

Urology Mini-Osce Archive

1

❖ What is the name of this test ?

○ Transillumination test

❖ What is your diagnosis ?

○ Hydrocele



❖ What is your diagnosis ?

○ Varicocele



*Treatment of epididymitis

*Bell clapper deformity associated with

2

- 1- site of production of semen
- 2- site of action of alpha blocker
- 3- which part more liable to injury by pelvic fracture
- 4- imaging study for urethral trauma
- 5- site of production of PSA

3

Diagnosis



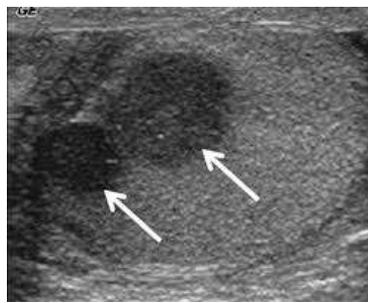
4

The most common tumor
Syndromes associated with tumours

❖ What's the gold standard management?

5

Diagnosis
Differential diagnosis
Markers



6

➤ Newly married **female** with fever, frequency, urgency, dysuria. (Note: UTIs more common in females)

❖ **What is your diagnosis ?**

○ Acute cystitis

❖ **Simple diagnostic tests to assure your diagnosis:**

○ Urine analysis, urine culture and sensitivity, CBC

7

Diagnosis
Associated congenital anomalies
Complications of surgery



8

Triametrene.... drug induced stone
Uric acid stone... acidic urine
Struvite... with urease producing organism
Cystine ... with autosomal recessive disorder
Calcium oxalate ... radiopaque stone

ارشيف مسالك المجموعة الثانية

1/Spot diagnose

-hypospadias

-hydrocele

-varicocele

2/Name instrument and give 1 diagnostic use + 2 therapeutic use

-2 way Foleys catheter

-monitor urine output + relieve urinary retention etc

3/Define

Urge incontinence

Hesitancy

Nocturia

Type 3B prostatitis

Hematuria

4/Match the following

1. Acute pyelonephritis

2. Emphysematous pyelonephritis

3. Xanthogranulomatous pyelonephritis

4. Complicated UTI

5. Emphysematous pyelonephritis

A. urolithiasis

B. Diabetes

C. Diagnosed clinically

D. Reinfection with same bacteria

E. Abnormal urinary tract anatomy

D. Normal urinary tract anatomy

5/Picture of ultrasound w hydronephrosis, x-ray with no abnormality, CT with stone; old patient normal labs except for low urine pH and haematuria (>3 RBC)

-What is abnormality on ultrasound?

-What is most probable stone? (Uric acid)

-What is the management

6/Picture of testicular tumor CT

-what is most common testicular tumor

-what are tumor markers

-2 differential diagnoses

7/Renal tumor CT

-What is most common renal tumor

-gold standard treatment

-name 3 syndromes associated with renal tumors

8/History of trauma, urethrogram showing urethral injury

-diagnose

-imaging modality used

-how do we empty the bladder of urine

-treatment

9/ Picture of bladder tumor

:Most common type

:Gold standard diagnostic tool

:Treatment

Station 1 (scrotal pathology)

Q1 Pic 1 for varicocele

Q2 Pic 2 name of the test : transillumination test

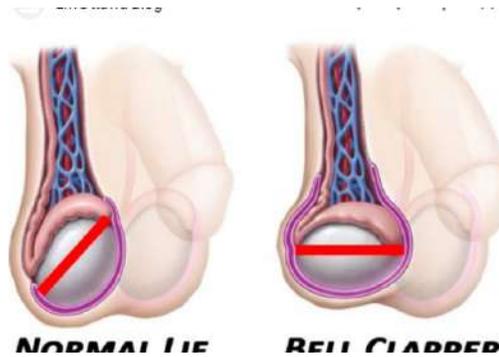
Q3 Pic 3 for testicular torsion (موفس الصورة الي)
اجت في الامتحان

Q4 bell clapper deformity associated with ?

