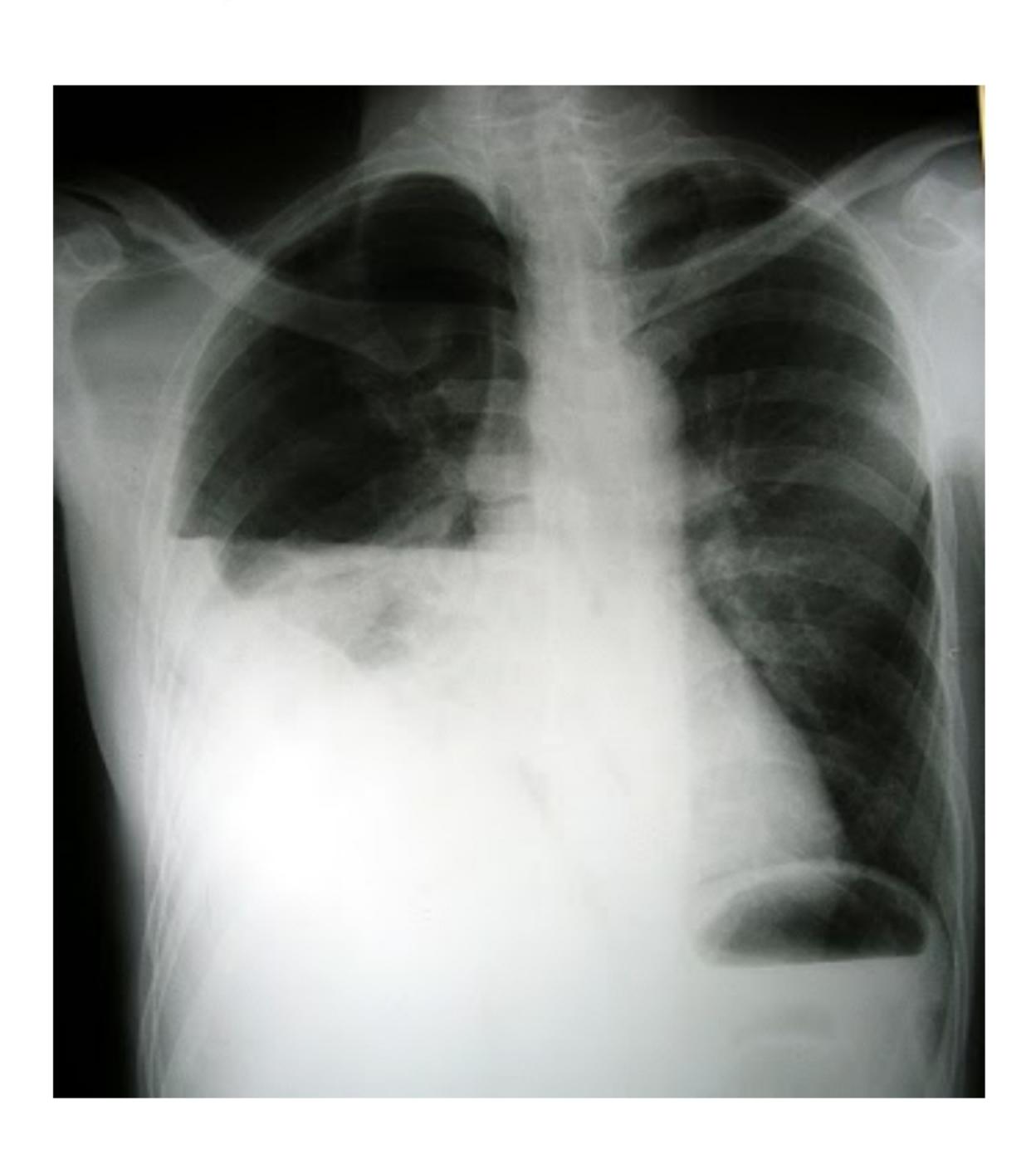
	thyroid assessment and Lymphatic involvement	Retrosternal Goiter and Airway involvement	Prevertebral invasion	Recurrent Thyroid cancer	Toxic Multinodular Goitre
Magnetic Resonance Imaging					
Radioisotope Imaging					
CT scan Neck and Thorax					
Ultrasound Neck					
Positron					

