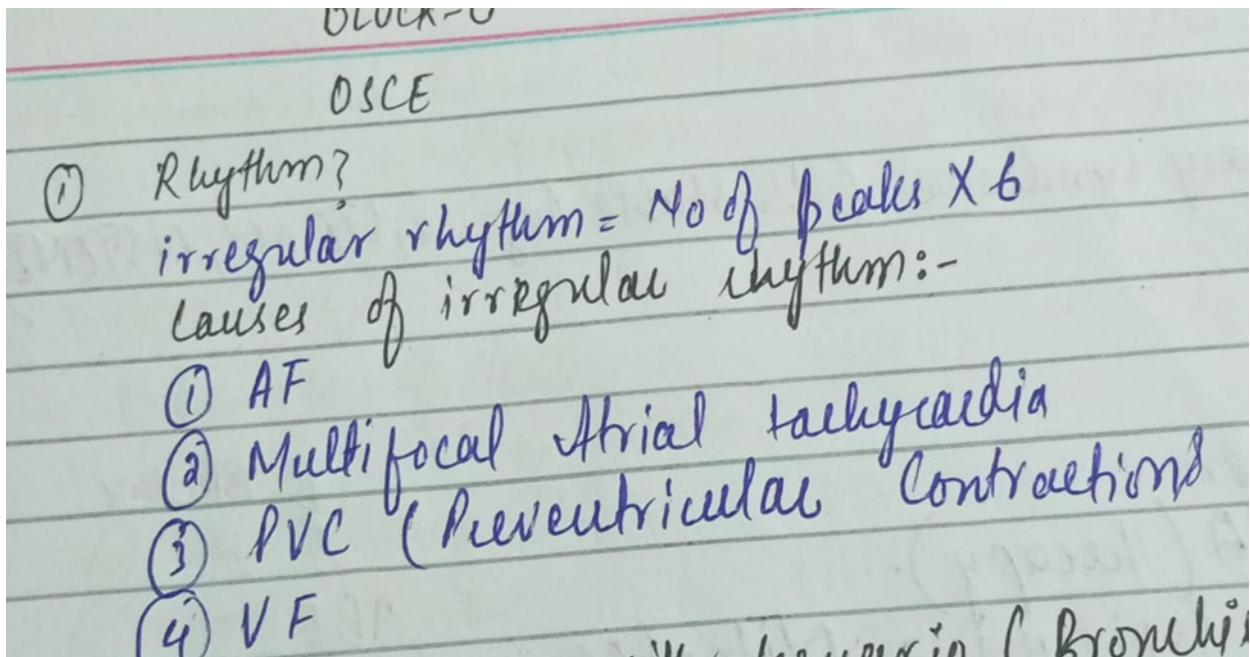


STATION 1



Edit with WPS Office

STATION



Edit with WPS Office

Key

Static Stations: 3

*(each station carries six marks)

ECG (3)

A 40 years female patient presented to OPD with vague history of chest pain and easy fatigue ability. She is normotensive and non-diabetic. Her ECG done in OPD as below:
Look at this ECG and answer the following questions.

Question 1: What is your finding.
(Maximum 2 marks)

Answer: Broad QRS Complex / LBB

Question 2: Enlist two important causes of this ECG. (Maximum 4 marks)

Answer: Coronary Artery disease, Normal Variant



Static Stations: 4

*(each station carries six marks)

ECG (4)

A 60 years male patient presented to CCU with one day history of severe central chest pain. He is a smoker, diabetic and having positive family history for coronary artery disease. His troponin level was high. ECG of the patient given below:
Interpret the ECG and answer the following questions.

Question 1: What is the abnormal finding?
(Maximum 1 marks)

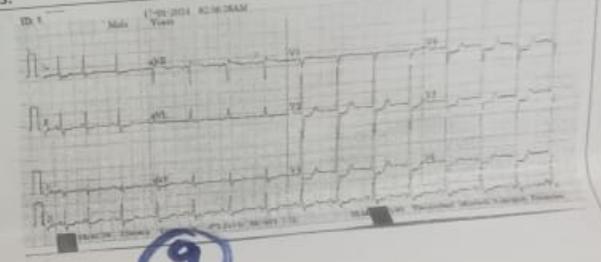
Answer: ST depression V2 - V6

Question 2: Give two differential diagnoses?
(Maximum 2 marks)

