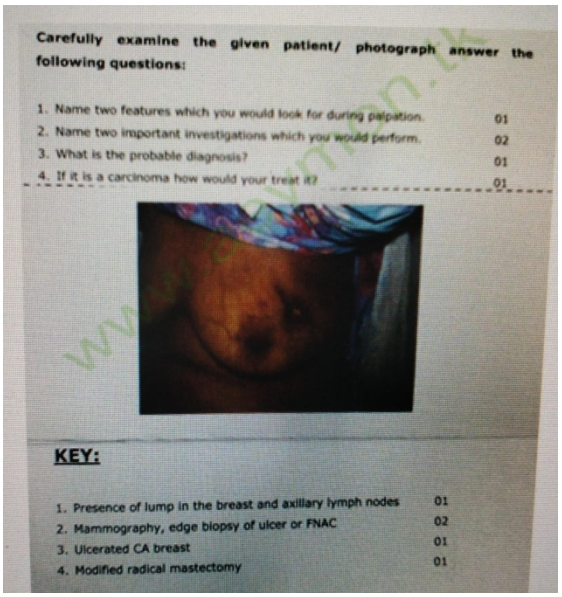
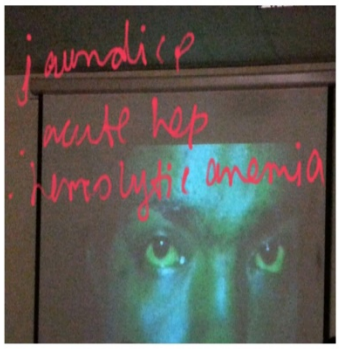


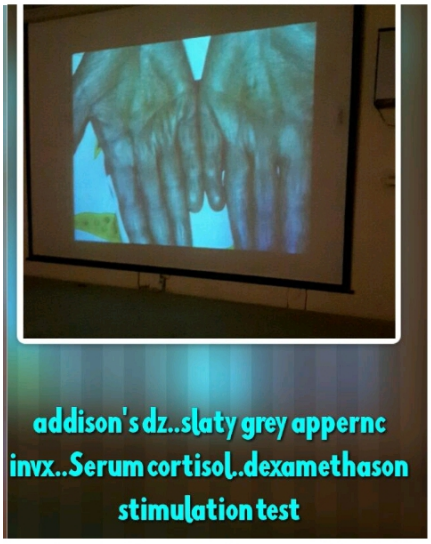
Carefully examine the given patient/ photograph answer the following questions:

1. Name two features which you would look for during palpation. 01
2. Name two important investigations which you would perform. 02
3. What is the probable diagnosis? 01
4. If it is a carcinoma how would your treat it? 01

KEY:

1. Presence of lump in the breast and axillary lymph nodes 01
2. Mammography, edge biopsy of ulcer or FNAC 02
3. Ulcerated CA breast 01
4. Modified radical mastectomy 01





Station 16:- DKA.

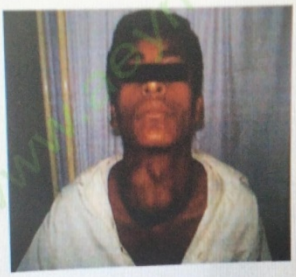
- Steps of Mn:-
  1) Admit in ICU.
  2) I/V Insulin then sub-cut.
  3) Fluid replacement → (N) saline
     → Dextrose.
  4) K+ Replacement.
  5) Antibiotic.

- Ppt Factors:- 1) Insulin def. (i.e ~~enough insulin~~ failure to take)
  2) Infection (UTI, pneumonia)
  3) Iatrogenic (Glucocort).
  4) Inft. (Pancreatitis, Cholecy
  5) M.(I).
  6) Intoxication (Alcohol, drugs)

Complications:-
1) Cerebral Edema 2) Aspiration pneumo
3) Hypokalemia, hypomag, hypophatemia 4) Thromboemb.
5) Sepsis.

