MBBS 5th Prof.
EOSE-P
(Renal-3 and Endocrine & Reproduction-3)

Roll No: 20-
Date: 19/11/2025

MCQs Time: 120 min Marks: 120

- **Write your Roll No. on Scoring sheet & Question Paper.**
- **Select the best answer from given choices by filling the circle in Scoring sheet as ●**

1. Which of the following is the most common cause of pre-renal acute kidney injury?
   A. Acute tubular necrosis
   B. Dehydration
   C. Glomerulonephritis
   D. Urinary tract obstruction
   E. Nephrotoxic drugs
2. Which of the following laboratory findings is most characteristic of intrinsic AKI due to acute tubular necrosis?
   A. Fractional excretion of sodium (FeNa) <1%
   B. Urine sodium >40 mEq/L
   C. Urine specific gravity >1.030
   D. BUN:Creatinine ratio >20:1
   E. Hyperkalemia with metabolic alkalosis
3. The most common cause of post-renal acute kidney injury is:
   A. Renal artery stenosis
   B. Nephrolithiasis causing obstruction
   C. Glomerulonephritis
   D. Acute interstitial nephritis
   E. Diabetic nephropathy
4. Which of the following is NOT a typical feature of chronic kidney disease?
   A. Normocytic normochromic anemia
   B. Hyperphosphatemia
   C. Hypokalemia
   D. Metabolic acidosis
   E. Secondary hyperparathyroidism
5. Which of the following stages of CKD corresponds to an eGFR of 30-59 mL/min/1.73 m^2?
   A. Stage 1
   B. Stage 2
   C. Stage 3
   D. Stage 4
   E. Stage 5
6. In CKD, the most common cause of death is:
   A. Infection
   B. Cardiovascular disease
   C. Electrolyte imbalance
   D. Uremic encephalopathy
   E. Hyperkalemia
7. Which of the following is a classic feature of nephrotic syndrome?
   A. Hematuria
   B. Proteinuria >3.5 g/day
   C. Hypertension
   D. Oliguria
   E. RBC casts in urine
8. The hypoalbuminemia in nephrotic syndrome is primarily due to:
   A. Decreased synthesis by the liver
   B. Increased renal loss of albumin
   C. Increased degradation of albumin
   D. Dilutional effect due to fluid overload
   E. Loss of albumin through the gastrointestinal tract
9. Minimal change disease is most commonly seen in:
   A. Elderly patients
   B. Children
   C. Diabetics
   D. Patients with lupus
   E. Patients with hepatitis B
10. Which of the following is a common complication of nephrotic syndrome?
    A. Hypercoagulability
    B. Hypocalcemia
    C. Hypernatremia
    D. Metabolic alkalosis
    E. Hypokalemia
11. Which of the following is the hallmark of nephritic syndrome?
    A. Massive proteinuria
    B. Hematuria with RBC casts
    C. Hyperlipidemia
    D. Severe hypoalbuminemia
    E. Edema without hypertension

12. Which of the following is a common cause of post-infectious glomerulonephritis?
    A. Streptococcus pyogenes
    B. Staphylococcus aureus
    C. Escherichia coli
    D. Mycobacterium tuberculosis
    E. Hepatitis C virus
13. A patient with nephritic syndrome is most likely to have:
    A. Hyperlipidemia
    B. Severe edema and ascites
    C. Hypertension and oliguria
    D. Isolated proteinuria
    E. Polyuria and polydipsia
14. Which of the following urinary findings is typically seen in nephritic syndrome?
    A. Fatty casts
    B. RBC casts
    C. Waxy casts
    D. Broad casts
    E. Crystals
15. Which of the following is TRUE regarding the difference between nephrotic and nephritic syndrome?
    A. Nephrotic syndrome is characterized by hematuria, nephritic by heavy proteinuria
    B. Nephritic syndrome is associated with hypoalbuminemia more than nephrotic syndrome
    C. Nephrotic syndrome typically presents with hyperlipidemia and edema
    D. Nephritic syndrome is caused by tubular injury
    E. Nephrotic syndrome always progresses to ESRD
16. In which of the following conditions is renal biopsy most useful to establish diagnosis?
    A. AKI due to dehydration
    B. CKD due to hypertension
    C. Nephrotic syndrome of unknown cause
    D. Post-renal AKI due to obstruction
    E. Prerenal azotemia
17. Which of the following electrolyte abnormalities is commonly seen in AKI?
    A. Hypokalemia
    B. Hyperkalemia
    C. Hypophosphatemia
    D. Hypocalcemia
    E. Hyponatremia
18. The most important initial treatment step in pre-renal AKI is:
    A. Dialysis
    B. Fluid resuscitation
    C. Loop diuretics
    D. ACE inhibitors
    E. Immunosuppressants
19. What is the primary function of the renal pelvis?
    A. To filter blood
    B. To store urine
    C. To collect urine from the nephrons
    D. To secrete hormones
    E. To regulate pH of urine
20. Which hormone regulates urine concentration and volume?
    A. Insulin
    B. Antidiuretic hormone (ADH)
    C. Aldosterone
    D. Parathyroid hormone
    E. Cortisol
21. Which organism is most commonly responsible for urinary tract infections?
    A. Escherichia coli
    B. Staphylococcus aureus
    C. Pseudomonas aeruginosa
    D. Enterococcus faecalis
    E. Klebsiella pneumoniae
22. What is a common symptom of kidney stones?
    A. Hematuria
    B. Hypertension
    C. Tachycardia
    D. Urethral burning
    E. Polyuria
23. Benign Prostatic Hyperplasia (BPH) primarily affects which zone of the prostate?
    A. Peripheral
    B. Central
    C. Transitional
    D. Anterior
    E. Posterior
24. Which is the most common type of bladder cancer?
    A. Squamous cell carcinoma
    B. Adenocarcinoma
    C. Transitional cell carcinoma
    D. Neuroendocrine tumor
    E. Small cell carcinoma

