THE MOST **POWERFUL** REVISION TOOL
FOR MEDICAL ENTRANCE EXAMS

1000+
HIGH-YIELD BUZZWORDS, ASSOCIATIONS & EXAM CLUES

THE ULTIMATE NEET PG BUZZWORDS HANDBOOK



1000+ High-Yield Buzzwords, Associations & Exam Clues for **RAPID QUESTION SOLVING**

HIGH-YIELD BUZZWORDS
Only what you really need

SMART ASSOCIATIONS
Quick links that stick forever

EXAM CLUES & TRAPS
Decode questions like a topper

RAPID RECALL TABLES
Last-minute revision made effortless

COVERS ALL 19 SUBJECTS

- TOP 10 MUST-KNOW LISTS
- FREQUENTLY CONFUSED
- COMMON TRAPS
- IF YOU SEE → THINK THIS
- NIGHT-BEFORE-EXAM TOP 100
- HIGH-YIELD TABLES

PERFECT FOR

NEET PG | INICET | FMGE | MBBS STUDENTS | INTERNS | SELF LEARNERS

Dr Shivam Mishra

Oil drop cataract	Galactosemia
Chalky white optic disc	Optic atrophy
Cupping of optic disc	Glaucoma
Papilledema	Raised intracranial pressure
Cotton wool spots	Diabetic retinopathy / Hypertensive retinopathy
Flame-shaped hemorrhages	Hypertensive retinopathy
Neovascularization of disc	Proliferative diabetic retinopathy
Bull's eye maculopathy	Chloroquine toxicity
Leukocoria (white pupillary reflex)	Retinoblastoma
Heterochromia iridis	Fuchs heterochromic iridocyclitis
Dendritic ulcer	Herpes simplex keratitis
Lens subluxation upward	Marfan syndrome
Lens subluxation downward	Homocystinuria
Lisch nodules	Neurofibromatosis type 1
Arcus senilis (before age 40)	Familial hypercholesterolemia
Leukocoria + strabismus	Retinoblastoma

TOP 10 MUST-KNOW: Ophthalmology

Top 10 Must-Know	
Buzzword	**Diagnosis**
Keratomalacia	Vitamin A deficiency (severe)
Leukocoria (white pupillary reflex)	Retinoblastoma
Cherry red spot on macula	Tay-Sachs disease
Band keratopathy	Hypercalcemia
Bull's eye maculopathy	Chloroquine toxicity
Heterochromia iridis	Fuchs heterochromic iridocyclitis
Lens subluxation downward	Homocystinuria
Marcus Gunn pupil (RAPD)	Optic neuritis
Kayser-Fleischer ring	Wilson disease
Bitot spots	Vitamin A deficiency

IF YOU SEE THIS → THINK THIS	
Cherry red spot on macula	**→ Tay-Sachs disease**
Marcus Gunn pupil (RAPD)	**→ Optic neuritis**
Kayser-Fleischer ring	**→ Wilson disease**
Bitot spots	**→ Vitamin A deficiency**
Keratomalacia	**→ Vitamin A deficiency (severe)**
Band keratopathy	**→ Hypercalcemia**
Sunflower cataract	**→ Wilson disease**
Oil drop cataract	**→ Galactosemia**
Chalky white optic disc	**→ Optic atrophy**

Livor mortis (hypostasis)	Postmortem gravitational blood pooling
Algor mortis	Postmortem cooling
Marbling	Decomposition sign
Adipocere (saponification)	Postmortem fat hydrolysis
Mummification	Postmortem desiccation
Hesitation cuts	Suicidal incised wounds
Defense wounds	Homicidal attack
Beveling of skull	Gunshot wound direction
Tattooing / stippling	Close range gunshot
Chaddi baniyan death	Custodial death (torture)
Diatom test positive	Ante-mortem drowning
Washerwoman hands/feet	Prolonged immersion in water
Cafe coronary	Death from choking during eating

TOP 10 MUST-KNOW: Forensic Medicine

Top 10 Must-Know	
Buzzword	**Diagnosis**
Cadaveric position of eyeball	Forensic: death sign
Rigor mortis	Postmortem muscular stiffening
Livor mortis (hypostasis)	Postmortem gravitational blood pooling
Algor mortis	Postmortem cooling
Marbling	Decomposition sign
Adipocere (saponification)	Postmortem fat hydrolysis
Mummification	Postmortem desiccation
Hesitation cuts	Suicidal incised wounds
Defense wounds	Homicidal attack
Beveling of skull	Gunshot wound direction

IF YOU SEE THIS → THINK THIS	
Cadaveric position of eyeball	**→ Forensic: death sign**
Rigor mortis	**→ Postmortem muscular stiffening**
Livor mortis (hypostasis)	**→ Postmortem gravitational blood pooling**
Algor mortis	**→ Postmortem cooling**
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Adipocere (saponification)	**→ Postmortem fat hydrolysis**
Mummification	**→ Postmortem desiccation**
Hesitation cuts	**→ Suicidal incised wounds**
Defense wounds	**→ Homicidal attack**
Beveling of skull	**→ Gunshot wound direction**

Keratan sulfaturia	Morquio syndrome (MPS IV)
Corkscrew hair	Scurvy (Vitamin C deficiency)
Rachitic rosary	Rickets
Dermatitis + diarrhea + dementia	Pellagra (Niacin deficiency)
Angular stomatitis + glossitis	Riboflavin (B2) deficiency
Peripheral neuropathy + cardiac failure	Beriberi (Thiamine deficiency)
Wernicke encephalopathy	Thiamine (B1) deficiency
Lesch-Nyhan syndrome	HGPRT deficiency
Tangier disease	ABCA1 transporter deficiency

TOP 10 MUST-KNOW: Biochemistry

Top 10 Must-Know	
Buzzword	**Diagnosis**
Angular stomatitis + glossitis	Riboflavin (B2) deficiency
Musty/mousy odor of urine	Phenylketonuria
Maple syrup odor of urine	Maple syrup urine disease
Sweaty feet odor	Isovaleric acidemia
Boiled cabbage odor	Tyrosinemia
Garrod tetrad	Alcaptonuria
Ochronosis	Alcaptonuria
Cystine crystals (hexagonal)	Cystinuria
Ferric chloride test positive	Phenylketonuria
Gaucher cells	Gaucher disease

IF YOU SEE THIS → THINK THIS	
Musty/mousy odor of urine	**→ Phenylketonuria**
Maple syrup odor of urine	**→ Maple syrup urine disease**
Sweaty feet odor	**→ Isovaleric acidemia**
Boiled cabbage odor	**→ Tyrosinemia**
Garrod tetrad	**→ Alcaptonuria**
Ochronosis	**→ Alcaptonuria**
Cystine crystals (hexagonal)	**→ Cystinuria**
Ferric chloride test positive	**→ Phenylketonuria**
Gaucher cells	**→ Gaucher disease**
Zebra bodies	**→ Niemann-Pick disease**

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MEDIORA
ONE
ONE PATH. LIMITLESS POSSIBILITIES.

