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UNIVERSITY OF JAFFNA, SRI LANKA

SECOND EXAMINATION FOR MEDICAL DEGREES PART II January 2026

Academic Year 2020/2021

Pathology Paper II- SEC

Date: 05. 01.2026

Time: 03 hours

ANSWER ALL THE 10 QUESTIONS

Write the answers in the given space below each question.

1.5. Mention the first-line imaging test for pleural effusion. (05 marks)

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1.6. When should pleural biopsy be considered? (05 marks)

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1.7. Name three (03) complications that can occur if pleural effusion is not treated early. (15 marks)

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Pathology Paper II- SEQ

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2. A 14-year-old boy is brought to the clinic by his mother because of swelling around the eyes for 3 days. He also reports dark-colored urine, reduced urine output, and mild flank discomfort. His mother mentions he had a sore throat about 2 weeks ago but recovered without antibiotics. Examination revealed: BP 150/95 mmHg, HR 90 bpm, Temp 36.8°C.

2.1. Mention the most likely diagnosis and give reasons. (15 Marks)

2.2. Describe the pathophysiology of condition mentioned in 2.1. (25 Marks)

2.3. List five (05) investigations you would request and give reason. (20 Marks)

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2.4. List four (04) possible complications that may arise from the condition mentioned in 2.1. (20 Marks)

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2.5. List four (04) other causes of dark colour urine and give one (01) supporting feature for each. (20 Marks)

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SECOND EXAMINATION FOR MEDICAL DEGREES PART III

January 2026

Academic Year 2020/2021

Pathology Paper II- SEQ

Date: 05. 01.2026

Time: 03 hours

3. A 65-year-old man with a long history of hypercholesterolemia admitted with chest discomfort dies suddenly on day 5 of hospitalization.

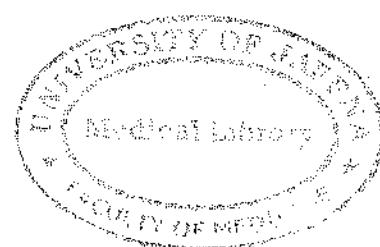
3.1. What autopsy findings support that sudden cardiac death is due to myocardial infarction (MI)? (20 marks)

3.2. Mention the single most important immediate test for diagnosing MI. (10 marks)
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3.3. Discuss the pathogenesis of atherosclerotic plaque formation and how it predisposes to myocardial infarction. (30 marks)

3.4. List three (3) non-modifiable and five (5) modifiable risk factors for atherosclerosis formation. (20 marks)

3.5. Mention five (05) complications of atherosclerosis other than MI. (20 marks)



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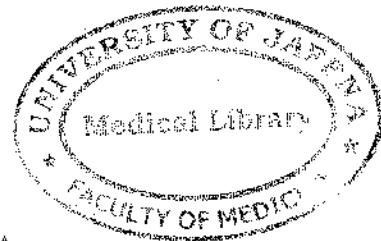
January 2026

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Pathology Paper VI- SEQ

Date: 05.01.2026

Time: 03 hours

5.4. List four (04) precipitating factors for acute complications. (10 marks)

5.5. Mention four (04) Chronic complications of diabetes. (10 marks)

5.6. Outline the screening recommendations for long-term complications of diabetes. (10 marks)



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Pathology Paper II- SEQ

Date: 05. 01.2026

Time: 03 hours

6.

6.1. A 25-year-old man presented with clinical features of acute appendicitis. After further evaluation he underwent laparoscopic appendicectomy. Histopathology of the specimen confirmed the diagnosis of acute appendicitis.

6.1.1. Mention the chemical mediators which are responsible for the symptoms and signs (10 Marks) of acute appendicitis.

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6.1.2. List the laboratory investigations and their expected findings that support the (10 Marks) clinical diagnosis of acute appendicitis.

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6.1.3. Mention the findings during laparoscopy that support the diagnosis of acute (10 Marks) appendicitis.

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6.1.4. Mention the histological features seen in acute appendicitis. (10 Marks)

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6.1.5. Mention the complications he could develop if the condition is not treated (10 marks) appropriately.

