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КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ

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Былыкова М.М.

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2025-г

Программа

Итоговой государственной аттестации выпускников на 2024-2025 учебный
год по направлению «Лечебное дело» шифр: GM-ЭУП

Квалификация: Врач.

Дисциплина: Внутренние болезни.

ООП утвержденный Ученым Советом ММФ протокол №8 от 28.03.2025г.

г. Ош -2025.

Рецензия

Рецензия на экзаменационные тесты и задания по дисциплине «Внутренние болезни» для итоговой государственной аттестации выпускников на 2024-2025 учебный год по специальности «Лечебное дело» ГМ – ЭУП.

Программа к государственному экзамену по специальности «Лечебное дело» ГМ-ЭУП, разработанная на кафедре «Клинические дисциплины 1» Международного медицинского факультета Ошского государственного университета, полностью соответствует требованиям подготовки квалифицированного специалиста. Нормативный срок освоения программы — 5 лет, что дает выпускникам необходимые знания и навыки для профессиональной деятельности.

Задания экзаменационного теста составлены в соответствии с утвержденным учебным планом и охватывают практически весь перечень вопросов, включенных в программу подготовки специалистов. Тесты и клинические ситуационные задачи проверяют весь спектр знаний, которые студенты получают в ходе лекций, практических занятий и самостоятельной работы по дисциплине «Внутренние болезни». Вопросы сформулированы корректно, четко, без двусмысленных трактовок, что обеспечивает точное понимание заданий.

Клинические ситуационные задачи представлены в равноценном формате, что позволяет студентам продемонстрировать не только теоретические знания, но и практические навыки, необходимые для решения клинических проблем. Для ответа на задачи требуется одинаковое количество времени, что обеспечивает справедливые условия для всех участников экзамена. Важно отметить, что вопросы экзаменационных заданий позволяют оценить как общий уровень теоретической подготовки студентов, так и их умение интерпретировать лабораторно-инструментальные данные, что является неотъемлемой частью профессиональной подготовки.

Представленные задания соответствуют требованиям, предъявляемым к подготовке специалистов по специальности «Лечебное дело» ГМ – ЭУП. Все вопросы и задачи, рассмотренные в ходе подготовки к государственному экзамену, помогают оценить знания студентов в полной мере и дают им возможность продемонстрировать свой уровень подготовки.

Таким образом, представленные экзаменационные тесты и задания по дисциплине «Внутренние болезни» могут быть использованы для итоговой аттестации студентов лечебного факультета.

Рецензент:

Главный врач специальной больницы № 10



Шералиев С.А.

№	PO ООП	Компетенции	Задание
1	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 65-year-old man presents with central crushing chest pain for the first time. He is transferred immediately to the closest cardiac unit to undergo a primary percutaneous coronary intervention. There is thrombosis of the left circumflex artery only. Angioplasty is carried out and a drug-eluting stent is inserted. What are the most likely changes to have occurred on ECG during admission?</p> <p>A. ST depression in leads V1–4 B. ST elevation in leads V1–6 C. ST depression in leads II, III and AVF D. ST elevation in leads V5–6 E. ST elevation in leads II, III and AVF</p>
2	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 45-year-old woman presents to the rheumatology outpatient clinic with a three month history of stiff hands and wrists. She mentions that the pain is particularly bad first thing in the morning. On examination, the wrists, metacarpophalangeal joints and proximal interphalangeal joints are swollen and warm. A diagnosis of rheumatoid arthritis is suspected. Which of the following investigations is most specific for confirming the diagnosis?</p> <p>A. X-rays B. Rheumatoid factor levels C. Anti-citrullinated peptide antibody (anti-CCP) levels D. C-reactive protein E. Erythrocyte sedimentation rate</p>
3	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 66-year-old woman presents to accident and emergency with a 2-day history of shortness of breath. The patient notes becoming progressively short of breath as well as a sharp pain in the right side of the chest which is most painful when taking a deep breath. The patient also complains of mild pain in the right leg, though there is nothing significant on full cardiovascular and respiratory examination. Heart rate is 96 and respiratory rate is 12. The patient denies any weight loss or long haul flights but mentions undergoing a nasal polypectomy 3 weeks ago. The most likely diagnosis is:</p> <p>A. Pulmonary embolism B. Heart failure C. Pneumothorax D. Angina</p>
4	PO-5	ПК-3	A 45-year-old male presents with sharp, pleuritic chest pain that

	PO-7	ПК-11 ПК-12	worsens when lying flat. ECG shows diffuse ST-segment elevations without reciprocal changes. Troponins are negative. What is the most likely diagnosis? A. STEMI B. Unstable angina C. Acute pericarditis D. Pulmonary embolism
4	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A 53-year-old man, who works as a chef, presents to accident and emergency with sudden onset severe pain, tenderness and swelling of the first metatarsophalangeal joint. The pain is making it difficult for him to mobilize. He has had two previous similar episodes. Blood tests reveal a raised serum urate level. The most likely diagnosis is: A. Gout B. Pseudo-gout C. Septic arthritis D. Reactive arthritis E. Osteoarthritis
5	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЛК-3	Peripheral blood smear: RBC $3.0 \times 10^{12}/L$, Hb 4.8 g/L, Ht 30 %, Colour index 0.5, MCV 59 fl, Reticulocyte Count 2.0 %, Pl $332 \times 10^9/L$, WBC $7.0 \times 10^9/L$, Segmented Neutrophils 60 %, Band Neutrophils 4 %, Monocytes 5 %, Eosinophils 3 %, Basophils 2 %, Lymphocytes 27 %, ESR 18 mm/h, Anisocytosis, Hypochromia +. What is the most likely diagnosis? A. Iron-deficiency anemia B. Acute leukemia C. Aplastic anemia D. Vitamin B12 deficiency anemia
6	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A 41-year-old man has been drinking large quantities of water-- up to 20 liters per day--for the past week. On physical examination he has diminished skin turgor and dry mucous membranes. Laboratory studies show sodium 162 mmol/L, potassium 4.1 mmol/L, chloride 121 mmol/L, and bicarbonate 27 mmol/L. His serum glucose is 75 mg/dL and creatinine 1.0 mg/dL. His serum osmolality is 343 mOsm/kg. A deficiency of which of the following hormones is most likely present in this man? A. Vasopressin B. Oxytocin C. Insulin D. Growth hormone E. Prolactin
7	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A patient, 60 yrs old, complains of general weakness, fatigue, paresthesia in limbs. He had resection of stomach 3years ago because of peptic ulcer. Data of examination: the tongue is of raspberry colour and smooth, the patient is not stable in Romberg's position. The patient is

