

— MINI-OSCE —

# MACLEOD CVS



الفريق الأكاديمي  
لجنة الطب والجراحة

## Signs of infective endocarditis



**Janeway lesions**

**painless, blanching red macules on the thenar/hypothenar eminences**



**Osler's nodes**

**painful raised erythematous lesions, typically on the pads of the fingers**



**splinter hemorrhages**

**linear, reddish-brown marks along the axis of the fingernails and toenails**



**Roth's spots**

**(flame-shaped retinal hemorrhage's with a 'cotton-wool' center)**



**Petechial haemorrhages on the conjunctiva.**



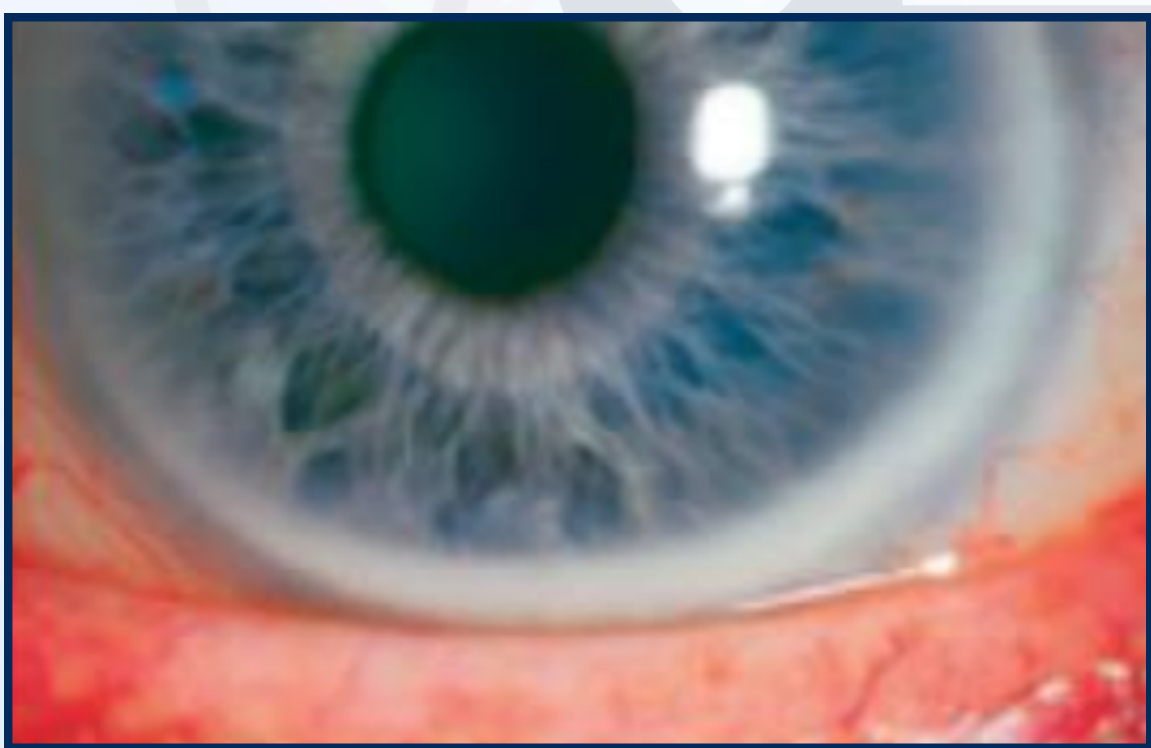
**central cyanosis: a purplish-blue discoloration of the lips and underside of the tongue**

- **Cardiac causes of central cyanosis include heart failure**
- **congenital heart disease, in which case it is associated with right to-left shunting and finger clubbing**



**xanthelasmata: soft, yellowish plaques found periorbitally and on the medial aspect of the eyelids**

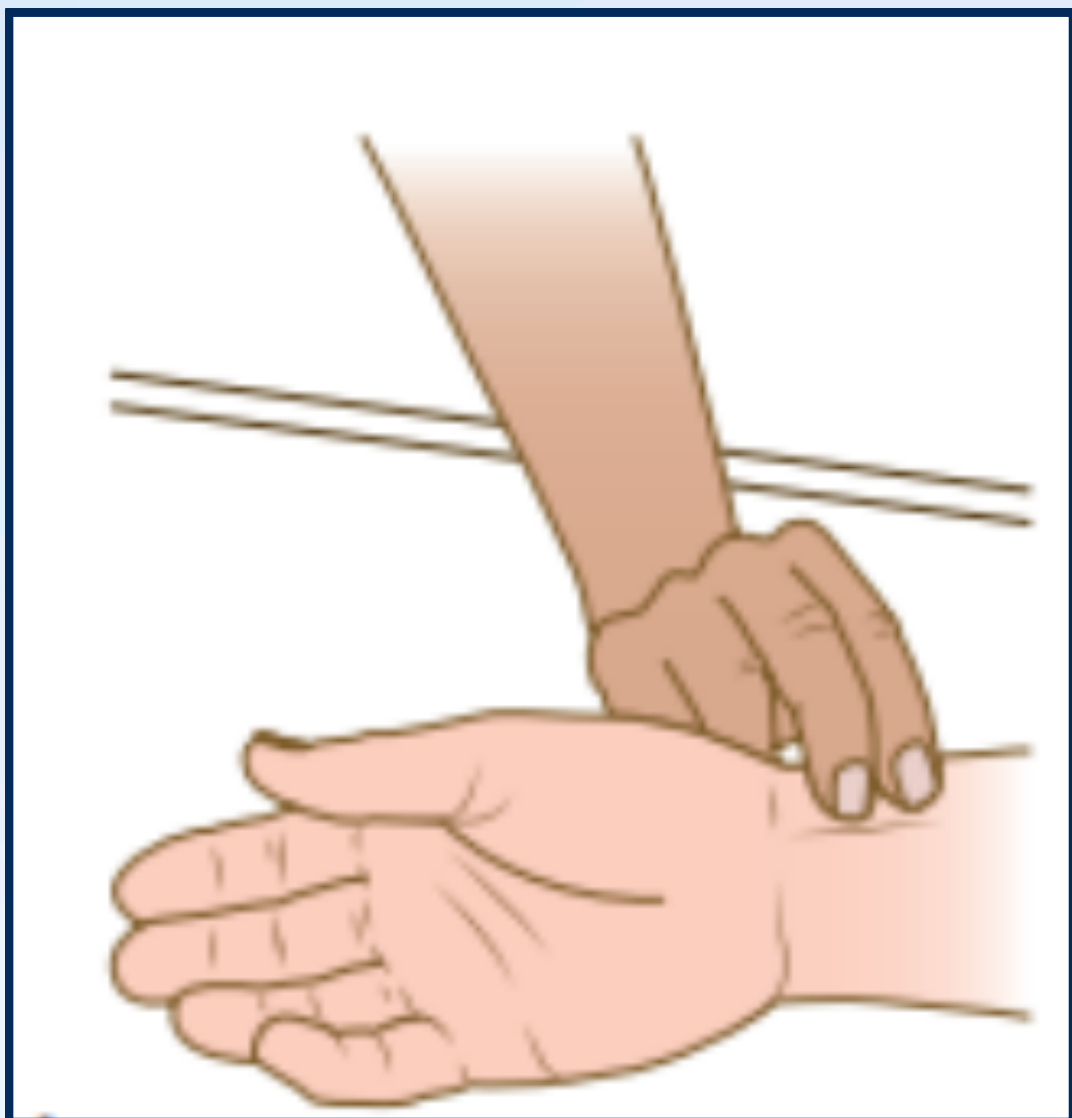
- **Xanthelasmata and corneal arcus are associated with hyperlipidemia but also occur frequently in normolipidemic patients**
- **The presence of xanthelasma is an independent risk factor for coronary heart disease and myocardial infarction but corneal arcus has no independent prognostic value.**



**corneal arcus: a creamy yellow discoloration at the boundary of the iris and cornea**



**Tendon xanthomata.**



**Radial pulse**



To detect a collapsing pulse

**(Seen in aortic regurgitation)**



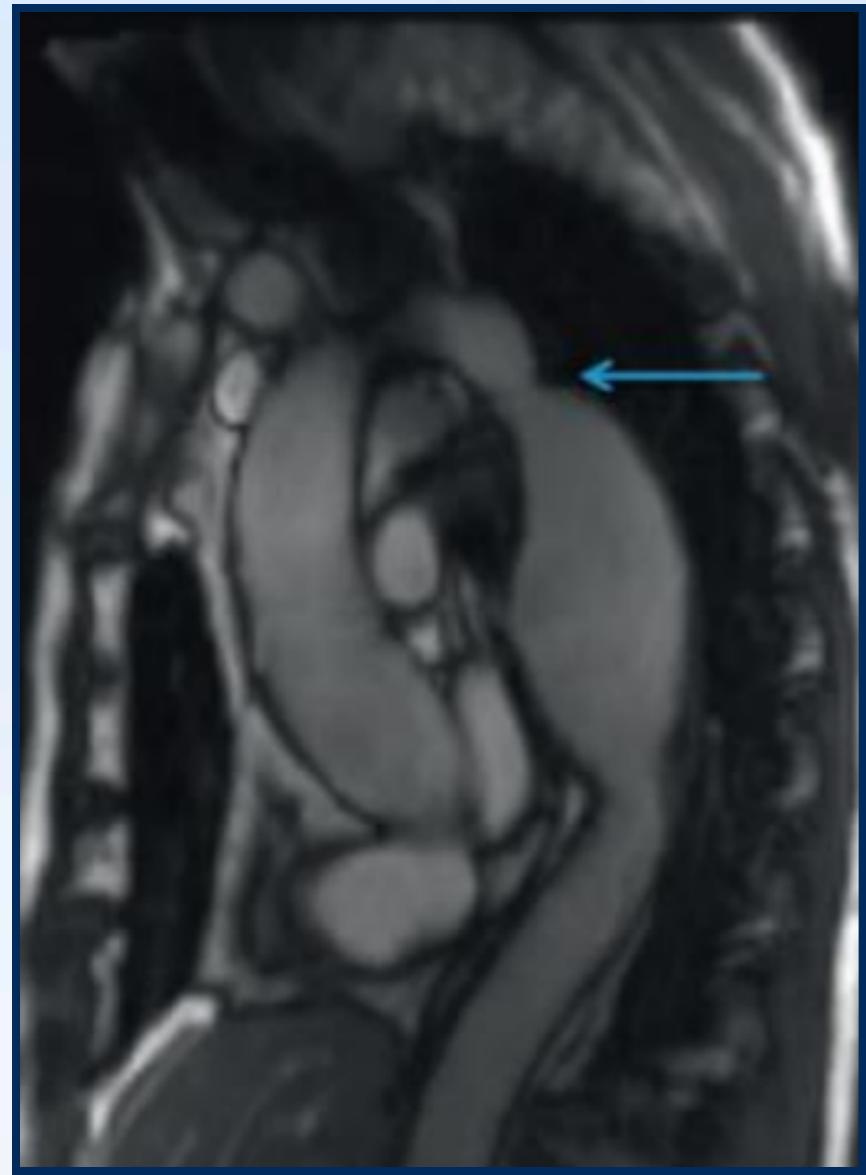
**Brachial pulse**



**Carotid pulse**



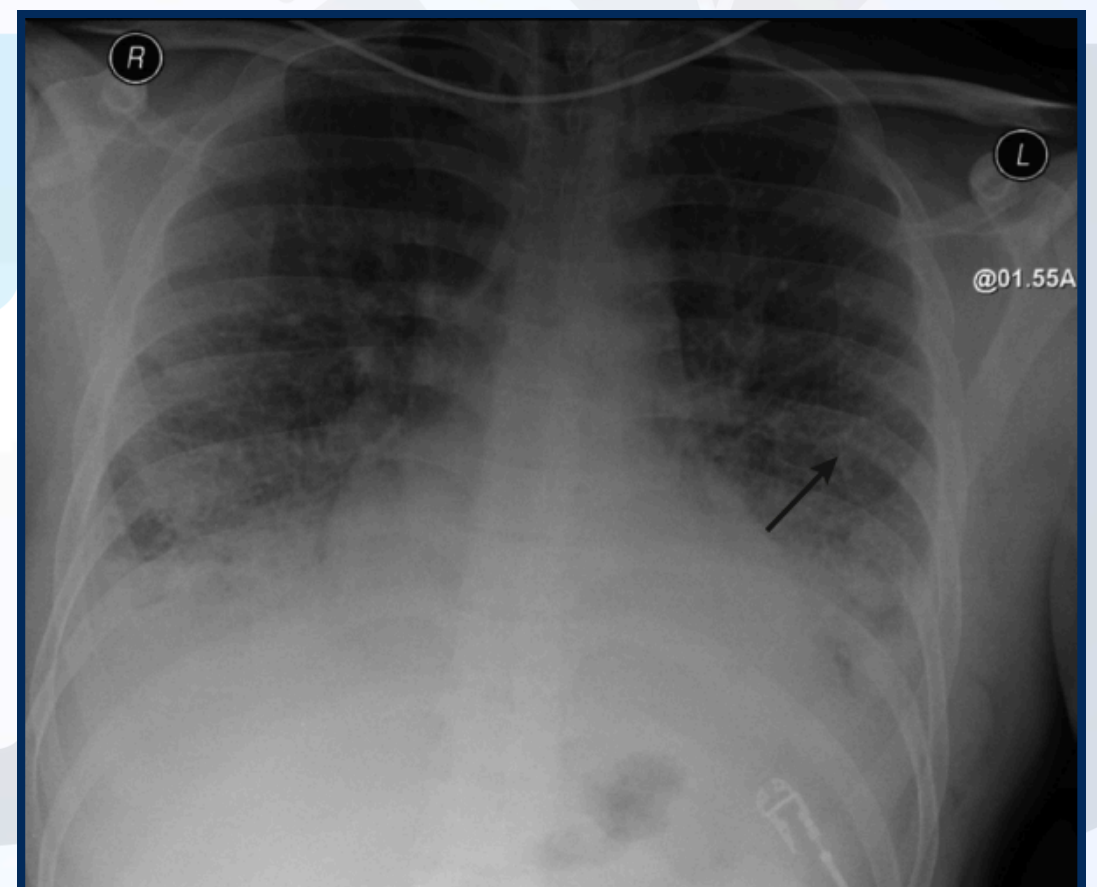
**Pectus excavatum**  
**(funnel chest 'C')**



