



MEDICINE PYQS INICET /AIIMS

Medsynapse by Dr. Nikita



Which of the following do not usually cause reduction in Diffusion Lung Capacity of Carbon Monoxide?

- a) Emphysema
- b) Asthma
- c) Pulmonary vascular obstruction
- d) Interstitial lung disease



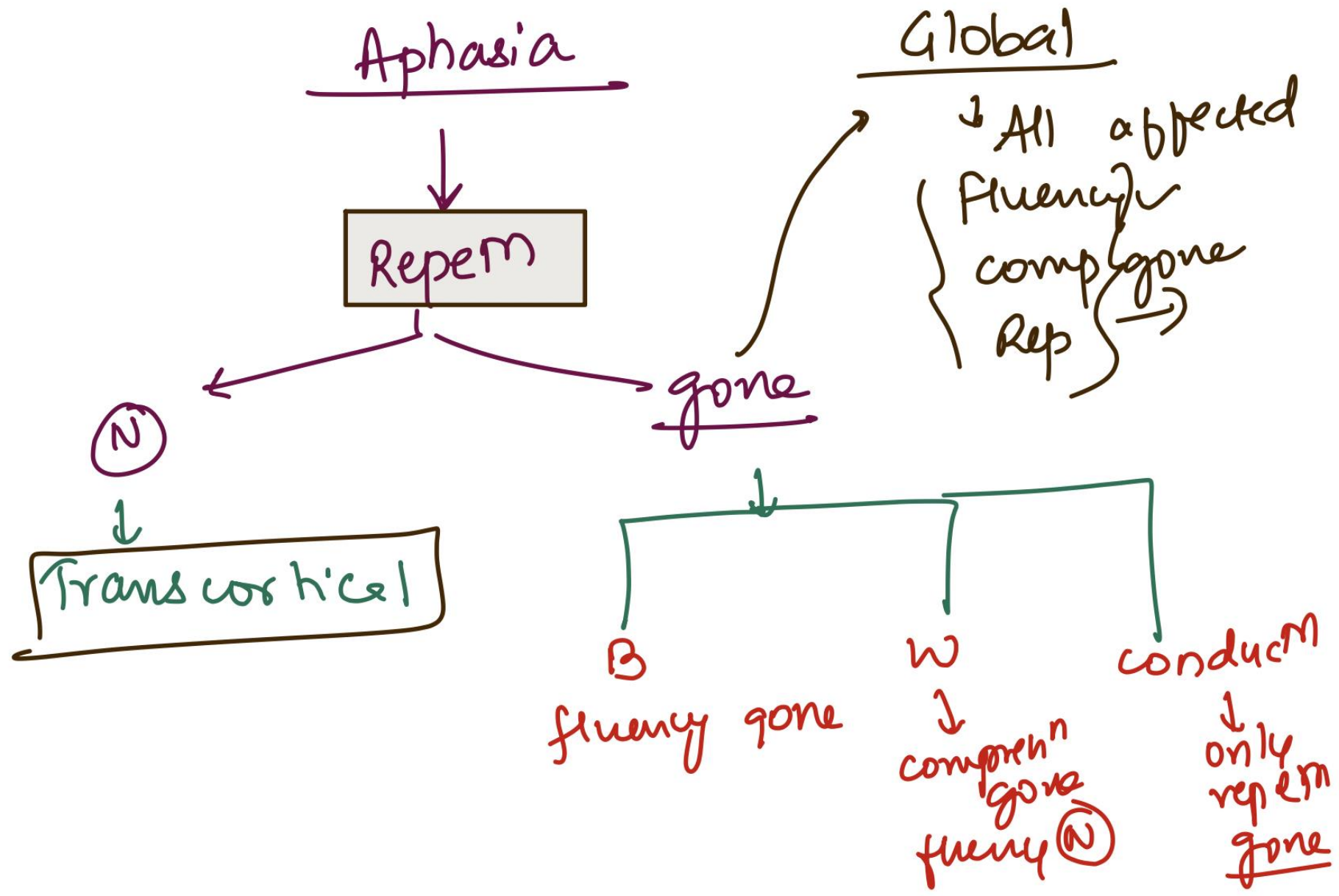


A man comes with aphasia. He is unable to name things and repetition is poor. However comprehension, fluency and understanding written words is unaffected. He is probably suffering from:

- a) Anomic aphasia
- b) Broca's aphasia
- c) Transcortical sensory aphasia
- d) Conduction aphasia



MEDSYNAPSE
Where Concepts Meet Mnemonics





Hyperdynamic circulation is seen in all except:

- a) Anemia
- b) Beriberi
- c) Cor pulmonale
- d) AV fistula



MEDSYNAPSE
Where Concepts Meet Mnemonics



Which of the following is false about Transfusion-Related Acute Lung Injury?

