1. A CKD patient on haemodialysis is complaining of chest pain and back pain after five minutes of dialysis initiation. On reassurance by nurse he feels gradually better and symptoms resolved on their own. What is the cause?
   a. Myocardial infarction
   b. Anaphylaxis to ethylene dioxide used for sterilization of dialysis machine
   c. Febrile non-haemolytic transfusion reaction
   d. Anaphylactoid reaction to dialysate

2. Which of the following is not correct about Defibrillation?
   a. Easy for untrained person
   b. Decrease in success rate with delay in initiation
   c. Improves prognosis
   d. 1-minute gap between 2 shocks

3. Drug of choice for management of SIADH?
   a. Thiazides
   b. Vaptans
   c. Demeclocycline
   d. Desmopressin nasal spray

4. Cushing syndrome is seen due to?
   a. Bronchial carcinoid
   b. Simmond’s disease
   c. Pituitary infarction
   d. Pituitary adenoma

5. Roflumilast is introduced in management of COPD in?
   a. Group A
   b. Group B
   c. Group C
   d. Group D

6. Chvostek sign is?
   a. Twitching of circumoral muscles on tapping of facial nerve
   b. Obstetrician’s hand
   c. Inability to open eye on tapping of facial nerve
   d. Carpo-pedal spasm

7. Procedure of choice for control of massive hemoptysis?
   a. Balloon catheter tamponade
   b. Rigid bronchoscopy and Photocoagulation
   c. Bronchial artery embolization
   d. Flexible bronchoscopy and cautery

8. A cigarette smoker states has he has noticed that he walks slower than other people of same age and has to decrease the speed of walking while on level ground. His MMRC grade of dyspnoea is?
   a. Grade 1
   b. Grade 2
   c. Grade 3
   d. Grade 4

9. Platypnea is seen with?
   a. Hepato-pulmonary syndrome
   b. Hepato-renal syndrome
   c. Renal artery stenosis
   d. Kyphoscoliosis

10. Cough variant asthma is treated with?
    a. ICS Low dose once a day
    b. LABA once at night
    c. SABA twice daily
    d. Anti-tussive lozenges as an when required

11. A patient tested positive of MTB on sputum CBNAAT. He did not come again to PHC in spite of multiple reminders. Today he presents with non-massive hemoptysis and is alarmed. What is the next best step for this patient?
    a. Urgent coagulation studies
    b. Perform CT scan chest
    c. Schedule a flexible fibreoptic biopsy
    d. Urgent rigid bronchoscopy and prophylactic balloon tamponade

12. Median rhomboid glossitis is seen in?
    a. Candidiasis
    b. AIDS
    c. Chronic kidney disease
    d. Mouth breathers

13. Most common cause of non-traumatic acute chest pain?
    a. Tuberculosis
    b. GIT causes
    c. Ischemic heart disease
    d. Costochondritis

14. A 45-year-old smoker patient presents with sudden onset unrelenting chest pain with loss of peripheral pulses. Lung fields are clear and has normal air entry. First differential diagnosis is?
    a. Mirizzi’s syndrome
    b. Acute aortic syndrome
    c. Viral pericarditis
    d. Spontaneous pneumothorax

15. Number of blood cultures to be performed in FUO?
    a. N= 2
    b. N= 2 sets of three culture samples taken each separated by 1 hour
    c. N= 3 sets of three culture samples taken each separated by 2 hours
    d. N= 3

16. ILD showing obstructive pattern can be seen in?
    a. Idiopathic pulmonary fibrosis
    b. Non-specific interstitial pneumonitis
    c. Sarcoidosis
    d. Cryptogenic organising pneumonia

17. Indication for therapeutic thoracocentesis is?
    a. Free fluid separates the lung from chest wall by 10 mm
    b. Loculated pleural fluid
    c. Recurrence of pleural fluid < 72 hours of previous thoracocentesis
    d. Mesothelioma

18. Patient with OSAHS is unlikely to have?
    a. LVH
    b. RVF
    c. Increased neck circumference
    d. Resistant Hypertension

19. Hypopnea is defined as?
    a. > 10% reduction in airflow for at least 10 seconds with > 1% desaturation on arousal
    b. > 20% reduction in airflow for at least 10 seconds with > 2% desaturation on arousal
c. > 30% reduction in airflow for at least 10 seconds with > 3% desaturation on arousal
d. > 40% reduction in airflow for at least 10 seconds with > 4% desaturation on arousal

