

D.M. Pulmonary Medicine

Test Booklet Serial No.....

Series No. :

Number of Questions : 120

Time Allowed : 2 hours

Booklet Contains Pages : 36

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1. Granuloma formation is function of :
 - (A) TH2 cells
 - (B) TH 1 cells
 - (C) NK cells
 - (D) B cells

2. The major eosinophil population exists in :
 - (A) Spleen
 - (B) Lamina propria of gastrointestinal tract
 - (C) Blood
 - (D) Thymus

3. All of the following endocrine diseases are associated with tobacco smoking EXCEPT :
 - (A) Goitre
 - (B) Diabetes mellitus
 - (C) Antidiuresis
 - (D) Grave's disease

4. Miliary shadows on HRCT chest is seen in all of the following conditions EXCEPT :
 - (A) Histoplasmosis
 - (B) Silicosis
 - (C) Idiopathic pulmonary fibrosis
 - (D) Sarcoidosis

5. On HRCT Chest 'Crazy paving' appearance is seen in patients with :
- (A) Silicosis
 - (B) Hypersensitivity pneumonitis
 - (C) Pulmonary alveolar proteinosis
 - (D) Idiopathic pulmonary haemosiderosis
6. All of the following are clinical features of nicotine withdrawal EXCEPT :
- (A) Insomnia
 - (B) Decreased appetite and weight loss
 - (C) Depression
 - (D) Difficulty in concentrating
7. All of the following are adverse effects of ipratropium bromide EXCEPT :
- (A) Supraventricular tachyarrhythmias
 - (B) Urinary retention
 - (C) Complete heart block
 - (D) Acute narrow angle glaucoma
8. Pulsus paradoxus may occur in all of the following conditions EXCEPT :
- (A) Acute severe asthma
 - (B) Cardiac tamponade
 - (C) Acute exacerbation of chronic obstructive airways disease
 - (D) Complete heart block

9. Diuretic abuse leads to :
- (A) Respiratory acidosis
 - (B) Metabolic acidosis
 - (C) Respiratory alkalosis
 - (D) Metabolic alkalosis
10. Particles of following size are deposited in lower respiratory tract :
- (A) 10-50 μ
 - (B) 50-100 μ
 - (C) 0.01-0.2 μ
 - (D) 0.2-5.0 μ
11. In type II respiratory failure, there is :
- (A) Low pO_2 and low pCO_2
 - (B) Normal pO_2 and high pCO_2
 - (C) Low pO_2 and high pCO_2
 - (D) Low pO_2 and normal pCO_2
12. A 65-year-old male, a chronic smoker is presented with cough, recurrent haemoptysis for last two weeks. There is no history of fever or weight loss. There is no past history of having been treated for tuberculosis. On clinical examination there are signs of collapse of right lung. On bronchoscopy there was mass completely obstructing the right main bronchus. A forcep biopsy was taken and malignancy was confirmed. The most likely histopathological diagnosis is:
- (A) Adenocarcinoma
 - (B) Squamous cell carcinoma
 - (C) Small cell carcinoma
 - (D) Bronchial carcinoid

13. A 30-years-old female complains of cough, haemoptysis and shortness of breath. There is profound general weakness, however, there is no fever. On examination there is pallor and chest examination reveals bilateral scattered crepitations. On investigations. Hb = 6.7 gm/dl, TLC = 6,200/cu mm, DLC = N70, L24, E2, M4. X-ray Chest shows bilateral diffuse parenchymal infiltrates. Pulmonary functions were done and showed FVC of 92% predicted, FEV1/FVC % 84%, DLCO 128% predicted. The most likely diagnosis is :
- (A) Pulmonary tuberculosis
 - (B) Diffuse pulmonary alveolar haemorrhage
 - (C) Bilateral bronchiectasis
 - (D) Lymphagioliomyomatosis
14. Reduced total lung capacity (TLC) is seen in all of the following conditions EXCEPT :
- (A) Interstitial lung disease
 - (B) Pulmonary fibrosis
 - (C) Pneumothorax
 - (D) Emphysema
15. Definitive diagnosis of idiopathic pulmonary fibrosis is achieved by :
- (A) Bronchoalveolar lavage
 - (B) Percutaneous FNAC of the lung
 - (C) Transbronchial lung biopsy
 - (D) Surgical lung biopsy

