NEET PG 2025

Question Paper

Conducted by NBEMS

General Instructions

(i) **Duration:** The total duration of the examination is 3 hours 30 minutes.

(ii) **Total Marks:** The complete paper carries a maximum of 800 marks.

(iii) **Compulsory Questions:** All 200 questions are compulsory.

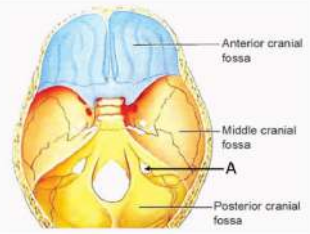
(iv) Each question has four options. Only **one** option is correct.

(v) **Right Answer:** +4 marks.

(vi) **Incorrect Answer:** (No Negative marking).

(vii) **Unanswered/Marked for Review:** 0 marks.

1. Image below highlights jugular foramen. Which of the following structures do not pass through the marked structure "A"?



(A) Glossopharyngeal nerve

(B) Accessory nerve

(C) Vagus nerve

(D) Hypoglossal nerve

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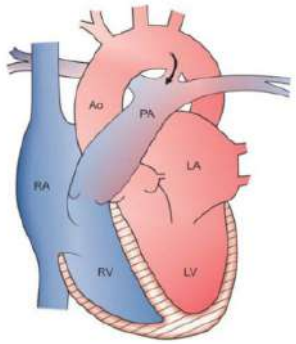
2. The defect shown in image relates to which of the following?



(A) Left 4th aortic arch

(B) Right 4th aortic arch

(C) Left 6th aortic arch

(D) Right 6th aortic arch

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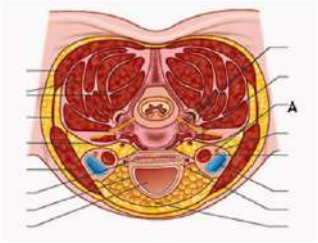
3. Which of the following is not carried by the structure marked "A" in the image?



(A) GSA

(B) GVA

(C) GSE

(D) GVE

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4. What are the contents of umbilical cord?

(A) 2 arteries, 2 veins

(B) 1 artery, 2 veins

(C) 2 arteries, 1 vein

(D) 1 artery, 1 vein

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5. What is the root value responsible for Meralgia paresthetica?

(A) T12 and L1

(B) L2 and L3

(C) L2, L3 and L4

(D) L1 and L2

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6. A girl presented with foot injury and gave history of forceful eversion of foot. Which of the following structure is affected the most?

(A) Anterior talofibular ligament

(B) Deltoid ligament

(C) Posterior talofibular ligament

(D) Calcaneofibular ligament

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7. A patient presents with muscle wasting, reduced tone, and weakness in the left hand. Fine motor movements like dough kneading are impaired. Which of the following structure is most likely affected?

(A) Right anterior horn cells in spinal cord

(B) Pyramidal lesion

(C) Internal capsule

(D) Left corticospinal tract in the cervical cord

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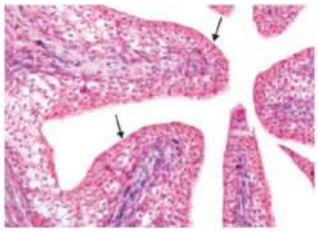
8. Identify the structure where the shown epithelium is located.



(A) Esophagus

(B) Ureter

(C) Fallopian tube

(D) Trachea

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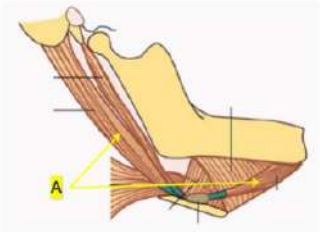
9. What is the nerve supply of the marked structure "A"?



(A) Nerve to mylohyoid and facial nerve

(B) Facial nerve and mandibular nerve

(C) Mandibular nerve and spinal accessory nerve

(D) Facial nerve and spinal accessory nerve

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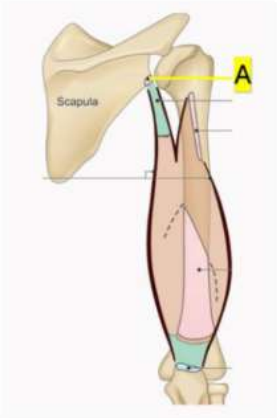
10. During resection of submandibular gland, there is accidental injury to a structure running superior to the posterior belly of digastric muscle. Which of the following structure is likely to be injured?



(A) Lingual nerve

(B) Marginal mandibular nerve

(C) Trigeminal nerve

(D) Hypoglossal nerve

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11. A 20-year-old boy got severe pain due to hyperextension of shoulder while training in the gym. The trainer expected a probable disruption of the structure marked "A" in the image below. Which site is affected?

(A) Shaft of humerus

(B) Deltoid tubercle of humerus

(C) Infraglenoid tubercle of scapula

(D) Supraglenoid tubercle of scapula

12. Patients administered sevoflurane and succinylcholine for abdominal surgery develops post-operative muscle rigidity. What is the drug of choice here?

(A) Dantrolene

(B) Diazepam

(C) Propranolol

(D) Paracetamol

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13. A patient was administered a muscle relaxant and subsequently developed erythema, facial flushing, and hypotension. Which drug is most likely responsible for these symptoms?

(A) Cisatracurium

(B) Atracurium

(C) Rocuronium

(D) Vecuronium

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14. In Hurler syndrome, which glycosaminoglycans accumulate and cause organ enlargement?

(A) Keratan sulfate and dermatan sulfate

(B) Keratan sulfate and heparan sulfate

(C) Heparan sulfate and dermatan sulfate

(D) Keratan sulfate and hyaluronic acid

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15. A child presents with gum bleeding, perifollicular hemorrhages, petechiae, and recurrent fractures. Which enzyme deficiency is most likely?

(A) Lysyl oxidase

(B) Prolyl hydroxylase

(C) Tyrosinase

(D) Alkaline phosphatase

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16. A man survives 5 days without food. What is the brain's primary energy source during this prolonged fasting period?

(A) Gluconeogenesis

(B) Glycogenolysis

(C) Ketosis

(D) Lipolysis

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17. A patient has high phenylalanine levels despite normal phenylalanine hydroxylase. Which cofactor deficiency is most likely responsible?

(A) Tetrahydrofolate

(B) Tetrahydrobiopterin (BH4)

(C) Thiamine

(D) Pyridoxine

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18. A patient with vitamin B12 deficiency presents with anemia, positive Romberg sign, and elevated homocysteine. Which amino acid is most likely deficient?

(A) Cysteine

(B) Methionine

(C) Tyrosine

(D) Glutamate

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19. A patient on long-term hydrochlorothiazide develops neuropathy, heart failure, and symmetrical paresthesia. Which nutrient deficiency is most likely responsible?

(A) Selenium

(B) Thiamine

(C) Vitamin B12

(D) Zinc

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20. A frameshift mutation from nucleotide insertion at position 4 of a 900-base mRNA is observed. What is the likely outcome?

(A) No change in the final protein

(B) Partial protein production

(C) Complete change in protein production

(D) No change due to RNA editing

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21. A patient develops skin cancer and worsening hyperpigmentation following sun exposure. Which DNA repair pathway is most likely impaired?

(A) Nucleotide excision repair

(B) Base excision repair

(C) Non-homologous end joining (NHEJ)

(D) Mismatch repair

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22. A patient with orange-colored tonsils has a triglyceride level of 140 mg/dL and very low HDL cholesterol, 5 mg/dL. What is the most probable diagnosis?

(A) Familial hypercholesterolemia

(B) Tangier disease

(C) Type I hyperlipoproteinemia

(D) Abetalipoproteinemia

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23. A 10-year-old patient has high total cholesterol, tendon xanthomas, and a family history of similar findings. Triglyceride levels are normal. What type of familial dyslipidemia is most likely?

