



RRB PHARMACIST

2024

MODEL PAPER -80

TIME:-

8:30 P.M



40 QUESTIONS

WITH DETAILED EXPLANATION

SUBJECT:-

BIOCHEMISTRY

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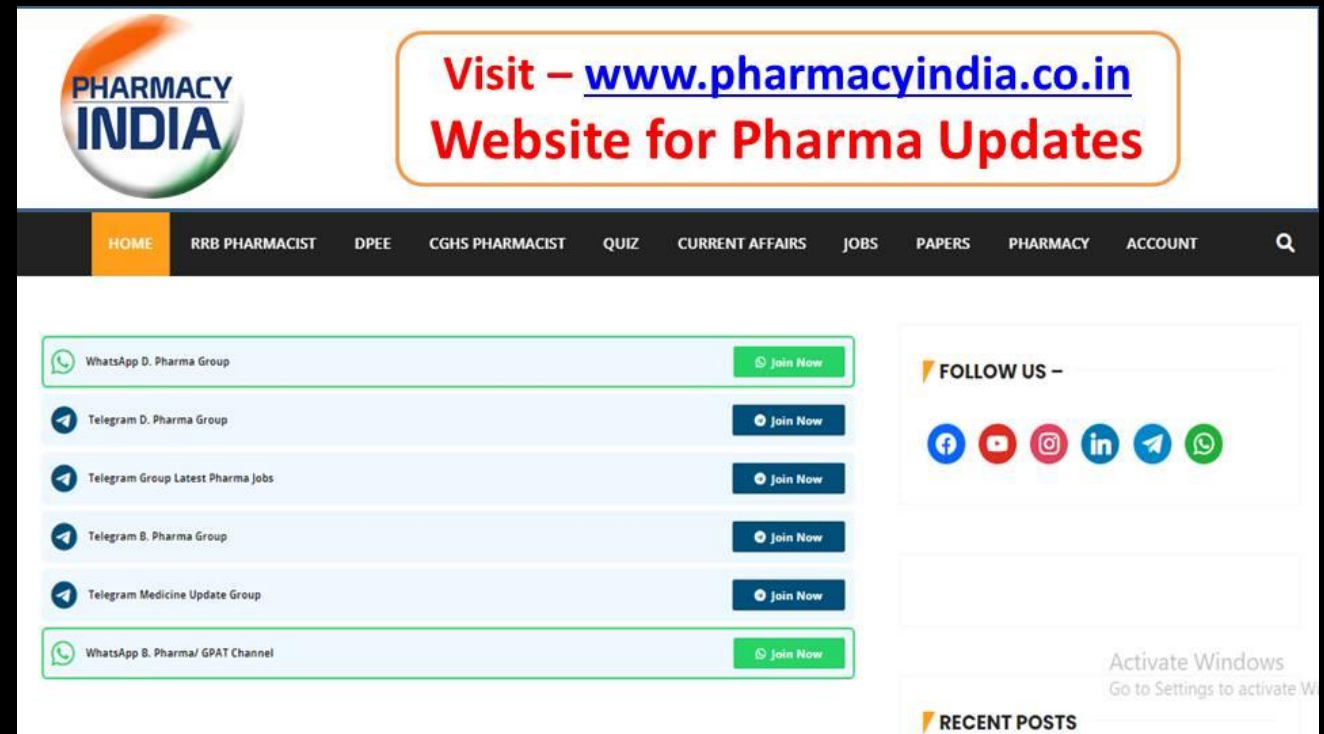


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2. Glucose is added in ORS to

- (a) Improve taste
- (b) Decreasing bacterial colonization of GIT
- (c) Increase stability
- (d) Increase absorption of sodium**



3. Which of the following is an electrolyte

- (a) Folic Acid
- (b) Intravenous emulsion
- (c) Potassium chloride
- (d) Vitamin C



3. Which of the following is an electrolyte

(a) Folic Acid

(b) Intravenous emulsion

(c) Potassium chloride

(d) Vitamin C



4. The condition in which sodium level are too low is referred to as

- (a) Hyponatremia**
- (b) Hypokalemia**
- (c) Aldosteronism**
- (d) Hypernatremia**



4. The condition in which sodium level are too low is referred to as

- (a) Hyponatremia**
- (b) Hypokalemia**
- (c) Aldosteronism**
- (d) Hypernatremia**



5. Approximately one - third of the body water exist in the

- (a) Kidney and urinary bladder
- (b) Blood
- (c) Extracellular fluid compartment
- (d) Transcellular fluid compartment



