

Instructions:

- All questions are compulsory
- Draw diagrams wherever necessary
- Answers of Questions and Sub-questions must be written strictly according to serial order of question paper.
- MCQ has to be answered in theory answer book
- Please write MCQ answer neatly and in serial order with black or blue pen in brackets; for example: - 1. (a) 2. (c)
- MCQ has to be answered only once, any kind of repetition or cutting or erasing or whitener will be considered as malpractice, such answers will not be counted in marks and action will be taken according to UFM rules of university.
- Subjective answer should be answered in up to 30 words per marks. For example, if a question having 2 marks should answered in up to 60 marks.

Q1. Total MCQs: 10

10 x 1 = 10

1. Caseation necrosis occurs in			
(a) Infective hepatitis	(b) Tuberculosis	(c) Amoebiasis	(d) Glomerulonephritis

2. Eosinophilia occurs in			
(a) Viral infections	(b) Fungal infections	(c) Acute pyogenic infections	(d) Parasitic infections

3. Healing by first intention requires			
(a) Clean wounds	(b) Minimal loss of tissue	(c) No foreign bodies	(d) All of the above

4. All of the following are mediators of inflammation except-			
(a) Tumor necrosis factor-alpha	(b) Interleukin-1	(c) Myeloperoxidase	(d) Prostaglandin

5. Vasoactive amine involved in inflammation is -			
(a) Histamine	(b) Rennin	(c) Angiotensin	(d) Endothelin

6. Zeihl Neelsen stain detects-			
(a) Gram negative bacilli	(b) Gram positive bacilli	(c) Acid fast bacilli	(d) Gram positive cocci

7. Factor VIII deficiency causes-			
(a) Hemophilia A	(b) Hemophilia B	(c) Hemophilia c	(d) Hemophilia D

8. Iron absorption is increased by -			
(a) Phytates	(b) Tannates	(c) Plant food	(d) Ascorbic acid

9. True about apoptosis are all except-			
(a) Inflammation is present	(b) Chromosomal breakage	(c) Clumping of chromatin	(d) Cell shrinkage

10. Morphologic changes in necrosis include			
(a) Damage of cell membrane	(b) Pyknosis	(c) Karyorrhexis	(d) All of the above

- a. A 20-year-old girl complains of weakness, easy fatigability and breathlessness of 6 months duration. She also complains of heavy menstrual bleeding every month. On examination, she is pale and has spoon shaped brittle nails and cheilosis.
- What is provisional diagnosis?
 - Discuss its etiopathogenesis.
 - Describe the peripheral and bone marrow findings.
 - Describe laboratory investigation.
- b. A 55year old male patient presents with progressive fatigue, weight loss and edema in legs. Laboratory tests reveal elevated levels of protein in urine, Congo red was used to diagnose it in abdominal fat aspirates. Deposits in spleen show sago spleen and lardaceous spleen. On physical examination, he has hepatomegaly and macroglossia.
- Identify the clinical condition
 - What are its types and classification?
 - What is its pathogenesis
 - Systemic features on different organs

Q3. Brief Answer Questions

6 x 05 = 30

- Define inflammation. Describe the vascular changes in acute inflammation.
- Define necrosis. Describe its types with suitable examples
- Define and describe the pathogenesis of AIDS.
- Difference between metastatic and dystrophic calcification
- Define hypersensitivity reaction and its different types, with 1 example each
- Define shock with pathogenesis of septic shock.

Q4. Short Answer Questions

10 x 2 = 20

- Virchow's triad
- Paraneoplastic syndrome
- Embolism
- Pancytopenia
- Enumerate giant cell
- Difference between intravascular and extravascular hemolysis
- Enumerate factors that influences tissue repair
- Enumerate 4 microscopic findings of granuloma
- Write differences between myeloblasts and lymphoblasts
- Causes of chronic granulomatous inflammation