

Endocrine:

Lot of questions on ADH (high, low, causes and consequences)

Post partum thyroiditis

PTH and Calcium metabolism extremely imp 5-6 q

Sodium glucose absorbed together (ORS)

21 alpha hydroxylase def

Leptin insufficient in obesity/

SIADH page must do.

Very Old pt on tons of drugs gained weight. Drug not taken? For hypoThyroid

Papillary ca: obstruction of neck in old pt.

Post Thyroidectomy hypocalcemia due parathyroid removal.

Pseudohypoparathyroidism exact cause.

Gastroparesis in

T2DM type 1

DM

Long term constipation in kid, has UTI, maybe nephroblastoma.

Zollinger Ellison: GI bleeding history given.

DPP4 - mechanism

GI:

Omphalocele ultrasound image given, patho asked: herniation thru umbilicus.

Post Pancreaticoduodenectomy, oily stool. Cause? Pancreatic insufficiency maybe (or dumping syndrome?)

External hemorrhoids image of biopsy (painful: reason is thrombosis)

Post Laparoscopy in LLQ which artery is damaged? Ext iliac?

Non scrapable white stuff on tongue: cause? EBV.

GERD image (reddened SCJ)

Celiac disease Antibodies given, you'll find? Villous atrophy.

Meckel question, cause? Persistent vitelline omphalomesenteric duct.

Fullness vomiting constipation, ie ileus. .In long-standing t2DM.

Lynch cause: mismatch repair.

Exophytic mass with bleed ie CRC. Cause? APC.

Peritonitis+ bile duct involv Besides gram negatives what will you target? Enterococcus.

Steatosis pt, Cause? Fatty acid synth increased.

Portal vein thrombosis, you palpate liver> JVP increases, then what? pulmonic valve closure intensity increases.

Pancreatitis chronic with calcification. A lesion has grown on it and it doesn't have epithelium but has eosinophilic granular material. It was a Pseudocyst I think.

After major blood loss, what happens to RBC after 10 days?  
Hypochromia?

Sideroblastic anemia, with abd pain, finger numbness. (stippling image) (lead factory) > heme ring not formed.

Fanconi anemia: growth doomed, hand photo given to tell you there's thumb radial defects.

DIC

Burkitt lymphoma starry sky image, translocation: c myc

Multiple myeloma ( anemia, globin high, lytic bone defects, back pain)

CML ( basophilia + other myeloid hyperplasias) translocation is Philadelphia chr.

PCV: jak2

Langerhans cell histiocytosis : CD1a + mastoiditis

Rhabdomyolysis will lead to high K<sup>+</sup>

HIT due to Pt factor 4 Ab.

Cardio:

Most ant. Structure in heart is RV

Vague stem with persistent bradycardia with hypotension in an RCA MI so that's due to a nodal abnormality.

Couple questions on the preload, cardiac output curves ie with hypovolemia> preload and CO decreased

Audio Murmurs were doable with history cause one was post dental surgery ie mitral valve regurg

And the other was an old guy with delayed carotid upstroke with a clear crescendo decrescendo systolic murmur on the whole left side.

+ Diastolic rumbling murmur long stem mitral stenosis.

What happens if you palpate the liver in portal vein thrombosis> jvp increase will lead to increased intensity of which heart sound?  
Pulmonary valve closure.

s3 sound, HF questions

ANP mechanism (catheter inflated in RA> what will happen to sodium levels and afferent arteriole: dilation and excretion)

Carotid massage > HR BP reduce.

Afib single strip EZ Dx

Long stem: FQ cause QT prolong arrhythmia

Dilated cardiomyop image

hypertrophic cardiomyopathy cause of mutation in? Sarcomeric protein

All arrows in shock.

fibrates

Quick acting anti arrhythmic for SVT mechanism? K<sup>+</sup> efflux.

NEURO

amygdala

Cerebellum

Basal ganglia

Medial medullary syndrome manifestations given, select the area of the image affected. (Tongue deviates to the same side of lesion)

3rd molar extraction, which nerve can be damaged? Branch of trigeminal (inf alveolar)

Lateral corticospinal tract should be ablated in a person with extreme pain even with opioids.

Spinal Tracts anatomy

Cerebral ischemic stroke excitotoxicity due to NMDA but what actually happens to calcium levels in/out the cell?

Absence seizures happen due to which type of calcium channels?

Short acting benzo: midazolam

Alzheimer's

CJD long stem startle myoclonus, 14-3-3, what will you see in biopsy: spongiform

Multiple sclerosis with oligoclonal bands and another question with which cell affected: oligodendrocyte.

Cdcount less so what's the cause of brain lesion in HIV: JC

Ependymoma.

ALS (spastic lesions, sensation normal, hereditary form linked with which mutation? SOD

Vitamin E and B12 effect on spinal cord

Friedreich ataxia Dx

Local anaesthetic works for too long: Na channel problem.

Malignant hyperthermia

Psychiatry:

Diagnosing positive/negative reinforcement/punishment.

Projection (overeating female reverts to a counseling doctor, ki shayad TU Khaata hai icecream roz raat)



Rett syndrome features, what else is seen: large head.

Confusion ataxia and ophthalmoplegia ie Thiamine deficiency

So : transketolase doesn't work.

Schizo: tricky question with blunt affect and auditory hallucination

Diagnosing MDD 2q

Best way to deal with hypochondriasis? What else is troubling you in your life?

Personality disorders

Anorexia: ions decreased.

Pica in pregnancy

What to give to an Alcoholic to stop alcohol? Opioid antagonist.

Cannabis tox.

PCP nystagmus, violence

Renal:

Potter sequence

Horseshoe kidney uti and large mass in abdomen

Look for NSAIDs and Ace inhibitors/ARBs stifling renal function in their distinct mechanisms.

Fanconi syndrome

Goodpasture

Minimal change disease (infection in child)

Amyloidosis in kidney: cause? Autoimmune disease.

Diagnosing nephrolithiasis.

Stress incontinence cause.

AIN 2 q

Renovascular atherosclerosis

Renal cell ca image with risk factor asked.

Diuretics mechanism and site of action

Repro:

Patent vitelline duct > meckel

Lymphatic drainage again very important

Urethral injury asked which part of urethra involved if contrast leaks inside: membranous.

Estrogen does what to LDL HDL

Disorders of sexual development: androgen insensitivity

Male with uterus and cervix: microdeletion in y chrms.

Cervical Ca cells seen koilocytes

Adenomyosis

Orchitis question

Spinal mets in prostate adenoCa

Respiratory:

Breath Sounds, fremitus percussion table is important

Hypothermic man stranded in snow has low O<sub>2</sub>, high CO<sub>2</sub>, cause?

Chinese man with bleeding in the nose, which other cancer is associated with this virus: Burkitt

Bronchiectasis.

Atelectasis

Restrictive pattern of flow volume in a long term RA patient: interstitial fibrosis.

Pthrp increased in sq cell ca

Very symptomatic asthma patient on ICS + beta agonist, you give omalizumab

Biochemistry:

UV rays will damage what? Pyrimidine dimers.

Clathrin does what: vesicular transport

VLCFA beta oxidation defect: organelle involved? Peroxisome.

SNOW DROP

Huntington chorea vignette given with irregular movements and grimacing and depression or dementia, what is its inheritance? AD

Heteroplasmy = different number of mitochondria

And MELAS described

2 questions, one vignette and 1 pedigree with all kids of a mom affected and asked the chances of 1 of those children being affected? 100%

Prader Willi stem described asked what is the molecular genetic pathology? Microdeletion (?)

Cystic fibrosis Autosomal recessive so what are the chances of a child being a carrier if their sibling is affected.=  $\frac{2}{3}$

Rett syndrome has hand wringing.

Thiamine deficiency b1 in alcoholic so confusion ophthalmoplegia and ataxia, which enzyme problem? Transketolase.

Do Folate B12 in entirety

Vit D

Alkaptonuria

McArdle: flat venous lactate curve after exercise. What's the enzyme def: Glycogen phosphorylase.

Fatty acid synthesis and pathway important because they'll ask you what substrate and product will increase in long fasting, in post prandial state, in exercise.

Lipid metabolism important in its entirety. Especially metabolic fuel use with time (2-3 q)

Microbiology

Bacterial structures: drug X given. Surface growth vs growth in culture. Surface growth inhibited by drug X, which bacterial structure was curtailed.

Encapsulated bacteria, aspelics

IgA protease mucosal colonization

Cholera cAMP inc. and voluminous watery diarrhea

Gram positive and negative lab algorithm really important

Toxic shock syndrome

Binds to T cell receptor

C perfringens lecithinase gas crepitus

Neisseria Gonorrhea and meningococci

EHEC TTP HUS mechanism of toxin

Chlamydia painful inguinal lymphadenopathy

Histoplasma when Cd4 tell below 200

Coccidiosis nbme image + Long stem with lots of travel but Arizona so the risk factor is travel to Arizona

Aspergillus

Sporothrix rx: azole

Giardia manifestation

Girl went to India and had malaria, 1 year later she has high fever so this is vivax cause they make hypozoites and stay dormant in the liver.

Ascaris, lung symptoms.

Image of strongyloides stercoralis, how did it enter the body? Skin.

Schistosoma

Influenza reassortment

Parvovirus with red rash on face and body, sore throat, where will this virus attack? P antigen of RBC.

Epstein Barr.

Page 174, common diseases of HIV+ adults really fucking imp 2-3 q, JC, histoplasma,



Mass on vocal cords in newborn, this is HPV

Mechanism of Rx for E coli UTI, folate synthesis inhibition

FQ : QT prolong

Apo B48 function

Ans.. chylomicron secretion

Locked in syndrome described

Pons hemorrhage ( ans)

Chest me stab. Found percussion dull

Hemo pneumothorax

Free 120 old questions patient injury edema hogya tha

Fibroblast growth factor

Colon multiple polyps lips multi pigmentation

Peutz Jeger

Alpha 0.05 se 0.01 ki chances of

Decrease alpha 1 error

Autosomal recessive disease mother affected ( father not known  
chances of fetus ( cystic fibrosis

2 logon the genetic makeup same ek ko disease hai doosre ko nh hai(  
incomplete penetrance)

- 1). Dapsone..oxygen saturation kam..methemoglobinemia
- 2). Amyloidosis..nmbe pic..asked for multiple myeloma
- 3). Pain valla question ..mediated by ..options pge2, histamine, bradykinin

Long question.bacha tha injury thi ..truncal contusions kiya do  
confirm

Sudden death...histo given buht si red red ness thi...pulmonary  
embolism lag rha Cardiomyopathy ke question ache se kro

Dilated cardio myopathy...all chamber dilated ka option tha

Leads krke jao ..ek sawal tha not remember

Dye in jugular vein ..pass through pulmonic valve

Long question.bacha tha injury thi ..truncal contusions kiya do  
confirm

N3 sleep...sleep walk with slowest wave

Adh given to baby...urine output kam hoga

Ocp use...free t3/4..total t3/4...tsh level arrows

Insulinoma ..neuroendocrine

Insulin.raise.. hypoglycemia...c peptide kam..factitious

21 hydroxylase....cliteromegaly..low bp

Adrenal gland ..lymph node...paraaortic

Diabetic insipidus...central ..ka case...accident huya ...adh ka pucha kahan se aarha...supraortic

Parietal cell histo...infrinnsic factor kam huya hai..diagram

Accident huya...xray show pneumoperitonium...options diff the, el spleen rupture

External hemorrhoid...histo(pink with redness ..)..pain die to thrombosed

Development dysplasia...clunk sound..leg choti bhari

Patellar bursitis...farmer..betha hai kmee pain. knee pain...prepatellar bursa kharab

Posriaris...nail pitting...or kya hx lenge...skin ki

Hemaingioma ..dervivative...endodermal origin

Neuro...histo given...pineal gland..origin asked ..

