1. Bone marrow density 2 SD below the reference lev el is labeled as:
2. Which of the following joint is rarely involved in SLE?
3. The term "Large vessels" in large vessel vasculi tis indicates:
4. The most commonly used drug in sarcoidosis is:
5. A 45 years old male presented with jaundice and ascites. On evaluation, his serum bilirubin was
2.1 mg/dl, serum
6. Half life of serum albumin is:
7. Which of the following micronutrient potentiates action of insulin?
5. A 45 years old male presented with jaundice and ascites. On evaluation, his serum bilirubin was2.1 mg/dl, serum
2.1 Mg/di, 36fdM
9. The score system used to estimate the risk of is chemic stroke in the first two days af
9. The score system used to estimate the risk of is chemic stroke in the first two days af ter TIA is:
Ref: Authors: Karen L Furie et al., Initial evaluat ion and management of TIA and minor ischemic
stroke
The ABCD2 score can be used to estimate the risk of ischemic stroke in the first two d ays after
TIA. The score is tallied as
QAE FALGUN 8
Chromium potentiates the action of insulin in pa tients with impaired glucose tolerance,

presumably by increasing insulin

diabetes is uncertain. In addition, improvement in

blood lipid profiles has been reported in some pati ents. The usefulness of chromium supplements in

mus cle building has

products. Chromium in the trivalent

6 is a product of stainless steel welding and is a

ter TIA is:

Ref: Authors: Karen L Furie et al., Initial evaluat ion and management of TIA and minor ischemic stroke

11. Which of the following electrolyte disorder cau ses atrioventricular block?

13. What happens to blood pressure and heart rate d uring recovery phase of Valsalva maneuver?

12. Which of the following is not included in famil y of PSVT?

AV node reentry using accessory pathway

Ref: Harrison's Principles of Internal Medicine; 20 th Edition, Page No: 1733

Supraventricular tachycardia can be of brief durati on, termed nonsustained, or can be sustained

such that an inte rvention,

such as cardioversion or drug administration, is re quired for termination. Episodes that occur with

su dden onset and

termination are referred to as paroxysmal. Paroxysm al supraventricular tachyca rdia (PSVT) refers

to a family of

tachycardias including AV node reentry, AV reentry using an accessory pathway, and atrial

tachycardia.

13. What happens to blood pressure and heart rate d uring recovery phase of Valsalva maneuver?

Ref: Harrison's Principles of Internal Medicine; 20 th Edition, Page No: 3162

QAE FALGUN 8

su dden onset and

nonsustained, or can be sustained such that an intervention,

such as cardioversion or drug administration, is re quired for termination. Episodes that occur with

rdia (PSVT) refers to a family of

tachycardias including AV node reentry, AV reentry using an accessory pathway, and atrial tachycardia.

13. What happens to blood pressure and heart rate d uring recovery phase of Valsalva maneuver?

ONLINE PG NEPAL

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- 14. Which of the following is not true about tetanu s?
- 15. Adult intestinal colonization botulism is assoc iated with
- 16. A 9 year boy presented with the features of tru ncal and limb ataxia, dysarthria, myoclonic jerks, areflexia, extensor

plantar response and distal sensory deficit. He had repeated history of pneu lymphadenopathy. The probable diagnosis is

- 17. The diagnosis of acromegaly is confirmed by
- 18. Differentiating the ACTH dependent Cushing's sy ndrome, which of the following feature is more prom inently seen in

ACTH secreting pituitary tumor as compared to ectop ic ACTH secretion

19. Poor host immune reaction denotes:
20. Harmonic scalpel uses which of the following to cut tissues?
21. Which of the following is a major consequence of undescended testis?
22. A 5 weeks old male child presents with vomiting. Olive felt at right upper quadrant of abdomen sug gests a diagnosis of:
23. Mucosal rectal prolapse in toddlers are treated with:
24. Which of the following is not recommended in lo w risk procedures in patients receiving warfarin?
25. Chloride content of Normal saline is (in mmol/L):
26. Atlantoaxial instability means abnormal movemen t between which of the following?
27. e in eFAST means:
25. Chloride content of Normal saline is (in mmol/L):
Ref: Bailey and Love's Short Practice of Surgery 27 th Edition, Page No: 281
crystalloid and colloid solutions (mmol/L):
26. Atlantoaxial instability means abnormal movemen t between which of the following?
Ref: Bailey and Love's Short Practice of Surgery 27 th Edition, Page No: 346
physiological movement between C1 and C2.

