



6th Edition

Residents' way to Residency

RWR-2026

The Definitive Resource for Residency & Internship Admission Tests of The Aga Khan University & Hospital

- 10-Year Past Paper Compilation (2016-25)
- For all Specialties of Residency exams
- High-yield, scenario-based MCQs mirroring the actual exam
- Updated & Revised Annually

Dr. Rashid Mahmood

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FOR INDUCTION CYCLE 2027

AKUH
for all specialties
Residency & Internship

by Dr. Rashid Mahmood

In our session, we offer in-depth discussions of RWR-2026 with logical explanations for each concept, and personalized guidance for interviews – right up to your final selection at AKUH.

If you're serious about your journey and want structured support from preparation to placement, we welcome you to join us.

Our First Session will start in June 2026

For Registration & Details
03087747686

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DEDICATIONS

In the Name of Allah, the Most Beneficent, the Most Merciful.

This book is dedicated to My Parents, my Wife, my Daughter and my parent institute, Quaid-e-Azam Medical College (which gave me prefix 'Dr'). Without whom, I wouldn't be able to stand where I am today and without whom all these little efforts made, were impossible.

ABOUT AUTHOR

I am Dr. Rashid Mahmood, author of “Residents’ way to Residency” , “The Night Before Exam” , “The FCPS-I Manual” & “The FCPS-1 Q-Bank”. I am also the CEO and Founder at WayToResidency.com. I am from Bahawalpur (Punjab) and I did my graduation from Quaid-e-Azam Medical College Bahawalpur (Batch of 2013-18). Recently, i have completed my FCPS training in General Surgery from Bahawal Victoria Hospital Bahawalpur. It’s taken us a lot of hard work and time compiling all the past recalls, arranging them, and then finding the answers. We hope you will find this book as useful as much as we have put our efforts into it.

ABOUT CO-AUTHOR

I'm Dr. Maria Zaib, co-author of "Residents' way to Residency" , "The Night Before Exam" , "The FCPS-I Manual" & "The FCPS-1 Q-Bank". I did my graduation from Quaid-e-Azam medical college (2014-2019). Currently, i am working as Postgraduate Trainee of Gynae & Obs in Civil Hospital Bahawalpur. It's taken us a lot of hard work and time compiling all the past recalls, arranging them, and then finding the answers. We hope you will find this book as useful as much as we have put our efforts into it.

ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude to all those who have supported me throughout the creation of this book.

First and foremost, I would like to thank my family for their unwavering support and encouragement. Their love and understanding have been an endless source of inspiration for me, and I am forever grateful for their presence in my life. I would also like to extend my gratitude to my friends and colleagues and my teachers who have provided me with invaluable feedback and constructive criticism, helping me to improve the quality of this book.

Finally, I would like to acknowledge the publishers, editors, and everyone involved in the production of this book for their hard work and dedication. Their efforts have ensured that my ideas are presented in the best possible light, and I am deeply grateful for their contributions. Once again, thank you everyone who has contributed to the creation of this book. Your support and encouragement have been instrumental in bringing my vision to life.

PREFACE

I am deeply grateful and humbled by the fact that Allah has presented me with the opportunity to write this book. I am truly delighted and honoured to present this book, containing the past questions from the prestigious Agha Khan Hospital entrance exam. My aim is to help aspiring medical professionals achieve their dreams and excel in their careers. It is a privilege to contribute to the field of medicine through this platform.

It is the first-ever book that contains past recalls from the AKUH residency and internship entrance exams. The features characteristic and salient to this book are given below:

This book is compiled in the following 4 major portions:

1. Generic Test Paper: Anesthesiology, Cardiothoracic Anesthesiology, Diagnostic Radiology, Emergency Medicine, Family Medicine, Pathology & Lab Medicine, Psychiatry, Radiation Oncology.
2. Surgery & Allied Test Paper: Cardio-thoracic Surgery, General Surgery, Neurosurgery, Obstetrics/Gynecology, Otolaryngology/Head Neck Surgery, Ophthalmology, Orthopedics, Paediatric Surgery, Plastic Surgery, Urology
3. Medicine & Allied Test Paper: Adult Cardiology, Clinical Haematology, Dermatology, Internal Medicine, Medical Oncology, Nephrology, Neurology, Paediatrics & Child Health, Pulmonary Medicine
4. Internship Test Papers (Housejob)

Note:

- This book contains recalls from multiple platforms, and although there might be some repeated questions, we have tried our best to avoid duplications. If questions are found to be repeated, they may contain the same topic but with a different concept and explanation.
- The aim of this book is to help readers understand the concept of multiple choice questions (MCQs) and the pattern of AKU residency and internship exams.
- We have written this book by gathering all the concepts and recalls from the AKU entrance exams and we have compiled them in the form of a book which is accessible and easy to use for the candidates who are trying to secure a seat in residency or internship at AKUH.
- We feel very pleased to know about the medical personnel getting into the institute by using our book as a platform. We hope and pray this book to be of equal help and guidance for all of you.

DR. RASHID MAHMOOD
Author

What's new in RWR 2026?

