Kmcitology

GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

•	MCQs Written Test 3" YEAR MBBS (Block-I) Name of Student: Please encircle the correct answer with blue/black pen	Roll No. Paper ID: GRE	
	TIME ALLOWED: 02-HOUR'S	TOTAL MARK	CS: 120
	Note: Attempt ALL questions from this section. Sel	ct ONE best answer. Each question carries	6 01 mark.
	Q#1: Which of the following symptoms is commonly associated		
	a) Toothache	d) Itchy skin	
	b) Earache	e) Wheezes	
	Rapid breathing and cough		
	Q#2: What is a key preventive measure for pediatric pneumoni	?	
	a) Eating ice cream regularly	d) Drinking untreated water	
	Handwashing with soap and water	e) Use of antibiotics	
	c) Avoiding vaccinations	*	
	Q#3: Which of the following is a common pathogen responsible	for pediatric pneumonia?	
	influenza virus	d) Malaria parasite .	*
	b) HIV	e) Listeria monocytogenes	
	c) Tuberculosis bacteria		
	Q#4: Which of the following diagnostic tools is commonly used	- · · · · · · · · · · · · · · · · · · ·	
	a) ASO titer	(d) Chest X-ray	
	b) Blood pressure measurement	e) Sputum examination	
	c) Urine test		
	Q#5: What is an important preventive measure against pediatr		
	a) Drinking cold water	c) Playing outdoors in cold weather	
	Vaccination against common pneumonia-causing	d) Skipping meals	
	bacteria	e) Using Junk foods	
	Q#6: Which of the following is a common cause of pediatric rhe		
	Bacterial Infection with Group A Streptococcus	d) Genetic mutation	
	b) Viral infection	e) Protozoal infection	
	c) Allergic reaction to food	le ferre?	
	Q#7: What is a typical clinical manifestation of pediatric rheum	_	
	a) Abdominal pain b) Visual disturbances	Joint pain and swelling	h arada fayar
	•		h grade fever
	Q#8: What is an essential preventive measure for pediatric rhe a) Avoiding vaccinations		•
		d) Frequent handwashing	
	Timely treatment of streptococcal throat infections	e) Use of aspirin	
,	c) Consuming raw seafood Q#9: What is a research design?		
•	_	d)	tosting
	a) A method for presenting research findings	d) A statistical technique for hypothesis	
	A tool for conducting suppose	e) A format for writing research papers	
	 c) A tool for conducting surveys Q#10: In research, which of the following represents a challenge 	n octablishing a cause-and offeet relationship bet	ween .
	variables?	ii estaniisiiiiR a canse aigretiect telationsiib net	, .
٧		d) Random sampling error	
	Correlation between variables	e) Consistency in data collection	
	b) A high degree of statistical significance	e) consistency in data concertor	•

fteens neeltive linear relationship

Kmcitology

GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

•	MCQs Written Test 3" YEAR MBBS (Block-I) Name of Student: Please encircle the correct answer with blue/black pen	Roll No. Paper ID: GRE	
	TIME ALLOWED: 02-HOUR'S	TOTAL MARK	CS: 120
	Note: Attempt ALL questions from this section. Sel	ct ONE best answer. Each question carries	6 01 mark.
	Q#1: Which of the following symptoms is commonly associated		
	a) Toothache	d) Itchy skin	
	b) Earache	e) Wheezes	
	Rapid breathing and cough		
	Q#2: What is a key preventive measure for pediatric pneumoni	?	
	a) Eating ice cream regularly	d) Drinking untreated water	
	Handwashing with soap and water	e) Use of antibiotics	
	c) Avoiding vaccinations	*	
	Q#3: Which of the following is a common pathogen responsible	for pediatric pneumonia?	
	influenza virus	d) Malaria parasite .	*
	b) HIV	e) Listeria monocytogenes	
	c) Tuberculosis bacteria		
	Q#4: Which of the following diagnostic tools is commonly used	- · · · · · · · · · · · · · · · · · · ·	
	a) ASO titer	(d) Chest X-ray	
	b) Blood pressure measurement	e) Sputum examination	
	c) Urine test		
	Q#5: What is an important preventive measure against pediatr		
	a) Drinking cold water	c) Playing outdoors in cold weather	
	Vaccination against common pneumonia-causing	d) Skipping meals	
	bacteria	e) Using Junk foods	
	Q#6: Which of the following is a common cause of pediatric rhe		
	Bacterial Infection with Group A Streptococcus	d) Genetic mutation	
	b) Viral infection	e) Protozoal infection	
	c) Allergic reaction to food	le ferre?	
	Q#7: What is a typical clinical manifestation of pediatric rheum	_	
	a) Abdominal pain b) Visual disturbances	Joint pain and swelling	h arada fayar
	•		h grade fever
	Q#8: What is an essential preventive measure for pediatric rhe a) Avoiding vaccinations		•
		d) Frequent handwashing	
	Timely treatment of streptococcal throat infections	e) Use of aspirin	
,	c) Consuming raw seafood Q#9: What is a research design?		
•	_	d)	tosting
	a) A method for presenting research findings	d) A statistical technique for hypothesis	
	A tool for conducting suppose	e) A format for writing research papers	
	 c) A tool for conducting surveys Q#10: In research, which of the following represents a challenge 	n octablishing a cause-and offeet relationship bet	ween .
	variables?	ii estaniisiiiiR a canse aigretiect telationsiib net	, .
٧		d) Random sampling error	
	Correlation between variables	e) Consistency in data collection	
	b) A high degree of statistical significance	e) consistency in data concertor	•

