

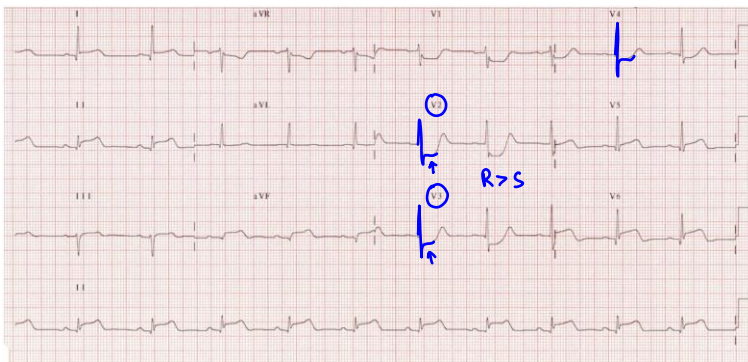
Must read topics in General medicine for INICET Examination

The INICET tends to blend image-based questions with clinical vignettes, emphasizing practical application over rote learning. Clinical reasoning, such as interpreting lab values or recognizing syndromes from case scenarios, is prioritized. Also, several questions in the last few papers have integrated basic sciences like pathology and microbiology into clinical contexts, so revisiting **integrated concepts** may give you an edge.

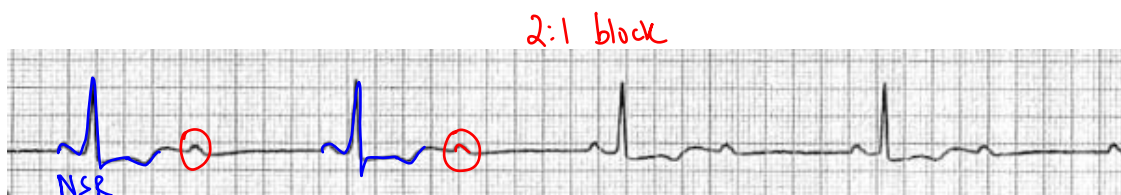
For the November INI-CET (Institute of National Importance Combined Entrance Test), General Medicine is a key subject. The exam tends to emphasize clinical knowledge, diagnostics, management protocols, and recent updates. Here's a **structured list of must-know topics** for General Medicine preparation:

1. Cardiology

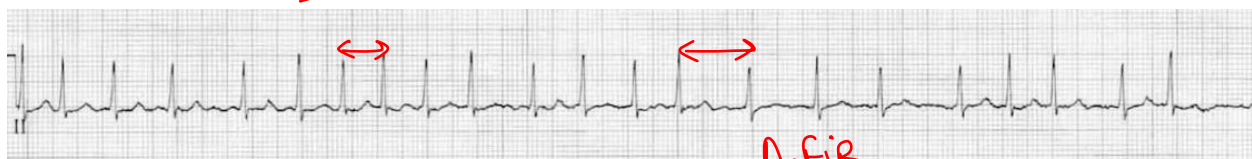
- ECG interpretation— MI, arrhythmias, heart blocks, electrolyte disturbances



Horizontal ST depression with upright T waves + R/S > 1 in lead V2



HTN patient with SOB and palpitations. On examination, HR= 120 min, irregular with BP= 90/60 mm Hg. Bilateral crackles in both lung fields is seen. Which is not correct? =



- (a) Rate control with esmolol ✓
- b. Warfarin is not used non-valvular atrial fibrillation ✓
- c. Rhythm control with Amiodarone ✓
- d. DC shock is not given in persistent AF ✓

A-FIB

P wave ⊖

RR interval irregular

WARFARIN: VAF
NOAC : NVAF

M.A.T

* A-Fib + Acute HF

⊖ Esmolol
Digoxin

1. a
2. a,b
3. b,c
4. b,d

Agonal Rhythm: SAM

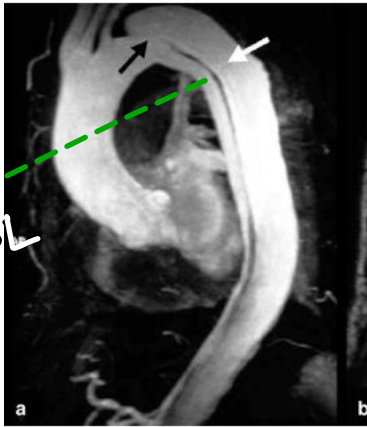


- Brugada syndrome vs TCCM
- Acute Coronary Syndrome (STEMI/NSTEMI management)
- Congestive Heart Failure (CHF) and NYHA Classification
- Infective Endocarditis (update ISCV 2023 update modified Duke's criteria)
- Hypertension – Aortic dissection management based on type A and type B

