

1. Image of achalasia (diagnosis karni thi), investigations done for it, its management, and ddx
2. Abdominal examination
3. Scenario of sepsis, diagnosis, what is SOFA?
4. Viral meningitis (csf analysis dia tha which had ; lymphocytes, color(clear)) identify karna tha, k what is the meningitis due to, causative agent, management
5. Subarachnoid hemorrhage ka scenario tha, uski diagnosis and management btani thi, plus location of where it occurs
6. There was a scenario of jaundice in peads
7. Child with severe dehydration, diarrhea watery and vomiting, sunken eyes and decreased skin turgor, dx (diarrhea with severe dehydration, treatment plan), give IV fluids and doses according to age
8. Log book plus peads Hx (in immunization hx vaccines for preventable disease k naam)
9. Lower limb examination
10. Surgical instruments (langnan bag retractor, babcocks forceps, scalpel)
11. Barium swallow
12. Tumor markers (beta hcg, ca 125, alpha fetoprotein, LDH, PSA, ca 19-9,
13. Types of anxiety, treatment
14. Mechanism of action of benzodiazepines
15. Ulnar claw hand, management, investigations
16. Stoma, indication, early and late complications, management
17. Stoma prolapse
18. Depression ka station tha (history taking, diagnostic criteria, management)



19. such an image of Dupuytren's contracture with the scenario of hematemesis and abdominal distension, identify causes, 2 investigations

20.

Block q
Batch c

Kaposi sarcoma



google.com/search?clien

79



en.wikipedia.org



Kaposi's sarcoma-associated herpesvirus - Wikipedia

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Identify

Cause

Opportunistic diseases in aids/hiv

Cd4 - stands for

Importance

(each level and the corresponding disease that occurs)

Transmission rate of hiv from an untreated mother baby/from a treated mother to a baby

Drugs used in hiv

Station 2

Abdominal examination

Station 3

Sensory motor examination of trigeminal nerve

Station 4

Ischemic stroke (written repeat)

Station 5

Lower limb and motor examination in 1 month old

How will u asses power of muscle in baby(spontaneous movements)

Gbs

Bacterial meningitis (hyperreflexia)

Station 6

Haemorrhagic stroke (repeat)

Station 7

Kwashiorkor

Primary causes

Lack of family planing(more children less food supply) / poverty

Inadequate breast feeding or lack of it

Improper weaning

Secondary causes

Malabsorbitions

Station 8

Ocd (opd setting)

Introduce yourself

Build repo/trust

Then proceed to ask pt about history of disease

Reassure pt that what he is going through is hard.

How will you differentiate Ocd from other psychiatric illnesses

Station 9

Spinal needle

Repeat

(name one drug given through spinal needle)

(where does spinal cord end, where do we perform lp)

Station 10

Herpetiformis dermatitis

Jazz HD

Ufone VoLTE



79.6K/s



12:03



The Australasian College ...



