Platinum Plus Q-Bank

for NEET PG, INICET, FMGE Exams

PSYCHIATRY

Q 1. Below is Photograph of Jiean Piaget. He was a:

A. Discoverer of Influenza Vaccine
B. Discoverer of HIV Virus
C. Famous Neurosurgeon
D. Child Psychologist

Ans. D. Child Psychologist

Jean Piaget is a well known child psychologist.

Q 2. Piaget theory for cognitive development is a well known contribution. Who is the famous personality shown below?

A. Freud
B. Louis Pasteur
C. Camillo Golgi
D. William Harvey

Ans. A. Freud

Sigmund Freud is one of the most known psychiatrists.

His contributions include:

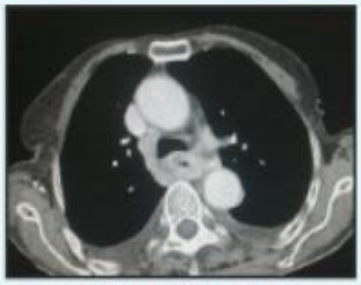
- Founder of Psychoanalysis
- Defence Mechanism
- Free association

Concepts of:

- Libido,
- Repression,
- Transference,
- Regression,
- Sublimation.

RADIOLOGY 15

Q 1. A 76 years old smoker habitual of taking pickle foods had difficulty swallowing associated with pain during swallowing. The right supraclavicular nodes were enlarged on examination. Barium meal shows a Bird Beak oesophagus. CT scan is shown below. He has lost a significant amount of weight. Most likely cause is:



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A. Achlasia Cardia
B. Diffuse Esophageal Spasm
C. Cancer Esophagus
D. Mallory Weil's Syndrome

Ans. C. Cancer Esophagus

History is Significant:

- History of pickled food intake.
- History of difficulty swallowing associated.
- History of pain during swallowing.
- On examination the right supraclavicular nodes were enlarged.
- Barium meal shows a bird beak oesophagus.
- Then the figure (CT Scan).

These are enough clues to arrive at the correct diagnosis. Clinical presentation of oesophageal cancer may be varied and includes Dysphagia (MC symptom), weight loss, weakness, anemia. Constant pain indicates extramural invasion. CT scan shows an Esophageal mass.

Q 2. An 86 year old man who has a history of being alcoholic, smoker and on examination is anemic with decreased appetite and has left supraclavicular lymphadenopathy was asked to have a CT abdomen done. His CT SCAN Abdomen is shown below. Most likely diagnosis is:

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A. Gastric Mass
B. Mass in liver
C. Mass in Pancreas
D. Mass in retroperitoneum

Ans. A. Stomach Mass

DERMATOLOGY 14

Q 1. A young male presented with well developed multiple grouped vesicular lesions present on the neck as associated with pain. The most likely diagnosis is:

A. Psoriasis
B. Pemphigus
C. Herpes Zoster
D. Dermatitis Herpetiformis

Ans. C. Herpes Zoster

The clinical manifestation of herpes is painful, unilateral, grouped, clear, and often hemorrhagic umbilicated vesicles in a dermatomal distribution are readily recognized. Herpes zoster, due to reactivation of varicella-zoster virus (VZV), is a dermatomal cutaneous eruption. Prodromal sensory symptoms include dermatomal pain, itching, or paresthesias, which often precede by several days the eruption of the segmental rash.

This young male presented with well developed multiple grouped vesicular lesions present on the neck as associated with pain suggesting herpes.

Q 2. A young boy presented with a boggy inflammatory mass studded with broken hairs and follicular orifices oozing with pus. Most likely diagnosis is:

A. Folliculitis
B. Kerion
C. Carbuncle
D. Sebaceous cyst

Ans. B. Kerion

Kerion is a severe inflammatory response that is manifested as a boggy granulomatous lesion due to cutaneous fungi such as tinea tonsurans, Microsporum canis, or microsporum gypseum.

