RAN-2606000104050901

RAN-2606000104050901

3rd MBBS Part II - Examination May - 2026

Ophthalmology (Set - 1)

[Total Marks: 100

સૂચના : / Instructions

(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book

Seat No.:

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Section I

(20 marks)

Q. 1. 1. A 40-year-old man presents with severe eye pain, photophobia, circumcorneal redness and blurred vision. Pupil is small and irregular. Slit lamp shows keratic precipitates.
What is the most likely diagnosis?
A. Acute conjunctivitis
B. Acute angle-closure glaucoma
C. Acute iridocyclitis
D. Keratitis

2. A 60-year-old woman presents with sudden severe eye pain, headache, vomiting and halos around lights. Vision is blurred and the cornea appears hazy with mid-dilated pupil.
Most likely diagnosis:
A. Acute conjunctivitis
B. Acute angle-closure glaucoma
C. Uveitis
D. Keratitis

3. A patient with an immature cataract develops sudden painful red eye and raised intraocular pressure due to swollen lens pushing iris forward.
The condition is:
A. Phacolytic glaucoma
B. Phacomorphic glaucoma
C. Neovascular glaucoma
D. Pigmentary glaucoma

4. A patient presents with dendritic ulcer on fluorescein staining and reduced corneal sensation.
Most likely cause:
A. Adenovirus
B. Herpes simplex virus
C. Fungal infection
D. Bacterial infection

5. A patient cannot abduct the right eye and complains of horizontal diplopia.
Which nerve is affected?
A. Oculomotor nerve
B. Trochlear nerve
C. Abducens nerve
D. Optic nerve

6. A 2-year-old child presents with white reflex in pupil (leukocoria) and strabismus.
Most likely diagnosis:
   A. Irridocyclitis
   B. Retinoblastoma
   C. Congenital glaucoma
   D. Corneal opacity
7. A newborn presents with watering, photophobia and enlarged cornea.
Most likely Diagnosis:
   A. Congenital cataract
   B. Congenital glaucoma
   C. Keratitis
   D. Retinoblastoma
8. A patient complains of glare and difficulty of vision at night. Examination reveals spoke-like opacities in lens cortex.
Most likely Diagnosis:
   A. Cortical cataract
   B. Nuclear cataract
   C. Posterior subcapsular cataract
   D. Congenital cataract
9. A 65-year-old woman presents with sudden severe eye pain, headache, vomiting, and blurred vision On examination: Cornea: hazy, Pupil: mid-dilated and fixed, IOP: 50 mmHg.
What is the next immediate management?
   A. Start topical antibiotics
   B. Intravenous mannitol
   C. Topical steroids
   D. Artificial tears
10. A farmer presents with painful red eye after injury with-a plant leaf. Slit lamp examination shows dry corneal ulcer with feathery margins and satellite lesions.
Which investigation will confirm the diagnosis?
   A. Gram stain
   B. Viral culture
   C. KOH mount
   D. PCR
11. A patient with bullous keratopathy after cataract surgery has painful blisters on cornea.
The definitive treatment is:
   A. Antibiotics
   B. Hypertonic saline
   C. Corneal transplant
   D. Steroids
12. Endophthalmitis involves inflammation of all layers EXCEPT:
   A. Sclera
   B. Uvea
   C. Retina
   D. vitreous
13. After cataract surgery, patient develops gradual painless decrease in vision after 1 year. Fundus view is hazy but red reflex present.
The most likely cause is:
   A. Endophthalmitis
   B. Secondary glaucoma
   C. Posterior capsular opacification
   D. Retinal detachment

14. Posterior synechiae are adhesions between:
    A. Iris and cornea
    B. Iris and lens
    C. Cornea and lens
    D. Retina and choroid
15. Tremulousness of iris is seen in
    A. Acute Iridocyclitis,
    B. Closed Angle Glaucoma
    C. Aphakia,
    D. Senile Immature Cataract
16. A 55 year old male patient presented with redness and mild pain. There is no discharge His Mantoux test is positive.
    The most probable diagnosis.
    A. Conjunctivitis.
    B. Dacryocystitis.
    C. Episcleritis
    D. Angle closure Glaucoma
17. A 45-year-old female has epiphora and swelling near medial canthus. Pressure over swelling produces regurgitation of pus from punctum.
    The most probable diagnosis is:
    A. Acute conjunctivitis
    B. Chronic dacryocystitis
    C. Chalazion
    D. Pre-septal cellulitis.
18 A 7-year-old child presents with unilateral decreased vision. Fundus is normal. Cover test shows esotropia. Best corrected vision does not improve beyond 6/36.
    The most likely diagnosis is:
    A. Myopia
    B. Amblyopia
    C. Optic neuritis
    D. Congenital cataract
19. One of the measure shown bellow of "SAFE" strategy is FALSE.
    A. Screening,
    B. Antibiotics
    C. Facial cleanliness
    D. Environmental cleaning
20. Which one of the following contributes to the aqueous layer of the tear film?
    A. Glands of Wolfring
    B. Glands of Zeiss
    C. Goblet cells
    D. Meibomian gland

Section II

Q.1 Define refractive errors. Describe myopia in detail including etiology, clinical features, complications and management. **(2+2+2+2+2=10 marks)**