5. Approximately one - third of the body water exist in the

(a) Kidney and urinary bladder

(b) Blood

(c) Extracellular fluid compartment

(d) Transcellular fluid compartment



6. Bile is formed in

- (a) Gall bladder
- (b) Liver
- (c) Spleen
- (d) Blood



6. Bile is formed in

(a) Gall bladder

(b) Liver

(c) Spleen

(d) Blood



7. SGOT is elevated in case of

- (a) Liver disease
- (b) Diabetes
- (c) Stomach pain
- (d) Starvation



7. SGOT is elevated in case of

(a) Liver disease

(b) Diabetes

(c) Stomach pain

(d) Starvation



8. The determination of SGPT and SGOT is done to

- (a) Determine liver function
- (b) Determine kidney function
- (c) Determine lung function
- (d) None of these



8. The determination of SGPT and SGOT is done to

- (a) Determine liver function**
- (b) Determine kidney function**
- (c) Determine lung function**
- (d) None of these**



9. S.GP.T. levels can increase in

- (a) Pneumonia
- (b) Acute-hepatitis
- (c) Both (a) and (b)
- (d) None of these



9. S.GP.T. levels can increase in

(a) Pneumonia

(b) Acute-hepatitis

(c) Both (a) and (b)

(d) None of these



10. Acholuric is a type of

- (a) Toxic jaundice**
- (b) Hemolytic jaundice**
- (c) Amoebic dysentery**
- (d) Obstructive jaundice**



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- (a) Toxic jaundice**
- (b) Hemolytic jaundice**
- (c) Amoebic dysentery**
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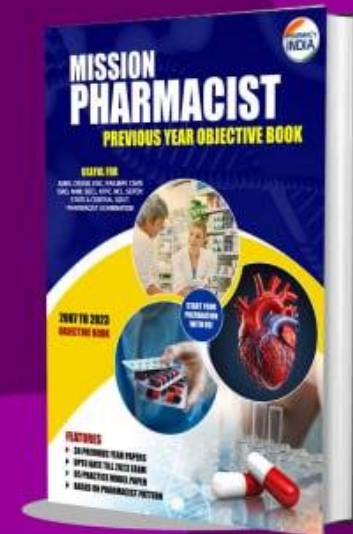
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11. Estimation of serum creatinine is considered to be a more reliable indicator for the evaluation of

- (a) Lung function**
- (b) Kidney function**
- (c) Gastric function**
- (d) Liver function**



11. Estimation of serum creatinine is considered to be a more reliable indicator for the evaluation of

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12. An indication of renal function which is used to estimate glomerular filtration rate is

- (a) Serum urea**
- (b) Serum alkaline phosphatase**
- (c) Blood urea nitrogen**
- (d) Serum creatinine**



12. An indication of renal function which is used to estimate glomerular filtration rate is

- (a) Serum urea**
- (b) Serum alkaline phosphatase**
- (c) Blood urea nitrogen**
- (d) Serum creatinine**



13. Which organ does Jaundice affect

- (a) Lungs
- (b) Heart
- (c) Liver
- (d) Stomach



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- (a) Lungs
- (b) Heart
- (c) Liver**
- (d) Stomach



14. Serum creatinine helps in measuring the function of

- (a) Liver
- (b) Kidney
- (c) Lunge
- (d) Muscle



14. Serum creatinine helps in measuring the function of

- (a) Liver
- (b) Kidney**
- (c) Lunge
- (d) Muscle



15. Which of the following enzyme is markedly increased in 'Obstructive Liver Disease

- (a) Creatine Kinase**
- (b) Alanine Aminotransferase**
- (c) Alkaline Phosphatase**
- (d) Aspartate Aminotransferase**



15. Which of the following enzyme is markedly increased in 'Obstructive Liver Disease

- (a) Creatine Kinase**
- (b) Alanine Aminotransferase**
- (c) Alkaline Phosphatase**
- (d) Aspartate Aminotransferase**



16. Indigo tindisulfonate is used for

- (a) Determination of blood volume**
- (b) Detection of amyloidosis**
- (c) Determination of kidney function**
- (d) Detection of Liver function**



16. Indigo tindisulfonate is used for

(a) Determination of blood volume

(b) Detection of amyloidosis

(c) Determination of kidney function

(d) Detection of Liver function



17. Normal value of creatinine clearance

- (a) 75-125 mL/minute
- (b) 125-175 mL/minute
- (c) 175-250 mL/minute
- (d) 259-275 mL/minute



