

① Abstract: GFR & CVD risk.

its only stroke was significant

(i) RR calculation

iii) new question: difficult to

② Abstract: tPA vs Endovascular

(i) only tPA use

(ii) new question: -L

(iii) Biological plausibility

③ G6PD deficiency: which drug not to give
a) Primaquine b) Quinidine

④ Tinea capitis → Griseofulvin

⑤ Diaper rash → Petroleum jelly.

⑥ Aseptic meningitis + CN-VII palsy → Lyme

⑦ Young patient, cough fever, xray → PCP
homosexual

⑧ Diverticulitis, CT showed abscess → drainage
⑨ after that severe pain, guarding → laparotomy

⑩ regurgitation, dysphagia + xray of Barium
→ Zenker

⑪ sudden eye vision loss, seeing floaters
from few days, diabetic → Retinal tear

⑫ ROC curve → point A

⑬ Weird sa nail, lines on picko
No other symptoms
no pain.



lines on picko

Beau's lines

other option is ...

- (14) Osteomyelitis scenario
- (15) lady taking double dose vitamins \rightarrow IIM
(vit-A toxic)
- (16) CML peripheral smear picture.
- (17) Wilms tumor CT picture.
- (18) Colonoscopy \rightarrow hyperplastic polyp \rightarrow Next in 10 yrs
- (19) transient synovitis scenario (easy)
- (20) ECG of MUCM \rightarrow 1m MUCM patient
pt has asthma too (only cardioselective)
- (21) Thoracic aortic dissection \rightarrow Esmolol
- (22) AAA 4.2 \rightarrow 5.1 \rightarrow surgery
- (23) Coxsackie virus
- (24) baby severe nonbilious vomiting \rightarrow pyloric stenosis
- (25) Kawasaki scenario, he was ~~given~~
done \bar{e} echo in which no aneurysm found
now what to do:
a) IVIG + high aspirin for 2 weeks \checkmark
ii) IVIG + high aspirin for 2 months
- (26) Availability bias scenario
- (27) Head injury \rightarrow clear discharge nasal ask for ^{triple}
Meningitis
~~epilepsy to tell pain, type of injury~~
what to do
- (28) G2P1, first child was anencephaly, she
also has epilepsy is taking lamotrigine
Now this child has NTD. Now ask what
risk factor?
a) 1st child \bar{e} NTD \checkmark
b) use of lamotrigine.

- (56) Recurrent infections in female → postcoital antibiotics.
 (57) Testicular torsion scenario to Dx.
 (58) pelvic injury, urethrography done. NBS → suprapubic catheter.
 (59) Trypomastigote on blood smear. what complication can occur?
 ↳ Dilated CMP.
 (31) Histo picture thyroïd lymphoma → check for anti-thyroglobulin

No option of anti-TPD.

- (32) IE, severe aortic regurgitation, Pulmonary edema, antibiotic given, fever resolve but signs of LV failure, NBS?

- change antibiotic
- ACE I
- Valve replacement ✓

- (33) Urinalysis showed ⊖ nitrites, ⊕ bacteria Postpartum female. ⊖ UTI, to give antibiotic what to consider?

- its secretion in milk ✓
- ⊖ nitrites on urinalysis

- (33) Vulvar condylomata → recurrent

- (34) Vulvar condylomata multiple → a) ablation b) antiviral c) observation

- (35) ASUSC on pap, HPV testing ⊕ for high risk strain NBS?

- colposcopy
- repeat cytology after one year. ✓
- LEEP

- (36) recurrent ~~late~~ variable deceleration on CTG → cord compression.

- (37) MEN 2 Scenario.

- (38) Diabetes, neuropathy, neuropathic ulcer, diarrhoea, weight loss → Glucagonoma

- (39) pale, tachypneic 18 day old, respiratory difficulty, ~~any~~ systolic murmur not sure they ~~same~~ murmur → Pulmonary atresia

- 54) Female pt. sent you request on fb. Next week she came 2 her mother. did not talk about it. a) ask about request to patient only. b) ask both of them. c) say nothing ✓.
- 55) Erythema toxicum Neonatorum picture to Diagnose.
- 40) Military, 12 mm ppd normal chest ray → INH
- 41) 14 y boy, gynecomastia, normal testes → Reassure
- 42) First Visit, lady said at 16 weeks, best test to check gest. age → USG.
- 43) Px abortion Hx, now pregnant, anti-D ⊖, Kell ⊕. NBS → check father blood
- 44) female Inguinal node, biopsy showed SCC, a) anal cancer b) cervical cancer ✓
- 45) 60 y smoking → screening CT.
- 46) Iron starvation → till splenomegaly resolve
- 47) Pancreatitis in a young boy, USG showed gall stones, normal CBD. Few days resolved. NBS → cholestest 2 b) ERCP
- 48) Barrett on endoscopy, NBS → surveillance
- 49) Parkinson scenario → trial of levodopa.
- 50) Scleroderma → LES ↓
→ UES ✓
→ contractility ↓
- 51) old age, on HTZ, warm, red, swelling & fever for 3 days of knee, what will you see → I thought of gout so needle crystals.
- 52) 41 F, irregular bleeding → endometrial biopsy
- 53) scenario of fibroid → risk for anemia

Boy friend marta hai gf ko emergency me ayi thi... (R you safe to go home) ans

Ek bandi ICU me kam karti ji. Chord uske samne

Soti bht zyada hai.. resignation dediya (i can understand this is hard time)

Lesbian ka bacha tha school se nikal 2 mothers k bete ho

Mujhe acha lagta hai yeh mujhse darte hain (i understand k apko acha lagta hai log daren aur dur rahe wala kiya)

Physian a physcian b wala aya tha (past wala)

Ek bachi hai posterior fossa me tumor

Brain tumor hai wala karna hai seedha wala option simple straightforward diagnose)

Telephone interperetaor

German interpreter (to the patient i am your doctor this is interpetor)

Ek banda chemotherapy burden nh banana chahta family pe(to discuss end of life care wala kiya)

Banda chal nh sakta hospital me hota ghr jaake kam karna chahta hoon(r you sure ap ghr pe kam karlenge safely)

Boyfriend contraceptive(i have told you everything..do you want me to repeat something for you)

Inhalar use sikahte hain sara tareeka bataya hai (domenstrate wala b option tha aur ek option tha i have explained you all do you have any question)

Biostatics..

1.. 2 year bache congenitally normal ho developmental delay in a point (prevelance lagaya) crosssectional laga kynke ek point pe check karrhe the

P value 0.02 correlation co effient 0.04wala..(clinically insignificant kuch aisa option kiya

Ek side me sensitivity neeche 1 - specificity(roc curve) confirmatory test (jahan specificity zyada thi wahan mark kiya)

Ek diagram bani hui thi.. asymmetrical tha
median ans

Prevalence calculate

Nnt calculate

Confidence interval aise diya hua tha beech ne one arha hai.. p value nikalo?

0.09 ans kiya study significant he nh hai

500 women lungi study

Power

Bias

Confounding

Biochemistry

Testicular atrophy enteropathica... zinc

Perifollicular hemorrhage.. vitamin c

Glycogen breakdown nh horhi.. hypoglycemia tha dextrose deke manage kiya tha konsi cheez isme nh horhi jis ki wajah se hypoglycemia hua maine kiya glycogen breakdown

Medium chain acetyl co a se hypoketo hypoglycemia se b ek tha..

Macardle.. myophosphatase. Exercise dard etc..

Genetics

Mitochondrial disease

Xeroderma.. badha sun allergy pigmentation hui thi.. pyrimidine

Cystic fibrosis disease status

Barra (incomplete penetrance)

Fragile x pe b ek tha(option ajeeb the) abnormal segment wala lagaya

Baby bht hans arha tha.. koi samjh nh arha(picture di hui thi bacha hasata rehta) chota sa bacha picture.. kya masla hai bache ki...option staight forward nh tha..

Osteogenesis imperfecta ek tha type 1 collagen

ans.. rb gene hpv k sath e 7 k sath

Rett syndrome.. additional finding.. abnormal hand wringing

Ethics substance use kisi program me dalne lage the screening kuch aisa b tha)

Banda ataxia confusion nystagmus hai b 12 k symptoms hain alchol b leta dono k symptoms deep tendon

B12 k b symptoms the b1

K b symptoms.... B1 ans kiya

Fomepizole posing hui wi thi nadh to nadph mechansim bataya tha .. fomipizole posinus ans kiya

Chewing tobacco.. unsrabble

Bilateral vision loss.. methanol

Marijuna se b tha

nystagmus phncyclidine

Burns hue we scars

dekho biwi chorke chali

gyi.. factitious

Hypoglycemia (mother inject kardi)

Factious

Carbs bht zyada lerha lysosomes

Illness anxiety b ek tha

Diabetes k bht sawl type 1 antiglidian

antibody pucha hua tha

Stool k sath blood arha tha ida tha

Ulcerative

Celiac

Crohn

Plus minus rat experience dmbs status(proto oncogene ans)

Ccr5... hiv ka b tha

Dic ka tha

Tbg arrows the

Heparin ka tha..