fteens neeltive linear relationship

Q#51: A 50-year-old man comes to the physician with gradually increasing dyspnea and a 4-kg weight loss over the past 2 years. Q#51: A 50-year-old file of cigarettes per day for 20 years, but states that he has not smoked for the past 2 years. He admits to smoking two packs of cigarettes per day for 20 years, but states that he has not smoked for the past year. Physical He admits to smoking the past year. Physical examination shows an increase in the anteroposterior diameter of the chest ("barrel chest"). Auscultation of the chest shows examination shows an increase in the anteroposterior diameter of the chest ("barrel chest"). Auscultation of the chest shows examination shows all increased lung sounds. A chest radiograph shows bilateral hyperlucent lungs; the lucency is especially marked in the upper lobes. decreased lung sounds. A cliest to the FEVI is markedly decreased, but the FVC is normal, and FEV1/FVC is decreased. Which Pulmonary function studies show that the FEVI is markedly decreased, but the FVC is normal, and FEV1/FVC is decreased. Which of the following is most likely to contribute to the pathogenesis of his disease? a) Impaired hepatic release of α1- antitrypsin d) Decreased ciliary motility with Irregular dynein Release of elastase from neutrophils Abnormal epithelial cell chloride ion transport e) Macrophage recruitment & release of Interferon-y. Q#52: Which of the following microorganisms is commonly associated with acute, rapidly progressing endocarditis? a) Enterococcus faecalis Staphylococcus aureus e) Streptococcus viridans Staphylococcus epidermis

@Kmcitology

, ag. Which	One is important cause of restrictive cardio myopathy is		
<i>· α^{#53.}</i> (γ. (a)	Alcohol	c)	sarcoidosis
b)	Hemochromatosis	q)	Amyloidosis e) Endocarditis
0#54: Most	common histopathologic finding of renal artery stenosis is		Amyloldosis
a)	Takayasu disease	d)	Fibro medial hyperplasia
b)	Autoimmune vasculitis	ره 🖚	Fibro intimal hyperplasia
(c)	Giant cell arthritis	6 1	LIDIO Inclinar Machiner
Q#55: A 45	year old male patient was admitted in hospital for hip fractu	ro H	e suddenly developed dyspnea & chest pain. On
examination	his lower leg was swollen & showed deep vein thrombosis	on D	oppler study. What is the most likely diagnosis?
a)	Acute bronchitis	d)	I. II and projection
b)	Emphysema	e)	Pneumothorax
•	Fat embolism	٠,	· ·
Q#56: A 15	year old boy presented with productive cough and bilateral	l.m	phadenopathy since last one month. His lymph node
blopsy show	ved caseous necrosis rimmed by epithelioid cells and lympho	cvte	s. What is the most likely diagnosis?
a)	Cat scratch disease	A A	Tuberculosis
b)	Leprosy	e)	
c)	Sarroldosis	-,	
Q#57: A 25	year old football player collapsed in the ground while play	ving i	football & died. On autopsy the cause of death was
found out	to be due to Hypertrophic cardiomyopathy. Which of the	foll	lowing is the most common cause of hypertrophic
cardiomyo	pathy causing sudden death in young athletes?		•
a		(Genetic mutation
b) Coxsackie virus	e)	Hemochromatosis
C	Cardio-toxic drugs		
Q#58: Wh	at is the most common cause of dilated cardiomyopathy?		
а) Down syndrome	d)	
t) Fabry disease		Viral myocarditis
c) Glycogen storage disease		I Lateralia 2
Q#59: Wh	nich one of the following is most commonly cause superior ven	a ca	Al Obstruction
;	Pericardial adhesions		SVC fibrosis Left upper lobe consolidation
ı) Hepatocellular carcinoma	. e)	tert upper ione consolidation
	Bronchogenic carcinoma		•

Burn

None of the above

Q#60: What is the cause of cardiogenic shock?

Myocardial Infarction

Hemorrhage

Septicemia

a) This is a clinical picture compatible with acute metabolic acidosis. This is a clinical picture compatible with acute respiratory acidosis. This is a clinical picture compatible with chronic respirator acidosis. This is a clinical picture compatible with chronic metabolic acidosis. e) This is a clinical picture compatible with hypocarbic patient from hypoventilation Q#21: An occupational worker presented with complaints of shortness of breath on exertion. He gave history of being in an industry dealing with spare parts such as gas kit and brakes, he also gave history of smoking for about five years. His X-ray chest showed a ground glass appearance honey combing in the lower two thirds of the lung fields. Which of the following is the likely condition that he suffers from? a) Anthracosis Asbestosis d) Siderosis e) Silicosis Q#22: A person aged 40 years, working as a laborer in grain market for the last 25 years presented with a history of repeated attacks of respiratory infections in the last 1 year. X-ray showed pulmonary fibrosis. Which one of the following is the likely diagnosis? a) Cholecystitis d) Silico-tuberculosis Farmer's lung e) Tuberculosis c) Silicosis Q#23: In Pediatric OPD the physician examined a 3 years old child with low grade fever, mild erythema in the throat and whitish membrane on the left side tonsil. The cervical lymph node was palpable. The doctor advised the mother to isolate the child for 7 days from other contacts of less than 5 years old. What is the most probable diagnosis? a) Acute Laryngitis Tonsillitis e) Whooping cough) Diphtheria Q#24: 10 years old boy presented with high grade fever, chills, aches, cough and generalized weakness. He was diagnosed as a case of influenza. What is the most frequent complication? d) Sub-Conjunctival hemorrhages a) Encephalitis e) Toxic shock syndrome) Pneumonia c) Reye a syndrome

