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Index number:



UNIVERSITY OF JAFFNA, SRI LANKA SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (May 2024) Academic Year 2018 / 2019

Pathology-Paper II

Date: 06.05.2024 9.00 am to 12.00pm. (3 hours)

Δ.	DOTATOR	r all 10questions	3)
		he answers in the given space below each question.	
1.	A 65 sputu She v auscu	year-old lady presented with fever with chills and rigors associated am and shortness of breath for 4 days. She is a healthcare worker and was found to have a respiratory rate of 35/min with SpO2 – 90% in a litation, she had reduced air entry in the right lower zone. Bronchial bed in the right middle zone.	non-smoker. room air. On reathing was
	1.1.	State the most possible diagnosis.	(05 Marks)
	1.2.	Define the term "inflammation" and mention the type of inflammation which is possible in this patient.	(05 Marks)
	1.3.	Briefly describe the pathophysiological basis of the clinical features indicated in bold.	(30 Marks)
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1.4.	Briefly describe the gross and microscopic morphological changes that would be expected to occur in this patient's lung in chronological order.	(40 Marks)
1.5.	Describe the pathophysiological basis of the changes mentioned in 1.4.	(10 Marks)
1.6.	List four (04) complications this patient may develop.	(10 Marks)



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		Tathology Taper II	
	f	A 36-year-old male, had a left-sided femur fracture associated with murollowing a motor traffic accident and was on bed rest for 2weeks. Now	
	S	hortness of breath and pulmonary embolism was suspected.	
	- 2	2.1. Define the term "embolism".	(05 Marks)
			(0734 1)
	2	2.2. Give two (02) likely causes for pulmonary embolism in this patient.	(05 Marks)
			(40 Manlea)
	2	2.3. Briefly explain the pathophysiological mechanism involved in the development of pulmonary embolism due to the causes mentioned in 2.2.	(40 Marks)
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A OF	No. of Persons Street, or other Persons Street	· · · · · · · · · · · · · · · · · · ·	
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Marche of	P. Marie	<i>l</i> _{φ,} <i>f</i> =	
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The same of the sa	OV market		
* FACUL	Name of the last o		
	,	2.4. Mention the clinical manifestations of pulmonary embolism according	(20 Marks)
	•	to the size of the emboli.	

2.5	Briefly describe the morphological changes (Gross and microscopy)	(30 marks)
2.3		(0 0 2220-1-1)
	which can be seen in three (03) other organs due to systemic embolism	

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3.	patien	year-old lady presented with passing frothy urine for a week. She has been at with diabetes for 20 years and is on insulin for glycemic control. itigation, she was found to have proteinuria (3.6g/24 hours) with features pathy.	On further
	3.1.	Describe the morphological changes expected in the following organs of 3.1.1. Kidney.	this patient. (10 Marks)
		3.1.2. Pancreas.	(10 Marks)
		3.13. Liver.	(10 Marks)
JAF			
CISTY)*)	3.1.4. Blood vessels.	(10 Marks)
MEON	And the second		
	3.2.	Briefly describe the pathophysiological mechanism of micro and	(20 Marilan)
	5.2.	macrovascular complications of diabetes mellitus.	(30 Marks)

	This patient was diagnosed to have nephrotic syndrome. Mention the	(10 Marks)
3.3.	criteria for the diagnosis of nephrotic syndrome.	
	criteria for the diagnosis of hepimotic system	
	(0.5) de aveza af nanhratic syndrome.	(10 Marks)
3.4.	List five (05) other causes of nephrotic syndrome.	
	Complements armdrome	(10 Marks)
3.5.	List five (05) complications of nephrotic syndrome.	

