



WOMEN MEDICAL COLLEGE, ABBOTTABAD
4th YEAR MBBS
Block K EXAM, 29-07-2024

PATHOLOGY

1. A 55-year-old, obese man comes to the physician for a routine physical examination. His past medical history is significant for type 2 diabetes mellitus that is controlled by medication and diet. The patient neither drinks nor smokes. Physical examination shows mild hepatomegaly. Laboratory studies reveal normal serum levels of albumin and bilirubin and mildly elevated serum levels of AST and ALT (80 and 100 U/L, respectively). Abdominal ultrasound reveals diffuse fatty infiltration of the liver. Which of the following is the most likely diagnosis?
 - a. Autoimmune hepatitis
 - b. Cirrhosis of the liver
 - c. Diabetic ketoacidosis
 - d. Glycogen storage disease
 - e. Nonalcoholic fatty liver disease
2. A 65-year-old female presents with complaint of blood and mucus in stools with on and off diarrhea. Endoscopy of small bowel reveals skip lesions with sharply demarcated deep ulcers surrounded by normal looking mucosa. Microscopy reveals transmural inflammation with epithelioid granulomas along with crypt abscess and distortion. These are the characteristic findings of?
 - a. Crohn's disease
 - b. Ulcerative colitis
 - c. Celiac disease
 - d. Tropical sprue
 - e. Microscopic colitis
3. A 50-year-old woman presents with abdominal pain and jaundice. She has a history of rheumatoid arthritis. On examination, she has hepatomegaly and ascites. Laboratory studies reveal elevated serum levels of bilirubin, AST, ALT, and ALP. Serum ceruloplasmin is decreased, and Kayser-Fleischer rings are noted on slit-lamp examination. Which of the following is the most likely diagnosis?
 - a. Hemochromatosis
 - b. Wilson's disease
 - c. Alpha-1 antitrypsin deficiency
 - d. Primary biliary cholangitis
 - e. Primary sclerosing cholangitis
4. A 25-year-old man presents with severe abdominal cramps, diarrhea, and blood in his stool after returning from a camping trip. Stool culture is positive for curved, gram-negative rods that are oxidase positive and grow at 42°C. Which of the following is the most likely causative agent?
 - a. Shigella spp.
 - b. Salmonella spp.
 - c. Campylobacter jejuni
 - d. Yersinia enterocolitica
 - e. Escherichia coli (EPEC)
5. A 13 months old baby has on off watery diarrhea since the start of weaning at 6 months. What single serological marker would support the likely diagnosis in this patient?
 - a. Serum amylase
 - b. Typhidot IgM
 - c. Tissue transglutaminase antibody
 - d. p-ANCA
 - e. Typhidot IgG

6. A 55-year-old man with a history of chronic alcoholism presents with confusion, jaundice, and abdominal swelling. Physical examination reveals spider angiomas, palmar erythema, and gynecomastia. Laboratory studies show elevated serum bilirubin, AST, ALT, and decreased albumin. Prothrombin time is prolonged. An abdominal ultrasound reveals a nodular liver. Which of the following is the most likely diagnosis?
- Acute alcoholic hepatitis
 - Cirrhosis of the liver
 - Nonalcoholic steatohepatitis
 - Autoimmune hepatitis
 - Hepatocellular carcinoma
7. A 35-year-old woman presents with severe watery diarrhea, abdominal pain, and fever after traveling to Southeast Asia. Stool examination reveals motile trophozoites with ingested red blood cells. Which of the following is the most likely diagnosis?
- Giardiasis
 - Amebic dysentery
 - Cryptosporidiosis
 - Cyclospora infection
 - Balantidiasis
8. A 45-year-old man presents with severe abdominal pain radiating to the back, nausea, and vomiting. He reports heavy alcohol use. Physical examination reveals a tender and distended abdomen with decreased bowel sounds. Laboratory studies show elevated serum amylase and lipase levels. CT scan of the abdomen reveals inflammation and edema of the pancreas with areas of necrosis. Which of the following morphological changes is most characteristic of this condition?
- Fibrosis and calcification of the pancreas
 - Fat necrosis and hemorrhage within the pancreas
 - Pseudocyst formation in the pancreas
 - Diffuse fatty infiltration of the pancreas
 - Adenocarcinoma cells in the pancreatic duct
9. A 2 years old child is having on off constipation since birth. His barium enema study shows dilated portion of descending colon followed by constricted narrowed area just above rectum. Biopsy of narrowed area shows loss of ganglion cells in the mucosa and submucosa. Diagnosis is ?
- Hirschsprung disease
 - Volvulus
 - Meckel diverticulum
 - Intussusception
 - Herniation
10. There is a well circumscribed tumor having nests of monomorphic cells with salt and pepper chromatin incidentally found in Gastrointestinal tract of a patient operated for another reason. The most common likely site of this tumor in GIT is:
- Stomach
 - Biliary tract
 - Rectum
 - Appendix
 - Liver
11. A 40-year-old man presents with severe diarrhea, weight loss, and steatorrhea after drinking untreated water during a hiking trip. Stool examination shows flagellated trophozoites and cysts. Which of the following is the most likely causative organism?
- Entamoeba histolytica
 - Cryptosporidium parvum
 - Giardia lamblia
 - Cyclospora cayentanensis

c. *Isospora belli*

12. A 38-year-old woman presents with a persistent upper abdominal mass and mild discomfort. She has a history of acute pancreatitis six months ago. Physical examination reveals a palpable mass in the epigastric region. Laboratory tests are unremarkable. An abdominal ultrasound shows a well-defined, anechoic lesion in the region of the pancreas with posterior acoustic enhancement. CT scan confirms a cystic lesion with no solid components. Which of the following is the most likely diagnosis?

