Women Medical College, Abbottabad
3rd Year MBBS Block "I"

1. A diabetic patient develops essential hypertension. Which one of the following antihypertensive drugs would be most suitable for this patient?
   - a. Atenolol
   - b. Captopril
   - c. Diazoxide
   - d. Prazosin
   - e. Verapamil

2. Which one of the following antihypertensive medications is most likely to cause peripheral edema with resulting weight gain?
   - a. Amiloride
   - b. Chlorthiazide
   - c. Clonidine
   - d. Methyldopa
   - e. Minoxidil

3. Which one of the following diuretics is not correctly matched with its mechanism of action?
   - a. Acetazolamide: Carbonic Anhydrase Inhibitor
   - b. Furosemide: Blockade of Na/K/2Cl transporter
   - c. Hydrochlorothiazide: Blockade of Epithelial Na Channels (ENaC)
   - d. Mannitol: Causes diuresis by osmotic effect
   - e. Spironolactone: Aldosterone receptor antagonist

4. Which one of the following options shows the most common and most serious adverse effects of the nitrates?
   - a. Most common: Bradycardia; Most serious: Marked sedation
   - b. Most common: Peptic ulcer; Most serious: GI Bleeding
   - c. Most common: Tachycardia; Most serious: Arrhythmias
   - d. Most common: Throbbing Headache; Most serious: Postural Hypotension
   - e. Most common: Vomiting; Most serious: Severe Diuresis

5. Which one of the following is an effect of digoxin at therapeutic doses that can be blocked by atropine?
   - a. Increased ventricular contractility
   - b. Increased PR interval
   - c. Rapid AV conduction
   - d. Tachycardia
   - e. Vasodilation

6. Which one of the following antiarrhythmic drugs has relatively fewer effects on normal myocardial tissue but suppresses the arrhythmogenic tendencies of ischemic/post MI ventricular tissue?
   - a. Disopyramide
   - b. Digoxin
   - c. Lignocaine
   - d. Procainamide
   - e. Quinidine

7. Which one of the following antiarrhythmic drugs is correctly matched with its class?
   - a. Amiodarone: Class III
   - b. Flecainide: Class Ib
   - c. Lignocaine: Class Ia
   - d. Quinidine: Class Ib
   - e. Verapamil: Class II

8. A patient has been diagnosed with a dyslipidemia and has been prescribed a drug for it. After a few months he comes back with complaints of severe muscle pain. Which one of the following drugs was he most likely prescribed?
   - a. Atorvastatin
   - b. Colestipol
   - c. Ezetimibe
   - d. Gemfibrozil
   - e. Niacin

9. Which one of the following statements describes the mechanism of action of heparin?
   - a. It decreases the formation of coagulation factors in liver
   - b. It increases Antithrombin synthesis
   - c. It increases blood coagulation
   - d. It increases the activity of Antithrombin III
   - e. It inhibits Vit K Epoxide Reductase enzyme

10. **Which one of the following mechanisms is responsible for the antiplatelet effect of Clopidogrel?**
    a. It inhibits the binding of fibrinogen to the platelet surface
    b. It inhibits the synthesis of thromboxane A2
    c. It inhibits the binding of ADP to its platelet receptor
    d. It is a phosphodiesterase inhibitor
    e. It inhibits the synthesis of Prostacyclin

11. **Which one of the following lipid lowering drugs would be most appropriate for a patient with coronary artery disease who has raised serum LDL levels but normal total triglyceride levels?**
    a. Ezetimibe
    b. Fenofibrate
    c. Gemfibrozil
    d. Lovastatin
    e. Probucol

12. **All of the following drugs are correctly matched with the mechanism by which they cause useful vasodilation in the treatment of angina except?**
    a. Diltiazem: Calcium channel blocker
    b. Isorbidedinitrate: Increased cGMP
    c. Ivabradine: Sodium channel blocker
    d. Nicorandil: Na channel opener
    e. Propranolol: Increased cAMP

13. **Which of the following in its parenteral form is a lifesaving drug in severe status asthmaticus and acts in part by inhibiting phospholipase A_2?**
    a. Aminophyllin
    b. Cromolyn
    c. Ipratropium
    d. Prednisone
    e. Zileuton

14. **A 25 years old taxi driver develops pulmonary tuberculosis for which he is put on combination of first line anti TB drugs. After a few months he gets charged for crossing a red signal. On inquiry he tells that he has decreased visual acuity and he cannot discriminate between red and green. The antiTBdrug responsible for this adverse effect produces its therapeutic effect by inhibition of which of the following enzymes?**
    a. Acetyltransferase
    b. Arabinosyltransferase
    c. Catalse peroxidase
    d. DNA dependant RNA polymerase
    e. RNA dependant DNA polymerase