- a) Develops within 6 hours
- b) Diuretics are drug of choice
- c) It's a cause of noncardiogenic pulmonary edema
- d) Plasma is more likely to cause it than whole blood



All these are true about the procedure in which this needle is used except:



- a. No breath-holding is required for the procedure
- b. Platelet count of less than 40,000 is a contraindication
- c. It is useful in diagnosis of infiltrative and granulomatous disorders
- d. It can be done in both prone and lateral positions

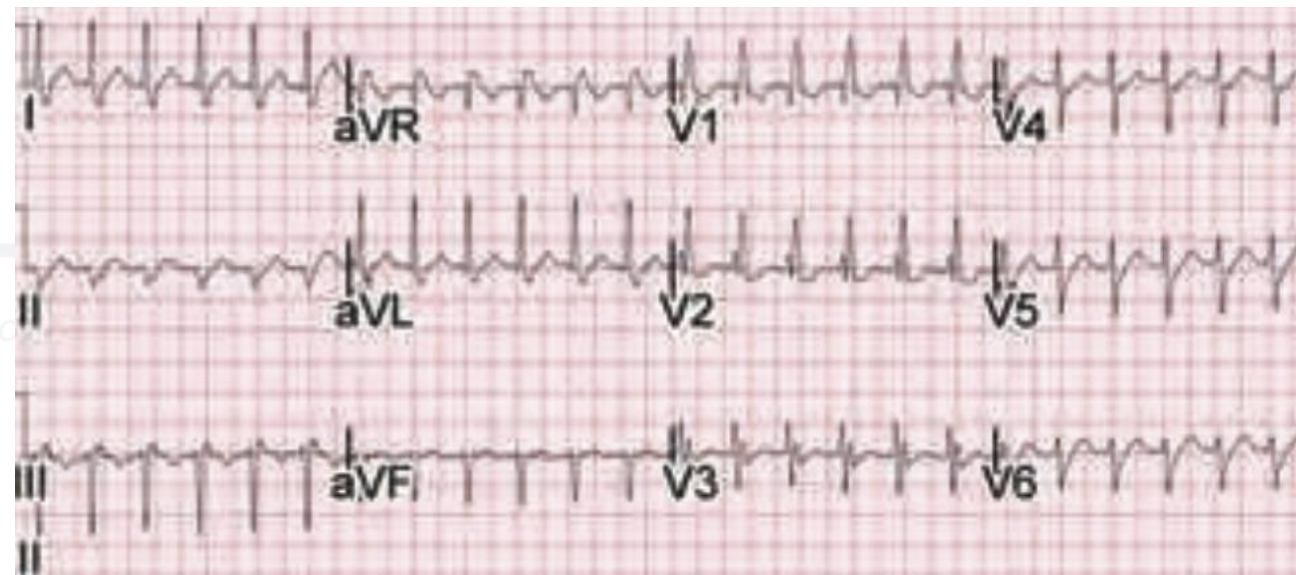


MEDSYNAPSE
Where Concepts Meet Mnemonics



A 52 years old diabetic male presents with palpitations to the AIIMS emergency. On examination, the systolic blood pressure was 70 mm Hg. The following was his ECG recorded in emergency. What is the immediate next step in management?