			<p>diagnosed vitamin B12 deficiency anemia. How do you explain parestesia?</p> <p>A. Affection of central nervous system B. Affection of peripheral nervous system C. Dystension of skin D. Affection of subcutaneous fat</p>
8	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЛК-3	<p>A person with type two diabetes (adult-onset) is able to produce insulin. However, their insulin receptors cannot respond to insulin. This phenomenon is known as _____.</p> <p>A. Insulin dependence B. Insulin resistance C. Anti-insulin Insulinosis</p>
9	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 30 year old man has a history of recurrent pneumonias and chronic cough dating from early childhood. The cough, which is worse in the morning and on lying down, is productive of foul-smelling purulent sputum which is occasionally bloody-tinged. The patient is chronically ill and has clubbed fingers. Rales are heard over the posterior lung bases. Which one of the following is the most likely diagnosis?</p> <p>A. Chronic bronchitis B. Chronic obstructive emphysema C. Bronchiectasis D. Pneumonia</p>
10	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 63-year-old male was admitted to accident and emergency 2 days after discharge following an apparently uncomplicated MI. He complained of rapidly worsening shortness of breath over the previous 48 hours but no further chest pain. He was tachypnoeic and had a regular pulse of 110/minute, which proved to be sinus tachycardia. The jugular venous pressure was raised and a pan-systolic murmur was noted, maximal at the left sternal edge. Which of the following is the most likely diagnosis?</p> <p>A. Mitral incompetence B. Ventricular septal defect C. Aortic stenosis D. Dressler's syndrome E. Further myocardial infarction</p>
11	PO-5 PO-7	ПК-3 ПК-11 ПК-12	<p>A male patient, 45 years old, complains of constricting pain behind sternum, which occurs during sleeping in dawn hours. ST-segment elevation in V1 – V3 leads is observed on ECG during a pain attack. ECG registered without pain syndrome shows no pathological changes. Laboratory data are without changes. Which diagnosis is the most probable?</p> <p>A. Progressive angina pectoris B. Myocardial infraction C. Prinzmetal's angina D. Angina pectoris that occurred for the first time.</p>
12	PO-5 PO-7	ПК-3 ПК-12	<p>A 58 year-old DM type 2 on anti-HTN therapy for 13yrs developed central chest pain for 45 mins, cold sweating and</p>

		ПК-13	dyspnea. What is the single most appropriate diagnosis? A. MI B. Pericarditis C. Pulmonary embolism D. Costochondritis E. Pneumothorax
13	PO-5 PO-7	ПК-3 ПК-11 ПК-12	You see a 68-year-old man in clinic, with a 40 (cigarette) pack year history, who has been experiencing breathlessness on exertion and a productive cough of white sputum over the last four months. You assess his spirometry results which reveal an FEV ₁ /FVC of 51 per cent with minimal reversibility after a 2-week trial of oral steroids. Cardiological investigations are normal. Which of the following is the most likely diagnosis? A. Asthma B. Chronic obstructive pulmonary disease (COPD) C. Left ventricular failure D. Chronic bronchitis E. Lung fibrosis
14	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A 54-year-old woman is seen in clinic with a history of weight loss, loss of appetite and shortness of breath. Her respiratory rate is 19 and oxygen saturations (on room air) range between 93 and 95 per cent. On examination, there is reduced air entry and dullness to percussion on the lower to midzones of the right lung. There is also reduced chest expansion on the right. From the list below, select the most likely diagnosis: A. Right middle lobe pneumonia B. Pulmonary embolism C. Right-sided pleural effusion D. Right-sided bronchial carcinoma E. Right lower lobe pneumonia
15	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЛК-3	A 42-year-old patient complains of back pain, dark urine, general weakness, dizziness occurred after treating a flu with aspirin and ampicillin. Physical examination: the patient is pale, with subicteric sclerae. HR - 98 bpm. Liver - +2 cm, spleen - +3 cm. Peripheral blood smear: RBCs - 2,6 x 10 ¹² /L, Hb - 6.0 g/dL, CI - 0,9, WBCs - 9,4 x 10 ⁹ /L, basophils - 0,5%, eosinophils - 3%, band neutrophils - 6%, segmented neutrophils - 58%, lymphocytes - 25%, monocytes - 7%, ESR - 38 mm/hour, reticulocytes - 24%. Total bilirubin - 38 mmole/l. What complication occurred in the patient? A. Acquired hemolytic anemia B. Cholelithiasis C. Agranulocytosis D. Paroxysmal nocturnal hemoglobinuria
16	PO-5 PO-7	ПК-3 ПК-12 ПК-13	62-year-old man with a history of type 2 diabetes mellitus and hypertension for 15 years develops sudden central chest pain for 45 minutes. The pain started while he was driving and it was associated with cold sweating and dyspnoea. He describes

			<p>the pain as a burning pain. What is the SINGLE most likely diagnosis?</p> <p>A. Myocardial Infarction</p> <p>B. Stable angina</p> <p>C. Unstable angina</p> <p>D. Pneumonia</p>
17	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 43 year old male presents with fever, chills and weakness. On physical exam he is found to have a heart murmur. You also notice multiple splinter hemorrhages on his fingernails. The most appropriate diagnostic test to obtain is:</p> <p>A. EKG</p> <p>B. Urine culture</p> <p>C. Blood culture</p> <p>D. Chest X-ray</p>
18.	PO-5 PO-7	PK-3 PK-12 PK-13	<p>You see a 28-year-old man, with no past medical history, in accident and emergency who developed an acute onset of pleuritic chest pain and shortness of breath while playing football. On examination, oxygen saturations are 93 per cent on room air, respiratory rate 20 and temperature is 37.1°C. There is decreased expansion of the chest on the left side, hyper-resonant to percussion and reduced air entry on the left. The most likely diagnosis is:</p> <p>A. Left-sided pneumothorax</p> <p>B. Left-sided pneumonia</p> <p>C. Left-sided pleural effusion</p> <p>D. Lung fibrosis</p> <p>E. Traumatic chest injury</p>
19	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 68 year old woman presents to the emergency department from her nursing home complaining of shortness of breath. She has a temperature of 38.7°C and productive cough. Her sputum is noted to be a rusty colour. On auscultation, crackles are heard over the right lung base. A chest X-ray was done and shows right lower lobe consolidation. She has a blood pressure of 100/65 mmHg and a pulse rate of 102 beats/minute. What is the SINGLE most likely organism causing her symptoms?</p> <p>A. Streptococcus pneumoniae</p> <p>B. Staphylococcus aureus</p> <p>C. Coxiellaburnetii</p> <p>D. Mycoplasma pneumonia</p>
20	PO-5 PO-7	PK-3 PK-11 PK-12	<p>You are told by your registrar that a 69-year-old man has been admitted to the chest ward with dyspnea, cyanosis and finger clubbing. His chest x-ray shows bilateral lower zone reticulo-nodular shadowing. From the list below, which is the most likely diagnosis?</p> <p>A. Bronchiectasis</p> <p>B. Pulmonary fibrosis</p> <p>C. Bronchogenic carcinoma</p> <p>D. Bronchitis</p>

