

# Government Medical College and Hospital Sector 32, Chandigarh

## Post: Senior Resident Urology QUESTION BOOKLET

Time: 120 Minutes

Number of Question: 100

Maximum Marks: 100

Name of Candidate

Roll Number: In figure

In Words

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Signature of the Candidate: \_\_\_\_\_

**DO NOT OPEN THE SEAL ON THE BOOKLET UNTIL ASKED TO DO SO**

### **INSTRUCTIONS:-**

1. Write your Roll Number on the Question Booklet and also on the OMR Sheet in the space provided. You will be required to give your thumb impression on the OMR sheet in the space provided.
2. This question booklet contains 100 MCQ's. Once you are permitted to open the Question Booklet, please check for any missing question / misprint etc. and in case of any discrepancy, inform the Assistant Superintendent / Invigilator within 10 minutes of the start of the test.
3. Each question has four alternative answer (A, B, C, D) out of which only one is correct. For each question, **darken only one bubble (A or B or C or D)**, whichever you think is the correct answer, on the OMR Answer sheet **with Black or Blue Ball Pen only**. Do not use any other Pen / Gel pen / Pencil etc. **Do not Tick ✓ or × on the OMR Sheet**. Darken the bubbles in the OMR Answer Sheet according to the Serial No. of the Questions given in the Question Booklet.
4. Each MCQ is of One (01) mark. There is no negative marking.
5. If you do not want to answer a question, leave all the bubbles corresponding to that question blank in the OMR Answer sheet.
6. The OMR Answer sheet is designed for computer evaluation. Therefore, if you do not follow the instructions given, it may make evaluation by the computer difficult. Any resultant loss to the candidates on the above account, i.e. not following instructions completely and properly, shall be the responsibility of the candidates only.
7. After the test, handover the Question Booklet and OMR sheet to the Invigilator on duty.
8. A Candidate who creates disturbance of any kind or changes his/her seat or is found in possession of any paper or the any assistance or found giving or receiving assistance or found using any other unfair means during the examination will be expelled from the examination by the Centre superintendent/Observer whose decision shall be final.
9. Telecommunication equipment such as pager, cellular phone, wireless, scanner, smart watch/ watch etc. is not permitted inside the examination hall. Use of calculators is not allowed.
10. Candidate should ensure accuracy of their personal details on the OMR Sheet i.e. Name and Roll No. as well as thumb impression. The personal details are to be filled in by the candidates with his/her own hand writing.



1. Commonest Stones in case of UTI:
  - A. Phosphate
  - B. Uric acid
  - C. Cysteine
  - D. Calcium oxalate
2. Chronic laxative abuse can result in the formation of which type of stone:
  - A. Xanthine
  - B. Cysteine
  - C. Ammonium Urate
  - D. Struvite
3. Referred pain from ureteric colic is felt in the groin due to involvement of which nerve:
  - A. Subcostal
  - B. Ilio-hypogastric
  - C. Ilioinguinal
  - D. Genitofemoral
4. What is the most common cause of cloudy urine?
  - A. Bacterial cystitis.
  - B. Urine overgrowth with yeast
  - C. Phosphaturia
  - D. Alkaline urine
5. A patient present with pain & tenderness in left iliac fossa USG shows a 3 cm stone in renal pelvis without Hydronephrosis. Most appropriate management:
  - A. PCNL
  - B. ESWL
  - C. Diuretics
  - D. Medical dissolution therapy with KCL
6. Pneumaturia may be due to all of the following EXCEPT:
  - A. diverticulitis.
  - B. colon cancer.
  - C. recent urinary tract instrumentation.
  - D. Ectopic ureter.
7. A 10 mm calculus in right lower ureter associated with proximal hydroureteronephrosis is best treated with:
  - A. ESWL
  - B. Antegrade percutaneous access
  - C. open ureter lithotomy
  - D. Ureteroscopy removal
8. Stein-Strasse is :
  - A. Staining of stones
  - B. Stones
  - C. Failure of ESWL
  - D. Ureteric obstruction due to stone fragments in ureter
9. In magnetic resonance (MR) images using T2-weighted sequences, fluid appears as:
  - A. dark.
  - B. white
  - C. low signal
  - D. signal void
10. Laser used in treatment of ureteric calculi
  - A. Holmium
  - B. ND-YAG
  - C. Argon
  - D. CO<sub>2</sub>
11. If the kidney is less echogenic than the liver, it is described as:
  - A. hyperechoic.
  - B. hypoechoic.
  - C. isoechoic.
  - D. echogenic.
12. A boy is suffering from acute pyelonephritis. Most specific urinary finding will be:
  - A. WBC cast
  - B. Leucocyte esterase test
  - C. Nitrite test
  - D. Bacteria in gram stain
13. A 18-French (Fr) Foley balloon catheter:
  - A. measures 18 cm long.
  - B. measures 6 mm in outer diameter.
  - C. measures 6 mm in inner diameter.
  - D. measures 0.6 cm in outer diameter.
14. Golf hole ureter is seen in:
  - A. Ureteric calculus
  - B. Ureteral polyp
  - C. Tuberculosis of ureter
  - D. Retroperitoneal fibrosis
15. Subcapsular nephrectomy is indicated in:
  - A. Perinephric abscess
  - B. Hydronephrosis
  - C. Pyo-nephrosis
  - D. Solitary kidney adenocarcinoma