C) Rey on anterior border of the left lung. The notch is called as: Cardiac Notch down syndrome a) Left Notch d) Aortic Notch e) Anterior Notch e) Anterior Notch

p) Pullionary Notch

e) Anterior Notch

Q#26: A 32-years old patient who weight 275 IB comes to the doctor' office. On the surface of the chest, the physician is able to locate the apex of the heart: d) In the right fifth intercostals space a) At the level of the sternal angle e) At the level of the xiphold process of the strenum b) In the left fourth Intercostals space In the left fifth intercostals space . 0#27: A 54-year-old woman suffering from asthma was brought to the emergency room because of a sudden offset of left side paresis. Imaging studies confirmed the diagnosis of thromboembolic stroke and the patient started a treatment that included a drug that acts by blocking platelet ADP receptors. Which of the following drugs has this mechanism of action?) Clopidogrei a) Warfarin Aminocaproic acid b) Heparin c) Alteplase Q#28: A 65-year-old female complains of leg pain, especially during walking. She has diminished pulses in her lower extremities, and an ankle- brachial index (ABI) of 0.6. What condition is most likely responsible for her symptoms? d) Osteoarthritis a) Deep vein thrombosis Peripheral arterial disease (PAD) Lumbar disc herniation c) Chronic venous insufficiency Q#29: A 45-year-old woman presents with recurrent episodes of palpitations, dizziness, and a rapid heartbeat. On ECG, there is a narrow QRS complex tachycardia with a regular rhythm. What is the most likely diagnosis? a) Atrial fibrillation. d) Atrial flutter e) Ventricular fibrillation b) Ventricular tachycardia Supraventricular tachycardia (SVT) Q#30: 45-year-old male smoker presents with a chronic cough, production of purulent sputum, and wheezing. Physical examination reveals decreased breath sounds and coarse crackles on auscultation. What is the most likely diagnosis? a) Asthma d) Pneumonia e) Lung cancer Chronic obstructive pulmonary disease (COPD) c) Pulmonary embolism Q#31: A 30-year-old female complains of sudden-onset pleuritic chest pain and dyspnea. She mentions recent long-haul air travel. What is the most likely cause of her symptoms? d) Pleurisy a) Pneumothorax e) Cardiac tamponade b) Acute bronchitis c) Pulmonary embolism Q#32: A 60-year-old construction worker presents with a cough that has persisted for over three months. He describes exposure to asbestos over several years. What is the most likely diagnosis? d) Lung cancer (mesothelioma) a) Bronchitis e) Allergic rhinitis b) Pneumonia **Tuberculosis** c) develons high fever, cough, and severe pneumonia shortly

shortness of breath. Arterial blood gas sample was taken, revealing the following: pH=7.08, PCO2=80mmHg, HCO3= 23 mEq/L.

What us your most probable diagnosis?



		a)	Atenolol			a)	Hyaraiazine			
		b)	Clonidine	•		e)	Prazosin			
		<u>~</u>)	Felodipine							
	O#102			ent was in the OR doing a kne	ee joint re	placen	nent, suddenly he	e developed sor	me sort of	f ventricular
			What is the drug of			•	•	•		
		_	Lidocaine.			d)	Procainamide			
			Esmolol			e)	Phenytoin			
		.b)				۲,	riiciiytoiii			
		c)	Verapamil.		•					
		f)								
	Q#103	: A m	edical student in his l	last year, had an important p	resentati	on on f	front of a huge cr	rowded audiend	e and he	was very
	nervou	ıs abo		following classes you think th	at will hel			d slow his heart	rate?	
			Propranolol				Quinidine			
		b)	Lignocain			e)	None of the abo	ove		
		c)	Amiodarone							
	Q#104	: Whic	th of the following cla	lass of anti-arrhythmic drug s	uppresse	s abnoi	rmal automaticity	y and permit the	sinoatria	I node to
	again a	ssum	e the role of a domin	nant pacemaker?						
	-		Class I	•		•	Class IV			
		b)	Class II			e)	None of the above	ve		
		c)	Class III						• •	•
	O#105	: Whic	h of the following is	NOT a good drug target for d	ardiac arı	rhythm	ias?	@km	CIT	alaa
	_	a)	Calcium channel blo	ockers		d)	Beta blockers			J. J
		b)	Potassium channel a	activators		e)	All of the above			
: .		c)	Sodium channel blog	ckers						
		. Deve	of choice for Right H	leart Failure among the follow	ving INOT	ROPIC	S are?			
٠. ٠	CHIOD	o)	Noradrenaline			d) /	All of the Above			
			Isoprenaline			e) 1	None of the Abov	e		
				nhibitors						
			was old male has red	inhibitors cently been diagnosed with h	ypertens	ion due	to pressure read	lings of 163/102	and 165/1	00 mm
	Q#107	A 40-	os diabotes that is We	cently been diagnosed with r ell controlled with oral hypog this patient?	lycemic n	nedicat	lons. Which is the	best initial treat	ment regir	men
	нв. не	also n	t of hypertension in the	this patient?						
	for trea		Felodipine	•			Isinopril and hydr	ochlorothiazide		_
	,		Furosemide			e) N	Metoprolol			-
		-,	Lisinggril							
		6	ALC: N							
	-									
	1									
ب	as: Digi	talis int	eracts with Verapam	nil and increase plasma level	of Digitali	s. Wha	t is the effect of Th	hiazide interact w	ith	
أواد	talis?									
7 00	a)		ise plasma level of Di	igitalis	d <mark>∕</mark>	Hyper	calcemia			, ,
	ь)	Hyper	kalemia		e)	Both C	and D			•
	c)		magnesia						,	
Q#10	9: A 68-	year-c	old female, 82kg weig	ght with known case of type	2 DM, and	dyslip	idemia. She came	to family clinic		
comp	laining	of fatig	gue and dyspnea, Lab	b investigation shows high ch	olesterol	level.		,,		, .
			astatin (Lipitor)			Pravas	tatin		:	
	b)	Lovas	tatin			Simvas				
	•	Niacin			٠,	3				
O#110	•			tient uses antihyperglycemic	drugs fro	m last 1	Lvear Which one	of the rare but se	rious	
			by statin is?	ment ases antinypergryceniic	ųrugs iro	111 1036 2	t year. Willer one	of the rave partie		
side e	•		•		٠,١	Torond	a da paintas			
			domyolysis(myositis)		•		e de pointes			
		•	neuritis		e)	urine d	liscoloration			٠.
	r)	Syster	mir lunus syndrome							

CS CamScanner

Q#101: A 58-year-old female reports that she recently stopped taking her blood pressure medications because or swelling in rier

feet that began shortly after she started treatment. Which is most likely to cause peripheral edema?