Q.2. A 10-year-old child presents with itching, redness, and ropy discharge from both eyes, especially in summer. Examination shows giant papillae on upper tarsal conjunctiva.

a) What is the most likely diagnosis? **(2)**
b) Classify this condition. **(2)**
c) What are the complications? **(3)**
d) Outline management. **(3)**

OR

Q.2. A 55-year-old woman complains of watering and discharge from eye. Pressure over lacrimal sac causes regurgitation of pus through punctum.

a) What is your Diagnosis? **(2)**
b) What are the investigations to be done in this patient **(4)**
c) Outline the management Plan of this disease **(4)**

Q.3. **Write Shirt notes on: (Any 4)** **(20 marks)**

1. Corneal transparency and factors responsible for it.
2. Enumerate the Layers of tear film and functions of each layer in brief
3. Define pterygium and its treatment modalities.
4. Draw a labelled diagram of pupillary light reflex
5. What is blepharitis? Write about types of blepharitis and its features.

Section III

Q.1. Describe the causes, clinical features, investigations and management of Acute Iridocyclitis. **(2+3+2+3=10 marks)**

Q.2 A 55-year-old diabetic patient complains of sudden painless loss of vision and floaters in the right eye.

a) What is the probable diagnosis? **(1)**
b) Classify diabetic retinopathy. **(2)**
c) Describe fundus findings in proliferative diabetic retinopathy. **(3)**
d) List investigations used in diagnosis. **(2)**
e) Outline management. **(2)**

OR

Q.2. A 25-year-old female presents with sudden loss of vision in one eye with pain on eye movement. Fundus examination shows unilateral disc oedema.

a) What is this most likely diagnosis? **(1)**
b) Classify optic neuritis. **(2)**
c) Describe clinical features. **(3)**
d) List investigations. **(2)**
e) Outline treatment. **(2)**

Q.3. **Write Short Notes On:(any 4)** **(20 marks)**

1. Write about clinical features, complications and management of orbital celulitis.
2. Write about the stages of senile cataract.
3. Visual field defects in Primary Open angle glaucoma.
4. A patient scheduled for cataract surgery appears anxious and asks multiple questions regarding procedure.
   a) Mention two important elements of effective doctor-patient communication in this situation? **(2)**
   b) Mention two components of informed consent. **(2)**
   c) Why empathy is important in patient. **(1)**
5. Write a note on Ocular manifestation of patient suffering from HIV with CD4 count 250 cells.

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Third MBBS Part II Examination May - 2026

Pediatrics (Paper Set 2) (New style)

Time: 3 Hours] **[Total Marks: 100**

સૂચના : / Instructions

(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book
(2) Paper contains Section I, II and III
(3) All questions compulsory
(4) Write each section on separate answer sheet
(5) Marks indicated on right side

Seat No.:

Student's Signature

SECTION -1 (Multiple Choice Questions) **(20)**

(Encircle only one correct option)

1. Most common cause of bronchiolitis in infants:
   a. Adenovirus b. RSV
   c. Influenza d. Parainfluenza
2. First tooth to erupt in infants:
   a. Upper central incisor b. Lower central incisor
   c. Canine d. First molar
3. Child with severe wasting but normal height likely has
   a. Stunting b. Underweight
   c. Marasmus d. Kwashiorkor
4. Drug of choice in anaphylaxis:
   a. Hydrocortisone b. Adrenaline IM
   c. Chlorpheniramine d. Salbutamol
5. Most common organism causing UTI in children
   a. Klebsiella b. Proteus
   c. E. coli d. Enterococcus
6. Developmental milestone: child stands without support at:
   a. 6 months b. 9 months
   c. 12 months d. 15 months
7. Vaccine preventing cervical cancer:
   a. Measles b. Human Papilloma Virus
   c. Rubella d. Hepatitis B
8. Earliest manifestation of Vitamin D deficiency:
   a. Bow legs b. Craniotabes
   c. Rachitic rosary d. Delayed dentition
9. Feature not seen in Down syndrome:
   a. Epicanthal folds b. Simian crease
   c. Hypertonia d. Upward slanting palpebral fissure

10. Most common cause of meningitis in neonates:
    a. H. influenzae
    b. GBS
    c. Pneumococcus
    d. Meningococcus
11. ORS primarily corrects:
    a. Acidosis
    b. Electrolyte imbalance
    c. Dehydration
    d. Infection
12. Pathognomonic rash of measles:
    a. Vesicular rash
    b. Koplik spots
    c. Petechiae
    d. Bullae
13. Most common cause of heart failure in infants:
    a. Congenital Heart Disease
    b. Myocarditis
    c. Rheumatic heart disease
    d. Anemia
14. Neonatal hypothermia defined as temperature below:
    a. 37°C
    b. 36.5°C
    c. 36°C
    d. 35°C
15. Drug used in closure of PDA in preterm:
    a. Paracetamol
    b. Digoxin
    c. Propranolol
    d. Furosemide
16. Most common cause of acute glomerulonephritis in children:
    a. Viral infection
    b. Post streptococcal infection
    c. Tuberculosis
    d. Malaria
17. Age group commonly affected by febrile seizures:
    a. 1-6 months
    b. 6 months-5 years
    c. 5-10 years
    d. Adolescents
18. Breast milk is deficient in:
    a. Iron
    b. Fat
    c. Lactose
    d. Protein
19. Classic sign of pyloric stenosis:
    a. Bilious vomiting
    b. Projectile non-bilious vomiting
    c. Diarrhea
    d. Hematemesis
20. Most common cause of persistent cough in school children:
    a. TB
    b. Asthma
    c. Pneumonia
    d. foreign body

SECTION - II

Q.1.. Structured Long Essay (Clinical Problem Based) **(10)**

A3-year-old child presents with fever, cough, fast breathing and chest indrawing.

