

Case 1

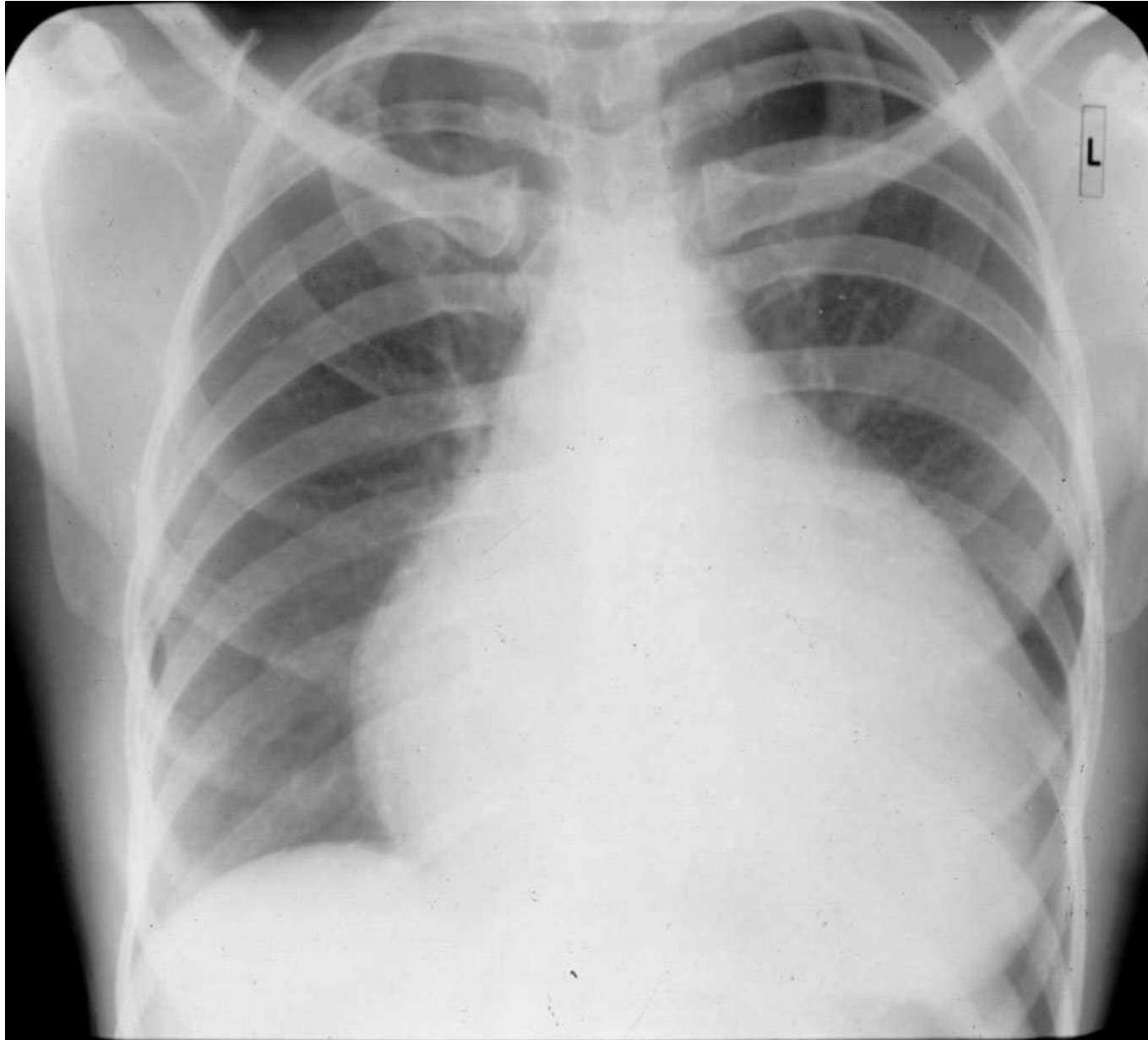
- M/45 attended ED because of shortness of breath. He was known to have bronchogenic carcinoma on conservative treatment.
- On triage, vital signs: BP/P 110/80 110/min, RR 28/min, SPO2 90% on RA.
- He was afebrile, alert and able to speak in full sentence.