QEZI: A SA	ing studies confirmed the diagnosis of thromboembolic stro	ke a	and the patient started a treatment that included a	
fore that act	s by blocking platelet ADP receptors. Which of the following	g dru	ugs has this mechanism of action?	
a)	Warfarin	d)	Clopidogrei	,
b)	Aminocaprole acid	e)	Heparin	
c)	Alteplase			
2#2#: A 65-Y	ear-old female complains of leg pain, especially during walk	ing.	She has diminished pulses in her lower extremities,	
	- brachlal Index (ABI) of 0.6. What condition is most likely re	spor	nsible for her symptoms?	
*	Deep vein thrombosis		Osteoarthritis Lumbar disc herniation	
	Peripheral arterial disease (PAD)	e)	Lumbar disc nerniation	
c)	Chronic venous insufficiency	4	discloses and a sould heartheat. On ECG, there is a	
#29: A 45-y	ear-old woman presents with recurrent episodes of palpitat	ions	s, dizziness, and a rapid near tocod on 2007	
	complex tachycardia with a regular rhythm. What is the mos	## 35 #1	Atrial flutter	
-,	Atrial fibrillation.	- 7	and the state of t	
	Ventricular tachycardia	e)	AGUILICOIST INC. INC.	
c)	Supraventricular tachycardia (SVT)	***	of purplent sputum, and wheezing. Physical	
#30: A 45-y	ear-old male smoker presents with a chronic cough, produc reveals decreased breath sounds and coarse crackles on au	tion the	tation. What is the most likely diagnosis?	
		d)	Pneumonia	
	Asthma (CORD)	e)		
	Chronic obstructive pulmonary disease (COPD)	4	tong control	
c)	Pulmonary embolism ear-old female complains of sudden-onset pleuritic chest pa	.i	and dyspines. She mentions recent long-haul air	
#31: A 30-y	ear-old female complains of sudden-onset pleuritic chest pe	eu e	ing dispress and management	
	is the most likely cause of her symptoms?	d)	Pleurisy	
•	Pneumothorax	e)	a	
b)	Acute bronchitis	٠,	Carolina	
	Pulmonary embolism		eleted for over three months. He describes exposure	
1#32: A 60-1	Pulmonary embolism year-old construction worker presents with a cough that has	peri	sisted for over time time.	
	over several years. What is the most likely diagnosis?		Lung cancer (mesothelioma)	
•	Branchitts	e)	Allergic rhinitis	
•	Pneumonia	•		
	Tuberculosis oup of people who attended the same convention suddenly de	evelo	ops high fever, cough, and severe pneumonia shortly	
Q#33: A gro	oup of people who attended the same convention sudderly covers. Some individuals require hospitalization, and a few have	dled	d. What pathogen is most likely responsible for this	
outbreak?	Vent. Some morrisons require the			
a)	Streptococcus pneumoniae	7	Legionella pneumophila	
b)	Mycoplasma pneumoniae	e)	Chlamydophila pneumonlae	
			the state of breath and pedal	
	the second and dishater con	rsen	its with worsening snorthess of the earth and pean.	
edema. On	physical examination, there are crackles heard over both lung	5 001	Pleural effusion	
a)	Pulmonary embolism	٠,	The state of the s	
	Congestive heart failure	e)	Chronic bronautis	
cl	Pneumonia		for a section for the section of the section of	
2#35: A 3-ye	Pneumonia ar-old child presents with a high fever, irritability, and a bulg	Bing	rontanelle (sort spot on the skull). The cereorospinal	
uld analysis	ar-old child presents with a high lever, irritability, and blood shows an elevated white blood cell count. What pathogen i	is mo	Haemophilus influenzae type b	
a)	Neisseria meningitidis	_	nacinopinios innocinos typo a	
b)	Streptococcus pneumoniae	e)	Listeria monocytogenes	
c)	Escherichia coli		the state of the s	
	Escherichia coli ear-old adult presents with a severe sore throat, difficulty si	walle	owing, and a muffled voice. On examination, there is	
swollen and	ear-old adult presents with a severe sore tilloat, clinically a derythematous uvula. What type of Haemophilus influenza	is m	lost commonly associated with this presentation.	
	Type a	d)	Type d	
	Type b	e)	Туре е	
	Туре с			
MYCOC	plasma pneumonia is often associated with:			
	High fever and cough	d)	Joint pain and swelling	
ы	Jaundice and abdominal pain	e)	Otitis media and sinusitis	
d	Vomiting and diarrhea			
	and all man with a bletone of cheenic bronchitle develops w	orse	ening symptoms, including increasing cough, fever,	
and shortness	is of breath. His chest X-ray shows bilateral interstitial infiltr	ates	. What atypical pathogen is a common cause of this	
type of pneu	monia?			
	Streptococcus pneumoniae	d)	Staphylococcus aureus	
	Haemophilus Influenzae	e)	Klebsiella pneumoniae	
	Mycoplasma pneumonlae		• • •	
_				
			CS CamSca	nner
			Callisca	IIII CI

