	-1	FRANIVIACULUGI		
1.	A 52 years old man is suffering	from cardiac failure with pulmonary		- -
	high efficacy diuretic which caus	es blockage of Na/K/2CL co-transpor	edema. Cardiologist has advised a	
	the following drug has been pres	cribed?	t in thick ascending limb. Which of	
	A) Acetazolamide	B) Furosemide	C) Mannitol	\dashv
	D) Thiazide	E) Triamterene		┨
2.	A 65 years old lady with congestive	e heart failure has developed breathles	sport arkle codema and assistant to	╀
	and hieszale is 140/80 mm ul	. Heart rate is regular and IVP is ele	evated. The treatment plan contains	
	combination of diffetics. Injustice a	nd furosemide will have directionally op	posite effect on net renal excretion of	
	which of the following substances;		posite circle on flet remai excretion of	
	A) Bicarbonate	B) Calcium	C) Chloride	1
	D) Magnesium	E) Urlc Acid		1
3.	A 55 years old male smoker has been	en diagnosed with left sided heart failur	e 2 months ago. He is now stable and	╬
	receiving digoxin and diuretics to co	ntrol his symptoms. He now comes to th	e outpatient department for follow up	1
	complaining about muscle cramps	and weakness. Blood Pressure is 130	/80mm He. His Investigations reveal	1
	normal sodium but low potassium (levels. Which of the following is not itse	elf an efficacious diuretic, but you will	
	use only as an adjuvant with other d	luretics to correct low potassium levels?		
	A) Acetazolamide	B) Indapamide	C) Metolazone	1
_	D) Spironolactone	E) Thiazide		1
4.	A 66-year-old man with a history of	hypertension and diabetes had chest p	ain, nausea and vomiting. ECG shows	Τ
	acute myocardial infarction, and ech	ocardiography showing normal ejection	fraction. Which of the following drugs	l
	would be appropriate prophylactic a			1
	A) Lidocaine	B) Metoprolol	C) Procainamide	1
	D) Quinidine	E) Verapamil		╀
5.	is dishetic controlled with Clink	cutive has a travelling job. His blood	pressure is 160/100 mmHg, and he	1
٥.	antihypertensive drug?	izide 80mg twice a day. Which of t	he following is the most suitable	ı
		B) Wideshloothloods		1
	A) Clonidine D) Nifedipine	B) Hydrochlorothiazide	C) Losartan Potassium	1
	1	E) Propranolol on niacin sustained-release tablets 2 we		╀
5.	low HDL levels. He is complaining of	f an uncomfortable flushing and itchy for	enting that he thinks is solated to the	1
•	niacin. Which of the following option	s can help him manage this adverse effe	ect of piacin therapy?	1
	A) Administer aspirin 30 minute		C) Administer Loratidine after	1
	prior to taking niacin.	minutes after taking nlacin.		
	D) Change the sustained-relea			1
	Immediate-release niacin	nlacin to 1000 n		
		ensive suffered from myocardial Infar		†-
7.		d admission day he developed vent		
•		the following drugs would be appro		
	tachycardia into sinus rhythm?			
	A) Adenosine	B) Amiodarone	C) Procainamide	
	D) Quinidine	E) Verapamil		
		woman with a BP is 200/110 with h	· · · · · · · · · · · · · · · · · · ·	
3.		nsive emergency. Which of the followi	ng mentioned fast acting vasodilator	
	would you commonly suggest to con-			-
	A) Digoxin	B) Dobutamine	C) Losartan	1
	의 Starified with C	Elm Smlodopine	1	
f	_ CCGITICG WITH C	arriodariror	1	
	1		I	1

20.		
	blood pressure experiences suitan	1.0
	performed as 170/110 mmHz was severe chest pain that cade	
	Al And yields blood which sounds are distant put	to his back On physical examination his
	blood pressure is 170/110 mmHg. Heart sounds are distant. Pulsus parace. A) Aneurysm	lorus is observed. A pericard orentesis is
	B) Attached had been been been been been been been bee	I most his als presugged in his asset
21.	A 32 year old	CI Dissertion
	is afebrile. Her BP is 110 /70 mmHg. Radial pulses are not palpable to border on the right side of the heart and pression and example of the heart and pression.	
	decreased. Her BP is 110 /70 months numbness in her arms for the pass	5
	decreased sensation and cyanosis in her arms for the past border on the right side of the heart and prominence of the pulmos A). According to the pulmos and prominence of the pulmos A).	5 months. On physical examination, she
	border on the right side of the heart and prominence of the pulmor A) Aortic dissection A) Aortic dissection	ut femoral pulses are strong She has
	Creatinine, 1 me/disant and prominence of the	A chest radiograph shows a prominent
	A) Acris de and negative ANA test result vibies et la pulmor	lary arteries. Laboratory studies show
	Creatinine, 1 mg/dl; and negative ANA test result. Which of the following is A) Aortic dissection B) Kawasaki disease Clay M	
22.	O) Takayasu arteritis El Theorem CIV M	croscopic polyangitis
22.	and year old child from Occasional information obliterans	
	past 2 days. On physical examination, her temperature is 37.8°C. There is a after a source of the palms and soles, edema of hands and feet and serviced.	swelling of her hands and feet over the
	erythema of the and examination, her temperature is 37 8°C. There is a	desquemate e thin such oral enviherne.
	the parme and and	perdurative residence in the property of the period of the
	o course of intravenous im-	in is a second to be a complication
	of this child disease if left untreated?	ying is most tracil to be a complication
	Al Asthera	
	Ul Myocard alimfaces	intracranial hemorrhage
23.	A 50 years ald an interction E) Pulmonary Inferction	
	A 50 year old man has had a chronic cough for the past 18 months. Physic	al examination shows nasopharyngeal
	and the long have diffuse trackles bilaterally on auscultation, tab	gratory studies include a serum urea
	introgen level of 75 mg/dl and a creatinine concentration of 6.7 mg/dl. Ur	inalysis shows 50 RBCs /HPF and RBC
	Casts. Her serologic liter for C-ANCA is elevated. A chest radio graph show	s multiple, small, bilateral pulmonary
	nodules. A transbronchial lung biopsy specimen shows a necrotizing infla	mmatory process involving the small
	peripheral pulmonary arteries and arterioles. What is the most likely diagnos	is?
	A) Fibromuscular dysplasia B) Granulomatosis with polyangiltis	
	DI Talaura sateria	
		reductive cough and dyspnea for
24.	A 36 year old woman has had a low grade fever and worsening non- the past 2 years. On examination she has breath sounds in all lung f	olds A short CT scan shows hilar
	the past 2 years. On examination she has breath sounds in all lung t	elds. A chest or mild hypoxemia
	lymphadenopathy and reticulonodular pattern of inflittate. The blood	Bos
1	with compensated respiratory alkalosis. What is the most likely diagnos	is?
}) Diffuse alveolar damage
	A) alpha I alithi ypsin der ciercy	
1	D) Goodpasture syndrome E) Sarcoidosis A 33 year old woman has had increasing dyspnea with cough for the past 10 of solutions syntym. On physical ex-	lays. Over the past 2 days, her cough
25.	A 33 year old woman has had increasing dyspnea with cough for the past 10 that has become productive of chunks of gelatinous sputum. On physical explanation productive of chunks of gelatinous sputum. On physical explanation productive of chunks of gelatinous sputum.	mination, she is afebrile. There is
	and a straight of the straight	- assinophilic precipitate
- 1	extensive duliness to percussion over all lung fields. A chest radiograph shot extensive duliness to percussion over all lung fields. A chest radiograph shot transbronchial biopsy is performed and biopsy shows homogeneous granula transbronchial biopsy is performed and biopsy shows homogeneous granula.	ely to cause her illness?
- 1		C) DNA topoisomerase
-	alveoli. Antibody directed against B) Chloride channel protein A) alpha 1-antiprypsin E) Neutrophilic myeloperoxidase	
L	A) alpha1-antiprypsin E Neutrophilic myeloperoxidase	for 5 months alone with 8 kg weight
	O) GM-CSF	for a months a right peripheral sub
26.	A 45 year old woman, a non-smoker, has had a children from the chest radioss. On physical examination, there are no remarkable findings. Her chest radioss. On physical examination, there are no remarkable findings. Her chest radioss. On physical examination of the lesion shows glands invading the surroun pleural mass. A fine needle aspiration shows glands invading the surroun	ograph shows lower lobectomy. The
	On abusical chairman and are union	, po
- 1	pleural mass. A fine needle aspiration cytology is performed appropriately pleural mass. A fine needle aspiration shows glands invading the surroun microscopic examination of the lesion shows glands invading the surroun microscopic examination of the lesion shows glands invading the surroun microscopic examination of the surround molecular test findings is most useful in deciding if her cancer may benefit	ding lungs. Which conting a tyrosine
	microscopic examination of the result in deciding if her cancer may benefit	t from therapy targeting
	alecular test findings is most users.	1 de comico of
	kinase? B) Inactivation of CDKN2A gene	C) Loss of both copies of
_	- offication of the	TP53
14	A) Amplification	
	gene Mutation in K-RAS gene E) Rearrangement of ALK gene Mutation in K-RAS gene To Rearrangement of ALK gene Rearrangement of ALK gene To Rearrangement of ALK gene	see the She also has pain in the
1	Mutation in K-RAS gene 127 Mutation in K-RAS gene 127 Mutation in K-RAS gene 127 Mutation in her right eye for 372 year old woman has had difficulty with vision in her right examination include 1372 year old woman has had difficulty with vision in her right upper chest. The findings on physical examination include 138 gene 127 years of the fight upper chest. The findings on the right side of her face. A chest radio of the fight upper chest.	months. She also has pour minese
	72 year old woman to findings on physical examination include t	inilateral enophthalmos, miosis,
27.	the unper chest. The minutes side of her face. A chest radi	ograph shows right upper lobe
	72 year old woman has had difficult on physical examination include the sight upper chest. The findings on physical examination include the sight upper chest. The findings on the right of the face. A chest radio of the finding and bony destruction of the right first rib. Which of the findings of the sight first rib.	allowing conditions is most likely
2	nhidration and bony destruction of the right first rib. Which or the	
10	pacification her?	
Lu	Bronchopneumonia B) Bronchiectasis C) Broncho	genic carcinoma
A	Si The analogie	
D		of 30°C and productive couch with
IA	75-year-old man with history of cigarette smoking presents with fever	or 39 L and productive cough with
' ve	lowish sputum. Gram stain of the sputum shows small gram-negative cocc	obacilli. There is no growth on blood
32	r, but greyish colonies do grow on chocolate agar supplemented with	hemin and NAD. Which one of the
	owing bacteria is the most likely the cause of his pneumonia?	processor management of the state of the sta
AL		
137	Bordetella Pertussis (B) Hacmophilus influenzae	C) Klebsiella pneumoniae
TE:	Legionella Pertussis (B) Hacmophilus influenzae Legionella Pneumophila (E) Pseudomonas aeruginosa	C) Klebsiella pneumoniae