- What is your probable diagnosis?
- Enumerate severity classification
- Outline management as per IMNCI

Q.2. Short Notes **(30)**

1. Approach to neonatal seizures
2. Management of Severe Acute Malnutrition
3. Congenital hypothyroidism-screening and treatment
4. Iron deficiency anemia-prevention strategies
5. Acute otitis media in children
6. Breath holding spells

SECTION - III

Q.3. **Unstructured Long Question** **(10)**

Define Acute Kidney Injury in children. Discuss causes, staging, investigations, and management.

Q.4. **Short Notes** **(30)**

1. Meconium aspiration syndrome
2. Tetralogy of Fallot-clinical features and management
3. Growth monitoring and growth charts
4. Neonatal resuscitation-initial steps
5. Juvenile idiopathic arthritis
6. Hand foot mouth disease

P7907

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Third MBBS Part 2 - Examination May - 2026

Otorhinolaryngology (=ENT) Final MBBS (Set 2)

સૂચના : / Instructions
(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book

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Student's Signature

SET 2

SECTION 1

Q. 1. MCQs **(20)**

1) Which malignancy has a tendency to spread along nerves?
   a) Carcinoma ex pleomorphic adenoma
   b) Adenocarcinoma
   c) Mucoepidermoid carcinoma
   d) Warthin tumour
2) Which is NOT a treatment option for Juvenile Nasopharyngeal Angiofibroma?
   a) Surgery
   b) Radiotherapy
   c) Testosterone receptor agonist
   d) Testosterone receptor antagonist
3) Which of the following is life threatening?
   a) U/L abductor palsy
   b) U/L adductor palsy
   c) B/L abductor palsy
   d) B/L adductor palsy
4) Bezold's abscess is located in
   a) submandibular region
   b) Sternocleidomastoid muscle
   c) Posterior belly of Digastric muscle
   d) Infratemporal region
5) Tulio phenomena is seen in
   a) Meniere's disease
   b) Superior semicircular canal dehiscence
   c) Otosclerosis
   d) Perilymph fistula
6) Most common symptom of nasopharyngeal carcinoma:
   a) Nasal obstruction
   b) Epistaxis
   c) Neck node swelling
   d) Headache
7) Most developed paranasal sinus at birth is:
   a) Maxillary sinus
   b) Frontal sinus
   c) Sphenoid sinus
   d) Ethmoid sinus

8) Retropharyngeal space is between
   a) Buccopharyngeal fascia and Pharyngo-basilar fascia
   b) Buccopharyngeal Fascia and prevertebral fascia
   c) Between superficial and deep cervical fascia
   d) Pterygomandibular and deep cervical fascia

9) A diabetic patient has complained of right-side facial swelling with right infraorbital swelling. On nasal endoscopy blackening of septum and inferior turbinates are seen. There is blackening of palate and loosening of tooth.
   What is the most likely diagnosis?
   a) Orbital cellulitis
   b) Rhino-orbital mucormycosis
   c) Complication due to tooth infection
   d) Complication of acute maxillary and frontal sinusitis

10) 20 yrs old female presented with nasal obstruction and epistaxis. On examination nasal cavity was full of foul-smelling crusts, what is the probable diagnosis?
   a) Hypertrophic rhinitis
   b) Atrophic rhinitis
   c) Rhinitis sicca
   d) Rhinitis caseosa

11) All are seen in Gardenigo's triad EXCEPT:
   a) Ear Discharge
   b) Vlth Cranial Nerve Palsy
   c) Retro orbital pain
   d) Picket-Fence fever

12) Inverted papilloma is characterized by all except:
   a) Also called as Schneiderian papilloma
   b) Seen more often in females
   c) Presents with epistaxis and nasal obstruction
   d) Originates from lateral wall of nose

13) parosmia refers to:
   a) decreased perception of smell
   b) increased perception of smell
   c) Absence of perception of smell
   d) perverted perception of smell

14) ethmoid adeno carcinoma is seen most often among workers in the following industry:
   a) iron industry
   b) chrome industry
   c) silica industry
   d) wood industry

15) stapedial reflex is mediated by:
   a) V and VII nerves
   b) V and VIII nerves
   c) VI and VII nerves
   d) VII and VIII nerves

16) In patients with recurrent tonsillitis, which group of lymph nodes are enlarged :
   a) Submandibular
   b) Retropharyngeal
   c) Jugulodigastric
   d) Submental

17) A 35 years old man gives history of unilateral clear discharge from nose for 06 months which increases on bending head forward. Which lab test will confirm diagnosis:
   a) CSF sugar
   b) Serum electrolytes
   c) Beta 2 transferrin
   d) Blood sugar

18) A 20 years old boy has nasal discharge followed by severe ear ache. Few days later he had mucopurulent discharge from ear. Diagnosis is:
   a) Malignant otitis externa.
   b) Acute otitis media.
   c) Foreign body.
   d) Barotrauma

19) The Thyroid angle in male is:
   a) 60°
   b) 90°
   c) 100°
   d) 120°

20) Which of the following statements is true regarding vocal fold nodules?
   a) They are related to smoking.
   b) Early surgical intervention is advised.
   c) They can be premalignant.
   d) They are always bilateral.

