

Q1. A patient 60 year old suffering from fever for last 3 months. He developed, pallor which is progressive. He was treated by various general practitioner's and received haematinics without any response. He was referred to hospital where on exam there was hepatosplenomegaly. Peripheral film shows leukoerythroblastic picture with tear deep cells

- a. How will you investigate this case and classify the disorder
- b. What are the various stages of cml and what is their significance

Q2.

- a. How will u classify hodgkin's disease
- b. Give the diagnostic feature of AML

Q3.

- a. Name various type of hypercholesterolemia
- b. Give the microscopic feature of psoriasis

Q4. A 39 year female complaints of pain in the left flank and dysuria , nocturia for the last 15 years. She had such episode 4 times during the last one year. The urine examination reveals many WBC and coarse granular casts. The urine culture is applied which shows greenish coloured pigment around the colonies. These are gram-ve bacilli

- A. What is the clinical diagnosis and what type of bacterial infection
- B. Name 4 other bacteria's causing such conditions
- C. Mention 4 microscopic feature of kidney in this disease

Q5.

- a. Name endogenous antigens causing glomerulonephritis
- b. Enumerate 4 hormones secreted by renal cell carcinoma
- c. Mention 4 types of urinary bladder cancers

Q6. A 40 year old smoker presented with burning epigastric pain. Pain is worse at night and occurs 1-3 hours after meal during day. There is history of neusea, vomiting and wt. loss. Lab investigation decreased HP , increased blood urea and serum cratinine

- a. name causative organism usually involved.
- b. Give histology of the lesion
- c. Name the complication of the disease

Q7. A seventy year old patient presented with melena, diarrhea and constipation. There are crampy left lower quadrant discomfort. Peripheral blood film microcytic hypochromic anemia. On bariun enema, there is stricture in the descending colon

- a. Give gross features of the leasion
- b. Name diety factors predisposing to higher inciddence of disease
- c. Role of cox-2 inhibitors in the lesion

Q8.

- a. Give histology of celiac disease
- b. Enumeate 6 causes of malabsorption

Q9. A 14 year old boy developed pain in the region of knee joint. X ray showed an intramedullary growth extending into the cortex.

- a. What is the most likely growth in this case
- b. Write down the microscopic features of the tumour

Q10.

- a. What is the etiology of osteoarthritis.
- b. Right down the pathology of paget's desease in different stages.

Q1. A 25 year patient who is suffering from left sided purulent ear discharge for the last 5 years now present with headache vomiting & pyrexia.

- A. What is the most probable diagnosis
- B. What investigation are required
- C. How will you treat this patient

Q2. A 30 years female present with repeated episode of vertigo, vomiting, tinnitus and deafness for last one year. On examination both tympanic membranes are intact and there is moderate sensorineural deafness in the right ear.

- A. What is the most probable diagnosis
- B. What investigation are required
- C. How will you treat the patient

Q3. A 20 year old male presents with left sided otalgia for the last 10 days. On examination there are vesicles over the pinna and palate on the same side. There is left sided facial nerve paralysis both tympanic membranes are intact

- A. What is the most probable diagnosis
- B. What is the causative organism
- C. How will you treat this patient

Q4. A patient 15 year age suffered from head injury in a road side accident seven days ago. Now patient has come with complaint of left sided watery nasal discharge which increases on sitting from supine position

- A. What is most probable diagnosis
- B. What is differential diagnosis
- C. How will you confirm the diagnosis
- D. How will you treat this patient

Q5. A male 35 years of age non diabetic was suffering from bilateral purulent nasal discharge for the last seven days. Now he has developed right sided proptosis, pain and restriction of eye ball movements. Vision is normal in both eyes

- A. What is the most probable diagnosis
- B. What happened to the right eye

C. How will u treat the patient

Q6. A 60 year old male who is known smoker presents with bilateral. Massive cervical lymphadenopathy and paralysis of last four cranial nerves on left side. On posterior rhinoscopy examination there is ulcerative lesion in nasopharynx

- A. Whats the probable diagnosis
- B. What investugations are required
- C. How will u treat this patient

Q7.

- A. What is Tracheostomy
- B. Name the immediate complications

Q8. A man 40 year of age presents with glottic tumour with vocal cord fixation

- A. What is T staging of this tumour
- B. What investigation are required
- C. How will u treat this patient

Q9.

- A. What is cariac achalsia
- B. How will u diagnose it
- C. What are treatment options