Q1. What is the cause of patient's dyspneic symptom? (0.5 mark)

Q2. What procedure can be done in order to relieve his symptom? (0.5 mark)

CXR after the procedure:



- Subsequently, the patient's symptoms persisted and became more dyspneic with borderline low blood pressure.
- Q.3. Give 2 causes with this CXR shown.
(1/2 mark each)

Bedside ultrasound was performed
2 images were captured with a single view
shown below :



Q4. Name the view of these 2 images. (0.5 mark)

Q5. Give 2 ultrasound diagnoses shown in these 2 images. (1 mark)

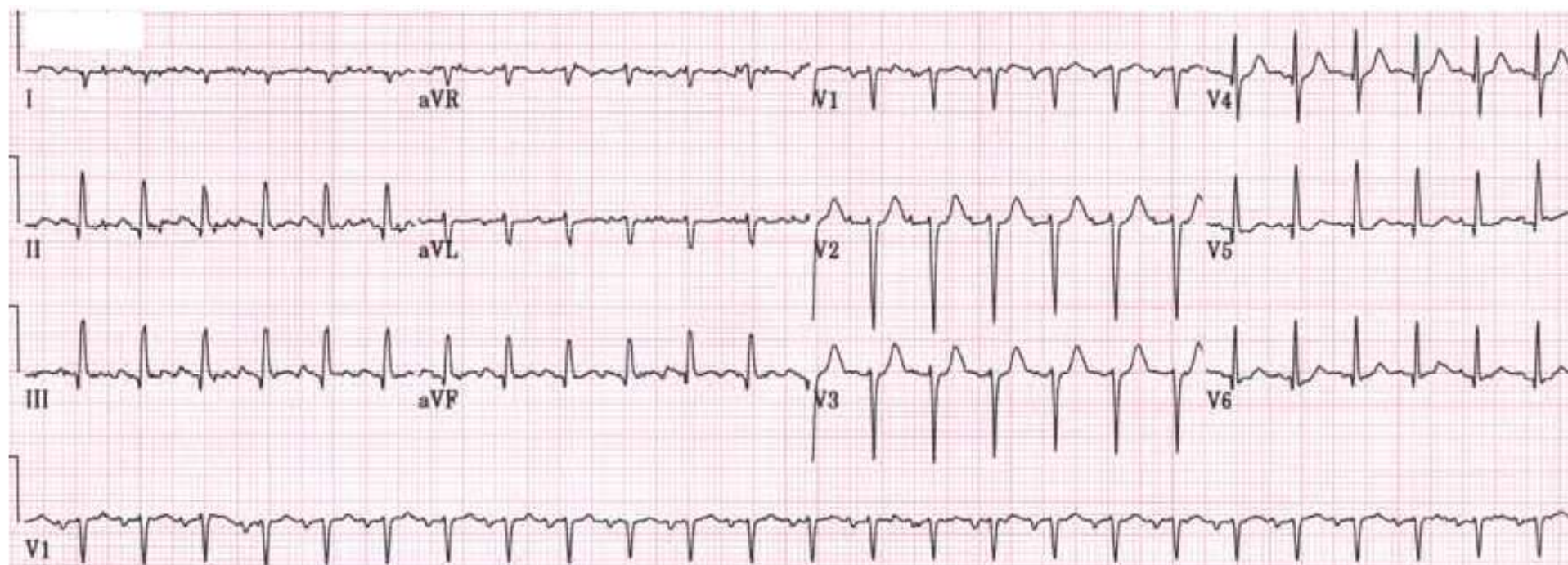
Q6. Name the structure marked with *. (0.5 mark)

