

**III Professional MBBS Part II Degree Regular/Supplementary Examinations
May 2025
General Medicine Paper I
(2019 Scheme)**

Time: 3 Hours

Total Marks: 100

- Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers
- Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together • Leave sufficient space between answers
- Draw table/diagrams/flow charts wherever necessary

1. Multiple Choice Questions**(20x1=20)**

The MCQ questions (Q.No. i to Q.No. xx) shall be written in the space provided for answering MCQ questions at page No. 51 of the answer book (the inner portion of the back cover page (PART III)). Responses for MCQs marked in any other part/page of the answer book will not be valued

Question numbers i-v are case scenario-based questions

A 45-year-old female patient comes with a history of cold intolerance, constipation and menorrhagia. on examination there was midline neck swelling with firm in consistency. The investigations revealed the following : TSH is 28micrIU/ml, T3 is 0.03ng/dl and T4 is 0.5microgm/dl. The thyroid iodine scan reveals reduced uptake

- What is your likely diagnosis
 - Hypothyroidism
 - Secondary Hyperthyroidism
 - Subclinical hypothyroidism
 - Primary Hyperthyroidism
- What is the most common cause for the above condition
 - Hashimotos Thyroiditis
 - De Quervain's Thyroiditis
 - Subacute Thyroiditis
 - Thyroid Cyst
- What is the main pathophysiology of this condition
 - Diffuse lymphocytic infiltration of the organ
 - Diffuse eosinophilic infiltration
 - Diffuse basophils infiltration
 - Extensive neutrophilic infiltration
- what is the treatment of choice
 - Levothyroxine
 - Carbimazole
 - Corticosteroids
 - ACTH
- The following is NOT a complication of this condition
 - Hypertension
 - High VLDL
 - Hair loss
 - Atrial fibrillation

Question numbers vi-x consist of two statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below

- Assertion (A):** The loose stools lasting for more than 4 weeks is chronic diarrhea
Reason (R): The most common cause is noninfectious in origin, due to GIT secretory abnormality
 - Both A and R are true and R is the correct explanation of A
 - Both A and R are true but R is not the correct explanation of A
 - A is true but R is false
 - A is false but R is true
- Assertion (A):** The passing more than 3litra/day of urine is called as polyuria
Reason(R): Polyuria is due to defect in aquaporin receptors and excretion of non absorbable solutes through kidney.
 - Both A and R are true and R is the correct explanation of A
 - Both A and R are true but R is not the correct explanation of A
 - A is true but R is false
 - A is false but R is true
- Assertion (A):** B12 deficiency is the most common reason for Megaloblastic anaemia
Reason(R): B12 deficiency is the reason for Hyper segmented Neutrophils
 - Both A and R are true and R is the correct explanation of A
 - Both A and R are true but R is not the correct explanation of A
 - A is true but R is false
 - A is false but R is true
- Assertion (A):** Sulfonyl ureas are oral hypoglycemic agents
Reason(R): Sulfonyl ureas increases the insulin secretion
 - Both A and R are true and R is the correct explanation of A
 - Both A and R are true but R is not the correct explanation of A
 - A is true but R is false
 - A is false but R is true
- Assertion (A):** The rise in temperature of more than 37.7oC is called as fever
Reason(R): The resetting of hypothalamic set point is the reason for hyperthermia
 - Both A and R are true and R is the correct explanation of A
 - Both A and R are true but R is not the correct explanation of A
 - A is true but R is false
 - A is false but R is true

Question numbers xi-xv are multiple response type questions. Read the statements and mark the most appropriate answer

- xi. Most common causes of collapsing pulse are
 1) Aortic regurgitation 2) Mitral regurgitation 3) Peripheral AV fistula 4) Ventricular septal defect
 a) 1 & 2 are correct b) 1 & 3 are correct c) 3 & 4 are correct d) 2 & 4 are correct
- xii. Most common causes of Acute bacterial meningitis are
 1) Streptococcus pneumonia 2) Neisseria meningitidis 3) E coli 4) Proteus
 a) 1 & 2 are correct b) 1 & 3 are correct c) 3 & 4 are correct d) 2 & 4 are correct
- xiii. Follow up drugs used in acute ischemic stroke to prevent the recurrence of stroke in future are
 1) Aspirin 2) Naproxen 3) Statins 4) Corticosteroids
 a) 1 & 2 are correct b) 1 & 3 are correct c) 3 & 4 are correct d) 2 & 4 are correct
- xiv. The thrombolysis is done in
 1) Acute STEMI 2) Acute ischemic stroke of <4.5 hours 3) Acute NSTEMI 4) Unstable angina
 a) 1 & 2 are correct b) 1 & 3 are correct c) 3 & 4 are correct d) 2 & 4 are correct
- xv. The drugs used to treat hyperkalemia are
 1) Sodium bicarbonate 2) Short acting Insulin with glucose 3) Magnesium 4) Sevelamer
 a) 1 & 2 are correct b) 1 & 3 are correct c) 3 & 4 are correct d) 2 & 4 are correct

Question numbers xvi-xx are single response type questions

- xvi. The following are Metabolic Syndrome components, EXCEPT
 a) FBS >100 mg/dl c) Triglycerides >150 mg/dl
 b) BP >130/80mmhg d) LDL cholesterol>150mg/dl
- xvii. The following are features of Addison's disease, EXCEPT
 a) Asthenia b) Hyperkalemia c) Hypoglycemia d) Hypocalcemia
- xviii. The following are criteria of diagnosis of Type 2 Diabetes mellitus, EXCEPT
 a) HbA1c>6.5 % c) PPBS >200 mg/dl
 b) FBS >126 mg/dl d) PPBS >180 mg/dl
- xix. The following drugs have proven to be having mortality benefits in Congestive heart failure, EXCEPT
 a) ACE inhibitors c) Aldosterone antagonists
 b) Beta blockers d) Digoxin
- xx. The following are ECG features of hyperkalemia, EXCEPT
 a) Tall T waves c) Sinewaves pattern
 b) Absence of p waves d) Long QT interval

Long Essays:

(2x10=20)

2. Discuss about the etiopathology, clinical features, investigations, treatment and complications of acute coronary syndrome (2+2+2+2+2)
3. A 50 years old male who is a chronic alcoholic and smoker, on irregular medications for diabetes was brought to the casualty at 8.30 am with history of sudden onset unresponsiveness since morning 7.00 am. On examination patient is drowsy with facial deviation to left side, paucity of movement of right side body, with exaggerated deep tendon reflexes and extensor plantar on the same side: BP: 170/120 mm/Hg
- a) What is your anatomical and etiological diagnosis
 b) What are the modifiable and nonmodifiable risk factors
 c) What are the relevant investigations to be done
 d) How do you manage the above patient
 e) Define TIA and explain the significance of TIA in the above case scenario.

(1+2+2+3+2)

Short Essays:

(6x6=36)

4. Hypoglycemia
 5. CML
 6. Arterial Pulse
 7. Irritable bowel syndrome
 8. Hyponatremia
 9. AKI

Short Answers:

(6x4=24)

10. Hepatitis B infection
 11. Role of physician in society
 12. Status Epilepticus
 13. Eisenmenger's syndrome
 14. Acute Metabolic Acidosis
 15. Acute Pulmonary edema
