

CASE 1

- 9 month-old boy
- History of fell from bed and landed on floor 2 months ago
- Crying initially, otherwise well
- Except noticed persistent indentation above right ear

(R)

SUPINE



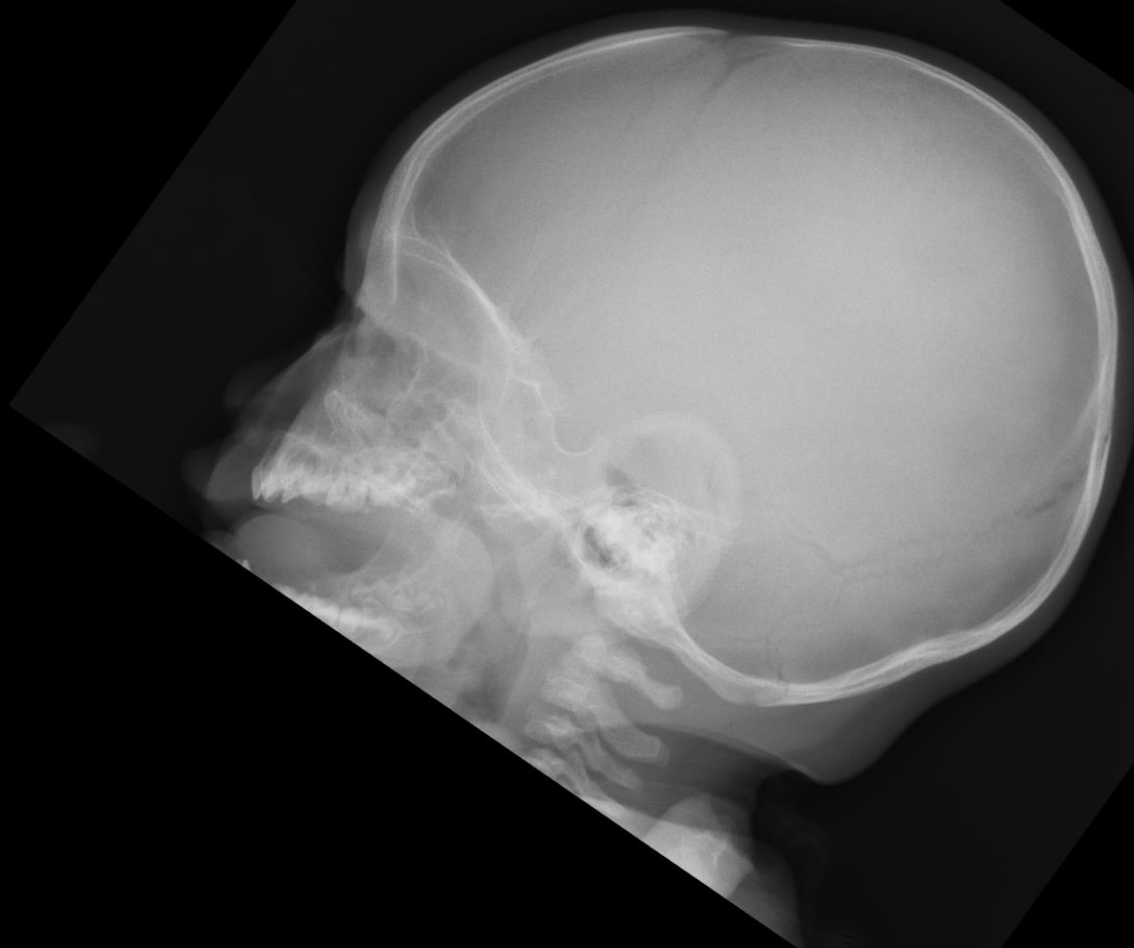
(R)

SUPINE



(R)

