

Pathology Department AIMI Abbottabad



MBBS 3rd Year & 4th Year

2019-20

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Chapter 1: Profile of department

Introduction of department

Department of pathology is located at the 4th floor of the Campus building. It comprises of hematology, chemical pathology, and microbiology and histopathology department. The department is headed by Prof Dr. Shahjehan (Microbiologist). In the department of hematology we have Prof Maj Gen® Dr M. Ayub and Dr.Ammar bin saad as Asst. professor. In the Histopathology Department we have Prof. Dr. Salma naz and Asst. Prof. Col Dr. Qayas Ahmad

There are six demonstrators and six staff members. We have a lecture hall, separate rooms for all faculty members, a museum and three well ventilated labs.

Professors

Professor Dr Shah jehan (Prof of Microbiology) (HOD)

Maj Gen® Dr M. Ayub (Prof of haematology)

Professor Dr Salma Naz (Prof of Histopathology)

Associate Professor

Dr. Gohar Zaman (Microbiologist)

Assisstant Professor

Col Qayas Ahmad (Histopathologist)

Dr Ammar Bin Saad (Hematologist)

Demonstrator

Dr Nayab Khatak

Dr Sadaf Farid

Dr Maryam Shafique

Dr Loveel Aftab

Dr Muhammad Adil Ayub

Dr Gania Raza

Dr Tayyaba Shahzad

Lab Technician

Miss Samina

Aqeel Anwar

Shah Zaman

Computer Operator : M. Sohail

Lab Attendent : Zaryab Gul

Objective of studying pathology

To understands the definition and concept of disease

Become familiar with the important terminology which are used to study a disease like epidemiology,aetiology, pathogenesis and prognosis

Be familiar with the classification of disease whichis usually based on their pathogenesis

Have an organized framework for thinking and acquiring information about disease

1.3 Faculty Details of Department of Pathology

Name of faculty member	Education	Designation	Experience	Contact#
Dr Shahjehan	MBBS, M.Phil	Professor and HOD of pathology department	As per pmdc requirement	03466290623
Maj Gen® Dr M. Ayub		Professor of Haematology		
Dr Salma Naz	MBBS, M.Phil	Professor of Histopathology		03362150507
Dr Gohar Zaman	MBBS , FCPS	Associate Professor of Microbiology		
Col Qayas Ahmad	MBBS,FCPS	Assistant professor (Histopathology)		03315533212
Dr Ammar Bin Saad	MBBS, M.Phil	Assistant professor (Haematologist)		03114549201
Dr Nayab Khatak	MBBS	Demonstrator		03023414469
Dr Sadaf Farid	MBBS	Demonstrator		03160554323
Dr Maryam Shafique	MBBS	Demonstrator		03165122047
Dr Loveel Aftab	MBBS	Demonstrator		03347774477
Dr Muhammad Adil Ayub	MBBS	Demonstrator		
Dr Ghania Raza	MBBS	Demonstrator		
Dr Tayyaba Shahzad	MBBS	Demonstrator		03330509902

1.4: Faculty registration letters



Pakistan Medical & Dental Council Faculty Registration Certificate



PM&DC Regn No. 4606-N
Date 13/02/2017
Valid Upto 31/12/2021

Name SHAH JEHAN

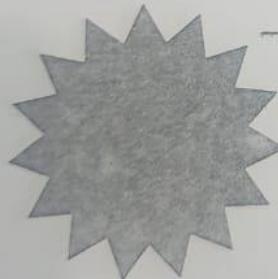
Designation/Title PROFESSOR

Qualification M.B.,B.S.,M.PHIL, (MICROBIOLOGY)

In the speciality of MICROBIOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for) ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

Has been registered with PM&DC as faculty vide No. 3042/4606-N/M



S. J. H.
13/2/17
Deputy Registrar/Registrar
J. Khan

Please study note over leaf carefully



Pakistan Medical & Dental Council Faculty Registration Certificate



PM&DC Regn No. 44976-P

Date 22/06/2018

Valid Upto 31/12/2019

Name SALMA NAZ

Designation/Title PROFESSOR

Qualification M.B.,B.S.,M.PHIL, (HISTO-PATHOLOGY)

The speciality of PATHOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for) ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

as been registered with PM&DC as faculty vide No. 3153/44976-P/N



*Fatima Aslam 22/6/18
Deputy Registrar/Registrar
AIMI*

Please study note over leaf carefully



Pakistan Medical & Dental Council Faculty Registration Certificate

PM&DC Regn No. 19309-P

Date 22/06/2018

Valid Upto 31/12/2019

Name QAYAS AHMAD

Designation/Title ASSISTANT PROFESSOR

Qualification M.B.,B.S.,F.C.P.S. (HISTO-PATHOLOGY)

in the speciality of PATHOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for) ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

Has been registered with PM&DC as faculty vide No. 29862/19309-P/M



for *Abdullah* 22/6/18
Deputy Registrar/Registrar
T-H-

Please study note over leaf carefully



Pakistan Medical & Dental Council Faculty Registration Certificate



PM&DC Regn No. 15697-N

Date 15/11/2018

Valid Upto 31/12/2022

Name AMMAR BIN SAAD

Designation/Title ASSISTANT PROFESSOR

Qualification M.B.,B.S.,M.PHIL

in the speciality of PATHOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for) ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

Has been registered with PM&DC as faculty vide No. 29875/15697-N/M



Deputy Registrar/Registrar

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Pakistan Medical & Dental Council Faculty Registration Certificate



PM&DC Regn No. 18419-N

Date 28-08-2018

Valid Upto 31-12-2022

Name GHANIA RAZA

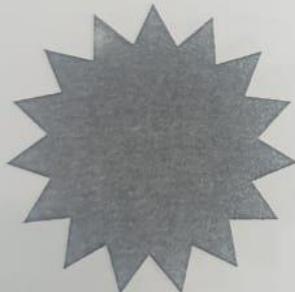
Designation/Title LECTURER

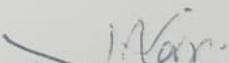
Qualification M.B.,B.S.

in the speciality of PATHOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for) ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

Has been registered with PM&DC as faculty vide No. 30548/18419-N/M




Deputy Registrar/Registrar

Please study note over leaf carefully



Pakistan Medical & Dental Council Faculty Registration Certificate

PM&DC Regn No. 26840-N

Date 02-07-2019

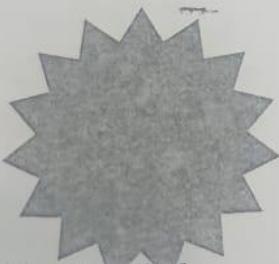
Valid Upto 31/12/2023

Name MARYAM SHAFIQ
Designation/Title LECTURER
Qualification M.B.,B.S.
In the speciality of PHYSIOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for)

ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

Has been Registered with PM&DC as faculty vide No. 33388/26840-N/M



Date of Joining: 10/06/2019

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02/07/19
Deputy Registrar/Registrar
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Please study note over leaf carefully



Pakistan Medical & Dental Council Faculty Registration Certificate

PM&DC Regn No. 27807-N

Date 25-07-2019

Valid Upto 31/12/2023

Name LOVEEL AFTAB

Designation/Title LECTURER

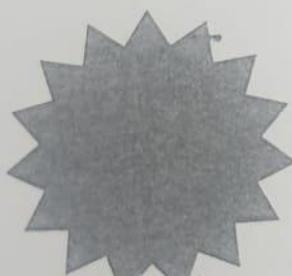
Qualification M.B.,B.S.

In the speciality of PATHOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for)

ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

Has been Registered with PM&DC as faculty vide No. 33799/27807-N/M



Date of Joining: 17/07/2019

[Signature]
25-07-19
Deputy Registrar/Registrar
[Signature]

Please study note over leaf carefully



Pakistan Medical & Dental Council Faculty Registration Certificate



PM&DC Regn No. 10224-N

Date 28-08-2018

Valid Upto 31-12-2022

Name SADAFA FARID

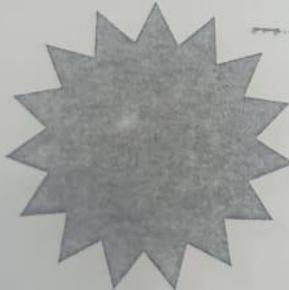
Designation/Title LECTURER

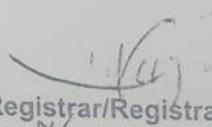
Qualification M.B.,B.S.

in the speciality of PATHOLOGY

Appointed at (Name of Institution for which this certificate shall be valid for) ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE ABBOTTABAD

Has been registered with PM&DC as faculty vide No. 30542/10224-N/M




Deputy Registrar/Registrar

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1.5 Job description/responsibilities of Faculty Members

HEAD OF DEPARTMENT

Design and develop curriculum for undergraduate according to modern guideline of medical education
Have excellent knowledge of written as well as verbal communication, judgemental and organizational skills

Should be able to delegate tasks to team members and present himself as a role model

PROFESSOR

To design and develop curriculum for undergraduate according to modern guidelines of medical education
To ensured teaching (to prepare and give lectures, seminars, practical according to curriculum
To develop and implement assessment scheme, projects and research strategies
To develop harmony and team spirits among colleagues
Teaching and procedural skills along with communication, leadership and analytical skills

ASSOCIATE PROFESSOR

Help professors in curriculum design
The essential duties and responsibilities of associate professor are assigned by the academic department head
Have a very good understanding of the academic disciplines within the department

ASSISTANT PROFESSOR

To supervise and support teaching assistants
To delivered lectures and help students in practical and analytical work
Evaluate and monitor students academic as well as day to day task and functions
To support senior professor in development of department and implementation of teaching and research activities

DEMONSTRATORS

To provide the assistants to the students under the guidance of senior academic staff members
Should be well versed with the use of practical equipments and to conduct experiments and workshops
Should ensure that the students follow the rules and regulations layed down by the organization for general safety

LAB ASSISTANTS

Main Responsibilities:

Conduct various tests.

Maintain records.

Help and assist the seniors.

Ensure cleanliness of all glassware, working benches and other apparatus.

Compile on a monthly basis a report of all tests being done.

To receive and identify chemicals, apparatus, equipments, books, stationary and all other related material.

Preparation of cultures, plates and solutions.

To carry out range of other support duties of the laboratory.

To carry out range of technical and clerical duties within sample reception.

COMPUTER OPERATOR

Main Responsibilities:

Is responsible for setting up system by reading instructions and installation manuals.

Is responsible to connect equipments, ensure they are connected with existing devices.

He analyzes errors and responds to any problem by adjusting both the software and hardware.

Is responsible for backing up data to external storage (which includes backing up data on daily, weekly and monthly basis).

To track operation of computer on daily basis. Oversees and checks efficiency of the system.

Good communication skills which is necessary to convey message to non technical persons.

1.6: Details of supporting staff of pathology department

Name	Education	Designation	Experience	Contact no
Miss samina	B.Sc (Hons) Mphil (course work completed)	Lab technician	1. Lecturer in pathology deptt AIMC 2. works as microbiologist in ABBATS laboratory Abbotabad 3. lecturer deptt of pharmacy in WMC	03361920665
Mr Aqeel Anwar	BS Lab Technologist	Lab technician	1. 11 month Ayub teaching hospital (pathology) 2. 8 month Iqbal lab	03049946245 03325528830

MrShah zaman	Metric	Lab technician	1.nine yrs in AIMC 2.six month experience in Army medical college,RWP 3. five yr in Armed force institude of pathology	03115834098
Mr Zaryab Gul	Matric	Lab Attendant	1.six year experience in various medical institutes 2.two yr in Army Medical Core	03125931996
Mr Sohail Ahmed	B.A, DIT, Diploma of shorthand writing and typing	Computer operator	3 yrs experience in PHPSC Abbottabad	03465632233

Chapter 2: (Academic records)

2.1: Time table of 4th yr MBBS (session 2018-2019)

ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE, ABBOTTABAD										
Time Table 2019										
4th Year MBBS										
Days	8:00 to 09:00	09:00 to 10:00	10:00 - 10:30 BREAK	10:30 to 12:30	12:30 to 2:00					
Monday	Medicine	Surgery		Clinicals Surgery (Prof. Dr. Rashid)	EYE					
Tuesday	Community Medicines (AP Dr. Anwar Shahzad & Dr Sana Shakoor Demonstrator)		Gynae	Clinicals Medicine	12:30 - 01:15 Surgery Dr. Yousaf Aziz	01:15 - 02:00 Pathology (AP Dr.Ammar)				
Wednesday	Surgery (Prof. Dr. Rashid)			ENT						
Thursday	8:00 to 09:00 ENT	Pathology (AP Col. Dr. Qayas)	BREAK	10:30 to 11:30 Pathology (Prof. Dr.Salma)	11:30 to 12:30 Pathology (Batch A Histo Batch B Haem /Chem)	12:30 to 2:00 Medicine				
Friday	08:00 to 09:00 C. Medicine (AP Dr. Rehana Rasool)	EYE	10:00 - 11:00 Pathology (Prof. Dr.Salma)	11:00 to 12:00 Pathology (AP Col. Dr.Qayas)	OFF					
Saturday	08:00 to 09:00 C. Medicine (Prof Dr.Arshad Wahab)	09:00 - 11:00 C. Medicine (AP Dr. Anwar Shahzad & Dr. Fardah Demostrator)		11:00 to 12:00 Pathology (Dr.Maryam Demonstrator)	12:00 to 02:00 Paeds Clinicals					
CC: 1 NOTICE BOARD 2 ALL CONCERNED DEPARTMENTS										
Principal AIMC, Abbottabad										
Updated 21-3-2019										

2.1 (a): Time table schedule of 4th yr MBBS of session 2018-2019
(From 12 Nov 2018 to 20 July 2019)

Abbottabad International Medical College, Abbottabad Time table schedule of 4th yr MBBS Pathology department, Session: 2018-2019

			Hours/periods							
S#	date	topic	lec	tutor ials	practical	revisio ns	tests	durati on	Faculty teacher	remarks
1.	13/11/18 tuesday	atherosclerosis						45 min	Dr Basharat/dr amar	
2.	15/11/18 thursday	Skin, urticaria						60 min	Col Qiyas	
3.	15/11/18 thursday	cryptorchidism						60 min	Prof Salma	
4.	15/11/18 thursday	Pathology practical			A: histo			2hr	A:Dr Riffat, B:Dr Basharat	

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Web Site: www.aimi.edu.pk.

				B:haem/ chem					
5.	16/11/18 friday	orchitis					60 min	Prof Salma	
6.	16/11/18 friday	eczema					60 min	Col Qiyas	
7.	17/11/18 saturday	Pulmonary edema					60 min	Dr Riffat	
8.	20/11/18 tuesday	Aneurysm/vasculitis					45 min	Dr Basharat/dr ammar	
21/11/18 12th Rabi-ul-Awal									
9.	22/11/18 thursday	psoriasis					60 min	Col Qiyas	
10.	22/11/18 thursday	Testicular tumors					60 min	Prof Salma	
11.	22/11/18 thursday	Pathology practical		B: histo A:haem /chem			2hr	A:Dr Riffat, B:Dr Basharat	
12.	23/11/18 friday	Testicular tumors					60 min	Prof Salma	
13.	23/11/18 friday	Premalignant skin lesions					60 min	Col Qiyas	
14.	24/11/18 saturday	Obstructive diseases lungs					60 min	Dr Riffat Dr Riffat	
15.	27/11/18 tuesday	Blood vessels tumors/IHD					45min	Dr Basharat/dr ammar	
16.	29/11/18 thursday	Skin carcinomas					60 min	Col Qiyas	
17.	29/11/18 thursday	BPH					60 min	Prof Salma	
18.	29/11/18 thursday	Pathology practical		A: histo B:haem/ chem			2hr	A:Dr Riffat, B:Dr Basharat	
19.	30/11/18 friday	Prostatic carcinoma					60 min	Prof Salma	
20.	30/11/18 friday	navi					60 min	Col Qiyas	
21.	1/12/18 saturday	Restrictive disease lungs					60 min	Dr Riffat	
22.	4/12/18 tuesday	Myocardial infarction					45min	Dr Basharat/dr ammar	
23.	6/12/18 thursday	Malignant melanoma					60 min	Col Qiyas	
24.	6/12/18 thursday	esophagitis					60 min	Prof Salma	

25.	6/12/18 thursday	Pathology practical			B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Basharat	
26.	7/12/18 friday	Esophageal tumors						60 min	Prof Salma	
27.	7/12/18 friday	Non specific lymphadenitis						60 min	Col Qiyas	
28.	8/12/18 saturday	Obstructive diseases lungs						60 min	Dr Riffat	
29.	11/12/18 tuesday	Myocarditis						45 min	Dr Basharat/dr ammar	
30.	13/12/18 thursday	Non Hodgkin lymphoma						60 min	Col Qiyas	
31.	13/12/18 thursday	gastritis						60 min	Prof Salma	
32.	13/12/18 thursday	Pathology practical			A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Basharat	
33.	14/12/18 friday	Peptic ulcer						60 min	Prof Salma	
34.	14/12/18 friday	Hodgkin lymphoma						60 min	Col Qiyas	
35.	15/12/18 saturday	Pulmonary emboli						60 min	Dr Riffat	
36.	18/12/18 tuesday	CHD						45 min	Dr Basharat/dr ammar	
37.	20/12/18 thursday	Hodgkin lymphoma						60 min	Col Qiyas	
38.	20/12/18 thursday	Peptic ulcer complications						60 min	Prof Salma	
39.	20/12/18 thursday	Pathology practical			B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Basharat	
40.	21/12/18 friday	Gastric carcinoma						60 min	Prof Salma	
41.	21/12/18 friday	Diseases of breast						60 min	Col Qiyas	
42.	22/12/18 saturday	pneumonia						60 min	Dr Riffat	
43.	25/12/18 Tuesday	Quaid-e-Azam day								
44.	27/12/18 thursday	Benign lesion of breast						60 min	Col Qiyas	
45.	27/12/18 thursday	Meckels diverticulum						60 min	Prof Salma	

