



THEORETICAL EXAMS

Intro quizzes, Doctor 2020

Special thanks to 

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Quiz 1: History taking, general PEx & RS

1. Not a feature of alcohol dependence:

- A. drinks in the evening
- B. doesn't stop drinking despite knowing harmful consequences
- C. Neglect of interests and pleasure
- D. Tolerance
- E. Withdrawal symptoms when drinking is stopped or reduced.

Answer: A

2. Case about clubbing that happens in both hands, what is the least likely to cause this?

- A. Crohn's disease
- B. Lung cancer
- C. Ventricular septal defect
- D. Mesothelioma
- E. Thyrotoxicosis

Answer: C

3. All of the following are caused by increased melanin production except:

- A. Pregnancy
- B. Adrenal insufficiency
- C. Hemochromatosis
- D. Hypopituitarism
- E. Nelson syndrome

Answer: D

4. Not a cause of facial flushing:

- A. Androgen deficiency**
- B. Chronic renal failure**
- C. Calcium Channel Blockers**
- D. Rosacea**
- E. Carcinoid syndrome**

Answer: B

5. False about cyanosis:

- A. Polycythemic patients may have cyanosis at normal hemoglobin saturation**
- B. The best way to assess central cyanosis is under the tongue**
- C. Peripheral cyanosis may be alone or with central cyanosis**
- D. Central cyanosis happens when deoxygenated haemoglobin should be more than 50% of saturated haemoglobin**
- E. Peripheral cyanosis may be physiological**

Answer: D

6. Case about Iron deficiency anemia, hemoglobin 8 g/dl, all of the following are present except:

- A. Blue sclera**
- B. Koilonychia**
- C. Glossitis**
- D. Angular stomatitis**
- E. Cyanosis**

Answer: E

7. All of the following are signs of dehydration except:

- A. Decrease urine output**
- B. Hypotension**
- C. Bradycardia**
- D. Dry mucous membranes**

Answer: C

8. A 45-year-old female presented with shortness of breath of 1 day duration, sudden onset, central, crushing, normal breath sounds, increased JVP:

- A. Large pulmonary embolus**
- B. Congestive heart failure**
- C. Myocardial infarction with pulmonary edema**

Answer: A

9. Which of the following is wrong chromosomal abnormalities:

- A. Turner syndrome (XO45) short stature, webbed neck and shield-like chest**
- B. Achondroplasia is an autosomal dominant disorder caused by mutation of fibroblast growth factor gene**
- C. Down syndrome should be screened for cardiac, ophthalmic and endocrine problems**
- D. Marfan syndrome have legs that are shorter than the trunk**
- E. Myotonic dystrophy is characterized by frontal balding, bilateral ptosis and hypoplasia of expression**

Answer: D

10. Patient with long standing poorly uncontrolled DM and HTN presented with yellowish brown discoloration and fishy smell of breath, which of the following is a suspected finding in his nails:

- A. Onycholysis**
- B. yellow nails**
- C. Lindsay nails**

Answer: C

11. Which of the following is true about stridor:

- A. inspiratory stridor occurs due to narrowing of intrathoracic trachea**
- B. Biphasic stridor is due to extrathoracic narrowing**
- C. it most commonly heard at expiration**
- D. It is due to small airways obstruction.**
- E. it can be caused by foreign body obstruction**

Answer: E

12. Which of the following is mismatched:

- A. Nail fold telangiectasia ---- connective tissue disorders**
- B. Pitting ---- psoriasis**
- C. Leukocynchia ---- chemotherapy**
- D. Onychomycosis ---- Tuberculosis**
- E. Splinter hemorrhage ---- Infective endocarditis**

Answer: D

13. Right lower lobe Pneumonia case, which of the following is wrong:

Answer: Diminished vocal resonance on the right lower lobe

14. Case of asthma, which is wrong:

A. Wheeze

B. Atopy

C. Pleuritic chest pain

D. Cough disturbs sleep

E. Pet owner

Answer: C

15. A patient with history of fever and cough, he presented with cough of small he amounts of clear then purulent sputum in the morning... On one occasion, he reported coughing with a rusty sputum

Answer: pneumococcal pneumonia

16. A 60 years old man with more than 30 pack years of smoking, came to the clinic with cough and clear sputum. The next day the sputum turned purulent green. The patient has a barrel chest and pursed lip breathing.