Mdd case

Brief pychotic case

Gambling ...symptoms..pathway for craving asked...mesolimbic/ mesocortical

Rheumatoid arthritis drug tn timer

Rosela...case

Periventricular calcification , microcephaly Pregnant pt..zika ..answer traveling hx..do confirm

Dapsone..oxygen saturation kam..methemoglobinemia

Hiv therapy..given lactic acidosis...masla lahan pe mitochondria

Acyclovir resistance thymidine kinase vala

Wound laceration...after 3 days..proliferative phase

Fat necrosis....pancreatic case acute pancreatitis vala question

Amyloidosis..nmbe pic..asked for multiple myeloma

Aged banda, cardia masla,, konsa amyloid...transthyritin vala option

Pain valla question ..mediated by ..options pge2, histamine, bradykinin

Long question.bacha tha injury thi ..truncal contusions kiya do confirm

Sarcoidosis..bilalateral hilar lymph...raise ca..why.a 1 hydroxylase nahi tha...kuch vit d activation kuch do confirm

Staging asked ..worse prognosis..asked...distant metastasis

Crutz jacob....14-3-3..spongiform asked

Asbestos ..pleural plaques...ferrogenous ..fibrosis lower lobe..diagnosis asked

Hhv 8 ..spindle slit like pattern given

Herefidatory sperocyte ...pic...cell membrane integrity ka masla

Aged ...men running..respo problem...due to aging...ya physiologic dead space do confirm

Positive skewed graph...mean greater than median

16 yr girl drinking...mother go out what physician response...common in young age

Bph case drug asked....drug asked a1 blocker.

Pupil dialted,,, rhinorrhea,, heart rate raise...asked opoid withdrawl

Sevoflourane taken...now ryanodine receptor vala ...malignant hyperthermia

Fetal alcohol syndrome case symptoms....what to ask from mother..  
alcohol hx

Catheter insert in urethra..cross section .of penis

Bias...random tv add..question...selection bias

Sternum damage...rv damage

RCA occlusion...treated...bradycardia phir bi ho rha..due to  
malfunction SA node

Hyperthyroidism...symptoms given...cyst given..toxic nodular goiter

A-fib ECG ...irregularly irregular

Candida...case white discharge , itching..drug

UTI simple drug asked..MOA ..folate liw vala

Pneumocystis jirovecii pic..treatment , prophylaxis asked..TMP  
,SMX

Crepitus, ulcers asked bacteria the..no C perfringens option

Bone tumor...relieve by NSAID

Lynch..DNA mismatch repair

Cyclin..CDK..phosphorylate ..what RB gene

Bachmann...papilloma infection...koilocytes given..asked for E7

Antiglaucoma drug ..beta blocker

Sildenafil asked ...blue/yellow eye..PDE 5 inhibitor

Catheter passed through spongiosum urethra mein jae ga catheter

Sildenafil work through cGMP

Asthma pt.saba given..corticosteroid diya...now what add LABA

Asbestosis..ferruginous bodies...plaque

Diarrhea ..metabolic alkalosis ...K<sup>+</sup> ..arrows

In polycythemia

Polycythemia...copd...raise epo..pathway ..stat full form given

Gram + bacteria..cgd case..rhodamine low stain

Wiskott Aldrich...raise ig a/e..dermatitis..vagera

Chediak-Higashi...trafficking defect

Gram positive staph aureus infectop...sepsis occurs lipoteichoic acid

Aged pt

Gout pt..tophi pic xray in toe is diagnosis thiazide cause thiazide hgppt like

Als case gene mutation sod1

Rheumatoid arthritis drug tnfa

Osteoarthritis risk factor bmi high

Aged pt murmur ,AS

MIGHTY

0

用当一

Date: \_\_\_\_\_

(10) Stroke, water drink → 3-day, which process is not occur  
 Ans → Glycogenolysis

(11) Alibet, not growth, cough <sup>late</sup> ~~late~~, weight loss (not mention old)  
 ↳ which process is diff. <sup>late</sup> ~~late~~, <sup>late</sup> ~~late~~ (chol: absorption)

(12) Vit: E (fat met-absorpt, neuro-sym:)

(13) pt, finger ~~to~~ Redness → Redness pulse → Redness peric (edema)

(14) Neutrophils (function ~~is~~ - not direct <sup>mention</sup> ~~function~~)

(14) IL-2 → ↑ temp, warm.  
 TNF-α

(15) Rep: prog: 18 week gest: <sup>when stand</sup> hypoten → <sup>estrog</sup> prog. B-hcg  
 (placental growth factor) <sup>H-Lactogen</sup> something.

(16) Infla: + chronic disease, why hypotension

IL-2

TNF-

IFN-

IL-18

(17) pt. illman. acute & chronic inf: which is common

IL-6, IL-2, IFN, TNF-α

(18) HS. Blood related, upper Respi inf: , joint pain, Lab-normal  
 ↳ describes. <sup>pt: ↓</sup>



for more and s

Date:

- (19) cirrhosis symptoms. Thrombocytes → (a) SPO ↓  
(b) seg: in spleen vessels. ✓
- (20) cirrhosis is liver <sup>multif</sup> cent nodularity, no mass.  
Course = cirrhosis (portal hypert) ✓  
= metastasis.
- (21) Recurrent otitis media → (a) humoral immunity ✓ i-do.  
(b) leukocytes.  
(c) cell-mediated.  
(d) complement.
- (22) LAD → Integrin beta. (Answer).
- (23) MVP <sup>Ans</sup> → mid systolic click.
- (24) hyper acute → Donor <sup>B+</sup> Recp <sup>A+</sup> → Rh- → Rh+ (Ans) Ab against endo; cells.  
Renal cell  
interm
- (25) Recurrent UTI, stone → Tx. ~~IM+SM~~  
TMP-SMX. ✓. Ac UTI.  
Cell also ~~present~~ x.
- (26) Gram +ve in chain → pyogen.
- (27) joint knee replace, a/c culture. cadets +ve, cadets -ve  
Spectrum → mech: Ans → Glycolaldehyde  
1900, 19M - - -
- (28) Strept, pneum. tx → cell-wall inhibitor.  
Gram +ve in pair etc. etc.
- (29) Nocardia (surgery → ghr it culture, acid fast bacilli)  
absent  
Ans - Nocardia abscess.



Date: \_\_\_\_\_

(18) Yersinia for multiple history village, bar meat, Rat meat, Rabbit meat  
axillary lymph swelling, scar on forehead/arm (amethyst salt)  
~~cause~~ Rabbit.  
Ans Yersinia.

(20) Gardnereella vaginalis (not metronidazole in optum)  
Thin pink, white etc (Tinidazole)

(21) Child pic head (hair patch loss) writes.

(22) PCS → pneumo syst, olive, constricted workben.  
Septate hyphae  
budding hyphae ✓

vi 0-  
pneumo syst,  
constricted  
-Y

(23) Pt → RVD pair, CT given, farmer, sheep handle,  
Route to transmissio failure.  
Ans → peritonitis  
SMV - - - - -

(24) Enterobius vermicularis → WDMZ-pic treat: EXP1  
tubulin bind

(25) EBV → lymphoma, treat → act on CD-20 (check)  
(26) WDMZ-pic  
oldie, → when All is proliferate CD-8 (T cells)

but: Lavage, silver stain → PCS → (1) world pic  
what cause → silver stain → PCS → (1) world pic

(3) NBME: heide Rauh  $\rightarrow$  EBN' Zustand

(35) Research. Local station feeding → hep: A- what we do for prevent in country  
~~Vaccination~~  
 Culture cause.

④ HPV → Larynx mass → growing, Resp. problem, remove polyp.  
• what is cause → HPV.  
↳ also cervix we removed menti- in history.

41) UTI + gram -ve Rods Klebsiella  
(cystitis) ~~RP~~ ~~to~~ E. coli - not in apt  
Symptoms

42) penis → vesicles, painful. • HSV ✓

(43) child - meningitis. treated  $\rightarrow$  still neurological <sup>symptoms</sup> Ab preferred  
given  $\rightarrow$  myelination (~~not~~ check)  
only pressure  $\uparrow$ .

(iii) Micro Experiment, The Neurosensory distinct, which cell also Schwann cell like neural crest.  
Other oligodendrocytes ... (Neural Ectoderm)



Date: \_\_\_\_\_

- (45) PT: pneumonia <sup>breast</sup> ~~or~~ Ashtanga <sup>or</sup> penicillin  $\rightarrow$  Hb  $\downarrow$   
(HS Rx.)
- (46) Same but vancomycin.  $\rightarrow$  hemolytic anemia
- (47) <sup>consider but given</sup> ~~expro~~ + tetracycline, (DT history, palp. SVT, HTN history)  
why we given the bc heart arrhythmia. (bc DT-prog!)
- (48) Box. Bak - tumor related. (not-remember)
- (49) Granuloma formation, non-prod. cough, shortness of breath.  
lung b/c (Sarcoidosis).  
relate is owing  $\rightarrow$  granuloma.
- (50) Imprimab drug (melanoma give imprimab  $\rightarrow$  peripl.)  
which is side effect of these drug - T-cell activation
- (51) breast cancer, not given (in oncogene same gene)
- (52) VHL - tumor suppress  $\rightarrow$  homozygous bc TSC gene - both gene suppress  
(family history given, synapt. (Tub: symptoms) given) HTN,
- (53) Survey, (GIT probl., etc not git)  $\rightarrow$  see response fiber diet  
 $\hookrightarrow$  case-control.
- (54) Cross-section (in hospital 15-20 pt taken what is happening  
in this time)
- (55) NNT  $\rightarrow$  paisa paisa.

