

To be filled by the candidate)

Booklet S. No. _____

Roll No. (In figures) _____

Roll No. (In words) _____

Name of the Candidate : _____

Father's Name : _____

Center of Examination : _____

Total No. of Questions : 50

Paper Code-2607

**Name of Examination- Senior Resident/Specialist Tutor Entrance 2026
Specialty-General Medicine**

Time Allowed : 90 Minutes

Maximum Marks : 200

IMPORTANT NOTE:

- (i) OMR Answer Sheet will be supplied by the Examination Centre Superintendent for answering the questions.
- (ii) Use **Blue/Black Ink/ Ball Pen only**, to darken the appropriate circle in the OMR Answer Sheet.
- (iii) Darken one circle deeply for each question in the OMR Answer Sheet, as faintly darkened circle might be rejected by the Optical Scanner.
- (iv) Darkening of more than one circle shall be rejected by the scanner. **Over-writing, cutting, erasing or use of White Fluid is not allowed.**
- (v) Before dealing with the question paper, fill-up the required information with Blue/Black Ball Pen correctly both in the Question Booklet and in the OMR Answer Sheet.
- (vi) Do not fold the OMR Answer Sheet nor put any mark here and there to avoid rejection by the Optical Scanner.
- (vii) Write Roll. No. carefully on the OMR Answer Sheet and darken the appropriate circle properly.
- (viii) **Each question carries Four Marks while 1 mark shall be deducted for each incorrect response.**
- (ix) **Use of Calculator is not allowed.**
- (x) **No over-writing, cutting, erasing or use of white fluid is allowed.**
- (xi) Rough work be done on the sheet(s) at the end.
- (xii) **MOBILE TELEPHONES (EVEN ON SWITCH-OFF MODE) AND SUCH OTHER ELECTRONIC DEVICES ARE NOT ALLOWED INSIDE THE EXAMINATION HALL.**
- (xiii) The question paper-booklet will be retained by the candidate after the entrance test is over.

Q1. A patient with long-standing diabetes presents with nephrotic-range proteinuria. Which of the following findings most strongly suggests **diabetic nephropathy**?

- A. RBC casts in urine
- B. Rapidly progressive renal failure
- C. Nodular glomerulosclerosis
- D. Low complement levels

2. Which of the following is the earliest detectable abnormality in diabetic kidney disease?

- A. Increased serum creatinine
- B. Macroalbuminuria
- C. Decreased GFR
- D. Microalbuminuria

3. A patient with chronic kidney disease has hypocalcemia, hyperphosphatemia, and elevated PTH levels. The most appropriate first-line treatment is:

- A. Calcium gluconate
- B. Calcitriol
- C. Phosphate binders
- D. Cinacalcet

4. Which acid–base abnormality is most commonly seen in advanced chronic kidney disease?

- A. Metabolic alkalosis
- B. High anion gap metabolic acidosis

C. Normal anion gap metabolic acidosis

D. Respiratory acidosis

5. Which of the following diuretics remains effective even at GFR <20 ml/min?

- A. Hydrochlorothiazide
- B. Chlorthalidone
- C. Furosemide
- D. Amiloride

6. A patient with anemia has Hb 8 g/dL, MCV 68 fL, normal ferritin, and increased HbA₂. The most likely diagnosis is:

- A. Iron deficiency anemia
- B. Anemia of chronic disease
- C. β -thalassemia trait
- D. Sideroblastic anemia

7. Which of the following is the most common cause of pancytopenia in India?

- A. Acute leukemia
- B. Aplastic anemia
- C. Hypersplenism
- D. Megaloblastic anemia

8. A patient with sickle cell disease presents with sudden severe anemia and reticulocytopenia. The most likely cause is:

- A. Splenic sequestration
- B. Aplastic crisis

- C. Hemolytic crisis
- D. Acute chest syndrome

9. Which laboratory finding best differentiates iron deficiency anemia from thalassemia trait?

- A. Serum iron level
- B. MCV
- C. RDW
- D. Reticulocyte count

10. Which of the following is **pathognomonic** of chronic myeloid leukemia?

- A. Leukemoid reaction
- B. Elevated LDH
- C. Philadelphia chromosome
- D. Splenomegaly

11. A 28-year-old woman presents with photosensitive rash, oral ulcers, arthritis, and low complement levels. The most specific antibody for the diagnosis is:

- A. ANA
- B. Anti-dsDNA
- C. Anti-Smith
- D. Anti-Ro

12. Which of the following findings is **most characteristic** of rheumatoid arthritis?

- A. DIP joint involvement
- B. Negative rheumatoid factor
- C. Symmetrical involvement of MCP and PIP joints
- D. Subchondral sclerosis

