

1. Hirschprung's disease is due to:
(A) Loss of anterior longitudinal cells.
(B) Loss of ganglionic cell in paravertebral sympathetic chain.
(C) Failure of migration of neural crest cell from cranial to caudal direction.
(D) Idiosyncratic.
2. Internal organs in the fetus develop at:
(A) 24 weeks.
(B) 12 weeks.
(C) 10 weeks.
(D) 6 weeks.
3. All are developed from ectoderm except:
(A) Lens.
(B) Brain.
(C) Spinal cord.
(D) Retinal vascular endothelium.
4. Which of the following is true regarding vessels in the umbilical cord:
(A) Two arteries & two veins.
(B) One arteries & one vein.
(C) Two arteries & the left vein.
(D) Two veins & the left artery.
5. The Glossopharyngeal nerve supplies the posterior part of the tongue because it develops from the:
(A) Hyoid arch.
(B) Tuberculum impar.
(C) Mandibular arch.
(D) Hypobranchial eminence.
6. Patent foramen ovale is due to failure of fusion of:
(A) Ostium primum with Endocardial cushion.
(B) Ostium primum with Ostium Secundum.
(C) Ostium primum with Septum primum.
(D) Septum primum with septum secundum.
7. Anatomical closure of ductus arteriosus occurs at:
(A) Birth.
(B) 3-4 day.
(C) 10 day.
(D) 30 day.
8. The membranous part of the atrio ventricular part of interventricular septum is between:
(A) RA & LV.
(B) LV & RV.
(C) RA & RV.
(D) LA & LV.

9. Meckel's diverticulum is a remnant of:
(A) Stenson's duct.
(B) Wolffian duct.
(C) Mullerian duct.
(D) Vitellointestinal duct.
10. Scrotum is analogous to:
(A) Labia minora.
(B) Labia majora.
(C) Uterus.
(D) Vagina.
11. Origin of ovary is from:
(A) Wolffian duct.
(B) Genital duct.
(C) Genital ridge.
(D) Genital tubercle.
12. Inferior oblique is supplied by the.....cranial nerve:
(A) 3rd.
(B) 4th.
(C) 5th.
(D) 6th.
13. Which of the following is not true about the Trochlear nerve?
(A) Has the longest intracranial course.
(B) Supplies the ipsilateral superior oblique muscle.
(C) Only cranial nerve that arises from the dorsal aspect of the brainstem.
(D) Enters orbit through the superior orbital fissure outside the annulus of Zinn.
14. Which is not a content of Superior Orbital fissure:
(A) Optic nerve.
(B) Oculomotor nerve.
(C) Ophthalmic division of 3rd nerve.
(D) Trochlear nerve.
15. Which is not a content of tympanic cavity?
(A) Malleus.
(B) Chorda tympani.
(C) Stapedius.
(D) Post. auricular N.
16. Pinna is supplied by:
(A) Vagus nerve.
(B) Auriculotemporal nerve.
(C) Greater auricular nerve.
(D) Lesser petrosal nerve.

17. The sensory supply of the palate is through all of the following, except:
(A) Facial nerve.
(B) Hypoglossal nerve.
(C) Glossopharyngeal nerve.
(D) Maxillary division of trigeminal nerve
18. Excessive hemorrhage in tonsillectomy result from injury to:
(A) Ascending palatine artery.
(B) Venous commitants of facial ovary.
(C) Palatine vein.
(D) Internal carotid artery.
19. Oral diaphragm is formed by:
(A) Mylohyoid.
(B) Geniohyoid.
(C) Hyoglossus.
(D) Buccinator.
20. All are suprahyoid muscle except:
(A) Mylohyoid.
(B) Geniohyoid.
(C) Omohyoid.
(D) Digastric.
21. Eustachian tube is supplied by:
(A) Tympanic plexus.
(B) Carotico tympanic nerve.
(C) Glossopharyngeal nerve.
(D) All.
22. Laryngeal skeleton has ‘ _____ ’ Cartilages:
(A) 3 paired, 2 unpaired.
(B) 3 paired, 3 unpaired.
(C) 2 paired, 3 unpaired.
(D) 2 paired, 2 unpaired.
23. Which laryngeal cartilage is above glottis?
(A) Arytenoid.
(B) Epiglottis.
(C) Cricoid.
(D) Thyroid.
24. Larynx extends from:
(A) C2 – C7.
(B) C1 – C4.
(C) C5 – C6.
(D) C3 – C6.