Testicular torsion

Q5 treatment of epididymitis? 1st : fluoroquinolone

2nd: 2nd generation cephalosporin OR 1st: doxycycline, 2nd : macrolide



Station 2 (definitions)

Infertility is failure of conception after at least 12 months of unprotected intercourse

oligospermia decrease number of sperm

asthenospermia Poor sperm motility

Teratospermia abnormal sperm shape

Azoospermia no sperm in the ejaculate

Station 3 (urolithiasis)

Patient presented to the ER with flank pain , high fever , chills hypotension

Q1 (CT scan) describe pic 1

Answer = engaged right kidney (hydronephrosis)

Q2 what is the first to do ? Double j

Q3 complication of this condition:Hydronephrosis

Renal scarring
renal failure

Q4 treatment



Station 4 (neurogenic bladder)

السؤال هو شرح فسيولوجي اكتبوا كيف تأثير كل واحد منهم

Q1 Green line represent = answer is parasympathetic (او كان انه) m3 receptor is ...)

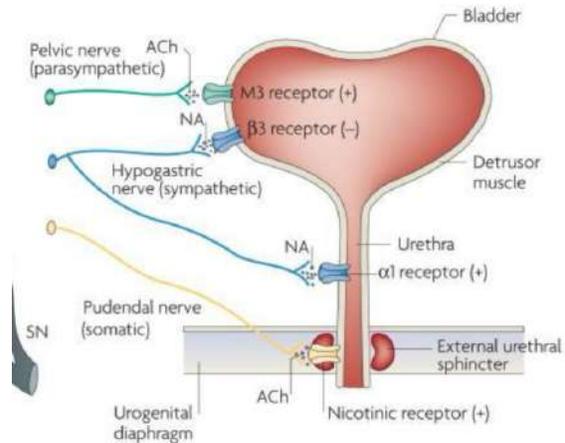
Blue line represent = answer is sympathetic

Yellow line represent = somatic

Q2 what is the effect of the parasympathetic

Q3 what is the effect of the sympathetic

Q4 what is the effect of the somatic



Station 5 (urinary tract trauma)

Q1 What is the treatment for the partial transection of the ureter and what is the diagnosis ? Primary closure / CT SCAN , IVP

Q2 What is the treatment for the blunt injury of the bladder on the posterior lateral wall (extraperitoneal) and what is the diagnosis ? Treated by conservative management (Foley's catheter for 1-3 weeks) , cystography

Q3 what part of the urethra involve in pelvic fracture ? Membranous part

Q4 what is the definition of Grade 2 renal injury ? Non-expanding perirenal hematoma, cortical laceration <1cm

deep without urinary extravasation (cortex only)

Station 6 (BPH)

Q1 this pic is ? BPH

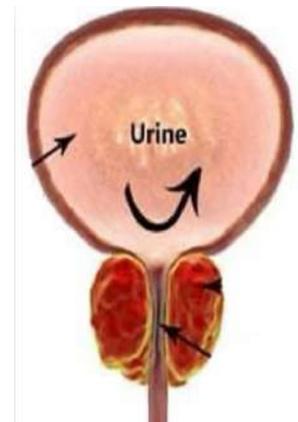
Q2 most common location ? transitional zone

Q3 mention 2 indication for open surgery ?

1. Large prostate > 60 g
2. Long urethra
3. Urethral stricture

Q4 syndrome as a complication after TURP ?

Transurethral Resection Syndrome



Q5 what type of incontinence occurs after radical prostatectomy ? urgency incontinence or stress !!!!!

