# 2406000102020601-S (SUPPLIMENTARY EXAM) FEBRUARY-2025 SECOND MBBS PATHOLOGY ( PAPER - I ) ( NEW ) (OMR)

[Time: As Per Schedule]	[Max. Marks:100]
Instructions:  1. Fill up strictly the following details on you a. Name of the Examination: SECOND M. b. Name of the Subject: PATHOLOGY (	1BBS
(OMR) c. Subject Code No: 2406000102020601-5 2. Sketch neat and labelled diagram wherever in 3. Figures to the right indicate full marks of the	s necessary.
4. All questions are compulsory.	Student's Signature
SEC	TION -I
2.1 Multiple choice questions (*no negations)	
Each Question Carries One mark.	
1. All infarcts are usually:	
A. Wedge shaped.	B. Square shaped
C. Rectangular shaped	D. Circular in shape
2. Most common opportunistic lun	g infection in AIDS patient is
A. Pneumocystis carinii	B. Kaposi sarcoma
C. candidiasis	D. Histoplasmosis.
3. IgE mediated allergy / Asthma is	s example of which hypersensitivity
reaction	
A. Type-I	B. Type-II

	C. Type-III	D. Type-IV.
4.	The most common route of spread	of infection to the brain is:
	A. Via venous route	B. Via arterial route
	C. Via lymphatics	D. Along nerves
5	Test useful for detection of HIV du	ring window period:
٥.	A. ELISA	B. Western blot
		D. p24 antigen capture assay
6.	Dystrophic calcification in Spleen i	s seen in which disease.
	A. Sickle cell disease	B. Left Heart Failure
	C. Fatty Liver	D. ARDS.
7.	Diabetic foot is an example of:	
	A. Dry gangrene	B. Wet gangrene
	C. Gas gangrene	D. Negratising inflammation
8.	Interstitial fluid collection during C	ongestive cardiac failure is called
	A. Cystic collection	B. Exudate
	C. Edema	D. Effusion.
9.	Haematoxylin stains:	
	A. Nuclear chromatin material	B. RNA
	C. Cytosolic components	D. Cell membrane components
10	. Most Important Antigen initiating g	raft rejection.

A. Fat

A. P24 Ag

C. HLA antigen

B. Fibrinoid

D. TCR.

B. polysaccharide

	D. Coagulative
12. Which of the following is an Ap	ooptosis inhibitor gene?
A. BCL-2	B. Rb
C. P53	D. C-Myc
	and salar Wilder
13. Out of various free radical speci	es. the following radical is most
reactive:	e de la constante de la consta
A. Superoxide (O2')	B. Hydrogen peroxide (H2O2)
C. Hydroxyl (OH-)	D. Nitric oxide (NO)
14. Correct sequence of Cell cycle is	
A. G <sub>0</sub> -M-G2-S-G1	B. G <sub>0</sub> -G1-G2-S-M
C. G <sub>0</sub> -G1-S-G2-M	D. G <sub>0</sub> -G1-S-M-G2
15. For karyotyping, the dividing cel	lls are arrested by Addition of
colchicine in the following mitot	ic phase:
A. Prophase	B. Metaphase
C. Anaphase	D. Telophase
16. For Electron Microscopy Histopa	nthology specimen are fixed in
A. Glutaraldehyde	B. 10% Ethyl alcohol
C. 10% picric acid	D. 10% buffered neutral formalin
17 Fugura uhish starrii i	
17. Enzyme which prevents ageing is	
A. Catalase	B. Superoxide dismutase
C. Metalloproteinase	D. Telomerase
18. Bombay Blood group person have	following ABO Blood group
· A. "A" group	B. "B" group
C. "O" group	D. "H" group
이번 의학생들은 근무 있다.	S. out