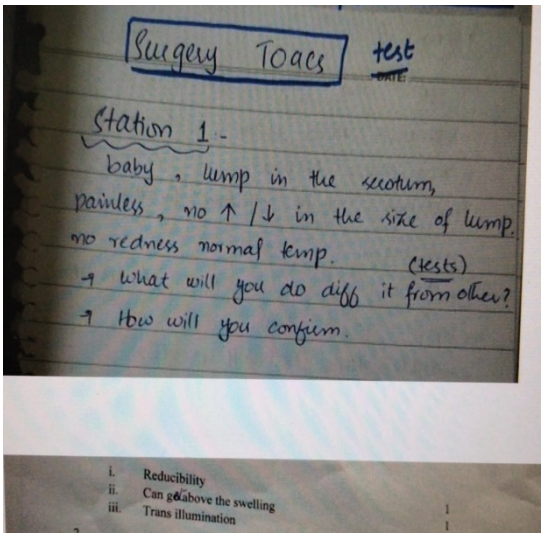
— x — x —

1. What is the probable diagnosis? 01
2. Name THREE important investigations which you would do. 02
3. If the patient is hyperthyroid, name two important steps in the treatment. 02



KEY:

1. Multi nodular goiter 01
2. Thyroid function tests, thyroid scan, FNAC 02
3. Make the patient euthyroid , then do subtotal or near total thyroidectomy 02



Surgery Toacs test

DATE:

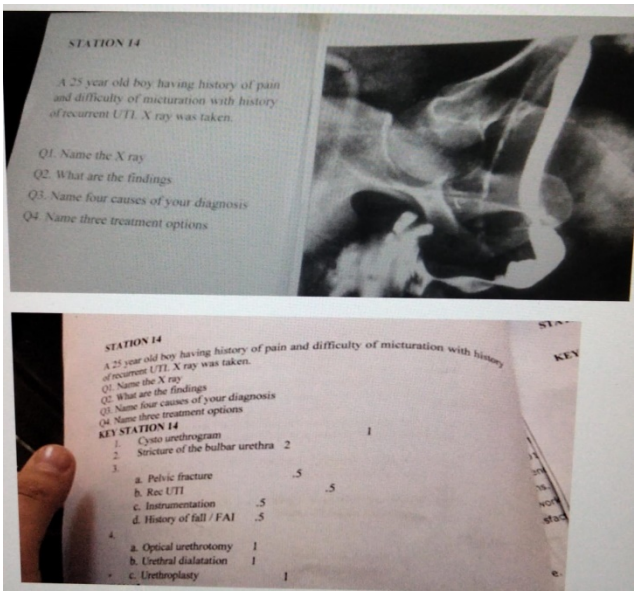
Station 1 -

baby, lump in the scrotum, painless, no ↑ / ↓ in the size of lump. no redness normal temp. (tests)

→ what will you do diff it from other?

→ how will you confirm.

i. Reducibility
ii. Can go above the swelling 1
iii. Trans illumination 1



STATION 14

A 25 year old boy having history of pain and difficulty of micturation with history of recurrent UTI. X ray was taken.

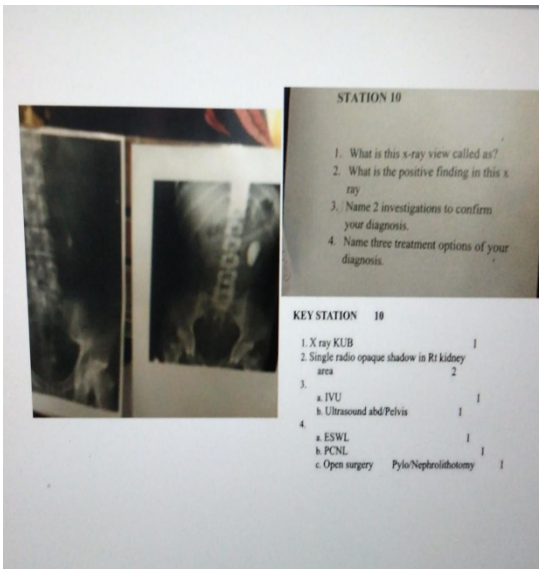
Q1. Name the X ray
Q2. What are the findings
Q3. Name four causes of your diagnosis
Q4. Name three treatment options

STATION 14

A 25 year old boy having history of pain and difficulty of micturation with history of recurrent UTI. X ray was taken.
Q1. Name the X ray
Q2. What are the findings
Q3. Name four causes of your diagnosis
Q4. Name three treatment options

KEY STATION 14

1. Cysto urethrogram 1
2. Stricture of the bulbar urethra 2
3.
   a. Pelvic fracture .5
   b. Rec UTI .5
   c. Instrumentation .5
   d. History of fall / FAI .5
4.
   a. Optical urethrotomy 1
   b. Urethral dialatation 1
   c. Urethroplasty 1