9.	A five	year old how is here						A
- 1	for th	year old boy is brought to the last 10 days. The child's n	he G	P with complain	ts of fe	er with ru	ony nose and produ	ctive cough
	Couel	e last 10 days. The child's n ning. Complete blood picture	othe	er gives history	of hacking	ne coueh w	ith bouts of vomiti	ng between
1	COUE.	ning. Complete blood picture to the laboratory for culture	reve	ealed marked by	mohocy	tosis Nas	onharvogeal swab i	s taken and
- 1	•	Landow Pusterning Come	Shan	and rolonies was	a abtair	and Gram	taining revealed gri	m negative
1	pleo	morphic bacteria. What could	be th	he nossible nath	ogen for	the diseas	e?	
	AN	Bordetella Pertussis	B)	Chlamydia	C)	Haemonhil	us Influenzae	
	D)	Legionella	E)		<u> </u>	riaemopilio		
			£1	Mycoplasma				
30.	Δ 50	years old man was brought			h compl	aints of his	h grade fever, non-	productive
50.	500	sh. Patient has history of sm	to n	ned be had be	on atter	nding sauni	bath very frequen	tly. On the
	Loui	s of history a provisional dia	oking	s and he had be	en acce	se was ma	de. Based on your l	knowledge,
	Dasi	ch of the following is the most	Buosi	monty used labo	ratory t	est for diag	nosis?	
			1 11	Direct Fluores	cent Ant	Ibody Stain	C) PCR	
	A)	Culture						
_	1D	Serology S years old pregnant female of			(-1	igability, an	d poor exertional ca	pacity. On
31.	A 2	5 years old pregnant female of the series of	acion	Patient was al	so main	ourished w	ith slight anaemia. S	he has no
	6xs	imination patient has hyperte tory of respiratory or cardiac d	iceas	e What is proba	ble diag	nosis?		
			B)	Anemia		10	Cardiac arrhythr	nia
	A)	Asthma			rdiomyo	pathy		ich chour
_	10)	Ischemic Heart disease newborn baby is born with c					st X-ray is done wh	following
32					of Fallo	t is confirm	ed. Which one of the	1011011111
	er	larged Boot shaped heart. Inetic defects is associated with	Tetr	alogy of Fallot?				
	A	Translocation 9:22	E)	ZFPM2		enu chast is	done which shows enl	arged Boot
27	D)	newborn baby is born with cyano	isls of	face and extremit	lies. An X dicasca is	the baby su	ffering from?	
33	sh	aned heart. Which one of the ton		Coarctation o		IC). Pate	ent ductus arteriosus	
	1	Arcial septal defect	101	Courtie				_
	D	Tetralogy of Fallot	El	of counering	chest pa	in on exert	tion that resolves by	rest. The
34	A	Tetralogy of Fallot 40 years old obese man con	ipiain	hich one of the f	ollowing	?		-
	pa	ings most probably suffers in	3111 40	men an			C) Prinzmetal angi	
	A)	Acute coronary syndrome	151	Unstable and	ina		in second chest	pain. On
	D)	Stable angina 40 years old known hyper mination, the pulse is threat	- LI	ve presents to	casualty	with squ	eezing sternar ches	d clammy.
35	A	40 years old known hyper amination, the pulse is thread G is done which shows ST s	lu an	d blood pressure	e is 80/6	0 mm Hg.	randial Infarction is	confirmed.
	exa	mination, the pulse is threat	eeme	nt elevation. Th	e diagni	osis of Myo	wing cardiac marker	s rises the
	EC	G is done which shows at a	to t	the patient. Whi	ich one	of the lone		
	Car	omination, the pulse is threat G is done which shows ST s diac biomarkers are advised	on?				C) Myoglobin	
	ear	liest after myocardial infarct	В) Lactate deh	ydrogen	ase		
-	A)	Creatinine kinase	E	Troponin T		n chest aus	cultation, there was	mid systone
	DI	Troponin I	s of o	ccasional palpita	ations. U	of the mit	ral valve into left atri	Im. Willet
50	- A 7	Creatinine kinase Troponin I 9 years old female complain k. Echocardiography was dor	e th	at showed the ba	alloomin	5011		
36								
	aho	diagnosis in this case? Aortic stenosis Mitral regurgitation rillin-1 gene plays role in cell	I B) Aortic regui	rgitation	0	i and with	h which one
	-	Aortic stenosis	E) Mitral valve	protap.	fibrillin-1	gene is associated with	
	A	Mitral regurgitation	matr	rix interactions. I	Detect	,	Letenosi	
	D)	The 1 gene plays role in cen	1,101.		innelor		C) Mitral Stellos	
37	Fib	rillin-1 gene plays role in the following Valvular diseas:	ES!	Aortic regu	rgitation	valve dege	eneration	chest pain on
	of	he following		Myxomato	us mitra	plaint of she	ortness of breath prescribed	statins by his
	A)	Aortic steaming itation	يياب	sented to OPD v	vith com	plesterol H	e is already presidentic plaq	ue Which one
	D)	Aortic stenosis Mitral regurgitation S years old obese male patient of the chest pain is declared to the chest pain is declared to following is not risk factor for the chest pain is declared to following is not risk factor for the chest pain is declared to following is not risk factor for the chest pain is declared to following is not risk factor for the chest pain is declared to the chest p	ned a	nd shows raised	serum ci	rteries due	to atheroxicion	
20	A 4	5 years old been significant or offile is deran	geo a	arrowing of his co	Stonari -		Les Hypertension	
38	exe	rtion. His lipid profile is detection. His lipid profile is detected to diologist. The chest pain is due to diologist. The chest pain is d	e ath	erosclerosis?	allitus		10 11 11 12 12	
	cati	is not risk to		Bl V Diabetes m	nemitus nearlity			
	1 61 1	ne ioakins	-+:	Diabetes in	SOLISILLA		1	
	01	Cigarette smoking	٦١٤	.,				
(-555	Lanituci	mS	Scanner			1	
60	1							
			•			Sca	nned with Cams	cannor