SUPINE



CASE 1

1. What is the X-ray finding?
2. What will be your concern?

CASE 2

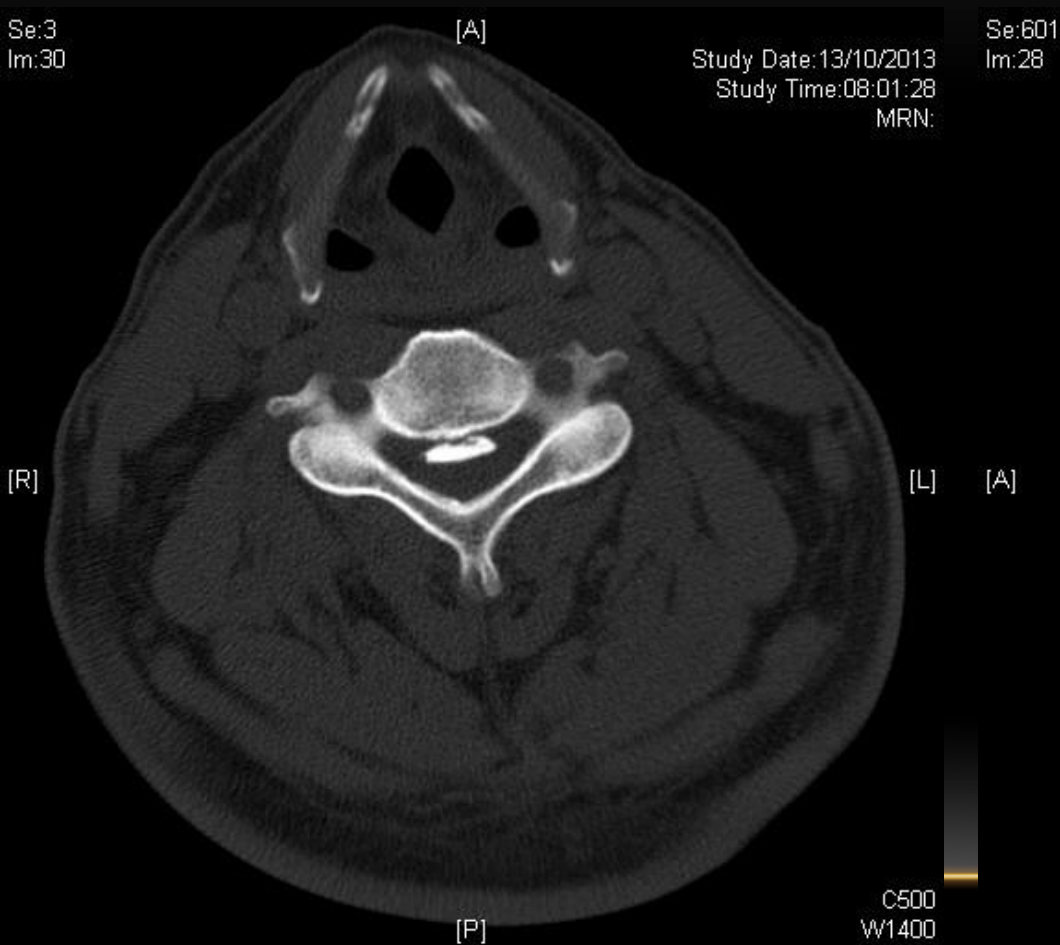
- 50/M
- Drank and fell with forehead contusion
- GCS 11 E3V3M5 with no lateralizing neurological sign
- BP 120/80, P 90/min.

CASE 4 (X-RAY)

