028/2018

Question Booklet Alpha Code

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Question Booklet Serial Number

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Total Number of Questions: 100	Time: 75 Minutes
Maximum Marks: 100	

INSTRUCTIONS TO CANDIDATES

- 1. The question paper will be given in the form of a Question Booklet. There will be four versions of question booklets with question booklet alpha code viz. **A**, **B**, **C** & **D**.
- 2. The Question Booklet Alpha Code will be printed on the top left margin of the facing sheet of the question booklet.
- 3. The Question Booklet Alpha Code allotted to you will be noted in your seating position in the Examination Hall.
- 4. If you get a question booklet where the alpha code does not match to the allotted alpha code in the seating position, please draw the attention of the Invigilator IMMEDIATELY.
- 5. The Question Booklet Serial Number is printed on the top right margin of the facing sheet. If your question booklet is un-numbered, please get it replaced by new question booklet with same alpha code.
- 6. The question booklet will be sealed at the middle of the right margin. Candidate should not open the question booklet, until the indication is given to start answering.
- 7. Immediately after the commencement of the examination, the candidate should check that the question booklet supplied to him contains all the 100 questions in serial order. The question booklet does not have unprinted or torn or missing pages and if so he/she should bring it to the notice of the Invigilator and get it replaced by a complete booklet with same alpha code. This is most important.
- 8. A blank sheet of paper is attached to the question booklet. This may be used for rough work.
- 9. Please read carefully all the instructions on the reverse of the Answer Sheet before marking your answers.
- 10. Each question is provided with four choices (A), (B), (C) and (D) having one correct answer. Choose the correct answer and darken the bubble corresponding to the question number using Blue or Black Ball Point Pen in the OMR Answer Sheet.
- 11. Each correct answer carries 1 mark and for each wrong answer 1/3 mark will be deducted. No negative mark for unattended questions.
- 12. No candidate will be allowed to leave the examination hall till the end of the session and without handing over his/her Answer Sheet to the Invigilator. Candidates should ensure that the Invigilator has verified all the entries in the Register Number Coding Sheet and that the Invigilator has affixed his/her signature in the space provided.
- 13. Strict compliance of instructions is essential. Any malpractice or attempt to commit any kind of malpractice in the Examination will result in the disqualification of the candidate.



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1.	First Keralite appointed as the Attorney General of India:										
	(A)	G. Madhavan	Nair		(B)	K. K	. Venugopal				
	(C)	V. Ramkumar			(D)	Nari	man N.				
2.	Who	is the Ambassa	dor the	e Union gov	ernm	ents 's	skill India camp	oaign' ?			
	(A)	Shahrukh Kha	n		(B)	Vidy	a Balan				
	(C)	Priyanka Chop	ora		(D)	Ami	tabh Bachan				
3.	Who	is known as 'K	erala (Gowthaman'	?						
	(A)	C. Keshavan			(B)	K. K	elappan				
	(C)	Kurissery Gop	alapilla	ni	(D)	Non	e of the above				
4.	Whi	ch article empov	vered t	he authority	to d	eclare	Economic eme	ergency i	n India ?		
	(A)	Article 368	(B)	Article 370	0	(C)	Article 363	(D)	Article 360		
5.	Who	is the only Ker	alite m	ention in th	e Aut	o-Biog	graphy of Maha	athma G	andhi ?		
	(A)	(A) Sree Narayana Guru					Kesheva Meno	on			
	(C)	Barister GP Pil	lai		(D)	Ayy	ankali				
6.	Who	Who is the founder of ESAFF ?									
	(A)	K. Paul Thoma	ıs		(B)	M. <i>A</i>	A. Yusuffali				
	(C)	Ravi Pillai			(D)	A. C	Ouseppachan				
7.	Wor	ld Youth Skills I	Day wa	s observed (on:						
	(A)	July 4	(B)	August 6		(C)	July 15	(D)	June 5		
8.	India	a's first Cartoon	museu	ım is at :							
	(A)	New Delhi	(B)	Mumbai		(C)	Thrissur	(D)	Kayamkulam		
9.	The	Right to Informa	ation a	ct 2005 cove	ers wh	nole Ir	ndia except :				
	(A)	Sikkim			(B)	Nag	aland				
	(C)	Arunachal Pra	desh		(D)	Jamı	nu and Kashm	nir			
A					3						