16. BAL fluid eosinophilia is seen in all of the following conditions EXCEPT :
- (A) Chronic eosinophilic pneumonia
 - (B) Respiratory bronchiolitis associated with interstitial lung disease
 - (C) Tropical pulmonary eosinophilia
 - (D) Acute interstitial pneumonia
17. A good clinical response to corticosteroids is seen in all of the following conditions EXCEPT :
- (A) Cryptogenic organizing pneumonia
 - (B) Interstitial disease associated with polymyositis
 - (C) Idiopathic pulmonary fibrosis
 - (D) Respiratory bronchiolitis associated with interstitial lung disease (RB-ILD)
18. A 55-year-old male is diagnosed to be having sputum positive pulmonary tuberculosis. He was put on Category-1 antituberculosis regimen. After three weeks of starting treatment he complained of severe loss of appetite, vomiting and pain in abdomen. On investigation he had following results of liver function tests-S.Bilirubin 1.5 mg/dl, SGOT 357 U/L, SGPT 445 U/L. All of the following steps for his management are correct EXCEPT :
- (A) Stop Isoniazid
 - (B) Stop pyrazinamide
 - (C) Stop Rifampicin
 - (D) Stop Ethambutol

19. A 56-year-old male is diagnosed to be having lung cancer and presents to emergency with symptoms of anorexia, vomiting, constipation, polyuria and polydipsia. On investigation he is found to be having serum calcium of 13.5 mg/dl/ His serum sodium is 141 mEq/l and serum potassium is 3.7 mEq/l. His renal functions are normal. The most likely histopathology in this patient is :
- (A) Squamous cell carcinoma
 - (B) Adenocarcinoma
 - (C) Small cell carcinoma
 - (D) Bronchial carcinoid
20. A 56-year-old female a chronic smoker presents with cough and expectoration, shortness of breath on exertion and haemoptysis. She is diagnosed to be having bronchogenic carcinoma on further investigations. On examination she has moon facies and 'buffalo hump. The blood pressure is 184/106 mm Hg. She also has muscle weakness and radiological investigation reveal severe osteoporosis. The most probable histopathology in this patient is :
- (A) Squamous cell carcinoma
 - (B) Adenocarcinoma
 - (C) Small cell carcinoma
 - (D) Bronchial carcinoid
21. In patients with haemoptysis the most common vascular source of bleeding is :
- (A) Pulmonary arteries
 - (B) Pulmonary veins
 - (C) Bronchial arteries
 - (D) Bronchial veins

22. Pleural pressure is most negative at :
- (A) Middle zones
 - (B) Lower zones
 - (C) Equal all over
 - (D) Apices of lungs
23. Hemothorax is diagnosed when :
- (A) When color of pleural fluid is red
 - (B) There are more than 10,000 RBCs per cubic mm
 - (C) When hematocrit of pleural fluid is more than 50% of that of peripheral blood
 - (D) When Hemoglobin level in pleural fluid is more than 3 gms dl
24. Noncaseating granulomas are seen in following fungal infection of the lung :
- (A) Aspergillosis
 - (B) Cryptococcosis
 - (C) Histoplasmosis
 - (D) Blastomycosis
25. Following bacteria are most commonly cultured during acute exacerbation of COPD :
- (A) Moraxella catarrhalis
 - (B) Haemophilus influenzae
 - (C) Staphylococcus aureus
 - (D) Streptococcus pneumoniae