ACD A-Z of Skin - Dermatitis Herpetiformis

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Herpetiformis dermatitis

Station

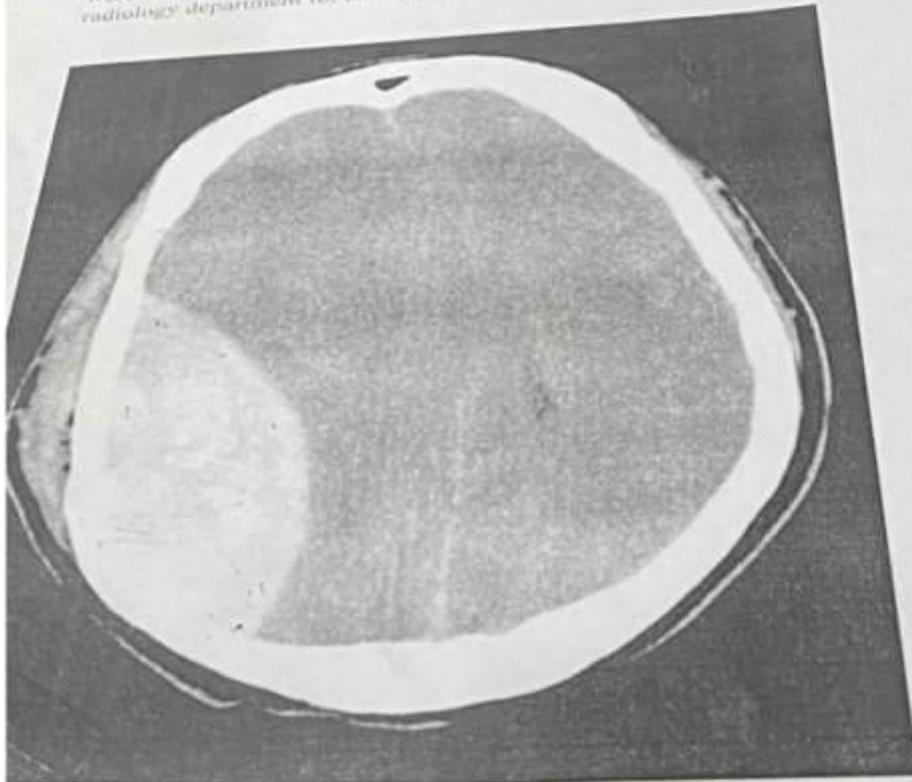


Block Q OSPE...



TOACS
STATION 2 (STATIC)

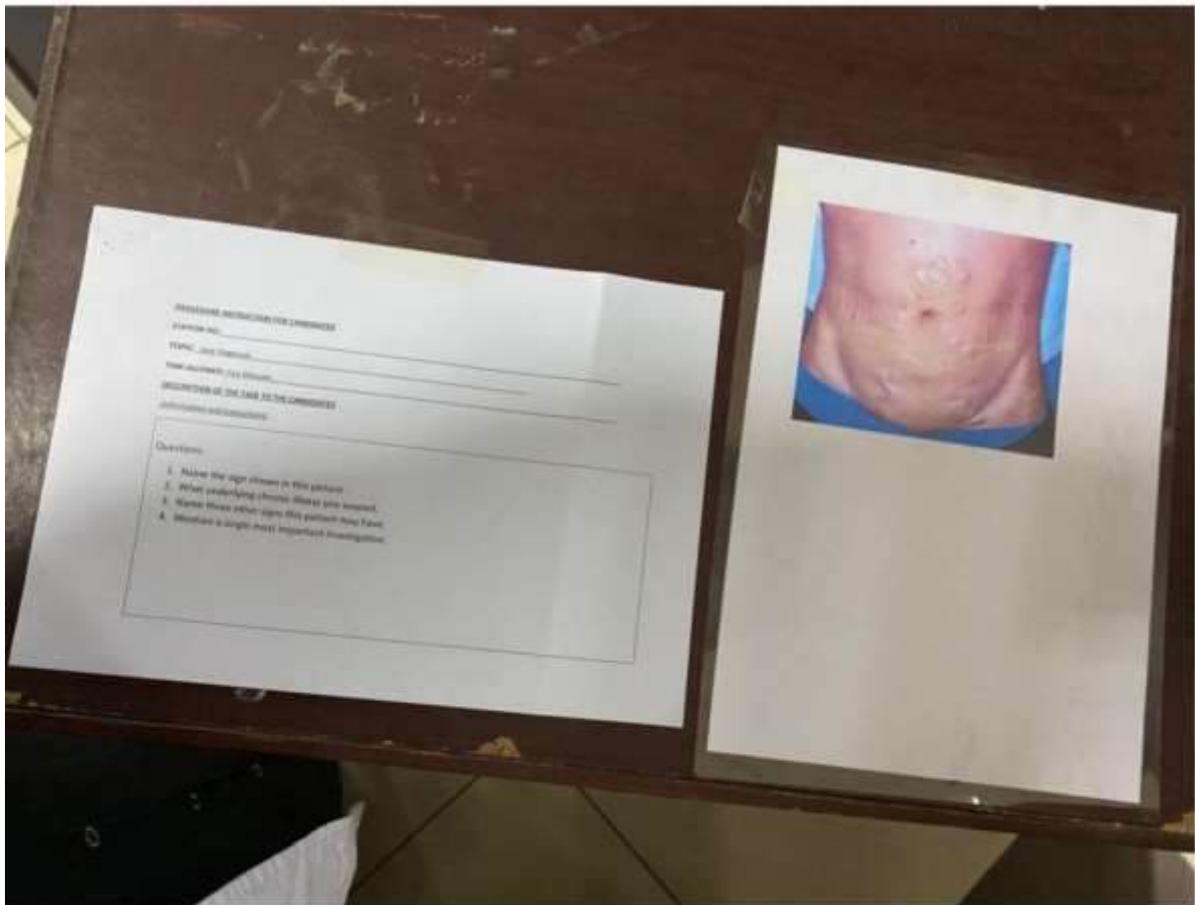
A 15-year-old boy was hit on the temple with a baseball and he became unconscious. After about ten minutes, he regained consciousness, but he soon became lethargic, and over the next two hours, he was stuporous. His pupils were unequal. Intra cranial hemorrhage was suspected. He was shifted to the radiology department for an urgent CT scan brain which shows