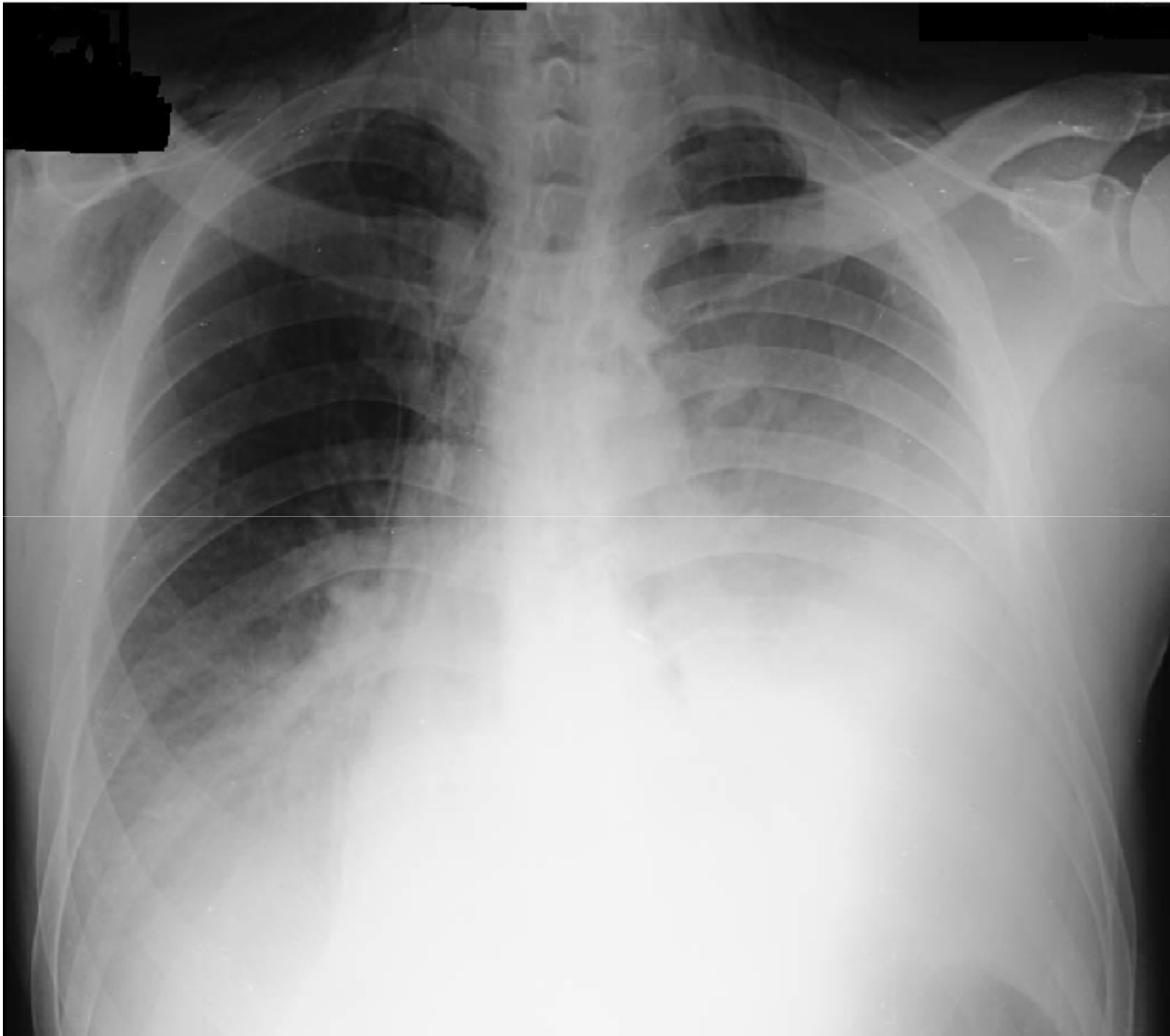
Q7. If only 1 of these 2 abnormalities exists, how to differentiate one from the other? (1 mark)

Case 2

- M/40 presented with sudden onset severe central chest pain radiating to the back, and shortness of breath.
- He had taken a few cans of beer the night before the presentation with repeated vomiting afterwards.
- He was feverish, diaphoresis, BP 85/45 and pulse 110/min..

ECG





Q1. Comment on the ECG. (0.5 mark)

Q2. Name three abnormalities from his CXR. (1.5 marks)

Q3. What is the most likely diagnosis? (1 mark)

Q4. Name two radiological investigations that can help you to confirm the diagnosis. (1 mark)

Q5. State 3 important therapies (1.5 marks)

Case 3

- F/76 slipped and fell with a forehead contusion. She was alert with no headache and neck pain
- She complained of four limbs weakness with upper limbs more severely affected.
- Her CT brain finding was unremarkable.