Station 7 (bladder cancer)

Q1 Most common symptom ? Gross hematuria

Q2 Most common type ? Transitional cell carcinoma

Q3 Gold standard for diagnosis ? Cystoscopy

Q4 Treatment ? TURBT



Station 8 (matching)

Reinke crystals> Leydig Cell

Always secrete B-HCG> Choriocarcinoma

never secrete AFP> Seminoma

Secretes AFP and B-HCG.....> Yolk Sac

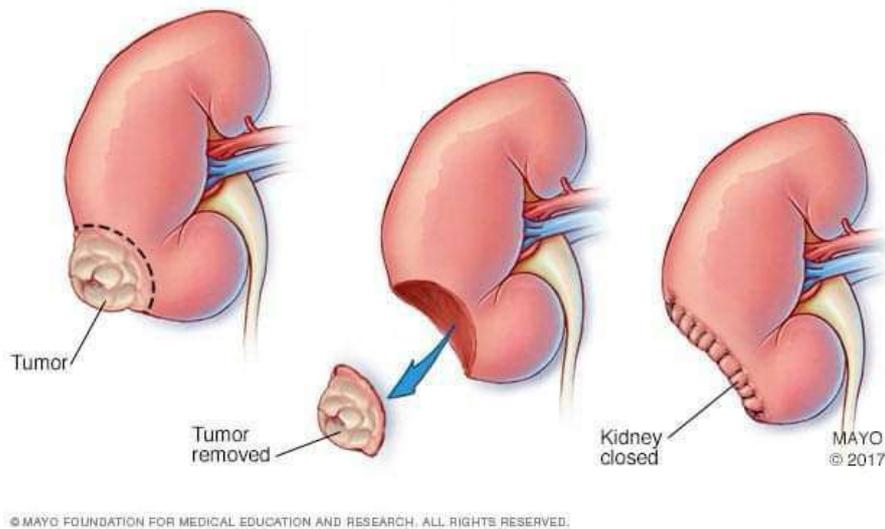
causes precocious puberty> Sertoli Cell

Mini Osce urology

Group 3

Q1

Archive urology



patient with hematuria and flank pain ,dignosis as RCC

① name the procedure
partial nephrectomy

② Mention 3 syndrome may associate with this mass

Von Hippel lindau syndrome

Tuberous sclerosis

Birt-Hogg-Dube syndrome

Hereditary leiomyomatosis and renal cancer syndrome (HLRCC)

Hereditary papillary renal cell carcinoma (HPRCC)

Q2

1) what's that ??

(JJ)stent

2) 3 indications of it related to urolithiasis

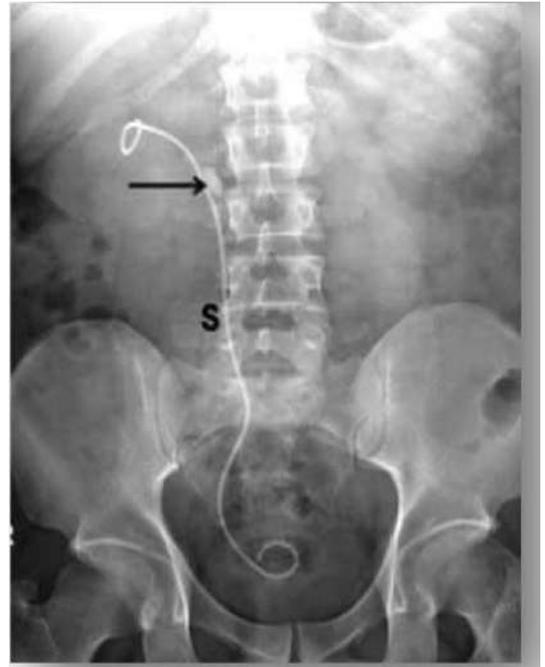
Single kidney .1

Bilateral obstruction .2

Obstructive nephropathy .3

Obstructive pyelonephritis .4

Intractable pain .5



Q3

1) ? what is your diagnosis pic(A)

Hydrocele

2) ? what is your diagnosis pic(B)

