

respiratory

Group - Compensatory response

* And with respiratory alkalosis (H₂O) & pH Ventricular failure.

* Symptoms - left and downward deviation

$$\frac{[H^+]}{[H_2O]} = \frac{[H^+]}{[H_2O]} \times \frac{[O_2]}{[O_2]}$$

Signs and symptoms

Symptoms (Signs and symptoms) = Early symptoms

(1) respiratory alkalosis

(2) respiratory alkalosis

(3) (pulmonary edema) + symptoms = [acute] [chronic] [intermediate] [late] [very late] [end stage] [terminal] [death]

(4) symptoms (signs and symptoms)

(5) pulmonary edema symptoms

(6) pulmonary edema symptoms

Signs (Signs and symptoms) = End stage signs

(1) signs

(2) signs

(3) signs

Respiratory alkalosis

< 0.1 mmHg

(4) (0.1 mmHg) (0.1 mmHg) (0.1 mmHg)

normal range

signs and symptoms of RVF & LVF

(1) symptoms (signs and symptoms) = [acute] [chronic] [intermediate] [late] [very late] [end stage] [terminal] [death]

(2) signs

(3) signs

(4) signs

(3) B/L First rank failure

(Puls - 220/min)

(4) S₁ : B/L : Same pitch sound

↑
displacement & Ventricles
Steady Ejection

8-10

→ not to
→ not to
→ not to

→ not to

→ not to

→ not to

(5) S₂ : Prolonged and loud

→ not to

(6) Tachycardia

→ not to

→ not to

→ not to

→ not to

→ not to

→ not to

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→ not to

→ not to

→ not to

→ not to

→ not to

⑦

④

$$\textcircled{1} \rightarrow \text{les, veru } \mathcal{U} = \dots$$

the following way:

$$4 \quad \left| \begin{array}{ccc} 1 & 1 & 1 \\ 1 & 1 & 1 \\ 1 & 1 & 1 \end{array} \right| = \frac{1}{1.57} \approx 0.637$$

Generalized Dependent: 255

$$\frac{1}{2} \rho_0 \frac{d^2 \xi}{dt^2} = \frac{1}{2} \rho_0 \frac{d^2 \xi}{dt^2} \approx \frac{1}{2} \rho_0 \frac{d^2 \xi}{dt^2}$$

Provision of land for young entrepreneurs

தமிழ்நாடு

புதுச்சேரி : 14-11-2019

$$= \left[\text{differential equations } (\oplus) \right] \cdot \begin{pmatrix} \text{or mult. rule} \\ \text{for each local property} \end{pmatrix}$$

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Ergebnis: $100 - 27 = 73$



1) $\text{KNO}_3 \rightarrow \text{K}^+ + \text{NO}_3^-$ readily

[illegible]

Revised

⑤ 17. Measure 5m by 4m
to include palm trees
and 5m

(6) ^{advised} the DRF: & then

$$P_{\text{total}} = \frac{1}{2} \left(\frac{1}{N} + \frac{1}{N} + \frac{1}{N} + \frac{1}{N} \right)$$

1. $\frac{1}{2} \pi$ 2. $\frac{1}{2} \pi$ 3. $\frac{1}{2} \pi$ 4. $\frac{1}{2} \pi$ 5. $\frac{1}{2} \pi$ 6. $\frac{1}{2} \pi$ 7. $\frac{1}{2} \pi$ 8. $\frac{1}{2} \pi$ 9. $\frac{1}{2} \pi$ 10. $\frac{1}{2} \pi$

ইতিহাসবিদগণ

$$N \cdot 10^{-5} \text{ (mole/l.)}$$

52

positively

Female, no ornament

[illegible]

• pharmacokinetics (what the body does to the drug)

• $\sqrt{a^2 + b^2} = \sqrt{a^2 + b^2}$

Cardigan: Shet

4)
 By above given data $\frac{1}{\lambda} = \frac{1}{\lambda_0} + \frac{1}{\lambda_1}$

$$\frac{G_s \cdot \left(\frac{1}{G_s} - \frac{1}{G_s \cdot \frac{1}{\text{neglect}}} \right)}{G_s} \cdot \text{Basi} \cdot \left[\frac{1}{G_s} - \frac{1}{G_s \cdot \frac{1}{\text{neglect}}} \right]$$

உயர்வு தரவு ↑

(2) Discharge = $\frac{\text{flow area} \times 1.486 \text{ ft}^3/\text{min}}{\text{ft}}$

 $\beta_{\text{eff}} = 0.56$

... Insect Vial ...

~~$$x_4 = 10 \text{ ptm} / (\text{mm}^2 \cdot \text{s}) \cdot 4200 + 5, \quad \uparrow \text{LW} \quad \uparrow \text{CS}$$~~



In acute CHF: $\boxed{MNE \rightarrow \downarrow}$
 $\downarrow$
 $\text{NE} + \text{dopamine} + \text{dobutamine}$

$\boxed{\text{Dopexin} \rightarrow \text{3-phoskes}}$
 $\downarrow$

* To for chronic heart failure

Signs:

(a) Na^+/K^+ pump: $\uparrow \text{Ca}^{2+}$ inside myocyte
 $\downarrow$
 $\uparrow$ force of contraction

$\uparrow \text{CC}$
 $\boxed{\text{1st } \text{K}^+/\text{Na}^+ \text{ ATPase} \text{ Action}} \rightarrow \uparrow \text{O}_2 \text{ consumption}$

(b) Na⁺ pump
 $\downarrow$
 $\boxed{\text{2nd } \text{K}^+/\text{Na}^+ \text{ ATPase} \text{ Action}} \rightarrow \downarrow \text{O}_2 \text{ consumption}$

So, No net $\uparrow$ increase of O_2 consumption.

* Levamisole: 25-50 mg/kg / day of digoxin

25-50 mg/kg: Toxicity $\rightarrow$ Not used in acute
 $\downarrow$
 short-time to treat

* Electrolytes: cardiac rate $\downarrow$

side effect is more



	N/V	ve. hypotension
most characteristic	↑ serum transaminase ↓ Yellow vision	$\text{NPH} \rightarrow \text{glucose} \rightarrow \text{glucose} \rightarrow \text{glucose}$ $\text{NPH} \rightarrow \text{glucose} \rightarrow \text{glucose} \rightarrow \text{glucose}$ $\text{NPH} \rightarrow \text{glucose} \rightarrow \text{glucose} \rightarrow \text{glucose}$
$\text{NPH} \rightarrow \text{glucose} \rightarrow \text{glucose} \rightarrow \text{glucose}$		

Post drug to digoxin toxicity:

1st line treatment: K^+ depletion [hypokalemia - usually precipitates digoxin toxicity]

use of potassium in urine

→ ↑ diuretic
→ ↑ hypokalemia
→ ↑ digoxin toxicity

(3) ↑ digoxin toxicity / no for digoxin toxicity.

Post drug to digoxin toxicity: $\text{NPH} \rightarrow \text{glucose} \rightarrow \text{glucose} \rightarrow \text{glucose}$

→ not seen in acute heart failure

→ Serum → Kidney → Renal function

→ kidney → Renal function → Central → focal
adverse (+)

Chronic - no

is a $\mathbb{Q}$ -vector space

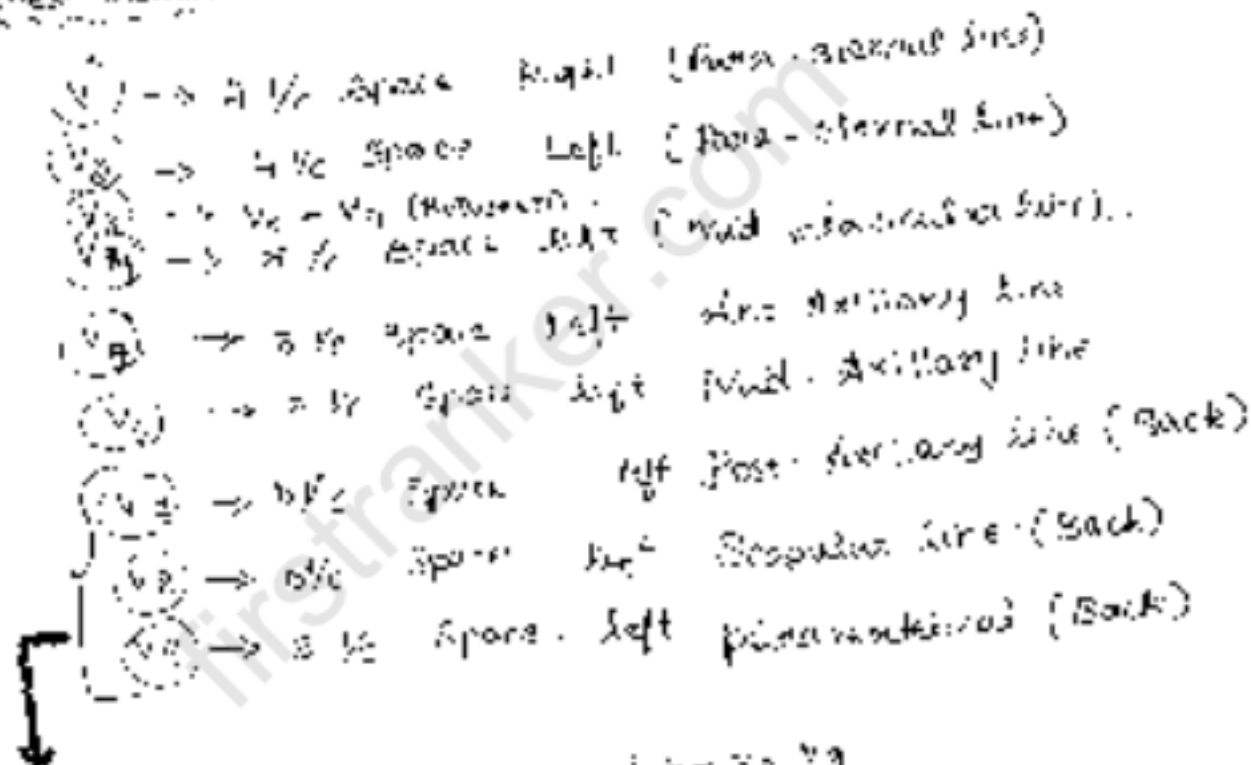


* Lead I, II, III - $E_{1+II+III} = 0$ (balanced)

* Lead aVR - $E_{aVR} = -1/2 E_{aVL}$

* Lead aVF - $E_{aVF} = 1/2 E_{aVL}$

ECG leads

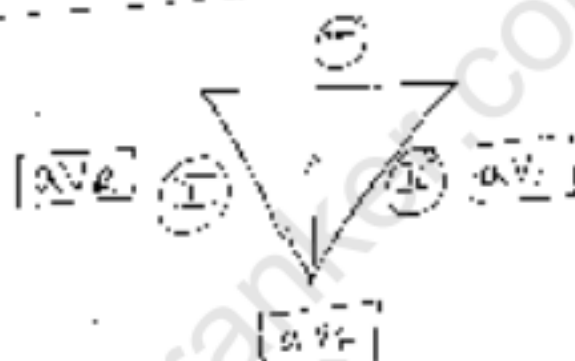


Posterior wall MI → we need V7, V8, V9



Standard limb leads
→ leads of standard

Augmented leads = (unipolar leads)



Voltage = 1/3 times height of compared to limb leads

(N)

aVR → P wave negative
T wave negative

aVR Right atrium to study

aVF Right Ventricle to study

[unipolar leads] → RV - RCA

Note:

Anterior leads: I, II, III, aVR, aVL, aVF
Lateral leads: I, II, III, aVR, aVL, aVF
Inferior leads: I, II, III, aVR, aVL, aVF

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$$- \frac{1}{2} \frac{d^2 \mathcal{L}}{d\alpha^2} \Big|_{\alpha=0} = \frac{1}{2} \frac{d^2 \mathcal{L}}{d\alpha^2} \Big|_{\alpha=0}$$

4. *Quantitative Analysis*

* * * * *

3. 1992-93

$$+ \frac{1}{2} \frac{1}{\sqrt{2}} \frac{1}{\sqrt{2}}$$

— 212 —

29. *Tetrahedron = 100 degrees

Went to have

مجلس شورای اسلامی

4. संस्कृत संस्कृत संस्कृत

* ()

1500-6

1.05

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

... ..

1-7-1941

(continued)

1. NAME _____

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

$$\sqrt{2\pi} \exp\left(-\frac{1}{2} \frac{(\ln x)^2}{\ln x + 1}\right)$$

Figure 1. Schematic diagram of the experimental setup.

4000 3500

www.F

[illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

[illegible]

4.5 m/s in crisis, explosive

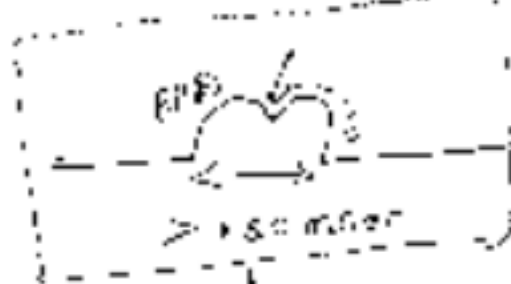
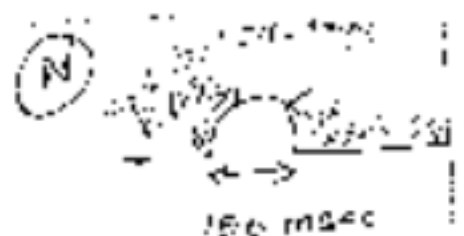
1. *Veronica* = *Veronica*

anker.com

total voltage

$$V = I_1 - I_2 \text{ cm}^2$$

total voltage of area calculated



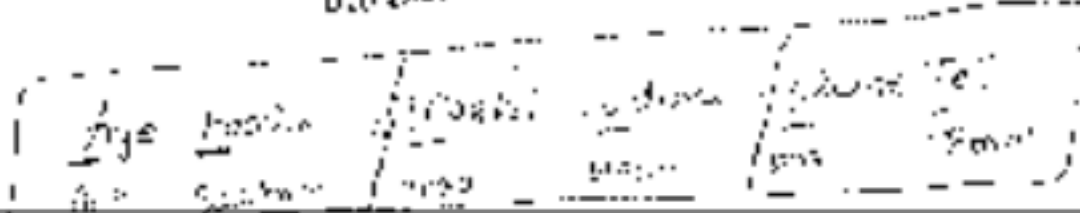
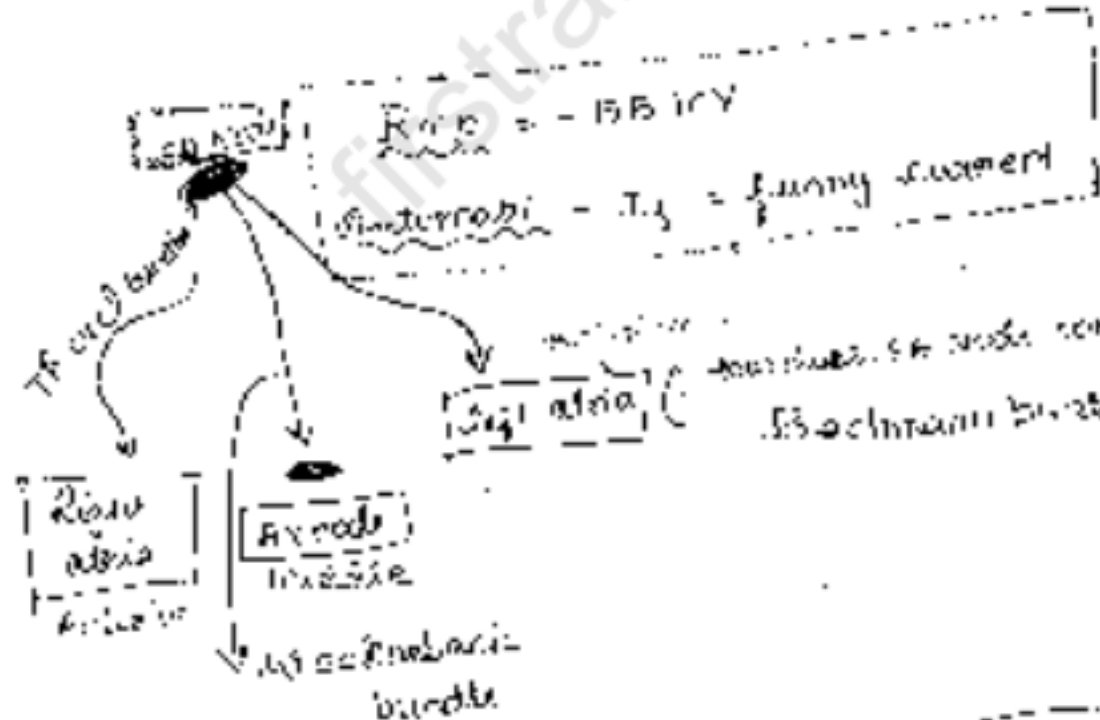
total voltage

$$V = I_1 - I_2 \text{ cm}^2$$



total voltage

$$V = I_1 - I_2 \text{ cm}^2$$



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Firststranker's ch...

19

● 1: 4-7

for the ① Sigma sequence

$$e_i = f_i(\theta) \ln^2 \theta \in \mathcal{C}_0$$

تاریخ: ۱۳۹۸/۰۵/۰۵

[illegible]

www.ck12.org

CG : k d m 4)

150

[illegible]

உருத் துருவத்தினைப் பற்றி

1995-1996 - Varianta de proiectare

(9) கருத்துரை : - ஒரு பஸ் நகரம் வந்து 1 மணிக்கு மேலாக நின்றுவிட்டது.

* Eligibility criteria for QRE = $\angle$ 2 demand signals $\rightarrow$ ^{for} impr. Ventricular tachycardia

for white gas = 3 small C_4H_{10} as 1.4 liter 3.0
Tallings under
6.0



↓
P-R interval (normal) (normal) (normal)

P-R interval [30 - 40 sec - 2-3 sec (normal)]

P-R interval [30 - 40 sec - 2-3 sec (normal)]

P-R interval [30 - 40 sec - 2-3 sec (normal)]

↓
P-R interval (normal) (normal) (normal)

(1) P-R interval (normal) (normal) (normal)

(2) P-R interval (normal) (normal) (normal)

(3) P-R interval (normal) (normal) (normal)

(4) P-R interval (normal) (normal) (normal)

P-R interval (normal) (normal) (normal)

↓
P-R interval (normal) (normal) (normal)

(1) P-R interval (normal) (normal) (normal)

(2) P-R interval (normal) (normal) (normal)

(3) P-R interval (normal) (normal) (normal)

(4) P-R interval (normal) (normal) (normal)

Young's Modulus

modulus in test (modulus)

98

+ high modulus / modulus in test

modulus in test

modulus (elastic modulus) - modulus - modulus in test

modulus - modulus - modulus in test



modulus in test for modulus in test

modulus in test for modulus in test

modulus in test

modulus in test for modulus in test

modulus in test for modulus in test

modulus in test

modulus in test

modulus in test

modulus in test for modulus in test

modulus in test for modulus in test

SP



Atrium
(James Bundles) 125



Ventricles

- * Fast conduction
- * propagation
- * Synapse in = ventricle
- * Sudden death in sitting

$$ECG = \begin{bmatrix} \text{P wave} & \text{QRS complex} & \text{T wave} \end{bmatrix}$$

$$P = \frac{V}{R} + \frac{Q}{R} = \frac{V}{R} + \frac{Q}{R}$$

$$\text{So } P = \frac{V}{R} + \frac{Q}{R}$$

* danger for Rhythm out

R_x : new molecule in

R_x : Jones bond $\rightarrow$ Radio-frequency ablation of R.

$\overline{[u, f, w]}$

↓

→ Bundle of Rod

$[L, C]$

→ James Bond

→ $\overline{[u, f, w]}$
→ $\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

→ $\overline{[u, f, w]}$ → $\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

→ $\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

→ $\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

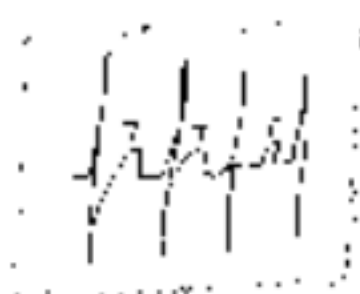
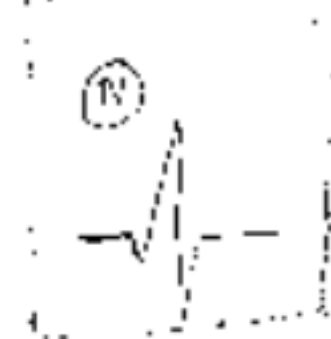
→ $\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

$\overline{[u, f, w]}$ → $\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

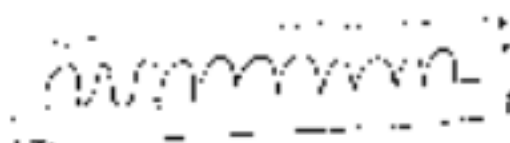
$\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

$\overline{[u, f, w]}$ → $\overline{[u, f, w]}$

Q wave complex



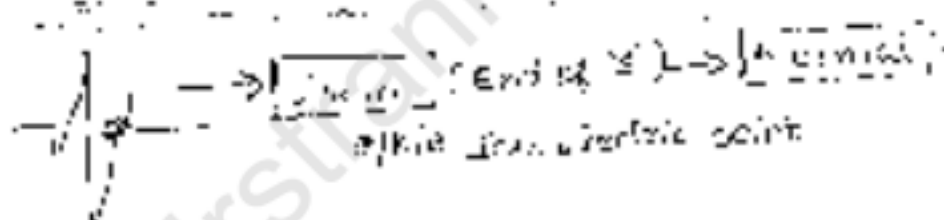
Monophasic QRS - 1st part of myocardial infarction



Q wave complex QRS - myocardial infarction

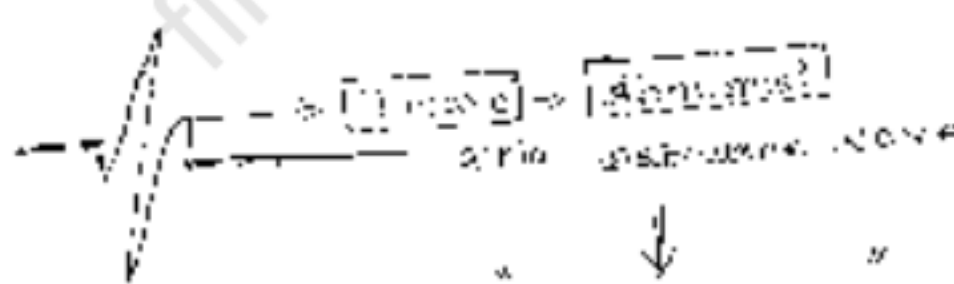


Monophasic QRS - Wolff-Parkinson-White syndrome



End of QRS - QRS complex

atrial premature beat



atrial premature beat

hypertension

QRS complex is QRS

hypertension -> myocardial infarction

Q wave -> myocardial infarction

Q wave -> myocardial infarction

Q wave -> myocardial infarction

Question: (100)

- (1) Pericardium
- (2) Tympanic membrane
- (3) Intra aortic catheter
- (4) femoral artery - most accurate site
" Reliable site

Ex: obese Blanket

Mean Arterial Pressure: Peritoneal dialysis

Active: Kerosene - $\frac{1}{2}$ = Can hyperkalemia

Hyperkalemia

Severe - 5-6 interval in 24 hours
Acute form > 4°C

* Head stroke / encephalopathy

→ Sweating: drops

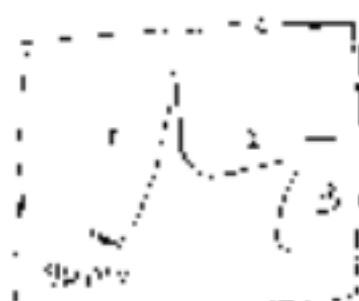
* Malignant hypertension: 90/160, Hb 18g, Hct 55%,
Symptomatic

↓
Activation of angiotensin receptor: Ca²⁺ entry muscle
↓
muscle contraction
↓
Temp ↑

Ex - Paradoxical Sedation



Normal sinus rhythm



Phase 1 - P wave

Phase 2 - QRS complex

Phase 3 - T wave

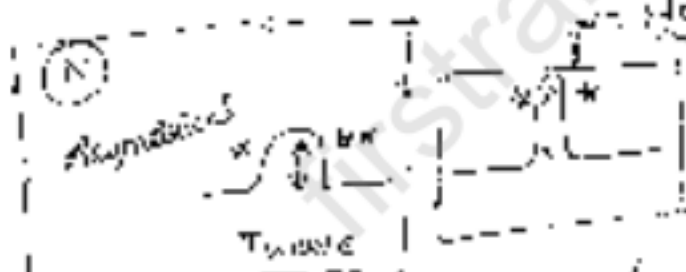
Phase 4 - U wave

ECG tracing

ECG tracing = 1st step finding

↓

Normal sinus rhythm

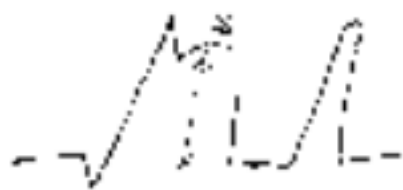
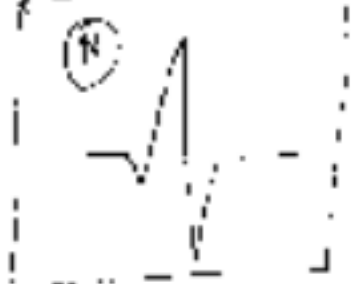


ECG tracing

ECG tracing = 1st step finding

ECG tracing = 1st step finding

ECG tracing



ECG tracing = 1st step finding

ECG tracing

ECG tracing = 1st step finding

(Myocardial infarction) $\rightarrow$ ST $\uparrow$

(normal depth) $\Rightarrow$ deep T wave
 (normal in old (myo.))

Remember:-

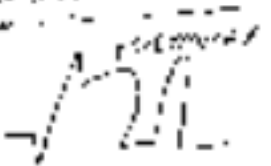
(Tachycardia) (sec)

Hyperacute T wave

normal
 normal square wave
 virtually

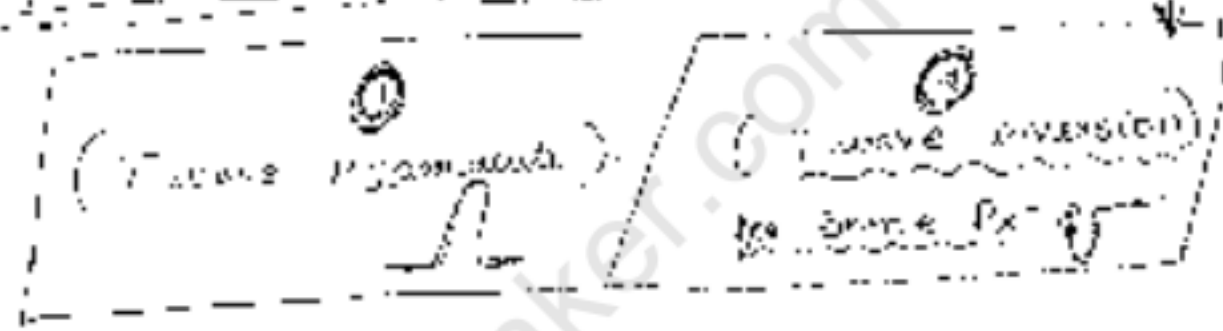
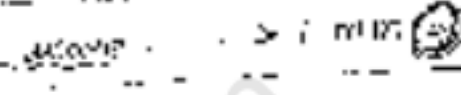
(T wave) (min)

ST $\uparrow$
 Curved



(T wave) (min)

deep T wave



Remember:-



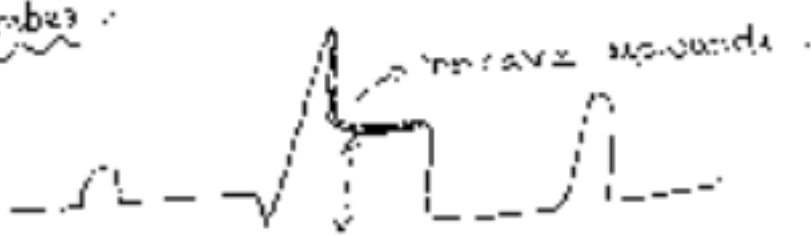
peaked
 asymmetrical

Spiked T wave

(K)

hyperkalemia

Remember:-



normal square wave

pm



Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary

Coronary



| | | | |
|-----|----------------------------|--------------------|-----|
| P | Normal ECG | 120 msec, < 1.5 mm | 3 |
| PR | AV nodal conduction | 120 - 180 msec | 3-6 |
| Q | Depolar | 40 msec, < 1 mm | 1 |
| QRS | Ventricular depolarization | 80 - 100 msec | 8 |

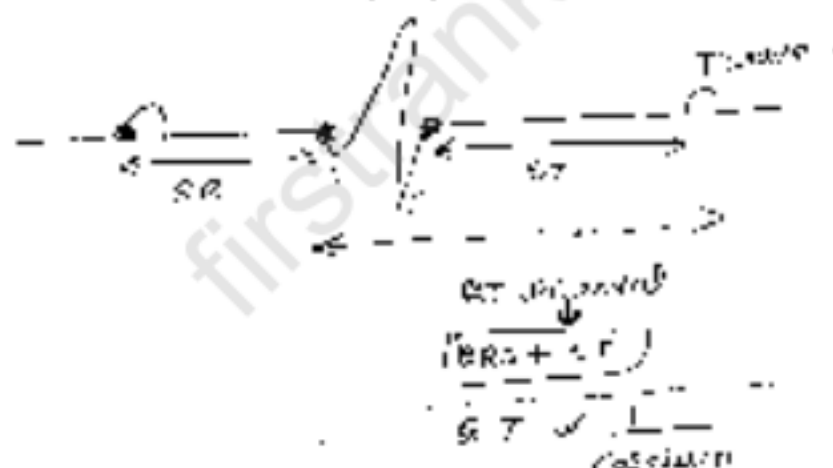
ST (ST-segment) phase 2

T (T-wave) repolarization < 10 mm

U (U-wave) ventricular delayed repolarization < 1 mm

$$\text{QT interval} = V_B + V_F = 560 = 440 \text{ msec}$$

Q-11



* Torsion - hypokalemia → prolonged QT



1. CO_2

$\text{K} \uparrow$

$\text{Ca} \downarrow$

$\text{Ca} \uparrow$

$\text{Ca} \downarrow$

$\text{Fe} \downarrow$

$\text{Fe} \uparrow$

K^+ reabsorption

Ca^{2+} reabsorption is decreased

firstranker.com

תשובה: I

உரிமையாளர் அல்லது

வினாக்கள் 10. 24. 2007 தேதியே

①. High voltage (static charge) $\rightarrow$ produces positive ions (CIP) $\rightarrow$ produces negative ions.

(2) Trilobal subcapitate ^A 25.15

145:1 ✓

Q. The Laplace transform of $\frac{d}{dt} f(t)$ is $sF(s) - f(0)$. Use this to find the Laplace transform of $\sin t$.

(a) The conjugate base.  The molecule is CH_3COO^- . (b)

$$\underline{K}_\varepsilon \rightarrow \underline{B}_\varepsilon \begin{pmatrix} 1 & 0 \\ 0 & 1 \end{pmatrix} \begin{pmatrix} 1 & 0 \\ 0 & 1 \end{pmatrix}$$

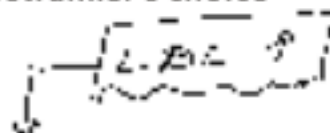
Agonidine - 1950: 1st sodium phosphate

$$\gamma^2 \rightarrow \text{axial-scalar} \rightarrow \text{pion}$$

de la 1^{re} division de l'artillerie

לכן:

⑥ 平路。



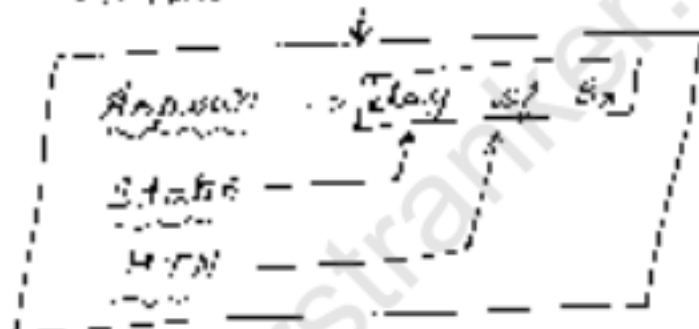
$T_L \rightarrow$ FROM - COA Reduction $\Rightarrow$ stable in the future.

Indication

- ① Phenomenon: a v. b.
- ② 2 minutes: Target L. B. L. P. 70 mg.
- ③ 100% : Target L. B. L. P. 100 mg.

longest activity - P. L. v. a. static $\Rightarrow$ 200
 Rest v. a. static: 4 hr
 100% v. a. static: 10 hr

Reverse Algorithm



$\rightarrow$ 100% of 100 mg



Answer:
 In the presence of a very low sample rate
 Smaller (C)

3. a. Manifested behavior of a patient (K. R. S. S.)
 Suffering from a disease (e.g. heart disease) -
 to detect the presence of a disease

- (A) T. E. V. R. S. S. (T. E. V. R. S. S.)
- (B) K. R. S. S. (K. R. S. S.)

(C) Suffering from a disease

(D) Suffering from a disease

2. a. Suffering from a disease -> Tachycardia
 due to ↑ pulse rate.

Tachycardia

of coronary artery disease = (C)

hemiparesis/paralysis

disproportionate

disproportionate to the

high pitch and

S. S. S. S. (Tachycardia)

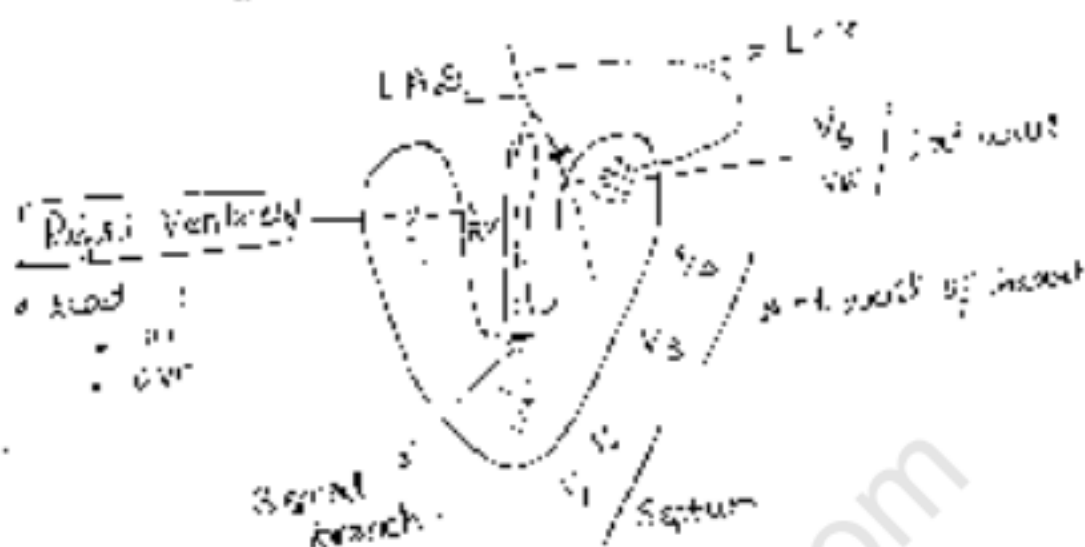
S. S. S. S. (Tachycardia)

(A. R. S. S.)

(K. R. S. S.)

② Next - ST derived

③ - Secondary wavefront - Total wavefront



$$\begin{aligned} V_R &= \sqrt{2} R \\ V_L &= \sqrt{2} R \end{aligned}$$

Let's assume - Resting - Lat wave of heart $V_R / V_L / \frac{1}{2} \Delta V_L$

Result: Separate m. I $V_R / V_L / \frac{1}{2} \Delta V_L$

If C. B. are not m. I $V_R / V_L / \frac{1}{2} \Delta V_L \Rightarrow \text{L. I. F.}$

Figure - Now, for the distance of the wavefront $V_R / V_L / \frac{1}{2} \Delta V_L$

Combination of all

பித்த உபசாரம்?

WWW.FIRST
first 10722

 $\chi^2_{(1-\alpha)}(n-1)$ and $\chi^2_{(1-\alpha)}(n)$

Figure 2

532

$$V_x/V_R/V_y \rightarrow S^T \uparrow$$

গণনা

Declaración: *Verdadera*

1. $\frac{d}{dt} \int_{\Omega} \rho \, dx = 0$ (conservation of mass)

Ryf (Right vertebral
foramen)

Transcribed I . 7-23-91 J.S.

பெரிய அளவுக்கு உயர்ந்த அளவுக்கு

Changes in ΔH and ΔS are small, check ΔG .

Forest Farm 9226 : $\frac{10000}{10000} = 100\%$ production

(i) $\subseteq$ is obvious.

(3) Temp. 1 (desired) = $\frac{\text{Account}}{(\text{Imputed interest})}$
 ↓
 x a residual value

⑤ $\int_{-\infty}^{+\infty} \delta(x) dx = 1$ (Normalization)

1. Identifying Sex → How to find out (m/f) ...

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

1. உயிர்ப்பிழை (i)

! $\mathbb{G}_m^{47}$ $\mathbb{V}$

www.FirstRanker.com

$\Rightarrow \downarrow$ post. edema

" - - "

(1) After MCAO (No clasp + no edema)

(2) IV morphine
(3-5 mg/kg)

$\Rightarrow \left[\begin{array}{l} \downarrow \text{HR} + \downarrow \text{ventricle size} \\ \text{Mortality} \downarrow = 50\% \end{array} \right]$

(3) post. edema $\Rightarrow$ Furosemide (iv)

Also inhibitors = Lisinopril (iv)

(4) 3rd (Enoxaparin) - (10 mg Heparin 3rd)
Heparin $\downarrow$ rest edema

(5) After 24 hrs post surgery = (6) (24 hrs)

Radial Artery [Femoral artery] Seldinger technique

guide wire: flouter catheter

(Fluoroscopic guidance) catheter wire removed

* Angiography: 1, 2, 3, 4

* Holter catheter: 1000 mmHg (pressure)

* percutaneous coronary

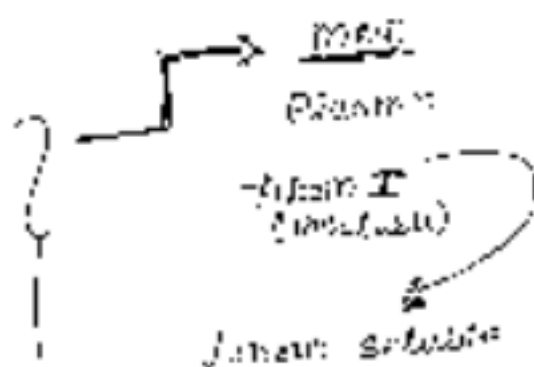
Intervention: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

(Door to Devict. < 90 minute)
Time

procedure should be done in 90 minutes

Techniques

- (1) 2D PLASE
- (2) 3D PLASE
- (3) TAPER PLASE
- (4) STRAIGHT PLASE



Time in each Time < 10 minutes

Summary: Set 1

Calculate job priority

Job 1 (Beha)

Job 2 < 10 minutes

Job 3

Job 4 < 10 minutes

Job 5 < 10 minutes

Answer elevation of

38

 R₂ = [ABE - NOA]

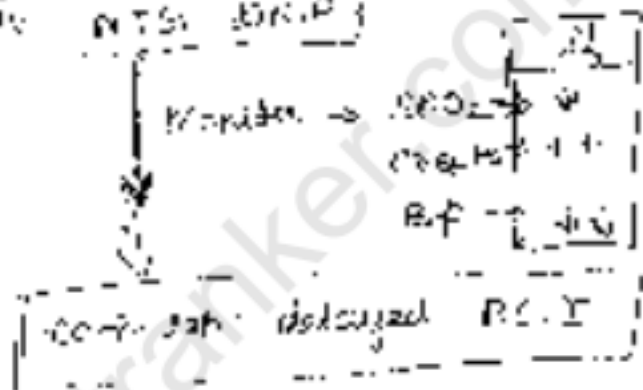
1/2 v anoxia

1/2 v 2 blocks - metabolic

1/4 anoxia 3c

 triphosphate - D₂ receptor - nitrate

1/4 Nitroglycerin (NTG)

 D₂ c ⇒ 1/4 NTG


1/2 anoxia

1/2 anoxia

1/2 anoxia

[STE m.]

[NTG - m.]

 R₂ = 1/2 R1 - 1/2

ABE - NOA = 1/2 NTG

1/2 fails

-delayed 1/2

T. transduction

 1/2 T. transduction is
 (anoxia-induced)

Denta - fungus

* Ba zoreil →

Antifungal is not
reducing

Ensidophis → asthma, atopic dermatitis

not in prophylaxis

IL-1 → Fever / Leukemoid

IL-2 → T_H1 ^{activation} helper cells

IL-3 → anaplasia

IL-6 → m. Myeloma

R_x : Anaphylaxis shock

↓
Adrenaline → antidote

↓
Intra-muscular

↓
also: high / from
intravenous (IV) administration

IV adrenaline diluted - CRITICAL ARREST

1. NSV / peripheral / unstable signals.

2. Focal & large of stroke

(< 5 mm)

→ Brain haemorrhage can kill it.

3. 'SAD' (S, A, D) - 'SAD' is a signal: haemorrhage for.

4. Bleeding diathesis

→ platelet count $< 100,000$ mm³.

5. Hypertension: systolic > 180 mmHg $\left[\frac{180}{180} \cdot 50 - 11.5 \text{ sec} \right]$

→ severe haemorrhage for.

6. Abnormal PT: PT $> 11.5 \text{ sec}$ $\left[\frac{11.5}{11.5} \cdot 11.5 \text{ sec} \right]$

PT/PTT = 11.5 sec: stroke: source of clotting factors.

