



19
**FINAL YEAR MBBS
UROLOGY/NEUROSURGERY**

17

Department: *Surgery*

Total Marks: 25
Obtained Marks: _____
Dated: _____

Name: _____
Roll No: _____
Date: _____
Time Allowed: 25 min.

Q3(b) *E. coli, Proteus, S. epidermidis, Pseudomonas, S. aureus, M. Tuberculosis, N. gonorrhoeae.*

S2

Attempt All Short Essay Questions Given Below

Q1. A 30 years male is brought to ER with h/o fall. On examination he is oriented with bruise on his left loin, his pulse is 105/min. and B.p is 90/50. His FAST shows left paracolic hematoma and intact spleen. He is passing blood in urine

- a) what is your clinical suspicion *Left renal injury / Renal trauma* (1)
- b) how will you investigate further *(back)* (2)
- c) Out line non operative treatment for your patient *(back)* (2)

→ 2150

Q2. A boy of 15 develops sudden agonising pain in left groin and the lower abdomen with nausea. O/E his left testis seems high and pain worsen on elevation

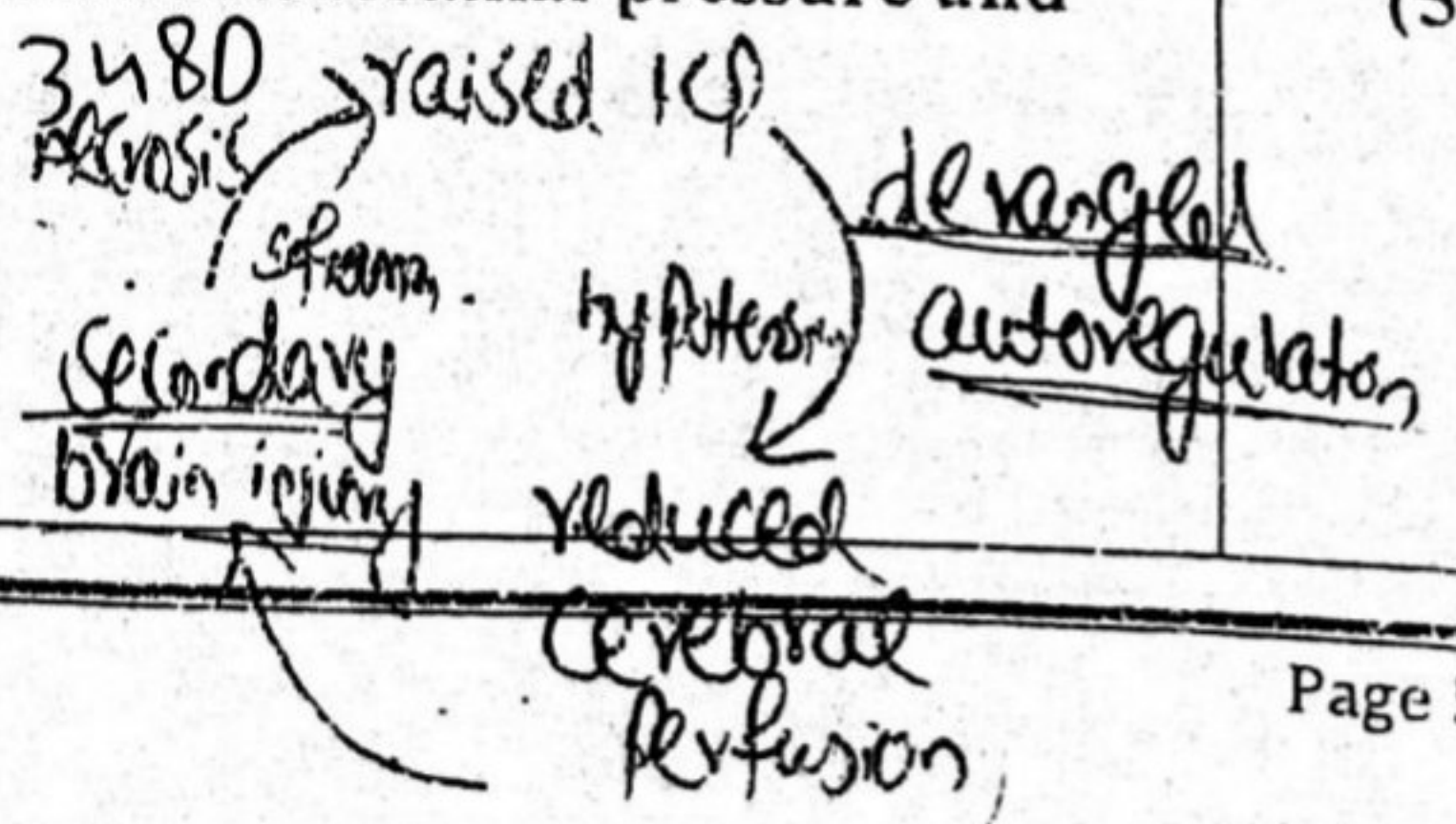
- a) What is your diagnosis *Testicular torsion* (1.5)
- b) How will you investigate *Doppler scan → absence of blood supply* (1)
- c) What are predisposing causes resulting this condition. *Pg #135 KUMS* (1.5)
- d) How you will treat. *Pg #135 KUMS / 65 KUMS* (1)

Q3. a) Describe surgical anatomy of prostate, what is the importance of different parts of prostate *Pg #240* (3)

b) Write a note on Bacteriology of UTI *Pg #1326 B* (2)

Q4- Classify traumatic brain injury, Discuss the pathophysiology and treatment of epidural hematoma. *Pg #3410* (5)

Q5- Discuss the pathophysiology of raised intracranial pressure and various measures to lower it. *(notes)* (5)





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Q3(b) E. coli, Proteus, S. epididymidis
Pseudomonas, S. aureus, M. Tuberculosis,
N. gonorrhoeae.

