

**B. K. L. WALAWALKAR RURAL MEDICAL COLLEGE**



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**Index of Grievances**

**Winter 2023**

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**DEAN**

**B.K.L. Walawalkar Rural Medical College  
At. Kasarwadi, Post. Sawarde  
Tal. Chiplun, Dist. Ratnagiri**



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

**AHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

दिंडोरी रोड, म्हस्रुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

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डॉ. संदीप सिताराम कडू

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), एम.बी.ए.,  
पी.जी.डी.एच.एम., पी.जी.डी.एम.एल.एस., सी.एफ.एम.जे.

परीक्षा नियंत्रक

**Dr. Sandeep Sitaram Kadu**

M.B.B.S., M.D. (Forensic Medicine), M.B.A., P.G.D.H.H.M.,  
P.G.D.M.L.S., C.F.M.J.

**Controller of Examinations**

Ref. No.: MUHS/X-1/UG/ 503 /2024

Date: 25/01/2024

By E-mail

To,  
The Dean/Principal  
Shri Vitthalrao Joshi Charities Trust's B.K.L.  
Walawalkar Rural Medical College, At.  
Kasarwadi,  
Post Sawarda, Tal. Chiplun  
Ratnagiri - 415 606.

101130

**Sub: - Practical & Theory Verification/Re-totaling Marks for  
Wintre-2023 Examination.**

Sir / Madam,

With reference to the above subject, Practical & Theory Verification/Re-totaling status of your college student (s) for Winter-2023 Examination is listed overleaf. You are requested to inform to the concerned students, the status of Practical & Theory Verification/Re-totaling of his/her marks where there is:-

1. No Change
2. Change of Marks (increase/decrease) in subject (s)
3. Change in Result (in any subject/overall)

In case of change of marks (increase/decrease) without effect the final result, in subject(s) as mentioned in point no.2, the statement of marks already issued to the concerned student shall remain same.

Revised statement of marks shall be issued in due course of time only in case there is any change in final result as mentioned in point no.3. The statement of marks already issued to the concerned students should be returned to the University immediately.

Encl: - As stated above

P.T.O

Name of College :- Shri Vitthalrao Joshi Charities Trust's B.K.L. Walawalkar Rural Medical College, (101130).

B.K.L. Walawalkar Rural Medical College  
At. Kasarwadi, Post. Sawarde  
Tal. Chiplun, Dist. Ratnagiri

Course :- I M.B.B.S.

Sr. No.	Year	Seat No.	Students Name	Subject	T/R- P/R	Remark Change/ No Change
1	I MBBS (2019)	602716	Meet Manoj Mehta	Physiology-I	TR	No Change

T/R= Theory Retotaling.

P/R= Practical Retotalings:

Yours,

  
Controller of Examinations

  
DEAN





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

AHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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डॉ. संदीप सिताराम कडू

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परीक्षा नियंत्रक

Dr. Sandeep Sitaram Kadu

M.B.B.S., M.D. (Forensic Medicine), M.B.A., P.G.D.H.H.M.,  
P.G.D.M.L.S., C.F.M.J.

Controller of Examinations

Ref. No.: MUHS/X-1/UG/3569 /2024

By E-mail

Date:- 14 / 05 / 2024

To,  
The Dean/Principal  
Shri Vitthalrao Joshi Charities Trust's B.K.L.  
Walawalkar Rural Medical College, At.  
Kasarwadi,  
Post Sawarda, Tal. Chiplun  
Ratnagiri - 415 606.

101130

**Sub: - Forwarding of Photocopies of Answer Books of Winter-2023 Examinations.**

Sir / Madam,

With reference to above cited subject, University has received applications for photocopies of answer-books from the student(s) of your college of **Winter-2023** University Examinations. Please find attached herewith list of students along with photocopies of their answer-books with a request to handover the softcopy of it to the respective students only. Kindly ensure while handover of answer-books, it is not interchanged with other students as well proper record about receipt of answer-book is maintained at college level.

### List of Candidate

Sr. No.	Year	Name of Student	Seat No.	Subject	Remarks
01	III-(II) MBBS	Rushikesh Vijay Rathod	210330	Gen Medicine	02 Copies

Yours,

(Dr.Sandeep Sitaram Kadu)  
Controller of Examinations

Encl.: As above.

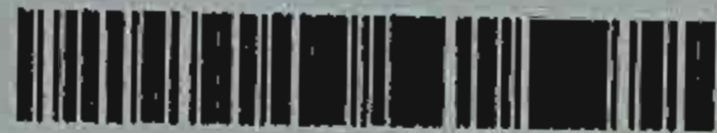
DEAN



Third (Part-II) MBBS-2019

GENERAL MEDICINE  
01401A

W233BHFN9w78ECys8F



Section A (MCQs) if applicable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
	0	0	0	0	1	1	0	1	0	1	1	1	1	1	1	12
Section B & C	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
2	1	2	2	1	2	2										09
3	5	NA	5													10
4	2	NA	0	2	1	1										06
5	5	6	NA													11



Section A (if applicable)

MCQ Version No. in figure	M	2	1	8
MCQ Version No. in words	M	Two	one	eight.

Question no.

- |   |                           |
|---|---------------------------|
| 1) D) Calcium Channel blocker.                | 16) D) organophosphorus.  |
| 2) A) orthopnea.                              | 17) B) K.                 |
| 3) A) Blood.                                  | 18) A) Vitamin B12        |
| 4) A) Vibrio cholerae.                        | 19) A) Actual Abillation. |
| 5) C) Asbestosis                              | 20) D) 30.                |
| 6) A) Viral                                   | 21)                       |
| 7) A) Clopidogrel                             | 22)                       |
| 8) B) Metronidazole                           | 23)                       |
| 9) D) Aortic Regurgitation.                   | 24)                       |
| 10) B) Syphilis.                              | 25)                       |
| 11) B) Leptospira interrogans.                | 26)                       |
| 12) C) Candidiasis                            | 27)                       |
| 13) A) Down Syndrome.                         | 28)                       |
| 14) D) Tenofovir + Lamivudine + Dolutegravir. | 29)                       |
| 15) A) Niacin.                                | 30)                       |



Section :  
B No.: W233BHFN9w78ECys8F

Subject Code : 01401A  
Paper : I

Name of Examination : Third Part II MBBS-2019  
Subject : GENERAL MEDICINE

Third (Part-II) MBBS-2019

GENERAL MEDICINE  
01401A

W233BHFN9w78ECys8F



Section A (MCQs) if applicable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
	0	0	0	0	1	1	0	1	0	1	1	1	1	1	1	12
Section B & C	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
2	1	1	2	2	1	1										07
3	4	NA	4													08
4	2	NA	2	2	1	1										08
5	4	4	NA													08

4 3 0 0

DEAN





Question No.

Q.2)

b)

→

CLUB GF

① C - Confusion.

② L -

③ U - urine output.  
< 30ml/min

④ Breathless.

⑤ Age > 65 yr.

Scoring System

① Breathlessness.

Q.2)

a)

→

warfarin

Antibiotic

Doxycycline 100 mg.

Amoxicycline 200mg

Ampicillin 750mg.

Benzyl Penicillin IV.

Antibiotic choice -

① Penicillin.

② Levofloxacin

③

Q.2)

c)

→ Hb - 10.4g/dl.

MCV 60.4 fl

- Hb Level is below Normal limit.

- MCV is below Normal limit.

According above value

① MCV ↓

↓

Microcytic anemia

② Hb below Normal range (13-17 gm%).

↓

Anemia.



Question No.

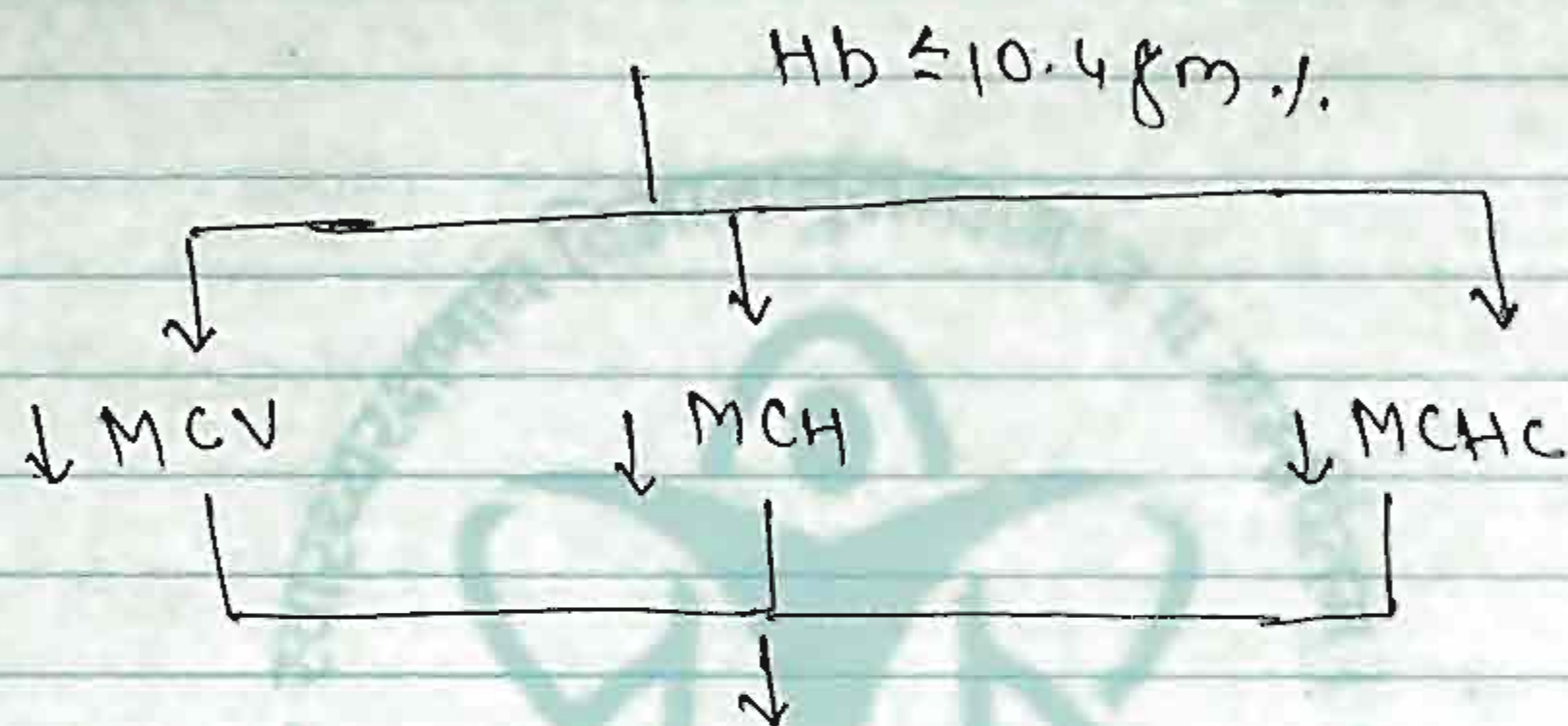
① peripheral blood →  
check Morphology of Cell.