25. Stress incontinence in women is most commonly due to weakness of:
A. Internal sphincter
B. Detrusor muscle
C. Pelvic floor muscles
D. Bladder wall
E. External urethral sphincter

26. What is a common cause of acute renal failure?
A. Diabetes mellitus
B. Chronic hypertension
C. Dehydration
D. Polycystic kidney disease
E. Glomerulonephritis

27. Which one of the conditions below is the most likely cause of azoospermia?
A. Low serum testosterone
B. Obstructed vas
C. Low serum FSH
D. Hydrocele
E. Testicular atrophy

28. Which medication class is commonly used to treat erectile dysfunction?
A. Beta-blockers
B. Phosphodiesterase type 5 inhibitors
C. ACE inhibitors
D. Calcium channel blockers
E. Alpha-adrenergic blockers

29. A 7-year-old child with diarrhea for 3 days presents with decreased urine output. On examination: BP 85/50 mmHg, dry mucous membranes, and sunken eyes. Labs show urea 112mg/dl and creatinine 3mg/dl. What is the most likely type of AKI?
A. Intrinsic renal injury
B. Prerenal azotemia
C. Postrenal obstruction
D. Acute glomerulonephritis
E. Chronic renal failure

30. A 1-year-old presents with vomiting and diarrhea for 2 days. He is lethargic with no urine output in 10 hours. What is the most appropriate first step in management?
A. Oral rehydration
B. IV furosemide
C. Immediate dialysis
D. Fluid bolus of isotonic saline
E. Start corticosteroids

31. A 2-year-old child with AKI has lab results: Creatinine 3.0 mg/dL, BUN 60 mg/dL, K+ 6.0 mEq/L, pH 7.28, bicarbonate 16 mEq/L. Which clinical parameter must be monitored most closely?
A. Respiratory rate
B. Blood glucose
C. Serum calcium
D. Cardiac rhythm
E. Hemoglobin

32. Which of the following biochemical changes is most likely to be seen in a child with advanced CKD?
A. Hypercalcemia, hypophosphatemia
B. Hypokalemia, alkalosis
C. Hypocalcemia, hyperphosphatemia
D. Normal calcium, high urea
E. High sodium, high calcium

33. A child with CKD is found to have persistent hypertension. Which class of antihypertensives is preferred for renal protection?
A. Beta-blockers
B. Calcium channel blockers
C. ACE inhibitors
D. Diuretics
E. Alpha-adrenergic blockers

34. A 4-year-old boy presents with puffiness of face, periorbital edema, and frothy urine for 1 week. Urine dipstick shows 4+ protein, no hematuria. Serum albumin is 2 g/dL, cholesterol 310 mg/dL. The most likely diagnosis is:
A. Acute glomerulonephritis
B. Minimal change disease
C. Focal segmental glomerulosclerosis
D. Membranous nephropathy
E. Post-streptococcal nephritis