46.	27/12/18 thursday	Pathology practical			A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Basharat		
47.	28/12/18 friday	enterocolitis						60 min	Prof Salma		
48.	28/12/18 friday	Carcinoma breast						60 min	Col Qiyas		
49.	29/12/18 saturday	Lungs tumors						60 min	Dr Riffat		
1 st january to 4 feb, 2019		Winter vacations									
50.	5/3/19 tuesday	Renal diseases introduction			B: histo A:haem /chem			45 min	Dr Riffat/dr ammar		
51.	7/3/19 thursday	Carcinoma breast						60 min	Col Qiyas		
52.	7/3/19 thursday	Celiac diseases						60 min	Prof Salma		
53.	7/3/19 thursday	Pathology practical			B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Ammar		
54.	8/3/19 . friday	Crohn's disease						60 min	Prof Salma		
55.	8/3/19 friday	Prognostic markers of breast carcinoma						60 min	Col Qiyas		
56.	9/3/19 saturday	Cystic diseases of kidney						60 min	Dr Riffat		
57.	12/3/19 tuesday	Glomerular diseases I						45 min	Dr Riffat/dr ammar		
58.	14/3/19 thursday	Pathology of vulva						60 min	Col Qiyas		
59.	14/3/19 thursday	Ulcerative colitis						60 min	Prof Salma		
60.	14/3/19 thursday	Pathology practical			A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Ammar		
61.	15/3/19 friday	Large intestine tumors						60 min	Prof Salma		
62.	15/3/19 friday	Pathology of vagina						60 min	Col Qiyas		
63.	16/3/19 saturday	Glomerular disease II						60 min	Dr Riffat		
64.	19/3/19 tuesday	Glomerular disease III						45 min	Dr Riffat/dr ammar		
65.	21/3/19 thursday	cervicitis						60 min	Col Qiyas		

66.	21/3/19 thursday	Hepatic injury pattern					60 min	Prof Salma	
67.	21/3/19 thursday	Pathology practical		B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Ammar	
68.	22/3/19 . friday	Liver cirrhosis					60 min	Prof Salma	
69.	22/3/19 friday	Cervical cancers					60 min	Col Qiyas	
70.	23/3/19 saturday	Pakistan day							
71.	26/3/19 tuesday	Glomerular lesion with systemic illness					45 min	Dr Riffat/dr ammar	
72.	28/3/19 thursday	DUB					60 min	Col Qiyas	
73.	28/3/19 thursday	Hepatitis					60 min	Prof Salma	
74.	28/3/19 thursday	Pathology practical		A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Ammar	
75.	29/3/19 friday	Metabolic liver disease					60 min	Prof Salma	
76.	29/3/19 friday	Endometritis					60 min	Col Qiyas	
77.	30/3/19 saturday	Acute tubular disease					60 min	Dr Riffat	
78.	2/4/19 tuesday	Renal artery stenosis					45 min	Dr Riffat/dr ammar	
79.	4/4/19 thursday	Endometrial polyps					60 min	Col Qiyas	
80.	4/4/19 thursday	Hepatic carcinoma					60 min	Prof Salma	
81.	4/4/19 thursday	Pathology practical		B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Ammar	
82.	5/4/19 . friday	cholecystitis					60 min	Prof Salma	
83.	5/4/19 friday	Endometrial hyperplasia					60 min	Col Qiyas	
84.	6/4/19 saturday	pyelonephritis					60 min	Dr Riffat	
85.	9/4/19 tuesday	AML/CML					45 min	Dr nayyab/dr ammar	
86.	11/4/19 thursday	Uterine tumors					60 min	Col Qiyas	

87.	11/4/19 thursday	Gall bladder carcinoma					60 min	Prof Salma	
88.	11/4/19 thursday	Pathology practical		A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
89.	12/4/19 friday	Exocrine pancreas					60 min	Prof Salma	
90.	12/4/19 friday	Fallopian tube lesions					60 min	Col Qiyas	
91.	13/4/19 saturday	urolithiasis					60 min	Dr Riffat	
14/4/19-15/4/19		College festival							
92.	16/4/19 tuesday	CLL					45 min	Dr Nayyab/dr ammar	
93.	18/4/19 thursday	Lymph node and skin					60 min	Col Qiyas	
94.	18/4/19 thursday	Pituitary gland					60 min	Prof Salma	
95.	18/4/19 thursday	Pathology practical		B: histo A:haem/ chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
96.	19/4/19 . friday	Thyroid gland					60 min	Prof Salma	
97.	19/4/19 friday	Ovarian cysts					60 min	Col Qiyas	
98.	20/4/19 saturday	Renal tumors					60 min	Dr Riffat	
99.	23/4/19 tuesday	ALL					45 min	Dr nayyab/dr ammar	
100.	25/4/19 thursday	Ovarian diseases					60 min	Col Qiyas	
101.	25/4/19 thursday	GIT test					60 min	Prof Salma	
102.	25/4/19 thursday	Pathology practical		A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
103.	26/4/19 friday	Thyroiditis					60 min	Prof Salma	
104.	26/4/19 friday	Gestational trophoblastic diseases					60 min	Col Qiyas	
105.	27/4/19 saturday	Wilm's tumors					60 min	Dr Riffat	
106.	30/4/19 tuesday	Hairy cell leukemia					45 min	Dr Nayyab/dr ammar	
1-5-19		Labour day							

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107	2/5/19 thursday	Homeostasis of bone					60 min	Col Qiyas	
108	2/5/19 thursday	Grave's disease					60 min	Prof Salma	
109	2/5/19 thursday	Pathology practical		B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
110	3/5/19 friday	Thyroid tumors					60 min	Prof Salma	
111	3/5/19 friday	Congenital diseases of bone					60 min	Col Qiyas	
112	4/5/19 saturday	cystitis					60 min	Dr Riffat	
113	7/5/19 tuesday	Burkitt's lymphoma					45 Min	Dr nayyab/dr ammar	
114	9/5/19 thursday	osteoporosis					60 min	Col Qiyas	
115	9/5/19 thursday	hyperparathyroidism					60 min	Prof Salma	
116	9/5/19 thursday	Pathology practical		A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
117	10/5/19 friday	hypoparathyroidism					60 min	Prof Salma	
118	10/5/19 friday	Paget's disease of bone					60 min	Col Qiyas	
119	11/5/19 saturday	Urinary bladder tumors					60 min	Dr Riffat	
120	14/5/19 tuesday	Myeloproliferative disorders					45 min	Dr Nayyab/dr ammar	
121	16/5/19 thursday	Ricket's bone					60 min	Col Qiyas	
122	16/5/19 thursday	Adrenal diseases					60 min	Prof Salma	
123	16/5/19 thursday	Pathology practical		B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
124	17/5/19 friday	Adrenals diseases					2 hr	Prof Salma/Col Qiyas	
125	17/5/19 friday	osteomylitis					60 min	Col Qiyas	
126	18/5/19 saturday	Respiratory tract and kidney					60 min	Dr Riffat	
127	21/5/19 tuesday	Multiple myeloma					45 min	Dr nayyab/dr ammar	

128	23/5/19 thursday	MID TERM TEST						2 hr	All pathology faculty	
129	23/5/19 thursday	Pathology practical			A: histo B:haem/ chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
130	24/5/19 friday	Adrenals						60 min	Prof Salma	
131	24/5/19 friday	Bone tumors						60 min	Col Qiyas	
132	25/5/19 saturday	Urinary bladder tumors						60 min	Dr Riffat	
133	28/5/19 tuesday	Cerebral edema						45 min	Dr Nayyab/dr ammar	
134	30/5/19 thursday	Bone tumors						60 min	Col Qiyas	
135	30/5/19 thursday	Adrenal tumor						60 min	Prof Salma	
136	30/5/19 thursday	Pathology practical			B: histo A:haem /chem			2 hr	A:Dr Riffat, B:Dr Nayyab	
137	31/5/19 friday	Adrenals diseases						60 min	Prof Salma	
138	31/5/19 friday	Ewing sarcoma						60 min	Col Qiyas	
139	1/6/19 saturday	Kidney test Class test(discussion)						60 min	Dr Riffat	
3 June to 8 Jun,19		Eid -ul -fitr holidays								
140	11/6/19 tuesday	hydrocephalus						45 min	Dr nayyab/dr ammar	
141	13/6/19 thursday	Gaint cell tumor						60 min	Col Qiyas	
142	13/6/19 thursday	Museum specimens						60 min	Prof Salma	
143	13/6/19 thursday	Pathology practical			A: histo B:haem/ chem			2 hr	A:Dr Maryam B:Dr Nayyab	
144	14/6/19 friday	Museum specimens						60 min	Prof Salma	
145	14/6/19 friday	Endocrine pancreas						60 min	Col Qiyas	
146	15/6/19 saturday	Introduction to chemical pathology						60 min	Dr Dr Maryam	
147	18/6/19 tuesday	meningitis						45 min	Dr Nayyab/dr ammar	

148	20/6/19 thursday	Endocrine pancreas						60 min	Col Qiyas	
149	20/6/19 thursday	Histopathology slides						60 min	Prof Salma	
150	20/6/19 thursday	Pathology practical			B: histo A:haem /chem			2 hr	A:Dr Maryam B:Dr Nayyab	
151	21/6/19 friday	Histopathology slides						60 min	Prof Salma	
152	21/6/19 friday	Endocrine pancreas						60 min	Col Qiyas	
153	22/6/19 saturday	Renal function tests						60 min	Dr Maryam	
154	25/6/19 tuesday	CNS tumors						45 min	Dr nayyab/dr ammar	
155	27/6/19 thursday	skin						60 min	Col Qiyas	
156	27/6/19 thursday	Museum specimens						60 min	Prof Salma	
157	27/6/19 thursday	Pathology practical Haematotology slides: Batch :B			A: histo B:haem/ chem.			2 hr	A:Dr Maryam B:Dr Nayyab	
158	28/6/19 friday	Male genital system						2 hr	Prof Salma, Col Qiyas	
159	28/6/19 friday	Skin						2 hr	Col Qiyas, prof salma	
160	29/6/19 saturday	Thyroid function tests						60 min	Dr Dr Maryam	
161	2/7/19 tuesday	CNS Class test						45 Min	Dr Nayyab/dr ammar	
162	4/7/19 thursday	Lymph nodes						60 min	Col Qiyas	
163	4/7/19 thursday	Esophagus, stomach						2 hr	Prof Salma Col Qiyas	
164	4/7/19 thursday	Pathology practical Haematology slides:Batch:A			B: histo A:haem /chem			2 hr	A:Dr Maryam B:Dr Nayyab	
165	5/7/19 friday	stomach						60 min	Prof Salma	
166	5/7/19 friday	Lymph nodes						60 min	Col Qiyas	
167	6/7/19 saturday	Oral glucose tolerance						60 min	Dr Maryam	
168	9/7/19 tuesday	haematology						45 Min	Dr nayyab/dr ammar	
169	11/7/19	Breast						2 hr	Col Qiyas	

	thursday							Prof salma	
170	11/7/19 thursday	Small and large intestine					60 min	Prof Salma	
171	11/7/19 thursday	Pathology practical		A: histo B:haem/ chem			2 hr	A:Dr Maryam B:Dr Nayyab	
172	12/7/19 friday	Small and large intestine					2 hr	Prof Salma Col Qiyas	
173	12/7/19 friday	breast					60 min	Col Qiyas	
174	13/7/19 saturday	Urine analysis					60 min	Dr Dr Maryam	
175	16/7/19 tuesday	Haematology					45 Min	Dr Nayyab/dr ammar	
176	18/7/19 thursday	Bone diseases					60 min	Col Qiyas	
177	18/7/19 thursday	Liver pathology					2 hr	Prof Salma Col Qiyas	
178	18/7/19 thursday	Pathology practical		B: histo A:haem/ chem			2 hr	A:Dr Maryam B:Dr Nayyab	
179	19/7/19 friday	Liver pathology					2 hr	Prof Salma Col Qiyas	
180	19/7/19 friday	Bone and joints					60 min	Col Qiyas	
181	20/7/19 saturday	Chemical pathology					60 min	Dr Maryam	
182	29/7/19 to 1/8/19	Pre prof exam 4th year MBBS pathology Department Session 2018-2019					3 hr	All pathology faculty	
200	26/9/19	Commencement of professional examination 4th yr MBBS Session 2018-2019							

2.1 (b) Proposed time table of 4th yr MBBS Session 2019-2020 (from Nov 2019 to Dec 2019)

PATHOLOGY DEPARTMENT 4th yr MBBS

Time table for session (2019-2020)

1ST November 2019 to December 2019

Sr.no	Topics	Date	Time	Duration lecture	Teacher name	Replacement name in case of unavailability
1.	Introduction to Anemia	5/11/19	1:15-2:15pm	60 min	Gen Ayub	
2.	Pathology of vulva	7/11/19	9:00-10:00am	60 min	Col Qiyas	
3.	Cryptorchidism	7/11/19	10:30-11:30am	60 min	Prof Salma	
4.	Pathology practical	7/11/19	11:30-12:30pm	Two batches so 2hr	A:histo B:haem/chem	
5.	Orchitis/torsion	8/11/19	10:00-11:00am	60 min	Prof Salma	
6.	Pathology of vagina	8/11/19	11:00-12:00pm	60 min	Col Qiyas	
7.	Introduction to chemical pathology	9/11/19	11:00-12:00pm	60 min	Dr Maryam	
8.	12/11/19		Holiday			
9.	Cervicitis/endocervical polyp	14/11/19	9:00-10:00am	60 min	Col Qiyas	
10.	Testicular tumors (I)	14/11/19	10:30-11:30am	60 min	Prof Salma	
11.	Pathology practical	14/11/19	11:30-12:30pm	2 hr	B:histo lab A:haem/chem	
12.	Testicular tumors (II)	15/11/19	10:00-11:00am	60 min	Prof Salma	
13.	Cervical intraepithelial lesions	15/11/19	11:00-12:00pm	60 min	Col Qiyas	
14.	Renal function test, (I)	16/11/19	11:00-12:00pm	60 min	Dr Maryam	
15.	Iron deficiency Anemia	19/11/19	1:15-2:15pm	60 min	Gen Ayub	
16.	Cervical ca	21/11/19	9:00-10:00am	60 min	Col Qiyas	
17.	Benign prostatic hyperplasia	21/11/19	10:30-11:30am	60 min	Prof Salma	

18..	Pathology practical	21/11/19	11:30-12:30pm	2 hr	A:histo B:haem/chem	
19.	Prostatic carcinoma	22/11/19	10:00-11:00am	60 min	Prof Salma	
20	DUB/Endometriosis	22/11/19	11:00-12:00pm	60 min	Col Qiyas	
21.	Renal function test (II)	23/11/19	11:00-12:00pm	60 min	Dr Maryam	
22.	Megaloblastic Anemia	26/11/19	1:15-2:15pm	60 min	Gen Ayub	
23.	endometritis	28/11/19	9:00-10:00am	60 min	Col Qiyas	
24.	Acalasia/hiatal hernia/diverticula /esophagitis	28/11/19	10:30-11:30am	60 min	Prof Salma	
25.	Pathology practical	28/11/19	11:30-12:30pm	2 hr	B:histo lab A:haem/chem	
26.	Esophageal tumors	29/11/19	10:00-11:00am	60 min	Prof Salma	
27.	Endometrial polyps	29/11/19	11:00-12:00pm	60 min	Col Qiyas	
28.	RFT's, in relation with clinical diseases	30/11/19	11:00-12:00pm	60 min	Dr Maryam	
29.	Microcytic Anemia	3/12/19	1:15-2:15pm	60 min	Gen Ayub	
30.	Endometrial hyperplasia/endo metrial carcinoma	5/12/19	9:00-10:00am	60 min	Col Qiyas	
31.	gastritis	5/12/19	10:30-11:30am	60 min	Prof Salma	
32.	Male genital system test	5/12/19	11:30-12:30pm	60 min	Lecture hall 2	
33.	Peptic ulcer	6/12/19	10:00-11:00am	60 min	Prof Salma	
34.	Leiomyoma/leiomyosarcoma	6/12/19	11:00-12:00pm	60 min	Col Qiyas	
35.	Oral glucose tolerance test	7/12/19	11:00-12:00pm	60 min	Dr Maryam	
36.	Normocytic Anemia	10/12/19	1:15-2:15pm	60 min	Gen Ayub	
37.	Fallopian tube inflammation	12/12/19	9:00-10:00am	60 min	Col Qiyas	
38.	Complication of peptic ulcer disease	12/12/19	10:30-11:30am	60 min	Prof Salma	
39.	Pathology practical	12/12/19	11:30-12:30pm	2 hr	A:histo B:haem/chem	