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4.	A 16-year-old girl presented to the outpatient department with a history of low-grade fever
	associated with palpitation and chest pain of 2 weeks duration. On examination, she was
	found to have a precordial murmur associated with thrill.

	sociated with palpitation and chest pain of 2 weeks duration. On examination, she was			
found	to have a precordial murmur associated with thrill.			
4.1.	Give two (02) most possible differential diagnoses for the above	(10 Marks)		
	presentation.	*		
	1)			
	2)			
4.2.	List three (03) investigations that would be done to arrive at a diagnosis	(30 Marks)		
	of the conditions mentioned in 4.1 and indicating the expected findings.			
	1)			
	i			
	ii			
	iii			
	2)			
And the last of th	i			
MERAN				
12/	ii			
181	iii			
A CONTRACTOR OF THE PARTY OF TH				
4.3.	List five (05) clinical features which help to differentiate the conditions	(20 Marks)		
	mentioned in 4.1.			
"				

4.4.	List three (03) complications for each that would be expected in the	(15 Marks)
	conditions mentioned in 4.1.	
	······································	
4.5	Di G 1 il de manda de impressione amb elegical changes	(25 Marks)
4.5.	Briefly describe the gross and microscopic morphological changes observed in the heart in one of the conditions mentioned in 4.1.	(23 Ividiks)
	observed in the heart in one of the conditions mentioned in 4.1.	



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5. A 50-year-old male presented to the emergency unit with a history of gross abdominal distension, yellow discolouration of sclera, confusion and shortness of breath progressing over the last two weeks. He is an alcohol consumer. He was diagnosed to have a cirrhotic liver associated with the features of portal hypertension.

	nver a	ssociated with the reactives of portal hypertension.	8
	5.1.	Enumerate six (06) aetiological factors leading to cirrhosis.	(15 Marks)
SELVICE JA	FAN		
Medical Library			
FACULTY OF PARCE	5.2.	Briefly describe the clinical features associated with decompensated	(30 Marks)
		liver disease, indicating the pathophysiological basis of each.	
			* 1.00 5 10
	5.3.	Briefly describe the gross and microscopic morphological features that	(25 Marks)
		could be seen in this patient's liver.	

		-
- 1	List five (05) investigations that can be done in this patient and indicate	(20 Marks)
5.4.	List five (05) investigations that can be done in this passes.	
	the expected findings.	
		*
5.5.	01:	(10 Marks)
5.5.		



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	6.	A 45-	year-old man presented with on-and-off per rectal bleeding with regula	r bowel habits
		for thr	ree months duration. A colonoscopy on him reveals a one (01) cm poly	p at the upper
		rectal	region.	
		6.1.	Define the term "Colorectal Polyp'.	(10 Marks)
		6.2.	Mention the aetiological factors for the development of colorectal	
	NAME OF TAXABLE PARTY.		polyps.	(10 Marks)
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N.		100	\·····································	
Medical	(aliz)	ary)		
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Desired on the section work of the con-	Mary Manual Spring on Street			(1776)
		6.3.	Morphologically, how do you classify the polyps?	(15 Marks)
	4"			
		20.07 93		(1535.1)
		6.4.	Mention the endoscopic features of Cancer in a Polyp.	(15 Marks)
				(10) (- 1
		6.5	Mention the initial step of management of a one (01) cm polyp.	(10 Marks
				(20 Manla
		6.6	Briefly describe the pathological process of a polyp change into malignancy.	(20 Marks

6.7	D.C	(05 Marks)
0.7	Define polyposis.	(US Marks)
6.8	Name two syndromes associated with polyposis in the colon.	(10 Marks)
0.0	Traine two syndromes associated with polyposis in the colon.	(10 Marks)
6.9.	Mention the pattern of inheritance in the conditions mentioned in 6.8.	(05Marks)
	I	