X 7. A 35 year man presented in o/2 emergency with C/O shortness of breath for one week. He has history of admission in hospital three weeks go with diagnosis of Rt basal pneumonia. X-ray chest is done. what is next appropriate treatment step *



- ventilatory support
- tube thorocostomy left sided 🖊
- Arrange blood transfusion X
- pleural tap and cytology

to emergency with h/o fall from 10 feet height. When seen in emergency he was vitally stable. He found sleepy. He is opening his eyes and has withdrawal/flexor response on painful stimuli. He has incoherent speech. His brother gave h/o episode of unconsciousness and vomiting after the incident. His CT Brain picture is; Calculate Glassgow coma scale *



____ 7

× 8

9

_____ 10

GCS-9 (E-2, V-3, M-4)

X 11. A 35 years old female patient presented in opd with swelling in front of her neck which is diffuse firm in consistency. She has suspected retrosternal goitre. which sign would help in diagnosis

	Dalrymp	le	sign
--	---------	----	------

\leq	Joffory	Sign

Berry's sign

Pemberten Sign

Von Graef sign

Correct answer

~

Pemberten Sign

Feedback

Pemberton's Sign, both hands are raised above head to shrink thoracic inlet. it will cause engorgement of neck vein as retrosternal goitre will cause occlusion of inlet

2/2





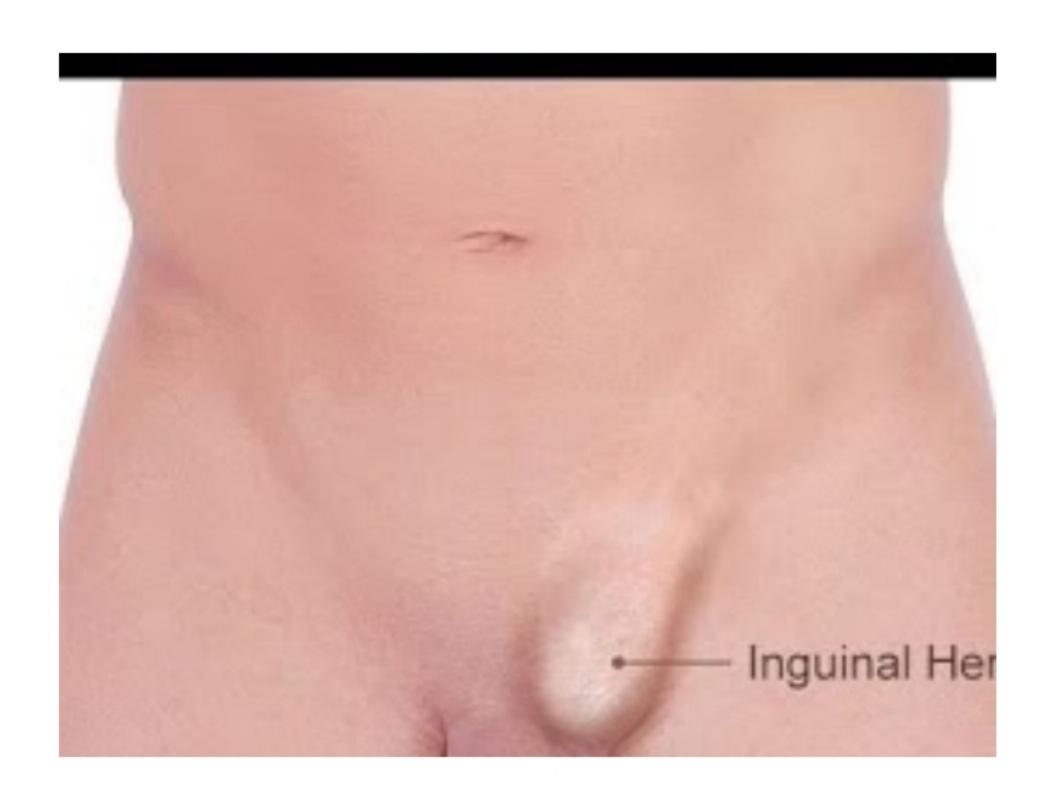
Neuropathic ulcer

Venous ulcer



- Ischemic Ulcer
- Gummatous Ulcer
- Malignant ulcer

X 13. Define Deep inguinal Ring 0/2 Location



- Middle of the inguinal ligament
- 1.5cm above and lateral to mid inguinal point
- 2.5cm above and medial to mid- inguinal point
- 2.5cm above and Lateral to middle of inguinal ligament
- Medial to inferior epigastric artery

