

THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS

ANNUAL EXAMINATION 2016

Medicine - II

(SC03)

Annual - 2016

M2 Roll No. 12170

Allowed: 2 hours

Total Marks: 45

Instructions

- 1. All parts to be completed within 2 hours, extra time will not be given.
- 2. Questions carry equal marks, i.e. 5 marks each.
- 3. Good handwriting, use of orange and marker for headings will increase the presentation of your paper.
- 4. Do not write your name or do not use your identity in anyway.

A 31 years old gentleman came in Psychiatry clinic for anxiety symptoms. He has shortness of breath, chocking sensation, tremors, fear of dying and this occurs especially in closed space. This occurs in episodes, which lasts only for 15 minutes and subsides on its own.

Psychological assessment  
ECG  
Complete physical exam

- Write probable/working diagnosis? Panic disorder 798
- Write management (BIO-PSYCHO-SOCIAL investigations and treatment)?

Panic disorder  
Anx  
Rsy

A 45 years old man presents to OPD with 2 years history of tiredness and fatigue. On examination, he looks pale. Hb 160/95. Serum creatinine is 6 mg/dl and blood urea 100 mg/dl. A diagnosis of chronic kidney disease (CKD) is made.

Renal

- Define chronic kidney disease 441
- What is the most likely mechanism for anemia in CKD? 447
- Write three complications of CKD 447

Antihypertensives  
eGFR < 60 ml/min  
Serum creatinine 1mg/dl  
evidence of kidney disease > 3m

Write a comprehensive note on "Apre", with special emphasis on etiology, pathophysiology, types and general & specific measures of treatment.

D-1242 + Spides

A 30 years old female from a village, presented in the medical out-patients department with 6 months history of gradually worsening generalized weakness, breathlessness and palpitations on exertion, lethargy and feeling of being unwell. No history of nausea, vomiting or other gastrointestinal complaints. Menstrual cycle is normal with no gynecological complaints. She gives history of passing worms in stools recently, three times in last week. On examination, she is pale, not cyanosed or jaundiced. Pulse is 104/minute regular, blood pressure is 110/70 mmHg, afebrile and respiratory rate 20/min. rest of the examination is un-remarkable.

Blood

- What is the most probable diagnosis? Iron deficiency anemia
- What may be the cause? 9-553
- Discuss the investigations and the possible findings you may see in favor of your diagnosis. 9-553

elderly's cause  
oral iron 325 mg b-25 times

Hb ↓  
Hematocrit ↓  
MCV ↓  
Ferritin ↓  
Low serum iron ↓  
PFB ↓  
Respiratory ↑  
Small oval shape cell  
Low iron saturation

- Diabetes

Endo

A 30 years old female presented with recently diagnosed diabetes mellitus. Her blood sugar random is 360mg/dl, HbA1c is 10.5%. How will you manage this patient? Describe the general and specific measures, with names, doses and important adverse effects of medicines if you think are needed.

9-472

Blood

IIP

A 24 years old female presented with one month history of purpuric spots over the limbs. A new purpuric spot usually appears every third or fourth day, stays for 7-10 days and then disappears. She also started having bleeding from gums after brushing her teeth in the morning recently. She is 32 weeks pregnant. On investigations her hemoglobin is 10.5 gm/dl and platelet count is 15000/mm<sup>3</sup>. Rest of the investigations are un-remarkable.

- a) What is the most probable diagnosis? ITP
- b) How will you confirm your diagnosis? Discuss briefly. 9-599
- c) What will be your short and long term treatment plans? 9-599 586

Rheumatology

7.

An 18 years old girl was brought in Medical out-patients department with complaint of severe arthralgia and arthritis, involving multiple large and small joints bilaterally for last more than one year. She also complains of photosensitivity and there are also repeated episodes of oral ulcerations and rash on the face. The available record shows ESR 42 mm 1<sup>st</sup> hour. Increased C-reactive proteins, Hemoglobin is 10.0 gm/dl. Total & differential white blood cell count are normal. Serum antinuclear factor was positive.

- a) What is the most probable diagnosis? SLE
- b) What further investigations you would advise? Just enumerate. 9-617
- c) Discuss the management plan. 9-619

Renal

A 23 years old male was given ampicillin for upper respiratory tract infection which he took for 7 days. At the end of the course he returns to GP with increasing fatigue and tiredness. He is passing normal amount of urine. Examination: diffuse rash over abdomen and groin. BP 145/95. Investigations. Creatinine 1.9 mg/dl. Urine shows few eosinophilic casts, protein 1+

Acute glomerulonephritis

Acute tubular necrosis

Acute pyelonephritis

- a) What is the diagnosis? ATN
- b) What is the most likely underlying cause? Drug induced
- c) Write two differential diagnosis ATN, AGN, APyeloephritis
- d) Name two drugs which cause similar picture? NSAIDs, Penicillins, sulfonamide
- e) How will you treat this patient? 9-439

Acute interstitial nephritis

Drug induced

ATN, AGN, APyeloephritis

NSAIDs, Penicillins, sulfonamide

Endo

A 52 years old male presented in medical out-patients department with history of gross weight loss, heat intolerance, fatigue, cachexia, and diarrhea. The pulse rate is 110/minute regular, blood pressure is 125/90 mmHg. Oral temperature is 99°F. The eyes are protuberant and there are fine tremors of hands. A hard nodular swelling of thyroid gland is noted.

Graves disease.

- a) What is the most probable diagnosis? Graves disease
- b) Write down the investigations and treatment plan. 9-531

CBC eosophilic  
urine → albuminuria  
w/ld he maturing  
w/ld proteinuria  
w/ld thyroid enlarge  
BUN ↑  
creatinine ↑  
hypertension

Galium scan  
kidney biopsy

BH  
TB ↑  
multiplying tubercle  
TB reactivation  
at chest  
met PPD test +ve  
Reading to be  
seen

21941051 @ 7c



THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS

SUPPLEMENTARY EXAMINATION 2016

Medicine-II

SEOs

supply - 2016

Total Marks: 45

Roll No. 22158

M21 supply

1. Emotional experience  
2. Sadness  
loss  
passing...  
major depression

Time Allowed: 2 hours

Instructions

- All MCQs are to be attempted on the paper and returned to the invigilator within 2 hours after receiving the question paper.
- Any cuttings or overwriting in answering the objective part will not be accepted and no marks will be given even if the answer is correct.
- Write your Roll No. only on the perforated portion of the title page.
- Do not write your name or disclose your identity in anyway.

