1) What is the vertebral level of xiphoid process – 9th thoracic vertebra
2) How costal margins are formed – 7th, 8th, 9th & 10th costal cartilages
3) What is the subcostal plane – Transverse level of subcostal plane passing through the lowest part costal margin.
4) What is the vertebral level of subcostal plane – Third thoracic vertebra
5) What is subcostal angle (infrasternal angle) – It is formed between right & left costal margins.
6) What is the vertebral level of anterior superior iliac spine – Sacral promontory
7) What is the extent of inguinal ligament – From anterior superior iliac spine to pubic tubercle.
8) What is linea semilunaris – Curved vertical groove extending from costal margin at the tip of 9th costal cartilage to reaches the pubic tubercle.
9) The skin around the umbilicus is supplied by which segment of spinal cord – T-10
10) Dilated veins radiating from umbilicus in case of portal hypertension – Caput medusae
11) Remnant of the vitellointestinal duct forms a tumour at the umbilicus – Raspberry red tumour
12) Persistence of patent vitellointestinal duct at the umbilicus – Fetal fistula.
13) Persistence of urachus at the umbilicus – Urinary fistula.
14) Failure of development of the infraumbilical part of anterior abdominal wall – Ectopia vesicae
15) Superficial fatty layer of anterior abdominal wall – Fascia of the Camper.
16) Some loop of intestine may persist in the region of umbilicus – Exomphalous.
17) Deep membranous layer of anterior abdominal wall – Fascia of Scarpa
18) Three transverse fibrous bands which divide the rectus abdominis muscle into small parts – Tendinous intersections
19) It is formed by fusion of lowest aponeurotic fibers of the internal oblique & transverse abdominis muscle – Conjoint tenton
20) Nerve supply of cremaster muscle – Genital branch of the genitofemoral nerve.
21) Oval opening in the fascia transversalis about ½ inch above the inguinal ligament – Deep inguinal ring.
22) An oblique passage in the lower part of anterior abdominal wall – Inguinal canal.
23) It extends from deep inguinal ring to the superficial inguinal ring – Inguinal canal.
24) A triangular gap in the external oblique aponeurosis – Superficial inguinal ring.
25) Internal spermatic fascia is derived from – Fascia transversalis.
26) Abnormal protrusion of abdominal contents in to the inguinal canal – Inguinal hernia.
27) A direct hernia passes through which triangle – Hesselbach triangle.
28) Lymphatics from the glans penis drain into – Deep inguinal node
29) A condition in which fluid accumulates in the cavity of the tunica vaginalis testis – Hydrocele.
30) Testis may be absent on both sides – Anorchism.
31) Testis may be absent on one side – Monorchism.
32) A condition in which an individual shows some features of male & some of female – Hermaphroditism (Intersex).
33) It represents the cranial end of mesonephric duct – Appendix of epididymis.
34) It is the plane passes midway between suprasternal notch & the pubic symphysis – Transpyloric plane.
35) It is the fold of peritoneum which extend from the lesser curvature of the stomach & the first 2 cm of the duodenum to the liver - Lesser omentum.
36) The greater & lesser sac communicate through this foramen - Epiploic foramen.
37) A fold of peritoneum which suspends the coils of jejunum & ileum from the posterior abdominal wall - Mesentery
38) Collection of free fluid in the peritoneal cavity - Ascites
39) Inflammation of the peritoneum - Peritonitis.
40) The presence of air in the peritoneal cavity - Pneumoperitoneum.
41) The examination of the peritoneal cavity under direct vision using an instrument called laproscope - Laparoscopy
42) Opening up the abdominal cavity by a surgeon - Laparotomy
43) It act as reservoir of food - Stomach.
44) It is a fibromuscular band which suspend & support the duodeno-jejunal flexure - Suspensory ligament of duodenum (ligament of Treitz)
45) In skigrams taken after giving a barium meal, the first part of the duodenum is seen as a triangular shadow - Duodenal cap.
46) Small bags of peritoneum filled with fat - Appendices epiploicae
47) Inflammation of appendix - Appendicitis
48) The operation for removal of the appendix - Appendicectomy
49) It is the site of maximum tenderness in appendicitis - McBurney’s point
50) It is the artery of the foregut - Coeliac trunk.