→ PT/PTT = 11.5 sec

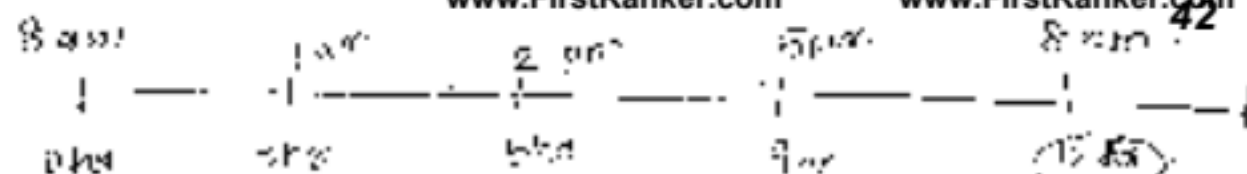
→ PT/PTT = 11.5 sec

7. Prognosis

8. Lower rate of brain tumor.

9. Lower rate of brain tumor.

10. About structure.



Approx. limit of Bromoborosis = 12 hrs
Growth ≤ 18 hrs

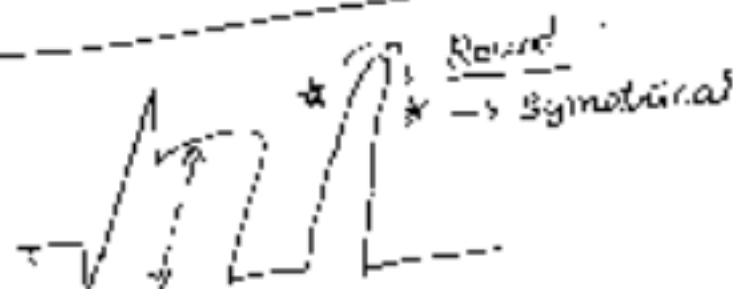
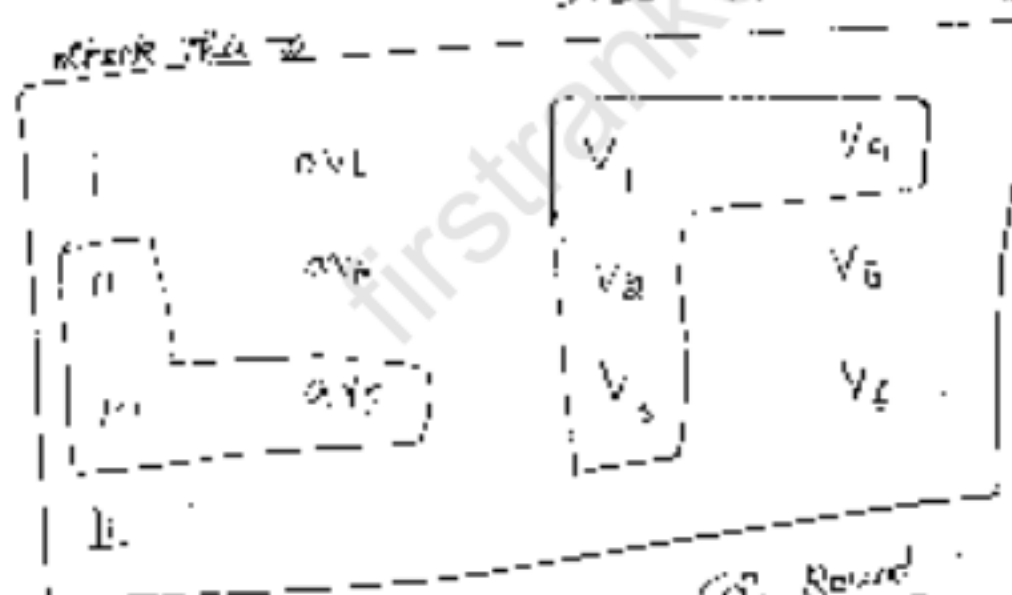
Time to reach the time $\rightarrow$ ≤ 30 minutes (from 15 min to 45 min)
(for the water comes down at 15 min)