Answer: NSTEMI, Posterior Wall MI

Question 3: Enlist three important oral medications for this patient. (Maximum 3 marks)

Answer: Dual antiplatelet, Beta blocker, Lipid Lowering



Static Stations: 5

*(each station carries six marks)

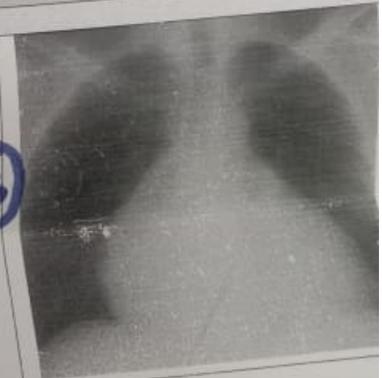
X-ray (5)

A 30 years old female patient with long history of low-grade fever, weight loss and night time sweating. The Xray of the patient is given: look at the Xray and answer the following questions

Question 1: Give two important findings? (Maximum 2 marks)
Answer: Cardiomegaly, Pencil drawn hard border

Question 2: Give two differentials diagnosis. (Maximum 2 marks)
Answer: Pericardial Effusion, Heart Failure (severe valvular heart diseases)

Question 3: What are the two best investigations to definitely diagnose the disease? (Maximum 2 marks)
Answer: ECHO, Pericardial fluid analysis



STATION



Edit with WPS Office

Key

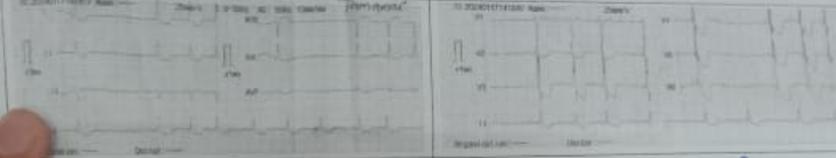
QUESTIONS WITH ANSWERS

Static Stations: 1

*(each station carries six marks)

ECG (1)

A 50 Years old patient presented to OPD with Palpitation and his BP is 140/80 mmHg. ECG is given below. Interpret the ECG and answer the following questions.



Question 1: What is the Rhythm? (Maximum 2 marks)

Answer: Atrial fibrillation

4

Question 2: Name four important causes for this Rhythm. Maximum 4 marks (Each correct response carries one mark)

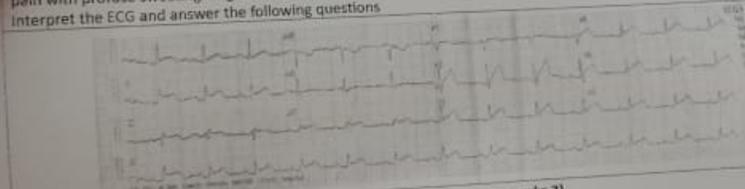
- Answer:
- a. Rheumatic mitral valve disease
 - b. Hypertension
 - c. Heart failure
 - d. Hyperthyroidism
 - e. Obesity
 - f. pulmonary disease

Static Stations: 2

*(each station carries six marks)

ECG (2)

A 55 years old bank manager, presented to Emergency department HMC with two hours duration of Severe central chest pain with profuse sweating. Urgent ECG done in Emergency department as below. Interpret the ECG and answer the following questions



Question 1: what is the most important abnormal finding. (Maximum marks 2)

Answer: ST elevation, II, III, AVF, V1-V6

7

Question 2: What is your diagnosis? (Maximum marks 2)

Answer: STEMI - 2 marks (ACS - only 1 mark)

