

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)

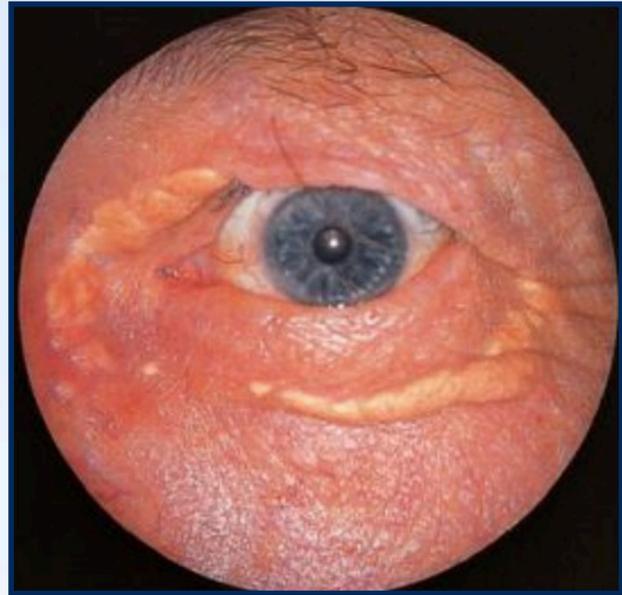


**Petechial haemorrhages on
the conjunctiva.**



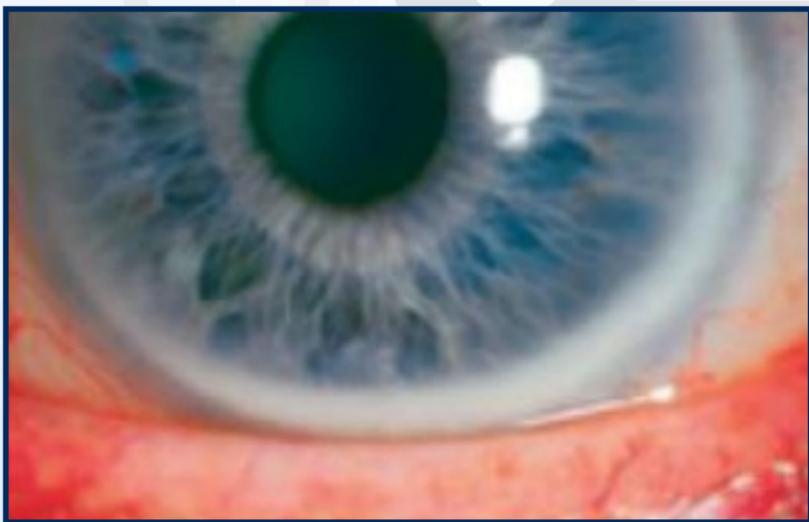
central cyanosis: a purplish-blue discoloration of the lips and underside of the tongue

- **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

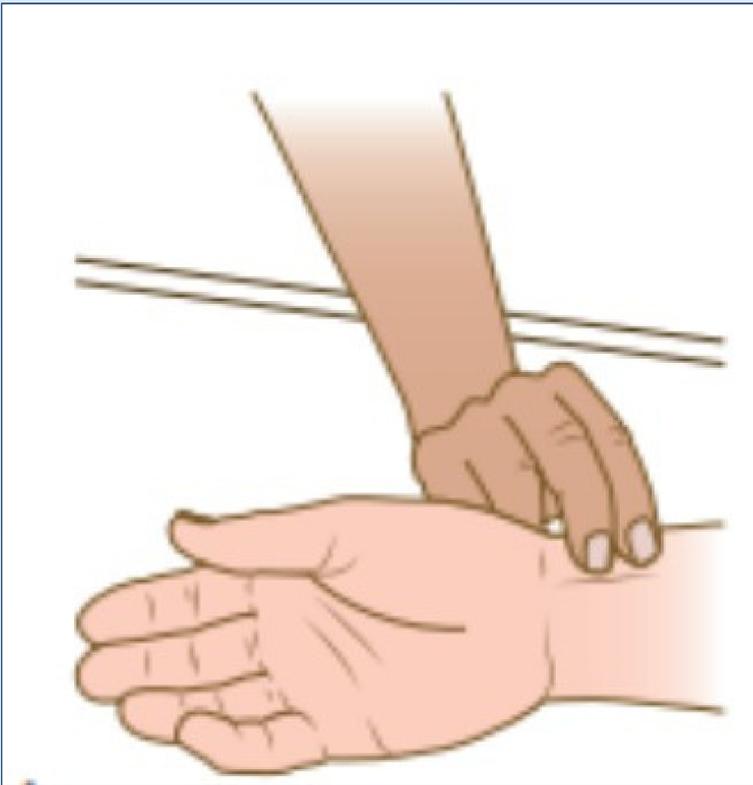
- **Xanthelasmata and corneal arcus are associated with hyperlipidemia but also occur frequently in normolipidemic patients**
- **The presence of xanthelasma is an independent risk factor for coronary heart disease and myocardial infarction but corneal arcus has no independent prognostic value.**



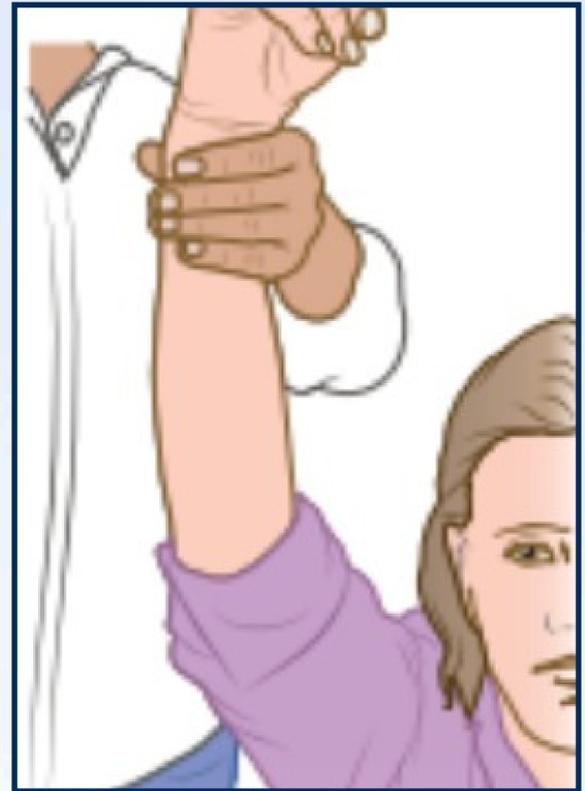
corneal arcus: a creamy yellow discoloration at the boundary of the iris and cornea



Tendon xanthomata.



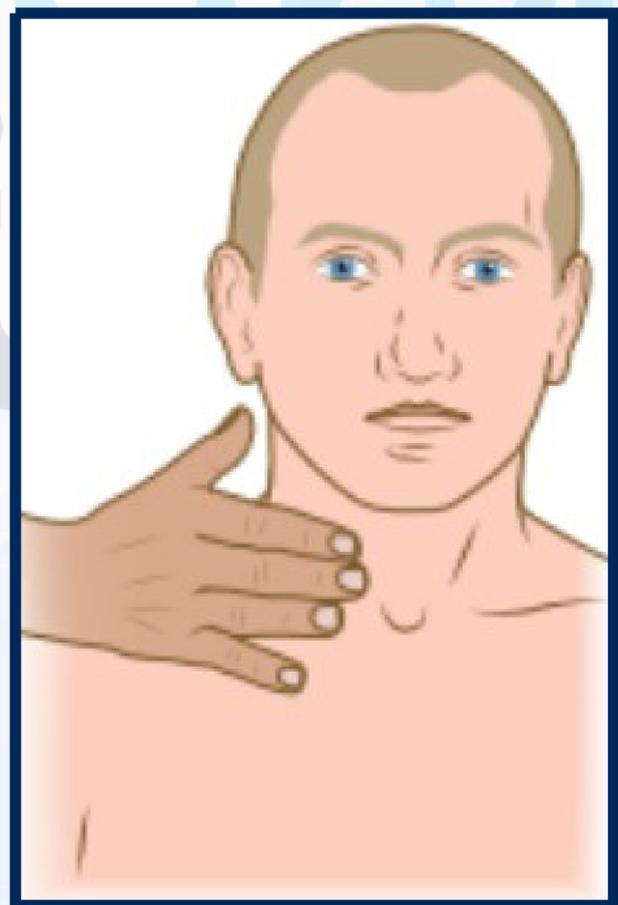
Radial pulse



To detect a collapsing pulse
(Seen in aortic regurgitation)



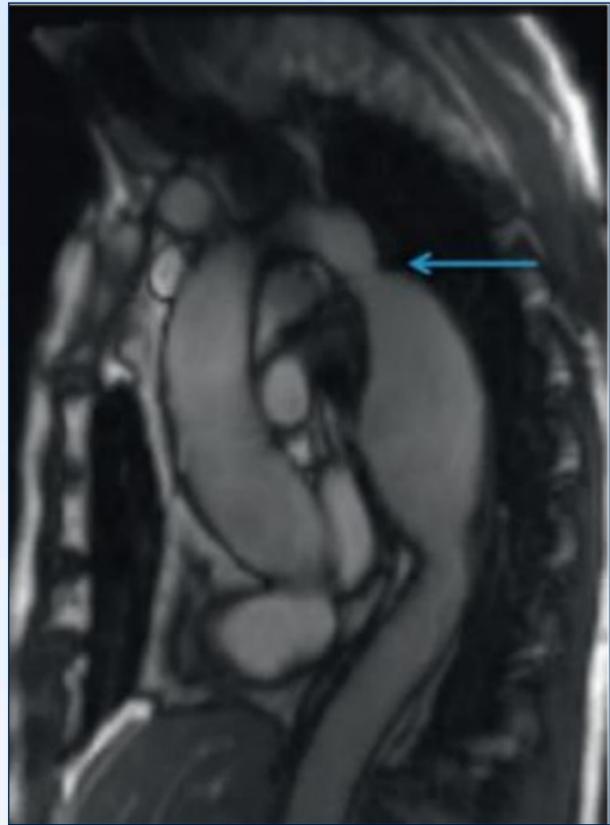
Brachial pulse



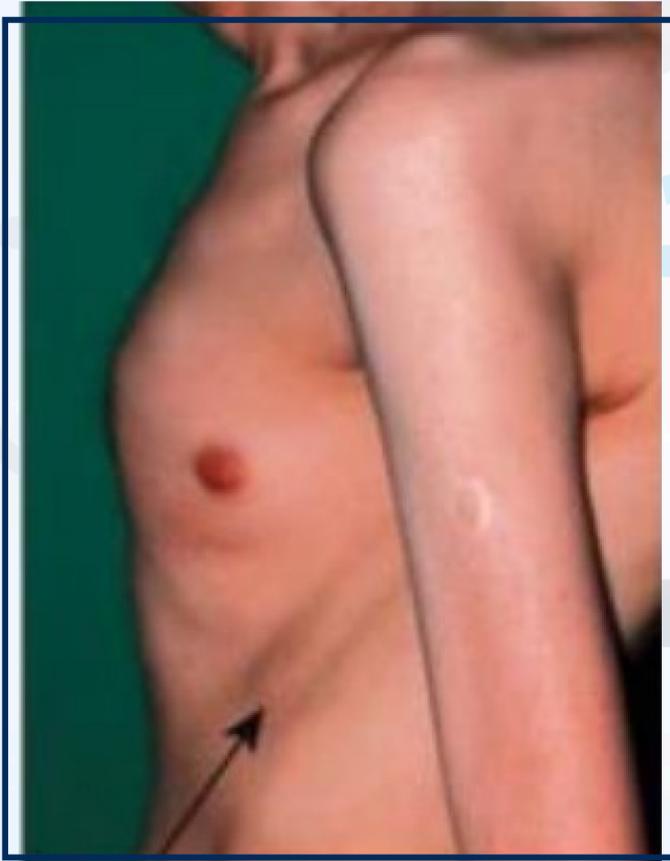
Carotid pulse



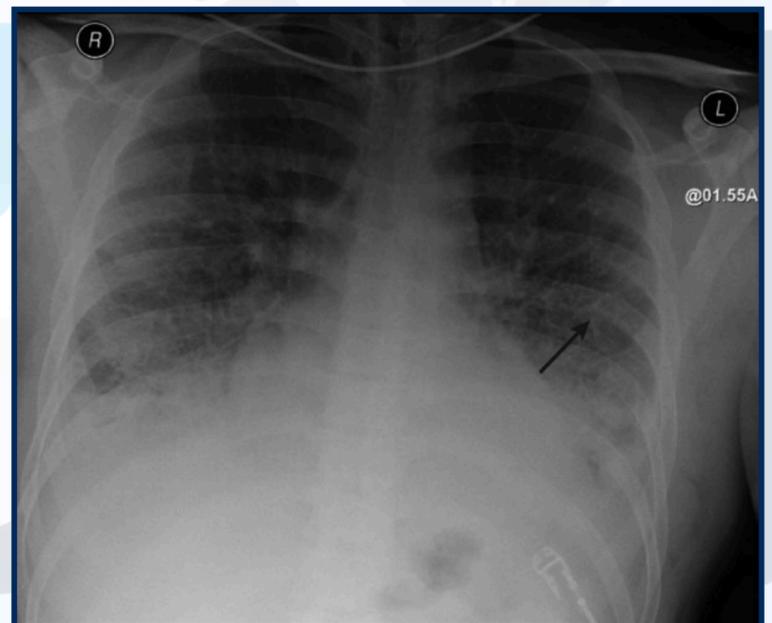
Pectus excavatum
(funnel chest 'C')



aortic coarctation
Causing Radiofemoral delay

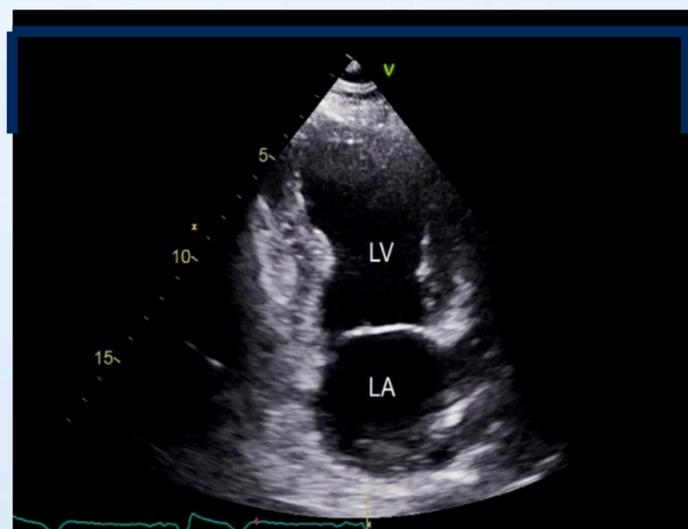


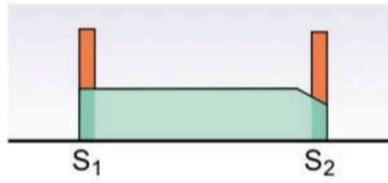
pectus carinatum
(pigeon chest 'D')



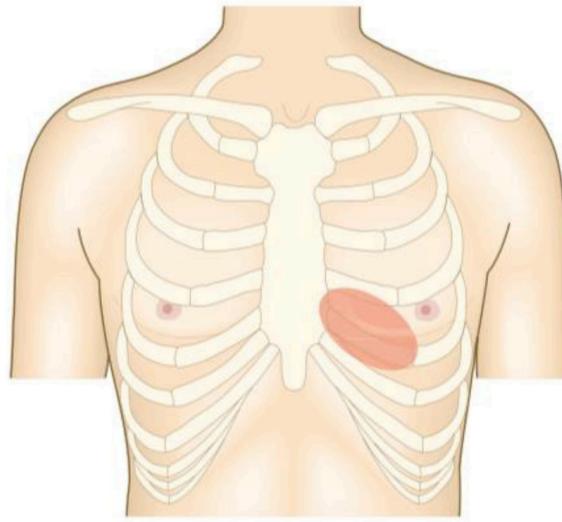
Chest X-ray in heart failure. This shows cardiomegaly with patchy alveolar shadowing of pulmonary oedema and Kerley B lines (engorged lymphatics, arrow) at the periphery of both lungs.