39	33 A6912 019 -1	
	history of chart male patient carried to the days	
	A 55 years old obese male patient came to Medical OPD with complaints of shortness of breath. He gave raised. Ct angiography showed narrowing of coronary arteries due to atherosclerotic plaque "Foam A) Endothelial cells.	
	cells" to a Blood was taken for lab investigations. His serum cholestern	
	Cells" in atheromatous plaque are derived from which one of the following? D) Macrophages B) Fibroblasts C) Intimal cells	
	Endothelial cells	
-	D) Macrophages B) Fibroblasts C) Intimal cells	1
40	A 50 years old	
	A 50 years old male hypertensive patient presents to emergency with shortness of breath. On examination, his pulse is thready and the chest revealed	- 1
	examination, his pulse is thready and blood pressure is 80/40 mm Hg. Auscultation of the chest revealed bi-basal coarse crenitations.	
	bi-basal coarse crepitations. This shows that patient is in left sided heart failure. This condition is said to reveal "heart failure sells"?	
	The state of the s	
	A) Fat laiden macrophages in B) Fibrocytes and fibroblasts C) Hemosiderin laiden	
	atherosclerotic lesion macrophages in average macrophage macrophage in average macrophage macroph	
_		
41	A histopathologist is reviewing slides of liver tissue. He reports the entity of "Nutmeg liver" in his report. The "Nutmeg liver" and the state of	1
	The "Nutmeg liver" refers to which one of the following?	- 1
	The "Nutmeg liver" refers to which one of the following? A) Congested portal vessels in liver B) Fibrosed liver tissue C) Necrosed liver tissue C) Ne	
	desired portal vessels in liver b) Prorosed liver tissue	1
	D) Necrosis of liver due to E) Necrosis of liver due to	
	D) Necrosis of liver due to E) Necrosis of liver due to	
42	anti trypsin deliciency alcohol abuse alco	
42	anti trypsin deficiency alcohol abuse A 15 year old boy presented with sore throat. 14 days later, he developed severe migratory polyarthritis and red skin lesions. The ESR is raised and diagnosis of rheumatic fever with rheumatic heart disease is made. In this condition, the focal distinctive inflammatory lesion in heart is called?	
	and red skin lesions. The ESR is raised and diagnosis of meditate is called?	
	C) Glantes	
	A) Anitskow body B) Ascholi body	
	D) Ghon complex (E) Gumma level ped severe migratory portante.	
43	A) Anitskow body B) Ascholl body D) Ghon complex E) Gumma A 15 year old boy presented with sore throat. 14 days later, he developed severe migratory polyarthritis, red skin lesions. The ESR is raised and diagnosis of rheumatic fever with rheumatic heart disease is made. Which of the valves is most commonly effected in this disease?	
		1
	Tymen of the vertex	
	A) Aortic valve B) Mitra valve	1
	D) Pulmonary valve (E) Tricuspid valve lesions on fingers. On precordial is made. The	1
44	A) Aortic valve B) Mitral valve C) Value C) Pulmonary valve E) Tricuspid valve A 30 years old male develops high grade fever and tender lesions on fingers. On precordial auscultation, there are audible heart murmurs. The ESR is raised. The diagnosis of infective endocarditis is made. The patient is a known intravenous drug abuser. The infective endocarditis in this patient will most patient is a known intravenous drug abuser. The infective endocarditis in this patient will most patient which valve? C) Pulmonary valve	1
	there are audible heart murmurs. The ESR is raised. The infective endocarditis in this patient	4
		_
	Commonly Circle Adjacel valve	
	A) Aortic valve B) Mitral valve D) Prosthetic heart valve E) Tricuspid valve A 25 years old male develops sudden onset of high grade fever and tender lesions on fingers. On the control of the contr	T.
	D) Prosthetic heart valve E) Tricuspid bare grade fever and tender lesions of missing of acut	e
	D) Prosthetic heart valve (E) Tricuspide to the provisional diagnosis of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of male A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of male acut A 25 years old male develops sudden onset of high grade fever and tender lesions of male acut A 25 years old male develops sudden onset of high grade fever and tender lesions of male acut A 25 years old male develops sudden onset of high grade fever and tender lesions of male acut A 25 years old male develops sudden onset of high grade fever and tender lesions of male acut A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of acut A 25 years old male develops sudden onset of high grade fever and tender lesions of high grade fever and tender	e
45	A 25 years old male develops sudden onset of mist is ESR is raised. Provisional diagnosis of the precordial auscultation, there are audible heart murmurs. His ESR is raised. Provisional diagnosis of the precordial auscultation, there are audible heart murmurs. His ESR is raised. Provisional diagnosis. So, the precordial auscultation, there are audible heart murmurs. His ESR is raised. Provisional diagnosis. So, the precordial auscultation, there are audible heart murmurs. His ESR is raised. Provisional diagnosis. So, the precordial auscultation, there are audible heart murmurs. His ESR is raised. Provisional diagnosis. So, the precordial auscultation, there are audible heart murmurs. His ESR is raised. Provisional diagnosis.	e \
	bacterial endocarditis is made. The patient says that the involvement of previously normal valves	
	Deal Arial Philocological	\neg
	causative organism in this case is?	\dashv
	A) H. influenza B) Mycobaterium avium complex	 +
	A) H. influenza B) Mycobaterium strategic lesion in pulmonary tuberculosis. It is formed by activate Caseous granuloma is the characteristic lesion in pulmonary tuberculosis. It is formed by activate Caseous granuloma is the characteristic lesion in pulmonary tuberculosis. It is formed by activate Caseous granuloma is the characteristic lesion in pulmonary tuberculosis. It is formed by activate Caseous granuloma is the characteristic lesion in pulmonary tuberculosis.	50 /
	D) Staph epidermids (c) Staph control of the following is the cytokinacrophages under the influence of certain cytokines. Which one of the following is the cytokinacrophages under the influence of certain cytokines. Which one of the following is the cytokinacrophages under the influence of certain cytokines.	ue
46	Caseous as under the influence of certain cytokines. White granuloma?	
	1 INTERPORTED TO	
	released by Parking B) interlekin-1 C) Interleased by Interleased B) interlekin-1	
	A) Interferons E) Interleukin-4	uch
	A) Interleukin-3 E) interleukin-4 D) / interleukin-3 E) interleukin-4 Tuberculosis can spread to any tissue of the body and cause signs and symptoms accordingly. One statement of the second of the body and cause signs and symptoms accordingly. One statement of the second of the body and cause signs and symptoms accordingly. One statement of the body and cause signs and symptoms accordingly.	u.c.i
47	Tuberculosis can spread to any tissue of the obly and the	
44011		
	A) in lung tissue marrow with tuberculosis J nodes by tuberculosis	
1	layelyement of gastrointestinal E) Necrosis of mesenteric lymph	
	tract by tuberculosis nodes due to tuberculosis	
- 1		
1		
ſ.,		
	ranned with CamScanner	

