Satation 1:Chest examination on dummy (medicine) mitral regurgitation

Station 2 :chest examination on dummy peasds

Station 3: respiratory examination on dummy paeds

Station4: respiratory examination on dummy medicine...crackles

Station 5: JVP examination

-Causes of increase in JVP

-how to differentiate between Jugular and Carotids

Station 6:Left bundle branch block

Ecg

Causes

Station7: Asthma

Diagnosis

Managment

Station 8: Interstitial lung disease /COPD

Diagnosis management

And fine crackles reason

Station9: TB scenario

Dx

TB drugs

Investigations

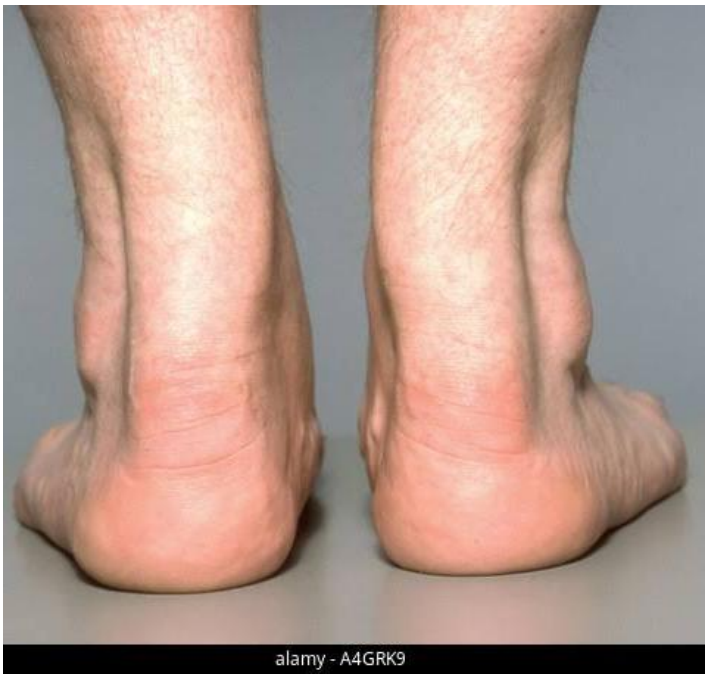
Chest x ray finding

Multi drug resistant tb

Extrapulmonary TB names

: How to treat multi drug resistant

Station 10: Pericardial effusion ta on xray



Station 11: Identification of LBBB on ecg

Its 4 causes

Station 12:Hyperlipidemia in pt

How we managed it

Station 13: Mitral stenosis scenario

st:12

Station 14 pulmonary embolism screnarion

Mx

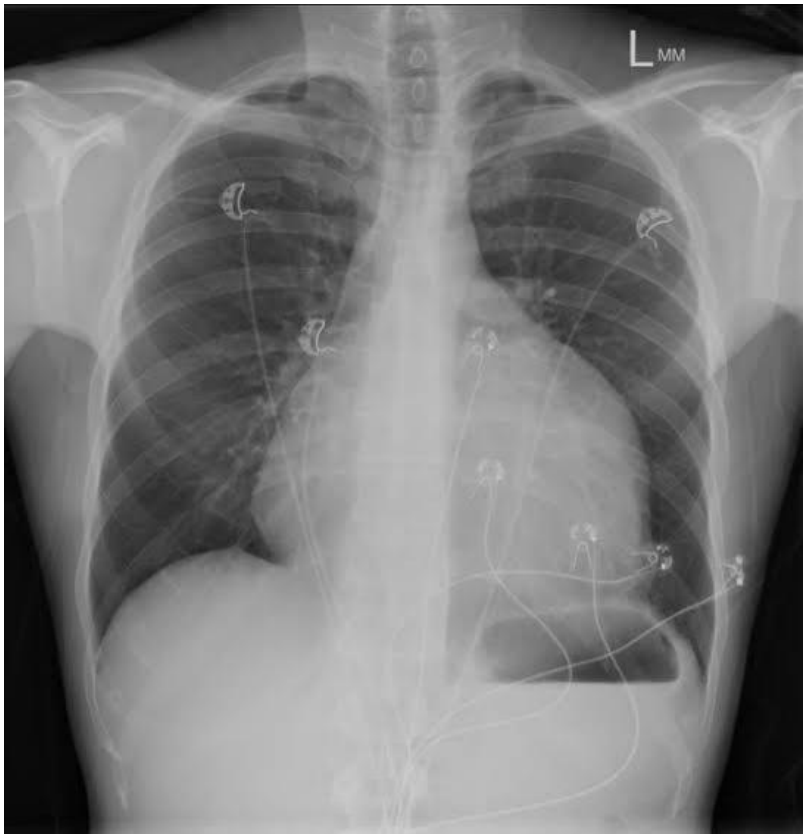
Station 15: supraventricular tachycardia ecg dx and causes