{P.T.O.}

10.	Foot	ball was introduc	ed as	a competiti	ve eve	nt in	Olympics in the	year :	
	(A)	1901	(B)	1904		(C)	1908	(D)	1911
11.	Whi	ch constitutional a	ameno	dment is do	ne to j	pass t	he GST bill ?		
	(A)	120	(B)	101		(C)	105	(D)	110
12.	The	Apex bank of agr	icultu	ıral sector :					
	(A)	NABARD			(B)	Gran	nin Bank		
	(C)	State Co-operati	ve Ba	nk	(D)	Rese	erve Bank of India	l	
13.	Whi	ch country will h	ost th	e 2024 Olyn	npics '	?			
	(A)	Italy	(B)	Germany		(C)	France	(D)	England
14.	Who	is consider as the	e Nat	ional teache	r of Ir	ndia a	nd the spiritual s	uccess	sor of Gandhiji ?
	(A)	Lal Bahadur Sas	stri		(B)	Dr.	Radha Krishnan		
	(C)	Vinobabhave			(D)	Dr.	Rajendra Prasad		
15.		Which of the following Charter act end in India?					mercial monopoly	of Ea	ast India Company
	(A)	Charter act of 1	833		(B)	Cha	rter act of 1793		
	(C)	Charter act of 1	853		(D)	Cha	rter act of 1813		
16.	Mino	ority rights are giv	ven in	ı:					
	(A)	Article 31	(B)	Article 25	to 28	(C)	Article 29 to 30	(D)	Article 33
17.	Who	is called as 'Kera	ıla Ta	gore' ?					
	(A)	Vyloppilli	(B)	Ulloor		(C)	Kumaranasan	(D)	Vallathol
18.	Amo	ong the following	whic	h is regarde	d as t	he pr	otecter of Indian (Const	itution ?
	(A)	Supreme Court	(B)	Parliamen	t	(C)	President	(D)	Central Cabinet
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19.	The of :	fundamental duties of the Con	stitutio	n were incorporated on the recommendations								
	(A)	Swaram Singh Committee	(B)	Govardhan Mehta Committee								
	(C)	Ashok Metha Committee	(D)	Jithender Singh Committee								
20.	Who	o is known as Jhansi Rani of Kera	ala ?									
	(A)	Kuttimaluamma	(B)	Ayshabhai								
	(C)	K. R. Gauriyamma	(D)	Akkama Cheriyan								
21.	Sano	dwitch sign in mesentery is seen	in :									
	(A)	Sclerosing mesenteritis	(B)	Lymphoma								
	(C)	Crohns disease	(D)	Peritoneal tuberculosis								
22.	Reve	Reversal of corticomedullary pattern is seen in :										
	(A)	Diabetic nephropathy	(B)	Amyloidosis								
	(C)	Palillary necrosis	(D)	ARPKD								
23.	Size	Size of Microbubbles in ultrasound contrast agents are :										
	(A)	10-17 micrometer	(B)	2-7 micrometer								
	(C)	1-3 micrometer	(D)	20-27 micrometer								
24.	Feca	ıl tagging is done in :										
	(A)	CT colonography	(B)	Defecography								
	(C)	MR enterography	(D)	MR defecography								
25.	Whi	ch one of the following antenataly	y detect	ed condition shows no spontaneous regression ?								
	(A)	Cytic adenomatoid malformati	on									
	(B)	Congenital neuroblastoma										
	(C)	Cystic hygroma										
	(D)	Duodenal atresia										
26.	Cho	roidal excavation is seen in :										
	(A)	Choroidal detachment	(B)	Choroidal hematoma								
	(C)	Choroidal melanoma	(D)	Retinal detachment								

