Pulmonary Pathology

Multiple Choice Questions

Vikas Bhardwaj

Pathology

Introduction

Welcome to **Pulmonary Pathology MCQ**, a comprehensive question bank designed to enhance your understanding of Biochemistry. This ebook contains over 1000 multiple-choice questions (MCQs) covering a wide array of topics within the field of Pulmonary Pathology.

Whether you're a medical student preparing for exams, a postgraduate aspirant aiming for success in competitive entrance tests, or a healthcare professional looking to refine your expertise, this book will serve as an invaluable resource in your learning journey. The questions in this ebook are structured to reflect the patterns seen in major medical entrance exams such as NEET PG, USMLE, AIIMS, and others, making it a perfect tool for self-assessment and revision.

Purpose

The primary goal of this ebook is to provide a reliable and extensive resource that students and professionals can use to test their knowledge, improve their diagnostic skills, and solidify key microbiological concepts. With the included detailed answers and explanations, this book goes beyond just helping you answer questions — it enables you to understand the reasoning behind each answer, facilitating deeper learning.

How This Ebook Can Help You

- **For Students**: The MCQs in this book are designed to match the rigor and format of real exam questions. By practicing regularly, you'll not only enhance your knowledge but also gain confidence in approaching exam challenges.
- **For Professionals**: This ebook helps professionals stay updated with the latest developments in carbohydrates in medical science and refresh critical concepts required in day-to-day practice.
- **For Educators**: Teachers and educators can use this collection to formulate quizzes, exams, or as supplementary teaching material for their students.

Compilation and Sources

This ebook is a compilation of publicly available online content. Each question has been carefully selected and curated to ensure relevance and accuracy. While this material is sourced from multiple platforms, it has been reorganized and edited to provide a streamlined learning experience.

We hope this book becomes an essential part of your academic and professional toolkit, helping you achieve your goals in Biochemistry.

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Questions

1-: Hamartomatous lung tissue is?

1: Hypoplasia of lung

2: Congenital cyst

3: Lobar sequestration

4: Congenital cystic adenomatoid malformation

2-: Mediastinal lymph node calcification is seen in which one of the following-

1: Metastatic neoplasm

2: Lymphoma

3: Sarcoidosis

4: Bronchiectasis

3-: Most dangerous paicles causing pneumoconiosis are of size

1: A. 1-5 micron

2: B. <1 micron

3: C. 5-15 micron

4: D. 10-20 micron

4-: Therapeutic blood range of theophylline in microgram per L is:

1: 0-5

2: 10-May

3: 15-May

4: 20-May

5-: Investigation of choice in bronchiectasis is

1: Bronchoscopy

2: MRI thorax

3: HRCT lung

4: Chest X-ray

6-: Ferruginous bodies are seen in?

1: Silicosis

2: Bysinosis

3: Asbestosis

4: Baggassosis

7-: All of the following features are seen in the viral pneumonia except:

1: Presence of interstitial inflammation

2: Predominance of alveolar exudate

3: Bronchiolitis

4: Multinucleate giant cells in the bronchiolar wall

8-: In the stage of Grey hepatization-

1: WBC's fill the alveoli

2: RBC's fill the alveoli

3: Organisms fill the alveoli

4: Accumulation of fibrin

9-: A 60 yr old person presents with a mass located at central bronchus causing distal bronchiectasis and recurrent pneumonia. Which of the following findings is expected from biopsy of the mass?

1: Abundant osteoid matrix formation

2: Contains all three germ layers

3: Spindle cells with abundant stromal matrix

4: Small round cells and hyperchromatic nuclei with nuclear moulding

10-: Curschmann spirals are found in

1: Broncitis

2: Asthma

3: Bronchiectasis

4: Lung abscesses

11-: More resistance in respiration is due to which of the following?

1: Saturation with moisture

2: Increased rate of flow during expiration

3: Increased compression of airway

4: Due to change from linear to turbulent flow

12-: A 45-year old male presented with severe respiratory distress. O/E he had pedal edema, bilateral crepitation on auscultation. He was admitted to emergency department and expired 2 days of admission. Lung biopsy done suggested the following. What is your diagnosis?

1: CMV pneumonitis

2: Small cell Ca lung

3: Tuberculosis

4: Heart failure cells

13-: All the following are features of Tropical pulmonary eosinophilia except

1: Eosinophilia>3000/mm3

2: Microfilaria in blood

3: Paroxysmal cough and wheeze

4: Bilateral chest mottling and increased bronchivascular markings

14-: Kussumauls breathing

1: Metabolic alkalosis

2: Respiratory alkalosis

3: Respiratory acidosis

4: Metabolic acidosis

15-: Drug of choice for mycoplasma pneumonia is

1: Penicillin

2: Tetracycline

3: Cefuroxime

4: Erythromycin

16-: True regarding respiratory centre

1: Directly simulated by fall in PaO2

2: Connected with cardiac center

3: Inhibited during swallowing

4: Situated in midbrain

17-: Most impoant from of carbon-dioxide transpo in the blood

1: It is mostly transpoed as carboxy hemoglobin

2: As dissolved CO2

3: As bicarbonates

4: Due to CO2 molecules attached to hemoglobin

18-: Infant with cystic fibrosis (CF) are likely to develop

1: Meconium ileus

2: Loose motions

3: Vomiting

4: Constpation

19-: Transection of the brain stem at the mid-pontine level with bilateral vagotomy causes _____

1: Ceasation of spontaneous respiration

2: Continuation of regular breathing

3: Irregular but rhythmic respiiration

4: Apneusis

20-: The most important function of epithelioid cells in tuberculosis is:

1: Phagocytosis

2: Secretory

3: Antigenic

4: Healing

21-: Most likely diagnosis ?

1: Interstitial lung disease

2: Pulmonary aery hypeension

3: Congestive hea failure

4: Bronchiectasis

22-: Type II respiratory failure best relates to which of the following?

1: Alveolar hypoventilation

2: Alveolar flooding

3: Hypoperfusion of respiratory muscles

4: Lung atelectasis

23-: Hypercalcemia is seen in which cancer

1: RCC

2: Carcinoma stomach

3: Small cell carcinoma lung

4: Hepatocellular carcinoma

24-: Most common type of emphysema is-

1: Centriacinar

2: Obstructed

3: Distalacinar

4: Panacinar

25-: Hyalin emembrane disease presents as

1: Pulmonary edema

2: Hea failure

3: Acute respiratory distress syndrome

4: Pulmonary embolism

26-: Alpha 1 antitrypsin deficiency is associated with-

1: Panacinar-emphysema

2: Centriacinar-emphysema

3: Paraseptal-emphysema

4: Irregular-emphysema

27-: Which of the following is true about the main respiratory control neurons?

1: image_question

2: image_question

3: image_question

4: image_question

28-: ''Sleep apnoea '' is defined as a temporary pause in breathing during sleep lasting at least-

1: 40 seconds

2: 30 seconds

3: 20 seconds

4: 10 seconds

29-: Condition not associated with bronchiectasis is?

1: Pericarditis

2: Lung cancer

3: Amyloidosis

4: Hemoptysis

30-: Which of the following is characterically not associated with the development of interstial lung disease

1: Organic dusts

2: Inorganic dusts

3: Toxic gases

4: None

31-: Alpha-1 antitrypsin deficiency occurs in

1: Emphysema

2: Bronchiectasis

3: Empyema

4: Bronchogenic carcinoma

32-: With increase in age which of the following is true for lungs

1: Pulmonary compliance increases

2: Residual volume decreases

3: Mucocillary clearance increases

4: The alveolar dead space decreases

33-: The lung pathology occurring in persons working in cotton- wool industries is

1: Asthma like features

2: Hypersensitivity pnemonitis

3: Lung Ca

4: Chronic bronchitis

34-: Indication for intramuscular iron therapy is

1: Oral desforaxamine

2: Oral deferiprone

3: Intramuscular EDTA

4: Oral succimer

35-: Which of the following relaxes bronchial smooth muscles?

1: Cold air

2: Leukotriene

3: Ach

4: VIP

36-: The spirometer can estimate all the following except

1: Total lung capacity

2: Forced expiratory volume in 1 second

3: Peak expiratory flow

4: Vital capacity

37-: Lung to lung metastasis is seen in-

1: Adenocarcinoma of lung

2: Squamous cell carcinoma

3: Small cell carcinoma

4: Neuroendocrine tumor of lung

38-: DOC in P. jeroveci

1: Clotrimazole

2: Cotrimoxazole

3: Penicillin

4: none

39-: Pneumactocele is commnly found in case of-

1: Pneumocystis jirovecii pneumonia

2: Staphylococal pneumonia

3: Klebsiella pneumonia

4: Pseudomonas pneumonia

40-: In a CA lung patient is suffering from dyspnoea, the palliation of dyspnoea is achieved by

1: Morphine patch

2: Diazepam

3: Clobazam

4: Haloperidol

41-: A 64-year-old man, who is a chronic alcoholic, presents with fever, chills and increasing shoness of breath. The patient appears in acute respiratory distress and complains of pleuritic chest pain. Physical examination shows crackles and decreased breath sounds over both lung fields. The patient exhibits tachypnea, with flaring of the nares. The sputum is thick, mucoidy and blood-tinged. Which of the following pathogens is the most common cause of this patient's pulmonary infection?

1: Legionella pneumophila

2: Klebsiella pneumoniae

3: Mycoplasma pneumoniae

4: Streptococcus pneumoniae

42-: A mill-wheel type of murmur during laparoscopy suggests

1: Tension pneumothorax

2: intra-abdominal bleeding

3: Gas embolism

4: pre-existing valvular disease

43-: Sequestration lung is best diagnosed by-

1: CT. scan

2: M.R.I.

3: Barium swallow

4: Angiography

44-: Which of the following tumor is most commonly associated with superior vena cava syndrome

1: Lymphoma

2: Small cell carcinoma

3: Non small cell carcinoma

4: Metastasis

45-: Release of histamine and leukotrienes from mast cells is prevented by:

1: Zileuton

2: Nedocromil sodium

3: Zafirlukast

4: Fexofenadine

46-: Mechanism of hypoxemia in asthma is

1: Hypoventilation

2: Diffusion decreased

3: Shunting

4: Ventilation perfusin mismatch

47-: Bronchus is the site of pathological changes for all of the following diseases, except:

1: Chronic bronchitis

2: Asthma

3: Bronchiectasis

4: Emphysema

48-: Which of the following is not used for thrombo prophylaxis

1: Heparin

2: Warfarin

3: Antithrombin 3

4: Aspirin

49-: The presence of multiple cavities in the lung with hematuria is suggestive of-

1: Wegener's granulomatosis

2: Tuberculosis

3: Renal cell carcinoma

4: Systemic lupus erythematosus (SLE)

50-: Granulomtous condition showing hypercalcemia A/E

1: TB

2: Sarciodosis

3: Berylliosis

4: SLE

51-: Schaumann bodies are seen in -

1: Sarcoidosis

2: Chronic bronchitis

3: Asthma

4: Syphilis

52-: A 60-year old male has a long 5tanding history of breathlessness lie has been a heavy smoker since the age of 20 years. Physical examination reveals an anxious male who is emaciated, puffing for breath but is not cyanosed. The chest is barrels shaped. An additional clinical finding would be -

1: Elevated domes of the diaphragm

2: Left ventricular hyperophy

3: Muffled hea sounds

4: Gynecomastia

53-: A 24-year-old male law student presents with a 3-wk history of increasing dyspnea. He has a history of chronic sputum production of about 100 cc of purulent material each day for many years. In the past, he was hospitalized for a left pneumothorax. He is on inhaled bronchodilator as an outpatient. CXR is shown below.The most helpful treatment option would be

1: Increase bronchodilator therapy

2: Sta broad-spectrum antibiotic therapy

3: Initiate anti-pseudomonas antibiotic regimen

4: Sta oral steroids

54-: Normal PCWP with pulmonary edema is seen in?

1: Left atrial myxoma

2: High altitude

3: Mitral stenosis

4: LV systolic dysfunction

55-: The alveolar aerial gradient is highest in which of the following?

1: ILD

2: Pulmonary Embolism

3: Acute severe asthma

4: Foreign body leading to upper airway obstruction

56-: A hypeensive patient who is a chroic smoker presented with recurrent hemoptysis. On examination he had cushingoid features. Investigations revealed raised ACTH levels not suppressed by dexamethasone. The single diagnosis which can account for all his symptoms is

1: Multiple endocrine neoplasia I

2: Pituitary adenoma

3: Adrenocoical adenoma

4: Ectopic ACTH producing tumor

57-: Which of the following would most likely be observed in the lung during an autopsy of 2week old infant who died of neonatal respiratory distress syndrome

1: Alveolar filledwith neutrophils

2: Dense fibrosis of the alveolar walls

3: Enlarged air space

4: Hyaline membrane and collapsed alveoli

58-: Rampal 45 yr old man present with history of recurrent haemoptysis and purulent sputum.his chest X-RAY is normal, which of the following will be the next best investigation for him.?

1: HRCT

2: CT guided angiography

3: Angiography

4: Spiral CT

59-: True about adenocarcinoma of lung-

1: More common in female

2: Smoking is not associated with

3: Central cavitations

4: Upper lobe involvement is most common

60-: A 53-year-old man develops weakness, malaise, cough with bloody sputum and night sweats. A chest X-ray reveals numerous apical densities bilaterally, some of which are cavitary. Exposure to Mycobacterium tuberculosis was documented 20 years ago, and M. tuberculosis is identified in his sputum. Which of the following describes the expected lung pathology in this patient?

1: Dense fibrosis

2: Eosinophilic infiltration

3: Granulomas

4: Plasma cell infiltration

61-: Alveoli are kept dry because of

1: Surfactants

2: Glycorprotiens

3: Buffers Bohr's

4: Effect

62-: A 3 hour old preterm baby develop respiratory grunt and X-ray shows reticulonodular pattern. Diagnosis is

1: Hyaline membrane disease

2: Transient tachypnea of newborn

3: Meconium aspiration syndrome

4: All of the above

63-: Varenicline is used in

1: Pulmonary hemosiderosis

2: Sleep apnea

3: Anti-trypsin deficiency

4: Nicotine dependency

64-: Which is the best test to detect pulmonary embolism

1: D dimer assay

2: MRI

3: Ventilation Perfusion scan

4: CT with IV contrast

65-: A 54-year-old male nonsmoker is seen with complaints of a flulike illness. Initial symptomatic treatment is provided. Two days later, he returns, as he is still not feeling well. His primary physician prescribes a macrolide along with the symptomatic treatment. After 5 days of this treatment, the patient says he is running a fever and has increasing fatigue, weakness, and cough. He also complains of pain in the right wrist with some difficulty in motion. He has left groin pain and is unable to walk more than a few steps. On physical exam, vital signs are: pulse 110 bpm; temperature 102degF; respirations 24/min; blood pressure 10/68 mm Hg. He looks weak and says he has lost about 8 lb in the last 10 days. Peinent findings: lung exam reveals area of egophony, and E to A changes in the left anterior and posterior lung field. The patient has swelling with some areas of skin sloughing in the right wrist and tenderness with limitation of movement in the left groin area. Laboratory data: Hb 11 g/dL; Hct 33%; WBCs 16.0/uL; differential 90% segmented neutrophils; BUN 42 mg/dL; creatinine 1.1 mg/dL; sodium 142 mEq/L; potassium 3.4 mEq/L. ABGs on room air: pH 7.45, PCO2 34 mm Hg; PO2 65 mm Hg. CXR is shown.Associated findings may include all of the following except?

1: Septic ahritis

2: Endocarditis

3: Brain abscess

4: Reye syndrome

66-: The pulmonary function test done on this patient of asthma would be

1: Non-infarmative

2: Obstructive pattern

3: Restrictive pattern

4: Destructive pattern

67-: Reduced FEV 1, Normal FVC and FEV 1/FVC ratio less than 0.7 .which is reversible with bronchodilator s is consistent with

1: Bronchial Asthma

2: Hypersensitivity penumonitis

3: Sarcoidosis

4: Polyaeritis nodosa

68-: Alpha 1 antitrypsin deficiency mechanism of transmission -

1: Autosomal recessive

2: Autosomal dominant

3: X linked recessive

4: X linked dominant

69-: Vitamin K is a cofactor in

1: Carboxylation

2: Hydroxylation

3: Deaminatiom

4: Hydrolysis

70-: In Kartagener syndrome, all are seen except:

1: Bronchiectasis

2: Situs inversus

3: Bronchial asthma

4: Sinusitis

71-: Which of the following is seen in COPD?

1: Chronic bronchitis

2: Follicular bronchiolitis

3: Desqumative pneumonitis

4: Chemical pneumonitis

72-: A 53-year-old female nonsmoker is being evaluated with symptoms of progressive shoness of breath. She has a past history of trauma to the right side of the chest. There is no history of asthma, sputum production, or recent chest pain. CXR is shown in,The likely diagnosis is

1: Calcified cyst

2: Organized hemothorax

3: Blastomycosis

4: Asbestosis

73-: Granulomatous lung disease is caused by?

1: Hypersensitivity pneumonitis

2: Sarcoma

3: Bronchogenic carcinoma

4: Bronchogenic cyst

74-: Which of the following is a causative agent of Farmer's Lung?

1: Thermophilic Actinomycetes

2: Aspergillus Fumigatus

3: Actinobacter

4: Aspergillus Flavus

75-: A 56-year-old male smoker is referred with symptoms of weakness, dizziness, and right chest pain after playing with his grandson. He admits to having pain in the right shoulder and axilla off and on for the prior 6 mo. He denies any exposure to TB and has a negative PPD skin test. Routine laboratory tests are normal. CXR is shown.Associated findings will include

1: Horner syndrome

2: Lofgren syndrome

3: Sjogren syndrome

4: Heford syndrome

76-: Clubbing is the least common in

1: Squamous cell carcinoma

2: Small cell carcinoma

3: Adenocarcinoma

4: Mesothelioma

77-: A 50-year-old know asthmatic develops sudden onset right-sided chest pain with dyspnea. Chest X-ray reveals hyperlucency on right side with shift of trachea to left side. The best option of treatment for immediate relief of symptoms is

1: Intravenous morphine

2: Nebulization of beta 2 agonist, Ex salbutamol

3: Intravenous aminophylline

4: Water seal intercostal drainage on right side of chest

78-: Activation of which receptor causes pulmonary vasoconstriction?

1: Alpha 2 adrenergic

2: H2 histamine

3: M3 cholinergic

4: ETA epithelial receptor

79-: A young man with T.B presents with massive reccurere haemoptysis. For angiography treatment which vascular structure should be evaluated first

1: Pulmonary aery

2: Bronchial aery

3: Pulmonary vein

4: Superior vena cava

80-: Type of blood flow seen in the apex of the lung is

1: No flow, P(ALV) > Ppc

2: Intermittent flow, P(ALV) < Ppc during diastole

3: Intermittent flow, P(ALV) < Ppc during systole

4: Continuous flow, P(ALV) < Ppc

81-: a1 antitrypsin deficiency is seen in

1: Bronchial asthma

2: Emphysema

3: Bronchiectasis

4: Lung carcinoma

82-: A 70-year-old man with a history of emphysema and progressive dyspnea is admitted with mild hemoptysis. On exam, he is afebrile; he has a left-sided chest wall scar from a previous thoracotomy with decreased breath sounds in the left lung field. There are wheezes and rhonchi heard in the right lung field. The CXR is shown in . Based on the CXR and clinical history, the most likely diagnosis is

1: Left lung atelectasis with mucus plug

2: Metastatic lung disease from lung primary

3: Multiple pulmonary infarcts

4: Septic emboli

83-: sho acting acting beta 2 agonist

1: Formoterol

2: Isoprenaline

3: Salbutamol

4: salmeterol

84-: Peripheral eosinophilla is not a characteristic feature of-

1: Hypersensitivity pneumonitis

2: Allergic aspergillosis

3: Tropical eosinophilia

4: Loeffler's syndrome

85-: Alveolar hemorrhage and hemosiderin laden macrophages -

1: Sarcoidosis

2: Goodpasture syndrome

3: Bronchial pneumonia

4: Bronchieactasis

86-: Which of the following is not a sign of advanced COPD?

1: Significant weight loss

2: Cor pulmonale

3: Hoover's sign

4: Clubbing

87-: Tidal volume in ml

1: 300

2: 400

3: 900

4: None

88-: A 65-year-old coal miner is admitted for evaluation of chronic lung disease. The patient admits to smoking one pack of cigarettes a day for 40 years. On physical examination, he is noticed to have a barrel chest and use accessory muscles for inspiration. His face is puffy and red. He has 2+ pitting edema of the lower extremities. A chest X-ray is compatible with diffuse fibrosis, with some nodularity in central areas. Which of the following is the most likely diagnosis?

1: Anthracosis

2: Asbestosis

3: Diffuse alveolar damage

4: Sarcoidosis

89-: Bronchogenic sequestration is seen in whicj lobe -

1: Lefto lower lobe

2: Right upper lobe

3: Left middle lobe

4: Left upper lobe

90-: Lung compliance is increased in

1: The presence of intra-alveolar fluid

2: Acute respiratory distress syndrome

3: Idiopathic pulmonary fibrosis

4: Emphysema

91-: The ideal tidal volume in a patient ventilated for ARDS is-

1: 6 mL/kg

2: 10 mL/Kg

3: l4 mL/kg

4: 2O mL/kg

92-: In caissons, disease pain in joint is because of

1: Nitrogen bubble

2: Oxygen bubble

3: Carbon monoxide

4: Air in joint

93-: Causative particle in asbestosis is?

1: Amphibole

2: Crysolite

3: Tridymite

4: Gristobalite

94-: Most common cause of idiopathic interstitial pneumonia is

1: Sarcoidosis

2: Organizing pneumonia

3: Idiopathic pulmonary fibrosis

4: Lipoid pneumonia

95-: In type -II respiratory failure, there is

1: Low p02 and low pCO2

2: Low p02 and high pCO2

3: Normal p02 and high pCO2

4: Low p02 and normal pCO2

96-: All of the following features are seen in asbestosis except

1: Diffuse pulmonary interstitial fibrosis

2: Fibrous pleural thickening

3: Emphysema

4: Calcific pleural plaques

97-: Inflammation in the airways can be reduced by:

1: Fluticasone

2: Budesonide

3: Theophylline

4: Salbutamol

98-: A patient of pneumonia develops sputum expectoration. What is the stage of pneumonia-

1: Congestion

2: Red hepatization

3: Grey hepatization

4: Resolution

99-: Best treatment for exercise induced asthma is

1: Montelukast

2: Salbutamol

3: Ipratopium

4: Low dose inhaled steroids

100-: Cyanosis does not occur in severe anemia because

1: Hypoxia stimulates erythropoietin secretion

2: Oxygen carrying capacity of available Hb is increased

3: Critical concentration of Hb required to produce cyanosis is reduced

4: Oxygen Dissociation Curve shifts to right

101-: . Respiratory centre depression is caused by all except-

1: Opium

2: Strychnine

3: Barbiturates

4: Gelsemium

102-: Aerial O2 content is reduced in one of the following

1: Stagnant hypoxia

2: Anemic hypoxia

3: Histotoxic hypoxia

4: Ischemic hypoxia

103-: Which of the following ilineses increases the risk of developing tuberculosis ?

1: Anthracosis

2: Berylliosis

3: Sarcoidosis

4: Silicosis

104-: ARDS is due to defect in

1: A. Hypoxemia

2: B. Hypotention

3: C. Clara cells

4: D. Endothelial cells

105-: A 34-year-old female cab driver, a smoker, is admitted with acute shoness of breath and mild hemoptysis. Her review of systems is otherwise unremarkable. Physical examination: pulse 100 bpm; temperature 99degF; respirations 21/min; blood pressure 160/84 mm Hg. The patient is overweight with a BMI of 30. Other peinent findings: lungs have decreased breath sounds with crackles in both bases. Hea: NSR with loud P2 and grade 2/6 systolic murmur in the left parasternal area. Extremities reveal trace bilateral pedal edema. Laboratory data: Hb 15 g/dL; Hct 45%; WBCs 7.0/uL. EKG shows mild LV strain with no acute current of injury. ABGs on room air: pH 7.38; PCO2 45 mm Hg; PO2 70 mm Hg. CXR is shown in . The likely diagnosis is

1: Mycoplasma/atypical pneumonia

2: Obstructive sleep apnea

3: Chronic bronchitis

4: Pulmonary embolism

106-: All of the following statement are true regarding panacinar emphysema, except:

1: It affects only bronchiole sparing the alveoli

2: It have tendency to occur more in lower zones and base of lung

3: It is associated with alpha-1 antitrypsin deficiency

4: It can cause clinically significant airflow obstruction

107-: Fever persisting even after treatment of pneumonia likely diagnosis is

1: Empyema

2: Fungal lesions

3: Carcinoma bronchus

4: Any of the above

108-: Volume of air remaining in lung after normal expiration:

1: Functional residual capacity

2: Residual volume

3: Vital capacity

4: Both 1and 2

109-: Which cells produce surfactant in conducting part of the lung?

1: Goblet cells

2: Brush cells

3: Basal cells

4: Clara cells

110-: A 60-year-old alcoholic woman presents to the emergency room with fever, chills and shoness of breath. The sputum is rusty-yellow and contains numerous neutrophils, red blood cells and Gram-positive cocci. A chest X-ray shows diffuse haziness over both lungs. One week following admission, the patient develops empyema. This pulmonary condition is associated with the spread of bacterial infection to which of the following anatomic locations?

1: Blood

2: Bronchi

3: Interstitial space

4: Pleural space

111-: Cyanosis in trauma is interpreted as

1: Early sign of hypoxia

2: Late sign of hypoxia

3: Absence of cyanosis means adequate tissue ventilation

4: Absence of cyanosis means adequate tissue oxygenation

112-: Devi,a 28 yr female,has diarrhoea, confusion, high grade fever with bilateral pneumonitis.the diagnosis is

1: Leginonella

2: Neisseria meningitis

3: Streptococcus pneumoniae

4: H.influenza

113-: Pulmonary embolism is most commonly produced by which of the following

1: Trauma

2: Atherosclerosis

3: Thrombosis of pelvic vessels

4: None

114-: Creola bodies are seen in -

1: Bronchial asthma

2: Chronicbronchitis

3: Emphysema

4: Bronchiectatsis

115-: A 35-year-old man has a 5-year history of episodic wheezing and coughing. The episodes are more common during the winter months, and he has noticed that they often follow minor respiratory tract infections. In the period between the episodes, he can breathe normally. There is no family history of asthma or other allergies. On physical examination, there are no remarkable findings. A chest radiograph shows no abnormalities. A serum IgE level and WBC count are normal. Which of the following is the most likely mechanism that contributes to the findings in his illness?

1: Accumulation of alveolar neutrophilic exudate

2: Bronchial hyperreactivity to chronic inflammation

3: Emigration of eosinophils into bronchi

4: Hyperresponsiveness to Aspergillus spores

116-: True statement about pulmonary embolism

1: Prompt heparin therapy will dissolve thrombi

2: Known risk factors include gastric cancer, AIDS

3: Most patients manifest dyspnea, pain, hemoptysis

4: Free floating iliofemoral thrombi are an indication for a caval filter

117-: Pink puffers are associated with?

1: Emphysema

2: Chronic bronchitis

3: Pneumonia

4: Bronchiectasis

118-: Cause of central cyanosis include all the following except

1: Chronic asthma

2: Congestive pulmonary stenosis

3: Congestive hea failure

4: Alveolar hypotension

119-: Which of the following is markedly decreased in restrictive lung disease

1: FVC

2: FEV1

3: FEV1/FVC

4: RW

120-: Major surfactant is

1: Dipalmytoil lecithine

2: Dipalmytoil cephalin

3: Dipalmytoil serine

4: Dipalmytoil inositol

121-: A 16-year-old boy is rushed to the emergency room after sustaining a stab wound to the chest during a fight. Physical examination reveals a 1-cm entry wound at the right 5th intercostal space in the midclavicular line. His temperature is 37degC (98.6degF), respirations are 35 per minute and blood pressure is 90/50 mm Hg. A chest X-ray shows air in the right pleural space. Which of the following pulmonary conditions is the expected complication of pneumothorax arising in this patient?

1: Atelectasis

2: Chylothorax

3: Diffuse alveolar damage

4: Pyothorax

122-: A 60-year old male presents to the clinic with complaints of abdominal pain, constipation oand loin pain radiating to the groin of over a week duration. He has a 25-pack year smoking history and is currently being evaluated for a hilar mass picked up on chest radiography. As pa of this work up, the serum calcium was found to The elevated serum calcium level is linked to

1: Parathyroid adenoma

2: Parathyroid hyperplasia

3: Vitamin D intoxication

4: Secretion of PTH related peptide

123-: Causative agent of Farmer's lung is:

1: Themophilus actinomycetes

2: Aspergillus

3: Penicilliumglabrum

4: Rhizopus

124-: Macrophages with abundant cytoplasm containing dusty brown pigment are seen in

1: Desquamative Interstitial Pneumonia

2: Pulmonary Alveolar Proteinosis

3: Pulmonary Langerhans Cell Histiocytosis

4: Pulmonary Eosinophilia

125-: A 48-year-old female nurse is seen with complaints of cough. She has been treated for "bronchitis" without much improvement. On exam, she is afebrile and has crackles in the upper zones of the lung field. PPD is negative and sputum for AFB is negative. CXR is shown.All of the following findings may be seen in this patient except

1: Uveitis

2: Skin lesion

3: Bony cysts

4: Hypocalcemia

126-: Sudden onset of cough followed by increased dyspnea is typical of-

1: Pneumothorax

2: Lobar pneumonia

3: Collapse of lung

4: Acute pleurisy

127-: The commonest of death in ARDS is

1: Hypoxemia

2: Hypotension

3: Non-pulmonary organ failure

4: Respiratory failure

128-: The most commonest cause for chronic cor pulmonale is

1: Recurrent pulmonary embolization

2: COPD

3: cystic fibrosis

4: Bronchial asthma

129-: Normal intrapleural pressure at the sta/beginning of inspiration is----- cm of H2O.

1: -7.5

2: -5

3: -2

4: -0.5

130-: A 35-year old male with a history of severe bronchial asthma for several months now complains of weight gain and the development of purple stretch marks. Physical examination shod BP - 149/95 mmHg. supraclavicular fullness. The skin was thinned out with areas of bruising. Neurological examination revealed deceased strength in the proximal muscles. Laboratory investigation showed reduced serum coisol and reduced plasma ACTH. An electrolyte workup in this patient will most likely reveal

1: Hyponatremia

2: Hypomagnesemia

3: Hypokalemia

4: Hypercalcemia

131-: Most common type of pneumoconiosis, associated with TB is?

1: Silicosis

2: Bysinosis

3: Asbestosis

4: Baggassosis

132-: Cavitatory lesions in lung are seen in

1: Primary pulmonary Tuberculosis

2: Staphylococcal pneumonia

3: Pneumoconiosis

4: Interstitial Lung disease

133-: True statement regarding pathology of pneumocystis jiroveci pneumonia:

1: Alveoli is filled with foamy exudates

2: Interstitial pneumonitis with foamy vacuoles

3: Necrotising hemorrhage

4: Pleural effusion

134-: Which one of the following is NOT a feature of Kartagener's syndrome:

1: Bronchiectasis

2: Ciliary dyskinesia

3: Dysphagia

4: Situs inversus

135-: Kviem siltzbach test is is used in diagnosis of

1: Tuberculosis

2: Sarcoidosis

3: Histoplasmosis

4: Leishmaniasis

136-: In type II respiratory failure,there is

1: Low pO2 and low pCO2

2: low pO2 and high pCO2

3: Normal pO2 and high pCO2

4: Low pO2 and normal pCO2

137-: Indication for prophylaxis in pneumocystis carinii pneumonia include

1: CD4 count <200 /ul

2: Tuberculosis

3: Vital load >25000 copies/ml

4: Oral candidiasis

138-: The stimulation of which of the following causes hyperventilation at high altitude

1: Peripheral chemoreceptors

2: Vagal afferents

3: Central chemoreceptors

4: Proprioceptors

139-: Difference in the trajectory between inspiratory and the expiratory loop in the compliance curve is due to:

1: Difference between alveolar pressure during inspiration and expiration

2: Difference between concentration of the surfactants during inspiration and expiration

3: Difference in airway resistance during inspiration and expiration

4: Inspiration is active and expiration is passive

140-: True about pulmonary surfactant is

1: Secreted by type I pneumocytes

2: Maintain alveolar integrity

3: Cytokeratin

4: Mucin

141-: A female presents with history of progressive breathlessness. Histology shows heterogenous patchy fibrosis with several fibroblastic foci. The most likely diagnosis is -

1: Cryptogenic organizing pneumonia

2: Non specific interstitial pneumonia

3: Usual interstitial pneumonia

4: Desquamative interstitial pneumonia

142-: Closing capacity of lung is related to

1: Small sized bronchioles without cailage in nondependent poion of lung

2: Small sized bronchioles without cailage in dependant poion of lung

3: Medium sized bronchioles without cailage in nondependent poion of lung

4: Medium sized bronchioles without cailage in dependent poion of lung

143-: Causes of pulmonary-renal syndrome -

1: Leptospirosis

2: Hanta virus

3: Paraquat poisoning

4: All

144-: The most common type of emphysema associated with alpha-1 antitrypsin deficiency?