- a. Acute pancreatitis
- b. Pancreatic pseudocyst
- c. Serous cystadenoma
- d. Mucinous cystic neoplasm
- e. Pancreatic adenocarcinoma

13. A 45-year-old woman presents for a routine colonoscopy. She has a family history of colorectal cancer, with her father diagnosed at age 50. Colonoscopy reveals multiple polyps, and biopsy confirms adenomatous polyps. Genetic testing shows a mutation in the APC gene. Which of the following conditions is most likely responsible for her increased risk of colorectal carcinoma?

- a. Lynch syndrome
- b. Familial adenomatous polyposis (FAP)
- c. Peutz-Jeghers syndrome
- d. MYH-associated polyposis
- e. Juvenile polyposis syndrome

14. A 60-year-old man is diagnosed with colorectal carcinoma. Imaging studies reveal that the tumor has invaded through the muscularis propria into the subserosa but has not spread to regional lymph nodes or distant organs. According to the TNM staging system, which of the following is the correct stage for his colorectal carcinoma?

- a. Stage I
- b. Stage II
- c. Stage III
- d. Stage IV
- e. Stage 0 (Tis, N0, M0)

15. A 65-year-old man presents with jaundice, weight loss, and abdominal pain. He has a history of smoking. Physical examination reveals a palpable gallbladder and jaundice. Laboratory studies show elevated serum bilirubin and ALP. CA 19-9 levels are elevated. CT scan reveals a hypoechoic mass in the head of the pancreas causing biliary obstruction. Which of the following morphological features is most consistent with this diagnosis?

- a. Fibrosis and atrophy of the pancreas
- b. Acinar cell hyperplasia
- c. Infiltrating ductal adenocarcinoma with desmoplastic stroma
- d. Fat necrosis and hemorrhage within the pancreas
- e. Pseudocyst formation

16. A 60-year-old man presents with progressive dysphagia, unintentional weight loss, and chest pain. He is a chronic smoker and has a history of heavy alcohol use. Physical examination is unremarkable. An upper endoscopy reveals an irregular, ulcerative mass in the mid-esophagus. Biopsy shows nests of malignant cells with keratin pearls and intercellular bridges. Which of the following is the most likely diagnosis?

- a. Adenocarcinoma of the esophagus
- b. Squamous cell carcinoma of the esophagus
- c. Barrett's esophagus
- d. Esophageal leiomyoma
- e. Esophageal varices

17. A 50-year-old man presents with progressive difficulty swallowing solids and, more recently, liquids. He has a history of chronic gastroesophageal reflux disease (GERD). Physical examination is

unremarkable. An upper endoscopy reveals a stricture in the distal esophagus with mucosal irregularity. Biopsy shows columnar epithelium with intestinal metaplasia, including goblet cells. Which of the following is the most likely diagnosis?

- a. Squamous cell carcinoma
- b. Barrett's esophagus
- c. Eosinophilic esophagitis
- d. Achalasia
- e. Mallory-Weiss tear

18. A 45-year-old woman presents with intermittent chest pain, difficulty swallowing, and food impaction. She has a history of asthma and atopic dermatitis. Physical examination is unremarkable. An upper endoscopy reveals multiple concentric rings and linear furrows in the esophagus. Biopsy shows increased eosinophils in the esophageal epithelium. Which of the following is the most likely diagnosis?

- a. Gastroesophageal reflux disease (GERD)
- b. Achalasia
- c. Eosinophilic esophagitis
- d. Mallory-Weiss syndrome
- e. Esophageal candidiasis

19. A 60-year-old woman presents with epigastric pain, early satiety, and unintentional weight loss over the past three months. She has a history of chronic gastritis. Physical examination reveals a palpable mass in the epigastrium. Laboratory tests show microcytic anemia. An upper endoscopy reveals a large, irregular ulcerated mass in the antrum of the stomach. Biopsy of the lesion shows signet ring cells infiltrating the gastric wall and mucin-filled cells. Which of the following is the most likely diagnosis?

- a. Peptic ulcer disease
- b. Gastric adenocarcinoma (intestinal type)
- c. Gastric adenocarcinoma (diffuse type)
- d. Gastrointestinal stromal tumor (GIST)
- e. MALT lymphoma

20. A 45-year-old man presents with epigastric pain that is relieved by eating. He has a history of NSAID use for chronic back pain. Physical examination is unremarkable. Laboratory studies show normal levels of serum gastrin. An upper endoscopy reveals a solitary ulcer in the proximal duodenum. Biopsy of the ulcer shows acute and chronic inflammation, necrotic debris, and granulation tissue. Which of the following factors is most likely implicated in the pathogenesis of this condition?

- a. Helicobacter pylori infection
- b. Autoimmune destruction of parietal cells
- c. Zollinger-Ellison syndrome
- d. Chronic use of nonsteroidal anti-inflammatory drugs (NSAIDs)
- e. Pernicious anemia

21. A 70-year-old man presents with fatigue and glossitis. He has a history of chronic gastritis and has been treated for Helicobacter pylori infection in the past. Laboratory tests show macrocytic anemia and low serum B12 levels. An upper endoscopy reveals atrophic gastric mucosa in the body and fundus of the stomach. Biopsy shows loss of parietal cells, intestinal metaplasia, and lymphocytic infiltration. Which of the following is the most likely underlying cause of his condition?