Mortality

Rate

ang Chem's option  $\neq$ line  $\rightarrow$

✓

blocks

な  
な

Date: \_\_\_\_\_

(57) highly FV - in which test  $\rightarrow$   $\uparrow$  sensitivity.

(58) Bk's  $\rightarrow$  not in FA

(59) 2-3<sup>rd</sup> confound but not in sample.

(60) - 1-2 conf. interval. - ~~Mastitis~~ study  $\rightarrow$  Breastfed child have low chances caries  $\rightarrow$  28 have no caries 17 have caries  
CI: 0.2 to 1.2  $\rightarrow$  Ans Clinically Significant & Statistically not significant

(61) ANOVA Test; 2 Different Pts. groups  $\rightarrow$  Multiple Samples - comparable b/w them.

(62) Child born  $\rightarrow$  initially no murmur, at 3rd having murmur  $\rightarrow$  in stem murmur due to muscular aortic valve defect  $\rightarrow$  cause of murmur  $\rightarrow$   
 $\rightarrow$  ~~initially~~  $\downarrow$  Pulmonary resistance (✓)  
 $\rightarrow$  LV outflow obstruction.  
 $\rightarrow$  RV outflow obstruction.

(63) Mavalbon runner - DM type I - taking insulin  $\rightarrow$  at night glucose 25 mg/dl  $\rightarrow$  at hospital  $\rightarrow$  after glucagon infusion glucose still remain same  $\rightarrow$  Ans. Glycogen stores depleted.

(64) At time of birth cyanosis  $\rightarrow$   $O_2$  <sup>sat</sup> diffuse still 50% saturation when  $O_2$  diffuse with PPO  $\rightarrow$  then saturation 95%  $\rightarrow$  cause ask  
 $\rightarrow$  All Congenital defect Heart given  $\rightarrow$  I Choose Persistent Pulmonary HTN.

0



Date:

(65) <sup>deaf</sup> pt. Atherosclerosis Aortic Thrombosis → Coronary Artery Pathogenesis asked → LDL oxidation

(66) Polycythemia · Hb > 18 ⇒ JAK2 Kinase mutation

(67) ~~MI~~ - on Exertion dyspnea → choose artery defect on ECG based  
↳ I choose "lateral"

(68) MI Symptoms given; on ECG choose → ST Elevation or Depression → Ans I choose Ventricle wall other option <sup>Sub</sup> Endocardium

(69) Pt having palpitation on Exertion, resolved on sitting → ECG given → I choose QRS prolongation

(70) Athlete → Father death - no Identifiable cause → Pt. himself Syncope symptoms ⇒ S4 Gallop ⇒ Sarcomere Protein defect Atrial

(71) Dilated CM - S3 Gallop ⇒ Cause asked ⇒ option T. Cruzi, Amyloidosis,

(72) Splinter Hemorrhage → Jitter leukin / factors asked

(73) Statin q. - Pt have HTN, Hypercholesterolemia - taking Statin having muscle weakness, ↑ CK ⇒ What is MOA of fo. ⇒ Cholesterol Synthesis Dec. (Something)  
→ 700

(74) MTCs on Labs, normal / ~~totally~~ Cholesterol → Tx asked PPAR alpha.

Date: \_\_\_\_\_

(72) Pituitary tumours,  $\uparrow$  Glucose,  $\uparrow$  IL growth factor  $\Rightarrow$  caused somatotrophic tumour ✓

(73) Pituitary to mass (Hypophysitis) - have hypotension (orthostatic) muscle weakness, central obesity  $\Rightarrow \uparrow$  cortisol,  $\downarrow$  cortisol,  $\uparrow$  Ald,  $\downarrow$  Ald,  ~~$\uparrow$  Glucose~~,  ~~$\downarrow$  Glucose~~  $\uparrow$  ANP,  $\downarrow$  ANP

Answers  
Q.

Naucleosis

は引は、い、5イー入い、朝、色いん、いん、¥0

ore'sin

(75) Absence seizure - Argument with mother, in b/w argument spec state  $\Rightarrow$  End of staining  $\Rightarrow$  ~~nothing~~ start argument again like nothing happened  $\Rightarrow$  T-type  $\text{Ca}^{2+}$  defect.

(76) Child - ~~going~~ going outside while snow - have <sup>body</sup> temp  $17^{\circ}$   
 $\rightarrow$  Body regulates ~~which~~ temp thru which mechanism  $\rightarrow$   
 $\checkmark$  Alpha-1 vasoconstriction, B-blocker, Vasoconstriction

(77) Hashimoto's all hypothyroidism symptoms given  $\Rightarrow$  at. finding  
 $\downarrow$  TSH, Thyroid hormone inc., Anti-TPO, Anti-Thyroglobulin  
 $\rightarrow$  T-cell infiltrate thns

(78) CAH 2 Case  $\left\{ \begin{array}{l} 21 \text{ hydroxylase} - \text{clitoromegaly, } 17 \text{ hydroprogesterone inc.} \\ 11 \beta \text{ hydroxylase} - \uparrow \text{BP, clitoromegaly} \end{array} \right.$

$\rightarrow$  ~~3rd~~ <sup>3rd</sup> week

(79) Research 25 people - on normal diet - 300k/cal deficient  $\rightarrow$  all weight loss  $\Rightarrow$  on 4th & 5th week  $\Rightarrow$  inc 300k/cal diet  $\Rightarrow$  Some get ~~inc~~ <sup>inc</sup> more weight - some get less  $\Rightarrow$  why  $\Rightarrow$  Hypothyroidism, Pituitary, Adrenal Axis  
MIGHTY PAPER PRODUCT  
other options inc. stomach capacity



MIGHTY

Date: \_\_\_\_\_

- 80) Cerebral Palsy <sup>child have</sup> - trauma/infection = urine osmolality  $\downarrow$  plasma osmolality 250mg  $\Rightarrow$  ~~low~~ option <sup>inc</sup> H<sub>2</sub>O, Euvole, inc. Na<sup>+</sup> Euvole, inc. K<sup>+</sup> Euvole, all option absorption same.
- 81) SIADH  $\Rightarrow$  after metformin tx (chemotherapy), Serum Na<sup>+</sup> dec, Serum osmolality 200mOsm, Urine osmolality inc.  $\Rightarrow$  Aus P Na<sup>+</sup> Euvole.
- 82) Ant-neck mass - compressing symptoms given, spindle Epithelial cell  $\Rightarrow$  Aus anaplastic carcinoma of thyroid.
- 83) DM 2 Cases  $\rightarrow$  Early satiety, Sometime bloating/Flatulence  $\Rightarrow$  Cause ~~Diabetes~~ Autonomic Dysfunction of Gut (Gastroparesis)  
+ Multiple comorbidities
- 84) Multiple comorbidities HTN, DM, Hypercholesterol, Brachial-ferromal delay  $\rightarrow$  asked what will be on other finding  $\rightarrow$  I choose Euvole Dysfunction.
- 85) CVS - present history headache, transient vision loss. <sup>RT</sup> arm pressure as compare to left  $\Rightarrow$  obstructions where  $\square$  Carotid, Subclavian, Brachiocephalic.
- 86) DM Patient - taking glyburide - MOA asked  $\Rightarrow$  <sup>options</sup> Peripheral Sensitivity inc, Post prandial insulin release.
- 87) Child, bedwetting, after CBT no effects occur  $\rightarrow$  <sup>which</sup> now drug added  $\rightarrow$  asked MOA  $\Rightarrow$  Dec urine production (Desmopressin).

Date:

88) ~~Trigeminal~~ CN 7 lesion

↳ Cant elevate Eye brow → asked additional finding - options

Hearing loss

Aut. Tongue Taste Sensation loss

89) Pt. done Gastrectomy → having now pallor, fatigue, Lab finding HbV, MCVV ⇒ reason why ⇒ Ans Loss binding protein

90) Pernicious Anemia Case → Choose Parietal Cell on Diagram.

91) Ulcer perforation - stomach perforated posteriorly → which organ susceptible to injury, release stomach contents ⇒ Spleen, Pancreas.

92) Celiac case - normally usually - 3 bowls per day, occasionally bloating, previous Anemia treated, ~~at~~ having lesion on knee, ~~Anti-HLA-B\*27~~ ~~Anti-TGA~~ is cause of lesion asked.

↳ Hemidermosome, Desmosome, IgA deposit on dermal papillae, Nerves

93) Child <sup>typs</sup> Loose Diarrhea occasionally bleeding, Colitiscope at ileocecal valve ulcer, inflammation, occult blood, ⇒ Options, Crohn's, UC.

94) Bleeding Diarrhea on X-ray air fluid level found, Sp pain on RL  
↳ Ans UC (toxic megacolon/perforated)

95) Male have IBS → taking Fluoxetine ⇒ Additional finding asked  
inc. reflexes.



Date: \_\_\_\_\_

Merkel diverticulum  $\rightarrow$  <sup>(15yrs)</sup> child gastric tissue, bleeding

failure / persistent of omphalo. duct.

(97) Fecal feces come from umbilical.  $\rightarrow$  <sup>persisted</sup> ophelo: duct.

(98) Hirschsprung disease - 13 week child, feces come ribbon shape.

Barrum shallow (~~smaller~~) constrict at Recto: junction.

paravertebral vertebral

parasympathetics

$\rightarrow$  ~~para~~-enteric ganglion.

DRE - disclose rectal empty.

(99) Intussusception  $\rightarrow$  child, bloody, Abd: pain, Stool 2/3 week

valve  $\rightarrow$  ileocecal valve  $\checkmark$

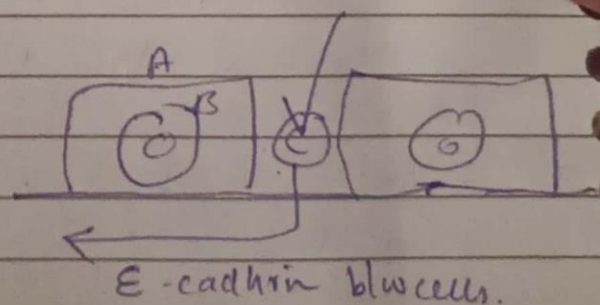
(Recto-sig  $\rightarrow$  old)

(100) Child 15yrs occult blood +ve, <sup>viomax</sup> multiple poly gut mutab. APC  $\checkmark$   
MLH

(101) MLH1  $\rightarrow$  mother endo: cancer, family memb: cancer  
<sup>bladder</sup>  
 $\rightarrow$  occult +ve.