20. Salt and pepper chromatin and high nuclear cytoplasmic ratio is a feature of?
   a. Oat cell cancer
   b. Malignant melanoma
   c. Neuroepithelial tumour
   d. Mesothelioma

21. Apnea-hypopnea index > ______ is used for diagnosis of OSAHS in absence of symptoms?2013
   a. 5 episodes/ hr
   b. 10 episodes/ hr
   c. 15 episodes/ hr
   d. 20 episodes/ hr

22. Which of the following is not a component of SOFA score?
   a. \( \text{PO}_2/\text{FiO}_2 \) ratio
   b. Prothrombin time
   c. Urine output
   d. Glasgow coma scale

23. Treatment of type 4 respiratory failure?
   a. Elective intubation and mechanical ventilation
   b. Non-invasive positive pressure ventilation
   c. Rebreathing mask with \( \text{FiO}_2 \) of 80%
   d. Hyperbaric oxygen therapy

24. Proliferative phase of ARDS lasts for?
   a. 0-3 days
   b. 3-7 days
   c. 7-21 days
   d. 21-30 days

25. Which of the following is the least effective recommendation for ARDS?
   a. Low volume ventilation
   b. Prone positioning of patient
   c. Early neuromuscular blockade
   d. High frequency ventilation

26. Comment on the diagnosis of the patient?
   a. Aortic dissection
   b. Coarctation of aorta
   c. Pulmonary artery hypertension
   d. Boot shaped heart

27. Comment on the diagnosis?
   a. Eventration of diaphragm
   b. Hampton hump
   c. Pneumomediastinum
   d. Water bottle heart

28. Comment on the first differential diagnosis of the CXR of a 50-year-old patient with cough for 2 weeks.
   a. Round pneumonia
   b. Lung abscess
   c. Asbestosis coin lesion
   d. Pulmonary hamartoma

29. Comment on presentation of this patient?
   a. Chunky pink gelatinous plugs in sputum
   b. Blood in the sputum
   c. Horner syndrome with wasting of intrinsic muscles of hand
   d. Hamman crunch sign with subcutaneous emphysema

30. Comment on the diagnosis based on spirometry report?
   TLC = 60%
   FRC = 60%
   RV = 60%
   FEV1 = 75%
   DLco = 60%
   a. Acute asthma
   b. Emphysema
   c. Pulmonary fibrosis
   d. Myasthenia gravis

31. Which of the following is incorrect about the instrument shown is?
   a. Light detected by silicon photo diode
   b. Red 660nm and infra-red 940nm wavelengths of light are used
   c. Can easily detect dysglycemoglobin
   d. Inaccurate reading occurs due to movement of patient especially neonates

32. Which is best for diagnosis of Hypersensitivity pneumonitis?
   a. Chest imaging
   b. Pulmonary function testing
   c. Serum precipitins
   d. Clinical prediction rule

33. Diabetes mellitus leads to
   a. Type A lactic acidosis
   b. Type B lactic acidosis
   c. Type D lactic acidosis
   d. All of the above

34. Which of the following is used for management of Pneumomediastinum?
   a. Breathing of high concentration of oxygen will lead to absorption of mediastinal air

   b. Breathing of low concentration of oxygen will lead to absorption of mediastinal air
   c. Breathing of normal concentration of oxygen will lead to absorption of mediastinal air
   d. Breathing of any concentration of oxygen will not lead to absorption of mediastinal air
b. Breathing of low concentration of oxygen will lead to absorption of mediastinal air

c. ICD tube in 2nd ICS
d. ICD tube in 5th ICS

35. Shoel’s solution is used for treatment of?
   a. Hypokalemia
   b. Hyperkalemia
   c. Metabolic acidosis
   d. Hungry bones syndrome

36. Which of the following has no role in management of acute onset hyperkalemia?
   a. Intravenous bicarbonate
   b. Nebulization with albuterol
   c. Calcium chloride
   d. Intravenous regular insulin

37. Respiratory alkalosis is a feature of?
   a. Status asthmaticus
   b. Flail chest
   c. High altitude
   d. Diaphragmatic paralysis

38. Pregnancy leads to development of?
   a. Respiratory alkalosis
   b. Respiratory acidosis
   c. Metabolic acidosis
   d. Metabolic alkalosis