SECTION 2

Q.2. **Attempt any 1 out of 2.** **(10)**

1. Discuss in brief anatomy of Facial Nerve with diagram.
2. Discuss the etiopathology of Squamous cell carcinoma maxilla. Describe classification based on Ohengren's line,clinical features and types of maxillectomy.

Q.3. **Attempt any 2 out of 3** **(12)**

1. Draw labelled diagram of middle ear cleft and enumerate function of eustachian tube.
2. A 56 years old male patient with recurrent episode of vertigo lasting 2 hours with vomiting, tinnitus, fluctuating Sensorineural hearing loss and fullness in ear. On otoscopy, tympanic membrane appears normal.
   a) What is your diagnosis?
   b) What are investigations and management?
3. A 15 years old boy presents with history of unilateral nasal obstruction, recurrent painless bleeding from nose for 6 months. On examination, red mass with irregular surface in nasal cavity seen. CT scan shows mass in nasopharynx extending to pterygopalatine fossa.
   a) What is likely diagnosis?
   b) Write down management for this condition

Q.4. **Short Notes (Attempt any 3 out of 4)** **(18)**

1. BERA
2. Atrophic rhinitis
3. Otalgia
4. Osteomeatal complex

SECTION 3

Q.5. **Attempt any 1 out of 2** **(10)**

1. Describe in brief about following:
   a. Unpaired and paired Laryngeal cartilages
   b. Intrinsic muscles of larynx
2. What are most common causative organisms of pharyngeal abscess? Describe clinical features, investigations and management of Parapharyngeal abscess.

Q.6. **Attempt any 2 out of 3** **(12)**

1. Mumps-complication, diagnosis, treatment
2. A 45 yrs old anaemic female presented with complaint of progressive dysphagia
   a) Give you probable diagnosis.
   b) What can be associated sinister sequelae of her medical disease.
   c) Discuss the possible diagnosis and therapeutic surgical strategics that can be offered to this patient.

3. A 65-year-old farmer has presented with difficulty breathing and change of voice for 4 weeks duration. He has habit of chewing tobacco and smoking bidis for many years.
   a) What is the probable clinical diagnosis?
   b) How will you examine the patient?
   c) What findings you expect on your examination?
   d) After examination you suggest tracheostomy- but the patient is not willing. How will you counsel the patient?

Q.7. Short Notes (Attempt any 3 out of 4) **(18)**

1. What is Waldeyer's ring? Draw labelled diagram.
2. Oral submucous fibrosis
3. Retropharyngeal abscess
4. Types and Indications of tracheostomy

P7908

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Third MBBS Part 2 - Examination May - 2026

General Medicine Set B New Course Paper - I

સૂચના : / Instructions

(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book

Seat No.:

Student's Signature

New course Set B Paper 1

SECTION-I

Q. 1. Long Essay type Questions (Clinical Problem Based) (Any 2 out of 3) **(20)**

1. A 65-year-old female with a known history of hypertension and atrial fibrillation is brought to the emergency department with sudden onset right-sided weakness and an inability to speak. The symptoms started 2 hours ago. Discuss the evaluation, diagnostic workup, and acute management of this case.
2. A 28-year-old male presents with a 4-week history of low-grade evening fever, chronic productive cough, episodic haemoptysis, and an unintentional 5 kg weight loss. A preliminary Chest X-ray reveals upper lobe infiltrates with a cavitary lesion. Discuss the diagnostic approach, public health reporting, and pharmacological management of this patient.
3. A 22-year-old woman presents with fatigue, fever, and joint pains for 2 months, along with photosensitivity and recurrent oral ulcers. Examination reveals a malar rash and mild non-erosive arthritis of both hands. Investigations show anaemia, leukopenia, thrombocytopenia, positive ANA and anti-dsDNA antibodies, low complement levels, and proteinuria (2+) on urinalysis. What is the most likely diagnosis? Describe the pathogenesis and outline the principles of management.

Q.2. Short Notes (Any 3 out of 4) **(12)**

1. Define hypertension. Describe its classification, causes, and complications.
2. Enumerate Paraneoplastic syndromes associated with lung carcinoma.
3. Describe Primary and secondary immunodeficiency disorders question.
4. What is pneumothorax? Discuss its types and outline the management.

Q.3. Answer in Very Brief (Any 9) **(18)**

1. Mention two causes of pericardial effusion.
2. Mention two extra-articular manifestations of rheumatoid arthritis.
3. What is angina pectoris?
4. Mention two causes of secondary gout.
5. Define chronic bronchitis.
6. List two complications of infective endocarditis.
7. Mention cardinal three features of Nephrotic Syndrome.

