2406000102020601 EXAMINATION JANUARY 2024 BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (SECOND YEAR) PATHOLOGY (PAPER - I) (NEW) (OMR)

[Time: As Per Schedule] [Max. Marks: 100] Instructions: Seat No: 1. Fill up strictly the following details on your answer book a. Name of the Examination : BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (SECOND YEAR) b. Name of the Subject : PATHOLOGY (PAPER - I) (NEW) (OMR) c. Subject Code No: 2406000102020601 2. Sketch neat and labelled diagram wherever necessary. 3. Figures to the right indicate full marks of the question. 4. All questions are compulsory. Student's Signature 5. Each question carries one mark 6. Write correct Answer (A/B/C/D in adjacent box). **SECTION-I** Q.1 Multiple choice questions (* no negative markings) 1) Which is not a Tumor suppressor gene A WT-1. B. Rb. C. P53. D. BRCA1. 2) Most common vascular Tumor in AIDS patient is A Chondrosarcoma B. Kaposi sarcoma D. Lymphoma. C. Lymphangiosarcoma 3) Grave's disease is an example for which hypersensitivity reaction B. Type-II A. Type-1 C. Type-III D. Type-IV. 4) Which of the following pigment's presence is a telltale sign of free radical A. Lipofuscin B. Melanin C. Billirubin D. Hematin.

5) Dy	strophic calcification occurs in	
	A. Hyperparathyroidism	B. Vitamin D Intoxication
	C. Necrotic tissue	D. Renal Failure.
6) Int	erstitial fluid collection during Cong	gestive cardiac failure is called
	A. Cystic collection	B. Exudate
	C. Edema	D. Effusion
7) Ha	nematoxylin body represents:	iet As Per Schedulei
	A. Nuclear chromatin material	B. RNA
	C. Cytosolic components.	D. Cell membrane components.
8) M	ost Important Antigen initiating graft	rejection.
	A. P24 Ag	B. Polysaccharide
	C. HLA antigen	D. TCR.
	C. HEAV datagon	(9M0)
9) Fa	ther of cellular pathology is:	
	A. Carl Rokitansky	B. Rudolf Virchow
	C. G.Morgagni	D. FT Schwann
10)	Which of the following organs are	heart failure cells seen in:
	A. Myocardium	B. Lungs
	C. Liver	D. Spleen
11)	White Infarct is seen in all Except	
	A. Lung	B Snleen
	C. Kidney	D. Heart
10)	C C C C C C C C C C C C C C C C C C C	
12)	Correct sequence of Cell cycle is	P. C. Cl. Cl. Cl. V
	A. G ₀ -M-G2-S-G1	B. Go-G1-G2-S-M
	C. G ₀ -G1-S-G2-M	D. G ₀ -G1-S-M-G2
13)	All are pigments stainable by Prus	ssian Blue except
	A. Hemosiderin	B. Haematin
	C. Ferritin.	D. Melanin.
1.0	for which hypersensitivity reaction	3) Oraye's disease is an example
14)	Histopathology specimen are fixed	
	A. Glutaraldehyde	B. 10% Ethyl alcohol
	C. 10% picric acid	D. 10% buffered neutral formalin
15)	Father has Blood group "B", Moth have following blood group.	ner has "AB"; Childrens are not likely to
	A. "B"	B. "AB"
	C. "O"	D. "A".

