

MCQ questions for finals



One hour

10 minute break

Review plus hand outs

Question 1.



45 year old female attends accident and emergency with fatigue and nausea for six months. Past medical history of type 2 diabetes and a previous stent for a single LAD lesion. On Aspirin 75 mg, Metformin 1g bd , Lantus 25 units sc. Atorvastatin 40 mg, Clopidogril 75 mg, Bisoprolol 2.5 mg and Ramipril 5mg. Bloods all normal except for Na 108 mmol/l and Creatinine 287 umol/l. Please write down four initial investigations on this patient .

Question 2.

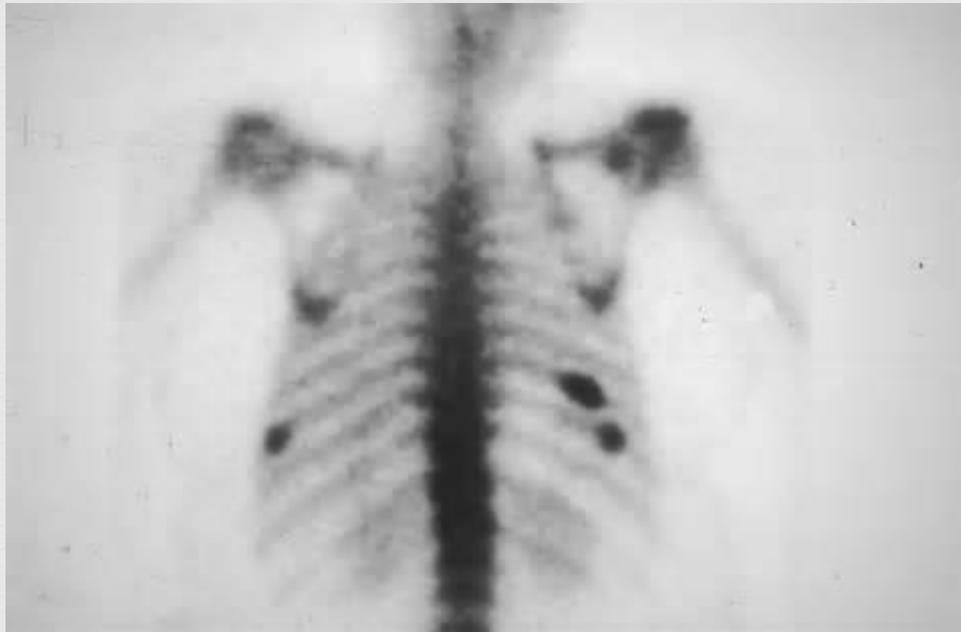


- ❧ 68 year old man referred by his GP because of recent severe constipation and headaches . Also recent insomnia because of general aches and pains at night in his hands, back and feet.
- ❧ **Past medical history ;**
- ❧ TURP and right hemi-colectomy for bowel cancer. Medication consists of Ramipril for hypertension 10 mg and Amlodipine 10 mg. Blood pressure in a\e was 180\110 mmHg. Creatinine was 423 umol\l.
- ❧ List 4 biochemical investigations you would do . What radiological investigations would you do name 2. Comment on following radiological test.

Bone Scan.



☞ Bone scan.



Question 3.



- ❧ 18 year old type one diabetic attends accident and emergency department with a sugar of 1.8 m. moles \ 1. GCS of 6 no focal neurology. GCS recovered to 15 after hypo-stop , glucagon and 1L of 5% dextrose. Noted to have Vitiligo and BMI of 19. Her last letter from me on computer showed a normal HBA1C. She has never had a hypoglycaemic event in the past.
- ❧ Please list 4 investigations you would do in order of priority.

Question 4.



- ❧ 16 year old schoolboy , diabetic admitted through casualty because of a 2 day history of vomiting and abdominal pain.
- ❧ The abdominal pain preceded the vomiting . No associated diarrhoea. No overseas travel. Currently on novorapid 10 units tds and Lantus 18u mane.
- ❧ Glucose 28 , Sodium 118, crp 386 wcc 26 . PH 7.2 ,HCO₃-14. Lactate 4.6. Blood ketones 5.8.Potassium 2.6 mmol/l.
- ❧ DESCRIBE YOUR INITIAL MANAGEMENT.
- ❧ 24 HOURS LATER big improvement but crp still up and lactate 3.1. What would be your next line of management.