1. Research has shown that Depressive disorder is more prevalent in women across the globe. In your opinion what possible socio-cultural factors exist in Pakistan that predispose women for developing depressive disorder? 5

A 36 years old female presented with pallor, puffiness of the eye lids and edema of the lower limbs. Her BP was 180/100 mmHg. Investigations revealed a 24 hours urinary protein of 8 gm/dl, 2-3 RBCs in urine, serum creatinine of 1mg/dl, and her complement levels were normal. ANA and anti DNA were negative.

- What is the likely diagnosis? Nephrotic syndrome 4/3
- What other investigations would you do? (laboratory and procedure) 2-9-48
- How would you treat her? M-101

A 25 years old female patient presented with increased sleep, weight gain, constipation, pedal edema, and hoarseness of voice for last 3 to 4 months. She also complains of palpitations.

- What is the most likely diagnosis? Hashimoto's thyroiditis 2
- How will you investigate this patient? 9-527 2
- Devise a management plan. 9-526

A 70 years old man with longstanding diabetes who is recently diagnosed of having hypertension and hyperlipidemia, was found unconscious in his bed in the morning.

- Discuss the possible causes and investigations for this patient in detail. 2

DKA

5. A young man of 22 years age had a serious road traffic accident with multiple injuries and serious blood loss. He needs blood transfusion.

- Discuss the transfusion plan, with special emphasis on requirements, precautions, complications etc. in the meantime if the blood is not available immediately what are the short time options. 3

M351  
9-481

3  
+

2  
D-930

renal

~ Prolithostone  
Control B-P + Transplant

A 22 years old male develops respiratory tract infection. One day later he notices blood in urine. On examination, he is euvolumic. Blood pressure is 145/90mmHg. Serum creatinine is 1.0 mg/dl. Urine analysis shows protein 1+ and blood 2+ in it.

IgA nephropathy

IgA Nephropathy

- a) What is the most likely diagnosis? *M-98*
- b) Give one differential diagnosis: *Wegener's granulomatosis* *Wegener's granulomatosis*
- c) What other investigations you will perform? *renal Biopsy, serum IgA, serum complement*

nach Schonlein  
Erythema  
428

A 25 years old male patient presented with severe gross pallor and features of severe anemia developed within one month. He also complained of recurrent infections and purpuric spots, along with occasional gum bleeding.

- a) What is the most likely diagnosis and 03 important differential diagnoses? *ITP*
- b) How will you investigate? *9-587*
- c) Can this condition be because of some medicines? If yes name a few important. *2*

ITP

Anticoagulants (heparin)  
Antiseizures (Valproate)

A 20 years old smart man presents with complaint of backache for almost a year. Initially it was mainly in lower back but now has almost extended to the whole spine. Pain also radiates to both hips and back of the thighs. Pain gets aggravated with prolonged rest and inactivity. He feels his spine is very stiff and now even it is difficult to take deep breaths by chest expansion. He feels extremely fatigued. He had two attacks of conjunctivitis in last two months.

- a) What is the most probable diagnosis? *Ankylosing Spondylitis*
- b) Which two physical signs you will like to look for? *9-613*
- c) Enlist the investigations. *9-613 spine x-Ray*
- d) Enlist the treatment options. *NSIDS, anti-TNF therap.*

matology

612

A 50 years old male presented with intense pruritus and multiple papules on his trunk, limbs, external genitalia and the hands, there are also excoriations on his back. His wife and kids have also similar type of lesions.

- a) What is the diagnosis? *1*
- b) What is the name of causative organism? *2*
- c) What is the treatment and principles of treatment? *2*

Scabies

754

051 1076

M2

(3)

Annual - 2017

M2



THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS

ANNUAL EXAMINATION 2017

MEDICINE-I

(SEQ's)

Roll No. -----

Time Allowed: 2 hours

Total Marks: 45

Instructions

- The SEQ's part is to be submitted within 2 hours. Extra time will not be given.
- Neat Hand Writing use margin and marker for headlines will increase the presentation of your paper.
- Do not write your name or disclose your identity in anyway.

1. A 20 years old female presented with multiple erythematous papules, pustules and nodules on her face with scarring.

Dermat

- What is the likely diagnosis? Acne (01 Mark)
- What is its pathogenesis? D-1242 274 UHS (02 Marks)
- What are different options of treatment? benzoyl peroxide (02 Marks)

Acne

tetracycline

erythromycin

doxycycline

Azithromycin

2. What is phobia? Discuss its types, effects on personality and treatment options in a comprehensive way. 709 I-D I-799 (05 Marks)

Psychiatric

Psy

3. A 50 years old lady is brought to OPD with two weeks history of periorbital and lower limb swelling. On examination, she has grade 3+ pitting edema of lower limbs. A provisional diagnosis of nephrotic syndrome is made.

Renal

- Describe diagnostic criteria for Nephrotic syndrome. 473 I-D (01 Mark)
- What preliminary investigations you will perform? 9-431 (02 Marks)
- Write three therapeutic steps for the initial management. 11-101 (02 Marks)

9-430

4. A 45 years old man presents to OPD with 2 years history of tiredness and easy fatigability. On examination, he looks pale. BP 160/95. Serum creatinine is 6 mg/dl and blood urea: 100 mg/dl. A diagnosis of chronic kidney disease (CKD) is made.