Pheochromocytoma..

von hippel lindau se relate karke (kidney ans kiya)

Mi st elevation.. di hui ecg thymus rupture ans kiya complication puchi hui thi patient present with diaphragm

Wpw.. accessory pathway

Dysnea and lv pressure high

Vi v2 (anteroseptal)

Metformin leha tha weight loss karaha

Cmv drug puchi hui thi

Ampicillin (beta lactamase) mechanism of resistance

Achilles tendon s1

C6 thumb sensation nh thi

Fibromyalgia ka tha

Thenar eminence... median nerve

Axillary nerve (fracture)

thorax

Comb notch fracture (geniohumeral)

Gout (needle-shaped clefts)

Anti rheumatoid anti CCP positive

Osteoarthritis thorax

Plantar fasciitis thorax (morning pain)

Nodular glomerulosclerosis (diabetes)

Shower itching polycythemia vera

Celiac trunk arteriogram

Granulation tissue histology

Nbme se ek he sawal aya tha follicular lymphoma wala (apoptosis and

AA aya tha amyloid

Nail wala tha.. maine occupation kiya..

microbiology...

Biofilm production

S epidermis prosthetic valve

Besides

Jc virus (leukodystrophy brain me koi masla tha weakness horhi thi ek side pe jc kiya

Vk

Hanta virus (renal syndrome) kidney me masla hota (rodent se transfer hota hai)

HhV8... mouth andar purple color ki thi tabhi hhv lagaya

Dengue huawa tha.. classic thrombocytopenia

Rash

Retroorbital pain

Uti in pregnancy (cell wall inhibitor

Pain constipation k sath (fissure

Hus.. ecoli (fever thrombocytopenia schistocytes

Sand craving pica

Lynch syndrome se tha ek

Zenker diverticulum se tha ek .. muscle pharyngeal muscle wala koi option kiya .. outpouching kuch tha

Occult blood chemo.. testis

Cmv.. post transplantt..

tourte.. alpha agonist

Glaucoma drug contraindicated

Thiazide (dcl pe act karega

Ppi b kahan pe act karta

Adh kahan pe act karta

Viral hepatitis alt waghera bara hua tha kuch khaya tha

Total t4 high wala

Antihistamine .. tongue angioedema

Aspirin allergy.. cox ko inhibit karti kych aisa vasoconstriction hithi hai cough horhi hai naproxen ki wajah se

Classic conditioning ambulance

Factor vllaidein pe tha ek

Lish nodules neuro me

17 hydroxylase deficiency oe aya

Mvp murmur

As murmur

Serotonin syndrome (hyperreflexia)

Lung cancer hai aur sath me jab wo uthata hai muscle weakness (lambert laga) operation theatre me leke gye hain (myasthenia gravis)

Lambert Eaton.. side effect of drug) option the

Strength of association

Stem me doses k sath response.. biological plausibility yeh ek ans kiya

Ataxia hai (cerebellum ans)

Locked in syndrome tha.. leg arm bol nh sakta

Lateral syndrome b tha ek

Endometriosis risk factor

Endometrial hyperplasia risk factor

Klüppel-Trenaunay

Bladder k oper white hua hai (metaplasia)

Women (gardenia) smell

Puv aya

Tunica albuginea wala b tab curvature kharab hai

Glucose k absorption kahan pe hoti hai.. stress incontinence..

drugs instability ans tha cough hasta urine

Ain pe do sawal the dono pe medicine lerha tha

Hyaline arteriosclerosis (htn) se tha

Carcinoma kidney ka willms bache ko ankh me kuch hai tumor kidney me

Down syndrome se related .. Hirschsprung..

Ipsilateral pain (tract se ek sawal)

Gingival hyperplasia.. phenytoin

Hmg co a reductase rate limiting step of bile synthesis

Panacniar ka ct tha

6 weeks pe kya band hojati hai

Alkosis ki values

Ek band hyperventilating respiratory rate very high

Respiratory alkosisj value dekhlenE

Bullous pemphigid b ek tha

Autism

Cluster headache gender

Kallamansyndrome

Thyroid hasitomo /sabacute

Cardio

- 1) Inf MI (RCA) hx then hypotension a) left vent systolic dysfunction **b) sa node dysfunction**
- 2) 2 QS on media- mitril stenosis(rhf), mitral regurg
- 3) ASD murmur location- picture mein **pulmonary area** marked
- 4) ANP function- Na and H2O EXCRETION
- 5) hypercholestremia case inc cholesterol, statin, ezetimibe already given now drug should be given **a) PSCK Inhibitor** b) fibrates
- 6) aortic dissection fa pic she had hypotension due to- **pericardial hemorrhage**
- 7) atrial flutter- originate from a) **atria** b) ventricle c) pul artery
- 8) atrial fib- ecg diagnosis
- 9) a man had dilated cardiomyopathy, he then stops alcohol for a while then again having alcohol, on exam s3 and s4 found, inc jv, he also had pulmonary edema, peripheral edema why this is happening only one opt was making sense that was **dilation of 4 chambers**
- 10) septic shock- dec svr

11) inc sample size tou which error affected (they dont ask inc or dec just affected) **so error type 2 affected**

12) neg skew- **median>mean**

13) sen, sp qs

14) find PPV- 95%sp, 95%SN, prevalence 50% **ans: 95%**

PULMO

15)PUL EDEMA case - **DEC COMPLIANCE**

16) typical Pneumonia case, alveoli mein pink hyaline material- **ARDS**

17) **methemoglobinemia** due to dapsone, sao2 dec

18) lytic bone lesions, inc ca2, mediastinal mass- thymoma, Multiple Myeloma , small cell lung (no squamous cell carcinoma in opt)

19) sarcoidosis mein inc ca2 due to- **macrophage inc activity of 1 alpha hydroxylase**

20) **asbestos**- pleural plaques and nodules

21) ARDS fa pic

22) pneumonia hx hypoxemia due to- alveoli poorly ventilated

23) short b2 agaonist, corticosteroids now which drug should be given then **long acting b2 agaonist**

PSYCHE

24) **neg reinforcement**- wahi mother not giving candy to her son then gives him so he can stop cry

25) **schizophreniform**- psychotic systems for 2 months

26) which of the following opt make the diagonis of mania-**a) insomnia** b) age c) duration

27) **opoid withdrawal**- rhinorea, lacrimation, pupil dilation

28) **cocaine poisoning**- hypertension, perforated nasal septum

29) psychosis sym doc gives him resperidone he had developed torticollis now tx moa- **anticholinergic (benztropine)**

30)alcohol craving tx moa a) block opoid receptor b) NMDA receptor

31)somatic syndrome- mutlple symptoms

32) child bedwetting (enuresis)- **adh analog (desmopressin)**

HEME

- 33) alcoholic pt with steatorrhea, lipid soluble vit def now which enzyme should be given- **lipase**
- 34, 35) hereditary spherocytosis 2 question pic and how it occurs
- 36) vit b12 def typical case
- 37) Anemia due to chronic disease moa- dec iron released from macrophages
- 38) PNH drug moa- dec complement
- 39) tingible macrophage mentioned in case- burkitt lymphoma
- 40) Multiple Myeloma case- rouleaux formation pic given
- 41) PV- jak 2 mutation
- 42) a patient taking heparin, hit developed, antibodies due to **platelet factor 4**
- 43) Chemotherapy induced pul fib what should be asked- **review her medications**

ENDO

- 44) MEN2B- oral neuromas
- 45) anaplastic cancer- giant cell, spindle cell
- 46) parathyroid adenoma inc ca2
- 47) A young female had a HTN with bruits but her lab were normal, ct angio were normal
- 48) supraoptic nucleus- CDI
- 49) insulin- inc fatty acid synthesis
- 50) salt wasting, clitoromegaly- 21 alpha
- 51) A 35 yr old patient had inc bmi compared to her 19 year old sister which of the following hormone dec in patient compared to her sister a) cck b) secretin c) leptin d) gastrin
- 52) a woman comes to opd with her son with complain of confusion, dec mood- hypothyroidism

MICRO

- 53) diphtheria pseudomembrane pic they asked about toxin or exotoxin,
- 54) recurrent strep pneumo inc due - asplenia
- 55) cellulitis- strep pyogenes
- 56) HUS- undercooked meat
- 57) ENTAMEBA CYST PIC- cause of BLOODY DIARRHEA
- 58) toxo- feco oral route

