# VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
## TIMETABLE FOR CBME PATHOLOGY APRIL 2026

| DATE | THEORY | PRACTICAL |
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| 1.04.26<br>Wed | 11.15 to 12.15 pm Both A& B<br>Dr.Shilpa<br>**TOPIC: RESPIRATORY SYSTEM (PA-25)**<br>**PA-25.3 - Define and describe the aetiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive airway disease (OAD)**<br>25.3.1. Define emphysema and list the types of emphysema<br>25.3.2. Describe the etiopathogenesis and morphology of emphysema<br>25.3.3. Define bronchiectasis, and describe the etiopathogenesis<br>25.3.4. Describe the gross morphology and microscopy of bronchiectasis<br>25.3.5. Describe the etiopathogenesis of Asthma<br>25.3.6. Enumerate the Pulmonary function test findings and list the complications of Obstructive airway disease. | 2-4PM<br>A batch<br>DOAP<br>Dr.Prathima<br>Dr.Shailaja<br>Dr.Sandhya<br>Dr.Pruthvi<br>Dr.Charitha<br>1st years<br>**PA-19.2 - Describe the pathogenesis and pathology of tuberculous lymphadenitis**<br>19.2.1. Describe Pathogenesis and pathology of tuberculous lymphadenitis<br>**PA-19.5 - Identify and describe the features of tuberculous lymphadenitis in a gross and microscopic specimen**<br>**PA-19.6 - Identify and describe the features of Hodgkin's lymphoma in a gross and microscopic specimen.**<br>19.5.1. Identify the gross features of tuberculous lymphadenitis in a given specimen<br>19.5.2. Describe gross and microscopy of tuberculous lymphadenitis<br>19.5.3. Describe microscopy of tuberculous lymphadenitis with neat diagram<br>19.5.4. Mention the special stain used to demonstrate tubercle bacilli<br>19.6.1. Identify microscopy of Hodgkin's Lymphoma of a given slide with neat diagram<br><br>Slide : Hodgkin Lymphoma ,TB lymphadenitis<br>Specimen :TB Lymphnode |
| 2.04.26<br>Thursday | 1.30 to 2 pm<br>Resit Batch<br>Dr.Sameena<br>Leprosy | 2-4 PM<br>A batch<br>SGD<br>Dr.Shilpa<br>Dr.Divya<br>Dr.Sameena<br>Dr.Kaushiki<br>1st years<br>PA-26.2 - Describe the etiology, dynamics, pathology types and complications of aneurysms including aortic aneurysms.<br>PA-26.3 - Describe the etiology, types, stages, pathophysiology, pathology and |

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| | | complications of heart failure.<br>26.4 Describe the etiology, pathophysiology, pathology, gross and, complications of Congenital heart disease<br>PA26.10 - Describe the etiology, pathophysiology, pathology features and complications of syphilis on the cardiovascular system.<br>26.2.1. Define aneurysm and enumerate the causes and types of aneurysms<br>26.2.2. Describe the dynamics and pathology of abdominal aortic aneurysm<br>26.2.3. Describe the clinical course and complications of aneurysms<br>26.2.4. Classify and discuss the pathology of aortic dissection<br>26.3.1. Describe the etiology, types and stages of heart failure<br>26.3.2. Describe the pathology and complications of heart failure |
| 3.04.26<br>Friday | 11.15 to 12.15 pm Both A& B<br>Dr.Shilpa<br>**PA-25.4 - Define and describe the etiology, types, pathogenesis, stages, morphology microscopic appearance and complications of tuberculosis**<br>25.4.1. Define granulomatous inflammation and describe Ghon's complex<br>25.4.2. Describe the epidemiology, aetiology and pathogenesis of tuberculosis.<br>25.4.3. Differentiate between primary and secondary tuberculosis<br>25.4.4. Describe the natural history and spectrum of pulmonary tuberculosis<br>25.4.5. Discuss the spread and complications of pulmonary Tuberculosis<br>25.4.6. Describe gross appearance and microscopy of Pulmonary Tuberculosis.<br>25.4.7. Describe the Laboratory diagnosis of Tuberculosis | 2-4 PM<br>B batch<br>SGD:<br>Dr.Radha.R.K<br>Dr.Hemanth<br>Dr.Kavya<br>Dr.Hima<br>1st years<br>PA-26.5 - Describe the etiology, pathophysiology, pathology, gross and microscopic features, criteria and complications of rheumatic fever.<br>PA-26.7 - Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of infective endocarditis.<br><br>26.5.1. Describe the etiopathogenesis of rheumatic fever<br>26.5.2. Describe the gross and microscopic features of acute rheumatic carditis<br>26.5.3. Describe the gross and microscopic features of rheumatic valvular disease<br>26.5.4. Describe the clinical criteria and complications of acute rheumatic fever.<br>26.7.1. Describe the etiology, pathogenesis and morphology of infective endocarditis<br>26.7.2. Differentiate between acute and sub-acute infective endocarditis |