STEP:

~~~~~

(1) At  $t = 2$  min.  $\frac{V_1 - V_2}{\text{Feed}} = \frac{V_1 - V_2}{V_1 + V_2}$  : on wall  
Feed  $\rightarrow$  in wall : in wall

Work flow  $\rightarrow$





For T

sp. m

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\*  $R_e$  - information -  $\geq 3 \text{ bits}$   
after 3 days

$\Rightarrow$   $\frac{1}{2} \log_2 \left( \frac{m}{n} \right)$  or  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right)$

\*  $R_e$  information  $\Rightarrow$   $R_e \geq 1$  (central)

then  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \geq 1$  or  $\log_2 \left( \frac{m}{n} \right) \geq 2$   
exactly value

\* 1st to 6th in 10

$\rightarrow \left[ \frac{m}{n} \log_2 \left( \frac{m}{n} \right) \right] \rightarrow$  Not specific, do not use

(\*)  $ST \& M$ :  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

NETS M:  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

Ventilation M:  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

Levine  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

udden  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

$\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

$\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

unstable  $\frac{1}{2} \log_2 \left( \frac{m}{n} \right) \rightarrow$  Not specific, do not use

If dentor present in m/c

Biphasic

Following if cause present in m/c more than 1 mm  
 for dentor  
 \* require of the following steps to be done in m/c by dentor

- (1) Check poles
- (2) De m/c
- (3) Conduct compression

(4) In m/c  
 Ventricular Irrigation

Step (1) ... for m/c & dentor

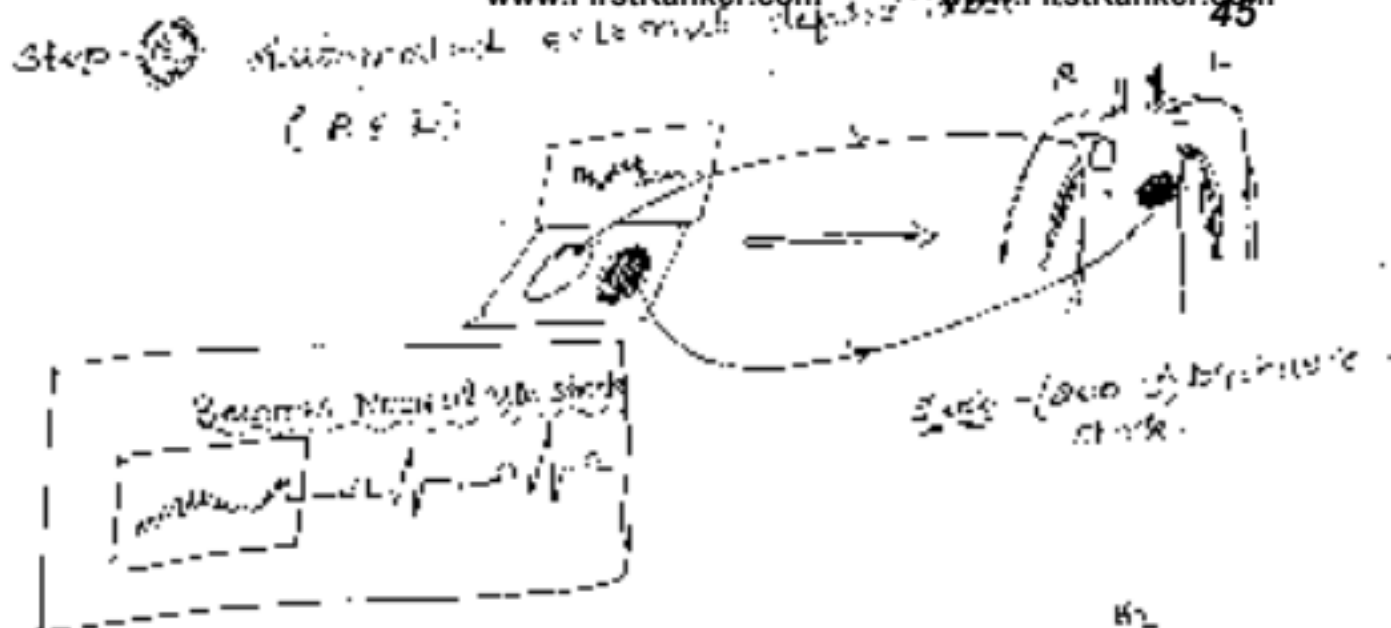
For m/c ...  $\frac{100}{100} \times 60 \text{ sec}$   
 chest compression

Check compression → after 100 - 120 / m/c

1. ... 100 - 120 / m/c  
 2. ... 100 - 120 / m/c

m/c ...  
 major ... in m/c ...  
 ... damage

m/c ... in m/c → ...



Step 2: No improvement - Repeat again

H<sub>2</sub>  
O. 10 mg

Step 3: No improvement - Repeat 3<sup>rd</sup> time

Step 4 (test): IV intubation (↑ ventilation, perfusion: ↓ hypoxia)

Asystole

Levine Sign (+)  
[Cordis] Asystole → Asystole

1. CPR (B.L.S) 30:2 & Et - 40 %

2. IV adrenaline 1 mg (diluted) (5 & 10 mg) and repeat.

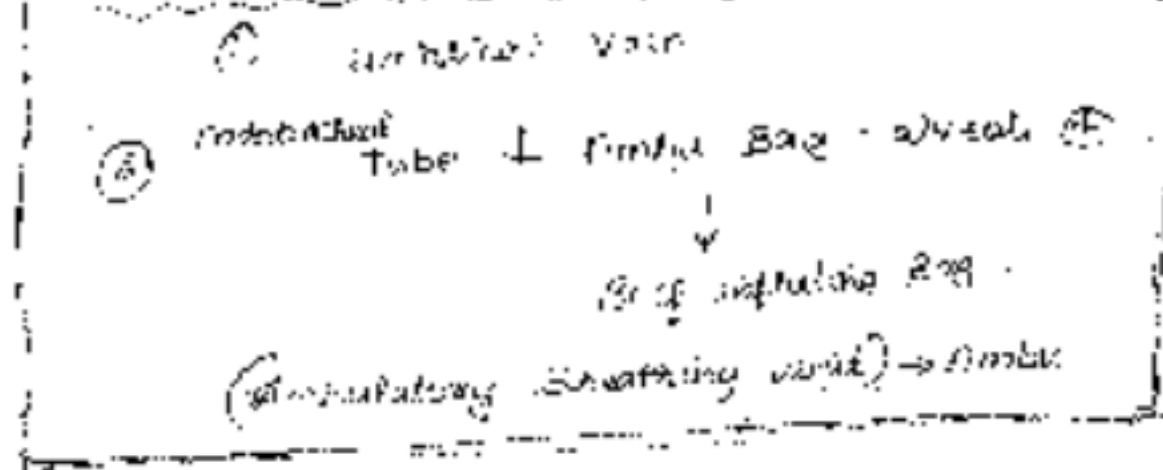
If Failed (No response) → failed attempts then.

3. IV bolus adrenaline → recommended after IV failed.

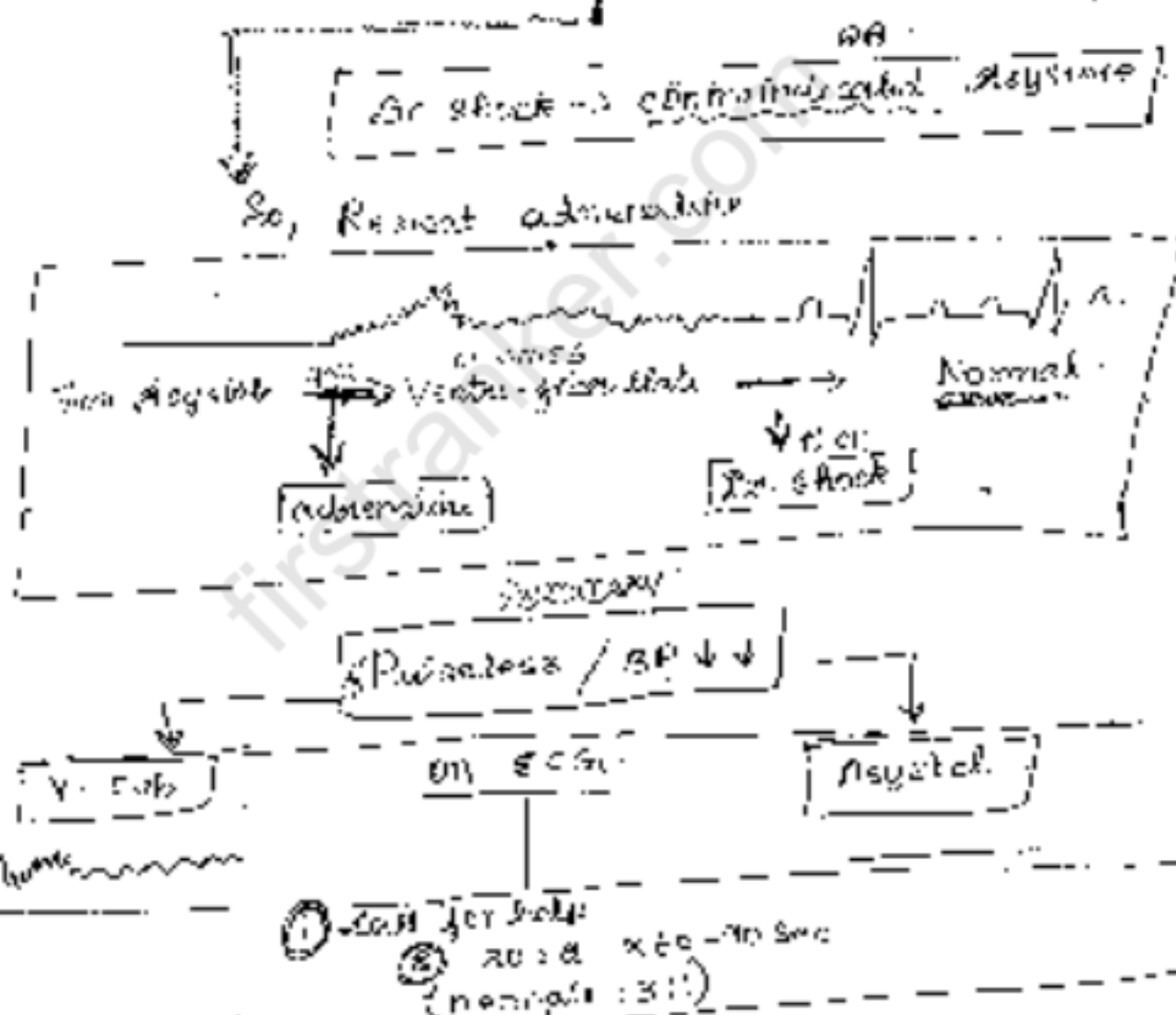
4. IV bolus adrenaline 10 mg

5. Tibial Bone Tendon Tibial Tensioning.

6. Tibial Tensioning → Venous Circulation



③ For - also showing a dysrhythmia



④ For - shock x 3.

⑤ Adrenaline.

⑥ Emergency resuscitation  
→ not for Resuscitation

⑦ 1st JET hold

⑧ Repeat adrenaline → y. Ectopic

2nd shock

atropine

Resuscitation. period

## The Resuscitation:

1.  $\rightarrow$  IV. Resuscitation  $\rightarrow$  atropine. IV.  
dantrolene

2. Indications for atropine:  
atropine (i) IV - atropine  $\rightarrow$  dilated

(ii) IV cardiac arrest  $\rightarrow$  dilated  
Ventricular - twitching

$\downarrow$   
Prolonged electrical activity

(iii) SC - BRITISH HEALTH

(iv) Induced barbiturate anesthesia

$\rightarrow$  Paroxysmal bradycardia (group)

$\downarrow$   
caused by slow - injection



(b) V. r. b. : m/c

(c) Myocardial

(d) Myocardial : Myocardial → bundle of his

→ Myocardial

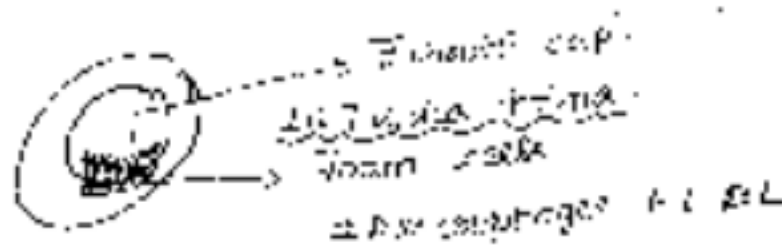
\* In the regulation of m/c : Myocardial

(i) V. r. b. : Myocardial

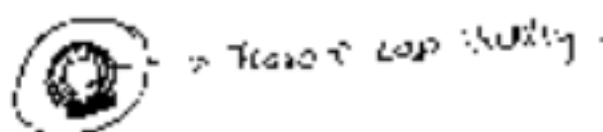
(ii) Myocardial : Myocardial

\* m/c : Myocardial : Myocardial





If smoking is 100%.



Alveolar : CEO, HFN, bronchus  
 swelling towards the pulmonary jet  
 ↓  
 hot chest pain on Exertion.  
 Erection

> 70% # Interventricular damage

Radiation : arm / fore-arm : medial  
 duration : < 10 minute

diathrosis : (4)

hot presiding vagina : after eating heavy food

ST (1) : (asymptomatic) ST (1)

So, while fast

STRESS TEST

1. Tread mill test : ↑ speed  
 ↑ incline

time to ST ↓ 2 min : 20 to 30 sec  
 : a continuous grade



MT :- (1) if contraindication for Treadmill test.

∴ paraplegia

a. Not healthy individuals · Diabetic

b. Fractures → immobilization

c. Chronic heart · Lab. m (or) rest

d. Lab. m · B/L knee · knee pain

e. Morbidity  $\frac{[MT > 10]}{[MT < 10]}$   
Only 10% more

f. Supra · intensity limit > 50%

g. Severe · double disease · cerebral syncope

h. Arterial rate  $< 90 \text{ mm}^2$  → (1)  
Severe →  $< 41 \text{ cm}^2$

i. Unstable angina  
Prinzmetal angina  
MT < 4 R.H.S. } chest pain at Rest.

Test :- (1) sensitivity test → 75%

(2) Barore produced

Chlori pour in every pair  
position  
writing.

## QUESTIONS

✓ states echocardiography

$\left[ \begin{array}{c} \text{V} \\ \text{Johndomine} \end{array} \right] B_1 \text{ } \textcircled{C} : PK + A \uparrow$   
↓  
Pharmacological stress      echocardiography

$\left[ \begin{array}{c} \text{V} \\ \text{Johndomine} \end{array} \right] B_1 \text{ } \textcircled{C} : PK + A \uparrow$

echo -  $\left( \begin{array}{c} \text{Regional hypokinesia} \\ \text{contractility} \end{array} \right)$

also BERNARDI'S microdi

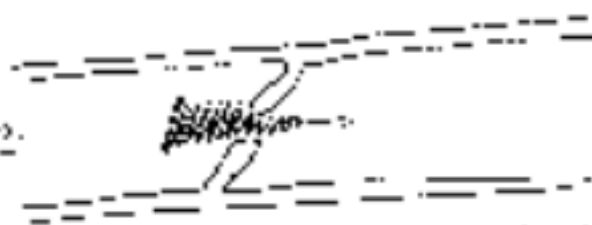
✓ Sensitivity : 80% > more accurate

## Other Test

Two methods for the diagnosis of

(1) IV Tallyum - TC : gamma camera

Tallyum Scan



L.R. is (plaque : no blockage)

(2) IV Technetium - 99 ( echocardiography scan )

Sensitivity : 90% > But expensive

Chronic stable Angina / Predicting prognosis  
(CSA) (i) Reversible ischemia.

→ Not in any coronary artery.

- (1) PE & exercise : 245% (best for CSA)
- (2) Thallium scan : 90%
- (3) Stress test : 30% → mortality about 2%
- (4) T.M.T. : 70% → 1% Test A.C.A

Rx :-

CSA → Future Risk of MI.

Best mortality & drug use ⇒ (1) → Metoprolol  
(2) → Aspirin

(3) Aspirin 150 mg

Not helpful in Mortality Reduction  
↓  
Nitrates

Prevention of CSA - Metoprolol

Prevention of acute chest pain → Sublingual Nitroglycerin (NTG)

Prevent Risk of MI in future  
1. Tab Aspirin 75 mg (low dose)  
(or)

Atorvastatin 10 mg

Oral Spray

& Relief of pain

2. General Spray NTG = acute chest pain  
(or)

Transdermal patch NTG (short acting)

3. Tab Isosorbide dinitrate long acting  
(post-branchial Angina)

Metastatic

Metastatic

Metastatic

(5) Randomly  
invasive  
Tumors

New drug

Stop smoking

Features of Metastatic Tumors

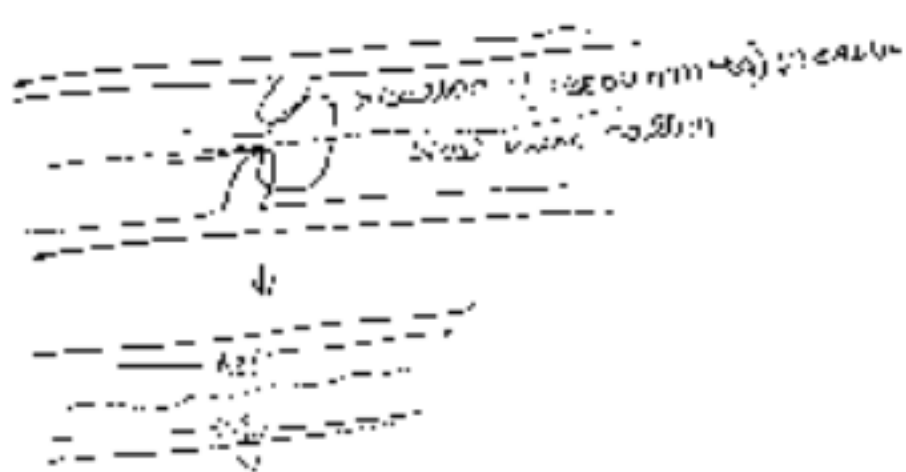
Primary site of origin  
Invasive growth  
Secondary site of origin  
Invasive growth

(Tumors / Factors etc)

1. Cells are not attached to each other  
2. Cells are not attached to each other  
3. Cells are not attached to each other

Local Time delay

Single vessel disease  $\Rightarrow$  PCI - preventing  
infection in secondary disease



Dr. S. S. S.

2004. 10:3

Entro de: Mi समय प.व. i = 7990 h e m

[illegible][illegible]

Stützpunkt  $\Rightarrow$  In present development of m3

### Stenting.

~~SECRET~~ → ~~SECRET~~

(prevent), development of amphibiousness.

Answer:

\* Strong reducing agents  $\rightarrow$  preferred (i.e.  $\Delta H$  more negative)

— Ergebnisse der Erhebungen  
zur Erhebung

4. Some natural & local





L.A.S. blocking  $\angle EF < 180^\circ$ .

best to  $\angle AJS$ .

Instructions for CUBA

(1) Triple vowel dis

(2) Double vowel phrase with multiple syllable structure.

(3) L.A.S. blocking  $\angle EF < 180^\circ$ .

Do - evaluation

(1) German

(2) Russian

(3) L.A.S. : single vowel dis

(4) CUBA : double vowel dis

(5) double vowel dis

① relief pain, exercise / monitor / food intake.

② Temp IL : ①

③  $E/E_0$  asymptomatic : ST ①

or exertion  $\rightarrow$  symptomatic : ST  $\downarrow$

Sublingual ATN . Repeat ECG : ST ①

See to Kawasaki's mechanism

100% ST ① on ①

④ JEC : ST

⑤  $10^7$  - 1000

⑥ Revascularization standard

For 4 children

CABG

indication

① SVT 100%

L.A. 30 - 50% 2

ST = 40%

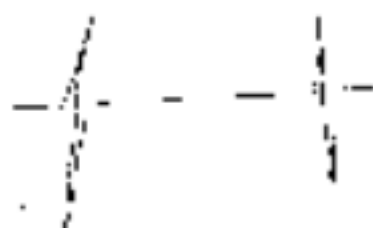
② SVT

R-2 interval

Answer 12.5



1 Large Square = 100 hpm



2 Large Squares = 100



$\left[ \frac{1}{2} \text{ Large Square} = 100 \right] \text{ hpm}$

10 Large Squares = 100

$\frac{1}{2} \text{ Large Square} = 100 \text{ hpm}$

5 Large Squares = 100

10 Large Squares = 100 hpm

10 Large Squares = 100 hpm

I

AVL

II

AVP

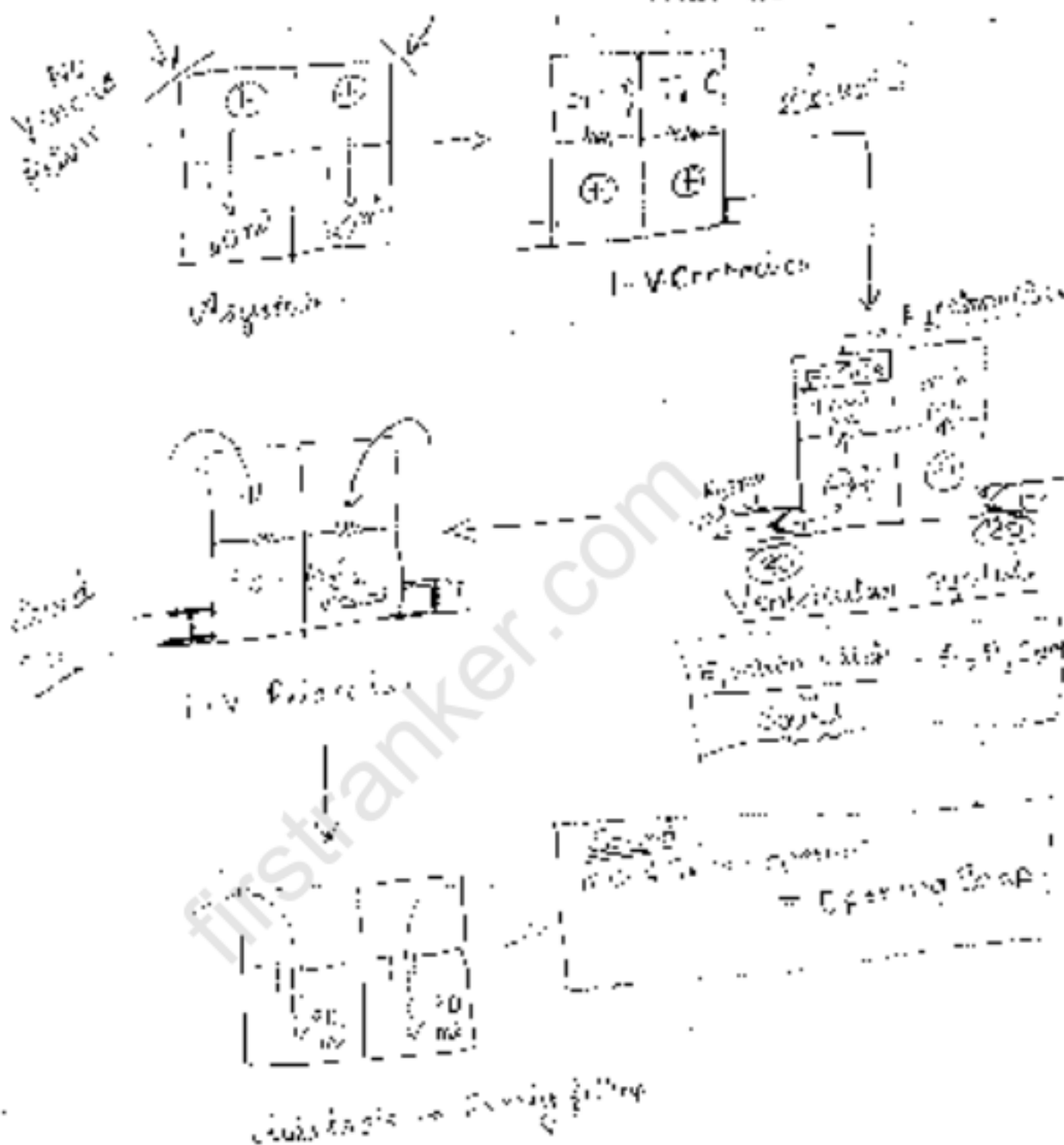
III

AVF

IV

AVR = 100

Heat source



$$T_1 = T_2 = 120^\circ \text{C}$$



$$S = \{M_{ij} \in \mathbb{R}^{n \times n} \mid M_{ij} \geq 0, \sum_{j=1}^n M_{ij} = 1\}$$


T-tube prop secured w/ handi brace. T-tube also in place  
all other vessels

Normal Voles opening = 6.6 cm<sup>2</sup> = Normal

$$* \quad \frac{1}{2} \frac{d \log \lambda}{d \log \lambda} = \frac{1}{2} \frac{d \log \lambda}{d \log \lambda}$$


① F.F.F. 0275.50.04.280000 (E-47200 or 28200) (2000)

ප්‍රතිපත්තිය  $\Rightarrow$  ක්‍රියාත්මක කිරීමේදී යොදාගන්නා ප්‍රතිපත්ති.

10/10/2020 10:10:10 AM

C/- Tapered

size of the input and output (in  $T_1$  operations)

THEORY OF THE POLYMERIZATION OF VINYL MONOMERS

Quantum map: length, position, energy

low pitch sound  $\rightarrow S_2/S_1$  / Turner plot sound

Rest and high grade fever



Z.C.C.  
- present

A. Myeloma > E.T.

Trans. recombination only.

R<sub>2</sub> := B<sub>2</sub> post-scholar

No reduction to

TB - Pan. paratubis

TB Pan. paratubis

Other pan - Rest / diffuse

Isolation : (2) responder (3)

Nerve - peroneal nerve

Respir - taken with up

1/2 - responder - Pan. paratubis fraction 1/15

ECG -



ST T - ongoing upwards

$\left[ \frac{1}{1 + \frac{1}{2} \times \text{excess}} \right]$  - mind: present

ave

P wave - T

T wave - T

ST ↓

TB - L. also - pulmonary - 1/15

$\left[ \frac{1}{1 + \frac{1}{2} \times \text{excess}} \right] \rightarrow \left[ \frac{1}{1 + \frac{1}{2} \times \text{excess}} \right]$  86

in TB

Resistors 86

(Resistor)

Subacute TB Rx:

1. Sputum for AFB
2. CXR
3. Mantoux
4. duration: Intermediate: 12 months (18-24 weeks to 2 yrs)
5. C<sub>2</sub> - B<sub>6</sub> + EC - a few days  
all patients

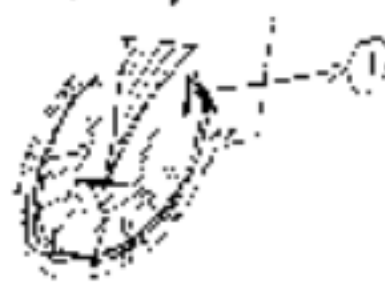
Rx: Acute tuberculous TB (C<sub>2</sub> - B<sub>6</sub>) x 6 months  
[Symptoms]



Constitutive pericarditis

→ "Constitutive pericarditis"  
↓  
"Constitutive pericarditis"  
↓  
"Complete if treated TB pericarditis"  
Type 1

we should have given [Tx] - - -  
[2-3 months]  
[2-3 months]

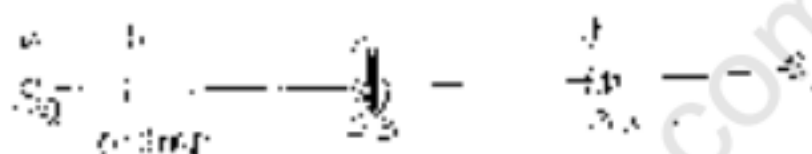


Kinematik pada benda

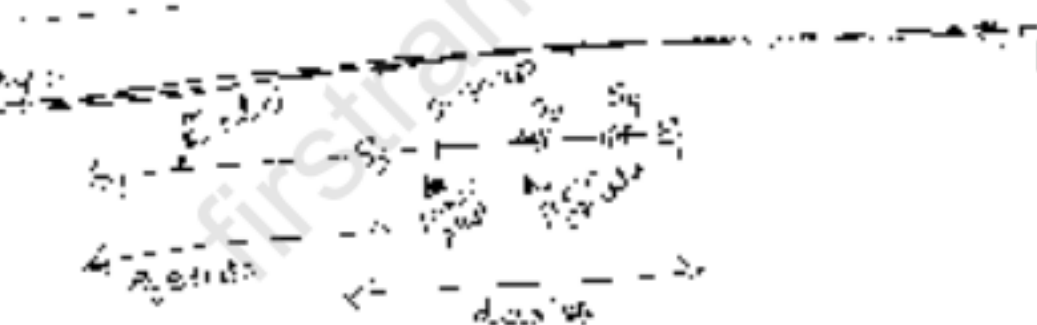
\* 1. Rotasi : ... 2. Translasi ... 3. Kombinasi ...

\* 4. Kombinasi

... 5. Kombinasi ...



... 6. Kombinasi ...



... 7. Kombinasi ...

... 8. Kombinasi ...

... 9. Kombinasi ...

unsteady state Turbulent flow at  $\delta^*$  condition

(that also is a length)

in a fluid

integrated momentum

on the primary boundary layer from  $\delta^*$  to  $\delta$  (integration)

on the boundary layer from  $\delta^*$  to  $\delta$  (integration)

on the boundary layer from  $\delta^*$  to  $\delta$  (integration)

on the boundary layer from  $\delta^*$  to  $\delta$  (integration)

on the boundary layer from  $\delta^*$  to  $\delta$  (integration)

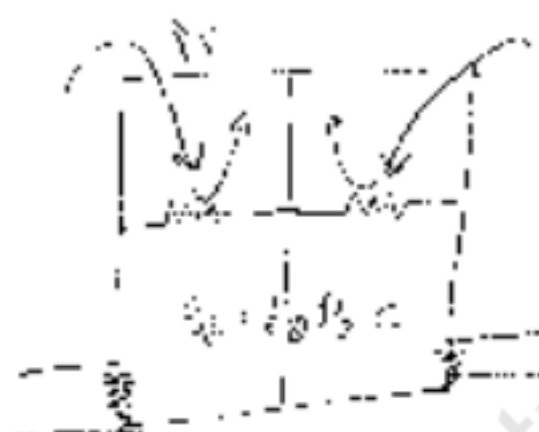
on the boundary layer from  $\delta^*$  to  $\delta$  (integration)



"a" - actual system  
units



"b" - potential well  
units  
eg - potential well  
value is upward  
direction



"c" - potential well  
units

"c" - potential well  
units  
(Potential is not)



"d" - potential well  
units  
(potential is not)



"e" - potential well  
units

• **የጋራ ጥያቄ**

$\epsilon = 1\%$ , Range Tolerated.

$\alpha = \psi_{\text{system}} \cdot (\text{a. Relativität})$

U. N. + . Paperd

2. V. chinensis

deep interpolation =  $\frac{\text{True facts}}{\text{}} \Rightarrow$  Nearest result.

Q<sub>2</sub>: Right Ventricular failure → deep inspiration =  $\frac{VP}{R_{\text{res}}}$   
 ↓  
 (compensatory ↓)      ↓  $\Delta P_{\text{res}}$

↓  
2nd 2nd 1st

Approved: Seimouhina : collector

Relative humidity: 70-80%

muscular superiority . . .

...pan verdadeira...

Ex. 4 (Positive Integers)

①

absent a wave to

deep. normal deflection

Tachycardia & Sinus ↓

② Long QT



Electrolyte abnormalities: pulmonary edema, hypoxia

Long QT Syndrome

1. Tachycardia

2. pulmonary

3. long standing valvular disease

4. pulmonary artery hypertension (PAH)

5. electrolyte

6. pulmonary long disease

③ PE

④ PE

PE



③ Complete block (or node #)

VP - Summary

①  $H_2O$  or  $H_2O$

② measurement angle of  $H_2O$

③  $H_2O$  and  $H_2O$  and  $H_2O$

④ Normal VP of  $H_2O$  and  $H_2O$

⑤ Normal VP of  $H_2O$

⑥  $H_2O$  and  $H_2O$

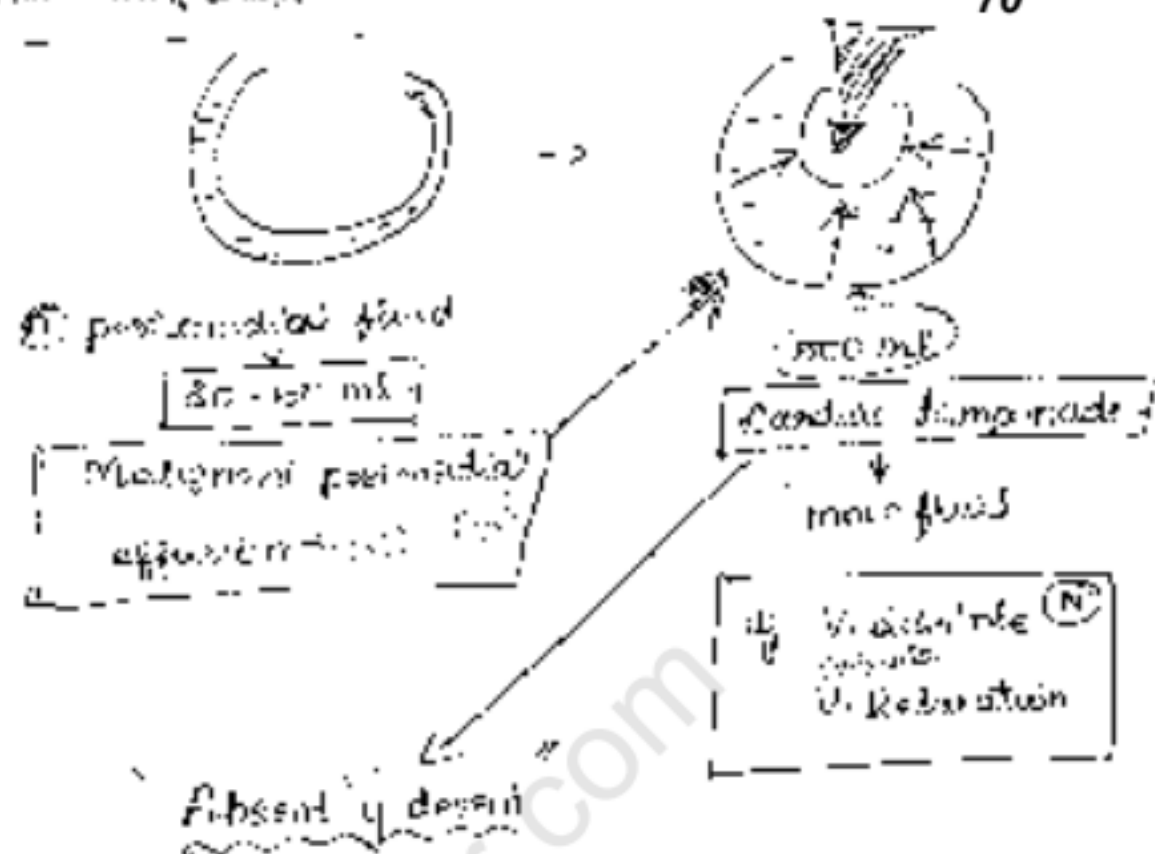
⑦  $H_2O$

⑧  $H_2O$  and  $H_2O$

⑨  $H_2O$  and  $H_2O$

⑩  $H_2O$  and  $H_2O$

⑪  $H_2O$  and  $H_2O$  and  $H_2O$  and  $H_2O$



### Cardiac tamponade

- \* Effusion is present (in pericardium but not in heart)
- \* Interpericardial pressure > intracardiac pressure
- \* Clinical cavity of heart veridical

ED ↓

SV ↓

CO ↓

BP ↓

→ pulse weak or sometimes disappears ↓

" Pulsus Paradoxus "

✓ heart is beating

✓ but No pulse

Abgrenzung: Fichte, § 40 Absatz 1

1. *Chrysomelidae* (see below)

**Figure 1**

$$f_{\text{max}} = \frac{2\pi \times 10^3}{0.01} = 200,000 \text{ Hz} = 200 \text{ kHz}$$

Freezing point depression

Ex. 1. Explain the importance of the study of the history of the English language.

USC : ↓ ↓

[illegible]

1.  $\frac{d}{dt} \left( \frac{1}{2} m v^2 \right) = \frac{d}{dt} \left( \frac{1}{2} m \dot{x}^2 \right)$

[illegible]

$\frac{\text{Number of deaths}}{\text{Ft. Person-years at risk}} \rightarrow \text{Incidence Rate}$

2. Physical

3. *Hampea* [Hampea] 1914

1. Weakness of binary association  $\rightarrow$  3rd variable disturb

1950 年 12 月 20 日  
1950 年 12 月 20 日  
1950 年 12 月 20 日

2019年12月

[illegible][illegible]

$R_{\infty}$  - is the value of the period of oscillations in steady temperature.

Student no. 12  
Seat next to right 1

When the sign is  $\frac{1}{2}$  or  $\frac{3}{2}$  the sign is  $\frac{1}{2}$  or  $\frac{3}{2}$

$$f_{11} = \frac{7.539}{1} = 7.539$$

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~~$$\frac{1}{\cos \theta} = \frac{1}{\cos \theta} \cdot \frac{\cos \theta}{\cos \theta} = \frac{\cos \theta}{\cos^2 \theta}$$~~

Q. 10. 10. 10.

(1) LV fundus: Spleen

(2) Right upper quadrant: Liver

(3) Epigastrium: Heart (cardiac impulse)

(4) Pelvis: Urinary bladder, colon (+)

So, don't find tapver. here

↓  
Ex:

Ex: 10. 10. 10.

(5) infra-axillary: Hemorrhage

(6) 1/2 Spine: Acute hemorrhage

Then, ~~the~~ = 10. 10. 10. = 10. 10. 10. = 10. 10. 10.

Massive bleed → 10. 10. 10. → 10. 10. 10.

Diagnosis: posterior bleed.

Hemorrhage

Fast 10. 10. 10.

10. 10. 10.

CT = 10. 10. 10.

10. 10. 10. = 10. 10. 10. = 10. 10. 10. = 10. 10. 10.

10. 10. 10.

Massive blood transfusion.

→ 10. 10. 10. over 10. 10. 10.

by Jannabhi

1. Grey → 16 A. (shar) → 16 A

2. Green → 16 G. (shar) → 16 G

3. Pro → 16 P. (shar) → 16 P

4. Blue → 16 B. (shar) → 16 B

5. Yellow → 16 Y. (shar) → 16 Y

14 G. → 16 G. (shar) → 16 G

Applied Carrots in Ex

① Normal color

② met. → 16 / 16

16 / 16

16 / 16 → 16 / 16

Hypovolemia shock - hypovolemia

hypovolemia shock

1. Cardiac hypovolemia

2. hypovolemia hypovolemia

Cardiac Tam → 16 / 16 → 16 / 16

16 / 16 → 16 / 16

① 16 / 16

② 16 / 16

③ 16 / 16 → 16 / 16

- 1. Abstraktiv: abstrakt
- 2. paradox paradoxus
- 3. Grafik: Kunst
- 4. SRF & W : 21. Absatz
- 5. Ungut: negativ, unpositiv

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Adipose tissue

associated with RPA  
in the

(1) = fibrotic degeneration

(2) exposed in exsufflation

(3) ORTHOPNEA

(4) Paroxysmal nocturnal dyspnea

(5) A- fibrosis of pharynx suggests the  
Hemiparesis of voice

BRUNNEN Syndrome

(6) = A- fibrosis + + = A- fibrosis

Expiratory phase of respiration  
Syndrome

Expiratory phase

(7) Expiratory phase of respiration  
dyspnea has to be

(8) Expiratory phase of respiration

(9) JVP

(10) Defectively

(11) Defectively

Defectively

Defectively

Defectively

Defectively





\* Right atrial appendage - More important

\* Right atrial appendage - More important

\* Right atrial appendage - More important

# ① STRAIGHTENING OF HEART BORDER



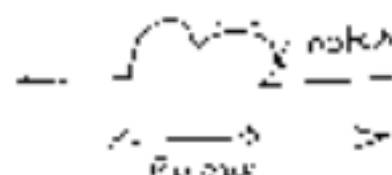
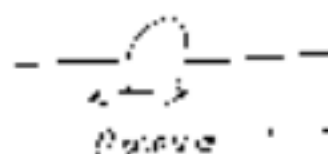
## ② Curvature of cardiac apex



## ③ Double atrial shadow in frontal



## ④ End wing shadow



Peak is  $< 100$  m.u.c.  $\rightarrow$  Resolution  $= 1.1$  (1.1)

Peak is  $< 5$  m.u.c.  $\rightarrow$  Resolution  $= 1.1$  (1.1)

$$\text{Resolution} = \frac{t_R - t_{R1}}{W_{0.5}}$$

Rx:  $\text{Resolution} = \frac{t_R - t_{R1}}{W_{0.5}}$   $\rightarrow$  If value is very small, then it is not resolved.  $\rightarrow$  Resolution  $< 1$  (1.1)

After analysis, we get the following results:

Resolution  $< 1$  (1.1)

Resolution  $< 1$  (1.1)

Resolution  $< 1$  (1.1)

\* Resolution is low

\* Not a good quality

\* Life span is long

\* No need for further analysis

②  $m \leq 1$

pm 3.45 - ... will improve  
... will work

50. *no idea - indicated.*

empty container - discarded

no. 12: 1952-1953, 1954

4 mg / 100 ml

3. Calculated m/s (not out of m/s)

3. 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349

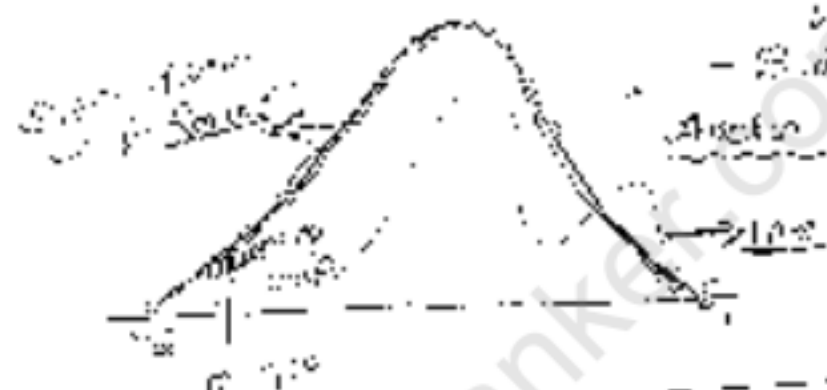
## Summary

$$\frac{D_{\text{max}}}{1 + D_{\text{max}}} = \frac{4 \times 10^{-2}}{1 + 4 \times 10^{-2}} = \frac{4 \times 10^{-2}}{1.04} = 3.85 \times 10^{-2}$$

después de haber pasado a la extracción

[R<sub>x</sub> 2001]: P.H. & Administration  
Bureau of  
and Statistics

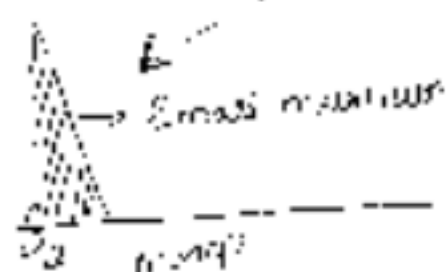
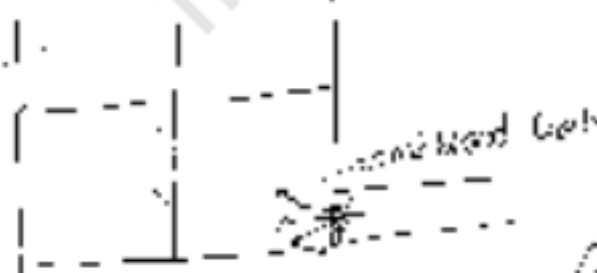
diastolic murmurs



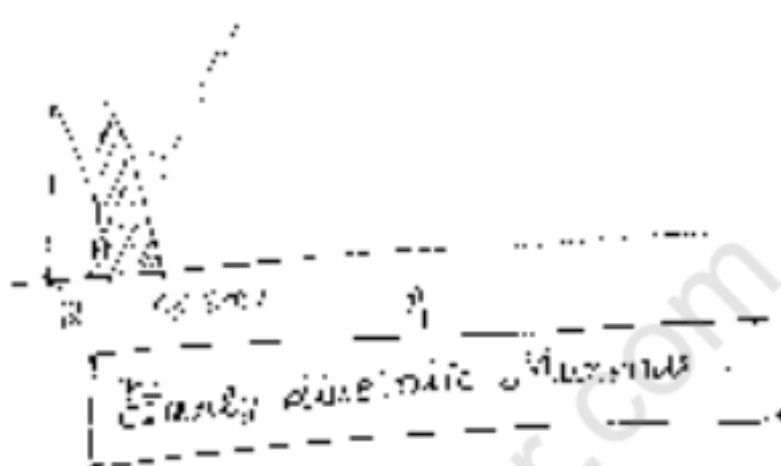
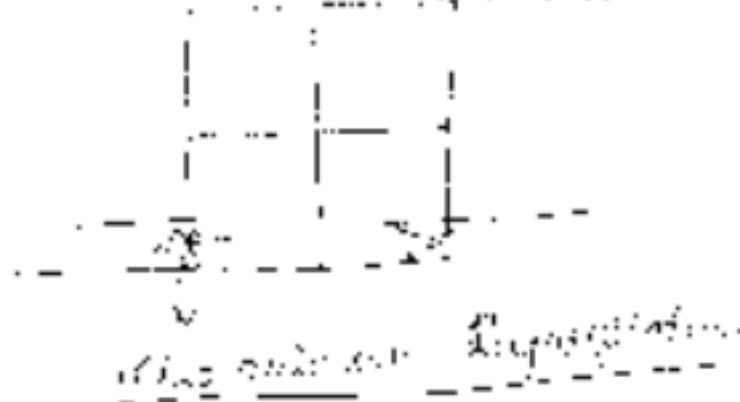
Early Diastolic Murmur

[Aortic Regurgitation]

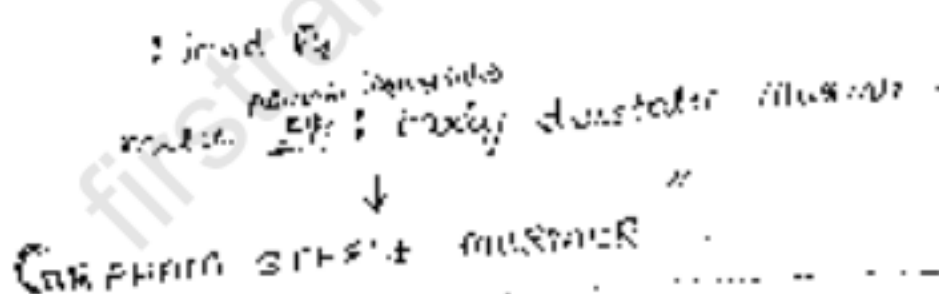
diastolic murmurs



[Early Diastolic Murmur]



Def 11 - polymerization of cyclic monomers



Ex 11 - polymerization of cyclic monomers

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Ex 11 - polymerization of cyclic monomers

Ex 11 - polymerization of cyclic monomers

Ex 11 - polymerization of cyclic monomers

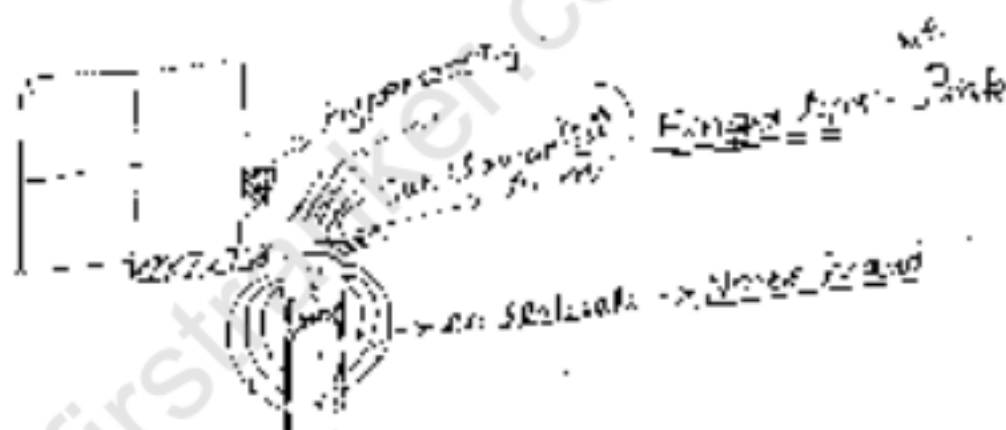
Ex 11 - polymerization of cyclic monomers

### Measurement of stress

FOA - Translation of Series

4. 9120.110 15 4307.212 ---

\* Decoded the full dr. origin. of (2) Microbiological filter.



THE JOURNAL OF THE

Type : 2 years old

① Types of Hypertension  
 1. Primary Hypertension (No known cause)  
 2. Secondary Hypertension (Known cause)  
 3. Essential Hypertension (No known cause)  
 4. Symptomatic Hypertension (Known cause)  
 5. Isolated Systolic Hypertension (High systolic pressure only)  
 6. Isolated Diastolic Hypertension (High diastolic pressure only)  
 7. Mixed Hypertension (High systolic and diastolic pressure)  
 8. White Coat Hypertension (High blood pressure only in doctor's office)  
 9. Masked Hypertension (Normal blood pressure in doctor's office, high at home)  
 10. Resistant Hypertension (Blood pressure remains high despite treatment)  
 11. Refractory Hypertension (Blood pressure remains high despite multiple treatments)  
 12. Labile Hypertension (Blood pressure fluctuates significantly)  
 13. Stress-Induced Hypertension (Blood pressure rises due to stress)  
 14. Alcohol-Induced Hypertension (Blood pressure rises due to alcohol consumption)  
 15. Drug-Induced Hypertension (Blood pressure rises due to certain medications)  
 16. Endocrine-Induced Hypertension (Blood pressure rises due to hormonal imbalances)  
 17. Renal-Induced Hypertension (Blood pressure rises due to kidney disease)  
 18. Cardiac-Induced Hypertension (Blood pressure rises due to heart disease)  
 19. Vascular-Induced Hypertension (Blood pressure rises due to blood vessel disease)  
 20. Neurological-Induced Hypertension (Blood pressure rises due to neurological disorders)  
 21. Genetic Hypertension (Blood pressure runs in the family)  
 22. Idiopathic Hypertension (No known cause)  
 23. Essential Hypertension (No known cause)  
 24. Primary Hypertension (No known cause)  
 25. Secondary Hypertension (Known cause)  
 26. Essential Hypertension (No known cause)  
 27. Primary Hypertension (No known cause)  
 28. Secondary Hypertension (Known cause)  
 29. Essential Hypertension (No known cause)  
 30. Primary Hypertension (No known cause)

⑧. Hypericic acid - found in St. John's Wort

(Kanamycin  $\nabla$  Ampicillin :  $\mu$  sensitive)

③ Left Ventricular Hypertrophy: demand is  $\uparrow$ ; angina Supply  $\odot$ .

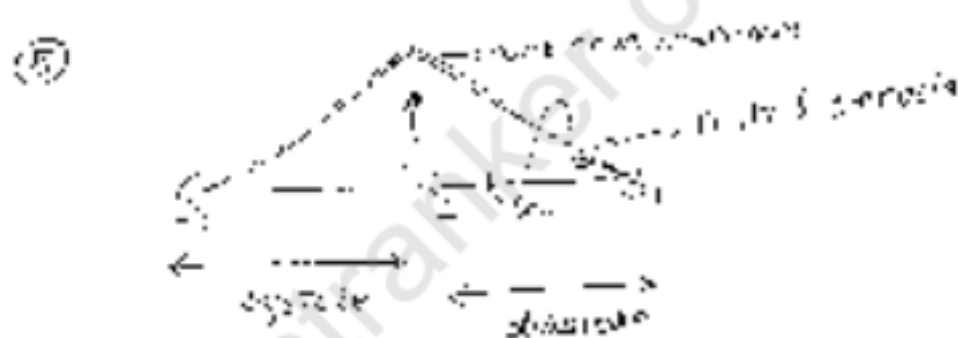
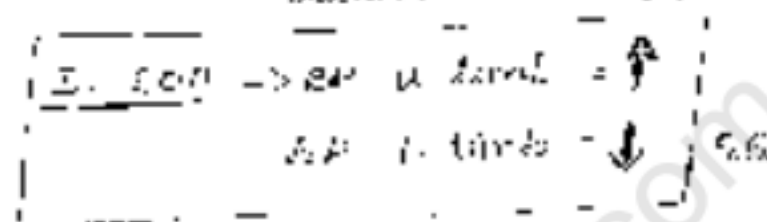


diff  
21

- (1) Wasting of leg muscles
- (2) Reflex femoral delay.
- (3) differential hypoxia / anoxia leg and torso

- (4) (a)  $20 = \frac{100}{100} \times 100\%$   
(b)  $20 = \frac{100}{100} \times 100\%$

As per the question  
is same



Centrosymmetric / as.  
- look at 20  
as per the question.

I: C of con -  $\frac{100}{100} \times 100\%$  for comparison  
But / Not invasive

Re - Hydration: [Gastric dilatation / bloating]

diff

As per the question  
(Vascular grafting)

Region

Diff: poly intra pleural fluid

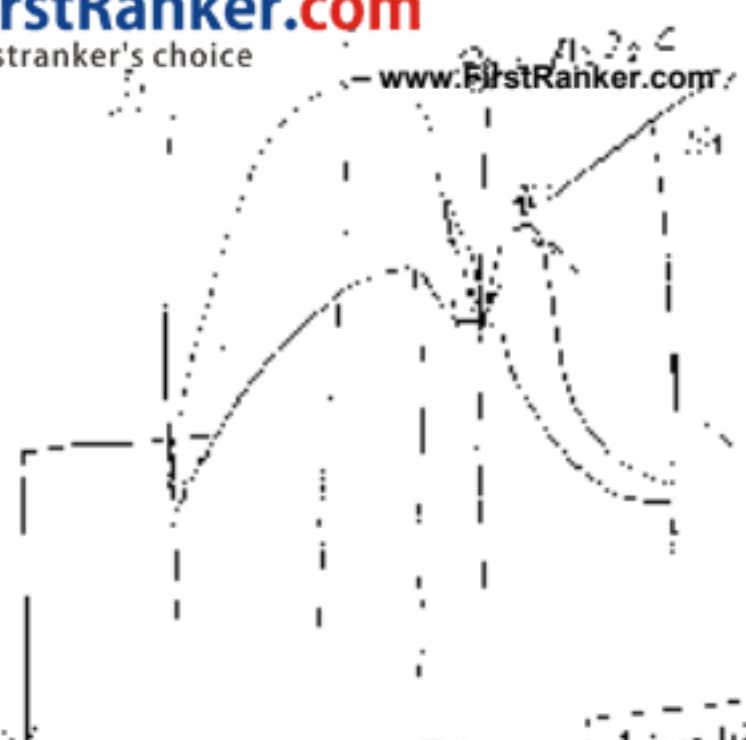
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(B) ZUCKER

- (1) COP
- (2) Patient doesn't breathe (~~in~~)
- (3) Breathing - pulmonary apnoea +  $\frac{\text{good}}{\text{low}}$  / internal monitoring - safety
- (4) Venous Hum -  $\rightarrow$  delayed veins (physiological change)
- (5) A.V fistula / sinusitis / pulmonary hypertension  
Arterio-Venous

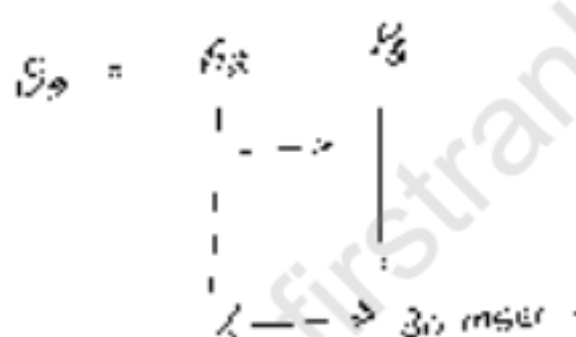
$\frac{d}{dt} \left( \frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$



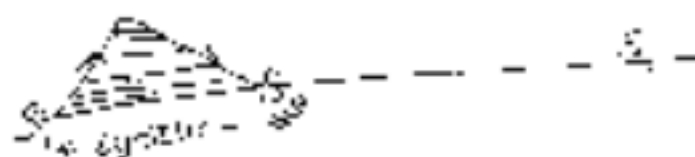


[Rise Time] [Pulse Width] [Pulse Period]

Pulse Period of positive, negative pulse



maximum pulse is least small.



intensity  $\uparrow/\downarrow$

ascending - descending

\* section system maximum

3.0.6 ist die mittlere Geschwindigkeit

$\frac{P_2}{A_2} = \text{Gesamter stat. Druck}$

Transmissivität ist die Transmittanz

$P_2$  = stat. Druck

Barometrische Werte abhängig

Barometrische Werte:  $P_1$  ist die stat. Druck

Barometrische Werte:  $P_2$  ist die stat. Druck

$P_2$  = stat. Druck

Barometrische Werte:  $P_2$  ist die stat. Druck

1. Barometrische Werte:  $P_2$  ist die stat. Druck

2. Barometrische Werte:  $P_2$  ist die stat. Druck

3. Barometrische Werte:  $P_2$  ist die stat. Druck

4. Barometrische Werte:  $P_2$  ist die stat. Druck

(N)



1. Hyperthermia due to metabolic activity



which values are

10 is - 10, 10, 10, 10, 10

the type of endoplasmic reticulum

~~the~~ endoplasmic reticulum is a network of membranes surrounding the nucleus.  
Not cytosolic

in - 10, 10, 10, 10, 10

(1) F vacuole is a large vacuole

(2) vacuole is a large vacuole

(3) cell wall structure / fiber

(4) fibrous matrix / any space

the first - vacuole - a structure

(5) primary structure of the cell is a structure  
- a structure

Q11

(1) function unknown  $\rightarrow$  find for the value

(2)  $\Delta$  of unknown value :

(3) function unknown value.

Q12.1.1. from the above table (176)

length for different activity

length for measurement  $\rightarrow$  many/poles

Q13.1.1. from the above table (176)

length for measurement  $\rightarrow$  many/poles

Q14.1.1. from the above table (176)

length for measurement  $\rightarrow$  many/poles

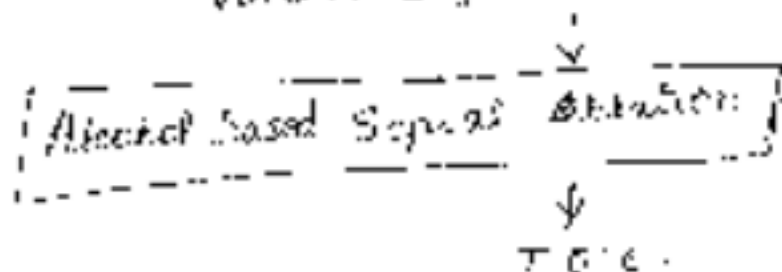
Q15.1.1. from the above table (176)

Q16.1.1. from the above table (176)



Identical H<sub>2</sub> : Temperature → 27°C

Write Injection inside the hypodermic muscle



if solution density < 1.000 = ?

$$\rho_{\text{sol}} = \frac{\text{Mass}}{\text{Volume}} = \frac{\text{Density}}{\text{Volume}}$$

ECG : myocardial infarction → Pulse = 0 bpm  
↓  
in death.

Length : Volume

(1) TUNNELS IDENTIFIERS

Pulse : Pressure → fast slowing pulse

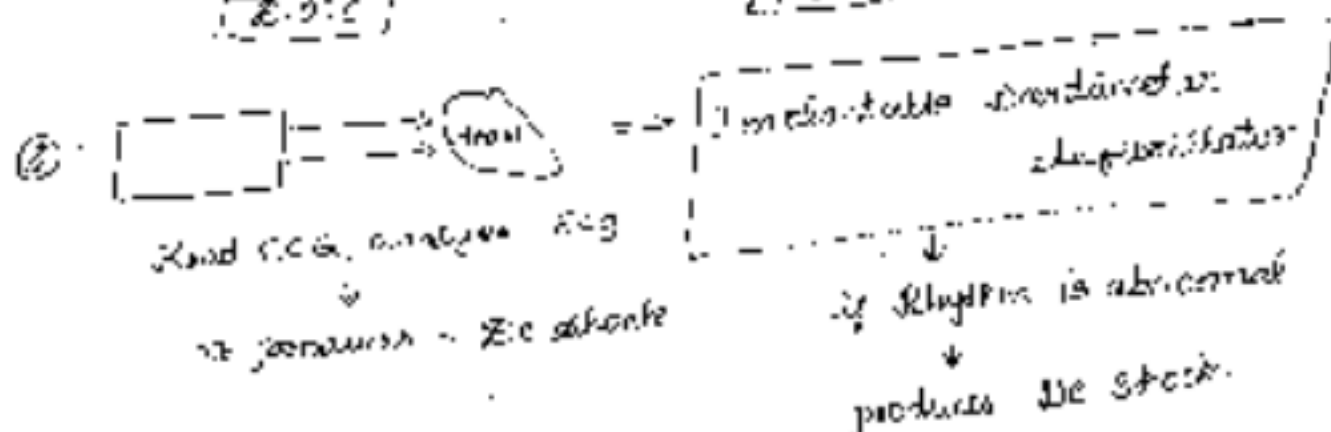
SA : normal split

Myocardium : myocardial infarction ECG (1)

T.C.C. : in quality size ↓

to find wall thickness

(2)  $\frac{T_z}{T} = \frac{\text{pressure} / \text{volume} \text{ based} \text{ density} \text{ change}}{[T.C.C.]}$





Handwritten notes:

1. IF income

don't don't

the i would be

2. Just a linear

3. room

Handwritten notes:

Variable

fixed

vs

ASE

Handwritten notes:

L

Handwritten notes:

Handwritten notes:

Handwritten notes:

Handwritten notes:

Handwritten notes:

Handwritten notes:

Handwritten notes:

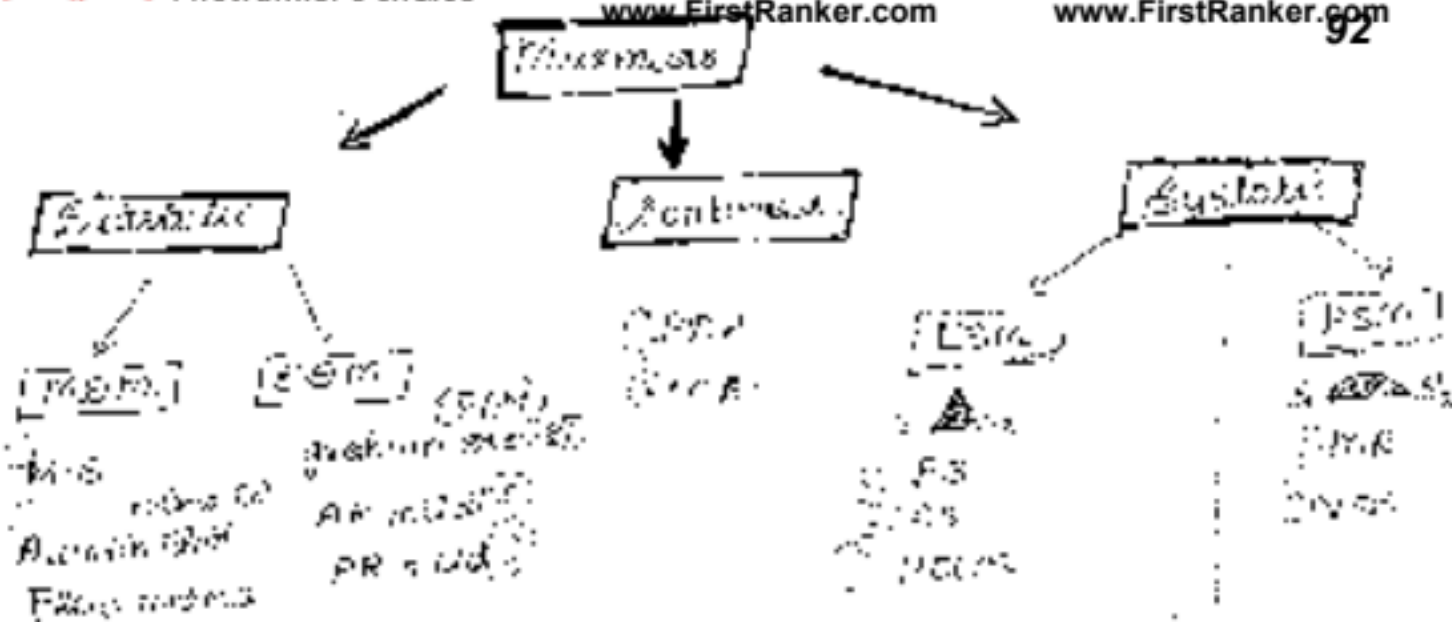
Handwritten notes:

Handwritten notes:

Handwritten notes:

Handwritten notes:

Handwritten notes:



\* Luxury Lesions → delayed diagnosis diagnosis  
diagnosis

\* acute arthritis in children = INNOCENT MISDEED

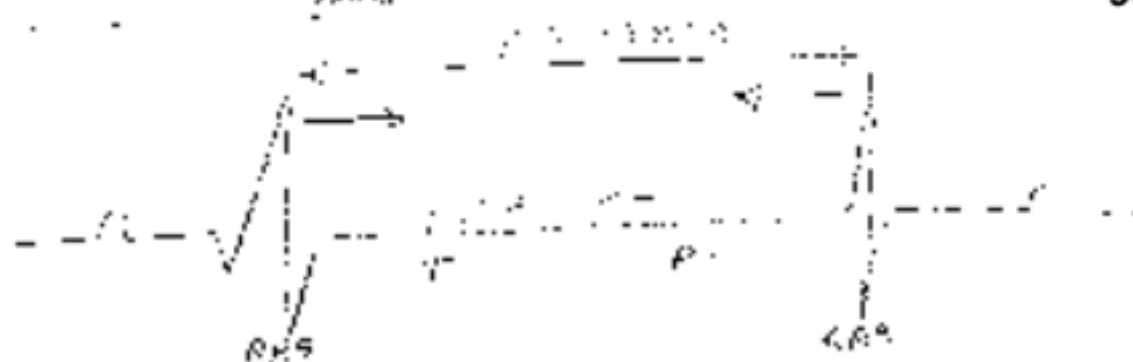
↓  
 Fever, arthritis, swelling  
 ↓  
 at first  
 ↓  
 (ECM)

↓  
 Systemic lupus erythematosus

\* mild heart disease in children = ECM (myocarditis)

\* mild systemic heart disease in Neonatal = TfR - ECM or ECM

\* mild systemic " " ECM = TfR - ECM or ECM



PR interval is  $\approx 1/4$

Normal Atrial Fibrillation (AF) (0.2 V)

Normal  $\frac{1}{4}$  : Prolonged, irregular, syncope

1st cardiac failure, 6th cardiac failure

2nd cardiac failure  $\rightarrow$  6th cardiac failure is 2nd

ventricular (V) - (V) (V) (V)

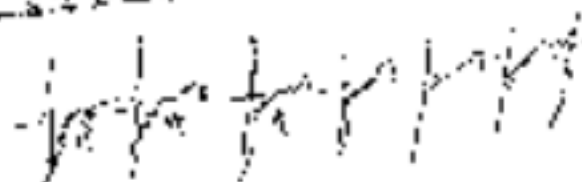
Normal in the presence of AF

1st cardiac failure

2nd cardiac failure

Normal in the presence of AF

Normal in the presence of AF



1st

① Normal QRS (no. 12 lead) 5th cardiac failure

② 5th

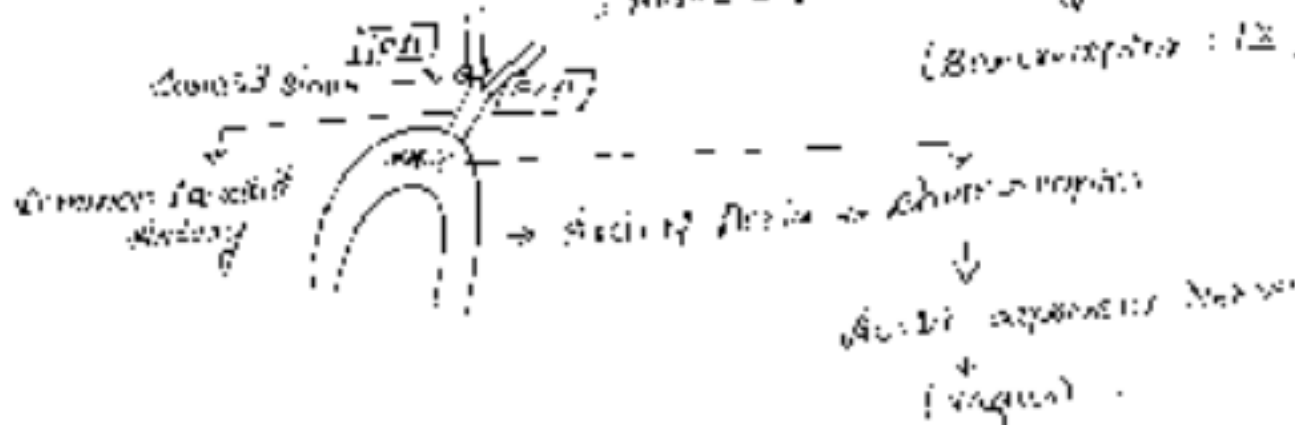
③ 1st cardiac failure / 2nd cardiac failure

④ 2nd

R<sub>2</sub> : acute apical PDL

① Coroid - Lateral message

↓  
pass a signal - Coroid Lateral message  
(Biomimetic : 12)



② In the message - I. to angle of jaw

In pedicle - I. to angle of jaw  
↓  
I. to angle of jaw

③ In the message - I. to angle of jaw

↓  
I. to angle of jaw (PDL) s.  
↓  
I. to angle of jaw

↓  
I. to angle of jaw (PDL) s.

Coroid PDL

↓  
I. to angle of jaw

↓  
I. to angle of jaw

Wieder in der Vorlesung (10) 10.10.17

Neu Terminieren: 10.10.17

11.10.17: 10.10.17: 10.10.17: 10.10.17

10.10.17: 10.10.17: 10.10.17

10.10.17: 10.10.17: 10.10.17: 10.10.17

Vorlesung: 10.10.17

Vorlesung: 10.10.17

10.10.17: 10.10.17: 10.10.17

(1) Basis  $\frac{a^2 - 1}{a - 1}$  komplex / 10.10.17 10.10.17 10.10.17

(10.10.17: 10.10.17: 10.10.17)

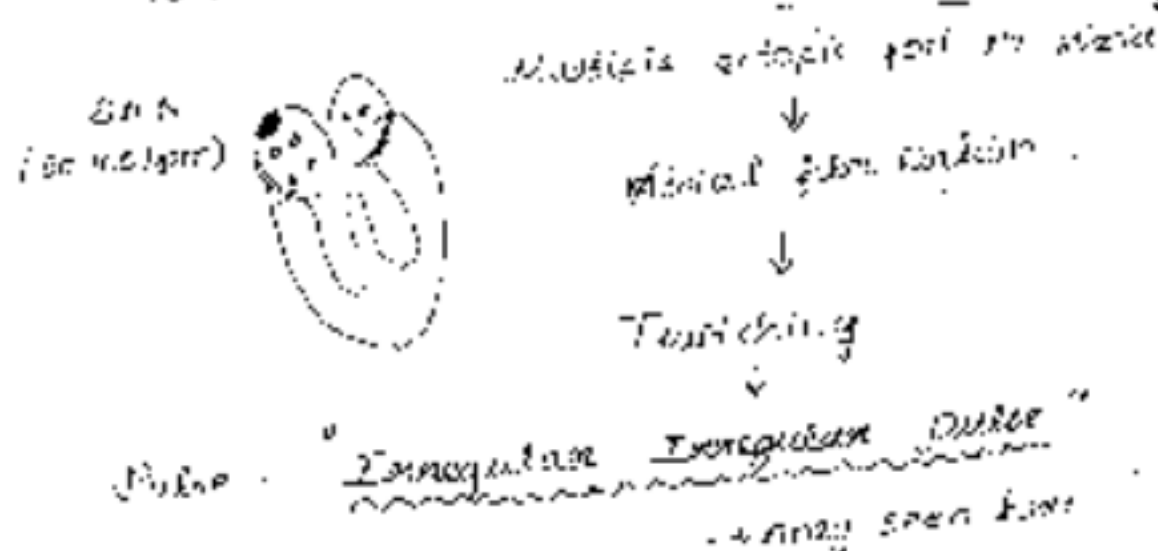
10.10.17: 10.10.17: 10.10.17

10.10.17

10.10.17: 10.10.17: 10.10.17

10.10.17: 10.10.17: 10.10.17

10.10.17: 10.10.17: 10.10.17: 10.10.17



45 yr. Female (diagnosed with atrial fibrillation)

Range : drinking

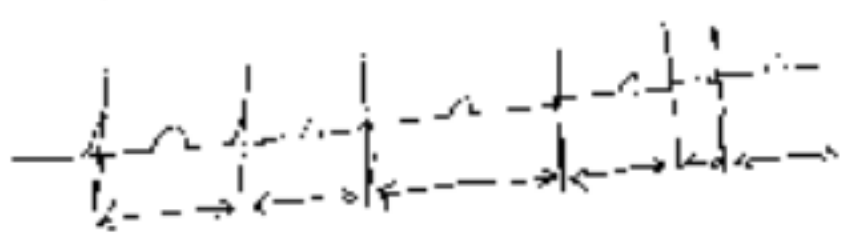
d/c : hypertension, diabetes, dyslipidemia

d/c :- Pulse } sinus measurement 3 minutes  
① resting } in supine position

Findings : Fast, irregularly irregular

HR = 100/120 bpm

③ ECG :



① P wave : absent, irregularly irregular

② P wave : absent

③ R R ↓



Q.

(1) Rate constant is a function  
 of  $\Delta H^\ddagger$  & activation energy  
 $\uparrow \Delta H^\ddagger$   $\uparrow \Delta G^\ddagger$   $\uparrow \Delta S^\ddagger$

(2) T.F. ionic radius of soft anion approaches  
 $\downarrow$   
 Car. ions interaction

Ex. Since "FirstRanker.com" is "FirstRanker"

Higher the rate of reaction  
 chemical conductance

$\downarrow$  rate  
 chemical conductance  
 for a given (size & shape)

Rate constant

(1) Rate constant

(2) rate constant is a function of temperature  
 $\Delta H^\ddagger$

(3) chemical conductance

(4) chemical conductance

Handwritten:  $\frac{1}{2} \log \frac{1}{2}$

Philip Chelton

Administrative

$$\left[ \frac{\partial}{\partial t} + \vec{v} \cdot \nabla - \frac{1}{2} \nabla^2 \right] \psi = 0.$$

\*  $\frac{d^2 y}{dx^2} = \sin x$

$$\delta_{\text{Joule}} = \delta_{\text{Joule}} \cdot \delta_{\text{Joule}} \cdot \delta_{\text{Joule}}$$

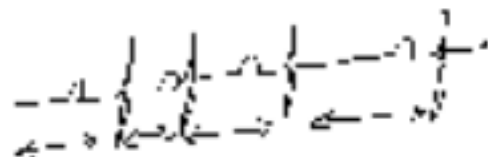
\* Location - Levee on main  
estuary

\* *Location. Multiple.*

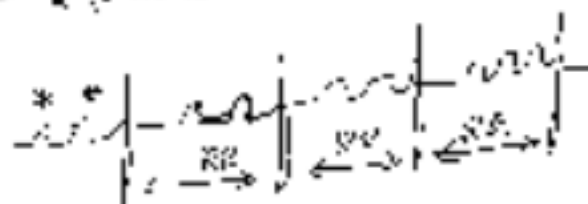
\* a/c *palakot* - 01721023, 01721023

2.  $f(0) = 0$

4. பெயர்



५. अनुसूचित जाति २.२



\* English Version

\* Saw 10.4% outflow

P. L. N. v. G. v. B. v. C.

2.  $T_X = 1^{st}$  time :  $\varepsilon \sin(\omega_0 t)$

✓ responsible ✓

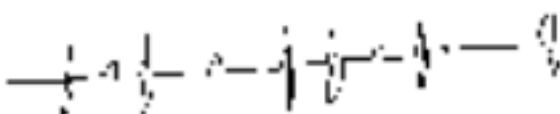
Regimen: 130 + 130 = amiodarone.

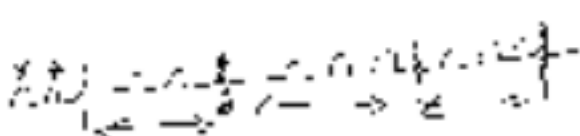
22. 3. 4

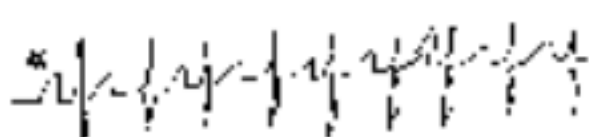
Dec. 2006

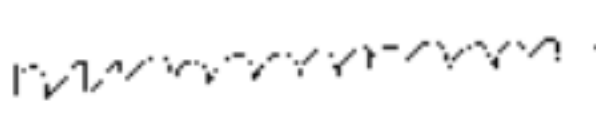
→ 80-90 J  
(ca. 100 J from heart)



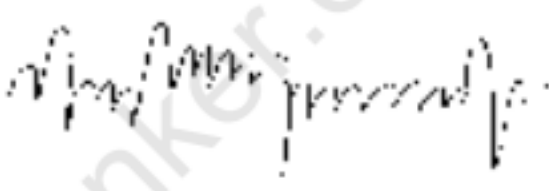
1. Fibrillation →  sinusoidal

2. Flutter →  sinusoidal

3. Atrial →  sinusoidal

4. Ventricular (Ventricular) →  sinusoidal

5. Ventricular (Ventricular) →  sinusoidal

6. Polymorphic Ventricular →  sinusoidal

7. Torsades de pointes →  sinusoidal

firstranker.com

Revised IEP

(h) IEP is - Summary of

independent work materials

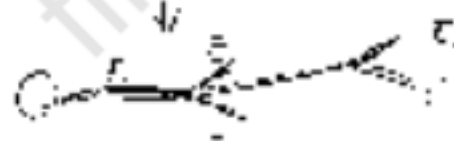
Revised IEP

1. Revision  $\swarrow$  head high.

2. Maintaining / changing / decreasing diameter  $\rightarrow$  ( $\downarrow$  stress in strain)  
is by plastic deformation  $\rightarrow$  axial diameter



Deformation  $\rightarrow$  (axial deformation)



Deformation  $\rightarrow$  (axial deformation)

axial diameter

axial diameter

3. Ventilationsstörung → Sauerstoffmangel

Lungenarterielle Ventilation

↓

hohe CSF

CSF-Drainage durch: Dr. lateral dem Ventrikel.

Wasser

↓

\* Cerebral Ödem → Schwellung.

\* Cerebral Ödem: Druck → Druck auf CSF.

Subarachnoid System

4. Sedation: Propofol  
Diazepam  
Midazolam

+

Neuro-muskuläre Paralyse → auf put on Ventilator.

5. Ventilator (positive Druck Ventilator).

P. kohl ff: CO<sub>2</sub> Monitor.

CSF shunt plexus capillaris  
Vasokonstriktion

↓ CSF production

↓ CSF Reabsorption

CSF @ 20 ml/hr  
Total CSF = 100 ml/hr = (N)

## TIER II Therapy

- ① Phenobarbital - COMA -  
 Metabolism -> metabolism &  
 Excretion chances ↑

- ② Therapeutic Hypothermia

Hypothermia : 32°C (shunt blood in cerebral artery)  
 (by brain)

- \* Most effective Method to lower Brain ICP.

Ventriculostomy

Sign : Mantoux & CSF analysis

Brain death

- \* Brain stem death

- \* Corneal reflex : Spontaneous finger movement possible

- \* Gag reflex : Spontaneous Reflex elicitable

↑  
 REVERSIBLE COMA

↓  
 Drug overdosage / hypoxia / asphyxia / electrolyte imbalance / infection

↓  
 1st. Naloxone



↓  
 Electrolyte levels

↓  
 Infection



① Light Reflex (B. 3) - pupal reflex  
Tr. medulla      No resolution to light

② Corneal Reflex (B. 4) - Blink R/L  $\Rightarrow$   
Tr. medulla

③ Eye Reflex (a, 10) - Pupillary  $\Rightarrow$   
Tr. medulla

④ Accommodation Reflex

Conc.  $H_2O$  - 30' c (water in eye) - Irrigation

Warm  $H_2O$  - 44' c (water in cornea)

Tonic divergence eyes - Same eye  
 For - Nystagmus - opposite  
Tr. medulla

Itax  $\Rightarrow$  No eye movement

Caloric D. test - negative

⑤ Acoustic Reflex -  $\Rightarrow$

Turn head  $\Rightarrow$  No eye movement

Both eyes follow -  $\Rightarrow$

⑥ Disconnection from vestibular

PC<sub>4</sub>  $\uparrow$  Tr. medulla - Tr. medulla

Absence of spontaneous breathing efforts

⑦ EEG characteristics - - - - -

Flat iso-electric line  $\Rightarrow$  30 min

⑧ As to  
Arteries  $\Rightarrow$  no flow of blood

$\Rightarrow$  Brown skin



↓  
organ of origin metastasis

- (1) Stomach → Liver metastasis (carcinoma)
- (2) Lung → Brain metastasis (carcinoma)
- (3) Liver → Lung metastasis (carcinoma)
- (4) Breast → Bone metastasis
- (5) Pancreas → Liver metastasis
- (6) Small intestine → Liver metastasis

↓  
in organ disease

- (1) Small intestine → Liver disease (carcinoma)

→ Transferred Organ

From Bone → Liver metastasis (carcinoma)

Stomach, Lung, Liver, Bone (carcinoma)

Small intestine and chronic liver disease

Head injury

History: (5) Abnormal

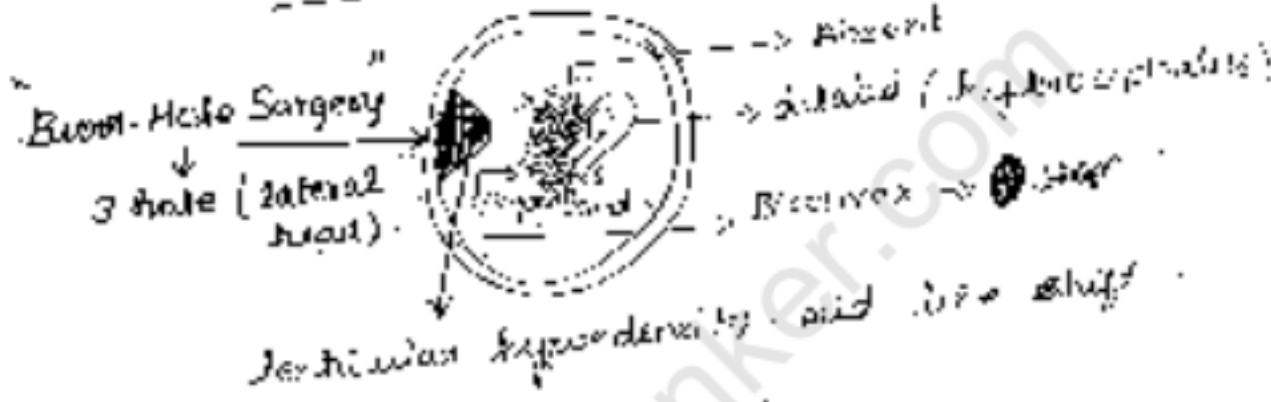
Intermittent → conscious → Hospital →

Intermittent

Intermittent  
all responsive

slight  
death

PT. Case - all signs



Burr-Hole Sy → Remove blood

now ant to coronal suture  
12m post " " "  
operation

[T.O.C.] - decompressive craniectomy  
↓  
Remove tumour (now dead top)

Risk - crash  
Sports Related accident  
→ F. tra. - dural haemorrhage





① Babinski Reflex

↑  
Normal Reflex - (9) Toe  
+  
Fanning Small Toes

[Babinski Sign (+)] → Brain Damage  
(drop test, upland - pharyngeal)

② P<sub>1</sub> & hyperkeratosis foot

we do, lateral malleolus → little toe

↓ Same finding  
[Lateral foot sign (+)] → Brain Damage

△ Nerve function examination - SW

Concave - normal



Concave - Concave bridging Vein

Lx - concentration

Chc's & c - come → permeability



EEM - multiple hemorrhages

SDH - unilateral expanding Vm

→ cerebral

Bornig → brain, focal hemorrhage

→ microscopic bleeding in (brain tissue)

↓

Paraneoplastic → akusietic - malignant

↓

↳ Dementia

rigidity of verbal output

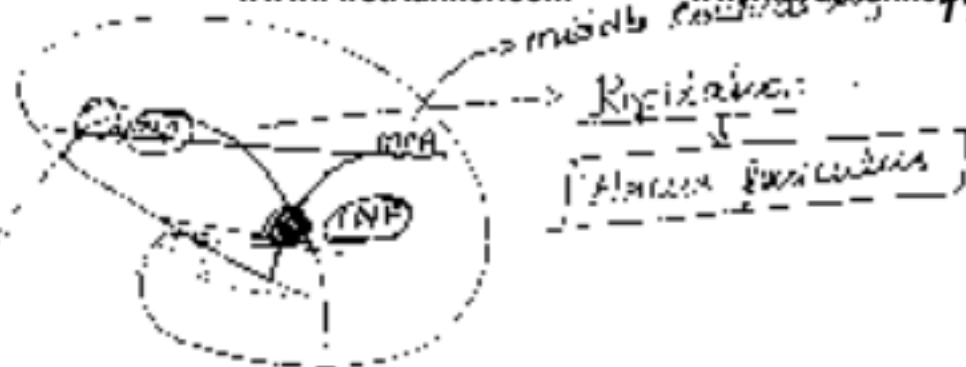
→ Ferns like the

anti-social behaviour

aggressive behaviour

CRITICS





[Brain free]

Expression

Fluency

Syntax

(grammar)

[Wernicke comprehension]

\* Receptive Aphasia

\* SPEECH

Disjuncted speech  
(Changes input)

\* word salad

\* Expressive aphasia (can understand but can't express)

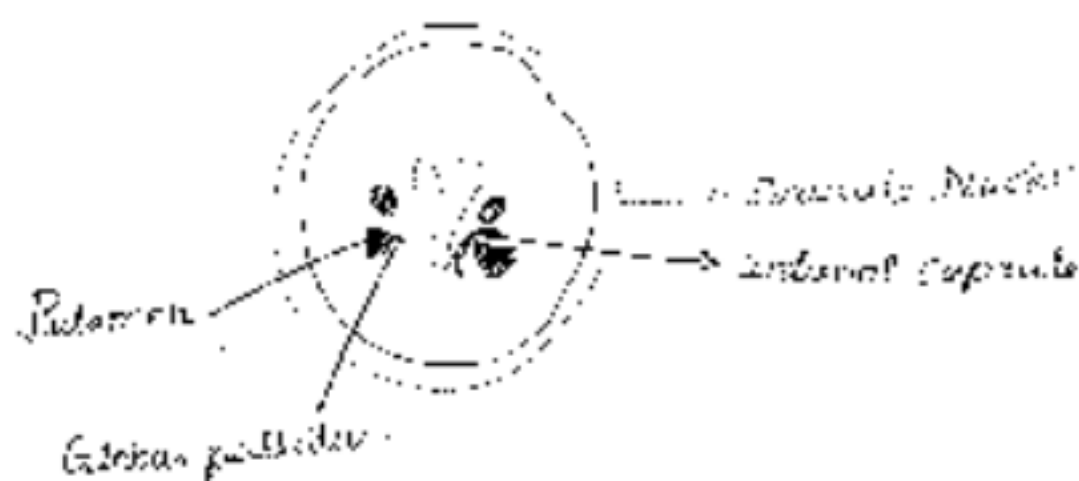
[Middle cerebral Artery: lateral lobe  
branches]

50% of C.E.O. strokes, 10%  
Stroke involving

2/3 of anterior - motor facial asymmetry  
" " " Aphasia  
" " " inability to use object  
(R)

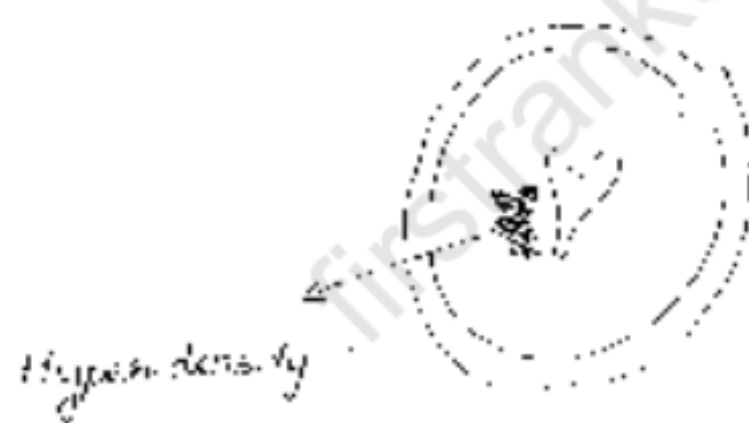
Left MCA territory stroke





or  $\text{m/c}_{\text{m}} \text{ newage} \text{ similar} :: \text{Pulmon}$

or  $\text{Antony of blood} :: \text{Karyokinesis of very matured Pulmon}$



Inter-parachyma binding

$$\frac{G}{S} = \left[ \frac{\text{Hypodermis} \text{ Cases/} \text{Emagery}}{\frac{2 \times 40}{130} = \text{proportion}} \right]$$

$$\frac{K}{S} = \left[ \frac{\text{Karyokinesis}}{\text{proportion}} \right]$$

or  $\text{newest} \text{ or}$

decompressive

newest or  $\text{proportion}$

$K_S :: \text{IV} \text{ Pulmon} \text{ (or)}$

$\downarrow$  aggressive  $\text{Karyokinesis}$   
 $\text{proportion}$

Hypertensive crisis

$$M_{\text{eff}}(M) = \text{ACE} \in \mathbb{D}$$

11 IN 3042. Not a variable.

1978  $\beta_{\text{C}, \text{Q}} = 4.6^{\circ}$

[Per. JNC. 8] = Ch. 2

03/03/2000 - 11:11:11 AM - 11:11:11 AM

Tissue - paraffin/rapid freezing

1. Researcher's position
2. Qualitative research design
3. Methodology: Research elements (integrating epistemology, methodology, research)
4. Research design + Researchable intensity.

m/c Cause of hypernatremia (cause) = essential hypernatremia (not  
 m/c cause of hypernatremia hypernatremia, renal parenchymal disorders  
 m/c cause of hypernatremia in particular renal parenchymal disorders

Causes for hypernatremia

...  $\text{H}_2\text{O} \rightarrow \text{Na}^+ \rightarrow \text{Diarrhea}$

Renal dysfunction

if untreated is, result of sodium of  
 m/c hypernatremia drug

Causes

- (1) Non-renal causes (not a drug for m/c)
- (2) Renal causes (m/c)
- (3) Renal causes (m/c)
- (4) Diarrhea, diarrhea
- (5) Adrenal causes (m/c)

m/c cause of hypernatremia (diagnosis of hypernatremia)

m/c cause of hypernatremia (diagnosis of hypernatremia)

m/c cause of hypernatremia (diagnosis of hypernatremia)



Parietal lobe:

Abnormal parietal lobe Left side

- 1. Mutila (finger)
- 2. Anatomical position. Test
- 3. L → Right Lateralisation
- 4. Speech.

Acute lateral  
Agitation

Finger Agitation

Agitation of hand.

Acute lateral Agitation: Acute lateral Agitation, Finger Agitation.

Non-dominant parietal lobe Right side

Various spatial skills eg.  $\Delta$   $\nabla$

Approximate  
(constructional)

Neglect of non-dominant side

$$\begin{aligned} \text{Methyl - formyl - methyl - methyl} &= \text{Methyl - formyl} \quad (5) \\ \text{Methyl - formyl - methyl - methyl} &= \text{Methyl - formyl} \quad (6) \end{aligned}$$

1. Antagonistic interaction - loss of shared. common territory
2. Competitive interaction - Toxic substances / food  
 common to both species  
 resulting in death
3. Vertical transmission - "Vertical transmission" of  
 (1. parent to offspring)
4. Horizontal transmission - from host
5. Formal transmission - the transmission

[illegible]

$\frac{1}{\sqrt{1-\beta^2}} = \frac{1}{\sqrt{1-\frac{v^2}{c^2}}} = \frac{1}{\sqrt{1-\frac{1}{100}}} = \frac{1}{\sqrt{\frac{99}{100}}} = \frac{10}{\sqrt{99}} \approx 1.005$

$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}}$

$\text{HNO}_3$  attacks  
 $\text{HNO}_3$  attacks

К. 1. - 4112 0/4 - 2016 г. 1. 10. 2016 г.

1. Anticipated Behaviour

2. Personality change

3. Abnormal behaviour

Reproductive health / conduct of primary - secondary

4. Quality of work of interest in study population  
or Sex drive

5. Appearance of primitive reflexes - Rooting Reflex, Sucking Reflex

Baby: Rooting Reflex - when we touch the baby's cheek, it will turn towards it.  
↓  
Possible upto months of age

Gross Motor - possible upto 4 months of age

Fine Motor - possible upto 6 months of age  
↓  
Never Response!

6. Abnormal: Lack of desire to speak

7. Abnormal: Lack of desire to speak  
eg. if the baby comes for milk and does not suckle, might be not eating.

8. Abnormal

1. Vascular degeneration of the eye

a. 1955



Hemorrhagic degeneration of the retina

Because of the blood supply to the retina

3. 1955



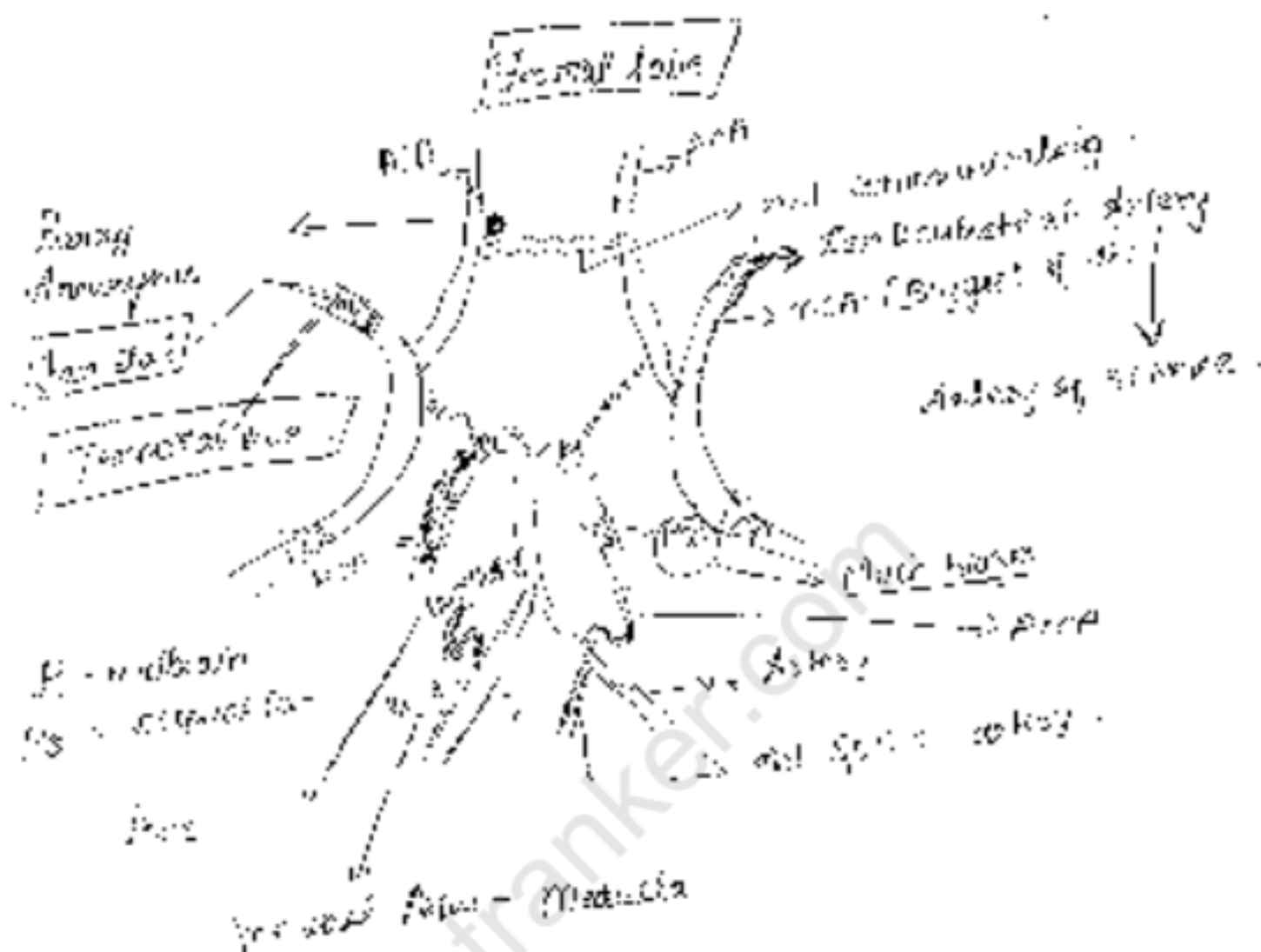
retinal detachment

Good. 1955. VISION

Retinal detachment

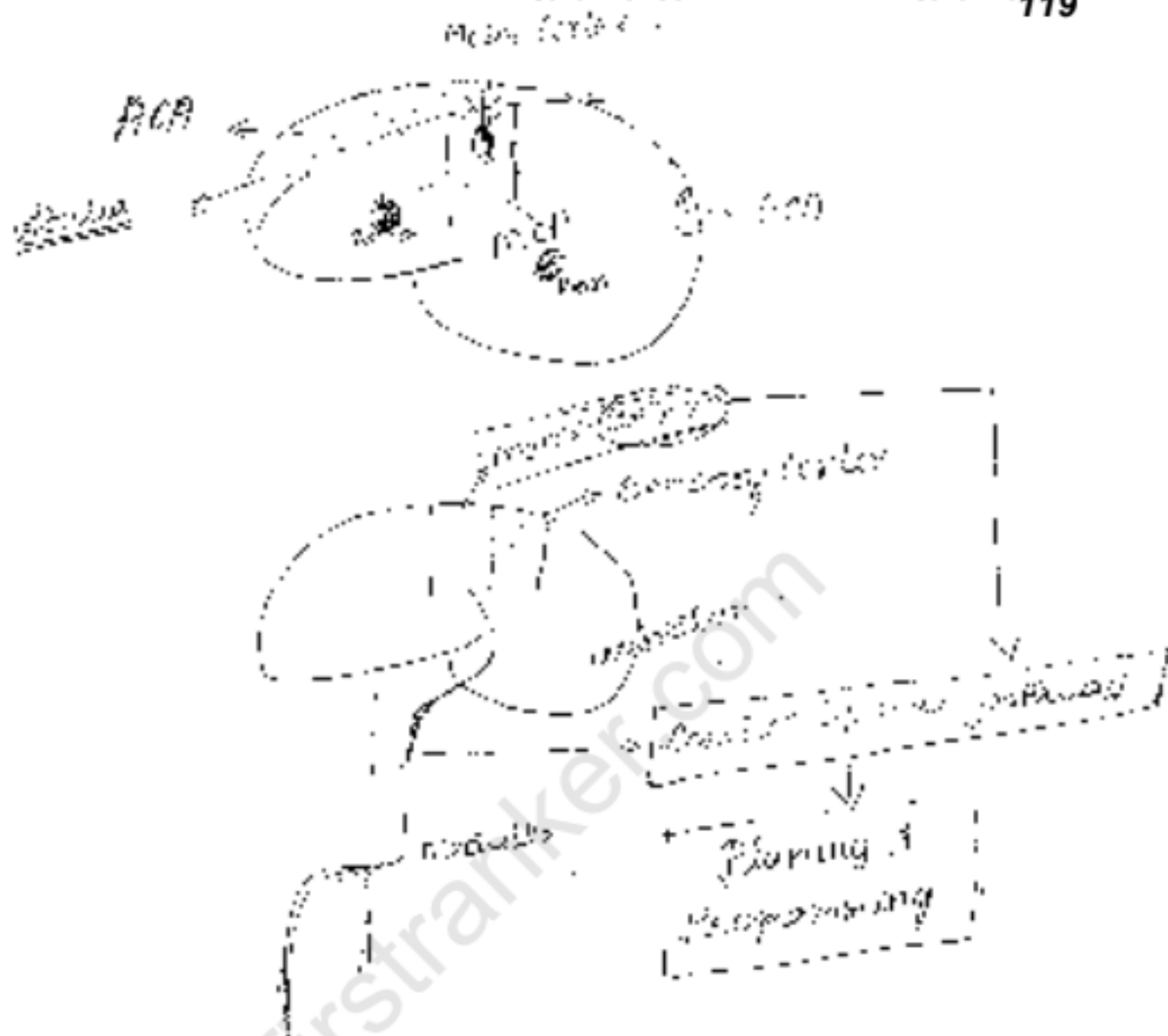
Reported jumping in the eye  
Reported falling





Q. What is the function of the axon?

Ans: The axon is a component of the neuron that carries electrical impulses away from the cell body.



Embryology:

1. 1st trimester - 1st trimester

2. 2nd trimester - 2nd trimester

3. 3rd trimester - 3rd trimester

if ACA # <sup>spiral</sup>  $\rightarrow$  L/R superior Myopia  
 hyperopia

Hyperopia - Anterior  
 large accommodation  
 vision

if ACA #  $\rightarrow$  L/R superior L/R / Norm / Tonic  
 - weakness -

No path to leg

L/R #  $\rightarrow$  vertical diplopia

L/R #  $\rightarrow$  diplopia

hyperopia

ACA #  $\rightarrow$  visual fluctuation - vertical diplopia  
 fundus examination - (1)  
 ESR - (2)  
 in visual evoked potential - (3)

if ACA #  $\rightarrow$  present at high altitude  
 increasing to no limit

1<sup>st</sup> fundus - (1)

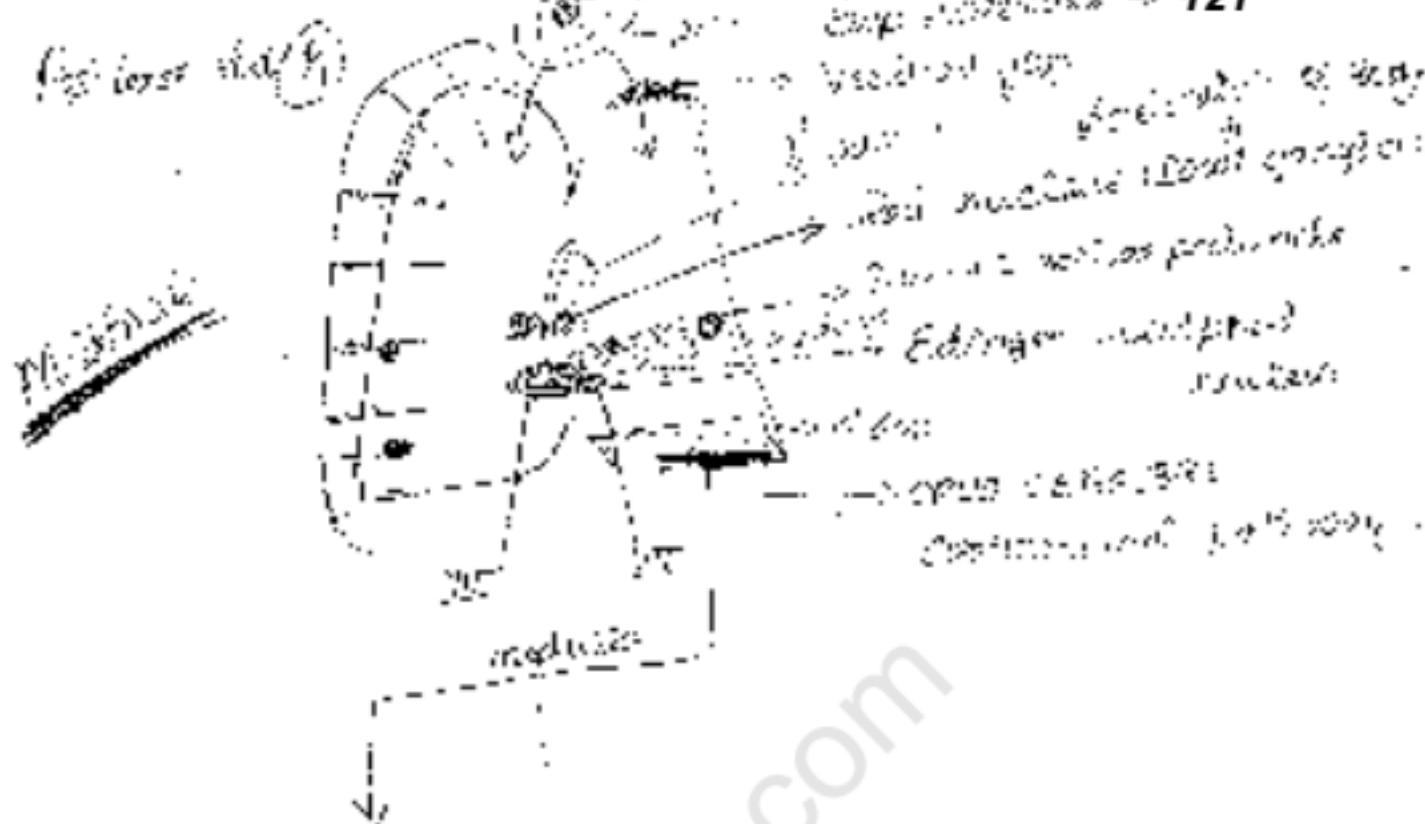
Pupils: reaction (1) size (2)

E.S.R. - (3)

visual evoked potential - (4)

"Malignant"

| www.FirstRanker.com |            | www.FirstRanker.com |            |
|---------------------|------------|---------------------|------------|
| Rx:                 | 15 - 20 mg | 15 - 20 mg          | 15 - 20 mg |
|                     | 15 - 20 mg | 15 - 20 mg          | 15 - 20 mg |



Medulla oblongata - 1st part of brain

1/2 and 1/2 part of brain (C/L, R/L) - Medulla oblongata

1/2 and 1/2 part of brain - Medulla oblongata

# Medulla oblongata - DORSAL part of brain

1/2 and 1/2 part of brain - DORSAL part of brain

1/2 and 1/2 part of brain - DORSAL part of brain

Medulla oblongata - 1st part of brain

1/2 and 1/2 part of brain - 1/2 part of brain

Medulla oblongata

1/2 and 1/2 part of brain - 1/2 part of brain

Medulla oblongata - 1st part of brain

Medulla oblongata

Reproduktionskoeffizient:  $\lambda$  (mittlere Vermehrung = 2,5 bis 3,0)

↓ Perinatal syndrome : Impaired Y gaze : Papilledema, squinting of 1 eye -

Ergebnisse

2)  $\text{Impedance} = i/\omega C$  for capacitor  
 +  $E/L$  for inductor.

$$\text{CO}_2 \rightarrow \text{C}_2\text{H}_2 + \text{H}_2\text{O} + \text{H}_2$$


Adrian Gubins, Zehn

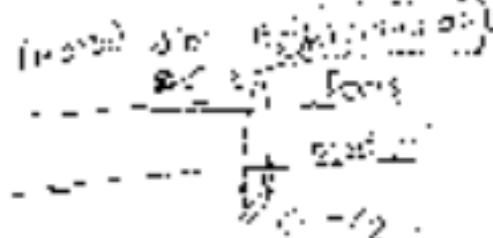
$\frac{1}{2}$  trisomy -> triploidy

$\frac{1}{2}$  t.m. R. paly -> distancia : equilíbrio  
 $\frac{1}{2}$  t.m. R. paly -> face metabólica - sem fixação  
 $\frac{1}{2}$  t.m. R. paly -> face metabólica - sem fixação  
 $\frac{1}{2}$  t.m. R. paly -> face metabólica - sem fixação

$\frac{1}{t}$        $\frac{1}{\lambda} \rightarrow$   $\frac{\lambda}{\lambda_0}$

$\frac{c}{f}$        $\lambda = f \cdot t$        $\rightarrow$        $f = \frac{c}{\lambda}$

*Module*



Perforated by a large number of pores of a diameter of 100-200 Å. These pores are found in the outer surface of the cell membrane. The pores are found in the outer surface of the cell membrane. The pores are found in the outer surface of the cell membrane.

The fluid is (h<sub>2</sub>O)

Lateral Medullary Syndrome  
Ventricular dilation

1. Medullary syndrome
2. Medullary syndrome
3. Medullary syndrome
4. Medullary syndrome

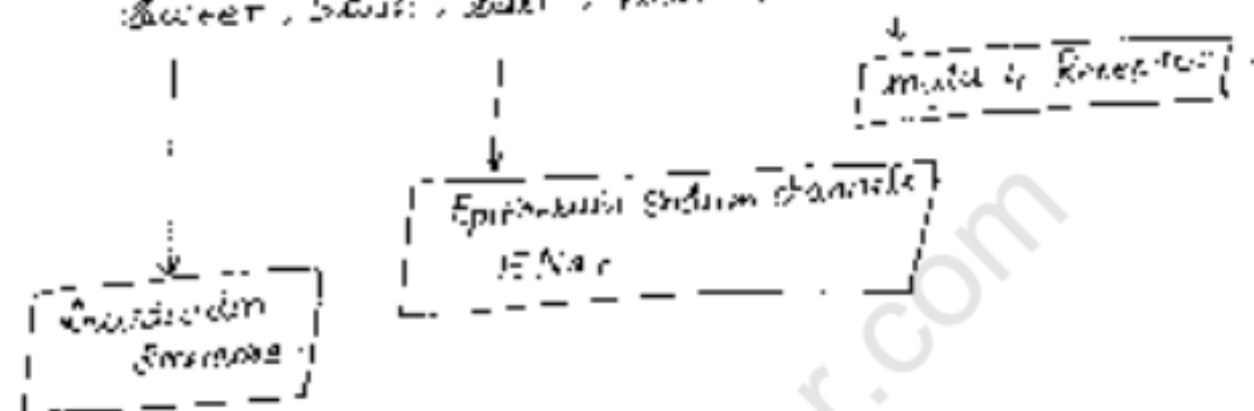
C. ROUSEN (1971) (1971) (1971) (1971) (1971)

1. Nucleus of medullary syndrome - 10.10  
2. Nucleus of medullary syndrome - 10.10  
3. Nucleus of medullary syndrome - 10.10





Sweet, Sour, Bitter, Salty, Umami



⑤ 9<sup>th</sup> Nerve

Sensation of Throat, cold/hot

Myoepitheliopathy → Hoarse - Swallowing action

2<sup>nd</sup> 9<sup>th</sup> Nerve damage

Hoarse dysphagia of food

⑥ 10<sup>th</sup> Nerve (Vagus) longest cranial nerve

Control Heart Rate

Control of GI motility

Control of Gland

Vocal cords

→ degeneration, atrophy

→ Parasympathetic

→ Vasodilation

→ Dysphagia (swallowing food)



11<sup>th</sup> Nerve - Spinal accessory Nerve  
in. Trapezoid m.

↓  
Elevating of shoulder

Abducted abducentary sign

abductor abductor sign

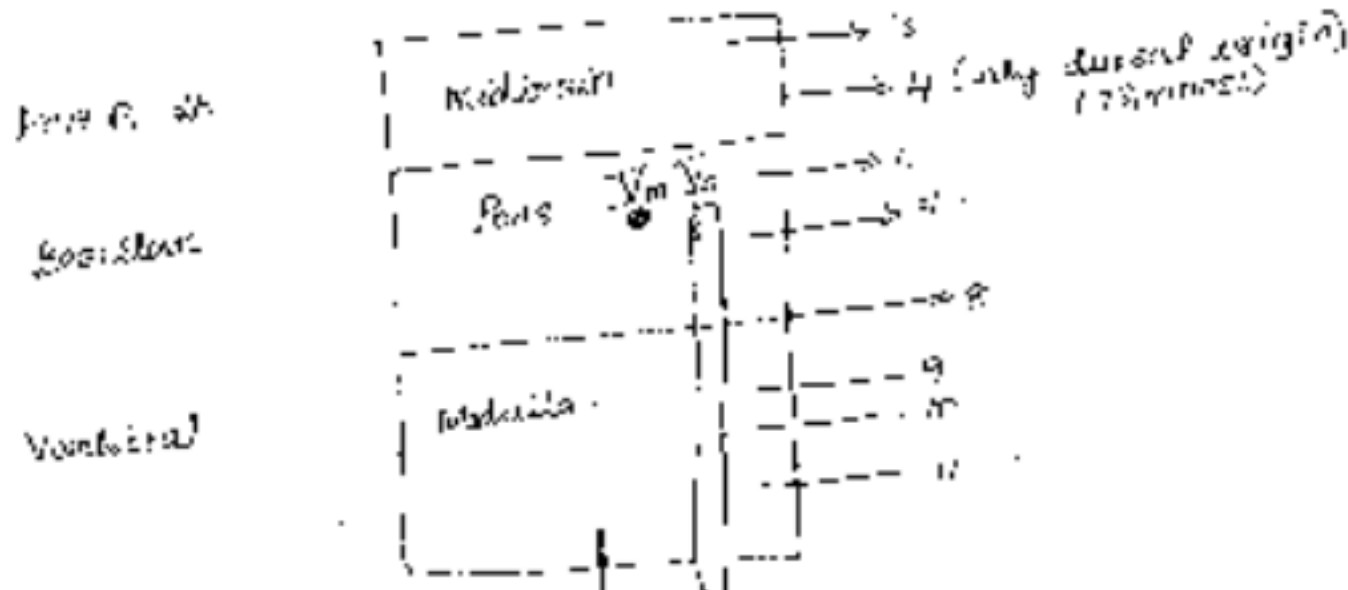
12<sup>th</sup> N. parastasis - 1/2 / 1/2 hemiplegia

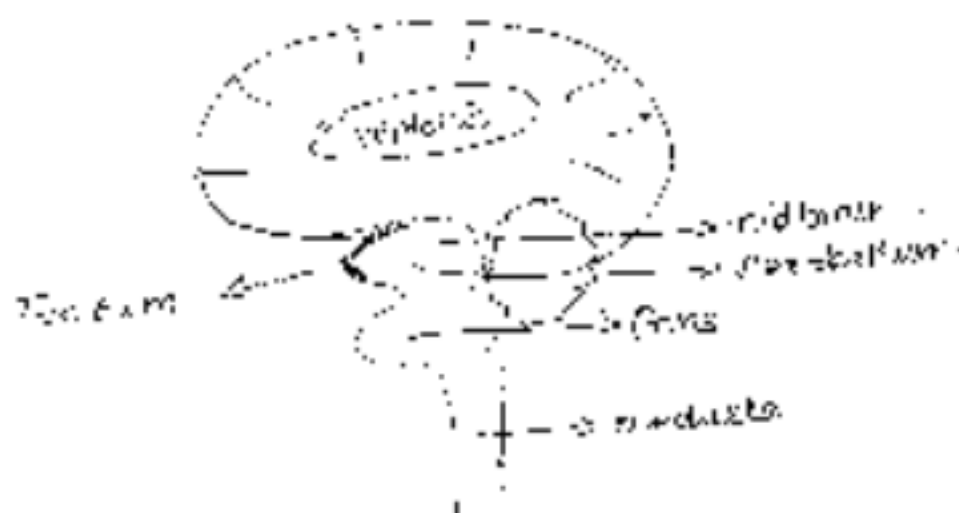
↓  
Tongue protrusion 1/2 deviation of Tongue test

Hyperreflexia

- |                        |   |   |   |
|------------------------|---|---|---|
| 1) Corticospinal tract | ↓ | ↑ | ↑ |
| 2) Spinal cord         | ↓ | ↑ | ↑ |
| 3) Pons                | ↓ | ↑ | ↑ |
| 4) Medulla             | ↓ | ↑ | ↑ |
- ↑ = hyperreflexia  
↓ = hyporeflexia

Cranial Nerve Origin





1. Iris - 3  
 2. Ciliary muscles - 4  
 3. Lens - 5  
 4. Retina - 6  
 5. Cornea - 7  
 6. Aqueous humor - 8  
 7. Vitreous humor - 9

Visual cycle

1. Rods
2. Cones
3. 1<sup>st</sup> cone pathway
  - Longest - external pathway
  - Fastest visualizing sign - rod path not in 1<sup>st</sup> cone, 1<sup>st</sup> cone is just traveling along with
4. 2<sup>nd</sup> cone pathway - 1<sup>st</sup> cone pathway

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> pathway

1<sup>st</sup> cone pathway - 1<sup>st</sup> cone pathway

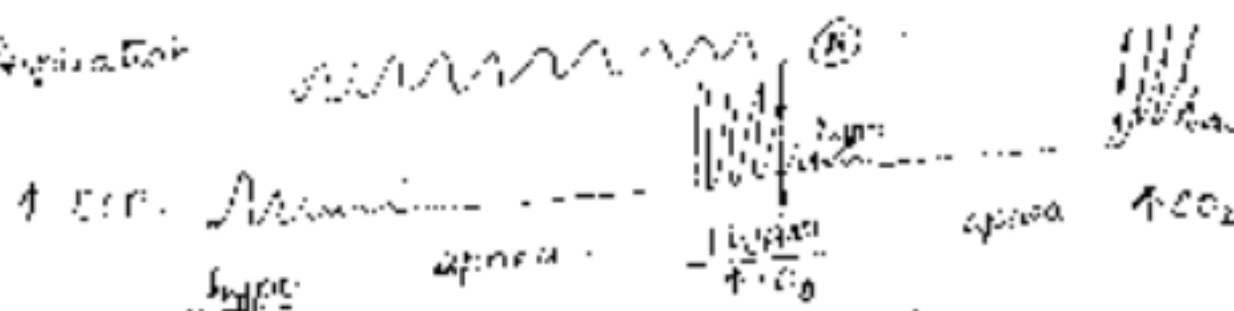
1<sup>st</sup> cone pathway - 1<sup>st</sup> cone pathway

15/11 : 11:15  
 ~~~~~

