

Note: Attempt **ALL** questions from this section. Select **ONE** best answer. Each question carries **01** mark.

Q#1: Which of the following is a feature of benign prostatic hyperplasia?

- a) Urinary frequency
- b) Urinary urgency
- c) Hesitancy
- d) Straining and dribbling
- e) All of the above

Q#2: Which of the following is not a treatment option for Prostate cancer?

- a) EBRT
- b) TURP
- c) Brachytherapy
- d) Orchiectomy
- e) Gleason score

Q#3: A 45 year old presented to surgical opd with history of 2x3 cm lump in right breast for 4 months how will you proceed to reach the diagnosis?

- a) Ultrasound breast
- b) Mammogram
- c) Core needle biopsy
- d) Tripple assessment
- e) None of the above

Q#4: A 30 year old lady presented in opd with a 1x1 cm nodule over the scar of Modified radical mastectomy .she is a known case of carcinoma breast and underwent MRM 2 years back.how will you confirm or refute the diagnosis of recurrent carcinoma breast?

- a) Ultrasound Breast
- b) MRI Breast
- c) CT Scan Chest
- d) Biopsy
- e) None of the above

Q#5: A 28 years old nulliparous lady with hirsutism, oligomenorrhoea and inability to conceive. She diagnosed as having polycystic ovaries on transvaginal ultrasound. What is the correct option of her cancer risk in future?

- a) Increased risk of breast cancer
- b) increased risk of ovarian cancer
- c) increased risk of endometrial hyperplasia and endometrial cancer
- d) increased risk of large gut cancer
- e) None of them

Q#6: Ovarian artery is a branch of which main artery:

- a) Internal iliac artery
- b) External Iliac artery
- c) Aorta
- d) Femoral artery
- e) Both C and D

Q#7: The MOST common cause of permanent congenital hypothyroidism is

- a) Dyshormonogenesis
- b) Thyroid dysgenesis
- c) IODINE deficiency
- d) Defect of iodide transport
- e) Pended syndrome

Q#8: Which of the following is accurate regarding urine studies in nephrotic syndrome?

- a) A 2+ reading on urinalysis via dipstick represents 300 mg/dL of urinary protein or more, corre with a dally loss of 3 g or more
- b) The presence of 4 or more red blood cells per high-power field in a urine sediment examinat required for a diagnosis of microhematuria
- c) A measurement of 100-150 mg of total protein present in a 24-hour urine collection suggests nephrotic syndrome
- d) A ratio of urine protein to urine creatinine > 2 g/g indicates nephrotic-range proteinuria
- e) None of the above

Q#9: In uncentrifuged sample of urine, definition of significant pyuria is:

- a) >3 leukocytes per high power field
- b) >10 leukocytes per high power field
- c) >10 leukocytes/cu.mm
- d) >5 leukocytes/cu.mm
- e) None of the above

Q#10: A 19 year old medical student presented with complaints of weight loss, polyuria and polydipsia. He otherwise stable. His labs were as under: FBS. 397mg/dL, HbA1C: >15 %. What will be the treatment strate

- a) Metformin
- b) Sulfonylureas
- c) DDP4 inhibitors
- d) Insulin
- e) Diet and life style modification

Q#11: 35 years old female presented to emergency department with polyuria. She is diabetic for past 2 years and using glimepiride 4mg. Now, she got pregnant with gestational amenorrhea of 4 months. Her labs are as under: RBS 250mg/dL, HbA1C 7.4%. What will be the treatment strategy?

- a) Continue glimepiride and add Metformin.
- b) Stop glimepiride and start on GP-1 analogue
- c) Continue glimepiride and add DPP 4 inhibitors
- d) Stop glimepiride and switch to insulin
- e) Continue glimepiride and add insulin

Q#12: 30 year old lady has obesity, infertility hirsutism and depression. What is the most likely condition she suffering from?

- a) Hypothyroidism
- b) Morbid obesity
- c) Polycystic ovary syndrome
- d) Polyglandular syndrome
- e) Type I diabetes mellitus

Q#13: 15 year old female presented to emergency department in the state of coma and fever. She has a hunger and dehydrated her GCS is 9/15, Pube 100, BI 100/60, blood sugar level are 450 mg/dl. What is the best treatment option for this patient?

- a) Metformin
- b) Gliclazide
- c) Long acting insulin
- d) Hydration with saline and Humulin R (DKA protocol)
- e) DPP₄ inhibitors

Q#14: 30 year old diabetic patient presented with polyuria, burning micturition. Her blood glucose levels are 250 mg/dl despite on oral medications. She has this urinary complaint for last few months. What are the best investigations plans for her management?

- a) Urine routine analysis/RBS
- b) Fasting blood glucose daily
- c) Blood culture, RBS
- d) Urine culture HbAb/c, RBS
- e) Ultrasound abdomen pelvis

Q#15: P7, post-menopausal for 3 years, presented in OPD with heavy P/V bleeding – on TVS, endometrial thickness is 10mm e- normal pelvic structure. What will be the next investigation to proceed for diagnosis?