- a. Autoimmune gastritis
- b. Zollinger-Ellison syndrome
- c. Menetrier disease
- d. Peptic ulcer disease
- e. MALT lymphoma

22. A 55-year-old man presents with dyspepsia and epigastric pain that has been worsening over the past few months. He reports no significant medical history or medication use. Physical examination is unremarkable. Laboratory tests reveal a positive urea breath test. An upper endoscopy reveals multiple erosions and ulcers in the antrum of the stomach. Biopsy of the gastric mucosa shows neutrophilic infiltration and presence of curved, gram-negative rods adhering to the epithelial surface. Which of the following is the most likely diagnosis?
- Autoimmune gastritis
 - Peptic ulcer disease
 - Menetrier disease
 - Helicobacter pylori-associated gastritis
 - Gastrointestinal stromal tumor (GIST)
23. A polyp resected from colon of 11 year old male with mucocutaneous freckles has a lobulated contour with christmas tree like appearance. On microscopy stroma of polyp is resected by arborizing network of smooth muscles with complex glands in between. What type of polyp this is?
- Hyperplastic polyp
 - Juvenile polyp
 - Villous adenoma
 - Inflammatory polyp
 - Peutz-Jeghers polyp
24. A 65 years old male smoker presents with right sided parotid tumor. Histological examination of biopsy reveal papillae lined by pink oncosytic cells with dense underlying lymphoplasmacytic infiltrate in stroma. Which of the following is most likely diagnosis?
- Pleomorphic adenoma
 - Warthin tumor
 - Carcinoid/low grade neuroendocrine tumor
 - Mucoepidermoid carcinoma
 - Bronchogenic adenocarcinoma
25. Which of the following is precursor lesion to colonic adenocarcinoma in APC-beta catenin pathway of colorectal carcinogenesis?
- Sessile serrated adenoma
 - Tubulovillous adenoma
 - Juvenile Polyposis
 - Peutz-jeghers polyposis
 - Hyperplastic polyp
26. Which of the following are the characteristics of gall bladder stones formed in sickle cell anemia?
- It is yellow, hard, multifaceted and radiolucent
 - It is brown, soft, easily crumbled and radioopaque
 - It is black soft, easily crumbled and radioopaque
 - It is brown, hard, and radiolucent
 - It is yellow white, soft and radioopaque
27. Biopsy of primary liver tumor reveals adenocarcinoma. Which of the following parasite is cause of this?
- Ascaris lumbricoides
 - Opisthorchis sinensis
 - Giardia lamblia
 - Entamoeba histolytica
 - Echinococcus granulosus
28. Which one is the only hepatitis causing double stranded DNA virus?
- Hepatitis A
 - Hepatitis E
 - Hepatitis D

- d. Hepatitis B
e. Hepatitis C
29. A WINDOW period in hepatitis B serology means?
- When Hepatitis B s antigen disappears but Hepatitis B s antibody has not appeared yet .
 - When Hepatitis B e antigen disappears but Hepatitis e antibody has not appeared yet .
 - When Hepatitis B e antigen disappears but Hepatitis e antibody has not appeared yet .
 - When HBV DNA disappears but Hepatitis B surface antibody has not appeared yet
 - When Hepatitis B s antigen disappears but Hepatitis e antibody has not appeared yet
30. A 25-year-old woman complains of sudden onset of acute abdominal pain. Physical examination shows abdominal distention. Her temperature is 37°C (98.6°F), respirations 22 per minute, heart rate 110 per minute, and blood pressure 70/50 mm Hg. A CT scan reveals a solitary 20-cm mass of the liver. The biopsy of the liver gives diagnosis of hepatic adenoma. This patient's tumor was most likely associated with chronic exposure to which of the following?
- Carbon tetrachloride
 - Halothane
 - L-thyroxine
 - Oral contraceptives
 - Vinyl chloride
31. A 53-year-old woman complains of acute diarrhea and severe abdominal pain. She was recently treated with broad-spectrum antibiotics for community-acquired pneumonia. A CBC shows a WBC count of 24,000/ μ L. The patient subsequently develops septic shock and dies. A portion of her colon shows fibrinopurulent membranes over the colon at autopsy. These findings are typical of which of the following gastrointestinal diseases?
- Crohn disease
 - Diverticulitis
 - Ischemic colitis
 - Pseudomembranous colitis
 - Ulcerative colitis
32. A 74-year-old woman presents with 3 weeks of left lower quadrant abdominal pain, changes in bowel habits, and intermittent fever. Her temperature is 38°C (101°F), respirations are 19 per minute, and blood pressure is 130/85 mm Hg. Physical examination shows left lower quadrant tenderness. A CBC reveals neutrophilia. An abdominal-pelvic ultrasound examination is normal. Which of the following is the most likely diagnosis?
- Appendicitis
 - Diverticulitis
 - Ovarian carcinoma
 - Renal colic
 - Uterine leiomyoma
33. A 32-year-old man presents with recurrent episodes of abdominal pain, diarrhea, and weight loss over the past year. He has a history of perianal fistulas and strictures on imaging studies. Biopsy shows non-caseating granulomas. Based on these findings, what is the most likely diagnosis?
- Adenocarcinoma
 - Carcinoid tumor
 - Crohn disease
 - Pseudomembranous colitis
 - Ulcerative colitis
34. A 27-year-old woman presents with a 9-month history of bloody diarrhea and crampy abdominal pain. She develops a swollen, red, and painful left knee. Colonoscopy reveals a diffusely red, bleeding, friable colonic mucosa. Based on these findings, what is the most likely diagnosis?
- Adenocarcinoma
 - Carcinoid tumor

