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| Record   Part    | 16        | months he has been taking of choice to treat dispendies  |
| 17 A 55 year old man has been suffering from stable angina articles and the most common adverse effect of Amlodigine?  A Diarrhea  B Edema feet  A Diarrhea  Cough  PATHOLOGY  A 55-years-old man was brought to medical OPD with complaints of high-grade fever, non-proposition of the following and had been attending sauna bath very frequently. On the history, a provisional diagnosis of Legionnaires' disease was made. Based on your knowledge, which following is the most commonly used laboratory test for its rapid diagnosis?  Following is the most commonly used laboratory test for its rapid diagnosis?  A Culture  D Serology  A 55-years-old obese male patient came to Medical OPD with complaints of shortness of bree history of chest pain on exertion. His serum cholesterol was raised. CT angiography showed which one of the following?  A Endothelial cells  B Fibroblasts  C Intimal cells  Macrophages  O Macrophage |           | which of the following is the drug B Digoxin and B Digoxin |
| 17 A 55 year old man has been suffering from stable angina apprin (75 mg) and recovered the most common adverse effect of Amlodigine?  A Diarrhea  B Edema feet  A Diarrhea  Cough. Pathology  A 55-years-old man was brought to medical OPD with complaints of high-grade fever, non-proposition of the following and had been attending sauna bath very frequently. On the history, a provisional diagnosis of Legionnaires' disease was made. Based on your knowledge, which history, a provisional diagnosis of Legionnaires' disease was made. Based on your knowledge, which history, a provisional diagnosis of Legionnaires' disease was made. Based on your knowledge, which history, a provisional diagnosis of Legionnaires' disease was made. Based on your knowledge, which history of chest commonly used laboratory test for its rapid diagnosis?  A Culture  D Serology  A 55-years-old obese male patient came to Medical OPD with complaints of shortness of bree history of chest pain on exertion. His serum cholesterol was raised. CT angiography showed the coronary arteries due to atherosclerotic plaque. "Foam cells" in atheromatous plaque are which one of the following?  A Endothelial cells  B Fibroblasts  C Intimal cells  Macrophages  O Macrophages  | -         | A Carvedilol E Spironolactoria from the past 15  |
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|      | The primary lesion of tuberculosis usually occur in the apices. The parenchymal exuus.  The primary lesion of tuberculosis usually occur in the apices. The parenchymal exuus.  The primary lesion of tuberculosis occur in the apices. The parenchymal exuus.  B Tubercle  Tubercle  Tubercle  For of ula  For of |
| 26   | Gastrointesting  |
|      | generalized region E Antra gestation strassisted breath  |
|      | Rectal Region prematurely at 28 Went and on ventilator the rause of this sylven  |
| 1 27 | A female infant is and tachypnea. She is place the following is the  |
| 27   | D Erythema Nodosum  Gastrointestinal tuberculosis is character.  Gastrointestinal tuberculosis is character.  Gastrointestinal tuberculosis is character.  Gastrointestinal tuberculosis is character.  B First part of Duodenum  B First part of Duodenum  B First part of Duodenum  C Antral end of stomach  E Antral end of stomach  D Rectal Region  D Rectal Region  A female infant is born prematurely at 28 weeks' gestation. Shortly after birth she station.  A female infant is born prematurely at 28 weeks' gestation. Shortly after birth she station.  A female infant is born prematurely at 28 weeks' gestation. Shortly after birth she station. Shortly after birth she she should be shoul |
|      |  |
|      | A Bronchopulmonary and deficiency of surissing and deficie |
|      | Avacratizing enterocolitis   |
|      | A Bronchopulmonary dysplasia  D Necrotizing enterocolitis  A histopathologist is reviewing slides of liver tissue. He reports the entity of "Nutmer The "Nutmeg liver" refers to which one of the following?  A congested portal vessels in liver  B Fibrosed liver viral he tissue  |
| 28   | The "Nutmeg liver" refers to which the spring B  |
|      | tissue tilliar que to  |
|      | secondary to right heart faller secondary to right heart falle |
|      | The "Nutmeg liver" refers to the secondary to right heart failure  D Necrosis of liver due to antitrypsin deficiency E Necrosis of liver due to antitrypsin deficiency Description of the mitral value of the secondary to right heart failure  D Necrosis of liver due to antitrypsin deficiency Description of the mitral value of t |
| 29   | A 29 Vedis old it  |
|      | then zeric rocursitation   |
|      | the likely diagnosis in this case?  A Aortic regurgitation  B Aortic regurgitation  A Mitral valve prolapse  beadache a  |
|      | A Aortic steriosis   |
|      | A Aortic stenosis  D Mitral regurgitation  E Mitral valve prolapse  D Mitral regurgitation  A 15-years-old boy was brought to OPD with fever, sore throat, headache a  2 weeks. Penicillin was given in the past, but the boy did not respond.  2 weeks. Penicillin was given in the past, but the boy did not respond.  3 weeks. Penicillin was given in the past, but the boy did not respond.  3 weeks. Penicillin was given in the past, but the boy did not respond.  |
| 30   | A 15-years-old boy was brought to OPD with but the boy did not response 2 weeks. Penicillin was given in the past, but the boy did not response 2 weeks. Penicillin was given in the past, but the boy did not response with fried to a gar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with a serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with fried to agar supplemented with 20% horse serum revealed colonies with a serum reveal |
|      | 2 weeks. Penicillin was given in the past, agar supplemented with 20% horse serum revealed colonies with agar supplemented with 20% horse serum revealed colonies with organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining. What is the most likely reason for organism was visible on Gram staining.  |
| 1    | agar supplemented with 20% horse what is the most likely to  |
|      | organism was visible on Gram Stalling. The bacteria were too Small to  |
|      | A The bacterium was  B The bacteria Were to be seen with light microscopy  be seen with light microscopy  be seen with light microscopy  |
|      | be seen with   |
|      | fastidious.  |
|      | be seen with light microscopy fastidious.  D The organism does not possess a cell wall E Proper staining to be seen with light microscopy E Proper staining to be seen with light microscopy E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining to be seen with light microscopy  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism does not possess a cell wall E Proper staining  The organism doe |
| 1 20 | The organism does not possess a cell wall  A 50 years old male hypertensive patient presents to emerge |
| 31   | A 50 years his pulse was thready and shows that patient is in  |
|      | examination, his poisson cranitations. This shows simen of certain C   |
| 3    | revealed basal coarse crepite" in biopsy speciment and fibro   |
