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GoldStandard Papers (FCPS-1)

Radiology

15 February 2022 (Night)

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System wise 11 Years Pastpapers & Imp Concepts/Tricks to remember Points

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- Pelvic outlet formed by----->Coccyx posteriorly
- associated with Nucleolus:----->No limiting membrane
- hx of Falls as he closes his eyes. Problem in----->Dorsal column
- Ventral spinothalamic tract lesion, loss of:----->Crude touch
- Post and superior border of tail body of pancreas----->splenic V
- Left Renal Vein----->Ant to aorta
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- structure visible at T12 behind the stomach----->spleen
- Lymphatic drainage of external nose & anterior nasal cavity:----->Submandibular Lymph Nodes
- Regarding supra renal gland-----> Related to lateral border of the kidney
- respiratory tract infection for many days. What will be damaged----->cilia
- is associated with Ovary?----->Attached to uterus via broad ligament
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- biochemical changes scene in hypoxia----->Anaerobic glycolysis
- Right kidney is not related to:----->Descending colon
- anorexia nervosa has----->increase cortisol
- Muscle relaxation is because of----->Tropomyosin
- in Abdominal angina which area is least affected----->Descending colon
- present in anterior mediastinum?----->Thymus



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- inferior vena cava----->start at L5
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- fracture of medial epicondyle of the elbow. N involve----->ulnar nerve
- true hermaphrodite----->46xy and 46xx
- bilateral hemianopia occurs in----->Craniopharyngioma
- Homonymous hemianopia, Lesion is in----->Optic Tract
- Pain of cervix related nerve present in:----->Broad ligament
- Regarding Epithelium and Glands: Simple Squamous occurs at sites of Gaseous Exchange.
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- Female at gestational age 34 having symphio-fundal height of 28 weeks.The cause may be:----->Renal agenesis
- structures prevents the backward dislocation of femur at knee joint?----->Anterior cruciate
- structure attached the liver to ant abdominal wall?----->Falciform ligament
- Renal artery lies at ----->L2
- Referred pain from ureteric colic IS DUE TO----->Ilioinguinal.
- Addison's disease electrolyte abnormality ----->Low Na⁺, High K⁺
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- muscle in greater sciatic foramen----->Piriformis
- Lymphatic drainage of lateral side of foot----->Popliteal lymph nodes
- confirm Iron deficiency----->Ferritin levels
- Anterior cruncate ligament prevent displacement of tibia----->Anterior (The ACL functions to prevent posterior translation of the femur on the tibia (or anterior displacement of the tibia) during flexion-extension of the knee.)
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- Anterior cruciate ligament displacement of Tibia on femur----->Anteromedial
- Erythroblastosis Fetalis. Baby's blood group is A+. Exchange transfusion should be done with?----->A-
- Gastroduodenal artery is the branch of----->Hepatic artery
- branch of subclavian Artery make anastomosis on shoulder----->Dorsal scapular artery
- On the right of mediastinal thoracic aorta is----->Vagus
- Aldosterone act via----->Gene activation
- Celiac plexus lies:----->Anteriorly to Aorta
- Most potent antioxidant is ?----->Glutathione
- most medial in the femoral triangle----->Lymphatics
- Neck of femur fracture intracapsular artery damaged. Result in----->Avascular necrosis
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- behind tail of the pancreas is----->Splenorenal ligament
- Artery arising from the aorta----->Celiac artery
- After prostetomy. Which layer of fascia is kept opn.----->Denevlf fascia
- Muscles of back supplied by:----->Dorsal Ramus
- large vessel anomaly is:----->PDA
- Extends into sulci and fissures of brain tissue----->pia matter
- Heart's Apex----->8cm from the midline
- Proprioception sensed by----->Dorsal column
- Regarding surfactant inappropriate one:----->Ratio > 4 at 32 week
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- weakness of extension of the fingers . Nerve involve----->radial nerve
- 4 lumbar arteries arise from ----->Aorta
- Which tumor invade spinal cord .----->Ependymoma
- Permanent labile cells are present in----->Neurons
- fracture of the femur. He died after 3 days. Dx----->Fat embolism
- Fine touch vibrations two point discrimination----->Nucleus gracilis
- Excess ADH causes:----->hyponatremia
- Biceps related dermatome----->C6
- Join FcpsWorld Revision course & Clear exam in 1st Attempt
- Buy GoldStandard FCPS (Revise 11 years pastpapers in just 7 days. Subjectwise systemwise order 0312 9684658)
- All papers will be given only to "Revision Course Students"
- Liver formed from part of gut ?----->foregut
- Lymphatic obstruction causing lymphedema of right arm due to?----->Chronic infection
- is associated with Itch sensation----->Dorsal column system
- Myleperoxidase is an enzyme present in:----->Neutrophil
- CSF examination necessary to rule out----->Retinoblastoma
- in bronchoscopy, first structure visualized ----->Upper lobe bronchus
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- All papers will be given to "Revision Course Students"
- Right ventricle gives rise to:----->Pulmonary Trunk
- inferior angle of the right scapula was found to be more prominent. nerve is----->>Long thoracic nerve
- In which conditions there is hyponatremia.----->inc ADH
- Pericarditis fluid will be in which space----->parietal and visceral
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- Prevention of uterine prolapse----->Cardinal ligament