5) Dystrophic calcification occurs in

	16)	Bombay Blood group is character	ized by	
		A. Absence of A gene		
		B. Absence of B gene		
		C. Absence of Both A & B gene		
		D. Absence of H gene		
		with appropriate and the feet		
	17)	All are germ cell Tumor except		
		A. Seminoma	B. Embryonal Carcinoma	
		C. Leydig cell tumor	D. Yolk sac Tumor.	
	18)	Most Effective Antigen presenting	g cell is	
		A. Dendritic cells	B. Neutrophils	
		C. Lymphocytes	D. NK cells.	
		ELOW OF SURE ERVISECUAL	9) Ogsplasia Vs Metaphssins, 22 c	
	19)	Tumor marker useful in diagnosis		
		A. Beta HCG	B. AFP	
		C. CEA	D. CA-125	
		th cd Ch : Adams	1 Deserging disorder except	
	20)	All of the following is Autosoma		
		A. Hemophilia	B. Cystic Fibrosis D. Phenylketonuria.	
		C. Sickle cell Anemia	D. Flichyketolita a.	
		Section	ь- П	
0.2	Case bas	ed long essay questions	u- II	13
Q.2	Case bas	tu long essay questions		
	20 year fe	male admitted with high grade feve	er and hypotension. Blood culture show	
	Gram neg	ative bacteria. She died due to mult	iorgan failure.	
	1	What is your Diagnosis based or	above findings?	2
	2	Enumerate four laboratory tests	and its findings required for early	4
		diagnosis and to rule out other d	ifferential diagnosis of this condition.	
	3	Describe its etiopathogenesis.		3
	4) Describe its morphology.		4
Q.3	Long ess	ay questions. (Attempt any three)) - FI - NEW ATE	
	1) E	numerate viral and chemical carcine	ogenic agents. Describe their	9
	et	iopathogenesis with example (tumo	ours).	
		efine and classify Amyloidosis. De	escribe morphological features of	9
	A	myloidosis of spleen and kidney.		
	3) D	efine Granuloma. Describe pathoge	enesis of Granuloma formation and	9
	m	orphology of Granuloma. Enumera	te its examples.	0
	4) D	efine Hypersensitivity reactions. D	escribe etiology, pathogenesis, and	9
	e	kamples of Type- 4 Hypersensitivity	y reactions.	

- 1) Exfoliative cytology
- 2) Describe laboratory investigations in case of female Infertility
- 3) A 19-year-old female presented with primary amenorrhea. She has short Stature and widespread nipples. Write the diagnosis, describe genetic aspects and clinical features of disease.
- 4) Wound healing
- 5) Cross matching in Blood bank.
- 6) Enumerate the serological Test and Test method used in blood bank.
- 7) Chemical mediators of Inflammation.
- 8) Define Necrosis. Type of necrosis with examples.
- 9) Dysplasia Vs Metaplasia.
- 10) Three opportunistic infection and two Tumours Associated with AIDS.

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2406000102020602

EXAMINATION JANUARY 2024 BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (SECOND YEAR)

PATHOLOGY (PAPER - II) (NEW) (OMR)

Time: As Per Schedule]	[Max. Man	iks. 60]
Instructions:		Seat No:
1. Fill up strictly the following details on your ans a. Name of the Examination: BACHELOR OI BACHELOR OF SURGERY (SECOND Y b. Name of the Subject: PATHOLOGY (PAP (OMR)	F MEDICINE AND (EAR)	
c. Subject Code No: 2406000102020602	quality allow grows	
 Sketch neat and labelled diagram wherever necess Figures to the right indicate full marks of the ques 	tion.	
A All avactions are compulsory		's Signature
5. Each question carries one mark	G2V-	
6. Write correct Answer (A/B/C/D in adjacent be	ox).	
crised by following excepting the	10. Viral paculaoma are characte	
C. Tubdar carcinoma		
	ONI	
SECTION OF SECTION (*no negative		20
Q.1 Multiple choice questions (*no negative		20
Q.1 Multiple choice questions (*no negative	e markings)	20
	e markings)	20
Q.1 Multiple choice questions (*no negative 1. Essential Diagnostic feature in Iron	e markings) n deficiency anaemia is	20
Q.1 Multiple choice questions (*no negative 1. Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin.	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC.	20
 Multiple choice questions (*no negative Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin. Type of Anaemia Caused by ileoc 	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC.	20
 Multiple choice questions (*no negative Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin. Type of Anaemia Caused by ileoc A. Megaloblastic Anemia 	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC. B. Normocytic Normochromic	20
 Multiple choice questions (*no negative Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin. Type of Anaemia Caused by ileoc 	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC.	20
Multiple choice questions (*no negative	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC. B. Normocytic Normochromic D. Iron Deficiency Anemia.	20
 Multiple choice questions (*no negative Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin. Type of Anaemia Caused by ileoc A. Megaloblastic Anemia C. Sideroblastic Patient had hypertension of 30 year 	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC. B. Normocytic Normochromic D. Iron Deficiency Anemia. Instanton His heart will show	20
 Multiple choice questions (*no negative Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin. Type of Anaemia Caused by ileoc A. Megaloblastic Anemia C. Sideroblastic Patient had hypertension of 30 year A. Left Ventricular Hypertrop 	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC. B. Normocytic Normochromic D. Iron Deficiency Anemia. Instanton His heart will show	13
 Multiple choice questions (*no negative 1. Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin. Type of Anaemia Caused by ileoc A. Megaloblastic Anemia C. Sideroblastic Patient had hypertension of 30 year A. Left Ventricular Hypertrop C. Right ventricular hypertrop 	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC. In deficiency anaemia is B. Normocytic Normochromic D. Iron Deficiency Anemia. In deficiency Anemia is In deficienc	13
 Multiple choice questions (*no negative Essential Diagnostic feature in Iron A. Decreased S. Ferritin. C. Increased S. Ferritin. Type of Anaemia Caused by ileoc A. Megaloblastic Anemia C. Sideroblastic Patient had hypertension of 30 year A. Left Ventricular Hypertrop 	e markings) In deficiency anaemia is B. Decreased S. iron. D. Decreased TIBC. In deficiency anaemia is B. Normocytic Normochromic D. Iron Deficiency Anemia. In deficiency Anemia is In deficienc	13