|      | examination, his pulse was thready and blood pressure making the said to reveal "heart failure cells" in biopsy specimen of certain considerable and the said to reveal "heart failure cells" in biopsy specimen of certain in necrosed heart in necro |
|      | said to reved hards in   |
| 1    | A Fat laden macrophages in in necrosed heart   |
|      | -Invotil legio.  |
| 4 -  | atherosclerotic lesion E Scar tissue in the  |
|      | D Hypertrophied heart cells  |
|      | D Hypertrop  |
|      |  |

|          |  |  |  |   |  | THE RESERVE TO SELECT  |  |  |  |  |                                    |
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|          | -  | O years and make presentations, and forigue a Call residence of subsections followed abbetter Distantly Character by Transferred Transferred Systems   |  | -   | THE OF THE PARTY   | WHEN THE   | treatment  | Tradimer   | ne   |  |                                    |
|          |  |  | 1 with 0 3 f   | MARINE PAR  | MERCHANNE  | Caled,   | w Observ   | 10 11.   |  | 1  |                                    |
| 74       | 4.5  | ote and forgue & Call re-  | white bear   | may her a   | a WHO L  | Detine   | THE STATE OF THE S |  | work   |  |                                    |
|          | for  | Mycobactorium Tuburcular   | cotton of DC   | 167   | ad Treatment   | System   |  | BOCIOGCONE   |  | 1 1  |                                    |
|          | 100  | Desarthy Chrorund  | 1 0 Dates  | CONTRA  | - Freshmi  | of Short Cou   | THE PART OF  | Report   | -  | 1  |                                    |
| 1        | ₹  | ots and forgue a Call re- Mycobacterium Tubercului oning is the correct attento Distantly Cheerund Troutment System Directorine Of Thi Stopp on you being a fluid doctor resulting of a dura and to p mesulosis. Which is the pi BCG scer  | 1  | Delpero   | DEVEL THE BLE  | mon a the co   | NAME OF THE OWNER, OWNE | TOT AF   | 8  | 1  | ١-                                 |
| 75       | W  | en you being a flotal doctor   | e se departm   | and of pur  | MALINE STATES OF   | THE PERSON !   |  | vium i   | - Out  |  |                                    |
| 1        | Tue  | mountly of a dure and to a   | tine telepart in   | portone d   | has to this som  | 16-  | -  | membled !  | He HOLY  | 1  |                                    |
|          | A  | BCG MM   | 10   | M   | omen is  | my chest   | wmptorms   | or the labo  | 0(**   |  |                                    |
| 76       | A  | en you being a field doctor<br>remainty of a store and to p<br>arculosts. Which is the pl<br>BCQ scar<br>Tuturroutes<br>a year-girl came to the o<br>syndrome. Which of t<br>mosts of influence virus?<br>Blood  | is pariants  | ore threat  | lever, and he  | mer smen is  | constan  |  |  |  | - 1                                |
|          | Mbo  | syndrome Which of t  | he followin  | 6 tim bu  | KARA PRINCES   |  | -  |  | -  | 1  |                                    |
|          | A  | Blood Strong or second   | 7.   | Sputu   |  | -100   |  | . ION SA   | ers marry  |  | 1                                  |
| 77       | D  | Masopharyngeal secre   | Home E   | ^   | intibodies liter   | went to sche   | oot and aft  | eaith medic  | al office  |  |                                    |
| 100      | oth  | Blood  Blood  Nasopharyngest secre hild developed fever, fit er school children deve te ulcer like testons on ly diagnosis?  Museum  | u like symp  | toms and<br>expenses  | ints On exam   | ination by th  | e school n   | at could be  | 43)W   |  |                                    |
|          | whi  | to ulcer like tenions on   | the buccel   | mucose o  | the altected   | children wer   | s seen   |  |  |  |                                    |
|          |  |  |  |   |  |  | 17.642.05  |  |  |  |                                    |
|          | 10   |  |  |   | CONTRACT LOCAL CO.   |  |  | e was engi   | uired abo  | 100  |                                    |
| 78       | Am   | Diphtheria other brought her six ory of Epilepsy in the  | weeks child  | d to an El  | Pl centre for t  | took this but  | meation of   | ad complica  | tion due   |  |                                    |
|          | whi  | ch one of the following  | z vaccine?   | reprile fil   | ts. The doctor   | took this mis  |  |  |  |  |                                    |
|          | A  | Diphtheria toxoi   | d  | В   | Hepatitis B  | vaccine C  | Ora  | Solic Astro  |  |  |                                    |
| 70       | D  | Pertussis vaccing  |  | E   | Tetanus to   | xoid   | em by his r  | arents with  | history o  | Efire  |                                    |
| 79       | arm  | injury in the neck.  | On exam  | ress has  | the swelling   | is gradually   | y increasir  | ig and his   | saturatio  |  |                                    |
|          | de   | myery in the meen  |  |   |  |  |  |  |  |  |                                    |
|          | Geci                                       | easing, what is the m  | nost lifesav   | ing inter   | vention in th  | is case!   |  |  |  | -  |                                    |
|          | A  | Endotracheal intub   | ation  | B B   | Intra venous   | steroids   |  | ervation   |  | A  |                                    |
|          | A  | Endotracheal intuba  | ation  | B E   | Intra venous   | steroids   | c Obs  | ervation   |  | A  |                                    |
| 80       | A<br>D<br>In w                             | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or no Never; patients, or   | ation<br>ons could<br>nedical tear<br>their leg  | B<br>E<br>a patient   | Intra venous Tracheostor t have an em  | steroids<br>ny<br>nergent medi   | C Obs  | ervation   | n legally m  | nade<br>disagre  |                                    |
| 80       | D<br>In w                                  | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more Never; patients, or guardians, always right to make   | ation ons could a nedical tea r their leg s have the   | B E a patient am?   | Tracheostor<br>t have an em<br>When the<br>initial dece<br>more m<br>than goo  | steroids ny nergent medi ne patient' nision may d nedical har  | cal treatm   | ervation<br>ent decision<br>Then the p   | n legally m  | nade<br>disagre  |                                    |
| 80       | A<br>D<br>In w<br>then                     | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or no Never; patients, or guardians, always right to make treatment decision when the patients  | ation ons could an edical tear their legs have their owns ent is   | B E a patient am?   | Tracheostor<br>t have an em<br>When the<br>initial dece<br>more m<br>than goo  | steroids ny nergent medi ne patient' ission may d nedical hard d lways on  | C Obs  | ervation<br>ent decision<br>Then the p   | n legally m  | nade<br>disagre  |                                    |
| 80       | D<br>In w                                  | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more Never; patients, or guardians, always right to make treatment decision. When the patients of the patien | ation ons could a nedical tea r their leg s have the their over ns ent is ke a decis   | B E a patient am? gal B he wn   | Tracheostor<br>t have an em<br>When the<br>initial dece<br>more m<br>than good   | steroids ny nergent medi ne patient' ision may d nedical har d lways on on of  | C Obsorbed treatments C V the the  | ervation<br>ent decision<br>Then the p   | n legally m  | nade<br>disagre  |                                    |