Q 3. A Young pregnant female patient developed annular lesions which spreaded in a ring form accompanied by fever and leucocytosis. Pustules on a ring like erythema were noted. Most likely disease is:

OBSTETRICS & GYNAECOLOGY

13

Q 1. The device shown below belongs to which category:

A. 1st generation medicated
B. 1st generation non medicated
C. 2nd generation non medicated
D. 2nd generation medicated

Ans. D. 2nd generation medicated

Multiload Device: They have flexible arms with spurs on the Multiload standard outer curvature which help to retain the device in uterine cavity without streching it.

Classification is:

1st generation non medicated:

- (Lipple's Loop)
- Now not used

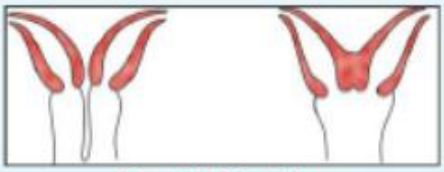
2nd generation Cu containing IUCD's

- Copper T 200
- Cu T 380A
- Multiload Cu 250
- Multiload Cu 375

3rd generation Hormone containing IUCD's

- Mirere
- Levonova
- Progestasert

Q 2. The figure shows deformity. The main reason for the defects is:



A. Defective ectoderm
B. Defective Genital ridge
C. Defect Mullerian Duct
D. Defective Wolffian Duct

Ans. C. Defect Mullerian Duct

Uterine Anomalies:

This anomaly results when there is failed fusion of the paired Mullerian ducts. There can be various diverse types of defects.

Q 3. A 33 year old patient had Pelvic Pain with LBA. She was having some undocumented illness in the past CT/ MRI was done. The most likely diagnosis of below shown condition is:

ORTHOPEDICS 12

Q 1. A young male complained of pain in his digits. Radio graphically there was lucent defect with well-defined margins and surrounding sclerotic reactive bone. Most likely diagnosis is:

A. GCT
B. Osteoclastoma
C. Fibrous dysplasia
D. Enchondroma

Ans. D. Enchondroma

- **These are multiple Enchondromas**
- **Disorder of the growth plate** in which the hypertrophic cartilage is not resorbed and ossified normally. It results in masses of cartilage with disorderly arrangement of the chondrocytes showing variable proliferative and hypertrophic changes.
- These masses are located in the metaphyses in close association with the growth plate in children but may be diaphyseal in teenagers and young adults. The disorder is usually recognized in childhood by the appearance of deformities or retardation in growth. The most common sites of involvement are the ends of long bones, usually in the region where rate of growth is most marked.

The pelvis is often involved, but ribs, sternum, and skull are seldom affected. There is a tendency toward unilateral involvement.

Q 2. A patient had a trauma. He developed deformity as shown. Identify the condition below:

A. Whitlow
B. Swan Neck Deformity
C. Tenosynovitis
D. Mallet Finger

Ans. D. Mallet Finger

Mallet finger (Baseball finger, Drop finger) is a common finger injury and is due to avulsion fracture of the extensor tendon from its insertion at the base of the distal phalanx **Mechanism.** This injury occurs when the finger is forcibly flexed, while the extensor taut, e.g., while tucking the bed, catching a ball, striking an object with extended finger.

SURGERY 11

Q 1. The CT scan demonstrates cholelithiasis. Most common types of stones in cholelithiasis are:

A. Magnesium Stones
B. Struvite Stones
C. Cysteine Stones
D. Cholesterol Stones

Ans. D. Cholesterol Stones

Gallstones are the most common biliary pathology. Gallstones are classified according to their chemical composition into cholesterol stones, mixed stones and pigment stones. Cholesterol stones consist almost entirely of cholesterol and are often solitary. Mixed stones account for most of gallstones. Cholesterol is the major component. Pigment stones are composed almost entirely of calcium bilirubinate. They are mostly small and multiple. Bile containing cholesterol stones has an excess of cholesterol relative to bile salts and phospholipids, thus allowing cholesterol crystals to form. Such bile is termed 'supersaturated' or 'lithogenic'.