Station 16 : continuous murmur scenarion dx and inv and complication

Station 17: lobar pneumonia scenario dx and mx

Station 18 : Bradycardia scenario Any question you wanna ask from patient

Station 19 ecg of 2nd degree heart block dx and treatment



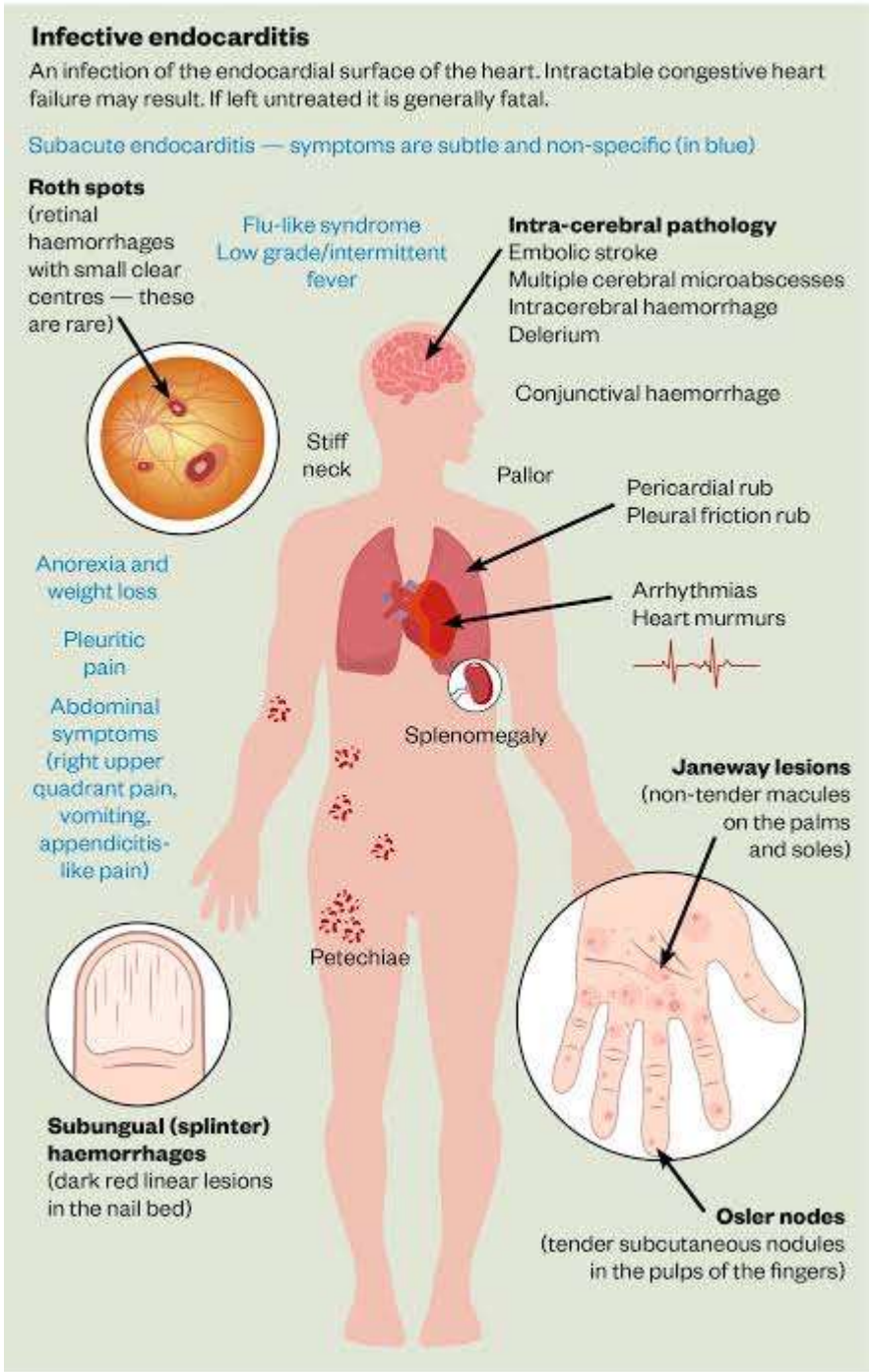
station:10

Batch c block O

1
Laryngoscope
And nebulizer
Their parts
Uses