| 80       | A<br>D<br>In w<br>then                     | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more Never; patients, or guardians, always right to make treatment decision. When the patients of the patien | ation ons could an edical tear their legs have their owns ent is a ke a decisemily or legs are their owns.   | B E a patient am? gal B he wn   | When the initial decomore in than good lt is a discretion physicial in the initial decomore in the ini | steroids ny nergent medical hard d lways on on of an to d  | c Obsolical treatments C V   | ervation<br>ent decision<br>Then the p   | n legally m  | nade<br>disagre  |                                    |
| 80       | A<br>D<br>In w<br>then                     | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more Never; patients, or guardians, always right to make treatment decision. When the patients of the patien | ation ons could an edical tear their legs have their owns ent is a ke a decisemily or legs are their owns.   | B E a patient am? gal B he wn   | When the initial decomore in than good lt is a discretic physicial about   | steroids ny ergent medical hard dedical hard lways on on of an to depart   | C Obsorbed treatments C V the the  | ervation<br>ent decision<br>Then the p   | n legally m  | nade<br>disagre  |                                    |
|          | A<br>D<br>In w<br>then<br>A                | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more newestern patients, or guardians, always right to make treatment decision. When the patients of the pat | ation ons could an edical tear r their legs have their owns ent is a ke a decise amily or lege   | B E a patient am? (al B he wn   | When the initial decompress of than good lit is a discretion physicial about   | steroids ny mergent medical may decical hard liways on of the control of the cont | cal treatments C V do the the ecide tients'  | ervation<br>lent decision<br>When the par-   | n legally m<br>Prysician<br>hent's dec   | disagre<br>ision   |                                    |
|          | A<br>D<br>In w<br>then<br>A                | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more never; patients, or guardians, always right to make treatment decision. When the patient competent to make and there is no far guardian available.  | ation ons could an edical tear their legs have their owns ent is the contract of their owns ent is the contract owns ent is the cont | B E a patient am? sal B he wn   | When the initial decompose in the angular than good it is a discretic physicial about treatments.  | steroids ny hergent medical hard dedical hard liways on on of an to d par  | cal treatments C V do the the ecide tients'  | ervation<br>lent decision<br>when the par-   | n legally n<br>bysician<br>sent's dec  | disagn<br>disagn   | aints vid                          |
|          | A<br>D<br>In w<br>then<br>A                | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more not of the series of guardians, always right to make treatment decision. When the patient competent to make and there is no far guardian available.   | ation ons could inedical tea r their leg s have their owns ent is the a decis amily or lege  | B E a patient am? (al B he wn legal | Tracheostore thave an em  When the initial decomore me than good it is a discretion physicial about treatment.   | steroids  ny hergent medical hard d hways on on of an to d panent  llow up vis   | cal treatm<br>s C V<br>the<br>the<br>ecide<br>tients'  | ervation  ent decision  when the path  with the path  otal thyroiding  | n legalis in<br>prijscian<br>pert's dec  | disagn<br>disagn   | ants vo                            |
|          | A<br>D<br>In w<br>then<br>A                | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more not of the series of guardians, always right to make treatment decision. When the patient competent to make and there is no far guardian available.   | ation ons could inedical tea r their leg s have their owns ent is the a decis amily or lege  | B E a patient am? (al B he wn legal | Tracheostore thave an em  When the initial decomore me than good it is a discretion physicial about treatment.   | steroids  ny hergent medical hard d hways on on of an to d panent  llow up vis   | cal treatm<br>s C V<br>the<br>the<br>ecide<br>tients'  | ervation  ent decision  when the path  with the path  otal thyroiding  | n legalis in<br>prijscian<br>pert's dec  | disagn<br>disagn   | aints vo                           |
|          | A D In w then A D D                        | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more not of the series of guardians, always right to make treatment decision. When the patient competent to make and there is no far guardian available of the while drinking the modializer.  | ation ons could inedical tear their legs have their owns ent is leke a decisemily or lee   | a patient am?  (al B he wn am)  (al bhe wn am)  (bloom and bhe bhe wn am)  (contact to am)  | When the initial decompose in than good it is a discretion about treatment of the initial decompose in the initial decomp | steroids  ny hergent medical hard dedical ha | the the ecide tients'  | otal thyroing this case  | idectomy   | with compliance of edema   | -                                  |
|          | A D In w then A D D D Coug                 | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more never; patients, or guardians, always right to make treatment decision. When the patient competent to make and there is no far guardian available by while drinking is some medialized.   | ation ons could inedical tear their legs have their owns ent is leed | B E a patient am? sal B he wn sion egal to and character is the   | Tracheostore thave an em  When the initial decomore me than good it is a discretice physicial about treatment of the most likely in the most likely is a substitute that the most likely is a substi | steroids  ny hergent medical hard hergent may desired hard hergent may desired hard hergent medical hard hergent m | the ecide tients'  | otal thyroination this case  | idectomy   | with compliance of edema   | .000                               |
|          | A D In w then A D D A 25 coug              | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more not of the series of guardians, always right to make treatment decision. When the patient competent to make the patient of the pa | ation ons could inedical tear their legs have their owns ent is the interest owns ent is their owns ent is their owns ent is the interest owns ent is the inter | a patient am? tal B he wn mot E sion egal egal  | Tracheostore thave an em  When the initial decomore me than good it is a discretion physicial about treatment of the physicial about the physicial | steroids  ny hergent medical hard dedical ha | the the ecide tients'  | otal thyroing this case  | dectomy  | with compliance of edema   | (6/16/                             |
