Block-H

GUMAL MEDICAL COLLEGE, MTI, D.I.KHAN

Date: 12th September, 2022 MCQs Written Test 3rd YEAR MBBS (Block-H) Roll No. 🥮 Name of Student: And Marie Control Paper ID: RED Please encircle the correct answer with blue/black pen on A/S TIME ALLOWED: 02-HOUR'S Note: Attempt ALL questions from this section. Select ONE best answer. Each question carries 01 mark. Q#1: What among the following anticancer drugs is nephrotoxic not bone marrow suppressant? a) Methotrexate d) Cisplastin e) Gardasil b) Bleomycin c) Cyclophosphamide Q#2: A 7-years-old boy has a significant bed wetting problem. A long acting indirect sympathomimetic agent sometimes used by the oral route for this and other indications is? a) Dobutamine c) Phenylephrine e) Isoproterenol b) Epinephrine d) Ephedrine Q#3: Point out the true statement regarding Isoproterenol. c) Causes severe bronchospasm. a) Both β1-Adrenergic receptor & β2-Adrenergic d) Natural Sympathomimetic. receptor agonist. e) None of above b) Contraindicated in heart block. Q#4: Which of the following statement regarding Dopamine you disagree? d) Decreases Urinary flow/Output due to extreme a) Natural catecholamine b) Possesses Positive chronotropic & inotropic effects vasoconstriction. e) Dopamine increase renal blood flow c) Renal & Mesenteric vascular beds Vasodilatation Q#5: Choose the correct answer regarding Phenylephrine? d) Used in severe hypertension refractory to a) β-adrenergic receptors agonist. b) Potent synthetic α -adrenergic activity. conventional antihypertensive. c) Possesses potent chronotropic property. They decrease blood pressure Q#6: Which of the following is not Disease Modifying Anti Rheumatoid Arthritis Drug (DMARD)? d) Naproxen sodium. a) Sulfasalazine. e) Hydroxychloroquine b) Leflunomide. c) Methotrexate. Q#7: One of the following does not relate to Biological Response Modifier Used in Rheumatoid Arthritis. a) Biological Response Modifiers are Genetically d) Activate T-cell (Type of WBC) activity in body. Engineered Antibodies derived from human Genes. e) Methotrexate. b) β-cell inhibitor. c) TNF inhibitor Q#8: The following is not a valid indication for parenteral iron therapy: a) Inadequate response to oral iron due to d) Anaemia in a patient of active rheumatoid arthritis patient noncompliance e) Anemia during CKD b) Anaemia during pregnancy c) Severe anaemia associated with chronic bleeding 1#9: The following chelating agent should not be used systemically to treat acute iron poisoning in a child: d) Calcium disodium diethylene triamine penta a) Desferrioxamine acetic acid b) Calcium edetate e) Folic acid c) Dimercaprol 1#10: Research is considered to be more than just a way of skills, it is a) Planning to what, why and where type of questions to determine a goal. b) Finding solution to a problem in scientific way. c) A way of thinking about professional aspects of not related to your work d) The research methods used within the research methodology. e) Discovering the relationship between variables. #11: To obtain the freest opinion of the respondent, when we ask general question before a specific question then is procedure is called as the: d) Funnel technique a) Selective technique e) Quantitative technique b) Research techniques c) Qualitative technique #12: Randomization of test units is a part of a) Screening Post-test b) Pretest Matching