THE ULTIMATE NEET PG IMAGE ATLAS

Rapid Image-Based Revision for NEET PG, INI-CET & FMGE

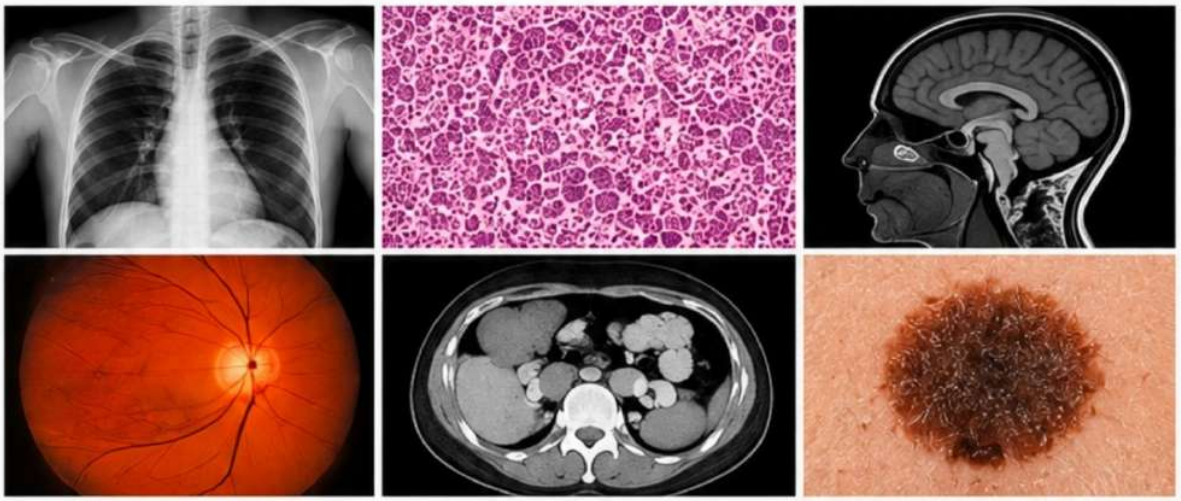


IMAGE IDENTIFICATION | HIGH-YIELD FACTS | PYQ PEARLS | MEMORY CUES | RAPID REVISION

Dr. Shivam Mishra

MEDICAL DOCTOR | AUTHOR | MEDICAL EDUCATOR

PEDIATRICS

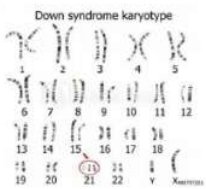
Down Syndrome (Trisomy 21)



1 Facial Phenotype



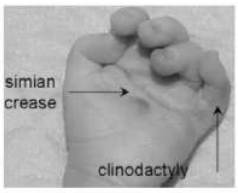
2 Clinical Features Diagram



3 Karyotype (Trisomy 21)



4 Sandal Gap Deformity



5 Simian Crease & Clinodactyly



6 Facial Phenotype (Infant)

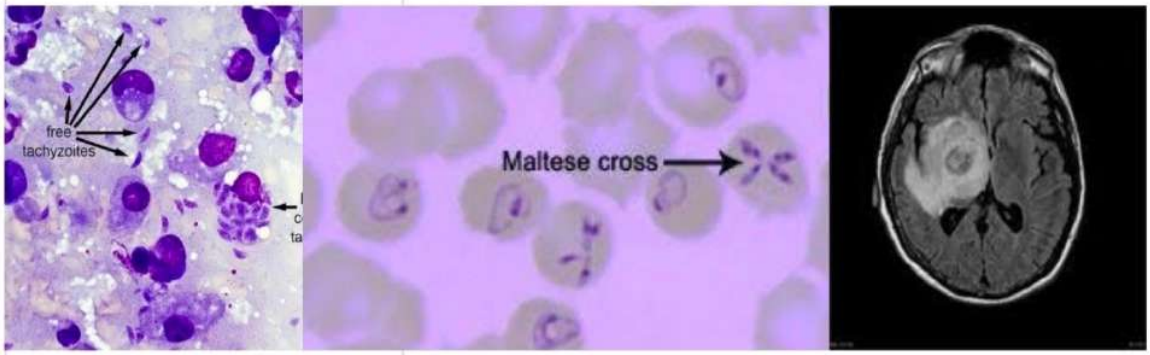
- Most common chromosomal disorder and most common cause of intellectual disability of genetic origin – due to **trisomy 21** (95% non-disjunction, 4% Robertsonian translocation, 1% mosaic).
- Facies: upslanting palpebral fissures, epicanthic folds, flat nasal bridge, small low-set ears, protruding tongue, Brushfield spots in the iris.
- Hands/feet: **simian (single palmar) crease**, **clinodactyly** of the 5th finger, and a wide **sandal gap** between the 1st and 2nd toes.
- Associated anomalies: **endocardial cushion defect (AV canal)** is the most common cardiac lesion, duodenal atresia ("double-bubble"), and hypothyroidism.
- Risk of maternal non-disjunction rises sharply with **advancing maternal age**; increased risk of leukemia (AML, especially transient myeloproliferative disorder) and early-onset Alzheimer's disease.
- Screening: first-trimester nuchal translucency + double/quadruple maternal serum markers; confirmed by karyotyping or NIPT.

NEET PEARL

★ **Endocardial cushion defect (AV canal) is the most common congenital heart lesion in Down Syndrome** – always screen with an echocardiogram at diagnosis.

MICROBIOLOGY

Toxoplasmosis & Babesiosis



1 Toxoplasma Tachyzoites 2 Babesia – Maltese Cross 3 Toxoplasma Encephalitis (MRI)

- **Toxoplasma gondii**: causes **Toxoplasmosis**, from ingestion of undercooked contaminated meat or cat faeces (oocysts).
- Tissue smears show crescent-shaped **free tachyzoites** and clusters within infected host cells.
- **Sabin-Feldman dye test** is a classic (now largely historical) serological test for toxoplasma antibodies.
- In HIV/AIDS patients, reactivation causes **Toxoplasma encephalitis**, showing multiple **ring-enhancing brain lesions** on MRI/CT.
- **Babesia microti**: causes **Babesiosis**, transmitted by Ixodes ticks – classically shows a **"Maltese cross"** tetrad arrangement of merozoites within RBCs.
- Babesiosis and Lyme disease share the same tick vector and can co-occur as a co-infection.

MOST COMMON

★ **Ring-enhancing brain lesions in an HIV/AIDS patient = Toxoplasma encephalitis** until proven otherwise – a very high-yield clinical correlate.