	sho esterol of aca, and sho	Ws features the trest pain	upon exertion, with increasing frequency or	• •
	Which of the fall mg/dl. By A	ingles consistent wil	upon exertion, with increasing frequency or h ischemic heart disease. He has a seru	rr)
	Which of the following vascular A) Pulmonary embolism from a left ventricular	melography, there is 75% n	upon exection, with increasing frequency of the ischemic heart disease. He has a secu- larrowing of Left Anterior descending arter to occur in this patient?	1
	monary embolism	complication is most likely i	O Occur in this nation!	
	nom a left ware	B) Systemic artery		
	inural throat	embolus from a left		
	D) Systemic	atrial mural thrombus	thrombosis in a peripheral vein	
_	O) Systemic artery embolus f	rom les		-
49	An 81 years old women thrombs	om left E) Pulmi	onary embolus	
	perfection old woman has a seed	secon	(a) Pr	
	pulms scan is performed and	en onset of dyspnea and pain	dary to DVT Itation with chest pain. A Pulmonary ventilation or a perfusion defect involving right segmental moortant factor favoring development of these	1
	Gad: nonary arterial branch of a	indicates a high probability to	itation with chest pain. A Pulmonary ventuation or a perfusion defect involving right segmental important factor favoring development of these	1 1
	midings?	following, which is the most in	mportant factor favoring development of these	1 1
	A) Altered blood flow with			+ 1
	219312	B) An increased white b	plood cells C) An increased platelet	
_	D) Cirrhosis of liver	count	count	1
50	A 42 years old iver	E) Generalized atherose		
	collarsed as	her left leg swelling that she no	clerosis oticed about 2 weeks back, while entering, she	
	performed. After recieving emergency	V treatment she recained her	oticed about 2 weeks back, while entering, she consciousness but was dysphoeic. Examination on the state of the most likely diagnosis?	
	performed was unremarkable except A) Air embolism	for a respiratory rate of 37/mi	n What is the most likely diagnosis?	
		B) Amniotic fluid emboli	sm (C) Arterial embolism	1
51	D) Fat embolism syndrome			
21	mornan in immediate costonative		shortness of breath and deep cyanosis, shock	
	to by convuisions, come and de	eath within 2 hours. The most s	probable cause is which of the following?	
	Amniotic fluid embalism	B) Bilateral cortical necro		1
	Land Cinediani		isis of Ci diaminating	1
	D) Neurogenic shock	kidneys		
52		E) Toxemia of pregnancy	to the spinal cord and resultant loss of	1
	autonomic and made road traffic a	accident resulting in trauma	to the spinal cord and reserve	1
	A) Anaphylactic		C) Hypovolemic	1
		B) Cardiogenic	C) Hypovolemic	
-	D) Neurogenic	E) Obstructive	the americancy. She is prone to	
53	A young 20 years old girl, with lar	rge full thickness burns was	brought to emergency. She is prone to	١
	develop which type of shock?		1 de	1
	A) Anaphylactic I	B) Cardiogenic	C) Hypovalemic	
	D) Neurogenic	() Obstructive	the called take in his arm. He is cold	
54	A previously fit 35 years old man pro	esents to accident and emer	gency with cellulitis in his arm. He is cold BP is 60/30 mmHg, respiratory rate is	
	peripherally and slightly confused.	His Heart rate is 125/min,	BP is 60/30 mmHg, respiratory rate is	
	25/min. The most likely cause of this	condition ist		!!
	A) Anaphylactic shock B) Cardiogenic shock	C) Hypovolemic shock	
		Septic shock	death matic attacks. Which one	1
55	a de antient of An years is suffe	ring from seasonal allergic r	hinitis and asthmatic attacks. Which one sease?	1 1
"	of the following is not a chronic obst	ructive pulmonary airway di		
	a salial Asthma	Bronchiectasis		
	A) Emphysema (E)	✓diopathic pulmonary fit	prosis	
				1
56	A famous singer the loss of upper par	t of singing range and occas	ional pain what will be the cause of	1
,	above condition?			\neg
. !	t a serie carcinoma DI	Carcinoma larynx	C) Papilloma	٦
1			Charab lasharmy an	d
_	D) Tonsmitus	e GP with complaints of c	ough, shortness of breath, lethargy an	1 2
57	A 60 years male painting his breath. The pai	tient gave history of prolon	ged exposure to second hand smoke. C Chest radiograph revealed transluce	1
				nt
- 1	are lung fields with an enlarged hear	t. What could be the cause	Of BUOYC IIICITEO	_
	A) Asthma (B)	Bronchiectasis C)	Bronchogenic carcinoma	
	Chronic Bronchitis E)	Emphysema		1
			laints of frequent coughing with phie	gm
			ole diagnosis of chronic obstructive l	
	isease (COPD) is made. Based on your			
	S Type 2 respiratory failure + B)			
$\int_{L_{I}}$			C) Kyphoscoliosis	
101	mean pomionary arterial pressur	e of 20 mmHg E)	Skeletal muscle dysfunction	

59	A 40 years old Female underwer	t cholecyst	ectomy On first post-operat	ive day, the consultant observed	7					
	A 40 years old Female underwent cholecystectomy. On first post-operative day, the consultant observed that the patient is febrile, tachypnoeic and with a heart rate of 105/min. On auscultation, there are absent breath sounds in right lower chart. What is part of the street and the street are									
	A) At electric									
	A) Atelectasis	B) Bro	nchiectasis	C) Emphysema						
	D) Pulmonary embolism		monary hypertension	C/ Zimpinyzamia						
_			DRENSIC MEDICINE		1					
60	On Postmortem examination, co	ntusion of r	neck muscles along with fract	ture of hyoid bone is seen. The	1					
	most probable cause of death is	?								
	A) Burking 🔀	B) Lyr	iching 🗙	C) Mugging	1					
-	D) Smothering	E) The	rottling							
61	In fresh water drowning, deat	occurs wi	thin 4-5 mins of submersio	n due to ventricular fibrillation,	١					
	which of following is responsible				1					
		moconcentr		on, overloading of heart and	1					
		od causes b ssure effect		resulting in release of potassium						
	D) Laryngospasm causing va			va ta faash water	1					
62	Hajj stampede of 2015 caused i	nore than 2	500 deaths of haii pilgrims	ue to fresh water. In most cases the cause of death	+					
	was due to asphyxia. The mecha	nism of dea	oth in traumatic asphysia is?	in most cases the cause of death	1					
	A) Carotid artery blockage	B) Ca		nmobilization of the chest						
	D) Jugular vein blockage		gal inhibition		1					
63	Body of a young man brought to	autopsy ro	om with history of asphyxial	death. The doctor notice that	1					
	the knot is situated at the occip	tal region v	hat kind of hanging is this?		l					
	A) Ambiguous		ypical	C) Incomplete	ı					
-	D) Partial	E) Ty	pical							
64	The dead body of a 20 years o	ld female v	as found in the fields with	no external injury except a small	1					
	and the lives was largested. The	ondrium. O	n internal examination the p	peritoneal cavity was full of blood	1					
	and the liver was lacerated. The			[c) c - C	-					
	A) Accidental death \checkmark D) Comato-asphyxia \checkmark		phyxia ncope 🗙	C) Coma C	1					
65	, , , , , , , , , , , , , , , , , , ,			vas having a ligature mark on the	4					
05	neck which was horizontal, be	low the the	roid cartilage and with ma	rked cyanosis of the face. These	١					
	findings goes in favor of:	iow the th	rola cartilage and with ma	rked cyanosis of the face. These	١					
	A) Bansdola	B) Ha	inging	C) Ligature strangulation	-					
	D) Mugging		rottling	Ci) Ligature strangulation	١					
66	The body of a 26 years old fem	ale was red	overed from flowing water	as an alleged case of suicide. The	\dashv					
	clothes and body were mud sta	ined. The n	nost pertinent finding the do	octor will be looking for in favor of						
	ante-mortem drowning is?			and the same of th						
	A) Absent post-mortem livid	ity 🗶	B) Cutis anserina C)	Fine abundant froth at nosel						
	D) Mud stained clothes	E) W	asher women hands & feet	K						
67	Middle aged man died while cle	aning a sev	er near his home upon auto	ppsy general signs of asphyxia are	٦					
	present. Offensive rotten eggs s	mell was n	oted upon opening of the bo	dy. Post mortem lividity is bluish	1					
	green in color. death in this typ				1					
	 A) Carbon dioxide poisoning 		rbon monoxide poisoning	C) Chlorine gas poisoning	1					
	(D) Hydrocyanic acid poisoni	ng	E) Hydrogen sulphide	e poisoning	┨					
68	which of the following Poisonor	is gas when	used during an air attack pr	roduce a yellowish cloud and	1					
	cause severe chemical burns if		ntact with skin?							
3	A) Chlorine gas		/drocyanic acid	C) Mustard gas						
\subseteq	D) Phosgene		Ifuric oxide gas 1125		_					
69	A drug addict chewed on tobac									
	A) 10-12g		5-30 g	C) 40-60 g						
<u>V</u>	D) 70-80 g		5-100 g		_					
70	Active principle of Oleander pla	nt is:								
	A) Atropine		nnabinol	C) Digitonin						
	D) Nerin		emicarpol							
71	which of the following poisons	given belov	disrupts normal ion balance	e of the heart muscle cells, which						
	can cause fatal arrhythmias. It s	timulates t	nen depress _{es} myocardium	, smooth and skeletal muscles.						
	Also known as devil's helmet:									
	A) Aconite		ethamphetamine	C) Odorum						
	D) Oleander	E) To	obacco							