17. Normal value of creatinine clearance

(a) 75-125 mL/minute

(b) 125-175 mL/minute

(c) 175-250 mL/minute

(d) 259-275 mL/minute



18. Bile salts can be identified by

- (a) Fouchet's test
- (b) Hay's test
- (c) Gmelin's test
- (d) Benzidine test



18. Bile salts can be identified by

- (a) Fouchet's test
- (b) Hay's test**
- (c) Gmelin's test
- (d) Benzidine test



19. The level of creatinine is analysed by

- (a) Hay's test**
- (b) Gmelin test**
- (c) Urease test**
- (d) Jaffe's test**



19. The level of creatinine is analysed by

- (a) Hay's test**
- (b) Gmelin test**
- (c) Urease test**
- (d) Jaffe's test**



20. An increase in the concentration of plasma potassium causes increase in

- (a) Release of renin**
- (b) Secretion of aldosterone**
- (c) Secretion of ADH**
- (d) Release of natriuretic hormone**



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- (a) Release of renin**
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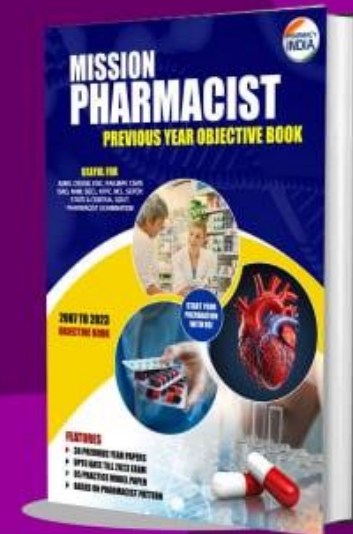
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21. The normal urine output in adult is

- (a) 500-800 ml/day**
- (b) 800-2000 ml/day**
- (c) 2-3 litre/day**
- (d) 3-4 litre/day**



21. The normal urine output in adult is

- (a) 500-800 ml/day
- (b) 800-2000 ml/day**
- (c) 2-3 litre/day
- (d) 3-4 litre/day





22. Normal urine

- (a) Neutral
- (b) Highly acidic
- (c) Slightly acidic
- (d) Highly alkaline



22. Normal urine

(a) Neutral

(b) Highly acidic

(c) Slightly acidic

(d) Highly alkaline



23. A test which measures the ability of a compound to diminish the concentration of sugar in the blood is

- (a) Hypoglycemic test**
- (b) Liver function test**
- (c) Hyperglycemic test**
- (d) Glucose tolerance test**



23. A test which measures the ability of a compound to diminish the concentration of sugar in the blood is

- (a) Hypoglycemic test**
- (b) Liver function test**
- (c) Hyperglycemic test**
- (d) Glucose tolerance test**



24. Urine specific gravity of 1.054 indicates

- (a) Excellent renal function**
- (b) Inappropriate secretion of ADH**
- (c) Extreme dehydration**
- (d) Presence of glucose or protein**



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- (a) Excellent renal function**
- (b) Inappropriate secretion of ADH**
- (c) Extreme dehydration**
- (d) Presence of glucose or protein**



25. What can urine test show in an undiagnosed diabetic

- (a) Ketones
- (b) Glucose and high amounts of bilirubin
- (c) Ketones and adrenaline
- (d) Glucose and ketones



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- (a) Ketones
- (b) Glucose and high amounts of bilirubin
- (c) Ketones and adrenaline
- (d) Glucose and ketones**



26. Bence Jones Proteins found in urine occur in

- (a) Liver diseases
- (b) Diabetes mellitus
- (c) Multiple myeloma
- (d) Thalassemia



26. Bence Jones Proteins found in urine occur in

- (a) Liver diseases
- (b) Diabetes mellitus
- (c) Multiple myeloma**
- (d) Thalassemia



27. A normal value for glucose in blood is

- (a) 250-350 mg/dl**
- (b) 160-180 mg/dl**
- (c) 100-200 mg/dl**
- (d) 100-120 mg/dl**



27. A normal value for glucose in blood is

(a) 250-350 mg/dl

(b) 160-180 mg/dl

(c) 100-200 mg/dl

(d) 100-120 mg/dl



28. Considering the normal urine composition, the urea content is

- (a) 7.7g/l**
- (b) 8.7g/l**
- (c) 9.3g/l**
- (d) 10.2g/l**



28. Considering the normal urine composition, the urea content is

(a) 7.7g/l

(b) 8.7g/l

(c) 9.3g/l

(d) 10.2g/l



29. In normal urine composition, the potassium content is

- (a) 0.863g/1**
- (b) 0.658g/1**
- (c) 0.925g/1**
- (d) 0.750g/1**



29. In normal urine composition, the potassium content is

- (a) 0.863g/1
- (b) 0.658g/1
- (c) 0.925g/1
- (d) 0.750g/1**



30. The dengue fever leads to the decrease in

- (a) Sucrose**
- (b) White blood cells**
- (c) Platelets**
- (d) Red blood cells**



30. The dengue fever leads to the decrease in

- (a) Sucrose
- (b) White blood cells
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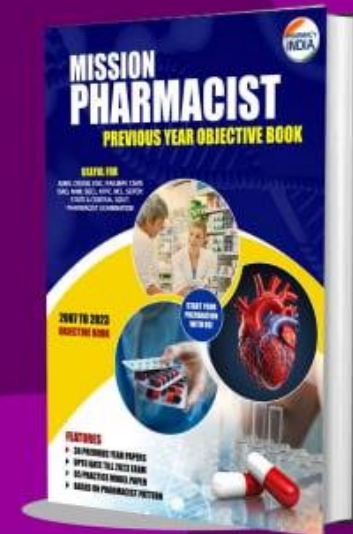
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31. What is the primary cause of aplastic anemia?

