GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

MCQs Written Test Final YEAR MBBS (Block-O) Date: 04th August, 2025

Name of Student: _____ Roll No._____

Please encircle the correct answer with blue/black pen Paper ID: BLUE

TIME ALLOWED: 02-HOUR'S TOTAL MARKS: 120

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

Q#1: A 25-year Old man presented to Medical OPD with high grade fever, foul smelling productive cough for one month. On general physical examination temperature is 101F, pulse 120beats/min, RR: 24 breaths/min & there is finger clubbing. On respiratory examination there are crepitations & reduced air entry on right side of chest. Chest x-ray shows thick- walled single cavity with air fluid level while both cardiophrenic angles are normal. The initial treatment of this patient is:

a) Clindamycin or amoxicillin - clavulanate
b) Lobectomy
c) Pleurodesis
d) Pleurectomy
e) Tube thoracostomy

Q#2: A 25-year Old man presented to Medical OPD with high grade fever, foul smelling productive cough for one month. On general physical examination temperature is 101F, pulse 120beats/min, RR: 24 breaths/min & there is finger clubbing. On respiratory examination there are crepitations & reduced air entry on right side of chest. Chest x-ray shows thick- walled single cavity with air fluid level while both cardiophrenic angles are normal. The diagnosis of this patient is:

a) Community acquired pneumonia
b) Empyema
c) Lung Abcess
d) Necrotising pneumonia
e) Nosocomial pneumonia

Q#3: A 25-year Old man presented to Medical OPD with high grade fever and right side chest pain for one month. On general physical examination temperature is 101F, pulse 120beats/min & RR: 24 breaths/min. On respiratory examination there are absent breath sounds on right side of chest. Chest x-ray shows homogeneous opacity obscuring the right cardiophrenic angle. The diagnosis of this patient is

a) Community acquired pneumonia
b) Empyema
c) Lung Abcess
d) Necrotising pneumonia
e) Nosocomial pneumonia

Q#4: A 25-year Old man presented to Medical OPD with high grade fever and right side chest pain for one month. On general physical examination temperature is 101F, pulse 120beats/min & RR: 24 breaths/min. On respiratory examination there are absent breath sounds on right side of chest. Chest x-ray shows homogeneous opacity obscuring the right cardiophrenic angle. Pleural fluid Shows pus on naked eye. The initial treatment of this patient is

a) Lobectomy
b) Pneumonectomy
c) Pleurodesis
d) Pleurectomy
e) Tube thoracostomy

Q#5: A 55-year-old man presents with progressive exertional dyspnea and dry cough. Chest auscultation reveals fine end-inspiratory crackles. High-resolution CT shows honeycombing and reticular opacities at the lung bases. What is the most likely diagnosis?

a) Sarcoidosis
b) Usual Interstitial Pneumonia (UIP)
c) Hypersensitivity pneumonitis
d) Cryptogenic Organizing Pneumonia (COP)
e) None of the above

Q#6: Which of the following interstitial lung diseases is most commonly associated with rheumatoid arthritis?

a) Lymphangioleiomyomatosis
b) Usual Interstitial Pneumonia
c) Desquamative Interstitial Pneumonia
d) Bronchiolitis Obliterans Organizing Pneumonia
e) Both a and b

Q#7: Which feature on HRCT is most characteristic of nonspecific interstitial pneumonia (NSIP)?

a) Centrilobular nodules and ground-glass opacities
b) Honeycombing with subpleural predominance
c) Upper lobe fibrosis with cavitation
d) Air trapping with mosaic attenuation
e) Both c and d

Q#8: A 40-year-old farmer presents with cough, dyspnea, and fever. He reports exposure to moldy hay. HRCT shows ground-glass opacities and centrilobular nodules. What is the most likely diagnosis?

a) Asbestosis
b) Hypersensitivity Pneumonitis
c) Silicosis
d) Sarcoidosis
e) Both b and c

Q#9: Which of the following is not a known cause of secondary interstitial lung disease?

a) Systemic lupus erythematosus
b) Methotrexate therapy
c) Smoking
d) Pulmonary embolism
e) None of the above

Q#10: Which pulmonary function test pattern is typical in ILD?

a) Increased total lung capacity and FEV1/FVC
b) Obstructive pattern with low FEV1/FVC
c) Restrictive pattern with decreased DLCO
d) Normal spirometry with low DLCO
e) All of the above

Q#11: Which histological pattern is most commonly associated with idiopathic pulmonary fibrosis?

a) Organizing pneumonia
b) Granulomatous inflammation
c) Usual interstitial pneumonia
d) Nonspecific interstitial pneumonia
e) None of the above

Q#12: In a patient with suspected ILD, which investigation is most definitive for diagnosis?

a) Chest X-ray
b) Arterial blood gas
c) High-Resolution CT scan
d) Spirometry
e) Both b and c