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YOUR LAST LAP TO SUCCESS

NEET PG FINAL REVISION BIBLE

#1 BESTSELLER ON AMAZON KINDLE IN MEDICAL ENTRANCE BOOKS CATEGORY



2000 High-Yield Facts, Tables & Rapid Recall Pearls

- HIGH-YIELD FACTS
- RAPID RECALL TABLES
- LAST-MINUTE PEARLS

19 SUBJECTS

- ANATOMY TO ANESTHESIA
- EXAM-ORIENTED
- QUICK REVISION
- EASY TO REMEMBER

2000 HIGH-YIELD FACTS FOR SMARTER REVISION

TOP 200 ABSOLUTE MUST-KNOW

Dr Shivam Mishra
Author & Compiler

#1 BESTSELLER ON AMAZON KINDLE IN MEDICAL ENTRANCE BOOKS CATEGORY

SECTION 03

BIOCHEMISTRY

FACTS 0263–0379

0263 **Glycolysis** → Phosphofructokinase-1

0264 **Gluconeogenesis** → Fructose-1,6-bisphosphatase

0265 **TCA cycle** → Isocitrate dehydrogenase

0266 **Glycogenesis** → Glycogen synthase

0267 **Glycogenolysis** → Glycogen phosphorylase

0268 **Cholesterol synthesis** → HMG-CoA reductase (statin target)

0269 **Fatty acid synthesis** → Acetyl-CoA carboxylase

0270 **Urea cycle** → Carbamoyl phosphate synthetase I

0271 **Heme synthesis** → ALA synthase

0272 **Pyrimidine** → Aspartate transcarbamoylase; Purine → PRPP amidotransferase

PATHWAY → RLE

PATHWAY	ENZYME
Glycolysis	PFK-1
TCA	Isocitrate DH
Cholesterol	HMG-CoA reductase
FA synthesis	Acetyl-CoA carboxylase
Urea	CPS-I
Heme	ALA synthase

0273 **Net ATP anaerobic glycolysis** → 2; aerobic glucose → 30-32

0274 **TCA per turn** → 3 NADH, 1 FADH2, 1 GTP

0275 **Only TCA enzyme in inner membrane** → Succinate dehydrogenase (complex II)

0276 **HMP shunt** → NADPH + ribose-5-P; key enzyme G6PD

0277 **Cyanide/CO inhibit** → Complex IV (cytochrome c oxidase)

0278 **Oligomycin** → Complex V (ATP synthase); rotenone → Complex I

0279 **Universal electron carriers** → NAD+, FAD; biosynthesis → NADPH

0280 **B1 thiamine deficiency** → Beri-beri, Wernicke-Korsakoff

0281 **B2 riboflavin** → Angular stomatitis, glossitis

0282 **B3 niacin** → Pellagra (3 Ds: dermatitis, diarrhoea, dementia)

0283 **B5 pantothenate** → Part of CoA

0284 **B6 pyridoxine** → Neuropathy (INH), sideroblastic anaemia, seizures

0285 **B7 biotin** → Dermatitis/alopecia (raw egg white avidin)

0286 **B9 folate** → Megaloblastic anaemia, neural tube defects

0287 **B12 cobalamin** → Megaloblastic + subacute combined degeneration

0288 **C ascorbate** → Scurvy (defective collagen hydroxylation)

0289 **A retinol** → Night blindness, Bitot spots, xerophthalmia

0290 **D** → Rickets/osteomalacia

0291 **E tocopherol** → Haemolysis, neuropathy

0292 **K** → Gamma-carboxylation of II, VII, IX, X, protein C/S

› RAPID RECALL

Fat soluble = A D E K (stored, can be toxic); rest water soluble

VITAMIN → DEFICIENCY

VITAMIN	DEFICIENCY
B1	Beri-beri/Wernicke
B3	Pellagra
B12	SACD
C	Scurvy
D	Rickets
A	Night blindness
K	Bleeding

0293 **Phenylketonuria** → Phenylalanine hydroxylase; musty odour, fair skin

0294 **Alkaptonuria** → Homogentisate oxidase; black urine, ochronosis

0295 **Maple syrup urine** → Branched-chain ketoacid dehydrogenase

0296 **Homocystinuria** → Cystathionine synthase; lens DOWN, thrombosis

0297 **Albinism** → Tyrosinase deficiency

0298 **Lens UP and out** → Marfan; DOWN and in → homocystinuria

0299 **Fructose intolerance** → Aldolase B

0300 **Galactosemia** → GALT deficiency (cataract)

0301 **Von Gierke (GSD I)** → Glucose-6-phosphatase

0302 **Pompe (GSD II)** → Acid maltase (cardiomegaly)

0303 **McArdle (GSD V)** → Muscle phosphorylase

0304 **Gaucher** → Glucocerebrosidase; crumpled-paper cells

0305 **Tay-Sachs** → Hexosaminidase A; cherry-red, NO hepatomegaly

0306 **Niemann-Pick** → Sphingomyelinase; cherry-red WITH hepatomegaly

0307 **Fabry** → Alpha-galactosidase A (X-linked, angiokeratoma)

0308 **Hurler** → Alpha-L-iduronidase; corneal clouding

0309 **Krabbe** → Galactocerebrosidase; globoid cells

› RAPID RECALL

Tay-Sachs No hepatomegaly; Niemann-Pick has hepatomegaly

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SECTION 04

drshivam_mediora

PATHOLOGY

FACTS 0380–0502

0380 **Coagulative necrosis** → MI, solid organ infarct

0381 **Liquefactive necrosis** → Brain infarct, abscess

0382 **Caseous necrosis** → Tuberculosis

0383 **Fat necrosis** → Pancreatitis, breast trauma

0384 **Fibrinoid necrosis** → Vasculitis, malignant hypertension

0385 **Apoptosis** → Cell shrinkage, no inflammation, caspase-mediated

0386 **Irreversible injury marker** → Membrane damage, Ca influx, mitochondrial densities

0387 **Dystrophic calcification** → Normal Ca, damaged tissue

0388 **Metastatic calcification** → High Ca, normal tissue

NECROSIS TYPE

TYPE	ASSOCIATION
Coagulative	MI
Liquefactive	Brain/abscess
Caseous	TB
Fat	Pancreatitis
Fibrinoid	Vasculitis

0389 **Acute inflammation cell** → Neutrophil; chronic → lymphocyte/macrophage

0390 **Vasodilation mediators** → Histamine, nitric oxide

0391 **Pain mediators** → Bradykinin, PGE2

0392 **Granuloma** → Epithelioid + giant cells; caseating=TB, non-caseating=sarcoid

0393 **Wound tensile strength max** → ~3 months (70-80%)

0394 **Granulation collagen** → Type III then replaced by type I

0395 **Labile cells** → Epithelium, marrow; permanent → neuron, cardiac muscle

0396 **Most mutated tumour suppressor** → p53

0397 **Two-hit hypothesis** → Retinoblastoma (Rb, chr 13)

0398 **Most common paraneoplastic** → Hypercalcemia (PTHrP, squamous lung CA)

0399 **SIADH paraneoplastic** → Small cell lung CA

0400 **Psammoma bodies** → Papillary thyroid, serous ovary, meningioma, mesothelioma

0401 **Grade** → Differentiation; Stage → spread (stage matters more)

Burkitt	t(8;14) c-myc
Follicular	t(14;18) bcl-2
Mantle	t(11;14) cyclin D1
Ewing	t(11;22)