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- Pulsatile mass in abdomen originating from----->L1- L3
- Site of liver biopsy----->7th Intercostal space midaxillary
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- RBCs in Urea solution ?----->Swell up and Lyse
- The ascent of horse shoe shaped kidney is prevented by----->Inferior mesenteric artery
- wound take to get max Strength----->3 months
- Join FcpsWorld Revision course & Clear exam in 1st Attempt
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- pain in medial side of thigh.nerve is----->Obturator nerve
- Lymph drainage of lateral quadrant of breast:----->Ant. axillary nodes
- tumour suppressor gene----->Bcl2
- Factor that maintains the lungs not to collapse----->Negative Intrapleural pressure +surfactant
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- About Kidney----->Adrenal gland and kidney are separated byadrenal fat
- caused by N - MYC gene mutation in children?----->Neuroblastoma
- Female in labour for 2 hrs. -2 station occipitoanterior position. Confirmed by Ultrasonography a dead hydrocephalous baby. Where will gynaecologist insert the .needle to drain the CSF?----->Posterior fontenella
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- brain hemorrhage. CSF is blood stained. Dx----->Subarachnoid haemorrhage
- is associated with Neonates----->Orbit diameter greater than maxillary length
- ----->



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- Popliteal nodes enlarged if affected area is-----> lateral dorsal surface of foot
- Stab injury at 5th ICS, lateral to sternum on left side----->Left pleura
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- Branch of subclavian artery supplying to the shoulder joint:----->Dorsal scapular
- skin pigmentation, vomiting and postural hypotension. electrolytes likely to occur?----->Na+=130, K+=6.5
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- fracture below mandibular foramen RESULT IN----->Loss of sensation of lower teeth and gums
- Artery supplying Superior pole of thyroid originates from----->External carotid artery
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- is associated with Amniotic membrane?----->Non Immunogenic
- Breast lymphatic drain upper outer quadrant,----->Ant axillary nodes
- Axillary sheath is the extension of:-----> Prevertebral
- Regarding anatomical structures:-----> Left renal vein anterior to renal artery and Aorta
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- Quadrate Lobe of liver----->Drains into Left Hepatic Duct
- motor system present in----->ventral horn