Q#13: Which of the following is not typically a feature of ILD on chest X-ray?

a) Reticulonodular pattern
b) Bilateral hilar lymphadenopathy
c) Volume loss
d) Basal infiltrates
e) Both c and d

Q#14: Which drug is known to cause drug-induced interstitial lung disease?

a) Metformin
b) Amiodarone
c) Amlodipine
d) Omeprazole
e) All of the above

Q#15: In restrictive lung disease, a characteristic finding on bedside spirometry testing would be:

a) Increased FEV1/FVC ratio
b) Decreased FEV1/FVC ratio
c) A greater decrease in FEV1 than FVC
d) Normal FEV1/FVC ratio
e) Not used for restrictive lung disease

Q#16: A 64-year-old farmer presents with a 3-month history of loss of appetite, weight loss, pyrexial symptoms and productive cough. On examination he is pyrexial at 38.4°C and has hepatosplenomegaly. After 2 weeks in hospital all cultures have been negative so a liver biopsy is taken. This shows caseating liver granulomas. What is the underlying diagnosis?

a) Sarcoidosis
b) Tuberculosis
c) Lymphoma
d) Bronchogenic carcinoma
e) Amyloidosis

Q#17: A 55-year-old man presents with progressive exertional dyspnea and dry cough. Chest auscultation reveals fine end-inspiratory crackles. High-resolution CT shows honeycombing and reticular opacities at the lung bases. What is the most likely diagnosis?

a) Sarcoidosis
b) Usual Interstitial Pneumonia (UIP)
c) Hypersensitivity pneumonitis
d) Cryptogenic Organizing Pneumonia (COP)
e) None of the above

Q#18: In the ward you are asked to review a 50-year-old man with history of CVA. He is being treated for an aspiration pneumonia. He received the correct treatment and appeared to be improving, but for the last 2 days there has been a change. He is producing more foul-smelling sputum, has swinging fever and feels tired and worse than when he came in. New investigations show haemoglobin 110 g/L (previously 13) and an erythrocyte sedimentation rate (ESR) of 100. Chest X-ray shows persisting consolidation with a cavity and fluid level within it. The most likely diagnosis is:

a) Lung abscess
b) Empyema
c) Tuberculosis
d) Recurrent aspiration pneumonia
e) Pulmonary embolus

Q#19: Which pulmonary function test pattern is typical in ILD?

a) Increased total lung capacity and FEV1/FVC
b) Obstructive pattern with low FEV1/FVC
c) Restrictive pattern with decreased DLCO
d) Normal spirometry with low DLCO
e) None of the above

Q#20: Which drug is known to cause drug-induced interstitial lung disease?

a) Metformin
b) Amiodarone
c) Amlodipine
d) Omeprazole
e) Both b and c

Q#21: A 25-year-old woman presents with chronic cough, daily production of large amounts of purulent sputum, and occasional hemoptysis. On examination, she has digital clubbing and coarse crackles in both lung bases. A high-resolution CT scan shows dilated bronchi with thickened walls. What is the most likely diagnosis?

a) Chronic obstructive pulmonary disease (COPD)
b) Bronchial asthma
c) Bronchiectasis
d) Tuberculosis
e) Pulmonary embolism

Q#22: A 60-year-old chronic smoker presents with persistent cough, weight loss, and hemoptysis. Chest X-ray shows a hilar mass. Which of the following is the most likely diagnosis?

a) Bronchial asthma
b) Pulmonary tuberculosis
c) Bronchogenic carcinoma
d) Bronchiectasis
e) Pneumonia

Q#23: A 50-year-old woman with a 10-year history of rheumatoid arthritis presents with progressive shortness of breath and dry cough. On examination, there are fine inspiratory crackles at both lung bases. A high-resolution CT scan shows interstitial fibrosis. Which of the following is the most likely pulmonary manifestation of rheumatoid arthritis?

a) Bronchial asthma
b) Pulmonary tuberculosis
c) Interstitial lung disease
d) Lung cancer
e) COPD

Q#24: A 28-year-old man presents with low-grade fever, dry cough, and left-sided chest pain for 2 weeks. On examination, there is decreased breath sounds and stony dullness over the left lower lung field. Chest X-ray shows a moderate left-sided pleural effusion. Pleural fluid analysis reveals lymphocytic predominance, high protein content, and elevated ADA (adenosine deaminase) level. What is the most likely diagnosis?

a) Empyema
b) Congestive heart failure
c) Tuberculous pleural effusion
d) Parapneumonic effusion
e) Malignant pleural effusion

Q#25: A 35-year-old man presents with fever, productive cough with yellowish sputum, pleuritic chest pain, and shortness of breath. On examination, his temperature is 38.5°C, and auscultation reveals bronchial breath sounds and crepitations over the right lower lung field. What is the most likely diagnosis?

