

ORTHOPEDICS & RADIOLOGY

1. A 25-year-old person jumped from the first floor to avoid police and was brought to hospital as he could not stand. X ray of foot is shown. Which of the following is correct about this fracture?

a. March fracture STRESS # : Shaft of Metatarsal 2nd

b. Jones fracture Base of 5th → Metatarsal

c. Lover's fracture CALCANEUM

d. Pott's fracture



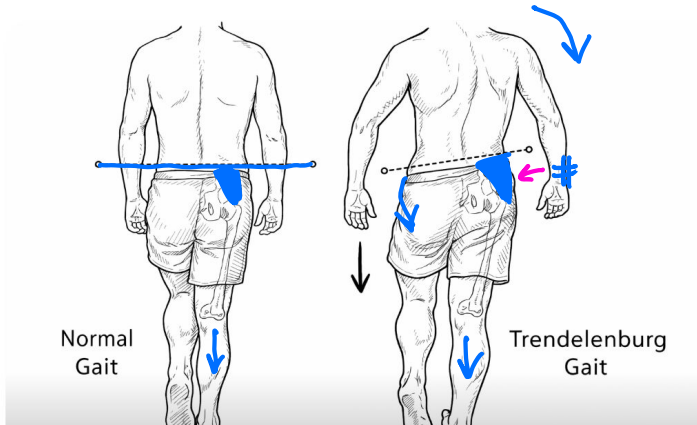
fall & foot
EVERSION

Bimalleolar
#

2. Which of the following is correct about Trendelenburg gait?

- a. Patient lurches to affected side *To maintain centre of gravity*
- b. Pelvis drop on affected side *CL*
- c. Damage to inferior gluteal nerve *SGN*
- d. Gluteus maximus weakness *medius, medius*

** Trendelenburg I Test*
SFJ incompetence



3. Which of the following is not correct about avascular necrosis sites?

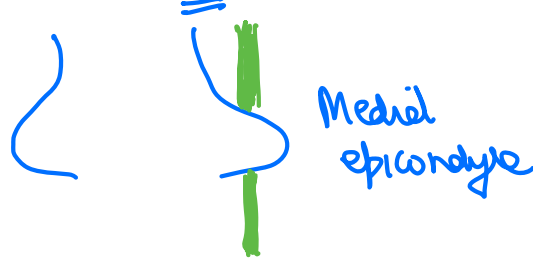
- a. Neck of femur HEAD
- b. Proximal scaphoid ✓
- c. Body of talus ✓
- d. Lunate ✓

4. Finger drop sign is seen due to injury to which of the following?

- a. Radial tunnel syndrome → Pin # (Radial N)
- b. Low ulnar nerve palsy CLAW HAND (ulnar paradox)
- c. High ulnar nerve palsy partial "
- d. Carpal tunnel syndrome median N #

5. Most common nerve of upper limb injured during surgery is:

- a. High ulnar nerve
- b. Radial nerve
- c. Median nerve
- d. Low ulnar nerve

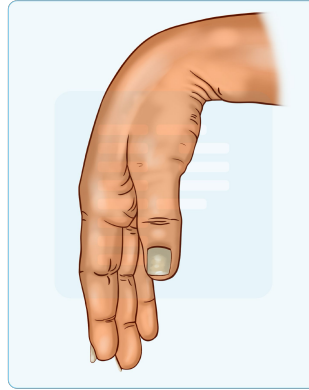


Nerve will get compressed between the patient and operating table

Option	Explanation
High ulnar nerve	Most common nerve injured during upper limb surgery (esp. at elbow)
Radial nerve	Most common nerve injured in upper limb fracture (humeral shaft)
Median nerve	Most common in entrapment neuropathy (carpal tunnel)
Low ulnar nerve	Injured at Guyon's canal

6. Patient falls from recklessly driven e-rickshaw presents as show below. All are correct about this condition except?

- (a) Severe weakness of triceps
- b. Severe weakness of extensor digitorum ✓
- c. Sensation loss in radial side of hand ✓
- d. Severe weakness of extensor carpi ✓
radialis longus and brevis



Spiral
fracture

7. Comment on the X rays shown below:

a. Birmingham hip replacement

(b). Total hip replacement

c. Austin Moore prosthesis

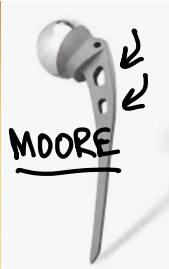
d. Dynamic hip screw



A



C



D



8. A 32-year-old IT professional complains of tingling and burning over the dorsolateral aspect of his right thumb for 2 weeks. He recently started wearing a tight smartwatch during work hours to monitor his health parameters. Examination shows sensory loss over the base of the thumb with tinel sign on tapping proximal to radial styloid process. What is the most likely diagnosis?

a. Carpal tunnel syndrome

b. De Quervain tenosynovitis

c. Cheiralgia parasthetica

d. AVN of scaphoid

FOOSH

* Sup. branch of Radial N

* Meralgia Parasthetica : burning pain
LCN of THIGH
Ant aspect of Thigh

↓
9. A 45-year-old man smoker presents with burning pain and tingling sensation in the sole of his right foot for the past two months. The symptoms worsen after prolonged standing. On examination, there is tenderness behind the medial malleolus. Dorsalis pedis is palpable and no trophic changes are noted. Which of the following is the most likely diagnosis? * *

- a. Plantar fasciitis ← dull pain in sole of foot
- b. ~~Thromboangiitis obliterans~~ Vascular claudication: pain ↑ on walking
- (c) Tarsal tunnel syndrome
- d. L5-S1 radiculopathy
Sciatica
- Neurogenic claudication
* POST. TIBIAL NERVE

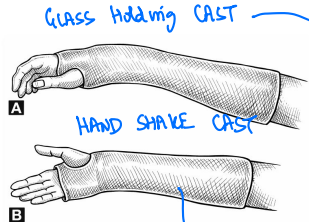
MUGR

10. The 35-year-old man falls on his outstretched hand with the forearm in hyper-pronation. X-ray is shown below. What is the best treatment for this condition?

- a. Closed reduction and above-elbow cast
- ☒ b. Open reduction and internal fixation of with plate and screws
- c. Glass holding cast SCARFOLID #
- d. Aeroplane splint Axillary BURNS



Monteggia #



* COLE #: DORSAL angulation





Monteggia fracture involves a fracture of the ulna with dislocation of the radial head. In adults, anatomical reduction and rigid internal fixation of the ulna automatically reduces the radial head. Closed reduction (a) works in children, not adults

Glass-holding cast (also called below-elbow thumb spica cast) is used for scaphoid fractures — typically fracture through the waist or proximal pole of the scaphoid

Aeroplane splint is used in burns or axillary burns or shoulder immobilization

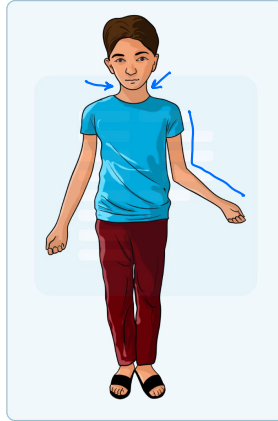
11. Which of the following is correct about the deformity shown below;

a. Gun stock deformity

b. Tardy ulnar nerve palsy

c. Dinner fork deformity *Colles #*

d. Garden shovel deformity



*MALUNION
LCH #*

Cubitus valgus



Cubitus varus

SCF of HUMERUS



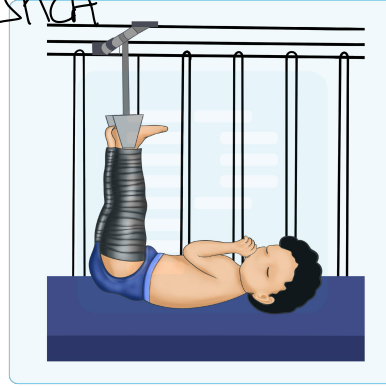
12. The following method is used for management of

