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- **Normal Skin**
 - Which layer of the skin does cell division take place in?
 - Skin color is based on the number of what?
 - Melanin Corpuscles look like what and sense what?
 - Pannini corpuscles look like what and sense what?
 - What is the key to accurate interpretation and description of cutaneous disease?
 - In what phase does hair growth occur?
- **Dermatology Language**
 - See Dermatology Definitions Document, probably very accurate as to types of questions
 - Are Nodules superficial or non-superficial?
- **Common Benign Cutaneous Growths**
 - What is a smooth, dome-shaped, red papule with a central keratin plug that will heal with scarring?
 - What are common sites of keloids?
 - The "pinch" or "diaphanous" sign is used to diagnose what condition?
- **Infections and Bites**
 - What burrows, causing intense itching that is worse at night or after a hot shower? How do you treat?
 - What causes linear groups of 3 painful bites?
 - Which condition has a rash that starts on the wrists and ankles and spreads to the rest of the body?
 - A large red lesion with central clearing is characteristic of what tick borne illness?
- **Topical Therapies**
 - Using the rule of 9's, how much cream would you prescribe someone to put on both arms and their whole head?
 - What is the longest you should use Celestrol continuously? What might happen if you go over?
 - How long can you use desonide before it becomes unsafe?
 - If you were treating a dry lesion, would you use a cream or oil?
 - Is Fluocinonide a Low, Mid, High, or Very High-potency Topical Steroid?
 - What is a fast and easy way to increase the potency of a topical steroid?
- **Autoimmune Skin Diseases**
 - Which condition is characterized as a "hive of tombstones"? What are the autoantibodies targeting here?
 - What condition is a BMCC dysplasia? Is this a supra- or sub-epidermal lesion?
 - What are 3 chronic skin findings of dermatomyositis?
 - Does the condition characterized by photosensitivity, painless mucosal ulcers, and a butterfly rash cause scarring?
- **Fungal Skin Infections**
 - What treatment is used for a condition characterized by a black-dot pattern in multiple areas of alopecia?
 - What condition causes an itchy groin rash that spares the scrotum/penis?
- **Wound Care**
 - During inflammation, which comes first – vasoconstriction or vasodilation? What mediates these processes?
 - What cell type stimulates granulation?
 - What cell type is most prevalent 48 hours after injury?
 - What is the gold standard for identifying the cause of an atypical wound?
- **Cutaneous Manifestations of Systemic Disease**
 - What malignancies are associated with the condition characterized by Heliotrop rash and Gottron's papules?
 - What organ is associated with yellow deposits on the skin secondary to a lipid abnormality?
 - What is the autosomal dominant condition that is associated with colon polyps and skin tags?
- **Atopic Dermatitis**
 - What is the first area involved in atopic dermatitis in an infant? What areas are spared?
 - What areas are commonly involved in older children? What is the appearance of these lesions?
 - What are common irritants that worsen atopic dermatitis?
 - Are topical steroids effective treatments for atopic dermatitis?
 - Is combination therapy with emollients and steroids better than steroids alone?
 - Can atopic dermatitis be cured?
- **Benign Nerve and Pigmented Lesions**
 - The sudden proliferation of "cock on" papules/plaques with hair cysts and crabs is known as what?
 - Multiple Large, well-circumscribed, pigmented macules are associated with what autosomal dominant syndrome involving Lisch nodules, optic gliomas, and café-au-lait spots?
 - For small and medium-sized congenital nevi, is there an increased risk of developing melanoma? If so how much?
 - What 3 factors can patients have that result in an increased risk for melanoma?
 - What is the best prognostic factor for melanoma?
 - What 5 (5 really!) factors do you look for in distinguishing a nevus from a melanoma?
- **Scleroderma: Dermatitis, Pityriasis Rosea, Lichen Planus**
 - Are Mid-High-potency steroids good treatments for cradle cap?
 - When is the condition that is characterized by a herald patch followed with lesions on the lower extremities most prevalent?
 - What condition has a "Christmas-tree" distribution?
 - What are the 5 "P's" associated with Lichen planus?
 - What condition shows a lacy, reticular pattern of discolored white lines known as Wickham's striae?
 - What is Koebner's phenomenon?
 - What condition involves ivory-colored, fat-tipped papules with follicular plugs located around the orogenital region that is common in females?
- **Acute Burn Management**
 - What is the greatest predictor of mortality in a burn victim?
 - What is the #1 cause of immediate fire deaths?
 - A 1st degree burn involves what skin layers and is characterized by what?
 - What fluid is used in volume resuscitation in pediatric burn victims? How many cc/kg%?