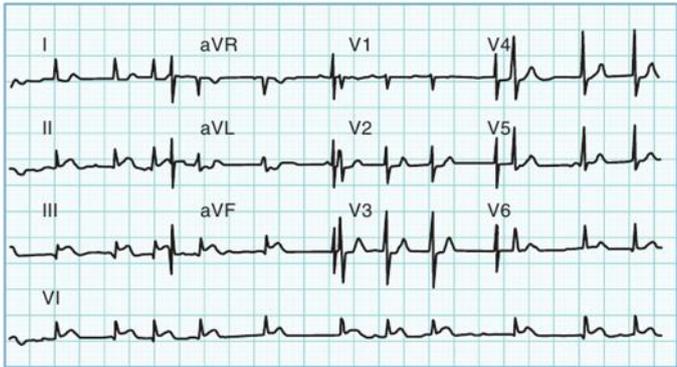
			E. COPD
21	PO-7 PO-8 PO-11	ПК-12 ПК-13 ПК-15 СЛК-3	<p>A 55-year-old man, who has never smoked and with no past medical history, has been diagnosed with right basal community-acquired pneumonia. There are minimal changes on his chest x-ray and bloods reveal a neutrophil count of 8.2 and a C-reactive protein (CRP) of 15. He has no drug allergies. Although he has a productive cough of green sputum, his respiratory rate is 16, oxygen saturations are 97 per cent on room air and his temperature is 37.4°C. You are asked to place him on treatment. Which of the following treatment options would be appropriate for this patient?</p> <p>A. Oral amoxicillin B. Oral erythromycin C. Intravenous ertapenem D. Intravenous ertapenem with a macrolide (e.g. clarithromycin) E. Intravenous tazocin</p>
22	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>Investigation of choice to distinguish between COPD with emphysema and bronchial asthma is?</p> <p>A. Allergy test to pollens B. Non reversible air flow obstruction C. Chest X-ray D. Arterial blood gas analysis</p>
23	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>Which of the following organisms, responsible for causing chronic pneumonia, is most commonly found in patients with longstanding cystic fibrosis?</p> <p>A. L. Pneumophila B. S. Pneumonia C. Burkholderia cepacia D. Pseudomonas aeruginosa E. H. influenza</p>
24	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЛК-3	<p>A 58-year-old man is admitted with a mild exacerbation of asthma. He suffers with hypertension which is controlled with medication. He was given 5 mg salbutamol and 500 µg ipratropium nebulizers, on route to hospital, by paramedics and has received 'back to back' salbutamol 5 mg nebulizers since admission to accident and emergency. The patient was then sent to the acute medical unit where he was given regular nebulizers along with his regular antihypertension medication. Before he was discharged, his serum potassium reading was 2.9. Select, from the list below, the drug which is most likely to have caused the hypokalaemia.</p> <p>A. Ipratropium B. Ramipril C. Salbutamol D. Amlodipine E. Paracetamol</p>
25	PO-5 PO-7	ПК-3 ПК-11	<p>A 56-year-old man attends your clinic with a three-month history of a productive cough with blood-tinged sputum,</p>

		ПК-12	<p>following his return from India. Associated symptoms include lethargy, night sweats and decreased appetite. He is normally fit and healthy with no past medical history. On examination, the patient's chest has good air entry bilaterally with no added sounds and his temperature is 37.3°C. A sputum sample sent from the patient's GP reveals a growth of acid fast bacilli. From the list below, which is the most likely diagnosis?</p> <p>A. Pulmonary embolism B. Tuberculosis C. Bronchitis D. Pneumonia E. Bronchogenic carcinoma</p>
26	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 47-year-old woman presents to your clinic with a three-month history of dysphagia. There is no history of drastic weight loss and the patient experiences symptoms when swallowing solids but not liquids. Which of the following is not an obstructive cause of dysphagia?</p> <p>A. Pharyngeal carcinoma B. Oesophageal web C. Retrosternal goitre D. Peptic stricture E. Achalasia</p>
27	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>You see a 47-year-old man in clinic with a three-month history of epigastric dull abdominal pain. He states that the pain is worse in the mornings and is relieved after meals. On direct questioning, there is no history of weight loss and the patient's bowel habits are normal. On examination, his abdomen is soft and experiences moderate discomfort on palpation of the epigastric region. The most likely diagnosis is:</p> <p>A. Gastric ulcer B. Gastro-oesophageal reflux disease (GORD) C. Duodenal ulcer D. Gastric carcinoma E. Gastritis</p>
28	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЛК-3	<p>A 55-year-old woman is referred by her GP for upper gastrointestinal (GI) endoscopy following a four-month history of epigastric pain despite treatment with antacids and proton pump inhibitors (PPIs). The results demonstrate a duodenal ulcer coupled with a positive campylobacter-like organism (CLO) test. The patient has no past medical history and has no known drug allergies. The most appropriate treatment is:</p> <p>A. 14days course of twice daily omeprazole 20 mg, 1 g amoxicillin and 500 mg clarithromycin B. Seven-day course of twice daily omeprazole 20 mg C. Seven-day course of twice daily omeprazole 20 mg and 1 g amoxicillin D. Seven-day course of twice daily omeprazole 20 mg and 500 mg clarithromycin</p>

			E. Seven-day course of twice daily 1 g amoxicillin and 500 mg clarithromycin
29	PO-5 PO-7	PK-3 PK-12 PK-13	<p>You see a 48-year-old lorry driver, who presents to you with a three-month history of heartburn after meals which has not been settling with antacids and PPIs. You suspect that the patient has a hiatus hernia. The most appropriate investigation for diagnosing a hiatus hernia is:</p> <p>A. Computer tomography (CT) scan B. Chest x-ray C. Upper GI endoscopy D. Barium meal E. Ultrasound</p>
30	PO-5 PO-7	PK-3 PK-12 PK-13	<p>You see a 25-year-old woman who presents with a 24-hour history of watery diarrhoea. She states that she has opened her bowels 11 times since her onset of symptoms. Associated symptoms include nausea and vomiting with abdominal cramps and pain which started in the evening following a barbeque meal in the afternoon that day. The patient is alert and orientated and her observations include a pulse rate of 69, blood pressure of 124/75 and temperature of 37.1°C. On examination, her abdomen is soft, there is marked tenderness in the epigastric region and bowel sounds are hyperactive. The patient is normally fit and well with no past medical history. The most likely diagnosis is:</p> <p>A. Irritable bowel syndrome B. Gastroenteritis C. Ulcerative colitis D. Laxative abuse E. Crohn's disease</p>
31.	PO-5 PO-7	PK-3 PK-11 PK-12	<p>A patient presents with breathlessness. He has bilateral basal crepitations, lung function tests reveal decrease in total lung capacity [TLC] and vital capacity [VC] with normal FEV1/VC ratio. The most likely diagnosis is:</p> <p>A. Chronic bronchitis B. Idiopathic pulmonary fibrosis C. Cystic fibrosis D. Allergic bronchopulmonary aspergillosis</p>
32	PO-5 PO-7	PK-3 PK-12 PK-13	<p>Generalized coagulation of blood with violation of micirculation and following exhaustion of hemostasis mechanisms and haemorrhage is named:</p> <p>A. DIC-syndrome B. Haemophilia C. Thrombosis D. Ischemia</p>
33	PO-5 PO-7	PK-3 PK-12 PK-13	<p>You are asked by your registrar to request an imaging investigation for a 49-year old woman with jaundice and abdominal pain. She has a past medical history of gallstones and you suspect this is a recurrence of the same problem. The</p>