16. Compared to digital cysto-urethroscope, fiberoptic scopes have improved:
  - A. illumination.
  - B. contrast evaluation.
  - C. resolution.
  - D. depth of field.
17. Complication which commonly accompanies acute prostatitis:
  - A. Epididymo-orchitis
  - B. Orchitis
  - C. Seminal Vesiculitis
  - D. Sterility
18. Percutaneous nephrostomy is not indicated for:
  - A. instillation of intracavitary topical therapy for urothelial carcinoma.
  - B. Whitaker test.
  - C. management of fungal bezoars.
  - D. urinary retention.
19. A child with recurrent UTI is most likely to show
  - A. Vesicoureteral reflux
  - B. Neurogenic bladder
  - C. Posterior urethral valve
  - D. Renal & ureteric calculi
20. To reduce the risk of hemorrhagic complications associated with percutaneous renal access, the minimum recommended preoperative cessation period for:
  - A. herbal medications is 2 weeks.
  - B. clopidogrel is 10 days.
  - C. aspirin is 5 days.
  - D. warfarin is 5 days.
21. In BPH, most common lobe involved is:
  - A. Lateral
  - B. Posterior
  - C. Median
  - D. Anterior
22. A 35-year-old man presents with the complaint of penile pain and immediate detumescence during intercourse. Physical examination notes blood at the urethral meatus. The next step should be:
  - A. immediate operative exploration.
  - B. CT scan of the pelvis.
  - C. retrograde urethrography.
  - D. to obtain serum coagulation parameters.
23. Drug that has the fastest onset of action in BPH is:
  - A. Finasteride
  - B. Dutasteride
  - C. Tamsulosin
  - D. Flutamide
24. The most common complication of TURP is:
  - A. Erectile dysfunction
  - B. Retrograde ejaculation
  - C. Urinary incontinence
  - D. Sepsis
25. Which of the following substance is not used as an irrigation fluid during TURP:
  - A. Normal saline
  - B. 1.5 % glycine
  - C. 5 % dextrose
  - D. Distilled water
26. Most common site of development of carcinoma prostate is :
  - A. Peripheral zone
  - B. Central zone
  - C. Transitional zone
  - D. Fibromuscular stroma
27. Screening of prostate CA commonly done by:
  - A. DRE
  - B. USG
  - C. MRI
  - D. CT Scan
28. Normal level of PSA in males is:
  - A. < 4 mg/ml
  - B. 4-10 mg/ml
  - C. > 10 mg/ml
  - D. PSA is not produced by normal males
29. When cautery is set to "pure cut," the current is:
  - A. interrupted, but mainly on.
  - B. interrupted, but mainly off.
  - C. continuous.
  - D. continuous, but oscillates between high and low voltage.
30. Treatment for metastatic CA Prostate is :
  - A. Radiotherapy
  - B. Oestrogen only
  - C. GnRH analogues
  - D. Radiotherapy with chemotherapy