1: Centraacinar

2: Panlobular

3: Panacinar

4: Irregular

145-: Which of the following Inhibits theophylline metabolism?

1: INH

2: Griseofulvin

3: Prednisolone

4: Ciprofloxacin

146-: What is the definitive method of diagnosing pulmonary embolism?

1: Ventilation perfusion imaging

2: Positron Emission Tomography

3: High Resolution CT

4: Pulmonary angiography

147-: Which of the following is inactive during normal respiration?

1: Pre-Botzinger complex

2: Dorsal motor neurons

3: Ventral VRG group of neurons

4: Pneumotaxic centre

148-: Which of the following drugs has been found to be useful in acute severe asthma

1: Magnesium sulphate

2: Anti-leukotriene

3: Cromolymln sodium

4: Cyclosporine

149-: Interstitial lung disease is seen in -

1: Rheumatoid ahritis

2: Sjogrens syndrome

3: SLE

4: all of the abobe

150-: The drug not used in acute asthma is

1: Salbutomol

2: Ipratropium

3: Montelukast

4: Hydrocoisone

151-: Type 4 respiratory failure is due to?

1: ARDS

2: Shock

3: Pneumonia

4: Perioperative atelectasis

152-: In which of the following disease normal structure of hemoglobin but their blood volume reduced in?

1: Hemorrhage

2: Sickle - cell anemia

3: DIC

4: Thalassemia

153-: True about respiratory distress syndrome is all except:

1: Damage to type I/II pneumocyte

2: Histological feature is diffuse alveolar damage

3: Formation of hyaline membrane in this condition

4: Excellent response to oxygen therapy

154-: The type of hemoglobin that has least affinity for 1, 3- Diphosphoglycerate (2,3-DPG) or (2, 3-BPG) is

1: Hg A

2: Hg F

3: HB

4: Hg A2

155-: Which of the following is associated with hypeensive pnemonitis:

1: Silicosis

2: Asbestosis

3: Byssinosis

4: Berylliosis

156-: Following hormonal levels are increased in small cell carcinoma of lung except

1: ACTH

2: Growth hormone

3: ANF

4: AVP

157-: Lung abscess is least likely a complication of

1: Lobar pneumonia

2: Bronchopneumonia

3: Malignancy

4: Bronchiectasis

158-: Marker of small cell cancer of lung is -

1: Chromogranin

2: Cytokeratin

3: Vimentin

4: Desmin

159-: In acute pulmonary embolism, the most frequent ECG finding is

1: S1Q3T3 pattern

2: P. pulmonale

3: Sinus tachycardia

4: Right axis detion

160-: Least common cause of clubbing

1: Adenocarcionma

2: Squamous cell carcinoma

3: Small cell carcinoma

4: Mesothelioma

161-: Carbon dioxide transpoed in blood mostly as

1: Carnbon Hb

2: In combination with plasma proteins

3: Bicarbonate

4: Carbonic acid dissolved in plasma

162-: All of the following can give rise to diffuse alveolar damage, except?

1: Blood transfusion

2: Uremia

3: Fat embolism

4: Air pollutants

163-: Which of the following is not seen in bronchiectasis

1: Tree in bud sign

2: Crazy pavement sign

3: Signet ring appearance

4: Traction bronchiectasis with lung fibrosis

164-: Reid's Index is? -

1: Increased in Chronic Bronchitis

2: Decreased in Chronic Bronchitis

3: Increased in Bronchial Asthma

4: Decreased in Bronchial Asthma

165-: A 2 year old child presents with a history of accidental ingestation of kerosene. He has cough, dyspnea, high fever, and his chest radiograph shows ill-defined patchy opacities. What is the most probable diagnosis ?

1: Loeffler's syndrome

2: E.coli pneumonia

3: Allergic bronchopulmonary aspergillosis

4: Lipoid pneumonia

166-: Which of the following drugs cannot be administered by subcutaneous route?

1: Albuterol

2: Terbutaline

3: Metaproterenol

4: Pirbuterol

167-: Chronic cough means cough as a symptoms for-

1: > 4 weeks

2: >8 weeks

3: >12 weeks

4: >16 weeks

168-: Measurement of anatomic dead space is by

1: O2 breath test

2: Helium dilution test

3: N2 breath test

4: PCO2

169-: On biopsy, characteristic finding of malignant mesothelioma is -

1: Myelin

2: Desmosin

3: Weibel-palade bodies

4: Branching microvilli

170-: Chest radiographs of children with foreign body aspiration

1: Are always abnormal

2: May show over inflation of the involved lung

3: Always show the foreign body

4: Commonly show pneumothorax

171-: The most likely cause of bihilar lymphadenopathy

1: Histoplasmosis

2: Tuberculosis

3: Sarcoidosis

4: Aspergillosis

172-: Commonest type of lung carcinoma in non-smokers is

1: Squamous cell carcinoma

2: Small cell carcinoma

3: Adenocarcinoma

4: Alveolar cell carcinoma

173-: Earliest change in high altitude is

1: Hyperventilation

2: Decrease in work capacity

3: Drowsiness

4: Polycythemia

174-: Kartageners syndrome cause of infertility is?

1: Oligospermia

2: Asthenospermia

3: Undescended testis

4: Epididymis obstruction

175-: Hb O2 dissociation curve to left by

1: Increase pH

2: Increased PCO2

3: Increased 2.3

4: DPG Exercise

176-: A hyperplastic mass containing neuroendocrine cells in an area of chronic inflammation and scarred tissue of lung is called?

1: Carcinoid

2: Tumorlet

3: Hamartoma

4: Teratoma

177-: DOC for acute attack of asthma in patients on Beta blockers

1: Salbutamol

2: Theophylline

3: Ipratropium bomide

4: Chlorpheniramine

178-: Mast cell stabilizer used in Bronchial Asthma is

1: Raloxifene

2: Ketotifen

3: Azelastin

4: Baclofen

179-: Increased Reid&;s index is increased in which of the following

1: Bronchiectasis

2: Bronchial asthma

3: Chronic bronchitis

4: Emphysema

180-: The oxygen-hemoglobin dissociation curve is sigmoid because

1: Binding of one oxygen molecule increases the affinity of binding other Oz molecules

2: Binding of one oxygen molecule decrease the affinity of binding other Oz molecules

3: Oxygen affinity of Hemoglobin decreases when the pH of blood falls

4: Binding of oxygen to Hemoglobin reduces the affinity of Hb for C02

181-: In small cell carcinoma of lung, blood vessels in necrotic area may show smudged hematoxophilic material in their walls, which represents DNA released from tumour cells. This is referred to as-

1: Psammoma body

2: Azzopardi effect

3: Collar button lesion

4: Option D

182-: In low dose aspirin acts on

1: Cyclooxygenase

2: Thromboxane A2 syntahse

3: PGI2 synthase

4: Lipooxyngenase

183-: Increase blood flow to lungs cause

1: No change in pulmonary vascular resistance

2: Increased pulmonary vascular resistance

3: Decreases pulmonary vascular resistance

4: Initial increase followed by decrease in pulmonary vascular resistance

184-: True about miliary tuberculosis

1: Occurs following primary reactivation

2: Occurs following secondary reactivation

3: Both primary and secondary reactivation

4: All

185-: Bohr Effect is

1: Facilitates oxygen transpo

2: Facilitates CO2 transpo

3: Facilities Chloride transpo

4: None

186-: Gas used to measure the diffusion capacity of lung

1: CO

2: NO

3: CO2

4: Nitrogen

187-: Compliance of lungs is

1: 200 ml/cm water

2: 500 ml/cm water

3: 800ml/cm water

4: 1000ml/cm water

188-: A patient presents with decreased vital capacity and total Lung volume. What is the most probable diagnosis?

1: Bronchiectasis

2: Sarcoidosis

3: Cystic fibrosis

4: Asthma

189-: Wof is the fastest acting inhaled bronchodilator

1: Ipratropium bromide

2: Salbutamol

3: Salmeterol

4: Formoterol

190-: All of the following drugs can precipitate acute attack of asthma except

1: Phenyl butazone

2: Naproxen

3: Glucocoicoids

4: Aspirin

191-: The most common etiological agent for acute bronchiolitis in infancy is

1: Influenza virus

2: Parainfluenza virus

3: Rhinovirus

4: Respiratory syncytial virus

192-: Most commonest agent for Early Onset Nosocomial pneumonia is

1: Hemophilus

2: Staphylococcus aureus

3: Pseudomonas

4: Acinobacter

193-: Which respiratory center is responsible for initiation of rhythmic spontaneous respiration?

1: Pre Botzinger complex

2: Nucleus Tractus soliatrius

3: Pneumotaxic center

4: Apneustic

194-: Nodular bronchiectasis in seen in

1: Allergic bronchopulmonary aspergillosis

2: infection with Mycobacterium tuberculosis

3: Infection with Pseudomonas aeruginosa

4: Infection with Mycobacterium avium complex

195-: A 68-year-old man has had worsening dyspnea and orthopnea for the past 3 years with increased production of frothy sputum. On examination, crackles are auscultated at lung bases. A chest radiograph shows bilateral interstitial infiltrates, distinct Kerley B lines, and a prominent left heart border. Laboratory studies show Na+, 135 mmol/L; K+, 3.8 mmol/L; Cl-, 99 mmol/L; CO2, 25 mmol/L; glucose, 76 mg/ dL; creatinine, 1.5 mg/dL; and urea nitrogen, 30 mg/dL. Fractional excretion of sodium is less than 1%. Plasma renin, aldosterone, and antidiuretic hormone levels all are increased. B-type natriuretic peptide (BNP) is 200 pg/mL (normal <100 pg/mL). Which of the following pathologic findings is this man most likely to have?

1: Aldosteronoma

2: Bilateral adrenal atrophy

3: Chronic glomerulonephritis

4: Ischemic heart disease

196-: Unourable prognostic findings in a patient with non-small cell carcinoma include all of the following except-

1: Pulmonary Osteoahropathy

2: Chest wall invasion

3: Adenocarcinoma cell type

4: Hoarsensess

197-: The following drugs can cause eosinophilic pneumonia except-

1: Nitrofurantoin

2: Amiodarone

3: Sulfonamides

4: Non-steroidal anti-inflammatory drugs (NSAIDS)

198-: The most definitive method of diagnosing pulmonary embolism is

1: Pulmonary ateriography

2: Radioisotope perfusion pulmonary scintigraphy

3: EKG

4: Venography

199-: Aerial PO2 is decreased in hypoxia due to

1: Cyanide poisoning

2: CO poisoning

3: COPD

4: Shock

200-: All of the following can be used for the prophylaxis of pneumonitis carinni Pneumonia EXCEPT

1: Trimethoprim/Sulfamethoxazole

2: Dapsone 50 mg bid Pdeficien P0 or 100 mg/d P0

3: Aerosolized pentamidine

4: Clindamycin

201-: True about montelukast is:

1: It inhibit lipooxygenase pathway

2: It decreases the frequency of asthma attacks as com pared to glucocoicoids

3: It blocks LT receptor

4: It is effective in acute bronchial asthma

202-: TB infects which cell

1: Macrophage

2: Lymphocyte

3: Neutrophils

4: Eosinophils

203-: LMV heparin is preferred over unfranctioned heparin because

1: LMV heparin directly inhibits thrombin whereas unfranctioned heparin acts activation of antithrombin

2: LMV heparins have been lesser risk of causing bleeding

3: LMV heparin have lesser risk of causing bleeding

4: LMV heparin has consistent bioavalilabilty

204-: Pulmonary circulation differs from systemic circulation

1: Pulmonary vasodilatation in hypoxia

2: Pulmonary vasoconstriction in hypoxia

3: Decreased blood volume during systole

4: Increased basal vasoconstrictor tone

205-: Features of cystic fibrosis

1: Lung normal at bih

2: Low sweat choride tests

3: Autosomal dominant

4: Defect in Chromosome 11

206-: A 32 year old high altitude mountaineer is observed to have a hematocrit of 70 percent. Which of the following represents the most likely cause/explanation

1: Polycythemia with increased red cell mass

2: Relative Polycythemia due to dehydration

3: Polycythemia due to hemoconcentration

4: Polycythemia with high altitude pulmonary edema

207-: Investigation of choice for interstitial disease is

1: Chest X-ray

2: HRCT

3: Gallium-67 DTPA scan

4: MRI

208-: Chronic bronchitis can be a premalignant condition, which involves:

1: Columnar to squamous

2: Squamous to columnar

3: Squamous to cuboidal

4: Cuboidal to squamous

209-: A 68-year-old female smoker is admitted with progressive weakness, weight loss, and dysphagia. Physical exam: pulse 110 bpm; temperature normal; respirations 18/min; blood pressure 110/60 mm Hg. The patient appears cachectic on general exam. Laboratory data: Hb 9 g/dL; Hct 27%; BUN 13 mg/dL; creatinine 0.4 mg/dL; sodium 124 mEq/L; potassium 3.8 mEq/L. Chest x-rays are shown . An associated symptom that may signal mediastinal involvement and inoperability is

1: Cough

2: Clubbing

3: Steady boring chest pain

4: Diaphoresis

210-: Which of the following is not an adverse effect of salbutomol

1: Tachycardia

2: Tolerance

3: Hypokaelemia

4: Hypoglycemia

211-: Pulmonary infarction occurs with all except-

1: Saddle embolus at bifurcation

2: Blockage of 2nd and 3rd gen end aeries

3: Aerioles are blocked

4: None

212-: Mesothelioma is differentiated from adenocarcinoma by:

1: Prescence of long slender microvilli

2: Abundant altered mitochondria

3: Ribosome clumps

4: Dense secretory core granules

213-: Risk factors of pulm embolism

1: 30 yrs female of OCPs

2: Pregnancy

3: Leg paralysis

4: All

214-: Each of the following is true about the idiopathic primary pulmonary hypeension except

1: It is usually associated with coronary aery disease

2: It is more common in females

3: It is usually asymptomatic to begin with

4: It is characterized by autosomal dominant inheritance

215-: Not a cause of hemoptysis

1: Pneumonia

2: Bronchiectasis

3: Empyema

4: Mitral stenosis

216-: Which one of the following is NOT a feature of Kaagener&;s syndrome -

1: Bronchiectasis

2: Ciliary dyskinesia

3: Pancreatic insufficiency

4: situs inversus

217-: The blood-air barrier consists of all of the following Except

1: Alveolar pores

2: A layer of surfactant

3: Type I alveolar cell cytoplasm

4: Fused basal lamina of alveolar and endothelial cells

218-: Conglomerate nodules in X-ray are seen in

1: Sarcoidosis

2: Hypersensitive Pneumonitis

3: Silicosis

4: Lobar pneumonia

219-: Curshmann's spirals are seen in:

1: Bronchial asthma

2: Bronchial carcinoid

3: Chronic bronchitis

4: All of the above

220-: The primary function of surfactant is

1: Prevent overexpansion of alveoli

2: Decrease the surface tension of the fluid lining the alveoli

3: Facilities diffusion of oxygen

4: Prevent airway closure

221-: The following factors shift the oxygen dissociation curve to the right, except

1: Hypoxia

2: Acidosis

3: Increase in 2, 3-DPG

4: Alkalosis

222-: A 64-year-old woman with a longstanding diagnosis of mixed connective tissue disorder and pulmonary fibrosis is admitted with symptoms of recent increase in postprandrial retrosternal distress, heaburn, and nocturnal cough. Her ECG shows nonspecific T-wave changes and she finds minimal relief of her symptoms with sublingual NTG. On examination, she is not in any acute distress and is afebrile. Chest exam reveals bilateral crackles. CXR is shown . The cause of this patient's acute symptoms may be

1: Large hiatal hernia

2: Mediastinal abscess

3: Pneumopericardium

4: Ileus

223-: A 3-month-old child presents with intermittent stridor. Most likely cause is

1: Laryngotracheobronchitis

2: Laryngomalacia

3: Respiratory obstruction

4: Foreign body aspiration

224-: Small airways have laminar air flow because

1: Reynold's number>2000

2: Very small diameter

3: Extremely low velocity

4: Low cross sectional area.

225-: Periodic Acid Schiff (PAS) stain positive intra-alveolar material is seen in

1: Alpha 1 antitrypsin deficiency

2: Lipoid pneumonia

3: Abetalipoproteinemia

4: Pulmonary Alveolar Proteinosis

226-: Examination of the lungs of a 55 year old coal miner during autopsy reveals small hilar lymph nodes which are jet black in colour. The microscopic appearance of one lymph node is shown below. What is the most likely diagnosis ?

1: Metastasis

2: Anthracotic pigmentation

3: Hemosiderosis

4: Sarcoidosis

227-: Creola bodies are seen in

1: A. Bronchial asthma

2: B. Emphysema

3: C. Chronic bronchitis

4: D. Bronchiectasis

228-: Paradoxical breathing is seen in

1: Pneumonia

2: Pneumothorax

3: Atelectasis

4: Flial chest

229-: A 64-year-old man presents with fever, chills and increasing shoness of breath. The patient appears in acute respiratory distress and complains of pleuritic chest pain. Physical examination shows crackles and decreased breath sounds over both lung fields. The patient exhibits tachypnea, with flaring of the nares. The sputum is rusty-yellow and displays numerous neutrophils and erythrocytes. The patient is appropriately treated with antibiotics, which of the following is the most likely outcome?

1: Abscess formation

2: Bronchopleural fistula

3: Bullous emphysema

4: Resolution

230-: Pleural effusion with very low glucose is

1: Malignancy

2: Tuberculosis

3: SLE

4: Rheumatoid ahritis

231-: Which of the following conditions can produce hemothorax?

1: Myxoma

2: Congestive hea failure

3: Rheumatoid ahritis

4: malignancy

232-: Wof b2 agonist bronchodilators is given by inhalation, and is suitable for both terminating asthma attacks as well as for twice daily prophylaxis:

1: Terbutaline

2: Bambuterol

3: Salmeterol

4: Formoterol

233-: A patient presents with haemoptysis, copious sputum and 'tram lines' (abnormal air bronchogram) pattern on the chest X-ray. What is the most likely diagnosis?

1: Lung abscess

2: Pulmonary embolism with infarction

3: Bronchiectasis

4: Carcinoma of lung

234-: Oxygen carrying capacity of blood is largely determined by

1: Hb level

2: Amount of CO2! in blood

3: Acidosis

4: Plasma concentration

235-: Hyperscretory granules seen in with lungCa -

1: Adeno Ca

2: Small cell Ca

3: Large cell Ca

4: Bronchoalveolar Ca

236-: Hypersensitivity pneumonitis is classically described as a -

1: Type III (Immune complex) hypersensitivity

2: Type IV (cell mediated) hypersensitivity

3: Both AB

4: None of the above

237-: Most common abnormality associated with ARDS

1: Hypoxemia

2: Hypercapnea

3: Diffuse alveolar damage

4: Bilateral alveolar infiltrates

238-: Not a stimulus for normal/resting ventilation

1: Stretch receptors

2: J receptors

3: PO2

4: PCO2

239-: Clara cells are seen in:

1: Bronchoalveolar cell Ca

2: Small cell Ca

3: Squamous cell Ca

4: Non small cell Ca

240-: All the following statements about Military T.B are true except

1: May occur following primary infection

2: May occur following secondary reactivation

3: Sputum microscopy is usually negative

4: Mantoux is always positive

241-: An 8-year-old girl is brought into the physician's office in mild respiratory distress. She has a history of allergies to cats and wool, and her parents state that she has recurrent episodes of upper respiratory tract infections. Physical examination shows expiratory wheezes, use of accessory respiratory muscles, and a hyperresonant chest to percussion. Analysis of arterial blood gases discloses respiratory alkalosis, and the peripheral eosinophil count is increased. What is the appropriate diagnosis?

1: Acute bronchiolitis

2: Asthma

3: Cystic fibrosis

4: Kartagener syndrome

242-: In primary tuberculosis,all of the following may be seen except:

1: Cavitation

2: Caseation

3: Calcification

4: Langhans giant cell

243-: Most common cause of mediastinitis is :

1: Tracheal rupture

2: Esophageal rupture

3: Drugs

4: Idiopathic

244-: Which of the following is true about non specific interstitial pneumonia?

1: Common in elderly age group

2: Good prognosis

3: Early honeycombing

4: Males are affected more commonly then females

245-: Which of the following is more likely associated with Klebsiella pneumoniae than Escherichia coli?

1: A hospitalized patient who has pneumonia

2: Endotoxic shock

3: Hemolytic uremic syndrome in children

4: An alcoholic who has lobar pneumonia

246-: Asteroid bodies are seen in?

1: Sarcoidosis

2: Syphilis

3: Chromoblastomycosis

4: Sporotrichosis

247-: True about pulmonary sarcoidosis

1: Schauman & asteroid bodies are pathognomic finding

2: CD4/CD8<2.5 in BAL

3: Non caseating granuloma

4: none

248-: Complications of lobar pneumonia do not include

1: Lung abscess

2: Amyloidosis

3: Suppurative ahritis

4: Infective endocarditis

249-: The most common posterior mediastinal mass is

1: Neurogenic tumor

2: Lymph nodes

3: Neurogenic parasitic cyst

4: Teratoma

250-: Oxygen therapy is least useful in

1: Anemia

2: ARDS

3: Alveolar damage

4: COPD

251-: The dangerous paicle size causing pneumoconiosis varies from -

1: 100-150 m

2: 50-100 m

3: 10-50 m

4: 1-5 m

252-: Bovine cough is characteristic of

1: Acute epiglotitis

2: Tracheitis

3: Laryngeal adenoidectomy

4: Antibiotics

253-: All are true about chronic bronchitis except

1: Cough > 2months

2: Hoover sign is seen

3: Haemoptysis

4: Bronchorrhea

254-: A 22-year-old man with AIDS complains of persistent cough, night sweats, low-grade fever and general malaise. A chest X-ray reveals an area of consolidation in the periphery of the left upper lobe, as well as hilar lymphadenopathy. Sputum cultures show acid-fast bacilli. Which of the following is the most likely diagnosis?

1: Bronchopneumonia

2: Pulmonary abscess

3: Sarcoidosis

4: Tuberculosis

255-: Pulmonary vasoconstriction is caused by all except

1: Hypoxia

2: Hypercarbia

3: Prostocyclin

4: Thromboxane A2

256-: In COPD which is true

1: FEV1/FVC <0.7

2: FEV1/FVC (upward arrow)

3: RV (downward arrow)

4: TLV (downward arrow)

257-: The most common type of emphysema associated with a-1 antitrypsin deficiensy -

1: Centriacinar

2: Panlobular

3: Paraseptal

4: Distal ancitar

258-: Oxygen dissociation curve is shifted to right in

1: Hyperkalemia

2: Hypokalemia

3: Anemia

4: Metabalic alkalosis

259-: Type I respiratory failure best relates to which of the following?

1: Alveolar hypoventilation

2: Alveolar flooding

3: Hypoperfusion of respiratory muscles

4: Lung atelectasis

260-: Closing volume is the volume of lung

1: Above residual volume in the non-dependent pa of lung

2: Above residual volume in dependent pa of lung

3: Above tidal volume in non-dependent pa of lung

4: Above tidal volume in dependent pa of lung

261-: Severe pulmonary congestion and edema is seen when PCWP rises above

1: 5 mm Hg

2: lO mm Hg

3: l5 mm Hg

4: 25 mm Hg

262-: A 10-year-old boy suffers head trauma and lies unconscious for 2 weeks. He is now intubated. His temperature rises to 38.7degC (103degF) and oxygenation becomes more difficult. A chest X-ray reveals a pleural effusion and multiple abscesses in the lung parenchyma. Which of the following microorganisms is the most likely cause of this pulmonary infection?

1: Legionella pneumophila

2: Mycoplasma pneumoniae

3: Pneumocystis carinii

4: Staphylococcus aureus

263-: Farmers lung is caused due to exposure to

1: Bacillus subtilis

2: Thermoactinomyces saccharri

3: Aspergillus fumigates

4: Penicillium nalgiovense

264-: Caplan's syndrome is pneumoconiosis with

1: Lymphadenopathy

2: Congestive cardiac failure

3: Rheumatoid ahritis

4: HIV

265-: A 4 year child presents with a history of hoarseness, croupy cough and aphonia, the child has dyspnoea with wheezing. The most probable diagnosis is

1: Asthmatic bronchitis

2: Laryngeal Foreign body

3: Bronchopneumonia

4: Retropharyngeal abscess

266-: Which paraneoplastic syndrome is not seen with small cell ca lung -

1: PTI

2: ACTH

3: ADH

4: Carcinoid syndrome

267-: "Creola Bodies" in sputum are pathognomonic of

1: Bronchial Asthma

2: Chronic Bronchitis

3: Bronchogenic Carcinoma

4: Pulmonary Tuberculosis

268-: Reversible airway obstruction is defined as ___ percentage increase in FEV1, 15 minutes after an inhaled sho-acting beta 2 -agonist therapy-

1: >_ 5%

2: >_10

3: >_ 15%

4: >_ 20

269-: All are recognized causes of adult respiratory disress syndrome except:

1: Smoke inhalation

2: Malignant hypeension

3: Gastric aspiration

4: Viral pnemonia

270-: Which of the following statements about lung carcinoma is true

1: Squamous cell variant accounts for 70% of all lung cancer

2: Oat cell variant typically present with cavitation

3: Oat cell variant is typically associated with hilar adenopathy

4: Adenocarcinoma variant is typically central in location

271-: A 5-year-old woman presents with dry cough and progressive breathlessness of two years duration. Examination reveals clubbing, cyanosis and bibasilar crepts. What is the probable diagnosis -

1: Bronchiectasis

2: Lung abscess

3: Interstitial lung disease

4: Pulmonary tuberculosis

272-: Amount of air that can be inhaled above tidal volume by maximum inspiratory effo

1: Vital capacity

2: Inspiratory capacity

3: Inspiratory reserve volume

4: FRC

273-: An 8-year-old girl is brought into the physician's office in mild respiratory distress. She has a history of allergies to cats and wool, and her parents state that she has recurrent episodes of upper respiratory tract infections. Physical examination shows expiratory

wheezes, use of accessory respiratory muscles and a hyperresonant chest to percussion. Analysis of aerial blood gases discloses respiratory alkalosis and theperipheral eosinophil count is increased. What is the appropriate diagnosis?

1: Acute bronchiolitis

2: Asthma

3: Cystic fibrosis

4: Usual interstitial pneumonia

274-: Cryptogenic organising pneumonia Is characterised by all of the following except

1: Migratory pulmonary opacities

2: Obstructive pattern of pulmonary function

3: Aerial hypoxemia

4: Good response to coicosteroids

275-: A 70-year-old male smoker is seen in the clinic with symptoms of cough and sputum production. He is afebrile. On lung exam, there are leftsided crackles and rhonchi with egophony in the LUL. The patient is treated for acute exacerbation of chronic bronchitis. Sputum is negative for AFB. The changes on the patient's CXR on the left side are due to

1: Chronic bronchitis

2: LUL pneumonia

3: Old granulomatous disease

4: Asbestos exposure

276-: A 63-year-old man with small cell carcinoma of the left mainstem bronchus begins chemotherapy. During the treatment period, he becomes febrile and develops a productive cough. The temperature is 38.7degC (103degF), respirations are 32 per minute and blood pressure is 125/85 mm Hg. A CBC shows leukocytosis (WBC = 18,500/mL). The patient's cough worsens and he begins expectorating large amounts of foul smelling sputum. A chest X-ray shows a distinct cavity with an air/fluid level distal to the tumor area. Which of the following is the most likely diagnosis?

1: Atelectasis

2: Bronchiectasis

3: Ghon complex

4: Pulmonary abscess

277-: In ARDS false is

1: Hypoxemia

2: Hypercapnia

3: Pulmonary edema

4: Decreased tidal volume

278-: Moderate exercise being one of the most powerful stimulators of ventilation works by the way of

1: Low aerial PO2

2: Low PO2 in mixed venous blood

3: low aerial pH

4: None of the above

279-: Which of the following ions is involved in peripheral oxygen sensing chemoreceptors?

1: Potassium

2: Calcium

3: Sodium

4: Chlorine

280-: All of the following statement are true regarding histological features of Hypersensitivity Pneumonitis, except:

1: Interstitial pneumonitis

2: Non-caseating granuloma

3: Eosinophilic abscess

4: Interstitial fibrosis

281-: Small cell carcinoma features are

1: Commonest malignancy of lung

2: Associated with paraneoplastic syndrome

3: Don't cause SVC syndrome

4: none

282-: The diagnosis of allergic rhinitis in children is established as they reach the age of

1: 2years

2: 3years

3: 4years

4: 6years

283-: A 23-year old female pateint presents with 2 months history of low grade fever and moderate right-sided pleural effusion. Pleural fluid shows lymphocyte predominance with ADA levels of 120IU/L. The patient is staed on anti-tubercular therapy (WHO catergory 1). Two months later the patient presents with progressive breathlessness, generalized body swelling and raised JVP. Pleural fluid is now predominantyl transudate. This patient is liekly to have developed-

1: Hypoproteinemia

2: Drug resistant TB

3: Collagen vascular disease

4: Constrictive pericarditis

284-: The affinity of oxygen for Hb increased with fall in pH. This is called as

1: Bain-Bridge effect

2: Bohr effect

3: Haldane effect

4: Herring effect

285-: Ghons focus is seen in?

1: Amoebiasis

2: Lepromatous Leprosy

3: Primary Tuberculosis

4: Syphilis

286-: The sudden appearance of pneumothorax in a child suffering from pneumonia points to which etiology?

1: Staphylococci

2: Streptococci

3: Mycoplasma

4: Klebsiella

287-: All the following are true about obstructive lung disease except

1: Decreased FeV1

2: Decreased MEFR

3: Increased RV

4: Increased diffusion capacity

288-: Caplan syndrome is seen in

1: COPD

2: Pneumoconiosis

3: Pulmonary odema

4: Bronchial asthma

289-: A 40 year old female was admitted to hospital with fever, loss of appetite and weight, cough and weakness of 3 months duration. A chest X-ray showed consolidation at the upper part of lung. She died a few days after admission. Autopsy findings of gross lung and its biopsy findings have been shown. What is your diagnosis?

1: Sarcoidosis

2: Ca lung

3: Tuberculosis Lung

4: Bronchiectasis

290-: All the following are true regarding oat cell carcinoma of lung except

1: Varient of large cell anaplastic CA

2: Chemotherapy is effective

3: Paraneoplastic syndrome may be present

4: Causes SIADH

291-: Which of the following is not seen in ARDS

1: Pulmonary edema

2: Hypoxemia

3: Stiff lung

4: Hypercapnia

292-: Pseudobronchiectasis is seen in-

1: Lung abscess

2: Atelectasis

3: Bronchopneumonia

4: Emphysema

293-: Increased oxygen delivery to tissues in response to increased CO2 is

1: Bohr effect

2: Haldane effect

3: Hamburger effect

4: Chloride shift

294-: An elderly male admitted for pneumonia presents with diarrhoea and gripping abdominal pain five days after discharge from hospital. Drug which is likely to benefit is

1: Imodium

2: Metronidazole

3: Diphenoxylate

4: Levofloxacin

295-: Spirometry can demonstrate and measure all of the following except

1: Tidal volume

2: Residual volume

3: Vital capacity

4: Inspiratory reserve capacity

296-: Treatment of Chlamydia pneumonia is

1: Erythromycin

2: Ceftriaxone

3: Penicillin

4: Sulphonamide

297-: The key factor in the transpo of carbon dioxide as bicarbonate is

1: The high solubility of CO2 in H20

2: The presence of Hb in blood

3: The presence of carbonic anhydrase in the erythrocytes

4: The acid nature of carbon dioxide and the alkaline nature of bicarbonate

298-: On chest radiology, "egg-shell calcification" is seen in:

1: Asbestosis

2: Silicosis

3: Coal-worker pneumoconiosis

4: Berylliosis

299-: The following antitussive is present in opium but has no analgesic or addicting propeies

1: Codeine

2: Pholcodeine

3: Noscapine

4: Ethylmorphine

300-: Atypical pneumonia can be caused by the following microbial agents except ? -

1: Mycoplasma pneumoniae

2: Legionella peumophila

3: Human corona virus

4: Klebsiella pneumoniae

301-: Toxic effects of high oxygen tension include all of the following except

1: Pulmomnary edema

2: Decreased cerebral blood flow

3: Retinal damage

4: CNS excitation and convulsion

302-: Surfactant contains?