- a) Hysteroscopy
- b) Pap smear
- c) Colposcopy
- d) Hysteroscopy direct Biopsy
- e) Cone biopsy

Q#16: Which of the following is defined as a persistent and intense sexual interest in non-living objects or specific body parts?

- a) Fetishism
- b) Voyeurism
- c) Exhibitionism
- d) Masochism
- e) Sadism

Q#17: Which term refers to the practice of gaining sexual gratification by inflicting suffering or humiliation on a partner?

- a) Sadism
- b) Masochism
- c) Fetishism
- d) Voyeurism
- e) Exhibitionism

Q#18: Which of the following is NOT a typical sign of incest in forensic examinations?

- a) Physical injuries to the genital area
- b) Behavioral changes such as anxiety or depression
- c) Lack of evidence of recent sexual activity
- d) Presence of sexually transmitted infections
- e) Discrepancies in the child's sexual development

Q#19: Keeping in mind the population pyramid of Pakistan. Which of the following features is most obvious?

- a) Low fertility
- b) Low mortality
- c) Increased life expectancy
- d) High dependency ratio
- e) Low sex ratio

Q#20: A child of 1 year presents with muscle wasting, loss of subcutaneous fat with no signs of edema and weight below 60% of WHO standard. The mother gives history of not giving weaning food properly to the child after six months of age. The likely diagnosis is:

- a) Kwashiorkor
- b) Marasmus
- c) Marasmus & kwashiorkor
- d) Under nutrition
- e) Vitamin B1 deficiency

Q#21: Mrs. XYZ is a 58-year-old, para 5+0, presents with complains of something coming out of vagina. On per vaginal examination she is having complete procidentia. Choose best treatment option:

- a) Vaginal hysterectomy with pelvic floor repair
- b) Sacro-colpopexy
- c) Manchester repair
- d) Colporrhaphy
- e) Ring pessary

Q#22: A 26-year-old woman diagnosed with mild endometriosis complains of severe menstrual pain. She is recommended a treatment to manage her symptoms and regulate her menstrual cycle. Which of the following is a common first-line treatment for managing pain in endometriosis?

- a) Antibiotics
- b) Analgesics
- c) NSAIDS
- d) Oral Contraceptive pills
- e) Steroids

Q#23: A 30-year-old woman is diagnosed with endometriosis. She was told endometrial-like tissue is growing outside the uterus. Which hormone primarily stimulates the growth of ectopic endometrial tissue in endometriosis?

- a) Androgens
- b) Estrogen
- c) Progesterone
- d) Progestins
- e) Testosterone

Q#24: A 28-year-old woman presents with chronic pelvic pain that worsens during her periods and painful intercourse. She has also been trying to conceive for the past year without success. What is the most likely diagnosis?

- a) Adenomyosis
- b) Endometriosis
- c) Pelvic Inflammatory disease
- d) Polycystic Ovarian Disease
- e) Uterine Fibroids

Q#25: A 76-year-old P4+2 presents in Gynae OPD with history of something coming out of vagina. She is Known diabetic, hypertensive and now currently suffering from pneumonia. She also complains of urinary urgency. On examination she has second degree U/V prolapse. The best management option for this patient at this moment is:

- a) Vaginal Ring pessary
- b) Pelvic floor exercises
- c) Vaginal hysterectomy
- d) Vaginal packing
- e) Antibiotics

Q#26: A 35 years old female comes to emergency at 28 weeks of gestation with severe abdominal pain and fever. She was diagnosed to have a fibroid uterus previously. What is the most likely diagnosis.

- a) Calcification of fibroid
- b) Fatty degeneration
- c) Hyaline degeneration
- d) Red degeneration
- e) Sarcomatous degeneration

Q#27: A 40 years old female presents to OPD with heavy menstrual bleeding and lower abdominal heaviness. On U/S she has a 5x6cm fibroid. Which one of the following is the most common type of fibroid?

- a) Broad ligament Fibroid
- b) Cervical Fibroids
- c) Intramural s
- d) Submucosal
- e) Subserosal

Q#28: A 48 years old female presents to opd with heavy menstrual bleeding. She seems Pale and lethargic. Her U/S shows multiple fibroids. She has been taking medication for the last 1 year. History shows a complete family. Most appropriate management is

- a) Complete workup and planned total abdominal hysterectomy
- b) GnRH analogue
- c) Laparoscopic myomectomy
- d) Myomectomy
- e) Reassurance and medical treatment

Q#29: A 16 years unmarried girl, presented to OPD with continuous Per vaginal bleeding for the past 20 days. She gave a history of menarche 2 years back associated with heavy menstrual bleeding and gums bleeding. What are the most relevant investigations?

