

Part B

A 30-year-old male presents with headache and found to have BP of 180/100mmHg in both arms. On further examination he has bilateral renal bruits.

1.5 Give the most likely aetiology for the hypertension in this patient. (10 marks)

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1.6 How will you evaluate the above mentioned aetiology? (15 marks)

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1.7 Mention the antihypertensives that can be used in this patient? (10 marks)

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Date: 03.06.2024

Time: 1.30 pm to 4.30 pm (03 hours)

Answer All Ten Questions

Index Number:

Question Number 2
Part A

A 21-year-old university student presents with a history of irregular menstrual periods and weight gain of 8kg over the past one year. On examination her BMI is 33kg/m², waist circumference is 110cm and Blood Pressure is 130/80 mmHg.

2.1 Name **three** endocrinopathies which could present with the above clinical picture. (15 marks)

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2.2 Name the salient physical signs you would look for to support each of the condition you mentioned in 2.1. (25marks)

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2.3 Name the investigations you would request to confirm each of the condition mentioned in 2.1 (20 marks)

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Part B

A 55-year-old woman had a colles fracture following a trivial fall. She was referred for a medical opinion.

2.4 What is the possible cause for her fracture? (5 marks)

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2.5 Name the investigation of choice to diagnose the condition you have mentioned in 2.4 (5 marks)

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2.6 Name the other investigation you would request to assess the condition mentioned in 2.4 (10 marks)

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2.7 How will you manage the condition mentioned in 2.4

(20 marks)

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Question Number 3

A 70-year-old male with diabetes mellitus presents to the medical emergency with delirium. On questioning he had a febrile illness for the past 5 days with nausea and vomiting. On examination he is disoriented, febrile, dehydrated, PR 110/min regular and BP 90/60mm Hg. On catheterization 200ml of dark colored urine drained. Spo2 is 98% on air.

Initial investigations revealed

RBS	360 mg/dl
WBC	21000/mm ³ (4000-11000), N88% L10%
Hb	8.5g/dl(12.5-15.5), MCV 80fl
Platelet	220,000/mm ³ (150000-400000)
UFR	Pus cells :field full
	RBC:occasional
	Organism: ++

3.1 What is the most likely cause for his febrile illness? (10 marks)

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3.2 Name **two** underlying conditions in this patient that could have precipitated the above condition? (10 marks)

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3.3 List the other investigations you should perform in this patient. (20 marks)

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Question Number 4

A 17-year-old female is evaluated for persistent thrombocytopenia of one month duration. She also reports hair loss, hypo and hyper pigmented rashes over arms and neck which becomes prominent when she goes out in sun.

Her investigations are as follows:

Hb	8.5 g/dl(12.5-15.5)	MCV	96 fl(80-100)
WCC	4500/mm ³ (4000-11000), N 74%, L 20%		
Platelets	32000/mm ³ (150000-400000)		
ESR	90 mm/1 st hour(<15)		

4.1 What is the likely underlying diagnosis of her thrombocytopenia? (10 marks)

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4.2 Mention the other major clinical manifestations of the disease mentioned in 4.1? (25 marks)

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On her routine clinic visit she was found to have icterus and the haemoglobin has dropped to 4.5 g/dl.

4.5 What is the likely complication she has developed and how will you manage this complication? (15 marks)

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Question Number 5

Part A

A 58-year-old woman presents with lethargy and tiredness of one month duration. Examination reveals severe pallor and massive splenomegaly. Rest of the examination is unremarkable.