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| | | 26.7.3. Describe and differentiate between the major forms of valvular vegetations<br>3-4pm<br>resit batch<br>**Specimen :Acute appendicitis ,TB lymphnodes.**<br>**Slides : Acute appendicitis ,TB lymphadenitis.** |
| 06.04.2026 Monday | **1.30 to 2 pm**<br>**Resit batch**<br>**Dr. Sandhya**<br>**pediatric disorders** | 2-4 PM<br>B batch<br>SGD:<br>Dr.Prathima<br>Dr.Shailaja<br>Dr.Sameena<br>**Dr.Pruthvi**<br>1st years<br>**PA 26.8 - Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of pericarditis and pericardial effusion**<br>**PA 26.9 - Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies**<br><br>26.8.1. Describe the etiology, types and pathology of pericarditis<br>26.8.2. Describe the morphological patterns of pericarditis<br>26.8.3. Describe the etiology and types of pericardial effusions<br>26.9.1. Enumerate the etiology and types of cardiomyopathies<br>26.9.2. Enumerate the complications of cardiomyopathies.<br><br>3-4pm<br>Resit batch<br>**Dr.Sameena**<br>**Slide : Granulation tissue ,Pneumonia**<br>**Specimen: Lobar Pneumonia** |
| 08.04.26 Wednesday | 11.15 to 12.15 pm<br>BOTH A&B BATCH<br>DR. SHILPA<br>**PA-25.4 - Define and describe the etiology, types, pathogenesis, stages, morphology microscopic appearance and complications of tuberculosis**<br>25.4.1. Define granulomatous inflammation and describe | 2-4PM<br>SGD<br>A batch<br>Dr.Radha.R.K<br>Dr.Hemanth<br>Dr.Kavya<br>**Dr.Hima**<br>1st years |

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| | Ghon's complex<br>25.4.2. Describe the epidemiology, aetiology and pathogenesis of tuberculosis.<br>25.4.3. Differentiate between primary and secondary tuberculosis<br>25.4.4. Describe the natural history and spectrum of pulmonary tuberculosis<br>25.4.5. Discuss the spread and complications of pulmonary Tuberculosis<br>25.4.6. Describe gross appearance and microscopy of Pulmonary Tuberculosis.<br>25.4.7. Describe the Laboratory diagnosis of Tuberculosis | PA-26.5 - Describe the etiology, pathophysiology, pathology, gross and microscopic features, criteria and complications of rheumatic fever.<br>PA-26.7 - Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of infective endocarditis.<br><br>26.5.1. Describe the etiopathogenesis of rheumatic fever<br>26.5.2. Describe the gross and microscopic features of acute rheumatic carditis<br>26.5.3. Describe the gross and microscopic features of rheumatic valvular disease<br>26.5.4. Describe the clinical criteria and complications of acute rheumatic fever.<br>26.7.1. Describe the etiology, pathogenesis and morphology of infective endocarditis<br>26.7.2. Differentiate between acute and sub-acute infective endocarditis<br>26.7.3. Describe and differentiate between the major forms of valvular vegetations |
| 09.04.26 Thursday | **1:30 - 2:00 pm**<br>**Resit batch**<br>**Theory**<br>**Dr.Hima**<br>Paraneoplastic syndromes and Immune response to cancer | 2-4pm<br>SGD<br>A batch<br>Dr.Prathima<br>Dr.Shailaja<br>Dr.Sameena<br>**Dr.Pruthvi**<br>1st years<br>**PA 26.8 - Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of pericarditis and pericardial effusion**<br>**PA 26.9 - Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies**<br><br>26.8.1. Describe the etiology, types and pathology of pericarditis<br>26.8.2. Describe the morphological patterns of pericarditis<br>26.8.3. Describe the etiology and types of pericardial effusions |

