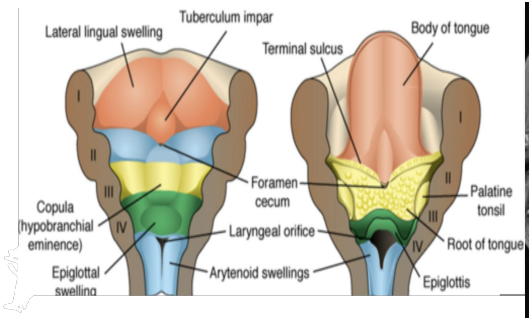
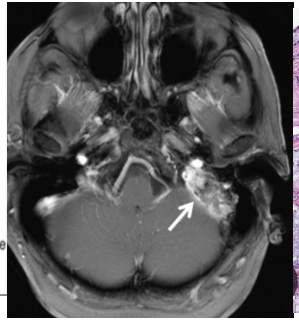
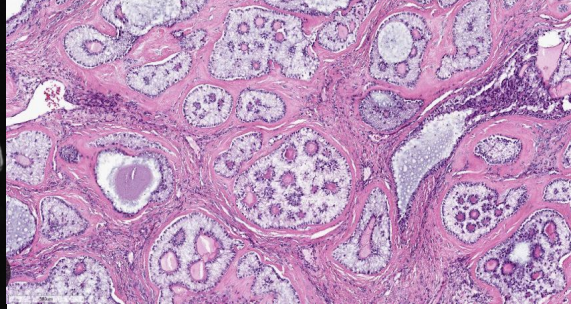
MOCK – 1

INICET 2026

T and E by Dr Marwah







PART - I

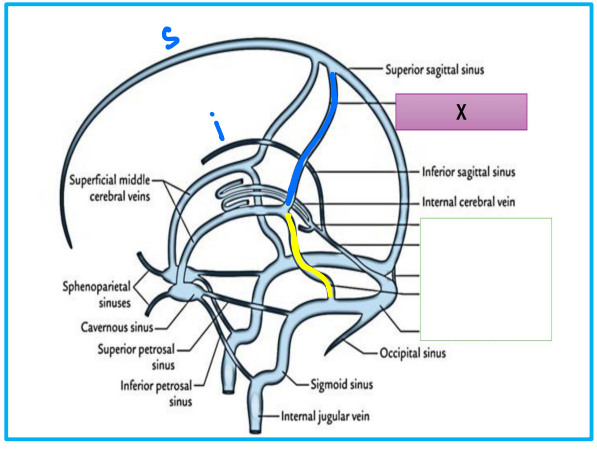
1. Which of the following marked structure as X connects the superior sagittal sinus and superficial middle cerebral vein

a. Vein of Galen

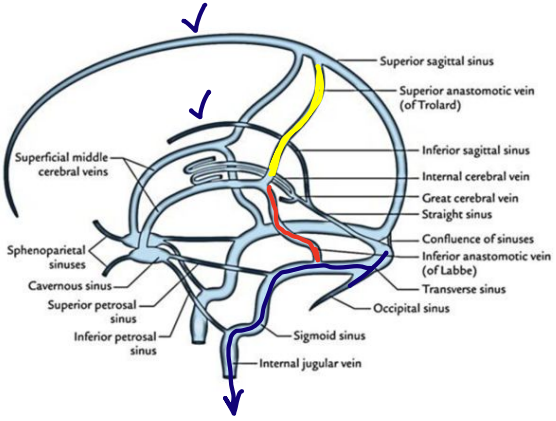
b. Vein of Trolard

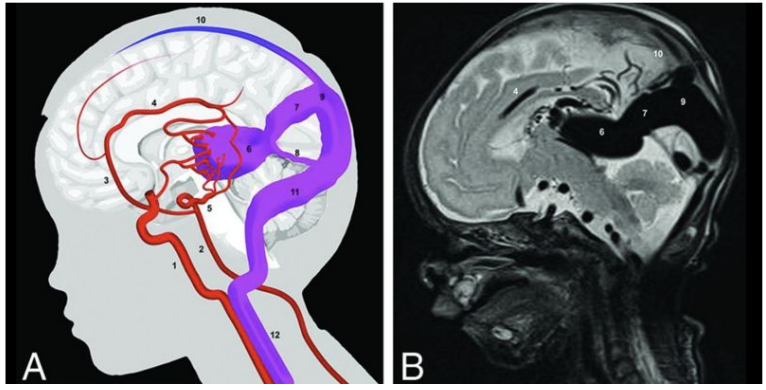
c. Vein of Labbe

d. Sigmoid sinus



CRANIAL BRUIT: HF





2. 19-year-old boy develops severe muscle cramps, fatigue, and myoglobinuria after strenuous exercise. Laboratory evaluation shows no significant rise in blood lactate levels following exercise testing. He is also found to have mild chronic hemolytic anemia. Deficiency of which of the following enzymes is most likely responsible for this condition?

a. Myophosphorylase

b. Acid maltase

c. Phosphofructokinase-1

d. Debranching enzyme

TARUI SYN

3. A researcher evaluates a new screening test for tuberculosis. The test has sensitivity of 90% and specificity of 80%. What is the Youden index of this test?

a. 0.50

b. 0.60

c. 0.70

d. 0.80

0.9
0.8
1.7 − 1

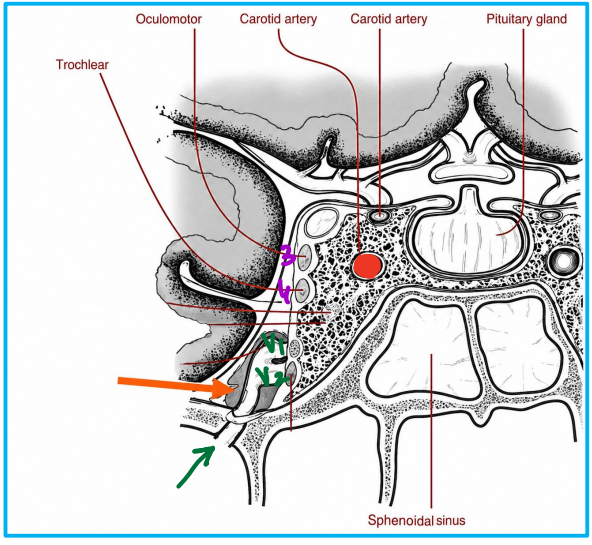
4. Which of the following areas is marked below

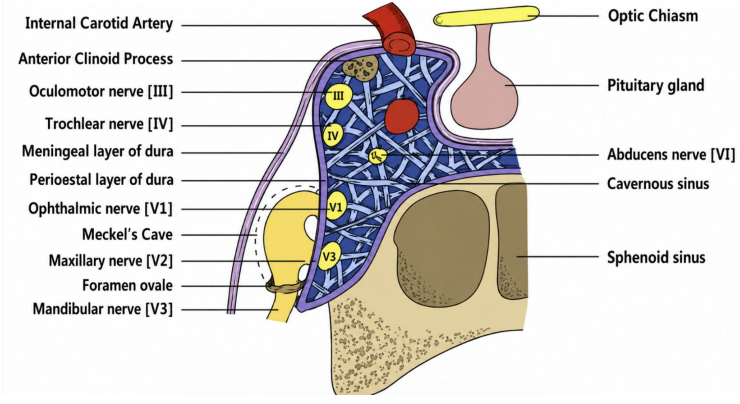
a. Meckel cave housing gasserian ganglion

b. Pterygopalatine fossa housing gasserian ganglion

c. Foramen ovale transmitting V2 branch of trigeminal

d. Fossa ovalis transmitting V2 branch of trigeminal





5. Comment on the contents of triangle of neck shown below

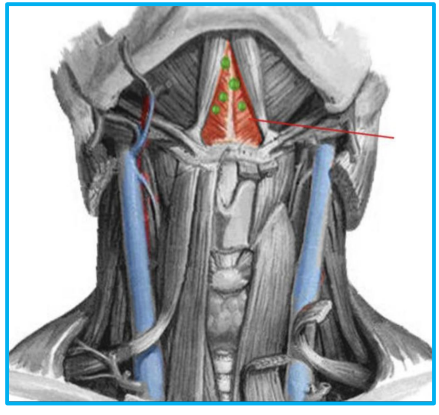
Submental △

a. Lymph nodes draining tip of tongue

b. Anterior belly of digastric muscle

c. Posterior belly of digastric muscle

d. Omohyoid muscle



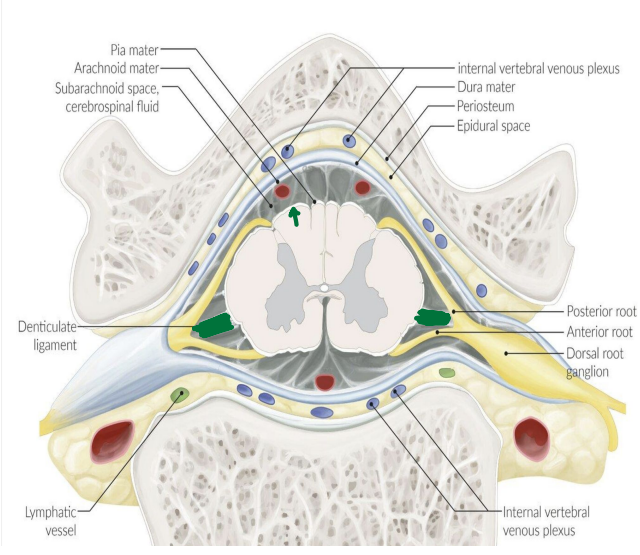
6. Which of the following is correct about ligamentum denticulatum?

a. Lateral extension of pia mater that stabilize the spinal cord

b. Lateral extension of dura mater that stabilize the spinal cord

c. Lateral extension of arachnoid mater than stabilize the spinal cord

d. Lateral extension of dura mater that stabilize the atlanto-axial joint


Pia mater
Arachnoid mater
Subarachnoid space, cerebrospinal fluid
internal vertebral venous plexus
Dura mater
Periosteum
Epidural space
Posterior root
Anterior root
Dorsal root ganglion
Denticulate ligament
Lymphatic vessel
Internal vertebral venous plexus

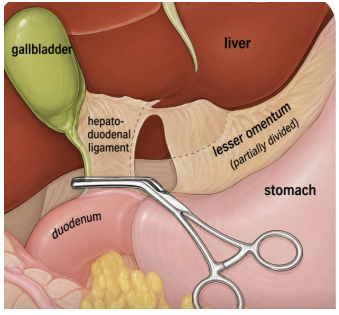
7. Which is correct about lesser omentum?

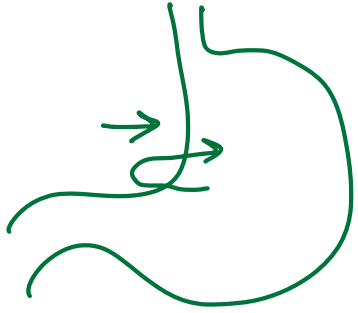
a. Contains hepatic artery in hepatogastric ligament that is compressed in pringle manoeuvre

b. Extends from greater curvature of stomach to first part of duodenum

c. Site of collection of fluid leaking from gastric ulcer perforation

d. Third space anterior to stomach





8. Ansa cervicalis lies on which of the following structures?

a. Internal jugular vein

b. Thyrohyoid muscle

c. Carotid sheath

d. Omohyoid

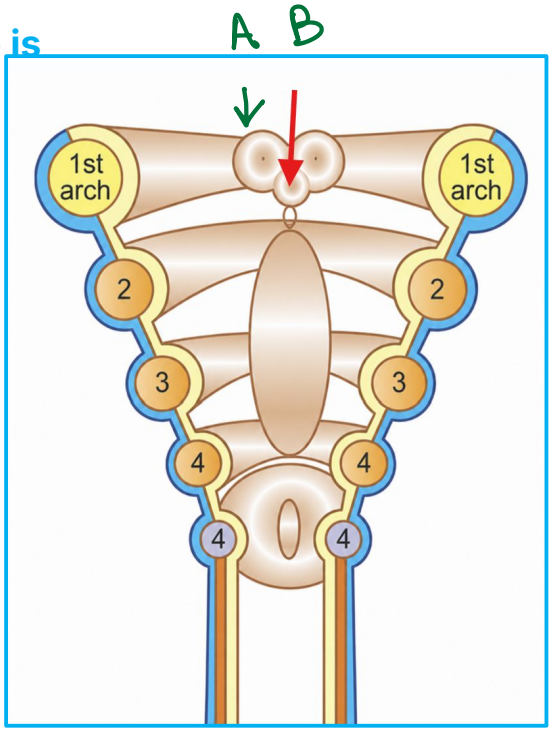
9. The following marked structure is

a. Lingual swelling *

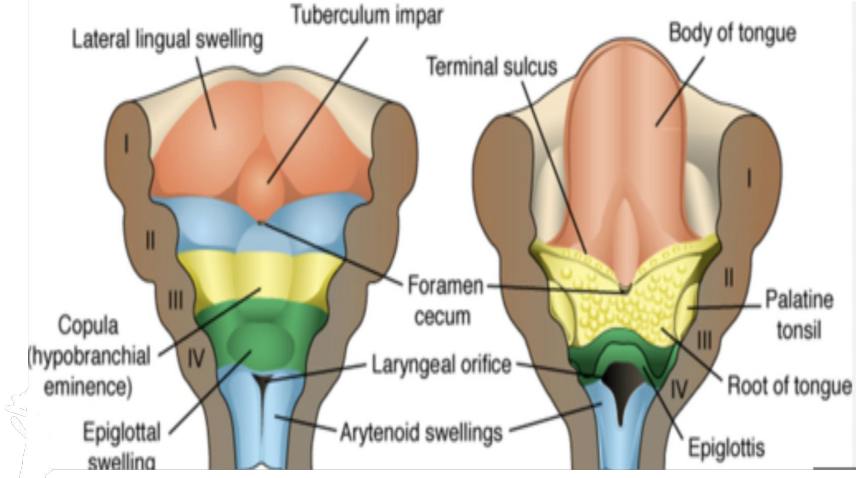
b. Tuberculum impar

c. Hypo-brachial eminence

d. 2nd arch



Tuberculum impar gets overshadowed by lingual swellings that form anterior 2/3rd of tongue and copula that forms the posterior 1/3rd of tongue



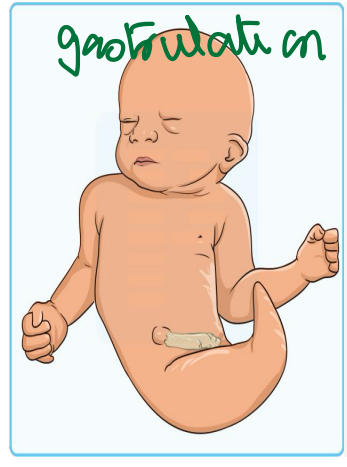
10. Which of the following is the cause of this stillborn baby malformation. His umbilical cord section is also shown?

a. Vascular steal from lower embryonic circulation from vitelline artery malformation

b. Vascular steal from lower embryonic circulation from umbilical artery malformation

c. Vascular steal from lower embryonic circulation due to persistent dorsal aortic shunting

d. Vascular steal from lower embryonic circulation due to persistent ventral aortic shunting





~ 3wks

gastrulation

Sirenomelia > SUA

11. You are doctor on medical board of CRPF and have rejected a candidate with the following foot topography. The medical grounds for rejection are :

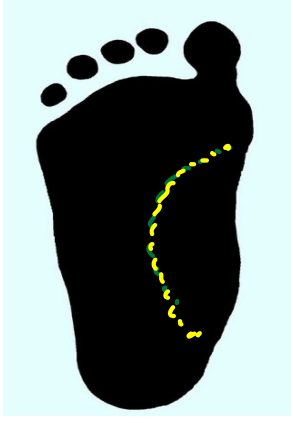
a. Absence of deltoid ligament

b. Collapse of lateral longitudinal arch of foot

c. Collapse of transverse arch of foot

d. Absence of spring ligament

= medial long. Arch #



PES PLANUS

Pes planus due to absence of spring ligament and resultant collapse of medial longitudinal arch

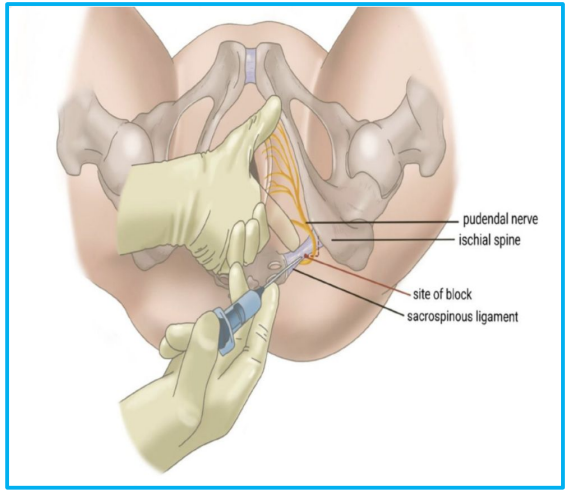
12. The obstetrician is giving the following nerve block. Which is correct about the site of injection

a. Pudendal nerve block in Alcock canal formed by fascia of obturator internus

b. Pudendal nerve block in Alcock canal formed by fascia of piriformis

c. Pudendal nerve block in Alcock canal formed by fascia of levator ani

d. Pudendal nerve block in Alcock canal formed by fascia of coccygeus



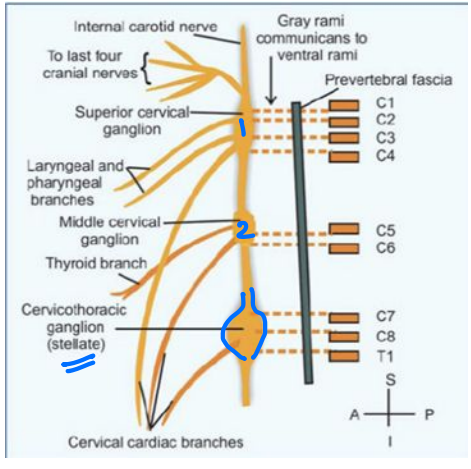
13. A patient undergoes sympathetic blockade for refractory upper limb pain. Shortly after the procedure, the patient develops ipsilateral ptosis, miosis, facial anhidrosis, and conjunctival injection. The anaesthetic was most likely injected around fusion of which of the following ganglia?

a. Inferior cervical and first thoracic sympathetic ganglia

b. superior cervical and first thoracic sympathetic ganglia

c. Inferior cervical and second thoracic sympathetic ganglia

d. superior cervical and second thoracic sympathetic ganglia



HORNER
=
C8, T1 , sym #

14. Javelin thrower comes with chronic shoulder pain and reduction in throwing distance. Physician identifies it as quadrangular space syndrome. Which is correct about it?

