



UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES - FEBRUARY 2026
ACADEMIC YEAR 2018/2019
Medicine - Paper II

Date: 09.02.2026

Time: 03 hours

Answer All Ten Questions

Index Number:

Question 01.

A 56-year-old man with long-standing type 2 diabetes mellitus and diabetic kidney disease is admitted with an infected diabetic wound on the right lower limb. During hospital stay, he develops acute kidney injury (AKI stage III) and requires renal replacement therapy (dialysis).

1.1 List 5 causes of poorly healing diabetic wound . (20 marks)

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1.2 Describe 3 possible mechanisms of acute kidney Injury in this Patient. (20 marks)

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Question 02

A 45-year-old woman is referred with the following blood results (confirmed twice by the laboratory).

Hb 17.5 g/dL (12-15g/dL)
HCT 54%
WBC 7400/mm³ (4000-11000)
Platelet 360000/mm³(150000-400000)

2.1 How will you assess with history and examination to identify the secondary causes of the blood abnormality detected? (30 marks)

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2.2 Mention the likely clinical condition ,if secondary causes are excluded.

(10 marks)

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2.3 Write the expected examination findings in the condition mentioned in 2.2

(10 marks)

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2.4 List investigations you will perform with expected findings to diagnose the condition mentioned in 2.2

(20 marks)

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Question 03.

A 35-year-old woman with hypothyroidism presents with fatigue and generalised weakness of two months duration. She describes that the weakness varies throughout the day worsens towards the evening. She was noted to have nasal speech during the conversation.

3.1 What is the likely clinical diagnosis? (10 marks)

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3.2 What further clinical signs would you elicit to support of the diagnosis you mentioned in 3.1?

(20 marks)

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Question 04

A 60-year male, a known unsafe ethanol user is brought by his son to the medical emergency as he is agitated and aggressive since morning. He has had no significant medical comorbidities. He also reveals the fact that his father is talking to himself and uses obscene words towards his mother.

For the last 2 days he has not gone out for work or any other reason as he was unwell.

On examination he is agitated and tremulous. Excessive sweating is also noted. His pulse rate is 120/minute and blood pressure 160/100 mm Hg.

4.1 What is the most probable clinical diagnosis for the above presentation? (10 marks)

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4.2 What other clinical features you would look for to support and asses the severity of the condition you mentioned 4.1? (20 marks)

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Question 05

A 66-year-old man with a history of ischemic heart disease with a low ejection fraction of 35%, hypertension, and diabetes mellitus presents with palpitations and worsening of shortness of breath for six hours. He has been consuming alcohol frequently and has had a 20-pack-year history of smoking. On admission, he is tachypneic with a blood pressure of 105/70 mmHg. On examination, there are bi-basal fine crackles and the saturation is 86% in room air. ECG shows atrial fibrillation with a heart rate of 152 bpm.

5.1 Name two other physical signs of atrial fibrillation (10 marks)

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5.2 List two findings expected to see in his ECG to confirm atrial fibrillation (10 marks)

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5.6 Name an important non-cardiac complication of atrial fibrillation and how the risk is assessed. (20 marks)

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5.7 Name three different classes of oral medication with an example for each, that are used to reduce the risk mentioned in 5.6 (15 marks)

Name of the class of medication	Example



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Question 06

A 59 - year -old man presents with cough with productive sputum for 4 weeks duration. On admission, his pulse rate is of 92 beats/min, blood pressure 130/80 mmHg, and heart sounds are normal. There is right mid zone coarse crackles with increased vocal resonance . His SPO2 is 97% on room and respiratory rate 16/minute.

6.1 List 3 lung conditions that explain the above clinical presentation? (15 marks)

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6.2 Discuss the investigations you need to perform in this patient? (45 marks)

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Question 07

A 30-year - old woman presents to subfertility clinic for further evaluation. She is obese with a BMI of 36Kg/m², and she has elevated blood pressure of 150/100 mmHg on repeated measurements. On further examination : her pulse rate is 80 beats/minute , heart sounds normal, lungs clear, and abdomen distended with purple striae on either sides, but no free fluid or organomegaly noted. Fasting blood sugar is 140mg/dl.