8. Mention two common triggers for an acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD).
9. Name two highly specific autoantibodies used in the diagnosis of Systemic Lupus Erythematosus (SLE).
10. List two common opportunistic infections associated with advanced HIV/AIDS.

SECTION-II

Q.4 Long Essay type Questions (Clinical Problem Based) (Any 2 out of 3) **(20)**

1. A 45-year-old man presents with progressive fatigue, weight loss, low-grade fever, and abdominal fullness for 6 months. On examination, he is pale and has massive splenomegaly reaching the umbilicus. Investigations show haemoglobin 8.5 g/dL, total leukocyte count 1,80,000/mm^3 with left shift showing myelocytes and metamyelocytes, platelet count 6,00,000/mm^3, low leukocyte alkaline phosphatase score, hypercellular bone marrow with myeloid hyperplasia, and presence of Philadelphia chromosome. What is the most likely diagnosis? Describe the clinical features, phases, and management of this case.
2. A 25-year-old man presents with sudden onset high-grade fever, severe headache, retro-orbital pain, and myalgia for 4 days. On examination, he has flushed skin, mild bleeding gums, and a positive tourniquet test. Laboratory investigations reveal thrombocytopenia, leukopenia, and rising haematocrit. What is the most likely diagnosis? Describe its clinical features, complications, and management.
3. A 24-year-old woman presents to the emergency department with complaints of vomiting, abdominal pain, excessive thirst, and frequent urination for 2 days. She also has rapid breathing and altered sensorium. On examination, she is dehydrated, has Kussmaul respiration, fruity odour of breath, pulse rate 110/min,and blood pressure 90/60 mmHg. Laboratory investigations show random blood glucose of 420 mg/dL, arterial blood pH of 7.1, serum bicarbonate 10 mEq/L, positive serum and urine ketones, and elevated serum potassium. What is the most likely diagnosis? Discuss its clinical features, complications, and management of this condition.

Q.5. Short Notes (Any 3 out of 4) **(12)**

1) Describe the clinical features, treatment, and complications of sickle cell anaemia.
2) Clinical features and management of typhoid fever.
3) Organophosphate poisoning - clinical features and management.
4) What is Cushing's syndrome? Mention its causes and features.

Q.6. Reasoning Type question/Short Notes /Applied aspects (Any 9 out of 10) **(18)**

1. Mention two causes of haemolytic anaemia.
2. Mention two opportunistic infections in HIV.
3. List two causes of pancytopenia.
4. What is SIADH?
5. Define metabolic syndrome.
6. Mention two features of carbon monoxide poisoning.
7. Mention two causes of pyrexia of unknown origin (PUO).
8. Define insulin resistance.
9. List two causes of constrictive pericarditis.
10. What are Osler's nodes?

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Third MBBS Part 2 - Examination May - 2026

General Medicine Set B - New Course Paper - II

[Total Marks: 100

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(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book

Seat No.:

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New course Set B Paper II

Section I

Q. 1. Long Essay type Questions (Any 2 out of 3) **(20)**

1. A 55-year-old man with a 10-year history of diabetes mellitus presents with complaints of tingling, numbness, and burning sensation in both feet for the past 6 months. Symptoms are worse at night and gradually progressing upwards. On examination, there is reduced sensation to pain and vibration in a glove-and-stocking distribution, diminished ankle reflexes, and mild weakness of foot muscles. What is the most likely diagnosis? Discuss the clinical features, investigations, and management of this condition.
2. Describe clinical features, treatment and complications of peptic ulcer disease. Explain the role of Helicobacter pylori in peptic ulcer disease.
3. Discuss the types of shock with their causes and clinical features. Compare cardiogenic shock and distributive shock.

Q.2. Answer in Brief (any 3 out of 4) **(12)**

1. Bell's palsy
2. Define GERD. Enumerate Clinical features and Complications of GERD.
3. Difference between acute and chronic renal failure.
4. Discuss hypertension and its complications.

Q.3. Reasoning type question/short notes/applied aspects **(18)**

1. List two clinical features of raised ICP.
2. Differentiate gross haematuria and microscopic haematuria.
3. Write four causes of upper Gl bleeding.
4. What is Cushing's triad?
5. List two drugs that can cause drug-induced Parkinsonism.
6. List two clinical conditions causing central cyanosis.
7. Name two respiratory and two cardiac conditions associated with clubbing.
8. Differentiate acute and chronic hepatitis.
9. Give two causes of metabolic acidosis.

Section II

Q.4. (A) Long Essay Type **(10)**

1. Classification, clinical features, and treatment of bipolar affective disorder.

(B) Write short notes (Any 1 out of 2) **(04)**

1. Write risk factors, Assessment and Prevention strategies of Suicide.
2. Difference between delirium and dementia.

(C) Objective type question/applied aspects (answer 3 out of 4) **(03)**

1. Write two complications of schizophrenia.
2. Withdrawal symptoms of alcohol.
3. Define major depressive disorder.
4. Mention two features of obsessive-compulsive personality disorder (OCPD)

Q.5. (A) Long Essay type Questions **(10)**

1) Discuss types, clinical features and management atopic dermatitis.