↓  
Microcyte.

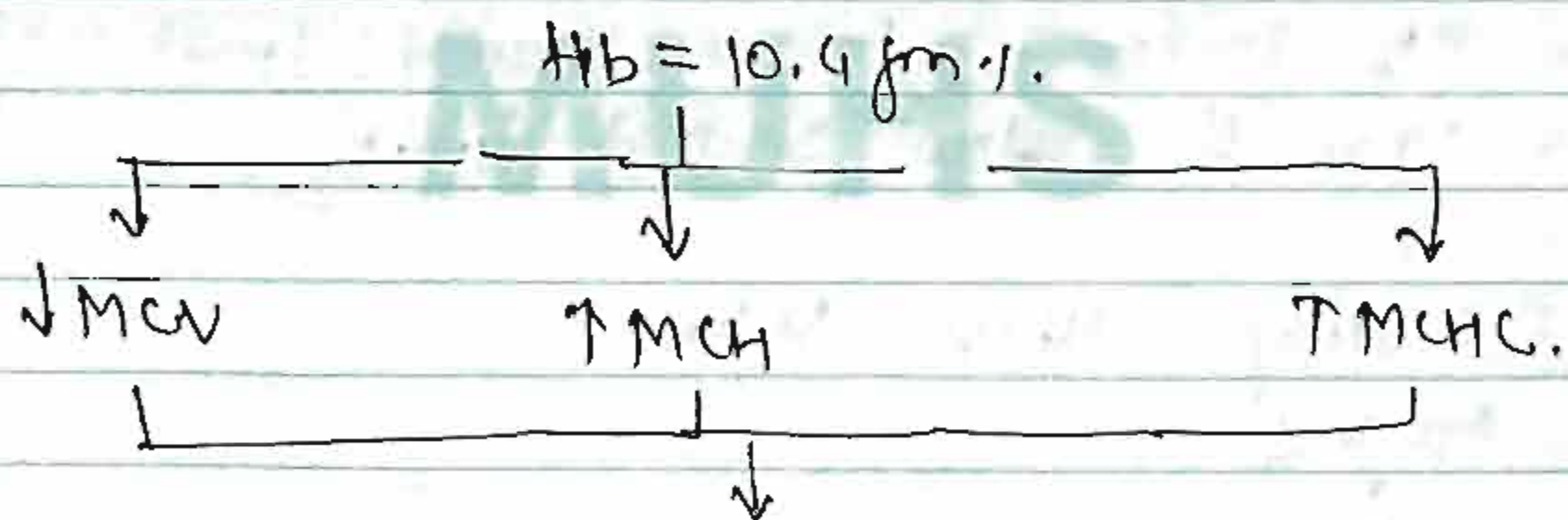
② Complete Blood Count.

① MCH Value.

② MCHC Value.



Microcytic Hypochromic Anemia  
- Iron deficiency anemia  
- Thalassemia.



Microcytic Hyperchromic Anemia

Question No.

Q.2)

d)

→

Scorpion bite :-

- ① pain
- ② burning sensation at bite site.
- ③ fever.
- ④ Redness at bitten area.
- ⑤ bitten whole Swollen.

Management :-

- ① Clear Airway, Breathing.
- ② Immobility of bitten part
- ③ Immobility by Gape bandage.
- ④ Hospitalization.
- ⑤ Analgesic
- ⑥ Morphine relieve pain.
- ⑦ Atropine.
- ⑧ NSAID.



Question  
No.

Q.2)

e)

→

① most probable diagnosis is Sickle Cell disease.

② - Complete Blood Count is  
Hemoglobin level.  
MCV level  
MCH and MCHC level.

- peripheral blood smear is

① Morphology of cell.

② Sickle shaped cell is present or not.

- Sickling test.

10% Sodium Dithionite + Patient's Blood.

- X-ray

Splenomegaly is present or not.

- MRI and CT scan for soft tissue.

③ treatment of chest pain is

- Nitrate → relieve chest pain.

- Digoxin → relieve chest pain.

- Amiodarone.

Q.2)

A)

→

Clinical feature Scurvy is

① Bleeding.

② Mucosal Hemorrhage

③ gum bleeding.

④ bleeding in joint.

⑤ Hematoma in muscle.

⑥ myalgia.

⑦ pallor.

⑧ pain.

⑨ petechiae formation.

⑩

Management is

① Advise patient to eat Vitamin C rich food

② Lemon fruit, orange

③ Vegetable → tomato, potato, spinach, green leafy vegetable.

④ Vitamin C tablet

60,000 - 1,200,000 IU → 3 times day

⑤ Bed rest for



Question  
No.

- ⑩ IV fluid, if bleeding is severe.
- ⑪ Blood transfusion if needed.



MUHS

## Section C.

Q.4)

a)

→

Counsel to adolescent student in college to quit smoking.

① Telling about complication of smoking.

② Telling about bad effect of smoking.

③ Telling about carcinogenicity of smoking.

Smoking affect on body.

Smoking is causative agent :-

① Asthma.

② COPD (emphysema).

③ Hypertension.

④ Obesity.

⑤ Lung cancer.

⑥ Smoking create family disturbance in future.

⑦ Smoking withdrawal symptom → chorea, headache, Agitation, Convulsion.

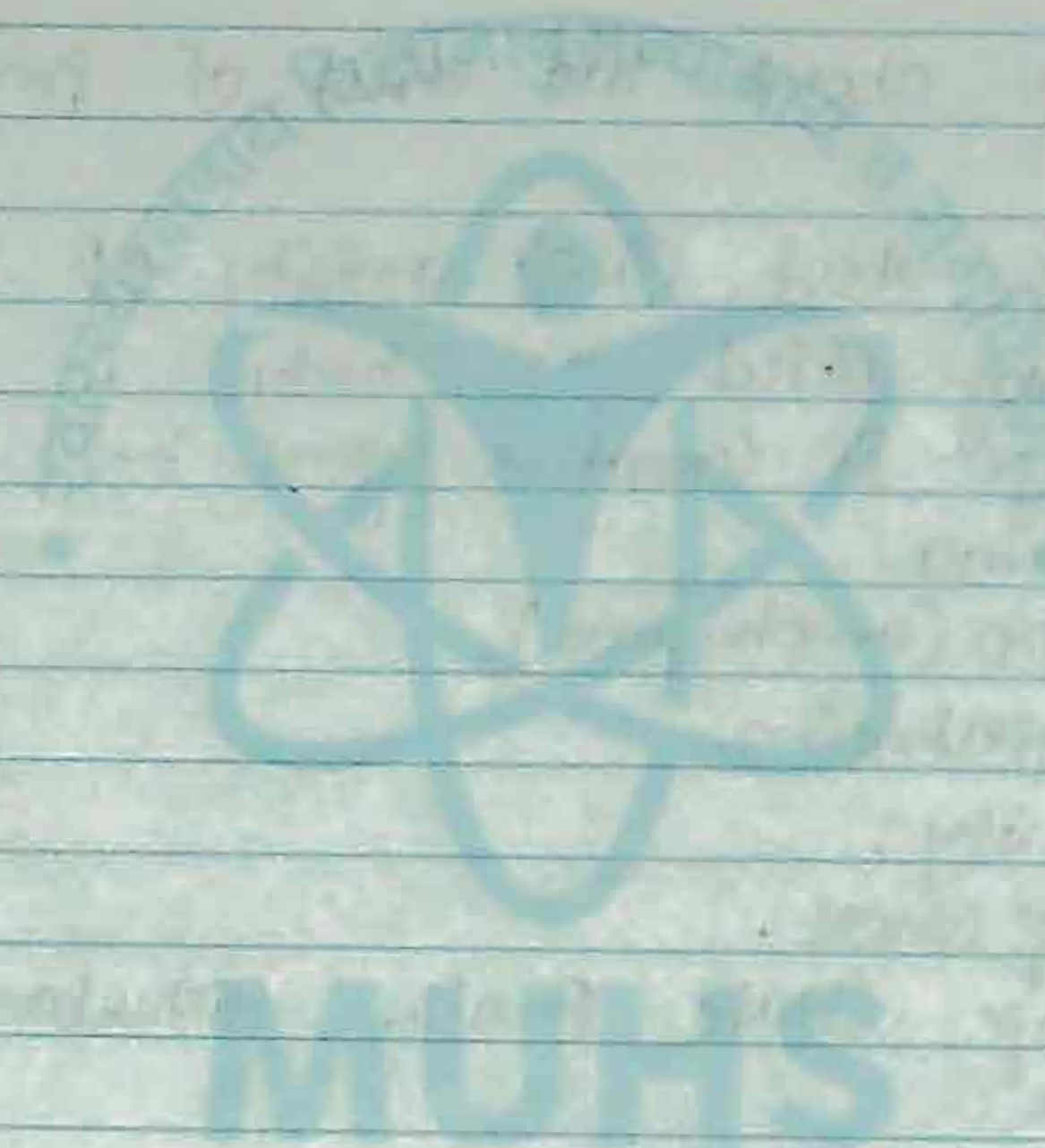
⑧ Telling them about effect of smoking on family.

