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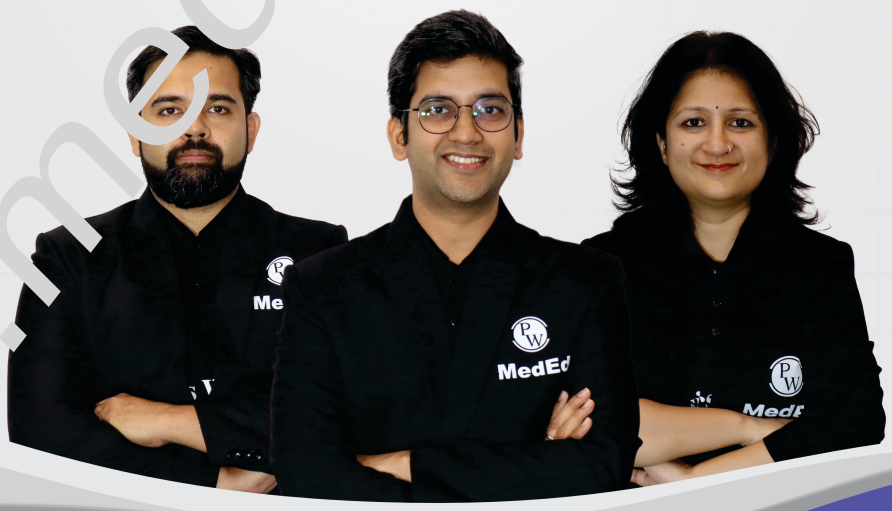
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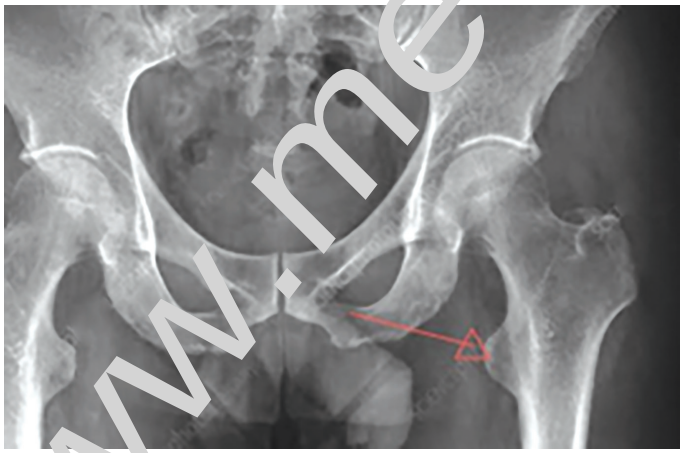
1 Anatomy

1. The structure marked (red arrow) in the image given below is



(*a*) Flexor carpi radialis
(*b*) Flexor carpi ulnaris
(*c*) Flexor carpi superficialis
(*d*) Palmaris longus

2. The muscle which gets attached to the marked area (red arrow in the following image) is



(*a*) Gluteus medius
(*b*) Psoas Major
(*c*) Adductor longus
(*d*) Sartorius

3. The marked structure (red arrow mark) in the image depicted below is



(*a*) Right ventricle
(*b*) Left ventricle
(*c*) Right atrium
(*d*) Left atrium

4. Which component of the diaphragm is formed by the dorsal mesentery of the esophagus?
(*a*) Crus of diaphragm
(*b*) From medial to Lateral part of diaphragm
(*c*) Pleuroperitoneal membrane
(*d*) Septum transversum

5. The muscle tendon which forms the boundary marked in the image given below (red arrow mark) is

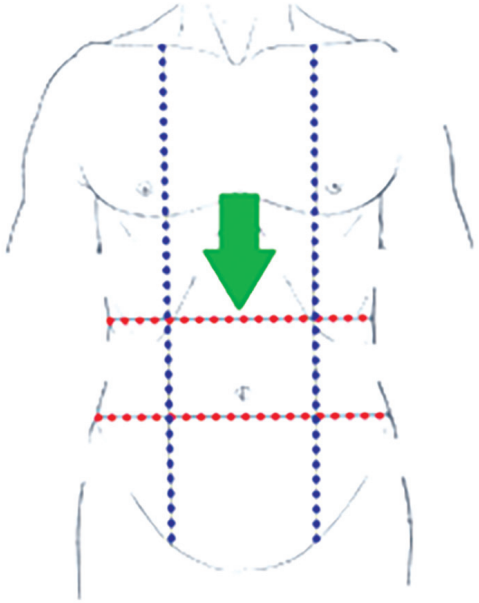


(*a*) Abductor Pollicis Brevis
(*b*) Abductor Pollicis Longus
(*c*) Extensor Pollicis Longus
(*d*) Extensor Pollicis Brevis

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6. Identify the incorrect statements about the conjoint tendon.
   (*a*) Protects the superficial inguinal ring to maintain integrity
   (*b*) Formed by the internal oblique aponeurosis & Transversus abdominis
   (*c*) Runs parallel to the inguinal ligament
   (*d*) Forms the posterior wall of Inguinal canal

7. The vertebral level for the plane marked (green arrow) in the following image would be



   (*a*) L1 (*b*) L2
   (*c*) L3 (*d*) T12

8. A neonate has a congenital defect as depicted in the image given below. The developmental defect responsible would be



   (*a*) Failure in closure defect of posterior neuropore at 6 weeks intrauterine life
   (*b*) Failure in closure defect of anterior neuropore at 4 weeks intrauterine life
   (*c*) Failure in closure defect of anterior neuropore at 6 weeks intrauterine life
   (*d*) Failure in closure defect of posterior neuropore at 4 weeks intrauterine life

9. The following image depicts a congenital anomaly with intestinal loops outside the abdominal cavity covered by amniotic membrane. This is known as



   (*a*) Omphalocele with enteric cyst
   (*b*) Umbilical hernia
   (*c*) Gastroschisis
   (*d*) Omphalocele

10. The lateral boundary of Hesselbach's triangle will be formed by
   (*a*) Inguinal ligament
   (*b*) Rectus Abdominis
   (*c*) Inferior epigastric vessels
   (*d*) Femoral vessels

11. The type of joint marked (red arrow) in the image given below is



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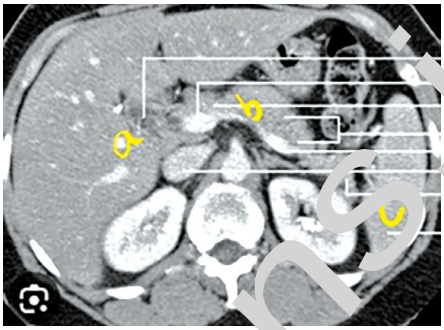
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(*a*) Pivot Joint (*b*) Plane Joint
(*c*) Synovial Joint (*d*) Saddle Joint

12. The maternal component of placenta would be
(*a*) Chorion frondosum (*b*) Decidua capsularis
(*c*) Decidua parietalis (*d*) Decidua Basalis

13. The common carotid artery is felt against C6 tubercle in this landmark.
(*a*) Laryngeal prominence
(*b*) Arch of Cricoid cartilage
(*c*) Angle of mandible
(*d*) Suprasternal notch

14. Identify the structures marked as a, b and c in the image given below.



(*a*) a- Kidney, b-Pan reas -Sp een
(*b*) a-Liver, b-Panc as, c-S leen
(*c*) a-Spleen, b-P nc -Left kidney
(*d*) a-Right k dney, Pancreas, c-Left kidney

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ANSWER KEY

1. (*a*)
2. (*b*)
3. (*d*)
4. (*a*)
5. (*c*)
6. (*c*)
7. (*c*)
8. (*b*)
9. (*d*)
10. (*c*)
11. (*d*)
12. (*d*)
13. (*b*)
14. (*b*)

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PHYSIOLOGY

15. On evaluation of a newborn baby, surfactants were not adequately found and collapsed alveoli were observed. The most probable diagnosis would be
(*a*) Pleural effusion
(*b*) Bronchial asthma
(*c*) Respiratory distress syndrome
(*d*) Pneumonia

16. A boy had 4 ice-cream cones. He started feeling a colder ear than the central part of the body after some time. The part of brain responsible for thermoregulation is
(*a*) Cerebellum
(*b*) Amygdala
(*c*) Hypothalamus
(*d*) Thalamus

17. A patient presented to the OPD with wheezing and shortness of breath and was found to have low FEV1. Which of the following conditions have a similar presentation?
(*a*) Silicosis
(*b*) Idiopathic Pulmonary Fibrosis
(*c*) Asthma
(*d*) Interstitial lung disease

18. A patient with a history of RTA is able to understand what his friend says. He tried to speak but he has non fluent aphasia. The part of the brain affected would be
(*a*) Angular gyrus
(*b*) Arcuate fasciculus
(*c*) Wernicke's area
(*d*) Broca's area

19. Which of the following is involved in the maintenance of cell membrane charge?
(*a*) Gibbs Donnan equation
(*b*) Na-K with secondary active transport
(*c*) Na-K with primary active transport
(*d*) Na-Cl pump

20. In a 27 year old male, the BP was found to be 150/90 mm Hg and serum Renin was found to be normal. On detailed evaluation, he was diagnosed to have Conn's syndrome. All the following are true, except
(*a*) Metabolic acidosis
(*b*) Metabolic alkalosis
(*c*) Low renin level
(*d*) Hypertension

21. The factor derived from the arterial blood gas analysis would be
(*a*) pCO_2
(*b*) pH
(*c*) Bicarbonate
(*d*) pO_2

22. The proteins Kinesin, Dynein and Myosin are known as
(*a*) Cell adhesion molecules
(*b*) Molecular motors
(*c*) Intracellular molecules
(*d*) Transcellular molecules

23. A patient presented to the emergency department with features of hypotension. On auscultation, there was a dullness of heart sounds and there were dilated neck veins. He was diagnosed to have cardiac tamponade. The JVP finding expected would be
(*a*) Absent A wave
(*b*) Rapid Y descent
(*c*) Canon A wave
(*d*) Absent Y descent

24. The cells found in the center of the lumen of the venules would be
(*a*) Neutrophils
(*b*) Lymphocytes
(*c*) RBCs
(*d*) Macrophage

25. Identify the voltage gated calcium channels found on the T tubules
(*a*) SERCA
(*b*) L- type of calcium channel
(*c*) Ryanodine receptor
(*d*) Dihydropyridine receptor

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15. (*c*)
16. (*c*)
17. (*c*)
18. (*d*)
19. (*a*)
20. (*a*)
21. (*c*)
22. (*b*)
23. (*d*)
24. (*c*)
25. (*d*)

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3 BIOCHEMISTRY

26. The components of Lactulose are
(*a*) Glucose and Fructose
(*b*) Galactose and mannose
(*c*) Galactose and Glucose
(*d*) Galactose and Fructose

27. A mother brought her child to the OPD with severe fatigue, bleeding gums, joint pain, bowing of legs and petechial hemorrhages. The next step in management would be
(*a*) High doses of vitamin A
(*b*) High doses of vitamin D
(*c*) High dose of vitamin C
(*d*) High dose of vitamin E

28. Which of the following inhibits the absorption of Iron?
(*a*) Lime juice (*b*) Amla
(*c*) Sprouts (*d*) Tea

29. An expectant antenatal mother was found to be on a strict vegetarian diet. The least likely vitamin deficiency expected would be
(*a*) Vitamin B9 (*b*) Vitamin B1
(*c*) Vitamin B3 (*d*) Vitamin B5

30. The amino acid responsible for the buffering of blood would be
(*a*) Histidine (*b*) Valine
(*c*) Glycine (*d*) Asparagine

31. A patient came in with complaints of diarrhea and was found to have cheilitis, stomatitis, rashes over the sun exposed area around the neck region and there was glove and stocking pattern of neuropathy. The vitamin deficiency most likely responsible for this clinical presentation would be
(*a*) Niacin deficiency (*b*) Thiamine deficiency
(*c*) Vitamin B12 deficiency (*d*) Riboflavin deficiency

