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GoldStandard Papers (FCPS-1)

Pathology

15 August 2022 (Morning)

Recent Past Papers

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(Errors and omissions excepted)



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FCPS-1 November-22 Revision Course

- FCPS November-22 **GUESS Papers** with quick system revision!
- MCQs From 2009 to August-2022 (12 Years past papers system wise)
- Each System covered in Each Day!
- GET **PDF** of Recent **August-22 Papers**
- Quick Review of Theory (HIGH YIELD) with Pastpaper discussion.
- Live **interactive** classes (questions can be asked during class)
- Time: 9:30pm
- Class duration: 2.5 Hrs Daily

Starting Date: 3rd November

Fee: 1200rs

Seats: 20 Only*

Topic 1	CVS SYSTEM
Topic 2	RESPIRATORY SYSTEM
Topic 3	RENAL SYSTEM
Topic 4	ENDOCRINE
Topic 5	RENAL SYSTEM
Topic 6	GIT SYSTEM
Topic 7	HEMATOLOGY
Topic 8	NEUROANATOMY

Past Papers Included

Medicine & Allied 15 th August (Night)
Medicine & Allied 16 th August (Evening)
Medicine & Allied 16 th August (Night)
Medicine & Allied 17 th August (Morning)
Medicine & Allied 17 th August (Evening)
Pathology 15 th August (Morning)
Anesthesia 15 th August (Morning)
Radiology 15 th August (Evening)
Surgery & Allied 16 th August (Evening)
Surgery & Allied 16 th August (Evening)
Surgery & Allied 15 th August (Night)
Gynae 16 th August (Morning)
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- sequence of medical ethics----->Autonomy,beneficence,Non-Maleficience & Justice We
- Whorled pattern in which cell?----->Neoplastic
- Clerk with sedentary life style,, blood pressure raised with no other cause, it is due to:----->Increased Vessel tone
- buccal mucosa and skin pigmentation. Orthostatic hypotention.dx----->Addison disease
- Most important prerequisite for renal transplant----->HLA compatibility
- Microscopic feature of malignant?----->Invasion
- anti tumor cell in Covid-19 cells----->NK cells
- dose of theophylline in infant is less than in adults----->Decrease metabolism
- Organism associated with bladder squamous cell carcinoma:-----> Schistosoma hematobium
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- Most potent chemotactic factor:----->C5a
- A baby bom with erythroblastosis fetalis with blood group A----->ve He should treat with:-----> A-
- Prenatal diagnosis of thalassemia can be done via?----->Chorionic villous sampling
- Portal of entry of Meningococcal meningitis:----->Respiratory droplets
- Arch of aorta lies in which----->Superior mediastinum
- In complete heart block:----->Atria and ventricle contract independently[repeated]
- Longest proerythrocytic phase:----->P. Malarie
- The hormone increased in acromegaly:----->Somatomedin C



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- Women after delivery, platelet 70,000 APTT normal PT normal Diagnosis?----->DIC
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- What factor can worsen this kind of infection?----->TNF
- ECG findings in hyperkalemia----->Sinusoidal pattern of Tall T wave
- Typhoid. In First week test can be used for confirmation?----->Blood culture
- Major best investigation in ITP?----->CBC
- Diabetic patient with 600 RBS, suffering from and polyuria which is due to;----->Increased glucose excretion by PCT
- Hbv latent phase marker?----->HBcAb
- weight loss, fatigability, episodes of dizziness on standing. Dx----->Addison's disease
- Condition with normal pO₂ but dec O₂ saturation:----->CO poisoning
- Ectoparasite:----->Lice
- A female has low MCH, MCV, MCHC What type of anemia is?----->Iron def anemia
- Cause of cardiogenic shock:-----> MI
- Child with facial hypoplasia and cardiac defects----->Lateral plate mesoderm
- Most Common mediator of fever:----->IL-1
- Low grade follicular lymphoma----->Non-Hodgkin
- known case of diabetes for last 40 yr presented with progressive renal failure. most likely feature ----->Kimmelstiel-Wilson nodules
- Regarding B-thalassemia?----->Defect in globin chain
- Pt. is on ATT drug is responsible----->Ethambutol
- Lubricin protein secreted in synovial joint by which cell----->Fibroblasts synoviocytes
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- prostate lymphatic drainage?----->Internal iliac nodes