a. Fracture shaft of femur > 2 years *Hip Spica*

b. Fracture shaft of femur < 2 years

c. ~~Fracture of neck of femur < 2 years~~

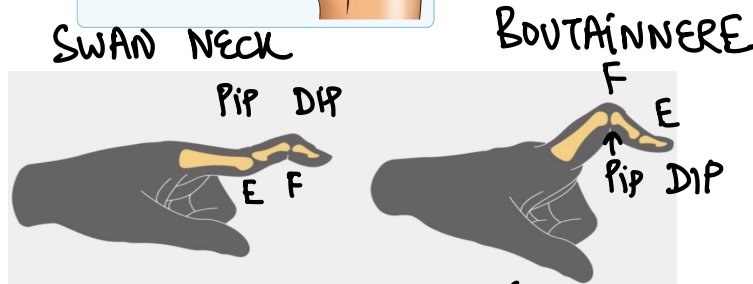
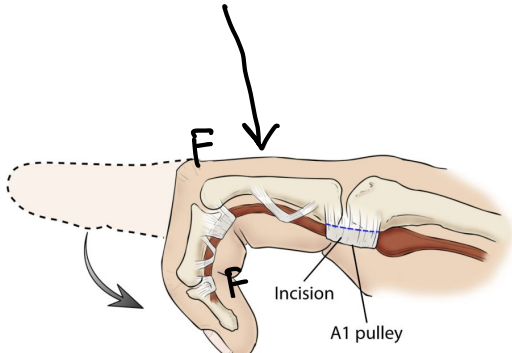
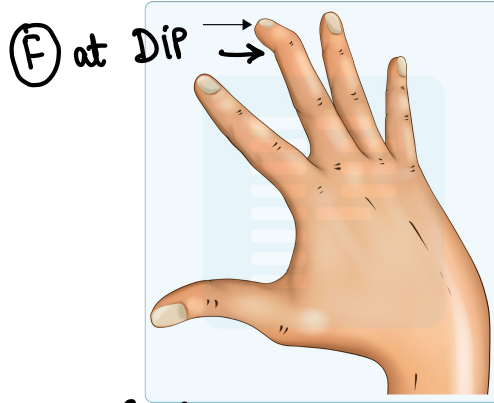
d. ~~Fracture of neck of femur > 2 years~~



Gallow's TRACTION

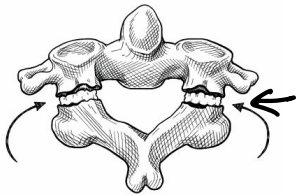
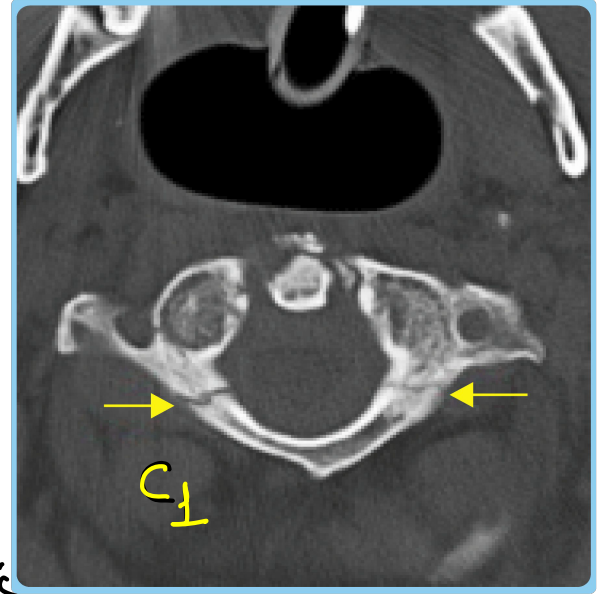
13. The 50-year-old woman presents with pain and swelling worse in the morning for the past 3 days and improves with NSAID. Examination reveals mild tenderness and swelling over the distal interphalangeal joint. She recalls that the pain started suddenly after trying to tuck in a bedsheet. Diagnosis is?

- a. Rheumatoid arthritis
- b. Osteoarthritis
- c. Mallet finger
- d. Trigger finger



✓
14. A 32-year-old man was brought to the ER after diving head first into a shallow side of the swimming pool. He complains of severe neck pain and restricted movement. Neurological examination is normal. CT cervical spine is shown below. Diagnosis is?

- a. Hangman's fracture
- b. Jefferson fracture**
- c. Clay shoveler's fracture C7 #
- d. Odontoid fracture type II



PARS INTERCONDYLARIS
#

- CT cervical spine shows fractures of both the anterior and posterior arches of C1 with lateral displacement of the lateral masses. Since the spinal cord is de-compressed so neuro findings are not seen.

Causes

- Axial compression injury (e.g., diving into shallow water or blow to vertex)

Feature	Jefferson Fracture	Hangman's fracture	Clay Shoveler's fracture	Odontoid type II
Vertebra	C1 (atlast)	C2 (axis- pars interarticularis)	C7 <u>spinous process</u>	Dens of C2 <u> </u>
Mechanism	Axial compression	hyperextension	Sudden muscle pull	Flexion/extension
Neuro deficit	Rare	Rare	Absent	Common
Key X-ray	lateral mass displacement	Bilateral pedicle fracture	Avulsed spinous tip	fracture at base of dens

↓
15. A 42-year-old manual labourer presented with sudden pain at the back of the neck while he was digging. He reports an audible "snap" followed by localized tenderness over the lower cervical spine. Neurological examination is normal. What is the most likely diagnosis?

- a. Jefferson fracture C₁
- b. Hangman fracture C₂
- (c.) Clay-shoveller's fracture C₇
- d. Odontoid fracture C₂: dens #



16. A 50-year-old postmenopausal woman slips and falls backward on her outstretched hand with her wrist in flexion. She presents with pain, swelling, and deformity over the distal forearm. What is the most likely diagnosis?

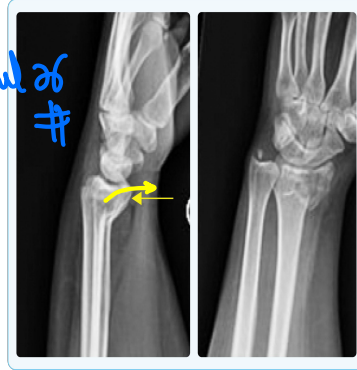
a. Colles' fracture

b. Barton's fracture intra articular #

c. Smith's fracture

d. Chauffeur's fracture

↓
Radial styloid #

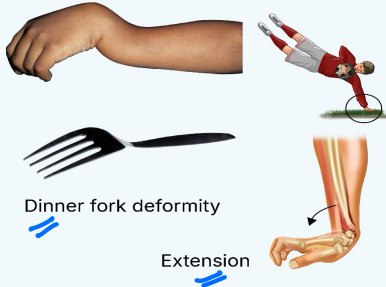
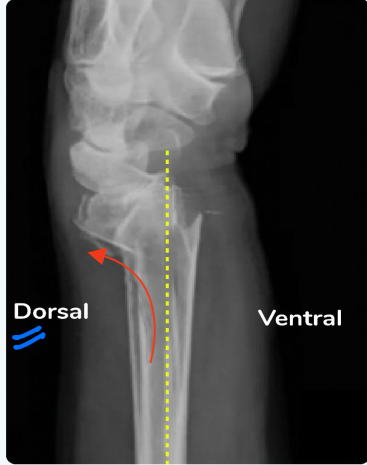


GARDEN
Spade
defect

CDE

Colles Fracture

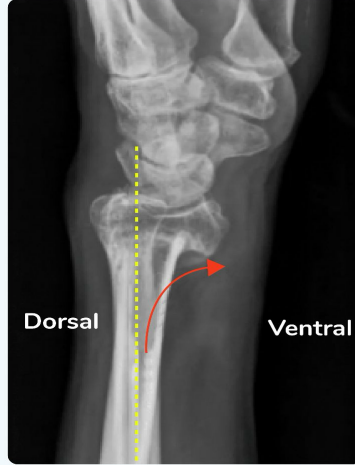
Dorsal displacement of the distal fragment



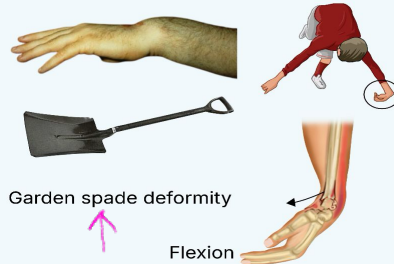
VS

Smith Fracture

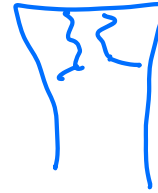
Ventral displacement of the distal fragment



SV



On examination, wrist shows a garden-spade deformity. X-ray of the wrist reveals a fracture of the distal radius with volar (**palmar**) **displacement** of the distal fragment.



