

OSCE

UCH

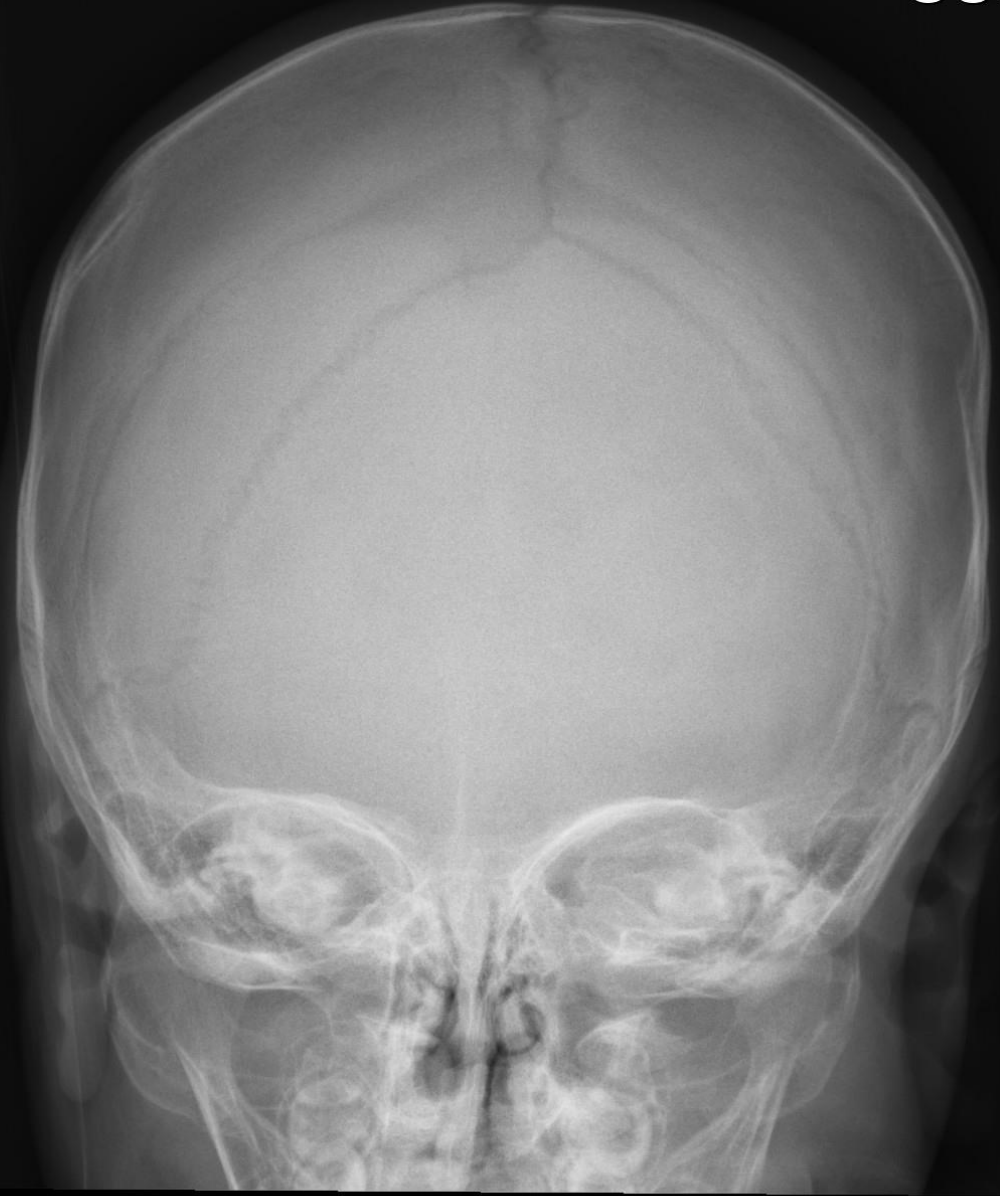
4/12/13

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

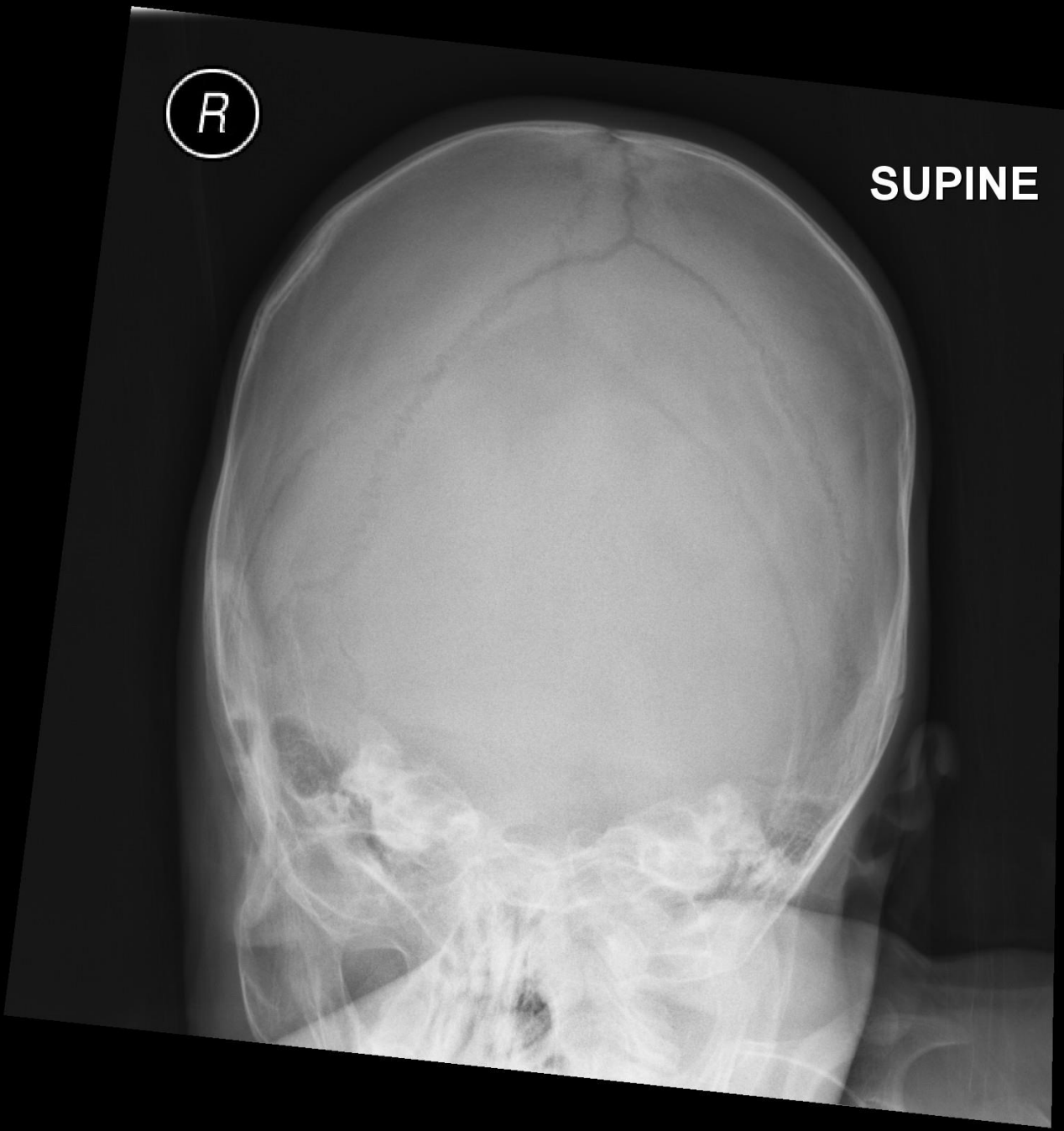
R

SUPINE



R

SUPINE



(R)