Renal

- Define chronic kidney disease. 9-441 (01 Mark)
- What is the most likely mechanism of anemia in CKD? 2-249 I-D (02 Marks)
- Write three complications of CKD. 9-451 (02 Marks)

9-447

5. An obese lady of 120 kg weight with history of Type 2 diabetes mellitus for last 04 years and hypertension & hyperlipidemia for last 03 years. She has grossly uncontrolled diabetes while hypertension and hyperlipidemia have variable control as shown by the record. Now she is willing to start insulin.

dose

IPM = 70

Regular = 30

20 units in morning

5 units before dinner

- Which types of insulins are available? And which one you will prescribe her? Justify your choice. 438 I-D (2.5 marks)
- What will be the dosage regimen? Enlist special instructions you will give to the patient. 9-477 (2.5 marks)

Diabetes

9-477

Intermediate

P.T.O

reduced erythropoietin production

reduced red cell survival

reduced intake of iron  
reduced dietary intake.

Rheumatology

6. A 26 years old female presented with gradually worsening polyarthritis, generalized weakness and morning stiffness for last 06 months. Small joints of both hands are equally affected.

R. A. Rheumatoid Arthritis (01 Mark)  
D-6023 (1.5 marks)  
9-601 (01 Mark)  
9-603 (1.5 Marks)

- a) What is the most possible diagnosis?
- b) Write down the complete criteria for diagnosis?
- c) Name the most specific investigation.
- d) Name the medicines other than non steroidal anti inflammatory drugs and supplements etc.

Corticosteroids like Yonaha

Rheumatology

7. A 32 years old female presents with left sided hemiplegia for last two days. There is also history of 03 abortions in the past. Her CT scan brain was done at 12 hours after the onset of symptoms and found normal.

Anti-phospholipid syndrome (01 Mark)  
9-621 (02 Marks)  
9-621 (01 Mark)  
9-621 (02 Marks)

ELISA  
ESR  
ANA  
ID

- a) What is the most probable diagnosis?
- b) What specific investigations you will advise?
- c) What is the reason for normal CT scan brain?
- d) What treatment options can be offered to her?

8. A 16 years old male presented with pain, swelling and redness in multiple joints for last 06 months. He complained of worse of above mentioned joint problems in a single joint and when it starts getting better another joint is gradually involved. There is history of recurrent pharyngitis and palpitations. Now for last few weeks he is having involuntary and uncontrollable limb movements which are causing a lot of social embarrassments for him.

Septic arthritis (01 Mark)

Rheumatology

- a) What is the likely diagnosis?
- b) What investigations he should have? Be specific.
- c) What treatments should be given to him?

=> Immobilization => Antibiotic => Amoxicillin  
Ceftriaxone => Amnoglycosides  
9-610 (02 Mark)  
9-610 (02 Mark)

9. A 40 years old known asthmatic patient also having arthralgias presents to your clinic with 03 months history of excessive weight gain, facial hair appearance, thinning of skin, purplish striae on abdomen, puffiness of face. In treatment history she accepts for taking some treatment from hakeems in form of packets of powdery substances. She is having bone pains and difficulty standing up from sitting on the ground posture. She is having mild hypertension and impaired glucose tolerance.

Cushing Syndrome (01 Mark)

- a) What is most likely diagnosis?
- b) What are the usual complications of this disease?
- c) How will you investigate this patient? Please be specific?

\* CBC  
ESR  
urea and creatinine

(B) Complication  
- Psychosis  
- Renal stones  
- Aseptic Necrosis of femur

Acute art bodies  
ANA  
Anti DNA antibodies  
Anti-smith antibodies

- Bone loss
- High blood pressure
- TYPE 2 D.M.
- Frequent or unusual infections
- loss of muscle mass and strength



THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS

SUPPLEMENTARY EXAMINATION 2017

MEDICINE-II

(SEQ's)

Supply - 2017

Roll No. 12164

Time Allowed: 2 hours

Total Marks: 45

Instructions

- The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
- Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
- Do not write your name or disclose your identity in anyway.

- U.V.T.I
- Flank pain
  - fever & chills
  - skin hypersensitivity
  - Hematuria
  - nausea vomiting
  - joint pains
- L.V.T.I
- Urinary frequency
  - urinary urgency
  - low back pain
  - lower abdominal pain
  - Hematuria

1. A 40 years old male presented with severe, generalized pruritus and multiple erythematous papules on his trunk, limbs, external genitalia and the hands. There are also excoriations on his back. His wife and kids also had itching.

- What is the diagnosis? (01 mark) Scabies
- What is the name of causative organism? (01 Mark)
- What is the treatment and principles of treatment? (03 Marks)

754

2. A 24 years old engineering student has presented you in a clinic for ghabrahat. He reports to have restlessness, irritability, difficulty falling sleep, feeling on edge, apprehension and fear of unknown. This feeling remains most of the day for last 15 days. All lab reports came negatives and there is also no history of addiction. Based on this description how will you manage him on BIO-OSYCHO-SOCIAL model? (05 Marks)

Depression

U-254

Psyche

3. A 25 years old lady presents to OPD with high grade fevers, chills, dysuria and back pain. On examination, she is febrile with temperature 39.5 C and tender in the right loin.

- What is the diagnosis? (01 mark) Acute pyelonephritis
- How will you differentiate between upper and lower urinary tract infection? (01.5 marks) 9-455
- How will you treat this patient? (2.5 marks) 9-458

UNS 204

Renal

4. A 45 years old man presents to OPD with 2 years history of tiredness and easy fatigability. On examination, he looks pale. BP 160/95. Serum creatinine is 6 mg/dl and blood urea 100 mg/dl. A diagnosis of chronic kidney disease (CKD) is made.

- Define chronic kidney disease. (01 mark) UHS ID
- What is the most likely mechanism of anemia in CKD? (02 marks) UHS ID
- Write three complications of CKD. (02 marks): gout, Heart disease, anemia

Renal

5. A 60 years old female presented with longstanding type 2 diabetes-mellitus. It was initially controlled on oral treatment but for last 3-4 months it is grossly uncontrolled ranging from 170-220 mg /dl fasting and 275-350 mg/dl in random. She is taking

P-T-0

Dermat

Psychiatry

Kidney

Treatment

Hygiene

Antibiotics

entamycin

Sturoxime

Q8: NSIDs - DMARDs  
 - Analgesics - Dicyclanil

tablet glimepiride 04 mg daily and tablet metformin 01 gram twice daily. She has disturbed stools habits and frequently experience diarrheal episodes with a lot of flatulence and indigestion.