a. Superior boundary is formed by teres major

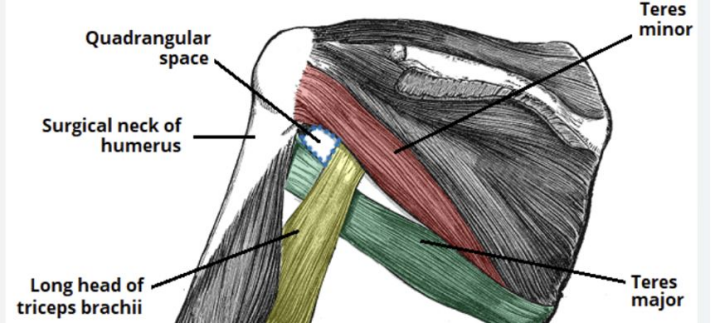
b. Inferior boundary is formed by teres minor

c. Contains axillary artery that loops around the long head of triceps

d. Deltoid weakness is present

Post circumflex Humeral A

axillary N #



It contains posterior circumflex humeral artery and axillary nerve that would get compressed and explains deltoid weakness

It contains posterior circumflex humeral artery and axillary nerve that would get compressed and explains deltoid weakness

15. During colonoscopy, a semilunar mucosal fold is identified partially covering the opening of the vermiform appendix into the cecum. Which of the following structures is being visualized?

a. Valve of Gerlach

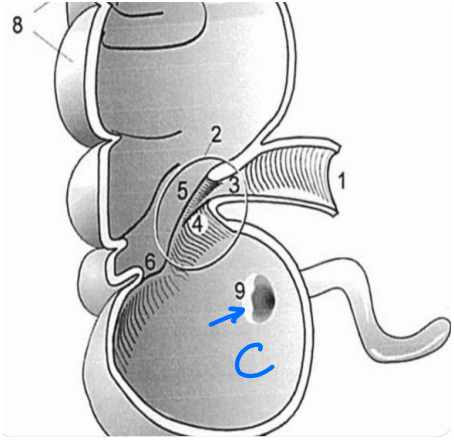
b. Valve of Houston

c. Ileocecal valve

d. Spiral valve of Heister

RECTUM

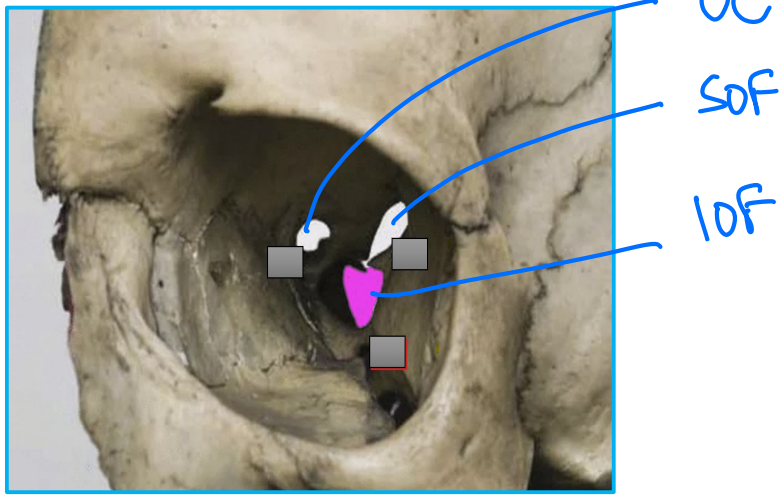
GB/ cystic duct



16. Which structure(s) passes through marked structure in pink colour?

1. Zygomatic nerve
2. Infra-orbital nerve
3. Oculomotor nerve
4. Optic nerve

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



17. A 32-year-old man presents with fever, neck stiffness, and altered sensorium. He is started empirically on ceftriaxone and vancomycin for suspected bacterial meningitis. On day 3, his CSF culture grows draughtsman" colonies. Which virulence factor is responsible for this characteristic colony appearance?

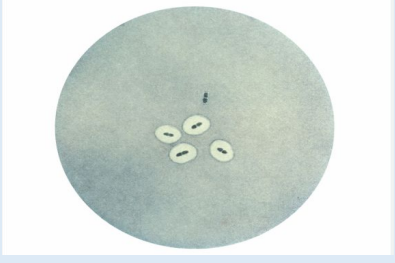
Pneumoccal meningitis

a. Pneumolysin

b. Autolysin

c. IgA protease

d. M protein

Diplococci (lanceolate, Gram-positive) Alpha-hemolysis (green halo) Draughtsman colonies (depressed center from autolysis) Bile soluble Optochin sensitive Demonstrates capsule by Quellung reaction	 

BiO

18. 7-year-old child presents with corneal clouding, coarse facial features, short-trunk dwarfism, kyphoscoliosis, pectus carinatum, and hypermobile joints. Despite marked skeletal abnormalities, intelligence is normal for age. What is the most likely diagnosis?

a. Hurler syndrome

b. Hunter syndrome

c. Morquio syndrome

d. Gaucher disease

MPS
mind is (N)
skeletal abn (Y)
* HUNTER: IDURONATE

mind ok and mobility hampered due to KS (Galactose-6-sulfatase)
HUNTER= IDURON**ATE**
(hunter ate)

19. A child born to a mother with poorly controlled phenylketonuria during pregnancy is found to have microcephaly, growth retardation, and congenital heart disease. Genetic testing of child is normal. Which of the following findings will be present in this child?

MATERNAL PKU

Ch12 #

1. Tetralogy of Fallot ✓
2. Intellectual disability ✓
3. Intrauterine growth restriction ✓
4. Mousy odor of urine ✗

a. 1, 2

b. 1,2,3

c. 2,3,4

d. 1,2,3,4

20. A 17-year-old boy presents with progressive low back stiffness and pain in the knees. On examination, bluish-black pigmentation is noted over the sclera and ear cartilage. His mother mentions that his urine turns dark after being left standing for a few hours. Echocardiography is most likely to show involvement of which heart valve?

a. Mitral valve

b. Tricuspid valve

c. Pulmonary valve

d. Aortic valve

HGO ⊖

↓ ALKAPTONURIA

21. 16-year-old boy with arachnodactyly presents with intellectual disability and positive urine cyanide nitroprusside test. Which of the following cardiovascular manifestations is most likely to be seen in this patient?

a. Aortic dissection

b. Mitral valve prolapse

c. Thromboembolic episodes ↑ CAD

d. Coarctation of aorta

22. 24-year-old woman recently started using an Apple Watch and noticed that her heart rate increases from 80/min at rest to 130/min on suddenly standing and doing brisk walking. ECG is shown. She gives a past history of prolonged recovery following a severe illness. What is the most probable diagnosis?

a. Postural Orthostatic Tachycardia Syndrome

b. Inappropriate sinus tachycardia

c. Paroxysmal supraventricular tachycardia

d. Orthostatic hypotension

└ normal

└ Syncopal episodes, BP ↓

deconditioning !

23. Which of the following is correct about "Oedipism"?

a. Erotic feeling for person in higher authority

b. Erotic feeling in boy for mother or motherly family member

c. Self harm behaviour Schizophrenia

d. Erotic feeling in girl for father or fatherly family member Oedipus complex

24. Mother has come with her 2-month-old boy baby born at 38 weeks and shows diapers that have orange staining and sand like crystals. Which of the following inborn error of metabolism is incriminated?

a. Lesch Nyhan syndrome → URIC ACID ↑

b. Isovaleric acidemia

c. Hawkinsinuria Tyrosine : sulphide smell in urine

d. Hartnup disease

25. Child is found to have a defect in the transporter responsible for absorption of tryptophan in the intestine and renal tubules. Which of the following will NOT be seen in this condition?

a. Urine chromatography shows neutral aminoaciduria

b. Pellagra-like dermatitis

c. Renal stones

d. Emotional instability

HARTNUP!

Niacin ↓

Neutral amino-acids will not cause any crystallization

26. A 6-month-old infant presents with progressive neurodegeneration, exaggerated startle response, and developmental regression. Fundoscopy shows a cherry-red spot. On examination, there is hepatosplenomegaly. P. Smear shows vacuolated lymphocytes. Clinical diagnosis is?

a. Tay Sach's disease

b. Fabry disease

c. Sandhoff disease

d. Gaucher disease

27. The following xanthomas are seen in which of the following hyperlipoproteinemia

a. Type I

b. Type II

c. Type III

d. Type V



Xanthelasma	Eyelids	Type II / Normal
Plane	Flat patches	Type III/ FH
Palmar	Palmar creases	Type III
Tuberous ✓	Elbows / knees	Type III
Tendon	Achilles	Type Iia
Eruptive ✓	Buttocks	TG↑ (I, IV, V)

28. FIGLU test is being performed. What is the core biological function(s) of the vitamin being tested for?

1. One carbon carrier ✓
2. Histidine synthesis
3. Two Nitrogen carrier
4. Thymidylate synthesis ✓

FA ↓ B9 ↓

DNA +

a. 1, 2

b. 2, 3

c. 1, 4

d. 3, 4

29. Alcoholic is diagnosed with pyogenic meningitis and started on empirical antibiotic treatment. CSF microscopy shows bacteria with tumbling motility. All are correct about this organism except?

a. Gram positive organism that shows cold enrichment ✓

b. Transmitted via consumption of poor-quality cheese ✓

c. Non motile at 25 degree C and motile at 37 degree C

d. Grows well on chromogenic media for culture ✓

= LISTERIA


Listeria monocytogenes
Cold Motility vs. Warm Motility
25°C
Loves the Low Temp!
37°C
Feels Too Hot!
Ouch!
ALOA Agar
PALCAM Agar
Non-Motile at 37°C
"Falls Down!"

30. Which of the following is not seen with Campylobacter jejuni?

a. GBS ✓

b. Reactive arthritis ✓

c. Immunoproliferative small intestinal disease ✓ MALToma

d. Enteropathy associated T cell lymphoma

EATL: celiac sprue

31. Farm worker comes with the following lesion on arm and fever and axillary lymphadenopathy. Weil felix reaction test is done. Which of the following will be seen:

a. OX 19 +

b. OX 2 +

c. OX 19 + and OX 2 +

d. OX K +



SKRUB Typhus

- Heterophile agglutination test for sharing of polysaccharide antigen of typhus ricketssiae and proteus bacilli
- OX 19: Ninet**ee**n (epidemic and **e**ndemic typhus)
- OX 2 in RMSF
- OX **K** is s**K**rub typhus

32. Which of the following is the largest Hepatotropic virus?

a. Hepatitis A

b. Hepatitis B 42 nm

c. Hepatitis C 55 nm

d. Hepatitis D

33. Child with febrile neutropenia is admitted to ICU with yeast sepsis. The organism grows best at 42C and is Reynold Braude phenomenon negative. CHROM agar shows variable colour. Which is the correct organism?

a. Candida Albicans

b. Candida dubliniensis

c. Candida tropicalis

d. Candida auris

CLABSI : fungal

34. 48-year-old man from South east asia on medical tourism presents with recurrent episodes of cholangitis, progressive jaundice, and weight loss. MRCP shows irregular stricturing of intrahepatic bile ducts. He frequently sea food dishes. Stool microscopy is shown below. Which of the following is correct about the parasite?

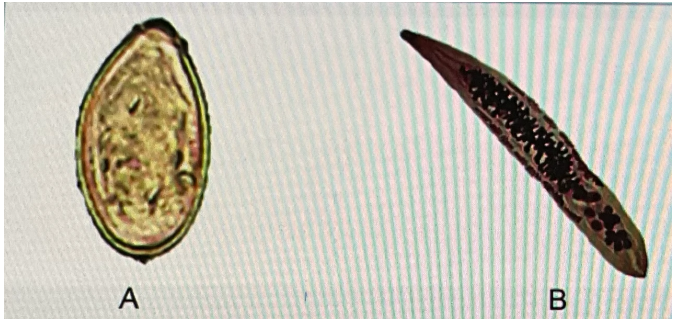
1. Operculated eggs excyst in duodenum
2. Transmigrate via ampulla of Vater
3. Infective form is metacercaria acquired from eating snails
4. Drug of choice is praziquantel

a. 1,2,3

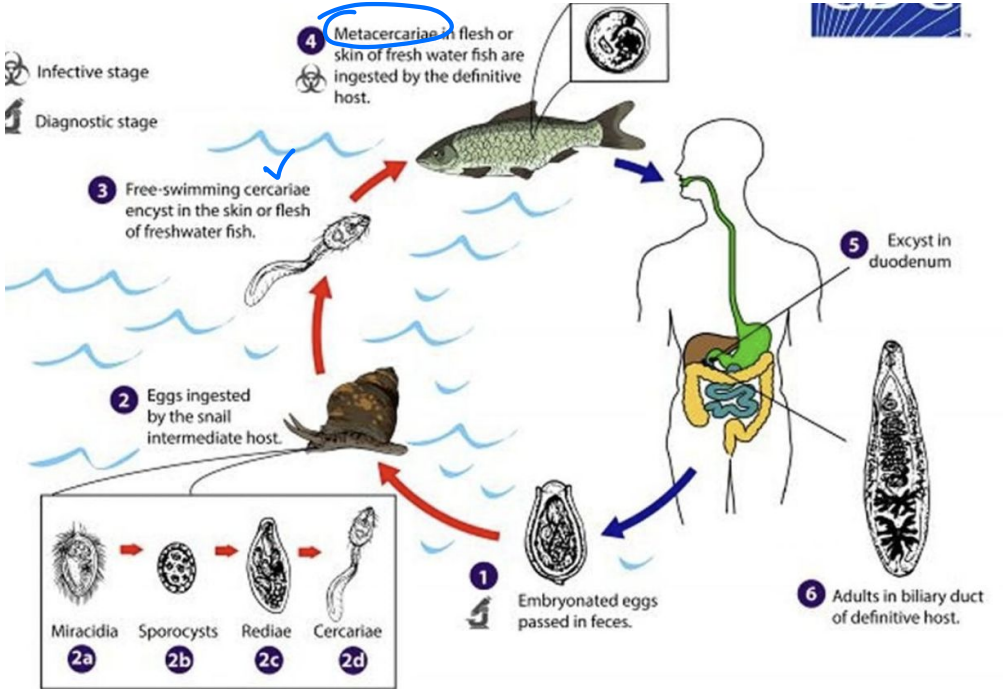
b. 1,2,4

c. 1,2,3,4

d. 2,3,4



Infective form is metacercaria acquired from eating fish and not snails. Snail release cercaria that are ingested by fish and form metacercaria



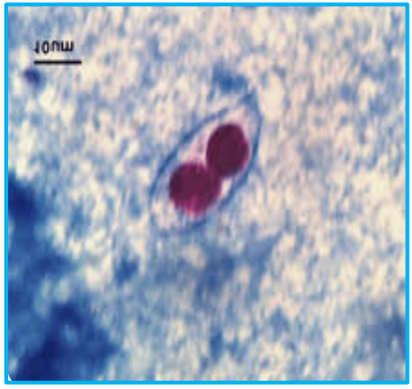
35. Which of the following is a cause of diarrhoea in AIDS patient. Stool Kinyoun staining report is shown below?

a. Cystoisospora

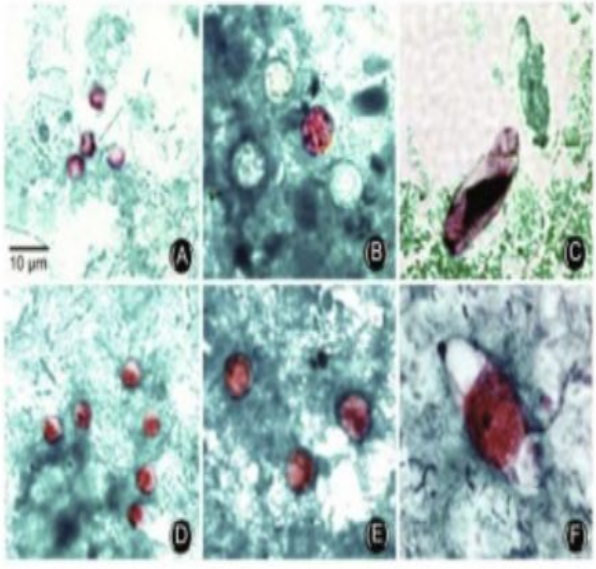
b. Cryptosporidium

c. Isospora

d. Microspora







Oocysts in stool smears stained with modified acid-fast stain:

A *Cryptosporidium* sp.
B *Cyclospora cayetanensis*
C *Cystoisospora belli*

Oocysts in stool smears stained with safranin stain:

D *Cryptosporidium* sp.
E *Cyclospora cayetanensis*
F *Cystoisospora belli*

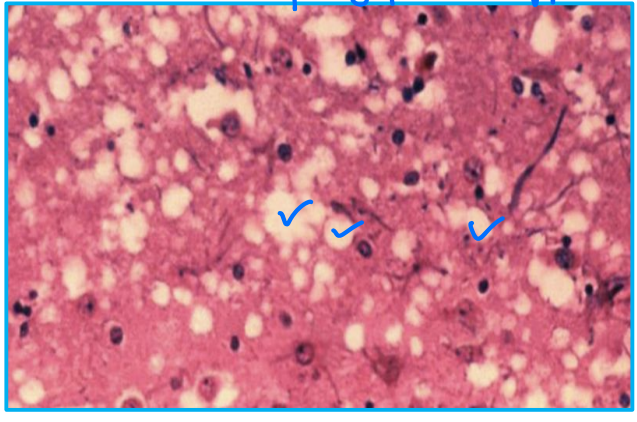
Differential clues			
Parasite	**Shape / size**	**Staining**	**Key differentiating point**
Cryptosporidium	Round 4-6 µm	Small bright red dots	Tiny, on surface of enterocytes
Cyclospora	Round 8-10 µm	Variable acid fastness	Autofluorescent (blue-green)
Cytoisospora belli	Oval 25-30 µm, 2 sporocytes	Uniformly red ovoid	Largest coccidian oocyst
Microsporidium	Tiny spores (1 – 2 µm) not oocytes	Not acid fast, best seen with modified trichrome stain (pink spores with red filament	Has polar filament

36. 30 year old man presents with marked psychomotor agitation and startle myoclonic jerks. He develops bulbar palsy, aspirates water and dies in the hospital. His family agrees for brain biopsy to diagnose cause of death which is shown below. Which additional testing will help in diagnosis?