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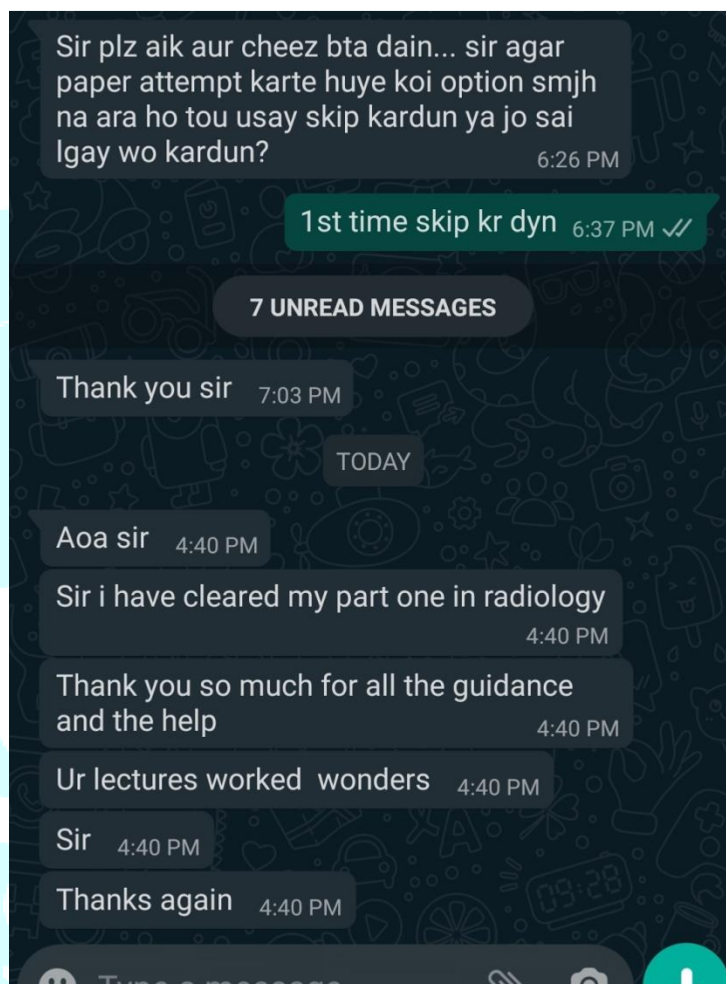
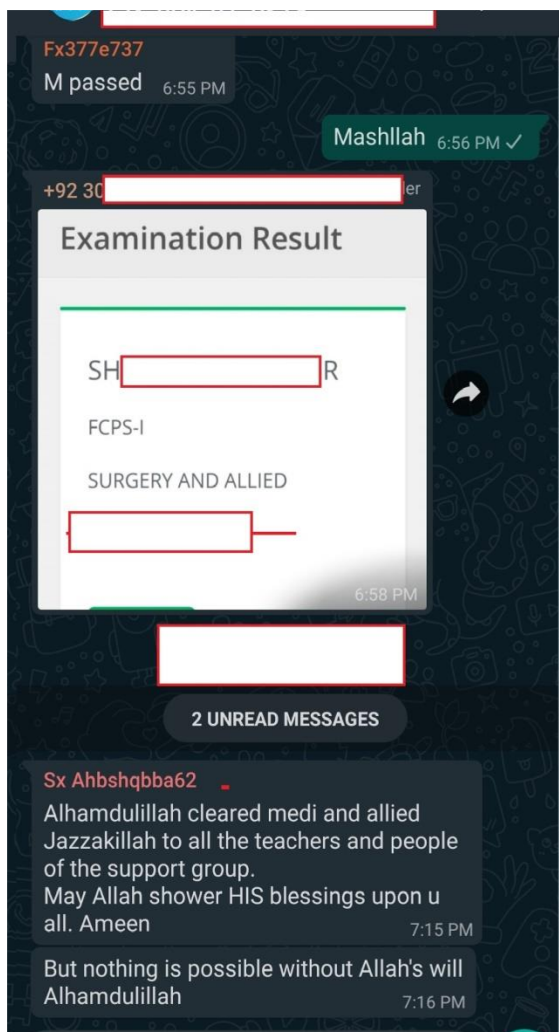
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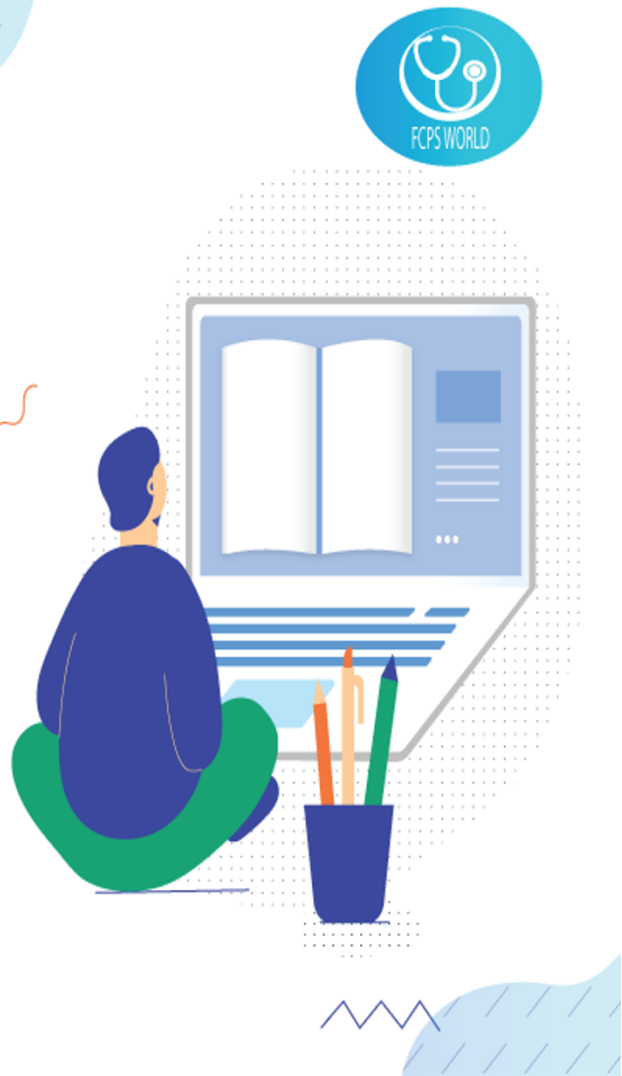
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2. All students who have ordered book will receive November papers in PDF as well via whatsapp (Do them first)
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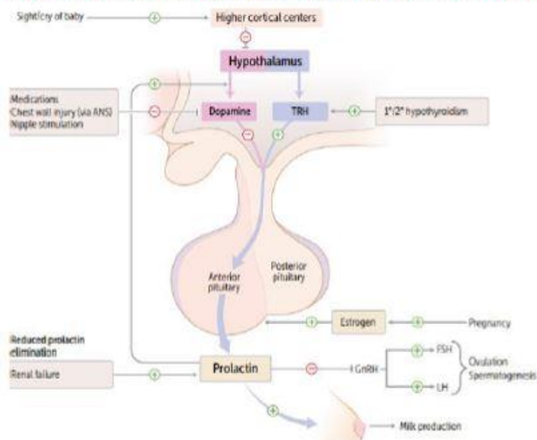




