



### UNIVERSITY OF JAFFNA, SRI LANKA SECOND EXA.MINATION FOR MEDICAL DEGREES (2ND).-DEC 2020 **Pathology Paper II**

Date: 16.		Time: 03 hours		
ANSWER ALL THE 10 QUESTIONS  Write the answers in the given space below each question.				
Anaemia is	s a common clinical manifestation. Based on underlying	g pathology, anaemia can		
be classi	fied in to anaemia due to marrow under production, ana	aemia due to excessive red		
cell dest	ruction and anaemia due to acute blood loss.			
1.1.	Define anaemia.	(10 marks)		
1,2.	State key characteristics in each group of anaemia st  1  2.	tated above. (20 Marks)		
	3			
1.3.	List different categories of disorders falling in to ma	urrow underproduction		
	group of anaemia.	(15 Marks)		



Outline the manifestations you would expec	t in severe uricompensa:ed
anaemia in an infant.	(20
Briefly outline red cell characteristics you can	observe in anaemia due to
Briefly outline red cell characteristics you can excessive red cell destruction.	observe in anaemia due to (15 M
excessive red cell destruction.	

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1	ic myeloid leukemia (CML).	(20
.1.	Outline the pathogenesis of CML.	(20 marks
	State the blood gistum findings appeared in CMI	(15 1-
2.2.	State the blood picture findings expected in CML.	(15 mark
2.3.	Patient was treated for one year and CML progressed to acute it	
	leukemia (AML). State how you would confirm the diagnosis of	oi AML. (15mar



2.4.1 Excessive bleeding tendency in AML.	(10
•	
2.4.2. Fever in AML.	(1
2.4.3 Organornegaly in AML.	(1:
Outline the investigations useful to manage AML.	(1
- 12 ·	



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l <b>.</b>	That is the most likely diagnosis?	(10 marks
2,	List 2 different histological type of above condition.	(10 marks
	List four (04) risk factors for each histological type mentioned in	n 3.2, (20 mark
<b>1</b> .	List the different macroscopic appearance of condition mention	in 3.1.



Write one investigat	on which will con	firm your diagnosis	s. (10
Write the reasons fo liquid.	progressive dysp	hagia and more dys	phagia to soli (20 r
	r progressive dysp	hagia and more dys	
	progressive dysp	hagia and more dys	
	progressive dysp	hagia and more dys	
	progressive dysp	hagia and more dys	



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	evaluation. (05 mark
4.1.	How would you further evaluate him?
	r evaluation revealed a polyp at the upper rectum. Histopathotogy of the polyp ported as adenomatous polyp with high grade dysplasia.
4.2.	What do you understand by the term dysplasia? (10 mar
4.3.	Under the microscope how would you differentiate dysplasia from carcinon (05 ma
and aft	though follow up plan was informed to the patient, he has defaulted the follow uster 3 years of initial review he presented with bleeding per rectum. Further ation revealed a poorly differentiated adenocarcinorna of the rectum with a solitates in the left lobe of the liver.
	Mention five risk factors for carcinoma of the rectum other than the family
4.4.	history.
4.4.	(10 m
4.4.	(10 m.
4.4.	(10 m



4					
5	•••••				
Expla	in the term p	oorly differe	ntiated adend	ocarcinoma.	(15 m
How	lid an adenorna	atous poly tur	n around an ade	enocarcinoma i	
					(15 m
Briefl	y describe the	steps of sprea	ad of a rectal c	ancer to the liv	er. (20 marl
	4				·



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Bri	efly describe the staging of rectal cancer.	(20 ma
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_		



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5	
5.1	A 55- year -old man was found to have serum creatinine of 290 !mon (RR 60-115 Amon) on routine check-up at his General Practitioner's office. He was a known diabetic for the last 10 years and was not controlling his blood glucose level as expected. He was referred to the hospital nephrology clinic and serum creatinine was repeated after few days and was found to be 300 ja mon. Chronic kidney disease was confirmed with a renal biopsy later.
	5.1.1. His estimated glomerular filtration rate (eGFR) was 20.1 niLimin/1.73 m2. How will you grade chronic kidney disease using eGFR and in what chronic kidney disease grading is he in? (15 marks)
	a ditter continue
	5.1.2. List five (05) blood investigations you will do in this patient and indicate the expected changes. (20 marks)  1 2 3
	4



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1	
2	
Give the macroscopic and microscopic change	es of kidneys in the follow
conditions. 5.2.1 Diabetes mellitus.	(40 m
5.2.2 Calculi in the left renal pelvis.	(20 mar)

6

	List one (01) laboratory (non-biochemical/ non-endocrine) test you will do
•	this patient. (10 mark
•	Total thyroidectomy was done and the histopathology report revealed a papillary carcinoma of thyroid. Describe the microscopic features of papillary
	carcinoma of thyroid. (40 mar
	She developed tetany after few days postoperatively. Briefly describe the
	patho g enesis of tetany in this patient. (20 mark



	biochemical test (non-endocrine) you will do in the you will expect in that test?	is patie
(10 marks)		
What precau	utions will you take when doing the test mentioned	d in 6.4
	CO)	
marks)		
marks)	anter	
marks)	i el alle	
marks)	LifeiRante	