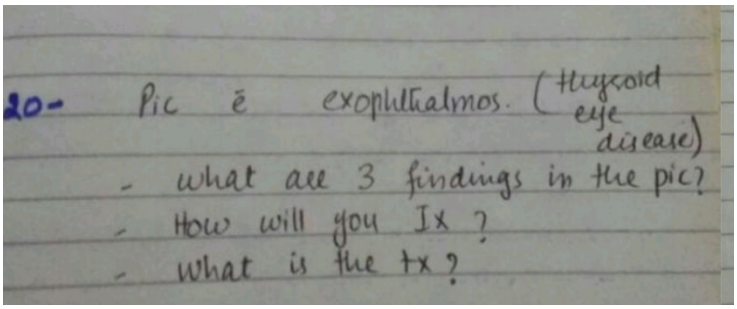


STATION 10

1. What is this x-ray view called as?
2. What is the positive finding in this x ray
3. Name 2 investigations to confirm your diagnosis.
4. Name three treatment options of your diagnosis.

KEY STATION 10

1. X ray KUB 1
2. Single radio opaque shadow in Rt kidney area 2
3. a. IVU 1
   b. Ultrasound abd/Pelvis 1
4. a. ESWL 1
   b. PCNL 1
   c. Open surgery Pylo/Nephrolithotomy 1



20- Pic ē exophthalmos. (thyroid eye disease)
- what are 3 findings in the pic?
- How will you Ix ?
- what is the tx ?

STATION 6

INTERACTIVE

45 years old lady has been diagnosed with carcinoma of Lt Breast. Her Breast surgeon suggest Mastectomy. Counsel the patient for Mastectomy.

1. Introduction and greetings.
2. Asking for privacy/family member
3. Inquire the patient about her problem (how much she knows)
4. Breaking bad news.
5. Showing empathy.
6. Pt will ask different treatment options.
7. Advantages, disadvantages and complication
8. Reconstruction

STATION 19

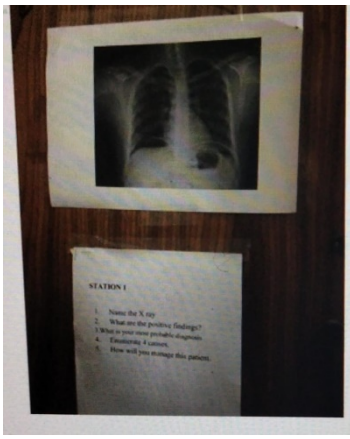
A 27 years old lady whose photograph is shown here has presented with a neck swelling.

Carefully examine the given patient / photograph and answer the following questions:

1. What is the probable diagnosis?
2. Name three important investigations which you would do
3. If the patient is hyprthyroid, name two important steps in the treatment.

KEY 19

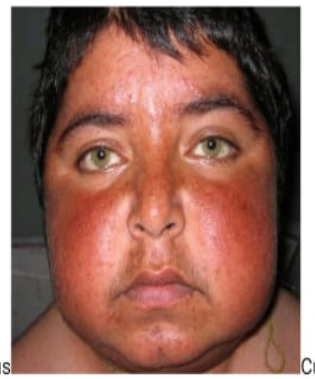
1. Multi nodular goiter 2
2. Thyroid function tests, thyroid scan, FNAC 3
3. Make the patient euthyroid, then do subtotal or near total thyroidectomy 3



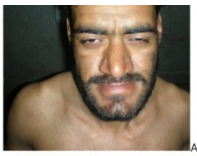
KEY STATION 1

1. Erect chest X ray P/A view 1
2. Gas under the Rt hemi diaphragm 1
3. Perforated viscus 1
4.
   a. Duodenal perforation 0.5
   b. Ileum perforation 0.5
   c. Post laparotomy 0.5
   d. Post op lap chole 0.5
5. Admit patient, i/v fluids, i/v analgesic, antibiotics, NG suction, catheterize, intake output record, prepare for laprotomy 3