27.	IVP	IVP showing "egg in spoon" appearance is diagnostic of :										
	(A)	PUJ obstruction	(B)	Horse shoe kidney								
	(C)	Medullary sponge kidney	(D)	Renal papillary necrosis								
28.	"Ap	ple on string" heart is seen in :										
	(A)	Persistent truncus	(B)	Ebsteins anomaly								
	(C)	TAPVD	(D)	Transposition of great arteries								
29.	Che	st radiograph in a SLE patient is u	ınlikely	y to reveal :								
	(A)	Interstitial fibrosis	(B)	Pleural effusion								
	(C)	Elevated diaphragm	(D)	Pneumonitis								
30.	Steeple sign is seen in :											
	(A)	Caustic stricture esophagus	(B)	Laryngeal hemangioma								
	(C)	Croup	(D)	Epiglottitis								
31.	False	e statement regarding lung hila in	chest	X-ray is :								
	(A)	Eparterial bronchus seen on left	side									
	(B)	Left hilum is at a higher level										
	(C)											
	(D)	Minor part of hilar shadow is fo	rmed 1	by bronchus								
32.	Tree	in bud sign is classically seen in :										
	(A)	Pulmonary TB (B) Bronchie	ctasis	(C) Emphysema (D) Silicosis								
33.	Cres	scent sign in chest radiograph is so	een in	:								
	(A)	Unruptured lung hydatid	(B)	Pulmonary gangrene								
	(C)	Dermoid cyst	(D)	Wegeners granulomatosis								
34.	Reve	erse bat wing appearance is seen i	in:									
	(A)	Pulmonary edema	(B)	Following clearance of pulmonary edema								
	(C)	Lupus pneumonitis	(D)	Eosinophilic pneumonitis								
35.	Enla	argement of skull is not seen in :										
	(A)	Adrenoleukodystrophy	(B)	Alexanders disease								
	(C)	Canavans disease	(D)	Hurlers disease								
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<i>3</i> 6.	. Humming bird appearance in MK brain is seen in :										
	(A)	Huntingtons dis	sease		(B)	Prog	ressive supran	uclear p	alsy		
	(C)	Multisystem atr	ophy		(D)	Wils	ons disease				
37.	Ano	de rotating speed	in x-	ray tube is :							
	(A)	30,000 RPM	(B)	300 RPM		(C)	3000 RPM	(D)	5000 RPM		
38.	Best	radiologic investi	igatio	n for local st	taging	g of ca	rectum is:				
	(A)	Transrectal ultr	asoun	ıd	(B)	MD	CT				
	(C)	PET scanning			(D)	MRI					
39.	Intraluminal T1 bright signal in gall bladder is not seen in :										
	(A)	Adenomyosis of	Gb		(B)	Pign	nent stones				
	(C)	Biliary sludge			(D)	Fasti	ng state bile				
40.	Pine	tree bladder is se	en in	:							
	(A)	Augmentation of	cystop	lasty	(B)	Tube	erculosis				
	(C)	Neurogenic blac	dder		(D)	Cyst	itis glandularis	6			
41.	Strir	ng of beads appea	rance	in renal ang	giogra	am is s	seen in :				
	(A)	Poly arteritis no	dosa		(B)	Fibro	omuscular dys	plasia			
	(C)	Renal AV fistula	a		(D)	Ane	urysm of renal	artery			
42.	Iodi	nated contrast he	xabrix	is:							
	(A)	Non ionic dime	ſ		(B)	Ionio	monomer				
	(C)	Ionic dimer			(D)	Non	ionic monome	er			
43.	Crol	nns disease associ	ated f	istula in and	o, as p	er St	James Univers	ity classi	fication is :		
	(A)	Type 2	(B)	Type 3		(C)	Type 4	(D)	Type 5		
44.	Pear	l necklace sign in	MR i	maging is se	een in	:					
	(A)	Adenomyomato	sis of	gall bladde	r						
	(B)	Array of intradu	actal (CBD stones							
	(C)	Gall stones									
	(D)	Chronic cholecy	stitis								