- a) Bleeding and Clotting time
- b) Complete Blood Count
- c) MRI
- d) Pelvic U/S
- e) Thyroid Function Tests

Q#30: A 42 years old female, P5+0 with diagnosed submucosal fibroid of 4x4cm has been taking symptomatic treatment of heavy menstrual bleeding for 8 months. She presented to the OPD for definitive treatment however refused surgical intervention. Most appropriate treatment option would be.

- a) Danazol
- b) GnRH Analogue
- c) Laparoscopic myomectomy
- d) Mirena
- e) Uterine Artery Embolization

Q#31: A 50 wpmen -years-old p 4 presented to OPD with complaints of excessive sweat and flushing of face mood swings for last 2 years she is not menstruating. Her serum TSH levels are normal. She is very concerned about her problem. What could be cause for her problem?

- a) Hypothyroidism
- b) Hotflashes
- c) Tension/psychological disorder
- d) Premature ovarian failure
- e) None of the above

Q#32: A 60 -years old woman presented with decreased bone density and small bone fractures what is the line pharmacologic treatment for osteoporosis in postmenopausal women?

- a) Bisphosphonates
- b) Calcitonin
- c) Hormone replacement therapy
- d) Selective estrogen receptor modulators (SERMs)
- e) None of the above

Q#33: A 30 women -years-old p 2 presented with secondary amenorrhea for last 2 years no history of any surgery or medical treatment. No history of any malignancy her s FSH level is more than 100. She is diagnosed have premature ovarian failure. The most appropriate cause for her condition is?

- a) Chromosomal abnormality
- b) Hysterectomy
- c) Idiopathic
- d) Radiotherapy/chemotherapy
- e) None of the above

Q#34: Which of the following is the most common type of ovarian cancer?

- a) Endometrioid carcinoma
- b) Germ cell tumor
- c) Serous epithelial carcinoma
- d) Stromal cell tumor
- e) None of the above

Q#35: A 65-year-old woman complains of a sudden, intense urge to urinate followed by involuntary urine leakage. She reports needing to urinate frequently, including multiple times at night. What is the most likely cause of her symptoms?

- a) Detrusor overactivity
- b) Pelvic organ prolapse
- c) Postmenopausal atrophy
- d) Urethral sphincter incompetence
- e) None of the above

Q#36: A 45 year old woman with a family history of breast and ovarian cancer in her mother and sister is found to have a brca1 mutation. What is the best preventive strategy for her?

- a) Annual pelvic ultrasound
- b) Frequent ca 125 monitoring
- c) Hormonal therapy
- d) Prophylactic bilateral salpingo-oophorectomy
- e) None of the above

Q#37: A 26-year-old woman presents to the gynae OPD with complaints of irregular periods, acne, and weight gain for last one year. She also complains of increased hair growth on her face and abdomen. On examination, her BMI is 32 kg/m², and her skin shows signs of acanthosis nigricans. She is worried about her fertility as she has been trying to conceive for the past 12 months. What is the best treatment for her?

- a) Life style modification and weight loss
- b) metformin
- c) oral contraceptive pills
- d) ovulation induction
- e) None of the above

Q#38: A 28-year-old woman presents to the gynecology OPD she complains about Irregular menstrual cycles. She says that her periods occur every 2-3 months and have been irregular for the past two years. She also complains of recent weight gain and increased acne. On examination, her BMI is 31 kg/m², and there is mild hirsutism on her face. Pelvic ultrasound shows multiple small cysts on both ovaries. The most likely diagnosis?

- a) Hypothyroidism
- b) Hyperprolactinemia
- c) Polycystic ovary syndrome
- d) Premature ovarian failure
- e) None of the above

Q#39: A 34 year old woman has complaint of a white thick cottage cheese like discharge associated with vulval ching. She is a mother of 3 kids and denies any history of multiple sexual partners. Which treatment is the most suitable to relieve her complaints?

- a) Only reassurance
- b) Oral metronidazole
- c) Topical oestrogen
- d) Oral fluconazole
- e) Oral steroids

Q#40: A 46 year old woman presents with urine leakage whenever she sneezes, coughs, or lifts heavy objects. She is multiparous and has no other significant medical history. What is the most likely diagnosis?

- a) Functional incontinence
- b) Overflow incontinence
- c) Stress urinary incontinence
- d) Urge incontinence
- e) None of the above

Q#41: A well was present in a rural area where an unsanitary bore-hole latrine with lots of flies was present within 10 feet of distance. The disease more likely to be transmitted through drinking this well water is:

- a) Leishmaniasis
- b) Typhoid
- c) Dental caries
- d) Ancylostomiasis
- e) Trachoma

Q#42: An epidemic of gastroenteritis affected more than 500 people in a city. Samples of water were taken from different sites of the supply system. Bacteriological examination was positive for coli forms. Chemical analysis of water showed the presence of high fluoride, nitrate, chloride and pH of 6. Which content is suggestive of water born epidemic?