Port wine nevus

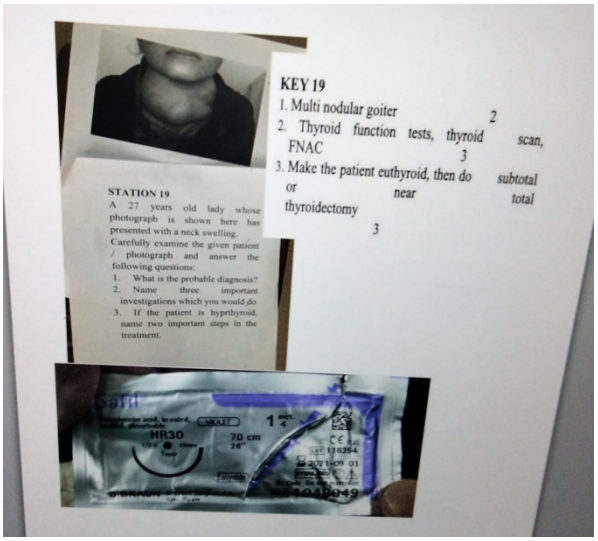


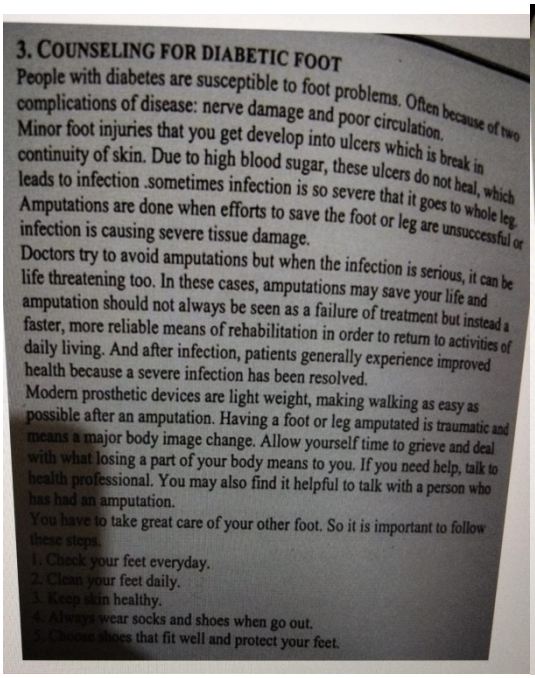
Cushing



Aacromegaly

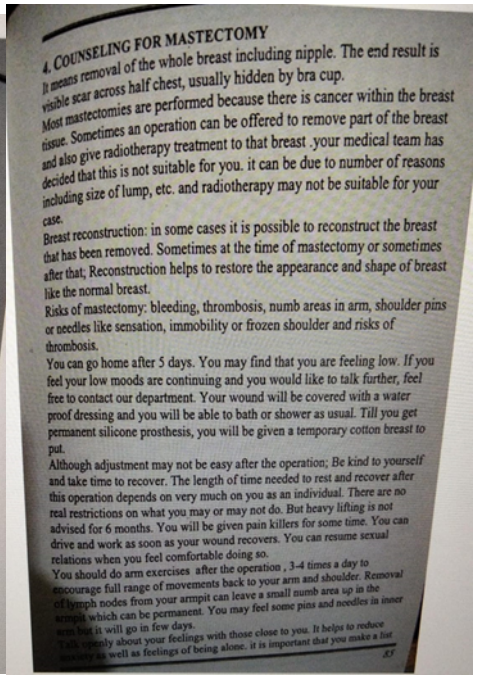
Parotid enlargment and facial nerve palsy