(102) metastasis  $\rightarrow$  1<sup>o</sup>  $\rightarrow$  loss of E-cadherin

(103) cancer type  $\rightarrow$  ~~metastasis~~  
pic diagram's mark  $\rightarrow$  in this side, whole protein

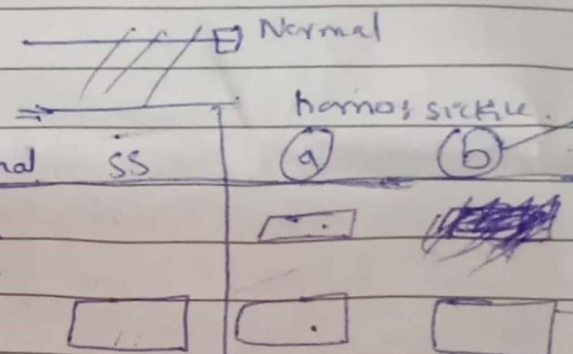


Date: \_\_\_\_\_

(104) 7-8 g: cirrhosis. → cirrhosis

(105) <sup>long case</sup> α-1 antitrypsin - AP-diamtr ↑. X-Ray and Rastch value ↑  
given value α-1 antitrypsin ↓.  
which organ is involve to decrease that  
liver ✓

(106) Acute pancreatitis (case example) diagnosis acc: value.  
Ans. Acute pancreat:

(107) Blood: Sickie case → homo: 

(108) ~~Surge~~ Surgery, pain-knee, pt taking aspirin for pain, he don't remember dose, multiple petech on skin, what is defect:

this pt  
thrombox - An. (b) ADP (c) GPIIb/IIIa. (d) C<sub>3</sub> reluc

after surgery  
(109) pt: platelets cleren, we give plt, what test is acting to plt: → Ans: VWF + fibrogen ✓

(110) pt: Hb- normal, A1c ↑, why, reason.  
B-cell (silkens) mutant secretory  
A-chain Problem.  
detail



Date:

- (111) pt. MCV  $\downarrow$ , Heis body  $\uparrow$ ,  
 ↳ reason oxidative stress degrading Hb denat;
- (112) sickle cell, papillary necrosis (Renal) → cause osmolarity  $\uparrow$   
 O<sub>2</sub> tension  $\downarrow$ .
- (113) ~~lead poisoning~~ Autohemolytic anemia → related disease  
 (Beta-lactam).
- (114) Accident, transfused blood <sup>5 bottle</sup> → Red urine.  
 ↳ performed AB. → Auto hemolytic
- (115) DIC → cause tissue factor activation.  
 ↳ infection, one day in hospital, 2<sup>nd</sup> day at earth side blood coming.
- (116) Follicular lymph: (Research: 14: 18 hrs) what is  
 cause. (1) Handing lymph.  
 (2) non-Handing lympho.  
 (3) ~~large~~ <sup>diffuse</sup> Large-B-cell
- (117) supination & pronation → screw - lat: epi: pain below  
 pronation  
 Ext: corpi radius ✓ i' d' d' d'
- (118) dorsum hand pain / sweetly, , parve hand most  
 pain at forearm at which site we prefer surgery.  
 (a) dorsum ✓ b/c pain, sweet at that side.  
 (b) lat  
 (c) ~~rest~~ Ant.
- (119) Develop: dysplasia (child, pain: pit lower leg invert)  
 nondy mention chunk etc.

## These dysplasias

Date: \_\_\_\_\_

(118) Pt: sickle cell → hairy steroid (prednisolone) , pain at hip , osteoporosis , osteopetrosis , - - -

(120) Achondroplasia (pt: preg: / seen in preg: lady vibrant short arm, head normal pattern age mention 35yr.)

(121) osteosarcoma → man at distal femur at metaphysis. Ans

(122) Child 20y <sup>pain</sup> x-ray periosteal soft tissue involved, sunburst sign on x-ray → osteosarcoma.

(123) RA → joint pain → morning ↑. <sup>up</sup> joint normal, at what site <sup>visus</sup> synovial fluid.

(124) Osteoarthritis → def: of . . . . . symmetry (not remb).  
asymmetrical.  
worn used well in rest DIP involved

(125) ajeeb q: 2 teeth extraction molar, pen pressure on site out this site , (a) cal: resorption (i did).  
\* deposition  
(b) osteoclast  
(c) cartilage formed.

(126) <sup>children</sup> Prox. muscle weakness, ulcer on <sup>elbow</sup> ~~hand~~ (dorsal of hand) extensor ~~eyelid~~ <sup>eyelid</sup> cause → Jervell-Lange-Niel syndrome (474)



Date: \_\_\_\_\_

(127) Normal turn / abnormal tissue

Abcdome.

Abcd → action

→ gene depletion ✓

(128) pattern of foot posture → spike of bone formed → we treat (surgery)  
then problem occurs cause - - - - -

(129) Lambert Eaton (not lung metastasis) → chemical relation  
→ use muscle → improve by use

Chemical synaptic cleavage 20.

in after muscle use 300 → muscle improve

Ans → presynaptic cat channels.

(130) Pt: burn, 15% hand burn, hypotension

② unconc: water loss.

1. dtd. ✓ ④ decrease cardiac output ↑.

(131) Protect sperm → zona-succidins.

(132) Melanomas → biopsy → BRAF-B-600 → ve, what  
other is problem → melanomas related. option

(133) BRAF-B-600 +ve. → in which protein  
cell signaling /

(134) After stroke pain → left side pain, which Right side  
part is affected → Ans Thalamus

PIEN

Date: \_\_\_\_\_

(140) Substance abuse - alcohol, drugs, dose increasing.  
not withdrawn → substance abuse disorder.

(141) Alcohol drinking, dose increasing, not weakened

(142) sexual (H: himself gay behavior individual) parents  
saying not you are, why you are.

(a) Normal (b) gender dysphoria

(143) gambling → often related.

(144) opiate withdrawal → substance abuse, taking medication  
clonidine, naltrexone

(145) one kidney → ureter but not found.

(146) Hep: C / Resp: infection severity → acute nephrotic  
RBC, RBC cast, Renal → IgA V

Alport → b1 (no family history not)  
Other Nephrotic

(147) hand bad at little finger side → Homebox.

Other not suitable.

(148) prog: exposure → deep breath → travel multiple Brazil  
microcephaly, pericarditis, cardiac. history.  
cause → travel history.

(149) 2. torsion - sperm → lig: inf: lig: ① ②:

(150) ~~testis~~ torsion, man, cause

MIGHTY PAPER PRODUCT

Y man → BRCA ✓

XERBV.11 HERS X.



accidents, dye at meatus  
dysper. → <sup>gastro</sup>neuro. weakness.

compression

left side  
in chest

Breast, resp: dystonia, & 1  
pharyngeal defect.  
(2) → sound ↑. Scaph

Chinofly - tall, Ext: genital normal  
An. meotic dysfunction.

(き効) Vulva pte, irritable at night, sit → pain  
neoplasm  
- trauma  
- infect. v. acid.

(155) leiomyoma → deep part of pair  
before / ~~after~~ during menstr. pair  
origin at which site myometrium  
not in aptic

(18) Breast painful, during menstr. increase.  
fibrosed

無う4あタ~~、0

い4人、

d

(152) Epithelioid → pt: post: par.  
 (158) Resp - bleb - chronic → pt:  
 (3-4) Chronic Bronchitis → Chronic  
 (Ans) hyperplasia of gland  
 rest → Bronchiolitis

ト。c、ド>0は

(158) Ephebysent → Long case - - -

(159) Bragg → short & breath. & liver man.  
~~ichthopath.~~ Resist: Ans. what is added  
case fund

(Ans) Cretches / hypoxys

(160) Asthma → drug.  
inconstantly use  $\beta$ -~~blocker~~  
agent  
albumin → cortisol.  
use continuously

(161) multiple drug history → <sup>orthostatic</sup> hypotension.  
2-3 //

(161) Malen's → mild bone pain, ~~transient~~  
pallor.  
fond - headphone → travel history.  
not - fatty prophylaxis.



Recurrent GERD + image of H. pylori if left untreated what will happen —→ polyclonal B cell hyperplasia

Non-oxidative mechanisms for neutrophil is defensins

Muscle cramps after exercise normal lactate and increase ammonia is myocardial

Epinephrine inc glucose how by inc muscle phosphorylase (by phosphorylation)

Pedigree of autosomal dominant and symptoms of myotonic dystrophy —→ DMPK gene

Pedigree of probably mitochondrial asking for the probability of new child getting affected —→ 100%

Cocaine mechanism

Lambert-Eaton label the channels

Atropine effect on GIT dec parasympathetic tone

Alcohol withdrawal diazepam

Pt alcoholic which drug is given in high dose midazolam

Notes  
Alcohol withdrawal diazepam

Pt alcoholic which drug is given in high dose  
midazolam

Inverse agonist

Partial agonist

Gemfibrozil cause stones how by Dec  
decodeoxalic acid synthesis

Babesia indirect bilirubin increased pq

Rash while rotating in clinic blanching under  
pressure —> asking what mediator ig

Laceration sweeping and erythematous —>  
histamine

Construction worker —> asbestos

Pleural thickening —> what to ask for in  
history asbestos answer

A student is doing some archeological work  
something+ picture of erythema nodosum — q  
ask for method of entry inhalation answer

Giardia image nbme asking mechanism jejunum  
villi atrophy

Hf q of past answer 70

Pleural protein and serum ratio  $4.3/5.4 = 0.6$  so  
answer was inflammation

Pregnant women should be given what

Pleural protein and serum ratio  $4.3/5.4 = 0.6$  so answer was inflammation

Pregnant women should be given what  
omnipathie answer something

Hydronephrosis in boy nbme pic answer  
posterior urethral valves

BMI 40 rt of osteoarthritis age was in 40s as  
Answer is bmi

> 55 so rf of osteoarthritis is age  
11-23 drug given its mechanism asked its th17 ?  
Follicular lymphoma 14:18 apoptosis

Burkett lymphoma image answer ebv

Ace inhibitor arrows

Shellfish allergy in woman also family history of  
swelling, she got swelling in seafood restaurant, so  
what to give her with Epi answer is antihistamines

Ischemia and Atherosclerosis of coronary artery

with pic also asking what cells are

macrophages induced asthma

leukotriene

Hydroxy probably uremic

syndrome

m 1 brief

Haemolytic uremic syndrome



Child carrying knives pq 1 week brief psychotic

Person heaviness weight gain somnolence atypical depression

Mdd scenario

Person coming to emergency due to rta having traction na of 0.3 bun creatinine elevated prerenal injury option