⑨ Smoking effect on economy.  
Smoking habit increases a budget.



Question No.

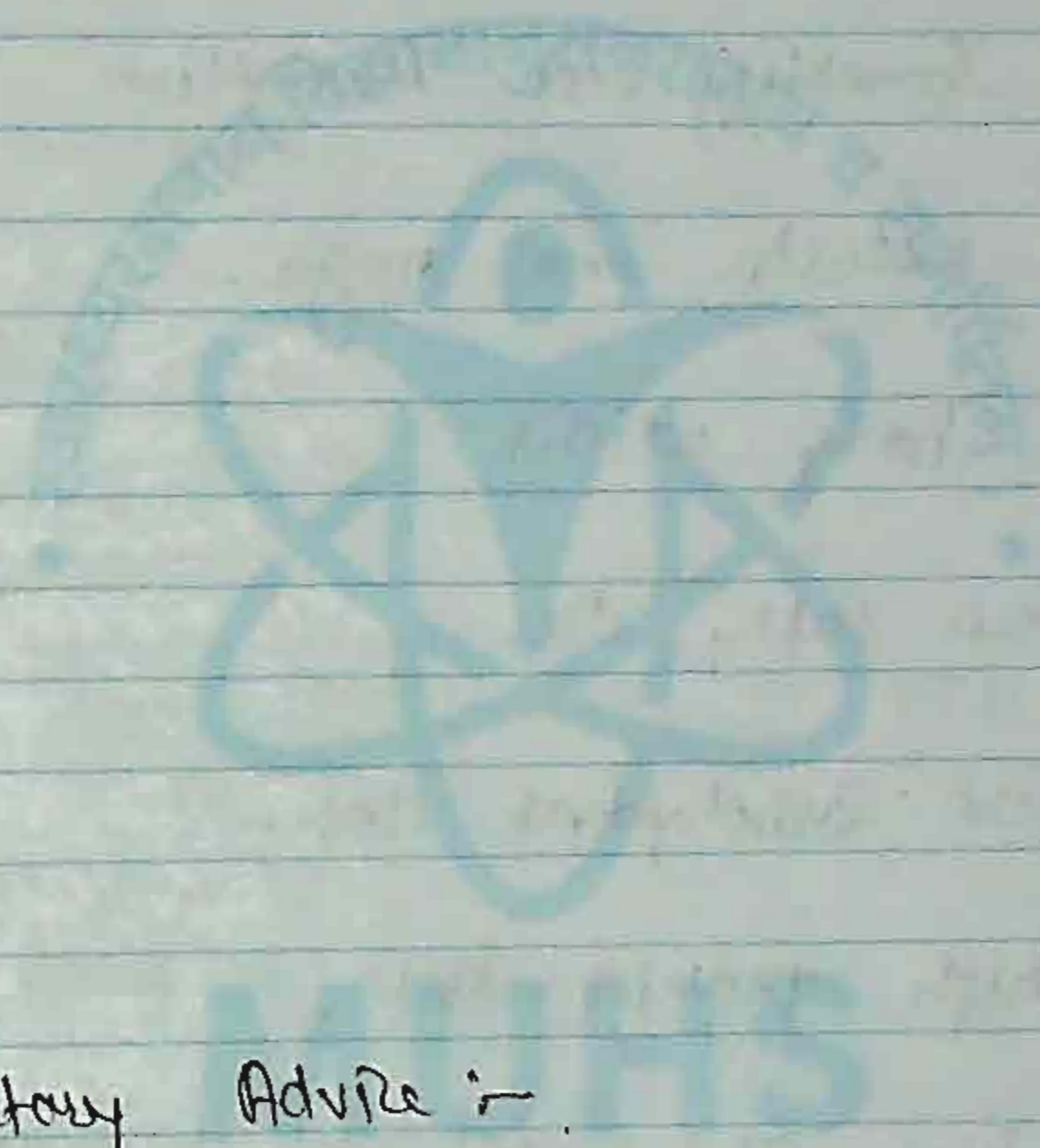
Q. 5  
→  
→  
↓



Q. 5  
→  
↓

dietary Advice :-

- ① Bed rest for several days.
- ② IV fluid 0.9% saline.
- ③ deficiency of electrolyte provide Na, K, Cl, in finger lactate solution.
- ④ provide  $HCO_3^-$  im if needed.





Question  
No.

- green leafy vegetable.
- Multivitamin rich food, such as  $\text{Apple}$ .

- ① papaya
- ② mango.
- ③ Coconut water.
- ④ pomogranet.

- Avoid smoking and Alcoholism
- Regular exercise and yoga.
- Control body weight.
- take low fatty diet.
- take low carbohydrate diet.
- take high protein diet.
- take high fibre diet.
- if person is obese then low calorie diet provided.

Q. 4)

d)

→ Acute Complication :-

- ① dyspnea.
- ② chest pain.
- ③ Angina.
- ④ Hypotension.

long term complication of post acute MI :-

- ① Arrhythmia :-
  - ① Atrial fibrillation.
  - ② Ventricular fibrillation.
- ② Shock.
- ③ pericarditis.
- ④ valvular disease.
  - Mitral stenosis
  - Atrial stenosis
  - tricuspid regurgitation.



Question  
No.

- Mitral regurgitation

④ myocarditis

⑤ Cardiomyopathy.

dilated cardiomyopathy.

hypertrophy cardiomyopathy.

⑥ pericardial effusion.

Q. 4)

e)

→

Management of reduced ejection fraction  
or Heart failure :-

① Calcium Channel blocker.

- Nifedipine.

- Verapamil.

②  $\beta_2$  blocker r.

- Propranolol.

- Atenolol.

- Esmolol.

③  $\alpha_2$  - blocker :-

- prazosin

- terazin.

④ Nitrate.

- Sodium Nitroglycerine

⑤ Digoxin.

⑥ Amilorone.

⑦ Irbesartan.

Q. 4)

A)

→ differential diagnosis :-

① diarrhoea.

② Amoebic disease.

③ food poisoning.

④ Cholera.

⑤ dumping syndrome.

⑥ Celiac disease.



① Stool Culture.  
- identify organism in stool.

② Blood.  
- leucocytosis → indicate infection and poisoning

③ Antigen in blood.

④

Section C

Q.5)

a)

→

Cause of palpitation :-

- ① Hyperthyroidism.
- ② thyrotoxicosis.
- ③ gram dikam.