/				
- gest: Diat	oms are			
	Algae	d)	Parasite	
b)	Bacteria	e)	Fungi	
	Virus			
Q#83: Fine	leathery froth that emanates from the nostrils on chest	compress	sions is diagnosis of death due to:	
•		d)	Cannabls Poisoning	
	Hanging	e)	Gagging	
	Digitalis Poisoning			
Q#84: Aver	age Fatal dose for Cannabis Poison Is		••	
	12 hours		5 hours	
	20 hours	€)	6 hours	
	2 hours			
	h of the following is cardiac Poison?	41	Copper sulphate	
	Carboxalic acid	•	Mercury	
[0	Benzene	61	Mercury	
	Digitalis purpurea h among the following is the common natural cause of the	oudden d	eath in respiratory system?	
		(h	Both a and b	
•	Pulmonary embolism	e)		
-,	Stroke	٠,		
	TB th of the following is specific antidote for Digitalis Polson	ine?		
	Novocaln		Azithromycin	
	Benzene		None of the above	
	Quinine	•	, name of the account	
	years old gentleman presented with shortness of breath	on exert	tion, orthopnoe, pedal edema and raised J	VP. He
	suffering from:			
	Asthma	d)	Renal disease	
· ·	Heart failure	e)	None of the above	
c	Stroke			
Q#89: A y	oung man was admitted with acute heart failure after sho	rt febrile	iliness. He complains of shortness of breat	n, chest
	palpitations. The most likely cause of his acute heart failure			* 4
	Myocarditis	•	Acute gastroenteritis All of the above	
) Meningitis	•1	All of the above	
	Urinary tract infection			
	us rythem on ECG is when) Every p wave is followed by QRS complex on	d	There is no relation between P waves and	OBS
•		4	complexes	
	regular intervals There is irregularly irregular rythem	d)	This terminology is not related to ECG	
0,	there is aregularly aregular tymesia	e)	None of the above	
0801-1	warly irregular heart rate is characteristic of			
_	Sinus rythem	d)	SVT	٠,
	Ventricular tachycardia		All of the above	
	Atrial fibrillation	4)	And the source	
•				
	erm acute coronary syndrome (ACS) reffers to		All of the above	
	STEMI only	d)	All of the above	
	NSTEMI only	e)	None of the above	
c)	Unstable Angina only			
	trophic cardiomyopathy (HCM) is defined as			
a)	Unexplained hypertrophy of the left ventricular cardiac	muscles	In the absence of another cardiac or syst	emic
	disease		1.4	
b)	Hypertrophy of left ventricular cardiac muscles due to s	ystemic o	diseases	
c)	Hypertrophy of left ventricular cardiac muscles due to a	nother c	ardiac disease	
d)	Concentric left ventricular hypertrophy due to prolonge	ed uncont	trolled hypertension	
	All of the above			
	ary heart disease (CHD) is			
	Atherosclerotic disease of the renal arteries	d)	The disease of the venous system of the	heart
	Atheroscierotic disease of the carotid arteries		None of the above	1
	Common in young adults	-,		
•	COMMISSION OF THE PROPERTY OF			

b) Henoch Schoenlein purpura e) SLE vasculitis c) Takayasu disease Q#70: In cardiac cycle, during isometric contraction phase: a) Semiliunar valves remain open. d) Only mitral valve remains closed. b) AV valves remain open. e) Both AV and semilunar valves remain closed. c) Only aortic valve remains closed. QR71: When a person is doing exercise, the diffusing capacity of his lungs increases. Which of the following is the best reason for this? this? Increase in the number of active capillaries. Increase in the number of active capillaries. d) Not a better match of alveolar/ventilation b) Muscles need more O₁.
c) Some alveoli may not be ventilated.
e) of Q#72: What is the primary goal of counseling patients in a healthcare setting? perfusion ratio.
e) CO₂ is elevated in blood. d) To shorten patient appointments o provide emotional support e) To gather demographic data c) To increase hospital revenue Q#73: When communicating with patients during counseling sessions. Which of the following is NOT considered a fundamental counseling skill? a) Empathy
b) Active Listening
coviding Unsolicited Advice d) Nonverbal Communication e) Reflective Questioning Q#74: What is the primary purpose of conducting a SWOT analysis?

a) To evaluate the financial performance of a c) To develop marketing campaigns company
b) To identify strengths, weaknesses, opportunities, e) To assess employee morale and threats in a strategic context

QW75: The mechanical anosic death caused by constriction of the neck by the hand occluding the air passages from outside. a) Smothering b) Strangulation Throttling Qu76: Susions and abrasions of the research fracture ribs, Rupture of Internal organs are signs seen in Traumatic Asphyxia b) Mechanical Asphyxia d) Drowning e) Gagging Q#77: Washerwoman skin is seen i a) Putrefaction Drowning Marbling

O#78: Regarding homicidal cut three Direction of cut usually b) Direction of cut is usually d) There is tailing of wound e) None of the above c) No defence wound Q#79: Cut-throat wound cause death by Air embolism e) All of above b) Haemorrhage c) Trecheobrachial aspiration non site of injury to spinal cor d) C1 Only a) C1 and C2 e) All of the above C2 and C3 C3 and C4 Q#81: Hyold fracture is common in d) Choking a) Hanging b) Strangulation c) Throttling tille Algao d) Parasite b) Bacteria e) Fungi QRBB: Fine leathery froth that emanates from the nostrils on chest compressions is diagnosis of death due to: a) Drawning d) Cannabis Poisoning b) Hanging e) Gagging c) Digitalis Poisoning QRB4: Average Fatal dose for Cannabis Poison is a) 12 hours d) 5 hours b) 20 hours c) 2 hours Q#85: Which of the following is cardiac Poison? CAN CHEST AND THE PROPERTY OF THE PARTY OF T d) Copper sulphate a) Carboxalic acid b) Benzene c) Digitalis purpurea Q#86: Which among the following is the common natural cause of sudden death in respiratory system? a) Pulmonary embolism d) Both a and b b) Stroke c) TB QHB7: Which of the following is specific antidote for Digitalis Poisoning? d) Azithromycin a) Novocain e) None of the above b) Benzene c) Quinine QHBII: A 50 years old gentleman presented with shortness of breath on exertion, orthopnoe, pedal oderna and raised JVP. He is most likely suffering fro d) Renal disease a) Asthma b) Heart failure e) None of the above c) Stroke Qeas: A young man was admitted with acute heart failure after short febrile illness. He complains of shortness of breath, chest pain and palpitations. The most likely cause of his acute heart failure is: d) Acute gastroenteritis a) Myocarditis b) Meningitis c) Urinary tract Infection Qa90: Sinus rythem on ECG is when c) There is no relation between P waves and QRS a) Every p wave is followed by QRS complex on regular intervals complexes d) This terminology is not related to ECG b) There is irregularly irregular rythem e) None of the above Q#91: irreguarly irregular heart rate is characteristic of a) Sinus rythem d) SVT e) All of the above b) Ventricular tachycardia c) Atrial fibrillation Q#92: The term acute coronary syndrome (ACS) reffers to