- Crohn disease
- d. Pseudomembranous colitis
- e. **Ulcerative colitis**
35. A 55-year-old male with a history of chronic hepatitis C presents to the emergency department with massive hematemesis. On examination, he has signs of chronic liver disease including ascites and spider angiomas. His liver function tests show elevated bilirubin and prolonged prothrombin time. Imaging reveals splenomegaly and prominent collateral vessels around the umbilicus. Which of the following is the most likely cause of his hematemesis?
- a. Acute pancreatitis
- Ruptured esophageal varices**
- c. Mallory-Weiss tear
- d. Peptic ulcer disease
- e. Acute cholecystitis
36. In chronic liver injury, which of the following mechanisms contributes significantly to hepatocyte apoptosis and fibrosis?
- a. Activation of Kupffer cells and release of inflammatory cytokines
- Oxidative stress and formation of reactive oxygen species (ROS)**
- c. Accumulation of bile acids and toxic metabolites
- d. Impaired synthesis of hepatic stellate cell (HSC) collagenases
- e. Upregulation of liver regeneration pathways
37. A liver biopsy from a patient with chronic hepatitis shows interface hepatitis, lymphocytic infiltration, and piecemeal necrosis with bridging fibrosis. Which of the following types of chronic hepatitis is most likely?
- a. **Chronic hepatitis B**
- b. Autoimmune hepatitis
- Chronic hepatitis C**
- d. Alcoholic hepatitis
- e. None
38. A liver biopsy from a patient with a history of chronic alcohol abuse shows hepatocytes with eosinophilic cytoplasmic inclusions surrounded by a dense filamentous material. Which of the following histopathological findings is most likely present?
- a. Ballooning degeneration
- b. Ground-glass hepatocytes
- c. Steatosis
- Mallory bodies**
- e. Councilman bodies
39. A 45-year-old male presents with fatigue, joint pain, and hepatomegaly. Laboratory investigations show elevated serum ferritin levels and transferrin saturation. Liver biopsy reveals hepatocytes containing golden-brown pigment within the cytoplasm. What is the most likely diagnosis?
- a. Wilson's disease
- Alpha-1 antitrypsin deficiency**
- c. **Hemochromatosis**
- d. Glycogen storage disease
- e. Primary biliary cirrhosis
40. A 60-year-old male with a history of chronic hepatitis B presents with right upper quadrant pain and unintentional weight loss. Imaging studies reveal a large liver mass consistent with hepatocellular carcinoma. Laboratory investigations show elevated levels of which tumor marker?
- a. CA 19-9
- AFP**
- c. CA 125
- d. CEA

c. CA 15-3

41. A 60-year-old male presents with a history of multiple abdominal surgeries in the past. He now complains of recurrent episodes of crampy abdominal pain and bloating. Physical examination reveals high-pitched bowel sounds and a history of similar symptoms resolving spontaneously. What is the most likely cause of his symptoms?

- a. Appendicitis
- b. Cholecystitis
- c. Intestinal adhesions
- d. Pancreatitis
- e. Perforated peptic ulcer

COMMUNITY MEDICINE

42. The health care delivery system in Pakistan consists of public and private sectors. Under the constitution, health is the responsibility of which government?

- a. Both federal and provincial government
- b. Federal government
- c. Provincial government
- d. Independent organizations
- e. World Health Organization

43. A health policy is an agreement or consensus on the health issues, goals and objectives to be addressed, the priorities among those objectives, and the main directions for achieving them. Which level of health care should a robust health policy in Pakistan address?

- a. First level health care level
- b. Primary health care level
- c. Secondary health care level
- d. Tertiary health care level
- e. Teaching hospital level

44. Government spending on health has always been less than optimal (0.6% of GDP). Most part of the allocations to health is consumed by the secondary and tertiary care, leaving merely 15% for the preventive and primary health care. What health budget has the National Health Vision 2016-2025 proposed?

- a. 1% of GDP
- b. 2% of GDP
- c. 3% of GDP
- d. 5% of GDP
- e. 0.9% of GDP

45. You are posted in a BHU. You are assigned a task to educate rural women of your area about homemade ORS. The best way of educating them is

- a. Audio tape
- b. Demonstration
- c. Lectures
- d. Posters
- e. Videos

46. Health education is the process by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of health. Regulatory approach in health education means

- a) Enforcement through law
- b) Providing all health facilities and leaving the decisions of use to the individuals
- c) Regular booster doses of knowledge
- d) Regular health education campaign
- e) Regular interaction with community.

47. Hepatitis B is an acute systemic infection with major pathology in the liver caused by hepatitis B virus transmitted usually by the parenteral route.

What does it indicate if a person is HBe Ag positive ?

- a) An ordinary carrier
- b) Exposed in recent past and has lost immunity(in window period)
- c) Highly infectious
- d) Immune
- e) Unexposed and immediate active immunization is required

48. Food hygiene is the practice of handling, preparing and storing food in a way that prevents food borne illnesses .

Cross-contamination in food preparation refers to:

- a. Mixing different food colors.
- b. Transferring bacteria from one food to another.
- c. Cooking food at a high temperature.
- d. Freezing food for preservation.
- e. Adding antibacterials

49. *Ascaris lumbricoides* is an intestinal nematode that is ingested in human body through fecal oral route and skin.

What is the Cost effective way of preventing hookworm disease ?

- a. Avoid walking barefooted
- b. Periodic deworming
- c. Safe excreta disposal
- d. Safe water supply
- e. Washing hands after attending toilet and before taking food

50. World Health Organization (WHO) was created in 1948 to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health and well-being. World health Day is celebrated every year to mark the creation of WHO.

