Regn. No._____ Subject Code: MBBS202

M.B.B.S. SECOND PROFESSIONAL EXAMINATION, DECEMBER-2024
PATHOLOGY
PAPER - SECOND

[Time allotted: Three hours] **SET – A** **[Max Marks: 100]**

Q. 1. Multiple choice questions **(Darken the single best response in OMR sheet. Time allotted 20 minutes)** **(20 x 01 = 20)**

1. Which of the following is a common cause of sudden cardiac death in young athletes?
   a. Atherosclerosis
   b. Hypertrophic cardiomyopathy
   c. Dissecting aneurysm
   d. None of the above
2. Which cardiac valve is commonly affected in rheumatic heart disease:
   a. Aortic Valve
   b. Mitral Valve
   c. Pulmonary Valve
   d. Tricuspid valve
3. Which condition is characterized by recurrent episodes of reversible airflow obstruction due to bronchospasm?
   a. Bronchial asthma
   b. Chronic bronchitis
   c. Bronchiectasis
   d. Emphysema
4. What is the most common cause of community-acquired pneumonia?
   a. Streptococcus pneumoniae
   b. Haemophilus influenzae
   c. Mycoplasma pneumonia
   d. Pseudomonas aeruginosa
5. What is oliguria
   a. Excretion of less than 300 ml in 24 hrs
   b. Excretion of less than 200 ml in 12 hrs
   c. Excretion of less than 500 ml in 24 hrs
   d. Excretion of less than 100 ml in 24 hrs
6. Kimmelstiel Wilson disease is diagnostic of:
   a. Diabetic Glomerulosclerosis
   b. Benign Hypertension
   c. Amyloidosis
   d. Malignant Hypertension
7. Liver biopsy in hemochromatosis for iron is stained by
   a. Masson Fontana
   b. Masson Trichrome
   c. Prussian Blue
   d. Cango red
8. Which type of glomerulonephritis is associated with "tram-track" appearance on light microscopy and "spike and dome" appearance on electron microscopy
   a. Acute glomerulonephritis
   b. Renal TB
   c. Membranoproliferative glomerulonephritis
   d. Renal Calculi
9. Pan arteritis nodasa typically involves which of the following vessels
   a. Small or medium muscular arteries
   b. Large elastic arteries
   c. Arterioles
   d. Capillaries
10. Reed Sternberg cells are seen in
    a. Hodgkin's lymphoma
    b. Lung carcinoma
    c. Ovary carcinoma
    d. Breast Carcinoma
11. Bone marrow aspiration needle is
    a. Jamshidi needle
    b. Sahlas needle
    c. Both of the above
    d. None of the above
12. Rothera's test is done for:
    a. Sugar
    b. Ketone
    c. Bile salts
    d. Bile pigments
13. Which of the following is a chronic obstructive disorder
    a. Chronic bronchitis
    b. Bronchiectasis
    c. Both of the above
    d. None of the above
14. Nephrotic syndrome is characterized by all **except**
    a. Proteinuria
    b. Edema
    c. Lipiduria
    d. Hypertension
15. Nephritic syndrome is charactetized by
    a. Hematuria
    b. Hypertension
    c. Proteinuria
    d. All of the above
16. Which of the following is correct about Barretts esophagus
    a. Stratified squamous epithelium is replaced by intestinal columnar epithelium
    b. Intestinal columnar epithelium is replaced by stratified squamous epithelium
    c. None of the above
    d. Both of the above.
17. Casseous necrosis is seen
    a. Tuberculosis
    b. Sarcoidosis
    c. mycoplasma
    d. None of the above
18. Keratin pearls seen in
    a. Squamous cell carcinoma
    b. Ulcers
    c. Small cell carinoma
    d. Adenocarcinoma
19. Rodent ulcers are seen in
    a. Basal cell carcinoma
    b. Squamous cell carcinoma
    c. Adenocarcinoma
    d. Small cell carcinoma
20. Meningitis can be caused by
    a. Bacteria
    b. Virus
    c. Fungus
    d. All of the above

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Note: Attempt all questions in sequence.
Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons: **(5 x 2 = 10)**

a. Why does atelectasis results in inadequately oxygenated blood?
b. Why In children it is important to distinguish Focal segmental glomerulosclerosis from minimal-change disease?
c. Why Migratory thrombophlebitis can be associated with carcinoma?
d. Why there is excessive albuminuria in nephrotic syndrome?
e. Why Is Peptic Ulcer disease associated with H pylori and NSAIDS use?

Q. 3. Problem based question: **(10 Marks)**

Sixty Five years old male, a known uncontrolled diabetic for last 20 years presented to the Emergency with oliguria his blood urea and creatinine is markedly elevated.

a. What is your Diagnosis? **(1)**
b. What is the etiopathogeneiss? **(3)**
c. What are the morphogical change seen in kidney? **(3)**
d. Explain Microalbuminuria. **(3)**

Q. 4. Write short notes on: **(4 x 6 = 24)**

a. Barrett Esophagus
b. Hypertrophic Cardiomyopathy
c. How to explain a report suggesting malignancy to the patient or his relatives.
d. Hepatitis B Virus

Q. 5. Structured question:

(i) Enumerate risk factors for breast carcinoma. Discuss the morphological classification of breast carcinoma. Role of HER2/NEU gene in breast carcinoma. **(3+5+2=10)**

(ii) Discuss the etio-pathogenesis of lung carcinoma. Explain the classification of epithelial lung tumors. Role of molecular genetic in lung carcinoma. **(5+3+2=10)**

Q. 6. Answer in brief about: **(4 x 4 =16)**

a. Draw H and E stained microscopic section of tubercular granuloma.
b. Tabulate the Features That Differ between Crohn Disease and Ulcerative Colitis
c. Differences between necrosis and apoptosis
d. Explain with a diagram the sequence of cellular interactions in atherosclerosis.

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