35. A child with steroid-sensitive nephrotic syndrome is on daily prednisolone. After 2 weeks, the child develops fever, abdominal pain, and tenderness. What is the *most likely complication*?
    A. Mesenteric ischemia
    B. Spontaneous bacterial peritonitis (SBP)
    C. Appendicitis
    D. Pancreatitis
    E. Intestinal obstruction
36. A 3-year-old girl has fever, vomiting, and dysuria. Urinalysis shows pus cells > 10/hpf and positive nitrite test. The most likely causative organism is:
    A. Staphylococcus aureus
    B. Proteus mirabilis
    C. Pseudomonas aeruginosa
    D. Escherichia coli
    E. Klebsiella pneumoniae
37. Which of the following is a clinical manifestation of hypothyroidism in an infant?
    A. Poor feeding
    B. Jaundice resolving within 24 hours
    C. Increased activity
    D. Hoarse cry
    E. constipation
38. A child with newly diagnosed IDDM is brought to the emergency room with fruity-smelling breath, rapid, deep breathing (Kussmaul breathing), and altered mental status. The presentation is the most indicative of:
    A. Hypoglycemia
    B. Diabetic ketoacidosis
    C. A urinary tract infection
    D. A severe allergic reaction
    E. High serum cortisol levels
39. A newborn has a high TSH and low fT4 on newborn screening. Which of the following is the most common cause of primary congenital hypothyroidism in infants?
    A. Iodine excess
    B. Maternal antithyroid antibodies
    C. Thyroid dysgenesis
    D. Central hypothyroidism
    E. secondary hypothyroidism
40. A child with short stature has a normal birth weight, growth delay seen after age 1, growth velocity less than 4 cm/year, a bone age significantly delayed compared to chronological age, and infantile facial features. These findings are MOST suggestion of:
    A. Cognitional delay of growth
    B. Idiopathic short stature
    C. Growth hormones deficiency
    D. Familiar short stature
    E. Chronic renal insufficiency
41. A 15-year-old known Type 1 diabetic patient was brought to emergency department with complaints of fever, drowsiness, and shortness of breath. On arrival to E.R RBS was 480 mg/dl. Urgent ABG's were performed, which showed Ph= 7.3, HCO3= 12, CO2 = 40, O2 = 88. Which is the most likely diagnosis?
    A. Respiratory Alkalosis
    B. Respiratory Acidosis
    C. Metabolic Alkalosis
    D. Metabolic Acidosis
    E. Normal ABG's
42. A 15-year-old known Type 1 diabetic patient was brought to emergency department with complaints of fever, drowsiness, and shortness of breath. On arrival to E.R RBS was 480 mg/dl. Urgent ABG's were performed, which showed Ph= 7.21, HCO3= 8, CO2 = 12, O2 = 88. Which is the most likely diagnosis?
    A. Partially Compensated Metabolic Acidosis
    B. Completely compensated Metabolic Acidosis
    C. Uncompensated Metabolic Alkalosis
    D. Mixed Acis Base Disorder
    E. Normal ABG's
43. A 30-year-old woman referred to you for treatment of obesity. Her BMI was 37 and BP 140/90mmHg. Which of following considerations would be correct when considering treatment in this woman?
    A. An anti-obesity drug should only be considered in those with a body mass index of 25 kg/m2 greater.
    B. Anti-obesity drug treatment should be discontinued if individual regains weight at any time whilst receiving drug treatment.
    C. Combination anti-obesity drug therapy may be used in resistant cases.
    D. Diet and exercise are only effective methods of treatment over long-term.
    E. Orlistat is the only approved drug for Obesity.

44. What are the secondary
A. Hypothyroidism
B. Obstructive liver disease
C. Nephrotic syndrome
D. Anorexia nervosa
E. Acute intermittent porphyria.

45. Which new class of oral hypoglycemic drugs have shown effectiveness in heart failure patients?
A. DPP-4 inhibitors
B. GLP 1 agonist
C. SGLT 2 inhibitors
D. Metformin
E. Pioglitazone

46. You are suspecting Cushing's syndrome in a 26 years old lady, which initial screening test you will order.
A. Serum cortisol level
B. Over night dexamethasone suppression test
C. ACTH level
D. High dose dexamethasone suppression test
E. Long dose dexamethasone suppression test.

47. A 45 years old woman was diagnosed with Cushing Syndrome with high ACTH levels (ACTH Dependent Cushing syndrome). Her Pituitary MRI is normal. You want to differentiate between the Ectopic and Eutopic ATCH production. Which one of the following investigation will reliably differentiate between ectopic and Eutopic ACTH production.
A. Low dose dexamethasone Suppression Test (LDDST)
B. High dose dexamethasone Suppression Test (HDDST)
C. CRH stimulation Test
D. Inferior Petrosal Sinus Sampling (IPSS)
E. CT Scan Abdomen and Chest for ectopic Source

48. A 53-year-old man presents with headache, and he has noticed a change in his appearance. He has also noticed his hands seem larger. On examination blood pressure is 170/94 and has bitemporal hemianopia. MRI of the Pituitary gland reveals a tumor. What further investigations are likely to confirm the diagnosis?
A. ADH
B. Serum IGF-1 level
C. Serum TSH
D. Serum FSH
E. None of the above

49. A 30-year-old female is started on Thyroxin 100 mcg following a diagnosis of Hypothyroidism. What is the best biochemical marker to assess her response to treatment?
A. Total T4
B. TSH
C. Free T4
D. ESR
E. Free T3

50. A 62-year-old man is diagnosed with renal cell cancer. Which one of the following hormones is most likely to be present in excessive levels?
A. Erythropoietin
B. Parathyroid hormone
C. Growth hormone
D. ACTH
E. Renin