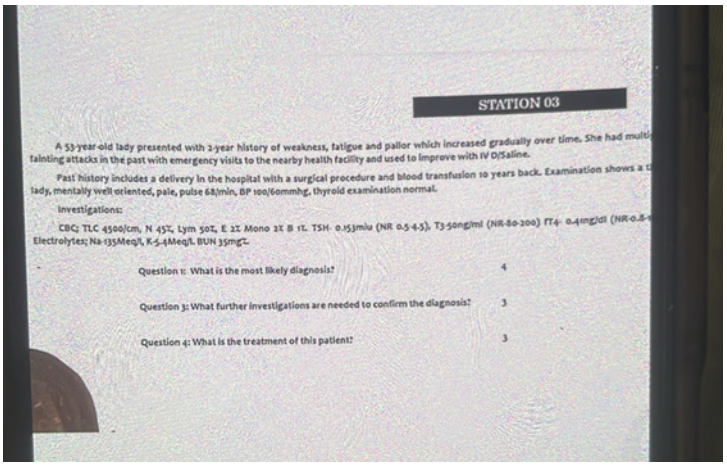
3. COUNSELING FOR DIABETIC FOOT

People with diabetes are susceptible to foot problems. Often because of two complications of disease: nerve damage and poor circulation.
Minor foot injuries that you get develop into ulcers which is break in continuity of skin. Due to high blood sugar, these ulcers do not heal, which leads to infection .sometimes infection is so severe that it goes to whole leg. Amputations are done when efforts to save the foot or leg are unsuccessful or infection is causing severe tissue damage.
Doctors try to avoid amputations but when the infection is serious, it can be life threatening too. In these cases, amputations may save your life and amputation should not always be seen as a failure of treatment but instead a faster, more reliable means of rehabilitation in order to return to activities of daily living. And after infection, patients generally experience improved health because a severe infection has been resolved.
Modern prosthetic devices are light weight, making walking as easy as possible after an amputation. Having a foot or leg amputated is traumatic and means a major body image change. Allow yourself time to grieve and deal with what losing a part of your body means to you. If you need help, talk to health professional. You may also find it helpful to talk with a person who has had an amputation.
You have to take great care of your other foot. So it is important to follow these steps.
1. Check your feet everyday.
2. Clean your feet daily.
3. Keep skin healthy.
4. Always wear socks and shoes when go out.
5. Choose shoes that fit well and protect your feet.



4. COUNSELING FOR MASTECTOMY

It means removal of the whole breast including nipple. The end result is visible scar across half chest, usually hidden by bra cup.
Most mastectomies are performed because there is cancer within the breast tissue. Sometimes an operation can be offered to remove part of the breast and also give radiotherapy treatment to that breast .your medical team has decided that this is not suitable for you. it can be due to number of reasons including size of lump, etc. and radiotherapy may not be suitable for your case.
Breast reconstruction: in some cases it is possible to reconstruct the breast that has been removed. Sometimes at the time of mastectomy or sometimes after that; Reconstruction helps to restore the appearance and shape of breast like the normal breast.
Risks of mastectomy: bleeding, thrombosis, numb areas in arm, shoulder pins or needles like sensation, immobility or frozen shoulder and risks of thrombosis.
You can go home after 5 days. You may find that you are feeling low. If you feel your low moods are continuing and you would like to talk further, feel free to contact our department. Your wound will be covered with a water proof dressing and you will be able to bath or shower as usual. Till you get permanent silicone prosthesis, you will be given a temporary cotton breast to put.
Although adjustment may not be easy after the operation; Be kind to yourself and take time to recover. The length of time needed to rest and recover after this operation depends on very much on you as an individual. There are no real restrictions on what you may or may not do. But heavy lifting is not advised for 6 months. You will be given pain killers for some time. You can drive and work as soon as your wound recovers. You can resume sexual relations when you feel comfortable doing so.
You should do arm exercises after the operation , 3-4 times a day to encourage full range of movements back to your arm and shoulder. Removal of lymph nodes from your armpit can leave a small numb area up in the armpit which can be permanent. You may feel some pins and needles in inner arm but it will go in few days.
Talk openly about your feelings with those close to you. It helps to reduce anxiety as well as feelings of being alone. it is important that you make a list



STATION 03

A 53-year-old lady presented with 2-year history of weakness, fatigue and pallor which increased gradually over time. She had multi
fainting attacks in the past with emergency visits to the nearby health facility and used to improve with IV D/Saline.

Past history includes a delivery in the hospital with a surgical procedure and blood transfusion 10 years back. Examination shows a t
lady, mentally well oriented, pale, pulse 68/min, BP 100/60mmhg, thyroid examination normal.

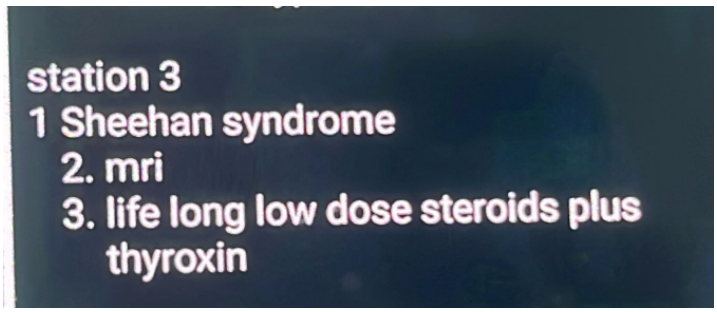
Investigations:

CBC; TLC 4500/cm, N 45%, Lym 50%, E 2% Mono 2% B 1%. TSH- 0.153miu (NR 0.5-4.5), T3-50ng/ml (NR-80-200) FT4- 0.4(ng/dl (NR-0.8-
Electrolytes; Na-135Meq/l, K-5.4Meq/l. BUN 35mg%.