32. The hormones which regulate serum calcium levels are (the best option)
(*a*) Calcitonin, vitamin D, PTH
(*b*) Thyroid, vitamin D, PTH
(*c*) Calcitonin, vitamin D
(*d*) Vitamin D, PTH

33. Intracellular accumulation of cholesterol & cholesteryl esters could be seen in
1. Abetalipoproteinemia
2. Niemann pick disease
3. Strawberry gall bladder
4. Primary familial hypercholesterolemia (receptor defect)
5. Tendon xanthomas
(*a*) 1, 2, 3 (*b*) 3, 4, 5
(*c*) 1, 4, 5 (*d*) 1, 3, 5

34. Xerophthalmia and follicular hyperkeratosis are seen in this vitamin deficiency
(*a*) Riboflavin (*b*) Niacin
(*c*) Vitamin A (*d*) Biotin

35. A patient was found to have increased thickness in her palms and soles. The enzyme tyrosine transaminase was found to be deficient. The probable diagnosis would be
(*a*) Homocystinuria (*b*) Alkaptonuria
(*c*) Type 1 tyrosinemia (*d*) Type 2 tyrosinemia

36. Identify the precursor of niacin from the following.
(*a*) Pyridoxine (*b*) Riboflavin
(*c*) Tryptophan (*d*) Thiamine

37. The following enzyme is inhibited by statins, which are used in the management of hypercholesterolemia.
(*a*) HMG CoA Reductase (*b*) HMG CoA Synthase
(*c*) 7 alpha hydroxylase (*d*) 1 alpha hydroxylase

38. The amino acids essential for the formation of purine ring are
(*a*) Lysine, Asparagine, Glutamine
(*b*) Leucine, Aspartate, Glutamate
(*c*) Glycine, Aspartate, Glutamine
(*d*) Glutamate, Aspartate, Valine

39. The additive used in the following tube would be



(*a*) Fluoride (*b*) Na citrate
(*c*) K oxalate (*d*) C EDTA

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40. The RNA contains a coding sequence as CAAGGU. The sequence in DNA from where it is transcribed would be

(*a*) TGGAAC (*b*) ACCTT

(*c*) CAAGGT (*d*) GTTCCA

41. The best homeostatic mechanism to counter hyperammonemia (brain) that helps in transport of ammonia from brain to liver would involve

(*a*) Alanine (*b*) Glutamine

(*c*) Alpha ketoglutarate (*d*) Glycine

42. Identify the marker enzyme for mitochondrial matrix from the following.

(*a*) Fatty acyl CoA synthase (*b*) Citrate synthase

(*c*) ATP synthase (*d*) MAO

43. The following GLUT transporter will be present in both skeletal muscle and adipose tissue.

(*a*) GLUT 3 (*b*) GLUT 2

(*c*) GLUT 4 (*d*) GLUT 1

44. Identify the incorrect statement about collagen.

(*a*) Type I in joint capsule

(*b*) Type II in perichondrium

(*c*) Type II in tendon

(*d*) Type I in ligaments and bone

45. This enzyme helps in linking the glycolytic pathway with the hexose monophosphate shunt.

(*a*) Glucose 6 Phosphate dehydrogenase

(*b*) Glucose 6 Phosphatase

(*c*) Hexokinase

(*d*) Trans-aldolase

46. A 2 year old male child was brought to the emergency department with intractable seizures, hyperammonemia, encephalopathy and lactic acidosis. The most probable diagnosis would be

(*a*) PDH complex deficiency

(*b*) Glycolysis defect

(*c*) G6PD deficiency

(*d*) Mitochondrial Encephalopathy

47. The triple helical structure can be observed in this protein.

(*a*) Collagen

(*b*) Albumin

(*c*) Keratin

(*d*) Myoglobin

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26. (*d*)
27. (*c*)
28. (*d*)
29. (*b*)
30. (*a*)
31. (*a*)
32. (*a*)
33. (*b*)
34. (*c*)
35. (*d*)
36. (*c*)
37. (*a*)
38. (*c*)
39. (*a*)
40. (*d*)
41. (*b*)
42. (*b*)
43. (*c*)
44. (*c*)
45. (*a*)
46. (*d*)
47. (*a*)

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4 PATHOLOGY

48. A short statured female presented with primary amenorrhea, webbed neck and widely spaced nipple. The most common variation associated would be

(*a*) 45XY (*b*) 47XXY

(*c*) 46XY (*d*) 45XO

49. Which among the following is associated with Multiple Endocrine Neoplasia -1?

(*a*) Pheochromocytoma

(*b*) Parathyroid tumor

(*c*) Renal cell carcinoma

(*d*) Parotid tumor

50. Identify the true statement on NF-1.

(*a*) Autosomal Recessive disorder

(*b*) Having no other malignancy associated

(*c*) Associated with AV malformations

(*d*) Associated with optic pathway glioma

51. The apoptotic bodies have the following components.

(*a*) Only organelle

(*b*) Organelle with nuclear material

(*c*) Cytoplasm with organelle

(*d*) Cytoplasm with nuclear material & organelle

52. A 6 year old boy was brought to the OPD with a history of recurrent bacterial and fungal infections, primarily involving the skin and also the respiratory tract. The boy had multiple abscesses and lymphadenitis. An abnormal pattern was observed with dihydrorhodamine test. The most probable cause would be

(*a*) SCID

(*b*) Chronic Granulomatous Disease

(*c*) Leukocyte Adhesion Defect

(*d*) Sialyl Lewis X defect

53. A female patient came to the OPD with fatigue and severe pallor. She was found to have Hb - 5.8gm/dl with low ferritin, low MCV, high TIBC and high RDW. What would be the probable diagnosis?

(*a*) Sideroblastic Anemia

(*b*) Anemia of Chronic Disease

(*c*) Megaloblastic anemia

(*d*) Iron Deficiency anemia

54. A patient came with fatigue, lethargy and pallor. The hemoglobin was found to be 5.6 and there were increased levels of indirect bilirubin. The patient also complains of pain in the right index finger. The probable diagnosis would be

(*a*) Thalassemia

(*b*) Sickle cell crisis

(*c*) Microangiopathic anemia

(*d*) Autoimmune hemolytic anemia

55. A male patient came to the OPD with a history of infertility, recurrent episodes of sinusitis and bronchiectasis. Situs inversus was also observed. The most probable condition would be

(*a*) Kallaman syndrome

(*b*) Kartagener syndrome

(*c*) Klinefelter syndrome

(*d*) Cystic fibrosis

56. A hypertensive female patient came to the outpatient clinic with skin hyperpigmentation. High ACTH levels were found after giving a high dose of dexamethasone. The probable diagnosis would be

(*a*) Hyperaldosteronism

(*b*) Pituitary Adenoma

(*c*) Ectopic ACTH secreting tumor

(*d*) Iatrogenic Cushing syndrome

57. A patient was found to have hepatic jaundice, deranged liver function tests and presence of poorly coordinated movements. Diagnosis?

(*a*) Huntington chorea (*b*) Wilson disease

(*c*) Leigh syndrome (*d*) Hemochromatosis

58. An 26 year old male presented with massive splenomegaly. His total white blood cell counts were more than 85,000/mm^3 with immature cells. The presence of the Philadelphia chromosome was also observed. The mutation associated would be

(*a*) Insertion

(*b*) Balanced Reciprocal translocation

(*c*) Inversion

(*d*) Deletion

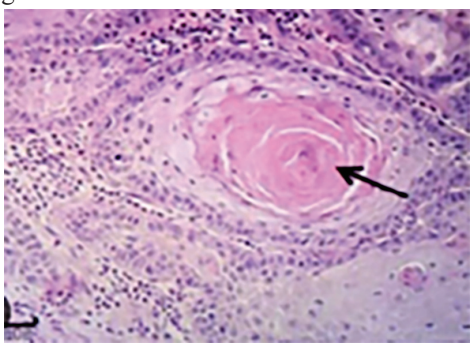
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59. In pregnancy, ABO incompatibility occurs due to this antibody.

(*a*) lgG (*b*) IgM

(*c*) IgD (*d*) IgA

60. A farmer came to the OPD with a lesion on his shoulder. The HPE image has been depicted below. The probable diagnosis would be



(*a*) Verrucous carcinoma

(*b*) Moluscum contagiosum

(*c*) Squamous Cell Carcinoma

(*d*) Basal Cell Carcinoma

61. All the following are included in NETS, except:

(*a*) Arginine/citrulline involvement

(*b*) Associated with SLE

(*c*) Phagocytosis

(*d*) Sepsis

62. The HLA associated with Reiter syndrome would be

(*a*) HLA-D2 (*b*) HLA-DR3

(*c*) HLA-DR4 (*d*) HLA-B27

63. A patient diagnosed to have beta-thalassemia was started with blood transfusion, after which the patient had complaints of fever, anxiety and hypotension. The next step would be

(*a*) Administer IV hydrocortisone

(*b*) Wait and watch

(*c*) Stop the transfusion

(*d*) Stop the transfusion and restart when patient becomes normal

64. Identify the correct sequence of wound healing.

(*a*) Remodeling -vasoconstriction - inflammation - proliferation

(*b*) Proliferation - remodeling -vasoconstriction - inflammation

(*c*) Inflammation - hemostasis – proliferation - remodeling

(*d*) Vasoconstriction - inflammation - proliferation - remodeling

65. For the diagnosis of infective endocarditis, the samples taken are

(*a*) 3 samples-1 aerobic and 2 anaerobic

(*b*) 2 samples-1 aerobic and 1 anaerobic

(*c*) 3 samples-2 aerobic and 1 anaerobic

(*d*) Only 2 anaerobic

66. The following technique is used as a diagnostic test for CML.

(*a*) Karyotyping (*b*) LAP score

(*c*) Northern Blot (*d*) FISH

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48. (*d*)
49. (*b*)
50. (*d*)
51. (*d*)
52. (*b*)
53. (*d*)
54. (*b*)
55. (*b*)
56. (*c*)
57. (*b*)
58. (*b*)
59. (*a*)
60. (*c*)
61. (*c*)
62. (*d*)
63. (*c*)
64. (*d*)
65. (*b*)
66. (*d*)

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5 MICROBIOLOGY

67. A 39 year old male HIV-positive patient came with persistent headaches, confusion and fever. An elevated opening pressure was observed during lumbar puncture and CSF analysis revealed positive India ink stain. The probable diagnosis would be
(*a*) Tuberculous meningitis
(*b*) Viral encephalitis
(*c*) Bacterial meningitis
(*d*) Cryptococcal infection

68. Identify the reservoir for Kala azar from the following.
(*a*) Pig (*b*) Fox
(*c*) Dogs (*d*) Humans

69. A 45 year old male, who has a pet dog in his home, came to the OPD with pain in his right upper abdomen. A loculated collection was observed in the liver. The likely organism responsible would be
(*a*) Entamoeba coli (*b*) Tenia solium
(*c*) Echinococcus granulosus (*d*) Fasciola

70. A 13 year old male from Kerala came to the OPD with fever, headache and drowsiness. The history revealed that he had eaten palm fruit recently. Based on the geographic location and also exposure history this viral infection could be considered.
(*a*) Dengue virus (*b*) Chikungunya virus
(*c*) Ebola virus (*d*) Nipah virus

71. Which of the following is used as control for ethylene oxide sterilization?
(*a*) Bacillus cereus
(*b*) Geobacillus stearothermophilus
(*c*) Bacillus atrophaeus
(*d*) Bacillus pumilus

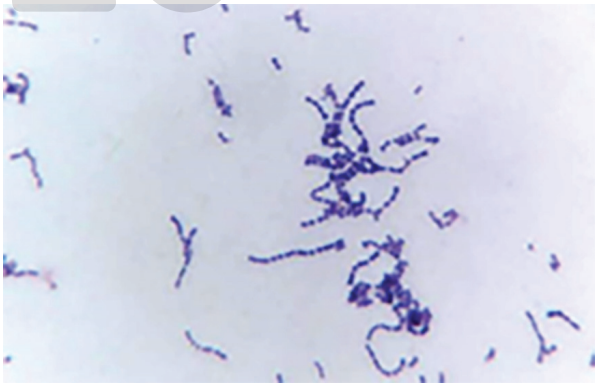
72. A patient came to the OPD with bulla formation. The gram stain revealed the presence of capsulated gram positive diplococci. The probable organism would be
(*a*) Streptococcus aureus
(*b*) Staphylococcus pyogenes
(*c*) Cyclospora
(*d*) Streptococcus pneumoniae

73. A 38 year old female presented with curdy white discharge and gram positive budding yeasts were observed. The causative organism would be
(*a*) Chlamydia (*b*) Trichomonas
(*c*) Candida albicans (*d*) Gardnerella vaginalis

74. A TB patient was started on HRZE and underwent CBNAAT which would show the following
(*a*) Mycobacterium tuberculosis
(*b*) MTB + Isoniazid resistance
(*c*) MTB + Rifampicin resistance
(*d*) MTB + Ethambutol and rifampicin.