TUMOUR MARKER

MARKER	TUMOUR
AFP	HCC, yolk sac
CEA	Colon
CA-125	Ovary
CA 19-9	Pancreas
PSA	Prostate
beta-hCG	Choriocarcinoma
Calcitonin	Medullary thyroid

0403 **Most common anaemia** → Iron deficiency (microcytic, low ferritin)

0404 **Anaemia of chronic disease** → Low iron, HIGH ferritin (hepcidin)

0405 **Megaloblastic** → Hypersegmented neutrophils, macro-ovalocytes

0406 **Hereditary spherocytosis** → Spectrin/ankyrin; raised osmotic fragility

0407 **Sickle cell** → Glu6Val beta globin; target cells, autosplenectomy

0408 **Beta thalassemia major** → Raised HbA2 & HbF; crew-cut skull

0409 **Howell-Jolly bodies** → Post-splenectomy

0410 **Auer rods** → AML (APL/M3 = t(15;17), ATRA)

0411 **Reed-Sternberg cell** → Hodgkin (CD15+ CD30+, owl-eye)

0412 **Smudge cells** → CLL; tear-drop → myelofibrosis

MICROCYTIC ANAEMIA

TYPE	CLUE
Iron deficiency	Low ferritin, high TIBC
Chronic disease	High ferritin, low TIBC
Thalassemia	Raised HbA2
Sideroblastic	Ringed sideroblasts

0413 **Anti-dsDNA & anti-Sm** → SLE specific

0414 **Anti-histone** → Drug-induced lupus

0415 **Anti-CCP** → Rheumatoid arthritis (specific)

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SECTION 06

MICROBIOLOGY

FACTS 0648–0767

0648 **Gram positive** → Thick peptidoglycan, teichoic acid

0649 **Gram negative** → LPS endotoxin, thin peptidoglycan

0650 **Catalase positive** → Staphylococcus

0651 **Coagulase positive** → Staph aureus

0652 **Optochin sensitive** → Pneumococcus

0653 **Bacitracin sensitive** → Strep pyogenes (Group A)

0654 **Most common meningitis (adult)** → Strep pneumoniae

0655 **Neonatal meningitis** → Group B Strep, E. coli, Listeria

0656 **Most common UTI** → E. coli

0657 **Swarming** → Proteus; green pyocyanin → Pseudomonas

TOXIN MECHANISM

ORGANISM	MECHANISM
Cholera/ETEC	Up cAMP
Diphtheria/Pseudomonas A	ADP-ribosylate EF-2
Tetanus	Block GABA/glycine (spastic)
Botulinum	Block ACh (flaccid)
Shiga	Inhibit 60S

RAPID RECALL

Tetanus spastic (blocks inhibition); Botulinum flaccid (blocks ACh)

0658 **TB stain** → Ziehl-Neelsen (acid fast); culture → Lowenstein-Jensen

0659 **Cord factor** → M. tuberculosis virulence

0660 **Lepromatous leprosy** → Many bacilli, Th2; tuberculoid → few, Th1

0661 **Rapid food poisoning** → Staph aureus, Bacillus cereus

0662 **Rice-water stools** → Vibrio cholerae

0663 **Rose spots** → Typhoid (Salmonella typhi)

0664 **Widal** → Typhoid; Weil-Felix → rickettsia

0665 **Bull-neck pseudomembrane** → Diphtheria

0666 **Gas gangrene** → Clostridium perfringens (alpha toxin)

0667 **Pseudomembranous colitis** → C. difficile (after antibiotics)

0668 **Currant-jelly sputum** → Klebsiella

SELECTIVE MEDIA

MEDIA	ORGANISM
TCBS	Vibrio
MacConkey	Enterics
LJ	TB
Thayer-Martin	Gonococcus
Loffler	Diphtheria

0669 **Negri bodies** → Rabies

0670 **Owl-eye inclusions** → CMV

0671 **Councilman bodies** → Yellow fever, hepatitis

0672 **Cowdry type A** → HSV, VZV

0673 **Dengue** → Aedes aegypti, flavivirus

0674 **Most common viral encephalitis** → HSV-1 (temporal lobe)

0675 **Oncogenic viruses** → HPV, EBV, HBV/HCV, HTLV-1, HHV-8

0676 **HIV** → Retrovirus, reverse transcriptase, CD4+CCR5

0677 **Most common OI in AIDS** → Pneumocystis (CD4<200)

INCLUSION BODY

INCLUSION	DISEASE
Negri	Rabies
Owl eye	CMV
Cowdry A	HSV/VZV
Councilman	Yellow fever
Guarnieri	Smallpox

0678 **India ink** → Cryptococcus (capsule)

0679 **Germ tube** → Candida albicans

0680 **Broad aseptate hyphae** → Mucor (diabetics/DKA)

0681 **Septate acute-angle** → Aspergillus

0682 **Banana gametocyte** → P. falciparum (cerebral malaria)

0683 **Hydatid cyst** → Echinococcus (dog host); don't aspirate

0684 **Neurocysticercosis** → Taenia solium

0685 **Anchovy-sauce pus** → Amoebic liver abscess (E. histolytica)

0686 **Most common helminth** → Ascaris; pinworm → perianal itch

0687 **Type I** → IgE (anaphylaxis); Type II → antibody cytotoxic

0688 **Type III** → immune complex (SLE); Type IV → delayed T cell (TB)

0689 **Most abundant Ig** → IgG; first in response → IgM

0690 **Crosses placenta** → IgG; mucosal → IgA; allergy → IgE

0691 **MHC I** → CD8 (all nucleated); MHC II → CD4 (APCs)

0692 **Live vaccines** → BCG, OPV, MMR, varicella, yellow fever, rotavirus

RAPID RECALL

Hypersensitivity ACID → I Allergy, II Cytotoxic, III Immune complex, IV Delayed

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COMPLETE EDITION

THE ULTIMATE

NEET PG MNEMONICS HANDBOOK

1000 High-Yield Mnemonics for Rapid Revision and Last-Minute Recall

1000	19	TOP 200	TOP 100	244
HIGH-YIELD MNEMONICS	CORE AREAS COVERED	FINAL 7-DAY REVISION	FINAL 24-HOUR REVISION	RAPID RECALL FACTS