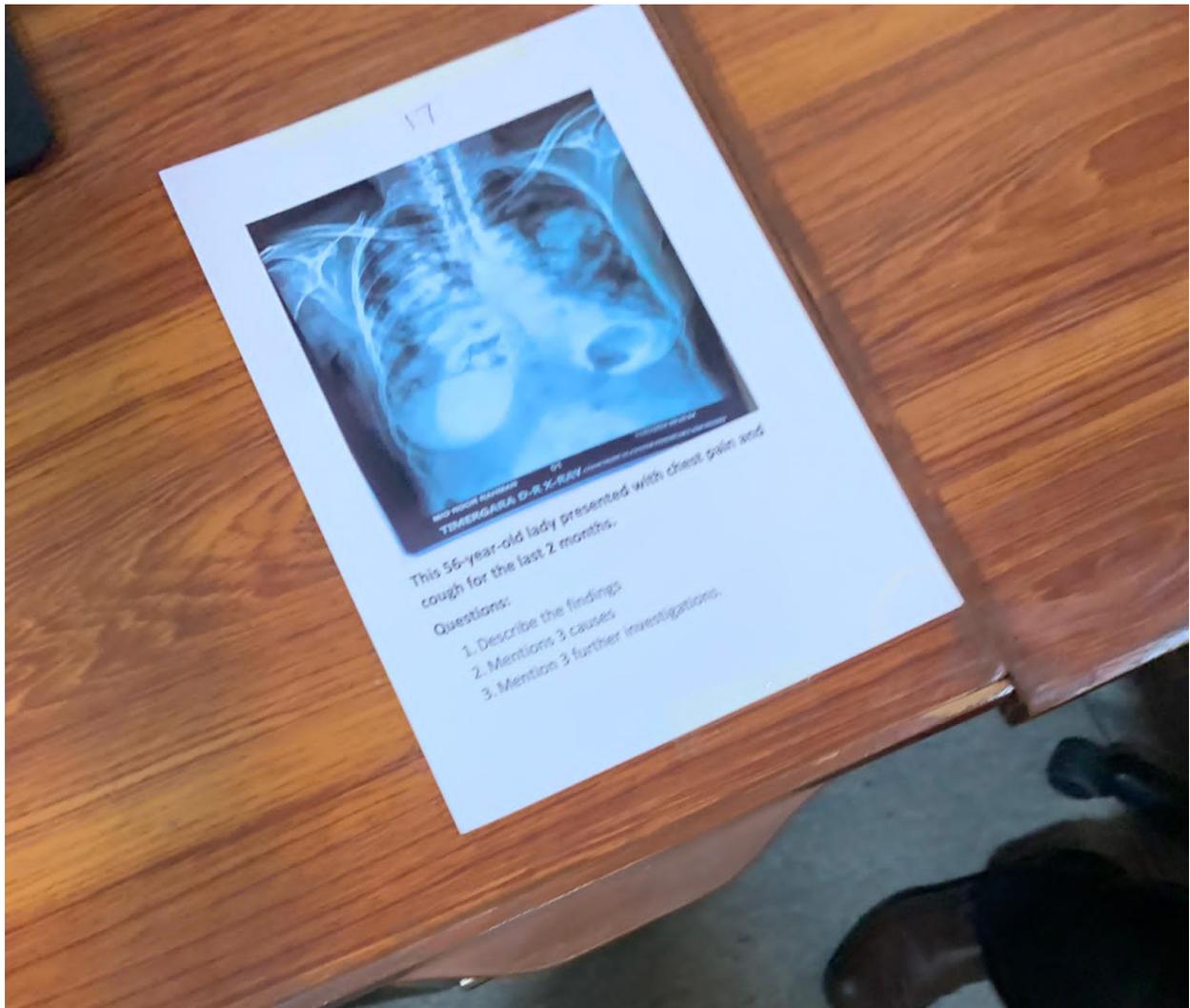
Question 3: What will be time tested, life-saving and most important oral medicine at this stage? (Maximum marks 2)