Correct answer

2.5cm above and medial to mid- inguinal point

9. A 50 year man presented in opd 0/2 with a non healing ulcer on his tongue for three months. He is cigrette smoker. There H/o dental carries. on examination an ulcer with elevated margins 2x3cm at lateral border of tongue. what is most appropriate investigation to confirm diagnosis *



CT scan head and neck



- excision biopsy
- Incision biopsy
- MRI head & neck

Correct answer

Incisi

Incision biopsy

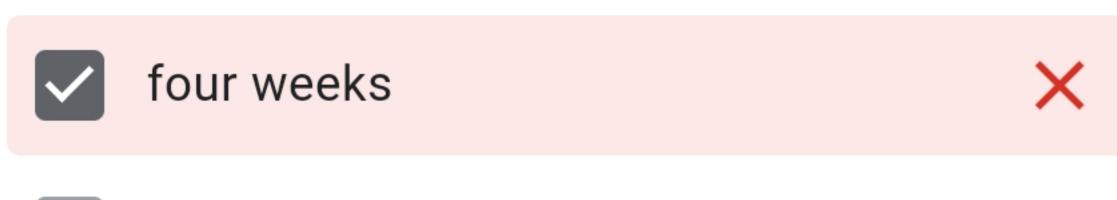


Incision biopsy

X 1. Vicryl suture is used for intestinal 0/2 anastomosis. How many days it maintains its strength *



OTIC VVCCIX
two weeks
three weeks



Five weeks

Correct answer

three weeks

a. Name



	Cervical Lymphadenopathy	•	Virchow's Node	Thyroglossal Cyst	Branchi Cyst
Posterior Triangle					
Submental Triangle					
Supraclavicalular/subclavian Trianglw					
Anterior Triangle					
Carotid Triangle					



docs.google.com/forms/d/



:

X 4. Identify instrument and select its 0/2 use



Hold rectus sheeth



Hold linen sheath



Hold margins of artery

Hold Intestins

Correct answer



Hold rectus sheeth

1

↑ docs.google.com/forms/d/ 32 :

2. A 19 years Female patient 2/2 presented in opd with a painless 2x2 cm swelling in front of her neck for three months. She has already done Thyroid isotope scan showing a a cold nodule in right lobe of thyroid. what should be the next step in management *