- a) What treatment options she has? Discuss in detail. (2.5 Marks) 9-477  
 b) She is asking you about dietary modifications, enlist dietary instructions easy to understand by patient with examples.. (2.5 Marks) 9-471

Endo →

6. A 37 years old female presented with complaints of heat intolerance, palpitations, significant weight loss, diarrheal episodes and menstrual irregularities. On examination her blood pressure is normal and heart rate 112/min irregularly irregular. There are fine tremors of hands, with warm and sweating palms. Her eyes are very prominent with upper sclera clearly visible on straight gaze. There is also fullness in front of the neck.

- a) Write down the complete diagnosis. (1.5 Marks) Graves disease due to hyperthyroidism  
 b) Which investigations would you like to get? Please be specific and avoid unnecessary tests. (1.5 Marks) T.F.T, Thyroid radioactive iodine test  
 c) What specific treatments will you prescribe for palpitations & pulse and also for eye changes? (1.5 Marks) M.D.T. B-blocker, low dose radiation therapy, orbital decompression, intra venous immunoglobulin, surgery

9-531  
 Methylcellulose gel

7. A 23 years old female presented to medical outdoor with poly arthralgias, skin rash, hair loss, features of depression, anemia, and mild pleural effusions bilaterally. Her previous medical record shows the suspicion of some connective tissue disorder.

Rheumatology →

- a) What is the most probable diagnosis? (01 Marks) SLE  
 b) How will you investigate this patient? Please be specific. (02 Marks) SLE  
 c) How will you manage this patient? (02 Marks) 9-619 9-617

8. A 30 years old male presented with severe mono arthritis of right knee joints for last 03 weeks. He also complains of itching, excessive redness and lacrimation from both eyes, and urinary complaints like burning micturition for 02 weeks.

Bone  
 Psoriasis

- a) What is the most likely diagnosis? (01 mark) Reiter's syndrome  
 b) What investigations you will like to advise? (02 Marks) 9-614  
 c) What treatment can be given to this patient? (02 Marks) NSAID, Tetracycline, Sulfasalazine, Third generation cephalosporin, Aminoglycosides

- Raised ESR  
 CRP  
 NSAID  
 Tetracycline  
 Sulfasalazine  
 Aspirin

Immunology

9. A 17 years old female presents with 02 months history of painless purpuric spots all over the body. They change color over the period of few days and then disappear. Many purpura appear on different sites at single time and usually there is no history of trauma on the affected site. These purpura are of different sizes and the largest present is of approximately 04 inches in diameter on the right thigh.

Blood

- a) What is the most probable diagnosis? (01 Mark) Idiopathic Thrombocytopenic Purpura  
 b) Please write specific investigations you would get in this patient with expected findings. (02 Marks) 9-586  
 c) Enumerate specific treatment steps with expected benefits. (02 Marks)

Q7 (b) CBC  
 \* ANA  
 - Anti dsDNA antibodies  
 - Anti Smith antibodies

9-587  
 → Prednisolone, Immunosuppressants  
 - Splenectomy  
 - Danazol

- 10) - Avoid sunlight  
 - Analgesics NSAIDs  
 - Hydroxychloroquine  
 - Belimumab

methotrexate

613

Reactive arthritis

detection of platelet antibodies





**THE SUPERIOR COLLEGE, LAHORE**  
 Final PROFESSIONAL MBBS  
 ANNUAL EXAMINATION 2018  
 MEDICINE II  
 (SEQ's)

Roll No. 14106  
 Total Marks: 45

Time Allowed: 2 HOURS

**Instructions**

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Hand Writing use of margin and marker for headlines will increase the presentation of

1. According to ICD-10 criterion, what are the major (cardinal) and associated symptoms of depression? How would you diagnose mild, moderate and severe depressive disorder on the basis of these symptoms? (05 Marks)
2. A 25 years old female with bilateral symmetrical arthritis of small joints of hands presented to the Medical OPD with complaint of inability to move small joints of hands after prolonged rest especially on waking up and stays so for more than an hour? Her shoulder, elbow and wrist joints are also involved although with slightly less severity.
- a) What is the most likely diagnosis? (0.5 Mark)
  - b) Name all possible physical signs on examination of hands. (02 Marks)
  - c) Name findings on xrays of hands in advanced disease. (1.5 Marks)
  - d) Name one most specific investigation? (01 Mark)
3. A 19 years old boy presented with fever along with pain and swelling of right knee joints for almost a month. Fever is low grade intermittent and pain which was initially mild is now becoming severe in intensity and limiting the range of movements. On examination there is swelling and findings suggestive of knee effusion on right side. He had persistent cough and low grade fever about 06 months ago, which stayed for almost more than a month and after investigations was prescribed medicines which he stopped himself when started feeling better.
- a) What is the most likely diagnosis? (01 Marks)
  - b) Name the investigations for him? And expected findings of each. (2.5 Marks)
  - c) Write down the treatment steps of this patient. (1.5 Marks)
4. A 16 years old boy presented to you with superficial Fungal skin infections. These fungal infections are called with the name "Tinea" followed by the area involved
- a) Name 04 such infections with specific names and the areas they involve. (02 Marks)
  - b) How will you investigate the skin fungal infections? (01 Mark)
  - c) What treatment options are available for superficial or deep skin fungal infections, please comment on general principles of treatment also? (02 Marks)

806

50

R.A  
teleg

2  
netelgg

Pedis (Foot)  
cruris (Groin)  
capitis (Scalp)  
corporis (Body)

crapping/  
-ail clipping

itraconazole → It Inhibits fungal mediated synthesis of ergosterol

Topical → Miconazole cream  
 Systemic → itraconazole 4 weeks  
 (100-200mg/day)  
 For 2-4 weeks

(250-500mg/day)

9-610  
9-610

D-1239

D-1239

Septic Arthritis

Rheumatoid Arthritis

Anti-CPA

Psychological, biological and environmental factors

+ve comb test

It means your blood has antibodies that fight against your RBCs.

