African American male	attorney presents to a pro	state-screening clinic during National A	wareness Week. On
careful questioning, he has noted slip		turia, and a decrease in the force of mi	c- turition. He is
referred to have blood tests to include arcinoembryonic antigen (CEA)	b. Prostatic acid phosph	natase c. Alkaline phosphatase	
	The second second	(LDH)	undercanded
		I modiatrician's assessment to	right hemiscrotum is
A 3-year-old, recently adopted Roma testicle. On exam his left testicle is no	ormal and in place. He has	no evidence of hernias. However, his	ia as well. The most
empty and there is a testicule sized n	nass palpable at the pubic	tuberere	
appropriate next step is	b. Right orchiopexy	c. Right orchiopexy and right ingu	inal hernia repair
servation until age 5 ht orchiopexy and right testicle biop		A - abdominal ultrasound	
	mpectomy and sentinel ly	mph node biopsy and is found to have	ve a 5-mm tubular calicel
65-year-old woman undergoes a lu R and PR positive and a negative ser	tine lymph houe. What o		menueu:
motherapy and radiation	D. Radiation treatment	Oil)	
otherapy and hormonal therapy	e. Partial breast irradia		
9-year-old woman presents with a	- it list-runf on th	oma and edema of the right breast	with palpable axillary
9-year-old woman presents with a phadenopathy. A punch biopsy of	6-month history of eryth	atory cancer of right breast. Which	of the following is the best
phadenopathy. A punch biopsy of	the skin reveals illiaming	itory contect of the	
se of nafcillin to treat the overlying of radical mastectomy followed	by adjuvant chemotherap	y c. Modified radical mastectomy	followed by normonal therapy
ed radical mastectomy followed ned modality chemotherapy and	radiation therapy to the	right breast with surgery reserved to	or residual disease
ned modality chemotherapy and ned modality therapy with chemo month-old boy is seen by a pedia month-old boy is seen by a pedia	otherapy, surgery(MRM),	and radiation	no testes in the scrotum.
month-old boy is seen by a pedia of the following is the optimal	management of bilateral	undescended testicles in an infam	.:
-lecoment into the scrotter	years It desc	ent has not occurred	
		tum if descent has not occurred	1 11 1 - Landschapl
placement into the scrotum unity e placement into the scrotum be ion until age 3 years; operative ion until age 5 years; if no desc ion until age 5 years; if no desc	by then, plastic surg	ical scrotal prostheses before the	Child enters school
ion until age 5 years; if no desc	ent by transculinization a	and normal spermatogenesis are	likely even if the testicle does
ion until age of the parent th	nat full masco		MARIE LANGE
ion until age 3 years; operative ion until age 5 years; if no desc ion until age 5 years; if no desc by; reassurance of the parent the	are of recurre	ent urinary tract infections. The o	patient also reports a history
cend dieal atter	ition because of recurre	d hositancy) over the last severa	months. A prostate-specific
ion until age 5 years, if no each op; reassurance of the parent to cend ar-old man seeks medical atterns difficulty in urination (decre	ased flow, straining, an	a nestrately over the last severe	ving is the most appropriate
- difficulty in urination (decre	ad a prostate biopsy pr	oves benign, which of the follow	amp is the most abbest
ip Ulliffering	10 - 1		



Aseptic autolysis... Seen in?
Spaulding sign.. seen in?
Ans) Both in maceration

cotrimaxazole

110.A 22 years old woman visits her gynecologist 6 months after giving birth to a normal infant. She suffered severe cervical lacerations during delivery, resulting in hamorphasis. PAPER CODE D lacerations during delivery, resulting in hemorrhagic shock, Following blood transfusion and surgical repair, postpartum recovery has so far been uneventful. She now complains of continued amenorrhea and loss of weight and muscle strength. What is the Diagnosis? a. Androgen excess b. Diabetes Insipidus c. Hyperprojectinemia d. Primary hypothyroidism e. Sheehan syndrome 111.A 36 years old man is brought to the emergency department because of Jethargy, weakness, and confusion. Serum sodium and plasma osmolarity are markedly decreased while lurine osmolarity is increased. What is most likely diagnosis?

a. Conn syndrome b. Cushing syndrome c. Sheehan syndrome d. SIAD syndrome e. Nephrotic syndrome.

a. Conn syndrome b. Cushing syndrome c. Sheehan syndrome d. SIAD syndrome e. Nephrotic syndrome.

a. Conn syndrome b. Cushing syndrome c. Sheehan syndrome d. SIAD syndrome e. Nephrotic syndrome.

b. Cushing syndrome c. Sheehan syndrome d. SIAD syndrome e. Nephrotic syndrome.