- a) Nitrates
- b) Chlorides
- c) High pH
- d) Coli-forms
- e) Fluoride

Q#43: An out-break of scabies was reported in a Kachi abadi consisting of 500 people. The appropriate preventive measures suggested by you would be to:

- a) Filter the water
- b) Improve accessibility to water
- c) Destroy breeding sites of insects
- d) Chlorinate water
- e) Avoid bare footed watering of fields

Q#44: A water sample was taken from a source where catchment area included a large agricultural land. It was declared unfit for human consumption on account of raised concentration of a chemical. The likely chemical which has resulted in making this water unfit is:

- a) Iodine
- b) Calcium
- c) Zinc
- d) Chlorides
- e) Nitrite

Q#45: A dental surgeon appointed in rural health centre reports an increased incidence of dental caries in the children of that area. The relevant preventive measure that he should suggest to the health authorities is:

- a) Fluoridation of water
- b) Chlorination of water
- c) Use of bacterial filter
- d) Use of boiled water
- e) Softening of hard water

Q#46: Which of the following statements is true about SMOG?

- a) SMOG is derived from the dust
- b) SMOG is derived only from fire
- c) SMOG is derived from water vapors
- d) SMOG is derived from both fog and smoke
- e) SMOG is derived only from fog

Q#47: A survey on air pollution was conducted in an urban area to determine the major contaminant in air. The major contaminant estimated in all air pollution is:

- a) Grit and dust
- b) Sulphur dioxide
- c) Carbon monoxide
- d) Nitrogen dioxide
- e) Smoke index

Q#48: Increased levels of air pollution results mainly in problems of which system?

- a) Soil erosion
- b) GIT Problems
- c) Respiratory problems
- d) Endocrine problems
- e) Sea erosion

Q#49: Who has responsibility for health and safety regarding waste management at your place of work?

- a) The patients
- b) Employees
- c) Employers, employees
- d) Everyone at your place of work
- e) Only Head of institution

Q#50: Where would you put a syringe after use?

- a) Pharma basket
- b) Sharps container
- c) Gray tote/yellow basket
- d) Red basket
- e) Green basket

Q#51: Select the common route of transmission of HIV from one person to another?

- a) Exposure to contaminated blood and blood products
- b) Using and sharing the same swimming pool
- c) Using shared utensils
- d) Hand shaking
- e) Sharing clothes

Q#52: The changes in the size of population are indicated by five stages of demographic transition. Pakistan is currently in the:

- a) First stage
- b) Third stage
- c) Second stage
- d) Fourth stage
- e) Fifth stage

Q#53: Population size is determined by fertility, mortality and migrations. A researcher concluded that Pakistan's population is increasing on account of high fertility which measure did he rely upon the most to conclude this?

- a) Growth rate
- b) Crude birth rate
- c) Natural increase rate
- d) Total fertility rate
- e) General fertility rate

Q#54: The number of daughters a new born girl will bear during her life time assuming fixed age specific fertility and mortality rate, refers to which one of the following?

- a) Age specific fertility rate
- b) birth rate
- c) Net reproduction rate
- d) Total fertility rate
- e) General fertility rate

Q#55: Many women in a country are educated, independent and they work for earning their lively hood too. When the number of males are expressed in relation with 100 females this is:

- a) Sex ratio
- b) Sex rate
- c) Dependency ratio
- d) Literacy rate
- e) Working women ratio

Q#56: When total number of live births are expressed against the midyear population at a given place and during a given period. We are referring:

- a) General fertility rate
- b) Crude birth rate
- c) Total fertility rate
- d) Specific birth rate
- e) Gross reproductive rate

Q#57: Hameed, Sara and Saima were born in the same year, they were neighbors and very close friends too. It was just a coincidence that their parents also got married about the same time. The most likely reason for the admission in the same class is:

- a) Birth cohort
- b) Marriage cohort of parents
- c) Friendship
- d) Neighborhood
- e) School accessibility

Q#58: Which part of the nephron is primarily responsible for the reabsorption of water and solutes from the filtrate?

- a) Bowman's capsule
- b) Collecting duct
- c) Distal convoluted tubule
- d) Loop of Henle
- e) Proximal convoluted tubule

Q#59: Which hormone is primarily responsible for regulating sodium and potassium balance in the kidneys?

- a) Antidiuretic hormone (ADH)
- b) Aldosterone
- c) Erythropoietin
- d) Parathyroid hormone (PTH)
- e) None of the above

Q#60: Which hormone is primarily responsible for regulating the body's metabolism?

- a) Adrenaline
- b) Cortisol
- c) Insulin
- d) Thyroxine
- e) Vasopressin

Q#61: A 45-year female patient presents with a renal mass. Histological examination reveals large polygonal cells with clear cytoplasm and delicate vasculature. This finding is most consistent with which type of renal tumor.

- a) Angiomyolipoma
- b) Chromophobe renal cell carcinoma
- c) Clear cell renal cell carcinoma
- d) Papillary renal cell carcinoma
- e) Wilms tumor

Q#62: A 55 year Female patient undergoes transurethral resection of a small papillary tumor in the bladder. Histologic examination shows a low grade urothelial carcinoma with thin fibrovascular cores and orderly arrangement of cells. Immunohistochemistry shows positive staining for CK20 in the superficial cells and negative staining for CK7 in the basal cells. What is the most appropriate diagnosis for this tumor.