51. The best first line treatment strategy for a 40-year-old previously healthy and newly diagnosed diabetic lady with HbA1c of 7.2 % and fatty liver on ultrasound. In addition to life style modification what will be her initial best management?
A. Dietary control only
B. Metformin
C. Glimepiride
D. Sitagliptin
E. Regular insulin in low dose

52. Which of the following is the drug of choice for managing hypertension in a patient with early diabetic nephropathy?
A. Nifedipine
B. Atenolol
C. Valsartan
D. Hydrochlorothiazide
E. Methyldopa

53. A 25-year-old woman complains of recurrent throbbing unilateral headache with photophobia and nausea; lasts about 24 hours and is relieved by sleep. Her family history is positive for migraines. On examination all is normal. According to standard criteria, what is the next step in management?
A. Order MRI brain with angiography
B. Start prophylactic propranolol immediately
C. Diagnose migraine without aura and initiate acute therapy plus lifestyle advice
D. Refer for temporal artery biopsy
E. Begin antibiotics for suspected meningitis

54. A 40-year-old female complains of daily frontal dull headache for 4 weeks. She has increased blood pressure readings, especially in the mornings, and physical exam reveals a bruit over the right upper abdomen. Which diagnosis is most likely and which investigation is appropriate?
    A. Migraine – advise MRI brain
    B. Tension headache – no investigation
    C. Secondary headache from renal artery stenosis – MR/CT angiography of renal arteries
    D. Cluster headache – start high-flow oxygen therapy
    E. Trigeminal neuralgia – start carbamazepine
55. Which of the following clinical features warrants immediate referral to a specialist in a diabetic patient?
    A. HbA1c of 7.5%
    B. Mild non-proliferative retinopathy
    C. Uncontrolled blood sugars despite dual oral therapy
    D. Proliferative diabetic retinopathy with vision changes
    E. Microalbuminuria
56. A 45-year-old female with newly diagnosed type 2 diabetes presents with a BMI of 32 kg/m². Which of the following is the most appropriate initial pharmacological therapy?
    A. Metformin
    B. Sulfonylurea
    C. Insulin
    D. Thiazolidinedione
    E. DPP-4 inhibitor
57. A CTG trace shows a baseline fetal heart rate (FHR) of 170 bpm with reduced variability and no accelerations. The mother is febrile at 38.8°C. What is the most likely cause of fetal tachycardia?
    A. Maternal dehydration
    B. Fetal hypoxia
    C. Chorioamnionitis
    D. Maternal beta-agonist therapy
    E. Maternal hyperthyroidism
58. You are on duty in labor room and your senior has requested you to prepare a patient for c-section due to pathological CTG and fetal hypoxia. Which of the following is most specific for fetal hypoxia on CTG?
    A. Reduced baseline variability
    B. Late decelerations
    C. Absence of accelerations
    D. Early decelerations
    E. Baseline Tachycardia
59. You are handed over a patient in 1st stage of labor after spontaneous rupture of membranes. . you notice multiple variable decelerations in the CTG trace. What is the mechanism of variable decelerations on CTG?
    A. Uteroplacental insufficiency
    B. Head compression
    C. Umbilical cord compression
    D. Fetal cardiac conduction defect
    E. Fetal distress
60. Which of the following patterns is most consistent with fetal anemia (e.g., from Rh isoimmunization)?
    A. Late decelerations
    B. Sinusoidal CTG pattern
    C. Tachycardia with normal variability
    D. Early decelerations
    E. Reduced variability
61. A 30-year-old G2P1 at 35 weeks gestation with chronic hypertension presents for routine antenatal assessment. Her BPP shows:
    - Fetal breathing: 1 episode lasting 20 seconds
    - Gross body movements: 2 movements
    - Fetal tone: 1 extension with flexion
    - AFI: 4 cm
    - NST: reactive

Total BPP score = ? and what is the management?
    A. 8/10 → Reassure, repeat in 1 week
    B. 6/10 → Repeat within 24 hours
    C. 8/10 → Repeat in 24 hours
    D. 6/10 → Immediate delivery
    E. 4/10 → Repeat in 24 hours
62. A 40-year-old diabetic woman at 37 weeks has a BPP score of 4/10 (abnormal fetal tone and breathing; normal movements and AFI). NST is nonreactive.
    A. Repeat BPP in 24 hours
    B. Give maternal oxygen and recheck NST
    C. Deliver the baby immediately
    D. Repeat test in 6 hours after feeding mother
    E. Wait for spontaneous labor
63. Which of the following fetal parameters in the BPP is most sensitive to chronic hypoxia?
    A. Fetal tone
    B. Fetal breathing movements
    C. Amniotic fluid volume
    D. Gross body movements
    E. Non stress test

64. A 37-year-old multiparous woman, BMI 38, underwent cesarean section under spinal anesthesia. She is now on day 2 postpartum, with mild right calf pain and swelling.
A. Start oral antibiotics
B. Give oral analgesics and observe
C. Perform duplex Doppler ultrasound
D. Start low molecular weight heparin empirically
E. Surgically treat.