It can be translational or rotatory and resolves ei ther spontaneously or with traction followed by a c ervical collar.

transverse ligament rupture leading to C1/2 instabi lity is uncommon and is treated with

Ref: Bailey and Love's Short Practice of Surgery 27 th Edition, Pag e No: 366

Extended focused assessment with sonar for trauma

Ultrasound can be used to differentiate between con tusion and the actual presence of blood.

Extended focused assessment with sonar for trauma (eFAST) is becoming the most common investigation.

QAE FALGUN 8

It can be translational or rotatory and resolves ei ther spontaneously or with traction followed by a c ervical collar.

transverse ligament rupture leading to C1/2 instabi lity is uncommon and is treated with

Ultrasound can be used to differentiate between con tusion and the actual presence of blood.

Extended focused assessment with sonar for trauma (eFAST) is becoming the most common investigation.

ONLINE PG NEPAL

14 - The technique uses sonar assessment in the chest, lo oking for a cardiac tamponade or free blood and air in the

hemithorax on each side, and assessment for blood in the abdominal cavity, in the paracolic gutters,

subdiaphragmatic spaces and pelvis.

- 28. In t riage, colour coding for urgent case is:
- 29. Tenosynovitis of the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) is known

30. Which of the following doe not participate in f ormation of anorectal ring?
32. Which of the following is an extraintestinal ma nifestation of Crohn's disease related to disease a ctivity?
33. Most common hernia in female is:
34. Superficial veins of lower limb drains into dee p veins via:
35. What is the emergent management of tension pneu mothorax?
36. FNAC cannot detect which of the following?
37. Which of the following is not a Spiegelberg's c riterion in diagnosis of ovarian pregnancy?
38. Which of the following is a known risk factor f or the development of choriocarcinoma following hyd atidiform mole?
39. False knot in cord is due to:
40. If hypertension is persist beyond 6 months of d elivery, this is:
41. If the diagnosis of placental abruption is made only after delivery, this is:
42. Appearance of gas shadow in the chambers of the heart and great vessels is:

as:

43. The incidence of scar rupture in hysterotomy sc ar is:
45. Least common type of female pelvis is:
46. Advantage of transvaginal ultrasound over trans abdominal ultrasound is all except:
47. Ovary starts to develop by:
48. Gold standard in the diagnosis of genuine stres s incontinence is:
50. Which of the following is not a minimal diagnos tic criterion for Kwashiorkor?
51. Megalocornea means cornea of size more than:
52. Trisomy 13 is:
55. Common length of Meckel's diverticulum is:
56. Neuroblastoma arises from:
57. Cause of Down's syndrome is:
58. Childhood tuberculosis is different from adult tuberculosis because:
59. Pneumatocele is chest X- ray is classically associated with infection of:
60. A male toddler presented with difficulty in wal king. There was history of recurrent falls and fo

owing that on
examination warmth and swelling of knee joint found . Most probable diagnosis is:
61. Atticoantral chronic suppurative otitis media h as:
62. In Luc abscess, pus burst into:
63. Which of the following is neonatal hearing scre ening procedure?
64. Taste of CSF rhinorrhea is:
65. Black line across the middle of dorsum of nose i s seen in:
5. Black line across the middle of dorsum of nose i s seen in:
Ref: PL Dhingra and Shruti Dhingra ENT and HNS 7th Edition, Page No: 187, 188
Nasal signs include transverse nasal crease -a black line across the middle of dorsum of nose du e
to constant
upward rubbing of nose simulating a salute (allergic salute), pale and oedematous nasal mucosa
which may
rbinates are swollen. Thin, watery or mucoid discha rge is usually present.
Ocular signs include oedema of lids, congestion and cobble -stone appearance of the conjunctiva,
and dark circl es
QAE FALGUN 8
Two important tests are to study otoacoustic emissi ons (OAEs) and auditory brainstem responses
(ABR).
OAEs are generated at outer hair cells and can be p icked up from the external ear as the energy
produc ed by them