c. Sheehan syndrome d. SIAD syndrome e. Nephrotic syndrome.

a. Conn syndrome b. Cushing syndrome c. Sheehan syndrome e. Sheeh b. Decreased thyroid-stimulating hormone level d. Increased thyrotropin-releasing hormone level c. High titer thyroid peroxidase autoantibodies e. Increased triiodothyronine level e. Increased trilodothyronine level

114.A 5 years girl presents to the emergency department with sore throat, malaise, fever, nausea, oliguria and

Heamaturia. Clinically having periorbital puffiness early morning and shortness of breath. You identify red cell casts in her a. Acute tubular necrosis
b. Focal, segmental glomerulopathy
c. Membranous glomerulopathy
d. Minimal change disease
e. Post streptococcal glomerulopathy
115.A 4-year-old child is brought to her pediatrician by her parents. Over the past several days, they have noticed swelling of her eyelids, and she has vomited twice in the past two Jays. She has no significant past medical history. Her vital signs are a temperature of 98.6°F, blood pressure of 97/62 mm Hg, and pulse of 76 bpm. Laboratory testing reveals an albumin of 2.2 gm/dL and total cholesterol of 243 mg/dL. A urine dipstick is positive for protein and negative for red blood cells and white blood cells. She is admitted to the hospital. Which would further testing most likely reveal? a. Minimal change disease b. Focal segmental glomerulosclerosis c. Membranous glomerulonephropathy d. Rapidly progressive glomerulonephritis e. Membranoproliferative glomerulonephritis 116.A 68-year-old male is brought to an acute care clinic by his wife. Over the past few days, he has developed fatigue, and in the last day, he has become lethargic. She says that over the past few days, he has been going to the bathroom less. His vital signs are temperature 98.7°F, pulse of 87 bpm, and blood pressure of 131/85 mm Hg. Laboratory testing reveals a blood urea nitrogen of 29 mg/dL and creatinine of 2.0 mg/dL. Six months ago, he also had a BUN and creatinine performed and they were 12 mg/dL and 0.8 mg/dL respectively. The subsequent placement of a Foley catheter reveals 845 mL of urine in the bladder. Of the following, what is the most likely cause of his presenting state? a. Sepsis b. Dehydration c. Recent ingestion of antifreeze d. Focal segmental glomerulonephritis e. Benign prostatic hyperplasia 117. Members of a family with a history of renal cancers un-dergo ultrasound screening. Two adults are found to have multifocal and bilateral renal mass lesions. Biopsies are ob-tained, and microscopic examination shows a papillary pat-tern. A mutation involving which of the following genes is most likely to be found in this family? b. PKD1 c. RAS d. TSC1 e. WT1 118.If you want to assess Renal Function in asymptomatic adult, you would order following tests initially a. eGFR, Urine R/E, Blood cholesterol b. 24 hours Urinary protein levels, serum Albumin, serum Urea c. Serum Urea and serum creatinine d. BUN, serum Albumin and Urine R/E e. Kidney biopsy with Immunoflouresence and electron microscopy 119.A 37-year-old male presents to his family physician with complaints of blood in his urine. A urinalysis reveals 4+ blood, with microscopic clots identified. The patient returned home 4 months ago after a missionary trip to Africa. He does not smoke nor drink alcohol. He has no family history of hereditary disorders. Of the following, what is the most likely diagnosis? a. Transitional cell carcinoma of the bladder c. Schistosoma haematobium infection of the bladder b. Renal cell carcinoma Post-infectious glomerulonephritis e. Post-intectious gromerulonephritis

120.A young lady is diagnosed with breast carcinoma. One of her aunt died of breast cancer and her elder sister has ovarian tumor. Which of the following gene should be tested for mutation in this patient?

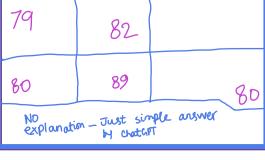
a. RB

b. PS3

c. BRCA

d. ERBB

e. ER/PR d. Membranous glomerulonephropathy



Sowed by cret GPT

Repeated

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blood pressure is 170/100, purriness of the face and normal billateral pedal edema. Which one of the following is the most
                                       appropriate investigation?
appropriate investigation?
a. T3, T4, T5H
b. Only serum T5H
c. Serum prolactin
d. Serum growth hormone
e. Follicle stimulating hormone
for hormone

                                                 you advise for further evaluation?
                                       you advise for further evaluation?

a. Serum TSH

b. Serum LH & FSH

c. Serum prolactin

d. Serum T3, T4, & TSH

e. Serum Total as 16 months. She noticed an unusual increase in her

shoes size. Examination shows bilateral papilledema. Which one of the following is the most appropriate investigation she needs?