65. fetus at 29 weeks shows brain-sparing effect on Doppler (decreased resistance in middle cerebral artery, increased resistance in umbilical artery).
What is the physiological explanation?
A. Redistribution of blood flow to vital organs
B. Increased cardiac output
C. Placental vasodilatation
D. Fetal anemia
E. Fetal distress

66. Which one of the following factors does NOT decrease the perinatal mortality rate?
A. Lower social class.
B. Improved antenatal care.
C. Improved maternal health.
D. Prenatal care and counselling.
E. maternal education

67. Regarding fetal asphyxia which of the following is/are true?
A. Fetal asphyxia almost always occurs as a result of a gradual insufficiency in the umbilical blood flow or insufficient uterine blood flow
B. Occlusion of one or more of the vessels in the umbilical cord impedes the circulation to and from the fetus and during these events both the oxygen content of the fetal blood may decrease and the CO 2 content may increase
C. Excess fetal CO 2 is initially removed by a large increase in fetal respiratory rate
D. Prolonged hypoxia leads to a further increase in CO 2 content and further respiratory acidosis
E. The accumulation of CO 2 can deplete the buffer system causing failure of the ATP-dependent sodium–potassium pump initiating a cascade that leads to cell injury and death.

68. When a fetus is exposed to gradually evolving hypoxia the following is/are true:
A. The first feature that it will be seen on the CTG trace is the appearance of decelerations.
B. The presence of accelerations at the end of a deceleration ('overshoots') reflects a good sign of fetal wellbeing as it indicates that the fetus is well oxygenated.
C. A stable baseline with good variability in the presence of decelerations indicates that the fetus is exposed to stress but is compensating well.
D. In the presence of atypical decelerations, stopping oxytocin infusions can improve the CTG trace as this will reduce the strength, frequency or duration of uterine contractions and hence, improve fetal oxygenation.
E. If there is onset of reduction of baseline fetal heart rate and oxytocin infusion is continued to be increased it can lead to a typical 'step ladder pattern' to death

69. Which of the following is not an indication for intrapartum fetal surveillance?
A. Gestational hypertension
B. Diabetes in pregnancy
C. Decreased fetal movements
D. Breech presentation
E. Intrauterine growth retardation

70. If a non-stress test is non-reactive after 40 minutes the next step would be
A. Sent patient home and tell her to do kick count
B. Biophysical profile
C. Repeat the non-stress after one week
D. Admit the patient for delivery
E. Offer umbilical artery Doppler ultrasound

71. Prenatal diagnostic testing involves testing the fetus before birth (prenatally) to determine the presence of certain abnormalities. Abnormalities can include hereditary or spontaneous genetic disorders. Which of the following tests involves NO risk to the fetus?
A. amniocentesis
B. Chorionic villus sampling
C. Percutaneous umbilical blood sampling
D. Ultrasound
E. All of the above

72. Which of the following is not a prenatal diagnostic test?
A. amniocentesis
B. Chorionic villus sampling
C. Percutaneous umblical blood sampling
D. Maternal serum alpha feto protein
E. All of the above

73. A 26-year-old G3P0030 has had three consecutive spontaneous abortions in the first trimester. As part of an evaluation for this problem, which of the following tests is most appropriate in the evaluation of this patient
A. Hysterosalpingogram
B. Chromosomal analysis of couple
C. Post coital test
D. Endometrial biopsy in luteal phase
E. Cervical length by ultrasonography