| 1004     | A D In w then A D D Coug                   | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more patients, or guardians, always right to make treatment decision. When the patients of t | ation ons could inedical tear their legs have their owns ent is leed | a patient am?  (a) B  he wn  not E  sion egal  nted to nd chan t is the   | When the initial decomore in than good it is a discretion about treatment of the control of the  | steroids  ny hergent medical hard dedical ha | the the ecide tients'  | otal thyroing this case  | dectomy<br>vyngosco<br>vocal cor<br>vysical ex   | with complete shows no complet | 2 des                              |
| 1004     | A D In w then A D D Coug                   | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more patients, or guardians, always right to make treatment decision. When the patients of t | ation ons could inedical tear their legs have their owns ent is leed | a patient am?  (a) B  he wn  not E  sion egal  nted to nd chan t is the   | When the initial decomore in than good it is a discretion about treatment of the control of the  | steroids  ny hergent medical hard dedical ha | the the ecide tients'  | otal thyroing this case  | dectomy<br>vyngosco<br>vocal cor<br>vysical ex   | with complete shows no complet | 2 des                              |
| 1004     | A D In w then A D D Coug                   | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more patients, or guardians, always right to make treatment decision. When the patients of t | ation ons could inedical tear their legs have their owns ent is leed | a patient am?  (a) B  he wn  not E  sion egal  nted to nd chan t is the   | When the initial decomore in than good it is a discretion about treatment of the control of the  | steroids  ny hergent medical hard dedical ha | the the ecide tients'  | otal thyroing this case  | dectomy<br>vyngosco<br>vocal cor<br>vysical ex   | with complete shows no complet | 2 des                              |
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| A DA 1 h | A D In w then A D D So-50/9 istol          | Endotracheal intuber Oxygenation inhala hich of these situation by a physician or more patients, or guardians, always right to make treatment decision. When the patients of t | ation ons could inedical tear their legs have the their owns ent is their owns ent is their owns ent is the a decise amily or lege as present water are decised to open the their owns and the had at the had artant more are the trant more are trans are t | a patient am?  all B he wn am?  all B he wn am  | When the initial decompose in than good it is a discretion about treatm.  OPD for formost likely B Substituted in the substitut | steroids  is the patient's is now you need to an of an to do not an ent you clinical displayed and to a glottis steroid you cal cord pour cutive measures and had a style and or for prima.  | the the ecide tients' sit after the agnosis is alsy dical che ad a know di inade ary preve   | otal thyroidandrect landirect landir | C Ph<br>west dec<br>dectomy<br>decided<br>dectomy<br>decided<br>dectomy<br>decided<br>dectomy<br>decided<br>dectomy<br>decided<br>dectomy<br>decided<br>dectomy<br>decided<br>dectomy<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided<br>decided | with complete of the complete  | reves<br>5 yes<br>5. W<br>5e in '  |

|     |      | with complaints of sore throat, Paris  |
|-----|------|--|
| -   | -    | Is years old male patient presents to emergency room with complaints of use throw, as well, a selection of the last 3 days, the patient has difficulty in breathing as well, a selection of the last 3 days, the patient has difficulty in breathing as well, a selection of the last 3 days, the patient has difficulty in breathing as well, a selection of the last 3 days, the most likely clinical diagnosis in this?  Laryngeal Malignancy  Epiglottiis  E Retropharyngeal abscess  E Retr |
|     |      | towars old male patient present as a day's likely clinical discountry C Laryngotracies   |
| 93  | S A  | Its years old male patient presents a days. The last 3 days. The last 4 days. The last 5 days. The last 6 days. The last 1 days. The last 2 days. The last 1 da |
|     | Net  | Epiglottisis  Peritonsillar Abscess  Entropharyngeal abscess  Entropharyngeal abscess  Peritonsillar Abscess  Entropharyngeal abscess  Entropharyn |
|     |      | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM |
| 94  | A 2  | on fits free for the last I and severalized to an agresium were the developed generalized to the several sever |
|     |      | actions I was a discount of the same and   |
|     | on   | time, her to side effects of one of the Ethambutol   |
|     | A    | Isoniazid E Rifampicini Your consultant which of the following   |
| 95  | D    | ss years old patient presents with Pieural Englishment effusion is less 27 s   |
|     | ap   | perculosis 1 week ago. She developes, calcium and model time, her electrolytes, blood glucose, calcium and model time, her electrolytes, and the electrolytes, blood glucose, and the electrolytes, blood glucose, and the electrolytes, blood glucose, and the electrolytes, and the elect |
|     | COI  | LDH effusion/LDH serum B pleural protein greater than 0.5 protein great |
|     |      | greater than 0.6   |
|     | D    | LDH effusion/LDH serum  greater than 0.6  LDH effusion is greater than 2/3 of upper limit of normal  LDH effusion is greater than 2/3 of upper limit of normal  hile talking to an older patient with a hearing aid, what would be the most effective way to  hile talking to an older patient with a hearing aid, what would be the most effective way to  hile talking to an older patient with a hearing aid, what would be the most effective way to  mmunicate?  Construction  Greater than 0.5  Direct your voice  Concrease the volume of your  voice   |
| 96  | W    | nile talking to an older patient with a more C increase the  |
|     |      | Be sure your face is visible to B Direct your voice towards the ear  |
|     | ^    | the patient without hearing aid  |
|     |      | - in language  |
|     | D    | Just say whatever you want   |
|     |      | patient pat the following variables he   |
| 1   |      | a study on quantitative variables. Which of the  |
| 97  | A    | researcher wants to conduct a study on quantitative variables. Which of the following variables he ould consider for his study?  C Gender and socioeconomic status   |
|     |      | the total of Ethnic group and education  |
|     | D    | Height, weight, age  E Smoking or other addiction state  Height, weight, age  E Smoking or other addiction state  From the last 3 years which exacerbates in the state of the  |
| 98  | A :  | 50 years old smoker presented with chronic cough which are the 2 best mountained as seen of COPD on workup. Which are the 2 best mountained as seen of COPD on workup.   |
|     | sea  | 1 at term UZ   |
|     | A    | standard R Smoking cessation   |
| 1   | ^    |  |
|     | D    | Long term O2 therapy and Long term Wuscomme and pulmonary  |
|     |      | renabilitation short   |