- Colles fracture: Extra-articular fracture with dorsal angulation
- Smith fracture: extra-articular fracture with volar angulation
- Barton fracture: intra-articular fracture involving radial styloid
- Chauffeur fracture: intra-articular fracture involving radial styloid
- Lister's tubercle fracture: fracture of the dorsal tubercle of the distal radius

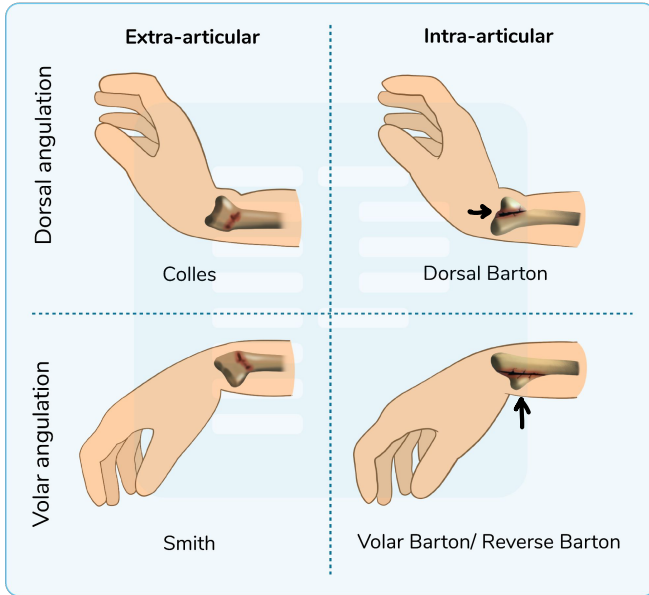
* B.D Pic

17. Comment on the diagnosis?

- a. Colle fracture
- b. Smith fracture
- c. Monteggia fracture
- ☒ d. Galeazzi fracture



MUQR



Monteggia & Galeazzi Fractures

MU-GR = Monteggia-proximal ulna. Galeazzi-distal radius



Galeazzi Fracture

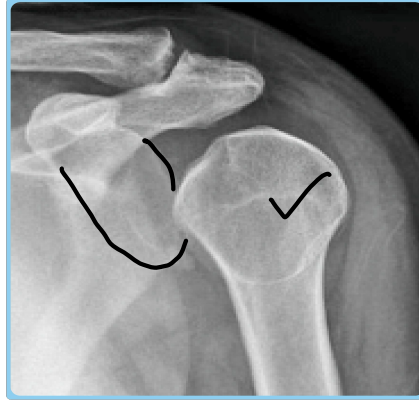
Fracture of the distal radius and dislocation of the distal radioulnar joint.

Monteggia Fracture

Fracture of the proximal ulna fracture and dislocation of the proximal radioulnar joint.

✓
18. A 25-year-old electrician got an electric shock while working at a power station. In ER is hemodynamically stable but has a burn on his left hand and cannot move his left arm. X ray was done. Correct about this condition is?

- a. Light bulb sign
- b. Rim sign *glenoid cavity* *which is not*
- c. Bankart lesion *Ant disloceth*
- d. Arm held in adduction and internal rotation



*Post
dislocation
Shoulder*

Bankart lesion is tear of anterior inferior labrum is torn due to anterior dislocation of shoulder



COZY TALE

GOZEN TEST

Tennis elbow

lateral epicondyle

GOLD Medal

Tennis Elbow vs. Golfer's Elbow



Tennis Elbow

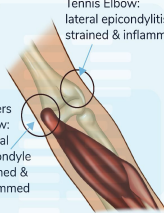


Tennis Elbow:
lateral epicondylitis
strained & inflamed

Golfer's Elbow



Golfer's
Elbow:
medial
epicondyle
strained &
inflamed





19. Correct about tennis leg:

- a. Painful tear at the musculotendinous junction of the medial head of gastrocnemius
- b. Inflammation of common extensor tendon arising from lateral epicondyle of humerus
- c. Inflammation of common extensor tendon arising from medial epicondyle of humerus
- d. Painful tear at the musculotendinous junction of the lateral head of gastrocnemius

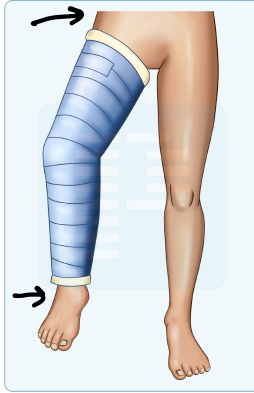
Tennis Racket EIM : L.C.H

Tennis ball CTA : Aortic dissection

Tennis elbow : L. epicondylitis

20. The following cast is used for:

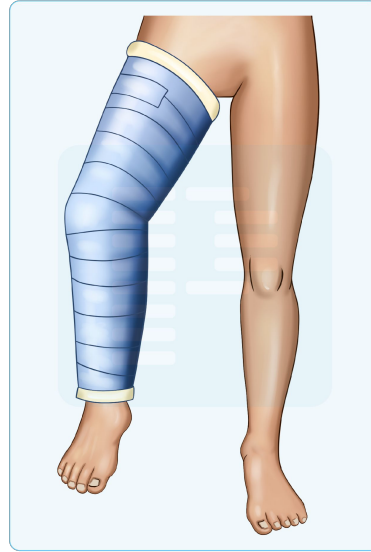
- a. Congenital dislocation of hip
- b. Fracture of shaft of femur
- ☒ c. Fracture of patella
- d. Fracture of pelvis



**Frog leg or Lorzeno or bachelor
cast**



Cylinder or tube cast



21. The following sign is seen due to:

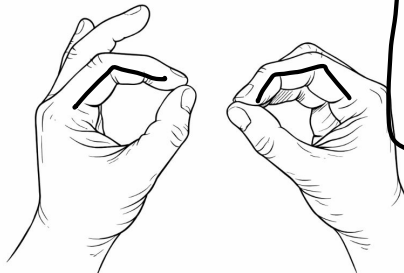
- a. Ulnar nerve injury
- b. Anterior interosseous nerve injury
- c. Posterior interosseous nerve injury
- d. Radial nerve palsy

FROMMENT SIGN



Adducts
pollicis #

FPL : leads
To IPJ
flexion



* AIN: Median N: cont Make OK
PIN: Radial N: FINGER DROP

* DEQUERVAIN TENOSYNOVITIS

22. A young hostel student says that he gets pain in the wrist while wringing clothes or carrying water bottles from the water cooler. You perform an ulnar deviation of the wrist that causes him to wince with pain. Diagnosis is

a. Stenosing tenosynovitis of fibrous digital sheath

FINKELSTEIN

b. Stenosing tenosynovitis of abductor pollicis longus and extensor pollicis brevis

c. Stenosing tenosynovitis of abductor pollicis longus and extensor carpi radialis

d. Stenosing tenosynovitis of flexor pollicis longus

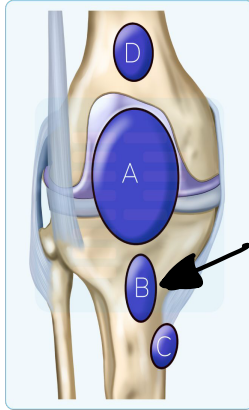
23. Which of the following bursae is involved in clergyman knee?

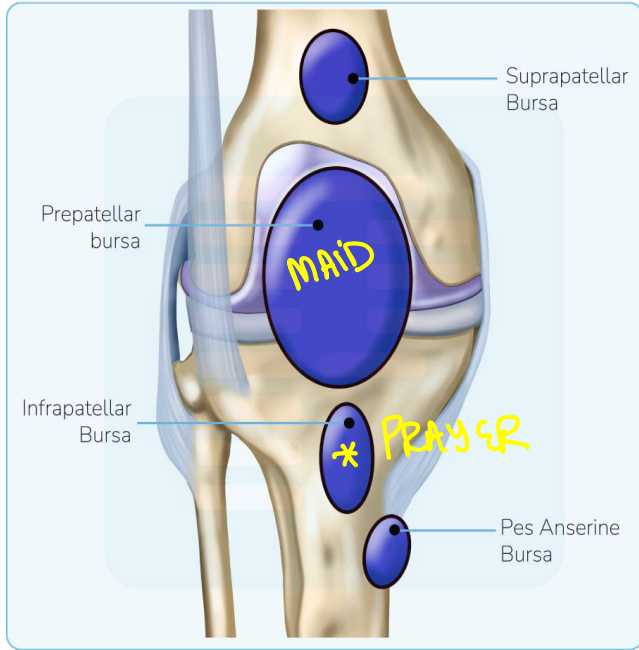
a. A

b. B

c. C

d. D





24. A 28-year-old male presents with an open fracture of the tibia following a road traffic accident. The wound measures 10 cm with extensive soft-tissue laceration and periosteal stripping, with exposed bone. There is no major vascular injury. According to Gustilo-Anderson classification, this injury is classified as?