- This book contains past recalls of Residency and Internship exams of The Aga Khan University Hospital from 2025 to 2016.
- We have tried our best to re write the concept and recalls in the form of a proper question stem along with five relevant options.
- We have transformed even weak or incomplete recalls into high-quality, clinically relevant questions, helping you truly understand the nature and style of final exam questions.
- Answer key is given at the end of the papers so that you can do a self-assessment and check the correct answers accordingly.
- It has been thoroughly revised, with all papers carefully refined to closely reflect the real pattern of AKU residency and internship exams.
- With improved clarity, accuracy, and regular updates, this book is designed to build your confidence and help you perform at your best in final residency and internship exams.

Attention!

- This is NOT an officially recommended book by the Aga Khan University. It only consists of the questions compiled from the past recalls collected over time and are re-written as multiple choice questions. These question stems in this book are not the actual ones. We have converted the past recalls into a proper stem with four logical options.

Contents

RWR-2026

1. Generic Paper (2025-2024)

- Emergency Medicine
- Family Medicine
- Anesthesiology
- Diagnostic Radiology
- Psychiatry
- Radiation Oncology
- Pathology

2. Surgery & Allied Paper (2025 - 2016)

- General Surgery
- Neurosurgery
- Gynae-Obs
- ENT
- Ophthalmology
- Paediatric Surgery
- Plastic Surgery
- Urology
- Orthopedics
- Cardio-thoracic Surgery

3. Medicine & Allied Paper (2025 - 2016)

- Internal Medicine
- Pediatrics
- Cardiology
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- Neurology
- Pulmonology
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- Clinical Haematology
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GUIDELINES

AKUH Residency & Internship Guidelines – Induction Cycle 2027

1. Advertisement & Exam Timeline

Advertisements for AKUH Residency and Internship are typically announced during June–July.

The written test is conducted in mid-August.

2. Exam Fee & Test Centers

Exam fee: PKR 5,000

Test centers: Islamabad and Karachi

3. Exam Format

Number of Questions: 100 MCQs

Duration: 2 hours (120 minutes)

Mode: Paper-based (not computer-based)

4. Question Composition

Previously: 70 MCQs from science subjects + 30 MCQs from English

Now (after 2025): All 100 MCQs are from the science (clinical) portion, for both residency and internship candidates.

Exam is predominantly clinical scenario-based, featuring lengthy question stems and five options, emphasizing clinical application over rote memorization.

5. Specialty Variations

Slight variation exists based on specialty, with higher weightage of subject-specific MCQs for fields such as Psychiatry, Gynecology, ENT, Ophthalmology, etc.

Overall, the paper remains integrated, with significant overlap across specialties and between residency and internship exams.

Residency papers broadly cover Generic Medicine and Surgery, whereas internship has a single integrated paper.

6. Repetition & Past Paper Significance

There is notable repetition and overlap of MCQs from previous years.

Thorough coverage of past papers is essential for effective preparation.

GUIDELINES (continue)

7. Preparation Strategy

Residency Candidates:

- Build strong concepts using Master the Boards (Step 2 CK)
- Practice extensively from RWR-2026 (Residents' Way to Residency)
- Strengthen your chosen specialty with additional subject-focused preparation

Internship Candidates:

- Focus on Master the Boards (MTB)
- Thoroughly revise Residents' way to Residency (RWR)

Dear Readers,

We are delighted to present "Residents Way to Residency," a comprehensive guide aimed at facilitating aspiring residents in their journey. If you are interested in becoming a co-author of this esteemed work or wish to contribute by sharing valuable suggestions, rectifying errors with sound logic, or aiding in recall gathering, please do not hesitate to contact us at 03087747686. Your contributions will be duly recognized, and your name will be added to our esteemed list of contributors. We look forward to your valuable input and collaboration.

-Dr. Rashid Mahmood (Author)

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Internship Exam Preparation 2026



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FAQs

1. Can candidates appear in the residency test if they have not yet cleared FCPS Part 1?

Yes. Candidates can sit for the test even if they have not cleared FCPS Part 1. However, they must pass their final attempt (usually in November) to remain eligible for further selection.

2. What is the selection or shortlisting criteria?

Shortlisting is primarily based on test performance. Candidates are ranked by their percentage scores, and the top scorers are invited for the next stage.

3. If someone has already taken the internship exam, do they need to appear again for the residency test?

No. Candidates who have completed the internship exam usually proceed directly to the interview stage without retaking the written test.

4. Is residency or internship at AKUH based on recommendation (sifarish)?

No. The selection process is strictly merit-based, ensuring fairness and transparency through performance evaluation.

5. If a student is already doing residency elsewhere and gets selected at AKUH, will their previous residency years be counted?

No. All selected candidates start fresh from the first year at AKUH, regardless of prior residency experience elsewhere.

6. Are there departments where seats are easier to secure due to higher availability?

Yes. Departments with more available seats may be slightly easier to enter. Examples include Pathology, Pediatric Medicine, Internal Medicine, Emergency Medicine, and Radiology.

7. Does research experience give any advantage in selection?

Yes. Candidates with research experience may receive additional consideration during shortlisting and selection.

8. What is the salary for residency or internship at AKUH?

The stipend is roughly equivalent to that given to government graduates.

9. Does AKUH provide hostel or residency accommodation for residents and interns?

Accommodation is provided for female candidates. Male candidates may need to arrange external housing, though AKUH plans to expand hostel facilities in the future.