⑦
CROSS-TABLE



CASE 2



CASE 2

1. What are the X-ray findings? Can you 'clear' the patient's cervical spine?

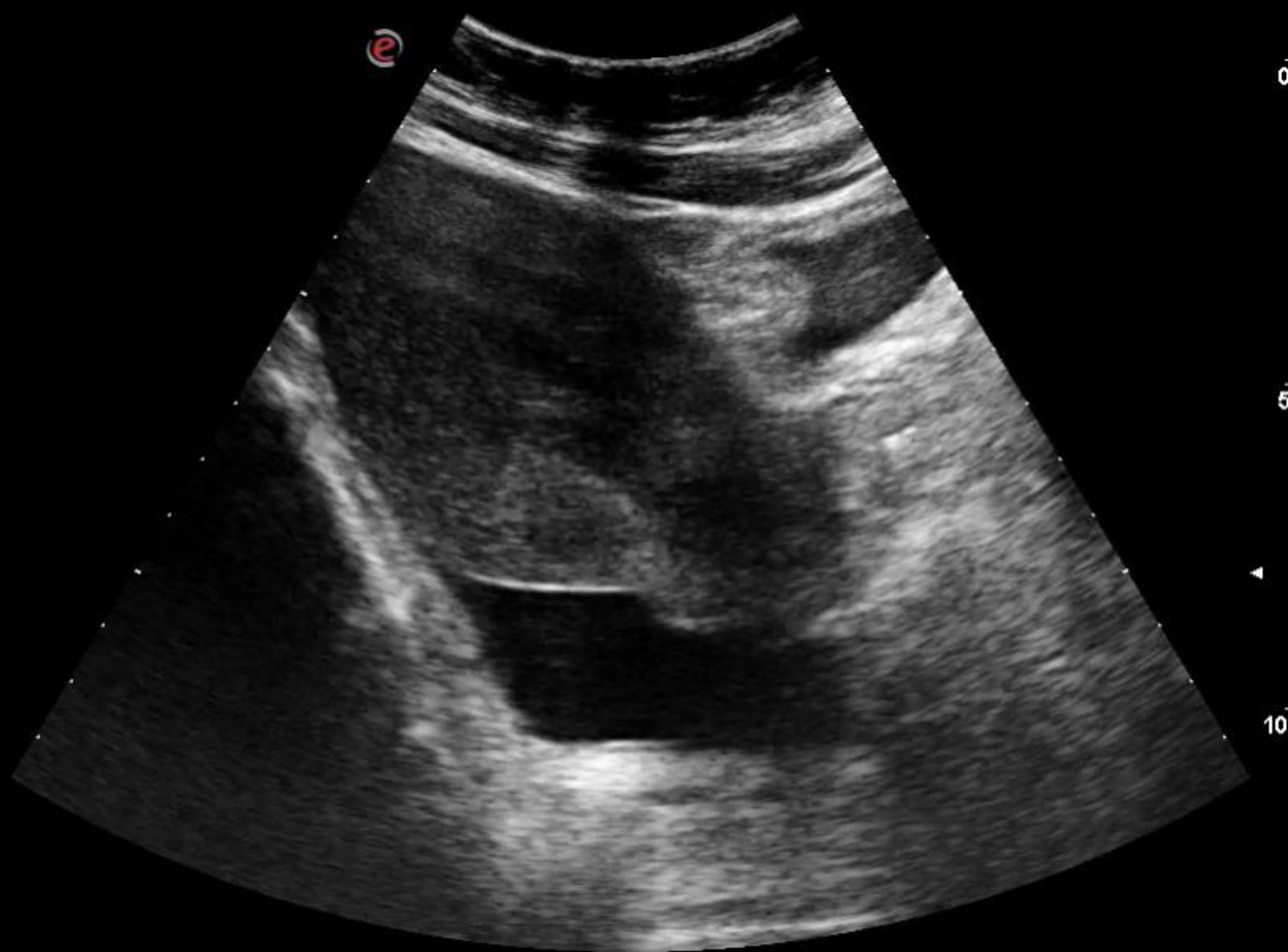
Later, the patient complained of four limbs weakness, particularly the upper limbs. CT cervical spine was done.

1. What is the abnormal CT findings?
2. What is the diagnosis?

CASE 3

- A 36 year old lady presented to emergency department with acute onset right sided abdominal pain





[R]

[L]

[P]

120, 350 2ml/s

C60
W360



CASE 3

1. What are the X-ray findings?
 2. State 1 pathologic ultrasonographic finding.
 3. State the pathologies shown in the CT pelvic.
 4. What is the likely diagnosis?
-

CASE 4

- 85/M
- Exertional SOB and ankles edema for few days
- BP 180/80, p 40/min.
- SpO2 96%, RR 20/min.
- O2, iv cap, cardiac monitor given

Nov-1-2012 10:50 AM

ID: _____
 Name: _____
 Sex: Male Birth Date: _____
 cm kg mmHg
 Medication: _____
 Symptoms: _____
 History: _____

