

# GENESIS

Post-Graduation Medical Orientation Centre

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## FCPS PART-I MOCK TEST-II

**SUBJECT : Medicine**

**PAPER : III**

Exam Date	:	Mock-I	:	12-12-20/15-12-20/18-12-20
		Mock-II	:	25-12-20/26-12-20/27-12-20
Exam Time	:	03.00pm-4.20pm		
<b>Total Number</b>	:	<b>100</b>		

**Question 26-50 based on single answer**

**1. Which one is the warning sign of primary immune deficiency in case of adults**

- a)  $\geq 4$  new ear infections within 1 year
- b) Recurrent viral infections
- c)  $\geq 2$  pneumonias within 1 year
- d)  $\geq 2$  deep seated infections as sepsis meningitis or cellulitis
- e) Chronic diarrhea with weight loss

**2. Regarding immunoglobulins which one is true**

- a) Immunoglobulins play a central role in humoral immunity
- b) Immunoglobulins are insoluble proteins produced by plasma cells
- c) Immunoglobulins are made up of two heavy and light chains
- d) The heavy chain determines the antibody class
- e) Binding of antibodies to antigen can trigger activation of the classical complement pathway

**3. Tumour necrosis factor alpha derived from**

- a) Macrophage
- b) NK cell
- c) T cells
- d) Neutrophil
- e) Lymphocyte

**4. Which one is the criteria of defining frailty**

- a) Hand grip strength in bottom 30% of healthy elderly distribution
- b) Walking speed in bottom 30% of healthy elderly distribution
- c) Exhaustion reported by family
- d) Physical inactivity
- e) At least 6 kg weight loss within 1 year

**5. Adverse effects of loop diuretics includes**

- a) Metabolic acidosis
- b) Hyperkalaemia
- c) Hypocalciuria
- d) Hypomagnesaemia
- e) Hypokalaemia

**6. Which one is the cause of hypokalaemia with metabolic acidosis**

- a) Laxative abuse
- b) Liddle's syndrome
- c) Diarrhoea
- d) Gitelman's syndrome
- e) Conn's syndrome

**7. Contra indication of renal Biopsy includes**

- a) Solitary transplant kidney
- b) Kidneys  $<60\%$  predicted size
- c) Hypertension
- d) Thrombocytopenia
- e) Disordered coagulation

**8. Renal AKI is characterized by**

- a) Urine sodium  $<20$  mmol/L
- b) Fractional excretion sodium  $>1\%$
- c) Raised creatine kinase
- d) Urinalysis bland
- e) Dense granular (muddy brown) cast

**9. Indication of dialysis in CKD includes**

- a) Acute pulmonary oedema
- b) High potassium  $>6$  mmol/L with narrow complex QRS in ECG
- c) Uremic pericarditis
- d) Blood pH  $>7.1$
- e) Bleeding diathesis due to uraemia induced platelet dysfunction

**10. Predisposing factors for kidney stones are**

- a) High protein diet
- b) High sodium excretion
- c) High oxalate excretion
- d) Low urate excretion
- e) High citrate excretion

**11. Condition associated with positive antinuclear factor are**

- a) Primary biliary cholangitis
- b) Autoimmune hepatitis
- c) Systemic sclerosis
- d) Mixed essential cryoglobulinemia
- e) Rheumatoid arthritis

**12. Which hormone are responsible for bone resorption**

- a) RANKL
- b) Oestrogen
- c) Glucocorticoids
- d) Testosterone
- e) Sclerostin

**13. Extra articular pulmonary manifestations of rheumatoid arthritis includes**

- a) Pneumonia
- b) Bronchiectasis
- c) Pleural effusion
- d) Pulmonary nodules
- e) Caplan's syndrome

**14. What are the risk factors for osteoporosis**

- a) Body mass index >30
- b) Heavy smoking
- c) Hepatitis B infection
- d) Asthma
- e) Highly trained athlete

**15. Regarding alveolar pneumocytes which one is truer?**

- a) Type-1 alveolar pneumocyte is less than type-2 pneumocytes
- b) Type-1 alveolar pneumocyte is flattened
- c) Type-1 alveolar pneumocytes secrete surfactant
- d) Type-2 alveolar pneumocytes is flattened
- e) Type-II pneumocytes can divide to reconstitute type-I pneumocytes

**16. What are causes of unilateral hilar enlargement**

- a) TB
- b) Sarcoidosis
- c) Lymphoma
- d) Silicosis
- e) Lung cancer

**17. Which factors shift the oxyhemoglobin dissociation curve to right**

- a) Increase temperature
- b) Increase pH
- c) Increase 2,3-DPG
- d) Increase HbF
- e) Increase Hbs