What day is World Health Day celebrated?

- a. 7th January
- b. 7th March
- c. 7th April
- d. 7th November
- e. 7th December

51. A 20 years old boy had a head injury in a motor bike accident. His attendant took him to a general practitioner first who advised them to take him to Ayub Teaching Hospital, Abbottabad immediately because Advanced Trauma Life Support is available there only. What is the level of health care provided by Ayub Teaching Hospital in this case ?

- a. Primary
- b. Secondary
- c. Tertiary
- d. First level referral facility
- e. First level care facility

52. Two drugs were compared with exactly the same pharmaceutical components and identical benefits but with differing costs. What is this classified in economic evaluation?

- a. Cost benefit Analysis
- b. Cost Utility Analysis
- c. Cost Minimization Analysis
- d. Cost Effective Analysis
- e. Cost Consequence Analysis

53. Sustainable Development, adopted by all United Nations members in 2015, created 17 world Sustainable Development Goals.

What is the target year for achieving SDGs?

- a. 2040
- b. 2025
- c. 2030
- d. 2035
- e. 2050

54. What does the principle of "Community participation" entail in Primary Healthcare?

- a. Involvement of local communities in decision-making and healthcare delivery
- b. Encouraging competition among community health centers
- c. Limiting the role of communities in healthcare to advocacy only
- d. Excluding communities from the healthcare system to maintain efficiency
- e. Outsourcing healthcare services to private organizations

55. What is the primary objective of comprehensive primary healthcare?

- a. Providing care only for acute illnesses
- b. Focusing on specialized medical interventions
- c. Delivering continuous and holistic care to individuals and communities
- d. Offering exclusive emergency medical services
- e. Ignoring the social determinants of health

56. The main aim of the hospital administrator is:

- a. To make hospital policies
- b. To maximize the output
- c. Human resource management
- d. Maintaining the medical records
- e. Time management

57. The timeframe for a strategic health plan typically spans:

- a. six months
- b. one to five years
- c. five to ten years
- d. One fiscal year
- e. ten to twenty years

58. Which of the following best describes the flow of data in the District HMIS?

- a. From the national level to provincial level and to the district level
- b. From the district level to the provincial and national levels
- c. From medical suppliers to the Ministry of Health
- d. From private hospitals to public health facilities
- e. From district hospitals to ministry of health

59. A village has limited access to clean water, and the residents frequently suffer from dysentery. What is the most effective long-term solution to address this issue?

- a. Encouraging residents to drink treated water from the river
- b. Advising residents to avoid open defecation
- c. Building and maintaining a safe and reliable water supply system
- d. Educating the community about boiling water before use
- e. Providing medications to treat dysentery after symptoms appear

FORENSIC MEDICINE

60. Fatal dose of croton tiglium is:

- a. 3 seeds
- b. 21 drops of oil
- c. 8 seeds
- d. 10 drops of oil
- e. 4 seeds

61. Following is used as an abortifacient:

- a. ergot
 b. capsicum
 c. cannabis
 d. ricinus communis
 e. abrus precatorius
62. Capsaicin and capsinin are the active principles of which of the following vegetable poison:
 a. capsicum
 b. croton tiglium
 c. calotropis gigantea
 d. proscera
 e. plumbago rosea
63. Phossy jaw, an osteomyelitis of the jaw with multiple sinuses discharging foul smelling pus occurs in which poisoning:
 a. acute iodine poisoning
 b. chronic iodine poisoning
 c. chronic phosphorous poisoning
 d. bromide poisoning
 e. acute phosphorous poisoning
64. Fatal dose of phosphorous poisoning is:
 a. 120mg
 b. 100mg
 c. 10mg
 d. 180mg
 e. 80mg
65. Antidote for phosphorous poisoning is:
 a. 0.5% sol. of potassium permanganate
 b. 1% sol. of copper sulphate
 c. 5% sol of potassium permanganate
 d. EDTA
 e. no antidote for phosphorous poisoning
66. 'Rain drop pigmentation' of skin is seen in:
 a. chronic lead poisoning
 b. chronic arsenic poisoning
 c. acute lead poisoning
 d. acute arsenic poisoning
 e. copper poisoning
67. 'Red velvety appearance' of stomach is seen in the postmortem finding of the following poisoning:
 a. lead poisoning
 b. mercury poisoning
 c. arsenic poisoning
 d. copper poisoning
 e. antimony poisoning
68. Antidote of acute arsenic poisoning is:
 a. freshly precipitated hydrated ferric oxide
 b. copper sulphate
 c. potassium permanganate
 d. sodium thiosulphate
 e. inj. dimercaprol
69. Fatal dose of lead acetate is:
 a. 5gms
 b. 20gms

- e. 15gms
- d. 25gms
- c. 0.5gms

70. Anemia with punctate basophilia is seen in:

- a. plumbism
- b. arsenic poisoning
- c. iodine poisoning
- d. acute lead poisoning
- e. phosphorous poisoning

71. Fatal dose of copper:

- a. 10kg of copper sub acetate
- b. 15gms of copper sulphate
- c. 15kg of copper sub acetate
- d. 10 gms of copper sulphate
- e. 20kg of copper

72. Postmortem finding of stomach in oxalic acid poisoning :

- a. red velvety mucosa
- b. contains brown gelatinous liquid due to acid haematin
- c. punctate basophilia
- d. garlicky odour
- e. luminous stomach contents

73. The act of disfigurement comes under the:

- a. section 336-A
- b. section 320
- c. section 336-B
- d. section 326 B
- e. section 497

74. Fatal dose of sulphuric acid is:

- a. 10 to 15ml
- b. 3 to 5 ml
- c. 30 to 40 ml
- d. 6 to 8ml
- e. 1ml

75. Following is mostly used in 'vitrillage':

- a. organic acids
- b. hydrochloric acid (HCL)
- c. caustic potash
- d. mineral acids
- e. ammonia

PHARMACOLOGY

76. Which of the following laxatives is correctly matched with its mechanism of action?

- a. Bisacodyl: Stimulant purgative
- b. Lubiprostone: Na channel activator
- c. Magnesium Sulphate: Stool softner
- d. Mineral Oil: Osmotic purgative
- e. Psyllium: Opioid receptor agonist

77. Kaolin is used as an antidiarrheal drug and it decreases the liquidity and frequency of stools. Which of the following options describes its mechanism of action?