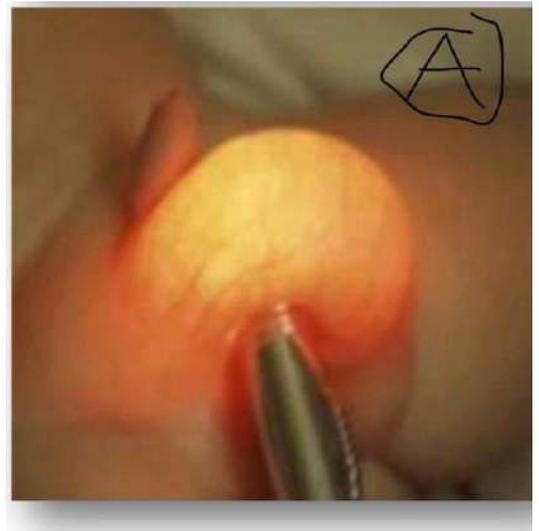
Varicocele

3) What is the name of the test in pic
?(A)

Transillumination test

4) Two associated pathologies of -
?Hypospadias

hooded foreskin and chordee and
deviation of raphe



أكثر صورة تكررت (5 مرات)

Q4



Source: John L. Probert:
Urology: An Atlas of Investigation and Diagnosis
Copyright © Evidence Based Networks Ltd.

history of Bladder ca

70y old male patient , smoker , presented to urology clinic complaining of painless intermittent gross hematuria and urinary retention on U / S : 33 cm urinary mass was found , if the mass was shown to malignant

①

Most common type ?

Transitional cell carcinoma

② gold stander diagnosis-

Cystoscopy

③ ?mangment

According to the stage

T1, T2: TURBT, transurethral •
cystodiathermy, or laser

T3: cystectomy •

T4: chemoradiotherapy •

Q5

Fever 38.5, tachycardia, loin pain and Costovertebral angle tenderness There are RBCs & 18000 WBC in

Urine analysis

① Diagnosis?

Pyelonephritis

② Management ?

1st Gluroquinolone

2nd second generation cephalosporin

3rd Aminopenicillin

For 7 to - 10 days

Q6

سؤال أكمل الفراغ

① sperm count.....39 million

② morphology.....4%

③ best modality of tertment of Erectile dysfunction in fail of medical treatment?

Penile prosthesis

④ ??treatment of psycho-social Erectile dysfunction(2)

⑤ ?most important physical sign in male infertility(2)

Q7

① treatment of epididymitits??

1st doxycycline

2nd Macrolide

For 14 days

② best imaging in prostat urethral trauma??

Urethrography

* سوالات شہورہ وعلیہا اجزاء آناتومی

Q 8

1) most of semen fluid produced in??

Seminal vesicle

2) most common part associated with urethral-injury in pelvic fracture??