Answer: Aspirin 325mg

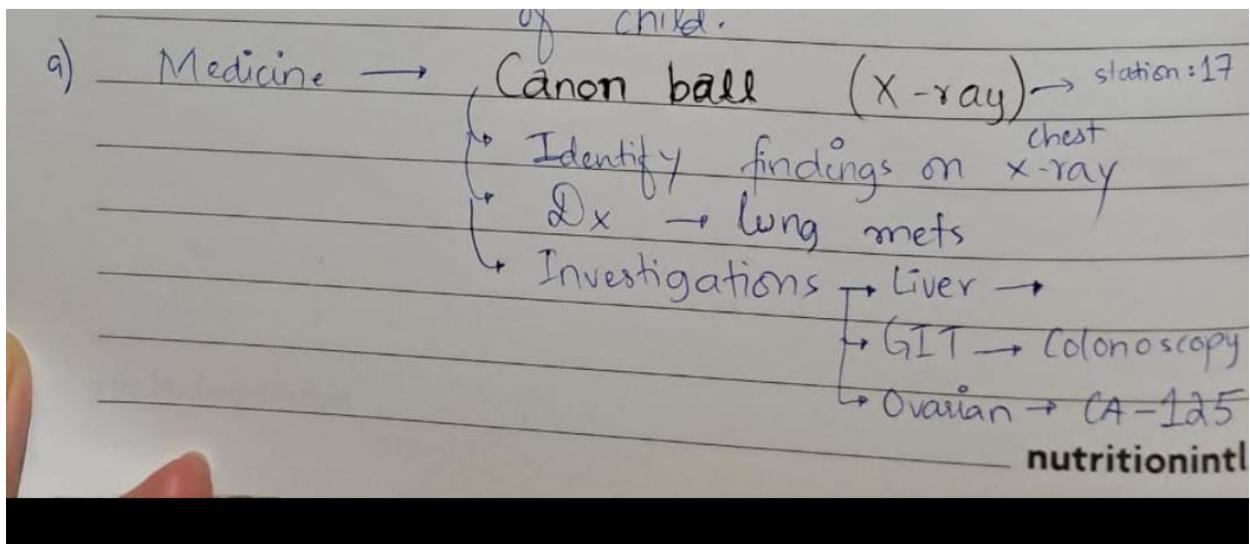
1



STATION



Edit with WPS Office



Case: 55-Year-Old Lady with Chest Pain and Cough for 2 Months

1) Describe the Findings (Based on the X-ray Image)

Bilateral pulmonary opacities/infiltrates

Possible cavitory lesions or consolidation

Presence of pleural effusion (if visible)

Hyperinflated lungs (if suggestive of COPD or emphysema)

2) Mention 3 Causes

Tuberculosis (TB) – Chronic cough, weight loss, night sweats, and cavitory lung lesions

Pneumonia – Community-acquired pneumonia (CAP) or atypical pneumonia

Lung Cancer – Especially in smokers or with unresolving pneumonia

Other Causes: Pulmonary embolism, interstitial lung disease, or heart failure

3) Mention 3 Further Investigations



Chest CT Scan – To assess lung pathology in detail

Sputum AFB Smear & Culture – To rule out tuberculosis

Bronchoscopy with Biopsy – If lung cancer is suspected

Other Tests: CBC, ESR, CRP, GeneXpert MTB/RIF, and blood cultures (if infection is suspected)

STATION



2

Pediatric Station 13:

A 4 years old boy presents with blue discoloration of lips, fatigability on exertion and failure to thrive. Examination shows cyanosis of lips with ejection systolic murmur at pulmonary area.

Picture of his right hand is shown. Examine the picture and write down answers to the questions given below:



Questions

1. What sign is visible in this picture?
2. Write down 2 cardiovascular causes for this finding?
3. What is the likely diagnosis? *possible Eisenmenger*
4. Write down 2 investigations to confirm the diagnosis?