(A) Type I

(B) Type IIa

(C) Type IIb

(D) Type II

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24. To diagnose a syndromic illness like meningitis, which PCR technique is most appropriate?

(A) Multiplex PCR

(B) Uniplex PCR

(C) Attributed PCR

(D) Nested PCR

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25. A 45-year-old man is evaluated for electrolyte imbalance: $Na^+ = 130$ **mmol/L,** $Cl^- = 84$ **mmol/L,** $HCO_3^- = 16$ **mmol/L. What is his anion gap?**

(A) 26

(B) 30

(C) 18

(D) 22

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26. For prevention of coronary artery disease, what is the recommended dietary cholesterol intake limit per day?

(A) 100 mg / 1000 kcal

(B) 200 mg / 1000 kcal

(C) 400 mg / 1000 kcal

(D) 500 mg / 1000 kcal

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27. Toxic fumes are released after industry explosion. What advice should be given to the residents?

(A) Use telephone and call friends

(B) Seal the cracks and close the windows

(C) Open the window for ventilation

(D) Use the mask

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28. A new community intervention is initiated to reduce prenatal sepsis. Researchers allocated 20 PHCs to receive standard care and 20 PHCs to receive a community-based intervention. What type of study design is this?

(A) Cross-sectional study

(B) Case-control study

(C) Quasi-experimental study

(D) Cluster-randomized control trial

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29. A 20-year-old resident of Andhra Pradesh presents with outward bending of the lower limbs and signs of osteoporosis. His diet mainly consists of rice and jowar roti. Which of the following intervention will not be helpful?

(A) Provision of running surface water for drinking

(B) Change the water source

(C) Fluoride supplementation

(D) Add lime and alum to drinking water

30. A student was asked to bring the correct boxes from lab for Nalgonda technique. Which pair is correct?

(A) Alum and Gypsum

(B) Alum and Charcoal

(C) Alum and Lime

(D) Charcoal and Lime

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31. A study is conducted to compare the mean hemoglobin (Hb) levels between two groups. Which test is most appropriate?

(A) Paired t-test

(B) Unpaired t-test

(C) Chi-square test

(D) ANOVA

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32. An urban city has a population of 70,00,000, with 30% residing in slum areas. How many UPHCs are required for the slum population?

(A) 22

(B) 32

(C) 42

(D) 52

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33. Identify the mosquito without a siphon tube and which rests parallel to the surface of water.

(A) Anopheles

(B) Culex

(C) Aedes

(D) Mansonia

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34. A 60-year-old diabetic patient with COVID-19 succumbed to death in the hospital. Which type of surveillance does this death report fall under?

(A) Active surveillance

(B) Passive surveillance

(C) Sentinel surveillance

(D) Syndromic surveillance

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35. A dietary survey report indicates that the 5-year survival rate for breast cancer has increased following the introduction of a new screening method. However, autopsy data shows no change in overall mortality. What type of bias does this scenario illustrate?

(A) Survival bias

(B) Lead time bias

(C) Berksonian bias

(D) Detection bias

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36. In "de facto" method of census data collection, data is collected based on which of the following?

(A) Place of birth

(B) Location at the time of enumeration

(C) Place of employment

(D) Usual place of residence

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37. Which of the following is the correct sequence in a Randomized Controlled Trial (RCT)?

(A) Follow-up → Manipulation → Assessment → Randomization

(B) Randomization → Manipulation → Follow-up → Assessment

(C) Assessment → Randomization → Follow-up → Manipulation

(D) Manipulation → Assessment → Follow-up → Randomization

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38. Under the Weekly Iron and Folic Acid Supplementation scheme, what is the composition of IFA tablets given to children aged 10–19 years old?

(A) 60 mg elemental iron + 100 μg folic acid

(B) 100 mg elemental iron + 500 μg folic acid

(C) 100 mg elemental iron + 100 μg folic acid

(D) 60 mg elemental iron + 500 μg folic acid

39. What is the time interval between acquiring an infection and reaching the period of maximum infectivity known as?

(A) Generation time

(B) Communicable period

(C) Incubation period

(D) Serial interval

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40. Which of the following is used to measure the degree of objective and target achievement, and assess the quality of results obtained in a health program?

(A) Planning

(B) Surveillance

(C) Monitoring

(D) Evaluation

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41. A young boy presents with clinical signs of rickets. Which government program specifically addresses this type of nutritional deficiency?

(A) Integrated Child Development Services (ICDS)

(B) National Nutritional Deficiency Control Programme

(C) Anemia Mukt Bharat

(D) Mid-Day Meal Scheme

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42. A recently diagnosed HIV-positive patient with a CD4 count of 250 cells/mm^3 also tests positive for active tuberculosis. He has not yet been started on ART. What is the correct approach to initiating treatment?

(A) Start ATT first, then initiate ART after 2 weeks

(B) Start ART first, then begin ATT after 2 weeks

(C) Start both ART and ATT simultaneously

(D) Start ATT first, then initiate ART after 8 weeks

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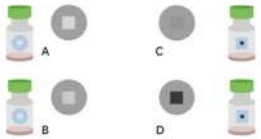
43. Which of the following vaccines can be used in the clinics?



(A) Use A only

(B) Use A and B

(C) Use A, B and C

(D) Use D only

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44. A young adult presents with facial pain and painful vesicular lesions in the mouth. Tzanck smear reveals multinucleated giant cells with intranuclear inclusions. What is the most likely causative organism?

(A) Adenovirus

(B) Cytomegalovirus

(C) EBV

(D) HSV

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45. What is the most common cause for squamous cell carcinoma at the base of the tongue?

(A) EBV

(B) HPV

(C) HCV

(D) CMV

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46. A patient presents with irregular swelling over the foot, multiple discharging sinuses, and black granules. A KOH mount is performed on the discharge. What is the most likely observation?

(A) Arthrospores

(B) Slender dematiaceous fungi

(C) Yeast

(D) Septate hyphae

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47. A 45-year-old patient presents with a chronic granulomatous skin lesion. What is the most confirmatory diagnostic test for this condition?

(A) PCR (Polymerase Chain Reaction)

(B) Slit skin smear

(C) Mantoux test

(D) Skin biopsy with histopathology

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48. A 20-year-old patient presents with a non-progressive hypopigmented lesion on the trunk. On Wood's lamp examination, there is white accentuation. Diascopy is negative. What is the most likely diagnosis?

(A) Vitiligo

(B) Nevus depigmentosus

(C) Nevus anemicus

(D) Indeterminate leprosy

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49. A patient with intensely itchy vesicular lesions on the extensor surface presents with history of gluten sensitivity. What is the likely diagnosis?

(A) Bullous pemphigoid

(B) Pemphigus vulgaris

(C) Dermatitis herpetiformis

(D) Psoriasis

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50. A patient presents with the injury shown in lateral X-ray of nose. What procedure can be done to manage this patient?

(A) Tilley's probe

(B) Luc's forceps

(C) Denis Browne probe

(D) Walsham's forceps

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51. A 78-year-old male, known case of diabetes mellitus and hypertension presents with nasal bleeding. Initial management such as packing was not successful in controlling the bleed. Which artery should be ligated to control the bleeding?

(A) Sphenopalatine artery

(B) Anterior ethmoidal artery

(C) Posterior ethmoidal artery

(D) Greater palatine artery

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52. A 16-year-old male presents with recurrent profuse nasal bleeding in the right nasal cavity. Endoscopy shows a globular mass in the right nasal cavity. CT shows bowing of the posterior wall of maxillary sinus. What is the most probable diagnosis?

(A) Juvenile Nasopharyngeal Angiofibroma (JNA)

(B) Antrochoanal polyp

(C) Rhinosporidiosis

(D) Rhinoscleroma

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53. What is the marked structure?

