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Multiple-choice questions for general practitioner (GP) Doctor

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QUESTION 1

What is the most specific test for syphilis?

- A. TPI
- B. Treponema antibody absorption test FTA-ABS
- C. FAAT

Correct Answer: C

This test is used when a screening test for syphilis is positive to confirm that there is a true infection. A negative or nonreactive result means there you do not have a current or past infection with syphilis. 52Ans- Management of dog, cat and human bite is essentially similar. They are managed with Amoxycillin/ Clavulanate and Tetanus vaccine booster if more than 5 years since last immunization/vaccine Dog and cat bite-Pasteurellamultocida Human bite-EikenellaCorrodens Humab bites are more damaging then dog bite and cat bites

QUESTION 2

A 27-year-old lady after C-section developed epigastric pain after 8h.

What is the appropriate investigations?

- A. Liver enzyme
- B. Liver biopsy
- C. ABG
- D. Coagulation

Correct Answer: A

Epigastric pain is a warning sign of HELLP syndrome. So to rule out HELLP syndrome should be done.

QUESTION 3

A 45-year-old IV drug abuser is brought into the Emergency room with complaint of fever, shivering, malaise, dyspnea and productive cough. Exam: temp=39C, pulse=110bpm, BP=100/70mmHg. Inv: CXR= bilateral cavitating bronchopneumonia.

What is the single most likely causative organism?

- A. Staphylococcus
- B. PCP
- C. Pseudomonas
- D. Chlamydia

Correct Answer: A

QUESTION 4

A female presented with swelling over the neck that moves with swallowing with lymphadenopathy at external jugular vein. Swallowing diagnosed as thyroid carcinoma.

She has most likely which type?

- A. Papillary carcinoma
- B. Medullary carcinoma
- C. Follicular carcinoma

Correct Answer: A

QUESTION 5

A healthy male misses his work for 3 days, he has many times a bowel movement, and it is difficult to wrest it, laboratory tests have shown very high levels of calcium.

What is parenteral treatment?

- A. Hydration
- B. Calcitonin
- C. Furosemide
- D. Phosphate

Correct Answer: A

First hydration to prevent renal injury secondary to hypercalcemia then diuretics and then calcitonin.

QUESTION 6

A 67-year-old homeless woman presents to the ED with substernal chest pain that began shortly after vomiting. The patient has a history of alcoholism and has just finished a 3-day binge of vodka. Physical examination reveals a "snap, crackle, and pop" upon palpation around the clavicles.

What is the most likely diagnosis?

- A. Volvulus
- B. Boerhaave syndrome
- C. Myocardial infarction
- D. Pancreatitis

E. Biliary colic

Correct Answer: B

Boerhaave syndrome is a full-thickness tear of the esophagus secondary to retching. The patient will have a history of severe incessant vomiting, often due to alcoholism. MI is unlikely in this patient given the subcutaneous emphysema. The other choices do not have substernal chest pain. Pancreatitis presents with abdominal pain that radiates to the back upon alcohol intake, not air in the subcutaneous space. Biliary colic has postprandial RUQ pain. Volvulus is malrotation of the colon.

QUESTION 7

A 76-year-old woman is brought in for respiratory distress and altered mental status. Her medical history records right-sided hemiplegia from a stroke several years ago. She has blood pressure 86/52; heart rate 123 BPM, breathing rate 33 Br PM, temperature 102.3?, and O2 sat 84%. Exam reveals rhonchi bilaterally with "E to Ah" changes and warm extremities with faint pulses. Chest x-ray shows bilateral infiltrates.

What is the likely etiology of this patient's hypotension?

- A. Neurogenic shock
- B. Cardiogenic shock
- C. Septic shock
- D. Hypovolemic shock

Correct Answer: C

This patient is presenting with 3 SIRS criteria: hypotension, altered mental status, and a source of infection (pneumonia). The physical exam is also consistent with septic shock: Massive vasodilation has yielded warm extremities and faint pulses. Both hypovolemic shock and cardiogenic shock would have pale and cool extremities. There is no mention of bleeding, ruling out hemorrhagic shock.

QUESTION 8

A 32-year-old man with schizophrenia and a history of violence and distressing auditory hallucinations was a ward with aggressive behavior and has already smashed his room. He is refusing any oral meds.

What is the s appropriate injection?

- A. Flupenthixol
- B. Risperidone
- C. Haloperidol
- D. Fluphenazine

Correct Answer: B

Protocol of treating agitated violent patient.

1.

Try to talk to the patient but don't touch him.