Membranous urethra

3) ??site of action of a-blocker in BBH-

Bladder neck

4) ??site of production PSA-

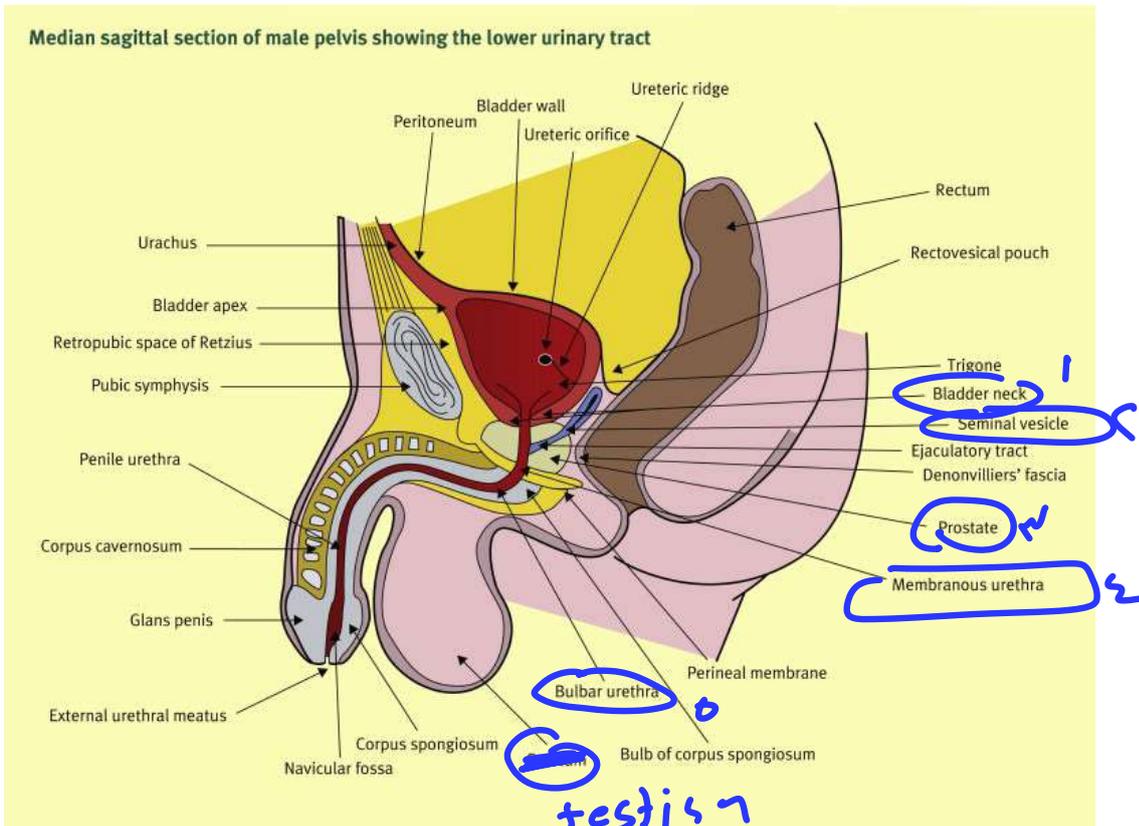
Epithelial cells of prostate

ونکیبی

کل

جزء

(رہن + اسم)



Q9



Subcoronal



Midshaft



Penoscrotal

① What is this ?
Hypospadias

② How to determine severity ?