5.1 List **three** possible causes for above presentation? (15 marks)

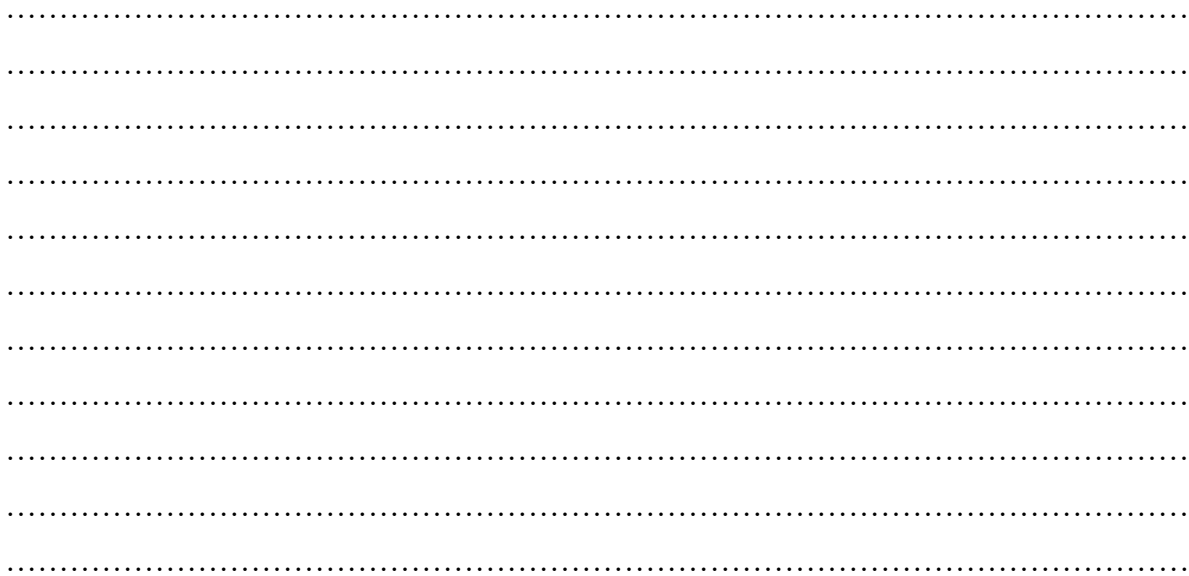
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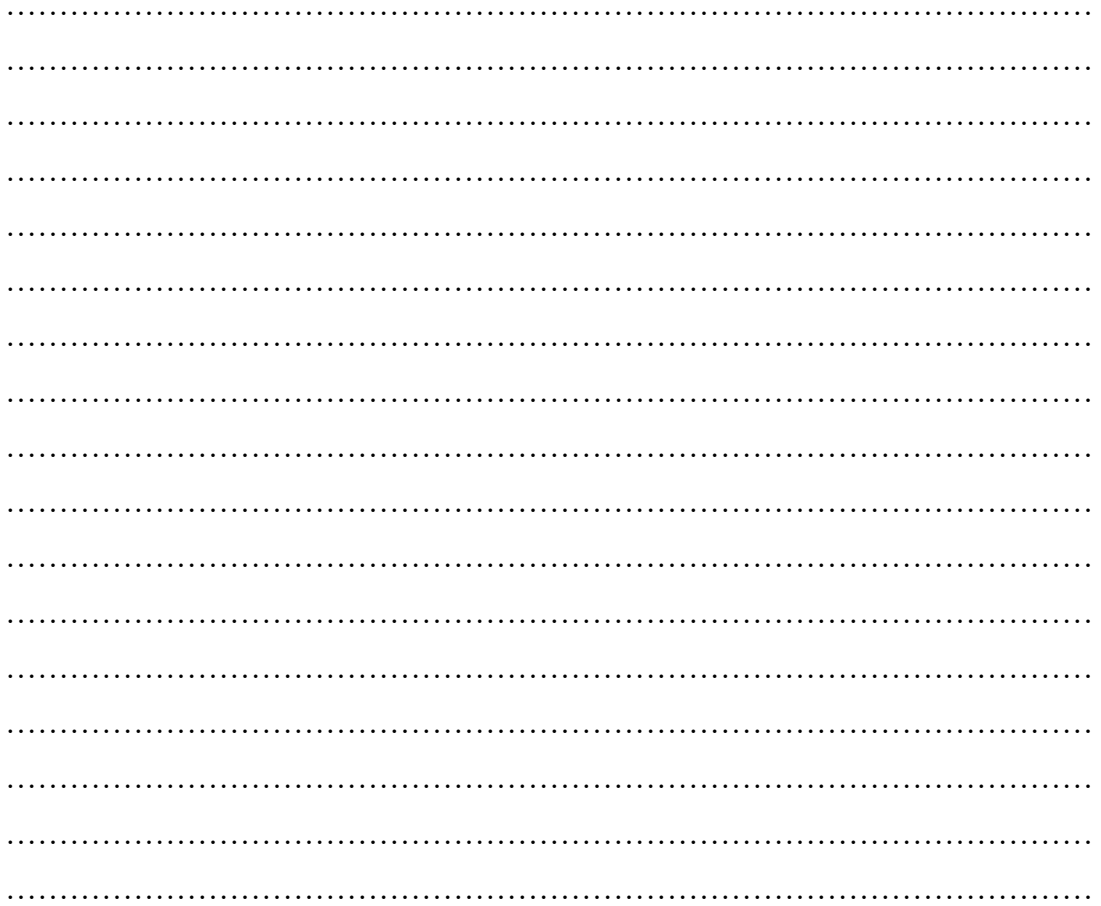
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5.2 Write the expected abnormalities that could be seen in the full blood count and blood picture of the causes mentioned in 5.1? (20 marks)