(B) Write Short Notes (Any one of two) **(04)**

1. Write clinical features, and treatment of Scleroderma.
2. clinical features and treatment of Tinea versicolor.

(C) Objective type question/applied aspects (answer 3 out of 4) **(03)**

1. Name common site of scabies infestation.
2. Name the virus causing oral herpes.
3. Name the autoimmune target in pemphigus vulgaris.
4. Mention topical treatment used in impetigo.

Q.6. (A) Long Essay type Questions **(10)**

1. Discuss Aetiology, clinical features and management of Bronchiectasis.

(B) Write Short Notes (Any one of two) **(04)**

1. Write causes, clinical features and treatment of ARDS.
2. What is Respiratory Failure. Discuss types of Respiratory Failure.

(C) Objective type question/applied aspects (answer 2 out of 3) **(02)**

1. Name the virus causing COVID-19.
2. Name one second-line anti-tuberculosis drug.
3. What is the mechanism of action of Bedaquiline in Anti Tubercular treatment?

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Third MBBS Part 2 - Examination May - 2026

Obstetrics and Gynaecology

Paper - 1 (NEW)

સૂચના : / Instructions

(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book
(2) Answer Section A and B in separate answer papers.
(3) Be precise.
(4) Add diagrams where necessary.

Seat No.:

Student's Signature

Section-A

Q. 1. **Long Essay Type (Attempt 2 out of 3)** **(Marks : 10 × 2=20)**

a) Discuss the management and likely complications of a primigravida at 34 weeks pregnancy with blood pressure of 160/110 mm Hg.
b) Discuss the antepartum and intra-partum management of Rh negative primigravida registering for antenatal care in the first trimester.
c) Discuss the management of a primigravida with breech presentation at 34 weeks gestation.

Q.2. **Short Notes. (Attempt 3 out of 4)** **(Marks : 3 × 4= 12)**

a) Various preparations, dosages and side effects of Oral Iron for prophylaxis and treatment of anaemia during pregnancy.
b) Causes and management of puerperal pyrexia
c) Cardio-vascular changes during pregnancy
d) Importance of Umbilical artery Doppler in Obstetrics

Q.3. **Short Answers. (Attempt 9 out of 10)** **(Marks : 9 × 2 = 18)**

a) Enumerate four direct causes of maternal death.
b) Dosages of Misoprostol for prevention and treatment of Atonic Post-partum haemorrhage
c) Components of Biophysical profile
d) Advantages of "early" initiation of breast feeding within one hour of childbirth.
e) Counselling of a patient with Emesis Gravidarum
f) Definition of stillbirth and three causes of stillbirth
g) Timing of cord clamping after vaginal birth
h) Diagnosis and management of Missed abortion
i) Pre-requisites to be fulfilled before instrumental delivery
j) Diagnosis of twins by abdominal examination of a pregnant lady in third trimester

Section-B

Q.4. Long Essay Type (Attempt 2 out of 3) **(Marks : 10 × 2=20)**

a) Discuss the causes and management of first trimester bleeding per vaginum.
b) Discuss the causes and management of polyhydramnios.
c) Discuss the causes of preterm labour and steps for prevention of respiratory distress in preterm newborn.

Q.5. Short Notes. (Attempt 3 out of 4) **(Marks : 3 × 4= 12)**

a) Management of an antenatal patient with Overt Diabetes Mellitus presenting for antenatal registration in the first trimester.
b) Enumerate the key principles for effective latching for breast feeding.
c) Measurement and interpretation of Amniotic fluid index measured on USG.
d) Investigations for confirmation of Iron deficiency anaemia during pregnancy.

Q.6. Short Answers. (Attempt 9 out of 10) **(Marks : 9 × 2 = 18)**

a) Inter-tuberous diameter of pelvic outlet- importance in Obstetrics
b) Changes in fetal circulation at birth
c) USG features suggestive of morbidly adherent placenta
d) Steps of suturing a medio-lateral episiotomy
e) Formation and significance of Caput succedaneum
f) Definition and causes of secondary post-partum haemorrhage
g) Draw the flow chart for management of acute uterine inversion
h) Vaccination of newborn at birth
i) Post-exposure prophylaxis for needle stick injury to a healthcare worker from HIV infected patient
j) Importance of USG in a patient with Antepartum Haemorrhage

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P7912

RAN-2406000104030702

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Third MBBS Part 2 - Examination May - 2026

Obstetrics and Gynaecology

Paper - 2 (New)

સૂચના : / Instructions

(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
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(2) Answer Section A and B in separate answer papers.
(3) Be precise.
(4) Add diagrams where necessary.

Seat No.:

Student's Signature

Section-A

Q. 1. **Long Essay Type (Attempt 2 out of 3)** **(Marks : 10 × 2=20)**

a) Discuss the management of third degree utero-vaginal prolapse in a 60 year old lady.
b) Discuss the options and failure rates of various methods for Emergency contraception.
c) Discuss the Medical eligibility criteria and contra-indications for Injectable Depo-Medroxy Progesterone Acetate.