40.	Gastric carcinoma	13/12/19	10:00-11:00am	60 min	Prof Salma	
41.	Fallopian tube tumors	13/12/19	11:00-12:00pm	60 min	Col Qiyas	
42.	Liver function test (I)	14/12/19	11:00-12:00pm	60 min	Dr Maryam	
43.	Acute Myeloid Leukemia	17/12/19	1:15-2:15pm	60 min	Gen Ayub	
44.	Gestational trophoblastic diseases	19/12/19	9:00-10:00am	60 min	Col Qiyas	
45.	Meckel diverticulum/hirschsprung disease	19/12/19	10:30-11:30am	60 min	Prof Salma	
46.	Pathology practical	19/12/19	11:30-12:30pm	2 hr	B:histo lab A:haem/chem	
47.	enterocolitis	20/12/19	10:00-11:00am	60 min	Prof Salma	
48.	Gestational trophoblastic diseases	20/12/19	11:00-12:00pm	60 min	Col Qiyas	
49.	Liver function test (II)	21/12/19	11:00-12:00pm	60 min	Dr Maryam	
50.	Chronic Myeloid Leukemia	24/12/19	1:15-2:15pm	60 min	Gen Ayub	
51.	Non-neoplastic and functional cyst-ovaries	26/12/19	9:00-10:00am	60 min	Col Qiyas	
52.	Celiac disease/tropical sprue/whipple disease	26/12/19	10:30-11:30am	60 min	Prof Salma	
53.	Pathology practical	26/12/19	11:30-12:30pm	2 hr	A:histo lab B:haem/chem	
54.	Crohn's disease	27/12/19	10:00-11:00am	60 min	Prof Salma	
55.	Ovarian tumors	27/12/19	11:00-12:00pm	60 min	Col Qiyas	
56.	Liver function test (II)	28/12/19	11:00-12:00pm	60 min	Dr Maryam	
57.	Acute Lymphoid Leukemia	31/12/19	1:15-2:15pm	60 min	Gen Ayub	

2.2: Academic calendar of the institute

ABBOTTABAD INTERNATIONAL MEDICAL INSTITUTE ABBOTTABAD (ACADEMIC CALENDAR) 2018-19 ACADEMIC SESSION							DME AIMI ABBOTTABAD										
OCTOBER 2018							February 2019										
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri					
1	2	3	4	5	6		3	4	5	6	7	8					
7	8	9	10	11	12	13	10	11	12	13	14	15					
14	15	16	17	18	19	20	17	18	19	20	21	22					
21	22	23	24	25	26	27	24	25	26	27	28	29					
28	29	30	31														
NOVEMBER 2018							March 2019										
Rabiat ulawal	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs					
21 November	1	2	3	4	5	6	7	3	4	5	6	7					
	8	9	10	11	12	13	14	10	11	12	13	14					
	15	16	17	18	19	20	21	17	18	19	20	21					
	22	23	24	25	26	27	28	24	25	26	27	28					
	29	30	31					29	30	31							
December 2018							April 2019										
Quaid-e-Azam day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs					
	1	2	3	4	5	6	7	1	2	3	4	5					
	8	9	10	11	12	13	14	8	9	10	11	12					
	15	16	17	18	19	20	21	14	15	16	17	18					
	22	23	24	25	26	27	28	21	22	23	24	25					
	29	30	31					28	29	30							
JANUARY 2019							MAY 2019										
Gazette Holidays	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs					
	1	2	3	4	5	6	7	1	2	3	4	5					
	8	9	10	11	12	13	14	8	9	10	11	12					
	15	16	17	18	19	20	21	15	16	17	18	19					
	22	23	24	25	26	27	28	22	23	24	25	26					
	29	30	31					29	30	31							
College Festivals (14/15 April)							June 2019										
Labor day (1 st May)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs					
	1	2	3	4	5	6	7	1	2	3	4	5					
	8	9	10	11	12	13	14	8	9	10	11	12					
	15	16	17	18	19	20	21	15	16	17	18	19					
	22	23	24	25	26	27	28	22	23	24	25	26					
	29	30	31					29	30	31							
Prep leaves							July 2019										
Winter vacations	15	College days/festival					02	Sun	Mon	Tues	Wed	Thurs					
	59	Faculty Development workshops					05	1	2	3	4	5					
Mid-term Exam	09	Prof Exams						6	7	8	9	10					
Pre-Proff Exams	06	(28 November) Final Proff 27 th August (2 nd Proff) (17 September 1 st Proff, 24 th September 3 rd Proff, 26 th September 4 th Proff)						11	12	13	14	15					
College Timings 8:00 AM to 2 :00 PM (6 hours daily)							September 2019										
Volume/Author (9-10 September)							Sun	Mon	Tues	Wed	Thurs	Fri					
	1	2	3	4	5	6	7	1	2	3	4	5					
	8	9	10	11	12	13	14	8	9	10	11	12					
	15	16	17	18	19	20	21	15	16	17	18	19					
	22	23	24	25	26	27	28	22	23	24	25	26					
	29	30	31					29	30								

2.3: Academic calendar of pathology department

4th yr MBBS (session 2018-2019)

November 2018

CVS-----Dr Basharat/Dr Ammar bin saad
Skin-----Col Qiyas
Male genital system and prostate----Prof Salma
Respiratory-----Dr Riffat

December 2018

Heart-----Dr Basharat/Dr Ammar bin saad
Lymph nodes, breast----- Col Qiyas
GIT----- Prof Salma
Respiratory-----Dr Riffat

March 2019

Renal pathology-----Dr Riffat/Dr Ammar bin Saad
Female genital tract-----Col Qiyas

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GIT-----Prof Salma

April 2019

Renal pathology-----Dr Riffat/Dr Ammar bin Saad

Female genital tract-----Col Qiyas

Liver gallbladder, pituitary gland---Prof Salma

Haematology-----Dr Nayyab

18-4-19-----breast, lymphnode and skin (stage 1)

25-4-19-----GIT (stage 11)

May 2019

Bone and joint-----Col Qiyas

Endocrinology-----Prof Salma

Bladder pathologies---Dr Riffat

Haematology-----Dr Nayyab

18-5-19-----Respiratory and kidney (stage111)

23-5-19-----Mid term test

June 2019

CNS-----Dr Nayyab

Endocrine pancreas---Col Qiyas

Museum specimens---Prof Salma

Chemical pathology -----Dr Maryam

July 2019

Chemical pathology -----Dr Maryam

Revision classes-----Prof Salma, Col Qiyas, Dr Nayyab

29.7.19----- preprof exam 4th yr

26.9.19----- commencement of prof exam 4th yr

2.5(a) ROTA of 4th yr MBBS faculty members (session 2018-2019)

Tuesdays lecture of 4th yr MBBS -----Dr Basharat,dr Ammar Bin Saad, Dr Nayab

Thursday lecture of 4th yr MBBS-----Prof Dr Salma, Col Qayas

Thursday practical-----Demonstrators

Friday lecture of 4th yr MBBS-----Prof Dr Salma, Col Qayas

Saturday lecture of 4th yr MBBS-----Dr Riffat, Dr Maryam

2.5(b): ROTA of 4th yr MBBS faculty members (session 2019-2020)

Tuesdays lecture of 4th yr MBBS ----- Maj Gen® Dr M. Ayub

Thursday lecture of 4th yr MBBS-----Prof Dr Salma, Col Qayas

Thursday practical-----Demonstrators

Friday lecture of 4th yr MBBS-----Prof Dr Salma, Col Qayas

Saturday lecture of 4th yr MBBS-----Dr Riffat, Dr Maryam, Dr Adil

2.6: Students batches rotation/ schedules in laboratory 4th yr MBBS (session 2018-2019)

Total number of students in 4th yr is 109, divided into two batches for practical

ROLL NO: 1 TO 55-----BATCH A (54 students)

ROLL NO: 56 TO 109-----BATCH B (55 students)

Batch A and Batch B will be rotated alternatively in histopathology lab and haematology/ chemical pathology lab for weekly basis

2.7 Duty rosters of Demonstrater for Laboratory of 4th yr MBBS (session 2018-2019)

Duty roster of demonstrator of 4th year MBBS, Session 2018-2019

November/December 2018(Dr Riffat/Dr Basharat)

Thursday: 11:30-12:30pm ----- practical Batch A and Batch B will be rotated alternatively in histopathology lab and haematology/ chemical pathology lab for weekly basis

Batch A ----- Dr Riffat

Batch B----- Dr Basharat(AP)

Saturday: 11:00-12:00pm -----lecture (Dr Riffat)

March 2019 (Dr Riffat/Dr Ammar bin saad)

Tuesday: 01:15- 2:00 pm -----Lecture (Dr Riffat)

Thursday: 11:30-12:30pm -----practical

Batch A ----- Dr Riffat

Batch B----- Dr Ammar bin saad (AP)

Saturday: 11:00-12:00pm -----lecture (Dr Riffat)

April 2019 (Dr Riffat) / (Dr Nayab)

Ist week

Tuesday: 01:15- 2:00 pm -----Lecture (Dr Riffat)

Thursday: 11:30-12:30pm -----practical

Batch A ----- Dr Riffat

Batch B----- Dr Nayyab

Saturday: 11:00-12:00pm -----lecture (Dr Riffat)

2nd week onwards

Tuesday: 01:15- 2:00 pm -----Lecture (Dr Nayab)

Thursday: 11:30-12:30pm -----practical

Batch A ----- Dr Riffat

Batch B----- Dr Nayyab

Saturday: 11:00-12:00pm -----lecture (Dr Riffat)

May 2019 (Dr Riffat) / (Dr Nayab)

Tuesday: 01:15- 2:00 pm -----Lecture (Dr Nayab)

Thursday: 11:30-12:30pm -----practical

Batch A ----- Dr Riffat

Batch B----- Dr Nayyab

Saturday: 11:00-12:00pm -----lecture (Dr Riffat)

June / July 2019 (Dr Nayab/ Dr Maryam)

Tuesday: 01:15- 2:00 pm -----Lecture (Dr Nayab)

Thursday: 11:30-12:30pm -----practical

Batch A ----- Dr Maryam

Batch B----- Dr Nayyab

Saturday: 11:00-12:00pm -----lecture (Dr Maryam)

2.8: Demonstration topics list of 4th yr MBBS (session 2018-2019)

Abbottabad international Medical College, Abbottabad

Department of pathology

4th year, MBBS, 2018-2019

Lectures topics of Dr Riffat



s: no	date	time	Topic
1	17/11/18	11:00-12:00pm	Atelectasis/pulmonary edema
2	24/11/18	11:00-12:00pm	Obstructive pulmonary disease
3	1/12/18	11:00-12:00pm	Diffuse interstitial disease (infiltrative/restrictive)
5	8/12/18	11:00-12:00pm	Granulomatous diseases of lungs
6	15/12/18	11:00-12:00pm	Pulmonary emboli/haemorrhage/infarction
7	22/12/18	11:00-12:00pm	Pneumonia
8	29/12/18	11:00-12:00pm	Lung tumor
9	9/3/19	11:00-12:00pm	Cystic diseases of kidney
10.	12/3/19	1:15-2:00pm	Glomerular disease (I)
11	16/3/19	11:00-12:00pm	Glomerular disease (II)
12.	19/3/19	1:15-2:00pm	Glomerular disease (III)
13.	23/3/19	Pakistan day	
14.	26/3/19	1:15-2:00pm	Glomerular lesions associated with systemic diseases
15.	30/3/19	11:00-12:00pm	Acute tubular necrosis
16.	2/4/19	1:15-2:00pm	Diseases of blood vessels of kidney
17.	6/4/19	11:00-12:00pm	Pyelonephritis
18.	13/4/19	11:00-12:00pm	Obstructive uropathy/urolithiasis
19.	20/4/19	11:00-12:00pm	Renal tumors
20.	27/4/19	11:00-12:00pm	Wilm's tumors/acute tubular necrosis
21.	4/5/19	11:00-12:00pm	Cystitis
22.	11/5/19	11:00-12:00pm	Urinary bladder tumors
23.	18/5/19	11:00-12:00pm	Respiratory tract test
24.	25/5/19	11:00-12:00pm	Revision class urinary bladder tumors
25.	1/6/19	11:00-12:00pm	Kidney test

Lectures topics of Dr Nayab (4th yr MBBS session 2018-2019)

s: no	date	time	Topic
1	9/4/19	1:15-2:00pm	Acute Myeloid Leukemias/chronic myeloid leukemias
2.	16/4/19	1:15-2:00pm	Chronic Lymphocytic leukemias
3.	23/4/19	1:15-2:00pm	Acute Lymphocytic leukemias
4.	30/4/19	1:15-2:00pm	Hairy cell leukemias
5.	7/5/19	1:15-2:00pm	Burkitt's lymphoma

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6.	14/5/19	1:15-2:00pm	Myeloproliferative disease
7.	21/5/19	1:15-2:00pm	Multiple myeloma
8.	28/5/19	1:15-2:00pm	Cerebral edema/herniations
9.	11/6/19	1:15-2:00pm	Hydrocephalus
10.	18/6/19	1:15-2:00pm	Meningitis
11.	25/6/19	1:15-2:00pm	CNS tumors
12.	2/7/19	1:15-2:00pm	CNS test
13.	9/7/19	1:15-2:00pm	Revision class haematology
14.	16/7/19	1:15-2:00pm	Revision class haematology

Lectures and practical topics of Dr Maryam (4th yr session 2018-2019)

s: no	date	time	Topic
1	15/6/19	11:00-12:00pm	Introduction to chemical pathology
2.	22/6/19	11:00-12:00pm	Renal function test
3.	29/6/19	11:00-12:00pm	Thyroid function test
4.	6/7/19	11:00-12:00pm	Oral glucose tolerance
5	13/7/19	11:00-12:00pm	Urine analysis
6	20/7/19	11:00-12:00pm	Chemical pathology test

Chapter 3: Evaluation process

3.1 Assessment Methodologies

Theory

Chose the one best type questions

SEQ'S

Practical

Ospe

Viva

3.2 Assessment schedules

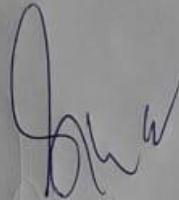
3.3: Monthly test

3.3 (a) First stage

NOTICE

Dated: 4th April,2019

Students of 4th year MBBS are hereby informed that test of Lymph Nodes & Skin will be held on Thursday 18th April 2019 from 09:00-10:00.



Prof. Dr. Shahjehan
HoD Pathology
AIMC, Abbottabad

CC:

- Principal
- Notice Board

3.3 (b) paper of stage 1 FROM MEHNOOR WATAPP



1411

18/4/19 (Dr Col Qas)

SKIN BREAST
(LYMPHNODES)

STAGE EXAM 4TH YEAR MBBS AIMC

TIME 60 Minutes

Attempt ALL questions

All questions carry equal marks

1. A 50 year old man presented with ulcerated growth over the ear for 1 year duration. Microscopy revealed anaplastic squamous cells. What is most likely diagnosis? Give pathogenesis , morphology and differentiation type of the lesion. Squamous cell carcinoma
2. 18 year old young man presented with asymptomatic lymphadenopathy in right supraclavicular region .histopathology revealed Reed Sternberg tumor cells in lymph node. What is etiology and classification of most likely diagnosis. Hodgkin's lymphoma
3. A 40 year old male presented with pearly white, papule with prominent telangiectatic surface vessels on the cheek. Biopsy of the lesion revealed malignant basaloid cells. What is pathogenesis,morphology and staging for the lesion. Basal cell carcinoma
4. 25 year old female presented with melanotic irregular nodular lesion on the scalp measuring 12 cm. histopathology of the lesion revealed malignant melanocytes. What is morphology, types and prognosis of the lesion. Melanoma

3.3 (c) stage 1 result



Breast & Skin
Lymphoma

Abbottabad International Medical College, Abbottabad
List of 4th Year MBBS
Session 2018-19