**18. Features of life threatening asthma**

- a) FEF 33-50% predicted
- b) Normal or raised  $\text{paco}_2$
- c) Silent chest
- d) Heart rate >110 b/min
- e) Inability to complete sentences in 1 breath

**19. Live attenuated vaccines are**

- a) Injectable poliomyelitis
- b) Tuberculosis
- c) Hepatitis-A
- d) Rabies
- e) Varicella zoster virus

**20. Which are the anti influenza drugs**

- a) Ribavirin
- b) Oseltamivir
- c) Peramivir
- d) Aciclovir
- e) Cidofovir

**21. Stigmata of congenital syphilis includes**

- a) Hutchinson's incisors
- b) Fissure around mouth nose
- c) Condyloma lata
- d) Maxillary hypoplasia
- e) High arched palate

**22. AIDS defining cancer are**

- a) Hodgkin lymphoma
- b) Cervical cancer
- c) Kaposi's sarcoma
- d) Non-Hodgkin lymphoma
- e) Hepatocellular cancer

**23. Disease caused by mosquito bite are**

- a) Dengue fever
- b) Plague
- c) Filariasis
- d) Typhus
- e) Tularaemia

**24. Complications of Epstein Barr virus infection includes**

- a) Severe laryngeal oedema
- b) Hepatitis
- c) Haemolytic anaemia
- d) Thrombocytosis
- e) Agranulocytosis

**25. Features of lepromatous leprosy includes**

- a) Widely disseminated skin and nerve lesion
- b) Skin surface dry scaly in nature
- c) Nerve damage occurs early
- d) Usually self-healing
- e) Immune complex type reaction occurs

**Each question below contains five suggested answers- choose the one best response to each question (26-50)**

**26. Cause of acquired systemic amyloidosis are except**

- a) Chronic obstructive pulmonary disease
- b) Tuberculosis
- c) Renal dialysis
- d) Rheumatoid arthritis
- e) Plasmacytoma

**27. Causes of metabolic acidosis with high anion gap are all except**

- a) Diabetic ketoacidosis
- b) Lactic acidosis
- c) Accumulation of HCl
- d) Accumulation of formate
- e) Accumulation of glycolate

**28. First symptom of chronic kidney disease at which range of GFR**

- a) < 50 ml/min
- b) < 40 ml/min
- c) < 30 ml/min
- d) < 20 ml/min
- e) < 10 ml/min

**29. While managing a patient of recurrent oral ulceration for several years. She also gives history of genital ulceration and burning eye and visual problem. skin lesion erythema nodosum also present with some nodules what test will be positive regarding this patient**

- a) ANA test
- b) RA test
- c) HLA B27
- d) Anti Scl70
- e) Pathergy test

**30. All are the features of dengue with warning sign except**

- a) Abdominal pain
- b) Persistent vomiting
- c) Liver AST or ALT  $\geq 1000$  U/L
- d) Splenomegaly
- e) Hepatomegaly >2cm

**31. Regarding chronic granulomatous disease which one is not true**

- a) This is caused due to primary phagocytes deficiency
- b) Most cases are X-linked recessive
- c) Characterised histologically by granuloma formation
- d) The defects leads to susceptibility to catalase positive organisms
- e) Is caused by mutations in the gene that encodes NADPH oxidase enzymes results in excessive oxidative killing

**32. Immediate treatment of anaphylaxis**

- a) IM adrenaline
- b) IM chlorpheniramine
- c) IV hydrocortisone
- d) Inhaled salbutamol
- e) 100% oxygen

**33. SGLT-2 inhibitors work mainly in which part of Nephron**

- a) Loop of henle
- b) Proximal convoluted tubule
- c) Early distal tubule
- d) Late distal tubule
- e) Collecting duct

**34. Fulminant presentation of nephritic syndrome found in**

- a) Minimal change disease
- b) Membranous nephropathy
- c) Amyloidosis
- d) Diabetic nephropathy
- e) SLE

**35. A patient comes to you with microscopic haematuria with proteinuria 1.5g/24 hr. He has Hlo respiratory tract infection. What is your diagnosis**

- a) Minimal change nephropathy
- b) Focal segmental glomerulosclerosis
- c) Membranous nephropathy
- d) IgA nephropathy
- e) Mesangiocapillary glomerulonephritis

**36. Most common cause of AKI in children is**

- a) Diarrhoea
- b) Vomiting
- c) Pneumonia due to strep pneumonia
- d) Haemolytic uraemic syndrome due to E. coli
- e) Haemolytic uraemic syndrome due to shigatoxin

