

✓ A patient presents with jaundice and a palpable, non-tender gallbladder. This finding is known as \*1/1

- ☐ Murphy's sign
- ☐ Rovsing's sign
- ☐ Grey Turner's sign
- ☒ Courvoisier's sign



✓ Caput medusae results from \* 1/1

- ☐ Inferior vena cava obstruction
- ☐ Superior vena cava obstruction
- ☒ Portal hypertension with recanalization of the umbilical vein
- ☐ Hepatic artery thrombosis



✓ Which nail finding is most suggestive of chronic liver disease due to hypoalbuminemia? \*1/1

- ☐ Clubbing
- ☐ Koilonychia
- ☒ Leukonychia
- ☐ Beau's lines



✓ Which of the following is the earliest site to examine for jaundice during physical examination? \*1/1

- ☐ Hard palate
- ☐ Skin of the abdomen
- ☒ Sclera
- ☐ Nail beds



✓ When examining for splenomegaly, \*1/1 palpation should begin at the:

- ☐ Left upper quadrant
- ☐ Epigastrium
- ☐ Right hypochondrium
- ☒ Right iliac fossa



- ✓ A 58-year-old woman with a long-standing history of seropositive rheumatoid arthritis presents to the clinic for evaluation of recurrent, severe bacterial infections and persistent fatigue. Physical examination is notable for marked joint deformities, swelling in multiple metacarpophalangeal and proximal interphalangeal joints, and a firm, enlarged spleen palpable 3 cm below the left costal margin. Complete blood count reveals significant neutropenia (absolute neutrophil count < 1,500/ $\mu$ L).

\*2/2

What is the most likely diagnosis?

☐ Adult Onset Still's Disease

☒ Felty Syndrome



☐ Caplan Syndrome

☐ CREST Syndrome

- ✓ A 54-year-old man presents with progressive abdominal distension and lower limb edema. He has a 20-year history of alcohol use and was recently diagnosed with hepatic encephalopathy. On examination, he has shifting dullness and spider angiomas. Paracentesis yields: \*1/1

**Serum albumin: 3.5 g/dL**

**Ascitic albumin: 1.2 g/dL**

**Ascitic total protein: 1.9 g/dL**

Based on the SAAG and protein level, what is the most likely etiology of ascites?

- ☒ Cirrhosis ✓
- ☐ Congestive heart failure
- ☐ TB peritonitis
- ☐ Nephrotic syndrome
- ☐ Pancreatic ascites

- ✓ A 68-year-old woman with long-standing hypertension and ischemic heart disease presents with new abdominal distension and orthopnea. Examination shows basal crackles, elevated JVP, and pitting edema. \*1/1

**Serum albumin: 4.0 g/dL**

**Ascitic albumin: 2.6 g/dL**

**Ascitic total protein: 3.4 g/dL**

What is the most likely cause of ascites?

- ☐ Cirrhosis
- ☒ Congestive heart failure ✓
- ☐ Nephrotic syndrome
- ☐ Peritoneal carcinomatosis
- ☐ TB peritonitis

- ✓ A 35-year-old man with poorly controlled diabetes presents with facial puffiness, bilateral leg swelling, and new-onset ascites.

\*1/1

**Serum albumin: 2.3 g/dL**

**Ascitic albumin: 1.4 g/dL**

**Ascitic total protein: 1.5 g/dL**

What is the most likely diagnosis?

- ☐ Budd-Chiari syndrome
- ☐ Congestive heart failure
- ☒ Nephrotic syndrome
- ☐ TB peritonitis
- ☐ Cirrhosis



- ✓ A 45-year-old man presents with fever, weight loss, and abdominal distension. He is from a TB-endemic region. CT shows ascites, pleural effusions, and pericardial thickening. \*2/2

**Serum albumin: 4.1 g/dL**

**Ascitic albumin: 2.5 g/dL**

**Ascitic total protein: 3.6 g/dL**

Which of the following would you expect to see on physical examination?

- ☐ Jaundice
- ☐ Matted lymph nodes
- ☐ Epigastric pain radiating to the back
- ☐ 4+ protein on urine dipstick
- ☒ Elevated JVP