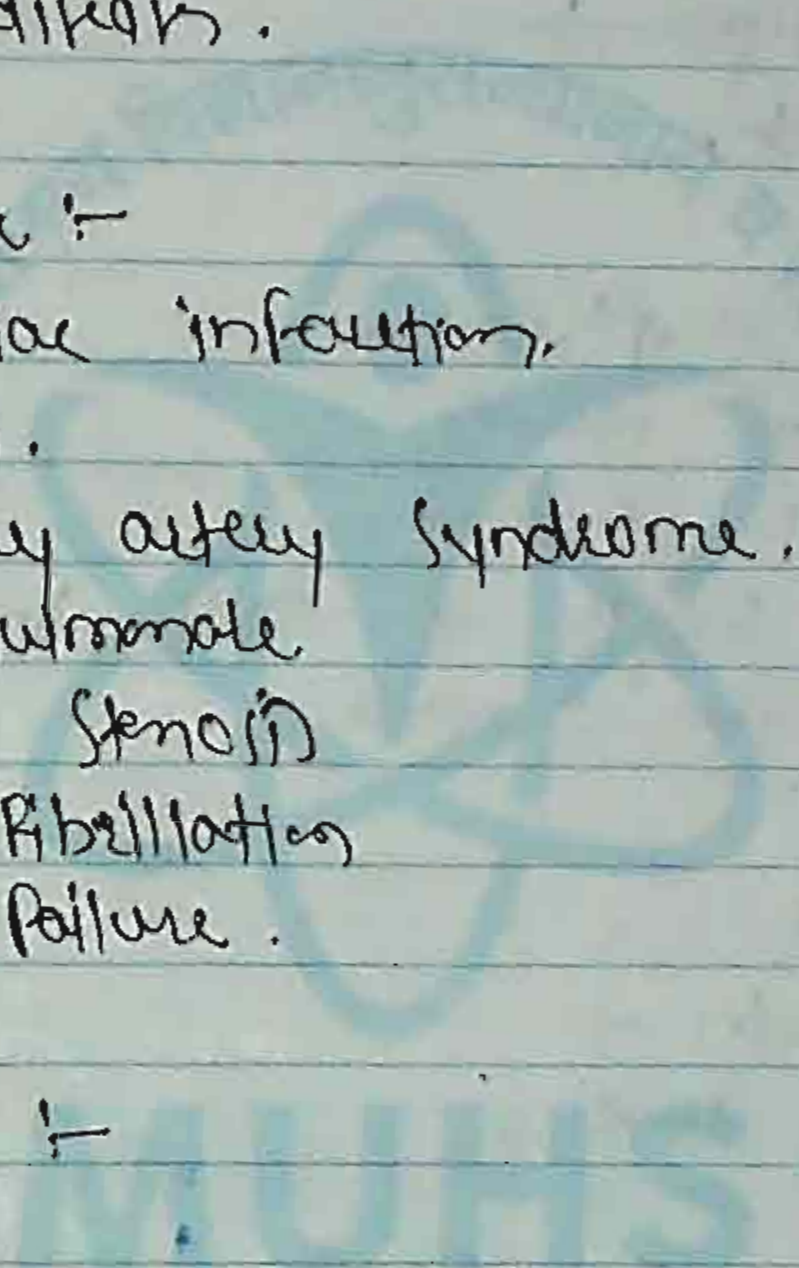
Cardiac Cause :-

- ① Myocardial infarction.
- ② Angina.
- ③ Coronary artery Syndrome.
- ④ Coe pulmonale.
- ⑤ Mitral Stenosis
- ⑥ Atrial Fibrillation
- ⑦ Heart Failure.

Hematological :-

- ① Leukemia.
- ② pancytoma Nocturnal Hemoglobinuria.
- ③ Anemia.

- ① Heat Stroke
- ② Hyperthermia.
- ③





Question  
No.

## Investigation :-

- ① Chest X-ray :-  
Hypertrophy of heart.  
Cardiomegaly.  
enlargement of aorta.
- ② electrocardiogram :-  
- Hypertrophy.
- ③ electrocardiography :-  
- absence of waves.  
- prolonged of waves.  
- increase length of QRS complex.  
- presence of Q wave.
- ④ Blood level  
Hemoglobin %.  
Hematocrit level.
- ⑤ Blood urea and serum Creatinine.
- ⑥ marker :-  
CK-MB marker.  
myoglobin.  
Lactate dehydrogenase.
- ⑦ measure Blood pressure regularly.  
⑧ Systolic Blood Pressure.  
⑨ diastolic blood pressure.

- ⑩ Check vitals regularly.  
Pulse.  
Respiratory rate  
temperature.

## Management :-

## ① Atrial fibrillation :-

- Digoxin.  
loopy  
Control heart rate.
- Amiodarone.
- Cardioversion  
Control heart rate.
- Calcium channel blocker.  
Nifedipine, verapamil.
- $\beta_2$  blocker.  
propranolol.  
atenolol.



Question  
No.

- Spironolactone
- Valve replacement Surgery.
- Anti Fibrinolytic drug &
  - ① Streptokinase → 150000 IU
  - ② Reteplase.
- Aspirin
- Clopidogrel.

Q. 5)

b)

→

differential diagnosis →

- ① irritable bowel syndrome.
- ② Diarrhoea.
- ③ irritable bowel disease
- ④ ulcerative colitis.
- ⑤ Amoebic liver abscess
- ⑥ Crohn's disease.
- ⑦ Giardiasis.
- ⑧ kala azar.

Investigation →

- ① Blood Culture.
  - detect bacteria or pathogenic agent
- ② Stool Culture.
  - detect the pathogens
- ③ Barium enema
  - infection.
  - obstruction in gastrointestinal tract



Question  
No.

① Colonoscopy +  
examine colon with colonoscope  
seen bleeding, ulcer.

② Sigmoidoscopy +

- examine sigmoid colon.
- detect bleeding, ulcer.

③ X ray (Abdominal).  
Organ enlargement seen.

④ endoscopy +  
for detection of ulcerative growth.

⑤ Stool examination.

⑥ Complete blood count.  
- Hemoglobin.  
-  $\text{H}^+$

⑦ Urine test  
Serum urea.

⑧ Blood urea and serum Creatinine.

• Management :-

① Analgesic  
relief pain.

② Vomiting +  
Antiemetic drugs.  
- domperidone.  
- pantoprazole.

③ Antidiarrhetic  
- loperamide.

- Codeine drugs.

④ Morphine analgesic.

⑤ IV fluid 0.9% saline.

⑥ Antibiotic +  
- Doxycycline.  
- Amprillin.

⑦ Corticosteroid.  
- prednisolone

- methylprednisolone.



Question  
No.

① Bleeding, severe blood loss.  
Blood transfusion done.

②

Complication :-

① peritonitis

② Amoeboma.

③ Amoebic dysentery.

④ Anaphylaxis.

⑤

## Section B

Q. 3)

a)

→

diagnosis :- HIV.

① opportunistic infection :-

CD4 < 50 → Cytomegalovirus.  
CMV.  
Cryptosporidia.

CD4 < 100 → pneumonia.  
Cryptid  
Tuberculosis.

CD4 < 200 → Kaposi's Sarcoma.  
Candidiasis

CD4 < 400 → Kaposi's Sarcoma.  
Candidiasis.  
oral thrush.

CD4 > 400 → Allergic reaction.



pneumonia :-

Caused by Streptococcus pneumoniae.  
Haemophilus pneumoniae.

Clinical features :-

- (i) Breathlessness.
- (ii) dyspnea.
- (iii) Cough.
- (iv) Fever.
- (v) Weakness.
- (vi) Fatigue.

Investigation :-

- (i) CD4 Cell count.
- (ii) Western blot test.
- (iii) Chest X-ray :-  
consolidation of lung.
- (iv) Spirometry.
- (v) Complete blood count.  
Red Cell count  
WBC count.
- (vi) Sputum Culture :-  
detect the Streptococcus pneumoniae.

- Haemophilus pneumoniae.

(i) Blood Culture.

Treatment :-

- (i) macrolide + ciprofloxacin.
- (ii) macrolide + beta lactam inhibitor.
- (iii) doxycycline 100mg.
- (iv) levofloxacin 500mg.
- (v) Amoxicillin 750mg.
- (vi) Azithromycin 300mg.

ART therapy :-

- (i) efavirenz.
- (ii) Tenofovir.
- (iii) Atazanavir.
- (iv) Bictegravir.
- (v) Lenivudine.



Q. 3)

c)

→

Acute management :-

infection occur,

## ① Antibiotics :-

Doxycycline. 100mg.  
Amoxicillin 500mg.  
Ampicillin 200mg.

② Analgesic  
pain relief

## ③ NSAID

- Aspirin  
- Ibuprofen.

## ④ Wound care

IV Fluid 0.9% saline.  
Ringer lactate solution.

## ⑤ Oxygen therapy :-

Breathless (dyspnea) :-  
Oxygen 4L/min

long term Management :-

Blood Pressure :-

①  $\beta$  blocker :-

Propranolol. → reduce Hypertension  
Vasodilation effect.

## ② Calcium Channel blocker.

- Nifedipine → block  $Ca^{2+}$  receptor.

## ③ Digoxin.

## ④ ACE Inhibitor (Angiotensin converting enzyme)

Captopril, Enalapril 20mg.

block enzyme ACE. From Angiotensin I to Angiotensin II.

## ⑤ Angiotensin receptor blocker.

- Losartan, Valsartan 100mg.

block Angiotensin receptor.

Stop retention Na<sup>+</sup> and Water.

## ⑥ Amilorone.

⑦  $\alpha$  blocker.

- Prazosin.

## ⑧ IV Fluid.

- 0.9% Na<sup>+</sup>.

## ⑨ Aspirin.

## ⑩ Clopidogrel.

## ⑪ Oxygen therapy.

## ⑫ Gp IIb/IIIa antagonist.



Question  
No.Lifestyle modification:-

- ① Avoid smoking and Alcohol.
- ② Regular exercise and yoga.
- ③ Avoid fatty diet and cheese diet.
- ④ take Proteineous diet.
- ⑤ Increase fibre rich diet.
- ⑥ take green leafy vegetables.
- ⑦ give Multivitamin food.
- ⑧ increase Calorific diet.
- ⑨ provide micronutrient diet.
- ⑩ Avoid fast food.
- ⑪ take healthy food → rich in Nutrients and Vitamin.
- ⑫ Avoid addition any other than smoking.
- ⑬ ~~increase~~ a
- ⑭ Regular morning walk.

- ① Avoid fit cloth.
- ② Wear loose cloth.
- ③ Avoid sugar.