a) Bronchial asthma
b) Pulmonary embolism
c) Pleural effusion
d) Pneumonia
e) Chronic bronchitis

Q#26: A 30-year-old man with known asthma presents with worsening wheeze and shortness of breath. He uses a salbutamol inhaler 4–5 times a day with only partial relief. He wakes up at night due to coughing twice a week. What is the most appropriate next step in management?

a) Continue current treatment and reassure
b) Start long-acting beta-agonist (LABA) alone
c) Add inhaled corticosteroid (ICS) to current therapy
d) Prescribe oral antibiotics
e) Switch to leukotriene receptor antagonist monotherapy

Q#27: Which of the following findings is most supportive of a diagnosis of asthma?

a) Fixed airflow limitation on spirometry
b) Decreased total lung capacity
c) Normal peak expiratory flow variability
d) Reversible airway obstruction with bronchodilator therapy
e) Flattened diaphragm on chest X-ray

Q#28: A 22-year-old woman presents with episodic wheezing, shortness of breath, and chest tightness, especially at night and early morning. She has a history of similar episodes triggered by cold air and exercise. Which of the following is the most likely diagnosis?

a) Chronic obstructive pulmonary disease (COPD)
b) Bronchiectasis
c) Asthma
d) Pulmonary embolism
e) Pneumonia

Q#29: A 40-year-old man presents to the emergency department after a road traffic accident. He is extremely dyspneic, hypotensive, and tachycardic. Trachea is deviated to the left, and there is hyperresonance with absent breath sounds on the right. What is the immediate next step in management?

a) Chest X-ray
b) Nebulized bronchodilator therapy
c) Needle decompression in the second intercostal space, midclavicular line
d) Administer diuretics
e) Start intravenous antibiotics

Q#30: A 24-year-old tall, thin man presents with sudden onset of sharp chest pain and shortness of breath while at rest. He has no history of trauma. On examination, there is decreased breath sounds and hyperresonance on the right side. What is the most likely diagnosis?

a) Asthma
b) Pulmonary embolism
c) Spontaneous pneumothorax
d) Pneumonia
e) Pleural effusion

Q#31: A 65-year-old man with a history of COPD presents with worsening shortness of breath and confusion. Arterial blood gas (ABG) analysis reveals: pH: 7.28, $PaCO_2$: 60 mmHg, PaO_2: 50 mmHg, HCO_3^-: 26 mEq/L. What type of respiratory failure is this?

a) Type I respiratory failure (hypoxemic)
b) Type II respiratory failure (hypercapnic)
c) Metabolic acidosis
d) Normal respiratory function
e) Respiratory alkalosis

Q#32: A 68-year-old male with diabetes presents with a 3-day history of fever, productive cough, and pleuritic chest pain. Vitals: Temp 38.8°C, BP 90/50 mmHg, RR 24/min, HR 98/min, SpO_2 92% RA. Chest exam reveals crackles in the right lower zone. Chest X-ray confirms right lower lobe consolidation. No recent hospitalization or risk factors for MRSA/Pseudomonas. Which of the following is the most appropriate empiric antibiotic regimen?

a) Azithromycin alone
b) Ceftriaxone plus azithromycin
c) Levofloxacin plus vancomycin
d) Piperacillin-tazobactam plus meropenem
e) Doxycycline alone

Q#33: A 60-year-old man presents with 4 days of high-grade fever, dry cough, shortness of breath, and watery diarrhea. He is mildly confused and has a temperature of 39.5°C. Vitals: BP 100/65 mmHg, HR 105 bpm, RR 26/min, SpO_2 91% on room air. He has a history of chronic smoking and recently stayed in a hotel with a central air-conditioning system. Chest X-ray shows patchy unilateral lower lobe infiltrates. His sodium level is 128 mEq/L. Which of the following is the most appropriate empiric antibiotic to cover the most likely causative organism?

a) Ceftriaxone
b) Piperacillin-tazobactam
c) Azithromycin
d) Amoxicillin-clavulanate
e) Linezolid

Q#34: A 45-year-old man presents with 7 days of fever, cough, and right-sided chest pain. He was treated for pneumonia with oral antibiotics but now has worsening symptoms. Exam reveals dullness to percussion and decreased breath sounds at the right base. Chest X-ray shows a right-sided opacity. Ultrasound confirms a loculated pleural effusion. Pleural fluid analysis shows: Appearance: Turbid yellow, pH: 6.9, Glucose: 30 mg/dL, LDH: 1200 U/L, Protein: 4.5 g/dL, Neutrophils: 90%, Gram stain: Positive. What is the most likely diagnosis?

a) Lung abscess
b) Simple parapneumonic effusion
c) Empyema thoracis
d) Tuberculous pleuritis
e) Transudative effusion