2.

If he agrees on oral meds, give oral atypical antipsychotics olanzapine, risperidone or quetiapine

3.

If refusing oral, give IV atypical antipsychotics preferably its Olanzapine or Risperidone

4.

If agitation not controlled give IM Lorazepam

5.

If that doesn't work, give IV Haloperidol as last resort.

6.

If acute sedation is required, for immediate effect give IV Diazepam.

QUESTION 9

A 26-year-old male has been operated for abdominal trauma and splenectomy was done. On the 3rd post-op day the developed acute abdominal pain and distention in the upper abdominal area with hypotension. On insertion of nasogastric tubes, 2L of coffee ground fluid was aspirated.

What is the most probable diagnosis?

A. Reactionary hemorrhage

B. DVT

C. Acute gastric dilatation

D. Left lower lobe atelectasis

E. Subphrenic abscess

Correct Answer: D

Patients with blood pressures (BP) > 180/120 mm Hg need immediate aggressive treatment if they have impending or progressive end-organ damage. Those without end-organ damage need to adjust or reinstate their regimens, but do not need immediate aggressive treatment.

QUESTION 10

3000 gm full term baby, when should you screen for congenital hypothyroidism?

A. One year after delivery

- B. One day after delivery
- C. One week after delivery
- D. One month after delivery

Correct Answer: C

QUESTION 11

A 54-year-old man, newly diagnosed with type- 2 diabetes mellitus, presents to the clinic for his first assessment. He is found to have changes in his eyes on fundoscopy.

Which of the following is most likely to need immediate referral to the ophthalmologist?

- A. few dot and blot haemorrhages
- B. some hard exudates > 1 disc diameter from the fovea
- C. New vessels on the disc

Correct Answer: C

New vessels on the disc Background diabetic retinopathy consists of dot and blot haemorrhages and hard exudates. Patients do not need to be referred to the ophthalmologist unless these are within 1 disc diameter of the fovea. This can be monitored annually at the routine clinic. Cataracts appear about 10 years earlier in type-2 diabetes than in non-diabetic patients. If the vision is significantly affected the patients warrant routine and not urgent referral to the ophthalmologist. Soft exudates suggest retinal ischaemia, which would require routine referral to the ophthalmologist. New vessels anywhere in the fundus are a feature of proliferative retinopathy and, as new vessels have a risk of haemorrhage and can threaten sight, they should be referred urgently to the ophthalmologist.

QUESTION 12

An 18years female has periorbital blisters. Some of them are crusted, others secreting pinkish fluid.

What likely diagnosis?

- A. Rubella
- B. Shingles
- C. Measles
- D. Chicken pox
- E. Varicella

Correct Answer: B

Shingles Ophthalmic division of trigeminal nerve. Typically, shingles is unilateral.

QUESTION 13

An 82-year-old man has woken up with incoherent speech and difficulty in finding the right words. Exam: good comprehension.

Which anatomical site is most likely to be affected?

- A. Pons
- B. Wernicke's area
- C. Broca's area
- D. Midbrain
- E. Parietal cortex

Correct Answer: C

A person with expressive aphasia will exhibit halting and effortful speech. Speech m important content words. Word comprehension is preserved. The person may still be understood, but sentence grammatical. This contrasts with receptive or Wernicke's aphasia, which is distinguished by a patient's inability comprehend language or speak with appropriately meaningful words though fluency, may be preserved.

QUESTION 14

During a basketball match, one of the players suddenly collapsed to the ground with coughing and SOB. What choice?

- A. V/Q
- B. CTPA
- C. MRI
- D. CT scan
- E. CXR

Correct Answer: E

CXR. Likely diagnosis is pneumothorax. So investigation of choice is CXR

QUESTION 15

A 36-year-old woman presents with pains in both hands for the last few months and stiffness that improves as the day goes on. Multiple joints are swollen on exam. X-rays of the hands show some erosion.

What is the single most accurate test?

- A. ANA
- B. Rheumatoid factor

C. Sedimentation rate

D. Anti-cyclic citrullinated peptide (anti-CCP)

Correct Answer: D

Rheumatoid factor (RF) is present in only 75% of patients with rheumatoid arthritis (RA). It can also be present in a number of other diseases; hence, the RF is rather nonspecific. Anti-cyclic citrullinated peptide (anti-CCP) is the single most accurate test for RA. It is > 95 percent specific for RA, and it appears earlier in the course of the disease than the RF. There is nothing specific on joint aspiration to determine a diagnosis of RA.

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