72	Whil	e on duty at A & E, a young m	ale of	30-35 Years presented with low	BP, fo	eeble pulses of irregular the	
- 1	patie	ent was conscious having Nau	sea ar	nd vomiting. He was with his frie	nds i	n a bazaar while eating and	
	drink	sing street food about 3 h	ours a	igo. The patient couldn't surv	vive a	and died. On toxicological	
	exan	nination aconite was detected	. The i	fatal period of aconite is.			
Ī	A)	Within 1 hour	B)	1 to 2 hours	C)	1 to 3 hours	
İ	D)	2 to 4 hours	E)	2 to 6 hours.			
				COMMUNITY MEDICINE			
73	In ou	r community, coronary heart di	sease	(CHD) and Diabetes are emerging	nublic	health problems which need	
	early	diagnosis and prompt treatmer	it. Whi	ch one of the following is the mos	t econ	omical method for secondary	
	previ	ention of these diseases?					1
İ	A)	Adopting healthy life style	B)	Early diagnosis for high risk	C)	Early diagnosis of whole	
	3.30		-,	group	•	population 🔏	1
	D)	Establishing rehabilitation	E)	Establishing highly specialized			
	"	centers	-,	treatment centers			
74	A 16	i-vear-old girl came to the cli	nic wi	th a sore throat, fever, and hea	dache	the symptoms resembled	1
17	flu-li	ke syndrome. Which of the	follo	wing primary sample/specimen	is co	ollected for the laboratory	
	diago	nosis of influenza virus?	,,,,,,	and branch sample/specimen	13 00	Silection 100	
†	A)	Blood	(B)	Nasopharyngeal washing	C)	Saliva	1
t	D)	Sputum	E)	Urine '	<u></u>	Janva	1
75	<u> </u>			us potentially life-threatening of		on shildhood disease that	1
"				act. Which of the following is th			
- 1	disea		tory ti	act. Which of the following is tr	ie iirs	at step in the control of this	1
}	A)	Disinfection of	01	Disinfection of Document	[C)	Immunization of contacts	1
	^)	instruments	B)	Disinfection of Personal	(c)	Immunization of contacts	
-	01	Notification to health		belongings	-		1
	D)		E)	Quarantine of contacts			
75	D 1	authorities	.,	fali	*b	an branchi and	1
				of the respiratory tract involving	tracii	iea, brotietti atto	
-		chioles. Which one is the mos			1.61	Chronic	-
_	A)	Acute	B)	Catarrhal	C)	Chronic	-
_	D)	Convalescent	E)	Paroxysmal	llu ba	s had progressively werearing	-
77	A 43	yearold man working in an insu	diation	factory, crushing rocks mechanica grade fever. He was non-smoker	ny, na havina	s chronic cough with minimal	
	dyspr	nea over the past 10 years and	loss I	He had stopped work 12 years ago	due t	n his symptoms and extensive	1
	inter	etitial disease was visible on o	hest r	adiograph which had been repor	ted a	s 'bilateral scattered nodular	
	onac	ities' Snutum was negative for	acid-fa	st bacilli on several occasions. Whi	ch of	the following will be diagnosis	
	•	s case?					
ŀ	A)	Asbestosis '	B)	Anthracosis C) Hypers	ensiti	vity pneumonitis	7
1	DI	Sarcoidosis	E)	Silicosis			1
78	A 5	wars old child presented w	ith a	chronic productive cough and	had r	mild fever for the last two	1
′°		the He belonged to a poor fa	mily a	ind his father was suffering from	1 TB. 1	The child vaccination history	
		alad his "ZERO" status again	st all	vaccine preventable diseases. V	Vhich	of following vaccine usage	1
	reve	d have prevented him from the	nis con	dition routine?			
}		BCG	B)	DPT	C)	HBV	1
}	A)		E)	Pentavalent			1
	D)	MMR	ish a	2 months history of productive	cough	n, a 15 kg weight loss, night	
79							
		r samebactorium lubi	21 CUIU:	sis become the was put on without	DOTS	strategy for TB treatment.	
	posi	tive for Mycobacterium resch ch of the following is the corr	ect ab	breviation of DOTS?		,	
	_	Distantly Observed	B)	Directly Observed Treatment	C)	Distinctly Observed	1
	A)	Treatment System	,	Short Course	"	Treatment System	
		Directorate Of TB	E)	Delpero Oliver Treatment	1-		1
	D)		'	Short Course			
		Stoppage	ciated	with the risk of developing c	ardio	vascular and other chronic	
80	Mod	Milliable risk ractors are used	s not a	a modifiable factor for developin	a care	diovascular dispases?	
	_		B)			ysical activity	
	A)	Alcohol Raised Blood Pressure	E)	Smoking (C) Lack	or buy	yaical activity	
	D)	Kaisen Blood Fressure	[-'				
	1		1		1		
	1		1		1		
	1						