|     |      | rehabilitation  75 years old man with history of Chronic obstructive pulmonary disease (COPD) already taking Short ling muscurinic antagonist (SAMA) and long acting beta Agonist (LABA) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (LABA) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (LABA) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (LABA) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (LABA) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (LABA) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (LABA) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (Copplete Laba) presented with cyanosis, raised ling muscurinic antagonist (SAMA) and long acting beta Agonist (Copplete Laba) presented with cyanosis and long acting beta Agonist (Copplete Laba) presented with cyanosis and long acting beta Agonist (Copplete Laba) presented with cyanosis and long acting beta Agonist (Copplete Laba) presented with cyanosis and long acting beta Agonist (Copplete Laba) and long acting beta Agonist (C |
| 99  | A 5  | 5 years old man with history of and long acting beta Agonist (LABA) presented  |
|     | act  | ing muscurinic antagonist (SAMA) and long acting beta Agonist (SAM |
| 1   | JVP  | With predicted   B Long term   |
|     | A    | Long term O2 therapy B Long term Muscurinic  |
| 1   |      | E Theophylline presented to emergency department   |
| 1   | D    | Steroids Ste |
| 100 | AE   | Steroids  E Theophylline  E Theophylline  Steroids  Syears old male ,Chronic smoker from last 20 years presented to emergency department of the system of th |
| 1   | pro  | ductive cough and shortness of Long term oxygen use at nome. C PFTs reveals Restrictive  |
| 1 . | insp | iration and expiration, ne has history B peak expiratory how   |
|     | A    | Forced expiratory volume  PEF is increased  PEF is increased   |
|     |      | 11 6202(11)  |
|     |      |  |
|     | D    | Residual Volume is   |
|     |      | birth to a 1.5 kg baby boy has noticed baby has not has not have had not had not had not had not have had not have had not had not had not have had not  |
|     |      | Residual volume is decreased  E Total lung Capacity  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal delivery at 30 week  2-year-old young lady gave birth to a 1.5 kg baby boy via normal vaginal vaginal delivery at 30 week  2-year-old  |
| 101 | AZ   | ariad immediately at DITLII, Houseigns and grunting. Dauly House   |
|     | The  | baby cried in acceptal, subcostal recessions to following:   |
|     | bre  | athing with intercosts with diagnosis from the tone  |
|     | DIE  | high is the most likely dies   |
| 1   | unit | A CUMOTOTIC  |
| -   |      | Meconium Aspiration Syndress   |
|     | -    | rient tachyphoc  |

| C                     | 24 year old male having history of omplaint of dyspnea, hypotension. It ound on left side of chest. What is your   | trauma to the chest present  | ted to Emergency room with chief   |
|-----------------------|--|--|--|
| 5                     | ound on left side of chest. What is your   | first line of treatment  | auscultation there is absent breat.  |
|                       | CPR  | at a di treatment?   | C Pericardiocentesis   |
|                       |  | Comment  |  |
| Charles of the latest | The parents brought 6 years old child y  | rich bird  | r for last 04 days and shortness or  |
|                       | breath since last night. The most consi  | stent clinical sign of pneumon   | ia is:-  |
|                       | D CL   | B Fever E Sub costal rece  |  |
| 106                   |  | CV department with complain  | t of difficulty in breathing. On history it  |
| -                     | A 5 years old child comes to emergen was revealed that he has swallowed  | foreign body. On radiologic  | al scan the foreign object will be   |
| 1                     | brang seem at Atticit tope of lang.  |  | - Lawrence lobe  |
|                       | A Left lower lobe  | B Left upper lobe  | C Right lower low  |
|                       | D Right middle lobe  | E Right upper lobe   | Trease The   |
| 10000                 | - 1111 : did with show   | natic fever with carditis b  | nut without residual heart disease. The  |
| 107                   | A child is diagnosed with rheum  | natic level with colonia   | C 10 years or until 40 year of age,  |
|                       | propriyaxis duration required is:  | 10 years or until21 year of  | C 10 years or until 40 whichever is longer.  |
|                       |  | age whichever is longer.   | Whichever  |
|                       | t  | E no need for any prop   | or while inserting a central venous catheter, a  |
| 108                   | A house officer is trying to pass a Supatient develops acute onset respirator  | ubclavian Central Venous life  | phylaxis a: while inserting a central venous catheter, a sely explanation for this acute deteriotion sely explanation for this acute deteriotion   |
|                       | patient develops acute onser   | B Hpovolemia   | C pneumothorax   |
|                       | A Hemothorax   | B Heart  |  |
|                       |  | F Vasovagal Syncope  |  |
|                       | D pleural effusion   | E Vasovagal Syncope  |  |
| 109                   | D pleural effusion  A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning  | medical OPD with symptom<br>der blades. The pain increas<br>ng forward.  | is of sudden onset severe retrosternal ches<br>sed with taking breath in and lying supine and  |
| 109                   | D pleural effusion  A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits.  Examination shows a butterfly of the previously she had multiple visits.  | medical OPD with symptom<br>der blades. The pain increas<br>ng forward.<br>s to physicians for joint pain<br>rash on the face. ANA and a   | is of sudden onset severe retrosternal ches<br>sed with taking breath in and lying supine and<br>is of both hands.<br>nri-dsDNA were positive.   |
| 109                   | D pleural effusion  A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits Examination shows a butterfly what is her chest pain due to?  | medical OPD with symptom<br>der blades. The pain increasing forward.<br>is to physicians for joint pain<br>eash on the face. ANA and a   | is of sudden onset severe retrosternal chested with taking breath in and lying supine and so of both hands.  In incident the control of the c |
| 109                   | D pleural effusion  A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits Examination shows a butterfly that is her chest pain due to?  A Acute MI  | medical OPD with symptom<br>der blades. The pain increasing forward.<br>s to physicians for joint pain<br>eash on the face. ANA and a  | is of sudden onset severe retrosternal chessed with taking breath in and lying supine and is of both hands.  In incident the control of the c |
|                       | D pleural effusion  A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits Examination shows a butterfly that is her chest pain due to?  A Acute MI  | medical OPD with symptom<br>der blades. The pain increasing forward.<br>s to physicians for joint pain<br>eash on the face. ANA and a  | is of sudden onset severe retrosternal chessed with taking breath in and lying supine and is of both hands.  In incident C Acute pericarditis  Pulmonary embolism  |
| 109                   | D pleural effusion  A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanon   | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a disease  B Acute myocard disease  Sis and clubbing. On example of the pain of the face.  | is of sudden onset severe retrosternal chessed with taking breath in and lying supine and is of both hands.  In incident C Acute pericarditis  Pulmonary embolism  |