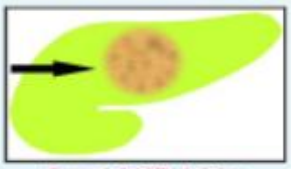
Q 2. A young male was injured in an Accidental Shooting Incident where blast occurred along with gunshot and pellet injuries. His CT is shown below. Most Likely the Patient has:

A. Bronchiectasis
B. Empyema
C. Multiple Pellet Injuries
D. Pneumothorax

Ans. C. Multiple Pellet Injuries

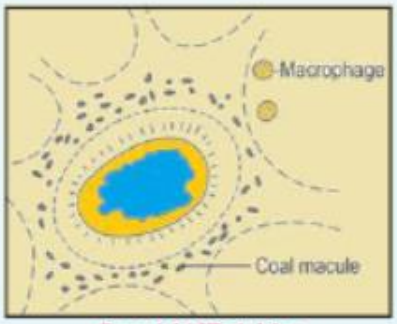
This Scan shows Multiple Pellets more than 50. However the Patient did not at initial site show Complications. The pellets are lodged in chest, arm and neck.

Q 3. The figure represents a pseudocyst. Not true about pseudocyst is:



MEDICINE 9

Q 1. A 44 year old is working in some industry. Pathology shows a picture as revealed in figure below. Most likely he has:

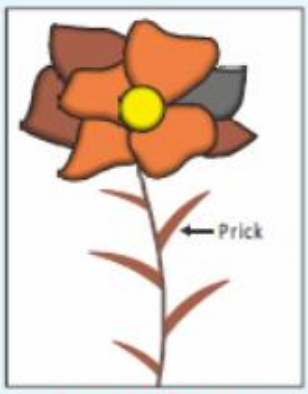


A. Byssinosis
B. Berylliosis
C. Silicosis
D. Anthracosis

Ans. D. Anthracosis

As is evident from the figure, coal macule is seeing. Coal macule signifies Anthracosis. Long term Anthracosis can be potentially dangerous.

Q 2. A Young male gets a plant prick. The most likely diagnosis after he developed symptomatology is Sporotrichosis. The Best statement about disease is:



A. It is a parasitic disease
B. Most cases are acquired via cutaneous inoculation
C. It is an occupational disease of butchers, doctors
D. All of above

Ans. B. Most cases are acquired via cutaneous inoculation

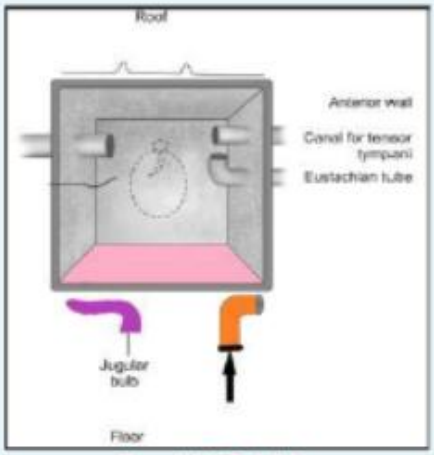
Sporothrix Schenckii

- Causes **Sporothrichosis**
- Characteristics of Sporothrix schenckii are: **Thermally dimorphic.**
- Culture on Sabouraud's agar shows typical morphology.
- Habitat is soil or vegetation.
- Most cases are acquired via cutaneous inoculation.

EAR, NOSE AND THROAT (ENT)

8

Q 1. For an ENT surgeon, it is important to know the middle ear. The arrow in the figure points to which artery:



A. Posterior Auricular
B. Internal Carotid
C. Stapedial
D. Maxillary

Ans. B. Internal Carotid

The Jugular bulb and the internal carotid artery lie along the Floor of the middle ear.

The communications of middle ear:

Anterior: Nasopharynx through auditory tube

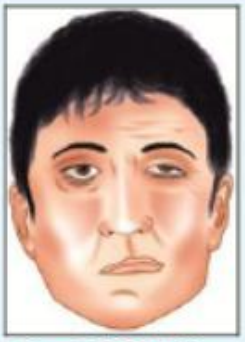
Posterior: Mastoid antrum through aditus antrum.