51) It is the artery of the mid gut - Superior mesenteric artery
52) It is the artery of the hindgut - Inferior mesenteric artery
53) It is the largest branch of coeliac trunk having tortuous course - Splenic artery
54) Inferior pancreaticoduodenal artery is the branch of - Superior mesenteric artery
55) The mucous membrane of the cystic duct forms a series of 5 to 12 crescentic folds arranged spirally - Spiral valve of Heister
56) Inflammation of Gall bladder - Cholecystitis
57) Stones formed in gall bladder - Cholelithiasis
58) The operation of removal of gall bladder - Cholecystectomy
59) Enlargement of spleen - Splenomegaly
60) Surgical removal of spleen - Splenectomy
61) Disease occurring due to deficiency of insulin - Diabetes mellitus
62) Inflammation of Liver - Hepatitis
63) Non-fusion of secretory and excreting part of kidney - Congenital polycystic kidney
64) Fusion of lower pole of kidney - Horse shoe kidney
65) The angle between lower border of 12th rib and outer border of erector spinae muscle - Renal angle
66) It is muscular reservoir of urine - Urinary bladder
67) What is the shape of empty Urinary bladder - Tetrahedral
68) It represents obliterated embryonic urachus - Median umbilical ligament
69) The triangular area between Two vas deferens is separated from rectum by - Rectovesical fascia of Denonvilliers
70) A slight elevation on the trigone immediately posterior to the urethral orifice- Uvula vesicae
71) Length of male urethra- 18 to 20 cm
72) A anomaly in which the urethra opens on the dorsum of the penis- Epispadias
73) A anomaly in which the urethra opens on the under surface of the penis or in perineum- Hypospadias.
74) It bounds the ovarian fossa anteriorly- Obliterated umbilical artery
75) Fertilisation is usually takes place in which part of uterine tube- Ampulla/lateral part of uteringe tube
76) Inflammation of uterine tube- Salpingitis
77) Inability to have a child- Sterility
78) A radiological technique by which the cavity of uterus and the lumen of the uterine tubes can be visualised after injecting a radio opaque oily dye in the uterus- Hysterosalpingography
79) Sometimes the fertilized ovum instead of reaching uterus adheres to the wall of uterine tube and starts developing there- Tubal pregnancy
80) Angle between long axis of uterus with long axis of vagina- Angle of Anteversion
81) Angle of Anteversion is about- 90 degree
82) Angle of Anteflexion is about- 120 degree
83) Fertilised ovum is usually implanted in which part of uterus- Posterior wall of fundus of uterus
84) It is a fibromuscular node to which nine muscles are attached- Perineal body
85) In some cases the uterus comes to lie in straight line with vagina- Retroverted uterus
86) Sometimes the uterus passes downwards into the vagina invaginating it- Prolapse of uterus
87) In some cases normal child birth (through the vagina) is not possible and child is delivered by opening the abdomen and the uterus- Caesarean section
88) The operation for removal of the uterus- Hysterectomy
89) Opening of the uterus- Hysterotomy
90) Fixing of an abnormally mobile uterus- Hysteropexy
91) It represents the mesonephric duct in female- Duct of Gartner
92) In the virgin, the lower end of the vagina is partially closed by a thin annular fold of mucous membrane- Hymen
93) A rounded elevations around the vaginal orifice- Carunculae hymenae
94) It transmits spermatozoa from epididymis to the ejaculatory duct- Vas deferens
95) What is the length of vas deferens- 18 inch
96) Cutting and ligating of the vas deferens for purpose of family planning- Vasectomy
97) Which lobe of prostate is a common site for adenoma- Median lobe
98) Removal of prostate- Prostatectomy
99) Inflammation of prostate- Prostatitis.
