RESP 312 / FINAL MCQ QUESTION BANK

FINAL ONLY

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

1. Which of the following structure changes in bronchial asthma

A. Thickened basement membrane
B. Alveolar septal destruction
C. Caseating granulomas
D. Keratin pearl formation

Pathology 4 - Pathology of Bronchial Asthma | p.11 4. Bronchial asthma | options reconstructed

2. during strenuous exercises person’s body may require around how many times to the normal amount of oxygen?

A. 30 times
B. 5 times
C. 10 times
D. 20 times

Physiology 8 - Control / Regulation of Respiration | p.18 008 RS Regulation of R | options reconstructed

3. central chemoreceptors detect which of these?

A. Arterial PO2
B. Arterial PCO2 (via CSF H+)
C. Plasma sodium concentration
D. Plasma glucose concentration

Physiology 8 - Control / Regulation of Respiration | options reconstructed | source answer needs review

4. central chemoreceptors bind to which substance?

A. Arterial PO2
B. H+ ions in brain ECF/CSF
C. Plasma albumin
D. Glucose

Physiology 8 - Control / Regulation of Respiration | p.15 008 RS Regulation of R | options reconstructed

5. respiratory centers are in?

A. Cerebellum
B. Hypothalamus
C. Brainstem
D. Spinal cord

Physiology 8 - Control / Regulation of Respiration | p.6 008 RS Regulation of R | options reconstructed

6. in passive respiration which of these centers is most dominant?

A. Medullary chemoreceptors
B. Pneumotaxic center
C. Pre-Bötzinger complex
D. Dorsal respiratory group

Physiology 8 - Control / Regulation of Respiration | p.9 008 RS Regulation of R | options reconstructed

7. during forced expiration in heavy exercises one of those is activated to send expiratory signals to abdominal muscles?

A. Ventral respiratory group
B. Pre-Bötzinger complex
C. Dorsal respiratory group
D. Cerebral cortex

Physiology 8 - Control / Regulation of Respiration | p.10 008 RS Regulation of R | options reconstructed

8. it is often called pacemaker, generate rhythm, control rate of DRG?

A. Pneumotaxic center
B. Pre-Bötzinger complex
C. Dorsal respiratory group
D. Apneustic center

Physiology 8 - Control / Regulation of Respiration | p.11 008 RS Regulation of R | options reconstructed

9. one of these influence respiratory rate by limiting inspiration?

A. Dorsal respiratory group
B. Cerebral cortex
C. Pneumotaxic center
D. Ventral respiratory group

Physiology 8 - Control / Regulation of Respiration | p.6 008 RS Regulation of R | options reconstructed

10. center that controls depth of inspiration, and located in lower part of pons?

A. Apneustic center
B. Medullary chemoreceptors
C. Pneumotaxic center
D. Ventral respiratory group

Physiology 8 - Control / Regulation of Respiration | p.6 008 RS Regulation of R | options reconstructed

11. acts as a protective mechanism in preventing excessive lung inflation?

A. Hering-Breuer inflation reflex
B. Baroreceptor reflex
C. Hering- Breuer reflex
D. Sneezing reflex

Physiology 8 - Control / Regulation of Respiration | p.14 008 RS Regulation of R | options reconstructed

12. in carotid bodies and aortic bodies, which cells act as chemoreceptors?

A. Type I pneumocytes
B. Type II pneumocytes
C. Goblet cells
D. Glomus cells

Physiology 8 - Control / Regulation of Respiration | p.17 008 RS Regulation of R | options reconstructed

1	2	3	4
Thickened basement membrane	20 times	Arterial PCO2 (via CSF H+) *	H+ ions in brain ECF/CSF
5	**6**	**7**	**8**
Brainstem	Dorsal respiratory group	Ventral respiratory group	Pre-botzinger complex
9	**10**	**11**	**12**
Pneumotaxic center	Apneustic center	Hering- Breuer reflex	Glomus cells

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

13. when blood Po2 falls below 60 MM/hg, which chemoreceptors are stimulated?

A. Peripheral chemoreceptors
B. Blood pH
C. CSF H+ concentration
D. Arterial PO2

Physiology 8 - Control / Regulation of Respiration | p.18 008 RS Regulation of R | options reconstructed

14. Which of the following is the location of the Central Chemoreceptors

A. Ventral respiratory group
B. Cerebral cortex
C. Peripheral chemoreceptors
D. Medulla

Physiology 8 - Control / Regulation of Respiration | p.16 008 RS Regulation of R | options reconstructed

15. Patient had Rapid shallow breathing... what is causeing the abnormal rhythm of breathing.

A. Ventral respiratory group
B. Pneumotaxic center
C. pneumotaxic centre
D. Apneustic center

Physiology 8 - Control / Regulation of Respiration | p.12 008 RS Regulation of R | options reconstructed

16. Key word ...shallow and rapid breath controlled by ?

A. DRG
B. VRG
C. Apneustic
D. Pneumotaxic

Physiology 8 - Control / Regulation of Respiration | p.6 008 RS Regulation of R | original choices

17. what is the first and immediate reflex in high altitude?

A. Cough reflex
B. J-receptor reflex
C. Baroreceptor reflex
D. Hyperventilation

Physiology 9 - Applied Aspects of Respiratory Physiology | p.26 009 RS Applied Aspects | options reconstructed

18. failure of the tissues to receive adequate quantity of oxygen?

A. Hypoxia
B. Asphyxia
C. Hypercapnia
D. Hypocapnia

Physiology 9 - Applied Aspects of Respiratory Physiology | p.6 009 RS Applied Aspects | options reconstructed

19. which of these is an example on histotoxic hypoxia?

A. Hypercapnia
B. Histotoxic hypoxia
C. Cyanosis
D. Cyanide poisoning

Physiology 9 - Applied Aspects of Respiratory Physiology | p.9 009 RS Applied Aspects | options reconstructed

20. Carbon monoxide poisoning is an example on which type of hypoxia?

A. Asphyxia
B. Histotoxic hypoxia
C. Anemic hypoxia
D. Cyanosis

Physiology 9 - Applied Aspects of Respiratory Physiology | p.8 009 RS Applied Aspects | options reconstructed

21. increased rate of respiration with shallow breathing is known as?

A. Hyperpnea
B. Hypoventilation
C. Cheyne–Stokes respiration
D. Tachypnea

Physiology 9 - Applied Aspects of Respiratory Physiology | p.11 009 RS Applied Aspects | options reconstructed

22. increased CO2 levels in body fluids is known as?

A. Bradypnea
B. Hypercapnia
C. Hypoventilation
D. Hyperpnea

Physiology 9 - Applied Aspects of Respiratory Physiology | p.12 009 RS Applied Aspects | options reconstructed

23. Hypocapnia result from?

A. Cheyne–Stokes respiration
B. Hyperventilation
C. Apnea
D. Tachypnea

Physiology 9 - Applied Aspects of Respiratory Physiology | p.13 009 RS Applied Aspects | options reconstructed

24. when arterial blood contains more than 5gm of (deoxygenated) Hb every in 100ml of blood which of these signs will occur?

A. Anemic hypoxia
B. Histotoxic hypoxia
C. Hypercapnia
D. Cyanosis

Physiology 9 - Applied Aspects of Respiratory Physiology | p.15 009 RS Applied Aspects | options reconstructed

13	14	15	16
Peripheral chemoreceptors	Medulla	pneumotaxic centre	Pneumotaxic
17	**18**	**19**	**20**
Hyperventilation	Hypoxia	Cyanide poisoning	Anemic hypoxia
21	**22**	**23**	**24**
Tachypnea	Hypercapnia	Hyperventilation	Cyanosis

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

25. a result from treating infant of RDS with pure O2 for long periods is?

A. Bronchopulmonary dysplasia
B. Retrolental fibroplasia
C. Neonatal jaundice
D. Hypoglycemia

Physiology 9 - Applied Aspects of Respiratory Physiology | p.16 009 RS Applied Aspects | options reconstructed

26. repeated sequence of gradual onset of apnea followed by gradual onset of respiration is known as?

A. Apnea
B. Bradypnea
C. Cheyne stokes breathing
D. Hypoventilation

Physiology 9 - Applied Aspects of Respiratory Physiology | p.21 009 RS Applied Aspects | options reconstructed

27. a normal healthy person in high altitudes would suffer from which type of hypoxia?

A. Histotoxic hypoxia
B. Hypercapnia
C. Hypocapnia
D. Hypoxic hypoxia

Physiology 9 - Applied Aspects of Respiratory Physiology | p.24 009 RS Applied Aspects | options reconstructed

28. Patient visited the clinic to take some tests... PO2: 90 PCO2: 55... what is his condition

A. Apnea
B. Hypercapnia
C. Bradypnea
D. Hyperpnea

Physiology 9 - Applied Aspects of Respiratory Physiology | p.12 009 RS Applied Aspects | options reconstructed

29. A 23- years old female love hiking .She suddenly felt confused, lazy, and dryness. Which of the following reason is the cause of her syptome ?

A. Reduced pulmonary ventilation
B. Increased pulmonary ventilation
C. Decreased heart rate
D. Increased arterial PCO2

Physiology 9 - Applied Aspects of Respiratory Physiology | p.28 009 RS Applied Aspects | options reconstructed

30. a liver failure patient with bilateral edema and pleural effusion, what is the type of fluid?

A. Congestive heart failure
B. Nephrotic syndrome
C. Liver cirrhosis
D. Hydrothorax

Biochemistry 6 - Pleural Fluid Examination | p.3 Biochem L6 Pleural Fl | options reconstructed

31. which one of those is not indicated to have thoracocentesis?

A. Congestive heart failure with bilateral afebrile effusion
B. Malignancy
C. Bacterial pneumonia
D. Rheumatoid arthritis

Biochemistry 6 - Pleural Fluid Examination | options reconstructed

32. upright position X ray showed blunted costophrenic angle, how much fluid do you expect?

A. 50 mL
B. 100 mL
C. 300 mL
D. 600 mL

Biochemistry 6 - Pleural Fluid Examination | p.10 Biochem L6 Pleural Fl | options reconstructed

33. a patient of rheumatoid arthritis developed extra articular manifestations of the disease in the lung which cause accumulation of fluid in the pleura unilaterally causing pleural effusion, what type of pleural effusion is this?

A. Nephrotic syndrome
B. Congestive heart failure
C. Pulmonary embolism
D. Exudative

Biochemistry 6 - Pleural Fluid Examination | p.3 Biochem L6 Pleural Fl | options reconstructed

34. which physical findings of pleural effusion is related to large effusion?

A. Chylothorax
B. Hemothorax
C. Empyema
D. Tracheal deviation

Biochemistry 6 - Pleural Fluid Examination | p.9 Biochem L6 Pleural Fl | options reconstructed

35. Patient had ABG test... he had High protein and LDH

A. Rheumatoid arthritis
B. Congestive heart failure
C. Pneumonia
D. Liver cirrhosis

Biochemistry 6 - Pleural Fluid Examination | p.14 Biochem L6 Pleural Fl | options reconstructed

25	26	27	28
Retrolental Fibroplasia	Cheyne stokes breathing	Hypoxic hypoxia	Hypercapnia
29	**30**	**31**	**32**
Increased pulmonary ventilation	Hydrothorax	Congestive heart failure with bilateral afebrile effusion *	Above 300 ml
33	**34**	**35**	
Exudative	Tracheal deviation	Pneumonia	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

36. increase in this hormone would result in Hypokalemia with metabolic alkalosis?

A. Cortisol
B. Parathyroid hormone
C. aldosterone
D. Antidiuretic hormone

Biochemistry - Acid–Base Balance and Disturbances | p.12 Acid-Base Disturbances | options reconstructed

37. alkalosis could cause?

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

Biochemistry - Acid–Base Balance and Disturbances | options reconstructed

38. Metabolic acidosis would cause?

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

Biochemistry - Acid–Base Balance and Disturbances | options reconstructed

39. Loss of bicarbonate in diarrhea may lea to?

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

Biochemistry - Acid–Base Balance and Disturbances | p.8 Acid-Base Disturbances | options reconstructed

40. Respiratory center depression in brain by cerebral disease may lead to?

A. Dorsal respiratory group
B. Pneumotaxic center
C. Ventral respiratory group
D. Respiratory acidosis

Biochemistry - Acid–Base Balance and Disturbances | p.10 Acid-Base Disturbances | options reconstructed

41. inhibition of respiration to increase blood PCO2 is a compensatory mechanism for which of these?

