a. Doppler Ultrasound
b. Intravenous Urgaraphy
c. Diethylene-tetramine-penta-acetate (DTPA) scan
Mercaptoacetyltriglycine (MAG3) Scan
e. Dimercaptosuccinic acid (DMSA) Scan
2. In 7th week of intrauterine life; ureteric bud arises from:
Mesonephric duct
a sa managementarie duct
A design blastema
town of tiesue
d. Mesenchyttat to a Neural crest cells
d. Mesenchymar tissue e. Neural crest cells 3. A cystic enlargement of the intramural ureter at ureteric orifice is known as: a Cystocele
and a service enlargement of the intramurar dis-
a. Cystocele
b. Hydrocele
Ureterocele April Megaureter
d. Congenital Megaureter
d. Congenitation de la Con
e. Ectopic Ureter 4. Treatment of Pelviureteric junction obstruction is: Pyelolithotomy
4 Treatment of Pelvillicion
4. Treatment of Teachers a. Pyelolithotomy
b. Pyeloplasty b. Pyeloplasty
b. Pyeloplasty c. Ureteral reimplantation
c. Ureteral reimplant
d. Nephrectomy
a acel van
e. Conserved e. Conserved for the confirmed by: 5. Vesico-ureteric reflux is confirmed by: Ultrasound Kidney, Ureter and Bladder Tultrasound Kidney, Ureter and Bladder
5. Vesico-ureteric reflux is confirmed by: Ultrasound Kidney, Ureter and Bladder Ultrasound Urography
z Vesicozureterie and Kidney, Ureter
b. Intravenous Urography b. Fr. Scan KUB
Intravenous Ulogari
b. Intia
b. Intravers c. CT Scan KUB c. turition cystogram
c. CT Scan KOD d. Micturition cystogram d. Micturition cystogram
d. The appear in Patro
e. MRI See starts to apr
1 alogical changes
the morphological
1f untreated, the
 c. CT Scarro d. Micturition cystogram e. MRI Scan 6. If untreated, the morphological changes starts to appear in patients with from:
from: 12 months
1 to 12 mon
a. A wears
from: a. 1 to 12 months b. 1-2 years 2.4 years
2 A years
d 5-6 years

1. In patients with recurrent pyelonephritis, renal scaring is assessed with:

In house, he have not screen in Theoreman A Service and of World Admit Supplement Regionalisment and the I We wrote solid bests previously for servings whose with a complaints of both side territorial absolute. a his encounterestriction was adding been found to be based predictor and fixed Literature of testing absenced for being predictor and fixed Literature and predictor and fixed to be predictor and fixed to be been found to be been found to be been fixed to be been found to be be been found to be been found to be be been found to be been found to be been found to be been found to be be been found to be been found to be been found to be been found to be be been found to be be been found to be been found to be been found to be been found to be be been found to be been found to be been found to be be been found to be be been found to be been found to be been found to be administration of the property of the state PROFESSION TO a. USH, LH, Testasterone B. Alpha Fero Protein, Beta HCG, LFT v. Testosterone, Beta HCG,LFT LIMI, Beta HCO, Alpha Feto Protein e. LIDH, LH, FSH Regarding resticular torsion the appropriate time for the start of intervention should be a. From 12 to 24 hours. Within I week. Within 6 hours. d. From 48 to 72 hours. From 24 to 48 hours. 10. A 26-year male presented at urology clinic with history of infertility. He is married since five years. He has no other co-morbid. On examination, there is palpable varicocele. The mechanism of varicocele-induced impaired spermatogenesis is thought to be: Heat injury from excess pooling of blood in dilated spermatic veins. b. Excess turbulent flow through dilated veins that causes a pressure injury to the testicle. c. Reflux of splenic metabolites, which is directly gonadotoxic. Higher testosterone levels in the peri-testicular vasculature, which inhibit spermatogenesis. e. A lower degree of oxidative stress due to excessive venous pooling. 54 year old male presents with acute right flank pain radiating to groin. He is p ntrolled diabetes and is currently on metformin. The best investigation to dete Plain X-Ray KUB. a. Intravenous Urogram. c. Ascending ureterogram.