75. The transfer in bacteria through phage is known as
(*a*) Conjugation
(*b*) Transduction
(*c*) Transformation
(*d*) Translation

76. A male patient came to the outpatient clinic with a history of acute rheumatic fever and was found to have infective endocarditis. Gram positive cocci in chains were observed. The causative agent would be



(*a*) Streptococcus pyogenes
(*b*) Viridans streptococci
(*c*) Streptococcus pneumoniae
(*d*) Enterococcus

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67. (*d*)
68. (*d*)
69. (*c*)
70. (*d*)
71. (*c*)
72. (*d*)
73. (*c*)
74. (*c*)
75. (*b*)
76. (*b*)

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6 PHARMACOLOGY

77. A 26 year old female has unilateral ptosis and the symptoms worsened in the evening. She was diagnosed to have myasthenia gravis. The drug of choice would be

(*a*) Physostigmine (*b*) Plasma exchange

(*c*) Neostigmine (*d*) Pyridostigmine

78. The drug of choice for the treatment of Echinococcus granulosus is

(*a*) Praziquantel (*b*) Albendazole

(*c*) Ivermectin (*d*) Diethylcarbamazine

79. A female patient on treatment for myasthenia gravis presented with increasing muscle weakness. The following drug is used to differentiate myasthenia gravis from cholinergic crisis?

(*a*) Edrophonium (*b*) Pilocarpine

(*c*) Atropine (*d*) Pyridostigmine

80. A two months pregnant female came to the OPD with swelling in the legs and was diagnosed to have deep vein thrombosis. The following is preferred for anticoagulation.

(*a*) Aspirin (*b*) Apixaban

(*c*) Warfarin (*d*) Enoxaparin

81. A two month antenatal female presented to the OPD with P. Vivax Malaria. The drug (s) preferred in this case would be–

(*a*) Doxycycline

(*b*) Chloroquine + Primaquine

(*c*) Artesunate Combination therapy

(*d*) Quinine

82. A 54 year old male with CHF was on thiazide diuretic therapy. He presented with fatigue and hypokalemia. The loss of potassium could be inhibited by

(*a*) Antacids (*b*) Acetazolamide

(*c*) Furosemide (*d*) Adenosine

83. The following side effect is least likely associated with amiodarone.

(*a*) Hyperthyroidism (*b*) Gynecomastia

(*c*) Pulmonary fibrosis (*d*) Hypothyroidism

84. A 42 year old male was on anti-tubercular drug Bedaquiline. The ECG changes expected would be

(*a*) QRS widening

(*b*) QT interval prolongation

(*c*) Increase in PR interval

(*d*) ST segment elevation

85. Acute liver failure can be seen with

(*a*) Amanita phalloides toxicity

(*b*) Morphine poisoning

(*c*) Belladonna poisoning

(*d*) Organophosphate poisoning

86. An alcoholic male on treatment developed flushing episodes, hypotension, nausea and vomiting. The probable cause?

(*a*) Hallucinosis

(*b*) Disulfiram like reaction

(*c*) Delirium tremens

(*d*) Alcohol withdrawal

87. This drug is absolutely contraindicated in pregnant females.

(*a*) Azithromycin (*b*) Cefixime

(*c*) Captopril (*d*) Paracetamol

88. A 55 year old postmenopausal female was found to have breast cancer. The drug of choice would be

(*a*) Vincristine (*b*) Methotrexate

(*c*) Tamoxifen (*d*) Bleomycin

89. This anti-diabetic medication increases the loss of glucose in the urine along with removal of the fluid.

(*a*) Glipizide (*b*) Empagliflozin

(*c*) Exenatide (*d*) Acarbose

90. An antenatal female, a known case of asthma, presented to OPD with BP value of 190/110 mm Hg. The preferred drug?

(*a*) Labetalol (*b*) Verapamil

(*c*) Nifedipine (*d*) Propranolol

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91. A 6 year old male child presented with generalized tonic clonic seizures. The management would be

(*a*) Levetiracetam followed by gabapentin

(*b*) Ethosuximide

(*c*) Valproate followed by Levetiracetam

(*d*) Carbamazepine followed by gabapentin

92. The site of action of Thiazide diuretics would be

(*a*) Na-2CI Co-transporter

(*b*) Na-K-Cl Co-transporter

(*c*) Aldosterone receptor

(*d*) Na+ channel

93. A drug has a bioavailability of 30%. Which of the following is correct?

(*a*) 70 percent of the drug undergoes first pass metabolism in Liver

(*b*) 30% percent of the drug reaches the systemic circulation in unchanged form

(*c*) The drug is 30 percent potent in producing therapeutic effect

(*d*) The drug is 30 percent pure in its chemical composition.

94. A 45 year old overweight female presented with Schizophrenia. The antipsychotic drug which causes least weight gain would be

(*a*) Olanzapine (*b*) Risperidone

(*c*) Ziprasidone (*d*) Clozapine

95. The drug of choice for glaucoma in adults would be

(*a*) Alpha2-selective agonist (*b*) Timolol

(*c*) Latanoprost (*d*) Pilocarpine

96. A 42 year old female is on ATT. The following ATT drug can cause optic neuritis

(*a*) Isoniazid (*b*) Ethambutol

(*c*) Pyrazinamide (*d*) Rifampicin

97. A male patient with a history of HIV infection was started on Anti retro-viral therapy with Tenofovir 150mg, Lamivudine 300 mg and Dolutegravir 50 once daily at night. He was diagnosed with TB after a few days and was started on anti-tubercular therapy too. The following dose adjustment is required.

(*a*) Add Dolutegravir 50 mg in morning

(*b*) Add Lamivudine 300 mg in morning

(*c*) No dose adjustment required

(*d*) Add Tenofovir 150 mg in morning

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77. (*d*)
78. (*b*)
79. (*a*)
80. (*d*)
81. (*d*)
82. (*a*)
83. (*b*)
84. (*b*)
85. (*a*)
86. (*b*)
87. (*c*)
88. (*c*)
89. (*b*)
90. (*c*)
91. (*c*)
92. (*a*)
93. (*b*)
94. (*c*)
95. (*c*)
96. (*b*)
97. (*a*)

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7 Forensic Medicine

98. Based on MTP Act 2021, this is a punishable offense.
(*a*) MTP done at government authorized center
(*b*) Non entry in MTP register & not sending monthly statements to DHS
(*c*) MTP done up to 24 weeks of pregnancy
(*d*) Done by experienced RMP

99. Cherry red color post mortem staining could be associated with this poisoning.
(*a*) Nitrate (*b*) Carbon monoxide
(*c*) Hydrogen cyanide (*d*) Hydrogen sulphide

100. A 22 weeks antenatal female has come for MTP on the grounds of contraceptive failure. MTP can be done after
(*a*) Opinion of one doctor will be needed
(*b*) Opinion of two doctors will be needed
(*c*) After the permission from the court
(*d*) MTP cannot be done in this case

101. A 24 year old mentally ill pregnant female was brought to the clinic for MTP. The consent needs to be taken from
(*a*) Partner
(*b*) Doctor treating the patient
(*c*) Legal guardian
(*d*) Self consent

102. The sample of blood can be preserved in case of autopsy of an alcohol abuse with the following.
(*a*) Formalin (*b*) Rectified spirit
(*c*) Sodium fluoride (*d*) Sodium chloride

103. A farmer presented to the emergency department with snakebite on the dorsum of his left foot. He was stable and two fang marks were observed on the dorsum of the foot with minimal pain, swelling and bleeding at the site. The immediate step would be
(*a*) Give polyvalent snake antivenom
(*b*) Look for dead snake brought by relatives
(*c*) Washing the wound
(*d*) Use sling or splint for left lower limb (pressure) immobilization

104. In the measurement of barrel (rifled firearm), the weapon caliber depends on
(*a*) No of lead balls prepared from one pound of lead metal
(*b*) Distance between 2 opposite grooves
(*c*) Distance between 2 opposite lands
(*d*) Ratio between length of cartilage & bullet

105. In this poisoning, there will be an increased secretion with diarrhea.
(*a*) Cannabis (*b*) Ketamine
(*c*) Crack (*d*) Cocaine

106. A blood-stained kerchief recovered from crime scene can be preserved by
(*a*) Stained area folded preserved in paper bag
(*b*) Stained area folded towards opposite side preserved in plastic bag
(*c*) Dry over spirit lamp & preserve
(*d*) Stained area folded towards each other preserved in plastic bag

107. A female was raped two years back and the accused has to be given the death sentence. The death sentence for this case can be given by
(*a*) Assistant session judge
(*b*) Both session and assistant session judge
(*c*) Session judge
(*d*) Metropolitan magistrate

108. This test is used to identify the dried & old seminal fluid on an undergarment.
(*a*) Precipitin test
(*b*) Acid phosphatase test
(*c*) Fluorescence test
(*d*) Barberio test

109. The most commonly affected organ in air blast due to shockwave would be
(*a*) Kidney (*b*) Intestine
(*c*) Lung (*d*) Spleen

110. The police observed a few bones in an open space. The human and animal bones could be differentiated by means of
(*a*) Phenolphthalein
(*b*) Acid phosphatase level
(*c*) Precipitin test
(*d*) Barberio test

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98. (*b*)
99. (*b*)
100. (*b*)
101. (*c*)
102. (*c*)
103. (*d*)
104. (*c*)
105. (*b*)
106. (*a*)
107. (*a*)
108. (*d*)
109. (*c*)
110. (*c*)

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8 Community Medicine

111. Navjat Shishu Suraksha Yojna is related to
(*a*) Children (*b*) Newborn
(*c*) Lactating Mother (*d*) Infant

112. Under the RBSK program for the children in the age group of 9-18 years, the health check up needs to be conducted
(*a*) Once every month
(*b*) Once every 6 monthly
(*c*) Once every 3 monthly
(*d*) Once every Yearly

113. The following is used to kill the larva of the mosquito.
(*a*) Gambusia fish
(*b*) Indoor spray
(*c*) Mosquito nets
(*d*) Repellents

114. A person came to the OPD with eschar and lymphadenopathy following a mite bite on his trunk region. The most likely cause would be
(*a*) Scrub typhus
(*b*) Endemic typhus
(*c*) Epidemic typhus
(*d*) Rocky Mountain Spotted fever

115. A 28 year female came to the OPD on the fifth day of unprotected intercourse. Identify the best emergency contraceptive.
(*a*) LNG (*b*) COCP
(*c*) IUCD (*d*) Mifepristone

116. The total number of children born to a woman related to other woman of the same reproductive age group is known as
(*a*) GRR (*b*) GFR
(*c*) TFR (*d*) NRR

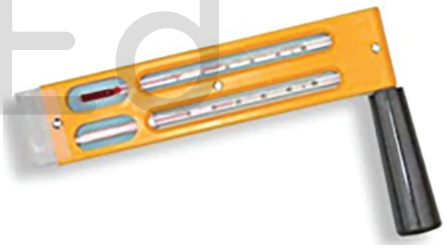
117. Identify the correct feature of the case control study.
(*a*) Used for rare disease
(*b*) Calculation of incidence
(*c*) Effect to cause
(*d*) Calculation of prevalence

