

Respiratory: Acid-base disorder due to H_2O retention from vomiting (alkalosis)
 The PCO_2 > normal, low pH (acidosis)
 Anion gap elevated (20) - metabolic compensation
 Serum Cl^- > normal
 Change expected - renal adaptation of serum HCO_3^-

A 73 year old man is admitted with severe abdominal pain. His abdomen is soft with generalised tenderness. His past medical history includes ischemic heart disease and transient ischemic attacks. His symptoms are out of proportion to his signs. His blood test are: White blood cells count $21.5 \times 10^9/\text{L}$, C-reactive protein 113 , Haemoglobin 13.5 g/dL , urea 13 mmol/L , Creatinine 187 mmol/L , sodium 132 , potassium 5.1 . His arterial blood gas is as follows: pH 7.32 , PO_2 9.8 , PCO_2 3.1 , Base Excess -15.9 , Bicarbonate 14.1 .

The diagnosis is

- In sbst acid change in HCO_3^- metabolic
 Change in O_2 = respiratory
- PCO_2 4.7 - 6
 PO_2
 If acidosis (pH) <
- A. Metabolic acidosis
 - B. Metabolic acidosis with respiratory compensation
 - C. Respirator acidosis
 - D. Respiratory acidosis with metabolic compensation
 - E. Mixed acidosis

3. Which of the following is not a complication of parental nutrition

- A. Hyperglycaemia
- B. Hypoglycaemia
- C. Hypocalcaemia
- D. Hyperkalaemia

E. None of the above

type of catheter
 hypophosphataemia
 hepatic steatosis

4. A 30 year old lady comes to hospital with right iliac fossa pain, with tenderness as well as fever. The following are the differential diagnosis except...

- A. Tubo-ovarian mass
- B. Acute pyelonephritis
- C. Crohn's disease
- D. Empyema of the gall bladder
- E. Splenic vein thrombosis

Causes of RIF mass
 - Appendicitis
 - CD
 - Cecal caecum
 - Phacoma of gall bladder
 - Psoas abscess
 - Renal kidney
 - Cholecystitis

WBC	4-11 $\times 10^9/\text{L}$
C-reactive prot	<10 mg/L
Hb	M 13.5-18. F 12.5-16 g/dL
Urea	2.5-6.5 (70g)
Creatinine	M 79-118 F 58-93
Sodium	135-145 4-18 mmol/L
Potassium	3.5-5.5 110-150 mmol/L
pH	7.35-7.45
PO_2	90-100 mmHg 60-95 mmHg
PCO_2	40-45 mmHg 35-45 mmHg

