- CT scan
- cytology sputum, pleural fluid → malignant cells
- MRI
- Fibroptic Bronchoscopy
- Transthoracic fine needle aspiration biopsy
- Supraclavicular lymph node.

Medicine Paper 1

Short Essay Questions (SEQs)

Final Professional Send up Examinations- 2017

Azra Naheed Medical College, Lahore

Sendup – 2017
M-1

- *All questions are compulsory.*
- *All questions carry equal marks, i.e 05 marks each*

Total Marks 45 **Time allowed 02 Hours**

1. A 50 years old male, presented in Medical Out-patients department with three months history of significant weight loss. He is a chronic smoker having more than 20 cigarettes per day for last 20-25 years. There is history of dry cough for last many months with occasional yellowish sputum. No history of hemoptysis. There is no history of fever but he complains of cachexia for 3-4 months. On physical examination nothing abnormal revealed except few small discrete lymph nodes in cervical and supraclavicular region. Lab investigations hemoglobin 14.2 gm/dl, total and differential counts normal. ESR is 80 mm after one hour. X ray chest shows a well circumscribed, 3X 4 cm, round shaped radio-opaque shadow in right mid zone.
   a) What is the most likely diagnosis? Bronchogenic CA
   b) Describe briefly what further investigations would you advice for confirmation of diagnosis?

2. A 22 years old male presented in medical emergency with one day history of severe breathlessness/wheeze. The illness started with flu and upper respiratory tract infection and low grade fever. Patient says he have this type of breathlessness on and off usually in changing weathers.
   a) What is the most probable diagnosis? Asthma
   b) What management steps would you advice? 670 D
   c) What bed side technique or procedure can be used to monitor improvement? ★ Pulse oximetery ★ Spirometery

3. A 58 years old man presented in cardiology out-patients department with complaints of palpitations off and on for last fifteen days and continuously for last two days. His blood pressure 125/85mmHg, heart rate 10[illegible] minutes irregularly irregular. No complaint of chest pain, dyspnea and sweating etc.
   a) What is the most probable diagnosis? and differential diagnoses. Atrial fibrillation ★ Acute MI ★ RHD atrial flutter ★ hyperthyroidism ★ Hypertension
   b) Which investigation would you advice to confirm your diagnosis?
   c) Briefly describe the management steps.

4. A 45 years old obese male presented in emergency with severe anterior chest pain for 30 minutes, [illegible] collapsed with profuse sweating and shortness of breath. He vomited twice on the way to hospital. He is known uncontrolled hypertensive with no treatment. He is also a chronic cigarette smoker and banker by profession. His pulse was 96/minute, regular in rhythm and blood pressure 90/60mmHg.
   a) What is the most probable diagnosis? MI heart failure. Acute
   b) Describe briefly the investigations you will advise and specific management steps.

5. 40 years male presents with sudden onset headache for 6 hour. He collapsed briefly at onset of head [illegible] with no definite fit. Later he was having severe headache with repeated vomiting. He described it as worst headache of his life starting in nape of neck. On examination his pulse 98/minute, BP=140/90mmHg [illegible]

forget. He was lying with eyes closed and had positive neck stiffness, no other neurological deficits. No significant past medical history (SAH).

a) What is the most probable diagnosis?
b) Which investigation would you advice to confirm your diagnosis?
c) Briefly describe the management steps. → P 645

6) A 55 years old lady presented with history of distention of abdomen, repeated episodes of altered consciousness, black tarry stools, nausea, anorexia, weight loss, generalized weakness and low grade fever for last few months. Attendants give history of constipation for the last 2-3 days. On examination she is irritable, drowsy, not fully oriented; her vital signs are stable with no fever. She has anemia but no cyanosis or jaundice. There is clubbing, palmar erythema, leukonychia, flapping tremers, and spider naevi present. Abdomen is protuberant with shifting dullness, cardiovascular and respiratory system examinations are normal. There is no neck rigidity or signs of meningeal irritation. Planters are equivocal bilaterally.

a) What is the most probable complete diagnosis? → P. 278 ID
b) What is the most likely immediate reason behind her acute condition?
c) How will you investigate and manage this patient?

7) Write a detailed note on the management of gastro-esophageal reflux disease, with general and specific measures including medicines with doses. Please briefly explain how each step you mentioned will help. → P - 164 ID

8) A 24 years old lady presents with 10 days history of moderate grade, remittent fever. Initially she had mild irritation in the throat which is settled now. There is mild nausea but no vomiting or cough or any urinary complaints. On examination she is having mild pallor, not jaundiced. Pulse is 84/minute regular, blood pressure 115/75mmHg, respiratory rate 18 per minute and oral temperature is 102.8°F. There is also a mild rash on the limbs. On investigations her hemoglobin is 13.8 gm/dl, total leucocyte count 4200/mm³, differential leucocyte count with neutrophils 50%, lymphocytes 48% and eosinophils 2%, erythrocyte sedimentation rate is 20mm after first hour. Urine complete examination, chest radiograph and blood sugar levels are normal. Her ultrasonography of abdomen shows mild hepatosplenomegaly.

a) What is the most likely diagnosis?
b) What further investigations you will advise?
c) Name two life threatening complication
d) What are the treatment options?

9) A 23 years old male presented to the medical out-patients department with 4 months history of generalized weakness and inability to perform his daily activities. He feels better in the morning but these complaints are aggravated in the evening when he usually have dropping of upper eyelids also, he also feels more weakness of limbs if have to continue some working for more than 10 minutes duration, this improves after taking some rest for some time.

a) What is the most likely diagnosis?
b) Name one differential diagnosis and how will you differentiate it from your main diagnosis?
c) Name two investigations with interpretations to include or exclude your diagnosis
d) Name the medicines you will prescribe