**37. Tamm horsfall protein precipitating in renal tubules found in**

- a) Multiple myeloma
- b) Membranous nephropathy
- c) Rheumatoid arthritis
- d) Lymphoma
- e) Amyloidosis

**38. While reviewing patient with joint pain in rheumatology clinic you found her see**

**S. calcium-↓**

**S. phosphate-↑**

**ALP-↑**

**PTH-↑↑**

**5 (OH)D-↓**

**FGF23-↑↑**

**What is the most likely diagnosis?**

- a) Osteoporosis
- b) Renal osteodystrophy
- c) Paget's disease
- d) Vit D deficiency osteomalacia
- e) Primary hyperthyroidism

**39. A 40-year-old man comes to you with the history of sudden severe onset of pain in first MTP joint for 2 day. His s. uric acid level 9.8. A diagnosis of acute gout is made. What is the next step of management?**

- a) Oral NSAID
- b) Oral prednisolone
- c) Allopurinol
- d) Oral colchicine
- e) Intramuscular methylprednisolone

**40. A 45 years old man comes to you with history of difficulty in rising from chair and climbing stairs with fever and fatigue. On examination you found gottron's papule and heliotrope rash. giving the likely diagnosis what is pivotal investigation for the patient**

- a) Muscle biopsy
- b) S. creatine kinase
- c) Anti Jo1 antibody
- d) Anti Ro antibody
- e) Anti RNA antibody

**41. Origins of the respiratory cycle occurs is**

- a) Motor neurons in the posterior medulla oblongata
- b) Sensory neurons in the anterior medulla oblongata
- c) Cerebral hemisphere
- d) Sensory neurons in the posterior medulla oblongata
- e) Motor neurons in the anterior medulla oblongata

**42. Which one is the investigation of choice for pulmonary thromboembolism**

- a) Chest X-ray
- b) HRCT of chest
- c) CT pulmonary angiography
- d) D-dimer
- e) Bronchoscopy

**43. A 50 years old man comes to you with history of recent travel to Singapore with fever cough and right sided chest pain. Which organism is responsible for this**

- a) Mycoplasma pneumoniae
- b) Legionella pneumophila
- c) Klebsiella pneumoniae
- d) Staph aureus
- e) Strep pneumoniae

**44. All are the causes of miliary shadowing except**

- a) Tuberculosis
- b) Sarcoidosis
- c) Malignancy
- d) Pneumoconiosis
- e) Arsenicosis

**45. Causative organism of granuloma inguinale**

- a) Chlamydia trachomatis
- b) Haemophilus ducreyi
- c) Treponema pallidum
- d) Herpes simplex
- e) Klebsiella granulomatis

**46. Post-transplant lymphoproliferative disorder after transplantation can be caused by**

- a) Cytomegalovirus
- b) Epstein Barr virus
- c) Pneumocystis Jirovecii
- d) Cryptococcus neoformans
- e) Human immunodeficiency virus

**47. A farmer of Jamalpur comes to DMCH with the history of high grade fever with headache photophobia. He has also diarrhoea and vomiting after seven days he developed jaundice and haemoptysis. CBC shows polymorphonuclear leucocytosis. What is the most likely diagnosis?**

- a) Leptospirosis
- b) Brucellosis
- c) Malaria
- d) Enteric fever
- e) Kala azar

**48. A patient comes to emergency department with severe diarrhoea and vomiting. He gave history of reheated Rice intake. What organism is responsible for his condition**

- a) Clostridium perfringens
- b) Bacillus cereus
- c) Campylobacter jejuni
- d) Salmonella
- e) E. Coli

**49. All are the complications of malaria except**

- a) Convulsion
- b) Hypoglycemia
- c) Shock
- d) AKI
- e) Metabolic alkalosis

**50. Regarding cryptococcosis all are true except**

- a) Cryptococcosis is a systemic mycosis
- b) Cryptococcosis is acquired by inhalation of cyst
- c) Mild pulmonary disease usually treated by fluconazole
- d) Treatment of severe cryptococcosis is by itraconazole
- e) Cryptococcosis is most frequently associated with HIV patients

### Medicine Mock-II Paper-III

1. FTFFT (Ref: Davidson 23<sup>rd</sup>/Page-73)
2. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-69)
3. TTFTF (Ref: Davidson 23<sup>rd</sup>/Page-65)
4. FFFTT (Ref: Davidson 23<sup>rd</sup>/Page-1306)
5. FFFTT (Ref: Davidson 23<sup>rd</sup>/Page-355)
6. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-361)
7. FTFTT (Ref: Davidson 23<sup>rd</sup>/Page-391)