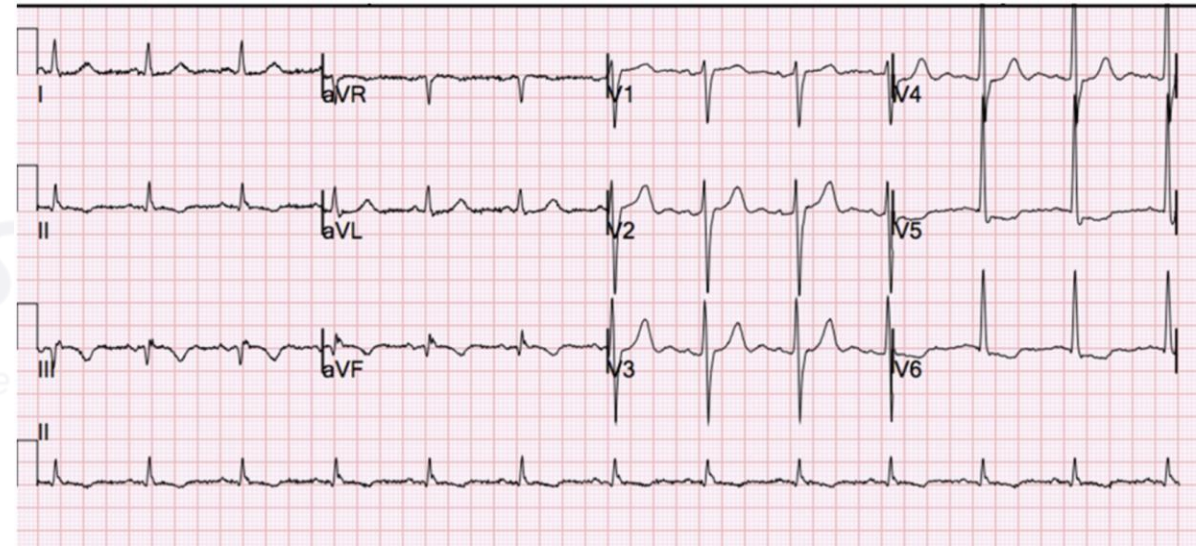
- a. Electrical cardioversion
- b. Adenosine
- c. Amiodarone
- d. Immediate PCI





A 76 years old male patient presents to the AIIMS emergency with retrosternal chest pain for 6 hours. The following EKG was taken. What will be your primary management?

- a. Primary PCI
- b. Thrombolysis
- c. Abciximab
- d. . Low molecular weight heparin





A 40 years old female presented with acute onset shortness of breath. She has a history of nephrotic syndrome 1 year back and recent prolonged air travel. She has a BP of 90/60 mm Hg, heart rate of 115 per minute and sinus tachycardia on ECG. A 2-D echocardiogram revealed dilation of right ventricle with bulging of the interventricular septum to the left. What will be the primary treatment modality?

- a. Thrombectomy
- b. Intravenous tissue plasminogen activator
- c. Unfractionated heparin
- d. d. IVC filter



Features

Score (points)

Clinical signs and symptoms of DVT	3.0
No alternative diagnosis	3.0
Heart rate >100 beats/min	1.5
Immobilization \geq 3 days or surgery in the previous 4 weeks	1.5
Previous DVT or PE	1.5
Hemoptysis	1.0
Malignancy with active treatment in the past 6 months or under palliative care	1.0
Pretest clinical probability	
PE unlikely	\leq 4.0
PE likely	$>$ 4.0

PE = Pulmonary embolism, DVT = Deep vein thrombosis



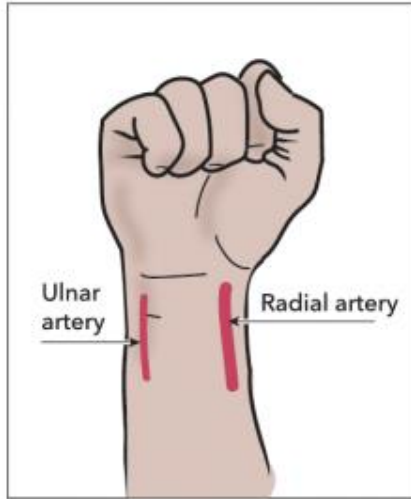
A second-year PG resident tells you to perform an ABG of a patient. All the following are true about performing an ABG except:

- a. Before performing the ABG, syringe should be loaded with 0.3 cc of heparin**
- b. Normal pH, HCO₃ and PCO₂ levels may not indicate absence of an acid-base imbalance**
- c. A different site should be tried if modified Allen's test is negative**
- d. Radial artery is the preferred site**