- 59) mucormycosis 3 year old - drug moa- cell membrane formation disrupt
- 60) anaplasma occur due to ticks inclusion bodies in granulocytes
- 61) whitish discharge- candida
- 62) schistosomiasis- snails
- 63) Kaposi spindle shaped endothelial
- 64) prion- spongiform vacuolization
- 65) Nasopharyngeal carcinoma- EBV
- 66) sec syphilis - hepatomegaly, lymphadenopathy, diffuse rash involving palm and soles
- 67) chlamydia route of transmission a) vertical b) aerosol
- 68) tmx smx moa- disrupt folate synthesis
- 69) lactic acidosis in hiv therapy due to- mitochondrial se related ths smth

BIOCHEM

- 70) BRCA1 - Ovarian/endo cancer; homologous repair
- 71) ck- cdk phosphorylate **RB**
- 72) there was question in which it was mention k FMR1 gene mutated but repeats were less than 200 what will b her complain- **primary ovarian insufficiency** (check FA its written there)
- 73) vit b12
- 74) kwashiorkor- hyperpig, protuberant belly
- 75) insulin inc which pathways do check
- 76) mcardle- venous curve normal
- 77) starvation one week compared to 3 days

IMMUNO

- 78) adrenal gland- lymphatic drainage
- 79) a pt has cd4 count low, the yasked sm association with that, all opt were related to MHC class 1 like proteasome, beta2 microglobulin only one was **invariant chain**
- 79) a patient has recurrent pneumonia, the qs suggest he had sm immunodeficiency now physician gives wht for established infection, confused but for developed infection marked antibiotics? a) immunoglobulins b) antibiotics
- 80) terminal complement- NEISSERIA
- 90) tnfr inhibitor check ppd before

91) good pasture type 2 hsr

92) a patient had fever, hypotension, red urine after transfusion 4 hrs later due to-
preformed antibody (acute hemolytic transfusion reaction) due to immunodeficiency

93) WAS

94) Chediak

95) LAF

96) X-linked gamma

97) HYPER IGM

98) CGD

Renal

99) EPO inc in RCC

100) URETERIC BUD absent, metanephros not formed

101) A Pregnant pt had pyelonephritis due to- VUR

102) patient had glucosuria, hypokalemia, etc etc - defect at where pct (Fanconi syndrome)

103) pt taking NSAID for very long now he had HTN due to- **inhibition of Prostaglandin**, afferent arteriole constrict, RAAS activate

104) struvite nbme pic

105) patient had GPS, linear IF what will be the finding on microscopy - **crescents**

106) amyloidosis- Multiple myeloma

107) **O2 DEC, INC osmo**, in renal pap necrosis

108) a patient had subarachnoid hem what will you ask in hx- apkd

109) transitional cell carcinoma pic - nbme

REPRO

110) Maternal Alcohol- typical symptoms

111) Turner and Kline 3 or 4 qs

112) atrophy in testes, tall man, gynecomastia

113) umbilicus se faeces cause- persistent vitelline duct

- 114) patient had hx of urinary incontinence which nerves affected a) parasympathic b) sympathetic nerves
- 115) endometrial hyperplasia cause- unopposed estrogen
- 116) menopause related smth
- 117) kallman syn- hypothalamus location
- 118) absent decidua in placenta accreta
- 119) rhabdomyosarcoma, polypoid mass from vagina (sarcoma botryoids)
- 120) mature teratoma w/ features hair sebum- which inc mortality a) **thyroid tissue(only thi one making sense)** 2) fetal neural tube defect
- 121) mastitis drug moa **transpeptidase**
- 122) BPH risk factors- a) age b) Dre findings c) duration
- 123) bph drug moa- alpha blockers

GASTRO

- 124) female taking cocaine had a episode of bilious vomiting dx? a) pyloric stenosis b) **ileal atresia** c) duodenal atresia
- 125) case of pernicious anemia antibody to which of the following cell **nbme pic of parietal cell**
- 126) Barrett esophagus pic fa- metaplasia
- 127) Trauma hx, diverticulitis hx sensation of passing gas through urethra due to **fistula** (pneumaturia)
- 128) patient had colorectal cancer, mother had breast cancer etc mutation? **MSH2 mutation** CEO
- 129) patient having stress, jaundice what's the cause? **dec conjugation of bilirubin (gilbert)**
- 130) Wilson what is happening? a) **dec biliary excretion of copper** b) dec urinary excretion of copper
- 131) hx of stone in biliary tract but bilirubin normal- stone where a) **cystic duct** b) hepatic vein, c) portal vein
- 132) patient had hx of acute pancreatitis which cells are affected **acinar cells of pancreas**

NEURO

- 133) isotretinoin moa how does it cause hydroceph
- 134) impulse disorder, which neurotransmitter inc- **dopamine**
- 135) A patient had hx of sleep walking , what will you find, **slow wave**

- 136) a long stem qs at the end they say +ve romberg sign - dorsal column
- 137) AICA lesion, facial nerve palsy symptoms
- 138) facial sensation sahi thi , corneal reflex disrupted which nerve a) facial, b) trigeminal both were given, maked trigemial as facial senstation intact, no hx of facial muscle weakness
- 139) severe pain back pain, didnt remember but marked neurectomy smth
- 140) trigemial neuralgiacause- **abberent vascular loop**
- 141) frontotemporal dysfunctionwhat other finding- **exedutive dysfunction**
- 142) child had obstructive hydroceph symptoms pic was given- pseudovascular rosettes
- 143) ALS mutation- Superoxide dimutase
- 144) rhinnes and weber test for noise induced sensory hearing loss- **rhinnes, AC>BC and weber laterliazion of unaffected hear**
- 145) glucoma drug asked antagonist work on- beta receptors (beta blockers)
- 146) RF of osteosarcoma a) **radiations** b) trauma
- 147) phenytoin- **NTD**
- 148)Benzos moa- **enhance the effect of neuro transmitter post synap**
- 149) thumb dermatome- **C6**

ethics

- 149, 150) 2 qs on interpreter same ans lit like son can talk and speak french but still prefer telephone interpreter, other was one german
- 151) a girl i unable to lose weight she says she can't resist chips and junk food, dr response, 3 opt were like he's telling the risk of this and in opt he's validating her feelings smth so that was the right opt
- ethics was so easy and straightfroward questions- DO MEHLMAN PDF

Bio

-What causes skin squamous cell carcinoma after sun exposure?

Double stranded break

Single stranded break

Excision repair defect

Others

-One week fasting arrows for B hydroxy butyrate, insulin, glucose

-Very long chain.....Peroxisomes

-Huntington case (dementia and aggressive).....**AD**

-Cystic fibrosis, the chance he is carrier-----**2/3**

-Mitochondrial problems, the mom had problems, her son was worse, why?

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Strange wording answers

-Rett case, the girl was good then retarded, what will we see?

Something related to her **hand** movement

-Mammillary body problems and alcohol (vit B1)...**transketolase**

-Fatty stool and neurological prbs...**VIT E**

-Kid changed his diet to carbohydrates instead of fat, what will happen

Answers related to glycogenolysis and gluconeogenesis I don't know

-Gout, what is the problem.....**urea cycle**

Immuno

-Sept infection, which is most specific immunity... IgM, neutrophil, MHC1, NK others?

-Someone took off his teeth then developed edema I don't know why...I found C1 Estrase as one of the answers and I chose

-Someone with SLE or another problem what will decrease ? **C4**,5,6,7,8,9?

-Someone with SCID, what not to give? Inactivated polio vaccine? MMR vaccine?

-Allergy...Mast

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-Picture of a lesion in a hand, looks red, he worked in a garden....Mast? T lymphocytes? I did T I felt it is type 4 don't know why

-RH negative woman with RH positive baby, the medication we will give her, how will it work

Strange wording answers (one of them had **IgD**)

Question-related to side effects of Infliximab don't remember, just checked in book, its drug induced lupus, I don't know the options.

Another question about it, **PPD** test first

Micro

-Staph shock.—asked about how toxin work

Bloody stool and shock....how will it work exotoxin or enterotoxin on TLRs or whatever -worm

pic—how will we get it? Ingestion or **Skin**



- Nisseria case, sexually active, rash, fever, virulence? IgA protease

-Aids patient with Brain lesion causing seizures, brain pic has abscess...JVS Virus? EBV? Toxoplasma, others

-Candida in vagina to grow? Normal PH

-Baby with chlamydia in eyes , how did he get it? Moms vagina. Oh, he was 5 years old not a baby ! Then not birth canal! I think I got it wrong. I don't remember the other options. Study transmission of Chlamydia.

-Coccidio case, from where? North Carolina, Ohio, Meseseppi, **Minnesota**, others

-Fungus ball in lung, outside the lung it formed budding...Candida? Aspergillus, Cryptococcus, others

-Malaria came again after 1 year...plasmodium Ovale or Vivax one of them came, both correct

-Someone with cough only, eosinophilia, was in Ghana and ate there, many parasites and bacteria came...**Ascaris** the only made sense

-Staph or strept infection , have to give antibiotics, how does it work? ---Traspeptidase

-Antifungal drug... how does it work...inhibit cell wall syntheses? Inhibit sterol?