1: DPCC

2: Nitros oxide

3: Angiotensin

4: VIP

303-: Ventilation-perfusion ratio is least at

1: Apex

2: Middle lob

3: Base

4: None

304-: Theoretical "Optimal PEEP" in ARDS is

1: 0 - 5 mm Hg

2: 5 - 12 mm Hg

3: 12 - 15 mm Hg

4: 15 - 18 mm Hg

305-: Which of the following is true about alpha 1 antitrypsin

1: Inhibits elastase

2: Inhibits trypsinogen activation in pancreas

3: Inhibits trypsin activating protease

4: Inhibits chymotrypsin

306-: A 34-year-old woman is admitted with a history of fever, chills, and greenish sputum for 10 days. She has history of ETOH and substance abuse. On physical examination, vital signs are: pulse 113 bpm; temperature 101degF; respirations 25/min; blood pressure 110/78 mm Hg. She looks ill and has crackles with egophony and E to A changes in the right upper lung field. Laboratory data: Hb 12 g/dL; Hct 37%; WBCs 15.0/uL; differential BUN 48 mg/dL; creatinine 1.7 mg/dL. Chest radiographs are shown below.What is the most likely diagnosis?

1: Klebsiella pneumonia

2: Loculated empyema

3: Postobstructive pneumonia

4: Tuberculosis

307-: 'CURB-65' Includes-

1: PaO2 less than 65 mm

2: Severe Azotemia

3: Coagulopathy

4: Base deficit (acidosis)

308-: Comparison of the apex of the lung, the base of the lung has

1: High pulmonary aerial pressure O2

2: High pulmonary aerial pressure CO2

3: High ventilation / perfusion ratio

4: Same ventilation / perfusion ratio

309-: A 56-year-old man with a history of cigarette smoking presents with difficulty swallowing and a muffled voice. Laryngoscopy reveals a 2-cm laryngeal mass. If this mass is a malignant neoplasm, which of the following is the most likely histologic diagnosis?

1: Adenocarcinoma

2: Leiomyosarcoma

3: Small cell carcinoma

4: Squamous cell carcinoma

310-: In primary tuberculosis, all of the following may be seen except:

1: Cavitation

2: Caseation

3: Calcification

4: Langhans giant cell

311-: Infraclavicular lesion of tuberculosis is known as

1: Gohns focus

2: Puhls focus

3: Assmans focus

4: Simmons focus

312-: Which is a soft steroid used in bronchial asthma

1: Budesonide

2: Dexamethosone

3: Ciclesonide

4: Fluisolide

313-: Which of the following is not true of spasmodic croup?

1: History of fever is present

2: Cough is metallic

3: Larynx is pale and edematous

4: Occurs mostly at night

314-: What will occur with increase in alveolar ventilation rate

1: Decreased paial pressure of O2 in alveoli

2: Decreased paial pressure of CO2 in alveoli

3: Decreased CO2 diffusion from blood to alveoli

4: Decreased O2 diffusion from alveoli to blood

315-: Increase in P50 in oxygenation curve is due to decrease in

1: PH

2: Oxygen

3: Temperature

4: CO2

316-: Gray hepatization of lungs is seen in day -

1: 1

2: 3-Feb

3: 5-Mar

4: 8-Apr

317-: peak expiratory flow:

1: 400-600 l/min

2: 1200 L/min

3: Both

4: None

318-: All the following conditions cause type I respiratory failure EXCEPT-

1: Acute asthma

2: Pulmonary edema

3: Pneumonia

4: Brainstem lesion

319-: Reid's Index is?

1: Increased in Chronic Bronchitis

2: Decreased in Chronic Bronchitis

3: Increased in Bronchial Asthma

4: Decreased in Bronchial Asthma

320-: Physiological response to smoking, are all, except

1: Decreased HDL

2: Increased hematocrit

3: Increased hea rate and increased catecholamine release

4: Decreased carboxyhemoglobin

321-: All are true about warfarin except

1: It inhibits the activation of vitamin K dependent clotting factors

2: It's half life is 36hrs

3: It can cross placenta

4: It's dose is increased in liver disease

322-: Montelukast is

1: Selective antagonists of leukotrienes receptor

2: Lipooxygenase inhibitor

3: H1 antagonist

4: H3 antagonist

323-: Heart failure cells are seen in?

1: Pulmonary infarction

2: Pulmonary edema

3: Pneumonia

4: Pulmonary embolism

324-: A 60 years old chronic smoker presents with complaints of haemoptysis.her chest X,-ray appears to be normal. What is the next best investigation

1: Bronchoscopy

2: High resolution CT

3: Sputum cytology

4: Pulmonary function test

325-: Haldane effect is

1: Binding of O2 to Hb ors release of Co2

2: Binding of CO2 to Hb ors release of O2

3: Impoant mechanism of O2 transpo in body

4: All of the above

326-: The following does not occur with asbestosis -

1: Methaemoglobinemia

2: Pneumoconiosis

3: Pleural mesothelioma

4: Pleural calcification

327-: A criterion for diagnosis of acute respiratory distress syndrome is?

1: PaO2/FiO2 >400 mm Hg

2: Slow onset dyspnea

3: PaO2/FiO2 <_200 mm Hg

4: PCWP>l8 mm Hg

328-: Inhibition of 5-lipoxygenase is useful in

1: Cardiac failure

2: Bronchial asthma

3: Hepatic failure

4: Ahritis

329-: Duration of apnea in OSAS is

1: > 10 seconds

2: > 20 seconds

3: > 30 seconds

4: > 60 seconds

330-: Chest x Ray findings seen in ?

1: Congential syphilis

2: Toxoplasmosis

3: Congential tuberculosis

4: Asbestosis

331-: Which of the following statement are not related to pathogenesis of idiopathic pulmonary fibrosis?

1: Smoking

2: Age less than 20 years

3: Loss of function mutation in TE and TERC gene

4: Mutations in genes encoding components of surfactant

332-: True about small cell lung cancer

1: Bone marrow is uncommonly involved

2: Destruction of alveolar cells

3: Peripheral in location

4: All

333-: A 35-year old male with a history of severe bronchial asthma for several months now complains of weight gain and the development of purple stretch marks. Physical examination showed BP - 149/95 mmllg. supraclavicular fullness. The skin was thinned out with areas of bruising. Neurological examination revealed deceased strength in the proximal muscles. Laboratory investigation showed reduced serum coisol and reduced plasma ACTH. An electrolyte workup in this patient will most likely reveal His condition is most likely due to a/an

1: Pituitary tumor

2: Tumor of the adrenal coex

3: Iatrogenic cause

4: Lung cancer

334-: Bronchial breathing seen in all except

1: Lobar pneumonia

2: Chronic bronchitis

3: Consolidation

4: Bronchopneumonia

335-: The loading dose of Aminophylline is

1: 50-75mg/kg

2: O. 5-1mg/kg

3: 2-3.5mg /kg

4: 5-6mg/kg

336-: FEVI/FVC Is decreased in?

1: Ashtma

2: Kyphosis

3: Scoliosis

4: Fibrosis

337-: The most common type of trachea - esophageal anomlay is

1: Esophageal atresia with fistula to the distal esophagus

2: Esophageal atresia without fistula

3: Esophageal atresia with fistula to the proximal esophagus

4: H-type fistula without esophageal atresia

338-: False about the O2 dissociation curve

1: Sigmoid curve

2: Combination of the first heme in the Hb molecule with O2 increases the affinity of the second heme for O2

3: Increase in ph shifts curve to right

4: Fall in temperature shift curve to left

339-: True about chronic obstructive pulmonary disease (COPD)

1: FEVI <30 of predicted value

2: FEV1/FVC<0.7

3: total lung capacity increased

4: All

340-: Pulmonary vasoconstriction is caused by

1: Prostacyclin

2: Alpha-2 stimulation

3: Hypoxia

4: Histamine

341-: Popcorn calcification on chest X-ray is seen in:

1: Hamaoma

2: Granuloma

3: Metastasis

4: sarcoidosis

342-: Smoking is generally not associated as a risk factor with-

1: Small cell carcinoma

2: Respiratory bronchiolitis

3: Emphysema

4: Bronchiolitis obliterans organizing pneumonia

343-: Which of the following is not suggestive of pulmonary embolism

1: Pleuritic chest pain

2: Tachypnea

3: Hemoptysis

4: Wheeze

344-: A 62-year-old man is a smoker with a 10-year history of cough productive of copious mucopurulent sputum. Over the past 6 months, he has developed progressive dyspnea. Physical examination shows bilateral pedal edema and a soft but enlarged liver. A chest radiograph shows bilateral pleural effusions and a prominent right heart border. Arterial blood gas values are PO2, 60 mm Hg; PCO2, 52 mm Hg; pH, 7.30; and HCO3-, 29 mEq/L. He is intubated and placed on a ventilator, and he requires increasing amounts of oxygen. Which of the following microscopic findings is most likely to be present in the affected lungs?

1: Bronchovascular distribution of granulomas

2: Carcinoma filling lymphatic spaces

3: Extensive interstitial fibrosis

4: Hypertrophy of bronchial submucosal glands

345-: Which of these is not a cause of rightward shifted to right in?

1: Hyperkalemia

2: Hypokalemia

3: Anemia

4: Metabalic alkalosis

346-: Type IV respiratory failure best relates to which of the following?

1: Alveolar hypoventilation

2: Alveolar flooding

3: Hypoperfusion of respiratory muscles

4: Lung atelectasis

347-: Which of the following is true about pneumoconiosis?

1: Pleural plaques of asbestosis is always symptomatic

2: Silicosis is never associated with tuberculosis

3: Asbestosis and smoking act synergistically to cause lung cancer

4: Anthracosis causes lung cancer

348-: Which is a "Soft steroid" used in bronchial asthma?

1: Budesonide

2: Dexamethasone

3: Ciclesonide

4: Fiunisolide

349-: Terminal stage of pneumonia is-

1: Congestion

2: Red hepatization

3: Gray hepatization

4: Resolution

350-: The most common paraneoplastic syndrome associated with lung cancer?

1: SIADH

2: Cushings syndrome

3: Hypercalcemia

4: Polycythemia

351-: Asbestosis of the lung is associated with all of the following except:

1: Mesothelioma

2: Progression of lesion even after stopping exposure to asbestosis

3: Nodular lesions involving upper lobe

4: Asbestosis bodies in sputum

352-: A 30 year old woman with gestational diabetes came with true labor pains at 30 weeks of gestation. The woman is given glucocoicoid therapy. Prenatal steroid therapy is given to

1: Increase blood flow to the fetal lungs

2: Increase fetal PO2

3: Shift the fetal oxyhemoglobin dissociation curve to the right

4: Increase the lecithin/sphingomyelin ratio in the amniotic fluid

353-: All are caused by inhalation of inorganic particles except:

1: Silicosis

2: Asbestosis

3: Pneumoconiosis

4: Tuberculosis

354-: Acute exacerbation of COPD is done by all except

1: Pneumococcus

2: Moraxella catarrhalis

3: H influenza

4: Staph aureus

355-: Diagnostic features of allergic bronchopulmonary aspergillosis (ABPA) include

1: Changing pulmonary infiltrates

2: Peripheral eosinophilia

3: Serum precipitins against aspergillosis fumigants

4: Occurance in patients with old cavitatory lesions

356-: A 60-year-old man with a past history of smoking for 30 years (he stopped 3 years ago, prior to cardiac bypass surgery) is admitted with cough and mild hemoptysis. He is afebrile with no shoness on breath. Physical exam is negative except that the lung exam reveals rhonchi in the left upper lung zone. The finding/abnormality most likely to occur with the lesion seen on the CXR in

1: Serum calcium of 13.6 mg/dL

2: Sputum positive for fungal elements

3: Increased D-dimer levels

4: Koilonychia

357-: Crackles are frequently heard in which of the following conditions?

1: Pneumothorax

2: Pleural effusion

3: Bronchial asthma

4: Bronchiolitis

358-: A 60-year-old man is admitted for elective hernia repair. He has a 40- pack-per-year smoking history and worked as a construction worker for 20 years. He complains of shoness of breath and occasional blood-streaked sputum. His ECG shows lateral wall ischemia. The findings on his chest x-rays are due to

1: Chronic bronchitis

2: Empyema

3: Environmental occupational exposure

4: Congestive hea failure

359-: D-dimer is the most sensitive test for-

1: Pulmonary embolism

2: Acute pulmonary edema

3: Cardiac tamponade

4: Acute MI

360-: A 62-year old man with carcinoma lung presented to emergency depament with respiratory distress. ECG showed electrical alternans. Most likely diagnosis is

1: Pneumothorax

2: Pleural effusion

3: Cardiac tamponade

4: Constrictive pericarditis

361-: Pulmonary fibrosis is associated with the use of

1: Bleomycin

2: Cisplatin

3: Methotrexate

4: Actinomycin D

362-: Most common mode of treatment of a 1 year old child with asthma is

1: Inhaled sho acting beta 2 agonist

2: Oral sho acting theophylline

3: Oral ketotifen

4: Leukotriene agonist

363-: The following should be avoided in asthma patient

1: NSAID

2: Terbutaline

3: Theophylline

4: Steroids

364-: Carcinoma lung is associated with exposure to

1: Silica

2: Asbestosis

3: Coal

4: Cotton

365-: Mechanism of action of aspirin as antiplatelet drug is it's inhibitory action on

1: Prostacyclins

2: PGF-2 alpha

3: Thromboxane A2

4: Phospholipase C

366-: Total lung capacity is

1: 5600 ml

2: 5800 ml

3: 5900 ml

4: 6 liters

367-: Most common precipitating factor for COPD is -

1: Environment

2: Smoking

3: Allergen

4: All of the above

368-: Phases of ARDS are all except

1: Exudative

2: Transudative

3: Proliferative

4: Fibrotic

369-: All of the following are features of alveolitis (interstitial lung disease), except -

1: Exeional dyspnoea

2: Early productive cough

3: Digital clubbing

4: Coarse crepitations during inspiration

370-: A 53-year-old man develops weakness, malaise, cough with bloody sputum, and night sweats. A chest X-ray reveals numerous apical densities bilaterally, some of which are cavitary. Exposure to Mycobacterium tuberculosis was documented 20 years ago, and M. tuberculosis is identified in his sputum. Which of the following describes the expected lung pathology in this patient?

1: Dense fibrosis

2: Eosinophilic infiltration

3: Granulomas

4: Interstitial pneumonia

371-: Asteroid bodies are seen in?-

1: Sarcoidosis

2: Syphilis

3: Chromoblastomycosis

4: Sporotrichosis

372-: All of the following lead to increased dissociation of O2 from Hb except

1: HbF

2: Increased CO2

3: Increase H+

4: Increase Temperature

373-: Ina patient with clinical signs of asthma which of the following tests will confirm the diagnosis

1: Increase in FEV1/FVC

2: >200 ml increase in FEV1 after Methacholine

3: Diurnal variation inPEF>20 %

4: Reduction of FEV1>20% after bronchodilators

374-: A 60-year-old man with a history of COPD and old TB is seen with mild hemoptysis and chronic cough. He is HIV negative and has been ill for about 2 wk. Vital signs: pulse 110 bpm; temperature 101degF; respirations 24/min; blood pressure 108/70 mm Hg. No skin lesions are noted. Laboratory data: Hb 14 g/dL; HCA 42%; WBCs 8.7/uL; BUN 24 mg/dL; creatinine 0.8 mg/dL; sodium 131 mEq/L; potassium 4.3 mEq/L. ABGs on RA: pH 7.37; PCO2 43 mm Hg; PO2 87 mm Hg. Sputum tests reveal numerous AFBpositive organisms on smear. Spirometry shows an obstructive ventilatory impairment with marginal reversibility. CXR is shown . Among the choices listed, the most likely diagnosis is

1: Lung abscess

2: Non-TB mycobacteria

3: Actinomycosis

4: Aspiration pneumonia

375-: Inhalation of asbestosis particle of 15 micro meter will cause:

1: Mesothelioma

2: Ca liver

3: Ca larynx

4: Ca colon

376-: Best investigation when there is clinical suspicion of pulmonary embolism in a patient is

1: D-dimer assay

2: Multi detector CT angiography

3: Doppler ultrasound

4: Catheter angiography

377-: Emphysema is due to deficiency of

1: Tumor necrosis factor

2: Prostaglandins

3: Leucotriens

4: Alpha - 1 antitrypsin

378-: A 50 year old male is taking medication for tuberculosis since the last 2 months comes to the OPD with a complaint of hearing problems. The drug with which of the following mechanisms of action is most likely causing these symptoms?

1: Binds to 30S Ribosome subunit and inhibits initiation complex

2: Inhibits DNA Dependent RNA Polymerase

3: Inhibits synthesis of mycolic acid

4: Inhibits synthesis of arabinoglycan subunits

379-: Occupational lung disease commonly seen in Textile industry workers is

1: Byssinosis

2: Bagassosis

3: Farmers lung

4: Asbestosis

380-: Which of the following is a typical manifestation of chronic hyperventilation?

1: Hypoxemia

2: Hyperphosphatemia

3: Tetany

4: Clubbing

381-: Chest X-ray shows B/L lung infiltrates next investigation is

1: Sputum examination

2: Bronchospy

3: CT

4: Antibiotics

382-: Empyema thoracis is most commonly caused by which organism

1: Streptococcus pneumoniae

2: Pseudomonas

3: Mycoplasma

4: Stapylococcus aureus

383-: Alpha I antitry psin deficiency is associated with-

1: Panacinar-emphysema

2: Centriacinar-emphysema

3: Paraseptal-emphysema

4: Irregular-emphysema

384-: Dextromethorphan is an:

1: Antihistaminic

2: Antitussive

3: Expectorant

4: Antiallergic

385-: Feature of shock lung is

1: Diffuse alveolar damage

2: Usual interstitial infiltrates

3: Organizing pneumonia

4: Bronchiolitis

386-: In hyaline membrane disease the pathology in the lung consists of -

1: Albumin and complement

2: Fibrin

3: Precipitated surfactant

4: Mucus

387-: An anesthetized patient is mechanically ventilated at her normal tidal volume but at twice her normal frequency. When mechanical ventilation is stopped, the patient fails to breathe spontaneously for 1 minute. This temporary cessation of breathing occurs because

1: The elevated aerial oxygen tension (Pao2) reduced peripheral chemoreceptor activity

2: The elevated (Pao2) reduced central chemoreceptor activity

3: Low levels of nitrogen are known to inhibit ventilation

4: The lowered carbon dioxide tension (Pao2) reduced central chemoreceptor activity

388-: A 57 year old recently retired demolitions worker complains of increasing shoness of breath. The patient was a chronic heavy cigarette smoker through his adult life but quit about a year before presentation. A chest CT was performed.Which of the following steps is not appropriate in the evaluation of this patient?

1: positron emission tomography (PET scan)

2: bronchoscopy

3: computed tomography directed biopsy of the lesion

4: follow-up CT in 3 to 6 months to document stability of the lesion

389-: Which of the following is associated with hypersensitive pneumonitis

1: Silicosis

2: Asbestosis

3: Byssnosis

4: Berylliosis

390-: A 62-year-old woman is rushed to the emergency room following an automobile accident. She has suffered internal injuries and massive bleeding and appears to be in a state of profound shock. Her temperature is 37degC (98.6degF), respirations are 42 per minute and blood pressure is 80/40 mm Hg. Physical examination shows cyanosis and the use of accessory respiratory muscles. A CT scan of the chest is normal on arrival. Her condition is complicated by fever, leukocytosis and a positive blood culture for

staphylococci (sepsis). Two days later, the patient develops rapidly progressive respiratory distress and a pattern of "interstitial pneumonia" can be seen on a chest X-ray. Which of the following is the most likely diagnosis?

1: Acute bronchiolitis

2: Alveolar proteinosis

3: Atelectasis

4: Diffuse alveolar damage

391-: A young lady presented with bilateral nodular lesions on shins. She was also found to have bi-lateral hilar lymphadenopathy on chest X-ray. Mantoux test reveals indurations of 5 mms. Skin biopsy would reveal:

1: Non caseating granuloma

2: Vasculitis

3: Caseating granuloma

4: Malignant cells

392-: Volume of air taken into the lungs in normal respiration is known as

1: Vital capacity

2: Timed vital capacity

3: Tidal volume

4: Inspiratory reserve volume

393-: Multi drug resistant T.B is defined as resistance to

1: INH and pyrizinamide

2: INH and Rifampicin

3: Rifampicin and Pyrizinamide

4: Resistance to all first line of drugs

394-: Hypoxemia independent of

1: FiO2

2: Altitude

3: Hb

4: PaCO2

395-: Platypnea means-

1: Dyspnea in the supine position and relief in upright position

2: Dyspnea in the upright position with relief in the supine position

3: Dyspena on exeion

4: Dyspnea waking up the patient during deep sleep

396-: Most common cause of stridor sholy after bih

1: Laryngeal papilloma

2: Laryngeal web

3: Laryngomalacia

4: Vocal cord palsy

397-: Drug used in RSV infection in children

1: Rituximab

2: Palivizumab

3: none

4: Omalizurnab

398-: Carbon monoxide effect on O2 dissociation curve is

1: Shift to right

2: Shift to left

3: No change

4: Linear curve

399-: Restrictive lung diseases show:

1: Decreased TLC

2: Decreased RV

3: Decreased VC

4: All

400-: Asbestosis is not associated with -

1: Ca Lung

2: Ascites

3: carcinoma esophagus

4: Mesothelioma

401-: Collapse of lung is called -

1: Emphysema

2: Bronchiactasis

3: Atelectasis

4: Bronchitis

402-: CO2 retention is seen in

1: Carbon monoxide poisoning

2: Respiratory failure

3: High altitude

4: Ventilatory failure

403-: Which of the following is not seen in a patient with bronchial asthma?

1: Charcot-Leyden crystals in the sputum

2: Hyperplasia of submucosal glands

3: Smooth muscle atrophy

4: Viscid mucous plug

404-: True about silicosis is?

1: Starts in uppe zone of lungs

2: Crystalline form of silica is more fibrogenic

3: Associated with pleural thickening

4: All of the above

405-: All are obstructive lung disease except -

1: Emphysema

2: Interstitial fibrosis

3: Asthma

4: Bronchitis

406-: Myoglobin binds to ---------- molecules of O2

1: 1

2: 2

3: 3

4: 4

407-: Bronchiectasis with predominantly upper lobe involvement is

1: Kaegeners syndrome

2: Hypogammaglobinemia

3: Cystic fibrosis

4: Alpha 1 antitrypsin deficiency

408-: Pulmonary tuberculosis is more common in the following asssoctiated diseases except

1: Aids

2: Diabetes

3: Chronic renal failure

4: Mitral stenosis

409-: Curschmann spirals are seen in

1: TB cavity

2: Asthma

3: Bronchitis

4: Bronchitis

410-: In lung, true about Hyaline membrane disease

1: FRC is smaller than closing volume

2: FRC is larger than closing volume

3: FRC is equal to closing volume

4: FRC doesn't depend on closing volume

411-: True about normal expiration

1: At the end of normal expiration air in lung is ERV

2: Chest wall has a tendency to move outward which is balanced by inward recoil of alveoli

3: In expiration pleural pressure is equal to alveolar pressure

4: Muscles that elevate the chest cage are classified as muscles of expiration

412-: A 29 yr old unmarried female presents with dyspnea. Her chest X-ray is normal, FVC is 92%, FEV1/ FVC is 89% and DLCO is 59% of normal. On exercise her oxygen saturation drops from 92% to 86%. What is the likely diagnosis ?

1: Alveolar hypoventilation

2: Primary pulmonary hypeension

3: Interstitial lung disease

4: Anxiety

413-: The most common cause of pulmonary embolism is

1: Amniotic fluid embolism

2: Calf vein thrombi

3: Pelvic vein thrombosis

4: Cardio thoracic surgery

414-: What is the most common site for extrapulmonary tuberculosis is?

1: Lymph nodes

2: Pleura

3: GIT

4: Brain

415-: Radon-222 is believed to be the risk factor for?

1: Stomach cancer

2: Bladder cancer

3: Brain tumor

4: Lung cancer

416-: A 56-year old male presented with lesion at the lung apex. He was working in asbestos factory for last 20 years. The lung biopsy was seen under electron microscope which revealed the following. What is your diagnosis?

1: Adenocarcinoma Lung

2: Mesothelioma

3: Lung metastasis

4: Benign pleural fibroma

417-: Loeffler's syndrome Is characterized by-

1: Transient, migratory pulmonary infiltrations

2: Fibrosis in the pulmonary apices

3: Fibrosis in the base of one or both lungs

4: Miliary mottling

418-: Which of the following is having the minimal chance of causing a mesothelioma

1: Ampholite

2: Crysolite

3: Amesolite

4: Tremolite

419-: Breath sounds are decreased in all the following except

1: Lobar pneumonia

2: Pneumothorax

3: Pleural effusion

4: Atelectasis

420-: All of the following statement are true regarding primary ciliary dyskinesia, except:

1: X-linked recessive inheritance pattern

2: Occurs due to mutations involving dynein protein

3: It is also associated with Kaagener syndrome

4: Males can be infeile

421-: The receptors giving to signals that bring about Hering-Breuer inflation reflex are

1: Proprioceptors

2: 1 receptors

3: Pain receptors

4: Stretch receptors

422-: A child with three days history of upper respirotory tract infection presents with stridor, which decreases on lying down postion. What is the most probable diagnosis

1: Acute Epiglottitis

2: Laryngotracheobronchitis

3: Foreign body aspiration

4: Retropharyngeal abscess

423-: Sarcoidosis is characterized by

1: Asteroid bodies

2: Schaumann bodies

3: Non-caseating granulomas

4: All of the above

424-: A 12 year-old boy develops intermittent shoness of breath over the past 6 months. He is not on any medications and has no significant family history. The vitals are within normal limits and the lungs are clear to auscultation. Lung function tests reveal a FEV1/FVC ratio of 82%. Which of the following would be most helpful in excluding a diagnosis of asthma in this patient?

1: Absence of peripheral blood eosinophilia

2: Negative allergy skin tests

3: Negative methacholine challenge

4: Normal total serum IgE level

425-: Compliance of lungs is measured by

1: Elasticity

2: Amount of air

3: Blood flow

4: Presence if fluid

426-: A 25-year-old man presents with a progressive illness of several days' duration characterized by nonproductive cough, fever, and malaise. A lateral view chest radiograph reveals platelike atelectasis. Elevated titers of cold agglutinins are detected. Which of the following is the most likely type of pneumonia in this patient?

1: Bacterial pneumonia, most likely caused by S. pneumoniae

2: Hospital-acquired pneumonia, most likely caused by P. aeruginosa

3: Interstitial pneumonia, most likely caused by M. pneumoniae

4: P. jiroveci (carinii) pneumonia, most likely related to an immunocompromised state

427-: Effect of fetal hemoglobin on O2 dissociation curve

1: Right shift

2: Left shift

3: No effect

4: May be right or left

428-: In a chronic smoker a highly malignant aggressive and metastatic lung carcinoma is

1: Small cell carcinoma

2: Squamous cell carcinoma

3: Large cell carcinoma

4: Adenocarcinoma

429-: Depth of inspiration controlled by

1: Pneumotaxic center

2: Posterior medulla

3: Apneustic center

4: Pons

430-: Traetment of choice in brochiolitis in

1: Ribavirin

2: Amantadine

3: Vidarabine

4: Zidovudine

431-: A patient has history suggestive aspergillosis features(s) which would be seen includes

1: Serum precipitins aspergillus

2: Elevated serum IgE

3: Peripheral eosinophllia

4: All

432-: Minimum concentration of reduced hemoglobin required for cyanosis is

1: 1gm/dl

2: 3gm/dl

3: 5gm/dl

4: 7gm/dl

433-: What is seen in pulmonary hemosiderosis?

1: Hypoxemia

2: Hypercarbia

3: Hyperplasia of type II pneumocytes

4: All

434-: Pulmonary compliance is decreased in all of the following conditions, except

1: Pulmonary Congestion

2: COPD

3: Decreased Surfactant

4: Pulmonary Fibrosis

435-: Pneumothorax

1: Trachea shifted to opposite side

2: Dull note on percussion

3: Increased Breath Sound

4: Increased Tactile vocal fremitus

436-: Carcinoid tumor develops from:

1: Enterochromaffm cells

2: Neuroectoderm

3: J cells

4: Goblet cells

437-: Anticoagulant effect of warfarin bus increased by all and the following

1: Cimetidine

2: Phytonadione

3: Amiodarine

4: Phenyl butazone

438-: A 60-year-old male hypeensive had a stroke 2 weeks prior to this sudden attack of dyspnea. The present ECG shows changes of S1 Q3 T3 and the V/Q pulmonary scan shows major areas of reduced perfusion. What is the probable diagnosis?

1: Pneumothorax

2: Congestive cardiac failure

3: Pulmonary thromboembolism

4: Psychogenic dysfunction

439-: Which of the following statement are true regarding pathogenesis of bronchitis?

1: Initiating factor is exposure to noxious stimuli or tobacco

2: Hypersecretion of mucus in large airways

3: Inflammatory infiltrate

4: All of the above

440-: In lobar pneumonia, the presence of fibrinosuppurative exudate with disintegration of red cells is seen in the stage of -

1: Congestion

2: Red hepatization

3: Gray hepatization

4: Resolution

441-: High Reid index is indicative of the disease of-

1: Pulmonary tuberculosis

2: Bronchial asthma

3: Chronic bronchitis

4: Emphysema

442-: Which of the following is not true about Bronchoalveolar carcinoma -

1: Adenocarcinoma

2: Stromal invasion with desmoplasia

3: Preservation of alveolar structure

4: Grows along pre-existing anatomical structures

443-: A drug is to be delivered by a nebulizer. The size of a droplet for its humidification is:

1: <5 u

2: 10-May

3: 15-Oct

4: 15-20

444-: Curshmann&;s crystals are seen in

1: Bronchial asthma

2: Bronchiectasis

3: Chronic bronchitis

4: Wegners granulomatosis

445-: Intranasal spray of budesonide is indicated in

1: Acute sinusitis

2: Common cold

3: Perennial vasomotor rhinitis

4: Epistaxis

446-: In a child with exercise induced asthma, which is done ?

1: Prophylaxis with steroids

2: Prophylaxis with mast cell stabilizers

3: Prophylaxis with theophyline

4: Breathing excercise

447-: Hypersensitivity pneumonitis is classically described as a

1: Type I hypersensitivity reaction

2: Type II Hypersensitivity reaction

3: Type III(immune complexe) hypersensitivity

4: Type IV (cell mediated) hypersensitivity

448-: All the following in the Light's criteria are suggestive of exudative pleural effusion EXCEPT

1: Pleural fluid protein :serum protein ratio> 0.5

2: Pleural fluid ADA< 16

3: Pleural fluid LDH : serum LDH ratio> 0.6

4: Pleural fluid LDH >two thirds of the upper limit of serum LDH

449-: Ramesh 40 yrs make patient presenting with polyuria,pain abdomen,nausea,vomitings,altered sensorium was found to have bronchiogenic carcinoma.the electrolyte abnormality seen in him would be

1: Hypokalemia

2: Hyperkalemia

3: Hypocalcaemia

4: Hypercalcaemia

450-: Rasmussen's aneurysm occurs due to

1: Veebral aery

2: Bronchial aery

3: pulmonary aery

4: Posterior intercostal aery

451-: Most common symptom in Pulmonary embolism is -

1: Chest pain

2: Dyspnea

3: Palpitations

4: Calf pain

452-: Terminal stage of pneumonia is -

1: Congestion

2: Redhepatization

3: Grayhepatization

4: Resolution

453-: In forceful expiration, which of the following neurons gets fired

1: VRG

2: DRG

3: Pneumotaxic centre

4: Chemoreceptors

454-: Pacemaker regulating the rate of respiration

1: Pneumotaxic centre

2: Dorpal group of nucleus

3: Apneustic centre

4: Pre-Botzinger complex

455-: A 78-year-old man has had increasing dyspnea without cough or increased sputum production for the past 4 months. On physical examination, he is afebrile. Breath sounds are reduced in all lung fields. A chest CT scan shows a dense, brightly attenuated pleural mass encasing most of the left lung. Microscopic examination of a pleural biopsy specimen shows spindle and cuboidal cells that invade adipose tissue. Inhalation of which of the following pollutants is the most likely factor in the pathogenesis of this mass?

1: Asbestos

2: Bird dust

3: Coal dust

4: Cotton fibers

456-: A 25-year-old man experiences acute onset of fever, cough, dyspnea, headache, and malaise a day after moving into a new apartment. His symptoms subside over 3 days when he visits a friend in another city. On the day of his return, the symptoms recur. There are no

remarkable findings on physical examination. A chest radiograph also is unremarkable. Which of the following pathogenic mechanisms is most likely to produce these findings?

1: Antigen-antibody complex-mediated injury

2: Antibody-mediated injury to basement membrane

3: Formation of mycolic acid as a result of tubercular infection

4: Generation of prostaglandins by basophil recruitment

457-: Eggshell calcification is unlikely in which of the following condition

1: Silicosis

2: Coal worker's pneumoconiasis

3: Castleman disease

4: Scleroderma

458-: Which enzyme is inhibited by caffeine?

