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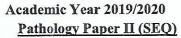
### UNIVERSITY OF JAFFNA, SRI LANKA SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (APRIL 2025) Academic Year 2019/2020 Pathology Paper II (SEQ)

Date: 28. 04.2025 Time: 03 hours

ANSWER ALL THE 10 QUESTIONS
Write the answers in the given space below each question.

In	ndex number:				
1.	with p fever with i	year-old male with type 2 diabetes mellitus presents to the emergency department pain, swelling, and redness over his left lower leg for the past 3 days. He also has (38.5°C), chills, and malaise. The affected area is warm, erythematous, and tender ll-defined borders. His blood sugar is 280 mg/dL, and HbA1c is 9.2%.He is used with cellulites of left leg.	t		
	1.1.	Define Cellulitis.	(10 Marks)		
	1.2.	List two (02) common microorganisms responsible for cellulitis.	(10 Marks)		
		······································			
	1.0		(2025 1 )		
	1.3.	Briefly describe the pathogenesis of Cellulitis and its clinical features seen in this patient.	(30 Marks)		
			1 to 1 to 1		
			****		
	1.4.	List the reasons for the increase incidence of cellulitis in poorly controlled type	(15 Marks)		
	1.4.	2 diabetes mellitus.	(13 Marks)		
		2 diabotos montas.			

1.5.	List four (04) additional investigations 6 41	(10 Marks)
		territori conservata a securita a
1.6.	Enumerate four (04) 1	torn other sea
1.0.	Enumerate four (04) key principles of the management in this patient.	(10 Marks)
1.7.	Write three (03) acute complications of progressive lower limb cellulitis.	(15 Marks)





	answers in the given space below each question.	to a reserve of the
featur	year-old man was diagnosed to have pulmonary tuberculosis based on the clinical es and investigations. Exposure to <i>Mycobacterium tuberculosis</i> was documented ars ago. Chest X ray (CXR) and biopsy from the lesion were performed.	
2.1.	List five (05) clinical features of pulmonary tuberculosis.	(10 Marks)
		t.
2.2.	Write the expected findings in the CXR of this patient.	(10 Marks)
		* * ***
14-	·	
2.3.	Briefly describe the Histological appearance of the biopsy of his lung.	(15 Marks)

2.4.	List two (02) other infectious and two (02) noninfectious causes for similar (20 Marks) histological pattern.
2.5.	Mention three (03) sites of extrapulmonary tuberculosis. (15 Marks)
2.6.	Mention two (02) clinical features for each extra pulmonary tuberculosis mentioned in 2.5.



#### Academic Year 2019/2020 Pathology Paper II (SEQ)

dyspe vomit	year-old man presented with recurrent vomiting for three months. He had psia for the last seven years and was treated with antacids for symptom relief. The us contained particles of previous day meals. He did not have loss of appetite or	* * * * * * * * * * * * * * * * * * *
	praclavicular lymph node enlargement.	
3.1.	Mention the likely clinical condition in this patient.	(10 marks)
3.2.	Mention the most likely cause for the above condition.	(10 Marks)
3.3.	List two (02) other causes for the condition mentioned in 3.1.	(10 Marks)
3.4.	Mention five (05) likely symptoms and signs in this patient.	(30 Marks)
		e a 12 12 12 12
3.5.	Give an investigation used to confirm the diagnosis.	(10 marks)
3.6.	List five (05) likely metabolic abnormalities associated with the condition mentioned in 3.1.	(30 Marks)
		(6 )x :
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# Time

### UNIVERSITY OF JAFFNA, SRI LANKA SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (APRIL 2025) Academic Year 2019/2020 Pathology Paper II (SEQ)

Date: 28. 04.2025 Time: 03 hours Index number: ..... Write the answers in the given space below each question. 4.1. A 30-year-old woman presented with a solitary nodule. An ultrasound scan revealed hypoechoic thyroid nodule with microcalcifications. Fine needle aspiration cytology (FNAC) showed nuclear grooves. 4.1.1. Give three (03) lesions present with solitary nodule in thyroid. (15 Marks) ..... 4.1.2. Mention the most likely pathological diagnosis in this patient. (10 Marks) ..... ,..... 4.1.3. List three (03) histological features characteristic to the condition mentioned in (15Marks) 4.1.2. ..... ..... 4.1.4. Give an important component of examination of neck in this patient. (05 Marks) 4.1.5 (05 Mark Mention the prognosis of the disease mentioned in 4.1.2. ..... 