Drugs given thru nebulizer


Phoenix

2
Infective endocarditis
(strep bovis)
Dx
Investigations
Treatment



3
Rheumatic fever
Dx
Specific investigations
Management

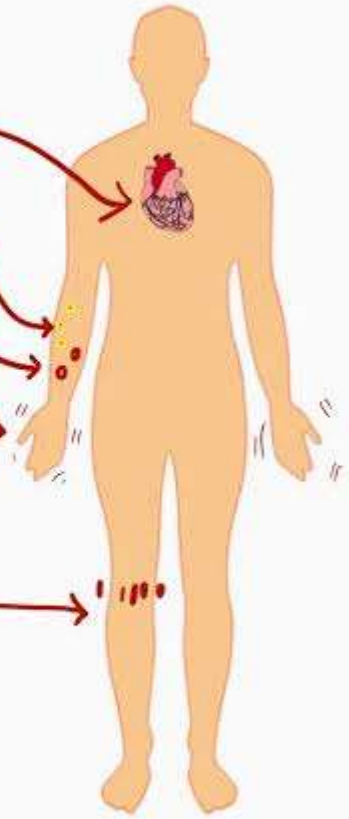
RHEUMATIC FEVER

DUCKETT-JONES DIAGNOSTIC CRITERIA

MAJOR CRITERIA

"CASES" is the Mnemonic

Carditis
Arthritis
Subcutaneous nodules
Erythema marginatum
Sydenham's chorea