Hemolytic anemia / Hemolytic disease of newborn

Blood 5.

A patient with significant anemia presented to you in your Medical Out Patients department. He is symptomatic and highly educated. He want to know the details about his illness.

- d) Name 02 most common causes of microcytic, macrocytic and normocytic anemias each. 9-553, 9556 (03 Marks)
- e) What a positive Comb's test & increased reticulocyte count signify? 9552 (01 Mark)
- f) In a patient with mixed deficiency anemia which medicines may be given? 9-552 (01 Mark)

6. A 40 years old female who is a known patient of arthritis and skin allergies, presents to your clinic with 04 months history of excessive weight gain, appearance of coarse facial hair, her skin, has become thinner with purplish striae on abdomen, along with puffiness of face. She complains of frequent urination throughout day and as well in night. In treatment history she accepts for taking some treatment form hakeems in form of tablets, syrups and powders. There is also complaints of bone pains. Her blood pressure is 155/90 mmHg.

- a) Write down complete diagnosis? Cushing syndrome (01 Mark)
- b) What are the usual complications of this disease? 9-523 (02 Marks)
- c) How will you investigate this patient? Please be specific? 9-523 (02 Marks)

7. An lady of 55 years with history of Type 2 diabetes mellitus for last 04 years and hypertension & hyperlipidemia for last 03 years. She has grossly uncontrolled diabetes while hypertension and hyperlipidemia have variable control as shown by the record. Now she has presented in emergency with blood sugar level of 550 mg /dl in semiconscious state with severe dehydration and fruity smell from her breath. A diagnosis of diabetic ketoacidosis is made after checking urine ketones which are (+++) positive.

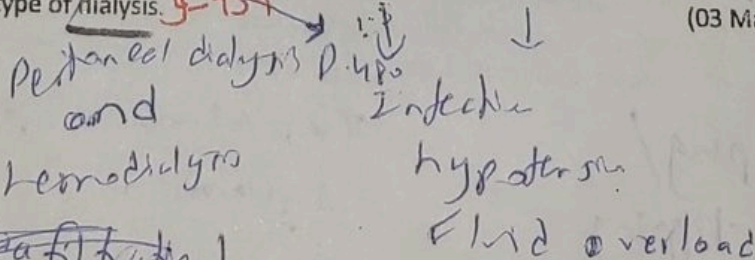
- a) Name 02 conditions which may lead to DKA in type 2 diabetes mellitus. (01mark) 9-485
- b) Enlist the principals of treatment of DKA. 9-487 (02 Marks)
- c) Name 04 complications of diabetic ketoacidosis other than electrolyte and acid base derangements. 9-488 (02 Marks)

8. A 23 years old female is brought to OPD with two weeks history of periorbital and lower limb swelling. On examination, she has grade 3+ pitting edema of lower limbs. There are also features suggestive of moderate ascites and mild right sided pleural effusion (confirmed both on ultrasound abdomen and chest).

- a) What is the provisional diagnosis? Nephrotic syndrome (01 Mark)
- b) What preliminary investigations you will perform? 9-431 (02 Marks)
- c) Write three therapeutic steps for the initial management. 9-431 (02 Marks)

9. Dialysis is an important treatment modality renal failure.

- a) Write down the 04 most important indications of dialysis. 1.5 (02 Marks)
- b) Discuss briefly the types, benefits, complications, mechanisms and special issues regarding each type of dialysis. 9-459 (03 Marks)



Therapeutic dialysis  
Intestinal dialysis

End

Diabe

Ren

+ve coomb's test  
It detects antibodies

That are stuck to the surface of RBC

Cushing syndrome

Uncontrolled blood sugar, missing dose of medicine

Severe illness or infection

metabolic  
Hypokalemia

~~Primary~~

~~Secondary~~

M2  
6

THE SUPERIOR COLLEGE, LAHORE  
FINAL PROFESSIONAL MBBS  
SUPPLEMENTARY EXAMINATION 2018



MEDICINE-II

(SEQ's)

Roll No. -----

Time Allowed: 2 hours

Total Marks: 45

Instructions

1. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
2. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
3. Do not write your name or disclose your identity in anyway.

1. How would you differentiate between panic disorder and generalized anxiety disorders?  
Describe in detail the treatment for panic disorder? (05 Marks) 798 i.p.

2. Please describe briefly, clinical presentations & characteristics of lesions in measles, chicken pox & lichen planus, name the treatment options. (05 Marks) 9-754

5 276UHS  
A 19 years old female patient presented to the medical out patients department. She complains of bilateral polyarthralgias, skin rashes, involving the face, mainly nose & cheeks, hair loss, palpitations, dyspnea on exertion for last few months. The rash disturbs more after she goes out in the sun. She went to a nearby Hakeem, whose treatment improved her complaints transiently but effectively.

- hematol
- a) Write down the diagnostic criteria of the disease under discussion. (03 Marks) SLE 9-619
  - b) Enlist short term & long term management step. (02 Marks) 9-619

6 al  
A 60 years old male who is having longstanding diabetes mellitus and hypertension presented in medical emergency with complaints of gradually worsening shortness of breath, and generalized body swelling for last 2-3 months. Swelling is most marked early morning and gradually reduced by the night. On examination his heart rate is 96/min, blood pressure 185/110 mmHg, respiratory rate of 20 / min and afebrile. His face is pale and puffy.