26. Following features suggest a benign lesion of a solitary pulmonary nodule :
- (A) H/O Haemoptysis
 - (B) Calcification in the nodule
 - (C) Speculated margins of nodules on CT chest
 - (D) Associated pneumonitis
27. Acutely branching hyphae under microscope is seen in following fungal infection :
- (A) Nocardiosis
 - (B) Cryptococcosis
 - (C) Histoplasmosis
 - (D) Aspergillosis
28. The normal PaO₂ in a healthy young adult is :
- (A) 80-85 mm Hg
 - (B) 75-80 mm Hg
 - (C) 85-90 mm Hg
 - (D) 90-95 mm Hg
29. Which of the following is the commonest form of lung cancer in smokers ?
- (A) Squamous cell carcinoma
 - (B) Small cell lung cancer
 - (C) Adenocarcinoma
 - (D) Large cell carcinoma

30. Hypercalcaemia is more common with which type of lung cancer ?
- (A) Squamous cell carcinoma
 - (B) Small cell lung cancer
 - (C) Adenocarcinoma
 - (D) Large cell carcinoma
31. Exudative pleural effusion will have :
- (A) Fluid and serum protein ratio of less than 2.5 gm%
 - (B) Fluid LDH level of less than 100
 - (C) PH of the fluid more than 7.4
 - (D) Fluid and serum protein ratio of more than 2.5 gm%
32. The commonest organism causing community acquired pneumonia :
- (A) Haemophilus influenzae
 - (B) Streptococcus pneumoniae
 - (C) Staphylococcus aureus
 - (D) Anaerobic organisms
33. Foul smelling sputum is characteristically produced because of :
- (A) Gram negative infections
 - (B) Infection due to anaerobic organisms
 - (C) Pneumocystic carinii infections
 - (D) Legionella infection

34. Which of the following drugs can safely be used in case there is drug-induced hepatitis during anti-tubercular drug therapy ?
- (A) INH
 - (B) Rifampicin
 - (C) Streptomycin
 - (D) Thiacetazone
35. Which of the following drugs is more likely to cause Steven Johnson Syndrome ?
- (A) Thiacetazone
 - (B) INH
 - (C) Pyrazinamide
 - (D) Ethionamide
36. Red-coloration of urine is due to :
- (A) INH
 - (B) Cycloserine
 - (C) Kanamycin
 - (D) Rifampicin
37. The cause of multi-drug resistant tuberculosis include :
- (A) Irregular drug intake
 - (B) Improper dosage of drugs
 - (C) HIV infection
 - (D) All of the above

38. In a restrictive lung function defect all are true except :
- (A) The FVC is reduced
 - (B) The FEV1 is reduced
 - (C) The FEV1/FVC ratio is below 80%
 - (D) The TLC is reduced
39. The usual time taken for the growth of mycobacterium tuberculosis in L-J culture medium is :
- (A) 1 week
 - (B) 2 weeks
 - (C) 4 weeks
 - (D) 6 weeks
40. Low glucose level in pleural effusion is characteristically seen in :
- (A) SLE
 - (B) Nephrotic syndrome
 - (C) Rheumatoid arthritis
 - (D) Drug induced pleural effusion
41. Which of the following is the side effects of salbutamol ?
- (A) Hypokalaemia
 - (B) Hypophosphataemia
 - (C) Inappropriate ADH secretion
 - (D) Hyponatraemia

42. Surfactant is produced by :
- (A) APUD cells of the lungs
 - (B) Type II pneumocytes
 - (C) Type I pneumocytes
 - (D) Endothelium of the bronchial artery
43. Lung transplant is indicated in :
- (A) Stage I bronchogenic carcinoma
 - (B) Cystic fibrosis
 - (C) Bronchial asthma
 - (D) Cor pulmonale
44. Which of the following statements is true about Allergic Bronchopulmonary Aspergillosis ?
- (A) Responsible organism is *Aspergillus fumigatus*
 - (B) It is a type III hypersensitivity reaction
 - (C) Serum IGE is high
 - (D) All of the above
45. In interstitial fibrosis of the lungs :
- (A) The FVC is low
 - (B) The FEV1 is normal
 - (C) The FRC is normal
 - (D) FEV1/FVC ratio is low

