

CVS

MI

2017

SEQ-1

A 40 years old female patient, diagnosed case of atrial fibrillation for more than six months presents in medical out-patients department. On physical examination her heart rate is 96 beats per minute, irregularly irregular rhythm and blood pressure is 120/75 mmHg. ECG show atrial fibrillation and on echocardiography there is mitral stenosis.

Write briefly the treatment plan for her, with special mention of anticoagulation. 07 marks

136+ Slides
Pg 18

SEQ-2

Key to R

Enlist the risk factors for ischemic heart disease.

Lecture +
151

03 marks

SEQ-3

A 60 years old smoker male presents in medical out-patients department with uncontrolled hypertension for last many months. He takes medicine irregularly and their details are not known. He is also a known case of bronchial asthma with mild cough and wheeze. He also complains of insomnia and increased frequency of urination round the clock. On examination his blood pressure is 190/105 mmHg and heart rate is 90 beats per minute. Rest of the examination revealed no significant abnormality.

Briefly describe all steps in management of this patient?

Diuretics
ACE inhibitor
2.5 marks
Calcium channel blocker
2.5 marks
Aspirin

And justify the choice of medication.

(2+3)

SEQ-4

A 58 years old patient with long standing and uncontrolled diabetes mellitus and hypertension, presented in developed sudden severe anterior chest pain, associated with sweating, mild dyspnea, and vomited twice in 30 minutes time. He is brought in emergency. He is pale, sweating profusely with cold peripheries, and having severe pain.

What is the most probable diagnosis?
mark

MI (159 compact)

01

How will you investigate this patient, with expected findings?
marks

(496 Davidson)

03

Enlist the medicines which may be used in the management with short reasons.
marks

Lecture

03

SEQ-5

Briefly describe the clinical features, types, and treatment of cardiomyopathies.
marks

(202)

(538 Davidson)
(128 Inam)

03

CVS

CVS

CVS

CVS

M1

CVS-F (12) B

SEQ1: 21 YEAR OLD FEMALE PRESENTED IN MEDICAL OPD WITH COMPLAINT OF BLOODY DIARRHEA FOR THE LAST 6 WEEKS. SHE WAS SEVERLY ANAEMIC WITH APHTHOUS ULCERS IN MOUTH. STOOL EXAMINATION WAS SHOWING MUCUS AND BLOOD WITH NO OVA AND PARASITES.

- A. WHAT IS MOST PROBABLE DIAGNOSIS? (01 marks)
- B. WHAT ARE INVESTIGATIONS? (02 marks)
- C. HOW WOULD YOU TREAT THIS PATIENT? (02 marks)

→ Ulcerative colitis
 → Crohn's colitis
 → Crohn's disease

SEQ2: 45 YEAR OLD OBESE LADY PRESENTED WITH REFLUX SYMPTOMS FOR THE LAST 7 WEEKS. SHE HAS TAKEN PROTON PUMP INHIBITORS FOR 6 WEEKS WITH MINOR RELIEF OF ACID TASTE IN MOUTH.

- A. WHAT IS MOST COMMON REASON OF GERD? (01 marks)
- B. HOW WILL YOU INVESTIGATE? (02 marks)
- C. HOW WILL YOU TREAT MEDICALLY? (02 marks)

→ Hiatus hernia
peptic ulcer

SEQ3: A 38 YEARS MALE PRESENTED IN ER WITH HISTORY OF CENTRAL CHEST PAIN RADIATING TO NECK & RIGHT ARM FOR 1 HR. HE IS SMOKER FOR LAST 10 YEARS AND HIS FATHER DIED OF HEART ATTACK AT AGE 50; 10 YEARS AGO. HIS BP IS 150/90 & EQUAL IN BOTH ARMS.

- A. NAME 3 IMPORTANT DIAGNOSTIC TESTS WITH POSSIBLE FINDINGS? (01 marks)
- B. NAME 5 MECHANICAL & 3 ELECTRICAL COMPLICATIONS OF MI. (02 marks)
- C. ENUMERATE MANAGEMENT OF ST ELEVATION MI ER? (02 marks)

→ History, ECG changes, Cardiac enzyme
 396
 496, 495
 498 + 1200
 → Davidson

SEQ4: A 16 YEARS OLD FEMALE PRESENTS IN OPD WITH COMPLAINTS OF EXERTIONAL DYSPNOEA; WHEEZING DURING THESE EPISODES & PALPITATIONS. ON EXAMINATION HER BP IS 90/60 mm Hg & SHE HAS DUSKY BROWN RASH ON HER FACE. SHE DOES NOT RECALL ANY LONG STANDING ILLNESS IN PAST. IF SHE WERE A CASE OF RHD; WHAT WOULD BE THE FINDING IF

- A. SHE IS A CASE OF MITRAL REGURDITATION (02)
- B. SHE IS A CASE OF MITRAL STENOSIS (02)
- C. ENUMERATE COMPLICATIONS OF MITRAL STENOSIS (01)

↓
 (1) Atrial dysrhythmia
Systemic embolization.
congestive right failure.
Pulmonary hypertension, Heart enlargement
Pulmonary edema, pulmonary hypertension.
Endocarditis

517
(104, 109 1mm)

GM

GM

MS

CMS

M.S.