d. Magnetic esonance imaging brain

c. Serum growth hormone

d. Magnetic esonance imaging brain
                                                                                                                                         c. Serum prolactin
                                                                                                                                       c. Serum growth hormone
                                          a. Serum TSH b. Serum prolactin
                            a. Serum TSH b. Serum prolactin
e. Computerized tomography brain
e. Computerized tomography brain
e. Computerized tomography brain
es. A 15-year-old boy presented with one-month history of dryness of mouth, increased thirst and increased frequency of
ess. A 15-year-old boy presented with one-month history of history of hypertension, diabetes or
urination. He also complains of about 4 kg weight loss in this duration. He has no family history of hypertension, diabetes or
tuberculosis. He has a wasted look, and the rest of clinical examination is normal. His blood sugar is 360mg/dl. Which one of
the following is the most appropriate management to start with?
a. Regular insulin
b. Diet courtol only
c. Sulfonylurea
d. Motformin
e. DPP4 inhibitors
66. A 35-year-old lady presented with 6 months' history of palpitation, low-grade faver and weight loss. Herappetite was normal.
She also complains of oligo menormea. Clinical examination shows atrial fibrillation and weight loss. Herappetite was normal.
She also complains of oligo menormea. Clinical examination shows atrial fibrillation and weight loss. Herappetite was normal.
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the following is the most appropriate investigation and every and weight loss. Herappetite was normal.
She also complains of oligo menormea. Clinical examination is normal. His blood sugar is 360mg/dl. Which one of
the following is the most appropriate investigation is normal. His blood sugar is 360mg/dl. Which one of
the following is the most appropriate investigation is normal. His blood sugar is 360mg/dl. Which one o
                            d. Iv antibiotic with 10%DW
                                                                                                                                                                                                                                          e. 1/5 D/S
                            68. What is the primary cause of nephrotic syndrone in children?
                            a. Diabetic nephropathy b. Membranous nephropathy
                                                                                                                                                                         c. Minimal change disease d. Polycystic kidney disease
                                                                                                                                                                                                                                                                                                                          e. SLF
                            69. What is the recommended dietary restriction for individuals with nethrotic syndrome to manage edema?
                            a. Low protein diet
                                                                                         b. Low sodium (salt) diet
                                                                                                                                                                             c. High potassium diet d. High phosphorus diet
                           70. A 37-year-old lady who is on oral contraceptive pills for the last 2/years, presented with headache, sleep properties irritability. Her mother is hypertensive and is on medication. Her blood pressure is 150/90mmHg, pulse is 9: systemic examination. Which one of the following is the most appropriate approach for her management?
                                                                                                                                                                                                years, presented with headache, sleep problem and
                                                                                                                                                                                            blood pressure is 150/90mmHg, pulse is 92/min and normal
                              a. Change to IM contraceptive b. Change to Intrauterine dev
                                                                                                                                                                                                                   c. Stop the contraception
                              d. Start antihypertensive
                                                                                                                e. Just reassurance
                             71. A 23-year-old woman presented with 5 days history of be
                                      A 23-year-old woman presented with 5 days history of burning miturition, pain lower abdomen and urinary urgency. She is married 3 weeks back. Her temperature is 980F, and mildly tender to the lower abdomen. Her urine routine examination shows 7-10 pus cells and 5-9 epithelial cells. Which one of the following is the most appropriate approach for her
                                     shows 7-10 pus cells and 5-9 epithelial cells. Which on
                                     management?
                         a. Short course of antibiotics b. Treat as complicated y
                                                                                                                                                         TI c. Refer to gynecologist
runds as disinfectant in water is
                                                                                                                                                        ounds as disinfectant in vater is that they leave free residual chlorine in ould be the concentration of residual chlorine in water for this purpose? d. 0.6 ppm
                       72. The advantage of using chlorine containing compo
                                 water required for effective disinfection. What s
                                                               b. 0.2 ppm

    a. 0.1 ppm b. 0.2 ppm c. 0.4 ppm d. 0.6 ppm e. 1.0 ppm
    73. In most of the rural areas of Pakistan pure drigking water is not available and people have to fetch contaminated water from springs, ponds or rivers. This water is full of picroorganisms causing a variety of acute and chronic diseases and has to be purified before drinking. Which one of the following is the least expensive and effective natural method of purification of water?
    b. Chlorine reatment of water c. Filtration through sand bed

