

- MCH ↓
- MCHC ↓
- Serum Iron level ↓
- TIBC ↑
- Serum ferritin ↓
- Transferrin recp ↑
- Hypochromatic
- Microcytic

malabs intake
↑ require

Vit B12 Def

iron acid

Ch. BL → Hemous cell cancer

Azra Naheed Medical College

Hematopoietic System (31 Jan 2019)

(MBBS. 4th Year)

(Pathology-Subjective Part)

Time Allowed: 60 min

Total Marks: 30

Obtained Marks: _____

Q1-A 20 year old female comes to the hospital with the complaints of weakness, lethargy & shortness of breath on exertion

On examination:

Pallor +, Pulse 100/min, Bp 100/80mmHg

Hb 10g/dl TLC 4000/mm³ plt 200,000/mm³

MCV 65fl MCH 30

1. What is the diagnosis?

2. What is the diagnostic approach to this condition?

3. What are the causes of this condition?

① Microcytic A, MCV < 80

② Macrocytic A, MCV > 100

③ Normocytic A, MCV 80-100

macro eg: megaloblastic Anemia

micro eg: Iron def. 01 Anemia

normocytic eg: Anemia of chronic disease 02

Q2 a 40 years old female comes to the hospital with the complaints of numbness in the right hand & tingling sensations in the finger. She is purely vegetarian for 2 years.

Lab investigations show:

Hb 11g/dl, MCV 110fl, TLC 5000/mm³

1. What is the diagnosis?

2. What are the causes of this condition?

3. What investigation needs to be done?

→ CBC → RBC

→ MCV

→ Reticulocytes conc. 01

→ serum iron conc. 02

→ Folic acid conc. 02

→ Vit B12 conc.

megalo.

Q3 A mother brings a one year old baby boy to the hospital. She complains of poor feeding irritability, & weakness.

ON EXAMINATION: PALLOR + BOSSING OF SKULL

HB 4G/DL MCV 45FL

SERUM IRON NORMAL

SERUM FERRITIN NORMAL

1. What is the diagnosis?

2. What is the confirmatory test? Hb electrophoresis / DNA analysis

3. What happens to Total Iron binding capacity (TIBC)? normal

ather Biopsy

X Ray

02

01

02

• Hb ↓
• RBC ↓
• Tear also
• RDW ↑

Q4 A 38 year old man presents with a few tender, rubbery lymph cervical lymph node limited to the neck.

1. What is the appropriate investigation to perform after a full physical exam?

2. What is the clinical difference between Hodgkin & non Hodgkin lymphoma?

3. What are the morphological features of the hallmark cells seen on biopsy?

01

03

01

RS cells

Reed Sternberg cell

↓

large cell

multiple nuclei

single large lobulated nuclei

Q15- A 12 years old girl comes to emergency with the complaint of severe pain in the back & abdomen. He also c/o of excessive fatigue & repeated infections

On examination: leg ulcer & leg tenderness

Labs show: Hb low MCV normal MCH normal. Peripheral picture shows abnormal cells which look like spindles
sickle cell anemia

1. What is the diagnosis? 01
2. What are the causes? *G6PD replaced by Valine on chr. 6 → point mutation* 02
3. Classify hemolytic anemias. 02

Q16- A 60yrs old female presents with bone pain & generalized weakness. On investigation she has hypercalcemia & also features of renal failure. Protein electrophoresis shows monoclonal immunoglobulin spike (M protein) Urinalysis shows Ig light chains (Bence Jones protein)

What is the diagnosis? *multiple myeloma*

What can be probable radiological findings? →

What is the particular cell seen on the biopsy & its morphological feature?

- 01 *① Punched out lesion*
- 02 *→ skull spine Pelvis*
- 02 *③ Osteopenia*
- ③ Plasmacytoma*
- ① Schistocytosis*

Anemia of chronic disease

- *plasmablast* → *vesicular nuclear chromatin*
- multinuc.* *prom. single nucleolus*
- prom. nucleolus* *bizarre - multi-nuc. cells.*
- Flame cells*
- Mott cells*
- Dutcher bodies*
- Russel bodies*

such as
retic (MCV < 80)
spherocytic (MCV 80-100)