- CRE 9-446
- a) What is the most likely complete diagnosis? (01 Mark) 9-446
  - b) How will you investigate this patient? Please mention expected findings. (1.5 Marks) 9-447
  - c) What short and long term treatment options are currently available? (01 Mark) 9-447
  - d) What are the common electrolyte and metabolic derangements present in chronic renal failure? (1.5 Marks) 9-444, 446

P.T.O

Complications: -  
 - Severe Dehydration - comp death  
 - sweating  
 - dizziness  
 - Headache  
 - Shocky

Endo

5. A 50 years old male presented with complaints of generalized weakness, nocturia resulting in increased thirst, skin lesions at both shins and weight loss despite more than normal dietary intake.

- Addison's disease (0.5 Mark)  
 a) What is the diagnosis? disease (1.5 Marks)  
 b) How will you diagnose it? 9-517 Addison's disease (03 Marks) **9 519**  
 c) Write all complications you know about this disease.

6. A 45 years old male presented to you in OPD clinic with severe pain and swelling of right big toe for last 36 hours. Pain is localized, severe and has grossly made his movements difficult, especially weight bearing for a few minutes even. He gave history of similar attack few months earlier, but he never followed up after recovery.

Rheumatology

- a) What is the most likely diagnosis? Gout (01-Mark)  
 b) How this patient should be investigated? 9-627 SUHED (1.5 Mark)  
 c) What are the medicines which can be prescribed? 9-627 (1.5 Mark)  
 d) Name dietary restrictions, if any? 9-627 (01 Mark)

Renal

7. A 14 years old boy is brought in to medical emergency department. His parents give history of generalized swelling of body more marked on face, generalized weakness and low grade fever. He is passing smoky red and reduced quantity of urine. On examination his pulse is 104/min regular and blood pressure is 140/90 mmHg. According to parents there is history of severe sore throat with high grade fever about 7-8 days ago which has improved a couple of days ago. He is no. 3 in his siblings and no previous history of any serious ailment except repeated respiratory tract infections.

A Bladder cancer  
 Kidney cancer  
 Prostate cancer  
 Nephrotic syndrome  
 BUTI

- a) Name the first diagnosis that comes to your mind? Post-streptococcal glomerulonephritis (01 Mark)  
 b) How you will investigate this patient? 9-428 (02 Marks)  
 c) What are the causes of Hematuria? Name 04 most important. 9-424 (02 Marks)  
Group A-B hemolytic streptococcal infections

Grave's diseases

8. A 45 years old female patient presented with gradual weight loss of approximately 10 kilograms in last 06 months. She complains of severe weakness, insomnia, palpitations, diarrhea and menstrual irregularities also. On examination her Blood pressure is 135/85 mmHg, pulse 113/min and irregularly irregular. She is afebrile but she feels feverish.

Endo

- a) What further clinical signs you will like to look for? Name at least 03. (1.5 Marks) **9-53**  
 b) What would be your line of action to investigate her illness? 9-531 (02 Marks)  
 c) Name the medicines you will prescribe? 9-531 (1.5 Marks)

9. If a patient comes to you with severe chronic anemia and her immediate surgery is required for strangulated hernia. There is a dire need of multiple transfusion.

Hepatitis B, E  
 HIV,  
 Syphilis, Cytomegalovirus,  
 Malaria

- a) Describe briefly the ABO system regarding blood transfusions. (02 Marks)  
 b) Which infections can be transmitted through blood transfusions? (02 Marks) **SD**  
 c) Which blood groups are universal donors and universal recipients? (01 Mark)

O- AB+

Blood



5. Regarding Diabetes Mellitus: 9471 (2.5 Marks)

- a) Write a note on relatively newer oral medications for the treatment of Diabetes mellitus. (2.5 Marks)
- b) In a newly diagnosed patient of diabetes mellitus, what dietary advices will you give? Mention 05 most important of these in 1-3 lines for each. 9472 (2.5 Marks)

6. A 45 years old chronic rheumatoid arthritis patient presented to you in OPD with excessive weight gain over past many years. She has a height of 5 feet and 02 inches while her weight is 98 kilograms. She has been taking medicines for her arthritis from different quacks and hakeems also. She has multiple bruises all over her body along with extremely thin skin and a lot of facial hair. She was told by her GP that she has developed diabetes and hypertension also recently and these two are controlled with medicines and diet. (01 Mark)

- a) What is the most likely diagnosis? Cushing Syndrome (01 Mark)
- b) How will you confirm the diagnosis? and confirm the site of the etiology? 9-523 (2.5 Marks)
- c) How will you treat this patient? 9-523 (1.5 Marks)

7. A 45 years old male presented with 01 day history of severe painful swelling and redness of right big toe. Pain is so much that he could not sleep the whole night. He was given oral paracetamol and orphenedrine combination but did not work.

- a) What is the most likely diagnosis? Gout (01 Mark)
- b) How will you investigate this patient? Also mention the diagnostic investigation to confirm your diagnosis. 9-627 Arthrocentesis M-545 (02 Marks)
- c) Name the specific medicines with mechanism of action. 9-627 (02 Marks)

8. An 18 years old girl is brought to the OPD with 01 week history of bruises all over the body. These are painless and there is no history of significant trauma. No history of fever, aches or pains. She is vitally stable and no abnormality found on physical examination. On investigations her hemoglobin is 12.8 gm/dl, TLC 5600/mm<sup>3</sup> and her platelet count is 18000/mm<sup>3</sup>.

- a) What is the most likely diagnosis? Idiopathic thrombocytopenic Purpura (01 Mark)
- b) Name one most specific investigation with expected findings to confirm your diagnosis. (1.5 Marks)
- c) Name 03 important causes of low platelet counts. 9-587 - Luteal phase thrombocytopenia, Multiple myeloma, Bone marrow failure (01 Mark)
- d) Will you recommend platelets transfusion in this patient? Justify. 9-588 - Aplastic Anemia, Megaloblastic Anemia, DIC (01 Mark)

9. 29 years old female presented with 06 months history of painful swelling of multiple joint. The joints mainly involved are small joints of hands, wrists, elbows and ankle joints. Both sides are equally involved and worst time for patient is early morning when she wakes up for fajar prayer, her joints are stiff and it is very difficult to perform even trivial routine work at that time. This situation gets better after about an hour.