The contents of middle ear:

(a) **Ear ossicles:** Malleus, incus and stapes
(b) **Ligaments** of ear ossicles
(c) **Muscles:** Tensor tympani and stapedius
(d) **Vessels:** Supplying and draining the middle ear
(e) **Nerves:** Chorda tympani and tympanic plexus
(f) Air

The roof is in touch with the temporal part of cerebrum.

Q 2. Identify the anomaly from the figure among the choices below:



A. Treacher Collin Syndrome
B. Pierre Robinson Syndrome
C. Hypoglossal Nerve Palsy
D. Bell's Palsy

OPHTHALMOLOGY 7

Q 1. A 12-year-old child presents with tremors, gait disturbances, and dysarthria. A slit-lamp examination reveals Kayser–Fleischer rings. What is the most likely diagnosis?

A. Hemochromatosis
B. Wilson Disease
C. Acute Hepatitis
D. Primary Biliary Cholangitis

Ans. B. Wilson Disease

The presence of Kayser–Fleischer rings, seen in the image, is characteristic of Wilson Disease, which is caused by an inherited defect in copper metabolism leding to copper accumulation in various organs, including the liver and brain.

Q 2. A 2-year-old boy is brought to the clinic with complaints of excessive tearing and light sensitivity. Upon examination, the cornea appears hazy and enlarged. What is the most likely diagnosis?

A. Anterior Uveitis
B. Congenital Glaucoma
C. Retinopathy of Prematurity
D. Acute Keratitis

Ans. B. Congenital Glaucoma

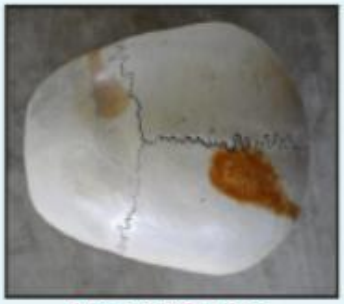
The clinical features described—hazy and enlarged cornea, along with excessive tearing and photophobia—are characteristic of congenital glaucoma. The image likely illustrates the corneal changes associated with this condition, such as Haab striae and corneal edema, indicating increased intraocular pressure.

Q 3. Identify the instrument is given below:

FORENSIC MEDICINE & TOXICOLOGY

6

Q 1. From Forensic View point the Closure of coronal suture starts at the age of:



A. 3-4 years
B. 10-20 years
C. 15-25 years
D. 35-40 years

Ans. D. **35-40 years**

Skull:

- **The Anterior fontanelles** closes and the two halves of the mandible unite at the second year.
- **The Basi-occiput** fuses with the basi-sphenoid at about 18 to 21 years.
- **Closure of coronal suture starts at the age of 35-40 years.**
- **Closure of saggital suture 30-35 years**
- **Closure of lambdoid suture 45-50 years**
- Closure of all suture indicates age more than 60 years.

Q 2. The Figure below is Oleander. Oleander represents a predominantly:

A. Asphyxiant
B. Spinal Poison
C. Neurotoxic Agent
D. Cardiac Poison

Ans. D. **Cardiac Poison**

Remember the Classification of Poisons:

- Spinal – Nux vomica, Gelsemium.
- Peripheral — Conium, curare.
- Cardiovascular – Aconite, digitalis, quinine, oleander, tobacco, hydrocyanic acid.
- Asphyxiants – CO, CO_2, hydrogen sulphide.

SOCIAL AND PREVENTIVE MEDICINE

5

Q 1. The Headquarters of the Organization shown in figure is in:

A. New York
B. France
C. Switzerland
D. Washington DC

Ans. C. Switzerland

The WHO headquarters are in Geneva. Geneva lies in Switzerland. Do not forget the Organizations.

