Department of Medicine

USMLE

1.	**Which of the following is seen in chronic inflammatory anemia**
a.	Serum iron↓ S. Ferritin↑ and transferrin↓
b.	Serum iron↑ S. Ferritin↑ and transferrin↑
c.	Serum iron↓ S. Ferritin↓ and transferrin↑
d.	Serum iron↑ S. Ferritin↓ and transferrin↓
2.	**Mentzer index more than 13 suggests a diagnosis of:**
a.	Iron Deficiency Anemia
b.	Thalassemia
c.	Hereditary Spherocytosis
d.	Autoimmune Hemolytic Anemia
3.	**Indirect Coomb's test detects:**
a.	Antibodies attached to RBC Surface
b.	Antibodies in the serum
c.	Antigens attached to RBC Surface
d.	Antigens in the serum
4.	**The mother has sickle cell disease; Father is normal; Chances of children having sickle cell disease and sickle cell trait respectively are:**
a.	0 and 100%
b.	25 and 25%
c.	50 and 50%
d.	10 and 50%
5.	**All of the following are true about multiple myeloma except-**
a.	Osteolytic bone disease
b.	t (8 – 14) translocation
c.	Light chain proliferation
d.	Bence – jones proteins in urine

6.	**Direct Coomb's test detects:**
a.	Antibodies attached to RBC Surface
b.	Antibodies in the serum
c.	Antigens attached to RBC Surface
d.	Antigens in the serum
7.	**Erb's Point in cardiology refers to:**
a.	Right 2nd intercostal space
b.	Left 2nd intercostal space
c.	Right 3rd intercostal space
d.	Left 3rd intercostal space
8.	**A patient in regular rhythm presents with absent P waves on ECG. Leads II, III and AVF reveal a Saw – Tooth Pattern. Which of the following is the most likely diagnosis:**
a.	Atrial Fibrillation
b.	Atrial Flutter with Variable Block
c.	Atrial Flutter with Fixed Block
d.	Multifocal Atrial Tachcardia
9.	**Drug of choice for Paroxysmal Supraventricular Tachycardia (PSVT) is:**
a.	Metaprolol
b.	Amiadarane
c.	Adenosine
d.	Lidocaine
10.	**A patient with short PR interval and Delta waves on ECG presents to the emergency department with Atrial Fibrillation and rapid ventricular rate. He is hemodynamically stable. All of the following agents may be used in the management, except:**
a.	Verapamil
b.	Procainamide
c.	Ibutilide
d.	Amiodarone

11.	**Which of the following ECG changes in an Asymptomatic Athlete's Heart should be considered pathological?**
a.	Increased amplitude of QRS
b.	Second Degree (Mobitz 2) heart block
c.	Prominent U Waves
d.	T Wave inversion
12.	**40 year old male patient presents to the Emergency department with central chest pain for 2 hours. The ECG shows ST segment depression and cardiac troponins are elevated. Patient has a positive history of previous PCI 3 months back. He is administered Aspirin, Clopidogrel, Nitrates and LMWH, in the Emergency Department and shifted to the coronary are unit. The best recommended course of further action should include.**
a.	Immediate Revascularization with Thrombolytics
b.	Early Revascularization with PCI
c.	Continue conservative management and monitoring of cardiac enzymes and ECG
d.	Continue conservation management and plan for delayed Revascularization procedure after patient is discharged
13.	**A 25 years old basket ball player suddenly collapsed while undergoing an athletic event and dies. At autopsy the septum was hypertrophied. The most probable diagnosis is-**
a.	HOCM
b.	Right ventricular conduction Abnormality
c.	Epilepsy
d.	Snake bite
14.	**A patient presents with following parameters pH 7.5, pCO_2 30 mmHg, pO_2 102 mmHg and HCO_3 16 meq/1. Which of the following correctly describes the compensatory mechanism:**
a.	Respiratory Alkalosis
b.	Metabolic Alkalosis
c.	Respiratory Acidosis
d.	Metabolic Acidosis

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15.	A 10 year old boy with short stature presents with polyuria and polydipsia. Laboratory values reveal a ph of 7.4; HCO^3 of 17; Na^+ 140; pCO_2 32; K^+ 4.9; CL 112. Likely acid base abnormality is:
a.	Metabolic Alkalosis
b.	Non – Anion gap Metabolic Acidosis
c.	Anion gap Metabolic Acidosis
d.	Respiratory Acidosis
16.	All of the following are characteristic features of obstructive pulmonary disease, except:
a.	Normal Residual Volume
b.	Decreased FEV_1
c.	Normal Vital Capacity
d.	Decreased FCV_1/FVC
17.	A 28 years old woman having limited cutaneous scleroderma for the last 10 years complains of shortness of breath for last one month. Her pulmonary functions tests (PFT) are as follows:

PFT	Observed	Predicated
FVC	2.63	2.82
FEV_1	88%	80%
DLCO	5.26	16.3

What is the most likely diagnosis in the case?

a.	Interstitial lung disease
b.	Pulmonary artery hypertension
c.	Congestive heart failure
d.	bronchiectasis
18.	Rasmussen's aneurysm arises from
a.	Bronchial artery
b.	Pulmonary artery
c.	Vertebral artery
d.	Posterior intercostals artery

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19.	A patient comes with sudden respiratory distress, on examination, bilateral basal crepts are present over chest suggestive of pulmonary edema with normal alveolar wedge pressure. The likely cause is
a.	Narcotic overdose
b.	Congestive heart failure
c.	Myocardial infarction
d.	Cardiogenic shock
20.	**Acute Lung Injury (ALI) is characterized by all except**
a.	PaO_2 / FiO_2 < 200 mm Hg
b.	Bilateral interstitial infiltrates
c.	PCWP < 18 mm Hg
d.	Normal Left atrial pressure
21.	**A 60 year old woman with fracture neck of femur presents to the emergency department a few days after her injury with sudden onset breathlessness and chest pain. The most likely diagnosis is:**
a.	Myocardial Infarction
b.	Deep Vein Thrombosis
c.	Pulmonary Embolism
d.	Pleuritis
22.	**A 29 year old unmarried female presents with progressive dyspnea. Her X ray chest shows clear lung fields. Pulmonary function testing reveals in FVC of 92%; FEV1 / FVC of 89%; and dlCO of 59%. On exercise testing her oxygen saturation drops from 92% to 86%. What is the likely diagnosis:**
a.	Alveolar hypoventilation
b.	Primary pulmonary hypertension
c.	Interstitial lung disease
d.	Anxiety

23.	**A patient with history of chest trauma presents to the emergency department in severe respiratory distress with a BP of 90 / 70 mm Hg and a Pulse rate of 120 / min. The most likely diagnosis is:**
a.	Simple Pneumothorax
b.	Hemothorax
c.	Cardiac tamponade
d.	Tension Pneumothorax
24.	**Type of graft best suited for Renal Transplantation**
a.	Allograft
b.	Autograft
c.	Xenograft
d.	Isograft
25.	**Langerhan's cells are:**
a.	Phagocytic cells
b.	Antigen presenting cells
c.	Seen in auto immune condition
d.	Seen in chronic infection

Answer Key (USMLE)

Question no.	Answer
1	A
2	A
3	B
4	A
5	B
6	A
7	D
8	C
9	C
10	A
11	B
12	B
13	A
14	D
15	B
16	A
17	A
18	B
19	A
20	A
21	C
22	B
23	D
24	D
25	B

NEET

1.	Non oliguric acute renal failure is typically associated with ?
a.	Aminoglycoside toxicity
b.	Contrast induced nephrotoxicity
c.	Hemolytic uraemic syndrome
d.	Glomerulonephritis

2.	Continuous renal replacement therapy is initiated in which of the following phases of acute renal failure
a.	Initiation
b.	Maintenance
c.	Diuretic phase
d.	Recovery phase

3.	CRF with anaemia best treatment :
a.	Oral iron
b.	EPO
c.	Blood transfusion
d.	Androgenic steroids

4.	Which of the following electrolyte abnormalities is not seen in CRF:
a.	Hypercalcemia
b.	Hyperkalaemia
c.	Hyperphosphatemia
d.	Hyperuricemia

5.	Most common cause of death in chronic dialysis patient is :
a.	Cardiovascular
b.	Infection
c.	Malignancy
d.	Anaemia

6.	**All of the following are used for treatment of hyperkalemia except :**
a.	Calcium gluconate
b.	Soda bicarb
c.	Iv glucose + insulin
d.	Beta blockers
7.	**Most common viral infection after kidney transplantation is:**
a.	EBV
b.	HSV
c.	HCV
d.	HBV
8.	**Which of the following conditions are associated with pauci-immune crescenteric GN :**
a.	Henoch –schonlein purpura
b.	SLE
c.	Microscopic polyangitis
d.	Nephritis in alports syndrome
9.	**A 60 yr old woman presents with generalized edema ,skin ulceration & hypertension. Urine examination shows subnephrotic proteinuria and microscopic hematuria. Serum complement levels are decreased and she is positive for anti –hepatitis C antibodies.the likely diagnosis is:**
a.	Post- streptococcal glomerulonephritis
b.	Essential mixed croglobinuria
c.	MPGN
d.	FSGS
10.	**A patient presents with severe colitis associated with an overgrowth of clostridium difficle in the lower part of the intestine .most likely condition is:?**
a.	Stomach ulcer
b.	Food poisoning
c.	Antibiotic therapy
d.	Immunosuppressed person