74. A 30-year-old G1P0 at 8 weeks' gestation presents for her first prenatal visit. She has no significant past medical or surgical history. A 29-year-old friend of hers just had a baby with Down syndrome and she is concerned about her risk of having a baby with the same problem. The patient reports no family history of genetic disorders or birth defects.You should tell her that she has an increased risk of having a baby with Down syndrome in which of the following circumstances?
    A. Age of father is 40 years or older
    B. Pregnancy was achieved by induction of ovulation and artificial insemination
    C. She has an incompetent cervix
    D. She has a luteal phase defect
    E. She has had three spontaneous first trimester abortions
75. Amniocentesis procedure is done for?
    A. Detecting Genetic Defects
    B. Chromosome Analysis
    C. Maturity of fetal lungs
    D. Rh Isoimunization
    E. All of above
76. For an unborn child, which of these procedures has the least risk?
    A. Alpha-fetoprotein Sampling
    B. Amniocentesis
    C. Chorionic villi sampling
    D. Fetal scalp blood sampling
    E. All have the same risk level.
77. Alpha-fetoprotein screening is _____ in detecting chromosomal abnormalities when compared to amniocentesis and chorionic villi samples.
    A. Less Reliable
    B. About Equally Reliable
    C. More Reliable
    D. Absolutely ontraindicated
    E. None of these
78. All of the following are components of biophysical profile except
    A. Assessment of fetal breathing
    B. Amniotic fluid volume measurement
    C. Contraction stress test
    D. Fetal CTG
    E. Fetal tone
79. To be considered reactive, a non-stress test should have?
    A. 4 Fetal heart rate acceleration in a 20 minute window
    B. 4 Fetal heart rate acceleration in a 40 minute window
    C. 2 Fetal heart rate acceleration in a 20 minute window
    D. 2 Fetal heart rate acceleration in a 30 minute window
    E. 1 Fetal heart rate acceleration in a 20 minute window
80. A biophysical profile score of 6 is interpreted as:
    A. Normal fetal well-being
    B. Possible fetal distress, requiring further evaluation
    C. Severe fetal distress, requiring immediate delivery
    D. Normal fetal well-being, no further action needed
    E. Severe fetal acidosis
81. Which of the following is NOT a reason for a BPP score of 4 or less?
    A. Oligohydramnios (low amniotic fluid)
    B. Fetal breathing movements are absent
    C. Fetal tone is absent
    D. Fetal heart rate variability is increased
    E. Fetal respiration is absent
82. What does a positive result on the non-stress test indicate?
    A. The fetus is showing signs of distress
    B. The fetus is likely to be healthy in terms of heart rate patterns
    C. The fetus is not moving enough
    D. The amniotic fluid volume is low
    E. Fetal respiration is absent
83. What is the normal duration of the puerperium?
    A. 2 weeks
    B. 6 weeks
    C. 8 Weeks
    D. 12 weeks
    E. 4 weeks
84. A woman presents 3 weeks postpartum with persistent sadness, crying spells, insomnia, and feelings of worthlessness, but she is able to care for her baby. What is the most likely diagnosis?
    A. Postpartum blues
    B. Postpartum depression
    C. Postpartum psychosis
    D. Adjustment disorder
    E. Anxiety
85. Which of the following uterine changes occurs during the puerperium?
    A. Hypertrophy
    B. Hyperplasia
    C. Involution
    D. Atresia
    E. Metaplasia

86. What is the first type of lochia seen after delivery?
A. Lochia serosa
B. Lochia alba
C. Lochia rubra
D. Lochia sanguinea
E. lochia normalis

87. Which hormone is primarily responsible for milk production?
A. Estrogen
B. Oxytocin
C. Progesterone
D. Prolactin
E. Testosterone

88. A 3-day postpartum woman presents with foul-smelling lochia, uterine tenderness, and fever. What is the most likely diagnosis?
A. Normal puerperal changes
B. Urinary tract infection
C. Retained placenta
D. Endometritis
E. Mastitis

89. A primiparous woman is struggling to breastfeed. She has engorged breasts, minimal milk, and feels emotionally low. What is the most appropriate initial step?
A. Stop breastfeeding and start formula
B. Prescribe antidepressants
C. Encourage frequent feeding and breast massage
D. Begin antibiotics
E. Incision and drainage

90. A 5-day postpartum woman presents with a fever of 38.8°C, lower abdominal pain, and malodorous lochia. She had a prolonged labor and emergency cesarean section. What is the most appropriate management step?
A. Start broad-spectrum IV antibiotics
B. Reassure and observe
C. Perform D&C for retained products
D. Start NSAIDs and oral antibiotics
E. Give oral antibiotics

91. 32-year-old woman is in the second stage of labor. The fetal head is crowning, but the perineum appears tight and is not stretching easily. The obstetrician assesses the situation and discusses the possibility of performing an episiotomy to assist the delivery and protect the perineal tissues. What is the primary purpose of performing an episiotomy during childbirth?
A. To increase the diameter of the valval outlet to facilitate delivery
B. To minimize the overstretching and rupture of perineal muscles and fascia
C. To expedite the second stage of labor
D. During instrumental delivery
E. All of the above

92. Which type of episiotomy incision is most used in current obstetric practice?
A. Median incision
B. Medio lateral incision
C. J-shaped incision
D. Lateral incision
E. midline

93. A 26-year-old prim gravida woman is in the second stage of labor. The fetal head is crowning, and the obstetrician is monitoring for any signs that would require an episiotomy. The fetal heart rate is within normal limits, and there is steady progress of labor. There is no sign of shoulder dystocia or instrumental delivery planned.Which of the following is NOT a common indication for performing an episiotomy?
A. Fetal distress
B. Prolonged second stage of labor
C. Maternal request
D. Preventing perineal lacerations
E. Maternal cardiac disease

