

Peada Test # 01

Ammara Khan

Roll # 054

Immunization, Measles, Mumps, pertussis,
Chicken pox, Acute GN,
Diphtheria, Nephrotic syndrome. SEQs

1. An 9 years old girl comes with history of peri-orbital puffiness & headache for 3 days. There is also history of decreased urine output and urine is dark in color. According to her mother she had few skin lesions one week ago and now her BP is 135/90mmhg.

Urine analysis:

Dark color

Many RBCs

Protein trace +ve

Acute post streptococcal GN

(534)

- What is the most likely diagnosis? (1)
- How will you investigate? (2)
- What is the treatment? (2)

2. A 3 years old child presented in outdoor with complaints of body edema for 4 days. On examination he has puffiness of eyes and marked scrotal edema. There is bilateral decreased air entry in chest and evidence of free fluid in peritoneal cavity. His B.P is normal and there is no skin rash or hematuria

- What is the most likely possibility? (1)
- How will you investigate? (2)
- Give your treatment plan? (2)

Nephrotic syndrome with
peritonitis (539)

Peads

Test #02

Ammara Khan

Roll # FIS-054

• Typhoid

• Pneumonia

• Malaria

• Bronchiolitis

• Asthma

Seqs (2)

• TB

1. 5 year old child presented in emergency with history of fever for one day, single episode of fit and loss of consciousness for more than six hours on examination patient is febrile, GCS 6/15, pallor positive and spleen palpable 3cm below left costal margin, signs of meningeal irritation absent.

Cerebral malaria (353)

- What is most likely diagnosis?
- Write down the investigations to reach the diagnosis?
- How will you manage this patient?

2. A 7 years old boy came to outdoor with history of fever which is high grade intermittent and associated with chills and rigors for the last 2 week. There is also history of anorexia, malaise, abdominal pain and occasional vomiting. On clinical examination child is febrile, pale, tongue is coated and mild soft splenomegaly. On laboratory investigations there is mild derangement of ALT and leucopenia.

- Give three differential diagnosis (2)
- How will you investigate him further? (1)
- Discuss management options? (2)

Typhoid, Sepsis
Malaria.

(193)

Srd Batch
(2018)
C.I

~~15/11/18~~

Final year Mega test

Time allowed 50minuts

Date 25-05-2018

SEQs

Liver

1. Nine years old child product of consanguineous marriage presented with complaint of generalized body swelling for last one month, hematemesis and melenas for last 15 days, according to mother child developed jaundice at age of 7 years and history of one sibling death at 8 years of age with same complaint. On examination child was sick looking having pedal edema, ascities and clubbing grade 2 and pallor positive, hepatitis B and C screening is negative.

- a) What is most likely diagnosis? (1)
- b) How will you investigate this patient? (2)
- c) How will you treat this patient? (2)

Wilson disease
(309)

Gut

2. Two years old child presented in OPD with complaint of fever, loose motion and vomiting for last three days on examination child was febrile, irritable, eyes were sunken but child is conscious and drinking water eagerly.

- a) Explain the degree of dehydration (1)
- b) How will treat this patient according to dehydration? (2)
- c) Write down atleast three complications of this condition? (2)

Some Dehydration
(184)
→ 183

Renal

3. An 5 years old girl came with history of peri-orbital puffiness & headache for 3 days with decreased urine output and urine is dark in color, according to her mother she had few skin lesions one week ago, BP is 135/90mmHg.

- a) What is the most likely diagnosis? (1)
- b) How will you investigate? (2)
- c) What is the treatment? (2)

streptococcal
glomerulonephritis

AGN

(534)

CNS

4. A 10 year old girl received in emergency room in state of fit which is generalized tonic clonic associated with frothing and urinary incontinence for the last 10 minutes. She was alright before this episode with no history of fever, headache or vomiting. According to her father this attack is for the third time in the last 2 years with fit free interval of almost 5 to 6 months and she used to be alright with no focal deficit during fit free interval.

- a) What is the diagnosis? (1)
- b) How will you manage this episode of fit? (2)
- c) What is the long term management? (2)

Grand-mall epilepsy 404.
Epilepsy
(357)

SEQs

several Dehi Reads

1) A 2 years old child presented in pediatric emergency with history of recurrent vomiting and diarrhea for the last 4 days. Now patient is anuric for the last one day and drowsy and tachypneic since morning. On physical examination patient has deep rapid breathing and hypertension. His laboratory parameters showed severe metabolic acidosis, hyperkalemia, hypocalcemia and raised urea creatinine level.

