

**2406000102020602-S**  
**(SUPPLEMENTARY EXAM) FEBRUARY-2025**  
**SECOND MBBS**  
**PATHOLOGY (PAPER - II) (NEW) (OMR)**

[Time: As Per Schedule]

[Max. Marks: 100]

**Instructions:**

**1. Fill up strictly the following details on your answer book**

- a. Name of the Examination: **SECOND MBBS**
  - b. Name of the Subject: **PATHOLOGY (PAPER - II) (NEW) (OMR)**
  - c. Subject Code No: **2406000102020602-S**
2. Sketch neat and labelled diagram wherever necessary.
  3. Figures to the right indicate full marks of the question.
  4. All questions are compulsory.

Seat No:

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Student's Signature

**SECTION - I**

**Q.1 Multiple choice questions (\*no negative markings)**

**20**

1. Which of the following are Vitamin K dependent clotting factors?
  - a) II, VII, IX, X.
  - b) II, VIII, X, XI
  - c) I, II, V, VII.
  - d) V, VII, IX, X.
2. Which hormones level increases in patient of Pheochromocytoma.
  - a) FSH, LH
  - b) Renin Angiotensin
  - c) Epinephrine, Nor-epinephrine
  - d) Prolactin, growth hormone
3. Which of the following is the diagnostic test for Rheumatoid Arthritis?
  - a) RA & IgE
  - b) RA & HLA-B27.
  - c) RA & IL-7
  - d) RA & Anti-CCP
4. Councilman bodies are seen in:
  - a) Wilson's disease
  - b) Acute viral hepatitis
  - c) Alcoholic hepatitis
  - d) Autoimmune hepatitis

5. Kimmelsteil- Wilson nodules are diagnostic hall mark of\_\_\_\_  
a) Infective Endocarditis    b) Diabetic Nephropathy  
c) Malignant Hypertension    d) Hemolytic Uremic Syndrome.
6. Atypical pneumonia can be caused by following microbial agents except?  
a) Mycoplasma pneumonia                      b) Legionella pneumophilla  
c) Human corona virus                      d) Klebsiella pneumonia
7. Red cell distribution width (RDW) used for estimation of:  
a) Poikilocytosis                      b) Anisocytosis  
c) Hypochromia                      d) Macrocytosis
8. Mucinous cystadenoma of ovary arises:  
a) From cystic teratoma                      b) From Sex Cord Stromal cells  
c) From surface coelomic epithelium.    d) From ectopic mucinsecreting glands
9. Transverse ulcers are seen in  
a) Typhoid                      b) Amebiasis  
c) Tuberculosis                      d) Ulcerative colitis.
10. Verocay bodies are seen in  
a) Meningioma    b) Medulloblastoma  
c) Glioma                      d) Schwannoma
11. Most common Test to diagnose Choriocarcinoma  
a) Beta HCG                      b) AFP  
c) CA125                      d) PSA
12. All are obstructive lung disease except \_\_\_\_  
a) Bronchial Asthma    b) Emphysema  
c) Bronchiectasis                      d) Interstitial Fibrosis.

13. Hepatic Encephalopathy is due to
- a) Hypoxic damage from ischaemia
  - b) Thromboembolic phenomena
  - c) Toxic damage from ammonia
  - d) Hepatopulmonary Syndrome
14. Direct Coombs Test detects which antibody
- a) Autobody attached on RBC
  - b) Antibody to "O" Positive RBC
  - c) Autoantibody in serum
  - d) None of above
15. Hyperthyroidism is seen in
- a) Late stage of Hashimoto's thyroiditis
  - b) Goitre
  - c) Grave's disease
  - d) Thyroidectomy.
16. In Good pasture disease, the antigen is
- a) DNA
  - b) Collagen IV of Basement membrane.
  - c) Bacterial Products
  - d) cationic proteins.
17. Pleural mesothelioma is associated with
- a) Asbestosis
  - b) Silicosis
  - c) Bagassosis
  - d) Berylliosis
18. Which type of breast carcinoma is characterized by "Indian file pattern of tumor cells.
- a) Infiltrating Duct carcinoma
  - b) Medullary carcinoma
  - c) Tubular carcinoma
  - d) Invasive lobular carcinoma.
19. Earliest histological change in myocardial infarction
- a) macrophage infiltration
  - b) Coagulative necrosis
  - c) Waviness of fibres
  - d) Neutrophilic infiltration

20. Cell of origin Responsible for Fibrosis in Cirrhosis is:

- a) Hepatic cells   b) Ito cells
- c) Kupffer cells   d) Cholangiocytes.

## SECTION - II

### Q.2 (LONG ASSAY QUESTION -CASE Based).

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53-year-old Alcoholic patient presents to medical emergency with confusion, lethargy and hematemesis. Patient has visible ascites and Jaundice. Investigation Revealed very low protein, Reverse A: G ratio, increased Prothrombin Time(PT) and APTT. on routine check-up found blood pressure and Sugar levels are normal.

1. What is most likely diagnosis in this case?
2. If Biopsy is taken from liver, What Histopathological Findings would you expect to see.?
3. Other Etiology /Differential Diagnosis of this condition.
4. Necessary lab investigation to rule out other differential diagnosis.

### Q.3 Long assay question. (Any Three). (9 marks each)

27

1. Define Atherosclerosis. Describe etiology, pathogenesis, and morphological features of Atherosclerosis.
2. numerate common Tumors of Female Genital Organs & write about carcinoma of cervix.
3. Chronic Myeloid leukaemia -Describe clinical feature, blood and bone marrow findings and Lab investigation.
4. Classify Hemolytic Anaemia. Etiopathogenesis and blood picture of Beta Thalassemia Major.

**SECTION -III****Q.4 SHORT NOTE. (ANY EIGHT) (5 marks each)****40**

1. Blood and Bone marrow findings of megaloblastic anemia.
2. Renal Function Tests.
3. Define Emphysema and morphology of various types of Emphysema.
4. Classify Bone Tumours. Write about Giant cell Tumor.
5. Etiopathogenesis of Intestinal adenocarcinoma
6. Tumour Markers.
7. Enumerate Thyroid Tumours and describe Papillary Carcinoma.
8. Epithelial Skin Tumours.
9. FAB classification of Leukaemia.
10. Phyllodes Tumour.

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