RAN-2406000104110501

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## Third MBBS Part 2 - Examination May - 2026

## General Medicine Set B New Course Paper - I

**સૂચના : / Instructions**

(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book

Seat No.:

Student's Signature

### New course Set B Paper 1

### SECTION-I

**Q. 1. Long Essay type Questions (Clinical Problem Based) (Any 2 out of 3) (20)**

1. A 65-year-old female with a known history of hypertension and atrial fibrillation is brought to the emergency department with sudden onset right-sided weakness and an inability to speak. The symptoms started 2 hours ago. Discuss the evaluation, diagnostic workup, and acute management of this case.
2. A 28-year-old male presents with a 4-week history of low-grade evening fever, chronic productive cough, episodic haemoptysis, and an unintentional 5 kg weight loss. A preliminary Chest X-ray reveals upper lobe infiltrates with a cavitary lesion. Discuss the diagnostic approach, public health reporting, and pharmacological management of this patient.
3. A 22-year-old woman presents with fatigue, fever, and joint pains for 2 months, along with photosensitivity and recurrent oral ulcers. Examination reveals a malar rash and mild non-erosive arthritis of both hands. Investigations show anaemia, leukopenia, thrombocytopenia, positive ANA and anti-dsDNA antibodies, low complement levels, and proteinuria (2+) on urinalysis. What is the most likely diagnosis? Describe the pathogenesis and outline the principles of management.

**Q.2. Short Notes (Any 3 out of 4) (12)**

1. Define hypertension. Describe its classification, causes, and complications.
2. Enumerate Paraneoplastic syndromes associated with lung carcinoma.
3. Describe Primary and secondary immunodeficiency disorders question.
4. What is pneumothorax? Discuss its types and outline the management.

**Q.3. Answer in Very Brief (Any 9) (18)**

1. Mention two causes of pericardial effusion.
2. Mention two extra-articular manifestations of rheumatoid arthritis.
3. What is angina pectoris?
4. Mention two causes of secondary gout.
5. Define chronic bronchitis.
6. List two complications of infective endocarditis.
7. Mention cardinal three features of Nephrotic Syndrome.

8. Mention two common triggers for an acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD).
9. Name two highly specific autoantibodies used in the diagnosis of Systemic Lupus Erythematosus (SLE).
10. List two common opportunistic infections associated with advanced HIV/AIDS.

## SECTION-II

**Q.4 Long Essay type Questions (Clinical Problem Based) (Any 2 out of 3) (20)**

1. A 45-year-old man presents with progressive fatigue, weight loss, low-grade fever, and abdominal fullness for 6 months. On examination, he is pale and has massive splenomegaly reaching the umbilicus. Investigations show haemoglobin 8.5 g/dL, total leukocyte count 1,80,000/$mm^3$ with left shift showing myelocytes and metamyelocytes, platelet count 6,00,000/$mm^3$, low leukocyte alkaline phosphatase score, hypercellular bone marrow with myeloid hyperplasia, and presence of Philadelphia chromosome. What is the most likely diagnosis? Describe the clinical features, phases, and management of this case.
2. A 25-year-old man presents with sudden onset high-grade fever, severe headache, retro-orbital pain, and myalgia for 4 days. On examination, he has flushed skin, mild bleeding gums, and a positive tourniquet test. Laboratory investigations reveal thrombocytopenia, leukopenia, and rising haematocrit. What is the most likely diagnosis? Describe its clinical features, complications, and management.
3. A 24-year-old woman presents to the emergency department with complaints of vomiting, abdominal pain, excessive thirst, and frequent urination for 2 days. She also has rapid breathing and altered sensorium. On examination, she is dehydrated, has Kussmaul respiration, fruity odour of breath, pulse rate 110/min,and blood pressure 90/60 mmHg. Laboratory investigations show random blood glucose of 420 mg/dL, arterial blood pH of 7.1, serum bicarbonate 10 mEq/L, positive serum and urine ketones, and elevated serum potassium. What is the most likely diagnosis? Discuss its clinical features, complications, and management of this condition.

**Q.5. Short Notes (Any 3 out of 4) (12)**

1) Describe the clinical features, treatment, and complications of sickle cell anaemia.
2) Clinical features and management of typhoid fever.
3) Organophosphate poisoning - clinical features and management.
4) What is Cushing's syndrome? Mention its causes and features.

**Q.6. Reasoning Type question/Short Notes /Applied aspects (Any 9 out of 10) (18)**

1. Mention two causes of haemolytic anaemia.
2. Mention two opportunistic infections in HIV.
3. List two causes of pancytopenia.
4. What is SIADH?
5. Define metabolic syndrome.
6. Mention two features of carbon monoxide poisoning.
7. Mention two causes of pyrexia of unknown origin (PUO).
8. Define insulin resistance.
9. List two causes of constrictive pericarditis.
10. What are Osler's nodes?

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