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Prolectin

1. Stimulates milk production in breast; inhibits ovulation in females and spermatogenesis in males by inhibiting **GnRH** synthesis and release (thus **LH, FSH release**).
 - Hypothalamus -> Decr GnRH secretion -> Decr FSH/LH -> Decr estradiol in females, Decr testosterone in males
 - Alveolar Cells of Breast Ducts -> Milk production and release -> Lactation
 - Prolectin release dopamine which inhibits prolectin
2. Release by sucking, voice of baby
3. Prolectin secretion from anterior pituitary is tonically inhibited by **dopamine** Prolectin.



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PAST PAPERS

Potent stimulus for prolectin release is?	Suckling reflex of baby
A 9-month pregnant presents with complaints of lactation (milky discharge). This is likely due to	Prolactin
Secretion of milk in mammary gland is due to	Prolactin
During lactation, ovulation is inhibited because of inhibition of GnRH by?	Prolactin
hormone of the anterior pituitary is under direct inhibitory control of hypothalamus?	Prolactin
During lactation, ovulation is inhibited because of inhibition of GnRH hv?	Prolactin



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ENDOCARDITIS

- Nonbacterial endocarditis is seen in → Neoplasms, hypercuaquable state
- Most common cause of death in rheumatic fever → Myocarditis
- Commonly use Tri-cuspaed valvue
- common in IV-drug users
- Libman-Sack Endocarditis occurs in → SLE
- DOC is benzethins pencilline if allergic give genta+vanco
- Correct infective endocarditis sequence
Damage valve, Thrombus, Bacteremia, Perforation (VT-BP)

Bacterial endocarditis Acute—*S aureus* (high virulence). Large vegetations on previously normal valves. Rapid onset.
Subacute—viridans streptococci (low virulence). Smaller vegetations on congenitally abnormal or diseased valves. Sequela of dental procedures. Gradual onset.