5. Flea bitten Kidney is seen in all ex	xcept:
A. Infective Endocarditis	B. Diabetic Nephropathy
C. Malignant Hypertension	D. Hemolytic Uremic Syndrome.
6. Antracosis is due to inhalation of	
A. Coal dust	B. Silica dust
C. Asbestos dust	D. Beryllium dust.
7. Auer rods are derived from:	
A RNA	B. DNA
C. Primary granules.	D. Secondary granules.
8. Most thrombogenic constituent of	f atheroma is.
A. Fibrous cap	B. Lipid core
C. Foam cells	D. Fibrous degradation product.
9. Most common congenital abnorm	nality of heart is:
A. VSD	B. Myxoma
C. ASD	D. Tetralogy of Fallot
10. Viral pneumonia are characterise	d by following Except:
A. Interstitial Inflammation	
B. Alveolar exudates	
C. Multinucleate giant cells i	n bronchial wall
D. Necrotising bronchiolitis.	
11. All of the following have strong carcinoma Except	association with oral squamous cell
A. Tobacco smoking	B. Chronic alcoholism
C. HPV 16 and 18	D. Sub mucosal fibrosis
12. Common causes of hematemesis except	
A. Oesophageal varices	B. Mallory-weiss syndrome
C. Reflux oesophagitis	D. Oesophageal rupture
. CTT 1.11	vst is
13. Most common site of Hydatid cy	
13. Most common site of Hydatid cy A. Liver	B. Spleen D. Brain.

14. Autoimmune hemolyttic anemia is most likely to be associated with B. ALL A. AML D. CLL C. CML 15. Presence of which rule out the diagnosis of Aplastic Anemia. B. Splenomegaly. A. Hepatomegaly.

- 16. In Good pasture disease, the antigen is
 - A. DNA
 - B. Collagen IV of Basement membrane.
 - C. Bacterial Products

C. Lymphadenopathy

- D. Cationic proteins.
- 17. Prostatic hyperplasia affects most often:
 - A. Peripheral prostate
- B. Capsule of prostate
- C. Periurethral prostate
- D. Entire Prostate.

D. Cardiomegaly.

- 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. Common causes of myxoedema are as under except

 - A. Follicular Adenoma B. Ablation of thyroid by surgery
 - C. Thyroid cancer
- D. Autoimmune Thyroiditis.
- 20. Cell of origin of Ewings sarcoma is;
 - A. Endothelial cells
 - B. Primitive neuroectodermal cells
 - C. Osteoblast
 - D. Marrow cell.