	D#102	()	Felodipine year old male patient was in the OR doing a kn				and some sort of ve	ntricular
	arrhyth	mia.	What is the drug of choice in this case?	ee Joint I	epiacei	nent, suddenly ne devel	spea sume sort of the	
	•		Lidocalne.		d)	Procalnamide		
			Esmalal		e)	Phenytoin		
			Verapamil.					
	2#102-	,n	edical student in his last year, had an important	Ofetenta	tion on	front of a burn crowded	audience and he wa	c verv
,	iervou:	abo	ut it. Which of the following classes you think the	hat will h	elp him	to calm down and slow	his heart rate?	,,,,,,
			Propranolol		100	Quinidine		
			Lignocain		e)	None of the above		
		c)	Amiodarone th of the following class of anti-arrhythmic drug	suppress	es abno	rmal automaticity and po	ermit the sincetrial no	ode to
	reain a	SSUM	e the role of a dominant pacemaker?					
		2)	Class I			Class IV		
			Class II		e)	None of the above		
		c)	Class III in of the following is NOT a good drug target for	cardiac a	erritythe	nias?		
,	14102:	-1	Calcium channel blockers		aj	Bell Diotxers		
		ы	Potassium channel activators		e)	All of the above		
		4	a management blockers	nuine IM	OTROPI	'S are?		
	2#106:	Drug	of choice for Right Heart Failure among the folk		d)	All of the Above		
		a)	Noradrenaline Isoprenaline		e)	None of the Above		
		c)	Phosphodiesterase Inhibitors	A. Carlos Arris arriva			163/103 and 165/100	ı mm
	4107:	A 40-	Phosphodiesterase inhibitors year-old male has recently been diagnosed with as diabetes that is well controlled with oral hypo	nyperter	medica	to pressure readings of stions. Which is the best to	nitial treatment regime	en
			as diabetes that is well controlled with that hyper of hypertension in this patient?					
f	or treat	men	Felodipine			Lisinopril and hydrochlor	othiazide	
		p)	Furosemide		•)	Metoprolol		
			Helmoorill					
		E.						
	f.							
20	OF DINE	dis int	eracts with Verapamil and increase plasma leve	of Digit	alis. Wh	at is the effect of Thiszide	interact with	
contra	137		se plasma level of Digitalis					
4			kalemia	7.		rcalcemia		
			magnesia	e) Soth	C and D		
Q#109	A 68-y	ear-o	ld female, 82kg weight with known case of two	2 DM. a	nd dvsl	nidemia. She came to fam	sily clinic	
compla	mind c	cracij	we and dyspines, Lab investigation shows high o	holester	ol level	processing. Since control to the	-,,	
	*1 6	MOLA	istatin (Lipitor)		Pravi			
	6) 1			e)	Simv	astatin		
Q#110			d hyperlipidemic patient uses antihyperglycemi			A Mikish one of the	earn but serious	
side ef	fect pro	duce	by statin is?	ic drugs f	rom las	1 year. Which one of the	rare that serious	
			omyolysis(myositis)	dì	Tors	de de pointes		
	b) (optic	neuritis			discoloration		
	c) 5	yster	nic lupus syndrome					
QW111	: A 45-y	ear-c	ld patient came in OPD with complaints of ches artery spasm. Which of the following anti-angin	t discomi	ort and	pain at rest. These sympt	oms occur due to	
2011011			artery spasm. Which of the following anti-angin finine	ayent d)	Propi	incl		
	b) (a i	Verag			
	c) I	viled	pine				dia concession in	
			pulmonary tuberculosis, receiving anti-tubercu	losis drug	s for 2r	nonth develops pain and r	needle sensation in	
legs. T			likely to cause is. abutol	d)	Rifam	elcin		
		sonia			strept			
•	<u> </u>						unite etaba	
Q#113	: A pati	ent p	resented to OPD with Epilepsy for which he take	s Phenyto	oin and	now He diagnose as Asimi	na. Which of the	
fallow			c Drug have more interaction with Phenytoin? athomimetics		Theor	hylline		
			nolinerales	el	Steroi			
	-		-balance			factoria forms and our	iratan wheeter	
Q#114	t: A pat	ent p	resented to you in Emergency Department with a high first line drug would be used to treat this pa	tient effic	cientiv?	or dyspines, lever, and exp	sacory winesing	
from 1			Nich first line drug would be used to treat time pa iteral		Terbut	aline	•	
			ukast	c)	Zileuto	•		
20.00	c)	Oma	leumab	ima?				
Q#11			he following NSAID's can be used in Bronchial Asti	c)	Aspirir	. 🚗		
	41	Indan	enac. nethacin.	d)	fbupro	fen	Paracetamol	
Q#116	. A 22.		of male with a history of opioid addiction present	s with sy	mptom	of an upper respiratory	system Infection	
for the	nact \$	days.	it is determined to be viral in nature, and no trea	tment of	the un	lerlying infection is appro	opriate. Which of	
the fol	ming i	app	opriate symptomatic treatment for this patient's		Cr	h.m		
'	₹ G	ualfe	nestr/dextromethorphan.	c)	Cromo	•	e) Montelukast	
	P) G	maille:	nesin/codelne. WHO Cardiovascular diseases are number one c	ause of c	nortalis	v worldwide. For preven	tion of CVS diseases	
non bear	-	tral ri	sk factors. Risk factors are divided in to two grou	ps, mod	ifiable /	nd non-modifiable. Whi	ch of the following	
is a Mos	difizible	Risk f	octors of coronary artery disease is?				•	1 2
	a) Ag			1.0	Gende			1
	NI Fa	mily h	istory		Hypert	ension	e) Race	
Q#118:	For prev	entio	n of CVS diseases we have to control risk factors flable risk factors include advice for healthy diet	Miller 130	nd the	e arrided in to two group	os, modifiable and	
			flable risk factors include advice for meaniny dies of heart diseases?	. which	or title I	or owning to a mistary cua	- Re advocated by	
***************************************	a) Ad	ecre	se in complex carbohydrate consumption	d)	Increas	e use of refined sugar		
			in use of salt		Reduct	ion in fat intake to 20-30	percent of caloric	
			use of alcohol in daily diet		Intake			
			d control of Tuberculosis in a community include is the chest X-rays and sputum analysis for the				revention. Which is	
			is the chest x-rays and sputum analysis for the reatment			or tuberculesis r ary prevention		
			prevention			prevention		1
			prevention	-,		p. 0.101111011		٠
			tuberculosis is a major health problem for Pakis	tan. Hea	ith aut	norities are trying to con	trol the spread of	
tuberculo	sis in Pa	kista	. Which of following is the best strategy for the	control	of puln	nonary Tuberculosis as re	ecommended by	
WHO is?								
				-	- •	to control and normal	rreatment	