94. 30-year-old woman is in active labor and has progressed to full cervical dilation. The fetus is in a cephalic presentation, and the head is beginning to crown. The healthcare provider prepares the necessary tools and begins discussing the possibility of an episiotomy with the patient. At what stage of labor is an episiotomy typically performed?
A. First stage of labor
B. Second stage of labor
C. Third stage of labor
D. Post-delivery
E. At crowning

95. A first-time mother returns to her postpartum follow-up visit 10 days after a vaginal delivery with a mediolateral episiotomy. She asks the nurse how long it will take for the incision to completely heal. She has been caring for the wound and reports mild discomfort but no signs of infection. What is the typical healing time for an episiotomy?
A. 1–2 weeks
B. 2–4 weeks
C. 4–6 weeks
D. 6–8 weeks
E. 8–12 weeks

96. A 29-year-old woman had a Medio lateral episiotomy during a spontaneous vaginal delivery. Two days postpartum, she reports increased discomfort in the perineal area, along with slight swelling and difficulty sitting. On examination, there is localized tenderness and mild discharge at the incision site. Which of the following is a potential complication of an episiotomy?
    A. Infection
    B. Hemorrhage
    C. Hemorrhage
    D. Wound gapping
    E. All of the above
97. Which type of episiotomy incision is associated with a higher risk of anal sphincter injury?
    A. Midline incision
    B. Medio lateral incision
    C. J-shaped incision
    D. Lateral incision
    E. None of the above
98. A 28-year-old woman in her second pregnancy presents in active labor. She has a history of third-degree perineal tear from her previous birth and underwent perineal reconstructive surgery. On examination, perineal scarring is evident. The obstetrician is considering whether to perform an episiotomy due to slow fetal descent but is concerned about possible complications. Which of the following is a relative contraindication for performing an episiotomy?
    A. Known perineal scarring
    B. Fetal macrosomia
    C. Instrumental delivery
    D. Prolonged second stage of labor
    E. obesity
99. 25-year-old prim gravida is in the second stage of labor. Due to signs of fetal distress and lack of descent, the obstetrician decides to perform a forceps-assisted vaginal delivery. Before applying the forceps, the provider performs a Medio lateral episiotomy to aid the procedure. What is the primary goal of performing an episiotomy during an instrumental delivery?
    A. To prevent maternal hemorrhage
    B. To facilitate the use of forceps or vacuum extraction
    C. To reduce the risk of fetal injury
    D. To expedite the third stage of labor
    E. To shorten first stage of labor
100. 34-year-old woman is in the second stage of labor. Due to signs of fetal distress, the obstetrician decides to proceed with a vacuum-assisted vaginal delivery. Before applying the vacuum, the clinician performs a Medio lateral episiotomy. What is the primary goal of performing an episiotomy during an instrumental delivery?
    A. Routine use in all vaginal deliveries
    B. Selective use based on clinical indications
    C. Proper repair of the incision to promote healing
    D. Use of appropriate suture material
    E. Use of appropriate analgesia during the procedure
101. What is the diagnostic method for gestational diabetes mellitus (GDM) during pregnancy (after a 75g oral glucose test)?
    A. Fasting blood glucose test
    B. Oral glucose tolerance test (OGTT)
    C. Random blood glucose test
    D. Hemoglobin A1c test
    E. Glucose challenge test
102. A 30-year-old pregnant woman at 28 weeks' gestation is diagnosed with gestational diabetes mellitus (GDM) after an abnormal glucose tolerance test. She is concerned about possible complications for her and her baby. Which of the following is a common complication of GDM?
    A. Increased risk of preeclampsia
    B. Low birth weight
    C. c. decreased risk of cesarean section
    D. Increased risk of type 1 diabetes in offspring
    E. Increase risk of macrosomia
103. 27-year-old pregnant woman with no significant medical history comes for her routine prenatal visit. She is concerned about gestational diabetes and asks when she should be screened for it. At what gestational age is screening for gestational diabetes mellitus (GDM) recommended for women at average risk?
    A. 12–14 weeks
    B. 24–28 weeks
    C. 36–38 weeks
    D. 6–8 weeks postpartum
    E. Anytime during pregnancy
104. A 29-year-old pregnant woman at 26 weeks' gestation comes in for routine prenatal care. She is concerned about gestational diabetes because her sister had it during pregnancy. The doctor wants to perform the most accurate test to diagnose GDM. Which test is used to diagnose gestational diabetes?
    A. Fasting blood glucose test
    B. Oral glucose tolerance test (OGTT)
    C. Hemoglobin A1c test
    D. random blood sugar
    E. Glucose challenge test

105. A 24-year-old pregnant woman comes for her first prenatal visit. The nurse reviews her medical history and lifestyle to identify any risk factors for gestational diabetes. Which of the following is NOT a risk factor for gestational diabetes?
A. Obesity
B. Previous gestational diabetes
C. Family history of type 2 diabetes
D. Age under 20 years
E. Asian ethnicity