Dr. Shivam Mishra

For NEET PG • INICET • FMGE

1. ANATOMY

55 high-yield mnemonics

Topic	Mnemonic	What It Helps You Remember
Cranial Nerves (names) ★★★★★	**On Old Olympus' Towering Tops, A Finn And German Viewed Some Hops**	CN I–XII in order: Olfactory, Optic, Oculomotor, Trochlear, Trigeminal, Abducens, Facial, Vestibulocochlear, Glossopharyngeal, Vagus, Accessory, Hypoglossal.
Cranial Nerves (S/M/B) ★★★★★	**Some Say Marry Money But My Brother Says Big Brains Matter Most**	Sensory/Motor/Both for CN I–XII: S S M M B M B S B B M M.
Carpal Bones ★★★★★	**She Looks Too Pretty, Try To Catch Her**	Proximal then distal row (lateral→medial): Scaphoid, Lunate, Triquetrum, Pisiform; Trapezium, Trapezoid, Capitate, Hamate.
External Carotid Branches ★★★★	**Some Anatomists Like Freaking Out Poor Medical Students**	Superior thyroid, Ascending pharyngeal, Lingual, Facial, Occipital, Posterior auricular, Maxillary, Superficial temporal.
Brachial Plexus Parts ★★★★★	**Randy Travis Drinks Cold Beer**	Roots → Trunks → Divisions → Cords → Branches.
Posterior Cord Branches ★★★★	**ULTRA**	Upper subscapular, Lower subscapular, Thoracodorsal, Radial, Axillary.
Rotator Cuff ★★★★★	**SITS**	Supraspinatus, Infraspinatus, Teres minor, Subscapularis. (Supraspinatus = most commonly torn.)
Median Nerve – Hand ★★★★★	**LOAF**	Median supplies Lateral 2 lumbricals, Opponens pollicis, Abductor pollicis brevis, Flexor pollicis brevis. All OTHER intrinsics = ulnar.
Extraocular Muscle Nerves ★★★★★	**LR6 SO4, rest 3**	Lateral Rectus = CN VI, Superior Oblique = CN IV, all remaining EOM = CN III.
Cavernous Sinus ★★★★	**O TOM CAT**	Lateral wall (top→down): Oculomotor III, Trochlear IV, Ophthalmic V1, Maxillary V2. Inside sinus: internal Carotid + Abducens VI.
Facial Nerve Branches ★★★★★	**To Zanzibar By Motor Car**	Extracranial branches: Temporal, Zygomatic, Buccal, Marginal mandibular, Cervical.
Behind Medial Malleolus ★★★★	**Tom, Dick And a Very Nervous Harry**	Anterior→posterior: Tibialis posterior, flexor Digitorum longus, posterior tibial Artery, Vein, tibial Nerve, flexor Hallucis longus.
Diaphragm Openings ★★★★★	**I ate ten eggs at twelve**	IVC (& right phrenic) at T8, oEsophagus (+ vagi) at T10, Aorta (+ thoracic duct, azygos) at T12.
Layers of Scalp ★★★★★	**SCALP**	Skin, dense Connective tissue, Aponeurosis (epicranial), Loose areolar tissue (danger layer),

3. BIOCHEMISTRY

44 high-yield mnemonics

Topic	Mnemonic	What It Helps You Remember
Fat-Soluble Vitamins ★★★★★	**ADEK**	Vitamins A, D, E, K are fat-soluble; stored in liver/fat; deficiency in fat malabsorption.
Essential Amino Acids ★★★★	**PVT TIM HALL**	Phenylalanine, Valine, Threonine, Tryptophan, Isoleucine, Methionine, Histidine, Arginine, Leucine, Lysine. (Arg/His = semi-essential.)
TCA Cycle Intermediates ★★★	**Citrate Is Krebs' Starting Substrate For Making Oxaloacetate**	Citrate, Isocitrate, α-Ketoglutarate, Succinyl-CoA, Succinate, Fumarate, Malate, Oxaloacetate.
Urea Cycle ★★★★	**Ordinarily Careless Crappers Are Also Frivolous About Urination**	Ornithine, Carbamoyl-P, Citrulline, Aspartate, Argininosuccinate, (Fumarate), Arginine, Urea. Rate-limiting: CPS-I (needs NAG).
Glycogen Storage Diseases ★★★★	**Very Poor Carbohydrate Metabolism**	Von Gierke I (G6Pase), Pompe II (acid maltase, heart), Cori III (debrancher), McArdle V (muscle phosphorylase).
Purines vs Pyrimidines ★★★★	**PURe As Gold; CUT the Py**	Purines = Adenine, Guanine (2 rings). Pyrimidines = Cytosine, Uracil, Thymine (1 ring).
Blotting Techniques ★★★★	**SNoW DRoP**	Southern = DNA, Northern = RNA, Western = Protein.
Stop Codons ★★★	**U Are Annoying, U Are Gone, U Go Away**	Stop codons UAA, UAG, UGA. Start codon = AUG (Methionine).
Glycolysis Rate-Limiter ★★★★	**PFK is the gatekeeper**	Phosphofructokinase-1 = rate-limiting step (activated by AMP/F2,6BP, inhibited by ATP/citrate).
Cholesterol Synthesis ★★★★	**Statins hit the Reductase**	HMG-CoA reductase = rate-limiting enzyme of cholesterol synthesis; target of statins.
Lipoproteins ★★★	**LDL Bad, HDL Healthy**	Chylomicron = dietary TG; VLDL = endogenous TG; LDL = cholesterol to tissues (bad); HDL = reverse transport (good).
G6PD Deficiency ★★★★	**Heinz & Bite**	X-linked; haemolysis with Heinz bodies + bite cells. Triggers: primaquine, sulfa, fava beans, infection. HMP shunt → ↓NADPH.
Pellagra (B3) ★★★★	**3 Ds**	Niacin deficiency → Dermatitis, Diarrhoea, Dementia (± Death). Maize diet, Hartnup, carcinoid, isoniazid.
B12 vs Folate ★★★★★	**B12 = Brain too**	Both cause megaloblastic anaemia + ↑homocysteine. B12 deficiency adds neuro signs + ↑methylmalonic acid. Folate = no neuro, normal MMA.
Lesch–Nyhan	**He's Got Purine Recovery Trouble**	HGPRT deficiency, X-linked →

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CLINICAL CLINCHERS

A RAPID-REVISION HANDBOOK FOR POSTGRADUATE MEDICAL ENTRANCE

DR SHIVAM MISHRA

3,931 CLINCHERS | **20** SUBJECTS | **RAPID RECALL** TABLES | **EXAM** PEARLS

2026 EDITION



HIGH-YIELD • RAPID RECALL • EXAM FOCUSED

VISUAL PATHWAYS

#	Clinical Scenario	Diagnosis / Action
86	Elderly male with facial numbness and jaw weakness	**Mandibular nerve (V3) lesion**
87	Lesion in internal capsule with pure motor hemiplegia	**Corticospinal tract**
88	Contralateral hemianopia with macular sparing	**Occipital cortex lesion**
89	Hemianopia with pupillary reflex loss	**Optic tract lesion**
90	Visual field defect respecting vertical meridian	**Lesion posterior to optic chiasm**
91	Patient has superior quadrantanopia	**Meyer's loop lesion (temporal lobe)**
92	Inferior quadrantanopia	**Parietal lobe lesion**
93	Monocular vision loss	**Optic nerve lesion**
94	Bilateral temporal hemianopia	**Optic chiasma compression (pituitary tumor)**
95	Homonymous hemianopia	**Optic tract or occipital cortex lesion**
96	Young man with neck trauma and loss of pain and temperature bilaterally	**Central cord syndrome**
97	Loss of vibration and proprioception in lower limbs	**Posterior column involvement**
98	Motor loss on one side, sensory loss on opposite	**Brown-Séquard syndrome**
99	Sudden flaccid paralysis with areflexia	**Anterior horn cell lesion**