Q.2 **Short Notes. (Attempt 3 out of 4)** **(Marks : 3 × 4= 12)**

a) Discuss the options of contraception for a lady treated for carcinoma breast.
b) Management of High Grade Squamous Epithelial lesion noted on Pap smear.
c) Syndromic management of Lower abdominal pain
d) Diagnostic tests for tubal factors of infertility

Q.3. **Short Answers. (Attempt 9 out of 10)** **(Marks : 9 × 2 = 18)**

a) Four contra-indications for Combined Oral Contraceptive pills
b) Tumor markers for ovarian tumors
c) Cystocoele
d) Advantages of LNG-IUD
e) Follow up in a case of Vesicular mole after evacuation
f) Anti-Muellerian hormone- importance in Gynaecology
g) Progesterone for postponement of periods
h) Advice to be given to a client who has missed one tablet in the pack of Combined Oral contraceptive pills
i) Complications of Myomectomy
j) Sites of ureteric injury in Gynaecological surgeries

Section-B

Q.4. **Long Essay Type (Attempt 2 out of 3)** **(Marks : 10 × 2=20).**

a) Discuss selection criteria of a patient for medical management of ectopic pregnancy and its follow up.
b) Discuss management options in Endometriosis based upon patient symptoms
c) Draw diagram showing FIGO classification of uterine fibroids

Q.5. Short Notes. (Attempt 3 out of 4) **(Marks : 3 × 4= 12)**

a) Discuss the various tests for confirmation of ovulation in a patient with infertility.
b) Describe the steps of Modified Pomeroy technique of Tubal ligation
c) Describe the criteria for selection of a client for Medical abortion (using Mifepristone and Misoprostol)
d) Discuss the role of HPV vaccine in preventing cervical cancer.

Q.6. Short Answers. (Attempt 9 out of 10) **(Marks : 9 × 2 = 18)**

a) USG findings suggestive of Adenomyosis uterii
b) Clinical features of Candidial vulvo-vaginitis
c) Risk factors for Endometrial cancer
d) Clinical features of Poly Cystic Ovarian Syndrome
e) Clomiphene citrate for induction of ovulation- dosages and monitoring
f) Indications for Intra-Uterine Insemination
g) Parts of Fallopian tube
h) Sites for trocar placement for laparoscopy
i) Investigations for diagnosis of Septate uterus
j) Definition of Stress Urinary Incontinence

P7913

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IIIrd MBBS Part II - Examination May - 2026

General Surgery New Set -2 Paper - 1

સૂચના : / Instructions
(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book

Seat No.:

Student's Signature

Section - I

Q. 1. Give answer in brief: (Any two out of three) **(2 × 10=20 marks)**

a. A 35 years old female, weighing about 70 kg is brought to emergency room with 30% flame burns involving chest, neck and upper extremities sustained in kitchen.
   i. How will you assess area and degree of burn? (2 marks)
   ii. Write the Rule of 9 (2 marks)
   iii. Calculate the fluid management for this patient. (2 marks)
   iv. How will you manage this patient, after initial resuscitation? (2 marks)
   v. What long term sequel can happen in this patient? (2 marks)

b. 25 year old man was brought with history of hit by cricket ball over head 2 hrs back. He become unconscious on the field, then on the way to hospital, regained consciousness. On examination, he had heart rate of 64, BP of 160/100 mmHg, right pupil semi-dilated, sluggishly reacting. His Glassgow coma scale was 11.
   i. What is your probable diagnosis? (2 marks)
   ii. What investigations will you do? (3 marks)
   iii. Discuss about treatment of this patient. (5 marks)

c. A 70 yr diabetic female patient presented to casualty in altered conscious state with history of blackening of toes of right foot and foul-smelling discharge from the foot.
   i. What will be the emergency room management of this patient? (2 marks)
   ii. Describe pathophysiology of the condition. (3 marks)
   iii. Describe in brief the management of this patient, after stabilisation. (5 marks)

Q.2. Write short notes : (Any three out of four) **(3 × 4=12 marks)**

a. Describe Staging of filarial lymphedema. How will you manage an acute attack in a patient with stage 5 lymphedema.
b. Classification of congenital anorectal malformations and management principles of recto vaginal fistula.
c. Management of mismatched blood transfusion
d. Describe in brief various management modalities of varicose veins.

Q.3. Write in brief : (Nine out of ten) **(9 × 2=18 marks)**

i. Differences between Pedicled and free flaps
ii. Criteria of an ideal amputation stump,
iii. Intermittent Claudication
iv. Mention the possible sites and management of thyroglossal fistula

v. What are the different types of absorbable suture material used in surgery
vi. Enlist the different haemostatic agents used during surgery
vii. What are the common causes and management of hypokalemia
viii. Difference between keloid and hypertrophic scar
ix. Frey's syndrome
x. Role of ethics committee in safeguarding research participants

Section - II

Q.4. Give answer in brief: (Any two out of three) **(2 × 10=20 marks)**

a. 3 year old male child presented with Right sided painless abdominal lump for two months. On examination, -10 x 14 cm swelling in right side of abdomen, firm to hard, from costal margin to right iliac regions, bimanually palpable.
   i. What are the differential diagnosis? (2 marks)
   ii. What are required investigations? (3 marks)
   iii. Discuss in detail management of this patient. (5 marks)

b. A 67 year male came to OPD with history of increased frequency of micturition for 1 month, more at night, with urgency and sense of incomplete emptying.
   i. What is the diagnosis? How will you confirm the same? (3 marks)
   ii. Explain the pathogenesis of this condition. (3 marks)
   iii. Discuss in details about medical/surgical management of this patient (4 marks)

c. A 17 yr girl came to emergency department with history of road traffic accident (was on two wheeler, run over by the three wheeler, tyre mark on left flank) before 4 hours with hematuria. On examination, she had pallor, pulse was 104/min, BP 130/84 mmHg. Left flank bulge. Rest of the abdomen soft.
   i. What is probable diagnosis? (2 marks)
   ii. What investigations you will do in this case? (3 marks)
   iii. Discuss in detail about treatment of this case. (5 marks)