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- Diffb/w benign and malignant tumor?----->Metastasis
- In RH incompatibility which immunoglobulin agglutinins are present in blood against ABO antigens ?-----> IgG
- found in gram positive bacteria and not in gram negative ?----->Teichoic acid
- Diagnosed tubular adeno CA colon predispose to----->Intussusception
- jet black colour throughout the hilar lymph nodes. Works in coal mine----->Anthracosis
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- Pyogenic abscess most commonly affected area----->Frontal lobe
- Radiation cause Change in:----->Proto-oncogene
- Amount of water in infant----->70%
- The breathing pattern in DKA:----->Kassmul breathing
- alcoholic liver disease most characteristic feature on biopsy----->Mallory bodies
- CSF shows WBCs 200 75% Lymphocytes, Turbid appearance, Protein 29 mg/dl, Glucose 45 mg/dl. Dx ?----->Viral Meningitis
- Aschoff bodies first feature:----->Fibrinoid necrosis
- Absent A wave due to:----->Mitral stenosis
- History of abdominal pain, bloating, fatigue, weakness, pallor. Stool examination reveals some eggs. Most likely organism is:-----> Ankylostoma duodenalc
- Cholangiocarcinoma is associated with:----->Chlonorchis sinensis
- ----->
- Coagulation disturbance is commonly seen in----->AML
- Four basic pillars of medical ethics----->Autonomy-maleficence,justice,beneficiene
- A lady Pt with family hx of fetal abnormalities has been found with decreased Maternal estriol what would be DX. ?----->Down syndrome
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- Blood group of mother is O - and father is AB -----> , could not be the blood group of child?----->O
- post vaccination. BT is prolonged. PT and APTT are normal. Dx?----->ITP
- ----->
- A bacterial plasmid is a:----->Double-stranded circular DNA
- In obstructive lung disease what will inc:----->RV
- The dx of renal osteodystrophy is made. Pt will also have----->Hyperparathyroidism
- A person visited presented with fever, chills, body aches and postural hypotension. What is the most probable diagnosis-----> Malaria
- Acute case of Hep A----->Increase bilirubin and ALT
- Cat scratch disease in mother, Anti bodies in child----->IgM
- High cardiac output failure in:----->Beriberi
- Herniated Inter-vertebral Disc between C5 and C6 will damage which spinal nerve?----->C6
- In hyperthyroidism cardiac effect because of----->Increased B receptors
- Healing of wound is done by?----->Microfilaments
- Reed Sternberg cells seen on histology of biopsy specimen. DX. is ----->Hodgkin lymphoma
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- Cervical lymphadenopathy with nodules which reveal follicular lymphoma. DX. is ----->T(14:18)
- APKD gene on which chromosome ----->16
- Diphtheria toxin has a major effect on:----->Heart
- Asthma with emphysema what will dec:----->Fevl/fvc
- Asymptomatic carriers should be isolated and treated----->in typhoid
- Anemic old man who was being treated by GP for arthritis comes to you with complaints of Generalised weakness, pallor, easy bruising. He has Hb:6.0. TLC:



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- 3.5/ul. Pts :1 lac. Retic count 0.1 %, hypocellular bone marrow with fatty changes.Pt also had hepatitis in past. Diagnosis?----->Aplastic anemia
- pt with folleys has puprle urine in bag. Cause----->Bacterial colonization
 - organophosphoruspoisoning feature----->Bilateral pinpoint pupil
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 - Old male patient case of atherosclerosis was under your treatment with blockage of coronary artery suddenly brain ischemia occured cause:----->Embolus
 - GFAP positive cell?----->Astrocyte
 - ----->
 - type of endocytosis that occurs in Lysosomes?----->Phagocytosis
 - Progressive prolongation of PR intervals with droops of P-wave:----->Mobitz type 1
 - Diphtheria antitoxin type of hypersensitivity reaction?----->Type 3 HSR
 - Pyuria blood culture negative cause??----->Renal TB
 - Heart prone to fibrillation:----->At the end of action potential
 - The nucleic acid of a virus can be----->DNA or RNA
 - Typhoid fever. Few days after bacteremia of typhoid infection will settle in?----->Peyer patches
 - Ziehl Neelsen (ZN) staining, will result.----->Mycobacterium appear blue
 - Mechanism of DIC:----->Degradation of fibrinolytic products
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 - In inferior wall MI artery involved:-----> Right marginal artery
 - The endothelial molecules ICAM and VCAM are responsible for:----->Leukocyte adhesion
 - In gigantism along with thyroid hormone which other feature can be seen----->Insulinoma
 - The Slow growing thyroid tumoris ?----->Papillary CA