(A) Thyroid cartilage

(B) Pyriform sinus

(C) Epiglottis

(D) Vallecula

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54. A 27-year-old male presents with recurrent ear infection. Otoscopic examination shows central perforation of tympanic membrane. Tuning fork examination reveals: Rinne negative on left and positive on right; Weber lateralization to left. What is the type and localization of hearing loss?

(A) Left sensorineural hearing loss

(B) Right sensorineural hearing loss

(C) Left conductive hearing loss

(D) Right conductive hearing loss

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55. A 75-year-old male smoker presents with hoarseness of voice and difficulty in swallowing. He has been diagnosed with large advanced SCC and undergoes surgery. What is the most appropriate surgical procedure?

(A) Total laryngectomy

(B) Partial laryngectomy

(C) Percutaneous tracheostomy

(D) Standard tracheostomy

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56. A 20-year-old patient presents with recurrent ear discharge. On otoscopic examination, the examiner notes complete absence of tympanic membrane. What is the best option for treatment?

(A) Myringoplasty

(B) Radical mastoidectomy

(C) Ossiculoplasty

(D) Tympanoplasty

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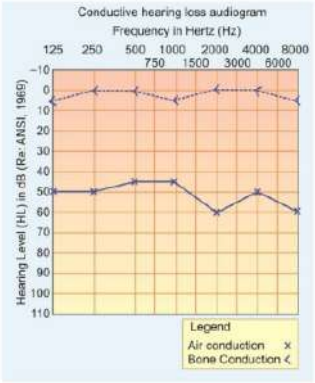
57. A 27-year-old male presents with reduced hearing in the left ear for 2 months. He denies tinnitus or vertigo. Pure tone audiometry is done, and the audiogram is shown. Which of the following is the most likely diagnosis?



(A) Left ear SNHL

(B) Left ear CHL

(C) Right ear mixed hearing loss

(D) Normal hearing

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58. During an autopsy of a 35-year-old female, bruises are noted below the right angle of jaw with scratches over the upper border and grouped bruises on the left side of neck below thyroid cartilage, with additional bruises over shoulder blade, back of trunk and hip crests. What is the most likely cause of death?

(A) Throttling

(B) Garroting

(C) Mugging

(D) Ligature strangulation

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59. A 16-year-old girl and a 23-year-old man are medically examined after the girl's parents accuse the man of rape. The girl reports that the sexual activity was consensual, and no physical injuries are noted. According to law, which statement is correct?

(A) Consent is invalid as the girl is under 18 years

(B) No punishment since the act was consensual

(C) Parents must prove that the act was non-consensual

(D) No punishment since there are no injuries

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60. What is ZASKO's phenomenon?

(A) Tendon reflex occurring after death

(B) Blood clotting after death

(C) Gaping of wound along skin tension lines

(D) Seeping of blood through bones after death

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61. Under the POCSO Act 2012, which group is protected by the law?

(A) All children under 16 years of age

(B) All children under 18 years of age

(C) Girls under 16 years of age

(D) Girls under 18 years of age

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62. A male patient with recent history of RTA was brought to hospital. His CT scan was normal, but he died within three hours of admission. Autopsy revealed retraction ball appearance and petechial hemorrhages in the corpus callosum. What is the most likely diagnosis?

(A) Diffuse vascular injury

(B) Diffuse axonal injury

(C) Intracerebral hemorrhage

(D) None of the above

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63. A 68-year-old female has breathlessness, poor health status and multiple metastases. She is awake and anxious. Doctors believe aggressive chemotherapy, radiotherapy and ICU admission will not help, but her daughter insists on trying everything. How should the doctor handle this scenario?

(A) Convene to family members and consider the patient's needs

(B) Shift to ICU and start aggressive treatment

(C) Discharge the patient and shift to palliative care

(D) Give placebo care to relieve anxiety

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64. A 65-year-old patient with history of atrial flutter is being considered for long-term prophylaxis to prevent recurrence. The cardiologist decides to start a calcium channel blocker for rate control and prevention of rapid ventricular response. Which calcium channel blocker is most appropriate?

(A) Amlodipine

(B) Nifedipine

(C) Diltiazem

(D) Felodipine

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65. A diabetic patient on insulin glargine and metformin has persistent hyperglycemia with HbA1c 8.3% and signs of heart failure. Which is the most appropriate medication to add next?

(A) Sitagliptin

(B) Pioglitazone

(C) Empagliflozin

(D) Gliclazide

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66. A patient with atrial fibrillation and mitral stenosis presents within 4 hours of symptom onset and is hemodynamically stable. What is the next best step?

(A) Ventricular rate control

(B) Cardioversion

(C) Anticoagulation

(D) Wait and watch

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67. A 2-year-old child presents to the emergency department with a generalized tonic-clonic seizure lasting 3 minutes associated with high fever $39.5^{\circ}C$. The child has no previous seizure history or neurological problems. The seizure has now stopped, but parents are concerned about recurrence. What is the most appropriate immediate management for this febrile seizure?

(A) Ethosuximide

(B) Sodium valproate

(C) Diazepam

(D) No antiepileptic medication needed

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68. A 45-year-old female presents with 6-month history of paroxysmal nocturnal dyspnea, palpitations and breathlessness. JVP is elevated, pulse is irregularly irregular, tender hepatomegaly is present, apex is heaving, and a mid-diastolic murmur is heard at the apex. She has a history of acute rheumatic fever. Which statement is false?

(A) This patient has an increased risk of stroke

(B) The 'a' wave is absent in the JVP

(C) This patient shows features of right heart failure

(D) Presystolic accentuation is a hallmark feature

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69. A 15-year-old adolescent with known type 1 diabetes mellitus presents with fatigue, vomiting and diarrhea. Random blood glucose is 700 mg/dL, serum sodium is 125 mEq/L, and potassium is 4.2 mEq/L. Which of the following is not recommended during initial management?

(A) Administration of 3% saline

(B) Initiation of 0.9% normal saline infusion

(C) Intravenous insulin therapy

(D) Frequent monitoring of serum potassium levels

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70. A patient presents with irregularly irregular pulse and palpitations. He arrives 2.5 hours after symptom onset. There is no history of diabetes and BP is 160/100 mmHg. What is the next best step?

(A) Control ventricular rate with verapamil

(B) Emergent cardioversion

(C) Transesophageal echo (TEE)

(D) Wait and watch

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71. A 36-year-old woman with symmetrical small joint arthritis tests positive for anti-CCP. Which histological feature is most characteristic?

(A) Synovial granulomas

(B) Pannus formation and reactive lymphocytic infiltrate

(C) Uric acid crystal deposits

(D) Non-caseating granulomas

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72. A 65-year-old man presents with enlarged hat size, shin pain, elevated alkaline phosphatase, and normal calcium and PTH levels. X-ray reveals mixed lytic and sclerotic bone lesions. What is the most likely diagnosis?

(A) Paget's disease

(B) Primary hyperparathyroidism

(C) Osteomalacia

(D) Bone metastasis

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73. A 64-year-old man with chronic kidney disease presents with pallor, exertional breathlessness, and signs of heart failure. Investigations reveal normocytic anemia. What is the most appropriate next step in management?

(A) Oral iron

(B) Darbepoetin alfa

(C) Intravenous iron

(D) Blood transfusion

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74. A 42-year-old woman presents with enlarged hands, coarsened facial features, and increased shoe size. Her IGF-1 level is elevated. Which of the following is the most specific test to confirm the diagnosis?

(A) Measurement of IGF-1 alone

(B) Lack of GH suppression following oral glucose tolerance test (OGTT)

(C) Lack of IGF-1 suppression after OGTT

(D) Random growth hormone level

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75. A 54-year-old man with a history of chronic hyponatremia develops sudden-onset quadriparesis after rapid sodium correction. Which investigation is most appropriate to confirm the diagnosis?

