

1 - Commonest stone in case of UTI:



Phosphate

Urate

Cysteine

Calcium oxalate

2 - Commonest presentation of bilateral ureteric stones:

CRF

UTI

Pain

Hematuria

3 - A patient present with pain and tenderness in the left iliac fossa. USG shows a 3 cm stone in the renal pelvis without any hydro-nephrosis. Most appropriate management:

PCNL

ESWL

Diuretics

Medical dissolution therapy with KCl

4 - A child presents with complaints of abdominal colic and hematuria USG showed a renal stone 2.5 cm in diameter in renal pelvis the next step in management of this case:

ESWL

Pyelolithotomy

Nephroureterostomy

Conservative

5 - Steinstrasse is:

Staining of stones

Stones

Failure of ESWL

Ureteric obstruction due to fragments in ureter

6 - Chandu, 45-year-old male shows calcification on the right side of his abdomen in an AP view. In lateral view the calcification is seen to overlie the spine. Most likely diagnosis is:

Gallstones

Calcified mesenteric nodes

Renal stones

Calcified rib

7 - Earliest sign of renal tuberculosis on IVP:

Caliectasis

Moth eaten calyx

Splaying of calyces

Hydronephrosis

8 - The investigation of choice for renal scarring defect in kidney:

DMSA scan

DTPA scan

Dexa scan

MCU

9 - Reflux nephropathy is diagnosed mainly by:

X-ray KUB

Micturating cystourethrogram

CT scan

MRI

10 - The most common histological variant of renal cell carcinoma is:

Clear cell tumor

Papillary carcinoma

Tubular type

Chromophobe type

11 - Bilateral renal cell carcinoma is seen in:

Eagle-Barefl's syndrome

Beckwith-Weidman syndrome

von-Hippel Lindau (VHL) syndrome

Bilateral angiomyolipoma

12 - Most common site for secondary metastasis in a case of hypernephroma:

Adrenal

Lungs

Brain

Bones

13 - Not correct regarding renal cell carcinoma:

May be associated with varicocele

May invade renal vein

More common in female

Arises from proximal convoluted tubule

14 - A 30 years old male presents with pain on the right flank and hematuria. CECT abdomen reveals a large 8 x 8 cm sized solid mass in the right kidney and 3 x 3 cm solid mass occupying the upper pole of left kidney. The most appropriate surgical treatment for this patient is:

Bilateral radical nephrectomy

Right radical nephrectomy and biopsy of the mass from opposite kidney

Right radical nephrectomy and left partial nephrectomy

Right radical nephrectomy only

15 - Best investigation for diagnosis and extension of IVC thrombus in renal cell carcinoma:

MRI

CT

Venacavagraphy

USG

16 - Commonest presentation of Wilm's tumour is:

Hematuria

Abdominal lump

Hydronephrosis

Pain in abdomen

17 - Neuroblastoma differs from Wilm's tumor radiologically by all except:

Calcification

Aorta and IVC are not eroded but pushed aside

Same location

Intraspinal extension of tumor

18 - What percent of cases with injury to kidney require surgical exploration?

20%

90%

50%

70%

19 - Absolute indication for surgical exploration after renal trauma?

Hematuria

Pulsatile hematoma

Cortical renal contusion

Delayed arterial injury

20 - Not true about right kidney is:

Right kidney is preferred over the left for transplantation

It is lower than the left kidney

Right renal vein is shorter than the left

Right kidney is related to the duodenum

21 - The narrowest part of the ureter is at the:

Ureteropelvic junction

Iliac vessel crossing

Pelvic ureter

Ureterovesicle junction

22 - Which is not seen in complete ectopic vesicae:

Umbilical hernia

Visible uretero vesical efflux

Hypospadias

Waddling gate

23 - The commonest bladder stone is:

Triple phosphate

Xanthine

Uric acid

Cysteine

24 - A 55-year-old smoker presents with history of five episodes of macroscopic hematuria each lasting for about 4–5 days in the past five years. Which of the following investigations should be performed to evaluate the suspected diagnosis?

Urine microscopy and cytology

X-ray KUB

Ultrasound KUB

DTPA scan

25 - Most common bladder tumor:

TCC

SCC

Rhabdomyosarcoma

Sarcoma

26 - Treatment of choice for low grade superficial bladder carcinoma:

Local excision

Radical cystectomy

Intravesical BCG

Chemotherapy

27 - Most common site of BPH:

Peripheral zone

Middle zone

Transition zone

Central zone

28 - Indication for surgery in benign prostatic hypertrophy are all except:

Prostatism

Chronic retention

Hemorrhage

Enlarged prostate

29 - The most common complication of transurethral resection of prostate (TURP):

Erectile dysfunction

Retrograde ejaculation

Urinary incontinence

Impotence

30 - On MRI, origin of carcinoma prostate is seen in:

Peripheral zone

Central zone

Transition zone

Periurethral zone

31 - A 65 years old male was diagnosed with prostate cancer three years back and was treated by surgery and hormone therapy. Presently he has developed urinary symptoms and progressive backache. What is the tumor marker, which can be indicative of disease relapse?

CA-125

CEA

Beta-HCG

PSA

32 - Normal level of PSA in males is:

< 4 ng/ml

4–10 ng/ml

> 10 ng/ml

PSA is not produced by normal males

33 - Commonest hypospadias is:

Penile

Glandular

Scrotal

A or C

34 - Which of the following urethral anomaly is the most common?

Hypospadias

Pin hole meatus

Epispadias

Stricture urethra

35 - Commonest organism giving rise to urinary tract infection:

E. coli

Staphylococcus

Proteus

Streptococcus

36 - Membranous urethral rupture causes collection of blood in:

Ischiorectal fossa

Deep perineal pouch

Superficial inguinal region

Pelvic diaphragm

37 - During urethral catheterization in male patients, resistance is encountered at the following sites except:

Base of navicular fossa

Mid-penile urethra

Urogenital diaphragm

Bulbomembranous junction

38 - Which of the following is the shortest urethra?

Bulbar

Prostatic

Penile

Membranous

39 - Incidence of undescended testis in normal new born:

3%

6%

9%

12%

40 - Most common site of ectopic testis:

Superficial inguinal pouch

Root of penis

Femoral triangle

Perineum

41 - In testicular torsion, surgery within how much time can save viability of testis?

1 weeks

12 hours

6 hours

24 hours

42 - True about varicocele is:

More common on right side

Can cause oligospermia

No effect on valsalva

Lies anterior to testis

43 - Positive Prehn's sign is:

Elevation of testis increases pain of epididymitis

Elevation of testis reduces pain of epididymitis

Depression of testis increases pain of epididymitis

Depression of testis reduces pain of epididymitis

44 - Most common testicular tumour in 4th decade:

Teratoma

Dermoid

Seminoma

All of the above

45 - Young male with history of trauma having left sided testis swollen and erythematous. Other side normal. Diagnosis:

Torsion

Hematoma

Carcinoma

Hernia