4.2. A thy	60-year- roid of:	old man four (04) 5.5	presented with palpitations, weight loss, and a remonths duration. His investigation findings are (2-4.4pg/ml)	nultinodular as follows:	adolaloja Markoterii
	13 T4	4.5	(0.9-1.4ng/dl)		2
	TSH	0.02	(0.3-4.2 μIU/ml)	2 43 22 23	
			n - heterogeneous nodules in thyroid.		
4.2.1.			ost probable diagnosis.		(05 Marks)
4.2.2.	How datiolo		condition mentioned in 4.2.1 differ from Graves'	disease in	(15 Marks)
4.2.3.			stological features that helps to distinguish the co. 2.1 from Graves' disease.	ondition	(10 Marks)
	2 200				
					** * ** *****
4.2.4.	Mentio	on the m	echanism of hyperthyroidism in the condition m	entioned in 4.2.1.	(05 Marks)
					(1035 1 )
4.2.5.	Name		long term complications that may occur in this		(10 Marks)
					****
		• • • • • • • • • • • • • • • • • • • •			F. F. F. C.
4.2.6.	Mentio		eatment options for this patient.		(05 Marks)

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#### Academic Year 2019/2020 Pathology Paper II (SEQ)

Date: 28. 04.2025

Time: 03 hours

Write the answers in the given space below each greation

5.	espec	year-old obese woman presented with recurrent right upper quadrant (RUQ) pain, ially after fatty meals of three (03) months duration. An Ultrasound scan revealed ple gallstones in the gallbladder without ductal dilation.	
	5.1.	Mention the most likely diagnosis.	(10 Marks
	5.2.	Mention the three (03) main types of gallstones.	(15 Marks)
	5.3.	Explain the pathogenesis of stone formation in one the types mentioned in 5.2.	(20 Marks)
	5.4.	List five (05) potential complications if the patient left untreated.	(15 Marks)
	5.5.	Briefly mention the pathogenesis of gallstone pancreatitis.	(25 Marks)
	5.6.	List the laboratory markers that halve 12	
	2.0.	List the laboratory markers that help to diagnose acute gallstone pancreatitis.	(15 Marks)





### Academic Year 2019/2020 Pathology Paper II (SEQ)

Date: 28. 04.2025

Ind	dex nu	mber:e answers in the given space below each question.	
6.	and c	-year- old male presented with shortness of breath, fatigue, bilateral ankle oedema rough, especially at nights when lying down for the last few months. On further ioning, he had to be propped up in the nights, recently. He is a known hypertensive h is poorly controlled for the last 30 years.	
	6.1.	Mention the most probable diagnosis in this patient.	(10 Marks
			*****
	6.2.	List five (05) causes for the condition mentioned in 6.1.	(15 Marks
	6.3.	Briefly explain the pathophysiology of the condition mentioned in 6.1.	(25 Marks)
			2 (1 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2
	6.4.	List five (05) blood investigations that need to be done in this patient and	(20 Marks)
		indicate the expected findings.	
		a local control of the control of th	

6.5.	List four (04) complications of the condition mentioned in 6.1.	(10 Marks)
6.6.	He succumbed to the illness in the intensive care unit in 5 days after admission.	(20 Marks)
	Mention the pathological post mortem changes that can be observed in the lungs	(20 Marks)
	of this patient.	
		***
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## UNIVERSITY OF JAFFNA, SRI LANKA SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) – (APRIL 2025) Academic Year 2019/2020 Pathology Paper II (SEQ)

	worse	-year-old schoolgirl presents with fiendishness, sleepiness, and shortness of breath tertion. Her Haemoglobin on admission is 5g/dL. Her condition is progressively ening over last 6-8 months. She takes normal average diet.	The same of the sa
	7.1.	State two (02) haematological investigations you would request together with FBC of this girl giving reasons.	(25 Mark
			1
		•••••	
			1211 12 12 12 12 12 12 12 12 12 12 12 12
			• • • • • • • • • • • • • • • • • • • •
9			
7	7.2.	State the expected findings of the true (02)	(25 Marks
		is due to non denciency.	
7	.3.	TC1	
/	.5.	If her anaemia is due to iron deficiency, outline key questions would you ask to	(25 Marks
		find out underlying cause for the iron deficiency giving reasons.	