Medicine Grand - Test (03-08-18)

Liver

1) 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? (2.5 Marks)
- b) What treatment options you can offer if this patient is a confirmed case of Hepatitis C viral infection? (2.5 Marks)

CVS

2) 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) Name 03 most important investigations. 446 (02 Marks)
- c) Enlist 05 most important treatment steps in this patient. 498 (02 marks)

CVS

3) 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 min 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 hepato-splenomegaly, and a diastolic murmur on cardiac auscultation were appreciated. Respiratory and nervous system examination were non-revealing.

- a) What is the most likely diagnosis? Rheumatic heart disease (01 Mark) 515
- b) Name 04 most important investigations? (02 Marks) (74 Inam)
- c) Briefly describe treatment you will advise in this patient? (02 Marks)

Endo

4) 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 form 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.

- a) What is most likely diagnosis? (01 Mark) Crushing
- b) What are the usual complications of this disease? (02 Marks) Syndrome.
- c) Name 02 most important investigations to confirm the diagnosis and its cause? (02 Marks)

Endo

5) What will be the effect of following conditions on the control of Type 2 Diabetes Mellitus of a middle aged man who is otherwise well controlled on diet and oral medications?

- a) Sudden deterioration of Chronic renal failure.
- b) Acute severe Bronchial Asthma
- c) Accidental loss of a limb

Written back.

Briefly discuss treatment adjustments also. He is taking tab. Glimpiride 2 mg before breakfast and tablet metformin after dinner. (05 Marks)

Treatment of Diabetes Mellitus (Briefly).

Q# 05

- (a) ↓ cortisol production, ↑ peripheral utilization of glucose, ↓ Blood glucose hypoglycemia
- (b) Drugs used for treatment asthma can cause uncontrolled hyperglycemia
- (c) Delayed wound healing

(Mood disorders slides)

Q1: You have seen Mr. Ahmed in your outpatients clinic. He has been unable to work for the last 2 months and is isolated from his family and friends. You suspect he might be suffering from a depressive disorder:

a) - what are the 2 screening questions that you would ask him to screen for depressive disorder? (1)

b) - how would you decide if he is suffering from mild, moderate or severe form of the disease? (4)

c) - what are his treatment options? Explain the various pharmacological and non-pharmacological ways you might use to treat his depressive disorder? (5)

→ Are you basically satisfied with your life?
→ Do you often feel hopeless?
→ Do you often feel helpless?

Q2: Mr. Ibraheem was admitted to the medical ward with a history of repeated falls and violent/agitated behavior. On history taking/examination you suspect he might be suffering from alcohol addiction/dependence.

a) What are the questions that you would ask him to find out if he suffering from alcohol dependence/addiction? (5)

b) - Enlist the most important/diagnostic clinical features of the following disorders:

Panic disorder (1), Generalized Anxiety disorder (1), Conversion disorder (1)

Obsessive compulsive disorder (1), Delirium (1)

M2

~~1 - How many~~

1 - Have you used drugs other than those required for medical reasons

2 - Do you drink more than one drink a day

3 - Are you unable to stop using drug when you want to?

M1, M2

M1 + M2

MEGA SEQs for test

2017

Name Rabia Khan Roll no: 45175 date: March 17, 2017

Each question carries 5 marks
TOTAL MARKS 20

PASS MARKS 10

Q. NO 1

A 25 years old man was seen in OPD with 5 days h/o fatigue, nausea and vomiting. two weeks ago he developed upper respiratory tract infection for which he was given ampicillin for 5 days. urine output is normal. no past medical history of hypertension, diabetes or renal impairment

On examination, no fluid over load, normal BP. there is maculopapular rash on abdomen. Investigation. urine reveals protein 1+, blood 1+, high eosinophil count. serum creatinine is 2.3 mg/dl.

- a. What is the most likely diagnosis? Acute interstitial nephritis
- b. What could be the possible underlying cause? Ampicilline (drug induced)
- c. How will you confirm the diagnosis? renal biopsy (CBC)
- d. How will you treat this patient?
- High dose corticosteroids (Prednisolone 1mg/kg/day)

Q:2

A 50 years old chronic smoker male presented with one month history of generalized weakness, weight loss, anorexia, lethargy. He started having hemoptysis since last week. Blood is mostly fresh and with scanty sputum, not more than 10 ml in a single bout of cough. His chest radiograph shows a well defined radio-opaque shadow in right middle zone?