Q#35: A 59-year-old man is admitted to the hospital after out-ofhospitalcardiac arrest. He is successfully resuscitated and atthe hospital is found to have acute st elevation across chestleads v1 through v4, a suggestion of anterior wall myocardialinfarction, and increased cardiac enzyme values.revascularization with a stent placed at the left anterior descendingartery is successful. On day 03, clinical examination shows normal venous pressure and heart sounds and clear lung fields. No peripheral edema is present.his 12-lead electrocardiogram shows changes consistent with anterior wall myocardial infarction. On telemetry, however,several ventricular premature contractions, both singly and in couplets, give a bigeminal pattern. Bedside echocardiographyshows an ejection fraction of 55% with mild anteriorwall motion abnormalities consistent with the previousinfarction. Predisharge exercise treadmill test shows appropriateworkload without evidence of ischemia. At this time you advise:

a) prophylactic cardioverter-defibrillator implantation
b) diagnostic electrophysiologic study and implantable cardioverter-defibrillator if inducible ventricular tachycardianodules of small mature lymphocytes
c) amiodarone loading dose and maintenance dose of 200mg daily for at least 3 months
d) assessment and treatment of modifiable cardiac risk factors
e) holter monitoring at 1 month after dismissal and electrophysiologicstudy if results are positive

Q#36: A 17-year-old boy comes for evaluation of a syncopal spell thatoccurred while he was waiting in the dentist's office. Althoughthe spell was sudden, he remembers feeling hot and clammyand having a sensation of tunnel vision and of "not being there"shortly before losing consciousness. Afterward, he came aroundquickly and was fully oriented, although he felt somewhatfatigued. On examination in the office, there were no abnormalphysical findings. No orthostatic symptoms or signs were apparent.peripheral pulse and neurologic evaluation were normal. Your next step is:

a) order a tilt-table test
b) give a β-adrenergic blocker to prevent further episodes ofsyncope
c) perform awake and sleep electroencephalography to ruleout epilepsy
d) reassure the patient
e) advise an increased salt intake in the diet

Q#37: A 65-year-old man who had his first myocardial infarction 10years ago comes for evaluation. His most recent echocardiogramshows an ejection fraction of 25%. He denies syncopeor palpitations. There is no history suggestive of angina or congestiveheart failure. He is receiving maximal medical therapy. The 12-lead electrocardiogram is normal. You recommend:

a) cardiac catheterization and possible revascularization
b) exercise perfusion study to assess for ischemia
c) implantation of a cardioverter-defibrillator
d) prolonged holter monitoring to assess for malignantarrhythmias
e) reassure the patient and arrange for outpatient follow-upin 6 months

Q#38: An 80-year-old woman presents to the emergency departmentwith palpitations, dizziness, and shortness of breath. In the past,similar episodes have terminated spontaneously or with a valsalvamaneuver. Apart from increased cholesterol level and hypertension,which are both under good control, her health is otherwiseexcellent. When seen, she is mildly distressed but fullyconscious and alert. You note that an electrocardiogram obtainedin the past, when she was asymptomatic, was entirely normal. Which of the following is most likely?

a) sinus tachycardia
b) supraventricular tachycardia due to atrioventricular nodereentry
c) atrial fibrillation
d) ventricular tachycardia
e) pacemaker-mediated tachycardia

Q#39: A 48-year-old man is admitted to the coronary careunit with an acute inferior myocardial infarction. Two Hours after admission, his blood pressure is 86/52 mmhg;his heart rate is 40 beats per minute with sinus rhythm. Which of the following would be the most appropriateinitial therapy?

a) Immediate insertion of a temporary transvenouspacemaker
b) Intravenous administration of atropine sulfate,0.6 mg
c) Administration of normal saline, 300 ml over15 min
d) Intravenous administration of dobutamine,0.35 mg/min
e) Intravenous administration of isoproterenol,5.0 _g/min

Q#40: In a cigarette smoker with a history of intermittent claudication and newly diagnosedhtn, a doubling of the serum creatinine concentration immediately afterthe addition of an ace inhibitor suggests:

a) Hemodynamically significant bilateral renal artery stenosis
b) Pheochromocytoma
c) Primary aldosteronism
d) Emboli from arteriosclerosis obliterans of the descending aorta
e) Secondary aldosteronism

Q#41: A 35-year-old female presents for evaluation of chest pain. She describes "centralchest pressure" that comes on when she is angry at her students or when sheswims. The discomfort is accompanied by shortness of breath and is relievedwithin a few minutes by leaving the classroom or by rest. She denies any chestpain at rest or at night. She has never used ntg. She has no history of dm orhtn. She smokes one pack per day of cigarettes. She feels that she is overweightand is trying to follow a low-fat diet and to lose weight. Her cholesterol has never Been checked. Her father died of an ami at age 63.on physical exam, her bp is 120/70 mmhg and hr is 72 bpm and regular.her cardiac exam is normal. Her resting ecg is normal. What is the preferred initial diagnostic test on this patientaccording to acc/aha practice guidelines?