SECTION -II

Q.2 (LONG ASSAY QUESTION -CASE Based)

8 year female residing at tribal area, presented with complain of abdominal pain, pain in finger, weakness and fatigue on exertion. On examination tongue show pallor

HEMOGLOBIN: 7.5 gm/dl	MCV: 80fl	
RBC COUNT: 3.4 Million/cmm	MCH: 27.5 pg	

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13

WBC count: 8700/cumm	MCHC: 32.5 g/dl
OST DREIN TO DE ASSOCIABLE COMEN	14. Autoimmune hemolytus anemja is m
	All the same of th

Reticulocyte Count:	8.9 %
Peripheral smear:	Anisocytosis ++, Poikilocytosis+, Fragmented and Boat shape RBC +

- What is your Diagnosis based on above findings?
- Enumerate differential diagnosis and describe various lab investigation used for screening & to confirm the diagnosis
- Describe its etiopathogenesis.

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

27

- 1. Define and enumerate etiology of liver cirrhosis and laboratory test findings with morphology of alcoholic cirrhosis.
- 2. Types of Pnemonia, Morphology of Lobar Pnemonia and lab investigation for diagnosis.
- 3. Laboratory Investigation, pathogenesis and complication of Diabetes.
- 4. Classify Testicular Tumor & write about Germ cell Tumor of Testis.

SECTION -III

Q.4 SHORT NOTE. (ANY EIGHT) (5 MARKS EACH).....

40

- 1. DIC (disseminated intravascular coagulation).
- 2. Lab investigation and complications of Acute Myocardial Infarction.
 - 3. Etiopathogenesis and Morphology of pyogenic osteomyelitis.
 - 4. Enumerate Plasma cell disorder. Write laboratory diagnosis of Multiple myeloma.
 - 5. Enumerate Benign breast Tumor & describe invasive ductal carcinoma of Breast.
 - 6. Morphology of various types of Emphysema.
 - 7. Define and give difference between Nephrotic and nephritic syndrome.
 - 8. Reticulocyte count
 - 9. Thyroid Function Tests.
 - Malignant Melanoma.

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2406000102020602

2106000102010101 Examination February – March 2024 SECOND MBBS PATHOLOGY (PAPER - I) - LEVEL 1

Time: Three Hours]	[Max. Marks: 100]	
Instructions:	Seat No:	
1. Fill up strictly the following details on your answer book		
a. Name of the Examination: SECOND MBBS		
 Name of the Subject: PATHOLOGY (PAPER - I) - LEVEL I (OMR) 		
c. Subject Code No: 2106000102010101	1	
Sketch neat and labelled diagram wherever necessary.	11	
Figures to the right indicate full marks of the question.		
All questions are compulsory.	Student's Signature	
SECTION - I		
Q.1 Multiple choice questions (MCQs).	20*1=	
(Instruction: Encircle the correct answer)		
1. Mitochondrial DNA differs from Nuclear DNA in :		
a) Being linear and open ended		
b) Having two co copies per somatic cell		
c) Monocistronic transcription pattern		
d) Having Maternal inheritance pattern		
Continue Division		
2. Wear and Tear pigment is:		
a) Lipofuscin b) Haemosiderin		
c) Melanin d) Bilirubin		

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3.	Dystrophic calcification is seen in:	
	a) Hypervitaminosis D	b) Williams Syndrome
	c) Atheromatous Plaque	d) Renal tubular acidosis
4.	Bradykinin effects include all the follow	wing EXCEPT:
	a) Smooth muscle contraction	b) Vasoconstriction
	c) Increased Vascular permeability	d) Pain
5.	Wound contraction is mediated by:	ye to each outstanding
	a) Collagen	b) Elastin
C TO	c) Myofibroblast	d) Granulation tissue
6.	Fifth sign of Inflammation " Functiolae	esa "was given by :
	a) Celsus	b) Hunter
	c) Virchow	d) Cohnheim
7.	Apoptosis is inhibited by :	
107	a) P53	b) _n -myc
	c) Ras	d) bcl2
8.	The most potent antigen presenting cel	l for T lymphocytes is :
	a) Dendritic cell	b) NK cell
	MANAGE AND ASSESSMENT OF THE PARTY OF	d) Macrophage
0	Type I hypersensitivity reaction is med	liated by
2.	a) IgG antibody	b) IgM antibody
	c) IgE antibody	d) IgA antibody
	c) igs antibody	
10.	Red infarct is seen in all EXCEPT:	e de la west de la mark
	a) Lung	b) Liver
	c) Intestine	d) Spleen