                                                                                                          c. 0.4 ppm
                                                                                                                                                      d. 0.6 ppm
               a. Ozone treatment of water
             d. Pottasium permanganate treatment of wat
                                                                                                                                                                                              e. Use of silver nitrate particles
           74. A local rural community cannot afford expensive methods of waste treatment, decides to adopt compositing for waste
                     disposal. As a public health expert what would method you advise them to prevent leakage of hazardous material from the
                     composting site into sub soil water?
  a. Burning the waste in the dump
d. Covering it with soil and lime
e. Uning the walls of the pit with plastics
75. Town municipal committee wants to establish a waste treatment plant for the town but want to skip the primary treatment plant due to shortage of finances. You as an expert advise them to must include the primary plant in order to avoid choking.
              What is the purpose of primary plant?
a. Removal of suspended solids
                                                                                              b. Removal of dissolved solids
                                                                                                                                                                                            c. Removal of biological impurities
d. Removal of BOD
                                                                                                  e. Removal of COD
76. In steam autoclaving what is the additional factor that causes complete disinfection along with a high temperature?
. High pressure b. Use of chemicals c. Very long contact time d. Temperature above 200C e. Use of wet heat
7. A small river in a hilly area was the sole source of water and food supply for a small community. But a decade later as the
     population of the village increased the river gradually got depleted with fish. Which one of the following water quality
     parameters indicates an excessive amount of solid organic waste disposal into the river?
                                                                                                                                               b. Increase in Nitrites
   crease in Chlorides
                                                                                                                                                                                                                   c. Increase in Chemical oxygen demand
                                                                                                                                               e. Increase in Carbon dioxide
  crease in Biological oxygen demand
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initial management of this patient with benign prostatic hyperplasia (BPH)?

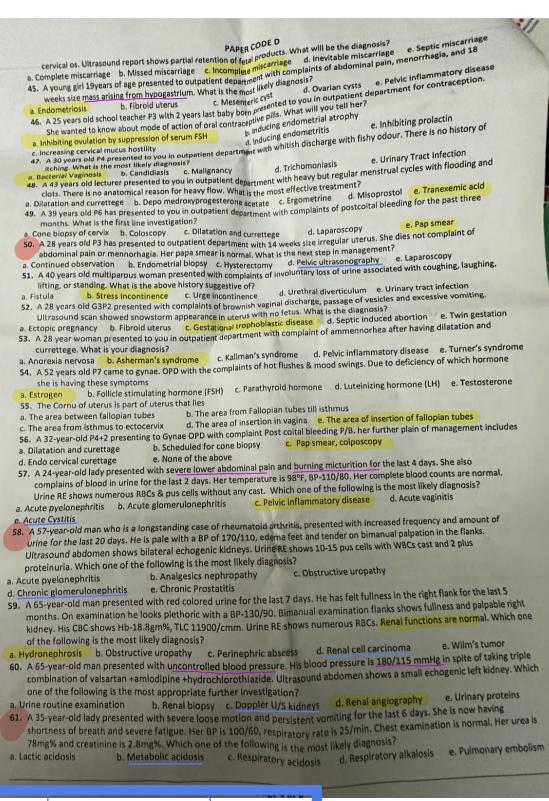
i. a-Adrenergic blocker b. 5-alpha reductase inhibitor c. a-Adrenergic blocker b. 5-alpha reductase inhibitor c. a-Adrenergic blocker b. 5-alpha reductase inhibitor c. a-Adrenergic blocker and 5-alpha reductase inhibitor c. a-Adrener PAPER CODE D A 25 years or pain. Her Urine presented by positive. On bimanual examination os was closed. What do you do next to confirm the diagnosis?