Attempt All Short Answer Questions Given Below

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- a) what is your clinical suspicion Left renal injury / Renal trauma
- b) how will you investigate further (back)
- c) Out line non operative treatment for your patient (back)

(1287 Bailey)
(2)
(2)
(2)
(3)

Q2. A boy of 15 develops sudden agonising pain in left groin and the lower abdomen with nausea. O/E his left testis seems high and pain worsen on elevation

- a) What is your diagnosis Testicular torsion
- b) How will you investigate Doppler scan -> absence of blood supply
- c) What are predisposing causes resulting this condition. Pg #135 KUMS
- d) How you will treat. Pg #135 KUMS / 65 K. UMS

(262 Dogar)
(1.5)
(1)
(1.5)
(1)

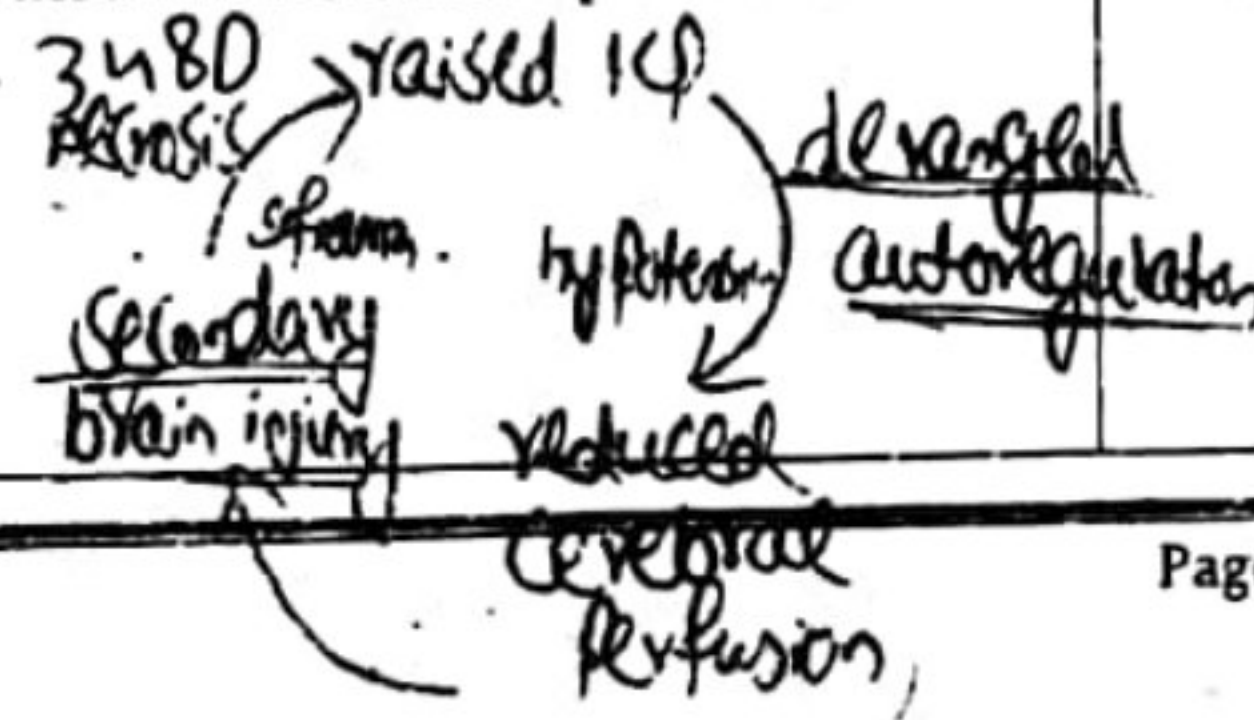
Q3 a) Describe surgical anatomy of prostate, what is the importance of different parts of prostate Pg #240

b) Write a note on Bacteriology of UTI Pg #1326 B

Q4- Classify traumatic brain injury, Discuss the pathophysiology and treatment of epidural hematoma. Pg #341 D

Q5- Discuss the pathophysiology of raised intracranial pressure and various measures to lower it. P- 3480

(318 Bailey)



(240 Dogar)
(2)
(5)
(5)

52

Department of Urology

Class test SEQs

Total marks (30)

Time Allow (40) mints

Q1: 22 years female presented in urology OPD with C/O left flank pain for 2 months off and on. It is localized. On ultrasound there is moderate hydronephrosis, no hydroureter.

- Give three differential Diagnosis?
- How will you further investigate?
- Name the operation for this patient?

PUJO

→ lower urinary tract symptoms
system

Q2: 63 years male patient c/o LUTS for last 6 months. He is diabetic: normotensive. On ultrasound prostate size is 35 gm with residual volume of 169 mls and stone 2.2 cm in urinary bladder.

- What is your provisional diagnosis?
- Name the relevant investigations?
- How will you manage the patient?

BPH

Q3: 45 year male by profession barber presented in emergency with acute urinary retention. He gives h/o painless hematuria for last 3 months. He is smoker from last 20 years.

- What is your provisional diagnosis?
- What investigations you will order?
- How will you manage?

Carcinoma of bladder