



THE SUPERIOR COLLEGE, LAHORE

FINAL YEAR MBBS

SEND UP EXAMINATION 2020

MEDICINE I

(MCQ's)

Roll No. ----

Instructions

All MCQ's are to be attempted on the paper and returned to the invigilator within 45 Minutes after you have received the question paper.
Any cuttings or overwriting in answering the objective part will not be accepted and no marks will be given even if the answer is correct.
Write your Roll No. only on the perforated 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) Sinus tachycardia
 - d) Ventricular tachycardia
2. Which of the following findings is the most specific for a diagnosis of myocardial infarction?
 - a) An akinetic area of LV wall motion on ECHO
 - b) Elevated cardiac enzymes
 - c) Evolution of Q waves on ECG
 - d) ST elevation on ECG
3. Primary prevention trials for the treatment of hypercholesterolemia reveal a reduction in all cause mortality following treatment with which of the following?
 - a) Fibrates
 - b) Fish Oils
 - c) Nicotinic acid
 - d) Statins
4. Exercise testing is absolutely contraindicated in all of the following except;
 - a) Acute myocarditis
 - b) Aortic stenosis
 - c) Following myocardial infarction < 48 hours
 - d) Peripheral vascular disease

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) Aortic stenosis
 - b) Mitral stenosis
 - c) Pulmonary stenosis
 - d) Tricuspid regurgitation
6. Infective endocarditis due to pseudomonas is commonly seen with;
- a) Diabetics
 - b) Elderly with community acquired pneumonia
 - c) HIV patients
 - d) IV drug abusers
7. A 76 year female presents with light headedness and syncopal attack. Her pulse is 36/min and neck veins show cannon waves. What is the possible cause of these findings?
- a) Complete (3rd degree) heart block
 - b) Pericardial effusion
 - c) Raised intracranial pressure
 - d) Tricuspid regurgitation
8. A 50 year male who is known case of congestive cardiac failure since long time and is on treatment with fair symptomatic improvement but now complains of nausea, vomiting and yellow vision for few weeks. What is most probable reason for this new development?
- a) Digoxin toxicity
 - b) Excessive diuresis
 - c) Treatment failure
 - d) Vestibular neuronitis
9. A 35-year-old woman who is 37 weeks pregnant presents to the ED with progressive dyspnea, lower extremity edema, weight gain, and fatigue. The patient was previously asymptomatic and has no history of CV disease. Physical examination reveals Crackles in both lungs and JVP of 13 cm of H₂O, displaced ill-sustained apical impulse and pansystolic murmur at apex along with S3. Based on the clinical presentation, what is the most likely diagnosis?
- a) Atrial septal defect
 - b) Peripartum cardiomyopathy
 - c) Severe Aortic stenosis
 - d) Severe Tricuspid regurgitation
10. Features of Tetralogy of Fallots include all except
- a) Central Cyanosis
 - b) Right ventricular outflow tract obstruction.
 - c) VSD with left to right shunt
 - d) Overriding of aorta

11. Which of the following will increase survival in COPD?

- a) Long-term oxygen therapy
- b) Steroid Inhalation
- c) Smoking cessation
- d) Chest physiotherapy

C

12. Which of the following is least associated with development of COPD?

- a) Isocyanates
- b) Smoking
- c) Coal dust
- d) Cadmium

A

13. What is the most common cause of community-acquired pneumonia?

- a) *Klebsiella pneumoniae*
- b) *Moraxella catarrhalis*
- c) *Staphylococcus aureus*
- d) *Chlamydia pneumoniae*

C

14. The most common type of lung cancer worldwide is:

- a) Squamous
- b) Adenocarcinoma
- c) Small cell
- d) Large cell

A

15. Which of the following is least likely to occur in a patient of cystic fibrosis?

- a) Arthropathy
- b) Nasal polyps
- c) Rectal prolapsed
- d) Bronchiectasis

C

16. What is the first line treatment of allergic bronchopulmonary aspergillosis?

- a) Prednisolone
- b) Fluconazole
- c) Itraconazole
- d) Rifampicin

A

17. An alcoholic is admitted with fever, cough and consolidation on chest X-ray. What is the most likely cause?

- a) *Klebsiella pneumoniae*
- b) *Moraxella catarrhalis*
- c) *Staphylococcus aureus*
- d) *Chlamydia pneumoniae*

A

28/7/20

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18. Which of the following will most support a diagnosis of extrinsic allergic alveolitis?

