



THE SUPERIOR COLLEGE, LAHORE
FINAL PROFESSIONAL MBBS
ANNUAL EXAMINATION 2017

Annud - 2017
17-1

MEDICINE-I

(SEQ'S)

Roll No. -----

Time Allowed: 2 hours & 15 Minutes

Total Marks: 45

Instructions

- The SEQ's part is to be submitted within 2 hours & 15 minutes. 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.

1. A 65 years old heavy chain smoker for last 25 years, presented with gradual weight loss of over 10 kilograms in last 06 months along with progressive generalized weakness, ill health, anorexia and mild cough. One morning he was found coughing excessively with frank hemoptysis by his son and taken to the medical emergency department. On routine investigations he was anemic with hemoglobin of 10.1 grams/dl, normal total and differential leucocyte counts. Erythrocyte sedimentation rate was 110mm after first hour. His blood sugar levels, renal and liver functions, serum electrolytes and ECG were normal. His portable chest radiograph showed a radiopaque shadow in left lung field, well circumscribed and 06 cm in diameter near hilum.

- lungs*
(375 Inam)
- What is the most likely diagnosis? *B. carcinoma* (05 Mark)
 - What is the most likely underlying cause? *Smoking* (05 Mark)
 - Which further investigations would you advice to confirm your diagnosis? *375 ED* (02 Marks)
Please comment on the expected findings.
 - How will you treat this patient? (02 Marks)

2. A 28 years old well built male is admitted in your ward, with diagnosis of left sided lobar pneumonia since 03 days. You are asked by your consultant to examine him in detail and write down your detailed findings.

- lungs*
(343 Inam)
- Write in detail, the expected findings in a typical case of left lobar pneumonia? Describe the symptoms and signs. (03 marks)
 - What complications he may have? Just enlist *1343 I.D* (02 Marks)
L = 82

3. A 27 year female is brought to the hospital because of fits for 6 months. She has generalized tonic clonic and myoclonic fits once per month or so. Her examination is within normal limits. She is married with two kids. What is your management plan for her?

- 1153*
(627 Inam)
cas
- Discuss the investigations, *EEG* (02 Marks)
 - Discuss general and specific treatment plans *(138)* (03 Marks)

4. An eighty years old male was brought to the out patients department by his grandsons for complaints of slowness of movements, tremors of hands and head, difficulty of walking with having very short steps and tendency to fall, he also have monotonous voice and difficulty in talking. He cannot sign his bank cheques and other official documents as have change in handwriting. These complaints are since last 6 months. He is a known case of reasonably controlled diabetes mellitus and hypertension and had 02 ischemic strokes in past 3 years. He don't have any motor or sensory deficit grossly.

- cas*
(660 Inam)
- What is his diagnosis? *D Parkinsonism* (01 Mark)
 - Which physical signs you expect in his neurological examination? *(623)* (02 Marks)
 - How you will manage him? (02 Marks)

P.T.O

DLD

A 30 years old banker presents to you with his investigation reports, very apprehensive showing disturbed liver functions (almost double the normal values of ALT and AST) and screening test positive for Anti HCV antibodies.

- a) How will you guide him for further investigations in sequence to know complete details of his disease? 258 I.D (2.5 Marks)
- b) What treatment options you can offer if this patient is a confirmed case of Hepatitis C viral infection? 260 I.D (2.5 Marks)

(258
260 Inam)
Liver

A thin lean young house wife presented with severe burning at the retrosternal area, lasting for hours and increased after meals. She also has frightening episodes of burning, retching, and wake up from sleep at around late mid night. She gives history of severe aches and pains and successfully treated reactive polyarthralgia recently.

- a) What is the most likely diagnosis with cause? P-U-D (Peptic ulcer disease) (1.5 Marks)
- b) What general measures and specific treatment you will advise her? (Duodenal ulcer) (3.5 Marks)

9711
(170 Inam)

An 18 years old male patient presented with history of palpitations, ill health and off and on joint pains for last few months. Ten days ago he started having moderate to high grade fever along with anorexia, malaise, joint pains, abdominal discomfort and off and on hematuria. On examination he was febrile with oral temperature 103.5°F, blood pressure 115/75 mmHg, and pulse 124 mm irregularly irregular. On general physical examination mild jaundice, splinter hemorrhage, tender spots on finger tips and palms, bilateral tender cervical lymphadenopathy and mild anemia were present. On abdominal examination mild hepatosplenomegaly, and a diastolic murmur on cardiac auscultation were appreciated. Respiratory and nervous system examination were non-revealing.