SUPINE



CASE 1

1. What is the X-ray finding?

- Ping pong skull fracture
 - Similar to a greenstick fracture of a long bone

2. What will be your concern?

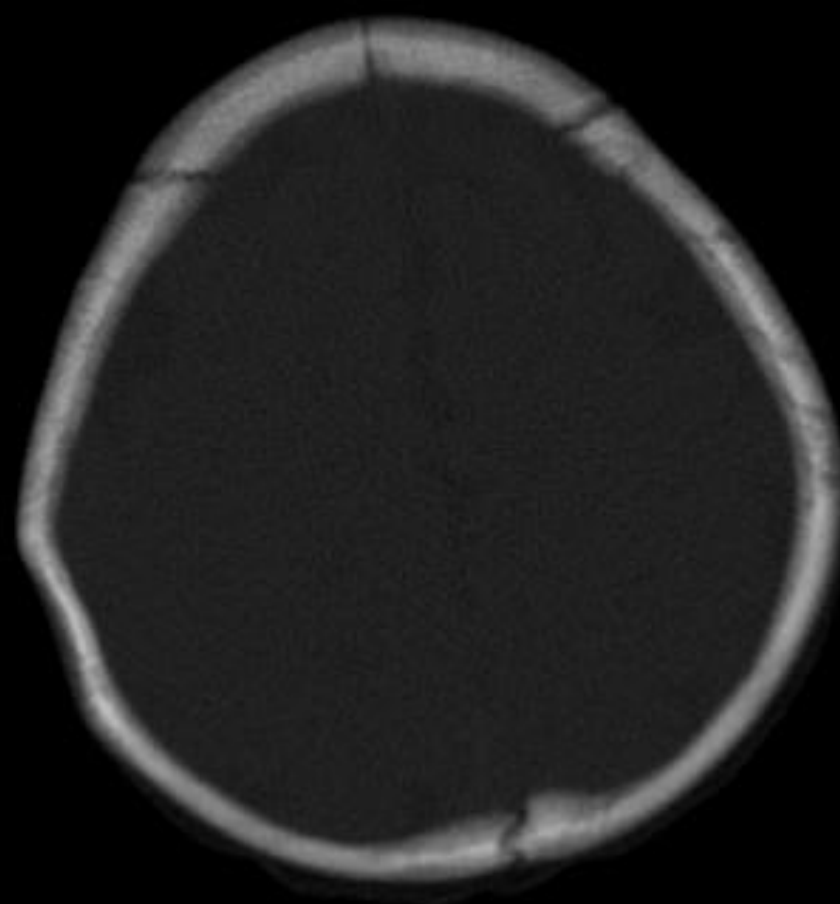
- Additional intracranial injury
 - Non-accidental injury
-

Se:3
Im:21

[AH]

Study Date:04/06/2013
Study Time:20:37:52
MRN:

[R]



[L]

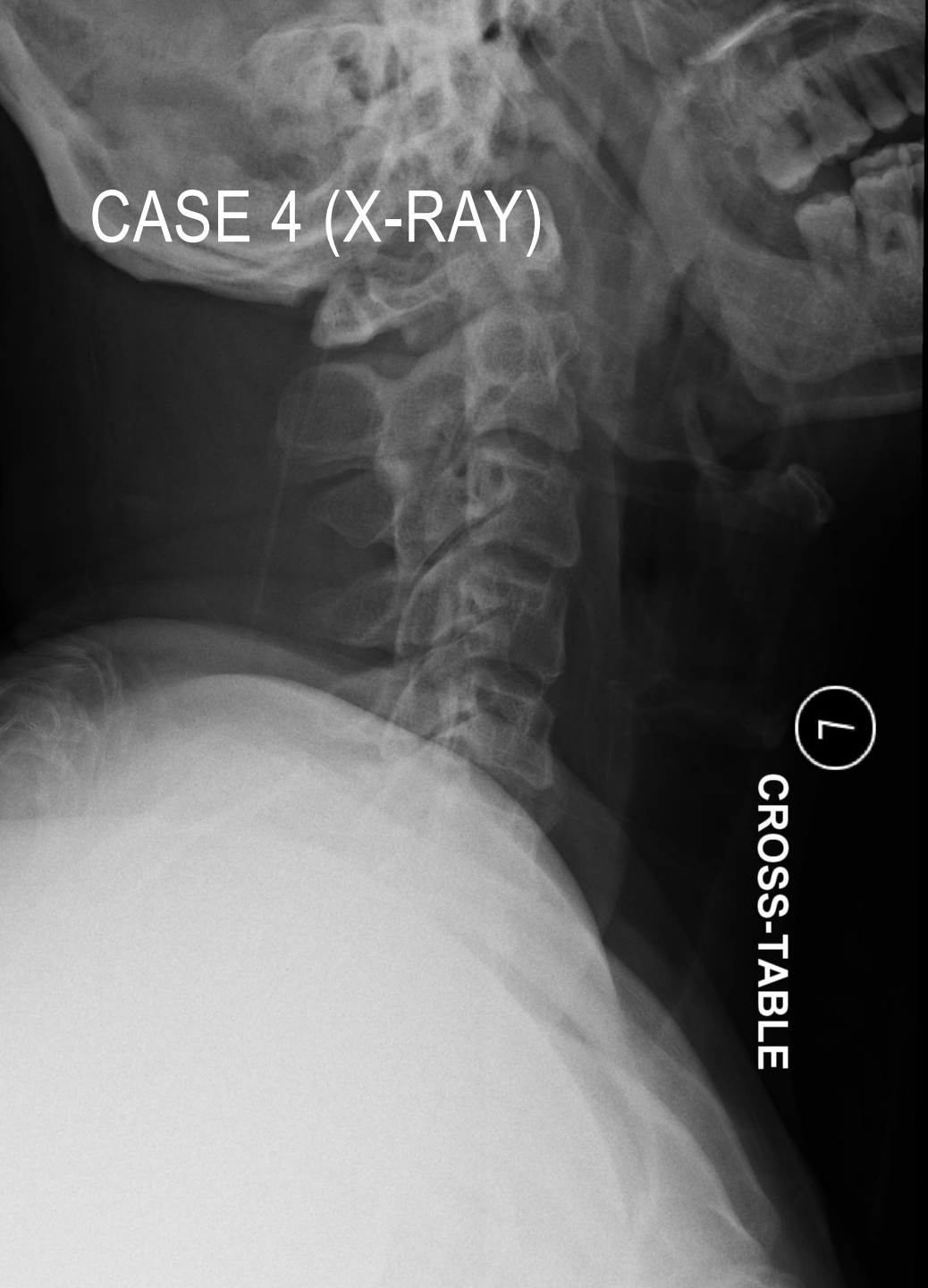
[PF]