18 Apr 2019

Roll No.	Name	Obtained Marks	Total Marks	Grade	Pass Status
1	1801 Shazia Khan	16	52	1891 Anees ur-Rehman	9
2	1802 Bibi Khadija	A	53	1893 Muhammad Hassan	5
3	1804 Hina Mumtaz	10	54	1895 Asad Ullah	31
4	1805 Zahra Zafar	29	55	1897 Hamza Amn	0
5	1809 Zarqa Nizam	12	56	1898 Ahsan Sattar Nagra	0
6	1811 Fahreeca Ramzan	59 1st	57	1899 Muhammad Damyal Khan	7
7	1813 Sumiyya Abbasi	54 2nd	58	1901 Muhammad Wazir	A
8	1819 Malakha Mustansar	10	59	1902 Asad Khawaja	4
9	1821 Natasha Saddique	50	60	1903 Sufaid Khan	4
10	1822 Shabana Tahir	52	61	1905 Kamal Shah	- 4 ✓
11	1823 Mariam Ibrar	51	62	1906 Ali Raza	2
12	1825 Hania Zaka	45	63	1907 Wajahat Hussain	0
13	1827 Ahma Sarfaraz	8	64	1908 Bilal Khan	50
14	1829 Mehr Un Nisa	37	65	1909 Syed Farhan Ali Shah	12
15	1830 Unceba Zahaid	6	66	1910 Ajib Munir	0
16	1831 Wajahat Komal	10	67	1911 Waleed Khan	A
17	1833 Sumbal Naseem	53 3rd	68	1913 Mohaamad Uzair	37
18	1839 Hasham Qureshi	26	69	1914 Muzamil Hussain	0
19	1841 Jalil Ahmed Hashmi	21	70	1917 Hassan Gul	7
20	1842 Ayan Khan	14	71	1920 Owais Muhammed Umair	20
21	1843 Osama Naz	23	72	1921 Nasir Iqbal	A
22	1844 Yousaf Jalal	44	73	1694 Tayyaba Qayyum	A
23	1845 Waqar Ahmed	22	74	1611 Kainat	0
24	1846 Ali Haider	A	75	1613 Shahbanu Gul	0
25	1848 Shanbaz Ahmed	48	76	1620 Sayyada Khushboo Zamab	0
26	1850 Mushtaq Ahmed	0	77	1625 Rida Asif	18
27	1853 Muhammad Faisal	0	78	1647 Hajar Javed	0
28	1858 Muhammad Umair Suleman	28	79	1649 Shah Khalid	A
29	1859 Muhammad Zeeshan Sial	A	80	1666 Anwar-ud-Din	A
30	1860 Usama Irfan	0	81	1667 Umar Gulzar	0
31	1861 Muhammad Salman	0	82	1677 Ehtisham-ul-Haq	2
32	1862 Jawad Ullah Khan	31	83	1678 Maqsood Rana	A
33	1864 Talal Hamid	A	84	1686 Babar Ali	A
34	1866 Adil Iqbal	30	85	1692 Khan Alam	10
35	1867 Syed Mavia Bukhari	2	86	1701 Hashir Hassan	A
36	1868 Abshar Khan	28	87	1704 Sheraz Moni	A
37	1869 Asmat ul Ilan	17	88	1406 Summera Khan	0
38	1870 Muhammad Dawood Saleem	20	89	1411 Mahnoor Waqar	14
39	1871 Nauman Shah	22	90	1416 Eliza Khan	6
40	1872 Usama Khan	2	91	1418 Wardah Qaiser	A
41	1874 Qais Khalid	0	92	1420 Javeria Bashir	0
42	1875 Syed Imad Ullah	A	93	1429 Hifsa Khan	A
43	1876 Asad Khan Afridi	2	94	1436 Kashmala	10
44	1877 Muhammad Farman	0	95	1445 Ashfaq Ahmad	A
45	1879 Kaleem Ullah job	2	96	1447 Sheryar Khan	0
46	1880 Hamza Ishtiaq	0	97	1448 Gouhar Ali	6
47	1882 Umer Farooq Shah	6	98	1450 Alimad Ali Nawaz	14
48	1883 Sami-Ul-Haq	A	99	1458 Annas Sani	7
49	1885 Sikandar Khan	8	100	1492 Sohail Ahmed Khan	4
50	1887 Asad Ali Badshah	7	101	1241 Syeda Andleeb Bukhari	26
51	1889 Muhammad Ali Basharat	0			

Note : No admission forms of any student having an overall attendance of less than 75% will be sent to the University for the Professional Examinations.

Student Appeared : 83

Updated 13-4-2019

Pased : 10

Failed : 73

For HOD

Jayay

3.3 (b) Second stage



Ref. No. 21

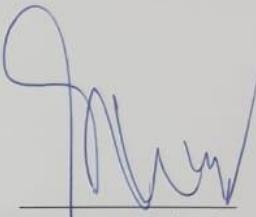
Dated: 9th April, 2019



NOTICE

Students of 4th Year MBBS are hereby informed that their test on GIT will be held on 25th April, 2019. Attendance of students is mandatory.

Time: 10:30 – 11:30 am



A handwritten signature in blue ink, appearing to read "Prof. Dr. Shahjehan".

Prof. Dr. Shahjehan
HOD Pathology

CC:

1. Principal
2. Notice Board
3. Dept. of Forensic Medicine
4. Dept. of Pharmacology

Paper

Abbottabad International Medical College

4th yr MBBS, Session 2018-2019

Second term test (GIT) 2019

dated: 25.4.19

SEQ,

Attempt any five questions

Total marks: 50

Time allowed 1 hr

Q1. A 50years old male with known case of hepatitis C admitted in medical department with abdominal distension and yellow discolouration of skin. His previous liver biopsy showed bridging fibrous septas, parenchymal nodule with disruption of entire liver architecture

Write the underlying pathology, (2)

Discuss its pathogenesis? (5)

Enlist the complication (3)

Q 2 A 25 years old woman presents with a 3 weeks history of periumbilical pain, diarrhea, fever and weight loss. The result of stool culture is negative for bacteria, ova and parasites. The endoscopic evaluation with biopsy of affected areas reports transmural inflammation

Write the underlying pathology? (2)

Write its morphological features (3)

Enumerates differences between crohn disease and ulcerative colitis? (5)

Q 3: A 48 year old man presents with fatigue, slight malaise, and slight tenderness in upper right quadrant of his abdomen. A liver biopsy reveals chronic inflammation of portal triads that spills over into hepatocytes. Few hepatocytes with ground glass cytoplasm are found

Which virus is most likely cause of chronic hepatitis in this individual? (2)

Enlist types of hepatitis and their mode of transmission (3)

Write lab diagnosis of hepatitis B (5)

Q4. 50 year female patient diagnosed case of gall stones presented with pain right hypochondrium, pain radiated to the right shoulder, with flatulence dyspepsia. She was diagnosed as a case of acute choleycystitis.

Name the stones , which can exist in gallbladder (3)

Eneumerate the risk factors which can cause gall stones (3)

Discuss the complication of acute choleycystitis (4)

Q5 A40 yr old man presents to his physician with a 2 month history of intermittent upper abdominal pain. He describes the pain as dull, gnawing ache. The pain sometimes wakes him at night, is relieved by food and drinking milk, and is helped partially by ranitidine.

Write its diagnosis (2)

Role of H Pylori in above mentioned pathology (4)

Enlist the microscopic features (4)

Q6 Write short notes on (10)

Barrett esophagus

Enumerate polyps of small intestine

Dukes classification

Hepatic causes of jaundice

Result



4th Yr.
Total Marks

Abbottabad International Medical College, Abbottabad
List of 4th Year MBBS
Session 2018/19

Result : GIT. 25-4-2019
By Dr. Salma Naz

Passed Marks
25

1	1801	Shazia Khan	32	52	1891	Anees-ur-Rehman	37
2	1802	Hiba Khadria	09 F	53	1893	Mohammad Hassan	15 F
3	1804	Hira Mumtaz	01 F	54	1895	Asad Iftah	11 F
4	1805	Zahra Zafar	02 F	55	1897	Hamza Amin	05 F
5	1809	Zanba Nizam	06 F	56	1898	Ahsan Sattar Nagra	Zero F
6	1811	Gabreena Ramzan	41 1st	57	1899	Muhammad Danyal Khan	08 F
7	1813	Sidneyia Abbasi	36	58	1901	Muhammad Wazir	Zero F
8	1819	Malarka Mustansar	09 F	59	1902	Asad Khawaja	Zero F
9	1821	Nousha Sadiqne	29 2nd	60	1903	Sufaid Khan	15 F
10	1822	Shabana Tahir	23	61	1905	Kamal Shah	09 F
11	1823	Mariam Ibrar	23 3rd	62	1906	Ali Raza	11 F
12	1825	Hania Zaka	35	63	1907	Wajahat Hussain	Absent
13	1827	Alina Sarfaraz	28 F	64	1908	Bilal Khan	35
14	1829	Mehr Un Nisa	36	65	1909	Syed Farhan Ali Shah	03 F
15	1830	Umeela Zahaid	33	66	1910	Aqib Munir	10 F
16	1831	Wardha Komal	36	67	1912	Waleed Khan	Absent
17	1833	Sumbal Naseem	36	68	1913	Mohammad Uzair	14 F
18	1839	Hashmi Qureshi	34	69	1914	Muzammil Hussain	10 F
19	1841	Jahid Ahmed Hashmi	08 F	70	1917	Hassan Gul	16 F
20	1842	Ajay Khan	29	71	1920	Owais Muhammad Umair	13 F
21	1843	Osama Naz	Zero	72	1921	Nasir Iqbal	04 F
22	1844	Yousaf Jalal	25	73	1604	Tayyaba Qayyum	Absent
23	1845	Waqar Ahmed	25	74	1611	Kumrat	02 F
24	1846	Ali Haider	Absent	75	1613	Shahbana Gul	Zero
25	1848	Shabbaz Ahmed	12 F	76	1620	Savyadhi Khushboo Zainab	Zero
26	1850	Mushtaq Ahmed	Absent	77	1625	Rida Asif	11 F
27	1853	Muhammad Faisal	19 1st	78	1647	Hajra Javed	Zero
28	1855	Muhammad Umair Suleman	41 1st	79	1649	Shah Khalid	Absent
29	1859	Muhammad Zeeshan Sial	74 F	80	1666	Amwar-ud-Din	Absent
30	1860	Usama Irshad	16 F	81	1667	Umar Gulzar	Absent
31	1861	Muhammad Salman	Absent	82	1677	Ehtisham-ul-Haq	Absent
32	1862	Jawad Ullah Khan	25	83	1678	Maqsood Rana	Zero
33	1864	Talal Hamid	Zero	84	1686	Babar Ali	Absent
34	1866	Azil Iqbal	15 F	85	1692	Kittar Aliya	08 F
35	1867	Syed Ma'mo Bulbuli	05 F	86	1701	Hashir Hassan	Zero
36	1868	Abyash Khan	29	87	1704	Sheraz Moon	02 F
37	1869	Aṣmat-Ullah	02 F	88	1406	Summeta Khan	01 F
38	1870	Muhammad Dawood Saleem	05 F	89	1411	Mahmoor Waqar	29
39	1871	Nasman Shah	31	90	1416	Esha Khan	Absent
40	1872	Usama Khan	38 3rd	91	1418	Wardah Qaiser	Absent
41	1874	Quis Khalid	04 F	92	1420	Javeria Bashir	Zero
42	1875	Syed Imad Ullah	08 F	93	1429	Hifsa Khan	Zero
43	1876	Asad Khan Afridi	06 F	94	1436	Kashmala	Absent
44	1877	Muhammad Farman	13 F	95	1445	Ashfaq Ahmad	Absent
45	1879	Kaleem Ullah	07 F	96	1447	Sheryar Khan	05 F
46	1880	Hainza Ishtiaq	01 F	97	1448	Gouhar Ali	Absent
47	1882	Umer Farooq Shah	05 F	98	1450	Ahmed Ali Nawaz	01 F
48	1883	Sami-Ul-Haq	Absent	99	1458	Annas Soni	17 F
49	1885	Sikandar Khan	22 F	100	1492	Sohail Ahmed Khan	Zero
50	1887	Asad Ali Badshah	15 F	101	1241	Sveda Andleeb Bulbuli	25
51	1889	Muhammad Ali Hashmi	Absent				

Note : No admission forms of any student having an overall attendance of less than 75% will be sent to the University for the Professional Examinations.

Updated 13-4-2019 Student Appeared : 82
Passed : 24

for
Jahid
25/4/19

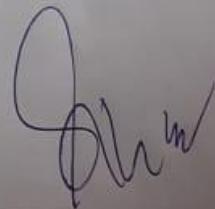
3.3(c) Third stage



NOTICE

Dated: 3rd May, 2019

Students of 4th year MBBS are hereby informed that test of Respiratory Tract & Renal system will be held on Saturday 18th May 2019 from 11:00-12:00.



Prof. Dr. Shahjehan
HoD Pathology
AIMC, Abbottabad

CC:

- Principal
- Notice Board

Paper



1411

(Kidney + Liver)

Stage 4th Year MBBS AIMC Abbottabad

4th May 1, 2019

(DR. RIFFAT)

Q1: 55 years old gentle man presented with 07 months history of Hematuria and Flank pain for the past six months, recently he noticed a mass in a right flank, he is also complaining of loss of weight of approximately 5kg over the past five months on examination the patient was vitally stabled there was palpable non tender mass in the right flank with palpable inguinal lymph nodes.

- What is the most likely diagnosis,
- How would you classify the above condition
- Write down the risk factors and pathophysiology
- How would you investigate this patient.

Q2: A 30 year old gentleman presented with severe Colicky pain in the left flank radiating to groin for the past three weeks patient has history of Renal stones in the past.

- What is the most likely diagnosis
- How would you classify renal stones
- What are the risk factors and pathophysiology
- How would you investigate this patient.

Q3: A 32 year old gentleman presented with one week history of fever difficulty in breathing Pleuritic chest pain and productive cough with rusty colored sputum on examination patient was febrile with pulse rate of 120 per minute and respiratory rate of 30 per minute, there was decreased movement of chest on right side, increased vocal fremitus and dull percussion and absent breath sounds on the right side

- ✓ What is the most likely diagnosis
- ✓ Write down the Morphological features of the disease
- ✓ Classify pneumonia, write down the complications of pneumonia.

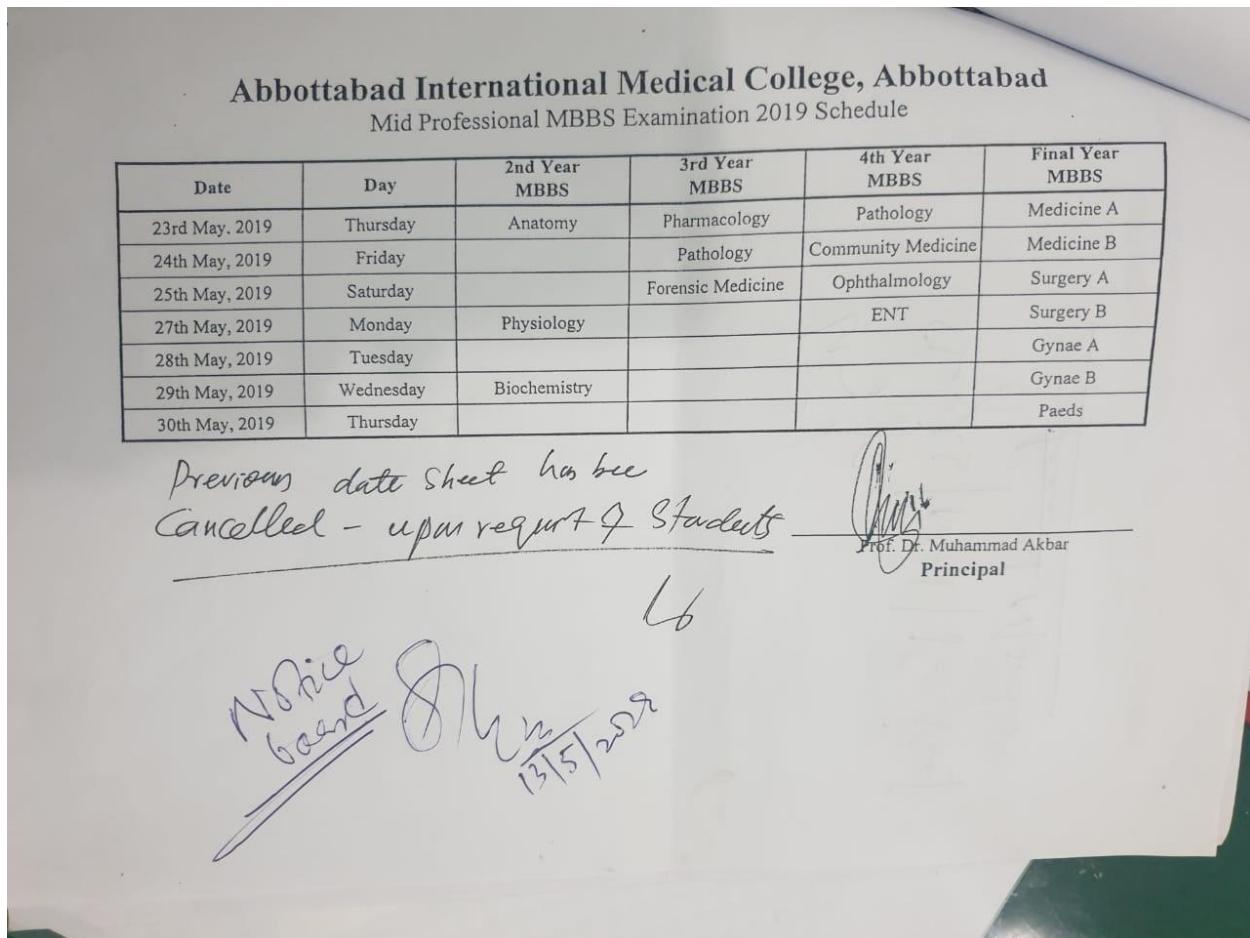
Q4: 56 year old gentleman known smoker for the past twenty years presented in OPD with repeated episodes of productive coughs, usually during winters which later on become constant for the past two months, he also complained of breathing on exertion which is slowly exacerbating, on examination patient is dyspneic with pursed lips, decreased chest expansion with hyper resonant percussion note breath sounds are decreased bilaterally with ronchi, cyanosis was absent

- ✓ What is the most likely diagnosis COPD
- ✓ How would you classify COPD
chronic bronchitis (cyanosis) → loop bluer
Emphysema (no cyanosis) pink puffier
no bronchiectasis

- ✓ What are the Etiological factors *Inhalers, dust*
- ✓ Write down the pathophysiology of COPD
- ✓ How would you investigate the patient.