a) Fat embolism	b) Air embolism
c) Thromboembolism	d) Amniotic fluid embolism
12. Venous thrombus is associated v	with following feature:
a) Tendency to embolise	b) Associated with atheroma
c) Often with turbulence	d) Commonly Mural
13. Syphilitic involvement of aorta	is observed mostly in:
a) Descending aorta	b) Arch of Aorta
c) Abdominal Aorta	d) Bifurcation of Aorta
14. Bombay Phenotype are the indi	viduals who:
a) Lack of H genes and therefor	re H substance.
b) Possess A and B antigen	Description of the second
c) Secrete excessive amount of	H substance
d) Lack C, D, E antigens	material and the second
15. "Tombstone" appearance of cel	lls is seen in which type of Necrosis?
a) Fibrinoid	b) Coagulative
c) Liquefactive	d) Fat
16. Which of the following is mali	gnant tumour?
a) Papilloma	b) Melanoma
c) Adenoma	d) Osteoma
17. Which one of the following is	an example of Metaplasia?
a) Changes in skeletal muscles	in athelets
b) Changes in Cardiac muscles	s due to hypertension
c) Barret's Oesophagus	Mouth to office has a management
d) Hormonal changes in breas	

11. Caisson disease is due to:

	· - tumollis	
18. Hypercalcaemia is associated with all of t	he following fullouts	
	A CONTRACTOR OF THE PARTY OF TH	
dy remarkation		
10 Placental alkaline Phosphatase is raised i	n:	
	b) Seminoma	
	d) Lymphoma Testis	
c) Endodermar Smas tames	Section of the	
20 Pele of Leglectin in inflammation:		
	b) Adhesion	
	d) Transmigration	
c) Homing		
SECTION -	п	
	A Carabata and The	
Case based question (compulsory to atter	mpt)	13
45 are male intravenous drug abuser preser	ited with weight loss, oral	
candidiasis, generalized lymphadenopathya	nd symptoms of multiple	
opportunistic infections.		
		1
a) What is your Probable diagnosis?	to support the diagnosis?	4
b) Enumerate the investigations carried out	to support me and	5
c) Describe the pathogenesis of the disease.	of the Disease	3
d) Describe the Natural History and stages	Of the Disease	3
C + 1915 STHO	A State of Lands and Lands at	27
Long Essay Questions (Attempt any 3 out of 4)	of the second of the second of	- 1
Define Apontosis. Describe the mol	ecular mechanisms of Apoptosis.	1+5+3
villaterate contrasting features of Apo	optosis from Necrosis.	
Illustrate conducting	managed on server from the work of the	
	EXCEPT: a) Small cell carcinoma of the lung b) Squamous cell carcinoma of Lung c) Adult T cell Leukaemia d) Renal cell carcinoma 19. Placental alkaline Phosphatase is raised in a) Teratoma c) Endodermal Sinus tumour 20. Role of L- selectin in inflammation: a) Rolling c) Homing SECTION— Case based question (compulsory to attendated to the selection of the s	a) Small cell carcinoma of the lung b) Squamous cell carcinoma of Lung c) Adult T cell Leukaemia d) Renal cell carcinoma 19. Placental alkaline Phosphatase is raised in: a) Teratoma b) Seminoma c) Endodermal Sinus tumour d) Lymphoma Testis 20. Role of L- selectin in inflammation: a) Rolling b) Adhesion c) Homing d) Transmigration SECTION – II Case based question (compulsory to attempt) 45 yrs male, intravenous drug abuser presented with weight loss, oral candidiasis, generalized lymphadenopathyand symptoms of multiple opportunistic infections. a) What is your Probable diagnosis? b) Enumerate the investigations carried out to support the diagnosis? c) Describe the pathogenesis of the disease. d) Describe the Natural History and stages of the Disease Long Essay Questions (Attempt any 3 out of 4) 1. Define Apoptosis. Describe the molecular mechanisms of Apoptosis.