e) Experiment

Q#13: Rese	arch method is applicable in all of the following field			nof the folic Burkitt's lyr Gastric Card Hodekin lym, ear old lady pined to the ep
a)	Management	ċ)	Religion	kith Kith Kin Kin Gala
b)	Health care	d)	Business e) Gove	ernment office; (a) Burkitt (b) Burkitt (c) Burkitt (c) Burkitt (d) Burkitt (
Q#14: In or	der to pursue the research, which of the following is	required	I first?	ernment office; (c) Burnof Confined (confined the stage of
	Developing a research design		Formulating a research hyp	othesis Oothesis
	Formulating a research question	e)	Formulating a Sampling me	strod 99
	Deciding about the data analysis procedure			tumor is of the state of the st
	small pointed eminence of ear is known as			23
	Helix	-41	Meatus	
	Concha			
	Tragus	e)	Anti-Helix	1.00
nerve ente	ears old male patient presented with double vision in rs the orbit via;	n down g	aze especially while reading	g. The affected
ā)	Optic canal		rankan markan bara	
	Superior orbital fissure		Lacrimal canal	
c)	Inferior orbital fissure	e)	Optic foramen	
2#17: One	of your colleagues is smoking 20 20 -i			
iffected by	of your colleagues is smoking 20-30 cigarettes a dithis. The most appropriate action to take is:	ay and yo	ou think this his academic p	performance is being
a)	Join him for smoking after daily academic	-1		
	routine academic		Confront him in front of fe	
b)	Report him to the police		Refer him to an impaired p It depends on how	
\#18: A 3"	vear MBBS student was given V rought		it depends on now	stubborn he is
Vhat is the	year MBBS student was given X-ray of the spine name of this curvature?	in which	there is abnormal sidewar	d curvature of spine.
	Kyphosis			
	Scoliosis	•	Subluxation	
c)	Lordosis	e)	Dislocation	
\#19: Wha	t is the most important aspect of the treatment of	crush syn	drome involving an extrem	Surface
a)	Amputation	d)	Antibiotics	iityr
б)	Fluid and electrolyte balance		Hyberbaric oxygen	
c)	Dialysis			F
!# 20: A pa	tients develops compartment syndrome (swelling,	pain and	d numbness) following man	nipulation and plaster
n macture	of both bones of leg. What is the best treatment?			
	Split the Plaster	d)	Elevate the leg after splitti	ing the plaster
,	Elevate the leg	e)	Do operative decomp	pression of facial
C)	Infusion of low molecular weight dextran		compartment	
#ZI: Acute	osteomyelitis is most commonly caused by which one on the influence			
•	Salmonella	d) e)	Streptococcus Pyogenes	
	Staphylococcus aureus	٠,	Mycobacterium Tuberculosis	S
	Nyhan syndrome comprises of:			
a)	HLA-B27 deficiency	c)	Anti- CCP production	
b)	Less production of uric acid with decrease urinary	d)	CD4+ T cell production	
	excretion		HGPRT deficiency	
23: A 42 ye	ear old diabetic and hypertensive male came to Aand E	departme	ent at 3 am screaming due to	excruciating pain in
	The pains started suddenly and awaken him up from sl	еер. не в	ave a history of attending a p	arty last night in which
	sushi and steak. What is your most likely diagnosis? Septic arthritis	d)	Acute gouty arthritis	
	Psoriatic arthritis	ė)	Chronic gout	
	Bursitisd	٠,	oo	
	domyosarcoma, the most common chromosome tran-	slocation	are found on alveolar variant	t of the following
omosomes	:			
a) t	(2;13)	c)	t(3;12)	
b) t	(3;13)	d)	t(3;10)	e) t(1;23)
	hognomonic feature of gout is:			
	annus formation	ď)	Nephropathy	
	ophi	e)	Synovial thickening	
	one ankylosis	- O- V	w there is moth eaten anno	aranco on the shaft of a
to: A 10 year	ar old boy has a painful enlarging mass below the kne study suggested it's a tumor with an onion skin appe	e. UN X-la	n microscopy the cells are a	rranged in pseudo
atte fachles	study suggested it's a tumor with an onion skin appe I with prominent nucleoli and minimal cytoplasm. Wh	arance. U	most likely diagnosis?	irangea in pacado
	iant cell tumor	c)	Metastatic disease	
	hondroma	ď)	Endchondroma	e) Ewing sarcoma
	nutation of molecular gene is responsible for evolut			
uence?	The state of the s	.5., 5, 00		Jane additional curculothid
	PC gene mutation	ć)	ERB B2 amplification	
	ytochrome p450	d)	MYC gene mutation	e) TNF activation
		- <i>i</i>		-/ doi:ration