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

Biochemistry - Acid–Base Balance and Disturbances | p.13 Acid-Base Disturbances | options reconstructed

42. stimulation of respiratory center to eliminate excess PCO2 is a compensatory mechanism for which of these?

A. Cerebral cortex
B. Ventral respiratory group
C. Dorsal respiratory group
D. Metabolic acidosis

Biochemistry - Acid–Base Balance and Disturbances | p.9 Acid-Base Disturbances | options reconstructed

43. panic attacks (anxiety) and fever would result in?

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

Biochemistry - Acid–Base Balance and Disturbances | p.14 Acid-Base Disturbances | options reconstructed

44. Patient had DM Type 1... PH: 7.10 HCO: 14

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

Biochemistry - Acid–Base Balance and Disturbances | p.9 Acid-Base Disturbances | options reconstructed

45. Patient went to the clinic...etc... Diarrhea

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

Biochemistry - Acid–Base Balance and Disturbances | p.9 Acid-Base Disturbances | options reconstructed

46. Patient came to the clinic... he had anxiety...

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

Biochemistry - Acid–Base Balance and Disturbances | p.14 Acid-Base Disturbances | options reconstructed

47. Patient went to the clinic... gastric washing and vomiting

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

Biochemistry - Acid–Base Balance and Disturbances | p.13 Acid-Base Disturbances | options reconstructed

36	37	38	39
aldosterone	Hypokalemia *	Hyperkalemia *	Metabolic acidosis
40	**41**	**42**	**43**
Respiratory acidosis	Metabolic alkalosis	Metabolic acidosis	respiratory alkalosis
44	**45**	**46**	**47**
Metabolic Acidosis	Metabolic Acidosis	Respiratory Alkalosis	Metabolic Alkalosis

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

48. PT diagnosed with renal failure. ABG test result show that he suffer from Metabolic acidosis. Which of the following factor associated with his diagnose?

A. Low Co2
B. Hight PH
C. High bicarbonate
D. High O2

Biochemistry - Acid–Base Balance and Disturbances | original choices

49. PT diagnosed with empyema . ABG test will show ?

A. Low pleural pH
B. Low pleural protein
C. Low pleural glucose
D. High pleural glucose

Biochemistry - Acid–Base Balance and Disturbances | options reconstructed | source answer needs review

50. PT with hysteria ..ABG result show that Ph :7.20 Co2:60 O2 : normal ?

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

Biochemistry - Acid–Base Balance and Disturbances | options reconstructed

51. detection of one of these is qualified to be diagnostic for chlamydia pneumonia infection?

A. Chlamydial inclusion bodies
B. Reticulate bodies
C. Cold agglutinins
D. Acid-fast bacilli

Microbiology 3 - Atypical Bacterial Pneumonia | options reconstructed | source answer needs review

52. autoimmune hemolytic anemia is a complication of which of these atypical pneumonia causative agents?

A. Streptococcus pneumoniae
B. Mycoplasma pneumonia
C. Chlamydia pneumoniae
D. Legionella pneumophila

Microbiology 3 - Atypical Bacterial Pneumonia | p.3 Microbiology-3_Pneumon | options reconstructed

53. one of these agents can cause micro abscess formation?

A. Legionella pneumophila
B. Mycoplasma pneumoniae
C. Chlamydia pneumoniae
D. Streptococcus pneumoniae

Microbiology 3 - Atypical Bacterial Pneumonia | p.12 Microbiology-3_Pneumon | options reconstructed

54. Patient had (atypical pneumonia symptoms) Mycoplasma pneumonia what should he be treated with

A. Azithromycin (macrolides)
B. Gentamicin
C. Clarithromycin
D. Vancomycin

Microbiology 3 - Atypical Bacterial Pneumonia | p.18 Microbiology-3_Pneumon | options reconstructed

55. which causative agents is most common to cause sinusitis in diabetic people?

A. Aspergillus fumigatus
B. Pneumocystis jirovecii
C. Mucormycetes (zygomycetes)
D. Cryptococcus neoformans

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.10 Microbiology-4_Pneumon | options reconstructed

56. this agent can show safety pin appearance on blood smear?

A. Pneumocystis jirovecii
B. Rhizopus spp.
C. Bacillus anthracis
D. Yersinia pestis

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.4 Microbiology-4_Pneumon | options reconstructed

57. what is the most common infection agent to infect an HIV patient?

A. Pneumocystis jirovecii
B. Legionella pneumophila
C. Chlamydia pneumoniae
D. Bacillus anthracis

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.17 Microbiology-4_Pneumon | options reconstructed

58. a 50-year-old severely immunocompromised neutropenic patient inhaled spores and under microscope the fungi showed septate hyphae with 45o degrees angle, and he was galactomannan specific antigen positive, what is your diagnosis?

A. Invasive aspergillosis
B. Cryptococcus neoformans
C. Rhizopus spp.
D. Aspergillus fumigatus

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.20 Microbiology-4_Pneumon | options reconstructed

48	49	50	51
Low Co2 *	Not verified (source: C) *	Respiratory acidosis	Not verified (source: Reticulate body) *
52	**53**	**54**	**55**
Mycoplasma pneumonia	Legionella pneumophila	Azithromycin (macrolides)	Mucormycetes (zygomycetes)
56	**57**	**58**	
Yersinia pestis	Pneumocystis jiroveci	Invasive aspergillosis	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

59. Which of the following is an Opportunistic fungal pneumonia

A. Aspergillus fumigatus
B. Cryptococcus neoformans
C. Rhizopus spp.
D. Francisella tularensis

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.17 Microbiology-4_Pneumon | options reconstructed

60. Physician had a direct microscopy and found Dichotomous septate branching hyphae, which SPP. is he looking at

A. Candida albicans
B. Aspergillus species
C. Cryptococcus neoformans
D. Pneumocystis jirovecii

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.20 Microbiology-4_Pneumon | options reconstructed

61. which of these tests is not affected by BCG vaccination?

A. Gram stain
B. Mantoux skin test
C. Interferon gamma release assay
D. Giemsa stain

Microbiology 5 - Tuberculosis | p.19 Microbiology-5_Tubercu | options reconstructed

62. mycobacterium tuberculosis reservoir is?

A. Progressive primary tuberculosis
B. human
C. Primary tuberculosis
D. Secondary tuberculosis

Microbiology 5 - Tuberculosis | p.4 Microbiology-5_Tubercu | options reconstructed

63. on of these substances is present in cell wall of mycobacterium tuberculosis, prevent staining?

A. Interferon-gamma release assay
B. Mycolic acid
C. Giemsa stain
D. Serum IgM ELISA

Microbiology 5 - Tuberculosis | p.21 Microbiology-5_Tubercu | options reconstructed

64. a family of farmers got infected, and developed signs of TB, they all developed chronic granulomatous inflammation, the cause appeared to be drinking unpasteurized milk, which of these mycobacterium species could be the cause?

A. Latent tuberculosis
B. Mycobacterium bovis
C. Progressive primary tuberculosis
D. Primary tuberculosis

Microbiology 5 - Tuberculosis | p.4 Microbiology-5_Tubercu | options reconstructed

65. patient is a known TB case, under X ray he showed lung cavitation, along with sever bloody sputum coughing, he’s clinical presentation is?

A. Primary tuberculosis
B. Latent tuberculosis
C. Secondary tuberculosis
D. Progressive primary tuberculosis

Microbiology 5 - Tuberculosis | p.16 Microbiology-5_Tubercu | options reconstructed

66. mycobacterium tuberculosis can be cultured at which of these?

A. Lowenstein Jensen media, middle brook medium
B. Gram stain
C. Ziehl-Neelsen acid-fast stain
D. Mantoux skin test

Microbiology 5 - Tuberculosis | p.23 Microbiology-5_Tubercu | options reconstructed

67. patient of TB was treated with isoniazid, but was resistant to rifampicin and ethambutol, he is considered which type of resistance?

A. Mono-resistance
B. Poly-resistance
C. Multidrug resistance (MDR)
D. Extensive drug resistance (XDR)

Microbiology 5 - Tuberculosis | options reconstructed | source answer needs review

68. which mycobacterium strain is used in BCG vaccination?

A. Latent tuberculosis
B. M. bovis Ch5,Ch6:
C. Secondary tuberculosis
D. Primary tuberculosis

Microbiology 5 - Tuberculosis | p.31 Microbiology-5_Tubercu | options reconstructed

69. A physician was studying an acid and alcohol fast bacteria that caused Chronic cough, Coughing up blood... what is the bacteria’s favored (selective) media

A. Löwenstein-Jensen
B. PCR
C. Mantoux skin test
D. Ziehl-Neelsen acid-fast stain

Microbiology 5 - Tuberculosis | p.23 Microbiology-5_Tubercu | options reconstructed

59	60	61	62
Cryptococcus neoformans	Aspergillus species	Interferon gamma release assay	human
63	**64**	**65**	**66**
Mycolic acid	Mycobacterium bovis	Secondary tuberculosis	Lowenstein Jensen media, middle brook medium
67	**68**	**69**	
Not verified (source: Mono resistance) *	M. bovis Ch5,Ch6:	Löwenstein-Jensen	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

70. BCG vaccine should be given to which group (SDL)

A. Miliary tuberculosis
B. Secondary tuberculosis
C. All newborns
D. Progressive primary tuberculosis

Microbiology 5 - Tuberculosis | p.31 Microbiology-5_Tubercu | options reconstructed

71. name Laryngitis, Tracheitis and Bronchitis (Croup) causative agent?

A. Parainfluenza virus
B. Respiratory syncytial virus
C. Measles virus
D. SARS-CoV-2

Microbiology 6–7 - Respiratory Viral Infections I / II | p.2 Microbiology-7_Respira | options reconstructed

72. what is the most likely cause of interstitial pneumonia?

A. Viruses
B. Coxsackievirus A
C. Influenza A virus
D. SARS-CoV-2

Microbiology 6–7 - Respiratory Viral Infections I / II | p.11 Microbiology-6_Respira | options reconstructed

73. patient underwent a tissue transplantation surgery, later he developed pneumonia that was described as opportunistic, which of these causative agents is likely to be the causative agent?

A. RSV
B. Influenza A virus
C. CMV
D. Adenovirus

Microbiology 6–7 - Respiratory Viral Infections I / II | options reconstructed | source answer needs review

74. A picornaviridae virus that has more than 100 subtypes?

A. Measles virus
B. Parainfluenza virus
C. Coxsackievirus A
D. Rhinovirus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.2 Microbiology-7_Respira | options reconstructed

75. Pharyngoconjunctival fever (pink eye) is a clinical syndrome of which virus?

A. Rubella virus
B. MERS-CoV
C. Adenovirus
D. Rhinovirus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.20 Microbiology-7_Respira | options reconstructed

76. a 1-year-old patient is admitted to the ER for coughing and upper respiratory tract infection along with fever, the coughing was described as (barking cough), under X ray he showed pencil sign, Corticosteroids and inhaled epinephrine was part of his treatment, what is the causative agent?

A. Respiratory syncytial virus
B. Parainfluenza virus
C. Measles virus
D. Influenza A virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.5 Microbiology-6_Respira | options reconstructed

77. Inhaled ribavirin could be a treatment for severe case of?

A. MERS-CoV
B. Rubella virus
C. Respiratory syncytial virus
D. Parainfluenza virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.8 Microbiology-6_Respira | options reconstructed

78. What type of influenza is able to cause pandemics and is able to be transmitted between humans and animals?

A. Influenza A
B. Influenza B
C. Influenza C
D. Influenza D

Microbiology 6–7 - Respiratory Viral Infections I / II | p.12 Microbiology-6_Respira | options reconstructed

79. which part of influenza virus is Responsible for attachment to the host cell surface receptors, and responsible for immunity against influenza?