ATTEMPTED PAPER END OF HERE





GENERAL MEDICINE

01401B

W233B5112119ZhMrtu



Section A (MCQs) if applicable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	06.00
Section B & C	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
2	1	0.5	1	1.5	1	0.5	extra	5.00								
3	4	NA	4	8.00												
4	0	NA	0.5	1	1.5	4.00										
5	NA	4	4	8.00												

31 00

GENERAL MEDICINE

01401B

W233B5112119ZhMrtu



Section A (MCQs) if applicable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	6
Section B & C	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
2	1	0	1	2	1	2	7									
3	4	NA	5	9												
4	0	NA	1	1	1	1	4									
5	NA	4	3	7												

33 00

Section A (if applicable)

MCQ Version No. in figure	M	2	2	2
MCQ Version No. in words	M	Two	Two	Two.

Question no.

- |  |  |
|--|--|
| 1) a) Cognitive behavioral therapy.                                | 16) b) Diabetes insipidus              |
| 2) d) Raised α fetoprotein level                                   | 17) c) Absence of renal complications. |
| 3) c) tetracycline   | 18) a) emphysema.                      |
| 4) d) Wernicke area.   | 19) a) Superior oblique.               |
| 5) d) Escherichia coli.  | 20) c) CO <sub>2</sub> Narcosis.       |
| 6) d) GFR  | 21)                                    |
| 7) a) Hyperkalemia.  | 22)                                    |
| 8) c) pheochromocytoma.  | 23)                                    |
| 9) c) IgA deficiency.  | 24)                                    |
| 10) c) Hypocalcemia with raised ALP.                               | 25)                                    |
| 11) a) dilated oesophagus with narrow lower end (Bird Beak oesoph) | 26)                                    |
| 12) c) Subarachnoid haemorrhage                                    | 27)                                    |
| 13) d) Uremy   | 28)                                    |
| 14) b) Narrow joint space  | 29)                                    |
| 15) a) Autosomal dominant disease                                  | 30)                                    |

Subject Code : 01401B

Paper : II

Name of Examination : Third Paper MBBS-2019

Subject : GENERAL MEDICINE

Section : W233B5112119ZhMrtu



DEAN



## Section B,

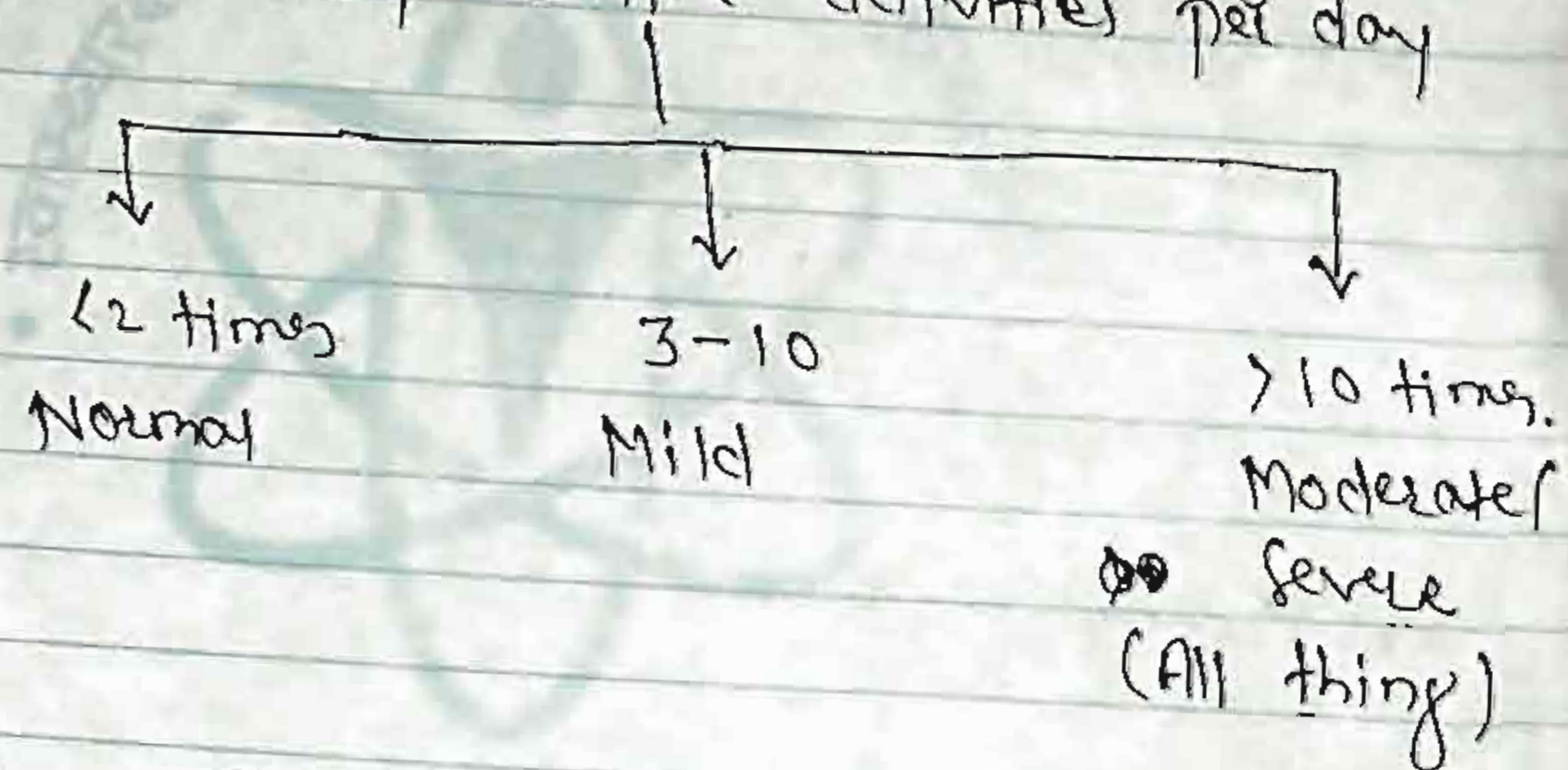
Q.2)

a)

→ Alzheimer disease.

evaluate :-

① 1st evaluate → Physical Condition.

② Find → How many time he forget thing  
in daily routine activities per day

③ Identify → Cause of forgetting thing.

④ is there B infection or Haemorrhagic obstruction  
in brain.⑤ Find → See → any abnormality in body  
or posture.⑥ examination of vital (Pulse, Respiratory  
Rate and temperature) on regularly.

⑦ Maintain blood pressure recording.

Lifestyle Modification :-

① Bed rest. (more than 8 hr).

② long bed rest affect body.

③ 10-15 yard walk regularly to maintain vital  
Normal.

④ Counselling about forgetting thing.

⑤ behavioral therapy.

⑥ Maintain Carbohydrate, fat, protein diet. (rich)

⑦ High Calorie intake diet.

⑧ Avoid predisposing factor.

⑨ psychotherapy provided.



Q.2)

b)

→

Rheumatology practices :-

- provide immunity.
- provide IgG, IgA, IgM, IgE immunoglobulin.
- Nuclear antibodies.
- Cyclic Citrullinated peptide.

Mechanism of action Rituximab :-

- Monoclonal antibody.
- promote the antibody to fight against foreign body.

Complication :-

- ① Vomiting
- ② diarrhoea.
- ③ Renal failure.

Question No.

① weight loss.

Q.2)

c)

→ diabetic ketoacidosis :-

① Clinical feature :-

- polyuria.
- polydipsia.
- dehydration.
- Headache.
- Confusion
- Convulsion.

① Nursing intervention :-

① Maintain Airway, Breathing and Circulation.

① Control Hyperglycemia.

① Control dehydration.

① Metformin is choice of drug for diabetes in diabetic ketoacidosis.

① Sulphonylurea :- glibenclamide → increase insulin level of body.



Question No.

- ① Maintain O.G.I. IV Fluid.
- ② excessive IV Fluid avoided.
- ③ Maintain  $K^+$  level of body.
- ④ Maintain Bicarbonate level of body.
  - ↓
  - Sodium bicarbonate is given with saline solution 500ml. with 100ml.
- ⑤ due to dehydration: decrease in potassium decrease in Bicarbonate.
- ⑥ Potassium: Potassium Chloride with distilled Water 400ml.

MUHS

Question No.

Q.2)

d)

→ Status epilepticus +.

Status epilepticus is defined as the recurrent or persistent of Asthma.

Management +

① Investigation +.

① Blood :-

- Check eosinophiles.
- Leucocytosis.

② Lung function test: Peak Flowmetry.

① FEV<sub>1</sub> level.② FEV<sub>1</sub>/FVC ratio.

③ Chest X ray.

④ Auscultation: Wheezing sound from lung.

Mx :-

- ① Maintain Airway, breathing and Circulation.
- ② Give Oxygen therapy 11-12 L/min.
- ③ Maintain SpO<sub>2</sub> level > 90%.

MUHS



⑩ IV fluid with dextrose solution.

⑪  $\beta_2$ -blocker.

Short acting  $\beta_2$  blocker :-

① Salbutamol. 5-10 mg  $\rightarrow$  Inhaler.

Long acting  $\beta$  blocker :-

Salmeterol 20-40 mg  $\rightarrow$  Inhalational.

⑫ Inhaler Corticosteroid therapy :-

Budesonide  $\rightarrow$  4-6 mg.

Flucortisone

⑬ Systemic corticosteroid :-  
Prednisolone 100 mg.

⑭ IV Corticosteroid :-  
Hydrocortisone IV

⑮ Anti leukotriene Antagonist :-  
Montelukast  
Zafirlukast.