|                       | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanos systolic murmur on left lowers  | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a disease  B Acute myocard disease Is and clubbing. On example of the pain of the face of the pain increase of the p | is of sudden onset severe retrosternal chested with taking breath in and lying supine and is of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis  Pulmonary embolism  Inination he has left parasternal heave and a scho shows obstruction to right ventricular outsernally.  C tetralogy of Fallot   |
|                       | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanos systolic murmur on left lowers  | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a disease  B Acute myocard disease Is and clubbing. On example of the pain of the face of the pain increase of the p | is of sudden onset severe retrosternal chested with taking breath in and lying supine and is of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis  Pulmonary embolism  Inination he has left parasternal heave and a scho shows obstruction to right ventricular outsernally.  C tetralogy of Fallot   |
|                       | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visits Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanos systolic murmur on left lowers  | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a disease  B Acute myocard disease Is and clubbing. On example of the pain of the face of the pain increase of the p | is of sudden onset severe retrosternal chested with taking breath in and lying supine and is of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis  Pulmonary embolism  Inination he has left parasternal heave and a scho shows obstruction to right ventricular outsernally.  C tetralogy of Fallot   |
|                       | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanos systolic murmur on left lowers  | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a disease  B Acute myocard disease Is and clubbing. On example of the pain of the face of the pain increase of the p | is of sudden onset severe retrosternal chested with taking breath in and lying supine and is of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis  Pulmonary embolism  Inination he has left parasternal heave and a scho shows obstruction to right ventricular outsernally.  C tetralogy of Fallot   |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leani Previously she had multiple visits Examination shows a butterfly What is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanos systolic murmur on left lower What cyanotic congenital hea  A TAPVR  D TGA  When a person is sitting in  | medical OPD with symptom der blades. The pain increasing forward. It is to physicians for joint pain rash on the face. ANA and an disease It is and clubbing. On example, the cardiac external edge. His cardiac external edge.  | is of sudden onset severe retrosternal chessed with taking breath in and lying supine and is of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis  Pulmonary embolism  Inination he has left parasternal heave and a scho shows obstruction to right ventricular out to comply C tetralogy of Fallot  Inricular hypertrophy  In one of the following is higher at the apex one of the following is higher at the apex of the following is hig |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leani Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanosystolic murmur on left lower What cyanotic congenital hea  A TAPVR  D TGA  When a person is sitting in than at the base?  | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a large disease Is and clubbing. On example a large disease Is and clubbing. On example a large disease Is and clubbing. B Ebstein and E Right ventors are larged to the large disease.  It do you suspect It do you | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and so of both hands.  In initial C Acute pericarditis  Pulmonary embolism  Initiation he has left parasternal heave and a secho shows obstruction to right ventricular out to show the following is higher at the apex ompliance  C PaCo1   |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leani Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanosystolic murmur on left lower What cyanotic congenital hea  A TAPVR  D TGA  When a person is sitting in than at the base?  | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a large disease Is and clubbing. On example a large disease Is and clubbing. On example a large disease Is and clubbing. B Ebstein and E Right ventors are larged to the large disease.  It do you suspect It do you | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and so of both hands.  In initial C Acute pericarditis  Pulmonary embolism  Initiation he has left parasternal heave and a secho shows obstruction to right ventricular out to show the following is higher at the apex ompliance  C PaCo1   |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leani Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanosystolic murmur on left lower What cyanotic congenital hea  A TAPVR  D TGA  When a person is sitting in than at the base?  | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain each on the face. ANA and a large disease Is and clubbing. On example a large disease Is and clubbing. On example a large disease Is and clubbing. B Ebstein and E Right ventors are larged to the large disease.  It do you suspect It do you | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and so of both hands.  In initial C Acute pericarditis  Pulmonary embolism  Initiation he has left parasternal heave and a secho shows obstruction to right ventricular out to show the following is higher at the apex ompliance  C PaCo1   |
|                       | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanosystolic murmur on left lower what cyanotic congenital head  A TAPVR  D TGA  When a person is sitting in than at the base?  A Blood flow  D Ventilation   | medical OPD with symptom der blades. The pain increasing forward.  Is to physicians for joint pain ash on the face. ANA and a disease  Is and clubbing. On example the sternal edge. His cardiac external edge.   | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and as of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis  Pulmonary embolism  Inination he has left parasternal heave and a scho shows obstruction to right ventricular out to recommend the following is higher at the apex of |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanosystolic murmur on left lower what cyanotic congenital head  A TAPVR  D TGA  When a person is sitting in than at the base?  A Blood flow  D Ventilation   | medical OPD with symptom der blades. The pain increasing forward.  Is to physicians for joint pain ash on the face. ANA and a disease  Is and clubbing. On example the sternal edge. His cardiac external edge.   | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and as of both hands.  In initial C Acute pericarditis  Pulmonary embolism  Initiation he has left parasternal heave and a scho shows obstruction to right ventricular out to right ventricular out to recommend the following is higher at the apex of the following is higher at the apex |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux  An infant present with cyanosystolic murmur on left lower what cyanotic congenital head  A TAPVR  D TGA  When a person is sitting in than at the base?  