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	TANTA UNIVERSTYINTERNAL MEDICINE E XAM.
Harry and	FACULTY OF MEDICINEsecond PART
S. March	INTERNAL MEDICINE DEPARTMENTNO. OF QUESTIONS: 3
A. 0.000	October, 2013TIME ALLOWED: 3h
was designed	TOTAL MARKS: 60 Marks First paper



Give an account on :-

f 1 – ($f A$) Congenital and acquired hepatocellular jaundice .	(15)
(B) Dysnaetremia.	(5)

Good Luck ******





Fig. UE_Y OF MEDICINE -----second PART TELETO ALIVO DICINE DEPARTMENT ------NO. OF QUESTIONS 6



HISTORIUSMOSIS

Paper 1 of the second paper

t = 4-24 -year-old female seen in the emergency department for shortness of breath, chest can are cough. She has no significant past medical history. Her only medication an oral contraception. As a component of her evaluation, she receives a contrast enhanced CT scan the chest, there is no pulmonary embolism. She is diagnosed with viral pleuritis but CT show numerous lung, mediastinal and splenic calcifications.

• want is the most likely diagnosis? (3 Marks)

- what is the different diagnosis? (4 Marks)

- What is the treatment? (3 Marks)

 $\frac{1}{2} = 4$ 62 - year - old male is admitted to your service for swelling of the abdomen and dyspne , as detected ascites an clinical examination and perform a paracentesis. The results of asce time show a white blood cell count of 300 leukocytes /ml with 35% polymorphnuclear cells , penioneal albumen level is 1.2g/dl, protein is 2-0g/dL and triglycerides are 320mg/dL, seru congestive heart albumen is 2 6g/dL.

what is the most likely diagnosis? (3 Marks)

what is the different diagnosis? (4 Marks)

What is the treatment? (3 Marks)

 $ilde{ ilde{2}}$ $ilde{2}$ $ilde{2}$ $ilde{2}$ ear-old man presents with a 6 – month history of non-bloody diarrhea , malaise , recurre abdominal cramps and temperature of 36.5 oC . At this time , he is a febrile . Examination reveals palpable, ill defined mass in the right lower quadrant of the abdomen. Palpation causes local c (0 hrs d'102

tenuerness without guarding oral ulcers are also noted.

what is the most likely diagnosis? (3 Marks)

what is the different diagnosis? (4 Marks)

Mnar is the treatment? (3 Marks)

TANTA UNIVERSTY-----INTERNAL MEDICINE E XAM. FACULTY OF MEDICINE -----second PART INTERNAL MEDICINE DEPARTMENT------NO. OF QUESTIONS: 6 9 October 2013------TIME ALLOWED: 3 h Total Warks: 60 Marks - ----- Second paper



Paper 2 of the second paper

4- A 50-year-old women is admitted for urinary tract infection , complicated by profound weakness, abdominal pain, vomiting and diarrhea. Her temp. is 40 oC, blood pressure is 90/60 mmHg, pulse is 110/min and respirations are 18/min. Examination reveals signs of dehydration and skin hyperpigmentation over the elbow and knees, urine shows pyuria lab. My Chicis studies show $k \neq 5$ 3mEq/L Na+ 110 mEq/L.

(5 Marks) - what is the most likely diagnosis?

- who you can manage the case? (5 Marks)

5- A 22-year-old women is seen by a physician because she feels fatigue. Examination shows waxy pallor, fever 39 oC. She also has multiple red spotts on her extremities that she attributo minor trauma. Blood studies are performed, Rbcs counts 1.5 million/dL, white blood cell of 1300/dL (80% lymphocytes) and platelet count of 40.000/dL. All blood cells seen have normal morphology.

- what is the most likely diagnosis? (3 Marks)

- what is the different diagnosis? (4 Marks)

- What is the treatment? (3 Marks)

6 - Male patient came to the emergency room at July, presented by fever 38 oC, diarrhea an oligurea 300mL / day, and was diagnosed as Acute kidney injury.

- what are the possible electrolytes and PH changes? (mention at least four)

- who to monitor this patient?

- who to correct each defect?

	TANTA UNIVERSTYINTERNAL MEDICINE E XAM.
	FACULTY OF MEDICINE MSC Therapetic Radiology second part
	INTERNAL MEDICINE DEPARTMENTNO. OF QUESTIONS: 2
1	October, 2013TIME ALLOWED: 3 h
	TOTAL MARKS: 40 Marks



Internal Medicine

MSC Therapetic Radiology

1 –Clincal picture and management of thyrotoxcosis (20 Marks)

2 – Management of upper gastrointestinal bleeding (20 Marks)

الأمتحان الشفوى والعملى يوم الأحد ١٣/١١/٣م.

Good Luck ********

-----INTERNAL MEDICINE E XAM. FACULTY OF MEDICINE ------ MSC Diagnostic Radiology .. second part INTERNAL MEDICINE DEPARTMENT-----NO. OF QUESTIONS: 2 TOTAL MARKS: 40 Marks



Internal Medicine

MSC Diagnostic Radiology

1 – Diagnosis and complication of DM

(20 Marks)

2 - Discuss bronchogenic carcinoma

(20 Marks)

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Good Luck

Emily Emily myste

9 October , 2013-----TIME ALLOWED: 3h

TOTAL MARKS: 100 Marks



- Acute complications for diabetes mellitus. (25 Marks)

2 - Arrial fibrillation . (25 Marks)

3 - Acute kidney injury Etiology and clinical picture. (25 Marks)

4 – Hepatic encephalopathy. (25 Marks)

*ميعاد الأمتحان الإكلينيكي والشفوى يوم الثلاثاء الموافق ٢٩/١٠/١٠، ٢م.

Good Luck



1 – Acute Complications for diabetes mellitus. (25 Marks)

2 – Acute kidney injury Etiology and clinical picture. (25 Marks)

3 – Rhumatoid Variants . (25 Marks)

4 – Thrombophilia. (25 Marks)

*ميعاد الأمتحان الإكلينيكي والشفوى يوم الثلاثاء الموافق ٢٩/١٠/٢٩ ، ٢م .

Good Luck *****



1 - Discuss hyperthyroidism . (20 Marks)
2 - Idiopathic thrombocytopenic purpura . (15 Marks)
3 - Discuss briefly polyneuropathy. (15 Marks)

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Good Luck

17/10



1 – Chronic complications for diabetes mellitus. (20 Marks)

2 – Upper GT Bleeding. (15 Marks)

3 – Chronic kidney decrease definition, Etiology (15 Marks) and indications of dialysis

Good Luck