Rabies

1. DFA on corneal impression smears
2. Lateral flow assay on CSF
3. PrP-Sc in lymph nodes ✓
4. CSF protein 14.3.3 ✓

Spongiform app : VCJD



a. 1

b. 1,2

c. 1,3

d. 3,4

The biopsy image shows spongiform change (multiple tiny vacuoles in the gray matter neuropil), which is classic for prion disease

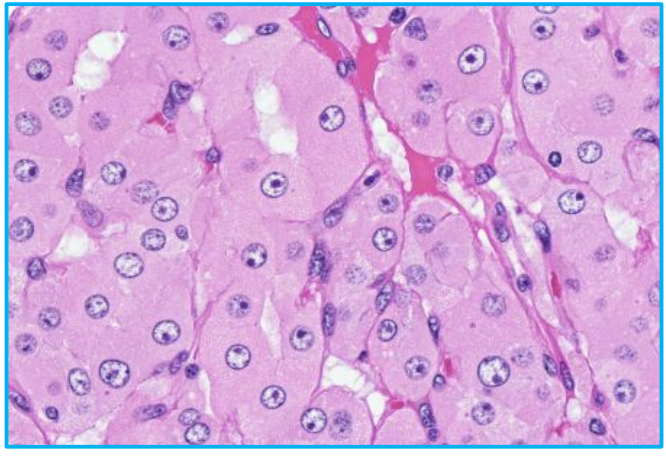
37. Which of the following presentation is most likely based on this histopathology report of post total thyroidectomy specimen

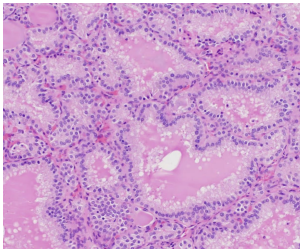
a. Papillary cancer of thyroid

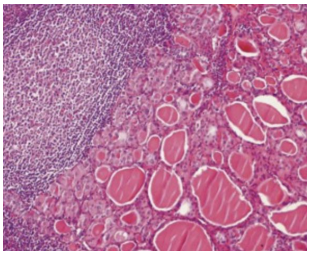
b. Medullary carcinoma of thyroid

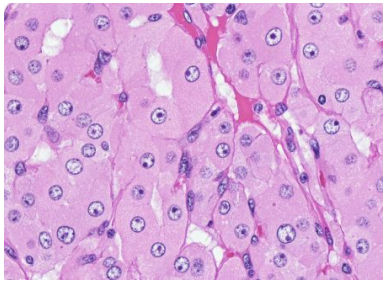
c. Anaplastic carcinoma of thyroid

d. Hurthle cell carcinoma









Key Microscopic features

- Diffuse follicular hyperplasia
- Tall columnar follicular epithelium
- Scalloping of colloid (most characteristic)
- Crowded follicles
- Reduced colloid
- Papillary infoldings into the lumen
- Mild lymphocytic infiltration (not dominant)

Key Microscopic features

- Dense lymphocytic infiltration
- Well – formed germinal centers
- Destruction and atrophy of follicles
- Hurthle cells (oxyphilic cells)
- Large cells with eosinophilic granular cytoplasm
- Fibrosis late stages

Hurthle cells/ oncocytic cells

>Abundant granular, eosinophilic (pink) cytoplasm due to packed mitochondria

>Hürthle cells ≠ malignant by themselves

Malignancy depends on capsular or vascular invasion, not cell appearance

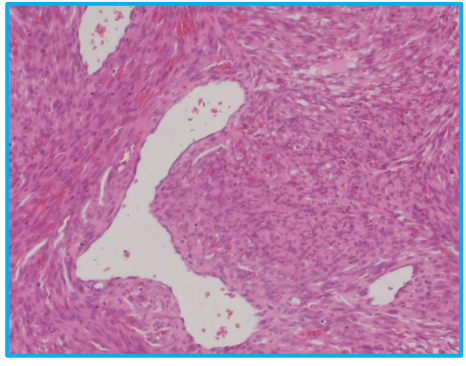
38. Comment on the diagnosis of excised heart tissue from a 15-year-old girl with weight loss, severe shortness of breath, exercise intolerance. Echo showed right atrial mass. She developed bloody pericardial effusion and died. CD31 was positive

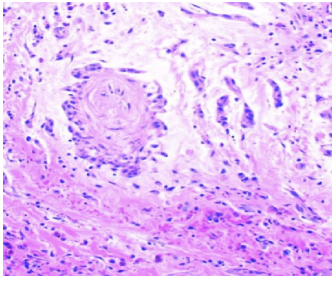
a. Rheumatic fever

b. Rhadomyoma

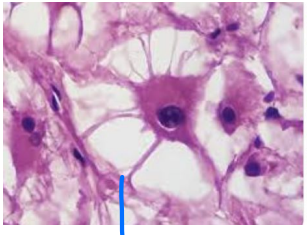
c. Cardiac myxoma

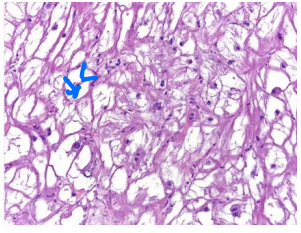
d. Angiosarcoma





Myxoma





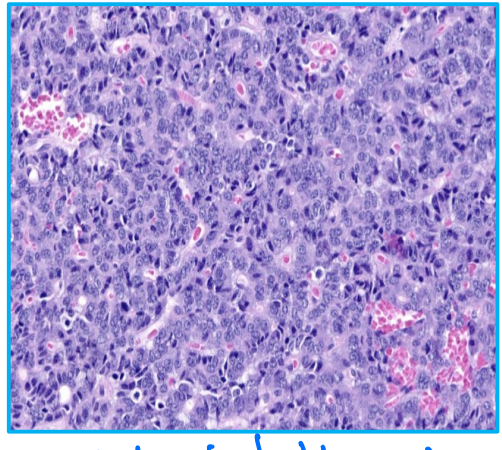
Rhabdomyoma

- Abundant myxoid (mucopolysaccharide – rich) stroma
- Scattered stellate / spindle – shaped / polygonal cells
- Cells arranged in:
- Cords
- Nests
- Rings (perivascular “ring cells”)
- Pass positive (due to mucopolysaccharides)
- Alcian blue positive (acidic mucopolysaccharides)
- Tumor cells often express vimentin

- Large vacuolated myocardial cells
- Classic “spider cells” (pathognomonic)
- Central nudeus
- Thin strands of cytoplasm radiating to the cell membrane

39. Which of the following is correct about presentation based on histology slide of endobronchial lung mass shown below

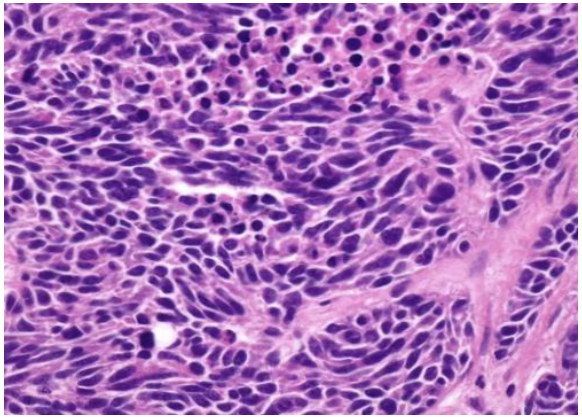
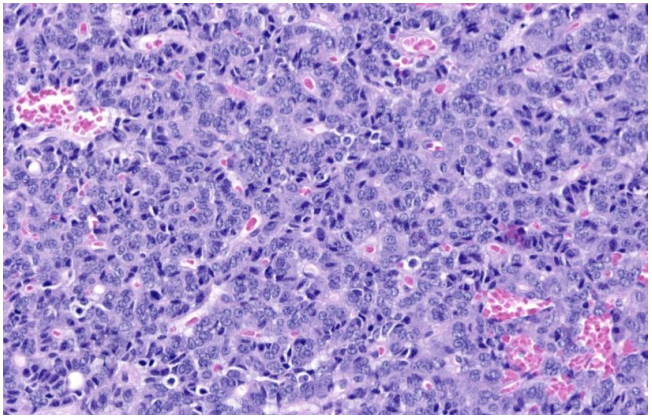
1. Recurrent haemoptysis with cough and wheezing
2. Flushing episodes and diarrhea
3. Platypnea and weight loss
4. Purple striae and hypokalemic alkalosis



Salt & pepper chromatin

1. 1,2
2. 1,4
3. 1,2,4
4. 2,3,4

Option B is seen when GI carcinoids metastasize to liver and 5HT derivatives bypass first pass metabolism. Slide shows lots of salt and pepper chromatin that is very vascular and leads to bleeding.

Small cell cancer lung	**Carcinoid**
	

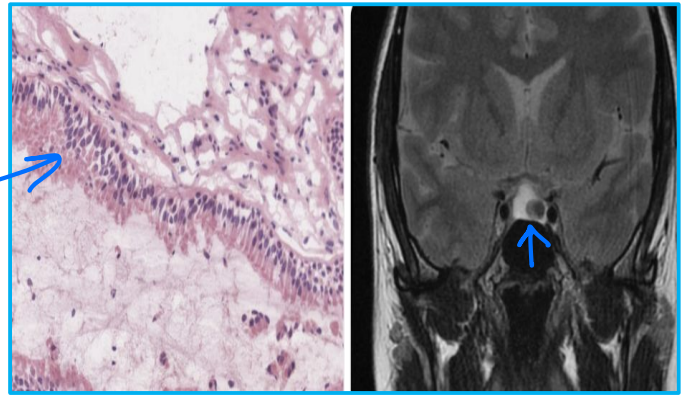
40. 32-year-old patient presents with headache and mild visual disturbance. MRI brain shows a well-defined sellar lesion. Histopathological examination of the lesion is shown in the image. Which of the following is the most likely diagnosis?

a. Adamantinomatous craniopharyngioma

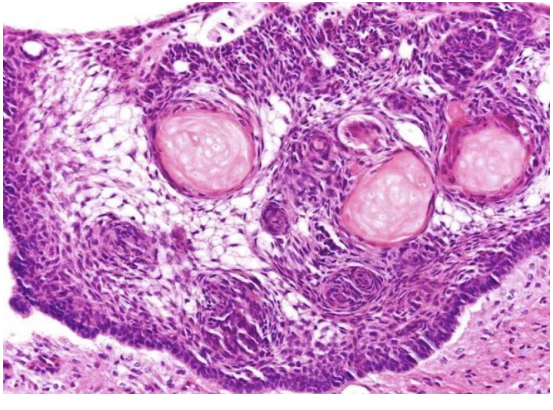
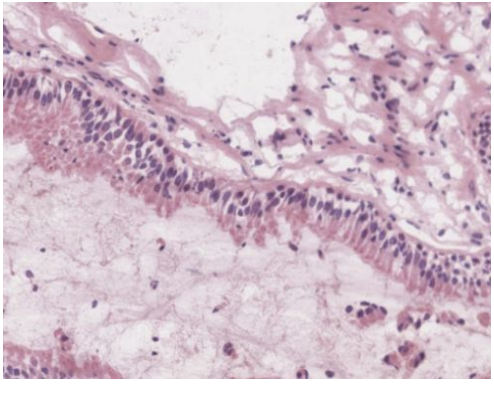
b. Papillary craniopharyngioma

c. Rathke cleft cyst

d. Pituitary adenoma



Histology in image shows: Single layer of cuboidal/columnar epithelium and no stratified squamous epithelium. No wet keratin and no calcification rules out craniopharyngioma

Craniopharyngioma	**Rathke cyst cleft**
	

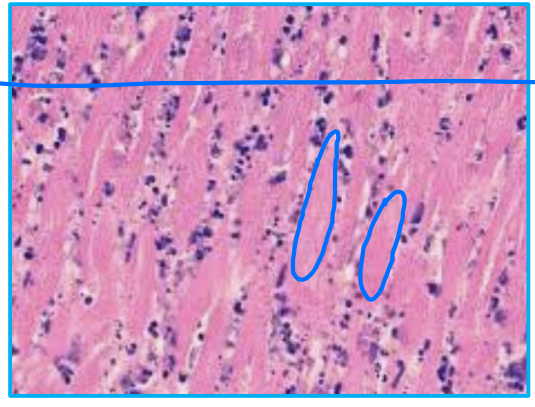
41. 60-year-old patient presented with sudden onset chest pain and diaphoresis. He has been hospitalized previously for cardiovascular complaints. He died during treatment on day 3. Post mortem gross specimen showed LV aneurysm. The histology slide is showed below. Which of the following is the correct about it?

a. Arrhythmogenic RV dysplasia

b. Tako tsubo cardiomyopathy

c. Viral myocarditis

d. Ischemic heart disease



fat
fibrosis

HYPER- EOSINOPHILIC
myocardium ↑

42. A 50-year-old woman presents with progressive muscle weakness involving the lower limbs dry mouth and cough for past 3 months. CT chest shows a lung mass and guided biopsy report is pending. Nerve conduction studies show a decremental response on low-frequency repetitive nerve stimulation. Which of the following is correct about pathogenesis of this presentation?

LEMS

a. Autoantibodies against postsynaptic acetylcholine receptors

b. Autoantibodies against presynaptic P/Q-type voltage-gated calcium channels

c. Immune-mediated destruction of motor neurons in the anterior horn

d. Toxin-mediated blockade of acetylcholine receptors at the end plate

Patient has lung cancer and LEMS. *On low frequency stimulation it is decremental* and high frequency stimulation there is incremental response.

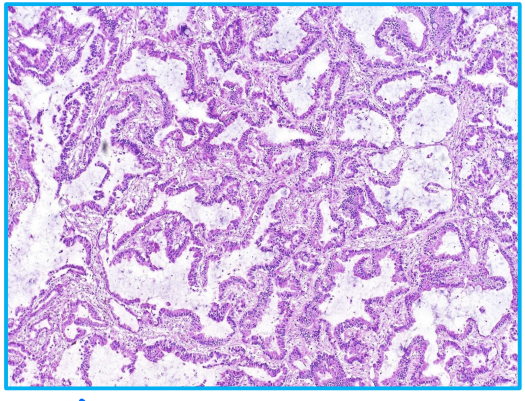
43. 40-year-old patient underwent lung surgery. Lung mass histology is shown below. Which of the following is correct about this tumour

a. TTF-1 positive, Napsin A positive and p40 negative

b. TTF-1 positive, Napsin A negative and p40 negative

c. TTF-1 negative, Napsin A negative and p40 positive

d. TTF-1 negative, Napsin A positive and p40 positive



Adenocarcinoma

- Acinic and tubular structures. Suggests adenocarcinoma. No keratin pearls and no salt and pepper chromatin

Immunohistochemistry

- **TTF-1 positive**
- **Napsin A positive**
- **p40 / p63 negative**

44. A 25-year-old patient presents with ptosis showing diurnal variation. CT chest lobulated chest mass pressing on recurrent laryngeal nerve. Patient underwent chest surgery and post resection biopsy specimen is shown below. Which of the following aetiology is responsible

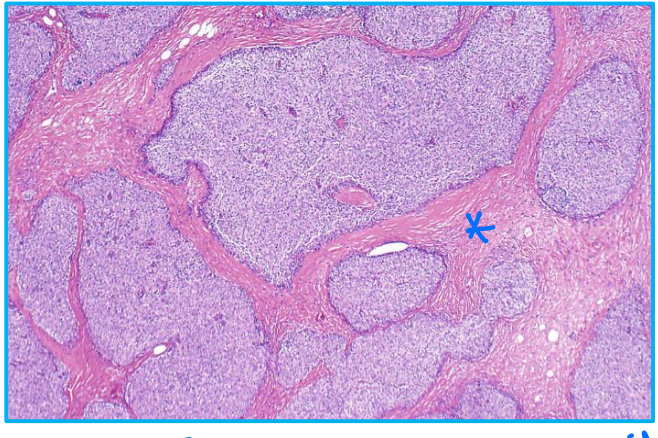
a. CK+ and TDT +

b. CD5 CD117

c. PLAP, OCT 3/4

d. Leukocyte common antigen + / CD45

lymphoma



THYMOMA ⇒ epithelial cell TUMOR

Image shows lobulated architecture separated by fibrous septa and super Dense lymphocyte-rich areas mixed with epithelial cells that resembles thymic tissue.

45. 2-year-old child is having recurrent pneumonia episodes. Labs show increased Ig E levels and eosinophilia. Which of the following is correct about this condition

1. Impaired Th17 mediated recruitment
2. Th1 cell dominance
3. Double row of teeth
4. Defect on chromosome 3 for STAT 3 gene

a. 1,2

b. 1,3

c. 1,2,3

d. 1,2,4

Th2: IL-4 IL-5

L 17 #

JOB SYNDROME

- In Job Syndrome: Th17 impaired and relative Th2 dominance
- Th2 cells produce IL-4, IL-5, IL-13
- IL-5 stimulates eosinophil production in bone marrow

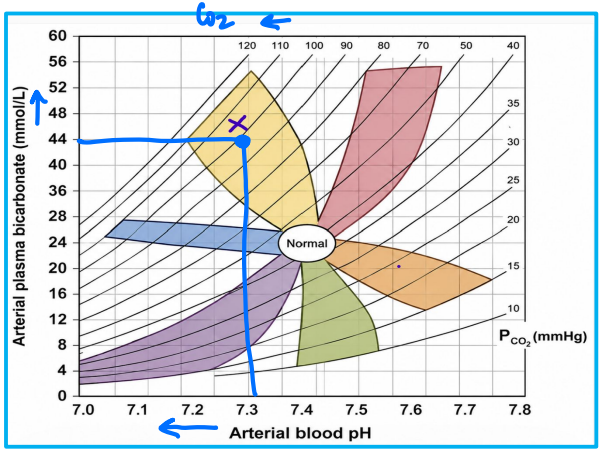
46. Comment on the X marked interpretation from the davenport diagram shown below?

a. Acute respiratory acidosis

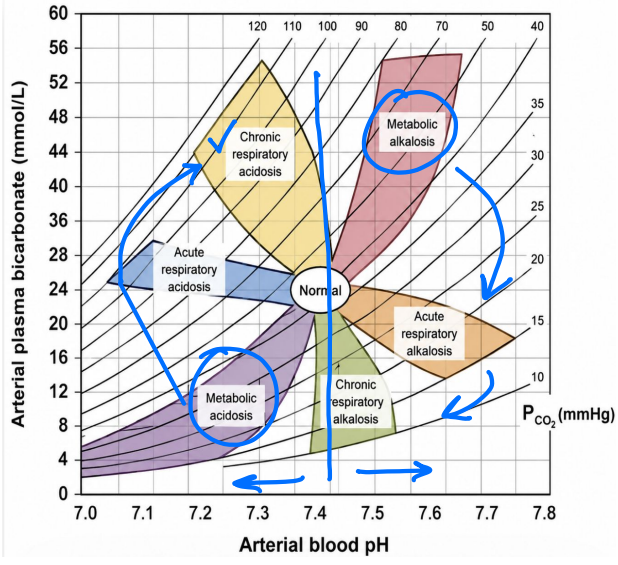
b. Chronic respiratory acidosis

c. Acute respiratory alkalosis

d. Chronic respiratory alkalosis



DAVENPORT


Arterial plasma bicarbonate (mmol/L)
60
56
52
48
44
40
36
32
28
24
20
16
12
8
4
0
120
110
100
90
80
70
50
40
35
30
25
20
15
10
P_{CO_2} (mmHg)
Chronic respiratory acidosis
Metabolic alkalosis
Acute respiratory acidosis
Normal
Acute respiratory alkalosis
Metabolic acidosis
Chronic respiratory alkalosis
7.0
7.1
7.2
7.3
7.4
7.5
7.6
7.7
7.8
Arterial blood pH

47. 10-year-old child comes with difficulty in walking. The following appearance of legs muscles is noted. Gene sequencing shows CMT1 defect. This disease occurs due to defect of?

a. Gap junction

b. Tight junctions

c. Desmosomes

d. Hemidesmosomes



STORK leg app
CMT | HSMN *
Connexon 32 #
Schwann cells #
myelin ↓

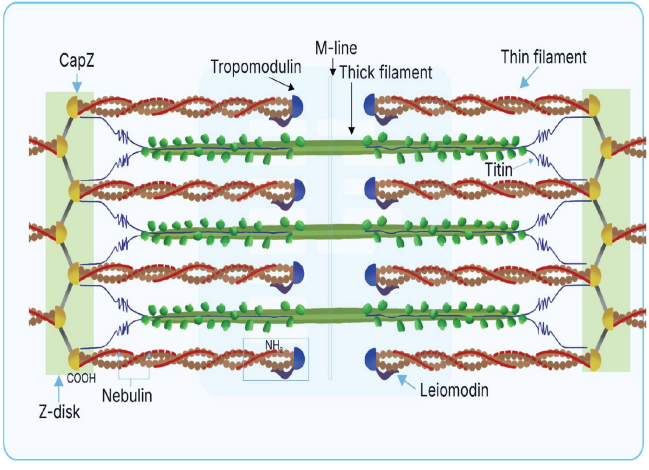
48. 3-month-old infant is brought with severe hypotonia, weak cry, feeding difficulty, and delayed motor milestones. Muscle biopsy shows rod-shaped eosinophilic inclusions within skeletal muscle fibers consistent with nemaline myopathy. Mutation in a protein responsible for actin filament nucleation and elongation is identified. Which of the following proteins is most likely involved?

a. Nebulin

b. Titin

c. Leiomodin-3

d. Dystrophin



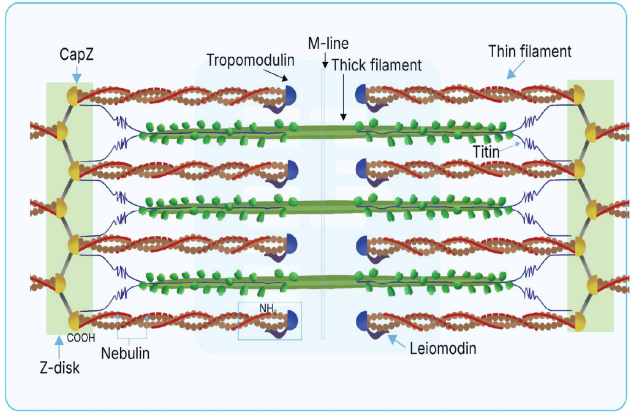
49. Nebulin in skeletal muscle primarily functions to:

a. Anchor cytoskeleton to sarcolemma

b. Provide elastic recoil to thick filament

c. Regulate and stabilize thin filament length

d. Nucleate actin filament assembly



50. In which phase of Pacemaker action potential is “Funny Current” seen?

a. Depolarization

b. Plateau

c. Repolarization

d. Hyperpolarization

PART - II

51. A healthy adult is given a drug that paralyzes all skeletal muscles, including the diaphragm, but mechanical ventilation is immediately started. Which of the following changes is most likely to occur in the oxygen consumption (VO_2) of the body?

a. VO_2 increases due to stress response

b. VO_2 remains unchanged

c. VO_2 decreases

d. VO_2 becomes zero

52. Painter who fell from height of 10 feet is admitted with spinal cord trauma at T4 level. His current vitals are Pulse of 60/min. BP of 180/120 mm Hg with diaphoresis in face chest and upper limbs. Bladder is palpable in spite of foley's catheter insertion. Which of the following interventions should be done in this case?