1: Monoamine oxidase

2: Alcohol dehydrogenase

3: Phosphodiesterase

4: Cytochromo P 450

459-: ARDS is due to a defect in:

1: Type I pnemocytes

2: Type2 pnemocytes

3: Clara cells

4: Endothelial cells

460-: A 50-year male quaz quarry worker presents with progressive dyspnoea on exeion. Which of the following is the likely pneumoconiosis?

1: Asbestosis

2: Byssinosis

3: silicosis

4: Berylliosis

461-: All are cavitating lesions in the lung except

1: Caplan's syndrome

2: Hamaoma

3: Wegner's granulomatosis

4: Squamous cell carcinoma

462-: Tension pneumothorax is associated with -

1: Mediastinal displacement away from the lesion

2: Decreased percussion note on the side of the lesion

3: increased blood pressure

4: Stridor

463-: Acute chest syndrome is caused by?

1: Sickle cell anemia

2: Pneumonia

3: Acute myocardial infarction

4: Penetrating chest tratuma

464-: Antibody in asthma treatment -

1: Omalizumab

2: Rituximab

3: Transtusuzumab

4: Daclizumab

465-: A ventilator pressure relief valve stuck in closed position can result in

1: Barotrauma

2: Hypoventilation

3: Hypoxia

4: Hyperventilation

466-: A 56 year old chronic smoker, mass in bronchus resected. What is the possible marker:

1: Cytokeratin

2: Vimentin

3: Epithelial membrane Cadherin

4: Leukocyte

467-: The percentage of pulmonary emboli, that proceed to infraction, is approximately-

1: 0-5%

2: 5-15%

3: 20-30%

4: 30-40%

468-: Haldane effect

1: Effect of 2,3 -BPG

2: Dissociation of CO2 on oxygenation

3: Dissociation of O2 on addition of CO2

4: Chloride shift

469-: Proximal bronchiecstasis and segmental collapse in a patient with chronic persistent asthma should make us suspect

1: a Atypical mycobacterial infection

2: Mycoplasma infection

3: Lymphangitis carcinomatosis

4: Allergic bronchopulmonary aspergillosis

470-: The Epwoh scale is used for assessing:

1: Body mass index

2: Vital capacity in Post operative patients

3: Sleep apnea

4: Risk of embolism in perioperative patient

471-: A 40-year-old man with a history of substance abuse and HIV infection is seen in the ER with complaints of fever, weight loss, production of foulsmelling sputum, and shoness of breath for 2 wk. On physical exam he is tachypneic and has clubbing of his digits. Lung exam reveals diffuse rhonchi and an area of egophony with whispering pectoriloquy in the right chest posteriorly. ABGs reveal PaO2 of 59 mm Hg on room air. CXR is shown.What is the most likely diagnosis?

1: Pneumococcal pneumonia

2: PCP pneumonia

3: Lung abscess

4: Squamous cell carcinoma

472-: In an asthmatic patient which of the following pulmonary functions would show the greater improvement on inhaling a bronchodilator

1: Tidal volume

2: FEV1

3: FEF 25deg-75%

4: FVC

473-: Which of the following drugs does not act by blocking GP 2b/3a receptors

1: Eptifibadite

2: Abciximab

3: Tirofiban

4: Clopidogrel

474-: Which of the following is used to measure the resistance in small airways

1: Vital capacity

2: FEV1

3: Maximum mid expiratory flow rate

4: Closing volume

475-: Air bronchogram in Chest X-ray is found in all except

1: Pleural effusion

2: Consolidation

3: Pulmonary oedema

4: Alveolar cell carcinoma

476-: Bronchitis in children is caused by

1: H. influenzae

2: R.S.V

3: Myocoplasma

4: E B V

477-: Which of the following is false about hemoptysis

1: Massive hemoptysis is bleeding >200-600 cc in 24 hours

2: In 90% cases, bleeding from brochial aeries

3: CT chest is the first investigation done

4: In an unstable, rigid bronchoscopy is done to identify the lesion.

478-: Female patient with bilateral hilar lymphadenopathy and joint pain. ACE levels are elevated. The diagnosis in this patient is

1: Silicosis

2: Hodgkin lymphoma

3: Sarcoidosis

4: Non Hodgkins lymphoma

479-: The following is related to hyperinflation of the lung

1: J -reflex

2: Cushing reflex

3: Bezold-jaisch reflex

4: Brainbridge refex

480-: In which of the following conditions the respiratory muscles are relaxed?

1: Residual volume

2: Functional residual capacity

3: Expiratory reserve volume

4: Inspiratory reserve volume

481-: A 60-year old patient with a past history of treated pulmonary TB presents with massive hemoptysis. What is the most likely cause for hemoptysis?

1: Pulmonary amyloidosis

2: Aspergilloma

3: Broncholitis

4: Relapse of TB

482-: Asthma - spirometry features are

1: FEV (upward Arrow)

2: FEV 1 /FEV ratio (downward arrow)

3: PEF (upward Arrow)

4: RV (downward arrow)

483-: The oxygen buffer function of hemoglobin is related to

1: Dissociation curve shape

2: Haldane effect

3: Bohr effect

4: Respiratory exchange ratio

484-: An 80-year-old woman, a retirement home resident, has multiple bouts of pneumonia caused by Streptococcus pneumoniae. In an attempt to prevent such infections, polyvalent vaccines directed at multiple serotypes of the organism have been administered but have not elicited long-acting immunity. Which of the following is the probable explanation for this phenomenon?

1: Memory T lymphocytes respond poorly to polysaccharide antigens.

2: S. pneumoniae evades host immune response response by forming capsular coatings composed of host proteins and recognized as "self" antigens.

3: The bacterial capsule binds C3b, facilitating activation of the alternative complement pathway, inducing complement-mediated lysis, and preventing immunization.

4: The capsular polysaccharides of S. pneumoniae have limited hapten potential

485-: Cancers caused by asbestosis include all except?

1: Laryngeal cancer

2: Mesothelioma

3: lung carcinoma

4: Bladder cancer

486-: As compared to unfranctioned heparin, low molecular weight heparins

1: Are absorbed more uniformly when given subcutaneously

2: Require more frequent laboratory monitoring

3: Can be given to patients with heparin induced thrombocytopenia

4: Predispose to higher risk of osteopenia

487-: Carbon dioxide is present maximally in

1: Dissolved form

2: HCO3 form

3: RBC's

4: Plasma

488-: Broncho penumonia due to measles occurs due to

1: Sinusitis

2: Immunomodulation

3: Bronchial obstruction

4: Aspiration

489-: Respiratory Syncytial Virus causes all of the following in children except

1: Bronchiolitis

2: croup

3: Pneumonia

4: Rhinosinusitis

490-: The following component of management protocol of status asthmaticus has now been shown to be useless

1: Intravenous aminophylline

2: Intravenous hydrocoisone

3: Nebulized ipratropium bromide

4: Nebulized salbutamol

491-: Laminated concretions of calcium and proteins are

1: Schaumann bodies

2: Ferruginous bodies

3: Asteroid bodies

4: Gamma gandy bodies

492-: The functional residual capacity is best defined as the sum of :

1: Tidal volume and Inspiratory Reserve volume

2: Residual Volume and expiratory Reserve Volume

3: Residual Volume and Inspiratory reserve Volume

4: Tidal volume , Inspiratory Reserve volume and Expiratory Reserve Volume

493-: In acute exacerbations of COPD, noninvasive positive pressure ventilation (NIPPV) is initiated when

1: Paco2 >45 mmHg

2: PaO2 <80 mmHg

3: FEV1 <30

4: FEV1/FVC <0.7

494-: All the following are true about bronchopulmonary aspergillosis except

1: Central bronchiectasis

2: Pleural effusion

3: Asthma

4: Eosinophilia

495-: Theophylline Overdose causes:

1: Bradycardia

2: Seizures

3: Drowsiness

4: Bronchospasm

496-: Bulging fissures in lung is seen in

1: Staphylococcus pneumonia

2: Klebsiella pneumonia

3: Pulmonary edema

4: Pneumoconiasis

497-: Which of the following forms of penumoconiosis is associated with an increased susceptibility to tuberculosis?-

1: Asbestosis

2: Silicosis

3: Coal worker

4: Stannosis

498-: Which one of the following distinguishes ARDS (acute/adult respiratory distress syndrome) from cardiogenic pulmonary oedema?

1: Normal Pao2

2: Normal pulmonary aerial pressure

3: Normal aeriala-alveolar gradient

4: Normal Paco2

499-: Stimulation of the apneustic centre causes

1: Decrease in the inhibitory ramp signal

2: Marked increase in inspiratory activity

3: Stimulation of pnemotaxic centre

4: Ceasation of spontaneous respiration

500-: A 60-year-old man has had worsening dyspnea and nonproductive cough over the past 2 years. On physical examination, his temperature is 37.4degC, pulse is 74/min, respirations are 20/min, and blood pressure is 110/70 mm Hg. A chest radiograph shows extensive interstitial lung disease and a prominent right-sided heart border. Spirometry reveals decreased FEV1 and FVC. His pulmonary disease is most likely caused by exposure to which of the following?

1: Carbon monoxide

2: Fungal hyphae

3: Plant pollen

4: Silica crystals

501-: Which is associated with Ca lung -

1: Chromium

2: Berrylium

3: Asbestos

4: Nickel

502-: Unloading of oxygen to tissues cells by oxy-Hb is assisted by

1: Bohr-affect

2: 2-3 diphosphoglycerate

3: Low PO2 and high PCO2 in tissues

4: All of the above

503-: Gold standard for diagnosis of pulmonary embolism

1: Chest X-ray

2: Pulmonary angiography

3: Ventilation perfusion scintiscan

4: CT

504-: What is TRUE regarding adenocarcinoma lung

1: Causes 50% of lung cancers

2: Unlikely histological variant in young patients

3: Associated with subcutaneous angiomyolipoma

4: Peripheral location

505-: A 29-year-old woman is referred to the clinic with a history of repeated respiratory tract infections. There is no significant travel history and she denies any possibility of foreign body aspiration. On examination, she has coarse crackles in the left lower lung zone. CXR is shown in Fig.. Based on the history and CXR, the next diagnostic step should be

1: Contrast CT scan of the chest and upper abdomen

2: Bronchogram

3: Bronchoscopy

4: Determination of serum immunoglobulin levels

506-: pO2 decreases in all except

1: COPD

2: CHF

3: Bronchiectasis

4: Interstitial fibrosing alveolitis

507-: An impoant non-respiratory function of lungs is

1: Anion balance

2: Defence against inhaled air

3: Potassium balance

4: Calcium balance

508-: Which of the following is the wrong statement regarding sarcoidosis?

1: Lung is the most common organ affected

2: Lupus pernio is diagnostic of chronic form of sarcoidosis

3: Hypercalcemia occurs in 10% of sarcoidosis patients.

4: Increased CD4/CD8 ratio in serum suppos sarcoidosis

509-: Rasmussen's aneurysm is a

1: Dilated vessel in a tubercular lung cavity

2: Dilated of the root of aoa in valvular stenosis

3: Dilated aoa in syphilitic affection

4: Dilated renal vessel in hypeensive renal disease

510-: Ghons complex refers to:

1: Healed parenchymal lesions

2: Necrotic lymph nodes

3: Parenchymal lesion along with inflamed lymph nodes

4: Complication in enlarged hilar lymph nodes

511-: A 40 yr female progressive dysponea from 1 yr. She also has b/I bibasilar end inspirapory crepitation.True statement are:

1: May be assocated with connective tissue disease

2: Residual volume (upword arrow) ed

3: (upward arrow) Total lung capacity (TLC)

4: None

512-: True about lung carcinoma -

1: More than 75% of lung cancers are squamous cell type

2: Oat cell carcinoma frquently show cavitation

3: Lung calcification is characteristically seen in oat cell carcinoma

4: Oat cell carcinoma is commonly associated with bilateral hilar lymphadenopathy

513-: Kerley B lines are due to-

1: Carcinoma bronchus

2: Pulmonary edema

3: Lung abscess

4: Pulmonary embolism

514-: The exocytosis requires which ion

1: Na+

2: K+

3: Ca+

4: Mg+2

515-: True about lung carcinoma is -

1: Squamous cell ca is most common carcinoma

2: Squamous cell ca cause myopathy

3: Small cell ca has best prognosis

4: None

516-: Treatment of breath holding spells is ?

1: Pyridoxine

2: Zinc

3: Iron

4: Molybdenum

517-: 45 yr old on Mtx develops respiratory symptoms?

1: Bacterial pneumonia

2: TB due to drug therapy

3: Nonspecific interstitial pneumonia

4: Nonspecific interstitial pneumonia

518-: Cause of unilateral clubbing include all the following except

1: Congenital cyanotic hea disease

2: Panicoast tumor

3: Aoic aneurysm

4: Branchial AV fistulas

519-: Which of the following is a neuroendocrine function of lungs?

1: Erythropoiethin secretion

2: Angiotensin conversion

3: Manufacture surfactant

4: Fibrinolytic substance secretion

520-: Which of the following will lead to pulmonary vasodilation?

1: Hypercapnia

2: Decreased PaCO2

3: Baroreceptor stimulation

4: Chemoreceptor stimulation

521-: A 50-year-old woman presents with a 4-week history of fever, shoness of breath and dry cough. She repos that her chest feels "tight." The patient is a pigeon fancier. Blood tests show leukocytosis and neutrophilia, an elevated erythrocyte sedimentation rate and increased levels of immunoglobulins and C-reactive protein. A lung biopsy reveals poorly formed granulomas composed of epithelioid macrophages and multinucleated giant cells. Which of the following is the appropriate diagnosis?

1: Actinomycosis

2: Goodpasture syndrome

3: Hypersensitivity pneumonitis

4: Wegener granulomatosis

522-: Drug of choice for pneumocystis carinii is

1: Doxycycline

2: Cotrimoxazole

3: Tetracycline

4: Dapsone

523-: Plateau oxygen dissociation curve signifies

1: No oxygen is available for binding to Hb

2: No Hb molecule is available to bind O2

3: All oxygen is released to tissues

4: Carboxy-Hb formation

524-: Lung volume reduction operations have been developed as a method of managing patients with

1: Asbestosis

2: Emphysema

3: Bronchiectasis

4: Amyloidosis

525-: Primary malignancy of pleura is?

1: Mesothelioma

2: Lymphoma

3: Lipoma

4: Squamous cell carcinoma

526-: &;Bends&; are due to

1: Escape of nitrogen bubbles from the myelin sheath of motor nerves

2: Blockage of pulmonary capillaries by the nitrogen bubbles

3: Blockage of blood vessels of brain and spinal cord

4: Nitrogen bubbles that form in muscles and joints

527-: When gases flow through an orifice which factor is least likely to effect turbulence

1: Density of gas

2: Viscosity of gas

3: Pressure of gas

4: Diameter of orifice

528-: Alpha 1 antitrypsin deficiency seen in -

1: Emphysema

2: Bronchitis

3: ARDS

4: Bronchieactasis

529-: Pulmonary mycetomas on radiographs most commonly show as

1: Air fluid level

2: Lucent crescent

3: Eccentric nodule

4: Rim calcification

530-: A 29-year-old man is seen in the chest clinic. A week ago he was seen in the ER with symptoms of headache, fever, and metallic taste in his mouth. He denied any specific respiratory symptoms. It was noted in the ER record that he had a history of substance abuse. His physical exam was normal except for needle tracks in his right arm. At that time, before a complete evaluation was done, he left the ER against medical advice. A CXR done in the ER is retrieved . The patient is currently asymptomatic and came to the clinic because he wanted a general checkup.Based on the chest x-ray, the most likely diagnosis is

1: Primary TB

2: Silicosis

3: Pulmonary embolization of metallic paicles

4: Sarcoidosis

531-: Sudden onset of cough followed by increasing dyspnoea is characteristic of

1: Pleural effusion

2: Lobar pneumonia

3: Myocardial infarct

4: Pneumothorax

532-: A 45-year-old man incurs blunt chest trauma in a boating accident. On examination he has marked right chest wall pain. A chest radiograph shows a fractured 7th rib on the right side. Over the next 2 days he has subcutaneous soft tissue swelling with nonpainful crepitance on palpation of the right chest wall. Leakage of which of the following is most likely producing this swelling?

1: Acid

2: Air

3: Blood

4: Lymph

533-: False statement about type I respiratory failure is

1: Decreased paO2

2: Decreased PaCO2

3: Normal PaCO2

4: Normal A-a gradient

534-: A 28-year-old G1, PO 26-wk pregnant woman is seen in the OB clinic. She has a past history of bronchial asthma that has been well controlled for the last year by inhaled steroids. She states that she has noted increasing shoness of breath for the last 3 days. On examination, she appears tachypneic and moderately uncomfoable. On physical examination, she has a pulse of 110 bpm; normal temperature; respirations 32/min; blood pressure 160/90 mm Hg. Hea exam: NSR without any gallop. A grade 2/6 systolic murmur in the pulmonic area is heard. Lung exam is clear to auscultation; abdomen exam confirms a 26-wk gravid uterus. Laboratory data: Hb 12 g/dL; Hct 36%; WBCs 7.0/uL with normal differential; BUN 23 mg/dL; creatinine 0.9 mg/dL; sodium 136 mEq/L; potassium 4.2 mEq/l. ABGs on room air: pH 7.34; PCO2 34 mm Hg; PO2 68 mm Hg. PEFR 450 L/min. Chest x-rays are shown.The most likely diagnosis is

1: Acute anxiety

2: Pulmonary embolism

3: Acute exacerbation of bronchial asthma

4: High-output hea failure

535-: True about zafirlukast is

1: It inhibits lipoxygense

2: It blocks LT receptor

3: It can be admistered orally

4: All of the above

536-: Which of the following drugs can be admistered by subcutaneous nerve

1: Albuterol

2: Terbutaline

3: Metaproterenol

4: Pirbuterol

537-: At the sta of inspiration, the intrapleural pressure at the base of the lungs is

1: 1.5 mm of Hg

2: 1 mm of Hg

3: 2.5 mm of Hg

4: 6 mm of Hg

538-: All of the following constitute primary diagnostic criteria for ABPA, except:

1: Elevated serum IgE levels > 417 IU/ml

2: Peripheral eosinophilia >500 cells/ml

3: Central/Proximal bronchiectasis

4: Identification of A. fumigatus from sputum

539-: Which of the following statements about Ventilation/Perfusion ratio is true:

1: In a complete airway obstruction, the ventilation/Perfusion ratio approaches Infinity

2: In complete Pulmonary Embolism, the ventilation/perfusion ratio approaches Zero

3: Ventilation Perfusion Ratio of Zero indicates Dead space

4: Ventilation perfusion ratio of infinity indicates no gas exchange

540-: The following is true about bronchial carcinoids-

1: Highly radiosensitive

2: Metastasis common

3: Carcinoid syndrome does not manifest

4: Commonly arise from terminal bronchioles

541-: Carbon dioxide in venous blood

1: Is carried by hemoglobin

2: Is transpoed mainly in the form of bicarbonate

3: Does not cross the blood brain barrier

4: Is conveed to bicarbonate by carbonic anhydrase in plasma

542-: True about Kartagener's syndrome is all except-

1: Dextrocardia

2: Infertility'

3: Brochieactasis

4: Mental retardation

543-: Which of the following is true regarding non-specific interstitial pneumonia?

1: Honeycombing on CT scan

2: More common in male smokers

3: Fibroblastic foci are characteristic

4: Most often associated with connective tissue disease

544-: Which of the following is the characteristic of adult respiratory distress syndrome

1: Diffuse alveolar damage

2: Interstitial tissue inflammation

3: Alveolar exudates

4: Interstitial fibrosis

545-: Consider following statements - During an acute attack of asthma:

1: Pulsus paradoxus develops when the FEV1 is less than 25% of the predicted value

2: A normal to increased PaCO2 signals a sever airway obstruction and impending respiratory failure

3: The aerial PaCO2 decreases and the aerial pH increases

4: All

546-: A child is brought to the paediatric OPD with fever of 24 hours furation. History reveals 3 episodes of chest infection and passage of foul smelling stools. The most probable diagnosis is

1: Cystic Fibrosis

2: Maple syrup urine Disease

3: Bilirubin Congugation Defect

4: Criggler Najar Syndrome

547-: Primary pleural tumor is

1: Mesothelioma

2: Myxoma

3: Lipoma

4: Fibroma

548-: Which hormone stimulates respiration?

1: Estogon

2: Progesterone

3: Coicosteroids

4: Prolactine

549-: Marker of small cell cancer of lung is:

1: Chromogranin

2: Cytokeratin

3: Desmin

4: Vimentin

550-: Which of the following condition is characterized by presence of hyaline deposits in alveolar walls?

1: Interstitial lung disease

2: Asthma

3: Hyaline membrane disease

4: Chronic bronchitis

551-: Superior sulcus tumor of the lungs characteristically present With

1: Home syndrome

2: Breathlessness

3: Hemoptysis

4: Pancoast syndrome

552-: A person unacclimitised develops pulmonary edema in

1: 2 - 3 days

2: 6 -7 days

3: 19 - 21 days

4: 2nd - 3rd month

553-: A 2 year old child is brought to emergency at 3 A M with fever, barking cough and stridor only while crying. The child was able to drink normally. On examination respirator rate is 36/min and temprature is 39.6oC. What will be your next step?

1: Racemic epinephrine nebulization

2: High dose dexamethasone injection

3: Nasal wash for influenza or RSV

4: Antibiotics and blood culture

554-: Which of the following drugs has been found to be useful in acute severe asthma ?

1: Magnesium Sulphate

2: Anti-leukotrine

3: Cromolyn Sodium

4: Cyclosporine

555-: Which of the following diagnostic techniques is most specific for pulmonary embolism

1: Pulmonary angiography

2: Ventilation lung scanning

3: Perfusion lung scanning

4: Aerial blood gas analysis

556-: A 62 years old man with carcinoma of lung presented to emergency depament with respiratory distress. His ECG showed electrical alternans. The most likely diagnosis is

1: Pneumothorax

2: Pleural effusion

3: Cardiac tamponade

4: Constrictive pericarditis

557-: A 60-year-old man, a heavy smoker, presents for advice to stop smoking. On physical examination, he is thin and has a ruddy complexion. He has a productive cough and a barrel-shaped chest. He sits leaning forward with his lips pursed to facilitate his breathing. A

diagnosis of emphysema is made. Which of the following is the most likely histologic finding in the lungs?

1: Bronchial smooth muscle hyperophy with proliferation of eosinophils

2: Diffuse alveolar damage with leakage of protein-rich fluid into alveolar spaces

3: Dilation of air spaces with destruction of alveolar walls

4: Hyperplasia of bronchial mucus-secreting submucosal glands

558-: Ferruginous bodies are seen in:

1: Silicosis

2: Byssinosis

3: Asbestosis

4: Bagassosis

559-: A two year child is classified as having pneumonia, if the respiratory rate is more than

1: 30/min

2: 40/min

3: 50/min

4: 60/min

560-: A patient comes with BP 100/70, pulse 110/min & respiration with Acessory muscles?

1: Pneumothorax

2: Hemothorax

3: Cardiac Tamponade

4: None

561-: The vasodilatation produced by carbon dioxide is maximum in one of the following

1: Kidney

2: Brain

3: Liver

4: Hea

562-: A 21-year-old woman with moderately severe asthma on three-drug treatment has elevated liver function tests thought to be caused by one of her medications. Which drug is causing this adverse effect?

1: Chromone agent

2: Lipoxygenase inhibitor

3: Leukotriene receptor antagonist

4: Methylxanthines

563-: Curschmann spirals are a characteristic finding in

1: Acute severe Asthma

2: Chronic Bronchitis

3: Emphysema

4: Bronchiectasis

564-: Isocapnic exercise is

1: Breathing for sho duration against resistance

2: Breathing of decreased volume of ventillation

3: Breathing of increased volume of ventilation for long period

4: Breathing of decreased volume for long period

565-: Most reliable investigation in the diagnosis of pulmonary embolism is

1: Lung scan

2: Angiography

3: Differential gas tension

4: ECG

566-: In theophylline metabolism, drug interactions Occur with all Except:

1: Cimetidine

2: Phenobarbitone

3: Rifamipine

4: Tetracyclines

567-: Cut surface of lungs in Silicosis shows?

1: Pleural thickening

2: Hard collagenous scars

3: Nodules

4: All of the above

568-: Iloprost in pulmonary aerial hypeension is administered

1: Intravenous

2: Intramuscular

3: Oral

4: Inhalation

569-: Oxygen toxicity causes all except

1: Rupture of alveoli

2: Atelectasis lung

3: Pulmonary edema

4: Convulsions

570-: PO2 over 8kPa is (Hp saturation)

1: 60%

2: 70%

3: 80%

4: 90%

571-: A 56-year-old man is undergoing chemotherapy for leukemia. He has developed fever, nonproductive cough, dyspnea, pleuritic chest pain, and hemoptysis over the past week. A chest CT scan shows multiple 1- to 4-cm nodular densities having surrounding areas of ground-glass infiltrate (halo sign). Bronchoalveolar lavage is performed, and microscopic examination of the fluid shows narrow branching septate hyphae. A CBC shows Hgb, 13 g/dL; Hct, 38.7%; WBC count, 2000/mL; and platelet count, 200,100/mL. He has most likely developed an infection with which of the following organisms?

1: Aspergillus fumigatus

2: Candida albicans

3: Cryptococcus neoformans

4: Moraxella catarrhalis

572-: Surfactant secreted by

1: Type 1 pneumocytes

2: Type 2 pneumocytes

3: Epithelial cells

4: Macrophage

573-: Dicrotic notch is due to closure of

1: Aoic valve

2: Mitral valve

3: pulmonary

4: Tricuspid valve

574-: Hea failure cells contain-

1: Hemosiderin

2: Lipofuschin

3: Myoglobin

4: Albumin

575-: A 2 month old child, born prematurely is brought with respiratory distress. Cardiac examination revealed increased pulse peessure and a pansystolic murmur best heard in 2nd left intercostal space. The most probable diagnosis would be

1: Atrial septal defect

2: Ventricular septal defect

3: Patent ductus aeriosus

4: Tetralogy of fallot's

576-: A 32-year-old female nonsmoker is admitted with a 5-wk history of intermittent hemoptysis. She denies any sputum production, fever, or repeated infections. There is no history of contact with TB. On physical examination, the patient is afebrile; she has dullness on percussion and decreased breath sounds in the LLL zone posteriorly. CV exam is normal. PPD is 4-mm induration. Bronchoscopy shows a polypoid lesion paially obstructing the left lower lobe orifice. This lesion bled easily during the procedure. Bronchial washings are negative for malignancy and the biopsy is pending. Chest x-ray is shown below.What is the radiological diagnosis?

1: LLL pneumonia

2: LLL atelectasis

3: Pneumothorax

4: Pleural effusion

577-: Which of the following is the characteristic feature of adult respiratory distress syndrome?

1: Diffuse alveolar damage

2: Interstitial tissue inflammation

3: Alveolar exudates

4: Interstitial fibrosis

578-: A 53-year-old male smoker, unemployed with no occupational exposure, is admitted with progressive shoness of breath. He has been unwell for some time and has received multiple courses of antibiotics for "bronchitis." During the prior 4 mo, he has not had any medical follow-up. On exam, he is afebrile but looks ill. Lung exams reveal diffuse rhonchi and crackles with no localizing signs. ABGs on room air show PaO2 of 68 mm Hg with mild compensated respiratory alkalosis. Sputum for AFB is negative. CXR is shown.Associated with this diagnosis is

1: Clubbing

2: Increased IgE

3: Hypocalcemia

4: Eosinophilia

579-: Carcinoid tumor develops from-

1: Enterochromaffin cells

2: Neuroectoderm

3: J cells

4: Goblet cells

580-: A 26-year-old woman with a past history of seizure disorder is admitted to the medical ICU with status epilepticus. Due to continued seizures, she is placed in a barbiturate coma. As pa of suppoive measures, she is intubated, placed on a mechanical ventilator, and given IV fluids through a central line. She remains stable overnight. In the morning, however, the respiratory therapist repos that she has had excessive mucopurulent

secretions throughout the night and that her peak and plateau airway pressures have risen 20 cm. She is febrile with a temperature of 100.2degF the next morning. CXR is shown.An impoant step in management of this patient would be

1: Chest tube placement

2: Thoracotomy

3: Fiberoptic bronchoscopy, antibiotic therapy, and chest physiotherapy

4: Abrupt cessation of barbiturates

581-: "Schaumann bodies" are seen in?

1: Sarcoidosis

2: Chronic bronchitis

3: Asthma

4: Syphilis

582-: A 45year-O1d male has rhinitis, bronchial asthma, eosinophilia, and systemic vasculitis. What is the probable diagnosis?

1: Goodpasture syndrome

2: Cryptogenic fibrosing alveolitis

3: Churg-Strauss syndrome

4: Sarcoidosis

583-: Mediastinoscope can be visualize all of the following lymphnode except?

1: Right paratracheal lymphnode

2: Aoo pulmonary window lymphnode

3: Anterior tracheal

4: Subcarinal

584-: With increase in age which of the following is true for lungs?

1: Pulmonary compliance increases

2: Residual volume decreases

3: Mucociliary clearance increases

4: Fibrous of interstitium decreases

585-: Bronchial Asthma is characterized

1: Inflammatory disease of airway

2: Allergic disease of air way

3: All

4: Hyper responsive ness of airway

586-: Masson bodies are seen in:

1: Usual interstitial pneumonia

2: Non-specific interstitial pneumonia

3: Cryptogenic Organizing Pneumonia

4: Hyaline membrane disease

587-: Which law is applicable for surfactant action?

1: Laplace law

2: Charlie's law

3: Thames law

4: Charles law

588-: Which organ is involved in Good-pasture syndrome?

1: Liver

2: Adrenals

3: Kidney

4: Brain

589-: Pseudochylous pleural effusion is seen in

1: TB

2: Lymphoma

3: Carcinoma lung

4: Filariasis

590-: Ferruginous bodies are seen in

1: Silicosis

2: Byssinosis

3: Asbestosis

4: Bagassosis

591-: Bone morphogenic protein receptor 2 gene abnormality seen in

1: Interstitial lung disease

2: Pulmonary aery hypeension

3: cystic fibrosis

4: Diaphragmatic weakness

592-: Bronchiectasis sicca is seen with

1: TB

2: Peusis

3: Cystic fibrosis

4: Pneumonia

593-: Characteristic pathological feature of pneumococcal pneumonia

1: Consolidation of airway

2: Interstitial pneumonitis

3: Increased eosinophils

4: Hilar lymphadenopathy

594-: Pulsus alternans is seen in

1: Severe ventricular dysfunction

2: HOCM

3: AS

4: CP

595-: Depth of inpsiration is increased by _____

1: Pneumotaxic centre

2: Ventral group of neurons in medulla

3: Dorsal group of respiratory neurons

4: Apneustic centre

596-: Common presenting symptom of pneumocystis carini pneumonia Is

1: Cavity on X-ray

2: Haemoptysis

3: Breathlessness

4: Purulent sputum

597-: Adult loading dose of aminophylline Is:

1: 50 mg/kg

2: 0.5-1 mg/kg

3: 2-3.5 mg/kg

4: 5mg/kg bd wt

598-: Most common pulmonary tumor in children is _____

1: Carcinoid

2: Small cell carcinoma

3: Adeno carcinoma

4: Squamous cell carcinoma

599-: Earliest lesion seen in asbestosis is

1: A. Pleura plaques

2: B. Hilar lymphadenopathay

3: C. Adenoma lung

4: D. Mesothelioma

600-: The alveoli are filled with exudates the air is displaced conveing the lungs into a solid organ this description suggests:

1: Chronic bronchitis

2: Bronchial asthma

3: Bronchiectasis

4: Lobar pnemonia

601-: The following drugs can be used for the management of status asthmaticus except-

1: Magnesium sulfate

2: Montelukast

3: Coicosteroid

4: Adrenaline

602-: ARDS is characterised by all except

1: Decreased surfactant

2: Alveolar transudate

3: Decreased lung compliance

4: PaO2 /FiO2 < 200

603-: Which of the following is not a function of lung?

1: Gaseous exchange

2: Erythropoietin secretion

3: Renin angiotensin system

4: pH maintenance

604-: Hyperinflation of lungs is prevented by

1: Hering breuer reflex

2: Irritation reflex

3: Cushing reflex

4: Bainbridge reflex

605-: Bilateral Rhonchii may be seen in all of the following except

1: Pulmonary edema

2: Bronchiectasis

3: Pulmonary embolism

4: Emphysema

606-: Which of the following Is characteristically not associated with the development of interstitial lung disease?

1: Organic dusts

2: Inorganic dusts

3: Toxic gases e.g. chlorine, sulphur dioxide

4: None of the above

607-: Intrapulmonary shunting refers to

1: Anatomical dead space

2: Alveolar dead space

3: Wasted ventilation

4: Perfusion in excess of ventilation

608-: A children presents with running nose, breathlessness, family history positive, Most likely diagnosis is ?