45 .	In li	ver MDCT, arterial phase images a	re obt	tained in :							
	(A)	0 to 15 seconds	(B)	20-30 seconds							
	(C)	30-40 seconds	(D)	50-70 seconds							
46.	Post	intravenous Gd-BOPTA MR imagi	ing is	useful for :							
	(A)	Arterial phase imaging									
	(B) Combined arterial and portal venous phase images										
	(C)	Arterial, venous and late hepatocyte phase imaging									
	(D)	Late hepatocyte phase imaging of	nly								
47 .	Pneu	ımobilia is not seen in :									
	(A)	Gall stone ileus	(B)	Post sphincterotomy							
	(C)	Old age	(D)	Necrotizing entero colitis							
48.	Cent	ral dot sign is seen in :									
	(A)	Carolis disease	(B)	Focal nodular hyperplasia							
	(C)	Liver hydatid	(D)	Hemangioma liver							
49.	Driv	en snow appearance is seen in :									
	(A)	Cementoma	(B)	Caicifying odontogenic epithelial tumor							
	(C)	Frost bite	(D)	Adamantinoma							
50.	One	year old child presents with white	pupi	llary reflux. Next investigation of choice is:							
	(A)	MRI	(B)	ULTRASOUND							
	(C)	CT SCAN	(D)	X-ray orbit							
51.	Gyra	al pattern of enhancement is not se	en in	contrast MR of :							
	(A)	Cerebral infarction	(B)	Leptomeningeal metastasis							
	(C)	Sturge weber syndrome	(D)	Neurofibromatosis							
52.	Twin	n peak sign is seen in :									
	(A)	Mono chorionic mono amniotic t	wins								
	(B)	Di chorionic di amniotic twins									
	(C)	Mono chorionic di amniotic twin	\mathbf{s}								

53.	CTL	Densitometry is us	seful i	n :					
	(A)	Otitis media	(B)	Osteopetro	osis	(C)	Otosclerosis	(D)	Oto mycosis
54.	Tear	drop sign is seen	in:						
	(A)	Fracture lacrima	al bon	e	(B)	Injur	y to nasolacrima	l duct	
	(C)	Blow out fractur	re floo	r of orbit	(D)	Scler	al rupture		
55.	DDF	H is best evaluated	d with	ı:					
	(A)	MRI	(B)	MDCT		(C)	Arthrography	(D)	Ultrasound
56.	Wyb	erg type 3 patella	is as	sociated wit	h:				
	(A)	Chondromalacia	a pate	lla	(B)	Pate	lla baja		
	(C)	Patellar dislocat	ion		(D)	Pate	llar rupture		
57.	Earliest evidence of healing rickets is :								
	(A) Reappearance of metaphyseal white line								
	(B)	Normal alkaline	phos	phatase					
	(C)	Loss of metaphy	seal c	upping					
	(D)	Narrowing of p	hyseal	plate					
58.	Tom	b stone ileum is s	een in	:					
	(A)	Morquio disease	9		(B)	Bilat	eral DDH		
	(C)	MPS1			(D)	Acho	ondroplasia		
59.	Doul	ble decidual sac s	ign is	seen in :					
	(A)	Twin pregnancy	y		(B)	Ecto	pic pregnancy		
	(C)	Subchorionic he	emato	ma	(D)	Norı	nal pregnancy		
60.	One	of the following i	is not	a radiologio	sign	of ost	eogenesis imperfe	ecta :	
	(A)	Thin calvarium			(B)	Exce	ss callus		
	(C)	Platy spondyli			(D)	Wim	berger sign		
61.	Curv	vilinear suprasella	ır calc	ification is s	seen ii	n :			
	(A)	Colloid cyst			(B)	Crar	niopharyngioma		
	(C)	Meningioma			(D)	Derr	noid cyst		