Renal

- a) What is the most likely diagnosis? Acute renal failure
- b) What is the cause? (dehydration)
- c) How will you manage the patient Pg#288KUNS+575PA

(545)

2) A 2.5 yr old girl brought to you with C/O recurrent chest infections since birth. O/E she is thin, lean having ht. & wt. less than 10th centile with subcostal recessions and bilateral crepts along with heaving apex beat and pansystolic murmur over the lower sternal border of grade IV/VI conducting across the sternum

CVS

- a) What is the most likely diagnosis? VSD
- b) What investigations will you carry out? Pg#345PA
- c) What will be the treatment? Pg#345+346PA

(374)

3) A 4 days old baby born to G₃P₂A₀ mother presented with jaundice since 2nd day of life. Blood group of mother is O⁺ and blood group of baby is A⁺. On examination baby is pale and spleen is palpable 3cm below the costal margin. Total serum bilirubin is 27 mg/dl, indirect bilirubin is 25mg/dl and hemoglobin is 8mg/dl.

Neonatology

Hereditary spherocytosis
① Rh incompatibility - Thalassemia (154)

CBC
WBC Exam.
ABGS

- a. Write down three differential diagnosis Pg#266KUNS
- b. How will investigate further
- c. Enlist steps of management Pg#266KUNS

4) 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.

UO
Electrolytes
renal Sorex

- a) Give 2 possible differentials? Nephrotic Syndrome, ARF
- b) How will you investigate? Pg#564 PA

(539)

c) How will you manage him?

Renal

CBC ⇒ Hb ↓
serum bilirubin (total, Direct, Indirect)
peripheral blood film -
Blood Group of mother & baby -
Direct coomb's test in infants.

(2nd Batch)

Others -
TFT's LFT's - GGD enzyme assay, And USG
HIDA scan - where bins

Final year monthly test

Time allowed 50 minutes

Date 26-05-2017

SEQs

Nutrition

1. A 2 years old child comes to outpatient department with complaint of not gaining weight. He is one, among 5 siblings and taking cow's milk since birth. On physical examination his weight is 6.2kg and length is 69cm with generalized loss of subcutaneous fat and loss of muscle bulk. There is no edema and he is quite alert with good appetite

- a) What is the most likely diagnosis? marasmus (91, 96) (1)
- b) Write down different classification system to assess the severity of malnutrition. (2) Pg # 98 PA (2)
- c) What are steps of management? Pg # 260 KUHS (2)

Blood

2. A one year child presents in outdoor with complain of being progressive pallor for 6 months. On clinical examination he is markedly pale with splenomegaly. There is no evidence of bleed and lymphadenopathy. Laboratory investigations reveals Hb% of 1.5gm/dl, MCV 56fl, TLC 6500 x 10⁹/L and platelets count of 250 x 10⁹/L.

- a) Give two differential diagnosis (1) Iron deficiency anemia, thalassemia (420)
- b) How will you further investigate? (2) Pg # 440 + 443 PA (SIR. CR. H)
- c) Give 3 causes of microcytic anemia Pg # 430 (1)

Psychiatry

3. 4 years old child brought in OPD by mother with complaint that her child speak only single word, he does not play with other children, usually he play alone and he has restricted and repetitive behavior. autism

- a) What is most likely diagnosis? (2) (74)
- b) How will you manage this patient? (2) Pg # 79 PA
- c) What is the prognosis? (1) Pg # 75 PA

Rheumatology

4. 5 year old girl presented in OPD with complaint of off and on fever for one month, multiple joint pain involving small and large joints with restricted movement and morning joint stiffness, on examination she is febrile, multiple oral ulcers, erythematous rash over face, involved joints are hot, tender and erythematous. SLE, JRA

- a) Write down the differential diagnosis? (1) CBC (505)
- b) Write important investigations to reach the diagnosis? (2) IgM RF
- c) How will you manage this patient? CS29A (2) ANA

Social
Medicine
in
pediatrics

- a) Write down the different types of child abuse? (2.5)
- b) What are the causes of child abuse? Pg # 51 + 52 PA (2.5)

(45)

(2nd Batch)

(2018) 3rd Bde

Final Year Class Mega Test (SEQs)

✓ 1. A one day old male baby, delivered through cesarean section, admitted in NNU with history of respiratory difficulty since birth. On examination he is oxygen dependent and his respiratory rate is 80/minute with grunting and intercostals recessions. ABGs showed respiratory acidosis.

Neonatology

- a) What is most likely diagnosis? (1)
- b) Give two differential diagnoses. (1)
- c) What other investigations you would like to do? (1)
- d) What are treatment options? (2)

Respiratory distress syndrome
(138)

✓ 2. A 2 years old child presents in outdoor with complaint of not gaining weight. On physical examination his weight is 6kg and length is 75cm. He has generalized loss of muscle bulk and loss of subcutaneous fat with poor dentition. Otherwise he is alert and has good appetite.

