

BLOCK O OSPE ist
19TH DECEMBER 2024

STATION 1

Chest X ray of a 6 year old who has has history of low grade fever and weight loss for last three months .

POST TUBERCULOUS PLEURAL EFFUSION

- Q-1 what are the x ray findings?
- Q-2 what investigations will you do ?
- Q-3what is the treatment?

STATION 2

A dummy was present ,consider it a 1 year old child do chest examination only

STATION 3

INTERACTIVE STATION

Pulmonary artery wedge pressure = 30 mm hg
Left ventricular pressure = 5 mm hg

- 1) Diagnosis MITRAL STENOSIS
- 2) Treatment

STATION 4

SPLINTER HEMORRHAGE

- 1) Write two signs shown in picture
- 2) Write two causes

STATION 5

Patient presented with sob and chest pain since last one hour . ECG shows ST elevation in lead 2,3 and aVF .

- 1) What is ur diagnosis?
- 2) How will u manage this patient ?

STATION 6

ECG of ACUTE PERICARDITIS

- 1) Write diagnosis
- 2) What will be the management ?
- 3) Write investigations?

STATION 7

X-ray of PLEURAL EFFUSION

- 1) Diagnosis
- 2) Chest radiograph findings

STATION 8

Interactive station on MITRAL REGURGITATION

STATION 9

LOGBOOK MEDICINE

STATION 10

Examine the precordium

STATION 11

DO RESPIRATORY EXAMINATION FROM THE BACK.

STATION 12

INTERACTIVE STATION ABOUT PNEUMOTHORAX

STATION 13

CALCULATE JVP

STATION 14

XRAY OF CCF

CT ratio was increased and there was pleural effusion

- 1) What are two x ray findings
- 2) What are two investigations

STATION 15

SVT two stations

STATION 16

CROUP

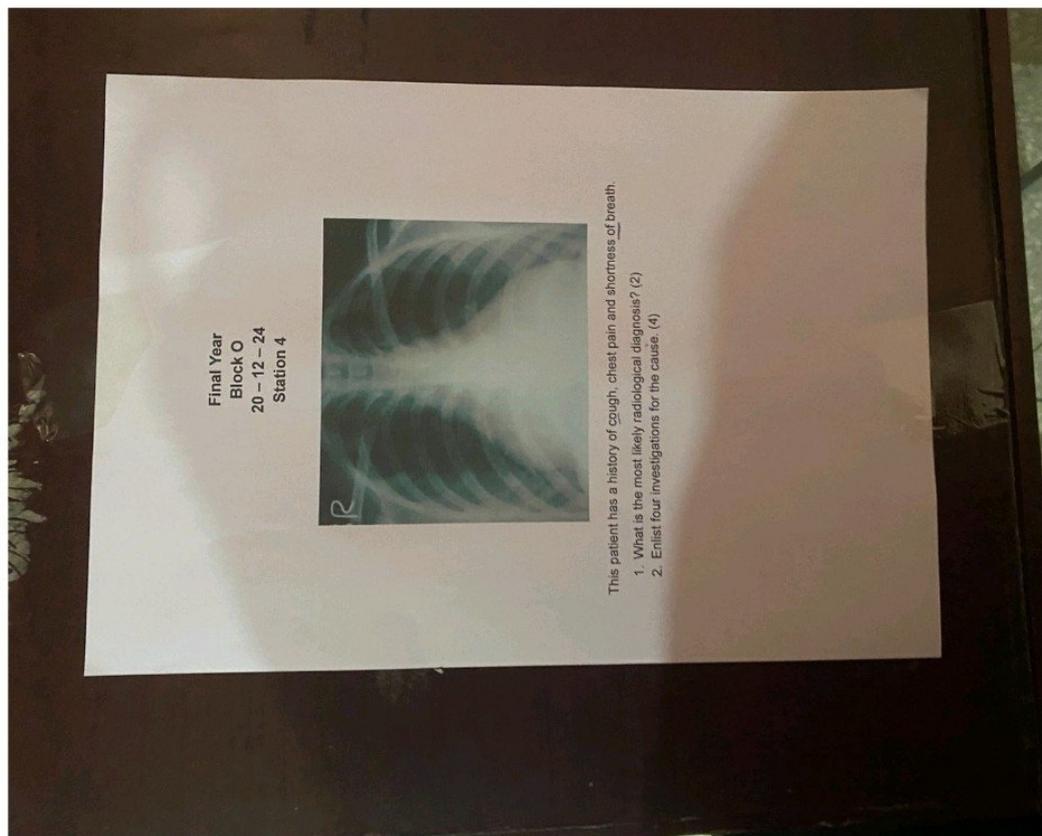
STATION 17

BRONCHIACTESIS

DAY 2

20TH DECEMBER 2024

STATION 1



STATION 2

INTERACTIVE STATION ABOUT MITRAL STENOSIS

- 1) DIAGNOSIS
- 2) MANAGEMENT PLAN

Final year
Block O
20-12-2024
Station 5 (Viva)
Student's sheet

Read the case scenario and answer the questions asked by the examiner.

A 35-year-old female was found to have a mid-diastolic murmur on routine examination. Pulse 110 irregular, BP 120/80, JVP raised. His apex beat is tapping but normally placed, S1 is loud S2 normal, mid-diastolic murmur at the apex with opening snap.