62.	Thyı	oid ablation is done with:		
	(A)	Technetium pertechnitate	(B)	Thallium
	(C)	Iodine 123	(D)	Iodine 131
63.	Mos	t important sequence for pancreation	c MR	imaging:
	(A)	T1 FS imaging	(B)	T2 images
	(C)	T1 images	(D)	T2 FS images
64.	Sauc	erisation is seen in :		
	(A)	Osteosarcoma	(B)	Plasmacytoma
	(C)	Ewings sarcoma	(D)	Chondrosarcoma
65.	In pe	etrous bone MR imaging, number o	of ner	ves seen at IAC is :
	(A)	Two (B) Four		(C) Three (D) Five
66.	Emp	oty sac sign is seen in :		
	(A)	Following complete abortion	(B)	Arachnoiditis
	(C)	Disc prolapse	(D)	Reducible hernia
67.	Vert	ebral step sign is seen in :		
	(A)	Haemophilia	(B)	Gauchers disease
	(C)	Thalassemia	(D)	Ochronosis
68.	Crys	etal used in ultrasound is:		
	(A)	Lead zirconate titanate	(B)	Calcium tungstate
	(C)	Caesium iodide	(D)	Barium cyanofluride
69.	Pseu	do fracture is not seen in :		
	(A)	Osteopetrosis	(B)	Osteomalacia
	(C)	Pagets disease	(D)	Osteogenesis imperfecta
70.	Nucl	hal fold thickness is measured at :		
	(A)	11-14 weeks (B) 21-24 wee	eks	(C) 31-34 weeks (D) 36-38 weeks
71.	Idea	l time for doing HSG is :		
	(A)	3-6 days of menstrual cycle	(B)	10-13 days of menstrual cycle
	(C)	1-3 days of menstrual cycle	(D)	7-10 days of menstrual cycle

72.	Melt	ing sign is seen ir	n resol	ution of:					
	(A)	Pulmonary eder	ma		(B)	Puln	nonary infarct		
	(C)	Consolidation			(D)	Ca b	ronchus - post	radiatio	on
73.	Rena	al scarring is best	detect	ted by techn	itium	labell	led with :		
	(A)	DTPA	(B)	DMSA		(C)	MAG3	(D)	Pertechnetate
74.	Hide	ebound appearance	ce is s	een in :					
	(A)	Systemic scleros	is		(B)	Strog	gyloidiasis		
	(C)	Whipples diseas	se		(D)	Coel	iac disease		
75.	Antr	al sign is seen in	:						
	(A)	Fungal sinusitis			(B)	Angi	iofibroma		
	(C)	Nasopharyngea	r carc	inoma	(D)	Muc	ocoele		
76.	5. Napkin ring lesion is seen in :								
	(A)	Amoebic ulcer			(B)	Dive	rticular disease	!	
	(C)	Ulcerative coliti	s		(D)	Ca c	olon		
77.	Craz	y pavement appe	earanc	e is seen in	:				
	(A)	Alveolar proteir	nosis		(B)	Alve	olar microlithia	sis	
	(C)	Alveolar ruptur	e		(D)	Alve	olar edema		
78.	Wha	t type of renal sto	one is	seen in tern	ninal i	ileal d	isease ?		
	(A)	Uric acid			(B)	Oxal	ate		
	(C)	Triple phosphat	æ		(D)	Cyst	eine		
79.	Swis	s cheese nephrog	ram is	s seen in :					
	(A)	Acute obstruction	on		(B)	Rena	ıl artery stenosi	S	
	(C)	ARPKD			(D)	ADF	PKD		
80.	Whi	mberger sign of s	yphilis	s is seen in :					
	(A)	Epiphysis	(B)	Metaphysi	S	(C)	Diaphysis	(D)	physis
81.	Bulle	et shaped vertebra	a is se	en in :					
-	(A)	Achondroplasia		Morquio		(C)	Turners	(D)	Hurlers