	old unvaccinated child presented with severe odynoph	1-	faver and toxic look. On examination
	old unvaccinated child presented with severe odynoph is both tonsils extending beyond the confines of tonsils. The	iagia n chi	hild recently started to develop respiratory
Q#14: 4 years	old unvaccinated third present the confines of tonsils. The both tonsils extending beyond the confines of tonsils. The both tonsils extending beyond the confines of tonsils. Most property of the following bilateral jugolo digastric lymph nodes. Most property of the following tonsility.	mbat	able diagnosis is?
Nock examinat	TOO SPORTER DISTRICT OF THE PROPERTY OF THE PR		Faucial Diphtheria e) Trauma
A (6	cute folicular tonsilitsi	d)	Faucial Diphtheria Leukemia She has vague history of inhalation of peanut. On the shadow of the state of the shadow of the sha
b) v	incent angina	h. 51	She has vague history of inhalation of peanut, on of
Q#15: 4 years	cute follicular tonsilitsi incent angina old female child having recurrent pneumonia and coug here is decreased breath sound on right side with consoli	idati	tion on a ray chest FB right bronches is suspected
The state of the s	IELE D GETTERSER PLEATILISM		
21 5	rest this condition tay	c)	Direct sary (Boscop)
_	sophagascopy	d)	Thoracotomy Thoracotomy Thoracotomy Thoracotomy
Q#16: 4 Tears	sopnagoscopy Ironchoscopy old child has cough and fever for the last 2 days. On examin	atio	on child has congested an
The state of the s	will of supplicitic area. What is most process.	_	•
a) (neumonia		Bronchitis e) Epiglottitis
O#17: 3	2 010112123		Aughania and very total form
examination (the child is eletted and toroise featured, the is in interirate	nrv s	stridor X-ray neck lateral view showing thumb sign
positive. Orga	inism responsible for this condition is?	.,,	
a) :	Streptococcus pneumonia	c)	E chall
	Hannahilia tallusus tura t	d)	Staph aureus e) Moraxala cataralis
QV18:	old child presented to pediatric department with recurren	it epi	pisode of pneumonia on right side. The child has been
of his conditi	thoroughly to reach upon diagnosis. X-ray chest pa view ha	es ate	telectasis of right lower lob. What could be the cause
	Low Immunity	D .	Foreign body branchus
b)	Environmental cause	e)	
c	Congenital anomaly	•	
Q#19: A 55 y	ears old female comes for follow-up checkup after 4 days of	f the	e post myocardial infarction. Which of the following
cuthing Mis	be still raised in this case? CK-MB		
	AST		Cardiac Troponin
	years old man with known case of chronic obstructive lung d		LDH ALTGER CK
snortness of	breath. Arterial blood gas sample was taken, revealing the	folio	presents to medical
what us you	ir most probable diagnosis?		
a)	This is a clinical picture compatible with acute metabolic ar	cidos	osis.
0)	This is a clinical picture compatible with acute respiratory	acido	losis.
	This is a clinical picture compatible with chronic respirator. This is a clinical picture compatible with chronic metabolic.	acid	dosis.
e)	This is a clinical picture compatible with hypocarbic nation	+ fra	om huma
Q#21: An or	cupational worker presented with complaints of shortness.	al be	conth on according 44
industry dea	iling with spare parts such as gas lit and brakes, he also gav	m bis	interest of amount of the state of
snowed a gr	ound glass appearance honey combing in the lower two this sat he suffers from?	rds o	of the lung fields. Which or many is the likely
	Anthracosis	-4	A
	Achestosis	- X	Byssinossis Distribution of Street Control of S
Q#22: A per	son aged 40 years, working as a taborer in grain market for espiratory infections in the last 1 year. X-ray showed pulmo		el suichtie
	espiratory infections in the last 3 year. X-ray showed pulmo	nary	y fibrasis. Which one of the following is the Fig.
Mind Street or a second			•
	Cholecystitis Farmer's lung	0	d) Silico-tuberculosis e) Tuberculosis
-1	Cilionals		
auggete Ba	diatate OPD the obysician examined a 3 years old child with	n low	w grade fever, mild enthema in the standard
days from 0	THE COURTER OF IESE PARTY & Legan and antimore but	-	or and unital
a)	Acute Laryngitis	•	ci maryngitis
- 1	at-htharia	· · · · ·	d) Tonsititis e) Whooping cough
Q#24: 10 ye	ars old boy presented with high grade fever, thills, aches,	coup	ight and generalized weakness. He was diagnosed as a
case of influ	enta. What is the most reducin company		d) Sub-Conjunctival hemorrhages
a)	Encephalitis		e) Tasic shack syndrome
b)	Pneumonia		
	Reye's syndrome the model human lungs was there or	n the	e table, at first glance you noticed a depression or notch
Q#25: In the	anatomy museum, the mouth is called as: border of the left lung. The notch is called as:		
on anterior	border of the feet to be		c) Cardiac Notch down syndrome
a)	Left Notch		d) Aprilic Notch e) Anterior Notch
b)	Pulmonary Notch Pulmonary Notch Pulmonary Notch Pulmonary Notch	offi	e) Anterior Notch lice. On the surface of the chest, the physician is able to
	per of the heart: At the level of the sternal angle		d) In the right fifth intercostals space
a)			 a) At the level of the siphoid process of the strenum
	TAREST CONTRACTOR OF THE CONTR		
c)	N me leit inter		