ossicles tympanic membrane ear canal where it is picked hair cells in the cochlea are nonfunctional or ther e is middle ear effusion or canal 4 days. They are normal even when VIIIth nerve is n onfunctional. ABRs are generated in response to sound stimulus pr esented to the ear and picked up from the scalp. With a 35 dB nHL, the infant who passes the test and the h earing is considered normal. Infants who fail fluid or mixed with blood as in 1. Le Fort I (transverse) fracture runs above and para llel to the palate. It crosses lower part of nasal septum, maxillary antra and the pterygoid plates. 2. Le Fort II (pyramidal) fracture passes through the root of nose, lacrimal bone, floor of orbit, upper part of maxillary sinus and pterygoid plates. This fracture has some features common with the zygomatic fractures. 3. Le Fort III (craniofacial dysjunction). There is co mplete separation of facial bones from the cranial bones. The fracture line passes through root of nose, ethmofro ntal junction, superior orbital fissure, lateral wa II of orbit, frontozygomatic and temporozygomatic sutures and the upper part of pterygoid plates. 67. Paranasal sinus of posterior group is: 68. Commonest site for osteoma in paransal sinus is: 69. Kashima operation is:

70. Hypermotility disorder of esophagus is:

- 71. The cardinal signs of osteoarthritis includes a ll except:
- 72. In x-ray, how much destruction of the single co rtex of a long bone warrants pathological fracture?
- 73. Nerve root supplying the action of toe extensio n is:
- 74. Crutch palsy is an example of:
- 75. UHMWPE is used for:

Ref: Apley Orthopedics; 9th Edition, Page No: 270

neurapraxia ' to describe a reversible physiological nerve conduction block in

which there is loss of some types of sensation and mu scle power followed by spontaneous recovery

It is due to mechanical pressure causing segmental demyelination and is seen typically in pressure paralysis in states of drunkenness ('Saturday night palsy') and the m ilder types of tourniquet palsy.

QAE FALGUN 8

after a few

to describe a reversible physiological nerve conduction block in scle power followed by spontaneous recovery after a few

It is due to mechanical pressure causing segmental demyelination and is seen typically in 'crutch palsy ',

ilder types of tourniquet palsy. ONLINE PG NEPAL QAE FALGUN 8

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a. Prosthesis

- b. Cement
- c. Plaster
- d. Dressing

Ans: a

Ref: Apley Orthopedics; 9th Edition, Page No: 330, 331

Ultra-high molecular weight polyethylene (UHMWPE) is an inert thermoplastic polymer. Its density is close to that

of the low-density polyethylenes but the very high molecular weight provides increased strength and we ar

resistance over other types of polyethylene.

The material is manufactured for hip (acetabular cu p) and knee (tibial tray) prostheses and sterilized by gamma

irradiation.

The latter process was noted to cause oxidation of the material and detrimentally alter its physical a nd chemical

properties to the extent that a 'shelf life' for the component was created.

In joint replacement the prostheses are often fixed to the bone with acrylic cement (polymethylmethacr ylate - PMMA),

which acts as a grouting material. It is usually pr esented as a liquid (the PMMA monomer) and powder (the PMMA

polymer plus copolymers or other additives), which is mixed to set off an exothermic reaction of polym erization.

76. Treatment of Gun-Stock' deformity is:

77. In intervertebral disc:
78. Clergyman's Knee is:
30. In Glasgow Coma Score, confused patient is give n a verbal response score of:
31. What is the location of neurons of second order of visual sensation?
32. How does the lens utilize glucose for its metabolic n
33. Nuclear inclusion bodies are present in which type of conjunctivitis?
34. Which of the following has surface ectodermal origi n?
35. What is the rotational movement around the eyes tilts towards the right known as?
36. Which organism causes ulcus serpens of cornea?
37. What is not a feature of secondary optic atrophy? ONLINE PG NEPAL
39 a. Dirty grey white appearance of fundus
o. Drusen surrounding retina
c. Peripapillary sheathing
d. Well defined margins