118. Which among the following is not included in the GHI of children?
(*a*) Undernourished population
(*b*) Infant Mortality Rate
(*c*) Child mortality
(*d*) Child underweight

119. The male death per 1000 mid year male population is known as
(*a*) CDR
(*b*) Proportional mortality rate
(*c*) Specific mortality rate
(*d*) Mid year population

120. The strain(s) used for the IPV based on NIS is/are
(*a*) P1, P2, P3
(*b*) P2
(*c*) P3
(*d*) P1, P2

121. The following instrument is used to measure



(*a*) Air temperature
(*b*) Cooling power of air
(*c*) Air Humidity
(*d*) Hot temperature

122. A female health worker goes regularly every 15 days for malarial surveillance. The type of surveillance would be
(*a*) Active (*b*) Passive
(*c*) Sentinel (*d*) None of the above

123. ANMOL refers to
(*a*) Using of digital Weight scale by ANM/VHN
(*b*) Distribution of OCP by ANM
(*c*) Tablet to ANM to work through application
(*d*) TV to ANM

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124. A female attends the village health nutrition & sanitation day awareness program regularly. This programme is conducted at

(*a*) Anganwadi centers once every month
(*b*) Anganwadi centers every fortnightly
(*c*) Subcenters by ANM once every 6 months
(*d*) Subcenters by ANM once every month

125. After giving the pentavalent vaccine, the syringe with a fixed needle needs to be disposed in

(*a*) White (*b*) Red
(*c*) Yellow (*d*) Blue

126. Population = 2,00,000. Reported live births = 4000. The maternal death causes include : 2 deaths (ectopic pregnancy), 2 deaths (sepsis), 2 deaths (PPH), 4 deaths (abortion) & 2 deaths (electrocution) with 5 stillbirths. The MMR would be

(*a*) 25/1 Lakh (*b*) 500/1 Lakh
(*c*) 20/1 Lakh (*d*) 250/1 Lakh

127. In a region, total live births = 15,000, 225 children died in the first 7 days, 75 children died in the next 21 days. The neonatal mortality rate in this locality would be

(*a*) 35 (*b*) 25
(*c*) 50 (*d*) 20

128. A female who is a wife of a lorry driver presented to the OPD with complaints of whitish discharge. For screening of cancer cervix, this needs to be done.

(*a*) Biopsy (*b*) USG
(*c*) Pap smear (*d*) Ca 125

129. A survey was done in an area to evaluate vitamin A deficiency issues. The criteria to declare the same as a major public health problem, if there is a prevalence of

(*a*) Night Blindness is 0.02%
(*b*) Corneal ulcer, keratomalacia, Bitot's changes is 0.001%
(*c*) Corneal xerosis is 0.001%
(*d*) Bitot's spot is 0.5%

130. A survey was carried out on mentally retarded persons. Based on this survey, when exposed to the environment, IQ levels were found to improve. The result of this survey denotes

(*a*) Positive Euthenics
(*b*) Negative eugenics
(*c*) Positive eugenics
(*d*) Negative Euthenics

131. In a hamlet, the expected death rate was 3/1000, but the observed death rate was found to be 6/1000. The standardized mortality ratio would be

(*a*) 100 (*b*) 200
(*c*) 150 (*d*) 50

132. After a war, the residents of that region were shifted to another area. This method could be used for the waste disposal of the human excreta.

(*a*) Deep trench latrine (*b*) Septic tank
(*c*) Chemical closet (*d*) Aqua Privy

133. The steps involved in disaster management in the right sequence would be

(*a*) Response- Impact- rehabilitation- mitigation
(*b*) Rehabilitation- mitigation- response- Impact
(*c*) Rehabilitation- response- impact- mitigation
(*d*) Impact- response- rehabilitation- mitigation

134. The mandatory services in First Referral Units are

1. Blood storage facilities for 24 × 7
2. Doctor services 24 × 7
3. Pediatric specialist
4. Surgical intervention

(*a*) 1, 2 (*b*) 1, 2, 3
(*c*) 1, 2, 4 (*d*) 1, 2, 3, 4

135. The high priority in triage would be

(*a*) Black (*b*) Yellow
(*c*) Green (*d*) Red

136. The following table explains the components of

Fertility	Mortality
Marriage	Migration
Social Mobility	

(*a*) Demographic cycle
(*b*) Demographic dividend
(*c*) Demographic process
(*d*) Demographic bonus

137. The bilirubin levels are considered to be under this type of data.

(*a*) Discrete (*b*) Continuous
(*c*) Nominal (*d*) Ordinal

138. A junior resident has prepared a poster as given below, which was then corrected by his senior. The point which needs correction?

(A) Increase salt intake in diet
(B) Ban public smoking
(C) Reduce sale of alcohol
(D) Change PUFA to trans fat

(*a*) A (*b*) B
(*c*) C (*d*) D

139. Which of the following phases of the demographic cycle have a stable birth rate with variation in death rate?

(A) Stage I
(B) Early expanding
(C) Late expanding
(D) Low stationary

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(*a*) Stage I + Stage IV
(*b*) Stage II + Stage III
(*c*) Stage I + Stage II
(*d*) Stage II + Stage IV

140. Under the JSY scheme, this is not included.
(*a*) STD counseling
(*b*) Abortion services
(*c*) Vande mataram scheme
(*d*) Motivating for hospital delivery

141. Total fertility rates of four cities were as follows : a - 2.1, b -2.6, c-2.7 and d 2.8. The city which has achieved a desirable TFR would be
(*a*) a (*b*) b
(*c*) c (*d*) d

142. A female who was on OCPs forgot to take 2 pills in the third week. The next step would be
(*a*) Take missed pills in next 2 days
(*b*) Continue tablet with additional barrier method for 7 days
(*c*) Reassurance/no action
(*d*) Precaution for 7 days, continue new pack without break

143. Based on the AMB programme, the dose for anemia prophylaxis in a 26 weeks pregnant female with no history of iron and folic acid intake would be
(*a*) 60 mg iron, 500mcg folic acid once/week
(*b*) 60 mg iron, 500mcg folic acid twice/week
(*c*) 60 mg iron, 500mcg folic acid once/day
(*d*) 60 mg iron, 500mcg folic acid twice/day

144. The correct sequence of family cycle would be
(*a*) Formation-extension-retraction-completed extension
(*b*) Retraction-Formation-extension-completed extension
(*c*) Formation-retraction-extension-completed extension
(*d*) Formation-extension-completed extension-retraction-complete retraction-dissolution-extinction

145. What would be the denominator of the Mid year population?
(*a*) IMR (*b*) MMR
(*c*) CDR (*d*) CBR

146. From the following, the correct method(s) of communication is/are
1. Mass communication- covers maximum population
2. Socratic-forcefully learning
3. Didactic-Democratic learning is active
(*a*) 1 and 2 (*b*) Only 1
(*c*) only 3 (*d*) 1 and 3

147. The following is not considered under MMR.
(*a*) Death due to ectopic pregnancy
(*b*) Death due to preeclampsia
(*c*) Death in 20th week due to RTA
(*d*) Death on 14th day post partum

148. In focussed group discussion, the type of questions used are
(*a*) Closed ended question
(*b*) Open ended question
(*c*) Double barrelled
(*d*) Single barrel

149. In a field visit, a child was found to have swelling on the face and also swelling in the scrotum. He cannot chew properly or open his mouth. The most probable cause would be
(*a*) Measles (*b*) Mumps
(*c*) Rubella (*d*) Diphtheria

150. Which among the following is the most common non-communicable disease worldwide?
(*a*) Cardiomyopathy (*b*) Breast cancer
(*c*) Hypertension (*d*) Diabetes

151. In children, the leading cause of blindness is
(*a*) Glaucoma (*b*) Refractive error
(*c*) Vitamin A deficiency (*d*) Cataract

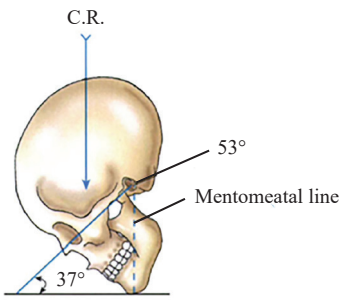
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111. (*b*)
112. (*b*)
113. (*a*)
114. (*a*)
115. (*c*)
116. (*c*)
117. (*c*)
118. (*b*)
119. (*c*)
120. (*a*)
121. (*c*)
122. (*a*)
123. (*c*)
124. (*a*)
125. (*a*)
126. (*d*)
127. (*d*)
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144. (*d*)
145. (*c*)
146. (*b*)
147. (*c*)
148. (*b*)
149. (*b*)
150. (*c*)
151. (*c*)

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152. The X-ray view shown below is?





(*a*) Waters view
(*b*) Caldwell view
(*c*) Townes view
(*d*) Schuller's view

153. A 54 year old male came with right sided conductive hearing loss and cervical lymphadenopathy. What would be the most probable diagnosis?
(*a*) Tuberculosis
(*b*) Nasopharyngeal Angiofibroma
(*c*) Nasopharyngeal malignancy
(*d*) Adenoid hyperplasia

154. The following structures would be preserved in radical neck dissection, except:
(*a*) Submandibular gland
(*b*) Sternocleidomastoid muscle
(*c*) Internal jugular vein
(*d*) Spinal accessory nerve

155. A 7 year old boy of 2 weeks post tonsillectomy had a packet of chips 3 days after the surgery and came to the OPD with features of on and off oral bleeding. The management would be
(*a*) Surgical exploration
(*b*) IV Antibiotics, Semisolid food for few days
(*c*) Analgesics
(*d*) IV tranexamic acid, Semisolid food for few days

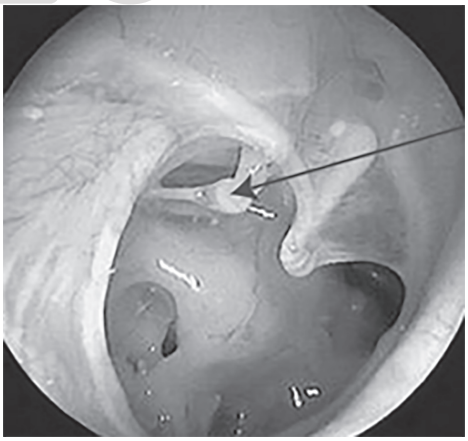
156. The prosthesis depicted below is?