C550
W1400

CASE 2

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

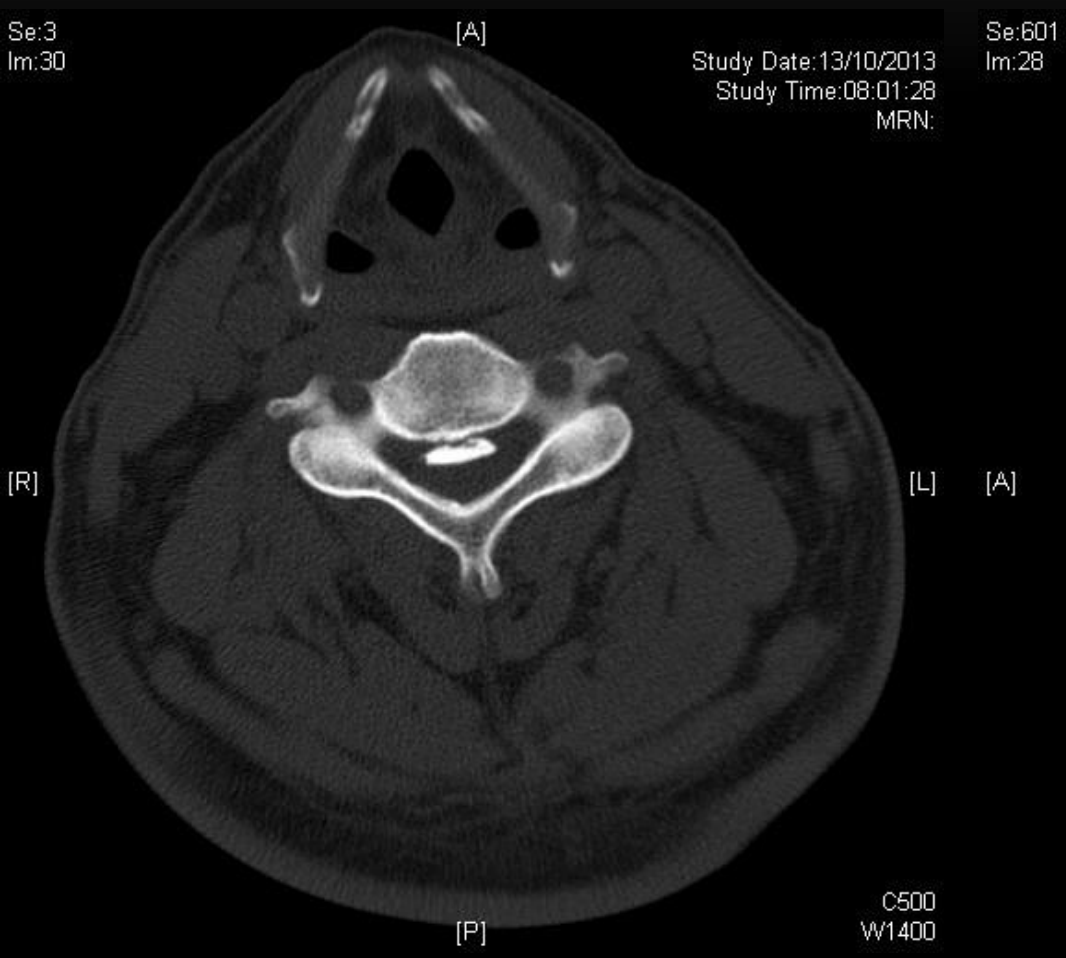
CASE 4 (X-RAY)



⑦
CROSS-TABLE



CASE 2



CASE 2

1. What are the X-ray findings? Can you 'clear' the patient's cervical spine?
 - Ossification of posterior longitudinal ligament at C4,5 level (Inadequate film (C1-6 only))
 - No (intoxicated and not fully alert)

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

1. What are the abnormal CT findings?
 - Calcified posterior longitudinal ligament causing spinal stenosis
2. What is the diagnosis?
 - Central cord syndrome

Se:2
Im:9

[HR]

Study Date:15/10/2013
Study Time:12:30:06
MRN:

[A]

[P]

[FL]

