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04

1. A 25 years old pregnant female present with pallor, fatigue and dyspnea. On complete blood count Hb was low, MCH was low and TIBC was high. Serum ferritin level was also low. What is the most likely diagnosis?

- a) Anemia of chronic disease
- b) Megaloblastic anemia
- c) Acute lymphocytic leukemia
- d) Iron deficiency anemia**
- e) Hodgkin's Lymphoma

2. Atrophic gastritis is commonly seen in

- a) Megaloblastic anemia**
- b) Iron deficiency anemia
- c) Hereditary spherocytosis
- d) Thalassemia
- e) Sickle cell anemia

3. Helmet cells in the peripheral smear is seen in

- a) Sickle cell anemia
- b) Thalassemia
- c) Aplastic anemia
- d) Microangiopathic hemolytic anemia**
- e) Iron deficiency anemia

5. The cause of hemoglobin level less than 10 ug/L is usually

- a) Aplastic anemia
- b) Acute myeloid leukemia
- c) Chronic Myeloid leukemia

d) Iron deficiency anemia

e) Acute lymphocytic anemia

7) A 27 years old male presents in a clinic with fatigue, pallor, orthostatic hypotension and low energy along with generalized malaise. He had no history of any blood loss, trauma or acute bleeds. He was diagnosed with megaloblastic anemia. Which of the following is true about folate deficiency?

a) Folate is absorbed from duodenum

b) Folate is absorbed from jejunum

c) Folate is absorbed from ileum

d) Folate is absorbed from both duodenum and jejunum

e) Folate is absorbed from colon

8) A 50 years old female presented with features of anemia. She also complained of fever and repeated infections. On bone marrow examination there was increased number of fat cells and lymphocytosis. Peripheral blood showed reticulocytosis and increased amount of erythropoietin. What is the diagnosis?

a) Iron deficiency anemia

b) Thalassemia

c) ALL

d) AML

e) Aplastic anemia

9 Small cell lymphoma is indolent & presents as

a. Trisomy 12, deletions of 12q, 13c, and 17p

b. Trisomy 13, deletions of 11q, 13q, and 17p

c. Trisomy 12, deletions of 11q, 13q, and 17p

d. Trisomy 10, deletions of 11q, 13q, and 17p

e. Trisomy 12, deletions of 11q, 16q, and 17p

10 Chances of Hodgkin's lymphoma increases with history of the following viral infection;

- a. Cytomegalovirus
- b. Parvo virus
- c. HIV virus
- d. Epstein barr virus
- e. Parainfluenza virus

11 Best test to confirm Non Hodgkin's Lymphoma is

- a. MRI
- b. X-Ray
- c. CT Scan
- d. Biopsy
- e. Ultrasound

12 Reed Sternberg cells are found

- a. Multiple myeloma
- b. Hodgkin Lymphoma
- c. Non Hodgkin lymphoma
- d. Acute lymphoblastic leukemia
- e. Chronic lymphoid leukemia

13 30% of Burkitt's lymphoma occurs in

- a. Old age
- b. Middle age
- c. Adolescents
- d. children
- e. young adults

14 : Burkitt's lymphoma has the following translocation

- a. t(14:18) ✓
- b. t(4:18)
- c. t(21:14)
- d. t(9:22)
- e. t(8:14)

15 : follicular lymphoma has the following translocation

- a. t(9:21)
- b. t(8:11)
- c. t(3:14)

d. (14:18)  
e. (2:16)

Ischemic heart disease is a broad term encompassing several syndromes  
SEQS:

1) A 16 year girl presented to OPD with the h/o dhortness of breath tiredness & inability to concentrate. on examination she looks pale & fatigued. Her CBC shows microcytosis anisocytosis & hypochromia. Hb level is 8g/dl MCV 58fl.

Anemic  
deplete  
splenomegaly  
Jaundice

A. What is the most likely diagnosis iron deficiency anemia  
B. What are the causes of this disease malnutrition, diet intake  
C. What is the morphological classification of this disease Blood loss

2) Write a note on sickle cell anemia  
3) A. Define hereditary spherocytosis

metab absorption  
Reticulocyte count - Reticulocyte  
complete blood cell count, peripheral blood

B. clinical features of spherocytosis  
C. Lab investigations in this disease

4) A. Write down the difference between Hodgkin & non hodgin lymphoma

B. write Ann Arbor classification of Hodgkin lymphoma  
I, II, III, IV

5) A. Define atherosclerosis is characterized by presence of spheroocytes

B. explain the pathogenesis of atherosclerosis & clinical features  
intimal lesion called atheromas  
endothelial injury

374 6) Write a note on ischemic heart diseases

7) A. define pericarditis & pericardial effusion

B. enumerate the causes of pericarditis

8) A. define & classify vasculitis

9) A. what is aneurysm & its different types

10) A. Define hypertension

B. causes of primary & secondary hypertension

plaque  
→ MI → cerebral infarction  
aortic aneurysms  
peripheral  
stenosis vascular disease

Q3 a) It is a disease characterized by an inherited defect in cell membrane protein that make them spherical, less deformable and vulnerable to splenic sequestration and destruction

1 a) inflammation of pericardium