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| | | 26.9.1. Enumerate the etiology and types of cardiomyopathies<br>26.9.2. Enumerate the complications of cardiomyopathies. |
| 10.04.<br>26<br>Friday | 11.15 to 12.15 pm<br>BOTH A&B BATCH<br>DR. SHILPA<br>**PA-25.5 - Define and describe the aetiology, types, exposure, environmental influence, pathogenesis, stages, morphology, microscopic appearance and complications of Occupational lung disease**<br><br>25.5.1. Define Pneumoconiosis and list the types according to the etiological agents<br>25.5.2. Describe the risk factors and pathogenesis of Pneumoconiosis.<br>25.5.3. Describe the gross and microscopy of common pneumoconiosis | 2-4pm<br>DOAP<br>B batch<br>Dr.Shilpa<br>Dr.Hemanth<br>Dr. Sandhya<br>**Dr.Charitha**<br>1st years<br>**PA 26.6 - Interpret abnormalities in cardiac function testing in acute coronary syndromes**<br>**TLM : DOAP – 2 hrs**<br><br>26.6.1. Interpret abnormalities in serological cardiac function tests in acute coronary syndromes.<br>26.6.2. Identify gross and microscopy of Atherosclerosis and Myocardial infarction<br><br>**Slide : Atherosclerosis ,MI**<br>**Specimen: Atherosclerosis**<br>**CHART : Lab diagnosis of Myocardial infarction.**<br><br>**3-4pm**<br>**Resit batch**<br>**Dr.Sandhya**<br>**Slides :**<br>**Actinomycosis ,Rhinosporidiosis** |
| | | **13.04.26**<br>Monday2-4 PM<br>**DOAP**<br>B batchDr.Radha.R.K<br>Dr.Divya<br>Dr.Devasmita<br>Dr. Gaurav<br>Dr.Manasa<br>**Dr.Lohit**<br>Dr.Simran<br>Dr.Akshaya<br>Dr.Sweta<br>**PA-21.6 - Describe the correct technique to perform blood grouping by Slide method.**<br><br>21.1.1. Classify different blood group system.<br>21.1.2. Mention importance of Rh factor. |

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| | | 211.3. Describe Bombay blood group. Mention its clinical importance.<br>21.1.4 Describe ABO & Rh incompatibility.<br>21.1.5. Mention different methods of blood grouping<br>21.1.6. Enumerate steps of ABO grouping & Rh typing and demonstrate the same.<br>21.2.1. Mention indications & principles of Major and minor cross matching.<br>21.2.2. Describe Coombs test, its principle & usage.<br>21.2.3. Describe criteria for Donor selection & rejection.<br>21.2.4. Describe Precautions to be taken during transfusion<br>21.6.7.1. Enumerate steps of major & minor cross matching and demonstrate the same.<br>**3-4pm resit batch**<br>**DOAP-peripheral blood smear preparation** |
| 15.04.26 Wednesday | 11.15 to 12.15 pm<br>Dr.Shilpa<br>PA-25.6 - Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, stages, morphology, microscopic appearance, metastases and complications of tumors of the lung and pleura.<br>PA-25.6 - Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, morphology, microscopic appearance and complications of mesothelioma.<br>25.6.1. Classify the histologic types of lung carcinoma. Describe the etiopathogenesis of lung carcinoma<br>25.6.2. Describe the risk factors of lung carcinoma<br>25.6.3. Describe the gross and microscopy of the main histological types<br>25.6.4. Enumerate the spread of lung cancer<br>25.6.5. Distinguish the morphology of primary carcinoma lung and metastasis to lung<br>25.7.1. Describe in brief the environmental influence and morphology of mesothelioma(non-core) | **15.04.26**<br>2-4 PM DOAP<br><br>A batch<br>Dr.Shilpa<br>Dr.Hemanth<br>Dr. Sandhya<br>**Dr.Charitha**<br>Dr.Vijaya<br>Dr.Girwidah<br>Dr.Janmitha<br>Dr.Duha<br><br>Wednesday<br>**PA 26.6 - Interpret abnormalities in cardiac function testing in acute coronary syndromes**<br>26.6.1. Interpret abnormalities in serological cardiac function tests in acute coronary syndromes.<br>26.6.2. Identify gross and microscopy of Atherosclerosis and Myocardial infarction<br>**Slide : Atherosclerosis , MI**<br>**Specimen: Atherosclerosis**<br>**CHART : Lab diagnosis of Myocardial infarction.**<br>16.04.26 |
| | | Thursday2-4 PM<br>**DOAP** |