- a) What is the most probable diagnosis? CA lung (266) mark 01
- b) What further investigations you will advise, please justify? mark 02
- c) How will you treat this patient? mark 02

Renal

402 Davidson

(482 Inam)

11
21 Lung

Liver

Q.NO:3

A 18 years old boy is admitted with reduced appetite, tiredness and nausea for 3 days. examination revealed yellow sclerae and tender hepatomegaly. investigations. serum bilirubin 2.5 mg/dl (N=1) ALT 450 u/l (N=40) . Alkaline phosphatase 250 u/l (N=200). serum albumin 4 g/dl.

- a. What is the most likely diagnosis? Hepatitis
- b. What are the underlying causes? → Hepatitis A
- c. How will you manage this patient?

(939 compact)
(872 dawson)

Q.NO 4

GIT

A 35 years old man c/o pain in epigastrium for 2 weeks. he is a smoker for 20 years. On examination, there is mild tenderness in the epigastrium. no viscera are palpable. Investigations. Hb 9 g/dl, MCV 65 f/l, stool is positive for occult blood.

- a. What is the diagnosis? CC Peptic ulcer (678)
- b. What is the most common cause?
- c. what investigations and procedure you will advise to confirm the diagnosis?
- d. How will you treat this patient?

QNO:5

CNS

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.

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

migraine

(605)

1095 dawson
(670 Inam)

Final year MBBS ANMC

Medicine Test 03-10-02-17

Total time 25 minutes

<p>MCQ-1: A 19 years old female patient presented with history of jerky movements of all four limbs along with frothing from mouth, and urinary incontinence followed by <u>unconsciousness</u>. What is the most probable diagnosis?</p> <p>a) Stroke b) Myasthenia gravis c) Epilepsy d) Meningitis</p>	<p>MCQ-4: <u>decreased serum albumin level</u> in a known patient of <u>cirrhosis of liver</u> is because of?</p> <p>a) Hepatocellular failure b) Portal hypertension c) Cholestasis d) Anemia</p>
<p>MCQ-2: What is the <u>Investigation of choice</u> in above case to confirm your diagnosis?</p> <p>a) ECG b) EEG c) CT scan Brain d) Lumbar Puncture</p>	<p>MCQ-5: <u>Mesalazine</u> is the treatment of which of the following?</p> <p>a) Acid Peptic disease b) Hepatic cirrhosis c) Hepatorenal syndrome d) Ulcerative colitis</p>
<p>MCQ-3: A 60 years old male presented with <u>left sided hemiparesis</u> for 12 hours. Motor system examination reveals Power 1/5 on left side and 4/5 on right side. Planter reflex is up going on left side. Hemodynamically stable. His CT scan brain is normal. What is the most probable diagnosis?</p> <p>a) <u>Left sided cerebral Infarction</u> b) <u>Right Sided cerebral Infarction</u> c) Left sided intracerebral hemorrhage d) Right sided intracerebral hemorrhage</p>	

CNS

SEQ-1: What would be the typical findings on CSF analysis in a patient of Tuberculous Meningitis? (2.5 marks).
(634 compact)

Liver

SEQ-2: A 45 years old female presented with gross ascites due to HCV related advanced cirrhosis of liver. Enumerate 05 most important management steps. (2.5 marks)
937 d → P-269

General
- Diuretics (spironolactone)
- Cephalosporins

Specific
- Transjugular intrahepatic portosystemic shunt (TIPS)
- Paracentesis

- portocaval shunt

HCV
- Interferon
- Ribavirin

12
Psychiatry

M2

M2

Department of Medicine

Azra Naheed Medical College Lahore
Final Year MBBS Class Test – Psychiatry
10-05-2019

Q1: (a)- According to ICD-10 what is the criteria for diagnosing mild, moderate and severe depression? (2.5 Marks)

(includes mood disorders)

(b): Describe the treatment of depression according to the biopsychosocial model? (2.5 Marks)

Q2: A young male has presented in your OPD with complaints of agitation, aggression and disorganized behavior, He believed he is being followed by aliens who are trying to communicate to him constantly.