A. Hemagglutinin
B. Neuraminidase
C. Matrix M1
D. Nucleoprotein

Microbiology 6–7 - Respiratory Viral Infections I / II | p.21 Microbiology-6_Respira | options reconstructed

80. in pathogenesis of influenza virus which part of the virus is responsible for release?

A. Neuraminidase
B. Hemagglutinin
C. Matrix M2 protein
D. RNA polymerase

Microbiology 6–7 - Respiratory Viral Infections I / II | p.14 Microbiology-6_Respira | options reconstructed

70	71	72	73
All newborns	Parainfluenza virus	Viruses	CMV or HHV-6 *
74	**75**	**76**	**77**
Rhinovirus	Adenovirus	Parainfluenza virus	Respiratory syncytial virus
78	**79**	**80**	
Influenza A	Hemagglutinin	Neuraminidase	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

81. which antiviral drugs for influenza inhibit M2 channel → inhibiting viral uncoating?

A. Amantadine and rimantadine
B. Oseltamivir and zanamivir
C. Ribavirin and acyclovir
D. Acyclovir and ganciclovir

Microbiology 6–7 - Respiratory Viral Infections I / II | options reconstructed

82. MERS-CoV mortality rate is?

A. 15%
B. 25%
C. 36%
D. 60%

Microbiology 6–7 - Respiratory Viral Infections I / II | options reconstructed

83. A 62-year-old patient was admitted to the ER with severe acute respiratory distress syndrome and bronchopneumonia, a cytokine storm was the cause for these severe symptoms, history indicates 10 days ago he lost his sense of smell and taste along with fatigue and mild sore throat, what is your diagnosis?

A. SARS-CoV-2 (COVID-19)
B. Measles virus
C. Influenza B virus
D. Rhinovirus

Microbiology 6–7 - Respiratory Viral Infections I / II | options reconstructed

84. An 8-year-old patient was admitted to the clinic with complaining of Conjunctivitis, Coryza, Cough and fever, along with skin rash that descend from the face towards the upper chest, what is your diagnosis?

A. Measles
B. Rubella
C. Varicella
D. Parainfluenza

Microbiology 6–7 - Respiratory Viral Infections I / II | options reconstructed

85. which of these viruses is from the togaviridae family?

A. Adenovirus
B. Measles virus
C. Influenza A
D. Rubella virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.19 Microbiology-7_Respira | options reconstructed

86. Acyclovir is a treatment for which of these cases?

A. Varicella-zoster virus
B. Adenovirus
C. Influenza A virus
D. Measles virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.21 Microbiology-7_Respira | options reconstructed

87. 70 year old patient refused to take influenza vaccine, after a week the patient died of a post pneumonic influenza disease, which of the following is the causative organism

A. Staphylococcus aureus
B. Haemophilus influenzae
C. Streptococcus pyogenes
D. Legionella pneumophila

Microbiology 6–7 - Respiratory Viral Infections I / II | p.22 Microbiology-6_Respira | options reconstructed

88. Which of the following is a complication of measles (SDL)

A. Subacute sclerosing panencephalitis
B. Acute bacterial meningitis
C. Guillain-Barre syndrome
D. Rheumatic fever

Microbiology 6–7 - Respiratory Viral Infections I / II | p.17 Microbiology-7_Respira | options reconstructed

89. Patient had Mumps, which of the following glands presents mumps

A. Parotid gland
B. Thyroid gland
C. Submandibular gland
D. Lacrimal gland

Microbiology 6–7 - Respiratory Viral Infections I / II | options reconstructed | source answer needs review

90. Coronavirus is a large family with differences, which characteristic do they all have in common

A. Double-stranded DNA non-enveloped
B. Single-stranded RNA enveloped
C. Double-stranded RNA non-enveloped
D. Single-stranded DNA enveloped

Microbiology 6–7 - Respiratory Viral Infections I / II | p.2 Microbiology-7_Respira | options reconstructed

91. MERS-COV uses which enzyme to bind with the host cell

A. ACE2 receptor
B. Dipeptidyl peptidase 4 (DPP4)
C. CD4 receptor
D. CCR5 co-receptor

Microbiology 6–7 - Respiratory Viral Infections I / II | options reconstructed

81	82	83	84
Amantadine and rimantadine *	36%	SARS-CoV-2 (COVID-19) *	Measles case *
85	**86**	**87**	**88**
Rubella	Varicella-zoster virus	Staphylococcus aureus	Subacute sclerosing panencephalitis
89	**90**	**91**	
Parotid gland *	Single-stranded RNA enveloped	Dipeptidyl peptidase 4 (DPP4)	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

92. Azithromycin works on inhibiting...

A. Protein synthesis
B. Streptomycin
C. Doxycycline
D. Linezolid

Microbiology 8 - Antimicrobial Therapy of Respiratory Tract Infections | p.10 Microbiology-8 Antimic | options reconstructed

93. Patient had whooping cough, malaise, rhinitis, cyanosis, which of the following antimicrobial therapies should the patient use.

A. Macrolides
B. Doxycycline
C. Vancomycin
D. Azithromycin

Microbiology 8 - Antimicrobial Therapy of Respiratory Tract Infections | p.12 Microbiology-8 Antimic | options reconstructed

94. Key word ..septate hyphae?

A. Aspergillus
B. Chlamydophila psittaci
C. Rhizopus spp.
D. Francisella tularensis

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.18 Microbiology-4_Pneumon | options reconstructed

95. Key word.. acid fast ... which of the following is selective media for this type ?

A. Loweinstein
B. Mantoux skin test
C. Ziehl-Neelsen acid-fast stain
D. PCR

Microbiology 5 - Tuberculosis | p.4 Microbiology-5_Tubercu | options reconstructed

96. Measles complications?

A. sspe
B. Rubella virus
C. Rhinovirus
D. Influenza A virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.17 Microbiology-7_Respira | options reconstructed

97. Macrolides inhabit?

A. inhabit cell wall synthesis
B. Inhabit protien synthesis
C. Linezolid
D. Ceftriaxone

Microbiology 8 - Antimicrobial Therapy of Respiratory Tract Infections | p.7 Microbiology-8 Antimic | options reconstructed

98. Inhalation (aspiration) lung abscess is related to?

A. Central bronchi
B. Peripheral bronchus
C. Pleural cavity
D. Pulmonary artery

Pathology 2 - Suppurative Lung Diseases | p.11 2. Suppurative lung di | options reconstructed

99. is a complication of both aspiration lung abscess and bronchiectasis?

A. Pleural effusion
B. Bronchiectasis
C. 2ry amyloidosis
D. Bronchopneumonia

Pathology 2 - Suppurative Lung Diseases | p.8 2. Suppurative lung di | options reconstructed

100. sanguineous sputum can be shown in?

A. Pleural effusion
B. Empyema
C. Bronchiectasis
D. lung abscess

Pathology 2 - Suppurative Lung Diseases | p.9 2. Suppurative lung di | options reconstructed

101. 600 ml of pus in his pleural space is known as?

A. Loculated empyema
B. Diffuse empyema
C. Transudative effusion
D. Chylothorax

Pathology 2 - Suppurative Lung Diseases | options reconstructed | source answer needs review

102. PT with symptoms of productive cough & bloody sputum. X- ray show present of multiple masses in at peripheral site on his both lung ...related to vascular... Which of the following disease is mostly associated with his symptoms?

A. Related to pyaemic lung abscesses
B. Chronic Bronchiolitis
C. Bronchiectasis
D. Chronic bronchitis

Pathology 2 - Suppurative Lung Diseases | p.15 2. Suppurative lung di | options reconstructed

92	93	94	95
Protein synthesis	Macrolides	Aspergillus	Loweinstein
96	**97**	**98**	**99**
sspe	Inhabit protien synthesis	Peripheral bronchus	2ry amyloidosis
100	**101**	**102**	
lung abscess	Not verified (source: Diffused empyema) *	Related to pyaemic lung abscesses	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

103. Yellowish creamy pus?

A. Empyema
B. Lung abscess
C. Pleural effusion
D. Bronchiectasis

Pathology 2 - Suppurative Lung Diseases | p.20 2. Suppurative lung di | options reconstructed

104. a 6-year-old child not vaccinated for BCG vaccine, he developed tuberculosis, he shows Langhan’s giant cells along with non-caseating tubercle, what type of pulmonary TB did he develop?

A. Primary tuberculosis
B. Secondary tuberculosis
C. Latent tuberculosis
D. Miliary tuberculosis

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.3 3. Pulmonary Tuberculo | options reconstructed

105. In primary TB macrophage activation is done by?

A. Interleukin-2
B. Interleukin-5
C. Interleukin-4
D. INF-y (interferon gamma)

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.5 3. Pulmonary Tuberculo | options reconstructed

106. In primary TB lymphocyte proliferation is done by?

A. 1 (interleukin 2)
B. Secondary TB
C. IL-2 (interleukin 2)
D. 3 (interleukin 2)

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.5 3. Pulmonary Tuberculo | options reconstructed

107. which of these lymphokines directly causes caseating necrosis?

A. IL-2
B. TNF (lymphotoxin)
C. IFN-gamma
D. IL-12

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.5 3. Pulmonary Tuberculo | options reconstructed

108. Tubercles which develop at the lower parts of upper lung lobes in Primary pulmonary TB is known as?

A. Miliary tuberculosis
B. Primary tuberculosis
C. Ghon’s focus
D. Progressive primary tuberculosis

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.11 3. Pulmonary Tuberculo | options reconstructed

109. a 26-year-old HIV patient developed tuberculosis even though he was vaccinated when he was a child, he developed Simon’s focus in the apical portion of left lung, what type of pulmonary TB did he develop?

A. Secondary tuberculosis
B. Secondary TB
C. Primary tuberculosis
D. Progressive primary tuberculosis

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.3 3. Pulmonary Tuberculo | options reconstructed

110. one of these substances is secreted by macrophages to activate the naïve CD+4 T lymphocytes to T helper (TH1) cells?

A. IL-12 (interleukin-12)
B. Interleukin-2
C. Interferon-gamma
D. Interleukin-4

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.5 3. Pulmonary Tuberculo | options reconstructed

111. Which of the following is a lesion of wry pulmonary TB

A. GHON’S Focus
B. Secondary tuberculosis
C. Progressive primary tuberculosis
D. Latent tuberculosis

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.11 3. Pulmonary Tuberculo | options reconstructed

112. PT with high fever , malaise , practice bloody cough, night sweating, he lost 5 Kg of his weight . Microscopic tissue examination show that (epitheloid cell & langhan’s giant cell & lymphocyte with non- caseating cell ?

A. TB
B. Influenza
C. TB
D. Eosinophils

Pathology 3 - Pathology of Pulmonary Tuberculosis | options reconstructed | source answer needs review

113. prognosis of extrinsic asthma atopy (type 1 hypersensitivity reaction) is?

A. good
B. B lymphocytes
C. CD8+ cytotoxic T cells
D. Th1 cells

Pathology 4 - Pathology of Bronchial Asthma | p.7 4. Bronchial asthma | options reconstructed

103	104	105	106
Empyema	Primary tuberculosis	INF-y (interferon gamma)	IL-2 (interleukin 2)
107	**108**	**109**	**110**
TNF (lymphotoxin)	Ghon’s focus	Secondary TB	IL-12 (interleukin-12)
111	**112**	**113**	
GHON’S Focus	TB *	good	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

114. prognosis of intrinsic asthma is?

A. Eosinophils
B. Neutrophils
C. bad
D. B lymphocytes

Pathology 4 - Pathology of Bronchial Asthma | options reconstructed | source answer needs review

115. the most abundant inflammatory cell in asthma is?

A. Goblet cell hyperplasia
B. Thickened basement membrane
C. Curschmann spirals
D. eosinophils

Pathology 4 - Pathology of Bronchial Asthma | p.4 4. Bronchial asthma | options reconstructed

116. patient came to the ER with wheezing, breathlessness, chest tightness, and cough, after testing his sputum showed presence of Charcot Leyden crystals and curschmann spirals, while his blood picture showed elevated eosinophils count, what is your diagnosis?

A. Bronchiectasis
B. Bronchial asthma
C. Lobar pneumonia
D. Pulmonary fibrosis

Pathology 4 - Pathology of Bronchial Asthma | p.2 4. Bronchial asthma | options reconstructed

117. persistent attacks for days or weeks that eventually May lead to respiratory failure is called?