31. Hydronephrosis due to obstruction of ureter is best diagnosed by:
- IVU
  - Radio isotope scan
  - Retrograde pyelography
  - Whitaker test
32. Investigation of choice for Renal scarring defect in Kidney:
- DMSA Scan
  - DTPA Scan
  - DEXA Scan
  - MCU
33. "Rim" and "Ball" nephogram in IVU are seen in:
- Normal Kidney
  - Acute obstructive nephropathy
  - Chronic obstructive nephropathy
  - chronic renal failure
34. The primary treatment for a small perirenal abscess in a functioning kidney is:
- nephrectomy.
  - partial nephrectomy.
  - open surgical drainage.
  - percutaneous drainage.
35. The most reliable early clinical indicator of Septicaemia is
- chills.
  - fever.
  - hyperventilation.
  - lethargy.
36. Most common site of origin of RCC:
- PCT
  - DCT
  - Collecting duct
  - loop of Henle
37. Bilateral RCC may be seen in:
- Tuberous sclerosis
  - Von-Willebrand's disease
  - Von-Hippel Lindau disease
  - Von-Recklinghausen disease
38. The treatment of choice in RCC with the tumour if less than 4cm in size is :
- Partial nephrectomy
  - Radical nephrectomy
  - Radical nephrectomy + postop radiotherapy
  - Radical nephrectomy with chemotherapy
39. Ideal approach for Renal malignancy is :
- Transperitoneal
  - Retroperitoneal
  - Lumbar incision
  - Abdominal-thoracic incision
40. Which of the following routes of infection is the most common in genitourinary tuberculosis?
- Hematogenous seedling
  - Lymphatic spread
  - Direct inoculation
  - Sexual transmission
41. Which does not happen in "Unilateral renal trauma:
- Hypertension
  - Uraemia
  - Clot formation
  - Perinephric hematoma
42. What percentage of cases with injury to kidney require surgical exploration:
- 20%
  - 90%
  - 50%
  - 70%
43. Commonest cause of ureteric injury during surgical exploration is :
- Abdominoperineal resection
  - Hysterectomy
  - Prostatectomy
  - Colectomy
44. Most reliable investigation in bladder rupture is:
- IVP
  - Cystoscopy
  - Retrograde cystogram
  - Catheterization
45. Gerota fascia envelops the kidney and the adrenal gland on all aspects but remains open:
- inferiorly.
  - laterally.
  - medially.
  - inferiorly and laterally



46. Not true about urethral injury is :  
 A. Catheterize the patient immediately  
 B. Can be associated with fracture pelvis  
 C. Bladder injury is associated with posterior urethral injuries  
 D. Blood at the external urethral meatus is an important feature
47. Following urethral rupture, immediate procedure to be done is  
 A. Urinary catheterization  
 B. Suprapubic Cystostomy  
 C. Observation  
 D. Refer to a urologist
48. Commonest cause of urethral stricture in a young person is:  
 A. Trauma  
 B. Gonococcal  
 C. Syphilis  
 D. Tuberculosis
49. All of the following treatments of an obstructing ureteric calculus in a pregnant woman are acceptable EXCEPT:  
 A. ureteroscopy.  
 B. placement of a double-J ureteral stent.  
 C. placement of a nephrostomy drain.  
 D. Extracorporeal shockwave lithotripsy (ESWL).
50. Following a blunt trauma abdomen, a patient had renal laceration and urinoma. Even after 12 days, urinoma persisted, but patient was stable & there was no fever, Next step would be :  
 A. Percutaneous exploration and repair  
 B. Wait & watch  
 C. DJ urinary stent  
 D. Percutaneous nephrostomy
51. All the following are features of adult polycystic kidney disease except:  
 A. Autosomal recessive trait  
 B. Present as renal mass  
 C. Haematuria  
 D. Renal failure
52. All are true in PUJO except:  
 A. commoner in boys  
 B. Bilateral lesions occurs in 10-40%  
 C. Right sided lesions predominate  
 D. Intrinsic lesions predominate
53. Best management for a symptomatic 6 years male with PUJ obstruction:  
 A. Endo-pyelotomy  
 B. Foley V-Y pyeloplasty  
 C. Dismembered pyeloplasty  
 D. Wait & watch
54. An absent kidney is found in:  
 A. 1:200 individuals  
 B. 1:700 individuals  
 C. 1:1400 individuals  
 D. 1:5000 individuals
55. Medullary cystic disease of kidney is best diagnosed by:  
 A. Ultrasound  
 B. Nuclear scan  
 C. Urography  
 D. Biopsy
56. Aberrant renal artery, all true except:  
 A. More common in women  
 B. Usually towards left  
 C. May cause hydronephrosis  
 D. Usually divided to gain access to renal pelvis
57. 'Reverse J; deformity on IVP is seen in:  
 A. Congenital mega ureter  
 B. Ureterocoele  
 C. Retrocaval ureter  
 D. VUR
58. Isthmus of horse-shoe kidney is located at what level:  
 A. L1-L2 vertebra  
 B. L3-L4 vertebra  
 C. L4-L5 vertebra  
 D. L2-L3 vertebra
59. Treatment of choice for ureterocoele :  
 A. DJ stent  
 B. Laparoscopic repair  
 C. Laser ablation  
 D. Endoscopic diathermy
60. Weigert-Meyer's rule applies to :  
 A. Fusional Anomalies  
 B. Renal dysplasia  
 C. Polycystic kidney disease  
 D. Ureteral duplications