Years

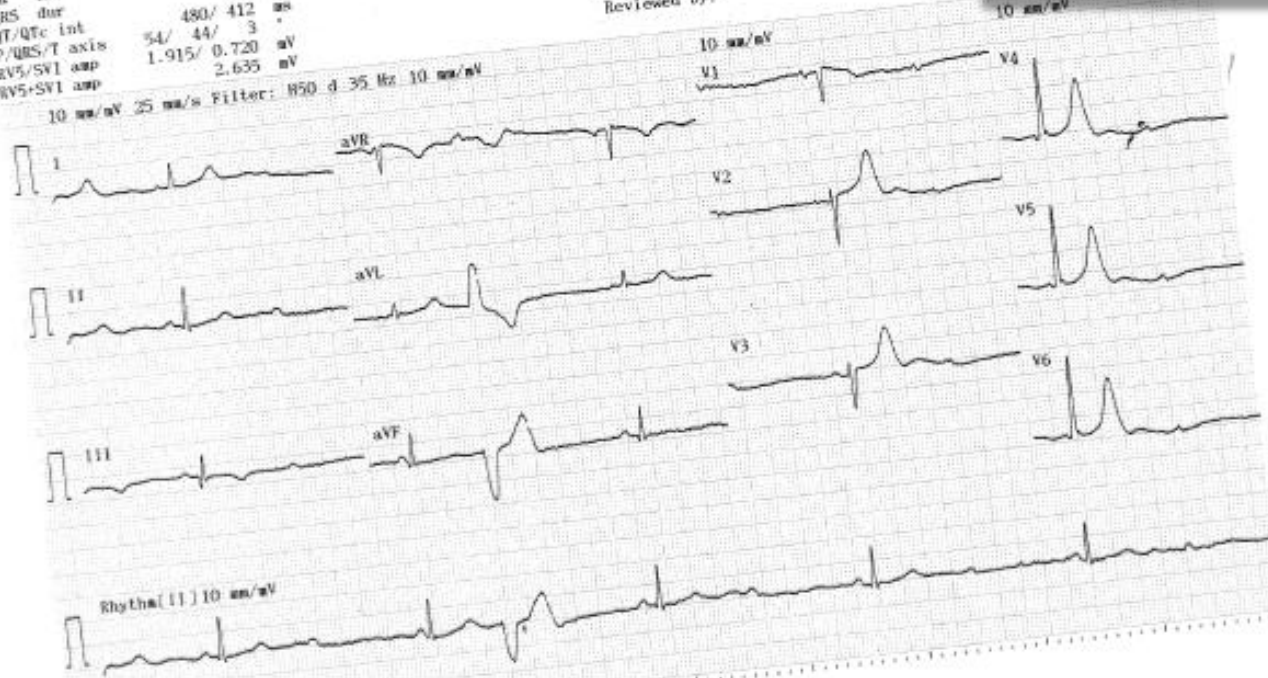
1130 Sinus bradycardia
 1570 with occasional ventricular premature complexes
 40302 ST elevation, probably early repolarization
 4050 Tall T waves, possible hyperkalemia
 9150 ** abnormal ECG **

(A&E)

Unconfirmed Report
 Reviewed by: _____

Vent rate 40 bpm
 PR int 160 ms
 QRS dur 84 ms
 QT/QTc int 480/ 412 ms
 P/QRS/T axis 54/ 44/ 3
 RV5/SV1 amp 1.915/ 0.720 mV
 RV5+SV1 amp 2.635 mV

10 mm/mV 25 mm/s Filter: H50 d 35 Hz 10 mm/mV



Rhythm (11) 10 mm/mV

Exam:

1390K 05-03 03-05 Dept.:

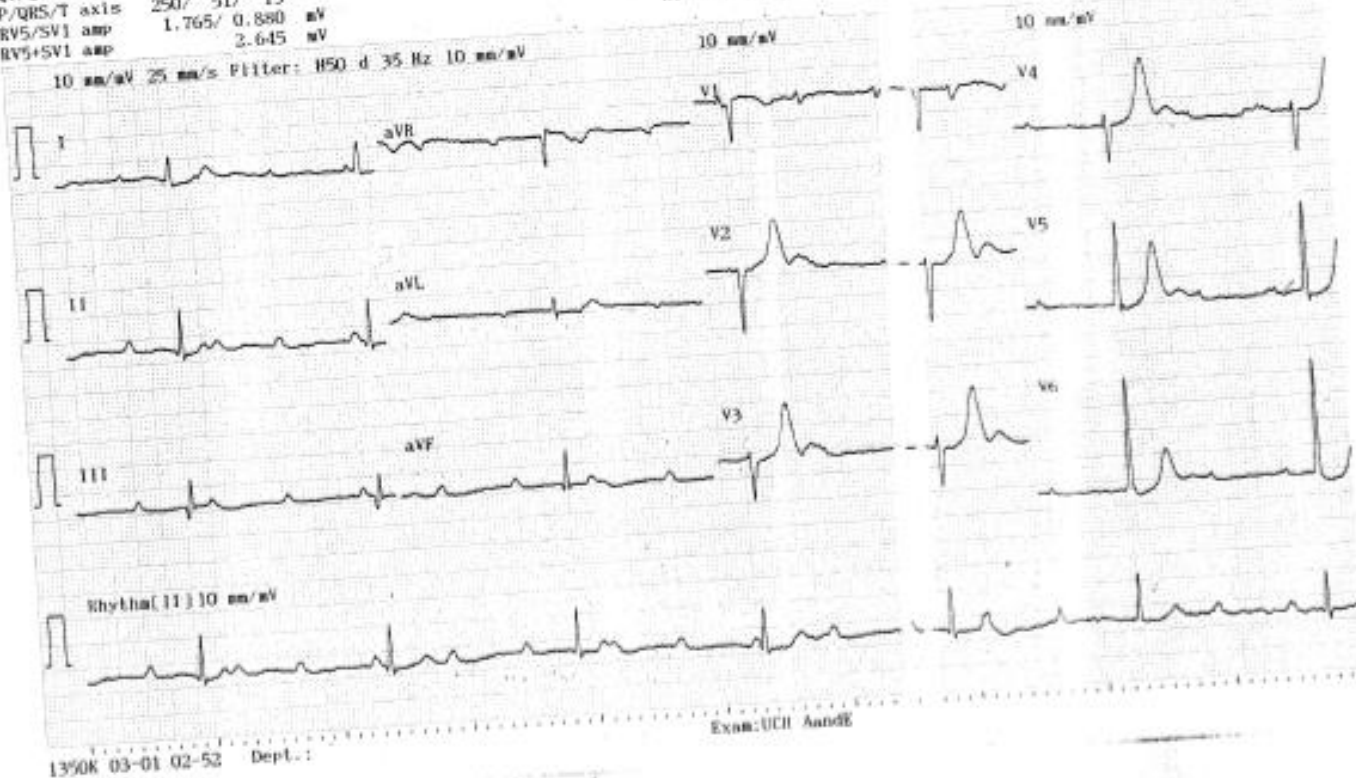


Name: Birth Date: Years
 Sex: kg m/m
 Medication:
 Symptoms:
 History:

Vent rate 40 bpm
 PR int 344 ms
 QRS dur 78 ms
 QT/QTc int 424/ 357 ms
 P/QRS/T axis 250/ 51/ 15
 RV5/SV1 amp 1.765/ 0.880 mV
 RV5+SV1 amp 3.645 mV

1300 Atrial rhythm
 2231 First degree AV block
 4012 Moderate ST depression
 4050 Tall T waves, possible hyperkalemia
 8305 Short QTc interval
 9150 ** abnormal ECG **

Unconfirmed Report
 Reviewed by:



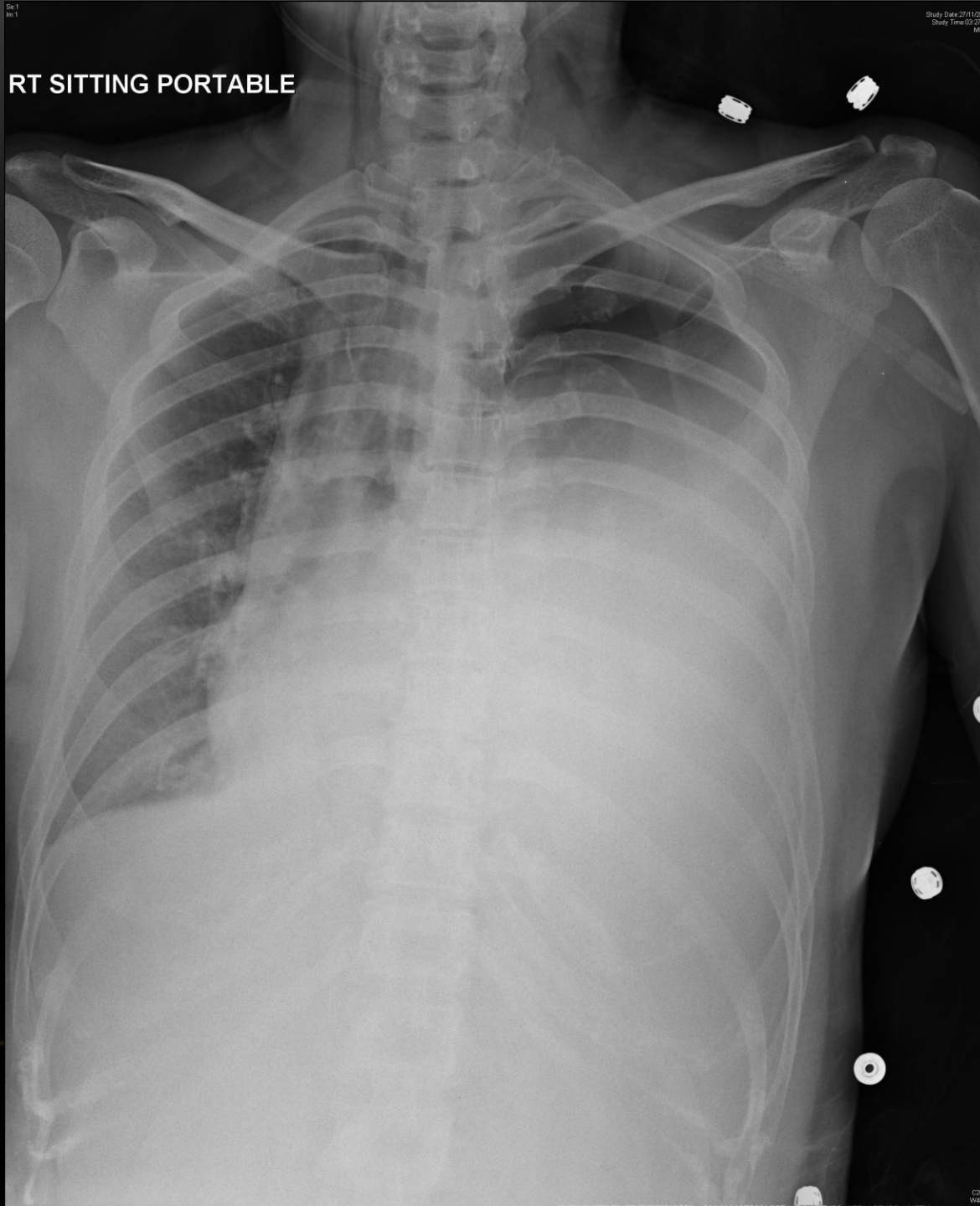
CASE 4

1. What are the ECG findings?
2. What is your management?

CASE 5

- 45/F
- Good past health
- Presented with vomit and left back pain
- BP 100/61, p 92/min, afebrile

RT SITTING PORTABLE



CASE 5

- What are the CXR abnormalities?
- What is your provisional diagnosis?
- What is the investigation to confirm the diagnosis and plan for further management?

CASE 6

- 47/M
- COPD
- Cough and increased SOB for 1 day
- Chest pain and neck swelling
- BP 136/77, p 91/min., afebrile
- SpO2 98% on room air, respiratory rate 22/min.