- a. Type I
- b. Type II
- c. Type IIIA
- d. Type IIIB

Type	Wound	Level of Contamination	Soft Tissue injury	Bony injury
I	<1 cm long	Clean	Minimal	Simple, minimal comminution
II	1 -10 cm long	Moderate	Moderate, some tissue damage	Moderate comminution
IIIA	Usually > 10 cm long	High	Severe, with crushing	Usually comminuted: soft tissue coverage of bone possible periosteal stripping
IIIB	Usually > 10 cm long	High <i>Bone exposed</i>	Very severe loss of coverage: usually requires soft tissue reconstructive surgery (rotational flap coverage)	Moderate to severe comminution with periosteal stripping
IIIC	Usually > 10 cm long	High	Very severe loss of coverage + <u>vascular / arterial injury</u> requiring repair; may require soft tissue reconstructive surgery (rotational flap coverage)	Bone coverage poor; periosteal stripping; moderate to severe comminution

25. All of the following conditions are associated with Carpal Tunnel Syndrome, except:

- a. Somatotroph adenoma ACROMEGALY
- b. Hypothyroidism MYXEDEMA : GAG deposition
- c. Rheumatic fever
- d. Mucopolysaccharidosis MP deposition

26. The child is doing skating and falls down on the right side. On examination he has pain, swelling and inability to move the elbow. 3 bony point relation is maintained. X ray shows fractures above epicondyles. Which of the following is an early complication of this condition?

- a. Gun stock deformity late
- b. Myositis ossificans Manage : late

SCF of humerus

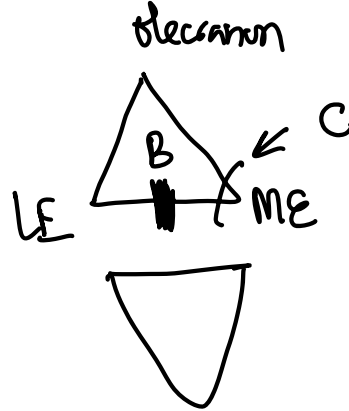
(c.) Volkman ischemia

- d. Volkman ischemic contracture : late

27. 3 bony point relation is reversed in which of the following conditions?

- a. Posterior elbow dislocation
- b. Intercondylar fracture
- c. Medial epicondyle fracture
- d. ~~Supracondylar fracture~~

L PRESERVED



28. A 72-year-old woman slips in her bathroom and falls on her side. She is unable to stand or walk afterward. The affected leg is externally rotated and shortened. ✓
* She has pre-existing arthritis. The greater trochanter is elevated. X-ray pelvis is shown. What is the most appropriate treatment for this patient?

- a. Open reduction and internal fixation with screws < 60 yrs
- b. Hemiarthroplasty
- c. Total hip replacement
- d. Skeletal traction followed by delayed fixation



- X ray shows displaced fracture of right-side neck of femur. In elderly without arthritis, we prefer hemiarthroplasty (replace only the femoral head).
- But when there is acetabular arthritis or joint degeneration, the acetabulum is also diseased, then simple hemiarthroplasty would lead to persistent pain.
- Hence, Total Hip Replacement (replacement of both the femoral head and acetabulum) is indicated.

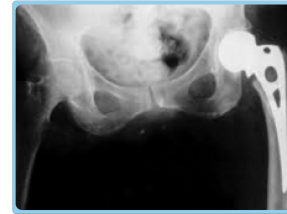
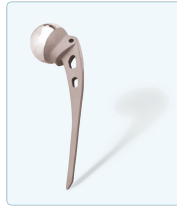
< 60 years

ORIF and Dynamic hip screw



>60 years (low demand)

Austin Moore prosthesis

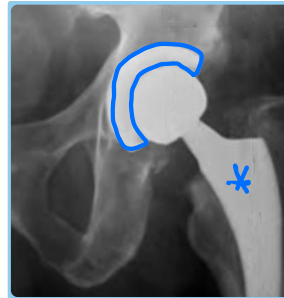


>75 years (high demand)

CoEXISTENT Arthritis

Total hip replacement

Notice the acetabular cup and
hip implant





29. A 65-year-old patient sustained a pelvic fracture and fracture of the right neck of the femur after being run over by a car. Hemiarthroplasty was done for the fracture neck of the femur. Day ② of the admission patient is having high grade fever. Vitals show Pulse 120/min, BP 90/60 mm Hg, nil urine output for the previous 12 hours and CXR shows bilateral infiltrates. Diagnosis is?

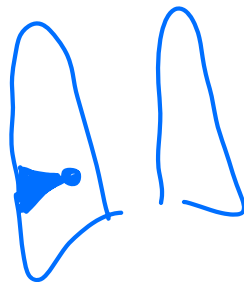
a. ARDS

b. Pulmonary thromboembolism

c. Bone cement embolism

d. Multi organ failure

BP ↓, DVT x x BIL infiltrates





30. A 24-year-old football player presents with pain and locking of the right knee after twisting his leg while turning suddenly. Examination shows joint line tenderness and a positive McMurray test producing a click on external rotation of the tibia. Which of the following structures is most likely injured?

- a. Anterior cruciate ligament
- b. Posterior cruciate ligament
- ☒ c. Medial meniscus
- d. Lateral meniscus

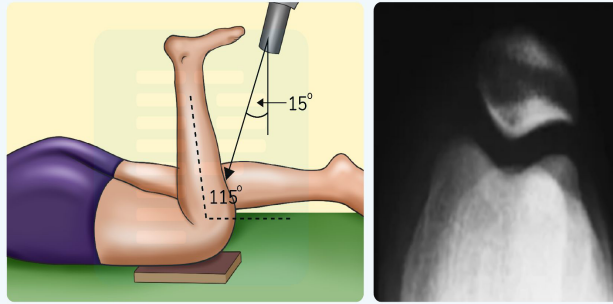


31. A 25-year-old man falls directly on his flexed knee while climbing stairs. He presents with anterior knee pain, swelling, and inability to actively extend the leg at the knee joint. Palpation reveals crepitus over the knee. Which of the following is the most likely diagnosis?

- a. Quadriceps tendon rupture
- ☒ b. Fracture of patella
- c. Avulsion fracture of tibial tuberosity
- d. Patellar dislocation



Sunrise View



Here, the Patella appears to be rising over the horizon. The radiograph is taken with the X-ray beam tangential to the Patella parallel to the long axis of the lower extremity. In the Merchant view, the Knees are Bent at 45 degrees, and the muscles are relaxed, allowing the Patella to settle into the Trochlear groove but in the sunrise view, the Knees are at Maximum Flexion (115°)



32. During an MMA fight the following kick was delivered to the leg of the player. This can lead to all of the following except?

- a. Medial meniscus tear ✓
- b. Anterior cruciate ligament tear ✓
- c. Medial collateral ligament tear ✓
- d. Posterior cruciate ligament tear



Unhappy Triad of O' Donoghue
MMA

33. A 65-year-old man presents with a low backache with pain radiating down the anterior part of leg. On DRE prostate is enlarged. PSA level is 2ng/ml. SLRT is 30 degrees bilaterally. MRI spine shows disc bulge at L3-4-5 levels impinging nerve roots and normal vertebral bodies. Diagnosis is?

>4ng/mL

a. Intervertebral disc prolapse

b. Carcinoma ~~prostate~~ # VERTEBRA

c. Occult malignancy

d. Central cord syndrome

Spine injury : flaccidity in legs ± arms

34. Correct about management of spinal shock is?

a. IV methylprednisolone

b. IV dexamethasone

c. IV hydrocortisone Addisonian Crisis, AECB, SEVERE acute asthma

d. Raise foot end of bed plus IV fluid loading in phenylephrine

(High spinal
Anaesthesia)

↓
35. A 2-year-old child has difficulty walking. You note excessive lumbar lordosis with waddling gait. On examination the vascular sign of narath and telescoping is positive bilaterally. Best intervention is? * FEMORAL A pulsatino: not felt

- a. Hip spica
- b. Pavlik harness
- c. Open reduction**
- d. Corrective osteotomy

DDH

Option	Typical indication
Hip spica	Used after reduction (either closed or open) to maintain reduction. Not treatment by itself.
<u>Pavlik harness</u>	Only effective in <u>infants < 6 months</u> with reducible hips.
Open reduction	Treatment of choice in <u>1-3 years</u> when closed reduction fails or hips are fixed dislocated.
Corrective osteotomy	✓ Needed after 3 years or if acetabular remodeling inadequate after open reduction.