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.





Pansystolic murmur.
The murmur intensity
increases with inspiration.



Additional clinical findings

- Elevated JVP with systolic cv wave
- Pulsatile hepatomegaly
- Right parasternal heave*
- Loud pulmonary component of second heart sound*

*If pulmonary hypertension has developed

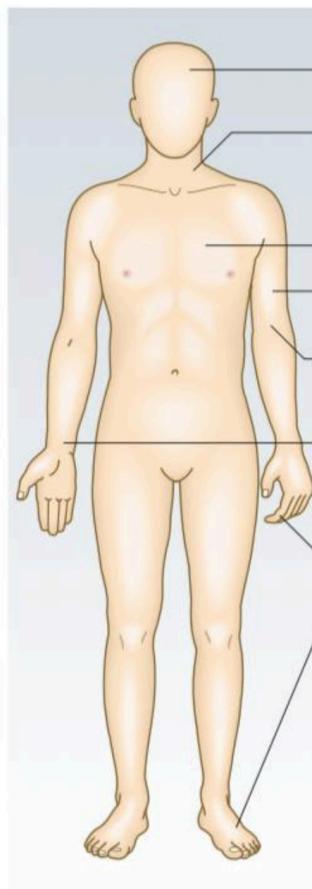
Fig. 4.24 Tricuspid regurgitation. The murmur is usually heard only in the tricuspid area (left sternal edge, fourth intercostal space) and not at the other common sites of auscultation. It typically begins at the moment of valve closure and varies little in intensity throughout systole. *JVP*, Jugular venous pressure.



A

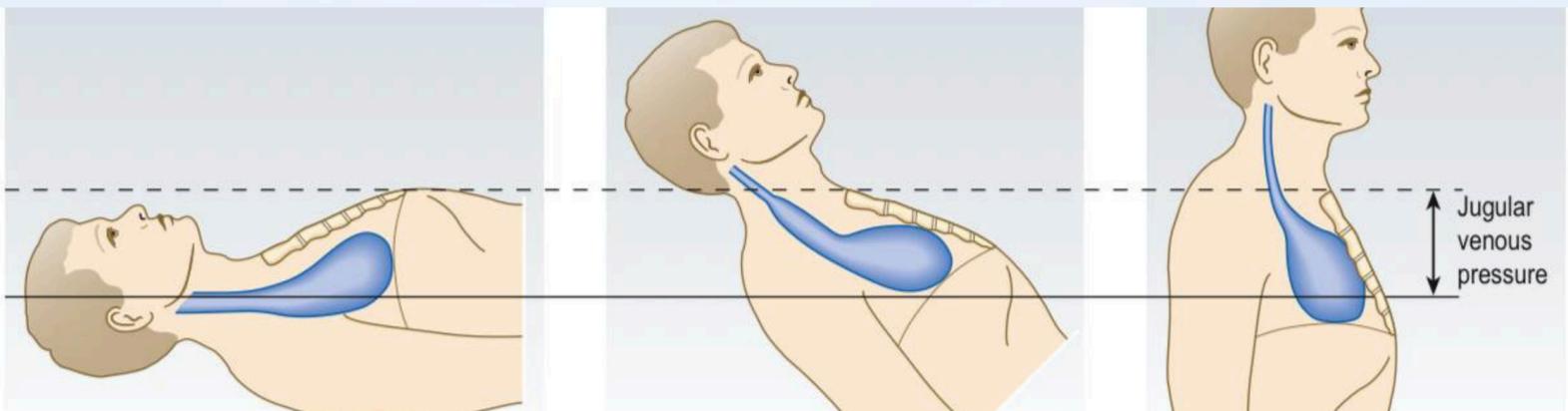


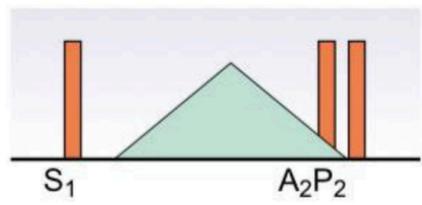
B



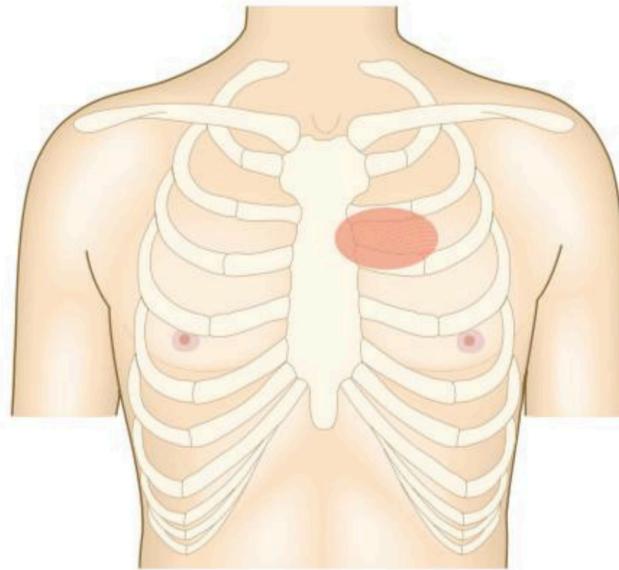
C

Fig. 4.11 Clinical and echocardiographic features of cardiac tamponade. **A** and **B** Echocardiographic images taken from the subcostal position at the onset of systole (A) and in early diastole (B). The right ventricle (*arrows*) is collapsed in the early phase of diastole due to the elevated intrapericardial pressure; this is an important echo finding in tamponade. In both images there is a large pericardial effusion adjacent to the right ventricle. **C** Clinical features. *JVP*, jugular venous pressure.





Ejection systolic murmur (pulmonary flow murmur) with fixed splitting of second sound



Additional clinical findings

- Right parasternal heave*
- Loud pulmonary component of second heart sound*

*If pulmonary hypertension has developed

Fig. 4.20 Atrial septal defect. The increased blood flow through the right heart resulting from the left to right shunt produces a pulmonary flow murmur, best heard in the pulmonary area (left parasternal edge, second intercostal space).

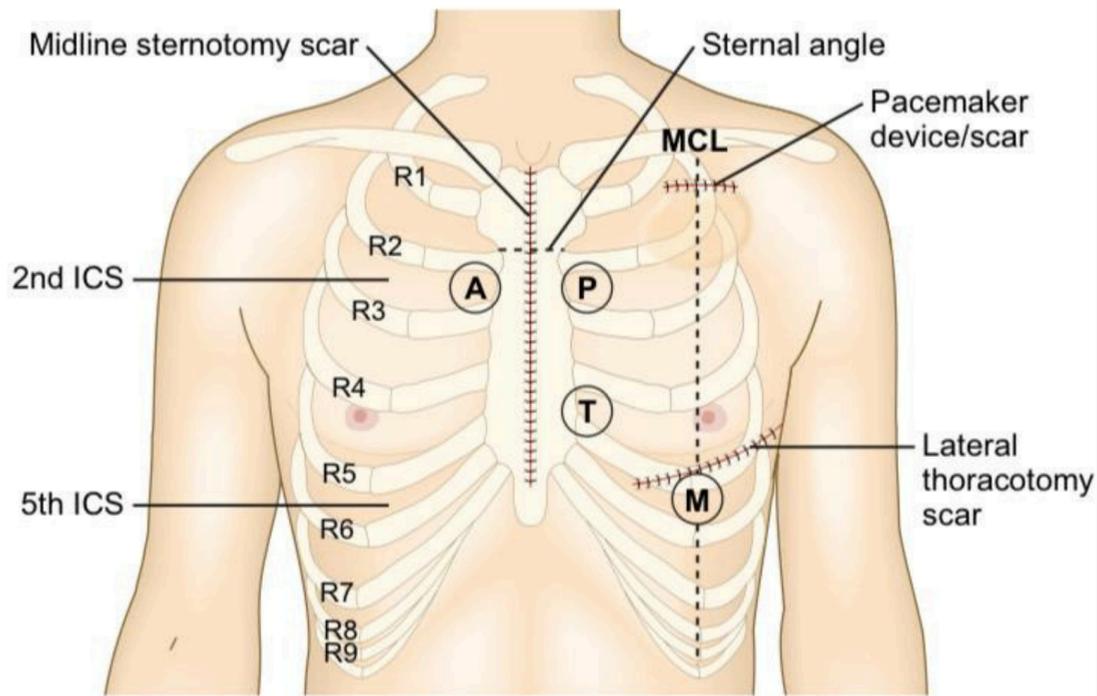
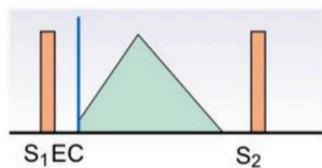
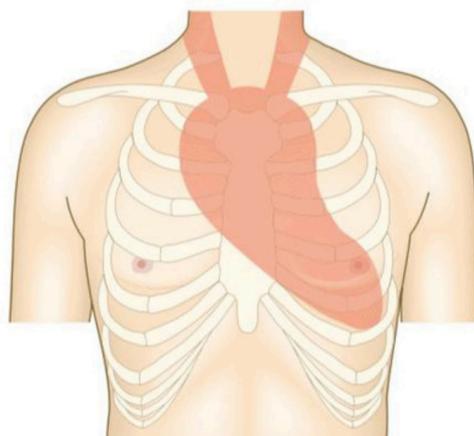


Fig. 4.16 Surface anatomy of the praecordium with common scars, anatomical landmarks and areas for auscultation. A, Aortic area; M, mitral area; P, pulmonary area; T, tricuspid area; R, rib; ICS, intercostal space; MCL, mid-clavicular line.



Lean patient forward with breath held in expiration to feel thrill and hear murmur best

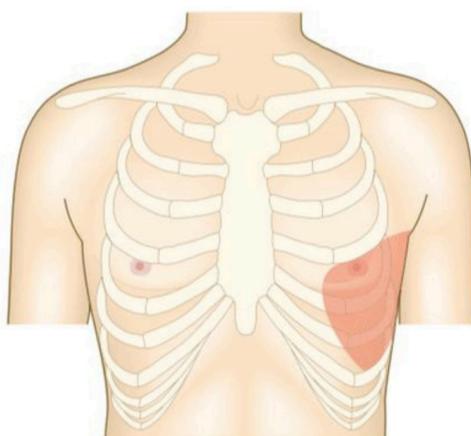
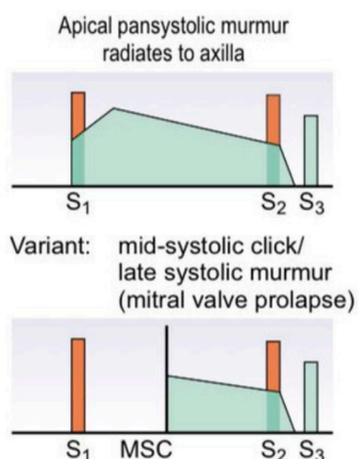


Additional clinical findings

- Slow rising pulse*
- Reduced pulse volume*
- Narrow pulse pressure
- Apical heave
- Thrill in aortic region
- Reduced or absent second heart sound over aortic area*
- Radiation of murmur to carotid artery*

*In patients with an ESM, 3 or more of these features make moderate to severe aortic stenosis highly likely

Fig. 4.22 Aortic stenosis. There is a systolic pressure gradient across the stenosed aortic valve. The resultant high-velocity jet tends to be widely audible throughout the praecordium, though it is best heard with the diaphragm in the aortic area. Alternatively, the bell may be placed in the suprasternal notch. In patients with bicuspid aortic valve, the ejection systolic murmur follows an ejection click (EC).



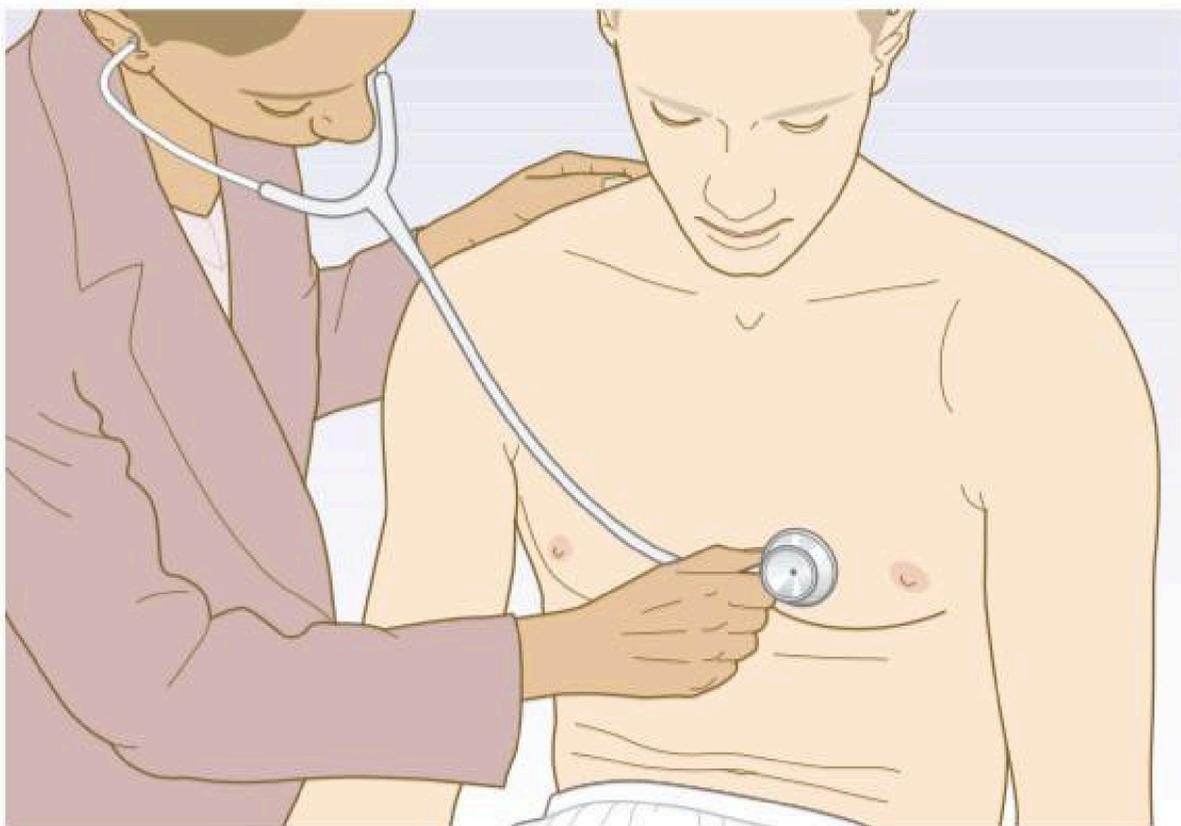
Additional clinical findings

- Displaced apex beat
- Third heart sound

Fig. 4.23 Mitral regurgitation. The murmur is best heard at the apex with radiation to the axilla and is usually audible only below the third intercostal space. It typically begins at the moment of valve closure and may obscure the first heart sound. It varies little in intensity throughout systole. In mitral valve prolapse the murmur begins in mid- or late systole and there is often a mid-systolic click (MSC).



A



B

Fig. 4.18 Auscultating the heart. **A** Listen for the murmur of mitral stenosis using the bell lightly applied with the patient in the left lateral position. **B** Listen for the murmur of aortic regurgitation using the diaphragm with the patient leaning forwards.