Pathology

RB... problem with cell cycle

Leg Amputation. what will we see after one week... fibrinogen, collagen, others Why

normal skin after cut after 1 month? Fibroblast, Collagen, others..

After a cut after 24 hours, what will we see? Neutrophil, MACROPHAGE? Others

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Man 72 prostate cancer, rectal examination prostatic hyperplasia (suspect malignancy).. why should we proceed in diagnosis, risk factors I think? Answers were Age, smoking, something like that Study all cuts and timings

Pharmacology

-overflow in adult ---alpha blocker

That's it!!!

Public health

Case control

Plausibility

Absolute risk **increase!!** Be careful

Specificity calculation, straight forward

Effect modification

Skewed distribution, what is best? Median

Confidence interval case

Type of errors

Cardio

Injury in the heart from front..**right ventricle**

2 murmurs...AS? MR? Questions about them, what will we see else?

Boy with upper BP more than lower limb, what else is there? Abdominal aortic aneurism, delayed femoral pulse, and others ? I don't know

Atiral fibrillation ECG

Hypovolemic shock arrows

Statins...myopathy

Check again statins and fibrates etc how they worked, the wording was confusing, worked to decrease cholesterol, increase LPL, Hormone sensitive lipase...etc

Hypertrophic cardiomyopathy ---**myosin**, it was not that straightforward, check that out

Hypertrophic cardiomyopathy...**S4**

Few cardio cases I was not good at it so I don't remember much, sorry

Endocrine

ADH is messed up after an accident, other problems I forgot where is the problem?

Adenohypophysis, **hypothalamus**?

I think so.

Calcium decreased and PTH normal, Phosphorus normal!... problem is VIT D receptor, CA receptor, PTH receptor?

21 hydroxylase deficiency case

High insulin, low C peptide..**factitious**

Hypoglycemic woman with controlled glucose on Metformin, after an infection or insult (operation or something).. glucose became very high, why? Increase glycolysis, decrease gluconeogenesis, insulin resistance, etc

Neck mass, pressed on trachea (cancer), made of spindle cells, what is that? Thyroid Medullary carcinoma

Persistent hypertension, diaphoresis, what mutation (many genes), I thought may be pheochromocytoma..**RET**

Man with ulcer and bleeding in stool.. I did Zollinger Ellison S

Diabetic patient with gangrenous toes, WHY? I said superoxide something, answers were strange I don't remember

Glyburide, what does it do....increase insulin release?

Woman took drugs for hyperthyroidism, then mouth ulcer and decreased leukocytes (immunity became low) why? **Drug** induced

GIT

External hemorrhoids, they didn't say it, u have to figure out after a long case, what will we see in histology, strange pic....thrombosis, other options.

Diaphragmatic hernia.. defect of pleuroperitoneal membrane

Laparoscopy right lower part in a female, what will be injured? External Iliac, hypogastric, others I don't remember

Leukoplakia, unscrapable white patch, what pathogen? Candida, EBV, **HPV**

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Picture of lower messed up oesophagus and H pylori what to give? Picture of H K atpase, mark it
Celiac disease case...villous atrophy

Meckel diverticulum (described it).. persistence of **omphalomesenteric** duct

Portosystemic shunt...portal vein, **hepatic vein**, both mentioned,I think they gave extra information
like how to treat without operation!! Ignore

Hematology

Sickle cell case (spherocytes, they said, and hemolysis), where is the problem, defect of RBC
skeleton thing

DVT (bleeding from everywhere)...choices strange, one of them was related to **fibrin** that I chose

Male with occult blood stool, labs of anemia...iron deficiency

Lead poisoning case (they described it) they said worked at battery manufacture

Review Burkitt/c myc and Follicular lymphoma BCL 2 and their histology, don't know why I was
confused

CD1a –**Langerhans of histiocytes**

Polycythemia ...**JAK**

Heparin-induced thrombocytopenia....**Immune-mediated**

Methotrexate and **hepatotoxicity**

MSK

To abduct arm. Order? Supraspinatus, deltoid, serratus anterior.

Loss sensation between 2 toes, deep peroneal nerve

Legg calve perthe disease

Breach baby, leg shorter and lateral flexed, why? something related to dislocation, or congenital

Plummer uses his hands and he has pain in 2 cm below the lateral epicondyle (I think so), where is
the problem? **Pronator** teres? supinator, biceps brachialis?

They described a cyst in the back of the hand that transilluminates (may be ganglion) origin?
Cartilage, joint, others?

Gout acute treatment. Options were the mechanism of actions of colchicine, **Nsaids** and allopurinol

Acute gout description.. what will we find in fluid? **Uric acid** crystals, others

A case with Nisseria Gonorrhea developed septic arthritis, how? Disseminated through blood, from
next infected whatever? I don't remember, not in FA. (u have to diagnose the Nisseria and the septic
arthritis yourself)

A picture of dermatomyositis exactly like FA (hands), what should we inspect next? I did muscle strength.

Lambert eaton case (u diagnose)...Calcium

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Picture of a capillary haemangioma in a kid, origin (which cells)? Endothelium, mast cells, etc

Check lichen planus, I don't know why, there was a question with skin lesion with hep C, not sure, may be something else that involves Hep C and Skin.

Picture of a fingernails and no history at all, the patient described it as pumpinuous of nail, the picture showed the nails with corrugations (waves), not longitudinal, waves everywhere looks curled. I can't find it in google to send, the question is; what else will we check? Skin, bone, eye, other? I have NO idea what was that.

Pic of baby with strawberry hemangioma in his face, origin? (capillaries was not there).optines were all strange. Best one was **dermis**

Ganglion cyst origin, it was a description not a picture, or maybe they meant lipoma. Check both.

Neuro

Someone forgets everything, can't recall what we said, where is the lesion? Hippocampus, mid brain, nucleus basalis, etc.

Girl with ataxia, problem in the heart and other things, diagnosis? Friendricks ataxia

Pictures of face with facial nerve palcy on the left side, the question is, where is the problem? Left vagus, right? Left trigeminal, right? And hypoglossal.

Someone with deviated uvula and loss of pain and temperature in the opposite sie? Which nerve is messed up? Facial, vagal, hypoglossal, left and right.

3 other questions I don't remember related to what will we lose in this lesion. One of them was med medullary syndrome and hemisection of the spinal cord and the third was a picture of brain stem.

Progressive dementia, prt 14.4.4 mentioned, what will we see? Vacuolation

MS case, u should diagnose.....oligodentrocyte

Absence seizure, what happened? Close calcium T channel or open Calcium channels?

Brain tumor in kid, histology shown, looks like flowers and pink large areas in the middle, not sure which tumor they meant, origin? Pilocytes, epyndymal cells, medulla.. etc. See other pics other than FA, FA pics are not enough in brain tumors (it looks similar to medulloblastoma histology)

Progressive sensorineural hearing loss, cause? Broblem in cochlea, cilia, whatever, I chose medial geniculate, not sure

Check benzos who is long acting who is short.

Described malignant hyperthermia, answer has Ca

What darkens color of iris and has an eyelash effect? Prostaglandins

PSY

A fat lady told the doctor u ate ice cream today ...projection

ADHD drugs how they act

Someone with blunted face, rigid arms flexed doesn't talk, when u move him, he keeps rigid, that's it. Delirium? Schizophrenia with catatonia? MDD, Bipolar, depressive with atypical?

What is withdrawn? Diarrhea and rinorrhea.... Opioids

Constricted pupil.. Heroin

How does Alcohol withdrawal drug act?

Renal

ATN case

Potter sequence I think. They described it and what else will we see

Described Good Pasteur... you should say hypersensitivity 2

Renal cell carcinoma easy pic

Someone with heart failure, we should give him a drug, where will it work? Picture of kidney and u mark (proximal, distal, etc)

For more recent and solved files visit medcrucal.com

A case with a kid with swelling in his abdomen, neuroblastoma, nephroblastoma? Not sure, read both, don't remember the case.

Reproduction

-A female with incomplete vagina, breasts, scanty hair, XY chromosome, I said yesssss I know it Androgen insensitivity, then they said she has uterus!! Choices were, incorporation of x into y? y into X, meiotic non disjunction, mitotic, Other messed up choices.

-A normal female with menses then menses decreased, phallous and became a male. Normal pelvis

Androgen producing tumor?

Congenital adrenal hyperplasia

11 B deficiency

Alfa 4 reductase deficiency

Ultrasound of a uterus that looks strange, filled with dye, history of pain and bleeding in a female, origin of the disease? Leyomyoma, endometrium, something like like.