100) The interior of the rectum & anal canal can be examined under direct vision- Proctoscopy
101) The condition in which the whole thickness of the rectal wall protrudes through the anus – Procidentia
102) What is length of anal canal- 3.8 cm
103) Which hernia is common in female- Femoral hernia
104) It is scar formed by the remnants of the root of umbilical cord- Umblicus
105) It is the persistence of physiological hernia of the mid gut loop outside the abdominal cavity- Exomphalos
106) It is formed by obliterated umbilical arteries- Lateral umbilical ligament
107) It is the remnant of left umbilical vein- Ligamentum teres of liver
108) Is there any deep fascia in anterior abdominal wall- No
109) It is a subcutaneous vein connecting the great saphenous vein with axillary vein- Thoraco-epigastric vein
110) It helps to suspend testis & can elevate it- Cremaster muscle
111) It tenses linea alba- Pyramidalis
112) Ligament of poupart- Inguinal ligament
113) Incomplete descent of testis- Cryptorchidism (undescended testis)
114) It is the site of primary lumbar hernia- Lumbar triangle of petit
115) It is a raphe formed by interlacing fibres of aponeurosis of three muscle forming rectus sheath- Linea alba
116) There is a weakness of linea alba, so the fingers can be insulated between the two recti- Diverication of recti
117) Part of abdominopelvic fascia lining inner surface of transverses abdominis muscle- Fascia transversalis
118) The blood supply to hernial contents become impaired thus leading to the death of the tissue- Strangulated hernia
119) The Meckel’s diverticulum present in the hernia sac- Littre’s hernia
120) It is the membranous layer of superficial fascia of the penis- Buck’s fascia
121) It is the extension of the cavity of tunica vaginalis between testis & epididymis from its laterl side on posterior border- Sinus of epididymis
122) It is the remnant of upper end of mullerian duct- Appendix of testis
123) It is fibromuscular band attaching the testis to the bottom of scrotum- Gubernaculum testis
124) It is prolongation of peritoneal cavity projecting into scrotum- Processus vaginalis
125) It is the dilatation of pampiniform plexus of veins- Varicocele
126) The testis descend but is found in an unusual position- Ectopic testis
127) Free tubules in spermatic cord above head of epididymis- Paradidymis (organ of Giraldes)
128) It is a large serous membrane(sac) lining the abdominal cavity- Peritoneum
129) Peritoneal folds suspending the stomach- Omentum(omenta)
130) Peritoneal folds suspending parts of small intestine- Mesentry
131) It is a potential space lying between the parietal & visceral peritoneum- Peritoneal cavity
132) Policeman of abdomen- Greater omentum
133) It is sickle shaped fold of peritoneum which connects the anterosuperior surface of liver to anterior Abdominal wall and under surface of diaphragm- Falciform ligament
134) Internal hernia can occur in to lesser sac through- Epiploic foramen
135) At what level epiploic foramen lies- T-12 vertebra
136) Which structure forms superior boundary of epiploic foramen- Caudate process
137) It is the most dependent part of the peritoneal cavity of abdomen proper- morrison’s pouch (Rt. Sub hepatic space)
138) Collection of free fluid in peritoneal cavity- Ascitis
139) It is tapping of ascetic fluid- Paracentesis abdominis
140) It is a horizontal plane passing through lower border of tenth costal cartilage- Sub costal plane
141) It is a horizontal plane passing through tip of nineth costal cartilage- Transpyloric plane
142) It is a transverse plane passing through tubercles of iliac crest & body of L5 vertebrae near upper border- Transtubercular plane
143) At what level superior mesenteric artery begins- L-1 vertebrae
144) It is arterial arcade situated along concavity of colon- Marginal artery
145) It is formed by union of superior mesenteric vein & splenic vein- Portal vein
146) What is the level of cardiac orifice of stomach- T-11 vertebrae
147) What is the level of pylorus of stomach- L-1 vertebrae
148) In which part of the stomach radiogram show gas- Fundus
149) These are mucosal folds along the lesser curvature which are arranged longitudinally to form a canal- Gastric canal
150) Thickening of stomach due to proliferation of fibrous tissue especially in sub mucosa- Leather bottle stomach
151) It is a deep transverse tissue, 5 cm long, on the inferior surface of right lobe of liver- Porta hepatis
152) It is the remnant of ductus venosus of foetal life- Ligamentum venosum
153) Sometimes the lower border of right lobe of liver, a little to the right of gall bladder projects down as a tongue like process- Riedel’s lobe of liver
154) It is the dilated posteromedial wall of the neck of gall bladder- Hartmann’s pouch
155) The gall stones may become impacted in that pouch & cause obstruction- Hartmann’s pouch
156) 5 to 10 crescentric folds of mucous membrane in the cystic duct which are arranged spirally to form valve like structure- Spiral valve of Heister