Q 2. The figure is of a Fish. The liver of this fish is a rich source:

A. Vitamin A and Vitamin D
B. Vitamin K and Vitamin B12
C. Vitamin K and Vitamin C
D. Vitamin B12 and Vitamin E

Ans. A. Vitamin A and Vitamin D

Q 3. The image below shows an organization. It was created under:

A. Disaster Management Act 1995
B. Disaster Management Act 2005
C. Disaster Management Act 2015
D. Disaster Management Act 2025

Ans. B. Disaster Management Act 2005

This is an Indian Specialized force Organization. It was created under Disaster Management Act 2005.

MICROBIOLOGY 4

Q 1. A child presented initially with unilateral Parotid swelling due to Mumps as shown in figure. What is true of this virus?

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A. Enveloped, single-stranded RNA
B. Enveloped, double-stranded RNA
C. Non Enveloped, single-stranded DNA
D. Non Enveloped, single-stranded RNA

Ans. A. Enveloped, single-stranded RNA

MUMPS VIRUS:

- Causes Mumps.
- Sterility due to bilateral orchitis is a rare complication.
- Characteristics of Mumps Virus they are enveloped virus with a helical nucleocapsid and one piece of single-stranded RNA negative polarity RNA.

RNA polymerase in virion:

- It has a single serotype.
- Laboratory Diagnosis of Mumps Virus is the virus can be isolated in cell culture and detected by hemadsorption.
- Diagnosis can also be made serologically.

Q 2. The Culture shows Lactose Fermenting Colonies on Macconkey Agar on Culture Growth from a Patient who was having a Chronic pyelonephritis. Most Likely Organism Cultured is:

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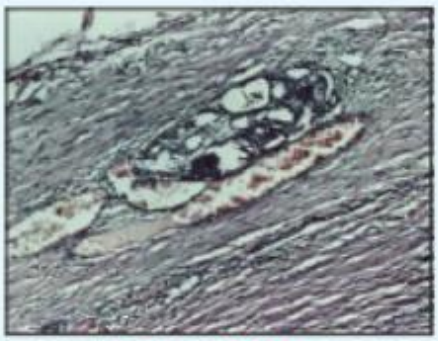
A. Vibrio cholera
B. H pylori
C. E coli
D. Campylobacter jejuni

Ans. C. E coli

PATHOLOGY 3

Q 1. The Histopathological Slide represents a cancer of Thyroid Gland from a young female. It represents a vascular Invasion. The Type of Thyroid cancer known for vascular invasion is:



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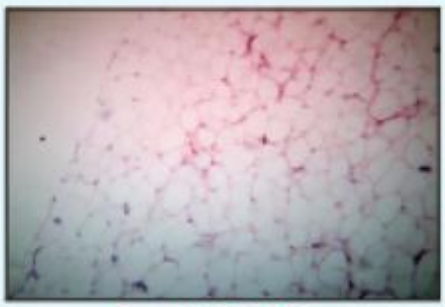
A. Papillary
B. Hurthle Cell
C. Follicular
D. Adenoma

Ans. C. Follicular

Follicular Carcinoma Is the second most common thyroid carcinoma more common in females and is more prevalent in areas of dietary iodine deficiency, and nodular goitre. Capsular and vascular invasion are the criteria to distinguish between follicular adenoma and follicular carcinoma. Spread is Mostly hematogenous to bone (osteolytic); lungs and CNS.

Q 2. The Figure shows a microscopic description of a section of Connective tissue Dominated by cells with large vacuolated smooth oval cells with nucleus pushed to the Periphery. Most likely cells are:



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A. Plasma cells
B. Undifferentiated Mesenchymal Cells
C. Fibroblasts
D. Fat Cells

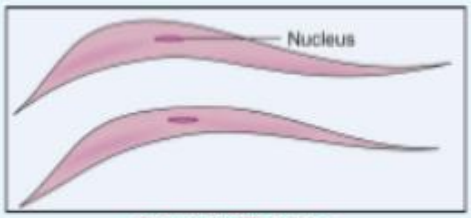
Ans. D. Fat Cells

Adipose cells or Fat cells are large vacuolated smooth oval cells with nucleus pushed to the Periphery. They have a Classic Signet ring Appearance.