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- Bacteria adhere to cell----->Pilli
- A female having two children, after cholecystectomy she developed pallor her peripheral blood shows microcytosis type of anemia:----->Blood loss
- Chylomicron Lipoprotein is released directly----->Space of disse
- Philadelphia chromosome 9:22, BCR-ABL fusion, occursin ?----->CML
- Lecithinase producein organism?----->Clostridium perfirenges
- Graves ophthalmopathy:----->Optic nerve compression
- Which of the following is associated with Betel nut chewing:----->Submucosal fibrosis
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- In fat embolism is visualized through----->Frozen section with Sudan stain
- Which of the following is associated with P53 definition :----->Tumor suppressor gene
- Erythropoitin is always raised in ?----->Secondary polycythemia
- In PKU phenylalanine is not converted to ----->Tyrosine
- Microcytic Hypochromic Anemia and Eosinophilia. Dx----->Ancylostoma duodenale
- Increase in Light Chain Immunoglobulins Is feature of ----->Systemic type Amyloidosis
- ovarian mass with hepatomegaly. Dx----->Cyst adenocarcinoma ovary
- Endotoxin are?----->Lipopolysaccharides
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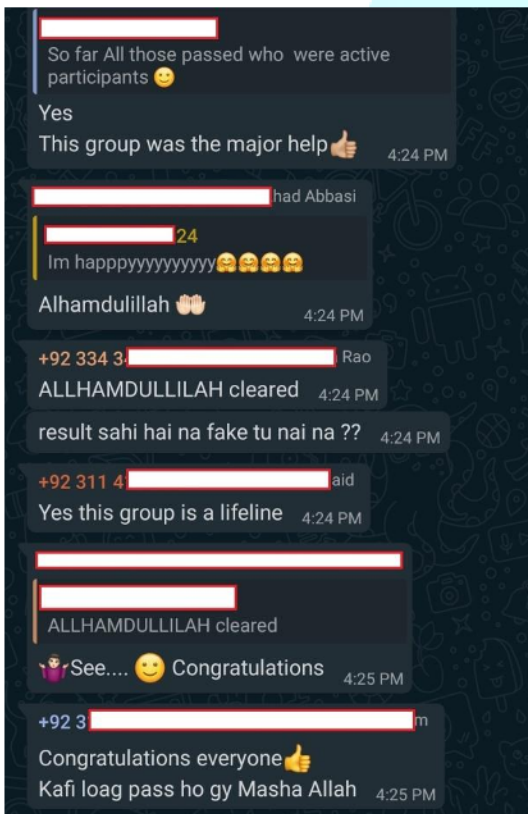


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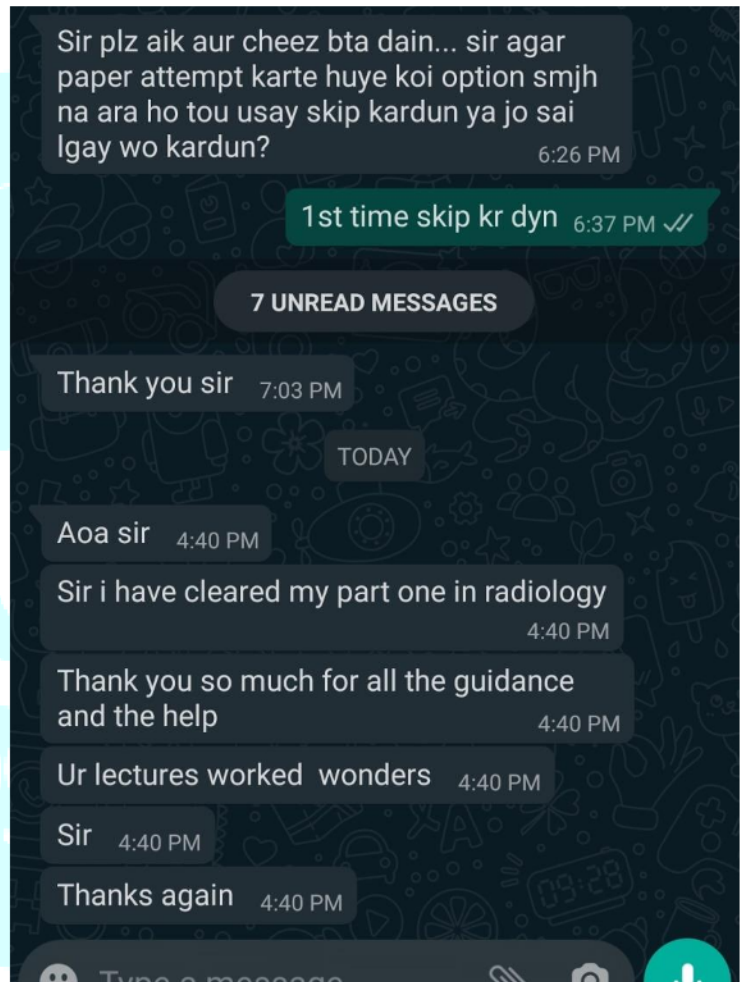
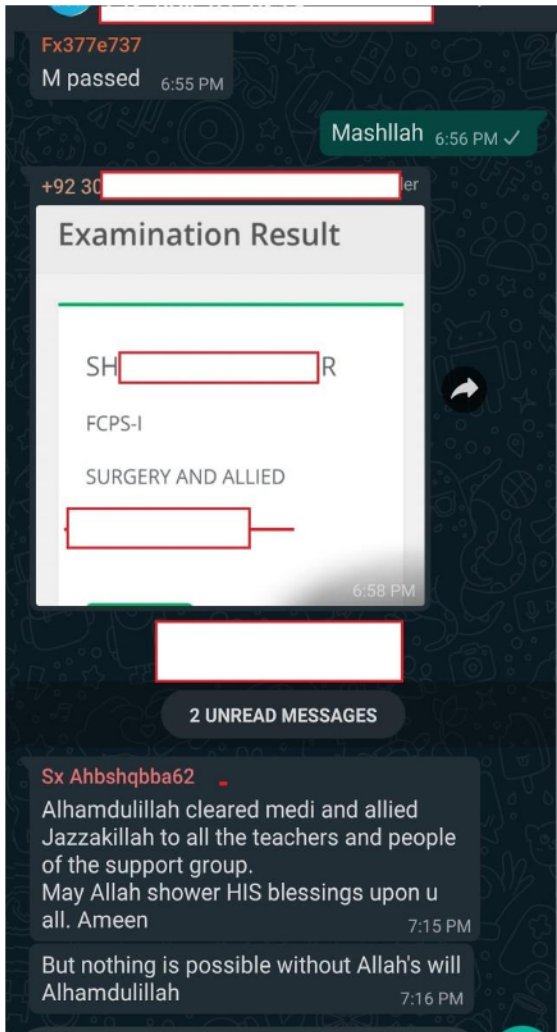
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 - FirstAid, BRS, snell anatomy, kaplan neuroanatomy etc.