1: Bronchiolitis

2: Viral pneumonia

3: Bronchial asthma

4: None

609-: Which of the following dust exposure has been linked to the development of mesothelioma?

1: Asbestos

2: Barium

3: Silica

4: Cotton

610-: The most common cause of acute cor-pulmonale is

1: Pneumonia

2: Pulmonary thromboembolism

3: Chronic obstructive pulmonary disease

4: Primary spontaneous pneumothorax

611-: New drug approved for drug-resistant Tuberculosis?

1: Bedaquiline

2: Ibalizumab

3: Bectegravir

4: Apalutamide

612-: A 40-year-old woman with leukemia is treated with chemotherapy. During treatment she develops increasing cough and shoness of breath. A chest X-ray shows diffuse lung infiltrates. Sputum cultures are negative and the patient does not respond to routine antibiotic therapy. An open lung biopsy is diagnosed by the pathologist as viral pneumonia. Which of the following histopathologic findings would be expected in the lungs of this patient?

1: Clusters of epithelioid macrophages

2: Confluent areas of caseous necrosis

3: Fibrous scarring of lung parenchyma

4: Hyaline membranes and interstitial inflammation

613-: Intrapleural pressure is

1: Transpulmonary pressure + Alveolar pressure

2: Transpulmonary pressure - Alveolar pressure

3: Transmural pressure + Alveolar pressure

4: Alveolar pressure - Transpulmonary pressure

614-: A 44-year-old man, a nonsmoker, has experienced a 3-kg weight loss over the past 3 months. He recently developed a low-grade fever and cough with mucoid sputum production, and after 1 week, he noticed blood-streaked sputum. On physical examination, his temperature is 37.7deg C. There are bilateral crackles in the left upper lobe on auscultation of the chest. Chest CT scan shows a 3-cm left upper lobe nodule with decreased attenuation centrally. Laboratory studies show hemoglobin, 14.5 g/dL; platelet count, 211,400/ mm3; and WBC count, 9890/ mm3 with 40% segmented neutrophils, 2% bands, 40% lymphocytes, and 18% monocytes. Which of the following findings in his sputum sample is most likely to be present?

1: Acid-fast bacilli

2: Branching septate hyphae

3: Charcot-Leyden crystals

4: Foreign body giant cells

615-: Asbestosis of lung is associated with all of the following except

1: Mesothelioma

2: Progression of lesion even after stopping exposure to asbestosis

3: Nodular lesions involving upper lobe

4: Asbestosis bodies in sputum

616-: All of the following are features of non-specific interstitial pneumonia (NSIP), except:

1: Cellular pattern show interstitial inflammation

2: Fibrosing pattern consists of diffuse or patchy interstitial fibrotic lesions of roughly the same stage of development

3: Honeycomb fibrosis present

4: Good prognosis

617-: A 55-year-old man is admitted to the hospital with increasing shoness of breath and dry cough for the past few years. He smokes 1.5 packs of cigarettes and drinks about four bottles of beer a day. He is constantly "gasping for air" and now walks with difficulty because he becomes breathless after only a few steps. Prolonged expiration with wheezing is noted. Physical examination shows a barrel chest, hyperresonance on percussion and clubbing of the digits. The patient's face is puffy and red, and he has pitting edema of the legs. A chest X-ray discloses hyperinflation, flattening of the diaphragm and increased retrosternal air space. Which of the following is the appropriate diagnosis?

1: Asthma

2: Chronic bronchitis

3: Emphysema

4: Usual interstitial pneumonia

618-: The dangerous particle size causing pneumoconiosis varies from:

1: 100-150 um

2: 50-100 um

3: 10-50 um

4: 1-5 um

619-: Scar in lung tissue may get transformef into

1: Adenocarcinoma

2: Oat cell carcinoma

3: Squamous cell carcinoma

4: Columnar cell carcinoma

620-: Antibodies to calcium channel are seen in

1: Eaton lambe syndrome

2: Dermatomyositis

3: Myaesthenia gravis

4: Polymyositis

621-: Bronchial mucosa secretes all except?

1: Bombesin

2: Calcitonin

3: Serotonin

4: Bradykinin

622-: Bronchoalveolar carcinoma variants are -

1: Clara cell

2: Adenosarcoma

3: Mucinous type

4: Type II pneumocyte

623-: Bronchial adenoma commonly present as

1: Recurrent haemoptysis

2: Cough

3: Dysponea

4: Chest pain

624-: Which of the following true about ventilation and perfusion in alveoli in erect posture?

1: Ventilation/perfusion ratio is maxm at apex

2: Ventilation/perfusion ratio is maxm at base

3: Ventilation is max at apex

4: Perfusion is max at apex

625-: In ARDS which is damaged?

1: Type 1 pneumocytes

2: Type 2 pneumocytes

3: Clara cells

4: Clara cells

626-: A 38-year-old man was brought by his wife as his snoring becomes louder soon after falling asleep, and is then interrupted by a long silent period during which no breathing (apnea) occurs. He was diagnosed as having Obstructive sleep apnea. Individuals with OSA awaken when the aerial hypoxemia and hypercapnia stimulate both peripheral and central chemoreceptors. The activity of the central chemoreceptors is stimulated by which of the following?

1: A decrease in the PO2 of blood flowing through the brain

2: An increase in the PCO2 of blood flowing through the brain

3: An increase in the pH of the CSF

4: Hypoxemia, Hypercapnia, and Metabolic acidosis

627-: Pneumonia alba is due to

1: Klebsiella

2: Streptococci

3: Treponema Pallidum

4: Staphylococci

628-: Which of the following conditions leads to tissue hypoxia without alteration of oxygen content of blood?

1: CP poisoning

2: Met Hb

3: Cyanide poisoning

4: Respiratory acidosis

629-: Earliest symptom of acute mountain sickness is

1: Blurring of vision

2: Fever

3: Nausea and vomiting

4: Headache

630-: Bibasilar velcro crackles occur in

1: Acute pulmonary edema

2: Acute bronchopneumonia

3: Pulmonary fibrosis

4: Pulmonary embolism

631-: Neuroendocrme lesions of lung are-

1: Carcinoid

2: Benign tumourlets

3: Bronchoalveolar carcinoma

4: hemaoma

632-: One of the following condition Is not associated with clubbing

1: Primary biliary cirrhosis

2: Chronic bronchitis

3: Ciyptogenic fibrosing alvcolitis

4: Central bronchiectasis

633-: The commonest cause of lung abscess-

1: Tuberculosis

2: Congenital

3: Hematogenous

4: Aspirated oropharyngeal secretion

634-: Which of the following is true about pneumoconiosis

1: Pleural plaques of asbestosis is always symptomatic

2: Silicosis is not associated with increased risk of tuberculosis

3: Asbestosis and smoking act synergistically to cause lung cancer

4: Coal workers pneumoconiosis is associated with lung cancer

635-: Commonest etiological factor in acute exacerbations of COPD is

1: Viral infections

2: Bacterial infections

3: Paiculate air pollutants

4: Idiopathic

636-: The following is used to assess breathing pattern:

1: Spirometry

2: Barometer

3: All

4: None

637-: A 47-year-old woman is seen with a 1-wk history of progressive shoness of breath, increasing pedal edema, weight loss, and low-grade fever. She has a 40-pack-year smoking history. Physical examination: pulse 138 bpm; respirations 34/min; blood pressure 100/88 mm Hg with pulsus paradoxus of 22 mm. Peinent findings: increased jugular venous distension, normal sinus rhythm with distant hea sounds, and an apex beat that is difficult to palpate. Chest x-ray is shown below.What is the most likely diagnosis?

1: Cardiac tamponade

2: Cardiomyopathy

3: Pericardial effusion without tamponade

4: Cor pulmonale

638-: In ARDS, which type of respiratory failure occurs?

1: Type I

2: Type II

3: Type III

4: Type IV

639-: Clicking noise in pneumomediastinum is known as

1: Hamman sign

2: Trail sign

3: Kussmaul sign

4: none

640-: The most commonest site of bleeding in haemoptysis is

1: Tracheobronchial tree

2: Pulmonary parenchyma

3: Pleural disease

4: All the above

641-: The most commonest cause of acute cor pulmonale is

1: Pneumonia

2: Pulmonary thromboembolism

3: COPD

4: primary spontaneous pneumothorax

642-: Platypilea is seen in

1: Diaphragmatic palsy

2: Pleural effusion

3: pulmonary embolism

4: Lt atrial tumor

643-: Which of the following occurs after hyperventilation with 6% CO2 in inspired air?

1: Continued hyperventilation

2: Apnoea

3: Cheyne-stokes breathing

4: Kussumaul's breathing

644-: Leukotriene receptor antagonist used for bronchial asthma

1: Zafirkulast

2: Zileuton

3: Cromolyn Sodium

4: Aminophylline

645-: Cells most important in causation of asthma are?

1: Macrophages

2: Mast cells

3: Neutrophils

4: Lymphocytes

646-: The treatment most likely to benefit a patient of massive pulmonary embolism in shock

1: Thrombolytic therapy

2: Inotropic agent

3: Vasodilator therapy

4: Diuretic therapy

647-: The overdrive mechanism observed during hyperventilation is due to

1: image_question

2: image_question

3: image_question

4: image_question

648-: Methylxanthines exe the following action(s) at cellular/molecular level:

1: Intracellular release of Ca2+

2: Inhibition of phosphodiesterase

3: Antagonism of adenosine

4: All of the above

649-: A 22-year-old man with AIDS complains of persistent cough, night sweats, low-grade fever, and general malaise. A chest X-ray reveals an area of consolidation in the periphery of the left upper lobe, as well as hilar lymphadenopathy. Sputum cultures show acid-fast bacilli. Which of the following is the most likely diagnosis?

1: Bronchopneumonia

2: Pulmonary abscess

3: Sarcoidosis

4: Tuberculosis

650-: Bronchial asthma is characterized -

1: Inflammatory disease of airway

2: Allergic disease of air way

3: Hyporesponsiveness of airway

4: Hyperresponsiveness of airway

651-: A 40 year old male develops excessive hyperventilation.ABG reveals pH-7.5,pCO2 24 mm Hg,PO2 88 mmHg. Diagnosis?

1: Respiratory alkalosis

2: Metabolic alkalosis

3: Respiratory acidosis

4: Metabolic acidosis

652-: Not a cause of community acquired pneumonia -

1: Acinetobacter baumanii

2: Hemophilus influenza

3: Streptococcus penumoniae

4: Mycoplasma pneumoniae

653-: Pneumoconiosis is caused due to inhalation of dust within the size range of -

1: 0.5-2.5 microns

2: 3-6 microns

3: 6.5-8 microns

4: 10-20 microns

654-: Cancers caused by asbestosis all except:

1: Adenocarcinoma of lung

2: Mesothelioma

3: Gastric Ca

4: Pancreatic Ca

655-: A 41-year-old male schoolteacher, a nonsmoker, presents with lightheadedness and increased shoness of breath with "lack of stamina" and chest pain. On physical examination, vital signs are normal. The patient is overweight with a BMI of 33. CVS exam reveals a left parasternal heave with a harsh grade 3/6 systolic flow murmur and a loud P2 sound. Chest radiographs are shown below.What is the most likely diagnosis?

1: Mitral stenosis

2: Pulmonary hypeension

3: Chronic bronchitis with cor pulmonale

4: Deconditioning due to obesity

656-: Pleural glucose is <60 mg/dl is seen in which of the following condition?

1: Malignancy

2: TB

3: Fungal

4: Pancreatitis

657-: Most common symptom of bronchial adenoma is?

1: Wheeze

2: Dyspnea

3: Recurrent hemoptysis

4: Pain

658-: A 48-year-old man with AIDS is admitted to the hospital with a fever of 38.7degC (103degF). The patient has a 2-week history of persistent cough and diarrhea. Laboratory studies show that the CD4+ cell count is less than 500/mL. A sputum culture reveals acid-fast organisms, which are fuher identified as Mycobacterium avium-intracellulare. This patient's pneumonia is characterized by extensive pulmonary infiltrates of which of the following cell types?

1: CD4+ helper T cells

2: Eosinophils

3: Macrophages

4: Neutrophils

659-: Which form of asbestos is most commonly associated with maximum risk of Mesothelioma?

1: Chrysolite

2: Amosite

3: Anthophyllite

4: Crocidolite

660-: If a 5-year-old child suddenly develops stridor, which one of the following would be the most likely diagnosis

1: Laryngomalacia

2: Acute laryngo-tracheobronchitis

3: Foreign body aspiration

4: Acute epiglottitis

661-: O2 delivery to tissues depends on all, except

1: Cardiac output

2: Type of fluid administered

3: Hemoglobin concentration

4: Affinity of hemoglobin for O2

662-: Which of the following conditions may lead to exudative pleural effusion

1: Cirrhosis

2: Nephrotic syndrome

3: Congestive hea failure

4: Bronchiogenic carcinoma

663-: Primary ciliary dyskinesia is associated with all except

1: Sterility in males

2: Hypothyroidism

3: Sinusitis

4: Respiratory infection

664-: A child was diagnosed with cystic fibrosis and was prescribed an inhaled agent to dissolve mucus plugging the airways. This agent is also used as an antidote to reverse the toxicity of wof drugs?

1: Aspirin

2: Acetaminophen

3: Heparin

4: Steptokinase

665-: Treatment of choice in acute sarcoidosis is

1: Prednisolone

2: Cyclosporine

3: Infliximab

4: IV Immunoglobulins

666-: A 45-year-old man has had progressive dyspnea on exertion with fatigue for the past 2 years. On auscultation of his chest he has a prominent pulmonary component of S2, a systolic murmur of tricuspid insufficiency, and bruits over peripheral lung fields. Jugular venous distension is present to the angle of his jaw when sitting. Laboratory studies show antiphospholipid antibodies. CT angiography shows eccentric occlusions with pulmonary arteries and mosaic attenuation of pulmonary parenchyma. Which of the following is the most likely disease process causing his pulmonary disease?

1: Atherosclerosis

2: Pneumonitis

3: Sarcoidosis

4: Thromboembolism

667-: All the following are associated with pulmonary eosinophilic pneumonia,except

1: ABPA

2: Loeffler's pneumonia

3: Churg Strauss syndrome

4: Wegner's granulomatosis

668-: A 28yr old female known case of asthma, on inhalational salbutamol, budesonide, and salmeterol. She complains of dyspnea. PEF is mildly improved. You have added zafirlukast to her prescription. What is the mechanism of action of zafirlukast?

1: Inhibition of actions of LTB4

2: Inhibition of actions of LTC4, D4

3: Inhibition of formation of LTC4, D4

4: Inhibition of release of Leukotrines from mast cells

669-: A radiographic study of inhalational lung diseases is conducted. One pattern of involvement is seen in persons whose total lung capacity, diffusing capacity, and compliance is decreased. This pattern consists of numerous bilateral nodular opacifications on chest radiographs. Polarizable needlelike crystals are seen on microscopic examination of these nodules. What inhaled substance is most likely to produce these findings?

1: Cigarette smoke

2: Mold spores

3: Silica dust

4: Sulfur dioxide

670-: Complications of inhalational steroids use include

1: Cushing's syndrome

2: Oral candidiasis

3: Decreased ACTH

4: Systemic complications

671-: True about caisson's disease

1: O2 release from tissues

2: CO2 release from tissues

3: N2 release from tissues

4: H2 release from tissues

672-: Which of the following in ARDS is true?

1: Type 2 respiratory failure

2: Lung compliance decreased

3: Increase in diffusion capacity

4: none

673-: Feature of exudates pleural effusion is

1: Pleural fluid protein: Serum protein ratio> 0.5

2: Pleural fluid protein: Serum protein ratio> 0.8

3: Pleural fluid protein: Serum protein ratio<0.5

4: Pleural fluid protein: Serum protein ratio> 1.0

674-: Lung carcinomas most frequently metastasize to -

1: Brain

2: Liver

3: Adrenal

4: Bone

675-: All are true about silicosis except?

1: Bifringent crystals seen

2: Pleural plaque seen

3: Lower lobe is ussualy involved

4: Most common pnemoconiosis

676-: Myoglobin binds with

1: 1 mol of oxygen per mol

2: 2 mol of oxygen per mol

3: 3 mol of oxygen per mol

4: 4 mol of oxygen per mol

677-: As per GOLD criteria, COPD is termed very severe when FEV1 is

1: >=80% predicted

2: >=50% but <80%

3: >=30% but <50%

4: <30% predicted

678-: Rasmussen's aneurysm involves?

1: Bronchial aneurysm

2: Pulmonary aneurysm

3: Veebral aery

4: Posterior intercostal aery

679-: The following syndrome is associated with bronchiectasis -

1: Kalmann's syndrome

2: Kaagener's syndrome

3: Kostmann's syndrome

4: Klinefelter syndrome

680-: Stratosphere sign is seen in

1: Pleural effusion

2: Pneumothorax

3: Rib fracture

4: Bronchogenic carcinoma

681-: Peripheral chemoreceptors are stimulated maximally by

1: Acidosis

2: Hypercapnia

3: Carbondioxide

4: Cyanide

682-: An ABG analysis shows:pH 7.2, raised pCO2, decreased HCO3: Diagnosis is :

1: Respiratory acidosis

2: Compensated metabolic acidosis

3: Respiratory and metabolic acidosis

4: Respiratory alkalosis

683-: Pleural fluid having low glucose is seen in all except

1: Tuberculosis

2: Emphysema

3: Rheumatoid ahritis

4: Mesothelioma

684-: Reactivated TB is most commonly located near:

1: Apex

2: Near bronchus

3: Subpleurally

4: Base

685-: Following is tumor marker for lung?

1: S-100

2: CEA

3: CD-99

4: Beta 2 microgobulin

686-: Mechanism of action of Theophylline in bronchial asthma

1: Phosphodiestesrase 4 inhibition

2: Beta 2 agonism

3: Antichoinergic action

4: Inhibition of mucociliary clearance

687-: Omalizumab is

1: Interleukin 2 receptor blocker

2: Anti IgE antibody

3: Anti IgM antibody

4: Leukotriene receptor blocker

688-: A 17 Year old male complains of recurrent episodes of cough, wheeing and shoness of breath paicularly at night for the last 3 days. His sibling has a history of similar symptoms. A skin test with pollen produces immediate wheal and flare. He should be treated with

1: Bronchodilators

2: Steroids

3: Antibiotics

4: cough sedative

689-: Which of the following forms of pneumoconiosis is associated with an increased susceptibility tuberculosis?

1: Asbestosis

2: Silicosis

3: Coal workers pneumoconisis

4: Stannosis

690-: A subject inspires a mixture of gases containing carbon monoxide and holds his breath for 10minutes. During those 10seconds, alveolar Pco is 0.5mmHg and the CO uptake is 25ml/min. Which of the following is the diffusing capacity of the lung for CO?

1: 5 ml/min/mmHg

2: 15 ml/min/mmHg

3: 50 ml/min/mmHg

4: 150 ml/min/mmHg

691-: At the end of normal expiration

1: The outward recoil tendency of the chest

2: The volume inside the lung is expiratory reserve volume

3: The chest wall has a tendency to move inwards

4: Alveolar pressure is usually negative

692-: A 16-year-old boy is rushed to the emergency room after sustaining a stab wound to the chest during a fight. Physical examination reveals a 1-cm entry wound at the right 5th intercostal space in the midclavicular line. His temperature is 37degC (98.6degF), respirations are 35 per minute, and blood pressure is 90/50 mm Hg. A chest X-ray shows air in the right pleural space. Which of the following pulmonary conditions is the expected complication of pneumothorax arising in this patient?

1: Atelectasis

2: Chylothorax

3: Diffuse alveolar damage

4: Empyema

693-: Kerley B lines seen in

1: Pulmonary embolism

2: Pulmonary edema

3: Carcinoma bronchus

4: Lung abscess

694-: A man presented with bilateral crepitations In the base of the lungs and signs of pneumonitis with a history of exposure to pigeon faeces. What is true about this condition?

1: Diagnosis can be made on the basis of history

2: CT scan is the investigation of choice

3: Chest X-ray will reveal characteristics changes

4: It is a type 1 hypersensetivity reaction

695-: Which of the following statements true about high attitude pulmonary edema.?

1: Not exacerbated by exercise

2: Associated with pulmonary vasoconstriction

3: Occurs only in unacclamatized individuals

4: Associated with low cardiac output

696-: All are decreased in infiltrative lung disease except

1: Vital capacity

2: Alveolar aerial difference in PaO2

3: Total lung capacity

4: Lung compliance

697-: Inhaled coicosteroids used in children with asthma are all except

1: Beclamethasone

2: Budesonide

3: Fluticasone

4: Dexamethasone

698-: What is the alveolar ventilation for person with vital capacity 500 mL, respiratory rate 14/min, tidal volume 500 mL and dead space 150 mL?

1: 2500 mL

2: 3500 mL

3: 4900 mL

4: 6000 mL

699-: A patient presents with a solitary pulmonary nodule (SPN) on X-ray. The best investigation to come to a diagnosis would be -

1: MRI

2: CT scan

3: USG

4: Image guided biopsy

700-: Which of the following is vitamin K dependent clotting factor

1: Factor 7

2: Factor 1

3: Factor 11

4: Factor 12

701-: In an emphysema patient with bullous lesions, which is the investigation to measure lung volume

1: Body plethysmography

2: Gas dilation

3: Transdiaphragmatic pressure

4: DLCO

702-: In acute pulmonary embolism the most frequent ECG finding is

1: S1Q3T3 pattern

2: P.pulmonale

3: Sinus tachycardia

4: Right Axis detion

703-: The following drug is NOT useful during acute attack of bronchial asthma:

1: Salbutamol

2: Hydrocoisone

3: Cromolyn sodium

4: Theophylline

704-: A 55-year-old man is admitted to the hospital with increasing shortness of breath and dry cough for the past few years. He smokes 1.5 packs of cigarettes and drinks about four bottles of beer a day. He is constantly "gasping for air" and now walks with difficulty because he becomes breathless after only a few steps. Prolonged expiration with wheezing is noted. Physical examination shows a barrel chest, hyperresonance on percussion, and clubbing of the digits. The patient's face is puffy and red, and he has pitting edema of the legs. A chest X-ray discloses hyperinflation, flattening of the diaphragm, and increased retrosternal air space. Which of the following is the appropriate diagnosis?

1: Asthma

2: Chronic bronchitis

3: Emphysema

4: Hypersensitivity pneumonitis

705-: A 40 yrs old man presented with repeated episodes of bronchospasm and hemoptysis .chest X-RAY revealed perihilar bronchiectasis.the most likely diagnosis is

1: Sarcoidosis

2: Idiopathic pulmonary fibrosis

3: Extrinsic allergic alveolitis

4: Bronchopulmonary aspergillosis

706-: "Egg-shell calcifications" are seen in

1: Silicosis

2: Berylliosis

3: Asbestosis

4: Bronchial asthma

707-: Stagnant hypoxia is seen in

1: COPD

2: Anaemia

3: CO poisoning

4: Shock

708-: Which one of the following parameter is consistent with pleural transudate?

1: Ldh<2/3 of upper limit of serum ldh

2: WBC -1500/mm3

3: Specific gravity-1.120

4: Protein-2.5gram/dl

709-: MC site of TB reactivation in lung is?

1: Apex

2: Base

3: Subpleural

4: Near bronchus

710-: A 28-year-old woman with cystic fibrosis presents with increasing shortness of breath and production of abundant foul-smelling sputum. The sputum in this patient is most likely associated with which of the following pulmonary conditions?

1: Atelectasis

2: Bronchiectasis

3: Empyema

4: Pneumothorax

711-: A neonate presents with respirotory distress with enlargement of left upper lobe of lung and mediastinal shift towards the right. What is the most likely diagnosis ?

1: Cong lobar emphysema

2: Alpha 1 antitrypsin deficiency

3: Pneumonia

4: Cystic fibrosis

712-: Which among the following is not a function of pneumotaxic centre?

1: Limitation of inspiration

2: Increase in the rate of breathing

3: Switching off the inspiratory ramp

4: Generating respiratory rhythm

713-: Inspiratory depth is halted by

1: Pneumotaxic centre

2: Apneustic centre

3: Inspiratory centre

4: Expiratory centre

714-: Miliary TB is:

1: Primary

2: Post-primary

3: Extra-pulmonary

4: None

715-: In moderate severity obstructive lung disease, the expected abnormalities include the following except-

1: (upward arrow) Residual capacity

2: (downward arrow) Vital capacity

3: (downward arrow)FRC/TLC ratio

4: FEV1/ IFVC<70%

716-: Infraclavicular lesion of tuberculosis is known as:

1: Gohns focus

2: Puhl focus

3: Assmans focus

4: Simmons focus

717-: Which of the following morphological changes in the lungs would be found in this patient of asthma

1: Destruction and dilation of the bronchi and bronchioles

2: Free air in the interstitium

3: Viscid mucus plugs in the small airways

4: Peribronchiolar fibrosis

718-: Which of the following is the range of hemoglobin O2 saturation from systemic venous to systemic aerial blood represents a normal resting condition?

1: 25 to 75%

2: 40 to 75%

3: 40 to 95%

4: 75 to 98%

719-: Respiratory minute volume of lung is

1: 6 L

2: 4 L

3: 500 mL

4: 125 L

720-: A patient presents with decreased vital capacity and total lung volume. What is the most probably diagnosis?

1: Bronchiectasis

2: Sarcoidosis

3: Cystic fibrosis

4: Asthma

721-: Which one of the following is not a feature of type 2 respiratory failure?

1: p CO2 38 mm Hg and pO2 50 mm HG

2: p CO2 68 mm Hg and pO2 5O mm Hg

3: Papilloedema

4: Asterixis

722-: Hyaline membrane disease is associated with:

1: Respiratory distress syndrome

2: Bronchopulmonary dysplasia

3: Sudden infant death syndrome

4: Bronchiolitis obliterans

723-: Drugs which increase level of Theophylline include

1: Ciprofloxacin

2: Cimetidine

3: Allopurinol

4: All of the above

724-: All are used In bronchial asthma, except

1: Salbutamol

2: Morphine

3: Aminophylline

4: Steroid

725-: Reflex responsible for tachycardia during right ventricle distention is:

1: Bezold-jaisch reflex

2: Brainbridge reflex

3: Cushing reflex

4: J -reflex

726-: Commonest sign of aspiration pneumonitis is

1: Cyanosis

2: Tachypnea

3: Crepitations

4: Rhonchi

727-: A 46-year-old man has had increasing dyspnea with nonproductive cough for the past year. On physical examination he is afebrile and has clubbing of digits. Pulmonary function testing reveals a mild restrictive abnormality along with reduced DLCO. A transbronchial biopsy is performed and microscopic examination shows numerous alveolar macrophages, plump epithelial cells, mild interstitial fibrosis, and loss of respiratory bronchioles. Lamellar bodies and iron pigment are present within these macrophages. Which of the following is the most likely etiology for his pulmonary disease?

1: Type I hypersensitivity

2: Cigarette smoking

3: Ciliary dyskinesia

4: Inhalation of mold spores

728-: Which of the following is long-acting sympathomimetic used in bronchial asthma?

1: Salbutamol

2: Terbutaline

3: Pirbuterol

4: Salmeterol

729-: A 68-year-old female smoker is seen in the ER due to mild hemoptysis and cough with 1 to 2 teaspoons of light-green sputum production in the A.M. She uses inhalers as needed for occasional shoness of breath. A routine chest x-ray is obtained.The abnormality seen on the CXR is most likely due to

1: Asbestos exposure

2: Old TB with thoracoplasty

3: Lung cancer

4: Chronic bronchitis

730-: Which of the following statement are true regarding asthma?

1: Occlusion of bronchi and bronchioles by mucus

2: Curschmann spirals

3: Charcot-Leyden crystals

4: All of the above

731-: Best denotes airway resistance

1: Vital Capacity

2: Mid respiratory flow rates

3: FEV1

4: Total volume

732-: Pleural Calcification is found in All of the following except

1: Asbestosis

2: Hemothorax

3: Tuberculosis pleural effusion

4: Coal workers pneumoconiosis

733-: All the following are seen in asbestosis except

1: Diffuse alveolar damage

2: Calcify pleural plaques

3: Diffuse pulmonary interstitial fibrosis

4: Mesothelioma

734-: Interstitial pulmonary fibrosis is associated with the following except

1: Sarcoidosis

2: Asbestosis

3: Carcinoid lung

4: Radiation exposure

735-: Farmer's lung Is caused due to exposure to?

1: Bacillus subtilis

2: Thermoactinomyces sacchari

3: Aspergillus fumigatus

4: Penicillium nalgiovense

736-: All of the following features are characteristic of ARDS except

1: Hypercapnia

2: Right to left shunt

3: Stiff lungs

4: Lack of response to conventional oxygen therapy

737-: Regarding Dead space Volume in a normal individual

1: Anatomical dead space>Physiological dead space

2: Anatomical dead space=Physiological dead space

3: Anatomical dead space<Physiological dead space

4: Anatomical dead space is not related to Physiological dead space

738-: Ciliocytophthoria is seen in:

1: Kartagener

2: Situs inversus

3: Acute Respiratory infection

4: Cystic fibrosis

739-: Which tumor is not seen int the anterior mediastinum -

1: Teratoma

2: Thymic tumours

3: Thytroid tumours

4: Neurofibroma

740-: A 64-year-old man who has worked in a manufacturing plant all his life complains of an 8-month history of chest discomfort, malaise, fever, night sweats, and weight loss. A chest X-ray reveals a pleural effusion and pleural mass encasing the lung. The patient subsequently dies of cardiorespiratory failure. Histologic examination of the pleural mass at autopsy shows a biphasic pattern of epithelial and sarcomatous elements. What is the most likely diagnosis?

1: Carcinoid tumor

2: Large cell carcinoma

3: Malignant melanoma

4: Malignant mesothelioma

741-: Primary site of involvement in congenital TB:

1: Lungs

2: Liver

3: Lymph nodes

4: Stomach

742-: The typical feature of interstitial lung disease is

1: End inspiratory rales

2: Expiratory rales

3: Inspiratory rhonchi

4: Expiratory rhonchi

743-: In ARDS management , mechanical ventilation usually Tidal volume is

1: 2-3ml/kg

2: 5-7 mI/kg

3: 5-lOml/kg

4: 12-14ml/kg

744-: Bronchoalveolar carcinoma presents as:(1991)

1: Hemoptysis

2: Collapse

3: Effusion

4: All

745-: A 60-year old male has a long standing history of breathlessness. He has been a heavy smoker since the age of 20 years. Physical examination reveals an anxious male who is emaciated, puffing for breath but is not cyanosed. The chest is barrels shaped. The investigation of choice in this patient be

1: High resolution CT

2: contrast enhanced CT

3: Plain skiagram chest

4: Ultrasound test

746-: Lower lung involvement is common in

1: TB

2: Asbestosis

3: Silicoisis

4: All

747-: Which of the following is NOT true about Bronchoalveolar carcinoma?

1: Adenocarcinoma

2: Stromal invasion with desmoplasia

3: Preservation of Alveolar structure

4: Grows along pre-existing anatomical structures

748-: Relatively higher dose of theophylline is required to attain therapeutic plasma concentration in

1: Smokers

2: Congestive hea failure patients

3: Those receiving erythromycin

4: Those receiving cimetidine

749-: Charcot-Leyden crystals and Curshmann's spirals are seen in:

1: Bronchial asthma

2: Chronic bronchitis

3: Bronchiectasis

4: Emphysema

750-: TLC is:

1: 4.2 lt

2: 3lt

3: 5lt

4: 6lt

751-: Hypoxemia in emphysema is due to all except-

1: Destruction of alveoli

2: Anatomiacal dead space

3: Physiological dead space

4: Elastic recoil

752-: CO2 diffuses more easily through the respiratory membrane than O2 because it is

1: Less dense

2: More soluble in plasma

3: Less molecular weight

4: Less PCO2 in the alveoli

753-: Split Pleura sign is seen in

1: Lung abscess

2: Pleural Empyema

3: Pleural Fibroma

4: Dressler Syndrome

754-: a1 Antitrysin deficiency is associated with all except-

1: Fatty liver

2: Emphysema

3: Pancreatitis

4: Renal disease

755-: Most common cause of empyema is

1: Bronchopleural fistula

2: Tubercular pneumonia

3: Bacterial pneumonia

4: Pleurisy

756-: Not a feature of bronchial asthma:

1: Thickening of bronchial wall

2: Increase in number of goblet glands

3: Hypertrophy of smooth muscle

4: Increased Ig E

757-: All the following statements about primary T.B Except

1: Cavitary lesion

2: Pleural effusion

3: Fibrocasseous lesion

4: Phlyctenular conjunctivitis

758-: "Fleeting pulmonary infiltrates" on sequential chest skiagrams in an individual who suffers from asthma are characteristics of-

1: Allergic bronchopulmonary aspergillosis

2: Mycobacteriurn tuberculosis infection

3: Pneumocystis jirovecii pneumonia

4: Nocardia infecation

759-: Alpha-1 antitrypsin deficiency causes

1: Emphysema

2: Bronchitis

3: Bronchieactasis

4: Pneumonia alba

760-: Tidal volume in a normal man at rest is

1: 0.5 L

2: 1L

3: 1.5 L

4: 2 L

761-: In cystic fibrosis the most common organism which causes infection is

1: Pseudomonas

2: Staphylococcus

3: Kiebsiella

4: Streptococcus

762-: Which of the following is the first strategy in. the management of chronic obstructive lung disease?