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the lung. 7.1.1. Mention the most likely diagnosis?	the right side (05 ma
7.1.2. Outline the pathophysiology of the following clinical fe	atures. 15 marks
I. Bronchial breathing on auscultation.	
2. Stony dullness on percussion.	
3. Inspiratory crackles on auscultation.	
7.1.3. List three (03) complications of the condition you menti	ioned in 7.1.1 (15 m
2	
7.1.4. List three (03) basic biochemical or radiological investig	
1	•••••

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A 65 — year-old man who admits to a 60-pack year smoking complains of fatigue and dyspnea with minimal exertion and a productive every morning throughout the year for last 2 years	a cough that is
7.2.1 Mention the most likely diagnosis?	(05 marks
7.2.2 Outline the pathogenesis of the condition you mentioned	d in 7.2.1. (20 mark
co"	
7.23. List four (04) complications of the condition you mention	
7.23. List four (04) complications of the condition you mention	(20 marl
R.O.	(20 marl
1	(20 marl
1	(20 mark
1	(20 marl
1	(20 marl
1	(20 marl



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8 A 45-ye	earold woman, while recovering in bed several days after have	ving an abdominal
. surgery,	develops an acute onset of chest pain and shortness of breath.	
On furt	ther questioning patient also revealed a 2-day history of a swol	len and tender right
leg. On	examination the patient appears anxious and tachypneic, but h	nas good air
movem	nent in the lungs bilaterally.	
8.1.	Mention the most likely diagnosis?	(05 marks)
8.2.	List two (02) emergencies other <b>than</b> mentioned in 8.1 that	may proceed with
0.2.	acute chest pain.	may present with
	(10 marks)	
	1	
	2	
8.3.	State the possible underlying mechanism for the condition y 8.1?	you mentioned in (10 marks)
8.4.	Mention the pathogenesis and list three (03) risk factor for t	the development of
	the condition mentioned in 8.1.?	(30marks)
	22	
	N	



Briefly mention the reason for swelling of	the right leg of this pati
	(15
List two (02) conditions which may b	e associated with bilateral leg
List two (02) conditions which may be and mention the underlying mechanic	_
•	e associated with bilateral leg
and mention the underlying mechani	
and mention the underlying mechani	
and mention the underlying mechani	
and mention the underlying mechani	_



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A 40
A 40-year-old man is being evaluated as a new patient complains of seven headache and is found to have a blood pressure of 170/95mm Hg
<b>9.1.1.</b> List four (04) causes for high blood pressure in this patient. (20 ma
1
2
3
4
9.1.2. Mention the effects of hypertension on blood vessels and heart.
(30
1 R loodyee c al c
1.B loodves s el s
1.B loodves s el s  2.I-leart



A 03-y	year-old man experienced loss of function of his left up	per and lower
extrem	nities, One week back he had experienced several episo	odes of left-sided
weakn	ness lasting a few minutes, but he had recovered function	on after each of
those e	episodes. Previously, he had been in good health excep	t for occasional
angina	a relieved by rest.	
9.2.1.	Mention the most likely diagnosis?	(10 marks)
9,2.2, 1	Mention the underlying mechanisms associated with the	ne condition you
mentione	ed in 9.2.1?	(10 marks)
9.2.3. 1	List four (04) risk factors other than Hypertension for o	developing the
9.2.3. 1	List four (04) risk factors other than Hypertension for condition mentioned	1 0
	• •	1 0
1	condition mentioned	1 0
1	condition mentioned	1 0
1	condition mentioned	1 0
1 2 3 4	condition mentioned	1 0

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nontender lump inside the right hemi scrotum.	
10.1.1. Mention the most likely diagnosis?	( <b>10</b> marks)
10.1.2. Briefly mention the histological types of the dia	ngnosis you mentioned
	(15 marks)
2 3/NE	
A 21-year-old nulliparous woman has a 9-cm right add	nexal mass that <b>on</b>
ultrasound appears cystic and solid.	
10.2.1. Mention the most likely diagnosis?	(10 marks)
10.2.2. Mention the morphological appearance of the co	ondition <b>you mentioned</b>



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10.3.1. Mention the most likely diagnosis?	(10 marks)
10.3.2. Mention three (03) investigations you will perform in this indicate the expected findings.	patient and (15 marks)
left breast. There is no history of trauma. On examination, the ulceration of the areola and nipple, and a palpable lump below	re is fissuring ar
A 65-year-old woman complains of soreness and oozing from left breast. There is no history of trauma. On examination, then ulceration of the areola and nipple, and a palpable lump below region.  10.4.1. Mention the most likely diagnosis?	re is fissuring ar
left breast. There is no history of trauma. On examination, then ulceration of the areola and nipple, and a palpable lump below region.  10.4.1. Mention the most likely diagnosis?	re is fissuring ar the areola (10 mark
left breast. There is no history of trauma. On examination, then ulceration of the areola and nipple, and a palpable lump below region.  10.4.1. Mention the most likely diagnosis?	re is fissuring and the areola (10 mark
left breast. There is no history of trauma. On examination, then ulceration of the areola and nipple, and a palpable lump below region.  10.4.1. Mention the most likely diagnosis?	re is fissuring at the areola (10 mark