

06

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PATHOLOGY -MARCH 2025

DATE	THEORY	PRACTICAL
03.03.25 Monday		2-4 PM <u>SGD</u> Dr Vijaya, Dr Ayesha PA 10.4 - Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases. 10.4.1. Describe general principle of microbial pathogenesis 10.4.2. Describe the aetiology, pathogenesis and organ changes in Typhoid fever. 10.4.3. Describe the aetiology, clinical features and organ changes in Bacillary dysentery. 10.4.4. Describe the clinical manifestations, mode of transmission, salient diagnostic methods of Measles, Herpes and Rabies PA 10.1, PA 10.2- REVISION (3PM)
05.03.25 Wednesday	11.15 am to 12.15 pm Dr Rohini PA 12 : PA12.3 Describe the pathogenesis of obesity and its consequences. 12.3.1. Define Obesity and describe the pathogenesis of Obesity with reference to the role of leptins, adipose tissue and gut hormones. 12.3.2. Discuss the clinical consequences of Obesity	2-4 PM <u>SGD</u> Dr Vijaya, Dr Ayesha PA 10.4 - Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases. 10.4.1. Describe general principle of microbial pathogenesis 10.4.2. Describe the aetiology, pathogenesis and organ changes in Typhoid fever. 10.4.3. Describe the aetiology, clinical features and organ changes in Bacillary dysentery. 10.4.4. Describe the clinical manifestations, mode of transmission, salient diagnostic methods of Measles, Herpes and Rabies PA 10.1, PA 10.2- REVISION (3PM)
06.03.25 Thursday		2-4 Pm <u>SGD</u> Dr Kaushiki Dr Athulya PA 10.4 - 10.4.5. Describe the aetiology, clinical manifestations and organ changes in Amoebic dysentery and amoebic abscess 10.4.6. Describe the aetiology, clinical features, organ changes and laboratory findings in Filariasis/ Hydatid cyst 10.4.7. Describe the aetiology, pathogenesis, organ changes, clinical manifestations and laboratory diagnosis of fungal lesions(Candida, Aspergillosis, Mucormycosis, Cryptococcosis) 10.4.8. Describe the causative agent, types, clinical manifestations and laboratory diagnosis of Syphilis.
07.03.25 Friday	11.15 - 12.15 pm, SDL Dr Rohini Students Roll nos- 47,06,55,77,31,48	2-4 Pm <u>SGD</u> Dr Kaushiki Dr Athulya PA 10.4 -

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PATHOLOGY -MARCH 2025

	PA 12.1 - Enumerate and describe the pathogenesis of disorders caused by air pollution, tobacco and alcohol. 12.1.1. Enumerate the disorders caused by air pollution, tobacco and alcohol 12.1.2. Describe the pathogenesis of disorders caused by air pollution, tobacco and alcohol. 12.1.3. Enumerate the health effects of indoor and outdoor air pollution. 12.1.4. Describe the organ specific effects of tobacco smoke constituents. 12.1.5. Describe the acute and chronic adverse effects of alcohol abuse.	10.4.5. Describe the aetiology, clinical manifestations and organ changes in Amoebic dysentery and amoebic abscess 10.4.6. Describe the aetiology, clinical features, organ changes and laboratory findings in Filariasis/ Hydatid cyst 10.4.7. Describe the aetiology, pathogenesis, organ changes, clinical manifestations and laboratory diagnosis of fungal lesions (Candida, Aspergillosis, Mucormycosis, Cryptococcosis) 10.4.8. Describe the causative agent, types, clinical manifestations and laboratory diagnosis of Syphilis.
10.03.25 Monday		2-4 PM <u>DOAP</u> Dr Prathima Dr Divya Dr Rohini, <u>Dr Manasa</u>, Dr Ayesha PA-22.1 - Classify and describe blood group systems (ABO and RH) PA-22.2 - Enumerate the indications, describe the principles, enumerate and demonstrate the steps of compatibility testing. PA-16.7 - Describe the correct technique to perform a cross match 22.1.1. Classify different blood group system. 22.1.2. Mention importance of Rh factor. 22.1.3. Describe Bombay blood group. Mention its clinical importance. 22.1.4 Describe ABO & Rh incompatibility. 22.1.5. Mention different methods of blood grouping 22.1.6. Enumerate steps of ABO grouping & Rh typing and demonstrate the same. 22.2.1. Mention indications & principles of Major and minor cross matching. 22.2.2. Describe Coombs test, its principle & usage. 22.2.3. Describe criteria for Donor selection & rejection. 22.2.4. Describe Precautions to be taken during transfusion 16.7.1. Enumerate steps of major & minor cross matching and demonstrate the same. OSPE : PA 22 Blood grouping: - Forward grouping -Slide/ tube method
12.03.25 Wednesday	11.15 am to 12.15 pm. Theory Dr Gaurav BLOOD BANKING AND TRANSFUSION (PA-22) PA- 22.4 - Enumerate blood components and describe their clinical uses. PA- 22.5 - Enumerate and describe infections transmitted by blood transfusion. 22.4.1. Enumerate different blood components 22.4.2. Mention anticoagulants used in blood	2-4 PM <u>DOAP</u> Dr Prathima Dr Divya Dr Rohini, <u>Dr Manasa</u>, Dr Ayesha PA-22.1 - Classify and describe blood group systems (ABO and RH) PA-22.2 - Enumerate the indications, describe the principles, enumerate and demonstrate the steps of compatibility testing. PA-16.7 - Describe the correct technique