82.	Dou	ble PCL appearance is seen in :		
	(A)	ACL tear	(B)	Splitting of PCL
	(C)	Patellar tendon tear	(D)	Meniscal tear
83.	Sprii	ng water cyst is :		
	(A)	Arachnoid cyst	(B)	Pleuropericardial cyst
	(C)	Hydatid cyst	(D)	Lymphatic cyst
84.	Reve	erse 3 sign in barium swallow is sec	en in :	:
	(A)	Peri ampulalry carcinoma	(B)	Left atrial enlargement
	(C)	Coarctation of aorta	(D)	Aberrant right subclavian
85.	False	e statement regarding isolated levo	cardia	a is :
	(A)	Left dome at lower level		
	(B)	Right dome at lower level		
	(C)	Stomach on right side		
	(D)	Very high incidence of serious co	ngeni	ital heart diseases
86.	Tigr	oid appearance is seen in :		
	(A)	Wilsons disease		
	(B)	Progressive supranuclear palsy		
	(C)	Metachromatic leukodystrophy		
	(D)	Adreno leukodystrophy		
87.	Nois	se within MR gantry during scanni	ng is	due to :
	(A)	Super conducting coil	(B)	Gradient coil
	(C)	Shimming coil	(D)	RF coil
88.	Acro	posteolysis is not seen in :		
	(A)	sarcoidosis	(B)	hyper parathyroidism
	(C)	acromegaly	(D)	pycnodysostosis
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A

89.	Arteria radicularis magna-common site is :									
	(A)	Cervical	(B)	High thor	acic	(C)	Lower thorac	ric (D)	Lumbar	
90.	Lamda sign in scintigraphy is seen in :									
	(A)	(A) Sarcoidosis				Stress fracture				
	(C)	Pulmonary thromboembolism			(D)	Retrosternal thyroid				
91.	Toddlers fracture is seen in :									
	(A)	Femur	(B)	Talus		(C)	Tibia	(D)	Metatarsals	
92.	Vanishing lung is seen in :									
	(A)	SLE			(B)	Rheumatoid arthritis				
	(C)	Interstitial fibrosis			(D)	Systemic sclerosis				
93.	Permeative bone destruction pattern is not seen in :									
	(A)	Acute osteomyelitis			(B)	Acute osteoporosis				
	(C)	Eosinophilic granuloma			(D)	Ewings sarcoma				
94.	Best investigation for pancreas divisum is :									
	(A)) MDCT				MRCP				
	(C)	ERCP			(D)	Endoscopic ultrasound				
95.	Anode target material in mammography tube is :									
	(A)	Molybdenum	n (B)	Tungsten		(C)	Copper	(D)	Rheunium	
96.	Owl eye appearance in MR spine is noted in :									
	(A)	Vertebral infarct			(B)	AVM spinal cord				
	(C)	Spinal cord i	nfarct		(D)	Neu	rofibroma			
97.	Super numerary teeth seen in :									
	(A)	Osteogenesis imperfecta				Ectodermal dysplasia				
	(C)	Ellis vancrevald disease			(D)	Cleio	Cleidocranial dysplasia			
98.	Renal halo sign is seen in :									
	(A)	Acute pancreatitis			(B)	Acut	Acute pyelonephritis			
	(C)	Renal abscess			(D)	Acut	Acute nephritis			

99. T2 hypointensity is seen in :

(A) Craniopharyngioma

(B) Chordoma

(C) Corpus callousum lipoma

(D) Rathke cleft cyst

100. Gamma gandy bodies are seen in:

(A) Spleen MRI images

(B) Liver scintigraphy

(C) Liver MR imaging

(D) Scintigraphy of spleen

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SPACE FOR ROUGH WORK

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