a) Trademill exercise testing
b) Exercise mpi
c) Adenosine mpi
d) Exercise echocardiography
e) Dobutamine echocardiography

Q#42: A 56-year-old man comes to the office a few days after an episode of chest pain. This was his first episode of pain, and he has no risk factors. In the emergency Department, he had a normal ekg and normal ck-mb and was released the next Day. Which of the following is most appropriate in his further management?

a) Repeat ck-mb
b) Statin
c) Ldl level
d) Stress (exercise tolerance) testing
e) Angiography

Q#43: A 63-year-old woman is in your office for evaluation of an abnormal stress test that Shows an area of reversible ischemia. She has no risk factors for cad. What is the Most accurate diagnostic test, or what is the best next step in further management?

a) Troponin level
b) Angiography
c) Coronary bypass
d) Echocardiogram
e) Nuclear ventriculogram (muga scan)

Q#44: A patient admitted 5 days ago for a myocardial infarction has a new episode of Chest pain. Which of the following is the most specific method of establishing the Diagnosis of a new infarction?

a) Ck-mb
b) Troponin
c) Echocardiogram
d) Stress testing
e) Angiography

Q#45: A 72-year-old man comes to the emergency department having had chest pain for the last hour. His initial ekg shows st segment elevation in leads v2–v4. Aspirin has been given. Which of the following will most likely benefit this patient?

a) Ck-mb
b) Stress test
c) Angioplasty
d) Metoprolol
e) None of the above

Q#46: A 54-year-old man with a history of diabetes and hypertension comes to the Emergency department with crushing, substernal chest pain that radiates to his Left arm. The pain has been on and off for several hours, with this last episode Being 30 minutes in duration. He has had chest pain on exertion before, but this is the first time it has developed at rest. The ekg is normal. Aspirin, oxygen, and Nitrates have been given. Troponin levels are elevated. Which of the following is Most likely to benefit this patient?

a) Low molecular weight heparin
b) Thrombolytics
c) Diltiazem
d) Morphine
e) Ck-mb levels

Q#47: Many medications, such as statins, cholestyramine, gemfibrozil, ezetimibe, andniacin, lower ldl, lower triglycerides and total cholesterol, and raise hdl. Which of the following is the most important reason for using statins?

a) Fewer adverse effects
b) Lower cost
c) Greater patient acceptance
d) Greatest mortality benefit
e) Greatest effect on lowering ldl

Q#48: A 63-year-old woman comes to the emergency department with acute, severe shortness of breath; rales on lung exam; s3 gallop; and orthopnea. Which of the following is the most important step?

a) Chest x-ray
b) Oxygen, furosemide, nitrates, and morphine
c) Echocardiogram
d) Digoxin
e) None of the above

Q#49: An 80-year-old woman is admitted to the intensive care unit for acute pulmonary edema. She has rales to the apices and jugulovenous distention. Her ekg shows ventricular tachycardia. Which of the following is the best therapy?

a) Synchronized cardioversion
b) Unsynchronized cardioversion
c) Lidocaine
d) Amiodarone
e) Metoprolol

Q#50: A 42 years old man present to emergency with acute chest pain. All of the following may be potential cause of chest discomfort except?

a) myocardial ischemic
b) aortic dissection
c) pneumothorax
d) herpes zoster
e) vsd

Q#51: Which of the following cause continuouss murmur?

a) VSD
b) ASD
c) Aortic stenosis
d) Mitral regurgitation
e) PDA

Q#52: All of the following can occur as complication of myocardial infarction except:

a) Mitral regurgitation
b) Mitral stenosis
c) Ventricule septal rapture
d) Af
e) Vt

Q#53: Which of the following can be given to increase heart rate in sinus bradycardia?

a) Verapamil
b) Digoxin
c) Amiodarone
d) Atropine
e) Metoprolol

Q#54: A known case of copd & congestive heart failure presents to you with shortness of breath which of the following blood test is useful to differentiate between cadiac & respiratory causes of copd?

a) BNP
b) S-calcium
c) Serum alkaline phosphatase
d) Serum eleclrolytes
e) Arteral blood gases (abgs)

Q#55: All of the following can cause high output cardiac failure except?

a) Hypertrophic cardiomyopathy
b) Carcinoid syndrom
c) Beriberi
d) Hyperthyroidism
e) Severe anemia

Q#56: A known patient of ischemic heart disease who has reduced ejection fraction presents with shortness of breath with minimal physical activities. Which nyha class is he in?