STATION 3

INTERACTIVE STATION ABOUT UNSTABLE ANGINA

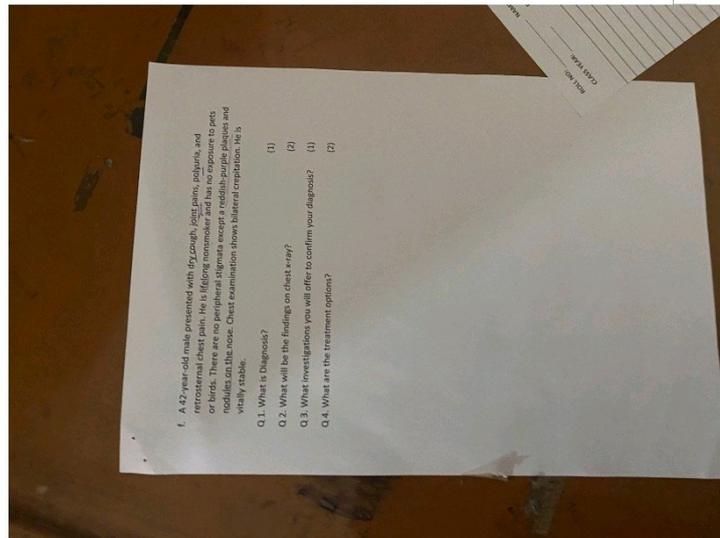
- 1) DIAGNOSIS
- 2) MANAGEMENT PLANS

Final year
Block O
20-12-2024
Station 1 (Viva)
Student Sheet

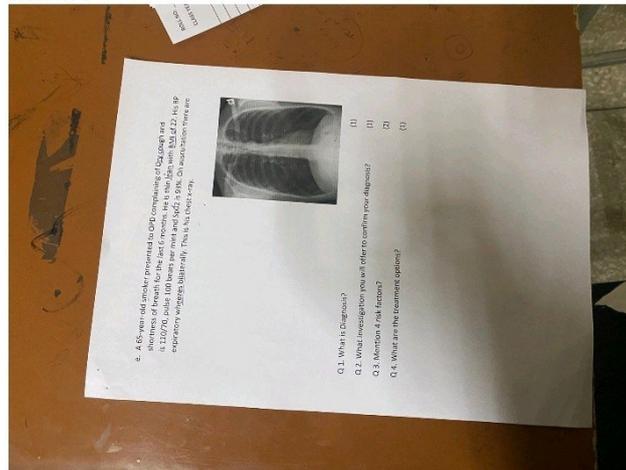
Read the case scenario and answer the questions asked by the examiner.

A 40-year-old male hypertensive, diabetic, and smoker presented with central chest pain at rest, sweating, and nausea. The pain has not settled with sublingual nitrates. Pulse 90, BP 140/90, JVP normal, and normal examination of CVS & respiratory system. ECG shows left ventricular hypertrophy and T waves inversion V1 to V6. Cardiac enzymes and trop I are normal.

QUESTION 4
MYOCARDIAL INFARCTION



STATION 5



STATION 6

EXAMINE THE RESPIRATORY SYSTEM OF A ONE YEAR OLD DUMMY EXAMINATION

STATION 7

EXAMINE THE PRECORDIUM OF A 2 YEAR OLD THEN DO ASSOCIATED EXAMINATIONS OS CVS

STATION 8

**CALCULATE JVP
AFTER THIS SIR ASKS QUESTIONS LIKE TELL SCENERIOS IN WHICH JVP IS RAISED
DO THE ENTIRE PROCEDURE**

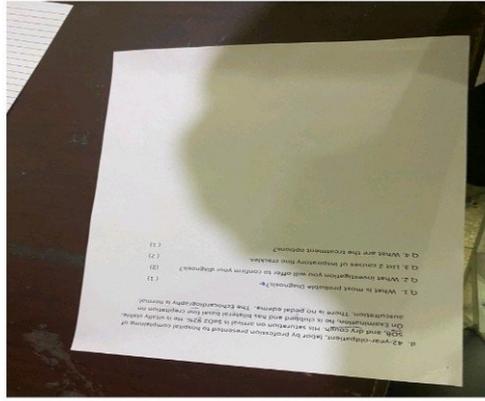
STATION 9

ON DUMMY SO THE ENTIRE CHEST EXAMINATION FROM FRONT AND BACK USKE BAAD THE TEACHER ASKS VIVA QUESTIONS RELEVANT TO MURMURS AND VALVULAR PROBS