⑯ Omalizumab.

Q. 2)

e)

$\rightarrow$

type of headache :-

① Migraine.

② Cluster headache

③ Simple headache.

④ Confusion.

⑤ Tension Headache.

⑥ Temporal headache

Rx :-

① NSAID.

Paracetamol  $\rightarrow$  500 mg

Ibuprofen  $\rightarrow$  500 mg.

② Morphine 50 mg

③ In theobolysis :-

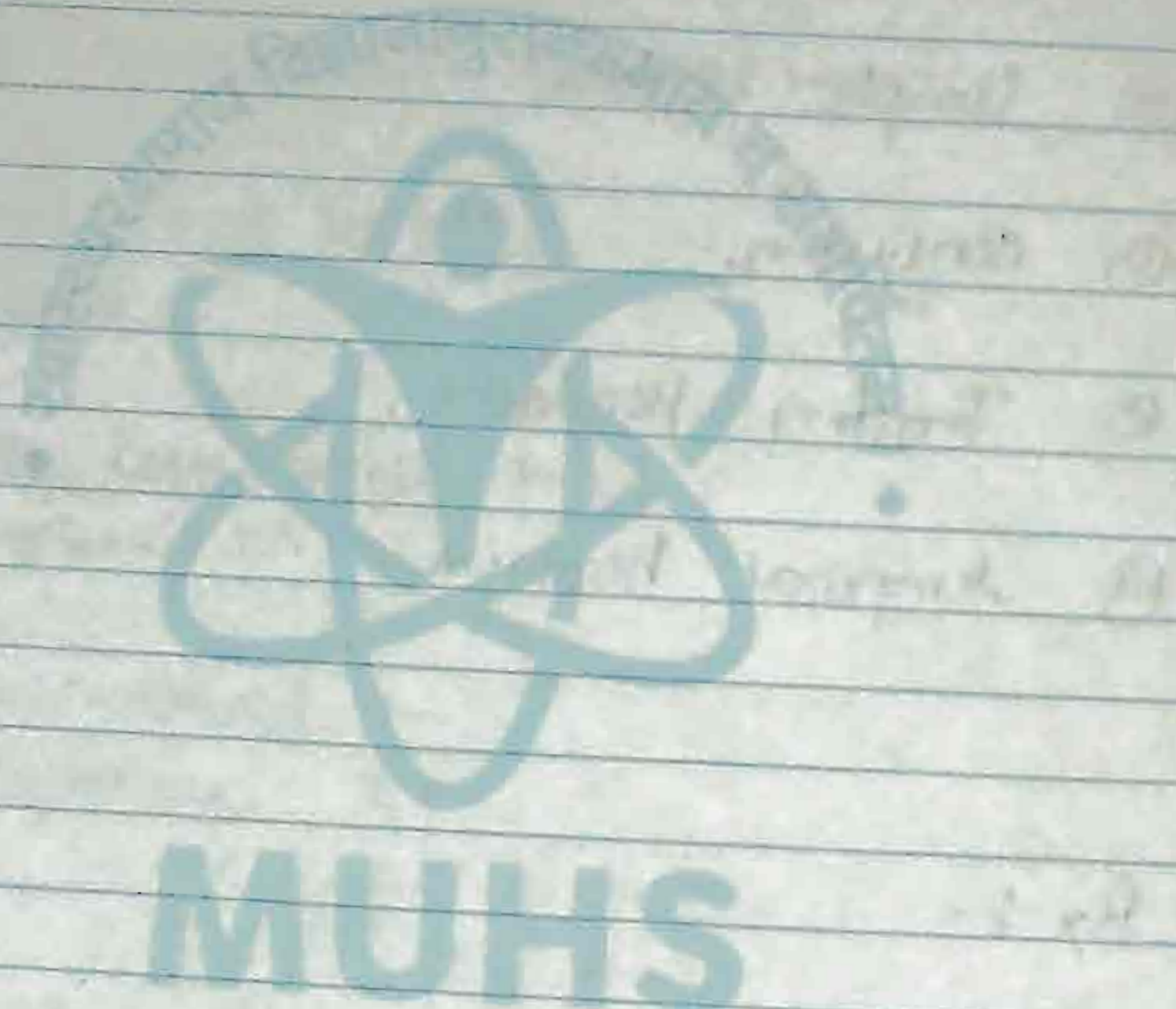
① Aspirin



(i) low molecular weight heparin.

(ii) Pethidine → 5-10 mg.

(iii) Anticholinergics  
Ranitidine 10 mg.  
Cimetidine.



Q.2)

A

→

Clinical feature of anxiety disorder :-

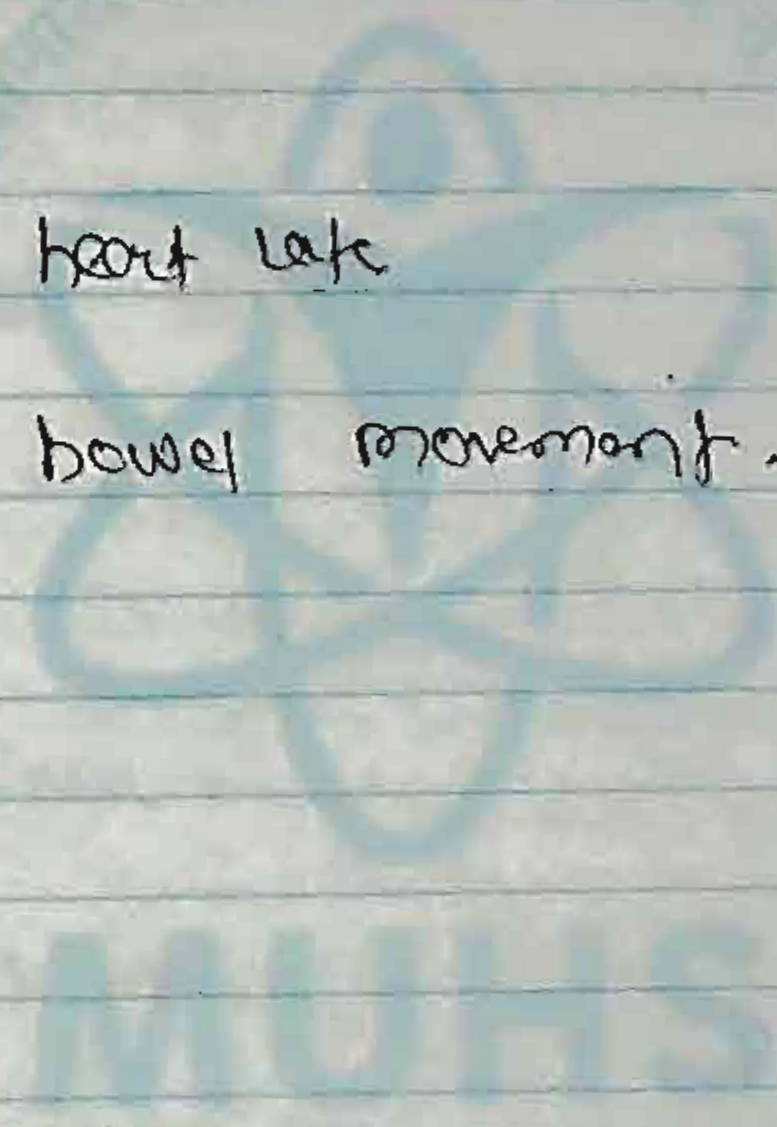
- (i) phobia.
- (ii) astrophobia.
- (iii) aerophobia.
- (iv) tachycardia.

Question No.

- (v) Breathlessness.
- (vi) Hypertension.
- (vii) Claustrophobia.
- (viii) Headache.
- (ix) abnormality in bowel movement.
- (x) Fear.
- (xi) irregular heart rate
- (xii) irregular bowel movement.
- (xiii) Sleepiness.
- (xiv) Insom.

Management :-

- (i) Behavioral therapy.
- (ii) Psychological therapy.
- (iii) Family therapy.
- (iv) Avoid the predisposing factor.





Ⓜ) Antidepressant drug :-  
 Amitriptyline.  
 Imipramine.  
 Selective serotonin reuptake inhibitor.

Ⓜ) Counselling.

Ⓜ) Methylvitamin tablet.

Question  
No.

Q.3)

a)

→

Causes of Hematemesis :-

I) esophageal cause :-

Ⓜ esophageal Varices.

Ⓜ Esophageal Carcinoma.

Ⓜ Mallory Weish Syndrome.

Ⓜ Esophageal Stricture.

Ⓜ peptic ulcer.

II) gastric cause :-

Ⓜ gastric Carcinoma.

Ⓜ gastric ulcer.

Ⓜ Trauma.

Ⓜ drug reaction.

Ⓜ Hiatal hernia.

Ⓜ duodenal ulcer.



- ① gastritis.
- ② oesophagitis.

Treatment +

Investigation +

- ① Chest X ray :-  
only secondary infection.
- ② Blood :-  
Complete blood count  
Haemoglobin level.  
Haematocrit level  
Leucocytosis.  
Erythrocyte sedimentation rate.
- ③ Barium enema +  
see any stricture.
- ④ endoscopy +  
- ulceration.
- ⑤ Color dopler +  
Bleeding in oesophagus.
- ⑥ CT and MRI :-  
only carcinoma of oesophagus or stomach.

Question  
No.

