



SUPERIOR UNIVERSITY

Time Allowed: 2HOURS

THE SUPERIOR UNIVERSITY
5TH PROFESSIONAL MBBS
ANNUAL EXAMINATION 2022
MEDICINE-I
(SEQ's)

Roll No. _____

Total Marks: 45

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

Q 1. A 38-year-old female presents with generalized pruritis. There is yellow discolouration of sclera and xanthelasmas on eyelids. Labs reveal raised alkaline phosphatase 600U/L.

- a. What is the most likely diagnosis? 1
- b. What further Investigations will you order to confirm the diagnosis? 2
- c. Write down the treatment of this patient? 2

Q 2. A 28-year-old female has presented with repeated attacks of central abdominal pain. She also complains of persistent low-grade fever. Her abdomen is protuberant and on examination shifting dullness is positive. Labs reveal Hb 9gm/dl, ESR 98 mm and serum albumin 3 g/dl. Alpha feto protein is borderline high

- a. What is the most likely diagnosis? 1
- b. How will you investigate her to confirm your diagnosis? 2
- c. How will you treat this patient? 2

Q 3. A 35-year-old teacher presents with a 2-week history of increasing malaise, tingling in her hands and feet and difficulty in walking. There is symmetrical distal weakness that is worse in her legs, absent lower limb reflexes. Lumber puncture shows a cellular CSF with a raised protein level.

- A. What is the most likely diagnosis? 1
- B. How will you manage her? 2
- C. What complications can occur in this patient? 2

Q 4. A 65-year-old male has been experiencing off and on brief episodes of syncope for past 6 months, he also has retrosternal discomfort on walking at fast pace as well as breathlessness for the same duration. His pulse is low volume and slow rising, BP 105/70 mm Hg. Apex beat in 5th left intercostal space and heaving. A fourth heart sound along with grade 4 harsh systolic murmur was heard at 2nd right intercostal space. ECG showed marked Left ventricular hypertrophy.

- a. What is the most likely Diagnosis? 1
- b. What investigations will confirm the diagnosis? 2
- c. How will you manage him? 2

P.T.O

Q 5. A 45-year-old male who is heavy smoker and hypertensive has severe retrosternal heaviness with profuse sweating for past 1 hour. His pulse is 100 bpm. BP 140/90 mm Hg. An audible 3rd sound gallop and faint systolic murmur at apex. ECG shows ST elevation in leads I, aVL, V4-V6.

- a. What is the diagnosis? 1
- b. What investigations will confirm the diagnosis? 2
- c. How will you manage him? 2

Q 6. A 27-year-old male has progressive breathlessness with productive cough for past 10-15 years. He is non-smoker. He has cyanosis at rest, marked finger clubbing. There are widespread coarse crepitation and expiratory ronchi. Oxygen saturation is 80 % on room air. ABGs show pH 7.20, CO₂ 47, HCO₃ was 31. He is married for past 5 years but has no children.

- a. What is the diagnosis? 1
- b. What further investigations will you perform? 2
- c. How will you manage him? 2

Q 7. A 35-year-old male presents in OPD with complaints of fever, cough rusty coloured sputum and pleuritic chest pain for 3 days. On examination he has tachypnoea, Temperature 101-degree F. On auscultation there is increased vocal fremitus & an area of bronchial breathing in the left middle chest with impaired percussion note.

- a. What is the most likely diagnosis? 1
- b. What are the features associated with high mortality in this condition? 2
- c. How will you investigate and treat this patient? 2

Q 8. A 33-year female presents in medical OPD with history of weakness of right arm and staggering gait since 2 months. She also has history of numbness and paraesthesia's in lower limbs. On examination there is internuclear ophthalmoplegia and ataxia

- a. What is most likely diagnosis? 1
- b. Enlist 2 investigations to reach diagnosis in this patient. 2
- c. How will you manage this patient. 2

Q 9. A 13-year-old girl of rural background living in areas of poor sanitation presents with small intestinal obstruction. On examination, she is very pale and undernourished. Her per rectum examination reveals some worm in and around anus. CBC is significant for anemia and eosinophilia

- a. Which is the most common worm infestation suspected in this case? 2
- b. What will stool examination reveal? 1
- c. What is drug of choice for this case? 2