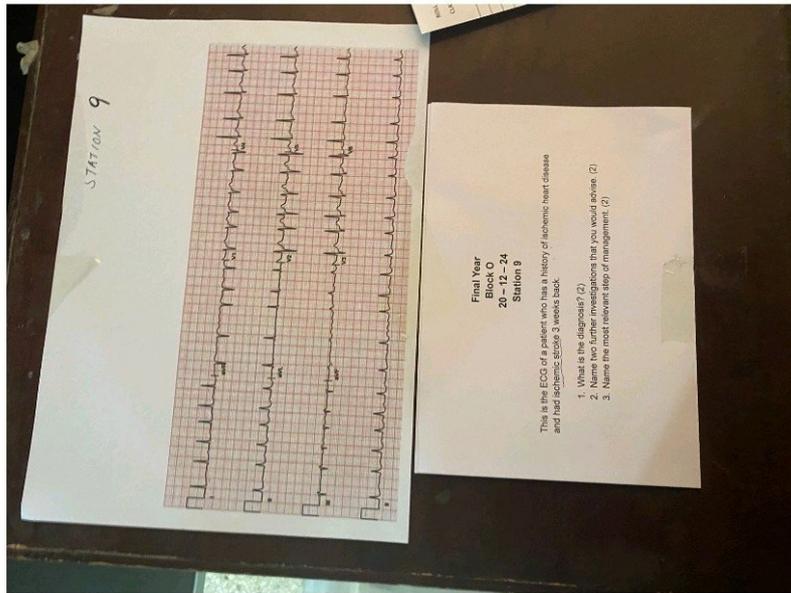
STATIONS 10

**EXAMINE THE CHEST FROM FRONT ON A REAL PATIENT
YE WALA TEACHER RUDE THE THODA**

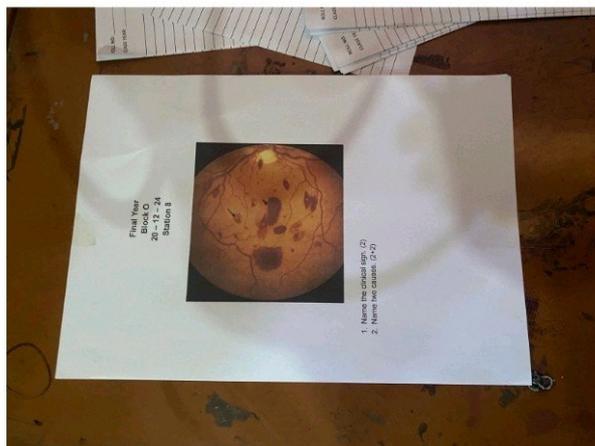
STATION 11



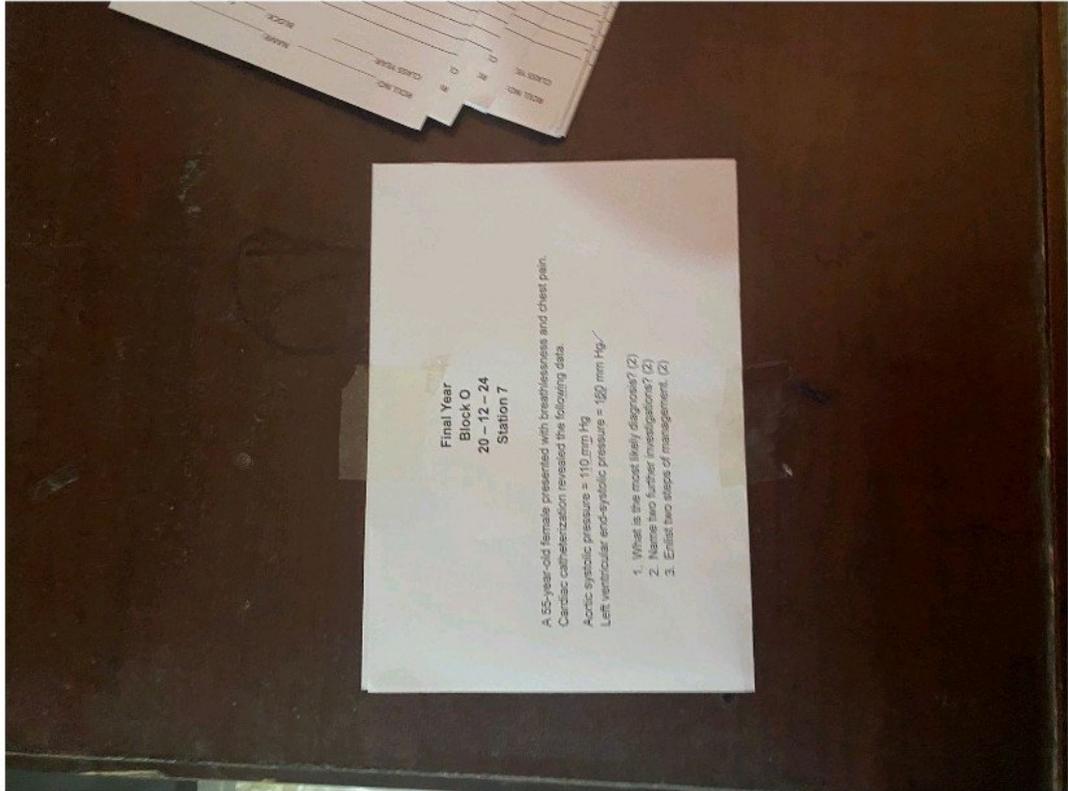
STATION 12



STATION 13



STATION 14



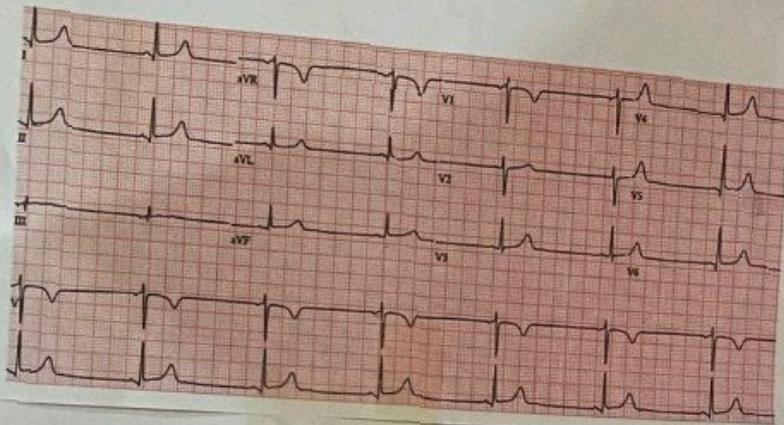
STATION 15

INTERACTIVE STATION ABOUT PULMONARY EMBOLISM THERE WAS A SCENERIO IN WHICH IT WAS MENTIONED THE LADY HAD ANTI PHOPHOLIPID SYNDROME SUDDENLY DEVELOPED SOB AND HEMOPTYSIS