(A) Brainstem evoked potential

(B) Electroencephalogram (EEG)

(C) MRI of the brain

(D) Nerve conduction studies

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76. Which hormone is elevated in Addison's disease, leading to hyperpigmentation?

(A) Cortisol

(B) ACTH

(C) Aldosterone

(D) Renin

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77. A 50-year-old man presents with altered sensorium and deep labored breathing. ABG shows: pH 7.20, $pCO_2 = 35$ **mmHg,** $HCO_3^- = 16$ **mEq/L,** $Na^+ = 130$ **mEq/L,** $Cl^- = 84$ **mEq/L,** $PaO_2 = 80$ **mmHg. What is the most likely acid-base abnormality?**

(A) Acute metabolic acidosis with AG 30

(B) Chronic metabolic acidosis with AG 30

(C) Acute respiratory acidosis

(D) Chronic respiratory acidosis

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78. A patient collapses with breathlessness and pink frothy sputum. Autopsy shows hemosiderin-laden macrophages. In which condition is this not seen?

(A) Protein-losing enteropathy

(B) Right heart failure

(C) Volume overload

(D) Pulmonary vein obstruction

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79. A 14-year-old boy presents with fatigue, mild jaundice, and splenomegaly. His hemoglobin is 10.5 g/dL, MCV is 82 fL, and MCHC is high at 37 g/dL. His father had a similar history of chronic anemia and underwent splenectomy. What is the most likely diagnosis?

(A) Autoimmune hemolytic anemia

(B) Hereditary spherocytosis

(C) Thalassemia minor

(D) G6PD deficiency

80. A patient arrives with hypotension, fever, joint pain, petechiae on limbs, and respiratory distress. Which of the following is the most likely diagnosis?

(A) Disseminated gonococcal infection

(B) Septic shock

(C) Rheumatoid arthritis

(D) Septic arthritis

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81. A critically ill patient with COVID-19 is admitted to the ICU and is currently on mechanical ventilation. The PaO_2/FiO_2 ratio is 100, indicating severe ARDS. Which of the following is the most appropriate ventilatory strategy?

(A) High PEEP and low tidal volume

(B) High PEEP and high tidal volume

(C) Low PEEP and low tidal volume

(D) Low PEEP and high tidal volume

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82. A 58-year-old patient has prolonged PT and factor IX deficiency. Parenteral vitamin K is planned. In which condition will this help?

(A) Hepatitis A

(B) Pernicious anemia

(C) Hemophilia B

(D) Bile duct obstruction

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83. A case of sudden onset aphasia and right arm weakness for the last 5 hours is seen. Which investigation is indicated?

(A) MRI brain

(B) Carotid Doppler

(C) TEE

(D) Transthoracic echocardiography

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84. A patient already on salbutamol and ipratropium continues to have nocturnal exacerbations of asthma. What is the next step?

(A) Oral corticosteroids

(B) Montelukast

(C) LABA plus inhalation steroids

(D) Increase the dose of salbutamol

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85. A 32-year-old male with history of recurrent paroxysmal supraventricular tachycardia is stable in sinus rhythm. What is the best choice for long-term prophylaxis?

(A) IV adenosine

(B) IV esmolol

(C) Oral diltiazem

(D) IV amiodarone

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86. A farmer presents with a necrotic ulcerative skin lesion. Microscopy using polychrome methylene blue stain reveals capsulated bacilli showing a positive McFadyean reaction. What is the most likely causative organism?

(A) *Clostridium perfringens*

(B) *Bacillus anthracis*

(C) *Yersinia pestis*

(D) *Francisella tularensis*

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87. Which structural component of Group A Streptococcus enables its attachment to pharyngeal epithelium by binding to fibronectin?

(A) Lipoprotein

(B) Lipoteichoic acid

(C) Capsule

(D) Flagella

---

88. Several residents in a village develop watery followed by bloody diarrhea after consuming unpasteurized milk. Stool microscopy reveals Gram-negative curved bacilli with polymorphonuclear leukocytes. Identify the most likely pathogen.

(A) *Clostridium perfringens*

(B) *Staphylococcus aureus*

(C) *Vibrio parahaemolyticus*

(D) *Campylobacter jejuni*

---

89. A man presents with hemoptysis, fever, and breathlessness. Microscopic analysis of bronchoalveolar lavage reveals septate hyphae with acute angle branching. Which fungal infection is most likely?

(A) Mucormycosis

(B) Histoplasmosis

(C) Aspergillosis

(D) Candidiasis

---

90. A 5-year-old child presents with intense perianal itching, predominantly during nighttime. Microscopic examination reveals an egg. Which organism is most likely responsible for the condition?

(A) *Enterobius vermicularis*

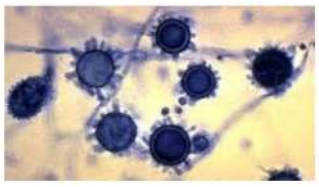
(B) *Ancylostoma duodenale*

(C) *Hymenolepis nana*

(D) *Trichuris trichiura*

---

91. A patient presents with chronic cough, weight loss, and intermittent low-grade fever. Fungal culture from respiratory samples shows a yeast with narrow-based budding. Which of the following is the most probable diagnosis?



(A) Blastomycosis

(B) Histoplasmosis

(C) Cryptococcosis

(D) Coccidioidomycosis

---

92. A case of brain abscess reveals Gram-positive, branching, filamentous organisms on microscopy. The organism is weakly acid-fast and grows on paraffin bait media. Which is the most likely etiologic agent?

(A) *Actinomyces israelii*

(B) *Mycobacterium tuberculosis*

(C) *Nocardia asteroides*

(D) *Cryptococcus neoformans*

---

93. A case of recurrent *Neisseria gonorrhoeae* infection is being evaluated. Which immunological investigation would best detect a complement pathway defect?

(A) C1 esterase inhibitor assay

(B) Quantitative immunoglobulin levels

(C) Nitroblue tetrazolium test

(D) Terminal complement (C5–C9) assay

---

94. A man from an endemic region has developed progressive leg swelling. Peripheral smear reveals a parasitic organism. Which pathophysiologic mechanism is most likely responsible?

(A) Hypoalbuminemia

(B) Lymphatic obstruction

(C) Hypoproteinemia

(D) Increased hydrostatic pressure

---

95. A 25-year-old sewage worker presents with fever lasting a week, followed by sudden weakness. He has scleral congestion, jaundice, and oliguria. Lab findings show raised bilirubin.

What is the most likely diagnosis?

(A) Brucellosis

(B) Weil's disease

(C) Enteric fever

(D) DHF

---

96. A woman in the first trimester of pregnancy has a history of previous toxoplasmosis and is IgG positive. What is the advice?

(A) Continue pregnancy, no risk

(B) Abort – high risk

(C) Continue, risk exists

(D) Repeat IgM serology

---

97. A child is born with an absent finger. What is the likely diagnosis?

(A) Amniotic band syndrome

(B) Arthrogryposis multiplex

(C) Polyhydramnios

(D) Congenital constriction ring

---

98. G2L2 woman delivered at home by a trained dai presents with uterine prolapse. Which structure is weak?

(A) Round ligament

(B) Broad ligament

(C) Cardinal ligament

(D) Uterosacral ligament

---

99. Gross image of cystadenocarcinoma, CA-125 positive, and heaviness in abdomen is shown. What is the diagnosis?

(A) Serous cystadenocarcinoma

(B) Mucinous carcinoma

(C) Dysgerminoma

(D) Yolk sac tumor

---

100. A 28-year-old pregnant woman at 34 weeks gestation is diagnosed with severe preeclampsia. The decision is made to start magnesium sulfate using the Pritchard regimen for seizure prophylaxis. What is the correct loading dose of magnesium sulfate in this regimen?