Ct scan Head and Neck

MRI neck

FNAC of the swelling



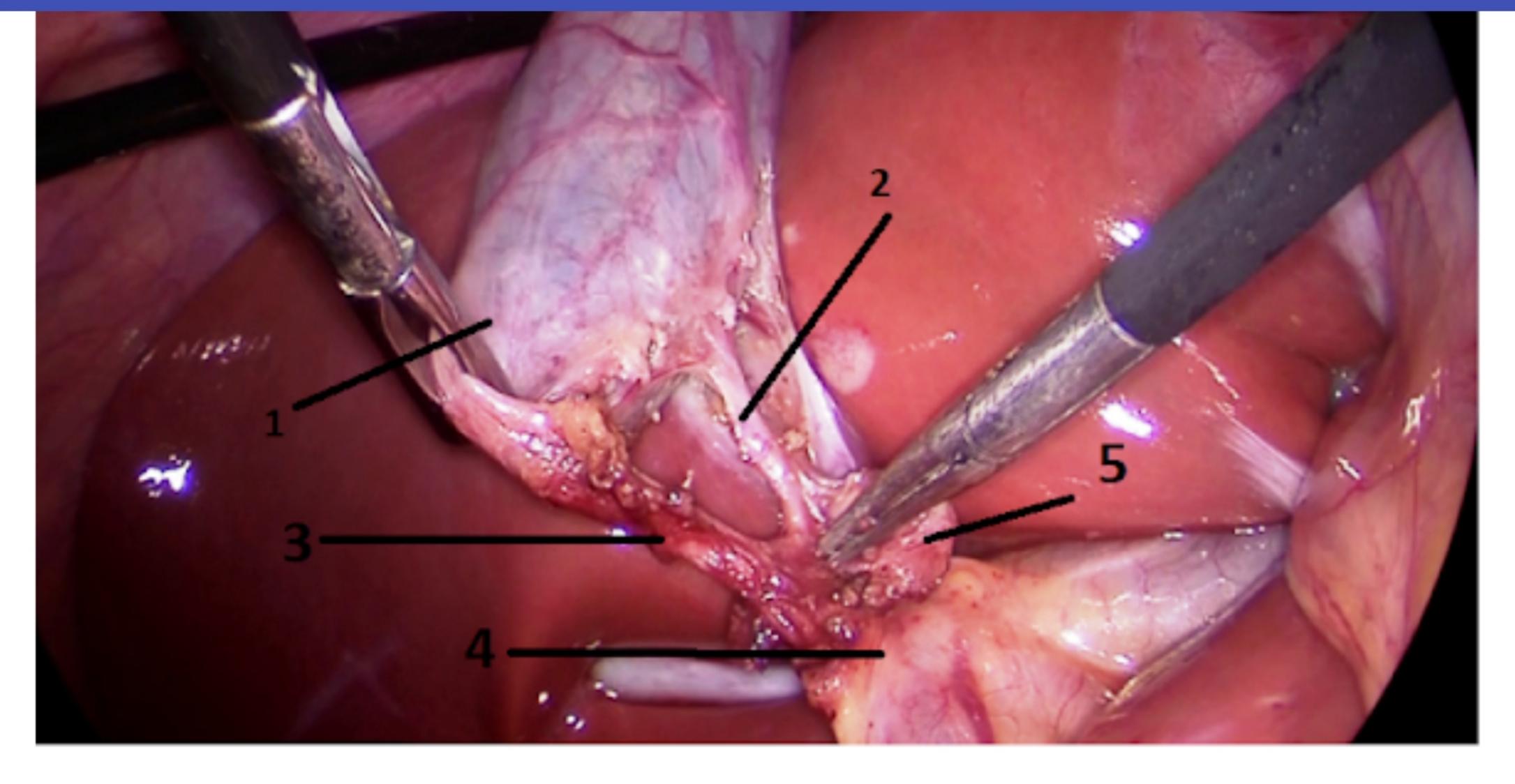
Thyroid Function test

Feedback

D - II NI. ...- I- - ..

FNAC of swelling will lead us to select next investigation and direct management as young female patient with cold nodule carry 15 % risk for malignancy





Common bile duct

cystic duct

cystic artery Hartman's pouch

lymph node of Score lund



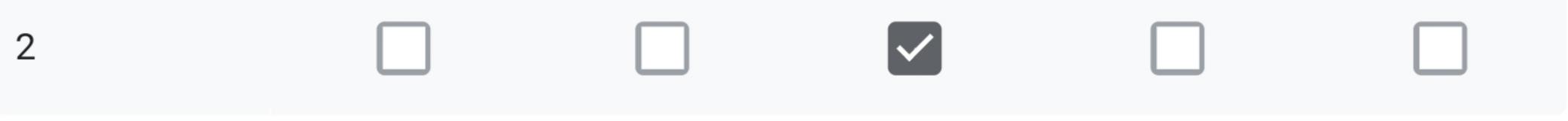
企

docs.google.com/forms/d/e/1FAIpQLSeXddvp28lg4AK0oYvs7GVRIVIQnhI4i-{

32

	uocs.googic.c	OIII/ TOTTIS/ U/ C		chaavpzoig+/	AI(001 V3/ 0)	VICIVIQIIIII-TI	•
T	Correct answers	S					
		Common bile duct	cystic duct	cystic artery	Hartman's pouch	lymph node of lund	
	3						

1			



5			

X 3. A 27 years old man presented in 0/2 emergency with repaeted vomitings for three days with abdominal distention. He has not passed flatus for one day. He has H/o of laparotomy for blunt trauma abdomen in RTA 5 yeras ago. Most likely diagnosis



Y	cecal cancer	×
	Adhesions	
	ileocecal intusuception	
	Incisional Hernia	
	Volvulous of small intetine	