Ans: D, Well defined margins

Ref:	: Khurana Ophthalmology, 6 th edition, page 329
Ane	esthesiology
88.	Where is TAP block given?
89.	What is false about Mallampati grading?
90.	What is false about EMLA?
91.	What is not an ABG finding which is an indication of mechanical ventilation?
92.	What is not a cause of prolonged apnea after succin ylcholine?
93.	What is the pin index system for a cylinder of nitr ous oxide?
	Which of the following is present in the chine?
95.	What antidepressant a mong the following is associated with maximum impot ence?
97.	What pervasive developmental disorder is also known as high functioning autism?
98.	What is a person trying to kill herself but never i ntending to die by the act known as?
100 pers	. What is the treatment of choice in a psychologicall y-minded patient with narcissistic sonality diso rder?

101. Which of the following cannabis preparation has the highest tetrahydrocannabinol content? 103. Which of the following is associated with typical a pple jelly color on diascopy? 104. What is not associated with faster rate of nail gro wth? 105. Contact allergy of the delayed hypersensitivity typ e is investigated using which of the following? 106. White dermographism is pronounced in which of the f ollowing conditions? 107. Which among the following is a type of cicatricial alopecia? 108. What disease gives row of tombstones appearance in histopathology? 109. Which of the following is the commonest locati on of osteosarcoma? 109. Which of the following is the commonest locati on of osteosarcoma? Ref: Primer of Diagnostic Imaging, 5th edition, Pag e No: 311 Location of bone lesions according to anatomy: Epiphysis: typical are cartilaginous and articular lesions such as chondroblastoma or eosinophilic gra nuloma (EG) ifferent causes (neoplastic eg. Osteosarcoma, infla mmatory, metabolic) have apredilection for the metaphysis (rich blood supply); therefore, this location alone is of limited differential diag nostic value. Epiphyseal/metaphyseal region: giant cell tumors **QAE FALGUN 8**

The characteristic histopathologic finding in PV is a suprabasal blister with acantholysis. Just

above the

cell contacts and form a blister. Often, a few

The basal cells stay attached to the basement membr ane, but may lose the contact with their

neighbors; as a result, they may appear to be a "ro w of tombstones," symbolic of the potentially

fatal

the upper epidermis (from 1 or 2 cell layers above the basal cells)

Epiphysis: typical are cartilaginous and articular lesions such as chondroblastoma or eosinophilic

gra nuloma (EG)

ifferent causes (neoplastic eg. Osteosarcoma, infla mmatory, metabolic) have apredilection

for the metaphysis (rich blood supply); therefore, this location alone is of limited differential diag

nostic value. ONLINE PG NEPAL QAE FALGUN 8

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- Diaphysis: Ewing's sarcoma

110. Which of the following bone tumor mimics osteo myelitis both clinically and radiologically?

111. The best way to determine the rotation in the chest X-ray is to look for the :

112. Which of the following is a sign of pneumoperi toneum? ONLINE PG NEPAL QAE FALGUN 8

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- a. Football sign
- b. Copula sign
- c. Ligamentum teres sign
- d. All of the above

Ans d

Ref: Learning Radiology, Recognizing the basic patt ern. 3 rd edition, page 411 Signs seen in pneumoperitoneum:

- Football sign = large pneumoperitoneum outlining en tire abdominal cavity
- Double wall sign = Rigler sign = air on both sides of bowel caused by intraluminal gas and free air ou tside (usually

requires >1 L of free intraperitoneal gas and intra peritoneal fluid)

- Inverted V sign = outline of both lateral umbilical ligaments(containing inferior epigastric vessels)
- Urachus sign = outline of middle umbilical ligament
- Single large area of hyperlucency over the liver
- Oblique linear area of hyperlucency outlining the p osteroinferior
- Outline of falciform ligament = long vertical line to the right of midline extending from ligamentum t eres notch to

umbilicus; most common structure outlined

- Ligamentum teres notch = inverted V-shaped area of hyperlucency along undersurface of liver
- Ligamentum teres sign = air outlining fissure of li gamentum teres hepatis along posterior free edge of falciform

ligament seen as vertically oriented, sharply defin ed slit like/oval area of hyperlucency between 10th and 12th ribs

within 2.5 to 4.0 cm of right vertebral border, 2 to 7 mm wide and 6 to 20 mm long

- Saddlebag/mustache/cupola sign = gas trapped below central tendon of diaphragm.
- 113. What is the shape of subdural hematoma in cros s sectional imaging?
- 114. Which of the following dose not make the right cardiac border in the Chest X ray?