- a. Acts as bile salt binding resin
- b. Adsorbs water and toxins in the intestine
- c. Has antibacterial as well as anti-inflammatory activity

- d. Inhibits the release of GIT hormones
e. Stimulates the opioid receptors
78. A 30 years old patient of Crohn's disease unresponsive to conventional first line drugs and taking glucocorticoids comes for followup, however he still complains of bloody diarrhea, fever and weight loss. Which one of the following drugs will now be most likely considered by his gastroenterologist for alleviation of his symptoms?
- Azathioprine
 - Infliximab
 - Loperamide
 - Methotrexate
 - Mesalamine
79. Which one of the following drugs is correctly matched with its use?
- Alosetron: Severe IBS in women with constipation as predominant symptom
 - Dicyclomine: IBS in women with constipation as predominant symptom
 - Linacotide: IBS in women with diarrhea as a predominant symptom
 - Lubiprostone: IBS in women with constipation as predominant symptom
 - Tegaserod: IBS in women with diarrhea as a predominant symptom
80. A 25 years old pregnant woman presents with high grade fever and abdominal pain after eating street food. She is diagnosed as suffering from enteric fever. Which one of the following drugs would be most suitable for her treatment?
- Azithromycin
 - Cephadrine
 - Chloramphenicol
 - Ciprofloxacin
 - Linezolid
81. A 30 years old male is diagnosed with trichomoniasis for which he is prescribed metronidazole. By which of the following mechanisms does metronidazole exert its therapeutic effect against trichomonas vaginalis?
- Damage to bacterial DNA
 - Inhibition of bacterial cell membrane synthesis
 - Inhibition of bacterial cell wall synthesis
 - Inhibition of bacterial folic acid metabolism
 - Inhibition of bacterial topoisomerase II enzyme
82. A patient with onchocerciasis is given antihelmenthic drug. However on the second day of therapy he presents with fever, dizziness, prostration, skin rashes, hypotension, tachycardia, lymphadenitis and muscle aches caused by killing of microfilariae. Which one of the following antihelmenthic drugs was most likely prescribed?
- Albendazole
 - Ivermectin
 - Mebendazole
 - Praziquantal
 - Pyrantal pamoate
83. Which one of the following is the drug of choice for *enterobius vermicularis* (pinworm) infections?
- Diethylcarbamazine
 - Ivermectin
 - Mebendazole
 - Niclosamide
 - Praziquantal
84. Which one of the following antacids may exacerbate fluid retention in patients with heart failure, hypertension and renal insufficiency?
- Aluminum hydroxide

- Calcium carbonate
 c. Magnesium oxide
 d. Magnesium trisilicate
 e. Sodium bicarbonate
85. Which one of the following statements is incorrect regarding proton pump inhibitors?
- a. Administered as inactive/prodrugs
 b. Bioavailability is decreased by food
 c. Formulated as enteric coated tablets
 d. Have a long duration of action
 Have a long half life
86. A 55 years old male with chronic hepatitis B presents with decompensated liver disease manifesting as ascites and hepatic encephalopathy. Which one of the following drugs is contraindicated in this patient?
- Adefovir
 b. Entecavir
 c. Lamivudine
 Pegylated Interferons
 e. Tenofovir
87. 45 years old patient presents with HCV related chronic liver disease. However he has not developed cirrhosis. What will be the appropriate initial combination of drugs for the treatment in this patient?
- a. Paracetamol/Interferon/Ladipasver
 b. Ladipasvir/Sofosbuvir/Voxilaprevir
 c. Glecaprevir/ Pegbrentasvir
 d. Velapatasvir/Ribavirin
 Ritonivir/Dasabuvir/Velapatsvir
88. A young female presents to the ER after ingesting more than 4 grams of Acetaminophen. She has nausea, vomiting, abdominal pain and jaundice. Lab tests reveal abnormal LFTs. Which one of the following mechanisms is responsible for hepatic injury due to overdose of paracetamol?
- a. Direct hepatocyte damage by its toxic metabolite
 b. Immune mediated hepatocellular damage
 c. Impairment of bile flow leading to cholestasis
 d. Injury to hepatic blood vessels leading to ischemia
 Inhibition of cyclooxygenase enzymes
89. A 45 years old patient with liver cirrhosis develops acute variceal bleeding. Which one of the following drugs is indicated as immediate therapy to control acute bleeding?
- a. Esmolol
 b. Metocloperamide
 Propranolol
 d. Somatostatin
 e. Terlipressin
90. A 60 years old male with advanced parkinson's disease presents with severe nausea and vomiting. Which one of the following antiemetics is contraindicated in this patient due to risk of exacerbating the parkinsonian symptoms?
- a. Dimenhydrinate
 b. Domperidone
 c. Metocloperamide
 Ondansetron
 Promethazine
91. Which of the following adverse effects are most commonly associated with the use of ondansetron?
- a. Dizziness and diarrhea
 Headache and constipation