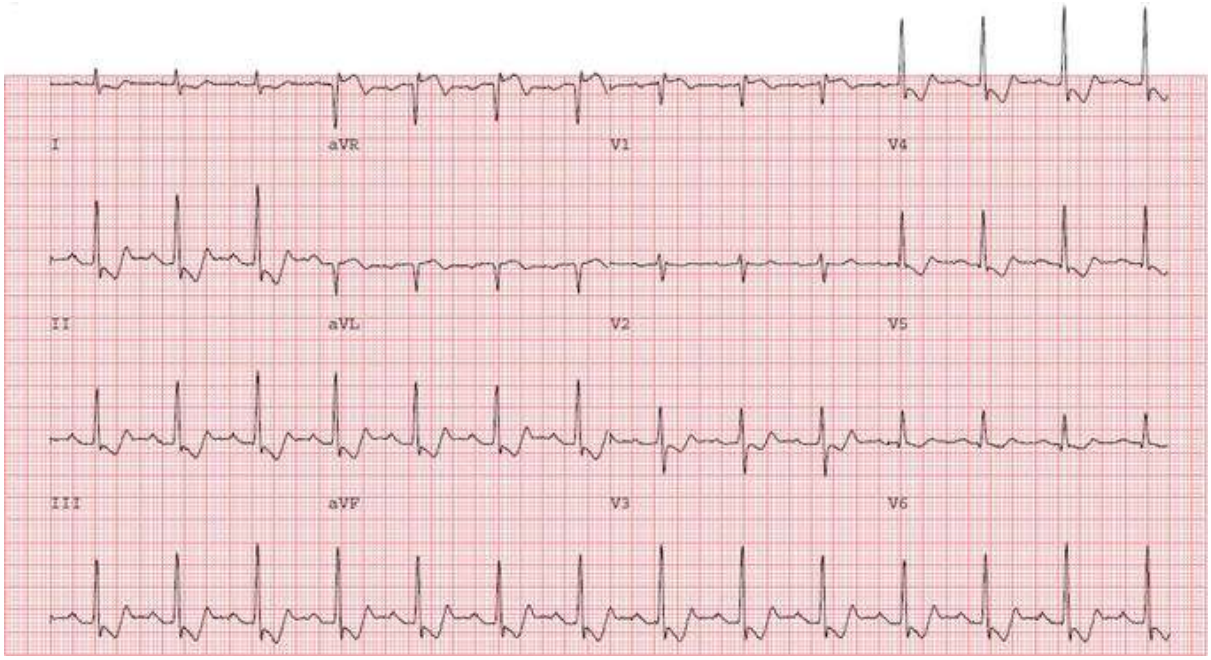
MINOR CRITERIA

"FRAPP" is the Mnemonic

Fever
Raised ESR/CRP
Arthralgia
Prolonged PR Interval
Previous RF

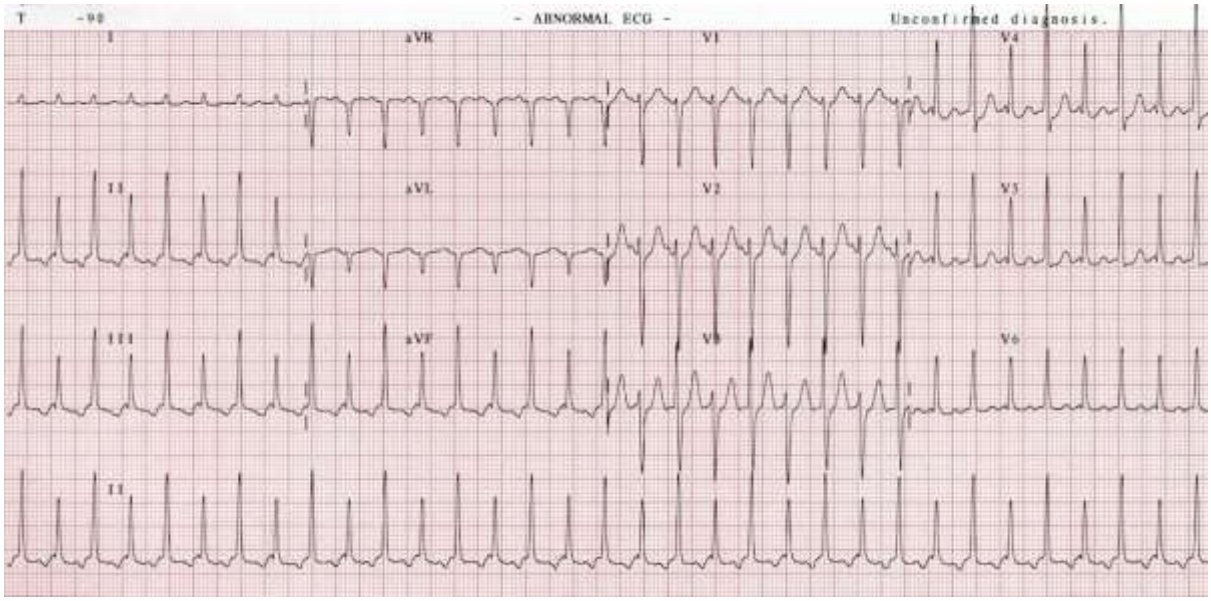
There must be evidence of streptococcal infection plus:

2 major or 1 major + 2 minor



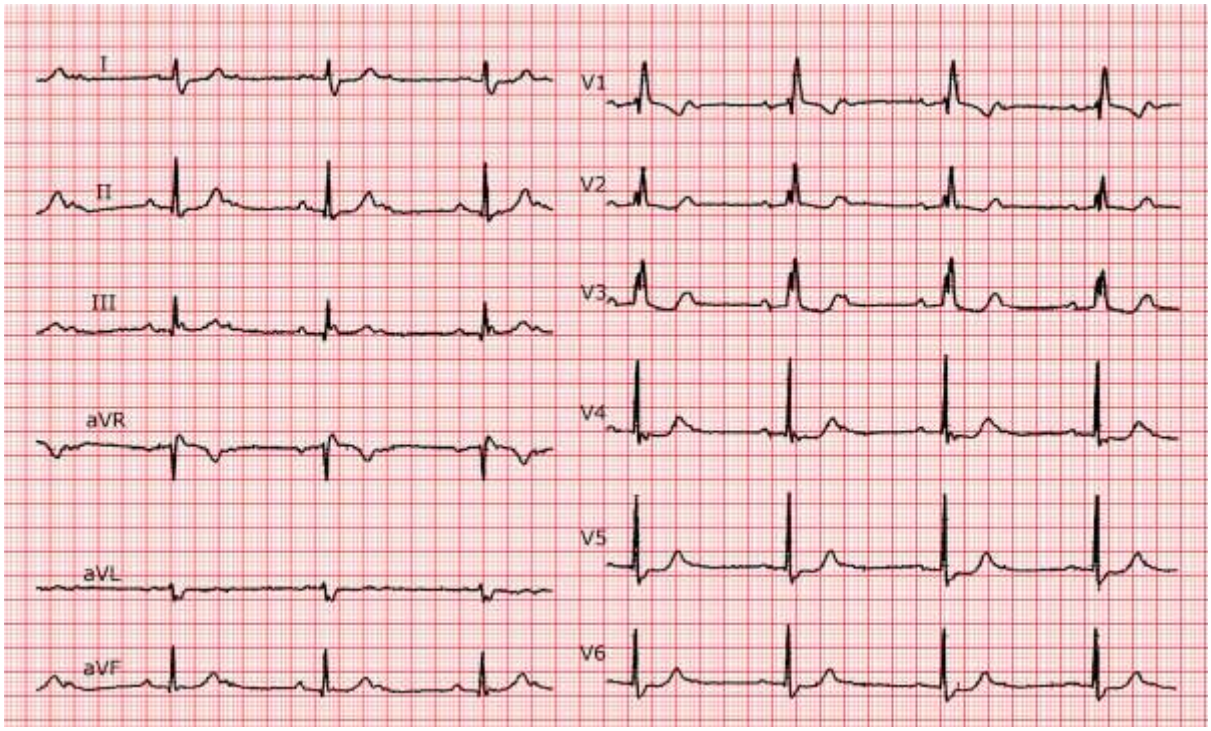
NSTEMI (viva)
Dx
Risk factors
Management