- 1) DIAGNOSIS
- 2) INVESTIGATIONS
- 3) MANAGEMENT

STATION 16

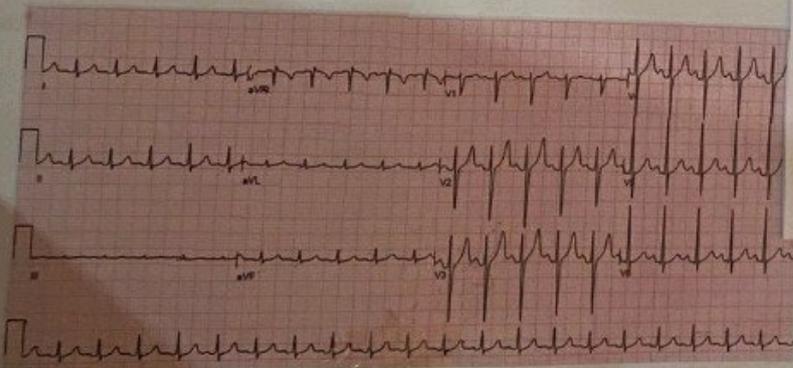
STATION
3A



Final Year
Block O
20 - 12 - 24
Station 3 A

1. What is the diagnosis on this ECG? (1)
2. Name two causes. (2)

STATION
3B



Final
Block
20 - 12 -
Station 3 B

1. What is the diagnosis on this ECG? (1)
2. Name two causes. (2)

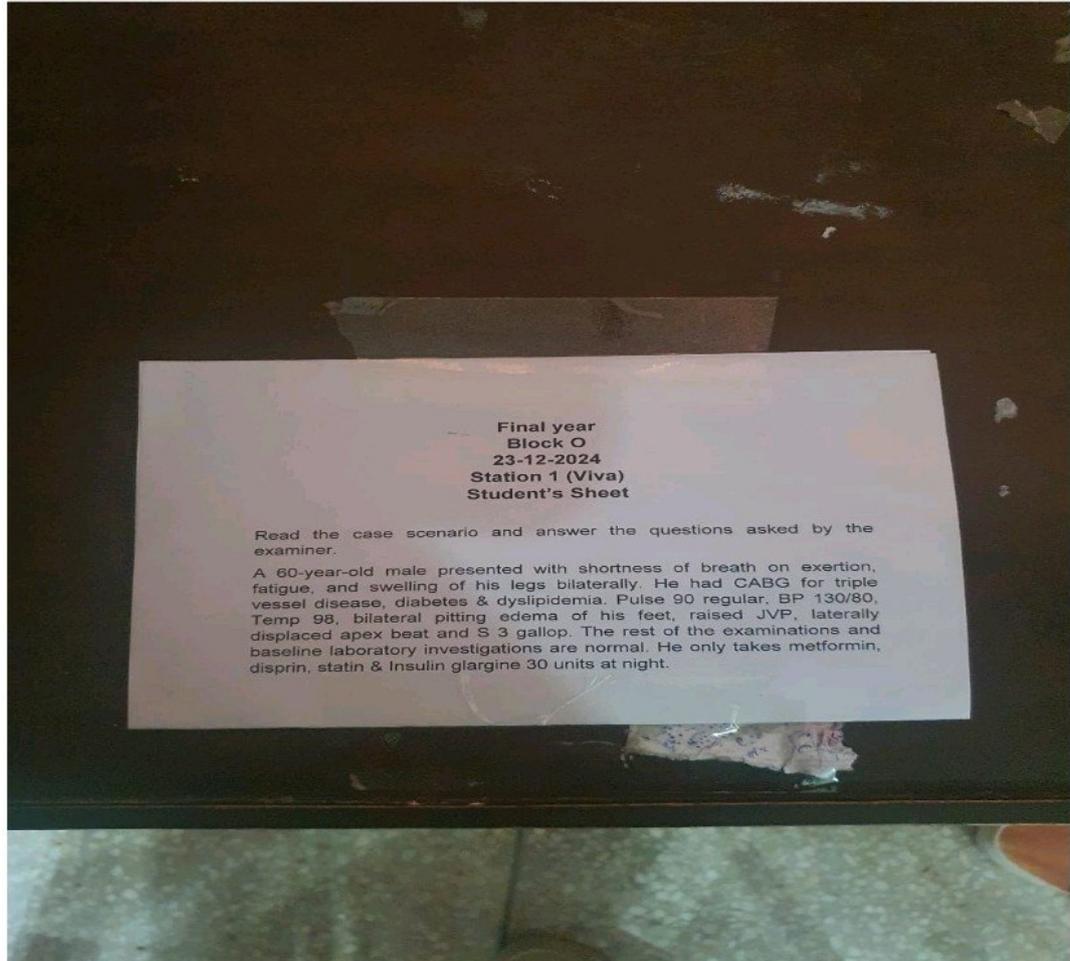
ROLL NO.
CLASS YEAR.