46. In emphysema :
- (A) The RV is normal
 - (B) The FVC is decreased
 - (C) The PEER is normal
 - (D) The PACO₂ is invariably high
47. Oxygen toxicity may produce :
- (A) Bronchospasm
 - (B) Chronic bronchitis
 - (C) Retrolental fibroplasia
 - (D) Sudden cardiac death
48. All of the following drugs can cause psychosis except :
- (A) Cycloserine
 - (B) INH
 - (C) Atropa belladonna
 - (D) Methyl xanthiness
49. The management of high altitude pulmonary oedema includes :
- (A) Intravenous aminophylline
 - (B) High flow oxygen
 - (C) Digitalis
 - (D) Nebulized salbutamol

50. Hypoglycaemia is a feature of :
- (A) Pulmonary tuberculosis
 - (B) Bronchiectasis
 - (C) Pleural mesothelioma
 - (D) Rheumatoid arthritis with lung involvement
51. Which of the following drugs can cause pleural effusion ?
- (A) Dantrolene sodium
 - (B) Methysergide
 - (C) Procainamide
 - (D) Bromocriptine
52. ANCA test is positive in :
- (A) Sarcoidosis
 - (B) Wegener's granulomatosis
 - (C) Hypersensitivity pneumonitis
 - (D) HIV related lung infections
53. Smoking can cause :
- (A) Cancer of bladder
 - (B) Carcinoma of cervix
 - (C) Carcinoma of breast
 - (D) Cancer of colon

54. A 36-year male patient was admitted with history of haemoptysis of the last 3 months, which was streaky and occurs almost daily. He had a BP of 150/100 mm Hg, crusted ulcers of the nose and oral cavity. His urine examination showed proteinuria and 10-12 RBCs / field. Blood urea was 65 mg% and creatinine was 2.1 mg%. Chest radiology showed bilateral diffuse nodular opacities with cavitations. His sputum AFB was negative. The possible clinical diagnosis is :
- (A) Wegners granulomatosis (B) MDR tuberculosis
(C) Multiple hydatid cysts (D) Staphylococcal pneumonia
55. A 45 yrs female presented with h/o progressive dyspnea and cough for seven months. She was put on ATT (4drugs) without any improvement. On examination she was found to have cyanosis, clubbing and bilateral fine end inspiratory crepitation at the lung bases. HRCT revealed bilateral reticulo-nodular shadows, which are predominantly subpleural and basal with extensive honeycombing. Spirometry showed moderately severe restrictive defect. The possible clinical diagnosis is :
- (A) MDR TB (B) UIP
(C) NSIP (D) AIP
56. A 21-year-old male smoker presented with breathlessness of mMRC grade IV and unable to lie down on his back. He has h/o organophosphorous ingestion as a suicidal attempt two weeks back for which he has to undergo emergency endotracheal intubation with ventilator support for five days. What is the likely diagnosis :
- (A) Tracheal stenosis
(B) Aspiration pneumonia
(C) Organophosphorous related cardiomyopathy
(D) Foreign body inhalation

57. Which of the following category of patients are not recommended by RNTCP for investigation for MDR TB ?
- (A) A category I patient being sputum positive at the second month of therapy
 - (B) A category I patient who is sputum negative at the end of six months
 - (C) All HIV TB patients
 - (D) A Sputum negative category II patients at the start
58. Which of the following investigations is the quickest method of diagnosing MDR TB ?
- (A) Liquid culture by MGIT
 - (B) LED-Fluorescent microscopy
 - (C) Line probe assay
 - (D) Capilia test
59. A 26 years old MDR-TB patient was put on category V treatment under RNTCP. He developed agranulocytosis and peripheral neuropathy. The likely culprit drug is :
- (A) Ethambutol
 - (B) Levofloxacin
 - (C) Linezolid
 - (D) Cycloserine