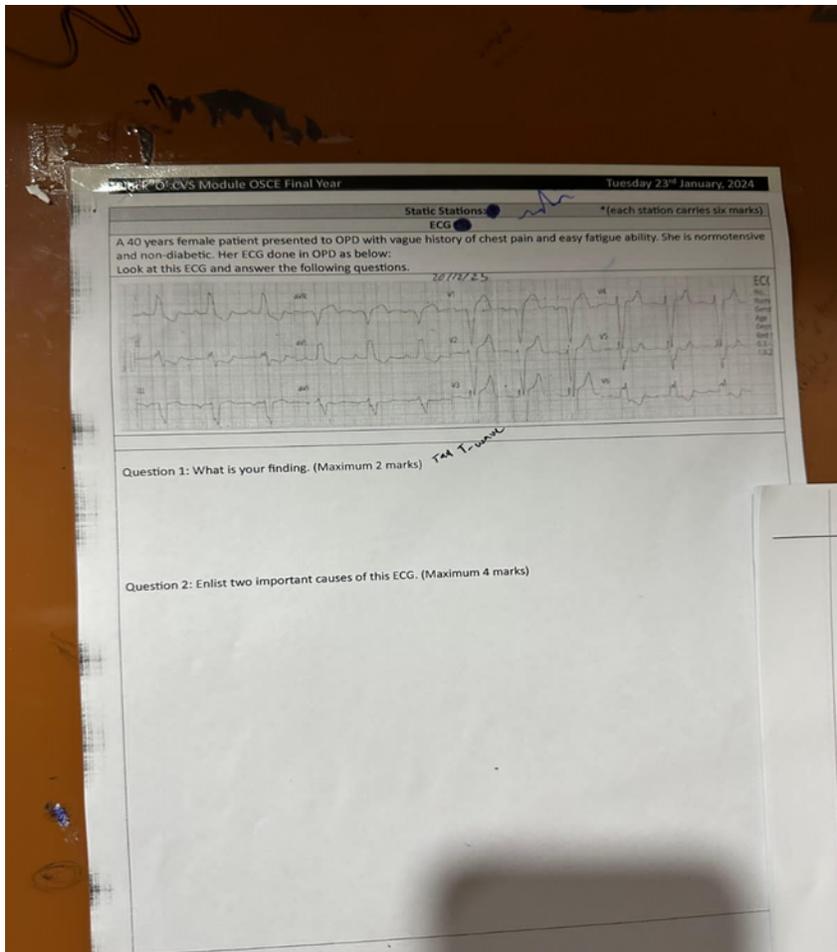


ANSWER=

(23) Club fingers
→ WS → (1) TOF (2) I.E
causes
Diagnosis → Cyanotic Heart disease
Ix → (1) ECG (2) ECHO