15. **Which of the following first line anti TB drugs is taken up by the macrophages and exerts its activity only against mycobacteria residing within the acidic environment of the lysosomes?**
    a. Ethambutol
    b. Isoniazid
    c. Pyrazineamide
    d. Rifampicin
    e. Streptomycin

16. **Which one of the following drugs neutralizes disulfide bonds in the mucous leading to its liquefaction?**
    a. Acetylcysteine
    b. Ammonium Bicarbonate
    c. Bromhexine
    d. Codeine
    e. Potassium Iodide

17. **Which one of the following describes the clinical presentation of a patient who has taken an excessive dose of theophylline?**
    a. Abdominal pain, vomiting and seizures
    b. Bradycardia, hypotension and cardiovascular collapse
    c. Hepatic necrosis
    d. Severe sedation and respiratory depression
    e. Upper GIT bleeding

18. **A 41-year-old female presents with recurrent severe headaches and increasing visual problems. Physical examination reveals her blood pressure to be 220/150. Her symptoms are most likely to be associated with:**
    a. Medial calcific sclerosis
    b. Arteriosclerosis obliterans
    c. Hyperplastic arteriolosclerosis
    d. Hyaline arteriolosclerosis
    e. Thromboangiitis obliterans

19. **A 30-year-old male smoker presents with gangrene of his extremities. Which one of the following histologic findings from a biopsy of the blood vessels supplying this area would be most suggestive of the diagnosis of Buerger's disease?**
    a. Granulomatous inflammation with giant cells
    b. Fibrinoid necrosis with overlying thrombosis
    c. Focal aneurysmal dilation
    d. Fragmentation of neutrophils
    e. Thrombosis with microabscesses

20. A factor that stimulates the proliferation of smooth-muscle cells and also relates to the pathogenesis of atherosclerosis is
    a. Platelet-derived growth factor
    b. Transforming growth factor β
    c. Interleukin 1
    d. Interferon α
    e. Tumor necrosis factor

21. A 73-year-old healthy woman who exercises regularly falls down the stairs and injures her right hip. There is no fracture but the radiograph reveals calcification of the smallmuscular arteries lateral to her uterus. What is the probable vascular lesion which accounts for thiscalcification?
    a. Ulcerative atherosclerosis
    b. Monckebergmedial calcific sclerosis
    c. Lymphatic obstruction
    d. Arteriolosclerosis
    e. Dystrophic calcification

22. A 48-year-old man with diabetes presents with a history of progressive pain in both legs for severalyears. The pain is severe after walking two blocks or climbing one flight of stairs. Blood pressure is145/90 mm Hg. Laboratory studies show a serum cholesterol of 320 mg/dl. He neither smokes nordrinks. Bruits are evident upon auscultation of both femoral arteries. The pathogenesis of intermittentclaudication in this patient is most closely associated with which of the following risk factors?
    a. Hyperglycemia
    b. Hyperlipidemia
    c. Obesity
    d. Sedentary lifestyle
    e. Systemic hypertension

23. Which of the following is not a cardinal features of Tetralogy of Fallot ?
    a. VSD
    b. Subpulmonic stenosis
    c. Patent foramen ovale
    d. Overriding of aorta
    e. RV hypertrophy

24. A 67-year-old man presents with sudden left leg pain, absence of pulses, and a cold limb. His pastmedical history is significant for coronary artery disease and a small aortic aneurysm. Which of the following is most likely responsible for development of a cold limb in this patient?
    a. Acute myocardial infarction
    b. Arterial thromboembolism
    c. Cardiogenic shock
    d. Deep venous thrombosis
    e. Ruptured aortic aneurysm

25. The most suitable diagnostic marker of Wegeners Granulomatosis is:
    a. RA factor
    b. c-ANCA
    c. p-ANCA
    d. ANA
    e. MPO-ANCA

26. A 20 years old athlete complaint of gradually increasing shortness of breath . His X-rayrevealed large globular heart and echocardiogram revealed markedly decreased ejectionfraction of 30% and dilatation of all four chambers of heart. His coronary angiogram didnot revealed any obstruction. He is most likely suffering from:
    a. Dilated cardiomyopathy
    b. Restrictive cardiomyopathy
    c. Hypertrophic cardiomyopathy
    d. X-linked cardiomyopathy
    e. Arrhythmogenic cardiomyopathy

