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Med

~~English~~

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Medicine

Grand Test

Kidney, Respiratory System, Neurology

E GIT

MCO2

1- For community acquired pneumonia, most

Common micro-organism is;

- a) Adenovirus
- b) Influenza virus
- c) Klebsiella
- d) Strep. pneumoniae

2- Commonest cell type of bronchogenic

Carcinoma is:

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

3- A 45Y old male with six month h/o

gradually worsening cough with copious

foul smelling sputum & low grade fever

Cough is worst early morning after waking

up. He had pulmonary TB 4 years ago, but

failed taking proper anti-TB treatment.

On chest radiograph, there is honey comb

appearance in both lung fields. The most

Probable diagnosis is;

- a) Bilateral bronchiectasis
- b) Bilateral pleural effusion
- c) Chronic bronchitis
- d) Emphysema

Which of the following investigation is most appropriate to confirm the diagnosis in above mentioned case?

- a) Angiography
- b) CT-scan
- c) Spirometry
- d) Ventilation Perfusion Scan

5. Interstitial Lung diseases are;

- a) Hypertrophic Lung diseases
- b) Infective " "
- c) Obstructive " "
- d) Restrictive " "

6. Hemopneumothorax is:

- a) Collection of air & blood in pleural cavity
- b) Collection of blood & pus " " "
- c) Destruction of lung parenchyma
- d) Second name of tension pneumothorax

Nosocomial pneumonia is:

- a) A new episode of pneumonia after 2 days of admission in hospital
- b) A new episode of pneumonia for which Pt. has to be admitted in hospital
- c) An old episode of pneumonia which got aggravated on admission in hospital
- d) None of above

8- A 70y old female, came to emergency room w/ c/o generalized weakness in legs & later in arms. She is unable to stand for 2 days. She has a headache, backache or sphincter problems. She had a diarrheal illness 1 month ago. O/E she has bilateral facial weakness & power 2-3/5 in limbs. She had hypotonia in all limbs with absent deep tendon reflexes & down going planters. Most likely diagnosis is;

- a- A brain stem stroke
- b- Guillain Barre syndrome
- c- Intracerebral hemorrhage
- d- Myopathy

9- Which of following is a cerebellar sign

- a- Generalized weakness
- b- Hypertonia
- c- Clonus
- d- Exaggerated deep tendon reflexes
- e- Past pointing on finger nose test

11- Speech is an important cortical function, the ~~sensory~~ speech area is located in

- a) Temporal lobe
- b) Pre-central sulcus
- c) Pre-frontal cortex
- d) Parietal lobe
- e) Occipital lobe

a. Multiple Sclerosis is an important disabling disease. Following is true regarding MS;

- Affects both sexes, equally b/w 20-40y
- has same incidence all over Europe.

b. Affects females more in age groups 30-50y,
maximum incidence around tropics.

c. Females are affected more, is more common in Europe with peak incidence in 20-40y

d. It affects males more, more common in northern Europe & 20-40 is commonest age group.

13. A 70y male visited clinic for C/O Pain & numbness in both feet upto knees for 2 years. He is a known diabetic for 20 years. He is disturbed with paresthesia & can't sleep well at night. The drugs which is suitable for him to relieve pain include:

a. Amitriptyline

b. ACE inhibitor

c. High dose tricyclic antidepressant

d. Pregabalin

14- Which of following features is common both in upper motor & lower motor neuron lesions

- a) Hypertonia
- b) ↑ deep tendon reflexes
- c) Clonus
- d) Less of power in muscle
- e) Upgoing Plantar response

15- A 23Y c/o recurrent throbbing headache for 1 year. The attack usually last for 2-3 days accompanied by nausea, vomiting & abdominal pain. Vision is not impaired. What is the most likely diagnosis

- a) Subarachnoid hemorrhage
- b) cerebral tumor
- c) cerebral infarction
- d) Migraine
- e) Tension Headache

16- 45Y male is seen following a seizure. He has h/o fits for last 2 months. These are generalized tonic clonic fits with tongue bite on 2-3 occasions. He has headache with no h/o vomiting. Examination is within normal limits. Following statement is true for accurate diagnosis

- a) Brain imaging is not required at all
- b) CT-brain is sufficient
- c) EEG alone is sufficient
- d) MRI & EEG are needed.