1#41: A young boy deteriorated drastically 2 hours after tonsillectomy. He has tachycardia and hypotension. Most likely pathogenesis is a) Anaphylactic shock d) Septic ahock b) Cardiogenic shock Traumatic shock Hypovolemic shock Q#42: In myocardial infarction, which earliest possible change occurs in formation of aschoff bodies? Fibrinoid necrosis d) Eosinophilia ь١ Inflammation e) Hemosiderin c) Giant cells Q#43: A 30 year old heroin drug addict starts having fever with chills, weight loss and fatigue. On investigations, he is diagnosed to be suffering from infective endocarditis. The most likely cause for his infection is: a) Streptococcus viridans d) Streptococcus pneumoniae b) Streptococcus pyogenes Staphylococcus aureus c) H. Influenza Q#44: Which of the following plasma biochemical marker is the most sensitive of myocardial cell damage? Aspartate aminotransferase c) Lactate dehydrogenase Ck-mb d) Myoglobin e) Troponin t Q#45: Which imaging technique is commonly used to visualize vegetations on heart valves in infective endocarditis? Computed Tomography (CT) scan d) Ultrasound X-ray ETT MRI e) Magnetic Resonance Imaging Q#46: Which of the following is a common clinical complication of untreated infective endocarditis? a) Diabetes mellitus c) myocardial infarction b) Lung cancer d) Osteoporosis Stroke Q#47: Which of the following clinical signs is not typical for a classic presentation of shock? a) Cool extremities Systemic hypertension b) Sweating d) Weak pulses e) Tachypnea Q#48: Who is at great risk for Pulmonary embolism? a) Children Post-operative patient b) Diabetic patient Women c) Men Q#49: Which of the following is not a major mechanism for lack of oxygen delivery to tissues? a) Inadequate blood volume Increased coronary perfusion b) Inadequate cardiac performance Increased heart rate Inadequate vascular tone Q#50: Which underlying disease is commonly recognized to be a trigger for development of systemic hypertension? d) Hepatic lipidosis a) Cirrhosis **Renal Disease** Diabetes Mellitus Dilated cardiomyopathy



Q#91: lrr	eguarly irr									
a) Sinus i	ythem	d)	SVT						
b		cular tachycardia	e)	All of the abo	ve	,	•			
c		ibrillation								
		te coronary syndrome (ACS) reffers to	0	All of the abo			in the second			
a)		•		All of the abo			,	!		
b)		i oniy le Angina only	e)	None of the a	ipose					
c)	Ulistan	ie Aligina Orny						,		
#93: Hype	ertrophic o	cardiomyopathy (HCM) Is defined as								
	•	lined hypertrophy of the left ventrice	ular cardiac muscles	in the absence	e of another o	ardiac or syst	emic			
	disease					1.				
b)	Hypertre	ophy of left ventricular cardiac musc	les due to systemic	diseases						
c)	Hypertro	ophy of left ventricular cardiac musc	les due to another o	cardiac disease				* 1		
d)	Concent	ric left ventricular hypertrophy due	to prolonged uncon	trolled hyperte	ension					
e)	All of the	e above					ť.	,		
94: Coror	nary heart	disease (CHD) Is						٠		
a)		derotic disease of the renal arteries	d)			system of the	heart			
b)	Atheroso	derotic disease of the carotid arteries	es e)	None of the	above					
c)	Common	In young adults						`		

exer Q#9	tion whi a) b) c) 7: A elde	USG of the abdomen dle age obese gentleman who is ich is associated with sweating a Atypical angina Atypical chest pain Non cardiac chest pain erly gentleman with no previous vere central crushing chest pain Non cardiac chest pain Pneumothorax	and shortness of bo	reath and rad d e) s mellitus, hyp	Typical and None of the pertension and Secute gast	arm and jaw in a pectoris the above and smoking per ST elevations roenteritis	is resented with 2 hour	·s		
	<u> </u>	Myocardial infarction								
Q#9		nary artery supplying larger part	of the myocardiun	n is						
	a)	Left circumflex artery		_ d)	Posterior d	escending art	ery			
		Right coronary artery		e)	None of the	e above				
	c)	Left anterior descending artery	,							
Q#9	9: Natu	ral Pacemaker of the heart is								
:	·a)	AV node		. d)	Purkinje fib	res				
	L.	SA node		, e)	Bundle of H	is				
	c)	Carotid nodue								
Q#1	00: All o	f the following medications are t	used for treatment		•					
	a)	Diuretic		d)	•	osides				
	b)	Beta blockers		<u>^</u>	Steroids					
	ι	ACFI/ARRS								
							CS CamScanner			