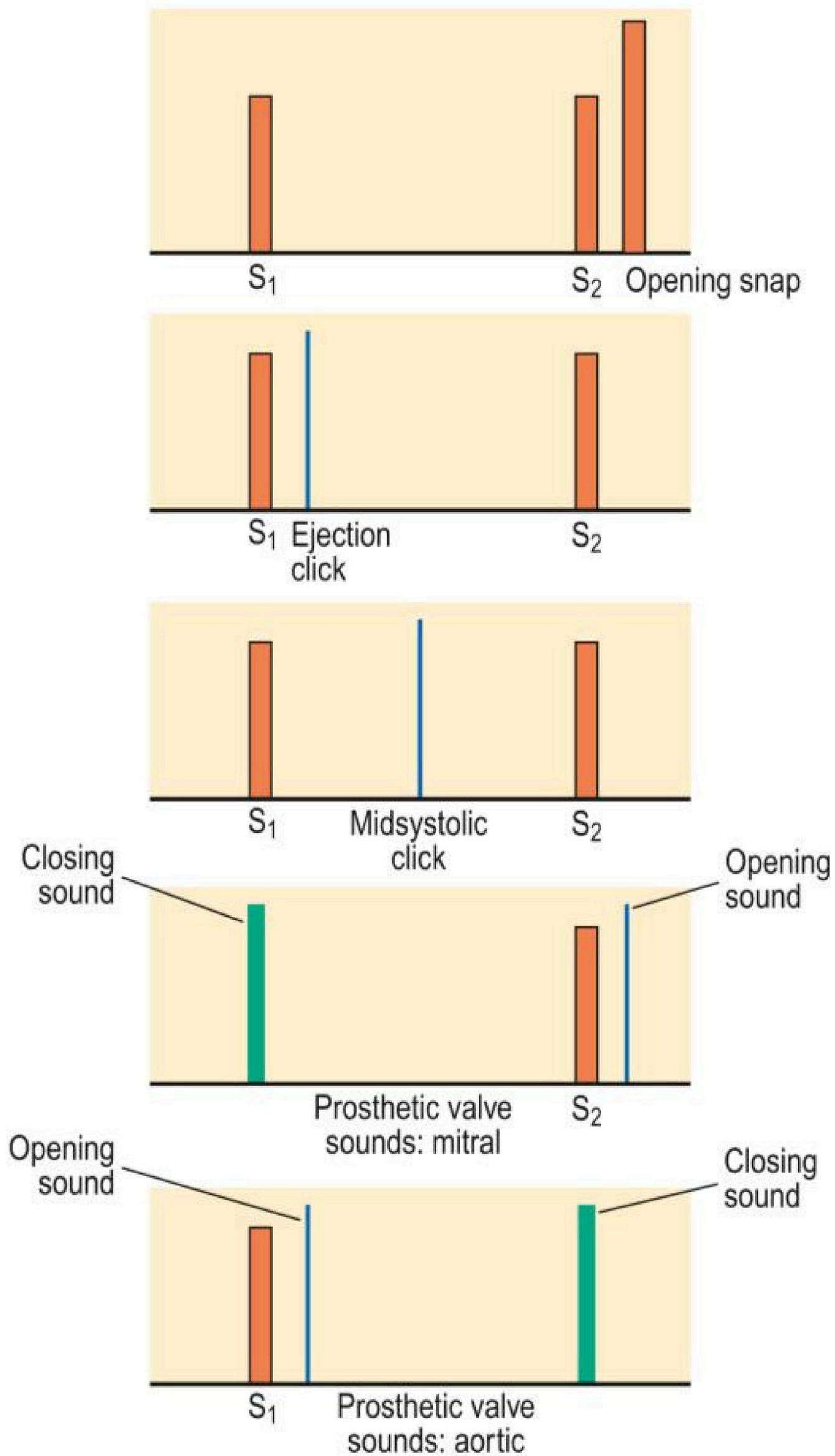
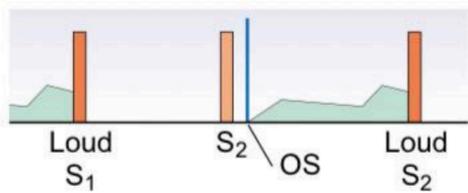


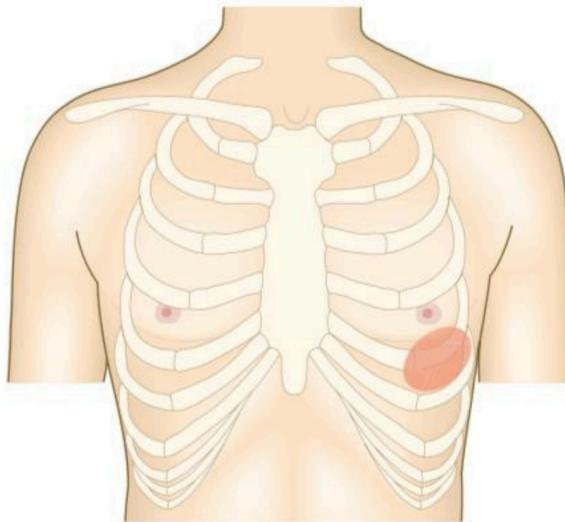
Fig. 4.21 'Added sounds' on auscultation.



Fig. 4.17 Palpating the heart. **A** Use your hand to palpate the cardiac impulse. **B** Localise the apex beat with your finger (if necessary, roll the patient into the left lateral position). **C** Palpate with the heel of your hand in the left parasternal area.



Roll patient towards left to hear murmur best

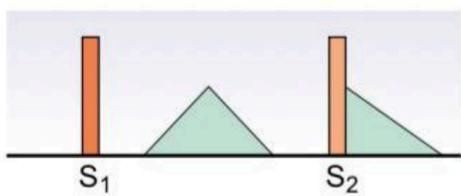


Additional clinical findings

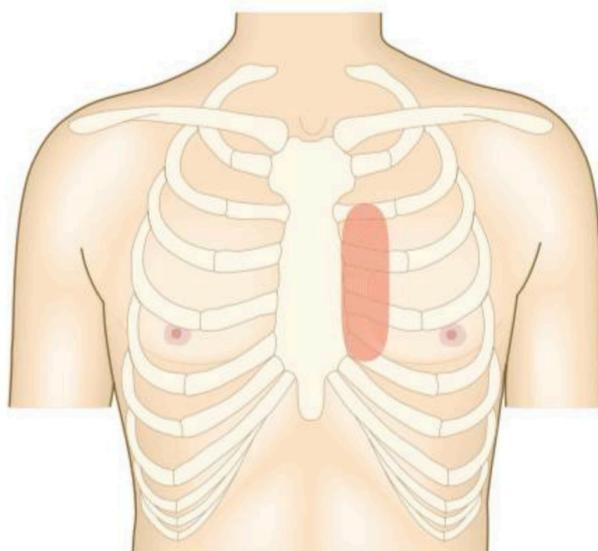
- Low volume pulse
- Tapping apex beat
- Loud S1
- Opening snap
- Right parasternal heave*
- Loud pulmonary component of second heart sound*

*If pulmonary hypertension has developed

Fig. 4.26 Mitral stenosis. There is a pressure gradient across the mitral valve, giving rise to a low-pitched mid-diastolic murmur that is heard best with the bell at the apex. Occasionally, an opening snap (OS) can arise due to the sharp movement of the tethered anterior cusp of the mitral valve at the time when the flow commences.



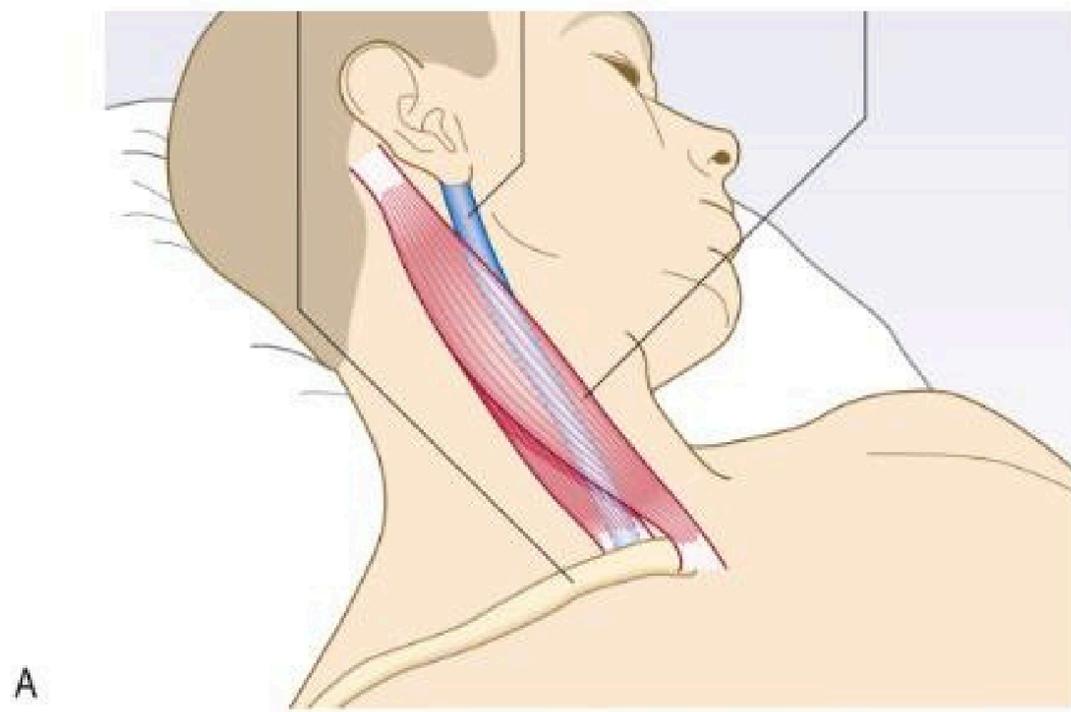
Lean patient forward with breath in held expiration to hear murmur best



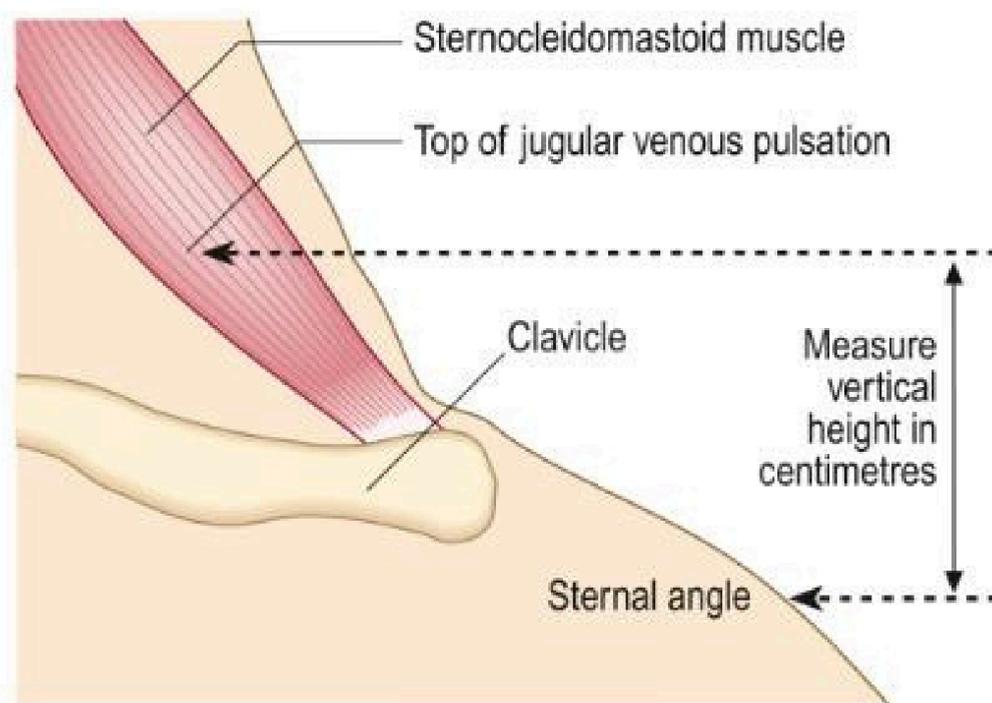
Additional clinical findings

- Large volume pulse
- Collapsing pulse
- Wide pulse pressure
- Prominent carotid pulsations (Corrigan's sign)
- Displaced apex beat

Fig. 4.25 Aortic regurgitation. There is an early diastolic murmur, best heard along the left sternal edge, with the diaphragm during held expiration. An associated systolic murmur is common because of the increased flow through the aortic valve in systole.

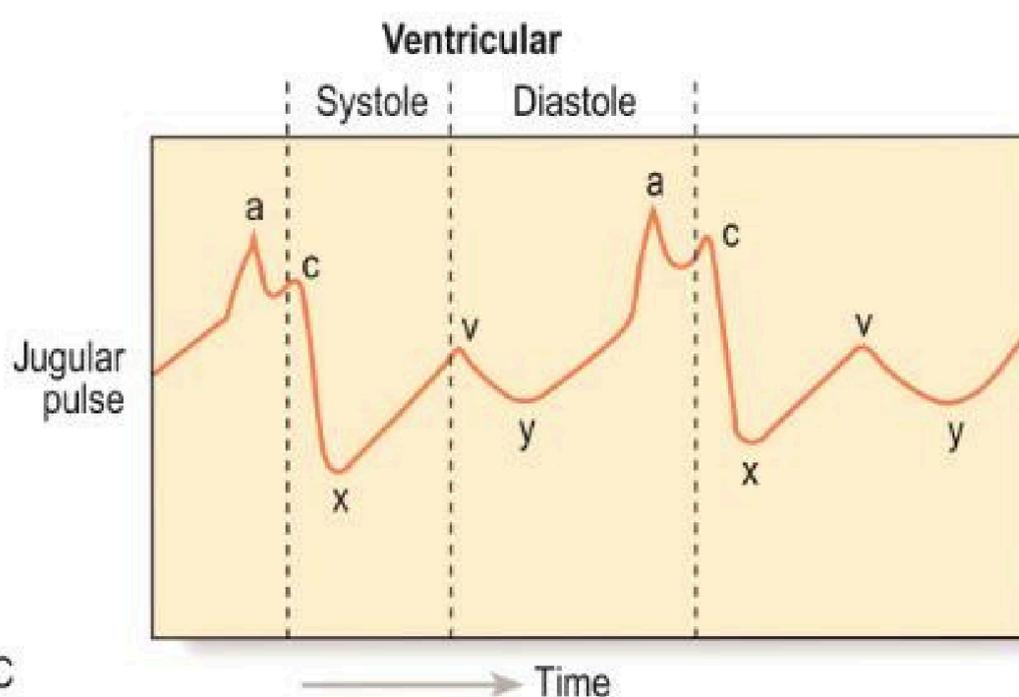


A



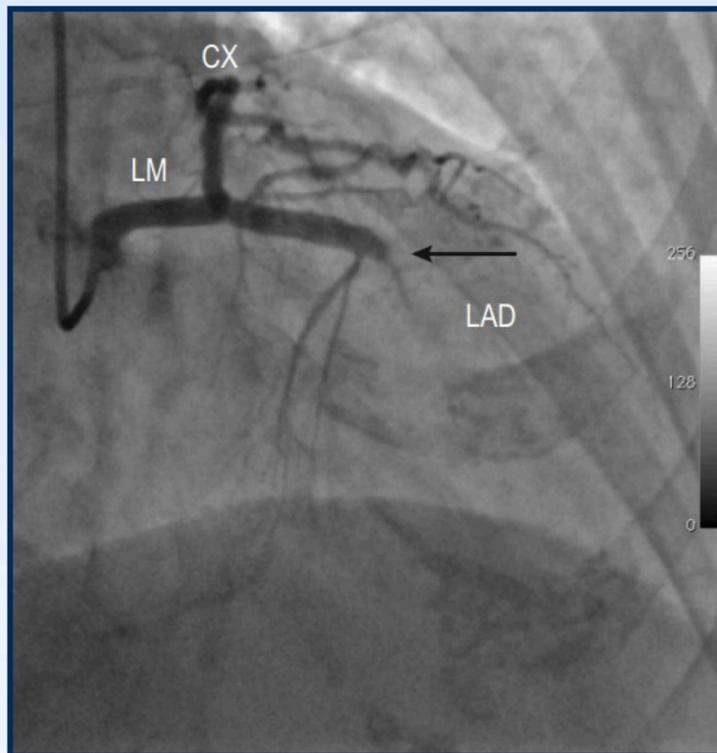
B

Patient lying at 45 degrees



C

Fig. 4.15 Jugular venous pressure. **A** Inspecting the jugular venous pressure from the side (the internal jugular vein lies deep to the sternocleidomastoid muscle). **B** Measuring the height of the jugular venous pressure. **C** Form of the venous pulse wave tracing from the internal jugular vein: *a*, atrial systole; *c*, closure of the tricuspid valve; *v*, peak pressure in the right atrium immediately prior to opening of the tricuspid valve; *a-x*, descent, due to right atrial relaxation followed by downward displacement of the tricuspid ring during systole; *v-y*, descent at the commencement of ventricular filling.



