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Q1)A 35-year-old woman presents to the emergency department with right lower quadrant abdominal pain , nausea and low-grade fever. the pain initially started in the periumbilical region then migrated to the right lower quadrant. What is the most likely diagnosis?

1. Acute appendicitis
2. Ectopic pregnancy
3. ovarian torsion

Ans:1

Q2)Mrs(H)45-years complains of chronic fatigue with intolerance to cold.She gains weight although she doesn't eat well. You do the initial lab investigations which revealed: TSH was 11 mclu/ml (N. 0.4-5.5 mclu/ml) , What is your probable diagnosis?

1. Chronic fatigue syndrome
2. Hypothyroidism

Ans:2

Q3)Which of the following is NOT an indication for early introduction of insulin in patients with type 2 diabetes?

1. Unintentional weight loss or other evidence of catabolism
2. HbA1c > 10%
3. blood glucose \geq 300 mg/dL
4. Elevated albumin/creatinine ratio

Ans:4

Q4)comprehensiveness is effective primary care physicians view patients from a broad perspective, taking into account physiology, physical illness, emotional health and the social, occupational , and environmental context within which the patients?

1. True
2. false

Ans:2

Q5)all of the following cases should be referred to a specialist except?

1. HTN urgency
2. Resistant HTN
3. pregnancy

Ans:1

Q6)What is the most characteristic position seen in a child with acute epiglottitis?

1. tripod position
2. wheezing

Ans:1

Q7)52 years old, came to the clinic complaining of 4 months of epigastric burning, early satiety, unintentional weight loss (4 kg), no findings on physical exam. What is your next step?

1. upper endoscopy
2. H-pylori test
3. ppi for 8 weeks

Ans:2

Q8)A 60-year-old diabetic patient presented with abdominal distension, constipation, and signs of ileus. These symptoms appeared after starting a new antidiabetic medication.

What is the most likely drug responsible for his condition?

1. Metformin
2. Sulfonylurea
3. GLP-1 receptor agonist
4. SGLT2 inhibitor

Ans:3

Q9)A 65-year-old postmenopausal woman underwent a DEXA scan that showed a spine T-score of -2.4 and a hip T-score of -2.6 . She has no history of fractures and no previous osteoporosis treatment. what is the next best step in management?

1. Start calcium and vitamin D supplementation only
2. Start bisphosphonate therapy
3. Repeat DEXA scan in one year

Ans:2

Q10)A 45-year-old man with type 2 diabetes mellitus presents for routine follow-up. He has no history of ASCVD. His lipid profile

shows: LDL: 160 mg/dL

Total cholesterol: 250 mg/dL

Triglycerides: 350 mg/dL

What is the most appropriate next step in management?

1. Fibrate only
2. Omega-3 fatty acids
3. Statin and fibrate combination
4. High-intensity statin

Ans:4