



THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS
ANNUAL EXAMINATION 2018

Roll No. _____

MEDICINE-I

Instructions

1. All MCQs are to be attempted on this paper and returned to the invigilator within 45 minutes after you have received the question paper
2. Any scribbles or overwriting in answering the objective part will not be accepted and no marks will be given even if the answer is correct
3. Write your Roll No. only on the pre-located portion of the title page

1. A 25 year male presents in emergency with severe palpitations and dyspnea of short duration. He is known case of allergic asthma. O/E conscious, oriented, Spo2 97% on room air, BP 110/80 mmHg, chest clear. ECG shows narrow complex tachycardia with heart rate 160/min. What is the diagnosis?
a) Acute LVF
b) Paroxysmal Supraventricular tachycardia
c) Acute asthmatic attack
d) Sinus tachycardia
2. Nitroglycerine is given as one of the very important medicines for Ischemic heart disease. Which route of administration has quickest onset and shortest duration of action so preferable in emergency settings?
a) Buccal
b) Oral
c) Sublingual
d) Transdermal
3. The calcium channel blockers are used in all the following conditions except;
a) Achalasia
b) Atrial flutter
c) Portal hypertension with varices
d) Systemic hypertension

4. A 65 year old male attends clinic complaining of breathlessness. He has end stage cardiac failure due to dilated cardiomyopathy. Currently he takes Furosemide, Lisinopril and Carvedilol. Which one of the following drugs should be added to his current therapy?

- a) Furosemide
- b) Digoxin
- c) Isosorbide Mononitrate
- d) Metoprolol

5. A 23 y female has dyspnea, cough with blood tinged frothy sputum since 3 months. O/E cardiac auscultation reveals a loud S1 & mid-diastolic rumbling murmur. What is the most likely diagnosis?

- a) Mitral stenosis
- b) Tricuspid regurgitation
- c) Aortic stenosis
- d) Pulmonary stenosis

6. Infective endocarditis due to pseudomonas is commonly seen with;

- a) Chronic steroid therapy
- b) Elderly with community acquired pneumonia
- c) IV drug abusers
- d) Diabetics

7. Two weeks after myocardial infarction, a 60-year male returns to you with low grade fever and pleuritic chest pain not associated with dyspnea. Lungs are clear and heart exam is normal. ECG is unchanged from the last one in the hospital. The most effective therapy is likely to be:

- a) Antibiotics
- b) An anti-inflammatory agent
- c) An increase in antianginal medication
- d) An anti-anxiety agent

8. Indications for cardiac surgery in infective endocarditis include all except;

- a) Resolving vegetation on echo
- b) Prosthetic valve endocarditis
- c) Non-responder to antibiotics
- d) Worsening heart failure

9. A 70 year female presents with light headedness and syncopal attack. Her pulse is 30/min and neck veins show cannon waves. What is the possible cause of these findings?

- a) Pericardial effusion
- b) Raised intracranial pressure
- c) Severe hypothyroidism
- d) Complete (3rd degree) heart block

10. A 50 year male who is known case of congestive cardiac failure since long time and is on treatment with furosymptomatically improved but now complains of nausea, vomiting and yellow vision for few weeks. What is most probable reason for this new development?

- a) Migraine
- b) Digoxin toxicity
- c) Vestibular neuronitis
- d) Excessive diuresis

11. Which statement is true regarding Helicobacter pylori (H. pylori) infection?

- a) Asymptomatic subjects are rarely infected by H. pylori
- b) It is always present in patients with dyspepsia
- c) It is always present in patients with peptic ulcers
- d) When present, it is always associated with gastritis

12. A 42 year old man from the Indian subcontinent presents with right iliac fossa pain that has progressively increased in severity over the last few months. This is associated with weight loss and low-grade fever. Blood analysis reveals alkaline phosphatase (ALP) of 235 U/L and γ -glutamyl transferase (GGT) of 120 U/L. Chest X-ray is normal. What is the most likely diagnosis?

- a) Chronic appendicitis
- b) Crohn's disease
- c) Human immunodeficiency virus (HIV)
- d) Ileocolonic tuberculosis (TB)

13. Which of the following tumor markers is elevated in hepatocellular carcinoma?

- a) Alpha fetoprotein
- b) Carcinoembryonic antigen (CEA)
- c) CA-125
- d) HCG

14. Which part of small bowel is responsible for absorption of vitamin B12?

- a) Duodenum
- b) Jejunum
- c) Proximal ileum
- d) Terminal ileum

15. In Wilson disease, there is excessive deposition of copper in different tissues and organs of human body except?

- a) Liver
- b) Cornea
- c) Basal ganglia
- d) Cardiac valves

16. Which of the following is the most common cause of pyogenic hepatic abscess?

- a) Ascending cholangitis
- b) Systemic infection (bacteremia)
- c) Abdominal trauma
- d) Inflammatory bowel disease

17. Which of the following is not an aggravating factor for hepatic encephalopathy in patients with cirrhosis?

- a) Constipation
- b) Bleeding into gastrointestinal tract
- c) Hyponatremia
- d) Hypokalemia

18. A 26 years old female undergoes a lower GI endoscopy for long standing diarrhea. On visualization of rectum, mucosa is inflamed and friable. Histology shows mucosal ulcers with inflammatory infiltrates and crypt abscesses. What is most likely diagnosis?