Brain mass that increases with menses but looks firm...Benign is the answer

Male with painless mass in the testis, he has cancer cells when they checked the inguinal nodes, where is the cancer originating from? Testis, epididymis and others, they didn't describe the cancer cells. I said testis!!

Menopause female with high Estrogen because of HRT, what will it increase? TSH, LDL, HDL others. Check please what will estrogen increase

Respiration

COPD Case, where will oxygen decrease? Respiratory arterioles, pulmonary arteries, alveolar whatever, others

Dilatation and bronchial thickening.. Bronchiectasis

Asthma on Muscarinic antagonism and steroids doesn't work. What to add? B2 agonist.

Ethics

They are all easy and make sense except 2 or 3

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-When u get an interpreter: U tell the patient I am your doctor and this is your interpreter?

I am your doctor and this is your interpreter, I know your case is so and so

-A woman has an injury in her lip and came last time with hypertension and brain hemorrhage, her husband is with her

Would you like me to tell your husband to leave?

You say to her husband, please leave because I need to examine her

-A man doesn't like his gender and came to be a woman. To what he will be aroused!!

A woman

A man

Naked whatever

Playing on whatever

Can't be determined (my answer)

- Testicular Carcinoma treated but cancerous cell found in Inguinal Lymph nodes → origin asked
Hint drainage to Ing LN; options: Testes, Kidney, An-Liverge (marked) this.
- Influenza wala PCR → options → methylation, repression, mutation
vaccination Resistance
- 25 years fatigue, not sleeping properly, disturb routine change due to job → physician response
① take wine before sleep ② close eyes at bed time
③ try to go to bed at some time daily
- drug Adherence not taking drugs → Doctor's response?
- Ataxia, Chronic Alcoholic, Temporal Wasting → B1
- Same Scenario enzyme asked → Transketolase
- Alcoholic patient → Decrease Gluconeogenesis
- malabsorption → vit E
- Celiac disease Case Diarrhea, Anti Transglutaminase (+)
which vitamin should given → B12, B9, B1 (marked B9)
- Celiac case → villous Atrophy on Histology.
- patient LDL normal Triglyceride ↑ drug MAO
option: LPL ↑
- CF Pedigree brother disease; baby chances disease
chances of disease in child? $\frac{1}{3}$ Ans
- Re → Alcoholic eating lobster → Protein metabolism ↑
- Height weight graph child cow milk → Tissue Transglutaminase
diabetes
now Add
fruit cereals

Spindle cell

- Compression Symptoms → Anaplastic Thyroid
- Long Stem with 3-4 Diseases & multiple medicine taking
Hepoxin, thrombocytopenia < 1 Lac, defected what?
Ans → Antibodies Against Factor 4
- pseudocyst pancreas not covered by Epithelium.
- pineal gland tumor → Astrocytes, Neurons, oligodendrocyte
upward gaze defected Epindymal
- Alzheimer Case → Nucleus Basalis of Meynert
- Upper and Lower Motor → SOD Ans
neuron symptoms, No sensory symptoms
- Tongue deviation to Rt Side → Medial Medulla Pic Right
- Cardio Symptoms + Spinal Cord Symptoms → Friedrich Ataxia
- Facial Case Picture taste, hyperacusis → Facial Nerve
- Tooth Extraction Nerve → Trigeminal
- UVULA deviate → opposite Vagus Nerve
- Right Side Spinal Cord Injury → Left Pain Temp ↓
Right Proprioception
- Injectable
- Anesthesia to child but not → Nat channel
~~not sensing~~ pain OR GABA
- prostaglandins → eyelashes ↑
- obese Lady doctor Advice diet, patient saying you eat
Candy at night → projection OR Displacement
- Anxiety drug → No option of SSRI and SNRI
- factitious and somatic PA
- violence child fighting + nystagmus → PCP
- Conjunction eye + another finding → Hyperactive Bowel
Sound
- Fournier Syndrome nephron Pic → PCT
- Hect symptoms nephron Pic drug → Ascending Loop

- Huntington disease symptoms; ^{family Hx ⊕} one sided Abnormal movements → AD
- mother having more symptoms, baby having less option No heteroplasmy model → X Linked lyonization.
- Hypertrophy, obesity → paternal both options microdeleted and mutated Point confirm it which one correct?
- Child picture Capture one eye white on Red defect asking → cell cycle deregulation.
- Chlamydia Symptoms In neonates 15 days → Cervical secretion
- Larva pictures + eosinophils + GI Sympt → ① Sexual ② Skin ③ Feto-obL
- Coccidioides → Hx of ^{Ans} Construction worker ~~Ab~~ Arizona Pictures Nbrmetypes
- ^{case} Giardiasis → Villous Atrophy ^{Ans}
- <200 CD4 HIV Stain silver drug MOA → ⊖ Folate Synthesis
- BPH Tx → Alpha Antagonist
- Benzodiazepine Short Acting → Midazolam
- Alcohol withdrawal → Benzodiazepine
- Aspirin Toxicity Case Tx → Ion Tapang Confusion, Tinnitus
- Case Series case → one Disease ^{taken} given exposure ^{Disease}
- Case Control, Specificity, 95% sens 95% spec 50% PPV 95%
- ~~patient taking~~ patient taking Anti DM drug and having osteoporosis, but later patches they are smokers confounding OR Effect modification.
- Sternum Injury → Right ventricles.

- Cat taking Supplement. Phio bhi Cat Low, $\uparrow 25 \text{ OH}$, $\downarrow 125$
Organ Involved \rightarrow Kidney
- Bed wetting Tx \rightarrow Collecting Duct (Desmopressin)
- Ultrasound Abdomin pregnant Lady, baby vitals normal \rightarrow Ultrasound pic shows something protrusion
option \rightarrow ventral wall defect. Ans
- 18 Hb Platelets \uparrow WBC \uparrow \rightarrow Jak 2 mutation
Epo \downarrow
- Fanconi Anemia Hand Picture Radial Side; Leds \downarrow Pancytopenia
dx case;
- RLQ Substernal vessel damage \rightarrow Int Epigastric \checkmark
obstructed
ILio Insured
- back Pain, Achillis Reflex \downarrow , plantar flexion Loss \rightarrow L5-S1
- point tenderness bone Tx \rightarrow \downarrow osteoclastic Activity
- Morning first Step Pain Involve \rightarrow Plantar fascia.
- Nail Pitting picture examine what \rightarrow Skin OR ~~bone~~ Bone
- upper power 4/5 Softness \rightarrow Polymyositis-rheumatize
Lower Limb Power 5/5 difficulty In standing OR Polymyositis
- Mixed Coagulopathy Long case \rightarrow \downarrow C₄
- Malignant Hyperthermia Case \rightarrow \uparrow Ca⁺⁺ In myoplasm
- Shistocyte Picture given \rightarrow damage to endothelium
- Constipation Pain external protrusion \rightarrow thrombosis \checkmark
Ischemic obstruction
- Amyloidosis NBME pic Kidney \rightarrow Multiple Myeloma
- Backlog factory worker Rbc picture \rightarrow Heme Synthesis
- Spherocyte Rbc picture MetHb \rightarrow Hereditary Spherocytosis
(cytoskeletal protein)
- Malacia picture Ring Shaped
- Nose bleeding, mass on picture NBME \rightarrow C-myc

- Long Scenario multiple disease + taking multiple medicine
Antidiabetic med, HTN med, PTU having complain
of photosensitivity Jones, Labs \rightarrow Neutrophils \downarrow
Ans \rightarrow Medication use \checkmark (PTU \rightarrow Aggranulocytosis)
- Fluoroquinolones taking due to Infection what
can be happens to this patient \rightarrow Cardiac Arrhythmias
- HCM Case \rightarrow No Myosin option marked \rightarrow Sedolomene
(long option)
- Symptom MI ST \uparrow II III aVF \rightarrow Right Coronary Artery
- wound 24 hrs \rightarrow Neutrophils
- wound 3rd day \rightarrow Macrophage
- Artery Histo picture (Half filled Narrowing) HTN
options \rightarrow Arteriosclerosis marked.
- Hypovolumic Shock Arrows
- Nose bleeding, Hemetoria \rightarrow Hereditary hemostatic Telangiectatic
- Thyroid Surgery preserve Artery \rightarrow Inf Thyroid
- Accident case CI \rightarrow Hypothalamus
- Clitomegaly, Na \downarrow , K \uparrow \rightarrow 21 Hydroxylase \downarrow
- Sitagliptin Action \rightarrow Insulin Secretion \uparrow
GLP Induced
- Insulinoma night hypoglycemia \rightarrow Neuroendocrine
Cell Tumors
Insulin \uparrow C-peptide \uparrow
- repeated duodenal and jejunal ulcers \rightarrow ZES
- Symptoms of pheochromocytoma \rightarrow RET gene
- Malabsorption Symptom After
Pancreaticoduodenectomy \rightarrow Pancreatic
Insufficiency

For me the exam was more like uworld than any other resource. But easy uworld blocks. Stems were long so you needed to figure out what's important and what's noise. Concepts tested are all high yield. Don't panic you know everything just put the pieces to the puzzle and you'll be fine.