1. Apply 2% NTG paste on chest
2. Head end elevation
3. Change foleys catheter
4. Head end Lowering

a. 1,2,3

b. 2,3,4

c. 1,3,4

d. 1,2,3,4

AUTONOMIC DYSREFLEXIA
T6 & above Trauma
Sym ⊕ → BP ↑ HR ↓

53. 30-year-old patient presents with recurrent episodes of abdominal pain with steatorrhea. Contrast study of bowel and biopsy specimen report is shown below. Which of the following drugs is used in management of this condition?

1. Vedolizumab
2. Ustekinumab
3. Upadacitinib
4. Tofacitinib

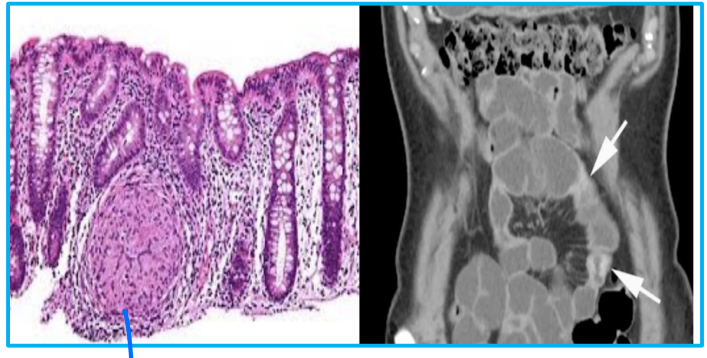
a. 1,2

b. 2,3

c. 1,2,3

d. 1,2,3,4

JAK-1
UC
JAK-3 ⊖



granuloma

STRICTURE

CROHN

54. 8-year-old child has poor school performance and brief shock like jerky movement of hands causing dropping of toothbrush and break fast food items. Drug of choice X for this condition is started. It will act via which of the following mechanisms?

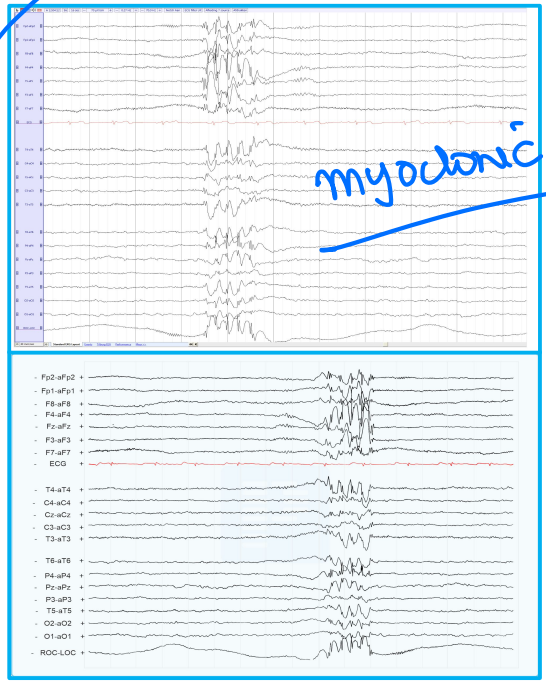
1. Thalamic T calcium channel inhibitor
2. Inhibit GABA transaminase
3. Inhibitor of voltage dependant sodium channels
4. NMDA glutamate receptor inhibitor

a. 1, 2

b. 1,2,3

c. 2,3,4

d. 1,3,4



myoclonic epilepsy

55. A 55-year-old man with type 2 diabetes mellitus is started on an dual GIP and GLP-1 agonist once a week for obesity. Which of the following are side effects of this drug

1. Pancreatitis ✓
2. Gall bladder stasis ✓
3. Risk of MTC in rodents *
4. Vision change ✓

TIRZEPATIDE

a. 1,2,3

b. 2,3,4

c. 1,3,4

d. 1,2,3,4

56. 24-year-old obese woman presents with chronic headache and transient visual obscuration. Examination shows bilateral papilledema; MRI brain is normal. Lumbar puncture reveals opening pressure 30 cm H_2O with normal CSF composition. She is started on drug X and reports improvement. What is the mechanism of action of drug X?

a. Increases plasma osmolarity and cause fluid shift across BBB

b. Decreases plasma osmolarity and cause fluid shift across BBB

c. Blocks aquaporin channels in the ependymal cells

d. Inhibit function of vascular tuft of pia mater in ventricles ✓

N.P.H
* 50–180 cm H_2O
* ⓝ | ↓
acetazolamide

57. Which of the following drug acts a decoy antigen to autoreactive T lymphocytes in management of relapsing remitting multiple sclerosis?

a. Natalizumab

b. Fingolimod

c. Methylprednisolone

d. Glatiramer

-Glatiramer= L-Glutamic acid + L-Lysine + L-Alanine+ L-Tyrosine and resembles MBP

-Natalizumab = Anti-α4 integrin antibody
Prevents leukocyte migration across BBB

-Fingolimod = Traps lymphocytes in lymph nodes

-Methylprednisolone= Used for acute MS relapse, not disease modification

58. 48-year-old man develops marked hypotension during manipulation of an abdominal mass in the operating room. He has history of headache, bronchospasm and watery diarrhoea. Which of the following is the drug of choice in this condition?

a. Phenoxybenzamine + propranolol

b. Labetalol

c. Octreotide

d. Phentolamine

Carcinoid CRISIS

59. A 30-year-old lady with migraine attacks also has Raynaud phenomenon on cold water exposure. Which of the following drugs is best suited for her episode management

a. Sumatriptan

b. Lasmiditan

c. Galcanezumab

d. Propranolol

60. Which of the following will not cause hand and foot syndrome/palmoplantar Acro dysesthesia?

a. Fluorouracil ✓

b. Capecitabine ✓

c. Liposomal doxorubicin ✓

d. Vincristine P.NEURITIS

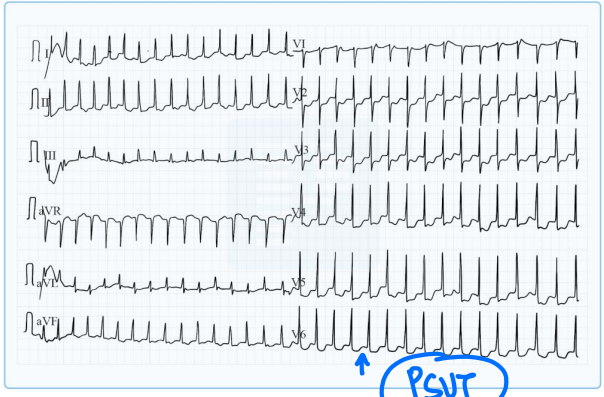
61. 30-year-old female patient presented with palpitations and dizziness. BP 100/60 mm Hg. On order of physician nurse gives a drug X which terminated this arrythmia. Which of the following is correct about mechanism of action drug X used for acute management of this condition?

a. Gi protein coupled receptors and opens potassium channels

b. Gs protein coupled receptors and opens potassium channels

c. Gi protein coupled receptors and closes potassium channels

d. Gs protein coupled receptors and closes potassium channels



62. 67-year-old chronic smoker with severe COPD continues to have frequent exacerbations requiring multiple hospital visits despite treatment with a LABA and LAMA combination inhaler. Blood eosinophil count is 120 cells/µL. Spirometry shows persistent airflow limitation. Which of the following is the most appropriate additional therapy to reduce future exacerbations?

a. Inhaled corticosteroid

b. Azithromycin

c. Montelukast

d. Omalizumab

* Blood eosinophil AEC
> 300 cells/cu.mm

63. An asthmatic patient is on daily medium dose ICS + LABA and LAMA is still having nocturnal attacks daily. Ig E levels are 50 IU/ml and AEC is 300 cells/ cu.mm Which of the following medications should be added for management?

a. Oral methylprednisolone

b. Omalizumab

c. Benralizumab

d. Nebulization daily with Duolin

IL-5: R #

AEC (n)

IgE ↑ : Omalizumab

64. HIV positive patient is diagnosed as having pulmonary TB based on CBNAAT report. Which of the following is correct about this patient?

1. Sputum for AFB is negative ✓
2. CXR shows bilateral infiltrates ✓
3. Mantoux is strongly reactive ✗
4. ATT is started 2 weeks before ART ✓

Miliary TB

a. 1,2,3

b. 2,3,4

c. 1,2,4

d. 1,2,3,4

65. While measuring BP of patient at PHC, mercury sphygmomanometer accidentally fell and broke. Which of the following is correct about management

1. Switch off fan ✓
2. Don't sweep the floor ✓
3. Pick up waste using cardboard
4. Place in white cardboard box

glass H_2O + glycerin

a. 1,2

b. 1,2,3

c. 2,3,4

d. 1,2,3,4,

66. Wrapper of foley catheter is placed in?

a. Black bag

b. Red bag

c. Yellow bag

d. White box

67. Periodic surveys are done for assessment of which of the following

a. Ischemic heart disease

b. Road traffic accidents

c. Vaccine induced polio

d. HIV and Hepatitis B

68. Under NP_NCD program which is correct

1. Cervical cancer screening with PAP smears every 3 years for patients aged 21-29 years
2. Single dose Gardasil for girls aged 14 years
3. HPV DNA testing every 3 years
4. VIA for cervical cancer at Ayushman Arogya mandir

a. 1,2,4

b. 2,3,4

c. 1,3,4

d. 1,2,3,4

69. Vaccines supported by this organization are all except?

a. Pneumococcal vaccine

b. HPV

c. Measles

d. Chicken pox



GAVI

↑ICP gait ataxia

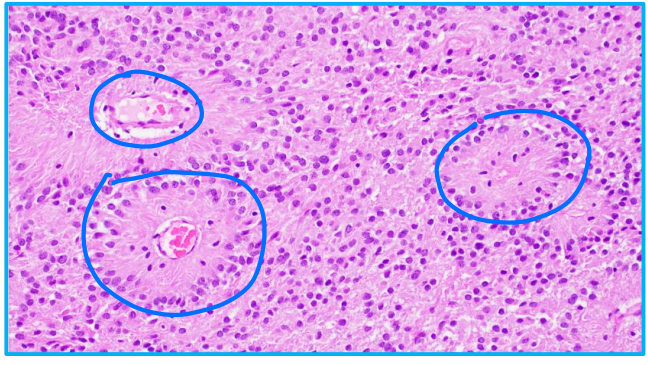
70. 7-year-old boy is brought with progressively worsening headache, recurrent vomiting, and difficulty in walking for 3 months. Parents also noticed that he tilts to one side while walking and has recent diplopia. Examination shows papilledema and truncal ataxia. MRI brain reveals a heterogeneously enhancing mass in posterior fossa. Histology is shown below. Diagnosis is?

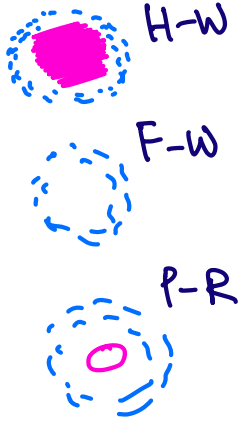
a. Medulloblastoma

b. Ependymoma

c. Pilocytic astrocytoma

d. Oligodendroglioma





71. 16-year-old boy presents with persistent microscopic hematuria detected during routine screening. He has no oedema, hypertension, or renal dysfunction. His father and paternal aunt have a history of similar urinary findings but no progression to renal failure. On evaluation, hearing is normal and there are no visual abnormalities. Renal biopsy shows thinning of the glomerular basement membrane on electron microscopy. Immunofluorescence is negative. What is the most likely diagnosis?

a. Thin BM disease

b. Ig A nephropathy

c. Alport syndrome

d. Goodpasture syndrome

URTi

SNHL

Hemoptysis

72. Under the National Vector Borne Disease Control Programme (NVBDCP) / National Malaria Elimination Programme of India, which of the following statements are correct?

1. India aims to eliminate malaria by the year 2030
2. Long-lasting insecticidal nets (LLINs) are recommended in high endemic areas
3. Artemisinin-based combination therapy (ACT) is recommended for uncomplicated *Plasmodium falciparum* malaria
4. Annual blood examination rate should be 1%

a. 1,2,3

b. 1,4

c. 2,3

d. 1,2,3,4

73. What is the name of this app used by health care workers

a. ABHA

b. ANMOL

c. E-ASHA

d. Aarogya Setu



74. The following app used by GOI is for all of the following

1. Consent based health record sharing ✓
2. Doctor discovery ✓
3. Geo tagging and field-based updates
4. Synchronised with central RCH database

a. 1,2

b. 2,3

c. 1,2,3

d. 1,3,4

ABHA



75. Which is correct about definition of WHO criteria for MAM?

1. MUAC less than -3 SD
2. MUAC between 11.5 to 12.5 cm ✓
3. Not applicable for children less than 6 months ✓ 6–59 mths
4. Bilateral pitting oedema will categorise patient as SAM irrespective of MUAC value

a. 1,2,3

b. 2,3,4

c. 1,3,4

d. 1,2,3,4

76. Which is correct about Gardasil 9 vaccine?

1. Live recombinant VLP vaccine
2. Composed of L2 major capsid protein
3. Produced using Saccharomyces cerevisiae (yeast recombinant tech)
4. Contains Adjuvant which is Amorphous aluminium hydroxy phosphate sulphate

a. 1,2

b. 2,3

c. 3,4

d. 1,2,3,4

- Gardasil 9 is a non –live recombinant VLP vaccine
- VLPs are composed of L1 major capsid protein
- Produced using saccharomyces cerevisiae (yeast recombinant technology)
- Covers HPV 6 &11 causing genital warts and multiple oncogenic HPV strains
- Since it is not a live vaccine statement d is incorrect

77. Traditional chulha smoke tends to increase incidence of which of the following diseases

1. Cataract
2. Heart disease
3. COPD
4. LBW baby

a. 1,2

b. 2,3

c. 2,3,4

d. 1,2,3,4

78. Poshan Tracker is used by:

1. ANMs
2. Anganwadi workers
3. ASHA worker
4. Medical officers

a. 1

b. 2

c. 1,2

d. 1,3

79. A mobile health team visits a government school under Rashtriya Bal Swasthya Karyakram for "4D" screening of children. Which of the following are included under this strategy?

1. Defects at birth
2. Deficiencies
3. Developmental delays including disabilities
4. Dental fluorosis

a. 1,2,3

b. 2,3,4

c. 1,3,4

d. 1,2,3,4

80. Heparin leads to which of the following?

a. RTA 1

b. RTA 2

c. RTA 3

d. RTA 4

aldosterone ↓
* Zone glomerulosa suppN

Smith: Passive immunity for RSV

81. Clesrovimab acts on which of the following sites on RSV F protein

a. I

b. II

c. III

d. IV

82. CAG trinucleotide repeat segments are seen in which of the following diseases?

1. Kennedy disease
2. Dentatorubral pallidoluysian atrophy
3. Machado -joseph disease
4. Friedreich ataxia

a. 1,2

b. 2,3

c. 1,2,3

d. 2,3,4

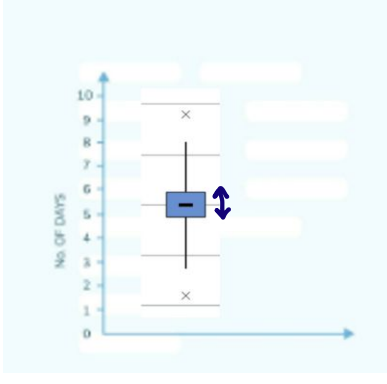
83. A hospital conducted a study on the recovery times (in days) of patients after a specific surgical procedure. The data was summarized using a box and whisker plot as shown below. Which of the following statements best describes the skewness of the recovery time data shown in the plot?