2.	Define Shock. Enumerate the classification and etiology of Shock.	1+2+3+3
	Describe the pathogenesis of Septic Shock. Describe the stages of	
	Shock.	and the same
3.	Define Metastasis. Write three different routes of Metastasis.	1+3+5
	Describe cell biology of Invasion and Metastasis Cascade.	
4.	Describe the pathogenesis of Cell Injury. Write the distinguishing	5+4
	features of Reversible and Irreversible Cell Injury.	

SECTION - III

Q.4 (Attempt any 8 out of 10) (5 marks Each)

40

- 1) Difference between Transudate and Exudate.
- 2) Describe healing by First intention (Primary Union)
- 3) Enumerate the Liver Function tests and explain the clinical significance of each.
- 4) Enumerate the contrasting features of initiator and promoter carcinogens.
- 5) Describe Mismatched blood transfusion.
- 6) Difference between Kwashiorkor and Marasmus.
- 7) Define Edema. Write pathophysiology of Edema.
- 8) Clinical features and cytogenetic abnormalities of Down Syndrome.
- 9) Enumerate special stains in Amyloidosis.
- 10) Describe Paraneoplastic syndrome.

2106000102010102 Examination February – March 2024 SECOND MBBS PATHOLOGY (PAPER - II) - LEVEL 1

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) - LEVEL 1 (OMR)			Seat No:	
				Subject Code No : 2106000102010102
2. Ske	tch neat and labelled diagram wherever necess	sary.		
Figures to the right indicate full marks of the question. All questions are compulsory.			Student's Signature	
5. No negative marks				
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	SECTI	ON-I		
	The state of the s	Mil ber derbitejare		
120 MA	A SOURCE OF THE			
Q.1	Multiple choice questions (MCQs).		20*1=20	
	(Instruction: Encircle the correct answ	er)		
	1. Erythropoietin is produced by			
	a) Liver and the and the	b) Lungs		
	c) Bone marrow	d) Kidney		
	and the contract to the second to the second			
	Which is NOT SEEN in Megalobl	astic anaemia?		
	a) Hyper segmented neutrophil			
	c) Evidence of dyserythropoesis			
	a san terme contral keeps on the			
	3. Howell Jolly bodies in red cells se			
	a) Hereditary Spherocytosis			
	c) Post Splenectomy	d) Iron deficiency and		
	willing a secondarial terms	the second second	350	

	4. Thepathognomic abnormalit	y in β-thalassaemia minor is:
	a) marked rise in HbA2	THE STATE OF THE S
	b) marked rise in HbF	the second deposits.
	c) marked unconjugated hyp	perbilirubinaemia
	d) marked anaemia	PARK SELECTION
	5. Small warty vegetations alor	ng the lines of closure of Valves on
	mitral and aortic valves are o	
	a) Infective endocarditis	
A SHAPE	b) Rheumatic fever	
	c) Libman -Sach's endocard	itis
	d) Non-Bacterial thrombotic	
	6. The commonest vessel involv	ved in Myocardial Infarction:
	a) Right Coronary artery	red in Myodalami ana
	b) Left Circumflex artery	A CONTRACTOR OF THE REAL PROPERTY.
	c) Left Anterior Descending	artery
	d) Posterior Descending arte	
	7 Which of the following is ass	ociated with the development of
	bronchogenic carcinoma and	
	a) Silicosis	b) Asbestosis
	c) Siderosilicosis	d) Anthracosis
	c) siderosificosis	and been a afficient at the first
	8. Patients are designated as pin	k puffers in:
	a) Chronic Bronchitis	b) Bronchiectasis
	c) Emphysema	d) Pneumoconiosis
	9. Essential diagnostic criteria fo	or nephrotic syndrome in adults is:
	a) Anasarca with orbital puffi	ness - All De la Principal de
	b) 24hrs urinary excretion of	
	c) Hypoalbuminemia	the self life a least to have
		sion, hyperlipedemia and lipiduria
	10. Typical "Grain Leather" appe	arance of kidney is seen in :
	a) Benign nephrosclerosis	b) Malignant nephrosclerosis
	c) Nephrocalcinosis	d) Necrotising Papillitis
10 17 17		
134 16 (27/7)	MANUAL PROPERTY OF THE PARTY OF	