1. HR & CO: 100 bpm (BPM)

2. SF ↑ [Arousal Reflex → Sympathetic → ↑ BP]

3. Respiration



Example: Arousal/Change in breathing
 ↓
 BEP or
 CO2

Awake state

Sympathetic

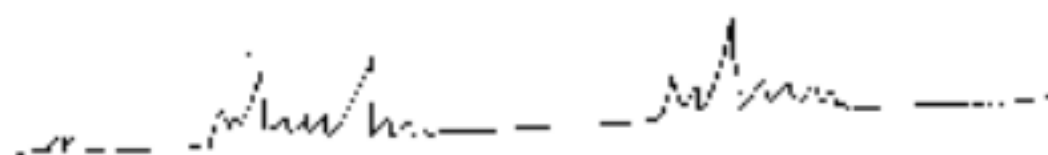
Hyperventilation

Produce breathing for 1st time started breathing

Awake state → 1st time, but in atonic state
 not in awake state

Awake state → Awake state

Awake state → Awake state



CHRONICALLY IRREGULAR Breathing



↳ Biot's Breathing

↳ Not a part of Cushing's triad

↳ but specific pattern of CNS malfunction

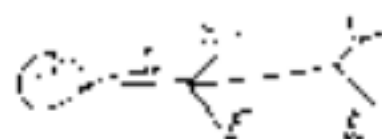
Widespread Breathing
change in
Biot's Breathing
Pattern



Prolonged respiratory apnea

Damage: pneumothorax & Vagus #

If Biot's not treated $\rightarrow$ apnea



involuntary cessation of Breathing
 $\rightarrow$ no sound + flaccid chest

Horner's

facial. skin flushing to light - m.d. dilated



Iris

For Mydriasis - Sympathetic eye drops

... Smooth muscle of eye - Pupil only

Fastest
Turning

to achieve of maximum effect

Pupils (4)

Eye opening - (score)

4 - Spontaneous

3 - On command

2 - To pain < Rinkles of pain

1 - No Response

Verbal Response - (score)

5 - Oriented, oriented

4 - Disoriented, disorientation - Time
- Place
- Person

3 - Inappropriate words - (others can understand)

2 - Incomprehensible words
(mumbling) - (not understood)

1 - No Response

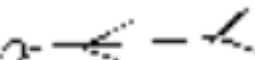
Major Response (Series).

6 = Follow: common

46 = calculated from $\rightarrow$ isolates the pair.

4 = Multiserial $\rightarrow$ more stratified as seen to pair.

3 = 

2 = 

1 = No movement.

Q. Calculate LOS dead person.

E, V, M, = 3/10

Ans $\rightarrow$ earlier differential life and death person

ratio $\rightarrow$ 1 : 1000

substantive : 1 : 1000

because $\rightarrow$ earlier patient, away.

$\downarrow$
Anomalous in solution

$\downarrow$
seen in lungs $\rightarrow$ pneumonia

$\downarrow$
lung abscess
(boip).

What are the characteristics of ...

Levetiracetam is a Neurotransmitter modulator drug
Site of action

Then Next thing is that we should know - 1

Spontaneous eye opening - 1

Flaccid paralysis - 1

Calculate GCS?

$$[6 + 5 + 5] = 16$$

↑ 16 P

(1) Abnormal Posturing Symptoms

(2) Pupils Fixed / Dilation Reflex

(3) Papilloedema

(4) Loss of consciousness - severe degree of focal signs, focal signs

(5) GCS = 16

(6) Normalized in 10-15 minutes

(7) Only 1 sign - severe focal signs

Interpretation of GCS - 16

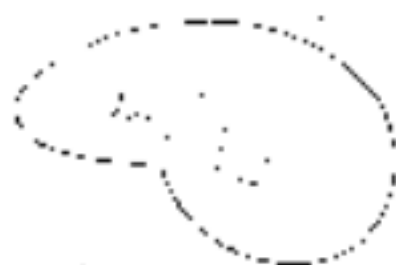
Types of Hypertension in ...

1. ...

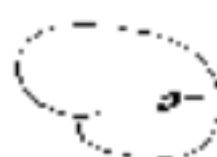
2. ...

3. Intracerebral - 10% of cases of hypertension

4. Subarachnoid - 10% of cases of hypertension



m/a: Epithel-tumoren: 1. St. ist meist Karzinom



→ Gliedern m/a: 1. maligne

2. benign = meningioma

3. > Astrozytoma > Glioblastoma

[Meningioma] ist Verdrängung (ohne Verdrängung)

Klassisch: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

• histologisch untersuchen

• wenn möglich (E)

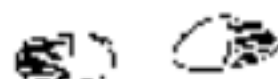
Brain-tumoren sind meist maligne

• Glioblastoma multiforme

epithel

m/a - meningioma

Benigne: 1. Meningioma



2. Astrozytoma

3. Glioblastoma

4. Meningeal

கொண்டிருக்கிறார். அந்த மனம்

உடம்பு, உணர்வு, உணர்வு, உணர்வு, உணர்வு
உணர்வு, உணர்வு, உணர்வு, உணர்வு, உணர்வு

Basal ganglia

Basal ganglia

Substantia nigra

Striatum

Putamen

Globus pallidus

- low frequency

- high frequency

High frequency

High frequency

Striatum
(low frequency)

Striatum (high frequency)

Striatum - low frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency

Striatum - high frequency



During speech/speechless
EE.

Disorder.

Paradoxical speech (e.g. AS).

Hyperphonia (e.g. with loss of voice)

Half in word volume: Speech abnormal.

↓
After correction of

Abnormal Nervous:

First test: the

high frequency

g - 8 Hz

High frequency example:

Low frequency of

intermittent tone

Thyroidectomy / pharynx

Rabies

Signs: Severe motor & vocal stimulation (hyperphonia).

↓

Seen in this condition (of Rabies)

(2) - Paradoxical speech: continuous

Intermittent: A - type of speech: 2nd & 3rd vocal culture.
↓
Hyperphonia

External hyperphonia: speech

→ infection from the throat → hyperphonia speech
via oropharynx

death. Hyperphonia (hyperphonia) (hyperphonia) (hyperphonia)
of the throat (hyperphonia) (hyperphonia) (hyperphonia)

depression &

depression risk &

depression

↑
α - subunit protein (building block)

causes:

- ① m/c *Streptococcus* disease
in genetic basis
e.g., Park gene

② - *Streptococcus* disease
e.g., *Streptococcus* - *Streptococcus*
e.g., *Streptococcus* - *Streptococcus*

- ② m/c *Streptococcus*
→ drug induced: *Streptococcus*
not depression ↓
depression / *Streptococcus*

- ③ *Streptococcus* disease } *Streptococcus* of basal ganglia
④ *Streptococcus* disease

- ⑤ *Streptococcus* disease

↓
depression risk
e.g., *Streptococcus* of *Streptococcus*
in body
depression - *Streptococcus* (relative to function)
↓
depression / *Streptococcus* disease
Symptoms ↓ → *Streptococcus* air
Postpartum: *Streptococcus* risk

⑥ *Streptococcus* disease
↓
depression risk
↓
depression risk

$\Gamma_X = \frac{NHI}{\text{...}} = \text{...} \neq$
(...)

* $\left[\frac{\text{...}}{\text{...}} \right]$

Depressive ↑ & Atypical presentation

R_2 = ...

... contradiction

Typical Presentation

Non-... ...

... ...

frequency $\left[\frac{a}{b} \right]$

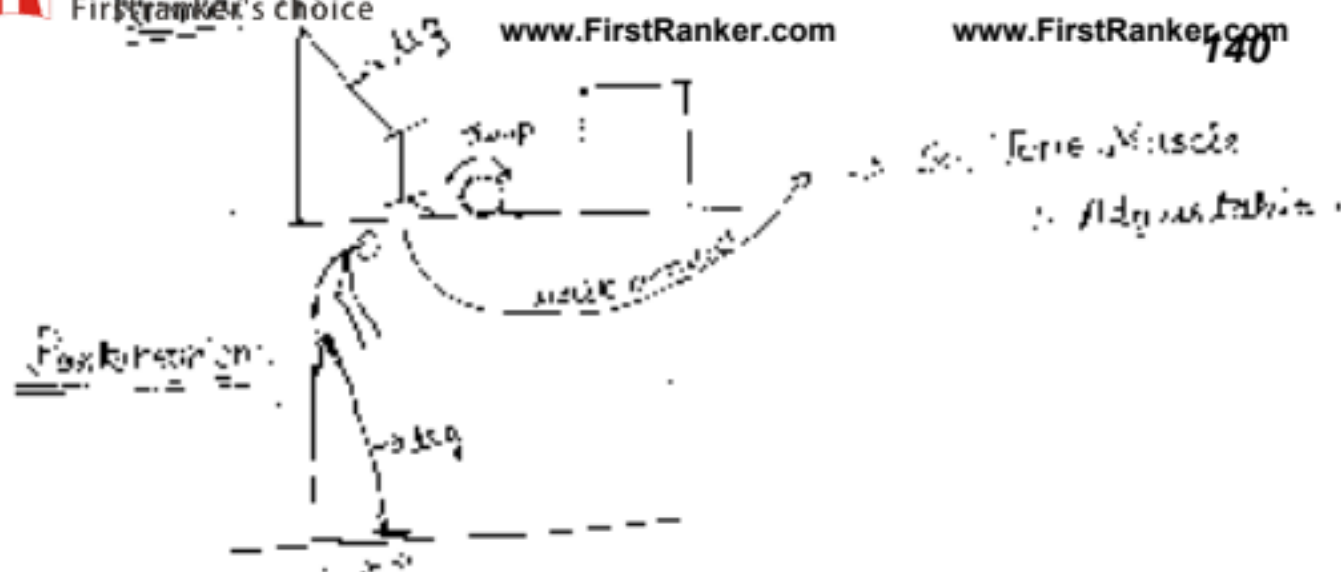
... "False falling leaves"

③ ... → ...

④ ...

Triads ...

⑤ Response to ...



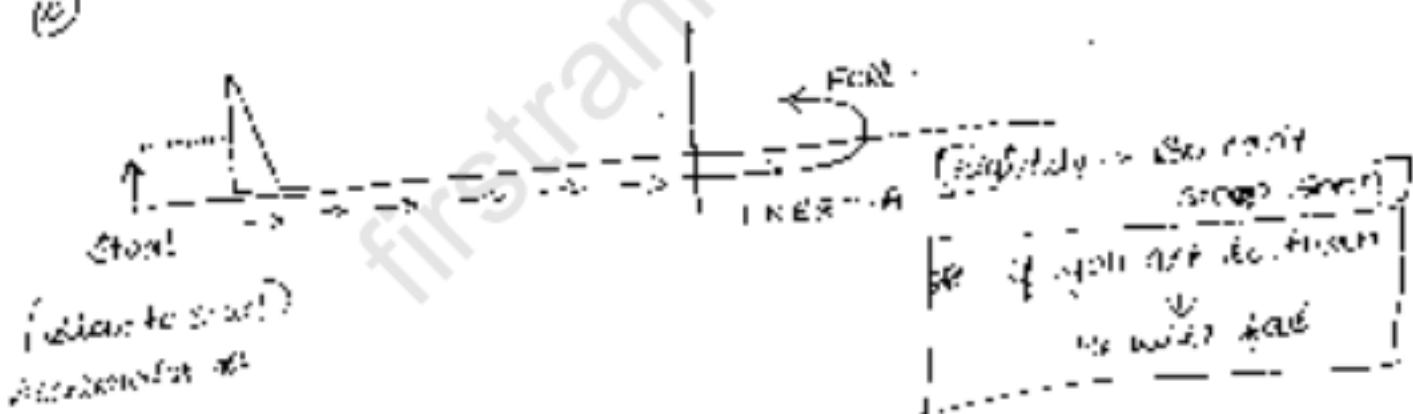
First, jumping steps

Control posture

↓/↺ Acc. during

* Postural control during

(b)



* On & off phenomenon

* Inertia

* Forward

* Postural instability = will fail



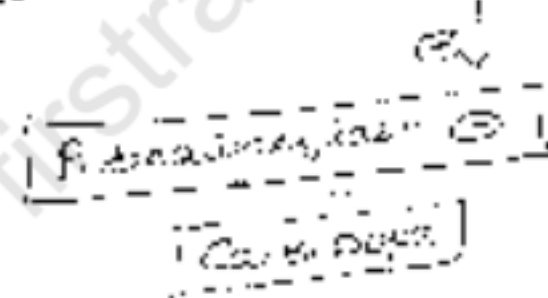
7. Absorbance like $\log I_0/I$ (like intensity & absorbance)
8. Hypoxanthine - filter of x-ray ψ (like intensity & absorbance)
9. Pure protein - same permeability (absorbance)
10. Depression & protein - diameter
11. Cause of diameter - experimentally
12. Cause of protein - diameter - experimentally
13. $I_0 - I_A$ (Only relative diameter) $\rightarrow$ Transmittance

I_0 - Typical protein

1. Protein size / diameter - $[I_0 - I_A]$

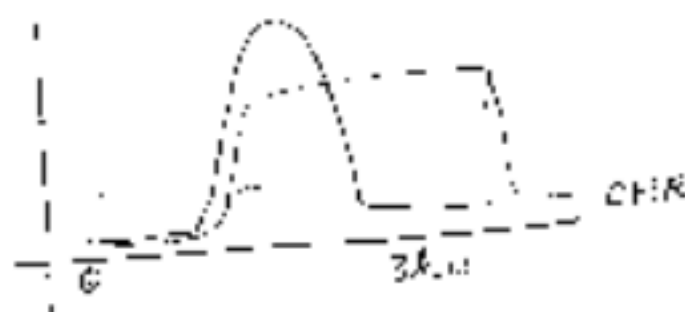
I_0 - Protein size - same data for protein size

2. $[I_0 - I_A]$ - Protein size - diameter



Chemical structure diagram showing a protein molecule with a central core and surrounding groups.

1. Protein - Diameter in water is we need in water
2. we give Lanthanum along with protein



Deposits → deposits in → Homovalerian acid
 HMC-E D: PAC

LCMT → Enkephalin → Met-enkephalin → Enkephalinase (E)

↓

Enkephalinase is widely used.

TOLCAPONE.

↓
 Net used, now.

↓

Cog. Hepatotoxic. RA.

Value of the enzyme is (E) → MAB is

↓
 Enzyme is not used in the body.

Enzyme is not used in the body.

SPLEENIN.

Enzyme is not used in the body + LITHIUM

Enzyme is not used in the body

③ + Benzocaine
 COCAINE
 GUAETHYL

}

Enzyme is not used in the body

Q. 30 year : present position of the world

↓
[...] ... (...) ... Best
... ..
... ..
... ..

firstranker.com

(உறுப்பினர் அலுவலகம் கீழ்க் கொடுக்கப்பட்டிருக்கிறது)

$$\sum_{i=1}^n \mathbf{B}_i^T \mathbf{Y} = \sum_{i=1}^n \mathbf{F}_i^T \mathbf{F}_i \mathbf{X} \in \mathbb{D}^{n \times p} \rightarrow \mathbf{F}^T \mathbf{F} \mathbf{X} \in \Delta^{n \times p}, \mathbf{F}^T \mathbf{F} \mathbf{X} =$$

2014-2015

201 4 (36%) and 2015 (32%)

Ch. 1000000 (1000000)

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

பி. என். சி. - பி. என். சி. - பி. என். சி.

Ex. only limited is observed

$\downarrow$

$S_{\text{eff}} = S_{\text{eff}}(S) + S_{\text{eff}}(\phi)$

ΔG° & P_2 $\rightarrow$ Free energy change in $\rightarrow$ responsible for spontaneity
 ΔG° $\rightarrow$ Free energy $\rightarrow$ Equilibrium

உறுப்பினர்: ஸ்ரீமதி. சி. பி. சிவசுப்பிரமணியம்

— — — — —

because R_1 interaction is low.

