

M13

Salman

THE SUPERIOR COLLEGE, LAHORE
FINAL PROFESSIONAL MBBS
ANNUAL EXAMINATION 2016

Medicine-I

(SEOs)

Roll No.

Time Allowed: 2 hours

Annual - 2016 - M13

Total Marks: 45

Instructions

1. The SEOs 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.

1153
1635 Inam
1. A 65 years male is seen for complaints of right side weakness and speech difficulty for one hour. He is a known diabetic and hypertensive for ten years. He was fine when he collapsed suddenly and family rushed him to hospital. No significant history of headache or vomiting etc. Since then he is not moving his right arm and leg. On examination his pulse is 90 beat per minute, it is irregularly irregular. He is afebrile with BP of 160/90 mmHg. He is not talking and does not understand any spoken commands. He has right hemiparesis with power grade 2/5, normal deep tendon reflexes and positive Babinski sign on right.

- stores
587 compact
- a) What is the diagnosis?
 - b) How he should be investigated?
 - c) What management you will offer?

1635 Inam
2. Describe presentation of a typical case of right lobar pneumonia including features and symptoms on history and physical signs on examination. (345 Inam) - 24-1 - 5-1

1635 Inam
3. A 55 years old man, ex-cigarette smoker, 20 cigarettes per day for 20 years, quit very recently, presents to medical outpatients department with history of gradually worsening dry cough and breathlessness for almost 6 months. Breathlessness was initially on exertion only and it is now present even after taking few steps or minor daily activity. There is history of generalized weakness and anorexia for 2 months. On physical examination, his pulse is 96 beats per minute regular and blood pressure 135/85 mmHg, there is mild cyanosis and clubbing is also present. Auscultation reveals diffuse fine crackles bilaterally. His complete blood count is normal and erythrocyte sedimentation rate is 45mm after 1st hour. His x-ray chest PA view shows ground glass appearance bilaterally more in lower and middle zones and few prominent hilar vessels.

- ILD
Empyema
- a) What is the most probable diagnosis?
 - b) How will you further investigate the patient?
 - c) How will you manage the patient? Describe specific management steps.

(370 Inam)

(240 compact)

Immunobars
 A 25 years old lady presented in medical emergency with complaints of high grade continuous fever for last 03 days. There is also history of severe nausea, anorexia, vomiting, retro-orbital headache and severe generalized body pain. On physical examination she is conscious and oriented with heart rate 116/min regular, Blood pressure 115/75, mildly dehydrated, and oral temperature of 103.5° F. There is no other physical finding except mild throat congestion. She has a report of her complete blood count done 12 hours earlier having hemoglobin level of 14 gm/dl, total leucocyte count 3200/mm³, and platelet count of 135000/mm³. Liver function tests are slightly deranged. Renal functions and radiograph of chest are normal.

- a) What is the most probable diagnosis?
 b) How will you investigate and manage this patient?

Dengue fever
 29) (727 Inam)

5. A 60 years old male, known case of long standing diabetes mellitus, hypertension and hyperlipidemia, also a chain smoker, is brought in medical emergency department very early in the morning, with history that he was found collapsed, profusely sweating and grossly pale in the washroom 20 minutes ago. Attendants give history that he was having episodes of exertional dyspnea, nausea and sweating almost daily for last few days. He was on some medications but details were not known. On examination, he is pale with cold skin, profusely sweaty, semiconscious, dyspneic with pulse 64 per minute and irregular, blood pressure 110/65mmHg, and respiratory rate 24/minute. Rest of the examination reveals no gross abnormality. His blood sugar is 96mg/dl.

- a) What is the most likely diagnosis?
 b) What first investigation would you advise and why?
 c) Describe the management of this patient.

CLS
 (159 compact)

Acute coronary artery disease
 Acute coronary artery disease
 718 Elen

6. A 27 year old, primi-gravida presents in 34th week of gestation to the Emergency Department with progressive dyspnea, lower extremity edema, weight gain, and fatigue. The patient was previously asymptomatic and has no history of cardiovascular disease. Her Blood pressure is 160/100 mm of Hg. Her antenatal card reveals BP previously in range of 140-150/85-95 mm of Hg detected first at 24th week of gestation. She was advised for blood pressure charting but lost to follow up.

- a) What is your provisional diagnosis?
 b) Enlist few important investigations?
 c) How will you manage her B.P till term?

CLS
 Peripartum cardiomyopathy
 (520 Davidson)

P-36 ID
 PLH
 (1276 Davidson)

7. A forty years old female presented through medical out patients department, with gross ascites due to decompensated HCV related cirrhosis of liver.

- a) What other complications of cirrhosis she may develop in future?
 b) Discuss the management plan of this patient both general & specific measures.

Case 7

Ascites (432)
 (427 compact)
 (275 Inam)

8. A thirty years old male presented first time to your out-patients clinic. He gave 08 months history of recurrent abdominal pain and bloating. He also complained of diarrhea alternating

Case 8

3
2/2/20

Normal. placebo 15,000

with constipation, with stool frequency varying from 03 per day during diarrhea to on every third day during constipation. Bloating usually get better after passing stools. He denied weight loss, rectal bleeding or family history of colorectal malignancies. His stool microscopic examination and culture & sensitivity were normal and no ova or cysts were seen.

216 Inam 825, David son

- a) What is the most likely diagnosis?
- b) What diagnostic criteria may be used to make diagnosis?
- c) Enlist management steps. **QOTD**

IBS (402 comp) Syndrome / Disease

A 34 years old female presents with headache for 6 years. It is episodic moderate to severe unilateral or generalized. Headache lasting for 1-3 days. During headache attack she prefers to rest in a dark, quiet room. She may vomit or goes to sleep and feels relieved. She get 3-4 attacks in a month. Her mother used to have similar headache. She is married with three kids. Youngest kid is 7 years old. She denied any sleep disturbances or family problems. On examination she is obese with no papilledema, normal systemic examination.

CNS

- a) What is the most probable diagnosis?
- b) Which investigation would you advice to confirm your diagnosis?
- c) Briefly describe the management steps.

migraine ✓

(605 comp)

migraine

3095 (670 Inam)

- CBC - Systemic infection
- ESR - temporal arteritis
- CT scan - acute hemorrhage
- MRI