(A) 4 gm IV

(B) 6 gm IV + 5 gm IM each buttock

(C) 14 gm total

(D) 20 gm total

---

101. What is the correct sequence of repair of episiotomy?

(A) Mucosa → Muscle → Skin

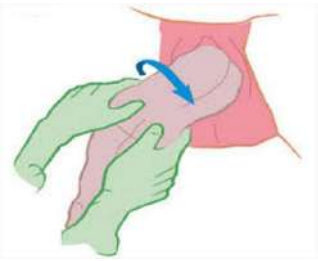
(B) Skin → Muscle → Mucosa

(C) Muscle → Mucosa → Skin

(D) Mucosa → Skin → Muscle

---

102. During vaginal breech delivery, the baby develops winging of the scapula. Identify the maneuver used.



(A) McRoberts

(B) Pinard

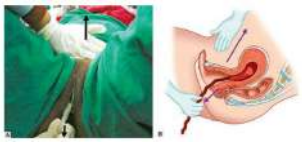
(C) Lovset

(D) Woods corkscrew maneuver

---

103. A resident is performing normal vaginal delivery. He is seen applying counterpressure

above the pubic symphysis while gently pulling the umbilical cord. Which maneuver is being demonstrated?



(A) Controlled cord traction

(B) Replacement of prolapsed cord

(C) Manual removal of placenta

(D) Delivery of shoulder using Lovset maneuver

---

104. A postmenopausal woman presents with blood-stained discharge. Her BP is 170/100 mm Hg. What is the next best step?

(A) Reassure

(B) PV exam, Pap smear, TVUSG

(C) Refer to cardiologist

(D) Wait and watch

---

105. A 65-year-old postmenopausal woman presents with bleeding per vagina. She undergoes a total hysterectomy. What is the most likely diagnosis?

(A) Fibroid

(B) Endometriosis

(C) Adenomyosis

(D) Endometrial cancer

---

106. What is the postpartum anticoagulant of choice?

(A) LMWH

(B) Warfarin

(C) Aspirin

(D) Clopidogrel

---

107. A 36-year-old P2L2 woman with 9 months of secondary amenorrhea has FSH 36, LH 56, and AMH 0.5. What is the diagnosis?

(A) PCOS

(B) Premature ovarian failure

(C) Hyperprolactinemia

(D) Hypothalamic amenorrhea

---

108. A 46-year-old woman presents with heavy menstrual bleeding. USG shows endometrial thickness of 16 mm. What is the next best step?

(A) Hysterectomy

(B) Endometrial biopsy

(C) HPV testing

(D) Progesterone therapy

---

109. Atonic postpartum hemorrhage is not responding to medical management. What is the next best step?

(A) Uterine devascularization

(B) Hysterectomy

(C) Bakri balloon tamponade

(D) Compression suture

---

110. What is the correct order of maneuvers in shoulder dystocia?

(A) McRoberts → Rubin → Gaskin → Zavanelli

(B) Zavanelli → McRoberts → Gaskin → Rubin

(C) Rubin → Gaskin → McRoberts → Zavanelli

(D) McRoberts → Suprapubic pressure → Rubin → Zavanelli

---

111. A 30-year-old G2P1 woman presents in labor. She has a previous cesarean, active labor, fetal bradycardia, maternal tachycardia, and cervix 8 cm dilated. What is the next step?

(A) Instrumental delivery

(B) ARM

(C) Increase oxytocin dose

(D) Emergency Cesarean section

---

112. On day 21 of a 28-day menstrual cycle, which hormone profile is correct?

(A) $\uparrow P, \uparrow E, \downarrow FSH, \downarrow LH$

(B) $\uparrow P, \downarrow E, \downarrow FSH, \downarrow LH$

(C) $\downarrow P, \downarrow E, \uparrow LH, \uparrow FSH$

(D) $\uparrow E, \downarrow P, \uparrow LH, \downarrow FSH$

---

113. A female in labor presents with cord prolapse. What is the next best step?

(A) Push cord back into cervix

(B) Emergency C-section

(C) Head-low, lift part, fill bladder

(D) Vaginal delivery with forceps

---

114. Cervical cancer with hydronephrosis belongs to which FIGO stage?

(A) IIA

(B) IIIA

(C) IIIB

(D) IV

---

115. A woman presents with amenorrhea, linea nigra, nausea, vomiting, and bluish vagina. These are:

(A) Probable signs of pregnancy

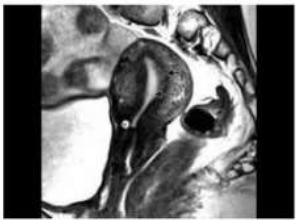
(B) Confirmed pregnancy

(C) Menopause

(D) Normal menstrual cycle

---

116. A woman presents with chronic lower abdominal pain and dysmenorrhea. MRI is shown. What is the diagnosis?



(A) Adenomyosis

(B) Endometriosis

(C) Endometrial carcinoma

(D) Fibroid

---

117. A woman at her first antenatal visit reports LMP 2 months ago. Which ultrasound parameter is most accurate for dating pregnancy at this stage?

(A) Biparietal diameter

(B) Mean gestational sac diameter

(C) Abdominal circumference

(D) Crown-rump length

---

118. A 36 weeks pregnant woman has decreased fetal movements. NST shows 1 acceleration and no deceleration in 20 minutes. What is the next step?

(A) Emergency C-section

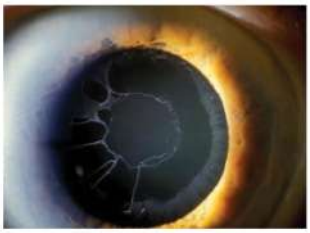
(B) Induce labor

(C) Wait and observe

(D) Continue NST for 40 min

---

119. An elderly patient presents with white dandruff-like deposits on the anterior lens capsule seen on slit-lamp examination. What is the most likely diagnosis?



(A) Anterior capsular opacity

(B) Iris cyst

(C) Pseudoexfoliation syndrome

(D) Pigment dispersion syndrome

---

120. The device shown in the image is "INTACS." What is the primary indication for its use?

(A) Glaucoma

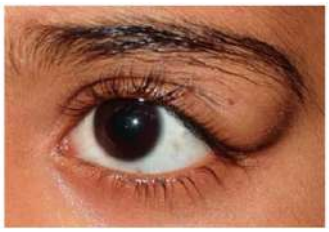
(B) Cataract

(C) Keratoconus

(D) Corneal ulcer

---

121. A 16-year-old female presents with a gradually enlarging, painless orbital swelling that has persisted for 10 years. What is the most likely diagnosis?



(A) Dermoid cyst

(B) Capillary hemangioma

(C) Lacrimal gland carcinoma

(D) Osteoma

---

122. A patient presents with guttate lesions in one eye and bullous keratopathy in the other. What is the most likely diagnosis?

(A) Fuchs' endothelial dystrophy

(B) Viral corneal ulcer

(C) Interstitial keratitis

(D) Keratoconjunctivitis

---

123. Which of the following is true about orbital cellulitis?

(A) The inflammation is confined anterior to the orbital septum

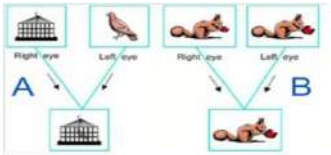
(B) Ethmoidal sinusitis is the most common cause in all age groups

(C) It presents with proptosis, but pupillary reflexes and extraocular movements remain normal

(D) Broad-spectrum topical antibiotics are the treatment of choice

---

124. Identify A and B components from the image about binocular vision.



(A) A – Simultaneous perception and B – Stereopsis

(B) A – Simultaneous perception and B – Fusion

(C) A – Fusion and B – Simultaneous perception

(D) A – Stereopsis and B – Fusion

---

125. A 27-year-old individual presents with chronic lower back pain that improves with physical activity and is associated with early morning stiffness. There is a past history of anterior uveitis. A recent X-ray of the sacroiliac joints appears normal. What is the most appropriate next step in evaluation?