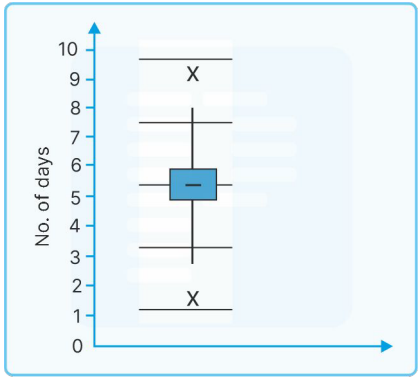
a. Middle clustered, long tail, zero skew

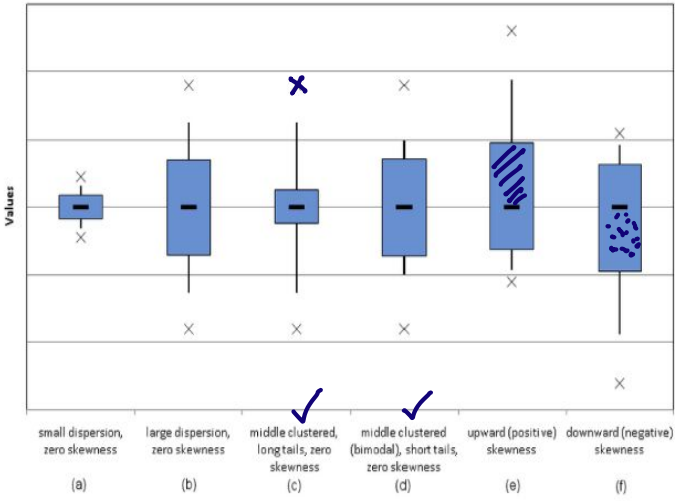
b. Middle clustered, short tail, zero skew

c. Upward positive skewness

d. Downward negative skewness






Values
small dispersion, zero skewness
(a)
large dispersion, zero skewness
(b)
middle clustered, long tails, zero skewness
(c)
middle clustered (bimodal), short tails, zero skewness
(d)
upward (positive) skewness
(e)
downward (negative) skewness
(f)

84. Correct about Amrit pharmacy

1. Provision of branded medicines at discounted rates
2. Provision of low-cost generic medicines
3. Scheme started in 2008
4. Organised by ministry of pharmaceuticals

a. 1

b. 1,2

c. 2,3,4

d. 1,2,3,4

85. Best screening method for detection of colorectal cancer?

a. Colonoscopy every 10 years after age of 45 years

b. Annual Faecal occult blood

c. 5 yearly DRE

d. Annual DRE with fecal occult blood

86. NDRF (National disaster response force) is under which agency?

a. Ministry of home affairs

b. PMO

c. NCDC

d. Ministry of health and welfare

87. These flowers are used for which of the following

1. Infanticide
2. Abortifacient
3. Biological warfare
4. Homicide

a. 1

b. 2

c. 1,2

d. 1,2,3




RADICAL DOCTOR ARRESTED FOR PLOTTING MASSIVE BIOLOGICAL ATTACK IN INDIA
Gujarat ATS foiled a deadly biological attack using ricin poison. Three men, including Hyderabad-based doctor Ahmed Mohiuddin, were arrested while plotting to contaminate temple prasadam.

88. This Category B biological warfare agent causes death by

CASTOR - OIL - Seeds: Ricin

1. Inactivates 60S ribosomal subunit and inhibits protein synthesis
2. GIT bleeding
3. Toxin resembles digitalis and leads to cardiotoxicity
4. Produces vesicating resin that leads to extensive desquamation



a. 1,2

b. 2,3

c. 1,2,3

d. 1,3,4

89. A young boy and girl were found unresponsive in a parked car in the garage. Both were treated at GMC but girl died during treatment. Which of the following post mortem findings is likely to be seen?

1. Pulmonary edema
2. Putaminal necrosis
3. Peri oral Cyanosis
4. Bright red blood

Co-poisoning!

a. 1,2

b. 1,2,3

c. 1,2,4

d. 2,3,4

90. Declaration of Malta deals with:

a. Organ transplantation ethics

b. Research ethics

c. Physicians' role in hunger strikes

d. End-of-life euthanasia

91. Sampaolesi line is best described as:

a. White line at limbus

b. Pigmented line anterior to Schwalbe's line

c. Corneal endothelial ring

d. Retinal perivascular pigmentation

92. Reverse pupillary block is seen in which of the following?

a. Hypersecretion glaucoma

b. Angle recession glaucoma

c. Pigment dispersion syndrome

d. Pseudo-exfoliation glaucoma

Reverse pupillary block is a condition in which:

- Pressure in the anterior chamber becomes greater than posterior chamber pressure
- This causes the peripheral iris to bow backward (posterior bowing)

93. Amsler sign refers to:

a. Cherry-red spot in retina

b. Filiform hyphaema during paracentesis

c. Pigmented line anterior to Schwalbe line

d. Corneal guttata

Fuch uveitis

→ mydriasis – bleed +

→ AC paracentesis

94. 24-year-old man presents with recurrent episodes of painless diminution of vision and floaters in both eyes. Fundus examination shows peripheral retinal periphlebitis with areas of capillary nonperfusion and recurrent vitreous hemorrhage. Mantoux test is strongly positive. Which of the following is the most likely diagnosis?

a. Behçet disease

b. CMV retinitis

c. Eales disease

d. Hypertensive retinopathy

95. Mulberry tumor or retinal astrocytoma is seen in which of the following?

a. Tuberous sclerosis

b. NF-1

c. NF-2

d. Sturge weber syndrome

96. Which of the following is correct about Exudative RD

1. Shifting of subretinal fluid ✓
2. Tobacco dust in vitreous chamber → Rhegmatogenous RD
3. Lack of floaters ✓
4. Managed with ocriplasmin MACULO – VITREAL Adhesions

a. 1,2

b. 1,3

c. 1,2,3

d. 1,2,3,4

97. Tubular vision is seen in?

1. High myopia
2. Retinitis pigmentosa
3. Aphakia spectacle correction
4. Central retinal vein occlusion

a. 1,2

b. 1,2,3

c. 2,3,4

d. 1,3,4

98. The following test is used for evaluation of which of the following

a. Stereopsis

b. Uniocular diplopia

c. Binocular diplopia

d. Duane retraction syndrome



Titmus Fly Test

99. 26-year-old man presents to the emergency department with profuse vomiting that began 2 hours after eating fried rice at a restaurant. His friends who ate the same dish developed similar symptoms. He has no fever or abdominal cramps. Which of the following is culture media is used for isolation of the incriminating organism?

a. BYCE Mycoplasma

b. Castaneda Brucella

c. Mannitol-yolk-polymyxin

d. Deoxycholate citrate agar

100. A 20-year-old girl is brought to ER after an illegal abortion with sudden prostration. On examination she is afebrile, pulse is 110/min, BP 90/60 mm Hg. PV shows purulent discharge from cervix. Labs show hyperleukocytosis with haemoconcentration. Diagnosis of toxic shock syndrome due to endometritis. Which of the following organism is responsible for this presentation? 209

a. Clostridium Sordelli

b. Staph Aureus

c. Bacteroides fragilis

d. E.coli

PART - III

101. During surgery OPD a child was brought to with following condition of right ear what is the correct time for reconstruction surgery?

MICROTIA

a. 5-6 years

b. After Puberty

c. Before 1 year of life

d. Can be done anytime at presentation



The patient is having microtia. Initial management is bone anchored hearing aid. But cosmetic treatment is auricular reconstruction is done around 5-6 years of age. Rationale is ear adopts around 85% of adult ear size by this age and autologous ribs used for reconstruction have enough volume and strength.

102. Match the following

A. Vocal cord medialization	1. Type II Thyroplasty
B. Vocal cord lateralization	2. Type I Thyroplasty
C. Shortening of vocal cords	3. Type IV Thyroplasty
D. Lengthening of vocal cords	4. Type III Thyroplasty

a. A:2, B:1, C:4, D: 3

b. A:1, B:2, C:4, D: 3

c. A:2, B:1, C:3, D: 4

d. A:2, B:4, C:1, D: 3

M I
L II
A
S III
L IV

103. Which is correct about Galen anastomosis?

a. Connection between RLN and external branch of SLN

b. Connection between internal cerebral veins to straight sinus

c. Connection between internal cerebral veins to transverse sinus

d. Connection between RLN and internal branch of SLN

104. Which of the following are risk factors for development of following appearance of vocal cords?

1. Hypothyroidism
2. GERD
3. Smoking
4. Weight lifting



a. 1,2

b. 2,3

c. 1,2,3

d. 2,3,4

105. 19-year-old male presents with progressive unilateral nasal obstruction, recurrent episodes of epistaxis, and reduced sense of smell for 4 months. MRI shows a mass arising from the roof of the nasal cavity with erosion of the cribriform plate and intracranial extension producing a dumbbell-shaped appearance. Histopathology is shown below. Which is the most likely diagnosis?

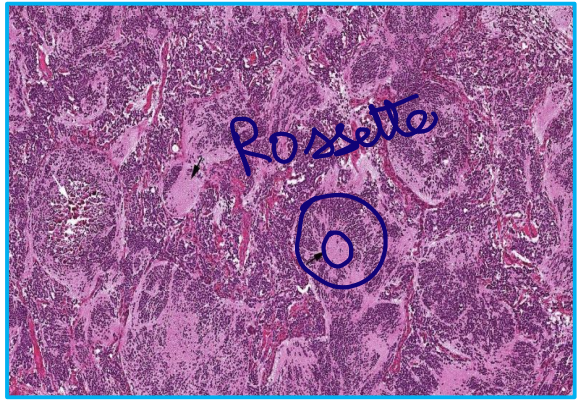
Frog face

a. Juvenile Nasopharyngeal Angiofibroma

b. Sinonasal Undifferentiated Carcinoma

c. Esthesioneuroblastoma

d. Nasopharyngeal Carcinoma SCC



Enthesio-neuroblastoma is malignant neuroendocrine tumor arising from olfactory mucosa

106. 45-year-old man presents with unilateral nasal obstruction and recurrent epistaxis. Nasal endoscopy reveals a polypoid mass arising from the lateral wall of the nasal cavity. Histology report is shown below. Which of the following is correct about this condition

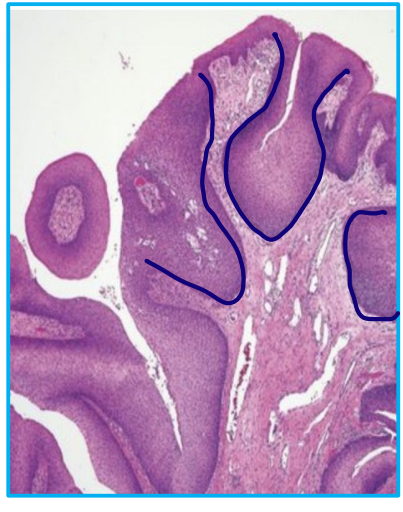
1. Vascular invasive tumor originating from margin of sphenopalatine foramen JNA
2. Premalignant
3. Associated with HPV
4. Preoperative embolization before wide local excision JNA

a. 1,2

b. 2,3

c. 1,4

d. 3,4



RINGERTZ Tumor

107. Dingman classification is used to asses which of the following

a. Fracture of maxilla

b. Fracture of mandible

c. Fracture of ethmoid

d. Fracture of orbital walls

108. 30-year-old Chinese man developed upper neck swelling. It was diagnosed as NPC on CT scan has spread to Krause nodes. Which of the following is correct about it?

1. Inability to elevate shoulders
2. Loss of gag reflex
3. Palatal paralysis
4. Conductive hearing loss

a. 1,2,3

b. 2,3,4

c. 1,3,4

d. 1,2,3,4

9, 10, 11 : jugular foramen

TROTTER TRIAD : V, 10, CHL

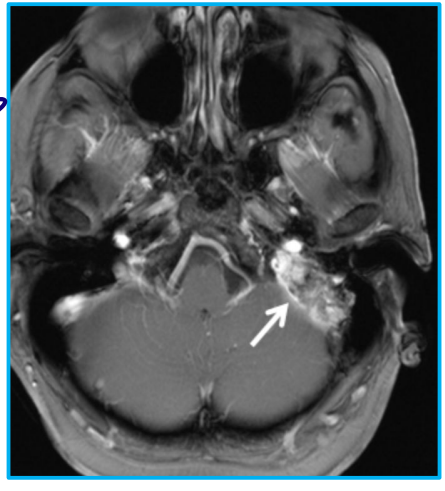
109. 70 year old man presents with complaints of pulsatile tinnitus and deafness. Otoscopy shows a red drum with rising sun sign. Brown sign is noted with pneumatic ear speculum. MRI head is shown below. Which classification is used to stage the tumour?

a. Glasscock Jackson classification

b. Kadish classification

c. House–Brackmann grading system

d. Krouse classification



Glomus Tympanicum

- **Kadish classification** → used for Olfactory neuroblastoma
- **House–Brackmann grading** → facial nerve palsy grading system.

110. Correct about Mondini's dysplasia for inner ear?

a. 1.5 turns of cochlea instead of 2.5

b. Complete absence of inner ear

c. Membranous cochlear defect

d. Basal turn cochlear defect

111. A 45-year-old man smoker presents with burning pain and tingling sensation in the sole of his right foot for the past two months. The symptoms worsen after prolonged standing. On examination, there is tenderness behind the medial malleolus. Dorsalis pedis is palpable and no trophic changes are noted. Which of the following is the most likely diagnosis?

a. Plantar fasciitis

b. Thrombo-angitis obliterans

c. Tarsal tunnel syndrome

d. L5–S1 radiculopathy

112. Which of the following is correct about the deformity shown below

a. Gun stock deformity

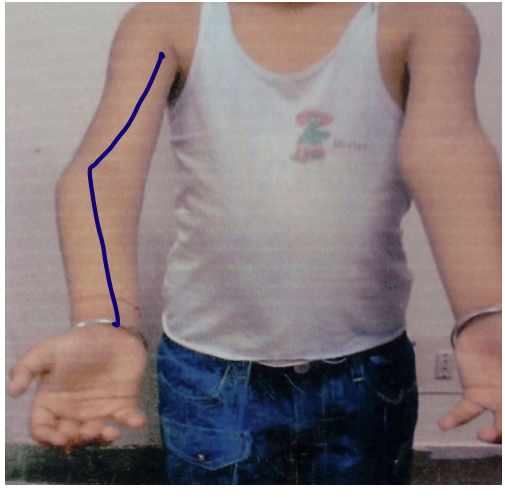
b. Tardy ulnar nerve palsy

c. Dinner fork deformity

d. Garden shovel deformity



Non union: LCF #

Cubitus valgus	Cubitus varus
	SCF Humerus # 

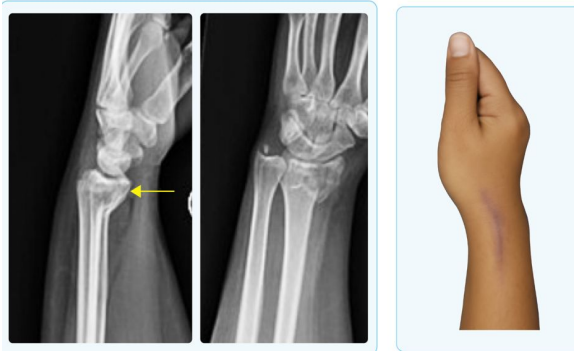
113. 40-year-old postmenopausal woman slips and falls backward on her outstretched hand with her wrist in flexion. She presents with pain, swelling, and deformity over the distal forearm. What is the most likely diagnosis?

a. Colles' fracture

b. Barton's fracture

c. Smith's fracture

d. Chauffeur's fracture



114. 72-year-old woman undergoes hemiarthroplasty for fracture neck femur. During the procedure she suddenly develops hypoxia, hypotension, and cardiovascular collapse. Which of the following is the most likely mechanism responsible for this complication?

a. Fat embolism due to marrow necrosis

b. Venous thromboembolism from immobilization

24-48 HOURS

c. Embolization of marrow contents and methyl methacrylate causing pulmonary vascular obstruction

INTRA-OP

d. Air embolism through nutrient vessels

INTRA-OP

115. A 72-year-old woman slips in her bathroom and falls on her side. She is unable to stand or walk afterward. The affected leg is externally rotated and shortened. She has pre-existing arthritis. The greater trochanter is elevated. X-ray pelvis is shown. What is the most appropriate treatment for this patient?

a. Open reduction and internal fixation with screws

b. Hemiarthroplasty

c. Total hip replacement

d. Skeletal traction followed by delayed fixation



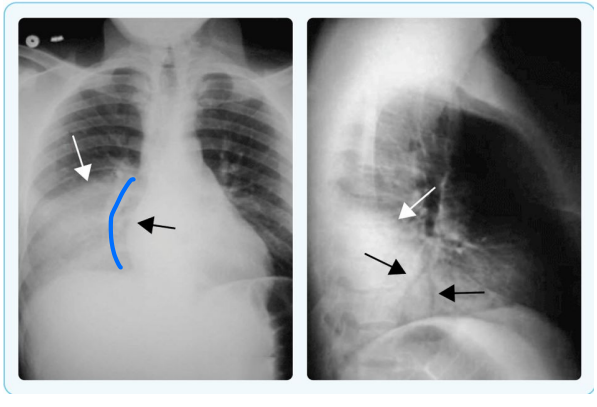
116. Comment on the diagnosis

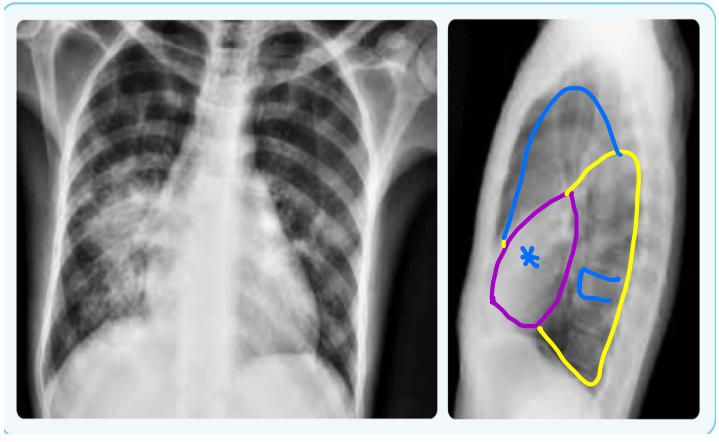
a. Right middle zone pneumonia

b. Right lower zone pneumonia

c. Right lower zone atelectasis

d. Right lower zone collapse





RM2 pneumonie

* MRI

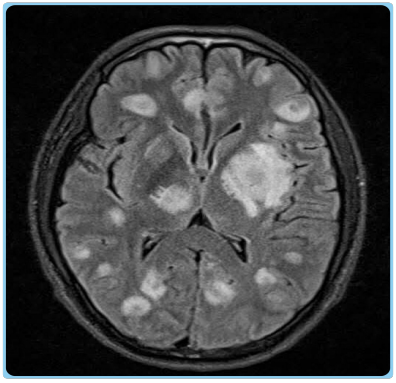
117. 30-year-old rickshaw puller presents with multiple episodes of seizures. The NCCT head is shown below. He tested positive for HIV recently. MRS shows lipid lactate peak with elevated choline and absence of trehalose. Diagnosis is?

a. NCC

b. Toxoplasmosis

c. Primary CNS lymphoma

d. Tuberculoma



Toxoplasmosis

+	lipid PEAK +
+	choline PEAK +
−	TREHALOSE // +

TB

118. Tc99m labelled RBC is used for assessment of

a. Ejection fraction of heart

b. Parathyroid adenoma

c. Meckel diverticulum

d. Parathyroid cancer

119. 18-year-old girl presents with progressive virilization, hirsutism, deepening of voice, temporal balding, and secondary amenorrhea for 8 months. Examination reveals clitoromegaly. Ultrasound shows a unilateral solid ovarian mass. Which of the following ovarian tumour is likely in this patient?