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PATHOLOGY -MARCH 2025

	banks. 22.4.3. Mention different blood bags and their uses. 22.4.4. Mention storage and shelf life of different blood components 22.4.5. Describe indications for clinical use of different blood components 22.5.1. Enumerate different infections transmitted through blood transfusion. 22.5.2. Enumerate diseases tested for before transfusion and mention the methods of testing.	to perform a cross match 22.1.1. Classify different blood group system. 22.1.2. Mention importance of Rh factor. 22.1.3. Describe Bombay blood group. Mention its clinical importance. 22.1.4 Describe ABO & Rh incompatibility. 22.1.5. Mention different methods of blood grouping 22.1.6. Enumerate steps of ABO grouping & Rh typing and demonstrate the same. 22.2.1. Mention indications & principles of Major and minor cross matching. 22.2.2. Describe Coombs test, its principle & usage. 22.2.3. Describe criteria for Donor selection & rejection. 22.2.4. Describe Precautions to be taken during transfusion 16.7.1. Enumerate steps of major & minor cross matching and demonstrate the same. OSPE : PA 22 Blood grouping: - Forward grouping -Slide/ tube method
13.03.25 Thursday		2-4 PM, DOAP Dr Shilpa, Dr Shailaja, DrVarsha, Dr Sameena <u>Dr Sowmya</u> PA 23.1 . Urine examination : Physical examination Chemical examination- Introduce strip methodology. Tests for Reducing substances & Ketone bodies. PA 23.1 - Describe abnormal urinary findings in disease states and identify and describe common urinary abnormalities in a Clinical specimen 23.1.1. Mention different methods of collection of urine and preservation 23.1.2. Enumerate disease conditions associated with variation in total urine volume. 23.1.3. Enumerate disease conditions associated with variation in urine pH. 23.1.4. Enumerate disease conditions associated with variation in urine colour. 23.1.5. Enumerate disease conditions associated with variation in urine odour. 23.1.6. Enumerate disease conditions associated with variation in urine clarity/appearance. 23.1.7. Enumerate disease conditions associated with variation in urine specific gravity 23.1.8. Define glycosuria. Enumerate pathological conditions associated with glycosuria. Demonstrate the test for glycosuria. 23.1.9. Define ketonuria. Enumerate