- a) Irritable bowel syndrome
- b) Ulcerative colitis
- c) Pseudomembranous colitis
- d) Coeliac disease

19. A 52 years old male came to you for follow up. You are suspecting alcoholic liver disease. Which of the following blood test parameter would support a diagnosis of alcoholic liver disease?

- a) Normal MCV
- b) Low MCV
- c) Normal MCH
- d) Raised MCV

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21. The most common diagnostic test for typhoid during first week is:

- e) WBC count
- a) Widal test
- b) Blood culture
- c) Stool cultures

22. A 30 year old female with mitral valve prolapse and mitral regurgitant murmur develops fever, weight loss, and anorexia after undergoing a dental procedure. What is the most likely organism?

- a) Streptococcus pneumoniae
- b) Staphylococcus aureus
- c) Viridans streptococci
- d) Actinomyces israelii

23. A 30 y male has fever since 7 days associated with severe myalgias and retro orbital pain O/E Temperature is 39°C with a diffuse macular rash on the trunk. There is no lymphadenopathy Labs show Hb 15.1 g/dl, WBCs $7.5 \times 10^9/\text{l}$, platelets: $105 \times 10^9/\text{l}$, ALT 120 U/l. What is the most likely diagnosis?

- a) Acute HIV infection
- b) Dengue fever
- c) Hepatitis I
- d) Secondary syphilis

24. In the management of rickettsial disease choice of antibiotic is:

- a) Tetracycline
- b) Penicillin
- c) Chloroquine
- d) Cephalosporins

25. Which option is compatible with type 2 respiratory failure?

- a) LOW O₂/HIGH CO₂
- b) LOW O₂/NORMAL CO₂
- c) NORMAL O₂/HIGH CO₂
- d) LOW O₂/LOW CO₂

26. A client with COPD complains of headache and a "racing" heart, he is also restless and somewhat confused. Which problem would you suspect?

- a) Respiratory acidosis
- b) Respiratory alkalosis
- c) Metabolic acidosis
- d) Metabolic alkalosis

27. 25 year old thin tall boy presented with mild shortness of breath for the last 1 day. He presented in medical emergency. On examination he has absent breath sounds in right side of chest with hyperresonant percussion note. CXR shows thin rim of air less than 2cm. What is diagnosis?

- a) Primary pneumothorax
- b) Secondary pneumothorax
- c) Tension pneumothorax
- d) Spontaneous pneumothorax

28. A 27 Year old boy is diagnosed with primary pneumothorax after having mild pleuritic chest pain. CXR shows thin rim of pneumothorax. What is immediate treatment?

- a) Needle insertion
- b) Observation
- c) Chest tube intubation
- d) None of above

29. A 50 year old patient presented in surgical emergency with fracture of right side of femur in road traffic accident. Since morning he is short of breath with O₂ saturation 92%. ECG shows S1Q3T3. What is most probable diagnosis?

- a) Pneumothorax
- b) Pleural effusion
- c) Pulmonary embolism
- d) Empyema

30. A 19 years old female presented with yellowish discoloration of eye for the last 5 days. She is taking ATT for the last 1 month. Her LFTS shows bilirubin 4mg/dl. ALT is 298. AST is 360. What is most probable diagnosis?

- a) Obstructive jaundice
- b) Chronic liver disease
- c) Drug induced jaundice
- d) Autoimmune hepatitis

31. Anti TB drug that has bactericidal and sterilizing effect on tissue is:

- a) Rifampicin
- b) INH
- c) Ethambutol
- d) Pyrazinamide

32 Which of the following best out of inhalational medicine delivery systems is?

- a) Inhalers
- b) Rotahalers
- c) Revulizers
- d) Nebulizers

33 In a 60 years old female patient with frontal lobe cerebrovascular accident, which of the following is the least possibility?

- a) Emotional lability
- b) Loss of social inhibition
- c) Personality changes
- d) Sensory dysphasia

34 A 30 years old female patient presents to you in medical emergency with severe headache for last 06 hours. She says it is the worst headache she ever had in her life. She complains of photophobia, neck pain and vomiting. Her blood pressure is 150/95 mmHg. She is diagnosed as having a sub arachnoid hemorrhage. Which of the following medicine you will prescribe her?