A. Status asthmaticus
B. Neutrophils
C. B lymphocytes
D. Macrophages

Pathology 4 - Pathology of Bronchial Asthma | p.20 4. Bronchial asthma | options reconstructed

118. in asthma the subepithelial tissue show Inflammatory infiltrate that is mainly formed of?

A. Mucus plugs
B. Goblet cell hyperplasia
C. Eosinophils
D. Smooth muscle hypertrophy

Pathology 4 - Pathology of Bronchial Asthma | p.11 4. Bronchial asthma | options reconstructed

119. Which of the following is an allergen to Non-Atopic asthma

A. Pollen exposure
B. House dust mite
C. Stress
D. Animal dander

Pathology 4 - Pathology of Bronchial Asthma | options reconstructed | source answer needs review

120. Patient had Bronchial Asthma... what should the physician see under the microscope

A. Curschmann spirals
B. Eosinophils
C. Thick basement membrane
D. Smooth muscle hypertrophy

Pathology 4 - Pathology of Bronchial Asthma | p.11 4. Bronchial asthma | options reconstructed

121. Which itelukens produce in asthmatic PT?

A. Il-12
B. Il-2
C. Il-3
D. Il-4

Pathology 4 - Pathology of Bronchial Asthma | original choices | source answer needs review

122. The main cell mediator for asthma ?

A. Th2 lymphocytes
B. Th1 lymphocytes
C. B lymphocytes
D. Neutrophils

Pathology 4 - Pathology of Bronchial Asthma | p.6 4. Bronchial asthma | options reconstructed

123. a chronic bronchitis patient is complaining of chronic cough and shortness of breath, with stethoscope you hear wheezing, he's airways are described as hyperreactive, which type of chronic bronchitis is this?

A. Centrilobular emphysema
B. Simple chronic bronchitis
C. Panacinar emphysema
D. Asthmatic chronic bronchitis

Pathology 5 - Pathology of COPD | p.7 5. COPD | options reconstructed

124. which complication of Chronic bronchitis is also a cause for chronic bronchitis?

A. Asthmatic chronic bronchitis
B. Bronchiectasis
C. Simple chronic bronchitis
D. Emphysema

Pathology 5 - Pathology of COPD | p.2 5. COPD | options reconstructed

114	115	116	117
bad *	eosinophils	asthma	Status asthmaticus
118	**119**	**120**	**121**
Eosinophils	Stress *	Thick basement membrane	Il-4 *
122	**123**	**124**	
Th2 lymphocytes	Asthmatic chronic bronchitis	Emphysema	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

125. patient with productive cough and shortness of breath, but there is no physiologic evidence of airway obstruction, is what type of chronic bronchitis?

A. Simple chronic bronchitis
B. Distal acinar emphysema
C. Panacinar emphysema
D. Centrilobular emphysema

Pathology 5 - Pathology of COPD | p.7 5. COPD | options reconstructed

126. emphysema which involve only respiratory bronchioles is called?

A. Bronchiectasis
B. Distal acinar emphysema
C. Panacinar emphysema
D. Centrilobular emphysema

Pathology 5 - Pathology of COPD | p.12 5. COPD | options reconstructed

127. which type of emphysema is caused by congenital deficiency of anti-elastase (congenital α 1 antitrypsin deficiency)?

A. Pan acinar emphysema
B. Asthmatic chronic bronchitis
C. Centrilobular emphysema
D. Bronchiectasis

Pathology 5 - Pathology of COPD | p.14 5. COPD | options reconstructed

128. what is the most common type of emphysema?

A. Distal acinar emphysema
B. Asthmatic chronic bronchitis
C. Bronchiectasis
D. Centriacinar emphysema

Pathology 5 - Pathology of COPD | p.18 5. COPD | options reconstructed

129. barrel shaped chest is a gross feature of?

A. Bronchiectasis
B. Pan acinar emphysema
C. Panacinar emphysema
D. Asthmatic chronic bronchitis

Pathology 5 - Pathology of COPD | p.16 5. COPD | options reconstructed

130. Spontaneous pneumothorax is a complication of?

A. Bronchiectasis
B. Emphysema
C. Asthmatic chronic bronchitis
D. Simple chronic bronchitis

Pathology 5 - Pathology of COPD | p.19 5. COPD | options reconstructed

131. Which of the following is the pathogenesis of panacinar emphysema

A. Deficiency of anti-elastase
B. Bronchiectasis
C. Distal acinar emphysema
D. Centrilobular emphysema

Pathology 5 - Pathology of COPD | p.14 5. COPD | options reconstructed

132. Which of the following is a complication for emphysema (SDL)

A. Chylothorax
B. Air embolism
C. Acute hepatitis
D. Glomerulonephritis

Pathology 5 - Pathology of COPD | options reconstructed | source answer needs review

133. what is the most common malignant tumor of the lung?

A. Small-cell carcinoma
B. Squamous cell carcinoma
C. Chondroma
D. Secondaries

Pathology 6 - Pathology of Lung Tumours | p.16 6. Lung tumors | options reconstructed

134. what is the most common type of bronchogenic carcinoma?

A. Adenocarcinoma
B. Squamous cell carcinoma
C. Small-cell carcinoma
D. Large-cell carcinoma

Pathology 6 - Pathology of Lung Tumours | p.7 6. Lung tumors | options reconstructed

135. patient with lung tumor of 5 cm in size and invaded chest wall, what is the staging?

A. T1
B. T2
C. T3
D. T4

Pathology 6 - Pathology of Lung Tumours | options reconstructed | source answer needs review

125	126	127	128
Simple chronic bronchitis	Centrilobular emphysema	Pan acinar emphysema	Centriacinar emphysema
129	**130**	**131**	**132**
Pan acinar emphysema	Emphysema	Deficiency of anti-elastase	Air embolism *
133	**134**	**135**	
Secondaries	Adenocarcinoma	T3 *	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

136. patient is with cannon ball secondary tumor in the lung, the tumor is probably?

A. Chondroma
B. Renal cell carcinoma or seminoma
C. Squamous cell carcinoma
D. Large-cell carcinoma

Pathology 6 - Pathology of Lung Tumours | p.17 6. Lung tumors | options reconstructed

137. Survivors of the Hiroshima and Nagasaki atomic bomb blasts, were exposed to which risk factor of bronchogenic carcinoma?

A. Renal cell carcinoma
B. Chondroma
C. Large-cell carcinoma
D. High dose ionizing radiation

Pathology 6 - Pathology of Lung Tumours | p.6 6. Lung tumors | options reconstructed

138. Which change in cigarettes explain the increase of the incidence of adenocarcinoma?

A. altered filter tips and decreased tar and nicotine
B. Squamous cell carcinoma
C. Bronchial carcinoid
D. Adenocarcinoma

Pathology 6 - Pathology of Lung Tumours | options reconstructed | source answer needs review

139. Histologically, the presence of keratinization and/or intercellular bridges, is a characteristic mark for which of the following types of bronchogenic carcinoma?

A. Squamous cell carcinoma
B. Large-cell carcinoma
C. Adenocarcinoma
D. Small-cell carcinoma

Pathology 6 - Pathology of Lung Tumours | p.11 6. Lung tumors | options reconstructed

140. in term of spread of lung carcinoma, which organ is the most common to be involved in hematogenous spread?

A. Liver
B. Adenocarcinoma
C. Bronchial carcinoid
D. Chondroma

Pathology 6 - Pathology of Lung Tumours | p.13 6. Lung tumors | options reconstructed

141. What type of lung cancer is particularly sensitive to radiotherapy and chemotherapy?

A. Small cell carcinoma
B. Bronchial carcinoid
C. Large-cell carcinoma
D. Renal cell carcinoma

Pathology 6 - Pathology of Lung Tumours | p.15 6. Lung tumors | options reconstructed

142. Patient was diagnosed with lung cancer, tumor size was larger than 4cm and involved the chest wall, Ipsilateral hilar, and no metastasis

A. T3,N1,M0
B. Squamous cell carcinoma
C. Chondroma
D. Renal cell carcinoma

Pathology 6 - Pathology of Lung Tumours | p.14 6. Lung tumors | options reconstructed

143. Which of the following is the most common cancer that affects the lung

A. Small-cell carcinoma
B. Adenocarcinoma
C. Bronchogenic carcinoma
D. Bronchial carcinoid

Pathology 6 - Pathology of Lung Tumours | p.4 6. Lung tumors | options reconstructed

144. lung tumor size was 4 cm and involves the chest wall, Metastasis to ipsilateral hilar lymph node, & no distal metastasis,What is the staging?

A. T3 N1 M0
B. T2 N1 M0
C. T3 N2 M0
D. T3 N1 M1

Pathology 6 - Pathology of Lung Tumours | p.14 6. Lung tumors | options reconstructed

145. Which of the following drugs causes Red orange urine and tears

A. Isoniazid
B. Pyrazinamide
C. Rifampin
D. Ethambutol

Pharmacology 4–5 - Antituberculous Drugs | p.11 T.B | options reconstructed

146. Case talking about a pregnant woman taking TB therapy.

A. Isoniazid
B. Rifampin
C. Ethambutol
D. Pyrazinamide

Pharmacology 4–5 - Antituberculous Drugs | options reconstructed | source answer needs review

136	137	138	139
Renal cell carcinoma or seminoma	High dose ionizing radiation	altered filter tips and decreased tar and nicotine *	Squamous cell carcinoma
140	**141**	**142**	**143**
Liver	Small cell carcinoma	T3,N1,M0	Bronchogenic carcinoma
144	**145**	**146**	
T3 N1 M0	Rifampin	Not verified (source: Rifampin) *	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

147. Which of the following drugs causes hepatotoxicity as a side effect

A. Pyrazinamide
B. Ethambutol
C. Rifampin
D. Cycloserine

Pharmacology 4–5 - Antituberculous Drugs | p.4 T.B | options reconstructed

148. 30 years old PT using pregency drugs to not be pregent. Which of the following anti.TB drug not interfere with pregency drugs?

A. Rifamycin
B. Ethambutol
C. Pyrazinamide
D. Streptomycine

Pharmacology 4–5 - Antituberculous Drugs | original choices | source answer needs review

149. short acting less potent bronchodilator to treat bronchial asthma, not used alone?

A. ipratropium
B. Salbutamol (albuterol)
C. Cromolyn sodium
D. Fluticasone

Pharmacology - Therapy of Bronchial Asthma | p.18 br, asthma | options reconstructed

150. which of these drugs act by adenosine receptors?

A. Omalizumab
B. Budesonide
C. Methylxanthine
D. Aminophylline

Pharmacology - Therapy of Bronchial Asthma | p.20 br, asthma | options reconstructed

151. to decrease the tolerance side effect of albuterol which of these drug should be used?

A. Hydrocortisone
B. Beclomethasone
C. Ketotifen
D. Corticosteroids

Pharmacology - Therapy of Bronchial Asthma | p.23 br, asthma | options reconstructed

152. which of these mediators play the most important role in bronchial asthma?

A. Histamine
B. Leukotrienes
C. Bradykinin
D. Serotonin

Pharmacology - Therapy of Bronchial Asthma | options reconstructed | source answer needs review

153. A 6-year-old patient is going on a trip the mother took the child to the clinic complaining about asthma, the doctor recommended a prophylactic drug that would prevent episodes of asthma by Inhibiting Ca++ influx across mast cell membrane, what is the drug?

A. Hydrocortisone
B. Cromoglycate or Ketotifen
C. Beclomethasone
D. Montelukast

Pharmacology - Therapy of Bronchial Asthma | p.30 br, asthma | options reconstructed

154. Is a quaternary amine drug that prevent bronchoconstriction?

A. Aminophylline
B. Montelukast
C. Zafirlukast
D. Ipratropium

Pharmacology - Therapy of Bronchial Asthma | p.18 br, asthma | options reconstructed

155. which of these drug is the cornerstone in treatment of asthma?

A. Budesonide
B. Corticosteroid
C. Ipratropium
D. Zafirlukast

Pharmacology - Therapy of Bronchial Asthma | p.28 br, asthma | options reconstructed

156. which of these drug act on leukotriene synthesis?