61. The most common cause of renal scarring in a 3 year old child is:  
 A. Trauma  
 B. Tuberculosis  
 C. VUR induced pyelonephritis  
 D. Interstitial nephritis
62. All are precancerous for carcinoma bladder except:  
 A. Tuberculosis bladder  
 B. Aniline Dyes  
 C. schistosomiasis  
 D. Chronic ulcer
63. The most likely cause of continuous incontinence (loss of urine at all times and in all positions) is:  
 A. enterovesical fistula.  
 B. noncompliant bladder.  
 C. sphincteric incompetence.  
 D. vesicovaginal fistula
64. Most common tumour of UB is :  
 A. Squamous cell carcinoma  
 B. Adenocarcinoma  
 C. Transitional Cell carcinoma  
 D. Stratified Squamous cell carcinoma
65. Most constant and persistent feature of CA bladder is:  
 A. Increased frequency  
 B. Hematuria  
 C. Recurrent UTI  
 D. Pain abdomen
66. Tumor marker for bladder cancer is :  
 A. AFP  
 B. CEA  
 C. Bladder surface protein  
 D. NMP-22
67. Treatment of choice for low grade NMIBC is:  
 A. Local excision  
 B. Radical cystectomy  
 C. Intravesical BCG  
 D. Chemotherapy
68. Laser used in Ca bladder is:  
 A. Carbon Dioxide laser  
 B. Nd-YAG laser  
 C. Ho-YAG laser  
 D. Argon laser
69. Chemotherapy used for metastatic bladder cancer  
 A. AC ( adrainmyacin and cisplatin)  
 B. Interferon  
 C. MVAC ( methotrexate, Vinblastine, Adriamycin & cisplatin)  
 D. Cisplatin alone
70. Best treatment modality for TINIMO transitional cell CA is:  
 A. Transurethral resection  
 B. Transurethral resection and intravesical chemo-immunotherapy  
 C. Total cystectomy and pelvic lymphadenectomy  
 D. Systemic chemotherapy
71. A simple cyst of the kidney would NOT display which of the following characteristics?  
 A. Bright back wall  
 B. Increased through transmission  
 C. Anechoic interior  
 D. Hyperechoic internal nodule
72. Which of the following is true about obstructive azoospermia:  
 A. FSH and ↓LH  
 B. normal FSH & normal LH  
 C. ↑ LH, normal FSH  
 D. ↑ FSH, normal LH
73. The most important in assessing fertility potential is:  
 A. Sperm count  
 B. Sperm motility  
 C. Sperm morphology  
 D. Quantity of ejaculated semen
74. In priapism, cavernous blood study will reveal:  
 A.  $PO_2 < 30\%$ ,  $PCO_2 > 60\%$   
 B.  $PCO_2 > 60\%$   
 C.  $PCO_2 > 60\%$   
 D.  $PO_2 < 60\%$
75. What is true about carcinoma penis:  
 A. Metastasis is rare  
 B. Occur more commonly in circumcised male  
 C. Arises from corona of glans  
 D. Pain is frequent

76. The most common cause of death in CA penis

- A. Uraemia
- B. Urinary sepsis
- C. Lung metastasis
- D. Erosion of femoral vessels

77. In CA penis, self-tissue planes are best delineated by:

- A. MRI
- B. CT Scan
- C. X-ray
- D. USG

78. True about verrucous carcinoma is all except:

- A. Locally aggressive form of condyloma acuminata
- B. Also known as Bushchke -Lowenstein tumour
- C. They frequently metastasize -
- D. Wide excision is the treatment of choice