27. Major Risk factor for Aortic dissection is:
    a. Atherosclerosis
    b. Hypertension
    c. Marfan syndrome
    d. Ehlers Danlos syndrome
    e. Vit C deficiency

28. A child with pertussis (whooping cough) must be isolated for ,
    a. 1 to 2 weeks
    b. 1 to 3 weeks
    c. only 2 weeks
    d. 2 to 3 weeks
    e. 1 to 2 months

29. **A 35 years old man working in roofing/ brick lining industry presented to his primary care physician with complaints of dyspnea and chronic dry cough. Chest Xray revealed pulmonary hyperinflation with honey- comb appearance and calcified pleural plaques . What is likely diagnosis?**
    a. anthracosis
    b. asbestosis
    c. byssinosis
    d. silicosis
    e. farmers lung

30. **Protection against diphtheria can be provided by active immunization to all children at the age of**
    a. 6th day ,10th day and 14th day
    b. 04 weeks only
    c. 04 weeks , 8 weeks and 12 week
    d. 06 week , 10week and 14week
    e. 06 week , 08 week and 10week

31. **An industrial worker presented with cough ,dyspnea , and chest pain diagnosed as pulmonary TB . On chest X-ray ,snow storm appearance of lungs ,dense nodular opacitites , calcification and fibrosis were seen . The likely industry he had worked in is :**
    a. sand blasting ,mining
    b. Poultry
    c. cotton
    d. agriculture
    e. sugar

32. **A 10 years old boy presented with high grade fever , chills, cough , aches and generalized weakness. He was diagnosed as a case of influenza .The most dreaded complication of this condition is:**
    a. encephalitis
    b. toxic shock syndrome
    c. reye's syndrome
    d. sub - conjuctival hemorrhages
    e. pneumonia

33. **Presence of tuberculosis can be confirmed on ;**
    a. culture sputum
    b. mantoux test
    c. MMR
    d. PCR
    e. sputum microscopy

34. **Which one is the non-modifiable risk factor for cardiovascular disease?**
    a. Diet
    b. Obesity
    c. Smoking
    d. Alcohol consumption
    e. Age

35. **Anthrax ;anthracosis diseases caused by .**
    a. inhalation of coal dust; silica
    b. inhalation of cotton dust ; gum
    c. inhalation of silica ; iron
    d. inhalation of spores; coal dust
    e. inhalation of iron dust only

36. **A 10 yrs old girl develops sub cutaneous nodules over skin of her arms and torso 3 weeksafter acute pharyngitis. She manifests choreiform movements and complains of pain inhip and knee joints. On auscultation, a friction rub is detected. Which of the followingtests will be helpful in diagnosis of disease?**
    a. Antisterptolysin O antibody titer
    b. Creatinine level
    c. Troponin I
    d. Antinuclear antibody titer
    e. RA factor

37. **Vegetations on heart valves can be formed in all of these conditions except:**
    a. Rheumatic heart disease
    b. Infective endocarditis
    c. Systemic lupus erythematosus
    d. Crohn disease
    e. Nonbacterial thrombotic endocarditis

38. **A 72-year-old man presents with a sudden onset of left flank pain. In the emergency room, the patient is hypotensive. A pulsatile mass is palpated in the abdomen. Which of the following is MOST responsible for the pathogenesis of this patient's condition?**
    a. Atherosclerosis
    b. A defect in fibrillin
    c. A defect in collagen
    d. Long-standing hypertension
    e. Immune destruction of elastic tissue

39. A 65-year-old man on the 5th day of hospitalization for an acute anterior myocardial infarction has recurrence of chest pain and an increase in both CK-MB and troponin-I.The patient MOST LIKELY has:
    a. Papillary muscle dysfunction
    b. A right ventricular infarct
    c. A ventricular aneurysm
    d. A myocardial rupture
    e. Reinfarction

40. Which one of the listed disorders is the best example of an abnormality that produces systolic dysfunction primarily because of increased afterload?
    a. Anemia
    b. Aortic regurgitation
    c. Mitral regurgitation
    d. Mitral stenosis
    e. Systemic hypertension

41. A 23-year-old woman develops the sudden onset of congestive heart failure. Her condition rapidly deteriorates and she dies in heart failure. At autopsy, patchy interstitial infiltrates composed mainly of lymphocytes are found, some of which surround individual myocytes. What is the most likely cause of this patient's heart failure?
    a. Autoimmune reaction (to group A β-hemolytic streptococci)
    b. Bacterial myocarditis (due to S. aureus infection)
    c. Hypersensitivity myocarditis (due to an allergic reaction)
    d. Nutritional deficiency (due to thiamine deficiency)
    e. Viral myocarditis (due to coxsackievirus infection)

