, '					
OPIA Aveold h	Ou ororonia da		t both car	s firm in consistency w	(tr
nuerlaine et en b	by presented to you in opd	with complaints of swellin	g in front of both car	.,	
	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	on mild redness is there			100
m/ 1 m o m 2 8	tour ramot			the same and the s	mak many many
of Freduic	ular lymph node	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	and the second s		
(i) Mumps					
d) Ranula	livary gland tumor female who is already a diagn is n also complaining of disch			the and with th	e stin changes our
e) Minor sa	livary gland tumor		at has presented to	you in the openier	
Q10) A young I	emale who is already a diagn	osed case of ecrema of it	mass under her nip	ple it alle	
her both nipple	ilivary gland tumor lemale who is afready a diagn is n also complaining of disch ast	arge from that area with i	O James		
b) Breast					
(i) Eczem	a ma of breast disease of nipple emale complaining of <u>black ar</u> e for her as she is very concer		* .		a months which is
o) Papilo	ma or preast		de of bre	ast nipple for the last	
Olil Avenue (disease of nipple emale complaining of <u>black ar</u> e for her as she is very concer ectasia	od argenish discharge from	her right side mass in	her breast	• •
City works	emale complaining of black as	ned for her health, US bre	ast shows no		*
(al) Breast	ectasta	***			
	s disease of nipple				
					1
d) Cabro	east		**	in ad with absence	of the sternai
e) Physic	ological discharge	as both side	s. It is sometimes asso	Ciarea	
Q12) A congen	oma of breast east clogical discharge ital absence of the breast may pectoralis major (poland's syn	occur on one or common	In males.	•	*
		grome). It is more	•	*	
a) Polyar	mana .	,			
(E) Amazi		,			
c) Duct (in the ook	with swollen
o) Blaco	t ectasia n chest Temale who delivered a child 5 ast, it is red in color n warm on t rumour	and is breast fee	ding to her neonate is	presented in collec	tion on that side
O 13) A YOUR	female who delivered a child 5	extention with running fev	er of 100 n her US bre	il at cide	
Tell side of bre	934 14	ik	collection or nen Breast	1 that sia -	
31 016.036	101	· ⁰ H	ien Breast	abcess	
b) Breast	matory ca breast		*		
	-				
e) Breast	eczema gram is indicated in diagnosii	ng cancer breast at the age	of		
Q14) A mammo	gram Is indicated in orag				
a) 30 years	5 .	•			
b) 32 years c) 35 years					
d) 37 years					
A	- arient of				
O151 A trionic asse	esment is comprises of				
at USG ENAC	Cuest vines				
b) History, US	breast, chest xray amination. Mamography, tru c	of along with chest xray			
(d) History.exa	mination. Mamography, to commination. USG/mamography,	FNACTINOCO			
e) History,exa	mination. USG/mamography mination. USG/mamography emale having a <u>well mobilise</u>	a molling in her left side	of breast is of 4 x 3c	m, firm, with normal	overlying skin n
Q16) A 16 yr young f	emale having a well mobilise	of cancer breast.		,	
no other mass in her	emale having a <u>well thousing.</u> axilla ,with no family history	Di Carreti Si Si			
a) Ca breast					
(b) Fibroadenom	ia	anoiloma			
c) Fibrocystic dis	sease of breast along with pa	PP.			-
 d) Breast ectasia e) Breast cyst 	•				
Q17 A Neoadjuvant che					
a) After operation	motherapy means .				
b) After operation	aione	Before the	Primary tr	reatment.	
c) Before radiother	and radiomerapy	0-6	, u		
- are radiother	ару				12 8
					1 / 1 1

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SINGLE HEST ANSWERS Themore b) Hetrosternil costre Cancer Ned and engaged seck versi which became prominent when he raised his hands above the clavicle, his investigations, showing a Pamberton's sign. anterior part of neck. pronchigente carellomia (b) Retrasternal goitre Thyroid Cancer e; sympnome and trauma to abdomen two weeks which was managed conservatively in the emergency & he was discharged offers a day flow presented with pain in the left members. after a day. Now presented with pain in the left upper abdomen, his chest x ray showed air fluid levels in the left hemithoras Bronchiectasis (b) Disparagmatic hernia Left side pieural effusion due to infection Tension pneumothorax (3) A young female presented complaining of numbness and paresthesia along with color changes in her left arm, on examination there is no wasting of the interossel but aftered sensation in the T3 distribution. (a) Cervical ribs Raynauds phenomena Osteoporosis of cervical spine pectus excavitum QS) A young bay presented with deformed chest due to his congenitally deformed chest which showed "the sternum is depressed, with a dish-shaped deformity of the anterior portions of the ribs on both sides". a) Pectus carinatum b) Osteoporosis c) Vit D & E Deformity (d) Pectus Excavitum Funnel chest. Q 6) Small cell lung cancers were known as oat cell cancers because of the packed nature of small dense cells. These represent about 20 per cent of all lung cancer. Although they do less but very good response to treatment given to pt which double its prognosis is Baily 925 Page. (a) Chemotherapy b) Chemoradiotherapy c) Radiotherapy d) Surgical resection e) Surgery&chemoradiotherapy Q7) Which lung tumour is the commonest of non small cell Lung cancers (a)) Adenocarcinoma (40 %) b) Bronchigalyeglar carcinoma c) Bronchioalveolar carcinoma d) Large cell undifferentiated e) Small cell lung ca Q 8) A young boy having swelling in front of neck in midline which is just below the chin, not moving on deglutiation. It is there since his childhood. Now more swollen and can be seen under the tongue on oral examination a) Dermold cyst b) Thyrold cyst Lingual thyroid Sebaceous cyst Plunging ranula

c)

peration and radiotherapy are after radiotherapy and female having a swelling in her left breast for the last 1 year which gradually increased in size n now is of 5 x 6 cm. column for her surgery as is shown in her last opd visit which was done 6 months back. Now she presented with redness, and black patches seen over her breast. What is your working diagnosis? Fungating ca breast (61) Ulcerated ca breast Phylioides tumor e) Squamous cell ca of breast a) Only wide local excision Breast conservation surgery an charge mastectomy (modified radial masterten Chemo n radiotherapy only e) MRM with chemo & radiotherapy (stage 3) Q 20,4.58 yrs old male who has been treated for his gynaccomestic. 20 years ago has presented to you with a hard swelling in his left side of broads which are fixed too left side of breast with slight ulceration over the swelling along with other swellings on his left side of axilla which are fixed too a) Mastitis b) Breast tuberculosis. Cancer breast d) Eczema of breast .. Recurrence of infected gynaecomastia