Ultrasound KLID Ultrasound KUB. Unenhanced Spiral CT

e Squamuus vell I Reyear-old boy presented in protogy clinic with complaints of left side testicular swelling. On examination assolition in protogy clinic with complaints of left side testicular swelling. On examination swelling was found to be hard podular and fixed. Ultrasound of testis showed mulignant growth of about 2 1st 8 cm. What hormonal tests will you order for this patient? patient? o. FSH, LH, Testosterone
b. Alpha Feto Protein, Beta HCG, LF1
c. Testosterone, Beta HCG, LF1 Jestosterone, Heta HCG,LFT vol. LDH, Beta HCQ, Alpha Feto Protein e. LDH, LH, FSH Regarding testicular torsion the appropriate time for the start of intervention should be: b. Within I week Within 6 hours. d. From 48 to 72 hours. e. From 24 to 48 hours. 10. A 26-year male presented at urology clinic with history of infertility. He is married since five years. He has no other co-morbid. On examination, there is palpable varicocele. The mechanism of varicocele-induced impaired spermatogenesis is thought to be: Iteat injury from excess pooling of blood in dilated spermatic veins. b. Excess turbulent flow through dilated veins that causes a pressure injury to the testicle. c. Reflux of splenic metabolites, which is directly gonadotoxic. Higher testosterone levels in the peri-testicular vasculature, which inhibit spermatogenesis. A lower degree of oxidative stress due to excessive venous pooling. 11. A 54 year old male presents with acute right flank pain radiating to groin. He is poorly controlled diabetes and is currently on metformin. The best investigation to detect calcul-Plain X-Ray KUB. Intravenous Urogram. c. Ascending ureterogram. Ultrasound KUB. Unenhanced Spiral CT

Which is most communication of maticular carefronia

b. Choreoconsinema ferninoma d. Volk sac tomor

13. 60-year old male presents with the complaints of lower urinary tract symptoms and occasional hematuria. On digital rectal examination there is small nodularity in prostate. Ultrasound shows Sogm prostate. What further investigations should be done? b. Urea, Creatinine d. Urine DR e. Liver Function Test 14. Incubation period of Neisseria gonorrhea is (a) 3 to 14 days b) 15 to 30 days c) 1 to 2 month d) 3 to 4 month e) 5 to 6 month 15. The ejaculatory duct opens into the: a) Membranous urethra Prostatic urethra c) Spongy urethra d) Lateral lobes of the prostate gland a) Duct of the bulbourethral glands 16. A patient presented to the STDs clinic with urethral discharge 2 days after sexual intercourse. On examination, profuse muco-purelent discharge was present while inguinal lymph nodes were free, most likely diagnosis is: a. Syphilis b. Chancroid c. Non-gonorrheal urethritis Gonorrheal urethritis e. Prostatorrhea 17. A 62-year old male presented in an outpatient department with complaints of lower urinary tract symptoms since three months and burning micturition since 2 months, while inquiring his IPSS was 10/35. His ultrasound reveals prostate is of 45 grams and vesicle stone of 1.8 cm. Which of the following is the best treatment option for this patient?

12. A 45 year old male present with 4 months history of left doll ache and on investigations, he was diagnosed to have 1.5 cm left renal stone. He is being considered for shock wave

lithotripsy (SWL). Most important factor for treatment outcome is:

a. Gender of the patient. b. Age of the patient. c. Stone composition Stone location . e. Stone Burden.

- Medical treatment for enlarged prostate.
- b. Trans urethral resection of prostate.

c. Cystolitholapexy.

Cystolitholapexy plus TURP.

TURP plus cystolithotomy

18. A 65-year old male presented in an emergency with complaint of unable to pass urine since six hours, he has a severe pain in lower abdomen, on examination there was bulging seen below-the umbilious and was dull on percussion. How would you further proceed this patient?

a. Take a detailed history.

b. Do a digital rectal examination.

c. Catheterize the patient.

- Send sample for Urine D/R & C/S.
- e. Ultrasound Abdomen & Pelvis.
- 19. The classic triad of renal tumor consist of which three conditions?
 - a. Erythrocytosis, liver dysfunction, hypercalcemia.
 - A palpable mass, flank pain and dysuria.
 - e. flank pain, Haematuria and palpable mass
 - d. Haematuria, pyuria and palpable mass.
 - e. Haematuria, hypercalcemia, and flank pain
- 20. Clear cell carcinoma of renal tumor arise from which of following?
 - a. loop of Henley
 - b. distal tubules
 - c. collecting duct
 - d. proximal tubules
 - cortex of kidney