Pci 90 min

PCI: 120 min

B metoprolol
E enoxaparin
S statin
T TIROFIBAN



LABETALOL

- CHF chronic
1. ACEi/ARB or ARNI
 2. β Blockers
BISOPROLOL, CARVEDILOL, METOPROLOL
 3. Aldosterone antagonist
 4. SGLT2i

MOAN

IE
Coxiella
Bartonella
Tropheryma

PCR/metagenomic Sequencing

2. Neurology

- Stroke – Types, NIHSS score, thrombolysis, secondary prevention

Would you perform thrombolysis a patient with weakness of face and arm weakness for last 1 hour with normal CT scan

↳ alteplase

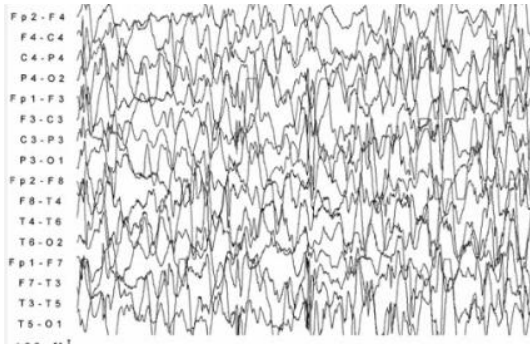
60yr HTN
Smoker

- Epilepsy – types and GCSE management

* C.T.A : resolution of L.V.O
: fails to open

Endovascular Therapy
MERCII

* CI
* BF > 18.5/110mmHg
despite Rx
* INR > 1.7

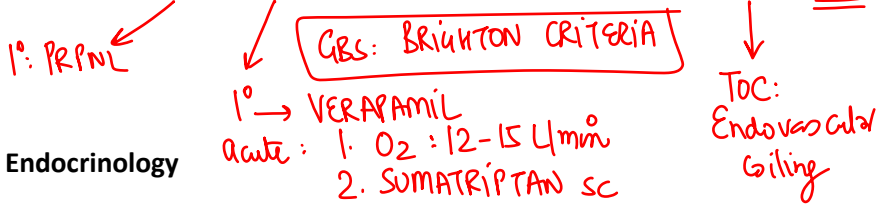


infantile spasm
ACTH
(TS): Vigabatrin



Triphasic waves
HE
neurodegener^N
disorders

- Parkinson's disease vs HD vs PSP ECG ↓ SQUARE WAVE JERK
- Multiple Sclerosis and Guillain-Barré Syndrome | T.M
↳ IVIG ↳ STEROIDS / MIP
- Meningitis/Encephalitis – Empirical antibiotics, CSF findings
Retrorbital pain, epiphora
- Headache – Migraine, cluster headache, tension headache vs SAH vs GCA



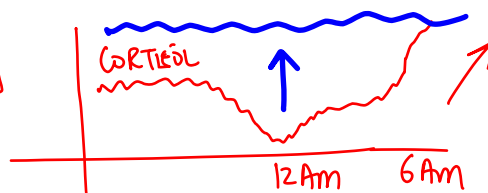
3. Endocrinology

- Diabetes Mellitus – Diagnostic criteria of DKA/HHS management
NS+KCL → INSULIN DRIP INSULIN BOLUS: X
- Thyroid Disorders – Hypo- and hyperthyroidism, nodules, malignancy markers
diagnostic RAIU: 1-132, 1-123
- Adrenal Disorders – Addison's disease, Cushing's syndrome

* PULSATILE METS IN SKULL: Follicular & Thyroid
* ANAPLASTIC CA: STRIDOR

| | | |
|-------------------------|---|------------------------------|
| IOC of Cushing syndrome | A | 24 hour urinary cortisol |
| | B | Midnight salivary cortisol ✓ |
| IOC for Addison | A | Saline infusion test → CONN |
| | B | Cosyntropin challenge test ✓ |