115. Interposition of the bowel, usually colon, bet ween the inferior surface of the right hemidiaphrag m and the superior surface of the liver may be misinterpreted as a pneumoperitoneum. What is this called? 116. The radial artery lies just lateral to the ten don of which muscle? 117. Bull Rider's Thumb is sprain of: ONLINE PG NEPAL QAE FALGUN 8 52 a. Ulnar collateral ligament b. Radial collateral ligament c. Transverse collateral ligament d. Thenar eminence Ans: b Ref: Moore's Anatomy 7th Edition, Page No: 817 Bull Rider's Thumb Bull rider's thumb refers to a sprain of the radial collateral ligament, and an avulsion fracture of the lateral part of the proximal phalanx of the thumb. This injury is common in individuals who ride mechanical bulls. 118. Parasympathetic fibers stimulate secretion by all glands except which of the following? 119. The pleuropericardial membranes develop into w hat structures of the adult? 120. All of the following statements concerning the spleen are correct except:

122. A 34-year-old woman is admitted to the emergen cy department after a car crash. Radiographic exami nation

reveals a whiplash injury in addition to hyperexten sion of her cervical spine. Which of the following ligaments will most

likely be injured?

123. On digital examination of the vagina, the port ion of the uterus that one anticipates palpating wi th the examining

finger is the cervix and its external os. Which of the following is the most common position of the ut erus?

- 124. Which is not a lateral ligament of ankle?
- 125. Which of the following segments of liver is su pplied by right hepatic artery?
- 126. What is the shape of right adrenal gland?
- 127. What is the location of valves within the port al vein?
- 126. What is the shape of right adrenal gland?

Ref: Gray's Anatomy, 41st edition, page 1194

The mean maximum width of the body of the suprarena I gland is 61 mm (right) and 79 mm (left), and the mean

width of each limb of the gland (medial and lateral) is approximately 30 mm. No individual suprarenal limb should

measure more than 5 mm in transverse section. In ad ults, each suprarenal gland weighs approximat

tenth of the total weight) and has a volume of appr oximately 3

The glands are macroscopically slightly different in external appearance. The right is pyramidal in shape and has

ections (limbs), giving a cross -sectional appearance similar to a three

The left gland is more semilunar in shape, flattene d in the anteroposterior plane and marginally large r than the

right. The bulk of the right suprarenal sits on the apex of the right kidney and usually lies slightly higher than the

left gland, which lies on the anteromedial aspect of the upper pole of the left kidney.

127. What is the location of valves within the port al vein?

Ref: Gray's Anatomy, 41st edition, page 1167

The portal vein is formed behind the neck of the pa ncreas, usually from the convergence of the superio r

mesenteric and splenic veins. Its origin lies in the transpyloric plane between the lower bo rder of the body of the

first lumbar vertebra and the upper border of the b ody of the second lumbar.

The portal vein is approximately 8 cm long and asce nds obliquely to the right behind the first part of t

duodenum, the common bile duct and gastroduodenal a rtery, and anterior to the inferior vena cava.

QAE FALGUN 8

It e nters the

61 mm (right) and 79 mm (left), and the mean

width of each limb of the gland (medial and lateral) is approximately 30 mm. No individual suprarenal limb should

measure more than 5 mm in transverse section. In ad ults, each suprarenal gland weighs approximately 5 g (the

tenth of the total weight) and has a volume of appr oximately 3 -6 cm3.

The glands are macroscopically slightly different in external appearance. The right is pyramidal in shape and has

sectional appearance similar to a three -pointed star.