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Continuing Education Article

FOCAL POINT

Knowledge of anatomy of the liver and its associated vasculature is critical for locating and isolating intrahepatic portosystemic shunts.

KEY FACTS

- If not readily visible during surgery, intrahepatic portosystemic shunts may be located by palpation, ultrasonography, catheterization via the portal vein, or measurement of portal pressure changes during digital vascular occlusion.
- Intraoperative hepatic parenchymal hemorrhage is decreased with blunt dissection or use of an ultrasonic aspirator.
- Intrahepatic portosystemic shunts of the left hepatic division are occluded by direct ligation of the portosystemic shunt or by ligation of the left hepatic vein.
- Intrahepatic portosystemic shunts of the caudate and right hepatic divisions are often occluded by ligation of the associated portal vein branch.

Surgical Techniques for Extravascular Occlusion of Intrahepatic Shunts

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Intrahepatic portosystemic shunts are congenital vascular anomalies that are found primarily in large-breed dogs.¹ Surgical occlusion of portosystemic shunts is the therapy of choice for improving the quality of life and increasing the life span of affected animals. Location of intrahepatic portosystemic shunts can be determined by exploratory laparotomy, ultrasonography, portography or nuclear scintigraphy.² Because of the location of the intrahepatic portosystemic shunt, direct ligation may be difficult. Other surgical options include ligation of the portal vein branch supplying the shunt, ligation of the hepatic vein branch draining the shunt, or temporary inflow occlusion and intervascular closure of the shunt or associated hepatic vein.³ This article reviews the pertinent anatomy and surgical approaches for extravascular occlusion of intrahepatic portosystemic shunts and the veins supplying or draining intrahepatic shunts.