What is the most appropriate Diagnosis

(02 marks)

Station



Station

Mood disorders

Mood stabilizers

Explain BP disorder

Suicide rate in BP disorder

Station

Pleurectomy counseling

Station

Scenario of patient with hypovolemic shock

Station

Subdural hematoma

Chronic type,

Brain atrophy bridging veins rupture

Txt burr hole (asked about the different types)

Rose spots image ..
Dx.. typhoid fever

In which week rose spots appear:2nd week
Investigations to confirm the dx
Management of typhoid fever
Antibiotics names..

What is MDR..
What to give if it's MDR

perform abdominal examination.

Subdural hematoma investigation,management

: Hepatitis A
Investigation
Management

Station 1
Observed
Subarachnoid hemorrhage
Location
Cause
Management

[: Ek cerebellar examination thi aur ek abdominal examination wala aik aur tha aur ek paed's history bhi tha

Ek epidural hematoma bhi tha lens shpe lesion

NG tube

Pyogenic meningitis
Ek srf meningitis

Appendicitis
D'Ds of pain in right iliac fossa

Clinical signs of appendicitis
Investigations to confirm appendicitis
Post op complications of appendicitis

Acute subdural hemotoma ,
Ct
Causes
Management

4 Causes of obstructive jaundice
Investigations
Clinical signs differentiating between hemolytic and obstructive jaundice
Management

Ulcerative colitis
What investigations will you do
What are signs of inflammation in above scenario
What are the red flag signs in this disease
How to control acute flares
One long term medication name

Paeds interactive .
Meningitis ka scenario tha
And treatment poch rhe the
Which antibiotics
And steroids

Guillain baree syndrome scenario
And treatment

Day 2

1 ascites image

Diagnose

3 causes

3 drugs for medical management

2 56 yr old patient with blurring of vision
fundoscopic image

diagnose: papillaedema

2 causes

And one investigation to confirm the cause



3 Barium swallow repeat

4 Examination of lower limb of a 1 yr old
(wt are the spontaneous movement of a child called) (to assess power the
spontaneous movement of limb are noted) (hyperreflexia conditions)

5 3 yr old kid weight loss wasted on anti tb but no improvement hb 8 rest all normal
Diagnose celiac
Investigations
Treatment

6 3 month Child irritable born with fair hair,
blue eyes, fair skin also has eczematous
rash and foul mousy odour
Diagnose phenylketonuria
Hereditary pattern
Management

7 Person with nausea vomiting etc and the
worst headache of his life gcs 11/15
afebrile
Diagnose SAH
Clinical features of the pathology
MEDICAL management (must mention
ICU admission due to low gcs, and ABCs
check blood transfusion then triple H
management (hypervolemia
hyperventilation and hyper ?)
Rest from book management