A. Omalizumab
B. Salbutamol (albuterol)
C. Zileuton
D. Zafirlukast

Pharmacology - Therapy of Bronchial Asthma | p.28 br, asthma | options reconstructed

157. Churg-Strauss syndrome have been reported as a side effect of which drug?

A. Hydrocortisone
B. Zileuton
C. Salbutamol (albuterol)
D. Zafirlukast and montelukast

Pharmacology - Therapy of Bronchial Asthma | p.28 br, asthma | options reconstructed

147	148	149	150
Pyrazinamide	Not verified (source: A) *	ipratropium	Methylxanthine
151	**152**	**153**	**154**
Corticosteroids	Leukotrienes *	Cromoglycate or Ketotifen	Ipratropium
155	**156**	**157**	
Corticosteroid	Zileuton	Zafirlukast and montelukast	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

158. This drug binds to IgE on sensitized mast cells and prevent activation by antigens?

A. Zafirlukast
B. Omalizumab
C. Ketotifen
D. Fluticasone

Pharmacology - Therapy of Bronchial Asthma | p.31 br, asthma | options reconstructed

159. Patient came to ER because of Bronchial asthma, physician gave him Albuterol but it didn't work, the physician decided to give him corticosteroids, how did it help?

A. Formoterol
B. Budesonide
C. It increases the responsiveness in the airways
D. Terbutaline

Pharmacology - Therapy of Bronchial Asthma | options reconstructed | source answer needs review

160. Which of the following drugs is a bronchodilator

A. Hydrocortisone
B. Fluticasone
C. Beclomethasone
D. Ipratropium

Pharmacology - Therapy of Bronchial Asthma | p.18 br, asthma | options reconstructed

161. A doctor prescribed antimicrobial drug to a TB patient as a result, the patient suffered from increased liver enzymes. Which of the following drugs is probably the cause.

A. Zileuton
B. Rifampin
C. Ethambutol
D. Isoniazid

Pharmacology - Therapy of Bronchial Asthma | options reconstructed | source answer needs review

162. Prophylactic treatment of asthma ?

A. Ketotifen
B. Ipratrouim
C. Terbutaline
D. Hydrocortisone

Pharmacology - Therapy of Bronchial Asthma | p.30 br, asthma | options reconstructed

163. Treatment of status asthmatics?

A. Hydrocortisone
B. Morphine
C. Beclomethasone
D. Ipratropium

Pharmacology - Therapy of Bronchial Asthma | p.32 br, asthma | options reconstructed

164. A routine chest radiograph (CXR) consists of a?

A. Contrast-enhanced CT
B. Thoracic ultrasound
C. posteroanterior (PA) view
D. Posteroanterior chest radiograph

Radiology - Respiratory System Imaging | p.5 RADIOLOGY RESPIRATORY | options reconstructed

165. to avoid magnification of the heart in lateral view you should take?

A. Left lateral view
B. High-resolution CT
C. Anteroposterior chest radiograph
D. Posteroanterior chest radiograph

Radiology - Respiratory System Imaging | p.6 RADIOLOGY RESPIRATORY | options reconstructed

166. Lung fields are not clear due to under inflation (lung bases appear hazy), is a common complain in which view?

A. Posteroanterior (PA)
B. Anteroposterior (AP)
C. Lateral
D. Lateral decubitus

Radiology - Respiratory System Imaging | options reconstructed | source answer needs review

167. Appear as thin line running from the right hilum to the sixth rib in the axilla od the right lung in frontal projection?

A. Left oblique fissure
B. Azygos fissure
C. Horizontal fissure
D. Right oblique fissure

Radiology - Respiratory System Imaging | p.14 RADIOLOGY RESPIRATORY | options reconstructed

168. In about 1% of people there is an extra fissure visible in the frontal view, is called?

A. Left oblique fissure
B. Azygos lobe fissure
C. Right oblique fissure
D. Azygos fissure

Radiology - Respiratory System Imaging | p.20 RADIOLOGY RESPIRATORY | options reconstructed

158	159	160	161
Omalizumab	It increases the responsiveness in the airways *	Ipratropium	Not verified (source: Zileuton) *
162	**163**	**164**	**165**
Ketotifen	Hydrocortisone	posteroanterior (PA) view	Left lateral view
166	**167**	**168**	
Anteroposterior (AP) view *	Horizontal fissure	Azygos lobe fissure	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

169. which type of imaging is used in staging of lung cancer?

A. High-resolution CT
B. CT
C. Anteroposterior chest radiograph
D. Posteroanterior chest radiograph

Radiology - Respiratory System Imaging | p.31 RADIOLOGY RESPIRATORY | options reconstructed

170. a patient of apical lung tumor went under CT scan to evaluate his cancer, but the radiologist couldn't show the tumor by CT, what is the next imaging technique to use?

A. MRI
B. Contrast-enhanced CT
C. Posteroanterior chest radiograph
D. Anteroposterior chest radiograph

Radiology - Respiratory System Imaging | p.33 RADIOLOGY RESPIRATORY | options reconstructed

171. which of these imaging technique is safe for pregnant woman?

A. MRI
B. Lateral chest radiograph
C. Posteroanterior chest radiograph
D. Contrast-enhanced CT

Radiology - Respiratory System Imaging | p.32 RADIOLOGY RESPIRATORY | options reconstructed

172. this imaging technique cannot be used to evaluate processes that lie deep to aerated lung tissue?

A. Chest radiograph
B. CT
C. Ultrasound
D. MRI

Radiology - Respiratory System Imaging | p.3 RADIOLOGY RESPIRATORY | options reconstructed

173. Lung parenchyma is not visible, and spine and disc spaces are visible, what is the adequacy level of radiation?

A. Adequate exposure
B. Overexposure
C. Underexposure
D. Patient rotation

Radiology - Respiratory System Imaging | p.10 RADIOLOGY RESPIRATORY | options reconstructed

174. lung bases appear hazy, and the heart opacity increases in size, which of the following must be checked?

A. Degree of inspiration
B. Patient age
C. Collimation
D. Image projection marker

Radiology - Respiratory System Imaging | p.5 RADIOLOGY RESPIRATORY | options reconstructed

175. patient underwent mastectomy 5 years ago, what is expected in her chest x ray?

A. Loss of translucency on the mastectomy side
B. Increased translucency on the mastectomy side
C. Both sides equally opaque
D. New pleural effusion

Radiology - Respiratory System Imaging | options reconstructed

176. A doctor was examining an X-Ray and found bilateral object... what is the suspected object

A. Anteroposterior chest radiograph
B. Nipples
C. High-resolution CT
D. Lateral chest radiograph

Radiology - Respiratory System Imaging | p.14 RADIOLOGY RESPIRATORY | options reconstructed

177. Patient took an X-Ray, physician found that the right lung is more clear than the left lung... what should the physician check

A. Rotation by comparing clavicles to midline
B. Evaluate heart size
C. Check for a pleural effusion
D. Check diaphragmatic contours

Radiology - Respiratory System Imaging | options reconstructed | source answer needs review

178. Which of the following is not common in an X-Ray chest radiograph

A. Gas beneath the left hemidiaphragm
B. Right-sided gastric air bubble
C. Both costophrenic angles
D. Normal tracheal air column

Radiology - Respiratory System Imaging | options reconstructed | source answer needs review

179. vertebra looks blacker?

A. Over
B. Under
C. Normal
D. Rotate

Radiology - Respiratory System Imaging | original choices | source answer needs review

169	170	171	172
CT	MRI	MRI	Ultrasound
173	**174**	**175**	**176**
Over	Inspiration	Increased translucency *	Nipples
177	**178**	**179**	
Not verified (source: medial end of both clavicles to midline/// not sure) *	Not verified (source: Right upper air in stomach/// not sure) *	Not verified (source: C) *	

RESP 312 / FINAL MCQ QUESTION BANK

FINAL ONLY

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

180. PT had left Mastectomy...?

A. Transradiancy on Left himithoract
B. Transradiancy on Right himithoract
C. Posteroanterior chest radiograph
D. Contrast-enhanced CT

Radiology - Respiratory System Imaging | p.16 RADIOLOGY RESPIRATORY | options reconstructed

181. Thoracocentesis was recommended for a case of pleural effusion, the chest tube should be inserted ?

A. Between parietal and visceral pleura
B. Into alveolar parenchyma
C. Into the tracheal lumen
D. Into pericardial cavity

Biochemistry 6 - Pleural Fluid Examination | p.2 Biochem L6 Pleural Fl | options reconstructed

182. Anxiety, less CO2, (PH = 7.55 , PCO=23)?

A. Metabolic acidosis
B. Respiratory acidosis
C. Metabolic alkalosis
D. Hypocapnia , respiratory alkalosis

Biochemistry - Acid–Base Balance and Disturbances | options reconstructed | source answer needs review

183. Diabetes meletis 1(Ph=7)(PCO2=36)(HCO3=12)?

A. Metabolic alkalosis
B. Uncompensated metabolic acidosis
C. Respiratory alkalosis
D. Respiratory acidosis

Biochemistry - Acid–Base Balance and Disturbances | p.9 Acid-Base Disturbances | options reconstructed

184. Patient with hyponatremia , dry cough , diarrhea , and confusion cultured on Buffered charcoal yeast extract agar , most likely transmitted through?

A. Streptococcus pneumoniae
B. Contaminated water air aerosols
C. Chlamydia pneumoniae
D. Mycoplasma pneumoniae

Microbiology 3 - Atypical Bacterial Pneumonia | p.13 Microbiology-3_Pneumon | options reconstructed

185. who are at risk of Rhizopus (Mucormycosis) ?

A. Diabetes
B. Aspergillus fumigatus
C. Pneumocystis jirovecii
D. Francisella tularensis

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.17 Microbiology-4_Pneumon | options reconstructed

186. Lympoadenopathy, Gram negative coccobacilli, Bipolar stain?

A. Chlamydophila psittaci
B. Bacillus anthracis
C. Pneumocystis jirovecii
D. Yersinia pestis

Microbiology 4 - Atypical / Zoonotic Pneumonia | p.4 Microbiology-4_Pneumon | options reconstructed

187. Patient complain from coughing blood sputum , sweating at night , and markable losing of weight , what the test that perform to diagnosis?

A. Serum IgM ELISA
B. Z.N stain (one the choices was Manteaux test but it’s wrong because it’s misleading ,we don’t use it mainly)
C. Mantoux skin test
D. PCR

Microbiology 5 - Tuberculosis | p.19 Microbiology-5_Tubercu | options reconstructed

188. Patient infected by an envelope RNA virus which has 8 segments , which is most likely to treat his symptoms?

A. Neuraminidase inhibitors
B. SARS-CoV-2
C. Coxsackievirus A
D. Influenza A virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.23 Microbiology-6_Respira | options reconstructed

189. Viruses enter the cells by angiotensin-converting enzyme 2 (ACE2)?

A. Rhinovirus
B. Coronaviruses
C. Respiratory syncytial virus
D. Parainfluenza virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.2 Microbiology-7_Respira | options reconstructed

190. SDL: How can we conform the diagnosis of Measles ?

A. Specific IgM
B. Parainfluenza virus
C. Varicella-zoster virus
D. Coxsackievirus A

Microbiology 6–7 - Respiratory Viral Infections I / II | p.18 Microbiology-7_Respira | options reconstructed

180	181	182	183
Transradiancy on Left himithoract	Between parietal and visceral pleura	Hypocapnia , respiratory alkalosis *	Uncompensated metabolic acidosis
184	**185**	**186**	**187**
Contaminated water air aerosols	Diabetes	Yersinia pestis	Z.N stain (one the choices was Manteaux test but it’s wrong because it’s misleading ,we don’t use it mainly)
188	**189**	**190**	
Neuraminidase inhibitors	Coronaviruses	Specific IgM	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

191. Child came with fever and skin rash and was diagnosed by DNA enveloped virus , how we can prevent this virus ?

A. Live attenuated Varicella vaccine
B. SARS-CoV-2
C. MERS-CoV
D. Adenovirus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.21 Microbiology-7_Respira | options reconstructed

192. patient with RSV, how can be treated ?