1: Aminophylline

2: Anti-cholinergics

3: Cessation of smoking

4: Oral steroids

763-: A 25-year-old woman has had progressive dyspnea and fatigue for the past 2 years. On physical examination, she has pedal edema, jugular venous distention, and hepatomegaly. Lung fields are clear on auscultation. Chest CT scan shows right heart enlargement. Cardiac catheterization is performed, and the pulmonary arterial pressure is increased, without gradients across the pulmonic valve, and no shunts are noted. A transbronchial biopsy is performed, and microscopic examination shows plexiform lesions. A mutation in a gene encoding for which of the following is most likely to cause her pulmonary disease?

1: B-type natriuretic peptide (BNP)

2: Bone morphogenetic receptor 2 (BMPR2)

3: Endothelial nitric oxide synthetase (eNOS)

4: Fibrillin-1

764-: Iron is most commonly absorbed from

1: Duodenum and upper jejunum

2: Lower jejunum

3: Stomach

4: Ileum

765-: A 63-year-old man has had progressively worsening dyspnea over the past 10 years. He has noticed a 5-kg weight loss in the past 2 years. He has a chronic cough with minimal sputum production and no chest pain. On physical examination, he is afebrile and normotensive. A chest radiograph shows extensive interstitial disease. Pulmonary function tests show diminished DLCO, low FVC, and normal FEV1/FVC ratio. Increased exposure to which of the following pollutants is most likely to produce these findings?

1: Carbon monoxide

2: Ozone

3: Silica

4: Tobacco smoke

766-: Which of the most commonest organ involved in sarcoidosis

1: Lung

2: Liver

3: CNS

4: Eye

767-: A transaction at midpons level with intact vagi leads to

1: Apneusis

2: Rapid, shallow breathing

3: Deep breathing

4: Hyperventilation

768-: DLCO decreased in all,EXCEPT

1: Anemia

2: Interstitial lung diseases

3: Good Pasteur syndrome

4: Emphysema

769-: The single most useful clinical sign of severity of in a person without underlying lung disease Is

1: Temp more than 38.5degC

2: Hea rate more than 100/mm

3: Systolic BP less than 90 mm/Hg

4: none

770-: A 35 year old female non-smoker has adeno-carcinoma of lung. Which one of the following immunohistochemical marker is used for detection of adenocarcinoma of lung?

1: Thyroid transcription factor

2: Alpha fetoprotein

3: Glial fibrillary acidic protein

4: Progesterone receptor

771-: Which of the following has maximum smooth muscle as compared to wall thickness?

1: Respiratory bronchiole

2: Alveoli

3: Terminal bronchiole

4: Alveolar ducts

772-: In hyperventilation

1: P50 and Hb affinity for O2 increases

2: P50 and Hb affinity for O2 decreases

3: P50 increases and affinity O2 decreases

4: P50 decreases and affinity O2 increases

773-: The decrease in p50 in Oxygen Dissociation curve is due to increase in

1: pH

2: Oxygen

3: Temperature

4: CO2

774-: False about interstitial lung disease

1: Decreased FVC

2: Decreased FEV1

3: Normal diffusion capacity

4: Presence of end inspiratory crackles

775-: The treatment of choice for Tension Pneumothorax is

1: Wide bore needle inseion in 2nd intercostal space

2: Thoracotomy

3: Intubation with IPPV

4: ICD

776-: Acute lung injury in caused by all of the following except

1: Aspiration

2: Toxic gas inhalation

3: Cardiopulmonary bypass with hea lung machine

4: Lung contusion

777-: Curschmann spirals are characteristic of which of the following airway disease?

1: Chronic bronchitis

2: Emphysema

3: Atelectasis

4: Bronchial asthma

778-: True about obstructive sleep apnea are all except

1: Females affected more than males

2: Commonly associated with hypeension

3: Day time sleepiness is seen

4: >5 episodes of apnea per hour

779-: A truck driver has chronic cough with fever since one month. Chest x-ray show bilateral reticulonodular infiltrates in mid and lower zones. Which of the following is possible diagnosis?

1: Tuberculosis

2: ILD

3: Pneumococcal pneumonia

4: Pneumocystis carini pneumonia

780-: The level of which one of the following compounds is elevated in bronchial asthama

1: PGI2

2: PGH2

3: Leukotrienes

4: Thromboxane

781-: Anthracosis is due to inhalation of-

1: Coal dust

2: Asbestos dust

3: Silica dust

4: Berylium dust

782-: A clinical study is conducted in which patients who have undergone surgical procedures with intubation, mechanical ventilation, and general anesthesia are followed to determine the number and type of postoperative complications. The study group is found to have a higher incidence of pulmonary infections in the 2 weeks following their surgical procedure than patients who were not intubated and did not receive general anesthesia. Anesthesia is most likely to produce this effect via which of the following mechanisms?

1: Decreased ciliary function

2: Diminished macrophage activity

3: Hypogammaglobulinemia

4: Neutropenia

783-: Respiratory distress syndrome is due to a defect in the biosynthesis of

1: Dipalmitoyl lecithine

2: Dipalmitoyl cephaline

3: Dipalmitoyl serine

4: Dipalmitoyl inositol

784-: Uncompensated metabolic acidosis shows

1: Increased pH with increased HCO3-

2: Increased pH with decreased HCO3-

3: Decreased pH with increased HCO3-

4: Decreased pH with Decreased HCO3-

785-: Which malignancy is most commonly associated with asbestos?

1: Malignant mesothelioma

2: Benign Pleural Fibroma

3: Squamous Cell Ca Lung

4: Carcinoids

786-: Which type of paraneoplastic syndrome is most commonly associated with lung carcinoma?

1: SIADH

2: Gynaecomastia

3: Acanthosis nigricans

4: Hypocalcaemia

787-: All the following features are seen in ARDS except

1: Pulmonary oedema

2: Reudced lung compliance

3: Hypercapnia

4: Stiff lung

788-: A 62-year old patient has been diagnosed with a restrictive pulmonary disease. Which of his following measurements is likely to be normal?

1: FEV1

2: FVC

3: FEV1/FVC

4: FRC

789-: A 34 year old male with the chest trauma presents with sudden onset respiratory distress which is increasing. Hyper-resonant note is observed on the left side. Which of the following is the most appropriate immediate emergent management.?

1: Needle punture and emergent decompression

2: Tube inseion

3: Antibiotic and oxygen

4: No treatment needed

790-: Pathology is wet lung is ?

1: Diffuse alveolar damage

2: Surfactant deficiency

3: Collection of pus

4: Hemorrhage in lungs

791-: Hypersensitivity pneumonitis is/are caused by -

1: Coal worker's pneumoconiosis

2: Bagassosis

3: Silicosis

4: Sarcoidosis

792-: Herring Breuer reflex is an increase in

1: Duration of inspiration

2: Duration of expiration

3: Depth of inspiration

4: Depth of expiration

793-: Mechanism of action of theophylline in bronchial asthma is

1: Phosphodiestesterase 4 inhibition

2: inhibit the release of mediators

3: Anticholinergic action

4: Inhibition of mucociliary clearance

794-: Carcinoid of lung (bronchial adenoma) arise from

1: Ciliated cell

2: Kulchitsky cell

3: Type 2 pnemocytes

4: Clara cell

795-: Most common causative organism of community-acquired acute pneumonia is:

1: Staphylococcus aureus

2: Streptococcus pyogenes

3: Streptococcus pneumoniae

4: Haemophilus influenza

796-: All of the following are causes of hypercarbic resiratory failure EXCEPT

1: Myasthenia gravis

2: Amyotrophic lateral sclerosis

3: Chronic obstructive pulmonary disease

4: Pneumonia

797-: A female infant is born prematurely at 28 weeks' gestation. Sholy after bih, she shows signs of dyspnea, cyanosis, and tachypnea. She is placed on a ventilator for assisted breathing, and a diagnosis of neonatal respiratory distress syndrome (hyaline membrane disease) is made. Which of the following is the cause of this syndrome?

1: Bronchopulmonary dysplasia

2: Intraventricular brain hemorrhage

3: Lack of fetal pulmonary maturity and deficiency of surfactant

4: Necrotizing enterocolitis

798-: Reactivation tuberculosis and primary squamous cell carcinoma of the lung are similar in that they both are commonly associated with

1: Cavitation

2: Scar carcinomas

3: Silicosis

4: Ectopic secretion of a parathormone-like peptide

799-: Cyanosis is not seen in

1: CHF

2: COPD

3: CO poisoning

4: High altitude

800-: The most common cause of bronchopulmonary aspergillosis is

1: Aspergillus fumigatus

2: Aspergillus terreus

3: Aspergillus flavus

4: Aspergillus niger

801-: The commonest cause of death in ARDS is:

1: Hypoxemia

2: Hypotension

3: Non pulmonary organ failure

4: Respiratory failure

802-: The majority of cases of community acquired pneumomia are due to infection with-

1: Legionella pneumophila

2: Streptococcus pneumoniae

3: Haemophilus influenzae

4: Staphylococcus aureus

803-: A 25-year-old man has bronchospasm that is exercise induced, paicularly in the cold weather. He takes his medication 15 minutes prior to anticipated exercise, which will help to prevent the asthmatic attack but does not produce bronchodilation. Which drug does he take?

1: b-Agonist inhaler

2: Glucocoicoid inhaler

3: Chromone agent

4: IgE inhibitor

804-: Pulmonary lymph flow rate is

1: 20 ml/hour

2: 40 ml/hour

3: 50 ml/hour

4: 60 ml/hour

805-: pH is 7.2, pO2 is 46, pCO2 of 80 are indicative of

1: Acute exacerbation of asthma

2: Idiopathic pulmonary fibrosis

3: Cystic fibrosis

4: ABPA

806-: A 50-year-old male smoker is evaluated for chronic shoness of breath. On physical examination his vital signs are: pulse 110 bpm; temperature normal; respirations 30/min with use of accessory muscles and pursed-lip breathing; blood pressure 110/78 mm Hg. Other peinent findings are: hea exam: apex beat (impulse) is medial to the midclavicular line with generalized decreased breath sounds on lung exam; ABGs (FiO2 0.21): pH 7.38; PCO2 47 mm Hg; PO2 67 mm Hg. PFTs/spirometry: FVC 2.80 L (67% of predicted); FEV1 1.56 (50% of predicted); FEV1/FVC% 56%; TLC 134% of predicted; RV 170% of predicted; DLCO 43% of predicted. There is no reversibility with bronchodilators. Chest radiograph are shown below.What is the most likely diagnosis?

1: Bronchial asthma with status asthmaticus

2: Emphysema

3: Chronic bronchitis

4: Tuberous sclerosis

807-: Pleural pressure positive in

1: End of inspiration

2: End of expiration

3: End of forced expiration

4: Sta or beginning of inspiration

808-: Omalizumab is administered in bronchial asthma by which route?

1: Oral

2: intramuscular

3: Subcutaneous

4: Aerosol

809-: A 30 year old female comes with acute breathlessness, neck vein distension and absent breath sounds and mediastinal shift. Which of the following should be done immediately.?

1: HRCT is the investigation of choice

2: ABG analysis should be done

3: CXR

4: large bore needle punture of pleura

810-: A 33-year-old man suddenly develops severe dyspnea with wheezing. On physical examination, his vital signs are temperature, 37deg C; pulse, 95/min; respirations, 35/min; and blood pressure, 130/80 mm Hg. A chest radiograph shows increased lucency in all lung fields. Arterial blood gas analysis shows PO2, 65 mm Hg; PCO2, 30 mm Hg; and pH, 7.48. A

sputum cytologic specimen shows Curschmann spirals, Charcot-Leyden crystals, branching septate hyphae, and eosinophils in a background of abundant mucus. What is the most likely risk factor predisposing him to this illness?

1: Cytokine gene polymorphisms

2: Foreign body aspiration

3: Inhalation of environmental inorganic dusts

4: Inheritance of a CFTR gene mutation

811-: The intrapleural pressure is negative both during inspiration and expiration because

1: Intrapulmonary pressure is always negative

2: Thoracic cage and lungs are elastic are elastic structure

3: Transpulmonary pressure determines the negativity

4: Surfactant prevents the lungs to collapse

812-: Normal vital capacity in an adult is

1: 1200 ml

2: 2500 ml

3: 3000 ml

4: 4700 ml

813-: A 38-year-old man is admitted with progressive shoness of breath and cough. He denies any fever, chills, or purulent sputum production. He wants to be evaluated to determine the reasons for his symptoms. On exam, he is afebrile and has decreased breath sounds with hyperresonant upper lung field more obvious on the right. ABGs on RA: pH 7.35; PCO2 38 mm Hg; PO2 78 mm Hg. Spirometry: FVC 1.72 (70% of predicted); FEV1 1.34 L (60% of predicted); FEV1/FVC% 76%; TLC 4.1 L (100% of predicted); TLC by helium dilution method 3.4 (71%); DLCO 70% of predicted. There is no bronchodilator response. Chest radiographs are shown below.What is the next management option?

1: Place a chest tube urgently

2: Increase bronchodilator dosage and frequency

3: Sta chest physical therapy

4: Perform CT scan of chest

814-: ARDS is associated with

1: Acute pancreatitis

2: Trauma

3: Severe falciparum malaria

4: All the above

815-: Surfactant in lung alveoli stas appearing at gestational age

1: 12 weeks

2: 20 weeks

3: 28 weeks

4: 32 weeks

816-: True about Ghons focus:

1: Left apical parenchymal lesion

2: Right apical parenchymal lesion

3: Subpleural caseous lesion in right upper lobe

4: Subpleural caseous lesion just above or below interlobar fissure.

817-: Shock lung is seen in?

1: Bronchiectasis

2: Lung carcinoma

3: ARDS

4: COPD

818-: Normal alveolar ventilation pressure on inspiration is

1: -1 cm water

2: -1 cm Hg

3: +1 cm water

4: +1 cm Hg

819-: Which of the following is true about Head&;s paradoxical reflex?

1: image_question

2: image_question

3: image_question

4: image_question

820-: Which is not seen in ARDS?

1: Hypoxia

2: Hypercapnia

3: Pulmonary oedema

4: Stiff lung

821-: Marked decreased FEV1 and FEV1/ FVC ratio are seen in

1: Asthma

2: Kyphosis

3: Scoliosis

4: Fibrosis of lung

822-: Filgrastim is used for the treatment of

1: Neutropenia

2: Anemia

3: Polycythemia

4: Neutrophilia

823-: V wave in left atrium is higher than in right atrium becasuse

1: Left side is high pressure system

2: Left atrium good compliance with pulmonary vein

3: Something due to poor transit through lung for atrium

4: Right side is a high pressure system

824-: A 60 year old male had a chronic history of exposure of asbestosis. He now presents with a mass in the apex of right lung. Which of the following would be seen on electron microscopy of a biopsy from the lesion?

1: Melanosomes

2: Neurosecretory granules

3: Numerous long slender microvilli

4: Desmosomes with secretory endoplasmic reticulum

825-: Surfactants are produced by:

1: Type 1 pneomocytes

2: Type 2 pneumocytes

3: Smooth muscle

4: Macrophages in alveoli

826-: Alveolar-aerial gradient is increased in all except

1: Diffusion defects

2: Right to left shunt

3: Chronic bronchitis

4: Interstitial lung disease

827-: True about lung compliance:

1: Ratio of change in volume to pressure

2: Has inspiratory and expiratory component

3: Hysteresis exists

4: All

828-: Which is most commonly mutated gene in Surfactant Dysfunction Disorders:

1: Surfactant protein B

2: Surfactant protein C

3: GM-CSF

4: ATP-binding cassette protein member 3 (ABCA3)

829-: Diffusion capacity of lung is increased by?

1: CHF

2: Pulmonary embolism

3: Chronic lung disease

4: Anemia

830-: Drugs which increase level of theophylline include:

1: chloramphenicol

2: Cimetidine

3: Allopurinol

4: All of the above

831-: Which of the following is the best determinant of adequacy of alveolar ventilation?

1: Aerial pO2 level

2: Aerial pCO2 level

3: Minute ventilation

4: Presence of cyanosis

832-: A child seven weeks of age presents with cough, RR-48/min, otherwise normal child false is

1: No role of antibiotics

2: Child has pneumonia

3: Child does not need resusciation

4: Fever should be treated

833-: Genetic risk factor for COPD is

1: a1 Antitrypsin Deficiency

2: Cystic fibrosis

3: Marfan syndrome

4: Severe combined immunodeficiency

834-: True about Sarcoidosis is?

1: Skin is the most common organ involved

2: Premalignant condition

3: Non-caseating granuloma

4: May be associated with hypocalcaemia

835-: A 45-year-old man with cirrhosis due to al-antitrypsin deficiency receives a liver transplant. He is at increased risk of developing which of the following types of emphysema?

1: Centriacinar

2: Paraseptal

3: Panacinar

4: Compensatory

836-: Caisson's disease is

1: Gas embolism

2: Fat embolism

3: Amniotic fluid embolism

4: Tumor embolism

837-: Sequstrated lobe of lung is commonly supplied by -

1: Pulmonary aery

2: Intercostal aery

3: Descending aoa

4: Bronchial aery

838-: Fatal hemoglobin has all the following characteristic features except

1: Strong affinity for 2, 3-DPG

2: Oxygen dissociation curve is shifted to left

3: At low fetal PO2 gives up more oxygen to tissues that adult haemoglobin

4: Forms 80% of haemoglobin at bih

839-: A 60 year old man is suspected of having endobronchial carcinoma: what should be the best investigation

1: CT guided FNAC

2: bronchoscopy and biopsy

3: Sputum cytology

4: X-ray chest

840-: Shifting dullness is the characteristic sign of

1: Hydropneumothorax

2: Pneumothorax

3: Consolidation

4: Collapse

841-: In child, foreign body in lung

1: Rigid bronchoscopy

2: Chest x-ray

3: Flexible endoscopy

4: Direct laryngoscopy

842-: A 41-year-old man is admitted with severe shoness of breath. He complains of a 25-lb weight loss over the last 2 mo and occasional vomiting after meals. On physical examination, vital signs are: pulse 110 bpm; temperature 98degF; respirations 24/min; blood pressure 110/70 mm Hg. Peinent findings: dullness to percussion on the left posterior chest with decreased breath sounds. A patchy area of egophony is heard over the left upper lung field posteriorly. PPD is 15 mm. CXR is shown in. The most likely diagnosis is

1: Aspiration pneumonia

2: Community-acquired pneumonia

3: Pleural effusion

4: Left lung atelectasis

843-: Physiological effects of emphysema may include all of the following, except

1: Increased vital capacity

2: Irregular ventilation

3: Impaired gas diffuse

4: Pulmonary hypeension

844-: The primary direct stimulus for excitation of central chemoreceptors regulating ventilation is

1: Increased H+

2: Increased CO2

3: Increased O2

4: Decreased CO2

845-: The following do not occur with asbestosis

1: Methemoglobinemia

2: Pneumoconiosis

3: Pleural mesothelioma

4: Pleural calcification

846-: Prophylactic measure DVT includes -

1: Warfarin

2: Heparin

3: Graduated elatic compression stocking

4: All of the above

847-: A 40-year-old man has had an increasing cough with hemoptysis for 2 weeks. He has never smoked and is in very good health. On physical examination, his temperature is 38.2deg C. A chest radiograph shows an area of consolidation in the right upper lobe. His condition improves with antibiotic therapy; however, the cough and hemoptysis persist for 2 more weeks. Chest CT scan now shows right upper lung atelectasis. Bronchoscopic examination shows a tan, circumscribed obstructive mass filling a right upper lobe bronchus. Which of the following neoplasms is most likely to produce these findings?

1: Adenocarcinoma

2: Carcinoid tumor

3: Hamartoma

4: Kaposi sarcoma

848-: Predominant constituent of Hyaline membrane is:

1: Albumi

2: Anthracotic pigment

3: Fibrin rich exudates

4: None of the above

849-: Which one of the following is not an aetiology of transudative pleural effusion?

1: Mesothelioma

2: Congestive hea failure

3: Cirrhosis

4: Nephrotic syndrome

850-: Extraparenchymal causes of respiratory failure include (s)

1: Cervical spine trauma

2: Pneumothorax

3: Bronchial obstruction

4: All

851-: Stony dull note on percussion is characteristic of-

1: Pleural effusion

2: Consolidation

3: Pleurisy

4: Tuberculosis cavity

852-: Aerial blood gas of a 5-year-old child done at sees level gives the following results: pH 7.41, PaO2 100 mgHg, and PaCO2 40 mm Hg. The child is being ventilated with 80% oxygen. What is the (A-a) PO2?

1: 570.4 mm Hg

2: 520.4 mm Hg

3: 470.4 mm Hg

4: 420 mm Hg

853-: Worst prognosis of associated with which of the following lung cancer?

1: Small cell carcinoma

2: Adenocarcinoma

3: Squamous cell carcinoma

4: Oat cell carcinoma

854-: Which of the following genes is associated with familial pulmonary aerial hypeension?

1: BMPR2

2: VEGF

3: a1-antitrypsin

4: CFTR

855-: Negative intrapleural pressure is due to

1: Uniform distribution of surfactant over elveoli

2: Negative intraalveolar pressure

3: Absorption by lymphatics

4: Presense of cailage in the upper airway

856-: Stability of alveoli is maintained by

1: Compliance of the lungs

2: Residual air in alveoli

3: Negative intrapleural pressure

4: Reduce surface tension by surfactant

857-: The lung carcinoma most common in nonsmokers is -

1: Sq. cell

2: Large cell

3: Adenocarcinoma

4: Small cell

858-: Predominant constituent of Hyaline membrane disease is :

1: Albumin

2: Anthracotic pigment

3: Fibrin rich exudates

4: Phosphatidylcholine

859-: Most common variety of lung carcinoma in women and children is?

1: Small cell carcinoma

2: Adenocarcinoma

3: Squamous cell carcinoma

4: Large cell carcinoma

860-: Which of the following causes malignant mesothelioma?

1: Smoking

2: Asbestosis

3: Silicosis

4: Pneumoconiosis

861-: Inflation of lungs induces fuher inflation is called

1: Hering-Breuer inflation reflex

2: Heads paradoxical reflex

3: Frank-starling law

4: J reflex

862-: A 50-year-old man dies of a respiratory illness that had been characterized by dyspnea, cough, and wheezing expiration of many years' duration. Initially episodic, his "attacks" had increased in frequency and at the time of death had become continuous and intractable. At autopsy, which of the following is the most likely histologic finding in the lungs?

1: Bronchial smooth muscle hyperophy with proliferation of eosinophils

2: Diffuse alveolar damage with leakage of protein-rich fluid into alveolar spaces

3: Dilation of air spaces with destruction of alveolar walls

4: Hypoplasia of bronchial mucus-secreting submucosal glands

863-: Clinical features of pneumonia are

1: Tracheal shift

2: Increased breath sounds

3: Decreased vocal fremitus

4: Absence of Egophony

864-: Pneumotaxic center is located in

1: Medulla

2: Midbrain

3: Pons

4: Cerebellum

865-: In an emphysematous patient with bullous leison which is the best investigation to measure lung volumes?

1: Body plethysmography

2: Helium dilution

3: Trans diaphragmatic pressure

4: DLco

866-: Crushman spiral is characteristic of which of the following airway disease:

1: Chronic bronchitis

2: Emphysema

3: Atelectasis

4: Bronchial asthma

867-: FEV2/VC:

1: 80-85%

2: 95%

3: 97%

4: 100%

868-: Thickening of the respiratory membrane is seen in

1: A. Asthma

2: B. Emphysema

3: C. Empyema

4: Bronchiectasis

869-: Which of the following is not true about idiopathic pulmonary Hemosiderosis

1: Iron deficiency Anemia

2: Eosinopenia

3: (upward arrow) Bilirubin

4: (upward arrow) Reticulocyte count

870-: Anatomical dead space is

1: 1/3rd of tidal volume

2: 2/5th of tidal volume

3: 10 ml/kg of body weight

4: 15 ml/kg of body weight

871-: WHO criteria for hospital admission in pneumonia ?

1: High fever

2: Nasal flaring

3: Difficulty in breathing

4: All of the above

872-: A 10 month child weighing 5 kg and 65 cm presents with cough and cold. He was found to have a respiratory rate of 48 per minute with no retractions, grunting, cyanosis. There is no history of convulsions. Which is true ?

1: No pneumonia, only cough and cold

2: Child has pneumonia

3: Severe pneumonia

4: Very severe disease

873-: Most common type of carcinoma lung is-

1: Small cell carcinoma

2: Adenocarcinoma

3: Squamous cell carcinoma

4: Large cell carcinoma

874-: A child is having nocturnal asthmatic attacks 2 times in a week and day time attacks 3 times or more. This child is categorized to be having

1: Mild persistent asthma

2: Mild intermittent asthma

3: Severe persistent asthma

4: Moderate persistent asthma

875-: All the following statements about Emphysema are true except

1: Breathlessness is the characteristic presenting symptom

2: Diffusion rate of carbon monoxide is reduced

3: Restrictive pattern on pulmonary function test is seen

4: Long term bronchodilator therapy does not improve lung function

876-: Characteristic histopathological finding in SHOCK LUNG-

1: Diffuse alveolar necrosis

2: Interstitial pulmonary edema

3: Diffuse interstitial inflammation

4: Intra-cellular debris

877-: Investigation of choice for bronchiectasis

1: Alpha 1-antitrypsin level

2: ANCA

3: Ds-DNA

4: CT

878-: B/L Exudative pleural effusion seen in -

1: SLE

2: Lymphoma

3: CCF

4: Nephrotic syndrome

879-: What is the physiological dead space when aerial PCO2 (PaCO2) is 48mmHg, expired PCO2 (PECO2) is 25mmHg and tidal volume of 500ml?

1: 260ml

2: 240ml

3: 220ml

4: 200ml

880-: All the following features are seen in asbestosis except

1: Diffuse pulmonary interstitial fibrosis

2: Fibrous pleural thickening

3: Emphysema

4: Calcific pleural plaques

881-: Kussmaul's breathing is seen in

1: Metabolic acidosis

2: Metabolic alkalosis

3: Respiratory acidosis

4: Respiratory alkalosis

882-: Samter's triad refers to the association of aspirin sensitive asthma and

1: Obesity

2: Uicarla

3: Nasal polyp

4: Rhinosinusitis

883-: Which of the following is the most common illness leading to development of ARDS?

1: Aspiration of gastric contents

2: Head trauma

3: Drug overdose

4: Bacterial pneumonia

884-: Antibody used in treatment of RSV infection

1: Omalizumab

2: Palivizumab

3: Rituximab

4: Daclizumab

885-: Predominant constituent of hyaline membrane is

1: A. Albumin

2: B. Anthracotic pigment

3: C. Fibrin rich pigment

4: D. None of the above

886-: All of the following interventions are demonstrated to effect natural history of patients with COPD, except

1: Smoking cessation

2: Oxygen therapy in chronically hypoxemic patients

3: Lung volume reduction surgery

4: Bronchodilators

887-: Clinical feature of Bronchiestasis are all except

1: Hemoptysis

2: Night sweats

3: Chest pain

4: Productive cough

888-: All of the following are indirect radiologic signs of collapse of lung EXCEPT -

1: Mediastinal displacement

2: Hilar displacement

3: Compensatory hyperinflation

4: Loss of aeration

889-: Hering-Breuer reflexes are mediated by

1: Slowly adapting myelinated vagal fibers

2: Rapidly adapting myelinating vagal fibers

3: Unmyelinated pulmonary C fibers

4: Unmyelinated bronchial C fibers

890-: Reid index in increased in -

1: Chronic bronchitis

2: Emphysema

3: Bronchieactasis

4: ARDS

891-: All of the following features are seen in the viral pneumonia except -

1: Presence of interstitial inflammation

2: Predominance of alveolar exudates

3: Bronchiolitis

4: Multinucleate gaint cells in the bronchiolar wall

892-: Which of the following is the most characteristic feature of ARDS

1: Diffuse alveolar damage

2: Hypoxemia and hypoxia

3: Surfactant deficiency

4: Hypocapnia

893-: Tubular breathing is seen in

1: Pleural effusion

2: Consolidation

3: Pleurisy

4: TB cavity

894-: Recent oral direct thrombin inhibitor which can be used for prevention of stroke is

1: Dabigatrin

2: Ximelagatran

3: Lepirudin

4: Saxagliptin

895-: All of the following statement are true regarding histological features of emphysema, except:

1: There is loss of attachments of the alveoli to the outer wall of small airways

2: The pores of Kohn become narrower and obstructed

3: It causes decrease in capillary bed area

4: There are large abnormal airspaces, blebs and bullae

896-: Which of the following is true regarding non specific interstitial pneumonia

1: A. Honey combing on CT

2: B. Predominant in males

3: C. Affects elderly age grpup

4: D. Good prognosis

897-: A 44-year-old man with a history of chronic bronchitis is admitted with severe shoness of breath and left-sided chest pain. CXR is shown in. EKG shows left ventricular strain.What is the most likely diagnosis to explain the symptoms?

1: Pneumothorax

2: COPD

3: Bulla

4: Subendocardial infarct

898-: Allergic bronchopulmonary aspergillosis diagnotic criteria are

1: Detection of Aspergillus in sputum

2: Central lower lobe bronchiectasis

3: (upward arrow) IgE

4: all

899-: Respiratory burst in neutrophils occurs due to

1: NADPH oxidase

2: NADP oxidase

3: FADH2 oxidase

4: FAD

900-: A man connected to a body plethysmograph for estimation of FRC inspires against a closed glottis. Which of the following statements is true?

1: The pressure in both the lungs and the box increases

2: The pressure in both the lungs and the box decreases

3: The pressure in the lungs decreases, but that in the box increases

4: The pressure in the lungs increases, but that in the box decreases

901-: True about alpha-1 antitrypsin deficiency,is :

1: Autosomal dominant

2: Pulmonary emphysema

3: Disease resistant hepatic cells

4: Hepatic cells are orcein stain positive

902-: For the diagnosis of obstructive airway disease which of the following is preferred

1: Vital capacity

2: Timed vital capacity

3: Tidal volume

4: Blood gas analysis

903-: The immediate response of J receptor stimulation is

1: Tachycardia

2: Hypeension

3: Tachypnoea

4: Apnoea

904-: A 20 year old male presents with acute respiratory distress and tachypoea. His B.P. is 90/60. Loud P2 is +nt. True about his condition

1: D-dimer assay should be done

2: S wave in lead 1 and Q wave in lead 3 of ECG is seen

3: Streptokinase hold be given

4: All

905-: The most common termination of lobar pneumonia is:(1989)

1: Consolidation

2: Resolution

3: Abcess formation

4: Empyema

906-: Pulmonary aery pressure is

1: 120/80 mm Hg

2: 25/0 mm Hg

3: 25/8 mm Hg

4: 120/0 mm Hg

907-: Cyanosis NOT improving with 100% oxygen in case of

1: Cardiac asthma

2: Interstitial lung disease

3: Bronchial asthma

4: Tetrology of hea

908-: Drug of choice in interstitial lung disease is

1: Antibiotics

2: Steroid

3: Bronchodilators

4: none

909-: Pleural fibroma is differentiated from mesothelioma by the presence which of the following in the former-

1: CD14

2: CD24

3: Cytokreatin

4: Erb positive

910-: Best ventilator strategy for ARDS is

1: CPAP

2: High frequency jet ventilation

3: Assisted control mechanical ventilation

4: Synchronised intermittent mandatory ventilation

911-: By spirometry, one can measure

1: Residual volume

2: FRC

3: TLC

4: Tidal volume

912-: A young patient presented with features of pneumonia, X-ray showed a lung abscess and a bulging fissure. WHich of the following is the most likely causative organism is

1: Staphylococcus

2: Klebsiella

3: Pneumocystis carinii infection

4: CMV

913-: Charcot laden crystals are found in -

1: Bronchial asthma

2: Bronchiectasis

3: Chronic bronchitis

4: Wegners granulomatosis

914-: Leukotriene receptor antagonist used for bronchial asthama is

1: Zafirlukast

2: Zileuton

3: Cromolyn Sodium

4: Aminophylline

915-: CO2 increases ventilation by acting mainly on receptors of

1: Apneustic center

2: Pneumotaxic center

3: Vental surface of medulla

4: DRG

916-: Which of the following hypersensitivity reactions occurs in Farmer&;s lungs -

1: Type I

2: Type III

3: All of the above

4: none of the above

917-: Most impoant stimulus to peripheral chemoreceptors

1: PO2

2: CO2

3: pH

4: HCO3

918-: TRUE regarding presentation of primary T.B is

1: Bilateral pleural effusion with negative Tuberculin test

2: Unilateral hilar lymphadenopathy

3: Sustained chronic pyrexia

4: Bilateral pleural effusion with postive Tuberculin test

919-: J-receptors which are responsible for rapid shallow breathing is located in

1: Thoracic cage and lung

2: Carotid aery

3: Alveoli-capillary junction

4: Aoa

920-: All of the following define severe ARDS according to the berlin Definition of ARDS?