5



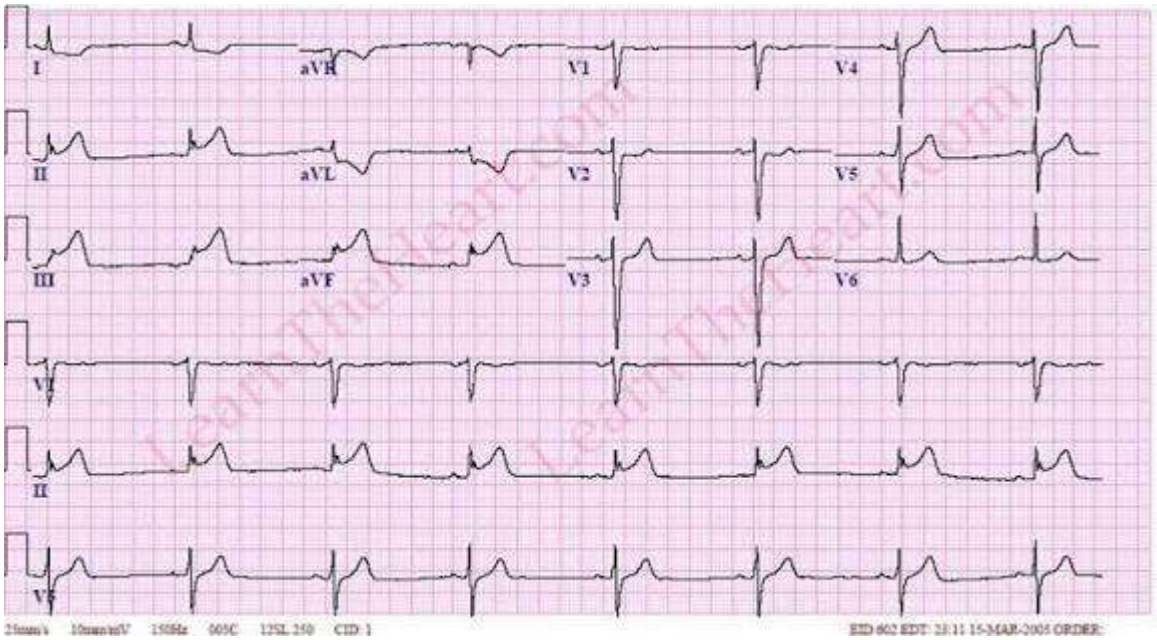
SVT and treatment

6



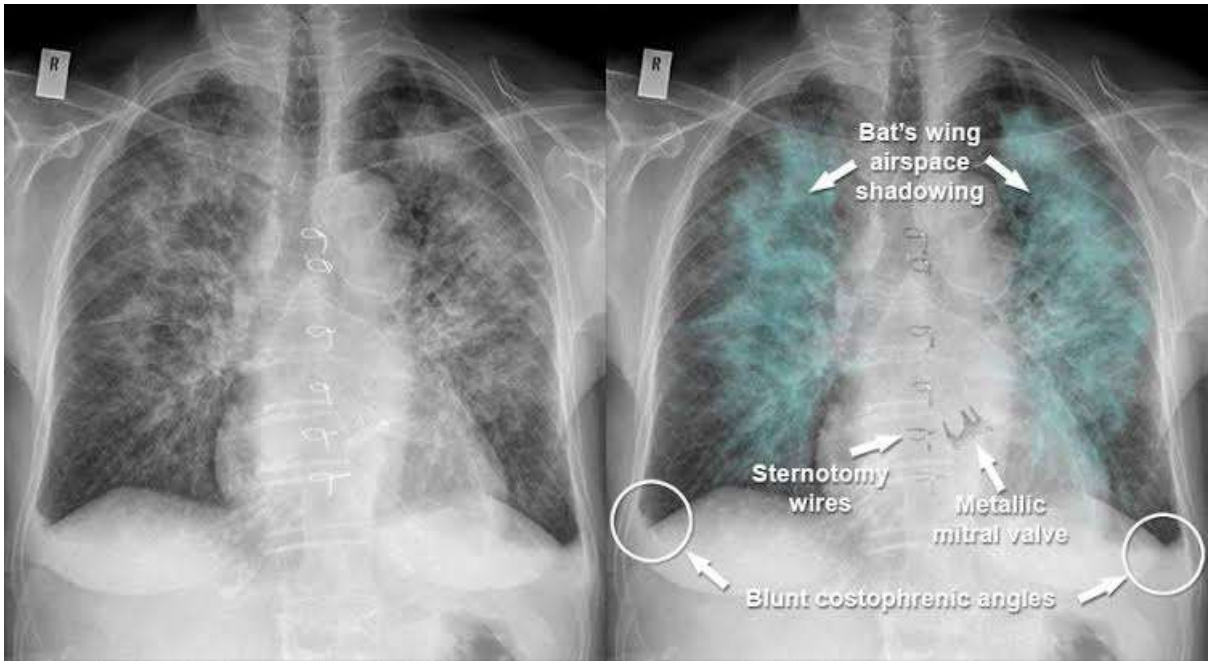
Mobitz type 2 ECG
4 conditions with this kind of ECG