Question 5.



64 year old Asian Type 2 diabetic attended Diabetic out patients for 6 monthly follow up . Was in Punjab for nephew's wedding and stayed on for extra six weeks to visit the Golden Temple .After coming back felt tired and found running his hardware business difficult . His sugars normally ran less than 10 m. mols and his last hba1c was 46. But since coming back his average figure is 12-15. His treatment consisted of metformin 1g bd and glicazide 160 mg bd. 4 INITIAL INVESTIGATIONS . PLEASE.

Question 6.



- 76 year old male attended a\e on Sunday night with bilateral sensory changes in his legs with a sensory level at T 9. Right plantar was dorsi - flexor with 4\5 weakness in his left leg. Recent ct done for weight loss showed several masses in abdomen with obstruction of his right renal artery and vein. Blood tests showed a sodium of 128 m.mol\l.
- What is your first investigation . What other tests would you do . <Tests that are appropriate only .>

Question 7.



22 year old University Student from Shanghai presented to accident and emergency having been found on the living room floor by her partner paralysed from the neck down. She had urgent bloods done which showed a potassium of 1.6 mmol/l . Immediate correction produced a recovery of full motor function. Relevant past medical history was of hypertension treated by gp with amlodipine 10mg Bp in a/e was $165/100 \text{ mm Hg}$. Consequently the consultant on call added a thiazide diuretic 2.5mg to her treatment. A diagnosis of periodic paralysis was made and she was sent home.

Question 7.

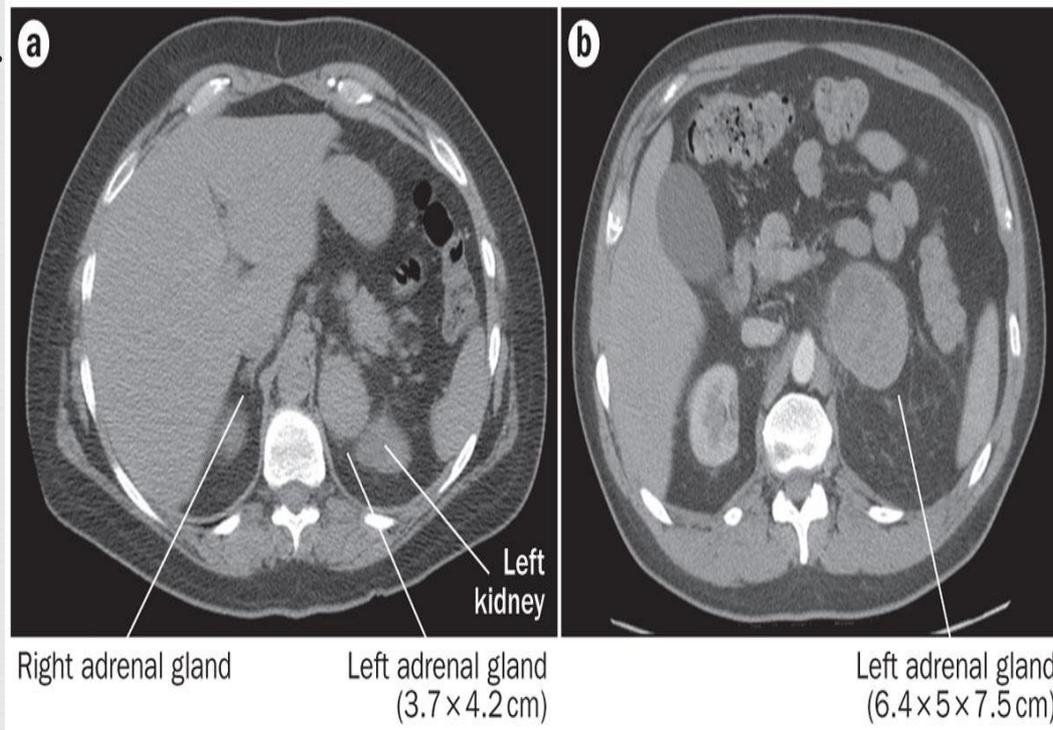


- ☞ She re -attended a week later with recurrence of her problem I ordered a number of investigations which established the correct diagnosis.
- ☞ List four biochemical investigations plus a radiological procedure to make the correct diagnosis.