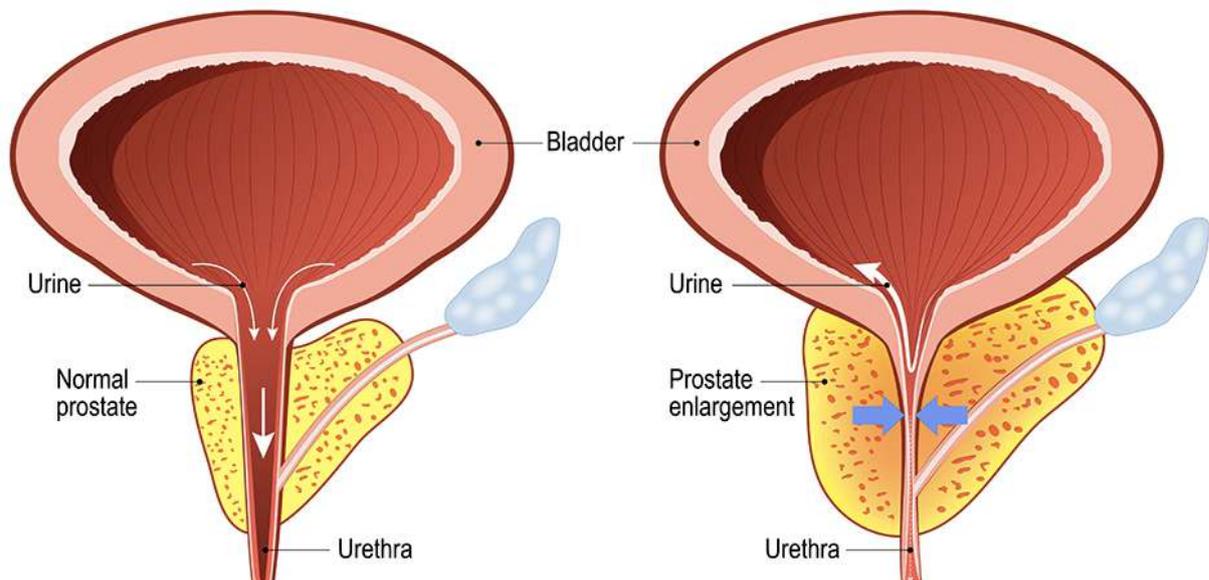
Wateen urology exam

Station 1 : fill the following black by the correct answer from the column

1. the part of the urethra that usually injured by straddle injury **bulbar urethra**
2. Imaging study of urethral trauma **urethrogram**
3. Main indicator of renal injury **hematuria**
4. **grade 2 renal injury** Injury in cortex less than 1 cm

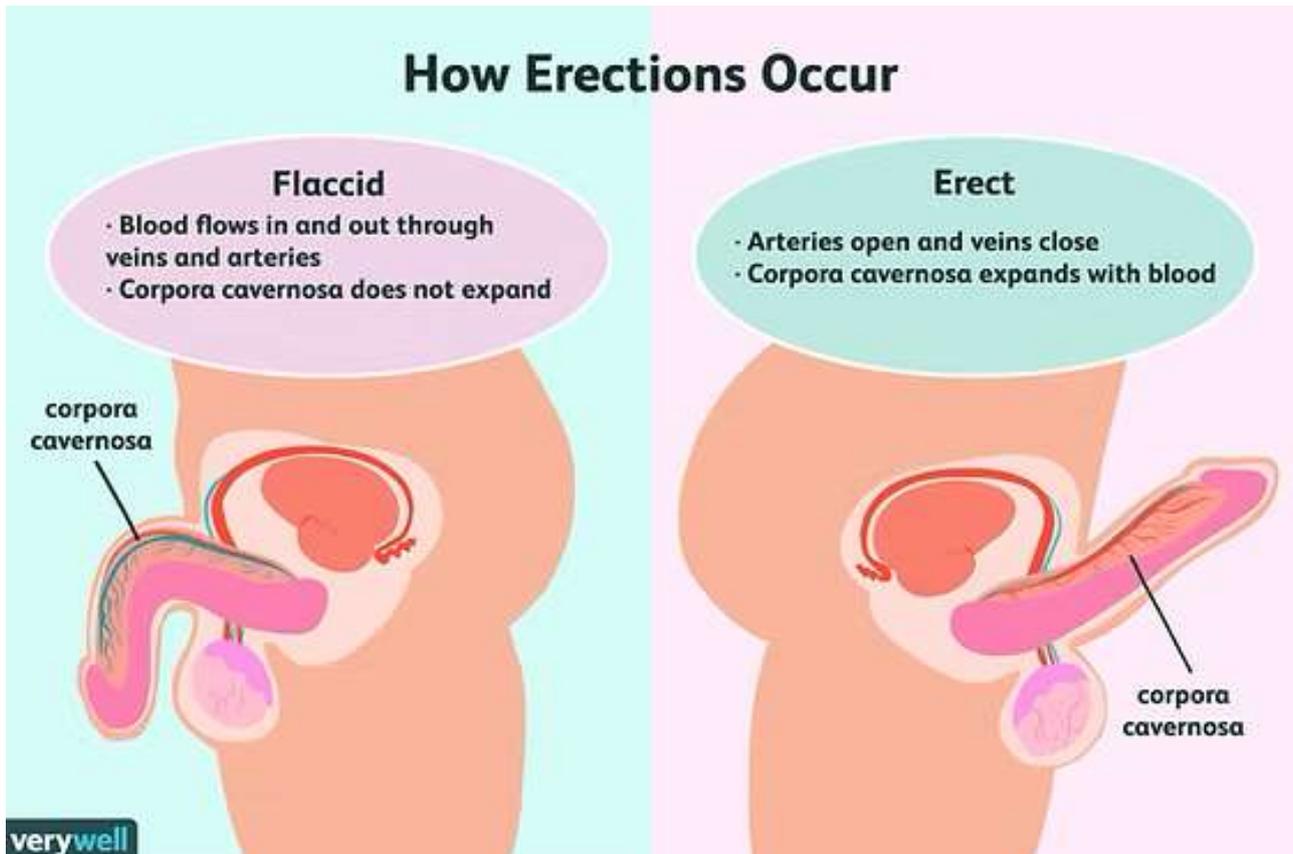
Station 2 : according to the picture answer the following questions:

BENIGN PROSTATIC HYPERPLASIA



1. what ARE the 2 mechanisms by which BPH cause urinary retention ?
2. What are the diagnostic tests for prostatic CA ?
3. Define th TUR syndrome

Station 3 : according to the picture answer the following questions:



1. mention 4 types of dry tile dysfunction
2. What are the 6 phases of erection

Station 4: 35 year old female with UTI 3 times within 6 month

1. Diagnosis : **recurrent UTI**
2. Cause :
3. Management :

Station 5: patient after 2 year of RTA and injury above level of T6 and elevated Cr :

1. Diagnosis : **neurogenic bladder:**
2. Management : **life style modification, oxybutnin**

Station 6: matching for the following topic :

السؤال كان بده توصيل كثير طويل بس هاي النقاط الي لازم تكونوا عارفينها

1. sympathetic effect on bladder
2. Parasympathetic effects on bladder
3. Cystometry Definition
4. Definition of intermittent catheter
5. Alpha blocker
6. Beta agonist
7. Autonomic dysreflexia

Station 7: 60 year old male with mass in bladder

1. Diagnosis : bladder ca
2. Risk factors : smoking , old age , male
3. What is the next step for management ?
4. Why ask for Histopathology:

Station 8: PIC of vesicouretric reflex :

1. Diagnosis :
2. Management:

Urology Archive

2/January/2025

Batool frehat

Station 1

Definitions:—

- Infertility
- Asthenospermia
- Teratospermia
- Oligospermia
- Azoospermia

Station 2

1-Cause ??

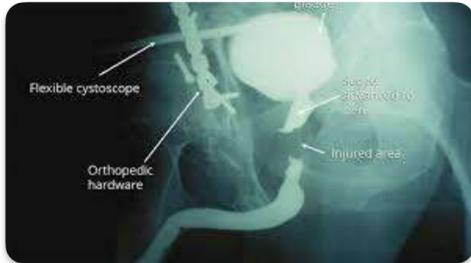
Urethral injury

2-Modality of imaging used??

Retrograde urethrogram

3-Best treatment??

End to end anastomosis *لانه الصورة كانت* complete tear of posterior urethra



Station 3

1-Type of stone?? Struvite

2-Cause ???

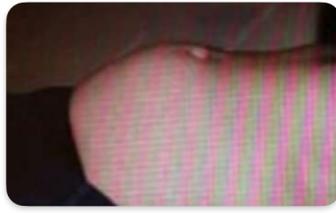
Urease producing bacteria (klebsiella. Proteus)

3-Gold standard for treatment??

Per cutaneous nephrolithotomy



Station 4



1-Three differences between acute urinary retention and this condition??

Acute urinary retention	Chronic urinary retention
Bladder capacity (400-500ml).	Bladder capacity (2-3L).
Painful.	Feeling of fullness (Painless).
Bladder is functioning.	Bladder atony (Neurogenic bladder).
No Reflux.	Renal impairment , Hydronephrosis & Reflux.

2-Type of incontinence seen in this condition???