	C. Type III collagen	D. Type IV collagen	
	20. All are autosomal dominant i	nherited cancer syndromes except:	
	A. Retinoblastoma	B. Xeroderma pigmentosum	
	C. HNPCC	D. Neurofibromatosis.	
	SE	CTION -II	
Q.2	Case based long essay questions		[13*1=13]
	A 40-year-old male who had a histoclinic with polytrauma and left thig	ory of road traffic accident presented to the h swelling.	
	Patient was not able to walk.	2.4 A C C A C A C A C A C A C A C A C A C	
	His x-ray showed comminuted disp	placed fracture of the shaft femur. After 2	
		s of breath, confusion, and vomiting. He	
	also developed petechial rashes  Lab findings - microscopic examin	nation of urine showed fat globules.	
	What is your diagnosis base	ed on the above clinical finding and lab	02
	investigation?		02
	2) Describe aetiology and path		04
	<ul><li>3) Write consequences of give</li><li>4) Describe difference betwee</li></ul>	n Arterial thrombi and Venous thrombi	05
Q.3	Long essay questions. (Attempt	any three)	9*3=27
		thophysiology of oedema. Add a note on	[4+3+2]
	pulmonary oedema.		

B. Type II collagen

19. Basement membrane consists of:

A. Type 1 collagen

- 2) Define Hypersensitivity reactions. Describe etiology, pathogenesis. and examples of Type- 4 Hypersensitivity reactions.
- 3) Define Inflammation. Write in detail about vascular and cellular changes in inflammation. [4+3+2]
- 4) Describe etiology of Cell injury. Describe morphology of Cell injury. [3+6]

#### SECTION-III

### Q.4 Short notes (Attempt Any 8)

[8\*5=40]

- 1) Three opportunistic infections and two neoplasms associated with AIDS.
- 2) Microscopic Findings of Urine in Various Diseases.
- 3) Describe CSF picture in Pyogenic meningitis.
- 4) Down's syndrome.
- 5) Viral oncogenesis.
- 6) Septic shock
- 7) Enumerate Blood components and mention their uses and storage.
- 8) Granulomatous inflammation.
- 9) Etiopathology and sequelae of Obesity.
- 10) FISH (Fluorescence in situ Hybridization).

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2406000102020601-S

# 2406000102020602-S (SUPPLIMENTARY EXAM) FEBRUARY-2025 SECOND MBBS PATHOLOGY (PAPER - II) (NEW) (OMR)

		Max. Marks: 100
Instructions:  1. Fill up strictly the following details on your answer book a. Name of the Examination. SECOND MBBS		Seat No
b. Name of the Subject PATHO (OMR)	DLOGY (PAPER - 11) (NEW)	
c. Subject Code No: 2406000102 2. Sketch neat and labelled diagram w	2020602-S	
3. Figures to the right indicate full ma	irks of the question	
4 All questions are compulsory.		Student's Signature
	SECTION - I	20
0.1 Multiple choice questions (*n	gative markings)	20
1. Which of the following	are Vitamin K dependent clotting fa	ctors?
a) II, VII, IX, X.	b) II, VIII, X, XI	
c) I, II, V, VII.		
C) 1, 11, 1, 1, 1, 1	d) V, VII, IX, X.	
C) 1, 11, 1, 11.	d) V, VII, IX, X.	
	d) V, VII, IX, X.	ytoma.
2. Which hormones level in	ncreases in patient of Pheochromocy b) Renin Angiotensi	sn
<ul><li>2. Which hormones level in</li><li>a) FSH, LH</li><li>c) Epinephrine, Nor-epin</li></ul>	b) Renin Angiotensi nephrine d) Prolactin, growth	hormone
<ul><li>2. Which hormones level in</li><li>a) FSH, LH</li><li>c) Epinephrine, Nor-epin</li></ul>	b) Renin Angiotensi nephrine d) Prolactin, growth	hormone
<ul><li>2. Which hormones level in</li><li>a) FSH, LH</li><li>c) Epinephrine, Nor-epin</li></ul>	b) Renin Angiotensi nephrine d) Prolactin, growth is the diagnostic test for Rheumatoic b) RA & HLA-B27.	hormone
<ul> <li>2. Which hormones level in a) FSH, LH</li> <li>c) Epinephrine, Nor-epin</li> <li>3. Which of the following in the collowing in the co</li></ul>	b) Renin Angiotensi nephrine d) Prolactin, growth	hormone
<ol> <li>Which hormones level in a) FSH, LH</li> <li>c) Epinephrine, Nor-epin</li> <li>Which of the following in a) RA &amp; IgE</li> </ol>	b) Renin Angiotensi nephrine d) Prolactin, growth is the diagnostic test for Rheumatoic b) RA & HLA-B27.	hormone
<ol> <li>Which hormones level in a) FSH, LH</li> <li>c) Epinephrine, Nor-epin</li> <li>Which of the following in a) RA &amp; IgE</li> </ol>	b) Renin Angiotensi nephrine d) Prolactin, growth is the diagnostic test for Rheumatoic b) RA & HLA-B27. d) RA & Anti-CCP	hormone
<ol> <li>Which hormones level in a) FSH, LH</li> <li>c) Epinephrine, Nor-epin</li> <li>Which of the following in a) RA &amp; IgE</li> <li>c) RA &amp; IL-7</li> </ol>	b) Renin Angiotensi nephrine d) Prolactin, growth is the diagnostic test for Rheumatoic b) RA & HLA-B27. d) RA & Anti-CCP	hormone