a) NYHA I
b) NYHA II
c) NYHA III
d) NYHA IV
e) CCS III

Q#57: A 60 yerars old male presented with sudden onsent of palpitation. Ecg in emergency showed fast atrial fibrillation. Its b.p dropped from 120/80 to 70 systolic. Which is the most appropriate action to be taken in emergency department?

a) iv metoprolol
b) iv digoxin
c) iv amiodarone
d) normal saline and then oral calcium chamnelblodia
e) dc cardioversion

Q#58: In second degree mobilize type 1 block, the basic pathology lies in:

a) Sa node
b) Atria
c) Av node
d) Right bundle branch
e) Left bundle branch

Q#59: A 65 years old male with diabetes, developed heart failure after anterior wall mi. Which is the preferred drug for treatment of his diabetes?

a) Biguanides
b) Sulfonylurea
c) Thiozolidinedione
d) Sglt2 inhibitors
e) Acrabose

Q#60: A 70 years old male presents with acute cp and diaphoresis for 2 hours to er department. Diagnosis of acute stemi is made which of the following is definitive treatment?

a) Primary pci
b) Thrombolytic
c) Anticoagulation
d) Dual autiplatelets
e) Beta blockers

Q#61: 55 years old diabetic female admitted as a case of acute inferior wall mi with rv infarct, dropped b.p to 90/50. What 1st management step will you do?

a) Iv dopamine support
b) Iv dobutamine support
c) Iv fluids
d) Iv adrenaline
e) Beta blocker

Q#62: What is the ideal door to balloon time in stemi patient?

a) <90 mints
b) 120 mints
c) 180 mints
d) 60 mints
e 30mnts

Q#63: What is the ideal door to needle time in stemi ?

a) 30 mints
b) 60 mints
c) 90 mints
d) 120 mints
e) 180 mnts

Q#64: What is rescue pci?

a) Pci after failed thrombolysis
b) Pci after successful thrombolysis
c) Pci after anticoagulation
d) Pci after hospital discharge
e) Pci without thrombolysis

Q#65: Which patients should be treated with beta blocker?

a) patient in acute heart failure
b) asthamatic
c) patients with 1st degree
d) extensive mi
e) complete heart block

Q#66: Which is the mechanical complication of mi?

a) Ventricular septal rupture
b) Complete heart block
c) Ventricular tachycardia
d) Atrial fibrillation
e) Asystally

Q#67: Other than plaque rupture which of the following cannot cause mi?

a) Coronary vasospasm
b) Coronary embolism
c) Spontaneous coronary artery disection
d) Deep vein thrombosis
e) Coronary artery severe bridging

Q#68: 60 year old female diabetic presented with chest pain that increased with breathing and was relieved with leaning forward. Ecg showed st elevation in i avl, ii, iii, avf and precordial leads. What is the diagnosis?

a) Pleuritis
b) Pericarditis
c) Extensive mi
d) Inferior mi
e) Lateral mi

Q#69: What is the most important hemodynamic criteria of cardiogenic shock?

a) Sbp <70mm hg for > 30mints
b) Cardiac index >202 l/mm/m2
c) Pulmonary artery pressure< 15-18mm hg
d) Heart rate 50bpm
e) Dyspnea nyha iii

Q#70: 70 year old male admitted with acute awmi suddenly dropped sbp <90mmhg. On auscultation he has a pan systolic murmur. What is the cause of psm?

a) Aortic regurgitation
b) Aortic stenosis
c) Mitral regurgitation
d) Mitral stenosis
e) Tricuspid stenosis

Q#71: A 55-year-old man presents to the Emergency Department with a stab wound to the left chest just below the nipple. His blood pressure is 100/60 mm Hg, heart rate is 120 beats/min, and his respiratory rate is 14 breaths/min. GCS is 14. On exam, he has distended neck veins, heart sounds are muffled, and breath sounds are clear bilaterally. The next best step in the management is:

a) Endotracheal intubation
b) Left tube thoracostomy
c) Pericardiocentesis
d) FAST scan
e) Median sternotomy

Q#72: A 27 year old male was stabbed in his right chest. He has a patent airway but is breathless upon arrival in the Emergency Department. Auscultation reveals absent breath sounds in the right hemithorax. Abdomen and the rest of primary survey is unremarkable. His Blood Pressure is 90/60 mm Hg and pulse is 99 beats/min. X-ray chest shows a large haemothorax. What is the best next step in his management.

a) Emergency Thoracotomy
b) Endotracheal intubation and mechanical ventilation
c) Observation alone
d) Right side chest tube insersion
e) Exploratory laparotomy.