42. Which one of the following is the most common congenital heart defect to cause an initial left-to-right shunt?
    a. Tetralogy of Fallot
    b. Coarctation of the aorta
    c. Ventricular septal defect
    d. Atrial septal defect
    e. Patent ductus arteriosus

43. A 30 year old man with a viral myocarditis who develops hypotension, neck vein distention, a drop in blood pressure on inspiration, and muffled heart sounds most likely has:
    a. Hypertrophic cardiomyopathy
    b. Constrictive pericarditis
    c. Hypovolemic shock
    d. A pericardial effusion
    e. A dissecting aortic aneurysm

44. A 70 year old man with diminished pulses and a history of angina and syncope with exercise has an ejection type murmur radiating into the carotid arteries. Likely cause is:
    a. Aortic regurgitation
    b. Aortic stenosis
    c. Mitral stenosis
    d. Mitral regurgitation
    e. Tricuspid regurgitation

45. A 7 year old boy presents with a low-grade fever, arthralgias, colicky abdominal pain, and a palpable purpuric rash limited to the lower extremities. Laboratory studies reveal a guaiac-positive stool, a urinalysis with red blood cell (RBC) casts, hematuria, and mild proteinuria, and a CBC with a normal Hb, Hct, and platelet count. Which of the following is the most likely diagnosis?
    a. Systemic lupus erythematosus (SLE)
    b. Poststreptococcal glomerulonephritis
    c. Rocky Mountain spotted fever
    d. Henoch-Schonlein vasculitis
    e. Idiopathic thrombocytopenia purpura (TTP)

46. **After a hemicolectomy to remove a colon carcinoma, a 53-year-old man develops respiratory distress. He is intubated and receives mechanical ventilation with 100% oxygen. Three days later, his arterial oxygen saturation decreases. A chest radiograph shows increasing opacification in all lung fields. A transbronchial lung biopsy specimen shows hyaline membranes lining distended alveolar ducts and sacs.Which of the following most likely represents the fundamental mechanism underlying these morphologic changes?**

a. Reduced production of surfactant by type II alveolar cells
b. Disseminated intravascular coagulation
c. Aspiration of oropharyngeal contents with bacteria
d. Leukocyte-mediated injury to alveolar capillary endothelium
e. Release of fibrogenic cytokines by macrophages

47. **One day after moving into a new apartment, a 25-year-old man experiences acute onset of fever, cough, dyspnea, headache, and malaise. The symptoms subside over several days when he visits a friend in another city. On the day of his return he visits the physician. There are no remarkable findings on physical examination. A chest radio graph also is unremarkable.Which of the following is most likely to produce these findings?**

a. Antigen-antibody complex formation
b. Attachment of antibodies to basement membrane
c. Generation of prostaglandins
d. Release of histamine
e. Release of leukotrienes
f. Toxic injury to type I pneumocytes

48. **A 56-year-old male smoker has been coughing up thick yellow green material for about the last three years, on and off, but more frequently for at least half of the year. Physical examination reveals some ronchi, but no crackles. His fingernail beds are slightly blue, and a pulse oximeter reveals an oxygen saturation of 88%. He does not report having difficulty breathing. Of the following, what is the most likely diagnosis?**

a. Emphysema
b. Chronic bronchitis
c. Lobar pneumonia
d. Granulomatosis with polyangiitis
e. Chronic eosinophilic pneumonia

49. **A 63-year-old female went to his family physician with complaints of increasing difficulty with breathing. He says the symptoms started a few years ago but have progressed to the point where he has difficulty breathing with even mild physical exertion. Pulmonary function tests reveal a normal FEV1/FVC ratio. Of the following, what is his most likely diagnosis?**

a. Centriacinar emphysema
b. Panacinar emphysema
c. Interstitial lung disease
d. Asthma
e. Bronchiectasis

50. **Histologic sections (routine H&E stain) of lung reveal the alveoli to be filled with pale, nongranular pink fluid. Neither leukocytes nor erythrocytes are present within this fluid. What is the most likely (i.e., most common) cause of this abnormality?**

a. Bacterial pneumonia
b. Congestive heart failure
c. Lymphatic obstruction by tumor
d. Pulmonary embolus
e. Viral pneumonia