25. Adult larynx extends from cervical spine:
(A) C3 to C6.
(B) C1 to T1.
(C) C3 to C4.
(D) C2 to C4.
26. The commonest cartilage to ossify is:
(A) Hyaline.
(B) Elastic.
(C) Fibrous.
(D) Fibroelastic.
27. The level of branching of the common carotid artery is:
(A) Upper border of thyroid cartilage.
(B) Lower border of cricoid.
(C) Upper border of cricoid.
(D) Hyoid.
28. Name the paired cartilages:
(A) Thyroid.
(B) Cricoid.
(C) Corniculate.
(D) Hyoid.
29. Abductor of the vocal cord is:
(A) Posterior cricoarytenoid.
(B) Lateral cricoarytenoid.
(C) Cricothyroid.
(D) Thyroepiglottis.
30. Internal laryngeal nerve supplies:
(A) Cricothyroid muscle.
(B) Vocalis.
(C) Mucous membrane below vocal fold.
(D) None of the above.
31. Nerve supply of mucosa of larynx is:
(A) External laryngeal and recurrent laryngeal.
(B) Internal laryngeal.
(C) External laryngeal.
(D) Superior laryngeal.
32. Following are the T.M.joint ligaments except:
(A) Stylomandibular.
(B) Temporomandibular.
(C) Tympanomandibular.
(D) Sphenomandibular.

33. Opening of jaw done by:
(A) Masseter.
(B) Temporalis.
(C) Medial pterygoid.
(D) Lateral pterygoid.
34. The parotid duct can be palpated when:
(A) Angle of the mandible is depressed.
(B) Anterior margin of the masseter is tensed.
(C) Posterior margin of the masseter is relaxed.
(D) Through the buccal mucosa.
35. Isthmus of the thyroid gland is across tracheal ring:
(A) 2nd to fourth.
(B) 3rd to fifth.
(C) 5th and 6th.
(D) 4th only.
36. Middle thyroid vein drains in to _____ vein.
(A) External jugular.
(B) Anterior jugular.
(C) Internal jugular.
(D) Brachiocephalic.
37. Parathyroid glands are supplied by which artery:
(A) Common carotid.
(B) Superior thyroid.
(C) Middle thyroid.
(D) Inferior thyroid.
38. Trachea bifurcates at:
(A) T4-T5.
(B) T5-T6.
(C) T6-T7.
(D) T7-T8.
39. Not a midline swelling is:
(A) Branchial cyst.
(B) Suprasternal lymph nodes.
(C) Thyroglossal cyst.
(D) Submental lymph nodes.
40. In emergency tracheostomy all structures are damaged except:
(A) Isthmus of thyroid.
(B) Inferior thyroid artery.
(C) Thyroid ima.
(D) Inferior thyroid vein.