13. A patient with long-standing rheumatoid arthritis develops neck pain and neurological symptoms. The most likely cervical spine abnormality is:

- A. Osteophyte formation
- B. Atlanto-axial subluxation
- C. Odontoid fracture
- D. Cervical disc prolapse

14. Which of the following is a **poor prognostic factor** in rheumatoid arthritis?

- A. Female sex
- B. Early age of onset
- C. Presence of anti-CCP antibodies
- D. Monoarticular disease

15. A patient presents with proximal muscle weakness, elevated CK, heliotrope rash, and Gottron papules. The most likely diagnosis is:

- A. Polymyalgia rheumatica
 - B. Dermatomyositis
-

C. Inclusion body myositis

D. Myasthenia gravis

16. A patient presents with weakness of the right face and arm more than the leg, along with expressive aphasia. The most likely vascular territory involved is:

A. Anterior cerebral artery

B. Middle cerebral artery

C. Posterior cerebral artery

D. Basilar artery

17. Which of the following is a **feature** of upper motor neuron lesion?

A. Fasciculations

B. Muscle wasting (early)

C. Hyperreflexia

D. Decreased tone

18. A patient has ptosis, diplopia, and fatigable muscle weakness that improves with rest. The most likely diagnosis is:

A. Lambert–Eaton myasthenic syndrome

B. Myasthenia gravis

C. Guillain–Barré syndrome

D. Botulism

19. Which of the following findings is **most characteristic** of Parkinson disease?

A. Intention tremor

B. Rigidity and resting tremor

C. Chorea

D. Hyperreflexia

20. A patient presents with acute onset flaccid paralysis, areflexia, and albuminocytologic dissociation in CSF. The diagnosis is:

A. Acute transverse myelitis

B. Myasthenia gravis

C. Guillain–Barré syndrome

D. Multiple sclerosis

21. A patient presents with crushing retrosternal chest pain radiating to the left arm with ST elevation in leads II, III, and aVF. The most likely culprit artery is:

A. Left anterior descending artery

B. Left circumflex artery

C. Right coronary artery

D. Left main coronary artery

22. Which murmur **increases** with inspiration?

A. Mitral regurgitation

B. Aortic stenosis

C. Tricuspid regurgitation

D. Mitral stenosis

23. A patient with atrial fibrillation has an irregularly irregular pulse. Which physical finding is most characteristic?

- A. Pulsus paradoxus
- B. Pulse deficit
- C. Pulsus alternans
- D. Dicrotic pulse

24. Which ECG finding is most suggestive of acute pericarditis?

- A. ST elevation in a coronary distribution
- B. ST depression in multiple leads
- C. Diffuse ST elevation with PR depression
- D. Tall peaked T waves

25. A patient with long-standing hypertension develops heart failure with preserved ejection fraction. The most likely underlying mechanism is:

- A. Systolic dysfunction
- B. Dilated cardiomyopathy
- C. Diastolic dysfunction
- D. Valvular regurgitation

26. A patient with chronic smoking presents with progressive dyspnea and barrel-shaped chest. The most likely diagnosis is:

- A. Chronic bronchitis

B. Bronchial asthma

C. Emphysema

D. Bronchiectasis

27. Which of the following ABG findings is most consistent with acute respiratory failure type 2?

- A. PaO₂ ↓, PaCO₂ ↓
- B. PaO₂ normal, PaCO₂ ↑

C. PaO₂ ↓, PaCO₂ ↑

D. PaO₂ normal, PaCO₂ normal

28. A patient with suspected pulmonary embolism has a normal chest X-ray. Which radiological sign, though uncommon, is classically described in PE?

- A. Kerley B lines
- B. Hampton's hump
- C. Bat-wing appearance
- D. Air bronchogram

29. Which of the following conditions is associated with reduced DLCO?

- A. Bronchial asthma
 - B. Obesity hypoventilation syndrome
 - C. Emphysema
 - D. Kyphoscoliosis
-

30. A patient with long-standing asthma presents with productive cough, fleeting pulmonary infiltrates, and very high IgE levels. The most likely diagnosis is:

- A. Eosinophilic pneumonia
- B. Allergic bronchopulmonary aspergillosis
- C. Pulmonary tuberculosis
- D. Churg–Strauss syndrome

31. A patient presents with weight loss, heat intolerance, tremors, and palpitations. Which laboratory finding is most consistent with **Graves disease**?

