Quizzes of Introductory course 2017.
Collected by: Abdullah Barjas Qaswal.

History and physical Exam:

1. calculate pack years; 1 pack and 10 cigarettes for 20 years:

30 pack years.

2. not a cause for macrocytic anemia:

Iron deficiency anemia.

3. vitiligo:

Autoimmune destruction of melanocytes.

4. all of the following true about clubbing except:

Most of the cases are familial.

5. depending of the calculation of BMI, person with 80 kg with 160 m, is considered to be:

Obese.

6. concordance:

Is that patient and doctor is negotiated and reached an agreement on management.

7. wrong about consultation with patients:

Ask open questions and never closed ones.

8. wrong about taking a history:

It is possible that computer screen got the way of the patient.

9. all of the following are symptoms of Marfan syndrome except:

Downward dislocation of eye lens.
10. It is helping your patients feel that you understand what they are going through;

Empathy.

11. Which of the following diseases that a father can transmit to his son:

Hemophilia A.

12. Mismatching:

Thyrotoxicosis >> brittle nails.

13. Mismatching:

Deficiency of vit.B1 >> scurvy.

14. Example on chief complaint:

Chest pain of 2 days duration.

15. Women drinks 90 ml of spirit; which of the following is true:

She drinks 14 units/week and is considered heavy drinker.

16. The anatomical site that differentiate between hypercarotenaemia and bilirubin:

Sclera.

17. Wrong about odours:

Feshy smell >> ketons.

18. All decrease pain thresholds except:

Exercise.

19. Affected female with inherited disease can be represented by:

Shaded circle and the name of the disease is written at its side.

20. 175cm, 65kg then BMI:
**Respiratory:**

1. antihypertensive drug causes cough: 
   Lisinopril.

2. does not cause diffuse lung disease: 
   Augmentin.

3. mismatching: 
   Rusty red sputum >>> staph aureus.

4. not from OSAHS symptoms: 
   Chest pain.

5. wrong statement: 
   Benign snoring is less common than OSAHS.

6. does not cause late crackles: 
   Bronchiolitis.

7. clinical case in which: 
   Copious amount of sputum. 
   Worse at morning. 
   Change with posture. 

   So, the diagnosis: 
   a. chronic bronchitis.  
   B. bronchiactasis

8. normal finding regarding clubbing: 
   Presence of schamroth’s angle.

9. clinical case in which: 
   Abnormal sound in the right lung.
Tracheal deviation to the left.
The diagnosis:
Right pleural effusion.

10. Clinical case in which a person complains SOB while walking:
Grade 2.

11. Does not cause bradypnea:
Diabetic ketoacidosis.

12. Not a physical sign in hyperinflation of COPD:

13. Clinical case in which:
Stony dull lung.
The injury occurred after an accident.
The diagnosis:
Hemothorax.

14. C3 injury to spinal cord leads to:

15. Question about pneumonia grading for severity.

16. Question about pulmonary embolism score system.

17. Not a physical sign for pneumonia:
Decreased TVF.

18. Severe asthmatic attack:
During inspiration, BP=85mmHg. And during expiration =100 mmHg.

19. Biphasic stridor:
Tracheal tumor.
**Cardiovascular:**

1. Clinical case in which patient with pericardial pain, what is wrong:
   - NSAIDs exacerbate his pain.

2. Clinical case in which a patient with heart failure feels SOB while moving around home, his class of the severity of HF:
   - Class III

3. Wrong about arrhythmia:
   - Extrasystoles are relieved by rest.

4. Not irregularly irregular:
   - SVT.

5. Clinical case in which patient on a certain drug starts to complain bilateral leg edema:
   - Nifedipine.

6. Wrong about heart failure:
   - It is the most common cause of bilateral lower limb edema.

7. Not a hemodynamic effect during inspiration:
   - S2 is fused.

8. Wrong about pulse wave:
   - Pulsus bisferiens>>>advanced heart failure.

9. Clinical case in which patient with complete heart block, what is the most likely finding you will observe regarding JVP:
   - Cannon waves.

10. Clinical case in which patient with mitral regurgitation, which of the following is not associated with:
    - Mid-diastolic murmur.
11. not a feature of infective endocarditis:
Roth’s spots in sclera.

12. clinical case in which patient with thyrotoxicosis, which of the following you expect to see regarding JVP:
Absent “a” waves.

13. clinical case in which ejection click and systolic murmur at the second left intercostal space:
Pulmonary stenosis.

14. clinical case in which patient with diastolic murmur and BP=170/60:
Aortic regurgitation.

15. clinical case in which patient with slow rising pulse:
Aortic stenosis.

16. which of the following cause loud S1:
Mitral stenosis.

17. fixed splitting of S2:
ASD.