Q#73: An 18-year-old man presents to the emergency department with gunshot wound to the left chest in the anterior axillary line in the seventh intercostal space. A rushing sound is audible during inspiration. Immediate management is which of the following?

a) Exploratory laparotomy
b) Exploratory thoracotomy
c) Pleurocentesis
d) Closure of the hole with sterile dressing
e) Insertion of chest tube

Q#74: A 32-year-old female falls from the tenth floor of her apartment building in an apparent suicide attempt. Upon presentation, the patient has obvious head and extremity injuries. Primary survey reveals that the patient is totally apneic. By which method is the immediate need for a definitive airway in this patient best provided?

a) Orotracheal intubation
b) Nasotracheal intubation
c) Percutaneous cricothyroidotomy
d) Intubation over a bronchoscope
e) Needle cricothyroidotomy

Q#75: A 30-year-old man is brought to the emergency department in respiratory distress following shotgun wound to the face. There is possible cervical spine injury. Which is the best way to gain rapid control of the airway?

a) Nasotracheal intubation
b) Percutaneous jet ventilation
c) Cricothyroidotomy
d) Endotracheal intubation
e) Aspiration of blood from pharynx and jaws thrust

Q#76: A cyanotic newborn has an X-ray showing an "egg-on-a-string" cardiac silhouette. What is the most likely diagnosis?

a) *Tetralogy of Fallot*
b) *Truncus arteriosus*
c) Transposition of great arteries
d) Tricuspid atresia
e) TAPVC

Q#77: Which structure is critical for survival in untreated TGA?

a) Patent ductus arteriosus
b) Atrial septal defect
c) Ventricular septal defect
d) Aortic coarctation
e) Pulmonary stenosis

Q#78: The coronary arteries in TGA arise from which vessel?

a) Pulmonary trunk
b) Aorta (anteriorly positioned)
c) Right ventricle
d) Left subclavian artery
e) Coronary sinus

Q#79: Which ECG finding is most typical in TGA?

a) Left axis deviation
b) Right axis deviation
c) Delta waves
d) Prolonged QT interval
e) Left bundle branch block

Q#80: Definitive treatment for TGA involves:

a) Balloon valvuloplasty
b) Arterial switch operation (Jatene procedure)
c) Blalock-Taussig shunt
d) PDA stenting
e) Heart transplantation

Q#81: A 6-month-old infant has HR 280 bpm, poor feeding, and pallor. The most likely diagnosis is:

a) Sinus tachycardia
b) Supraventricular tachycardia
c) Ventricular tachycardia
d) Atrial fibrillation
e) Complete heart block

Q#82: First-line acute management of stable SVT in an infant:

a) Amiodarone
b) Vagal maneuvers (ice to face)
c) Synchronized cardioversion
d) Digoxin
e) Adenosine

Q#83: Which ECG finding confirms SVT?

a) P waves before every QRS
b) Narrow QRS complex (>120 bpm)
c) Delta waves
d) Torsades de pointes
e) Prolonged PR interval

Q#84: The re-entrant circuit in SVT most commonly involves:

a) SA node
b) AV node and accessory pathway
c) Bundle of His
d) Purkinje fibers
e) Left atrium

Q#85: Chronic management of recurrent SVT may include:

a) Beta-blockers (propranolol)
b) Warfarin
c) ACE inhibitors
d) Diuretics
e) Calcium supplements

Q#86: The most common congenital heart defect is:

a) ASD
b) VSD
c) PDA
d) Coarctation
e) TOF

Q#87: A loud holosystolic murmur at the left lower sternal border suggests:

a) ASD
b) VSD
c) Aortic stenosis
d) Pulmonary stenosis
e) TAPVC

Q#88: Which VSD type is most likely to close spontaneously?

a) Perimembranous
b) Muscular
c) Supracristal
d) Inlet
e) Gerbode

Q#89: Eisenmenger syndrome may complicate untreated:

a) Small ASD
b) Large VSD
c) Mild pulmonary stenosis
d) Coarctation
e) Bicuspid aortic valve

Q#90: Surgical closure is indicated for VSD with:

a) Asymptomatic small defect
b) Pulmonary hypertension
c) Qp:Qs <1.5
d) Normal growth
e) Age >5 years

Q#91: The four components of TOF include all EXCEPT:

a) VSD
b) RV hypertrophy
c) Overriding aorta
d) Left atrial enlargement
e) Pulmonary stenosis

Q#92: A "tet spell" is treated with:

a) Adenosine
b) Knee-chest position + morphine
c) Beta-blockers
d) Digoxin
e) IV diuretics

Q#93: Chest X-ray in TOF shows:

a) Egg-on-string
b) Boot-shaped heart
c) Snowman
d) Cardiomegaly
e) Rib notching

Q#94: Definitive TOF repair involves:

a) VSD closure + RVOT reconstruction
b) PDA ligation
c) Atrial switch
d) Heart transplant
e) Balloon valvotomy

Q#95: TOF is associated with:

a) Down syndrome
b) 22q11 deletion
c) Marfan syndrome
d) Turner syndrome
e) Noonan syndrome