79. Which of the following catheter material is most suited for long term is used:

- A. Latex
- B. Silicon
- C. Rubber
- D. Polyurethane

80. Length of the male urethra:

- A. 10 cm
- B. 15 cm
- C. 20 cm
- D. 25 cm

81. The "three glass test" shreds are presents in first glass only. The most probable diagnosis is

- A. Urethritis
- B. Cystitis
- C. Prostatitis
- D. Renal pathology

82. Best time for surgery of undescended testis is:

- A. Just after birth
- B. 6 months of age
- C. 12 months age
- D. 24 months age

83. Stephen fowler surgery is done for.:

- A. Ectopic testis
- B. Undescended testis
- C. Hypospadias
- D. Epispadias

84. Torsion of testis has to be treated within:

- A. Immediately
- B. 6 Hours
- C. 12 Hours
- D. 15 hours

85. Which is not true regarding varicocele:

- A. Testicular veins involved
- B. More common on right side
- C. May be the first feature of a renal tumour
- D. feels like a bag of worms

86. Bacteriuria without pyuria is indicative of:

- A. infection.
- B. colonization.
- C. tuberculosis.
- D. contamination.

87. Most common testicular tumour in prepubertal adults is :

- A. Yolk sac tumour
- B. Embryonal cell CA
- C. Seminoma
- D. Teratoma

88. Tumour marker for seminoma:

- A. PLAP
- B. LDH
- C. AFP
- D. HCG

89. Carcinoma testis the lymphatic metastasis goes to the first site seen in:

- A. para-aortic lymph nodes
- B. superficial inguinal nodes
- C. deep inguinal nodes
- D. internal iliac nodes

90. Most radiosensitive testicular tumour is:

- A. Seminoma
- B. Teratoma
- C. Lymphoma
- D. Sertoli cell tumour

91. Disseminated seminoma is treated by:

- A. Chemotherapy or radiotherapy and orchidectomy
- B. Only radiotherapy
- C. Only chemotherapy
- D. RPLND



92. In men, erectile dysfunction is associated with high level of which of the following:

- A. Testosterone
- B. Prolactin
- C. Oestrogen
- D. Prostaglandin

93. Which of the following can be used to treatment of erectile dysfunction:

- A. Hooever erection device
- B. Vacuum erection device
- C. Piston erection device
- D. Erectile dysfunction pump

94. Wilm's tumor prognosis is primarily dictated by:

- A. Stage
- B. Patient age
- C. Resectability
- D. Histology

95. After renal transplant the commonest malignancy is:

- A. Lymphoma
- B. Renal cell CA
- C. Skin cancer
- D. Adrenal cancer

96. The validity of a midstream urine specimen should be questioned if microscopy reveals:

- A. squamous epithelial cells.
- B. red blood cells.
- C. bacteria.
- D. white blood cells.

97. Left loin nephrectomy, structure not cut is :

- A. Trapezium
- B. Serratus anterior
- C. latissimus dorsi
- D. Internal oblique

98. Which is normal finding in cystometry:

- A. Absence of systolic detrusor contraction
- B. Residual volume of 75 ml
- C. Leakage on coughing
- D. First sensation of urination at 30ml

99. To differentiate between stress incontinence & detrusor instability investigation done is

- A. Cystourethroscopy
- B. Urodynamic study
- C. MCU
- D. RGU

100. In ureterosigmoidostomy all occurs except:

- A. Hyponatremia
- B. Hyperkalaemia
- C. Hyperchloremia
- D. Acidosis



## SUBJECT UROLOGY

1	A
2	C
3	B
4	C
5	A
6	D
7	D
8	D
9	B
10	A
11	B
12	C
13	B
14	C
15	C
16	A
17	C
18	D
19	A
20	D
21	C
22	C
23	C
24	B
25	A
26	A
27	A
28	A
29	C
30	C
31	B
32	A
33	C
34	D
35	C
36	A
37	C
38	A
39	A
40	A
41	B
42	A
43	B
44	C
45	A
46	A
47	B
48	A
49	D
50	C
51	A
52	C
53	C
54	C
55	D
56	D
57	C
58	B
59	D
60	D
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62	A
63	D
64	C
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67	A
68	B
69	C
70	C
71	D
72	B
73	B
74	A
75	C
76	D
77	A
78	C
79	B
80	C
81	C
82	B
83	B
84	A
85	B
86	B
87	D
88	A
89	A
90	A
91	C
92	B
93	B
94	D
95	C
96	A
97	A
98	A
99	B
100	B