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February 2022 papers
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GoldStandard FCPS 4th Edition V1 (Golden 13)

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NOTE:

1. MCQs should be covered in retrograde fashion
2. All students who have ordered book will receive November papers in PDF as well via whatsapp (Do them first)
3. All written in **tabular** form or in **points** form are pastpapers
4. Each and every word from this book is from pastpapers (Except UPPER/LOWER LIMBS that has bit of explanation)
5. Students are highly advised to take Last Minute revision course starting in last 10 days of EXAMS (All points and systems will be covered 3 hr class daily)
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If you have less time first do PDF files sent by us, then open each topic just CRAM TABULAR PASTPAPERS, then open each system and cram MISC 2019-2021 papers of all systems after completing those start MISC 2009-2021 of from system one.

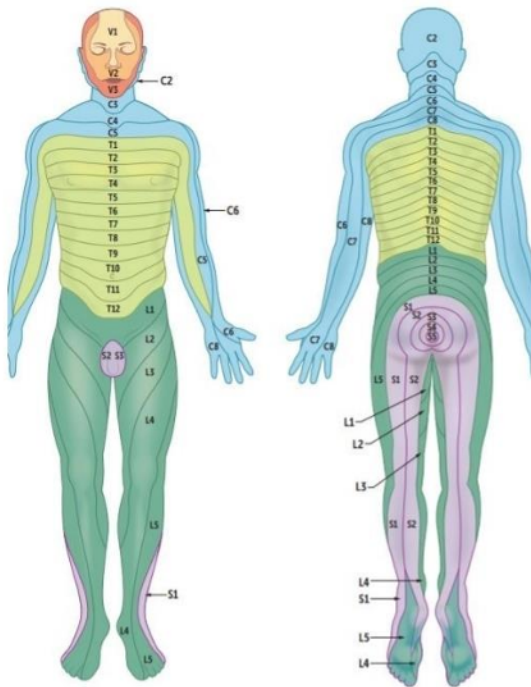




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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one kidney without the perforation of Gerota fascia, the blood goes to → Inferiorly to the pelvis
- True regarding the posterior triangle of neck is → Roof formed by investing layer of deep cervical fascia

DERMATOMES



C2	Posterior half of skull
C3	High turtleneck shirt Diaphragm and gallbladder pain referred to the right shoulder via phrenic nerve ✓ C3, 4, 5 keeps the diaphragm alive
C4	Low-collar shirt
C6	Includes thumbs ✓ Thumbs up sign on left hand looks like
T4	✓ At the nipple ✓ T4 at the teat pore
T7	✓ At the xiphoid process 7 letters in xiphoid
T10	✓ At the umbilicus (belly button) Point of referred pain in early appendicitis
L1	✓ At the Inguinal Ligament
L4	✓ Includes the kneecaps Down on ALL 4's
S2, S3, S4	✓ Sensation of penile and anal zones S2, 3, 4 keep the penis off the floor

