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## NC-2106000102010101

## Second Year M. B. B. S. Examination

January - 2022

Pathology: Paper-I (CBME New Course)

Time: 2 Hrs. 40 Minutes] [Total Marks: 80

#### Instruction:

નીચે દર્શાવેલ ● નિશાનીવાળી વિગતો ઉત્તરવહી પર અવશ્ય લખવી. Fillup strictly the details of ● signs on your answer book. Name of the Examination :	Seat No.:
Second Year M. B. S.	
Name of the Subject :	Marian Wass
Pathology : Paper-I	In: foresay? Tyte
◆Subject Code No.: ◆Section No. (1, 2,): 2	rve shoom T
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## SECTION- II (40 marks)

2 long Essay Questions:

20+10+10

- (1. Compulsory to answer. Write 2 out of remaining 3)
- (1) 65-year-old female presented with black discoloration of foot and numbness in lower leg. She was known case of type 2 diabetes mellitus and on oral hypoglycemic drug since 2 years. On examination there was ulcer on foot and blackish discoloration of skin with sharp line of demarcation between the normal and affected part of the limb. Limb Pulasations were not palpable. Blood report showed leucocytos and RBS was 280 mg/
  - i) Give the most probable diagnosis.
  - (ii) Write etiology & pathogenesis of this condition.
  - (iii) Write morphological changes in this condition. 5
  - (iv) Describe different types of tissue necrosis. 5
  - (v) Which other tests you will advise to this patient to support your diagnosis?

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- (2) Define and classify shock. Describe pathogenesis 3+3+4 & morphological changes in various organs in septic shock.
- (3) Define and classify neoplasia. Write about various **3+3+4** routes of metastasis and their molecular mechanisms.
- (4) Define granuloma & write classification of 2+2+6 granulomatous condition, Discuss etiology, pathogenesis & sequel of primary pulmonary tuberculosis.

#### SECTION 3 (40 Marks)

- 3 Write short notes. (Attempt 8 out of 10) (5 marks each)
  - (1) Para neoplastic syndrome
  - (2) What is Membrane attack complex (MAC)?
  - (3) Types of infarct.
  - (4) Turner's syndrome.
  - (5) Exfoliative cytology.
  - (6) Metaplasia.
  - (7) Factors affecting granulation tissue formation in wound repair.
  - (8) Opportunistic infection in AIDS
  - (9) Blood component therapy.
  - (10) Coomb's test.

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	SE	CTION - I		
Multip	le choice question	ons. (*no neg	ative marking	ngs) 20
	ction- Encircle t			
	hromboxane $A_2$ ausing:	plays a rol	e in inflam	mation by
(8	a) Transmigrati	on of leucocy	tes	
(t	) Vasoconstrict	tion		
(0	e) Opsonization			
(6	d) Chemotaxis			
	Which of the fol	llowing does	not have	Chemotaxis
(8	a) C <sub>5a</sub>	(b)	Prostagland	lins
(0	e) IL-8		Leulcotrien	

- (3) Which investigation is most helpful for molecular analysis to identify gene alteration:
  (a) Immunohistochemistry
  (b) Florescence in situ hybridization
  (c) Flow cytometry
  (d) Tumor markers
- (4) Edema of nephrotic syndrome is due to:
  - (a) Increased hydrostatic pressure
  - (b) Decreased plasma osmotic pressure
  - (c) Lymphatic obstruction
  - (d) Increased plasma osmotic pressure
- (5) The process of wound repair shows the following Except:
  - (a) Neovascularization
  - (b) Necrosis
  - (c) Fibroblast
  - (d) Synthesis of extracellular matrix
- (6) A ten years old boy presented with tenderness in right iliac fossa for the last 2 days, with fever. The predominant cells infiltrating his excised appendix will be:
  - (a) Neutrophils
- (b) Eosinophils
- (c) Macrophages
- (d) Plasma cells
- (7) Caisson disease is due to:
  - (a) Fat embolism
  - (b) Thromboembolism
  - (c) Air embolism
  - (d) Amniotic fluid embolism
- (8) Anticoagulant suitable for storing blood for transfusion is:
  - (a) Heparin, dextrose and citrate
  - (b) Phosphate, dextrose and citrate
  - (c) EDTA, dextrose and saline
  - (d) Oxalate, phosphate and glucose

(c) Lung Carcinoma	(d) Pulmonary Infarction
tuse estado collederado.	(d) Macrophages (d)
(12) Labile cells include t	he following Except:
(a) Hemopoietic cell	S The second and the presentation of the second sec
(b) Surface epithelia	
(c) Cells of lymph	
(d) Parenchymal cel	lls of liver
	And Allema de dir.
(13) Pulmonary edema is	encountered in.
(a) Right ventricula	
(b) Left ventricular	lanure no Amilonam-econo lo
(c) Hepatic failure	on bue alled her a mored (a)
(d) High fever	
(14) Apoptosis occurs in	the following Except:
(a) Embryogenesis	(b) Aging
(c) Menstrual cycle	e (d) Hyperplasia
(15) Motastatic calcificati	on occurs in which of the following
conditions:	
(a) Hyperparathyro	pidism
(b) Tuberculous ly	mphadenitis
(c) Nodular Goitre	
(d) Atherosclerosis	
the second section of the second	(ii) tentico cause 5 de la companya