* Experimental Results

[conductor of music]
 Me
 dans mental
 Repose

$$f \circ \gamma \sim f \circ \gamma' \iff [f \circ \gamma] = [f \circ \gamma']$$

① 15.4 surinval
Economic situation

100% - 100% = 0% (0% = 0% = 0%)

2. Swallowing

3. Swallowing Reflex

4. Swallowing muscle activities (oral stage)

5. Swallowing - a brief or a long (prolonged)

Swallowing - a brief or a long (prolonged)

1. Swallowing reflex

2. Swallowing reflex

3. Swallowing reflex

4. Swallowing reflex

5. Swallowing reflex

6. Swallowing reflex

7. Swallowing reflex

8. Swallowing reflex

9. Swallowing reflex

10. Swallowing reflex

11. Swallowing reflex

12. Swallowing reflex

13. Swallowing reflex

14. Swallowing reflex

15. Swallowing reflex

16. Swallowing reflex



Long lived to fulfill the mission.

[illegible]

01261 3 AC 208

1967 - 1971 - 2000

$\frac{I_x}{I_y} = \text{magnification} = \text{Toxigenicity Test} \rightarrow \text{More Sensitive test}$

1. Sanitized, upward, orange to yellow : positive result seen

8. IV ശ്രേണിയിൽ, 0 ന്റെ 20 മെമ്പർമാർ.

$\frac{V}{\sin \theta} = \text{constant}$

$$R^2 = 0.73$$

...to the ...

... 97000 ...

Then again $\rightarrow$ we call (7) Approx.

Then again $\rightarrow$...
 Give information of Neurotransmission in this text. Ann (+) (+) (+)
 lead to circulatory crisis 98

Lead to crisis 48

[illegible]

مجلس شورای اسلامی

(7) motive

مجلس شورای اسلامی

432

1. *Lea C.*

: 91 மதுரை

၂၂၈၂၁၁၁၁၁

max's

$$[\bar{G}, \bar{U}, \bar{D}, \bar{E}]$$

center - B.B.B. $\Rightarrow$ Central Point
Large red An. brain.

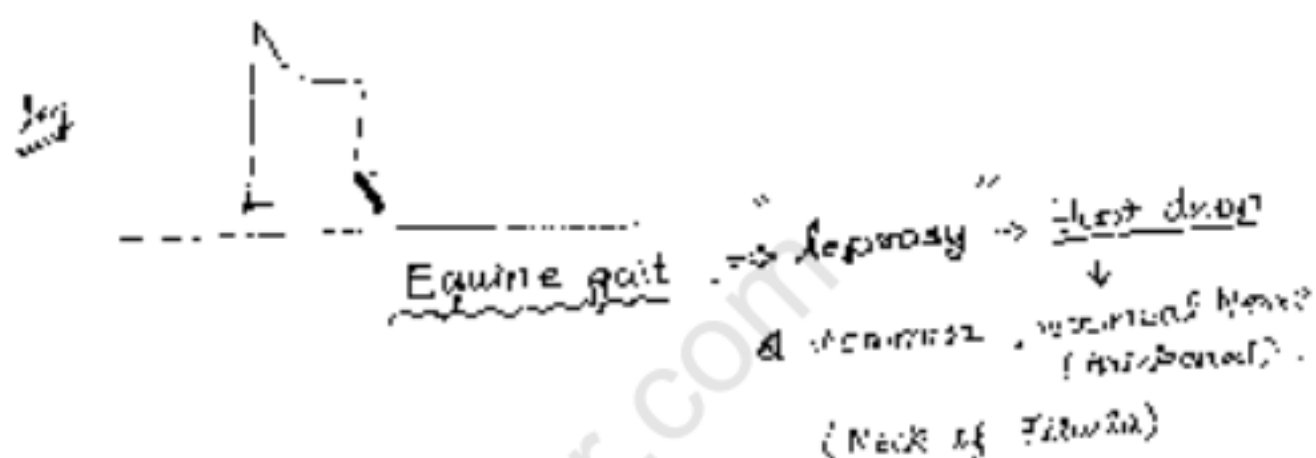
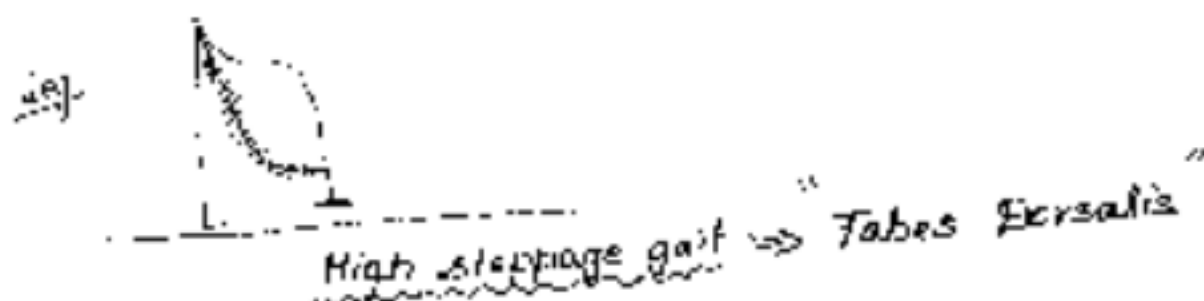
உயர்நீதிமன்றம், சென்னை

comprised of - *Adiantum* - *Polypodium* -
Asterophyllites - *Trilobites* - *Crinoids* -

[illegible]

$\frac{d}{dt} \left(\frac{1}{2} m v^2 \right) = \frac{d}{dt} \left(\frac{1}{2} m \left(\frac{dx}{dt} \right)^2 \right) = m \frac{dx}{dt} \frac{d^2x}{dt^2} = m v \frac{d^2x}{dt^2}$
(Thomson's $\frac{1}{2} m v^2$)

$\text{C}_2\text{H}_5\text{Br} + \text{LiAlH}_4 \rightarrow \text{C}_2\text{H}_5\text{H} + \text{LiBr} + \text{AlH}_3$



Neuritic Variety - 'Leprosy'

$\Rightarrow$ It is characterised - mainly seen in India

1. Motor nerve: motor paralysis
2. Sensory nerve: sensory loss of touch
3. Common peroneal nerve: thickening of fibula
4. Cerebral division of $\Pi \rightarrow$ Encephalitis + Granuloma in brain
 $\downarrow$
Exposure granuloma

⑧ Exaggerated response $\Rightarrow$ Reaction to factors
Neurosis, many weakness & pain
Slow hand
Front dull
Poor walking habit
Cerebral nerve - Granuloma

Motor symptoms → No symptoms.

Sensory symptoms → Optic atrophy

[Blindness]

[Blindness]

(if sensory is symmetrical)

[Blindness]

Neurosyphilis

↓

Known as "Gumma"

Motor symptoms: Atrophy of optic nerve

② optic atrophy

① Diagnosis of Neurosyphilis

↓

① Paria sign

② Von Noe

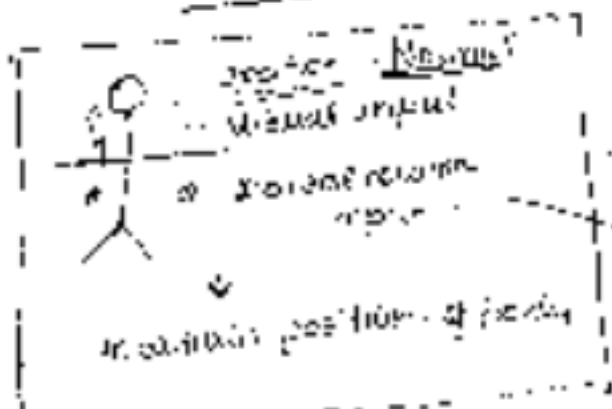
③ Conit test

④ Diagnosis of Neurosyphilis

⑤ Damage to Spinal cord

↓

Takes sensory → decrease volume of damage



So, force and position sense is lost

↓

So, only sensory input remains

↓

↓

1. Zoonotic infection is: *Cervical abscess*.

2. *P. multocida* is - highly contagious pathogen.

↓
 Chlamydiae found in oral secretions of horses, mares, etc.

(primarily, purulent discharges).

3. *Streptococcus* is - damage to tissues → no drugs to treat.

↓
 Drug resistance development.

4. LARVAE sign: *Swelling of neck* - *swelling pain in back*.

1:10⁴ *Neisseria meningitidis* - *CNS* *VS* *RL*.

T.O.C. *R*: " ∴ *Penicillin* for *IV* & for *oral*.

Vaccinal disease *Reserve* *Intervention* test (VDR)

① *Ex* *As* *Reserve* *definit*

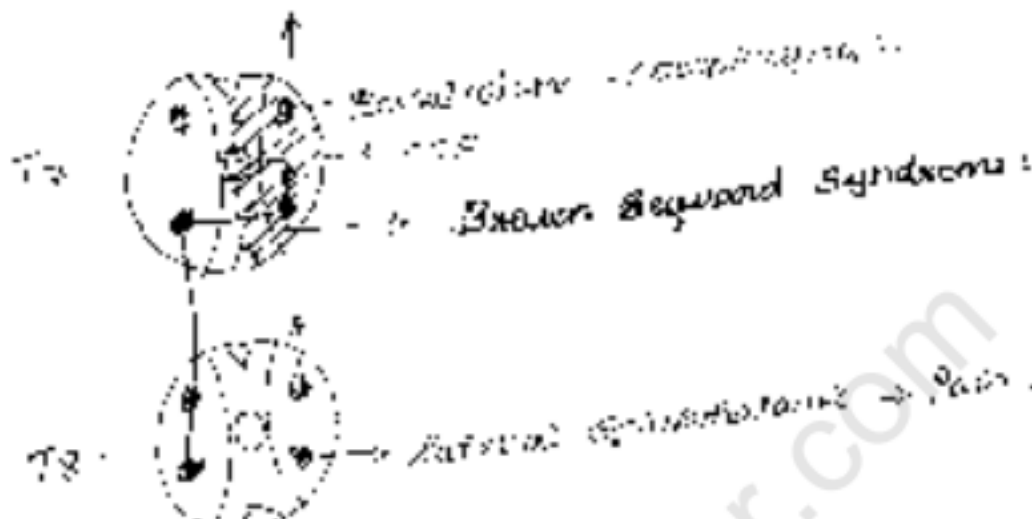
② *C* for *Response* to *treatment*.

* *Ex* *For* *1:10⁴ / Infant* *Sign* → *FTA* *ABS* → *I:G:C*.

(1) Diencephalon - 1st & 2nd ventricle

(2) Mesencephalon - 3rd ventricle

Structure: 3rd ventricle - 1st & 2nd ventricle
(midline)



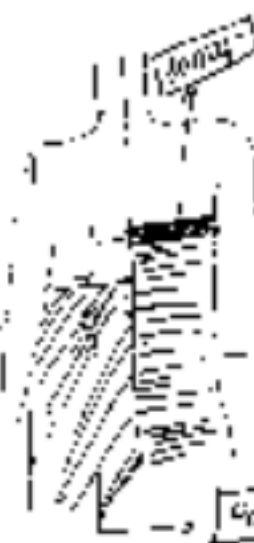
1/2: 1st & 2nd ventricle

1/2: 3rd ventricle - 1st & 2nd

1/2: 4th ventricle - 1st & 2nd

1/2: 5th ventricle - 1st & 2nd

1/2: 6th ventricle - 1st & 2nd



1/2: 1st & 2nd ventricle

1/2: 3rd ventricle

* Location of 1st & 2nd ventricle - 1st & 2nd

* 3rd ventricle - 1st & 2nd

* 4th ventricle - 1st & 2nd

* 5th ventricle - 1st & 2nd

firstranker.com
www.FirstRanker.com

Meningitis : adult : pneumococcus
child : "

" meningitis : always - inflammation / of 3 meninges
" meningitis or stroke : Klebsiella

Viral Meningitis : adult : enteroviruses

Viral encephalitis : adult : herpes simplex / cytomegalovirus
or Janda : Japanese Encephalitis (highly infectious)
epidemic

↓
No treatment only vaccine

Vaccine 14 16 3

1 - 2; Vaccine - Polio
Fever

Fungal Meningitis : (opportunistic, weak immune)
m/c in AIDS for

[Standard therapy → Type 2]
HIV : AIDS (more drug)
HIV : opportunistic

HIV : HIV : AIDS (more drug)

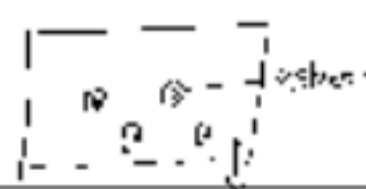
HIV : 2 → AIDS at least 16-20 yrs

* viral opportunistic infection in AIDS = TB

* m/c pneumonia in AIDS : PCP (Pneumocystis carinii)

* m/c fungal meningitis : Fungal Meningitis

↑ spread by person-to-person



↓
AIDS & risk factor = 1/2000
HIV : AIDS (more drug)
HIV : opportunistic

Background is AIDS (AIDS)

CSF : Meningeal fluid

CSF : Cerebrospinal fluid

156

First

polydystrophic protein CSF
in CSF. Path / Lab. test:

CSF : Cerebrospinal fluid

CSF : Cerebrospinal fluid

CSF : Cerebrospinal fluid

CSF : Cerebrospinal fluid

CSF : Cerebrospinal fluid

FirstRanker.com

CSF : Cerebrospinal fluid

CSF : Cerebrospinal fluid

CSF : Cerebrospinal fluid

CSF : Cerebrospinal fluid



CSF : Cerebrospinal fluid

* Xanthochromic CSF (yellow CSF)

CSF : Cerebrospinal fluid

Diabetes Mellitus -

Fastest blood sugar (FBS)

RBS (Random blood sugar)

[HbA_{1c}] 1st

or IT (Glucose tolerance test)

It is yr of test given to

Diabetic patient

1st 2nd or glycosylated haemoglobin
HbA_{1c} is 5.5%

② ∴ HbA_{1c} is 5.5%

Impaired glucose tolerance 5.7 - 6.4%
is 6.5

$$\begin{aligned} \frac{P_2}{P_1} \text{ HbA}_{1c} &= 5.5\% & 5.5\% &= \frac{100}{180} \times 100 \\ &= \frac{100}{180} \times 100 & \frac{100}{180} &= 55.5\% \\ &= 55.5\% & \frac{100}{180} &= 55.5\% \end{aligned}$$

Test is of Average blood sugar

is given to 5-10 weeks

* But not test is to measure blood sugar

[HbA_{1c} Test]

It is a test - Measurement of haemoglobin

③ Diabetes Mellitus is a disease condition - 1st time
→ Related blood test

[Non-feeding larvae
 10/12 5.10.1942 / 10.12.1942]

[illegible]

1992

Signature of Agent: Deborah J. Fox

22.2.2017 - 23.2.2017
 24.2.2017 - 25.2.2017
 26.2.2017 - 27.2.2017
 28.2.2017 - 29.2.2017
 30.2.2017 - 31.2.2017
 1.3.2017 - 2.3.2017
 3.3.2017 - 4.3.2017
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 7.3.2017 - 8.3.2017
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 29.6.2017 - 30.6.2017
 1.7.2017 - 2.7.2017
 3.7.2017 - 4.7.2017
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 25.7.2017 - 26.7.2017
 27.7.2017 - 28.7.2017
 29.7.2017 - 30.7.2017
 31.7.2017 - 1.8.2017
 2.8.2017 - 3.8.2017
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 3.10.2017 - 4.10.2017
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 23.10.2017 - 24.10.2017
 25.10.2017 - 26.10.2017
 27.10.2017 - 28.10.2017
 29.10.2017 - 30.10.2017
 31.10.2017 - 1.11.2017
 2.11.2017 - 3.11.2017
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 24.12.2017 - 25.12.2017
 26.12.2017 - 27.12.2017
 28.12.2017 - 29.12.2017
 30.12.2017 - 31.12.2017

¹For more on the role of the $\mathcal{H}^1$ -seminorm in the analysis of the problem, see [10].

Accounting for the 42.0% (7/17)

(3) $\lim_{x \rightarrow 0} \frac{\sin x}{x} = 1$

¹⁰ Ibid., 175-176.

⑧ 注意: $255 \cdot 6 \cdot 6$

(ii) Given diagram shows? - It's a $\rightarrow$ ✓

Admission to the University of California

(6) உணர்வுகளின் தன்மை - 26 மீட்டர்.

(iii) Preparation of Media - 2. on Final

3. To Reduce Material Costs -

$\rightarrow \boxed{\text{STRUT EP (unit?)}} \quad a$

* help in 1st/2nd/3rd

→ covering of E.M.

→ long term interest of D.M.

* SHORT TERM ORIENTED TO THE ... test is

→ Short Term Orientation

→ Short Term Test is for short term (please send).

* Long term interest of exchange students which is global abstract

Let's see abstract

(1) Abstract is to be in the mind

(2) Abstract (F.R.E.) factor's abstract concept (F.R.E. - F.R.E.)

→ abstract is not given glance

→ 100-125

→ abstract value is 100 or 125 (M)

→ 100-125

→ 100-125

→ 100-125

→ abstract glance idea

→ abstract

→ abstract

→ DM

→ abstract Test is not done for DM

[illegible]

$R_7 = F_2 \oplus F_2 \oplus F_2 \oplus F_2 \oplus F_2 \rightarrow M_7$ As before trivial.

for time non-dependent $\Rightarrow$ stability
(constant surface)

$\frac{1}{\sqrt{1-x^2}} = \sum_{n=0}^{\infty} \binom{2n}{n} \frac{x^{2n}}{4^n}$

[illegible][illegible]

Micro-organisms: No. 300 myc. at home - (day)

$K: \mathbb{R} \rightarrow \mathbb{R}$ is S -linearizable (K)

5. Executive 7 2 65% - 90%.

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1st group

2nd group

3rd group

4th group

Hypertensive kidney disease

Acute rejection - 1st group

Chronic rejection - 2nd group

Type 2 Hypertension

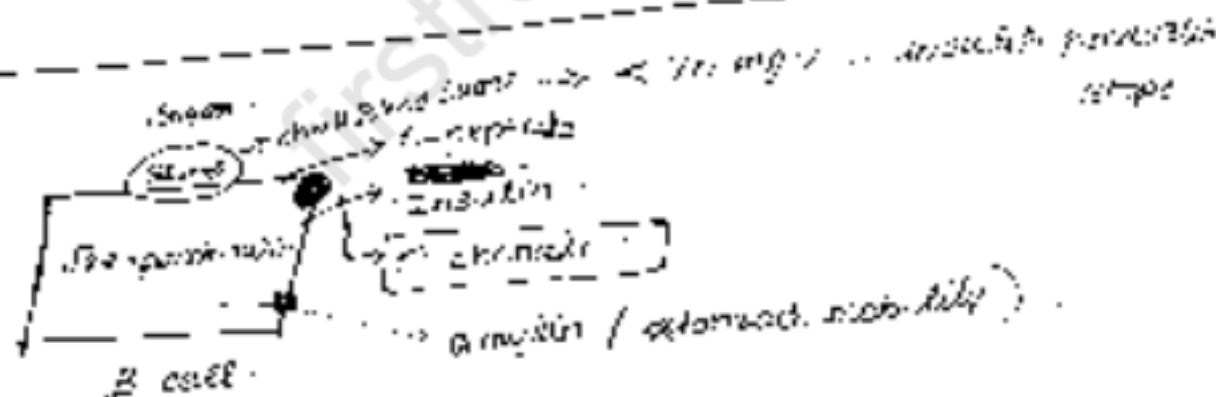
Type 4

Type 4

* Type 1 DM → Type 1 Hypertension
Insulin → Insulin

Insulin production goes → 1st group

* Type 2 DM → unstable diabetes in adults
Insulin → Insulin



* Type 1 DM → unstable diabetes in adults

Insulin → insulin + proinsulin
check for the presence of

Type 1 DM - Insulin

Causes: Autoimmunity (HLA B2 & D4) Genetics

(1) Insulin → exocrine & endocrine / pancreas / islets of Langerhans

(2) Genetic diabetes - dependent of genetic predisposition

(3) Diabetes is genetic but not diabetes

Type 2 DM

Resistance to insulin (in fat) diabetes

Adipose tissue → insulin for deposition (1)

Adipose tissue → glucose and lipid storage

MOA: insulin onset diabetes in young

Insulin resistance

Insulin resistance → diabetes

Insulin → resistance (in fat and muscle)

in fat

in muscle

Insulin resistance (1)

Insulin (2)

* Excessive use of sugar by pancreas (in diabetes)

2. H. Z. Z. ... diabetes in adult

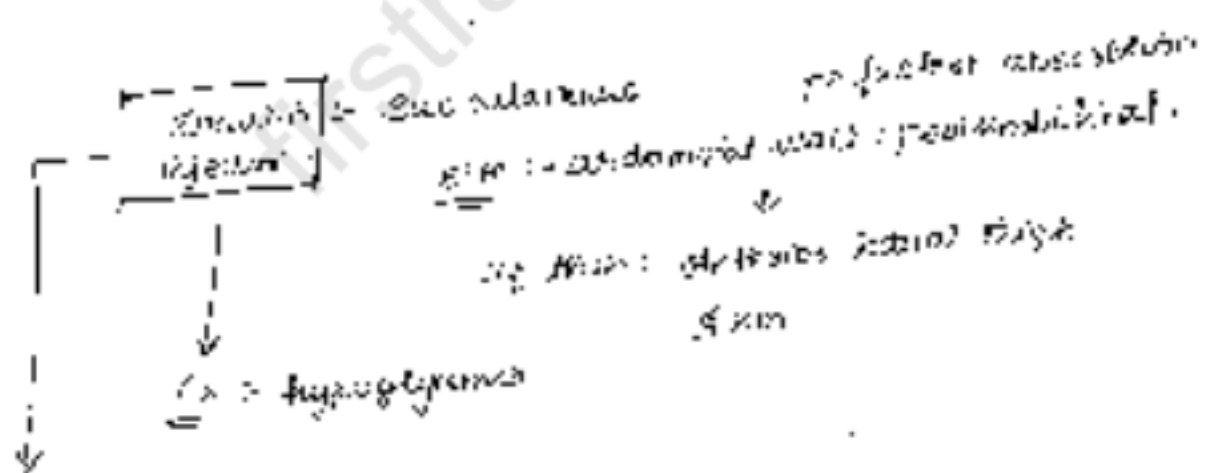
... Anti-diabetic ... (H. Z. Z.)

... diabetes

... diabetes

... diabetes

| | Source | ... |
|--------|--------|-----|
| 1 | ... | ... |
| 1-6 | ... | ... |
| 2 (ml) | ... | ... |
| many | ... | ... |



*

*

*

①

②

multidose oral + oral therapy

multidose oral + oral therapy

R_z : Type - 2 DM

① 1st line → First line

Insulin dependent (Type 1 DM) +
Insulin dependent (Type 2 DM) +
or Insulin dependent

② First line

Insulin

(Oral therapy) Insulin

100 units / week

Insulin - oral is the most common

insulin glucose uptake

by tissue

insulin uptake to cell

Insulin uptake is controlled

Insulin: glucose uptake

Insulin: glucose uptake

Insulin: glucose uptake

Insulin: glucose uptake

Insulin: glucose uptake

Insulin: glucose uptake

Insulin: glucose uptake (Type 1 DM)

Insulin: glucose uptake (Type 2 DM)

③ 1st line

1st line: Insulin: glucose uptake (Type 1 DM) +
Insulin: glucose uptake (Type 2 DM) +
or Insulin: glucose uptake

Insulin: glucose uptake (Type 1 DM)

Insulin: glucose uptake (Type 2 DM)

Insulin: glucose uptake (Type 1 DM)

Insulin: glucose uptake (Type 2 DM)

Insulin: glucose uptake (Type 1 DM)

Insulin: glucose uptake (Type 2 DM)

Insulin: glucose uptake (Type 1 DM)

Insulin: glucose uptake (Type 2 DM)

Insulin: glucose uptake (Type 1 DM)

Insulin: glucose uptake (Type 2 DM)

Insulin: glucose uptake (Type 1 DM)

Insulin: glucose uptake (Type 2 DM)

تاریخ ۱۳۰۴ ۱۳۰۵ ۱۳۰۶

ab. Gespizide (Zucker ^{zusätzlich} ~~zusätzlich~~)
 ↓
 gesüßtes Getränk

40 (a) Tyrosinamide (100)

(ii) Samasya :- 2 - 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 83

1. *Amelanchier canadensis*
 2. *Amelanchier alnifolia*

A description of Response -

[illegible]

3/2 $\rightarrow$ 1st 4th 2nd 3rd 5th

$$C_2 \cap C_1 = \emptyset = \text{Int}(C_2) \cap \text{Int}(C_1) = \text{Int}(C_2) \cap \text{Int}(C_1) = \emptyset$$

Figure 2

$$d\sigma_{\text{el}} = \frac{\pi}{k^2} |f(\theta)|^2 d\Omega$$

1. பெரிய கிணறு - 2 கிணறுகள்
 2. சிறிய கிணறு - 1 கிணறு
 3. கிணறு - 1 கிணறு

On 27/07/2023, the following information was received:

(c) *1.000 g of sample*

Two guidelines
 1. MCA - Good if it provides a simple, intuitive, and useful way of doing things.

(A preposition and ligature v: Super)

$$\omega = \frac{2\pi}{\hbar} \left(\frac{1}{2} \hbar \omega_0 + \frac{1}{2} \hbar \omega_1 \right)$$

2. Variabili dipendenti da un solo fattore

mit $\beta = 0$ = keine (oder gering) $\rightarrow$ so, nicht nutzbar ist
auch die Lösung.

12 - 2m: 3.14 x 20cm / 1 cm x 10cm

pp spikes

[illegible]

m.c. n - "Lindholm" sein ausgebauter Nj Bugan.

Staphylococcus aureus

www.FIRST

www.FirstRanker.com

1. *My dog likes to*

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

responsibility persons to sign & submit.

1. $i_{\text{eff}} = i - g$ (double the effect of inflation)

These are disjunctive.

3/E - 194.086.000.000

3/E - 2/10/2020

[Faint handwritten notes at the bottom of the page]

විද්‍යාගාර 10 වැනි සැසිවිෂය - විද්‍යාගාර 10 වැනි සැසිවිෂය

↓ 如何實現？

$\frac{1}{\Gamma} \approx 0.9$

$\frac{1}{T_1} = \frac{1}{T_2} + \frac{1}{T_3}$

Sari Sugiardi

Abstract

[illegible]

... of the ...

in der Zeit der Entstehung der ersten Menschheit

Z: PO-2 17 2008 2012 2016 2020 2024 2028 2032 2036 2040 2044 2048 2052

۴۸۰ - *مجلسی*، *تذکره*، ج ۱، ص ۱۰۰

2. 2000-2001

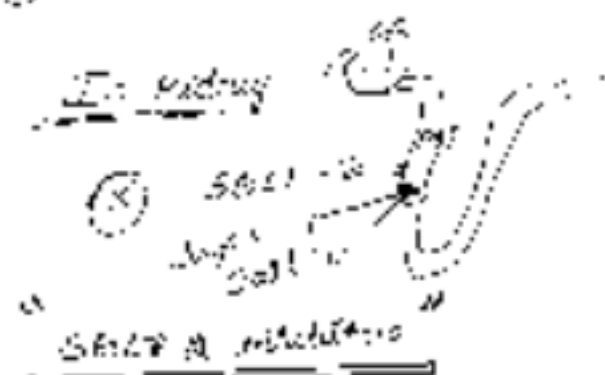
$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

Yusuf Ali, Gulistan-i Irfan.

6. Interaktion → Situationale L'vies

$$\textcircled{+} \quad \mathcal{F}_i \in \mathcal{L}^{p-1} \quad \forall i \in \mathcal{N}$$

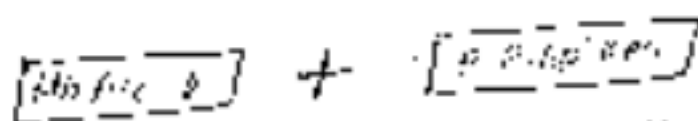
(4) $\frac{d}{dt} \left(\frac{1}{\sqrt{1-v^2/c^2}} \right) = \frac{v}{c^2} \cdot \frac{dv}{dt}$



→ prevents formation of sugar

Glucagon-like protein → diabetic drug

Ex: 1. 4000 Rins (1000 own sugar) → Ex. and drink lot of water to prevent dehydration.



• Ant. for insulin (long term action)

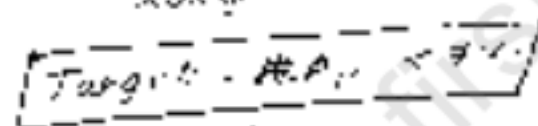
• Glucagon-like protein (short term action)

• Insulin

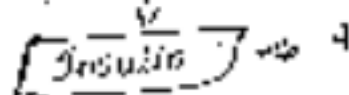
• Glucagon

• Glucagon-like protein

• Glucagon-like protein



Insulin



Structure

→ This used for Type I DM

Type II DM

Type 3 DM - insulin resistance

Not recommended

Emergency
administration

Ex: 1. 4000 Rins
2. 1000 Rins
3. 1000 Rins

Ex: 1. 4000 Rins (1000 own sugar)

$\Delta p/p$ = depreciation : 14% nominal
inflation.

R_1 = Super initial
= Super growth
Super and initial 10%
RFR / 100%

1. Baum's phenomenon

Early ring upregulation

Also such as 50% marketing from global circulation.

For 10% > best practical value.

R_1 : adjustment of 100% time

2. 100% gain

| |
|-------------------------|
| Super growth = net gain |
| Adjustment = net loss |

BB

discontinuous 100% growth
ultra-rapid growth

10% > 100% (100% rule) - 100%

100% gain
100% loss

linear growth - 100% for 100%
↓
adjustment

100% adjustment
100% [100, 100]

Dr. Zulfat Shrivastava www.FirstRanker.com

* Normal colour of sclera

① Yellow

② Green

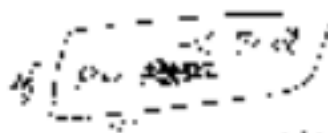
③ Grey

④ Red

* Scleral defects

→ Chalazion / Pterygia

Metastatic nodules



Some scleral defects

* As a result of scleral defects

→ Corneal ectasia

Diabetic Retinopathy :-

* Long term

* Insulin therapy :- Micro-aneurysms (leakage of fluid)

* Neo-vascularisation - retinal neovascularisation

* Proliferative Retinopathy :- Proliferative retinopathy
→ Retinal detachment
→ Vitreous haemorrhage
→ Macular oedema
→ Retinal ischaemia

Myopia - near sighted

→ Excessive elongation of eyeball

→ Light focuses in front of retina

→ Correction by concave lens

→ Risk factor for glaucoma

→ Risk factor for cataract

→ Risk factor for retinal detachment

① Myopia - near sighted

→ Excessive elongation of eyeball

For best suggestion

→ For all intermediate & post-intermediate

Malignant HTN → gives rising pressure or rising excretion

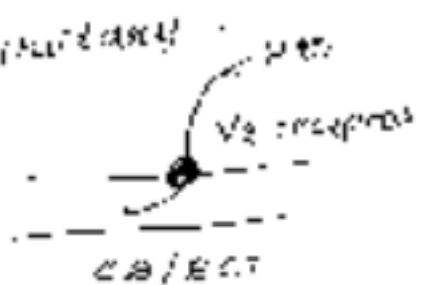
* $\frac{\text{Mean systolic pressure} - \text{Diastolic pressure}}{\text{Diastolic pressure}} \times 100$ (A) 110 (B) 120 (C) 130 (D) 140

* $\frac{\text{SBP} - \text{DBP}}{\text{Diastolic pressure}} \times 100$ (A) 110 (B) 120 (C) 130 (D) 140

Diabetes insipidus

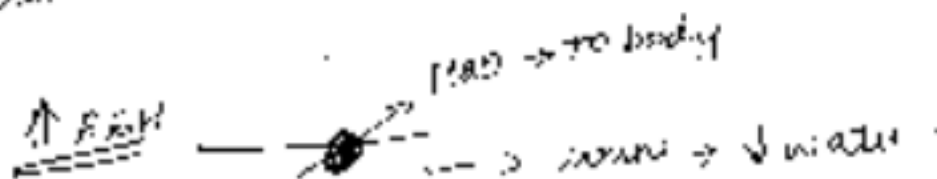
Vasopressin deficiency - supraoptic nucleus of hypothalamus

" Pituitary: Posterior pituitary

" Deficiency of vasopressin → (Retention of water) 

Signs & symptoms of Diabetes insipidus

- (1) Thirst after head injury
- (2) Nocturia
- (3) Polyuria
- (4) Polydipsia
- (5) Hypernatremia
- (6) Dry skin & weight loss → produce vasopressin



⑥ 2. ... ⑥

⑤ 完成後，檢查一下，(5)

(c) Relative Humidity - $\rightarrow$ % concentration of vapour.

(b) $\psi = 0$ at $x = 0$ and $x = 1$ $\Rightarrow \psi = 0$ at $x = 0$ and $x = 1$

(ii) Na^+ ions $\rightarrow$ disordered superstructure
more water in bond.

⑥ 7:00 : 'enter landing test'.

Tx :- S.F.H. : 4 No 1st line 2nd line 3rd line 4th line 5th line 6th line 7th line 8th line 9th line 10th line 11th line 12th line 13th line 14th line 15th line 16th line 17th line 18th line 19th line 20th line 21st line 22nd line 23rd line 24th line 25th line 26th line 27th line 28th line 29th line 30th line 31st line 32nd line 33rd line 34th line 35th line 36th line 37th line 38th line 39th line 40th line 41st line 42nd line 43rd line 44th line 45th line 46th line 47th line 48th line 49th line 50th line 51st line 52nd line 53rd line 54th line 55th line 56th line 57th line 58th line 59th line 60th line 61st line 62nd line 63rd line 64th line 65th line 66th line 67th line 68th line 69th line 70th line 71st line 72nd line 73rd line 74th line 75th line 76th line 77th line 78th line 79th line 80th line 81st line 82nd line 83rd line 84th line 85th line 86th line 87th line 88th line 89th line 90th line 91st line 92nd line 93rd line 94th line 95th line 96th line 97th line 98th line 99th line 100th line 101st line 102nd line 103rd line 104th line 105th line 106th line 107th line 108th line 109th line 110th line 111th line 112th line 113th line 114th line 115th line 116th line 117th line 118th line 119th line 120th line 121st line 122nd line 123rd line 124th line 125th line 126th line 127th line 128th line 129th line 130th line 131st line 132nd line 133rd line 134th line 135th line 136th line 137th line 138th line 139th line 140th line 141st line 142nd line 143rd line 144th line 145th line 146th line 147th line 148th line 149th line 150th line 151st line 152nd line 153rd line 154th line 155th line 156th line 157th line 158th line 159th line 160th line 161st line 162nd line 163rd line 164th line 165th line 166th line 167th line 168th line 169th line 170th line 171st line 172nd line 173rd line 174th line 175th line 176th line 177th line 178th line 179th line 180th line 181st line 182nd line 183rd line 184th line 185th line 186th line 187th line 188th line 189th line 190th line 191st line 192nd line 193rd line 194th line 195th line 196th line 197th line 198th line 199th line 200th line 201st line 202nd line 203rd line 204th line 205th line 206th line 207th line 208th line 209th line 210th line 211st line 212nd line 213rd line 214th line 215th line 216th line 217th line 218th line 219th line 220th line 221st line 222nd line 223rd line 224th line 225th line 226th line 227th line 228th line 229th line 230th line 231st line 232nd line 233rd line 234th line 235th line 236th line 237th line 238th line 239th line 240th line 241st line 242nd line 243rd line 244th line 245th line 246th line 247th line 248th line 249th line 250th line 251st line 252nd line 253rd line 254th line 255th line 256th line 257th line 258th line 259th line 260th line 261st line 262nd line 263rd line 264th line 265th line 266th line 267th line 268th line 269th line 270th line 271st line 272nd line 273rd line 274th line 275th line 276th line 277th line 278th line 279th line 280th line 281st line 282nd line 283rd line 284th line 285th line 286th line 287th line 288th line 289th line 290th line 291st line 292nd line 293rd line 294th line 295th line 296th line 297th line 298th line 299th line 300th line 301st line 302nd line 303rd line 304th line 305th line 306th line 307th line 308th line 309th line 310th line 311st line 312nd line 313rd line 314th line 315th line 316th line 317th line 318th line 319th line 320th line 321st line 322nd line 323rd line 324th line 325th line 326th line 327th line 328th line 329th line 330th line 331st line 332nd line 333rd line 334th line 335th line 336th line 337th line 338th line 339th line 340th line 341st line 342nd line 343rd line 344th line 345th line 346th line 347th line 348th line 349th line 350th line 351st line 352nd line 353rd line 354th line 355th line 356th line 357th line 358th line 359th line 360th line 361st line 362nd line 363rd line 364th line 365th line 366th line 367th line 368th line 369th line 370th line 371st line 372nd line 373rd line 374th line 375th line 376th line 377th line 378th line 379th line 380th line 381st

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

no. Options Living Ascentment
To: Exposition
Conductor.

Contract 22 - 5.200.00 - des de damage de foud p. bulles

Hypotheses: $d_1 = 1$ and $d_2 = 1$ (both $\sqrt{\frac{1}{2}}$ (see form))
 but d_1 and d_2 are present, but d_1 and d_2 are $\frac{1}{2}$

Chemical reaction $\rightarrow$ Nitration
in benzene solution

de / e - puzgona, puzgona

Ex :- Lewis base $\rightarrow$ lone pair

$$\Rightarrow CC^{1/2} \cdot A^{\frac{1}{2}}$$

Na repr. $\Rightarrow$ falls, wenn β positiv

Ex. 10: Derivative of $\ln(x)$ is $\frac{1}{x}$

2014 10 25

Adrenal gland

[illegible]

$\frac{1}{\epsilon^2} \rightarrow \text{sing. presen.}$

[illegible]

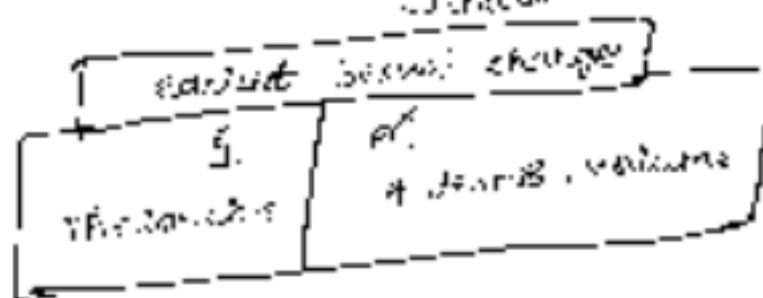
32 - අනුමාන අනුමානකරණය (ඉප)

[illegible]

(5) Reticulation: $\rightarrow$ 2nd - sensitive $\rightarrow$ $\Sigma \Delta E \propto \frac{1}{\text{Exposure Time}}$
 $\downarrow$
 (Exposure Time)

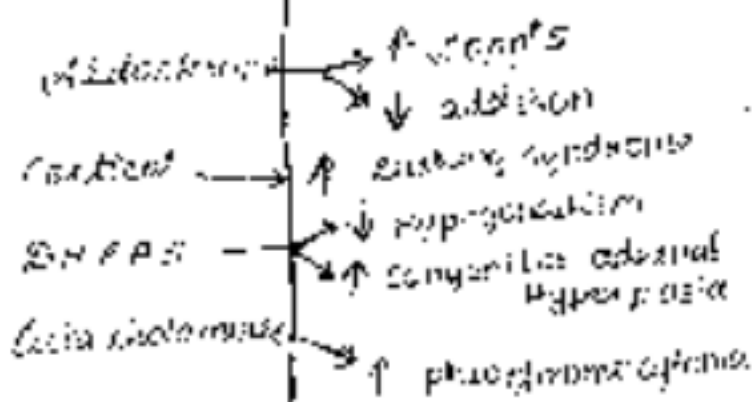
(b) ψ is a constant function.

S. fuscus



NE $\rightarrow$ (Acute tubular necrosis)

LEP HCP



Parathyroid gland

① Parathyroid hormone $\rightarrow$ PTH $\rightarrow$ 34 amino acid

Bone Resorption $\rightarrow$ $\uparrow$ Ca^{2+}

② Kidney (PTH) (PTH phosphate loss) : $PO_4 \downarrow$, $\uparrow$ Ca^{2+}

Bone Turnover $\rightarrow$ Bone resorption phosphate $\uparrow$

OSTEO Blast $\rightarrow$ Bone formation

$\rightarrow$ Osteoclast $\rightarrow$ Bone destruction

③ Primary PTH $\uparrow$: Parathyroid adenoma

$\uparrow$ calcium (11-12 mg%) $\rightarrow$ (N)

$\uparrow$ (11-12 mg%) $\rightarrow$ Hypercalcemia

Renal colic : flank pain
 $\downarrow$
Numbness

L-2 para / 14/12/20

→ Sensitization

$[1A-15178]$ → Calcium's cut
 (Calcium in skin)

 → Handling ΔV (Deposits new)

↑ Serpinin resistance : HTR

→ Inhibition like Ca^{2+} release
 of parathyroid
 Receptor / Calcitonin

→ PTHrP

$[25178]$ → Calcium's cut (skin)

Ex: 1. Calcium's cut (skin) $\propto \frac{1}{\text{Ca}^{2+}}$
 PTHrP $\propto \frac{1}{\text{Ca}^{2+}}$
 ESR $\propto \frac{1}{\text{Ca}^{2+}}$

(2) Calcium's cut (skin) $\propto \frac{1}{\text{Ca}^{2+}}$

(3) Calcium's cut (skin) $\propto \frac{1}{\text{Ca}^{2+}}$

Ex: 1. Calcium's cut (skin) $\propto \frac{1}{\text{Ca}^{2+}}$

(2) Calcium's cut (skin) $\propto \frac{1}{\text{Ca}^{2+}}$

(3) Calcium's cut (skin) $\propto \frac{1}{\text{Ca}^{2+}}$

(4) Calcium's cut (skin) $\propto \frac{1}{\text{Ca}^{2+}}$

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Gives in drops for Anger, violence

2018-19-03

Q. 1 :- Parathyroid
 1/2 PTH Release.

Hypoparathyroidism :

PTH ↓

① Autoimmunity.

② Congenital.

Thyroid gland hypoplasia : rare &

parathyroid gland hypoplasia : PTH ↓ calcitonin ↓

Rickets like features

③ Hypoparathyroidism : parathyroid dysplasia
 Hypocalcaemia : Tetany (convulsion).

E.g. : ① Perioral / Peri-Oral parathyroid.

② BP cuff : SBP + 40 mmHg.

↓ 3 min

CANOPPEP L. Spasm.

aberration bands.

TRACHEAL
 SIGN.

Muscle cramp : Excitability.

③ Parathyroid gland : Facial Nerve (V).

Motor in face.

Facial grimace.

CHIN
 SIGN.

④ Laryngeal Spasm : stridor → death.

1. CA ↓

PTH ↑

SBP ↓

SBP ↓

parathyroidism.

Tr 44. 180 is the patient / initial update

Rx :-

IV calcium gluconate
Acute hypocalcaemia

PTH $\downarrow$ $\Rightarrow$ Tetraparathy (mg)

| | normal
PTH $\downarrow$ | PTH $\uparrow$ | autoimmune
hypoparathyroidism |
|-----------------|---------------------------------------|----------------|----------------------------------|
| Ca | $\uparrow$ | $\downarrow$ | $\downarrow$ |
| PO ₄ | $\downarrow$ | $\uparrow$ | $\uparrow$ |
| SAP | $\uparrow$ | $\uparrow$ | (N) |
| Tx | Normal saline
Biphosphonates
Bx | Endocrine | Tetraparathy |

Pseudo-hypoparathyroidism $\rightarrow$ neg Repr is same

PTH $\uparrow$

Receptor : Resistance

Calcium $\Rightarrow \downarrow$

PO₄ $\Rightarrow \uparrow$

SAP $\Rightarrow$ (N)

Tx $\rightarrow$ No Tx

Diagnosis like features

Earliest Sign =

Ex. Craniofacial / long long skull

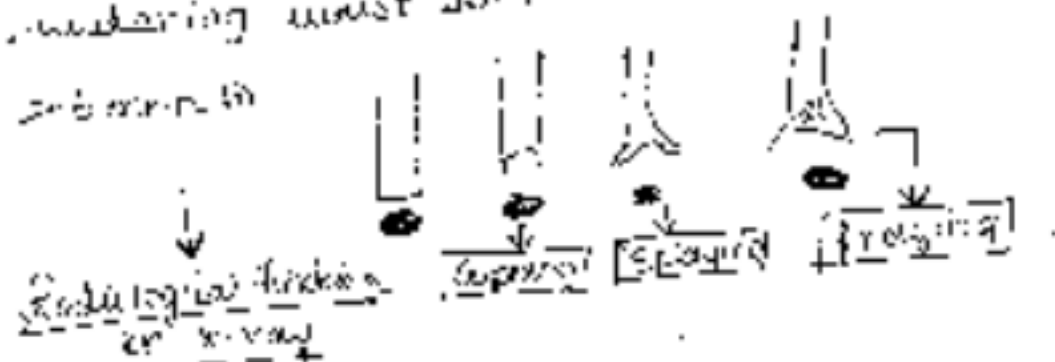
Flattening of occiput

(1)

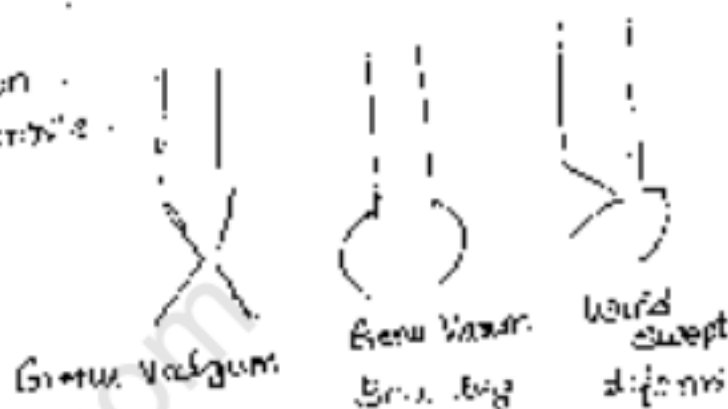


② understanding wrist joint

submerion



③ Delayed delayed derivation
+ mid-spec. fl.