3-Give 4 indication for surgery in BPH???

- ⚡ Mention 4 indication of surgery in BPH
1. Failure of medical treatment
 2. Recurrent UTI
 3. Refractory urinary retention
 4. Recurrent gross hematuria
 5. Bladder stones
 6. Large bladder diverticula
 7. Hydronephrosis
 8. Renal insufficiency

Station 5

1-Infertility is failure to conceive conception after one year of unprotected intercourse involve _____and_____???

2-Best treatment if failed medical treatment???

Penile prosthesis

3-Give 2 causes need surgery???

4-Give a vascular cause for erectile dysfunction??

Hypertension!!!

Station 6

1-Patient with painless hemiscrotal swelling for one year nearly ???

2-Give 4 differential diagnosis ??

3-Give 2 causes??

في كمان سؤال نسيته

Station 7

Matching not completed as case scenario

- 1-acute pyelonephritis
- 2-Acute cystitis
- 3-Acute cystitis with suspect upper tract involvement
- 4-Emphysematous pyelonephritis
- 5-Nitrofurantoin
- 6-Vesicouretric reflex
- 7-Need urine culture to detect pathogen and adjust treatment
- 8-Urodynamic evaluation and bladder surgery
- 9-do suprapubic cath
- 10-

A-diabetic patient

B-patient with leukocyte esterase positive

C-25yrs old female with frequency and urgency wbc and nitrite positive

D- patient with urinary symptoms and bladder prolapse

E-non toilet trained child

F- flank pain fever costovertebral angle tenderness

E-2years child with recurrent UTI and hydronephrosis

F-fluoroquinolone resistant

Station 8 (matching)

Reinke crystals> Leydig Cell

Always secrete B-HCG> Choriocarcinoma

never secrete AFP> Seminoma

Secretes AFP and B-HCG.....> Yolk Sac

causes precocious puberty> Sertoli Cell



MC testicular tumor inclidion

Archive

-) This photo showing suprapubic fullness for 70 years old male patient attend urology clinic complaining of inability to pass urine with episodes of urinary incontinence since more than 2 weeks

a) what is the type of incontinence, what is the type of retention

b) mention 2 drugs management and the site of action

-) patient with BPH

a) indication for TURB

b) two complications specific for TURB

c) two secondary causes for UVR

-) four types of catheters, and indication for these catheters (matching)

-) renal tumor

a) indications for partial nephrectomy

b) definition of radical nephrectomy

c) T stage (adrenal gland invasion)

-) adult patient with testicular torsion, mention 5 symptoms from history

-) 30 years old male patient present with painless scrotal swelling

a) What is the most common testicular tumor in his age?

b) mention serum marker which is normal in this cancer

-) Patient present with azoospermia

a) how to differentiate between obstruction and non-obstruction type

b)?

-)

a) investigation for urethral injury _____

b) contraindication for prostatitis _____

c) extravasation in renal injury is grade _____

d) management for patient with prostatic cancer and his life expectancy < 5 years is _____

e) penetrating injury in bladder needs _____

key word (massage, stage 2, retrograde urethrogram, stage 4, CT, watchful waiting, open and repair)

case of azoospermia (- 1

بده ال type

Diagnosis plan

Advice to get pregnant

A) pic of posterior urethral valve -2

Spot diagnose and mx

B) pic of grade 4 VUR

: bladder cancer (3

A) type of hematuria

B) stage if tumoir invades the perivesical microscopically : T3a

? renal cancer (4

A) Best tx

B) define t3a

(ureteric stone (distally (5

A) finding in image

B) complication

C) initial managment

pyelonephritis case with DM (6

A) diagnose

B) most common organism

C) managment

retention pic (7

distended abdomen كان عنده

السؤال كله ارشيف

A) type of retention and incontince

- B) 2 medical tx and site of action
- C) indication for open surgery
- D) 2 specific complication of TURP

(8) سؤال توصيل ارشيف