- a) What is the most likely diagnosis? Rheumatoid Arthritis (01 Mark)
- b) Which one specific investigation would you like to get? ACPA (01 Mark)
- c) What are the treatment options for this patient? Give a brief sketch of management plan along with salient features of each important medicine. 9-603 (03 Marks)

- Metho sulfa
- Gold salts
- cyclosporin's
- TNF in
- JAK in



Endo  
Endo  
→ Graves disease

A 20 years old female presented with history of weight loss despite increased appetite, palpitations, off and on diarrhea and prominence of her eyes. Her pulse is 110 per minute and regular, blood pressure 125/75 mmHg, respiratory rate 18 per minute. There are fine tremors of hands.

Hyperthyroidism (4)  
Hypertension (2)  
529 (2)

- a) What is the most likely diagnosis? (01 Mark)
- b) Enlist specific investigations with expected findings (02 Marks)
- c) What are her treatment options? (02 Marks)

Rheumatology  
Shoulder  
Pain

7. A young male presented to you with low backache for few weeks. On review of his recent medical record you found that a consultant has suspected ankylosing spondylitis.

- a) What physical signs you will like to see on physical examination. (01 Mark)
- b) What investigations you would advise? (02 Marks)
- c) Briefly discuss the treatment options. (02 Marks)

Rheumatology

A 16 years girl presented to you in OPD with polyarthritis, skin rash mainly on face, photosensitivity and hair loss.

- a) What is the most likely diagnosis? SLE (01 Mark)
- b) Is there a diagnostic criteria to make the diagnosis? if yes describe. (2.5 Marks)
- c) Enlist the medicines which can be prescribed in sequence of preference. (1.5 Marks)

Blood

A young man presented to the casualty department with massive hematemesis and melena for 01 day. His hemoglobin level was 14 gm/dl few days ago, as found in routine tests he got. Now he is grossly pale and anemic. Besides all specific management, your consultant has advised you to transfuse 02 pints of blood at the earliest.

- a) What pre-requisites you will carry out before transfusion? (02 Marks)
- b) Will you transfuse whole blood or any product of blood? Justify. (01 Mark)
- c) Enlist important complications of blood transfusion. (02 marks)

Cross match  
R-grouping  
Septic measures should be prophylactically done

45  
45  
90 17 1 and take 90 it on  
90 17 2 time

Adjust your medication or increase meal if you take extra physical activity

R1.

Packed cell volume

Volume overload which can cause pulmonary edema so volume overload should be avoided.





THE SUPERIOR COLLEGE, LAHORE  
FINAL YEAR MBBS

ANNUAL EXAMINATION 2020

MEDICINE-II  
(SEQ's)

Roll No. F-15-080

Total Marks: 45

Time Allowed: 2 hours

Instructions

- The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
- Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
- Do not write your name or disclose your identity in anyway.

Pa

A 22 year old male has presented to your OPD with complaints of being fearful, agitated and aggressive. He believes the police have been watching him through cameras that they have secretly implanted in his home and on the nearby streets. He also believes his thoughts are automatically known to other people when he is walking across the streets.

- What is the most likely diagnosis? (01 Mark)
- What are other clinical features of this disorder? (02 Marks)
- How would you treat this patient? Describe the acute and long term treatment options in this case. (02 Marks)

Shizo

A 30 yrs old female presented with itchy papules and plaques on the wrist and forearms. These papules had purple colour. There were also some lesions in the oral cavity

- What is the diagnosis? (01 Mark)
- Enlist the nail, scalp and mucosal findings in this disease. (02 Marks)
- How will you treat the patient? (02 Marks)

Debing

A young patient presented with diarrhea and vomiting for 3 days followed by decreased urine output and rapid shallow breathing. On examination signs of dehydration are noted. Investigations show serum creatinine 6mg/dl, blood urea 190 mg/dl, ABGS: pH 7, pCO2 45, HCO3-9mEq/L.

- What is the most likely diagnosis? (2.5 Marks)
- How will you treat this patient? (2.5 Marks)

AKI

kidney

An 18 years old patient presents to the outpatients department with anasarca. On examination there is generalized edema; blood pressure is 100/70 and jugular venous pressure is not raised. Investigations show proteinuria +++; serum albumin 2.5mg/dl and serum cholesterol 260mg/dl.

- What is the diagnosis? (01 Mark)
- What further tests are required to determine the etiology? Explain. (03 Marks)
- What is the initial management? (01 Mark)

kidney

P.T.O

Handwritten marks and scribbles at the bottom of the page.

epidate

Endo

5. A 42-year-old lady developed fever, agitation and confusion 4 days after undergoing subtotal thyroidectomy. On examination her pulse is 140 beats per minute, completely irregular and temperature is 101°F. Her T3 level is 300 ng/ml (normal 100-200 ng/ml); serum T4 is 28 µg/dl (normal 5.5-11.0 µg/dl) and TSH is 0.01 µU/ml (normal 0.4-4.2 µU/ml).

- a) What is the diagnosis? Thyrotoxicosis (01Mark)
- b) Name two precipitating factors? Hypothyroidism (02Marks)
- c) How will you treat this patient? (Thyroid Storm) Plus Infection (02Marks)

Blood

6. A 28 years old male was referred to you for work up of cervical lymph nodes enlargement which he noticed about 4 months back. He had occasionally low grade fever which responded well to antipyretics. He denies any contact history of tuberculosis. On examination, both cervical and axillary lymph nodes are enlarged bilaterally. rest of the examination is unremarkable. Complete blood count is normal?

ET Scan  
LDH  
LFTs  
Blood cP  
node biopsy  
LFTs

- a) What is your differential diagnosis? Hodgkin Lymphoma (01Mark)
- b) What is most likely diagnosis? And why? Sarcoidosis (02Marks)
- c) How would you investigate this patient? ALL (02Marks)

Endo  
Bigonides

7. A known female patient of type 2 diabetes mellitus for last seven years, having uncontrolled disease her latest blood sugar readings are around 300-400 mg/ dl both in fasting and post-prandial periods. She remained very poorly compliant to her treatments. She is not willing at all for insulins. Her BMI is 29.