36. Which is correct about the Ponseti method of correction in CTEV?

- a. Equinus is last to be done in manipulation
- b. Cavus is last to be done in manipulation
- c. Adductus is first to be done in manipulation
- d. Varus is first to be done in manipulation

Mnemonics for CTEV (Congenital Talipes Equino-Varus) Correction

CAVE 	Conservative/manual correction (Ponseti method)	Cavus→Adduction → Varus→Equinus	Manipulation & casting sequence
ADVERB 	Surgical correction (posteromedial release)	Adduction →derotation→Varus →Equinus →Rotation→Balance (Broadly)	Order of surgical correction/ release

Equinus is corrected LAST in Ponseti method, usually by **Achilles tenotomy**.

37. A 6-month-old child has completed serial corrective casting for congenital talipes equino-varus using the Ponseti method. The device shown in the image is applied next. What is the purpose of this device?

- a. To maintain correction and prevent recurrence of deformity *
- b. To correct residual equinus deformity
- c. To assist in walking and weight bearing
- d. To stretch the Achilles tendon after tenotomy

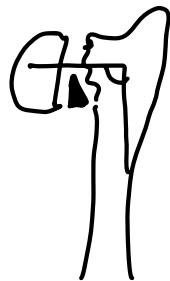


120-125°



38. A 7-year-old child presents with a painless limp and limb shortening. Examination shows a Trendelenburg gait and decreased abduction at the hip. X-ray pelvis reveals a neck-shaft angle of 90° with a defect in the inferomedial femoral neck (Fairbank's triangle). What is the most likely diagnosis?

- (a) Coxa vara
- b. Developmental dysplasia of hip
- c. Perthes disease AVN #
- d. Slipped capital femoral epiphysis

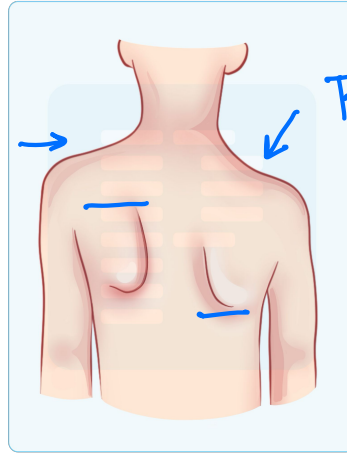


↓
39. A 13-year-old obese boy presents with pain in the groin radiating to the knee and a limp for 3 weeks. On examination, the limb is shortened, lies externally rotated, and there is restriction of flexion, abduction, and internal rotation at the hip. When the hip is flexed, it automatically externally rotates. What is the most likely diagnosis?

- a. Perthes disease
- ☒ b. Slipped capital femoral epiphysis
- c. Developmental dysplasia of the hip
- d. Transient synovitis of the hip

40. Which of the following is the correct diagnosis?

- a. Sprengel shoulder
- b. Serratus anterior weakness
- c. Dropped shoulder
- d. Congenital torticollis



Trapezius #

TOPHI

41. The 50-year-old man presents with firm, chalky nodules over the pinna and elbows. X-ray of the first metatarsophalangeal joint shows well-defined punched-out erosions with overhanging edges. Which of the following best describes the underlying pathology?

CH. GOUT

- a. MIP-1 alpha induced increased osteoclast activity in multiple myeloma
- ☒ b. Deposition of monosodium urate crystals in and around joints
- c. Osteoclastic resorption due to rheumatoid pannus formation
- d. MIP-1alpha induced increased osteoblast activity in multiple myeloma

42. Best imaging modality for acute osteomyelitis

- a. CT
- ☒ b. MRI
- c. USG
- d. X Ray

43. MC site of osteomyelitis in IV drug user is:

- a. Lower part of femur
- b. Upper part of tibia
- ☒ c. Spine
- d. Small bones of hand

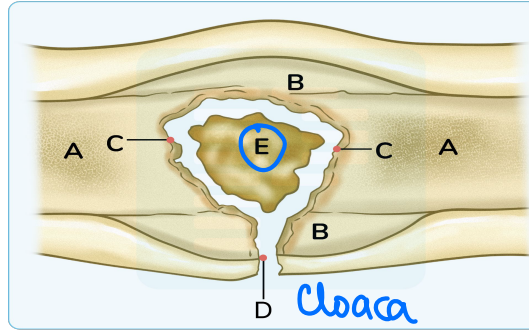
pseudomonas > Staph
AUREUS

Population	Intravenous (IV) drug users are prone to hematogenous osteomyelitis due to recurrent bacteremia from contaminated needles.
Most common site	Spine (vertebral bodies) especially lumbar vertebrae.
Most common organism	Pseudomonas aeruginosa (classic for IV drug users) Staphylococcus aureus remains the overall most common cause of osteomyelitis
Mechanism	Direct bacteremia causing seeding of highly vascular vertebral endplates
Clinical clue	Persistent back pain, fever, localized tenderness; may lead to epidural abscess or neurological deficits.

44. The marking E in the diagram indicates which of the following?

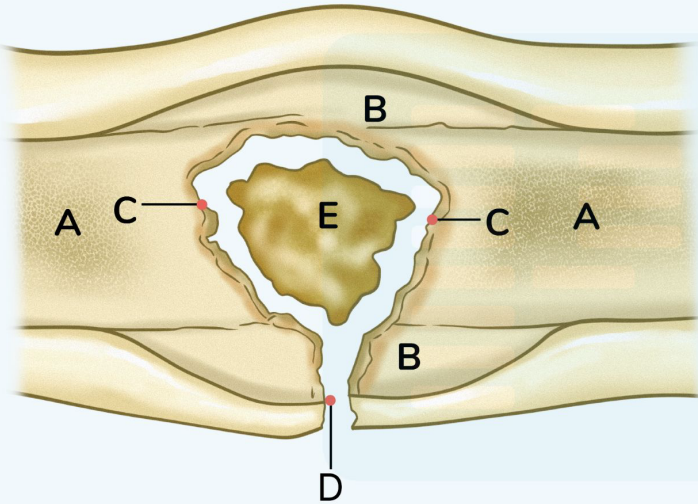
- a. Sequestrum
- b. Involucrum
- c. Cloacae
- d. Healthy bone

Reactive
changes



Dead: Skeleton
↓
Sequestrum





A: healthy bone
B: periosteum
C: involucrum
D: sinus tract
E: sequestrum

1. **Sequestrum** → Dead bone
2. Involucrum → new bone around it
3. Cloaca → drainage channel through involucrum

↓
45. Patient present with foul smelling discharge from a wound in the upper part of shin. Comment on the diagnosis based on the X Ray evidence shown below?

- a. Sequestrum
- b. Involucrum
- c. Brodie abscess

d. Garre osteomyelitis

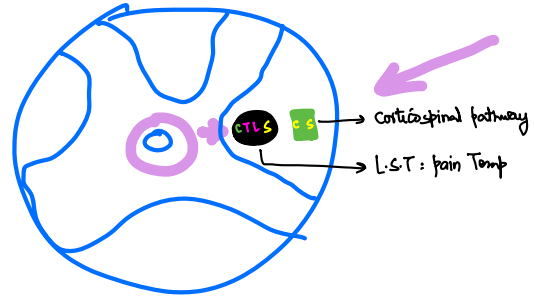
No dx
↗



Black surrounded
by white

46. Which is not correct about TB spine?

- a. Earliest evidence of spinal cord involvement is exaggerated DTR ✓
- b. MC type is para-discal type ✓
- c. Increased intervertebral joint space on X ray
- d. Gibbus is noted in DL spine
 ↳ deformity



- Collapse of anterior vertebral bodies leads to angulated kyphotic deformity (gibbus), most common in dorso-lumbar region (T12–L1)
- Spina ventosa: TB dactylitis
- Caries sicca: Shoulder joint TB

47. A 17-year-old boy presents with severe, dull, localized pain in the mid-thigh for 3 months. The pain is worse at night and dramatically relieved by aspirin. On X-ray, a small radiolucent nidus (<1.5 cm) is seen in the cortex of the femur, surrounded by dense sclerosis. What is the most likely diagnosis?

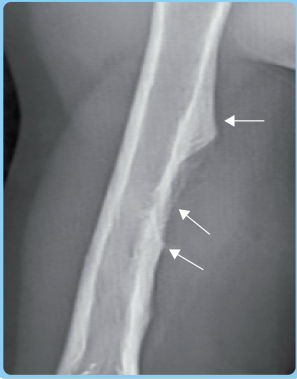
- a. Osteoblastoma
- b. Osteoid osteoma
- c. Ewing's sarcoma
- d. Brodie's abscess

48. In patients with stroke, prolonged immobilization will cause osteoporosis. Which of the following bones is first to be affected?