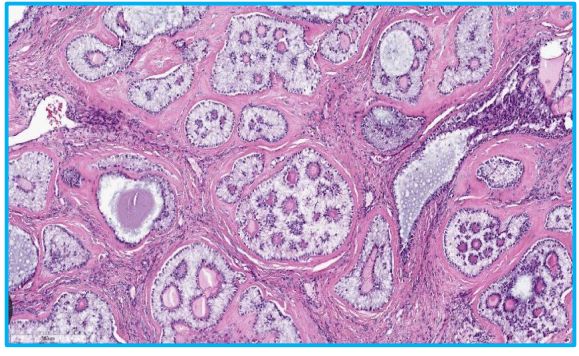
a. Fibroma

ESTROGEN +

b. Granulosa cell tumor

c. Brenner tumor

d. Arrhenoblastoma



120. MC ovarian cyst to rupture is

a. Follicular cyst MC

b. Corpus luteal cyst highly vascularity ++

c. Pseudomyxoma peritonei

d. Dermoid cyst

121. Latzko triad is used for diagnosis of which of the following tumor

a. Vulva
b. Vagina
c. GTD
d. Fallopian tube

122. Match the timing of gynaecology procedures

A. Tubal patency test/ HSG	1.Preovulatory phase
B. IUCD insertion	2. 23-26 days of cycle
C. Fern test	3. 5-12 days of cycle
D. Endometrial biopsy	4. 2-3 days after completion of menses

a. A: 4, B:3, C: 2, D:1

b. A: 4, B:3, C: 1, D:2

c. A: 3, B:4, C: 2, D:1

d. A: 3, B:4, C: 1, D:2

123. Which is correct about management of 30-year-old woman with GTN and FIGO score of 8.

>7

a. IM methotrexate

b. IV methotrexate

c. EMACO regimen

d. BECOP regimen

EMA –CO

- Etoposide
- Methotrexate
- Actinomycin –D
- Cyclophosphamide
- Oncovin (Vincristine)

So FIGO Score 8 →high –risk GTN →EMA- CO

124. Match the correct molecular alterations for each cancer

a. High grade serous cystadenocarcinoma of ovary	1: CDKN2A
b. Low grade serous cystadenocarcinoma of ovary	2: CTNNB1
c. Endometroid cancer	3: TP53
d. Mucinous carcinoma	4 : KRAS

a. A: 3 B:4, C:2, D: 1

b. A: 4 B:3, C:2, D: 1

c. A: 3 B:4, C:1, D: 2

d. A: 4 B:3, C:1, D: 2

125. Which of the following is/are abnormal colposcopy findings

1. Reid's index of 6 ✓
2. Acetowhite epithelium ✓
3. Leukoplakia ✓
4. Transformation zone visible normal

a. 1,2,3

b. 2,3,4

c. 1,3,4

d. 1,2,3,4

126. Which is correct about type II endometrial cancer

1. Endometrial hyperplasia Type I, estrogen +, young ♀
2. Inactivation of E-cadherin and P16
3. Seen in post-menopausal woman II
4. PTEN mutation Type I

a. 1,2

b. 2,3

c. 1,3

d. 1,3,4

Feature	Type I endometrial carcinoma	Type II endometrial carcinoma
Estrogen	Dependent	Independent
Histology	Endometrioid	Serous / clear cell
Age	Younger, obese	Older , thin
Background	Hyperplasia	Atrophic endometrium
Mutation	PTEN/ MSI	P53
Grade	Low grade	High grade
Prognosis	Better	Poor
ER/PR	Positive	Negative

127. The following device is called as?

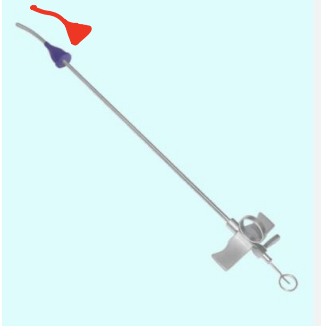
a. Rubin cannula

b. Karman cannula × plastic

c. Shirodkar cerclage set

d. Leech-Wilkinson cannula



Rubin cannula	Karman cannula	Leech Wilkinson cannula
		

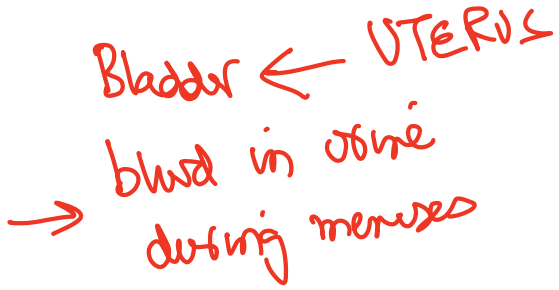
128. Which of the following causes development of mensouria?

a. Uterovesical fistula

b. Uterourethral fistula

c. Vesicovaginal fistula

d. Rectovaginal fistula



129. Known case of M.Gravis on medication presents with multiple flaccid bullae over the scalp, central face and neck. Oral mucosa is normal. Bulla spread sign is positive, nikolskly sign is positive. Skin biopsy shows subcorneal blisters with anti Dsg1 antibodies. Diagnosis is?

a. Pemphigus vulgaris

b. Pemphigus Foliaceous

c. Bullous pemphigoid

d. Steven johnson syndrome

130. 2-year-old child presents with following itchy lesions on knees for last 4 weeks. Mother says lesions appeared after fever and sore throat. No history of gluten enteropathy. Clinical diagnosis is?

EBV

a. Dermatitis herpetiformis

b. Atopic dermatitis

c. Papular urticaria

d. Gianotti crosti syndrome



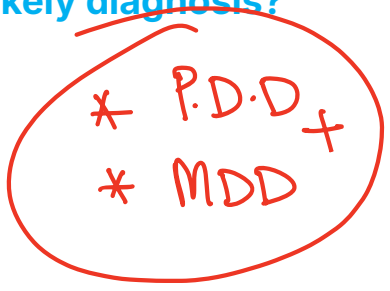
131. 32-year-old man complains of "feeling sad and hopeless" almost every day for the last 3 years. He says he has "never felt normal" in this period. He reports poor concentration, low energy, and low self-esteem. He continues working but feels he is "just dragging through life." Six months ago, he had a 3-week period when his symptoms worsened, and he fulfilled the criteria for Major Depressive Episode. Which is the most likely diagnosis?

a. Major Depressive Disorder, recurrent episode

b. Persistent Depressive Disorder

c. Adjustment-disorder with depressed mood

d. Double Depression



132. Observe the talk being doctor and patient and comment on the possible disorder
Doctor: "How is your health today?"
Patient: "I am fine... birds fly in the sky... the hospital walls are green... I like mathematics... tomorrow is a festival"

a. Flight of ideas

b. Derailment

c. Tangentiality

d. Circumstantiality

Flight of ideas: Rapid but connected
Derailment: disconnected ideas
Tangentiality: Never reaches answer
Circumstantiality: Delayed and never reaches the answer

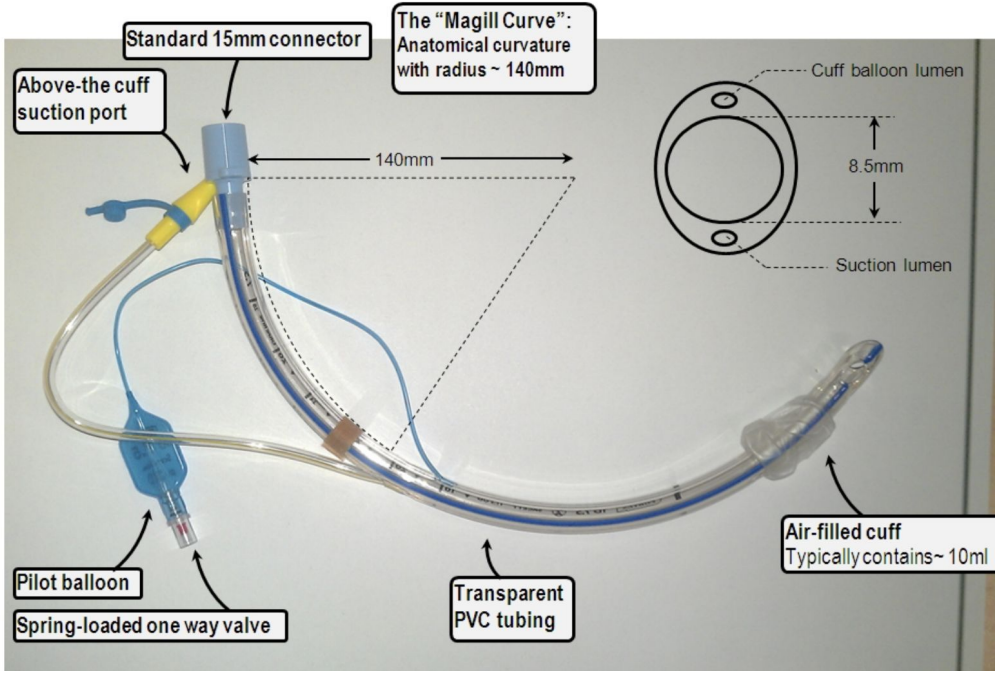
133. Angle of bevel of Endotracheal tube is at ____ degrees?

a. 30

b. 38

c. 45

d. 60



134. 24-year-old woman with Hashimoto's thyroiditis undergoes surgery under general anaesthesia with succinylcholine and inhalational anaesthetic agents. After induction, the anaesthetist notices sudden rise of body temperature and end-tidal CO_2 50 mm Hg despite increased ventilation. Clinical diagnosis is?

a. Venous air embolism

b. Right lung intubation

c. Thyroid storm GRAVE

d. Malignant hyperthermia

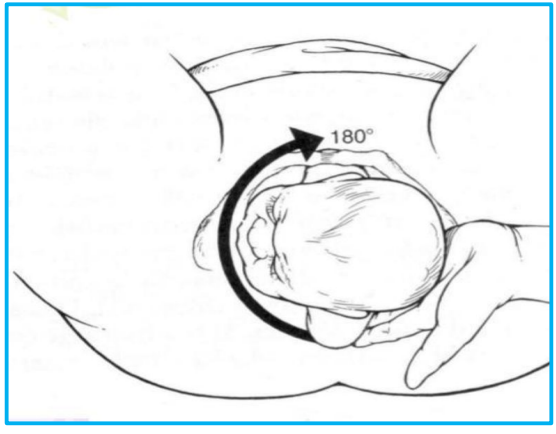
135. Comment on the obstetric manoeuvre

a. Rubin

b. Woods

c. Zanelli

d. Gaskin



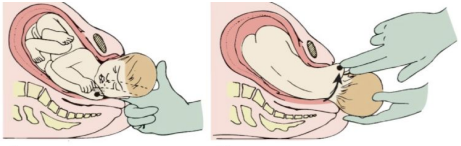


Figure 2. The Rubin technique. Also known as the Reverse Woods' Screw maneuver, the Rubin technique requires the practitioner to apply pressure on the posterior surface of the posterior shoulder (A), thereby adducting the shoulder and rotating the fetus 180° to deliver that shoulder anteriorly (B). Reprinted with permission from Lew GH, Pulia MS. Emergency Childbirth. In: Roberts J, editor. Roberts Hedges Clinical Procedures in Emergency Medicine. Philadelphia: Elsevier; 2013:1170.

Rubin Technique (del Portal 2014)

- **Wood's Screw:** Insert two fingers into the vagina posteriorly and apply pressure to the anterior surface of the posterior shoulder to rotate the infant 180°
- **Reverse Wood's Screw (Rubin Technique):** Insert two fingers into the vagina posteriorly and apply pressure to the posterior surface of the posterior shoulder to rotate the infant 180°

- **Mazzanti Maneuver**



Figure 3. The Gaskin maneuver. Placing the mother in the all-fours position may allow the posterior shoulder to descend. Reprinted with permission from Kovavisarach E. The "all-fours" maneuver for the management of shoulder

136. All are correct about face presentation?

1. MC position is left mento posterior LMA
2. MC pelvis associated is platypelloid ✓
3. MC cause is anencephaly ✓
4. Denominator is mentum ✓

a. 1,2,3

b. 1,3,4

c. 2,3,4

d. 1,2,3,4

137. Which is correct about Schroeder ring?

a. Severe maternal distress

b. Tender abdomen with FHS is absent

c. Occurs due to tonic uterine contraction and retraction

d. Ring is felt on vaginal examination

BANDL Ring

Feature	Schroeder ring	Bandl ring
Definition	Physiological retraction ring between upper and lower uterine segments	Pathological retraction ring seen in obstructed labor
Occurrence	Normal labor	Obstructed labor
Visibility	Usually not visible externally	Visible/ palpable abdominaly
Position	Junction of upper and lower uterine segments	Rises upward toward umbilicus
Clinical significance	Normal finding	Sign of impending uterine rupture
Tenderness	No	Often painful and tender
Associated with	Effective uterine contractions	Prolonged obstructed labor
Management	No treatment required	Immediate intervention (usually C –section)

138. Page classification is used for assessment of which of the following condition presenting with ante partum haemorrhage?

a. Placenta praevia

b. Abruptio placentae

c. Vasa praevia

d. Dangerous placenta previa

PPH

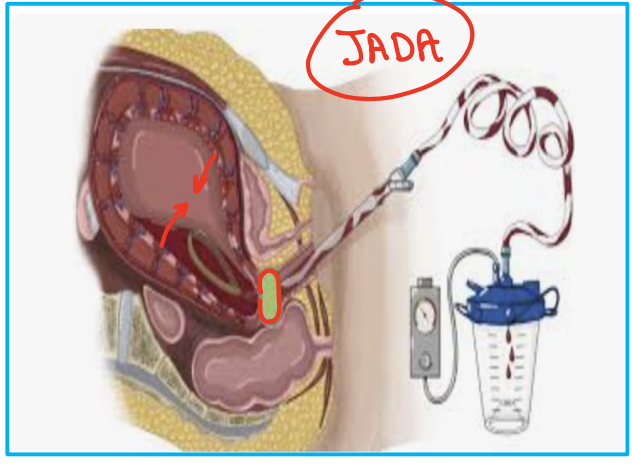
*139. Which of the following is correct about the device shown below?

a. Induces tamponade effect to control atonic uterus induced PPH

b. Induces negative suction force to cause collapse of lumen of uterine vein and control atonic uterus induced PPH

c. Induces negative suction force to cause collapse of lumen of uterine artery and control atonic uterus induced PPH

d. Induces collapse of walls to control atonic uterus induced PPH



140. 23 years old female with hypertension underwent renal angiography which is shown below. Which is correct about this condition

FMD = non inflammN

1. Medial fibroplasia ✓
2. inflammatory cell infiltrate in tunica media
3. Pulsatile tinnitus ✓
4. Secondary hypertension ✓

a. 1,4

b. 1,3,4

c. 1,2,3

d. 1,2,3,4



141. 70 yr man is under went TURP procedure under spinal anaesthesia. He is put on continuous bladder irrigation with glycine post operatively. Day 2 routine labs show serum Sodium = 122 meq/L. What is next best step for management of this patient?

a. Administer 3% Hypertonic Saline

b. Change glycine to normal saline

c. Administer salt with IV Furosemide

d. Intubate and ventilate

Asymptomatic

SIADH

142. A 28-year-old HIV-positive intravenous drug user presents with a gradually increasing swelling in the right groin for 2 weeks. The swelling is painless, and shows expansile impulse. On examination, there is a thrill on palpation and dilated superficial veins around the swelling. The mass does not reduce on lying down and cough impulse is absent. What is the next best step for managing this case?

a. Mesh Lichtenstein Repair

b. CT angiography

c. Bassini repair

d. Ultrasound



A-V Fistula

In an IV drug user, repeated femoral vessel puncture can produce an arteriovenous fistula in the groin. CT angiography followed by Endovascular treatment with a stent placement seals communication between artery & vein. It is minimally invasive, preferred in modern practice

143. Young lady who works in health care comes with the complaints as shown in the image. There is no pitting oedema in ankles. What is CEAP staging of this presentation?

a. C1

b. C2

c. C3

d. C4



Notice the spider veins / bluish reticular veins which along with imply C1 class by CEAP classification. Absence of pitting oedema rules out C3.

CEAP Classification – Clinical (C)

Class	Finding	Key Features	Exam Clue
C0	No visible disease	Symptoms may be present but no signs	"Pain/heaviness but normal leg"
C1	**Telangiectasia / Reticular veins**	Spider veins (<1 mm), bluish reticular veins (1–3 mm)	Fine superficial veins (like your image)
C2	**Varicose veins**	Dilated, tortuous veins >3 mm	Bulging veins
C3	**Edema**	Pitting swelling without skin changes	Ankle swelling
C4a	**Skin changes (mild)** Pigmentation, venous eczema	Pigmentation, venous eczema	Brown discoloration
C4b	**Skin changes (severe)** Lipodermatosclerosis, atrophie blanche	Lipodermatosclerosis, atrophie blanche	Indurated skin, "inverted champagne bottle"
C5	**Healed ulcer**	Scar of previous venous ulcer	Healed wound near medial malleolus
C6	**Active ulcer**	Open venous ulcer	Non-healing ulcer

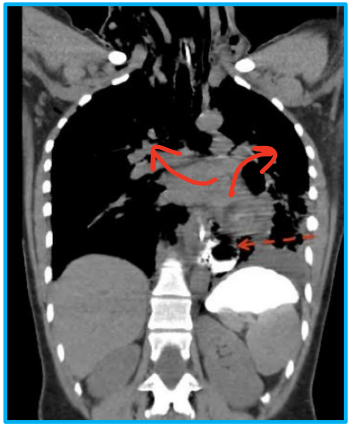
144. Patient develops chest pain with crepitus over the chest wall during upper GI endoscopy. CT with contrast is shown. Which of the following sites of the oesophagus is most likely to be involved?

a. Cricopharyngeal constriction

b. Arch of aorta

c. Left main bronchus

d. Diaphragmatic constriction



Constrictions of oesophagus (distance from incisors)

15 cm	Cricopharynx
23 cm	Aortic arch
28 cm	Left main bronchus
40 cm	Diaphragmatic hiatus

145. A person got into scuffle with a pickpocket and got a stab wound on thyroid region. This injury would be classified in which zone and what is the correct management?

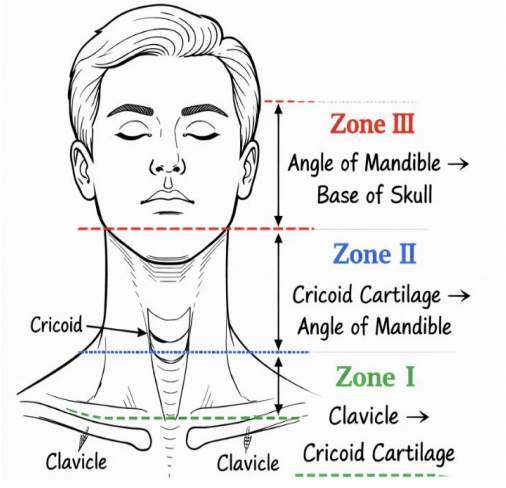
a. Zone 1, surgical exploration

b. Zone 2, surgical exploration

c. Zone 1, conservative

d. Zone 2, conservative

For a stab wound in the **thyroid region**, that is Zone II neck and needs surgical exploration as the area is highly accessible and is very high risk.



