

Q2. (a) Hemolysis:
 like Polycythemia
 Serum color & Coombs +
 Renal failure may be cause
 Serum Potassium - ↑ hyperaldosteronism
 Part of blood sug? → Hypoalbuminemia

ECC, left ventricular hypertrophy
 strain pattern

Medicine Paper I
 Short Essay Questions (SEQs)
 Final Professional Examination (Annual) 2017 ??
 Azra Naheed Medical College, Lahore

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

Total Marks 45

Time allowed 02 Hours

1. A 57-year-old woman presents with dyspnea on exertion, fatigue, and orthopnea. She has a long history of HTN and DM with suboptimal control and does not take regular medications for DM. She does not have angina and is a nonsmoker with normal cholesterol levels. Medications include Metoprolol 50 mg twice daily and hydrochlorothiazide 25 mg once daily. Her Blood Pressure 170/90 mmHg, heart rate 64 beats per minute regular. On physical examination her lungs are clear, JVP 12 cm of H₂O, pitting pedal edema bilaterally and on cardiac examination left ventricular impulse is prominent and sustained, audible S3 and no murmurs.

(20 marks)
 170 (comp)

- a) What is most likely clinical diagnosis? - congestive heart failure 01 Mark
 b) Name important investigations and expected findings? 02 Marks
 c) Briefly describe all management steps? 02 Marks

2. A young male of 18 years age presented with severe headache, palpitations, mild occasional dizziness and higher readings of blood pressure for last one month. He is very anxious and apprehensive regarding his symptoms. He gave history of worsening of his blood pressure and symptoms 02 weeks ago when he was given a medicine by general practitioner, so he is not taking any medicine now. On examination his sitting blood pressure was 185/110 mmHg, heart rate 84 beats per minute and regular. Rest of the examination revealed no gross abnormality.

30 marks

- a) Discuss the investigation plan of this patient with expected findings? (02 Marks)
 b) Briefly discuss the treatment of this patient, which antihypertensive medicines you will prescribe and which you will avoid? Justify your answer (03 Marks)

3. A 50 years old female who is a known patient of HCV related advanced and complicated cirrhosis of liver. She presented in medical emergency with one day history of semi consciousness which is now converted into deep coma. There is also history of two episodes of coffee ground colored vomiting one day ago.

(213)
 (276 marks)

- a) What is the most likely diagnosis? (0.5 Mark)
 b) How will you investigate this patient with expected findings? (02 Marks)
 c) Write all important steps of management and how they will work? (2.5 Marks)

4. Write down a note on causes, investigation plan, management and complications of chronic diarrhea. (05 Marks)

(435)
 (212 marks)

5. A 17 years old male presented with history of low grade fever, weight loss of 4-5 kilograms, anorexia, and feeling of being unwell for last 03 months. On examination he is hemodynamically stable with oral temperature of 100° F. There is generalized cervical

Handwritten notes on the left margin:
 - CNS
 - (464 Davidson)
 - 24 - 2mm-D
 - CNS
 - 3 9 -
 - Diuretics
 - ACE inhibitors
 - Calcium channel blockers
 - Combined alpha blockers
 - Efface
 - Liver
 - Grit
 - lungs

lymphadenopathy bilaterally. The lymph nodes are soft, non-tender and matted. There is also a discharging sinus in right supraclavicular region.

- (355 Inam) T.B (250) Sarcoidosis
355 Lung tumor, Bacterial pneumonia
- What is the most probable diagnosis? (01 Mark)
 - Name 02 important differential diagnoses. (01 Mark)
 - Write in detail the treatment. (03 Marks)

6 A young male presented with dull pain over left lower chest for last one week. Earlier he was diagnosed having left sided pneumonia and treatment was given which improved the symptoms reasonably. On examination he is hemodynamically stable, afebrile with no pallor, cyanosis, edema or jaundice. On chest examination, left side was moving less with each breath, vocal fremitus and vocal resonances are decreased, percussion note dull and grossly reduced breath sounds on left lower rib cage, anteroposterior as well as laterally.

- lungs 379
- Write down the complete diagnosis. (01 Mark) Plural effusion
 - How will you confirm your diagnosis? (02 Marks)
 - Write management steps if this patient develops gross dyspnea even at rest and orthopnea suddenly (02 Marks) (378 Inam)

7 A 50 year old heavy chronic smoker male presented with history of productive cough, episodes of fever, hemoptysis, weight loss, and anorexia. There was history of having complete treatment for pulmonary tuberculosis 04 years ago. His cough is with copious amount of dirty foul smelling sputum which was worse after he wakes up and on posture change.

- lungs
- What is the most probable diagnosis? (01 Mark) Bronchiectasis
 - What findings you expect when you will investigate this patient? (02 Marks) 341
 - How will you treat this patient? (02 Marks) (340 Inam)

8 A known epileptic girl of 19 years presented with recurrent tonic clonic generalized fits over last one month. She was not taking any medicine and no detailed record of her illness was available.

- 1097 (627 Inam) CNS 633 (598)
- Which medicine will you prescribe to this patient?
 - Write name of the investigation to confirm the diagnosis?
 - If fits are not controlled with initial treatment which other options may be used?
 - For how long the treatment should be given? 2-3yr
 - Write 04 important general instructions to patient/ attendants.

(01 mark for each)

9 A 70 years old male known case of long standing diabetes mellitus, hypertension and hyperlipidemia presented with 36 hours left sided paralysis, confusion and difficulty in talking. Glasgow coma score was 10/15, planter in upgoing on left side. His CT scan brain done after 12 hours of paralysis shows a radio opaque shadow in right parietal region with lateral sinus extension and midline shift.

- 1253 (635 Inam) CNS 645 643 (587)
- What is the most likely diagnosis? (01 Marks)
 - How will you manage this patient? (02 Marks)
 - What are the possible complications this patient may have? (02 Marks) 644 635

Stroke