3.4 Midterm exam 4th yr MBBS (session 2018-2019)

Notics



Paper

Abbottabad international medical college, Abbottabad

4th yr MBBS ,Session 2018-2019

MID TERM EXAM

Dated: 23/5/19

Multiple choice questions

Total marks 50

Time allowed: 2hr

The test used primarily to diagnose liver disease is:

Aldolase

ALT

LDH

CK

Which one of the following is not a predisposing factor for peptic ulcer

- Achlorhydria
Blood group o
Cigarette smoking
Ingestion of aspirin
Associated features of familial adenomatous polyposis(FAP) include
Atrophic gastritis
Gastric and duodenal adenomas
Uveitis
Medullary thyroid cancer
Obstructed jaundice is associated with all except
Delayed wound healing
Increase sepsis
Increased incidence of DVT
Renal failure
Macrovascular steatosis occurred in
Alcoholic
Pregnancy
Diabetes
Valproic acid toxicity
- Which of the following statements is correct for hepatocellular carcinoma
Strong tendency for invasion of vascular channels
Strongly associated with hepatitis A
Carcinoembryonic antigen is raised
Morphology of hepatocellular carcinoma is usually of squamous cell ca
Liver biopsy from a patient with chronic liver disease reveals parenchymal nodules surrounded by wide fibrous bands along with disruption of vascular architecture. Which cells are involved in production of fibrous tissue
Hepatocytes
Kupffer cells
Stellate cells
Sinusoidal endothelial cells
- Which is an important prognostic factor in prostatic carcinoma
Site of cancer
Size of tumor
Raised acid phosphatase
Serum PSA level
- . A 50 year old female with chronic dysphagia undergoes an upper endoscopy that reveals massive dilatation of distal esophagus. The esophagus is kinked and tortuous and partially filled with undigested food. What is most likely diagnosis for this patient
Achalasia
Barrett's esophagus
Plummer Vinson syndrome
Carcinoma esophagus
- The following tumor of testes are thought to be derived from germ cell
Yolk cell tumor
Leydig cell tumor
Sertoli cell tumor

All of above

.Which one of following conditions predisposes to colonic carcinoma

Bacillary dysentery

Crohn's disease

Diverticular disease

Ulcerative colitis

An 18 yrs old man presents with abdominal pain localized to right lower quadrant, nausea and vomiting, mild fever and elevation of TLC count. An appendectomy is performed. Which of the following statements best describes the expected microscopic appearance of appendix

Lymphoid hyperplasia and gaunt cells within muscular wall

Neutrophils in muscular wall

Dilated lumen filled with mucous

A tumor nodule at tip of appendix

During a pre-employment physical examination, a 45 year old man is noted to have a 3cm palpable nodule in one lobe of an otherwise normal sized thyroid gland. Needle aspiration of nodule demonstrates polygonal tumor cells and amyloid, but only very scantily colloid and normal follicular cells

a)hashimoto's disease

b) medullary thyroid carcinoma

c) papillary thyroid carcinoma

d) follicular thyroid carcinoma

A 27 year old man undergoes abdominal surgery for resection of a segment of terminal ileum. He has had low grade fever, weight loss, and symptoms of intestinal occlusion. Histologic examination of this segment reveals transmural chronic inflammation and scattered noncaseating granulomas. Which of following is most likely diagnosis

Diverticular disease

Intestinal tuberculosis

Ulcerative colitis

Crohn disease

A 12 yrs old boy with sickle cell anemia presents with recurrent severe right upper quadrant colicky abdominal pain. At the time of surgery multiple dark black stones are found with in the gall bladder. These stones are composed of which one of following substances

Carbon

Urate

Bilirubin

Cholesterol

A 67yrs old man is found on rectal examination to have a single, hard, irregular nodule within his prostate. A biopsy of this lesion reveals the presence of small glands lined by single layer of cells with enlarged, prominent nucleoli. From what portion of prostate did this lesion most likely originate?

Anterior zone

Central zone

Peripheral zone

Transition zone

A 66yrs old man develops low backpain and radiologic investigation reveals multiple osteoblastic lesion of the lumbar vertebra. A hard, irregular nodule on the posterior surface of the prostate is appreciated on rectal examination. Plasma levels of PSA are elevated

a) benign prostatic hyperplasia

b) prostatic carcinoma

- c) acute prostatitis
- d) chronic prostatitis

A 25 years old woman presents with a 3 weeks history of periumbilical pain, diarrhea, fever and weight loss. The result of stool culture is negative for bacteria, ova and parasites. The endoscopic evaluation with biopsy of affected areas reports transmural inflammation

- a) tropical sprue
- b) diverticulitis
- c) inflammatory bowel disease
- d) none of above

A patient who has never travelled out side of the united states complains of crampy abdominal pain, diarrhea, fatigue and weight loss over past 1 year. A biopsy of duodenal mucosa reveals loss of villi and intraepithelial lymphocytic infiltration, which of following is most likely diagnosis

Celiac sprue
Lactose intolerance

Tropical sprue
Ulcerative colitis

Patients with persistent chronic gastroesophageal reflux can eventually develops changes in the epithelium of esophagus called barrett's esophagus. Which of following cancers is 30 to 40 times as likely to occur in these patients as in general population

- a) Squamous cell carcinoma of upper esophagus
- b) Adenocarcinoma of esophagus
- c) Adenocarcinoma of stomach
- d) Squamous cell carcinoma of lower esophagus

Which of the following disease is included in the umbrella term COPD?

Emphysema
Chronic Bronchitis
Lung Cancer
A and B

What are the symptoms of asthma?

Tightness in chest
Wheezing
Sneezing
A and B

What is the composition of Airways of the lungs?

Cartilaginous Bronchi
Cartilaginous Thrombus
Membranous Bronchi

- I only
- II only
- I and II
- I and III
- III only

Choose more high risk factor of development of lung cancer

Heredity
COPD

Smoking
Scars in the lungs
Tuberculosis

A 40 year old patient has a radio opaque staghorn calculus X Ray KUB and spiral CT scanning. The Stone cannot be

Struvite
Uric Acid
Calcium Oxalate
Mixed Calcium Phosphate/Oxalate

Raising the Urine pH to 7 or above is most important in patients

Struvite
Calcium Oxalate stones
Uric Acid stones
Cysteine stones

Which of the following characteristic is used to define nephritic syndrome?

Red blood cells cast in urine
Fatty casts in urine
Protein in urine under 3.5 grams/day
Polyuria and hypotension

What is the defining feature of minimal change disease?

Slightly visible changes of glomeruli on light microscopy

Effacement of foot processes on electron microscopy

Segmental sclerosis on light microscopy

Blunting of the villi on light microscopy

Risk factors for development of bladder Ca include all the following except

Tobacco Smoking
Industrial Carcinogens
Chronic Irritation e.g infection stones
Excessive fat consumption
Pelvic irradiation

Myocardial Ischemia differs or is related to myocardial infarction in which of the following ways

Ischemia follows infarction

Ischemia is not reversible, whereas Infarction is

Infarction is not reversible, whereas ischemia is

Ischemia is characterized by increase in myocardial oxygen supply but not demand

Ischemia is associated with myocardial cell Necrosis, whereas infarction is not

In Hodkin's lymphoma one best choice

Reed Sternberg cell is benign

Neoplastic cells are lymphoblast

Spreads rapidly to contralateral side

Responds to chemotherapy

Lymphoma one best choice

Immunity is normal

Autoimmunity is present

Spreads to peripheral blood

Is malignant tumor of lymph nodes

Non Hodgkin lymphoma one best choice
Spreads more rapidly than Hodgkin
Reed Sternberg cells are seen
Responds to chemotherapy
T ALL is more common than BALL
Burkitt lymphoma one best choice
Occurs in children
Caused by CMV virus
Slow in progress
Responds to chemotherapy
one best choice
Squamous cell carcinoma is the most common skin cancer
Basal cell carcinoma is most common skin cancer
Malignant melanoma is malignant tumor of basal cells
Melanoma occurs due to sunlight exposure

Psoriasis
is caused by EBV
autoimmune disease
produces abscess in epidermis
Continues for decades in patients
A 20-year-old male presents to clinic with a rash on the scalp, extensor elbows, knees and umbilicus. You note sharply demarcated erythematous plaques with silvery scale in those locations; there is no central clearing. The soles of the feet are normal. What is the most likely diagnosis?

- a. Allergic contact dermatitis
- b. Atopic dermatitis
- c. Psoriasis
- d. Secondary syphilis
- e. Seborrheic dermatitis

What is the leading cause of skin cancer?

Heredity
Exposure to chemicals
Ultraviolet Radiation Exposure

Moles on Skin
basal cell carcinoma one best choice
is second most common skin cancer

metastasis is common
hedgehog pathway is involved in pathogenesis
occurs on sunlight exposed area of skin.

The cells involved in the formation of melanoma are
basal cells
melanocytes
squamous cells
stem cells

dermocytes

Melanoma can be caused by one best choice

ultraviolet radiation

eating eggs and cheese

high blood pressure

watching too much T.V. e. lack of exercise

Matching: Some letters can be used more than once

Basal Cell Carcinoma

Squamous Cell Carcinoma

Malignant Melanoma

a) Occurs most often in Caucasians with fair complexions

b) Most common form of skin cancer

c) Skin cancer with the highest mortality rate

d) Caused by mutations in cells that produce skin pigments

in carcinoma breastone best choice

palpable mass in breast is common presentation

is not most common among female

metastasis occurs to spleen

higher thestage number prognosis for patient is better

Paget disease of the nippleone best choice

Is benign breast disease

In Ductal carcinoma breast

Breast Abscess

In lobular carcinoma of breast

Maximum (worst) Lifetime Risk CA Breast

Women with no pregnancy

First-degree relative(s) with breast cancer

Germ line tumor suppressor gene mutation (BRCA1 / 2 mutation)

First live birth <20 years (protective)

Most important Prognostic factor in breast carcinoma

Grading

Histological type

Age of patient

Mitosis

Cancer Stage

A 26-year-old woman has Afirm 2 cm mass in the upper outer quadrant of her left breast. A biopsy shows carcinoma. Genetic analysis shows that she is a carrier of the BRCA1 gene mutation, as are her mother and sister. Which type of breast carcinoma has the highest incidence in families such as hers?

Lobular carcinoma

Tubular carcinoma

Metaplastic carcinoma

Papillary carcinoma

Medullary carcinoma

Female patient presented with nodule in the breast measuring 2x2cm .biopsy revealed malignant tumor breast. She gives a family history of ovarian carcinoma. What is most likely mutations :

- a. p53
- b. BRCA 2
- c. Her2/Neu gene
- d. C myc gene

In diabetes mellitus one best choice

Fasting blood glucose is more than 126 mg/dl

Fasting blood glucose is more than 180 mg/dl

Random blood glucose is more than 180 mg/dl

Glycated hemoglobin is <5 %

In gestational diabetes one best choice

Patients do not recover from hyperglycemia after delivery

Fetus is not affected

Recurrence in subsequent pregnancies is increased

Risk of developing eclampsia is increased in mothers.

Caused by High insulin resistance

3.4 Midterm result

MID TERM EXAM
4TH YEAR
23rd May 2019

Abbottabad International Medical College, Abbottabad
List of 4th Year MBBS
Session 2018-19

TOTAL MARKS = 50
PASSING MARKS = 25

S/No	R/No	Name	Signature	S/No	R/No	Name	Signature
1	1801	Shazia Khan	(13)	52	1891	Aneesa-ur-Rehman	31 (3rd)
2	1802	Bibi Khadija	(20)	53	1893	Muhammad Hassan	A
3	1804	Hina Mumtaz	(25)	54	1895	Asad Ullah	28
4	1805	Zahra Zafar	32 (3rd)	55	1897	Hamza Amin	(19)
5	1809	Zarqa Nizar	25	56	1898	Ahsan Sattar Nagra	27
6	1811	Tahreena Ramzan	28	57	1899	Muhammad Daniyal Khan	26
7	1813	Sumayya Abbasi	(23)	58	1901	Muhammad Wazir	(11)
8	1819	Malaika Mustansar	29	59	1902	Asad Khawaja	(19)
9	1821	Natisha Saddique	(20)	60	1903	Sufaid Khan	20
10	1822	Shabana Tahir	28	61	1905	Kamal Shah	26
11	1823	Mariam Ibrar	28	62	1906	Ali Raza	(14)
12	1825	Hajira Zaka	26	63	1907	Wajahat Hussain	(13)
13	1827	Alina Sarfaraz	29	64	1908	Bilal Khan	34
14	1829	Mehr Un Nisa	26	65	1909	Syed Farhan Ali Shah	29
15	1830	Uneeca Zahaid	29	66	1910	Aqib Munir	A
16	1831	Wajihah Komal	(25)	67	1911	Walheed Khan	28
17	1833	Sumbai Naseem	32 (2nd)	68	1913	Mohammad Uzair	32
18	1839	Hashan Qureshi	21	69	1914	Muzamil Hussain	A
19	1841	Jalil Ahmed Hashmi	(15)	70	1917	Hassan Gul	26
20	1842	Ajab Khan	16	71	1920	Owais Muhammad Umer	A
21	1843	Osama Naiz	(14)	72	1921	Nasir Iqbal	22
22	1844	Yousaf Jalal	34 (1st)	73	1604	Tayyaba Qayyum	(17)
23	1845	Waqar Ahmed	29	74	1611	Kainat	20
24	1846	Ali Haider	29	75	1613	Shahbanu Gul	(14)
25	1848	Shahbaz Ahmed	(19)	76	1620	Sayyada Khushboo Zainab	(15)
26	1850	Mushtaq Ahmed	(15)	77	1625	Rida Asif	21
27	1853	Muhammad Faisal	(29)	78	1647	Hajra Javed	23
28	1858	Muhammad Umer Suleman	31 (3rd)	79	1649	Shah Khalid	(18)
29	1859	Muhammad Zeeshan Sial	A	80	1666	Anwar-ud-Din	(15)
30	1860	Usama Irshad	A	81	1667	Umair Gulzar	(15)
31	1861	Muhammad Salman	26	82	1677	Ehtisham-ul-Haq	28
32	1862	Jawad Ullah Khan	28	83	1678	Maqsood Rana	(20)
33	1864	Talal Hamid	(12)	84	1686	Babar Ali	A
34	1866	Adil Iqbal	32 (2nd)	85	1692	Khan Alam	32 (2nd)
35	1867	Syed Mavia Bukhari	(18)	86	1701	Hashir Hassan	(21)
36	1868	Abshar Khan	25	87	1704	Sheraz Moin	29
37	1869	Asmatullah	28	88	1406	Summera Khan	(23)
38	1870	Muhammad Dawood Saleem	(5)	89	1411	Mahnoor Waqar	31 (3rd)
39	1871	Nauman Shah	24	90	1416	Elia Khan	26
40	1872	Usama Khan	26	91	1418	Wardah Qaiser	A
41	1874	Qais Khalid	(20)	92	1420	Javeria Bashir	A
42	1875	Syed Imad Ullah	26	93	1429	Hifsa Khan	25
43	1876	Asad Khan Afridi	(13)	94	1436	Kashmala	25
44	1877	Muhammad Farman	28	95	1445	Asifqad Ahmad	(14)
45	1879	Kaleem Ullah	(18)	96	1447	Sheryar Khan	(21)
46	1880	Hamza Ishitaq	(16)	97	1448	Gouhar Ali	25
47	1882	Umer Faroog Shah	(21)	98	1450	Ahmad Ali Newaz	(21)
48	1883	Sami-Ul-Haq	(21)	99	1458	Annas Sami	(15)
49	1885	Sikandar Khan	26	100	1492	Sohail Ahmed Khan	(13)
50	1887	Asad Ali Badshah	31 (5th)	101	1241	Syeda Andleeb Bukhari	(21)
51	1889	Muhammad Ali Basharat	(18)	102	1480	ARYAH RASHID	(16)

Note : No admission forms of any student having an overall attendance of less than 75% will be sent to the University for the Professional Examinations.