Neck Zones — Trauma

Zone	Boundaries	Structures at Risk	Management
Zone I	Clavicle/sternal notch → Cricoid cartilage	Subclavian vessels, aortic arch, lung apex, trachea, oesophagus, thoracic duct	Angiography first → Surgery
Zone II	Cricoid cartilage → Angle of mandible	Carotid arteries, jugular veins, larynx, trachea, oesophagus	Mandatory surgical exploration
Zone III	Angle of mandible → Base of skull	Distal carotid, vertebral arteries, CN IX-XII, pharynx	Angiography → Endovascular

146. Identify the marked structure while the procedure of right superficial parotidectomy is being performed?

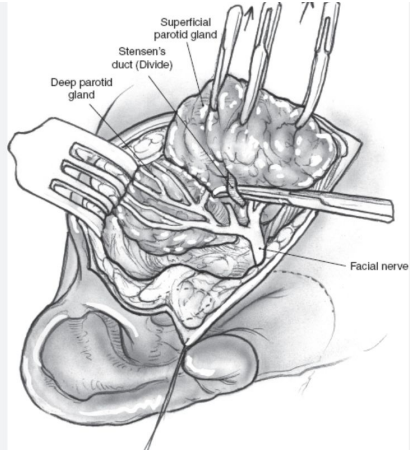
a. Facial nerve

b. Greater auricular nerve

c. Facial artery

d. Lingual artery



The marked structure is the facial nerve. It will emerge from stylomastoid foramen and will run horizontally and then divide into five branches which are motor to face.	

147. During laparoscopic cholecystectomy, lateral partial injury to the common bile duct is identified. The operating surgeon is not skilled in laparoscopic procedures. What is the most appropriate next step in management?

a. Close the abdomen and refer to hepatobiliary surgeon

b. Convert to open procedure with T-tube drainage

c. Ligate the duct proximal to the injury

d. Close the abdomen and refer for ERCP after 2 weeks

biliary peritonitis

During cholecystectomy, if a lateral CBD injury is identified, conversion to open surgery with T tube drainage is recommended. Open conversion allows direct visualisation, precise primary repair over a T-tube which decompresses the biliary system and allows the repair site to heal Option A is incorrect because closing the abdomen and waiting for referral leaves an active bile leak causing biliary peritonitis. Option D is used for post operative strictures.

CBD injury management by type:	
Injury type	**Management**
Lateral /partial	Open conversion + T-tube drainage + Primary repair
Complete transection	Open + hepaticojejunostomy (Roux –en-Y)
Clip on CBD	Immediate removal + T-Tube
Post –op Stricture	ERCP + Stenting or hepaticojejunostomy
Small Leak	ERCP + Stenting

148. 35-year-old lady was diagnosed as having breast mass which on core biopsy was ductal carcinoma in situ. It was treated with lumpectomy with excision margins of 2 mm. What is the next best step in management of this patient?

a. Radiotherapy

b. Mastectomy

c. MRM

d. Regular follow up

Patient underwent a BCS procedure with negative 2 mm margins. After BCS, radiotherapy is standard and reduces local recurrence. Tamoxifen may be added if ER+.

149. 30-year-old Woman presents with rectal bleeding and severe abdominal pain every time during her menstrual period. During digital rectal examination found polyp on anterior part of rectum?

a. Colon cancer

b. Haemorrhoids

c. Ulcerative colitis

d. Endometriosis

- Endometriosis involves ectopic endometrial tissue that responds to hormones and causes cyclical rectal bleeding and pain during menses.
  It commonly involves the rectovaginal septum, hence affects the anterior rectal wall.

- The lesion forms a submucosal nodule that bulges into the lumen, appearing as a polyp-like mass on DRE.

150. 48-year-old female presents with a 3×2 cm hard breast lump that is freely mobile. Examination reveals 2 enlarged, mobile ipsilateral axillary lymph nodes. There is no skin tethering, chest wall fixity, or evidence of distant metastasis. Which stage does it belong to?

a. Stage 2A

b. Stage 2B

c. Stage 3A

d. Stage 3B

* T2: 2-5 cm
* N1
* M0

TNM Analysis		
Parameter	**Finding**	**TNM**
Tumour	3×2 cm = 3 cm, freely mobile	T2 (2-5 cm)
Nodes	1 – 2 mobile ipsilateral axillary	N1
Metastasis	None	M0
Stage	T2N1M0	Stage IIB

PART - D

151. Which type of skin graft would be required for management of this patient?

a. Full-Thickness Skin Graft

b. Split thickness skin graft

c. Composite Graft

d. Bio-mesh



152. A 22 years old male patient sustained burns and presented to emergency department. On examination nasal hair were singed. Blood work shows carboxy Hb was raised to 18.5%, and oxygen saturation was 80%. What is the next best step?

Smoke inhalation

a. Intubation

b. 100% O2 with Bi-PAP

c. Fluid resuscitation according to parkland formula

d. Tracheostomy

- Singed nasal hairs indicate inhalational injury with risk of impending airway oedema and obstruction.
- Raised carboxy-hemoglobin > 15% and low saturation confirm significant smoke inhalation. Early endotracheal intubation is the next best step to secure airway before local oedema worsens.

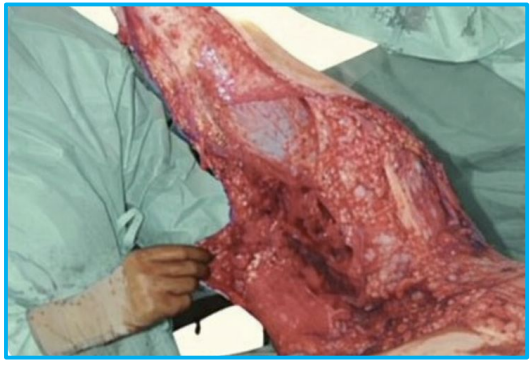
153. After a mass accident on national highway a 20 years old male was brought with following finding what is the colour coding according to triage?

a. Red

b. Yellow

c. Black

d. Green



degloving injury

- The image shows a severe limb degloving injury, but patient is likely to be stable without immediate life-threatening compromise.
- Such patients need **urgent but not immediate life-saving intervention**.
  Hence classified as **Yellow (Delayed category)** in triage.

- Red → Immediate life-saving needed
- Yellow → Serious but stable
- Green → Minor
- Black → Dead/unsalvageable

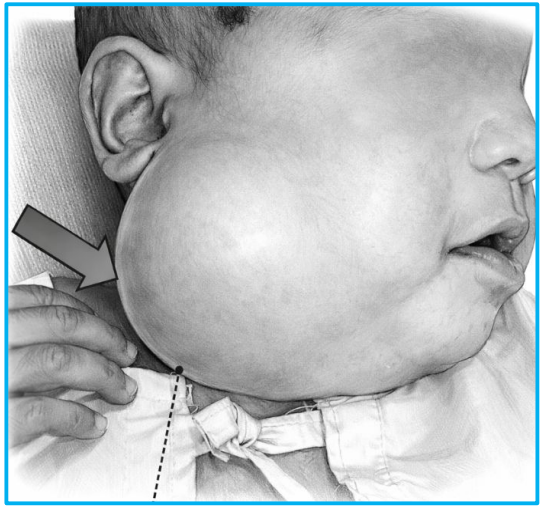
154. A neonate is born with following finding what is best step in line of management?

a. Immediately operate

b. Operate after 1 year age

c. Aspiration

d. I & D



- Clinical diagnosis of this posterior triangle swelling is cystic hygroma/ Lymphangioma.
- It is a lymphatic malformation arising from failure of lymphatic drainage to communicate with venous system.

- Definitive treatment is **surgical excision**, but it is usually **delayed till ~1 year of age** to reduce complications and recurrence. Emergency surgery is done **only if airway compromise or rapid enlargement occurs**.

- Sclerotherapy (OK-432/Picibanil or bleomycin) is an effective alternative or adjunct injected directly into the cyst causing fibrosis and can be used first line.

155. What is the best investigation to check for extra thyroid spread of thyroid gland neoplasm?

a. USG

b. MRI

c. Radio-iodine scan

d. PET scan

distant

MRI is best for assessing extra-thyroidal extension and soft tissue invasion (trachea, oesophagus and neck muscles). USG is good for thyroid nodule and lymph nodes but limited for deep spread. PET scan is for distant tissues.

156. 44-year-old tall, thin smoker male presents with sudden onset retrosternal chest pain and neck swelling after a bout of severe coughing. On examination, crepitus is felt over the supraclavicular region and a crunching sound synchronous with heartbeat is heard on auscultation. CXR is shown below. Which is the best intervention for this patient?

Pneumo - mediastinum

a. 100% oxygen at 15 L per min

b. Wide bore needle in 2nd intercostal space lateral to mid clavicular line

c. Intercostal drainage tube in 5th intercostal space in triangle of safety

d. Echo guided pericardiocentesis followed by emergency thoracotomy

157. What is the most common cause of posterior duodenal ulcer bleeding name the artery involved?

a. Left epiploic artery

b. Right epiploic artery

c. Gastroduodenal artery

d. Left gastric artery

The source of bleeding in duodenal ulcer is gastroduodenal artery. Left gastric artery is source of bleeding in gastic ulcer.

158. A mother comes with her 2-year-old malnourished child having diarrhoea for past 2 weeks. She noticed the following lesion when the child was defecating today. What is best next management?

a. Delorme procedure

b. Altemeier Procedure

c. Thiersch stitch

d. Digital repositioning



Rectal prolapse can occur in children with marasmus due to loss of perianal pad of fat. The management is conservative with digital repositioning. Thiersch stitch is for *recurrent* childhood prolapse or elderly patients

Why Digital Repositioning:

Reason	Detail
Age 2 years	Conservative management first in children
Acute prolapse	Manually reducible — not strangulated
First line	**Digital reduction** under sedation if needed
Children	90% resolve with conservative management

159. After binge drinking, patient developed vomiting and retching followed by thoracic pain and cervical subcutaneous emphysema. What is the preferred investigation for diagnosis?

a. Endoscopy

b. CT chest

c. MRI

d. Chest X-ray

pneumomediastinum

The clinical diagnosis Boerhaave syndrome and management is with CT chest with oral water-soluble contrast to demonstrate the extravasation of contrast. Endoscopy will worsen the condition. MRI will take a long time and this is an emergency. CXR findings may not be significant initially.

160. After thyroid surgery a female is not able to sing in the temple. Which of the following nerve was injured?

a. Left RLN

b. External branch SLN

c. Internal branch of SLN

d. Right RLN

Injury to the external branch of SLN paralyzes the cricothyroid muscle, which is responsible for increasing pitch of voice. Patients complain of inability to sing or produce high-pitched sounds. Recurrent laryngeal nerve injury causes hoarseness, not loss of pitch.

161. A 60-year-old man with weight loss and steatorrhea was investigated. Imaging revealed mass in periampullary mass arising from head of pancreas. Serum amylase and lipase was normal. What is the correct management of this case?

a. Enzyme replacement

b. Total pancreatectomy

c. ERCP

d. Whipple operation

- Mass in the head of pancreas with steatorrhea and malnutrition suggests exocrine insufficiency due to malignancy.
-

  Normal amylase/lipase rules out acute pancreatitis favors pancreatic tumor.
  Whipple procedure is the definitive treatment for resectable head of pancreas tumors

162. A 30-year-old man underwent renal transplantation from his elder brother 5 years ago. He has been on long-term immunosuppressive therapy with tacrolimus and steroids. He now presents with a non-healing ulcerative lesion over the sun-exposed area of skin. Diagnosis is?

a. Squamous cell carcinoma of skin

b. basal cell carcinoma of skin

c. Sun burn

d. Melanoma

Long-term immunosuppression after transplant leads to reduced immune surveillance against malignant cells.
This allows oncogenic viruses (especially HPV) and UV-induced mutations to progress unchecked. Hence, Squamous Cell Carcinoma (SCC) is the most common malignancy in transplant patients.

163. 45-year-old man with history of betel nut chewing comes with complaints of mass protruding through mouth. What is the best investigation for this case?

a. Brush biopsy

b. Excision biopsy

c. Punch biopsy

d. Wedge biopsy

A large mass protruding from the mouth in a betel nut chewer suggests oral malignancy, requiring a deep incisional biopsy

Wedge biopsy includes adequate depth and the edge of lesion with normal tissue, giving proper architecture.

Brush/punch are superficial, and excision biopsy is not done for large suspicious cancers.

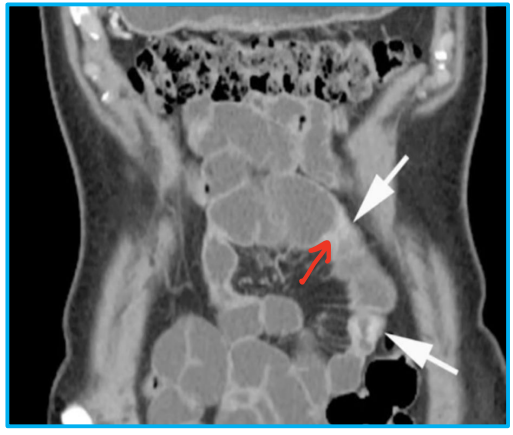
164. 30-year-old woman comes with complaints of recurrent episodes of right iliac fossa pain that interferes in day-to-day activity. It is not relieved by defecation or passage of flatus. She has low grade fever off and on. On work up MRE is shown below. Clinical diagnosis is?

a. Crohn's disease

b. Ulcerative colitis

c. Koch abdomen

d. Gut malrotation



- Features that favour diagnosis as Crohn’s disease are:
- Arrows indicate segmental bowel wall thickening with skip areas**.** There is mesenteric fat stranding / creeping fat**.**
- Narrowing of small bowel is noted with **dilated proximal loops**. This is called “string sign” on contrast studies

165. 66-year-old man comes with red colour mass on glans penis that has been growing steadily for the past 6 months. Which of the following is the first differential diagnosis?

a. Verrucous carcinoma

b. Bowen disease

c. HPV warts

d. SCC

- mass not plaque
- increase in size

A progressively enlarging red mass on glans penis in an elderly man strongly suggests penile malignancy. The most common penile cancer is Squamous Cell Carcinoma.

Option A verrucous carcinoma will have warty or cauliflower appearance.

Other options (warts, Bowen) are premalignant or benign and usually do not present as an enlarging invasive mass

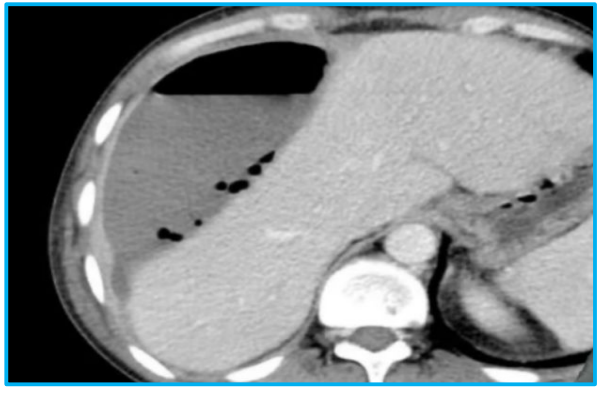
166. 30-year-old HIV positive, IV drug abuser comes with complaints of fever with malaise for past one week. LFT shows deranged liver enzymes with normal serum bilirubin. On examination extensive tenderness in RUQ is noted. CT abdomen is shown below. Diagnosis is?

a. Liver abscess

b. HCC

c. Hydatid cyst

d. Liver metastasis



air fluid : level

Fever + malaise + RUQ tenderness strongly suggests an infective pathology rather than malignancy. CT shows hypodense lesion with possible air pockets → classic for liver abscess. HIV + IV drug use further predisposes to pyogenic liver abscess.

167. Which of the following is seen in Gordon syndrome?

1. Hypernatremia *
2. Hyperchloremic metabolic acidosis ✓
3. Normal anion gap ✓
4. Polyuria *

a. 1,2

b. 2,3

c. 1,3

d. 1,4

NCCT ↑

$Na^{+}\uparrow$, Cl^{-} , $H^{+}\uparrow$

$H_2O\uparrow$

168. 35-year-old female presents with bilateral ptosis and fatigue. On examination with flashlight both pupils are dilated. DTR and superficial reflexes are normal. Sensory and cerebellar examination is normal. Which of the following investigations should be done first in this case?

MYDRIASIS +

1. MRI brain
2. Single fiber electromyography
3. Tensilon test
4. Ice pack test

M. gravis

a. 1

b. 1,2

c. 1,2,3

d. 2,3,4

normal ↑

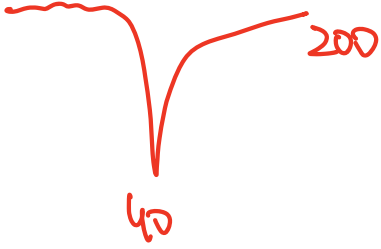
* **169. 50-year-old man with type 2 DM is having 3am RBS 150 mg/dl and 7 am RBS value of 200 mg/dl. Which of the following explains this elevated fasting glucose levels?**

a. Increased hepatic gluconeogenesis

b. Increased peripheral uptake of glucose

c. Somogyi Phenomemon

d. Increase levels of GH



DAWN phenomenon

* GH ↑
* ↓ GLUT 4

170. A 34-year-old alcoholic man with untreated HIV (CD4 count 45/µL) presents with headache, fever, nausea, vomiting, and confusion. On examination, there is neck stiffness and altered mental status. Lumbar puncture shows elevated opening pressure, pleocytosis with PMN predominance, low CSF glucose, and encapsulated diplococci on India ink staining. What is the most appropriate initial treatment?

a. Cefixime with Vancomycin

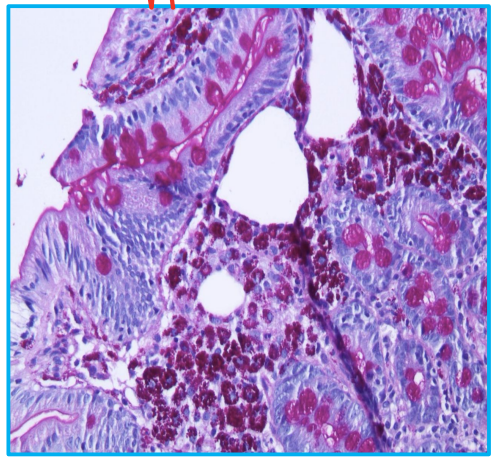
b. Intravenous LAMB

c. Ceftriaxone with vancomycin and ampicillin

d. Intravenous LAMB with 5 Flucytosine and Fluconazole

171. 50-year-old man presents with chronic diarrhea, weight loss, arthralgia and hyperpigmentation on extensor surfaces and flexural area. Biopsy of small intestine is shown below. Which of the following statements are correct about this patient condition?

Whipple disease



1. Caused by gluten allergy celiac
2. Presents with culture negative endocarditis ✓
3. Leads to oculomasticatory myorhythmia ✓
4. Associated with enteropathy associated T cell lymphoma celiac

a. 1,2

b. 2,3

c. 1,3

d. 1,2,4

172. 30-year-old man with is diagnosed with primary autoimmune hypothyroidism. All of the following can be seen in this patient?

1. Hyponatremia ✓
2. Constipation ✓
3. Galactorrhea ✓
4. Menorrhagia ✓

a. 1,2

b. 2,4

c. 2,3,4

d. 1,2,3,4

SIADH: Na ↓
TRH ↑: TSH ↑ + PRL ↑

173. You are managing with Addisonian crisis with dexamethasone. Which of the following will not improve with treatment?

a. Hyponatremia

b. Hyperkalemia

c. Hypoglycemia

d. Postural hypotension

174. 5-year-old child has repeated episodes of vacant stare and poor school performance. EEG is shown below. Which of the following is correct about this condition?