(*a*) Blom-Singer
(*b*) Hendricks
(*c*) Grommet
(*d*) Montgomery

157. A 37 year old male patient came to the OPD with pain and hearing loss after a slap in his ear. The otoscopy reveals the presence of blood clots along with irregular perforations in the tympanic membrane. The next step in management would be
(*a*) Keep ear dry with systemic analgesics
(*b*) Aspirate and audiometry
(*c*) Give gentamicin and levofloxacin
(*d*) Syringing and antibiotics with no ear drops

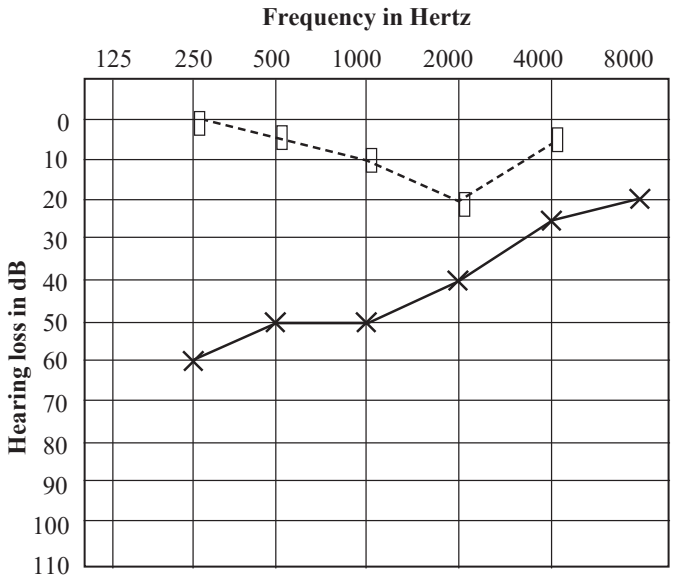
158. The embryological origin of the structure marked in the picture given below would be



(*a*) Neuroectoderm
(*b*) First Pharyngeal arch
(*c*) Second Pharyngeal arch
(*d*) Third Pharyngeal arch

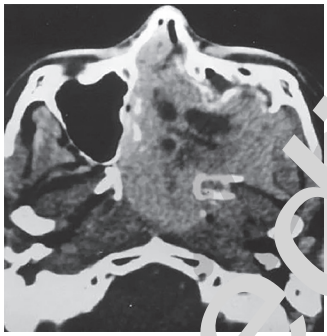
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159. A 32 year old female patient was found to have the following audiogram. The probable diagnosis would be



(*a*) Meniere's disease
(*b*) Presbycusis
(*c*) Noise induced hearing loss
(*d*) Otosclerosis

160. A 26 year old male with recurrent bleeding episodes presents with the CT findings shown below. The reason for the bleeding episodes in this benign tumor would be



(*a*) Tumor vessel lack contractility
(*b*) Tumor invading the blood vessels
(*c*) Lacks tumor capsule
(*d*) Pressure symptoms

161. A 35 year old male patient presented to the ENT OPD with merciful anosmia, wide roomy nasal cavity and formation of crusts, resulting in nasal obstruction. The most probable diagnosis would be

(*a*) Rhinitis sicca
(*b*) Atrophic rhinitis
(*c*) Allergic rhinitis
(*d*) Rhinitis medicamentosa

162. A known diabetic patient with HbA1c levels of 10 presented with excruciating ear pain and blood stained ear discharge along with facial nerve involvement. The most probable diagnosis would be?

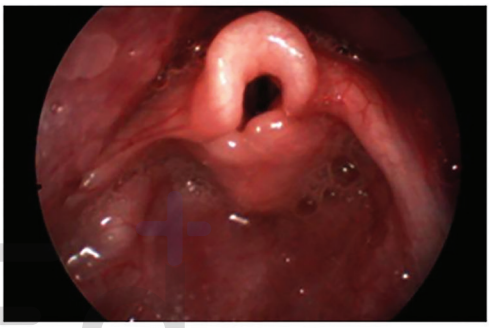
(*a*) Granular myringitis
(*b*) Diffuse otitis externa
(*c*) Squamous cell carcinoma
(*d*) Necrotising otitis externa

163. The congenital anomaly (depicted in the below image) is caused due to the non-fusion of?



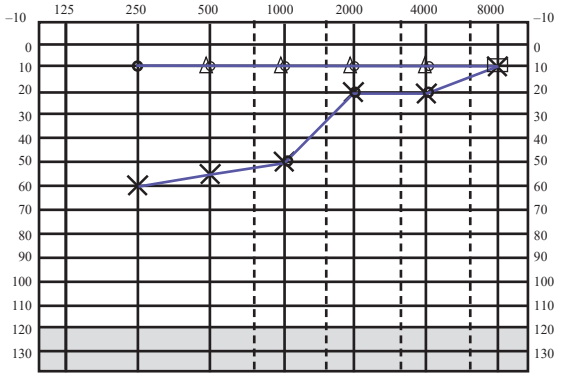
(*a*) 3rd & 4th Pharyngeal pouch incomplete closure
(*b*) 1st & 2nd Pharyngeal arch incomplete closure
(*c*) 1st & 2nd Pharyngeal pouch incomplete closure
(*d*) 2nd & 3rd Pharyngeal arch incomplete closure

164. Which of the following statements is true about the image depicted below?



(*a*) Presence of stridor from birth
(*b*) Stridor relieves with supine position
(*c*) Masterly inactivity
(*d*) Most common cause of Congenital Stridor

165. A 54 year old male came to the OPD with tinnitus, vertigo and fluctuating hearing loss. His Audiogram has been depicted below. The most likely diagnosis would be



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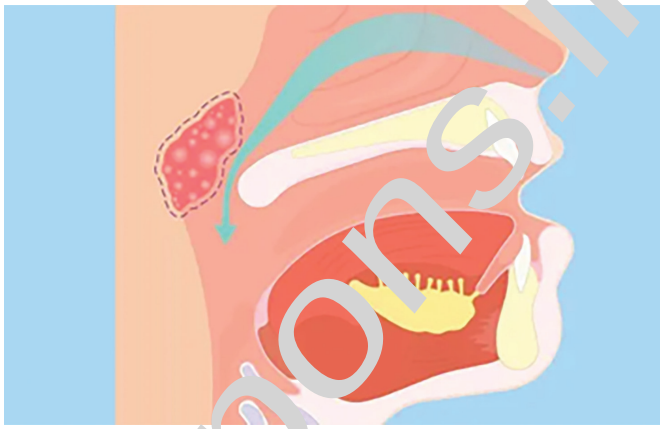
(*a*) Meniere's disease
(*b*) Vestibular neuronitis
(*c*) BPPV
(*d*) Noise induce hearing loss

166. A teacher after taking long vigorous classes for more than 6 years developed hoarseness of voice. The condition associated with this would be?



(*a*) Vocal nodule
(*b*) Vocal polyp
(*c*) Reinke's edema
(*d*) Vocal cord cancers

167. Identify the correct one based on the image depicted below.



(*a*) Rhinolalia clausa
(*b*) It is not included in Waldeyer's ring
(*c*) It has definitive blood supply
(*d*) It has no crypts

168. Delphian nodes refer to?
(*a*) Level 3 & 4
(*b*) Level 1 & 2
(*c*) Level 6
(*d*) Level 5

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152. (*a*)
153. (*c*)
154. (*a*)
155. (*b*)
156. (*a*)
157. (*a*)
158. (*c*)
159. (*d*)
160. (*a*)
161. (*b*)
162. (*d*)
163. (*b*)
164. (*d*)
165. (*a*)
166. (*a*)
167. (*a*)
168. (*c*)

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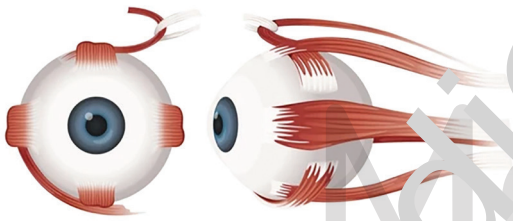
10 OPHTHALMOLOGY

169. The aqueous flares and keratic precipitates are observed in?
(*a*) Intermediate uveitis (*b*) Irido cyclitis
(*c*) Posterior uveitis (*d*) Toxoplasma uveitis

170. A 10 year old boy came to the OPD with itching and foreign body sensation of eye. On examination, a shield ulcer was found. The condition commonly associated with these findings would be?
(*a*) Tuberculosis (*b*) Autoimmune
(*c*) Trachoma (*d*) Spring catarrh

171. The cataract seen in blunt trauma would be?
(*a*) Sunflower cataract (*b*) Rosette cataract
(*c*) Christmas tree cataract (*d*) Sparkle cataract

172. The sequence of arrangement from near to far (recti muscl[illegible] attached towards the limbus would be?



(*a*) Medial rectus, Lateral rec[illegible]us, [illegible]ferior rectus, Superior rectus
(*b*) Medial rectus, Inferi[illegible] rec[illegible] Lateral rectus, Superior rectus
(*c*) Medial rectus, Supe[illegible]or rectus, Lateral rectus, Inferior rectus
(*d*) Superior rectus la[illegible]ral rectus, Inferior rectus, Medial rectus

173. A Diab[illegible] pa[illegible]ent has been evaluated with an ETDRS chart for diabetic retinopathy and classified as NPDR. The fo[illegible]owi[illegible] not seen in case of severe NPDR?
(*a*) [illegible]ignificant venous beading in at least 2 or more [illegible]uadrant
(*b*) Severe retinal hemorrhage in at least four quadrant
(*c*) Cotton wool spots
(*d*) Moderate IRMA at least 1 quadrant

174. A patient came to OP[illegible] with u[illegible]lateral right complete anopia. The lesion would be [illegible]esen[illegible]in?
(*a*) Optic radi[illegible]tion
(*b*) Optic ch[illegible]sma
(*c*) Optic [illegible]erve
(*d*) Optic tra[illegible]

175. The ins[illegible]ume[illegible]t depicted below is?



(*a*) Corneal and scleral tears repairing forces
(*b*) Lim's forceps
(*c*) Suture tying forceps
(*d*) Mcpherson forceps

176. A 18 months old child presented to the ophthalmologist with white eye reflex and USG shows intraocular mass with calcification. The family history suggested that his father had the same and had an enucleation of one eye. The probable diagnosis would be?
(*a*) Pediatric Tuberculosis
(*b*) Exudative Retinal Detachment
(*c*) Retinoblastoma
(*d*) Retinopathy of Prematurity

177. A 67 year old diabetic male underwent cataract surgery. About a month later, he presented with decreased vision and was found to have flower petal appearance on FFA. The probable diagnosis would be
(*a*) Central Serous Retinopathy
(*b*) Scotoma
(*c*) Posterior capsular opacification
(*d*) Cystoid Macular Edema

178. A patient posted for cataract surgery was found to have blepharitis. The most important step to be taken to prevent endophthalmitis before surgery would be?
(*a*) 5% Betadine iodine
(*b*) Trimming the eye lashes
(*c*) Antibiotics after surgery
(*d*) Intravitreal Antibiotics

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179. A patient presented to the OPD with paralysis of all extraocular muscles. The most probable site of lesion in this patient would be

(*a*) Upper medulla

(*b*) Lower medulla

(*c*) Superior orbital fissure

(*d*) Pons

180. A 3.5 year old male child presented with cataract. The next step of management would be

(*a*) Remove the Cataract by Phaco-aspiration and do primary posterior capsulotomy

(*b*) Remove the Cataract, do goniotomy and give spectacles.

(*c*) Remove the Cataract and do anterior capsulotomy

(*d*) Remove the Cataract by surgery

181. A 71 yrs old male presents with blurring of vision and glare. The diagnosis would be?

(*a*) Secondary cataract

(*b*) Intumescent cataract

(*c*) Senile cataract

(*d*) After cataract

182. Which of the following bones are removed in DCR?

(*a*) Lacrimal + Ethmoidal

(*b*) Frontal

(*c*) Maxillary + Ethmoidal

(*d*) Lacrimal

183. An 8 year old boy presented with high accommodati convergence-to accommodation esotropia (diag osed at 2 years old). The mother was concerned abo whe r he still needed his glasses. The boy appeared to be o hotropic in his glasses. What would be conveyed to counsel the mother?

(*a*) If the boy is orthotropic in bifo al & to erates glasses, no change in management

(*b*) Discontinue his glasses as he older now.

(*c*) Strabismus surgery wit osterior fixation sutures bilateral medial re mus le recessions

(*d*) Convergence ex rcises dvised

184. A 74 year female esen ed with diminished vision. Fincham's tes de cted scattered coloured halos that broke and fu d agai The probable diagnosis would be

(*a*) Hype matu cataract

(*b*) OAG

(*c*) S ile cat ract

(*d*) Muc ulent conjunctivitis

185. Identif the correct statement about malignant glaucoma.

(*a*) O struction to aqueous humor

(*b*) Misdirected aqueous

(*c*) Anterior chamber is normal

(*d*) Pilocarpine is drug of choice

86. A male patient came with impaired vision and pain increasing on eye movements. The following structure involvement is responsible for these findings.

(*a*) Optic Chiasma (*b*) Optic Nerve

(*c*) Retina (*d*) Optic Tract

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169. (*b*)
170. (*d*)
171. (*b*)
172. (*b*)
173. (*c*)
174. (*c*)
175. (*d*)
176. (*c*)
177. (*d*)
178. (*a*)
179. (*c*)
180. (*a*)
181. (*c*)
182. (*d*)
183. (*a*)
184. (*c*)
185. (*b*)
186. (*b*)

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11 PAEDIATRICS

187. A child laughs on seeing food. He can transfer objects from one hand to another, can take the object and put it into his mouth. At what age, these milestones develop in a child?