- a) Discuss in detail the oral medicines for diabetes mellitus, the groups, brief mechanism of actions, examples from each group & specific adverse effects. (2.5 Marks)
- b) Which medicines you will prescribe her, initially and as "add-on" therapy if not controlled with your initial choice. Give the sequence of your choice. (2.5 Marks)

Rheumatology

8. A 30 years old female presented with 08 months history of joint pains, mainly involving hands and feet along with wrists and elbows bilaterally. Joints are swollen, warm and painful. It takes more than an hour in the morning to resume her daily routine as the hands are very stiff in the morning. She has taken many medicines including treatment from a hakeem but only temporary improvement.

- a) What is the most probable diagnosis? R.I.A (01 mark)
- b) Which two diagnostic (specific) investigations would you advice? (01 marks)
- c) Which specific medicines would you advice? Discuss briefly. (03 marks)

Rheumatology

- Question:
- a) Enumerate diagnostic criteria for systemic lupus erythematosus. (03 marks)
  - b) How would you diagnose a patient with suspected gout? (02 marks)

↓  
Uric Acid  
Synovial fluid  
Joint X-Ray

Lab



THE SUPERIOR UNIVERSITY  
5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021  
MEDICINE-II  
(SEQ's)

10

SUPERIOR UNIVERSITY

Roll No. F16  
Total Marks: 45

Time Allowed: 2 HOURS

**Instructions**

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

1. An 18-year-old male presents with low back pain and stiffness which is typically worse in the morning and relieved by movement. He also gives history of same problem in the family. Now he has developed pain in the left knee joint and hip joints. The back pain and stiffness has increased to the extent that he is unable to perform forward flexion. He has also developed redness of eyes. His Complete blood picture is normal, ESR is raised, RA factor and ANA are negative.

*Handwritten:* Rheumatoid - GI

*Handwritten:* Ankylosing spondylitis

*Handwritten:* HLA

- a) What is the diagnosis? 2
- b) How will you confirm your diagnosis? 1
- c) Enumerate two extra articular manifestations of this disease? 1
- d) How will you manage this patient? 1

2. A 27-year-old female presented in medical OPD with swelling of her left leg with pain for a week. On detailed inquiry, she reported three pregnancy losses after first trimester. There was a malar rash and CBC revealed HB 8.5 mg/dl, TLC 3.2 /cubic mm and platelet 100,000.

*Handwritten:* Load

*Handwritten:* Aplastic anemia Antiphospholipid syndrome

- a) What is the diagnosis? 1
- b) What further investigations should be advised to reach a comprehensive diagnosis? 2
- c) How will you manage the patient? 2

3. A 45-year-old female presents to casualty with a nosebleed and gives a history of intermittent bruising over previous 6 months. Her labs show Hemoglobin 11.0g/dl (11.5 - 16.5) MCV 83fL (80 - 96) White cell count 6.9 x 10<sup>9</sup>/L (4 - 11) Normal Differential Platelets 22 x 10<sup>9</sup>/L (150 - 400). Blood film: Thrombocytopenia with platelet anisocytosis. No other abnormality.

*Handwritten:* Load

*Handwritten:* JFP

- a) What is the likely diagnosis? 1
- b) How will you manage her disease? 2

P.T.

*Handwritten:* imipramine

(11)  
c) If the same patient comes to you with a relapse of symptoms 6 months later, what further treatment plan you will consider. 2

4. A 19-year-old boy presents to the outpatient's department with anasarca. On examination, there is generalized edema; blood pressure is 100/70 and jugular venous pressure is not raised. Investigations show proteinuria +++; serum albumin 2.5mg/dl and serum cholesterol 260mg/dl.

- kidney*  
*Nephrotic*
- a) What is the diagnosis? 1
  - b) What further tests are required to determine the etiology? 2
  - c) What is the initial management? 2

5. A 57-year-old patient presented to the emergency department with shortness of breath and body swelling. He is known to have chronic kidney disease grade 5. He had a Creatinine of 8.9mg/dl. ECG showed tall, tented T waves and broad QRS complexes.

- kidney*
- a) What is the cause of the above-mentioned ECG findings? 1
  - b) What further investigations should be carried out in this patient? 2
  - c) Outline emergency and long-term management plan for this patient. 2

6. A 17-year-old male brought to medical emergency in a comatose state following history of high-grade fever and productive cough for 2 weeks. He is severely dehydrated with coarse crept and bronchial breathing on right side of chest. Planters are non-specific. Blood tests show TLC 18,000 cubic mm, pH 7.3, bicarbonate 12 (n 20-30), blood sugar 385mg/dl.

- Endo*
- a) What is the most probable diagnosis? *DKA* 1
  - b) What further investigations would you order to help you in diagnosis and management of the patient? 2
  - c) Outline the management protocol? 2

7. A 52-year-old man with hypertension and Diabetes Mellitus is seen in Medical OPD. On examination, his BP is 160/100 mmHg and blood sugar is 210 mg/dl. He has truncal obesity and abdominal striae.

- Endo*  
*Cushing*
- a) What is the likely diagnosis? 1
  - b) Name the investigations necessary in this patient 2
  - c) How will you manage the patient? 2

8. A 25-year-old male presented in out-patient department of psychiatry with feelings as his mind is turned blank, can't concentrate on his job, every task looks burden to him, like tooth brushing, shaving, bathing from the last 2 months. He sleeps poorly at night; his appetite is also decreased. He can't figure out the reason for this condition.

- Dep*
- a) What is the diagnosis? 2
  - b) How you will manage this case? 3

9. A 30-year-old man presented with oral ulcers and pruritic flat-topped purplish papules and plaques on wrists, forearms and legs for the last 6 months. Some of the lesions resolved with residual pigmentation.

- like planus*
- a) What is the diagnosis? 1
  - b) How you will confirm diagnosis? 2
  - c) Write treatment guidelines. 2

*Trans-suphinal*  
*Adorelectomy*