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	7.	A 60	- year - old painter presented with painless passage of red colour urine	intermittantl
		for 3	weeks. He also complains loss of weight over last 1 month. His investig	ration finding
		are as	follows:	gation imung
		Hb:8g	g/dl,	
		_	n Ca:11(8.6-10.3 mg/dl).	
			full report: RBC- field full.	
The state of the s	JAF	Ultras	sound /KUB: 3cm bladder growth at left lateral wall.	
Mary C. S.		13/	som bladder growth at left lateral wall.	
Medical	· March	7/12	List three (03) other causes for painless visible haematuria.	
Aical'	VII.	131		(10 Marks)
Men	Market Market			
FACULTY	OF ME	and the second		
FACULIT	The state of the s	7.2.	Light tryo (02) 11-1	600
		1.2.	List two (02) likely causes for his low Haemoglobin.	(10 Marks)
				,
		7 2	T'	
		7.3.	List two (02) likely causes for his high serum calcium.	(10 Marks)
		7 A		
		7.4.	Mention the most likely histological diagnosis in this patient.	(10 Marks)
		7.5	List three (03) risk factors for above histological diagnosis.	(10 Marks)
		7.6	List two (02) other possible histological diagnoses in this patient other	(10 Marks)
			than mentioned in 7.4.	(
	,	7.7	Briefly explain why bladder tumours are the most common tumour in	
			urinary tract.	(10 Marks)

			,	

7.8	List three (03) other clinical features of bladder tumour.	(10 Marks)
7.9	Briefly describe the microscopic appearance of this tumour.	(20 Marks)



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8.		
8.1	8.1.1. Define the term "endometrial polyp".	(15 Marks
SJAFE		
(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	8.1.2. Define the term "endometrial hyperplasia".	(15 Marks
Medical Lin		
FACILIYO		
	8.1.3. Mention five (05) risk factors for endometrial hyperplasia.	(20 Marks
8.2		A P
	8.2.1. Define the term "leiomyoma".	(10 Marks
	8.2.2. Briefly describe the histology of leiomyoma.	(20 N f1)

(20 Marks)

8.2.3. Mention five (05) clinical presentations of leiomyoma.	(20 Marks)



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9. A 3-month-old infant was admitted with failure to thrive. Examination revealed severe pallor. The paediatrician suspects thalassaemia major.

pallor.	The paediatrician suspects thalassaemia major.	
9.1.	State three (03) different questions you would ask parents to support the	(20 Marks)
	diagnosis of thalassaemia or to exclude other potential disease-giving	
The State of the S	reasons.	
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CY P		
17		
ale de la companya de	ii	
	iii	
		· · · · · · · · · · · · · · · · · · ·
9.2.	State the salient findings expected in abdominal examination of a	(20 Marks)
	thalassaemia major infant and give the pathological basis for those	
	findings.	
		(2025 1)
9.3.	List three (03) laboratory investigations you would perform in the	(20 Marks)
	initial workup and indicate the expected findings in each test in	
	thalassaemia major.	

9.4.	State the confirmatory test and expected results in thalassaemia major.	(20 Marks)
9.5.	State the pathological basis of anaemia in thalassaemia major.	(20 Marks)



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		rathology-raper 11	
10.	0. A 65-year-old man presented with lethargy and shortness of breath on exertion or many months. Examination revealed pallor. Iron deficiency anaemia was suspect		
	clinicia		
	10.1.	Describe how iron absorption is influenced by the diet.	(20 Marks)
	and the same of th		
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(A)S			
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Werr	The second second	<u>/</u>	
FACILITY OF	ME	12.5077	(20 Montra)
Cacito	10.2.	State the key red cell indices (MCV and MCH) in iron deficiency	(20 Marks)
		anaemia in full blood count and blood picture giving pathological basis	
		for each.	
			orac orac
	10.2	Total - in a distationization state the most important conditions voll	(20 Marks)
	10.3.	If there is no dietetic issues, state the most important conditions you should look for as the cause of iron deficiency giving reasons in this	(20 1/101110)
		patient.	
			(20 Marles
	10.4.	Outline how you would monitor response to iron therapy.	(20 Marks)
		••••••	

10.5.	When treated with iron, patient showed inadequate response and clinician suspected possibility of vitamin B 12 deficiency. Outline key clinical features and salient findings expected in FBC and Blood picture				
	in a patient with vitamin B 12 deficiency.				