- a) What is the most likely diagnosis? 79 I.D. (Infective endocarditis) (01 Mark)
- b) How will you investigate this patient? VENGE SEFG (02 Marks)
- c) What treatment you will advise in this patient? As per exp. (02 Marks)

(527
Davidson)
CUS
T. infect.
endoc.
(79 Inam)

A 65 years old long standing diabetic and hypertensive patient, was found pale, cold, sweaty and semiconscious in wash room, early morning by the family. He was complaining of epigastric discomfort by putting his hand on upper abdomen. He was retching and there was vomitus present on floor as well as soiled his shirt. Taken to the emergency immediately his blood pressure was 130/90, pulse 64/min regular and blood sugar checked was 165 mg/dl. His ECG was done and showed significant ST segment and T wave changes.

- a) What is the most likely diagnosis? MI (01 Mark)
- b) How will you investigate this patient? (259) (02 Marks)
- c) What treatment will you advise to this patient? (62 Inam) (02 marks)

CUS

A 33 years old female presented with high grade remittent fever for last five days. Fever was mild on the day one but gradually increased day by day and on presentation was 103.70F. she also complained of mild reddish rash on limbs and trunk. On examination hemodynamically stable with slightly pale complexion and coated tongue. her pulse is 92/min regular Blood pressure 125/80 mmHg. On investigations hemoglobin is 12.2 gm/dl, total leucocyte count 4200/mm³, with relative lymphocytosis, Platelets 172000/mm³ mild splenomegaly.

- a) What is the most probable diagnosis? Typhoid fever (01 Mark)
- b) What further investigation you will advise to confirm your diagnosis? (32) (02 Marks)
- c) What are the specific treatment options in this patient? (02 marks)

Infection

(711 Inam)

- hyperglycemia - shock
- hypocalcemia - Pseudocyst formation
- renal failure - pancreatic necrosis
- Necrotizing Pancreatitis
- Obstructive Jaundice

Question

Write down the treatment plan for Helicobacter Pylori related chronic gastritis. (2.5 Marks) → 164 EP (379)

List all important complications of acute pancreatitis (2.5 Marks) 204 I-D (415)

A 55 years old male presented with palpitations and found to have irregularly irregular pulse. Atrial Fibrillation, Atrial flutter, Multifocal

- What are the common causes of irregularly irregular pulse? (1.5 Marks) Atrial fibrillation
- Discuss the treatment options for the most important cause of such pulse. In detail (3.5 Marks) (136)

A 45 years old female presented in medical out patients department with progressively worsening dry cough for last 03 months. She started developing exertional dyspnea 01 month ago, initially on moderate exertion but now even taking 10-12 steps on flat ground. Occasionally she spitted some streaks of blood on forceful bouts of cough. On physical examination she is afebrile with blood pressure 130/80 mmHg, pulse 96/min regular and respiratory rate of 22/minute. On chest examination there were fine crackles bilaterally more marked in the lower halves not changing after cough. On investigations her complete blood counts are normal. Erythrocyte sedimentation rate 45 mm after first hour. Blood sugar random, liver and renal functions, serum electrolytes were normal. On chest radiograph there were bilateral reticulonodular shadows more marked in lower zones.

- What is the most likely diagnosis? (01 Mark) Pulmonary fibrosis
- What further investigations would you advise? With expected findings to look for in support of your diagnosis. (02 Marks)
- How will you treat this patient? (02 Marks) 371 I-D

An 18 years old girl presented with seasonal episodic breathlessness for last 2-3 years. The episode usually is preceded by upper respiratory tract infection. Worst at late night or early morning, dyspnea is associated with noisy whistling sounds.

- What is the most likely diagnosis? (01 Mark) Asthma (220)
- What general advices would you give to the patient? (1.5 marks) (328 Inam)
- Describe in detail the treatment of the disease you have diagnosed. (2.5 Marks)

A 30 years old male presented with high grade continuous fever for last 03 days. Fever was associated with severe backache, headache, nausea, vomiting and retro-orbital pain. There was also a fine rash all over the body, started appearing few hours before presentation. He was hemodynamically stable but his oral temperature was 103°F. On routine investigations his hemoglobin was 15.5gm/dl, total leucocyte count 3900/mm³, and platelet count was 120,000/mm³. Liver function test were also disturbed with ALT and AST 1.5 times the upper limit of normal. Dengue

- What is the most probable diagnosis? Dengue (29)
- Name two important differential diagnoses? malaria, Typhoid
- Which investigations you will advise in this patient.
- Enlist important steps of treatment. (727 Inam)

5. GIT (224 Inam)

6. CVS

7. lungs

8. lungs

Exercise
2 infections
02/11
02/11

Infections

Typhoid
Malaria