Tricuspid valve endocarditis is associated with IV drug use (don't "tri" drugs). Associated with *S aureus*, *Pseudomonas*, and *Candida*.
S bovis (galloyticus) is present in colon cancer, *S epidermidis* on prosthetic valves.

PAST PAPERS

Non thrombotic bacterial endocarditis is frequently associated with?	Terminal neoplasm
A known case of rheumatic mitrai stenosis developed fever, lassitude body ache after tooth extraction. O/E splinter haemorrhages and splenomegaly was noted Subacute endocarditis is suspected. Most likely organism on blood culture would be?	Strep viridans
Most common heart valve affected in diseases is	Tricuspid
Female pt. has valvular heart disease, such pt. are at risk of developing infective endocarditis, which organism is commonly responsible	streptococcus viridians
On Examination there are skin spots and nail bed hemorrhages on both hands & a Grade-4 Diastolic Murmur, past history is unremarkable. Patient is most likely suffering from	Infective Endocarditis
Developed fever, lassitude body ache after tooth extraction. Most likely organism on blood culture would be	Strep viridians
Infective endocarditis Patient is allergic to penicillin give medication	Vancomycin + gentamicin
School teacher who after death was diagnosed as a case of endocarditis and lymphocytic infiltration of cardiac tissues	Coxsackie virus



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True about CSF	Slightly acidic than plasma
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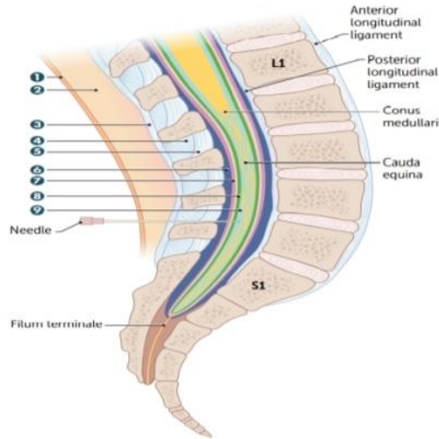
LUMBAR PUNCTURE

In adults, spinal cord ends at lower border of L1–L2 vertebrae. Subarachnoid space (which contains the CSF) extends to lower border of S2 vertebra. Lumbar puncture is usually performed between L3–L4 or L4–L5 (level of cauda equina).

Goal of lumbar puncture is to obtain sample of CSF without damaging spinal cord. To **keep** the cord **alive**, keep the spinal needle between **L3 and L5**.

Needle passes through:

- 1 skin
- 2 fascia and fat
- 3 supraspinous ligament
- 4 interspinous ligament
- 5 ligamentum flavum
- 6 epidural space (epidural anaesthesia needle stops here)
- 7 dura mater
- 8 arachnoid mater
- 9 subarachnoid space (CSF collection occurs here)



Past papers

During LP after crossing flavum at L3, L4 the needle touches which structure first	Epidural space
Ideal site for lumbar puncture is	Below L4
Regarding Epidural space extension	Foramen magnum to S2
Site of Epidural anaesthesia for patient undergoing Vaginal hysterectomy is	Sacral hiatus
Spinal cord is suspended in dura by	Denticulate ligament
Structure most likely pierced by needle during lumbar puncture is	Ligamentum flavum
Which of the following structure is pierced in paramedian approach	Ligamentum flavum
The most common site of spinal anaesthesia is?	Subarachnoid
Subarachnoid space ends at the level of	S2-S3
Cauda equina:	Anterior & posterior roots of spinal cord from L1 to L5

Note:

Herniation between L4-L5 affect which spinal segment?	Lumbar
Between L4 and L5 disc herniation, which spinal nerve will be affected	L5
Herniation between L4-L5 affect which spinal segment	L4

Centers of Brain

- Vomiting centre located in → Medulla
- Cough centre is present in → medulla
- Respiratory centre located in → Medulla oblongata