OSTEOPOROSIS (defect in bone matrix)

→ osteoclast ↑
→ osteoclast (N)

> 10 yr of - Low production
part in bone

OR NERVE'S OF 9-ON

Ix = EXX / bone density

bone spine / head of femur / calcaneum

T Score < -2.5 SD

Z Score < -2.5 SD

T Score < -1.5 SD

Z Score < -1.5 SD

Osteoporosis

bone scan → detect of bone

osteoporosis

osteoporosis

bone density

R.C.C

① Reflux esophagitis - 3 times a week

E.g. Reflux esophagitis

* If drug given > 5y -> starting off 75 mg

② Paradoxical nasal spray (analgesic effect)

③ vit B₁₂ : Supplements

Sieckman's Syndrome

2. 4-yr old, emaciated

anemia, atrophic gastritis

↓

if no risk factor

↓

① GH = Endocrine tumor abundant! cell se. [1st in Reducer]

② IGF-1: Concentration ↓

③ LH ↓

④ FSH ↓

⑤ PRL ↓

⑥ TSH ↓

PRL ↓ suppresses of lactation

LH ↓ } -> 3rd trimester
FSH ↓ }

TSH ↓ -> cold intolerance, wt gain

-> [1st to Reducer]

↓

3rd trimester

→ 1st to be given
 (1) Trab. desmolars - Sugar ↑

(2) Trab. s & P (asthylene - posthypophyseal)

(3) Trab. desmolars

Pituitary tumor

* most frequent is pituitary tumor

* Dependent → PRL → FSH/LH

* 1st type is PRL ↑ - 1st tumor (Pit)

① FSH ↓, LH ↓ } Infertility & G

② 1st type is PRL ↑

→ Galanin & G

③ tumor in 1st

macro - adenoma

④ pituitary tumor - 1st type is PRL ↑

⑤ 1st type is PRL ↑

macro - adenoma

⑥ 1st type is PRL ↑ - 1st tumor (Pit)

Visual deficit

Ans.

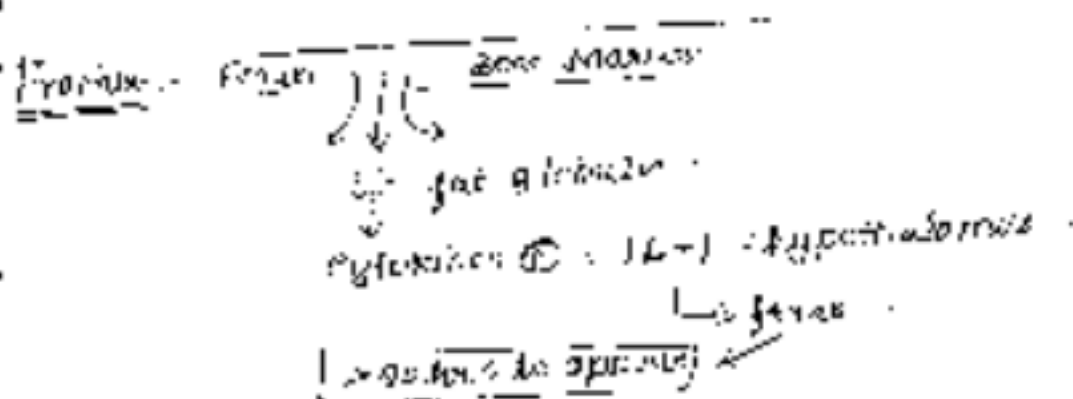
Qx : Presbyopia

Ex : Trans-synaptic SA

- ① Optic N → multiple sclerosis →  
- ② Optic chiasm → Tumor →  
- ③ Optic Radiation → Stroke →  
- Flavoured → Pit in fovea →  
- Temporal → Pit in SKH →  
- Occipital cortex → Hemianopia →  
- Posterior → Hemianopia
- Pre-central → Macular sparing

Lung Pathology

Fat embolism Syndrome:



* Diagnosis:- 4 Major criteria large $\Rightarrow$ $V/2$ urethane

Lab test

$$\downarrow$$

$$\text{V} = \frac{\text{ml/min}}{\text{L/min}} = 0.37$$

Respiratory insufficiency

- * Tachypnea, accessory muscle use
- * Crackles / wheezes / rhales
- * Extremity petechiae / purpura
- * Intoxication
- * Cyanosis

Good Criteria

* Symptoms:- 4 Minor criteria - small
S-sputum - curd

- (1) Petechiae
- (2) Rash (a. cilia $\rightarrow$ hair as shed)
- (3) H & A (4) BP & (5) Tachycardia
- (6) Sputum / urine mic = fat globules (1)

Di for fat embolism $\Rightarrow$ 1 Major + 4 Minor criteria

Iy :-

1. A.B.G. : Radiat. Effect

$$\textcircled{a} \left[\begin{array}{l} PO_2 = 80 - 100 \text{ mmHg} \\ PO_2 = 80 - 100 \text{ mmHg} \end{array} \right] : \downarrow$$

Hyperventilation
CO₂ washout

- * Type I Respiratory failure
- * Respiratory alkalosis

②. C & K : ①

Rx :- High flow O₂ + dexamethasone (vasogenic oedema)
+ low pressure (dist. pressure effect)
Fat embolism -> (not be prevented)
-> Only be treated.

Flak - Embolism :-

① Trauma to (int. jugular vein) is negative pressure
* Atm. pressure = 4' pressure => so, air goes inside vein -> press.

② Central line insertion.

Subclavian vein -> increased risk.

* VVP measurement : 8-12 cm H₂O : done for fluid resuscitation.

* Total parenteral nutrition : 25% , 50%
(IV fed 1.4A + Sugar)

* Chemotherapy.

(2) during inspiration) $\rightarrow$ pressure in Rt. ventricle during Ex.



* catheterizing technique
1. Syringe
2. 20 cc

2. Turn to left lateral decubitus

Immediate treatment - (a) Trendelenburg position

(b) 10 min

[1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 28: 29: 30: 31: 32: 33: 34: 35: 36: 37: 38: 39: 40: 41: 42: 43: 44: 45: 46: 47: 48: 49: 50: 51: 52: 53: 54: 55: 56: 57: 58: 59: 60: 61: 62: 63: 64: 65: 66: 67: 68: 69: 70: 71: 72: 73: 74: 75: 76: 77: 78: 79: 80: 81: 82: 83: 84: 85: 86: 87: 88: 89: 90: 91: 92: 93: 94: 95: 96: 97: 98: 99: 100: 101: 102: 103: 104: 105: 106: 107: 108: 109: 110: 111: 112: 113: 114: 115: 116: 117: 118: 119: 120: 121: 122: 123: 124: 125: 126: 127: 128: 129: 130: 131: 132: 133: 134: 135: 136: 137: 138: 139: 140: 141: 142: 143: 144: 145: 146: 147: 148: 149: 150: 151: 152: 153: 154: 155: 156: 157: 158: 159: 160: 161: 162: 163: 164: 165: 166: 167: 168: 169: 170: 171: 172: 173: 174: 175: 176: 177: 178: 179: 180: 181: 182: 183: 184: 185: 186: 187: 188: 189: 190: 191: 192: 193: 194: 195: 196: 197: 198: 199: 200: 201: 202: 203: 204: 205: 206: 207: 208: 209: 210: 211: 212: 213: 214: 215: 216: 217: 218: 219: 220: 221: 222: 223: 224: 225: 226: 227: 228: 229: 230: 231: 232: 233: 234: 235: 236: 237: 238: 239: 240: 241: 242: 243: 244: 245: 246: 247: 248: 249: 250: 251: 252: 253: 254: 255: 256: 257: 258: 259: 260: 261: 262: 263: 264: 265: 266: 267: 268: 269: 270: 271: 272: 273: 274: 275: 276: 277: 278: 279: 280: 281: 282: 283: 284: 285: 286: 287: 288: 289: 290: 291: 292: 293: 294: 295: 296: 297: 298: 299: 300: 301: 302: 303: 304: 305: 306: 307: 308: 309: 310: 311: 312: 313: 314: 315: 316: 317: 318: 319: 320: 321: 322: 323: 324: 325: 326: 327: 328: 329: 330: 331: 332: 333: 334: 335: 336: 337: 338: 339: 340: 341: 342: 343: 344: 345: 346: 347: 348: 349: 350: 351: 352: 353: 354: 355: 356: 357: 358: 359: 360: 361: 362: 363: 364: 365: 366: 367: 368: 369: 370: 371: 372: 373: 374: 375: 376: 377: 378: 379: 380: 381: 382: 383: 384: 385: 386: 387: 388: 389: 390: 391: 392: 393: 394: 395: 396: 397: 398: 399: 400: 401: 402: 403: 404: 405: 406: 407: 408: 409: 410: 411: 412: 413: 414: 415: 416: 417: 418: 419: 420: 421: 422: 423: 424: 425: 426: 427: 428: 429: 430: 431: 432: 433: 434: 435: 436: 437: 438: 439: 440: 441: 442: 443: 444: 445: 446: 447: 448: 449: 450: 451: 452: 453: 454: 455: 456: 457: 458: 459: 460: 461: 462: 463: 464: 465: 466: 467: 468: 469: 470: 471: 472: 473: 474: 475: 476: 477: 478: 479: 480: 481: 482: 483: 484: 485: 486: 487: 488: 489: 490: 491: 492: 493: 494: 495: 496: 497: 498: 499: 500: 501: 502: 503: 504: 505: 506: 507: 508: 509: 510: 511: 512: 513: 514: 515: 516: 517: 518: 519: 520: 521: 522: 523: 524: 525: 526: 527: 528: 529: 530: 531: 532: 533: 534: 535: 536: 537: 538: 539: 540: 541: 542: 543: 544: 545: 546: 547: 548: 549: 550: 551: 552: 553: 554: 555: 556: 557: 558: 559: 560: 561: 562: 563: 564: 565: 566: 567: 568: 569: 570: 571: 572: 573: 574: 575: 576: 577: 578: 579: 580: 581: 582: 583: 584: 585: 586: 587: 588: 589: 590: 591: 592: 593: 594: 595: 596: 597: 598: 599: 600: 601: 602: 603: 604: 605: 606: 607: 608: 609: 610: 611: 612: 613: 614: 615: 616: 617: 618: 619: 620: 621: 622: 623: 624: 625: 626: 627: 628: 629: 630: 631: 632: 633: 634: 635: 636: 637: 638: 639: 640: 641: 642: 643: 644: 645: 646: 647: 648: 649: 650: 651: 652: 653: 654: 655: 656: 657: 658: 659: 660: 661: 662: 663: 664: 665: 666: 667: 668: 669: 670: 671: 672: 673: 674: 675: 676: 677: 678: 679: 680: 681: 682: 683: 684: 685: 686: 687: 688: 689: 690: 691: 692: 693: 694: 695: 696: 697: 698: 699: 700: 701: 702: 703: 704: 705: 706: 707: 708: 709: 710: 711: 712: 713: 714: 715: 716: 717: 718: 719: 720: 721: 722: 723: 724: 725: 726: 727: 728: 729: 730: 731: 732: 733: 734: 735: 736: 737: 738: 739: 740: 741: 742: 743: 744: 745: 746: 747: 748: 749: 750: 751: 752: 753: 754: 755: 756: 757: 758: 759: 760: 761: 762: 763: 764: 765: 766: 767: 768: 769: 770: 771: 772: 773: 774: 775: 776: 777: 778: 779: 780: 781: 782: 783: 784: 785: 786: 787: 788: 789: 790: 791: 792: 793: 794: 795: 796: 797: 798: 799: 800: 801: 802: 803: 804: 805: 806: 807: 808: 809: 810: 811: 812: 813: 814: 815: 816: 817: 818: 819: 820: 821: 822: 823: 824: 825: 826: 827: 828: 829: 830: 831: 832: 833: 834: 835: 836: 837: 838: 839: 840: 841: 842: 843: 844: 845: 846: 847: 848: 849: 850: 851: 852: 853: 854: 855: 856: 857: 858: 859: 860: 861: 862: 863: 864: 865: 866: 867: 868: 869: 870: 871: 872: 873: 874: 875: 876: 877: 878: 879: 880: 881: 882: 883: 884: 885: 886: 887: 888: 889: 890: 891: 892: 893: 894: 895: 896: 897: 898: 899: 900: 901: 902: 903: 904: 905: 906: 907: 908: 909: 910: 911: 912: 913: 914: 915: 916: 917: 918: 919: 920: 921: 922: 923: 924: 925: 926: 927: 928: 929: 930: 931: 932: 933: 934: 935: 936: 937: 938: 939: 940: 941: 942: 943: 944: 945: 946: 947: 948: 949: 950: 951: 952: 953: 954: 955: 956: 957: 958: 959: 960: 961: 962: 963: 964: 965: 966: 967: 968: 969: 970: 971: 972: 973: 974: 975: 976: 977: 978: 979: 980: 981: 982: 983: 984: 985: 986: 987: 988: 989: 990: 991: 992: 993: 994: 995: 996: 997: 998: 999: 1000]

Minimum of 10 min: 10 min to 15 min

of 10 min: 10 min to 15 min

[Ry] in separation of air by 10 min

Pulmonary - thromboembolism

Arises from venous thrombosis

Arises from immobilization x 5 days

Stasis of blood: 5-10 years

Homan sign: dorsiflexion of ankle

Heber's sign: 10 min



Thrombus: Tissue w/ replacement

188

* Info: Massive Pulmonary Embolism = Fibrin Sx

↓
Large Ven. Thrombosis

③ Dysprotein Syndrome

Disproportionate w/ a prot per dam

Loss of albumin / fibrinogen / Complement

except :- Fibrinogen, high molecular weight proteins (x m.wt)

see ~~clot~~

loss of protein c/s/rat

Hyper-coagulable state (+)

Embolized air travel: Risky

AG

To ur Q: Dysprotein Syndrome

near - distal, distal veins - thin

lost off plane → thromboses, collapse

L/R → pulmonary embolism

④ Factor X

↓
Inherited Mutation

Hereditary Thrombophilia

↓
Embolic: 15, 4 → PVT (11-15 sec)

↓
Lithemic: 18 → PVT (30-40 sec)

Common pathway: is fibrinogen

Factor X → ^{crack} Protein C

→ is defective

* binding activity of factor X to protein C

* Unopposed factor X → clots

↓
↑ hypercoagulable state

↓
Tendency to form clot

9. Significant reduction of conservative observed.

(17) $I \cdot C \cdot C = 34 \text{ million}$

Ex: (1) $VARL = \oplus [\text{Anti-Lexicographic } s/b] \rightarrow \text{lower Abortion}$
 $\rightarrow \text{false} \in VARL.$

②. Perceptron $BT = \uparrow$
 $PT = \textcircled{1}$ (excess time)
 $\alpha PT = \uparrow$

Q. 8. Severnuss dilute Russel v. pos. Venom. (Time Test)

[illegible]

(2) First condensation at 16

② Expenses and charges 4/13

(3) Intrinsic ⇒ raised onto it. Above #
 " " Below #
 " " Distantly #

 R_x

Tab. display 75 mg use long

1. Mg^{2+} : 7 e^- : Total configuration : $1s^2 2s^2 2p^6 3s^2$ $\leftarrow \text{Ti} - 2$
 + small valency

↓
this very low level of nitrogen
the present state of affairs.

DVT

LVT

(pulmo SA)

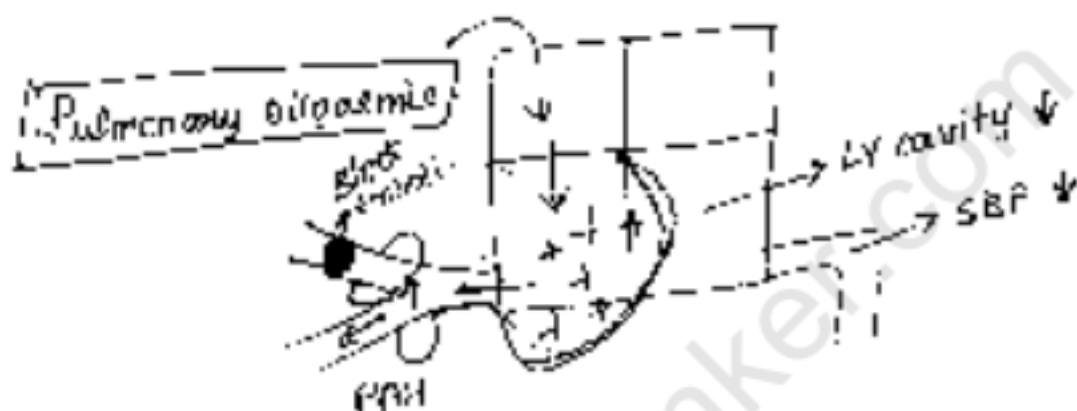
AF/Flutter

Factor 7. Sudden Mutation

Ventricular dysrhythmia

O/E P (x 30 ug estrogen)

All are hypercoagulable state



Acute cor pulmonale: Pulmonary embolism. Massive

① Pulm oligemia

② PAH

③ RVH + JVP ↑

④ Septal deviation. Echo: McConnell's Sign.

⑤ Left Ventricles cavity (smaller) ↓ : BP ↓

Post-operative, T.H.R. day & evening

To 4.4 → sudden onset dyspnea + CHF

O/E HR = 120/min BP = 80/Unrecordable

JVP ↑, J.R. = 30/min, accessory ⊕

diaphragm → tachycardia - normal

(SBP) → 80 → www.FirstRanker.com - 5

Lungs → respiration: in. exhal. / pulm. exhal.
ABSENT No cough, rigidity is falling

IT's

① ECG - rule out MI.
 → S, T, Q : ST segment pattern.
 elev. S : lead I
 deep Q : lead II
 inverted T : lead III

② CXR



- * Wedge sign → hilar mass
- * Pallor sign → Right descending pulm. A dilatation.
- * Waters mark → four oligemia

③ D. dimer assay → Screening test

④ V/P scan

⑤ CT-angiography → ITC

⑥ Pulm angiography → Gold standard

AG

1. CT-angiography → ITC

2. MRI → Multifactorial / Spiral CT

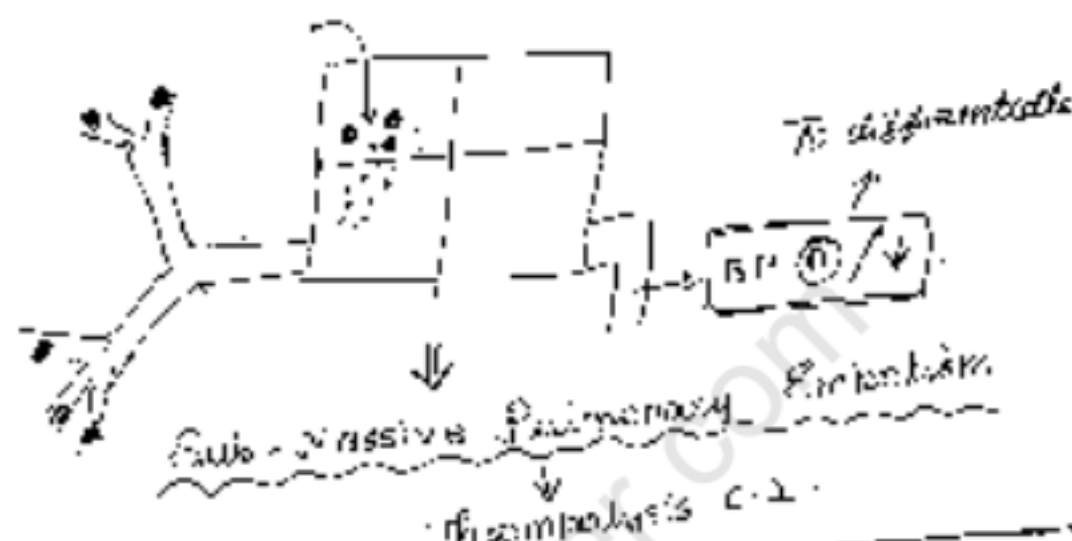
3. V/P scan

4. ITC : done for interstitial lung disease



Thrombolysis - tPA

↓
 CL- to thrombolysis - recent stroke
 prior - thromboembolism



Supermassive

Massive P.E

BP ↓ ↓

Arterial dyskinesia
 Serial deviation
 Tachypnea / hyperinflation

Sub massive P.E / CR P.E

BP ↓ / (1)

ECG: S1 Q3 T3

CXR: RLL Sign.

Pulmonary embolism & sudden onset hypoxia & tachypnea (1)

ECG: Sinus tachycardia

CXR = (1)

1. C.T. Angiography & Spiral CT

Only Hypoxia

Rx: Thrombolysis

+ Heparin

- (1) ~~constrict~~ fluid constricts in (during) P₂
- (2) Fat
- (3) Air
- (4) Vascular smooth muscle

| Physiology | Physiology 2 |
|-----------------|----------------------------|
| (1) Atrial | (1) Atrial |
| (2) P.S | (2) Atrial pressure volume |
| (3) Atrial P.E. | (3) Atrial pressure |

Post MI - 1st week, acute effects

Acute heart failure

↓
decreasing Aorta
↓
diastolic A
↓
perfusion A

(gangrene) brain

* they said acute phase
* loss of cardiac output
calculation

Q₂

↑ P₂ (acute myocardial infarction)

↓
regulatory control

* To 2nd's control → 1st's → 0 → 2nd's control are still

- * $S. S. S$ (community acquired pneumonia) $\rightarrow$ Pneumococcus
 - * Staph. Aureus (CAP) $\rightarrow$ Staph. Aureus (Empyema)
 * you find it
 Bx
 - * Vegetation Abscess $\rightarrow$ Pseudomonas
 - * HIV (+) $\rightarrow$ Pneumocystis Jiroveci.
 T cell B.A.L. given stain
 Tx : Co trimoxazole.
 (Prep 1st = 2000 -
 - * Psud. Jiroveci's Pneumonia $\rightarrow$ Chloramphenicol Pyrimeth
 Rx azithromycin.
 - * psittacosis $\rightarrow$ Pneumococcus AB
 - * psittacosis : Res. agent Jelly of chick } Chlamydia pneumoniae.
of chick : psittacosis sign AB } (HRE ALANBERG'S)
Rx co-trimoxazole pyrimeth. pneumonia.
 - * Aspirin febrile $\rightarrow$ Pseudomonas.
 - * Aspirin febrile repeated.
 - * Aspirin febrile in influenza.
- CLINIS - 03**

| | | |
|-------------|--|---|
| Septicemia | | |
| abscess | | any (I) (II) |
| Rx = 2000 | | admit, IV <u>azithromycin</u> . |
| Rx = 20/60 | | <u>amoxicillin</u> + <u>clavulanic Acid</u> |
| age > 65 yr | | <u>8 days</u> . |
- ↓
- Rx : for always taken streptococcus < streptococcus
- ↓ then
- Rx : 14 Levofloxacin.

History: Acute

Respiratory distress

O/E: RR ↑

Accessory muscle (+)

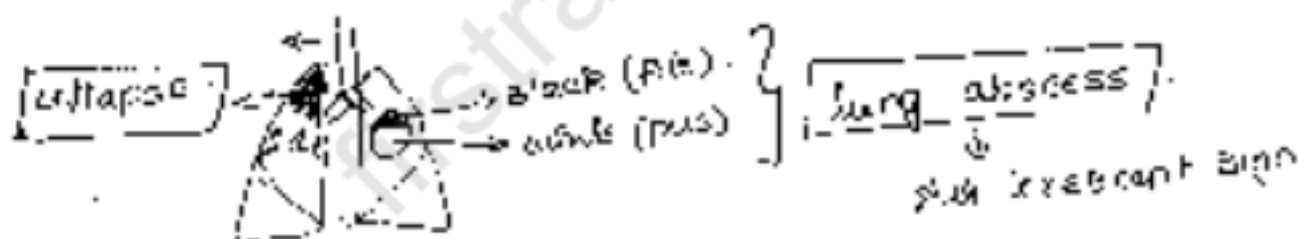
(+) Vesicular Breathing (I.V. Exp) Retic 1/2

at 1/2 positive

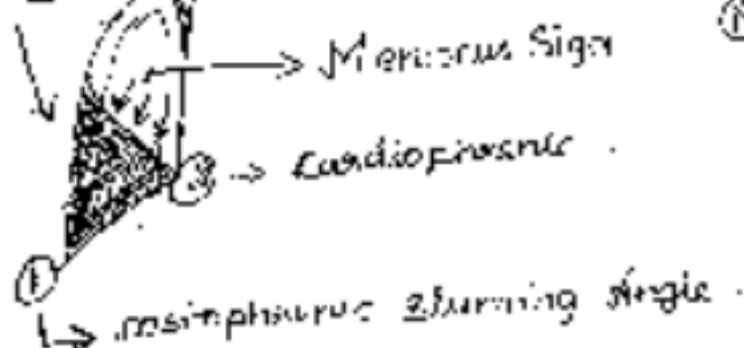
Barrelled Breathing (I.V.) = (1.1)



Tracheal shift ← 1/2 → inspiratory pulmonary fibrosis (IPF); collapse
1/1 → pneumonia, massive effusion



[Pleural Effusion]



(+) pleural fluid = 2-3 ml

Hydropneurotic effusion

* Empyema (Gas) www.FirstRanker.com

↓
ix: Needle Thoracentesis.
 7 1/2 space (Post) Simpson's line.

ix: Intercostal drainage tube (ICE).
 ↓
 15 1/2 space MAL (mid axillary line)

* Minimal pleural effusion.

T:O:O. VSB.

* How much minimum fluid can be detected on
 x-ray lateral decubitus?
 Ans:- 150 ml to be detected.

* Minimal pericardial effusion
 T:O:O. Echo-cardiography

Transudative PE

Exudative PE Effusion

* Pressure change.

* B/L

* → no change.

* Causes
CHF
 C. p (cardiogenic pleural effusion)
 Cirrhosis
 Nephrotic Syndrome

* inflammatory.

* V/L OR B/L

* → clot or clumping.

* Causes
TB
 Pneumonia. etc

Malignancy → adenocarcinoma
 Mesoth → thrombophlebitis
 Rheumatoid Arthritis ↓
 ↓ + Abscess
 Nodules + (Pleural) Effusions

Note:

* glass-silicosis

* fibrocellular organization (sugar cane field)

* microscopical form - Ferruginous lung (Hay)

① TB

② Va lung

③ Mesothelioma (Malignancy)

↑
Asbestos (Cement, MTEF)

Left sided effusion:

↓
Innervated

Acute parietal pleurisy (Tail)

↓
Symptomatic pleural effusion

Q. Eclampsia gravidarum. T₁

Vomiting & Retching

Severe chest pain, relieved, BP ↓.

Answer: ① Fetal risk

* Vaso-vagal syncope

② Maternal vessel syn. → if it was vomit + blood.

Ans: → ② Esophageal

↓
[Esophageal Rupture]

Chemical mediastinitis

↓
Chest pain

↓
BP unrelievable.

↓
Pneumo-mediastinum.

↓
Leaking of air into air
as atmospheric pressure.

↓
Structural shock

O/E: Hamman's crunch sign (crackling on chest & back
both found).

↓
Pneumo-mediastinum

Ix: Continuous crackling sign →



(Ex-ray)

$R_x \sim S_y$ Repair $[R=0.1^\circ C]$

~~Acute Respiratory Distress Syndrome~~

ARDS (Shock lung) Acute Respiratory Distress Syndrome
(damage in alveoli)

Causes

(1) Sepsis

H₁N₁ = swine flu Test: JCR Nasal fluid
U₁N₁ = bird flu D₁ = RSELT/D₁NAVIO

M₁N₁ = In human

(1) Influenza

R₁ = Paracetamol

(2) Viral pneumonia: anti-viral
Rx = amantadine

→ vaccine influenza A
Nasal spray
once/year

~~ARDS~~ (3) "Metabolic syndrome"
(Asymptomatic of stomach acid)

(4) Pulm embolism

(5) Toxic gas inhalation

(6) Multiple R.T. → cytokines

(7) Acute pancreatitis

Status Asthmaticus

Is # in Bronchi, bronchioles

→ Not a cause of ARDS



$\therefore$ is filling pressure of left atria.

* ΔP_{NaF} - Transudation of fluid into sub-endothelial space (pul. edema)

* Cardiac output from edema = $\Delta P_{\text{NaF}} \uparrow$

* ΔP_{NaF} (some fluid) $\rightarrow$ will not cause any fluid output (some)



[lung side]

Type 1

Type 2

subcutaneous edema

Rebreather (dyspnea)

Vaso-constriction of pulmonary vessels



central venous pressure $\rightarrow$ Right heart failure $\rightarrow$ high pressure pul. edema

* Inter-pulmonary shunting

* High pressure pul. edema

* fraction of inspired O_2 = Room air
 $F_{iO_2} \rightarrow 21\% \rightarrow 21/100 = 0.21$

In ARDS $\Rightarrow \frac{P_{aO_2}}{P_{iO_2}} < 300$

Two: ① Arterial blood gas is further disturbed

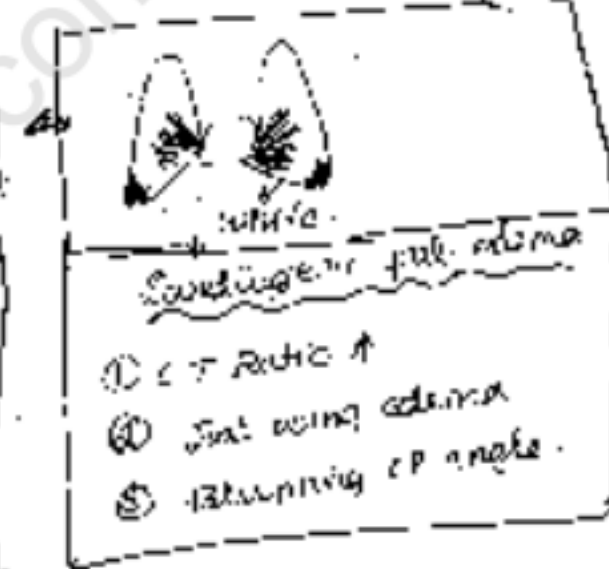
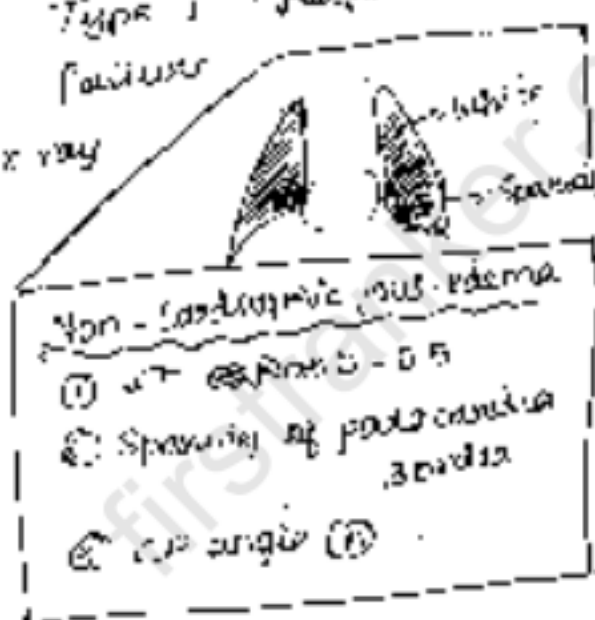
$P_{aO_2} \downarrow$ - ② hypoxemia

$P_{aO_2} \downarrow$: hyperventilation

Type 1 - Respiratory

failure

② chest x ray



$P_{aO_2}/P_{iO_2} < 300$

PCWP = ②

CX-ray = extensive B/L infiltrates

P_{aO_2}/P_{iO_2} (CPAP) continuous positive airway pressure
 a/k/a Low volume Ventilation

High pressure: 1-12 cmHg (intermittent pressure ventilation)
 ↓
 may cause Barotrauma

steroids

support

$\downarrow P_{O_2}$
 P_{CO_2} (b) / $\downarrow$

Type 1 Respiratory Failure

- Excluded asthma
- (a) P.O.S. B.B.
- (b) fat embolism syndrome
- (c) pneumonia
- (d) pleural effusion

Type - III Respiratory Failure:-

→ Asthma + severe obstructive
(acute & chronic in nature)

Ex - chest physiotherapy + O₂

Type - IV Respiratory Failure:-

Progression $\downarrow$ of Respiratory Muscle

Why? no effect of $\uparrow$ P_{O_2} in hypoxemia, obstructive shock.
Hypoxemia, neurogenic

Rx: intubation + P.P.V. (positive pressure ventilation)

| | R_s | P_s |
|----------|--|-------|
| Type (1) | Low volume ventilation | ARDS |
| Type (2) | High tidal volume + PEEP +
Non-invasive ventilation | ARDS |
| Type (3) | Chest physiotherapy | |
| Type (4) | Extracorporeal membrane oxygenation (ECMO) | |

4.7.17

id.

Tension pneumothorax

3.5 cm

DESTRUCTIVE CHECK

Tension pneumothorax

Respiratory Temperature

* ECG & V

* HR ↑

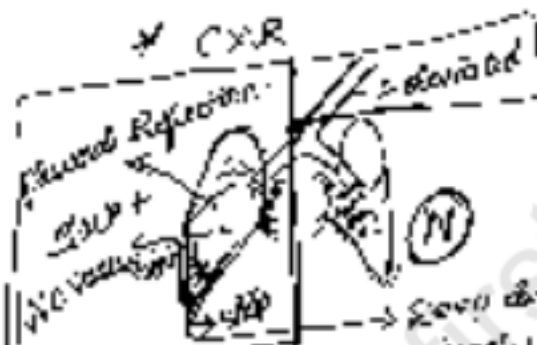
* CVP ↑

* increased S₁ S₂

* decreasing quantity

* Respiratory sounds
More Relaxed / More

* CXR



* Mediastinum - Seen clearly near heart
Mediastinum - Seen clearly near heart
Mediastinum - Seen clearly near heart

* Pericardial tamponade of BV - (R)

Rx: Tension pneumothorax

2.7.17 needs (R/L) space (M.C.I.)
and (low volume)

I.C. B. & I.C. G. (Suction)

Mediastinal tamponade and airway line

Pencil Cavity

Section Four: ec-14.3

I-2 - C.R.R. during funding (T)

2.5% large fraction of surface area

Freezing adaptation :- 62

$$= (1, 2) \quad \text{with } 25\% \text{ of } 200,000 \text{ of } 175,000$$

2/0 sudden onset respiratory distress

$$\frac{C \times R}{f \cdot \pi \cdot (A + 1)} \quad (2)$$

Hydrobia ulnata

જાહેર સ્થાનો પર પ્રવેશ નહીં આપવાનું છે

5. 12. 2010

- * Expiratory ↑
- * Spontaneous pneumothorax
- ① CVS: JVP, RR, Heart Rate, Jugular Venous distention, Aortic dissection
- ② CXR → Expiratory - hyperlucency, loss of diaphragm
- ③ Lung → Spontaneous pneumothorax
- ④ TALL - short, thin, tall, thin, tall, thin
- ⑤ Asymmetrical
- ⑥ Asymmetrical sign → hyperlucency of lungs in chest

Spirometry is pulmonary function test.

1. FEV₁ > 80%

2. FVC > 80%

3. PEF > 80%

Residual Volume

In $\frac{\Delta FEV_1}{FEV_1} \times 100$ (Expiratory)

50-80% → mild

30-50% → Moderate

< 30% → severe

" Chronic Obstructive Pulmonary Disease "

1. Reversibility of airflow

Reversibility of FEV₁ Δ > 12%

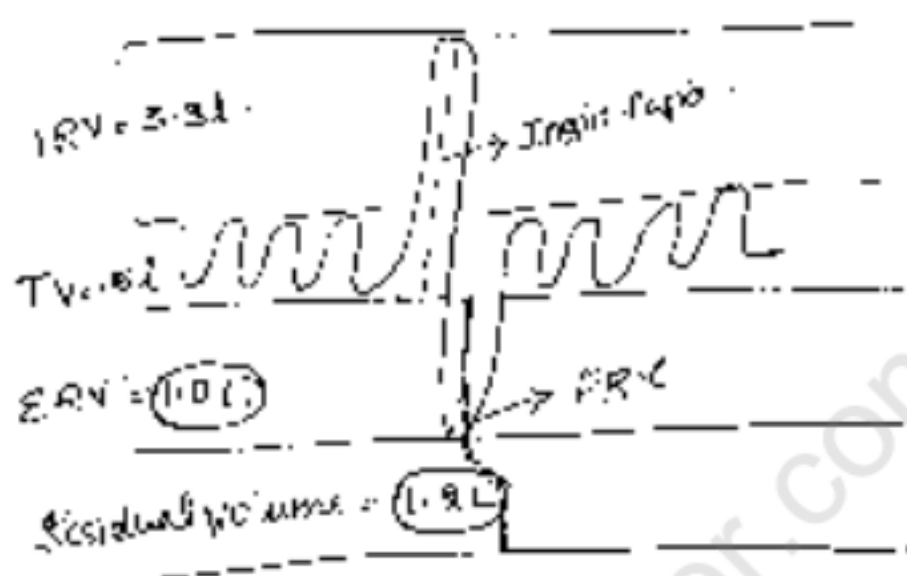
Intermittent FEV₁ (2)

→ % change of FEV₁

↓
[> 12%] Δ

② Normal (cold air).

* $\frac{FEV_1 \rightarrow (FRC + R)}$ peak expiratory flow rate
 $\downarrow$
 only seen in asthma



Total Lung Capacity $\rightarrow IRV + ERV + RV + TV = 6 L$

Vital Capacity $= IRV + TV + ERV = 4.8 L$

Inspiratory Capacity $= IRV + TV = 3.8 L$

Functional Residual Capacity $= ERV + RV = 2.9 L$

Asthma - (disease of expiration) Air trapping

① RV $\uparrow$

② TLC $\uparrow$

③ FRC $\uparrow$

④ FEV₁ $\downarrow$ 50



Interstitial lung disease (ILD) (Pneumoconiosis) (Pneumoconiosis)

↓
 HSE: idiopathic pulmonary fibrosis (IPF)
 → Asbestosis: silicosis
 → (Smoker) → Desquamate interstitial pneumonia

① Residual volume ↓

② TLC ↓

③ FRC ↓

④ Timed vital capacity (TV) ↑

Obstructive asthma

FEV₁ ↓
 TLC ↑

↓ Ratio

Restrictive IPF

FEV₁ ↓
 TLC ↓

Timed vital capacity

① / ↑ Ratio

Asthma (w/ COPD)

RV ↑

TLC ↑

FRC ↓

Timed vital capacity ↓

Silicosis
 air occupational lung dis'n
 India

↓
 ↓
 ↓

① / ↑

- (+) Asbestosis
- ↓
 - Progressive massive fibrosis
 - upper lobes more involved (brownish black)
 - Associated w/ Rheumatoid nodules

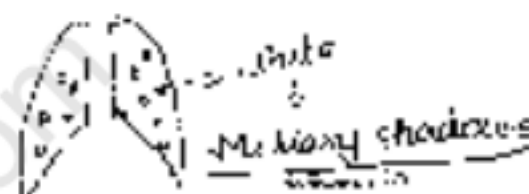
↓

Caplan Syndrome @ @

Silicosis

- * Bubbles / Rock blasting
- * Upper lobe (More)
- * Miliary shadows
- * Enlarged hilar LN
- * egg shell calcification

Silicosis / Sarcoidosis



- (1) Enlarged TB
- (2) Silicosis
- (3) Miliary shadows
- (4) Calcifications

Asbestosis

Perennial, Mica

Lower lobe involvement (leg is heavy)

CXR → Apical miliary shadows

Coarctation

(Lower - tracheal group of LN enlargement)

> Groups: Mesothelioma (sq. of lung)

* Early pleural effusion

* calcification: asbestos pleural plaques

* Type 4 HS

* Non-destructive extrinsic allergic alveolitis

① Farmer's lung → Hay → Micro: POLYSPERMIA

② Bagassosis → Sugar cane → Thermophilic actinomyces dust

③ Hypersensitivity pneumonitis → Morley chart T4/T3 ratio

* Eosinophil count = ⑦ → HS pneumonitis

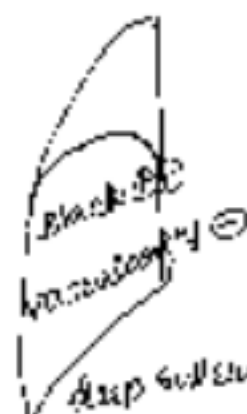
In foreign eosin → ↑



Pneumonia



Pleural effusion



Black line
visceral pleura
curved line
parietal pleura
Pneumothorax

* Peritoneal diaphragm sign: Pneumo-mediastinum



air under diaphragm

Cupola Sign

Mountaineer Sign

Gas under diaphragm



① Perforation Peritonitis

② Omphalitis patch + Peritonitis

Wife admission of food.

X-ray = multiple air fluid levels

= Step ladder pattern.

tx = laparotomy

⑤ Ileus

Post-operative Myoelectric

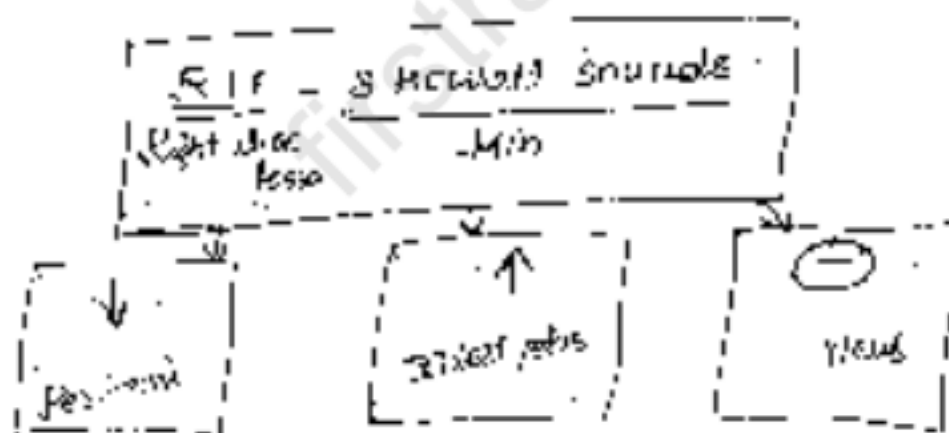
No Tube decompression

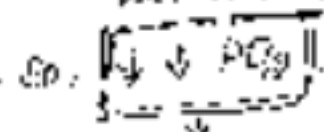
Conservative.