106. A 32-year-old pregnant woman is diagnosed with gestational diabetes after an oral glucose tolerance test at 25 weeks' gestation. Her blood sugar levels are mildly elevated, and she asks about the best initial approach to manage her condition. What is the first-line treatment for managing gestational diabetes?
A. Insulin therapy
B. Oral hypoglycemic agents
C. Diet and lifestyle modification
D. Oral glucose tolerance test
E. Blood sugar monitoring

107. A 35-year-old pregnant woman diagnosed with gestational diabetes early in pregnancy did not follow up or manage her condition. She now presents with high blood pressure and concerns about complications during delivery. Which of the following is a potential complication of untreated GDM for the mother?
A. Reduced risk of type 2 diabetes post-pregnancy
B. Lower blood pressure during delivery
C. Increased risk of preeclampsia
D. Decreased likelihood of needing a Caesarean section
E. Intrauterine fetal demise

108. A 31-year-old woman who had gestational diabetes during her previous pregnancy is now planning another pregnancy. She asks her healthcare provider about her risk of developing diabetes in the future. How does GDM affect the mother's risk of developing diabetes later in life?
A. No impact
B. Lowers the risk
C. Increases the risk of developing type 2 diabetes
D. Guarantees development of type 1 diabetes
E. No risk of GDM in next pregnancy

109. Which of the following is a potential complication for infants born to mothers with GDM?
A. Macrosomia (large for gestational age)
B. Low birth weight
C. Increased risk of congenital malformations
D. Decreased risk of jaundice
E. Intrauterine death

110. A 28-year-old woman who was diagnosed with gestational diabetes during pregnancy has just delivered a healthy baby. She asks her healthcare provider about what follow-up care she needs after delivery to monitor her health. What is the recommended postpartum care for women who had GDM?
A. Immediate insulin therapy
B. postpartum Screening for type 2 diabetes at 6–12 weeks
C. No follow-up needed
D. Continue oral hypoglycemic agents
E. Daily blood sugar monitoring

111. The infections that can lead to congenital anomalies include:
A. Hepatitis B virus
B. Hepatitis C virus
C. Cytomegaly virus
D. HIV
E. Hepatitis A virus

112. A pregnant woman presents with an ulcerated lesion on a vulva and urinary retention. What is the most likely cause?
A. Candida.
B. HPV.
C. HSV
D. Syphilis.
E. Trichomonas vaginalis.

113. Triple assessment of the breast, which has a positive predictive value of 99.9%, consists of all of the following evaluations, EXCEPT
A. Clinical examination
B. Mammography
C. Fine needle aspiration cytology
D. Magnetic resonance imaging
E. Ultrasound of the breast

114. Which statement best describes lymphatic drainage from the breast:
   A. All quadrants of the breast drain into both the axillary and the parasternal nodes
   B. The areolar area of the breast drains into retrosternal internal mammary nodes
   C. The lateral area of the breast drains into axillary nodes
   D. The medial area of the breast drains into parasternal nodes
   E. The superior area of the breast drains into supraclavicular nodes

115. A 40 year old woman is found to have a 3 cm firm smooth mass in the upper outer quadrant of the breast. The mass is aspirated, and 10 mL of cloudy green fluid is removed, the appropriate management at this time is:
   A. Administration of estrogen
   B. Administration of tamoxifen
   C. Cytologic evaluation of the aspirated fluid
   D. Excision of the cyst
   E. Observation only

116. Which of the following biopsy findings has the greatest relative risk for later carcinoma:
   A. Apocrine metaplasia
   B. Atypical lobular hyperplasia
   C. Ductal ectasia
   D. Intraductal papilloma
   E. Sclerosing adenosis

117. The most common major component of a urinary calculus is
   A. Cysteine
   B. Uric acid
   C. Calcium oxalate
   D. Calcium carbonate
   E. Ammonium magnesium phosphate

118. A 60-year-old patient recovering from a surgery for toxic goiter is found to be hypotensive, cyanosed in the recovery room. Exam: neck is tense. There is oozing of blood from the drain. What is the most probable diagnosis?
   A. Thyroid storm.
   B. Reactionary hemorrhage
   C. Secondary hemorrhage
   D. Primary hemorrhage
   E. Tracheomalacia

119. Regarding follicular adenoma of thyroid all of the following statement are true except:
   A. Presents as clinically solitary nodule
   B. In adenoma there is no invasion of capsule or peri-capsular blood vessels
   C. Lobectomy is the treatment
   D. Diagnosis is confirmed on FNAC
   E. The remaining thyroid tissue is normal

120. All the following statements regarding myxedema are true except:
   A. The symptoms and signs of hypothyroidism are accentuated
   B. The facial appearance is typical
   C. There is malar flush and yellow ting to the skin
   D. There is supraclavicular puffiness
   E. Myxodene coma is characterized by a rise in temperature