A. Rubella virus
B. Ribavirin
C. Respiratory syncytial virus
D. Influenza A virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.8 Microbiology-6_Respira | options reconstructed

193. Which one is Bactericidal ?

A. Aminoglycosides
B. Ceftriaxone
C. Streptomycin
D. Amoxicillin

Microbiology 8 - Antimicrobial Therapy of Respiratory Tract Infections | p.5 Microbiology-8 Antimic | options reconstructed

194. pateint diagnose with MRSA , which drug we can use?

A. Linezolid
B. Doxycycline
C. Gentamicin
D. Rifampin

Microbiology 8 - Antimicrobial Therapy of Respiratory Tract Infections | p.11 Microbiology-8 Antimic | options reconstructed

195. cavity with pus in middle lobe?

A. Empyema
B. pyogenic lung abscess
C. Chronic bronchitis
D. Pleural effusion

Pathology 2 - Suppurative Lung Diseases | p.10 2. Suppurative lung di | options reconstructed

196. dilated bronchi with suppurative inflammation,after bronchopneumonia?

A. Empyema
B. bronchoiectasis
C. Bronchiectasis
D. Pleural effusion

Pathology 2 - Suppurative Lung Diseases | p.7 2. Suppurative lung di | options reconstructed

197. in immunocompresed patients & children most common out come of primary TB?

A. Progressive primary tuberculosis
B. Latent tuberculosis
C. Miliary tuberculosis
D. Secondary tuberculosis

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.3 3. Pulmonary Tuberculo | options reconstructed

198. The primary pulmonary tuberculosis shows?

A. Primary tuberculosis
B. Progressive primary tuberculosis
C. Hilar lymph node involvement (one of the chooses was Ghon’s focus on APEX X)
D. Latent tuberculosis

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.11 3. Pulmonary Tuberculo | options reconstructed

199. One of the primary pulmonary TB lesions?

A. Latent tuberculosis
B. Secondary tuberculosis
C. Tbuberculous lymphadenitis
D. Primary tuberculosis

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.11 3. Pulmonary Tuberculo | options reconstructed

200. Sputum of asthmatic pateint under microscope , what most likely to be found ?

A. Thickened basement membrane
B. Curschmann spiral
C. Mucus plugs
D. Charcot-Leyden crystals

Pathology 4 - Pathology of Bronchial Asthma | p.15 4. Bronchial asthma | options reconstructed

201. which of the following is a non atopic allergic ?

A. CD8+ cytotoxic T cells
B. Neutrophils
C. Th2 cells
D. Stress

Pathology 4 - Pathology of Bronchial Asthma | p.9 4. Bronchial asthma | options reconstructed

191	192	193	194
Live attenuated Varicella vaccine	Ribavirin	Aminoglycosides	Linezolid
195	**196**	**197**	**198**
pyogenic lung abscess	bronchoiectasis	Progressive primary tuberculosis	Hilar lymph node involvement (one of the chooses was Ghon’s focus on APEX X)
199	**200**	**201**	
Tbuberculous lymphadenitis	Curschmann spiral	Stress	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

202. an heavy smoker was dead , his alveiolar septoms (walls) was destroyed..?

A. Asthmatic chronic bronchitis
B. Simple chronic bronchitis
C. Bronchiectasis
D. emphysema

Pathology 5 - Pathology of COPD | p.19 5. COPD | options reconstructed

203. Which of the following related to Panacinar emphysema ?

A. Distal acinar emphysema
B. Deficiency of alpha 1 antitrypsin
C. Centrilobular emphysema
D. Bronchiectasis

Pathology 5 - Pathology of COPD | p.14 5. COPD | options reconstructed

204. TB drug that can cause reduction in visual acuity, blindness to red-green color?

A. Rifampin
B. Isoniazid
C. Ethambutol
D. Pyrazinamide

Pharmacology 4–5 - Antituberculous Drugs | p.16 T.B | options reconstructed

205. HIV patient taking anti viral-therapy, and have TB also, which drug can interact with the anti viral therapy & decrease its affect?

A. Ethambutol
B. Pyrazinamide
C. Rifampin
D. Streptomycin

Pharmacology 4–5 - Antituberculous Drugs | p.5 T.B | options reconstructed

206. a drug which can be more activated in the acidic phagolysosome media than extra cellular?

A. Isoniazid
B. Rifampin
C. Ethambutol
D. Pyrazinamide

Pharmacology 4–5 - Antituberculous Drugs | p.5 T.B | options reconstructed

207. Oral Leukotriene inhibitors receptor?

A. Zafirlukast
B. Fluticasone
C. Ipratropium
D. Beclomethasone

Pharmacology - Therapy of Bronchial Asthma | p.28 br, asthma | options reconstructed

208. an asthmatic patient takes a drug which Increase liver enzymes?

A. Cromolyn sodium
B. Montelukast
C. Zafirlukast
D. Zileuton

Pharmacology - Therapy of Bronchial Asthma | p.28 br, asthma | options reconstructed

209. sthmatic patient taking Albuterol, but he is not giting better (FEV1 still decreased) the dr cave him a corticosteroid drud, how it can afect the condition?

A. Omalizumab
B. Terbutaline
C. increases the responsiveness of airways to albuterol
D. Fluticasone

Pharmacology - Therapy of Bronchial Asthma | p.17 br, asthma | options reconstructed

210. Dorsal respiratory group is responsible for normal..?

A. Apneustic center
B. Inspiration
C. Dorsal respiratory group
D. Pneumotaxic center

Physiology 8 - Control / Regulation of Respiration | p.8 008 RS Regulation of R | options reconstructed

211. Anemic hypoxia can be due to?

A. CO poisoning
B. Cyanide toxicity
C. High altitude
D. Respiratory depression

Physiology 9 - Applied Aspects of Respiratory Physiology | p.8 009 RS Applied Aspects | options reconstructed

212. COPD, hypercapnia (PaCO2 = 60), beacase of?

A. Increased CO2 production alone
B. Decreased alveolar ventilation due to obstruction
C. Alveolar hyperventilation
D. Higher inspired O2

Physiology 9 - Applied Aspects of Respiratory Physiology | p.7 009 RS Applied Aspects | options reconstructed

202	203	204	205
emphysema	Deficiency of alpha 1 antitrypsin	Ethambutol	Rifampin
206	**207**	**208**	**209**
Pyrazinamide	Zafirlukast	Zileuton	increases the responsiveness of airways to albuterol
210	**211**	**212**	
Inspiration	CO poisoning	Decreased alveolar ventilation due to obstruction	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

213. patient had an brain stem damage due to an accident, reported sequence of gradual onset of apnea & sallow breathing?

A. Cheyne–Stokes breathing
B. Biot breathing
C. Kussmaul breathing
D. Apneustic breathing

Physiology 9 - Applied Aspects of Respiratory Physiology | options reconstructed | source answer needs review

214. 2,3 BPG increased in?

A. High-altitude hypoxic exposure
B. Hyperoxia
C. Low-altitude acclimatization
D. Hypocapnia

Physiology 9 - Applied Aspects of Respiratory Physiology | options reconstructed

215. how much of fluid must be present (at least) before upright chest films can pick up signs of pleural effusion?

A. 50 mL
B. 100 mL
C. 300 mL
D. 1000 mL

Radiology - Respiratory System Imaging | p.34 RADIOLOGY RESPIRATORY | options reconstructed

216. Female patient aged 65 years showed multiple metastatic lesions in her lung radiologically, Postmortem examination showed large spherical Cannon-ball secondaries. The expected origin of these lesions is ?

A. Renal cell carcinoma
B. Thyroid adenoma
C. Laryngeal carcinoma
D. Pulmonary hamartoma

Radiology - Respiratory System Imaging | p.28 RADIOLOGY RESPIRATORY | options reconstructed

217. patient can with cough & chest pain , a bilateral nodules appeared in the fifth anterior rib space,the dr have to consider?

A. Nipple shadows
B. Bilateral cavitating nodules
C. Calcified pleural plaques
D. Hilar masses

Radiology - Respiratory System Imaging | p.14 RADIOLOGY RESPIRATORY | options reconstructed

218. in a normal chest x ray (inspiration) with posterior ribs can be seen?

A. 12 -10
B. 8-10
C. 4 -10
D. 6 -10

Radiology - Respiratory System Imaging | p.11 RADIOLOGY RESPIRATORY | options reconstructed

219. in a Lateral vein of chest x ray ,left lower lobe is?

A. Anterior to oblique fissure
B. Posterior to oblique fissure
C. Above horizontal fissure
D. Medial to the azygos vein

Radiology - Respiratory System Imaging | p.20 RADIOLOGY RESPIRATORY | options reconstructed

220. Hering-Breuer Inflation Reflex mediated by

A. Baroreceptor
B. Medullary Chemoreceptor
C. Peripheral Chemoreceptor
D. Strech Receptor

Physiology 8 - Control / Regulation of Respiration | p.14 008 RS Regulation of R | original choices

221. the neurons responsible for Pace-maker are located in

A. Pons
B. Hypothalamus
C. Medulla
D. Mid brain

Physiology 8 - Control / Regulation of Respiration | p.8 008 RS Regulation of R | original choices

222. which of the following increase ventilation during Exercise? © 02

A. O2
B. Epinephrine release
C. Hydrogen
D. CO2

Physiology 8 - Control / Regulation of Respiration | p.23 008 RS Regulation of R | original choices

223. which of the following can cause Stagnant Hypoxia

A. Heart Faliur
B. Metablic Acidosis
C. Cyanide Poisonings
D. Exercise

Physiology 9 - Applied Aspects of Respiratory Physiology | p.21 009 RS Applied Aspects | original choices

213	214	215	216
Cheyne–Stokes breathing *	High-altitude hypoxic exposure	300 mL	Renal cell carcinoma
217	**218**	**219**	**220**
Nipple shadows	8-10	Posterior to Oblique fissure	Strech Receptor
221	**222**	**223**	
Medulla	Epinephrine release	Heart Faliur	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

224. Allof the following cause Hypoxia EXCEPT: /1

A. Exercise
B. Anemia
C. Cyanide poisonings
D. CO poisonings

Physiology 9 - Applied Aspects of Respiratory Physiology | p.11 009 RS Applied Aspects | original choices

225. which of the following cause Anemic Hypoxia

A. Exercise
B. Cyanide Poisining
C. Anemia
D. Vasoconstriction

Physiology 9 - Applied Aspects of Respiratory Physiology | p.8 009 RS Applied Aspects | original choices

226. Excess CO2 in body fluid

A. Hypercapnia
B. Hypocapnia
C. Hyperpnea
D. Tachypnea

Physiology 9 - Applied Aspects of Respiratory Physiology | p.12 009 RS Applied Aspects | original choices

227. Combined Hypercapnia and Hypoxia occur in

A. Eupnea
B. Hypercapnia
C. Hyperpnea
D. Asphyxia

Physiology 9 - Applied Aspects of Respiratory Physiology | p.18 009 RS Applied Aspects | original choices

228. production of Superoxide anion cause

A. Oxygen Toxicity
B. Acute cerebral Edema
C. Acute Pulmonary Edema
D. Cheyne Stroke Breathing

Physiology 9 - Applied Aspects of Respiratory Physiology | p.16 009 RS Applied Aspects | original choices

229. patient came to the hospital with severe hypoxia, it might complicate into?

A. High Altitude Pulmonary Edema
B. Acute Pulmonary Edema
C. Chronic Mountain Sickness
D. Biot's Breathing

Physiology 9 - Applied Aspects of Respiratory Physiology | p.32 009 RS Applied Aspects | original choices

230. temporary Cessation of Breathing

A. Hyperpnea
B. Hypoxia
C. Apnea
D. Hypercapnia

Physiology 9 - Applied Aspects of Respiratory Physiology | p.5 009 RS Applied Aspects | original choices

231. which of the following causes Transudate fluid?

A. Lobar Pneumonia
B. Cancer
C. Heart Failure
D. Empyema

Biochemistry 6 - Pleural Fluid Examination | p.4 Biochem L6 Pleural Fl | original choices

232. common cause for transudate

A. Sarcomas
B. Pneumonia
C. Empyema
D. Nephrotic Syndrome

Biochemistry 6 - Pleural Fluid Examination | original choices

233. 35-female with history of bronchial asthma, she showed in the ERwith = shortness of breath and chronic cough, with further examination there was crackles and wheezes heard in lower lobes. what is the possible diagnosis?