10. Is AKUH residency really worth it?

Absolutely. All departments provide structured, supervised training. While hands-on exposure may be limited initially, by the end of residency, you gain extensive clinical experience, perform advanced procedures, and graduate highly skilled and confident.

FAQs

11. What is a rule of thumb for selection criteria—how many candidates are shortlisted per available seat?

Typically, about 3 candidates are shortlisted for interview per seat (ratio 1:3). This gives a rough estimate of competition and selection chances.

12. What is the criteria for internship students regarding their final professional result?

Internship students must have their final professional exam results available by the end of December. In some cases, a short extension until January may be granted, but the results must be finalized by then to remain eligible.

13. Do past papers help for acing the exam?

- Past papers are not for direct repetition, though 20–30% of questions may appear in the final exam.
- They help understand the pattern and style of questions, enabling effective preparation.
- Some favored AKUH questions may recur, often modified, but you can answer them easily with proper preparation.

14. If I am using an old edition of RWR, is it okay?

We recommend using the latest edition. It is fully updated, errors are corrected, and new papers are added to ensure high-yield preparation.

15. How can I get information regarding AKUH exams?

- Visit WayToResidency.com, the our official website for updates.
- Aga Khan Residency and Internship Exams Preparation (facebook group)
- WhatsApp groups for AKUH residency, internship and dentistry preparation
- (For getting link text at whatsapp 03087747686)

16. Is there anyone who can teach for AKUH Residency and Internship exams?

Yes. Preparation sessions are conducted by Dr. Rashid Mahmood, author of RWR. Sessions usually start in June (once the test date is announced). For informatin and registration contact at 03087747686

Generic Paper 2025

Q1. A 52-year-old woman presents for a routine checkup. She has no personal history of breast disease, but her mother was diagnosed with breast cancer at age 74. She is otherwise healthy, with no palpable lumps or breast complaints. Which of the following is the most appropriate screening strategy for her?

- A. Monthly self-breast examination only
- B. Clinical breast examination every 3 years
- C. Annual mammogram
- D. MRI of the breast annually
- E. No screening needed

Q2. A 65-year-old man presents to the emergency department with sudden-onset left-sided weakness and slurred speech. On examination, he has left hemiplegia and facial droop, and his blood pressure is 190/110 mmHg. The onset of symptoms was less than 2 hours ago. Which investigation is the most sensitive for detecting a hemorrhagic stroke in this patient?

- A. MRI brain
- B. CT brain (non-contrast)
- C. Carotid Doppler
- D. Lumbar puncture
- E. EEG

Q3. A 50-year-old man presents to the emergency department with a sudden, severe "thunderclap" headache that started one hour ago. He also reports nausea and photophobia. On examination, vital signs are stable, and neurological exam is unremarkable. A non-contrast CT scan of the head is normal. What is the next best investigation to confirm the diagnosis?

- A. MRI brain
- B. Lumbar puncture
- C. CT angiography
- D. EEG
- E. Carotid Doppler

Q4. A newborn female is noted at birth to have ambiguous genitalia. On initial labs, she has high serum potassium and low sodium. There is no family history of similar conditions, and the infant appears otherwise healthy. Which of the following enzyme deficiencies is the most likely cause?

- A. 11β -hydroxylase
- B. 21-hydroxylase
- C. 17α -hydroxylase
- D. Aromatase
- E. 3β -hydroxysteroid dehydrogenase

Q5. A 55-year-old woman with a history of type 2 diabetes mellitus and hypertension has been taking metformin for blood sugar control and amlodipine for hypertension. She reports new onset bilateral pedal edema over the past month. Her blood sugar is well controlled, but her blood pressure remains elevated despite therapy. What is the best next step in management?

- A. Continue current medications and monitor
- B. Increase the dose of amlodipine
- C. Replace amlodipine with lisinopril
- D. Add a diuretic to current therapy
- E. Start insulin for diabetes

Q6. A 22-year-old man presents with a 6-day history of abdominal pain, initially diffuse but now localized to the right iliac fossa, associated with fever, anorexia, and mild nausea. On examination, he has a low-grade fever (38.2°C), tachycardia, and a palpable, firm, tender, ill-defined mass in the right iliac fossa with minimal guarding but no rebound tenderness. Laboratory findings show leukocytosis ($15,600/\text{mm}^3$), and ultrasound reveals a heterogeneous mass in the right iliac fossa without evidence of abscess cavity. What is the best next step in management?

- A. Immediate appendectomy
- B. IV antibiotics and observation
- C. Diagnostic laparoscopy
- D. Percutaneous drainage of the mass
- E. CT abdomen

Q7. A 13-year-old girl is brought by her mother due to short stature. On examination, she has a webbed neck, low hairline, and widely spaced nipples. Her growth chart shows height below the 3rd percentile for age. The mother asks how to determine her bone age to assess growth potential. Which of the following is the best method to determine bone age?