1-131: THYROID ABLATION



Tc⁹⁹ SESTAMIBI SPECT/CT : PARATHYROID ADENOMA

| | |
|--|--|
| IOC for Pheochromocytoma | PLASMA METANEPHRINE |
| Imaging modality of choice in pheochromocytoma <u>update</u> | Gallium-68-DOTATATE-PET/CT |
| Imaging modality of choice in PNET <i>insulinoma</i> | " " " |
| IOC for DI | WATER DEPRIVATION TEST |
| Drug causing Nephrogenic insipidus | <p>A Lithium ✓ <i>Lithium-induced</i></p> <p>B Thiazide</p> <p>C Amiloride ← <i>-NDI</i></p> <p>D Eplerenone</p> |

- Pituitary Disorders – Acromegaly, SIADH, DI (diabetes insipidus)

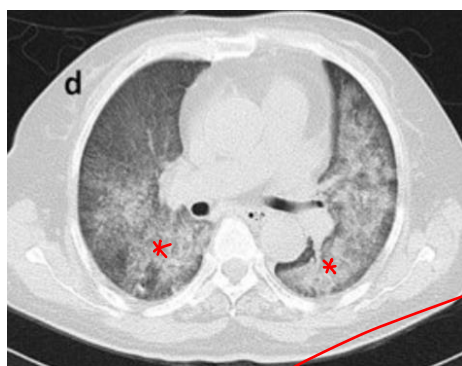
- MEN Syndrome

4. Pulmonology

- Sleep Apnea Syndrome and obesity hypoventilation syndrome

- Pulmonary Embolism and DVT – Risk factors, anticoagulation therapy

Biker had polytrauma and develops breathing difficulty after 12 hours of injury. SpO₂ = 85% CT chest is shown. Echo shows Normal cardiac parameters.



- ~~a.~~ Fat embolism
- ~~b.~~ Pulmonary embolism
- c.** ARDS
- ~~d.~~ Pneumothorax

CTPA: THROMBUS in PA
black lung

GURD CRITERIA:

COMA
petechiae
FEVER
ESR ↑ Hb ↓
Urine fat globules

- COPD and Asthma – Harrison based guidelines, stepwise management

- Interstitial Lung Diseases (ILDs) and Sarcoidosis

↳ NSIP: STEROIDS
↳ AIP: HAMMAN RICH SYN ~ ARDS

- Tuberculosis (including MDR-TB management)

5. Gastroenterology and Hepatology

- Chronic Liver Disease and Cirrhosis – Child-Pugh score, MELD

- Hepatitis – B graphs of Acute and chronic hepatitis B

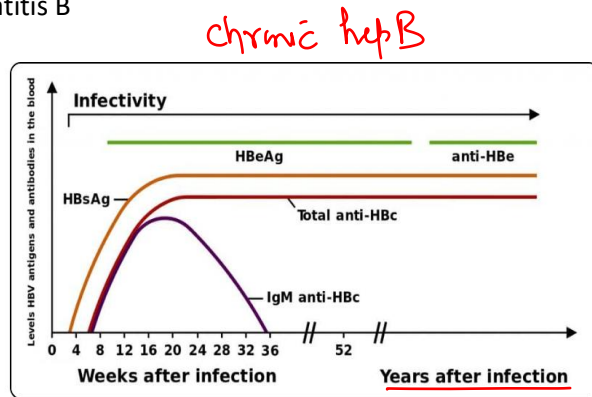
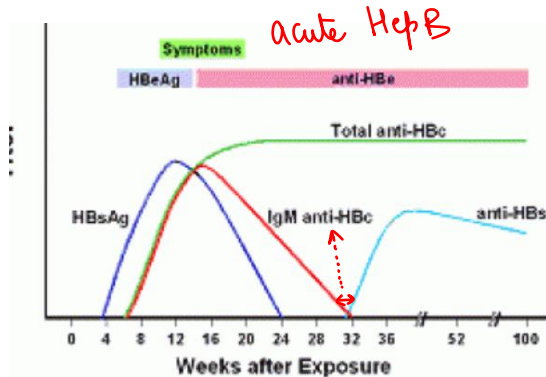