(*a*) 7 months
(*b*) 4 months
(*c*) 12 months
(*d*) 6 months

188. Epinephrine should be administered during neonatal resuscitation in which of the following conditions?

(*a*) HR < 60 bpm with PPV for 60 seconds
(*b*) HR < 60 bpm with PPV for 30 seconds
(*c*) HR < 60 bpm with chest compression and ventilation for 60 seconds
(*d*) HR < 60 bpm with chest compression and ventilation for 30 seconds

189. A 4 day old male baby was brought to the emergency with bilious vomiting and abdominal distension. On abdominal x-ray, multiple air fluid levels were seen with no gas under diaphragm. Baby was otherwise stable. His brother had a history of cystic fibrosis. The immediate treatment in this baby would be?

(*a*) Manometry
(*b*) Temporary colostomy and definitive surgery
(*c*) Gastrografin enema
(*d*) Immediate laparotomy

190. Jaundice because of biliary atresia should be suspected when jaundice remains beyond this period?

(*a*) 2 years (*b*) 2 weeks
(*c*) 2 months (*d*) 2 days

191. A child feels anxious when someone playing with him leaves him. The child develops this milestone at which age?

(*a*) 3 months (*b*) 4 months
(*c*) 6 months (*d*) 12 months

192. All the following are cyanotic heart diseases, except

(*a*) TOF (*b*) TGA
(*c*) PDA (*d*) COA

193. A child with diarrhea was brought with sunken eyes and eager to drink on offering. The abdominal skin pinch goes back slowly. As per IMNCI classification, the color coding would be

(*a*) Black (*b*) Green
(*c*) Pink (*d*) Yellow

194. A 4 day old neonate was brought with pustular lesions on erythematous background which started from the trunk (noted from day 2 of life). The baby appeared otherwise normal. The most likely diagnosis would be

(*a*) Mongolian spots (*b*) Pustular melanosis
(*c*) Neonatal acne (*d*) Erythema toxicum

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187. (*d*)
188. (*c*)
189. (*c*)
190. (*b*)
191. (*a*)
192. (*c*)
193. (*d*)
194. (*d*)

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12 Obstetrics and Gynaecology

195. AMSEL criteria is associated with
(*a*) Candidiasis (*b*) Gonorrhea
(*c*) Trichomonas (*d*) Bacterial vaginosis

196. The most common organ affected in genital tuberculosis would be
(*a*) Endometrium (*b*) Fallopian tube
(*c*) Cervix (*d*) Ovary

197. During labor, shoulder dystocia was suspected and Mcroberts maneuver was performed, but failed. The next step in management would be?
(*a*) Zavanelli maneuver
(*b*) Suprapubic pressure
(*c*) Release of Post arm by extraction
(*d*) Internal rotation of head

198. A female came to a gynecologist with a genital infection. In which of the following conditions, the male partner treatment is also needed?
(*a*) Bacterial vaginosis
(*b*) Candida albicans
(*c*) Herpes
(*d*) Trichomoniasis

199. A 77 year old woman had complaints of involuntary urine voiding during strenuous physical activity. The diagnosis would be
(*a*) Urinary tract infection
(*b*) Stress incontinence
(*c*) Neurogenic incontinence
(*d*) Urge incontinence

200. A low risk primigravida has come with 4 cm dilatation and membrane present. Four hours later, when PV is repeated she is 6 cm dilated and +2 station with membranes absent, clear liquor and she is getting good uterine contractions and FHR is 143 BPM and reassuring. Now, the next step would be?
(*a*) ARM + Oxytocin and check after 4 hrs
(*b*) ARM + Oxytocin and check after 2 hrs
(*c*) Cesarean section
(*d*) Wait and watch

201. In a pregnant female, the treating OGcian decided to increase the folic acid dose to the therapeutic dose. In which among the following conditions, the same needs to be done?
(*a*) Preeclampsia
(*b*) Previous low birth weight child/impaired glucose tolerance
(*c*) Previous history of premature birth
(*d*) Sickle cell anemia

202. An adolescent female came with delayed puberty with primary amenorrhea and short stature. She was found to have the absence of Y chromosome but the presence of a single X chromosome (Karyotyping). The following can be observed in this patient.
(*a*) Cubitus varus
(*b*) Normal height
(*c*) Tricuspid mitral valve
(*d*) Webbed neck

203. What is the probable reason for the abdominal pain (in the mother), when she breastfeeds the baby?
(*a*) Prolactin (*b*) Progesterone
(*c*) Estrogen (*d*) Oxytocin

204. A G2P1 with previous LSCS and 38 weeks of gestation age came for delivery. The vaginal birth after C section was opted. Which of the following has the least risk in case of previous LSCS and TOLAC can be attempted?
(*a*) Breech presentation
(*b*) Low segment transverse incision
(*c*) Preeclampsia
(*d*) Classical C section

205. A 22 weeks pregnant female was found to have a low lying placenta covering partially the OS. The next appropriate management would be?
(*a*) Reassess with MRI at 32 weeks
(*b*) Do USG at 39 weeks and if still persists do elective Cesarean
(*c*) Do USG at 38 weeks and if possible do normal vaginal delivery
(*d*) Do USG again at 32 and look for the placenta location

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206. The ideal time to check for nuchal translucency for diagnosing aneuploidy would be

(*a*) 18 – 22 weeks (*b*) 6-9 weeks

(*c*) 11 – 13 weeks (*d*) 24-28 weeks

207. Based on WHO 2021, which of the following is incorrect about the normal semen analysis?

(*a*) Progressive motility of 32%

(*b*) Total motility of sperms 35%

(*c*) Sperm count 42 million per ejaculate

(*d*) Sperms with normal morphology 8%

208. The gold standard Investigation of endometriosis would be

(*a*) USG

(*b*) MRI

(*c*) Laparoscopy

(*d*) Histopath Examination

209. A 38 weeks female after labor becomes hypotensive and becomes unresponsive. On evaluation, the fundus of the uterus was found extending outside the vaginal opening along with the placenta still attached. The next step would be

(*a*) Manual reposition of the uterus in anatomical position

(*b*) Manual removal of the placenta and reposition the uterus

(*c*) Administration of uterotonics

(*d*) Arrange for blood transfusion

210. The correct sequence of lactation would be?

(*a*) Mammogenesis – lactogenesis – galactopoiesis – galactokinesis

(*b*) galactokinesis - Mammogenesis – lactogenesis – galactopoiesis

(*c*) Mammogenesis – lactogenesis – galactokinesis – galactopoiesis

(*d*) Lactogenesis – Mammogenesis - galactopoiesis – galactokinesis

211. An Rh negative woman undergoes chorionic villus sampling, what would be the dose of Anti-D administration?

(*a*) 300 microgram (*b*) 150 microgram

(*c*) 100 microgram (*d*) 50 microgram

212. The reference point in POP-Q classification of uterine prolapse would be

(*a*) Ischial spine (*b*) Hymen

(*c*) Posterior fornix (*d*) Anterior fornix

213. The amount of glucose load given for identifying diabetes in pregnancy would be

(*a*) 100 mg (*b*) 75 mg

(*c*) 150 mg (*d*) 50 mg

214. The correct statement about gestational trophoblastic disease is

(*a*) It will never be invasive

(*b*) GTN includes partial mole, complete mole and choriocarcinoma

(*c*) Complete mole is made up of 69xxx

(*d*) Partial mole is composed of diploidy

215. A pregnant woman after having food feels like fainting while lying down, but she feels better when she lies laterally & sitting turning to the side. Why?

(*a*) Increased intracranial pressure

(*b*) SVC compression

(*c*) IVC compression

(*d*) Hypertension

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195. (*d*)
196. (*b*)
197. (*b*)
198. (*d*)
199. (*b*)
200. (*d*)
201. (*d*)
202. (*d*)
203. (*d*)
204. (*b*)
205. (*d*)
206. (*c*)
207. (*b*)
208. (*c*)
209. (*a*)
210. (*c*)
211. (*d*)
212. (*b*)
213. (*b*)
214. (*b*)
215. (*c*)

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13 General Surgery

216. Which of the following is not seen in refeeding syndrome?

(*a*) Hypocalcemia (*b*) Hypokalemia

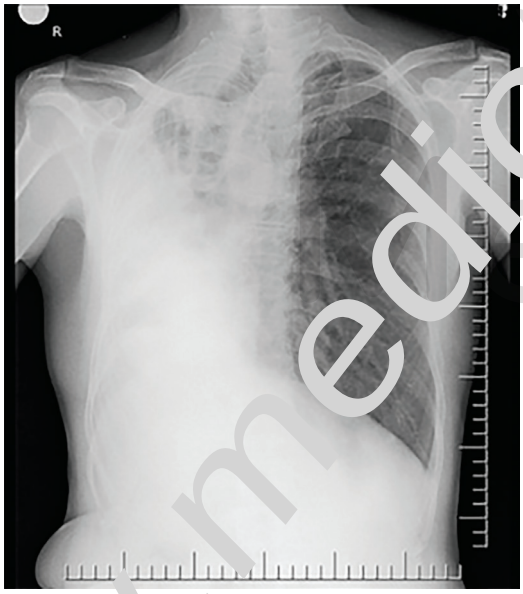
(*c*) Hyperkalemia (*d*) Hypophosphatemia

217. A patient after RTA was brought to the emergency room. His pulse rate was found to be 52 bpm and his Blood pressure was found to be 80/60 mm of Hg. The ECG was normal, eFAST was negative and chest X-Ray was also normal. This status of this patient could be best classified under which of the following types of shock?

(*a*) Anaphylactic shock (*b*) Neurogenic shock

(*c*) Cardiogenic shock (*d*) Hemorrhagic shock

218. A surgery resident has come across an X-ray imag from a 15 year old boy depicted below. The most likely abnormality would be



(*a*) Lung co pse (*b*) Pleural effusion

(*c*) Sev re p monia (*d*) Hydropneumothorax

219. A p ient was diagnosed to have squamous cell car noma, not involving the lymph nodes. The next line f ma agement would be

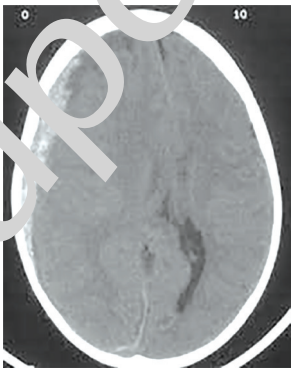
(*a*) Wide local excision & flap repair

(*b*) Radiotherapy

(*c*) Skin grafting

(*d*) Wide local excision with frozen border

220. Based on the CT dep cted be ow, identify the abnormality.



(*a*) Intracranial hematoma

(*b*) Subarachnoid hematoma

(*c*) Extradural hematoma

(*d*) Subdural hematoma

221. Because of crushing injury and myonecrosis, amputation was carried out in an RTA patient. After three days, he developed redness with swelling over the site. On examination, there was soft tissue necrosis and crepitus was observed. The most likely diagnosis would be

(*a*) Gas gangrene (*b*) Amputation neuroma

(*c*) Necrotising fasciitis (*d*) Wet gangrene

222. The triad of abdominal pain, fever and jaundice refers to

(*a*) Charcot's triad (*b*) Saint's triad

(*c*) Virchow triad (*d*) Murphy's triad

223. A patient had complained that after walking for a certain distance, he felt pain in his calf region and he could not walk any further and had to take rest. Based on Boyd's grading, the grade would be

(*a*) Grade IV (*b*) Grade I

(*c*) Grade II (*d*) Grade III

224. A patient who is on bed rest after cholecystectomy surgery developed fever with respiratory distress after three days. The best possibility would be

(*a*) Respiratory distress syndrome

(*b*) Pulmonary embolism

(*c*) Pneumonia

(*d*) Pulmonary fibrosis

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225. A patient was brought with a history of RTA. Signs of seat belt abdominal trauma were observed on the anterior abdominal wall. Which among the following should be more concerned about?