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6.2. A 65-year-old man underwent right hip replacement for severe osteoarthritis. He is a heavy smoker, and his BMI is 30. 5 days after surgery he presents with the clinical features of deep vein thrombosis.

6.2.1. Identify the risk factors of deep vein thrombosis in this patient. (10 marks)

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6.2.2. Mention the clinical features of deep vein thrombosis. (15 marks)

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6.2.3. State one significant sequela of deep vein thrombosis. (02 marks)

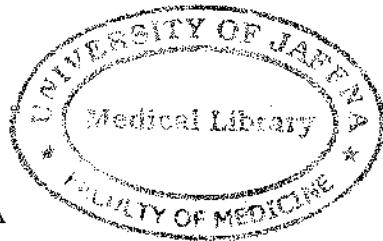
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6.2.4. Mention the measures that could have reduced developing DVT in the perioperative period of this patient. (15 marks)

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6.2.5. What is post thrombotic syndrome? (08 marks)

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Pathology Paper III- SEQ

Date: 05.01.2026

Time: 03 hours

7. A 35-year-old woman has recurrent episodes of right hypochondrial pain lasting about 1 hour, typically after heavy meals. Gall stone disease was suspected.
7.1. Mention the main types of gallstones and briefly describe its main composition. (20 Marks)

7.2. Name four (04) risk factors for gallstone formation. (10 Marks)

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7.3. Outline the pathogenesis of the formation of one type of stone. (25 Marks)

7.4. Mention four (04) clinical features of acute cholecystitis. (10 Marks)

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7.5. Mention the gross features of a gallbladder in acute cholecystitis. (15 marks)

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7.6. List five (05) other complications of gallstones. (10 marks)

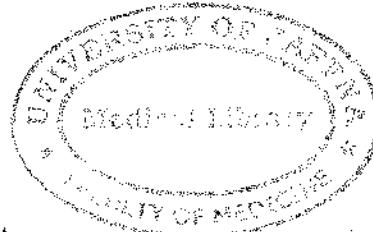
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7.7. Mention the imaging investigation of choice in suspected gallbladder stone. (05marks)

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7.8. Mention the gold standard treatment for symptomatic gallstones. (05marks)

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Time: 03 hours

8. A 17-year-old girl is referred to the haematology clinic for investigation of anaemia. The clinician suspects iron deficiency anaemia (IDA)

8.1. Mention two (02) key questions you would ask that would help in the diagnosis of iron deficiency, and give reasons for each. (20 Marks)

8.2. Outline the laboratory investigations used in the diagnosis of IDA, indicating the key findings for each test. (30 Marks)

8.3. Briefly outline the pathological basis of red cell findings in IDA. (20 Marks)

8.4. She was treated with iron for three months, and her haemoglobin response was inadequate. Briefly describe the probable causes of refractoriness to iron therapy in this patient. (30 Marks) (C)



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9. A 60-year-old man presents with bleeding manifestations.

9.1. Defects of haemostasis can be classified as primary, secondary, tertiary, or due to abnormalities of natural anticoagulants/regulators. (30 marks)

Outline one key component involved and one key clinical manifestation for each type of haemostatic defect.

9.2. Briefly describe how history and examination findings would help in diagnosing the underlying cause of bleeding in this patient. (30 Marks)

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9.3. Briefly outline how haemostasis is affected in chronic liver cell disease (CLCD). (20 Mark)

9.4. Briefly outline how haemostasis is affected in Disseminated Intravascular Coagulation (DIC). (20 Marks)

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Pathology Paper II- SEQ



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10. A 58-year-old man with a long-term history of gastroesophageal reflux disease (GORD) presents with progressive dysphagia, initially to solids and later to semi-solids, associated with significant weight loss. Upper gastrointestinal endoscopy and biopsy confirm a malignancy of the oesophagus.

10.1. List five (05) common causes of dysphagia. (10 Marks)

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10.2. Name the two (02) common histological types of oesophageal carcinoma. (10 Marks)

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10.3. List five (05) important risk factors for each type of oesophageal carcinoma. (20 Marks)

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10.4. Mention the most likely histological diagnosis in this patient. (05 Marks)

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10.5. Briefly describe the pathophysiological sequence linking gastroesophageal reflux disease (GORD) to oesophageal carcinoma. (15 Marks)

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