

Question From Case Presented By Student of 2016 -2017 Batch

Organophosphate poisoning

1. What is the role of PAM in organophosphate poison?
2. What can be the reason of low cholinesterase level?
3. Difference between cholinesterase and pseudocholinesterase.
4. Which one is significant for diagnosis and which one is measured in our clinical biochemistry laboratory?

DKA

5. What can be the reason of convulsion?
6. What is corrected calcium?
7. What is Glucose tolerance test?
8. What can be the reason of nocturnal urination?
9. What can be the reason of low PH, CO_2 and low O_2 ?
10. What is the reason of ketone positive report? Example of ketone.
11. What is the reason of high K^+ and low sodium in blood?

ACUTE PANCREATITIS

12. Why hypertriglyceridemia cause acute pancreatitis?
13. What alteration occurs in lipid and carbohydrate digestion and absorption in case of acute pancreatitis?
14. Why ALT may be found high in case of cholecystitis?
15. What is the role of vitamin K injection in patient of gall bladder stone planned for surgery?
16. Why lipase is more specific than amylase for diagnosis of acute pancreatitis?
17. What is the role of pantoprazole (proton pump inhibitor) in acute pancreatitis?

Obstructive jaundice

18. Why in hepatocellular disease (Viral hepatitis) both type of bilirubin are raised?
19. Why in obstructive jaundice patient develop steatorrhea?
20. Why in obstructive jaundice bile salt and bile pigment is present in urine?
21. What can be the reason of high ALP in obstructive jaundice?
22. What can be the reason of yellowish discoloration of sclera in jaundice?
23. What can be the reason of tea color urine in obstructive jaundice?

Chronic Renal Failure

24. What homeostasis changes can occur Calcium, Vitamin D & Parathyroid hormone in case of chronic renal failure?
25. What is difference in creatine, creatinine & creatinine kinase?
26. Why creatinine & creatinine clearance test is considered better diagnostic indicator than urea & urea clearance test?
27. Why fruit juice cannot be given to patients of renal failure?

28. What are the isoforms of creatinine kinase-its function, location and diagnostic significance?
29. What metabolic changes occur in case of chronic renal failure? How can it be diagnosed?
30. Why hemoglobin level decreases in case of chronic renal failure?
31. Why hypertension develop in case of renal failure?

DM with Nephropathy With Bronchopneumonia with Metabolic Acidosis

32. Why cataract is common in patient of uncontrolled DM?
33. What is Advance Glycate End Products?
34. What is nephropathy & why it is common with patient of uncontrolled DM?
35. What chances of infection & repeated injury to foot is common with uncontrolled

DM?

36. Why hypercholesteremia occurs in patient of uncontrolled DM?
37. What is significant of micro-proteinuria?
38. Why metabolic acid can more commonly with type – 1 DM?
39. What is difference between uncompensated ,partially compensated & fully compensated metabolic acidosis?
40. What advantage of during C-Peptide level & Glycated haemoglobin, after diagnosis of diabetes mellitus?

Sickle Cell Trait with Pulmonary Tuberculosis With Diabetes mellitus

41. What is the pathogenesis of sickle cell disease at molecular level?
42. What type of pathogenesis can occur due to sickle cell disease?
43. What is sickle cell crisis & precipitation factor?
44. How sickle cell disease is diagnose?
45. Dithionet test – Principle , Clinical Utility
46. Haemoglobin electrophoresis – principle, Clinical utility
47. HPLC -principle, Clinical utility
48. What is biochemical reason for giving Hydroxyurea , oxygenation and hydration in treatment of sickle cell crisis?