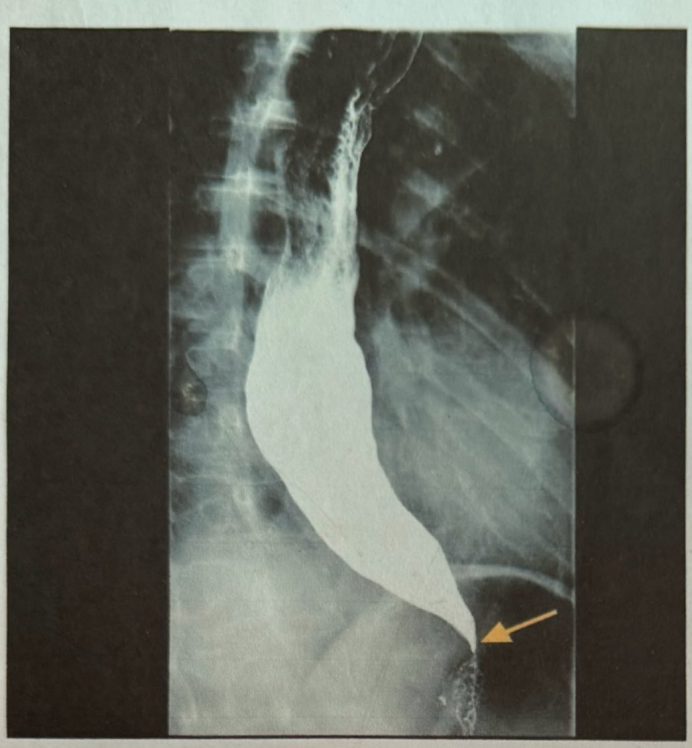


ACHALASIA CARDIA

Q1. What is this?

Q2. Mention Findings.

Q3. What is your Dx?

Q4. What is the basic pathology of this disease?

Q5. Mention the C/F

Q6. What other Investigation you will send? Endoscopy

Q7. What is the confirmatory test to DX this disease? Manometry

Q8. What do you mean by Reflex, Regurgitation, vomiting?

Q9. How will you treat this disease?

a. **Medical Mx**
b. **Minimal invasive Mx**
c. **Surgical Mx**

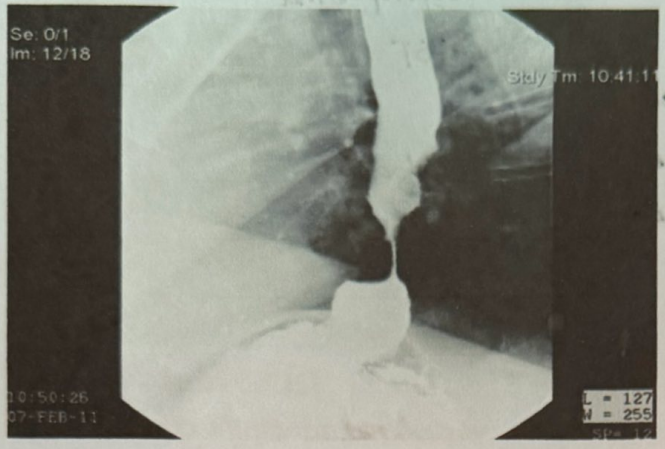
Q10. Which one is the best option to mx this disease?

Complications - Aspiration pneumonia
bronchi-ectasis
collapse of lung

Endoscopic Dilatation.

Heller's Cardiomyotomy

Inj. Botulinum toxin.



Barium swallow x ray of Carcinoma esophagus

Q1. What is this?

Q2. Mention the findings

Q3. What is your Dx?

Q4. What are the C/F of this disease? Dysphagia - solid + liquid (later)
Retrosternal discomfort, Anorexia, Regurgitation
wt loss

Q5. Mention the best investigation to do this disease.

Q6. What are the other investigations you will send? CXR. CT. MRI of chest & Abdomen
Endoscopy.

Q7. What are the treatment options of this disease?

Q8. What are the palliative options in this disease? Endoscopic stent. gastrostomy.
tube feeding. palliative Radiotherapy

Q9. Mention the etiology of this disease.

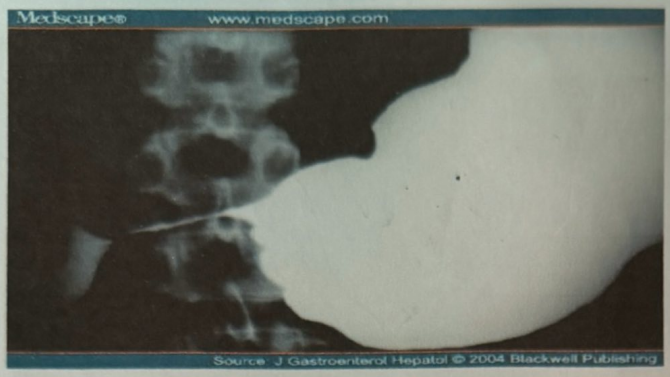
Q10. What are the histological types of this disease?