Heart failure symptoms in patient asking for arrows of

Effective circulating volume increase

Sodium down, osmolality down adh up Old woman having pain while intercourse and had itching on genital area, weird options Like one was related to gardenella, atrophy of vagin something

Image of clue cells in gardenella with typical and asking for what organism alteration the infection answer is lactobacillus image Of drusen deposits, asking risk the answer of glaucoma asking mechanism atrophy of homioglobulin synthesis.

patches on oropharyngeal area asking tx for  
white patch finding answer is sterol synthesis  
inhibitors azoles

Woman doesn't want to use ocp's for her  
menopause symptoms so what drug to give  
Ssri label karna tha on diagram I think

I had a lot of pharm questions jo label karne the  
Amphetamines / cocaine mechanism of action  
label

Pt having left hemiparesis+ eye deviate towards  
the right where is the defect —> right frontal  
lobe answer

Tongue deviated towards the left —> left  
hypoglossal nerve

Spontaneous peritonitis senerio past q answer is  
small intestine for the bacteria growth in fluid



villous atrophy

Nbme image of hemangioma causing its origin  
mesoderm

Erythropoietin wala bio stats answer is 440000  
dollars

Researcher doesn't want to use placebo answer  
is non inferiority

One on case control study

HIV Pt had cd4 count 50 having cough  
hemoptysis fever chills also having white  
patches on oropharyngeal area asking tx for  
white patch finding answer is sterol synthesis  
inhibitors azoles

Woman doesn't want to use ocps for her  
menopause symptoms so what drug to give

Ssri label karna tha on diagram I think

I had a lot of pharm questions jo label karne the

Amphetamines / cocaine mechanism of action

\*CO vascular curve

\*CO inc, Venous return dec in anaphylaxis.

\*inc vit D in crohn

\*spinal tracts 3 ques

\* Pts mute - global aphasia

\*malaria scerniao options travel history

\*NIH germinal center diagnosis

\*ovarian tumor mutation options were so  
change \*hyperthyroid symptoms then ovary  
tumor options

\* nasal blockage, cyanosis, loud sound breath,  
unable to pass ng- atresia \* ethics so so so  
much tested

\* murmur 2

\* 4 ecgs I think of 3rd degree hb, flutter, VT, psvt

\*nitroprusside dec afterload

\* Heartfailure left or right idk what will dec  
Preload or afterload

\*normal grief question

1/2

\*so much endo

-

\*breath sound will inc or dec in pneumonia???

\*vitbl 2

\*fra ile X s n so difficult o tions weird.

\*CO vascular curve

\*CO inc, Venous return dec in anaphylaxis.

\*inc vit D in crohn

\*spinal tracts 3 ques

\* Pts mute - global aphasia

\*malaria scerniao options travel history

\*NIH germinal center diagnosis

\*ovarian tumor mutation options were so change \*hyperthyroid symptoms then ovary tumor options

\*nasal blockage,cyanosis, loud soud breath, unable to pass ng- atresia \* ethics so so so much tested

\*murmur 2

\*4 ecgs I think of 3rd degree hb, flutter, VT, psvt

\*nitroprusside dec afterload

\*Heartfailure left or right idk what will dec Preload or afterload

\*normal grief question

1/2

\*so much endo

\*breath sound will inc or dec in pneumonia???

\*vitbl 2

\*fragile X is so difficult options weird.

1. Allopurinol
2. Fluroquinolone,
3. BRCA-1, BRCA-2
4. ataxia telangiectasia
5. beta thalassemia splice mutation
6. sickle cell mutation is missense
7. chaperon protein inc with temp,
8. rb mutation to G1 to S phase
9. hsv reactivation = kinesin
10. good pasture type 2, RPGN, against type 4 collagen ( 3 questions)
11. marfan syndrome = gene fibrillin
12. CFTR defect in reabsorption of sweat
13. AR chances 1/4 of diseased
14. sickle cells pt+ malaria= founder effect
15. CFTR = misfolding protein
16. impaired relaxation in myotonic dystrophy
17. Rett syndrome = mecp2 GENE function
18. fragile X = all case + additional finding (prominent jaw)
19. Hirschsprung case + neural crest cell problem
20. adpkd= case cyst in kidney and liver

21. b3 case dermatitis , dementia
22. vit b6 = neurotransmitter formation
23. vit C scurvy
24. vit D toxicity
25. hyper ammonia = liver
26. fabry disease= txt with alpha galactosidase
27. MCAD
28. fibrate MOA
29. corticosteroid action = nfkb
30. fat women, moon facies, low muscles, high fat in buttocks= ans (stress)
31. nikloskly sign + = exfoliative toxin
32. hyper igm syndrome
33. perevelance = formula asked
34. pnh = cd55/59 def
35. sepsis + il1
36. il6= acute phase reactant
37. cachexia = TNF alpha
38. nadh oxidase def =
39. JAK/STAT =Gain of function mutation in polycythemia
40. urticaria pic given = asking hypersensitivity in first 24 hr (type 1) and after 1 week with arthralgia and dec c3/c4 (type 3 )
41. ppd case given= option are macrophages, t lymphocyte
42. Henoch–Schönlein purpura case= dec IgA mucosal membrane
43. EBV = prmiary CNS lymphoma = ANS "(lymphoma)
44. ataxia telegntisa case
45. graft vs host
46. cyclosporin = calciunrein inhibitor
47. E.Coli UTI causing factor>Pilli
48. Capsular K antigen>Meningitis in children
49. Pneumocystis Jiroveci>Silver stain pic classic discoid shaped
50. Strep Pneumo pic>asked which organism

51. Protein A>staph toxin>binds Fc region of IgG
52. Giardiasis pic given>diarrhea malabsorption
53. Dental Caries>Dextran bind fibrin platelet aggregates
54. Heart block patient, arthralgia, facial nerve>Lyme disease, asked which tick>Ixodes tick
55. Greenish yellow discharge from urethra in a male patient>Gonorrhea
56. Histo pic given>Histo plasma given, asked risk factor>bat droppings
57. Candida Albicans>AIDs infection>esophagitis
58. Candida thrush in corticosteroid use
59. Allergic bronchopulmonary aspergillosis>hypersensitivity reaction growing in lungs
60. Toxoplasmosis>congenital triad
61. Women travel to Africa, vivax ovale pic given and symptoms given>what treatment
62. Ascaris Lumbricoides>Loeffler syndrome, ileocecal obstruction\
63. Necator americanus, Ancylostoma duodenale>Iron deficiency anemia, microcytic anemia
64. Adenovirus, fibrile pharyngitis, conjunctivitis, pink eye
65. HSV-2 meningitis
66. HSV-1 temporal encephalitis
67. HSV oral ulcers, encephalitis
68. CMV questions
69. Rotavirus question>infantile gastroenteritis
70. Rubella questions, Rata laga lo buht question thy
71. Hepatitis A questions
72. Osteosarcoma metastasis>where, Kidney liver lungs brain
73. Torches all questions

.Fragile x syndrome

.Von Gierke disease -> fasting hypoglycemia, massive hepatomegaly

.Vitamin A -> dry skin, hepatomegaly

.Vitamin B12

-

- .Mitochondrial disease-> MELAS
- .Mismatch repair-> lynch syndrome
- .Marfan syndrome-> fibrillin
- .Pedigree -> incomplete penetrance (BRCA gene mutation)
- .Cystic fibrosis -> apical  $\text{Cl}^-$  channels
- .Hypersensitivity type 4-> tb infection
- .Hypersensitivity type 4-> dermatitis pic
- .SCID-> flow cytometry T cells
- .CGD-> superoxide
- .Hyperacute transplant rejection
- .Staph aureus-> gram positive clusters
- .Nocardia-> cerebral abscess ( gram +ve branching)
- .Pseudomonas-> otitis externa (swimmer)
- .Histoplasmosis-> ohio
- .Blastomycosis-> southeastern US
- .Giardia-> pic
- .Toxoplasma gondi-> pic
- .P.falciparum
- .Trichomonas vaginalis-> greenish discharge
- .HHV6-> pic FA
- .Rubella-> cataract
- .Isoniazid-> RNA polymerase
- .Amyloidosis-> transthyretin



- .Rb-> retinoblastoma
- .ckit-> gist
- .Muscarinic antagonist-> urgency incontinence
- .alpha1 antagonist-> bph
- .Muscarinic antagonist-> nbme 31 question
- .Bradford hil criteria-> dose response
- .Relative risk
- .Kaplan curve
- .Sensitivity nd specificity 0.95 nd prevalence 50% ppv?
- .Confounding bias
- .Positive skew-> diagram (mean)
- .Tertiary prevention
- .Murmur AR-> bicuspid aortic valve
- .Anteroseptal-> LAD
- .Hypovolemic shock arrows
- .Acute pericarditis
- .Myxomas
- .Thyroid hormone-> ocp use arrows
- .17 hydroxylase
- .Obese pateint weight compare with normal sister what will decrease
- . Medullary carcinoma
- .Vit.d deficiency arrows
- .Calcium sensing receptors

- .Metformin
- .Internal hemorrhoids-> superior rectal vein
- .Achalasia-> NO
- .Barrett esophagus
- .Celiac disease
- .PPIs
- .Factor v leiden
- .Hodgkin lymphoma
- .CML pic
- .Multiple myeloma
- .Median nerve injury
- .Lachman test
- .Sciatic nerve
- .Common peroneal
- .Dorsiflexion L4 L5
- .Dupuytren contracture-> fibroblast
- .Osteoporosis
- .Paget disease
- .Rheumatoid arthritis
- .Gout pic
- .Polymyositis
- .Infantile hemangioma
- .Tinea capitis pic

- .Melanoma
- .Telencephalon-> cerebral hemisphere
- .Suprachiasmatic nucleus
- .Anterior cerebral artery
- .Focal seizures
- .Alzheimer disease
- .Multiple sclerosis
- .VHL
- .Schwannoma
- .ASA
- .Weber and Rinne test
- .Glaucoma
- .Hypertensive retinopathy
- .Leukocoria pic
- .Positive reinforcement
- .Schizotypal
- .Factitious disorder
- .ADHD
- .PCP
- .Opioids
- .ACE inhibitors arrows
- .Fanconi syndrome .Metabolic acidosis
- .FSGS

.Stress incontinence

.AIN

.Furosemide plus amiloride .Neural crest

.Fetal alcohol syndrome pic

.Bicornuate uterus

.Testis lymph drainage

.Straddle injury

.Turner syndrome

.Choriocarcinoma

.Berylliosis

.ARDS

.Pneumothorax arrows

.Squamous cell carcinoma

.Jak2 Polycythemia vera .NADPH deficiency

Gout ....asking about mechanism of action of treatment

A.reversible cox inhibitor

B. Neutrophil microtubule inhibitor

2.drinking alcohol in party ...gout symptoms defect in which pathway?