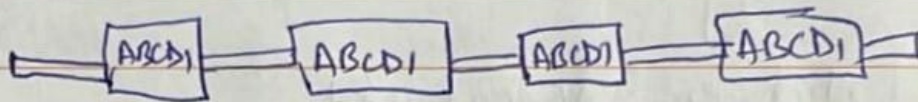
1. Babesiosis- maltese cross- Connecticut
2. Child with night sweats fever not resolved with paracetamol. B cell lymphoma check for abdominal mass
3. Spasticity; baclofen GABA_B receptor activator
4. IGRA test negative in TB patient with HIV – Due to low CD4 count
5. Spinal cord meningioma
6. Nephroblastoma – easy case
7. Men 2b patient – look for oral lesions
8. Female accident – Fat necrosis of breast
9. Ckit mutation – GIST
10. C kit mutation – where does the cancer arise from – interstitial cells of cajal
11. Type 1 H/S what increase – tryptase
12. Hyperacute rejection – HLA mismatch on vascular endothelial cells.
13. Women at 32 weeks' gestation given mgso₄. Another medication would be given which increases – lamellar bodies (store surfactant)
14. Contact Dermatitis – Type 4 H/S
15. 2 Interpreter questions straight forward
16. Women takes ocp – free t3 t4 same tbg increase
17. Type 2 dm – insulin resistance
18. Patient with type 2 dm nausea and vomiting – due to metformin
19. Obese patient – leptin Increase
20. Scientist makes immortal cells – derived from epithelial cells
21. For more recent and solved files visit medcrucal.com
22. Melanoma mets to brain – had to diagnose
23. Dog bite led to cellulitis – staph aureus (gram positive cocci in clusters mentioned in stem)
24. Focal seizures with pre ictal aura – had to label origin (temporal lobe)
25. Hemi hyperplasia (Wilms tumor)
26. Recurrent epistaxis, telangiectasias – av malformations
27. HIV patient ring enhancing lesion with cd4 count at 110 – b cell lymphoma due to ebv, toxo also given but cd4 count so... but please check
28. Marfan – fibrillin 1
29. For more recent and solved files visit medcrucal.com
30. Two murmurs aortic stenosis and mitral regurg had to identify by listening no clue in stem
31. Ecg wolf Parkinson white
32. Ecg MI I could find ST elevation at V1 and V2 so marked anteroseptal but please do look at MI ecgs
33. Pregnant woman anti biotic for uti – cell wall inhibitor
34. HSV encephalopathy – drug moa thymidylate kinase
35. Vit A tox – hepatomegaly dry skin
36. Mastitis
37. IgA nephropathy – had to diagnose with biopsy findings – granular deposits

38. Cyclosporine nephrotoxicity moa calcineurin inhibitor
39. Endometrial hyperplasia – estrogen
40. Scrotal hematoma after accident – urethra injured
41. Urge incontinence – Oxybutynin
42. NBME graph on antimuscarinic drugs effect on HR and Contractility
43. NBME picture entamoeba histolytica
44. NBME picture Hodgkin lymphoma
45. Mycophenolate mofetil using transplant patients gets diarrhea – cmv infection
46. Patient with di George low immunoglobulins how to treat – give immunoglobulins
47. Negatively skewed graph best measure of central tendency – median
48. Two questions regarding Odds ratio, be careful with CI in the graphs (they included 1 which made them non-significant)
49. Frontotemporal dementia akinetic mutism – look for language defects
50. Endometrial cancer risk factor- high bmi
51. Brca – incomplete penetrance
52. Pedigree showing autosomal dominant – chances of inheritance 50% look up pedigrees please
53. Pancreatitis patient developed lung symptoms – diagnose ARDS and alveolar membrane damage
54. Tear cells – myelofibrosis
55. Dupuytren's Contracture – Fibroblasts
56. Osteosarcoma – had to diagnose based on histology alone
57. Old man with inc alp and hearing loss – pagets disease of bone
58. Gout Picture NBME
59. MS pathophysio – Demyelinating
60. Follicular lymphoma on histology – 14:18
61. ITP case straight forward
62. Ohio river valley – Blastomycosis
63. 4-5 ethics questions per block easy ethics would recommend doing Mehlman ethics HY for it

① Clathrin mutation -- what will

Golgi glycosylation
Transport vesicles.
ER

- (2) In an Exp knock out gene mouse
shows translocation GTP2
In gene ABCD1 of lung. You
observe this finding.. Cause?



I marked ↑ gene transcription.
Idk

- (3) A female at age 14 irregular menses
last months ago. Shows acne
Cause?

- (a) ↑ FSH (b) ↓ GnRH
(c) Insulin resistance.

⑦ Lytic lesions ; CB1a → Langgane history

⑧ Injury or loss of sensory of 1st 2 toe fingers Applied nerve

Superficial Peroneal N
~~Deep Peroneal N~~

⑨ Pain in Rt Shoulder & lesion on hand & carpal tunnel cause

a) CMV & viral c) Adeno d) HIV

⑩ ① Lung Consolidation Breath sounds
absent.

⑪ Pic of prominent vein on lat leg asked mechanism

- Arterial Insufficiency
- Venous Insufficiency
- vein bucking

- ④ An 11/8 pregnant female is being large head is protruding out ... looking out ... better? Gut
- Pleuroperitoneal defect etc
- Ventral wall defect
- ⑤ A female 16 not menstruating, Best development at T12 stage
 1/2 scar pulse is artery head female genitalia
- Androgen Insensitivity
 5 α reductase def
 PCO
 XY male nondisjunction
- ⑥ Female 1/0 1/1 drug Abuse, is Suppurative
 Now c/o Papule purpura on head
 Sexual history 2 male partners is
 inconsistent Consider the Mode of Entry
 of Organism
 1) Cup 120 2) Pillus • Flagellum

16 Corioides pic NAME, h/p working in DHO as building maker, family a/c Mississippi and also doing some thing like are you - Ask workers. the R/F

17 Working as construction worker as farmer.

18 Siliquiform actin → GAD1.

19 pt diagnose = BCC due to sun exposure askng defect?

- a) Double shaded lesion
- b) single shaded lesion
- c) Papular dome lesion

20 Grandfather had color blindness
Grandfather → MSH gene

12 Pre of Malaise = Trophozoite Ring cell pre Act. Org, Also pre treated (both) = 1 and malaise one year ago (pic) India. Act. organism (see) Options had a) Jalapaum b) Malaise c) Vale d) Rabies

13 There was a injury to knee something after somebody can untreated the laceration. Ask with

- a) Epithelial Regrowth
- b) Scar some other options

14 After MVA Amputation of 1/4 till knee - After 3 months?

- a) Bone heal.
- b) Gait is better

15 Injury hand → after 1 day we see? a) Neutrophils b) Macrophages c) Fibroblasts

45

CT scan is RTA shows bladder is urethra & extravasation of urine. Asked the cause of injury.

Blunt trauma. Pelvic fracture.

46

Pt alcoholic, had 2 eps of admission dx pancreatitis. Now present to ER is SOB & hypertension. What's cause?

1) Pancreatic Pseudocyst 2) ch. Pancreatitis.

47

One pt where one eye was white. in pic take the color of a kid's have normal eye. Ask what is

Rb mutation

48

Shunt placed for liver cirrhosis where

of hepatic vein of IVC. 1) Short gastric vein

49

Diabetic pt Xray give of Ethanol & big toe is swelling tissue. pt had acute pain of 2 yrs of 14th Ask what drug to be given.

1) Invertase COX inhibitor
2) Reverse COX inhibitor.
3) Mercaptopurine directly.
4) Xanthine Oxidase inhibitor.

50

Women on Omeprazole only having water. what changes will you add from 1st to 3rd week?

Phenytoin Butyrate FA

51

Neuron chink sound on Exam Cause →

1) Developmental dyspraxia I marked it wrong

31) There was a skin infection & think all- injury 1 cat element. What Abx to give

-) Cefuroxime
-) Rifampin
-) Doxycycline

38) Pt is uneasy sym & Diplopia MRI what will you see?

It was MS case
Ans Oligoclonal bands (Oligoclonal zone)

39) A baby girl with normal milestone at age 8 yrs now dependent decline cognitive & motor function. What are will you see in patient?

Ans Useless hand marks (Petit sign).

40) Pt have difficulty to give from chair general weakness, lethargy. This looked like Lambert Eaton syn. Oppn what issue.
•) Ca Channel Ab
•) Anti-pore mutation
•) Dihydropyridine mutation

31) Another per Parkinson ate at Restaurant to give
Ans Anti Histamine

32) ~~the~~ what? ↑ in Epilepsy
↳ Type Ca channels other options of Ca/H channels.