Nutrition

- a) According to Gomez classification which degree of malnutrition he has? (1)
- b) Describe any two classification system for malnutrition. (2)
- c) Discuss steps of management. (2)

weight less than 60% of normal (3rd degree) malnutrition

3. A 7 years old boy comes to outdoor with history of high grade intermittent fever for the last 2 week. There is also history of anorexia, malaise, abdominal pain and occasional vomiting. On clinical examination child is febrile, toxic with hepatosplenomegaly.

Infections

- a) Give two differential diagnoses. (1) →
- b) How will you investigate him further? (2)
- c) Give steps of management (2)

Malaria, Typhoid
(218)

2017
Peas

SEQs

1. 4 years old male child presented in out door with history of fever for last one month low to high grade and generalized body aches and bone pain on examination patient is febrile sick looking, pale petechia on arms and legs and generalized lymphadenopathy and hepatosplenomegaly.

Blood

What is differential diagnosis? ^{acute lymphoid leukemia} ~~Sarcoma~~ ALL, lymphoma, ITP, aplastic anemia
↳ Idiopathic thrombocytopenic purpura

What is likely diagnosis? ALL

What investigations are required to reach the diagnosis? Pg#407PA (436)

Write down the steps of management? Pg#264KUH5

2. years old boy was brought in emergency with history of confusion, increased salivation, lacrimation, fasciculations and miosis on examination, he was cyanosed, H/R 110/min blood pressure 115/90mmhg and one episode of convulsion, according to his father child was with him in field two hours ago and was perfectly alright.

Toxicology

A, what is likely diagnosis? organophosphorus poisoning (595)

B write down investigations? Pg#634PA

C write down steps of management? Pg#634PA

3. A 6years old boy comes to emergency with acute severe attack of asthma. On detailed history he is known asthmatic for the last 2years and has mild persistent class of asthma. Now for the last 2 months symptoms have increased in frequency. Now he has night time symptoms for more than 2 times per month

Respiratory

How would you manage his acute attack? Pg#291PA (271)

How would you step up him for long term management? Pg#293PA

(2nd Batch)

Jameem

Respiratory

Final Year Class Test (SEQS) Time allotted 30 minutes

1.3 years old child admitted in hospital with complaint of fever, cough and respiratory distress mother also give history similar episodes of chest infection multiple times last two years and recurrent diarrhea off and on. He remained admitted in different hospitals and received multiple courses of antibiotics and 6 months treatment of ATT but not cured. on examination his height and weight are below average for his age, clubbing present and chest deformity, he is a product of consanguineous marriage?

- a) What is most likely diagnosis? (Cystic fibrosis) 300 (273)
- b) Write down important investigations to reach the diagnosis? 17+216
- c) Write down steps of management? 19+247

2. A 3 years old child comes to emergency with complaints of rhinorrhea, cough and low grade fever for 4 days and respiratory difficulty for 1 day. On clinical examination he has barking cough, stidor and change of voice.

- a) Give 2 differential diagnosis 17+274 (254)
- b) What is the diagnostic approach? 17+273 (investigations)
- c) How would you manage the patient? 17+271

3. A known case of asthma presents in emergency department with acute severe attack of asthma. He also has the history of worsening of the symptoms for the last 2 months. Now he has >2 per week of day symptoms and >2 per month of night symptoms.

- a) What class of asthma now he has? (mild persistent) 4HS 370
- b) How will you manage his acute attack? 17+211
- c) Regarding long term management how will you step up his treatment? 17+213 (271)

(2nd Batch)

SEQs

Renal

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.

- a) What is the most likely possibility?
- b) How will you investigate?
- c) How will you manage him?

(1) Nephrotic Syndrome (539)
 (2) 567
 (2) 569

WSP

Endo

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.

- a) What is the most likely diagnosis?
- b) How will you investigate?
- c) How will you manage?

(1) DKA (484)
 (2) ~~350~~ KMS 327
 (2) 500+501 P

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?
- b) How will you investigate?
- c) Write down the treatment option and duration of treatment?

Cong hypothyroidism 328 CMS
 (1) # 493+494
 (2) # 494 (470)

WSP

Endo

1. Five old child presented in emergency with history of vomiting and abdominal pain for two days, fever and fast breathing for one day, on examination patient was febrile tachypenic R/R 46/min, chest clear on auscultation and GCS 11/15 laboratory reports show urinary ketones +++ positive and urinary glucose positive?