Management :-

① Antibacterial therapy :-

- ① Amprillin
- ② Amoxillin.
- ③ doxycycline.

④ Analgesic  
morphine.

⑤ Antipyretic +  
paracetamol.

⑥ If Bleeding occur :-

- ① mild Bleeding :- No need to treatment.
- ② moderate or severe bleeding :-  
① Blood transfusion.  
② Platelet loss < 50000 per 100ml.  
platelet transfusion.

⑦ Proton pump inhibitor.

- ① pantoprazole
- ② esomeprazole.

③ lansoprazole.



Ⓜ Antiemetic drug :-  
- domperidone.

Ⓜ IV fluid transfusion.  
0.9% IV fluid.

Ⓜ Vitamin K tablet

Ⓜ Surgery +  
Cryotherapy.  
Coz ablation.

Complication :-

Ⓜ gastric carcinoma.

Ⓜ Deep ven thrombosis.

Ⓜ embolism.

Ⓜ Hemoptoma.

Ⓜ Peritonitis

Ⓜ Perforation  
Oesophageal.  
Stomach  
duodenal.

Question No.

Ⓜ Cardiac Heart disease

Ⓜ Stroke.

Ⓜ Acute kidney injury.

Ⓜ dehydration.

Ⓜ Anaphylactic shock.

Ⓜ Hypovolemic shock.

Ⓜ

Q. 3)

c)

→

i)

→ differential diagnosis :-

Ⓜ Nephritis.



⑩ Mild change diuresis.

⑪ glomerulonephritis.

⑫ Rapidly progressive glomerulonephritis.

⑬ Membranous glomerulopathy.

⑭ Acute kidney injury.

⑮ focal segmental glomerulosclerosis.

⑯ membranoproliferative glomerulonephritis

⑰ Chronic kidney injury.

⑱ Acute pyelonephritis.

⑳ Chronic pyelonephritis.

㉑ Post-streptococcus glomerulonephritis

㉒ IgA Nephropathy.

ii)

→

① post-streptococcus glomerulonephritis →

Naked eye appearance :-

- enlarge kidney.

Histopathological →

- podocyte rupture.

- inflammation of cell.

- Bowman capsule rupture.

- Red Cell Cast.

① IgA Nephropathy →

- Ig A deposit in podocyte.

- ↑ gap betn podocyte.

- Red Cell seen.

② Rapidly progressive glomerulonephritis.

① kidney inflammation.

② kidney large.

③ pus cell.

Histopath :-

- pus cell.

- rupture of glomeruli, Bowman capsule and podocyte.

- Red Cell Cast.

granular Cast → Pyelonephritis.

Red Cell → Urinary tract infection.



Management :-

Investigation :-

① urinalysis +

① GFR.

① Serum Creatinine

① uric acid.

① Blood.

Complete blood count.

Blood urea.

① Microscopy

- Pus Cell.

- Red Cell and Red Cell Count.

- granular Cast.

②

Management +

① Antibiotics +

① penicillin G.

① Doxycycline.

① Amoxicillin

① Rifampin.

① erythromycin.

② diuretics :-

① furosemide

① loop diuretics + spironolactone

③ IV fluid transfusion.

④ Proteinuria + and Hypertension +  
Angiotensin converting enzyme inhibitor :-  
Captopril, enalapril.

ARB (blockers) :- losartan, valsartan.

⑤ Hematuria +

- Controlled Allupurinol

- Probenecid

⑥  $\beta_2$  blockers :-

- propranolol.

- atenolol.

⑦ Renal Replacement therapy :-  
renal condition +.

① Hemodialysis

① peritoneal dialysis.



① Homoperfusion.

② Hemodioperfusion.

③ Antithrombolytic -  
Streptokinase  
Retepase

④ Platelet inhibitor -  
Aspirin  
low molecular weight Heparin.

## Section C.

Question No.

Q. 4)

a)

→ eczema (dermatitis). [Eczema].

Management :-

investigation -

① Skin biopsy.

② Serology testing.

③ History → itching  
Rash.

④ Blood :-  
Complete blood count.

Treatment -

① Moisturizer.

② Topical Corticosteroid → Betamethasone 0.05%.

③ Cool tar.

④ Tacrolimus Cream.

⑤ Sunscreen.



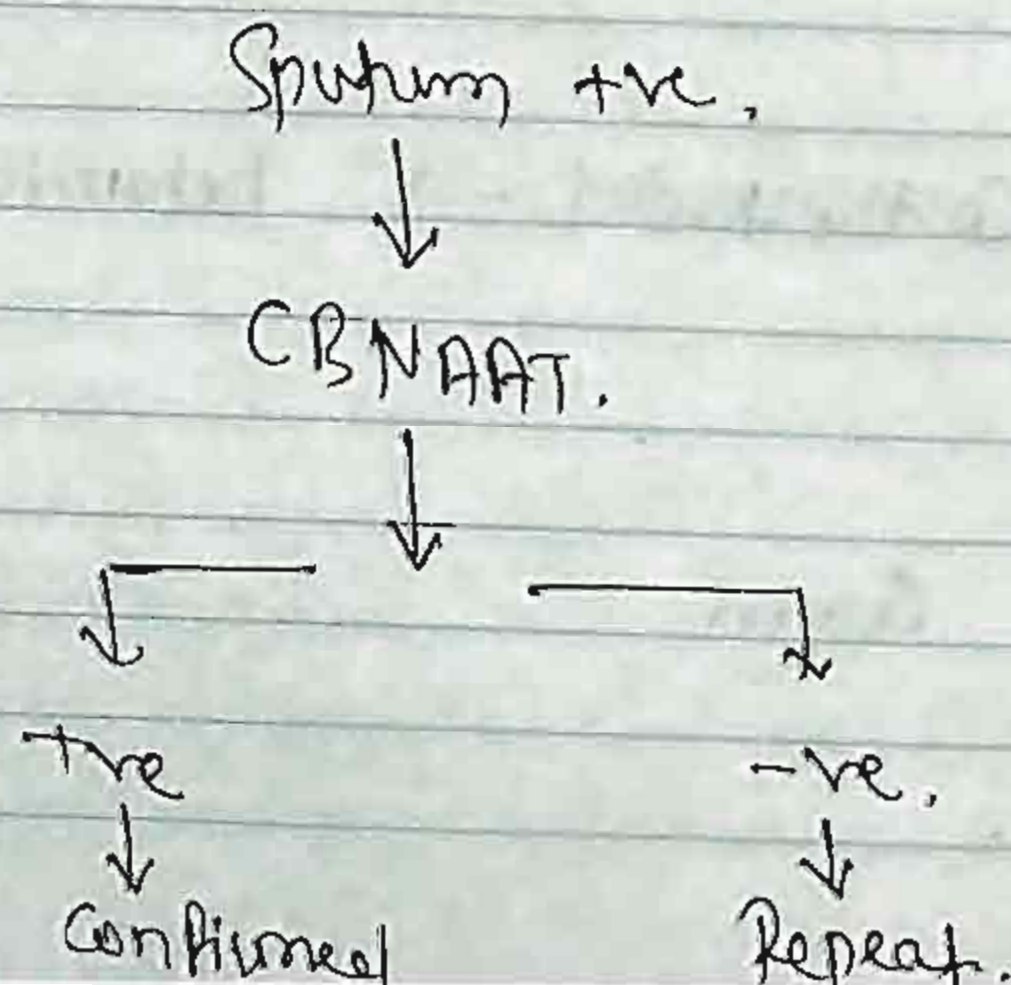
- ① Bandaging prevent from rash.
- ② Sunscreen.
- ③ Avoid direct sun light.
- ④ Avoid predisposing factor.
- ⑤ UVB phototherapy.
- ⑥ Narrow band phototherapy.
- ⑦ Placem and UVB phototherapy.

Q. 4)

→

diagnosed with sputum pulmonary TB.

Investigation :-



Question No.

Treatment :-

- ① Proteinous diet.
- ② High fibre diet.
- ③ green vegetable and fruit.
- ④ Avoid predisposing factor.
- ⑤ maintain weight.

Rx :-

day. 60 kg.

① Isoniazid 5-10 mg/kg. → 300-600 mg.

② pyrazinamide .15-20 mg/kg. → 900 mg-1.2 gm.

③ Rifampin. - 10-15 mg/kg. → 600-900 mg.

④ ethambutol - 10-20 mg/kg. → 600-1.2 gm /day

⑤ Streptomycin - 20 mg/kg. → 1.2 gm /day

Isoniazid → BD → twice in day.

Rifampin → DD

pyrazinamide → BD → twice in day.





ethambutol → TID three in day.

Q. 4)

e)

→ Renal replacement therapy :-

- ① Hemodialysis.
- ② Peritoneal dialysis.
- ③ Hemoperfusion.
- ④ Fluid replacement
- ⑤ Hemodilution.

peritoneal dialysis :-

- renal replacement placed → peritoneal cavity.
- peritoneal catheter / tube is placed on semipermeable membrane.

Question No.

- peritoneal dilator attract water toward
- peritoneal dialysis clear sodium, potassium and chloride
- peritoneal dialysis removed glucose and  $\text{Ca}^{2+}$  in.
- inserted by abdominal injection (incision in loin region).
- peritoneal catheter (dialyzer) placement

complication :-

- ① peritonitis
- ② perforation.

- take time 30-60 min / cycle.
- then 2-3 hr / cycle.