51. **A 72-year-old retired shipyard worker received a chest x-ray as part of a routine medical work-up. The radiologist reported incidental findings suggestive of an occupational lung disease. Which of the following descriptions is most consistent with this patient's film?**

a. Enlarged hilar lymph nodes
b. Fibrocalcific parietal pleural plaques on the diaphragm
c. Hyperinflated lungs with a loss of lung markings
d. Nodular calcium lesions in the apex of the lung
e. No specific radiographic findings

52. A 19-year-old female presents with urticaria that developed after she took aspirin for a headache. She has a history of chronic rhinitis, and physical examination reveals the presence of nasal polyps. This patient is at an increased risk of developing which one of the following pulmonary diseases following the ingestion of aspirin?
   a. Asthma
   b. Chronic bronchitis
   c. Emphysema
   d. Interstitial fibrosis
   e. Pulmonary hypertension

53. While recovering in bed 1 week after hysterectomy, a 42-year-old female develops acute shortness of breath with hemoptysis. Physical examination finds the patient to be afebrile with moderate respiratory distress, calf tenderness, and a widely split S2. What is the correct diagnosis?
   a. Atelectasis
   b. Bacterial pneumonia
   c. Pulmonary embolus
   d. Pulmonary hypertension
   e. Viral pneumonia

54. A 25-year-old female presents with fever, malaise, headaches, and muscle pain (myalgia). A chest x-ray reveals bilateral infiltrates. The patient's blood test for cold agglutinins came positive. This patient's illness is most likely due to infection with
   a. Influenza A virus
   b. Mycoplasma pneumoniae
   c. Streptococcus pneumoniae
   d. Pneumocystis pneumoniae
   e. Mycobacterium tuberculosis

55. In which of the following clinical scenarios involving patients with lung disease would you expect pulmonary function studies to exhibit decreased compliance, increased elasticity, and an increased FEV1/FVC ratio?
   a. Cystic fibrosis
   b. Alpha 1- antitrypsin deficiency
   c. COPD
   d. Bronchial asthma
   e. Sarcoidosis

56. A 45-year old woman 24 hours post-cholecystectomy develops fever and dyspnea. Physical exam reveals decreased percussion, increased tactile fremitus, and decreased breath sounds in the right lower lobe. The diaphragm is elevated and there is inspiratory lag on the right side. The patient MOST LIKELY has:
   a. Atelectasis
   b. A lung abscess
   c. Bronchopneumonia
   d. A pulmonary infarction
   e. A spontaneous pneumothorax

57. An afebrile 23-year-old man develops a sudden onset of left-sided, stabbing chest pain with dyspnea. Physical exam of the left chest reveals hyperresonance to percussion, deviation of the trachea to the left, elevation of the diaphragm, decreased tactile fremitus, and decreased breath sounds. The MOST LIKELY diagnosis is...
   a. Pleural effusion
   b. Bronchopneumonia
   c. Spontaneous pneumothorax
   d. Tension pneumothorax
   e. A pulmonary infarction

58. A newborn child develops dyspnea, tachypnea, intercostal muscle retractions, and cyanosis 4 hours after birth. The mother developed gestational diabetes mellitus and was in poor glycemic control throughout the pregnancy. A chest x-ray reveals a "ground glass" appearance in both lungs. The primary mechanism for this patient's respiratory problem is...
   a. Aspiration of amniotic fluid
   b. Group B streptococcus pneumonia
   c. Heart failure from congenital heart disease
   d. Decreased production of surfactant
   e. Chlamydia trachomatis pneumonia

59. Which of the following describes a pneumonia due to Mycoplasma pneumoniae rather than Streptococcus pneumoniae?
   a. High fever
   b. Insidious onset
   c. Productive cough
   d. Increased tactile fremitus
   e. Neutrophilic leukocytosis

60. **A 58-year-old smoker presents with weight loss and cough. Physical exam reveals a mild lid lag on the left and a pinpoint pupil, scattered rhonchi throughout all lung fields that clear with coughing, and an increased anteroposterior diameter. Based on these findings, you suspect the patient has:**
   a. A Pancoast tumor
   b. A thoracic outlet syndrome
   c. The superior vena caval syndrome
   d. Obstructive lung disease without primary cancer
   e. Obstructive lung disease with metastatic cancer from another primary site

61. **A 65 year old man with urinary retention secondary to prostatic hyperplasia, develops spiking fever, and tachypnea. Physical exam reveals intercostal muscle retractions and bilateral inspiratory crackles. A chest x-ray exhibits bilateral interstitial and alveolar infiltrates. ABGs demonstrate severe hypoxemia. You expect the blood culture reveals...**
   a. Gram positive diplococci
   b. Gram negative diplococci
   c. Gram positive cocci
   d. Gram negative rods
   e. Gram positive rods