Past papers



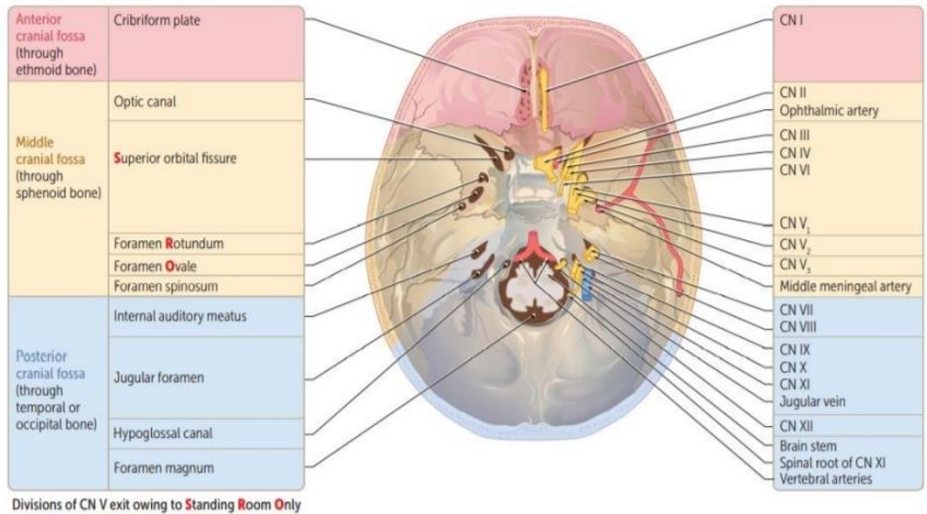


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HEAD AND NECK

Foramin of Skull



Anterior cranial Fossa (ethmoid bone)	Cribriform plate	CN 1
Middle Cranial Fossa (sphenoid bone)	Optic Canal	CN2 Ophthalmic artery, central retinal vein
	Superior orbital fissure	CN2,4,6 CN 5-V1
	Foramen rotundum	CN5-V2 → maxillary branch of trigeminal nerve
	Foramen ovale	CN5-V3 → mandibular branch of trigeminal nerve
Posterior Cranial Fossa (temporal or occipital bone)	Foramen spinosum	Middle meningeal artery
	Internal auditory meatus	CN7, 8
	Jugular foramen	CN 9,10,11 Jugular vein
	Hypoglossal canal	CN12
	Foramen magnum	Brain stem Spinal root of CN 12 Vertebral arteries

Pastpapers

270/314



Accessory meningeal artery enters through which foremen----->Ovale
Accessory nerve passes through which foramen----->Jugular foramen
Foramen Rotundum damaged which structure will be severed----->Maxillary branch of trigeminal nerve.
Lesion below foramen Ovale causes paralysis of----->Lower part of face/Jaw
Mandibular branch of Trigeminal nerve passes through----->Foramen ovale
Middle meningeal artery in the----->Foramen Spinosum
Nerve in foramen Ovale damaged nerve supply of which part will be affected----->Lower face
Vagus nerve passes through----->jugular foramen





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FSH & LH

LH

Luteinizing Hormone in males acts on = Leydig cells

1. **Luteinizing** hormone acts on = **Leydig** cells to produce **Testosterone**
2. Function of LH before ovulation is=Convert most of the **granulosa** cells into **lutein** cells

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FSH

3. **FSH** acts on =**Sertoli** cells to do **Spermatogenesis** → Related to **Azoospermia**
 [Light is Fast]

- Development of seminiferous tubules
- Convert testosterone into estradiol
- Helps in maturation of follicles
- Inhibited by **INHIBIN**

Spermatogenesis is stimulated by	FSH and testosterone
LH act through:	cAMP
Hormone causing increase release of testosterone:	Luteinizing hormone
LH act on which testicular cells mostly	Leydig cells

Function of sertoli cells	help in spermiogenesis
A tall man with normal external genitalia married but no kids. Semen analysis showed azospermia. Most likely cause may be in	Sertoli cell
Sertoli cells produce	MIF (Mullerian inhibitory factor)
Married man with azospermia. Investigation of choice is	Serum FSH + LH

Function and development of seminiferous tubule requires=FSH and androgen
 Testosterone converted to estradiol by which hormone= FSH
 Conversion of testosterone to 17-beta estradiol in granulosa cells occurs by the influence of= FSH

Before Ovulation maturation of follicles occur by action of FSH

Maturation of follicles

Hormone responsible is FSH mainly and LH partly.