Cervical spine X-ray



CT cervical spine



Q.1. What is the abnormal X-ray finding? (1 mark)

Q.2. What are the abnormal CT findings?
(1.5 marks)

Q.3. What is the most likely diagnosis? (1 mark)

Q.4. What is the underlying pathophysiology?
(1 mark)

Q.4. What medication may be considered in the
early stage of presentation? (0.5 mark)

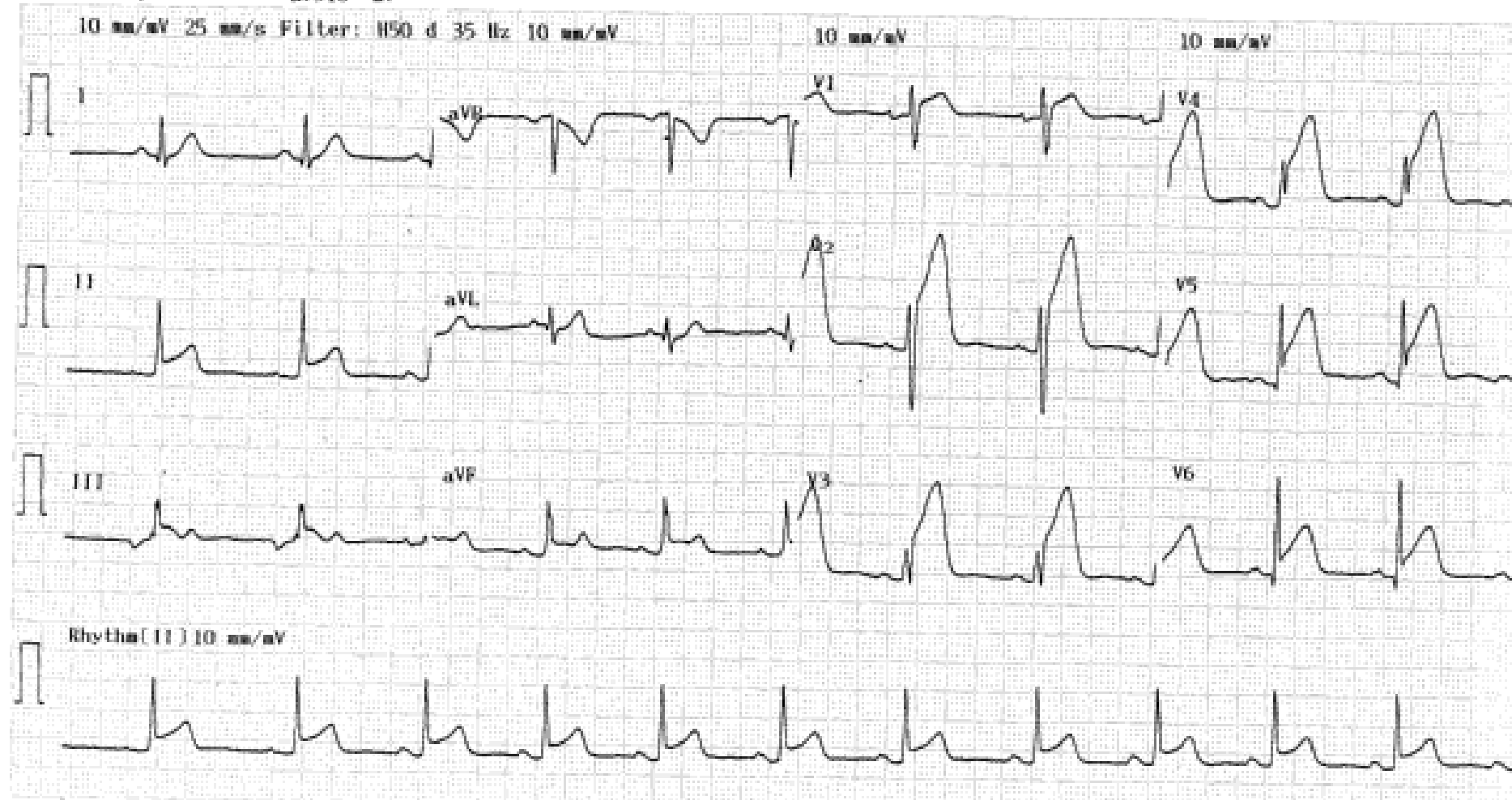
Case 4

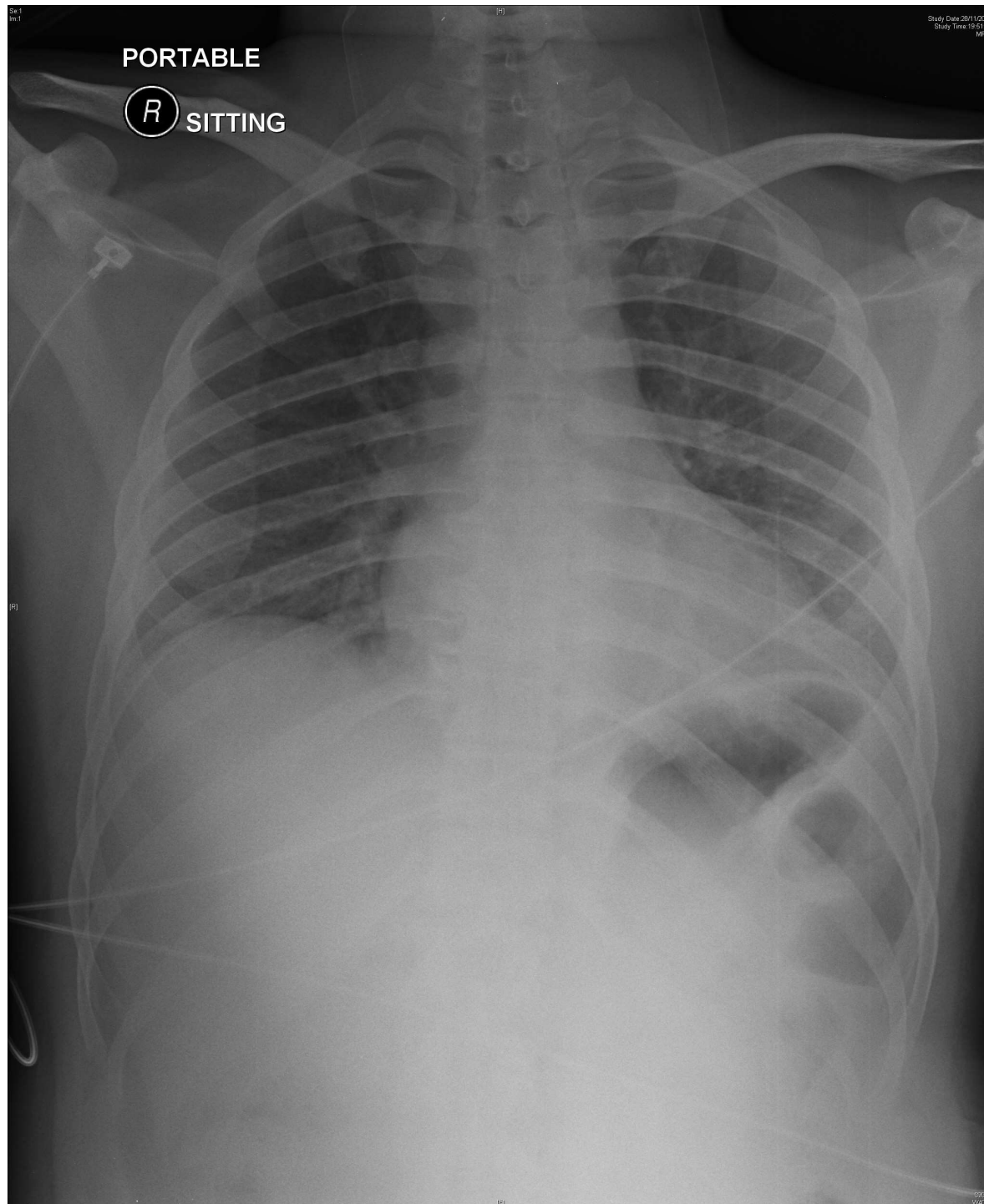
- M/32, chronic smoker, presented with sudden onset of retrosternal pain radiated to left shoulder while jogging
- His vital signs were: BP 140/90, pulse 70/min., Temperature 36.6°C, SpO2 96% on RA
- Physical examination was unremarkable

Sex: Birth Date: Years
cm kg mmHg
Medication:
Symptoms:
History:

ECG

Vent rate 70 bpm
PR int 166 ms
QRS dur 96 ms
QT/QTc int 366/ 387 ms
P/QRS/T axis 24/ 63/ 39 °
RV5/SV1 amp 1.565/ 0.745 mV
RV5+SV1 amp 2.310 mV





Q1. What is the abnormal ECG finding? (1 mark)

Q2. What is the abnormal CXR finding? (1 mark)

Q3. Name two possible ECG diagnoses. ECG finding. (1 mark)

Q4. What bedside investigation can help to differentiate the two DDx? (0.5 mark)

Q5. If the patient is suffered from acute myocardial infarction, which is the culprit coronary artery? (1 mark) Does it carry a poor prognosis? (0.5 mark)