			<p>most appropriate imaging investigation is:</p> <p>A. Abdominal x-ray B. Abdominal ultrasound C. Abdominal CT D. Magnetic resonance imaging (MRI) E. Endoscopic retrograde cholangiopancreatography (ERCP)</p>
34	PO-5 PO-7	PK-3 PK-12 PK-13	<p>Which of the following gastroenterological conditions would give rise to finger clubbing?</p> <p>A. Hepatocellular carcinoma B. Ulcerative colitis C. Irritable bowel syndrome D. Hepatocellular carcinoma E. Pancreatic carcinoma</p>
35	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A patient aged 40 years having arthritis of PIP and DIP along with carpo-metacarpal joint of thumb and sparing of wrist and metacarpo-phalangeal joint, the most likely cause is:</p> <p>A. Psoriatic arthritis B. Osteoarthritis C. Rheumatoid arthritis D. Pseudogout</p>
36	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 47-year-old man presents complaining of weight gain, on examination there is an abdominal distension with a fluid thrill. Which of following is not a cause of ascites secondary to venous hypertension?</p> <p>A. Congestive heart failure B. Cirrhosis C. Constrictive pericarditis D. Budd–Chiari syndrome E. Nephrotic syndrome</p>
37	PO ₈	PK-15	<p>Treatment of choice in ulcerative colitis is:</p> <p>A. 5 aminosalicylic acid B. Azathioprine C. Metronidazole D. Salicylates</p>
38	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 29-year-old anxious man is diagnosed with mild Crohn’s disease. Due to time constraints, the patient was asked to come back for a follow-up appointment to discuss Crohn’s disease in more detail. The patient returns with a list of complications he researched on the internet. Which of the following are not associated with Crohn’s disease?</p> <p>A. Cigarette smoking reduces incidence B. Fistulae formation C. Abscess formation D. Non-caseating granuloma formation E. Associated with transmural inflammation</p>
40	PO-5 PO-7	PK-3 PK-12	<p>A clinical study is performed involving subjects who developed Addison disease. They were recorded to have laboratory</p>

		ПК-13	<p>studies with hyponatremia, hyperkalemia, hypoglycemia, and decreased plasma cortisol. They became hypotensive. In some subjects, this disease had an acute onset over less than 2 days' time. Which of the following conditions is most likely to produce this acute course?</p> <p>A. Waterhouse-Friderichsen syndrome B. Metastatic small cell anaplastic carcinoma C. Disseminated <i>Mycobacterium tuberculosis</i> infection D. Reactive systemic amyloidosis E. Blunt force abdominal trauma</p>
41	PO-5 PO-7	ПК-3 ПК-11 ПК-12	<p>A 21-year-old man presents with painless haematuria which he has noticed in the last 3 days. He suffers from type 1 diabetes which is well controlled, but is otherwise fit and healthy. The patient has recently recovered from a mild throat infection. Urine dipstick analysis reveals blood and protein in the urine. The most likely diagnosis is:</p> <p>A. Henoch–Schonlein purpura B. Benign prostate hypertrophy C. IgA nephropathy D. Diabetic nephropathy E. Urinary tract infection (UTI)</p>
42	PO-5 PO-7	ПК-3 ПК-11 ПК-12	<p>A 16-year-old boy presents with a low-grade fever which started 1 week ago. The patient also reports feeling fatigued and indicates pain in his joints. His parents mention that he has been visiting the toilet more often than usual. A urine dipstick shows trace proteins, while a blood test shows raised eosinophils. The most likely diagnosis is:</p> <p>A. Acute tubulointerstitial nephritis B. Renal failure C. Diabetes mellitus D. D. Reactive arthritis</p>
43	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЛК-3	<p>A 58-year-old African man presents with pitting edema of his ankles. He suffers from recently diagnosed hypertension, but is otherwise healthy. Blood results show low albumin and a urine dipstick is positive for protein. The most appropriate initial treatment is:</p> <p>A. High protein diet B. Diuretics C. Prophylactic anticoagulation D. ACE inhibitor E. Bed rest</p>

44	PO-5 PO-7	PK-3 PK-11 PK-12	<p>A 17-year-old patient is referred by his GP after presenting with periorbital edema. The patient noticed the edematous eyes 3 days ago, but reports feeling unwell since a throat infection 3 weeks ago with nausea and vomiting in the last week. A urine dipstick is positive for protein and blood while serum creatinine and urea are mildly deranged. The most likely diagnosis is:</p> <p>A. Nephrotic syndrome B. Nephritic syndrome C. Renal failure D. Glomerulonephritis E. Von Grawitz tumour</p>
45	PO-5 PO-7	PK-11 PK-13	<p>Identify following ECG:</p>  <p>A. Anteroseptal STEMI with Changes in V1–V3 B. Inferior STEMI with Changes in II, III, and aVF C. NSTEMI Affecting Leads II, III, and aV D. Septal STEMI with Changes in V1–V2</p>
46	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 52-year-old female presents to the emergency department with a complaint of chest pain. The symptoms began 2 hours ago while she was shopping. She describes the pain as a tightness on the left side of her chest that radiates to her left shoulder. She has some shortness of breath with the pain, but no nausea or diaphoresis. Her past medical history is significant for panic disorder. Her vital signs and a physical examination are within normal limits.</p> <p>Which one of the following would be the most appropriate next step in the management of this patient?</p> <p>A. Admit to a monitored bed for further evaluation B. Obtain a CBC, a blood chemistry profile, liver function tests, and an EKG C. Obtain a troponin I measurement and an EKG D. Consult with a cardiologist for immediate heart catheterization</p>
47	PO-5 PO-7	PK-3 PK-12 PK-13	<p>Which of the following organisms would typically be found in a patient with atypical community-acquired pneumonia?</p>