- a. Spine
- b. Humerus
- c. Tibia
- d. Femur

49. A 15-year-old boy complains of swelling and pain around his knee for 2 months. X-ray shows a mixed sclerotic-lytic lesion at the metaphysis of the distal femur with sunburst periosteal reaction and Codman's triangle. Serum alkaline phosphatase is elevated. What is the most likely diagnosis?

- a. Osteosarcoma
- b. Ewing's sarcoma
- c. Chondrosarcoma
- d. Fibrosarcoma

Osteosarcoma	Ewing sarcoma	Chondrosarcoma	Osteochondroma
			

50. The following CXR appearance is not seen in:

a. Invasive aspergilloma : HRCT

b. Choriocarcinoma ✓

c. Renal cell carcinoma ✓

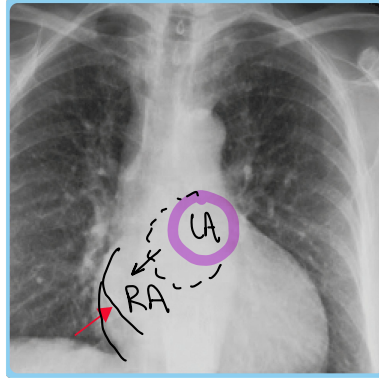
d. Malignant melanoma ✓



CANON Ball mets

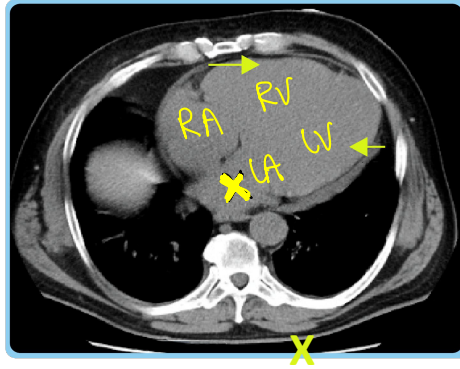
51. The following radiological appearance is seen in which of the following:

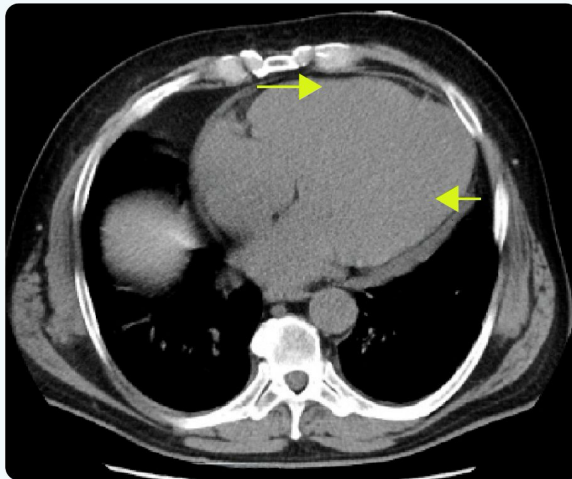
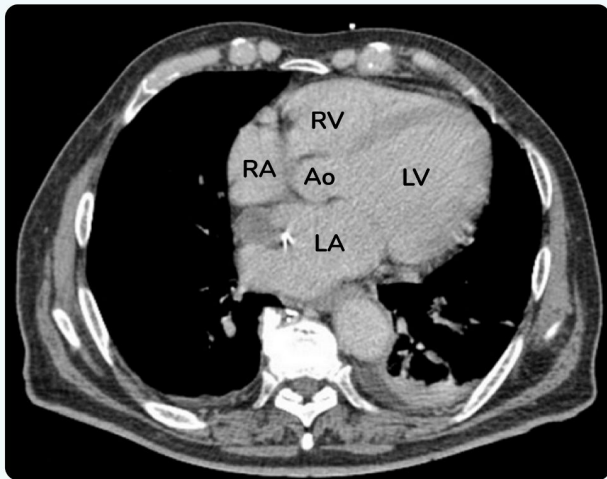
- a. Enlarged Left atria
- b. Enlarged right atria
- c. Enlarged left ventricle
- d. Enlarged right ventricle



52. The area of heart marked as X is which of the following

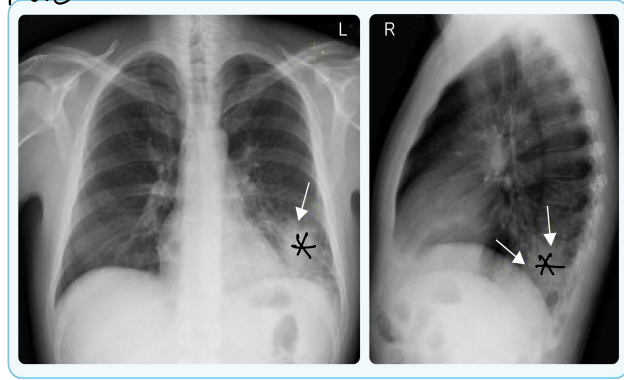
- ☒ a. Left atrium
- b. Right atrium
- c. Left ventricle
- d. Right ventricle



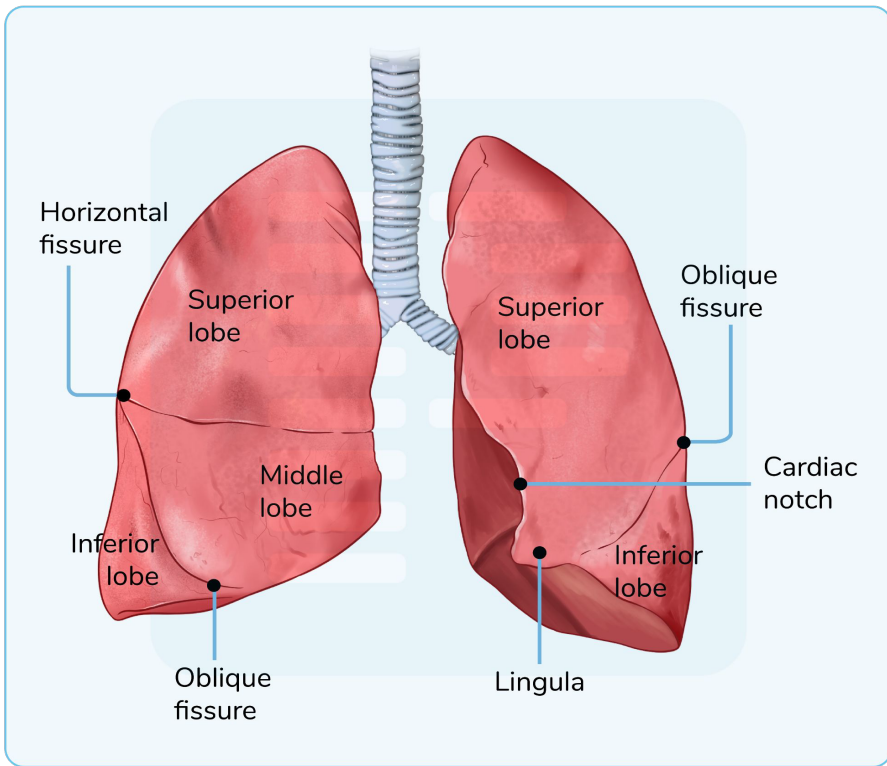


53. Comment of the set of findings expected in this patient whose CXR is shown below. The patient was admitted due to low SaO₂. He is having high grade fever with rusty sputum for the past 3 days. *Pneumothorax*

- a. Distant breath sounds with hyper resonance
- b. *normal* Vesicular breath sounds with dull note
- c. Bronchial breath sounds with dull note
- d. Rhonchi with hyper response
L Asthma



Feature	Right Middle Lobe (RML) Pneumonia	Right Lower Lobe (RLL) Pneumonia
Anatomical location	Between minor or major fissures	Below oblique (major) fissure
Best seen on	lateral view (obscures right heart border)	Lateral view (seen posteriorly against spine/ diaphragm)
Silhouette sign	Loss of right heart border (right atrium obscured)	Right heart border visible, but right hemidiaphragm obscured
AP/PA chest view appearance	Triangular or wedge-shaped opacity adjacent to right cardiac border	Homogenous capacity behind the heart often extending to costophrenic angle
Lateral chest X-ray	Opacity between minor and major fissures anteriorly placed	Opacity posteriorly and inferior, above diaphragm