STATION=





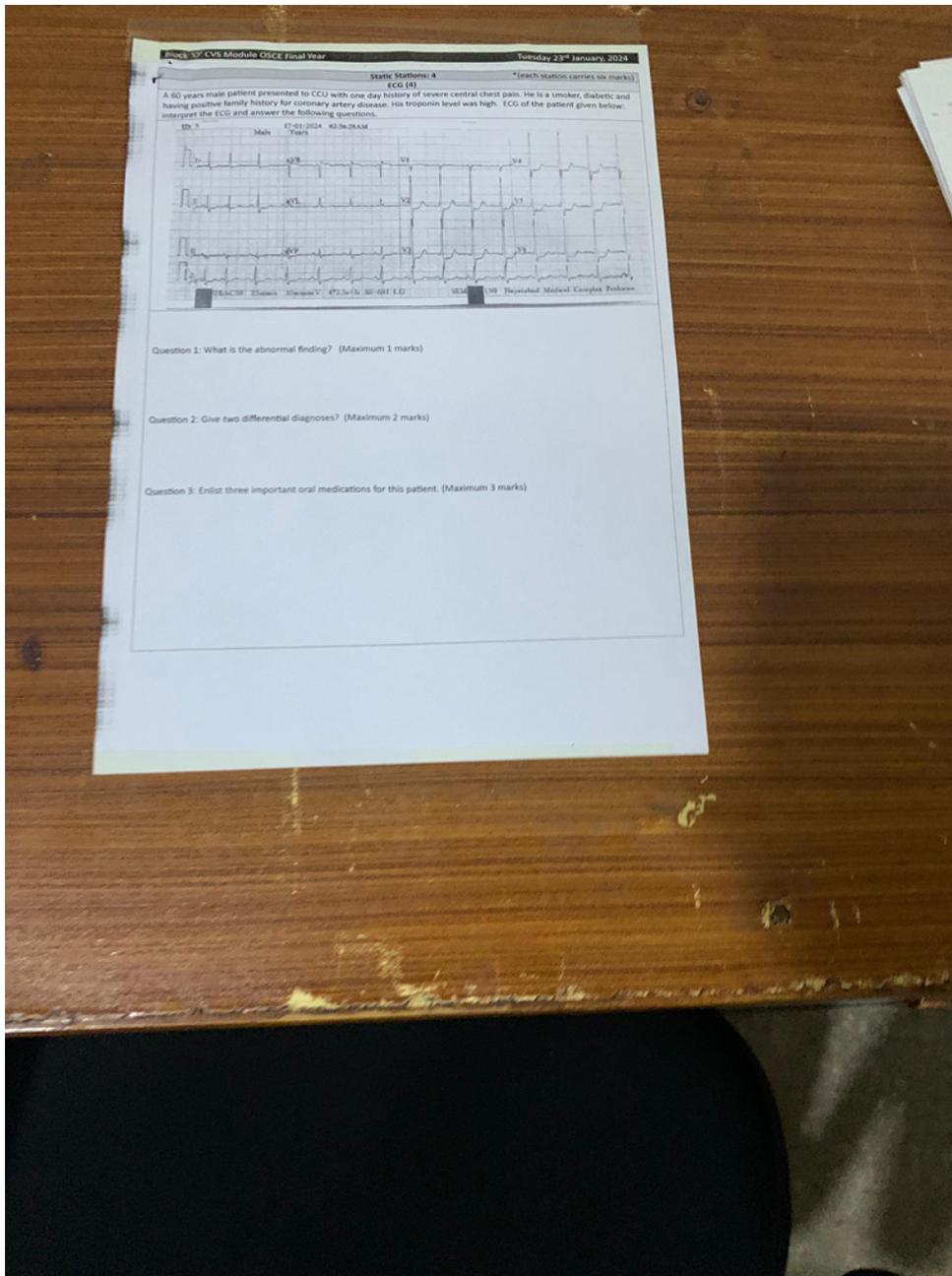
ANSWER=

x → VECG (2) ECHO

ECG: Irregularly irregular
QRS duration → (N)
P waves absent.

→ AF { caused by (PIRATES).
~~ECG~~ Pulmonary Embolism
IHD
RHD
Atrial myxoma
Thyrotoxicosis
Ethanol
Sepsis





ANSWER=

S



Edit with WPS Office

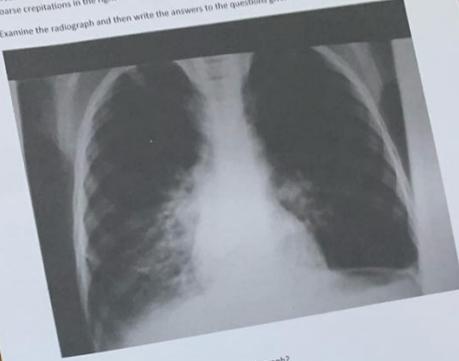
Station (4)
 ↑ Troponin:
 D/D:- Acute Coronary Syndrome (Unstable Angina, STEMI, NSTEMI)
 Myocarditis
 Pericarditis
 PE.
 Aortic dissection
~~MORPHINE~~ MONA (Therapy)-
 Morphine → O₂ → Aspirin → Nitrates
 B-Blocker
 ABE
 Enoxaparin
 Abciximab

STATION=



Pediatric Station 14:

A 12 year old girl presents with blood in sputum for the last 5 days. There is history of recurrent chest infections with chronic cough and copious green sputum. Her weight is 18 kg, she has clubbing and coarse crackles in the right lower zone. Her chest radiograph is shown.
Examine the radiograph and then write the answers to the questions given below.



Questions:

1. What typical finding is visible in this radiograph?
2. What is the clinical diagnosis? *bronchiectasis*
3. Write down 3 important underlying causes for this condition in children?

(24) X-ray shown with scenario (Bronchiectasis)
Findings?
① Tram-track appearance
② Hyperinflation
③ Signet Ring
④ Cystic spaces
Causes:
① CF (MC)
② Recurrent infection
③ Kartagener's syndrome





STATION

(Abeiximab)

Station 10

Asthma: - Acute Attack (Picture shows → Metredose inhaler)

Reasons:

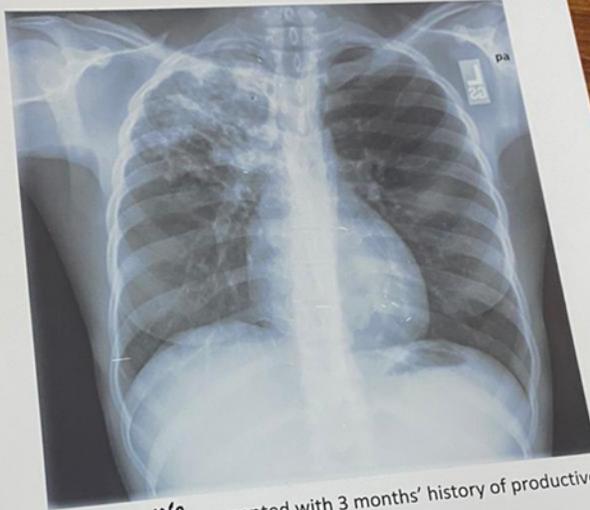
- ① Admission
- ② Inhaled β_2 agonist (Nebulization)
- ③ Corticosteroid
- ④ Magnesium
- ⑤ Supplemental O_2 (100%)
- ⑥ AB
- ⑦ Intubation (R.F)
 ↳ Respiratory failure

STATION



Edit with WPS Office

18



This young man presented with 3 months' history of productive cough.

Questions:

1. What are the changes in the chest X ray?
2. What is the most likely diagnosis?
3. Mention three investigations to reach to the diagnosis.
4. Mentions steps of management.