- A. Ultrasound of the wrist
- B. X-ray of the left hand and wrist

- C. MRI of the spine
- D. CT scan of the femur
- E. Physical examination only

Q8. A 24-year-old unmarried woman presents with lower abdominal discomfort, burning micturition, and mucopurulent vaginal discharge for 2 weeks. She reports pain during intercourse and post-coital spotting. On pelvic examination, the cervix appears erythematous, friable, and bleeds on gentle touch, with mucopurulent discharge coming from the cervical os. No adnexal tenderness is noted. Laboratory findings show WBCs on high-power field of vaginal smear, and urine routine is normal. What is the most appropriate diagnostic test to confirm the underlying cause?

- A. Pap smear
- B. High vaginal swab culture
- C. Nucleic acid amplification test (NAAT) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*
- D. Cervical biopsy
- E. Wet mount microscopy for *Trichomonas vaginalis*

Q9. A 68-year-old man with a history of recent anterior myocardial infarction presents with sudden onset severe dyspnea, chest pain, and lightheadedness. On examination, he is restless, tachypneic, BP 78/50 mmHg, pulse 120/min, and neck veins are distended. Heart sounds are distant and muffled, and his pulse weakens markedly during inspiration. ECG reveals low-voltage complexes with electrical alternans, and echocardiography shows a large pericardial effusion with right ventricular diastolic collapse. What is the most likely diagnosis?

- A. Acute left ventricular failure
- B. Cardiogenic shock due to papillary muscle rupture
- C. Cardiac tamponade due to free wall rupture
- D. Acute pulmonary embolism
- E. Constrictive pericarditis

Q10. A 28-year-old farmer is brought to the emergency department 30 minutes after being bitten on his right lower leg while working in the fields. He complains of pain and swelling at the bite site, and there are two fang marks with surrounding edema and erythema. On examination, he is anxious but stable, with BP

118/74 mmHg, pulse 96/min, and no systemic signs of envenomation yet. Local villagers had applied a tight cloth above the knee before bringing him to the hospital.

What is the most appropriate immediate first-aid step at this point?

- A. Incision and suction of the bite site
- B. Application of a tight tourniquet above the bite
- C. Immobilization of the affected limb
- D. Immediate administration of antivenom
- E. Application of ice packs at the bite site

Q11. A 26-year-old primigravida presents for a routine antenatal checkup at 18 weeks of gestation. She is asymptomatic and her pregnancy has been uneventful so far. On examination, her vitals are normal and uterine size corresponds to dates. The obstetrician advises an ultrasound scan at this visit. What is the primary purpose of the ultrasound at 18 weeks gestation?

- A. To determine fetal sex
- B. To assess cervical length for preterm labor risk
- C. To confirm gestational age
- D. To detect congenital anomalies
- E. To assess fetal presentation

Q12. A 32-year-old man presents to the emergency department with a deep lacerated wound on his right hand caused by a rusty piece of metal while repairing farm equipment. The wound is contaminated with soil and grease. He is unsure about his previous tetanus vaccination status. On examination, he is hemodynamically stable, with no signs of systemic infection.

What is the most appropriate next step in management regarding tetanus prophylaxis?

- A. No prophylaxis needed since he is an adult
- B. Tetanus toxoid (Td/Tdap) vaccine only
- C. Tetanus immunoglobulin (TIG) only
- D. Both tetanus toxoid vaccine and tetanus immunoglobulin
- E. Antibiotics and wound dressing only

Q13. A 23-year-old sexually active man presents with a 4-day history of burning micturition and purulent urethral discharge. He denies fever or flank pain. On examination, there is tenderness along the urethra with copious yellow discharge. A Gram-stained smear of urethral exudate shows numerous neutrophils with intracellular Gram-

Generic 2024 Key

1. C. Reiter's Syndrome
2. E. Botulism
3. C. Multiple Sclerosis (MS)
4. A. Guillain-Barré Syndrome (GBS)
5. C. Oral Rehydration
6. A. Metronidazole
7. C. Suxamethonium (Succinylcholine)
8. D. Perioral numbness
9. A. Amitriptyline
10. B. Inform the mother about the threat and admit the patient to the hospital
11. A. Atropine
12. A. Organophosphate Poisoning
13. D. Phenobarbital within 1 hour
14. A. Hyperkalemia
15. E. Lisinopril
16. A. Aspirin
17. D. Hypocalcemia
18. A. Iron
19. B. Bedside Blood Glucose Test (BSR)
20. A. Succinylcholine
21. C Oral ferrous sulfate supplementation
22. C. Serum Ferritin
23. D. Karyotyping
24. C. Plasmodium falciparum
25. E. Discontinue lithium and initiate combination therapy with valproic acid and an atypical antipsychotic
26. A. Intussusception
27. E. Prothrombin Time (PT)
28. B. Lifestyle Modification
29. C. Review Her Percentile Charts
30. C. Cystic Artery
31. B. CT angiogram of the lower extremities
32. D. Admit the patient and perform a lumbar puncture to evaluate for bacterial meningitis.
33. D. Neutrophils
34. A. Obtain a 24-hour urinary protein measurement
35. C. Administer IV Labetalol
36. B. Turner Syndrome
37. A. Acyclovir
38. E. Bone marrow trephine biopsy
39. E. IV fluids
40. B. Dilated pupil
41. A. Measles, Mumps, and Rubella (MMR) vaccine
42. B. Endoscopic Retrograde Cholangiopancreatography (ERCP)
43. A. Acute Myeloid Leukemia (AML)
44. B. Bulimia Nervosa
45. B. Serous Otitis Media (Otitis Media with Effusion, OME)
46. C. Ask a circulating nurse or unscrubbed colleague to bring the instrument.
47. D. Gastroduodenal artery
48. D. Morphine Poisoning
49. D. Uncompensated metabolic acidosis
50. E. Exploratory laparotomy with surgical necrosectomy
51. A. Admit the patient involuntarily to a psychiatric facility and notify the neighbor of the threat.
52. B. 8 g/dL
53. B. Laryngotracheobronchitis (Croup)
54. B. Wilson's disease
55. B. Mitral Stenosis
56. C. Secondary hypothyroidism
57. B. High serum thyroid-stimulating immunoglobulin (TSI)
58. A. Small Cell Lung Cancer
59. C. Dilutional Thrombocytopenia
60. B. Ultrasound pelvis
61. C. Lumbar Puncture (LP)
62. D. Escherichia coli