Exp:

- a) Solitary kidney cexcept transplant
- b) uncontrolled HTN

8. FTFTT (Ref: Davidson 23<sup>rd</sup>/Page-412)

Exp:

- a) Urine Na > 40 mmol/L
- b) Found in pre renal Akl

9. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-412)

Ex:

- b) Broad QRS in ECG
- d) Blood pH <7.1

10. TTFTF (Ref: Davidson 23<sup>rd</sup>/Page-431)

Exp:

- d) High urate excretion
- d) Low citrate excretion

11. FTFTT (Ref: Davidson 23<sup>rd</sup>/Page-991)

Exp:

- a) R.F (+ve)
- d) RF (+ve)

12. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-986)

Exp:

- b) bone formation
- d) Bone formation

13. FFFTT (Ref: Davidson 23<sup>rd</sup>/Page-1024)

14. FTFFT (Ref: Davidson 23<sup>rd</sup>/Page-1046)

Exp:

- a) BMI <18
- c) HIV infection
- d) COPD

15. FTFFT (Ref: Davidson 23<sup>rd</sup>/Page-548)

Exp:

- a) Type-1 > Type-2
- c) Type-2
- d) Wboidal

16. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-552)

Exp:

- b) Bilateral
- d) Bilateral

17. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-207)

18. FTFTF (Ref: Davidson 23<sup>rd</sup>/Page-512)

Exp: a+d+e→ features of acute severe astham

19. FTFFT (Ref: Davidson 23<sup>rd</sup>/Page-115)

20. FTFTF (Ref: Davidson 23<sup>rd</sup>/Page-127)

21. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-338)

22. FTFTF (Ref: Davidson 23<sup>rd</sup>/Page-322)

Exp: AIDS definins cancers are KS, cervical cancer and NHL

23. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-231)

24. FTFTF (Ref: Davidson 23<sup>rd</sup>/Page-242)

25. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-268)

26. A (Ref: Davidson 23<sup>rd</sup>/Page-82)

27. C (Ref: Davidson 23<sup>rd</sup>/Page-365)

Exp: Accumulation of HCl NH<sub>4</sub>Cl associated with normal anion gap metabolic acidosis

28. D (Ref: Davidson 23<sup>rd</sup> Page-388)

Exp: First symptoms of CKD often at GFR <20

29. E (Ref: Davidson 23<sup>rd</sup>/Page-)

Exp: Receurent oral +genital ulceration→positive pathrgy test

30. C (Ref: Davidson 23<sup>rd</sup>/Page-244)

31. E (Ref: Davidson 23<sup>rd</sup>/Page-77)

Exp: Failure of oxidative killing

32. A (Ref: Davidson 23<sup>rd</sup>/Page-76)

33. B (Ref: Davidson 23<sup>rd</sup>/Page-351)

Exp: SGLT-2 inhibitors ACTazoamide work on PCT

34. A (Ref: Davidson 23<sup>rd</sup>/Page-395)

Exp: See Box 15.10

35. D (Ref: Davidson 23<sup>rd</sup>/Page-398)

Exp: Box 15.15

36. E (Ref: Davidson 23<sup>rd</sup>/Page-409)

37. A (Ref: Davidson 23<sup>rd</sup>/Page-410)

Exp: See Box 13.20

38. B (Ref: Davidson 23<sup>rd</sup>/Page-990)

39. D (Ref: Davidson 23<sup>rd</sup>/Page-1015)

Exp: Acute gout –oral colchicine chronic gout → Allopurinol

40. A (Ref: Davidson 23<sup>rd</sup>/Page-1039)

Exp: Dermatomyositis→muscle biopsy

41. A (Ref: Davidson 23<sup>rd</sup>/Page-549)

42. C (Ref: Davidson 23<sup>rd</sup>/Page-552-620)

43. B (Ref: Davidson 23<sup>rd</sup>/Page-583)

Exp: Travel→hotel cooling towers→ legionella alcohol→klebsiella

Stap aureus→ following viral infection

44. E (Ref: Davidson 23<sup>rd</sup>/Page-590)

45. E (Ref: Davidson 23<sup>rd</sup>/Page-341)

46. B (Ref: Davidson 23<sup>rd</sup>/Page-2205)

47. A (Ref: Davidson 23<sup>rd</sup>/Page-258)

48. B (Ref: Davidson 23<sup>rd</sup>/Page-262)

49. E (Ref: Davidson 23<sup>rd</sup>/Page-276)

- 50.D (Ref: Davidson 23<sup>rd</sup>/Page-302)