GnRH from hypothalamus release FSH and LH by pituitary

Which hormone stimulates release of FSH and LH	GnRH
During lactation, amenorrhea occurs due to	Inhibition of GnRH

The Sertoli cells also secrete inhibin Which stop FSH secretion

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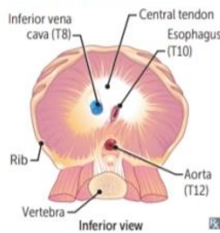
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Thorax

Diaphragm

Diaphragm structures



Structures perforating diaphragm:

- At T8: IVC, right phrenic nerve
- At T10: esophagus, vagus (CN 10; 2 trunks)
- At T12: aorta (red), thoracic duct (white), azygos vein (blue) ("At T-1-2 it's the red, white, and blue")

Diaphragm is innervated by C3, 4, and 5 (phrenic nerve). Pain from diaphragm irritation (eg, air, blood, or pus in peritoneal cavity) can be referred to shoulder (C5) and trapezius ridge (C3, 4).

Number of letters = T level:

T8: vena cava (IVC)

T10: (O)esophagus

T12: aortic hiatus

I ate (8) ten eggs at twelve.

C3, 4, 5 keeps the diaphragm alive.

Other bifurcations:

- The Common Carotid bifurcates at C4.
- The Trachea bifurcates at T4.
- The abdominal aorta bifurcates at L4.

ESOPHAGUS [All are pastpapers]

Oesophagus starts at level of:	Cricoid cartilage
Esophagus narrowest at:	Cricopharyngus
Esophagus constricted at:	Where crossed by arch of aorta

Breast [All are pastpapers]

Regarding breast:	15-20 lactiferous ducts
In a female major breast duct terminate into terminal ducts from terminal ducts it forms:	Lactiferous sinus
Terminal duct in breast form:	Lobule
Breast lies on:	Pect major

LYMPHATICS OF BREAST [All are pastpapers]

Pectoral group of axillary nodes drain:	Major part of the breast
Breast CA involving lateral part of breast drain by:	Ant pectoral group
Upper lateral quadrant of breast is drained by which grp of nodes:	Anterior axillary lymph node
Lymph drainage from nipple of breast is to:	Anterior axillary nodes
Inner medial lower quadrant of breast doesnt drain into	Inf phrenic
Lymph node of inner breast drains into all except:	Inf phrenic nodes
Breast Medial / Lower compartment does not:	Inferior phrenic lymph nodes
Medial quadrant of breast drain into?	Internal thoracic nodes
Pectrol lymph nodes drain maximum:	Major part of breast
Lateral side of breast drains into:	Pectoral lymph nodes
Lateral quadrants of breast drain into which nodes?	Pectoral nodes.
Lymphatic drainage from nipple of breast is:	Ant axillary lymph node
Breast outer quadrant:	Pectoral (anterior) group





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Graves Disease

Hyperthyroidism

Graves disease



Most common cause of hyperthyroidism. Thyroid-stimulating immunoglobulin (IgG, can cause transient neonatal hyperthyroidism; type II hypersensitivity) stimulates TSH receptors on thyroid (hyperthyroidism, diffuse goiter), dermal fibroblasts (pretibial myxedema), and orbital fibroblasts (Graves orbitopathy). Activation of T-cells → lymphocytic infiltration of retroorbital space → ↑ cytokines (eg, TNF-α, IFN-γ) → ↑ fibroblast secretion of hydrophilic GAGs → ↑ osmotic muscle swelling, muscle inflammation, and adipocyte count → exophthalmos. Often presents during stress (eg, pregnancy). Associated with HLA-DR3 and HLA-B8.
Histology: tall, crowded follicular epithelial cells; scalloped colloid.