			VERTICALITYTEGRATION				
81	A 50 years old patient has presen	A 50 years old patient has presented to outpatient department complaining of change in voice for the					
	last 6 months persistent and p	rogre	ssive Flexible Endoscopy s	hows	s a f	fungating, ulcerative lesion	
	involving anterior one third of the	left v	ocal cord. Most likely diagno	osis ir	n this	case is	
	A) Vocal cord polyp B) Vo	cal co	ord nodule 🛕 C) Squam	nous	cell c	arcinoma vocal cord	1
	D) Arytenoid granuloma	E)	Cord papilloma				1
	A 25 years old lady has presented	to O	PD for follow up visit after to	otal ti	hvroi	dectomy with complaints of	
82	cough while drinking water and cl	2222	in voice. On examination inc	direc	t larv	ngoscopy right vocal cord is	
	cough while drinking water and cl	range	in this case is	u c c	,	ingester, ing	1
	some medialized. Most likely diag		Vocal cord nodule		C)	Vocal cord palsy	7
	 A) Laryngeal trauma 	B)	a 1 -lettic stangele			Ł.	
	D) Vocal cord edema A 16 year old boy in respiratory	E)	Sub glottis stenosis	y roo	m by	his parents with history of	F.
83	A 16 year old boy in respiratory fire arm injury in the neck. Or	distre	ss has brought to emergency	orrea	sing	gradually his saturation is	5
	I fire arm injury in the neck. Of	n exa	mination the swelling is	ici cu	,		
	decreasing the most lifesaving int	erven	tion in this case is	_	C)	Observation	
	A) Endotracheal intubation	B)	Tracheostomy		/	Objection	7
	D) IV steroids	E)	Oxygenation inhalation			esal popus:	\top
84	Which of the following muscle is	uppli	ed by external branch of supe	erior	laryr	Scienthusoid	1
	A) Posterior Cricoarytenoid	B)	Lateral Cricoarytenoid		C)	Cricothyroid	┥
	D) Thursanutanoid	E)	Vocalis			. But along all describe	+-
85	A 15 years old male nationt prose	nts to	emergency with complaints	of so	reth	roat, Pain throat during	1
	swallowing, high grade fever. The	patie	nt has difficulty breathing as	well.	. Xray	Neck lateral view shows	
	thumb sign. What's the probable	diagn	osis;				-
	A) PeritonsillarAbcess	B)	Retropharyngeal Abcess		C)	Laryngeal Malignancy	-
	D) Eniglottitis	F١	Laryngotracheobronchitis				↓_
86	A male nationt presents to OPD w	ith co	implaints of change in voice for	or th	e last	2 years. There is history of	1
80	voice abuse. Patient is also a chro	nic sn	noker. Indirect laryngoscopy s	show	s a v	ocal polyp. What is the best	
	treatment option for this patient?)					
		B)	Speech therapy		C)	Steroids	
	Di Malaa Dash	E)	Reassurance				
	D) Voice Rest While evaluating your college follows	owing	the method of SWOT analysi	ls, wh	hich c	of the following SWOT	
87	elements are INTERNAL factors fo	r vou	college?			% -	
	elements are in Territor and Threats	B)	Strengths and Opportunitie	s	C)	Strengths and	1
	A) Opportunities and Threats	٠,	5.1. 2.1. B			Weaknesses	
	Throats	E)	All of the above		1		1
	D) Weaknesses and Threats While evaluating your college follo	-/	the method of SWOT analysi	is. wh	hich c	of the following SWOT	
88	While evaluating your college following	JWILIE	college?	,			
	elements are EXTERNAL factors for	D)	Strengths and Opportunitie	s	C)	Strengths and	-
	A) Opportunities and Threats	B)	Strellettis and obbortaintie		٠,	Weaknesses	
			All of the above	_		vv caniesses	-
	D) Weaknesses and Threats	E)	All Of the above	DS 115	ing a	SWOT Analysis2	1
89	D) Weaknesses and Threats Why is it important for organization	ons to	evaluate managerial decision	C)	b grin	analyzes strangth	1
-	 A) It analyzes strengths, 	B)	It analyzes strong points,	10	11.0	maryzes strengths,	1
	weaknesses, obligations,		weak points,			aknesses, opportunities, d threats.	1
			opportunities, and threats.				
	and threats. D) It analyzes strengths, weakr	esses	opportunities, and time.	E)	All C	of the above	
-	D) It analyzes strengths, weakr A student is required to measur	e the	association of sedentary if	resty	ie w	ith cardiovascular diseases	
90	A student is required to measur prospectively. Which of the follow	ing st					1
1		B)	000		C)	Cohort study	1
		E)	Randomized controlled trial	l l			
		-and	in a research study to find the	he co	orrela	ation between smoking and	
91	3rd year MBBS students were englung cancer. While setting object	ives f	or this study, which of follow	wing	char	acteristic of the objectives	1
		.,					1
	should be avoided?	B)	Measurable		C)	Relevant	\dashv
	A) Achievable	_	Without any time limit	-	C)	Relevant	4
	D) Specific	E)	AAtmen Annie IIIIII	- 1			1
				- 1			1
				- 1			1
	,						
ı	- - - - - - - - -						-1

92	A 60-year-old man presented to n					
	1 day. He could not sleep the w	hole	night because of dyspnea. Clinic	al ex	amination showed pulse of	
	110/min with atrial fibrillation, B	P of	90/60 and SaO2 of 90%. His JV	o was	s raised. Chest examination	
	showed bilateral pleural effusion.	ECG	showed T wave inversion in che	st lea	ad V5 and V6. Echo showed	
	ejection fraction of 35% with region	onal v	vall motion abnormality. What is	the d	lagnosis?	ļ
	A) Anaemia causing	B)	Congestive cardiac failure	C)	Exposure to irritant gases	
	shortness of breathing					ł
	D) Fluid overload secondary to	rena	l failure E) Pulmonar			
93	A 60 years old gentleman who is	a kr	own hypertensive for the last 1	5 yea	rs with poor compliance to	
-	antihungstansive medications or	ecent	ed to OPD with progressive sho	rtnes:	s of breatning over the last	
	anuals of months His blood are	centre	ic 140/85 mmHa nuise 90/Min	regu	liar, bibasai ciepitations on	1
	chast auscultation. His ECG show	red le	oft bundle branch block (present	on o	ild ECGS/ and Echo showing	
	Ejection fraction of 40%. Which o	ne of	the following is prognostically be	ter f	Of filling.	-
	A) Aplha blocker	B)	Beta blocker	C)	Furosemide	-
	D) This ide discosts	ΕV	Panadol			-
94	A DE was a statemate had audden co	diac	arrest while doing strenuous exercis	e in g	ym. His brother claims that he	
94	had frequent attacks of dizzy spells	and e	pisodic chest pains during exertion.	His ot	her brother had sudden death	
	while playing football. What could be	the	possible cause of his cardiac arrest?			-
	A) Acute myocardial	B)	Congestive cardiac failure	C)	Dilated cardiomyopathy	1
	infarction					-
	D) Hypertrophic obstructive ca	rdio	nyopathy E) Restrictive	card	liomyopathy	-
95	A 30 years old woman with previ	ous l	distory of multiple joint pains and	face	rash came to medical OPD	
55	with symptom of severe retrosti	ernal	chest pain which increases with	resp	iration and decreases with	
	leaning forward for last two days	On 6	examination she is anxious. Temp	eratu	re is toth. Haring joints are	
	mildly tender. Face examination s	hows	erythematous rash over cheeks a	nd n	asal bridge.	
	ECG shows ST elevation in all lead	s. Wi	nat is the correct diagnosis?			Ţ
	the Linds and the		B) Acute costochondrit	is (C) Acute pericarditis]
	I am all and low die	arda	F) Pulmonary En	bolis	sm	
			and with one month history of prog	essiv	e exertional dyspnea and mild	
96			He had received treatment for but	mona	Il A (UDELCOIONIN O LCOI DECIONI	
			, was protent un to the knees. Just	naı v	Ellions baise was a cill above	
			ation the ND Was (2017) Hilling. H	13 3 2 3	tolic bi diopped to 103 with	
		t nre	cordium examination revealed an	una	sual loud sound. Abdominal	
	examination showed hepatomegaly	and m	oderate ascites. What is the diagnos	15 (ł
	A) Constrictive pericarditis	B)	Chronic Obstructive		Primary pulmonary artery	
	,,,		Pulmonary Disease		hypertension	_
	D) Pulmonary tuberculosis	E)	Rheumatic heart disease	L	to the first days	-4
97		with	ten days history of high-grade fever	and c	central chest pain for five days.	Ξ
97						
	with correct t wave inversions with 0	ccasio	nai PVCs. Chest x ray showed card.	omeg	aly. EchocardioBraphily should	
	global hypokinesia with EF 25%. Wha	t is th	e most probable diagnosis:	C)	COVID-19 infection	İ
i	A) Acute myocarditis	B)	Atypical pneumonia	(J	COVID 25 IIII CO	ĺ
		E)	Infective Endoarditis		heart disease with Ejection	
98	D) Dilated cardiomyopathy A 65 years old woman is diagnosed	d wit	h heart failure secondary to isch	emic	to improve mortality in	
ا مو	A 65 years old woman is diagnosed fraction of 45%. Which one of the	follo	owing treatments have not been	1 sho	White improve mortality in	1
- 1	patients with chronic heart failure	?		_	a least	1
	A) Aspirin	B)	Beta-blockers	(c)	Enalapril	1
	1.1-	E)	Spironolactone		Donath and stable	_
99	a so ald man with Doct hick	ory o	of Hungatanai	he E	mergency Department with	
"						
	pressure of 189/109mmHg and or	yger	saturations of new on room air.	A ch	est x-ray shows mediastinal	1
	widening. What is most probable	diagn	osis?]
	A) Acute Pericarditis	B)		C)	Aortic Dissection]
	D) Pneumothorax	E)	Pulmonary Edema	-		
	0/	-,	Pulmonary Embolism			
						1