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



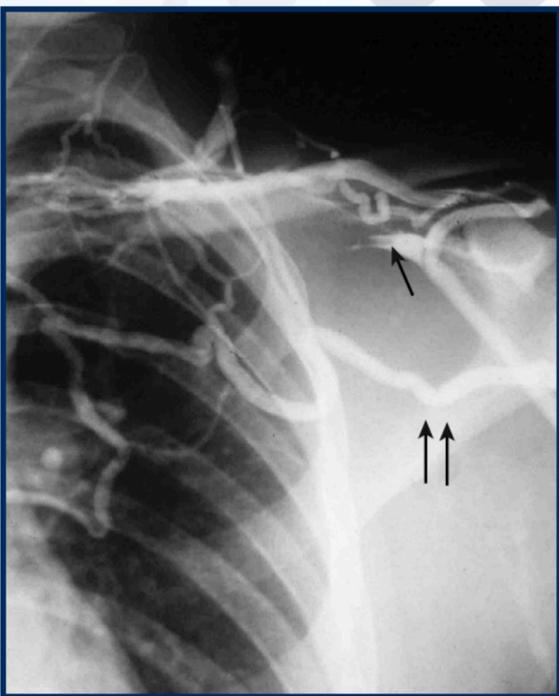
Raynaud's syndrome occasionally progresses to fingertip ulceration or even gangrene.



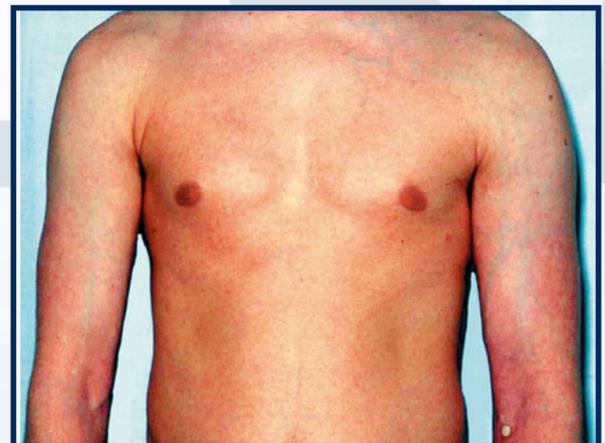
**Lower limb venous disease
Varicose veins and associated
haemosiderin deposition.**



**Lower limb venous disease
Venous ulcer**



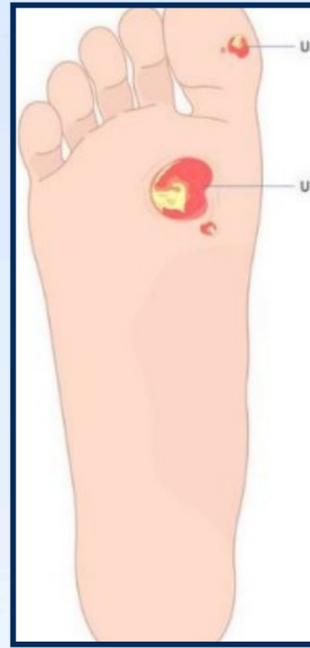
**Axillary vein thrombosis.
Angiogram Single arrow shows site of
thrombosis. Double arrows show dilated
collateral vessels.**



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



Tissue loss (gangrene)

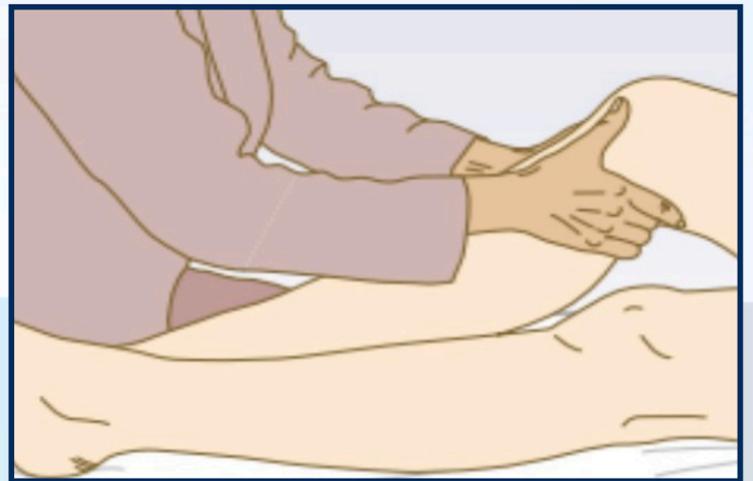


Tissue loss (ulceration)



Digital ischemia

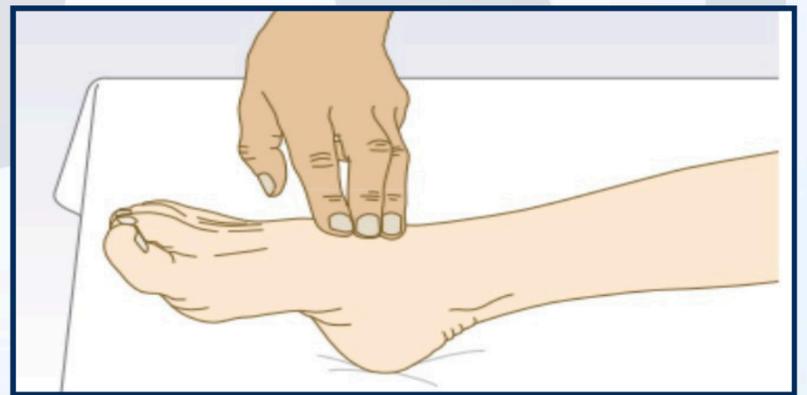
Blue toes



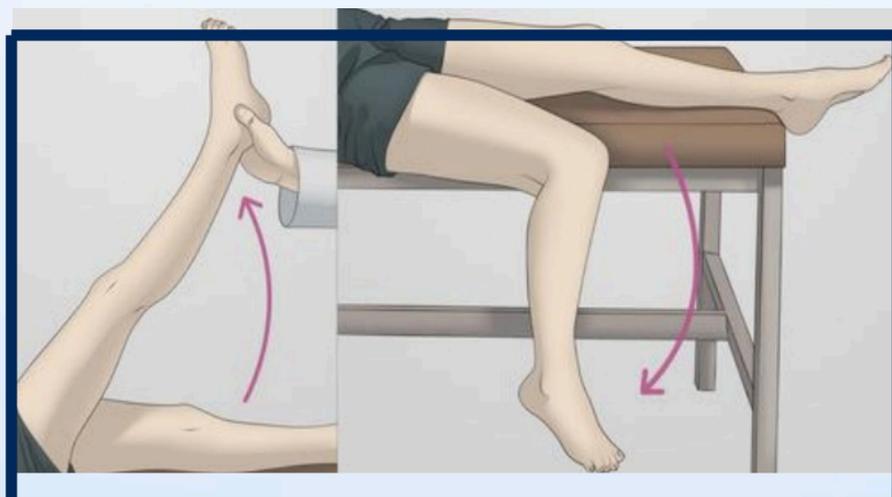
Popliteal pulse



Posterior tibial pulse



Dorsalis pedis pulse



Buerger's test

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

ارثیہ روح

Q43: What is the deformity shown in the image?

- A. Pectus carinatum
- B. Pectus excavatum
- C. Barrel chest
- D. Scoliosis
- E. Kyphosis

Mini
OSCE



Answer: A. Pectus carinatum

◆ Q24: A 38-year-old female presents to the ER with sudden shortness of breath. On examination, she has unilateral leg swelling (see image). What is the most likely diagnosis?



- A. Acute pulmonary edema
- B. Pulmonary embolism
- C. Myocardial infarction
- D. Bronchial asthma
- E. Pneumonia

Answer : B

MINI-OSCE MACLEOD

GIT



الفريق الأكاديمي
لجنة الطب والجراحة

History Taking

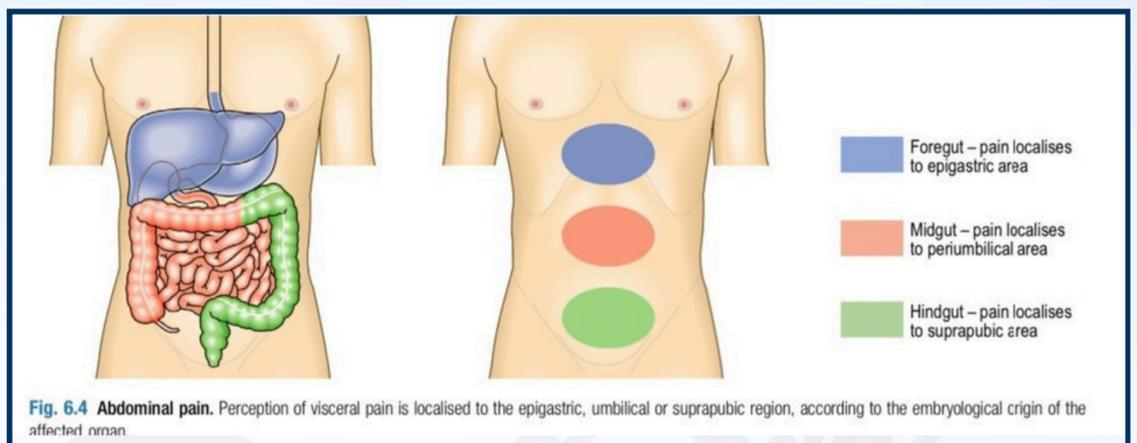
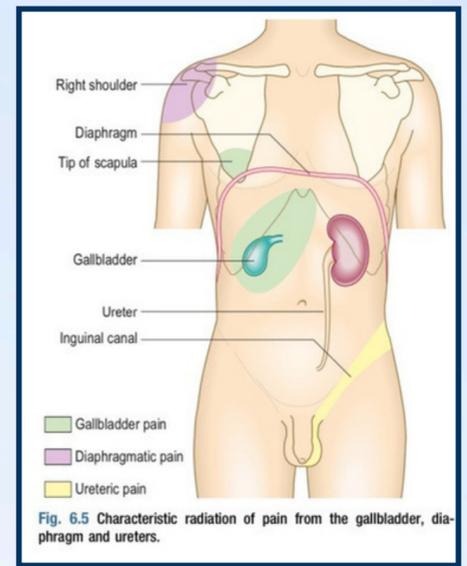
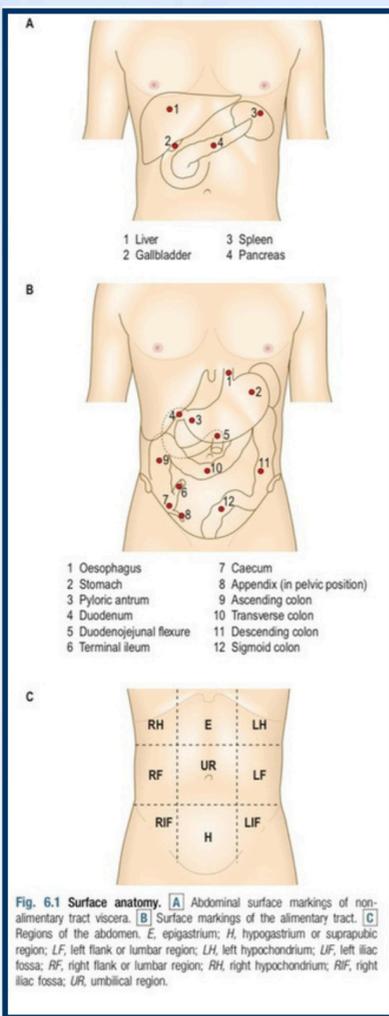


Fig. 6.6 Abdominal distension due to ascites.



Fig. 6.8 Yellow sclera of jaundice.

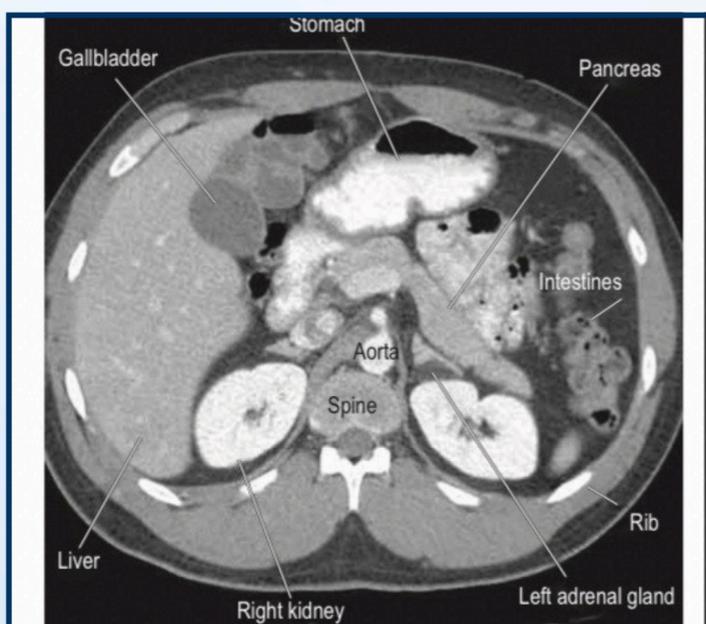


Fig. 6.2 Normal computed tomogram (CT) of the abdomen at L1 level.

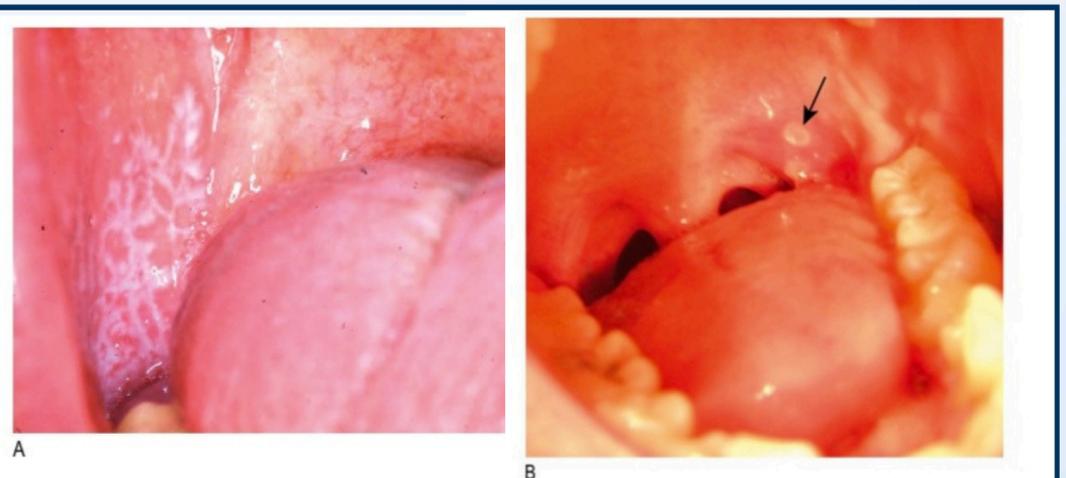


Fig. 6.3 Some causes of a painful mouth. [A] Lichen planus. [B] Small, 'punched-out' aphthous ulcer (arrow).

Examination



A Spider naevus



C Palmar erythema



B Leuconychia

Epigastric mass

- Gastric cancer
- Pancreatic cancer
- Aortic aneurysm

Hepatomegaly

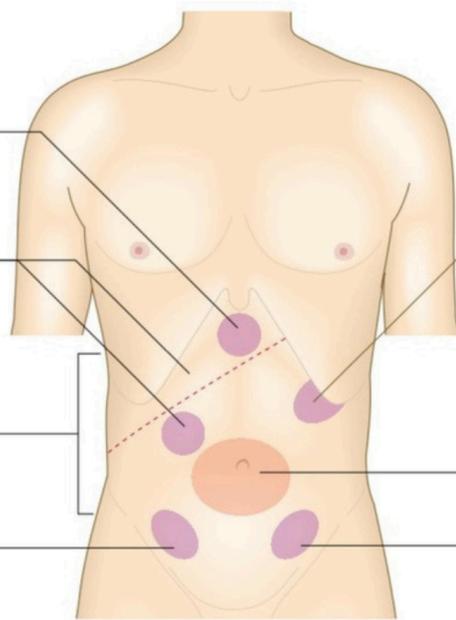
- Palpable liver not always enlarged
- Always percuss upper border
- Palpable gallbladder

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.