(A) MRI of the sacroiliac joints

(B) Anti-CCP antibody testing

(C) Repeat plain radiograph

(D) CT scan of the sacroiliac joints

---

126. What is the most appropriate diagnosis for the image shown?

(A) Spondylolisthesis

(B) Spondylolysis

(C) Vertebral compression fracture

(D) Degenerative disc disease

---

127. An 11-year-old boy presented with a painless limp. X-ray was done and the image was obtained. What is the most likely diagnosis?

(A) Perthes disease

(B) Developmental dysplasia of the hip

(C) TB hip

(D) Slipped capital femoral epiphysis

---

128. A 25-year-old male presents after a motorbike accident with a closed midshaft tibial fracture. Six hours later, he complains of severe pain disproportionate to the injury, worsened by passive dorsiflexion. Distal pulses are palpable, but there is loss of sensation in the first web space. What is the most appropriate next step in management?

(A) Elevate the limb and observe

(B) Immediate fasciotomy

(C) Administer opioid analgesics

(D) Apply a cast and schedule follow-up

---

129. A male patient sustains a road traffic accident with closed midshaft fractures of the femur and tibia. Two days later, he develops breathlessness, tachycardia, and petechial rash on the chest and conjunctiva. What is the most probable diagnosis?

(A) Disseminated intravascular coagulation

(B) Fat embolism syndrome

(C) Pulmonary embolism

(D) Sepsis

130. A 45-year-old male presents with discomfort in his joints. Synovial fluid aspiration reveals rhomboid-shaped positively birefringent crystals under polarized light microscopy. What is the most likely diagnosis?

(A) Gout

(B) Rheumatoid arthritis

(C) Osteoarthritis

(D) Pseudogout

---

131. Which of the following types of cell death involves activation of caspase enzymes?

(A) Necrosis and apoptosis

(B) Apoptosis and pyroptosis

(C) Apoptosis and necroptosis

(D) Apoptosis only

---

132. Anti-mitochondrial antibody (AMA) is most commonly seen in which condition?

(A) Autoimmune hepatitis

(B) Primary biliary cholangitis

(C) Primary sclerosing cholangitis

(D) Systemic lupus erythematosus

---

133. Which of the following conditions is most likely to follow this pattern of inheritance?

(A) Prader-Willi syndrome

(B) Marfan syndrome

(C) Kearns-Sayre syndrome

(D) Duchenne muscular dystrophy

---

134. A 68-year-old man presents with persistent fatigue and generalized lymphadenopathy. CBC shows leukocytosis with an absolute lymphocyte count of 35,000/μL. Which investigation of choice confirms the diagnosis and determines CD markers of CLL?

(A) Bone marrow biopsy

(B) Flow cytometry of peripheral blood

(C) Serum LDH levels

(D) Lymph node excisional biopsy

---

135. A 35-year-old woman undergoes abdominal imaging for nonspecific right upper quadrant pain. A liver mass is identified and surgically excised. The gross specimen is shown. What is the most likely diagnosis?

(A) Hepatocellular carcinoma

(B) Focal nodular hyperplasia

(C) Hepatic adenoma

(D) Metastasis

---

136. A patient with history of cough, chest pain, and dyspnea has imaging that reveals giant cell granuloma formation and stellate inclusions. What is the likely diagnosis?

(A) Tuberculosis

(B) Sarcoidosis

(C) Lung cancer

(D) Fungal infection

---

137. A very tall man presents with visual problems and is found to have ectopia lentis on ophthalmological evaluation. Which gene is most likely defective in this patient?

(A) FBN1

(B) COL1A1

(C) FGFR3

(D) PAX6

---

138. A patient presents with hearing loss and balance problems. Histopathology of the lesion shows Antony A and Antony B areas and Verocay bodies. What is the most likely diagnosis?

(A) Schwannoma

(B) Ependymoma

(C) Meningioma

(D) Medulloblastoma

---

139. A child presents with visual disturbances and delayed growth. Imaging reveals a suprasellar mass, and histopathology shows wet keratin compact, eosinophilic anucleate keratin. What is the most likely diagnosis?

(A) Medulloblastoma

(B) Rathke pouch cyst

(C) Pituitary adenoma

(D) Craniopharyngioma

---

140. Which of the following lab techniques is most commonly used to compare and quantify CD markers in cells?

(A) ELISA

(B) Western blot

(C) Flow cytometry

(D) IHC

---

141. Anti-Scl-70 antibody is most strongly associated with which condition?

(A) GAVE

(B) Calcinosis cutis

(C) Interstitial lung disease

(D) Myositis

---

142. A 30-year-old man presents with a painless testicular mass. Ultrasound shows a well-circumscribed, homogeneous, non-hemorrhagic tumor. Histology is shown. What is the likely diagnosis?

(A) Yolk sac tumor

(B) Choriocarcinoma

(C) Teratoma

(D) Seminoma

---

143. A lymphoma characterized by centrocytes and centroblasts, along with BCL2 positivity and CD10 expression, is most commonly associated with which chromosomal translocation?

(A) t(2;5)

(B) t(11;14)

(C) t(14;18)

(D) t(8;21)

---

144. A 68-year-old man presents with bleeding. Peripheral smear shows a "faggot cell." Which translocation is associated?

(A) t(15;17)

(B) t(14;18)

(C) t(11;14)

(D) t(8;21)

---

145. A middle-aged woman presents with dry eyes and dry mouth. Laboratory tests reveal positive anti-Ro (SSA) and anti-La (SSB) antibodies. What is the most likely underlying pathological mechanism?

(A) Destruction of exocrine glands by neutrophils

(B) IgE-mediated hypersensitivity reaction

(C) Lymphocytic infiltration and destruction of salivary and lacrimal glands

(D) Deposition of amyloid in salivary glands

---

146. A patient has a neck mass with odynophagia and dyspnea. Histology shows amyloid deposition. What is the most likely diagnosis?

(A) Papillary thyroid carcinoma

(B) Follicular thyroid carcinoma

(C) Medullary thyroid carcinoma

(D) Anaplastic thyroid carcinoma

---

147. A patient is diagnosed with AML M3. Which chromosomal translocation is characteristically associated with this condition?

(A) t(9;22)

(B) t(8;21)

(C) t(15;17)

(D) t(11;14)

---

148. A 3-year-old child is brought to the emergency department with generalized convulsions following a high-grade fever. Which of the following is the most appropriate first-line medication to manage seizures in this acute febrile episode?

(A) Diazepam

(B) Valproate

(C) Fosphenytoin

(D) Doxycycline / Amoxicillin

---

149. A 6-month-old infant presents with frequent infections and failure to thrive. Tests show adenosine deaminase (ADA) deficiency. Which immunodeficiency disorder is most likely responsible?

(A) Severe Combined Immunodeficiency (SCID)

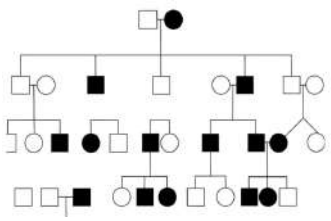
(B) Hypogammaglobulinemia

(C) DiGeorge syndrome

(D) Wiskott-Aldrich syndrome

---

150. A family pedigree reveals multiple individuals with progressive eye movement limitation, retinal pigment changes, and disturbances in cardiac conduction. Based on these findings and the inheritance pattern, which of the following is the most probable diagnosis?



(A) Duchenne muscular dystrophy

(B) Kearns–Sayre syndrome

(C) Friedreich ataxia

(D) Myotonic dystrophy

---

151. A 2-year-old child has choked on a peanut. What is the most appropriate immediate management?

(A) Chest compressions

(B) Back blows

(C) Abdominal thrusts

(D) Endotracheal intubation

---

152. A child demonstrates progressive neurological decline and a cherry-red spot on fundus examination. Enzyme analysis reveals a deficiency in hexosaminidase A. What is the most likely diagnosis?