60. A 75 year old heavy smoker presents to the hospital with breathlessness and a cough with yellow sputum. He has the following investigation : Hb 18 g/dl, WBC $12 \times 10^9/L$, ABGs show a ph of 7.38, PO_2 of 8.5 kPa, Pco_2 of 7 kpa. Which of the following is most likely ?
- (A) Bronchiectasis
 - (B) Chronic obstructive pulmonary disease
 - (C) Mesothelioma
 - (D) Tuberculosis
61. A 65 year old farmer has breathlessness. During investigation he was found to have raised serum precipitins to micropolyspora faeni. What is the diagnosis ?
- (A) Tuberculosis
 - (B) Wegner's granulomatosis
 - (C) Churg Strauss syndrome
 - (D) Extrinsic allergic alveolitis
62. A 50 year old afro-Caribbean man has a cough. He also has generalized arthralgia. There is an eruption of tender red areas on his shin. Which of the following is important to determine whether this condition is self limiting ?
- (A) Hilar lymphadenopathy and eosinophilia
 - (b) Hilar lymphadenopathy and erythema nodosum
 - (c) Serum calcium levels
 - (d) Serum ACE levels

63. A 55 yrs male smoker had presented with features suggestive of muscle weakness, peripheral neuropathy and increase thirst. He had inspiratory stridor and increased and prominent veins in the abdomen. What is the possible diagnosis ?
- (A) Small cell carcinoma of the lung with supraazygos SVC obstruction
 - (B) Small cell carcinoma of the lung with infraazygos SVC obstruction
 - (C) Adenocarcinoma with EGFR mutation
 - (D) Adenocarcinoma with k-ras mutation
64. An 18 year old girl with severe difficulty in breathing. She has had a history of asthma with two previous ICU admissions. Her peak flow is currently 100. She is unable to say more than a few words. She was given nebulized salbutamol and iv hydrocortisone 200 mg by the paramedics. Which treatment should she now have ?
- (A) Further iv hydrocortisone 200 mg
 - (B) Iv magnesium 2 g
 - (C) Intubation and ventilation
 - (D) IV salbutamol
65. A 55 year old man who had two episodes of hemorrhagic shock due to intestinal hemorrhage and post-operative secondary hemorrhage, was admitted to intensive care unit. During the following weeks this was followed by bronchopneumonia with symptoms of sepsis persisting over several weeks. Chest x ray showed progressive changes in the interstitial tissues and he became more significantly hypoxic. Pulmonary capillary wedge pressure was 13 mm Hg. What is the diagnosis ?
- (A) Congestive cardiac failure
 - (B) Pneumocystis pneumonia
 - (C) Pulmonary embolism
 - (D) Adult respiratory distress syndrome

66. Which of the following diseases not found associated with digital clubbing ?
- (A) IPF
 - (B) COPD
 - (C) Bronchiectasis
 - (D) Lung cancer
67. Which of the following is not bactericidal ?
- (A) INH
 - (B) Rifampicin
 - (C) PAS
 - (D) Streptomycin
68. Most active drug against slowly multiplying bacilli found inside the macrophages :
- (A) Pyrazinamide
 - (B) Rifampicin
 - (C) INH
 - (D) Streptomycin
69. All are used in treatment of bronchial asthma except for :
- (A) Salbutamol
 - (B) Morphine
 - (C) Aminophylline
 - (D) Steroid

70. What is DOTS ?
- (A) Directly observed treatment strategy
 - (B) Directly observed therapy scheme
 - (C) Directly observed treatment scheme
 - (D) Directly observed treatment shortcourse
71. What is the full form of BCG ?
- (A) Bacille Calmette Guerin
 - (B) Bacillus Corvne Bacterium Gurein
 - (C) Bacille calmette gonococcus
 - (D) Bacille cocci Guerin
72. Which of the following drugs is not included in first line anti-tubercular drugs ?
- (A) Ethionamide
 - (B) Pyrazinamide
 - (C) Ethambutol
 - (D) Streptomycin
73. Which anti-tuberculous drugs are contraindicated in pregnancy ?
- (A) Isoniazid & Ethambutol
 - (B) Isoniazid & Rifampicin
 - (C) Streptomycin & Ethionamide
 - (D) Isoniazid & Pyrazinamide