- e. Hypotension and dizziness
- f. Prolongation of QT interval
- e. Serotonin syndrome and diarrhea

MEDICINE & FAMILY MEDICINE

92. A 35 year old women presents with six month history of difficulty in swallowing solids & liquids, regurgitation and weight loss. A clinical diagnosis of Achalasia is made. What is the gold standard test for the diagnosis of Achalasia:
- a) Barium Swallow
 - b) CT scan
 - c) Esophageal manometry
 - d) MRI chest
 - e) Upper GI endoscopy
93. A 45 year old male presents with 5 days history of hematemesis and melena. He has history of heavy alcohol consumption for the last 15 years. What is the most likely cause for his bleeding:
- a) Acute gastritis
 - b) Duodenal ulcer
 - c) Esophageal varices
 - d) Gastric Ulcer
 - e) Mallory Weiss tear
94. A 55 year old male is known case of CML (Chronic Myeloid Leukemia) presents with abdominal swelling and right upper quadrant pain. He is jaundiced and has tender hepatomegaly, splenomegaly and ascites. He is Hepatitis B & C negative, Ultrasound abdomen shows prominent caudate lobe of liver. What is the most likely diagnosis:
- a) NASH
 - b) Primary Biliary Cirrhosis
 - c) Budd chiari syndrome
 - d) Non Cirrhotic portal HTN
 - e) Chronic viral hepatitis
95. 64 years old male who is diagnosed case of insulin dependent DM for the last 3 months (on insulin therapy) presented with abdomen distension and ankle edema. On examination: shifting dullness was positive. Investigations showed HB 14g/dl, TLC 9000, PLT 148000: Urine for proteins was negative, ALT 90 U/L, Alkaline PO₄ 130 U/L (Normal), RBS was 208 mg/dl. What is most likely diagnosis:
- a) Primary Biliary Cirrhosis
 - b) Wilson's disease
 - c) Hemochromatosis
 - d) HCC
 - e) Chronic viral hepatitis
96. A 35yr old man presented to GI clinic with history of fatigue. He has a history of chronic hepatitis B five years back. He has never been treated for hepatitis B. His physical exam is normal. ALT five months ago was 71U/L. All his recent investigations done are as below:
- Ultrasound abdomen normal
 - Fibroscan F1 fibrosis
 - ALT 95U/L
 - Bilirubin normal
 - CBC/RFTs normal
 - HBV DNA 1.3million IU/ml
 - HbeAg positive
 - HCV negative
 - HDV negative
- What is the best initial approach:

- a) Monitor ALT/HBV DNA every 3-6 months
 b) Start entecavir/tenofovir
 c) start peg- IFN
 d) Monitor ALT and HBV DNA every 6 months for 1 yr and if remains elevated start treatment
 e) Do HBV vaccination first
97. A 48 year old male with history of heavy alcohol use over 20 year presents with complaints of dark urine, clay coloured stools and weight loss. On examination: He is jaundiced. CT scan of abdomen reveals fullness in head of pancreas with no obvious mass lesion. What is the next best diagnostic step in this patient evaluation:
 a) CT guided pancreatic biopsy
 b) Diagnostic laproscopy
 c) Endoscopic ultrasound
 d) MRCP
 e) Repeat CT scan with pancreatic protocol
98. In a chronic carrier of hepatitis B virus, which positive test is most indicative of high infectivity:
 a) Hepatitis B surface antigen (HbsAg)
 b) Hepatitis B core antigen (HbcAg)
 c) Hepatitis B e Ag (HbeAg)
 d) Anti-Hbs
 e) Anti-Hbe
99. A 30-year-old female presents to the clinic with recurrent abdominal pain, bloating, and altered bowel habits. She describes her pain as crampy and localized to the lower abdomen. The pain is often relieved by defecation. She denies any weight loss, rectal bleeding, or fever. Her physical examination is unremarkable. Based on her symptoms, which of the following is the most likely diagnosis:
 a) Crohn's disease
 b) Ulcerative colitis
 c) Diverticulitis
 d) Irritable Bowel Syndrome
 e) Celiac disease
100. A 38-year-old female presents with a 6-month history of intermittent abdominal pain, low-grade fever, weight loss, and occasional diarrhea. Physical examination reveals mild tenderness in the right lower quadrant without any palpable masses. Laboratory investigations show a microcytic anemia and elevated ESR. Abdominal ultrasound demonstrates thickening of the terminal ileum. A colonoscopy reveals multiple aphthous ulcers and skip lesions in the terminal ileum. Which of the following is the most appropriate diagnostic test for confirming the suspected diagnosis:
 a) Stool culture for Mycobacterium tuberculosis
 b) Abdominal CT scan
 c) Barium contrast study of the small intestine
 d) Endoscopic biopsy with histopathological examination
 e) Mantoux tuberculin skin test
101. A 55 year old male presented with history of epigastrium pain precipitated by meals intake. There is no significant history of weight loss. On investigation his stool for H.pylori antigen was positive. What is treatment regimen for this patient :
 a) PPI + TETRACYCLINE + AMOXICYLLIN FOR 14 DAYS
 b) PPI + METRONIDAZOLE + CLARITOMYCIN FOR 14 DAYS
 c) PPI + AMOXICYCLIN + CLARITHOMYCIN FOR 14 DAYS
 d) PPI + AMOXICYCLIN + LEVOFLOXACIN FOR 7 DAYS
 e) PPI + TETRACYCLINE + CLARITHOMYCIN FOR 14 DAYS