11. Toxic Megacolon is complicati	on of:
a) Crohn's Disease	b) Ulcerative Colitis
c) Necrotising Enterocolitis	d) Pseudomembranous Colitis
12. The most common site for hyd	latid cyst is
a) Liver	b) Lungs
c) Spleen	d) Brain
13. The most common mechanism	in pathogenesis of chronic
pyelonephritis is	etter the state of
a) Ascending infection	b) Reflux nephropathy
c) Obstructive nephropathy	d) Haematogenous infection
14. Cirrhosis in Wilson's disease is	s related to:
a) Zinc	b) Copper
c) Mercury	d) Iron
15. Ovarian tumour arising from S	stromal cells is:
a) Dysgerminoma	Ale a disease now however of
b) Brenner tumour	
c) Granulosa theca cell tumour	t e
d) Krukenberg Tumour	while the leaderness arms and go a
16. Giant cell tumour arises from:	and the second of
a) Diaphysis	b) Metaphysis
c) Articular cartilage	d) Epiphysis
	headean a contract content. If
17. Gout is characterised by depos	
a) Uric acid	b) Hydroxy apatite
c) Pyrophosphate	d) Urate
18. Mutation characteristic of poly	ycythaemia vera
a) JAK2	b) Bcr-abl
c) p53	d) RAS
THE RESERVE OF THE PARTY OF THE	Unit and the Unit of the Table of the Call

	a) C-cells of thyroid	The state of the s	
	c) Parathyroid cells		
	d) Primitive pluripotent co	ell of thyroid	
	20. Which type of Nevus most Melanoma:	commonly progresses to Malignant	
	a) Blue cell Nevus	b) Spindle cell Nevus	
	c) Dysplastic Nevus	d) Compound Nevus	
	discounted the transfer of the		
	SE	CTION – II	
Q.2	Case based Question (Compulso	ry to attempt)	13
		0	
		of chronic alcohol consumption	
		domen .ultrasound scan show reduced	
	size of liver.	security of the second	
	a. What is the probablediag	nosis?	
	a. What is the probableding	nosis	1
	b. Describe the pathogenesis	s of this condition	5
	c. Describe gross and microscopic findings.		4
	d. Enumerate three Complic	cations of the condition.	3
		to and a second of	
Q.3	Long Essay Questions: (Attempt	and the second second	
4.	Zong Zosay Questions. (Attempt	any 3 out of 4)	9*3=27
	1. Describe the Clinical feature	s, pathogenesis and Lab findings in	
	β Thalassemia Major.	s, parrogenesis and Lab findings in	3+3+3
	2. Describe attend		
	of ulcerative colitis.	ross and microscopy & complications	4+3+2
	3. Describe the Pathogenesis and	d stages of lober	
		Brook pheumonia.	3+6
III NO			

19. Medullary carcinoma of thyroid arises from:

4.	Describe etiopathogenesis of Hypertension vascular Disease. Wr	rite
	About Benign and Malignant Nephrosclerosis.	
	Acceptance	

4+5

SECTION - III

O.4 (Attempt any 8 out of 10) (5 marks each)

40

- 1. Describe clinical findings, inheritance in von Willebrand disease.
- Classify germ cell Tumour. Describe Morphological features of Seminoma.
- Describe Major and Minor criteria to diagnose Rhematic Heart disease.
- Write the staging Classification of Hodgkin Lymphoma.
- 5. Giant cell Tumour of Bone
- 6. Atherosclerosis
- 7. Squamous cell carcinoma
- 8. Lab findings in Megaloblastic Anaemia
- 9. Describe morphologic features of Fibroadenoma.
- 10. Describe the Pathogenesis and morphology Of Bronchiectasis.