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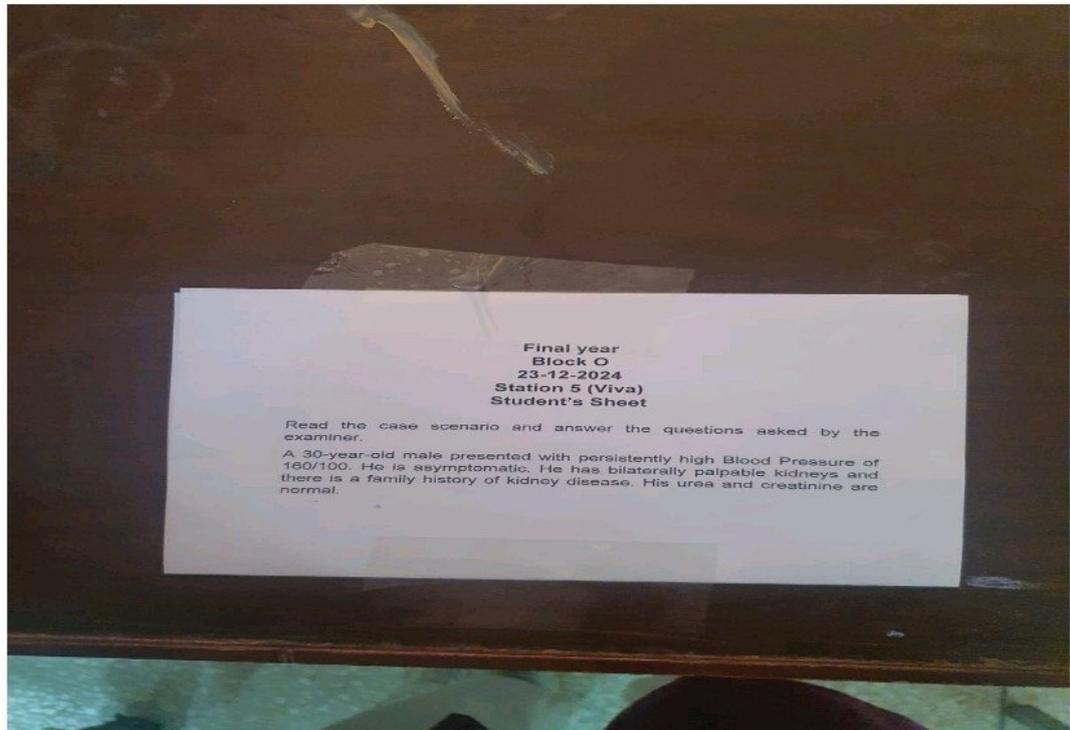
STATION 1



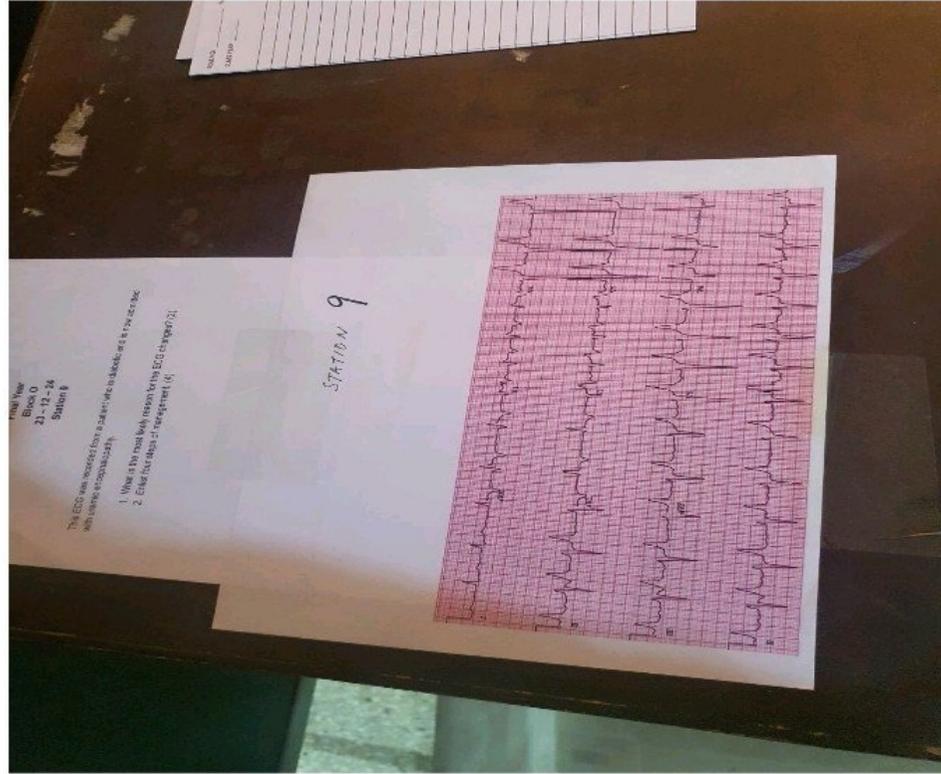
- 1) DIOAGNOSIS
- 2) INVESTIGATION
- 3) ADVICE