			<p>A. Staphylococcus aureus B. Pseudomonas spp. C. Streptococcus pneumonia D. Legionella pneumophila E. Haemophilus influenza</p>
48	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 64-year-old man is undergoing treatment for polycythaemia vera with chemotherapy, he has no other medical problems. Shortly after starting treatment, the patient becomes lethargic, feels unwell and suffers weight loss. He attributes this is to the chemotherapy. After 2 weeks, the patient becomes oliguric, complains of bilateral flank pain and becomes oedematous. The most likely diagnosis is:</p> <p>A. Analgesic nephropathy B. Renal infarction C. Hyperuricaemic nephropathy D. Acute tubulointerstitial nephritis E. Chronic renal failure</p>
49	PO-5 PO-7	ПК-11 ПК-12 ПК-13	<p>A 6-year-old has a sore throat and has been given antibiotics. Three weeks later, he represents feeling feverish with nausea, vomiting and tea-coloured urine. Urine dipstick confirms haematuria and protein. Blood pressure is 100/60 mmHg. The most likely diagnosis is:</p> <p>A. Nephritic syndrome B. UTI C. Acute tubulointerstitial nephritis D. Minimal change glomerulonephritis E. Post streptococcal glomerulonephritis</p>
50	PO-5 PO-7	ПК-3 ПК-11 ПК-12	<p>A 53-year-old man with HIV suffers a ruptured aortic aneurysm and is rushed into theatre, he undergoes a successful operation and is recovering on the wards in a stable condition. One day after the operation, he becomes oliguric with mildly elevated urea and creatinine. After 1 week, he becomes polyuric with a GFR of 30. The most likely diagnosis is:</p> <p>A. Haemolytic–uraemic syndrome B. Acute tubular necrosis C. SIADH D. HIV nephropathy E. Acute renal failure</p>
51	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 68-year-old obese Asian man is seen in the hypertension clinic. His blood pressure is 151/93 and he suffers from poorly controlled type 2 diabetes. Blood results demonstrate elevated serum urea and creatinine. An ultrasound scan shows asymmetry between the two kidneys and on examination audible abdominal bruits are auscultated. Urine dipstick did not detect any blood or protein. The best investigation is:</p> <p>A. CT angiography B. Doppler ultrasonography C. Abdominal x-ray</p>

			<p>D. Renal arteriography</p> <p>E. Renal biopsy</p>
52	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 19-year-old man is recently diagnosed with type 1 diabetes and attends your clinic to ask about possible complications in the future. He mentions an uncle who has end-stage renal disease due to poorly controlled diabetes and specifically enquires about testing for early signs of renal impairment. The most appropriate investigation is:</p> <p>A. Blood pressure</p> <p>B. Microalbuminuria</p> <p>C. Serum creatinine</p> <p>D. Serum electrolytes</p> <p>E. Urine dipstick for glucose</p>
53	PO-7 PO-8 PO-11	ПК-12 ПК-15 ПК-16 СЛК-3	<p>A 28-year-old man has been newly diagnosed with asthma. He has never been admitted to hospital with an asthma exacerbation and experiences symptoms once or twice a week. You discuss the treatment options with him. His peak expiratory flow reading is currently 85 per cent of the normal predicted value expected for his age and height. Which of the following is the most appropriate first step in treatment?</p> <p>A. Short-acting beta-2 agonist inhaler</p> <p>B. Long-acting beta-2 agonist inhaler</p> <p>C. Low-dose steroid inhaler</p> <p>D. Leukotriene receptor antagonists</p> <p>E. High-dose steroid inhaler</p>
54	PO-5 PO-7	ПК-3 ПК-11 ПК-12	<p>A 66-year-old woman with poorly controlled type 2 diabetes presents to accident and emergency with a 2-day history of severe pain in the right flank, nausea and fevers that come and go. On examination, the patient appears unwell, sweaty and has visible rigors with a temperature of 38°C. The patient denies any recent travel. Urine dipstick is positive for protein, blood, leukocytes and nitrates. A CT scan of the abdomen reveals gas in the renal parenchyma area. The most likely diagnosis is:</p> <p>A. Renal stones</p> <p>B. Renal infarction</p> <p>C. Diabetic nephropathy</p> <p>D. Renal TB</p> <p>E. Pyelonephritis</p>
55	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 49-year-old man presents with a history of difficulty sleeping. He reports feeling increasingly tired and general weakness which he attributes to his poor sleep pattern. Additionally, the patient has noticed he has gained weight and sweats very easily. On examination, the patient has coarse facial features. The most likely diagnosis is:</p> <p>A. Hyperthyroidism</p> <p>B. Cushing's disease</p> <p>C. Acromegaly</p> <p>D. Hypothyroidism</p> <p>E. Diabetes</p>

56	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 42-year-old woman presents with visual disturbances. She reports having double vision which was intermittent initially but has now become much more frequent. In addition, she becomes breathless very easily and experiences palpitations. On examination, raised, painless lesions are observed on the front of her shins and finger clubbing. The most likely diagnosis is:</p> <p>A. De Quervain's thyroiditis B. Thyroid storm C. Pheochromocytoma D. Graves' disease E. Plummer's disease</p>
57	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 16-year-old girl presents to her GP complaining of a swelling in her neck which she has noticed in the last 2 weeks. She has felt more irritable although this is often transient. On examination, a diffuse swelling is palpated with no bruit on auscultation. The most likely diagnosis is:</p> <p>A. Hyperthyroidism B. Simple goitre C. Riedel's thyroiditis D. Thyroid carcinoma E. Thyroid cyst</p>
58	PO-5 PO-7 PO-11	PK-3 PK-11 PK-12 CJK-3	<p>A 4yo boy presents with recurrent episodes of self limiting spontaneous bleeding. Coagulation test: PT normal, bleeding time normal, APTT prolonged, Factor VIII decreased. His father and uncle suffer from a similar illness. What is the most likely diagnosis?</p> <p>A. Hemophilia A B. Hemophilia B C. Aplastic anemia D. Idiopathic Thrombocytopenia</p>
59	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 47-year-old woman is referred to the endocrine clinic complaining of a two month history of tiredness. Despite wearing several items of clothing, the patient appears intolerant to the room temperature. She has noticed an increase in weight, particularly around her waist. The most appropriate investigation is:</p> <p>A. Radioiodine scan B. Thyroid stimulating hormone (TSH) C. Total tetraiodothyronine level (T₄) D. Tri-iodothyronine level (T₃) E. Ultrasound scan of the neck</p>
60	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 6-year-old girl presents to accident and emergency with severe abdominal pain, nausea and vomiting. On examination, the patient is tachypnoeic, capillary refill is 3 seconds and she has a dry tongue. While listening to the patient's lungs, you detect a sweet odour from her breath. The most likely diagnosis is:</p> <p>A. Diabetic ketoacidosis</p>

