

The University of Fiji
(An Entity of Arya Pratinidhi Sabha of Fiji)



**UMANAND PRASAD SCHOOL OF MEDICINE &
HEALTH SCIENCES:2025**

FINAL EXAMINATION PAPER

IMED 501: INTERNAL MEDICINE

Important Instructions to Students:

1. Read the questions, instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes reading time** (during this time, you are not allowed to write with pen) and **180 minutes (3 Hours) to complete this paper.**
3. Silent, non-programmable calculators are allowed, but not supplied.
4. Write all your answers in the answer booklet provided. If you need extra sheets, please ask from the supervisor. Write your name, course code and student identification number in the answer booklet and in the attendance sheet.
5. This paper contains four (4) sections A, B, C and D. All questions are compulsory to answer .
6. Write all your answers legibly. The marker has the right to award zero for answers that are not legible.
7. This is a **Closed Book Examination**. The University views plagiarism, cheating and dishonest practice as serious offences and if found, offenders are penalized.

Examination Paper Content (Format):

<u>Section</u>	<u>Question</u>	<u>Content</u>	<u>Marks</u>	<u>Suggested Time</u>
A	1-15	Multiple Choice	15	18 minutes
B	16-17	Short Answer Questions	25	54 minutes
C	18-20	Long Answer Questions	30	54 minutes
D	21	Essays	30	54 minutes
		TOTAL	100	180 Minutes

SECTION A

MULTIPLE CHOICE QUESTIONS-15 X 1=15 MARKS

1) A patient with mitral stenosis develops atrial fibrillation. What is the most significant immediate risk?

- A. Sudden cardiac death
- B. Pulmonary embolism
- C. Systemic embolization (stroke)
- D. Heart failure

2) Which of the following is a common cause of acute tubular necrosis?

- A. Nephrotic syndrome
- B. Prolonged hypotension
- C. Post-streptococcal infection
- D. Drug allergy

3) A 45-year-old diabetic patient presents with foamy urine and 3+ protein on dipstick. The most likely cause is:

- A. Diabetic nephropathy
- B. Acute interstitial nephritis
- C. Minimal change disease
- D. Amyloidosis

4) Which of the following is the most sensitive marker for early detection of acute hepatitis B infection?

- A. HBsAg
- B. Anti-HBs
- C. Anti-HBc IgG
- D. HBeAb

5) A 70-year-old smoker presents with chronic cough and clubbing. Sputum is copious and purulent. The most likely diagnosis is:

- A. Bronchiectasis
- B. COPD
- C. Pneumonia
- D. Lung carcinoma

6) Which of the following is a restrictive lung disease?

- A. Chronic bronchitis
- B. Emphysema
- C. Pulmonary fibrosis
- D. Asthma

7) The test for checking mean plasma glucose concentration over the previous 8-10 weeks is:

- a) Hemoglobin A1c b) Oral glucose tolerance test (OGTT)
- c) Fructosamine test d) Fasting plasma glucose concentration

8) Which of the following are the recommended blood pressure and lipid goals for the prevention of cardiovascular disease in adults with diabetes?

- a) BP < 140/90, Trig < 150, LDL < 100
- b) BP < 130/85, Trig < 300, LDL < 100
- c) BP < 135/80, Trig < 200, LDL < 130
- d) BP < 130/80, Trig < 150, LDL < 100

9) What is the first-line drug for patients with type 2 diabetes and obesity?

- a) Acarbose b) Metformin c) Sulphonylureas d) Insulin

10) A 30-year-old man presents with painless genital ulcer and generalized lymphadenopathy. Which test confirms the diagnosis?

- A. HIV ELISA
- B. VDRL / RPR test
- C. Monospot test
- D. Gram stain

11) A 68-year-old male with a history of hypertension presents with acute tearing chest pain radiating to the back. BP in the right arm is 180/100 mmHg and in the left arm 120/80 mmHg. ECG shows LVH but no ischemic changes.

The most likely diagnosis is:

- A. Acute myocardial infarction
- B. Aortic dissection

- C. Pulmonary embolism
- D. Pericarditis

12) A 60-year-old alcoholic with cirrhosis presents with confusion and asterixis. What is the likely cause?

- A. Hepatic encephalopathy
- B. Hypoglycemia
- C. Wernicke's encephalopathy
- D. Hypokalemia

13) A patient with Type 1 diabetes presents with Kussmaul breathing, polyuria, and fruity breath odor. What is the most likely acid–base disturbance?