TABLE 339-5 Commonly Encountered Serologic Patterns of Hepatitis B Infection

| HBsAg | ANTI-HBs | ANTI-HBc | HBeAg | ANTI-HBe | INTERPRETATION |
|-------|----------|----------|-------|----------|---|
| + | - | IgM | + | - | Acute hepatitis B, high infectivity ^a |
| + | - | IgG | + | - | Chronic hepatitis B, high infectivity |
| + | - | IgG | - | + | 1. Late acute or chronic hepatitis B, low infectivity 2. HBeAg-negative ("precore-mutant") hepatitis B (chronic or, rarely, acute) |
| + | + | + | +/- | +/- | 1. HBsAg of one subtype and heterotypic anti-HBs (common) 2. Process of seroconversion from HBsAg to anti-HBs (rare) |
| - | - | IgM | +/- | +/- | 1. Acute hepatitis B ^a 2. Anti-HBc "window" |
| - | - | IgG | - | +/- | 1. Low-level hepatitis B carrier 2. Hepatitis B in remote past |
| - | + | IgG | - | +/- | Recovery from hepatitis B ✖ |
| - | + | - | - | - | 1. Immunization with HBsAg (after vaccination) 2. Hepatitis B in the remote past (?) 3. False-positive |

HBsAg

Anti HBs

- GI bleed – Upper vs. lower, endoscopic management

BOERHAVE TRIAD

- Boerhаве vs Stomach volvulus vs Mallory Weiss vs Acute variceal bleeding

MACLEOD TRIAD 75mg ASPIRIN, HEMATOCKEZIA, BP↓
= dizzy episode

6. Nephrology

- Acute interstitial nephritis: Eosinophiluria

VANcomycin

UGIE colonoscopy

-- CIN vs Athero-embolic kidney disease

Barium study

Manometry

↳ during angiography
↳ PURPURA, petechiae

*** HEMATOCKEZIA, multiple episodes, CACHEXIA
COLONOSCOPY**

D. nephropathy

- Fluid and Electrolyte Disorders – Sodium, potassium, calcium disturbances
- Acute Kidney Injury (AKI) vs Chronic Kidney Disease (CKD) identification
- Glomerulonephritis – RPGN, nephrotic vs nephritic syndrome
- Renal replacement therapy – Hemodialysis, CRRT, peritoneal dialysis

PATHOLOGY

7. Rheumatology

- Overlap syndrome *
- Anti synthetase syndrome vs Dermatomyositis vs Polymyositis
- Systemic Lupus Erythematosus (SLE) – Diagnostic criteria and antibodies
- Rheumatoid Arthritis – Treatment protocols (DMARDs, biologics)
- Vasculitis syndromes – ANCA-associated vasculitis, Takayasu's arteritis
- Gout and Pseudogout

acute: INDOMETHACIN

HSP, KD, GCA

- CPPD, knee
- STEROIDS

8. Infectious Diseases

- Scrub typhus *
- Tropical Infections – Dengue, Malaria
- HIV/AIDS – ART guidelines, opportunistic infections
- COVID-19 and Post-COVID Syndromes
- Sepsis and Septic Shock – Management protocols

- ⊕ birch joint crystals
- PLM synovial fluid
- pneumonia: doxy + azithromycin
- MUCOR, ASPERGILLUS

VASOPRESSOR: NE *

9. Hematology and Oncology

- Leukemia and Lymphoma – Acute vs chronic, Hodgkin's vs non-Hodgkin's
- Multiple Myeloma and Plasma Cell Disorders
- Coagulation Disorders – DIC, hemophilia, thrombophilia
- Paraneoplastic Syndromes

10. General Topics & Miscellaneous

- Acid-Base Disorders (ABG interpretation)

- Shock – Types and management

Study Tips

- Solve MCQs from previous INI-CET papers and clinical vignettes.
- Focus on latest guidelines and protocols– These are frequently tested.
- Give time to integrated questions involving multi-system involvement (e.g., heart and kidney-related disorders).

This plan covers high-yield topics that are essential for the exam. Practice application-based questions regularly and ensure you revise the core topics thoroughly.