	ffice						
	es .	h of the following malignancy is NOT associated with EBV in	. natha				
	421	Burkittallubitottia			esis? ALT lymphoma		
	b)	Gastric carcinoma	e)		sopharyngeal carcinoma		
	c)	Hodgkin lymphoma			–		
Q#29: A	4 43 5 COI	year old lady presented with lump in her left breast. She	was a	dvis	ed lumpectomy & her biops	y report showed	the .
what is	the	nfined to the epithelium having anaplasia& not breaching stage of this tumor?	the ba	sem	ent membrane. The resection	on margins are o	lear.
	a)	Carcinoma in situ					
	Ь)		d) e)		etastatic tumor		
	c)	Invasive carcinoma.	,		3 TNM stage		
Q#30: 11	ne o	ncology of HPV is related to the expression of which two vi E1 and E2	iral onc	copr	oteins?		
		E1 and E6	d)	Ė6	and E7		
		E6 and E5	e)	E6	and E8		
Q#31: Ph	heny	/lketonuria is a disorder of autosomal recessive inheritance Alkaline phosphatase					
			ع cause	е ру В рь	enylalanine ketone		
	b)	Galactose phosphate			enylalanine phosphate		
	c)	Phenylalaninephenylalanine	٥,		criyididililie pilospilate		
Q#32: Cr	ri-au	-chat syndrome in humans is caused by:					
	h)	Loss of half of the short arm of chromosome # 5	d)	Tr	isomy 21		
	c)	Loss of half long arm of chromosome # 5	e)	Ch	ristmas disease		
Q#33: W	/hich	Fertilization of XX ova by normal Y bearing sperm one of the following is not a hereditary disease:					
	a)	Cystic fibrosis .					
. (6	Cretinism	d)		nalassemia minor		
	c)	Thalassemia major	e)	Н	emophilia		
Q#34: W	hich	of the following is a correct match?					
	a)	Down syndrome Trisomy 21	d)	Pa	arkinson's disease X and Y	chromosome	
	p)	Fragile X chromosome Double repeat mutations			ckle cell anemia X chromo		
O#25, T-	c)	Hemophilia Y chromosome					
Q#35: 111	isom	ny 21 is associated with:	٠				
		Autosomal dominant inheritance Paternal factors	d)		Linked		
		Maternal age	e)	X-	· Linked recessive		
		of the following is X- linked recessive disorder?					•
Pare T	a)	Down syndrome	d)	۱ ۵	ett syndrome		
		Hemophilia A	e)		inefelter syndrome		
		Marfan syndrome	٠,	,	merener symaromic		
		fibrosis is an example of a					
	a)	Autosomal dominant disorder	c)) T	risomy 18		
		Autosomal recessive disorder			linked dominant	e) X linked re	cessive
Q#38: A n	10rm	nal looking girl came to you with primary amenorrhoea.	On exa	ımin	ation she was having short I	olind vagina wit	h
		scanty public and axillary hairs, normal breasts, absent	uterus.	. Wh	at will be the most probabl	e karyotype of I	ner
condition		ACVV	,				
_	K .	46XY	c) đ)		7XXY		
(t)	/	47XY	- /	,	5XO	e) 47XX	
		with Gynaecomastia and small testes diagnosed as Klinf 45XO				e of his conditi	on?
		45XO 46XX	d)		7XXY		
c	•	47XXX	e)	, 4	7XX		
		ear old child has dwarfism due to the short limbs and no	rmal h	olah	t of the trunk There are no	clans or sumnt	
		mental retardation. What would have been the pattern				signs or sympt	oms
		Autosomal dominant inheritance			(linked dominant		
6	,	Autosomal recessive inheritance	e'	•	(linked dominant		
c		Not herited	-	, ,			
	,	ears old girl presents with the history of fever, weaknes	ss. pall	lor:=	ind dyspinea for the last 2 i	months On eve	mination
		y anemic and also having petechiae and echymoses.					
		0% of intertrabecular spaces being occupied by fat. Wh				/ poscillate	
		Acute lymphocytic leukemia	C		atty change		
		plastic anemia	ď	, (E	Lipoma	e) Beta tha	lassemia
O#42. V 20) ve:	ars old boy presents in the medical OPD with painless e					
WOODE On	clini	ical examination his cervical and axillary lymph nodes a	re enla	large	ed with some enlargement	of liver. His lyn	nph node
hioney was	יווווט יאה:	ne which showed the presence of distinctive neoplastic	giant	cell	s with enlarged multilohat	ed nucleus and	slightly
onsinonhili.		toplasm. What can be the diagnosis of this patient?			i o		· · · · · · · · · · · · · · · · · · ·
	CLY	cell chronic lymphocytic leukemia	d	d)	Non Hodgkin lymphoma		
a)					Hairy cell leukemia		
1 N		urkitt lymphoma			in a second second		
C)	Н	odgkin lymphoma Irs old female madrassa student has presented to OPD	for he	er o	eneralized nains for last 6	months sha ha	heen
Ų#43: A 20	yea	irs old remaie madrassa student has presented to OPD	narkah	ole I	Routine labs are normal EV	CEDT: UNIO A	D. Daises
taking pain	Kille	ers for this but no relief. Physical examination is unrem	ıaı van	,ic. I	routile lans ale (IOIM9) EX	CEPT. HD: 10 A	Lr. Naisec
		next best test to diagnose her condition?		c)	Vitamin-Levels		
	al			•	RA Factor	01 0010	
b)	X-	ray Spine		u)	NA Factor	e) ANA	