ANATOMY OF THE LIVER

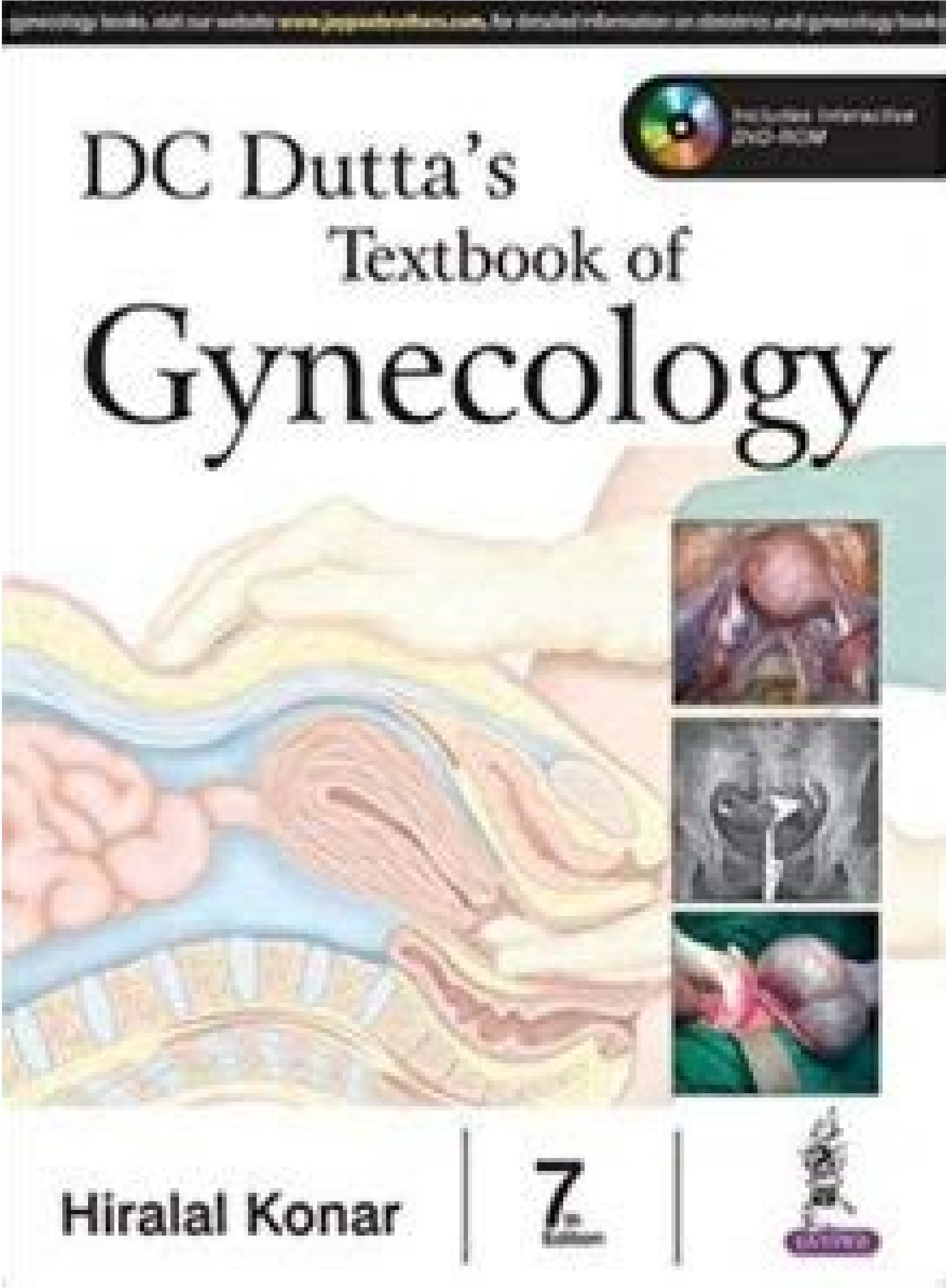
The canine liver consists of six lobes and three divisions (Figure 1). The left lateral and left medial lobes make up the left division; the right medial and quadrate lobes, which lie on either side of the gallbladder, compose the caudal division; and the right lateral and caudate lobes form the right division. The caudate lobe is subdivided into the caudate and papillary processes, which receive portal blood supply from the vessels of the right and left divisions, respectively.⁴ The right lateral and caudate lobes surround a portion of the caudal vena cava as it courses cranially in the dorsal abdomen. The liver is attached to the diaphragm, primarily by the left triangular ligament (Figure 2); the right triangular ligament is smaller and provides less support.

Caudal to the liver, the portal vein is ventral to the caudal vena cava, opposite

1. Optic disk edema is seen in all except
Papilloedema
CRVO
Open angle glaucoma
Hypertensive retinopathy
Papillitis
2. The first line of treatment in chemical injury is admission if severe
topical antibiotics
topical cycloplegia
neutralization of pH by irrigation
oral analgesia
3. The most common cause of proptosis is
orbital infection
orbital hemorrhage
orbital tumor
orbital pseudo-tumor
thyroid ophthalmopathy
4. Calculation of IOL power is called
Biometry
Pachymetry
Tonometry
Keratometry
Ophthalmoscopy
5. Aphakia can be corrected by following
Spectacles
Contact lenses
Anterior chamber IOL
Posterior chamber IOL
All of above

By KHALID CHAN

6. A patient with sudden painless loss of vision and no fundal view was possible. Which of the investigation is helpful to see the retina.
Keratometry