TOTAL NO. STUDENTS = 102.
PRESENT = 92.
ABSENT = 10.
PASS = 49.
FAIL = 43

3.5(a) Pre-prof exam
Notics

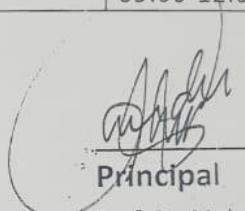


ABBOTTABAD INTERNATIONAL MEDICAL COLLEGE, ABBOTTABAD
DATE SHEET FOR PRE PROF EXAMINATION 2019
4TH YEAR MBBS
THEORY

Date	Day	Paper	Timing
29-07-2019	Monday	Special Pathology	09:00-12:00
30-07-2019	Tuesday	Community Medicine	09:00-12:00
31-07-2019	Wednesday	ENT	09:00-12:00
01-08-2019	Thursday	EYE	09:00-12:00

Copy to:

1. All concerned department
2. Director admin
3. Chief proctor
4. Student affair
5. Notice board



Principal

Prof. Dr. Mohammad Akbar

(b) paper

ABBOTABAD INTERNATIONAL MEDICAL COLLEGE

Pre Prof Exam 4th Year 2019

29/7/19

Total marks: 100

Time allowed: 3hr

Multiple choice question

The test used primarily to diagnose liver disease is:

Aldolase

ALT

LDH

CK

The urine specific gravity is a measure of which of the following renal functions

Filtration

Reabsorption

Secretion

Concentration

A 17 year old man presents with nocturnal pain in the bone of his left leg. He relates that the pain is quickly relieved by taking aspirin. X ray reveals a round, radiolucent area with central mineralization that is surrounded by thickened bone. The lesion measures approx 1.2cm in dia. Which of the following is the most likely diagnosis

Chondroma

Osteoblastoma

Osteoma

Osteoid osteoma

Acute osteomyelitis

Mostly affects metaphysis in children and epiphyseal ends in adults

Is caused by staphylococcus in more than 50% of cases

Is associated with salmonella infections in majority of cases

Is characterized by necrotic bone surrounded by giant cells and fibroblasts

Regarding carcinoma of gallbladder

It is more commonly seen in the body of gall bladder

It usually presents as polypoid mass

Porcelain gallbladder predisposes to carcinoma of gallbladder

Microscopically it is mostly a squamous cell carcinoma

Which of the following statements is correct for hepatocellular carcinoma

Strong tendency for invasion of vascular channels

Strongly associated with hepatitis A

Carcinoembryonic antigen is raised

Morphology of hepatocellular carcinoma is usually of squamous cell ca

Nephrotic syndrome

Massive proteinuria

Hypoalbuminemia

Generalized edema

All of above

Crescent formation is characteristic of which one of the following glomerular disease

Minimal change disease

Focal segmental glomerulosclerosis

Membranous glomerulonephritis

Rapidly progressive glomerulonephritis

A 55 year old woman presents with increasing muscle weakness and fatigue. Physical examination finds an obese adult woman with purple abdominal stria and increased facial hair. The excess adipose tissue is mainly distributed in her face, neck and trunk. Which of the following is the most likely diagnosis

Addison's disease

Conn's syndrome

Cushing's syndrome

Parathyroid carcinoma

A 35 year old woman has had type 1 diabetes mellitus for 20 years. She is now developing advanced disease with visual complaints, foot ulcers and renal disease. Which of the following features that might be seen on renal biopsy is most specific for diabetic glomerulosclerosis

Numerous neutrophils in tubules

Ovoid, PAS positive , hyaline masses

Nests of cells with abundant clear cytoplasm

Mesangial IgA deposits

During a pre-employment physical examination, a 45 year old man is noted to have a 3cm palpable nodule in one lobe of an otherwise normal sized thyroid gland. Needle aspiration of nodule demonstrates polygonal tumor cells and amyloid, but only very scanty colloid and normal follicular cells

a)hashimoto's disease

b) medullary thyroid carcinoma

c) papillary thyroid carcinoma

d) follicular thyroid carcinoma

A 27 year old man undergoes abdominal surgery for resection of a segment of terminal ileum. He has had low grade fever, weight loss, and symptoms of intestinal occlusion. Histologic examination of this segment reveals transmural chronic inflammation and scattered noncaseating granulomas. Which of following is most likely diagnosis

Diverticular disease

Intestinal tuberculosis

Ulcerative colitis

Crohn disease

Which one of the following is not a predisposing factor for peptic ulcer

Blood group o

Cigarette smoking

Ingestion of aspirin

Achlorhydria

Which one of following conditions predisposes to colonic carcinoma

Bacillary dysentery

Crohn's disease

Diverticular disease

Ulcerative colitis

A 66yrs old man develops low backpain and radiologic investigation reveals multiple osteoblastic lesion of the lumbar vertebra. A hard, irregular nodule on the posterior surface of the prostate is appreciated on rectal examination. Plasma levels of PSA are elevated

- a) benign prostatic hyperplasia
- b) prostatic carcinoma
- c) acute prostatitis
- d) chronic prostatitis

A 25 years old woman presents with a 3 weeks history of perumbilical pain, diarrhea, fever and weight loss. The result of stool culture is negative for bacteria, ova and parasites. The endoscopic evaluation with biopsy of affected areas reports transmural inflammation

- a) tropical sprue
- b) diverticulitis
- c) inflammatory bowel disease
- d) none of above

A 30 years man presents with painless enlargement of one testicle. Physical examination shows enlargement of paraaortic lymph nodes. The mass is resected, examined histologically , and radiation therapy is subsequently given based on the pathologist's diagnosis

Seminoma

Embryonal carcinoma

Teratoma

Sertoli cell tumor

18. A 69 years old man presents with urinary frequency, nocturnal, dribbling, and difficulty in starting and stopping urination. Rectal examination reveals enlarged, firm, and rubbery mass. A needle biopsy reveals increased numbers of glandular elements and stromal tissue

- a) prostatic carcinoma
- b) benign prostatic hperplasia
- c) acute prostatitis
- d) chronic prostatitis

Regarding teratoma

Is germ cell tumor

Derived from two or more embryonic layer

Is most frequently malignant

All of above

20. A 24 year old man presents to the emergency room with abdominal pain and fever. CT scan of the abdomen reveals inflammation of terminal ileum. He is referred to a gastroenterologist, where he is given the diagnosis of crohn's disease. Regarding the risk of complications from this disease, which of following statements is true

- a) Occurrence of toxic megacolon is common
- b) perforation occurs in about 25% of patients
- c) fistulas between the colon and segments of intestine, bladder, vagina and skin may develop
- d) increased risk of developing colon carcinoma

21. A patient who has never travelled out side of the united states complains of crampy abdominal pain, diarrhea, fatigue and weight loss over past 1 year. A biopsy of duodenal mucosa reveals loss of villi and intraepithelial lymphocytic infiltration, which of following is most likely diagnosis

Celiac sprue

Lactose intolerance

Tropical sprue

Ulcerative colitis

22.. A 50 year old female with chronic dysphagia undergoes an upper endoscopy that reveals massive dilatation of distal esophagus. The esophagus is kinked and tortuous and partially filled with undigested food. What is most likely diagnosis for this patient

Achalasia

Barrett's esophagus

Plummer Vinson syndrome

Carcinoma esophagus

23. . Predisposing factors that may lead to gastroesophageal reflux include all of following except

- a) Hiatal hernia
- b) Pernicious anemia
- c) Pregnancy
- d) Incompetent esophageal sphincter

24. In Hodgkin lymphoma; one best choice

Reed Sternberg cell is benign

Neoplastic cells are lymphoblast

Spreads rapidly to contralateral side

Responds to chemotherapy

25. Lymphoma ; one best choice

Immunity is normal

Autoimmunity is present

Spreads to peripheral blood

Is malignant tumor of lymphnodes

26. Non Hodgkin lymphoma; one best choice

Spreads more rapidly than Hodgkin

Reed Sternberg cells are seen

Responds to chemotherapy

T ALL is more common than BALL

27. Burkitt lymphoma; one best choice

Occurs in children

Caused by CMV virus

Slow in progress

Responds to chemotherapy

28. One best choice

Squamous cell carcinoma is the most common skin cancer

Basal cell carcinoma is most common skin cancer

Malignant melanoma is malignant tumor of basal cells
Melanoma occurs due to sunlight exposure

29. Psoriasis
is caused by EBV
autoimmune disease
produces abscess in epidermis
Continues for decades in patients

30.a patient is suffering from UTI,the diagnosis is confirmed by;

- Urine Culture
- Blood culture
- Blood culture + Urine culture
- Ultrasound

31. Benedict's Test is used for;

- Ketone bodies in Urine
- Reducing sugars in Urine
- Proteins in Urine
- Bile Salts in Urine

32. Normal reference range of creatinine clearance is

- 50-80 ml/min
- 80-120 ml/min
- 140-180 ml/min
- 180-230 ml/min

33. Biochemical findings of primary hypothyroidism are

- Normal TSH, decreased T3 and T4
- Decreased TSH, Increased T3 and T4
- Decreased T3, and increased TSH
- Increased TSH, and decreased T3 and T4

34. A young boy presented with loss of appetite , vomiting , yellow colour urine and yellow sclera , what tests should be done?

- Bilirubin and ALT
- Hep A and B serology
- Liver biopsy
- Hep C serology

35. DKA, one best choice
Occurs in type 2 DM
Ketone bodies are absent
can occur after mental stress
Hyperglycemia is absent

36. What is the leading cause of skin cancer?

- Heredity
- Exposure to chemicals
- Ultraviolet Radiation Exposure
- Moles on Skin

37. Basal cell carcinoma, one best choice
is second most common skin cancer
metastasis is common
hedgehog pathway is involved in pathogenesis
occurs on sunlight exposed area of skin

38. In gestational diabetes, one best choice
Patients do not recover from hyperglycemia after delivery
Fetus is not affected
Recurrence in subsequent pregnancies is increased
Risk of developing eclampsia is increased in mothers.

39. Malignant melanoma, one best choice
metastasis is late
staging is done by clark, breslow thickness
develops in nevus
responds to chemotherapy

40. In carcinoma breast, one best choice
Palpable mass in breast is common presentation
is not most common among female
Metastasis occurs to spleen
Higher the stage number prognosis for patient is better

41. Paget disease of the nipple, one best choice
Is benign breast disease
In Ductal carcinoma breast
Breast Abscess
In lobular carcinoma of breast

42. Maximum (worst) Lifetime Risk for CA Breast
Women with no pregnancy
First-degree relative(s) with breast cancer
Germ line tumor suppressor gene mutation (*BRCA1 / 2* mutation)
First live birth <20 years (protective)

43. Most important Prognostic factor in breast carcinoma
Grading
Histological type
Age of patient
Mitosis
Cancer Stage

44. Female patient presented with nodule in the breast measuring 2x2cm .biopsy revealed malignant tumor breast. She gives a family history of ovarian carcinoma. What is most likely mutations :

1. p53

- 2. BRCA 2
- 3. Her2/Neu gene
- 4. C myc gene

45. In diabetes mellitus ,one best choice
Fasting blood glucose is more than 126 mg/dl
Fasting blood glucose is more than 180 mg/dl
Random blood glucose is more than 180mg/dl
Glycated hemoglobin is <5 %

46. Iron is stored in the form of
transferrin
Apoferitin
hemosiderin
ferritin

47. Women and pregnancy, HbS occult blood in stool cause is,
Megaloblastic anemia
hemolytic anemia
folic acid deficiency
Iron deficiency anemia

48. Unregulated growth and differentiation of WBCs in bone marrow due to bone marrow failure is
Leukopenia
Lymphopenia
Leukemia
Neutropenia

49. Fried egg appearance is present in,
CML
ALL
Multiple Myeloma
Follicular Lymphoma

50. Hodgkin Lymphoma Includes,
Burkett's Lymphoma
Multiple Myeloma
Nodular rich cellularity
Nodular sclerosis

SUBJECTIVE:

Q1. 50 years old male known case of hepatitis C admitted in medical department with abdominal distension and yellow discolouration of skin. His previous liver biopsy showed bridging fibrous septae, parenchymal nodule with disruption of entire liver architecture.

- Name the underlying pathology. (1)
Discuss the pathogenesis? (3)
Discuss the consequences of portal hypertension? (4)

Q2. 25 years old woman presented with 3 weeks history of perumbilical pain, diarrhea, fever and weight loss. The result of stool culture is negative for bacteria, ova and parasites. The endoscopic evaluation with biopsy of affected areas reported transmural inflammation.

Name the underlying pathology? (1)

Discuss other features of this pathology. (3)

Write down difference between chron's disease and ulcerative colitis in tabulated form. (3)

Q3. 32 year old woman visited her physician because of agitation, weight loss and inability to sleep. When questioned further, she revealed an increased appetite and increased frequency of bowel movements. During physical examination, the physician noted that her skin was warm and moist and had fine tremor of her hands, hyperreflexia, lidlag and exophathalmos.

What is most likely diagnosis? (1)

Discuss its pathogenesis? (3)

Enlist thyroid tumours. (3)

Q4. 50 years old lady consulted her doctor because of tiredness, general body aches, And weight gain. She also gave Hx of feeling thirsty and had noticed that she had been passing more urine than normal.

What is your diagnosis? (2)

What lab investigations are to be needed? (2)

What are the major characteristics of type I and type II DM? (3)

Q5. 35 years old women is seen for easy fatigue for many months. She is now 24 weeks pregnant with her 3rd child in 3 years. She has not seen any obstetrician and haven't taken any vitamins. Lately she has developed a taste for eating, On Examination she is positive for pale conjunctiva grade II/IV systotic murmur at left sterna border , labs show Hb 7.1%, HCT 23% , WBC 5400/mm³ , Plt 450000/mm³, MCV 74, RDW is 17.1%

Write the probable diagnosis?

Write the steps of diagnosis?

How will you treat the patient?

Q6. A 25 year old lady presented with lump in her left breast for 3 months duration. On examination lump was fixed to the chest wall. Fine needle aspiration revealed malignant cells.

What are types of breast carcinomas . (3)

Elaborate on risk factors? (2)

Prognosis of the disease. (2)

Q7. 19-year-old female patient reported to OB-GYN clinic she complained of very unusual menstrual bleeding, which began 3 days ago, patient has also reported abdominal cramping, nausea, vomiting and lower back pain. Patient was married. Her last menstrual period was exactly 5 weeks ago. urine for pregnancy test was positive. Serum Beta HCG was 360,514 mIU/mL.Pelvic- sonogram reviled a cloud like image, with absence for heartbeat.

What is diagnosis. (1)

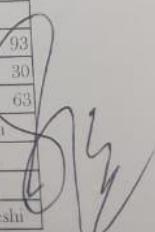
Elaborate on types. (3)

Etiology of molar pregnancy. (3)

3.5 (c): Result of preopf

Abbottabad International Medical College, Abbottabad
4th Year MBBs Pre-Prof Results 2018-19 Pathology Department

Roll #	Name	Marks	Roll #	Name	Marks
1801	Shazia Khan	47	1898	Ashan Sattar Nagra	28
1802	Bibi Khadija	19	1899	M. Danyal Khan	68 2nd
1814	Hina Mumtaz	54	1901	M. Wazir	33
1805	Zahra Zafar	55	1902	Asad Khawaja	Absent
1809	Zarka Nizar	48	1903	Sufaid Khan	61
1811	Tahreema Ramzan	48	1905	Kamal Shah	51
1813	Sumayya Abbasi	54	1906	Ali Raza	36
1819	Maliha Mustansar	57	1907	Wajahat Hussain	32
1821	Natasha Saddique	63	1908	Bilal Khan	71 1st
1822	Shabana Tahir	65	1909	Syed Farhan Ali Shah	51
1823	Maryum Ibrar	64	1910	Aqib Munir	26
1825	Hajra Zaka	37	1911	Waleed Khan	37
1827	Alma Sarfraz	64	1913	M. Uzair	35
1829	Mehar Un Nisa	54	1914	Munazamil Hussain	16
1830	Umeera Zahid	56	1917	Hassan Gul	44
1831	Wajihah Komal	48	1920	Owais M. Umer	35
1833	Sumbal Nasreen	51	1921	Nasir Iqbal	46
1839	Hasham Qureshi	66 3rd	1604	Tayyaba Qayyum	Absent
1841	Jahil Ahmed Hashmi	47	1611	Kainat	26
1842	Ajab Khan	46	1613	Shahbana Gul	17
1843	Osama Niaz	Absent	1620	Sayyada Khusbhoo	24
1844	Yousaf Jalal	58	1625	Rida Asif	52
1845	Waqar Ahmad	44	1647	Hajra Javed	36
1846	Ali Haider	Absent	1649	Shah Khalid	17
1848	Shahbaz Ahmed	55	1666	Anwar Uddin	39
1850	Mustaq Ahmad	27	1667	Umair Gulzar	24
1853	M. Faisal	40	1677	Ehtisham ul Haq	19
1858	M. Umer Suleman	62	1678	Maqsood Rana	18
1859	M. Zeeshan Sial	21	1686	Baber Ali	45
1860	Usama Irshad	26	1692	Khan Alam	21
1861	M. Sulman Munir	26	1701	Hashir Hassan	24
1862	Jawad Ullah Khan	56	1704	Sheraz Moin	61
1864	Tidal Hamid	Absent	1406	Summera Khan	32
1866	Adil Iqbal	24	1411	Mahnoor waqar	63
1867	Syed Mavia Bukari	33	1416	Ela Khan	33
1868	Abshar Khan	46	1418	Warda Qasir	36
1869	Aسماء Ullah	Absent	1420	Javeria Bashir	18
1870	M. Dawood Saleem	37	1429	Hifsa Khan	17
1871	Nauman Shah	66 3rd	1436	Kashmala	52
1872	Usama Khan	47	1445	Ashfaq Ahmed	19
1874	Qais Kahid	44	1447	Sheryar Khan	Absent
1875	Syed Imad Ullah	54	1448	Gohar Ali	18
1876	Asad Khan Afridi	26	1450	Ahmed Ali Nawaz	37
1877	M. Farman	56	1458	Aman Sami	60
1879	Kaleem Ullah Jabbar	29	1492	Sohail Ahmed Khan	14
1880	Hamza Iftiqar	32	1241	Syeda Andleeb Bukari	48
1882	Umer Farooq Shah	31	1480	Arsalan Rasheed	31
1883	Sami Ul Haq	Absent	Total Students Present		93
1885	Sikandar Khan	19	Pass Students		30
1887	Asad Ali Badshah	32	Fail Students		63
1889	M. Ali Basharat	Absent	1st Position	Bilal Khan	
1891	Anees ur Rehman	64	2nd Position	M. Danyal Khan	
1893	M. Hassan	41	3rd Position	1. Nouman Shah	
1895	Asadullah	23		2. Hasham Qureshi	
1897	Hamza Amin	26			



3.6 Internal assessment breakdown

INTERNAL EVALUATION FOR THEORY AND PRACTICAL

Pathology department, 4th yr MBBS

Session 2018-2019

TOTAL MARKS: 30, Theory: 15 and Practical: 15

S#	Marks distributed	Percentage
Attendance:	10	(33.33%)
Monthly tests and midterm exam	10	(33.33%)
Prepro fexam:	10	(33.33%)