Endo

- a. Write down further investigations to reach diagnosis?
- b. What is Likely diagnosis?
- c. Write down steps of management?

(D.K.A.)

~~Acute diarrhoea~~
(484)

2. years old girl was brought by concern mother that she is not gaining height and slowly deterioration in school performance, on examination she have normal facies, her height is at 25th centile and weight above 75th centile, skin is dry and coarse?

Endo

- a. What is likely diagnosis?
- b. Write down the investigations to reach the diagnosis?
- c. How will you treat and follow this patient?

Acquired Hypothyroidism.

(472)

3. 3 year old boy presented in emergency with fever for 2 days associated with vomiting and multiple episodes of fits along with altered sensorium for one day. On examination patient is irritable and febrile. There are positive signs of meningeal irritation with depressed sensorium. Patient is unvaccinated and lives in an overcrowded place.

CNS

- a. What are two possible diagnoses?
- b. How would you further evaluate the patient?
- c. What are the possible complications?
- d. What are the steps of management?

Tuberculous meningitis / Encephalitis
(347)

(2nd Batch)

SEQS

CNS

1. 1.5 year old child presented in emergency with history of fever for one day, single episode of fit and loss of consciousness for more than six hours on examination patient is febrile, GCS 6/15, pallor positive and spleen palpable 3cm below left costal margin, signs of meningeal irritation absent.

- a) What is most likely diagnosis? Cerebral malaria
- b) Write down the investigations to reach the diagnosis? Pg #245 KUMS
- c) How will you manage this patient? Pg #246 KUMS

(353)

CNS

2. A 10 year old girl brought to you with C/O fever and headache for one day. She is a known case of cyanotic congenital heart disease. O/E she was having high grade fever up to 104F along with cyanosis, clubbing and neck rigidity.

- a) What is the most likely diagnosis? TBF
- b) What complication has occurred? Pg #340 PA Brain abscess
- c) What investigations will you carry out? Pg #339 PA
- d) What will be the treatment? Pg #340 PA

(325)

3. Two year old boy was brought to OPD with history of cough and high grade fever for five days. Now he has developed a rash all over the body starting from face and become generalized within 48 hours. She is still running high fever and mucopurulent conjunctivitis

Infections

- a) What is the most likely diagnosis? malaria
- b) Give two other differential diagnosis? Pg #229 PA
- c) Write down three complications? Pg #229 PA

(210)

(2nd)

1. A 7 years old girl presented in the casualty department in unconscious state having generalized tonic clonic seizures. There is history of fever, headache and vomiting for 3 days. On examination she is comatose with GCS 9/15. Her pulse rate is 80/min, respiratory rate 30/min, temperature 101F, blood pressure 110/90. Neck rigidity is present.

CNS

- a) Give two differential diagnoses. *Meningitis, cerebral malaria* (1)
- b) Write down the important investigations to reach the diagnosis? (2)
- c) How will you treat this patient? (2)

meningitis? (342)

2. A 3 years old child presented in emergency with respiratory difficulty and stidor. On clinical examination there is drooling of saliva and the child is febrile and toxic. According to his father there is history of high grade fever and dysphagia for the last 2 days.

- a) What is the most likely diagnosis?
- b) Write down 2 differential diagnosis?
- c) Write down steps of managements?

Epiglottitis (253)
(1) Acute laryngotracheitis
(2) Retropharyngeal or peritonsillar abscess

3. A 4 months old infant presented to physician with a 3 days history of cough and respiratory difficulty. On clinical examination there is wheeze and tachypnea with R/R of 66/min, H/R 132/min and Temp: 100 F°. There is flaring of Alae Nasi & inter-costal recessions. On auscultation, bilateral ronchi are present and X-ray chest showed hyperinflation of lungs & flattening of the diaphragm. There is no history of asthma & allergy in family.

- a) What is the most likely diagnosis?
- b) What are the common causative organisms causing this disease?
- c) What are the steps of management?

(1) 293
(2) Bronchiolitis
(2) (258)

4. Seven years old male child presented with history of low grade fever, cough and weight loss for one month, no history of polyuria, jaundice, Rash, petechiae, bruises, joint pain or joint swelling. On examination patient is febrile, tachypenic, sick looking, cervical and axillary groups of lymph nodes are palpable, his weight is 19 kg, fine crepitations are audible on both side of chest, according his mother child is partially vaccinated.

- a) What is most likely diagnosis?
- b) Write down the investigations to reach the diagnosis?
- c) How will you treat this patient?

(1) Tuberculosis
(2) (223)
(2)

Reads - SEQ