



UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES - SEPTEMBER 2025
ACADEMIC YEAR 2018/2019

Medicine - Paper II

Date: 22.09.2025

Time: 03 hours

Answer All Ten Questions

Index Number:

Question 01

A 45-year-old bank officer is referred to medical clinic for further evaluation of abnormalities detected in investigations during a routine medical check-up. He is a non-alcoholic and a non-smoker. His weight is 88 kg, height 160 cm and the waist circumference 106 cm. Blood pressure in the clinic is 140/95 mmHg, and pulse rate 88/min. The remainder of the systemic examination is unremarkable. Investigations from the medical check-up are as follows:

WBC- 6000/ mm³

Hemoglobin-13g/dL

Platelets-270000/mm³ (150000-450000 mm³)

ALT- 85 IU/L (0 - 45 IU/L)

AST- 45 IU/L (0 - 35 IU/L)

ALP-120IU/L (40 -129 U/L)

GGT- 50 IU/L (5 - 40 U/L)

Albumin-4.5g/L (3.4-5.4 g/dL)

Globulin-3.0g/L (2.0-3.9 g/dL)

Total bilirubin-0.9mg/dL (0.1 to 1.1 mg/dL)

HbA1C-6.0%

Serum Triglycerides- 240mg/dl (<150 mg/dL)

LDL-150mg/dl (100-129 mg/dL)

HDL-30mg/dl (> 40 mg/dL)

Serum creatinine-0.8mg/dl (0.7 to 1.1 mg/dL)

Sodium-138mmol/l (135 to 145 mmol/L)

Potassium-4.0mmol/l (3.5 to 5.0 mmol/L)

TSH- 2.8mIU/L (0.5 to 4.0 mIU/L)

1.1 List down four (04) abnormalities detected in this patient's clinical examination and blood investigations? (20 marks)

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1.2 What is the most likely cause for his abnormal liver profile? (10marks)

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1.3 What further investigations would you arrange to exclude other causes of liver disease? (15marks)

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1.4 Outline the non-pharmacological management of the condition identified in question 1.2. (35 marks)

Page 3 of 4

1.5 List two (02) hepatic and two (02) non-hepatic complications that could develop in future due to the condition identified in question 1.2? (15marks)

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1.6 Write down one medication that can be used to treat the condition identified in question 1.2. (05marks)

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Question 02

A 27-year-old female who is recently married, presents to medical clinic with a history of painful swelling of multiple joints. She is a mathematics teacher and concerned that she couldn't write on the white board for the past three months, especially at the morning hours. Clinically she is suspected to have rheumatoid arthritis.

2.1 List clinical features of inflammatory arthritis in this patient? (10 marks)

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2.2 List the criteria needed to fulfill the diagnosis of Rheumatoid arthritis?
(20 marks)

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2.3 She presents with the left-hand X-ray on her following visit, what are the early changes you would expect in the X-ray? (10 marks)

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2.4 Describe the typical deformities you will expect to see in her hands, if she is untreated?(10 marks)

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2.6 How will you monitor the treatment response in this patient on her subsequent visit?(20marks)

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Question 03

A 36-year-old female is transferred from a regional hospital for further evaluation of fever lasting for 2-weeks duration. She has high grade intermittent fever with chills, associated with frontal headache and a non-productive cough. She also has right lower abdominal pain and intermittent watery diarrhea. On examination, she is febrile, and her heart rate is 80 bpm and blood pressure is 128/72 mmHg.

Her initial full blood count is as follows;

WBC- 5600/ mm³ (N 45%, L 42%, M 8%)

Hemoglobin-11.2g/dl

Platelets-208000/mm³ (150000-450000 mm³)

CRP 165 mg/L.(<6mg/L)

3.1 List initial investigations you will arrange for this patient. Give reasons.
(20 marks)

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3.3. On examination, you recognize macular spots over her upper thoracic area. List three (03) possible infections present with this clinical picture? (15 marks)

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3.4. Mention the diagnostic tests to confirm each infection stated on question 3.3? (15 marks)

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3.5. The aspirate taken from her macular spot grows a gram-negative bacterium. What is the most likely diagnosis? (10 marks)

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3.6. How will you manage this patient? (25 marks)

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3.7. What are the complications you will expect to see if this patient is untreated?

(15marks)

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Question 04

A 40-year-old male with hypertension presents with acute onset word finding difficulty with right face, arm and leg weakness of one-hour duration. On admission he had expressive dysphasia and evidence of right hemiparesis. These findings completely resolved in half an hour.

4.1 Mention the clinical diagnosis described above? (10 marks)

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4.2 Mention a score you will use to assess the prognosis of the condition mentioned in question 4.1. (10 marks)

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4.3 List the specific examination findings you will expect in this patient to identify the aetiology of the diagnosis mentioned in question 4.1 (20 marks)

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4.4 Discuss the investigations you will perform in this patient with the expected abnormalities(35marks)

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Question 05

A 25-year-old female presents with right leg swelling of 1-week duration. She denies any history of fever, wound or trauma. Examination reveals a swollen right calf, there is no evidence of infection noted. Her inflammatory markers are within normal range

5.1 What is the likely diagnosis? (10 marks)

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5.2 How will you confirm the above diagnosis? (10 marks)

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5.3 How will you treat the condition mentioned in question 5.1? (20 marks)

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5.4 Discuss the investigations you will perform in this patient to identify the aetiology?(40marks)

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She becomes acutely breathless on the day following admission. Her pulse rate is 120bpm, blood pressure 80/50mmHg, respiratory rate 28/min and SpO2 84% on room air.