62. ***Chlamydia trachomatis* and the respiratory *syncytial virus* are BOTH commonly associated with:**
   a. An interstitial type of pneumonia
   b. Laryngotracheobronchitis (croup)
   c. The respiratory distress syndrome
   d. Typical community-acquired pneumonia
   e. Hospital-acquired (nosocomial) pneumonia

63. **A 55-year-old non-smoking coal worker has arthritis and nodular lesions in the lungs. His PPD skintest is negative. You suspect the patient has:**
   a. Systemic lupus erythematosus
   b. Caplan's syndrome
   c. Metastatic lung disease
   d. Primary lung cancer
   e. Miliary tuberculosis

64. **In a 62 year old man who has been a roofer for 25 years and a smoker for 10 years, which of the following cancers would he be most likely prone to developing?**
   a. Pleural mesothelioma
   b. Primary lung cancer
   c. Laryngeal carcinoma
   d. Oral cancer
   e. Pancreatic cancer

65. **Which of the following is a hypersensitivity pneumonitis that primarily occurs in textile workers?**
   a. Silo filler's disease
   b. Bagassosis
   c. Farmer's lung
   d. Byssinosis
   e. Sarcoidosis

66. **A patient with alpha 1-antitrypsin deficiency is warned by his physician that his increasing dyspnea may be worsened by his continued cigarette smoking. Which of the following factors, released by both neutrophils and alveolar macrophages, is responsible for the patient's condition?**
   a. Major Basic Protein
   b. Antibodies against alpha-3 segment of collagen IV
   c. Mucus
   d. Surfactant
   e. Elastase

67. **A lung mass of a 50 pack-year smoker is biopsied. If ADH levels were grossly increased, what would most likely be the histologic appearance of this mass?**
   a. Tall columnar cells bordering the alveolar septum
   b. Sheets of small round cells with hyperchromatic nuclei
   c. Layered squamous cells with keratin pearls
   d. Hyperplasia of mucin producing glandular tissue
   e. Pleomorphic giant cells with leukocyte fragments in cytoplasm

68. **Hanging is a process in which the exchange of air between the atmosphere and the alveoli of lungs is choked due to...**
   a) Constriction of neck by hands.
   b) Constriction of neck by pillow.
   c) Constriction of neck by fluid.
   d) Constriction of neck by mud.
   e) Constriction of neck by a ligature.

69. **In case of judicial hanging, the cause of death is...**
a) Asphyxia alone.
b) Apoplexy alone.
c) Asphyxia and Apoplexy together.
d) Fracture dislocation of 2nd. and 3rd. Cervical Vertebrae
e) Vagal shock

70. **Shortest Fatal period is recorded in case of...**
a) Strangulation.
b) Drowning.
c) Fracture and Dislocation of 2nd. & 3rd. Vertebrae.
d) Suffocation.
e) Ligature between the chin and the Hyoid.

71. **Mitha Zahar is the common name at Himalayan Range for...**
a) Quinine.
b) Oleander.
c) Aconite.
d) Digitalis.
e) Nicotine.

72. ***War gases, which are Lacrimators are used to...***
a) Make somebody to fight.
b) Help in laboratories for tests.
c) Do foul play on a person.
d) To stupefy the subject.
e) Disperse unruly mobs in war.

73. **Commonest signs seen in asphyxia except...**
a) Congestion
b) Serous effusion
c) Cyanosis
d) Petechial hemorrhage
e) Rigor mortis

74. **Injury to the spinal column of cord is always seen in...**
a) Homicidal hanging
b) Judicial hanging
c) Suicidal hanging
d) Strangulation
e) Throttling

75. **Sexual hanging is generally...**
a) Suicidal
b) Accidental
c) Homicidal
d) Natural
e) Undetermined

76. **An oblique ligature mark on the neck with finger nails scratches is suggestive of...**
a) Hanging
b) Strangulation by a towel
c) Mugging
d) Throttling
e) Garroting

77. **Accidental smothering of an infant can occur...**
a) When baby is resting on mother's shoulders
b) During breast feeding
c) When left alone on the floor
d) Mouth covered with sheet
e) .Feeder in the mouth

78. **A person died due to accidental entry of a mutton piece into respiratory passage while dining in a Bar and restaurant, it is known as...**
a) Restaurant asphyxia
b) Café coronary
c) Accidental intoxication
d) Asphyxia occlusion of coronary vessels
e) Laryngeal edema