			<p>B. Non-ketotic hyperosmolar state</p> <p>C. Gastroenteritis</p> <p>D. Pancreatitis</p> <p>E. Adrenal crisis</p>
61	PO-5 PO-7	ΠΚ-3 ΠΚ-12 ΠΚ-13	<p>A 49-year-old man has recently been diagnosed with type 2 diabetes and is being carefully monitored. He has been advised to maintain a healthier diet and lifestyle, he attends a follow-up clinic and claims to have been following the diet stringently since his last appointment three months ago. The most appropriate investigation is:</p> <p>A. Random plasma glucose</p> <p>B. Fasting plasma glucose</p> <p>C. Urine dipstick</p> <p>D. Glycated haemoglobin</p> <p>E. Weight measurement</p>
62	PO-5 PO-7	ΠΚ-3 ΠΚ-11 ΠΚ-12	<p>You see a 68-year-old man in clinic, with a 40 (cigarette) pack year history, who has been experiencing breathlessness on exertion and a productive cough of white sputum over the last four months. You assess his spirometry results which reveal an FEV1/FVC of 51 per cent with minimal reversibility after a 2-week trial of oral steroids. Cardiological investigations are normal. Which of the following is the most likely diagnosis?</p> <p>A. Asthma</p> <p>B. Chronic obstructive pulmonary disease (COPD)</p> <p>C. Left ventricular failure</p> <p>D. Chronic bronchitis</p>
63	PO-5 PO-7	ΠΚ-3 ΠΚ-12 ΠΚ-13	<p>A 68-year-old woman with hypertension and dyslipidemia presents with 30 minutes of retrosternal chest pain radiating to her neck. She is diaphoretic and in moderate distress. The ECG shows ST-segment elevation in the inferior leads. Which of the following mechanisms is the most likely cause of her condition?</p> <p>A. Coronary plaque rupture</p> <p>B. Aortic inflammation</p> <p>C. Pericardial inflammation</p> <p>D. Vasculitis</p> <p>E. Myocarditis</p>
64	PO-5 PO-7	ΠΚ-3 ΠΚ-12 ΠΚ-13	<p>A 57-year-old woman, who has recently returned from a holiday in America, presents with dull grey-brown patches in her mouth and the palms of her hand which she has noticed in the last week. She has also noticed she gets very dizzy when rising from a seated position and is continually afraid of fainting. The most likely diagnosis is:</p> <p>A. Addison's disease</p> <p>B. Conn's syndrome</p> <p>C. Waterhouse-Friderichsen syndrome</p> <p>D. 17-hydroxylase deficiency</p>

65	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЛК-3	<p>A 68-year-old male with a history of severe COPD (FEV1 35%) presents with worsening dyspnea, increased sputum production, and purulent sputum for 3 days. He has no fever. His oxygen saturation is 89% on room air. What is the most appropriate next step in management?</p> <p>A. Start oral prednisone and antibiotics B. Initiate non-invasive ventilation (NIV) immediately C. Administer IV furosemide D. Intubate and mechanically ventilate</p>								
66	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЛК-3	<p>A 44-year-old Asian female presents with a two-month history of shortness of breath and lethargy. She denies any intolerance to the cold or any changes in her weight and on examination appears slightly pale. She states that she has recently become a vegetarian. A blood film shows the presence of elliptocytes and blood results show the following:</p> <hr/> <table data-bbox="651 792 1145 949"> <tr> <td>Haemoglobin</td> <td>9.9</td> </tr> <tr> <td></td> <td>g/dL</td> </tr> <tr> <td>Mean cell volume (MCV)</td> <td>75 fL</td> </tr> <tr> <td>Ferritin</td> <td>Low</td> </tr> </table> <hr/> <p>The most likely diagnosis is:</p> <p>A. Iron deficiency anaemia B. Sideroblastic anaemia C. Anaemia of chronic disease D. Thalassaemia trait E. Hereditary elliptocytosis</p>	Haemoglobin	9.9		g/dL	Mean cell volume (MCV)	75 fL	Ferritin	Low
Haemoglobin	9.9										
	g/dL										
Mean cell volume (MCV)	75 fL										
Ferritin	Low										
67	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЛК-3	<p>A 47-year-old teacher complains of difficulty maintaining her concentration at work teaching secondary school children. She states that over the last four months she has become increasingly tired and easily fatigued. She has noticed it has become more difficult for her to lift books, rise from her chair and she has also noticed a tingling sensation in her fingers. Examination shows a positive babinski sign and absent reflexes. A blood test reveals the following:</p> <hr/> <table data-bbox="651 1675 963 1832"> <tr> <td>Haemoglobin</td> <td>10</td> </tr> <tr> <td></td> <td>g/dL</td> </tr> <tr> <td>MCV</td> <td>103</td> </tr> <tr> <td></td> <td>fL</td> </tr> </table> <hr/> <p>The most likely diagnosis is:</p> <p>A. Hypothyroidism B. Vitamin B₁₂ deficiency</p>	Haemoglobin	10		g/dL	MCV	103		fL
Haemoglobin	10										
	g/dL										
MCV	103										
	fL										

			<p>C. Folic acid deficiency D. Liver disease E. Alcohol toxicity</p>
68	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЛК-3	<p>A patient complains of gingival bleedings, increased body temperature till 38°C, marked general weakness. He feels himself sick for the recent 2 weeks. Data of objective examination, petechia on the skin, by palpation enlarged submandibular axillary and femoral lymph nodes. Data of CBC: erythrocytes-$2,1 \cdot 10^{12}/l$, Hb-8.0g/dl, thrombocytes-120000/l, Le-18,6 . $10^9/l$, stab-2%, segm-9%, lymph-5%, mon-3%, blast cels-80%, ESR-36mm/hr. Which disease has developed in the patient:</p> <p>A. Acute leukaemia B. Chronic leukaemia C. Hemolytic anaemia D. Vitamin B12-deficiency anaemia E. Symptoms of disseminated hypercoagulation</p>
69	PO-5 PO-7 PO-11	ПК-3 ПК-12 ПК-13 СЛК-3	<p>Cindy has extremely low blood calcium. This causes the neurons in her body to become overactive. As a result, impulses are sent to muscles very quickly, and she experiences spasms. What are these spasms called?</p> <p>A. Tetanus B. Homeostasis C. Cretinism Myxedema</p>
70	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 29-year-old woman complains of a 1-week history of weakness and malaise, she has recently become a vegetarian and eats mostly green vegetables and drinks lots of tea during the day. She is afebrile and has a C-reactive protein (CRP) <5. You suspect an abnormality of the patient's iron stores. What is the most appropriate investigation to determine iron store levels?</p> <p>A. Bone marrow biopsy B. Serum ferritin C. Serum transferrin D. Total iron binding capacity E. Serum iron</p>
71	PO-5 PO-7	ПК-3 ПК-11 ПК-12	<p>A 63-year-old patient complains of pain in spine, head, fever, fatigue, weakness, weight loss. Physical and laboratory examinations find out tender bones, normocytic and normochromic anemia, granulocytopenia and thrombocytopenia. Bone x-ray examination of ribs shows lytic bone lesions. What is the possible diagnosis?</p> <p>A. Polycythemia rubra vera B. AML C. Multiple myeloma. D. CML</p>
72	PO-5 PO-7	ПК-3 ПК-11	<p>A 65-year-old man presents with a chronic history of headaches and occasional dizziness. He hesitantly mentions that he</p>