The left gland is more semilunar in shape, flattene d in the anteroposterior plane and marginally large r than the

of the right kidney and usually lies slightly higher than the

The portal vein is formed behind the neck of the pa ncreas, usually from the convergence of the superio r

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The portal vein is approximately 8 cm long and asce nds obliquely to the right behind the first part of the

duodenum, the common bile duct and gastroduodenal a rtery, and anterior to the inferior vena cava. It e nters the ONLINE PG NEPAL QAE FALGUN 8

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right border of the lesser omentum and ascends ante rior to the epiploic foramen to reach the right end of the

porta hepatis, where it divides into right and left main branches, which enter the liver.

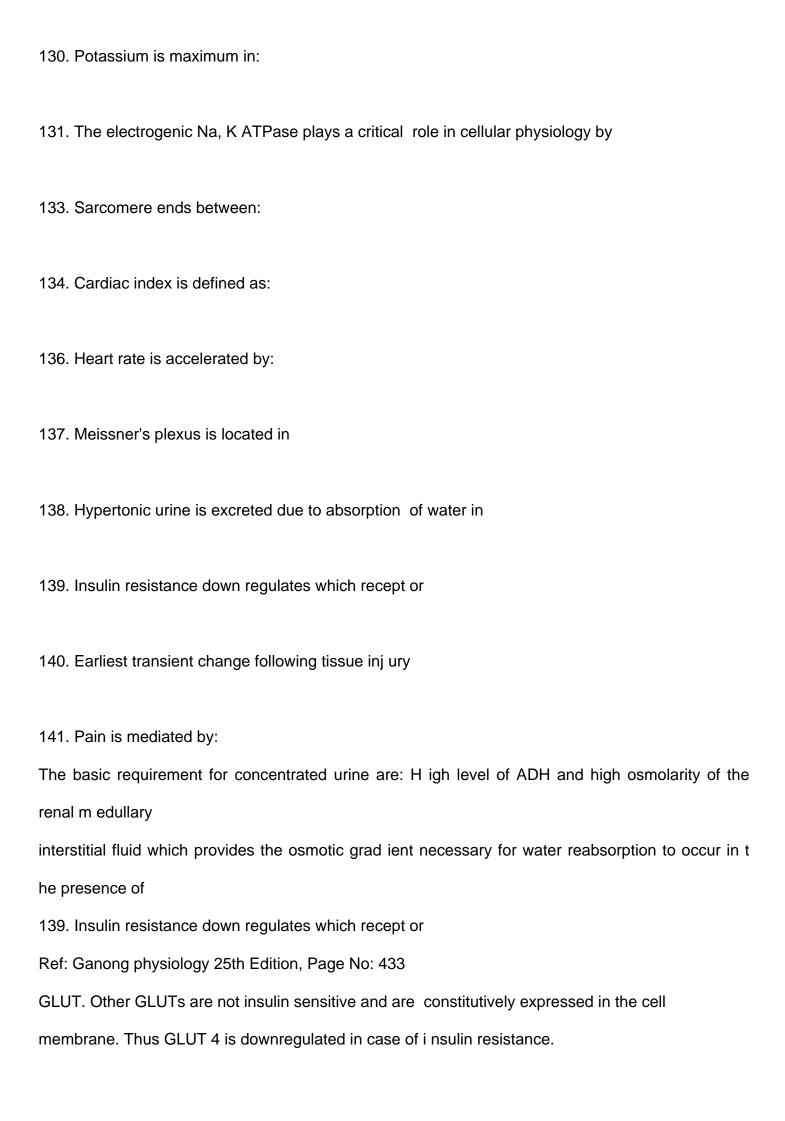
In the lesser omentum, the portal vein lies posteri or to both the bile duct and the hepatic artery. It is surrounded

by the hepatic nerve plexus and accompanied by nume rous lymphatics and some lymph nodes. It is typically valveless.

