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Multiple-choice questions for general practitioner (GP) Doctor

Test Prep MCQS

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QUESTION NO: 1

Which of the following is not a sign or symptom of central retinal artery occlusion?

- A. Painless loss of vision
- B. Previous transient loss of vision
- C. Painful loss of vision
- D. Dilated pupil with sluggish reaction to light

ANSWER: C**Explanation:**

In 1859, Van Graefe first described central retinal artery occlusion (CRAO) as an embolic event to the central retinal artery in a patient with endocarditis. In 1868, Mauthner suggested that spasmodic contractions could lead to retinal artery occlusion. There is a multitude of causes of CRAO, but patients typically present with sudden, severe, and painless loss of vision.

QUESTION NO: 2

Patient with severe depression on SSRIs. When it will begin to start work?

- A. 4-5 weeks
- B. 1-2 weeks
- C. 3-4 weeks
- D. 2-3 weeks

ANSWER: C**QUESTION NO: 3**

A 10-year-old boy is admitted to the hospital because of bleeding. Pertinent laboratory findings include a platelet count of 50,000/ μ L, prothrombin time (PT) of 15 seconds (control 11.5 seconds), activated partial thromboplastin time (aPTT) of 51 seconds (control 36 seconds), thrombin time (TT) of 13.7 seconds (control 10.5 seconds), and factor VIII level of 14% (normal 38%-178%).

Which of the following is the most likely cause of his bleeding?

- A. Disseminated intravascular coagulation (DIC)
- B. Vitamin K deficiency

C. Immune thrombocytopenic purpura (ITP)

ANSWER: A

QUESTION NO: 4

A HTN patient on bendroflumethiazide 2.5mg/d has come for his routine checkup. Exam: BP=145/85mmHg.

What is the most appropriate management for this patient?

- A. Continue same dose
- B. Stop meds
- C. Repeat the blood test
- D. Increase the dose

ANSWER: C

Explanation:

Bendroflumethiazide causes hyponatremia and hypokalemia. But the findings is probably error of test. Hence blood test should be repeated to confirm the level of potassium and sodium.

QUESTION NO: 5

A patient presented to you who is known case of hypothyroidism and on thyroxin, he also has increase PT normal Vitamin D, Creatinine is very high.

On examination tapping of the angle of jaw produce facial spasms, what diagnosis?

- A. Pseudohypoparathyroidism
- B. DiGeorge syndrome
- C. Chronic renal failure
- D. Uncontrolled thyroid functions

ANSWER: C

Explanation:

Secondary hyperparathyroidism Hypocalcemia, hyperphosphatemia, inc creatinine.

QUESTION NO: 6

A 45-year-old IV drug abuser is brought into the Emergency room with complaint of fever, shivering, malaise, dyspnea and productive cough. Exam: temp=39C, pulse=110bpm, BP=100/70mmHg. Inv: CXR= bilateral cavitating bronchopneumonia.

What is the single most likely causative organism?

- A. Staphylococcus
- B. PCP
- C. Pseudomonas
- D. Chlamydia

ANSWER: A

QUESTION NO: 7

12 years old girl with malaise, fatigue, sore throat and fever. On examination there were petechial rash on palate, large tonsils with follicles, cervical lymphadenopathy and hepatosplenomegaly.

All are complications except:

- A. Chronic active hepatitis
- B. Splenic rupture
- C. Transverse myelitis
- D. Encephalitis
- E. Aplastic anemia

ANSWER: A

QUESTION NO: 8

Patient comes to the ER with weak rapid pulse, what is your next step?

- A. Wait until team of resuscitation group comes
- B. Give him 2 breaths
- C. Do CPR (2 breaths/30 compressions)

ANSWER: A

QUESTION NO: 9

A 64-year-old man complains of increasing dyspnea and cough for the past 18 months. He coughs up a Table mucopurulent sputum with occasional specks of blood.

What is the most likely underlying cause?

- A. Acute bronchitis
- B. Bronchiectasis
- C. Chronic bronchitis
- D. Lung cancer
- E. Pneumonia

ANSWER: C**Explanation:**

Chronic bronchitis. There may be specks of blood in sputum in both bronchiectasis, acute and chronic. Duration of disease is 18 months, so it is not acute bronchitis. Again only one tablespoonful sputum does not term copious sputum of bronchiectasis in which sputum will be much more in amount.

QUESTION NO: 10

Victim of RTA came with multiple injuries to abdomen, chest and limbs. BP is 80/ 50. upper limb has upper third near amputation that bleeds profusely, what is your first thing to do:

- A. Tourniquet the limb to stop the bleeding
- B. Check the airway and breathing
- C. Five IV fluid
- D. Call orthopedic

ANSWER: B**Explanation:**

As rule ABC also in description near amputation so difficult to make tourniquet enough which stops bleeding.

QUESTION NO: 11

25-year-old female postpartum of one week has irritable mood but she returns to normal.

What is the diagnosis?

- A. Postpartum blues
- B. Postpartum psychosis
- C. Postpartum depression

ANSWER: A

Explanation:

It is self-limiting condition while postpartum Psychosis is a serious condition usually requires urgent hospitalization and treatment. Postpartum depression occurs after 2 weeks to 6 months with depressed mood.

QUESTION NO: 12

A 65-year-old woman comes to the emergency department with acute, severe shortness of breath; rales on lung exam; S3 gallop; and orthopnea.

Which of the following is the most important step?

- A. ACE inhibitors
- B. Echocardiogram
- C. Oxygen, furosemide, nitrates, and morphine
- D. Digoxin

ANSWER: C

Explanation:

Oxygen, furosemide, nitrates, and morphine are the mainstay of therapy for acute pulmonary edema. Although they are not associated with a concrete mortality benefit, they are the standard of care for pulmonary edema, which is the worst manifestation of CHF. Removing volume from the vascular system and, therefore, the lungs is more important than any form of diagnostic testing. Pulmonary edema is a clinical diagnosis. Shortness of breath, rales, S3, and orthopnea are more important in establishing the diagnosis than any single test.

QUESTION NO: 13

70 year's woman is admitted with diarrhea, vomiting and dehydration. Exam: yellow visual halos in her e ECG=bradycardia. She has a history of chronic Atrial-fib.

Which drug causes the above mentioned side effects?

- A. Nifedipine
- B. Digoxin
- C. Ramipril

D. Atenolol

ANSWER: B

QUESTION NO: 14

A 80 year's man with prostatic cancer has confusion, thirst, abdominal pain and an abnormal ECG.

What is appropriate investigation?

- A. DEXA scan
- B. Redionuclide bones scan
- C. Serum calcium concentration
- D. MRI spine

ANSWER: C

QUESTION NO: 15

A 67-year-old homeless woman presents to the ED with substernal chest pain that began shortly after vomiting. The patient has a history of alcoholism and has just finished a 3-day binge of vodka. Physical examination reveals a "snap, crackle, and pop" upon palpation around the clavicles.

What is the most likely diagnosis?

- A. Volvulus
- B. Boerhaave syndrome
- C. Myocardial infarction
- D. Pancreatitis
- E. Biliary colic

ANSWER: B

Explanation:

Boerhaave syndrome is a full-thickness tear of the esophagus secondary to retching. The patient will have a history of severe incessant vomiting, often due to alcoholism. MI is unlikely in this patient given the subcutaneous emphysema. The other choices do not have substernal chest pain. Pancreatitis presents with abdominal pain that radiates to the back upon alcohol intake, not air in the subcutaneous space. Biliary colic has postprandial RUQ pain. Volvulus is malrotation of the colon.