A. Respiratory Alkalosis
B. Metabolic Alkalosis
C. Metabolic Acidosis
D. Respiratory Acidosis

Biochemistry - Acid–Base Balance and Disturbances | original choices | source answer needs review

234. 14-years old male brought to the hospital, he had a two week history of polydipsia, polyuria, and weight loss. e was diagnosed with Diabetic Mellitus his ABG report: Ph= 7.0 (N/v 7.35-7.45) PCO2 = 23mm Hg (N/v 35- 45) HCO3 = 12mmol/L (N/v 22-26) Glucose = 400 mg/dl. according to his measurment what is the diagnosis?

A. Metabolic Alkalosis
B. Metabolic Acidosis
C. Respiratory Acidosis
D. Respiratory Alkalosis

Biochemistry - Acid–Base Balance and Disturbances | p.9 Acid-Base Disturbances | original choices

224	225	226	227
Exercise	Anemia	Hypercapnia	Asphyxia
228	**229**	**230**	**231**
Oxygen Toxicity	Acute Pulmonary Edema	Apnea	Heart Failure
232	**233**	**234**	
Nephrotic Syndrome *	Not verified (source: Respiratory Acidosis) *	Metabolic Acidosis	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

235. which of the following causes Respiratory Alkalosis

A. Respiratory Muscle Paralysis
B. Diarrhea
C. Anxiety
D. Vomitting

Biochemistry - Acid–Base Balance and Disturbances | p.14 Acid-Base Disturbances | original choices

236. A 44-years-old male was admitted to the hospital for brain surgery. He was very anxious and scared of the upcoming surgery. He began to hyperventilate and became very dizzy and finally lost consciousness.

A. Respiratory Alkalosis
B. Metabolic Acidosis
C. Respiratory Acidosis
D. Metabolic Alkalosis

Biochemistry - Acid–Base Balance and Disturbances | p.15 Acid-Base Disturbances | original choices

237. A65 years old female was suffering from persistent vomiting for two days. Now, she appears to be lethargic and weak and has myalgia. what is he possible diagnosis

A. Metabolic Acidosis
B. Respiratory Alkalosis
C. Metabolic Alkalosis
D. Respiratory Acidosis

Biochemistry - Acid–Base Balance and Disturbances | p.13 Acid-Base Disturbances | original choices

238. Allof the following are correct in Arterial Blood Sample except

A. Measure Ph
B. Bicarbonate measured directly
C. Measure O2
D. Bicarbonate measured indirectly by Hendrson Equation

Biochemistry - Acid–Base Balance and Disturbances | p.6 Acid-Base Disturbances | original choices

239. which o the following causes Metabolic Alkalosis

A. Bronchial Asthma
B. Diarrhea
C. Hyperkalemia
D. Hypokalemia

Biochemistry - Acid–Base Balance and Disturbances | original choices

240. 32-years-old-male with tachypnea due to multiple fracture ribs from chest trauma. his ABG report: Ph= 7.44 (N/v 7.35-7.45) PCO2 = 23mm Hg (N/v 35-45) HCO3 = 12mmol/L (N/v 22-26) what is the diagnosis?

A. Metabolic Acidosis
B. Respiratory Acidosis
C. Metabolic Alkalosis
D. Respiratory Alkalosis

Biochemistry - Acid–Base Balance and Disturbances | p.7 Acid-Base Disturbances | original choices

241. Active TB formation of lung granuloma depend on activation of Phagocytosis by

A. T-Helper 1
B. T lymphocyte
C. B lymphocyte
D. T-Helper 2

Microbiology 5 - Tuberculosis | p.9 Microbiology-5_Tubercu | original choices

242. for TB which of the following test don't differentiate between Active and latent TB but not affected by BCG vaccine?

A. middle brook
B. Lowenstein jensen
C. Mantoux test
D. Interferon gamma release assay

Microbiology 5 - Tuberculosis | p.19 Microbiology-5_Tubercu | original choices

243. 43-male with history of HIV, showed in the ER suffering from fever, cough1/1 of bloody sputum, sweating at night. microscopic specimen stained by ZN stain showed many Acid-fast bacilli and WBCs. outcome of infection mainly will be

A. Secondary TB
B. Latent TB
C. Clearance of Infection
D. Progressive disseminated TB

Microbiology 5 - Tuberculosis | original choices

244. 36-female recently diagnosed with HIV, showed in the ER complaining from fever, cough, night sweat, and chest pain. which of the following test will confirm diagnosis of TB?

A. Interferon gamma release assay
B. culture gold standard test
C. Mantoux test
D. culture Lowenstain jensen media

Microbiology 5 - Tuberculosis | p.23 Microbiology-5_Tubercu | original choices

245. 19-years-old male came to the ER suffering from small painful vesicle on mucus membrane of throat, and hand foot disease

A. Bordetella Pertussis
B. Group A Streptococci
C. Corynebacterium Diphtherium
D. Coxsackievirus group A

Microbiology 6–7 - Respiratory Viral Infections I / II | p.24 Microbiology-6_Respira | original choices

235	236	237	238
Anxiety	Respiratory Alkalosis	Metabolic Alkalosis	Bicarbonate measured directly
239	**240**	**241**	**242**
Hypokalemia *	Respiratory Alkalosis	T-Helper 1	Interferon gamma release assay
243	**244**	**245**	
Progressive disseminated TB *	culture Lowenstain jensen media	Coxsackievirus group A	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

246. genetic re-assortment between two viruses in influenzae Virus

A. Antigenic shift
B. Antigenic drift
C. RNA proofreading
D. Receptor downregulation

Microbiology 6–7 - Respiratory Viral Infections I / II | p.15 Microbiology-6_Respira | options reconstructed

247. 6-years old female suffering from high grade fever, dry cough, skin rash, and Koplik spots. which of the following vaccine prevent this infection?

A. HibV conjugated vaccine
B. MMR Live Attenuated Vaccine
C. Rubella Inactivated Vaccine
D. Varicella Recombinant DNA vaccine

Microbiology 6–7 - Respiratory Viral Infections I / II | p.16 Microbiology-7_Respira | original choices

248. AnRNA virus that can cause Interstitial Pneumonia as part of Multisystem0/1 Infection is

A. Measles
B. Varicella zoster virus
C. Rhinovirus
D. RSV

Microbiology 6–7 - Respiratory Viral Infections I / II | p.17 Microbiology-7_Respira | original choices

249. Accumulated mutation in H and N genes

A. Antigen Shift
B. Antigen Drift
C. SARS-CoV-2
D. Influenza A virus

Microbiology 6–7 - Respiratory Viral Infections I / II | p.15 Microbiology-6_Respira | options reconstructed

250. Swine flu Influenza Virus H1N1, cause more severe infection than seasonal influenza because?

A. DNA virus
B. deactivates immune response
C. bind to lower respiratory cells
D. larger enveloped and more lipid content

Microbiology 6–7 - Respiratory Viral Infections I / II | p.20 Microbiology-6_Respira | original choices

251. 54-years old female with history of recurrent bronchopneumonia. on postmortem examination, her lungs showed dilated bronchi, pus, and enlarged Hilar lymph node. what is the most probable diagnosis

A. Bronchial Asthma
B. Bronchiestasis
C. Empyema
D. Emphysema

Pathology 2 - Suppurative Lung Diseases | p.5 2. Suppurative lung di | original choices

252. Secondary Pulmonary TB shows

A. Epithelioid cells
B. Langhian's giant cell
C. Assman's Focus
D. non-caseating tubercle

Pathology 3 - Pathology of Pulmonary Tuberculosis | p.15 3. Pulmonary Tuberculo | original choices

253. Most common Primary Malignant tumor of lung: /1

A. Sarcoma
B. Bronchogenic Carcinoma
C. Metastatic Tumors
D. Lymphoma

Pathology 6 - Pathology of Lung Tumours | p.2 6. Lung tumors | original choices

254. 55-year-old male came to the hospital with cough, marked weight loss, hemoptysis, chest pain. her chest x-ray showed multiple metastatic lesions in the lung. postmortem examination showed large spherical cannon-ball secondaries. the expected origin of the leison

A. Breas Carcinoma
B. Renal Cell carcinoma
C. Colonic CArcinoma
D. Osteosarcoma

Pathology 6 - Pathology of Lung Tumours | p.17 6. Lung tumors | original choices

255. which of the following is an example for benign lung tumor: /1

A. Chondroma
B. ronchial Carcinoid
C. Lymphoma
D. Sarcoma

Pathology 6 - Pathology of Lung Tumours | p.2 6. Lung tumors | original choices

256. 45-years-old female patient came to the ER suffering from loss of weight, dyspnea, and cough. bronchoscopic picture from mass related to peripheral bronchus revealed malignant epithelial cell arranged in glandular structure, which of the following is the most proper diagnosis?

A. Squamous cell carcinoma
B. Adenocarcinoma
C. Small Cell Carcinoma
D. Large Cell Carcinoma

Pathology 6 - Pathology of Lung Tumours | p.10 6. Lung tumors | original choices

246	247	248	249
Antigenic shift	MMR Live Attenuated Vaccine	Measles	Antigen Drift
250	**251**	**252**	**253**
bind to lower respiratory cells	Bronchiestasis	Assman's Focus	Bronchogenic Carcinoma
254	**255**	**256**	
Renal Cell carcinoma	Chondroma	Adenocarcinoma	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

257. 56-years-old male heavy smoker patient came to the ER suffering from loss of weight, dyspnea, and cough. bronchoscopic picture from mass related to main bronchus revealed keratinization and intracellular bridges, which of the following is the most proper diagnosis?

A. Squamous cell carcinoma
B. Large Cell Carcinoma
C. Small Cell Carcinoma
D. Adenocarcinoma

Pathology 6 - Pathology of Lung Tumours | p.7 6. Lung tumors | original choices

258. Example of locally malignant tumor of the lung is?

A. Lymphoma
B. Bronchial carcinoid
C. Sarcoma
D. Fibroma

Pathology 6 - Pathology of Lung Tumours | p.2 6. Lung tumors | original choices

259. which of the following drugs is a mast cell stabilizer?

A. Omalizumab
B. Disodium Cromoglycate
C. Aminophylline
D. Hydrocortisone

Pharmacology - Therapy of Bronchial Asthma | p.30 br, asthma | original choices

260. 55-year-old male u entered in acute attack of asthma despite using of =

A. Salmeterol
B. Ipratropium
C. Metaproterenol
D. Zafirlukast

Pharmacology - Therapy of Bronchial Asthma | p.18 br, asthma | original choices

261. which of the following anti-inflammatory reduce asthma symptoms by inhibiting Ca+ ?

A. Disodium Cromoglycate
B. Zafirlukast
C. Omalizumab
D. Zileuton

Pharmacology - Therapy of Bronchial Asthma | p.30 br, asthma | original choices

262. which of the following bronchodilator inhibit PDE enzyme? 1

A. Albuterol
B. Ipratropium
C. Aminophylline
D. Salmeterol

Pharmacology - Therapy of Bronchial Asthma | p.20 br, asthma | original choices

263. child suffering from asthma, the doctor describe for his asthma Anti- inflammatory drug which inhibit synthesis of leukotrienes, which of the following is the drug?

A. Omalizumab
B. Hydrocortisone
C. Disodium Cromoglycate
D. Zileuton

Pharmacology - Therapy of Bronchial Asthma | p.28 br, asthma | original choices

264. 13-year-old male has severe asthma, she suffered in the past 2 years and needed hospitalization. now she is receiving therapy that has greatly improved her case and reduced attack. which of the following drug is responsible for this benefit?

A. Zileuton
B. Ipratropium
C. Hydrocortisone
D. Inhaled Triamcinolone

Pharmacology - Therapy of Bronchial Asthma | p.11 br, asthma | original choices

265. 24-years old male has occasional symptoms of asthma during exercise. when he goes for marathon. the medication of choice to relieve his symptoms

A. Montelukast
B. Ketotifen
C. Omalizumab
D. Zafirlukast

Pharmacology - Therapy of Bronchial Asthma | original choices | source answer needs review

266. which of the following adverse effect caused by Albuterol?