#	Clinical Scenario	Diagnosis / Action
	diarrhea and pseudomembranes on colonoscopy.	
88	Kid on valproate for seizures becomes drowsy and has elevated ammonia.	Hyperammonemia
89	Patient on propranolol for tremors presents with cold extremities and fatigue.	Beta-blocker side effect
90	Asthmatic given propranolol develops wheezing and breathlessness.	Beta-blocker-induced bronchospasm
91	Child with ALL on doxorubicin develops dyspnea and cardiomegaly.	Doxorubicin-induced cardiomyopathy
92	Patient on isoniazid develops seizures without fever. → Suspect: Pyridoxine deficiency	induced neurotoxicity
93	Patient on methotrexate for RA develops dry cough and infiltrates on X- ray.	Methotrexate-induced pneumonitis
94	Patient on enalapril develops angioedema. → Suspect: ACE inhibitor	induced bradykinin effect
95	Man on chlorpromazine develops upward eye deviation and torticollis.	Acute dystonia (extrapyramidal side effect)
96	Patient on desmopressin develops headache and hyponatremia.	SIADH
97	Child with ADHD started on methylphenidate develops insomnia and decreased appetite.	Stimulant side effects
98	Patient on fluoroquinolone and warfarin develops bruising and elevated INR.	CYP450 interaction
99	Patient on ketoconazole for fungal infection develops gynecomastia.	Ketoconazole-induced steroid synthesis inhibition

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ONE PATH. LIMITLESS POSSIBILITIES.

EXAM SIMULATION MATTERS

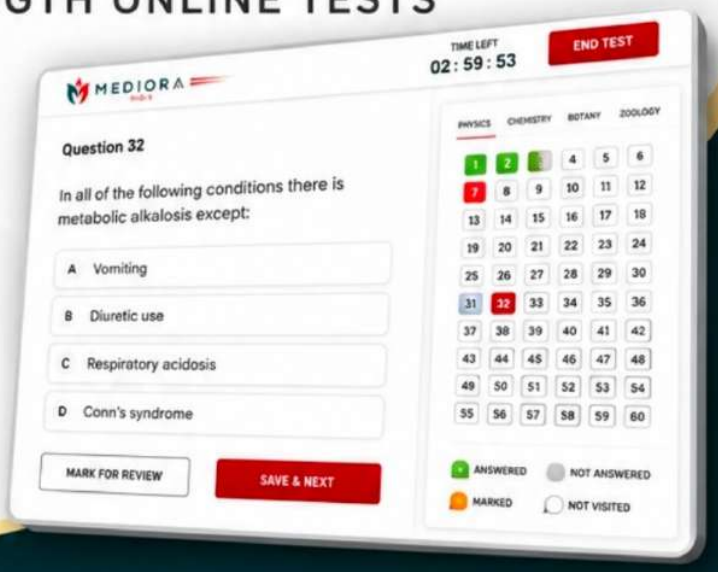
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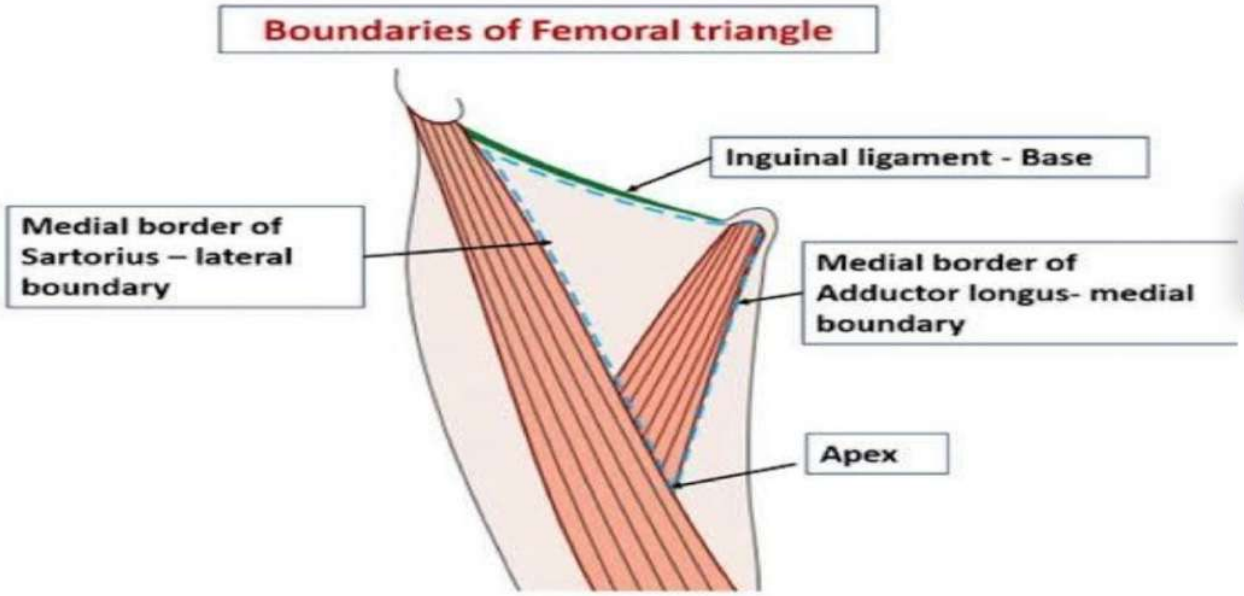
TEST. ANALYSE. REVISE. IMPROVE.

PREPARE BETTER. PERFORM BETTER.

Marks for correct response: 4.00
Negative marking: 1.00

Question No. 23

While performing a femoral arterial puncture, a physician identifies the femoral pulse just below the inguinal ligament, in the region shown in the image below. Which of the following structures lies immediately medial to the femoral artery within the femoral sheath?



- ○ Femoral nerve
- ○ Femoral canal containing lymphatics

Previous | Clear | Mark for Review & Next

Save & Next | Submit

Marks for correct response: 4.00
Negative marking: 1.00

Question No. 18

A 35-year-old man presents with well-demarcated, erythematous plaques with silvery-white scales over the extensor surfaces of both knees and elbows. Gentle scraping of the scale reveals the finding shown in the image below. What is this clinical sign called?