Q#44: 25 y	ear old female who has presented with	pain and swelling in multiple	e jo	pints for last few days. She has p	rears con kyphoscolic (Steomalac Steomalac Ste
The He	inds joints, without test would you as it	perform to diagnose her co	X-i	rays of hands	Years c. Osteomer Nears c. Osteomer Rickets minister minister c.
a) b)	CBC ESR ANA			tamin-D level	The state of the s
Ĉ)	RA, Anti CCP (ACPA)				F 0 0 0 E
Q#45: 20 y	ear old female has presented to the OP	D with history of fever, weigh	ght	loss fatigue and low grade joir	nt pains for last 6
months. Sh	e has rash over the body which is exact	erbated by exposure to sun o	on	examination. She is pale and hi	as rash on the face.
a)	ues are:- Hb: 10mg/dl, ESR,= 80, Urine I	RE ++ proteins، CRP- Normal.	. W	stemic lupus erythematosis	α:
	Mixed connective tissue disorder Sclerodemia	e)	R	neumatoid arthritis	
	Viral infection	c,	,		
Q#46: 25 ye	ears old female has presented to medic	cal OPD with pain in multiple	e jo	ints. She has difficulty in movir	ng her joints in
morning. So	ome of joints are swollen. She has thes	e pains for last 1 year on and	d o	ff. On examination she has swe	elling and
Whatia	of hand joints. She has fever, weight le	oss and fatigue. Her investiga	atlo	on reveal CBC: Hb: 10 mg/al, E	SR 60, CRP 25.
wriat is mo	st likely diagnosis?		_		
b)	Systemic lupus erythematosis Oseomalacia	a) e)		heumatoid arthritis cleroderma	
c)		e,	3	cieroderma	
Q#47: 50 ye	ear old farmer who has fever fatigue a	nd abdominal discomfort is a	adr	nitted in medical ward. On exa	mination, has
massive spl	enomegaly. Peripheral smear shows H	b 8 mg/dl and TLC, 150,000.	Pe	eripheral smear shows myyelog	cytes and
Metamyelo	cytes. Bone marrow cytogenetics will	show which chromosomal al	bno	ormality.	
a) b)	Promyelocytic leukemia(15:17)	d)		heumatoid arthritis	
c)	, 6	e)	Р	hiladelphia chromosome	
•	ear male has presented to OPD with a	emia and mass in loft hund	chr	daium On avamination he is	nale and has missive
spleen. Per	ipheral smear shows: Hb= 8 mg/dl, TL	C= 80 000 PLT= 5 50 000 M	uni Jeli	nevtes and metamylocytes. Wh	nat is most likely
diagnosis?		5 50,000,1 E1 = 3,50,000. Wi	ycit	seytes and metamylocytes?	
a)	Acute myeloid leukemia	d)	C	Chronic myeloid leukemia	
b)	,	e)	C	Chronic Lhymphocytic leukemia	i de la companya della companya della companya de la companya della companya dell
c)	, , , , , , , , , , , , , , , , , , , ,				
Q#49: 25	year old male clerk has presented to	the OPD with complaints of	f b	ackache, fatigue for last 2year	s. He has been using
anemia La	cation for pain. He has developed p abs show: - Hb 10mg/dl, CRP, ESR is ra	roblems in his vision recen	tly.	. His physical examination is t	inremarkable except
a)				osis? Rheumatoid Arthritis	
b)	Osteoporosis			Still disease.	
c)	Ankylosing spondylitis	-,			
Q#50: A18	year old male has presented with r	ecurrent episodes of bleed	ing	from nose and bruises over	the body. He has no
history of f	ever and weight loss. On examination	n he is pale with no organo	me	egaly. Labwork up shows Low	Hb and platelets, PT,
APTT are no	ormal. What is most likely diagnosis?				`
a)	Hemophilia	d))	Idiopathic thrombocytopenic p	ourpura
b)	Aplastic anemia	e))	Von-willibrand disease	
c)	Leukemia				
Q#51: Imm	uno-biological substance which produ	ices specific protection agai	ins	t a disease is called	
a)	Immunity	d))	Cell	
b)	Vaccine	e)	Serum	
c)	Immune globulin				
Q#52: Immi	no-biological substance which produ	ices specific protection aga	ins	t a disease is called	
a)	Immunity	c		Immune globulin	
 ชี้)	Vaccine	d		Cell	e) Serum
Q#53: A sys	tem which is used to help the storage	e and transportation of vac	cin	e at low temperature is	
a)	Cold box		1)	Cold chain	
b)	Fridge	e	2)	Refrigerator	
c)	Ice pack				
	about viral hepatitis B is		<u>,</u>	No vaccine available	
a)	Transmits by oral route		4) 2)	Transmit by reuse of infecter	d syringe
p)	Transmit by fomite	,	-1	Transmit by rease of infected	a syringe
c)	Transmit by fecal route gnant lady comes to Gynae OPD con	anlaining about increasing	let	hargy and shortness of breath	. On examination she is
Q#55: A pre	ye glossitis. Her blood CP reveals ma	crocytic anemia. The most	lik	ely deficiency which has cause	ed this condition is:
	Folic acid		c)	Vitamin B6	
	Vit C		d)	Vit D	e) Thiamine
b)	can osteoporosis are prevented?		۷,	****	
a)			d)	Eat low protein diet	
b)			e)	Eat high Carbohydrates	
c)	Get calcium and Vit D in diet			•	
	h of the following is a risk factor for	osteoporosis?			
a)			d)	Regular exercise	
b)			e)		
c)	Diet rich in Calcium		- 1		
٠,					