Surgery & Allied Paper 2025

Q1. A 60-year-old man with a history of hypertension presents to the emergency department with severe chest pain radiating to the epigastrium for the past 2 hours, associated with sweating and nausea. His blood pressure is 90/60 mmHg, and pulse is 48/min. On examination, he appears pale and diaphoretic. ECG shows ST-segment elevation in leads II, III, and aVF with reciprocal ST depression in leads I and aVL. Which coronary artery is most likely involved in this patient's myocardial infarction?

- A. Left anterior descending artery (LAD)
- B. Left circumflex artery (LCX)
- C. Right coronary artery (RCA)
- D. Obtuse marginal artery
- E. Diagonal branch of LAD

Q2. A 27-year-old male presents with a history of progressive right lower quadrant abdominal pain, intermittent fever, and nausea for the past 10 days. On examination, he is febrile (38.2°C), pulse 105/min, BP 110/70 mmHg. Abdominal exam reveals a palpable, ill-defined tender mass in the right iliac fossa with localized guarding but no generalized peritonitis. Laboratory investigations show WBC count of 14,800/ μ L with neutrophilia. Ultrasound abdomen demonstrates an 8 cm heterogeneous inflammatory mass in the right iliac fossa, consistent with an appendicular phlegmon. What is the next best step in management?

- A. Immediate appendectomy
- B. Intravenous antibiotics
- C. Laparoscopic drainage of abscess
- D. Percutaneous aspiration under US guidance
- E. Emergency right hemicolectomy

Q3. A 56-year-old man with a history of hypertension and smoking presents to the emergency department with acute-onset chest pain radiating to his left arm. He is found to be tachycardic with a heart rate of 140/min. His blood pressure is 130/85 mmHg, and ECG shows ST-segment elevation in the anterior leads.

In this patient, which of the following hemodynamic changes due to tachycardia most likely predisposes him to myocardial ischemia?

- A. Decreased duration of diastole

- B. Increased preload
- C. Increased afterload
- D. Increased myocardial contractility
- E. Increased cardiac output

Q4. A 62-year-old man with a history of long-standing hypertension is undergoing elective abdominal surgery under general anesthesia. During the procedure, his blood pressure suddenly rises to 190/110 mmHg. The anesthetist promptly administers antihypertensive medication to control his blood pressure. What is the primary reason for controlling hypertension in this patient during surgery?

- A. To prevent intraoperative stroke due to hypertension
- B. To reduce the risk of myocardial infarction caused by increased oxygen demand
- C. To avoid impaired cardiac output secondary to increased afterload
- D. To minimize excessive bleeding from the surgical site
- E. To prevent reflex bradycardia due to baroreceptor stimulation

Q5. A 17-year-old boy with type 1 diabetes mellitus presents with polyuria, polydipsia, vomiting, and abdominal pain, and laboratory findings show a blood glucose level of 420 mg/dL, serum sodium of 135 mEq/L, serum potassium of 4.5 mEq/L, and arterial blood gas indicating metabolic acidosis. He is started on IV fluids and insulin infusion, and after several hours, his blood glucose drops below 250 mg/dL, but metabolic acidosis persists. Which of the following is the next appropriate step in management?

- A. Bicarbonate
- B. Potassium
- C. Dextrose
- D. Normal saline
- E. Dextrose saline

Q6. A 55-year-old woman presents to the emergency department with sudden onset right upper quadrant abdominal pain radiating to the right shoulder. The pain started 12 hours ago and is associated with fever, nausea, and vomiting. On examination, she has tenderness and guarding