- a) Amlodipine
- b) Clopidogrel
- c) Nifedipine
- d) Nimodipine

35 A 45 years old female, executive officer in a bank presented to your OPD with 03 years history of many neurological complaints. She developed left sided upper limb partial weakness 03 years ago which gradually and almost totally recovered in 06 months time. Then she developed right sided 06th nerve palsy which took another 03 months to recover. She also had trigeminal neuralgia and right sided facial nerve palsy twice. Now for last few weeks she also feels tingling sensations in limbs and spine when she flexes her neck. What is the most likely diagnosis?

- a) Diabetic polyneuropathy
- b) Recurrent stroke
- c) Myasthenia gravis
- d) Multiple sclerosis

36 Which investigation will diagnose this disease?

- a) Magnetic resonance imaging of Brain
- b) Nerve conduction studies of limbs
- c) Lymphocytic pleocytosis in CSF
- d) No single test is diagnostic

37. 60 year male known diabetic and hypertensive came with right side weakness for one day. It came suddenly with no nausea or vomiting headache etc. He has speech difficulty as well. On examination he is uttering few words and does not follow commands. His right side power grade 0-1/5 with normal reflexes and up going right planter. BP was 190/95mmHg. What is the plan?
- a) Discharge on aspirin and antihypertensive
 - b) Admit and request a CT brain etc
 - c) Admit for immediate lowering of BP
 - d) Admit for CT brain and iv thrombolysis
38. 55 years female seen following death of her husband one week ago. She is diabetic and hypertensive she has been sleepy and not taking well for two days. She vomited twice and had low grade fever. Later she was found comatose. She had fever 102 degree Fahrenheit and neck was stiff. Her brain CT was normal. How to manage her further?
- a) Lumbar puncture and CSF analysis followed by iv antibiotics
 - b) Iv antibiotics followed by lumbar puncture and CSF analysis
 - c) Iv acyclovir followed by lumbar puncture and CSF analysis
 - d) Iv acyclovir and antibiotic alone no need for lumbar puncture
39. 50 year hypertensive female admitted for speech difficulty for one day. She had a metallic aortic valve surgery one year ago. She cannot express herself. A week ago she had right arm weakness which improved over 15 minutes. She looks comfortable with BP 150/90mmHg. She has slow limited speech and cannot follow commands. She has a metallic click on cardiac auscultation. No other finding on examination. How to investigate her?
- a) A CT brain echocardiography and carotid doppler
 - b) A CT brain alone is sufficient
 - c) A Ct brain with EEG is need
 - d) Mri brain with doppler and echocardiography
40. 25 year female seen following a generalized tonic clonic fit with tongue bite. She has history of jerking in arms in morning for 3 months with thing falling off and no loss of consciousness. She has a strong family history of epilepsy. How to treat her?
- a) Carmamazepine
 - b) Sodium valproate
 - c) Lamotrigene
 - d) No treatment

41. 50 year female seen for 6 months c/o forgetfulness agitation and aggression. She lost interest in family and friends. She is diabetic and hypertensive. She does not remember day date or month. She fails to recognise her son at times. She is sitting and communicating well but is disoriented. She cannot do simple calculations and cannot register fresh information. No motor defects what is likely diagnosis?

- a) Multiple lacunar stroke
- b) Depression and anxiety
- c) Alzheimer disease
- d) Normal old age

42. A 30 years old male patient presented with a lesion on the shin of left lower limb. The doctor has diagnosed him as a case of osteomyelitis. Which of the following organism causes more 50% of all the osteomyelitis?

- a) Clostridium perfringens
- b) Staphylococcus aureus
- c) Streptococcus pneumonia
- d) Streptococcus viridance

43. A 20 years old female presented with 4 days of continuous high grade fever, headache, retro-orbital pain, severe myalgia & malaise, backache, anorexia and vomiting. Her investigations on 2nd day of illness are: Hemoglobin 14gm/dl, total leucocyte count 4300/mm³, platelets 156000 /mm³, AL.T 56 IU /L, renal functions and urine complete examination normal. What is the most likely diagnosis?

- a) Anthrax
- b) Dengue fever
- c) Enteric fever
- d) Viral infection

44. Which of the following is not a viral disease with exanthema?

- a) Measles
- b) Cytomegaloviral infection
- c) Rubella
- d) Parvovirus B 19

45. Chickenguniya infection was recently heard of, in Karachi Pakistan. Which of the following statement is least possible regarding this infection.

- a) It is an alpha viral infection
- b) Its main vector is anopheles mosquito
- c) Rheumatological manifestations are common
- d) Arthritis may persist for months in HLA B-27 Positive adults