Note : Marks obtained by the student will be divided equally between theory and practical

3.8 Feedback reports (will be implemented from new session)

3.9 Teacher assessment performa (will be implemented from new session)

3.10 Teacher assessment records (will be implemented from next session)

Chapter 4: Lab/ward equipments

4.1 list of the instruments/chemicals/machinery

Abbottabad International Medical College, Abbottabad

INVENTORY LIST PATHOLOGY LAB NO.01

Items		Total
1. ESR stands		20
2. Test tube & pipetts stands		5
3. Microscope		4
4. Centrifuge	800	3
5. Incubator		2
6. Hot air oven		1
7. ERMA TNC		1
8. Chemicals	Acetic acid, glacial, sodium oxide lactose, potassium hydroxide	48
9. Beakers	500ml	6
10. Beakers	250ml	14
11. Beakers	1000ml	16
12. Conical flask	500ml	7
13. Conical flask	250ml	2
14. Flask	100ml	6
15. Flask	250ml	4
16. Flasks	500ml	12
17. Funnel		10
18. Gram's Stain(2set)		2
19. Carbol fuchsin stain (2set)		2
20. Methylene blue stain		2
21. Lieshman's stain		1
22. Eosin Stain		1
23. WBC solution		1
24. Harris haemotoxylin stain		1
25. Benedict's solution		1
26. Cupboard		1
27. Glass slides	1 box	1
28. Lancets	Box	1
29. WBC pipetts		7
30. RBC pipetts		5
31. Top pipetts	Single channel pipettor(100-1000μl)	1
32. Top pipette	Single channel pipettor(10-100μl)	1
33. The PH meters	PH ep family	1
34. Haemometers		16

Abbottabad International Medical College, Abbottabad

35. Neubauer chamber		10
36. Stop watch		4
37. Capillary tube	6 box (100per box)	6
38. Examination gloves	1 box	1
39. Sprit bottle	Half	1
40. Syringes	Pieces	30
41. EDTA powder	Box	1
42. Filters paper	1 box	1
43. TLC memil cunter		3
44. Therememters		10

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INVENTORY LIST PATHOLOGY LAB NO 2

Items		Total
1. Magnetic heating stirrer	78-1	1
2. Atlas precision scale	Electric balance	1
3. Microscope	Reserve packed	10
4. Refrigerator	Dawlance	1
5. ICT typhidot	Test devices	25
6. Pregnancy latex	Reagent kit	1
7. ASO Titer	Reagent Kit	1
8. Pregnancy strips		25
9. Brucella	Reagent kit	1
10. Sprit lamp		1
11. Test tube		1
12. Test tube rack		1
13. Cylinder		1
14. Funnel		1
15. Filter papers	Box	1
16. Petry dishes	S10,m10,lasges	35
17. Hydrogen peroxide	Bottles	1
18. Antibiotic disc	Cefopenerzone , amikacin, amoxicillin, norfloxacin, erythromycin, ampicillin	

INTERNATIONAL MED.

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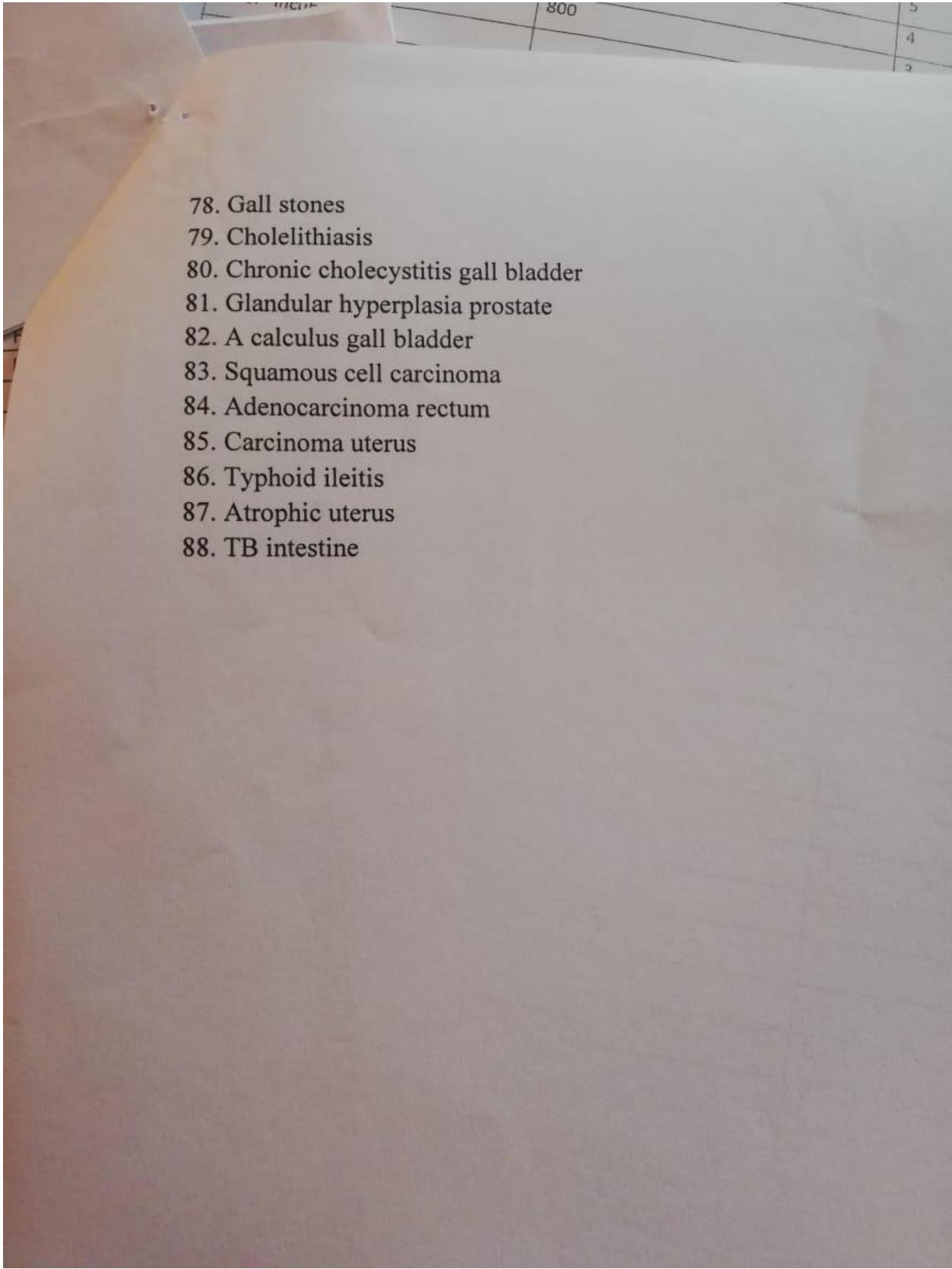
Inventory list pathology lab no 03

Items		Total
1. Microscope	(XSZ 1078N)	14
2. Microscope	Olympus	1
3. Microscope	Teaching camera with Tv	2
4. Microscope	Packed Reserved	4
5. Water bath		2
6. White board (with stand)		1
7. Stool		70
8. Burners		2
9. Micro tong		1
10. Auto clave		1
11. Water distillation (plant)		1
12. Centrifuge (800)		2
13. Cylinders	1000ml	4
14. Conical flasks	1000ml	2
15. Conical flasks	500ml	3
16. Flask	250ml	2
17. Beaker	500ml	1
18. Beaker	100ml	3
19. Television	Nobil 1, sony 1	2
20. Chairs		6
21. Fire extinguisher	6kg	2
22. Hot air oven	Memmert	1
23. Histopathology stains	Alcohol, xylene, hemotoxidine, eosin	2 each
24. Funnels		12

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MUSEUM SPECIMENS

1. Ascaris lumricoids
2. Tape worm
3. Hydrated cyst
4. Serous cyst adenoma-ovary
5. Haemorrhagic cyst-ovary
6. Mucinous cyst adenoma-ovary
7. Granulose cell tumor -ovary
8. Procedenia ovary x 2
9. Leiomyoma uterus
10. Adenomyosis uterus
11. Leiomyoma uterus x 6
12. Ovarian cyst with attached fallopian tube uterus
13. Endometrial carcinoma uterus
14. Adenocarcinoma ovary
15. Adenomyosis uterus x 2
16. Haemorrhagic cyst ovary
17. Adenomyosis
18. Atrophic uterus
19. Procedenia uterus
20. Serous cyst adenoma ovary
21. Adenocarcinoma ovary subserosal leiomyoma
22. Placenta
23. Fetus with placenta
24. Tubal pregnancy –fallopian tube
25. Choriocarcinoma
26. Endometrial carcinoma
27. Endometrial polyp
28. Leiomyoma uterus
29. Serous cyst ovary
30. Adenocarcinoma uterus
31. Carcinoma stomach
32. Tuberculous intestine
33. Infiltrated duct carcinoma breast
34. Carcinoma breast
35. Carcinoma stomach
36. Adenomyosis
37. Mucosal leiomyoma uterus

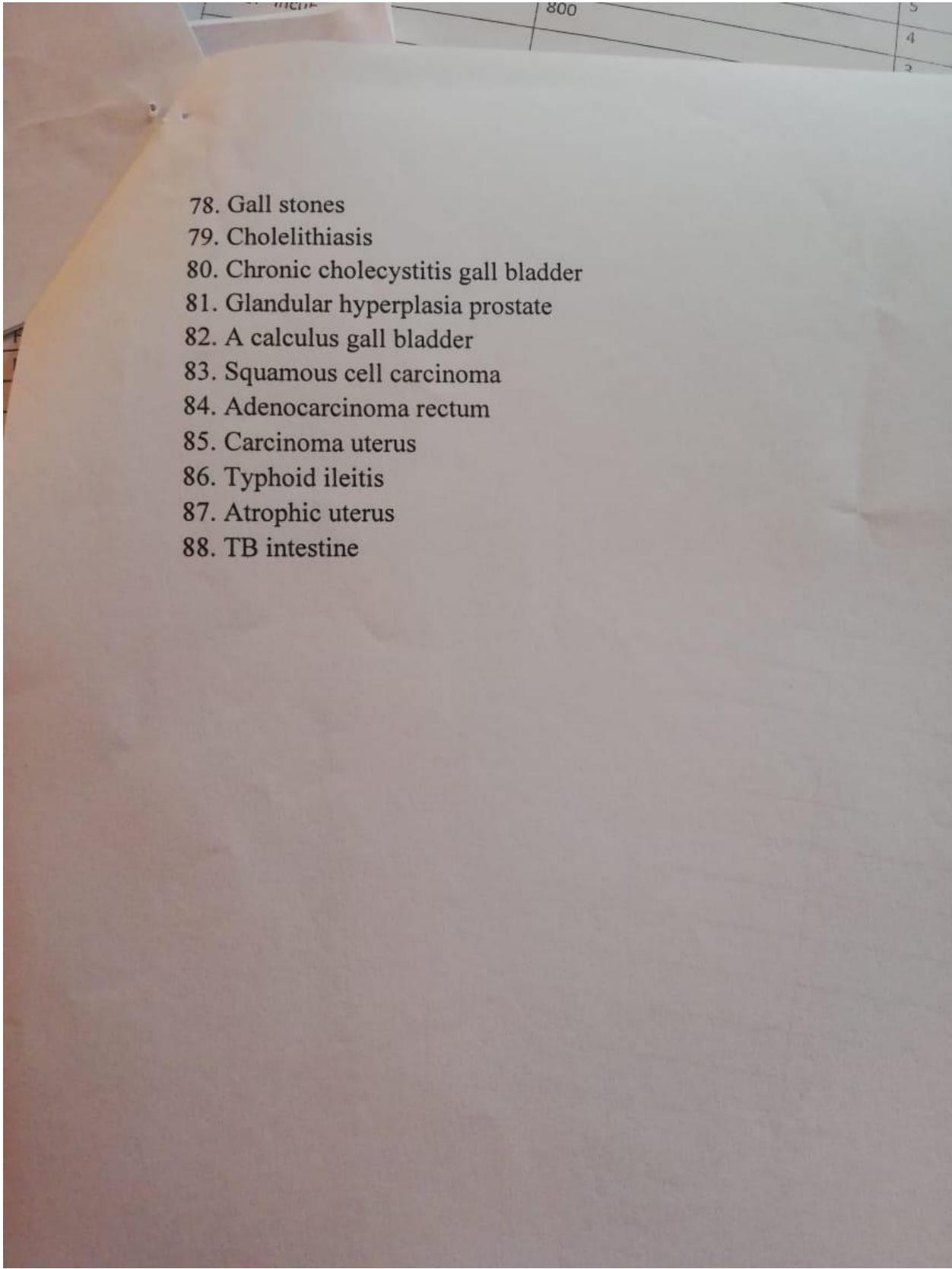
- 100
- 4
- 38. Leiomyosarcoma uterus
 - 39. TB intestine
 - 40. Carcinoma breast
 - 41. Adenocarcinoma ovary
 - 42. Adenomatous colloid goiter
 - 43. Cyst ovary
 - 44. Leiomyoma uterus
 - 45. Serous cyst ovary
 - 46. Carcinoma breast
 - 47. Leiomyoma uterus
 - 48. Hydrocephalic baby
 - 49. Carcinoma breast with paget's disease
 - 50. Leiomyoma uterus
 - 51. Adenocarcinoma ovary
 - 52. Carcinoma rectum
 - 53. Hepatoma liver
 - 54. Malignant lymphoma lymph node
 - 55. Chronic granulomatous inflammation -lymph node
 - 56. Metastatic adenocarcinoma intestine and ovary
 - 57. Adenocarcinoma intestine
 - 58. Acute appendicitis
 - 59. Gangrenous appendix
 - 60. Lupus vulgaris skin
 - 61. Papilloma
 - 62. Adenocarcinoma esophagus
 - 63. Cerebral infarction brain
 - 64. Leiomyoma lung
 - 65. Myocardial infarction
 - 66. Gangrenous lungs
 - 67. Fetus with placenta
 - 68. Anencephalic
 - 69. Renal cell carcinoma
 - 70. Nephroblastoma
 - 71. Kidney stone
 - 72. Adenomatous colloid goiter
 - 73. Thyroid gland
 - 74. Benign prostatic hyperplasia
 - 75. Adenomatous colloid goiter
 - 76. Chronic cholecystitis
 - 77. Acalculus gallbladder

- 
78. Gall stones
79. Cholelithiasis
80. Chronic cholecystitis gall bladder
81. Glandular hyperplasia prostate
82. A calculus gall bladder
83. Squamous cell carcinoma
84. Adenocarcinoma rectum
85. Carcinoma uterus
86. Typhoid ileitis
87. Atrophic uterus
88. TB intestine

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SLIDES OF HISTOPATHOLOGY (TEACHING SLIDES)

1. Lipoma
2. Pleomorphic adenoma
3. H-phylori associated gastritis
4. Fatty liver
5. Carcinoma stomach
6. Squamous cell carcinoma –esophagus
7. Acute appendicitis
8. Acute appendicitis
9. Chron's disease
10. Ulcerative colitis
11. Adenocarcinoma – intestine
12. Chronic cholesystitis
13. Inflammatory polyps
14. Squamous cell ca , stomach variant
15. Hemmoroids
16. Chronic granulomatous inflammation- intestine
17. Juvenile rectal polyp
18. Cirrhosis
19. Fatty liver
20. Hepatitis
21. Barrett's esophagus
22. Seminoma
23. Benign prostatic hyperplasia
24. Carcinoma prostate
25. Atrophic testis
26. POC's
27. Simple cystic hyperplasia
28. Follicular cyst
29. Endometroid cyst
30. Adenomyosis
31. Luteal cyst
32. Teratoma
33. Immature teratoma
34. Adenocarcinoma vagina
35. H.Mole
36. Endometrial polyp

37. Squamous cell carcinoma cervix
38. Serous cyst adenoma
39. Mucinous cyst adenoma
40. Leiomyoma uterus
41. Cystic teratoma
42. Hyperplasia endometrium
43. Lobular carcinoma
44. Colloid carcinoma
45. Endometrial carcinoma
46. Phylloids
47. Well differentiated adenocarcinoma
48. Metastatic adenocarcinoma
49. Colloid goiter
50. Cholecystitis
51. Alveolar soft part sarcoma
52. Metastatic carcinoma liver
53. Teratoma
54. Basal cell carcinoma
55. Squamous cell carcinoma-lymph node
56. Transitional cell carcinoma
57. Invasive ductal carcinoma
58. Pyogenic granuloma
59. Poorly differentiating adenocarcinoma
60. Membranous glomerulonephritis
61. Chronic phlyonephritis
62. Wilm's tumor
63. Renal cell carcinoma
64. Haemangioma
65. Myocardial infarction
66. Coagulative necrosis
67. Thrombosis
68. Atherosclerosis
69. Meningioma
70. Reactive lymphadenitis
71. Burkitt's lymphoma
72. Hodgkin lymphoma
73. Caseating granuloma
74. Gaint cell tumor
75. Osteosarcoma
76. Ewing sarcoma

- 
78. Gall stones
79. Cholelithiasis
80. Chronic cholecystitis gall bladder
81. Glandular hyperplasia prostate
82. A calculus gall bladder
83. Squamous cell carcinoma
84. Adenocarcinoma rectum
85. Carcinoma uterus
86. Typhoid ileitis
87. Atrophic uterus
88. TB intestine

4.2 tags of the instruments/chemicals/ machinery

Already done

4.3 Functional details of instruments

All instruments in pathology lab are functional except old microtome which is replaced

Chapter 5: Health safety measures and infectious disease control program

5.1 Infectious diseases control measures in the department

Infection prevention

hand washing

wearing gloves

use masks, caps and wear shoes

use apron and wear gown in labs

wear glasses for eye protection

control measures for infectious diseases

personal behavior

vaccination

vector control

disinfection

5.2 safety measures from prick injuries like needles, syringes

needle stick and sharp injuries carry the risk of blood born infections e.g AIDS,HCV,HBV and others

sharp injuries must be reported and notified

never to recap needles

dispose of used needles and small sharps immediately in puncture resistant boxes (sharp boxes)

sharp boxes: must be easily accessible, must not be overfilled, labeled or color coded

needle incinerators can be another safe way of disposal

reusable sharps must be handled with care avoiding direct handling during processing

never recap a used needle by hand

never leave needles or sharps exposed or unsecured

never practices hand to hand transfer of any sharps; place sharps on a neutral field to ovoid this type of transfer



Abbottabad
International
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ATD.