A. Purine

3. Test before starting infliximab

A. Ppd

4.neg skewed data best measure

-

A. Median

5. uti drug

A. Topoisomerase inhibitor

B. folate pathways inhibitor

6. ultrasound of gravid uterus ..intestine outside ..defect?

Ant wall defect

7. abc1 gene repeats

A. Gene duplication

B. Transcription

8. polycythemia

A. Jak2 mutation

9. increased amino acid glucose phosphate in urine defect khan hai

A. Fanconi syndrome

10. b1 deficiency dilated cardiomyopathy muscle weakness

11. Another b1 vitamin defect in which enzyme

A. Transketolase

12. homocysteine increased methyl malonic acid normal

Folate deficiency

13. celiac ..iga transglutaminase mentioned

A. Villous atrophy

14. mitochondrial disease melas mentioned why difference in symptoms Heteroplasmy

15. osteogenesis imperfecta fractures and blue sclera

A. Collagen defect

16. clarithrin defect which process affected

A. Transport vesicles

17. restrictive lung disease which part of lung affected

A. bronchi

B. Alveoli

C. Parenchyma

18. clunk sound on hip abduction

A. Hip dysplasia

19. ganglion cyst from where start

A. Cartilage

B. Capsule

C. tendon

D. ligament

20. post-pancreaticoduodenectomy now diarrhea reason

Pancreatic insufficiency

21. oligohydramnios

A. club foot

22. lead affect which pathway

A. heme synthesis

23. CGD case catalase pos infections why

A. Reactive oxygen species absent

24. nystagmus plus violence

-

Phencyclidine

25. cystic fibrosis plus neuro symptoms

Vit E

26. polyp on vocal cord

A. Respiratory papillomatosis

27. drinking too much alcohol and glucose level drop

Inhibit gluconeogenesis

28. cramps after exercise lactate not increased deficient enzyme?

Myophosphorylase

29. Same as above of myocardium asking about levels of potassium and ATP

30. feces at umbilicus

A. Patent omphalomesenteric duct

31. Hep C positive and cryoglobulins

A. C4 dec

32. Shellfish allergy epinephrine given

another drug? histamine blocker

33. For more recent and solved files visit [medcrucial.com](http://medcrucial.com)

16. 34 suna bath wala

Ans dec preload

35 hydro nephrox ki picture nbme wali...ans bph

36 acute interstitial nephritis ke simple scenario easy to diagnose

37 same acute interstitial nephritis

-



Eosinophils given in lab

38

39 choriocarcinoma ka aya tha

Swallow mainly the hCG increases the tumor in lungs mainly metastasis

Answer choriocarcinoma

40 female salt wasting and hyponatremia

21 alpha hydroxylase

41. Hypertension plus ambiguous genitalia... 11 hydroxylase

42 shuttles IgA through the tips

Wala

Hepatic vein

Portal vein

43..for more recent and solved files visit [medcrucial.com](http://medcrucial.com)

Renal cell carcinoma job risk factor

Histopathology given. Gross findings

Risk factor

Smoking

55 retina tumor is pheochromocytoma

56. Huntington's disease is autosomal dominant

57. Retinoblastoma one eye red one black

Cell cycle dysfunction

58 omeprazole picture given where it acts? ...Parvo uses which receptor for entry

P antigen

...cml scenerio fatigue splenomegaly neutrophil band cell

Philadelphia chromosome

...splenectomy ke bad strep pneumonia infection, protection in body

IgM

...hypovolumic shock arrows

...barret esophagus picture

Metaplasia

...amyloidosis nbme picture

Multiple myeloma ans

...cd1positive

Langerhan cell histiocytosis

...researcher want to find mortality in population what to use

Crude mortality

Maternal mortality

Fetal mortality

...loop diuretic act on which part of nephron

Picture given had to mark on ascending limb

...right coronary artery occlusion ke bad hypotension reason?

Sa node dysfunction

...hemangioma picture

Endothelial cell

...siadh scenerio damage to what

-

Hypothalamus

...salt wasting plus ambiguous genitalia

21 hydroxylase deficiency

...dilate and curette ..doctor ask for follow up but she didnt come  
,... now came with lung symptom diagnosis

Choriocarcinoma

...turner scenario 45xy

Mitotic non disjunction

...two question on interstitial nephritis

Both mentions rash and eosinophilia

One was asking about hypersensitivity and other asked simply  
diagnosis

...nurse after witnessing death of patients getting vivid dreams and  
also getting flashback asked about doctor's response

Its okkk we have to face things like these

Have u thought to leave job

KING KAI (60 million down the drain kai havertz scores again)

1. Very vague scenario of Meigs syndrome do that well
2. Left atrium = most common location for cancer
3. Vit b12 scenario = v.v. long scenario ( will confuse with b12 )
4. PNH scenario = v.v. long scenario ( first line will mention dark urine ) = complement involved

5. CAH 21 alpha hydroxylase = Na was less and ambiguous genitalia
6. Patient with BPH with increased creatinine seen reason? = increased pressure in the bowmens capsule
7. Glycogen Phosphorylase arrows = Decreased ATP and decreased K<sup>+</sup>
8. Patient with old stroke = what will be seen at the location of the old stroke = gliosis due to astrocytes
9. B12 deficiency = Dna synthesis issue
10. Man w sickle cell +Prednisone use presents whip pain. X ray shows thickening or smth of head of femur above femoral neck. Avascular necrosis
11. Post menopausal women with endometrial hyperplasia = unopposed estrogen
12. Patient with a picture ( please see histo pics for external hemorrhoids ) cause of pain? = thrombosis
13. Kid with CF loss of ADEK = lipase issue
14. microcephaly and periventricular plaques of a pregnant women travelling back and forth from Brazil to USA = Travel Hx
15. A patient with a mass on the forearm impacting the lateral fingers = Median nerve
16. V.v.v long scanario of a patient with thumb innervation dysfunction = C6
17. ALS ( diagnosis is hard but looking at options help ) = SOD 1
18. Parathyroid Hyperplasia
19. Parathyroid adenoma
20. Glaucoma drugs

21. alpha 1 antagonist = BPH
22. Child with MAHA, thrombocytopenia and bloody diarrhea = E coli
23. Lachman test = ACL
24. Attack mortality ratio ???? ( NO IDEA )
25. Hardy Weinberg equations ( Do mehalman very well )
26. PPV
27. Confidence interval questions
28. Child with black liver and increased bilirubin = Biliary atresia
29. Target lesion on X-ray of a child = Intussusception
30. Vitamin A toxicity = yellow hands, increased ICP
31. Aspergillus pic
32. Ethics very confusing = do mehalman file
33. ADPKD = Family Hx
34. C-KIT = GIST tumor
35. Non maleficence, Justice, Beneficence ( do these well )
36. Medicare, Medicaid ( do these well )
37. Zika virus ( Congenital scenario )
38. Seronegative spondyloarthropathies ( do these well especially reactive and psoriatic )
39. Leukocyte adhesion deficiency = LAD-1
40. Kallman syndrome = GnRH
41. SCID = RAG and RAG 2
42. AR = murmur ( no case had to listen )



43. S4 = murmur ( small case but still had to listen could have been S3 )
44. ECG = A- fib
45. ECG = unidentifiable ( could have been SVNRT ) Do these well
46. MVP = murmur
47. Axillary nerve damage
48. Klumpke palsy scenario = C8-T1
49. Superior gluteal nerve injury = gluteus medius
50. Dermatomes = do these well ( easy marks )
51. Pedigrees = had to identify ( X - linked dominant ) ( do all of them well )
52. Methemoglobinemia due to dapsone = methylene blue
53. Non homologous recombination defect
54. Beta catenin = CRC
55. Rosacea question due to stress and alcohol
56. Lichen Planus ( do not remember the scenario ) 6Ps and Wickham striae
57. Samter's triad for asthma = anti leukotriene
58. Posterior femur fracture = sciatic nerve injury
59. Torsion case ( difficult to diagnose, the only clue is absence of cremasteric reflex and pain ) = Genitofemoral nerve
60. Buspirone = partial serotonin agonist
61. Nicotine partial agonist drug = varenicline

- 62. Which anesthetic not to be given in a patient with narcolepsy = sevoflurane ( since it depletes orexin )
- 63. FSGS = needle Hx
- 64. Primary Adrenal Insufficiency case
- 65. Cellulitis = strep progenes
- 66. Staph Aureus cause of resistance = pbp2a
- 67. Uvula Deviation case
- 68. Chi square test
- 69. Conversion disorder case
- 70. Factitious disorder case
- 71. Tubular sclerosis typical case
- 72. Atelectosis due to Radiation treatment = contraction atelectasis
- 73. Mark on the diagram = Fasciculus Gracillus ( LONG LONG CASE )
- 74. Primary Biliary Colangitis ( lymphocytic infiltration )
- 75. Sjogren Syndrome ( patient with IPEX, not sure about this )
- 76. Mycophenolate scenario = CMV infection
- 77. Cherry red spot with no hepatomegaly = Nieman Pick Disease

Paper is not easy but it is doable, focus on Uworld, Mehalman, and new free 120, and then on everything else because the scenarios are so long that you will still need to know the basics to use these advantages. The NBME do not represent the paper as well as they used to so make sure to attempt the new 120 as close to your paper.