41. Largest fraction of CO₂ is present in blood as:
(A) Attached with RBC.
(B) Dissolved in blood.
(C) With Hb as carbaminohemoglobin.
(D) Bicarbonate.
42. Gas used in IABP is:
(A) Helium.
(B) Xenon.
(C) CO₂.
(D) O₂.
43. The normal value of P50 on oxyhaemoglobin dissociation curve in an adult is:
(A) 1.8 kPa.
(B) 2.7 kPa.
(C) 3.6 kPa.
(D) 4.5 kPa.
44. Arterial blood O₂ in ml of O₂ per dL:
(A) 12.1.
(B) 19.8.
(C) 15.6.
(D) 27.8.
45. The normal value of PO₂ in healthy man is:
(A) 45 mm Hg.
(B) 110 mm Hg.
(C) 80 mm Hg.
(D) 60 mmHg.
46. Arterial carbon dioxide level:
(A) 40 mm Hg.
(B) 37 mm Hg.
(C) 45 mm Hg.
(D) 60 mm Hg.
47. The fraction of inspired air in mouth-to mouth respiration is:
(A) 0.16.
(B) 0.19.
(C) 0.21.
(D) 0.26.
48. The oxygen hemoglobin dissociation curve is sigmoid because:
(A) Binding of one oxygen molecule increases the affinity of binding other O₂ molecules.
(B) Binding of one oxygen molecule decrease the affinity of binding other O₂ molecules.
(C) Oxygen affinity of Hemoglobin decreases when the pH of blood falls.
(D) Binding of oxygen to hemoglobin reduces the affinity of Hb for CO₂.

49. In anemia, the concentration of 2, 3-DPG is:
(A) Decreased.
(B) Increased.
(C) A or B.
(D) Not changed.
50. Role of 2, 3 DPG in hemoglobin:
(A) Unloading oxygen to tissues.
(B) Increased affinity for oxygen.
(C) Buffering capacity.
(D) Osmotic fragility.
51. During exercise increase in O₂ delivery to muscles is because of all except:
(A) Oxygen dissociation curve shifts to left.
(B) Increased stroke volume.
(C) Increased extraction of oxygen from the blood.
(D) Increased blood flow to muscles.
52. Tidal volume is calculated by:
(A) Inspiratory capacity minus the inspiratory reserve volume.
(B) Total lung capacity minus the reserve volume.
(C) Functional residual capacity minus residual volume.
(D) Vital capacity minus expiratory reserve volumes.
53. Total lung capacity depends upon:
(A) Size of airway.
(B) Closing volume.
(C) Lung compliance.
(D) Residual volume.
54. Routine spirometry can't estimate:
(A) FRC.
(B) VC.
(C) RV.
(D) ERV.
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56. Arterial blood gas analysis of a patient in ICU shows Ph 7.3, PaO₂ - 60 mm Hg, PCO₂ - 30 mm Hg, HCO₃ - 29 mm Hg. What is the likely diagnosis?
(A) Metabolic acidosis.
(B) Metabolic alkalosis with respiratory acidosis.
(C) Respiratory alkalosis.
(D) Metabolic acidosis with respiratory alkalosis.

57. Chest X ray of a 60-year-old man with post-TB haemoptysis revealed right-sided cavitory lesion with mass inside. The likely diagnosis is:
(A) Lung abscess.
(B) Hydatid cyst.
(C) Aspergilloma.
(D) Tuberculoma.
58. ABG of a 70 year-old with septicaemia admitted in the emergency dept, shows marked hypokalemia. Find the likely associated condition:
(A) Metabolic acidosis.
(B) Metabolic alkalosis.
(C) Respiratory alkalosis.
(D) Respiratory acidosis.
59. Systolic murmur with Non-ejection click is classically seen in:
(A) Severe mitral regurgitation.
(B) Mitral regurgitation with pulmonary stenosis.
(C) Mitral regurgitation with LV outflow obstruction.
(D) Mitral valve prolapse.
60. What is the most specific diagnostic sign in acute pericarditis?
(A) Pericardial friction rub.
(B) Kussmaul sign.
(C) Pulsus tardus.
(D) Pulsus paradoxus.
61. Pulsus bisferiens commonly see in:
(A) Aortic stenosis.
(B) Aortic regurgitation.
(C) Pulmonary stenosis.
(D) Tricuspid stenosis.
62. Atrial septal defect with mitral stenosis is known as:
(A) William's syndrome.
(B) Holt oram syndrome.
(C) Lutembacher syndrome.
(D) Leriche syndrome.
63. Which arteial graft has shown best longterm patency after CABG?
(A) Radial artery.
(B) Left internal thoracic artery.
(C) Right internal thoracic artery.
(D) Gastro-epiplooc artery.
64. Internal thoracic artery is a branch of:
(A) Vertebral artery.
(B) Subclavian artery.
(C) Arch of aorta.
(D) Internal carotid artery.