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PATHOLOGY -MARCH 2025

		pathological conditions associated with ketonuria. Demonstrate the test for ketonuria,
14.03.25 Friday	11.15 am to 12.15 pm. Theory Dr Gaurav PA 22.6 - Describe transfusion reactions and enumerate the steps in the investigation of a transfusion reaction. PA 22.7 - Enumerate the indications and describe the principles and procedure of autologous transfusion. 22.6.1. Describe transfusion reactions. 22.6.2. Mention types of transfusion reactions. 22.6.3. Describe clinical features of transfusion reactions. 22.6.4. Mention immediate steps to be taken following transfusion reaction 22.6.5. Enumerate steps in investigating blood transfusion reactions including documentation check, serological investigations, tests for haemolysis and microbiological tests. 22.7.1. Define autologous blood transfusion. Enumerate advantages and indications for autologous blood transfusion	2-4 PM, DOAP Dr Shilpa, Dr Shailaja, DrVarsha, Dr Sameena <u>Dr Sowmya</u> PA 23.1 . Urine examination : Physical examination Chemical examination- Introduce strip methodology. Tests for Reducing substances & Ketone bodies. PA 23.1 - Describe abnormal urinary findings in disease states and identify and describe common urinary abnormalities in a Clinical specimen 23.1.1. Mention different methods of collection of urine and preservation 23.1.2. Enumerate disease conditions associated with variation in total urine volume. 23.1.3. Enumerate disease conditions associated with variation in urine pH. 23.1.4. Enumerate disease conditions associated with variation in urine colour. 23.1.5. Enumerate disease conditions associated with variation in urine odour. 23.1.6. Enumerate disease conditions associated with variation in urine clarity/appearance. 23.1.7. Enumerate disease conditions associated with variation in urine specific gravity 23.1.8. Define glycosuria. Enumerate pathological conditions associated with glycosuria. Demonstrate the test for glycosuria. 23.1.9. Define ketonuria. Enumerate pathological conditions associated with ketonuria. Demonstrate the test for ketonuria,
17.03.25 Monday		2-4 PM DOAP Dr Radha, Dr Selvi, Dr Devasmita Dr Vijaya, <u>Dr Sreekanth</u> PA 23.1 . Urine examination : Physical examination Chemical examination- Introduce strip methodology. Tests for proteins and blood 23.1.10. Define proteinuria. Enumerate pathological conditions associated with proteinuria. Demonstrate the test for proteinuria. 23.1.11. Define haematuria, enumerate pathological conditions associated with haematuria. Demonstrate the test for haematuria. 23.1.12. Describe principles of chemical

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PHATHOLOGY -MARCH 2025

		tests and Dipsticks tests for determination of Sugar, Ketone bodies, Proteins and Blood in urine. 23.1.13. Describe urinary microscopic findings with reference to cells, crystals and casts in disease states
19.03.25 Wednesday	11.15 am to 12.15 pm, Theory Dr Radha TOPIC: GASTROINTESTINAL TRACT (PA-24) PA24.1 - Describe the etiology, pathogenesis, pathology and clinical features of oral cancers include salivary gland tumors 24.1.1. Describe Leukoplakia and Erythroplakia. 24.1.2. Describe aetiology, pathogenesis of squamous cell carcinoma of oral cavity. 24.1.3. Describe gross and microscopic features of squamous cell carcinoma of oral cavity 24.1.4. Classify salivary gland tumours 24.1.5. Describe Morphology & clinical features of Pleomorphic adenoma, Warthin tumour & Mucoepidermoid carcinoma. 24.1.6. Barrett's oesophagus 24.1.7. Describe the aetiology, pathogenesis, types, morphological features of carcinoma oesophagus	2-4 PM <u>DOAP</u> Dr Radha, Dr Selvi, Dr Devasmita Dr Vijaya, <u>Dr Sreekanth</u> PA 23.1 . Urine examination : Physical examination Chemical examination- Introduce strip methodology. Tests for proteins and blood 23.1.10, Define proteinuria. Enumerate pathological conditions associated with proteinuria. Demonstrate the test for proteinuria. 23.1.11. Define haematuria, enumerate pathological conditions associated with haematuria. Demonstrate the test for haematuria. 23.1.12. Describe principles of chemical tests and Dipsticks tests for determination of Sugar, Ketone bodies, Proteins and Blood in urine. 23.1.13. Describe urinary microscopic findings with reference to cells, crystals and casts in disease states
20.03.25 Thursday		2-4 PM, SGD Dr Koushiki PA 23.2 - Describe abnormal findings in body fluids in various disease states. PA 23.3 - Describe and interpret the abnormalities in a panel containing semen analysis. 23.2.1. Mention different body fluids, method of collection and preservation. 23.2.2. Mention differences between transudate and exudate. 23.2.3. Mention changes in body fluid parameters in tuberculosis 23.2.4. Mention changes in body fluid parameters in malignancy 23.2.5. Mention changes in body fluid parameters in pyogenic infections. 23.2.6. Identify etiology of pleural effusion and ascitis by interpreting given body fluid parameters. 23.3.1. Describe indications for semen analysis and interpretation of semen analysis report. Charts – fluid cytology & cervical pap smear.
21.03.25 Friday	11.15 am to 12.15 pm, Theory Dr Radha PA-24.2 - Describe the etiology, pathogenesis,	2-4 PM, SGD Dr Koushiki PA 23.2 - Describe abnormal findings in