157) The mucous membrane contains indentations of mucosa that sink into the mucous coat- Crypts of Luschka
158) Anomaly when the hepatic artery takes tortuous course & the cystic artery is short- Caterpillar turn or Moynihan’s hump
159) What is the length of Duodenum- 10 inches
160) In barium meal X-ray, the first part of duodenum is seen as a triangular homogenous shadow- Duodenal cap
161) In barium meal X-ray widening of duodenal loop indicates- Carcinoma of pancreas
162) These are circular folds of mucous membrane which begin in second part of duodenum & extends upto proximal half of ileum- Valves of Kerkring
163) These are ribbon like bands formed by longitudinal muscle coat present only in large intestine till terminal part of sigmoid colon- Taeniae coli
164) It is the horizontal fold of peritoneum attaching left colic flexure to the 11th rib- Phrenico-colic ligament
165) It is an indistinct semilunar fold of mucous membrane guarding the appendicular orifice- Valve of Gerlach
166) It is the point of maximum tenderness in acute appendicitis- McBurney’s point
167) It is situated 2 feet proximal to the ileocaecal valve, attached to antimesenteric border of ileum- Meckel’s diverticulum
168) It opens at minor duodenal papilla in 2nd part of duodenum, 6-8 cm distal to pylorus- Accessory pancreatic duct (of Santorini)
169) Developmental anomaly of pancreas in which two segments of pancreas completely surround 2nd part of duodenum- Annular pancreas
170) The anterior layer of renal fascia- Fascia of Toldt
171) The posterior layer of renal fascia- Fascia of Zuckerkandl
172) It is a congenital defect in which the high position of diaphragm occurs due to replacement of left half of diaphragm by fibrous membrane- Eventration of diaphragm
173) It is a space between xiphoid & costal origin of diaphragm- Foramen of Morgagni or Space of Larry
174) It is a common site of congenital diaphragmatic defect in periphery of diaphragm in the region of 10th & 11th ribs attachment- Foramen of Bockdalek
175) It is a 5-7 cm long lymphatic sac situated in front of L 1,2 vertebrae to the right of abdominal aorta- cisterna chyli
176) The area between posterior commissure to anus- Gynaecological perineum
177) It forms base of trigone which are the continuations of the longitudinal muscle coat of two ureters- Interureteric ridge
178) It is a slight elevation just posterior to urethral orifice- Uvula vesicae
179) Congenital defect in which lower part of anterior abdominal wall of urinary bladder does not develop- Ectopia vesicae
180) The fibrous allantois which extends from apex of urinary bladder to umbilicus- Urachus
181) These are glandular invaginations of transitional epithelium on each side of internal urethral orifice near urinary bladder neck in female- Home’s tubules
182) Which part of male urethra is ruptured during instrumentation- Membranous part
183) What is the commonest cause of urethral stricture- Gonococcal infection
184) It is potential retropubic space separating pubic symphysis and anterior surface of prostate- Cave of Retzius
185) It is a part of broad ligament between mesovarium and uterine tube- Mesosalpinx
186) Female sterilisation, in which 2 to 3 cms long segment of uterine tube is excised and cut ends are ligated- Tubectomy
187) The mucous membrane of cervical canal is thrown into fold and oblique furrows which pass away from anterior and posterior vertical ridge- Arbor vitae uteri
188) Round ligament of uterus in inguinal canal, in fetal life is accompanied by a process of peritoneum, which if persists after birth- Canal of Nuck
189) Lower dilated part of rectum- Rectal ampulla
190) It is felt as groove on digital examination, at level of interval between subcutaneous part of external anal sphincter and lower border of internal anal sphincter- Hilton's line
191) It is a muscular ring at anorectal junction formed by fusion of puborectalis, deep external and internal sphincter muscle- Anorectal ring
192) Failure of anal membrane to break at pectinate line at the end of 8 weeks of intra uterine life- Imperforate anus
193) Rupture of anal valves- Anal fissure
194) It is an abnormal epithelised tract connecting the anal canal with the exterior- Fistula in ano
195) It is formed by failure of fusion of laminae of S-5 vertebra posteriorly- Sacral hiatus
196) Fusion of L-5 vertebra or its transverse process on one or both side with sacrum- Sacralisation of lumbar vertebra
197) Failure of posterior fusion of two halves of neural arch with each other resulting in a bony gap- Spina bifida
198) Incision made at the time of delivery in the perineum to facilitate the birth of baby particularly in primiparous women- Episiotomy
199) Usual site of internal haemorrhoids when patient is examined in the lithotomy position- 3, 7 and 11‘ O clock positions
200) Commonest cause of cirrhosis of liver- Chronic alcoholism