102. In a patient with long standing GERD history who starts to complain of intermittent dysphagia to solids with significant weight loss. The most appropriate test would be:

- a) Manometry
- b) Barium meal
- c) 24 hours PH monitoring
- d) Upper GI Endoscopy
- e) Barium follow through

103. A 45-year-old female presents to the clinic with persistent diarrhea, abdominal pain, and fever. She recently traveled to a rural area and consumed undercooked poultry. Stool culture confirms *Campylobacter jejuni* infection. Which of the following complications is most commonly associated with *C. jejuni* infection:

- a) Guillain-Barré syndrome
- b) Hemolytic uremic syndrome
- c) Acute pancreatitis
- d) Infective endocarditis
- e) Reactive arthritis

104. A 25-year-old male presents to the emergency department with a 2-day history of high-grade fever (up to 104°F), severe abdominal cramps, and profuse watery diarrhea. He reports consuming raw eggs in a homemade salad two days prior to the onset of symptoms. On examination, he appears dehydrated, with diffuse abdominal tenderness. Laboratory tests reveal leukocytosis and a stool sample is collected for analysis.

Which of the following is the most likely causative agent of this patient's illness:

- a) *Salmonella enteritidis*
- b) *Campylobacter jejuni*
- c) *Shigella flexneri*
- d) *Escherichia coli* O157
- e) *Listeria monocytogenes*

SURGERY

105. A 22 years old married female presented with pain RIF, vomiting and burning micturition. On examination she has tachycardia & her BP is 110/70 mmHg. She has tenderness in RIF and rebound tenderness is positive. Most likely diagnosis is;

- a. Ureteric stone
- b. Acute appendicitis
- c. Pelvic inflammatory disease
- d. Ectopic pregnancy
- e. Intestinal Obstruction

106. Which of the following investigations should be performed for multiple perianal fistulas?

- a. Ultrasound
- b. CT Scan
- c. MRI
- d. Fistulogram
- e. Biopsy

107. A middle aged male patient presented to OPD for follow up after resection of colon carcinoma 3 months back. Which of the following should be advised to check for recurrence of tumor?

- a. MRI
- b. CT Scan
- c. Ultrasound
- d. Carcinoembryonic (CEA) levels
- e. Barium swallow

108. A 45 years old female presented in surgical OPD having bleeding P/R with defecation for few days which is bright red. She also gives history of constipation and something coming out during defecation that reduces spontaneously. What is likely diagnosis
- Hemorrhoids
 - Fistula in Ano
 - Anal fissure
 - Anal carcinoma
 - Colorectal Cancer
109. First line investigation to detect liver disease is
- ERCP
 - MRCP
 - CT Scan
 - MRI Scan
 - Ultrasound
110. Gastric carcinomas most commonly affects which region
- Body
 - Gastro-esophageal area
 - Pylorus
 - Antrum
 - Lesser curvature
111. Barium swallow can help in diagnosis of all of the following lesions except
- Narrowing of lumen
 - Space occupying lesions
 - Anatomical distortion
 - GORD
 - Pharyngeal pouch
112. All are causes of acute pancreatitis except
- Alcohol
 - Insect bite
 - Gall stones
 - Biliary stricture
 - Mumps
113. A 40 years old male patient presented with pain right hypochondrium and vomiting with high degree fever. He is jaundiced and tender in right hypochondrium. Most likely diagnosis in this case is;
- Cholangitis
 - Cholelithiasis
 - Liver abscess
 - Pancreatitis
 - Both B & C
114. A 20 years old male patient presented with pain right hypochondrium plus high grade swinging pyrexia from the last one week. He has bloody diarrhea for 3 days which has responded to antibiotics. Most likely diagnosis is;
- Hydatid live disease
 - Cholangitis
 - Amoebic liver abscess
 - Pyogenic liver abscess
 - None of above
115. A 70 years old male patient presented with pain epigastrium and projectile vomiting from last 3 months. Patient is chronic smoker and has lost 6 kg weight in last 1 month. Most likely electrolyte imbalance in this case is;
- Metabolic acidosis

- b. Respiratory acidosis
- c. Metabolic alkalosis
- d. Respiratory alkalosis
- e. Both B & D

116. A 50 years old female patient has presented with pain in right hypochondrium with vomiting with 5 kg weight loss. On examination the patient is jaundiced and has a soft mass in right hypochondrium. Most likely Diagnosis is;

- A. Mucocele of Gall Bladder
- B. Carcinoma of pancreas
- C. Acute hepatitis
- D. Gastric outlet obstruction
- E. Empyema of gall bladder

PEDIATRICS

117. Which organism causes disaccharidase deficiency?

- a. Salmonella
- b. Shigella
- c. Rotavirus
- d. Entamoeba
- e. All of above

118. Head may have following changes in rickets

- a. Larger than normal in size
- b. Frontal bossing
- c. Craniotabes
- d. Delayed closure of anterior fontanelle
- e. All of above

119. Treatment of celiac disease include

- a. Elimination of wheat and rye from diet
- b. Supplying extra fat soluble vitamins
- c. Gluten free diet
- d. Plenty of fluids
- e. All of above

PRIME

120. Which of the following best explains the concept of social accountability in medical education?

- a. The obligation of medical schools to provide free medical services to the community.
- b. The commitment of medical schools to address community health needs through education, research, and service.
- c. The requirement for medical schools to focus solely on training students for high-paying specialties.
- d. The focus of medical schools on expanding their international student base.
- e. The responsibility of medical schools to prioritize academic rankings over community health outcomes.