d. Horman d. Hormonal profile c. CT scan b. CBC 6 b. CBC c. C. Seath Wo years have partient department with primary subfertility. She had taken O year old Po married for 5 years p. the had taken lation induction three times in last two years but failed to conceive. In a couple what is the initial workup for infertility? b. Husband semen analysis, Chest X ray, ovulation test nd semen analysis, ultrasound, hormonal profile d. Semen analysis, tubal patency test, ovulation test und, testicular biopsy, hormonal profile und, testicular biopsy, florings..., rearrange and the second of gestation by recent scan came to outpatient department with rears old women GSF2 with TATA department with a last 2 days, she is vitally stable. Her last period was 4 months back. Per ant or filled sporting and person and the person and the person and the person was 4 months back. Per seamination, soft non-tender. Per vaginal examination, os was closed with no bleed. Her ultrasound report shows of e intrauterine fetus with absent cardiac activity. Other findings were unremarkable. What will be possible diagnosis? miscarriage b. Inevitable miscarriage e. Threatened miscarriage c. Incomplete miscarriage ars old girl came to Accident and emergency department. She stated that she has never had a menstrual period. She ced severe lower abdominal pain every 28 days. She was vitally stable and on examination a bluish bulge was seen at What is the most likely diagnosis? s syndrome b. Congenital Adrenal hyperplasia c. Imperforate hymen e. Transverse vaginal septum ars old obese woman presents to gynaecology OPD with postmenopausal bleeding. She has type 2 diabetes. On m examination there is bleeding from cervical os and on bimanual pelvic examination there is a bulky uterus. Her pap b. Endometrial Carcinoma ears old multiparous obese woman complained of abnormal vaginal bleeding of 7 months duration. Pelvic examination d. Uterine Prolapse e. Vulval Carcinoma strated a small anteverted uterus and a normal appearing cervix. No adnexal masses were present. A serum pregnancy as negative and pap smear was normal. Prolactin and thyroid stimulating hormone levels were normal. Which of the ng is the most appropriate next step in the management of this patient? and curettage b. Endometrial cytology c. Pipelle biopsy d. Transvaginal ultrasound cars old female presented with severe lower abdominal pain and vaginal bleeding. She reports missed periods and e pregnancy test. On bimanual examination, there is fullness and tenderness in right iliac fossa. Her total leucocyte pendicitis b. Ectopic pregnancy c. Normal intrauterine pregnancy d. Urinary tract infection e. PID or old pregnant lady in her third pregnancy at 28 weeks has presented with pain abdomen. On examination she is vitally ymphysiofundal height is 30cm, Fetal heart sound are audible. She is not in labour or having show or leaking per vagina. record shows 10×8 cm intramural fibroid. She has no other co-morbids. What is the most likely cause of her pain? is Gravidarum b. Preterm labour c. Placenta previa d. Peptic ulcer diseases e. Red Degeneration of fibroid s old P3 has presented with the complaint of vaginal discharge and post-coital bleeding. On per speculum ion, her cervix is red and inflamed. She is advised pap smear and to be followed by cautery cervix. Regarding pap no should be screened? b. Older women & age greater than 65 years c. Post menopausal women teenagers e. Young women under 21 years old P2 has presented with the complaint of menorrhagia for the last 6 months with 3 cm fibroid in posterior II. She wanted to preserve her fertility. What is the treatment option in this case? ral Contraceptive Pills b. Hysterectomy c. Myomectomy d. Norethisterone e. Tranexamic acid & NSAIDs old school teacher, presents with symptoms of leaking urine on coughing, sneezing and exercise and when she has a urine. She is not obese, has no co-morbids. On examination she has moderate cystocele and minimal rectocele. best first line of treatment? b. Burch Colposuspension c. Insertion of mid uretheral tape ic medications e. Vaginal estrogen creams lvic floor exercises d woman presents with worsening frequency urgency and nocturia despite limiting caffeine intake, bladder requitting smoking. Which of the following drugs can be used as first line management?