	PO-11	ПК-12 СЛК-3	<p>experiences severe pruritus, especially after hot showers and baths. Blood pressure is 160/85 mmHg. A full blood count (FBC) reveals a haemoglobin of 20 g/dL, MCV of 94 fL, platelet count of $470 \times 10^9/L$ and WBC count of $7.8 \times 10^9/L$</p> <p>The most likely diagnosis is:</p> <p>A. Polycythemia vera B. Idiopathic erythrocytosis C. Essential thrombocythaemia D. Myelofibrosis</p>
73	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЛК-3	<p>A 37-year-old woman sees her physician because of gum bleeding, menorrhagia. Physical examination reveals petechiae, bruises on her legs. CBC: RBC $2.5 \times 10^{12}/L$, Hemoglobin 6.7 g/dL, MCV 64 fl, CI – 0,7, platelets $30 \times 10^9/L$, WBC $7.9 \times 10^9/L$, Segmented Neutrophils 60%, Band Neutrophils 4%, Monocytes 5 %, Eosinophils 3 %, Lymphocytes 29 %, ESR 7 mm/h, lactate dehydrogenase (LDH), indirect bilirubin levels, blood urea nitrogen (BUN) and creatinine measurements are normal. Bleeding time 13 min. What is the most probably diagnosis?</p> <p>A. Idiopathic thrombocytopenic purpura B. Henoch–Schonlein purpura C. Haemolytic anemia D. Macrocytic hyperchromic anemia</p>
74	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 29-year-old woman presents complaining of shortness of breath, especially when walking up stairs. She is starting to struggle with yoga classes, which were never a problem before. She does not suffer from any medical conditions and takes no regular medication. On examination there is pallor, heart rate is 90 and blood pressure 119/79 mmHg. The patient mentions that she has recently become a vegetarian and in the morning only has time for tea before heading to work. Which of the following would you expect to be increased in this patient?</p> <p>A. Myoglobin B. Ferritin C. Haemoglobin D. Serum iron E. Transferrin</p>
75	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЛК-3	<p>A 65-year-old man presents with a chronic history of malaise, shortness of breath and paraesthesia in his hands. He appears tired and pale while speaking and on examination his heart rate is 115, respiratory rate 16. A Schillings test is positive while blood tests reveal a macrocytic anaemia and a Coombs test is negative. The most likely diagnosis is:</p> <p>A. Iron deficiency anaemia B. Haemorrhage C. Anaemia of chronic disease D. Pernicious anaemia E. Autoimmune haemolytic anaemia</p>
76	PO-5 PO-7	ПК-3 ПК-11	<p>A 47-year-old woman presents to clinic concerned about her recent ill health. She has noticed over the last three months that</p>

	PO-11	ПК-12 СЖК-3	<p>she has been suffering from headaches, fatigue and recurrent infections. She notes she has rarely been to the doctor before and otherwise leads a healthy lifestyle. She decided to see a doctor when she noticed petechial rashes appearing on her arms. On examination there is no organomegaly and blood tests reveal an MCV of 105, a pancytopenia with the bone marrow appearing hypocellular on biopsy.</p> <p>A. Chronic myeloid leukaemia B. Myeloproliferative disorder C. Aplastic anaemia D. Iron deficiency anaemia E. Acute lymphoblastic anaemia</p>
77	PO-5 PO-7 PO-11	ПК-3 ПК-11 ПК-12 СЖК-3	<p>A 65-year-old man presents to you reporting he has become increasingly worried about his lack of energy in the last 2 weeks. He mentions he has been increasingly tired, sleeping for long periods and has suffered from fevers unresponsive to paracetamol. He became increasingly worried when he noticed bleeding originating from his gums. A blood film shows auer rods, hypogranular neutrophils and stains with Sudan black B. The most likely diagnosis is:</p> <p>A. Acute lymphoblastic leukaemia B. DiGeorge syndrome C. Disseminated intravascular coagulation D. Acute myeloid leukaemia E. Afibrinogenaemia</p>
78	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 36-year-old woman presents to the rheumatology outpatient clinic with a two-month history of stiff hands and wrists. She mentions that the pain is particularly bad for the first few hours after waking up and is affecting her work as a dentist. On examination, the wrists, metacarpophalangeal joints and proximal interphalangeal joints are swollen and warm. What is the most likely diagnosis?</p> <p>A. Rheumatoid arthritis B. Osteoarthritis C. Septic arthritis D. Polymyalgia rheumatica E. Reactive arthritis</p>
79	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 33-year-old previously healthy man has lateral visual field deficits, but his residual vision is 20/20. His facial features have changed over the past year. His shoe size has increased. A head CT scan reveals enlargement of the sella turcica. Which of the following hormones is most likely being secreted in excessive amounts in this man?</p> <p>A. Antidiuretic hormone B. Prolactin C. ACTH D. Growth hormone Luteinizing hormone</p>
80	PO-7	ПК-12	<p>A 40-year-old woman presents to the rheumatology outpatient</p>

	PO-8 PO-11	PK-15 CJK-3	<p>clinic with a threemonth history of stiff hands and wrists. She mentions that the pain is particularly bad first thing in the morning. On examination, the wrists, metacarpophalangeal joints and proximal interphalangeal joints are swollen and warm. A diagnosis of rheumatoid arthritis is suspected. Blood tests for rheumatoid factor return as positive. What is the most appropriate management?</p> <p>A. Non-steroidal anti-inflammatory drugs (NSAIDs) B. Intramuscular depot injection of methylprednisolone plus NSAIDs C. Anti-TNF therapy D. Intramuscular depot injection of methylprednisolone plus NSAIDs and methotrexate and sulfasalazine E. Physiotherapy</p>
81	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 74-year-old woman has pain in her left hand and right knee, which started months ago, and is now interfering with her activities. The pain gets worse as the day progresses. There is no history of any trauma, and she is otherwise well. Taking over-the-counter acetaminophen usually relieves the pain. On examination, there is bony soft tissue swelling of her second and third DIP joints in the left hand and crepitus over the right knee with flexion. There is no erythema or joint effusion. Which of the following is the most likely explanation for the joint pain of osteoarthritis?</p> <p>A. Synovial inflammation is not the cause B. Ligament inflammation is a common cause C. Clinically visible (via plain x-ray) ... fractures are a common cause of pain D. Osteophytes can cause pain E. muscles are not involved</p>
82	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 65-year-old man with a long history of alcohol intake comes into the emergency room with upper gastrointestinal (UGI) bleeding. Urgent endoscopy reveals - the following findings the esophageal folds are thick and tortuous, giving rise to a wormy or worm-eaten appearance. Which of the following is the most likely diagnosis?</p> <p>A. Esophageal varices B. Esophageal carcinoma C. Foreign body D. Barrett's esophagus</p>
83	PO-5 PO-7	PK-3 PK-12 PK-13	<p>A 32-year-old man presents to accident and emergency with a 1-day history of pain in the right knee. He also mentions that he has had a fever and is feeling generally unwell. On examination, the right knee is swollen, warm and extremely painful to move. What is the most appropriate next step?</p> <p>A. Empirical intravenous antibiotic treatment B. X-rays of the right knee C. Aspiration of the joint and blood cultures D. Referral for physiotherapy</p>