45Y male seen for c/o right sided facial weakness for 2 days. He has pain around right eye for 3 days. No h/o Headache, vomiting, fever, speech problems or limb weakness etc. O/E. Lower motor neuron facial weakness in right side & rest of examination is within normal limits. He is not diabetic or hypertensive. He should be given which medication to improve his prognosis.

- a) Acyclovir
- b) IV antibiotics
- c) Multivitamins
- d) Oral steroids

18- Which of following feature is found in CKD than in AKI.

- a) Small kidney
- b) Anemia
- c) ↑ blood urea
- d) Proteinuria
- e) Hypertension

19- A person with CKD has GFR of 50 ml/min. Which stage of CKD is this?

- a) Stage 1
- b) Stage 2
- c) Stage 3
- d) Stage 4
- e) Stage 5

20- A 30y woman complaint of generalized swelling & peri-orbital edema. Both lower limbs have pitting edema. 24 hours urine protein is 4g. S₂ albumin is 2g/dl. JVP is not elevated. What is diagnosis

- a) CCF
- b) Nephrotic Syn
- c) CRF
- d) Hypothyroidism
- e) Lymphatic obstruction

21- Which of following casts doubt on the diagnosis of diabetic nephropathy

- a) Absence of diabetic retinopathy
- b) Urine protein 1+
- c) Normal sized kidney
- d) Hypertension

22- Which of following is simple & uncomplicated UTI?

- a) UTI in pregnant women
- b) UTI in immunocompromised patient
- c) UTI in young non-pregnant woman
- d) UTI in urinary tract obstruction
- e) UTI in 50 years old man

23. Hemodialysis is indicated at which level of GFR?

- a) < 25 ml/min
- b) < 35 ml/min
- c) < 15 ml/min
- d) < 45 ml/min
- e) < 55 ml/min

24. Which of following feature is not found in hypertension due to renal artery stenosis.

- a) Resistant hypertension
- b) Age $>$ 60 years
- c) Presence of peripheral vascular disease
- d) a a IHD
- e) Enlarged kidneys

25. Which of following is UNCOMMON feature of CKD.

- a) Anemia
- b) Bone disease
- c) Hypotension
- d) Polycythemia
- e) Neuropathy

26. Which of following features favours ATN in comparison to pre-renal azotemia.

- a) Oliguria
- b) Blood urea, mg/dl : Cr mg/dl $>$ 50
- c) Urea nit $>$ 1.0 mg/L

25 - About gall stones all are correct except
Most common biliary pathology occurs in

5-15% of adult population

Are symptomatic in about 20%.

There are 3 types cholesterol, pigment & mixed.

Formed in G.B

Mixed stones are most common

variety.

26 - The indications for cholecystectomy are all
except;

a) Palpable stones in CBD

b) USG evidence of cholelithiasis

c) Dilated CBD

d) Positive pre-operative cholangiogram

e) Raised transaminases.

27 The following statement is correct
regarding hydatid liver disease.

[MEQ 19] (Repeat)

28 - Ultrasonic features of ac-cholecystitis
are following except:

a- Distended G.B

b- Diffuse wall thickening

c- Peri-cholecystic fluid

d- All of above

e- Intrahepatic biliary dilatation.

29. In a Pt. w obstructive jaundice which non-invasive technique you will choose if the results of initial ultrasonography are equivocal;

a- CT scan

d- Biliary scintigraphy

b- MRCP

e- None of above.

c- PTC

30. A 60y old M presents w progressive jaundice, wt loss & pruritis for last 6 months. O/E deep jaundice, hepatomegaly, palpable G.B (non-tender). The diagnosis is;

a) Mucocoele G.B

b) CA G.B

c) CA head of pancreas

d) ACC

e) Cholangio carcinoma

d) Urine osmolality $> 500 \text{ mOsmol/L}$

e) Normal Urine microscopy.