5.5 What is the likely complication she has developed? (10 marks)

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5.6 Mention the immediate treatment of the condition mentioned in 5.5?
(10 marks)

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Question 06

A 55-year-old farmer presents to the medical emergency unit with a history of snake bite two hours prior to admission. On examination his vital parameters are stable and bilateral partial ptosis and bleeding from gums are observed.

6.1 Name the likely offending snake? (10 marks)

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6.2 What immediate bedside test should be performed for further management?

(10 marks)

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6.3 What is the specific treatment indicated? How would you administer?

(15 marks)

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6.4 What immediate complication you would anticipate during the above treatment mentioned in question 6.3 treatment? How will you manage it? (15 marks)

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6.5 Few hours following admission patient passes dark colored urine. Name two (02)

possible complications that could give rise to dark colored urine? (10 marks)

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6.6 Name Three (03) life threatening complications he could develop during the stay in

the ward? (15 marks)

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6.7 If you are a newly posted medical officer in charge of a peripheral medical unit, what steps you would take to minimize the snake bite related mortality among the farmers of the region? (25 marks)

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Question 07

A 46- year-old female admits with bilateral loin pain, nausea and vomiting for 2 days and unable to eat or drink normally. She is recently discharged home following total abdominal hysterectomy (TAH) 5 days prior. Her past medical history is significant for diabetes mellitus and hypertension.

Her medications on discharge are as follows,

Paracetamol 1g TDS – 5 days

Celecoxib 200mg daily for 5 days

Metformin 500mg TDS

Gliclazide 80 mg BD

Losartan 50mg BD

Atorvastatin 20 mg Nocte

Her investigation following admission are as follows,

FBC – HB 10.9 g/dL WBC – $11.7 \times 10^9/L$

Platelets 420000 mm^3 ($150000\text{-}450000 \text{ mm}^3$)

CRP- 24mg/L (<6 mg/L)

ESR – 40mm/hour

Serum creatinine – 4.7 mg/dl (on discharge serum creatinine 0.8mg/dL)

UFR – Pus cell 12-20 (HPF)

RBC 2-4 (HPF)

Protein +

Nitrate – Negative

7.1 List three (03) possible causes for acute kidney injury in this patient? (20 marks)

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7.2 list one investigation each to support the aetiology mentioned above in question 7.1?

(15 marks)

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7.3 How would you follow up the patient during ward stay as a house officer?

(35 marks)

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7.5 List three (03) haemodialysis catheter related complication? (15 marks)

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Question 08

A 70-year-old man who is working as a manager at a private firm presents with cough, fever and worsening of shortness of breath for 4 days. He has a 40 pack year smoking history. On direct questioning, he also has effort intolerance which is progressive over the last 6 months. He has never been evaluated in the past.

Examination findings are:

He is tachypnoeic with a respiratory rate of 30/min. He is also cyanosed with bilateral pitting oedema, but no clubbing. His pulse rate is 100 bpm with good volume, and blood pressure is 140/60 mmHg. Lung examination reveals generalized reduction of breath sounds bilaterally with wheeze and coarse crackles in the right mid zone.

8.1 What are the three acute problems identified in this patient?(15marks)

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8.2 How will you manage the patient in following settings?

A- His acute problems at accident and emergency (35 marks)

B- Step-down management in the ward (20 marks)

C- Follow up management in future (30marks)

A - His acute problems at accident and emergency

(35 marks)

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(20 marks)

C- Follow up management in future

(30marks)

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Question 09

Part A

A 35- year-old female presents with lethargy and generalized ill health for 6months' duration. She also complains of headache and visual impairment over the same duration. On examination she is pale and has dry skin. Her pulse is 56 bpm and blood pressure 90/60mmHg. Heart sounds are normal. Fundus examination is normal but there is a bitemporal hemianopia.

9.1 What is the most likely cause for the above presentation? (10marks)

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9.2 Discuss the investigations you will perform in this patient?(30 marks)

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9.3 Brief out the management of this patient?(30 marks)

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Question 10

A 56-year-old previously healthy man presents to district general hospital (a Non-PCI capable center) with severe central tightening chest pain of 3 hours duration associated with diaphoresis, shortness of breath and palpitation. ECG taken at A&E shows ST segment elevation in V1, V2, V3, V4 and V5.

10.1 What is the ECG diagnosis and name the culprit artery occluded? (10 marks)

ECG diagnosis:

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Culprit artery:

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10.2 Name two most important pathological mechanisms involved in condition mentioned
question 10.1 (05 marks)

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10.3 List two well validated scores/tools used as risk stratification (10 marks)

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10.4 Name oral medications you will administer immediately and give the recommended dose.

(15 marks)

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10.5 Name a medication you would choose for reperfusion? (05 marks)

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10.6 What are the indicators of inadequate reperfusion? (15 marks)

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10.7 List three mechanical complications anticipated if reperfusion is failed

(15 marks)

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Echocardiogram done on day5 shows hypokinesia with a left ventricular Ejection Fraction (EF) of – 35%

10.8 Name four medications you will prescribe to improve the survival in this patient in addition to answer mentioned in10.4 (10 Marks)

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10.9If symptoms persist despite above measures what further interventional treatments available, briefly discuss.(15 marks)

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