(a) What is your diagnosis? Schizophrenia (1.5 Marks)

(b) How would you treat this patient? What medication options are available for treatment? What are the side effects associated with these medications? (3.5 Marks)

(includes Schizophrenia)

Neurology → Headache, Migraine, Meningitis, Ammara Khan
 - Stroke, Guillain Barre synd- Roll # FL5-054
 - rone, polyneuropathy, epilepsy Page numbers

CVS → Rheumatic heart disease, Valvular heart disease
 Azra Naheed Medical College
 Class Test 2 (Seqs) (M1) Written are
 Department of Medicine of compact Med
 (Dr. Irfan Masood)
 Total Time: 40 Minutes

Rheumatology → Rheumatoid arthritis
 Q.No.1: An 18 years old female presented to you in medical emergency with history of tonic-clonic fits for last many years. She was diagnosed as having epilepsy previously but not taking any medicines. This time the fit has lead to injury to his tongue and one cut on the limb.

- (627 Inam) a) Enumerate the management steps of an acute fit in emergency? 604 (2.5 marks) Na parho
 b) What are the precipitating or initiating factors for epilepsy? 598 (2.5 marks) Kis kaam

Q.No.2: A 20 years old male presented in medical emergency with history of low grade fever, headache, neck pain, vomiting and photophobia for 04 days. His condition is deteriorating gradually and now he is semiconscious.

- a) What is the most likely diagnosis? Meningitis (01 mark)
 b) Name two different diagnoses? Encephalitis, cerebral malaria (02 marks)
 c) How will you investigate? Describe the expected findings in details? (02 marks)
 632

Q.No.3:
 a) How will you diagnosis a case of acute rheumatic fever? 183 (03 marks)
 b) How will you manage a case of active rheumatic carditis? 184 (02 marks)

Q.No.4:
 a) Write down physical signs of severe mitral regurgitation? 190 (2.5 marks)
 b) Enlist peripheral signs of chronic aortic regurgitation? 194 (2.5 marks)
 includes

Class test #01 (M1) (Respiratory)

Q#01 A 60 yrs old diabetic presents with complaint of high grade fever, right sided chest pain & productive cough with greenish sputum for 3 days. On examination her temp. is 101°F, BP 90/60 mmHg & a patch of bronchial breathing on right side of chest on auscultation.

- (a) Diagnosis (1) Right sided lobar pneumonia
 (b) Investigations (Any four) (2) (258)
 (c) Complications (any four) (2) (258)
 (343 Inam)

Q#02 An 18 yrs old lady presented with progressively increasing shortness of breath & dry cough which is worse at night for one week. She reports similar episodes during spring season. On examination her RR is 20/min pulse 100/min with bilateral polyphonic wheezes on auscultation of chest.

- (a) Diagnosis (1) Bronchial asthma
 (b) Investigations with findings (2)
 (c) Management plan (2) (3281nam) (227)

Class test # 03 (M1) (CVS)

Q#01

- (a) Physical findings of ASD Secundum (5) (534 Davidson) (1171nam) (220)
 (b) Four components of Tetralogy of Fallot (5) (1211nam) (216) (5)

Q#02

A 35 yrs old presented with history of fever & exertional dyspnea for one month. On examination her BP is? (100/20), PR 120 per minute regular, temp 101°F & there is a pansystolic murmur at apex (527 Davidson)

- (a) Diagnosis (2) Infective endocarditis (197)
 (b) Investigations (6)
 (c) 2 complications of this disease (2) (831nam)

M2

SEQs

2017

u1 Nephrotic syndrome

1) A 3 years old child presented in out door with complaints of massive edema for 4 days. He is normotensive and passing less amount of urine but no evidence of hematuria.

Renal

- a) What is the most likely possibility? (1) Nephrotic syndrome men. renal change class.
- b) How will you investigate? (2) R# 1567 199 K.U.S.
- c) How will you manage him? (2) R# 569 200 K.U.H.S.

2) A 10 years old child presents with pain abdomen, vomiting & deteriorating conscious level of one day duration. He has been drinking excessive water and weight loss for the last two weeks. On examination, he is dehydrated with respiratory rate of 40/min & Glasgow Coma Scale of 10/15, complete blood count showed TLC 7000, normal platelets and HB level. ABGs showed PH 7.1, bicarbonate 12 and CO2 22.

Diabetic Ketoadidosis

- a) What is the most likely diagnosis? (1) DKA
- b) How will you investigate? R# 250 K.U.H.S (2) 175 - K.U.H.S
- c) How will you manage? R# 500 + 501 P (2) 176 - K.U.H.S

3) one month old baby was brought by the mother with complaint of constipation since birth hoarse cry and more sleepy on examination depressed nasal bridge, large tongue, coarse facial features and umbilical hernia.

- a) What is likely diagnosis? (1) Congenital hypothyroidism
- b) How will you investigate? (2) R# 493 + 494 183 K.U.H.S
- c) Write down the treatment option and duration of treatment? (2) R# 494

10 - 15 mg/kg/day.

→ Congenital hypothyroidism (Age one month).