100 A 45 years old lady was recently diagnosed as having hypertension. She was started on antihypertension.								
	medications by her primary physicians 4 weeks ago. She is now complaining of dry cough. What could be							
	the causative drug?		- Wal	C) Doxazosin				
	A) Amlodipine	B)	Carvedilol	C) Doxazosin				
	D) Indapamide A 51 years old male presented v	E)	Ramipril	h nausea and vomiting. You are	_			
101	A 51 years old male presented v suspecting Acute coronary syndi	vith s	as there are T wave Inversion	ns in chest leads. Which of the				
	suspecting Acute coronary syndi	ome bo is	having NSTEMI?					
	following finding will confirm that	B)	Pain at rest	C) Raised Blood pressure				
	A) Nausea and vomiting				_			
	Raised Troponin levels A 25 years old intravenous drug al	LISER		om the hospital. He visits you in				
102	A 25 years old intravenous drug all the OPD. He has clubbing and mu	mur	on heart auscultation. Which of t	he following cardiovascular				
	disease can lead to nail clubbing?							
	A) Cardiomyopathy	B)	Infective Endocarditis	C) Mitral Regurgitation				
		E)	Rheumatic fever	atile dustunction and asks for				
103	Patent ductus arteriosus A 50 years old gentleman has chro	nic s	table angina. He complains of ere	nations who are using				
	Viagra. Which of the following ant	ıangı	ual Wedications cannot be asen	patients who are using				
	Phosphodiesterase inhibitors for e	recti	Calcium Channel blockers	C) Ivabradine				
	A) B- Blockers	B)	Potassium channel activators	C) IODING				
	D) Nitrates A 61 years old male presented wit	E)	and of chest pain with brisk walk.	There is no pain at rest or while				
104	A 61 years old male presented wit walking slowly. He never had any	n nis	de of pain while sitting or lying. V	Vhat is your most probable				
		episo	de of pain wine strong strong					
	diagnosis? A) NSTEMI	B)	Prinzmetal Angina	C) STEMI				
		E)	Hestable angina		\dashv			
105		14	vise fit and healthy is worried abo	out getting tuberculosis as there				
105	to the second time cacos of TR in	his vi	lage though he never had close c	Dillact With Mann Haber	ı			
	tuberculosis which of the following	g is "I	VOT" a risk factor for getting tins	intection	1			
	A) Diabetes 🗸	B)	HIV V	C) Hypertension V				
	D) Immunosuppression 🗸	E)	Malignancy /	stress of breathing and cough				
106	A 65 years old woman gets admitt which is productive of green sputu	ed fro	equently to the nospital with sho	years. She has repeatedly been				
	which is productive of green sputt tested for reactivation of TB but h	ım. 51	to are pogative. On examination	she has clubbing and				
	crepitations bilaterally on the ches	er tes	nat is her diagnosis?					
		B)	Bronchogenic carcinoma	C) COPD				
	Changle	E)	Pneumococcal pneumonia		_			
107	the state of the s	with	high grade fever for the last 7 days	with pain and swelling in the left				
10,	a	occit	al. After 4 days she developed bain :	and swelling in the left knee joint - i				
	while the left ankle joint pain resolve had dramatic response to aspirin. Wh	a. EC	the most likely diagnosis among the	following?				
	- Di	B)	Arthritis due to SLE	C) Rheumatoid Arthritis				
		EI	Septic Arthritis					
100		with	cyanosis and breathing difficulty	since morning. The patient is				
108	A 2 years old male child presented febrile to touch. There is central a	nd pe	ripheral cyanosis. The child had s	similar episode previously. On				
	febrile to touch. There is central a examination the child is dusky blu	e, tac	hypneic and there is grade IV clu	bbing. Auscultation of				
	examination the child is dusky blu precordium reveals ejection systo	iic iiii	Million Str P	The state of the s	=			
	A) Epstein Anomaly	ы	Tetralogy of Fallot C) Tran Tricuspid atresia	sposition of Great Arteries	Ē			
		E)	h mild breathing difficulty. He ha	d similar anisada in the nast. On	_			
109	A 4 years old male child presente	a wii	nulses are 6004 volume and t	d similar episode in the past. On here is no cyanosis. Precordium				
	examination the child is vitally s	syste	dic murmur over the lower left s	sternal border. What is the most				
	examination shows grade to part	Syste	and married and the lower left s	sternal border. What is the most				
	likely diagnosis?	B)	Aortic Stenosis C) Patent du	uctus arteriosus				
	Atrial septal defect Pulmonary stenosis	E)	Ventricular septal defect	ictus arteriosus				
	D) Pulmonary stenosis			ry. She has significant breathing	_			
110	autrantic and was therefore adm	nittec	to special care baby unit & di	agnosed as Posnisatory distance				
	syndrome (RDS). Which factor red	uces	the risk of Ros from the following	statements:				
	A) Antenatal corticosteroids	B)	Aspnyxia	C) Hypothermia				
	D) Maternal Diabetes	E)	Multiple births					