79. **Leathery, tenacious, persistent froth at the mouth and nostrils is seen in death due to...**
a) Opium
b) Dhatura
c) Barbiturates
d) Drowning
e) Heroin

80. **Traumatic asphyxia generally occurs in...**
a) Boxers
b) Over crowded places
c) Wrestlers
d) Homicidal strangulation
e) Arm-hold

81. **APA style means:**
a. All publishers annual work style
b. American psychological association
c. Australian psychological association
d. All Pakistan publication association
e. Affiliated publisher association

82. **Research proposal are usually written in style:**
a. DPA Style
b. WPA Style
c. APA Style
d. ZPA Style
e. SPA style

83. Hypokalemia is the major cause of

a. Metabolic acidosis
b. Metabolic alkalosis
c. Respiratory acidosis
d.Respiratory alkalosis
e. Metabolic acidosis and alkalosis

84. The lipoprotein required for the transport of Dietary lipids is

a. Chylomicron
b. Chylomicron remnant
c. High density lipoproteins
d. Low Density lipoproteins
e. Very low Density lipoproteins

85. Which event is associated with the first heart sound?

A) Closing of the aortic valve
B) Inrushing of blood into the ventricles during diastole
C) Beginning of diastole
D) Opening of the A-V valves
E) Closing of the A-V valves

86. Which volume remains in the lungs after a maximal expiration?

(A) Tidal volume (Vt)
(B) Vital capacity (VC)
(C) Expiratory reserve volume (ERV)
(D) Residual volume (RV)
(E) Functional residual capacity (FRC)

87. Swot stands for

a) strength, wellbeing, opportunities, threat
b)sudden weakness, outstanding threats
c)social ways of overcoming threats
d) strength weakness opportunity threats
e) social wellness of team

88. The boss of the company orders the employees to complete the file work sharply by 2pm otherwise their salaries would be deducted and working hours would be increased. Which type of power dynamic is the boss applying.

a.Referent power
b.Expert power
c.Reward power
d.Coercive power
e.Legitimate power

89. What does the 'T' in swot analysis stand for?

a) team
b) trust
c) threat
d) thesis
e)thorough analysis

90. A 48 years old male farmer came to you because he is anxious after sudden cardiac death of his elder brother at age of 50 years. His BMI is 36 and he smokes 10 cigarettes/day since adolescence. Previously he is not hypertensive but his current BP is 170/110mmHg. On investigation his HBA1C is 8.0%, LDL is 180mg/dl and 30% stenosis of LCA. Which of the following is NOT a risk factor of coronary artery disease in this gentleman?

a. Male sex
b. Age
c. Smoking
d. Occupation.

91. 56 years old Salma, a female school teacher, presented to you with history of chest pain on climbing stairs of her school, she also complains of similar pain when she runs while playing with her students during break-time. She smokes 10 cigarettes a day. What is most probable diagnosis?

a. Unstable angina
b. Stable angina
c. Acute coronary syndrome
d. Both a&c

92. 65 years hypertensive, diabetic obese male presented with dyspnea on minimal exertion associated with palpitations after suffering a heart attack 2 years back. On examination he has pedal edema and bilateral basal crepitation. His BP is 190/110 mmHg and pulse is 125/min.What is your clinical diagnosis?

a. Pulmonary hypertension
b. Heart failure
c. Acute coronary syndrome
d. Acute pulmonary embolism

93. 65 years hypertensive male rushed to emergency by 1122 with 30 min history of sudden severe CCS IV chest pain associated with profuse sweating and palpitations while he was working in office. He is known hypertensive, smoker and current blood pressure is 180/110mmHg. What is probable diagnosis?

a. Pulmonary hypertension
b. Stable angina
c. Acute coronary syndrome
d. Acute myocarditis

94. **What is most accurate equipment foe blood pressure measurement?**
    a. Aneroid sphygmomanometer
    b. Mercury sphygmomanometer
    c. Electronic sphygmomanometer
    d. Both a&b

95. **Which of the following life style modifications is NOT the part of hypertension management?**
    a. Dietary salt restriction
    b. Encourage aerobic exercises
    c. Avoid travelling
    d. Discourage diet rich in saturated fats

96. **35 years old obese lady rushed to emergency with complaints of sudden severe dyspnea, there is an episode if dizziness followed by drowsiness. She has delivered a healthy boy through C-Sec. 3 weeks back followed by swelling and tenderness of left leg. What is most probable diagnosis?**
    a. Pulmonary hypertension
    b. Heart failure
    c. Acute coronary syndrome
    d. Acute pulmonary embolism