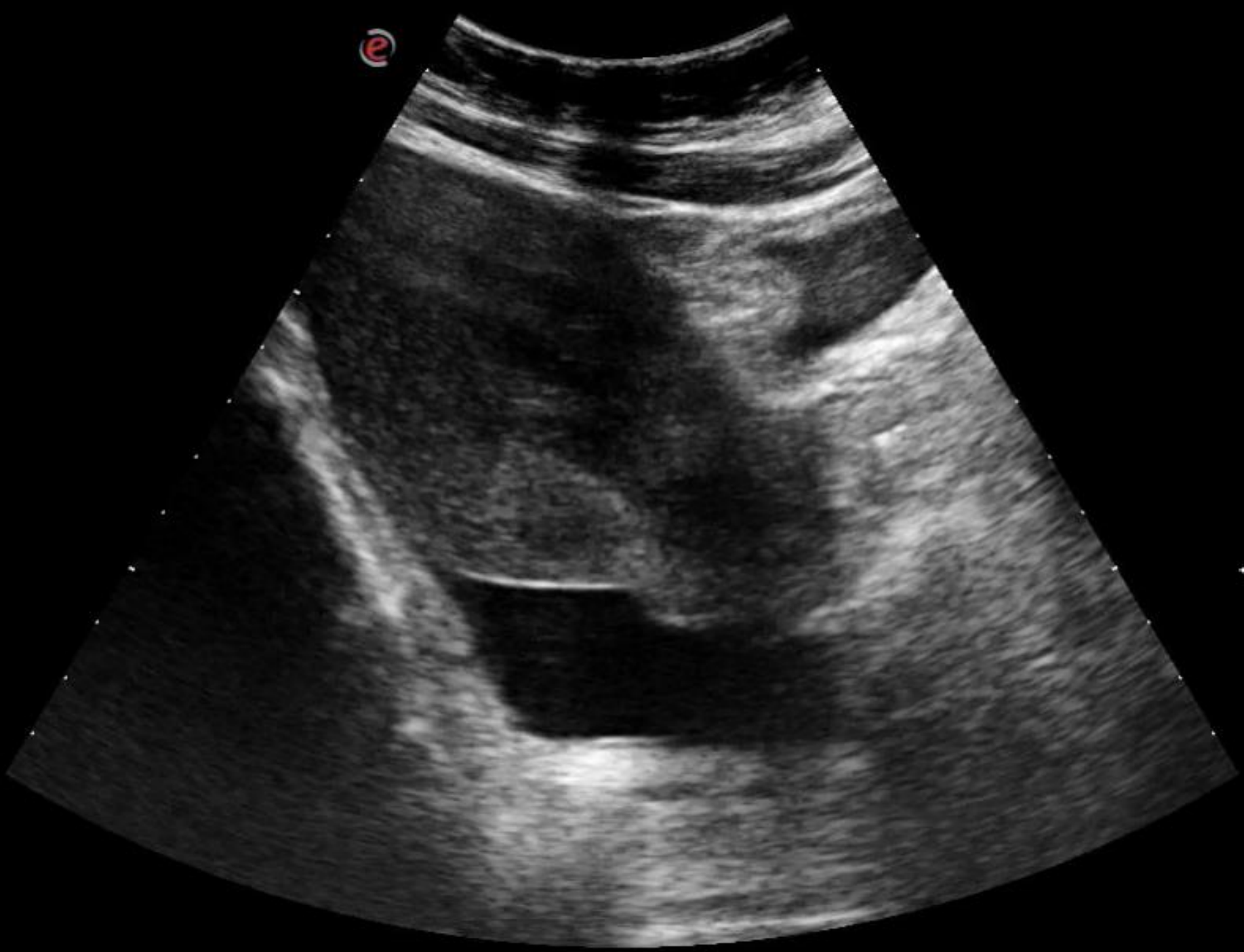
C359
W806



CASE 3

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





0

5

10

[R]

[L]

120, 350 2ml/s

[P]

C60
W360



CASE 3

1. What are the X-ray findings?
 - Hyperdense lesion at right L4 level
 - Loop of dilated small bowel
 - Rarity of bowel shadow over right abdomen
2. State 1 pathologic ultrasonographic finding.
 - Free fluid in pouch of Douglas
3. State the pathologies shown in the CT pelvic.
 - Capsulated pelvic mass with septations, cystic, soft tissue content and a hyperdense (calcified) lesion in the anterior of the mass
4. What is the likely diagnosis?
 - Ruptured mature Teratoma of the ovary

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
ca
Birth Date: _____
kg
meds
Medication:
Symptoms:
History:

Years

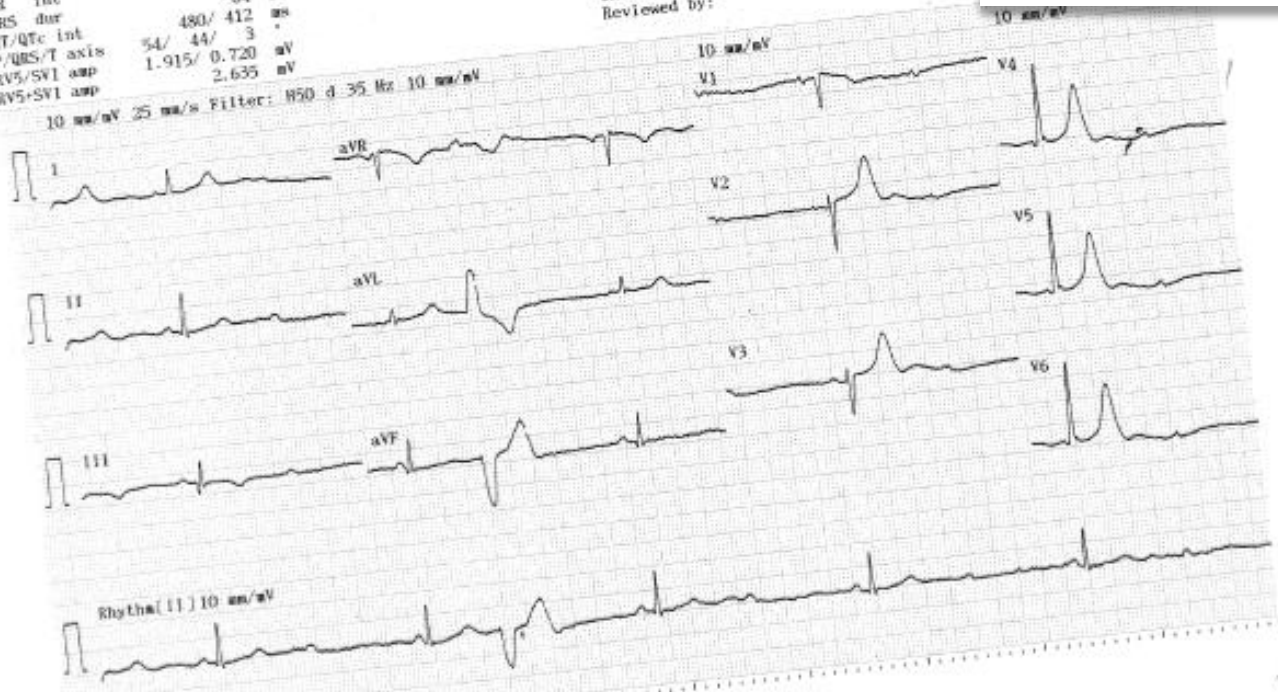
1130 Sinus bradycardia
1570 with occasional ventricular premature complexes
40302 ST elevation, probably early repolarization
4050 Tall T waves, possible hyperkalemia
9150 ** abnormal ECG **

(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/SVI amp 1.915/0.720 mV
RV5+SVI amp 2.635 mV

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



13908 05-03 03-05 Dept.:

Exam:

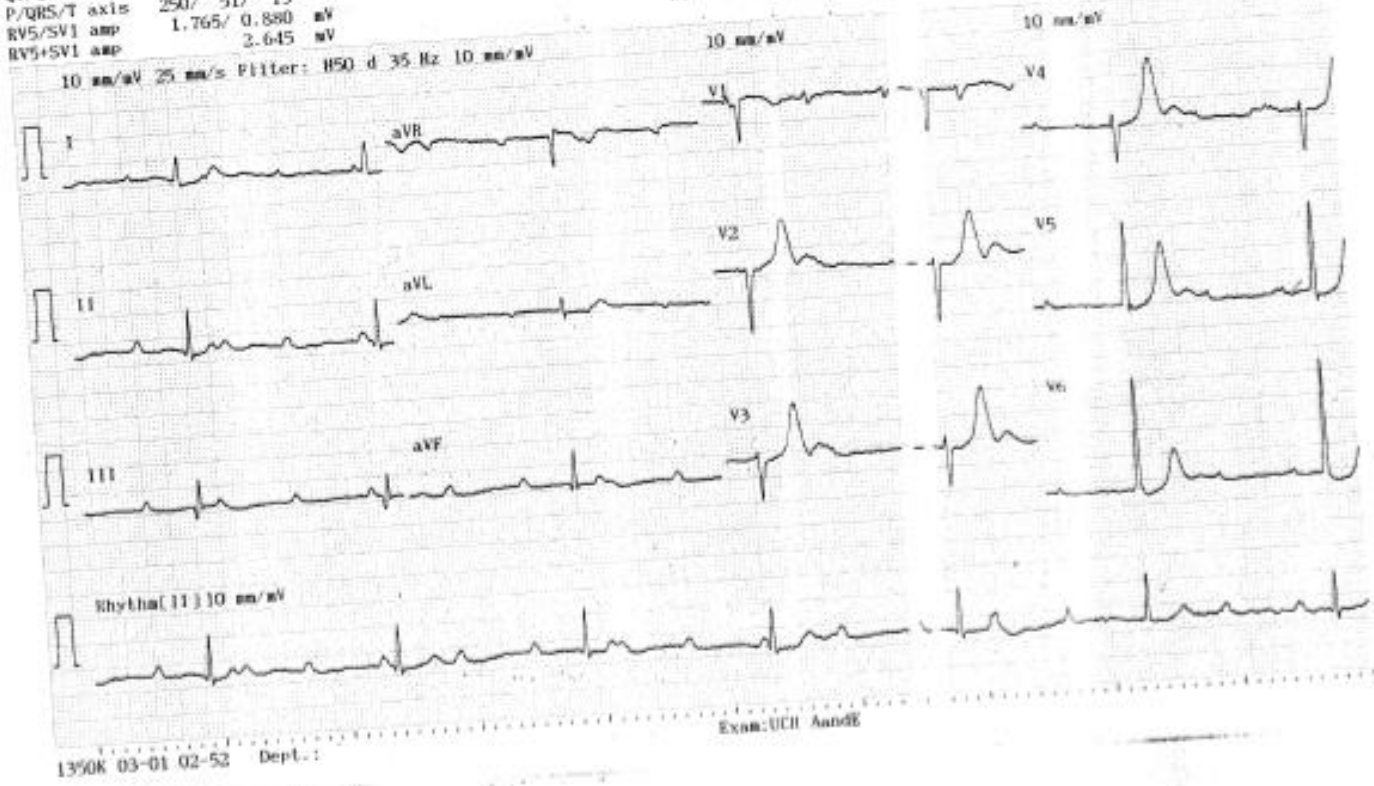


Name: _____ Years: _____
 Sex: _____ Birth Date: _____
 ca kg walk
 Medication:
 Symptoms:
 History:

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 **

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

Unconfirmed Report
 Reviewed by:



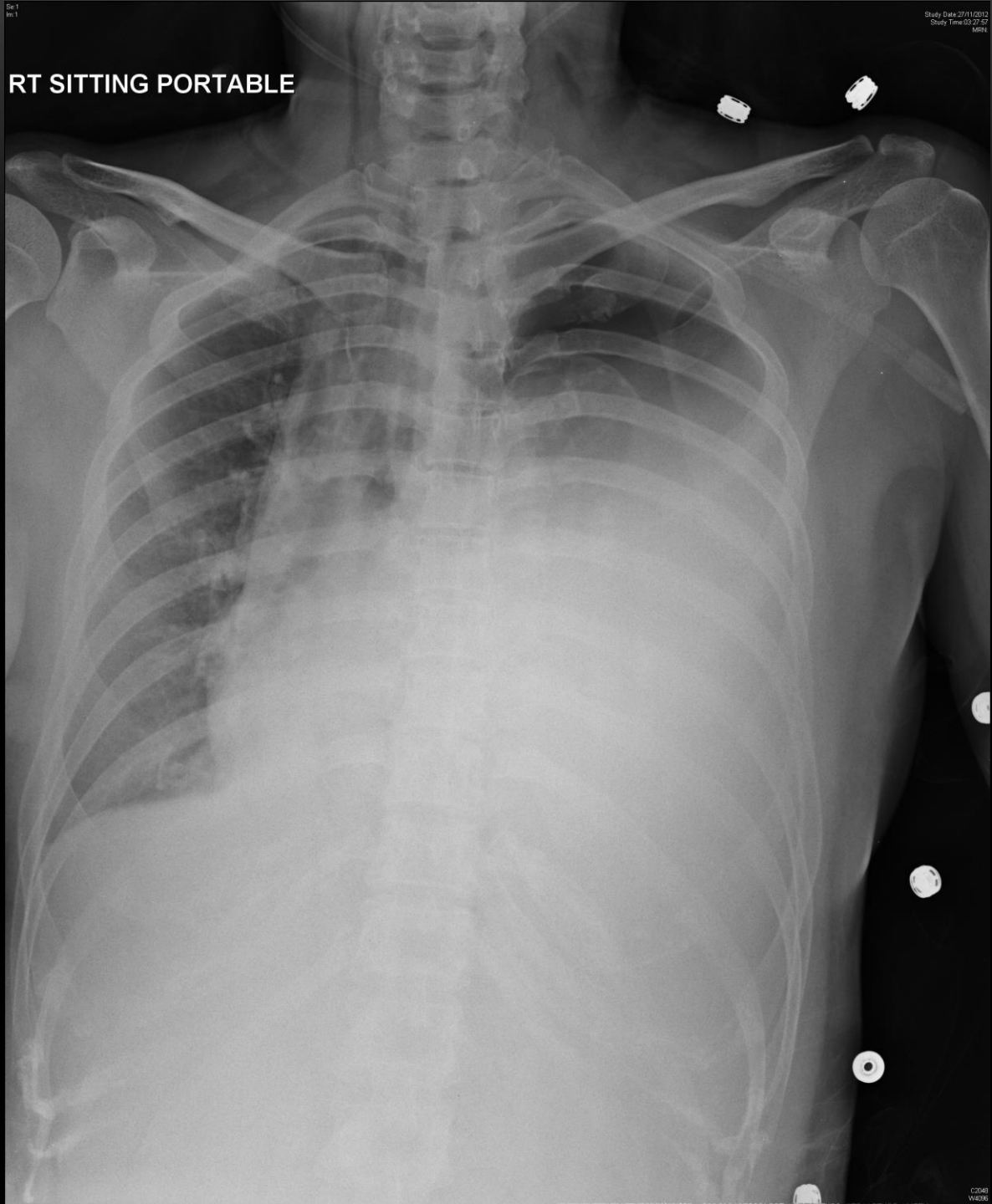
CASE 4

1. What are the ECG findings?
 - 1st ECG: Second degree 2:1 block with VPC
 - 2nd ECG: Complete heart block
2. What is your management?
 - Transcutaneous pacing standby
 - Treat the possible contributing cause
 - Admit Cardiac ward for permanent pacing if necessary

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?
 - Left pleural effusion
 - Left pneumothorax
 - Surgical emphysema and pneumomediastinum
 - What is your provisional diagnosis?
 - Ruptured esophagus (Boerhaave's syndrome)
 - What is the investigation to confirm the diagnosis and plan for further management?
 - CT thorax with contrast
-