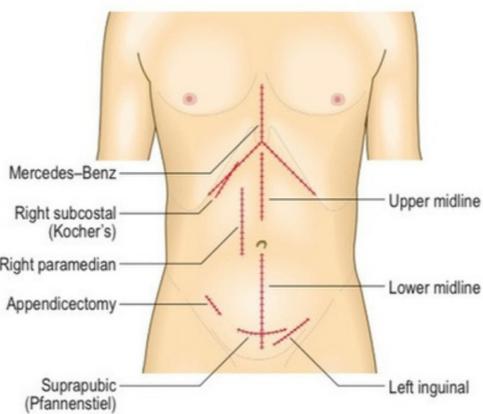


Fig. 6.10 Some abdominal incisions. The midline and oblique incisions avoid damage to innervation of the abdominal musculature and later development of incisional hernias. These incisions have been widely superseded by laparoscopic surgery, however.



A



B

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

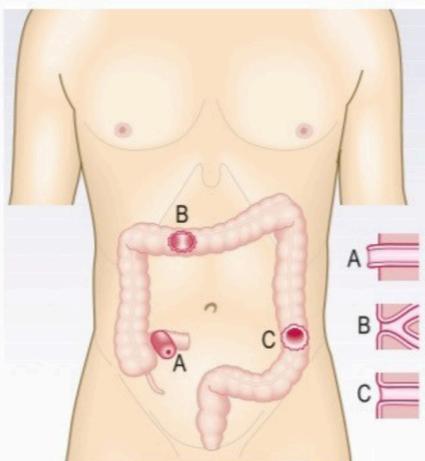


Fig. 6.11 Surgical stomas. A An ileostomy is usually in the right iliac fossa and is formed as a spout. B A loop colostomy is created to defunction the distal bowel temporarily. It is usually in the transverse colon and has afferent and efferent limbs. C A colostomy may be terminal: that is, resected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

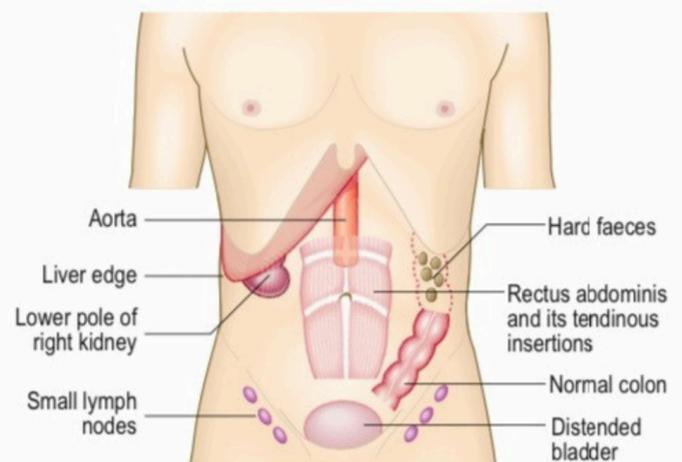


Fig. 6.14 Palpable masses that may be physiological rather than pathological.

Examination



Fig. 6.15 Palpation of the liver.

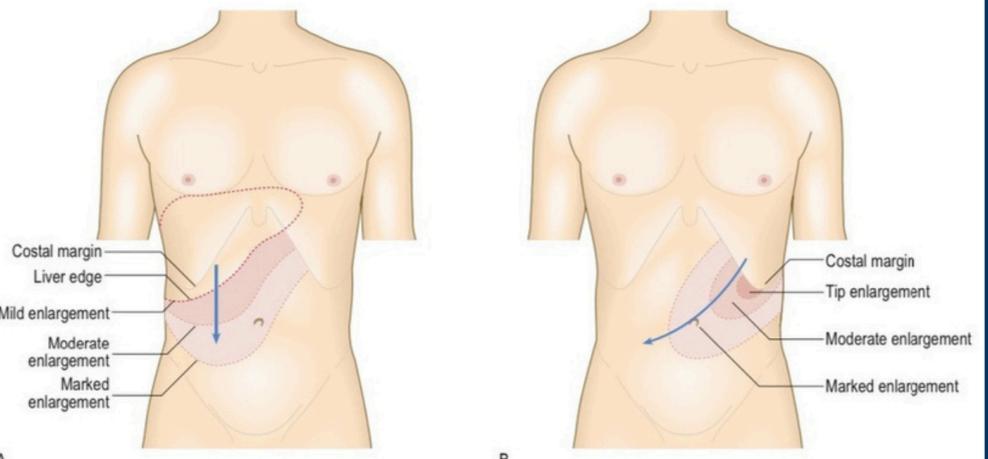


Fig. 6.16 Patterns of progressive enlargement of the liver and spleen. **A** Direction of enlargement of the liver. **B** Direction of enlargement of the spleen. The spleen moves downwards and medially during inspiration.



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.

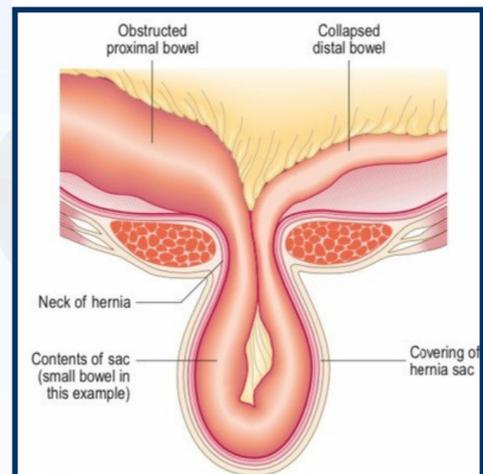


Fig. 6.22 Hernia: anatomical structure.

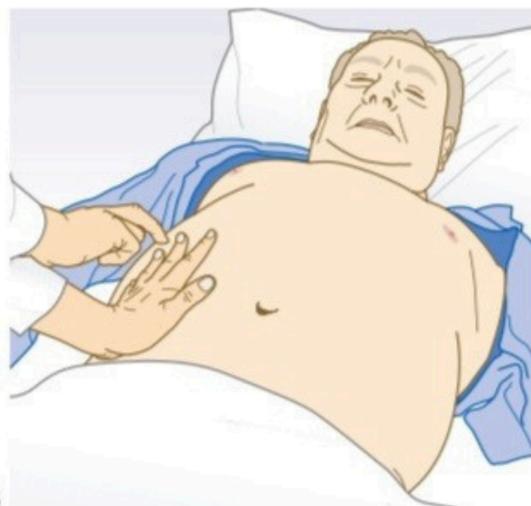


Fig. 6.18 Percussing for ascites. **A** and **B** Percuss towards the flank from resonant to dull. **C** Then ask the patient to roll onto their other side. In ascites the note then becomes resonant.



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



Fig. 6.19 Eliciting a fluid thrill.

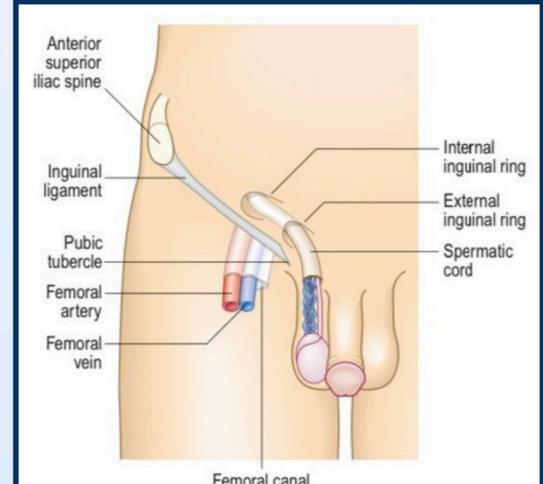


Fig. 6.20 Anatomy of the inguinal canal and femoral sheath.

Examination

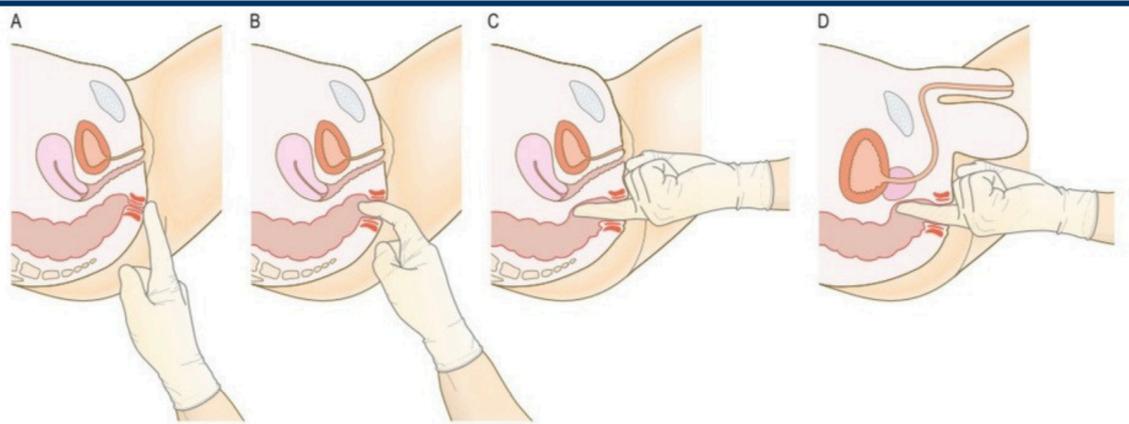


Fig. 6.25 Examination of the rectum. **A** and **B** Insert your finger, then rotate your hand. **C** The most prominent feature in the female is the cervix. **D** The most prominent feature in the male is the prostate.

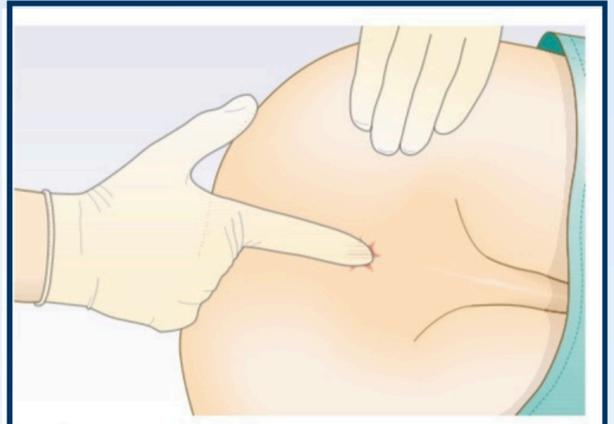


Fig. 6.24 Rectal examination. The correct method for inserting your index finger in rectal examination.

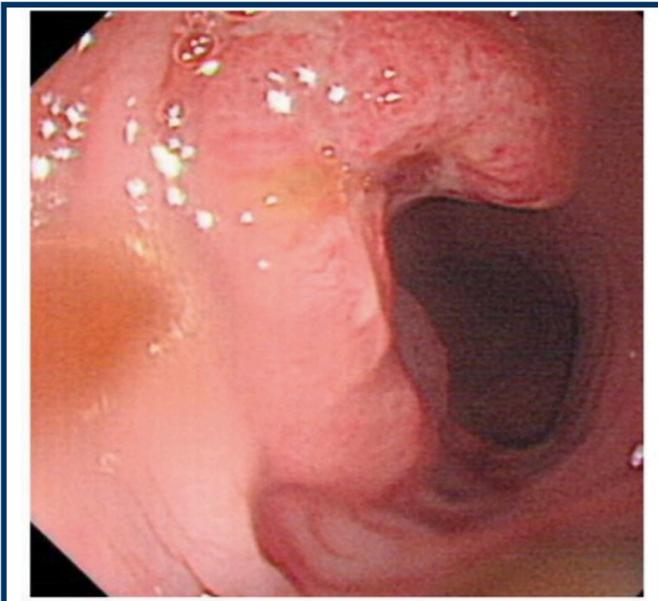


Fig. 6.29 Colonoscopy. Colon cancer.



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

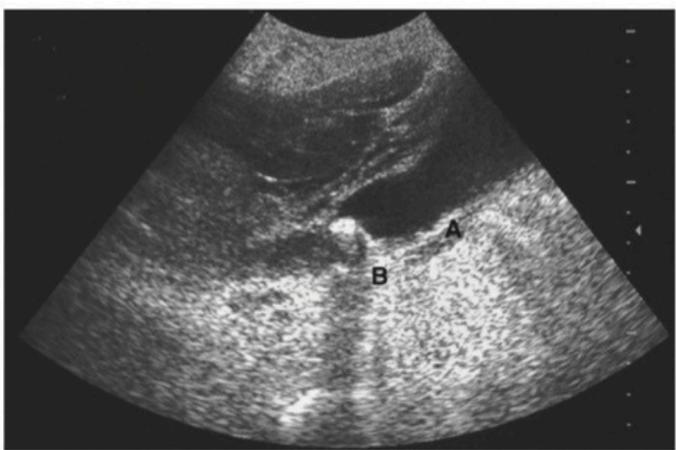


Fig. 6.27 Ultrasound scan of the gallbladder. A, Thick-walled gallbladder containing gallstones. B, Posterior acoustic shadowing.

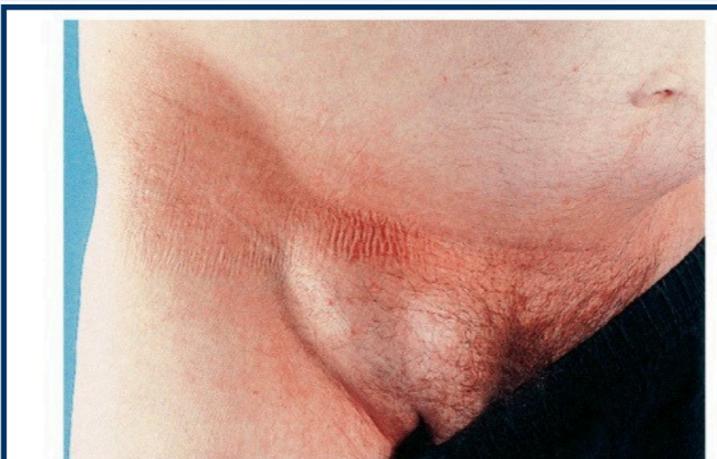
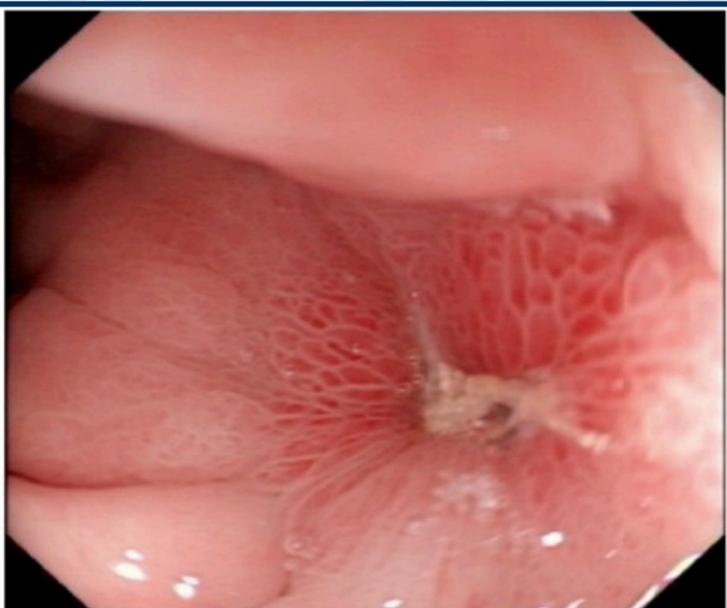
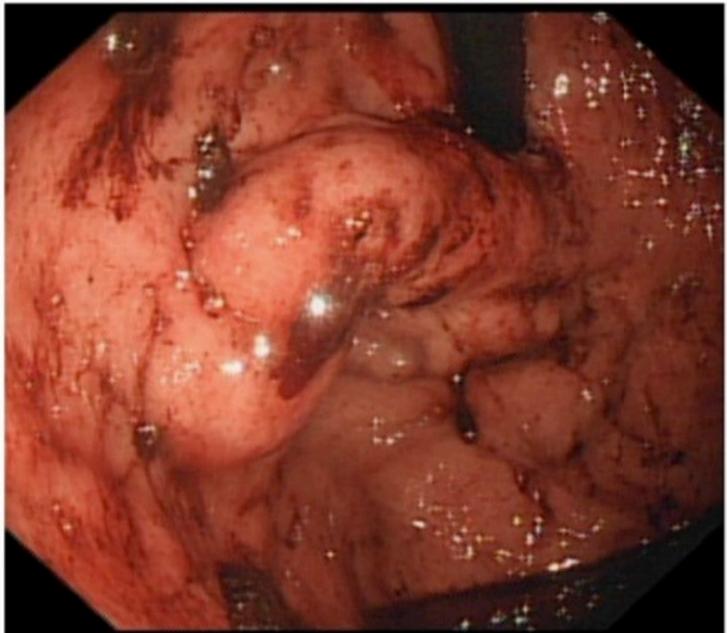


Fig. 6.21 Right inguinal hernia.