(*a*) Hollow viscus injury
(*b*) Liver and Spleen injury
(*c*) Spleen injury
(*d*) Head of pancreas

226. A patient presented with a slowly progressive swelling in front and also below the ear lobule. The most likely surgery done would be

(*a*) Wide excision with reconstruction at a later stage
(*b*) Enucleation
(*c*) Wide excision with primary repair
(*d*) Superficial parotidectomy

227. From the image shown below, identify the correct one.



(*a*) Punched out syphilitic ulcer
(*b*) Sloping edge
(*c*) Everted edge
(*d*) Rolled out and beaded edge

228. The maximum chances of graft versus host rejection could be expected with

(*a*) Kidney
(*b*) Lung
(*c*) Intestine
(*d*) Heart

229. In a patient, 3 days back, urinary catheterization was carried out and the catheter had to be taken out because of some medical concern. He presented later with the features depicted below. The diagnosis would be



(*a*) Cellulitis
(*b*) Gas gangrene
(*c*) Fournier's gangrene
(*d*) Erysipelas

230. A chronic alcoholic presented with a sudden onset epigastric pain radiating to the back region, which got aggravated in a lying position. The serum amylase and lipase were found to be elevated. The most probable diagnosis would be

(*a*) Peptic ulcer disease
(*b*) Acute cholecystitis
(*c*) Pyogenic liver abscess
(*d*) Acute pancreatitis

231. A neonate was found to have difficulty in breathing and multiple air fluid levels were observed in the left hemithorax region. The most likely diagnosis would be

(*a*) Congenital diaphragmatic hernia
(*b*) Respiratory distress syndrome
(*c*) Severe necrotising enterocolitis
(*d*) Esophageal atresia

232. A 53 year old female underwent total hip replacement after fracture of the neck of femur. Later, she developed breathlessness and was brought to the emergency department. The most likely cause would be

(*a*) Systemic embolism
(*b*) Air embolism
(*c*) Venous thromboembolism
(*d*) Fat embolism

233. A 48 year old male came with severe abdominal pain radiating to the back and he was found to have elevated serum amylase and lipase levels. The following should be avoided in this patient

(*a*) Administration of 5% dextrose
(*b*) Nil per oral to avoid pancreatic stimulation
(*c*) Early initiation of oral feedings
(*d*) Parenteral nutrition is preferred for 2-3 days

234. Proximal dislocation of the squamocolumnar junction could be observed in

(*a*) Rolling hiatus hernia
(*b*) Sliding hiatus hernia
(*c*) Achalasia cardia
(*d*) GERD

235. Identify the common complication of ERCP from the following

(*a*) Cholangitis
(*b*) Acute pancreatitis
(*c*) Duodenal perforation
(*d*) Hemorrhage

236. In a patient, breast cancer surgery was done 8 years back, now she presented with swelling of the upper limb with bluish coloured raised lesions in the upper limb. The likely diagnosis would be

(*a*) Lymphedema
(*b*) Lymphangioma
(*c*) Lymphangiosarcoma
(*d*) Kaposi's sarcoma

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237. The following appendicular carcinoma is most commonly associated with pseudomyxoma peritonei.

(*a*) Serous cystadenoma
(*b*) Mucinous cystadenoma
(*c*) Carcinoid tumor
(*d*) Mixed adenoma

238. A patient was diagnosed to have PL2 hernia. The most likely hernia in this patient would be

(*a*) Primary indirect hernia
(*b*) Primary direct hernia
(*c*) Recurrent direct hernia
(*d*) Recurrent indirect hernia

239. A 40 year old patient was recently operated at the site where laparotomy was done. The surest sign of wound dehiscence in this patient would be

(*a*) Hypotension
(*b*) Serosanguinous discharge from the wound
(*c*) Bleeding from the wound site
(*d*) Severe abdominal pain

240. A 79 year old male presented with complaints of difficulty in swallowing initially for solids and later for liquids too and there was a history of significant weight loss. The gold standard investigation would be

(*a*) CECT (*b*) Manometry
(*c*) Esophageal endoscopy (*d*) Barium study

241. The immediate management for gastroschisis in a neonate would be

(*a*) Slowly putting it inside silo bag
(*b*) Wait for it to resolve slowly
(*c*) Immediate Surgical wall closure / repair
(*d*) Surgical excision

242. A 76 year old male was operated with midline laparotomy for colon adenocarcinoma, He came after 1.5 years with herniation through the midline incision and the defect size was 12.5 cm. The appropriate treatment would be

(*a*) Push the hernia back and do mesh repair
(*b*) Separate the hernia and suture repair of primary site
(*c*) Abdominal binder
(*d*) Tissue Repair

243. A patient has been posted for major surgery. The ideal INR value that he can be taken for surgery would be

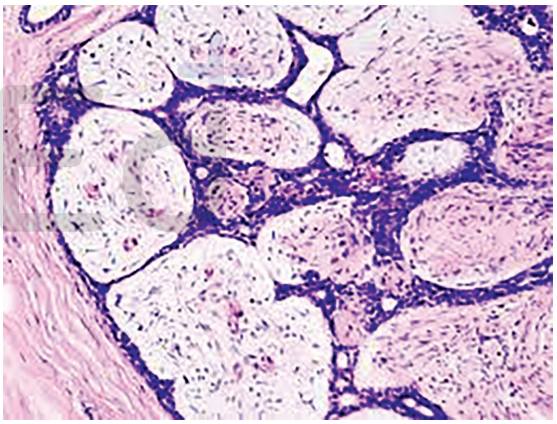
(*a*) 1.5 (*b*) 1.5-2
(*c*) 2-2.5 (*d*) 2.5-3

244. A chronic smoker presented with fever, malaise, lethargy and hemoptysis in the early morning. He has lost 12 kg in the last two months. The chest X-ray image has been depicted below. The diagnosis would be



(*a*) Fungal ball aspergilloma
(*b*) Miliary tuberculosis
(*c*) Pneumonia
(*d*) Lung Metastasis

245. A 21 year old girl presented to the surgery OPD with a 2.5 × 3.5 cm mobile rubbery breast lump. The HPE image has been depicted below. The most likely diagnosis would be



(*a*) Fibroadenoma
(*b*) Lobular carcinoma
(*c*) Plasma cell mastoma
(*d*) Phyllodes tumor

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216. (*c*)
217. (*b*)
218. (*a*)
219. (*a*)
220. (*d*)
221. (*a*)
222. (*a*)
223. (*d*)
224. (*c*)
225. (*a*)
226. (*d*)
227. (*c*)
228. (*c*)
229. (*c*)
230. (*d*)
231. (*a*)
232. (*c*)
233. (*a*)
234. (*b*)
235. (*b*)
236. (*c*)
237. (*b*)
238. (*a*)
239. (*b*)
240. (*c*)
241. (*c*)
242. (*a*)
243. (*a*)
244. (*d*)
245. (*a*)

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14 MEDICINE

246. A 40 year old female presented with complaints of dizziness. The ECG is depicted below. The management would be



(*a*) Amiodarone (*b*) Adenosine
(*c*) Valsalva maneuver (*d*) Beta-blocker

247. What is the drug of choice for ventricular tachycardia?
(*a*) Propranolol (*b*) Ivabradine
(*c*) Adenosine (*d*) Amiodarone

248. A 56 year old female developed sudden onset slurring of speech and inability to raise right arm. These symptoms spontaneously began to reduce and get completely resolved over the next 2 days. She has a mid diastolic murmur on auscultation in the left side along with irregular heart rhythm. The probable diagnosis would be
(*a*) Thrombo-embolic Stroke
(*b*) Transient Ischemic attack
(*c*) Paradoxical embolism
(*d*) Cardio embolic stroke

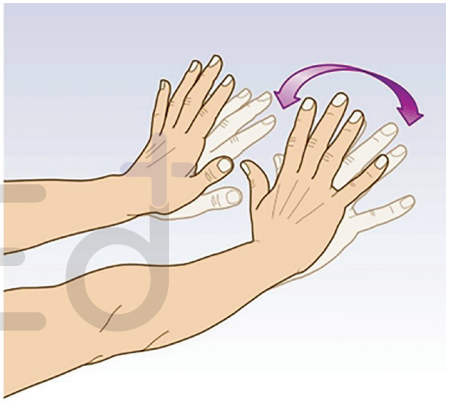
249. In an elderly male with recurrent fainting episodes, the ECG shows P waves at 75 bpm, QRS complexes at 35 bpm. The probable diagnosis would be
(*a*) Stokes Adam syndrome
(*b*) Second degree AV block
(*c*) First degree AV block
(*d*) Electrical alternans

250. When there is deep inhalation, the systolic BP decreases by 20 mm Hg in normal conditions. This is not seen in
(*a*) Constrictive pericarditis
(*b*) RCM
(*c*) Cor pulmonale
(*d*) Cardiac Tamponade

251. A female with mitral stenosis had sudden onset respiratory distress, limb edema and calf pain. The probable diagnosis would be
(*a*) Cerebral embolism
(*b*) Paradoxical Embolism
(*c*) Pulmonary embolism
(*d*) Pulmonary edema

252. A patient was diagnosed to have a tumor in the Ileum, leading to urinary 5-HIAA being elevated. The most probable diagnosis would be
(*a*) Carcinoid tumor
(*b*) Neuroblastoma
(*c*) Leiomyoma
(*d*) Chromaffinoma

253. Which of the following conditions is associated with the hand movements depicted below?



(*a*) Hypoxia (*b*) Thyrotoxicosis
(*c*) Anxiety neurosis (*d*) Hypercarbia

254. A patient presented with sudden onset chest pain for the last one hour with ECG showing ST elevation in lead II, III and aVF. The best treatment would be
(*a*) Dabigatran (*b*) Primary angioplasty
(*c*) Alteplase (*d*) Streptokinase

255. A chronic smoker had hyperpigmentation, weight gain, features of hypercortisolism and ACTH levels were found to remain elevated after high dose dexamethasone. Which of the following could be expected?
(*a*) Adrenal tumor
(*b*) Pituitary tumor
(*c*) Exogenous
(*d*) Ectopic ACTH secreting tumor

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256. A smoker comes with copious yellow sputum more in the morning and increases significantly on postural changes The probable diagnosis would be

(*a*) Bronchiectasis (*b*) Pneumonia
(*c*) Lung cancer (*d*) Asthma

257. A lung cancer patient was found to have hyperpigmentation of palmar and sole creases. Which among the following could be responsible for this?