			E. Immobilize the joint
84	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A 30-year-old man presents to his GP with a 1-week history of painful, swollen knees and a painful right heel. Further history reveals that he has been experiencing burning pains while urinating for the past 2 weeks and that his eyes have become red and itchy. What is the most likely diagnosis? A. Septic arthritis B. Gout C. Ankylosing spondylitis D. Enteropathic arthritis E. Reactive arthritis
85	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A 75-year-old woman presents to accident and emergency complaining of pain in her knees. She mentions that this has been troubling her for several months. Pain is generally worse in the evenings and after walking. On examination, there are palpable bony swellings on the distal interphalangeal joints of the fingers on both hands. In addition, there is reduced range of movement and crepitus in the knees. What is the most likely diagnosis? A. Rheumatoid arthritis B. Osteoarthritis C. Reactive arthritis D. Polymyalgia rheumatica E. Gout
86	PO-7	ПК-3 ПК-12	Which one of the following serum levels would help in distinguishing an acute liver disease from chronic liver disease A. Aminotransaminase B. Alkaline phosphatase, C. Bilirubin D. Albumin
87	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЛК-3	A 33-year-old woman has noted a weight gain of 6 kg over the past year. She has normal menstrual periods. On physical examination her blood pressure is 170/105 mm Hg. Her skin shows marked plethora. Abdominal striae are present. A serum electrolyte panel shows sodium 141 mmol/L, potassium 4.4 mmol/L, chloride 100 mmol/L, CO ₂ 25 mmol/L, glucose 181 mg/dL, and creatinine 1.0 mg/dL. Which of the following radiologic findings would you most expect to be present in this patient? A. 2 cm right adrenal mass with abdominal CT scan B. 4 cm mass at aortic bifurcation with MR imaging C. Multiple pulmonary nodules on chest radiograph D. 10 cm cystic right ovarian lesion by abdominal ultrasound E. 2 cm 'hot' thyroid nodule with Tc99 scintigraphic scan
88	PO-7	ПК-3 ПК-12	A patient with H. Pylori infection is treated with drugs. The best method to detect presence of residual H.Pylori infection in this person is :

			<p>A. Rapid urease test B. Urea breath test C. Endoscopy and biopsy D. Serum anti H.Pylori titre</p>
89	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЖК-3	<p>A 77-year-old woman presents to accident and emergency complaining of severe unilateral headache over the left side of her head. On examination, the left side of her scalp is painful to touch. Blood tests reveal a raised ESR and CRP. What is the most appropriate management?</p> <p>A. Steroid therapy and arrange urgent temporal artery biopsy B. NSAID analgesia and arrange urgent temporal artery biopsy C. Paracetamol analgesia and discharge with advice to bed rest D. Arrange urgent MRI head E. NSAID analgesia and arrange urgent electromyography</p>
90	PO-5 PO-7	ПК-3 ПК-11 ПК-13	<p>A 30-year-old Afro-Caribbean woman presents to accident and emergency with a 1-week history of progressive shortness of breath and fever. On further questioning, she mentions that her hands have been painful and stiff over the past few months and she has been having recurrent mouth ulcers. Chest x-ray confirms bilateral pleural effusions and blood tests reveal a raised ESR and a normal CRP. What is the most likely diagnosis?</p> <p>A. Systemic lupus erythematosus B. Systemic sclerosis C. Sjögren's syndrome D. Discoid lupus E. Beçhet's disease</p>
91	PO-5 PO-7	ПК-3 ПК-11 ПК-12	<p>A 65 year old woman presents with generalized edema, skin ulceration and hypertension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic haematuria. Serum complement levels are decreased and she is positive for antihepatitis antibodies. The likely diagnosis is -</p> <p>A. PSGN B. Essential mixed cryoglobulinemia C. Membrano proliferative glomerulonephritis D. Focal segmental glomerulosclerosis</p>
92	PO-5 PO-7	ПК-3 ПК-12 ПК-13	<p>A 49-year-old woman has had increasing cold intolerance, weight gain of 4 kg, and sluggishness over the past two years. A physical examination reveals dry, coarse skin and alopecia of the scalp. Her thyroid is not palpably enlarged. Her serum TSH is 11.7 mU/L with thyroxine of 2.1 micrograms/dL. A year ago, anti-thyroglobulin and anti-thyroid peroxidase autoantibodies were detected at high titer. Which of the following thyroid diseases is she most likely to have?</p> <p>A. DeQuervain disease B. Papillary carcinoma C. Hashimoto thyroiditis D. Multinodular goiter E. Graves disease</p>

93	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A young boy presented with bilateral periorbital edema, ankle swelling and increase in body weight. What is the most likely dx? A. Chronic heart failure B. Nephrotic syndrome C. Renal failure D. Acute heart failure
94	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A 53-year-old man, who works as a chef, presents to accident and emergency with sudden onset severe pain, tenderness and swelling of the first metatarsophalangeal joint. The pain is making it difficult for him to mobilize. He has had two previous similar episodes. Blood tests reveal a raised serum urate level. The most likely diagnosis is: A. Gout B. Pseudo-gout C. Septic arthritis D. Reactive arthritis E. Osteoarthritis
95	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A person is HBsAg positive, but Anti- HBc Ab is negative. What should be the next step? A. Repeat test after 6 months B. Check HBeAg, if positive start interferon C. Check HBV DNA load D. Reassure patient that he does not have any disease
96	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЖК-3	What is the recommended dosage of levothyroxine in elderly adults with stable primary hypothyroidism? A. Initial dose of 12,5 or 25 µg daily, titrated every 6 to 8 weeks to achieve a normal serum TSH level B. Initial dose of 50 µg daily, titrated every 2 weeks to achieve a normal serum TSH level C. Initial dose of 75 µg daily, titrated every 2 weeks until the TSH level is suppressed below 0.1 mU/L D. Initial dose of 100 µg daily, titrated every 2 months to achieve a normal T4 level E. Initial dose of 100 µg daily, titrated every 4 weeks to achieve a normal T4 level
97	PO-5 PO-7	ПК-3 ПК-11 ПК-12	A case of nephritis, presents with haematuria & hemoptysis, antinuclear membrane antibody are presents. Likely diagnosis is - A. Goodpasture syndrome B. Nephritic syndrome C. Nephrotic syndrome D. Gullianbarre syndrome
98	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЖК-3	A patient who is in her first trimester of pregnancy is diagnosed with hyperthyroidism. Which medication do you suspect the patient will be started on? A. Propylthiouracil (PTU) B. Radioactive Iodine

			C. Tapazole D. Synthroid
99	PO-7 PO-8	ПК-12 ПК-15	An elderly, obese, diabetic patient comes to the clinic with LDL levels of 150 mg/dL. Which medication should be given at this time? A. Niacin B. Atorvastatin C. Gemfibrozil D. Lisinopril
100	PO-5 PO-7	ПК-3 ПК-12 ПК-13	A 28-year-old woman has had difficulty concentrating at work for the past month. She is constantly getting up and walking around to visit co-workers. She complains that the work area is too hot. She seems nervous and often spills her coffee. She has been eating more but has lost 5 kg in the past 2 months. On physical examination her temperature is 37.5°C, pulse 108/minute, respiratory rate 24/minute, and blood pressure 145/85 mm Hg. Which of the following laboratory findings is most likely to be present in this woman? A. Decreased catecholamines B. Decreased iodine uptake C. Decreased plasma insulin D. Decreased TSH E. Increased ACTH F. Increased calcitonin

Составитель: _____ к.м.н., преп. Рысбекова Г.С.

Зав. каф. _____ к.м.н., доцент Маматова С.М.