5	Kimmelsteil- Wilson nodul	les are diagnostic hall mark of
	a) Infective Endocarditis	b) Diabetic Nephropathy
	c) Malignat Hypertension	d) Hemolytic Uremic Syndrome.
6.	Atypical pneumonia can be	e caused by following microbial agents except?
	a) Mycoplasma pneumoni	a b) Legionella pucumophilla
	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	
	a) From cystic teratoma	b) From Sex Cord Stromal cells
	c) From surface coelomic e	epithelium. d) From ectopic mucinsecreting gland
9.	Transverse ulcers are seen	in
	a) Typhoid	b) Amebiasis
	c) Tuberculosis	d) Ulcerative colitis.
10	). Verocay bodies are seen in	
a) Meningicma b) Medulloblastoma		
	c) Glioma d) Schwa	annoma
11	. Most common Test to diag	nose Choriocarcinoma
	a) Beta HCG	b) AFP
	c) CA125	d) PSA
12	. All are obstructive lung dis	sease except
	a) Bronchial Asthma b	o) Emphysema
	c) Bronchiectasis	d) Interstitial Fibrosis.

	a)	Hypoxic damage from ischaemia	
	b)	Thromboembolic phenomena	
	c)	Toxic damage from ammonia	
	d)	Hepatopulmonary Syndrome	
	,		
14	Dir	ect Coombs Test detects which anti	body
		Autontibody attached on RBC	b) Antibody to "O"Positive RBC
		Autoantibody in serum	d) None of above
	C) /	Autoantioody in serum	
1.6	Y 1.	perthyroidism is seen in	
13.		Late stage of Hashimoto's thyroidit	is b) Goitre
		Grave's disease	d) Thyroidectomy.
	c) (	Olave s disease	
16	1	Good pasture disease, the antigen is	
10.			n IV of Basement membrane.
		Bacterial Products d) cationic	
	<b>C)</b>	Bacterial Froducts dy cattorne	p. d. d.
17	Dla	eural mesothelioma is associated with	h
17.		Asbestosis b) Silicosis	
~	(0)	Bagassosis d) Beryllion	5.5
10	13/1	nich type of breast carcinoma is char	acterized by
10.		idian file pattern of tumor cells.	
		Infiltrating Duct carcinoma	b) Meduliary carcinoma
	1	Tubular carcinoma	d) Invasive lobular carcinoma.
	۲)		
10	Ear	rliest histological change in myocard	lial infarction
17.		macrophage infiltration	b) Coagulative necrosis
		Waviness of fibres	d) Neutrophilic infiltration
	()	waviness of fibres	d) I tourie manual

13. Hepatic Encephalopathy is due to

- 20. Cell of origin Responsible for Fibrosis in Cirrhosis is:
  - a) Hepatic cells b) Ito cells
  - c) Kupffer cells d) Cholengiocytes.

## SECTION - II

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

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13

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.
- 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)

- 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 Tomours. 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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