- A. Metabolic alkalosis
- B. Respiratory acidosis
- C. Metabolic acidosis
- D. Respiratory alkalosis

14) A patient with a history of fever, chills, and jaundice shows a positive Leptospira IgM test. What is the most likely mode of transmission?

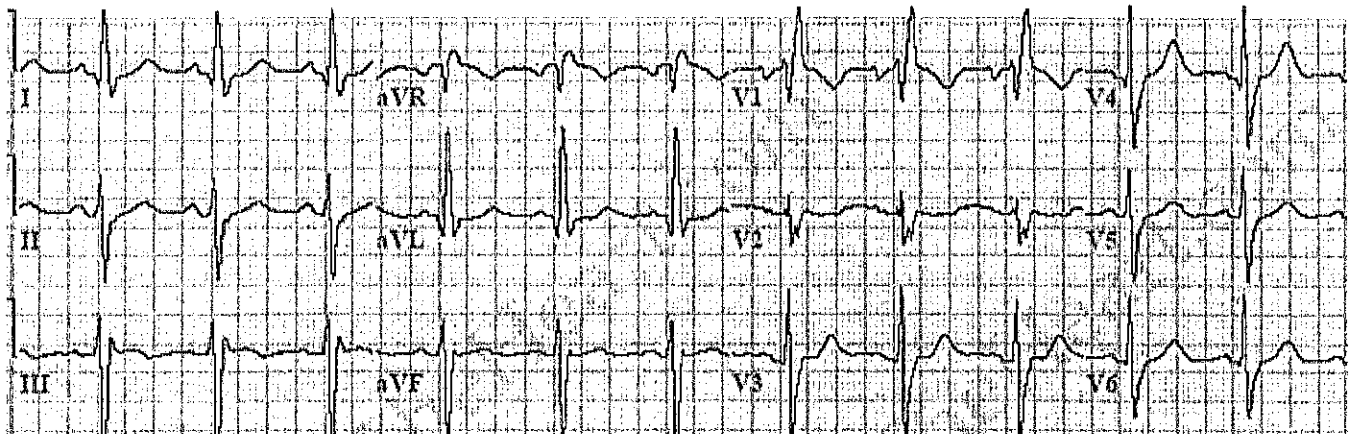
- A. Mosquito bite
- B. Contaminated water
- C. Blood transfusion
- D. Aerosol inhalation

15) A 30-year-old HIV-positive patient presents with fever, cough, and diffuse interstitial infiltrates on CXR. The most likely pathogen is:

- A. Mycobacterium tuberculosis
- B. Pneumocystis jirovecii
- C. Klebsiella pneumoniae
- D. Pseudomonas aeruginosa

section B-short answers

16) The ECG of the following patient who came to Emergency with shortness of breath and palpitations. 10 marks



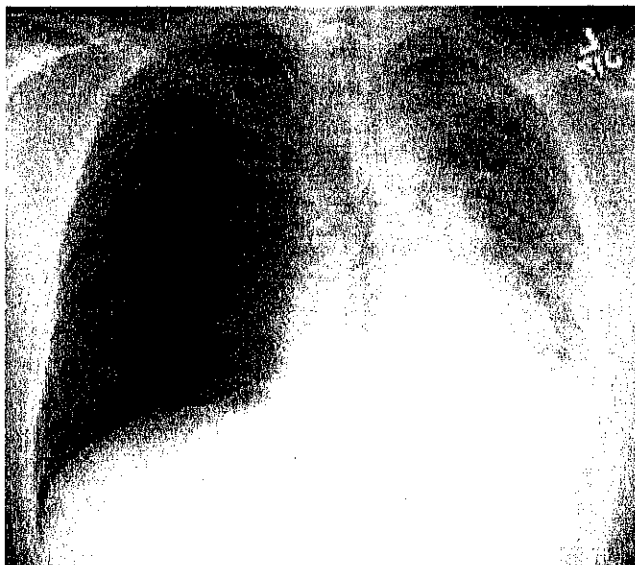
a) interpret the ECG (rate, rhythm, heart rate)? 4 marks

b) what's your diagnosis? 1 mark

c) how will you manage? 4 marks

d) write two complications of the following disorder? 1 mark

17) Describe the X-Ray, diagnosis and management? 15 marks



SECTION C- LONG ANSWERS (10 x 3=30 marks)

18)pathophysiology and management of chestpain ,do the differential diagnosis??

19)Neurological examination of a paralysed patient,describe the procedures briefly

20)Bronchial Asthma:pathophysiology and management

SECTION D-ESSAY (30 marks)

21) Discuss the etiology,clinical features ,management and complication of Diabetic Ketoacidosis?