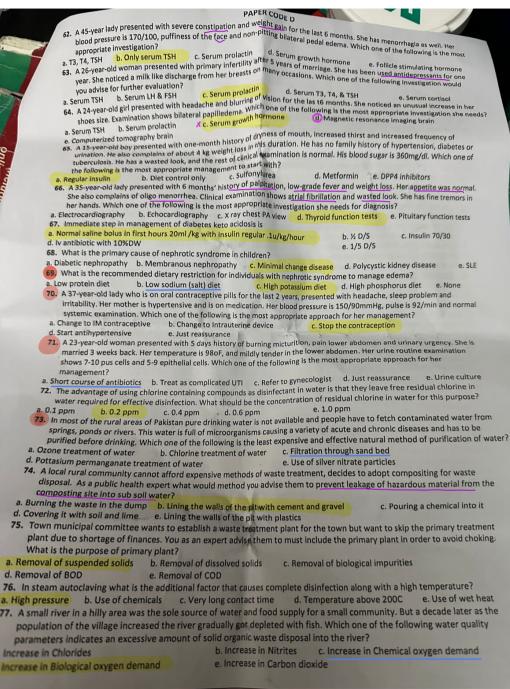
PAPER CODE D

line treatment option?	nt department multicomplaints of stress urinary incontinence.
a. Cystoscopy b. Pelvic floor muscle ex	
30. A 16-years old girl presented to gynae OPD wit	ith primary amenorrhea. She has normal secondary sexual characteristics. What
is the first line investigation of choice?	and LH levels d. Ultrasound abdomen and pelvis e. X-ray abdomen
a. CI scan b. MKI pelvis c. Serum FSH a.	and LH levels d. Ultrasound abdomen and pelvis e. X-ray audoment lith no menses. Ultrasound confirmed blind vaginal vault with absence uterus and leful? e. X-ray audoment e. X-ray audoment with absence uterus and leful? e. X-ray audoment lith and leful lith an
31. A 15 years old girl presented to gynae OPD WI	ful? e, Serum TSH
cervix. What investigation would be most use	eful? d. Serum prolactin level e. Serum prolactin level e. Karyotyping d. Serum prolactin level e. Serum prolactin le
a Alpha fetoprotein levels b. Beta HCG	C. Kary with complaints of posting for the last 8 years
32. A 55 year old P5 with BMI 32kg/m2 has presen	eful? d. Serum prolactin level c. Karyotyping d. Serum prolactin level c. Karyotyping d. Serum prolactin level c. Karyotyping d. Serum prolactin level d. Destination of postmenopausal bieeding. serum prolactin level d. Destination of postmenopausal bieeding. d. Serum prolactin level d. Ser
Histopathology of endometrial currettings rev	c. Karyotyping d. Seruin jurish of postmenopausal bleeding. anted to outpatient department with complaints of postmenopausal bleeding. anted to outpatient department with complaints of postmenopausal bleeding. By early outpatient outpatient outpatient of the last B years we also outpatient outpatient. She has type 2 diabetes for the last B years we also outpatient outpatient. C. Karyotyping d. A. Prolactin e. Testosterone d. Prolactin e. Testosterone
a. Estrogen b. Insulin like growth factor	c. Progesterone d. Frontaginal ultrasound measures her
33. A 72 years old diabetic type 2 woman diagnos	c. Progesterone d. Prolactin c. Progesterone sed with endometrial cancer. A transvaginal ultrasound measures her set important staging investigation? d. MRI nelvis e. Pipelle
endometrial thickness 10mm. What is the mos	pet X-Ray c. Hysteroscopy d. MRI pelvis e. Pipelle
34. A 60 years old women b. Che	est X-Ray c. Hysteroscopy ometrial adenocarcinoma after an endometrial blopsy. Staging from MRI shows of the adenocarcinoma indicative of?
stage III. What is Stage III is	an adenocarcinoma indicative of?
a. Extension to adjacent organs	rial additional formula in a second from the second from the formula in a second from the se
c Polyle or nave postile bound	
35. A 17 years old thin lean girl has not started me	pararche. Two of her sisters had also menalcine started at
respectively. On complete workup no cause for	ound. What is the condition known as r
a. Constitutional delay b Hermanhredite	Husterectomy d Menonause e, Fremature ovarion
36. A patient 70 years old came to OPD with the b	biopsy report showing endometrial carcinoma. What is the most common
symptom associated with this condition?	a tida anda
a Amenorrea h Abdominal distansion	c. Vaginal discharge d. Vaginal bleeding e. Pelvic pain
37 A 23 years old female primary gravide with a	a selection processes with a charge right lower quadrant pain and vaginal
spotting. Her vital signs are stable. On examina	nation, she has mild abdominal tenderness on right side. Willett investigation
should be performed for diagnosing ectopic pr	oregnancy?