(A) GM1 gangliosidosis

(B) GM2 gangliosidosis

(C) Niemann–Pick disease

(D) Gaucher disease

---

153. A child with coarse facial features and developmental delay is found to have a deficiency of α-L-iduronidase on enzyme testing. Which substances are expected to accumulate in this disorder?

(A) Dermatan sulfate + Chondroitin sulfate

(B) Only Dermatan sulfate

(C) Dermatan sulfate + Heparan sulfate

(D) Heparan sulfate + Chondroitin sulfate

---

154. A 7-month-old infant has just started complementary feeding using the katori method. What is the recommended quantity and frequency of feeding during the first day?

(A) $\frac{1}{2}$–1 katori, 4 times daily

(B) $\frac{1}{2}$–1 katori, 5 times daily

(C) $\frac{1}{2}$–1 katori, 6 times daily

(D) $\frac{1}{2}$–1 katori, 8 times daily

---

155. A neonate is born to an HIV-positive mother with a viral load of 1200 copies/mL. What is the recommended antiretroviral prophylaxis for the newborn?

(A) Nevirapine for 6 weeks with exclusive breastfeeding

(B) Nevirapine + Zidovudine for 6 weeks with exclusive breastfeeding

(C) No prophylaxis needed as mother is on ART

(D) Nevirapine + Zidovudine for 12 weeks with exclusive breastfeeding

---

156. A 5-year-old child with known chronic kidney disease presents with bowing of the legs. Lab results reveal normal calcium, elevated phosphate, increased alkaline phosphatase, and low 25(OH) Vitamin D. What is the most appropriate next intervention?

(A) Calcium supplementation with phosphate binder

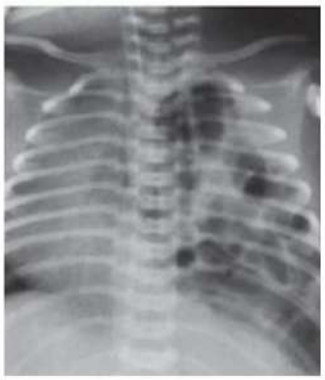
(B) Phosphate binder

(C) Oral calcium with Vitamin D

(D) Growth hormone therapy

---

157. A 1-day-old newborn with significant respiratory distress is admitted to the ICU. Chest radiograph is performed. What is the most probable diagnosis based on the clinical and radiological findings?



(A) Congenital Pulmonary Airway Malformation (CPAM)

(B) Congenital Diaphragmatic Hernia (CDH)

(C) Congenital lobar emphysema

(D) Neonatal pneumonia

---

158. Which receptor does Benralizumab act on?

(A) IL-5

(B) IL-4

(C) IL-1

(D) TNF-α

---

159. What is the drug of choice for chemoprophylaxis in close contacts of a patient diagnosed with meningococcal meningitis?

(A) Doxycycline

(B) Amoxicillin

(C) Ciprofloxacin

(D) Vancomycin

---

160. Which of the following, if given in large volumes, can lead to hyperchloremic metabolic acidosis?

(A) Dextrose in NS (DNS)

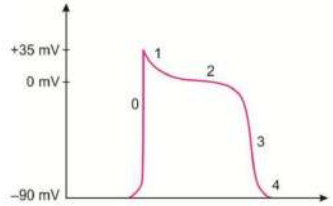
(B) Normal saline (NS)

(C) 5% dextrose in water

(D) Ringer lactate

---

161. A 60-year-old man with ischemic cardiomyopathy and palpitations is started on amiodarone. Which phase of the cardiac action potential is its primary site of action?



(A) Phase 0 – Rapid depolarization

(B) Phase 2 – Plateau

(C) Phase 3 – Repolarization

(D) Phase 4 – Resting potential

---

162. A patient presents with headache, palpitations, and diaphoresis with elevated 24-hour

urine metanephrine levels. Which drug is given preoperatively?

(A) Phenoxybenzamine

(B) Esmolol

(C) CCB

(D) Labetalol

---

163. A 35-year-old woman is diagnosed with migraine and has a family history of coronary artery disease. She has been previously treated with sumatriptan. What is the drug of choice for migraine prophylaxis?

(A) Propranolol

(B) Topiramate

(C) Ergotamine

(D) Naratriptan

---

164. A patient with tumor lysis syndrome has elevated uric acid levels and is prescribed Pegloticase. What is the mechanism of action of Pegloticase?

(A) Xanthine oxidase inhibition

(B) URAT-1 receptor inhibition

(C) Oxidizes uric acid

(D) Hydrolysis of uric acid

---

165. A 40-year-old male patient presents with GERD. Which of the following drugs helps in contraction of the lower esophageal sphincter and increases gastric emptying?

(A) Metoclopramide

(B) Pantoprazole

(C) Vonoprazan

(D) Sodium alginate

---

166. A patient presents with oral lesions and burning sensation on eating spicy food. Which of the following drugs is responsible here?

(A) Lithium

(B) Beta blockers

(C) Fluconazole

(D) Ciprofloxacin

---

167. A patient with history of hypertension presents with renal stones. He was started on hydrochlorothiazide. Which statement is true regarding the choice of drug?

(A) Increased calcium excretion

(B) Decreased calcium excretion

(C) Increased oxalate absorption

(D) Decreased citrate excretion

---

168. A patient with HIV is recently diagnosed with multidrug-resistant tuberculosis. What is the appropriate regimen, and what should the patient be monitored for?

(A) BPaLM; monitor for immune reconstitution syndrome

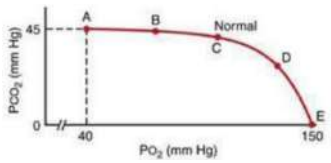
(B) INH + Levofloxacin + Pyrazinamide + Ethambutol; monitor for hepatotoxicity

(C) INH + Levofloxacin + Streptomycin + Ethionamide; monitor for pyridoxine deficiency

(D) INH + Clarithromycin + Pyrazinamide + Ethambutol; monitor for optic neuritis

---

169. In a patient with pulmonary embolism causing complete obstruction of blood flow, which point on the V/Q graph indicates the effect of pulmonary embolism?



(A) A

(B) B

(C) C

(D) D

---

170. A patient has the following Starling forces measured at the capillary level: capillary hydrostatic pressure = 18 mmHg, capillary oncotic pressure = 27 mmHg, interstitial oncotic pressure = 7 mmHg. If there is no net movement of fluid across the capillary wall, what is the value of the interstitial hydrostatic pressure?

(A) 0 mmHg

(B) +1 mmHg

(C) +2 mmHg

(D) −2 mmHg

---

171. A patient flying to high altitude of 3700 m develops headache, nausea, dyspnea, and dizziness. What explains these symptoms?

(A) Hypoxia causing vasodilation

(B) Hypoxia causing vasoconstriction

(C) Metabolic acidosis causing edema

(D) High PO_2 causing vasoconstriction

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172. In an experimental study, blood glucose levels were elevated to 2–3 times the normal and maintained at that level. What is the most likely pattern of insulin secretion in response?

(A) Rapid rise followed by a fall

(B) Gradual rise followed by a fall

(C) Remains persistently elevated

(D) Initial rise followed by sustained elevation

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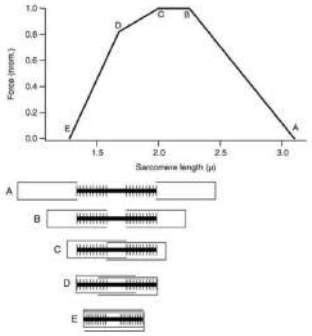
173. In the sarcomere length–tension relationship curve, at which point is the maximum active tension generated due to optimal overlap between actin and myosin filaments?