Se:4
Im:13

[A]

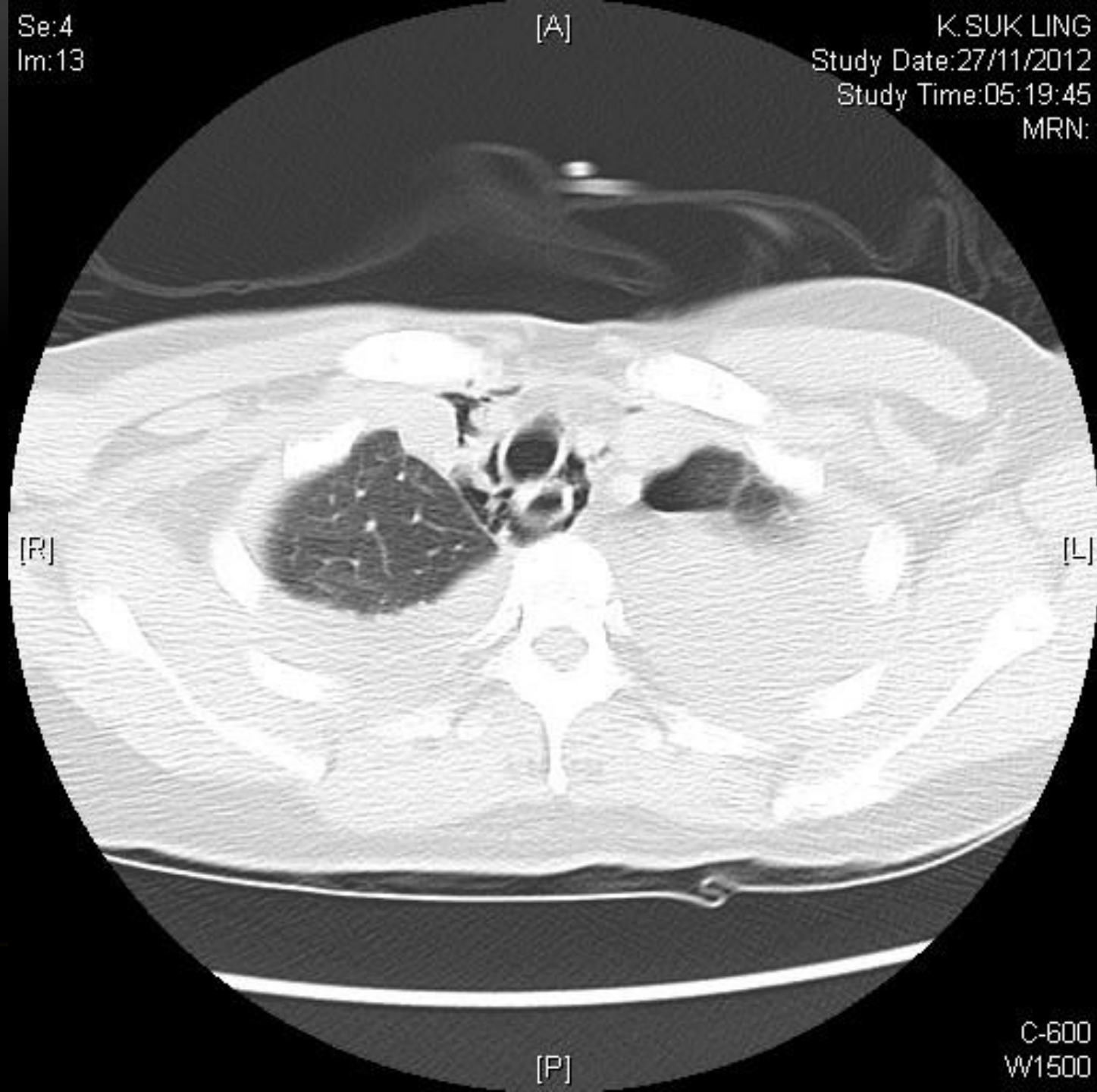
K.SUK LING
Study Date:27/11/2012
Study Time:05:19:45
MRN:

[R]

[L]

[F]

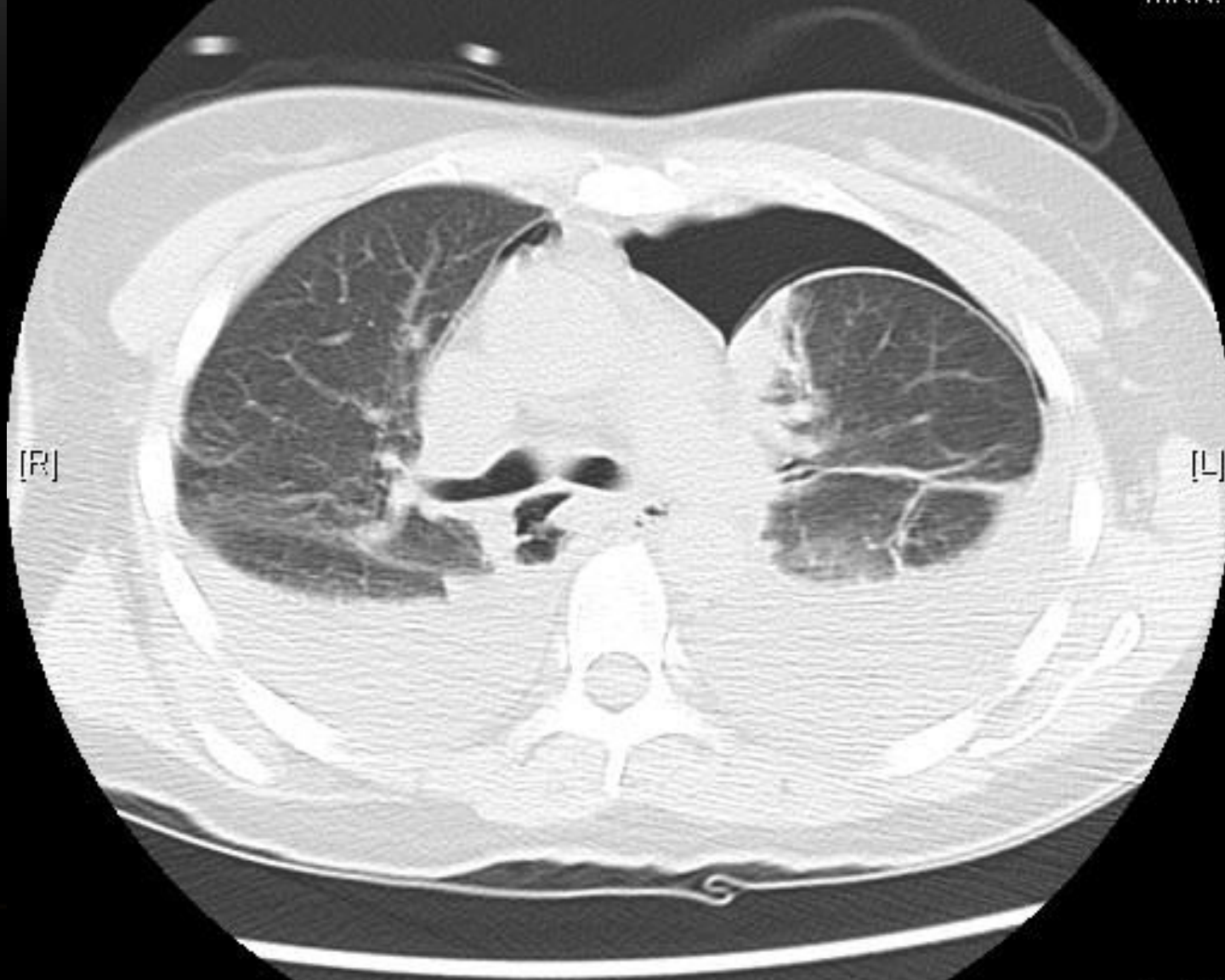
C-600
W1500



Se:4
Im:25

[A]