- a) Clubbing
- b) Lung Fibrosis
- c) Cyanosis
- d) Pleural Effusion

19. An 18 years old male presented in the medical emergency with 04 days history of moderate headache, photophobia and pain in neck muscles. He also complains of severe nausea, and vomited twice today with projectile vomitus containing whatever he ate few minutes ago. According to his elder brother he is mostly drowsy since few hours, although he is arousable and oriented. His funduscopy there is no papilledema and his CSF analysis shows increase in the leucocyte count and proteins are very high with very low glucose level. CSF differential count shows predominately lymphocytes (90%). Which of the following is the most likely diagnosis?

- a) Viral Meningitis
- b) Bacterial Meningitis
- c) Tuberculous Meningitis
- d) Fungal Meningitis

C

20. A 28 years old male, manager in a pharmaceutical company comes to your OPD with 02 years history of episodic headaches. The episodes happen daily around 10 to 11 am for an hour or so and then subside. After a few days of headaches patient remains headache free for weeks or even months before the next series of attacks. He is currently having this for 5-6 days. The headache is usually around left eye and adjacent area with excessive lacrimation and conjunctival redness of the same side. What is the most likely diagnosis?

- a) Cluster headache
- b) Migraine with aura
- c) Migraine without aura
- d) Tension headache

B

21. Which of the following antiepileptic medicine has least fetal adverse effects?

- a) Carbamazepine
- b) Phenytoin
- c) Sodium valproate
- d) Topiramate

22. Which of the following criteria is used for the diagnosis of multiple sclerosis?

- a) Bristol's criteria
- b) Macdonald's criteria
- c) Jones Criteria
- d) Duke's criteria

B

23. Amyotrophic lateral sclerosis may also be called as

- a) Multiple sclerosis
- b) Motor neuron disease
- c) Myasthenia gravis
- d) Guillian Barree Syndrome

24. Which of the following is least likely to be a clinical feature of parkinsonism?

- a) Hyper-extended posture on standing and sitting
- b) Expressionless face
- c) Monotonous speech when speaks
- d) Decreased arm swing while walking

25. Which of the following medicines are least likely to be used for treatment of parkinsonism?

- a) Cholinergic medicines
- b) Anticholinergic medicines
- c) MAO inhibitors
- d) Dopamine receptor agonists

A

26. Which of the following is not a malignant brain tumor?

- a) Astrocytoma
- b) Medulloblastoma
- c) Oligodendroglioma
- d) Craniopharyngioma

D

27. A 24 years old female patient presented with frequent headaches. Sometimes the headaches are associated with double vision and transient loss or decrease in vision especially associated with change in posture. On examination there is papilloedema. What is the most likely diagnosis?

- a) Benign intracranial hypertension
- b) Migraine without aura
- c) Meningoencephalitis
- d) Subarachnoid hemorrhage

A

28. An eighteen years old female presented with weakness of muscles of both lower limbs few hours ago. This weakness was preceded by distal paresthesias and pain in lower limbs. While being evaluated for the reason she started having weakness of upper limbs also. On examination there is motor weakness in all four limbs with loss of tendon jerks. What is the most likely diagnosis?

- a) Amyotrophic lateral sclerosis
- b) Acute poliomyelitis
- c) Acute transverse myelitis
- d) Guillain Barre syndrome

D

29. A 29 year patient with type 1 diabetes on insulin with poor glycaemic control has a 6-month history of vomiting around 1 hour following food. What is the most likely diagnosis?

- a) Gastric outlet obstruction
- b) Gastroparesis
- c) H. pylori infection
- d) Medication-induced vomiting

B

30. A 23 year old woman presents to the clinic with an 8-month history of variable bowel-opening habit ranging from once to 4 times per day, passing soft stool in the morning and associated with bloating in the evening. She describes left-sided crampy abdominal pain, relieved by defaecation. She is a single mother to a 3 year old boy. The company she works for has declared that jobs may not be stable during a management change. Thyroid function is normal and coeliac serology is normal. What is most probable diagnosis?

- a) Irritable bowel syndrome
- b) Inflammatory bowel disease
- c) Coeliac disease
- d) Bacterial overgrowth

A

31. A 35-year-old alcoholic male is admitted for nausea, vomiting, and abdominal pain that radiates to the back. The laboratory value that suggests a poor prognosis in this patient is:

- a) Elevated serum lipase
- b) Elevated serum amylase
- c) Leukocytosis of 20,000/ μm
- d) Age < 55 yrs

32. A 38-year-old obese male presents with substernal discomfort, worse after meals, particularly a heavy evening meal, and are sometimes associated with hot/sour fluid in the back of the throat and nocturnal awakening. No C/O dysphagia, odynophagia, or weight loss. What is the possible diagnosis?