Q#96: Weak femoral pulses with upper extremity hypertension suggest:

a) PDA
b) Coarctation
c) AS
d) VSD
e) TOF

Q#97: Rib notching on X-ray is due to:

a) Collateral circulation
b) Pulmonary edema
c) RV hypertrophy
d) Pneumonia
e) Osteoporosis

Q#98: Coarctation is associated with:

a) Bicuspid aortic valve
b) Mitral stenosis
c) Tricuspid atresia
d) Ebstein anomaly
e) TAPVC

Q#99: First-line imaging for diagnosis:

a) ECG
b) Echocardiogram
c) Cardiac MRI
d) Chest CT
e) Angiography

Q#100: Emergency treatment in critical neonatal coarctation:

a) Prostaglandin E1
b) Beta-blockers
c) Digoxin
d) Diuretics
e) Adenosine

Q#101: Which of the following is a major Jones criterion for rheumatic fever?

a) Fever
b) Erythema marginatum
c) Arthralgia
d) Elevated CRP
e) Tachycardia

Q#102: Rheumatic fever is a post-infectious complication of which pathogen?

a) Staphylococcus aureus
b) Streptococcus pneumoniae
c) Group A Streptococcus
d) Mycoplasma pneumoniae
e) Haemophilus influenzae

Q#103: The most common cardiac manifestation of rheumatic fever is:

a) Pericarditis
b) Mitral regurgitation
c) Aortic stenosis
d) Ventricular septal defect
e) Coronary artery aneurysm

Q#104: Which of the following is NOT a minor Jones criterion?

a) Fever
b) Arthralgia
c) Subcutaneous nodules
d) Elevated ESR
e) Prolonged PR interval

Q#105: Primary prevention of rheumatic fever involves:

a) Prompt antibiotic treatment of strep throat
b) NSAIDs for joint pain
c) Corticosteroids for carditis
d) Valve replacement surgery
e) Long-term anticoagulation

Q#106: The pathognomonic rash of rheumatic fever is:

a) Maculopapular rash
b) Erythema marginatum
c) Petechiae
d) Urticaria
e) Purpura

Q#107: Secondary prophylaxis for rheumatic fever involves:

a) Monthly benzathine penicillin G
b) Daily aspirin
c) ACE inhibitors
d) Diuretics
e) Vaccination against Streptococcus

Q#108: The most common causative organism of croup is:

a) Haemophilus influenzae
b) Parainfluenza virus
c) Streptococcus pyogenes
d) Respiratory syncytial virus (RSV)
e) Mycoplasma pneumoniae

Q#109: A 2-year-old presents with barking cough, stridor, and fever. What is the most likely diagnosis?

a) Epiglottitis
b) Croup
c) Bronchiolitis
d) Pneumonia
e) Asthma

Q#110: The first-line treatment for moderate croup is:

a) Antibiotics
b) Nebulized epinephrine + dexamethasone
c) Antihistamines
d) Bronchodilators
e) Chest physiotherapy

Q#111: The classic radiographic finding in croup is:

a) Consolidation
b) Steeple sign
c) Pneumothorax
d) Ground-glass opacity
e) Rib fractures

Q#112: Which of the following distinguishes epiglottitis from croup?

a) Sudden-onset high fever + drooling
b) Barking cough
c) Wheezing
d) Gradual progression
e) Response to steroids

Q#113: Severe croup may require:

a) Heliox therapy
b) IV antibiotics
c) Antivirals
d) Diuretics
e) Beta-blockers

Q#114: Croup is most common in which age group?

a) Neonates
b) 6 months – 3 years
c) 5–10 years
d) Adolescents
e) Adults

Q#115: The most common cause of viral ARI in children is:

a) Influenza
b) Rhinovirus
c) Adenovirus
d) RSV
e) Coronavirus

Q#116: A child with wheezing + fever + runny nose likely has:

a) Pneumonia
b) Bronchiolitis (RSV)
c) Asthma
d) Croup
e) Sinusitis

Q#117: Antibiotics are NOT indicated in:

a) Bacterial pneumonia
b) Uncomplicated viral URI
c) Streptococcal pharyngitis
d) Otitis media
e) Sinusitis

Q#118: Influenza is best diagnosed by:

a) Blood culture
b) Rapid antigen test (nasal swab)
c) Chest X-ray
d) Throat culture
e) Sputum Gram stain

Q#119: Post-viral bacterial superinfection is commonly caused by:

a) S. pneumoniae
b) E. coli
c) Klebsiella
d) Pseudomonas
e) Mycoplasma

Q#120: Symptomatic treatment for viral ARI includes:

a) Hydration + antipyretics
b) Antibiotics
c) Antivirals (for all cases)
d) Steroids
e) Bronchodilators