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11.	**Best provocative test for diagnosis of gastrinoma**
a.	Ca++ infusion test
b.	Secretin injection test
c.	ACTH stimulation test
d.	Steroid therapy

12.	**Hepatitis c virus is a:**
a.	DS eneveloped DNA
b.	DS non enveloped RNA
c.	SS non eneveloped RNA
d.	SS enveloped RNA virus

13.	**A 50 yr lady presented with history of pain upper abdo,nausea, and decreased appetite for 5 days .she had undergone cholecystectomy 2 yrs back. Her bilirubin was 10 mg/dl ,SGPT 900 IU/L SGOT 700IU/L and sr alkaline phosphtase 280 IU/L .what is the diagnosis?**
a.	Acute pancreatitis
b.	Acute cholangitis
c.	Acute viral hepatitis
d.	Posterior penetration of peptic ulcer

14.	**A 29 year pt with jaundice is positive for HBSAG ,hbeag, igm-anti-hbc but negative for anti-HBS and anti –Hbe .the probable diagnosis is**
a.	Acute hep B infection
b.	Past infection with HBV
c.	Asymptomatic carrier state
d.	Immunization with HBV vaccine

15.	**A person screened for blood donation .which of the following serology is safe for blood donation.**
a.	Anti HbsAg positive
b.	Hbsag positive
c.	Igm-anti HBC positive
d.	HBcag positive

16.	Antibodies usually elevated in primary billiary cirrhosis are
a.	Antiactin antibodies
b.	Antinuclear antibodies
c.	Anti mitochondrial antibodies
d.	Anti soluble liver antigen antibodies
17.	The most specific antibody for SLE ?
a.	Anti –Sm antibody
b.	Anti –ds DNA antibody
c.	Anti- histone antibody
d.	Anti RO –antibody
18.	Onion skin spleen is seen in:
a.	ITP
b.	Thalassemia
c.	SLE
d.	Scleroderma
19.	C-ANCA positivity is specific for?
a.	Polyartetis nodosa
b.	Wegeners granulomatosis
c.	HSP
d.	Churg strauss syndrome
20.	A 25 yrs female develops serous otitis media of left ear ,with cough & hemoptysis & hematuria and epistaxis for one and half month ,her Hb levels is 7gm .BP > 170/100 ,proteinuria +++ ,RA + & ANCA +,the likely cause is :?
a.	Wegeners granulomatosis
b.	Rheumatoid arthritis
c.	RPGN
d.	Good pasteurs syndrome

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21.	which of the following is NOT a sign of upper motor neuron paralysis:
a.	babinski sign
b.	b) spastic paralysis
c.	c) denervation potential in EMG
d.	d) exaggeration of tendon reflexes
22.	A pt with traumatic paraplegia due to injury of thoracic cord of T3 level is observed to have a blood pressure of 210/120. What should be the initial management ?
a.	LMWH
b.	Steroids
c.	Nifedipine
d.	Normal saline/dextrose

23.	Bevors sign seen in ?
a.	Abdominal muscles
b.	Facial muscles
c.	Resoiratory muscles
d.	Hand muscles
24.	Cerebral angiography was performed by ?
a.	Sir walter dandy
b.	George moore
c.	Seldinger
d.	Egas moniz
25.	The most common site for hypertensive bleed ?
a.	Pons
b.	Putamen
c.	Frontal lobe
d.	Thalamus

26.	First investigation to be done in patients presented with IC bleed?
a.	NCCT
b.	CECT
c.	MRI
d.	DSA

Answer Key (NEET)

Question no.	Answer
1	A
2	B
3	B
4	A
5	A
6	D
7	C
8	C
9	B
10	C
11	B
12	D
13	C
14	A
15	A
16	C
17	A
18	C
19	B
20	D
21	C
22	C
23	A
24	D
25	B
26	A