GREAT TOE	L4
LITTLE TOE	S1
KNEE	L4
NIPPLE	T4
UMBILICUS	T10
RING AND LITTLE FINGER	C8 RING, T1 LITTLE
THUMB	C6

anal area dermatome	s3-4
dermatome of lateral wrist	c6
dermatomy of thumb	c6

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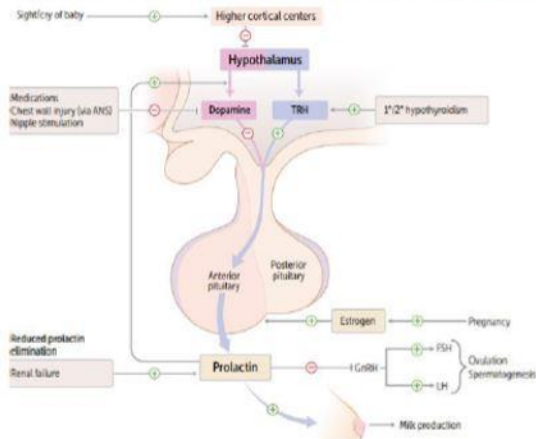
knee dermatome	l4
lower end of clavicle dermatome	c3-4
pain in calf and medial malleolus dermatome	l4





Prolactin

1. Stimulates milk production in breast; inhibits ovulation in females and spermatogenesis in males by inhibiting GnRH synthesis and release (thus LH, FSH release).
 - Hypothalamus -> Decr GnRH secretion -> Decr FSH/LH -> Decr estradiol in females, Decr testosterone in males
 - Alveolar Cells of Breast Ducts -> Milk production and release -> Lactation
 - Prolactin release dopamine which inhibits prolactin
2. Release by sucking, voice of baby
3. Prolactin secretion from anterior pituitary is tonically inhibited by dopamine Prolactin.



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PAST PAPERS

Potent stimulus for prolactin release is?	Suckling reflex of baby
A 9-month pregnant presents with complaints of lactation (milky discharge). This is likely due to	Prolactin
Secretion of milk in mammary gland is due to	Prolactin
During lactation, ovulation is inhibited because of inhibition of GnRH by?	Prolactin
hormone of the anterior pituitary is under direct inhibitory control of hypothalamus?	Prolactin
During lactation, ovulation is inhibited because of inhibition of GnRH by?	Prolactin



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ENDOCARDITIS

- Nonbacterial endocarditis is seen in → Neoplasms, hypercuaguable state
- Most common cause of death in rheumatic fever → Myocarditis
- Commonly use Tri-cuspaed valvule
- common in IV-drug users
- Libman-Sack Endocarditis occurs in → SLE
- DOC is benzethins pencilline if allergic give genta+vanco
- Correct Infective endocarditis sequence
Damage valve, Thrombus, Bacteremia, Perforation (VT-BP)

Bacterial endocarditis

Acute—*S aureus* (high virulence). Large vegetations on previously normal valves. Rapid onset.

Subacute—viridans streptococci (low virulence). Smaller vegetations on congenitally abnormal or diseased valves. Sequela of dental procedures. Gradual onset.

Tricuspid valve endocarditis is associated with IV drug use (don't "tri" drugs). Associated with *S aureus*, *Pseudomonas*, and *Candida*. *S bovis* (*galloyticus*) is present in colon cancer, *S epidermidis* on prosthetic valves.

PAST PAPERS

Non thrombotic bacterial endocarditis is frequently associated with?	Terminal neoplasm
A known case of rheumatic mitrai stenosis developed fever, lassitude body ache after tooth extraction. O/E splinter haemorrhages and splenomegaly was noted Subacute endocarditis is suspected. Most likely organism on blood culture would be?	Strep viridans
Most common heart valve affected in diseases is	Tricuspid
Female pt. has valvular heart disease, such pt. are at risk of developing infective endocarditis, which organism is commonly responsible	streptococcus viridians
On Examination there are skin spots and nail bed hemorrhages on both hands & a Grade-4 Diastolic Murmur, past history is unremarkable. Patient is most likely suffering from	Infective Endocarditis
Developed fever, lassitude body ache after tooth extraction. Most likely organism on blood culture would be	Strep viridians
Infective endocarditis Patient is allergic to penicillin give medication	Vancomycin + gentamicin
School teacher who after death was diagnosed as a case of endocarditis and lymphocytic infiltration of cardiac tissues	Coxsackie virus



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True about CSF	Slightly acidic than plasma
----------------	-----------------------------

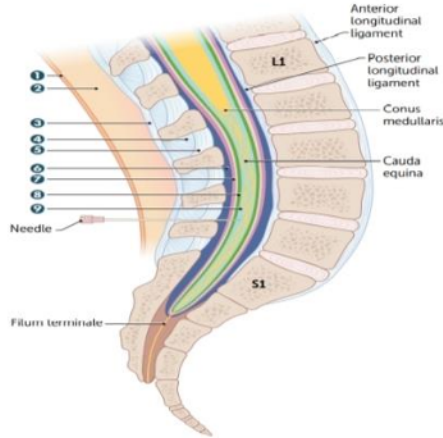
LUMBAR PUNCTURE

In adults, spinal cord ends at lower border of L1-L2 vertebrae. Subarachnoid space (which contains the CSF) extends to lower border of S2 vertebra. Lumbar puncture is usually performed between L3-L4 or L4-L5 (level of cauda equina).