PAST PAPERS

57/314

A pt with exophthalmos and other hyperthyroid features and positive anti-thyroid antibodies is suggestive of	Graves disease
Exophthalmus is due to:	Inc TSI
Most common cause of hyperthyroidism:	Graves disease
Hyperthyroid, goiter and exophthalmos:	Graves disease
common cause of hyperthyroidism?	Grave's disease
What will increase in graves disease	t3
Graves ophthalmopathy:	Optic nerve compression

Vitamin D deficiency is associated with Ophthalmopathy in patients with Graves' hyperthyroidism

Key lympho, antibody

Hypothyroidism

Hashimoto thyroiditis

Also called chronic autoimmune thyroiditis. Most common cause of hypothyroidism in iodine-sufficient regions. Associated with HLA-DR3, ↑ risk of primary thyroid lymphoma (typically diffuse large B-cell lymphoma).
Findings: moderately enlarged, **nontender** thyroid. May be preceded by transient hyperthyroid state ("Hashitoxicosis") due to follicular rupture and thyroid hormone release.
Serology: ⊕ antithyroid peroxidase (antimicrosomal) and antithyroglobulin antibodies.
Histology: Hürthle cells, lymphoid aggregates with germinal centers.
Postpartum thyroiditis—mild, self-limited variant of Hashimoto thyroiditis arising < 1 year after delivery.

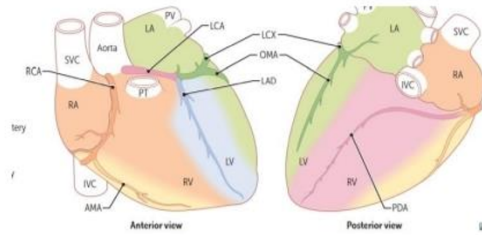
A 40-year known Hypothyroidism female was referred to endocrinologist for a mass in neck. FNAC shows increased lymphocytes and serology was adviseD.What is the most probable cause?	Hashimoto thyroiditis
Female with neck swelling hypothyroid dr orders some immunologic tests?	Hashimoto thyroiditis
Female swelling infront of neck. Hypothyroid Dr orders some immunological test. What is the diagnosis?	Hashimoto thyroiditis
Diagnosis for hashimotos	Antimicrosomal and anti-thyroglobulin

A 40-year known Hypothyroidism female was referred to endocrinologist for a mass in neck. FNAC shows increased lymphocytes and serology was advised. What is the most probable cause
Hashimoto



MI ECG LEADS

INFARCT LOCATION	LEADS WITH ST-SEGMENT ELEVATIONS OR Q WAVES
Anteroseptal (LAD)	V ₁ -V ₂
Anteroapical (distal LAD)	V ₃ -V ₄
Anterolateral (LAD or LCX)	V ₅ -V ₆
Lateral (LCX)	I, aVL
Inferior (RCA)	II, III, aVF
Posterior (PDA)	V ₇ -V ₉ , ST depression in V ₁ -V ₃ with tall R waves



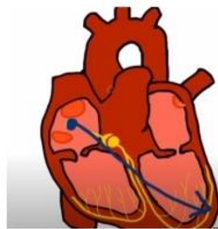
PAST PAPERS

Inferior wall MI occurs due to blockage of	Right coronary artery
Post 1/3 of interventricular septum is damaged due to MI. Artery involved is?	Right coronary artery
Inferior wall MI occurs due to blockage of which artery?	Right marginal
MI of posterolateral surface of heart. Vessel involved is	Left circumflex
ECG changes in lead V4 indicated involvement of which vessel	LAD
Infarction of apex of heart, vessel thrombosed will be	LAD
The circumflex artery supplies	Left atrium and left ventricle
Infarct in the lower segment of heart	LCX
ECG shows changes in leads II, III and avF. Diagnosis	Inferior wall MI
ST elevation in lead II, which artery involved	RCA

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Patient presented to ER with crushing chest pain for last 1 hour ON ECG there is ST segment elevation in lead II, III & AVF what's the diagnosis	Inferior wall MI
ST segment elevation in lead II which artery effected	right main coronary
A man presents to ER with ST depressions in II, III and avF and was advised angiography. The Most likely culprit artery is	RCA
Artery involved in inferior wall MI	Right marginal
Patient having ST elevation in Lead 2 and complete heart block vessel involved	RCA

NOTE: AXIS deviation



Left axis deviation on ECG is seen in	Rt ventricular myocardial damage
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