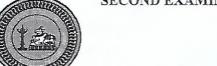
7.4.	Her condition was confirmed as iron deficiency and started oral iron therapy.	(25 Marks)	
	Outline how would you monitor her response to therapy.		
	and the state of t		•

## UNIVERSITY OF JAFFNA, SRI LANKA SECOND EXAMINATION FOR MEDICAL DEGREES PART (II) - (APRIL 2025) Academic Year 2019/2020 Pathology Paper II (SEQ)

		*
An a. 8.1.	dult patient presents with recent history of some bleeding manifestations.  Outline how you classify bleeding disorders with examples for each.	(25 Marl
		(=0 1/14)
8.2.	List three (03) haematological in the control of th	
	List three (03) haematological investigations you would request in the diagnosis of bleeding disorders and mention the defects which can be detected by each test.	(25 Mark
	test.	
	***************************************	*****
8.3.	Briefly describe nathological basis of	
	Briefly describe pathological basis of one disorder mentioned in 8.2.	(15 Marks)
		1

8.4.	The patient developed excessive bleeding and required blood transfusions.	
	During transfusion patient develops shortness of breath and hypotension.	
8.4.1.	Grand and the second se	(15 Marks)
		(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
8.4.2.	Mention four (04) laboratory investigations you request in this patient	(20 Marks)
	immediately giving expected findings related to the cause mentioned in 8.4.1.	(
		t,
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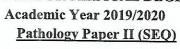
Pathology Paper II (SEQ)



	year- old male, admitted to the Accident & Emergency unit with severe pain in		
_	right calf and foot for few days. He experienced intermittent claudication for the last 2		
- 5 N	and he developed rest pain four months back. Examination revealed cold right		
	and absence of posterior tibial and dorsalis pedis pulse.	(10 Marks	
9.1.	Mention the most probable diagnosis.	(10 Iviaix	
		t	
9.2.	Define the term intermittent claudication.	(05 Marks	
7.2.	Donne the term intermittent ordinated for.	(02 114411	
9.3.	List five (05) risk factors for the condition mentioned in 9.1.	(10 Mark	
J.5.	District (00) how have for the common members and the		
	Mention the most common underlying cause of the disease mentioned in 9.1 and	(25 Mark	
9.4.			
9.4.	briefly explains the pathophysiology of it leading to the present state.		
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9.4.			
9.4.			

9.5.	He also developed black discolouration of right 4th and 5th toes. (15Marks)  Mention the cause for black discolouration of his right 4th and 5th toes, and briefly explain the macroscopic features.
9.6.	List five (05) blood investigations that can be done in this patient with expected (10 Marks) findings.
a .	
ver v	
9.7.	List two (02) other investigations that will help to arrive at the diagnosis (05 Marks) mentioned in 9.1.
9.8.	List four (04) complications that can occur in this patient. (20 Marks)

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Date: 28. 04.2025

Time: 03 hours

10.1.1. Mention two (02) clinical features of FCD. (05 Marks  10.1.2. Mention (02) gross and two (02) microscopic features of FCD. (10 marks)  10.1.3. Mention two (02) diagnostic methods of FCD. (10 marks)  10.2. A 57- year- old lady diagnosed to have Invasive Ductal carcinoma of breast (IDC).  10.2.1. Give two (02) clinical features of IDC. (05 marks)  10.2.2. Mention two (02) gross and two (02) microscopic features of IDC. (10 marks)			
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	10.2.3	. Mention five (05) risk factors of IDC.	(10 marks)

10.3.1. Define endometrial hyperplasia. (15 marks).  10.3.2. List the different types of endometrial hyperplasia. (20 marks)  10.3.3. Mention five (5) risk factors associated with the development of endometrial hyperplasia. (15 marks) hyperplasia.	10.3.	Endometrial hyperplasia.			
10.3.3. Mention five (5) risk factors associated with the development of endometrial (15 marks) hyperplasia.	10.3.1.	Define endometrial hyperplasia.			(15 marks).
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	10.3.3.	Mention five (5) risk factors associated with the development	opment of end	lometrial	(15 marks)
		hyperplasia.			
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		•			