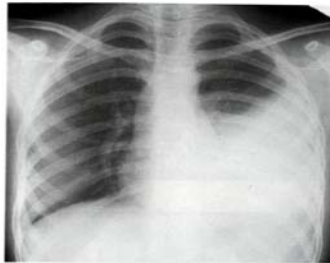




**MBBS FINAL PROFESSIONAL  
MODEL QUESTIONS FOR ANNUAL 2009  
Medicine  
(Multiple Choice Questions)**

**Q.1** 22 year old patient with 6 months history of fever, joint pain, photosensitivity skin rash and shortness of breath. Complete urine examination shows; proteins ++, blood ++.

Chest X-Ray is shown below:

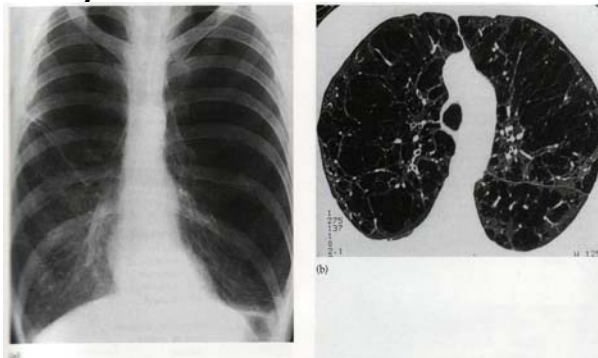


**What is the most likely diagnosis?**

- a) Tuberculosis
- b) SLE
- c) Rheumatoid arthritis
- d) Parapneumonic effusion
- e) CCF

**Q.2** 65 years old chronic smoker presents with acute shortness of breath in medical emergency.

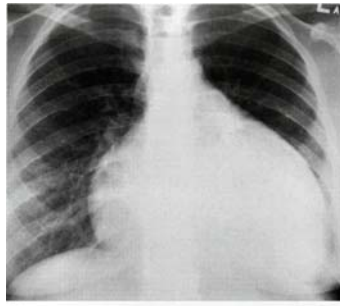
His chest x-ray and CT scan is shown below:



**What is the most likely diagnosis?**

- a) Pneumothorax
- b) Emphysema
- c) Bronchial asthma
- d) Pulmonary embolism
- e) Pulmonary edema

**Q.3 45 year old gentleman presents in emergency department with fever, pleuritic chest pain shortness of breath on exertion. He has history of acute myocardial infarction 4 weeks back. Chest X-ray reveals cardiac shadow enlargement:**



**What is the most likely diagnosis?**

- a) Valvular heart disease
- b) Dilated cardiomyopathy
- c) Dressler's syndrome
- d) Pulmonary edema
- e) Pulmonary embolism

**Q.4 70 years old lady presents with pain in the leg with shortness of breath and deafness. On examination her leg is warm and bowed.**

**Chest X-ray – mild cardiomegaly, CBC – normal, LFT's – shows increased alkaline phosphatase with normal transaminases X-ray of leg is shown below:**



**What is the most likely diagnosis?**

- a) Rickets
- b) Paget's disease of the bone
- c) Syphilitic bone disease
- d) Primary bone tumor
- e) Osteoporosis

**Q.5** 27 year old lady long standing history of fever, arthritis and shortness of breath on exertion. Spirometry shows restrictive defect on pulmonary function testing.

Hand X-ray is shown below:

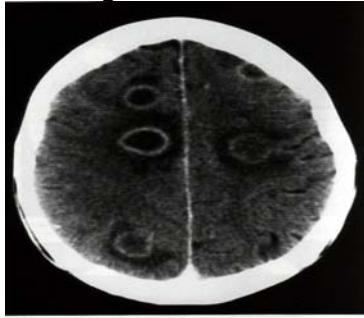


**What is the most likely diagnosis?**

- a) Gouty arthritis
- b) Psoriatic arthritis
- c) SLE
- d) Rheumatoid arthritis
- e) Reactive arthritis

**Q.6** 25 year old homosexual male known HIV patient presents with fever, headache, vomiting. On examination signs of meningeal irritation positive. Fundoscopy shows papilledema.