(A) Point A

(B) Point B

(C) Point C

(D) Point D

---

174. A patient presents with fatigue, muscle cramps, and strong salt cravings. What is the most likely diagnosis?

(A) Addison's disease

(B) Conn's disease

(C) Cushing's disease

(D) Hypopituitarism

---

175. What acid-base disturbance is expected in a person trekking at high altitude due to hyperventilation?

(A) Metabolic acidosis

(B) Metabolic alkalosis

(C) Respiratory acidosis

(D) Respiratory alkalosis

---

176. A woman presenting with amenorrhea and galactorrhea is diagnosed with a pituitary adenoma and elevated prolactin levels. What is the most likely cause of her amenorrhea?

(A) Low GnRH

(B) High pulsed LH

(C) High FSH

(D) Inhibition of GnRH by prolactin

---

177. A schizophrenia patient on haloperidol was responding well for the last 2 years. Now he presents with orofacial dyskinesia, choreiform, tic-like movements, and dystonia features. What can be the probable diagnosis and treatment?

(A) Acute dystonia – Ropinirole

(B) Tardive dyskinesia – Valbenazine

(C) Akathisia – Propranolol

(D) Oral tremor – Amantadine

---

178. A patient says that he follows the way birds fly whenever he is in an open place because God is giving him instructions through the birds. What is the diagnosis?

(A) Delusional perception

(B) Visual hallucination

(C) Delusional memory

(D) Sudden delusional ideas

---

179. Mr. K was brought to a psychiatrist by his friend, saying that Mr. K needs everything to be in perfect order and has difficulty in getting rid of things stored with him, both of which are affecting his work quality. He is a perfectionist. However, Mr. K denies such complaints. What is the diagnosis?

(A) Narcissistic personality

(B) Obsessive Compulsive Personality Disorder

(C) Paranoid delusion

(D) Dependent personality

---

180. A patient is brought in by a social worker after a recent earthquake. He has been living in a town different from his place of origin and is unaware of how he traveled 110 km away from home. He cannot recall his identity. There is no substance abuse history. What is the most likely diagnosis?

(A) Dissociative amnesia

(B) Dissociative fugue

(C) Dissociative Identity Disorder

(D) Selective amnesia

---

181. A 21-year-old female presents with amnesia of events following her father's death in a road traffic accident. Symptoms have persisted for 2 weeks, and she experiences flashbacks. What is the most probable diagnosis?

(A) Dissociative disorder

(B) Major depression

(C) PTSD

(D) Acute stress disorder

---

182. A person attacks his co-worker, complaining that the co-worker has been plotting to harm him. He hears voices. On examination, the person is found to have disorganized speech. What is the next step in this case?

(A) Refer for anger management

(B) Refer for psychiatric assessment and check if he is fit for trial

(C) He is not responsible because he is mentally ill

(D) Start immediate trials and punishment

---

183. What is correct regarding the image shown?

(A) Non-invasive and gold standard of cancer

(B) Non-invasive and can diagnose PUJ obstruction

(C) Percutaneous method

(D) Invasive and therapeutic for bladder lithiasis

---

184. What is the most appropriate diagnosis for the image shown?

(A) Collapse of right upper lobe

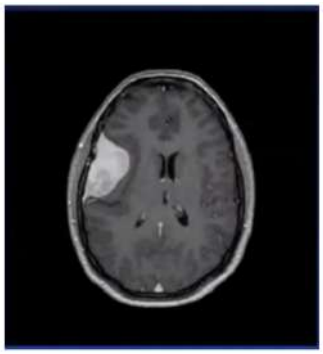
(B) Consolidation of right upper lobe

(C) Right lung abscess

(D) Right upper lobe bronchogenic carcinoma

---

185. A 35-year-old male presents with recurrent headaches. On further investigation, MRI is obtained. What is the most likely diagnosis?



(A) Meningioma

(B) Glioma

(C) Medulloblastoma

(D) Pilocytic astrocytoma

---

186. A 32-year-old male presents with dysphagia and regurgitation. A barium swallow image is shown. Which investigation is considered the gold standard for confirming the diagnosis?

(A) CECT

(B) Esophageal manometry

(C) Endoscopy

(D) NCCT

---

187. A patient presents with dyspnea and tachycardia 7 days after undergoing knee replacement surgery. Which investigation will confirm the diagnosis?

(A) V/Q ratio

(B) D-dimer

(C) Chest X-ray

(D) CT Pulmonary Angiography (CTPA)

---

188. A 35-year-old man diagnosed with pheochromocytoma is scheduled for surgery. Which medication should be given as preoperative preparation?

(A) Clonidine

(B) Phenoxybenzamine

(C) Esmolol

(D) Aspirin

---

189. During a complex duodenal surgery, a vessel posterior to the duodenum is cut, resulting in massive bleeding and blood collection. Which vessel is most likely injured?

(A) Superior mesenteric artery

(B) Inferior vena cava

(C) Aorta

(D) Portal vein

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190. A patient presents with the fingertip changes shown in the image. What is the most likely diagnosis?

(A) Wet gangrene

(B) Raynaud's phenomenon

(C) Dry gangrene

(D) Frostbite

---

191. A patient presents with the breast condition shown in the image. According to TNM staging, what stage would this represent?

(A) Stage IIIB

(B) Stage IIIC

(C) Stage IVD

(D) Stage IIB

---

192. A 50-year-old patient presents with a slowly growing, painless neck mass at the angle of the mandible. "Lyre's sign" is observed. What is the most likely diagnosis?

(A) Thyroid nodule

(B) Lymphadenopathy

(C) Carotid body tumor

(D) Branchial cyst

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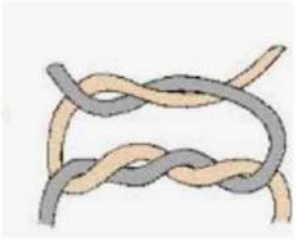
193. The knot shown in the image is commonly used in surgical procedures. What type of knot is depicted?



(A) Surgeon's knot

(B) Granny's knot

(C) Square knot

(D) Slip knot

---

194. A 35-year-old male presents with stab wound to the epigastrium, hypotension, and guarding. What is the immediate intervention of choice?

(A) FAST

(B) DPL

(C) CT Scan

(D) Exploratory laparotomy

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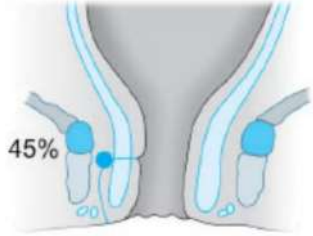
195. Based on Park's classification, identify the type of anorectal fistula shown in the image.



(A) Intersphincteric

(B) Suprasphincteric

(C) Extrasphincteric

(D) High transsphincteric

---

196. A 56-year-old patient has chronic venous changes in the lower limb. Which statement is true?

(A) Sclerotherapy is preferred

(B) Eczema or lipodermatosclerosis may develop

(C) Telangiectasia is uncommon

(D) Venous ulcer not expected

---

197. Regarding polydioxanone suture material, which of the following is accurate?

(A) Non-absorbable

(B) Monofilament

(C) Braided multifilament

(D) Derived from collagen

---

198. A 3-year-old boy has painful urination and ballooning of foreskin. What is the likely diagnosis?

(A) BXO

(B) True phimosis

(C) Recurrent balanoposthitis

(D) Recurrent UTI

199. A woman with deep partial-thickness burns on the lower limb is shown undergoing a procedure. What is the procedure?

(A) Escharotomy

(B) Surgical debridement

(C) Excision to healthy fat or fascia

(D) Early skin grafting

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200. A known case of anal carcinoma with mass near the anal opening comes for follow-up. Which of the following lymph nodes are most likely involved?

(A) Superficial inguinal lymph nodes

(B) Deep inguinal lymph nodes

(C) External iliac lymph nodes

(D) Internal iliac lymph nodes