1: paO2/FiO2 < 200

2: Acute Onset <1 week

3: Bilateral Alveolar opacities

4: Non-Cardiogenic Pulmonary edema

921-: Which one of the following is not a common feature of cystic fibrosis?

1: Exocrine pancreatic insufficiency

2: Azoospermia

3: Distal gastrointestinal obstruction

4: Polyneuropathy

922-: Cyanosis cannot occur in severe anaemia because

1: Anaemic blood has a higher O2 carrying capacity per gram of Hb

2: It requires a critical concentration of reduced Hb in blood

3: Patient improves his alveolar oxygen as a compensation for anaemia

4: There is an increased blood flow through the skin

923-: Profuse expectoration of two months durations and clubbing may be seen

1: Sarcoidosis

2: Polyaeritis nodosa

3: Pulmonary aery hypeension

4: Allergic bronchopulmonary aspergillosis

924-: A known case of bronchial asthma presents with respiratory distress, a respiratory rate of 48/min and can barely speak 2 words. Nebulised salbutamol was given and pt speak a sentence but there was a fall in Sp02 95% to 85%. What be the possible explanation?

1: Ventilation perfusion mismatch because of increased dead space ventilation

2: Intrathoracis shunting

3: Dure to salbutamol

4: Faulty oximeter

925-: Bronchopneumonia means

1: Inflammatory involvement of a lobe of a lung

2: Inflammatory involvement of the airways; the bronchus & the lung parenchyma

3: Dilatation of the bronchioles

4: Inflammatory involvement of the lymphatics

926-: During standing, in apex of lung

1: Blood flow is high

2: Ventilation is high

3: V/Q is high

4: V/Q is low

927-: Cavitatory lesions in lung are seen in -

1: Primary pulmonary tuberculosis

2: Staphylococcal pneumonia

3: Pneumoconiosis

4: Interstitial lung disease

928-: A 30-year old male presented with fever, dry cough and weight loss of 6 months duration. The chest x ray shows miliary pattern. The differential diagnosis includes all the following except

1: Tuberculosis

2: Wegener's granulomatosis

3: Fungal infection

4: Sarcoidosis

929-: Cause of transudate pleural effusionn is

1: Nephrotic syndrome

2: Tuberculosis

3: Pneumonia

4: Pulmonary infarction

930-: Reflex bronchoconstriction is most likely to occur with the following form of inhaled antiasthma medication

1: Metered dose spray of drug in solution

2: Dry powder rotacap

3: Nebuliser

4: Nebuliser with spacer

931-: Ventilation perfusion ratio is maximum at

1: Posterior lobe of lung

2: Middle lobe

3: Apex of lung

4: Base of lung

932-: Normal diffusion of CO2 at rest

1: 20-25 ml/min

2: 50-100 ml/min

3: 100-200 ml/min

4: 400-500 ml/min

933-: Surfactant synthesis stas after about

1: 26 weeks of foetal life

2: 20 weeks of foetal life

3: 30 weeks of foetal life

4: 18 weeks of foetal life

934-: Most common type of emphysema clinically is:

1: Panacinar

2: Centriacinar

3: Paraseptal

4: Segmental

935-: The most common cause of preventable hospital death is

1: Acute pulmonary embolism

2: Hea failure

3: Myocardial infraction

4: Cancer

936-: Sudden death, right sided hea failure (cor pulmonate or cardiovascular collapse occur when -

1: Small pulmonary embolism

2: Massive pulmonary embolism

3: 60% or more of pulmonary aery is obstructed with emboli

4: End aery obliteration

937-: Ferruginous bodies are seen in -

1: Silicosis

2: Bysinosis

3: Asbestosis

4: Baggassosis

938-: Pleural mesothelioma is associated with

1: Asbestosis

2: Berylliosis

3: Silicosis

4: Beryliosis

939-: All of the following statement are true regarding centriacinar emphysema, except:

1: Most common type of emphysema

2: Respiratory bronchiole are affected and distal alveoli are spared

3: Common and more severe in lower lobes

4: Associated with smoking

940-: Why is tetany seen with hyperventilation

1: Metabolic alkalosis

2: Metabolic acidosis

3: Respiratory alkalosis

4: Respiratory acidosis

941-: Most common site of gastrointestinal TB:

1: Stomach

2: Duodenum

3: Terminal ileum

4: Colon

942-: Broncho-pneumonia due to measles occurs due

1: Sinusitis

2: Immunomodulation

3: Bronchial obstruction

4: Aspiration

943-: What is the diagnosis?

1: Pneumothorax

2: Emphysema

3: Bronchiectasis

4: Cardiomegaly

944-: Which of the types of asbestos is LEAST associated with mesothelioma ?

1: Chrysotile

2: Crocidolite

3: Amosite

4: Tremolite

945-: Schaumann bodies are seen in:

1: Sarcoidosis

2: Chronic bronchitis

3: Asthma

4: Syphilis

946-: Diffusion capacity for carbon monoxide is decreased in all of the following except

1: Chronic bronchitis

2: Emphysema

3: Interstitial lung disease

4: Pulmonary embolism

947-: Drug of choice for pneumocystis carinii is?

1: Doxycyline

2: Cotrimoxazole

3: Tetracyclines

4: Dapsone

948-: A full term neonate rapidly develops progressive respiratory distress shortly after birth, lung biopsy done post-mortem reveals the following, what is your diagnosis?

1: Pulmonary hemorrhage

2: Pulmonary alveolar proteinosis

3: Pneumonia

4: Pulmonary edema

949-: Hemoptysis is said to be massive when it exceeds what amount in 24hours?

1: 400mL

2: 500mL

3: 600mL

4: 800mL

950-: True about adenocarcinoma lung

1: More common in female

2: Smoking is not associated with

3: Central cavitations

4: Upper lobe involvement is most common

951-: Bronchial asthma is definitely diagnosed by-

1: Relief of symptoms after bronchodilators

2: Methacloline challenge test

3: Decreased FEV/FVC ratio on spirometry

4: Reversible responsiveness of bronchial musculature

952-: A 56 year old chronic smoker, mass in bronchus resected. What is the possible marker-

1: Cytokeratin

2: Vimentin

3: Epithelial membrane Cadherin

4: Leukocyte

953-: Most common primary bronchogenic carcinoma is

1: Small cell carcinoma

2: Squamous cell carcinoma

3: Mixed cell carcinoma

4: Adenocarcinoma

954-: Pulmonary tuberculosis is more common in following associated diseases except -

1: Acquired Immune Deficiencies syndrome

2: Diabetes

3: Chronic renal failure

4: Mitral stenosis

955-: A study of HIV-infected persons shows that those with CD4+ lymphocyte counts below 100 cells/mL are found to be at increased risk for pulmonary infections. Some of them have concurrent hepatosplenomegaly and lymphadenopathy, as well as malabsorption with weight loss, night sweats, and fever. Bronchoalveolar lavage specimens

examined microscopically show macrophages filled with acid-fast infectious organisms. Which of the following infections have these persons developed?

1: Aspergillus niger

2: Candida albicans

3: Legionella pneumophila

4: Mycobacterium avium-complex

956-: A trunk driver presented with history of fever since four weeks, and dry cough. He also gives a history of weight loss of about 10 kg .X-ray ahows bilateral reticulonodular infiltrates. The most likely diagnosis is

1: Tuberculosis

2: Pneumocystis carinii pneumonia

3: Pneumococcal pneumonia

4: Interstitial lung disease

957-: Apnea in infant is

1: > 10 sec

2: > 20 sec

3: > 30 sec

4: > 40 sec

958-: Cavitating pulmonary lesions can be seen in the following except

1: Sarcoidoses

2: Tuberculosis

3: Carcinoma of lung

4: none

959-: The volume in lungs at the time of full relaxation of lungs is

1: FRC

2: Tidal volume

3: Inspiratory reserve volume

4: Expiratory reserve volume

960-: Creola bodies are seen in-

1: Bronchial asthma

2: Chronic bronchitis

3: Emphysema

4: Bronchiectatsis

961-: Maximum voluntary ventilation is

1: 25 L/min

2: 50 L/min

3: 100 L/min

4: 150 L/min

962-: 10-year old male with poor growth, poor appetite, recurrent chest infection and steatorrhea is likely to have _____ .

1: High sodium and chloride levels in the sweat

2: Diabates mellitus

3: Recurrent skin allergy

4: Mental retardiation

963-: Severe Obstructive sleep apnea is defined as AHI of greater than

1: 15 events/hour

2: 20 events/hour

3: 25 events/hour

4: 30 events/hour

964-: The following antiasthma drug is not a bronchodilator

1: Ipratropium bromide

2: Theophylline

3: Sodium cromoglycate

4: Formoterol

965-: Megaloblastic anemia may be caused by all of the following except

1: Dilantin toxicity

2: Vitamin B12 deficiency

3: Folic acid deficiency

4: Long term aspirin intake

966-: All of the following statements about Pneumocystis Jiroveci are true except

1: Usually associated with CMV infection

2: May be associated with Pneumatocele

3: Usually diagnosed by sputum examination

4: Causes disease only in the immunocompromised host

967-: Pneumatoceles on chest radiograms in a child with pneumonia are seen in infection

1: Staphylococcus

2: Pneumococcus

3: Streptococcus

4: Haemophilus influenzae

968-: A 60-year old male has a long standing history of breathlessness. He has been a heavy smoker since the age of 20 years. Physical examination reveals an anxious male who is emaciated, puffing for breath but is not cyanosed. The chest is barrels shaped. The primary pathology of the lung in this patient is associated with which of the following pathogenetic mechanisms?

1: Type I hypersensitivity

2: Unabashed action of proteases

3: Deposition of immune complexes

4: Deficiency of a protein produced by the liver

969-: A diabetic female on INH and Rifamipicin for TB developed DVT. She was staed on warfarin, PT is not raised, and next step should be

1: Increase the dose of warfarin

2: Replace warfarin with Acenococumarin

3: Switch Ethambutol for Rifampicin

4: Use LMV heparin

970-: which position is best in patients suspecting air embolism

1: Supine

2: Left Lateral

3: Trendelenberg

4: BC

971-: All of the following statement are true regarding idiopathic pulmonary fibrosis, except:

1: Pleural surfaces developed "cobblestoned" appearance

2: Areas of fibrosis, occur preferentially in the lower lobes and subpleural regions

3: Fibroblastic foci are the earliest lesion

4: Masson bodies are characteristic

972-: Distension of distant alveoli is seen in -

1: Irregular emphysema

2: Paraseptal emphysema

3: Panacinar emphysema

4: Centriacinar emphysema

973-: Kaagener's syndrome includes all of the following except

1: Situs inversus

2: Bronchiectasis

3: Sinusitis

4: Cystic fibrosis

974-: The exercise-induced hyperventilation during vigorrous exercise is produced due to the receptors present in

1: Medulla oblongata

2: Lung parenchyma

3: Carotid bodies

4: Trachea and large bronchi

975-: All of the following statement are true regarding asbestosis except:

1: Amphiboles are more pathogenic

2: It begins in a upper zone

3: Can cause mesothelioma

4: Pulmonary hypeension may be seen

976-: All of the following are true regarding histological features of asbestosis, except:

1: Diffuse pulmonary interstitial fibrosis

2: Asbestos bodies are consist of asbestos fibers coated with an calcium-containing material

3: Fibrosis begins around respiratory bronchioles and alveolar ducts and extends to involve adjacent alveolar sacs and alveoli

4: Pleural plaques are collections of dense collagen

977-: Residual volume is the volume of air in lung after

1: Maximal inspiration

2: Maximal expiration

3: Normal inspiration

4: Normal Expiration

978-: A 24-year-old female graduate student repos increasing shoness of breath with exercise and has recently noticed dyspnea on mild activity. One day before presenting at the office, she experienced sudden loss of consciousness while shopping at a grocery store. On physical examination, vital signs are: pulse 88 bpm; temperature 97.8degF; respirations 18/min; blood pressure 100/70 mm Hg. BMI is 34. ABGs on RA: pH 7.43; PCO2 36 mm Hg; PO2 87 mm Hg. Chest x-rays are shown in.The clinical and chest radiographic diagnosis may be commonly associated with

1: A loud A2 on cardiac auscultation

2: Right arm swelling

3: Rib notching

4: A loud P2 on cardiac auscultation

979-: D-dimer is the most sensitive diagnostic test for

1: Pulmonary embolism

2: Acute pulmonary oedema

3: Cardiac tamponade

4: Idiopathic pulmonary fibrosis

980-: A 29-year-old man who has had no major illnesses experiences acute onset of hemoptysis. On physical examination, he has a temperature of 37deg C, pulse of 83/min, respirations of 28/min, and blood pressure of 150/95 mm Hg. A chest radiograph shows bilateral fluffy infiltrates. A transbronchial lung biopsy on microscopic examination shows focal necrosis of alveolar walls associated with prominent intra-alveolar hemorrhage. Two days later, he has oliguria. The serum creatinine level is 2.9 mg/dL, and urea nitrogen is 31 mg/dL. Which of the following antibodies is most likely involved in the pathogenesis of his condition?

1: Anti-DNA topoisomerase I antibody

2: Anti-glomerular basement membrane antibody

3: Antimitochondrial antibody

4: Anti-neutrophil cytoplasmic antibody

981-: Alpha -1 antitrypsin deficiency occurs in

1: Emphysema

2: Bronchiectasis

3: Empyema

4: Brochogenic carcinoma

982-: What is the emergent management of tension pneumothorax?

1: Chest X-ray

2: Emergency room thoracotomy if unstable

3: Immediate needle thoracostomy in 2nd intercostal space

4: Tube thoracostomy in 5th ICS

983-: Earliest lesion seen in asbestosis is:

1: Pleural plaques

2: Hilar lymphadenopathy

3: Adenoma lung

4: Mesothelioma

984-: Reid index is useful in the diagnosis of:

1: Chronic bronchitis

2: Bronchial asthma

3: Bronchiectasis

4: Emphysema

985-: All of the following statements about silicosis are true except

1: Pleural plaques

2: Prediliction for upper lobes

3: Calcific hilar lymphadenopathy

4: Associated with tuberculosis

986-: Bronchiectasis means .....of bronchi -

1: Inflammation

2: Dilatation

3: Cavitation

4: All

987-: Best test for lung fibrosis-

1: Chest xray

2: MRI

3: HRCT

4: Biopsy

988-: A 27-year-old man is seen with a history of chronic sinus and pulmonary infections. He works as a salesperson in a retail outlet and denies any specific occupational exposure. He lives with his wife of 4 years and has no children. Family and travel history is noncontributory. On examination, he is in no acute distress. Lung exam reveals crackles in both lower lung zones and extremities show no clubbing. CXR is shown below.The most likely diagnosis is

1: IgA deficiency

2: Kaagener syndrome

3: Aspiration pneumonia

4: Cystic fibrosis

989-: Following drugs are effective in cases of pneumocystis jirovecii EXCEPT

1: Pentamidine

2: Trimethoprim-dapsone

3: Clindamycin plus primaquine

4: Cefepime

990-: Cough and sputum in COPD are primarily due to changes in

1: Large airways

2: Medium airways

3: Small airways

4: Lung parenchyma

991-: All of the following are used in treatment of pneumocystis carinii except

1: Pentamidine

2: Dapsone

3: Cotrimoxazole

4: Fluoroquinolones

992-: Beryllium expsore is associated with

1: Pulmonary fibrosis

2: Granulomatous lung disease

3: Lung cancer

4: Mesothelioma

993-: Which of the following inhaled occupational puIlutant produces extensive nodular pulmonary fibrosis?

1: Silica

2: Asbestos

3: Wood dust

4: Carbon

994-: Asthma is?

1: Obstructive lung disease

2: Restrictive lung disease

3: Both

4: None

995-: Causative agent for Farmers' Lung is?

1: Thermoactinomyces sacchari

2: Thermophiles actinomyces

3: Cotton dust

4: Pigeon feather

996-: FDA approved the use of modafinil as an adjunct in

1: Sleep apnea

2: Narcolepsy

3: Depression with lethargy

4: Tourette's syndrome

997-: A 65-year-old man worked in a shipyard for 10 years, and then he worked for 5 years for a company that installed fire retardant insulation. He experienced increasing dyspnea for 11 years with progressive respiratory failure and hypoxemia. A CT scan of his chest now shows a large mass encasing the left lung. Which of the following findings is most likely to be seen on a chest radiograph in this patient?

1: Bilateral fluffy perihilar infiltrates

2: Bilateral upper lobe cavitation

3: Diaphragmatic pleural calcified plaques

4: Endobronchial mass with atelectasis

998-: PO2 is maximum

1: Base of lung

2: Posterior lobe

3: Apex of lung

4: Middle lobe

999-: Which paraneoplastic syndrome is not seen with Small Cell Ca Lung:

1: PTH

2: ACTH

3: ADH

4: Carcinoid syndrome

1000-: Oxygen affinity increases with

1: Carbon monoxide

2: Acidosis

3: Hypoxia

4: Anemia

1001-: Cystic fibrosis is associated with all except -

1: Infeility

2: Azoospermia

3: Nasal polyps

4: Renal failure

1002-: Drug used in heparin overdose is

1: Protamine sulfate

2: Phylloquinone

3: Ticlopidine

4: Clopidogrel

1003-: The drug of choice for the treatment of Pneumocystis jirovei (Pneumocystis carini) pneumonia is

1: Lamivudine

2: Co-trimoxazole

3: Doxycycline

4: Itraconazole

1004-: A 71-year-old man is seen with low-grade fever, generalized malaise, and a run-down feeling. He has lost weight and shows stigmata of chronic illness. There is no history of occupational exposure. On physical examination, vital signs are as follows: pulse 110 bpm; temperature 99degF; respirations 19/min; blood pressure 90/60 mm Hg. On exam, the man is frail and appears cachectic with temporal wasting. Other aspects of his physical exam are unremarkable. Laboratory data: Hb 10 g/dL; Hct 30%; MCV 90; WBCs 3000/uL; differential normal; BUN 19 mg/dL; creatinine 1.0 mg/dL; sodium 129 mEq/L; potassium 5.0 mEq/L; ABGs (RA): pH 7.42, PCO2 35 mm Hg, PO2 58 mm Hg. Spirometry: FVC 60% of predicted; FEV1 60% of predicted. PPD skin test is negative (0 mm); induced sputum for AFB smear is negative. Chest radiograph is shown below.What is the most likely diagnosis?

1: Silicosis

2: Miliary TB

3: Metastatic thyroid carcinoma

4: Sarcoidosis

1005-: A 3year old boy presented with recurrent attacks of pneumonia and otitis media since 1st bihday. Diagnosis is X-linked agammaglobulinemia and most likely offending organism is

1: CMV

2: Mycoplasma

3: Pneumocystis jiroveci

4: Streptococcus pneumonia

1006-: Pneumatoceles often develop in children after pneumonia due to the following organism

1: Klebsiella

2: Streptococcus

3: Staphylococcus aureus

4: Haemophilus influenzae

1007-: A person unacclimatised develops pulmonary edema

1: 19 - 21 days

2: 2nd - 3rd month

3: 2 - 3 days

4: 6 - 7 days

1008-: All of the following features are seen in viral pneumonia except-

1: Presence of interstitial inflammation

2: Predominance of alveolar exudates

3: Bronchiolitis

4: Multinucleate giant cells in the bronchiolar wall

1009-: True about MMV:

1: 150 lt per min

2: Measured with maximum voluntary effo

3: Maximum breathing capacity per minute

4: All

1010-: In which of the following conditions oxygen delivery is least to muscles?

1: Person inhaling 100 percent oxygen at the top of mout everest

2: Marathon runner at sea level

3: Person with carbon monoxide poisoning

4: None of the above (this option none of the above was also there)

1011-: Bilateral lymphadenopathy , along with non caseating granulomas is a characteristic feature of

1: Sarcoidosis

2: Scleroderma

3: SLE

4: Stein-leventhal syndrome

1012-: Ipratropium bromide used in bronchial asthma is:

1: Beta Sympothomimetics

2: Methylxanthines

3: Anticholinergic

4: Mast cell stabilizers

1013-: The abnormal preoperative pulmonary function test in a patient with severe kyphoscoliosis includes

1: Normal RV and decreasd TLC

2: Reduced FEV1/ FVC

3: Reduced FEV 25-75

4: Increased FRC

1014-: Functional residual capacity represents the volume of air remaining in lungs

1: After forceful expiration

2: After forceful inspiration

3: After normal inspiration

4: After normal expiration

1015-: Bronchial asthma is associated with raised levels of

1: Leukotrienes

2: PGI2

3: PGE2

4: Thromboxane

1016-: Bronchogenic sequestration is seen in which lobe-

1: Left lower lobe

2: Right upper lobe

3: Left middle lobe

4: Left upper lobe

1017-: Investigations in a clinically suspected case of tuberculosis

1: Mantoux (in children)

2: Sputum AFB

3: PCR

4: All

1018-: All of the following statement are true regarding silicosis, except:

1: Crystalline forms are much more fibrogenic

2: Phagocytosed silica crystals activate the inflammasome, leading to the release of inflammatory mediators, paicularly IL-2 and TNF

3: As the disease progresses, nodules coalesce into hard, collagenous scars

4: Histologic examination reveals the hallmark lesion characterized by a central area of whorled collagen fibers with a more peripheral zone of dust-laden macrophages.

1019-: Most common organism associated with cystic fibrosis

1: Pseudomonas aeruginosa (non mucoid)

2: Burkholderia cepacia

3: Pleisomonas

4: Aeromonas

1020-: A 17-year old male complains of recurrent episodes of cough, wheezing and shoness of breath paicularly at night for the last 3 days. His sibling has a history of similar symptoms. A Skin test with pollen produces immediate wheal and flare. The laboratory finding most consistent with his clinical findings would be

1: Neutrophilia

2: Cold agglutinins

3: Positive direct antiglobulin test

4: Eosinophilia

1021-: With which of the following receptors theophylline has an antagonist interaction?

1: Histamine receptor

2: Bradykinin receptor

3: Adenoside receptor

4: Inidazoline receptor

1022-: The cause of death in cyanide poisoning is

1: Anoxic anoxia

2: Anaemic anoxia

3: Histotoxic anoxia

4: Stagnant anoxia

1023-: Dose of MgSO4 in asthma is

1: 8 g i.v. over 20 minutes

2: 2g infused over 20 minutes

3: 2g i.v. over 40 minute

4: 6 g i.V. over 40 minutes

1024-: All the following statements about leukotriene modifers in the management of bronchial asthma are true except

1: May be used for acute asthma

2: May be used for exercise induced asthma

3: Zileuton is leukotriene modifer

4: May uncover chrug Strauss syndrome

1025-: Sensitivity of chemoreceptors in COPD

1: Decreased to H+

2: Increased to H+

3: Increased to PCO2

4: Increased to PO2

1026-: Pulmonary complications of rheumatoid ahritis include the following except

1: Pulmonary nodules

2: Mesothelioma

3: Fibrosing alveolitis

4: pleural effusion

1027-: All the following are causes of Transdative pleural effusion Except

1: Nephrotic syndrome

2: Rheumatoid ahritis

3: Myxedema

4: Constrictive pericarditis

1028-: The diffusion capacity of lung is decreased in all except

1: ILD

2: Good pateur syndrome

3: Pneumocystis carinii infection

4: Primary pulmonary hypeension

1029-: Lung volume reduction surgery is used in the management of

1: Bronchial asthma

2: Interstitial lung disease

3: Chronic bronchitis

4: Emphysema

1030-: Most common cause of pneumonia in children less than 2 years is ?

1: RSV

2: Streptococcus aureus

3: Staphylococcus aureus

4: Klebsiella

1031-: Reid index is useful in-

1: Glomerulonephritis

2: Chronic bronchitis

3: Cirrhosis

4: MI

1032-: A 69-year-old man with a history of chronic obstructive pulmonary disease/chronic bronchitis is admitted with increasing sputum production, fever, chills, and decreased O2 saturation. His chest x-ray shows a left lower lobe nonhomogeneous opacity. He is treated with IV antibiotics and improves. On the fouh hospital day, prior to discharge, CXR is repeated and the radiologist repos that there is no change as compared to the admission x-ray. Chest x-rays are shown.What will you do next?

1: Obtain a CT scan to rule out abscess

2: Defer discharge and resume IV antibiotics

3: Schedule a pulmonary consult for bronchoscopy to improve bronchial drainage

4: Discharge the patient on oral antibiotics

1033-: Most common cause of Bronchiolitis is ?

1: RSV

2: Adenovirus

3: Parainfluenza

4: Mycoplasma

1034-: A child suffering from asthma is to be treated with a drug that blocks the synthesis of leukotrienes. What drug would be an appropriate choice

1: Cromolyn sodium

2: Montelukast

3: Zileuton

4: Theophylline

1035-: Commonest intrabronchial cause of haemoptysis is

1: Carcinoma lung

2: Adenoma lung

3: Emphysema

4: Bronchiectasis

1036-: The interstitial lung disease (ILD) showing granulomas on lung biopsy is

1: Usual interstitial pneumonitis

2: Sarcoidosis

3: Diffuse alveolar damage

4: Desquamative interstitial pneumonia

1037-: A 9-year-old girl child developed a 10 mm area of induration on the left forearm 72 hours after intradermal injection of 0.1 ml of purified protein derivative (PPD). Which of the following is most likely to be seen on the X-ray of this patient?

1: Marked hilar adenopathy

2: Upper lobe calcifications

3: No abnormal findings

4: Reticulo-nodular densities

1038-: Hyperventilation in high altitude is due to

1: Respiratory alkalosis

2: Respiratory acidosis

3: Hypercapnea

4: Decreased concentration of bicarbonate

1039-: Chloride shift is due to

1: Generationof HCO3 in RBC's

2: Metabolism of glucoses in RBC's

3: Formation of O2-Hb complex in RBC's

4: Release of K in RBC's

1040-: Laminated concretions of calcium and proteins are -

1: Schaumann's bodies

2: Ferrugenious bodies

3: Asteroid bodies

4: Gamm Gandy bodies

1041-: You are shown PA and lateral chest radiographs from a 53-year-old woman with mild dyspnea. Which one of the following is the MOST likely diagnosis?

1: Mesothelioma

2: Empyema

3: Bronchogenic carcinoma

4: Solitary fibrous tumor

1042-: Pulmonary function abnormalities in interstitial lung diseases include all of the following except

1: Reduced vital capacity

2: Reduced FEV1 /FVC ratio

3: Reduced diffusion capacity

4: Reduced total lung capacity

1043-: Kartagener's syndrome increase risk of -

1: Brochitis

2: Bronchiolitis

3: Brochieactasis

4: Tracheitis

1044-: All except one is required for the diagnosis of obesity hypoventilation syndrome

1: Hypeension

2: Sleep disorder breathing

3: BMI more than or equal to 30 kg/m2

4: PaCO2 more than or eqal to 45 mmHg

1045-: Best investigation when there is clinical suspicion of pulmonary embolism in a patient is -

1: D - Dimer assay

2: Multi detector CT angiography

3: Doppler ultrasound

4: Catheter angiography

1046-: Diagnostic criteria for ARDS include all except

1: Bilateral alveolar infiltrates

2: PaO2 / FiO2 >=300 mm Hg

3: Acute onset

4: Pulmonary capillary wedge pressure <= 18 mm Hg

1047-: The main infectious agent associated with recurrent pulmonary infections in patients with cystic fibrosis is _____ .

1: Mycoplasma

2: Pseudomonas

3: Pneumocystis

4: Aspergilus

1048-: Vitamin K is involved in the post translational modification of

1: Glutamate

2: Aspaate

3: Glycine

4: GABA

1049-: A 72-year-old woman has had difficulty with vision in her right eye for 3 months. She also has pain in the right upper chest. The findings on physical examination include unilateral enophthalmos, miosis, anhidrosis, and ptosis on the right side of her face. A chest radiograph shows right upper lobe opacification and bony destruction of the right first rib. Which of the following conditions is most likely to be present in her?

1: Bronchopneumonia

2: Bronchiectasis

3: Bronchogenic carcinoma

4: Sarcoidosis

1050-: Which of the following is characteristically not associated with the development of interstitial lung disease ?

1: Organic dusts

2: Inorganic dusts

3: Toxic gases e.g. chlorine, sulphur dioxide

4: Inhalation of tobacco smoke

1051-: The following acute respiratory response to ascent to high altitude, there is normalization of blood pH. The mechanism is

1: Increased erythropoesis leads to increased buffering by hemoglobin

2: Increased excretion of HCO3 - by the kidneys

3: Increased levels of 2, 3--DPG

4: Retention of bicarbonate by the kidneys

1052-: The followng does not occur with asbestosis -

1: Methaemoglobinemia

2: Pneumoconiosis

3: Pleural mesothelioma

4: Pleural calcification

1053-: Which of the following is not a bronchodilator

1: Beta 2 agonist

2: Methylxanthines

3: Steroids

4: Anticholinergics

1054-: Feature of shock lung is?