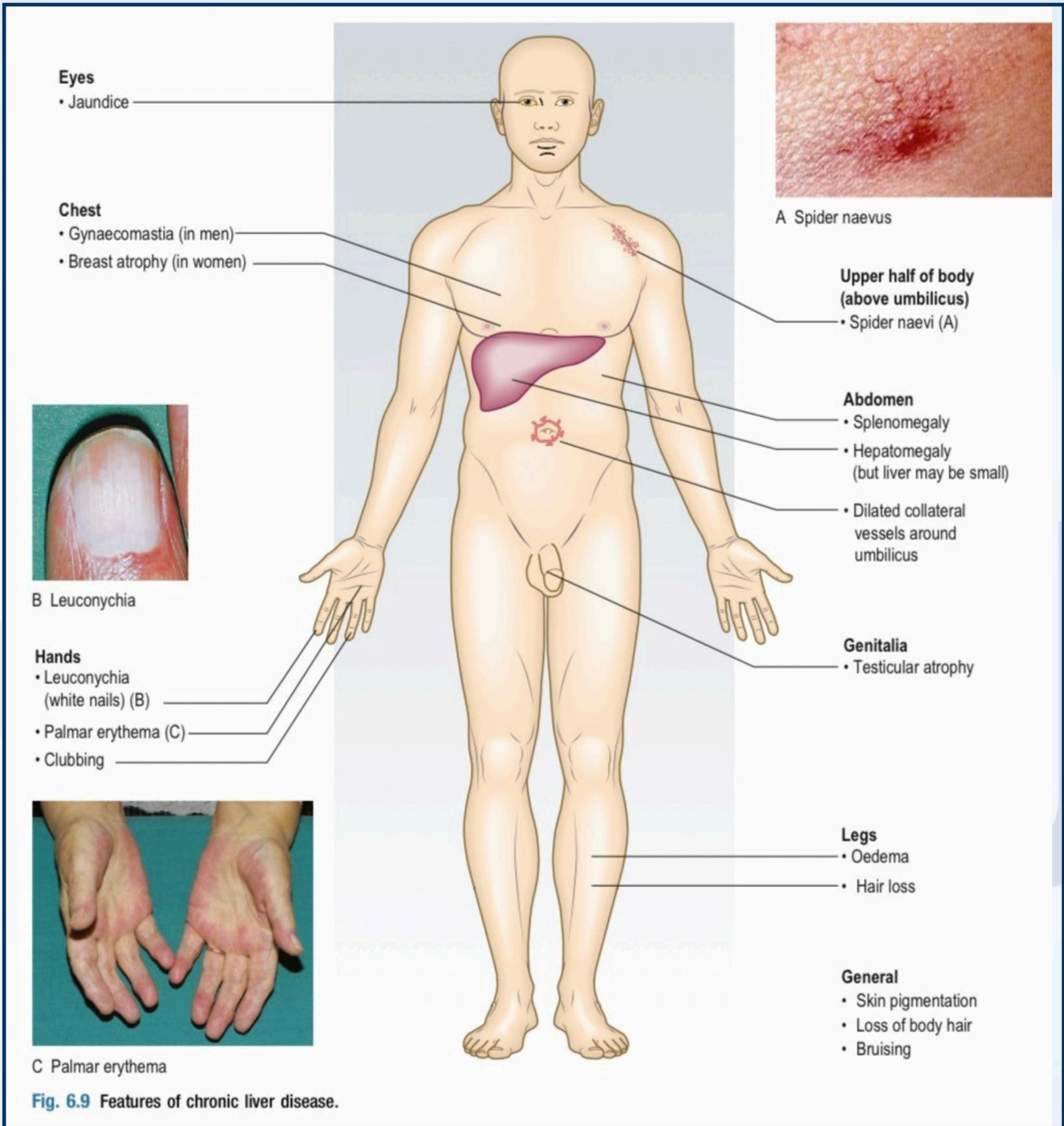
A



B

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



الدكتور 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



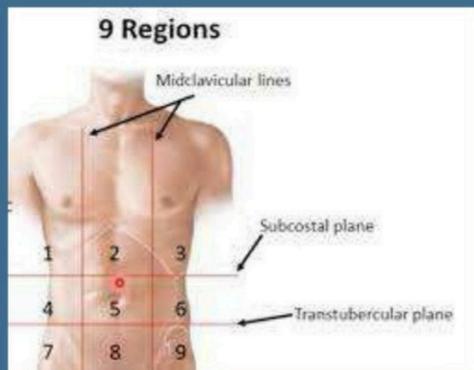
Recur after deep inguinal ring closure ?

- 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) Iodin defecioncy
 - 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) Choycystituis
- 4) Drug induced
- 5) Obstructive(post hepatic) jaundice "stone in bile duct"



2- what this image describe ? Pectus excavatum

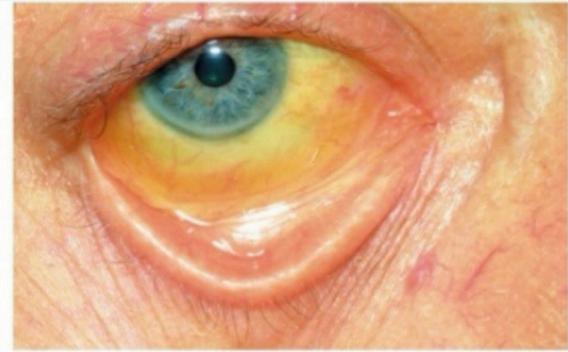


Fig. 6.8 Yellow sclera of jaundice.

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



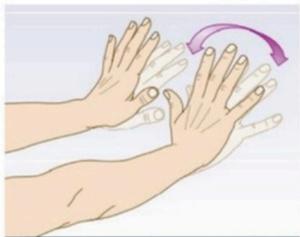
25 _
Jaundice associated with expet :
PANcreatic
Cholengitis xxxxx

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 expet :
Hyperglycemia (جوع2 retention by cause Komsomol breathing due to acidosis by lactic acid) xxxxx
Alcohol

10.



Pectus carinatum

11.



شبه الصورة وطالب اسم
Midline inscion

13.



:shifting dullness

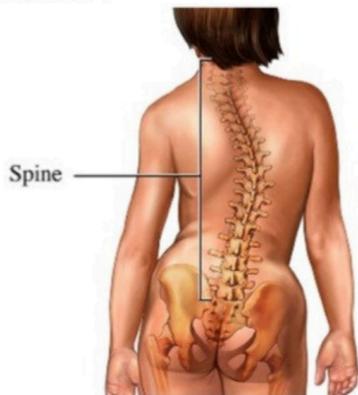
Archive :

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 .

Archive :

1)What's is the sign you see:

- A.Cullen's sign
- B.Grey Turner's sign
- C.Fox sign

answer:b



2) A 72-year-old man presents with a groin swelling that becomes more prominent when lifting heavy objects. What is the most likely diagnosis?

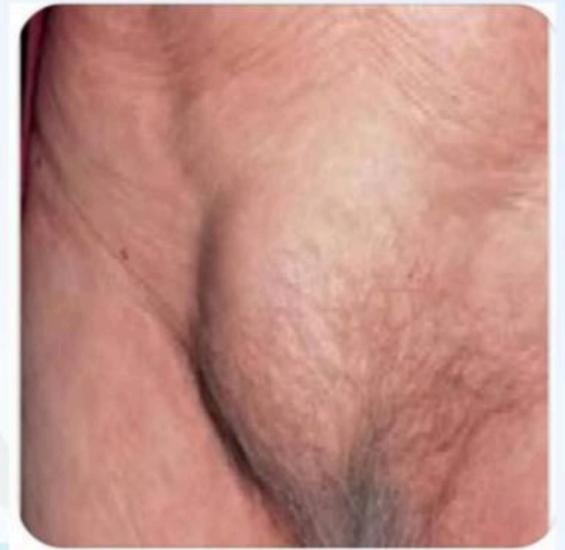
- A) Direct inguinal hernia
- B) Indirect inguinal hernia
- C) Femoral hernia

Answer: a

3)What is a possible complication of this condition?

- A) Strangulated or incarcerated hernia
- B) Bowel obstruction and ischemic/atrophic testis
- C) Hydrocele formation and recurrence after repair
- D) Recurrence after repair and hydrocele formation

Answer:a

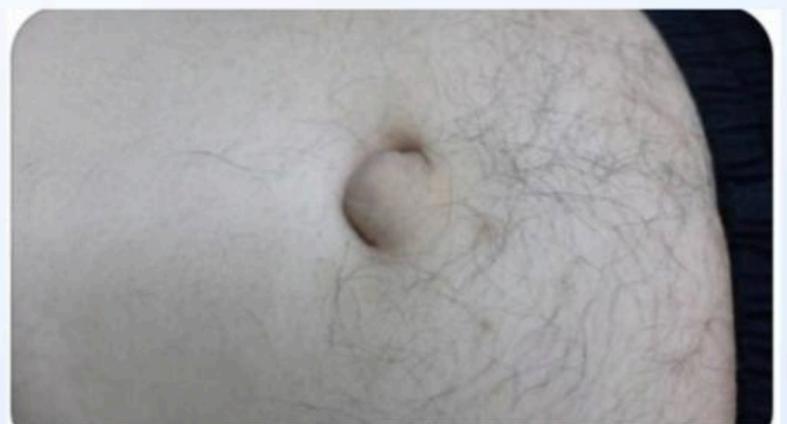


15)A middle-aged patient presents with the following bulge adjacent to the umbilicus.

What is the most likely diagnosis?

- A) Umbilical hernia
- B) Paraumbilical hernia
- C) Epigastric hernia

answer:b



MINI-OSCE MACLEOD

RS



الفريق الأكاديمي
لجنة الطب والجراحة

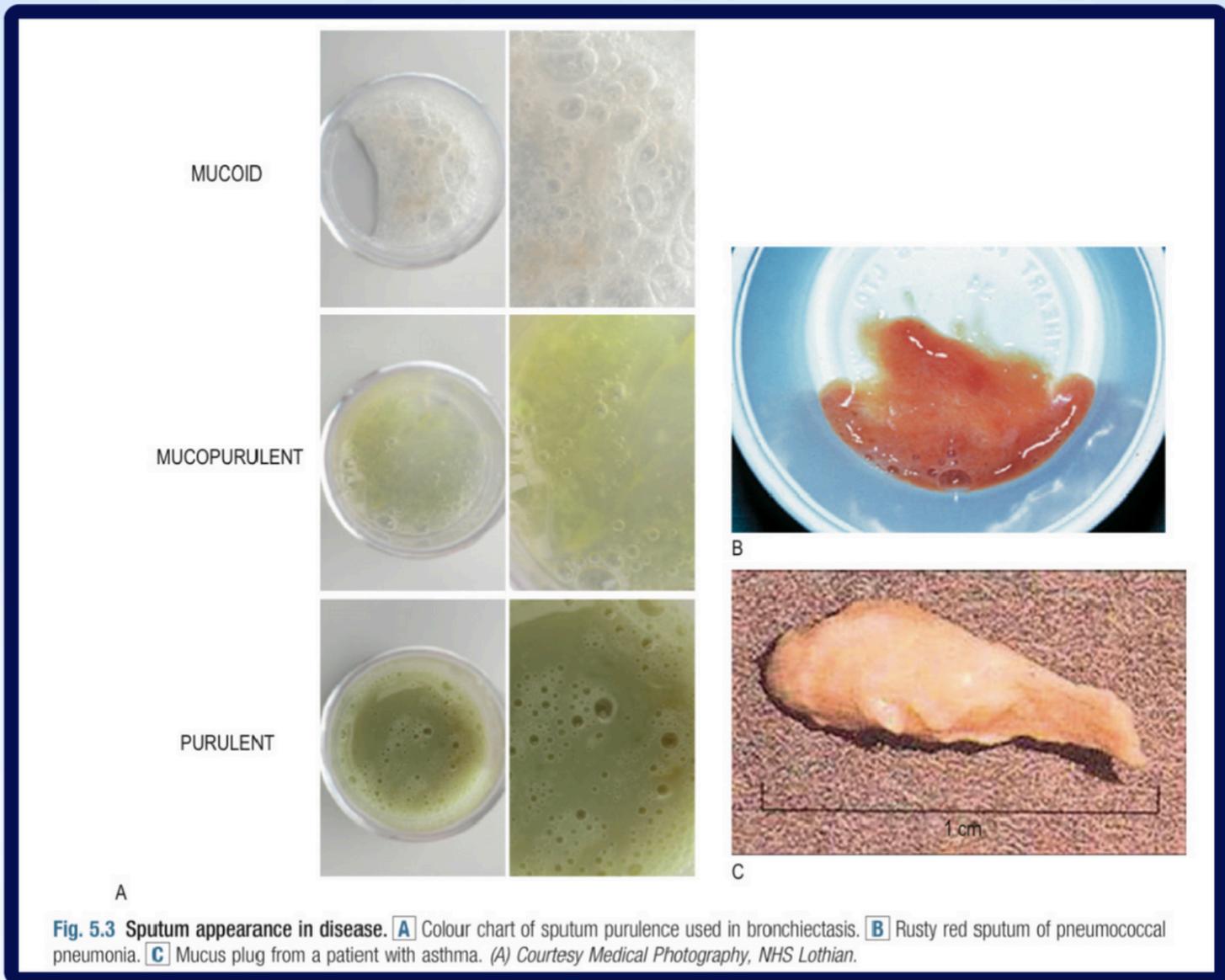


Fig. 5.3 Sputum appearance in disease. **A** Colour chart of sputum purulence used in bronchiectasis. **B** Rusty red sputum of pneumococcal pneumonia. **C** Mucus plug from a patient with asthma. (A) Courtesy Medical Photography, NHS Lothian.



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.