**aortic coarctation**  
**Causing Radiofemoral delay**

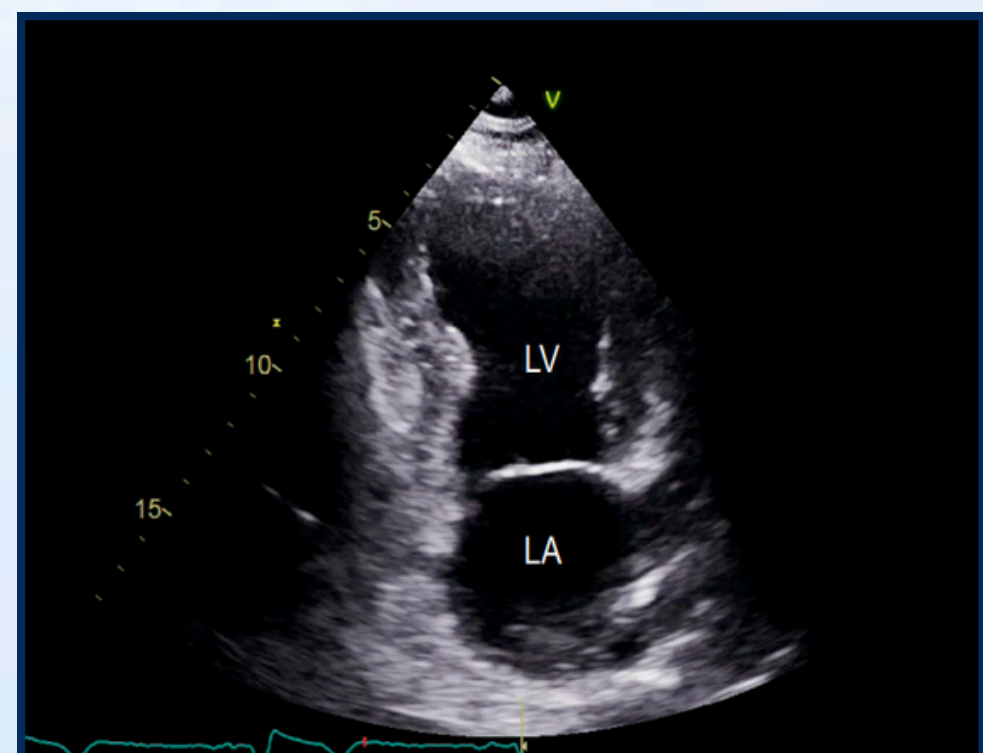


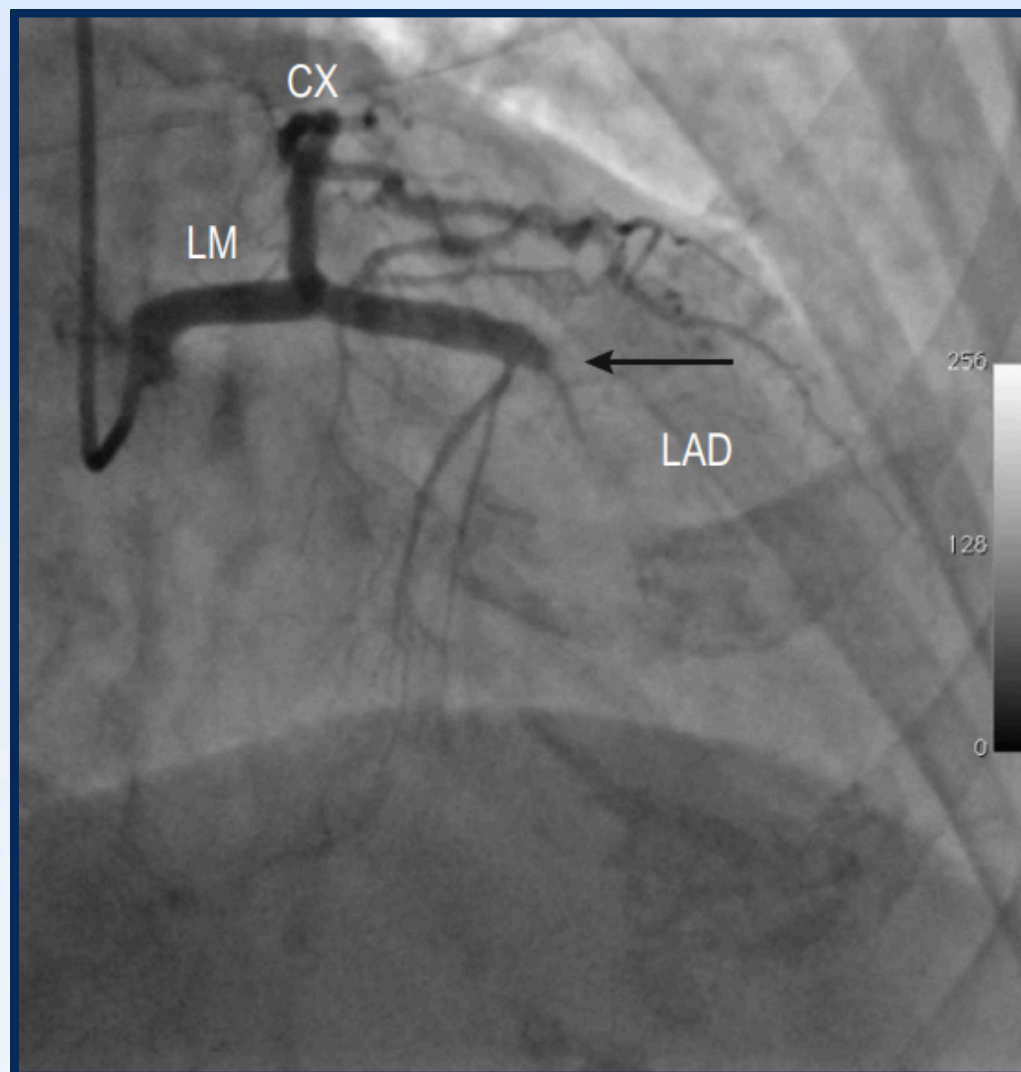
**pectus carinatum**  
**(pigeon chest 'D')**



**Chest X-ray in heart failure. This shows cardiomegaly with patchy alveolar shadowing of pulmonary oedema and Kerley B lines (engorged lymphatics, arrow) at the periphery of both lungs.**

**Transthoracic echocardiogram in an apical two-chamber view, showing thinning of the left ventricular apex. This is the site of a recent anterior myocardial infarct. LA, Left atrium; LV, left ventricle.**





### Coronary angiography

The arrow indicates an abrupt occlusion of the proximal left anterior descending artery. CX, circumflex; LAD, left anterior descending; LM, left main.



### Raynaud's syndrome.

The acute phase, showing severe blanching of the tip of one finger



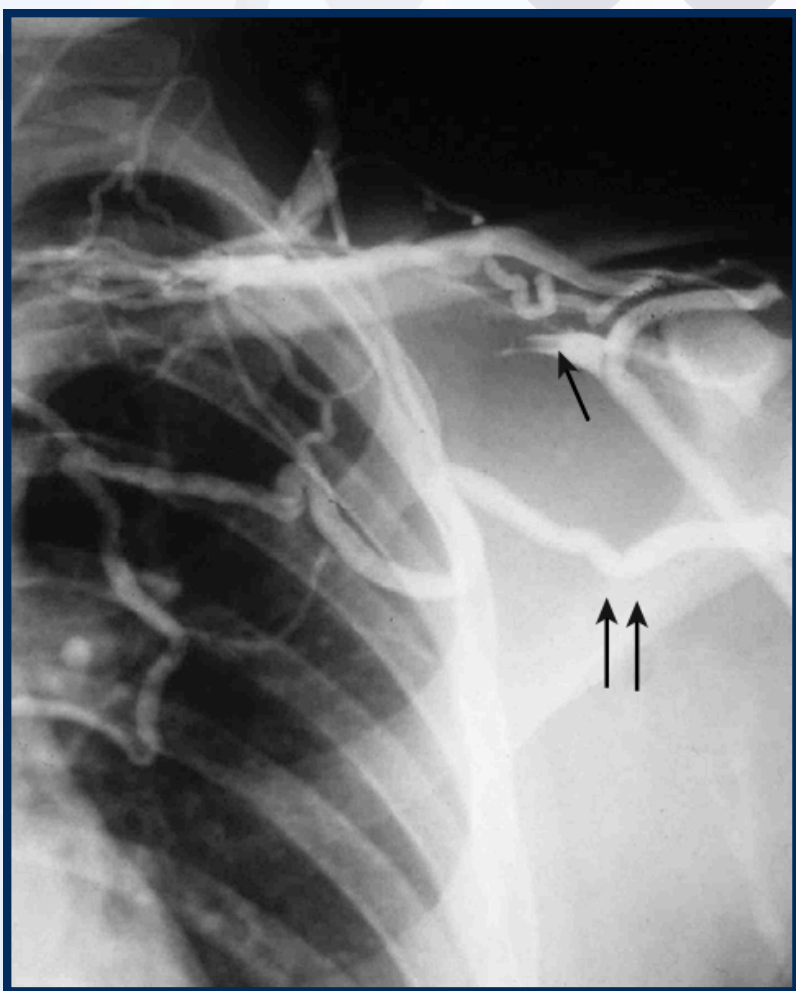
Raynaud's syndrome occasionally progresses to fingertip ulceration or even gangrene.



**Lower limb venous disease  
Varicose veins and associated  
haemosiderin deposition.**



**Lower limb venous disease  
Venous ulcer**



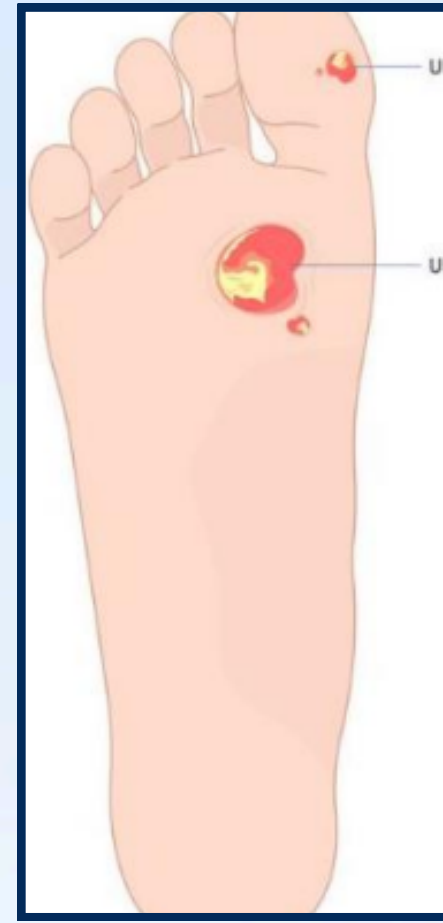
**Axillary vein thrombosis.  
Angiogram Single arrow shows site of  
thrombosis. Double arrows show dilated  
collateral vessels.**



**Axillary vein thrombosis.  
Clinical appearance with swollen left  
arm and dilated superficial veins.**



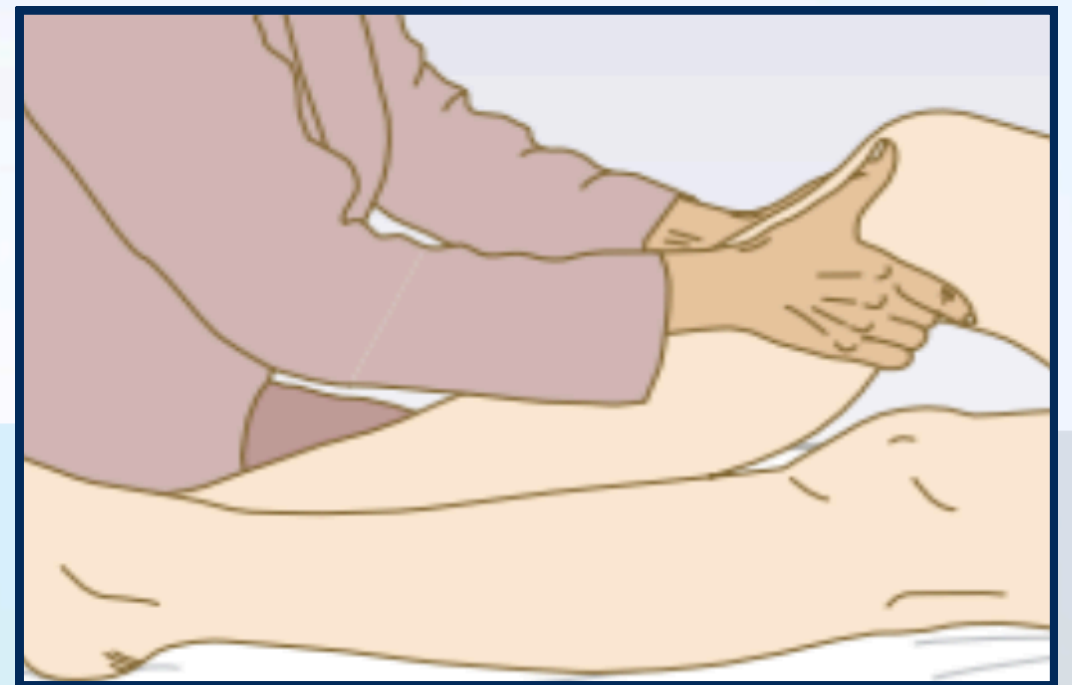
**Tissue loss (gangrene)**



**Tissue loss (ulceration)**



**Digital ischemia**  
**Blue toes**



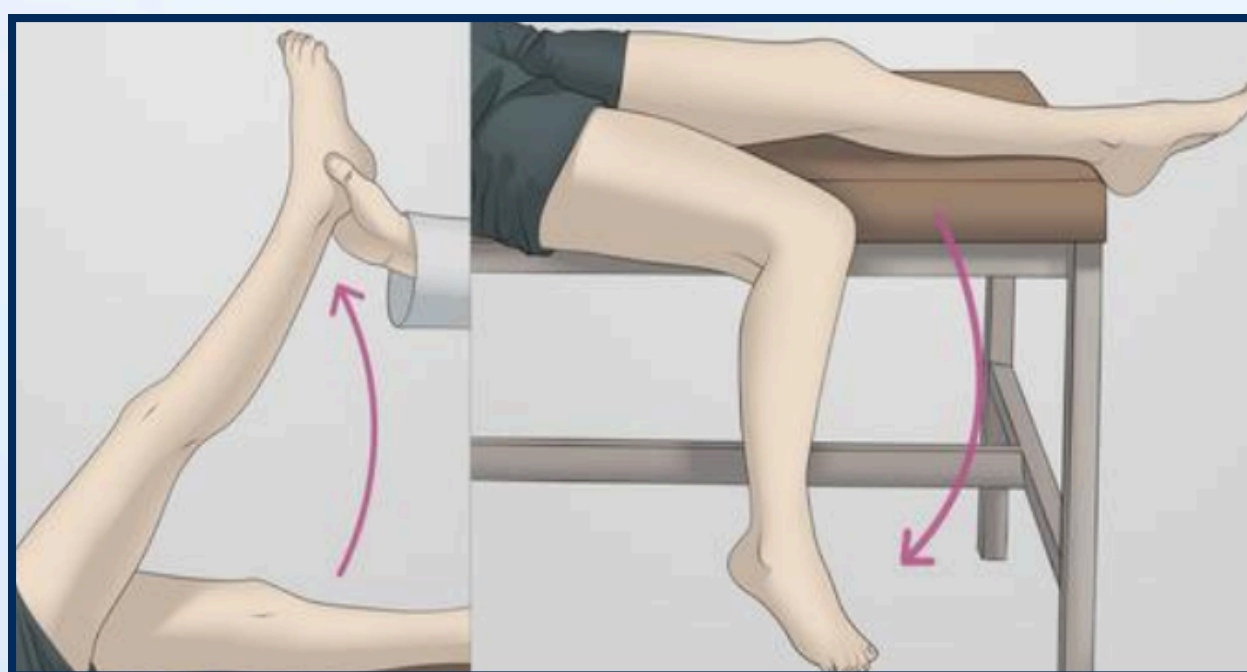
**Popliteal pulse**



**Posterior tibial pulse**



**Dorsalis pedis pulse**



**Buerger's test**

**Buerger's test is performed to aid assessment of arterial insufficiency**



— MINI-OSCE —

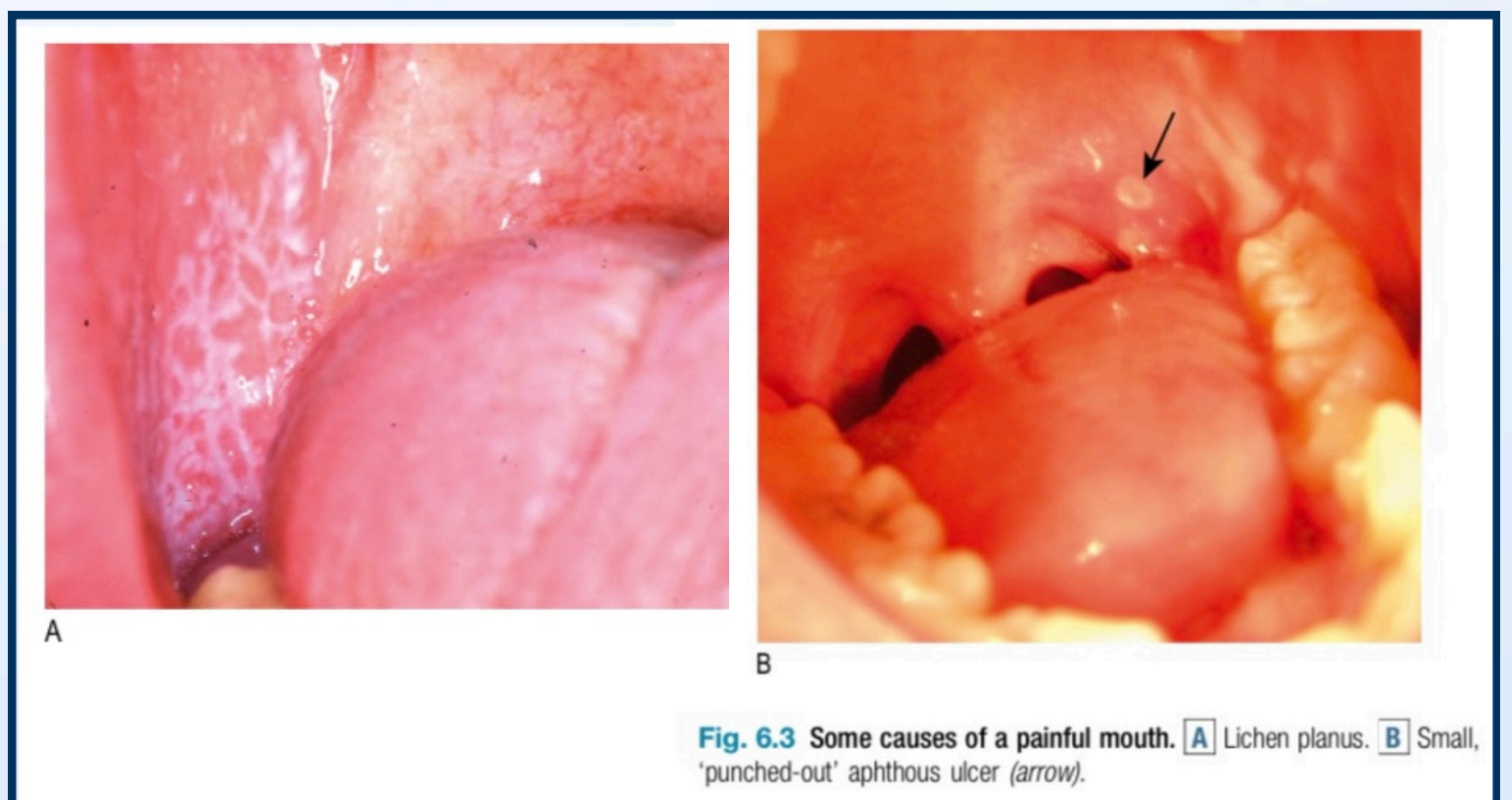
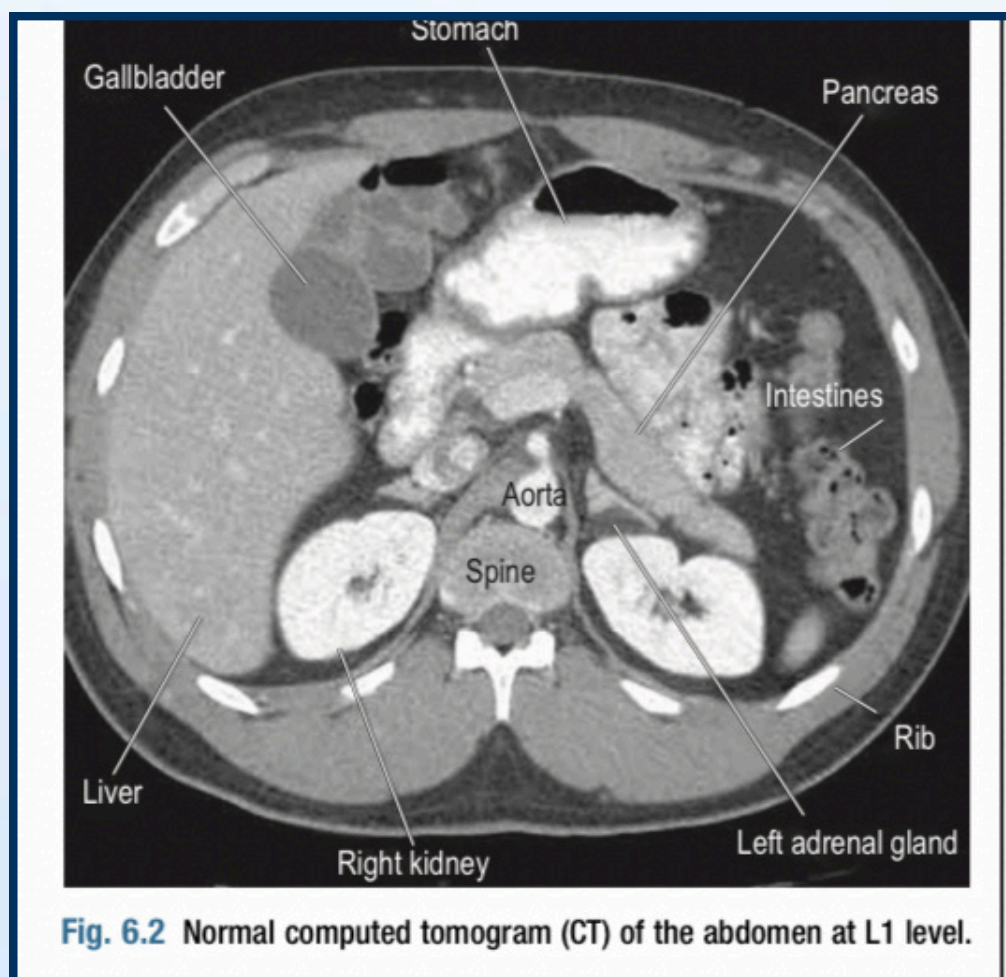
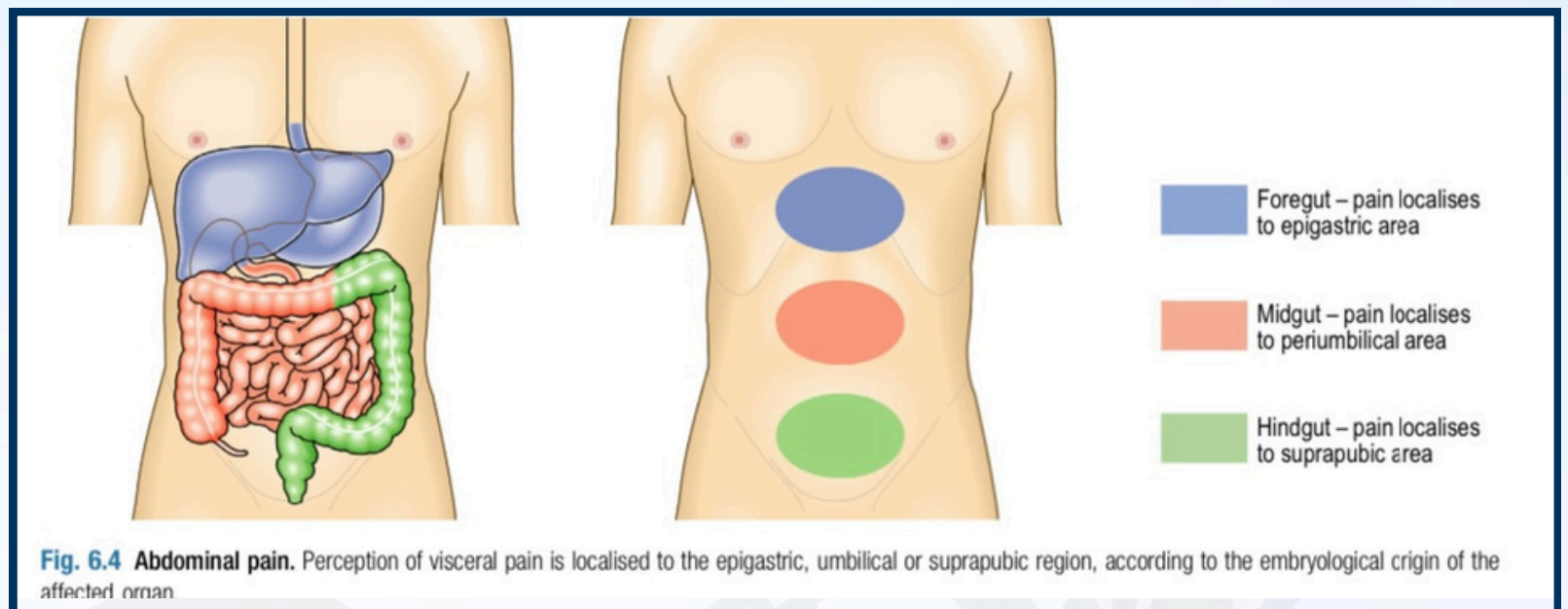
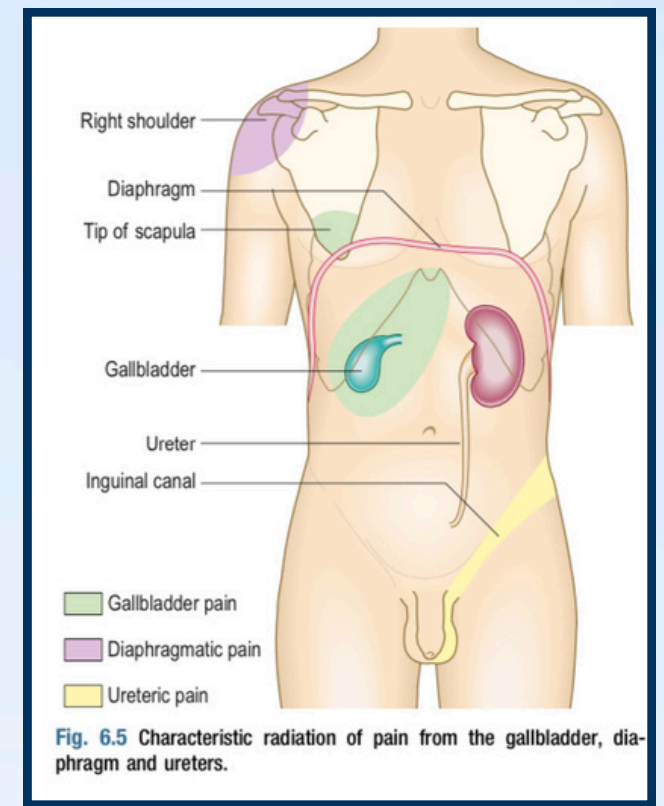
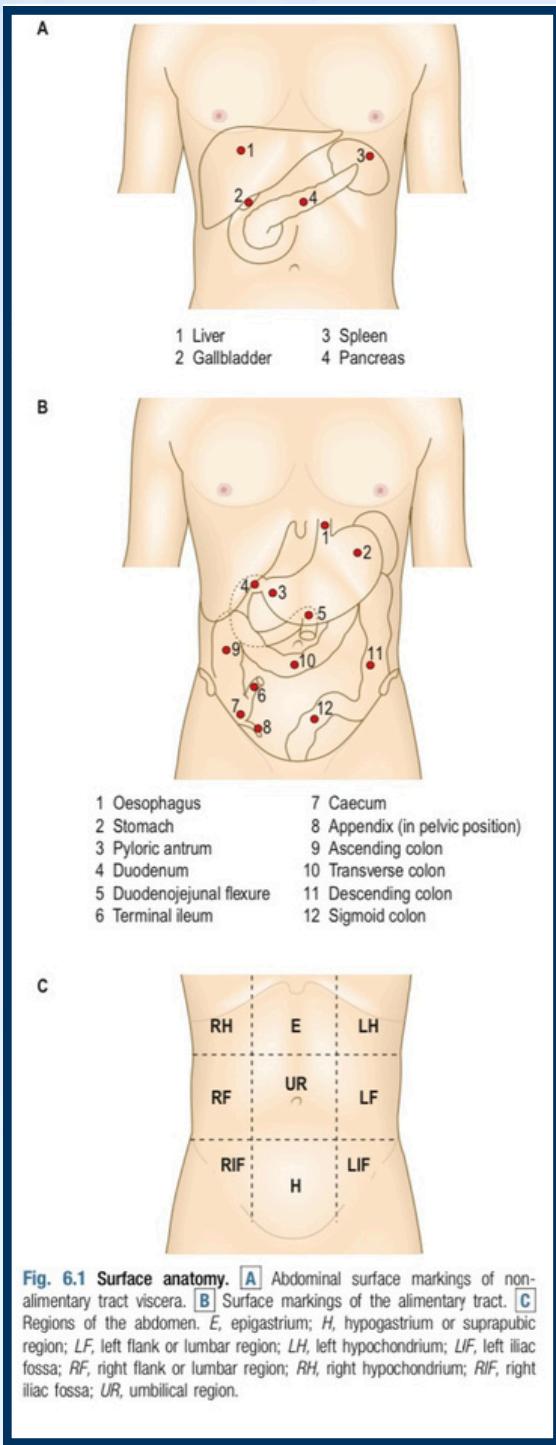
MACLEOD

GIT



الفريق الأكاديمي  
لجنة الطب والجراحة

# History Taking



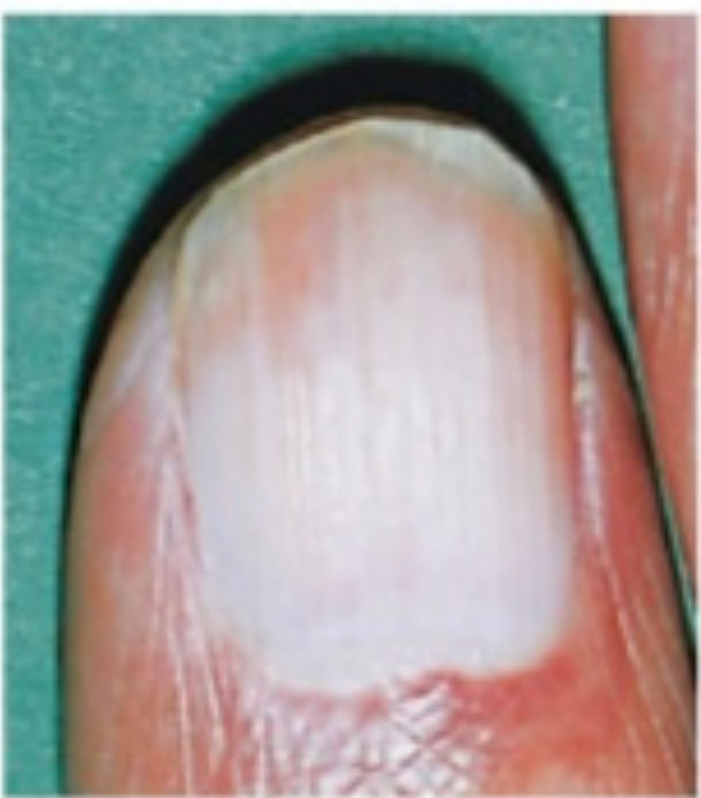
# Examination



A Spider naevus



C Palmar erythema



B Leuconychia

**Epigastric mass**

- Gastric cancer
- Pancreatic cancer
- Aortic aneurysm

**Hepatomegaly**

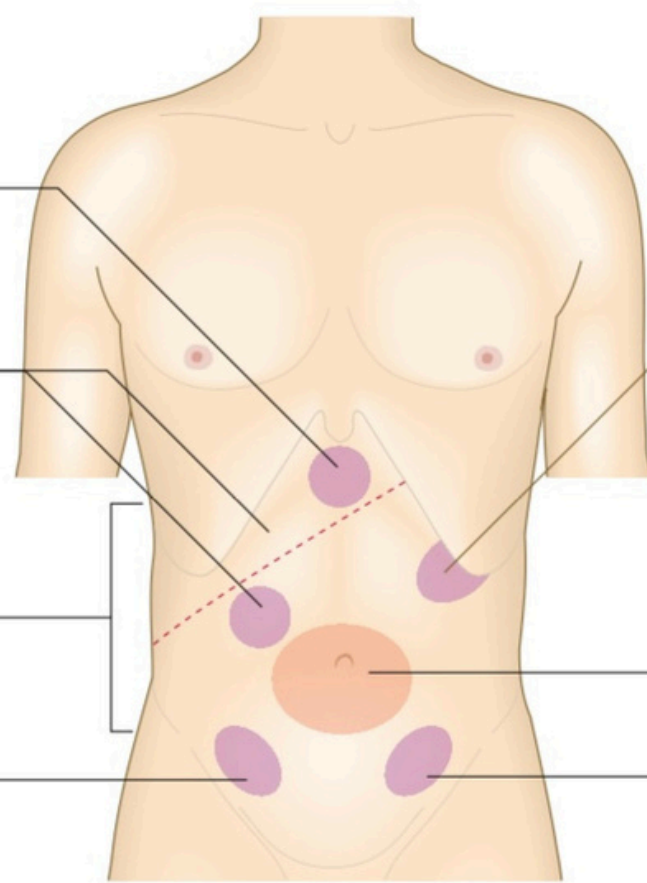
- Palpable liver not always enlarged
- Always percuss upper border
- Palpable gallbladder

**Generalised distension**

- Fat (obesity)
- Fluid (ascites)
- Flatus (obstruction/ileus)
- Faeces (constipation)
- Fetus (pregnancy)

**Right iliac fossa mass**

- Caecal cancer
- Crohn's disease
- Appendix abscess



**Left upper quadrant mass**

- ? Spleen:
  - Edge
  - Can't get above it
  - Moves towards right iliac fossa on inspiration
  - Dull percussion note to 9th–11th ribs mid-axillary line
  - Notch
- ? Kidney:
  - Rounded
  - Can get above it
  - Moves inferiorly on inspiration
  - Resonant to percussion above it
  - Ballotable

**Tender to palpation**

- ? Peritonitis:
  - Guarding
  - Rebound
  - Absent bowel sounds
  - Rigidity
- ? Obstruction:
  - Distended
  - Tinkling bowel sounds
  - Visible peristalsis

**Left iliac fossa mass**

- Sigmoid colon cancer
- Constipation
- Diverticular mass

Fig. 6.12 Palpable abnormalities in the abdomen.

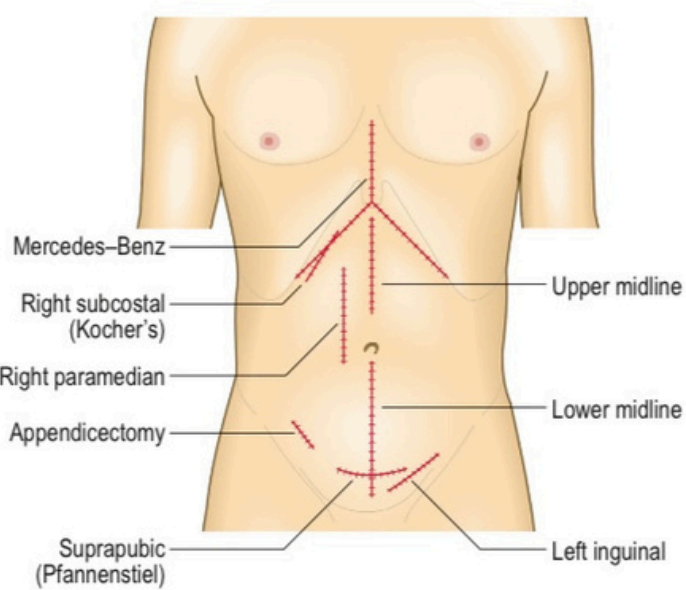


Fig. 6.10 Some abdominal incisions. The midline and oblique incisions avoid damage to innervation of the abdominal musculature and later development of incisional hernias. These incisions have been widely superseded by laparoscopic surgery, however.



A



B

Fig. 6.13 Acute pancreatitis. A Bruising over the flanks (Grey Turner's sign). B Bruising around the umbilicus (Cullen's sign).

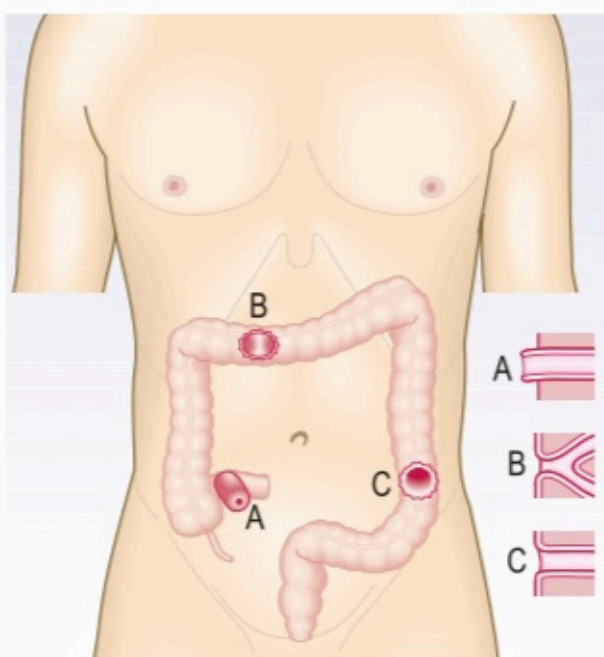


Fig. 6.11 Surgical stomas. A An ileostomy is usually in the right iliac fossa and is formed as a spout. B A loop colostomy is created to defunction the distal bowel temporarily. It is usually in the transverse colon and has afferent and efferent limbs. C A colostomy may be terminal: that is, resected distal bowel. It is usually flush and in the left iliac fossa.

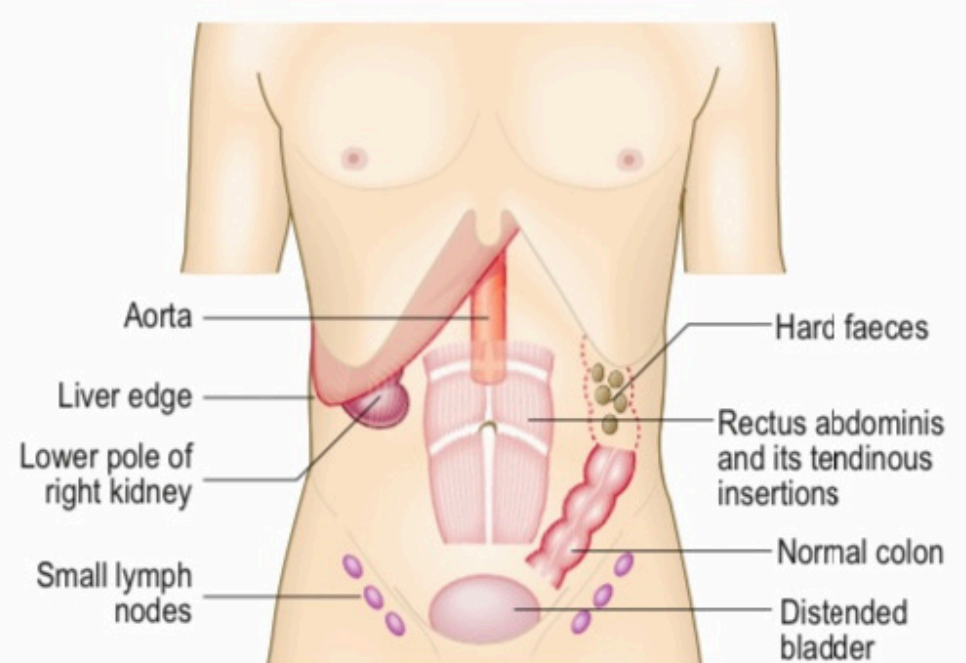


Fig. 6.14 Palpable masses that may be physiological rather than pathological.

# Examination

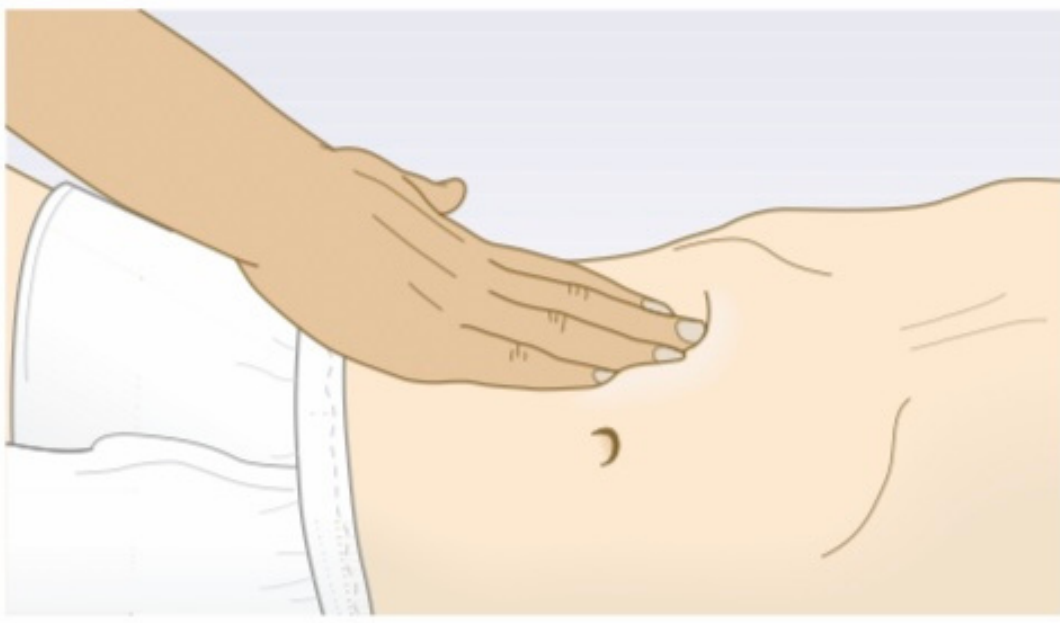
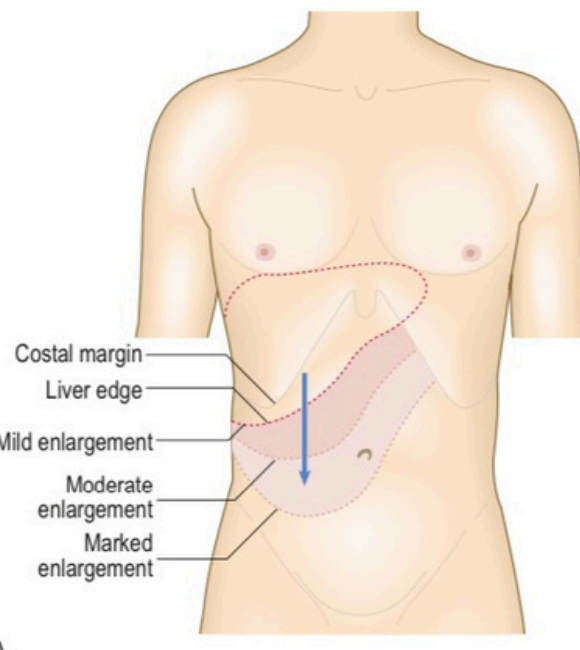
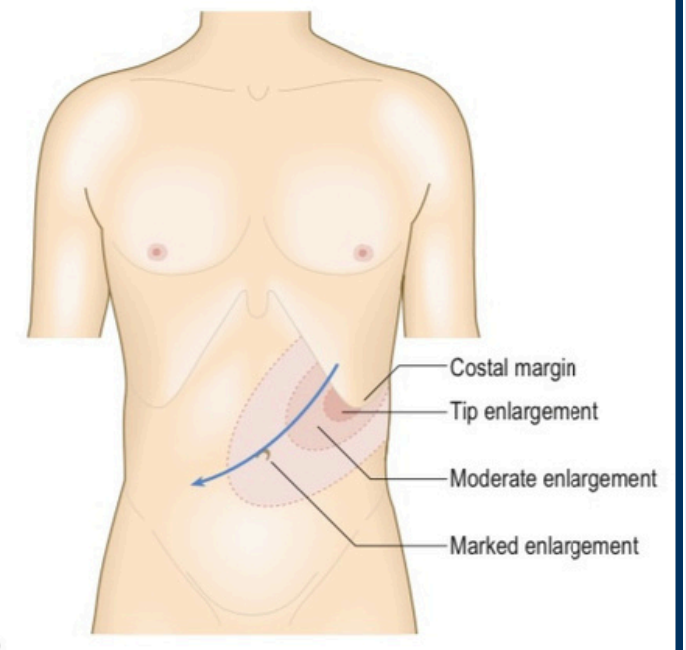


Fig. 6.15 Palpation of the liver.



A

Fig. 6.16 Patterns of progressive enlargement of the liver and spleen. A Direction of enlargement of the liver. B Direction of enlargement of the spleen. The spleen moves downwards and medially during inspiration.



B



A



B

Fig. 6.17 Palpation of the spleen. A Initial palpation for the splenic edge moving diagonally from the umbilicus to the left hypochondrium. B If the spleen is impalpable by the method shown in A, use your left hand to pull the ribcage forward and elevate the spleen, making it more likely to be palpable by your right hand.

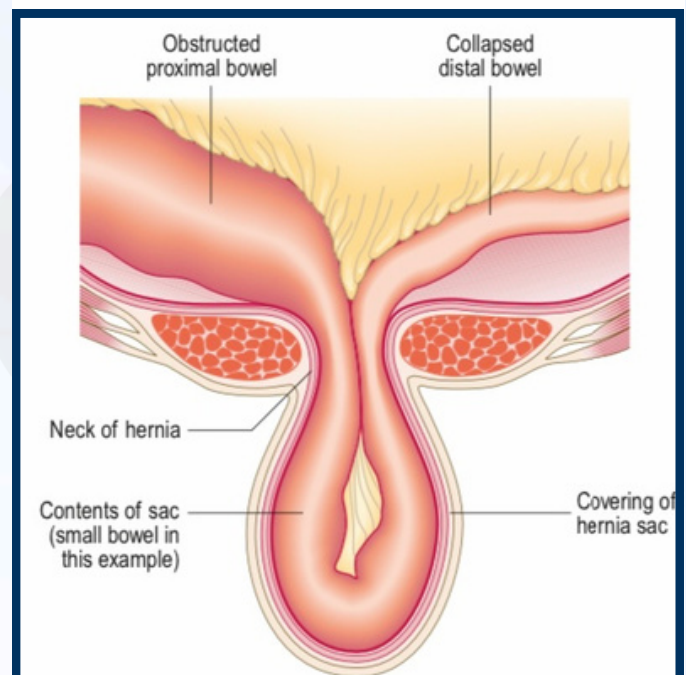


Fig. 6.22 Hernia: anatomical structure.



A



B



C

Fig. 6.18 Percussing for ascites. A and B Percuss towards the flank from resonant to dull. C Then ask the patient to roll onto their other side. In ascites the note then becomes resonant.

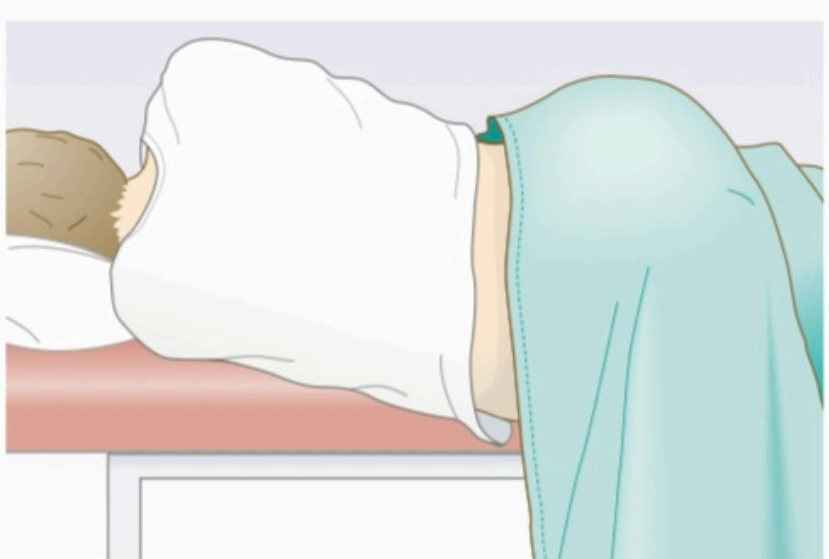


Fig. 6.23 The correct position of the patient before a rectal examination.

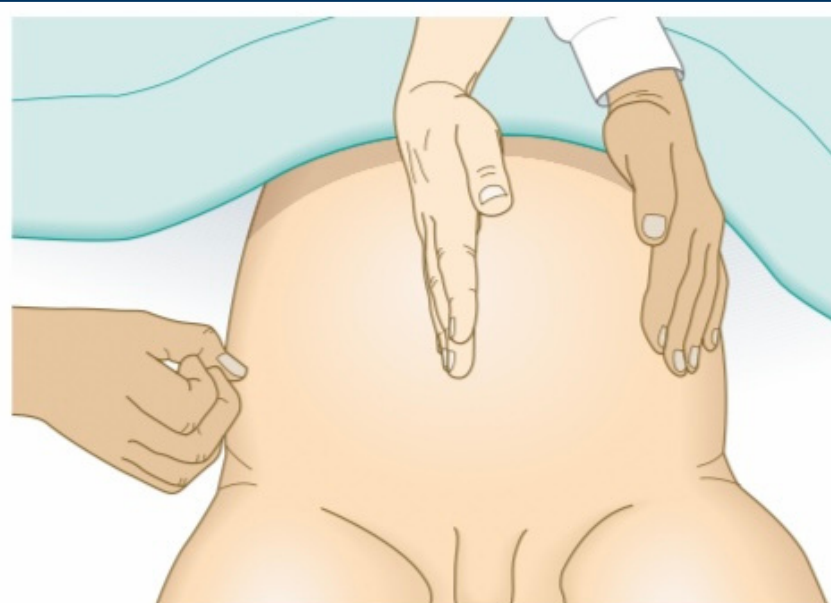


Fig. 6.19 Eliciting a fluid thrill.

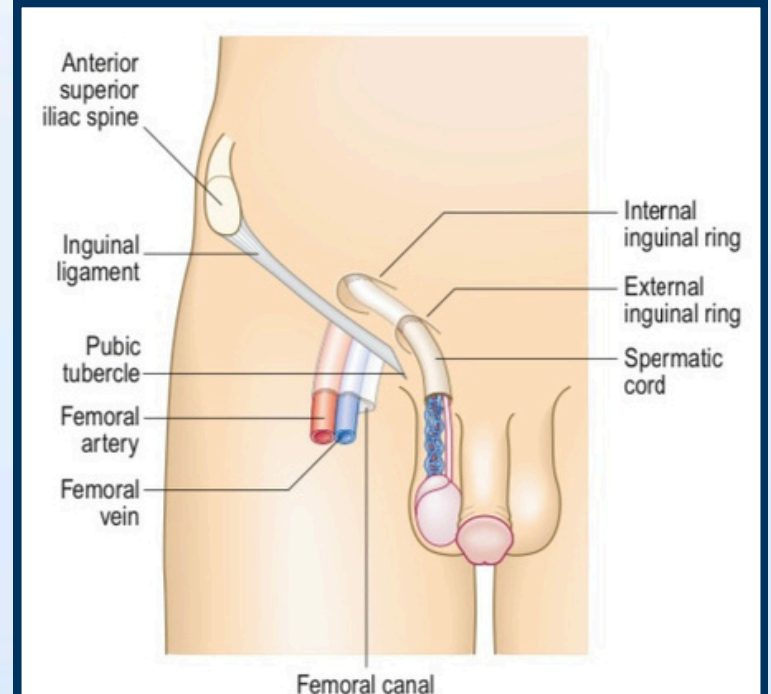
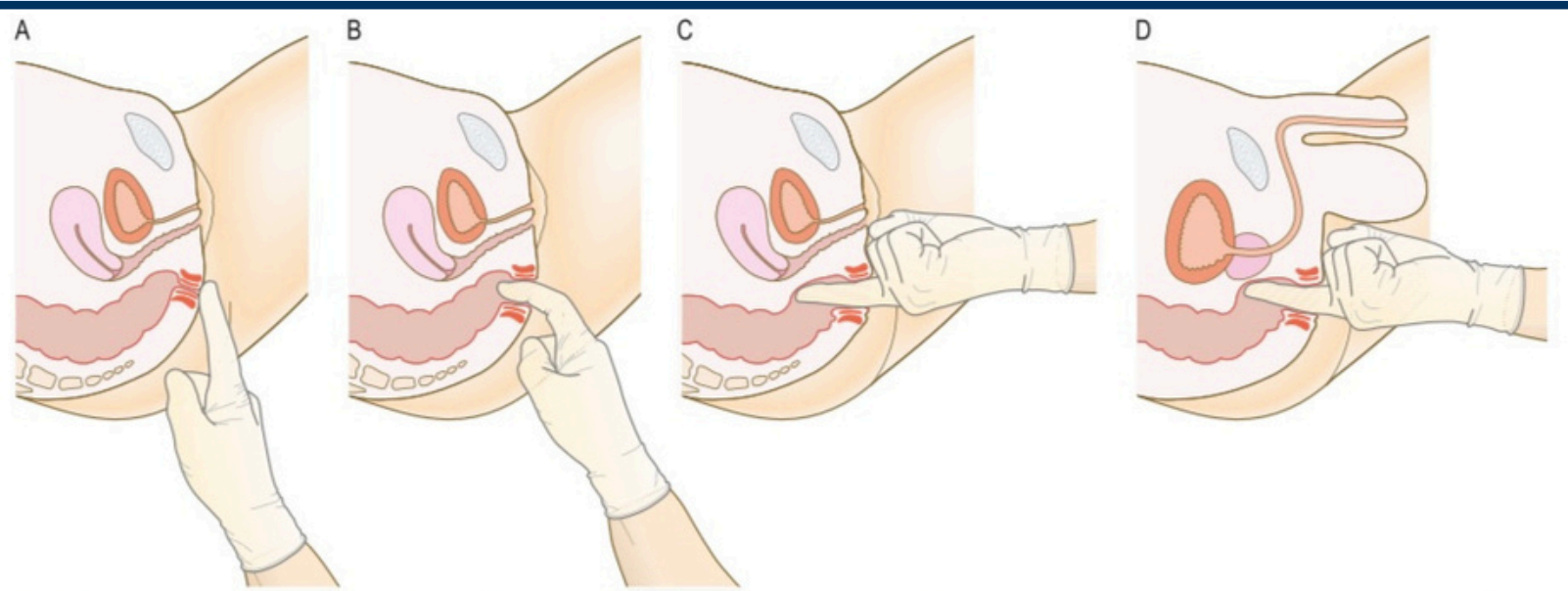


Fig. 6.20 Anatomy of the inguinal canal and femoral sheath.

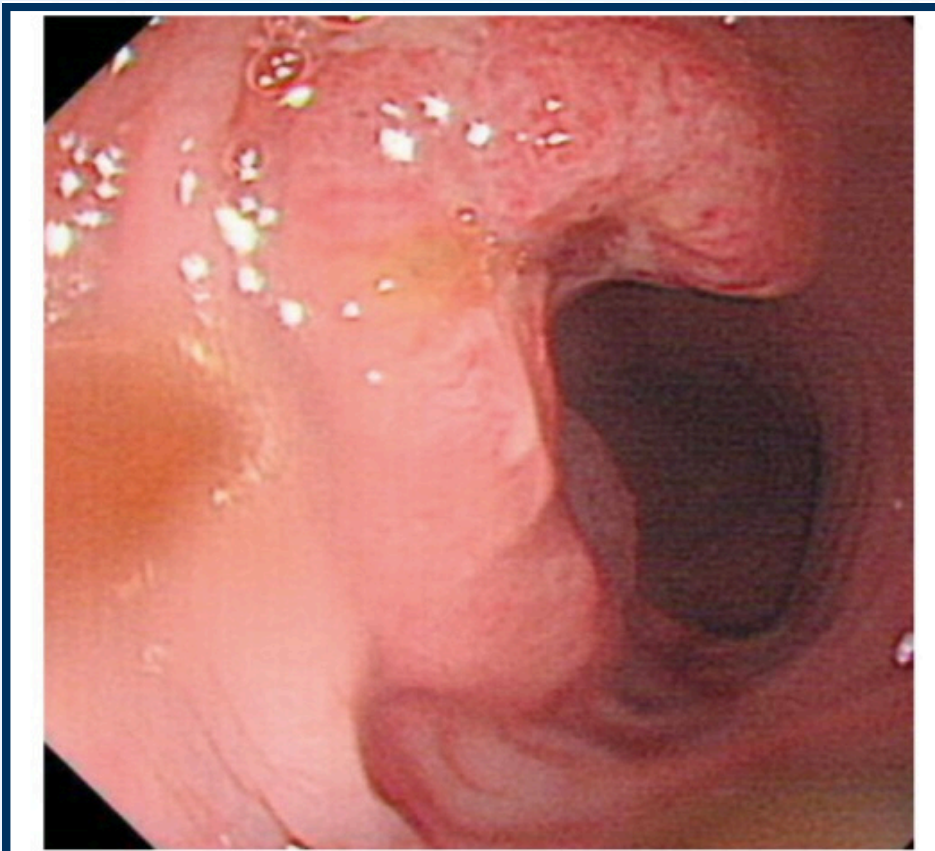
# Examination



**Fig. 6.25 Examination of the rectum.** **A** and **B** Insert your finger, then rotate your hand. **C** The most prominent feature in the female is the cervix. **D** The most prominent feature in the male is the prostate.



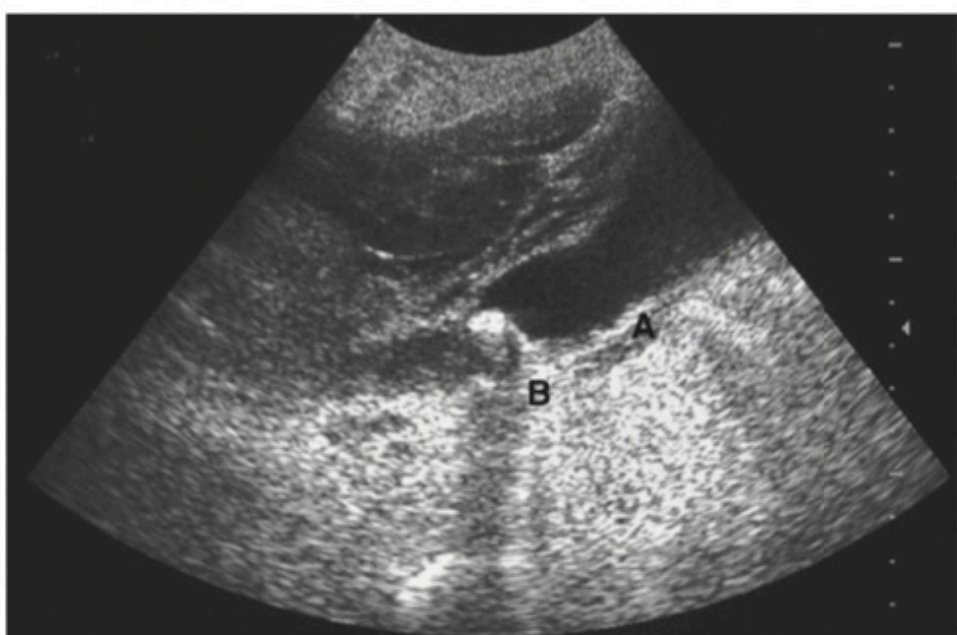
**Fig. 6.24 Rectal examination.** The correct method for inserting your index finger in rectal examination.



**Fig. 6.29 Colonoscopy.** Colon cancer.



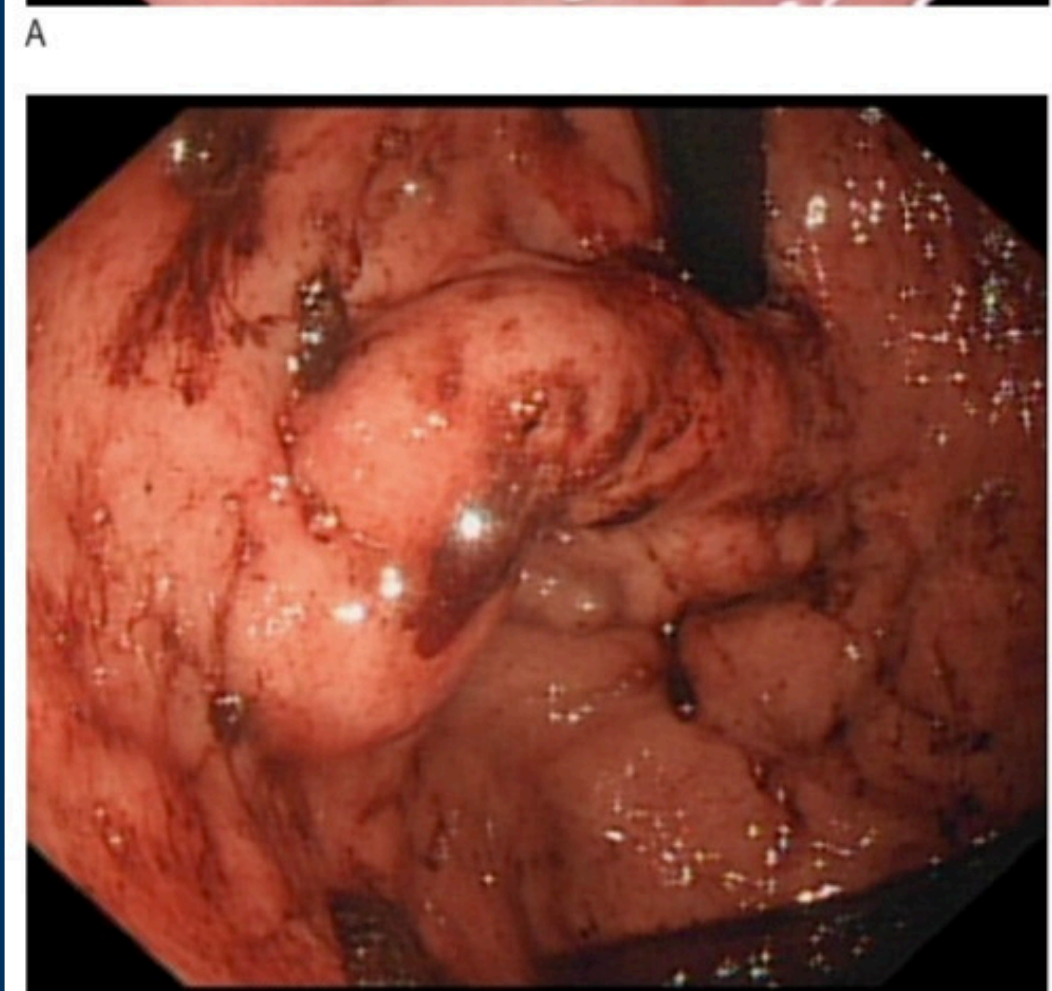
**Fig. 6.30 Computed tomogram of the pelvis.** A, Diverticular abscess.



**Fig. 6.27 Ultrasound scan of the gallbladder.** A, Thick-walled gallbladder containing gallstones. B, Posterior acoustic shadowing.

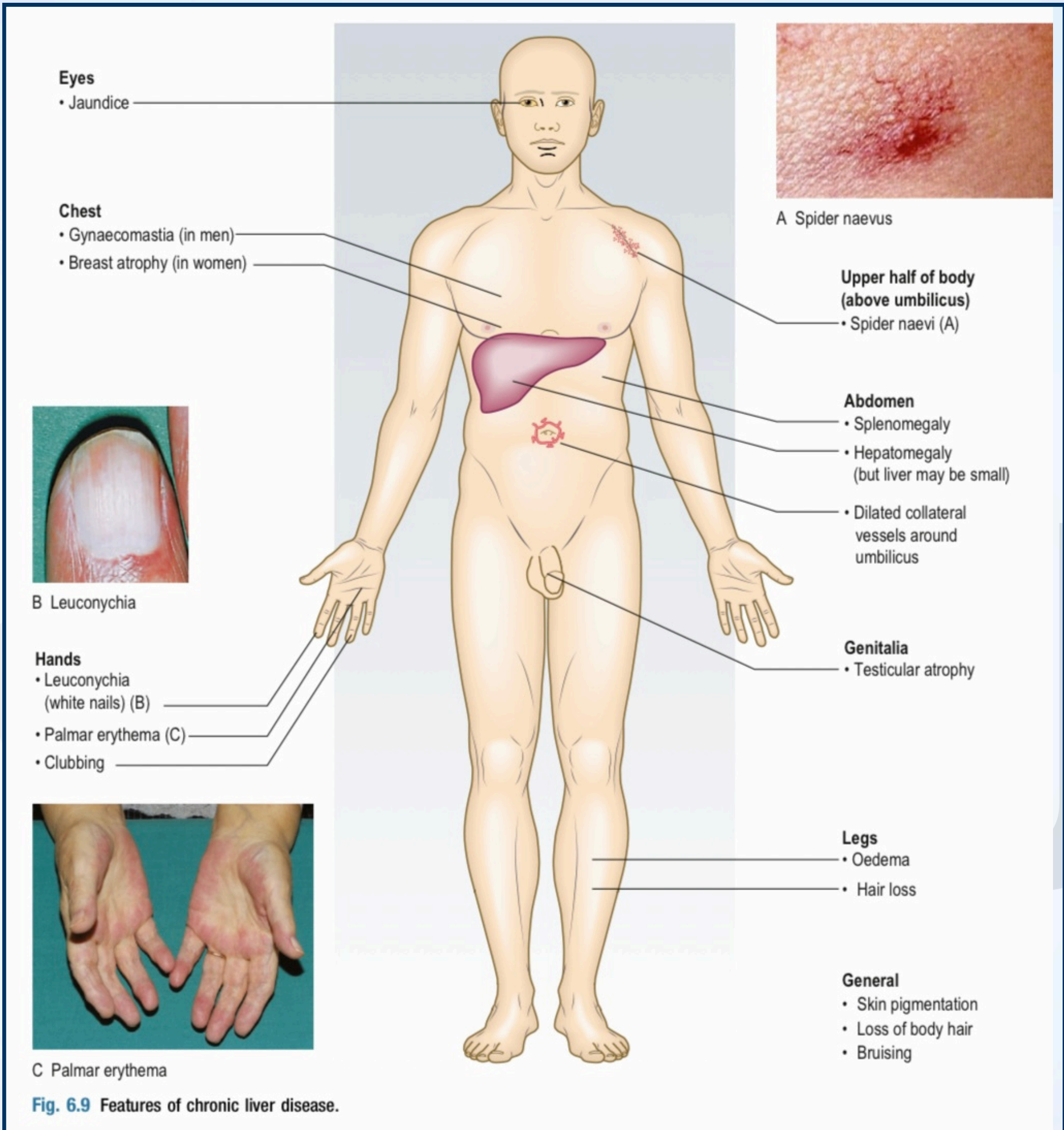


**Fig. 6.21 Right inguinal hernia.**



**Fig. 6.28 Gastrointestinal endoscopy.** **A** Gastric ulcer. **B** Gastric varices.

# Features Of Liver Disease



# GIT MO. Archive :

26-All of the following are associated with sever ascites examination except ?



- A. Increased distance btw xisosternum and umbilicus .
- B. Distended flank .
- C. Everted umbilicus .
- D. Caput medusa . XXX
- E. Positive fluid thrill .

The patient has a mass that disappears on lying down ?

- 1) Aortic aneurysm
- 2) Epigastric hernia
- 3) Abdominal lipoma
- 4) Abdominal diverticuli
- 5) Gastric cancer



The doctor is examining ?

- 1) Kidney
- 2) Liver
- 3) Spleen
- 4) stomach

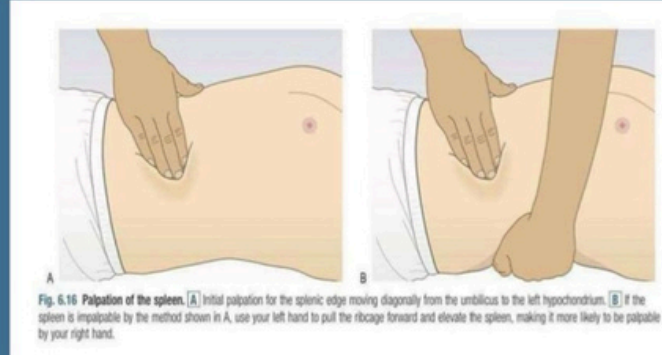


Fig. 6.16 Palpation of the spleen. [A] Initial palpation for the splenic edge moving diagonally from the umbilicus to the left hypochondrium. [B] If the spleen is palpable by the method shown in A, use your left hand to pull the ribcage forward and elevate the spleen, making it more likely to be palpable by your right hand.

الصورة غير دقيقة لكن اعتمدوا

What is the test done for this condition?

- 1) Transmitted thrill
- 2) Shifting dullness
- 3) Superficial palpation



المُدكتور أكد انها moderate ascites  
لذلك الإجابة shifting dullness

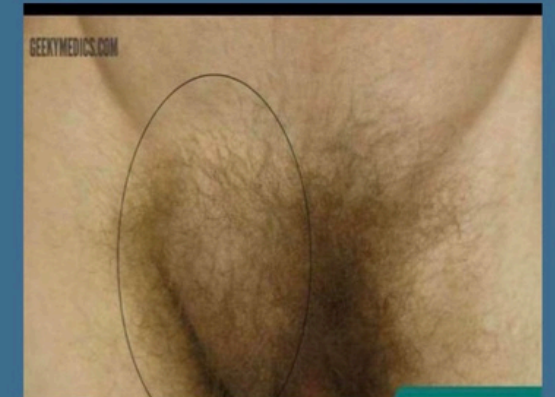
65 y.o patient had a colon resection a year ago, later on he developed a mass at the site of operation ?

- 1) Peri-umbilical hernia
- 2) Direct inguinal hernia
- 3) Indirect inguinal hernia
- 4) Incisional hernia



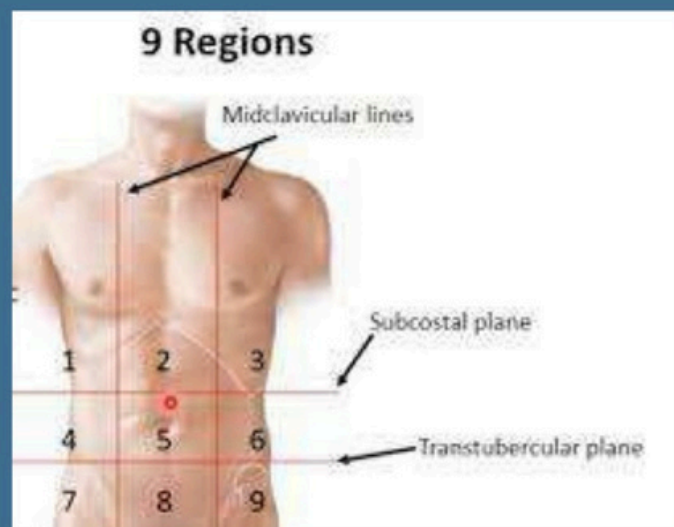
Recur after deep inguinal ring closure ?

- 1) Left indirect inguinal hernia
- 2) right direct inguinal hernia
- 3) right indirect inguinal hernia
- 4) Left direct inguinal hernia



What is the name of region number 9 ?

- 1) Left hypochondriac region
- 2) left iliac fossa
- 3) left lumbar region
- 4) Hypogastric region



- 1) leukonychia
- 2) Onycholysis
- 3) Koilonychia
- 4) paronchia



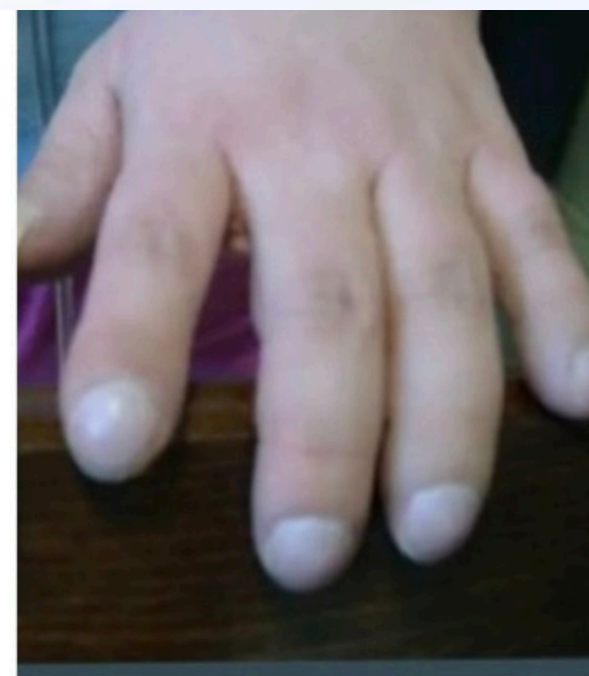
29-This sign is associated with :



- a. Irritable bowel diseases .
- b. perihepatitis .
- c. inflammatory bowel diseases XXXX
- d. Ulcerative colitis .
- e. pneumothorax .

28\_

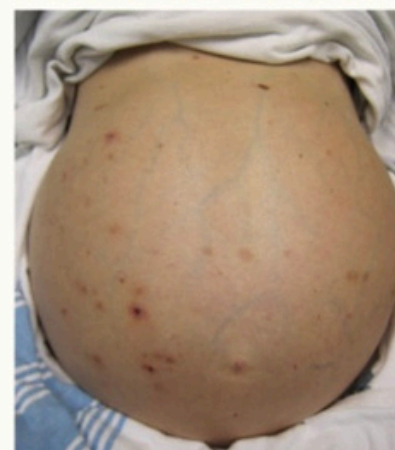
Not cause by chronic bronchitis



4- which of the following is cause of ?  
Paramedian incision



8- what is the cause ?



- a. Ascites ✓
- b. hepatomegaly

# GIT MO. Archive :

Mini osci



1. goiter associated with all except :
- 1) Iodine deficiency
  - 2) Thyrotoxicosis
  - 3) Malignancy
  - 4) Pregnancy "xxxxx"
  - 5) Malnutrition

Pt came to ER complaining of pale stool and dark urine, what is the most appropriate differential diagnosis ?

- 1) Hemolytic anemia
- 2) Liver cirrhosis
- 3) Cholecystitis
- 4) Drug induced
- 5) Obstructive(post hepatic) jaundice "stone in bile duct"



2- what this image describe ? Pectus excavatum

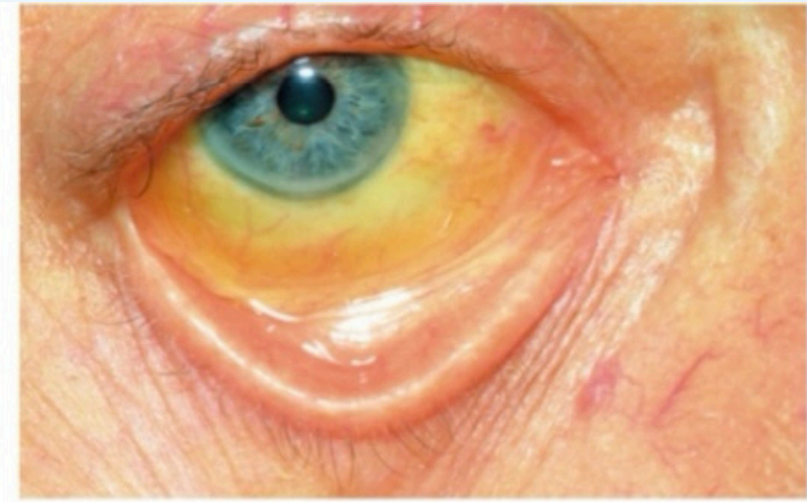


Fig. 6.8 Yellow sclera of jaundice.

4- which of the following is cause of ? Paramedian incision



25 \_  
Jaundice associated with expeet :  
PANcreatic  
Cholengitis xxxxx

19. gynachomastisia associated with liver cirrhosi



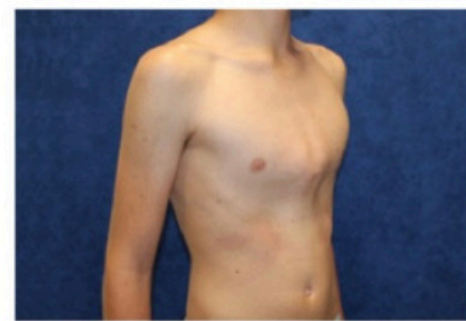
What is the name of incision ?

- 1) Kocher incision
- 2) Paramedian scar
- 3) Rutherford-morison incision
- 4) Pfannestiel incision
- 5) Midline incision



flapping tremor in all expeet :  
Hyperglycemia ( جلتعمل )  
Hypercapnia ( CO2 retention by cause Komsomol breathing due to acidosis by lactic acid ) xxxxx  
Alcohol

10.



Pectus carinatum

11.



شبه الصورة وطالب اسم  
Midline incision

13.



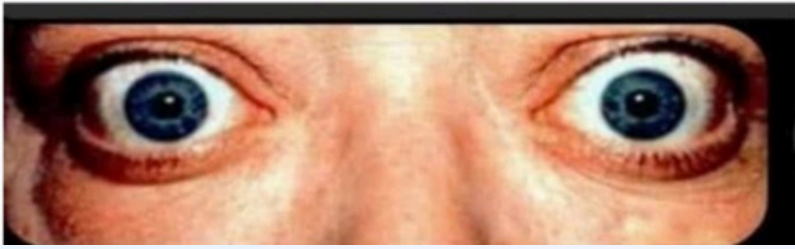
:shifting dullness



## Archive :

12-30 years old patient admitted to surgical clinic with neck enlargement , after eye examination shows as in picture : Which wrong about this condition ?

- Diarrhea is the common bowel habit for this patient .
- The face is wet and sweaty .
- Goiter indicated for hyperthyroidism condition . XXX
- after treatment , exophthalmus not removed .
- hyperthyroidism associated with arrhythmia , atrial fibrillation or tremor .



7. name :



scoliosis

18-Type of tremor of hyperthyroid patient ?

- Resting tremor .
- Action tremor .
- Intention tremor .
- Physiological tremor .
- Essential tremor .

Answer :d

19-All of the following associated with liver cirrhosis except ?

- Testicular atrophy .
- Gynecomastia .
- Spider nevae .
- Breast atrophy .
- Resting tremor .

Answer : e

20-Freely mobile mass like mouse in right upper quadrant breast of 25 year old female , The most Dx ?

- Fibrocystic change .
- Fibroadenoma .
- Ductal infiltrating carcinoma .
- Carcinoma in situ .
- Lymph node enlargement .

21-What is " secondary amenorrhea " ?

- Cessation of menstrual cycle for two months but it was normal previously .
- Cessation of menstrual cycle for three months but it was normal previously .
- Cessation of menstrual cycle for six months but it was normal previously .
- For 16 years , but she is not menses .
- vaginal bleeding after twelfth months from last menses .

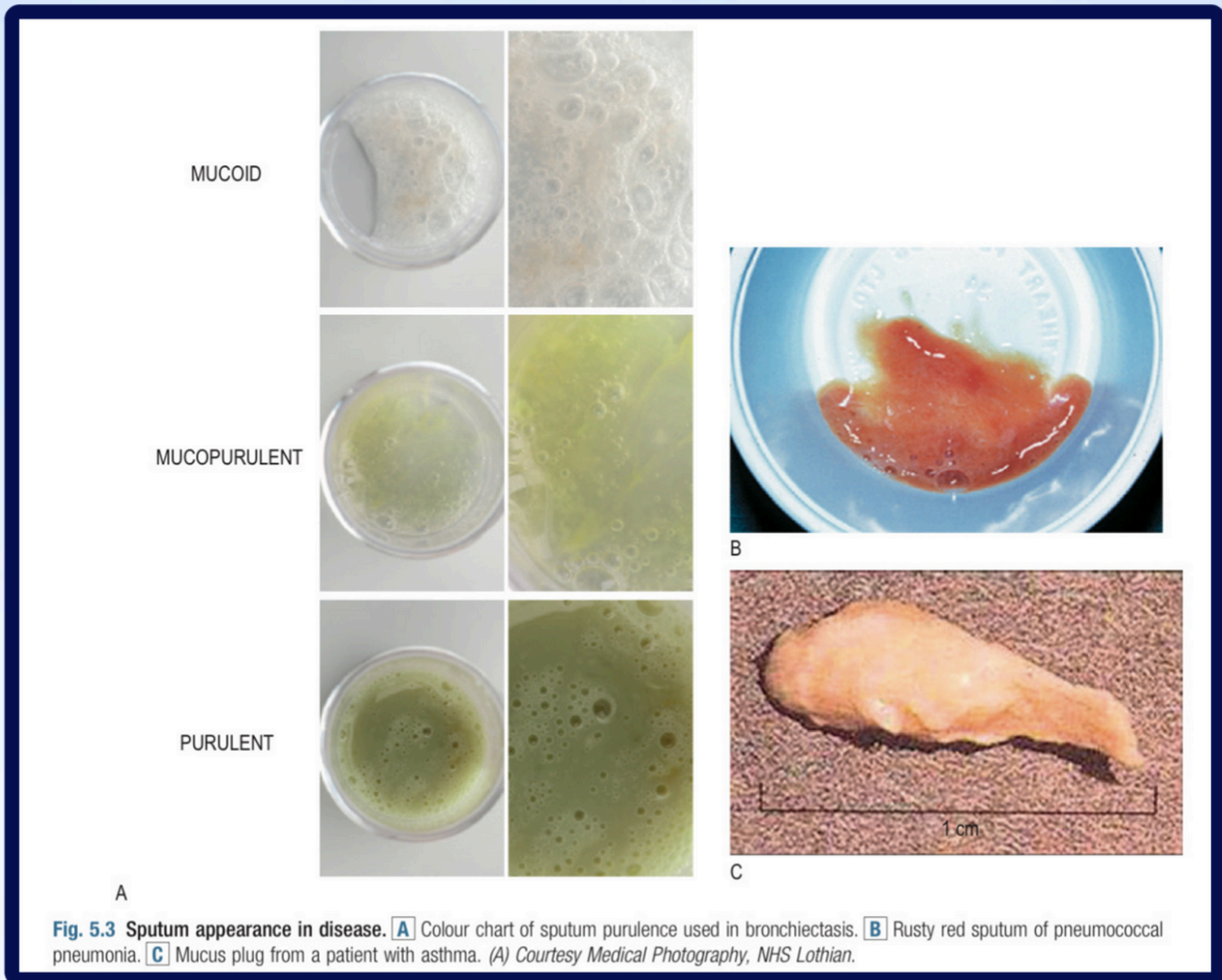
— MINI-OSCE —

MACLEOD

RS



الفريق الأكاديمي  
لجنة الطب والجراحة



**Fig. 5.3** Sputum appearance in disease. **A** Colour chart of sputum purulence used in bronchiectasis. **B** Rusty red sputum of pneumococcal pneumonia. **C** Mucus plug from a patient with asthma. (A) Courtesy Medical Photography, NHS Lothian.



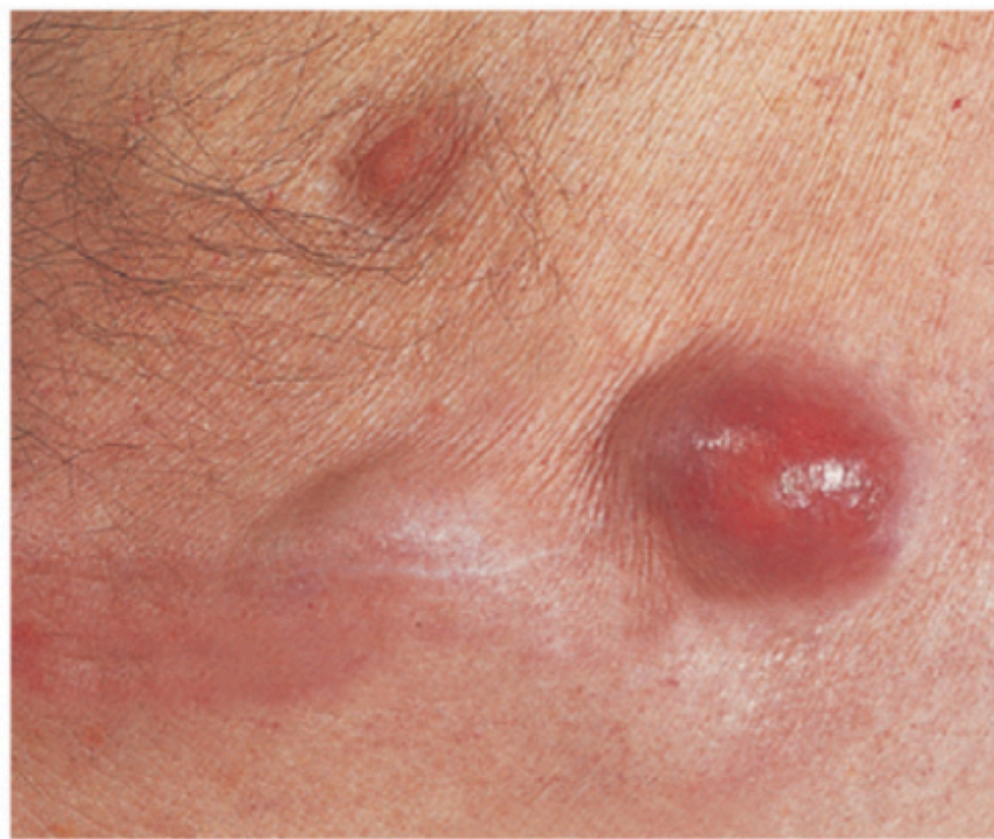
**Fig. 5.6** Abnormalities in the shape of the chest. **A** Hyperinflated chest with raised sternum and shoulder girdle. **B** Kyphoscoliosis. **C** Pectus carinatum with Harrison's sulcus (arrow). **D** Pectus excavatum.



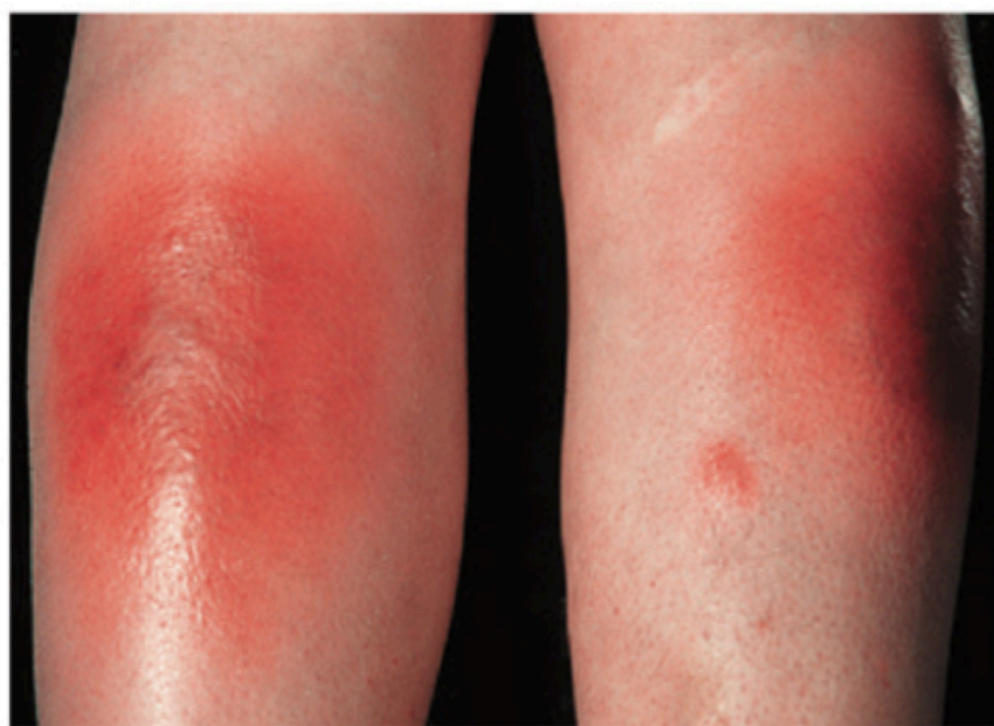
**Fig. 5.8** Tobacco 'tar'-stained finger.



**Fig. 5.9** Yellow nail syndrome.



**A**



**B**

**Fig. 5.7** Skin lesions associated with respiratory conditions.

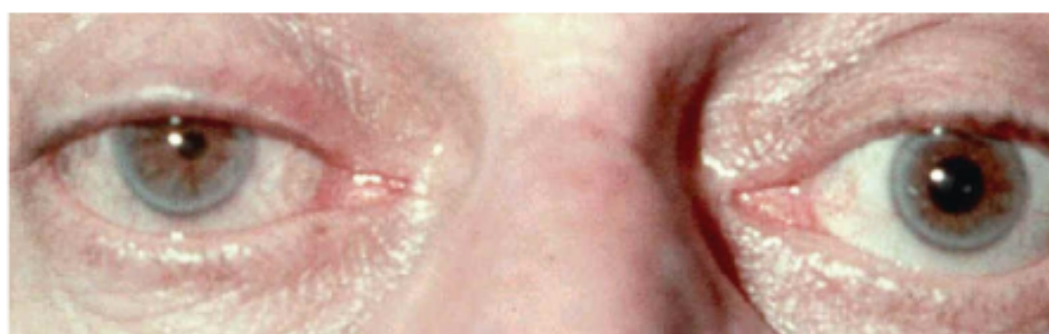
**A** Metastatic nodules of lung cancer. **B** Erythema nodosum on the shins in sarcoidosis.



**Fig. 5.11 Superior vena cava obstruction.** Dusky, swollen face and neck, and distended superficial collateral veins on the chest wall. *From Midthun DE, Jett JR. Clinical presentation of lung cancer. In Pass HI, Mitchel JB, Johnson DH, et al. (eds). Lung Cancer: Principles and Practice. Philadelphia: Lippincott–Raven; 1996, p. 421.*



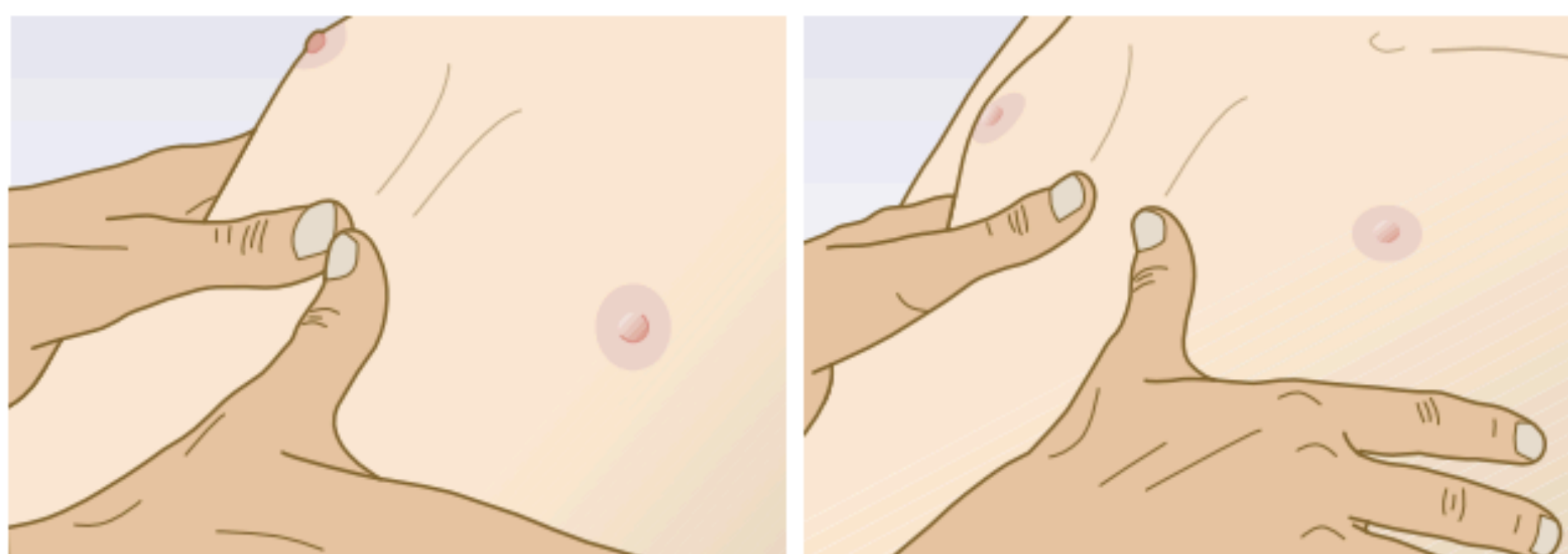
**Fig. 5.12 Central cyanosis of the tongue.**



**Fig. 5.10** Horner's syndrome showing ptosis and meiosis on the right. (From Rempell JS, Harris NS, Brown DFM, et al. *J Emerg Med.* 2009;36[4]:395–399.)



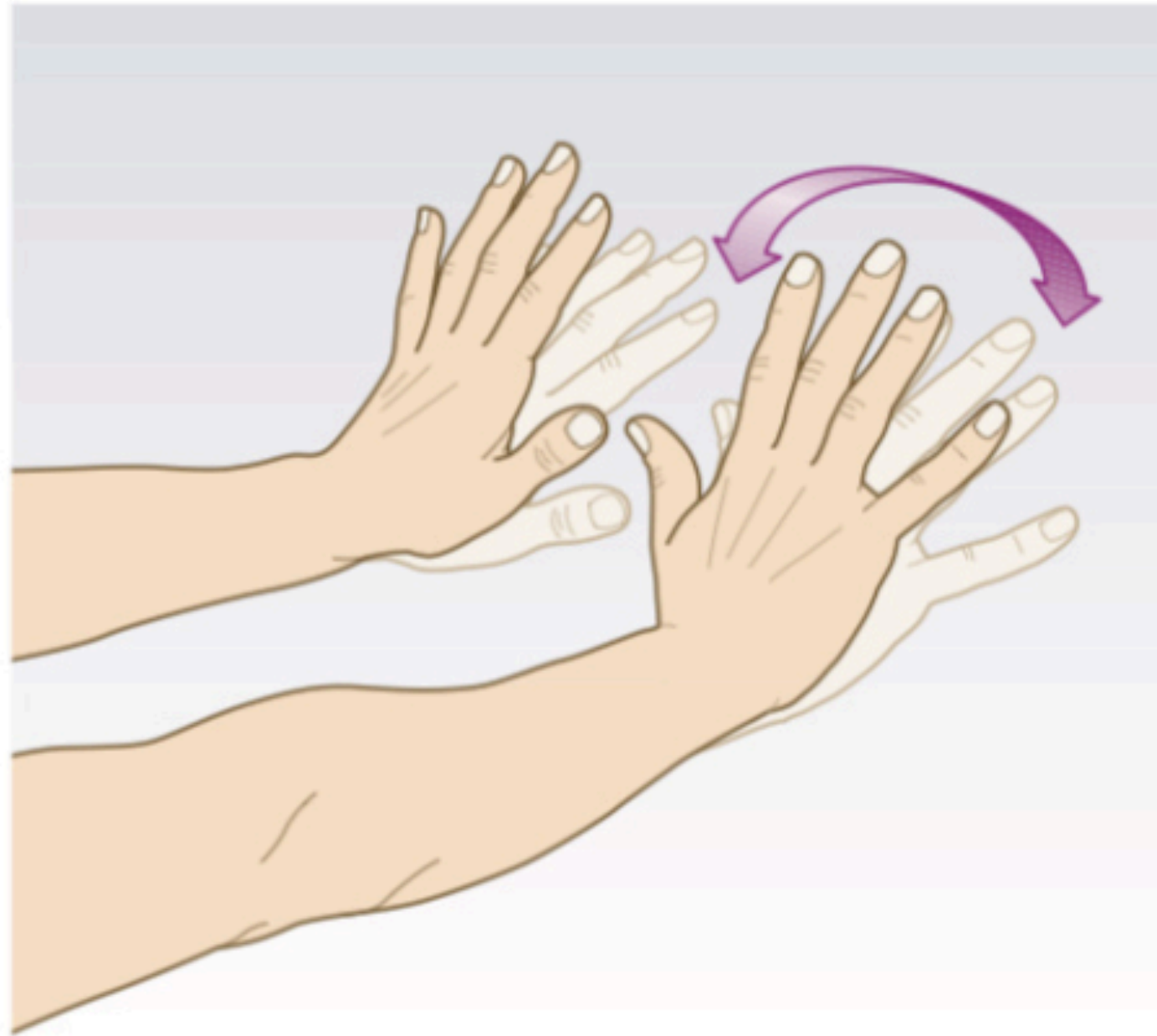
**Fig. 5.12** Examining for tracheal deviation.



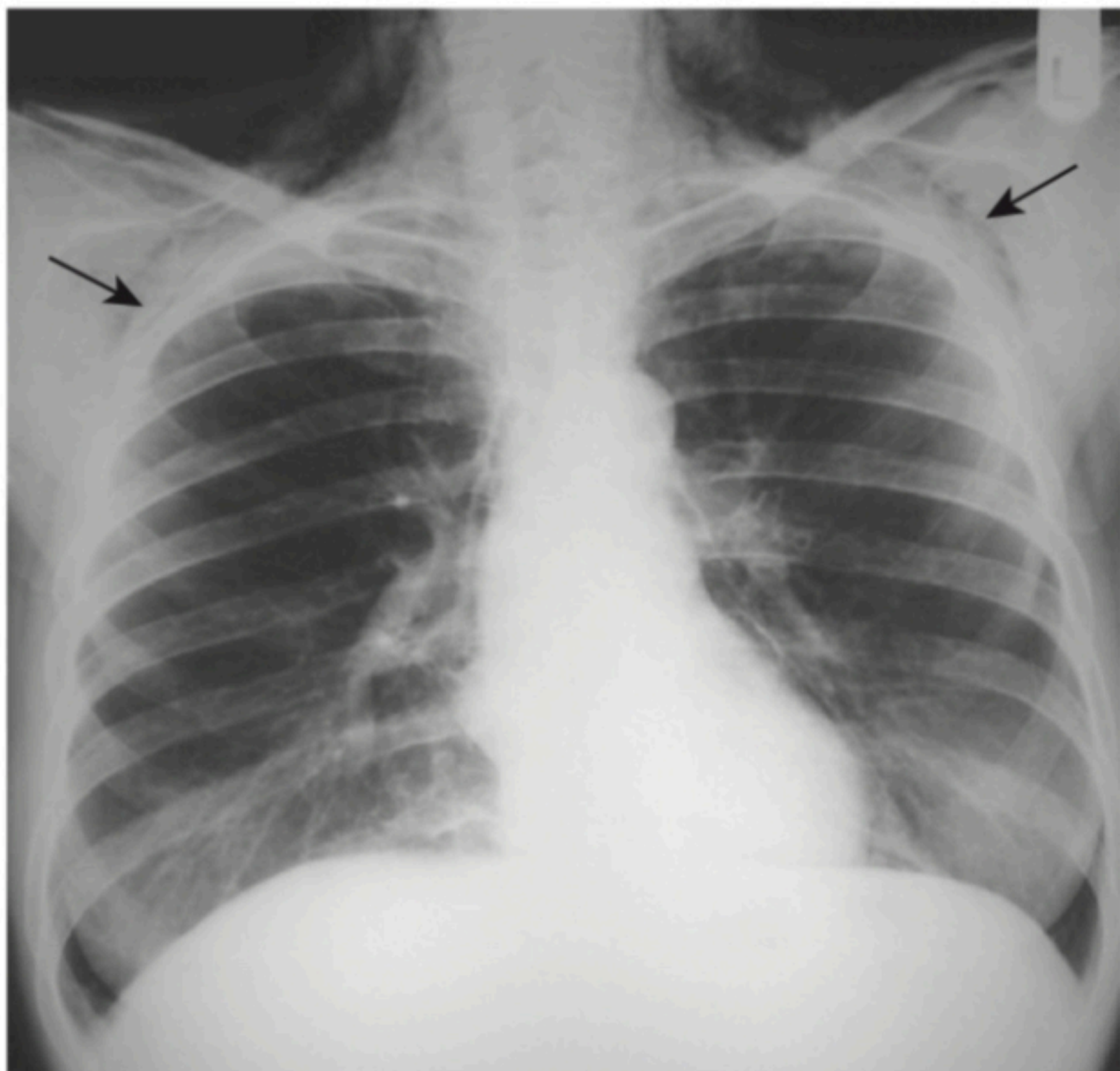
A

B

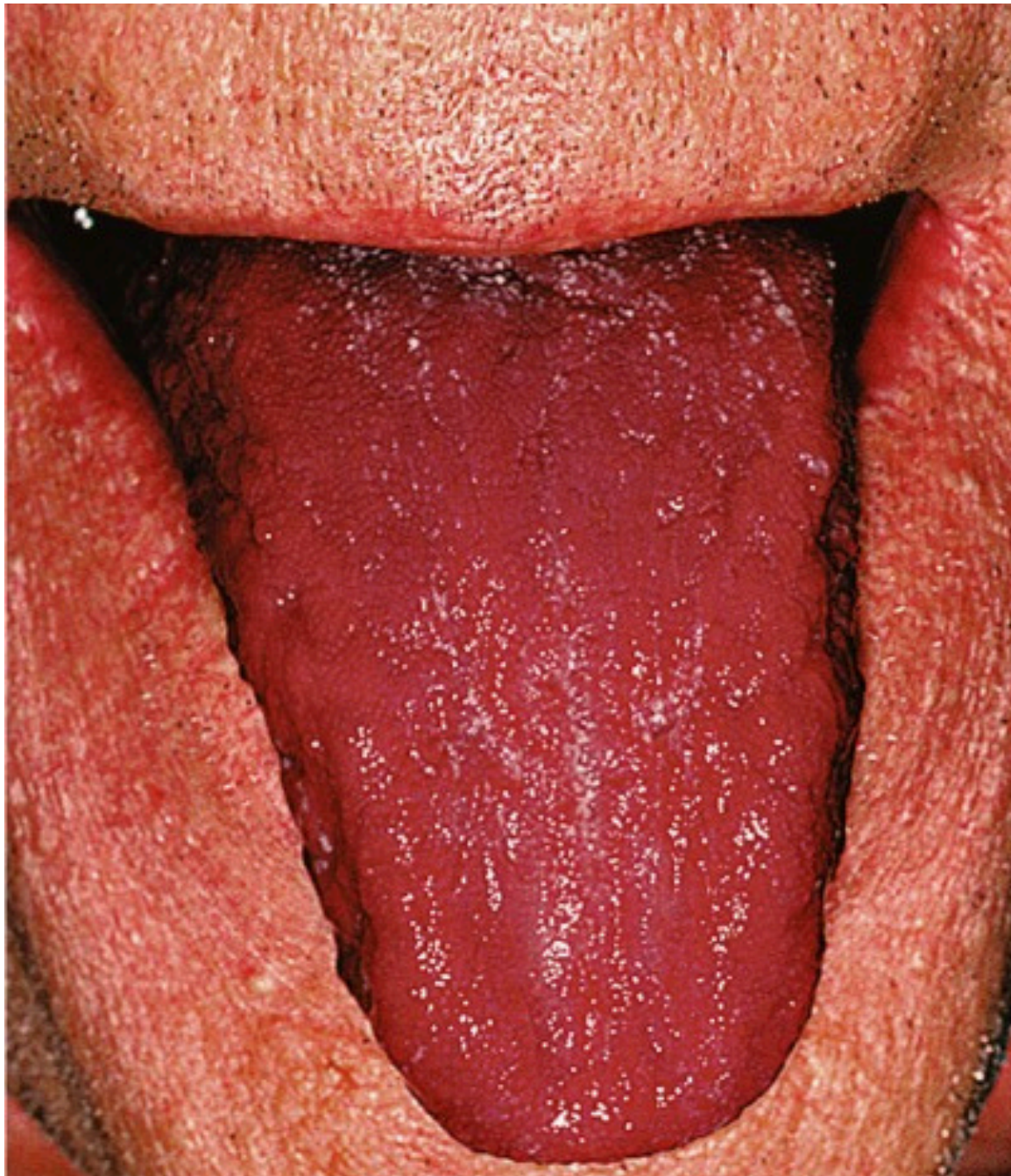
**Fig. 5.13** Assessing chest expansion from the front. **A** Expiration. **B** Inspiration.



**Fig. 5.10** Hand position for testing for the coarse tremor of CO<sub>2</sub> retention.

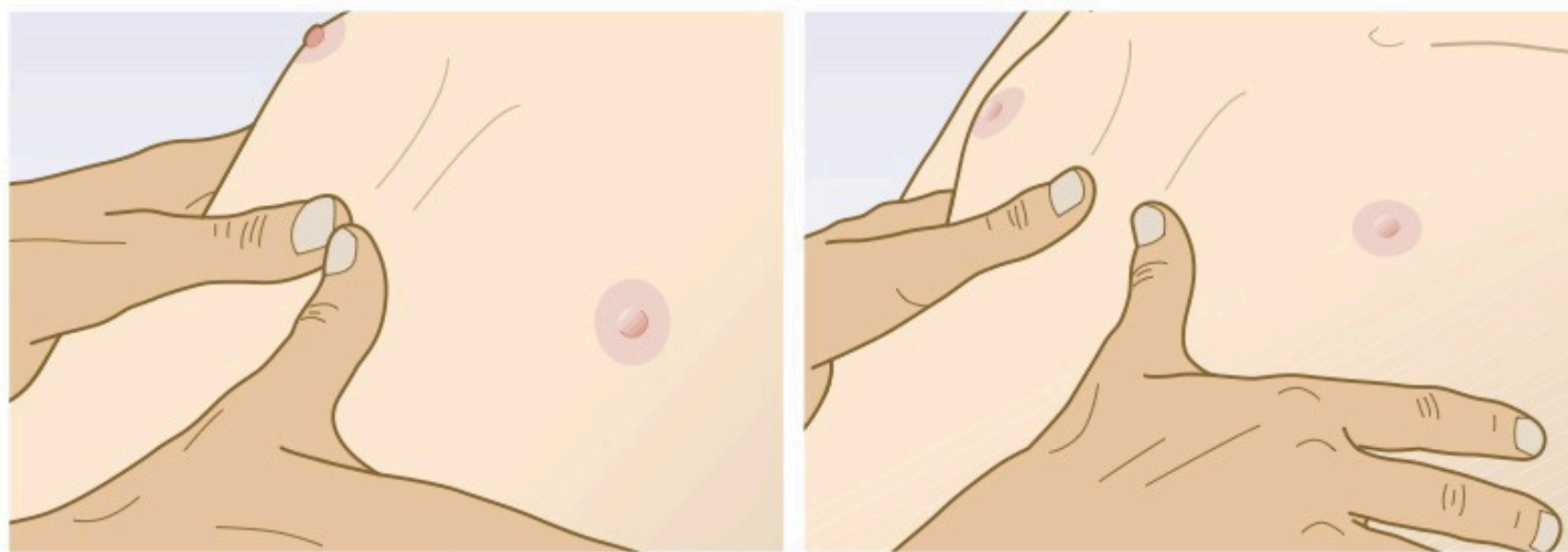


**Fig. 5.15** Subcutaneous air (surgical emphysema) seen in the neck and chest wall on chest X-ray (*arrows*).



1- This patient has which of the following :

- a. Hypoglycemia .
- b. Hypocalcemia . XXXX
- c. Hypercalcemia .
- d. Hyponatremia .
- e. Hypernatremia .



2- Which of the following is ddx for this condition ?

- A. Nephrotic syndrome .
- B. Liver cirrhosis .
- C. Heart failure .
- D.DVT. XXXX
- E. Lymphedema .



**3- Which of the following findings is typically found on percussion over the area of the chest with massive pleural effusion ?**

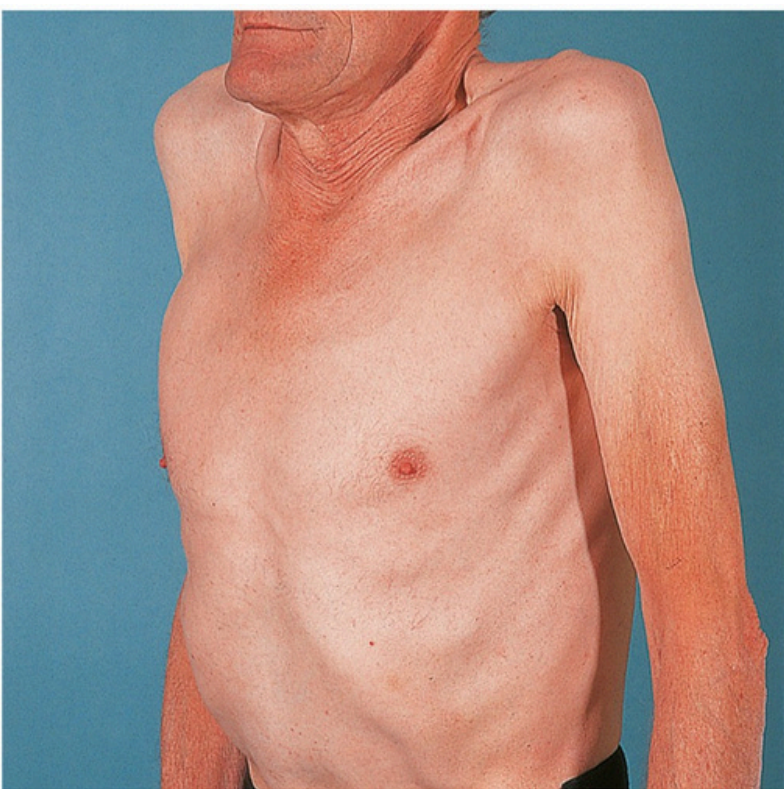
- A. Resonant percussion .
- B. Dull percussion .
- C. Hyper – resonant percussion .
- D. Normal percussion .
- E. Stony dull percussion .

Ans: E

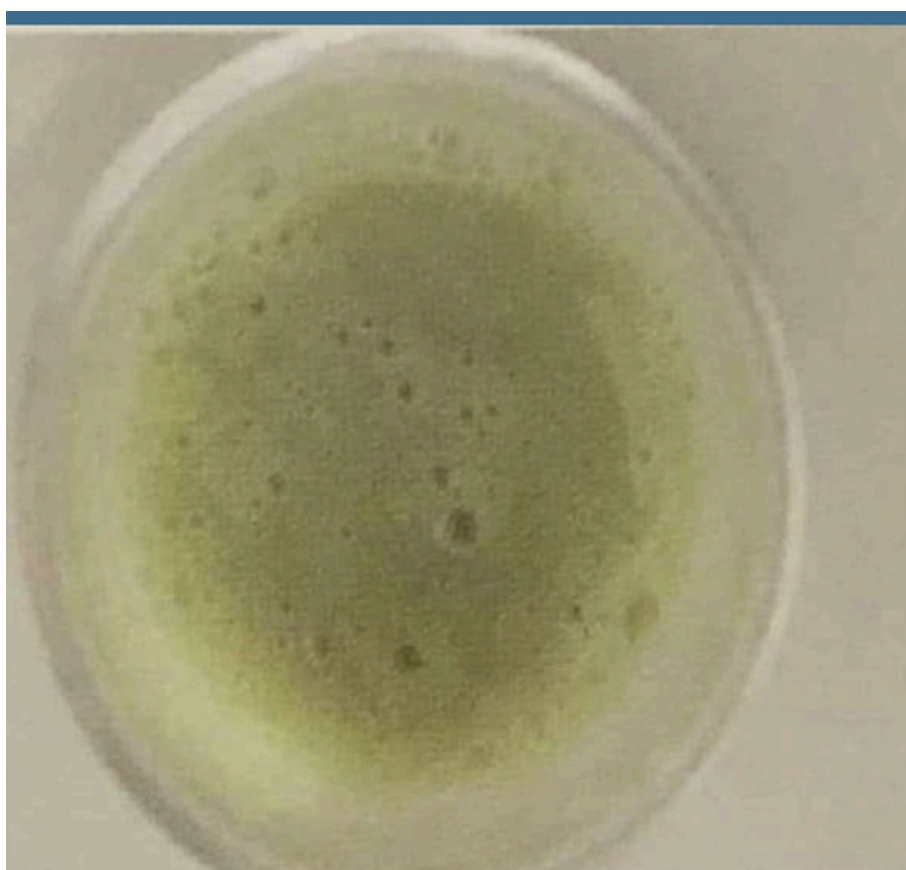
**4- Kussmaul's means ?**

- a. Increases respiratory rate .
- b. Increases respiratory rate with sever acidosis .
- c. increases respiratory rate and depth with sever acidosis .
- d. Increases respiratory depth with sever acidosis .
- e. increases respiratory rate and depth with sever alkalosis .

Answer :C



1) Hyper inflated chest with raised sternum

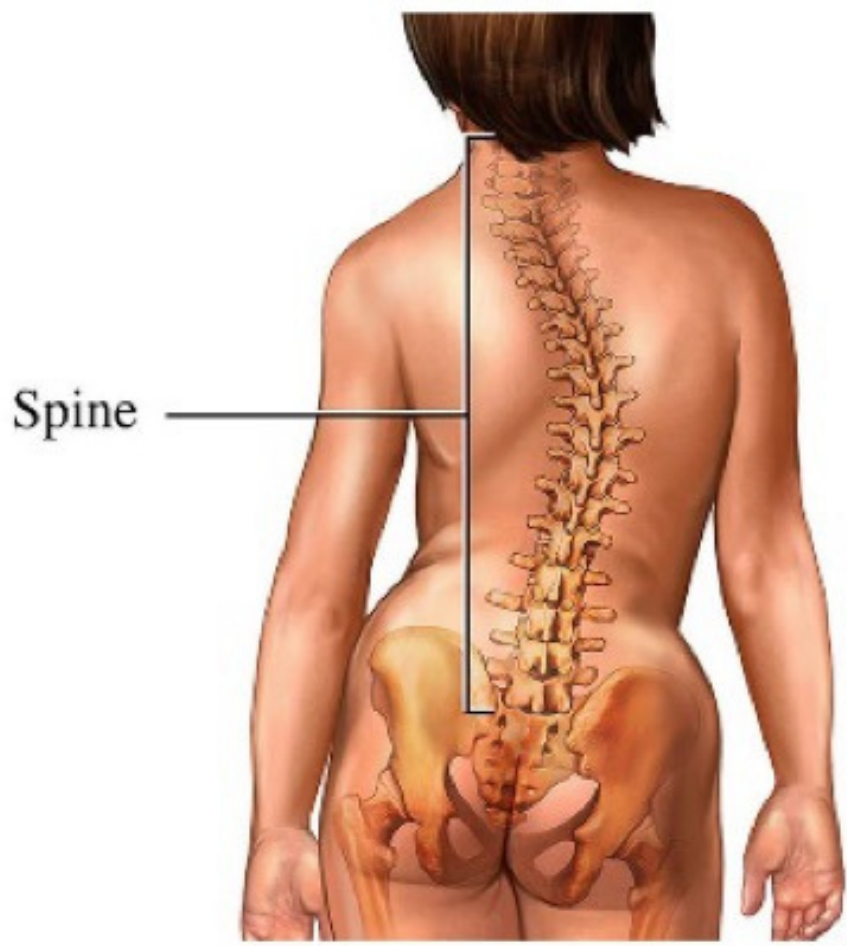


- 1) Purulent sputum
- 2) Mucopurulent sputum
- 3) Mucoïd sputum

Ans:1



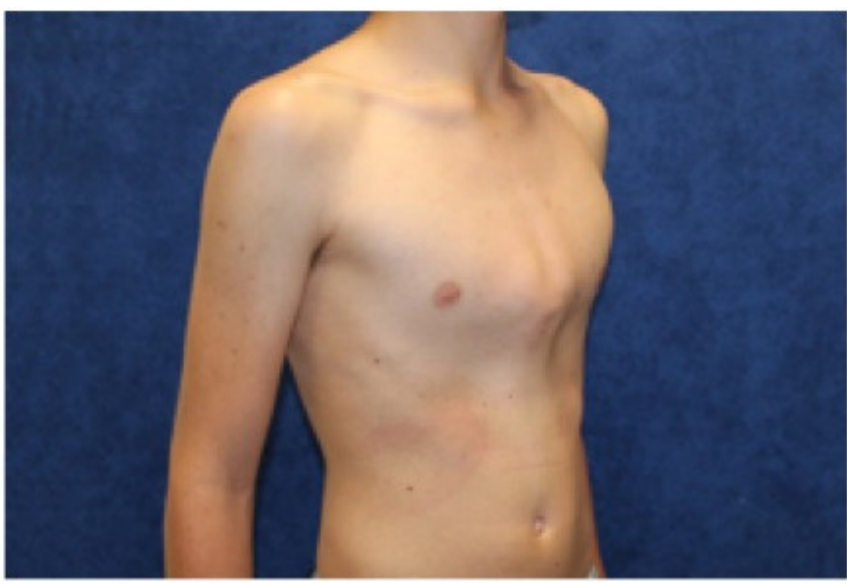
1) Chest expansion test



name :  
a- scoliosis



flapping tremor in all expet :  
a-Hyperglycemia (  $\text{CO}_2$  retention by cause Komsomol breathing due to acidosis by lactic acid ) \*\*\*  
b-Alcohol



- a-Pectus carinatum
- b-Kyphoscoliosis
- c-Pectus excavatum

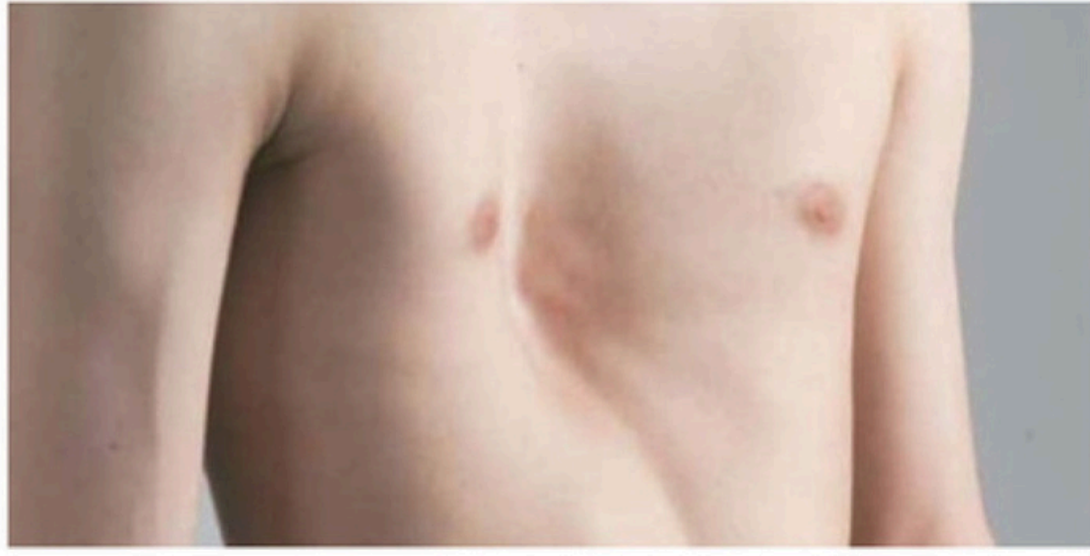
Ans:a



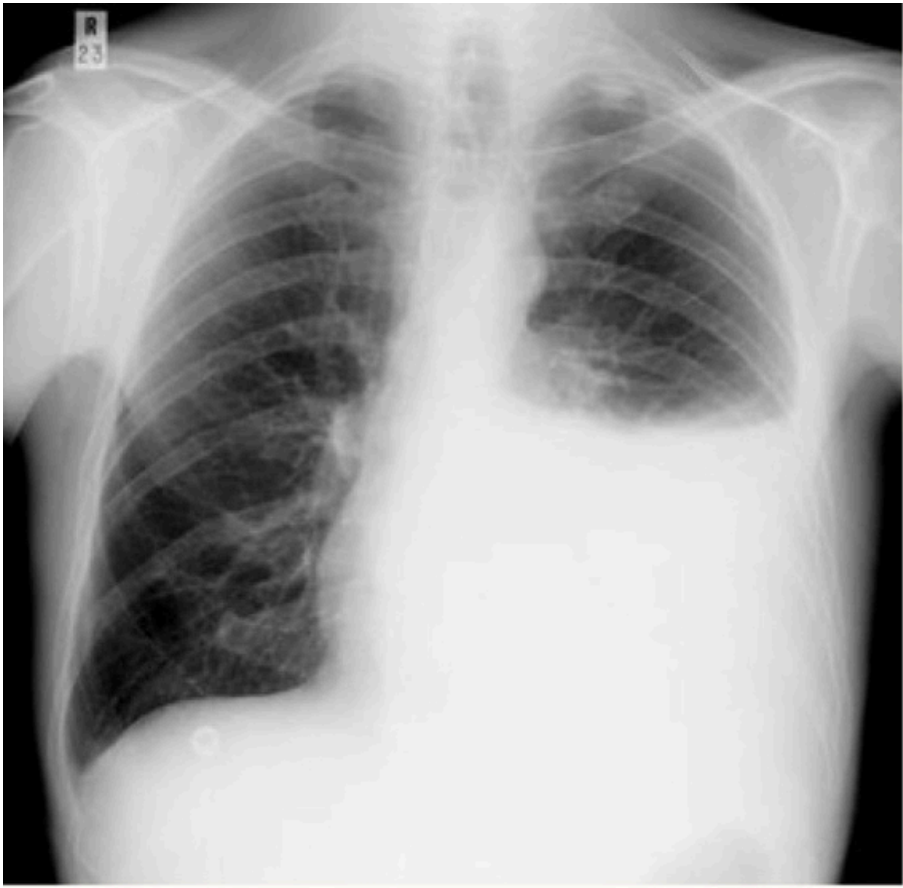
Trachal deviation



Not cause by chronic  
bronchitis



what this image describe ?  
Pectus excavatum



according to plueral effusion in this picture, true is :

- a. Stony dullness
- b. Increase tactile
- c. Increase vocal resonance

Ans:a