Note: Hashimoto's disease, an autoimmune disorder in which the thyroid gland is destroyed by the autimmunity. Its main function is to verify and adjust the testosterone supercharging by inhibiting its secretion. (b) These hormones also stimulate the changes associated with pubertÃ in males, that is, muscle growth, growth of facial and axillary, aggressiveness, low pace of voice, etc. Increase the nerve and muscle excitability that causes cramps and convulsions. The parathyroids are under the control of the feedback of the blood calcium level. (a) Play an important role in the growth of axial, pubic and facial hair during puberty. (d) plays a role in developing growing ovarian follicles. Note: Parathormone is also known as a hormone of Collip after his discoverer (a Canadian endocrinologist, James B Clips; 1925). This disorder is known as Parathyroid Tanny. In normal human pancreas, these cells represent only 1-2% of pancreatic fabric. It produces different hormones. Diabetes disorder of insulin diabetes mellitus is the common complex disturbance caused by prolonged hyperglycemia. The hormone receptor complex changes the permeability of the cell membrane to facilitate the passage of the materials through it (and therefore, regulates cell activities of the cell causing a specific response). The operation of steroid hormone steroid hormones are in nature in nature, so they can easily spread through the cell membrane and binding to the receptor molecules present in the cytoplasm to form a hormonal-receptor complex entering the core. The interstitial cell hormones present in the intertubular spaces produce a group of hormones, I.E., Androgens. (e) appearance of female secondary sexual characters (fat warehouse on the thigh region and Ate'l Ate'l noc enoizarenegep aus aL ,orol art ehicigenis e etsinogatna inoizaretini erartson inomro inomro liged ehicigenis e ehicitsinogatna inoizaretini el ,j,cece ota'lled ,acna'lled due to which the production of the thymosine hormone also decreases. A fall of Ca2+ in the blood stimulates them to secrete PTH. Intermediate Pars This portion of adenoipophysis secretes only one hormone, * Melanocyte Stimulating Hormone (MSH) The melanocyte-releasing hormone stimulates the intermediate lobe of the pituitary gland to secrete its stimulating melanocyte hormone. So, because of its role, it is called birth hormone and milk ejection hormone. iii) Sertoli cells feed the sperm and also secrete the hormone (inibin). GI gastrointestinal tract hormones develop from the endodermis of the embryo. Glucagon also stimulates insulin secretion from beta cells due to its paracrine effect. Its main role is in softening the ligament, widening the pelvic cavity, also affecting other ligaments such as foot etc. In the endocrine system, the hormone in one gland can stimulate or inhibit another endocrine gland. Partial endocrine glands These are partly endocrine and partially exocrine functioning. Gonadotrophin hormone These are the gonadotropic cells of the anterior lobe of the pituitary gland, which secrete leuteinizing hormone (LH) and follicle stimulating hormone (FSH). Some Metabolic Conversions Glycolysis Breakdown of glucose into pyruvic acid. Pancreas is a composite gland that acts as both an exocrine and an endocrine gland. Leuteinizing Hormone (LH) In males it stimulates the synthesis and secretion of hormones called androgens from the testicles. Adenoipophysis is the anterior glandular portion of the pituitary gland. Follicle Stimulating Hormone (FSH) In males, FSH and androgens together regulate spermatogenesis. Disorders. b) Inhibition of cellular absorption and use of amino acids. b. Pars nervosa of the neurohypophysis forming the posterior lobe of the gland The hormones secreted by these three layers of adrenal cortex are collectively known as corticosteroids. Endocrine Endocrine Which are present in different parts of this and the section