					[A]	
111	A two months infant presented wit	h nnei	Imania Hali was of masaniu	m ilaı	is in peopletal age. One of the	
	sibling had recurrent pneumonias	and no	w bronchiseteri CT short shows	m nei Dre-hi	ronchiectasis. The nediatrician	
	wants to confirm the diagnosis of cy	stic fib	rosis. What took amongst the ones li	isted l	below will be helpful.	
	A) C- reactive protein	B)	Bronchoalveolar lavage / sputum	cultur	e C) HRCT	1
	D) Pulmonary function test	E)	sweat chloride test			1
11		_		her r	nother brought her to the	
	emergency department because	of in	creased respiratory distress. W	nich o	of the following have been	
	shown to be effective in the treat	ment	of moderate to severe viral crou	o in c	hildren?	
	Nebulized adrenaline 1:1000		Nebulized budesonide C) Neb	ulized	d dexamethasone	1
	D) Nebulized Heliox	E)	Oral dexamethasone]
11		gency		his r	espiratory rate was 65 /min,	T
	and his lips were cyanosed with s	Schoos	tal recession. He was diagnosed i	as pne	eumonia. What could be the	1
	most common and frequent path	ngan	of proumonia in children 5 years	and o	older.	
	A) adenovirus	B)	Streptococcus pneumonia.	C)	group A streptococci	
	D) H. influenza (type b, non-type		E) Mycoplasma pneumo	onia		1
11					e is febrile and has bilateral	
	crepitation on auscultation. The n	ost co	mmon sign of respiratory distres	s on i	nspection of chest of an	
	infant with pneumonia is		,,,,,		•	
	A) cough	B)	fever	C)	grunting]
_	D) subcostal retractions	E)	tachypnea			
115	The Bundle of His usually receive	s its bl	ood supply from			
-	A) Interventricular branch	B)	Left Coronary Trunk directly	C)	Left Marginal Artery	1
	of Left Coronary Artery	- '	zeri coronary frank an eatry	٠,	Ecit Morginary in terry	
	D) Right Coronary Artery	E)	Right Marginal Artery			1
116		<u> </u>		:66:	In in broadling On bistons	├─
110	A 5 years old child comes to eme it was revealed that he has swallo	_				1
	probably seen in which lobe of lu		oreign body. On radiological scar	tile	ioreign object will be most	
	A) Left lower lobe	B)	Left upper lobe	C)	Right lower lobe	1
	D) Right middle lobe	E)	'Right upper lobe	-	Right lower lobe	
117				ducte	d by one of the demonstrator	
11/	His B.P fell and rose during the proce					
	A) Angiotensin II	B)	Bradykinin	C)	Endothelin	1
	D) Epinephrine	E)	Nor epinephrine	-,		1
118				high	er at the apex of the lung	_
110	than at the base?	. роз	ion man one of the following is		ar ar the apart of the fails	
	A) Blood flow	B)	Lung compliance	C)	PaCo2	1
	D) Ventilation	E)	V/Q ratio		1 4 6 5 2	1
440				icatio	on during eversise. His	\vdash
119	A 42-year-old man presents with a					
	family history is significant for the					
	mother's side. Physical examination	n rev	eals xanthelasmas and bilateral	tenac	on xantnomas. A piasma	
	lipid profile reveals a cholesterol le	evel of	340mg/dL, with a high LDL/HD	L ratio	o. He is given instructions	
	for dietary modification and a pres			indin	gs noted in this patient are	
- 1	most likely caused by deficient pro	ductio				-
Ī	A) Apo B-48 receptors B) A	ро В-	100 receptors C) C	holes	sterol ester transfer protein	_
1	D) Lecithin cholesterol	E)	Lipoprotein lipase			
- 1	acyltransferase			1		_
I	A patient of 55 years old having a h					

rich in cholesterol as well as the food rich in which one of the following?

B)

Fatty acids

Vitamins

A)\

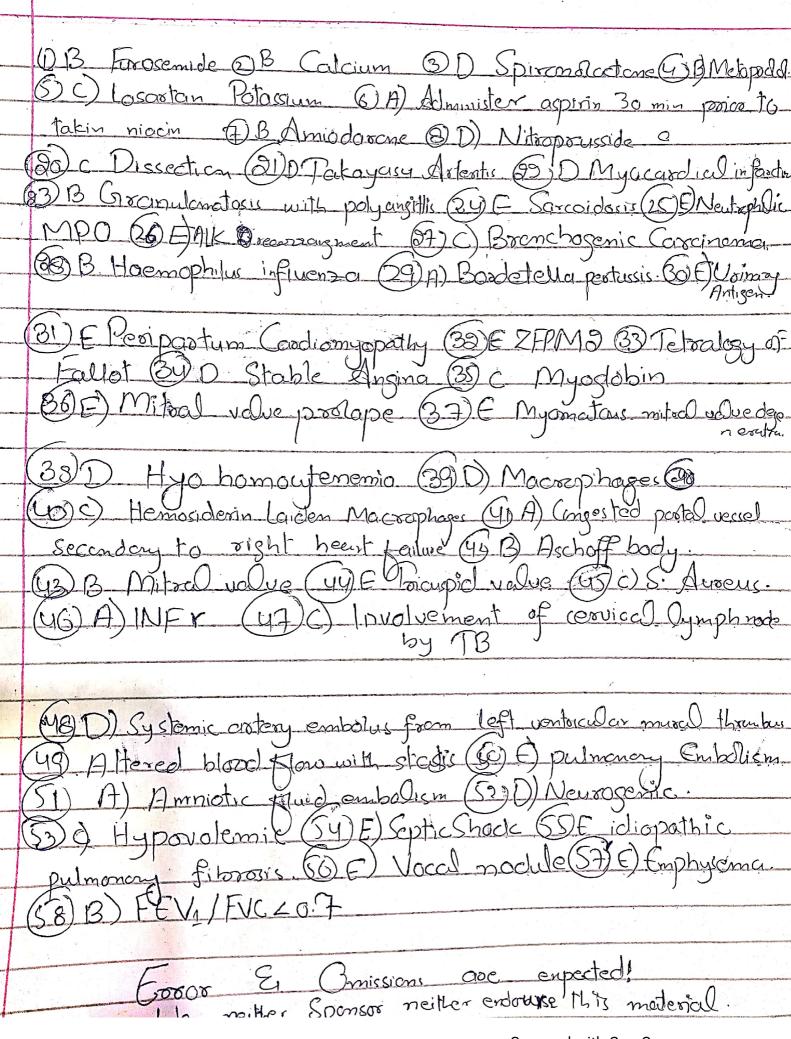
D)

Amino acids

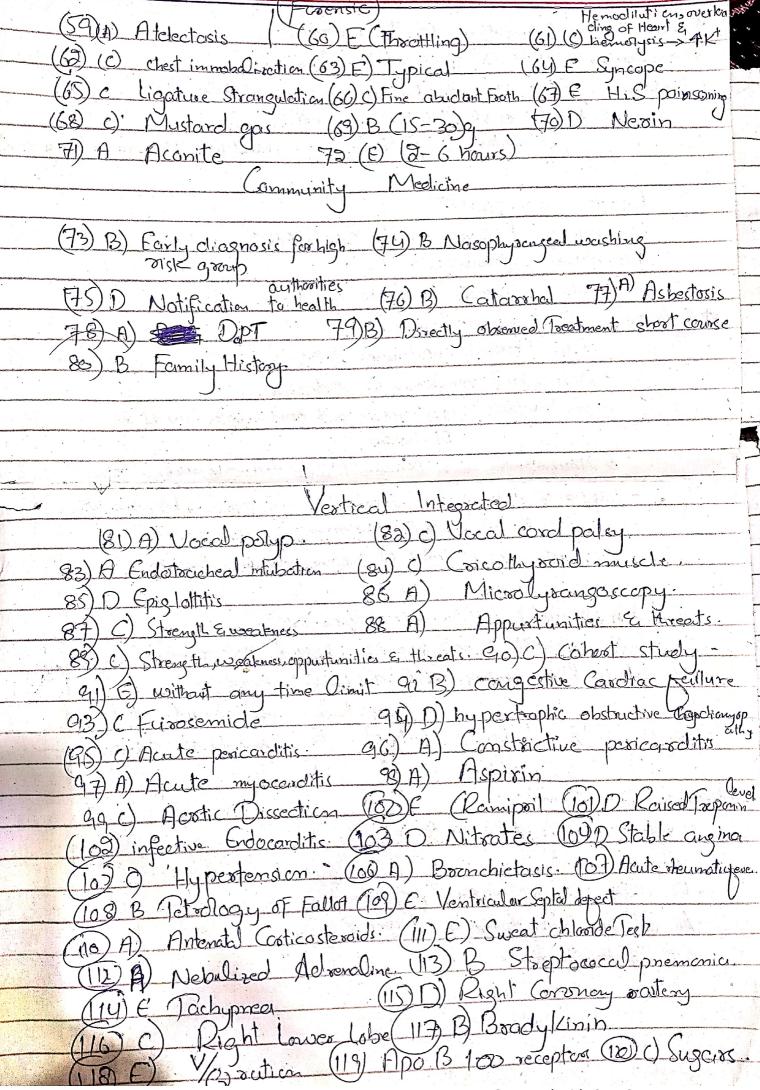
Minerals

C)

Sugars



Scanned with CamScanner



Scanned with CamScanner