int pains for old child was brought to Emergency dept. He was having comulsions. On a rapid roscollosis was discovered X-Roy showed swollen lower. 2 years on ation kyphoscollosis was discovered X-Roy showed swollen lower end of radius. What is the likely diagnosis? Osteomalacia d) Pellagra Keratomalacia 6) Beri Beri Rickets c) Q#59: Self-administration of drug for non-medical reasons in quantities and frequencies which may impair an individual's ability to function effectively and which may result in social, physical and emotional harm is best named as a) Drug dependence d) Self-medication Drug tolerance b) Drug therapy Drug abuse c) Q#60: The most important factor which makes the smoking cessation program successful is a) The desire of smoker to quit d) Advice by competent doctor b) Availability of replacement therapy Follow-up Program A well planned program Q#61: Japan has low incidence of prostate cancer as compared to the incidence in US. The incidence of carcinoma prostate in Japanese did not change with their migration to the U.S. It supported: a) Nutritional effect Metabolic effect **Environmental effect** b) Metabolic effect e) c) Genetic effect Q#62: A 35 years old male patient presented with High grade fever, Jaundice, O/E Hepatosplenomegaly Low Blood pressure, Petechial Rash and Positive Tourniquet Test with Increased Bilirubin and low Platelet Count. What is your Diagnosis? a) Chronic Malaria d) Dengue Hemorrhagic Fever b) Chronic Myeloid leukemia e) None of the above c) Enteric Fever Q#63: A 23 years old women has had worsening Malaise along with a Rash on Face for the last 3 weeks. O/E She has an audible Friction Rub on Auscultation and faint systolic Murmur, Echo Reveal Small Vegetation, Lab Studies shows Positive Serology for ANA, Anti Smith antibody with decrease Complement Level. What is your Diagnosis? a) Poly Arteritis Nodosa d) Systemic Lupus Erythematosus b) Scleroderma Infective Endocarditis c) Wegner Granulomatosis Q#64: A 55 years female presents with 4 months history of blurring of vision and itching in both eyes, she also complaints of Dysphagia & Dryness of Mouth. O/E she has bilateral Parotid Swelling, CXR shows Pneumonitis. What is likely Diagnosis? a) Progressive Scleroderma d) Polymyositis b) Mikulicz Syndrome e) Poly Arteritis Nodosa č) Sjogren Syndrome Q#65: A Pregnant Female came for Routine antenatal Visits and was worried due to her low platelets counts of 74000, there is no active bleeding now but she had hx of Platelets Transfusion in her last pregnancy as well, from then till now she was fine and asymptomatic and her platelets were also remained above 150000. What is your Diagnosis? a) Immune Thrombocytopenia d) Thrombophilia b) Gestational Thrombocytopenia e) c) Thrombotic Thrombocytopenia Q#66: A patient 60 years old presented with Aches and Pains, Generalized Weakness and abdominal discomfort, O/E Spleenomegaly. No Lymphadenopathy, CBC she was found to have Leukocytosis 150000 and she underwent Bone marrow aspiration and Cytogenetic Analysis showing Translocation of (9: 22). What is likely Diagnosis and Treatment Option? a) Acute Myeloid Leukemia, Cytarabine and Daunorubicin b) Acute Lymphoblastic Leukemia, Prednisolone and Imitinib ć١ Chronic Myeloid Leukemia, Tyrosine Kinase Inhibitors Chronic Lymphoblastic Leukemia, FCR(Fludarabine, Cyclophosphamide & Rituximab) None of the above Q#67: A 20 months old female child brought by her mother to children OPD with the complaints of pallor and decrease oral intake. Her complete blood count done which shows Hb =8 g/dL, MCV=72 fl, MCHC=28 with normal retic count. Peripheral smear will show what type of anemia? a) Hypochromic microcytic Normocytic macrocytic Hypochromic normocytic Normocytic microcytic Normocytic normochromic Q#68: A five years old male child was brought to OPD with the complaints of pallor since infancy often associated with jaundice. He is also having history of neonatal jaundice. Family history of anemia and jaundice is also positive. O/E he is having anemia, jaundice & splenomegaly. CBC shows Hb 6g/dl WBC 5000 platelets 250000, with increased retic count. What is the most likely diagnosis? Aplastic anemia d) Hereditary spherocytosis Megaloblastic anemia b) e) Sickle cell anemia Thalassemia major Q#69: A 2 years old female child presented to the ER with parent complaint of blue spots on whole body. There is no history of bleeding. Two weeks back he was having viral upper respiratory tract infection. O/E the child is vitally stable with bruises all over the body and there is no hepatosplenomegaly. The most likely diagnosis is a) Henoch Schonlein purpura Acute myeloid leukemia b) Idiopathic thrombocytopenia purpura Hemophilia c) Acute lymphocytic leukemia Q#70: In Pakistan police inquest is held under section: CrPC 174 CrPC 82 CrPC 176 CrPC 90 CrPC 80