Surgery & Allied 2024 Key

1. C. Right coronary artery (RCA)
2. B. Intravenous antibiotics
3. A. Decreased duration of diastole
4. B. To reduce the risk of myocardial infarction caused by increased oxygen demand
5. C. Dextrose
6. A. Urgent cholecystectomy
7. A. Direct inguinal hernia
8. A. Neurofibromatosis
9. A. Laparotomy with colectomy
10. A. Peripheral 14-gauge cannula
11. A. Dilutional thrombocytopenia
12. A. Vasogenic
13. A. Suxamethonium
14. A. Immediate appendectomy
15. B. Partially compensated metabolic acidosis
16. D. High anion gap metabolic acidosis
17. A. Acute mesenteric ischemia
18. B. IV antibiotics with conservative management
19. B. Diabetic retinopathy
20. B. Apply direct pressure on the wound
21. B. 8
22. D. Cleft lip repair
23. B. External branch of superior laryngeal nerve
24. C. At least 12 hours after the last LMWH dose
25. A. Fluid overload leading to pulmonary edema
26. A. Crystalloid
27. A. Informed consent from the parents/guardians
28. Correct Answer : A. Esophageal atresia with distal tracheoesophageal fistula
29. A. Venous insufficiency
30. C. INR (International Normalized Ratio)
31. A. Exercise treadmill stress test
32. B. Debridement of necrotic tissue and antibiotics
33. D. Stage 4
34. A. Multidrug chemotherapy and radiotherapy
35. B. CT KUB without contrast
36. D. Central Retinal Vein Occlusion (CRVO)
37. A. Secure the airway with cervical spine protection
38. B. Needle decompression in the 2nd intercostal space, mid-clavicular line
39. C. Postpone surgery and wait at least 6 months after MI
40. D. Facial nerve (CN VII)
41. B. Minimize use of broad-spectrum antibiotics
42. B. Apply direct pressure over the femoral artery
43. C. Neck of femur fracture
44. E. Vancomycin + Piperacillin-Tazobactam
45. A. Urgent laparotomy
46. C. Hypoxemia
47. A. Synchronized cardioversion with 200 J
48. C. Cardiac monitoring throughout the infusion
49. B. Right hemicolectomy
50. B. Barrett's esophagus
51. D. Early ambulation
52. C. Unequal curvature of the cornea
53. B. Loss of elasticity of the lens (Presbyopia)
54. B. Initiation of broad-spectrum IV antibiotics and bowel rest with nasogastric decompression
55. C. 40%
56. C. Glossopharyngeal nerve (CN IX)
57. B. Wide local excision with clear margins
58. C. Superficial branch of radial nerve
59. A. Long thoracic nerve
60. B. Direct inguinal hernia
61. A. Cleft lip
62. A. Supracondylar fracture with compartment syndrome
63. C. Immediate exploratory laparotomy
64. B. Grade 2
65. C. Debridement of necrotic tissue
66. B. Escharotomy
67. B. Avascular necrosis of the femoral head
68. E. ERCP
69. D. Arthrocentesis
70. B. Examination under anesthesia with fistulotomy
71. C. CT abdomen with IV contrast
72. B. Adhesion obstruction
73. B. Threatened abortion

Medicine & Allied Paper 2025

Q1. A 28-year-old female presents to her psychiatrist with a history of recurrent depressive episodes and periods of elevated mood, irritability, and decreased need for sleep. She reports that her mood swings are debilitating and have significantly impacted her relationships and job. She has no history of mania or psychosis. Her main concern is preventing future episodes of depression. Which of the following is the most appropriate long-term pharmacologic treatment for this patient?

- A. Lithium
- B. Valproic Acid
- C. Lamotrigine
- D. Haloperidol
- E. Fluoxetine

Q2. A 45-year-old overweight woman with a BMI of 33 kg/m² presents for a routine check-up. She has a history of type 2 diabetes and hypertension but denies any alcohol intake. She reports mild fatigue but no jaundice, abdominal pain, or pruritus. On examination, there are no stigmata of chronic liver disease, and abdominal exam reveals mild hepatomegaly without splenomegaly or ascites. Laboratory investigations show mildly elevated ALT and AST with normal bilirubin and INR. Abdominal ultrasound reveals increased echogenicity of the liver consistent with fatty infiltration. What is the most likely diagnosis in this patient?

- A. Alcoholic hepatitis
- B. Autoimmune hepatitis
- C. Non-alcoholic fatty liver disease (NAFLD)
- D. Viral hepatitis
- E. Hemochromatosis

Q3. A 52-year-old man with a long history of alcohol consumption presents with complaints of fatigue, abdominal fullness, and loss of libido. On examination, he is found to have multiple spider angiomas over the chest, palmar erythema, gynecomastia with testicular atrophy, and shifting dullness suggestive of ascites. Splenomegaly is also noted. Laboratory investigations reveal mildly deranged liver function tests with otherwise normal renal function. The above stigmata are most characteristic of which condition?

- A. Alcoholic hepatitis

- B. Chronic liver disease (cirrhosis)
- C. Acute viral hepatitis
- D. Nonalcoholic fatty liver disease (NAFLD)
- E. Hemochromatosis without cirrhosis

Q4. A 45-year-old man is known HCV positive. His Anti-HCV antibody is positive, and HCV RNA PCR shows detectable viral load. His LFTs are within normal limits, and ultrasound shows no cirrhosis. What is the next best management?

- A. No treatment needed since LFTs are normal
- B. Start direct-acting antivirals (DAAs)
- C. Start pegylated interferon + ribavirin
- D. Monitor ALT every 6 months only
- E. Refer for liver transplant evaluation

Q5. A 64-year-old man presents with progressive jaundice, anorexia, and an unintentional weight loss of 10 kg over the past 2 months. He denies fever or right upper quadrant pain. On examination, he has deep jaundice, scratch marks, and a palpable, non-tender gallbladder (Courvoisier's sign). Investigations show liver function tests with direct hyperbilirubinemia and markedly raised ALP and GGT. Ultrasound reveals dilated intrahepatic and extrahepatic bile ducts, while MRCP shows dilatation of both the common bile duct and pancreatic duct (double duct sign). What is the most likely diagnosis?