18. ABPI for critical limb ischemia:
0.3

19. clinical case in which patient with acute limb ischemia, what is the wrong:
Muscle tenderness indicates reversible injury.

20. wrong about venous ulcers:
**GI and nephrology:**

1. Patient with TB, least likely drug to cause jaundice: 
   Omperazone.

2. Clinical case in which obstructive jaundice, what is the true: 
   The stool is pale.

3. Clinical case in which dysphagia is the presenting symptom that is eased with liquids: 
   Achalasia.

4. Least likely cause of vomiting: 
   Hypocalcemia.

5. True statement: 
   By fasting, osmotic diarrhea stops.

6. Clinical case in which ascites is the diagnosis, albumin of serum = 4 mg/dl and albumin of ascetic fluid = 2 mg/dl, most likely diagnosis: 
   Liver cirrhosis.

7. Wrong about signs of liver failure signs: 
   Fetor hepaticus is of the volatile amine, dimethyl chloride, on breath.

8. Least likely to find in aortic aneurysm rupture: 
   Absent bowel sounds.

9. All are common causes of hepatosplenomegaly except: 
   RA (felty syndrome.)

10. Clinical case in which patient with hepatic encephalopathy, with flapping tremor, lethargy, disorientation, apathy and aggression: 
    Grade II
11. Clinical case in which acute cholecystitis is the diagnosis, what is the appropriate sign:

Murphy’s sign.

12. Clinical case with increased bowel sounds:

Intestinal obstruction.

13. Wrong about surface anatomy:

The right kidney just lies 2-3 cm higher than the left.

14. A patient with reddish discoloration of the urine and he denied pain or prostatic problems, you should rule out:

Urogenital cancer.

15. Not a predisposing factor for renal stones:

Hypocalcemia.

16. Patient with renal failure, you expect to see all of the following except:

Polycythemia.

17. The patient has polycythemia/patient's liver was smooth/ absent abdomeno-jugular reflex/ lowe limb edema:

Budd-chiari syndrome.

18. 74 year old male/ bone ache (these symptoms indicate MM) / shortness of breath/ ascitis and lower limb edema/ proteinuria 7 mg per day but -ve dipstick:

Multiple myeloma(MM).

19. Clinical case in which patient with mid epigastric pain radiating to the back, weight loss, DM:

a. Pancreatic cancer.

b. Chronic pancreatitis.
20.70 year old patient hypertensive, diabetic, presented to ER with severe abdominal pain with 80% occlusion of left coronary artery:

Mesenteric ischemia.

**MSS and thyroid:**

1. clinical case in which patient with unremitting knee pain of 6 months and not relieved by analgesia, what is the wrong;

   It is called complex regional syndrome.

2. all are red flags except:

   Patient believes he has cancer.

3. clinical case in which patient has severe knee pain, tenderness, swelling, fever and malaise:

   Septic arthritis.

4. clinical case in which patient with arthritis, diarrhea and vomiting, what is the wrong:

   It is associated with positive rheumatoid factor.

5. anterior slipping L3 on L4, this is called:

   Spondylolisthesis.

6. clinical case in which young man with positive family history of IBD and gradual back pain; which will you find upon cervical exam:

   Increased lordosis.

7. definition of schober test.

8. pain on arm abduction beyond 60 degree indicates:

   Impingement.
9. all are true about acute shoulder pain except:

Winging scapula is due to injury to musculoskeletal nerve.

10. clinical case in which 25 year old male presented to ER complaining knee pain of 1 day duration associated with erythema and hottness, least likely diagnosis:

a. RA  b. septic arthritis.  c. gout  d. hemophilia.

11. clinical case in which patient with anterior deviation of tibia with past history of trauma, the injury is in:

Anterior cruciate ligament.

12. clinical case in which patient with pain upon internal rotation and varus of the leg:

Trauma in lateral meniscus.

13. clinical case in which patient with numbness in thumb, index and middle finger indicating:

Median nerve entrapment.

14. all are associated with HLA-B27 except:

Sojren syndrome.

15. clinical case of RA, all are found except:

Sacroilitis.

16. clinical case of osteoarthritis, least likely to see:

Bouchard nodes on the extensor surface of the forearm.

17. clinical case of benign single thyroid nodule, what is the wrong:

This nodule is typically fixed to its surrounding structures.

18. clinical case in which adult female, BP=170/90, 36.7 C, minimal lid lag and irregular menstrual cycles, what is true:
a. menstrual irregularities can be seen in this disease.

b. pretibial myxedema is diagnostic.

19. wrong about thyroid:

Most patients with goiter are hyperthyroidism patients.

20. clinical case of gout, what is the wrong:

Crystals of mono-calcium urate upon polarized light microscope.