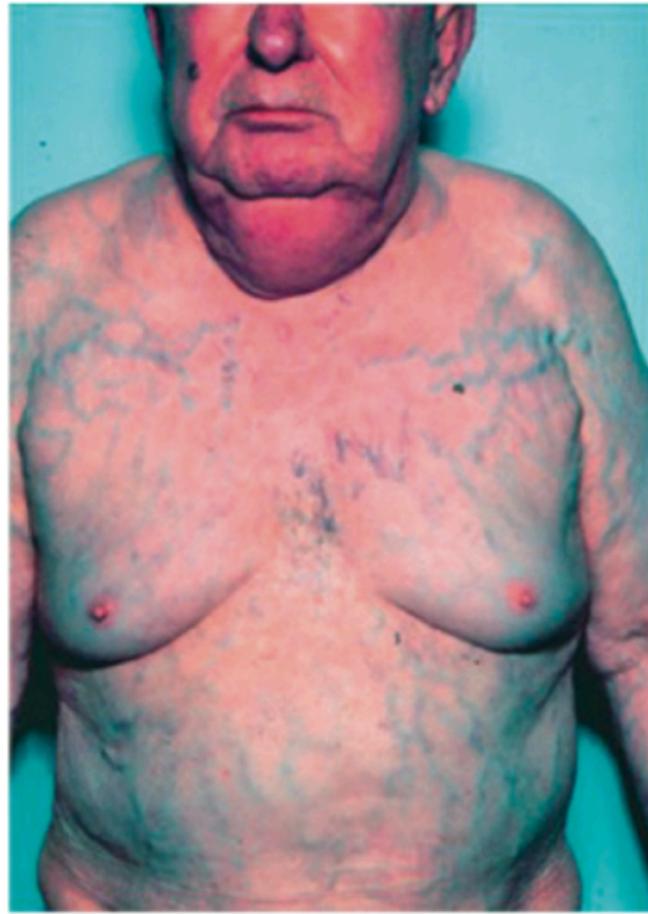


Fig. 5.11 Superior vena cava obstruction. Dusky, swollen face and neck, and distended superficial collateral veins on the chest wall. *From Midthun DE, Jett JR. Clinical presentation of lung cancer. In Pass HI, Mitchel JB, Johnson DH, et al. (eds). Lung Cancer: Principles and Practice. Philadelphia: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

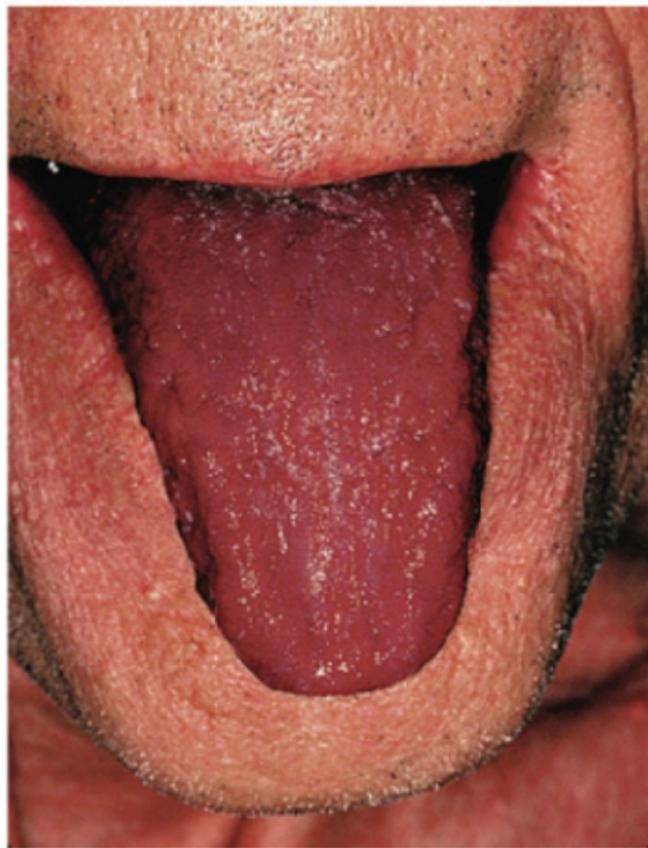


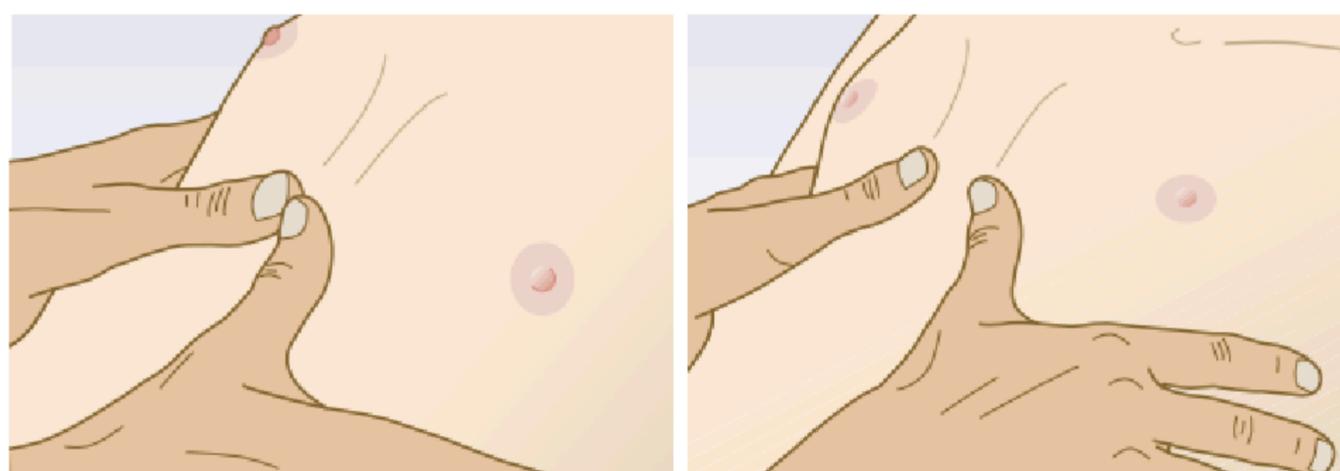
Fig. 5.12 Central cyanosis of the tongue.



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.

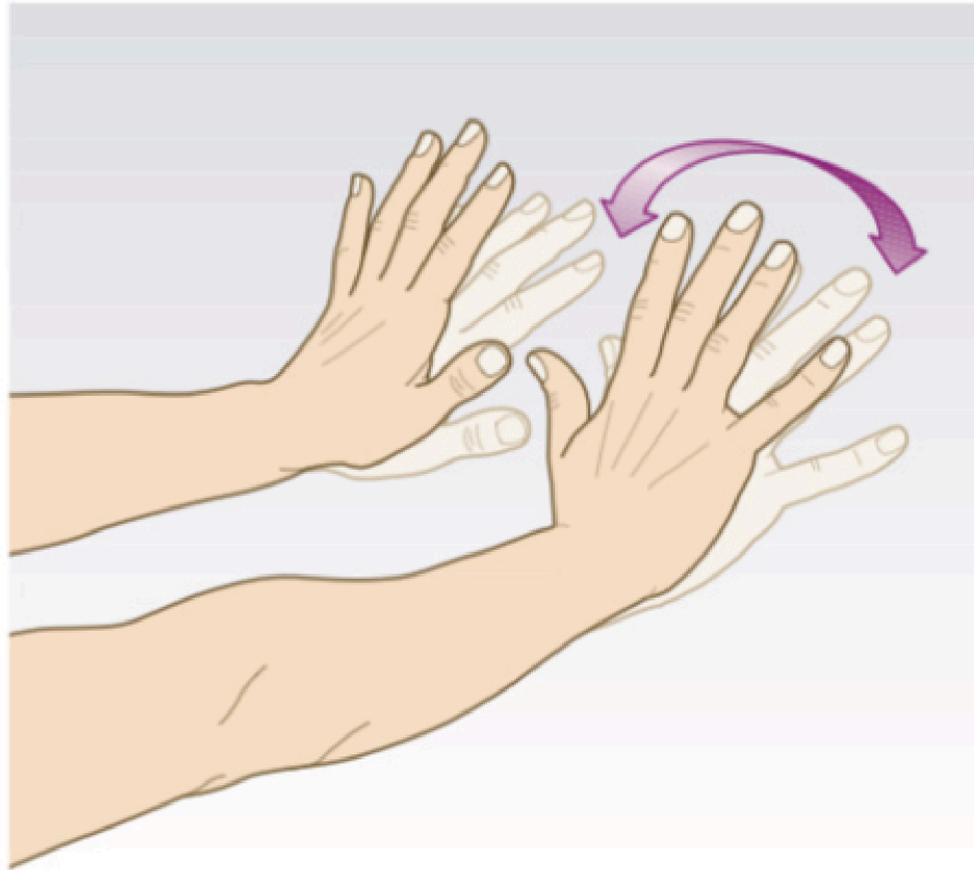


Fig. 5.10 Hand position for testing for the coarse tremor of CO₂ retention.

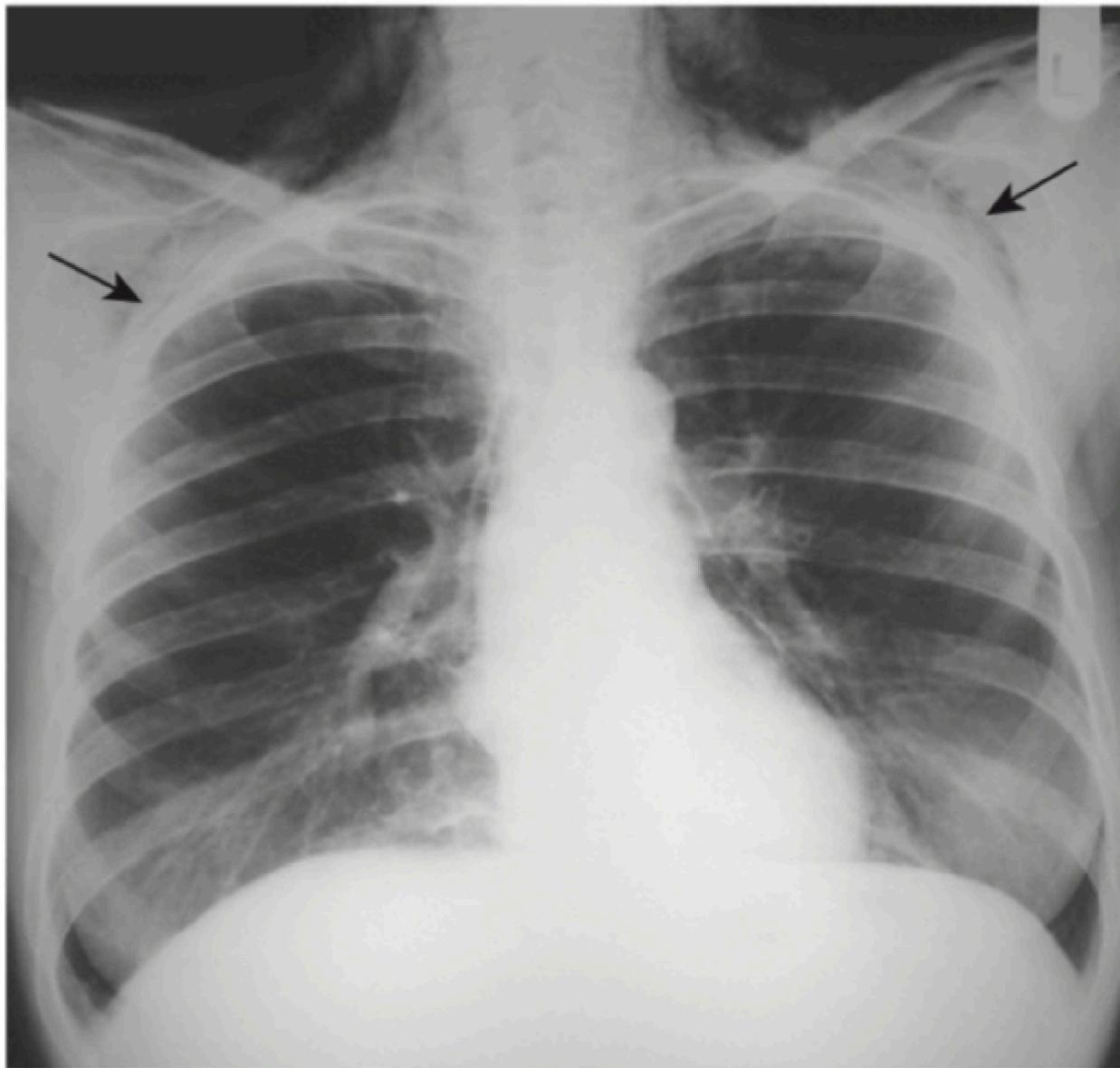
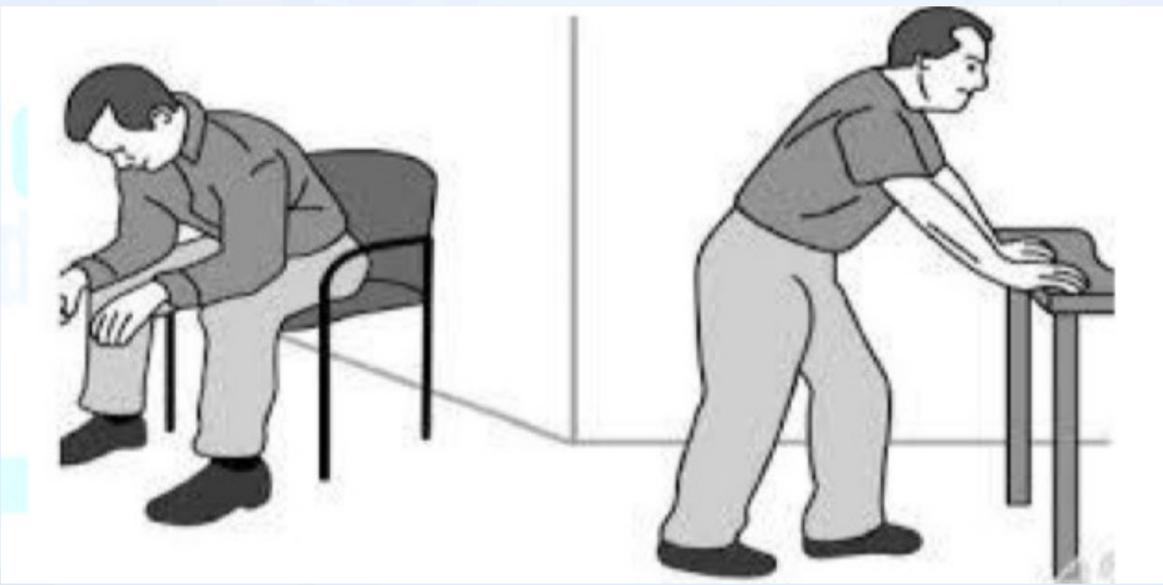
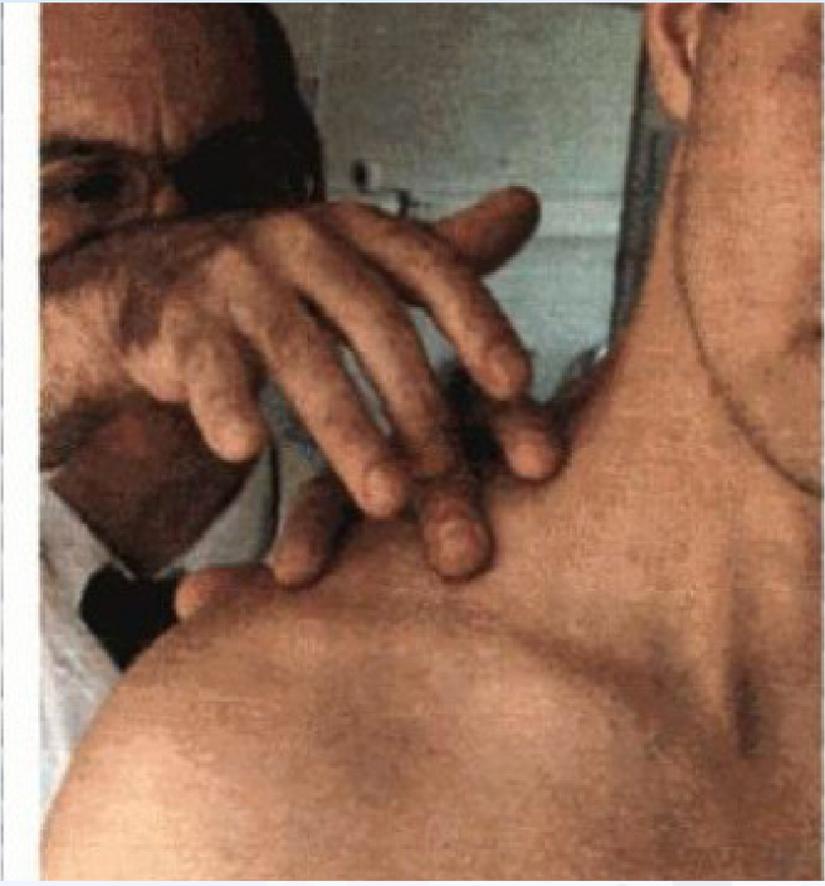
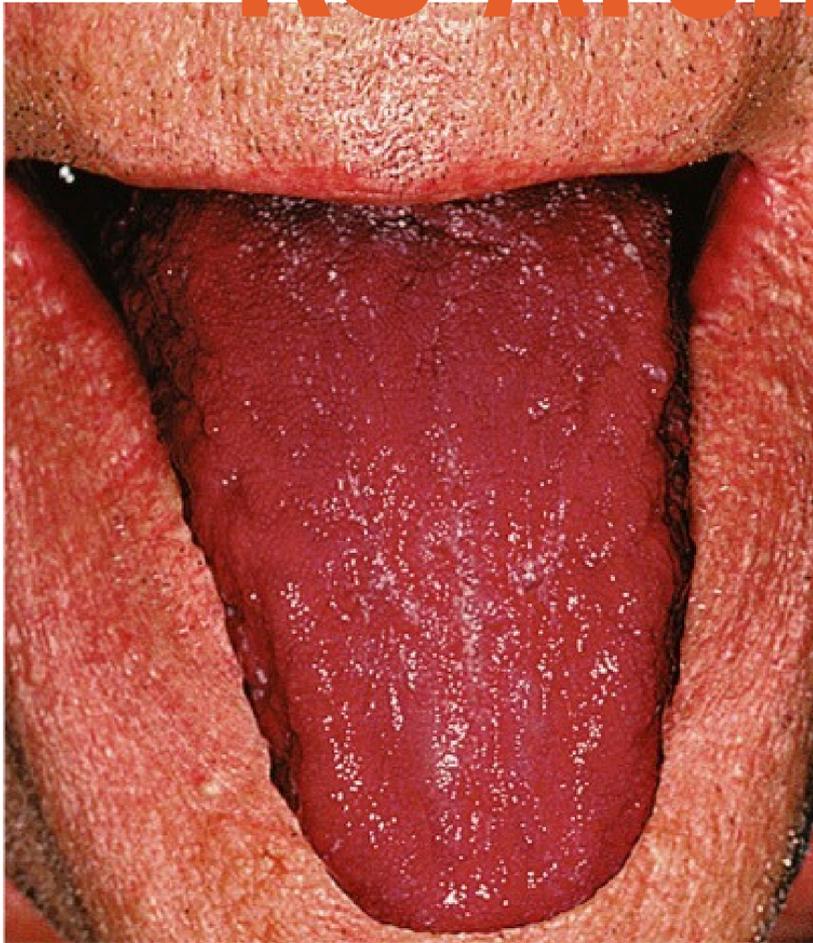


Fig. 5.15 Subcutaneous air (surgical emphysema) seen in the neck and chest wall on chest X-ray (*arrows*).