39. A female reports symmetrical small joint polyarthritis for 2 weeks. Labs show rheumatoid factor levels at 1:320 (positive is 1:40) and anti-CCP at 58 units (40 to 59 units are considered strongly positive). What is the appropriate next step in the management of this patient?
   a. Naproxen 500 mg twice a day and follow up in 1 month
   b. Methotrexate 12.5 mg a week with liver function tests in 1 month
   c. Anti-histone antibodies, anti-DS-DNA, and complement levels
   d. Prednisone 60 mg a day and follow up in 2 weeks

40. A 65-year-old woman mentions that she always develops recurrent oral ulcers and skin abscesses following minor trauma. What is the most likely diagnosis?
   a. Behcet disease
   b. Crohn’s disease
   c. SLE
   d. B-Complex vitamin deficiency

41. Treatment of choice for late cardiovascular syphilis is?
   a. Benzathine penicillin 2.4 million units in single dose i.m
   b. Benzathine penicillin 7.2 million units in three divided doses i.m
   c. Benzyl penicillin 12-24 million units for 21 days i.m
   d. Tetracycline 2g daily

42. Mrs Sharma collapsed at the cremation of her husband. When brought to the hospital, she was declared dead. What is the possible diagnosis?
   a. Broken heart syndrome
   b. Massive pulmonary embolism
   c. Heart block
   d. Aortic dissection

43. 80-year-old person Holter is found to be having atrial fibrillation. What calculation should be used to evaluate for need for anticoagulation in this patient?
   a. NIH score
   b. ABCD2 score
   c. CHADS2- VaSc score
   d. Cockcroft Gault formula

44. Comment on the diagnosis of the CT chest shown?
   a. Massive pulmonary embolism
   b. Submassive Pulmonary embolism
   c. Aortic dissection
   d. Left atrial Myxoma

45. Which one of the following individual factors would result in the highest Wells’s score?
   a. Clinical signs and symptoms of DVT
   b. Tachycardia and tachypnoea
   c. Recent long-distance flight
   d. Elevated D-Dimer

46. Which of the following can be used to calculate heart rate from an ECG?
   a. \( \frac{\text{(Number of large squares in one R-R interval)}}{300} \)
   b. \( \frac{300}{\text{(Number of large squares in one Q-T interval)}} \)
   c. \( \frac{300}{\text{(Number of large squares in one R-R interval)}} \)
   d. \( \frac{\text{(Number of large squares in one Q-T interval)}}{300} \)

47. A 58-year-old man presents to you complaining of chest pain. The pain occurs when he walks to the corner shop on his lunch break and disappears within a couple of minutes when he stops to rest. He has never had pain at rest or pain that did not spontaneously remit. Clinical examination is normal except for mildly elevated blood pressure at 145/85. An ECG shows normal sinus rhythm. What is the most appropriate investigation?
   a. Fasting blood lipids
   b. Urgent invasive coronary angiography
   c. Repeat ECG in 1 week
   d. Sestamibi Scan

48. A mother brings her 5-year-old boy to see you as a GP. On examination, he has red eyes, dry, cracked lips and a rash on his hands and feet. He also has cervical lymphadenopathy. What is the most important
49. Which of the following tests can rule out a serious complication of this condition?
   a. Blood pressure
   b. ECG
   c. Echocardiogram
   d. Blood tests for autoantibodies

50. Which of the following drugs can cause lupus due to low N-acetyl transferase activity in the blood?
   a. Propranolol
   b. Hydralazine
   c. Digoxin
   d. Captopril

51. Select the best initial treatment for a patient with Behcet syndrome and ocular involvement
   a. Topical glucocorticoids to the oral ulcers and conjunctiva
   b. Thalidomide
   c. Systemic glucocorticoids and azathioprine
   d. Intravenous interferon A

52. Blunted y descent is seen with?
   a. Tetralogy of Fallot
   b. Tricuspid stenosis
   c. Tricuspid regurgitation
   d. Tricuspid atresia

53. Best for myocardial viability and inflammation imaging?
   a. PET
   b. SPECT thallium 201
   c. SPECT sestamibi Tc99
   d. Coronary angiography

54. A 20-year-old hypertension patient has been diagnosed as a case of pheochromocytoma with positive biochemical evidence. What is the next step in work up of this patient?
   a. CT Abdomen
   b. Perform urinary VMA levels
   c. Perform adrenal vein sampling
   d. MIBG scintigraphy