(9) An adolescent girl gives history of repeated painful pustules on face with exudation of pus. The pathogenesis

(10) All of the following are responsible for a low value of

Acute inflammation (b) Chronic inflammation

(b) Bacteria

(d) Herpes virus

Cosmetics allergy

of disease is:

(c)

Sunburn

(a) Leucocytes

glucose: CSF Except:

(c) Neoplastic cells

(16)	Nut	meg liver is seen in.:
	(a)	Cirrhosis of liver
	(b)	Chronic passive congestion of liver
	(c)	Hepatoma
	(d)	Fatty liver

- (17) Which of the following blood components has the shortest shelf life:
  - (a) Red Blood cells(b) Platelets(c) Fresh frozen Plasma (d) Cryoprecipitate
- (18) Helper function is a feature of:
- (19) Amyloidosis in long term hemodialysis is due to:
  - (a) Transthyretin
  - (b) B<sub>2</sub> microglobulin
  - (c) Amyloid associated protein
  - (d) B amyloid protein
- (20) The major compatibility test before blood transfusion of cross-matching of:
  - (a) Donor's red cells and recipients serum
  - (b) Donor's serum and recipients red cells
  - (c) Donor's serum and recipients serum
  - (d) Donor's red cells and recipients red cells

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## NC-2106000102010102

# Second Year M. B. B. S. Examination

December - 2021

Pathology: Paper-II

(CBME New Course)

Time: 2 Hrs 40 Minutes] [Total Marks: 80

## Instruction:

નીચે દર્શાવેલ ❤ નિશાનીવાળી વિગતો ઉત્તરવહી પર અવશ્ય લખવી. Fillup strictly the details of ❤ signs on your answer book. Name of the Examination :	Seat No.:
Second Year M. B. B. S.	
Name of the Subject :	
Pathology : Paper-II	(1) Morphology
Subject Code No.: Section No. (1, 2,): Nil	(2) Serological a
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## SECTION - II (40 Marks)

2	Long Essay Questions: 20+10+	10
	(1 Compulsory to answer. Write 2 out of remaining 3)	10
	(1) A 30 years female, pure vegetarian since birth, having 2 children, presented with easy fatigability, dyspnea on exertion for last one and half months along with tingling & numbness in feet & moderate fever since 20 days. On examination tongue was bald With loss of papilla.	
	(i) What is your diagnosis?	2
	(ii) What is etiology & pathophysiology of this condition ?	6
	(iii) Enumerate various clinical features	2
	(iv) Describe peripheral smear & bone marrow findings.	6
	(v) Enumerate the salient biochemical tests useful	4

- (3) Define &Classify Chronic obstructive Pulmonary 2+2+3+3
  Diseases. Discuss etio- pathogenesis & morphology of
  Bronchiectasis.
- (4) Classify Glomerular diseases of kidney and write 4+6 in detail about pathogenesis of glomerular injury.

#### SECTION - III (40 Marks)

- 3 Write short notes. (Attempt 8 out of 10) (5 marks each)
  - (1) Morphology of lobar Pneumonia.
  - (2) Serological markers of hepatitis-B
  - (3) Lab diagnosis of Thrombocytopenia
  - (4) Morphologic features of Teratoma
  - (5) Helicobacter pylori
  - (6) Lab diagnosis of Chronic myeloid leukemia
  - (7) Causes of Splenomegaly
  - (8) Classification of Hodgkin's Lymphoma
  - (9) Enumerate occupational lung disease and their causative agents.
  - (10) Define & classify Aneurysm

### Centre Date of issue: Seat No.: Sup. Sign. NC-2106000102010102-O Second Year M. B. B. S. Examination January - 2022 Pathology: Paper-II (CBME New Course) [Total Marks: 20 Time: 20 Minutes] Instruction: Seat No.: નીચે દર્શાવેલ 🖝 નિશાનીવાળી વિગતો ઉત્તરવહી પર અવશ્ય લખવી. Fillup strictly the details of r signs on your answer book Name of the Examination: Second Year M. B. B. S. Name of the Subject : Pathology : Paper-II Section No. (1, 2,....): Nil Subject Code No.: Student's Signature 2 1 0 6 SECTION - I Multiple choice questions. (\*no negative markings) Instruction- Encircle the correct answer (1) A 35, years old male present with h/o bleeding, peripheral smear shows leucocytosis, platelet count 50,000/mm3, blast 28%, and band form, myelocyte & metamyelocyte is seen, t(8:21) is positive. What is the diagnosis? (a) CLL (b) CML (d) MDS AML (c) (2) Patient having history of smoking, abnormal permanent enlargement of the alveoli cough & dyspnea suggest: (a) Pneumonia (b) Asthma Chronic bronchitis (d) Emphysema