7



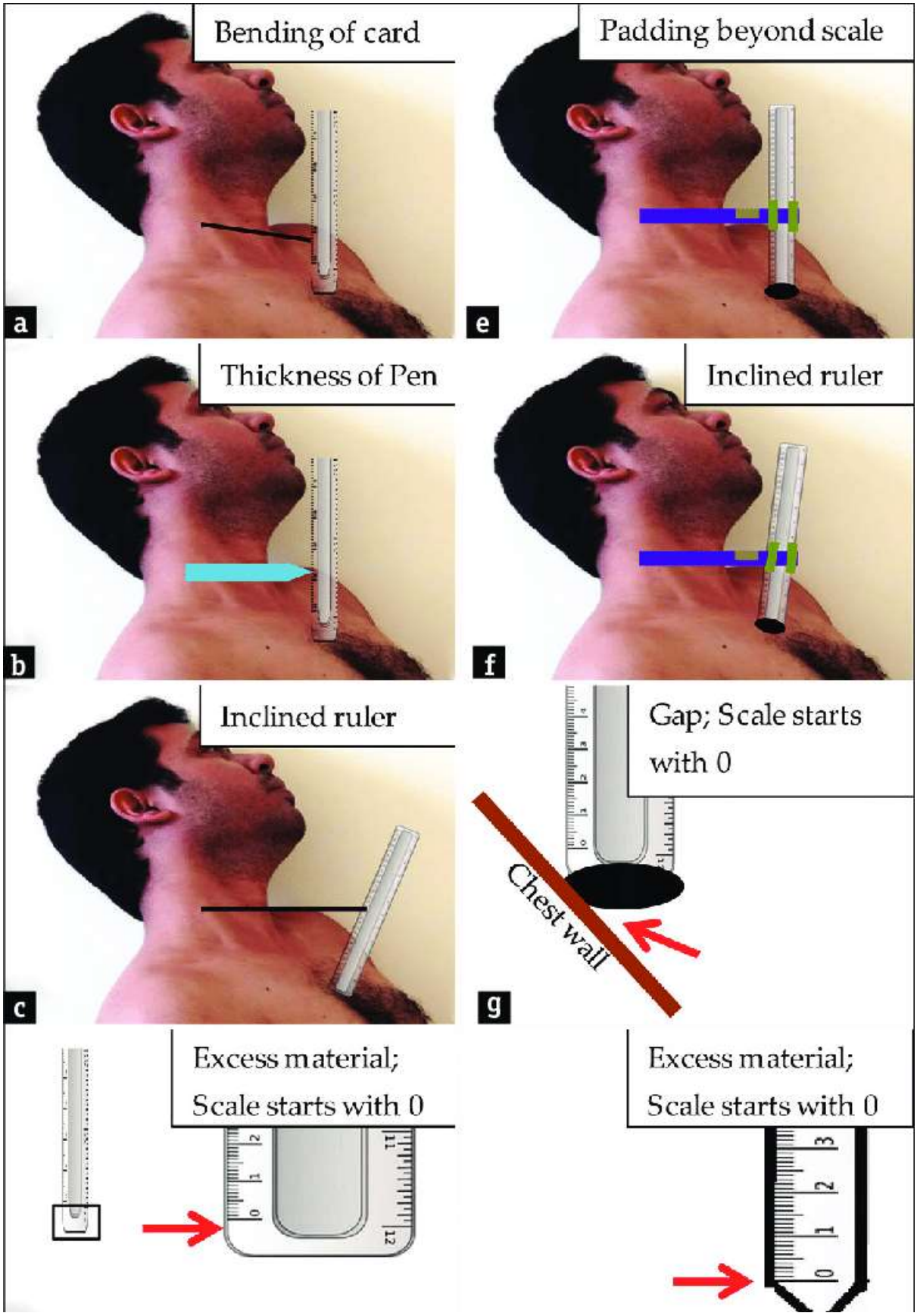
Inferior wall MI ECG and treatment

8



Pulmonary edema XRay and management

9 JVP examination

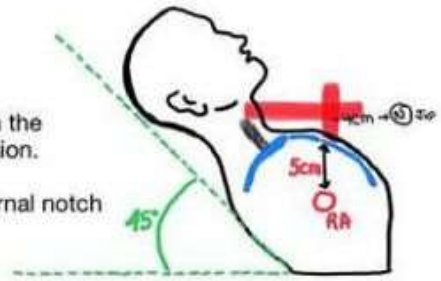

Bending of card
a
Thickness of Pen
b
Inclined ruler
c
Excess material;
Scale starts with 0
Padding beyond scale
e
Inclined ruler
f
Gap; Scale starts
with 0
Chest wall
g
Excess material;
Scale starts with 0

JVP - JUGULAR VENOUS PULSE

JVP seen as the vertical height from the sternal angle to the zone of transition of distended and collapsed internal jugular vein. JVP is the reflection of physical pressure changes in the right atrium. Consists of 3 positive wave - a, c , v and 2 negative wave - x , y.

Procedure:-

a) patient position:- Patient reclining at $angle 45 degree$.
b) Method :- LEWIS method
c) Neck should be sharply flexed.
d) Using a cm ruler , measure the vertical distance between the angle of Louis and the highest level of jugular vein pulsation.