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PHATHOLOGY -MARCH 2025

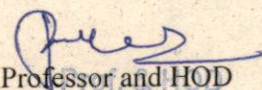
	pathology, microbiology, clinical and microscopic features of peptic ulcer disease. 24.2.1. Define peptic ulcer disease. 24.2.2. Describe aetiology and pathogenesis of PUD, 24.2.3. Describe gross and microscopic features of Peptic ulcer. 24.2.4. Describe clinical features and complications of PUD. 24.2.5. Define Gastritis and discuss its types 24.2.6. Describe etiopathogenesis, morphology and clinical features of Acute Gastritis	body fluids in various disease states. PA 23.3 - Describe and interpret the abnormalities in a panel containing semen analysis. 23.2.1. Mention different body fluids, method of collection and preservation. 23.2.2. Mention differences between transudate and exudate. 23.2.3. Mention changes in body fluid parameters in tuberculosis 23.2.4. Mention changes in body fluid parameters in malignancy 23.2.5. Mention changes in body fluid parameters in pyogenic infections. 23.2.6. Identify etiology of pleural effusion and ascitis by interpreting given body fluid parameters. 23.3.1. Describe indications for semen analysis and interpretation of semen analysis report. Charts – fluid cytology & cervical pap smear.
22.03.25 Saturday	AETCOM, 11.15 - 1.15 pm Dr Vishwas, Dr Devasmitha Dr Sameena, Dr Manasa AETCOM 2.4A- Demonstrate ability to work in a team of peers & superiors. 2.4B – Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers.	
24.03.25 Monday		2-4 PM, SGD Dr Koushiki, Dr Sowmya PA-24.4 - Describe aetiology and pathogenesis and pathologic features of carcinoma of the stomach 24.4.1. Describe epidemiology, etiopathogenesis and clinical features of carcinoma stomach. 24.4.2. Describe gross and microscopy of Carcinoma stomach. 24.4.3. Mention gross morphological differences between benign and malignant gastric ulcers.
26.03.25 Wednesday	11.15 am to 12.15 pm, Theory Dr Radha TOPIC: GASTROINTESTINAL TRACT (PA-24) PA-24.6 - Describe aetiology and pathogenesis and pathologic and distinguishing features of Inflammatory bowel disease 24.6.1. Define IBD, 24.6.2. Describe epidemiology, aetiology and pathogenesis of IBD. 24.6.3. Describe gross and microscopy, clinical features and complications of Crohn's disease. 24.6.4. Describe gross and microscopy, clinical features & complications of ulcerative colitis.	2-4 PM, SGD Dr Manasa, Dr Sowmya PA-24.4 - Describe aetiology and pathogenesis and pathologic features of carcinoma of the stomach 24.4.1. Describe epidemiology, etiopathogenesis and clinical features of carcinoma stomach. 24.4.2. Describe gross and microscopy of Carcinoma stomach. 24.4.3. Mention gross morphological differences between benign and malignant gastric ulcers.