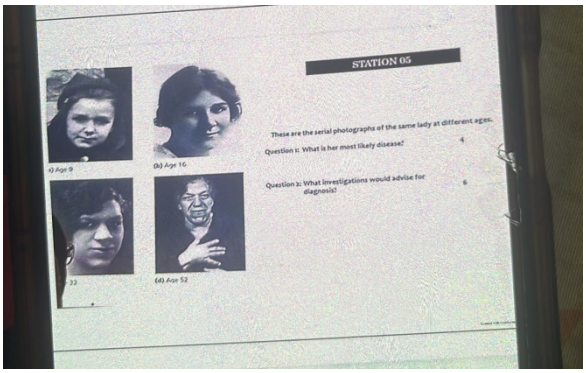
Question 1: What is the most likely diagnosis? 4

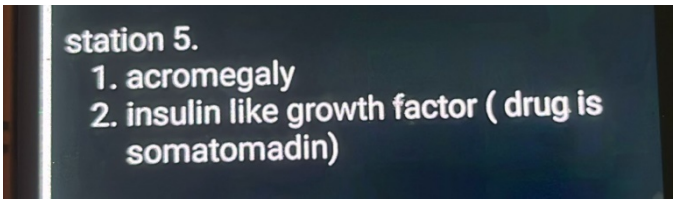
Question 3: What further investigations are needed to confirm the diagnosis? 3

Question 4: What is the treatment of this patient? 3



station 3
1 Sheehan syndrome
2. mri
3. life long low dose steroids plus thyroxin





STATION # 17

Rapport with child and bystander	0.5
ASK ABOUT ONSET, SUDDEN OR GRADUAL	0.5
ASSOCIATED PROBLEM, JAUNDICE, FEVER, FAILURE TO THRIVE, ABDOMINAL PAIN, WORMS	0.5
HISTORY OF BRUISING OR BLEEDING	0.5
FAMILY HISTORY OF ANEMIA	0.5
DIETARY HISTORY	0.5
BLOOD TRANSFUSION HISTORY	0.5
CONSANGUINITY	0.5
DRUG HISTORY	0.5
BIRTH HISTORY	
Thanking child and bystander	0.5

STATION # 16

ELECTROPHORESIS OF AN 8-MONTH-OLD CHILD SHOWED FOLLOWING RESULT:

HBA_2 8%

HBF 92%

A. WHAT IS THE DIAGNOSIS?
B. GIVE TREATMENT OPTIONS.

STATION # 02

HEPATITIS B VACCINE

QUESTIONS:

1. What is the DOSE of Hepatitis 'B" vaccine in children?
2. What is the schedule of doses of this vaccine in children?
3. How will you manage a baby born to HBsAg-positive mother?

Questions:

A. WHAT IS THE INDICATION OF THIS DRUG?
B. WHAT IS THE DOSE OF THIS DRUG?
C. GIVE 3 SIDE EFFECTS.
D. WHICH INVESTIGATION WILL YOU DO BEFORE STARTING THE DRUG?
E. HOW WILL YOU MONITOR THE TREATMENT? (Mention only 2)

STATION 10

HbA_2: 8% (elevated)

HbF: 92% (very high)

No detectable HbA

Diagnosis:

These findings strOngly suggest β-thalassemia major (Cooley's anemia). In β-thalassemia major:

There is little to no HbA because β-globin chains are either absent or severely reduced.

HbF remains very high, compensating for the lack of HbA.

HbA_2 is elevated due to the upregulation of δ-globin production.

Treatment Options:

1. Regular Blood Transfusions (every 2–4 weeks)

Prevents anemia and growth failure

Reduces extramedullary hematopoiesis

2. Iron Chelation Therapy (e.g., DeferaSirox, Deferoxamine)

Prevents iron overload from repeated transfusions

3. Hematopoietic Stem Cell Transplant (HSCT)

The only potential curative option, best done in early childhood with an HLA-matched donor

4. Supportive Care

Folic acid supplementation to support erythropoiesis

Monitoring for complications (cardiac, liver, endocrine)

STATION NO 2

Dose of Hepatitis B Vaccine in Children

Dose: 0.5 mL (10 µg) intramuscularly

Route: Intramuscular injection (anterolateral thigh for infants, deltoid for older children)

Hepatitis B Vaccine Schedule in Children

The standard schedule follows a 3-dose or 4-dose regimen:

1. At birth (within 24 hours) – First dose (monovalent HepB)

2. At 6 weeks – Second dose (as part of a combination vaccine

3. At 10 weeks (optional, in some combination schedules)

4. At 14 weeks – Third dose (as part of combination vaccine)

5. At 6 months – Final dose (if following a monovalent schedule)

Alternatively, the WHO-recommended schedule is:

0, 1, and 6 months (for monovalent HepB)

If using a pentavalent vaccine (DTP-HepB-Hib), doses are given at 6, 10, and 14 weeks

Management of a Baby Born to an HBsAg-Positive Mother

1. Within 12 Hours of Birth

Hepatitis B Vaccine (0.5 mL IM)

Hepatitis B Immunoglobulin (HBIG) (0.5 mL IM) – Given in the opposite thigh

2. Complete HepB Vaccination Schedul

Follow the 0, 1, and 6 months schedule

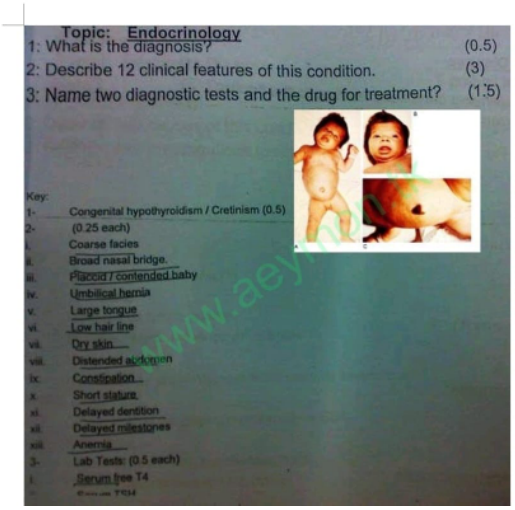
Ensure all doses are received

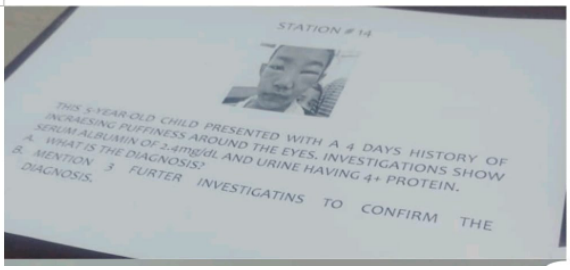
3. Post-Vaccination Serology (PVST) at 9-12 Months

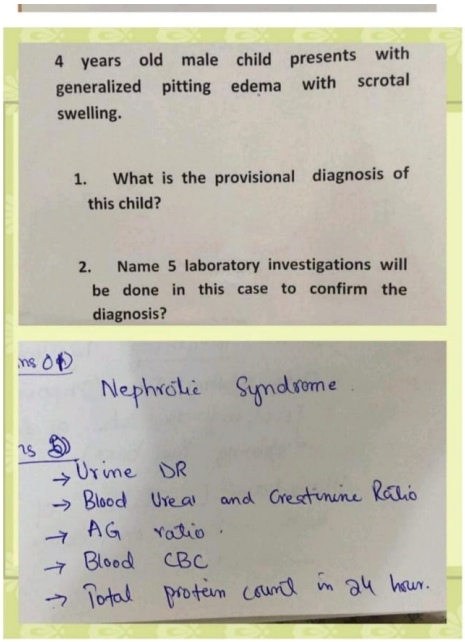
Check HBsAg and anti-HBs to confirm protection

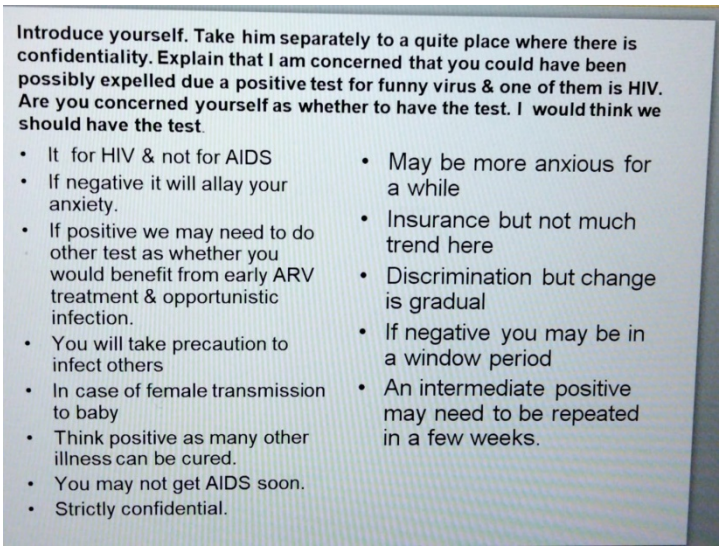
If anti-HBs <10 mIU/mL, revaccination may be required