33) Pt breast fed for 1 year, develops diarrhea & poor weight gain def?

34) Histogram is the skewed out towards the left measure.

35) Mentored CF disease is all symptoms of B12 def. MMA also accumulates
Are would be deficient in P1

•) B12 •) vit A •) vit D •) vit E

36) Mc Arde scenario Anova →
↓ ATP , ↓ K.

25) Pt ē h/o RPH and compulsive enuresis (urine staining on toilet seat) cause?

- a) Aortic Baroreceptor Firing
b) ↓ CO. c)

26) Pt 1 month in Tanzeem School local
good also lung SOB etc. Dig?

- a) Streptococcus b) Ascaris c) Neural

27) Cystic Fibrosis Pedigree, Brother disease
Chance of being carrier → 2/3

28) HCM KA scenario SH, LVOT
etc ask genetic transmission → AD.

29) HCM scenario ask about
molecular → sacrocausal prob.

30) Family dining in 'Restaurant', 9 swelling of
tongue. Pile. Ate Fish, allergy and cause?

- a) Histamine b) Bradykinin c) Na⁺ channels.

30) There were 5 diff scenarios
ē SOB & lung findings & action
makeup scenario ē causes
of skunk, PE, V/D murmur, ARDs

* Do all these nicely

21) T10 injury findings. Pt side

- a) i) ↓ pain & temp L & ↓ touch &
proprioception

ii) ↓ Pain & temp L & ↓ touch & proprioception

22) Taking Injections for LA Adhesion
finding no option of Reanimation of TR.

23) 3rd Molar procedure usual - (N) affected
ans. Inguinal N

24) Swelling on dorsal wrist, no Pain,
cystic & pain relieved from the middle of

Exam is doable if you calm
your nerves & manage time

Read Ques, make answer note
forward.

If you panic you will not
pick easy stem or long scenario
So practice question.

Know the findings & RIF of
diseases, differences.

Lots of options were confusing

Mentioning findings like

-) Parasternal heave.
-) ↑ Intravascular lung markings
-) Lung opacity.
-) non-pneumonic spurlin

Please do pray & clear Exam
--- Bohat tension hai.. :C

125. RTA pt came in ER with chest crepitus and 80/50 pressures. What has happened

126. A Splenic rupture

127. B Rib fracture

128. pitcher sport infraspinatus..

Handwritten note:
 @ trial & some people vaccinated & unvaccinated & influenza vaccine
 seen that more hospital admission d/t new strain,
 Reason?
 ① Methylation of hemagglutinin. ② Phosphorylation of neuraminidase
 ③ Acetylation of neuraminidase ④ Repression of hemagglutinin

1 29.

The correct option was option E= Gene rearrangement of neuroaminidase

130. Laceration on palm after 3 days, erythema and fluctuance no pus found= proliferative

131. death rate to be calculated but age not given what to measure.

crude death rate or significant rate

132. A new variant of Brca2 mutation which isn't classified as pathological or nonpathological, in which C->T point mutation which doesn't change the protein structure. What can be inferred about this? A. The mutation has undetermined significance. B. It is an spontaneous mutation

133. Adrenoleukodystrophy case, VLCFA accumulated which organ involved-adrenal

1 34. Fragile X syndrome— Hypermethylation of cytosine residues

1 35. Pt. stuck on a mountain at low temperature, what maintains her body temp. = Uncoupling of oxidative phosphorylation

1 36. Family hx of hypercholesterolemia, pt LDL and cholesterol high HDL low. Which receptor mutation= LDL

137. Infection mononucleosis case Heterophile +ve which organism= Herpes virus

1 38. Patient COPD, polycythemia due to which factor. A. induction of hypoxia inducible factor 2 B. JAK

1 39. Pt. with ascites, aspiration epithelial atypical cells, which cancer

= CRC, Kidney, Adrenal, Ovarian

140. Itching mediator= Histamine

141. Pt anosmia and hypogonadism which hormone decreased in plasma= LH

142. Androgen insensitivity syndrome receptor= Nuclear

143. 100 pts, a drug given for osteoarthritis which shows decrease in risk of fracture ($p < 0.003$). What is the limitation in proving validation of the study. A. decreased power B. decreased generalizability of the study

144. Tonsillitis and lymphadenopathy, the sensation of tongue is provided by. A. Trigeminal and glossopharyngeal

End of document ■

1. Wide split of S2 fix during inspiration and expiration = ASD Injury to ant.
2. Chest which heart chamber involved = RV
3. 37 yr male, high arched palate, kyphoscoliosis, murmur audio best heard at mitral area= MVP
4. 73 yr old male AS murmur radiates to carotid, what is the characteristic of pulse=weak and delayed
5. Torsades de pointes ECG, pt on fluconazole which ion involved= K
6. Progressive RR interval increase ECG= Sick sinus and AV nodal block in options
7. ACE inhibitor arrow for Ang I, Ang II, Aldosterone
8. Myxoma case, which chamber = LA
9. Achalasia pic which neurotransmitter= NO
10. 11 month old baby presents to ER with bruising, femoral fracture,

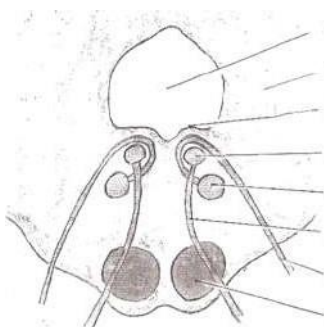
and hepatic hematoma, bruise on ant abdomen and back, mother gone on vacation, 19 yr old babysitter says the child fall forward from chair, which of the following indicates that its not an accidental injury

- A. Age of Babysitter
- B. Multiple injuries

- C. Torsal contusions
- D. Relationship of mother

11. Palatine tonsil = 2nd pharyngeal pouch
12. High dose dexamethasone suppressed ACTH, = pituitary adenoma
13. Low Na in lab, scc of lung= increased incorporation of aquaporin channels
14. Lambert Eaton = inhibit voltage gated Ca channel
15. Prolonged QT interval pt. taking TCA where on the diagram is the neurotransmitter acting= mark NET
16. Neuronal excitotoxicity which receptor=NMDA
17. Beta cell of pancreas, origin = neuroendocrine
18. Arm erythema with scales, hyperglycemia, Insulin glucose and glucagon increased, why hyperglycemia= Increased release from liver(GLUCAGONOMA)
19. 3 am to 7 am hyperglycemia
20. Ascites presentation, ascites happen to due to defect of which organelle in Liver= ER(synthesizes albumin)
21. Type 2 diabetes case, cause = insulin resistance

22. 37 yr old female amenorrhea for 6 months, has hypothyroidism, sister has Addison, mother has DM type 1 why amenorrhea? Autoimmune polyendocrine syndrome
23. vit D deficiency, arrow = Ca, P04, PTH
24. PDH deficiency which diet to give= 80% fat 15% protein and 5% carb.
All other options had increased carbs
25. Factitious disorder = nurse injecting insulin, multiple visit & no Cpeptide in blood, get well with infusion
26. Sudden loss of vision in one eye and then normal vision, hx of carotid artery atherosclerosis= Amourosis fugax
27. Polyunsaturated fatty acids that cannot be synthesized in the body and must be provided in the diet (eg, nuts/seeds, plant oils, seafood).



Fourth ventricle
Cerebellar peduncles
Facial colliculus
Abducens nucleus
Facial nucleus
Abducens nerve
Facial nerve
Corticospinal tract

28.

Pons section with facial and abducens nerve shaded. Pt had normal adduction and abduction of one eye, and abnormal abduction of other eye, what other symptoms= Facial asymmetry

29. Clans penis nerve supply= Dorsal nerve of penis(S2-S4)
30. Weakened dorsiflexion which nerve root radiculopathy=L5
- 31 . Absent ankle reflex compression where= L5-S1
32. Urinary incontinence which drug to give old man = anticholinergic(no b3 agonist in option)
33. TCA drug given, caused confusion due to which receptor = muscarinic
34. Adrenergic insensitivity syndrome which receptor = nuclear
35. Turner case description, amenorrhea at age 17 & healthy= external genitalia normal
36. Obese female compare to normal BMI sister which hormone dec. cholecystokinin (I did it), leptin, gastrin, secretin
37. 1 drug,A given which increases SBP and decreases HR, another drug B added thus inc SBP and inc HR which drugs= A.norepinephrine B. atropine
38. One case of post. Testis tenderness, no discharge doesn't transilluminate, no systemic signs= Epididymitis(I did)
39. Qs of polycythemia vera, 1- gene mutation (JAK-2)
40. Follicular lymphoma case, BCL-2 action = inhibit apoptosis
41. Pheochromocytoma, hyperglycemia why. Catecholamines increases gluconeogenesis
42. Leukocoria, mass in orbit, which gene= Rb

43. Compression fracture of vertebrae in postmenopausal female, drug
MOA = inhibit osteoclast
44. Child Pyruvate kinase deficiency = burr cell and hemolytic anemia
45. Qs of folate, 1- function during nucleic acid synthesis (methylation)
46. MI history using chewable antiplatelet, irreversibly inhibit = COX
47. A child with papilledema, brain CT, what will u see in histology= Me-



medulloblastoma

48. Tuberous sclerosis case, what else = subependymal nodule
49. Merkle diverticulum case = ectopic gastric tissue
50. Hysterectomy history, now intestinal obstruction feature, cause = adhesion
51. H. pylori gram stain, if left untreated how it inc. risk of cancer why.