Ct of the abdomen.



☞ Ct abd.



Question 8.



☞ 58 year old Indian shop keeper was transferred to my clinic from another clinic which he had been attending for two years because his daughter wanted him to be seen urgently. She attended the clinic with him and being a English teacher voiced grave concerns about her fathers illness. She informed me he had been diagnosed 2 years previously with adrenal tuberculosis on the basis of ethnicity and symptoms of fatigue and night sweats. Cortisol at presentation was $<$ than 20 and he was put on

Question 8.



- ❧ Replacement therapy with hydrocortisone 10mg mane, 10mg lunch and 5mg in evening.
- ❧ She reported that he was depressed had gained two stone in weight and was not his normal self. He also had completed a six month course of anti TB treatment and had been discharged from the respiratory clinic. By the way his chest x ray was normal.
- ❧ What investigations would you do to sort out this case.

Question 9.



- ⌘ 45 year old female patient attends the endocrine OPD with a letter from her general practitioner. She has been putting on weight and suffering from constipation for the past year. Her mother had Graves disease and was treated by carbimazole and radioactive iodine. Her GP did her TFTs and showed that her TSH was 28 and t4 was 6. She was put on t4 replacement 75 ug and went home. Subsequent she
- ⌘ attendance and repeat bloods showed t4 of 12 but a TSH of 53. Describe a management plan.

Question 10.



☞ 28 year old female attend opd from gp with a letter. She has informed him of a history of weight loss palpitation and sweating but the gp could not understand her bloods as her t4 was normal but her TSH was suppressed at < 0.02 . She had a heart rate of 120 and a fine upper limb tremor. Name 2 tests you would do.

Question 11.



☞ 29 year old female attended outpatients from gp. He had previously diagnosed Graves disease and put her on carbimazole 20mg. Her TFT showed a t4 of 60 and a TSH of 2.3 u/l. Anti TSH receptor antibodies were normal . She returned 3 months later and her T4 was 23 but her tsh had risen to 3.4. I subsequently increased her carbimazole to 30mg but on return her tsh was 3.6 . What investigations would you do.

QUESTION 12.



18 year old female patient sent in from GP with 4 month history of amenorrhoea. First year student in University studying biological sciences. Menarche at 14 years normal periods up till 4 months ago. Washed her hair 3 times a week and had some spots recently. Her bloods revealed LH 2.1 , FSH 3.8 AND OESTRADIOL OF 83. PROGESTERONE WAS LESS THAN 10. BMI of 19. Prolactin was 400. Currently doing exams . Diagnosis plus 3 investigations.

Question 13.



- ❧ 68 year old Asian man was sent in by his GP because he was suffering from poor appetite and fatigue for 2 months. The GP did some investigations and discovered a potassium of 2.8. He also had a recent RTI which was treated with antibiotics . He smoked 20 day for 30 years and was on a thiazide and atenolol for hypertension.
- ❧ What investigations would you do to make a diagnosis.

Question 14.



- ❧ 28 year old Greek female born in England attended OPD as a referral from her GP. Living in Australia for the past three years but since coming back in Sept of last year her health had deteriorated. She began suffering aches and pains all over and had difficulty climbing stairs.
- ❧ PMH ; pica in adolescence but said she had a healthy diet of 1625 calories per day to quote the patient.
- ❧ Bloods showed a HB 11.2 MCV of 78. please list 6 investigations.

Question 15.



⌘ 48 year old female patient from granada attended a\e sent in by her GP with chest pain for 2 days . Non smoker and worked in John Lewis in Oxford street. PMH of episode of pleurisy last year. FH of thyroid disease and hypertension. Examination revealed BP OF 180\100 mmHg and muffled heart sounds. ECG on next slide . Name 5 investigations.

Question 16.



- ❧ 68 year old man referred through A | E from his GP with a 8 month history of falls . Retired Barrister. Drank 25 units a week and smoked 10 cigarettes a day. Played golf up until last year. Medication consisted of metformin 1g bd and glicazide 80 mg bd. Examination revealed an ataxic gait and a positive Romberg's .
- ❧ 4 investigations plus radiology and a differential.

Question 17.