Q.5. Write short notes : (Any three out of four) **(3 × 4=12 marks)**

i. Clinical features & Treatment of urethral injury associated with fracture of symphysis pubis sustained due to road traffic accident.
ii. Describe in brief about clinical features, investigations and treatment of calculus in lower ureter.
iii. What are the causes of hematuria in elderly ? Describe in brief about management of any one.
iv. Write about common abnormalities in semen analysis of infertile male, and their treatment.

Q.6. Write in brief : (Nine out of ten) **(9 × 2=18 marks)**

i. Encysted hydrocele of spermatic cord
ii. Characteristics of oxalate urinary stones
iii. Horseshoe kidney
iv. Vesico-ureteric reflux
v. Phimosis
vi. Varicocele
vii. Tension pneumothorax
viii. Informed consent for living organ donation
ix. Intermittent claudication
x. What are the roles of Indian medical graduate, as envisaged by NMC

P7914

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IIIrd MBBS Part II - Examination May - 2026

General Surgery New Set 2 Paper - 2

સૂચના : / Instructions
(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી.
Fill up strictly the above details on your answer book

Seat No.:

Student's Signature

Section - I

Q. 1. Give answers in brief: (any two out of three) **(2 × 10=20)**

a. A 30 yr old male brought to casualty with H/O penetrating injury over abdomen due to fall from 1st floor, on an iron rod at construction site. On examination, pulse 124/min, BP 90/50 mm Hg, small bowel protruding from the wound on anterior abdominal wall.
   i. What are the steps of resuscitation of this patient? (3 marks)
   ii. What will be the components of informed consent for this patient? (3 marks)
   iii. Mention briefly the plan of management. (4 marks)

b. A70 yr male presented with complain of upper abdominal mass with severe vomiting immediately after food intake with visible peristalsis and presence of succussion splash.
   i. What is the probable diagnosis? (3 marks)
   ii. How will you investigate? (3 marks)
   iii. Briefly mention the management (4 marks)

c. A 50 year lady with history of viral hepatitis 15 years back, was admitted with abdominal distension, Jaundice for 1 month and blood in vomitus for 1 day. On examination, her pulse is 100, BP 100/70 mmHg. Deep icterus. Ascites ++.
   i. What are your probable differential diagnosis? (2 marks)
   ii. How will you investigate this patient? (3 marks)
   iii. Discuss management of this patient. (5 marks)

Q. 2. Write short notes : (Any three out of four) **(3 × 4=12)**

1. What are the types of intussusception? Describe in brief about management of infantile ileocolic intussusception.
2. Differential Diagnosis of Lump in RIF
3. Surgical site infections
4. Clinical features and treatment of Carcinoma of Colon

Q. 3. Write in brief : (Nine out of ten) **(9 × 2=18)**

1. Steps for prevention of bedsores.
2. TIPSS (transjugular intrahepatic porto systemic shunt)
3. Stepwise management of Gastroesophageal reflux disease.
4. Mucocele of gall bladder
5. What are the indications of loop colostomy?
6. What are different scoring systems for appendicitis?
7. Enumerate different management options for fistula in ano.

8. Management of umbilical hernia in 6 month child.
9. Four Elements required to prove medical negligence.
10. Enumerate various skin incision closing techniques.

Section - II

Q. 4. Give answers in brief: (any two out of three) **(2 × 7=14)**

1. Describe the clinical tests for diagnosing Anterior Cruciate Ligament (ACL) injury. Write the investigations and surgical management of a complete ACL tear in a young athlete. (2+2+3= 7 marks)
2. Define and classify open fractures. Describe the complications of Open fractures. (2+2+3= 7 marks)
3. Describe the clinical and radiological features of Rickets. Write the management of Rickets in a 3-year-old girl child. (2+2+3=7 marks)

Q. 5. Write short notes : (Any three out of four) **(3 × 4=12)**

1. Colles' fracture
2. Simple Bone Cyst
3. Clinical features of Gout
4. Tennis Elbow

Q. 6. Write short notes: (Any three out of four) **(3 × 4=12)**

1. CT Scan and Ultrasonography : describe image peculiarities for hydatid cyst of liver.
2. Ketamine
3. What is epidural anaesthesia, what are the advantages of this method?
4. Art of conveying the poor prognosis to the family members

Q. 7. Write in brief : (Any six out of seven) **(6 × 2=12)**

1. Epulis
2. Ascending urethrography
3. Ultrasound guided biopsy of thyroid nodule
4. Methods of treating dental carries.
5. Intraoperative monitoring of patient under general anaesthesia for laparoscopy
6. Multiple air fluid levels on erect Xray Abdomen.
7. Complications of central venous line insertion.