GUIDELINES FOR HOSPITAL WASTE MANAGEMENT SHARPS

SHARP CONTAINER(DANGER BOX)

Sharps used or unused inculding.....

- Lancets
- Scalpel Blades
- Needles with Attached Tubing/ Syringes
- Broken or unbroken glass pieces that were in contact with infectious agents.

NOTE : Secure the lid when $\frac{3}{4}$ full, write date of closing and unit name. Place in a yellow bag, secure and attach sticker.





Infection
Control
Cell



Sharps injury



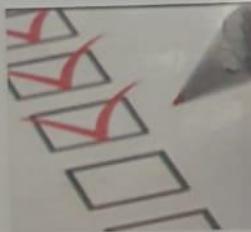
WASH IT

with soap, under running water



COVER IT

with a waterproof dressing



REPORT IT

Immediately to infection control official

Abbottabad International Dental College

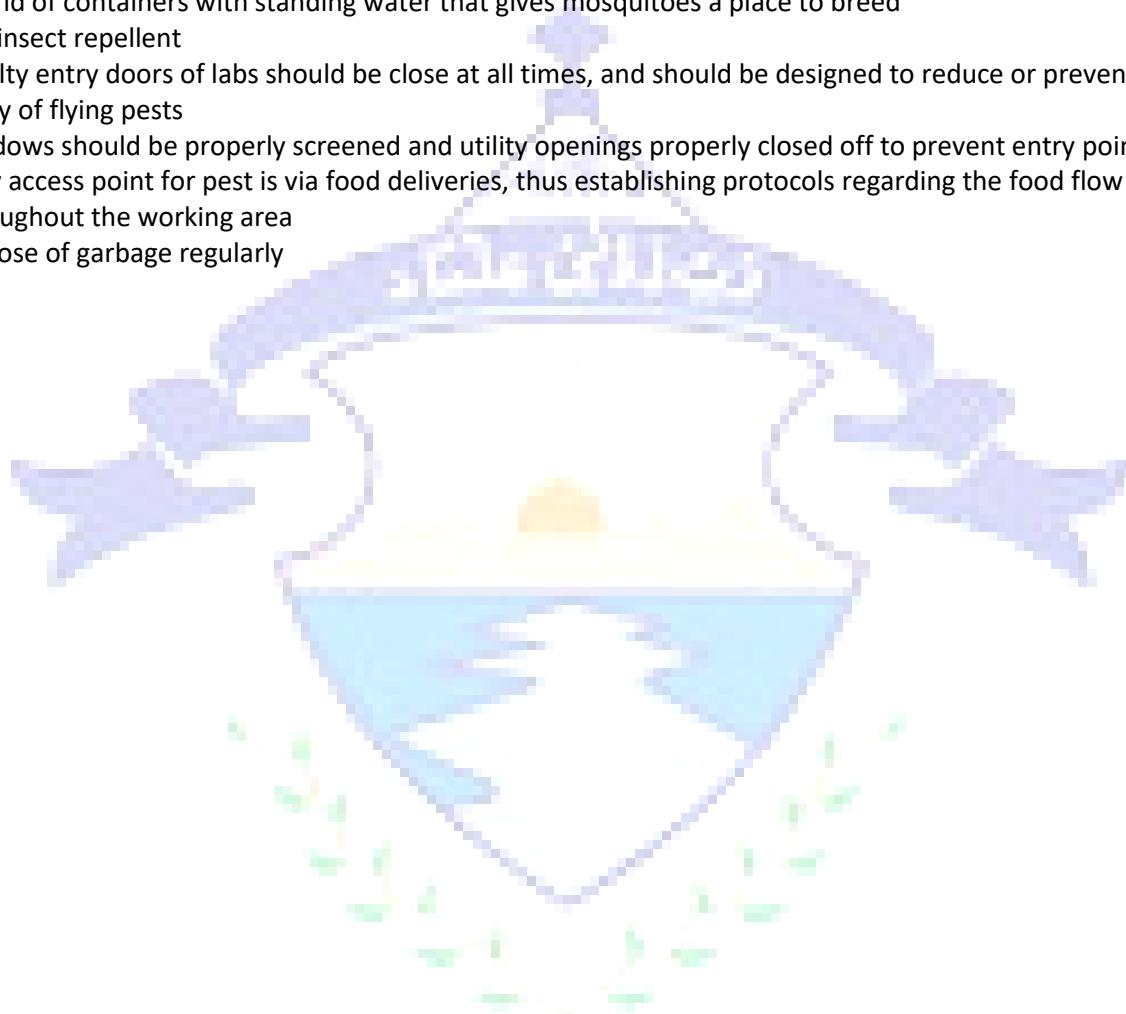
Main Karakoram Highway Islamkot Mansehra Road
Abbottabad

Post office Abbottabad public school islamkot main mansehra road Abbottabad

Phone: +92+992-406612-15 E-mail: info@aimi.edu.pk

Web Site: www.aimi.edu.pk.

5.3 safety measures from arthropods, insects and vector like mosquitoes
use structural barriers like window, screens and netting to ovoid brushy and grassy areas
don't wear heavily scented soaps or perfumes
wear long sleeves and long pants
avoid wearing bright colors, they attract bees
be caution while drinking or eating insides lab
wear hat
get rid of containers with standing water that gives mosquitoes a place to breed
use insect repellent
faculty entry doors of labs should be close at all times, and should be designed to reduce or prevent entry of flying pests
windows should be properly screened and utility openings properly closed off to prevent entry points
easy access point for pest is via food deliveries, thus establishing protocols regarding the food flow throughout the working area
dispose of garbage regularly



BUG BITE PREVENTION

The most common insect bites during the summer months are caused by mosquitoes, midges, ticks, spiders, bees and wasps. Aside from causing itching, pain, redness, and swelling, many bugs (mosquitos and ticks) can also spread a number of diseases.

BASIC STEPS



1. COVER UP

wear light-coloured clothing that covers your body



2. AVOID SCENTED PRODUCTS, as they can attract insects



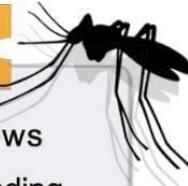
3. USE INSECT REPELLENT

SPIDERS



- ✓ Wear gloves & cover your body when you are outdoors
- ✓ Seal any openings or crevices
- ✓ Keep the laboratory clean

MOSQUITOES



- ✓ Use screens on windows
- ✓ Eliminate sources of standing water in & around
- ✓ Stay indoors during dawn & dusk, mosquitoes are active!

TICKS



- ✓ Use repellants
- ✓ Wear light-coloured clothing
- ✓ Tie or braid long, loose hair
- ✓ Do a tick check after coming in from outside activities
- ✓ Take a shower



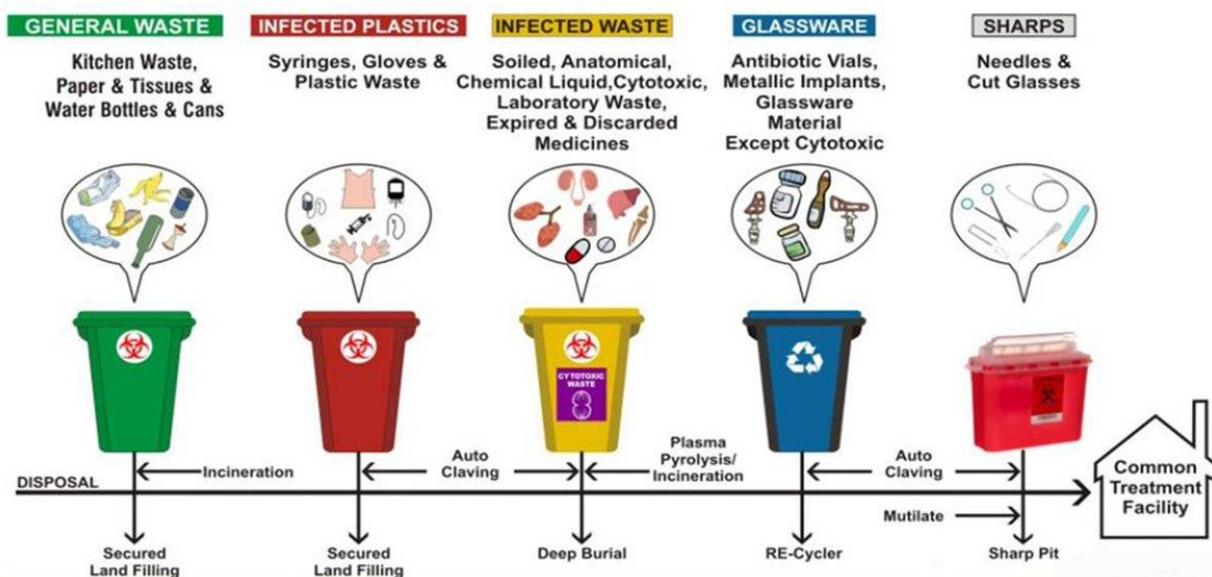


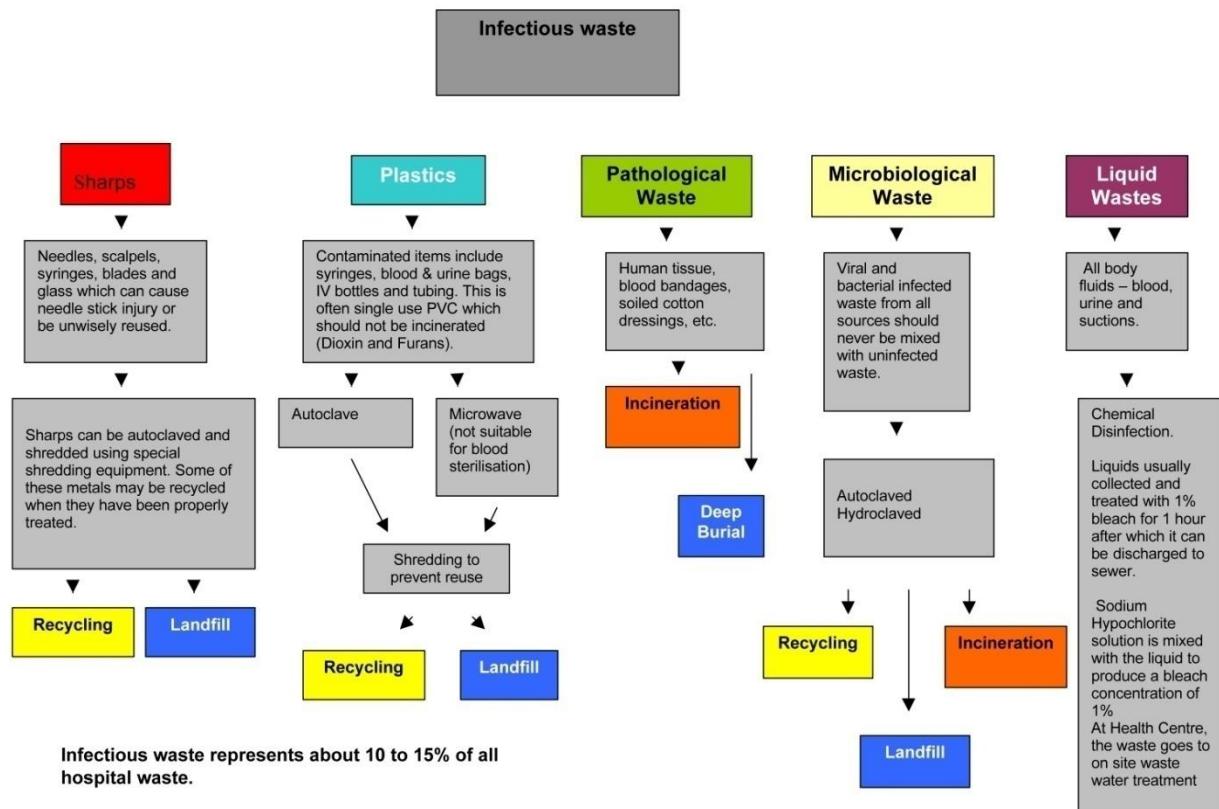
5.4 waste management plan and measures

Cat.	Type of Bag/ Container used	TYPE OF WASTE	Treatment /Disposal options
Yellow 	non-chlorinated plastic bags Separate collection system leading to effluent treatment system ←	a) Human Anatomical Waste b) Animal Anatomical Waste c) Soiled Waste d) Expired or Discarded Medicines e) Chemical Waste f) Micro, Bio-t and other clinical lab waste g) Chemical Liquid Waste	Incineration or Plasma Pyrolysis or deep burial*
Red 	non-chlorinated plastic bags or containers	Contaminated Waste (Recyclable) tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles) and gloves.	Auto/ Micro/Hydro and then sent for recycling. not be sent to landfill
White 	(Translucent) Puncture, Leak, tamper proof containers	Waste sharps including Metals	Auto or Dry Heat Sterilization followed by shredding or mutilation or encapsulation
Blue 	Cardboard boxes with blue colored marking	Glassware	Disinfection or auto/ Micro/hydro and then sent for recycling.

COLOR	WASTE	TREAT
Yellow	Human & Animal anatomical waste / Micro-biology waste and soiled cotton/dressings/linen/beddings etc.	Incineration/DB/
Red	Tubings, Catheters, IV sets.	Autocl/microwave/chemical treatment
Blue / White	Waste sharps (Needles, Syringes, Scalpels, blades etc.)	Autocl/microwave/chemical treatment/destruction/shredding

SEGREGATION OF HOSPITAL BIO-MEDICAL WASTE





Waste Management Research – Bio-Medical Waste Management



Laboratory Waste Disposal

SHARPS

Items that present a significant threat to health and safety. This waste stream receives special handling and is decontaminated (for biological contamination) prior to landfill disposal.

Sharps: Items designed to cut or puncture skin and sharp items with human blood and body fluids or bacteria.

- Needles
- Syringes with attached needles
- Scalpels
- Razor blades
- Pasteur pipettes, pipettor tips, broken vials and laboratory slides that are contaminated with biologically hazardous material

Container: Closable, puncture resistant, leakproof plastic carboy with green **sharps** label. Do not fill these containers completely. Leave 5 cm clear space at the top.



Disposal Procedure:

- When full, take to the red sharps collection hopper on the loading dock.
- Custodians will not remove sharps containers from labs or hallways.

OTHER NON HAZARDOUS TRASH

Items that are neither sharp nor contaminated. This waste stream is handled directly by custodians and goes to landfill without further treatment.

Items that present NO HAZARD if disposed of as normal trash:

Unbroken glass and plastic that has been washed or decontaminated so as to present no chemical or biological hazard

- Petri dishes and plastic labware
- Weighing boats
- Sturdy test and centrifuge tubes
- *Washed, uncapped* empty bottles
- Paper towels and gloves that have no significant contamination.



Container: Lab trash can with plastic liner.

Disposal Procedure:

- Place waste in lab trash can for custodians to remove to dumpster.
- Place large (\geq 2 liter) bottles next to trash can.

HAZARDOUS GLASS

Items that could cut or puncture skin or trash-can liners. This waste stream must be boxed to protect custodial staff. It goes directly to the landfill without any treatment.

Hazardous Glass and Plastic: Items that can **puncture, cut or scratch** if disposed of in normal trash containers.

- Pasteur pipettes
- Other pipettes and tips (glass or plastic)
- Slides and cover slips
- Broken or fragile glass including chemically contaminated glass *unless* the chemical poses a significant hazard.
- Bags of misc. plasticware that has been autoclaved to remove bio contamination.
- Syringe bodies (without needles)



Container: Sturdy and leakproof with **Hazardous Glass** label.

Either: Plastic lined cardboard box. Tape seams with heavy duty tape to contain waste.

Limit weight to 20 lbs.

Or: Plastic carboy/jug with sealed lid.



Disposal Procedure:

- Empty any chemicals to a suitable chemical waste container and dispose via surplus chemicals pickup.
- Autoclave before boxing if contaminated with infectious agents, recombinant organisms or human blood.
- Seal container closed.
- Place in hallway next to your lab door for custodians to remove OR take it to the labeled hopper on the loading dock yourself.



WASTE OR SURPLUS CHEMICALS

All chemicals or anything contaminated with chemicals posing a **significant** hazard.

Container: Sturdy and leakproof.

Disposal Procedure:

- Complete a surplus chemicals form.
- Call UW Safety department (2-8769) to arrange for collection the following Wednesday.