1: Diffuse alveolar damage

2: Usual interstitial pneumonitis

3: Organizing pneumonia

4: Bronchilolitis

Answers

Question No	Answer Option	Answer
1	4	Congenital cystic adenomatoid malformation
2	3	Sarcoidosis
3	1	A. 1-5 micron
4	4	20-May
5	3	HRCT lung
6	3	Asbestosis
7	2	Predominance of alveolar exudate
8	4	Accumulation of fibrin
9	4	Small round cells and hyperchromatic nuclei with nuclear moulding
10	2	Asthma
11	3	Increased compression of airway
12	4	Heart failure cells
13	2	Microfilaria in blood
14	4	Metabolic acidosis
15	4	Erythromycin
16	2	Connected with cardiac center
17	3	As bicarbonates
18	1	Meconium ileus
19	4	Apneusis
20	2	Secretory
21	2	Pulmonary aery hypeension
22	1	Alveolar hypoventilation

23	1	RCC
24	1	Centriacinar
25	3	Acute respiratory distress syndrome
26	1	Panacinar-emphysema
27	4	image_question
28	4	10 seconds
29	2	Lung cancer
30	4	None
31	1	Emphysema
32	1	Pulmonary compliance increases
33	1	Asthma like features
34	2	Oral deferiprone
35	4	VIP
36	1	Total lung capacity
37	1	Adenocarcinoma of lung
38	2	Cotrimoxazole
39	1	Pneumocystis jirovecii pneumonia
40	1	Morphine patch
41	2	Klebsiella pneumoniae
42	3	Gas embolism
43	4	Angiography
44	2	Small cell carcinoma
45	2	Nedocromil sodium
46	4	Ventilation perfusin mismatch
47	4	Emphysema

48	3	Antithrombin 3
49	1	Wegener's granulomatosis
50	2	Sarciodosis
51	1	Sarcoidosis
52	3	Muffled hea sounds
53	3	Initiate anti-pseudomonas antibiotic regimen
54	2	High altitude
55	2	Pulmonary Embolism
56	4	Ectopic ACTH producing tumor
57	4	Hyaline membrane and collapsed alveoli
58	1	HRCT
59	1	More common in female
60	3	Granulomas
61	1	Surfactants
62	1	Hyaline membrane disease
63	4	Nicotine dependency
64	4	CT with IV contrast
65	4	Reye syndrome
66	2	Obstructive pattern
67	1	Bronchial Asthma
68	1	Autosomal recessive
69	1	Carboxylation
70	3	Bronchial asthma
71	1	Chronic bronchitis
72	2	Organized hemothorax

73	1	Hypersensitivity pneumonitis
74	1	Thermophilic Actinomycetes
75	1	Horner syndrome
76	2	Small cell carcinoma
77	4	Water seal intercostal drainage on right side of chest
78	4	ETA epithelial receptor
79	2	Bronchial aery
80	3	Intermittent flow, P(ALV) < Ppc during systole
81	2	Emphysema
82	2	Metastatic lung disease from lung primary
83	3	Salbutamol
84	1	Hypersensitivity pneumonitis
85	2	Goodpasture syndrome
86	4	Clubbing
87	4	None
88	1	Anthracosis
89	1	Lefto lower lobe
90	4	Emphysema
91	1	6 mL/kg
92	1	Nitrogen bubble
93	1	Amphibole
94	3	Idiopathic pulmonary fibrosis
95	2	Low p02 and high pCO2
96	3	Emphysema
97	1	Fluticasone

98	4	Resolution
99	2	Salbutamol
100	3	Critical concentration of Hb required to produce cyanosis is reduced
101	2	Strychnine
102	2	Anemic hypoxia
103	4	Silicosis
104	4	D. Endothelial cells
105	4	Pulmonary embolism
106	1	It affects only bronchiole sparing the alveoli
107	4	Any of the above
108	1	Functional residual capacity
109	4	Clara cells
110	4	Pleural space
111	2	Late sign of hypoxia
112	1	Leginonella
113	3	Thrombosis of pelvic vessels
114	1	Bronchial asthma
115	2	Bronchial hyperreactivity to chronic inflammation
116	2	Known risk factors include gastric cancer, AIDS
117	1	Emphysema
118	3	Congestive hea failure
119	1	FVC
120	1	Dipalmytoil lecithine
121	1	Atelectasis

122	4	Secretion of PTH related peptide
123	1	Themophilus actinomycetes
124	1	Desquamative Interstitial Pneumonia
125	4	Hypocalcemia
126	1	Pneumothorax
127	3	Non-pulmonary organ failure
128	2	COPD
129	2	-5
130	3	Hypokalemia
131	1	Silicosis
132	2	Staphylococcal pneumonia
133	1	Alveoli is filled with foamy exudates
134	3	Dysphagia
135	2	Sarcoidosis
136	2	low pO2 and high pCO2
137	1	CD4 count <200 /ul
138	1	Peripheral chemoreceptors
139	2	Difference between concentration of the surfactants during inspiration and expiration
140	2	Maintain alveolar integrity
141	3	Usual interstitial pneumonia
142	2	Small sized bronchioles without cailage in dependant poion of lung
143	4	All
144	3	Panacinar
145	4	Ciprofloxacin

146	4	Pulmonary angiography
147	3	Ventral VRG group of neurons
148	1	Magnesium sulphate
149	4	all of the abobe
150	3	Montelukast
151	2	Shock
152	4	Thalassemia
153	4	Excellent response to oxygen therapy
154	2	Hg F
155	3	Byssinosis
156	2	Growth hormone
157	2	Bronchopneumonia
158	1	Chromogranin
159	3	Sinus tachycardia
160	3	Small cell carcinoma
161	3	Bicarbonate
162	4	Air pollutants
163	2	Crazy pavement sign
164	1	Increased in Chronic Bronchitis
165	4	Lipoid pneumonia
166	4	Pirbuterol
167	2	>8 weeks
168	3	N2 breath test
169	4	Branching microvilli
170	2	May show over inflation of the involved lung

171	3	Sarcoidosis
172	3	Adenocarcinoma
173	1	Hyperventilation
174	2	Asthenospermia
175	1	Increase pH
176	2	Tumorlet
177	3	Ipratropium bomide
178	2	Ketotifen
179	3	Chronic bronchitis
180	1	Binding of one oxygen molecule increases the affinity of binding other Oz molecules
181	2	Azzopardi effect
182	1	Cyclooxygenase
183	2	Increased pulmonary vascular resistance
184	4	All
185	1	Facilitates oxygen transpo
186	1	CO
187	1	200 ml/cm water
188	2	Sarcoidosis
189	2	Salbutamol
190	3	Glucocoicoids
191	4	Respiratory syncytial virus
192	1	Hemophilus
193	1	Pre Botzinger complex
194	4	Infection with Mycobacterium avium complex

195	4	Ischemic heart disease
196	1	Pulmonary Osteoahropathy
197	2	Amiodarone
198	1	Pulmonary ateriography
199	3	COPD
200	4	Clindamycin
201	3	It blocks LT receptor
202	1	Macrophage
203	4	LMV heparin has consistent bioavalilabilty
204	2	Pulmonary vasoconstriction in hypoxia
205	1	Lung normal at bih
206	1	Polycythemia with increased red cell mass
207	2	HRCT
208	1	Columnar to squamous
209	3	Steady boring chest pain
210	4	Hypoglycemia
211	4	None
212	1	Prescence of long slender microvilli
213	4	All
214	1	It is usually associated with coronary aery disease
215	3	Empyema
216	3	Pancreatic insufficiency
217	1	Alveolar pores
218	3	Silicosis
219	1	Bronchial asthma

220	2	Decrease the surface tension of the fluid lining the alveoli
221	4	Alkalosis
222	1	Large hiatal hernia
223	2	Laryngomalacia
224	3	Extremely low velocity
225	4	Pulmonary Alveolar Proteinosis
226	2	Anthracotic pigmentation
227	1	A. Bronchial asthma
228	4	Flial chest
229	4	Resolution
230	4	Rheumatoid ahritis
231	4	malignancy
232	4	Formoterol
233	3	Bronchiectasis
234	1	Hb level
235	2	Small cell Ca
236	3	Both AB
237	1	Hypoxemia
238	2	J receptors
239	1	Bronchoalveolar cell Ca
240	4	Mantoux is always positive
241	2	Asthma
242	1	Cavitation
243	2	Esophageal rupture

244	2	Good prognosis
245	4	An alcoholic who has lobar pneumonia
246	1	Sarcoidosis
247	3	Non caseating granuloma
248	2	Amyloidosis
249	1	Neurogenic tumor
250	1	Anemia
251	4	1-5 m
252	3	Laryngeal adenoidectomy
253	3	Haemoptysis
254	4	Tuberculosis
255	3	Prostocyclin
256	1	FEV1/FVC <0.7
257	2	Panlobular
258	3	Anemia
259	2	Alveolar flooding
260	2	Above residual volume in dependent pa of lung
261	4	25 mm Hg
262	4	Staphylococcus aureus
263	2	Thermoactinomyces saccharri
264	3	Rheumatoid ahritis
265	2	Laryngeal Foreign body
266	1	PTI
267	1	Bronchial Asthma
268	3	>_ 15%

269	2	Malignant hypeension
270	3	Oat cell variant is typically associated with hilar adenopathy
271	3	Interstitial lung disease
272	3	Inspiratory reserve volume
273	2	Asthma
274	2	Obstructive pattern of pulmonary function
275	3	Old granulomatous disease
276	4	Pulmonary abscess
277	2	Hypercapnia
278	4	None of the above
279	1	Potassium
280	3	Eosinophilic abscess
281	2	Associated with paraneoplastic syndrome
282	4	6years
283	4	Constrictive pericarditis
284	2	Bohr effect
285	3	Primary Tuberculosis
286	1	Staphylococci
287	4	Increased diffusion capacity
288	2	Pneumoconiosis
289	3	Tuberculosis Lung
290	1	Varient of large cell anaplastic CA
291	4	Hypercapnia
292	3	Bronchopneumonia

293	1	Bohr effect
294	4	Levofloxacin
295	2	Residual volume
296	1	Erythromycin
297	3	The presence of carbonic anhydrase in the erythrocytes
298	2	Silicosis
299	3	Noscapine
300	4	Klebsiella pneumoniae
301	2	Decreased cerebral blood flow
302	1	DPCC
303	3	Base
304	3	12 - 15 mm Hg
305	1	Inhibits elastase
306	1	Klebsiella pneumonia
307	2	Severe Azotemia
308	3	High ventilation / perfusion ratio
309	4	Squamous cell carcinoma
310	1	Cavitation
311	3	Assmans focus
312	3	Ciclesonide
313	1	History of fever is present
314	2	Decreased paial pressure of CO2 in alveoli
315	1	PH
316	4	8-Apr
317	1	400-600 l/min

318	4	Brainstem lesion
319	1	Increased in Chronic Bronchitis
320	4	Decreased carboxyhemoglobin
321	4	It's dose is increased in liver disease
322	1	Selective antagonists of leukotrienes receptor
323	2	Pulmonary edema
324	1	Bronchoscopy
325	1	Binding of O2 to Hb ors release of Co2
326	1	Methaemoglobinemia
327	3	PaO2/FiO2 <_200 mm Hg
328	2	Bronchial asthma
329	1	> 10 seconds
330	4	Asbestosis
331	2	Age less than 20 years
332	2	Destruction of alveolar cells
333	3	Iatrogenic cause
334	2	Chronic bronchitis
335	4	5-6mg/kg
336	1	Ashtma
337	1	Esophageal atresia with fistula to the distal esophagus
338	3	Increase in ph shifts curve to right
339	4	All
340	3	Hypoxia
341	1	Hamaoma
342	4	Bronchiolitis obliterans organizing pneumonia

343	4	Wheeze
344	4	Hypertrophy of bronchial submucosal glands
345	2	Hypokalemia
346	3	Hypoperfusion of respiratory muscles
347	3	Asbestosis and smoking act synergistically to cause lung cancer
348	3	Ciclesonide
349	4	Resolution
350	3	Hypercalcemia
351	3	Nodular lesions involving upper lobe
352	4	Increase the lecithin/sphingomyelin ratio in the amniotic fluid
353	4	Tuberculosis
354	4	Staph aureus
355	4	Occurance in patients with old cavitatory lesions
356	1	Serum calcium of 13.6 mg/dL
357	4	Bronchiolitis
358	3	Environmental occupational exposure
359	1	Pulmonary embolism
360	3	Cardiac tamponade
361	1	Bleomycin
362	1	Inhaled sho acting beta 2 agonist
363	1	NSAID
364	2	Asbestosis
365	3	Thromboxane A2
366	3	5900 ml

367	2	Smoking
368	2	Transudative
369	2	Early productive cough
370	3	Granulomas
371	1	Sarcoidosis
372	1	HbF
373	3	Diurnal variation inPEF>20 %
374	2	Non-TB mycobacteria
375	1	Mesothelioma
376	2	Multi detector CT angiography
377	4	Alpha - 1 antitrypsin
378	1	Binds to 30S Ribosome subunit and inhibits initiation complex
379	1	Byssinosis
380	3	Tetany
381	3	CT
382	1	Streptococcus pneumoniae
383	1	Panacinar-emphysema
384	2	Antitussive
385	1	Diffuse alveolar damage
386	2	Fibrin
387	4	The lowered carbon dioxide tension (Pao2) reduced central chemoreceptor activity
388	4	follow-up CT in 3 to 6 months to document stability of the lesion
389	3	Byssnosis

390	4	Diffuse alveolar damage
391	1	Non caseating granuloma
392	3	Tidal volume
393	2	INH and Rifampicin
394	3	Hb
395	2	Dyspnea in the upright position with relief in the supine position
396	3	Laryngomalacia
397	2	Palivizumab
398	2	Shift to left
399	4	All
400	2	Ascites
401	3	Atelectasis
402	4	Ventilatory failure
403	3	Smooth muscle atrophy
404	4	All of the above
405	2	Interstitial fibrosis
406	1	1
407	3	Cystic fibrosis
408	4	Mitral stenosis
409	2	Asthma
410	1	FRC is smaller than closing volume
411	1	At the end of normal expiration air in lung is ERV
412	2	Primary pulmonary hypeension
413	3	Pelvic vein thrombosis

414	1	Lymph nodes
415	4	Lung cancer
416	2	Mesothelioma
417	1	Transient, migratory pulmonary infiltrations
418	2	Crysolite
419	1	Lobar pneumonia
420	1	X-linked recessive inheritance pattern
421	4	Stretch receptors
422	2	Laryngotracheobronchitis
423	4	All of the above
424	3	Negative methacholine challenge
425	1	Elasticity
426	3	Interstitial pneumonia, most likely caused by M. pneumoniae
427	2	Left shift
428	1	Small cell carcinoma
429	1	Pneumotaxic center
430	1	Ribavirin
431	1	Serum precipitins aspergillus
432	3	5gm/dl
433	1	Hypoxemia
434	2	COPD
435	1	Trachea shifted to opposite side
436	1	Enterochromaffm cells
437	2	Phytonadione

438	3	Pulmonary thromboembolism
439	4	All of the above
440	3	Gray hepatization
441	3	Chronic bronchitis
442	2	Stromal invasion with desmoplasia
443	1	<5 u
444	1	Bronchial asthma
445	3	Perennial vasomotor rhinitis
446	2	Prophylaxis with mast cell stabilizers
447	3	Type III(immune complexe) hypersensitivity
448	2	Pleural fluid ADA< 16
449	4	Hypercalcaemia
450	3	pulmonary aery
451	2	Dyspnea
452	4	Resolution
453	1	VRG
454	4	Pre-Botzinger complex
455	1	Asbestos
456	1	Antigen-antibody complex-mediated injury
457	3	Castleman disease
458	3	Phosphodiesterase
459	4	Endothelial cells
460	3	silicosis
461	2	Hamaoma
462	1	Mediastinal displacement away from the lesion

463	1	Sickle cell anemia
464	1	Omalizumab
465	1	Barotrauma
466	1	Cytokeratin
467	2	5-15%
468	2	Dissociation of CO2 on oxygenation
469	4	Allergic bronchopulmonary aspergillosis
470	3	Sleep apnea
471	3	Lung abscess
472	2	FEV1
473	4	Clopidogrel
474	3	Maximum mid expiratory flow rate
475	1	Pleural effusion
476	1	H. influenzae
477	3	CT chest is the first investigation done
478	3	Sarcoidosis
479	1	J -reflex
480	1	Residual volume
481	2	Aspergilloma
482	2	FEV 1 /FEV ratio (downward arrow)
483	1	Dissociation curve shape
484	1	Memory T lymphocytes respond poorly to polysaccharide antigens.
485	4	Bladder cancer
486	1	Are absorbed more uniformly when given subcutaneously

487	2	HCO3 form
488	2	Immunomodulation
489	4	Rhinosinusitis
490	1	Intravenous aminophylline
491	1	Schaumann bodies
492	2	Residual Volume and expiratory Reserve Volume
493	1	Paco2 >45 mmHg
494	2	Pleural effusion
495	2	Seizures
496	2	Klebsiella pneumonia
497	2	Silicosis
498	2	Normal pulmonary aerial pressure
499	2	Marked increase in inspiratory activity
500	4	Silica crystals
501	3	Asbestos
502	4	All of the above
503	2	Pulmonary angiography
504	4	Peripheral location
505	1	Contrast CT scan of the chest and upper abdomen
506	4	Interstitial fibrosing alveolitis
507	2	Defence against inhaled air
508	4	Increased CD4/CD8 ratio in serum suppos sarcoidosis
509	1	Dilated vessel in a tubercular lung cavity
510	3	Parenchymal lesion along with inflamed lymph nodes
511	1	May be assocated with connective tissue disease

512	4	Oat cell carcinoma is commonly associated with bilateral hilar lymphadenopathy
513	2	Pulmonary edema
514	3	Ca+
515	4	None
516	3	Iron
517	3	Nonspecific interstitial pneumonia
518	1	Congenital cyanotic hea disease
519	2	Angiotensin conversion
520	3	Baroreceptor stimulation
521	3	Hypersensitivity pneumonitis
522	2	Cotrimoxazole
523	1	No oxygen is available for binding to Hb
524	2	Emphysema
525	1	Mesothelioma
526	4	Nitrogen bubbles that form in muscles and joints
527	3	Pressure of gas
528	1	Emphysema
529	2	Lucent crescent
530	3	Pulmonary embolization of metallic paicles
531	2	Lobar pneumonia
532	2	Air
533	4	Normal A-a gradient
534	2	Pulmonary embolism
535	4	All of the above

536	2	Terbutaline
537	3	2.5 mm of Hg
538	4	Identification of A. fumigatus from sputum
539	4	Ventilation perfusion ratio of infinity indicates no gas exchange
540	2	Metastasis common
541	2	Is transpoed mainly in the form of bicarbonate
542	4	Mental retardation
543	4	Most often associated with connective tissue disease
544	1	Diffuse alveolar damage
545	4	All
546	1	Cystic Fibrosis
547	1	Mesothelioma
548	2	Progesterone
549	1	Chromogranin
550	3	Hyaline membrane disease
551	4	Pancoast syndrome
552	1	2 - 3 days
553	2	High dose dexamethasone injection
554	1	Magnesium Sulphate
555	1	Pulmonary angiography
556	3	Cardiac tamponade
557	3	Dilation of air spaces with destruction of alveolar walls
558	3	Asbestosis
559	2	40/min

560	1	Pneumothorax
561	2	Brain
562	2	Lipoxygenase inhibitor
563	1	Acute severe Asthma
564	3	Breathing of increased volume of ventilation for long period
565	2	Angiography
566	4	Tetracyclines
567	4	All of the above
568	4	Inhalation
569	1	Rupture of alveoli
570	4	90%
571	1	Aspergillus fumigatus
572	2	Type 2 pneumocytes
573	1	Aoic valve
574	1	Hemosiderin
575	3	Patent ductus aeriosus
576	2	LLL atelectasis
577	1	Diffuse alveolar damage
578	1	Clubbing
579	1	Enterochromaffin cells
580	3	Fiberoptic bronchoscopy, antibiotic therapy, and chest physiotherapy
581	1	Sarcoidosis
582	3	Churg-Strauss syndrome
583	2	Aoo pulmonary window lymphnode

584	1	Pulmonary compliance increases
585	3	All
586	3	Cryptogenic Organizing Pneumonia
587	1	Laplace law
588	3	Kidney
589	1	TB
590	3	Asbestosis
591	2	Pulmonary aery hypeension
592	1	TB
593	1	Consolidation of airway
594	1	Severe ventricular dysfunction
595	4	Apneustic centre
596	3	Breathlessness
597	4	5mg/kg bd wt
598	1	Carcinoid
599	1	A. Pleura plaques
600	4	Lobar pnemonia
601	2	Montelukast
602	2	Alveolar transudate
603	2	Erythropoietin secretion
604	1	Hering breuer reflex
605	3	Pulmonary embolism
606	4	None of the above
607	4	Perfusion in excess of ventilation
608	3	Bronchial asthma

609	1	Asbestos
610	2	Pulmonary thromboembolism
611	1	Bedaquiline
612	4	Hyaline membranes and interstitial inflammation
613	4	Alveolar pressure - Transpulmonary pressure
614	1	Acid-fast bacilli
615	3	Nodular lesions involving upper lobe
616	3	Honeycomb fibrosis present
617	3	Emphysema
618	4	1-5 um
619	3	Squamous cell carcinoma
620	1	Eaton lambe syndrome
621	4	Bradykinin
622	1	Clara cell
623	1	Recurrent haemoptysis
624	1	Ventilation/perfusion ratio is maxm at apex
625	1	Type 1 pneumocytes
626	2	An increase in the PCO2 of blood flowing through the brain
627	3	Treponema Pallidum
628	3	Cyanide poisoning
629	4	Headache
630	3	Pulmonary fibrosis
631	1	Carcinoid
632	2	Chronic bronchitis

633	4	Aspirated oropharyngeal secretion
634	3	Asbestosis and smoking act synergistically to cause lung cancer
635	2	Bacterial infections
636	1	Spirometry
637	1	Cardiac tamponade
638	1	Type I
639	1	Hamman sign
640	1	Tracheobronchial tree
641	2	Pulmonary thromboembolism
642	2	Pleural effusion
643	1	Continued hyperventilation
644	1	Zafirkulast
645	2	Mast cells
646	1	Thrombolytic therapy
647	4	image_question
648	4	All of the above
649	4	Tuberculosis
650	4	Hyperresponsiveness of airway
651	1	Respiratory alkalosis
652	1	Acinetobacter baumanii
653	1	0.5-2.5 microns
654	4	Pancreatic Ca
655	2	Pulmonary hypeension
656	2	TB

657	3	Recurrent hemoptysis
658	3	Macrophages
659	4	Crocidolite
660	3	Foreign body aspiration
661	2	Type of fluid administered
662	4	Bronchiogenic carcinoma
663	2	Hypothyroidism
664	2	Acetaminophen
665	1	Prednisolone
666	4	Thromboembolism
667	4	Wegner's granulomatosis
668	2	Inhibition of actions of LTC4, D4
669	3	Silica dust
670	2	Oral candidiasis
671	3	N2 release from tissues
672	2	Lung compliance decreased
673	1	Pleural fluid protein: Serum protein ratio> 0.5
674	1	Brain
675	3	Lower lobe is ussualy involved
676	1	1 mol of oxygen per mol
677	4	<30% predicted
678	2	Pulmonary aneurysm
679	2	Kaagener's syndrome
680	2	Pneumothorax
681	4	Cyanide

682	3	Respiratory and metabolic acidosis
683	1	Tuberculosis
684	1	Apex
685	2	CEA
686	1	Phosphodiestesrase 4 inhibition
687	2	Anti IgE antibody
688	1	Bronchodilators
689	2	Silicosis
690	3	50 ml/min/mmHg
691	1	The outward recoil tendency of the chest
692	1	Atelectasis
693	2	Pulmonary edema
694	1	Diagnosis can be made on the basis of history
695	2	Associated with pulmonary vasoconstriction
696	2	Alveolar aerial difference in PaO2
697	4	Dexamethasone
698	3	4900 mL
699	2	CT scan
700	1	Factor 7
701	1	Body plethysmography
702	3	Sinus tachycardia
703	3	Cromolyn sodium
704	3	Emphysema
705	4	Bronchopulmonary aspergillosis
706	1	Silicosis

707	4	Shock
708	1	Ldh<2/3 of upper limit of serum ldh
709	1	Apex
710	2	Bronchiectasis
711	1	Cong lobar emphysema
712	4	Generating respiratory rhythm
713	1	Pneumotaxic centre
714	2	Post-primary
715	3	(downward arrow)FRC/TLC ratio
716	3	Assmans focus
717	3	Viscid mucus plugs in the small airways
718	4	75 to 98%
719	1	6 L
720	2	Sarcoidosis
721	1	p CO2 38 mm Hg and pO2 50 mm HG
722	1	Respiratory distress syndrome
723	4	All of the above
724	2	Morphine
725	2	Brainbridge reflex
726	2	Tachypnea
727	2	Cigarette smoking
728	4	Salmeterol
729	2	Old TB with thoracoplasty
730	4	All of the above
731	2	Mid respiratory flow rates

732	2	Hemothorax
733	1	Diffuse alveolar damage
734	3	Carcinoid lung
735	2	Thermoactinomyces sacchari
736	1	Hypercapnia
737	3	Anatomical dead space<Physiological dead space
738	3	Acute Respiratory infection
739	4	Neurofibroma
740	4	Malignant mesothelioma
741	2	Liver
742	1	End inspiratory rales
743	2	5-7 mI/kg
744	4	All
745	1	High resolution CT
746	2	Asbestosis
747	2	Stromal invasion with desmoplasia
748	1	Smokers
749	1	Bronchial asthma
750	4	6lt
751	2	Anatomiacal dead space
752	2	More soluble in plasma
753	2	Pleural Empyema
754	4	Renal disease
755	3	Bacterial pneumonia
756	1	Thickening of bronchial wall

757	1	Cavitary lesion
758	1	Allergic bronchopulmonary aspergillosis
759	1	Emphysema
760	1	0.5 L
761	2	Staphylococcus
762	3	Cessation of smoking
763	2	Bone morphogenetic receptor 2 (BMPR2)
764	1	Duodenum and upper jejunum
765	3	Silica
766	1	Lung
767	3	Deep breathing
768	3	Good Pasteur syndrome
769	3	Systolic BP less than 90 mm/Hg
770	1	Thyroid transcription factor
771	3	Terminal bronchiole
772	3	P50 increases and affinity O2 decreases
773	1	pH
774	1	Decreased FVC
775	1	Wide bore needle inseion in 2nd intercostal space
776	3	Cardiopulmonary bypass with hea lung machine
777	4	Bronchial asthma
778	1	Females affected more than males
779	4	Pneumocystis carini pneumonia
780	3	Leukotrienes
781	1	Coal dust

782	1	Decreased ciliary function
783	1	Dipalmitoyl lecithine
784	4	Decreased pH with Decreased HCO3-
785	1	Malignant mesothelioma
786	1	SIADH
787	3	Hypercapnia
788	3	FEV1/FVC
789	1	Needle punture and emergent decompression
790	1	Diffuse alveolar damage
791	2	Bagassosis
792	2	Duration of expiration
793	1	Phosphodiestesterase 4 inhibition
794	2	Kulchitsky cell
795	3	Streptococcus pneumoniae
796	4	Pneumonia
797	3	Lack of fetal pulmonary maturity and deficiency of surfactant
798	1	Cavitation
799	3	CO poisoning
800	1	Aspergillus fumigatus
801	3	Non pulmonary organ failure
802	2	Streptococcus pneumoniae
803	3	Chromone agent
804	1	20 ml/hour
805	1	Acute exacerbation of asthma

806	2	Emphysema
807	3	End of forced expiration
808	3	Subcutaneous
809	4	large bore needle punture of pleura
810	1	Cytokine gene polymorphisms
811	2	Thoracic cage and lungs are elastic are elastic structure
812	4	4700 ml
813	4	Perform CT scan of chest
814	4	All the above
815	3	28 weeks
816	4	Subpleural caseous lesion just above or below interlobar fissure.
817	3	ARDS
818	1	-1 cm water
819	2	image_question
820	2	Hypercapnia
821	1	Asthma
822	1	Neutropenia
823	1	Left side is high pressure system
824	3	Numerous long slender microvilli
825	2	Type 2 pneumocytes
826	3	Chronic bronchitis
827	4	All
828	4	ATP-binding cassette protein member 3 (ABCA3)
829	1	CHF

830	4	All of the above
831	2	Aerial pCO2 level
832	2	Child has pneumonia
833	1	a1 Antitrypsin Deficiency
834	3	Non-caseating granuloma
835	3	Panacinar
836	1	Gas embolism
837	3	Descending aoa
838	1	Strong affinity for 2, 3-DPG
839	2	bronchoscopy and biopsy
840	1	Hydropneumothorax
841	1	Rigid bronchoscopy
842	3	Pleural effusion
843	3	Impaired gas diffuse
844	1	Increased H+
845	1	Methemoglobinemia
846	4	All of the above
847	2	Carcinoid tumor
848	3	Fibrin rich exudates
849	1	Mesothelioma
850	4	All
851	1	Pleural effusion
852	4	420 mm Hg
853	1	Small cell carcinoma
854	1	BMPR2

855	3	Absorption by lymphatics
856	4	Reduce surface tension by surfactant
857	3	Adenocarcinoma
858	3	Fibrin rich exudates
859	2	Adenocarcinoma
860	2	Asbestosis
861	2	Heads paradoxical reflex
862	1	Bronchial smooth muscle hyperophy with proliferation of eosinophils
863	2	Increased breath sounds
864	3	Pons
865	1	Body plethysmography
866	4	Bronchial asthma
867	2	95%
868	1	A. Asthma
869	2	Eosinopenia
870	1	1/3rd of tidal volume
871	4	All of the above
872	1	No pneumonia, only cough and cold
873	2	Adenocarcinoma
874	4	Moderate persistent asthma
875	3	Restrictive pattern on pulmonary function test is seen
876	1	Diffuse alveolar necrosis
877	4	CT
878	1	SLE

879	1	260ml
880	3	Emphysema
881	1	Metabolic acidosis
882	3	Nasal polyp
883	4	Bacterial pneumonia
884	2	Palivizumab
885	3	C. Fibrin rich pigment
886	4	Bronchodilators
887	2	Night sweats
888	4	Loss of aeration
889	1	Slowly adapting myelinated vagal fibers
890	1	Chronic bronchitis
891	2	Predominance of alveolar exudates
892	1	Diffuse alveolar damage
893	2	Consolidation
894	2	Ximelagatran
895	2	The pores of Kohn become narrower and obstructed
896	4	D. Good prognosis
897	1	Pneumothorax
898	4	all
899	1	NADPH oxidase
900	3	The pressure in the lungs decreases, but that in the box increases
901	2	Pulmonary emphysema
902	2	Timed vital capacity

903	4	Apnoea
904	4	All
905	2	Resolution
906	3	25/8 mm Hg
907	4	Tetrology of hea
908	2	Steroid
909	3	Cytokreatin
910	3	Assisted control mechanical ventilation
911	4	Tidal volume
912	2	Klebsiella
913	1	Bronchial asthma
914	1	Zafirlukast
915	3	Vental surface of medulla
916	3	All of the above
917	1	PO2
918	2	Unilateral hilar lymphadenopathy
919	3	Alveoli-capillary junction
920	1	paO2/FiO2 < 200
921	4	Polyneuropathy
922	2	It requires a critical concentration of reduced Hb in blood
923	4	Allergic bronchopulmonary aspergillosis
924	1	Ventilation perfusion mismatch because of increased dead space ventilation
925	2	Inflammatory involvement of the airways; the bronchus & the lung parenchyma

926	3	V/Q is high
927	2	Staphylococcal pneumonia
928	2	Wegener's granulomatosis
929	1	Nephrotic syndrome
930	2	Dry powder rotacap
931	3	Apex of lung
932	4	400-500 ml/min
933	2	20 weeks of foetal life
934	2	Centriacinar
935	1	Acute pulmonary embolism
936	3	60% or more of pulmonary aery is obstructed with emboli
937	3	Asbestosis
938	1	Asbestosis
939	3	Common and more severe in lower lobes
940	3	Respiratory alkalosis
941	3	Terminal ileum
942	2	Immunomodulation
943	2	Emphysema
944	1	Chrysotile
945	1	Sarcoidosis
946	1	Chronic bronchitis
947	2	Cotrimoxazole
948	2	Pulmonary alveolar proteinosis
949	3	600mL

950	1	More common in female
951	4	Reversible responsiveness of bronchial musculature
952	1	Cytokeratin
953	4	Adenocarcinoma
954	4	Mitral stenosis
955	4	Mycobacterium avium-complex
956	2	Pneumocystis carinii pneumonia
957	2	> 20 sec
958	4	none
959	1	FRC
960	1	Bronchial asthma
961	4	150 L/min
962	1	High sodium and chloride levels in the sweat
963	4	30 events/hour
964	3	Sodium cromoglycate
965	4	Long term aspirin intake
966	1	Usually associated with CMV infection
967	1	Staphylococcus
968	2	Unabashed action of proteases
969	4	Use LMV heparin
970	4	BC
971	4	Masson bodies are characteristic
972	2	Paraseptal emphysema
973	4	Cystic fibrosis
974	3	Carotid bodies

975	2	It begins in a upper zone
976	2	Asbestos bodies are consist of asbestos fibers coated with an calcium-containing material
977	2	Maximal expiration
978	1	A loud A2 on cardiac auscultation
979	1	Pulmonary embolism
980	2	Anti-glomerular basement membrane antibody
981	1	Emphysema
982	3	Immediate needle thoracostomy in 2nd intercostal space
983	1	Pleural plaques
984	1	Chronic bronchitis
985	1	Pleural plaques
986	2	Dilatation
987	3	HRCT
988	2	Kaagener syndrome
989	4	Cefepime
990	1	Large airways
991	4	Fluoroquinolones
992	2	Granulomatous lung disease
993	1	Silica
994	1	Obstructive lung disease
995	2	Thermophiles actinomyces
996	1	Sleep apnea
997	3	Diaphragmatic pleural calcified plaques
998	3	Apex of lung

999	1	PTH
1000	1	Carbon monoxide
1001	4	Renal failure
1002	1	Protamine sulfate
1003	2	Co-trimoxazole
1004	2	Miliary TB
1005	4	Streptococcus pneumonia
1006	3	Staphylococcus aureus
1007	3	2 - 3 days
1008	2	Predominance of alveolar exudates
1009	4	All
1010	3	Person with carbon monoxide poisoning
1011	1	Sarcoidosis
1012	3	Anticholinergic
1013	1	Normal RV and decreasd TLC
1014	4	After normal expiration
1015	1	Leukotrienes
1016	1	Left lower lobe
1017	4	All
1018	2	Phagocytosed silica crystals activate the inflammasome, leading to the release of inflammatory mediators, paicularly IL-2 and TNF
1019	1	Pseudomonas aeruginosa (non mucoid)
1020	4	Eosinophilia
1021	3	Adenoside receptor
1022	3	Histotoxic anoxia

1023	2	2g infused over 20 minutes
1024	1	May be used for acute asthma
1025	3	Increased to PCO2
1026	2	Mesothelioma
1027	2	Rheumatoid ahritis
1028	2	Good pateur syndrome
1029	4	Emphysema
1030	1	RSV
1031	2	Chronic bronchitis
1032	4	Discharge the patient on oral antibiotics
1033	1	RSV
1034	3	Zileuton
1035	1	Carcinoma lung
1036	2	Sarcoidosis
1037	3	No abnormal findings
1038	1	Respiratory alkalosis
1039	1	Generationof HCO3 in RBC's
1040	1	Schaumann's bodies
1041	4	Solitary fibrous tumor
1042	2	Reduced FEV1 /FVC ratio
1043	3	Brochieactasis
1044	1	Hypeension
1045	2	Multi detector CT angiography
1046	2	PaO2 / FiO2 >=300 mm Hg
1047	2	Pseudomonas

1048	1	Glutamate
1049	3	Bronchogenic carcinoma
1050	4	Inhalation of tobacco smoke
1051	4	Retention of bicarbonate by the kidneys
1052	1	Methaemoglobinemia
1053	3	Steroids
1054	1	Diffuse alveolar damage