(*a*) Neuropeptide Y (*b*) Melanin
(*c*) C- Peptide (*d*) MSH

258. A 61 year old male patient has difficulty in doing heel to shin test and repeatedly misses the same, and also he has rapid movements in his hands. The site of lesion would be

(*a*) Caudate (*b*) Globus pallidus
(*c*) Pyramidal tract (*d*) Cerebellum

259. A female patient had complaints of unilateral pulsatile headache with photophobia which exaggerated after skipping meals. The most likely diagnosis would be

(*a*) Cluster headache (*b*) Tension headache
(*c*) Migraine (*d*) Malingering

260. A 24 year old female presents with petechiae and has her spleen palpable till umbilicus. The WBC count is found to be 85,000/cu.mm with immature white cells seen in peripheral blood smear. The diagnosis would be

(*a*) CML (*b*) CLL
(*c*) AML (*d*) ALL

261. A 24 year old male had fever and cough with red currant jelly sputum. He has altered sensorium with an RR of 42/min. The serum creatinine was 1.9 mg/dl. The correct management would be

(*a*) IPD management with IV drugs
(*b*) ICU management with IV drugs
(*c*) OPD management with oral drugs
(*d*) ICU management with oral drugs

262. The drug of choice in a patient with migratory polyarthritis, diagnosed with acute rheumatic fever would be

(*a*) Digoxin (*b*) Aspirin
(*c*) Furosemide (*d*) Amiodarone

263. The transudative cause of pleural effusion can be excluded with the presence of

(*a*) Low protein in pleural fluid
(*b*) High fibrin in pleural fluid
(*c*) Low specific gravity in pleural fluid
(*d*) Low cellular content

264. Which of the following markers is considered best for long duration glucose analysis?

(*a*) FBS
(*b*) HbA1c
(*c*) RBS
(*d*) PPBS

265. A 7 year old male child with a past history of GTCS presented with an episode of convulsions for close to 45 minutes. The appropriate management would be

(*a*) Valproate followed by Levetiracetam
(*b*) Valproate followed by Gabapentin
(*c*) Lorazepam followed by Levetiracetam
(*d*) Carbamazepine followed by Gabapentin

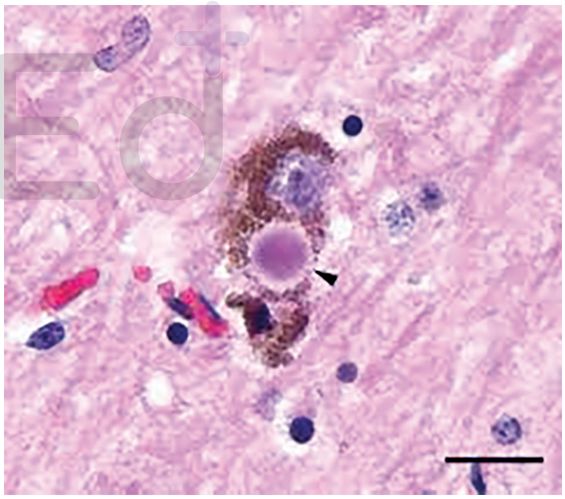
266. In brain contusion or loss of consciousness, seizures are observed in what percentage of RTA patients?

(*a*) Development of seizures in 45%
(*b*) Development of seizures in 75%
(*c*) Development of seizures is always seen
(*d*) Development of seizures is never seen

267. An 84 year old male was found to have fasting sugar of 14[illegible] and PPBS of 204. What cut off value of HbA1c % needs to be accounted for determining controlled diabetes?

(*a*) 6 (*b*) 6.5
(*c*) 7.0 (*d*) 7.5

268. A patient had resting tremors, bradykinesia and postural instability, who later died due to respiratory failure. The brain biopsy is likely to show the following.



(*a*) Negri bodies (*b*) Hirano bodies
(*c*) Lewy bodies (*d*) Guarneri bodies

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246. (*b*)
247. (*d*)
248. (*a*)
249. (*a*)
250. (*d*)
251. (*c*)
252. (*a*)
253. (*d*)
254. (*b*)
255. (*d*)
256. (*a*)
257. (*d*)
258. (*d*)
259. (*c*)
260. (*a*)
261. (*a*)
262. (*b*)
263. (*b*)
264. (*b*)
265. (*c*)
266. (*a*)
267. (*c*)
268. (*c*)

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15 ANAESTHESIA

269. Identify the contraindication for BIPAP from the following.
(*a*) Low pO_2 levels
(*b*) Unconscious Patient
(*c*) High CO_2
(*d*) Obstructive sleep apnea

270. A 40 year old patient was given 0.5% bupivacaine for supraclavicular brachial plexus block, but suddenly he developed hypotension and arrhythmia. The first line of management would be
(*a*) CPR
(*b*) Intra lipid infusion
(*c*) Soda Bicarbonate
(*d*) Invasive ventilation

271. A patient with RTA & maxillofacial trauma presented w... respiratory distress. The immediate step to secure a... wa... would be
(*a*) Cricothyroidotomy
(*b*) Nasopharyngeal intubation
(*c*) Tracheostomy
(*d*) Oropharyngeal intubation

272. Which of the follow...ng anes...hetic agents is preferred for cardiac patients?
(*a*) Halothan...
(*b*) Isoflurane
(*c*) Nitrou...oxide
(*d*) ...voflura...

273. A... ...e fo...wing structures are pierced during epidural proced...re, except
(*a*) In...erspinous ligament
(*b*) Supraspinous ligament
(*c*) Arachnoid membrane
(*d*) Ligamentum flavum

274. Identify the agent with a blood gas partition coefficient similar to nitrous oxide.
(*a*) Sevoflurane
(*b*) Desflurane
(*c*) Isoflurane
(*d*) Halothane

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269. (*b*)
270. (*b*)
271. (*c*)
272. (*b*)
273. (*c*)
274. (*b*)

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16 Orthopaedics

275. A 38 year old male presented with injury to his left hip and on examination, flexion, abduction and external rotation deformity of hip with lengthening were observed. The probable diagnosis would be

(*a*) Fracture neck of femur
(*b*) Posterior dislocation of hip
(*c*) Anterior dislocation of hip
(*d*) Intertrochanteric fracture of femur

276. In a 10 year old girl who sustained a fracture around the elbow 1.5 years back, there was difficulty hanging the school bag and the following deformity was observed. The diagnosis would be

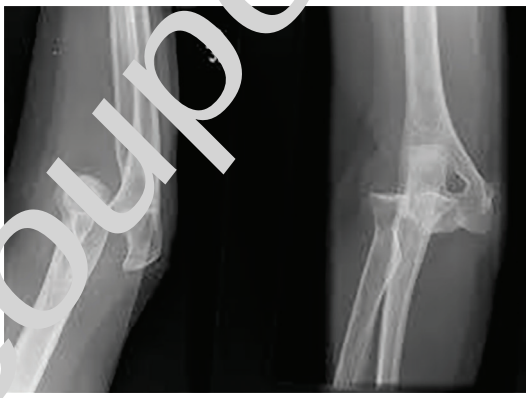


(*a*) Malunion of Supracondylar fracture
(*b*) Nonunion of Supracondylar fracture
(*c*) Nonunion Posterior dislocation
(*d*) Malunion Lateral condylar fracture

277. All the following are seen in terrible triad of elbow, except

(*a*) Fracture radial head
(*b*) Fracture coronoid process
(*c*) Elbow dislocation
(*d*) Fracture of olecranon

278. From the image depicted below, identify the condition.



(*a*) Fracture of radial head
(*b*) Dislocation of elbow
(*c*) Olecranon fracture
(*d*) Dislocation of radial head

279. A 10 year old male presented with localized bone pain, which got exaggerated at night, but got relieved on taking aspirin. The X-ray has been depicted below. The most likely diagnosis would be



(*a*) Osteoarthritis
(*b*) Osteoid osteoma
(*c*) Fibromyalgia
(*d*) Rheumatoid arthritis

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275. (*c*)
276. (*a*)
277. (*d*)
278. (*b*)
279. (*b*)

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17 PSYCHIATRY

280. A 32 year old male consumes an unknown substance, goes into tachycardia and starts seeing red halos while listening to songs. The following substance abuse could cause this.
(*a*) Heroin
(*b*) Cannabis
(*c*) LSD
(*d*) Cocaine

281. A 42 year old patient strongly believes that his feelings and thoughts are being influenced by an external agency. The most probable diagnosis would be
(*a*) Delusion of Influence
(*b*) Delusion of reference
(*c*) Othello syndrome
(*d*) Delusion of nihilism

282. A 7 year old boy has tapping movement with la k o attention. He seems to be irritated, disturbing others a d restless all the time. The drug that needs to be g ven is
(*a*) Atomoxetine
(*b*) Clozapine
(*c*) Methylphenidate
(*d*) Guanfacine

283. A patient was admitted for palpita ons th nking he has myocardial infarction. On disch , h d that he is not willing to go home. There w as a so a history that a few days back, thieves robbed hi at gun point after which he became very anxious. H fam members said he was normal before that even t. The robable diagnosis would be
(*a*) Avoidant pers ali disorder
(*b*) Schizophren
(*c*) Acute stress dis der
(*d*) Deliriu

284. A chronic female sm ker was oncerned about her smoking habits and asked for a opi on from her physician. What would be the e fec f smoking during pregnancy?
(*a*) Fetal alc ol syn rome
(*b*) High sk o scarriage
(*c*) No risk o prete n
(*d*) Le risk of IUGR

285. A 20 year old male presented with seizures. After further valuation, it was found that he had symptoms of d ssion & mania. Which drug should be given?
) Pregabalin
(*b*) Levodopa
(*c*) Valproate
(*d*) Phenytoin

286. After 72 hours of cessation of alcohol use, which of the following could be seen in patients with alcohol dependence syndrome?
(*a*) Sweating
(*b*) Alcoholic hallucinosis
(*c*) Alcoholic withdrawal seizures
(*d*) Delirium tremens

287. A known patient of schizophrenia was started on Haloperidol. Later, she developed one sided neck stiffness along with altered body tone. The next step in the management would be
(*a*) Add Carbamazepine
(*b*) Increase dose of Haloperidol
(*c*) Switch to Clozapine
(*d*) Add Benztropine

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280. (*c*)
281. (*a*)
282. (*c*)
283. (*c*)
284. (*b*)
285. (*c*)
286. (*d*)
287. (*d*)

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18 DERMATOLOGY

288. The following condition shows the presence of inguinal bubo.

(*a*) Donovanosis (*b*) Gonorrhoea
(*c*) Granuloma inguinale (*d*) Chancroid

289. A patient had a garden injury over the finger and presented to the OPD with multiple reddish streaks from forearm to the arm. The likely route of spread of infection would be

(*a*) Cellulitis (*b*) Abscess
(*c*) Lymphangitis (*d*) Folliculitis

290. All are seen in lichen planus, except

(*a*) Munro microabscess (*b*) Wickham's striae
(*c*) Saw tooth acanthosis (*d*) Civatte bodies

291. A patient came with multiple hypopigmented patches with everted edges, nodules over the trunk, hypo-anesthesia [illegible] ulnar nerve thickening. The type of leprosy would be

(*a*) BT (*b*) Tuberculoid
(*c*) BL (*d*) Lepromatous

292. The management for the following condition in pregnancy would be



(*a*) Podophyllin resin
(*b*) Cryotherapy
(*c*) Surgical excision
(*d*) Imiquimod

293. A 48 year old male came with an itchy, polygonal, violaceous papules on the inner wrists and flexor surfaces of his forearms. These lesions have a shiny surface and are arranged in a linear pattern. What medications should be considered?

(*a*) Antifungal
(*b*) Dapsone
(*c*) Topical steroids
(*d*) Systemic steroid

294. A patient came with the following feature. The color seen in wood's lamp examination would be?



(*a*) Green (*b*) White
(*c*) Coral red (*d*) Black

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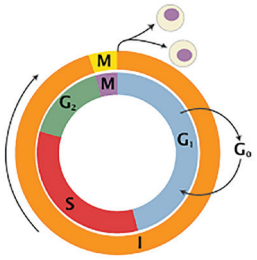
288. (*d*)
289. (*c*)
290. (*a*)
291. (*d*)
292. (*b*)
293. (*c*)
294. (*c*)

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19 RADIOLOGY

295. The most radioresistant phase of the cell cycle is?



(*a*) G1
(*b*) M
(*c*) G2
(*d*) S

296. The image depicted below shows?



(*a*) Normal urethrogram
(*b*) Prostatic hyperplasia
(*c*) Membranous urethra Stricture
(*d*) Bulbar Stricture

297. The investigation of choice for Ovarian torsion would be?
(*a*) USG
(*b*) USG + DSA
(*c*) USG & Doppler
(*d*) X-ray

298. A patient who was admitted in the hospital for a long period of time developed pain and swelling in her leg. The next step in diagnosis would be
(*a*) Angiography
(*b*) MRI
(*c*) Duplex imaging
(*d*) Digital subtraction angiography

299. The following active substance is used in PET scan.
(*a*) I-131
(*b*) Technetium 99 Pertechnetate
(*c*) Technetium 99m MDP
(*d*) Fluoro deoxy glucose

300. Which of the following components is used in external beam Radiotherapy or teletherapy?
(*a*) Phosphorous
(*b*) Strontium
(*c*) Co-60
(*d*) Co-59

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295. (*d*)
296. (*a*)
297. (*c*)
298. (*c*)
299. (*d*)
300. (*c*)

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