Case: Young Man with 3 Months of Productive Cough

1) Changes in the Chest X-ray



Edit with WPS Office

Presence of opacities/consolidation in one or both lungs

Cavitary lesions (if present, suggestive of tuberculosis or lung abscess)

Fibrotic changes or scarring

Possible pleural effusion

2) Most Likely Diagnosis

Pulmonary Tuberculosis (TB) – Given the chronic productive cough

Pneumonia – If symptoms are acute and associated with fever

Bronchiectasis – If there is a history of recurrent infections and large-volume sputum production

Lung Abscess – If cavitations are seen

3) Three Investigations to Confirm Diagnosis

Sputum AFB Smear & Culture – To detect Mycobacterium tuberculosis

Chest CT Scan – To assess lung pathology in detail

GeneXpert MTB/RIF – Rapid test for tuberculosis with rifampicin resistance detection

Other Tests: CBC, ESR, CRP, sputum Gram stain & culture, bronchoscopy (if needed)

4) Steps of Management

If TB: Start anti-tubercular therapy (ATT) as per national guidelines

If Pneumonia: Empirical antibiotic therapy based on suspected organism

If Bronchiectasis: Airway clearance therapy, bronchodilators, and antibiotics

If Lung Abscess: IV antibiotics and possible drainage if indicated

STATION



5
c. A 28-year-old female patient presented to Emergency Department with left-sided pleuritic chest pain and shortness of breath for 3 hours. She underwent ~~chest~~ week ago. On examination Her RR is 26/minute, pulse rate is 130/minute and B.P is 100/70 mm of Hg. There are crackles in the middle of the chest on left side, otherwise normal breath sounds.

1. What is the most probable Diagnosis?
2. How will you investigate this patient?
3. Mention 4 Risk factors for this condition?

Station 19



⑥ Thyrotoxicosis

Station (19)

⇒ PE

⇒ X-ray, V/Q perfusion

⇒ Doppler US, ECG, CTAG (100)

⇒ Pulmonary Angiogram

⇒ Causes = DVT, Immobilization,

Surgery, ~~stroke~~, Amniotic fluid

embolism, Hypercoagulable

Inverte

① LT

②

③

④

STATION=



x
↓ RA-relaxation

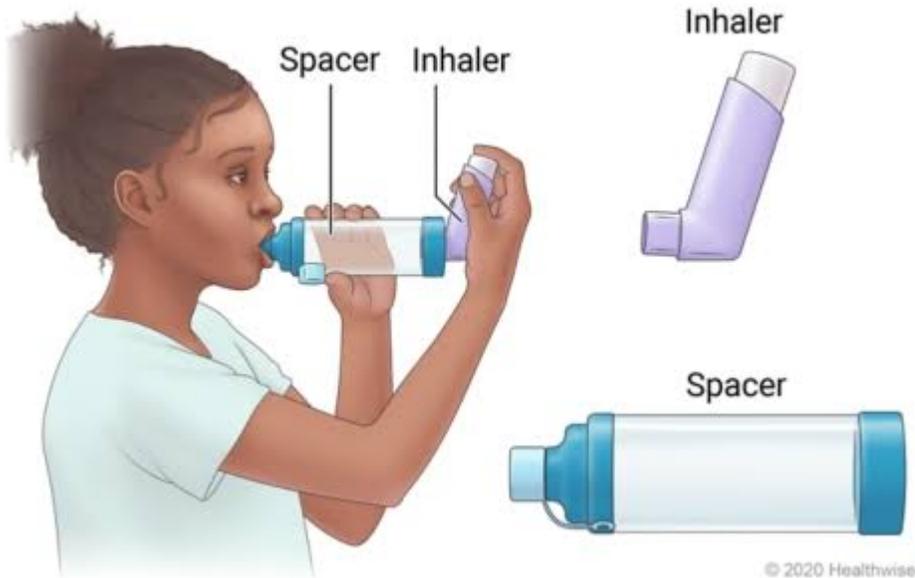
• Cause of Apex beat deviation (Point of maximal pulse)

- Left sided deviation
 - Cardiac → LVH
 - Dilated cardiomyopathy
 - Aortic regurgitation
 - Mitral regurgitation
- Extracardiac →
 - Thoracic deformities
 - Pleural effusion of Rt ~~side~~ - side
 - Pneumothorax of Rt ~~side~~ - side

Right sided deviation

- RVH
- congenital heart disease
- P.E of left-side
- Pneumothorax of left-side

STATION=





Edit with WPS Office

BENEFITS OF USING A *spacer*

- ▶ Using a spacer with your metered-dose inhaler (MDI) helps **the right amount of medicine** get to your lungs.
- ▶ **Side effects** like oral thrush are **less** likely because there's less medicine in your mouth.
- ▶ You may find it **easier to take your medicine** because the medicine collects in the chamber of the spacer.
- ▶ It **wastes less medicine** because it gets the medicine straight into your lungs.