7.1 What is the most likely diagnosis? (10 marks)

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7.2 List four symptoms associated with above diagnosis mentioned in 7.1?

(10 marks)

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Question 08

A 24-year-old previously healthy woman presents to medical casualty with right hypochondrial pain and yellowish discoloration of the eyes of 10 days duration. On examination, she appears ill, icteric, and has tender hepatomegaly extending 5 cm below the right costal margin, with no splenomegaly or free fluid in the abdomen.

Her investigations are as follows

White blood cells	4500/mm ³ (4000-11000/mm ³)
Haemoglobin	11 g/dL (12-16 g/dL)
Platelets	155 000 mm ³ (150 000-400 000/mm ³)
AST –	1100 IU/L (20-40 IU/L)
ALT –	1900 IU/l (18-40 IU/L)
ALP –	180 IU/l (70-160 IU/L)
Albumin –	28 g/l (35-45 g/L)
Globulin –	32 g/l (40-50 g/L)
Total bilirubin –	5.8 mg/dl (< 1mg/dl)

Direct bilirubin – 3.9 mg/dl
INR- 1.0 (<1.2)
Serum Creatinine – 1mg/dl (0.7-1.1mg/dl)
Sodium - 134mmol/l (135 -145 mmol/L)
Potassium – 4.9mmol/l (3.5-5.2 mmol/L)

8.1 What is the likely diagnosis for her presentation? (05 marks)

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8.2 List 5 causes for the above presentation mentioned in 8.1.

(15 marks)

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8.3 What further examination findings would you look for to identify the causes mentioned in question 8.2? (15 marks)

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8.4 What investigations would you arrange to find out causes mentioned in 8.2?

(15 marks)

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While being managed in the ward, she becomes progressively more unwell and drowsy. On examination, she has flapping tremors, and her repeat blood test results are as follows:

AST – 1800 IU/l

ALT – 2300 IU/l

Bilirubin- 8.5mg/dl

INR- 2.2 (<1.2)

8.5 What complication has she developed at this stage? (10 marks)

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8.6. Discuss the management of the above condition mentioned in 8.5. (40 marks)

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Question 09

A 24-year-old woman presents to medical ward with a severe headache, photophobia and vomiting for a day duration. On examination, she is unwell, febrile at 39° C, an tachycardic with a heartrate of 112 beats/min and a blood pressure of 100/70 mmHg. On examination. She has diffuse purpuric rash and neck stiffness.

9.1 What is the most likely diagnosis? (10 marks)

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9.2. List 5 investigations you should arrange for this patient and give reasons.

(25 marks)

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During the ward stay on Day 02 ,she develops persistent hypotension despite adequate hydration.

9.4 What complication has she developed ? (10 marks)

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9.5 How would you manage the above complication? (10 marks)

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9.6. What measure would you take to prevent spreading of this illness ?

(10marks)

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Question 10

A 20-year-old woman who is being evaluated for thrombocytopenia for three months, admits with intermittent fever, joint pain, and a purpuric rash for one-week duration. She also has photosensitivity. On examination, she has palpable purpuric rash over her arms and legs, and painful swelling of small joints of her hands bilaterally.

Her investigations are as follows:

Haemoglobin	8.6 g/dl (12 – 16 g/dL)
MCV	100 fl (80 -96)
WCC	3500/mm ³ (4000 - 11,000)
	(Neutrophils 36%, Lymphocytes 56%, Monocytes4%, Eosinophils 2%)
Platelets	56,000 /mm ³ (150000-400000 mm ³)
ESR	104 mm/1st hour
CRP	6.7 mg/l

10.1. What is the likely diagnosis? (10 marks)

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