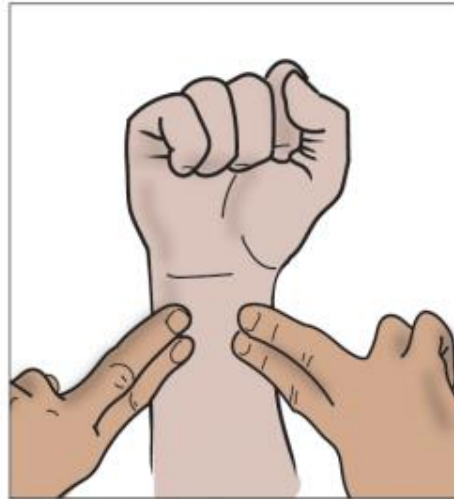


The Modified Allen Test

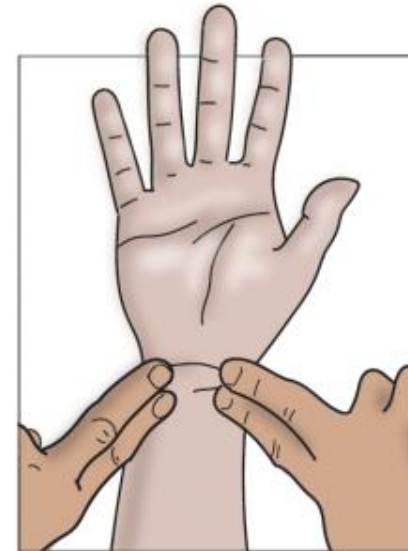
This test is used to check the overall blood supply to the hand.



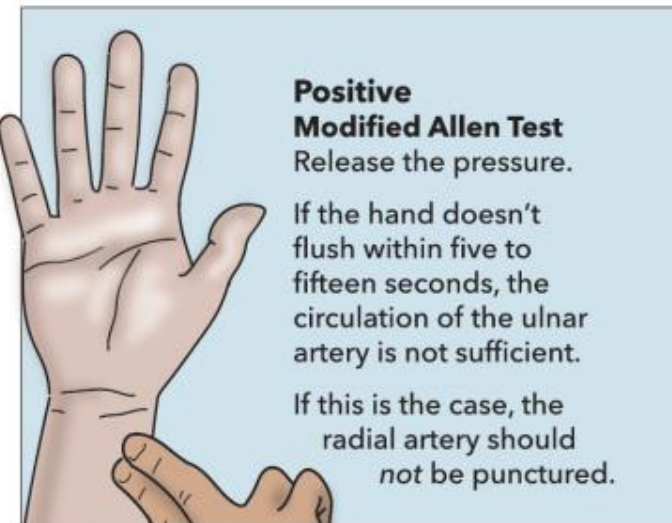
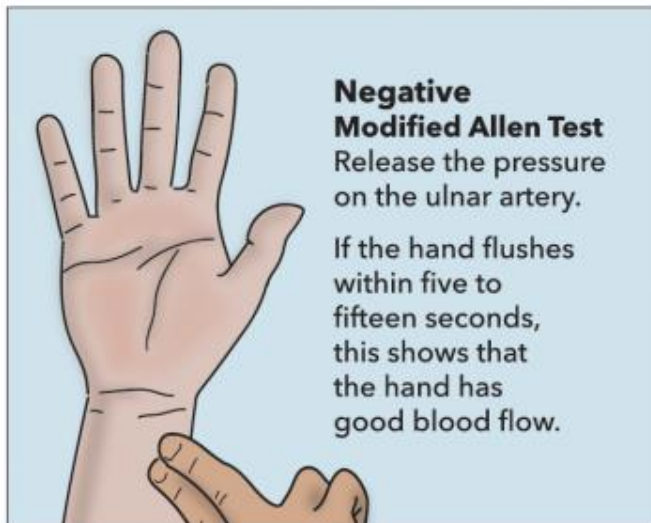
Locate the ulnar and radial arteries. Have the patient make a tight fist for about thirty seconds.



To obstruct blood flow, press down on the ulnar artery with two fingers. At the same time, press down on the radial artery.



Tell the patient to unclench; their palm should blanch. If it doesn't, you are not applying enough pressure -- start again.





A glass factory worker presented with complaints of numbness in hands and feet, generalized weakness and constipation. Radiograph showed linear lines on metaphyses of knee and wrist joints. How will you diagnose this patient?

- a. Serum mercury levels
- b. Vitamin D levels
- c. RBC cholinesterase levels
- d. Amino levulinic acid levels in urine

