الهام رقيبات

DVT : examination
Investication
Complication :pE
RF of DVT
Rt side HF examination: pitting oedema & jVP
& auscaltation heart
Sickle cell animia hepatomegaly and jundice treatment :
supportive such as o2 , analgisic, IV fluid & blood transfusion
Thyroid ex : 2nd inv is RAIT &why
Pic :
ECG >irrigular irrigular (AF)

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Gharam S. Alkhalaileh

سالي إبراهيم

Sickle cell anemia *2
Leg Swelling
Thyroid
Hepatomegaly

Slides and written

Diagnosis, emergency treatment, examination, history

السلايدات كانو

Ecg.. AF rythm

Rhomatology hand pic.. Include MCP swelling, dilated vein, musle wasting...

Which drug does not cause hyperkalemia.. Thiazid

Megaloblstic anemia blood film

هذول اليوم الثاني

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Gharam S. Alkhalaileh

بس ك اسئله كان يعتمد شو كنتي تعطي differential diagnosis غالبا و بكمل معك

و الدكاتره بوجهوكم للي بدهم اياه

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Rama Alawamleh

سالي إبراهيم

1)DVT : risk factors, treatment, differential diagnosis of unilateral or bilateral lower limb edema
2) sickle cell anemia: conjunctival jaundice, creases pallor,/ investigation & the most important reasone for sickle crisis is dehydration
3) rt iliac fossa mass : kidney transplant
4) tenderness in rt iliac fossa : polycystic kidney
5) COPD: inspiratory & expiratiry wheeze
6) two pic of ecg:
-inf MI
- hyperkalemia

1

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Rama Alawamleh

سالي إبراهيم امتحان الباطني كان بعتمد ع الحالات المتوفرة
وكانت الاسئلة تكون بس عن الcase

1

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سالي ابو رمان Author

Station 1 :
ECG : inf. MI
CXR : left pleural effusion and tracheal deviation to the right
Blood film : megaloblastic anemia - hypersegmented neutrophil.

Station 2 : Jamal
Pericardium auscultation , rough systolic murmur on the aortic area , “aortic stenosis” .
JVP - not elevated
Candesartan - what’s this drug?
ARB .
Cardiac output in aortic stenosis?

Station 3 : Bassam
Examine abdomen , right iliac mass Differentials -kidney transplant
Differentials for splenomegaly ?

Station 4 : bandar
Auscultate pericardium too 🧕
I’m not sure what’s the finding but I noticed normal S1 S1 and it was loud ..
- hypertension stages according to JNC
- Causes of secondary HTN “ thyrotoxicosis, cushing, pheochromocytoma, etc...”

Station 5 : hassan
Examine abdomen- enlarged right kidney .
What’s the differentials ?
One of them is PKD , what can it cause to brain and why ?
Hemorrhagic stroke..

Station 6 : ghassan
RS history - COPD
Examine - pectus excavatum + other findings “cyanosis ...”

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