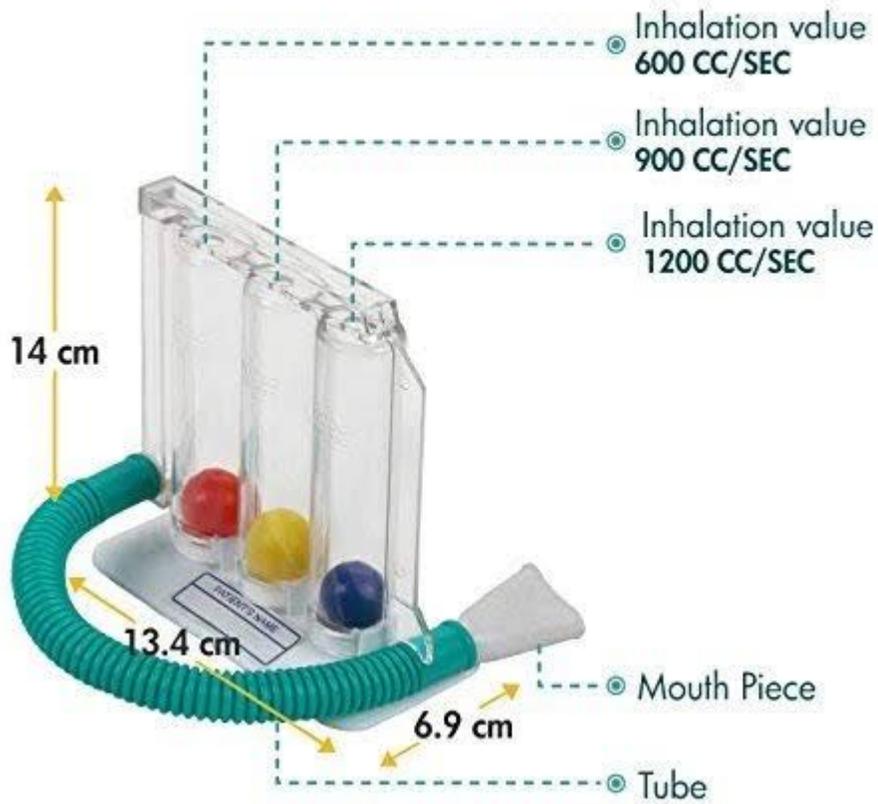
asthma.org.uk - Getty images

SPIROMETER



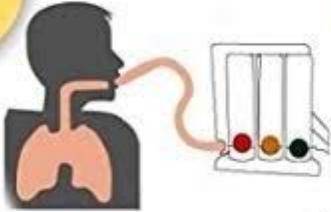
Edit with WPS Office

PRODUCT DESCRIPTION



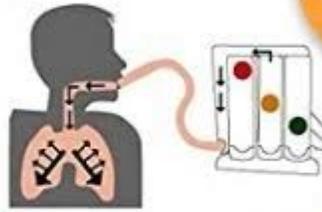
01

Place your mouth
around mouthpiece
and INHALE



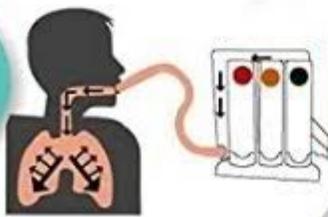
02

Inhale thoroughly to
lift the balls at
the top



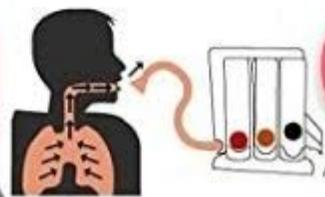
03

Inhale for as
long as you
comfortably can



04

Remove the mouthpiece
and exhale properly. Repeat
the Process



Peak flow meter

Peak expiratory flow measurement

Zone	Meaning
Green	Asthma in good control
Yellow	Asthma not in good control / getting worse
Red	Asthma is severe