74. World TB Day is celebrated on :
- (A) 6th January
 - (B) 24th March
 - (C) 9th December
 - (D) 21st April
75. Which anti TB drug can lead to hypothyroidism :
- (A) Cycloserine
 - (B) PAS
 - (C) Isoniazid
 - (D) Rifampicin
76. Uptake of O₂ from atmosphere into the lung depends on all but one of the following :
- (A) Concentration of inspired O₂
 - (B) Alveolar ventilation
 - (C) Room temperature
 - (D) Ventilation – perfusion relationship
77. Which of following primary change is correct in respect of metabolic acidosis disorders ?
- | | | | |
|-----|--------------------|-----|-------------------|
| (A) | ↑[H ⁺] | ↓pH | ↓HC0 ₃ |
| (B) | ↓[H ⁺] | ↑pH | ↑HC0 ₃ |
| (C) | ↑[H ⁺] | ↓pH | ↑PC0 ₂ |
| (D) | ↓[H ⁺] | ↑pH | ↓PC0 ₂ |

78. Stony dullness on percussion is significant sign in :
- (A) Consolidation
 - (B) Fibrosis of lung
 - (C) Collapse
 - (D) Effusion/empyema
79. Digital clubbing is a common sign in :
- (A) Cirrhosis of liver
 - (B) Pneumonia
 - (C) Pulmonary tuberculosis
 - (D) None of the above
80. What is the normal serum bicarbonate concentration ?
- (A) 20-26 mmols/L
 - (B) 24-28 mmols/L
 - (C) 22-26 mmols/L
 - (D) 26-30 mmols/L
81. Which of the following is rapid grower mycobacterium ?
- (A) *M fortuitum*
 - (B) *M chelonii*
 - (C) *M terrae*
 - (D) *M marinum*

82. What is the life time risk of development of tuberculosis disease in HIV positive MTB infected person ?
- (A) 10%
 - (B) 30%
 - (C) 40%
 - (D) 60%
83. Paradoxical response to anti tuberculosis chemotherapy is encountered in :
- (A) Lymph node tuberculosis
 - (B) Tuberculous pleural effusion
 - (C) Intra cranial tuberculoma
 - (D) All of the above
84. Positive tuberculin skin test is possible in :
- (A) Active tuberculous disease
 - (B) Healed tuberculosis
 - (C) Latent tuberculosis
 - (D) All of the above
85. What is XDR tuberculosis ?
- (A) When there is resistance to isoniazid & Rifampicin
 - (B) When there is resistance to isoniazid, rifampicin and pyrazinamide
 - (C) When there is resistance to all first line anti T.B. drugs
 - (D) None of the above

86. Standard DOTS-plus regimen under RNTCP comprises of how many drugs ?
- (A) 6 in intensive phase/4 in continuation phase
 - (B) 5 in intensive phase/4 in continuation phase
 - (C) 7 in intensive phase/5 in continuation phase
 - (D) 5 in intensive phase/3 in continuation phase
87. In a patient of pulmonary tuberculosis already suffering with liver disease too severe to tolerate more than one hepatotoxic drug, which regimen would be most appropriate :
- (A) 2SHE / 8 HE
 - (B) 12 HE
 - (C) 2HRE / 7HR
 - (D) SEQ × 18-24 month
88. Out of following anti retroviral drugs which one is not protease inhibitor class :
- (A) Amprenavir
 - (B) Atazanavir
 - (C) Indinavir
 - (D) Lamivudine
89. Optimum treatment for non cavitory disease caused by M.avium complex (MAC) should be :
- (A) INH⁺ Rifampicin + Ethambutol; 18-24 months
 - (B) Rifampicin + Ethambutol + Macrolide; 18-24 month
 - (C) Streptomycin + Rifampicin + Ethambutol + Macrolide; 24 months
 - (D) None of the above