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PATHOLOGY -MARCH 2025

	24.6.5. Enumerate the differences between Ulcerative Colitis and Crohn's disease.	
27.03.25 Thursday	12.15-1.15pm. Dr Vishwas GASTROINTESTINAL TRACT REVISION	2-4 PM DOAP Dr Prathima, Dr Divya, Dr Sandhya Dr Sameena, Dr Sukanya PA-24.3 - Describe and identify the microscopic features of peptic ulcer. – Include slides of Pleomorphic adenoma and specimen of Ca . Stomach, Ca Colon, TB intestine, Peptic ulcer PA 24.5 - Describe and aetiology, pathogenesis and pathologic features of Tuberculosis of the intestine 24.3.1. Identify microscopic features of pleomorphic adenoma. 24.3.2. Identify gross features in specimen of carcinoma of stomach. 24.3.3. Identify gross features in specimen of carcinoma of colon. 24.3.4. Identify microscopic features of carcinoma of stomach. 24.3.5. Identify microscopic features of carcinoma of colon. 24.3.6. Identify the gross and microscopic features of peptic ulcer 24.5.1. Identify Gross features in specimen of TB intestine (Optional) 24.5.2. Identify microscopic features of Tuberculosis of intestine.(Optional) Gastrointestinal system Specimen- Peptic ulcer, Gastric carcinoma, Carcinoma colon. TB intestine (Optional). Slides- Pleomorphic adenoma, carcinoma colon. TB intestine (Optional). Gastric carcinoma (Optional).
28.03.25 Friday	11.15 am to 12.15 pm, Theory Dr Radha PA-24.7 - Describe the aetiology, pathogenesis, pathology and distinguishing features of carcinoma of the colon 24.7.1. Enumerate polyps and adenomas of colon. 24.7.2. Describe Familial Adenomatous Polyposis. 24.7.3. Describe aetiology, pathogenesis of Carcinoma of colon. 24.7.4. Describe gross morphology and microscopy of Carcinoma of colon. 24.7.5. Describe clinical features, investigations, staging and prognosis of carcinoma of colon.	2-4 PM DOAP : Dr Prathima, Dr Divya, Dr Sandhya Dr Sameena, Dr. Sukanya PA-24.3 - Describe and identify the microscopic features of peptic ulcer. – Include slides of Pleomorphic adenoma and specimen of Ca Stomach, Ca Colon, TB intestine, Peptic ulcer PA 24.5 - Describe and aetiology, pathogenesis and pathologic features of Tuberculosis of the intestine 24.3.1. Identify microscopic features of pleomorphic adenoma. 24.3.2. Identify gross features in

VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
TIMETABLE FOR CBME PHATHOLOGY -MARCH 2025

	24.7.6. Enumerate pre-neoplastic lesions of Intestine	specimen of carcinoma of stomach. 24.3.3. Identify gross features in specimen of carcinoma of colon. 24.3.4. Identify microscopic features of carcinoma of stomach. 24.3.5. Identify microscopic features of carcinoma of colon. 24.3.6. Identify the gross and microscopic features of peptic ulcer 24.5.1. Identify Gross features in specimen of TB intestine (Optional) 24.5.2. Identify microscopic features of Tuberculosis of intestine.(Optional) Gastrointestinal system Specimen- Peptic ulcer, Gastric carcinoma, Carcinoma colon. TB intestine (Optional). Slides- Pleomorphic adenoma, carcinoma colon. TB intestine (Optional). Gastric carcinoma (Optional).
31.03.25 Monday		2-4 PM, SGD Dr Vijaya, Dr Sukanya PA-25.1 - Describe bilirubin metabolism, enumerate the aetiology and pathogenesis of jaundice, distinguish between direct and indirect hyperbilirubinemia 25.1.1. Describe bilirubin metabolism 25.1.2. Enumerate the etiology and pathogenesis of jaundice 25.1.3. Distinguish between direct and indirect hyperbilirubinemia PA-25.6 - Interpret liver function and viral hepatitis serology panel. Distinguish obstructive from non-obstructive jaundice based on clinical features and liver function tests 25.6.1. To distinguish between obstructive from non-obstructive jaundice (Charts) 25.6.2. Interpret liver function tests with viral hepatitis serology panel.


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