

**III-MBBS (Part-II)****RUHS****Third Professional M.B.B.S. Part-II (Main) Examination (New Scheme)****January 2025****General Medicine****Paper-I****Time: Three Hours****Maximum Marks: 100**Attempt all questions in both sections.

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**Section-A****1. Fill in the blanks:****6x1=6**

- a) Greenish blue sputum in a patient with pneumonia is associated with ..... infection.
- b) The diuretic of choice for management of ascites in chronic liver disease is .....
- c) Heinz bodies are classically seen in hemolysis due to ..... deficiency.
- d) Vertebral arteries join to form the ..... artery.
- e) For patients with hypertrophic cardiomyopathy (HCM) who have symptoms that limit quality of life, the initial drug of choice is .....
- f) The antigen associated anti-neutrophil cytoplasmic antibodies (cANCA) vasculitis is .....

**2. Answer the following:****4x1=4**

- i. Monogenic diabetes-maturity onset diabetes of the young (MODY) is characterized by all of the following EXCEPT:
  - a) Diabetes diagnosed at a young age (<25 years)
  - b) Is insulin requiring
  - c) Autosomal dominant transmission

d) Lack of autoantibodies

ii. Microcytic hypochromic anaemia is seen in:

- a) Phenytoin toxicity
- b) Paroxysmal nocturnal haemoglobinuria
- c) Lead poisoning
- d) Haemolytic anaemia

iii. Which of the following monoclonal antibodies is used to treat osteoporosis in chronic kidney disease (CKD) patients:

- a) Denosumab
- b) Tocilizumab
- c) Rituximab
- d) Infliximab

iv. Psittacosis is associated with which of the following pets:

- a) Sheep
- b) Hamster
- c) Rabbit
- d) Parrot

3. A 22 year old female presented with history of smoky urine and reduced urine output. There was history of sore throat 10 days a prior to admission. Examination of urine revealed 1+ protein and microscopic haematuria. Her serum creatinine at admission was 2.4 mg/dl. 5x3=15

- a) What is the differential diagnosis?
- b) Name salient investigations you would like to send to confirm the diagnosis.

- c) How will you differentiate between glomerular haematuria from non-glomerular haematuria?
- d) What are the expected histopathology findings in kidney biopsy in this condition?
- e) How will you treat the condition?

**4. Write briefly on (Any Five).****5 x 2 = 10**

- a) Diagnosis and treatment of non-alcoholic steatohepatitis.
- b) Peripheral blood smear in anemia.
- c) Diagnosis of IE.
- d) Hyperparathyroidism: investigation and management.
- e) Causes of secondary hypertension and discuss briefly investigations to confirm diagnosis.
- f) Newer antidiabetic drugs.

**5. Explain why (Any Three).****3 x 5 = 15**

- a) Pathophysiology of paroxysmal nocturnal dyspnoea.
- b) Mechanism of action of glucagon-like peptide-1 receptor agonists (GLP-1 RAs).
- c) Cyanosis.
- d) Diabetic nephropathy.

**Section-B**

Discuss the clinical features of inflammatory bowel disease. Differentiating features of idiopathic ulcerative colitis (IUC) and Crohn's disease. Discuss the diagnostic tools to confirm the diagnosis. List the salient therapeutic options for the management of IUC.

**20**

**7. Write briefly on (Any Five).****5 x 2 = 10**

- a) Treatment of paroxysmal supraventricular tachycardia (PSVT).
- b) Management of hyperkalemia.
- c) Cluster headache.
- d) Management of variceal bleed.
- e) Indication of ordering antinuclear antibodies (ANA) and interpretation of ANA.
- f) AIDS defining illness.

**8. Write shorts notes on.****4 x 5 = 20**

- a) How will you communicate with a bereaved individual? How will you break the news to him/her?
- b) Approach to a patient with arthritis.
- c) Complications of bronchiectasis.
- d) Primary prevention of ischemic heart disease.

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