

Neurology Ward Test (B5)

Ospe/viva:

- ☐ 1) Interpretation of findings stroke on CT scan
- ☐ 2) EEG
- ☐ 3) Chorea video
- ☐ 4) Epilepsy history
- ☐ 5) Upper limb deep reflexes
- ☐ 6) Facial nerve examination

diagnosed case of Parkinson disease since 3 years. He is otherwise fine on medications except he has certain GIT issues. Which of the following is characteristic GIT related non-motor feature of Parkinson Disease?

- A. Diarrhea
- B. Abdominal pain
- C. Recurrent vomiting
- D. Constipation
- E. Bloating

QNO: 02- A 55 years old male, Farmer presented in Neurology clinic with generalized weakness and easy fatigability since 2 months. Neurologic examination reveal proximal weakness with normal reflexes & down going planters. Which important clinical signs you will look to establish clinical diagnosis of Myasthenia gravis?

- A. Gag reflex
- B. Bulk assessment
- C. Hypotonia
- D. Fatigability assessment
- E. Pinprick sensation

QNO: 03- A 8 years old kid brought by his Father in Neurology clinic with progressive gait

and running difficulty since one year. On examination he has myopathic features with pseudohypertrophy in calf muscles. On clinical ground he is diagnosed as case of Duchenne muscular dystrophy. What is underlying inheritance pattern in this case?

- A. X-linked dominant pattern
- B. Autosomal recessive pattern
- C. Autosomal dominant pattern
- D. Mitochondrial inheritance pattern
- E. X-linked recessive pattern

QNO: 04- A 50-years male is brought in ER H/O Hemiplegia, Hemi anesthesia & hemianopia, clinically diagnose as cerebrovascular disorder. What is localization of lesion?

- A. Cerebral cortex

- C. Autosomal dominant pattern
- D. Mitochondrial inheritance pattern
- E. X-linked recessive pattern

QNO: 04- A 50-years male is brought in ER H/O Hemiplegia, Hemi anesthesia & Hemianopia, clinically diagnose as cerebrovascular disorder. What is localization of lesion?

- A. Cerebral cortex
- B. Internal capsule
- C. Thalamus
- D. Brainstem
- E. Cranio cervical junction

QNO: 05- A 15 years male, Student with no known comorbid visited neurology outpatient department due to abnormal movements since 2 weeks. Neurologic examination normal except he has abnormal involuntary, jerky, purposeless randomly flowing movements involving all four limbs. What is your most likely diagnosis?

- A. Generalized dystonia
- B. Myoclonus
- C. Generalized Chorea
- D. Parkinsonism
- E. Parkinson's Disease

QNO: 06- A 25 years young boy brought in ER with history of sudden onset weakness of both lower limbs with retention of urine since 5 days. On examination BP 120/80mmhg, febrile he had decreased power in both limb along with sensory level at 10 to 12. Clinically diagnosis of myelopathy. What is likely cause of this condition?

- A. Spinalcord infarction
- B. Hepatomyelia
- C. Transverse myelitis

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- A. Spinalcord infarction
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- C. Transverse myelitis
- D. Brown sequard syndrome
- E. Spinal cord tumor

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QNO: 07 - A 6-year-old boy is evaluated for attention deficit. His mother told that he had several spells of "spacing out" at school, he is inattentive at school and appears to daydream and not hear what the teacher is saying. The child had a normal birth and development history. Neurologic examination was normal. What is your diagnosis?

- A. Atonic seizures
- B. Absence seizures
- C. Attention deficit hyperactivity disorder
- D. Benign rolandic epilepsy
- E. Complex partial seizures

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- D. Benign rolandic epilepsy
- E. Complex partial seizures

QNO: 08- A 15 years old male, student presented in Neurology clinic with Father complaining of progressive weakness of all four limbs without sphincter involvement since 3 years. Neurologic examination shows decrease bulk & power distally with absent reflexes & down going planters. Sensory and cerebellar system is normal. What is most likely diagnosis?

- A. Polyradiculopathy
- B. Polyneuropathy
- C. Mononeuritis multiplex
- D. Plexopathy
- E. Anterior Horn cell disorder

QNO: 09- which of the following is suggestive of disturbance of purposeful movement in absence of paresis & coordination?

- A. Dyslexia

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- A. Dyslexia
- B. Dysgnosia
- C. Dyspraxia
- D. Dysphasia
- E. Dygraphia

QNO: 10- A 73-year-old man presents with an sudden onset of double vision and weakness of left upper limb and lower limb. On examination left hemiparesis and right sided facial weakness affecting upper and lower parts of the face.

Which of the following is the site of the lesion?

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QNO: 10- A 73-year-old man presents with an sudden onset of double vision and weakness of left upper limb and lower limb. On examination left hemiparesis and right sided facial weakness affecting upper and lower parts of the face.

Which of the following is the site of the lesion?

- A. Left frontal lobe
- B. Left lateral medulla
- C. Right corpus striatum
- D. Right midbrain
- E. Pons

QNO: 11- Two cerebral hemispheres are separated to each other by:

- a. Sylvian fissure
- b. Posterior fissure
- c. Interhemispheric fissure

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- a. Sylvian fissure
- b. Posterior fissure
- c. Interhemispheric fissure
- d. Tentorium cerebri

QNO: 12- Brain infarction is early detected in:

- a. MRI brain plain
- b. CT Brain plain
- c. CT Brain with contrast
- d. MRI brain with contrast

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d. Tentorium cerebri

QNO: 12- Brain infarction is early detected in:

- a. MRI brain plain
- b. CT Brain plain
- c. CT Brain with contrast
- d. MRI brain with contrast

QNO: 13- An overweight 36-year-old woman presents with three to four severe, debilitating headaches per month for the last 2 years. The headaches last 1 to 2 days. They are sometimes

E. Migraine without aura

QNO: 14- A 64-year-old man presents with a right homonymous hemianopia. Which of the following is the most likely localization for this finding?

- A. Left upper lip of the calcarine cortex
- B. Right optic tract
- C. Left parietal lobe
- D. Left lateral geniculate body
- E. A temporal lobe infarct

QNO: 15- Which of the following muscles is not innervated by the trigeminal nerve?

- A. Mylohyoid
- B. Lateral pterygoid
- C. Posterior belly of the digastric
- D. Tensor veli palatini
- E. Tensor tympani