- A. Choledocholithiasis
- B. Perihilar (Klatskin) cholangiocarcinoma
- C. Carcinoma head of pancreas
- D. Primary sclerosing cholangitis
- E. Ampullary carcinoma

Q6. A 55-year-old man with a 10-year history of alcohol-related cirrhosis presents with massive hematemesis and repeated melena for the last 6 hours. He is drowsy, pale, and sweating, with vital signs showing blood pressure of 78/50 mmHg, heart rate of 128/min, respiratory rate of 28/min, and oxygen saturation of 88%. On examination, he has jaundice, ascites, splenomegaly, spider angiomas, and asterixis. Laboratory investigations reveal hemoglobin of 6.9 g/dL, INR of 2.2, and platelet count of 50,000/ μ L. After securing the airway, administering IV fluids, and initiating vasoactive drugs, what is the next best investigation to identify the source of bleeding?

Medicine & Allied 2024 Key

1. D. Refer the child immediately to a tertiary care hospital for urgent management
2. B. Widening of metaphyses at the growth plates
3. B. Common wart
4. C. CT scan of the chest
5. B. Begin direct-acting antiviral therapy
6. B. Basal cell carcinoma
7. B. Adjustment disorder
8. B. Duodenal atresia
9. B. Squamous cell carcinoma of the lung
10. C. Serum TSH level
11. B. Hypothyroidism
12. C. Acute rheumatic fever
13. B. Order MRI of the pituitary gland
14. B. CT pulmonary angiography
15. C. Add an SGLT2 inhibitor
16. C. Lacrimal sac massage
17. B. Wilson disease
18. A. Start IV ceftriaxone
19. C. Diabetic retinopathy
20. C. Allergic bronchopulmonary aspergillosis
21. B. Add a low-dose inhaled corticosteroid
22. B. Initiate IV hydration
23. C. Ibuprofen
24. B. Pernicious anemia
25. C. Gradually taper the antiepileptic medication
26. D. TSH receptor antibodies
27. C. Long-term warfarin therapy with target INR 2–3
28. D. Anti-cyclic citrullinated peptide antibodies
29. B. Broca's area
30. C. Transient ischemic attack
31. B. Urine ketone testing
32. C. Peripheral blood smear with Giemsa stain
33. B. Ankylosing spondylitis
34. B. Atrial fibrillation
35. B. Clean the wound, apply sterile dressing, and administer tetanus toxoid
36. B. JAK2 mutation analysis
37. B. Barium swallow
38. B. Start IV ceftriaxone and vancomycin immediately
39. B. Multiple sclerosis
40. C. Cluster headache
41. B. Primary hyperparathyroidism
42. C. Aortic stenosis
43. B. Perform upper endoscopy with small bowel biopsy
44. B. Hemolytic anemia due to G6PD deficiency
45. B. Hypoparathyroidism
46. B. Acute viral hepatitis
47. B. Crohn disease
48. B. Anti-double-stranded DNA antibodies
49. B. Post-streptococcal glomerulonephritis
50. B. Cerebral salt wasting
51. B. Imatinib
52. C. Check blood glucose levels
53. C. Obsessive-compulsive disorder
54. C. Dengue fever
55. C. Chronic active hepatitis B with high infectivity
56. B. Rheumatoid arthritis
57. C. Tetanus
58. D. Immediate needle decompression
59. C. Urine output
60. B. Closed reduction and immobilization
61. B. Prolonged QT interval
62. B. Dehydration
63. D. Respiratory distress syndrome
64. C. Decompensated liver cirrhosis
65. D. Perform urgent percutaneous coronary intervention

Internship Paper 2025

Q1. A 28-year-old woman presents with fatigue, pallor, and occasional lightheadedness for the past 3 months. She reports heavy menstrual periods and craving for ice (pica). Laboratory findings show hemoglobin 8.2 g/dL, MCV 66 fL, peripheral smear showing anisocytosis, poikilocytosis, hypochromia, and pencil-shaped RBCs, serum ferritin 8 ng/mL, and low serum iron with high TIBC. What is the most likely type of anemia in this patient?

- A. Megaloblastic anemia (B12/folate deficiency)
- B. Iron deficiency anemia
- C. Anemia of chronic disease
- D. Thalassemia minor
- E. Sideroblastic anemia

Q2. A 50-year-old woman presents with right upper quadrant pain, jaundice, and fever for the past 2 days. She also reports nausea and dark urine. On examination, she is febrile (38.5°C), pulse 110/min, and has mild tenderness in the right hypochondrium. Laboratory results show total bilirubin 5.2 mg/dL, ALP 450 IU/L, mildly elevated ALT/AST, and WBC 13,000/ μ L. Ultrasound abdomen shows multiple gallstones in the gallbladder and a 9 mm stone in the distal common bile duct (CBD) with proximal CBD dilatation. What is the most appropriate next step in management?