					itive in following blood 30mg/10ml
0#71· Co	roner is a man of knowledge as he is often a:				e in following 30mg/10ml 50mg/10ml
	n) Medical graduate		d)	Senior expert lawyer	ollo 18/1
	Senior police officer		e)	Senior citizen	in t in t in t
	Senior Judge			Service Services	
	vful disinterment of a burled dead body from the grav	ve is done	unde	r orders of:	2,00
) Magistrate		d)	Police officer	
Ь) Medical Superintendant		e)	Relatives	
C#72.1.5) Member of National Assembly				
Q#73: In F	Pakistan, time limit for exhumation is:				
) 06 months		d)	10 years	
) One year) 05 years		e)	No time limit	
	averic spasm in dead body tells about:				
а	Cause of death		d)	Post mortem caloricity	
) Last act of life		e)	Time since death	
Č			, e j	Time since death	
Q#75: Wh	ich one of the following is the earliest sign of putrefa	ction			
a) Blue color in right illiac fossa		d)	Purple color in right illiac fossa	
b) Green color in right illiac fossa		e)	Red color in right illiac fossa	
c	Marbling over shoulder		•		
Q#76: Hyd	rolysis and Hydrogenation of body fats by the action	of bacter	ial en	zymes after death results in:	
a	Adipocere formation			Marbling	
) embalming		e)	Macaration	
	Mumification				
Q#77: The	fashion or design in which cause of death came into	being ref	•		
	Immediate cause of death Mode of death		d)	Mechanism of death	
	Manner of death		e)	Proximate cause of death	
	physiological derangements or biochemical disturba		latia.		
	Immediate cause of death	ances in re	d)		
	Mode of death			Manner of death	
c)			e)	Proximate cause of death	
	ecomposed bodies the best method to find bullet is	with the h	م مام م	£.	
a	CT scan	with the i			
b)			d) e)	Microscope X – Ray	
c)			۲,	X - Nay	
	gh explosions lungs are commonly effected due to:				
	Burns		d)	Flying missels	
b)	Disruptive effects		e)	Shock waves	
c)			-		-
Q#81: Mult	tiple abrasions, bruises and punctured lacerations o	f varying s	sizes a	and depth are diagnostic of:	
a)			d)	Police torture	
b)			e)	Radiation injuries	
c)	Firearm injuries	i lass s			
	ere is permanent loss of vision the Nature of hurt a	ccording t	1 1		
a)	ITLAF – E - UDW			Shajjah	
ь)	ITLAF SALAHIAT – E – UDW		e)	All kinds of other hurt	
c)	Jurh	10 C		ranka kananan ak	
	wound in which skin and underlying tissue are torn	as a resul	3	•	
	Abrasion		d)	Lacerated wound	
	Contused wound		e)	Stab wound	
c)	Incised wound		-0-1-		
	njuries which are, superficial, multiple, parallel and	on acces			
	Accidental injuries		ď)		
	Defense injuries		e)	Self-inflicted injuries	
с)	Hesitation cuts			- 1 10 40	
Q#85: Whic	h is the most common abrasion sustained by a mo	torcyclist			
a)	Atypical		d)	2	
b)	Graze		(e)	Scratch	
c)	Imprint				
*	ceman brought a person with multiple red colored	d bruises			tion?
a)	10 min		c)		
b)	02 hrs		d)		e) 10 days
Q#87: Police	brought a person with multiple "tram line bruise	s" on his t	oack '	what is the causative weapon:	
a)	Chain		c)	Rulla	
b)	Hands		d)	Stick	e) Shoe
Q#88: The b	est conductor for the passage of electric current in	n human l	body	is:	
á)	Blood		d)	Skin	
b)	Bone		e)		
c)	Muscles				

		ile dispatching blood and urine for chemical analysis in medico	lega	l cases sodium fluoride i	n cases added as	
2.	/ni	in following				
A	a)	30008/ 2-11	d)	80mg/10ml		
	ь)	50mg/10ml	e)	100mg/10ml		
4	ó	60mg/10ml			u-wing drug classes of	
0#90	: If an	ophthalmologist wants to dilate the pupils for an eye ex	kami	ination, which of the fo	Ollowing at of crasses a	
drug	s coul	d be theoretically asertiff				
100	a)	Muscarinic receptor activator (agonist)		Pilocarpine	*	
		Muscarinic receptor inhibitor (antagonist)	e)	Neostigmine		
		Acetylcholine				
Q#91	Whic	ch of the following is the systematic effect of muscarinic	ago	nist?		
	a)	Reduced heart rate (bradycardia)	d)	Reduced urinary free	quency	
	b)	Increased blood pressure	e)	Constipation		
	c)	Mydriasis (dilation of the pupil)				
0#92	Actio	ons and clinical uses of muscarinic cholinoceptor agonist	incl	ude which of the follo	wing?	£
٠,٠٠٠	a)	Bronchodilation (asthma)	ď)	Decreased neuromuscula	I (I alisiliission and i alia	1
		Improved aqueous humor drainage (glaucoma)		skeletal muscle (during so	Traical anestriesia)	
		Decreased gastrointestinal motility (diarrhea)	e)	Increased sweating (tever)	
O#03.		th of the following is/are true regarding topical adaptement	e?			
Q#33.		It has comedolytic action	d)	It is trichogenic agen	ıt	
		It has anti-inflammatory action	e)	Both "a" and "b"		
			٠,		* ·	
		It has anti pruritic action				
Q#94:		oyl peroxide is used in treatment of	d١	Eczema		
		Psoriasis	e)	Herpes simplex		
	-	Tinea cruris	۷,	The post simple.		
	c)	acne vulgaris	atr	only of skin of face	with telangiectasia (sma	al
Q#95:	A 30) years old lady presented to you with complaint of	. 2 v	coars Which one of t	he given creams might b)e
		sels).she was using some whitening cream for the last	. Z y	rears, writer one of t	ine Briefin and and	
respo		e for her complaints?	۹/	Mupirocin cream		
		Clindamycin cream				
	b)	Tacrolimus cream	e)	Steroid cream		
		Imiquimod cream				
Q#96:	The f	irst anti-cancer drug used for treatment		ka tumakakamaka		
•		Amethopterin	c)	Mechortethamine	a) Malabalan	
		Chlorambucil	d)	Aminopterin	e) Melphelan	
Q#97:	The f	irst matel passed anti-cancer drug				
	a)	Aurothiohluconate	c)	Arsenic trioxide		
	b)	Cisplatin	d)	Titanacene	e) Ruthenium Arenas	
2#98:	Choo	se the correct answer regarding Biologic Response Mod	lifie	rs.		
•	a) i	Not derived from human Genes.				
	b) I	Not target immune system pathways. Inhibit inflammat	ory	proteins, receptors, 8	k cells that cause	
		inflammation.				
		They affect immune system function.				
	د) ا	These drugs are called anti-TNF biologics, and they bloc	k in	flammatory process.		
		None of the above				
	e) I	out the one statement to which you do not agree, rega	rdir	og rheumatoid Arthrit	is	
(#99: I	Point	out the one statement to which you do not agree, regu	ii uii	ig meditatola ratimi	131	
	a)	Rheumatoid Arthritis is autoimmune disease.	h i	and with Targeted our	othetic DMARDs	
		100 % Curative when corticosteroid (prednisone) is co	ומוזו	ned with rangeled syr	Ittletic Divianos	
		(Tofacitinib).				
	c)	DMARDs include Methotrexate, leflunomide, Hydroxy	Chl	oroquine and Sulfasal	azine.	
	d)	Liver damage & severe lung infections are adverse side	eff	ects of DMARDs (Dise	easeModifying Anti-	
		Rheumatic drugs).				
		None of the above				
#100·		aloblastic anaemia occurs in:				
"TOO!		Vitamin B12 but not folic acid deficiency	d)	Only combined Vita	min B12 + folic acid	
			-1	deficiency		
		Folic acid but not Vitamin B12 deficiency	- 1			
		Either Vitamin B12 or folic acid deficiency		Ascorbic Acid		
#101:		the entire CBC is suppressed due to eitheranemia, infection				
	DESCRIPTION OF THE PARTY OF	Erythroplasia	d)	Neutropenia		
		Leucopenia Thrombocytopenia	e)	Pancytopenia		
		This in socytopenia				