97. **Pericardial cavity normally contains how much fluid?**
    a. 5 to 10 ml of fluid
    b. 10 to 20 ml of fluid
    c. 15 to 50 ml of fluid
    d. 50 to 100 ml of fluid

98. **Which of following is not feature of cardiac tamponade?**
    a. Hypotension
    b. Soft or absent heart sound
    c. Decreased JVP.
    d. Increased JVP

99. **Definitive treatment of constrictive pericarditis is**
    a. Diuretics
    b. aldosterone antagonists
    c. cardiac transplantation
    d. surgical pericardectomy

100. **In patient with acute coronary syndrome which of the following investigations should be done within 10 minutes of arrival to hospital.**
    a. Echocardiography
    b. ECG
    c. CTCA
    d. ETT

101. **Hypertension is NOT a risk factor of which one of following diseases?**
    a. Chronic kidney disease
    b. Stroke
    c. Myocarditis
    d. Coronary artery disease.

102. **What is most common cause of death in 35-65 age group population of Pakistan?**
    a. Respiratory tract infection
    b. Stroke
    c. Myocardial infarction
    d. Myocarditis.

103. **This is one of the most important cause of exudative pleural effusion**
    a. Congestive cardiac failure
    b. TB
    c. Nephrotic syndrome
    d. Malabsorption syndrome
    e. Cirrhosis

104. **Which type of pneumothorax is surgical emergency**
    a. Spontaneous pneumothorax
    b. Open pneumothorax
    c. Tension pneumothorax
    d. Small pneumothorax
    e. Hydro pneumothorax

105. **Which part of the respiratory system and the ENT system is responsible for filtering and humidifying inhaled air?**
    a) Larynx
    b) Pharynx
    c) Nasal passages
    d) Trachea
    e) Tonsils

106. **What is the primary role of the epiglottis in the respiratory system and ENT?**
    a) Producing mucus
    b) Regulating airflow
    c) Preventing food from entering the airway
    d) Enhancing vocal resonance
    e) Storing oxygen

107. **Which ENT structure connects the nasal passages to the trachea and helps in both breathing and swallowing?**
a) Tympanic membrane
b) Sinuses
c) Eustachian tube
d) Epiglottis
e) Pharynx

108. **Which respiratory condition can lead to snoring and disrupted sleep patterns, often requiring ENT evaluation?**
a) Bronchitis
b) Sleep apnea
c) Pneumonia
d) Asthma
e) Pleurisy

109. **A patient complains of difficulty breathing through the nose, especially during allergy seasons. They report a loss of smell and frequent sneezing. What ENT condition might be causing these symptoms?**
a) Otitis media
b) Deviated nasal septum
c) Sinusitis
d) Tinnitus
e) Strep throat

110. ***A patient experiences a sudden, severe headache along with nasal congestion and facial pain. They also have a high fever. What ENT and respiratory condition could be responsible for these symptoms?***
a) Bronchitis
b) Sinusitis
c) Otitis media
d) Tonsillitis
e) Sleep apnea

111. **Infarction of cardiac muscle located near the posterior interventricular sulcus would most likely indicate a blockage of which of the following vessels?**
a) circumflex artery
b) Left anterior descending artery
c) Left coronary artery
d) Marginal artery
e) Right coronary artery

112. **A patient presented to emergency department with a history of inhaling peanut. On bronchoscopy the peanut will most likely be located in?**
a) Left main bronchus
b) Left lower lobar bronchus
c) Left superior segmental bronchus
d) Right lower lobar bronchus
e) Right superior segmental bronchus

113. **What color is " No Pneumonia cough or cold" classified as.**
a. Green
b. Pink
c. Yellow
d. Red
e. Black

114. **What is the most common congenital heart defect with a left to right shunt causing congestive heart failure in the pediatric age group?**
a. Atrial septal defect
b. Atrioventricular canal
c. Ventricular septal defect VSD
d. Patent ductus arteriosus
e. Aortopulmonary window

115. **What is the most likely age an infant with a large ventricular septal defect will begin manifesting symptoms of congestive heart failure?**
a. 1 day
b. 1 week
c. 1 month
d. 6 months
e. 1 year

116. **All true regarding ASD Except**
a. A trial septal defect is the second most common congenital heart defect in children and adults.
b. Patients with atrial septal defects may have an embolic stroke as the initial presentation.
c. Most children with atrial septal defects are asymptomatic.
d. The most common yet least serious type of atrial septal defect is an ostium secundum defect.
e. The most common yet least serious type of atrial septal defect is ostium primum defect.