90. Which of the following is not a component parameter of CURB – 65 :
- (A) Confusion
 - (B) Rapid respiratory rate ≥ 30 / min
 - (C) Raised blood urea
 - (D) Age 65 years or below
91. Which classical risk groups is susceptible population for fungal infection of respiratory tracts ?
- (A) Patient on cytotoxic chemotherapy for neoplastic disease
 - (B) Severe AIDS (CD4 < 100)
 - (C) Organ transplantation
 - (D) All of the above
92. Which is the most common respiratory tract fungal infection ?
- (A) Aspergillus
 - (B) Pneumocystis jirovecii
 - (C) H. capsulatum
 - (D) Blastomyces dermatitidis
93. Which one is incorrect in respect of Type I Respiratory failure ?
- (A) Normal A-aO₂ gradient
 - (B) Normal PA CO₂
 - (C) Decreased Pa O₂
 - (D) Decreased Pa O₂

94. A 46 year old lady developed excessive hyperventilation. Her ABG revealed; pH: 7.5, PCO_2 : 24 mm Hg, PO_2 88 mHg. What is the interpretation ?
- (A) Metabolic alkalosis
 (B) Respiratory alkalosis
 (C) Respiratory acidosis
 (D) Metabolic acidosis
95. A 60 year old man landed in emergency with severe respiratory distress. His ABG report revealed pH: 7.2, PO_2 88 mHg. What is the most probable diagnosis ?
- (A) Acute exacerbation of COPD
 (B) Acute asthma
 (C) Severe pneumonia
 (D) ARDS
96. A 48 year old women suffering from scleroderma presented in OPD for a new complaint of exertional breathlessness. Her pulmonary function parameters are as follows :

	PFT	Observed	Predicted
a	FVC	2.63	2.82
b	FEV1%	88%	80%
c	DLCO	5.26	16.3

What is the likely cause of her breathlessness ?

- (A) Interstitial lung disease
 (B) Bronchiectasis
 (C) Congestive heart failure
 (d) Pulmonary artery hypertension

97. What is the investigation of choice for diagnosis of interstitial lung disease ?
- (A) Chest X-ray PA view
 - (B) MRI chest
 - (C) HRCT chest
 - (D) Gallium 67 DTPA
98. All of the following are commonly encountered in patients of asbestosis except for one :
- (A) Emphysema
 - (B) Calcific pleural fibrosis
 - (C) Diffuse pulmonary fibrosis
 - (D) Fibrous pleural thickening
99. Which of the following is not a feature of pulmonary hemosiderosis ?
- (A) Iron deficiency anemia
 - (B) Hemoptysis
 - (C) Diffuse alveolar haemorrhage
 - (D) Eosinophilia
100. A 45 year old woman has been presenting with episodic attacks of breathlessness over last 15 year and off and on hemoptysis. Her chest X-ray demonstrated perihilar bronchiectasis. What would be the most likely diagnosis ?
- (A) Idiopathic pulmonary fibrosis (IPF)
 - (B) Allergic Broncho pulmonary aspergillosis (ABPA)
 - (C) Extrinsic allergic alveolitis
 - (D) Sarcoidosis

101. A 30-year old lady presented in emergency department with symptom of diarrhoea high grade fever and confusion. Her CXR revealed bilateral pneumonia. What would be your most probable diagnosis ?
- (A) Streptococcus pneumonia
 - (B) H. influenza pneumonia
 - (C) Neisseria meningitis
 - (D) Legionnaire's pneumonia
102. What is the best option of the following drugs to treat chlamydial pneumonia ?
- (A) Doxycycline
 - (B) Ceftriaxone
 - (C) Penicillin
 - (D) Sulphonamide
103. Which of the following statements is not true in respect of miliary tuberculosis ?
- (A) May occurs after primary tuberculosis
 - (B) Mantoux is always positive
 - (C) Sputum microscopy is usually negative
 - (D) May occur with post primary tuberculosis
104. A 30 year old man presented with fever, cough, expectoration and breathlessness of 2 months duration. His CECT chest showed bilateral upper lobe fibrotic lesions and enlarged mediastinal necrotic nodes with peripheral rim enhancement. What is your most probable diagnosis :
- (A) Tuberculosis
 - (B) Lymphoma
 - (C) Sarcoidosis
 - (D) Silicosis