STATION 2

- 1) DIAGNOSIS
- 2) TREATMENT AND DIETARY ADVICE TO PATIENT



STATION 3



STATION 4

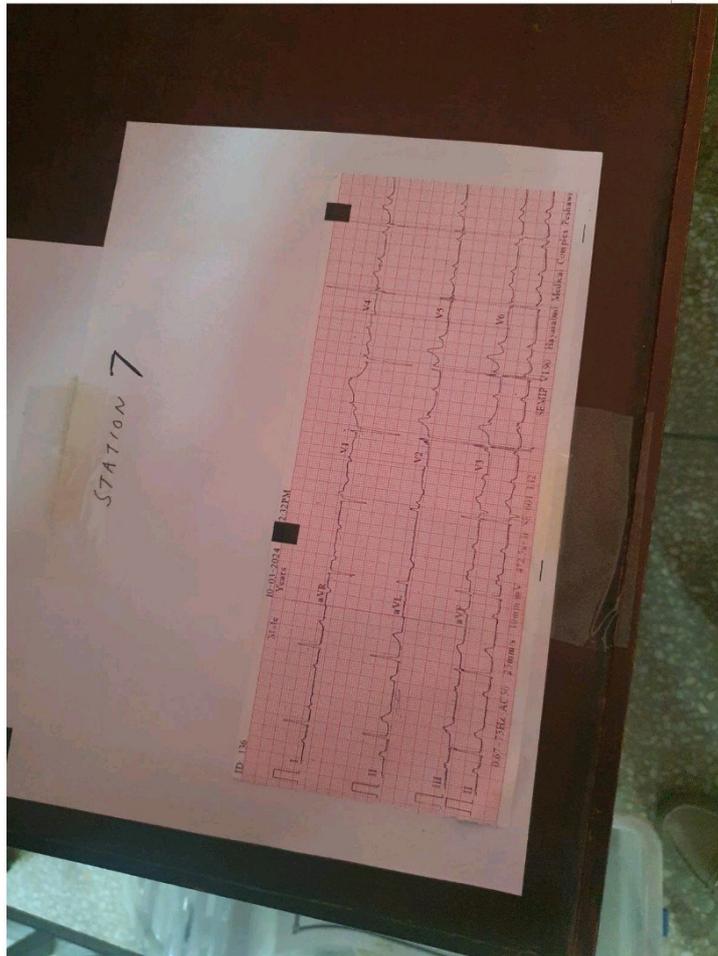
Final Year
Block O
23 - 12 - 24
Station 4



This patient with a history of ischemic heart disease has presented with sudden onset of shortness of breath. His BP is 130/70, pulse is 120 bpm and oxygen saturation is 80% on room air.

1. What is the radiological diagnosis? (2)
2. Enlist four steps of immediate management. (4)

STATION 5



STATION 7

A 23 year old girl with chronic productive cough her sister also had the same

disease and died

- 1) Cystic fibrosis leading to bronchiectasis
- 2) Defect ?
- 3) First line investigation
- 4) Management

STATION 8

EXAMINATION OF JVP
HOW TO DIFFERENTIATE JVP AND CAROTID PULSE ?
IN WHAT CONDITIONS IS JVP RAISED?