Cause 1	
Cause 2	
Cause 3	







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Question 7

A 32-year-old male presents to the hospital with a history of progressive lower limb weakness over the past 3 days. He complains of mild tingling but has no sensory loss or numbness of the limbs. He does not have any bowel or bladder involvement. Three weeks prior he had a diarrhoeal illness for which he has obtained medication from his general practitioner and had an uneventful recovery. Examination of the lower limbs reveals hypotonia, reduced power of grade 3/5 proximally and distally, areflexia and intact sensation. His upper limb examination is normal except mild weakness of hand grip. Cranial nerve examination is unremarkable.

7.1 What is the most likely diagnosis? (10 marks)

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7.2 List **five** bedside clinical findings you would look for during your routine ward rounds.

(20 marks)

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Question Number 8

Part: A

A 26-year-old girl presents to the emergency department with right hypochondrial pain, malaise, loss of appetite and yellowish discoloration of her eyes for two weeks. On general examination she is confused, ill and icteric. Abdominal examination reveals tender hepatomegaly and free fluid.

Results of her initial investigations are as follows:

WBC	7000/mm ³ (4000-11000) (N – 55%, L – 45%)
Haemoglobin	12.2 g/dL(12.5-15.5)
Platelets	160 000/ mm ³ (150000-400000)
ALT	4000 U/L (<40)
AST	2600 U/L (<40)
ALP	280 IU/L (44 -147)
Gamma GT	88 IU/L (0-30)
Total bilirubin	9mg/dl (< 1.4)
Direct bilirubin	7mg/dl (< 0.3)
Total protein	70 g/L(6-8)
Albumin	32 g/L(3.5-5.5)
Serum creatinine	1.1 mg/dL(0.8-1.1)
Sodium	135 mmol/L(136-145)
Potassium	4.0 mmol/L(3.5-5.0)
INR	2.0

8.1 What is the clinical diagnosis?

(10 Marks)

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8.2 Write **four** possible aetiological causes for the above diagnosis? (10 Marks)

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8.3 List **four** physical signs that would suggest the aetiological causes mentioned in 8.2. (20 Marks)