Study Date:27/11/2012
Study Time:05:19:45
MRN:



[R]

[L]

[P]

C-600
W1500

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.

Se:1
In:1

INSPIRATION

(R)

SITTING

L CH MING
Study Date: 10/10/2013
Study Time: 01:02:20
MRN:



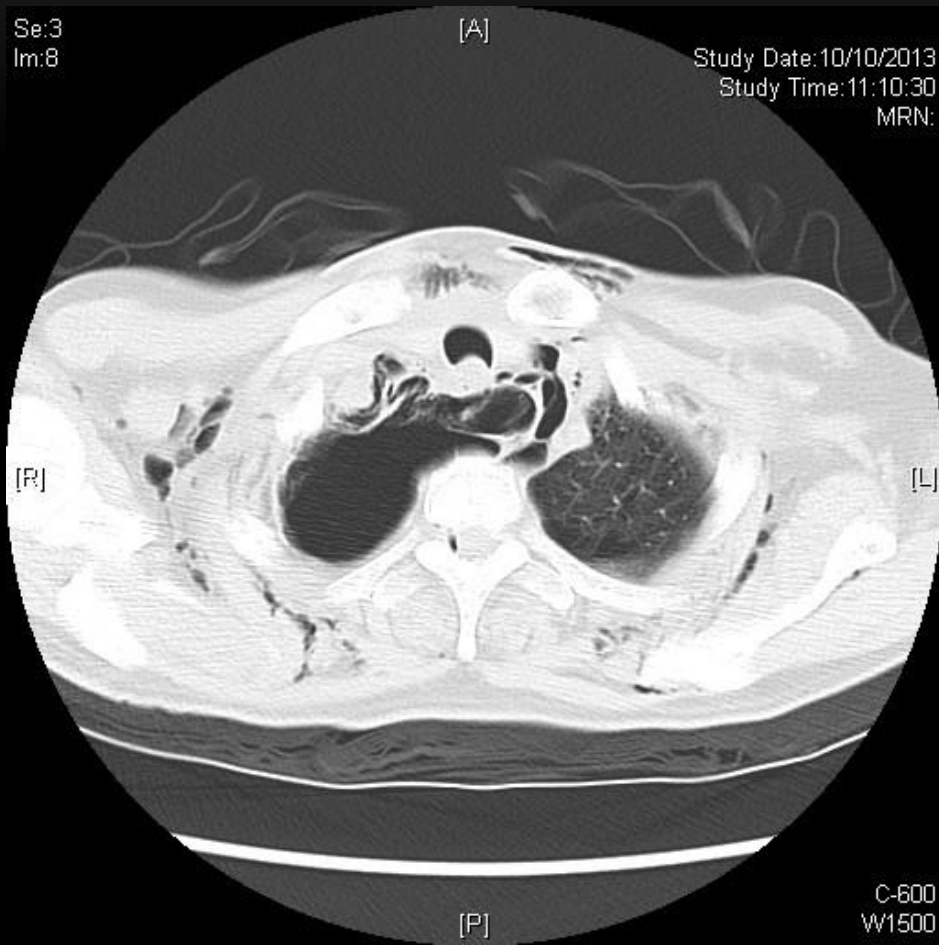
CASE 6

1. What are the abnormal CXR findings?
 - Surgical emphysema
 - Pneumomediastinum (right upper mediastinum)
 2. What is your concern?
 - Underlying pneumothorax
-

Se:3
Im:8

[A]

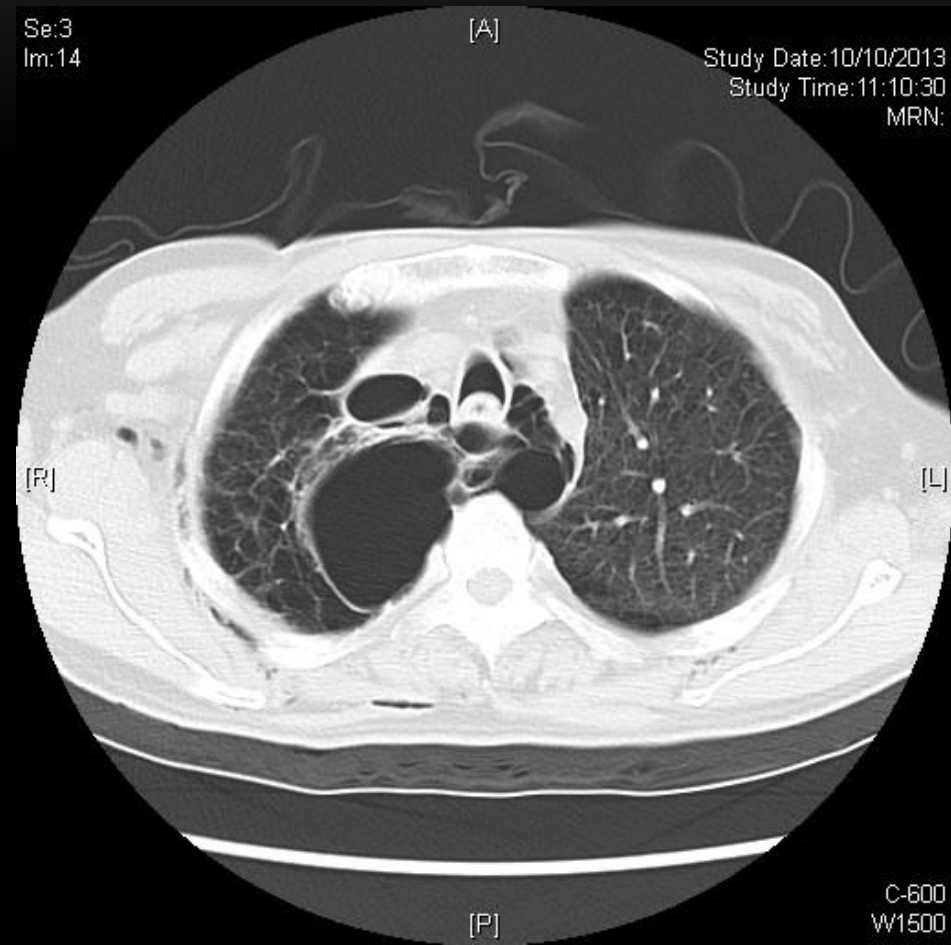
Study Date:10/10/2013
Study Time:11:10:30
MRN:



Se:3
Im:14

[A]

Study Date:10/10/2013
Study Time:11:10:30
MRN:



CASE 7

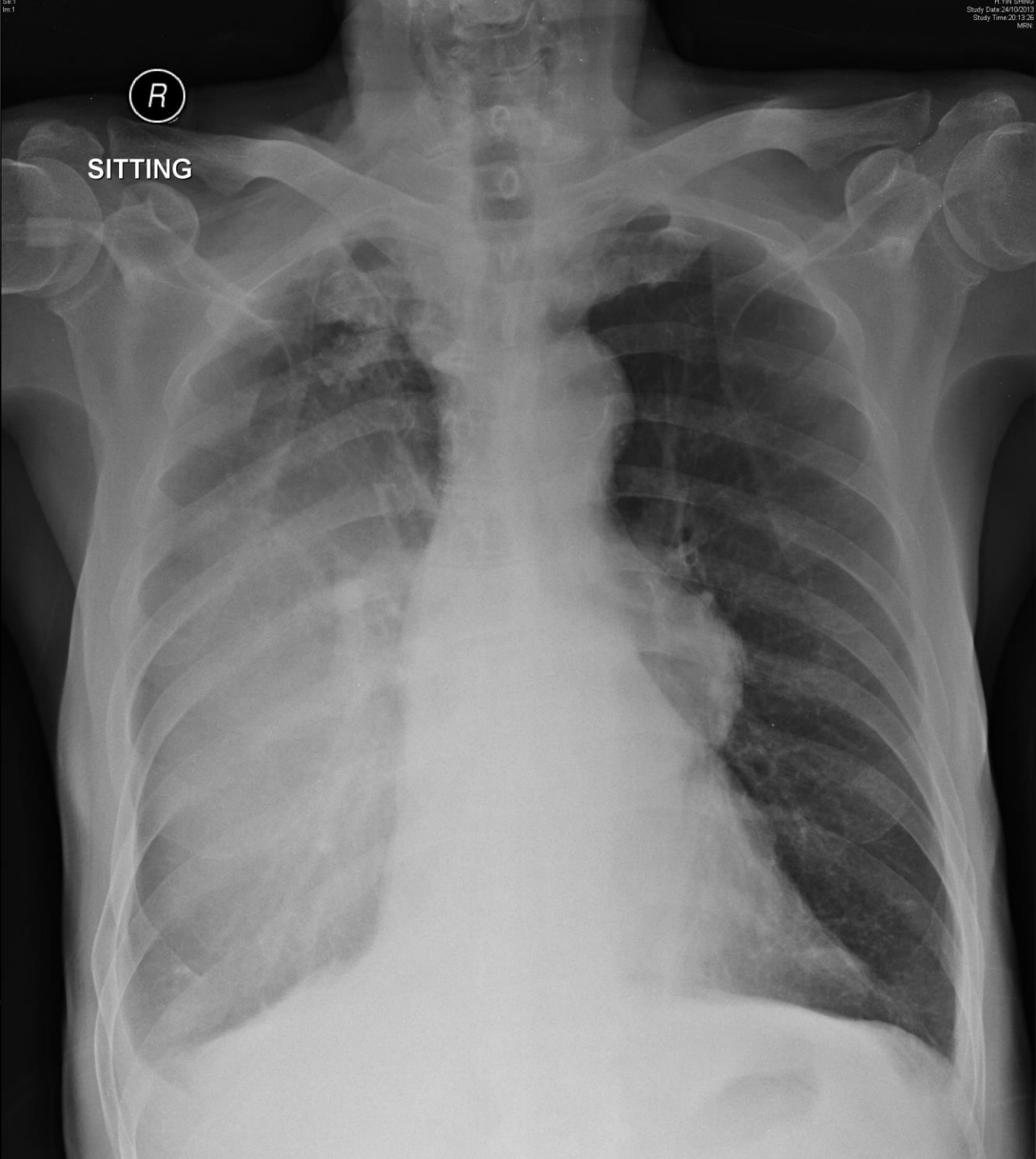
- 69/M
- Known HT
- Presented with syncope
 - No warning symptom before collapse
 - Mild SOB and palpitation after regained consciousness
- BP 102/71, p 105/min., SpO2 98%, H'stix 10.1mmol/L
- ECG sinus tachycardia

001
Im 1

Study Date: 24/10/2013
Study Time: 20:13:28
MSK

(R)

SITTING



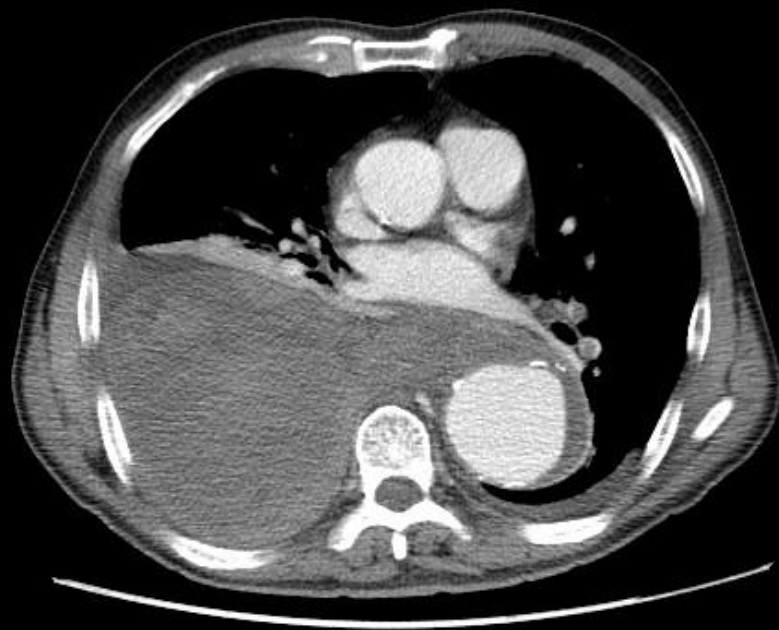
CASE 7

- What are the abnormal CXR findings?
 - Right lung opacity with blunted right CP angle
 - Left hilar shadow
- What is your provisional diagnosis?
 - Ruptured aortic aneurysm
 - (right hemomediastinum/hematoma, right hemothorax)
- Name the investigation you would order to confirm the diagnosis and plan for further management.
 - CT thorax with contrast

Se:6
Im:37

[A]

Study Date:26/10/2013
Study Time:10:34:47
MRN:



Se:603
Im:58

[H]

Study Date:26/10/2013
Study Time:10:34:47
MRN:

