

LISTERIA

Dedicated to entire Arambha Family ;



Arjuna says "if I have to do everything ,then what will you do ? And what is it that I cant do?"

Krishna says , "Arjuna , take care, but put your step forward and concentrate on the eye of the fish. What you cant do , I will do. I will keep the water steady, keep the winds in check."

Exam is super doable , my only advice for everyone is to do new pool pq sincerely with uworld n FA and all NBMEs (20-30) my form had most of the stuffs from there.

2-3 blocks were entirely from recalls while the other questions were indirectly related to nbme and free120 tested facts and maybe recalls too .

APPEAR WHEN YOU FEEL CONFIDENT , SOME MAY TAKE YEARS SOME MAY TAKE FEW MONTHS BUT NOTHING IS WRONG ABOUT IT ,, THE JOURNEY IS ITSELF A SELF DISCOVERY

OUT OF ALL THE WARRIERS IN HISTORY WE ONLY REMEMBER FEW , IT WASN'T BECAUSE OF THEIR VALOROUSNESS , IT WAS BECAUSE THEY HAVE EMBRACED WHO THEY WERE.

1. An immigrant boy with h/o of diarrhea and foul smelling stool for 6yrs with h/o of wt loss , now comes **with nystagmus and ataxia**, wide stepping gait . whats the cause
a. Vit b1 b.vit e c.vit d d. vit c
2. Home delivery carboxylation pq
3. Cv with a boy with history of ecchymosis petechiae , ho of working in fields where he “dusted for rats” what was the main biochemical abnormality associated
a. Carboxylation b.farnesylation c.acetylation **Brodifaceum..super warfarin**
4. A Cv on tendon xanthoma was basically asking about reduced **Idl uptake**
Type II
5. A 12 y boy with history of diarrhea with bloating and painful bones with forward bowing bones , which of the following enzymatic supplementation would have been beneficial to the boy?
a. lipase b.amylase c.pepsin **Vit D def**
6. Vit c deficiency pq ---- hydroxylation issue
7. Cv on a boy with history of fatigue and weakness , on examination a cardiac murmur was heard, where would you find the defect in
a.cytoplasm b.lysosome c.golgi **Pompe dz**
8. Cv on a boy with history of muscle cramping and inability to continue playing football in many instances has issues with which of the following enzymes ?
a. glycogen phosphorylase b.pyruvate kinase
Mc Ardle....Myophosphorylase

MELAS

9. A cv on a 3yr old female with history of developmental delay, vision loss , hearing loss was bound to wheelchair later with complaints of tingling and numbness in fingers where was the issue ?

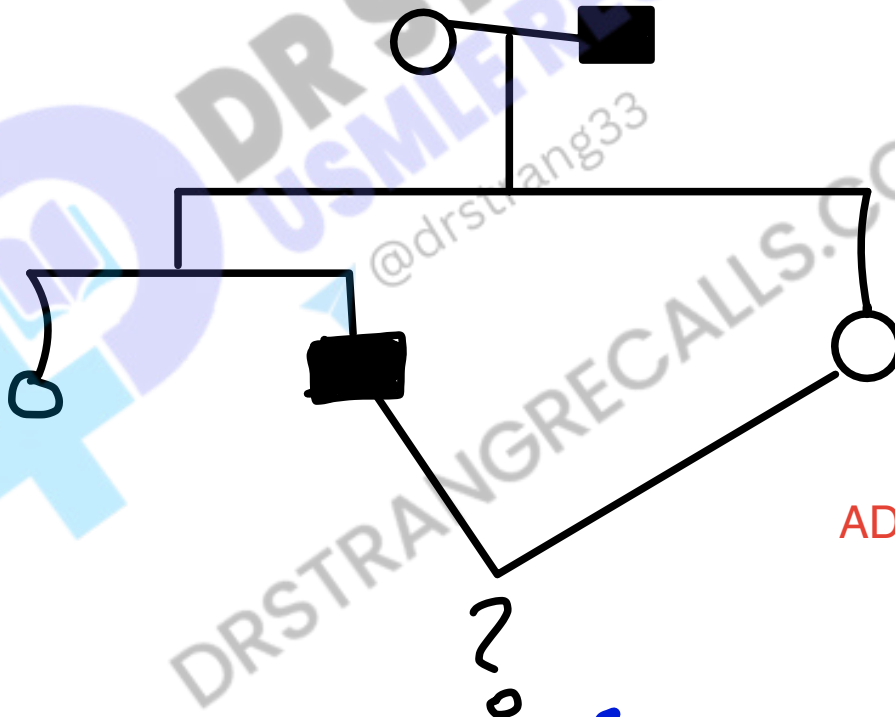
- a. lysosome **b. mitochondria** c.nucleus

10. A cv on a female with recurrent history of recurrent miscarriage had a child who now has **easy fractures with minimal falls** , what is the mode of inheritance of the disease affecting both

- a. Autosomal dominant** b.AR c.mitochondrial

Osteogenesis imperfecta

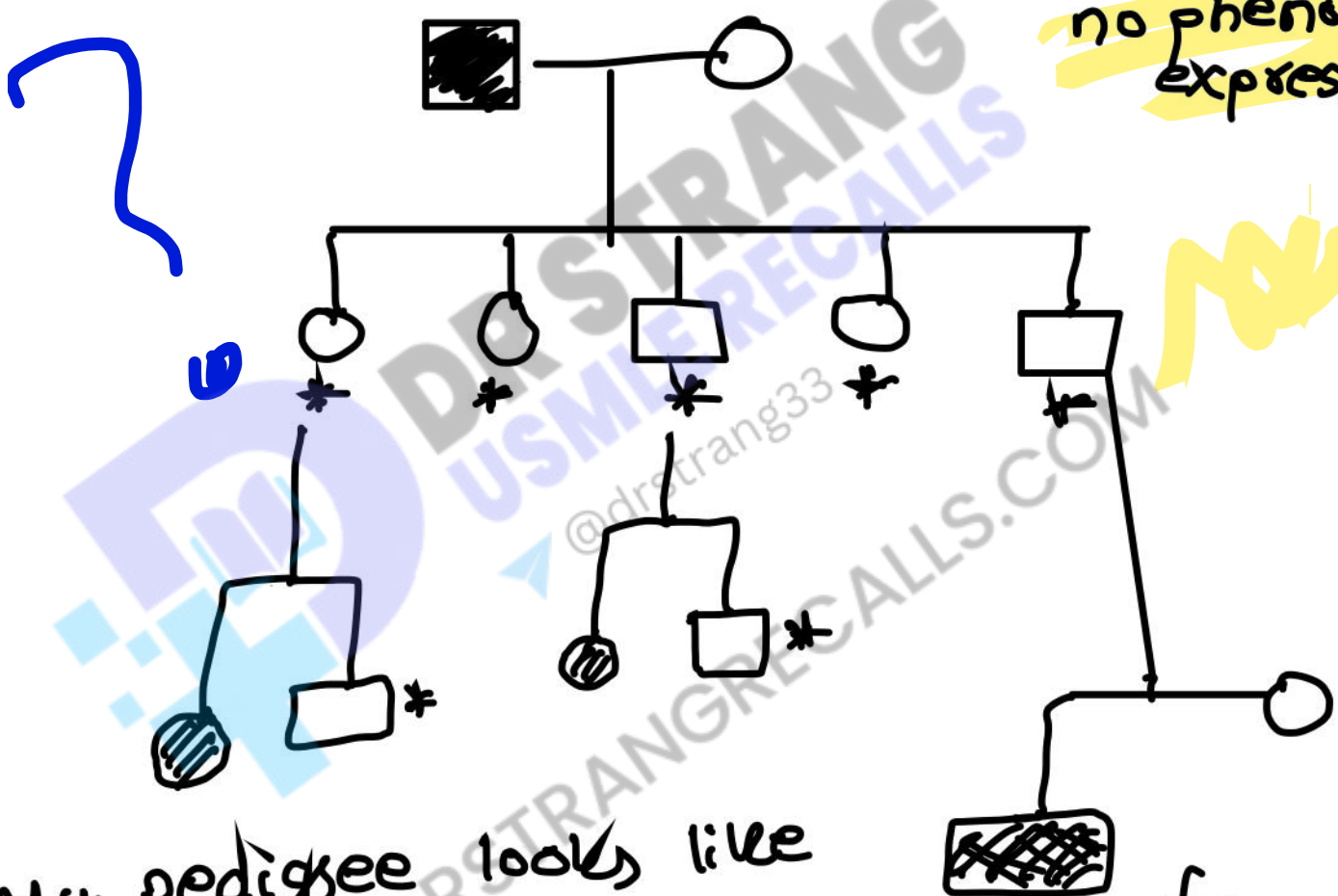
11. A pedigree given



what is the chance of inheritance :: **a. $\frac{1}{2}$** b. $\frac{1}{4}$ c. $\frac{1}{8}$

12. A pedigree looking similar to this but couldn't figure out the exact answer, pardon me for not remembering the exact possible answer but the options could be ruled out which were xlinked dominant, autosomal dominant and xlinked recessive There were two another unheard terminology (euta dna repair related terminology thyo) there so I went with it for none of the other options fitted the pedigree description.

* → has mutated gene but no phenotypic expression



My pedigree looks like AR here but I'm sorry for poor reconstruction, it could be ruled out none of the common pedigree matched.

13. A cv on a young boy with issues of vision when evaluated had leukocoria , on evaluation it was found his grand father had similar issue resulting in enucleation of eye while his father never had this issue. This mode of inheritance was shown due to which of the following **Retinoblastoma...AD with incomplete penetrance**

- a. **Incomplete penetrance** b. variable expressibility

14. Cv abt gout , given a drug that **causes diarrhea** , what was the MOA of drug --- **microtubule formation** **Colchicine**

15. TNF alpha wala pq thyo for muscle atrophy **TNF alpha high in. cachexia**

16. VLCFA n pipecolic acid pq **Zellweger....peroxisome**

17. CV on a person with MELAS like illness , researcher wanted to built a drug on it , where should be the target of the protein forming gene

- a. **mitochondrial trna** b. mitochondrial mrna c. ribosomes

18. Retinoblastoma gene found which cell cycle phase does the person has increased progression to **Loss of function mutation**

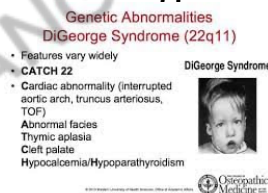
- a. **S** b. G1 c. G2 d. M

**Mitochondrial tRNA LEUCINE MELAS
tRNA Lysine MERRF**

mRNA splicing

19. An experimental question with a long setup vignette that basically was asking about splicing and its application to produce new proteins (key terms were probes with deoxythymine repeats added bla bla) and the asked about which site does the probes remove unwanted fragments of mrna ----- ans. **GU at 5' and AG at 3'**
20. Female (35 yo) with history of crohns disease , has severe microcytic anaemia(lab values were there) ,now asks on which portion of gut was removed
a. **duodenum** b.colon c.rectum d. ileum
21. A cv on young guy with MODY (long vignette with history of diabetes and related illness) now asks where was the issue of the enzyme
a. **Beta cells of pancreas** b.adipocytes c.muscles
22. Hypocalcaemia and history of pulmonary stenosis plus other truncal abnormality related explanation was given with history of severe pneumonia and diarrhoea , cause was asked
a. **deletion of genes** b.translocation of gene c.recombination of genes
23. Lymphati drainage of testicular(tumor), another qstn had cervical (carcinoma vinnette)
Para aortic **Internal iliac**

CATCH 22



Affinity maturation

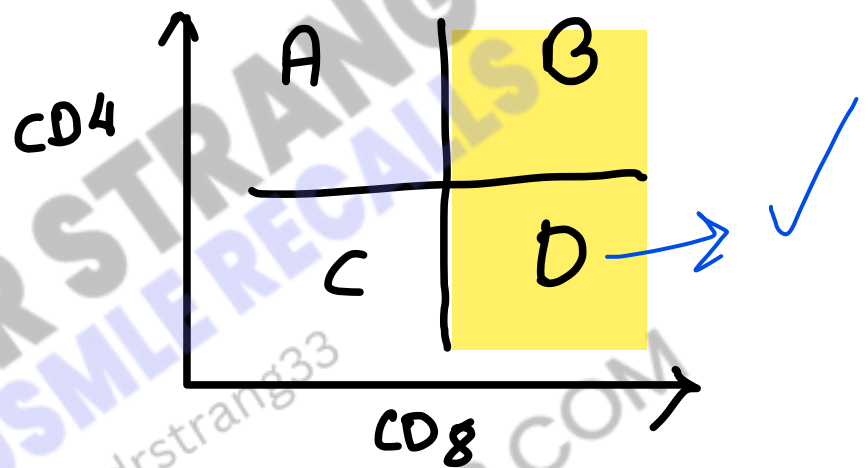
24. Somatic hypermutation pq , basically had vaccination experiment vignette on rats .. every time the vaccinated ones were tested with similar antigen produced higher ab titer and quicker resolution

25. Flowcytometry related pq

I. Thymus wala with cd8 cd4 positive tcells with 40% value



II. one had one person with HA dq dp dr negative while HA A B C normal now had to figure out which zone would it lie on flowcytometry chart



26. A young person has history of reddish coloured urine early morning,, on laboratory evaluation shows pancytopenia sucrose test revealed increased incidence of hemolysis what was the cause

a. complement mediated lysis of RBC

b. AIHA

c. myelofibrosis

27. A person comes to ER following history of pneumonia like illness , was penicillin allergic acc to wife , initial bp was 130/90 ,, after medication bq dropped to 80/50 which didn't rise after 0.9%ns 2l bolus and later stablilized on inotropic drugs , what was the cause

a. medication and drug reaction

Anaphylaxis

b. autoimmune reaction

c. DIC

28. Contaminated saline pq

29. A person with pneumonia , on culture diplococcus found , which is the most effective substance in controlling the infection

a. myeloperoxidase b. superoxide dismutase

30. FcεRI wala pq ,, related with Type 1 HSR

31. A person who had history of allergy , on exposure to that produced wheezing urticaria , given SABA , improves and then detoriates again later ,, what was responsible for the later phase

a. mast cells and neutrophil

b. mast cells and eosinophils

c. Mast cells and basophils

32. What is responsible for helminthic killing and why ?

a. neutrophils and halides

b. Eosinophils and MBP

c. Antibodies (igA)

33. TRALI wala pq (1 out of 5000) incidence , pt was conserved what was the physicians response

$1/5000 \times 100\%$

just go for 0.02% chance of development option

34. A person bought jeans ,, after wearing them develops reddish patches on the location described in the picture, what was responsible for the reaction

a. Nickel

b. Chromium

c. Jeans dye

CD



35. An infant with history of delayed umbilical cord separation in one month has issues with what

a. B2 integrin

b. PECAM

c. ICAM

d. L selectin

LAD

36. A person with history of blistering rash on exposure to sun has issues with **which of following**

a. **DNA repair**

Xeroderma pigmentosa...Nucleotide excision repair

b. RNA transcription

c. DNA synthesis

37. Seizure ho in mother and had consumed valproate , baby develops cleft lip and palate , cause asked , go with **DNA synthesis defect** **NTD** other options were superfluous .

38. A mother comes with her baby who has cleft lip and palate , her pregnancy was uneventful , early ultrasound evaluation had not revealed cleft lip and palate, mother brusts out in emotions and then blames herself for looking at the full moon . whats the physians response

a. **Looking at the moon has nothing to do with this**

b. Did you take multivitamins regularly during pregnancy as its the commonest cause of it ((other options were funnier than mothers explanations))

39. A person with history of renal transplantation and htn , was under cyclosporine, prednisolone, amlodipine comes for evaluation in 3wks, creatinine level raised and hypertension (220/110) and biopsy was done shows mononuclear infiltrates with smooth muscle proliferation, what is the cause (vignette was confusing and long)
- a. Donors T cells proliferation in host
 - b. Hyperacute rejection
 - ✓ c. acute rejection
 - D. Drug reaction
 - e. Hypertension
 - f. Chronic rejection

40. UTI and saprophyticus pq

41. A person visits his relative in Kentucky has history of painful rash on lower limb and dry cough and low grade fever responsible organism

- ✓ a. Dimorphic fungi
- b. Strep pneumo
- c. Tick bit related illness

Histoplasmosis

42. A person with history of high fever rash and blurry vision comes for evaluation , found to have poor dental hygiene and a mild grade heart murmur , which of the following can help identify the organism

a. optochin sensitivity

Strep viridans

b. Bacitracin sensitivity

Optochin resistant

c. PYR status

d. Coagulase reactivity

43. A person with high fever , rash and painful fingers comes for evaluation had a history of mitral valve prolapse and has undergone dental extraction recently , had taken full course of antibiotics , which factor plays better in explanation of illness

a. congenital valve defect

b. dental extraction

c. Poor infection control measures by dental surgeon

44. TMP smx taken for uti now develops watery diarrhea pq for cl difficile

45. Person comes with history of night sweating wt loss cough after he was prescribed a drug for his uncontrolled crohns disease cause:

a. reactivation of latent illness

b. Disease flareup

TNf alpha inhibitor given without PPD

46. A pt comes with history of mild feverile illness following resolution of which has axillary swelling that was mobile , multiple and non fluctuant ;; history of keeping multiple pets , had recently rescued a baby cat from a trapped situation ;; travelled to woods for adventure Which is more responsible for illness.

a. pet keeping

Catch scratch dz

✓ b. rescuing baby cat

c. travelling to woods

47. A person comes with history of fever and rash that has spread centrifugally , gives a history of travel to some state I forgot , which is the vector responsible

Palm spared

✓ a. lice

b. tick

c. flea

R. Prowazek

48. Wild Berry and water and giardia ko love story

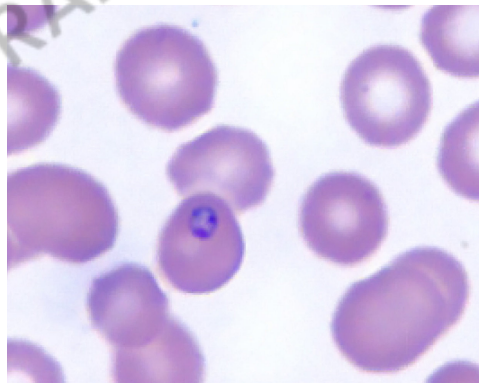
49. PBF film was given of a pt from NY , asks whats the vector responsible

✓ a. tick

b. mosquito culex

c. ades

d. sandfly



Babesia..tick

50. A person comes with history of blood vomiting , stabilized in ER ,
biopsy shows **periportal fibrosis** , which group does the causative
organism fall under

a. **Flukes**

Schistosoma mansoni

b. Worms

c. Protozoas

d. Fungus

51. HSV 6 rash after fever and sparing the face (pq)

52. A person with history of recurrent painful vesicle on penis , where
does the causative organism reside latently

a. **Peripheral nerve**

Herpes sacral plexus

b. B cells

d. Monocytes

53. A person with history of febrile illness , is positive for monospot
test. Where does the **organism reside latently**

a. **B lymphocytes**

b. Monocytes

c. T lymphocytes

54. A person comes after renal transplantation for FU and now has a complaints of reddish urine,, on evaluation renal angle wasn't tender , suprapubic tenderness was absent, urine analysis shows no RBC , no WBC nor the casts. What could be the cause

a. Graft rejection

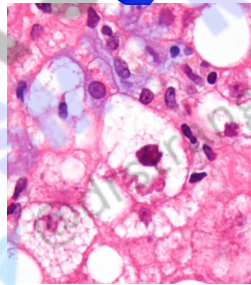
BK virus

b. Polyoma

c. Drug sideeffect

55. A baby comes in a distress with severe stridor and wheeze , xray shows steeple sign – organism responsible (parainfluenza) Croup

56. Picture shown of biopsy of liver, option to choose hepatitis causing etiopath given a. HBV, b. HCB c. Alcoholism c.iron storage



57. A vignette on experiment done abt antibiotic given, amoxi clav was given knowing the organism was beta lactamase producing , still the organism thrives in media, cause of it asked

a. protein modification of the target

PBP

b. another beta lactamase variety

c. protein synthesis alternative pathway formation

d. efflux pump formation

58. A boy had a history of acne comes with complaints of burning and irritation in the skin which he notices when he plays football outdoor increased rashes , he was prescribed doxycycline , cause asked

- a. doxycycline induced photosensitivity
- b. Sun exposure on acne
- c. treatment insufficiency

59. Onychomycosis picture given moa of drug asked
Terbinafine
squalene epoxide inhibitor

60. Vlacyclovir mechanism of resistance – thymidine kinase

61. Moa of Interferon alpha was asked Viral protein synthesis inhibitor

62. CV on a cell with shrinking eosinophilia without any sign of inflammation in surrounding area --- what even encited the change

- a. release of caspase into cytoplasm
- b. activation of cytochrome c into cytoplasm
- c. inactivation of caspase 8/9/10

63. A cv of wound healing seen granulation tissues seen what is the process involved

- a. smooth muscle migration
- b. angiogenesis
- c. collagen remodulation

64. MMP wala pq on remodeling

65. Metastasis related question was there where bone metastasis was seen, was female, which carcinoma was most likely in her

- a. cervical b. breast c. kidney

66. A cv on bone fracture given, what's the initial step in bone fracture healing

- a. clot formation b. collagen synthesis c. bone osteoid formation

67. A tumor with cytokeratin positive --- origin asked - epithelial

68. A tumor with desmin vimentin positive esophageal mass -

leiomyosarcoma others could be ruled out

69. Psammoma body and papillary thyroid ca (pq)

70. A person with history of cough blood tinged sputum and weight loss comes to er with history of Seizure .. other vague explanation of the seizure and vitals given, what's the most likely cause

SIADH

- a. TB b. SCC c. small cell carcinoma

71. Pq of that half life (80hrs) initial conc was 4ng ... toxicity seen, half life of 40 hrs ... now how long will it take to be in 1ng conc ...blablabla

$$40 \times 2 \rightarrow 80$$

72. Hypothyroid patient on levo thyrox has relapse of symptoms like wt gain, lethargy, recently had started taking ppi for gerd, what's the cause

- a. drug insufficiency b. drug adr c. malabsorption

73. Researchers identify a molecule which is antagonized by caffeine and theophylline and agonized by dipyridamole, what was the molecule like ?

- a. NO b. adenosine c. phosphate d. calcium

74. Endothelium stripped ... NO wala pq

75. Two questions on efficacy and potency, can be easily made

76. Two three questions from case control and cohort related studies and scenarios, on from ARR calculation, ROC curve pq, positive correlation.. changes with cutoff changes and its effect ramrari padhnus

77. A study was done where after a remainder of smoking cessation and its benefit before surgery in healing outcomes was given 2wks prior to surgery dates in 1000 people in a hospital via email showed 70% pts quitting smoking before their scheduled surgery. what kind of bias could be seen

- a. lead time b. length time c. observer bias d. recall bias

Pygmalion effect

78. Dispersion of positive skew was shown ,, what is the best method to calculate measure of central tendency
a. mean b. median c. mode

79. Power of study and Beta calculation related vignette ... was asked on what could be done to increase power
Inc sample size

80. A woman comes for establishing first contact with the physician , understands English poorly while her husband is fluent in English and mandarin . Interpreter wasn't called , while their son whos in checkup with another physician was evaluated with another physician had interpreter called . What would be the appropriate response?

- a. ask the husband to translate what his wife is telling
- b. telephone call the interpretator
- c. re schedule again when translator will be available

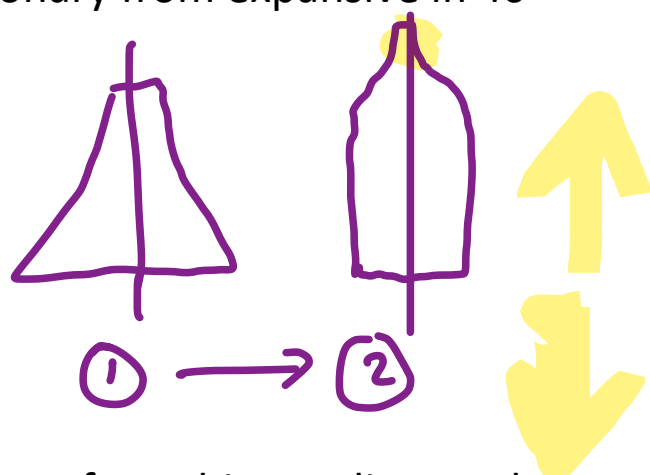
81. A women in 50s , learns abt osteoporosis being the cause for her back pain , has increased her calcium intake and now comes to physician to ask about how much exercise is needed to prevent future fractures. Which stage of change is she in ?

- a. contemplation
- b. preparation
- c. action
- d. maintainence

Action

82. Population pyramid has become stationary from expansive in 40 yrs what caused it ?

- a. migration of old population outside
- b. decreased birthrate
- c. Increased healthcare facility



83. African population has higher incidence of Hutchinson disease than dutch population who were immigrated in 1600s .. what is the effect called ?

- a. founder effect
- b. bottleneck effect

84. One murmur in mitral area, pt had come for preemployment evaluation , no symptoms , ecg changes whats the murmur ?

- 1. TR 2. MVP 3. MR
- Asymptomatic incidental finding

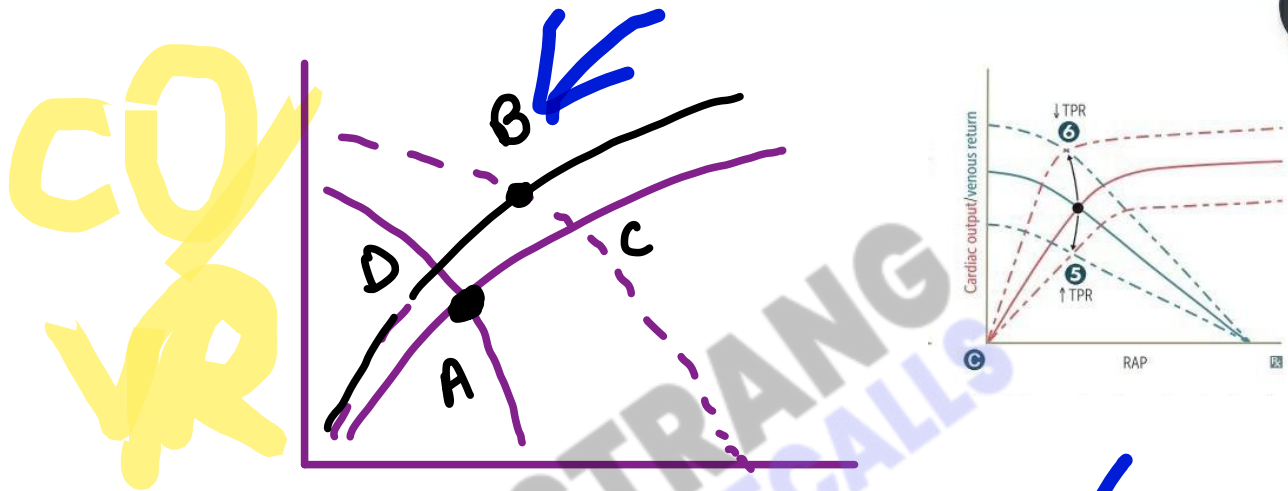
85. One murmur on AS (pls do physeo cardio last two videos series to be a pro to identify murmur and also hear some from medzcool)

86. A vignette in a hypertensive patient with HCM was there basically asked what happens to LVEDV PCWP CO



87. A calculation was given with **atrial wall radius** was halved and now calculated what was the change in resistance compared to before
 a. $1/16^{\text{th}}$ **b. 16x** c. $1/2$ d. $1/4$ e. $4x$

88. One question on cardiac and vascular function was given :
 asks what happens when **venous return increases in the curve**



89. Origin of lone AF was asked --- a. pulmonary artery **b. pul vein** c. RA

90. What are the changes in cardiac parameters when a person goes from supine to standing on CO Venous return PVR



91. What is the cause of the pleural effusion in heart failure
 a. low oncotic pressure b. increased lymph outflow obstruction
 c. capillary permeability increased **d. increased capillary pressure**

92. A boy comes to er with the complaints of lower limb claudication , on evaluation femoral pulses were absent and a heart murmur was heard n dx of **coarctation was given** , which is the ideal place to measure his bp ?

a.left leg **b.right arm** b.left arm c.right leg

93. Erectile dysfunction and claudication after AA surgery whats the cause – **pelvic ischemia pq** **Lerische syndrome**

94. Pq : person with holosystolic murmur heard best in left lower **sternal border** , p2 palpable , liver enlargement whats the cause **Cyanosis +**

a.wsd with shunt reversal

b.aortic regurgitation

c.TR

Pulsus paradoxus

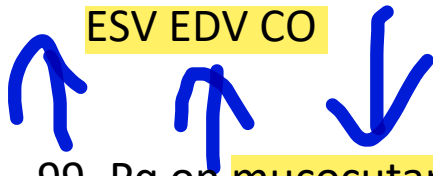
95. A cv on traumatic chest.. ecg shows electrical alternans muffled hs **now asks on whats the other change that can be observed**

a. **Reduced systolic bp during inspiration .. aru birse**

96. Rheumatic fever vignette with fever and arthritis asks the cause ,, autoimmune cause

97. 5wks post mi develops chest pain and pericarditis like features basically asking autoimmune nature of **dressler syndrome**

98. A person arrives in er with the complaints of SOB, needs 2-3 pillows to sleep. what changes in hemodynamics are observed



Kawasaki

99. Pq on mucocutaneous lymph node syndrome

100. HSP ko pq thyo just to diagnose easy peasy

101. Cv on a person with recurrent history of epistaxis and GI bleed, what could be the other common finding to be seen

a. pigmented skin and mucosal surfaces are birse

Hereditary hemorrhagi telangiectasia

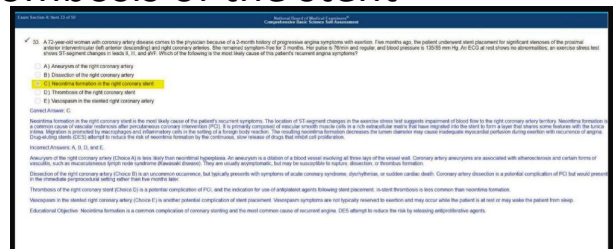
102. Experimental question on a protein that was found to be beneficial in HF also was seen to antagonize the illeffects of aldosterone on heart, later found shows similarities to naturally occurring substance formed by human endothelial cells. What is the

moa
a. CGMP b. CAMP c. IP3 breakdown

103. Greatest risk of stent failure in post MI patients is due to

a. intimal cell migration b. thrombosis of the stent

104. Pq of igf-1 resistance



105. A dude jumps in cold water what are the changes seen in central circulating volume and anp synthesis

106. Pq on kallman syndrome with issues in diencephalon

107. A person complains about increased hat site, hearing loss , a drug was given which has direct effect on which of the following

a. chondrocytes b.osteocytes c.osteoblasts d.osteoclasts

Pagets dz...

108. Pq on 21 alpha hydroxylase deficiency and 17 alpha hydroxylase

109. A vignette on hyperthyroidism and exophthalmos was given a drug that works at which site

Steroid

a. cytoplasmic receptor that translocate to nucleus

b. nuclear membrane receptor

c. cell membrane receptor

110. Pq on 7MP atpase channel --- ion transport testai kei thyo

answer

CFTR CL channel

111. CV on a lady with bipolar disorder increased dose of intake and then had loss of weight dry membrane polyuria , what is the cause

- a. nephrogenic di b. central di c. dm

Lithium

112. A person with steering wheel injury post RTA ,widened mediastinum, where did the injury occur?

- a. ascending b. descending c. isthmus

113. Pt undergoing thoracic aneurysm injury is likely to develop injury to which structure

- a. trachea b. esophagus c. recurrent laryngeal nerve

114. CV on T1DM, DKA ,has increased depth of breathing due to which of the following

- a. increased glucose

b. increased beta hydroxy butyrate in blood.

- c. decreased acetoacetone

115. DDP inhibitor works by increasing insulin release pq

116. A person undergoing cholecystectomy needs to ligate cystic artery from which of the following artery

- a. common hepatic , b. right hepatic c. left hepatic

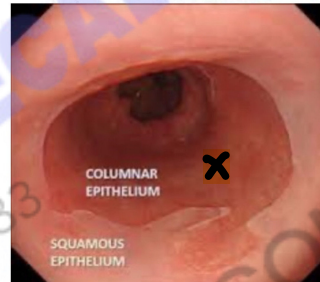
117. A person with the history of recurrent ulcers and GERD (big vignette theyo) ; was on PPI, **no improvement**, endoscopy showed normal finding, **fasting serum gastrin level** was in normal range
a. ZES b. **Idiopathic gastric acid hypersecretion** c. Hiatal hernia

118. A radiolabeled lipid was injected and was later found to be in **plasma membrane**..which of the following substance will show fluorescence like theyo
a. **TXA2** b. cholesterol c. Proteins

119. Experiment on lipids, palmitic acid, normal linoleic acid and linolenic acid **level were low**, what is seen in the patient?
a. **Chronic pancreatitis** b. UC c. CD

120. Endoscopy in GERD shown –

what is in marked region



121. A person unresponsive to GERD therapy undergoes biopsy, shows a **small papillary tissues with eosinophils** what is the cause
a. Hiatal hernia b. **Eosinophilic esophagitis** c. Chemical esophagitis

122. Malabsorption + p-ANCA positive was treated with biologics and was cured after failed steroid and immunosuppressants. What was likely the therapy that cured

a. **TNF alpha inhibitor** b. INF alpha inhibitor c. IL-2 inhibitor

123. Appendicitis ko cv with cut specimen thyo diagnosis can be made by

- a. Neutrophilic infiltration of muscularis
- b. Eosinophils in mucosa

124. Contrast CT was done in a patient with history of recurrent constipation who was on bisacodyl and lactulose , still experiences constipation . what was the finding as per the cont.CT ?

- a. Perforation of sigmoid diverticula
- b. small bowel obstruction
- c. large bowel obstruction
- d. Ca bowel

125. Histo of villous adenoma shown what is the malignancy determining feature in it

- a. size
- b. grade
- c. location in gut

126. 0.8cm size polyp removed wala pq – normal mucosa seen later

127. Person with pigmented skin , dm screened , ho of liver disease what is the cause of symptom and disease

- a. failure iron excretion
- b. Failed bile excretion of iron

c. altered protein synthesis that sequesters iron in res

128. A newborn develops jaundice, lab shows increased direct bilirubin what is the cause – **biliary atresia** and other vague disease were in option
129. A patient with history of stroke on antidiabetics, simvastatin, clopidogrel, **gets a cut on his finger and** cannot stop bleeding where is the abnormality
- Platelet adhesion
 - Platelet aggregation**
 - Platelet formation
 - platelet IB surface abnormality
130. A boy with history of **recurrent finger pain**, was evaluated and was given a drug now comes with **severe pneumonia**. What was the use of that drug in the patient
- Increased fetal hb**
 - increased vasodilation
 - decrease pain
131. Picture of **target cell given** now asks hematologic **abn** **beta thalassemia** was there in option
132. Philadelphia chromosome detected in a patient evaluated for a **huge abd mass**, what is the moa of appropriate therapy
- bm alkylation
 - tyrosine kinase inhibition**

133. A boy with recurrent history of red rash around buttock and lower back, had biopsy of skin shows proliferation of lymphatics in skin with atypical lymphocytes

- a. Langerhans histiocytosis
b. mycosis fungoides

134. A boy comes with the features of skin hyperpigmentation, absent thumb, ling face and recurrent URTI. Labs shows pancytopenia. Where is the defect?

Fanconi Anemia

- a. Absent tumor suppressor genes
b. DNA repair abnormalities
c. Defective splicing of functional hematopoietic genes

135. A boy comes with history of recurrent thrombosis and joint pain, uric acid level elevated. Labs shows platelet 8lac plus.

what is the moa of defect

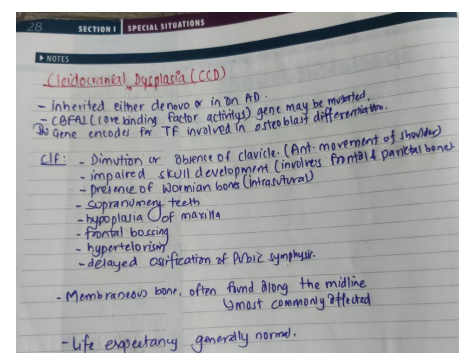
Essential Thrombocytosis

- a. non receptor tyrosine kinase
b. HGPRT gene defect
c. Receptor tyrosine kinase

136. Women (pregnant) vignette given, was given develops thrombosis, now given appropriate medication, labs now show normal findings except low platelet. Cause of it

- a. HIT
b. HELLP

137. Moa of paclitaxel asked

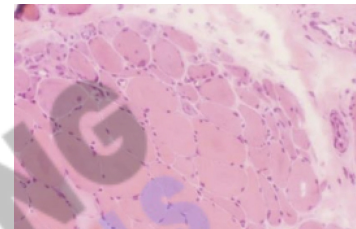


138. Supranumerary teeth found , **absent collar** , frontal bossing , lab study shows low ALP with normal calcium and po4, defect in which of the following cells

- a.Osteocytes b.Odontocytes c.Chondrocytes d.**osteoblasts**
e.Chondroblasts

139. **Sunray appearance bone tumor pq** **Osteosarcoma**

140. Histology of a muscle tissue from a person with muscle weakness shown (**dermatomyositis**)



141. **LEMS ko pq**

142. Paint spill stratum corneum pq

143. Ig deposits in **dermoepidermal junction shown in pic** , asked the ab is most likely against which of the following

- a. desmosome b.**hemidesmosome**

144. Osteopetrosis **EM deformity Carbonic anhydrase abn pq**

145. **Sabies pq (interdigital cleft involved)**

146. **Radial migration pq**

147. A person comes with recurrent headache ; on examination it shows inability of see upward , accommodation reflex present pupillary reflex absent , what was causing it ?

- a. Neuroblastoma b.**Pinealoma** c.NPH d.Glioblastoma

Perinaud syndrome

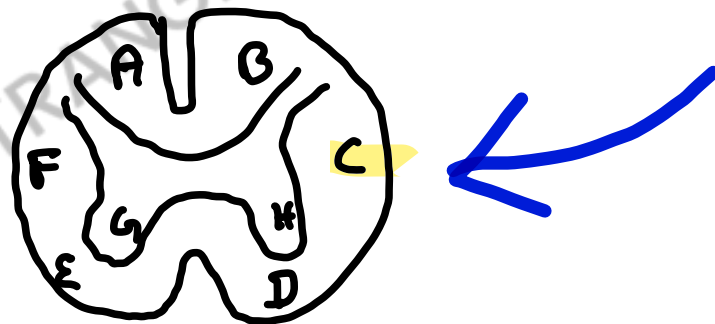
148. Image shown abt a tumor with obstruction asks where could be the csf accumulated – lateral ventricle or third or 4th



149. Rapidly developing dementia (1m ho cv old guy) develops crossing gait and ataxia what could be the cause.

- a. Sheets of pirion protein accumulation
- b. vascular dementia CJD
- c. Neurofibrillary entangles
- d. hyperphosphorylated tau

150. Spinal cord cross section , pt cant sense ryt sided temp sensation where is the issue



151. Recurrent OM develops cholesteatoma pq

152. A person suddenly develops headache and CN3,6 palsy with history of preorbital cellulitis, where did the infection seed from
a. Internal carotid artery b. Facial vein c. Internal jugular vein
✓ c. Superior ophthalmic vein **Cavernous Venous thrombosis**

153. Parkinsonism like disease cv what would be the treatment initially
a. supply the depleted amine hormones in CNS
✓ b. decrease breakdown of the amines

154. Migraine vignette given what's the MOA of the drug that relieves the pain
✓ a. 5HT_{1b/1d} agonist b. 5HT_{1b/1d} antagonist c. prostaglandin inhibitor

155. MCA obstruction image – global aphasia pq

156. A person comes to OPD, yells at doc for keeping him waiting and not treating him well, he boasts he used to demand best of his work colleagues and disguises dr to be poorly functioning in hospital and if he were the boss it would have never happen testai kei thyo what personality trait asked? a. paranoid ✓ b. narcissist

157. A woman comes for general checkup, accompanying parents claim she's perfectionist, she has pyelonephritis, low mood, continuous worries, need IV meds and admission, she denies and when asked about it she says she hates the hospital environment..and other silly excuses, what's the most appropriate next thing to ask?
a. her routine b. her relationships c. suicidal thoughts OCPD

158. ADHD vignette thyo Methylphenidate

159. Duloxetine falls into which class of antidepressants?

a. SSRI b. SNRI

160. Relative concentration along PCT wala chart

a. creatinine

b. Cl

c. Sodium

161. A CV of diabetic person complains of abdominal distension and weight gain, urine shows nephrotic pattern what is to be expected in biopsy

a. nodulosclerotic areas in the glomerulus

b. Hypercellular subepithelium c. Thickened glomerulus

heron

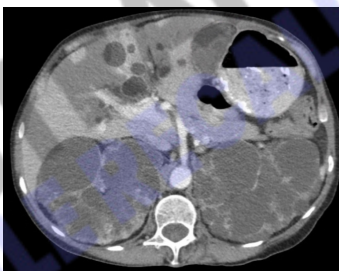
162. A person with history of drug abuse and HIV comes with the complaints of puffy face , and leg swelling ? expected biopsy finding

- a. Membranoproliferative gn
- b. Membranous gn
- c. Mesangial proliferation
- d. FSGS

163. Prerenal AKI due to hge and VT thyo ... easily identifiable just read aki ko buncreat ration , feNa percentage well

FEMA

164. CT scan of abd given defect is in :



- 1. calcium transporters in cell signaling pathways (aru yad ayena)
Polycystin gene mutation

165. BPH ko CV thyo hed benefit from enzyme inhibitor drug as it reduces

5 alpha blocker

- a. Epithelial proliferation of prostate
- b. Reduces prostatic tone
- c. Relaxes urinary musculature

166. Pq of antialdosterone diuretic Moa was reduced ENac transporter gene expression **Liddle syndrome..Amiloride**

167. Pneumothorax cv , what is the cause of discomfort in the patient ?

- a. reduced preload
- b. Reduced contractility
- c. Reduced afterload

168. ACEi ko affect on aldosterone AGT 1 AGT 2 rennin serum sodium (2 questions thyo)

169. ARDS baby --- up down (compliance elasticity phospholipids)

170. Middle lobe pneumonia , recurrent ho , what should be done

- a. pleural biopsy
- b. bronchoscopy

171. **Samster triad pq**

Mucous plug

172. **Death on asthmatic pq**

173. **Rat on trademill gh pq**

25. A 65-year-old man develops his third episode of pneumonia during the past 8 months. The pneumonias have been localized to the right middle lobe of the lungs. Which of the following studies is most likely to establish the cause of these recurrent pneumonias?

- A) Pulmonary function tests
- B) Ventilation-perfusion lung scans
- C) Bronchoscopy
- D) Pleural biopsy
- E) Pulmonary arteriography

Correct Answer: C

Recurrent pneumonia in the same location of the lung is concerning for obstructive pneumonia secondary to a central obstructing lesion of the airway. The presence of a lesion (eg, tumor) results in the impaired clearance of mucus, microbes, and foreign debris, which is a risk factor for the development of clinically significant infection of the alveolar space and lung parenchyma. This may be aggravated by atelectasis, compression of the airway or an intrinsic space-occupying lesion in the lumen. The patient should be evaluated initially with noninvasive chest imaging. Recurrent right middle lobe pneumonia suggests that the right middle lobar bronchus is the site of obstruction. The next diagnostic study to establish the underlying cause of the recurrent pneumonias should be bronchoscopy, which will allow for the direct visualization of the airway and the cause of the obstruction. If an obstructing lesion is identified, biopsy tissue samples can be obtained for histologic evaluation. Potential etiologies include primary lung malignancy, metastatic disease, mucus plug, or an aspirated foreign object. Treatment includes antibiotics for the pneumonia and management of the underlying lesion.

Incorrect Answers: A, B, D, and E

Pulmonary function tests (Choice A) include spirometry, full-body plethysmography, single-breath diffusing capacity, arterial blood gas analysis, and pulse oximetry. They are useful in the diagnosis of obstructive and restrictive lung diseases. Analysis of the flow-volume loops obtained through spirometry may also suggest the presence of an upper airway obstruction in the trachea or larynx.

Ventilation-perfusion lung scans (Choice B) utilize scintigraphy to evaluate regions of lung for ventilation and perfusion defects. It can be useful in evaluating for a pulmonary embolism if a contrasted CT angiogram of the pulmonary arteries is contraindicated (eg, contrast allergy, pregnancy).

Pleural biopsy (Choice D) may be indicated for evaluation of a pleural effusion of unclear etiology, pleural thickening, or a pleural mass. Pleural biopsy is typically obtained percutaneously. An obstructing lesion in a central airway is better evaluated by bronchoscopy.

Pulmonary arteriography (Choice E) refers to the invasive catheter angiographic evaluation of the pulmonary arteries. This is no longer necessary for the diagnosis of pulmonary embolism given advances in ventilation-perfusion scans and CT pulmonary angiography, but may still be performed during pulmonary embolectomy.

Educational Objective: Recurrent pneumonia in the same pulmonary lobe raises concern for a central obstructing lesion of a lobar bronchus. Bronchoscopy is the preferred study for evaluating the underlying cause and if a mass is discovered, obtaining biopsy samples for histologic evaluation to establish a definitive diagnosis.

174. CV of breathlessness crackles heard infiltration in xray seen, no granuloma no focal lesion no lymphadenopathy found cause asked
a. sarcoidosis b. UIP c. Hypersensitivity pneumonitis

175. Pul htn cv with RVH, p2 heard, hepatomegaly, given sildenafil
how does it work?
a. endothelin antagonism b. cGMP upregulation

176. Malignant pleural effusion pq

177. Pneumonia vignette ... cause asked (bronchophony positive)
a. Increased fluid in alveoli
b. Increased fluid in interstitium

178. Uterine diadelphys pq on tampon plus vaginal septum

179. A young guy 16yo arrives with father with ho of gynecomastia
is in tanner stage 4, what's the next step in mx

a. reassurance

b. Tamoxifen

c. Letrozole

b. Leuporide

Physiological gynecomastia

180. A person comes with complaints of two uneven sized testes , 5cm disparity thyo sayed on testes in palpation , what is abnormal here

- a. Seminiferous tubule number
- b. Stromal elements
- c. Vascular structures

181. Ovarian vein in torsion pq Ovarian vein

182. Uterine prolapse pq cardinal ligament weakness wala

183. Erectile dysfunction 2 questions ...

a. one pq with normal nocturnal erection and to ask him hows his relationship with wife Psychogenic

b. A male on Metorolol for hf , had to increase dose and now experiences ED morning erection absent ,,, reduced symphatetic flow thyo option ma aru ke bhanerathyo nai bujena hava hava thyo option ni

184. Ectopic pregnancy case ,, LMP was 8wks back comes with flushing sweating hypotonia ,normal rise in beta hcg given for reference patient has lower values

185. A woman has SOB with multiple bilateral white shadows in lungs on xray what could be the cause ?

a. Metastasis b. Malignancy c. pneumonia

186. An athlete with amenorrhoea, where is the abnormality ?

a. hypothalamus b. anterior pituitary c. posterior pituitary

Functional amenorrhea

187. PCOD diagnosis KO eutrothyroid forgot the details in CV but had increased LH to FSH ratio thyro, with increased facial hair and high insulin level

PCOD

188. Psammoma body in ovarian mass – ovarian cystadenocarcinoma

189. Testicular tumor histology was given looked like seminoma, direct picture diagnosis was asked

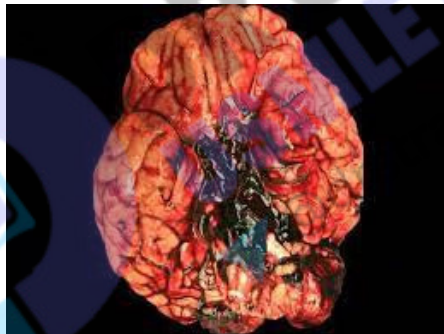
190. A cv on a lady with increased abdominal girth for 3m no history of estrogen exposure post menopause was given, no features of cancer like wt loss etc was mentioned, on palpation of abdomen, abd is grossly distended, mass was found to be around 12cm in lower pelvis covering entire pelvis, what could be the origin asked?

a. bladder b. ovaries c. uterus

191. Phyllode tumor histology was given, asked the site of origin
a. breast ducts b. breast stroma c. breast areola c. fat surrounding breasts

192. Perizoni disease cv – asked about defect in tunica albuginea due to repetitive trauma

193. SAH from circle of willis wala pq picture diagnosis asked



This is everything I could recall from my exam, will tell more if I recall further. Stay hungry, do good good will come to you!

Thank you! will miss arambha family a lot. See you in the other side



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