54. Bullet shaped vertebrae are seen in?

- a. Achondroplasia
- b. Sick cell anaemia FISH Vx
- c. Renal osteodystrophy RIVOR JERSEY Vx
- d. Paget disease IVORY Vx

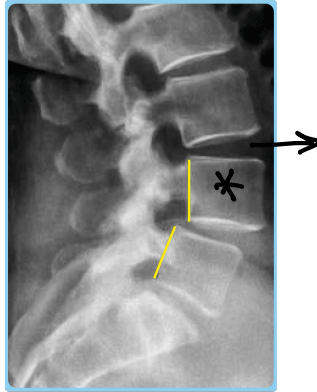
55. Comment on the diagnosis?

a. Spondylosis

b. Spondylolisthesis

c. Spondylitis HLA B27 +

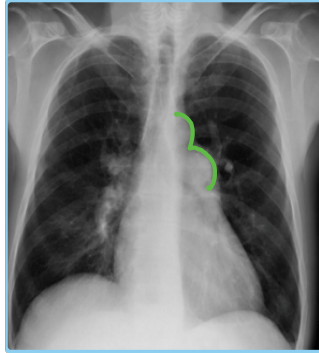
d. Spondylolysis



Term	Core pathology	Key Feature	Common site	Type
Spondylosis	Degenerative disc & facet joint disease	osteophytes, <u>disc narrowing</u>	Cervical > Lumbar	Degenerative <i>old age</i>
Spondylolysis 	Pars interarticularis defect <i>*</i>	"Collar on Scotty dog" 	L5	Structural defect
Spondylolisthesis	Forward vertebral slippage	<u>Step Deformity</u>	L5-S1	Mechanical
Spondylitis 	Inflammation of vertebra	Fusion, erosions	Thoracolumbar	Inflammatory

56. A 40-year-old man presents with shortness of breath for the past 1 month. CXR is shown below. Diagnosis is?

- a. PAH**
- b. Sarcoidosis
- c. Interstitial lung disease
- d. Spontaneous pneumothorax



*

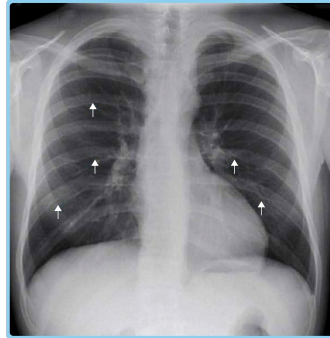
57. A 25-year-old smoker woman presents with complaints of icy cold toes and wearing woollen socks in the summer season. Work up shows BP 160/100 mm Hg. CXR is shown below. Diagnosis is

a. Takayasu arteritis

b. Coarctation of aorta

c. Thrombo-angitis obliterans BP = (n)

d. Polyarteritis nodosa



rib notching RIBS

58. The following CXR findings are seen in:

a. Staph aureus pneumonia *Pneumatocele*

b. Filariasis

c. Primary malignant lung cancer *☁*

d. Pulmonary hamartoma *☘*



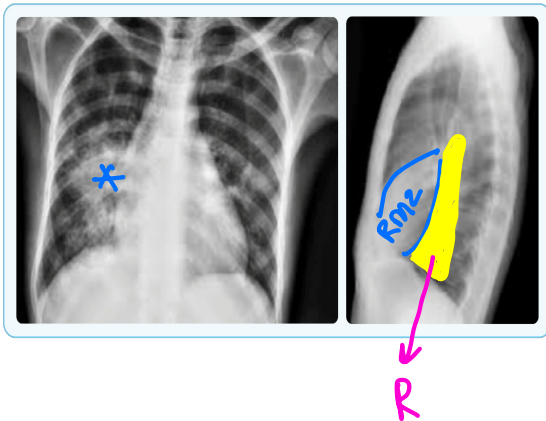
*Miliary
Mottling
CXR*

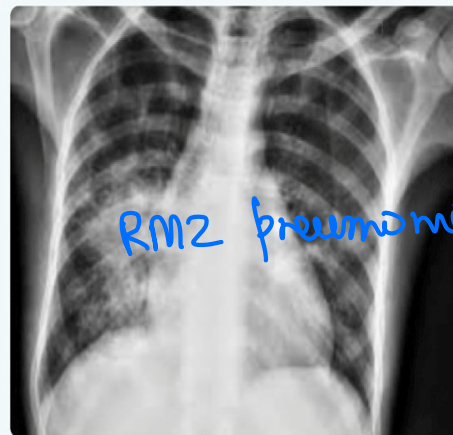
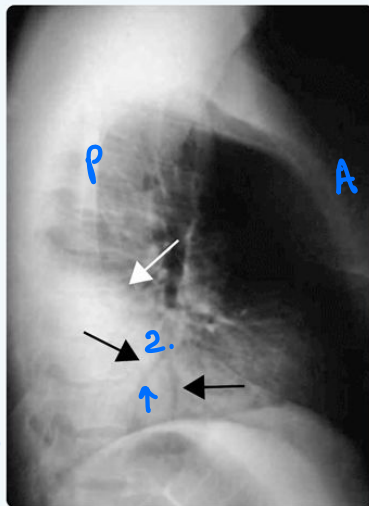
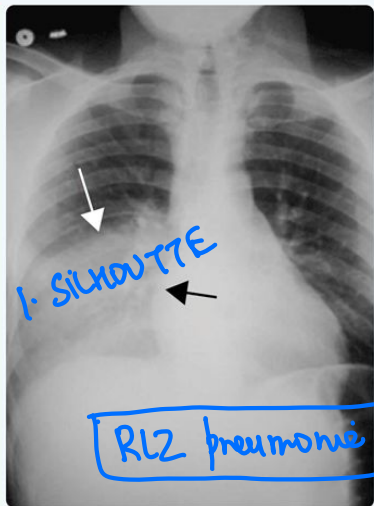
1. Tropical pulm eosinophilus
2. Silicosis
3. disseminated TB
4. FES
5. PAP

- CXR shows miliary picture seen in Tropical pulmonary eosinophila
- The chest X-ray (CXR) shows **diffuse reticulonodular infiltrates** with a **"cotton wool" or "honeycomb" appearance**, predominantly in the mid and lower zones, and **bilateral hilar prominence**.
- These findings are characteristic of **Tropical Pulmonary Eosinophilia (TPE)** — a **hypersensitivity reaction to microfilariae (Wuchereria bancrofti or Brugia malayi)** trapped in the pulmonary microcirculation.

59. The 40-year-old man is admitted with high grade fever, rusty sputum and shortness of breath. CXR is shown below. Diagnosis is?

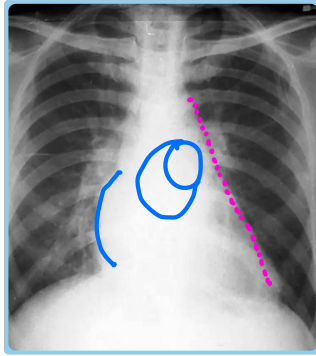
- a. Right middle zone pneumonia
- b. Right lower lobe pneumonia
- c. Right atelectasis
- d. Right hydrothorax





60. Which chamber enlargement will be seen in this case of 40 year old patient presenting with breathing difficulty and cardioembolic events:

- a. Left atrium
- b. Right atrium
- c. Left ventricle
- d. Right ventricle



↳ MS : LAA clots

→ Straightening of left heart border

→ Rt contour ⊕

61. A 45-year-old alcoholic man presents to the ER with sudden-onset upper abdominal pain that began 3 hours ago. On examination, his abdomen is rigid with guarding and rebound tenderness. Bowel sounds are absent. Which of the following is the most sensitive investigation for confirming the diagnosis?

a. Plain erect chest X-ray

b. Ultrasound abdomen

c. X ray lateral decubitus *Hydrothorax*

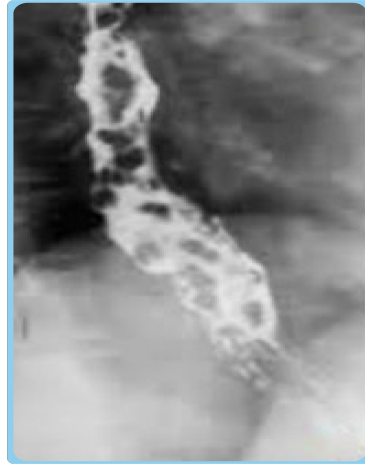
d. CT scan of the abdomen

PERFORATION
pneumo-peritoneum

62. Comment on the diagnosis of barium swallow shown below:

- a. Esophageal candida
- b. Esophageal varices
- c. Esophageal angina
- d. Esophageal perforation