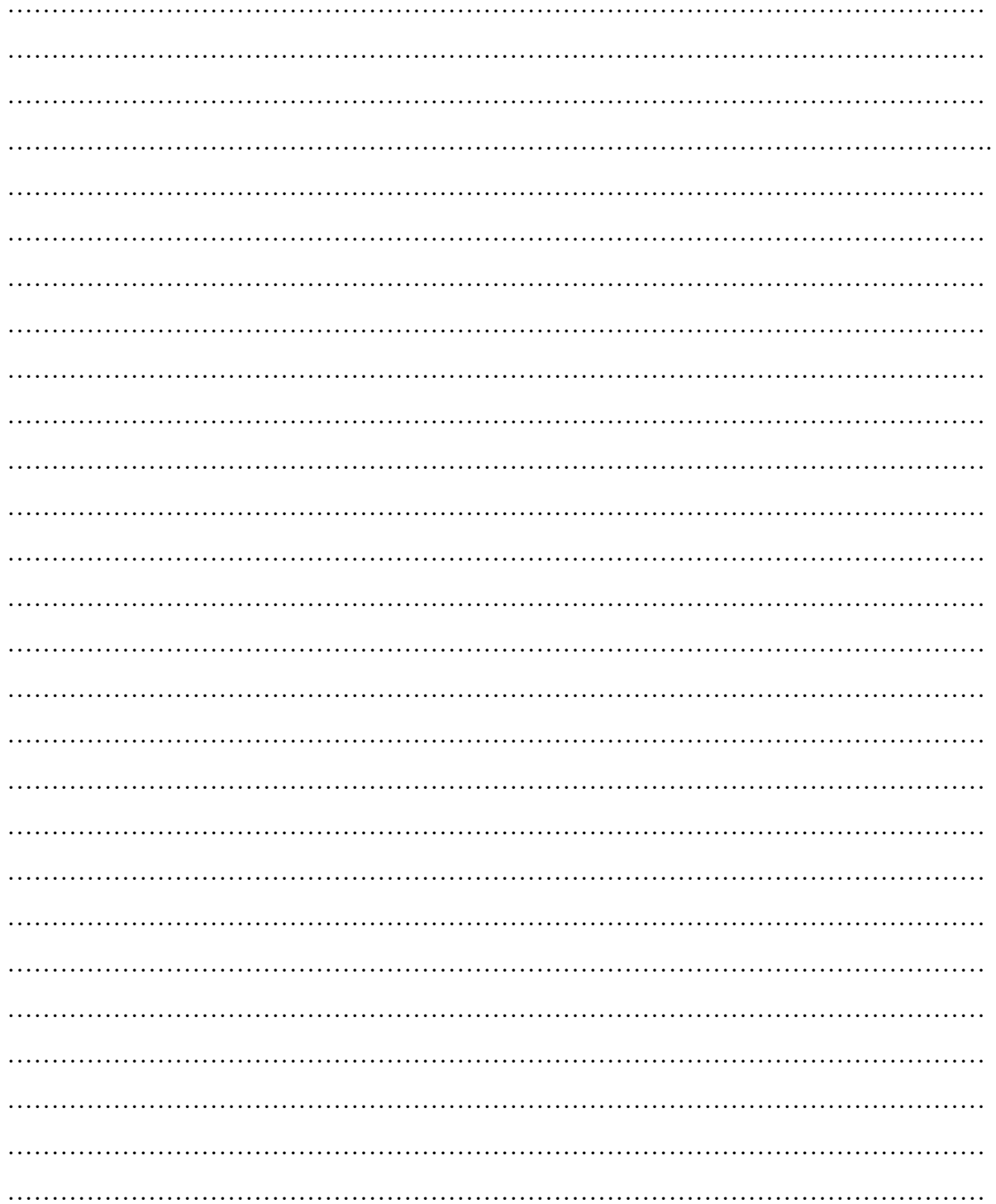
Physical sign	Aetiology

8.4 List **four** investigations you would perform to find out the aetiological causes mentioned in 8.2 ? (10 Marks)

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8.5 How will you manage this patient on admission? (50 marks)

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Question Number 9

Part A

A 40-year-old manual worker was brought to A&E with a history of reduced level of consciousness.

Initial investigations showed the following results

Random Plasma glucose	5 mmol/L	(4-5.6)
Serum Na	140 mmol/L	(135-145)
Serum K	4 mmol/L	(3.5-5.0)
Blood urea Nitrogen (BUN)	5 mmol/L	(2.5-7)
Serum bicarbonate	12 mmol/L	(22-28)
Serum chloride	100 mmol/L	(97-107)
Non-contrast CT brain	Normal	

9.1 Calculate serum osmolality (5 marks)

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9.2 Calculate anion gap (5 marks)

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Part: B

A 35-year-old labourer was admitted, 3 hours after an unidentified snakebite at the paddy field. On admission, he had pain and bleeding at the site of bite in the right ankle. He also complained of double vision and drooping of his eyelids.

9.7 What bed side investigation you would do immediately? (5 marks)

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9.8 What is the most offending snake? (5 Marks)

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9.9 Outline the steps in the management of this patient within **first three** hours (30 marks)

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9.10 List three other complications you will anticipate? (10 Marks)

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Question 10

A 19-year-old girl admits with bilateral leg swelling associated with facial puffiness for 2 weeks duration. She has no other complaints and there is no history of preceding febrile illness. On examination her blood pressure is 100/60mmHg and pulse rate is 68/min. There is no family history of any similar illness and there is no history of over-the-counter medication use.

Her initial investigations are as follows:

Hb	16 g/dL (13.5-17.5)
WBC	4100/mm ³ (4000-11000), HCT 48 % (45)
Platelet count	290000/mm ³ (150000-400000)
SGOT	28 IU/L (12-40)
SGPT	33 IU/L (12- 40)
Serum Bilirubin	0.7 mg/dl (0.6-1.1mg/dl)
Total protein	6.8 g/dL (5.2-7.2)
Serum albumin	2.0 g/dl (2.5-4.5)
CRP	08 mg/L (<5)
UFR	protein: +++ RBC: Nil Pus cell: Nil
Urine protein creatinine ratio	400mg/mmol (<150mg/mmol)
US KUB	Kidneys are of normal sizes and architecture. There is evidence of free fluid in abdomen and bilateral pleural effusion.

10.1 What is the clinical diagnosis?

(10 marks)

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Patient develops loose stools 3-4 times per day during the ward stay. On examination there is diffuse abdominal tenderness. Her blood pressure is 100/60mmHg, pulse rate is 106/min and temperature is 38.5 °C.

10.5 What is the likely diagnosis for the clinical description given above? (10 marks)

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10.6 How would you confirm the diagnosis mentioned in 10.5? (10 marks)

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