Physiology

128. The number of muscle fibers innervated by a mo tor axon is smallest in:

129. Muller's doctrine of specific nerve energies is otherwise known as:



140. Earliest transient change following tissue inj ury will be:
Ref: Robbins Basic Pathology 10th Edition, Page No: 65
The nature of the leukocyte infiltrate varies with the age of the inflammatory response and the type of
f stimulus.
142. Which of the following Is not a component of V irchow triad?
143. Amyloid precursor protein is associated with:
142. Which of the following Is not a component of V irchow triad?
Edition, Page No: 106
The primary abnormalities that lead to intravascula r thrombosis are (1) endothelial injury, (2) stasis
or turbulent blood
flow, and (3) hypercoagulability of the blood (the so -called "Virchow triad")
145. 'Popcorn cells' are seen in which type of Hodg kin's disease?
146. Emphysema seen in 1-anti-trypsin deficiency is:
147. Sturge Weber syndrome is associated with:
148. Sequestrated lobe of lung is commonly supplied by which of the following vessels?
149. Gene for Wilms' tumour is located on which of the following?
150. Cholinesterase reactivators is/are:

151. Non - nucleoside reverse transcriptase inhibit ors (NNRTIs) include all of the following except:
152. Vasicoselective drugs is/are:
153. Which is not an alkylating agent?
Ref: KDT Pharmacology 7th Edition, Page No: 117 -118
This newer antimuscarinic has high affinity for rec eptors in urinary bladder and salivary
154. Mechanism of action of docusate:
1. Bulk forming: Dietary fibre: Bran, Psyllium (Pla ntago) Ispaghula, And Methylcellulose
2. Stool softener: Docusates (DOSS), Liquid paraffi n
3. Stimulant purgatives
(a) Diphenyl methanes
Phenolphthalein,
· Bisacodyl,
Sodium apicosulfate
b) Anthraquinones (Emodins) ONLINE PG NEPAL QAE FALGUN 8
67
- Senna, Cascara sagrada
(c) 5-HT4 agonist
Prucalopride
(d) Fixed oil
· Castor oil

4. Osmotic purgatives

Magnesium salts: sulfate, hydroxide

Sodium salts: sulfate, phosphate Sod. pot. tartrat e

Lactulose

155. Which Of the following is not adverse effect of imatinib?

156. Patient on treatment on carbidopa + levodopa f or 10 years now has weaning off effect. What should be added to

restore action:

157. True about imipenem is:

- 1. Suppresses hepatic gluconeogenesis and glucose output from liver.
- Enhances insulin-mediated glucose uptake and dispos al in skeletal muscle and fat. Insulin resistance e xhibited by

type-2 diabetics is thus overcome.

3. Interferes with mitochondrial respiratory chain an d promotes peripheral glucose utilization through a naerobic

glycolysis.

Pioglitazone -This class of oral antidiabetic drugs are selective agonists for the nuclear Peroxisome

proliferator -activated

receptor (PPAR) which is expressed mainly in fat cells, but also in muscle and some other cells. It

enhances the

transcription of several insulin responsive genes. Glitazones tend to reverse insulin resistance by

enhancing GLUT4

expression and translocation. Entry of glucose into muscle and fat is improved. Hepatic gluconeogenesis is also

suppressed. Activation of genes regulating fatty ac id metabolism and lipogenesis in adipose tissue con tributes to the

insulin sensitizing a ction.

Acarbose -It is a complex Oligosaccharide Which reversibly inhibits -glucosidases, the final enzymes for the digestion of carbohydrates in the brush border of small intestin e mucosa. It slows down and decreases digestion and absorption of polysaccharides (starch, etc.) and sucrose.