- a) High grade papillary urothelial carcinoma
- b) Invasive urothelial carcinoma
- c) Low grade papillary urothelial carcinoma
- d) Papilloma
- e) Papillary urothelial neoplasm of low malignant potential

Q#63: A 25-year-old woman presents with pelvic pain, dysmenorrhea, and dyspareunia. A laparoscopy reveals the presence of ectopic endometrial tissue on the ovaries and pelvic peritoneum. What is the most likely diagnosis?

- a) Adenomyosis.
- b) Endometriosis.
- c) Ovarian cyst.
- d) Pelvic inflammatory disease.
- e) Uterine fibroids.

Q#64: A 50-year-old postmenopausal woman presents with vaginal bleeding. Transvaginal ultrasound reveals an endometrial thickness of 8 mm. What is the most likely diagnosis?

- a) Atrophic vaginitis.
- b) Cervical cancer.
- c) Endometrial hyperplasia.
- d) Ovarian cancer.
- e) Valvular cancer.

Q#65: A 30-year-old woman presents with a history of irregular menstrual cycles, hirsutism, and recent weight gain. On examination, she has acne and multiple small cysts on her ovaries noted on ultrasound. What is the most likely diagnosis?

- a) Androgen insensitivity syndrome.
- b) Cushing syndrome.
- c) Hyperthyroidism.
- d) Hyperprolactinemia .
- e) Polycystic Ovarian syndrome .

Q#66: What is the typical appearance of a chancre in primary syphilis?

- a) Painful, erythematous ulcer
- b) Small, vesicular lesion
- c) Large, necrotic ulcer
- d) Painless, indurated ulcer
- e) Rash with pustules

Q#67: In men, gonorrhea can lead to which of the following complications if left untreated?

- a) Epididymitis
- b) Prostate cancer
- c) Peyronie's disease
- d) Testicular torsion
- e) Seminal vesiculitis

Q#68: A 12 year old boy presented with history of a sore throat followed by hematuria. Renal biopsy revealed diffuse proliferative pattern and Immunofluorescence showed coarse granular deposits in mesangium and along capillary loops for IgG and C3. Which serological test would support the diagnosis?

- a) Antidouble stranded DNA
- b) Anti-GBM antibodies
- c) Antimitochondrial antibodies
- d) Antinuclear antibodies
- e) Antistreptolysin O antibodies

Q#69: Which of the following immunohistochemical stains would be most helpful for distinguishing DCIS from an invasive breast carcinoma with a cribriform growth pattern?

- a) CK7
- b) Estrogen receptor
- c) Her2
- d) Progesterone receptor
- e) P63

Q#70: A 30 year old male presented with history of fever, significant weight loss, painful micturition, hematuria and flank mass, his Hb is 18. What could be the possible pathology associated with this condition?

- a) Angiomyolipoma
- b) Hepatocellular carcinoma
- c) Polycystic kidney disease
- d) Renal cell carcinoma
- e) Rhabdomyosarcoma

Q#71: PAP smear done which shows dysplasia but basement membrane is intact what is associated with this

- a) Carcinoma in situ
- b) Hyperplasia
- c) Invasion of adjacent tissue
- d) Invasion of basement membrane
- e) Necrosis

Q#72: What is a defining feature of minimal change disease?

- a) Blunting of the villi on light microscopy
- b) Effacement of the foot processes on electron microscopy
- c) Hyperplastic changes
- d) Segmental sclerosis on light microscopy
- e) Slight visible changes of the glomeruli on light microscopy

73: A woman with a history significant for lupus is found to have 2.3 grams of protein in her urine each day. In investigation you find wire looping of the capillaries on light microscopy. Which of the following tops your differential?

- a) Diffuse proliferative glomerulonephritis
- b) Focal segmental glomerulosclerosis
- c) IgA nephropathy
- d) Nephropathy
- e) Rapidly progressive Glomerulonephritis

74: A 31-year-old woman, who has two healthy children, notes that she has had no menstrual periods for the past 6 months, but she is not pregnant and takes no medications. Within the past week, she has noted some milk production from her breasts. She has been bothered by headaches for the past 3 months. After nearly crashing a bus while changing lanes driving her vehicle, she is concerned with her vision. An optometrist finds her visual acuity to be reduced. On physical examination she is afebrile and normotensive. Which of the following laboratory test findings is most likely to be present in this woman?

- a) Hyperprolactinemia
- b) Hyponatremia
- c) Increased serum cortisol
- d) Increased serum alkaline phosphatase
- e) Lack of growth hormone suppression

75: A 28-year-old woman has had difficulty concentrating at work for the past month. She is constantly yawning and walking around to visit co-workers. She complains that the work area is too hot. She seems nervous and often spills her coffee. She has been eating more but has lost 5 kg in the past 2 months. On physical examination her temperature is 37.5°C, pulse 108/minute, respiratory rate 24/minute, and blood pressure 160/85 mm Hg. Which of the following laboratory findings is most likely to be present in this woman?