55. Which is true regarding antiphospholipid antibody syndrome (APAS)?
   a. Present in males more than females
   b. Is autoimmune and associated with recurrent arterial and venous thrombosis
   c. Requires periodic anticoagulation
   d. Not present in children

56. Best management of a hemodynamically stable patient with ECG showing Broad QRS complex with antidromic tachycardia is?
   a. Oral Verapamil
   b. Oral Beta-blocker
   c. Cardioversion
   d. Intravenous Procainamide

57. Which of the following is not done in W.P.W.
   a. Treadmill test
   b. Electrophysiological studies
   c. Oral beta blocker
   d. Procainamide

58. Rescue P.C.I is done for which of the following?
   a. Persistent chest pain with ST elevation > 30 min after thrombolysis
   b. Persistent chest pain with ST elevation > 60 min after thrombolysis
   c. Persistent chest pain with ST elevation > 90 min after thrombolysis
   d. Persistent chest pain with ST elevation for > 120 minutes after thrombolysis

59. Septic Shock is defined as?
   a. Shock persisting > 1 hour after crystalloid administration
   b. Shock persisting > 1 hour after high dose vasopressors
   c. Shock persisting > 1 hour after colloid administration
   d. Shock persisting > 1 hour after massive blood transfusion

60. Waist to hip ratio that increases risk of heart disease is?
   a. > 0.80 in male
   b. > 0.80 in female
   c. > 0.85 in male
   d. > 0.85 in female

61. Pheochromocytoma produces all except?
   a. Nor-epinephrine
   b. Secretin
   c. Vaso-active intestinal polypeptide
   d. Calcitonin

62. The following patient has presented after chest trauma. On examination crepitus is felt. The clinical diagnosis is?
   a. Subcutaneous Emphysema
   b. Gas gangrene
   c. Acute tubular necrosis
   d. Hyperbaric Decompression sickness

63. Comment on the diagnosis shown in the image?
   a. Pneumoperitoneum
   b. Pneumothorax
c. Eventration of diaphragm
d. Pneumomediastinum

64. Which of the following is correct about MEN 2A Syndrome?
   a. Parathyroid adenoma
   b. Pituitary adenoma
   c. Pancreas adenoma
   d. Cavernous angioma

65. Good-pasture syndrome, which organ is involved apart from lung?
   a. Kidney
   b. Liver
   c. Spleen
   d. Heart

66. Fulminant diabetes mellitus is seen in?
   a. Diabetic ketoacidosis
   b. Coxsackie B virus
   c. Non Ketotic hyperosmolar coma
   d. Autoimmune pancreatitis

67. Correct about Rheumatoid nodules is?
   a. Tender, located on extensor surface and seen with arthritis
   b. Non-tender, located on extensor surface and seen with arthritis
   c. Non-tender, located on flexor surface and seen with arthritis
   d. Tender, located on flexor surface and seen with arthritis

68. Modified Duke's criteria are used for diagnosis of?
   a. Infective endarteritis
   b. Infectious mononucleosis
   c. Inflammatory myopathy
   d. Infective endocarditis

69. Which of the following shall be seen with use of a small size BP cuff?
   a. False elevation of BP
   b. Falsely low value of BP
   c. Cancels the effect of calcified arteries
   d. Increases trans-arm impedance

70. Elderly male patient has presented with recurrent falls. Which of the following medicines is responsible?
   a. Prazodin
   b. Metformin
   c. Acarbose
   d. Thiazides

71. Which is correct about larval stage of Tenia solium?
   a. Cysticercosis cellulosae
   b. Larva currens
   c. Cutaneous larva migrans
   d. Visceral larva migrans

72. Which of the following test is used for diagnosis of DIC?
   a. Fibrin Degradation Products
   b. Activated partial thromboplastin time
   c. Prothrombin time
   d. D-Dimer assay

73. On putting an Internal jugular vein catheter, a patient has developed sudden onset severe respiratory distress. Clinical diagnosis is?
   a. Pneumothorax
   b. Sepsis
   c. ARDS
   d. NONE of the above

74. MC immediate complication of splenectomy?
   a. Haemorrhage
   b. Fistula
   c. Bleeding from gastric mucosa
   d. Pancreatitis

75. Most sensitive test for diagnosis of systemic sclerosis is?
   a. Anti-SS-A antibody
   b. Anti-SS-B antibody
   c. Anti-centromere antibody
   d. Anti-Topoisomerase antibody