CL In ~~peritonitis~~ disease -> No st. et.
Rebound tenderness.

inst. abn. res. -> Abn. ky pain

ileus -> distension





hyperinflation (air in alveoli)

Blue bloated = heavy S_2

$\uparrow$ PaO_2 = Type 2 Respiratory failure

Most S_2 = always sleep - "Drowsy"

Rx: Antibiotics (anti-infectives) + Mucolytics (to thin sputum)

- 1) Bromhexine
- 2) Fluticasone

Fluticasone + Salbutamol = O_2 @

1 L/min x 16 H₂O₂

cylinders

if S_2 doesn't stop smoking

Worse $\rightarrow$ $\uparrow$ work capacity
 $\uparrow$ dissolved O_2

Exerc. can do this work (daily activities) in environment

Emphysema:

Pink Puffer

hyperinflation - spontaneous pneumothorax

Chronic Bronchitis = blue bloated type filled small airways

I.D.C. COPD $\Rightarrow$ CT chest

Spontaneous PEV $\downarrow$

Rx: Smoking cessation

Low flow O_2

2. D.C. Resp. mode

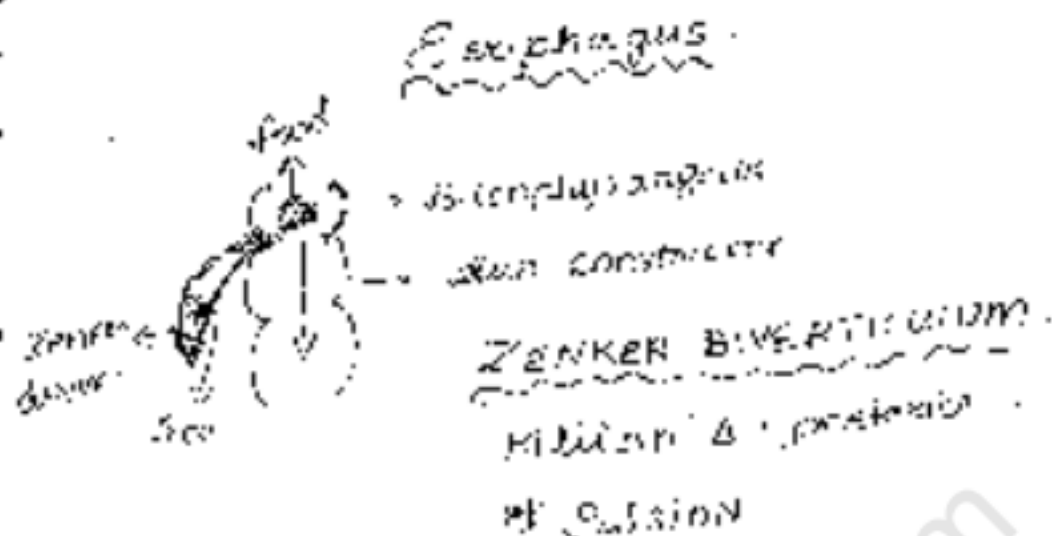
1. L.R. Psychomotoric $\rightarrow$ H.R.T

pub. embolism = C.T.F

Venous thrombosis = C.T.F

Full demonstration of Palm Angiography
 (later as well as at the vessels from artery)

firstRanker.com



- Complication -
- (1) Aspiration
 - (2) Regurgitation of food & non-digested
 - (3) Dysphagia (Non-progressive)

Test - Barium swallow

Rx - Ex Resection

Schistosoma King

congenital malformation in lower esophagus

Non-progressive dysphagia

Diffuse Esophageal Stricture / Esophageal Angina

side effect - esophageal muscle compressed by esophagus

- (1) chest pain
- (2) Dysphagia - Non-progressive

IV/ (1) ERM - to Rule out coronary artery

(2) 1st & 2nd constrictor

www.FirstRanker.com

$$\sigma_{\text{eff}}^{\text{eff}} = \sigma_{\text{eff}}^{\text{eff}} \cos^2 \theta_{\text{eff}}$$

3. In addition $\left\{ \begin{matrix} \text{ } \\ \text{ } \end{matrix} \right\}$ - "CORK HERE" $\rightarrow$ $\left\{ \begin{matrix} \text{ } \\ \text{ } \end{matrix} \right\}$

NOTED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

$D_{2m+1}(2q) \cong \text{GL}(m+1, \mathbb{F}_q) \rtimes \text{Sym}(m+1)$ $q \equiv 1 \pmod{2}$

3 minutes to make a deal

710. (14.6) (non-acidic monochloride)

(c) C.R.D. is applicable
E = unavailability = $\left[\frac{P_{max}}{P_{min}} \right]^{RC/N^2}$. Now adding
the term for RPT, simulating

Definición de Oxido

~~6.15.20~~
* 2019 10.10.2020 - 10.10.2020

* ex. hurt a. or violence → damage to hygiene & pleasure

THE UNIVERSITY OF CHICAGO

7. *Chlorophyll* *Chlorophyll* *Chlorophyll*

$$p = \frac{2}{3} \epsilon, \quad \text{with} \quad \epsilon = \frac{1}{2} \frac{1}{\rho} \frac{d\rho}{dz} \frac{d\sigma}{dz} \frac{d\tau}{dz} \frac{d\theta}{dz} \frac{d\phi}{dz}.$$

Slut: Cystostoma (paraphrase)

① Liquids & solids

Journal of Management Inquiry 20(6) 798-812

(5) Δ is a triangle with vertices A, B, C and D is a point on BC such that $AD \perp BC$. Prove that $AB^2 = AD^2 + BD^2$.

Tx:

Ba. swallow



avoid Boak deficiency

[I.O.A. - ^{Boak} C. Marxmaly]

↑ Tone down 1/3 Esophagus

LES: Tone ↑ [N^o - 25mmHg]

Rx:

① Low dose nifedipine

② If no dose won't work ⇒ Botulinum Toxin / Botox

③ CCB

* Tertiary prevention: Esophageal Cr.

GERD / Reflux Esophagitis
Non - alarm dyspepsia

[↑ heartburn & Diffuse pain]

LES Tone ↓

Obese (M. Heart Burn: localised, pair (just pointing the 4 or 5 cm))

① Esoph. Brush - dental enamel
major teeth

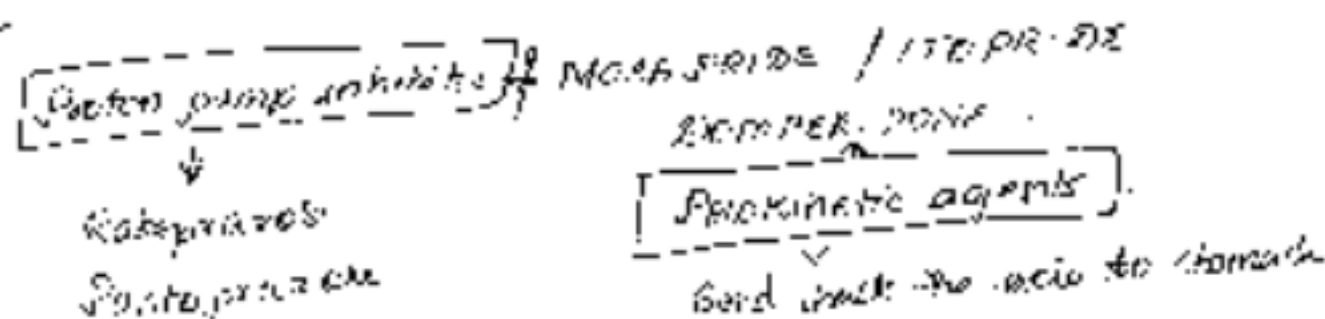
② Chemical Toxicities > [nocturnal cough]
also seen in asthma
that usual drip

* Not seen in > CHF

③ Chemical Laryngitis: Sore throat
odynophagia

15 mg 2 times a day for 2 weeks
 if pH < 4.5 for 2 days / 1 day

Ex:



B Barrett Esophagus

Long standing GERD

- ① Esophagus changes columnar epithelium (metaplasia)
 - ② Dysplasia → C.I.S → Cancer
- IHC = endoscopic biopsies + Hx (confirmed)
 Rx = Esophageal resection + stricture resection

Peptic Ulcer Disease

H. pylori = Type 3 gastritis

Duodenal Ulcer
 (Gastric)

Gastric ulcer

2nd Q: A

larger curvature

epigastric pain

~ 1/2 hr of post intake

ant. loss

Epigastric pain

→ ant. loss

think, it's hunger pain

① Ischaemia. Post > Ant
 For (transcatheter) therapy

② Bleeding
 Left gastric Artery

Rx: Upper GI Endo + (cautery)
 ↓ if fails
 OR - Ligation (lapotomy)

- + Burns

③ Perforation: Ant > Post
 ↓
 gastric & peritonitis

④ Perforation

* if fluid gathered near
 to Foramen - silbun, measure
 ↓
 Vec sealing & drainage

Enter Soc.
 * Foramen of Winslow



⑤ Per-antigard

⑥ Perforation

Both -> Pyloric stenosis (gastric outflow obstruction)

I.O.C = P.O.C = Upper Gastrointestinal Endoscopy

I.O.C. H. pylori - Breath test
 ↓
 Biopsy, PCR, culture, Non-invasive
 Endoscopy possible

Rx: Proton
 Mismenophrase / Extracellular
 shown outside stomach

Urea -> Urea -> ammonia
 (alkali)

So de-methylation activity

[Hypersecretion of acid] -> [↑ Acid] to neutralize
 ↓ thus to

Rx

* Proton pump inhibitor : empty stomach & swallow 218

* H. pylori - clarithromycin + amoxicillin x 9 weeks

* Lansoprazole + " + " $\Rightarrow$ Triple Therapy.

* Bismuth + sucralfate protective agent add.

* PPI + Antibiotic + Bismuth $\Rightarrow$ Quadruple Therapy

* other antibiotics $\rightarrow$ metronidazole / Tetracycline.

Note : Erythromycin $\rightarrow$ will Not Act ON H. pylori

* eradication of H. pylori : known by Breath tests test.

* Stomach dumping

caused by bacteria
ulcer : invasive test

ulcer test / Clo Test

* ~~gastroesophageal~~

Type "A" gastritis

Remission of all stage by it

Autoimmune

Anti-parietal cell antibodies

acid & Achlorhydria

Gastric ulcers $\rightarrow$

(defence mechanism weak) $\rightarrow$ no acid &

patients $\rightarrow$ intrinsic factor $\downarrow \rightarrow$ so Vit B₁₂ $\downarrow$

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(3) stomach → Gastric ulcer
Meningeal

(4) Large intestine

* Familial adenomatous Polyposis

Cure: APC gene: ch 5, 210 polyps in large int.
↓ anyone
Malignant

Genotype: biallelic APC

Rx → prophylaxis: (removal) of polyps =
2.5% of int. + 3%.

* Inflammatory bowel disease is C. of ulcer's
~~inflammation~~

(1) Gardner

(2) Turcot

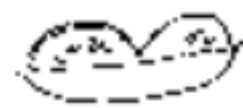
int. + osteoma

int. + medullary carcinoma

(3) Pautz-Jehager Syndrome → Not a premalignant condition

* Hamman-Rich polyps: Jejunum

* Mucosal melanosis: multiple pigmented
in lip, anus.
upper part of int.



Malabsorption Syndrome:

IRON = Jejunum

Folic Acid = Jejunum

B₁₂ = Ileum

p₁ → www.FirstRanker.com

② Estimate dates of use

↓
C. (60.7), 40.4, 10.0

"C. Brown fact that
the road is not
durable."

the local authority is required to be
determined.

செய்து

(9) අනුමානය

is given by: $\text{Lum} = 10^{\frac{1}{2} \log \text{Lum}}$

উঃ বিঃ দিঃ - পূর্ণতা

$\psi \rightarrow \text{состояние} \cdot \text{время}$

$E \downarrow \rightarrow$ Germination, flowering, Acetone $\rightarrow$ Acetone extract (solidify E^*).

PS - 2 Displacement / Position

2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 26

Examination
of Nerve
Plexus

Ex :- Exercise - (2) - replace absorption Test & Method.
 (Further) - absorption described by transition -
 if it comes out - multistep system.

(1974-75) ¹ ² ³ ⁴ ⁵ ⁶ ⁷ ⁸ ⁹ ¹⁰ ¹¹ ¹² ¹³ ¹⁴ ¹⁵ ¹⁶ ¹⁷ ¹⁸ ¹⁹ ²⁰ ²¹ ²² ²³ ²⁴ ²⁵ ²⁶ ²⁷ ²⁸ ²⁹ ³⁰ ³¹ ³² ³³ ³⁴ ³⁵ ³⁶ ³⁷ ³⁸ ³⁹ ⁴⁰ ⁴¹ ⁴² ⁴³ ⁴⁴ ⁴⁵ ⁴⁶ ⁴⁷ ⁴⁸ ⁴⁹ ⁵⁰ ⁵¹ ⁵² ⁵³ ⁵⁴ ⁵⁵ ⁵⁶ ⁵⁷ ⁵⁸ ⁵⁹ ⁶⁰ ⁶¹ ⁶² ⁶³ ⁶⁴ ⁶⁵ ⁶⁶ ⁶⁷ ⁶⁸ ⁶⁹ ⁷⁰ ⁷¹ ⁷² ⁷³ ⁷⁴ ⁷⁵ ⁷⁶ ⁷⁷ ⁷⁸ ⁷⁹ ⁸⁰ ⁸¹ ⁸² ⁸³ ⁸⁴ ⁸⁵ ⁸⁶ ⁸⁷ ⁸⁸ ⁸⁹ ⁹⁰ ⁹¹ ⁹² ⁹³ ⁹⁴ ⁹⁵ ⁹⁶ ⁹⁷ ⁹⁸ ⁹⁹ ¹⁰⁰ ¹⁰¹ ¹⁰² ¹⁰³ ¹⁰⁴ ¹⁰⁵ ¹⁰⁶ ¹⁰⁷ ¹⁰⁸ ¹⁰⁹ ¹¹⁰ ¹¹¹ ¹¹² ¹¹³ ¹¹⁴ ¹¹⁵ ¹¹⁶ ¹¹⁷ ¹¹⁸ ¹¹⁹ ¹²⁰ ¹²¹ ¹²² ¹²³ ¹²⁴ ¹²⁵ ¹²⁶ ¹²⁷ ¹²⁸ ¹²⁹ ¹³⁰ ¹³¹ ¹³² ¹³³ ¹³⁴ ¹³⁵ ¹³⁶ ¹³⁷ ¹³⁸ ¹³⁹ ¹⁴⁰ ¹⁴¹ ¹⁴² ¹⁴³ ¹⁴⁴ ¹⁴⁵ ¹⁴⁶ ¹⁴⁷ ¹⁴⁸ ¹⁴⁹ ¹⁵⁰ ¹⁵¹ ¹⁵² ¹⁵³ ¹⁵⁴ ¹⁵⁵ ¹⁵⁶ ¹⁵⁷ ¹⁵⁸ ¹⁵⁹ ¹⁶⁰ ¹⁶¹ ¹⁶² ¹⁶³ ¹⁶⁴ ¹⁶⁵ ¹⁶⁶ ¹⁶⁷ ¹⁶⁸ ¹⁶⁹ ¹⁷⁰ ¹⁷¹ ¹⁷² ¹⁷³ ¹⁷⁴ ¹⁷⁵ ¹⁷⁶ ¹⁷⁷ ¹⁷⁸ ¹⁷⁹ ¹⁸⁰ ¹⁸¹ ¹⁸² ¹⁸³ ¹⁸⁴ ¹⁸⁵ ¹⁸⁶ ¹⁸⁷ ¹⁸⁸ ¹⁸⁹ ¹⁹⁰ ¹⁹¹ ¹⁹² ¹⁹³ ¹⁹⁴ ¹⁹⁵ ¹⁹⁶ ¹⁹⁷ ¹⁹⁸ ¹⁹⁹ ²⁰⁰ ²⁰¹ ²⁰² ²⁰³ ²⁰⁴ ²⁰⁵ ²⁰⁶ ²⁰⁷ ²⁰⁸ ²⁰⁹ ²¹⁰ ²¹¹ ²¹² ²¹³ ²¹⁴ ²¹⁵ ²¹⁶ ²¹⁷ ²¹⁸ ²¹⁹ ²²⁰ ²²¹ ²²² ²²³ ²²⁴ ²²⁵ ²²⁶ ²²⁷ ²²⁸ ²²⁹ ²³⁰ ²³¹ ²³² ²³³ ²³⁴ ²³⁵ ²³⁶ ²³⁷ ²³⁸ ²³⁹ ²⁴⁰ ²⁴¹ ²⁴² ²⁴³ ²⁴⁴ ²⁴⁵ ²⁴⁶ ²⁴⁷ ²⁴⁸ ²⁴⁹ ²⁵⁰ ²⁵¹ ²⁵² ²⁵³ ²⁵⁴ ²⁵⁵ ²⁵⁶ ²⁵⁷ ²⁵⁸ ²⁵⁹ ²⁶⁰ ²⁶¹ ²⁶² ²⁶³ ²⁶⁴ ²⁶⁵ ²⁶⁶ ²⁶⁷ ²⁶⁸ ²⁶⁹ ²⁷⁰ ²⁷¹ ²⁷² ²⁷³ ²⁷⁴ ²⁷⁵ ²⁷⁶ ²⁷⁷ ²⁷⁸ ²⁷⁹ ²⁸⁰ ²⁸¹ ²⁸² ²⁸³ ²⁸⁴ ²⁸⁵ ²⁸⁶ ²⁸⁷ ²⁸⁸ ²⁸⁹ ²⁹⁰ ²⁹¹ ²⁹² ²⁹³ ²⁹⁴ ²⁹⁵ ²⁹⁶ ²⁹⁷ ²⁹⁸ ²⁹⁹ ³⁰⁰ ³⁰¹ ³⁰² ³⁰³ ³⁰⁴ ³⁰⁵ ³⁰⁶ ³⁰⁷ ³⁰⁸ ³⁰⁹ ³¹⁰ ³¹¹ ³¹² ³¹³ ³¹⁴ ³¹⁵ ³¹⁶ ³¹⁷ ³¹⁸ ³¹⁹ ³²⁰ ³²¹ ³²² ³²³ ³²⁴ ³²⁵ ³²⁶ ³²⁷ ³²⁸ ³²⁹ ³³⁰ ³³¹ ³³² ³³³ ³³⁴ ³³⁵ ³³⁶ ³³⁷ ³³⁸ ³³⁹ ³⁴⁰ ³⁴¹ ³⁴² ³⁴³ ³⁴⁴ ³⁴⁵ ³⁴⁶ ³⁴⁷ ³⁴⁸ ³⁴⁹ ³⁵⁰ ³⁵¹ ³⁵² ³⁵³ ³⁵⁴ ³⁵⁵ ³⁵⁶ ³⁵⁷ ³⁵⁸ ³⁵⁹ ³⁶⁰ ³⁶¹ ³⁶² ³⁶³ ³⁶⁴ ³⁶⁵ ³⁶⁶ ³⁶⁷ ³⁶⁸ ³⁶⁹ ³⁷⁰ ³⁷¹ ³⁷² ³⁷³ ³⁷⁴ ³⁷⁵ ³⁷⁶ ³⁷⁷ ³⁷⁸ ³⁷⁹ ³⁸⁰ ³⁸¹ ³⁸² ³⁸³ ³⁸⁴ ³⁸⁵ ³⁸⁶ ³⁸⁷ ³⁸⁸ ³⁸⁹ ³⁹⁰ ³⁹¹ ³⁹² ³⁹³ ³⁹⁴ ³⁹⁵ ³⁹⁶ ³⁹⁷ ³⁹⁸ ³⁹⁹ ⁴⁰⁰ ⁴⁰¹ ⁴⁰² ⁴⁰³ ⁴⁰⁴ ⁴⁰⁵ ⁴⁰⁶ ⁴⁰⁷ ⁴⁰⁸ ⁴⁰⁹ ⁴¹⁰ ⁴¹¹ ⁴¹² ⁴¹³ ⁴¹⁴ ⁴¹⁵ ⁴¹⁶ ⁴¹⁷ ⁴¹⁸ ⁴¹⁹ ⁴²⁰ ⁴²¹ ⁴²² ⁴²³ ⁴²⁴ ⁴²⁵ ⁴²⁶ ⁴²⁷ ⁴²⁸ ⁴²⁹ ⁴³⁰ ⁴³¹ ⁴³² ⁴³³ ⁴³⁴ ⁴³⁵ ⁴³⁶ ⁴³⁷ ⁴³⁸ ⁴³⁹ ⁴⁴⁰ ⁴⁴¹ ⁴⁴² ⁴⁴³ ⁴⁴⁴ ⁴⁴⁵ ⁴⁴⁶ ⁴⁴⁷ ⁴⁴⁸ ⁴⁴⁹ ⁴⁵⁰ ⁴⁵¹ ⁴⁵² ⁴⁵³ ⁴⁵⁴ ⁴⁵⁵ ⁴⁵⁶ ⁴⁵⁷ ⁴⁵⁸ ⁴⁵⁹ ⁴⁶⁰ ⁴⁶¹ ⁴⁶² ⁴⁶³ ⁴⁶⁴ ⁴⁶⁵ ⁴⁶⁶

If the distance from $\rightarrow$ point A to B is 100 km.

Answer: $\frac{1}{2}$

③ Carbohydrate metabolism

2:0:5 = 3:0:5 = 4:0:5 = 5:0:5

Rx = Tetracycline + folic acid x 6 months

Pediatric → colic spasm / gluten intolerance

→ compare species / groups

$\frac{1}{2} \log \frac{1}{2}$ $\frac{1}{2} \log \frac{1}{2}$

spine/plate

- child on autistic spectrum

Q1) Stat = statistical A/A: Most sensitive test

Noti Anti-Tissue Transglutaminase 12/09 → Not for that
small stone

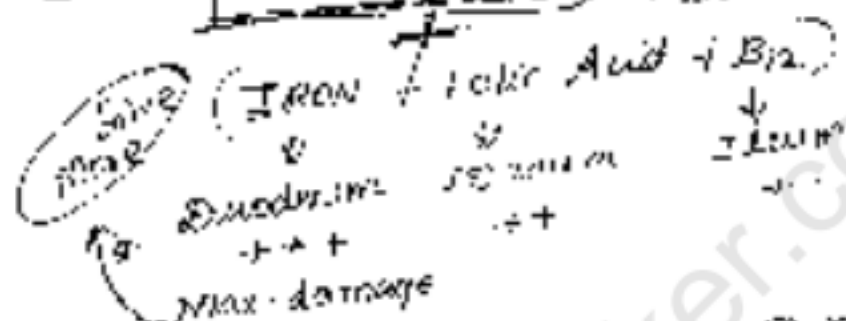
Damage: Microvilli of GI tract destroyed. $\Rightarrow$ decreased absorption

1. Failure to thrive
 2. loose motion
 3. pallor, tachycardia

I.D.C. → Small intestinal Bx → villous atrophy
 diet alteration

4 weeks :- Small intestinal Bx → villi (4) (4) (4)

Rx :- [Malaise / Rice] (give for limited amount)
 → strict diet restriction



Future :- Severity ↓ (but Bx of (A) is)
 Monitor :- for lymphoma : death

1. Type I & II

2. Sporadic hyperplasia

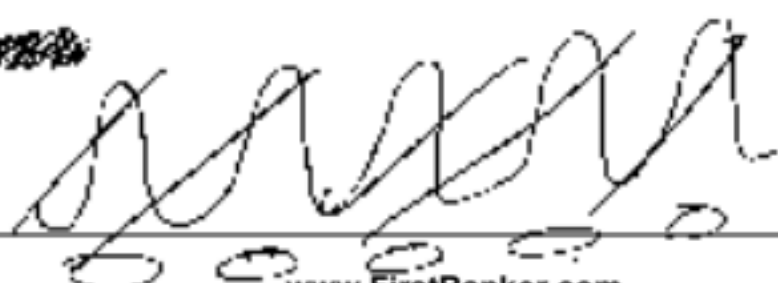
* Diagnosis : Fibrosis (Mucosal based EUS)

Rx :- Sapropterine

Inflammatory Bowel disease (IBD)

* Note :- [Not an autoimmune disorder]

~~Diagnosis~~



CROHN'S DISEASE



- * SKIP LESIONS
- * COBBLESTONE MUCOSA
- * EVIDENT GIT INVOLVEMENT
- * MUCOSA - ULCER
- * GRANULOMA - RECTUM

- * SERPENTINOUS ULCERS
- * TRANS MURAL INVOLVEMENT



CLIN

1. COLICKY PAIN (on daily basis)

2. Hematochezia - dark excreta - inflammation of the colon

3. Toxic Megacolon

4. Cancer can develop - premalignant

5. Abscess intra-abdominal abscess - Spiky fever

6. Perianal hygiene (apsy) compromised

Anorectal Angle = 130° - 140°



Hand mark for CROHN'S (Not in US)

Dr. Goodwill kids

(1) High type of Crohn's disease

(2) Low type of "

(3) IECG → Anti Crohn's disease (Crohn's A/B)

(4) Fecal excretion level

(5) [Crohn's disease] → [Bile acid]

slow Crohn's disease (Crohn's A/B)

1. slow Crohn's disease: Crohn's A/B

etc.

Crohn's disease + Crohn's

Salmonella enteritidis

etc. (Crohn's A/B)

(6) Steroid enema/coat

(7) Sulfasalazine (per. dose)

per. dose: Crohn's disease

per. dose: Crohn's disease

[Active - Healing of Crohn's]

(8) Mesalazine: Small intestine disease

(9) Infliximab (immunomodulator)

Fistula Enema

per. dose → Crohn's disease

T.N. F-α antagonist

[Turner-Nagoshi Factor α]

Cytokine Release [Crohn's disease]

Alternative enditis

↓
Pseudotuberculosis

* size of size → Rectum

* ulcers not usually present

① possible bloody diarrhoea
↓
10-15 times/day

② Systemic features → peri-rectal abscess
Perianal abscess
(Pseudotuberculosis is temporary)

③ Risk of malignancy
if $C > C2$
In isolated Crohn's $[1, C = C2]$

④ Toxic megacolon ($> 6cm$) $[if C > C2]$

⑤ Pustule formation never seen
Spontaneous fistula " " "

Ex: ① p-ANCA → (+)
↳ perianal abscess, Myeloperoxidase
C-ANCA

↳ Antiplasmodic antigen → perianal abscess

② Local concentration of cells
associated with state of histological inflammation

③ Hb ↓

P. Crohn's, NCR > mild MCR
Normoaplastic macrocytic
Normochromic hyperchromic



25

தமிழக அரசு

தமிழ் மொழிபெயர்ப்பு

2

1st Exm day :-

1st line drug :-
 * Sulginazole, oral / Suspension

2. Benzene

↓ Benzen
5) 1,3,5-трисубстит. аромат : анти-инфламаторы.

Arms - transportation of U.S.

R₁ :- Endosmida anemas

sketches of some of the

+ Anticypine + inflammation

1. 100 2. 100 3. 100

Q.10. C. [partially correct]

protektive Sonny + liberalisierend und anasthetisierend

[[[]]]

G. zebræ magnifica

(3) பிழிந்தபின்னர் கீழ்க்கண்டவாறு உருவாகும்.

$$[\overline{r} \otimes \overline{v} \in \overline{U}r]$$

extra-intestinal manifestation.

OB (1) Leishmaniasis m/c

(2) உயர்த்து

(2) 0.786 g of KNO_3

② permeable → skin

Pr. (5) Windows 7 www.FirstRank.com identifying



75 floor shapes with
invasive techniques

firstranker.com

Hepatitis A → Fecal-oral

Hepatitis B → Sexual

Hepatitis C → 17 drug abusers & blood transfusion

Hepatitis D → Intravenous

Hepatitis E → Fecal-oral

* 10% cases hepatitis A occurs in hep. B

* " " " " " hep. B

children = hep. B

* Most transmissible by blood transfusion = Hepatitis B

* Not transmitted by " " = HIV

* " " " " " Acute infection = HEV

* " " " " " Chronic infection = HCV

* Fulminant hepatic failure → 2 weeks

(FHF) → 8-9 weeks

Acute fulminant

Hep. E: Acute infection → 10%

Fulminant hepatic failure
(FHF) (FHF)

HIV

B

C

D

E

10% 9/10
survive infection

Survival → Antidote → or acute cycle < 4 hrs

(FHF) → 10% in community = HIV

(100%) → 100% in community = HIV

(100%) → 100% in community = HIV

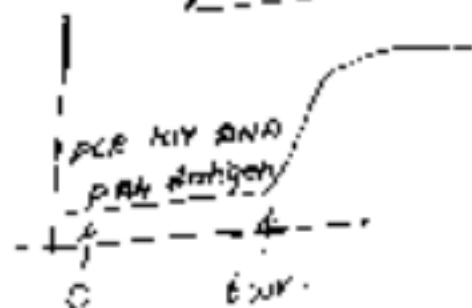
(100%) → 100% in community = HIV

if > 4 hrs
↓
transplant

$\frac{L \cdot \frac{1}{x} - \frac{1}{x^2}}{\frac{1}{x^2}}$
 Multipl. with x^2
 $\frac{L - \frac{1}{x}}{1}$
 $\frac{Lx - 1}{x}$
 Simplified

[Section 21.5D - HVE]

4236 5/11
 4237 6/11
 4238 7/11

[illegible]

understanding provided "for any $n \in \mathbb{N}$, take f_n satisfying $f_n(x) = 1$ for $x \in [0, 1/n]$ and $f_n(x) = 0$ for $x \in [1/n, 1]$." $\square$

Components for network: TX, PHY, MAC, LLC, FCS, HDLC, SDLC, etc.

R_x :- 152g (passive immunity)
 < 1g per kg body wt.

Grand Indigo
HBV ② in R. Smith

- * Ver.cue - made from
 • Low Heritability technology
 (active instrument)

* day 5 / bus / 10 miles (if forget) = 14 miles

10/10/11
 1. used
 2. BPT → Tariff
 3. BIS → diva awarded

① ② ③
3 subjects
2 frequency = 10 yrs

Recap: 10/10

Chlorine - 30% (10/10)

R₂

⑤ HR 29 IV & loss of exposure
(Positive Unintended) chance - 50% - 0

HRV

* V₂ transmission

* Serum-free HIV test, 7.5 pregnancy

* chance of transmission = 30%

body

R₂ - combination: ^{transmission} ~~transmission~~ ^{through [body]}
(C HRV) & ^{transmission} ~~transmission~~ ^{through [body]}

→ oral transmission

XNA being as small feeding

Analysing media ^{transmission} ~~transmission~~ ^{through [body]}

HRV - 30% - 10/10

R₂ - post exposure testing result

→ TEMPORE + MATRICE BONE + RALTRER AVIR

X 4 weeks

HRV

HRV

HRV

transmission

30%

30%
C HRV

30%

transmission
analysis

30%

30%

30%

HRV

post exposure testing result

Antibodies

- * $HBeAg$ $\rightarrow$ it is present in blood & 1st serological evidence
- * $HBeAg$ $\rightarrow$ never it appears in urine
- * $HBeAg$ $\rightarrow$ Hepatitis, highly infectious
- * $HBeAg$ $\rightarrow$ Hepatitis B (HBV = HBeV)
- * $HBeAg$ $\rightarrow$ 20 IUP
- * $HBeAg$ $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP

HBsAg (HBs) (Hepatitis B surface antigen)

$$HBsAg + HBeV \Rightarrow \text{Termination of HBs}$$

② it is 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP

Chronic hepatitis

Rank of chronic hepatitis

Antibodies in HBV

- * $Anti-HBsAg$ $\rightarrow$ seroconversion
- * $Anti-HBeAg$ $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP
- * $Anti-HBcAg$ $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP $\rightarrow$ 20 IUP



| | | | | |
|-----------|------------|-----|-----|------------------------------------|
| (3) HBsAg | Anti HBsAg | IgM | + | Acute Hep B (early infection) |
| + | - | IgM | + | |
| (-) | (-) | IgM | (-) | Window period (HBsAg & Anti HBsAg) |
| + | (-) | IgG | + | Chronic hepatitis |
| + | + | IgG | + | Imm. & infection w/ (a immunity) |
| (-) | + | IgG | (-) | cured |
| (-) | + | IgG | (-) | Vaccinated |

HBsAg (+), IgM anti HBsAg = 1

HBsAg (+)

Anti HBsAg : (+) (without HBe injection) : HBsAg (+)

HBsAg (+) & Anti HBsAg (+)

Spontaneous cure

(10-1-1) Anti HBsAg (+) → fulminant hepatic failure

(7-1) Anti HBsAg : Low titer : Chronic hepatitis

High titer : α infection

* Dominant hepatic failure:

Direct bilirubin ↑

Increasing (factor 4 - Calcium)

Fig. www.FirstRanker.com

HBsAg (+) & Anti HBsAg (+)

... lives, space, ...

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31, 2012

- (B) High triglyceride plasma
 (C) Insulin resistance
 (D) Low HDL cholesterol patient
 (E) Low HDL cholesterol patient
 (F) Low HDL cholesterol patient
 (G) Low HDL cholesterol patient
 (H) Low HDL cholesterol patient
 (I) Low HDL cholesterol patient
 (J) Low HDL cholesterol patient
 (K) Low HDL cholesterol patient
 (L) Low HDL cholesterol patient
 (M) Low HDL cholesterol patient
 (N) Low HDL cholesterol patient
 (O) Low HDL cholesterol patient
 (P) Low HDL cholesterol patient
 (Q) Low HDL cholesterol patient
 (R) Low HDL cholesterol patient
 (S) Low HDL cholesterol patient
 (T) Low HDL cholesterol patient
 (U) Low HDL cholesterol patient
 (V) Low HDL cholesterol patient
 (W) Low HDL cholesterol patient
 (X) Low HDL cholesterol patient
 (Y) Low HDL cholesterol patient
 (Z) Low HDL cholesterol patient

- (A) HDL > 100 (mg/dL)
 (B) HDL > 100 (mg/dL)
 (C) HDL > 100 (mg/dL)
 (D) HDL > 100 (mg/dL)
 (E) HDL > 100 (mg/dL)
 (F) HDL > 100 (mg/dL)
 (G) HDL > 100 (mg/dL)
 (H) HDL > 100 (mg/dL)
 (I) HDL > 100 (mg/dL)
 (J) HDL > 100 (mg/dL)
 (K) HDL > 100 (mg/dL)
 (L) HDL > 100 (mg/dL)
 (M) HDL > 100 (mg/dL)
 (N) HDL > 100 (mg/dL)
 (O) HDL > 100 (mg/dL)
 (P) HDL > 100 (mg/dL)
 (Q) HDL > 100 (mg/dL)
 (R) HDL > 100 (mg/dL)
 (S) HDL > 100 (mg/dL)
 (T) HDL > 100 (mg/dL)
 (U) HDL > 100 (mg/dL)
 (V) HDL > 100 (mg/dL)
 (W) HDL > 100 (mg/dL)
 (X) HDL > 100 (mg/dL)
 (Y) HDL > 100 (mg/dL)
 (Z) HDL > 100 (mg/dL)

Hep - C

- * 90% → Chronic Hepatitis
 * 10% → Acute Hepatitis
 * 1% → Fulminant Hepatitis
 * 1% → Liver Cancer

Note: Hep B is 40% Hepatitis C

- * Rx for Hep C
 Genotype 1: Sofosbuvir + Ledipasvir
 Genotype 2: Sofosbuvir + Velpatasvir
 Genotype 3: Sofosbuvir + Velpatasvir
 Genotype 4: Sofosbuvir + Velpatasvir

Adv. Pegylated Interferon + Sofosbuvir

HEV : ① IV. drug abuse > BT.

② Co-infection 90% → Hepatitis

③ Enzyme immunoassay. Anti HCV I/B, R/B - ①

④ PCR HCV RNA
→ more precise in detect - ②

Rx → debridement

Step 1

① Paracetamol

② Symptomatic → I.H.F. → Risk 20%

③ Co-infection → Hepatitis

④ Anti-HCV: interpretative value

To eliminate viral infection: 100% correct for
population HEV vaccine

Co-infection Rx : a. interferon (step 2 + step 3)
immunity ensues since does not fix damage

Step 2 & 3

100-200

Self limiting process

HEV in progress = 1 HE Risk

In Treatment Required > Concomitant

No Liver / No other repairs

| | A | B | C | D | E |
|-----------|----------------|-------------|-----------------|------|---|
| FHF | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ch. Papst | X | ✓ | ✓ | ✓ | X |
| Constrict | ✓ | ✓ | ✓ | ✓ | X |
| | | ↓ is | ↓ is | ↓ is | |
| | [Encephalitis] | [Lipiduria] | [α-antitrypsin] | | |

Causes is : HCV etc.

↓
Staging : mild stage classification

1. Bilirubin ↑
2. Albumin ↓
3. INR ↑
4. Prothrombin Time ↑
5. Alkaline Phosphatase : ↑ (↑ in liver tumor)
 (↑ in liver tumor)
 (↑ in liver tumor)

Albumin : is best test for monitoring progression of liver disease.

Alcoholic hepatitis :

↓ fatty liver or F.4.
 ↓
 Liver shrink : cirrhosis [irreversible condition]
 [Macrovesicular fat deposition (F.4)]

Reverse Tolerence : can be observed
 ↓
 Sudden drink → intoxication

Tx : Abstinence, supportive therapy

* $\text{H}_2\text{O} + \text{O}_2 \rightarrow \text{H}_2\text{O}_2$

* $\text{H}_2\text{O} + \text{O}_2 \rightarrow \text{H}_2\text{O}_2$ (in air) $\rightarrow$ H_2O_2 (in air)

Defluorination Therapy:

Treatment of fluorosis

Fluoride therapy, fluoride

F_2 IV fluoride, CaF_2 (fluoride therapy)

$P: P = \text{Laminated}$
 $\rightarrow \text{Laminated}$
 $\text{Strains relations} \rightarrow \text{Fracture}$

5. $\text{Anti-oxidant} \rightarrow \text{False (A) \& DR}$

6. $\text{Anti-oxidant} \rightarrow \text{False (A) \& DR}$

$\downarrow$
 $(2) \text{ INTRINSIC system of cell}$

$\text{Mitochondria} \rightarrow \text{Protein synthesis}$

$\text{Protein synthesis} \rightarrow \text{10-12 week}$

$\text{4 \& 10 \& 10} \rightarrow \text{anti-phosphorylated \& 10 \& 10}$

7. $\text{Protein} : \text{Transcription} \rightarrow \text{10 \& 10}$

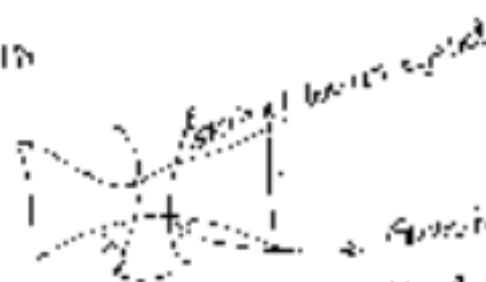
$\text{Protein} : \text{AVN} \rightarrow \text{Laminated} \rightarrow \text{block}$

$\text{block} \rightarrow \text{Laminated} \rightarrow \text{block}$

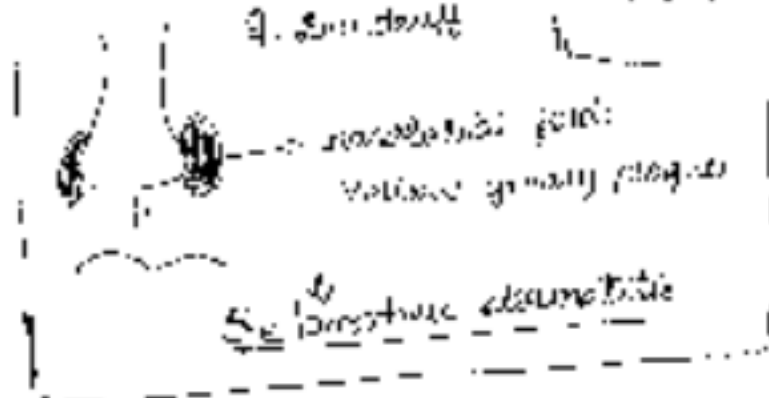
8. $\text{Protein} : \text{AVN} \rightarrow \text{Laminated}$

9. $\text{Protein} : \text{AVN} \rightarrow \text{Laminated}$

$\text{Protein} : \text{AVN} \rightarrow \text{Laminated}$



$\text{Protein} : \text{AVN} \rightarrow \text{Laminated}$





2) Dorsal fin 0 0 0 0

3) Respiratory - Respiratory system (Lungs, trachea, etc.)

| | | | |
|------|------------------|-------------------|-------------|
| M.C. | Lung involvement | Heart involvement | Respiratory |
| M.C. | Lungs | Respiratory | Respiratory |
| L.C. | Lungs | Respiratory | Respiratory |
| L.C. | Lungs | Respiratory | Respiratory |
| L.C. | Lungs | Respiratory | Respiratory |
| L.C. | Lungs | Respiratory | Respiratory |
| L.C. | Lungs | Respiratory | Respiratory |
| L.C. | Lungs | Respiratory | Respiratory |
| L.C. | Lungs | Respiratory | Respiratory |

4) W.R.F. M.C. - Anterior venter

① Respiratory system - stress / respiration

② Respiratory system - stress / respiration

(Signature) * 10 (464-7-10) where multiple
vols are present

1. Definition : 2. Properties : 3. Examples : 4. Applications : 5. Conclusion :

* e fonic - sigla para nota fonética

(5) असहयोग / ^{असह}सहयोग

$\downarrow$

the

$\rho = \frac{m}{V}$

陈永发 陈永发

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 2. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 3. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 4. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 5. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 6. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 7. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 8. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 9. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
 10. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

$\frac{d}{dt} \left(\frac{1}{2} m v^2 \right) = F \cdot v$

... 2000-2001 / 2002-2003

உள்ளுள்ள / பின்பு
இருந்தால் பின்பு
பின்பு பின்பு

[illegible]

(7) $\frac{5 \times 10^6}{1.65} = 3.03 \times 10^6$

✓ MC Qs in S.E. - Cognitive Subject - Intro

1. $\frac{1}{x^2} = x^{-2}$
 2. $\frac{d}{dx} x^{-2} = -2x^{-3}$
 3. $= -\frac{2}{x^3}$
 4. $= -\frac{2}{x^3}$

பெரிய கட்டிடங்கள் கட்டப்படும் - கிராமப்புறங்களிலும்
(Tamil Nadu)

Psychological - Identification - Psychology in 5.2

[illegible]

② Rechtsverhältnisse : Rechtsverhältnisse

• Histopathological Examinat. $\Rightarrow$ also helpful.

$\eta_1 \leq \text{stage of supra-normality} = 6$
 $M_1 \leq \text{stage} \quad \quad \quad = \text{stage IV}$

$\frac{K}{2} = 0$ Hemaxia: 0.20
[0.20 0.20]

$\frac{d^2}{dt^2} = \frac{d^2}{dt^2}$

polymerase =  a central pocket
+  -- (hydrophobic site)

Handwritten: 7. 10. 1961

Diagram illustrating the process of data analysis:

- Input: $\{x_1, x_2, \dots, x_n\}$
- Process: $\{x_1, x_2, \dots, x_n\} \rightarrow \{x_1, x_2, \dots, x_n\}$ (Data Analysis)
- Output: $\{x_1, x_2, \dots, x_n\}$ (Data Analysis)

Additional notes:

- For $n \leq 1000$, use direct counting test.
- For $n > 1000$, use $\log$ test.

7. immunological features
 -> Anti-cardiolipin Abs
 Anti IgG phospholipid Abs
 also C3 / C4 / CRP

• 11 • ~~to~~ in N.C.

$$[N_D \quad \text{sep } p \quad \text{EPNIN}] \rightarrow \text{II}$$

1. ④, 3, 5

* (⊗) $\Rightarrow$ $\frac{1}{\sqrt{2}}$

* (⊕) $\Rightarrow$ $\frac{1}{\sqrt{2}}$

Tuberculosis

Respiratory symptoms: Cough, sputum, haemoptysis, weight loss, fever, night sweats

Exams: CXR / sputum, ~~skin~~ skin tests

1. Bacteremia ②
2. Hemoptysis ①
3. Weight loss ②
4. No fever

② Skin tests: fever

3. Tuberculosis: sputum, CXR

4. Hemoptysis

5. Weight loss - ~~skin~~ skin tests



③ Acute malabsorption

Fever, malabsorption, weight loss

Multi-organ dysfunction

Multi-organ dysfunction:
Lungs, Liver, Kidney, Pancreas, Intestine

| | |
|--------------|----------|
| 1. Lungs | ARDS |
| 2. Liver | Jaundice |
| 3. Kidney | ↑ Sugar |
| 4. Pancreas | Diabetes |
| 5. Intestine | Diarrhea |

2020-2021

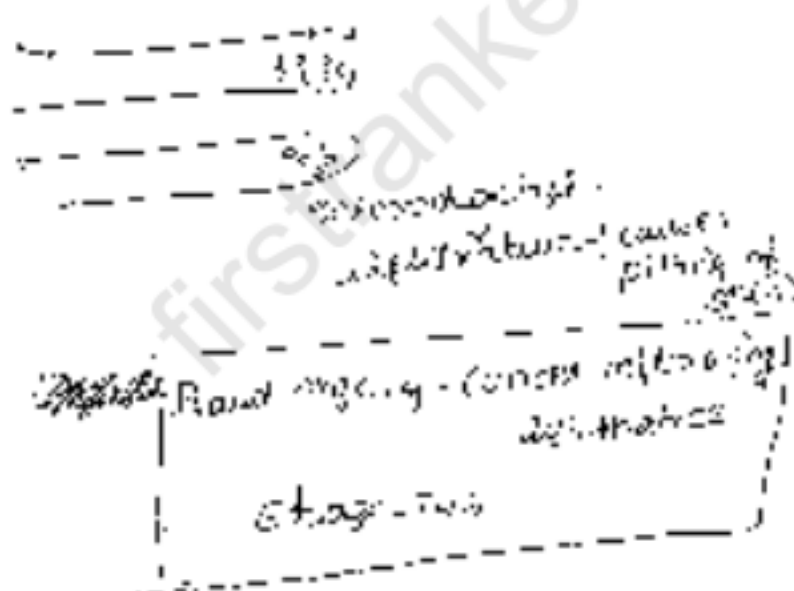
Q. 25th 1

(1) Karyomorphosis phenomenon

Q. 25th 1 - 25th 1 - 25th 1
 and appears in 1st 1st 1st
 R. 25th 1 - 25th 1 - 25th 1
 1st 1st 1st 1st 1st 1st

(2) Karyomorphosis

(3) Karyomorphosis



(4) Karyomorphosis is a process of active & passive
 1st 1st 1st 1st 1st 1st
 1st 1st 1st 1st 1st 1st
 1st 1st 1st 1st 1st 1st
 1st 1st 1st 1st 1st 1st

(5) Karyomorphosis is a process of active & passive

249

1st 1st 1st 1st 1st 1st

1st 1st 1st 1st 1st 1st

1st 1st 1st 1st 1st 1st

1st 1st 1st 1st 1st 1st

4) ↓ L.F.C. Tons

5) Lung - fibrotic lung cancer

acute fibrosis (+)

hypera → pneumonia (+)

6)

pneumonia - acute hyperaemia

 ↓
 m/c sig to death of endocardia
 ↓
 ECG → (P, Q, R, S, T)
 superior displacement of T wave & P wave

 7) Heart: fibrotic & hyperaemic
 congestive heart failure

Kussmaul sign - ↑ on inspiration

8) Kidney / fibrosis

 GFR ↓ ↓ ↓
 Renin ↑ ↑ ↑
 BP ↑ ↑ ↑

Malignant HTN

 ↓
 Schlemmer crisis

Ex - local necrosis

↑ Renin ↑ COB

 ↑ BP = anti-hypertensive
 12/18

 9) Raynaud's phenomenon
 affects the skin

Excessive vasoconstriction: PPH

atherosclerosis, scleroderma (+)

- 

2.1.1.1. - anal. - Centenario f.f.p.