a. Complete blood count CBC b. Blood type a	and Rh factor c. Serum progesterone d. Serum beta hCG
e. Transvaginal ultrasound	and the standard department with sudden
on a su years old woman with history of pelvic in	nflammatory disease presented to the emergency department with sudden and vomiting. On examination, her abdomen is tender and bp 90/60, pulse 102, and vomiting. On examination of Douglas. What is primary treatment for ectopic
ultracound charge delta in the manage a a	and vomiting. On examination, her abdomen is tenior in the second in the
ultrasound shows right sided complex adnexal	in mass and fluid in poor
a Red rest and painkillers h. Hor	rmonal therapy c. No treatment, it resolves on its own
d. Surgical removal of actoric press	
39. A 24 years old women came to Opposite	ins vaginal ultrasound iplain of oligo menorrhea, acne and hirsutism. Her BMI is 30. What will be the
39. A 24 years old women came to OPD with comp next step in diagnosis of the patient?	Control of the Contro
a Hormonal profile (FSH and LH) b. Kary	ryotyping c. Serum testosterone
d Transabdominal ultrasound e. Thy	yroid functions test
40. A 27 years old women came to ORD with 2mg	rold functions test onths amenorrhea, now complain of bleeding from last 4 hours and cramping On DV evan uterus is 6 weeks size, os is open and mild PV bleeding seen. What is
abdominal pair. She is vitally at the after the	onths amenorrhea, now complain of dieeding from last Publiceding seen. What is On PV exam uterus is 6 weeks size, os is open and mild PV bleeding seen. What is
abdominal pain. She is vitally stable alebine. O	OIT + CAUTE DE-
the likely diagnosis?	d Sentic miscarriage e. Threatened miscarriage
	tage c. Whose absence of dve shadow on both sides of tubes. She is
	raphy, report shows absence of dye shadow of management is
having regular menstrual cycle and her husban	d Report Hystrosalpingography e. Tuboplasty
. Hysteroscopy b. Laparoscopy	C. Militio lei tilization
2. A 20 years old women was referred to gynae o	outpatient department with facial hair growth and acres, she had been of
problem when she was 18 years old, there is n	outpatient department with facial hair growth and to 35 days of no significant medical history. Her BMI is 29. Her cycle is 30 to 35 days of no significant memoral profile is normal.
duration. Her periods are not painful and the	no significant medical history. Her BMI is 29. Her cycle is 30 to
duration. Her periods are not painful and there What is the most probable diagnosis?	2 13 110 11(12)
Must is tile most biopagie giagnosis.	c. Premature ovarian failure d. Polycystic ovarian syndrome
2. Premenstrual syndrome	to infertility clinic. The women to be the security monstrual cycle with no
significant modes!	e to infertility clinic. The women is having regular menstrual cycle with no
good house. With a surgical history. She dod	sen't take any medication other than prenatal vitamins. Her husband is also in how long they have been stated as a programmy, they replied, for almost
6 months. What will be your last a start th	be counted
6 months. What will be your instructions to th	pagery IS John
a. Continue trying for more 6 months and if no pre-	egnancy is achieved, come back to see you h Consider egg donor
C. Consider adoption of they will need IVE to	achieve Prespance
44. A 34 years old women G3 P7 presents to empt	organity with hearts. He mulse is
100/min. She gives history of positive urine at	about 10 days back. Pelvic exam reveals active bleeding with ope
	Page 3