Which of the following is the most likely cause:

A. Pneumonia

B. COPD exacerbation

C. Pleural effusion

Answer: B

17. Case of patient with cough and fine crackles at the basis of the lung:

Answer: Pulmonary fibrosis

18. A 20-year-old female presented with complaint of "not getting enough air in her chest", increased respiratory rate, increased heart rate, normal O2 sat, normal BP. She has "generalized anxiety disorder" and this isn't the first time she presents with these symptoms. What is the cause?

Answer: Carbopedal spasm

19. Patient comes to the ER after a car accident and complains of pneumothorax on right lower lobe, which of the following findings is not expected in this patient?

- A. Tracheal deviation to the left**
- B. Dullness on percussion on right lower lobe**
- C. Decreased vocal resonance on right lower lobe**
- D. Absent vesicular breathing on the right side**
- E. Decreased expansion.**

Answer: B

20. A 60 year old man comes to the clinic with a history of weight loss and persisting cough, physical exam revealed ptosis and myosis, which of the following can't be seen in this patient:

- A. wasting of small muscles of the hand**
- B. Decreased JVP**
- C. pain in the inner aspect of the forearm**
- D. Anhidrosis**

Answer: B

Quiz 2: CVS

1. A 21-year-old female presented with dyspnea on exertion, she had a wide fixed split S2. What is the likely diagnosis?

Answer: ASD

2. All of the following are causes of enhanced physiological splitting of S2 except:

A. LBBB

B. RBBB

C. Pulmonary hypertension

D. Pulmonary stenosis

E. VSD

Answer: A

3. all of the following cause loud S1 sound except:

A. Short P-R interval

B. Atrial myxoma

C. Rheumatic mitral regurgitation

D. Mitral stenosis

E. Increased stroke volume

Answer: C

4. A three-year-old female came to the clinic and was discovered to have a continuous machinery murmur heard at the left pulmonary area, what is the diagnosis:

A. Patent ductus arteriosus

B. Ventricular septal defect

C. Atrial septal defect

D. Innocent murmur

Answer: A

5. A 64-year-old man known case of Ischemic Heart Disease presented to the ER with right leg pain, popliteal, dorsalis pedis and posterior tibial pulses are absent, there was pallor in the right leg with decreased sensations, what is the most likely diagnosis?

A. Acute lower limb ischemia

B. Chronic lower limb ischemia

C. Milroy's disease

D. Baker's cyst rupture

E. Lymphedema

Answer: A

6. A 41-year-old male patient came to the clinic for physical examination, he has no complaints except dyspnea on exertion, auscultation wide and fixed split S2, what is the diagnosis:

A. Atrial Septal defect

B. Ventricular septal defect

C. Aortic stenosis

D. HOCM

Answer: A

7. A 32-year-old female who is a smoker and medically free had infective endocarditis, which of the following is not caused by it:

- A. Clubbing**
- B. Splinter hemorrhages**
- C. Roth's spots**
- D. Osler's nodules**
- E. Corneal arcus**

Answer: E

8. Which of the following is suggestive of venous ulceration:

- A. Swelling is usually absent**
- B. cold temperature**
- C. pulses are absent**
- D. It is located on the medial lower one third of the leg**
- E. edges are punched out**

Answer: D

9. A patient presented with palpitations, she was found to have irregularly irregular pulse, which of the following is a finding?

- A. An S4 "gallop"**
- B. prominent a waves in jugular venous pressure**
- C. Absent a waves in jugular venous pressure**

Answer: C

10. Lower limb ischemia is considered critical when ankle-to-brachial pressure index is:

- A. Less than 0.9**
- B. Less than 0.4**
- C. Less than 0.8**
- D. Less than 1.1**
- E. None of the above**

Answer: B

11. Patient presented to the ER with hypotension and diffuse ST elevation (on EKG), there was an increase in JVP during inspiration and muffled heart sounds. Echocardiography shows cardiomegaly. What is the diagnosis?:

- A. STEMI**
- B. Cardiac tamponade**
- C. angina**
- D. pneumothorax**

Answer: B

12. A 60-year-old female patient presented to the ER complaining from recurrent episodes of syncope, she was found to have ejection systolic murmur with reduced peak and slow upstroke, what is the likely diagnosis:

- A. Aortic stenosis**
- B. Aortic regurgitation**
- C. Mitral stenosis**
- D. Tricuspid regurgitation**
- E. Mitral valve prolapse**

Answer: A

13. Patient presented to the ER with severe chest pain that radiated to the back, tearing, 8/10, heart rate 105, notable different BP in both arms, RR 24, what is the most likely diagnosis:

Answer: Aortic dissection

14. Patient came to the clinic with previous MI and did surgery, 10 days later he was admitted to the emergency room with gradual stabbing pain which is relieved by leaning down. On examination you heard a murmur, which of the following is most likely to hear:

- A. S3**
- B. S4**
- C. Mitral stenosis**
- D. Friction rub**

Answer: D

15. A patient complains from lightheadedness and dizziness specially when he stands up, his blood pressure when he is sitting down was 120/80 and when he stands up was 100/70 , what is the most likely diagnosis?

- A. Orthostatic hypotension**
- B. Palpitation**
- C. Aortic regurgitation**

Answer: A

16. A patient with a previous history of ankylosing spondylitis, comes to the clinic complaining from shortness of breath and syncope , on auscultation an early diastolic blowing murmur heard at left sternal edge and another mid

diastolic rumbling murmur heard at the apex, what is the murmur heard at the apex?

- A. Aortic regurgitation**
- B. Mitral stenosis**
- C. Aortic stenosis**
- D. Austin flint murmur**
- E.. Mitral regurgitation**

Answer: D

17. A female patient comes to the clinic after she complains from right leg pain after her trip overseas, her BMI is 44, on examination you feel hotness and tenderness on her leg, what is your diagnosis:

- A. venous ulceration**
- B. Varicose veins**
- C. DVT**

Answer: C

18. Case with hoarseness of voice, mid diastolic murmur, left atrial dilation and right ventricular hypertrophy, the murmur caused by:

- A. Mitral stenosis**
- B. Mitral regurgitation**
- C. Aortic regurgitation**
- D. Aortic stenosis**

Answer: A

19. murmur blowing at apex with radiation to left axilla

- A. Mitral regurgitation**
- B. Mitral stenosis**
- C. Aortic regurgitation**
- D. Aortic stenosis**

Answer: A

20. Female patient came to the clinic, she was thin, tall, have tall and thin fingers, high arched palate, on examination you did echocardiogram what findings you expect to see:

- A. Aortic stenosis**
- B. Aortic dissection**
- C. coarctation**

Answer: B

Right lower lobe Pneumonia case, which of the following is wrong:

Answer: Diminished vocal resonance on the right lower lobe

Quiz 3: GI, Renal & CNS

1. Not a cause of hepatosplenomegaly:

- A. Leukemia
- B. Amyloidosis
- C. Malaria
- D. Sarcoidosis
- E. Glycogen storage disorders

Answer: C

2. A patient that has multiple gallbladder stones presented with severe epigastric pain radiating to the back with recurrent vomiting and periumbilical bruising, which of the following is true:

- A. colicky pain that radiates to the back with nausea and vomiting
- B. periumbilical bruising is called cullen's sign
- C. pain relieved by food and vomiting

Answer: B

3. A 48-year-old female presented with and painless dysphagia. She was feeling that something is stuck in her throat. A full blood count shows microcytic hypochromic anemia, glossitis is noted. An esophageal web was found on endoscopy, what is the likely diagnosis:

- A. Benign esophageal stricture
- B. Pharyngeal carcinoma
- C. Plummer-Vinson syndrome
- D. Barrett's esophagus
- E. Esophageal carcinoma

Answer: C

4. Not a sign of peritoneal irritation:

- A. Rovsing sign
- B. Murphy sign
- C. Psoas sign
- D. Courvoisier sign
- E. Rebound tenderness

Answer: D

5. A female patient who is a case of chronic liver disease, which of the following is not caused by it:

- A. Palmar erythema
- B. Finger clubbing
- C. Gynecomastia
- D. Splenomegaly
- E. Bruising

Answer: C

6. True about fresh rectal bleeding –sth like that– :

- A. Hemorrhoids presented with fresh rectal bleeding that is painful on defecation
- B. 50 ml of blood is enough to cause melena
- C. Anal fissures present with fresh rectal bleeding mixed with stool
- D. Lower Mallory-Weiss tear presents with hematemesis and fresh rectal bleeding