65. Coronary arteries arise from:
(A) Ascending aorta.
(B) Arch of aorta.
(C) Descending thoracic aorta.
(D) Vertebral artery.
66. Which structure lines the inferior margin of the triangle containing AV node?
(A) Limbus fossa ovalis.
(B) IVC valve.
(C) Posterior tricuspid leaflet.
(D) Patent foramen ovale.
67. Dysphagia lusoria is due to:
(A) Corrosive esophageal stricture.
(B) Esophageal tumour.
(C) Aberrant subclavian artery.
(D) Achalasia.
68. Tension pneumothorax should preferably be managed with:
(A) Bronchoscopy and aspiration.
(B) Urgent intercostal chest drain.
(C) Artificial ventilation.
(D) Emergency surgery.
69. Water seal chest drain is essential to avoid:
(A) Infection.
(B) Pneumothorax.
(C) Hemothorax.
(D) Chylothorax.
70. In a flail chest following is correct:
(A) Pulmonary contusion is uncommon.
(B) Hemothorax which is a common acute sequela.
(C) Acute respiratory distress syndrome is rare.
(D) Surgical therapy is the mainstay of treatment.
71. A lower than normal hematocrit appears desirable during hypothermic CPB (cardiopulmonary bypass):
(A) For microcirculation.
(B) For its high shear rates.
(C) For better neurologic function.
(D) Better pulmonary function.
72. Myocardial infarction can lead to ventricular aneurysm which is:
(A) Discrete scar.
(B) Well delineated transmural fibrous scar.
(C) Scar with normal ejection function.
(D) Endocardial surface remains trabeculated.

73. Aortic hiatus of the diaphragm is at the level of:
(A) T8 vertebra.
(B) T9 vertebra.
(C) T10 vertebra.
(D) T12 vertebra.
74. The principal risk factor for peripheral arterial occlusive disease with limb loss is:
(A) Hypertension.
(B) Hyperlipidemia.
(C) Diabetes mellitus.
(D) Cigarette smoking.
75. ECG in Atrial fibrillation shows:
(A) Irregular p-p interval.
(B) Irregular R-R interval.
(C) Large Q waves.
(D) Large T waves.
76. Diagnosis of infective endocarditis is made most often by:
(A) Fever and septic emboli.
(B) Fever and change in pre-existing murmur.
(C) Positive blood culture and a cardiac lesion.
(D) Positive blood culture and sepsis.
77. Left Ventricular aneurysms have stenotic coronary artery disease mostly confined to:
(A) Left anterior descending artery.
(B) Left main coronary artery disease.
(C) Right coronary artery.
(D) Circumflex coronary artery disease.
78. Post-infarction VSD usually located in:
(A) Apical septum.
(B) Membranous septum.
(C) Muscular septum.
(D) Basal septum.
79. The normal mitral valve orifice area in an adult is:
(A) 5 to 6 cm².
(B) 4 to 5 cm².
(C) 3 to 4 cm².
(D) 2 to 3 cm².
80. In pure mitral stenosis, following morphological finding is common:
(A) Left atrium is severely enlarged.
(B) Left ventricular mass and volume are normal.
(C) Left ventricle is enlarged.
(D) Severe increase in pulmonary vascular resistance is common.