	used in the treatment of Benign Prostatic Hyperplasia is: a. Flutamide b. Flnasteride c. Cyproterone d. Imipenem e. Tetracyclines d. Estrogen d. Estrogen
	used in the treatment of Benign Prostatic Hyperplacia kt
	a. Flutamide b. Flnasteride c. Cyproterone
	96. Which insulin type is used for long lasting effect to control basal at d. Estrogen
	a. Flutamide b. Flnasteride c. Cyproterone 6. Estracyclines 6.
	97. A 45-year-old premenopausal woman presented with a diagnosis of activities of the state of t
	a. Insulin Lispro b. Insulin Glargine c. Regular Insulin d. NPH Insulin d. NPH Insulin e. Insulin aspart following medications is most appropriate for this purpose?
	a. Danazol b. Letrozole c. Tamovifen d Louis-III.
	98. 20-year-old lady complains of pelvic pain for the last 1 week, Neisseria gonorrhoea group from
	the following complications would the nations suffer from the intection is not adequately treated.
	a. Ectopic pregnancy b. Placenta previa c. Endometriosis d. Cervical carcinoma e. Hydatidiform mole
	99. Cervical carcinoma is caused by which one of the following organisms a. Treponema pallidum b. Human papilloma virus (Type 16 and 18) b. Human papilloma virus (Type 16 and 18) c. Chlamydia trachomatis
	d. Herpes simplex virus e. Human papilloma virus (Type 6 and 11)
	100.A 45 years old patient had hysterectomy for fibroid uterus on ultrasound examination. Gross examination of the uterus shows
	distorted morphology with multiple circumscribed nodules with grayish white whorled cut surface and microscopy reveals
	Interlacing bundles of smooth muscle fibers with intervening vascular connective tissue. The most likely diagnosis is
	a. Adenocarcinoma Xb. Leiomyosarcoma c. Rhabdomyosarcoma (d. Leiomyoma e. Adenomyosis
	101. An ovarian cystectomy specimen of a 43 years old lady reveals unilocular cyst filled with clear watery fluid. On microscopic
	examination the cyst wall is lined by columner ciliated epithelium. There is no infiltration of the underlying ovarian stroma. Which of the following is most likely diagnosis?
	a. Granulosa theca cell tumor b. Mature cystic teratoma c. Fibrosarcoma with metastasis
	d. Serous cyst adenoma e. Clear cell carcinoma
	102.A 25 days postnatal lactating mother presented with swollen, erythematous and tender left breast along with fever. Which of
	the following is the most likely diagnosis?
	a. Granulomatous mastitis b. Plasma cell mastitis c. Zusak's disease K.d. Duct ectasia e. Breast abscess
	103.Symptomatic urolithiasis is more common in men than in women. Patients having persistent Urinary Tract Infection, almost
	always have a. Calcium Phosphate stones b. Magnesium phosphate stones c. Tripple phosphate stones
	a Usis Acid stones
	20. 1. 13 years old female, because dishertic presented with symptoms of fever with chills, right loin pain and dysuria. Urine routine
	examination revealed numerous pus cells with hematuria. Based on the scenario sne was suffering from reacted processes
	Which out of the following organisms is the most likely cause? a. Candida species b. Escherichia coli c. Staphylococcus saprophyticus d. Ureaplasma urealyticum e. None a. Candida species b. Escherichia coli c. Staphylococcus saprophyticus grade fever with weight loss, blood in urine and flank
	the state of the s
	105.A 68 years old male patient came to medical OPD with symptoms of low grade fever with weight toss, bloosy was taken for pain. There was a palpable mass in the right flank. Ultrasound showed right sided renal mass. Biopsy was taken for pain. There was a palpable mass in the right flank. Ultrasound showed right sided with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with abundant granular cytoplasm and a histopathology which revealed an epithelial tumor composed predominantly of cells with a supplier cells with a
	histopathology which revealed an epithelial tumor composed preef likely diagnosis?
	Compact actual Browth Pattern
	a. Conventional (clear tell) Carefullians
	a. Conventional (clear cell) carcinoma d. Sarcoma of the kidney e. Wilms tumor 106.A 60 years old male patient was admitted in urology ward after he was diagnosed as having bladder tumor. Biopsy was sent to e. Wilms tumor lined by more than 10 layers of epithelial cells. Nuclear atypia was histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Nuclear atypia was histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Nuclear atypia was histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Nuclear atypia was histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Nuclear atypia was
	106.A 60 years old male patient was admitted in droitely ward by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which showed papillary structures lined by more than 10 layers of epithelial cells. Noticeal deposition histopathologist which have been supplied to the properties of
	moderate mitosis was rare and there were foci of necrosis. The neopleast mitosis was rare and there were foci of necrosis. The neopleast mitosis was rare and there were foci of necrosis.
	which of the following is the most important parameter influencing the prognosis? Which of the following is the most important parameter influencing the prognosis? C. Mitosis d. Necrosis e. Nuclear atypia
	which of the following is the most important the mo
	a. Cell layers D. Inititation of the most of the most of the most of a 58 years old male with a history of uncontrolled hypertension was sent to the most of a 58 years old male with a history of uncontrolled hypertension was sent to most of the
	capsule was adherent to contical surface.
	could be the possible cause of these managements and Nephrosclerosis
a.	Glomerulonephritis b. Malignant hypertension
e.	Renal artery sclerosis LORD with complains of itching and scaling of the left breast implies are to be Paget's disease.
10	Glomerulonephritis Renal artery sclerosis 8.A 55 years old woman comes to surgical OPD with complains of itching and scaling of the left breast nipple area. While taking also years old woman comes to surgical OPD with complains of itching and scaling of the left breast nipple area. While taking and scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling of the left breast nipple area. While taking area with the scaling area with the scaling area with the scaling area.
	biopsy, a 2 cm palpable mass was also noted disor-
	Which of the following is likely to be an association? Which of the following is likely to be an association? C. Invasive lobular carcinoma d. Intraductal papilloma
a.	Fibroadenoma b. Infiltrating ductal carcinoma c. Invasive lobular carcinoma d. Intibuted by the second by the s
e.	Fibroadenoma b. Infiltrating ductal currents b. Infiltrating ductal currents b. Infiltrating ductal currents b. Infiltrating ductal currents currents b. Infiltrating ductal currents b. Infiltrating ductal currents currents b. Infiltrating ductal currents currents b. Infiltrating ductal currents currents
10	09.A 50 years old male officer gave his blood to allieur. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin
	Lobular carcinoma in situ 19.A 50 years old male officer gave his blood for annual checkup. His fasting plasma glucose was found to be 142 might be seen advised HbAIC for re-testing of diabetes mellitus. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin advised HbAIC for re-testing of diabetes mellitus. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin advised HbAIC for re-testing of diabetes mellitus. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin advised HbAIC for re-testing of diabetes mellitus. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin advised HbAIC for re-testing of diabetes mellitus. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin advised HbAIC for re-testing of diabetes mellitus. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin advised HbAIC for re-testing of diabetes mellitus. The result of A1C was found to be 6.8% (HPLC). Now he wants your opin advised HbAIC for re-testing of diabetes mellitus.
	keeping in view the latest recommendation
	this patient? b. Requires repeating of A1C c. Requires repeating fasting plasma glucose
a.	Diabetes mellitus is confirmed b. Requires leptoning of ATC c. Requires reporting of ATC
	Diabetes mellitus is confirmed B. Requires Urinalysis e. Requires Urinalysis







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