Q11. In the upper third of oesophagus what type of cancer you may expect?

Q12. What will be the treatment option of cancer of the upper third? Radio

Other tumors of esophagus? leiomyoma
lymphoma.
GIST

Causes - Smoking. Alcohol.
Chewing of betel nut or tobacco.
Barrett's esophagus.



Barium meal GOO
Goo due to Pyloric stenosis.

Q1. What type of image is it?

Q2. What are the findings?

Q3. What is your DX?

Q4. What are the C/F of this disease? H/O PUD, Loss of pain periodicity. Anorexia. Nausea vomiting. Abd. distention. wt Loss. constipation

Q5. In this image what is the site of stenosis? .

Q6. Is it a complication of duodenal ulcer?

Q7. Mention the C/F duodenal ulcer?

Q8. Mention the difference between duodenal ulcer / gastric ulcer?

Q9. What is the other complications of Duodenal Ulcer?

Q10. What electrolyte imbalance you may aspect in the GOO?

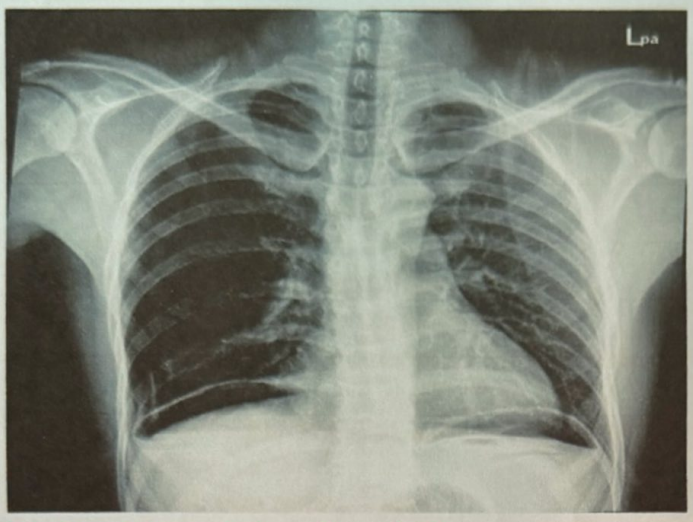
Q11. Mention the basic pathophysiology of GOO / Hyponatremia / Hypokalemia / Hypochloremia & paradoxical aciduria.

Q.12. How will you prepare this patient before Surgery?

Q13. How will you correct dehydration?

Q14. How will you prepare stomach?

Q15. Mention the name of surgery of this patient.



Perforation of duodenal ulcer
Perforation of Gas Containing hollow viscus.(DU)

Q1. Mention the name of this image.

Q2. Mention the findings.

Q3. What is your Dx?

Q4. What are the other complications of this disease?

Q5. Mention the C/F of this patient?

Q6. What do you mean by tenderness / Rebound tenderness?

Q7. How will you elicit the obliteration of Liver dullness?

Q8. Can you explain?

Q9. How will you resuscitate this patient?

Q10. What will be your treatment plan?

Q11. What do you mean peritoneal toileting?

Q12. Where do you put the drain tube before closure of abdomen?

Q13. When you will release the drain tube?

Q14. What is peptic ulcer?

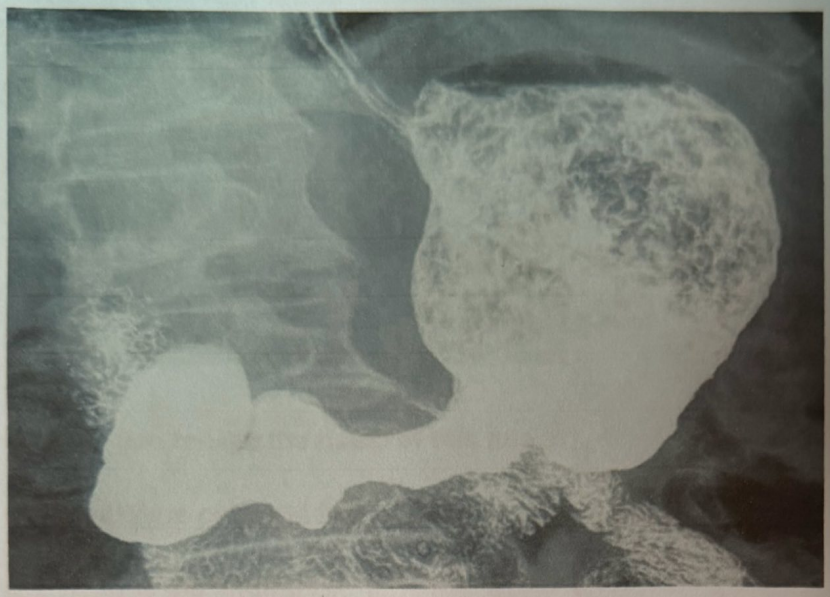
Q15. Mention the difference between GU & DU.