- A. Laparoscopic cholecystectomy first, then ERCP if needed
- B. ERCP for CBD stone removal followed by laparoscopic cholecystectomy
- C. Immediate open cholecystectomy with CBD exploration
- D. Medical dissolution therapy with ursodeoxycholic acid
- E. Observation and repeat ultrasound in 6 weeks

Q3. A 45-year-old man presents to the emergency department with progressive shortness of breath, chest discomfort, and fatigue for 3 days. He has a history of metastatic lung cancer. On examination, pulse is 120/min and weak and thready, blood pressure is 85/60 mmHg with pulsus paradoxus, jugular venous pressure is markedly raised, heart sounds are muffled, lungs are clear, and extremities are cool with delayed capillary

refill. Chest X-ray shows an enlarged globular cardiac silhouette. What is the most appropriate investigation to confirm the diagnosis?

- A. ECG
- B. Echocardiography
- C. CT chest
- D. Cardiac enzymes (Troponin-I, CK-MB)
- E. Coronary angiography

Q4. A 16-year-old boy presents to the emergency department after being struck in the left eye during a baseball game. He complains of double vision, pain with eye movement, and swelling around the eye. On examination, there is periorbital ecchymosis and edema. The left eye appears sunken (enophthalmos), and he is unable to look upward with the left eye due to entrapment of the inferior rectus muscle. Sensation is decreased over the left upper lip and cheek (infraorbital nerve involvement). Visual acuity is intact, and pupils are equal and reactive. What is the most likely diagnosis in this patient?

- A. Orbital cellulitis
- B. Retrobulbar hemorrhage
- C. Orbital blow-out fracture
- D. Traumatic optic neuropathy
- E. Hyphema

Q5. A 52-year-old woman presents with recurrent episodes of dizziness for the past 3 weeks. The dizziness is described as a spinning sensation that occurs when she rolls over in bed or looks upward. Each episode lasts less than 1 minute and resolves spontaneously. She denies hearing loss, tinnitus, headache, or syncope. On examination, vitals are stable. Neurologic exam is normal. During the Dix-Hallpike maneuver, torsional upbeat nystagmus is elicited on the right side. What is the most appropriate next step in management?

- A. Meclizine therapy
- B. Epley's maneuver
- C. MRI brain and internal auditory canal
- D. Vestibular rehabilitation exercises
- E. Beta-histidine therapy

Q6. A 36-year-old HIV-positive male presents with multiple cauliflower-like growths in the perianal region and extending into the anal canal. The

Internship 2024 Key

1. A. Respiratory distress syndrome (RDS)
2. D. Hyperkalemia
3. E. Duodenal Atresia
4. B. Reiter Syndrome (Reactive Arthritis)
5. C. Administer inhaled salbutamol
6. C. Apply a sterile dressing and monitor closely
7. E. Do biopsy and imaging studies
8. D. Lung Cancer
9. D. Breast Carcinoma
10. C. Secure the airway and stabilize the cervical spine
11. B. Topical Clotrimazole
12. C. Aortic Dissection
13. E. Barrier contraception, active and passive immunization
14. B. Serum TSH and T4
15. A. Hypothyroidism
16. B. Right Heart Failure
17. A. Testicular Hematoma
18. C. Intravenous Iron Supplementation
19. B. Ultrasound of breast
20. B. Intravenous antibiotics and percutaneous drainage
21. A. Upper Gastrointestinal Endoscopy (Endoscopy)
22. A. Intracranial bleed within 3 months
23. A. Atorvastatin
24. A. Transient Ischemic Attack (TIA)
25. A. Duodenal Ulcer
26. A. Echocardiogram (Echo)
27. A. Epley's Maneuver
28. C. Nitroglycerin
29. A. Cesarean Section (C-section)
30. B. Diverticulosis is more common on the left side of the colon
31. A. Percutaneous Nephrolithotomy (PCNL)
32. A. Metastasis
33. A. Oral Ciprofloxacin
34. A. Ceftriaxone
35. B. Hyperosmolar Hyperglycemic State (HHS)
36. A. Ceftriaxone
37. B. ERCP followed by Laparoscopic Cholecystectomy
38. B. Intravenous Fluid Administration and Bowel Decompression
39. C. Lansoprazole + Continue Aspirin
40. E. Debridement and Antibiotics
41. A. Necrosectomy
42. B. Pleural Effusion
43. C. Aplastic Anemia
44. A. Complex Partial Seizures (Focal Impaired Awareness Seizures)
45. A. Abdominal X-ray (Supine and Erect Views)
46. B. Shortened QT Interval
47. D. Surgical Fasciotomy
48. B. US-Guided Aspiration of the Liver Abscess
49. A. Salbutamol (Albuterol) Inhaler via Spacer
50. B. CT Angiography
51. C. Serial β -hCG Measurements and Repeat Ultrasound
52. E. Perform an excisional hemorrhoidectomy under saddle anesthesia
53. B. Syndrome of Inappropriate Antidiuretic Hormone (SIADH)
54. C. Topical antibiotic application and outpatient wound care
55. C. Endometrial biopsy
56. B. Tuberos sclerosi
57. C. Giardia lamblia
58. A. Breast cancer
59. A. Intraductal Papilloma
60. D. Levodopa/carbidopa
61. B. Mitral stenosis
62. B. Mefloquine 250mg weekly for 1 week
63. A. ACE inhibit