- ⌘ 60 year old type 1 diabetic with COPD who currently smoked attended a\ e. Unwell for 48 hours with cough and purulent sputum. Noticed his sugars going up to 25 so he increased his insulin by 2 units. Normally on Novorapid 15utds and Lantus 26u. mane. Had bloods taken and gases which came back showing ;PH 7.28 HCO₃- 18 O₂ 8.9 CO₂ 6.0.
- ⌘ EXPLAIN HIS METABOLIC DISTURBANCE.

Question 18.



48 year Nigerian solicitor was admitted to Curie ward because of recurrent episodes of confusion over previous 3 months . He was off work from his company and being looked after by his wife at home . She stated that there was a personality change , he was normally quiet easy going but recently had become short tempered. CT and MRI were normal . Lp showed no growth with polys of 64, lymphocytes 220, glucose 1.2. plasma glucose 5.8 differential diagnosis and further tests.

Question 19.

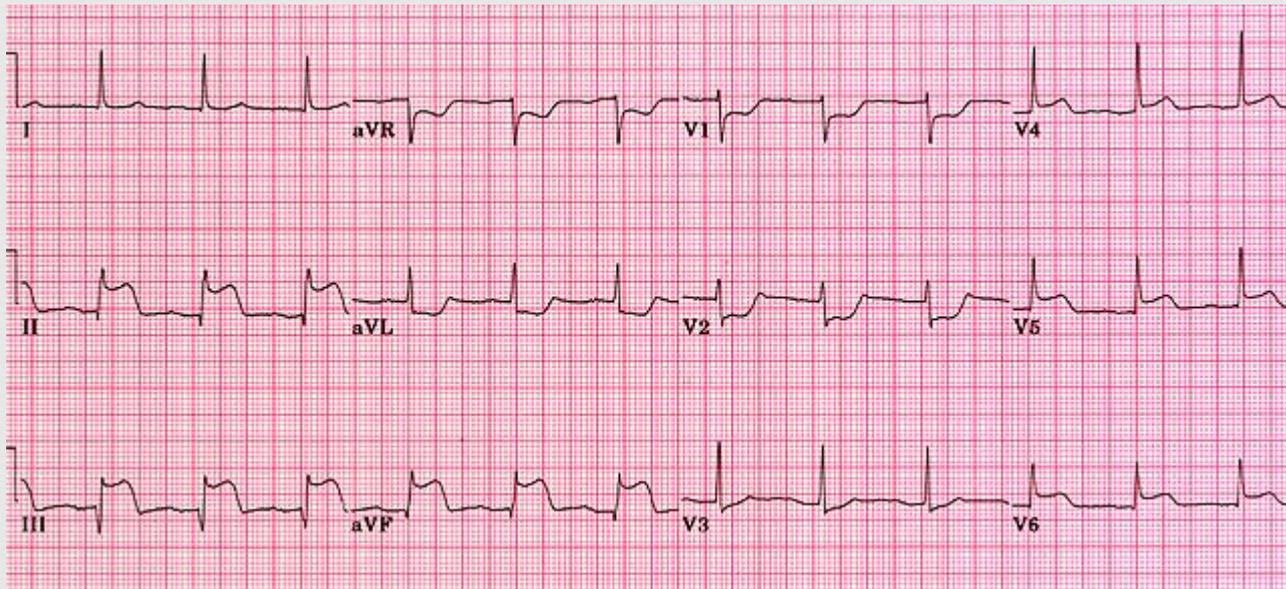


48 year old male attended a\e at 3am having developed central chest pain radiating into his back epigastrium and jaw . Past history of diabetes and hypertension and smoked 15 per day. In a lot of pain so given 5mg morphine in a\e and maxolon. Needed 5mg more within the hour. Bp was 180 \ 110 mm Hg.Ecg is shown on next slide. List investigations and management plan.

ECG.



⌘ Ecg.



Question 20.



30 year old Indian woman sent in by her gp for increasing SOB over the previous 6 months. She had been under the chest physicians 3 years previously and was treated for tuberculosis , 6 month course of medication. Review of her old x rays showed an upper lobe infiltrate but review of her notes showed that they were never able to culture TB. Nevertheless she was treated on basis of symptoms, xray changes and ethnicity.

Question 20.



- ❧ Her new xray showed an infiltrate in te same lung but now in the middle lobe.
- ❧ Diagnosis and investigations please.

Question 21.



21year old male sent in by GP because of