- a) Decreased catecholamines
- b) Decreased iodine uptake
- c) Decreased plasma insulin
- d) Decreased TSH
- e) Increased ACTH

76: A 60-year-old female with a history of diabetes and hypertension presents with fatigue, edema, and increased urine output. Laboratory tests reveal elevated serum creatinine and blood urea nitrogen (BUN) levels. Urinalysis shows proteinuria and microscopic hematuria. Which renal function test is most useful in assessing glomerular filtration rate (GFR) in this patient?

- a) Serum Creatinine
- b) Blood Urea Nitrogen (BUN)
- c) Creatinine Clearance
- d) Urine Protein-to-Creatinine Ratio
- e) Fractional Excretion of Sodium (FENa)

77: A 45-year-old male presents with hypertension, hematuria, and flank pain. His family history is significant for kidney disease in his father and brother. An ultrasound of the abdomen reveals multiple cysts in both kidneys. What is the most likely diagnosis?

- a) Acute Glomerulonephritis
- b) Chronic Pyelonephritis
- c) Medullary Sponge Kidney
- d) Renal Cell Carcinoma
- e) Autosomal Dominant Polycystic Kidney Disease

78: A 45-year-old woman presents with fatigue, weight gain, and cold intolerance. Physical examination reveals dry skin and a puffy face. Laboratory tests show elevated thyroid-stimulating hormone (TSH) levels and low free thyroxine (T4) levels. What is the most likely diagnosis?

- a) Addison's disease.
- b) Cushing's syndrome.
- c) Hyperthyroidism.
- d) Hypothyroidism.
- e) Pheochromocytoma.

79: A 60-year-old woman reports sudden weight gain, a round face, and purple striae on her abdomen. She has a history of hypertension and osteoporosis. Laboratory tests show elevated serum cortisol levels that are not suppressed by low-dose dexamethasone. What is the most likely diagnosis?

- a) Addison's disease.
- b) Acromegaly.
- c) Cushing's syndrome.
- d) Hypothyroidism.
- e) Hyperthyroidism.

80: Which condition is associated with an overproduction of growth hormone in adults?

- a) Acromegaly.
- b) Addison's disease.
- c) Cushing's syndrome.
- d) Gigantism.
- e) Hyperthyroidism.

81: Which of the following is a key provision of the Human Organ Transplant Act (HOTA) in many jurisdictions?

- a) Allowing the sale of organs to individuals in need of transplantation
- b) Permitting organ donation only from deceased individuals with a prior written consent
- c) Mandating that organ transplant centers are for-profit institutions
- d) Requiring a waiting period of 6 months before organ donation can be performed
- e) Allowing organ donation from individuals with a history of chronic illness without restrictions

82: Which of the following is a common cause of erectile dysfunction (impotence) in males?

- a) Psychological stress
- b) Testicular cancer
- c) Congenital adrenal hyperplasia
- d) Hypospadias
- e) Endometriosis

Q#83: Sterility in males is most commonly due to which of the following conditions?

- a) Azoospermia
- b) Cryptorchidism
- c) Orchitis
- d) Epididymitis
- e) Gynecomastia

Q#84: Virginity testing is controversial because:

- a) It is scientifically inaccurate
- b) It can cause psychological harm
- c) It is a violation of human rights
- d) It can lead to social stigmatization
- e) All of the above

Q#85: Which of the following is a commonly accepted physical sign of virginity in females?

- a) Presence of a hymen
- b) Presence of labia minora
- c) Tightness of the vaginal orifice
- d) Absence of pubic hair
- e) Cervical position

Q#86: Which of the following is a common method of detecting a recent abortion in forensic examinations?

- a) Serum progesterone levels
- b) Pelvic ultrasound
- c) Urine pregnancy test
- d) Hysteroscopy
- e) Blood type and crossmatch

Q#87: In forensic terms, which of the following can help differentiate between a spontaneous abortion and an induced abortion?

- a) The presence of fetal parts in the uterus
- b) History of medical or surgical procedures
- c) Maternal blood group
- d) Chromosomal analysis of the fetus
- e) Presence of fetal heartbeat

Q#88: A 45-year-old man presents with symptoms of erectile dysfunction, decreased libido, and fatigue. His lab results show low serum testosterone levels. Which of the following is the most appropriate initial treatment option?

- a) Dexamethasone
- b) Estradiol
- c) Finasteride
- d) Testosterone replacement therapy
- e) Sildenafil

Q#89: A 25-year-old woman with polycystic ovary syndrome (PCOS) is experiencing irregular menstrual cycles and excessive facial hair. Which medication is most likely to help with both her menstrual irregularities and hirsutism?