e) Normal - 4cm.
f) 3cm from sternal angle + 5 cm from right ventricle to sternal notch = 8cm H2O jugular venous pressure.

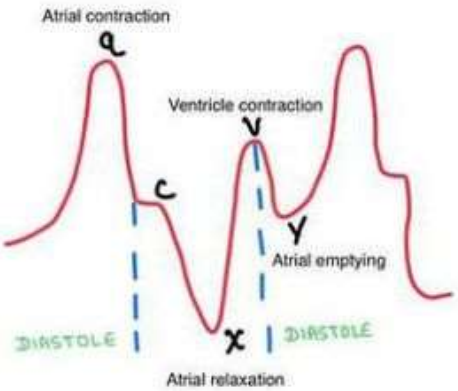


Characteristics - 1. Usually two pulse per systole.
2. Pulse obliterated by obstruction
3. Level of pulse decrease on inspiration.

JVP ELEVATED	**1. THROMBOSIS** **2. SVC OBSTRUCTION** **3. CARDIAC FAILURE** **4. TRICUSPID REGURGITATION** **5. TRICUSPID STENOSIS** **6. COPD** **7. ASCITES** **8. PREGNANCY** **9. PLEURAL EFFUSION**
JVP FALL	**1. HYPOVOLEMIA** **2. SHOCK** **3. ADDISON DISEASE**

1. a wave prominent - pulmonary hypertension & stenosis
2. v wave prominent - tricuspid regurgitation
3. x wave. prominent - constrictive pericarditis.
4. y wave prominent - tricuspid regurgitation
   Slow (tricuspid stenosis)

KUSSMAULS SIGN - Inspirtaory increase in JVP.
FRIEDRICH SIGN - Rapid fall and rise of JVP seen in Constrictive pericarditis and tricuspid regurgitation , RVF.