Goal of lumbar puncture is to obtain sample of CSF without damaging spinal cord. To **keep** the cord **alive**, keep the spinal needle between **L3 and L5**.

Needle passes through:

- 1 skin
- 2 fascia and fat
- 3 supraspinous ligament
- 4 interspinous ligament
- 5 ligamentum flavum
- 6 epidural space (epidural anesthesia needle stops here)
- 7 dura mater
- 8 arachnoid mater
- 9 subarachnoid space (CSF collection occurs here)



Past papers

During LP after crossing flavum at L3, L4 the needle touches which structure first	Epidural space
Ideal site for lumbar puncture is	Below L4
Regarding Epidural space extension	Foramen magnum to S2
Site of Epidural anaesthesia for patient undergoing Vaginal hysterectomy is	Sacral hiatus
Spinal cord is suspended in dura by	Denticulate ligament
Structure most likely pierced by needle during lumbar puncture is	Ligamentum flavum
Which of the following structure is pierced in paramedian approach	Ligamentum flavum
The most common site of spinal anesthesia is?	Subarachnoid
Subarachnoid space ends at the level of	S2-S3
Cauda equina:	Anterior & posterior roots of spinal cord from L1 to L5

Note:

Herniation between L4-L5 affect which spinal segment?	Lumbar
Between L4 and L5 disc herniation, which spinal nerve will be affected	L5
Herniation between L4-L5 affect which spinal segment	L4

Centers of Brain

- Vomiting centre located in → Medulla
- Cough centre is present in → medulla
- Respiratory centre located in → Medulla oblongata

Past papers

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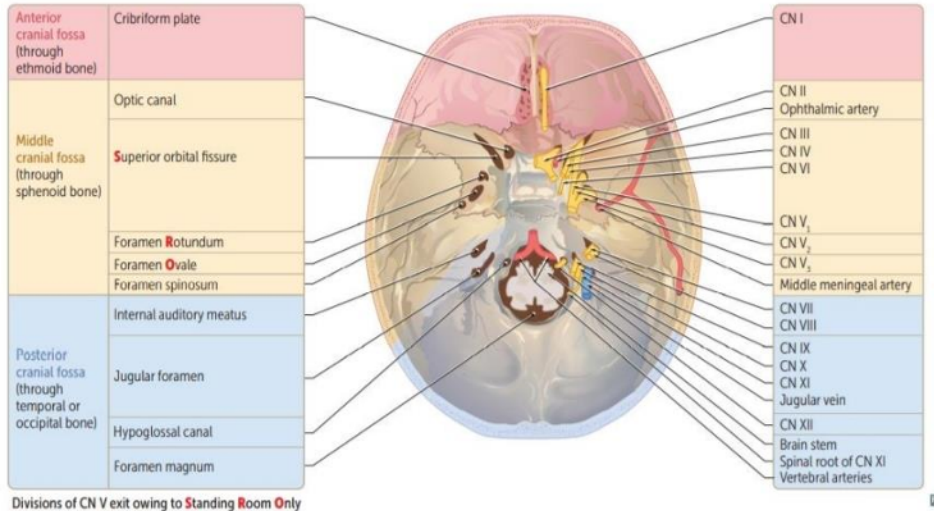




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HEAD AND NECK

Foramin of Skull



Anterior cranial Fossa (ethmoid bone)	Cribriform plate	CN 1
Middle Cranial Fossa (sphenoid bone)	Optic Canal	CN2 Ophthalmic artery, central retinal vein
	Superior orbital fissure	CN2,4,6 CN 5-V1
	Foramen rotundum	CN5-V2 → maxillary branch of trigeminal nerve
	Foramen ovale	CN5-V3 → mandibular branch of trigeminal nerve
	Foramen spinosum	Middle meningeal artery
Posterior Cranial Fossa (temporal or occipital bone)	Internal auditory meatus	CN7, 8
	Jugular foramen	CN 9,10,11 Jugular vein
	Hypoglossal canal	CN12
	Foramen magnum	Brain stem Spinal root of CN 12 Vertebral arteries

Pastpapers

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Accessory meningeal artery enters through which foremen----->Ovale
Accessory nerve passes through which foramen----->Jugular foramen
Foramen Rotundum damaged which structure will be severed----->Maxillary branch of trigeminal nerve.
Lesion below foramen Ovale causes paralysis of----->Lower part of face/Jaw
Mandibular branch of Trigeminal nerve passes through----->Foramen ovale
Middle meningeal artery in the----->Foramen Spinosum
Nerve in foramen Ovale damaged nerve supply of which part will be affected----->Lower face
Vagus nerve passes through----->jugular foramen