secretes four main peptide hormones. Details on spermatogenesis, on the male reproductive system and on the hormones related to it will be studied in higher classes (ie, class xii). In addition to this, the Timosine also promotes the production of antibodies to provide humoral immunities. Their answer is very specific and precise. The parathyroid glands secrete a single hormone known as paratroidone or parathyroid hormone (PTH) (opposite functions to the thyrocytonine hormone). These are also known as emergency hormones or fight or flight hormones. Hypethysot-Nisro This disorder occurs because of iodine deficiency in our diet. It is anatomically divided into two main parts i. Its main function is regular the level of calcium in the blood. Endocrine glands Pure works entirely for hormone secretion. Functions of thyroid hormones The thyroid hormone performs different functions in the body, such as (i) these hormones regulate and maintain the baseline metabolic rate (BMR), ie both T3A hormones, which T4 increase the overall metabolic rate of the body. It is the largest of all three layers. e) stimulates the production of RBC. It is further divided into three concentric layers (A) Reticularis area is the internal layer of the cortex whose cells are arranged in the network as fashion. Hormone Inhibitor These are the hormones that inhibit the release of hypophyseal hormones, such as somatostatin, which inhibits the hormone secretion of growth from the front lobe of the pituitary gland. The hormones produced by the hypothalamus are the following two types I. Action of the hormone through intracellular receptors The hormones that interact with intracellular receptors are mainly involved in regulating gene expression. Negatively affects physiology of an organism. Because of which women can experience the increase in the size of the foot during pregnancy. Structure is an almond-shaped structure. almond. selamef ni sdnalg yrammam hum morf klim fo noitceje ni elor syalp la tl ,ypareht nilufsskineap citeebaiD ,ycnangerp fo segareb wattlum rhymes rhythmic rhymes ot(e) ,selamf ni sdnalg reamma hum morf klim fo noitceje ni elor syalp osla tl ,ypareht nilufssosi stneitap citebaD ,ycnangerp fo segretal rahny rhlarRehnioRetsserehnik of Russia desopmoc c si ti llanretnl ,Tanuma Lams Rev Ni Dnalg evitcepsper Rahat morf desaler era senomroH noitcaEnomroH fo msinahceM ,stoud koal ,e,i ,sdnalg sselcud era sdnalg enircodne ehtI senomroH3sdnalG enircodnE senircodnEsenomroHriehtT3sdnalG rojaM : yeonircodnE1 cipoT ,selamef dna selam ni htop (snegordna) enomroh x, e,i, sdiorts cinegordna fo ytitanoq for miss a secudorp and xetroc lanerda (negordna) sdioctrocoxeS,htrib fo mil7a niap ruobal sesuac hciw ,ylno enomroh sisTl,metsys enunmeEnunme eht no tceffe gnitumits a sah doolEhseneorihwSenseneewsssssenewsssssestrep p,Setarbetrevni Elihu, noitandrooc edivorp under senomrvh sa gnitca slacimehc fo rebmun egral evrah setarbetrevV,notertini ro senomroh dellac era snoestrys rieht,notiarisep fo utteeht treh Ni esaerani (d) ,sisenegeonoculgy sesacerd (b) ,nihportoryht ro HST ,e,i ,enomroh gnilitryois diorysteteriht reetio reerehtnihlszorn (Rohlszornsehler) enomroH8gnitalumitS dioryht,Yenek slc raluremulgatxuj7hYbDecudorp si nitetoporhteri dellac enomroh editpep A yendik fo senomroh.eussit laititsretni ro lamorts dmulehtipe lanimregDenil era hcihw selubut suorefinimes ynam fdesopmoc si set A ertA eruturtS ,staf snietorp fo mslobatehtA(d) ,elamestilicilrosti ssurecSderclurec 'I'm waiting for you to go to Cetzens, the letter Letense C. of cells (i) Follicular cells give rise to sperm. Both these hormones thus stimulate gonadal activity, called gonadotrophin. d) Promotes the growth of body tissues such as bones and muscles and helps in the formation of the muscle body. It consists of five layers arranged in a compact way. All functions of the thyroid gland are altered during this disease. Three