JVP examination

10
Splinter hemorrhage picture, diagnosis, and 4 causes
+ * Name any antibiotic that can be administered by inhalation

11
Examinations
Adults: respiratory, precardium examinationa and JVP
Children: respiratory + precardium examination

12
Tetralogy of Fallot scenario:
1) diagnosis
2) 4 components of the disease
3) chest x rays findings in this disease

Block O OSPE PREPROFF 2025

Station 1:💌 examiner
Women presented with palpitations and exertional dyspnea ,water hammer pulse
Aortic regurgitation scenario interactive station
Causes treatment initial treatment
Especially drugs name don't forget to mention statins
Asked why beta blockers are preffered in AR

Station 2:💌
After c section female develop sudden shortness of breath,chest auscultation _right lung middle lobe crepts
Diagnosis :pulmonary embolism
4 risk factors
Investigations to confirm the diagnosis

Station 3:💌
Respiratory examination of 5 year old both back and front on dummy

Station 4:💌ecg of 3rd degree heart block

Is this

Is tarah ki dikh rhi thi
2 management integrations

Station 5 💌
Tetrology of fallot scenario written Station
5year old child with Cysnosis and ejection systolic murmur was heard over left sternal boarder
Diagnosis?
How Xray picture appearance?
4 classical findings of heart ?

Station 6 💌 peads Interactive
4 month old infant dry cough sob feeding difficulty...it was scenario about pertussis
Qns asked : Name of organism(bortadella pertussis)
Phases ; 3 ..catarhal , paroxsymal convalescent
Prevention ;Vaccines and its epi scheudle dpt week 6 10 14
Cbc findings(lymphocytosis)
Tx which drug is used (azithromycin doc; macrolides)
Drug used in adult (same)
Protective measures if other family member has the disease?

Station 7💌 written
A child presented with shortness of breath continous murmur...severe condition thi according to scenerio
Diagnosis
Patent ductus arteriosus
Write management?

Station 8:written 💌
Scenario
35 yr old man has cough and night sweats for past 6 weeks and symptoms worse at night
Bilateral wheezing
Family members have same symptoms

Which investigation would confirm the diagnosis?diagnosis was athma according to my brain 🧠
What is the treatment ?
Which device u give him home to monitor _peak flow meter

Stataion 9:💌
Precordium examination of a child

Station 10:💌

Farmer suddenly develops shortness of breath , chest pain, on examination there were basal inspiratory crakles and clubbing. What is ur diagnosis? (pulmonary fibrosis),
investigations that can be done for this (pfts, ct chest, chest x ray,)..
name any 2 conditions in which inspiratory crakles can be heard? (heart failure, pulmonary fibrosis , pneumonia).

Station 11Examine the chest of patient and tell findings on Harvey
It was bilateral wheezing
Conditions in which u hear wheeze ?

Station 12💌
Retinal hemorhages image and 4 causes ?

Station 13:💌 ECG of a 70 year old man who had an ischaemic stroke in the past
diagnosis Atrial Fibrillation
Management

Station 14💌: Ecg was given and we identify .... Ant wall myocardial infarction. And write 4 investigation

Station 15💌:observed
A chest X ray of Spontaneous Primary Pneumothorax (left sided):
Types
Diagnosis
Management

Station 16 💌 examiner tha observed
:A patient presents with chest pain for the past one hour. His ECG shows ST-segment depression and T-wave inversion. Cardiac biomarkers (Troponin-I and CK-MB) are normal
a) What is the most likely diagnosis?unstable angina
b) How can unstable angina be differentiated from NSTEMI?
c) What is the appropriate treatment for unstable angina.

Station 17:💌

Final Year
Block O
20 – 12 – 24
Station 4

This patient has a history of cough, chest pain and shortness of breath.

1. What is the most likely radiological diagnosis? (2)
2. Enlist four investigations for the cause. (4)

Pericardial effusion diagnosis and investigations

Station 18 💌JVP check on live patient

Station 1:

Carcinoma with pleural effusion. X-Ray.

Station 2:

Hypertension management.

What is refractory hypertension.

When will the patient come for follow-up.

Station 3:

Clubbing positive.

Question: 3 conditions in which clubbing happens.

Station 4:

Full chest examination.

Conditions in which wheeze happens.

Station 5:

Status asthmaticus.

Danger signs.

Management.

Complications.

Station 6:

Pulmonary embolism (don't remember much).

Station 7: JVP

Total measurement / height.

Conditions which cause it?

Station 8: Pacels: Chest Examination.

Normal / Abnormal sounds.

Wheeze / Crackles difference.

Station 9: Aortic stenosis scenario.

Station 10: Precordium Examination.

Station 11: ECG – Right bundle branch block.

Station 12: ECG – Morbitz type 2.

Station 13: ECG – Sinus bradycardia.

Station 14: TOF.

Station 15: Child diagnosed with VSD.
What findings do you expect?

Also fundus?

If the child now comes with complaint of fever for several days (infective endocarditis). Findings of IE. Also finding in abdomen.