A Blood flow  D Ventilation   | medical OPD with symptom der blades. The pain increasing forward.  Is to physicians for joint pain ash on the face. ANA and a disease  Is and clubbing. On example the sternal edge. His cardiac external edge.   | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and as of both hands.  In initial C Acute pericarditis  Pulmonary embolism  Initiation he has left parasternal heave and a scho shows obstruction to right ventricular out to right ventricular out to recommend the following is higher at the apex of the following is higher at the apex |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanosystolic murmur on left lower what cyanotic congenital head A TAPVR  D TGA  When a person is sitting in than at the base?  A Blood flow  D Ventilation  A 19 year old boy was standard the previous should be continuous should be c | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain rash on the face. ANA and a disease  Is and clubbing. On example and the sternal edge. His cardiac example and the sternal edge. His cardiac example and the sternal edge and the sternal edge. His cardiac example and the sternal edge and the sternal edge.  Is a large of the sternal edge. His cardiac example and the sternal edge.  Is a large of the sternal edge. His cardiac example and the sternal edge. His cardiac e | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and as of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis Pulmonary embolism Inination he has left parasternal heave and a scho shows obstruction to right ventricular outsethous shows obstruction to right ventricular outsethous of the following is higher at the apex of the following is higher at the apex of the following is higher at the apex of the completion of 2 months of intensive to the completion of 2 months of intensive to the following in the completion of 2 months of intensive to the continuation phase. Which of the series of the following is higher at the apex of the completion of 2 months of intensive to the continuation phase. Which of the series of the following is higher at the apex of the completion of 2 months of intensive to the continuation phase. Which of the continuation phase is a series of the following in the continuation phase.  |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leani Previously she had multiple visite Examination shows a butterfly that is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanosystolic murmur on left lower What cyanotic congenital heat A TAPVR  D TGA  When a person is sitting in than at the base?  A Blood flow  D Ventilation  A 19 year old boy was started drugs, he revisits you clinited that the continues of t | medical OPD with symptom der blades. The pain increasing forward. Is to physicians for joint pain rash on the face. ANA and a disease  Is and clubbing. On example and the sternal edge. His cardiac example and the sternal edge. His cardiac example and the sternal edge and the sternal edge. His cardiac example and the sternal edge and the sternal edge.  Is a large of the sternal edge. His cardiac example and the sternal edge.  Is a large of the sternal edge. His cardiac example and the sternal edge. His cardiac e | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and as of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis Pulmonary embolism Inination he has left parasternal heave and a scho shows obstruction to right ventricular outsethous shows obstruction to right ventricular outsethous of the following is higher at the apex of the following is higher at the apex of the following is higher at the apex of the completion of 2 months of intensive to the completion of 2 months of intensive to the following in the completion of 2 months of intensive to the continuation phase. Which of the series of the following is higher at the apex of the completion of 2 months of intensive to the continuation phase. Which of the series of the following is higher at the apex of the completion of 2 months of intensive to the continuation phase. Which of the continuation phase is a series of the following in the continuation phase.  |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leaning Previously she had multiple visite Examination shows a butterfly what is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanosystolic murmur on left lower what cyanotic congenital head A TAPVR  D TGA  When a person is sitting in than at the base?  A Blood flow  D Ventilation  A 19 year old boy was stadding the previous should be continued and a than a | medical OPD with symptom der blades. The pain increasing forward.  Is to physicians for joint pain ash on the face. ANA and a disease  Is and clubbing. On example and a sternal edge. His cardiac entry to you suspect  Is Enght very to get the company of the comp | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and as of both hands.  In initial C Acute pericarditis  Pulmonary embolism  Initiation he has left parasternal heave and a scho shows obstruction to right ventricular out to right ventricular out to recommend the following is higher at the apex of the following is higher at the apex |
| 110                   | A 25 years old woman came to pain which radiates to the should relieved with sitting up and leani Previously she had multiple visite Examination shows a butterfly that is her chest pain due to?  A Acute MI  D Gastro-esophageal reflux An infant present with cyanosystolic murmur on left lower What cyanotic congenital heat A TAPVR  D TGA  When a person is sitting in than at the base?  A Blood flow  D Ventilation  A 19 year old boy was starting the drugs, he revisits you clinite than a true true than a true true true true true true true true   | medical OPD with symptom der blades. The pain increasing forward.  Is to physicians for joint pain ash on the face. ANA and a disease  Is and clubbing. On example and a sternal edge. His cardiac entry to you suspect  Is Enght very to get the company of the comp | as of sudden onset severe retrosternal chessed with taking breath in and lying supine and as of both hands.  Inri-dsDNA were positive.  Iditis C Acute pericarditis Pulmonary embolism Inination he has left parasternal heave and a scho shows obstruction to right ventricular outsethous shows obstruction to right ventricular outsethous of the following is higher at the apex of the following is higher at the apex of the following is higher at the apex of the completion of 2 months of intensive to the completion of 2 months of intensive to the following in the completion of 2 months of intensive to the continuation phase. Which of the series of the following is higher at the apex of the completion of 2 months of intensive to the continuation phase. Which of the series of the following is higher at the apex of the completion of 2 months of intensive to the continuation phase. Which of the continuation phase is a series of the following in the continuation phase.  |

|      | 113 A 16 years old boy presented with prima<br>spontaneous pneumothoras?   |  | - what s   | the feature of      | primary               |  |  |  |