A. Convulsion
B. Irritabillity
C. Tolerance
D. Nausea

Pharmacology - Therapy of Bronchial Asthma | p.15 br, asthma | original choices

267. which of the following bronchodilator found in teaand usedinchronic asthma?

A. Methylxanthines
B. Bata agonist
C. Corticosteroid
D. Muscarinic

Pharmacology - Therapy of Bronchial Asthma | p.20 br, asthma | original choices

257	258	259	260
Squamous cell carcinoma	Bronchial carcinoid	Disodium Cromoglycate	Ipratropium
261	**262**	**263**	**264**
Disodium Cromoglycate	Aminophylline	Zileuton	Inhaled Triamcinolone
265	**266**	**267**	
Not verified (source: Ketotifen) *	Tolerance	Methylxanthines	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

268. 41-old male with history of bronchial asthma, currently on chronic asthma drug for management of asthma. recently he started complaining from rhythmic muscle contraction (muscle tremors), which of the following drugs most likely to cause?

A. Formoterol
B. Disodium Cromoglycate.
C. Theophylline
D. Zafirlukast

Pharmacology - Therapy of Bronchial Asthma | p.14 br, asthma | original choices

269. plain x-ray taken on expiration appear

A. normal heart size
B. clear lung fields
C. hazy lung bases
D. easy to read

Radiology - Respiratory System Imaging | p.5 RADIOLOGY RESPIRATORY | original choices

270. PAview for Plain x-ray are: 1

A. less useful
B. Routine chest radiograph
C. lung bases apear hazy
D. show magnified heart

Radiology - Respiratory System Imaging | p.5 RADIOLOGY RESPIRATORY | original choices

271. which of the following fissures seen on a normal chest X-ray as a thin line1/1 running roughly from the edge of the lung towards the right hilum?

A. Azygos fissure
B. Mediastinum fissure
C. Oblique Fissure
D. horizontal fissure

Radiology - Respiratory System Imaging | p.14 RADIOLOGY RESPIRATORY | original choices

272. which of the following fissures visible in lateral view?

A. Horizontal fissure
B. Oblique fissure
C. Azygos fissure
D. Inferior pulmonary ligament

Radiology - Respiratory System Imaging | p.15 RADIOLOGY RESPIRATORY | options reconstructed

273. structure normally seen between the medial end of clavicles in plain x- ray?

A. interlobar Fissure
B. Trachea
C. Blood Vessels
D. Diaphragm

Radiology - Respiratory System Imaging | p.17 RADIOLOGY RESPIRATORY | original choices

274. Structure clearly visible from costophrenic angle to the other?

A. Diaphragm
B. Blood Vessels
C. Walls of certain large bronchi
D. Trachea

Radiology - Respiratory System Imaging | p.17 RADIOLOGY RESPIRATORY | original choices

275. which of the following lobes found inferior to the minor fissure?

A. left lower lobe
B. left upper lobe
C. Right Middle lobe
D. right upper lobe

Radiology - Respiratory System Imaging | p.20 RADIOLOGY RESPIRATORY | original choices

276. Pulmonary Parenchymal is better demonstrated by: 1

A. MRI
B. High Resolution CT
C. Plain x-ray
D. Ultrasound

Radiology - Respiratory System Imaging | p.18 RADIOLOGY RESPIRATORY | original choices

277. which of the following modality used for evaluation of thoracic aortic aneurysms?

A. MRI
B. CT
C. Plain x-ray
D. Ultrasound

Radiology - Respiratory System Imaging | p.33 RADIOLOGY RESPIRATORY | original choices

278. which of the following modality used for investigating of pulmonary Embolus?

A. CT
B. MRI
C. Ultrasound
D. X-ray

Radiology - Respiratory System Imaging | p.33 RADIOLOGY RESPIRATORY | original choices

268	269	270	271
Formoterol	hazy lung bases	Routine chest radiograph	horizontal fissure
272	**273**	**274**	**275**
Oblique Fissure	Trachea	Diaphragm	Right Middle lobe
276	**277**	**278**	
High Resolution CT	CT	CT	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

279. which of the following modality used for mediastinal masses biopsy guide?

A. CT
B. Ultrasound
C. MRI
D. X-ray

Radiology - Respiratory System Imaging | p.34 RADIOLOGY RESPIRATORY | original choices

280. MRIis useful alternative in: ”M

A. Interstitial lung disease
B. evaluating abnormalities of CXR
C. Pregnant women
D. guiding biopsy

Radiology - Respiratory System Imaging | p.32 RADIOLOGY RESPIRATORY | original choices

281. which of the following modality used for drain loculated pleural fluid collection in contact with chest wall?

A. HRCT
B. Ultrasound
C. MRI
D. X-ray

Radiology - Respiratory System Imaging | p.34 RADIOLOGY RESPIRATORY | original choices

282. most appropriate diagnosis for old male with renal failure, when his APG report: Ph= 7.23 (N/v 7.35-7.45) PCO2 = 32mm Hg (N/v 35-45) HCO3 = 15mmol/L (N/v 22-26)

A. Respiratory Alakalosis
B. Respiratory Acidosis
C. Metabolic Alkalosis
D. Metabolic Acidosis

Biochemistry - Acid–Base Balance and Disturbances | p.9 Acid-Base Disturbances | original choices

283. which of the following drug is useful in acute bronchial asthma?

A. Salmeterol
B. Terbutaline
C. Theophylline
D. Zafirlukast

Pharmacology - Therapy of Bronchial Asthma | p.14 br, asthma | original choices

284. A20-year-old male came to the ER with complaints of cough and wheezing after heavy exercise. which of the following drugs rapidly reverse her bronchoconstriction.

A. Formoterol
B. Ipratropium
C. Albuterol
D. Aminophylline

Pharmacology - Therapy of Bronchial Asthma | p.10 br, asthma | original choices

285. which of the following center retread switch-off of inspiratory signals?

A. Apneustic Centre
B. Pre-Botzinger
C. Pneumotaxic center
D. Ventral Respiratory Group

Physiology 8 - Control / Regulation of Respiration | p.13 008 RS Regulation of R | original choices

286. Major regulator of respiration: 1

A. PCO2
B. PO2
C. Plasma potassium
D. Plasma glucose

Physiology 8 - Control / Regulation of Respiration | p.22 008 RS Regulation of R | options reconstructed

287. which of the following centers act in switching-off inspiratory signals?

A. Apneustic Centre
B. Pre-Botzinger
C. Pneumotaxic center
D. Herring-Breuer Inflation Reflex

Physiology 8 - Control / Regulation of Respiration | p.6 008 RS Regulation of R | original choices

288. which of the following protect the lung from overstretching by /1 switching-off inspiration ramp.?

A. Pre-Botzinger
B. Herring-Breuer Inflation Reflex
C. Pneumotaxic center
D. Apneustic Centre

Physiology 8 - Control / Regulation of Respiration | p.14 008 RS Regulation of R | original choices

289. Aortic Bodies stimulated by

A. Decrease of O2 below 80
B. Increase of Ph
C. Increase of CO2
D. Increase of O2

Physiology 8 - Control / Regulation of Respiration | p.23 008 RS Regulation of R | original choices

279	280	281	282
CT	Pregnant women	Ultrasound	Metabolic Acidosis
283	**284**	**285**	**286**
Terbutaline	Albuterol	Apneustic Centre	PCO2
287	**288**	**289**	
Pneumotaxic center	Herring-Breuer Inflation Reflex	Increase of CO2	

Original answers checked against RESP 312 lectures | * Source uncertainty or unresolved wording

290. which of the following stimulated by increase brain ECF Hydrogen ?

A. Pneumotaxic center
B. Medullarry Chemoreeptor
C. Apneustic Centre
D. Peripheral Chemoreceptor

Physiology 8 - Control / Regulation of Respiration | p.21 008 RS Regulation of R | original choices

291. Respiratory distress syndrome infant under treatment of O2, must be observed to avoid wich of the following conditions

A. Respiratory distress syndrome
B. Retrolental Fibroplasia
C. Tracheal agenesis
D. Tracheo-osophageal fistula

Physiology 9 - Applied Aspects of Respiratory Physiology | p.16 009 RS Applied Aspects | original choices

292. chest radiograph for female patient showed enlargement of cardiac shadow, which of the following may be the cause?

A. Inadequate inspiration
B. Accessory Azygos lobe
C. PA View
D. adequate inspiration

Radiology - Respiratory System Imaging | p.5 RADIOLOGY RESPIRATORY | original choices

290	291	292	
Medullarry Chemoreeptor	Retrolental Fibroplasia	Inadequate inspiration	

RESP 312 / ANSWER REVIEW NOTES

Questions kept for completeness where the source wording or key cannot be uniquely validated.

Q3. Central chemoreceptors respond to H+ generated from CO2; wording does not distinguish direct from indirect stimulus.

Q49. Stem states arterial blood gas, but the offered low-glucose finding concerns pleural fluid in empyema.

Q50. The RESP 312 Acid-Base Disturbances slides 7 and 11: low pH (7.20) with raised PCO2 (60) indicates respiratory acidosis.

Q51. The lecture teaches Giemsa-stained inclusion bodies/PCR/IgM for Chlamydia; recalled reticulate-body key is not an established diagnostic answer.

Q67. Resistance to both rifampin and ethambutol cannot be classified as mono-resistance. Lecture does not define a safe corrected classification.

Q73. Original answer names two viruses; neither is proven uniquely correct by the relevant FINAL slides.

Q82. Microbiology 7 Respiratory Viral Infections II slide 7 states MERS-CoV CFR 36% as of May 2026; original recall says approximately 35%.

Q89. Parotid gland item is not clearly evidenced by respiratory viral lecture.

Q91. Microbiology 7 Respiratory Viral Infections II slide 7 explicitly gives DPP4 as the MERS-CoV cell-entry receptor, not ACE2.

Q101. 600 mL of pleural pus establishes empyema, but does not establish diffuse versus loculated type.

Q112. Recalled stem/choice wording lacks a unique diagnosis; source answer retained for review.

Q114. Prognosis of intrinsic asthma is context-dependent and original key is not established by FINAL lecture wording.

Q119. Stress is a triggering factor, not itself an allergen; original question confuses these categories.

Q121. Full cytokine question is incomplete in original recall.

Q132. Although air embolism appears in course-slide complications, it is an unusual association; the slide is the primary evidence.

Q135. Original stage is based on chest wall invasion; staging labels should be checked against the course chart.

Q138. Cigarette design explanation lacks a clearly stated answer in FINAL lung tumour lecture.

Q146. Historical stem has no recoverable interrogative or outcome; pregnancy-related rifampin answer cannot be uniquely validated.

Q148. The prompt asks for an anti-TB drug that does NOT interfere with contraceptives, yet its marked rifamycin answer is an enzyme inducer that DOES interfere (TB drug lecture slide 15).

Q152. "Most important mediator" is ambiguous; the source chooses leukotrienes but original options are missing.

Q159. Corticosteroids increase beta-receptor responses; wording is imprecise.

Q161. A TB-treated patient with increased liver enzymes is keyed to zileuton, which is an asthma drug, not antituberculous therapy.

Q166. Hazy bases from expiration are verified; original attribution specifically to AP projection is not established by radiology lecture.

Q177. Historical source explicitly says not sure about positional rotation interpretation.

Q178. Historical source explicitly says not sure; key not lecture-verified.

Q179. Over-/under-exposure grading requires visibility of the spine through cardiac silhouette; bare "vertebra looks blacker" is insufficient.

Q182. Mixed answer includes respiratory alkalosis and hypocapnia; both fit, but original wording may be incomplete.

Q213. Historical stem says brainstem injury but the supplied key additionally asserts cortical injury; mechanism not uniquely established by this stem.

Q214. Slide 26 of Applied Aspects: high altitude raises RBC 2,3-DPG. Original bank inconsistently appended a decrease.

Q233. Asthma, dyspnea and wheeze alone do not prove respiratory acidosis without blood-gas data.

Q265. Ketotifen is prophylactic; the question says "relieve" exercise-induced symptoms, for which the given choices may not have a uniquely appropriate immediate reliever.