105. Sarcoidosis meets all the characteristics of the following except one :
- (A) Spontaneous remission is frequent
 - (B) Tuberculin skin test is negative
 - (C) Bilateral hilar lymphadenopathy
 - (D) Pulmonary cavitation is seen often
106. Which one of the following condition is not the feature of ARDS ?
- (A) Stiff lung
 - (B) Hypoxemia
 - (C) Hypercapnia
 - (D) Pulmonary edema
107. A Patient with fracture of pelvic bone was admitted in ICU after surgical correction. In post-operative period patient developed sudden chest pain and breathlessness. What would be the likely cause for the same ?
- (A) Shock
 - (B) ARDS
 - (C) Respiratory infection
 - (D) Pulmonary thrombo-embolism
108. D-Dimer test is most sensitive in making the diagnosis of :
- (A) Cardiac tamponade
 - (B) Acute myocardial infarction
 - (C) Pulmonary embolism
 - (D) Acute pulmonary edema

109. Which of the following is confirmatory test for clinching the diagnosis of pulmonary embolism :
- (A) Pulmonary arteriography
 - (B) EKG
 - (C) Venography
 - (D) Radio isotope perfusion pulmonary scintigraphy
110. Which one is not the cause of transudative pleural effusion ?
- (A) Rheumatoid arthritis
 - (B) Constrictive pericarditis
 - (C) Myxedema
 - (D) Nephrotic syndrome
111. Which of the following condition have high amylase level in pleural fluid ?
- (A) Malignancy
 - (B) Tuberculosis
 - (C) Pulmonary Infarction
 - (D) Rheumatoid arthritis
112. During sleep apnea there occurs a temporary pause in breathing for minimum of:
- (A) 30 seconds
 - (B) 20 seconds
 - (C) 10 seconds
 - (D) 40 seconds

113. All of the following hormonal levels increase in small cell lung cancer except :
- (A) Growth hormone
 - (B) ANF
 - (C) AVP
 - (D) ACTH
114. Serum ACE level is not increased in which of the following :
- (A) Berylliosis
 - (B) Silicosis
 - (C) Sarcoidosis
 - (D) Bronchogenic Carcinoma
115. Which one is not the feature of Kartagener's syndrome ?
- (A) Infertility
 - (B) Mental retardation
 - (C) Bronchiectasis
 - (D) Dextrocardia
116. Which of the following is rarely associated with hemoptysis ?
- (A) Mitral stenosis
 - (B) Empyema
 - (C) Pneumonia
 - (D) Bronchiectasis

117. Which of the following lesions is not associated with cavitation ?
- (A) Wegener's granulomatosis
 - (B) Hamartoma
 - (C) Squamous Cell carcinoma
 - (D) Caplan's Syndrome
118. Which is most common route adopted for development of amoebic lung abscess ?
- (A) Hematogenous spread from liver
 - (B) Direct spread from liver
 - (C) Aspiration
 - (D) Hematogenous spread from G.I.T.
119. Which of the following condition involves thickening of pulmonary capillary membrane ?
- (A) Idiopathic pulmonary fibrosis
 - (B) COPD
 - (C) Bronchiectasis
 - (D) Asthma
120. A young man of 30 years presented in OPD with complaints of hematuria & hemoptysis. What is the likely diagnosis ?
- (A) Nephrotic syndrome
 - (B) IgA nephropathy
 - (C) Good Pasture's syndrome
 - (D) Gullian Barre Syndrome