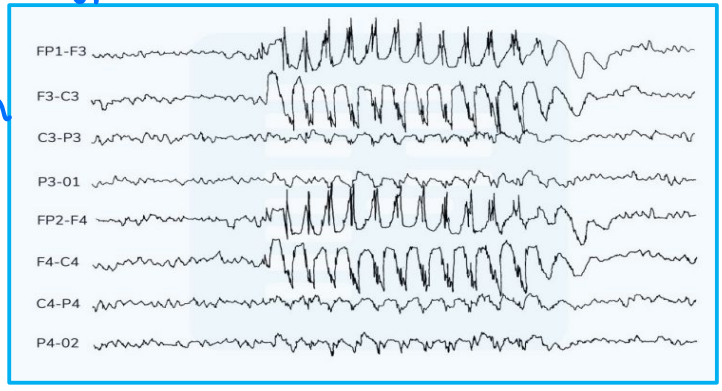
1. Loss of consciousness without loss of muscle tone
2. Loss of consciousness with loss of muscle tone
3. Electrocortical silence on EEG
4. Electro-decremental response on EEG

a. 1

b. 1,4

c. 2,4

d. 1,3



175. 50-year-old man with CKD underwent a hemodialysis and develops severe muscle cramps. Which of the following is responsible?

a. Hyperkalemia

b. Rebound hypokalemia

c. Hypovolemia

d. Hypocalcemia

176. Which of the following is used for treatment of malignant pheochromocytoma

a. MIBG scan using I-131

b. Sodium nitroprusside

c. Phentolamine with propranolol

d. Propranolol with phentolamine

177. Which of the following clinical features are seen with Acute Myeloid Leukemia?

1. Gum hypertrophy ✓
2. Skin infiltration ✓
3. Lower limb weakness ✓
4. Papilledema ✓

CHLOROMA

CNS leukemia

a. 1,2

b. 2,3

c. 1,2,3

d. 1,2,3,4

178. In which of the following conditions pulse character is due to Frank starling law?

a. Aortic regurgitation

b. Anaemia

c. Left ventricular failure

d. Thiamine deficiency

PULSUS ALTERNAN

179. 10-year-old child is admitted in ICU for abdominal pain and vomiting episodes. ABG shows pH = 7.3, pCO2= 30 mm Hg, HCO3=15 meq/L, RBS = 350 mg/dl. Urine Ketostix is 4+. He is managed with 1L saline and insulin infusion 0.1 U/kg per hour and child recovers by day 3. Which of the following is correct about changes seen during treatment

1. Rise of sodium towards normal ✓
2. Fall of sodium towards normal
3. Rise of potassium towards normal
4. Fall of potassium towards normal ✓

a. 1,3

b. 1,4

c. 2,3

d. 2,4

D.K.A

Sugar $\propto \frac{1}{Na^+}$

180. RHD patient with mitral stenosis presents with palpitations. ECG is shown below. Echo shows pulmonary artery pressure of 30 mm Hg. Which of the following JVP findings will be likely to be seen?

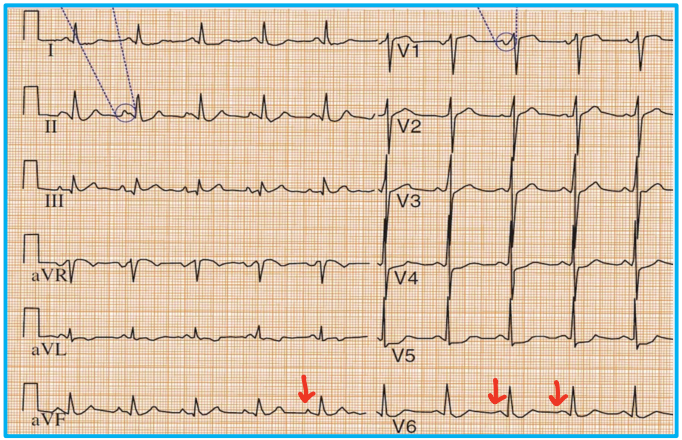
PAH

a. Absent a wave

b. Large a wave

c. Canon a wave

d. Kussmaul sign



SIADH: Na ↓

181. A 38-year-lung cancer patient is admitted due to gradual onset confusion followed by generalized tonic–clonic seizure episode with up-rolling of eyeballs and frothing from corners of mouth. Which of the following is correct intervention in this patient?

Vitals	Labs
BP: 90/60 mm Hg	Serum sodium: 124 mEq/L *
Pulse: 112/min	Serum potassium: 3.4 meq/L
RR: 24/min	BUN is 60 mg /dl
SpO_2: 96% on room air	S. creatinine 1.4 mg/dl
GCS: 9/15	

1. Stroke like features
2. MRI head shows Trident sign
3. Gradual correction with 3 % saline infusion
4. Target value of 4-6 meq rise per 24 hours

ODS

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

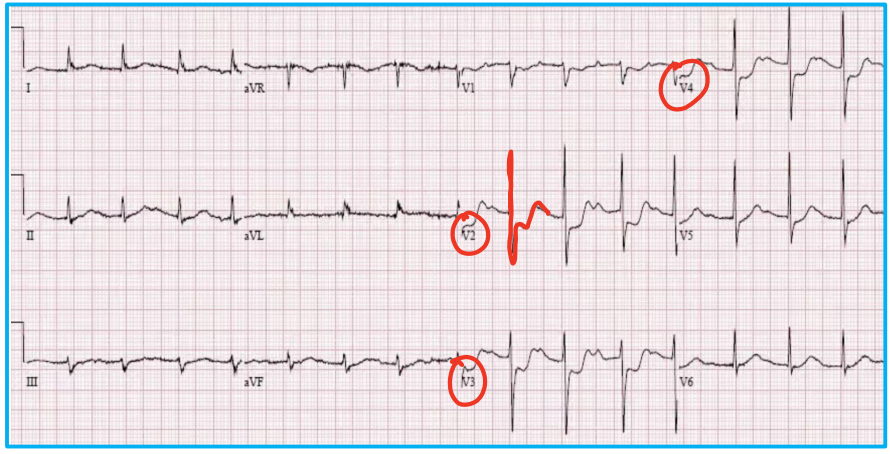
182. 60-year-old man presents with chest pain for 4 hours radiating to left shoulder and sweating. Pulse: 100/min, BP 140/100 mm Hg. ECG is shown below. Diagnosis is?

a. NSTEMI Anterior wall MI

b. Inferior wall MI

c. Posterior wall MI

d. Lateral wall MI



183. Alcoholic is brought unconscious to ER. His wife tells that he was passing black color stools for past 2 days. RBS is 55 mg/dl and INR is 10. What should be next step in management of this patient?

a. IV 25% dextrose + IV thiamine

b. IV thiamine + IV 25% dextrose

c. IV FFP and Lactulose via NG tube

d. IV FFP and Vitamin K1 5 mg IV

FHF

184. You are caring for an unconscious patient in the intensive care unit. The patient is exhibiting signs of respiratory distress, including increased respiratory rate, use of accessory muscles and a decrease in oxygen saturation. He recently had episode of GI bleed. Which is correct about next step in his management

a. Administering oxygen via nasal cannula at 2 liters per minute

b. Placing the patient in a high Fowler's position

c. Initiating non-invasive positive pressure ventilation (NIPPV) Recent GI

d. Insert Wide bore needle in 5th intercostal space pneumoT

185. Patient with chest trauma has 500 mL bloody drainage in collection chamber in the last 2 hours. Which is correct next best step in management of this patient

a. Arrange for instrument set for chest tube insertion

200 ml , > 2 HR

b. Observation of drain amount per hour

c. Initiate massive Blood transfusion

d. Inform Surgeon

186. 8-year-old patient with a history of Type 1 diabetes mellitus presents to the emergency department vomiting and epigastric pain. RBS =300 mg/dl, urine dipstick is 4+ and ABG shows metabolic acidosis. Patient has thready pulse with circulatory failure. Which of the following is the most important priority nursing intervention in the initial management of this patient?

a. Initiate fluid replacement with saline bolus

b. Initiate fluid replacement with 1 liter of IV fluids and start IV regular insulin infusion.

c. Check for urine ketones and initiate potassium replacement before fluids.

d. Start oral insulin therapy once the patient becomes alert

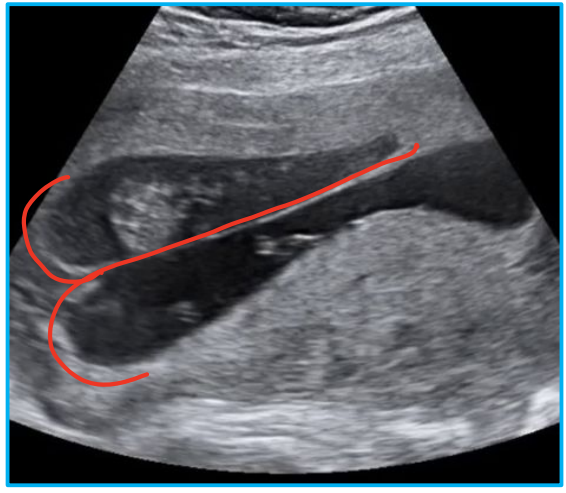
187. An ultrasound image of a twin pregnancy is shown. Identify the type of twinning.

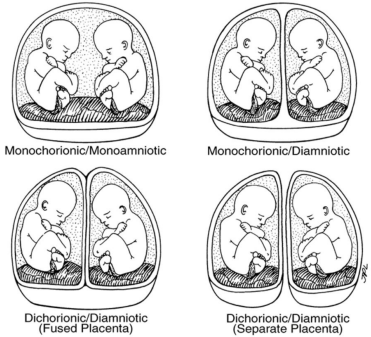
a. Dichorionic diamniotic twin pregnancy

b. Monochorionic diamniotic twin pregnancy

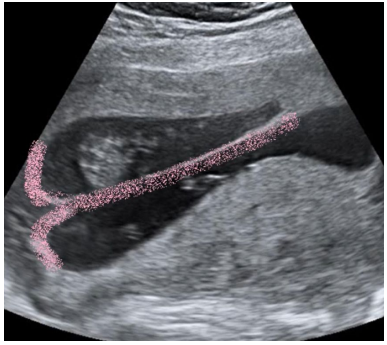
c. Monochorionic monoamniotic twin pregnancy

d. Dichorionic monoamniotic twin pregnancy





The USG shows lambda sign of dichorionic diamniotic twin pregnancy





Extra mile

Monochorionic diamniotic twin pregnancy shows T-sign



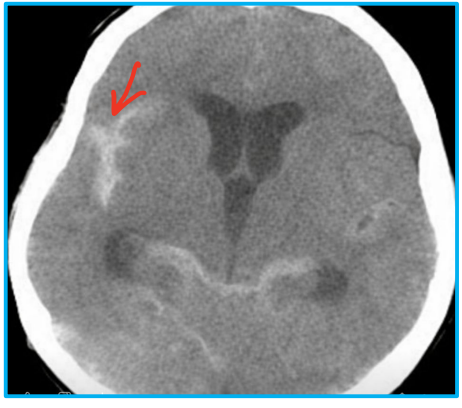
188. 30-year-old male patient was brought to the casualty with a history of road traffic accident. On CT brain imaging, the following image was seen. What is the most probable diagnosis in this patient?

a. Intracerebral haemorrhage

b. Subdural haemorrhage

c. Subarachnoid haemorrhage

d. Diffuse axonal injury



189. Which of the following scenarios will lead to nephrogenic diabetes insipidus?

1. Hypercalcemia
2. Toxoplasmosis
3. Laxative abuse
4. Sickle cell anaemia

a. 1,2

b. 1,3,4

c. 1,2,3

d. 2,3,4

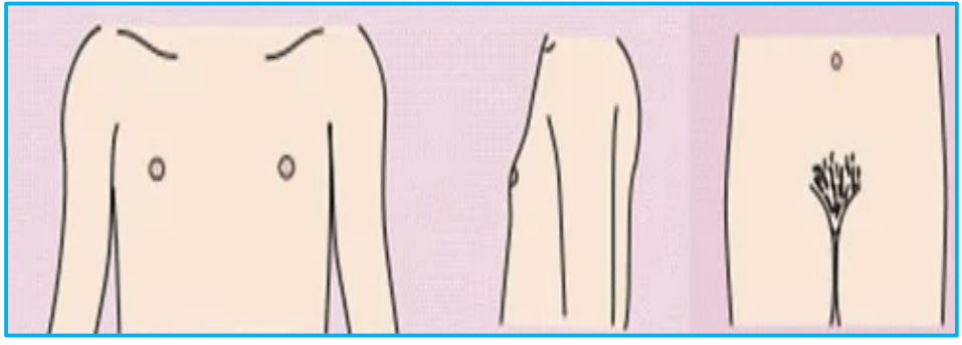
190. 12-year-old girl is being evaluated for pubertal development. Based on the Tanner staging diagram provided, what stage does she correspond to?

a. Stage I

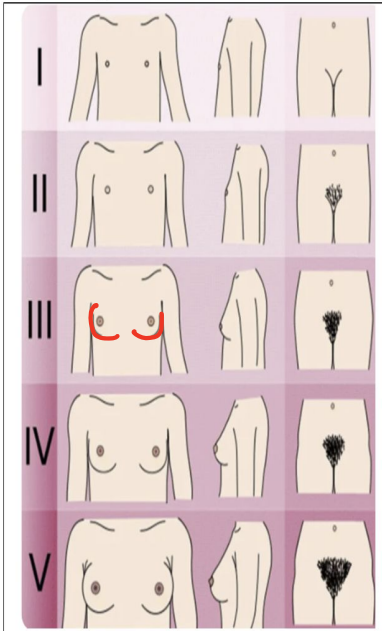
b. Stage II

c. Stage III

d. Stage IV



The image shows breast budding and sparse hair around the labia.



Tanner stages – Female (breast + Pubic hair)

Stage	Breast Development	Pubic hair
I (Prepubertal)	Flat chest, no glandular tissue	No pubic hair
II (breast bud stage)	Breast budding, areola enlarges	Sparse, long slightly pigmented hair along labia
III	Further breast enlargement, no contour separation	Darker, coarser, more curled hair spreading over pubis
IV	Areola + nipple form secondary mound	Adult – type hair but limited (not reaching thighs
V	Fully developed breast with areola blending with the contour	Adult type reaching medial thighs

191. 10-year-old boy is brought with complaints of fatigue and progressive pallor. Mother tells child has received three transfusions in entire lifetime. Examination reveals mild hepatosplenomegaly. CBC shows Hb 7.5 g/dL, microcytic hypochromic anaemia. HPLC report is shown below. Diagnosis is?

HPLC Fraction	Patient Value
HbA	20%
HbA2	6%
HbF	74%

a. Thalassemia major

b. Thalassemia intermedia

c. Thalassemia minor

d. Anaemia of chronic disease

* **192. 2-year-old child is having recurrent episodes of pneumonia and needed hospitalization. His weight for age is 70% of expected weight and height is 85% of expected height. You notice purpura on bilateral legs. Work up shows increased faecal fat estimation. Which of the following is the probable cause?**

a. ATP cassette binding protein defect on chromosome 7

b. ATP7B defect on chromosome 13

c. Deletion of chromosome 22q11.2

d. Chloride-Kb channel mutation in loop of Henle

Pneumonia + Steatorrhea

193. 6-year-old child presents with low-grade fever followed by lacy reticular rash on trunk and following lesions on extremities. Labs show mild anaemia but normal platelet count. Which of the following is the possible pathogen leading to this presentation?

a. Coxsackie A

b. Coxsackie B

c. Rickettsiae

d. Human parvovirus B19



194. 10-year-old child presents with fever and joint pain for 5 days. Pain initially started in the right knee and later involved the left ankle while the knee pain improved. Examination shows a swollen, warm ankle joint with marked tenderness. There is no joint deformity. ESR and CRP are elevated. History reveals a sore throat 3 weeks ago. Which is the best drug for management of this patient

a. Aspirin

b. Steroids

c. Injection benzathine penicillin

d. Lasix with digoxin

migratory Polyarthritis
RF

195. A 5-year-old child presents with low-grade fever and a generalized itchy rash. Examination shows lesions in different stages of evolution including macules, papules, vesicles, and crusted lesions distributed mainly over the trunk and face. The child is otherwise stable. Which of the following is the most common complication of this condition?

a. Reye syndrome

b. Staph pneumonia

c. Secondary bacterial infection of skin lesions

d. Orchitis

196. You are examining a 2-year-old child with short stature. Examination shows prominent sternum, pot belly, double medial malleolus and bow legs. He was given vitamin D3 6 lac IU in last consultation. Which of the following radiological finding will indicate healing rickets

a. White line of frankel

b. White line of calcification

c. Cupping splaying and fraying of distal end of radium

d. Intermembranous calcification between radius and ulna

197. 9-month-old infant presents with chronic diarrhea, irritability, and poor weight gain. Examination reveals periorificial dermatitis around the mouth and anus, alopecia, and erythematous crusted lesions over hands and feet. The child was recently weaned from breast milk. Which of the following is the most likely underlying defect?

a. Defective copper absorption due to ATP7B mutation

b. Defective intestinal absorption of zinc

c. Biotinidase deficiency

d. Essential fatty acid deficiency

Acrodermatitis enteropathica

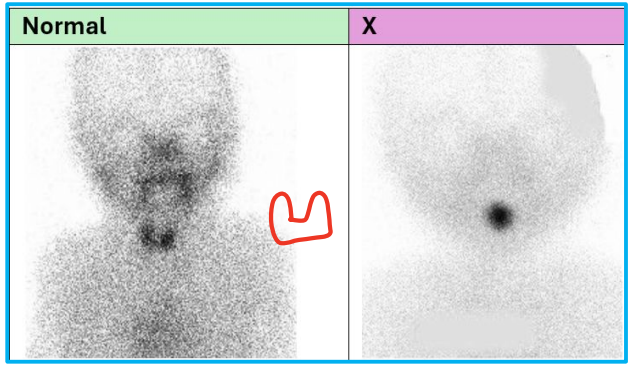
198. A 3-month-old infant is brought with complaints of lethargy and not showing social smile. On examination coarse facies hypotonia, and feeding difficulty. Doctor order the following investigation. Which of the following is likely cause of this presentation

a. Endemic cretinism

b. Thyroid dysgenesis

c. Thyroid dyshormonogenesis

d. TSH receptor mutation



RAIU

199. 4-year-old child presents with swelling all over the body. Work up shows proteinuria > 40 mg /m2 BSA with hypoalbuminemia. KFT is normal. C3 levels are normal. USG shows normal size kidneys. What is best treatment for this case

a. Steroids plus spironolactone

b. Steroids plus hydrochlorothiazide

c. Steroids plus ACEI

d. Steroids plus cyclophosphamide

200. Pre term neonate at birth shows shrill cry, vacant stare and bulging anterior fontanelle. Which of the following steps should be first performed in this case?

a. Lumbar puncture

b. USG skull

c. Loading dose of phenobarbitone

d. Empirical cefotaxime plus ampicillin

IVH

THANK YOU