- A) Nutritional deficiency
- B) Bone marrow failure
- C) Autoimmune disease
- D) Hemorrhage



31. What is the primary cause of aplastic anemia?

- A) Nutritional deficiency
- B) Bone marrow failure**
- C) Autoimmune disease
- D) Hemorrhage



32. In polycythemia vera, what is typically elevated?

- A) White blood cell count
- B) Hemoglobin and hematocrit
- C) Platelet count
- D) Both B and C



32. In polycythemia vera, what is typically elevated?

- A) White blood cell count
- B) Hemoglobin and hematocrit
- C) Platelet count
- D) Both B and C**



33. Which of the following is NOT a cause of thrombocytopenia?

- A) Bone marrow disorders
- B) Splenic sequestration
- C) Increased platelet production
- D) Autoimmune disorders



33. Which of the following is NOT a cause of thrombocytopenia?

- A) Bone marrow disorders
- B) Splenic sequestration
- C) Increased platelet production**
- D) Autoimmune disorders



34. In sickle cell disease, what is the primary abnormality of the hemoglobin?

- A) Hemoglobin A
- B) Hemoglobin F
- C) Hemoglobin S
- D) Hemoglobin C



34. In sickle cell disease, what is the primary abnormality of the hemoglobin?

A) Hemoglobin A

B) Hemoglobin F

C) Hemoglobin S

D) Hemoglobin C



35. Which of the following conditions is characterized by the presence of large, immature red blood cells?

- A) Iron deficiency anemia
- B) Thalassemia
- C) Megaloblastic anemia
- D) Sickle cell disease



35. Which of the following conditions is characterized by the presence of large, immature red blood cells?

- A) Iron deficiency anemia
- B) Thalassemia
- C) Megaloblastic anemia**
- D) Sickle cell disease



36. Which lab test is primarily used to assess the coagulation status of a patient?

- A) Complete blood count (CBC)
- B) Prothrombin time (PT)
- C) Serum electrolyte panel
- D) Liver function tests



36. Which lab test is primarily used to assess the coagulation status of a patient?

- A) Complete blood count (CBC)
- B) Prothrombin time (PT)**
- C) Serum electrolyte panel
- D) Liver function tests



37. What condition is characterized by the presence of hypersegmented neutrophils?

- A) B12 deficiency
- B) Iron deficiency
- C) Acute leukemia
- D) Sickle cell anemia



37. What condition is characterized by the presence of hypersegmented neutrophils?

- A) B12 deficiency**
- B) Iron deficiency
- C) Acute leukemia
- D) Sickle cell anemia



39. What is a common complication of untreated deep vein thrombosis (DVT)?

- A) Anemia
- B) Pulmonary embolism
- C) Hemorrhagic stroke
- D) Myocardial infarction



39. What is a common complication of untreated deep vein thrombosis (DVT)?

A) Anemia

B) Pulmonary embolism

C) Hemorrhagic stroke

D) Myocardial infarction



40. Which of the following is a potential side effect of anticoagulant therapy?

- A) Hypercalcemia
- B) Thrombocytopenia
- C) Hemorrhage
- D) Hyperglycemia



40. Which of the following is a potential side effect of anticoagulant therapy?

- A) Hypercalcemia
- B) Thrombocytopenia
- C) Hemorrhage**
- D) Hyperglycemia



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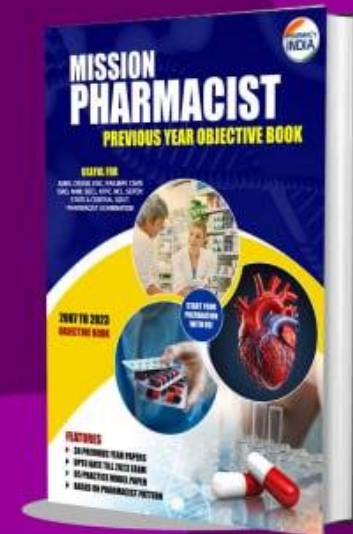
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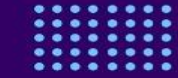
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