[ ] LDL receptor and cholesterol question - internalisation with "clathrin"

- [ ] Adrenoleukodystrophy - some neuro symptoms and VLCFA buildup, peroxisome problem, what other organ will be involved? Adrenal glands
- [ ] Some bone fractures and gray sclera, problem in what? collagen-osteogenesis imperfecta
- [ ] Patient had removal of pancreas and part of duodenum. Was having fatty stools. What is the reason? Option had dumping syndrome and pancreatic insufficiency as options
- [ ] Can't let go of knob/ handshake. Which gene has problem. DMPK
- [ ] Fragile x syndrome signs (long face etc). Trinucleotide repeat. What is the problem? Decreased expression (due to hypermethylation)
- [ ] Dry scaly skin, hepatomegaly, which vitamin excess? Ig vitamin A
- [ ] I think there was something about Wernicke encephalopathy symptoms (Corna symptoms) and thiamine
- [ ] High homocysteine less methionine normal methyl malonyl CoA - folate deficiency vs B12
- [ ] High alcohol intake, why hypoglycaemia? Options had decreased gluconeogenesis or decreased glycogenolysis
- [ ] Lactulose in hepatic encephalopathy MoA
- [ ] McArdle symptoms (cramps, myoglobinuria with exercise, normal ammonia rose, no rise in lactate) what will u see in muscle? Glycogen accumulation
- [ ] FOXP3 defective, which cells affected? Regulatory T cells
- [ ] Serum sickness symptoms (rash arthralgias etc 10 days after starting rituximab, what is the cause) - immune complex

-

- [ ] Patient went somewhere hiking etc, came back, picture of contact dermatitis type rash, type of cell? T cell
- [ ] Recurrent infections, thrombocytopenia, exzema - wiskott aldrich WAS gene
- [ ] Tetralogy of fallot, cleft lip palate, hypocalcemia, what is the defect? Deletion ( CATCH 22)
- [ ] Sore throat, rough rash given with picture (sand paper like rash) what added finding? Strawberry tongue
- [ ] Something about biliary tract infection and enterococcus
- [ ] Wound, can feel crepitus. What is this? Gram positive anaerobic bacilli (perfringens) - [ ] HUS symptoms, What organism? E coli

[ ] Pedigree given, first generation mother had disease, then all kids had disease in second generation, one female from the second generation had 3 kids, 2 of those had the disease, asked what is the chance of third one having disease? Or 100 percent cuz seemed mitochondrial

- [ ] Symptoms of Gardnerella vaginalis, entire big paragraph. But, in the end, asked this is due to the DECREASE of what organism, answer also had bacteria in options, but also Lactobacillus.
- [ ] Giardia picture, asked cause of diarrhea. Option had jejunal villous atrophy, or something about malabsorption with hypersecretion
- [ ] HIV patient, one ring enhancing lesion in brain. What is the cause? Toxoplasma or EBV

-

- [ ] Blood in urine. Picture of shistosoma haematobium given. Had to identify
- [ ] HIV, kaposi sarcoma description given (spindle cells etc), picture of kaposi sarcoma. Had to identify
- [ ] Arrows for ACE inhibitor and ARB (renin at1 at2 aldosterone etc) (one question described HTN patient started new medication got swelling of face etc, what will be the arrows cuz of this drug)
- [ ] Something about inspiratory stridor, worse s with crying and lying down. Had to tell cause. Options had something about epiglottis and arytenoids etc
- [ ] Rabies virus, how it reaches the CNS - dynein
- [ ] One question was i think about chikungunya virus (had headache, severe arthralgias)
- [ ] Mixed cryoglobulinemia - hepatitis C
- [ ] Pregnant patient, UTI, moa of drug used.
- [ ] Nephrotic syndrome with picture of congo red stain given. Amyloid
- [ ] Polycythemia symptoms and labs. Aquagenic pruritis, had to tell what mechanism? JAK STAT
- [ ] T 14,18, had to tell mode? Antiapoptotic
- [ ] Inverse agonist and partial agonist graphs
- [ ] T1/2 calculation from given Vd and Clearance
- [ ] Sweat gland function via which neurotransmitter - Ach
- [ ] Case control study example
- [ ] See inferiority study in biostats (just see the definition, i think the question asked for that, gave a scenario about a drug and they were

-



seeing if it is not worse than another drug, options had new names like inferiority study, bioequivalence something etc)

- [ ] One question, had to calculate ARR, then NNT, and then tell the amount of money to save one person from that disease so basically ig had to multiply the NNT with the amount given for one outcome

[ ] Clinical phase question (explained scenario, had to tell which phase)

[ ] One question of Bradford Hill criteria, had to tell which criteria was being met, was a cohort study and showed increasing severity with increasing doses

- [ ] Sensitivity is 95 percent specificity is 95 percent calculate PPV, prevalence is 50 %

- [ ] Faulty measurement equipment, which bias (information bias was in options)

- [ ] Data given, mean was 140000 and median was 175000, what is the reason? Probably something about having more lower values (like, negatively skewed)

- [ ] Lots of ethics, confused in almost all like two options always felt good so

- [ ] Tonsils derived from which pharyngeal pouch/arch/cleft

- [ ] What happens to baby's SVR and pulmonary resistance and LA pressure after baby born

- [ ] Aortic stenosis murmur with syncope symptoms etc given in stem. Had to tell what will we feel on carotids. Probably weak and delayed pulses

- [ ] Increased pressure in atrium. Had to tell arrows for ANP and sodium

-

- [ ] hypertrophic cardiomyopathy STEM. What drug to give to treat. Options had alpha beta agonists antagonists
- [ ] Infective endocarditis symptoms. Had to tell organism. Probably staph aureus
- [ ] Another infective endocarditis, but this time dental procedure history, so strep mitis in option
- [ ] I think there was a question with hyperglycemia in which we had to answer increased growth hormone as the reason cuz nothing else made sense
- [ ] Some questions on insulinoma symptoms, like had to pick cuz c peptide was also high in addition to insulin and some other things from the STEM (few questions with similar concepts insulin glucose cpeptide levels etc given)
- [ ] Pseudohypoparathyroidism arrows ( told about short fourth metacarpal and low calcium etc and had to tell arrows for PTH and phosphate etc)
- [ ] Receptor for steroid is in nucleus
- [ ] Graves history was described like diffusely enlarged thyroid, high t3 t4, low TSH. Had to tell what will be seen on histology. Scalloped colloid was not there but i think follicular hyperplasia was given
- [ ] I think there was a question on annular pancreas (something about duodenum narrowing and vomiting and answer mai one option was abnormal rotation of pancreas around 2nd part of duodenum)
- [ ] Painless hemorrhoids, which vein drains? Superior rectal
- [ ] History and picture of GERD with Barrets esophagus. What cells seen on histology? Columnar cells

-

- [ ] Cirrhosis with esophageal varices. Which vessel involved? Left gastric
- [ ] Patient and family history of colon endometrial and ovarian cancers. Which gene? MLH1
- [ ] Chemotherapy induced nausea and vomiting. Which receptor will u block to treat. Options included serotonin and dopamine
- [ ] Mother was RH positive, father and child ka bhi dia hua tha. Asked will we give anti D and why? Prob, no we wont give antiD cuz mother is Rh positive
- [ ] Teardrop cell picture, plus fatigue etc. why? Myelofibrosis
- [ ] 19 year old patient, sickle cell disease, multiple pain crises etc in past. What will u see in spleen? Scarring fibrosis etc was in options
- [ ] Cancer, multiple chemotherapy etc. neutropenic fever, cause? Pseudomonas
- [ ] SLE, recurrent pregnancy losses in 2nd trimester. Thrombosis rn (i think DVT) what is the reason? Anticardiolipin
- [ ] Starry sky histo given, asked cause
- [ ] Added antibodies to patients blood to see if sympoms were because of cancer or not. Flow cytometry graph given. High anti tdt and ant cd3. What are these cells. Options had normal t cells, normal b cells, malignant t cells, malignant b cells
- [ ] Sciatica pain and loss of sensation between both toes and problems in inversion eversion etc. nerve root asked. Options were L2,3,4,S1
- [ ] Achondroplasia described ( short limbs large head) cause? FGFR3
-

- [ ] Questions on Lambert-Eaton, one related to small cell lung cancer, involved improvement with activity, dry mouth, proximal muscle weakness, had to either tell diagnosis or tell where antibodies act or mark on diagram
- [ ] Albinism, defect in what derivative? Neural crest
- [ ] Infantile hemangioma picture, had to tell derivative. Mesoderm epithelium etc
- [ ] Picture of annular lesion with central clearing? Probably *Trichophyton rubrum*
- [ ] What to give for osteoporosis (symptoms were given and also a CT of spine with i think vertebral crush injury) had to tell MOA of drug? Bisphosphonates - inhibition of osteoclast activity
- [ ] Spina bifida picture given, asked defective nutrient has what function? Methylation (i.e. talking about folate)
- [ ] Tongue deviation to left, which nerve injured
- [ ] Seizure symptoms with lip smacking etc, asked which part of brain originates from? Had mesial temporal lobe in options
- [ ] Child had rhabdomyoma, what other finding will he have? (Don't remember options, but see neurocutaneous disorders, i think one option was subependymal nodules)
- [ ] White reflex in eye of child, what else will he have? Strabismus

[ ] Alcohol Withdrawal medication

[ ] Taking Trandolol plus SSRI. Symptoms of serotonin syndrome given, what additional symptom will he have? Hyperreflexia

- [ ] Mother gives candy to child who is crying in store, to make him stop crying. What conditioning? Positive or negative reinforcement or positive or negative punishment

- [ ] MDD symptoms with heavy feeling in arms and legs. Depression with atypical features

- [ ] Patient worried that he has some serious illness, had some mild symptoms like wrist pain and abdominal fullness. Had been getting checked for this since past few years. Illness anxiety disorder and somatic symptom disorder in options

- [ ] Some drug, had angina symptoms. Cocaine (had to tell moa)

- [ ] Kidney nbme picture given with dilated calyces, options had posterior urethral valves

- [ ] Double cervix told in STEM? Failure of fusion of paramesonephric(mullerian) duct

- [ ] Androgen insensitivity syndrome

- [ ] Child with decreased sense of smell on a general examination and some other minor finding. Options were different kinds of reproductive disorders, including Kallman syndrome

- [ ] Pregnant patient, uterus more than expected week size, villi seen and no fetus seen. What is the composition of cells? Options included 46XX and 69XXY amongst others

- [ ] Patient with testicular painless mass. Lots of history described including family history of testicular cancer and cryptorchidism etc. asked risk factor for mass.