- A. Low TSH, low T₄
- B. High TSH, high T₄
- C. Low TSH, high T₄
- D. Normal TSH, high T₄

32. Which of the following is the **earliest biochemical abnormality** in primary hypothyroidism?

- A. Low T₄
- B. High TSH
- C. Low T₃
- D. Hypercholesterolemia

33. A patient with acromegaly is most likely to have which complication?

- A. Hypoglycemia
- B. Cardiomyopathy

C. Microcytic anemia

D. Osteoporosis

34. Which test is used to **confirm Cushing syndrome**?

- A. Random serum cortisol
- B. ACTH level
- C. Overnight dexamethasone suppression test
- D. Insulin tolerance test

35. A patient with hypercalcemia has elevated PTH levels. The most likely diagnosis is:

- A. Vitamin D intoxication
- B. Malignancy-related hypercalcemia
- C. Primary hyperparathyroidism
- D. Sarcoidosis

36. A patient presents with high-grade fever, chills, thrombocytopenia, and splenomegaly. Peripheral smear shows ring forms. The most likely diagnosis is:

- A. Dengue fever
- B. Malaria
- C. Leptospirosis
- D. Scrub typhus

37. Which of the following is the **most common cause of community-acquired pneumonia worldwide**?

- A. Klebsiella pneumoniae
- B. Mycoplasma pneumoniae
- C. Streptococcus pneumoniae
- D. Legionella pneumophila

38. A patient with HIV presents with CD4 count of 90 cells/ μ L. Which opportunistic infection prophylaxis is indicated?

- A. Azithromycin for MAC
- B. Fluconazole for cryptococcus
- C. Trimethoprim–sulfamethoxazole for Pneumocystis jirovecii
- D. Isoniazid for tuberculosis

39. Which clinical feature is **most** suggestive of enteric fever?

- A. Sudden onset high fever with rigors
- B. Relative bradycardia
- C. Severe jaundice
- D. Hemorrhagic rash

40. A patient with suspected bacterial meningitis has CSF with high protein, low glucose, and neutrophilic pleocytosis. The most appropriate **empirical therapy** in adults is:

- A. Ceftriaxone alone
- B. Ceftriaxone + vancomycin
- C. Ceftriaxone + ampicillin

D. Meropenem alone

41. A patient presents with well-defined erythematous plaques with silvery scales over extensor surfaces. The most likely diagnosis is:

- A. Lichen planus
- B. Psoriasis
- C. Atopic dermatitis
- D. Seborrheic dermatitis

42. Which clinical sign is classically associated with **psoriasis**?

- A. Darier sign
- B. Koebner phenomenon
- C. Nikolsky sign
- D. Auspitz sign

43. A patient presents with violaceous, flat-topped papules with Wickham striae. The diagnosis is:

- A. Psoriasis
- B. Lichen simplex chronicus
- C. Lichen planus
- D. Discoid lupus erythematosus

44. Which of the following is the **most** common cause of erythema nodosum?

- A. Tuberculosis
- B. Sarcoidosis

- C. Streptococcal infection
- D. Inflammatory bowel disease

45. A patient with diabetes presents with painful erythematous swelling of the face and fever. The most likely diagnosis is:

- A. Cellulitis
- B. Erysipelas
- C. Necrotizing fasciitis
- D. Impetigo

46. A patient believes that neighbors are plotting against him despite lack of evidence. This symptom is best described as:

- A. Hallucination
- B. Delusion
- C. Illusion
- D. Obsession

47. Which of the following is a **first-rank** symptom of schizophrenia (Schneider)?

- A. Perseveration
- B. Thought echo
- C. Flight of ideas
- D. Circumstantiality

48. A patient presents with elevated mood, decreased need for sleep, increased talkativeness, and grandiosity for 10 days. The most likely diagnosis is:

- A. Hypomania
- B. Mania
- C. Cyclothymia

D. Schizoaffective disorder

49. Which drug is considered **first-line** maintenance therapy in bipolar disorder?

- A. Haloperidol
- B. Lithium
- C. Fluoxetine
- D. Clozapine

50. A patient presents with recurrent panic attacks and persistent fear of having more attacks. The diagnosis is:

- A. Generalized anxiety disorder
 - B. Panic disorder
 - C. Social anxiety disorder
 - D. Specific phobia
-

Answers :

- | | |
|-------|-------|
| 1. C | 28. B |
| 2. D | 29. C |
| 3. C | 30. B |
| 4. B | 31. C |
| 5. C | 32. B |
| 6. C | 33. B |
| 7. D | 34. C |
| 8. B | 35. C |
| 9. C | 36. B |
| 10. C | 37. C |
| 11. C | 38. C |
| 12. C | 39. B |
| 13. B | 40. B |
| 14. C | 41. B |
| 15. B | 42. D |
| 16. B | 43. C |
| 17. C | 44. C |
| 18. B | 45. B |
| 19. B | 46. B |
| 20. C | 47. B |
| 21. C | 48. B |
| 22. C | 49. B |
| 23. B | 50. B |
| 24. C | |
| 25. C | |
| 26. C | |
| 27. C | |
-

Rough Page

Rough Page