INSPIRATION



SITTING



CASE 6

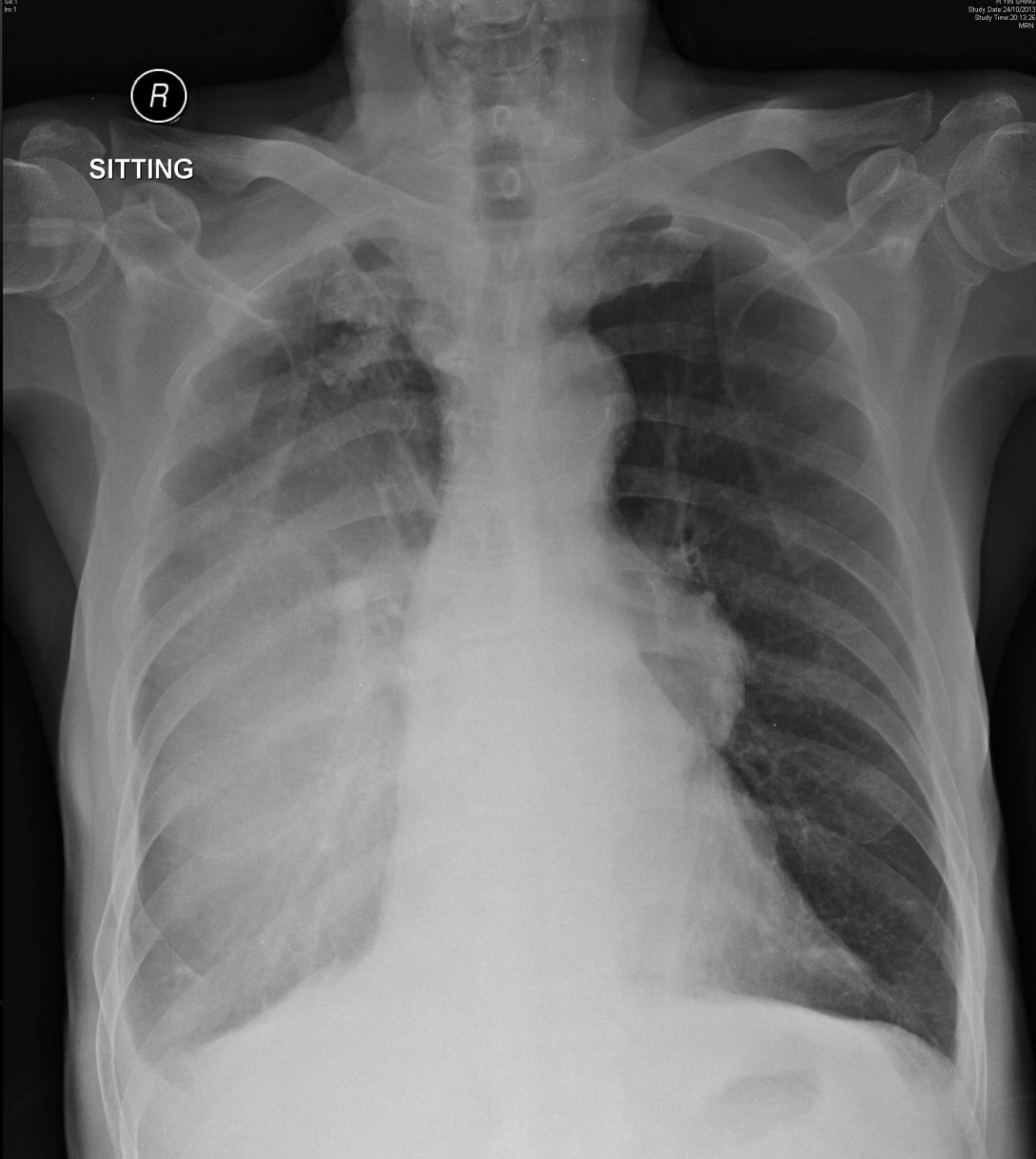
1. What are the abnormal CXR findings?
2. What is your concern?

CASE 7

- 69/M
- Known HT
- Presented with syncope
 - No warning symptom before collapse
 - Mild SOB and palpitation after regained consciousness
- BP 102/71, p 105/min., SpO2 98%, H'stix 10.1mmol/L
- ECG sinus tachycardia

(R)

SITTING



CASE 7

- What are the abnormal CXR findings?
- What is your provisional diagnosis?
- Name the investigation you would order to confirm the diagnosis and plan for further management.