Q 3. The Histopathological slide is of a tumour within the Testis from a young male with a uniform arrangement of cells arranged in nests. The cells have having Abundant Cytoplasm and there is peripheral Lymphocytic infiltration. The most likely tumour is:

PHYSIOLOGY 2

Q 1. Below shown in figure is a Smooth Muscle Cell. The Resting membrane potential of a smooth muscle is:



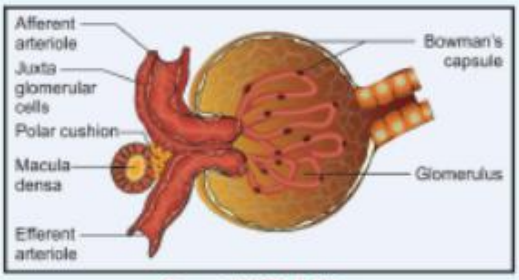
A. –50 to –75mV
B. –30 to –50mV
C. –10 to –30mV
D. –5 to –15mV

Ans. A. –50 to –75mV

Remember:

- Resting membrane potential of a **skeletal muscle** is –90mV.
- Resting membrane potential of a **smooth muscle** is –50 to –75mV.
- Resting membrane potential of a **cardiac muscle** is –85 to –95mV.
- The resting membrane potential in the **nerve fiber** is –70mV.
- The resting membrane potential in the LARGE nerve is –90 mV

Q 2. The Figure shows the Juxta Glomerular Apparatus. The Juxtaglomerular cells are:



A. Non Modified smooth muscle cells in the scala media of the Proximal part of the afferent arterioles
B. Modified smooth muscle cells in the scala media of the terminal part of the afferent arterioles
C. Modified skeletal muscle cells in the scala media of the terminal part of the afferent arterioles
D. Modified smooth muscle cells in the scala media of the Proximal part of the efferent arterioles

Ans. B. Modified smooth muscle cells in the scala media of the terminal part of the afferent arterioles

The Juxta Glomerular Apparatus

It is located at the angle of the afferent and efferent arterioles, where it comes in contact with the distal tubules. It comprises of:

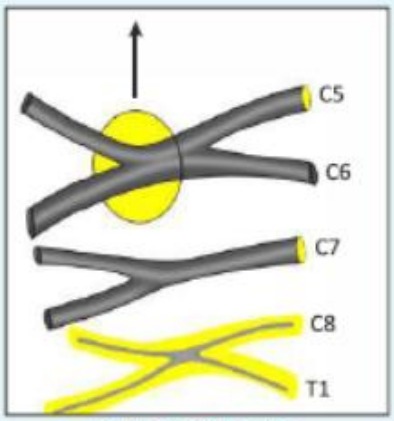
ANATOMY 1

Q 1. The figure shows a Deformity of Upper Limb. Most likely deformity shown is named after:

A. Waiter
B. Policeman
C. Nurse
D. Clergyman

Ans. B. Policeman

The deformity shows hanging of arm by the side, extension of elbow, pronation of forearm and flexion of wrist. Try to identify these Positions. This is the Erbs Palsy: Lesion of upper trunk of Brachial plexus (C5, C6) caused by forceful downward traction of shoulder with lateral displacement of head to the other side. It is also called as **Policeman's tip.**



A. Sudec
B. Erb
C. Mc Burneys
D. Klumpke

Ans. B. Erb

Erb's point: Union of six nerves namely C5, C6, Suprascapular nerve, Nerve to subclavius, Anterior and posterior division.

Damage to it results in Erb's paralysis.

Q 2. A Patient has an Injury at the Point Depicted by Arrow. The Point is named after:

Q 3. In the figure, the hand is in a certain position. The Figure denotes:

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NEET PG | INICET | FMGE EXAMS

As per the New Exam Pattern with many Clinical Image Based Questions

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