-



- [ ] Premature infant. NRDS. Asked due to deficiency of what? Option had something like amphipathic lipid
- [ ] Patient had breath with bitter almond odor. And symptoms of hypoxia etc. asked this is due to what reason. Option included inhibition of cytochrome c oxidase
- [ ] Pleural effusion with serum and pleural fluid protein levels given. Had to tell cause
- [ ] Pneumothorax described. Asked why is there a decrease in cardiac output. (Ilg something about compression of IVC and SVC)
- [ ]
- [ ] Cystic fibrosis - hardy weinberg - population frequency given, and mothers sister had it, what are the chances of her son having CF?
- [ ] Xeroderma pigmentosum - autosomal recessive
- [ ] Myoclonic epilepsy - which organelle? Mitochondria
- [ ] Long face- fragile X
- [ ] Perifollicular hemorrhages, and tea and toast diet - vit C
- [ ] Dry scaly skin + testicular atrophy - Zn
- [ ] Hemolytic anemia - all the pathways of glucose given and asked where was deficiency - pyruvate kinase
- [ ] Cardiomyopathy, enlarged tongue - where does glycogen accumulate? Lysosomes
- [ ] Lymph drainage of glans penis - deep inguinal was not given in the options
- [ ] Complement pathway getting activated via IgG - classical pathway
- [ ] C5-C9 deficiency - neisseria
-

- [ ] Hemolysis + red urine -DAF
- [ ] Chronic granulomatous disease - aspergillus
- [ ] Type 1 hypersensitivity - mast cells
- [ ] Serum sickness
- [ ] Acute hemolytic transfusion reaction - type 2 HSR
- [ ] Bruton - X-linked agammaglobulinemia
- [ ] Enterococcus
- [ ] Barium swallow - Zenker's
- [ ] Transmural inflammation with fibrinoid necrosis - Hep B
- [ ] Rocky mountain spotted fever - doxycycline MOA
- [ ] Ohio river valley - dimorphic fungus
- [ ] Pneumocystic NBME picture
- [ ] Constipation - anal fissures
- [ ] Intraerythrocytic tetrads - babesia
- [ ] Periportal fibrosis - schistosoma
- [ ] Transplant - intranuclear inclusions - CMV
- [ ] CD4 count <100 - histo and picture given - bartonella
- [ ] Creutzfeldt jakob presentation - prions
- [ ] Motile - yellow discharge - trichomonas
- [ ] Candida - acidic pH
- [ ] Doxycycline - photosensitivity
- [ ] UTI in pregnant woman - which med? Cell synthesis inhibitor
- [ ] Isoniazid - mycolic acid synthesis

-

- [ ] Muscle hypertrophy
- [ ] CRP - produced by liver
- [ ] Wound healing - inflammation - day 3
- [ ] Another question where scar looks like normal tissue now - fibroblast
- [ ] Another on Granulation tissue
- [ ] Lynch syndrome - mismatch repair defect
- [ ] Follicular lymphoma - BCL2
- [ ] Myeloproliferative - JAK
- [ ] BRCA - breast/ovarian
- [ ] Epithelial cells - cytokeratin
- [ ] Cohort
- [ ] Bradford hill criteria - long stem given had to tell which ones meet the criteria
- [ ] PPV value
- [ ] Positive and negative skewed
- [ ] Highest O2 saturation in fetal circulation - suprarenal IVC
- [ ] Accident - RV
- [ ] Murmur dec on squatting , inc on valsolve - MVP
- [ ] Aortic stenosis - radiating to carotids

For more recent and solved file visit [medcruca.com](http://medcruca.com)

- Mitochondrial disorder pedigrees
- CF pedigrees with carrier chance
- DMD frame shift

-

Rb gene retinoblastoma mechanism

BRACA

Huntington inheritance AD

Starvation day 3 and day 7 only water intake Vitamins 4-5 qd

- Wiskott alldrich

CGD diagnosis

SCID diagnosis, live vaccine contraindicated, passive immunity as a treatment Complement system

2 hereditary angioedema diagnosis and treatment kallikrein inhibitor along with epi, histamine blocker as in the option ( do confirm)

Hypersensitivity 1 cells asked , 2 good posture , 3 serum sickness, 4 contact

dermatitis cells.

Acute Transplant cells- T cells

Gram negative mostly

Virus HIV mostly ( Everything)

EBV and CMV cases

2/5

Plausibility  
Confounding effect  
Bias question  
Incidence calculation  
Power calculation  
Negative skew ( median asked)  
Internal validity and External validity  
Shock arrows  
Right atrial pressure increase, ANP levels  
and natriuresis  
Stab injury heart  
Murmur 3 qs. MR, AR ( sounds) and  
diagnosed from case  
Dye injected image and located asked MRI  
picture given  
( pulmonic valve probably)  
Insulinoma case diagnose neuroendocrine  
case  
RET gene MEN  
Exercise--> GH increased, Glucagon  
increased, decrease insulin

3/5

Thyroid labs  
Anemia smear  
Pica  
Basophilic stippling





dermatitis cells.

Acute Transplant cells- T cells

Gram negative mostly

Virus HIV mostly ( Everything)

EBV and CMV cases

Giardiasis mechanism

Vivax picture headphone and about  
hypozoints

Babesia

Ascaris diagnosis picture , and mode of  
transmission ( loffler)

Interpreter 4 qs

1. Normal interpreter
  2. Emergency pregnant women with bleeding
  3. Emergency but not severe medical student knows the language
- RR , AR , Studies cross sectional and cohort , Sensitivity, specificity calculations  
95% Sensitivity, 95 Specity, ( biopsy question)

2/5

Plausibility

Confounding effect

Bias question

Incidence calculation

Power calculation



Thyroid labs

Anemia smear

Pica

Basophilic stippling

CML case

Translocation gene of leukemias

HIT PF4 antibodies

Fanconi anemia case picture child hand  
with reduced fingers diagnosis asked

Lateral epicondylitis-- Extensor carpi  
radialis brevis.

Deep preoneal sensation

Plantar flexion

2 qs Gout one on treatment

Nail pitting picture relation---> psoriatic  
arthritis ( only picture nothing just asking  
associated) other finding: disc optic

Neuro pharma

Creutzfeldt jackob

Projection ego defence

4/5

Enuresis treatment desmopressin

Somatic symptoms 2 case labs normal

Psych pharma

Renal CT, histo , risk factors , arrows from



associated) other finding: disc optic  
Neuro pharma

Creutzfeldt jacob  
Projection ego defence

4/5

Enuresis treatment desmopressin  
Somatic symptoms 2 case labs normal  
Psych pharma  
Renal CT, histo , risk factors , arrows from  
pharma  
Renal infarction CT atherosclerosis risk  
factor( hypertension mention)  
RCC gross and histo  
Metabolic acidosis and alkalosis  
Polycystic kidney disease CT  
5 alpha reductase, AIS , congenital  
hyperplasia, aromatase deficiency  
Ethics medicaid copayment question

lots of ethics questions

- interpreter queen mother of a 3-month-old boy who can't speak English and father who can also an administrative person can speak Arabic a little bit to communicate with them so to whom you ask for help? For interpreter? Administrative person? Father?
- pregnant lady who came for routine checkup for the first time in your clinic so how do you proceed with her? Ask about previous pregnancies? how can I help you? Do you have any difficulty so far in this pregnancy?
- a disabled girl with ADHD stop doing daily chores and sits on the floor by grabbing her jaw. What will you assess? Dental evaluation? Psychiatry evaluation?
- The minor girl came up with her mother for a general check-up you asked her mother to leave the room. Now, how will you ask her about alcohol intake? Can you tell me anything that you're hiding from family? Or do you go out with friends at parties where alcohol is served?
- the couple is practicing the pull-out method. Now, they come to your clinic to ask how effective it is and do not even wanna try other

-

contraceptive methods. How do you consult? Options were very weird, like you aren't afraid of getting pregnant? Do you want babies? Or ajeeb ghareeb

- A lady, after suicidal attempts and depressive mood, was admitted to your ward. Now she is right and discharged by senior doctors. You have to hand over her discharge card, so how will you proceed? How r are you feeling today? As all the seniors told you everything do you have any other questions?
- an old lady who was perfectly fine but ate lots of sweets and called her colleagues and told them I could eat all the sweets that you guys couldn't. What will you evaluate in this pt first? Psychiatric evaluation? Cardiac evaluation? Renal evaluation?
- and a lot of questions about ethics ??
- biostat calculates PPV
- calculate dose 70 ans
- Confidence interval que erythropoietin and placebo treatment total cost of erythropoietin treatment 2200 dollars. Now calculate for each patient erythropoietin treatment for 30 days
- calculate confidence interval of 12 different people 95% tha.. I couldn't able to put so randomly guessed
- biostat old que PPV 95%
- risk factors questions alot
- obese pt OSA what is the risk factor? Muscles on the chest or adenoids in neck/neck mass?
- The old man is all ok, but the athlete gets an aggressive workout and is afraid of getting osteoarthritis.  
What could be the RF for this? Old age? Aggressive workout?

-

- a guy 25 yr old having different joint involvement. How will you take history? RA history? Dry mouth\dry eyes hx?
- male young age MS symptoms. Risk factor? Ethnicity? Gender? Age?
- arrows questions regarding VIT D, ace inhibitors and ARB around 4-5 questions
- PTH questions and thyroid questions are a lot like 4-5 but confusing as a lady has no symptoms, but her family has familial hypocalcemic hypocalciurea, and her Calcium levels were 7.4, so which receptors r not working? Calcium, PTH, PO4? - polycythemia case jak2 mutation
- treatment of CLL?
- rituximab moa?
- TNF alpha moa?
- giradia moa?
- atropine moa?
- benzodiazepine receptor mark on channel?
- ADHD management? Mark receptors
- female anxiety and hot flushes can't give her HRT now which medicine will you give to control her symptoms? Moa? Serotonin mechanism written SNRIs and GABA?
- unrestrained driver got in accident. Came up in ER hypotensive and crepitus on skin and tender abdomen? Cause rib fracture? Spleen ruptured?
- pt addict now undergoing surgery what medicine will be used more during surgery? Ketamine? Atropine?
- CH50 less in a pt. Cause?

-



- CGD case
- different scenarios on hypersensitivity - cell come first after injury?
- cell come first after deep laceration?
- skin lesions on shin pic? Pyoderma gangrenosum?
- Auscultation murmur AR, MS
- ECG couldn't diagnose what to give? Adenosine, Ca channel blocker? Betabloc?
- partial agonist que
- inverse agonist que
- partial agonist drugs
- pt of cirrhosis now came in er with tender abdomen. Pt in bacterial peritonitis cause? UTI? Intestinal? Biliary?
- pic of MRI of a girl abdominal mass ovarian tumor. Arise from granulosa cells? Teratogens? Yolk sac?
- pt has some mass anterolateral to right kidney where it drains?
- RTA pt urine collected in scrotum which part of urethra ruptured?
- pt has fistula of posterior upper part of bladder where it will connect with the gut? Sigmoid colon, rectum, ileum
- xray of ARDs cause
- micro algorithms of hemophilus influenza, cl perferinges, ecoli
- UK travel hx now symptoms of fever, thrombocytopenia, hepatosplenomegaly organism?
- falciparum case
- Kala Azar case sandfly

-

- chart mark on CD8+ n anti tdt cells? Mature immature B n T cells
- thalassemia case
- hemophilia C pedigree
- autosomal dominant pedigree but pt had no symptoms of disease  
cause? - AIS case