Answer: A or B

7. Which of the following is wrong:

- A. Somatic pain is localized to the inflamed area and conducted by spinal nerves
- B. Pain from foregut structures is felt above the umbilicus
- C. Hypotension and tachycardia following the onset of pain suggest serious pathology
- D. Biliary pain lasts for several hours before gradually improving
- E. Abdominal pain secondary to acute myocardial infarction is associated with significant epigastric tenderness

Answer: E

8. Ascites with low protein content, what is the least likely diagnosis:

- A. Cirrhosis with portal hypertension
- B. Ovarian cancer with peritoneal metastases
- C. Budd-Chiari syndrome
- D. Nephrotic syndrome
- E. Protein-losing enteropathy

Answer: B

9. The most common cause of nephrotic syndrome is:

- A. Hyperlipidemia
- B. Hypertension
- C. Diabetes Mellitus

Answer: C

10. An old female patient presented with Atrial fibrillation, hypertension and bloody diarrhea. She had sudden severe abdominal pain that became generalized, with tenderness and rigidity in the abdomen, what is true about this condition:

- A. Exaggerated bowel sounds and splenomegaly
- B. periumbilical bruising – اشي مثل هيك
- C. Fever and vaginal discharge
- D. Absent bowel sounds due to a perforated viscus

Answer: D

11. Not a sign of upper motor neuron lesion:

- A. Hyperreflexia and clonus
- B. Upgoing (positive) Babinski sign
- C. Increased deep tendon reflexes
- D. Increased fasciculations
- E. absent abdominal reflexes

Answer: D

12. A patient came to the clinic with an inability to open his right eye, it was pointing downward and outward, the right eye also showed redness and partial ptosis, cannot look into any other directions, what is the nerve injured:

- A. Abducens nerve (CN VI)
- B. Optic nerve (CN II)
- C. Trochlear nerve (CN IV)
- D. Oculomotor nerve (CN III)
- E. Facial nerve (CN VII)

Answer: D

13. A patient came to the neurology clinic complaining from stooped posture and shuffling gait. What involuntary movements/tremors will be found:

- A. Resting tremor
- B. Essential tremor
- C. Intention tremor
- D. Chorea
- E. Athetosis

Answer: A

14. Rinne test: Bone Conduction > Air Conduction on the left ear, Air Conduction > Bone conduction on the right ear. Weber's test: Lateralized to the left. What is the diagnosis:

- A. Right sensorineural hearing loss
- B. Left conductive hearing loss
- C. Right conductive hearing loss
- D. Left sensorineural hearing loss
- E. Bilateral sensorineural hearing loss

Answer: B

15. Loss of frontal wrinkling on the left side, loss of nasolabial fold on the left, and mouth deviates to the right side, what is the cause:

- A. Upper trigeminal nerve palsy
- B. lower trigeminal nerve palsy
- C. Upper facial nerve palsy
- D. Lower facial nerve palsy
- E. Stroke

Answer: D

16. A 32-year-old female who is pregnant in the third trimester, presented with feeling of burning sensation over the outer upper aspect of thigh, she increased 10 kg in weight during pregnancy and her clothes became small and tight, proximal and distal muscles are normal, deep tendon reflexes are normal, what is the most likely diagnosis:

- A. L3/L4 radiculopathy
- B. Femoral nerve palsy
- C. Multiple Sclerosis
- D. Meralgia parasthetica

Answer: D

17. A patient presented with red and watery eyes, 2 attacks of headache daily with 15 min each, tearing and ptosis, what is the likely diagnosis:

- A. cluster headache**
- B. migraine**
- C. meningitis**
- D. tension headache**
- E. temporal arteritis**

Answer: A

18. An 43 year old female presented with dysphagia and falling to the right side of her body , loss of pain and temp sensations on the left side of the face and the right side of the body, what is the single brain region affected:

- A. frontal lobe**
- B. parietal lobe**
- C. lateral medulla**
- D. temporal lobe**
- E. occipital lobe**

Answer: C

19. Patient presented after an RTA able to open his eyes to speech, producing sounds, and even he is paralysed but he moves to tongue on commands, what' his GCS?

- A. 8/15**
- B. 11/15**
- C. 6/15**
- D. 12/15**
- E. 3/15**

Answer: B

20. Nerve root for knee reflexes:

- A. T12**
- B. L4**
- C. S1**
- D. S4**

Answer: B