- a) Levonorgestrel
- b) Methandrostenolone
- c) Oral contraceptive pills containing ethinyl estradiol and cyproterone acetate
- d) Tamoxifen
- e) Testosterone enanthate

Q#90: DW is a patient with type 2 diabetes who has a blood glucose of 400 mg/dL today at his office visit. The physician would like to give some insulin to bring the glucose down before he leaves the office. Which of the following would lower the glucose in the quickest manner in DW?

- a) Insulin aspart.
- b) Insulin glargine.
- c) NPH insulin.
- d) Regular Insulin.
- e) Metformin

Q#91: A 64-year-old woman with a history of type 2 diabetes is diagnosed with heart failure. Which of the following medications would be a poor choice for controlling her diabetes?

- a) Exenatide
- b) Glyburide
- c) Nateglinide
- d) Pioglitazone
- e) Sitagliptin

Q#92: A 45-year-old man presents to the emergency department with symptoms of hyperthyroidism, including tremors, anxiety, and palpitations. He has a history of untreated Graves' disease. The physician decides to initiate treatment with an antithyroid drug methimazole. Which of the following is the primary mechanism of action of this antithyroid drug?

- a) Inhibition of thyroid hormone release
- b) Inhibition of thyroid hormone synthesis
- c) Destruction of thyroid tissue
- d) Stimulation of thyroid hormone receptors
- e) Inhibition of iodine absorption in the gut

Q#93: A 50-year-old man with hyperthyroidism due to Graves' disease is considered for treatment with radioactive iodine ($I-131$). Which of the following statements about this treatment is true?

- a) Radioactive iodine is a first-line treatment for all patients with hyperthyroidism.
- b) Radioactive iodine treatment typically results in immediate resolution of symptoms.
- c) Patients receiving radioactive iodine should avoid close contact with others for a short period post-treatment.
- d) Radioactive iodine is contraindicated in patients with thyroid cancer.
- e) Radioactive iodine treatment does not affect thyroid hormone levels.

14: A 32-year-old woman who has been using a copper intrauterine device (IUD) as her chosen method of contraception for the past five years. She has had no issues with her IUD during this time, and it has been an effective means of preventing pregnancy for her. How does the copper IUD primarily prevent pregnancy?

- a) By thickening cervical mucus, making it difficult for sperm to enter the uterus
- b) By suppressing ovulation and preventing the release of eggs
- c) By releasing hormones that inhibit sperm motility and fertilization.
- d) By creating an unfavorable environment for sperm, impairing their ability to fertilize an egg.
- e) None of the above

15: A 70-year-old male with BPH and an enlarged prostate continues to have urinary symptoms after an adequate trial of tamsulosin. Dutasteride is added to his therapy. In addition to tamsulosin, he is also taking hydrochlorothiazide, testosterone, and vardenafil as needed prior to intercourse. Which of his medications have an interaction with dutasteride?

- a) Hydrochlorothiazide
- b) Tamsulosin
- c) Testosterone
- d) Vardenafil
- e) None of the above

16: A 30-year-old female presents with symptoms of a urinary tract infection. The physician decides to prescribe a first-line antibiotic known for its efficacy against E. coli and its ability to achieve high urinary concentrations. Which drug is the physician most likely to prescribe?

- a) Ciprofloxacin
- b) Nitrofurantoin
- c) Amoxicillin
- d) Trimethoprim-sulfamethoxazole
- e) Ceftriaxone

17: Which of the following statements are true regarding renal Calculi?

- a) Maybe the result of Gout.
- b) Occur as a complication of hyperparathyroidism.
- c) Are more apt to form in alkaline urine.
- d) Most frequently contain calcium, oxalate and phosphate.
- e) All of the above

18: Each of the following is a feature of ureteral Calculi except .

- a) It will often lodge at ureteropelvic junction, pelvic brim and vesicoureteric junction.
- b) Originate in ureteral lumen secondary to chronic ureteritis
- c) Cause flank pain radiating to groin.
- d) May cause hydronephrosis.
- e) May cause haematuria.

19: What percentage of renal calculi can be visible on KUB (kidney, ureter, bladder) radiograph?

- a) 10%
- b) 20%
- c) 70%
- d) 90%
- e) None of the above

20: Up to what size the urinary calculus can pass through the system without obstruction ?

- a) 2mm
- b) 4mm
- c) 5mm
- d) 10mm
- e) None

21: HPV vaccination is aimed at girls of which age group to prevent cervical cancer?

- a) 6-8 years
- b) 9-11 years
- c) 12-13 years
- d) 14-16 years
- e) 17-19 years

22: A 55-year-old woman presents with postmenopausal bleeding and a friable mass on her cervix that is on contact. What is the next most appropriate step in management?

- a) Start empirical hormonal therapy
- b) Schedule a hysterectomy
- c) Perform a pelvic examination under anaesthesia with a biopsy
- d) Perform an MRI scan
- e) Start chemotherapy immediately

23: A 30-year-old woman with a low-grade squamous intraepithelial lesion (CIN 1) is diagnosed. What is the most appropriate management approach?