Q. 4)

e)

→ Clinical feature :-

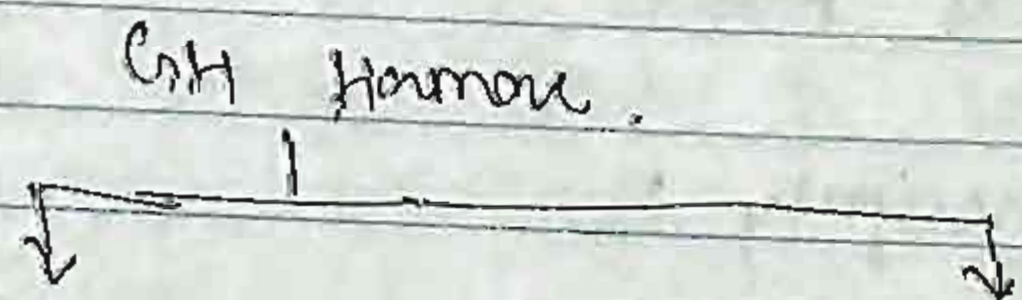
Acromegaly :-

- ① Tall stature.



- ~~stumpy tail~~
- symmetrical.
- ~~small tail~~
- ~~frontal bossing~~
- increase in length of distal part.
- intelligence Normal.
- Splaying of epiphysis.
- Hypertrophy of bone.
- large Hinges.
- gorilla face.
- large jaw.
- large long Bone (Humerus and femur).

evolution :-



Question No.

Q. 4)  
→

long term complication diabetes mellitus :-

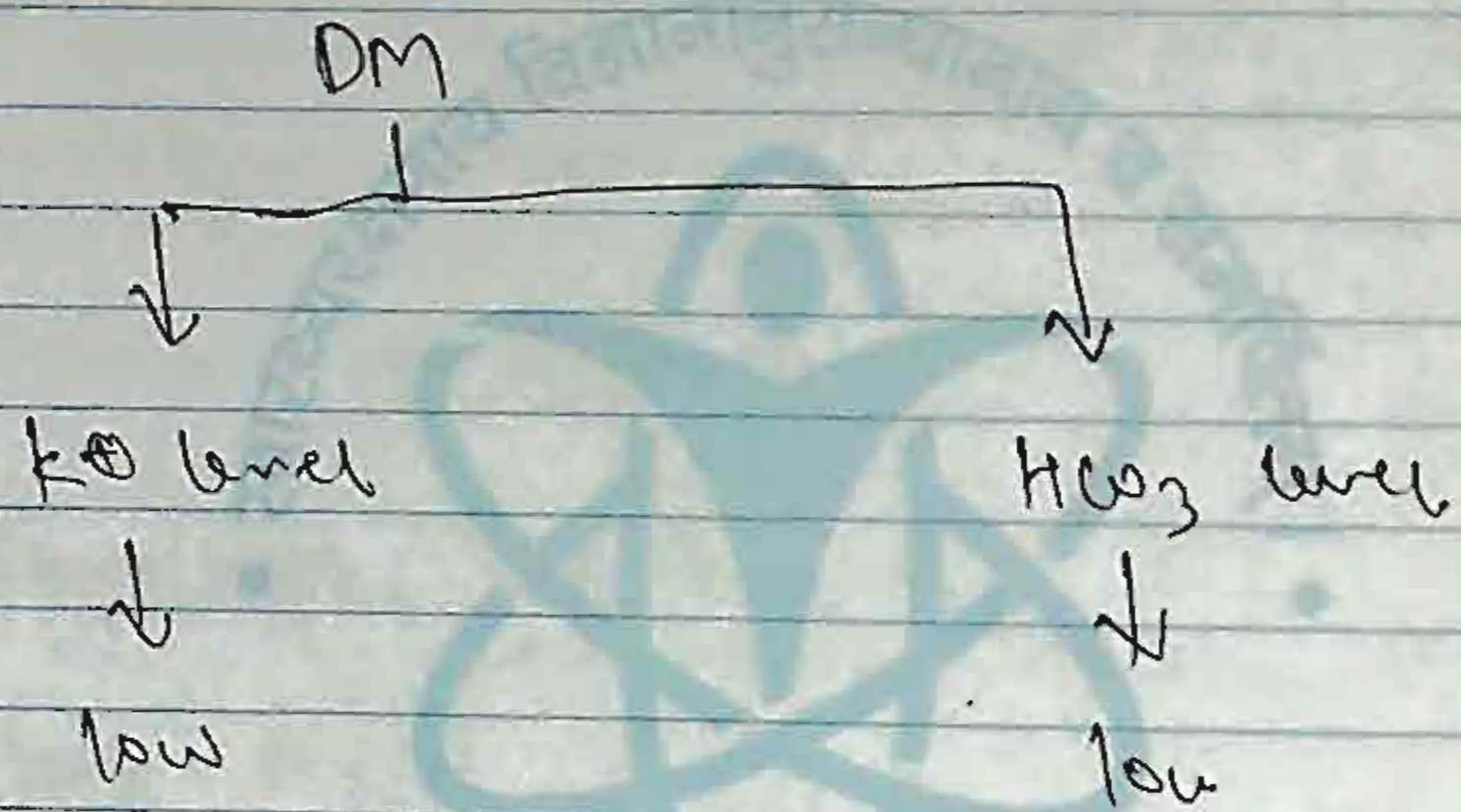
- ① Diabetic ketoacidosis
- ① Hyperglycaemic Hyperosmolar State
- ① Hypoglycaemia.
- ① dehydration.

Acute :-

- ① vasculitis.



- ① Diabetic Nephropathy.
- ② Diabetic Neuropathy.
- ③ PAN (Arthritis Nodosa)
- ④ Takayasu arthritis.



MUHS

Question No

Q. 5)

c)  
→

③  
→ differential diagnosis :-

- ① pleural effusion.
- ② pneumothorax.
- ③ Hydropneumothorax.
- ④ Hemopneumothorax.
- ⑤ Pylopneumothorax.
- ⑥ lung abscess.
- ⑦ Bronchiectasis.
- ⑧ pneumonia.
- ⑨ Respiratory failure.

Investigation :-

- ① Inspection :-  
trachea shifted to Right side.  
Chest shape -> barrel / pigeon.
- ② percussion :-  
on percussion chest -> dull Note.
- ③ Auscultation :-  
~~Heart~~ sound (Wng) sound reduced.







- ① pleural tapping.
- ② Removing foreign body.
- ③

Q. 5)

b)

→

①

→ Mode of transmission is

- ① Sexual transmission.
- ② Sexually transmission.
- ③ direct contact. (Saliva, lacrimum).
- ④ Blood transfusion.
- ⑤ Anal - sex. (intercourse).
- ⑥

Question No.

→

- ① Blood transfusion.
- ② Sexual transmission major chance of transmission.

⇒

→ Investigation :-

① Serology :-

Hepatitis b. antigen test

① Hbs Ig Antigen test

① Hbc Ig Antigen test

① Hbe Ig IgM test.

① Hbe Ig IgG test.

① Blood  
- Complu blood test.

- Hemoglobin.

②

① X-ray  
- Hepatomegaly.





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

**AHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

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डॉ. संदीप सिताराम कडू

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पी.जी.डी.एच.एम., पी.जी.डी.एम.एल.एस., सी.एफ.एम.जे.

परीक्षा नियंत्रक

**Dr. Sandeep Sitaram Kadu**

M.B.B.S., M.D. (Forensic Medicine), M.B.A., P.G.D.H.H.M.,  
P.G.D.M.L.S., C.F.M.J.

**Controller of Examinations**

Ref. No.: MUHS/X-1/UG/4345/2024

Date:- 30 /05/2024

*By E-mail*

To,  
**The Dean/Principal**  
Shri Vitthalrao Joshi Charities Trust's  
B.K.L. Walawalkar Rural Medical  
College, At. Kasarwadi,  
Post Sawarda, Tal. Chiplun  
Ratnagiri - 415 606.

101130

**Sub: - Practical & Theory Verification/Re-totaling Marks for  
Wintre-2023 Examination.**

Sir / Madam,

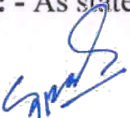
With reference to the above subject, Practical & Theory Verification/Re-totaling status of your college student (s) for Winter-2023 Examination is listed overleaf. You are requested to inform to the concerned students, the status of Practical & Theory Verification/Re-totaling of his/her marks where there is:-

1. No Change
2. Change of Marks (increase/decrease) in subject (s)
3. Change in Result (in any subject/overall)

In case of change of marks (increase/decrease) without effect the final result, in subject(s) as mentioned in point no.2, the statement of marks already issued to the concerned student shall remain same.

Revised statement of marks shall be issued in due course of time only in case there is any change in final result as mentioned in point no.3. The statement of marks already issued to the concerned students should be returned to the University immediately.

Encl: - As stated above

  
DEAN

P.T.O



Name of College :- B.K.L. Walawalkar Rural Medical College, At. Kasarwadi, Ratnagiri (101130).

Course :- I M.B.B.S.

Sr. No.	Year	Seat No.	Students Name	Subject	T/R- P/R	Remark Change/ No Change
1	I MBBS	150019	Mansi Ramrao Mhetre	Physiology-I-II	TR	No Change

T/R= Theory Retotaling.

P/R= Practical Retotalings.

Yours,



(Dr. Sandeep Sitaram Kadu)  
Controller of Examinations



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