27. Which of following features speaks against the diagnosis of nephrotic syndrome

a) Generalized edema

d) S₁-albumin 2g/dl

b) Peri-orbital edema

e) Urine protein 300mg/24hours

c) Hypertension

28. Which of following features favors hypertension due to renal artery stenosis?

a) Age 40years

d) BP 150/90

b) Female sex

e) Genetic predisposition

c) $> 2\text{cm}$ difference in size b/w two kidneys

29. Oliguria is defined as

a) $< 10\text{ml}$ urine / 24hours

b) $< 100\text{ml}$ urine / 24hours

c) $< 400\text{ml}$ urine / 24hours

d) $< 1\text{L}$ urine / 24hours

e) $< 2\text{L}$ urine / 24hours

30. CKD is defined as evidence of kidney damage persistent for more than

a. 2 weeks

c. 1 year

b. 3 months

d. 2 years

31. Commonest cause of CKD is;

- a) Diabetes mellitus
- b) Hypertension
- c) Chronic glomerulonephritis
- d) Polycystic kidney
- e) Renal stone

32. Which of the following is not a feature of acute cystitis

- a) Dysuria
- b) High grade fever with chills
- c) Pain in the lower abdomen
- d) ↑ urinary frequency
- e) Urgency

33. Which of following therapeutic measures has proven value in the treatment or prevention of AKI

- a) Low dose dopamine
- b) Loop diuretic
- c) Mannitol
- d) Calcium channel blockers
- e) No therapeutic measure has definite proven value

34. Which of following features differentiates CKD from AKI

- a) Vomiting
- b) High blood urea
- c) Anuria
- d) Evidence of renal osteodystrophy
- e) Encephalopathy

35- Which of the statements is false about hypertension.

- a) primary HTN accounts for $>90\%$ of all cases of HTN
- b) Renal disease is most common cause of 2ndary HTN
- c) $1/3^{\text{rd}}$ of world population is suffering from HTN.
- d) ACEIs are drug of choice in Stage 5 CKD due to hypertension.
- e) HTN is an important risk factor for IHD.

36- Polyuria is recognized feature of all of following except;

- a) Diabetes Mellitus
- b) Diabetes Insipidus
- c) Hyperscalcemia
- d) ATN
- e) PSe - renal azotemia

37- A 45Y old woman who had slowly progressive renal failure begins to complain of ting numbness & prickling sensations in her legs. Sx. Creatinine is $790 \mu\text{mol/L}$ (8.9mg/dL). The woman's physician should now recommend,

37) The therapeutic levels of phenytoin

a) 4-12 μ g/ml
b) 10-20 μ g/ml
c) 2-4 μ g/ml
d) 1-2 μ g/ml

38) Indication of renal replacement therapy

a) Neurological reference for nerve conduction studies

38- Anuria is defined as

a. No urine in 24 hours

b. < 100 ml urine in 24 hours

c. < 300 ml " " "

d. < 400 ml " " "

39- A 70y old man with DM & HTN

has following serum chemistries:

Electrolytes (mmol/L): Na^+ - 138, K^+ - 5, Cl^- - 106

HCO_3^- - 20, glucose 11 mmol/L (200 mg/dl)

Creatinine - 2 mg/dl

All of following may contribute to worsen hyperkalemia except

a) Propranolol

b) Indomethacin

c) Captopril

d) Digoxin

e) Amiloride

Q. A 35Y old presents with muscle weakness. Sr K^+ is 7.1 mmol/L . ECG shows tall & tented T wave. which of following measure reverse cardiac toxicity of hyperkalemia but has no effect on serum K^+ levels?

- a) Insulin & glucose
- b) Calcium resonium PR
- c) Nebulized Salbutamol
- d) Calcium gluconate IV.