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- (3) A 16 years old boy complain of weakness, pallor since chilhood, leg pain and ulcers on the legs. Blood examination revealed anemia. He is probably suffering from:
  - (a) Sicklecell anemia
- (b) Megaloblastic anemia
- (c) Sideroblastic Anemia (d) Iron deficiency anemia
- (4) Paediatric patients having minimal change disease commonly presents as prominent periorbital edema Which of the following urinallysis test findings is most likely to have been consistently present in these subjects?
  - (a) Hematuria with >10 RBC/hpf
  - (b) Proteinuria >3.5 gm/24 hours
  - (c) Calcium oxalate crystsls
  - (d) Renal tubular epithelial cells and casts
- (5) Tree bark appearance of intimal surface of Arch of Aorta with nodular lesion on skin likely cause:
  - (a) Syphilis
- (b) Atherosclerosis
- (c) Marfans syndrome
- (d) Cystic medial necrosis
- (6) 55 year female patient having gastric carcinoma diagnosed as signet ring cell carcinoma. Patient developed metastasis to ovaries, which type of tumor develop in ovaries?
  - (a) Mucinous cystadenoma
  - (b) Serous cystadenoma
  - (c) Krukenberg tumor
  - (d) carcinoid
- (7) Which of the following tests is the gold standard to diagnose a case of Paroxysmal Nocturnal Haemoglobinemia (PNH):
  - (a) HAMS test
- (b) Sucrose lysine test
- (c) Flow cytometry
- (d) Bone marrow

- (8) The characteristic diagnostic findings of acute respiratory distress syndrome is
  - (a) Accumulation of proteinaceous material within alveoli
  - (b) Hyaline membrane lining the alveolar wall
  - (c) Enlargement of air spaces
  - (d) Diffuse interstitial fibrosis
- (9) All are causes of contracted kidney except:
  - (a) Benign nephrosclerosis
  - (b) Chronic pyelonephritis
  - (c) Amyloidosis
  - (d) Chronic glomerulonephritis
- (10) Maximum frequency as outcome of hepatitis B infection occurs as:
  - (a) Viral hepatitis
  - (b) Hepatocellular carcinoma
  - (c) Subclinical case
  - (d) Cirrhosis
- (11) The most common source of pulmonary embolism is:
  - (a) Amniotic fluid embolism
  - (b) Renal artery embolism
  - (c) Large veins of lower limbs
  - (d) Cardiothoracic surgery
- (12) The most common non-Hodgkin's lymphoma in India is:
  - (a) Burkitt's lymphoma
  - (b) Diffuse large B cell lymphoma
  - (c) Mantle cell lymphoma
  - (d) Marginal zone lymphoma
- (13) Barret's esophagusis characterized by all Except:
  - (a) Lower esophagus is lined by columnar epithelium
  - (b) Caused by helicobacter pylori
  - (c) Predisposition to adenocarcinoma
  - (d) Patient complains of reflux
- (14) Most common tumor of major salivary glands is :
  - (a) Warthin's tumor
  - (b) Pleomorphic adenoma
  - (c) Mucoepidermoid carcinoma
  - (d) Adenoid cystic carcinoma

- (15) In which of the following vegetation are large, typically friable and easily detachable from the cardiac valves: Non Bacterial thrombotic (b) Rheumatic (c) Libman-Sacks (d) Infective (16) Reticulocytes are stained with: Brilliant cresyl blue Sudan black (c) Warthin starry (d) Hemotoxylin-eosin stain (17) 30-year-old female with complain of fever & periorbital edema Findings: protein: ++. Microscopic findings: 30 to 40 RBCs per high power field along with RBC cast. What is the diagnosis? (a) Benign Nephrosclerosis (b) Nephrotic syndrome
  - (c) Nephritic syndrome
  - (d) Multiple myeloma
- (18) Renal cell carcinoma has been more commonly associated with which of the following disorders ?
  - (a) Down syndrome
  - (b) Von Hippel -Lindau disease
  - (c) Williams syndrome
  - (d) Multiple endocrine neoplasia type-2
- (19) Which of the following is not seen in DIC ?
  - (a) Prolonged PT/APTT
  - (b) Thrombocytopenia with schistocytes in peripheral blood
  - (c) High levels of FDP/D-dimer
  - (d) Increased fibrinogen levels
- (20) The commonest histological type of carcinoma testis is:
  - (a) Teratoma
- (b) Yolk sac tumor
- (c) Seminoma
- (d) Chorio carcinoma