STATION 9

RESPIRATORY EXAMINATION OF A ONE YEAR OLD ON DUMMY

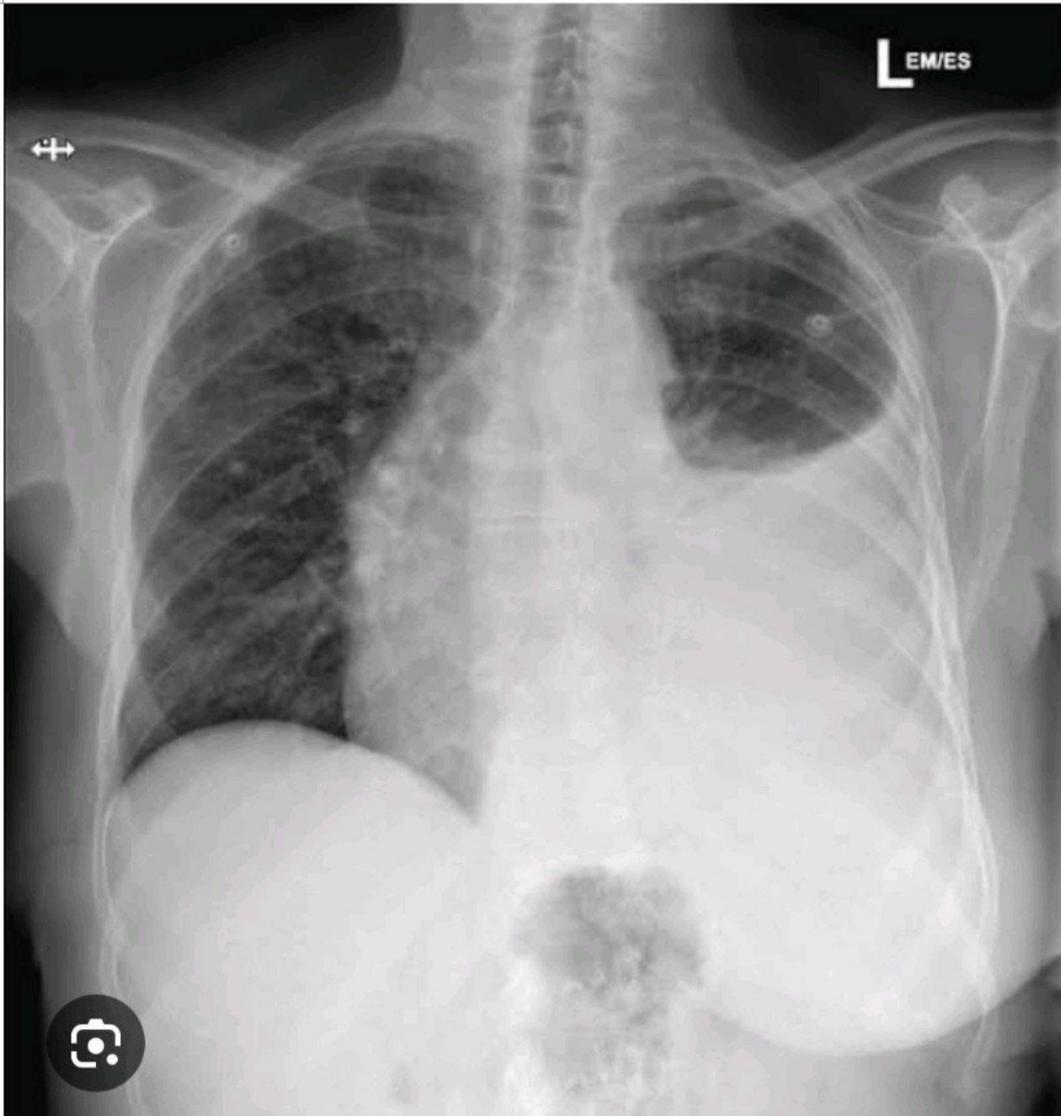
STATION 10

40 YEAR OLD WITH PRODUCTIVE COUGH AND FOUL SMELLING SPUTUM AND BILATERAL WHEEZING

- 1) DIAGNOSIS?
- 2) INITIAL TEST
- 3) MANAGEMENT

STATION 11

- 1) DIAGNOSIS
- 2) TYPES OF PLEURAL EFFUSION
- 3) MANAGEMENT
- 4) SIGNS OF PLEURAL EFFUSION



STATION 12

50 YEAR OLD MAN HAVING PRODUCTIVE COUGH AND BILATERAL WHEEZE
SMOKER FROM 15 YEARS SATURATION IS 93 BP AND PULSE NORMAL ,BY
BRONCHODILATOR FEV1 IS IMPROVEMENT IS LESS THAN 15 %

- 1) DIAGNOSIS
- 2) HOW ASTHMA IS DIFFERENTIATED FROM COPD
- 3) INDICATIONS FOR INVASIVE MECHANICAL VENTILATION IN THIS PATIENT

4) MANAGEMENT

STATION 13

EXAMINE PRECORDIUM KEEPING IN VIEW CONGENITAL HEART DISEASES

STATION 14

EXAMINE THE PRECORDIUM IN ADULT

STATION 15

EXAMINE THE RESPIRATORY SYSTEM IN ADULTS

STATION 16

GRANDPARENTS HAD CHRONIC COUGH AND BABY NOW HAVE
CONSOLIDATION (TB SCENERIO)

- 1) DIAGNOSIS
- 2) INVESTIGATION
- 3) VACCINATION

⇒ *Forwarded*

1. Wpw ecg findings diagnosis
treatment

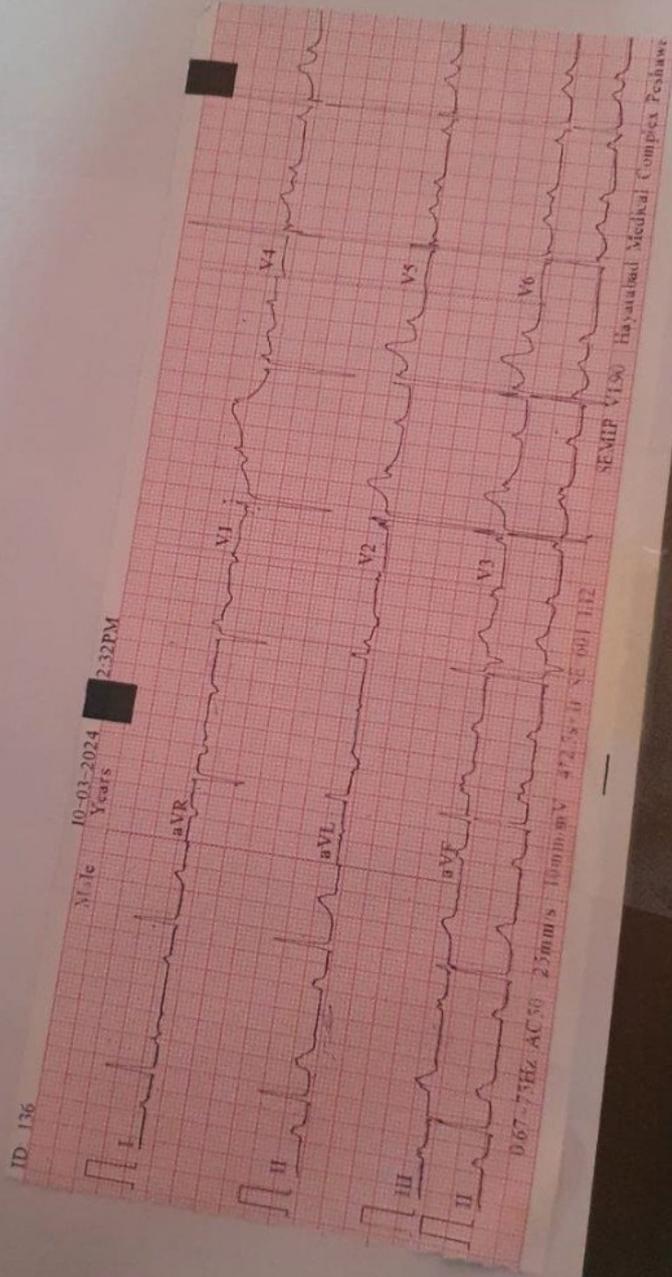
2. Lbbb diagnosis causes

Rbbb diagnosis causes

3. Mobitz 1 block diagnosis
management

12:18 PM

STATION 7



**Final year
Block O
23-12-2024
Station 5 (Viva)
Student's Sheet**

Read the case scenario and answer the questions asked by the examiner.

A 30-year-old male presented with persistently high Blood Pressure of 160/100. He is asymptomatic. He has bilaterally palpable kidneys and there is a family history of kidney disease. His urea and creatinine are normal.

**Final year
Block O
23-12-2024
Station 1 (Viva)
Student's Sheet**

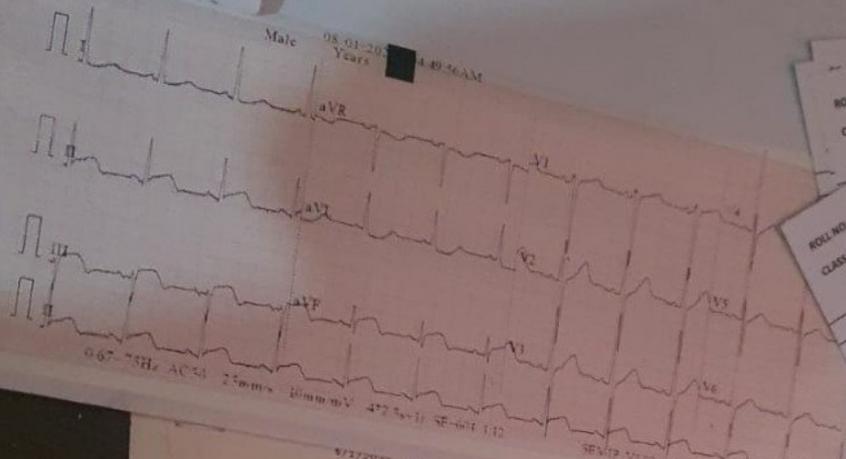
Read the case scenario and answer the questions asked by the examiner.

A 60-year-old male presented with shortness of breath on exertion, fatigue, and swelling of his legs bilaterally. He had CABG for triple vessel disease, diabetes & dyslipidemia. Pulse 90 regular, BP 130/80, Temp 98, bilateral pitting edema of his feet, raised JVP, laterally displaced apex beat and S 3 gallop. The rest of the examinations and baseline laboratory investigations are normal. He only takes metformin, disprin, statin & Insulin glargine 30 units at night.

3A

ID: 848

Male 08.01.2008 4:49:56AM
Years



ROLL NO: _____ NAME: _____
 CLASS YEAR: _____

ROLL NO: _____ NAME: _____
 CLASS YEAR: _____

ROLL NO: _____ NAME: _____
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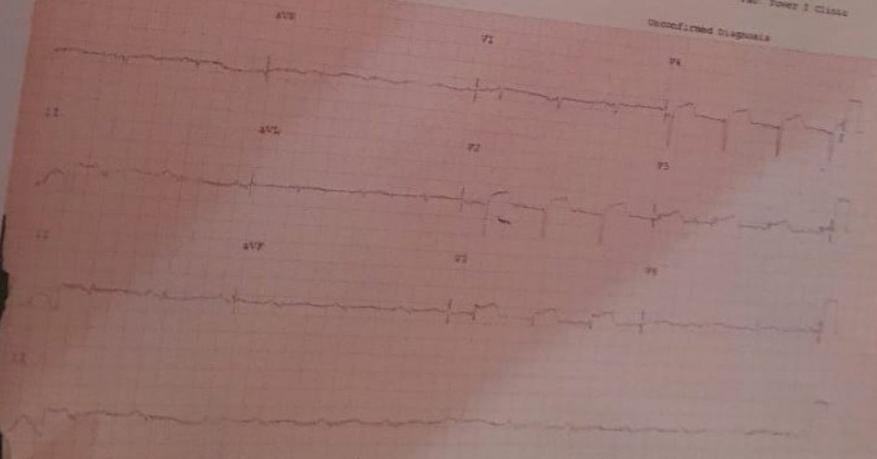
DATE 79 AGE IS NOT ENTERED ASSUMED TO BE 70 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION
 HR 156 SINUS RHYTHM
 PRSD 84 CONSIDER INFARCT
 QT 384 PROBABLE ANTERIOR INFARCT, ACUTE
 QTc 441 BASELINE WANDER LEAD(S) V1

3B

--AXIS--
P 78
QRS 227
T 28

ABNORMAL ECG

Unconfirmed Diagnosis



Final Year
Block O
23 - 12 - 24
Station 4



This patient with a history of ischemic heart disease has presented with sudden onset of shortness of breath. His BP is 130/70, pulse is 120 bpm and oxygen saturation is 80% on room air.

1. What is the radiological diagnosis? (2)
2. Enlist four steps of immediate management. (4)

Block O ospe (24 dec) :

1.



Name the sign. In which condition?

Investigations done in this pt?

Medicines given?

2. Do respiratory examination on 1 years old child. (i forgot to check vocal resonance)

3. Do pre cordial exam in 1 month old child with systolic murmur. And relevant exam too.

4. Do resp exam on a female pt from back.

Causes of wheeze?

5. COPD scenario.... Viva

Dx, prevention to slow disease progression, treatment?

6. JVP

7. Precordial exam (causes of apex beat displacement, left and right Axis deviation)

8. Scenario.... Viva

A diabetic man presented with bp 160/100.

Urine shows 2+ proteinuria. Urea creatinine normal.

Q: do you start antihypertensive or not?

Which antihypertensives?

Side effects of ACEI? Which changes in tests after 2 week treatment with ACEI?

9. Pic of lady with malar rash.

Scenario : presented with chest pain, aggravated on lying flat, relieved by sitting and bending forward.

Q: which underlying disease?

Developed which complication now?

Investigations for the complication?

10. scenario antiphospholipid syndrome (risk factors, treatment)

11. pics of nebulizer and laryngoscope

Uses?

Which med are given via nebulizer?

Final Year
Block O
23 - 12 - 24
Station 9

This ECG was recorded from a patient who is diabetic and is now admitted with uremic encephalopathy.

1. What is the most likely reason for the ECG changes? (2)
2. Enlist four steps of management. (4)

STATION 9