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FSH & LH

LH

Luteinizing Hormone in males acts on = Leydig cells

1. **Luteinizing** hormone acts on = **Leydig** cells to produce **Testosterone**
2. Function of LH before ovulation is=Convert most of the granulos cells into lutein cells

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FSH

3. **FSH** acts on =**Sertoli** cells to do **Spermatogenesis** → Related to Azoospermia
[**LighT** is **FaSt**]

 - Development of seminiferous tubules
 - Convert testosterone into estradiol
 - Helps in maturation of follicles
 - Inhibited by **INHIBIN**

Spermatogenesis is stimulated by	FSH and testosterone
LH act through:	cAMP
Hormone causing increase release of testosterone:	Luteinizing hormone
LH act on which testicular cells mostly	Leydig cells

Function of sertoli cells	help in spermiogenesis
A tall man with normal external genitalia married but no kids. Semen analysis showed azospermia. Most likely cause may be in	Sertoli cell
Sertoli cells produce	MIF (Mullerian inhibitory factor)
Married man with azospermia. Investigation of choice is	Serum FSH + LH

Function and development of seminiferous tubule requires=FSH and androgen
 Testosterone converted to estradiol by which hormone= FSH
 Conversion of testosterone to 17-beta estradiol in granulos cells occurs by the influence of= FSH

Before Ovulation maturation of follicles occur by action of FSH

Maturation of follicles Hormone responsible is FSH mainly and LH partly.

GnRH from hypothalamus release FSH and LH by pituitary

Which hormone stimulates release of FSH and LH	GnRH
During lactation, amenorrhea occurs due to	Inhibition of GnRH

The Sertoli cells also secrete inhibin Which stop FSH secretion

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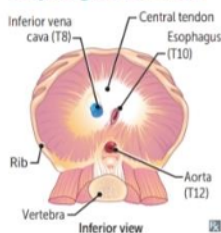




Thorax

Diaphragm

Diaphragm structures



Structures perforating diaphragm:

- At T8: IVC, right phrenic nerve
- At T10: esophagus, vagus (CN 10; 2 trunks)
- At T12: aorta (red), thoracic duct (white), azygos vein (blue) ("At T-1-2 it's the red, white, and blue")

Diaphragm is innervated by C3, 4, and 5 (phrenic nerve). Pain from diaphragm irritation (eg, air, blood, or pus in peritoneal cavity) can be referred to shoulder (C5) and trapezius ridge (C3, 4).

Number of letters = T level:

T8: vena cava (IVC)

T10: (O)esophagus

T12: aortic hiatus

I ate (8) ten eggs at twelve.

C3, 4, 5 keeps the diaphragm alive.

Other bifurcations:

- The Common Carotid bifurcates at C4.
- The Trachea bifurcates at T4.
- The abdominal aorta bifurcates at L4.

ESOPHAGUS [All are pastpapers]

Oesophagus starts at level of:	Cricoid cartilage
Esophagus narrowest at:	Cricopharyngus
Esophagus constricted at:	Where crossed by arch of aorta

Breast [All are pastpapers]

Regarding breast:	15-20 lactiferous ducts
In a female major breast duct terminate into terminal ducts from terminal ducts it forms:	Lactiferous sinus
Terminal duct in breast form:	Lobule
Breast lies on:	Pect major

LYMPHATICS OF BREAST [All are pastpapers]

Pectoral group of axillary nodes drain:	Major part of the breast
Breast CA involving lateral part of breast drain by:	Ant pectoral group
Upper lateral quadrant of breast is drained by which grp of nodes:	Anterior axillary lymph node
Lymph drainage from nipple of breast is to:	Anterior axillary nodes
Inner medial lower quadrant of breast doesnt drain into	Inf phrenic
Lymph node of inner breast drains into all except:	Inf phrenic nodes
Breast Medial / Lower compartment does not:	Inferior phrenic lymph nodes
Medial quadrant of breast drain into?	Internal thoracic nodes
Pectrol lymph nodes drain maximum:	Major part of breast
Lateral side of breast drains into:	Pectoral lymph nodes
Lateral quadrants of breast drain into which nodes?	Pectoral nodes.
Lymphatic drainage from nipple of breast is:	Ant axillary lymph node
Breast outer quadrant:	Pectoral (anterior) group





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Graves Disease

Hyperthyroidism

Graves disease



Most common cause of hyperthyroidism. Thyroid-stimulating immunoglobulin (IgG, can cause transient neonatal hyperthyroidism; type II hypersensitivity) stimulates TSH receptors on thyroid (hyperthyroidism, diffuse goiter), dermal fibroblasts (pretibial myxedema), and orbital fibroblasts (Graves orbitopathy). Activation of T-cells → lymphocytic infiltration of retroorbital space → ↑ cytokines (eg, TNF-α, IFN-γ) → ↑ fibroblast secretion of hydrophilic GAGs → ↑ osmotic muscle swelling, muscle inflammation, and adipocyte count → exophthalmos **A**. Often presents during stress (eg, pregnancy). Associated with HLA-DR3 and HLA-B8.