This approach significantly reduces the risk of perinatal hepatitis B transmission



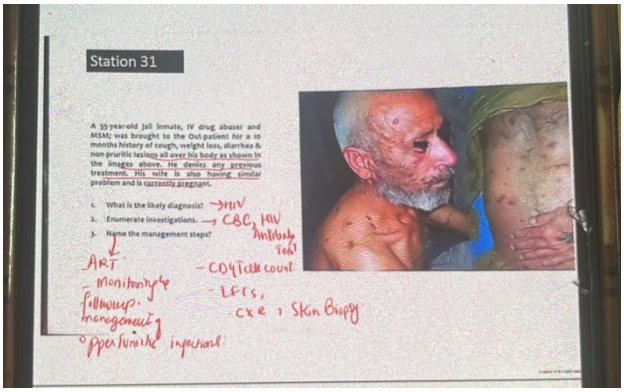


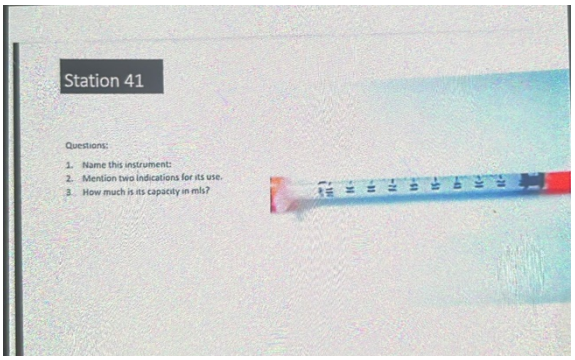




Introduce yourself. Take him separately to a quite place where there is confidentiality. Explain that I am concerned that you could have been possibly expelled due a positive test for funny virus & one of them is HIV. Are you concerned yourself as whether to have the test. I would think we should have the test.

- It for HIV & not for AIDS
- If negative it will allay your anxiety.
- If positive we may need to do other test as whether you would benefit from early ARV treatment & opportunistic infection.
- You will take precaution to infect others
- In case of female transmission to baby
- Think positive as many other illness can be cured.
- You may not get AIDS soon.
- Strictly confidential.
- May be more anxious for a while
- Insurance but not much trend here
- Discrimination but change is gradual
- If negative you may be in a window period
- An intermediate positive may need to be repeated in a few weeks.





1. Name this instrument: Insulin Syringe

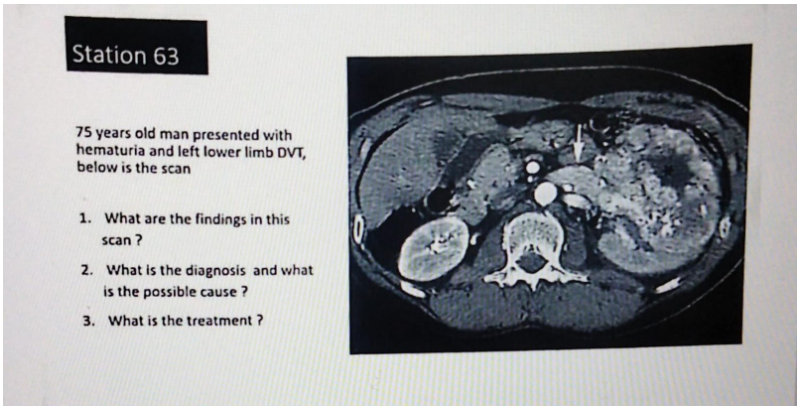
2. Two indications for its use:

Used for subcutaneous insulin administration in diabetic patients

Used for administering low-dose medications (e.g., heparin in some cases)

3. Capacity in mL:

The syringe in the image appears to have a capacity of 1 mL (100 units of insulin), but it depends on the exact markings seen.



Findings in the Scan:

Large heterogeneous renal mass (likely right kidney)

Tumor thrombus in the inferior vena cava (IVC)

Possible renal vein involvement

Diagnosis and Possible Cause:

Diagnosis: Renal Cell Carcinoma (RCC) with IVC thrombus

Possible Cause: RCC is a known hypercoagulable state, leading to deep vein thrombosis (DVT)

Treatment:

Radical nephrectomy with IVC thrombectomy (if resectable)

Targeted therapy (e.g., tyrosine kinase inhibitors like sunitinib) for advanced cases

Anticoagulation therapy for DVT

Immunotherapy (e.g., checkpoint inhibitors like nivolumab) in metastatic cases