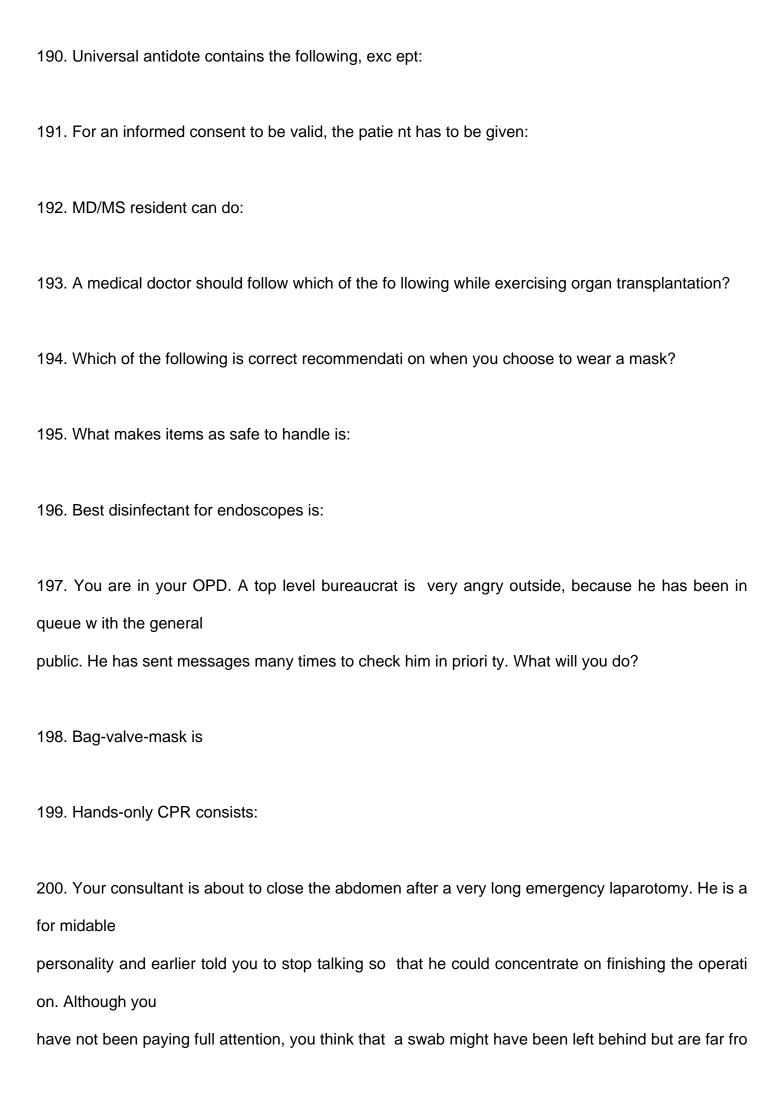
- 159. Zileuton a 5 lipoxygenase inhibitor acts by wh ich of following mechanism:
- 161. Which of the following cell types are stable c ell?
- 162. All of the following are true about Menkes dis ease except:
- 163. Porphyria cutanea tarda is due to deficiency of which enzyme:
- 164. Insulin-dependent transport system occurs in:
- 1. Insulin-independent transport system of glucose : This is a carrier mediated uptake of glucose whi ch is not

dependent on the hormone insulin. This is operative in hepatocytes, erythrocytes and brain.

ONLINE PG NEPAL QAE FALGUN 8

2. Insulin-dependent transport system: This occurs in muscle and adipose tissue.
165. Enzymatic marker of plasma membrane is:
166. Total no of dehydrogenase in Krebs's cycle:
167. Which complex of electron transport chain is i nhibited by cyanide:
168. Ingestion of eggs from the dog roundworm(Toxoc ara canis) and raccoon roundworm (Baylisascaris pro cyonis) can lead to:
169. Pharyngoconjunctival Fever is caused by:
170. Which of the following parasite doesn't enter into body by skin penetration?
171. Which of the following is dimorphic fungus?
172. Treponema is most difficult to isolate from:
174. All of the following are true about Trichomona s vaginalis except:
175. COVID-19 is cause by:
176. 'Clean care is safer care' guideline given by WHO is for

177. Panel discussion can be defined as:
178. Outdated cytotoxic drugs are best disposed by:
179. Disease is due to social strain caused by soci al demands is:
180. Fermentation of pulses increases following exc ept:
182. Approach to medical practice intended to optim ize decision well-conducted research conclusion is:
181. Lowest protein content is present in which mil k?
184. Which of the following denotes measures of var iability?
185. In a study first schools are sampled, then sec tions, and finally students. This type of sampling is known as:
186. Palato-print is commonly taken from which part of palate:
187. A 4 th year medical student go accidental needlestick inj ury. Later on investigation the patient was found t o be HIV positive. Transmission rate of HIV in such case is:
188. Lichtenberg flowers are seen in:
189. Definite diagnosis of pregnancy include all, e xcept:



m certain. What

will you do?