				2 7 2 2
Q#102: Which is the most common hereditary bleeding	disorder?	d)	Sickle cell anemia	J Year ol Seakaryocyt Cytopenia we) Chronic ir) Dissemina.
a) Hemophilia A		e)	Von Willebrand's disease	ope of Chr.
b) Hemophilia B c) Christmas disease		-,		Soft Cort
Q#103: The morphological type of leukemia which may	show Auer Rods is		Isid loukomia	00000
 a) Acute lymphoblastic leukemia 		۸١	Chronic Myeloid leukemia Myelodisplastic syndrome	
b) Acute Myeloid leukemia		e)	Myelodisplastic syridionis	
c) Chronic lymphoblastic leukemia Q#104: A 2 year old child brought to hospital for circum		cicio	on excessive bleeding occurred. Af	ter complete
investigations Patient diagnosed as Hemophilla A. Defic	cision after circum	or lea	ads to hemophilia A?	
a) Factor VII.	ency of what facto	d)	Factor XI.	6
b) Factor VIII.		e)	Factor XII	
c) Factor IX.			o a stanca dela	on The APTT is
Q#105: You were asked to consult on a new born on	day of life 2 due t	to ex	cessive bleeding after circumcision	12 % Factor XI
prolonged and PT is normal. You ordered factor essays	and the results are	as f	ollows. Factor VIII _8%, Factor IA _	_12 /0, 1 deter /
_15 %, Factor XII _6%. The most likely diagnosis is? a) Factor VIII deficiency		4)	Factor XII deficiency	
b) Factor IX deficiency		e)	All the factor levels are normal fo	rage.
c) Factor X1 deficiency				
Q#106: A 10 month old baby presents with failure to th	rive. O/E he is jaur	ndice	ed. CBC shows microcytic hypochr	omic anemia. Most
of the Hb is HbF type on electrophoresis. Bone marroy	w aspirate shows	mark	ked erythroid hyperplasia and inc	reased iron stores.
What is your diagnosis?		•		
a) Alpha thalessemia minorb) Alpha thalessemia major		d)	Beta thalassemia major	
c) Beta thalassemia minor		e)	Beta thalassemia trait	
Q#107: A 49 year old female presents with signs of and	emia and states th	at ev	very morning her urine is dark. W	ork up reveals that
her RBCs lyse in vitro with acid (positive Ham's test). Wh	nat is the best diag	nosi	s for this patient?	
 a) Beta thalassemia trait 		d)	Paroxysmal nocturnal hemoglobi	nuria
 b) Cold-agglutinin autoimmune hemolytic and 	emia	-		nolytic anemia
c) G6PD deficiency				
Q#108: A 38 year old woman has become increasingly	atigued for the pa	ast 3	months. O/E there are purpuric a	reas of skin on her
trunk and extremities, no hepatospleenomegaly and I 28,760/μL and WBC count 1940/μL. Which of the follow	ymph nodes seen	1. Hb	o is 6.8g/dl, Hct 20.7%, MCV 91fl	L, platelet count is
a) Aplastic anemia	ing is most likely t		Large B cell lymphoma	
b) Chronic myelogenous leukemia			Infectious mononucleosis	
c) Hereditary spherocytosis		٠,	micetious monoriueicosis	
→Q#109: A 25 year old African-American man is given a	inti-malarial propi	hylax	kis for a trip to West Africa. Over	the next week he
develops increasing fatigue. O/E there are no finding	s. Labs show hen	nato	crit 30%. Peripheral blood smea	r shows RBCs with
numerous Heinz bodies. There is a family history of this	disorder with ma	les b	out no females are affected. Which	n of the following is
most likely the diagnosis?				
a) Alpha-thalassemia b) Beta- thalassemia		-	Hereditary spherocytosis	
c) G6PD deficiency		ej	Sickle cell anemia	,
Q#110: A malignant tumor with glandular growth patter	rn on microscone	is kn	own as?	
a) Angiosarcoma	The time to be a part		Leiomyoma	
b) Adenocarcinoma.			Squamous cell carcinoma	
c) Basal cell carcinoma		•		
Q#111: A 35 year old lady complained of fatigue & dys				
more & more. She also gave history of menorrhagia.	Her blood profile	wa	s done & she was diagnosed Iro	n deficient anemia.
Which of the following is earliest evidence of iron defici-		5?		
 a) Decreased total iron binding capacity (TIBC 		d)	Increased serum ferritin levels&	
b) High mean corpuscular hemoglobin concer		e)	Macrocytic & hyperchromic RBC	CS
c) Increased red cell distribution width (RDW				
Q#112: A 50 year old man presented with ataxia & p				
complained with loss of memory as well. He gave his				stigating him further
vitamin B12 levels & intrinsic factor were low. What is h	is most likely diag			
a) Aplastic anemia		d)	Megaloblastic anemia	
b) Hemolytic anemia		e)	Pernicious anemia	
c) Iron deficiency anemia	nuor C comited lu	mnh	adonopathy. Ho was aduled to	underga fine needle
Q#113: A 15 year old boy presented with high grade fe				
aspiration (FNAC) of the lymph node & his report reveal What is the diagnosis in this patient?	eu atypical laige	DIIIU	icleated cells with owl eye appea	if affice called No Cells.
a) Burkitt's lymphoma		d)	Mantle cell lymphoma	
b) Classical Hodgkin lymphoma		e)	Non Hodgkin lymphoma	
c) Follicular lymphoma		۲,	Non Hougkin lymphoma	
2#114: A 55 year old man presented with hypercalcem	ia renal failure 8	. luti	ic hone lesions. He was diagnos	od as baying a plasma
ell neoplasm. What is the name of the disorder this pat		r iyu	ic polic icalolis. He was diagnos	en as Haville a higziyg
a) Mycosis fungoides / Sezary syndrome	wir is Havilie:	٩)	Marginal zone lymphoma	
b) Mantle cell lymphoma		d)	[2] 전 (1 - 1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	nhomo
c) Multiple myeloma		e)	Mixed cellularity Hodgkin lym	puoma
c) maniple myetoma	•			