Histology: tall, crowded follicular epithelial cells; scalloped colloid.

PAST PAPERS

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A pt with exophthalmos and other hyperthyroid features and positive anti-thyroid antibodies is suggestive of	Graves disease
Exophthalmus is due to:	Inc TSI
Most common cause of hyperthyroidism:	Graves disease
Hyperthyroid, goiter and exophthalmos:	Graves disease
common cause of hyperthyroidism?	Grave's disease
What will increase in graves disease	t3
Graves ophthalmopathy:	Optic nerve compression
Vitamin D deficiency is associated with Ophthalmopathy in patients with Graves' hyperthyroidism	

Key lympho, antibody

Hypothyroidism

Hashimoto thyroiditis

Also called chronic autoimmune thyroiditis. Most common cause of hypothyroidism in iodine-sufficient regions. Associated with HLA-DR3, ↑ risk of primary thyroid lymphoma (typically diffuse large B-cell lymphoma).

Findings: moderately enlarged, **nontender** thyroid. May be preceded by transient hyperthyroid state ("Hashitoxicosis") due to follicular rupture and thyroid hormone release.

Serology: ⊕ antithyroid peroxidase (antimicrosomal) and antithyroglobulin antibodies.

Histology: Hürthle cells **A**, lymphoid aggregates with germinal centers **B**.

Postpartum thyroiditis—mild, self-limited variant of Hashimoto thyroiditis arising < 1 year after delivery.

A 40-year known Hypothyroidism female was referred to endocrinologist for a mass in neck. FNAC shows increased lymphocytes and serology was advised. What is the most probable cause?	Hashimoto thyroiditis
Female with neck swelling hypothyroid dr orders some immunologic tests?	Hashimoto thyroiditis
Female swelling in front of neck. Hypothyroid Dr orders some immunological test. What is the diagnosis?	Hashimoto thyroiditis
Diagnosis for hashimotos	Antimicrosomal and anti-thyroglobulin

A 40-year known Hypothyroidism female was referred to endocrinologist for a mass in neck. FNAC shows increased lymphocytes and serology was advised. What is the most probable cause

Hashimoto

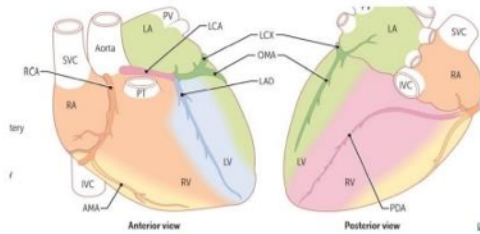


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MI ECG LEADS

INFARCT LOCATION	LEADS WITH ST-SEGMENT ELEVATIONS OR Q WAVES
Anteroseptal (LAD)	V ₁ -V ₂
Anterolateral (distal LAD)	V ₃ -V ₄
Anterolateral (LAD or LCX)	V ₅ -V ₆
Lateral (LCX)	I, aVL
Inferior (RCA)	II, III, aVF
Posterior (PDA)	V ₇ -V ₉ , ST depression in V ₁ -V ₃ with tall R waves



PAST PAPERS

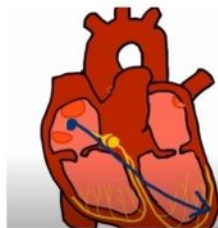
Inferior wall MI occurs due to blockage of	Right coronary artery
Post 1/3 of interventricular septum is damaged due to MI. Artery involved is?	Right coronary artery
Inferior wall MI occurs due to blockage of which artery?	Right marginal
MI of posterolateral surface of heart. Vessel involved is	Left circumflex
ECG changes in lead V4 indicated involvement of which vessel	LAD
Infarction of apex of heart, vessel thrombosed will be	LAD
The circumflex artery supplies	Left atrium and left ventricle
Infarct in the lower segment of heart	LCX
ECG shows changes in leads II, III and avF. Diagnosis	Inferior wall MI
ST elevation in lead II, which artery involved	RCA

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Patient presented to ER with crushing chest pain for last 1 hour ON ECG there is ST segment elevation in lead II, III & AVF what's the diagnosis	Inferior wall MI
ST segment elevation in lead II which artery effected	right main coronary
A man presents to ER with ST depressions in II, III and avF and was advised angiography. The Most likely culprit artery is	RCA
Artery involved in inferior wall MI	Right marginal
Patient having ST elevation in Lead 2 and complete heart block vessel involved	RCA

NOTE: AXIS deviation



Left axis deviation on ECG is seen in	Rt ventricular myocardial damage
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