- ○ Nikolsky sign
- ○ Auspitz sign
- ○ Darier sign
- ○ Koebner phenomenon

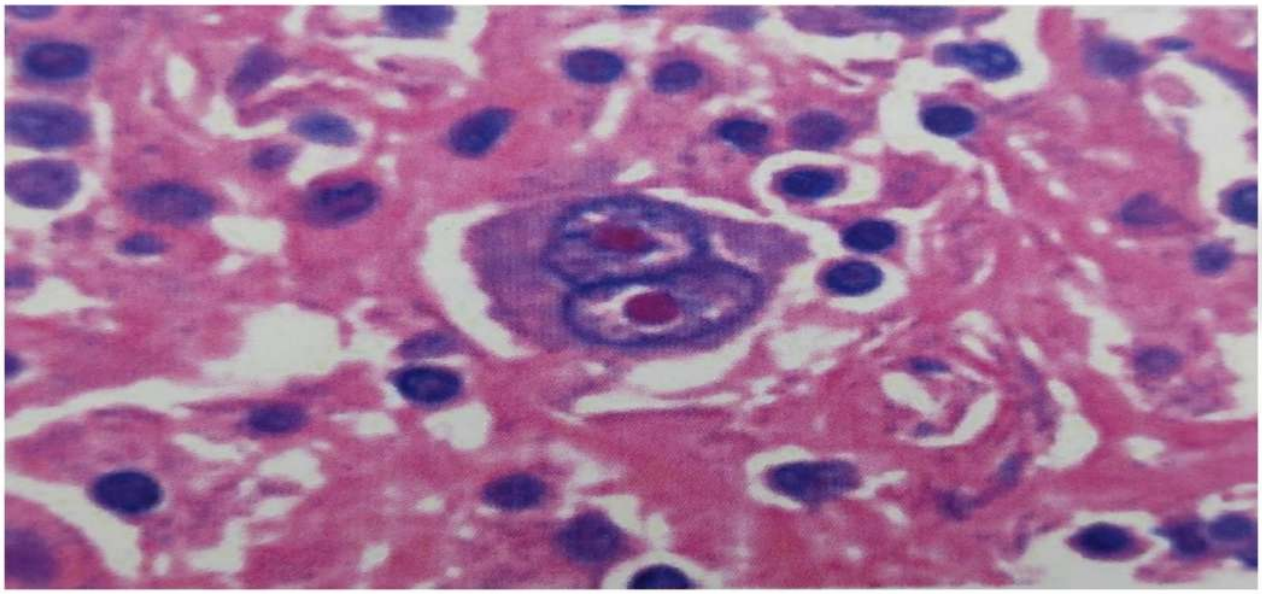
SECTION 1 | Question Paper | Report Error

Time left : **00:41:37**

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Question No. 6

A 24-year-old man presents with a painless, non-tender cervical lymph node swelling for 2 months, associated with intermittent fever and drenching night sweats. Lymph node biopsy shows the cell seen in the image below, in a background of lymphocytes and eosinophils. Which cell is diagnostic of this condition?



- ○ Sezary cell
- ○ Anitschkow cell
- ○ Reed-Sternberg cell

Previous | **Clear** | **Mark for Review & Next**

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EDITION 2 • DEEPENED

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  EXAM FAVORITES • CONFUSERS
  RECALL • TWIST
- **SUBJECT-WISE PRIORITY**
  TIER 1 TO TIER 5
- **TOP 100 HIGHEST-ROI TOPICS**
  MAXIMUM MARKS. MAXIMUM IMPACT.
- **DANGEROUS CONFUSERS**
  NEVER MIX THEM AGAIN
- **FINAL 7-DAY & 24-HOUR PLAN**
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EXAM-FOCUSED HIGH-YIELD CONTENT | SAVE TIME STUDY SMART | SCORE HIGH STAY AHEAD | RIGHT TOPICS RIGHT PRIORITY

18. RADIOLOGY

Radiology = classic sign recognition + modality logic.

Subject Scorecard

METRIC	RADIOLOGY
Yield rank	18 / 19
% of exam weight	~3–4%
Tier 1 topics	6
Repeat themes	Classic signs • Modality • Contrast safety
Strongest confusers	Steeple vs thumbprint • Bird beak vs apple core
Highest ROI cluster	Classic signs
Deprioritize	Physics minutiae
NEET PG vs INI-CET	Image recognition heavy

Tier 1 — Must Know

CLASSIC RADIOLOGY SIGNS ▸ TIER 1 — MUST KNOW

WHY IT MATTERS

Image-based questions test pattern recall.

MUST REMEMBER

- Boot heart = TOF; egg on string = TGA; snowman = TAPVC.
- Double bubble = duodenal atresia; coffee bean = sigmoid volvulus.
- Bird beak = achalasia; apple core = colon Ca; string sign = pyloric stenosis.
- Codman + sunburst = osteosarcoma; onion skin = Ewing; soap bubble = GCT.
- Hair on end = thalassaemia; pepper-pot skull = MM; salt and pepper = hyperPTH.
- Steeple = croup; thumbprint = epiglottitis.
- Honeycomb = UIP; eggshell = silicosis; bat wing = pulmonary edema.
- Hampton hump + Westermark = PE.
- Bamboo spine = AS; pencil-in-cup = psoriatic.

ONE-LINE RECALL: *Sign-to-diagnosis matching wins points.*

LIKELY EXAM TWIST: Boot vs egg vs snowman — cyanotic CHD trio.

MODALITY SELECTION ▸ TIER 1 — MUST KNOW

MUST REMEMBER

- USG: gallstones + appendicitis (kids/pregnancy) + DVT + pregnancy.
- CT: trauma + acute abdomen + stroke (rule out bleed) + PE.
- MRI: neurology + MSK + pregnancy (if needed) + pelvis.
- Nuclear: bone scan + MIBG + V/Q scan.
- Avoid contrast in renal failure + pregnancy + allergy.

ONE-LINE RECALL: *PE → CTPA; stroke → non-contrast CT first; aortic dissection → CTA.*

LIKELY EXAM TWIST: Pregnant + suspected PE → V/Q scan preferred (lower fetal dose).

ONE-LINE RECALL: *Buy AT 30; CCEL at 50.*

LIKELY EXAM TWIST: Cellulitis + MRSA risk → vancomycin (or linezolid for osteo).

ANTIDOTES & REVERSAL ▸ TIER 1 — MUST KNOW

WHY IT MATTERS

Antidote pairing is asked verbatim every cycle.

MUST REMEMBER

- Paracetamol → N-acetylcysteine.
- Opioid → naloxone.
- Benzo → flumazenil.
- Warfarin → Vit K + PCC/FFP.
- Heparin → protamine.
- Dabigatran → idarucizumab.
- Apixaban/Rivaroxaban → andexanet alfa.
- Digoxin → digoxin-specific Fab.
- β-blocker → glucagon.
- CCB → calcium + insulin-glucose + glucagon.
- Methanol/ethylene glycol → fomepizole + folate/pyridoxine.
- Cyanide → hydroxocobalamin OR nitrite + thiosulfate.
- Methemoglobinemia → methylene blue (G6PD CI).
- Organophosphate → atropine + pralidoxime.
- Iron → deferoxamine.
- Lead → succimer/EDTA.
- Arsenic/Mercury → DMSA / dimercaprol.
- Copper → penicillamine.
- TCA OD → sodium bicarbonate.
- MH → dantrolene.
- NMS → dantrolene + bromocriptine.
- Serotonin → cyproheptadine.
- LA toxicity → 20% intralipid.
- Rocuronium → sugammadex.

ONE-LINE RECALL: *Memorize antidote pairs as one-line drill cards.*

LIKELY EXAM TWIST: TCA + wide QRS → sodium bicarbonate (not flumazenil).

CARDIOVASCULAR DRUGS ▸ TIER 1 — MUST KNOW

WHY IT MATTERS

CV drug side-effect + dose-titration scenarios are recurrent.