|------|--|--|--|---------------------|-----------------------|--|--|--|
|      |  | ADDRESS OF P   | neumothorss. William   | TES                 | moking                |  |  |  |
|      | 113 A 16 years old boy presented with primi  |  | atient who are young a history of lung diseas  | Lati area           |                       |  |  |  |
|      |  | THE RESERVE OF THE PARTY OF THE | A STATE OF THE PERSON OF THE P | E N is associated   |                       |  |  |  |
|      | dald vagantum of nulmonary bleb  | thin without   | - CHELK (MITOSIS   | with pulling        |                       |  |  |  |
|      | Pupture of pulmonary bleb  R is most likely to occur in patient of   | MU COLD'STIT   |  | fibrosis            | s 65 /min,            |  |  |  |
|      | THE RESIDENCE OF THE PARTY OF T |  | distance his res   | spiratory rate      | uld be the            |  |  |  |
| 1    | D it is most likely to occur in patient was and his lips were cyanosed with subcost most common and frequent pathogen of   | with signs of respon   | ratory distressed as pner  | umonie.             |                       |  |  |  |
|      | and his lips were cyanosed with subcost  | tal recession. He v  | Horen of this age.   | acoup A strep       | TOCOCCI               |  |  |  |
|      | and his lips were cyanosed with subcost<br>most common and frequent pathogen o   | Mycoplasme I   | pneumonia  | C Book              | wie family            |  |  |  |
|      | A Streptococcus pneumonia  | 1  | E Adenovirus   | n during exercise   | e. His to             |  |  |  |
| 1 2  | 15 A 42-year-old man presents with a chie  | of complaint of im   | ermittent claudicatio  | ude, but not on     | finid profile         |  |  |  |
|      | history is elemificant for the presence of   | cardiovascular di  | isease on his father   | iomas. A plasma     | for dietary           |  |  |  |
|      | side. Physical examination reveals xen   | thelasmas and b  | ou (MDI ratio He is I  | given instruction   | e most likely         |  |  |  |
|      | side. Physical examination reveals xan<br>reveals a cholesterol level of 340mg/s<br>modification and a prescription for Sin<br>caused by deficient production of   | dL, with a high L  | nical findings noted   | in this patient     |                       |  |  |  |
| 13/2 | modification and a prescription for Si   | mvastatin. The Ci  |  | sterol ester trans  | fer protein           |  |  |  |
|      |  |  |  |                     |                       |  |  |  |
| 100  |  | ALCO DE LA CONTRACTOR DE  | Lincorotein lipa   | se                  | er from last 3        |  |  |  |
| -    | D Lecithin cholesterol acyltransfera  6 A 19 year old boy from karak presents months. Investigation shows a cavity He was started on ATT(anti-tubero   | ed to OPD with hi  | story of fever and sig   | gnificant weight    | and high ESR.         |  |  |  |
| 11   | A 19 year old boy from karak presents months. Investigation shows a cavity He was started on ATT(anti-tubero   | in apical region   | on chest x ray, a pos  | itive sputuiti      | ion caused by         |  |  |  |
|      | Months. Investigation shows a confi  | culous therapy).   | What is a serious  | adverse reach       |                       |  |  |  |
|      | ethambutol?  |  |  | Hepatotoxicity      |                       |  |  |  |
| 1    | A Court  | B Gastric ulo  | er C   | нерациония          |                       |  |  |  |
|      | D Optic neuritis   | E pulmonar   | y fibrosis   | wie fibrosis on     | birth of their        |  |  |  |
|      | D Optic neuritis  7 Cystic fibrosis is caused by CFTR generation of the standard by CF | mutation. A fan  | nily had a child with  | cystic ilbidais     |                       |  |  |  |
| 11   | second baby, what should be done?  |  | hilical blood C  | Sand heel pric      | k spot blood for      |  |  |  |
| 1    | and ambilical blood for CFIK   | B Send um  | Dillica. D. C.   | immune react        | ive trypsin           |  |  |  |
|      | gene mutation  | The state of the s | ine reactive   | IIIIII Gije i a a a |                       |  |  |  |
|      | Relie mararion   | trypsin.   | for sweat chi  | oride               |                       |  |  |  |
|      | D Send the parents blood for   | E Send the   | baby for sweat chi   | onac                | nice .                |  |  |  |
| 1    | D Send the parches and   | measurement gh cholesterol level of 350 mg/dL was advised not to take the food the in which one of the following?  |  |                     |                       |  |  |  |
|      | CFIR gene mutation having a hi   | igh cholesterol l  | evel of 350 mg/dc  |                     |                       |  |  |  |
| 118  | A patient of 55 years old he food ric  | h in which one   | of the following:  | C Sugars            |                       |  |  |  |
|      | in cholesterol as well as the root   | D Fatty a  | cids   | C Juguis            |                       |  |  |  |
| 1    | A Amino acids  | E Vitami   | ns   | - arch con          | ducted by one of the  |  |  |  |
| -    | A Amino acids  E Vitamins  D Minerals  A student was made to perform the valsalva maneuver during a research conducted by one of the demonstrator. His B.P fell and rose during the procedure, which of the following is not a vasoconstrictor demonstrator. His B.P fell and rose during the Bradykinin  C Endothelin   |  |  |                     |                       |  |  |  |
| 100  | A student was made to perform  | the valsarie   | redure, which of t   | the following is    | The a voseterist      |  |  |  |
| 119  | demonstrator, His B.P fell and rose  | during the pro   | kinin  | C Endoth            | elin                  |  |  |  |
| 9    | demonstrator   | B Brady  | inabrino   |                     |                       |  |  |  |
|      | A Angiotensin II   | E lor e  | pinephrine   | or mother brou      | ght her to the emerge |  |  |  |
|      | D Epinephrine  | of voice and d   | evelops stridor, ne  | following has       | been shown to be      |  |  |  |
| 120  | A Angiotensin II  Epinephrine  Epinephrine  A 3 years old child has hoarseness of voice and develops stridor, her mother brought her to the emergence of increased respiratory distress, which of the following has been shown to be   |  |  |                     |                       |  |  |  |
| 120  | Epinephrine  A 3 years old child has hoarseness of voice and develops stridor, her mother brought no be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress, which of the following has been shown to be department because of increased respiratory distress.  The properties of the following has been shown to be department because of increased respiratory distress.  |  |  |                     |                       |  |  |  |
| - 1  | department of mod  | erate viral croi   | dayamathasone  | C Neb               | unzed dexametrios     |  |  |  |
|      | effective in the treatment 1:1000  | ). B Ora   | dexamethasone  |                     |                       |  |  |  |
|      | A Nebulized adrenamic 1120   | E Net  | oulized Heliox.  |                     |                       |  |  |  |
| +    | Tobulized budesonide.  |  |  |                     |                       |  |  |  |

## solved budesonide. Solved budesonide. Solved by Eman 2025, KGMC