- a) Immediate conisation
- b) Colposcopy and cytology at 6 months
- c) Radical hysterectomy
- d) Chemoradiotherapy
- e) Cryotherapy

24: A 44-year-old multiparous obese woman complains of abnormal vaginal bleeding for 6 months. Pelvic examination shows normal uterus and cervix. Urine pregnancy test is negative. Pap smear is normal. Which of the following is the most important step in the evaluation of this patient?

- a) Endometrial biopsy
- b) Endometrial cytology
- c) Transvaginal ultrasound
- d) Hysteroscopy
- e) D and C

25: Which of the following factors is protective against endometrial hyperplasia?

- a) Obesity
- b) Oral Contraceptive Pills
- c) Tamoxifen
- d) Early Menarche or Late Menopause
- e) Unopposed estrogen therapy

Q#106: A patient has diagnosed with endometrial cancer by endometrial biopsy. During her counseling regarding the disease, staging and prognosis the patient is told that most endometrial cancer are diagnosed at which of the following stages,

- a) I
- b) II
- c) III
- d) IV
- e) Recurrent

Q#107: In addition to personal history of hypertension or diabetes and family history of breast or ovarian cancer. Which of the following is a risk factor for CA endometrium?

- a) USE of OCPs
- b) Obesity
- c) history of STDs
- d) nulliparity
- e) HPV infection

Q#108: A 60 years old woman develops post-menopausal. An endometrial biopsy shows endometrial carcinoma. She undergoes TAH with pelvic lymph node sampling. The final pathology shows tumor extending from the uterus in to the cervix but no other invasion. Lymph nodes were negative for metastasis. Stage of the cancer is,

- a) 0
- b) I
- c) II
- d) III
- e) IV

Q#109: A 34 years G3P2 presented to outdoor with gestational amenorrhea of 4 months and PV spotting for 3 days. On examination abdomen was large for dates. Ultrasound examination showed snow storm appearance resembling complete molar pregnancy. Bilateral theca luteal cysts. Her beta HCG was 20000 IU/L. The most appropriate treatment for her,

- a) D and C
- b) Cytotoxic drugs
- c) conservative/radio
- d) TAH with BSO
- e) Suction evacuation

Q#110: A 35 years G5P4 comes to the OPD with the molar pregnancy. You do suction evacuation and on histopathology it came out to be complete mole. Serum beta HCG is more than one lacs. Her previous pregnancy was full term. Chest x-ray shows cannon ball appearance. Chemo therapy for her?

- a) EMA/CO
- b) Methotrexate only
- c) Methotrexate with folinic acid
- d) Radiotherapy
- e) None of the above

Q#111: Patient presents with molar pregnancy. All the workup was done and histopathology report there was no sign of malignancy. Which of the following includes further management

- a) Weekly beta HCG
- b) Ultrasound monitoring
- c) Hysterectomy
- d) Reassurance
- e) Annual beta HCG

Q#112: Evacuation done after molar pregnancy, in which cause do we start single agent chemotherapy?

- a) Rise in HCG
- b) Liver mets
- c) Brain mets
- d) Lung mets
- e) HCG Plateau

Q#113: Which of the following is a risk factor for developing a molar pregnancy?

- a) Being under 20 years old
- b) History of miscarriages
- c) Avoiding antenatal multi vitamins
- d) History of high blood pressure during pregnancy
- e) Not maintaining healthy weight during pregnancy

Q#114: A 22- years old patient with her husband 28 years old non smoker. married for last 3 months presented to the OPD with chief complaints of unable to conceive. her menstrual cycle is regular with no significant findings her management plan is ?

- a) MRI scan
- b) pelvic ultra sound
- c) semen analysis
- d) reassurance
- e) None of the above

Q#115: A 35-years-old woman presented to gynae OPD with her husband age 56year old, non-smoker, truck driver with normal semen analysis, primary subfertility for the last 10 years. She had a history of pain during menstruation and lower abdominal pain on and off. She experiences marked pain during coitus. Ultrasound sound shows left adnexal mass with ground glass appearance. What could be the most probable cause of her infertility?

- a) Adenomyosis
- b) Endometriosis
- c) Fibroid
- d) Dermoid cyst
- e) None of the above

Q#116: The maximum external dimension of uterine cavity is:

- a) 7 x 7.5 x 4.5 cm
- b) 7.5 x 5 x 3 cm
- c) 7.5 x 5 x 5 cm
- d) 8.5 x 6 x 4 cm
- e) 7.5 x 5 x 2 cm

Q#117: A 20- year-old, weight 50Kg, presents with history of something coming out of vagina since 2 years. On vaginal examination she is having 3rd degree U/V prolapse. What treatment option will you give?

- a) Sacro- colpopexy / Sacro- hysteropexy
- b) Vaginal hysterectomy
- c) Manchester repair
- d) Colporrhaphy
- e) Ring pessary