groups of steroid hormones are secreted by the adrenal cortex, such as i. This can be deduced from the operation shown below i. Structure The adrenal glands are yellowish conical bodies composed of two types of tissues. Its low secretion causes stunted growth, i.e. a pituitary dwarfism. c) Glomerulose Zone is the outermost layer. These are i) Gastrin, which acts on the gastric glands and stimulates the secretion of hydrochloric acid and pepsinogen. They include kidneys, liver, gastrointestinal tract, heart, placenta, etc. These hormones below with their Growth Hormone (GH) functions, stimulates the somatotropic cells of the anterior lobe of the pituitary gland to release its growth hormone or somatotropin. b) The development of acne are also due to these hormones in young girl. (iii) Influences the retention of water and electrolyte in our body. (ii) Secretein, which acts on the exocrine portion of the pancreas (remember that the pancreas is a mixed gland, playing both exocrine and endocrine roles), stimulating the secretion of water and bicarbonate ions. ii) Stimulates the process of bone resorption (i.e. dissolution/deminer) by acting on the bones. Note: The first hormone was discovered by William M Bayliss and Earnest H Starling in 1903. Functioning of the peptide hormone Protein hormone is naturally water-soluble, it binds to the extrinsic receptors (present on the cell surface) to form the hormone-receptor complex. Ovary is the sex organ In females serving to produce eggs (female gametes) and female sex hormones. Feminine. ni sepyt owt gnivollof fo era sdnalg enircodne ehtI sdnalG enircodnE namuH fo sepyT ,sisylonegocylg sesacerd (c) ,htrib dlhic fo emit eht ta suretu fo noitcartnoc suorogiv a setalumits dna ydob ruo fo selcum btooms eht no stca tl ,desaerani si erusserp doolb nehv ,traeh fo slaw lairta eht b deterces si JfNAI rotcaF citeuriatN lairtA sa nwonk enomroh editpep tnatropni yrev A traeh fo senomroH swollof sa era seussit suolarv yb deterces senomrohofo selpmaxe emoS ,sllec doolb der fo noitarrof fo ssecorp eht troppus yehT)ii(,yratitup fo sehol etaidemretni dna roiretna eht tesesper strap strap aiowt strap esehT,t demretni srap dna silatsid srap ,e,i ,strap owt fo stsisnoc rehtruf tl ,ydob eht ni sessecorp lacigolob eht gnitaluger rof elbisnosper era esehT ,ylevitcepsper ecuij elib dna semyzne citaecnap fo noiterces gnitalumits reddalb llag dna saercnap htop no stca senomroh siht)KCC(ninikotsycelohc)iii t fo noitatnemgip eht setaluger dna)sllec gniniatnoc ninaleni(setyconalem no stca HSM ,etis ropceper eht morf llec eht ni PTA morf)etahpsophonon enisonedI cilcyc AAAA ae,i(PMAC fo noitarrof eht ot sdael suht ,emyzne detavitca siht ,cte ,msitum-faed ,niks lamronba ,tneitouq ecnegilletni ol ,noitadrater latnem ,)msiniterc(htworg detnuts ot sdael dna ybab gnιωrg eht fo noitarutam dna tnepoleved eht stceffa ycnangerp fo emit eht ta nemow ni msidioryhtopyH JA'A(,snehortse dna enoretsoiset htop fo rosrucerp a sa stca hcihw ,)enoretsordnaipe yxordyheD(AEHD sa deterces era senomroh eseh T .2 .senomroh eht ot notidda ni selucelom wen fo rebmun a seterces osla sdnalg enircodne desinagro ehtT ,oyrbme fo mredosem morf devired eussit hsiwolley elap ,mrif lanretnx na si tl xetroC lanerda ,sumalahtopyh fo ecneulfini eht rednu ssei ro erom skrow metsys enircodne etelpmoc eht ,snamuh ni sumalahtopy H sdnalG enircodnE rojaM fo snoitcnuF dna eruturtS ,ydob ruo ni setylortcele dna retaw fo ecnalab eht etaluger yehT)enoretsodiA(I. (b) also acts on mammary glands and stimulates the formation of alveoli (sac-like structures that preserve milk) and the secretion of milk. (c) Cortisol is involved in maintaining the cardiovascular system and in the correct functioning of the kidney. During this disorder, cells fail to use glucose and other carbohydrates for energy production instead of starting to use protein à ě

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