8 Hydrocephalus repeat

Signs management investigations

Medical ;Acetazolamide, furosemide

Surgical; VP shunt, ETV

9 Image of abdominal stab wound with omenta outside and cannula passed on both arms catheter passed

Describe picture

What is the initial management (ATLS)

How to administer fluids (hypovolemia grades based)

Complications what would u do after ATLS and stabilisation of patient (laparotomy and repair)

10 Abdomen examination

11 Facial nerve examination

Ramsay hunt syndrome

What happens to hearing in VII nerve palsy

UMN VS LMN. Difference

Causes of UMN (most common is stroke)

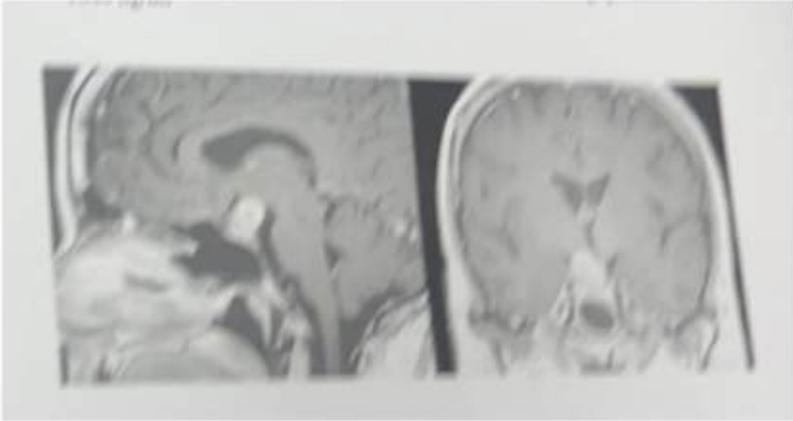
Cause of LMN (most common idiopathic)

12 A 45 year old lady presented with h/o amenorhea, galactorhea, infertility, impairment of visual equity and headache, on examination she has bitemporal hemianopia. Endocrine testing prolactin 1000mg/dl

1- what is the diagnosis

2- enumerate features of prolactinoma

3- what is the most appropriate investigation of choice?



13 Instrument:

Proctoscope

Name it and parts.

Method of sterilization

Diagnostic indications

Therapeutic indications



14 Picture of gut loop outside abdomen from colostomy site with the loose hanging end stapled and necrosed with ulcer also note laparotomy scar
Describe (stoma prolapse)
What procedure is this colostomy /ileostomy
Complication of this procedure
And complication of the condition itself (prolapse complications)
Management? Ileostomy refashioning (put the loop back in)

15 Eating disorder
Define
Types (bulimia nervosa anorexia binge eating disorder)
Difference between bulimia and anorexia
Causes
Which of these three is associated with DM treatment
(CBT COUNSELLING SSRI SNRI)

- 16 Counselling the wife of a man who is diagnosed with lung cancer advanced stage with metastasis and bad prognosis
- Introduce
 - Ask if man can be available
 - Tell about condition
 - Empathize
 - Then tell treatment
 - Surgery plus chemo
 - Answer any question that the wife may ask
 - Confirm the understanding
 - Also tell if the family to bring the patient with them next visit to consult with surgeon and oncology team
 - Thank you
-

- 17
- Man with fever chill rigor not in right state of mind neck is supple (cannot hold up)
 - splenomegaly 3cm
 - Diagnose cerebral malaria
 - Investigation
 - Treatment
 - And preventive drug in pregnant lady (primaquine)
-

- 18
- Paeds logbook + paeds history pattern + developmental milestones + epi
-

- 19
- Person on warfarin present with weakness of limbs
 - Image was ct and X-ray chest (in ct was right side hemorrhage and in X-ray was stent in heart)
 - What is the diagnosis
 - Most appropriate investigation confirm the underlying cause
 - Management steps