- a) Gastroesophageal reflux disease
- b) Peptic ulcer disease
- c) Cholelithiasis
- d) Acute pancreatitis

B

33. A 35-year-old white man presents with diarrhea, weight loss, and RLQ pain. On exam, a tender mass is noted in the RLQ; the stool is guaiac positive. Colonoscopy shows segmental areas of inflammation with skip lesions. Small bowel follow through shows nodular thickening of the terminal ileum. What is most cause of this?

- a) Ulcerative colitis
- b) Ischemic colitis
- c) Diverticulitis
- d) Crohn's disease

D

34. A 30-year-old male presents with six month history of weight loss, abdominal pain, and diarrhoea. On examination you find finger clubbing. Which of the following diagnoses is least likely.

- a) Crohn's disease
- b) Ulcerative colitis
- c) Whipple's disease
- d) Ileo-caecal TB

D

35. A 45-year-old obese female presents with four episodes of severe epigastric and right upper quadrant pain, each episode lasting 30 to 60 min and accompanied by nausea and vomiting. Her most recent episode was very severe, with the pain radiating to the inferior angle of the scapula. What is the most likely diagnosis?

- a) Acute cholecystitis
- b) Acute pancreatitis
- c) Intestinal obstruction
- d) Irritable bowel syndrome

A

36. A 35-year-old male has a history of recurrent, non-healing duodenal ulcers. Symptoms have been associated with severe diarrhea. Serum gastrin levels have been very high. What is the most likely diagnosis?

- a) Chronic pancreatitis
- b) *H. pylori* gastritis
- c) Peptic ulcer disease
- d) Zollinger-Ellison syndrome

D

37. A 19-year-old student presents with weight loss and bleeding per rectum. You organize a flexible sigmoidoscopy. Which of the following histological features would favour a diagnosis of Crohn's disease and not ulcerative colitis?

- a) Crypt abscesses
- b) Goblet cell mucus depletion
- c) Lymphocyte infiltrate of the lamina propria
- d) Metaplastic polyp formation

C

38. Twelve colleagues are admitted to casualty with profuse vomiting after attending a company dinner in a Chinese restaurant. They all ate at roughly 7 pm and became ill at roughly midnight. Nine ate a mixture of dishes except one female who ate vegetarian dishes with her rice. What is the most likely infective organism?

- a) *Salmonella enteritidis*
- b) *Staphylococcus aureus*
- c) *E. Coli*
- d) *Bacillus cereus*

A

39. A 40 years old male presented to you with 03 days history of high grade remittent fever with step ladder pattern. On examination he is having fever of 103 degree Fahrenheit, pulse is 104/min regular. His tongue is coated and no other abnormal finding on gross physical examination. His complete blood picture shows normal hemoglobin with total leucocyte count of 4200/mm³, out of which 44% are neutrophils and 42% lymphocytes. Which one of the following differential diagnoses looks least likely in this patient?

- a) Dengue fever
- b) Enteric fever
- c) Malaria
- d) Viral fever

B

40. For which of the following infections specific human immunoglobulins are not available?
- a) Chicken pox
 - b) Hepatitis B
 - c) Measles
 - d) Rabies
41. Which of the following organisms is commonest cause of infection of the central venous catheter.
- a) Streptococcal
 - b) Staphylococcal
 - c) Anaerobic
 - d) Pseudomonas
42. Which of the following vaccines is live attenuated ?
- a) Cholera
 - b) Hepatitis A
 - c) Rabies
 - d) Varicella zoster
43. Which of the following infections is not spread by mosquitoes?
- a) Chikungunya
 - b) Dengue
 - c) Filariasis
 - d) Typhus
44. A 22 years old female presented to you with 03 days history of moderate to high grade continuous fever. She is having severe aches and pains, nausea, distaste and frontal headache. Vomited twice in last 24 hours. There is no rash or neck stiffness. Which of the following investigation options you will choose as first line?
- a) CBC and Anti Dengue antibodies
 - b) CBC and Liver function tests
 - c) CBC and NS1 Antigen
 - d) CBC and Urine complete examination
45. Etiology of brain abscess with the source from any of the adjacent sites is
- a) Streptococcal
 - b) Staphylococcal
 - c) Anaerobic
 - d) Pseudomonas