MUST REMEMBER

- ACEi: cough + hyperkalemia + angioedema + teratogenic; avoid pregnancy + bilateral RAS.
- ARB: no cough; same renal risks.
- β-blockers: bradycardia + bronchospasm + masked hypoglycaemia; carvedilol = α+β.
- CCB non-DHP (verapamil, diltiazem): rate + AV block.
- CCB DHP (amlodipine, nifedipine): BP + reflex tachycardia + peripheral edema.
- Thiazides: hypoNa + hypoK + hyperCa + hyperuricaemia + hyperglycaemia + hyperlipidaemia.
- Loops: hypoK + hypoMg + hypoCa + hyperuricaemia + ototoxic.
- Spironolactone: gynaecomastia + hyperkalemia.
- Statins: myopathy + ↑LFT; rhabdo with fibrates/macrolides.
- Antiplatelets: aspirin COX-1 irreversible; clopidogrel P2Y12; ticagrelor (dyspnoea); prasugrel (avoid prior stroke).

- **Methanol vs ethylene glycol →** Methanol → blindness, putaminal hemorrhage; ethylene glycol → calcium oxalate crystals + renal failure.
- **Type 1 vs Type 4 RTA →** Both distal-related; Type 1 has hypoK + stones; Type 4 has hyperK + DM.
- **Lactic vs ketoacidosis →** Lactic: ↑lactate, sepsis/metformin; ketoacidosis: ketones + DKA or alcoholic/starvation.

ONE-LINE RECALL: *Low pH + high anion gap + high osmolar gap = toxic alcohol until proven otherwise.*

LIKELY EXAM TWIST: Examiner gives ABG without pH — calculate it from HCO_3 and $PaCO_2$ using Henderson–Hasselbalch.

DIABETES — DIAGNOSIS & DRUGS ▸ TIER 1 — MUST KNOW

WHY IT MATTERS

Diabetes drug questions are inevitable; one card covers diagnosis, target setting, and 6 drug classes with traps.

MUST REMEMBER

- Diagnosis: FPG ≥126, 2-h OGTT ≥200, HbA1c ≥6.5%, random ≥200 + symptoms.
- Prediabetes: FPG 100–125, HbA1c 5.7–6.4%, OGTT 140–199.
- Target HbA1c <7% general; <8% elderly/comorbid; <6.5% pregnancy planning.
- Metformin first-line; contraindicated eGFR <30; long-term → B12 deficiency.
- SGLT2 inhibitors (empa, dapa, cana): CV/HFrEF/CKD benefit; risks: euglycaemic DKA, Fournier's gangrene, genital infection.
- GLP-1 agonists (semaglutide, liraglutide): weight loss + MACE benefit; risks: pancreatitis, gastroparesis, MTC contraindication.
- Pioglitazone: PPAR-γ; bladder Ca + HF + fractures + fluid retention; helps NASH.
- DPP-4 inhibitors (sitagliptin): pancreatitis risk; weight neutral.
- Sulfonylureas: weight gain + hypoglycaemia; avoid glibenclamide in elderly.
- Insulin types: rapid (lispro/aspart), short (regular), intermediate (NPH), long (glargine/detemir/degludec).

EXAM FAVORITES

- T2DM + HFrEF/CKD → SGLT2 inhibitor first add-on after metformin.
- T2DM + obesity → GLP-1 preferred.
- Insulin DOC in pregnancy; metformin acceptable.
- Hold SGLT2 inhibitors 3 days pre-op to prevent euglycaemic DKA.
- DKA management: fluid → insulin (after K ≥3.3) → K replacement → bicarbonate if pH <6.9.
- Sick-day rule: increase glucose monitoring, never stop insulin in T1DM.

HIGH-YIELD CONFUSERS

- **DKA vs HHS →** DKA: ketones+, pH<7.3, T1, younger. HHS: glucose>600, osm>320, T2, elderly, minimal ketones.
- **MODY →** AD, young, lean, no autoantibodies; HNF1A subtype sulfonylurea-responsive.
- **LADA →** Slow-onset autoimmune T1; adult; anti-GAD+; fails OHAs.
- **Metformin vs SU hypoglycaemia →** Metformin alone almost never hypoglycaemic; SU very commonly.

ONE-LINE RECALL: *SGLT2 saves the heart and kidney; GLP-1 trims the waist; metformin still the bedrock.*

LIKELY EXAM TWIST: Post-op patient on SGLT2 + euglycaemic DKA — ABG, ketones, stop drug; don't be fooled by normal glucose.

HEART FAILURE ▸ TIER 1 — MUST KNOW

WHY IT MATTERS

HFrEF four-pillar therapy is the most-tested cardiology fact in the last 3 cycles.

MUST REMEMBER

- HFrEF (EF ≤40%) — 4 pillars: ARNI/ACEi + β-blocker + MRA + SGLT2 inhibitor.
- HFpEF (EF ≥50%) — SGLT2 inhibitor first; manage HTN/AF aggressively.
- BNP <100 rules out HF; >400 confirms.

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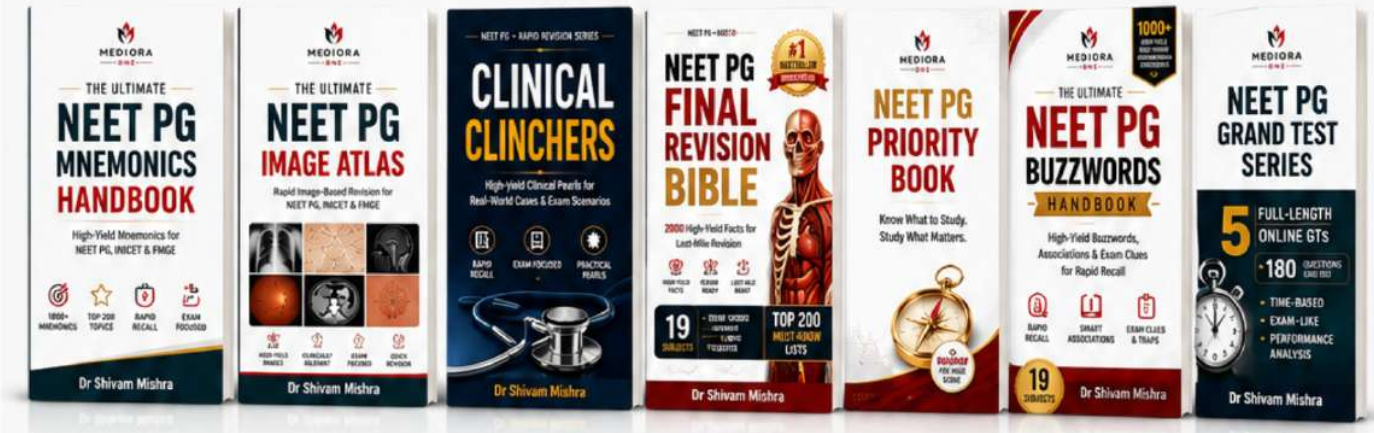
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