81. Following is true in a case of large Ventricular septal Defects (VSD):
(A) An apical diastolic murmur suggests a large blood flow.
(B) Cardiomegaly is not evident in Chest radiograph.
(C) Cardiomegaly is evident in Chest radiograph.
(D) Precordial systolic murmur is prolonged.
82. Hallmark finding in Chest radiograph in a case of large Ventricular septal Defects (VSD) with severe pulmonary hypertension is:
(A) Decreased pulmonary vascularity.
(B) Cardiomegaly.
(C) Large aorta.
(D) Small pulmonary trunk.
83. Aortic Regurgitation in association with VSD is:
(A) A congenital lesion.
(B) An acquired lesion.
(C) Not associated with cusp prolapse.
(D) Not associated with structural defect in the base of the aortic sinus.
84. Which of the following is true in PDA?
(A) A continuous murmur is audible when associated with severe heart failure.
(B) When PDA is large, aortic and pulmonary pressures are essentially equal.
(C) Not associated with recurrent respiratory tract infection.
(D) Normal cardiac size.
85. Which of the following is true in PDA?
(A) Early closure is not indicated when associated with heart failure.
(B) Persistent PDA needs to be closed during the first year of life.
(C) Has to be operated upon in the neonatal stage.
(D) Older age is a contraindication to closure of an isolated PDA in the absence of severe pulmonary vascular disease.
86. Tetralogy of Fallot (TOF) is associated with:
(A) Left ventricular hypertrophy.
(B) Overriding of Aorta.
(C) Muscular VSD.
(D) Left atrial hypertrophy.
87. The commonest cardiac anomaly associated with Tetralogy of Fallot (TOF) is:
(A) Multiple VSDs.
(B) Complete atrioventricular septal defect.
(C) PDA.
(D) ASD
88. The following is true in Tetralogy of Fallot (TOF):
(A) Differential cyanosis is common.
(B) Clubbing of fingers and toes are present in infants.
(C) Jugular Venous pressure is increased.
(D) Heart is not enlarged.

89. The Left Anterior Decending Coronary Artery Courses in the following groove:
(A) Right Atrio-Ventricular Groove.
(B) Posterior Inter-Ventricular Groove.
(C) Anterior interventricular Groove.
(D) Lateral interventricular Groove.
90. When the distance between 2 QRS complexes is 4 large squares in ECG grid, the heart rate will be:
(A) 100.
(B) 75.
(C) 60.
(D) 50.
91. The first vessel from the aortic arch is:
(A) Left internal mammary artery.
(B) Left common carotid artery.
(C) Left Subclavian artery.
(D) The innominate artery.
92. Pericardial Sac Enclosing the heart normally contains approximately:
(A) 50ml.
(B) 100ml.
(C) 120ml.
(D) 150ml.
93. Regarding venous drainage of heart all are true except:
(A) Great Cardiac Vein runs beside LAD.
(B) Small Cardiac Vein runs along the RCA.
(C) Cardiac Veins do not have Valves.
(D) Coronary Sinus drainage into left atrium.
94. In a low dose this drug cause renal vasodilatation:
(A) Dopamine.
(B) Dobutamine.
(C) Adrenaline.
(D) Digoxin.
95. Cardiac tumor commonly involves:
(A) Right atrium.
(B) Left atrium.
(C) Right ventricle.
(D) Left ventricle.
96. The most important complication of DVT is:
(A) Cerebral embolism.
(B) Pulmonary embolism.
(C) Coronary embolism.
(D) Splanchnic embolism.

97. Drug to counteract metabolic acidosis is:
(A) NaCl.
(B) NaHCO₃.
(C) MgCl₂.
(D) CaCl₂.
98. Nitroglycerin is usually not used in which route?
(A) Oral.
(B) IM.
(C) IV
(D) Sublingual.
99. CO₂ is primarily transported in the arterial blood as:
(A) Dissolved CO₂.
(B) Carbonic Acid.
(C) Carbamino-hemoglobin.
(D) Bicarbonate.
100. In Diabetics ringer lactate priming fluid causes:
(A) Hyperglycemia.
(B) Hypoglycemia.
(C) Hypokalemia.
(D) Hyponatremia.