CSF examination reported – protein 2.5g/dl (20 – 45mg/dl), glucose 42mg/dl (serum glucose 200mg/dl), WBC 1200mm<sup>3</sup> with predominant lymphocytosis. CT Brain with contrast shows – multiple ring enhancing lesions.

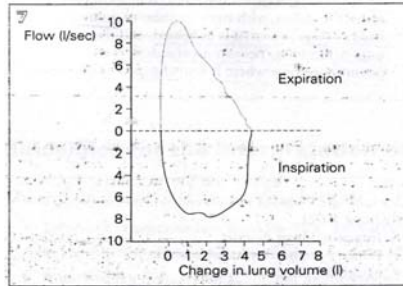


**What is the most likely diagnosis?**

- a) Cerebral toxoplasmosis
- b) Tuberculoma
- c) Metastatic brain disease
- d) Cerebral abscess
- e) Progressive multi focal leukoencephalopathy

**Q.7** 22 year old girl seen in emergency department with history of intermittent shortness of breath and palpitation. During episodes she feels numbness and paraesthesia in her limbs.

**Respiratory Flow Loop Curve is shown below:**

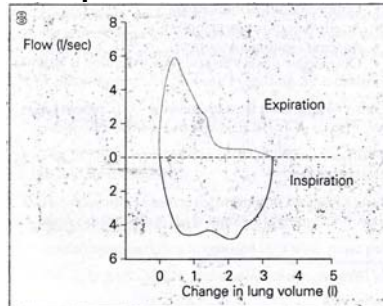


**The above loop curve is consistent with which one of the following illness?**

- a) Bronchial asthma
- b) Pulmonary fibrosis
- c) Pulmonary edema
- d) Hyperventilation syndrome
- e) Pulmonary embolism

**Q.8** 18 year old boy with history of allergic rhinitis and episodic shortness of breath with wheeze.

**Respiratory Flow Loop Curve is shown below:**

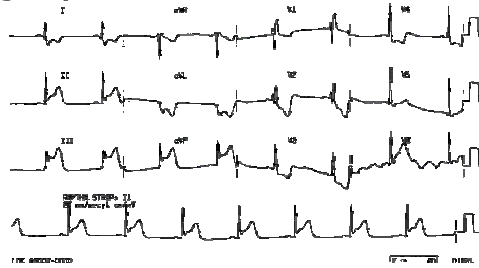


**What is the interpretation of the curve?**

- a) Obstructive pattern
- b) Restrictive pattern
- c) Normal pattern
- d) Extra thoracic obstructive pattern
- e) Intra thoracic obstructive pattern

**Q.9 45 year old male smoker seen in emergency with 1 hour history of central chest pain with profuse sweating.**

**The ECG done in emergency is shown below:**

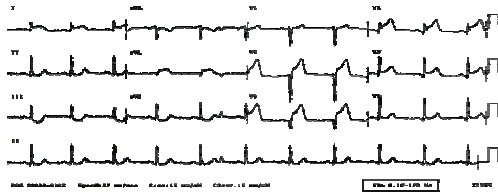


**What immediate step you will take in emergency?**

- a) I/V Heparin
- b) I/V Morphine
- c) Oxygen
- d) I/V Nitrates
- e) I/V Beta Blockers

**Q.10 47 year old male smoker, diabetic presented in emergency department with shortness of breath and retrosternal chest pain.**

**The ECG is shown below:**

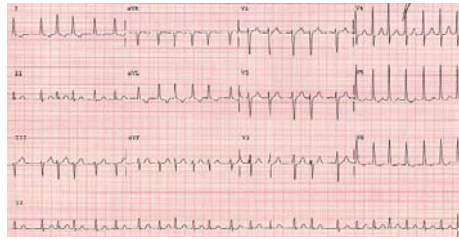


**What is the ECG diagnosis?**

- a) Acute posterior wall MI
- b) Acute anterior wall MI
- c) Acute inferior wall MI
- d) Acute lateral wall MI
- e) Acute sub-endocardial MI