A. proliferation of multiclonal B lymphocyte B. hyperplasia of parietal cells C. hyperplasia of gastrin secreting cells D. Squamous metaplasia

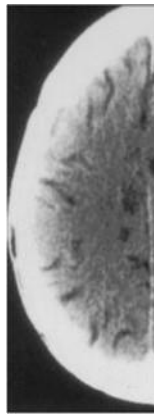
52. 25 yr old male, limb surgery, after surgery pt is educated on physical therapy and diet. WHAT is the next best response. A. Do u have any concerns regarding what I have told you. B. what questions do u have regarding what I have told you



53. kid with renal failure= post. Urethral valve

54. One page case on stone, hexagonal mentioned in last line= Cystine
 55. 95 sn, 95 specificity, 50 prevalence PPV= 95
 56. New marker introduced for cancer, which overlap with normal values which of the following criteria can be used to determine validity of test. A. Likelihood ratio B. Higher specificity C. Higher sensitivity
 57. Cd3Z mutation. Cells affected T cell(dec) B cell(normal) NK cells(decreased)
 58. Mother RH + and father RH - = no need for anti-RH D antibody for both mother and infant
 59. Cirrhosis feature, retrograde flow in which vessel= left gastric
 60. Hemolytic anemia, jaundice= babesiosis
 61. Jaundice, conjunctival erythema, maculopapular rash, water activity= Leptospirosis
 62. Impetigo hx, enlarged cervical lymph nodes= Staph aureus
 63. Laceration in foot and not necrotic lesion & crepitus, bacillus organism feature (C. prifrengein) = gram +, anaerobic
 64. SIE which type of hypersensitivity= Type 3
 65. Partial agonist curve Inverse agonist curve
 66. Positive skew= mean>mode
 67. A new drug which is undergoing a trial for DM type 2, it says there cant be a placebo group but we have to prove that it increases the chance of hemorrhagic stroke no more than 1.005 of that of standard
- txt. Which study= A. Bioequivalence study B.Noninferiority study
68. Lactulose MOA in hepato-encephalopathy = dec. PH ---> NH₄⁺ formation = excretion of ammonia
 69. Rcc case, lytic bone lesions, 2.5 cm mass in kidney, 1 cm mass on liver, 18.5 hb drug acts where= programmed cell death receptor
 70. Lynch syndrome (HNPCC), 1- gene (ML-H-1)
 71. Metabolic syndrome symptom (weight gain, hyperlipidemia) due to drug = clozapine
 72. Angioedema case, drug = ACE inhibitor
 73. Post-chemotherapy drug for vomiting MOA = HT-3 inhibitor (ondansetron)
 74. Qs of Erectile dysfunctions, 1- risk factor (DM)
 75. Seizure origin in brain = temporal lobe
 76. Bat bit, rabies - going to CNS = microtubule, dynein
 77. Axonal transport= Kinesin
 78. Kaposi sarcoma = HHV-8
 79. Panic attack when have a presentation, come to ER pt. say I felt, I am going to dye— physician response.

80. 80 yr old stroke, really loves to play with children and work at a shelter home, daughters asks when can he resume these activities, physician response. What do you know about your fathers condition
- 81 . One page qs on confidence interval regarding nicotine dependence on many sub groups of Hispanics. Only significant was Puerto rico(OR doesn't include 1)
82. Kaposi sarcoma = HHV-8
83. Asbestosis, pleural plaque, risk factor = shipyard working
84. ARDS what deficient= phophatidylcholine
85. Pt on fibrate, gallstones why. Decreased ursodeoxycholic acid
86. Older Pt took a frug X, high liver metabolism steady state in 8 hrs. maintenance dose taken properly. Nurse watches that he takes meds on time. Had an episode of congestive heart failure, now drug conc increased 4 times. Why. A. decrease hepatic blood flow B. decreased peripheral tissue uptake C. increased absorption
87. Cryoglobulinemia case, renal Glomerulonephritis feature, associated w/ = Hep. C
88. Scarlet fever case, rough rash on trunk, sore throat & fever, which other finding = strawberry tongue
89. Croup case=inspiratory stridor=lower respiratory tree
90. Recurrent infection w/ Stap. Aureus & Serratia, aspergillus, cause = chronic granulomatous disease — CGD
91. ADHD drug MOA = inhibit reuptake of NE & dopamine (catecholamine)
92. Giardia case, cause of symptom = atrophy of Villi (confirm it)
93. A case of child expelled from school due to carrying knives. Recent school firing in another state school. On talking to physician he says they are trying to hurt me cos the voices are telling me so, also My mom wants to kill me so I keep a knife at night. What is this? A. Adjustment disorder B. brief psychotic disorder C. schizophrenia D. Schizotypal personality disorder
94. Hemangioma pic on baby head, origin = mesoderm
95. Sup. Thyroid artery ligated during thyroid surgery, collateral supply from branch of= thyrocervical trunk
96. Schistosoma haematobium = squamous cell carcinoma of bladder= SNAILS
97. Exercise induced asthma, txt given which enzyme activity increases= PG12 synthase
98. Tramadol & phenelzine, now serotonin syndrome — flushing, diarrhea, HTN, other finding = hyperreflexia
99. Recurrent abdominal pain and diarrhea sometimes bloody, perianal tags and fissures= Crohn disease
100. Pt on azathiopurine, allopurinol given now myelosuppression why= Accumulation of 6MP
101. Bleeding from duodenal ulcer, branch of which artery= Celiac
102. Metastaic Urothelial carcinoma, which lymph nodes to resect=iliac



Toxoplasma gondii

103.

104. Two qs on asbestosis one pleural thickening mentioned risk factor asked second exposure= shipbuilding

105. Family hx of colorectal ca, ovarian ca, and endometrial ca= MI-HI 106. Absolute risk reduction given, calculate NNT

107. Fibromuscular dysplasia case, captopril given, sudden increase in Cr after 3 weeks, reason? Loss of efferent arteriolar constriction.

Similar 2nd qs answer was decreased gfr

108. A case of FTD, in which a person shows genitals in front of everyone what other feature would you look for? A. executive dysfunction B. impaired conc. C. Visuospatial defects

109. Plantar fasciitis= heel pain worse with first steps in the morning

1 10. Two pedigrees both mitochondrial one asking chance in next child=100% and the 2nd asking for reason of varying severity-heteroplasmy

1 1 1. Lung hemartoma past q

1 12. Patient presented with mass in breast which is well

113. circumscribed, mildly tender and mobile. Duct cells present but no atypia or mitosis What is most likely diagnosis?

1. Fibroadenoma

2. Fat necrosis

3. Malignancy

4. Intraductal papilloma

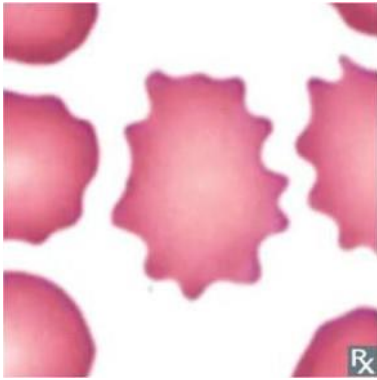
1 1 4. straddle injury which structure damaged= penile urethra

1 1 5. Upper 3rd molar pain- trigeminal

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116. Pt underwent dental procedure developed murmur 3 weeks later, which valve is involved MV

117. Pt. eating a lot at night which enzyme activity increased= PFK2 118. Turner syndrome ki presentation thi answer was External genital examination will be normal



119. Burr cells (pyruvate kinase def)

120. Pton HAART= Both CD3 and CD4 inc

121. Patient having problem in dorsiflexion and decreased sensation between toes . Attempt is made to repair the nerve . Structure at risk

during surgery : options were medial saphenous vein , anterior tibial artery other options were not linked

122. Smoking pts in a study, the more they smoke the more the risk for lung cancer= Dose dependent relationship

123. Pheochromocytoma case, pt had increased glucose levels why. Increased gluconeogenesis

124. 9 month child which fine motor skill= Pincer grasp