Corkscrew app



Shaggy
margins
esophagus

63. The following image shows:

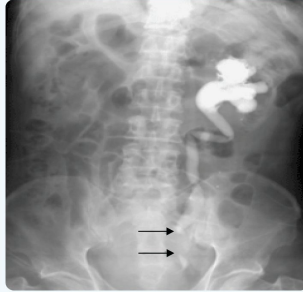
- a. VCUG *BL*
- b. IVP *BL*
- ☒ c. Retrograde pyelography
- d. DJ stenting



VCUG



Retrograde pyelography



IVP



DJ stent



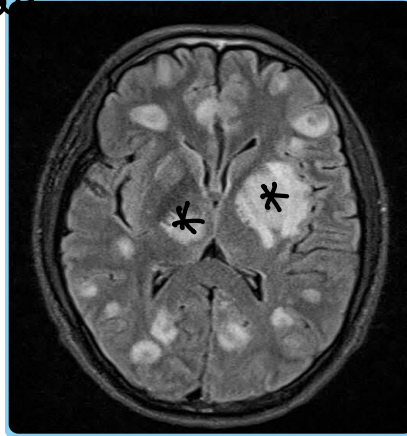
64. 30-year-old rickshaw puller presents with multiple episodes of seizures. The NCCT head is shown below. He tested positive for HIV recently. Diagnosis is?

a. NCC ☐ ☐ MRS: amino acid peak

(b) ☒ Toxoplasmosis

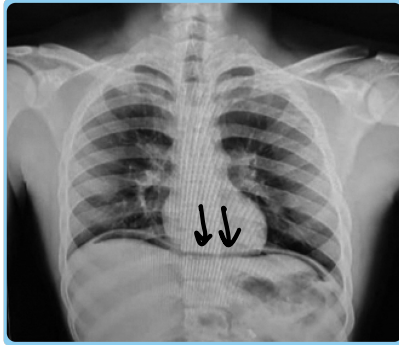
c. Primary CNS lymphoma Solitary

d. Tuberculoma ☐
L MRS: lipid peak



65. Comment on the diagnosis?

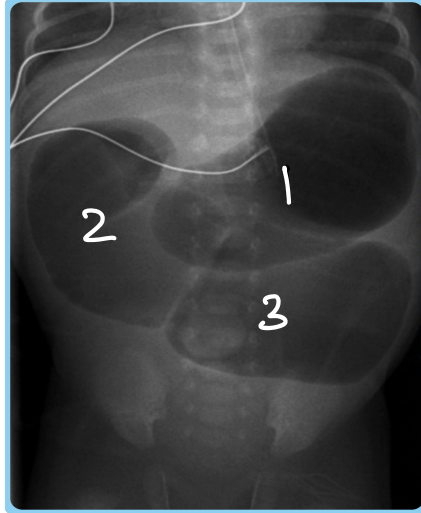
- a. Pneumothorax
- ☒ b. Pneumomediastinum
- c. Pneumoperitoneum
- d. Pneumocephalus



Continuous
diaphragm sign

66. Comment on the diagnosis

- a. Duodenal atresia
- ☒ b. Jejunal atresia
- c. Ileal atresia
- d. CHPS



Triple bubble sign

67. Comment on the diagnosis:

- a. Colorectal cancer
- b. Diverticulitis
- c. Ulcerative colitis
- ☒ d. Diverticular disease



Colonoscopy

DIVERTICULOSIS

SAW TOOTH

APP: ba ENEMA

68. Acute radiation syndrome presents as involvement of all body systems except?

a. GIT



b. Hematopoietic



c. CNS

least dividing cells

d. CVS

69. Which of the following is poorly radiosensitive?

- a. Seminoma
- b. Small cell lung cancer
- c. Ewing sarcoma
- d. Sarcoma

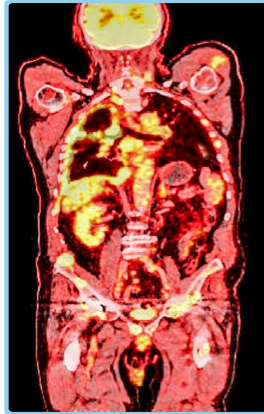
70. The following image shows which of the following:

a. PET scan

b. CT scan

☒ c. PET-CT scan

d. DTPA scan



71. First investigation to be done for diagnosis of TIA:

a. Carotid doppler

Cardio embolism

b. NCCT head

c. DW-MRI

d. SW-MRI

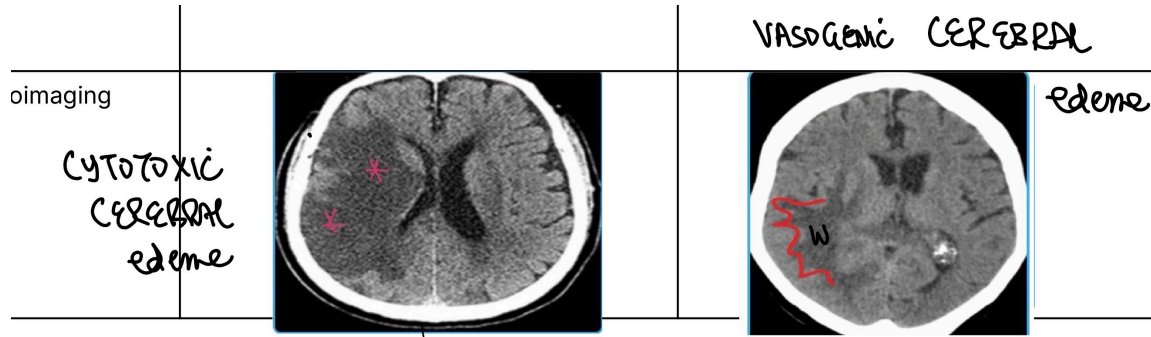
72. Best investigation for diagnosis of brain tumor?

a. MRI

(b.) Gadolinium enhanced MRI Vasoogenic Cerebral edema

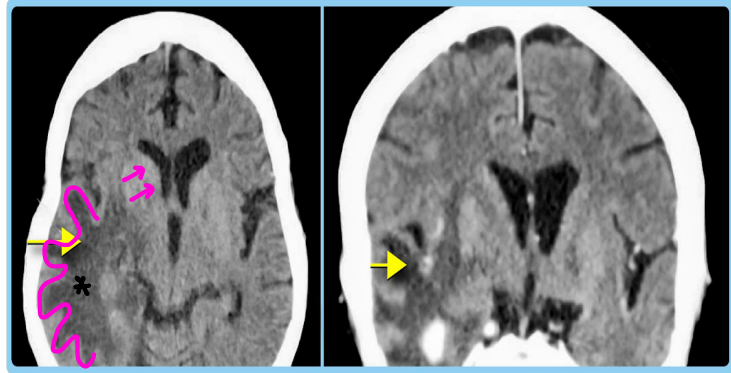
c. CT

d. CECT



73. Which is correct about the NCCT head shown below:

- a. Cytotoxic cerebral edema
- ☒ b. Vasogenic cerebral edema
- c. Intracranial space occupying lesion
- d. Ring enhancing lesions



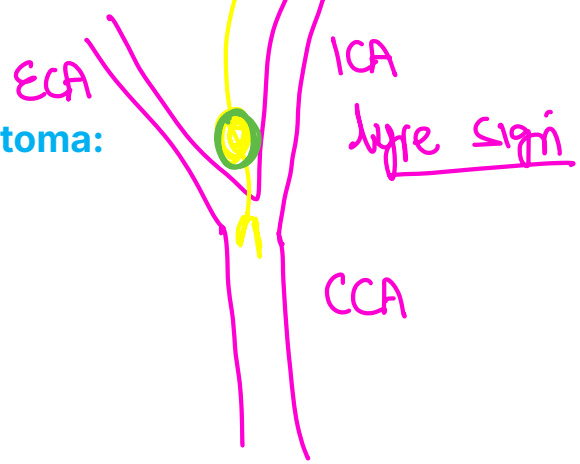
74. Imaging modality of choice for chemodectoma:

a. Somatostatin scintigraphy

b. Indium -111 octreotide scan

c. Gallium 68- DOTATATE PET-CT : PNET

d. 18-F- FDG



75. Tc99m labelled RBC is used for assessment of:

a. Ejection fraction of heart

b. Parathyroid adenoma

c. Meckel diverticulum

Tc99m Pertechnetate

d. Parathyroid cancer

Tc99m SPECT/CT

THANK YOU