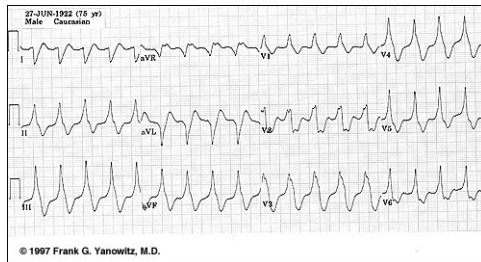
**Q.11 30 year old female seen in outpatient department with 3 months history of palpitation, weight loss and heat intolerance.**

**The ECG is shown below:**



**What is the ECG diagnosis?**

- a) Atrial fibrillation
- b) Sinus arrhythmia
- c) Atrial flutter
- d) Multiple atrial ectopics
- e) Ventricular tachycardia



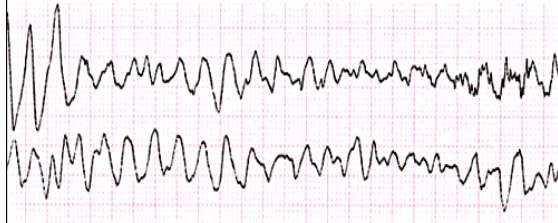
**Q.12 The above ECG is of 20 year old girl who gives intermittent history of palpitation. The ECG reported to be Broad complex Tachycardia, either SVT with aberrant conduction or VT.**

**Which one of the following drugs response will decide between the two arrhythmias?**

- a) I/V lignocain
- b) I/V Verapamil
- c) I/V Amiodarone
- d) I/V Adenosin
- e) I/V Beta Blocker

**Q.13 60 year old male brought in emergency in a state of shock. He is haemodynamically unstable. According to his wife he has two episodes of myocardial infarction in the past 2 years.**

**ECG has taken immediately in emergency is shown below:**



**What immediate step you will take?**

- a) I/V adrenalin
- b) I/V atropine
- c) DC cardio version
- d) I/V amiodarone
- e) I/V lignocain

**Q.14** 10 year old child seen in medical OPD with history of shortness of breath on exertion and palpitation. cardiac auscultation reveals wide fixed splitting of second heart sound:

The following is the cardiac catheterization of the patient:

Chamber	Pressure (mmHg)	Oxygen Saturation (%)
Superior vena cava	–	69
Inferior vena cava	–	65
Right atrium	10	81
Right ventricle	35/0	80
Pulmonary artery	35/12	80
Left atrium	12	96
Left ventricle	105/0	95
Femoral artery	105/55	95

**What is the diagnosis?**

- a) ASD
- b) VSD
- c) PDA
- d) Mitral stenosis
- e) Aortic regurgitation

**Q.15** 07 year old child seen in medical OPD with incidental finding of pansystolic murmur heard at left lower sternal edge. Cardiac catheterization data is shown:

Chamber	Pressure (mmHg)	Oxygen Saturation (%)
Superior vena cava	–	67
Inferior vena cava	–	69
Right atrium	3.5	68
Right ventricle	35/0	79
Pulmonary artery	35/10	80
Left ventricle	100/0	96

**What was the diagnosis?**

- a) ASD
- b) VSD
- c) Tricuspid regurgitation
- d) Mitral regurgitation
- e) PDA

**Q.16** 65 year old lady presents with syncope and angina. On clinical examination her pulse was low volume with BP of 120/100.

The following figures were obtained at cardiac catheterization:

<b>Chamber</b>	<b>Pressure (mmHg)</b>
<b>Right atrium</b>	<b>3.5</b>
<b>Right ventricle</b>	<b>35/9</b>
<b>Pulmonary artery</b>	<b>35/20</b>
<b>Pulmonary artery wedge</b>	<b>18</b>
<b>Left ventricle</b>	<b>210/9</b>
<b>Left ventricular end diastolic</b>	<b>22</b>
<b>Ascending aorta</b>	<b>142/70</b>

**What was the diagnosis?**

- a) Pulmonary stenosis
- b) Aortic stenosis
- c) Coarctation of aorta
- d) Tricuspid stenosis
- e) Mitral regurgitation