* Localized Schistocerca - *Mathysia* -
(Ghana) *Mathysia*

* Polypropylene = formed inside mitochondria
cytoplasm in plant and
chloroplasts.

* Myelin sheath is a glial cell

Q6. What is the difference between PNP and NPN?
PNP transistor is made of P-type material and NPN transistor is made of N-type material.



Histology -> www.FirstRanker.com

(HISTOLOGY -> (LATE) histology is the study of the structure of tissues)

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

HISTOLOGY -> H. M. A.

It is already present in the air.

↓

intense purple.

Positive test = correct diagnosis

For the test.

1. 1% / 5% KOH solution
- 10% KOH solution

For the test #

1. 1% KOH solution

2. 5% KOH solution

3. Saliva

4. Discharge: normal

5. Discharge

6. Discharge

7. Discharge

8. Discharge

9. Discharge

10. Discharge

11. Discharge

12. Discharge

13. Discharge

14. Discharge

I.e. - Ref to ww
↓ ↓
Sen Sen

$R_1/10 = 0 \Rightarrow$ horizontal line
complete point - 2.5

Ex: Melisa uztu - Davilona
Nisthuc - uztu - Nisthuc
Nisthuc uztu - Nisthuc (1)(2)(3)
Nisthuc uztu - Nisthuc (1)(2)(3)
Nisthuc uztu - Nisthuc (1)(2)(3)
Nisthuc uztu - Nisthuc (1)(2)(3)

S. 95 ... 10/12 ... 10/12 ... 10/12

23.12. - Take away as usual. V. P. H. .

2. செய்தியை

$$E_{\mathbb{R}}(f^*TN) = f^*E \subseteq \quad .$$

27/2 Feb - 1000 20.00

L-APRA (for information) [unclear]

~~Report - [illegible]~~

Harold Richard Thompson

10/1/2023 10:10:10 AM

$Y_2 \rightarrow Y_1 - \text{C}_3 \text{ (A) : Complementary Mediator}$

2. $\text{H}_2\text{O} + \text{CO}_2 \rightarrow \text{H}_2\text{CO}_3$ $\text{H}_2\text{CO}_3 \rightleftharpoons \text{H}^+ + \text{HCO}_3^-$

1) E_A is a 30% probability of a 10% increase in the price of the stock.

History, Book 21, page 100

d) Hernelethrombe: Verengung d. 2. vessels

എ. ഇ. അബ്ദുൽ ഖാദർ

① A multiplicity of $2n+1$

172 173

$$\frac{\partial \psi}{\partial x} = \frac{\partial \psi}{\partial x} \quad \text{where } \psi = \psi(x, y, z, t)$$

• 1968 ~~अप्रैल-मई-जून~~ असहयोग

72

2. *Interpretation* -

$\mathbb{R}^3_{x_1, x_2, x_3}$ or $\mathbb{R}^3 = \mathbb{R}^3$

Plata de 1000 - 1000
[Forn - Farnipio a. 1000] 50

Proof. Suppose $\Rightarrow$ Assume the size

ജീവ - പാത്രം = രാജാവിന്റെ

$\rho \times I$ ist positiv $\rightarrow$ i. S.F. / Vor - Handhabung der Leptotrichia Gruppe wieder.

W/Ed. for Konradt ~~to~~ ^{transfer} ~~to~~ ^{authorities}

External Control of the Supply of Money A

Yasunobu + 164 -C 00 00

4. $\frac{1}{2}$ $\rightarrow$ Expt. of 50000
 The Jewell.

to $\mathbb{R}^n$, $\mathbb{R}^m$. $\mathbb{R}^n$ is a vector space over $\mathbb{R}$.
(extended - scalar $\mathbb{R}$ $\mathbb{R}^n$ is a vector space)

∴ $\frac{d}{dt} \ln \rho = -\frac{1}{\rho} \frac{d\rho}{dt} = -\frac{1}{\rho} \left(\frac{d\rho}{dt} \right) = -\frac{1}{\rho} \left(\frac{d\rho}{dt} \right)$

2. $\frac{1}{2}$ of the total flow is in the aortic arch
 (0.5 of total flow is in the aortic arch)

in the aorta.

Flow is $\rightarrow$ granulomatous vasculitis.

Rx: Steroid.

S.T. Aorta
 D.A. Aorta
 L.S.A. Aorta } large vessel vasculitis

D.A. Aorta (granulomatous vasculitis)

is similar to medium vessel vasculitis -

in the form of $\rightarrow$ not involved.

x M.C. organ involved - not only: Hematuria
 etc.

H.S.A.
 small vessel vasculitis.

A.D.A. Cx (1)

defn. AV vasculitis - extensive purpuric
 rash.

Nephrotic Syndrome

Total urinary protein = 3.5 g/day

albumin = 2.5 - 3.0 g/day

globulin = 1.0 - 0.5 g/day

(1) Massive proteinuria > 3.5 g/day

cholesterol > 400 mg/dL

(2) Hypoalbuminemia: < 2.5 g/dL

(3) Edema: Periorbital → Generalized → Pedal edema

(4) Serum cholesterol ↑ associated abnormalities

(5) Lipiduria: fat droplets (in urine)

(6) (Pathogenesis) -> Hypoalbuminemia
↓
Edema

Therapeutic approach
↓
Low protein diet

(7) Lack of protein / electrolyte / vitamin

Proteinogen: never lost in urine

Lack of protein / electrolyte / vitamin
↓
DVT, etc

Neonatal → Fetal Variety Neonatal Syndrome.

Disorganized respiratory structure.

APPH 2 gpm 4%

Protein 6: Zipper mechanism Malfunction.

Protein leakage > normal.

1/2 → generalized structure / large weight gain

Gen. - normal features & traits.

2. Generalized structure - on disorganized 1/4.

Abnormal (not responsive)

100% (normalization 1/4).

Child

Q. 3 4%

Collective postnatal
minimal change ~~disorder~~ disease.

Deposition of protein

No change disease

→ ① Interstitial edema

② wt gain 1%

③ Transudative pleural effusion
- albumin

④ Transudative ascites.

$\lambda = 1 \rightarrow$ Normal

Exposure Group = Light Areas in (d)

For the Macular: $\rightarrow$ (d) exposure

Time progression

reproduction

IX

Exposure time

about 1/4 week $\rightarrow$ histology data $\rightarrow$ Taper
over 8 weeks

Stained Regions
Nephrotic: 50% cases

* Significant improvement in (5 cases)
Stained kidneys

* Good response in
GFR $\rightarrow$ cyclosporine

Adapt - Focal and Segmental glomerular sclerosis
Good prognosis

* Non-selective immunosuppression / Low + High
treatment

* Steroid Non-responsive

Nephrotic GFR

* 1/3 of cases respond to treatment

Plasma cells

Secretory hyperplasia

cytogenetic studies

cytogenetic

> 60% → monoclonal gammopathy

→ plasma cells

→ plasma cells

secretory

→ plasma cells → secretory plasma cells

secretory plasma cells

causes - plasma cells: plasma cells & plasma cells

plasma cells: plasma cells

plasma cells: plasma cells

plasma cells: plasma cells

plasma cells: plasma cells

plasma cells

secretory plasma cells

plasma cells

Ans :-

As the profit is 10% of the cost

∴ Cost price = 100 / 110 = 90.91

∴ Cost price = 90.91

∴ Selling price = 100 / 110 = 90.91

Q. :-

Spontaneous

Right answer is (A) / (B) (Spontaneous)

Q. :- (A) is correct (B) is wrong

So the answer is (A) / (B)

Spontaneous

Right answer is (A) / (B)

So the answer is (A) / (B)

Nephritic Syndrome

symptoms of Nephritic Syndrome

Variables ... $\text{GFR} \downarrow$: $\text{Cr} \uparrow$: $\text{BUN} \uparrow$

1) $\text{Hb} \downarrow$: Anemia

$\text{L} > \text{H} > \text{L} > \text{L}$: RBCs : Hematuria

$\text{L} \rightarrow \text{Proteinuria}$

2) $\text{Proteinuria} \rightarrow \text{casts}$: RBCs : WBCs : casts

3) $\text{Subnephritic proteinuria} = 1-3 \text{ g/day}$

4) Pyoderma : Sore throat

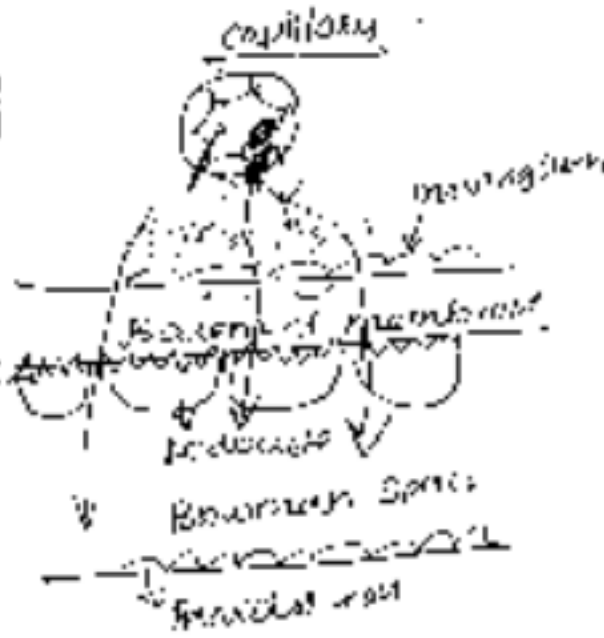
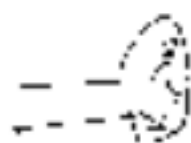
group - A β -hemolytic streptococcus



Immune complex formation



Glomerular injury



1. High BP and every 3 weeks

IV - Furosemide 40mg

NI - B.A.G.H. Doses

Allopurinol

ATI - 2.5 mg in 1/0/00

Spironolone

Recovery partial

Grav. threat / p-jeduma

↓ 3-5 weeks

glomerulonephritis + HTN

Severe renal dysfunction

* P.A.G.N

* acute glomerulonephritis

* rapidly progressive glomerulonephritis

↓
Rx - HTN - ~~thiazide~~ ~~diuretic~~

~~thiazide~~

Uremia → dialysis

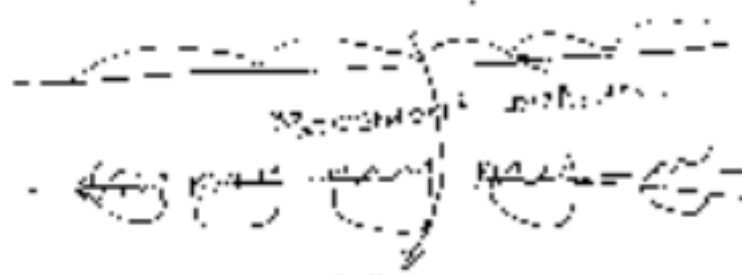
thiazide + ACEI

↓
Spironolone



Fig A ↑
Following 10 A

Not yet 2011?
As per 2011
SP 10



SP - 22/11 → ~~Maximum~~ Permutation
Permutation

SP 1 - ① a figure - not available.

SP shows (2011) then

Permutation

SP = ①
Maximum = ②
a. 2011
SP 1
Permutation

SP = ①
Maximum ②
a. 2011
Permutation/SP 1
Permutation

SP 10 Permutation -
" Maximum
" SP 10 } Permutation

Co-existence of ... ~~metabolic hypocalcaemia~~
~~hypercalcaemia~~

Stone formation

acid → pH ~~very~~ urinary stone = 6.0 = 2.5 u/L

acid ... 3.0 mm (partially) ...

8 in urinary system of ... ↑

② ③ ... dist

Rx: ④ ... ↓ ...
 Stone formation ↓

Toile ...
 Stone ...

causes: Proteinuria

Acidic pH: ammonia

alkaline urine: Mg ...

Rx: ...
 investigation of ...



acute angle $\rightarrow$ it is acute angle. Tachid

it is not acute

Obtuse angle

It is not acute

It is not acute

It is not acute

It is not acute

It is not acute

Obtuse angle

It is not acute

Obtuse angle

Obtuse angle

Obtuse angle

Obtuse angle

Obtuse angle

Obtuse angle

Obtuse angle

Obtuse angle

Obtuse angle

Obtuse angle

1. Triangle

acromioclavicular and

acromiocalvarial / acromiocalvarial

2. pericapsular / pericapsular

Acromioclavicular, acromiocalvarial

③ Flank pain → unilateral

→ pain from pubis

④ Vomiting

2. I.C. ... or scan

midline / line of scan

X-ray scan → Radiant - L₂-L₃

Indicating a fracture

USG view - ~~essential~~

observed by gas shadow

Rx :- Fr N3 or B3

→ 2-17 : 1

Endocrine system

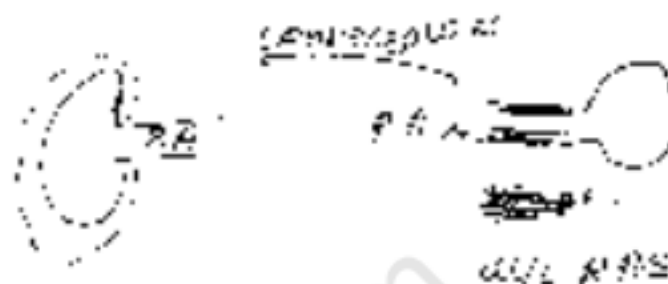
endocrine system

endocrine system

Endocrine system

Endocrine system

Endocrine system



Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system

Endocrine system



lack of cortex
- ~~not a cell~~
- ~~not a cell~~
- ~~not a cell~~

1) H + N: nucleolar.
Partially heterocent.
R/L. & jecting

In: - not abnormal -> 3 cyst / nucleus.
ECHO -> nuclear holes appearance
J.R.H -> ~~not a cell~~
ECHO -> ~~not a cell~~
-> ~~not a cell~~
-> ~~not a cell~~
-> ~~not a cell~~

one extra ~~not a cell~~ of nucleus:
Lives N/A

R/L: A + E - GFR = 30 ml/min.
- Hemodialysis.
GFR < 15 ml/min - Transplantation.

① Anion $\rightarrow$ negative

② Cation $\rightarrow$ positive

③ Acid

④ Bases $\rightarrow$ neg of concentration

⑤ L.L. $\rightarrow$ low level in relation

⑥ L.L. $\rightarrow$ low level in relation

⑦ M.L. $\rightarrow$ medium level in relation

⑧ H.L. $\rightarrow$ high level in relation

⑨ Life cycle in relation $\rightarrow$ from birth to death

⑩ Life cycle in relation $\rightarrow$ from birth to death

⑪ Life cycle in relation $\rightarrow$ from birth to death

⑫ Life cycle in relation $\rightarrow$ from birth to death

⑬ Life cycle in relation $\rightarrow$ from birth to death

Phases of the life cycle

① Prophase

② Metaphase

③ Anaphase

④ Telophase

Note: Radiation exposure $\rightarrow$ positive Ca (Tyrone)

• $\Delta G^\circ = -RT \ln K$

• $\Delta G^\circ = -RT \ln K = -RT \ln \left(\frac{[Products]}{[Reactants]} \right)$

• ΔG° is determined by ΔH° and ΔS° (enthalpy and entropy changes)
 $\Delta G^\circ = \Delta H^\circ - T\Delta S^\circ$

• ΔG°

• $\Delta G^\circ = -RT \ln K$

• ΔH°

• ΔS°

• $\Delta G^\circ = \Delta H^\circ - T\Delta S^\circ$

• $\Delta G^\circ = -RT \ln K$

• $\Delta G^\circ = -RT \ln K$

• $\Delta G^\circ = -RT \ln K$

• ΔH°

• ΔS°

• $\Delta G^\circ = -RT \ln K$

• $\Delta G^\circ = -RT \ln K$

• ΔH°

• ΔS°

• ΔG°

• ΔH°

• ΔS°

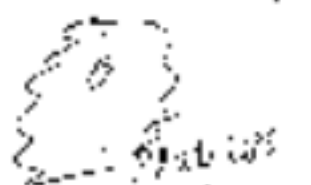
• ΔG°

• ΔH°

• $\Delta G^\circ = -RT \ln K$

• ΔH°

translucent &
RBC count is reduced.
5. biopsy - standard



since it is cholelithiasis (gallstones) -> cholelithiasis

Postoperative (postoperative blind)

Epistaxis -> hemorrhage?
Hemorrhage -> bleeding episode

* Pericardial effusion -> causes pain

③ Blurred fundus

④ Bone pain

⑤ (Abnormal in circulation) -> ↑↑↑

for metastasis -> Fundus
Blindness
Post. distress
Hemiparesis

⑥ Transient / 1st

⑦ Anomalous -> anemically (degenerated)

⑧ Ophthalmopathy

⑨ L N ④

R L N ④ -> Hemiparesis
Anomalous -> Hemiparesis
(anemically)

Review LN ⑤

 CABE $\rightarrow$ 07

Peptide

 Portal vein $\rightarrow$ Portal HT

Review LN ⑥ - Nervous system

(9) CNS disorders

 Meningitis (meninges) : meninges
 CSF

(10) Testis enlargement

 0.5 year: Follicle + corpus + bleeding $\rightarrow$ 0.5 year

 0.5 year: Follicle + corpus + bleeding $\rightarrow$ 0.5 year

Testis

 TLC $\rightarrow$ 44 x 12.6 / cm mm

0.5 year: Follicle + corpus + bleeding

0.5 year: Follicle + corpus + bleeding

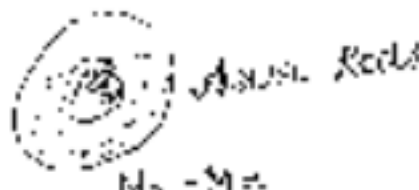
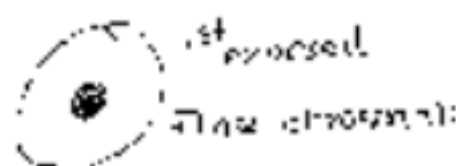
Testis needle

0.5 year: Follicle + corpus + bleeding

$$\frac{N}{V} = \frac{N}{V} \rightarrow \text{temperature}$$

* (0.5 year: Follicle + corpus + bleeding)

Summary: Summary slide (slide)



1. 1st process
2. 2nd process
3. 3rd process

1. 1st process
2. 2nd process
3. 3rd process
4. 4th process
5. 5th process
6. 6th process
7. 7th process
8. 8th process
9. 9th process
10. 10th process

Spermioblast

Laden. 1st
2. 2nd

M.P.D. 1st
2. 2nd

termini. 1st
2. 2nd

Spermioblast

1. 1st
2. 2nd
3. 3rd
4. 4th
5. 5th
6. 6th
7. 7th
8. 8th
9. 9th
10. 10th

1. 1st
2. 2nd
3. 3rd
4. 4th
5. 5th
6. 6th
7. 7th
8. 8th
9. 9th
10. 10th

1. 1st
2. 2nd
3. 3rd
4. 4th
5. 5th
6. 6th
7. 7th
8. 8th
9. 9th
10. 10th

1. 1st
2. 2nd
3. 3rd
4. 4th
5. 5th
6. 6th
7. 7th
8. 8th
9. 9th
10. 10th

DRIVE K.N
ELECTROMBONG

plantar fasciitis (heel)

- causes:
1. Prolonged standing
 2. Excessive walking
 3. Improper shoe
 4. Excessive weight
 5. Excessive exercise
 6. Excessive use of foot

symptoms: pain in heel, swelling, redness, tenderness

NSAIDs
corticosteroids

① Steroid injections, burn pain

② Physical therapy -
stretching - heel pain
ice pack - swelling

~~Score 100/100~~

Score 100/100



Thymus gland (T cells)

gland

IV

IV - cytoskeleton + IV mitochondria

Availability of plasma risk

* 1980 - 1985 - Rabies and AIDS

* plasma risk

1980 - 1985

Great pandemic

1980 - 1985

(1980 - 1985)

a) DIC

b) Great pandemic

c) Great pandemic & AIDS

d) Non-Bacterial pneumonia

e) Great pandemic (1980 - 1985)

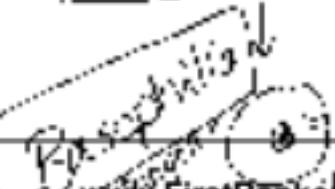
CML
Myeloblast

↓
Myelocyte

↓
Metamyelocyte

Myeloblast differentiation

Myeloblast



Metamyelocyte

Ques 1

+ (5:32)

base rate gene

break down studies

abuse, trauma, substance

↓

(1) dopamine kinase

(2) elevated energy

(3) elevated cortisol

Ques 2 : dopamine levels

↑ dopamine in abuse drug

Ques 3
[Nucleus accumbens]

Sol

Delirious phase

↓ asymmetric

delirious phase

↑ dopamine

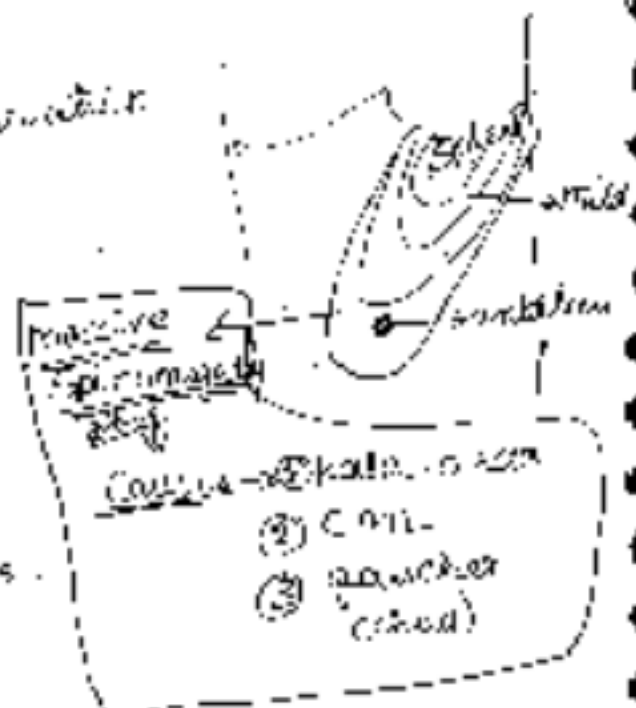
↑ dopamine
(depression of color)

Phase 2 : ↑ dopamine

↑ dopamine

↑ dopamine

↑ dopamine



* Transcription

↓

↓

↓

↓ Transcription (Transcription starts at start site)

↓

↓ Translation (Translation starts at start site)

↓ Translation (Translation starts at start site)

↓ Translation (Translation starts at start site)

↓ Translation (Translation starts at start site)

↓ Translation (Translation starts at start site)

↓ Translation (Translation starts at start site)

↓ Translation (Translation starts at start site)

↓

Ques 2. Tissue in is.

Is - Is - Is -

Is - Is - Is - Tissue



- 1. Is - Is - Is -
- 2. Is - Is - Is -
- 3. Is - Is - Is -
- 4. Is - Is - Is -
- 5. Is - Is - Is -
- 6. Is - Is - Is -

Is - Is - Is -

- (1) Is - Is - Is -
- (2) Is - Is - Is -
- (3) Is - Is - Is -
- (4) Is - Is - Is -
- (5) Is - Is - Is -
- (6) Is - Is - Is -

Is - Is - Is -

Is - Is - Is -

Is - Is - Is -

$\frac{1}{2}$ $\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

* $\text{deg}(\gamma) = 1$: مستقيم

சென்னை, 15.05.2019

1994

[illegible]

2004

$$F_{\text{eff}} = F_{\text{eff}}^{\text{eff}} - \frac{1}{2} \frac{F_{\text{eff}}^{\text{eff}}}{F_{\text{eff}}^{\text{eff}}}$$

2. RSN

142

JML

CML

666

CRM

* CNS disorders & their symptoms

* diagnosis & treatment of CNS

* pathology & prevention of CNS

to officials of the Ministry of Education & Science

உருவகம் : கருவரை & பூ

$$N(x) = \frac{1}{\sqrt{2\pi}} e^{-\frac{x^2}{2}} + \frac{1}{\sqrt{2\pi}} e^{-\frac{x^2}{2}}$$

$\Delta G = \Delta H + T \Delta S$

சென்னை, 25 சூன் 2015



2.144

2. 000

1254

Ln 8y (5c)

5-

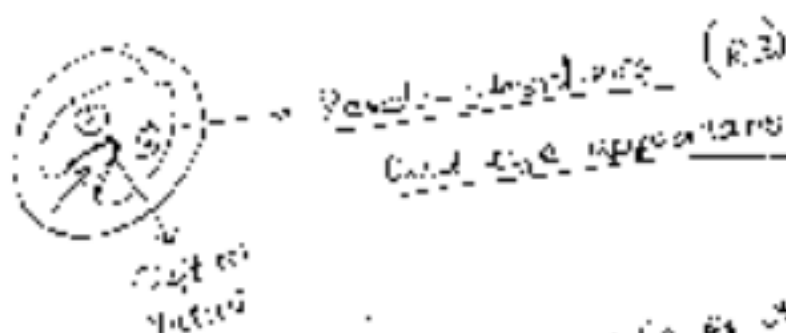
91.25. 4 7 5 6 7

14.150 / 10.500 7/13

... 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842.

Q. 1. Find the value of $\sin^{-1} \left(\frac{1}{\sqrt{2}} \right)$.

Course: EBV



EBV infection spread model = 1. attachment of EBV to target cell

EBV infection spread model = 1. attachment of EBV to target cell (infection model)

EBV infection spread model = 1. attachment of EBV to target cell (infection model)

EBV infection spread model = 1. attachment of EBV to target cell (infection model)

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EBV infection spread model = 1. attachment of EBV to target cell (infection model)

* $\text{Exp} - \text{cost} = \frac{C \times Q}{Q} \rightarrow \text{Unit cost}$

Q. 1. In a population of 1000 individuals

Randomly selected individuals

(i) Randomly selected 1000

(This is a random selection)

1000 Randomly selected

(ii) Mating pair is 1000

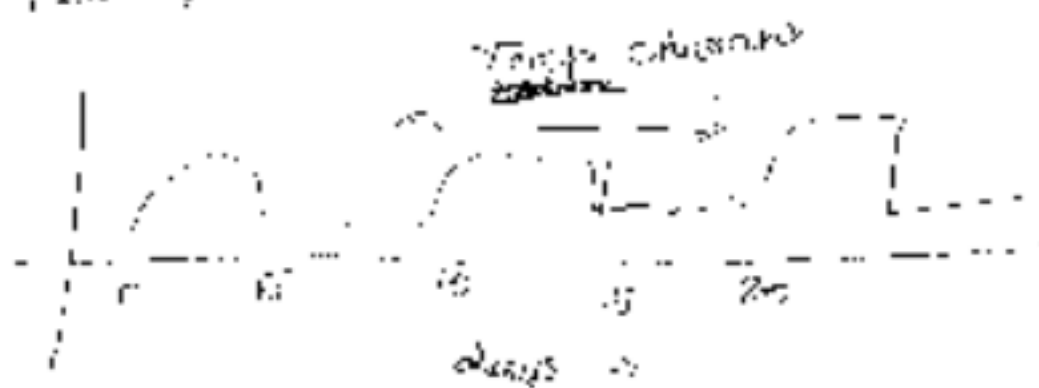
(iii) Mating pair is 1000



Continuous spread

1000 = 1000 individuals

(iv) Population 1000



Exercises under Note 10.1

1. Subtype of H_2 is H_2

How many subtypes - 15/20/45 (3)

Hydrogen isochoric law

$$P \propto V^{-1}$$

2. One mole of hydrogen - strong

One mole of hydrogen - 15/20/45 (3)

15/20/45/20/45/20

new - modified Bond classification

Revised European ~~Classification~~ ^{Classification} is given

3. - Bonding - ΔH_f° - Product is ΔH_f°

Stage II

1. A B C D

2. Substrate identification - 20/45

3. Substrate identification - 20/45

4. Substrate identification - 20/45

5. Substrate identification - 20/45

Radio - 23 sent 2100 40

Non-fragile syndrome (NFS)

REN, 200

High path - classification

"path" - modified classification - 916

Ex: 7 10-1000

10 y. T. 100

Ex: 2: 1000 B-201 Tumours

FL - 1000

www.FirstRanker.com

Adults → Multiple enlarged LN

① Neck, axilla, groin

② submandibular LN ③ GFI

(Acute-onset lymphatic enlargement)

~~④~~

⑤ Testes (CBP)

⑥ Hematogenous / metastatic LN

⑦ Cat scratch - ⑧ lymph → M-mir TB

Ex: extrinsic lymph node

①

② scar abscess/infect

③ par. group, involved in sig. lymph node

④ LFN + bad prognosis

Ex

⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

① - Bifurcated

② - osteophoroma

③ - Hydroxy Glucuronidation

④ - Enzyme

⑤ - Prednisolone

294

[illegible]

Experiments are in progress.

 $\frac{1}{n} \sum_{j=1}^n \log \left(\frac{\lambda_j}{\mu_j} \right) = \frac{1}{n} \sum_{j=1}^n \log \left(\frac{\lambda_j}{\mu_j} \right)$

3. Fe^{2+} ionele sunt oxidate la Fe^{3+} în soluție.

* Monogenic :- Malasia (1900)



பெரிய அளவுக்குள்ளேயே பரந்த பரம்பரை
பெரிய அளவுக்குள்ளேயே பரந்த பரம்பரை



Silvered flar $\rightarrow$ silver mirror
 of benzoic acid
~~benzoic acid~~

Benzoic acid

Polymer

Spectroscopy = measurement of light

Toluene + potassium permanganate

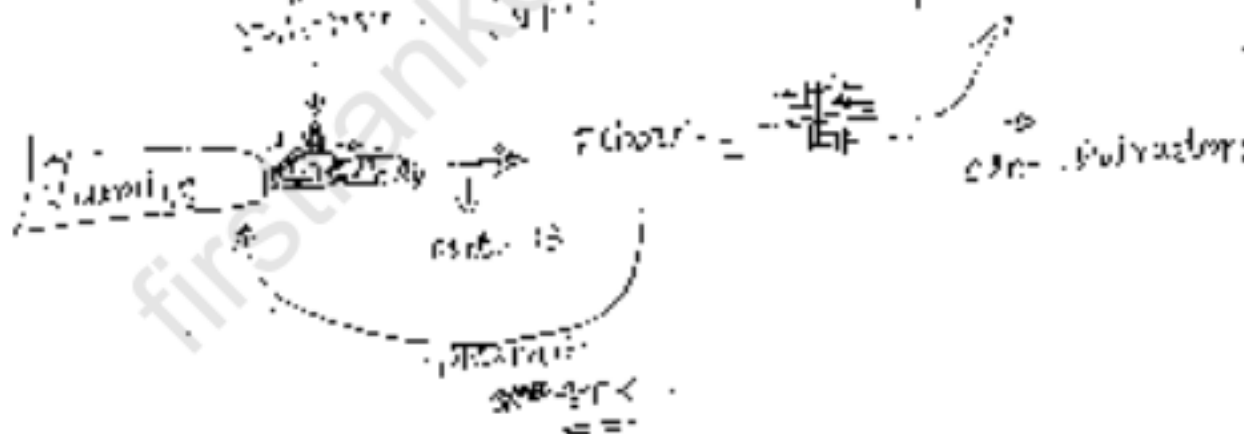
$\downarrow$
 Acetophenone (Methyl ketone)

$\downarrow$
 Benzoic acid

$\rightarrow$ Aldehyde $\rightarrow$ Benedict's test

$\rightarrow$ Carboxylic acid $\rightarrow$ Litmus test

$\rightarrow$ Ester $\rightarrow$ Saponification test



+ formic acid $\rightarrow$ Activated partial amide

Condensation

$\rightarrow$ (a-a-a-a) + product

$\rightarrow$ (a-a-a-a) + product

April (20.22.2022) 12:00:00



Placenta - degenerating:
1) $T_x A_2$
2) gp n/a receptor

Defects $\odot T_x A_2$ Defect

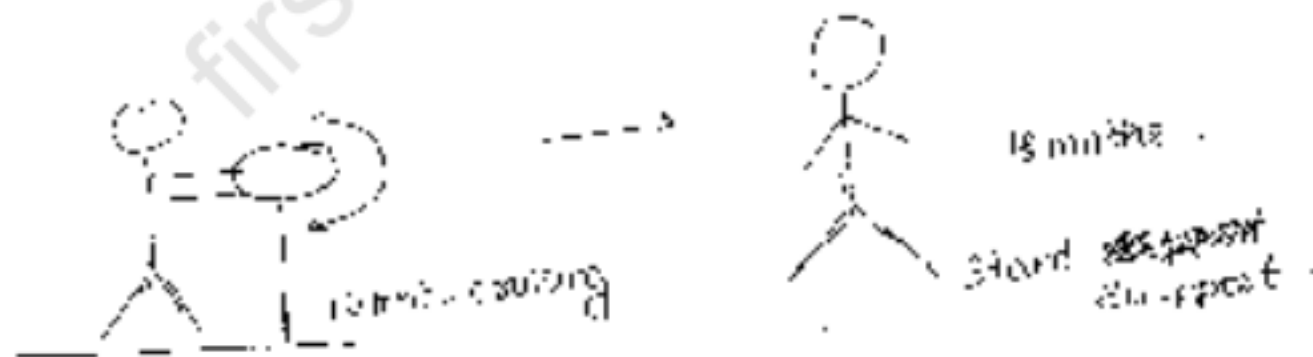
Defects - gp n/a receptor $\odot$

gp n/a absent - $\odot$ Defect

$\odot$ - post op bleeding

$\odot$ - Placenta: $\odot$ Defect

Thrombocytopenia



E.g. haemorrhages $\rightarrow$ 10-12 weeks

Placenta $\odot$ Defect

Cervix $\odot$ = Tumor $\odot$ Defect

$\odot$ = Borden's Baby Syndrome

Q10. ITP

Immune mediated

Self destruction platelets

Q11. $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$
 platelets
 splenic
 sequestration

Q12. Platelet count is

15 to 40. $\frac{1000000}{1000000}$ cells
 $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$

Q13. $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$
 platelets $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$
 not given

Q14. ITP

Q15. $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$ $\frac{1000000}{1000000}$
 splenic sequestration (splenic sequestration)

Splenic sequestration syndrome

to splenic

Pneumococci

Streptococci

A. J. Clark and J. R. W. Wilson

Am. J. Phys. 55:211-216

$$\sqrt{Z_M} \in \text{Vinc}(\mathcal{A}_M) \cap \mu_0(\mathcal{A}_M)^{\perp}$$

My name is _____

[illegible]

Minister of Education

(1) ஒரு கிராமிய சபை

$y_0 \text{ value} = 1$, adjacent $\rightarrow$ 2nd value.

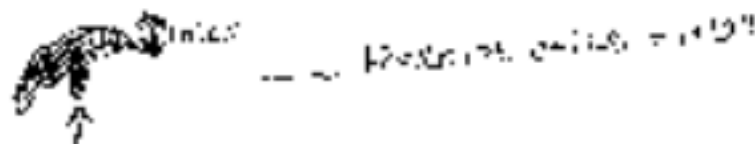
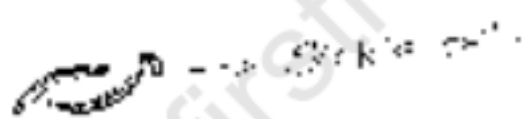
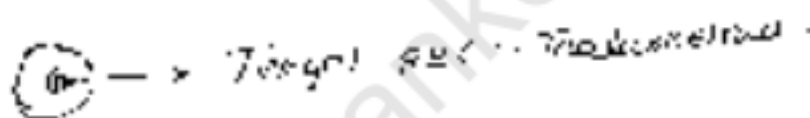
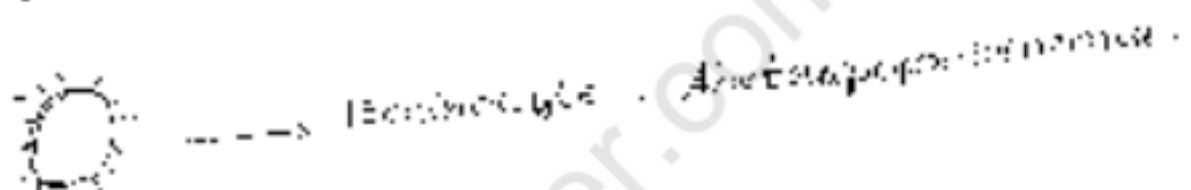
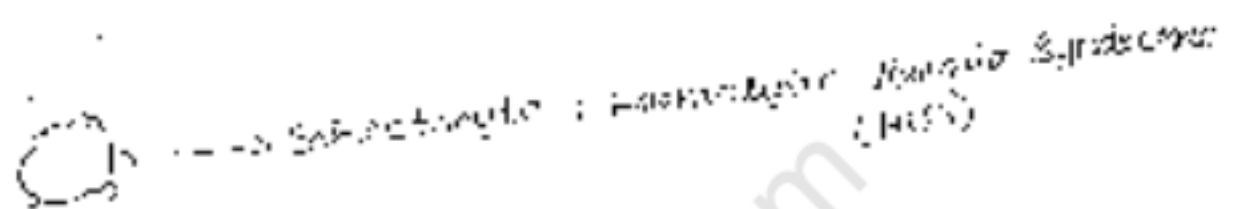
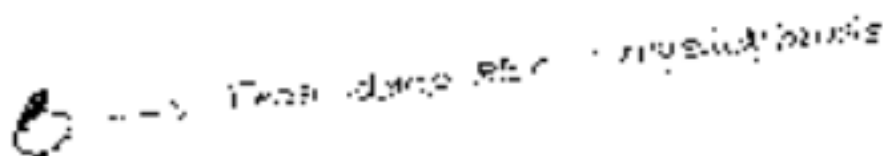
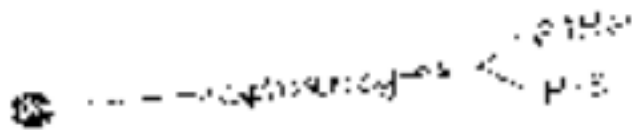
CPBI $\rightarrow$ opportunistic infection

_____ previous notice case.



- : Hoxit - Seit Section
 - : Spencer Section - (1920)


$$\text{---} \rightarrow \underline{E_1 E_2 E_3} \quad \text{in } E \text{ of } \mathcal{E}_D^s.$$



Area of leaf = πr^2 / πr^2

Area of leaf = πr^2

Area of leaf = πr^2

Area of leaf = πr^2

Area of leaf = πr^2

Area of leaf = πr^2

Diagram



① Stomata (pore)

② Guard cells (shape)

* Size of stomata = size of guard cells.

Stomata

(πr^2)

1. Stomata

Guard cells

Size of stomata

↓

↓

↓

↓

↓

size of stomata

Size of stomata = size of guard cells

Size of stomata = size of guard cells

Size of stomata = size of guard cells

Size of stomata = size of guard cells

Remembering is more - part of stress



... with ... in ...
... ..

Get ...

Remember ...

2. ... administrator

W. ... of ...

... = ... / month

[...]

... singular

>>>

[...]

If ... is done

... ..

* Summary ...

... ..

... ..

1. ... of

* ... of ...

... ..

... /

S. ven → ↓

S. perlin → ↑/0

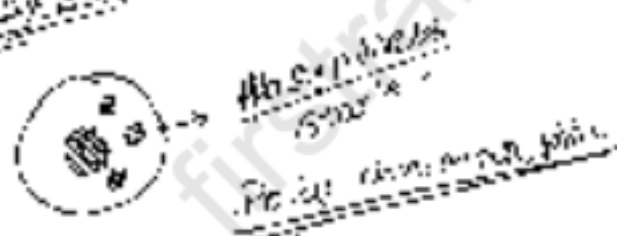
Q. Trout in Canada

Q. N. S. C. ^{anterior} ~~anterior~~ ^{posterior} = M/C
M/C = anterior side

Q. Anterior of the fish



Q. Anterior of the fish



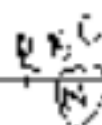
Later



Reproductive



Parabiosis





② presentation of the front view



↓
view of the nucleus
of the nucleus



→ small - RBC. If (perforated) BMB

Small - RBC. If (perforated) BMB

Small - RBC. If (perforated) BMB

S. IRON = 4

S. Perforated = 4

Small - RBC. If (perforated) BMB

IR

B6 (perforated) 4

* (perforated) BMB

IR = 1/5 BMB

Life

SN

306

| | | | |
|------------|---|---|---|
| S. 10.0.11 | W | A | 1 |
| S. 10.0.11 | W | A | 1 |
| S. 10.0.11 | A | L | 1 |
| S. 10.0.11 | A | W | 1 |

- MCQ
- S. 10.0.11: 1. 10.0.11
2. 10.0.11
- A. 10.0.11: 1. 10.0.11
2. 10.0.11

MCQ (10.0.11)

RE.C count: 000

10.0.11: 1. 10.0.11

10.0.11: 1. 10.0.11

10.0.11: 1. 10.0.11

10.0.11: 1. 10.0.11

Myeloma is plasma cell

1) B cell $\downarrow$ = plasma cell

2) Fibrinogen $\downarrow$ = Dysfibrinogen

3) Hypercalcemia

4) C. E. & P. (Cancer) (Cancer) (Cancer)

5) Multiple myeloma / Multiple myeloma (congenital & acquired form)

(100%)
 $\downarrow$
B

Chloroquine! - 2/3 of the body system

Joint: slow only 1/2 1/2 1/2

Leucemia: 30% $> 20\%$

V. myeloma: plasma cells $> 10\%$

BMI - 100% 100%

Myeloma

Heavy and light chain

$> 20\%$ 20%

Myeloma is plasma cell
 $\downarrow$
B cell $\downarrow$ = plasma cell
100% 100%
Heavy and light chain
20% 20%

9. Finalizing the Project

$$D_{\text{eff}} = C_0 \cdot \frac{f}{f_0}$$

Excess H₂ formed in ~~hydrolysis~~^{fermentation} = 0.0002 g.

for $t \in [0, 1]$ and $u \in \mathbb{R}^n$ is given by

11/17/2024 at 28 years of gestation.

3184

1. Find the area of the shaded region.

$$\frac{1}{1 + \frac{1}{2}} = \frac{2}{2 + 1} = \frac{2}{3} \rightarrow \frac{2}{3} \times 3 = 2$$

and $f = \frac{1}{2} \pi$ is a $Q\pi$.

$$H^2(\mathbb{R}^2) = \mathbb{R}^2 \oplus \mathbb{R}^2$$
$$H^1(X, \mathcal{F}) \cong H^1(X, \mathcal{F}) \oplus H^1(X, \mathcal{F})$$
$$\frac{1}{\sqrt{1 - \beta^2}} = \frac{1}{\sqrt{1 - \frac{v^2}{c^2}}} = \gamma$$

• Где и как лучше жить?

↓
Bilirubin (production spleen)
synthesis in liver

to make
Explosive
is positive effect of ABC
and negative effect of ABC
is negative effect of ABC
is negative effect of ABC

Scus =

not production of R. Show

Scus & R < production = 0

- 2nd

Severity ↓

Scus : Anomia < not reverse
no hard failure

Chapman's test + Spoken production

Trade Union / T RAIT

R & R. → 2nd & 3rd production

Scus : [W / 2] "Silent" d/s

Scus/n :- Parjati

family 1/2

Scus/n

family 1/2

Scus/n

Genetic counseling

①

Scus production = [Went off T] Test

Naked eye. Scus in just genetic
family test