Q16. A patient of duodenal ulcer(DU) come to you with F/O shock hematemesis and malena;

a. **What will be you Dx?**
b. **How will you….?**
c. **How will you manage this condition?**
d. **Whay do you mean the dual therapy?**
e. **What are the other causes of upper GI bleeding?**

Q17. An alcoholic patient with known CLD come to you with hematemesis & melena ;

a. **What is your Dx?**
b. **How will you resuscitate?**
c. **What will be your management plan?**
d. **What is the C/F of CLD?**
e. **What will be the definitive mx of this patient?**



Barium Meal X-Ray (Ca. Stomach)

Q1. What is the image?

Q2. What are the findings?

Q3. What is your Dx?

Q4. Mention the C/F of this disease? .

Q5. How will you confirm your DX?

Q6. From which site you take the biopsy?

Q7. What other investigation you will perform to stage the disease?

Q8. Mention the T stage of this disease?

Q9. Mention the treatment of this disease in T1 / T2 stage

Q10. Mention the treatment of this disease in T3 / T4 stage

Q11. Mention the name of surgery when the tumour involved in body of stomach.

Q12. Can you tell me the site where you examine during abdominal examination of this patient?

MRCP

Q1. Can you tell me the name of this image?

Q2. What type of image is it?

Q3. What is the findings?

Q4. What is your Dx?

Q5. From which site this stone comes from?

Q6. Mention the aetiology of Gallstone disease.

Q7. Mention the C/F of gall stane disease.

Q8. Can you clarify biliary colic / acute cholecystitis / cholangitis?

Q9. What are the complications of gallstone disease?

Q10. What investigation you will give to Dx gallstone disease?

Q11. What will be your USG findings?

Q12. What other findings you will look for in USG?

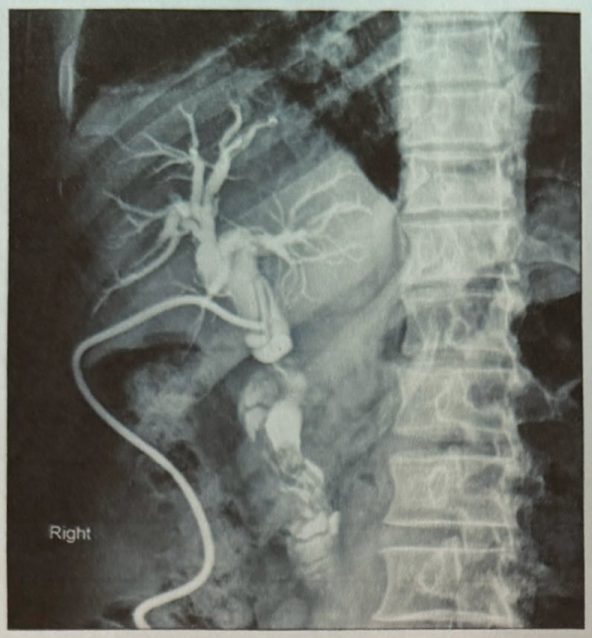
Q13. What are the treatment options of gallstone disease?

Q14. Have you ever seen laparoscopic cholecystectomy?

Q15. How many ports do we make in this surgery?

Q16. Can you mention the site of port?

Q17. What gas we use during lap. chol?



T-tube cholangiogram

Q1. What is this?

Q2. Mention your findings.

Q3. Mention one indication of T. tube.

Q4. What do you mean by choledocolithiasis?

Q5. What are the C/F of a patient of choledocolithiasis?

Q6. What investigation will you give in a patient of choledocolithiasis?

Q7. What are the treatment plan of a patient with GB Stane e choledocolithiasis?

Q8. When you perform ERCP?

Q9. What is the meaning of ERCP?

Q10. What type of image is ERCP?

Q11. When you perform open choledocolithotomy? .

Q12. Why you put T. Tube after open choledocolithotomy?

Q13. What are the type of T-tube?

Q14. When you perform clumping of T-tube cord & T-Tube cholangiogram?

Q15. When you remove T-tube?