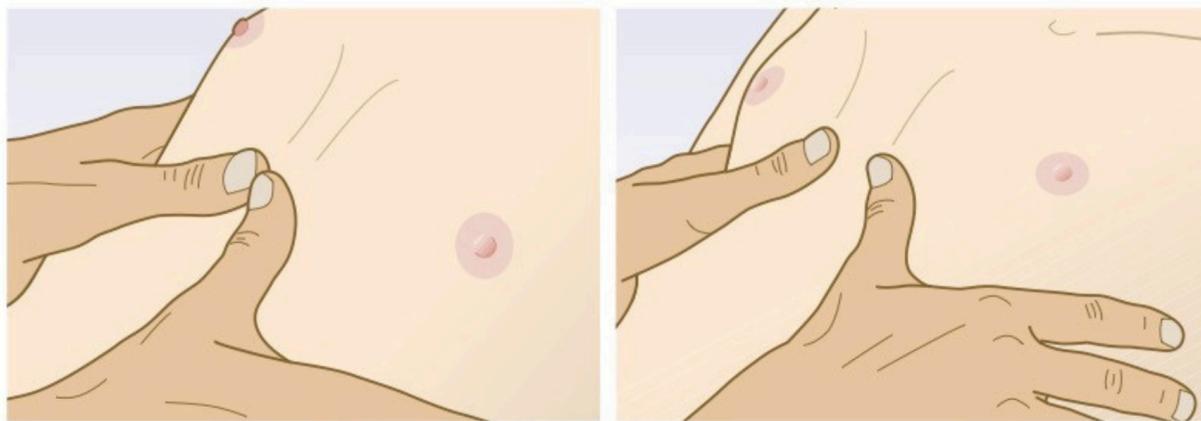


RS Archive



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 ?

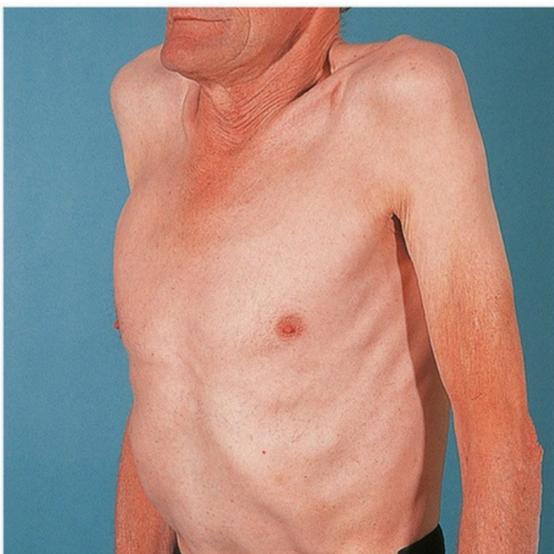
- A. Resonant percussion .
- B. Dull percussion .
- C. Hyper – resonant percussion .
- D. Normal percussion .
- E. Stony dull percussion .

Ans: E

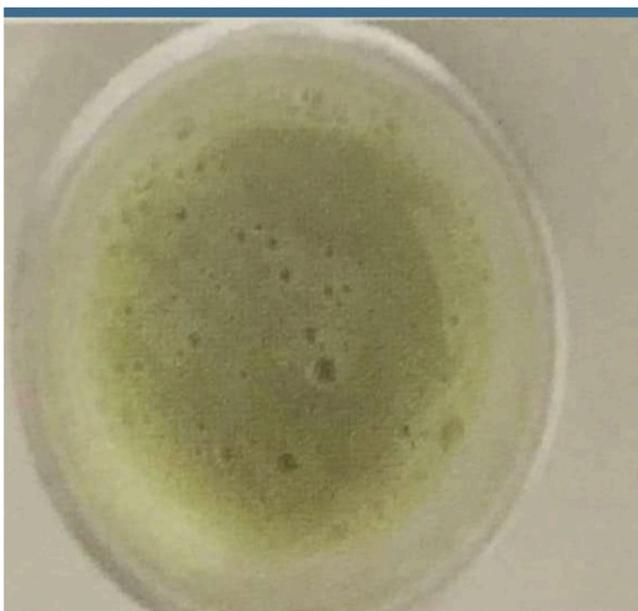
4- Kussmaul's means ?

- 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

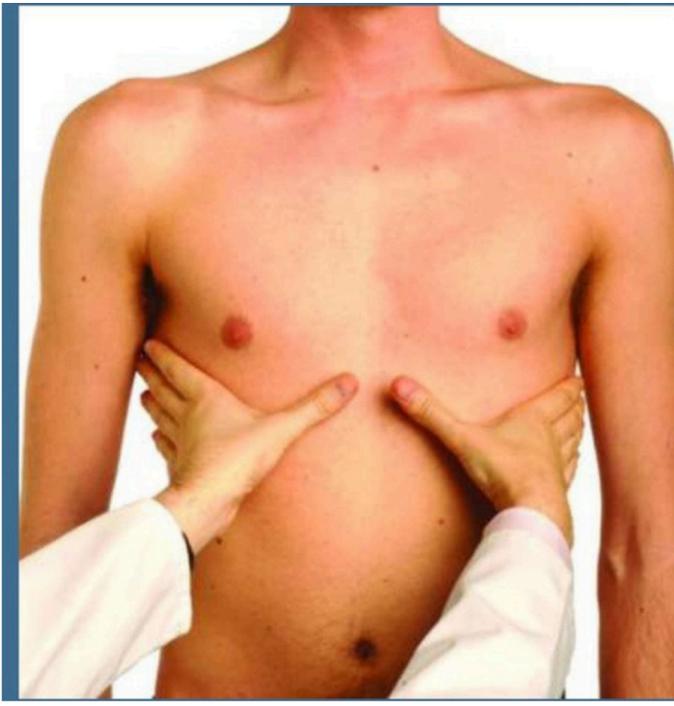


1) Hyper inflated chest with raised sternum

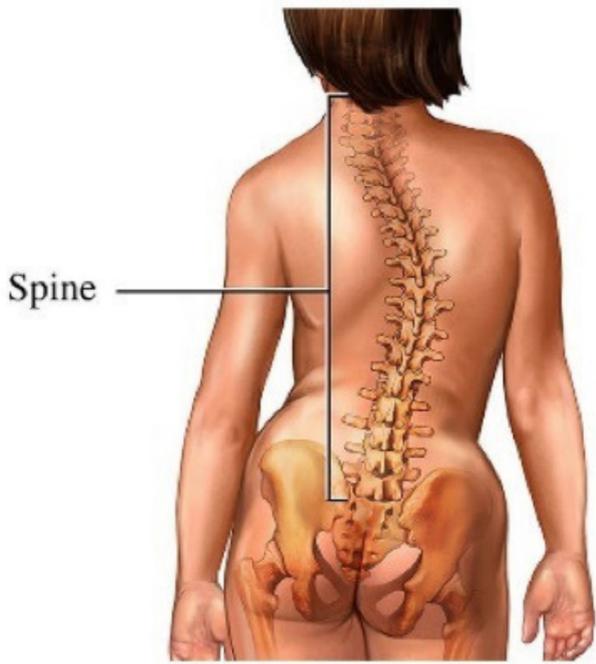


- 1) Purulent sputum
- 2) Mucopurulent sputum
- 3) Mucoïd sputum

Ans:1

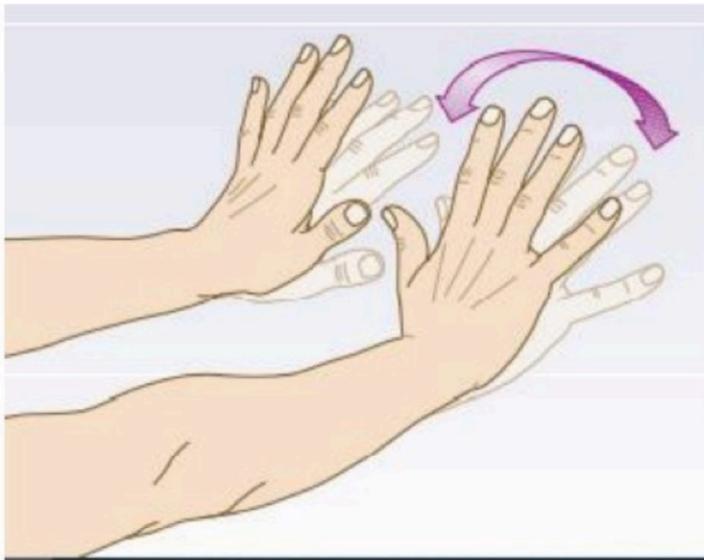


1) Chest expansion test



name :

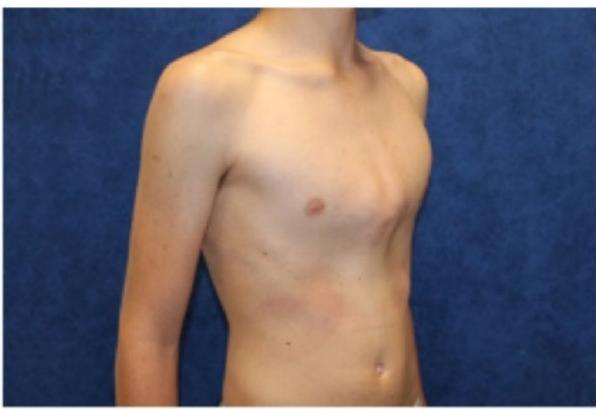
a- scoliosis



flapping tremor in all expet :

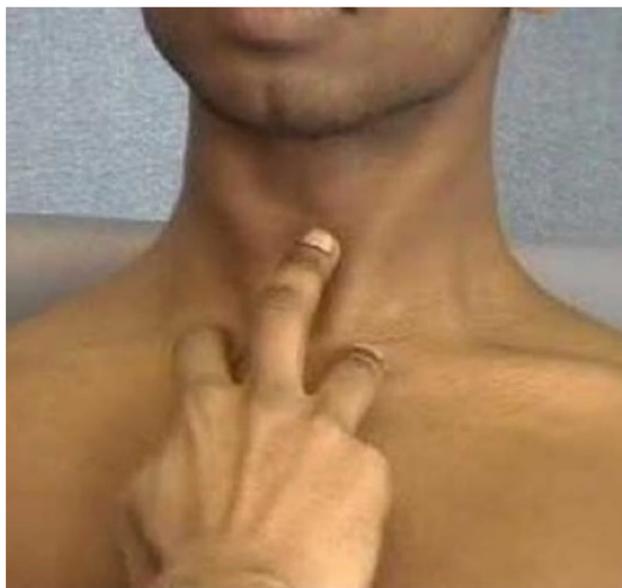
a-Hyperglycemia (CO_2 retention by cause Komsomol breathing due to acidosis by lactic acid) ***

b-Alcohol

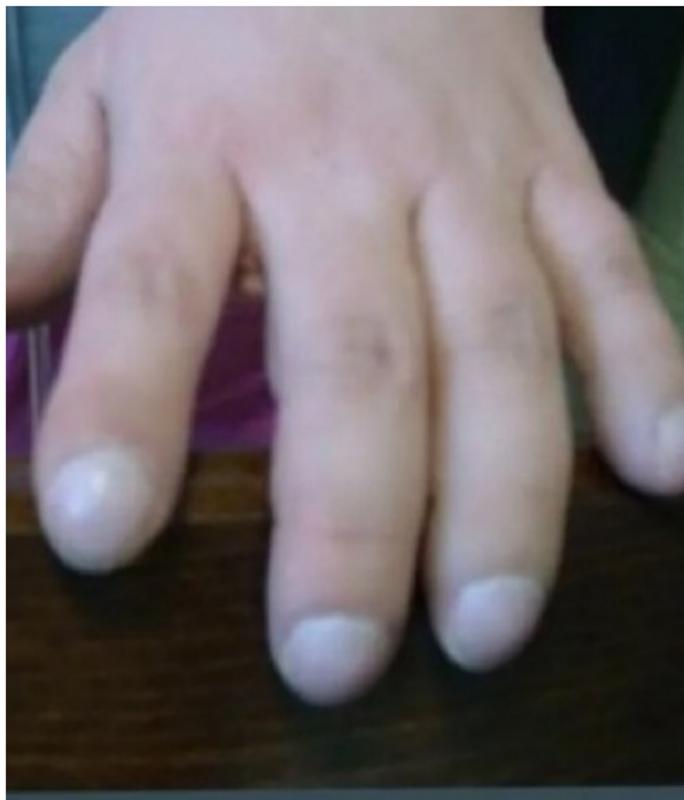


- a-Pectus carinatum
- b-Kyphoscoliosis
- c-Pectus excavatum

Ans:a



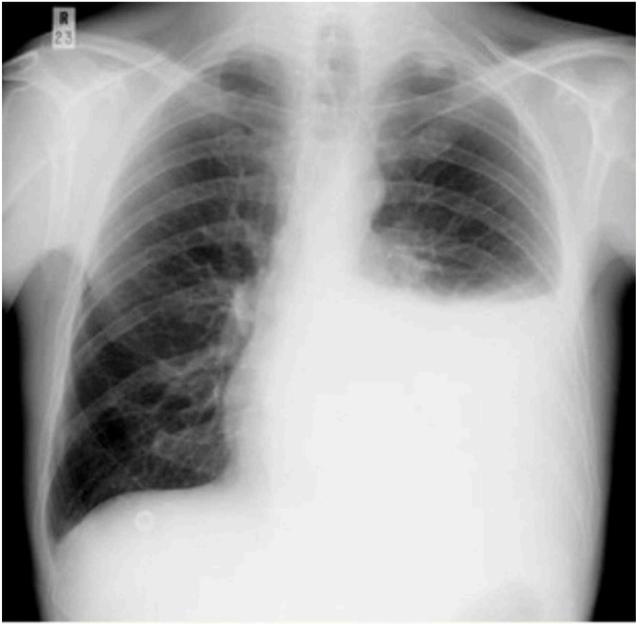
Trachal deviation



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