40 year old female presented with nose bleeds, gingival bleeds & bruising. Her lab investigations showed low platelet megakaryocytes in bone marrow & large platelets in the peripheral blood. Her PT & PTT were normal. All other causes of mbocytopenia were ruled out. What is the most likely diagnosis in this patient?

a) Chronic immune thrombocytopenic purpura.

d) Systemic lupus erythematosis (SLE)

Disseminated intravascular coagulation

Thrombotic microangipathies. e)

Myelodysplastic syndrome.

Q#116: A female patient was received in emergency with dyspnea, convulsions, renal failure & shock after an obstetric complication. She was suspected of having DIC due to fulminant sepsis. Which of the following lab investigations you will advise for diagnosing DIC?

a) Clotting factors

d) Factor IX

b) D-dimers c) Ferritin levels. vW factor

Q#117: A 62-year-old man has bone pain at his hips and back. On further investigation, serum alkaline phosphatase is markedly elevated while serum calcium is normal. An x-ray shows multifocal sclerotic patches in the skull. What's the single most likely diagnosis?

Ankylosing spondylitis

Osteomalacia

Multiple myeloma

Paget's disease

Osteoporosis

Q#118: A 59-year-old woman has severe back pain. The back pain is suspected to be caused by bone metastases. Tumor of which organ is the most likely to metastasize to bone in this patient?

a) Breasts

d) Cervix

b) Lungs

Prostate e)

c) Ovaries

Q#119: A 26-year-old man presented with sessile, soft growth on the lateral aspect of her tongue. She complains that it is a nuisance and she wants it gone. Her lab work and physical examination is unremarkable. Upon excision, histopathology revealed presence of rete ridges. The pathology is most likely?

a) Aphthous ulcer

Leukoplakia

b) Epithelial dysplasia Squamous cell carcinoma

c) Fibroma

Q#120: A 27-year-old man has taken some antibiotics for sore throat, fever and cough. In about 48 hours he developed a skin rash; with small spotsthat resembled "bulls-eye". What is the single most likely diagnosis?

- Ecthyma gangrenosum
- Erythema multiforme
- Erythema migrans c)
- d) Toxic epidermal Necrolysis
- Scalded skin syndrome