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| | | Dr.Radha.R.K<br>Dr.Divya<br>Dr.Devasmita<br>Dr.Ruchika<br>Dr.Manasa<br>**Dr.Lohit**<br>Dr.Girishma<br>Dr.Ram<br>Dr.Duha<br>**PA-21.6 - Describe the correct technique to perform blood grouping by Slide method.**<br><br>21.1.1. Classify different blood group system.<br>21.1.2. Mention importance of Rh factor.<br>211.3. Describe Bombay blood group. Mention its clinical importance.<br>21.1.4 Describe ABO & Rh incompatibility.<br>21.1.5. Mention different methods of blood grouping<br>21.1.6. Enumerate steps of ABO grouping & Rh typing and demonstrate the same.<br>21.2.1. Mention indications & principles of Major and minor cross matching.<br>21.2.2. Describe Coombs test, its principle & usage.<br>21.2.3. Describe criteria for Donor selection & rejection.<br>21.2.4. Describe Precautions to be taken during transfusion<br>21.6.7.1. Enumerate steps of major & minor cross matching and demonstrate the same. |
| 17.04.<br>26<br>Friday | 11.15 to 12.15 pm<br>Both A& B<br>Dr.Gaurav<br>**PA-21.1 - Classify and describe blood group systems (ABO and RH)**<br>**Enumerate the indications, describe the principles, enumerate and demonstrate the steps of compatibility testing**<br>**PA- 21.2 - Enumerate blood components and describe their clinical uses.**<br>**PA- 21.3- Enumerate and describe infections transmitted by blood transfusion.**<br>21.1.1. Classify different blood group system.<br>21.1.2. Mention importance of Rh factor.<br>21.1.3. Describe Bombay blood group. Mention its clinical importance.<br>21.1.4 Describe ABO & Rh incompatibility. | 2-4 PM<br>DOAP B batch<br>Dr.Prathima<br>Dr.Shailaja<br>Dr.Sameena<br>Dr.Vijaya<br>Dr.Akshaya<br>Dr.Girwidah<br>Dr.Sweta<br><br>25.0.1. Identify the gross morphology of Pneumonia, Bronchiectasis, Emphysema, TB lung, Carcinoma lung.<br><br>25.0.2. Identify the microscopy of lobar pneumonia and TB lung. |

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| | 21.1.5. Mention different methods of blood grouping<br>21.1.6. Enumerate steps of ABO grouping & Rh typing and demonstrate the same.<br>21.2.1. Mention indications & principles of Major and minor cross matching.<br>21.2.2. Describe Coombs test, its principle & usage.<br>21.2.3. Describe criteria for Donor selection & rejection.<br>21.2.4. Describe Precautions to be taken duringtransfusion<br>21.2.1. Enumerate different blood components<br>21.2.2 Mention anticoagulants used in blood banks.<br>21.2.3. Mention different blood bags and their uses.<br>21.2,5. Mention storage and shelf life of different blood components<br>21.3.1. Enumerate different infections transmitted through blood transfusion.<br>21.3.2. Enumerate diseases tested for before transfusion and mention the methods of testing. | Slide : Lobar pneumonia and TB lung<br><br>Specimen: Lobar pneumonia , Bronchiectasis, Carcinoma lung |
| 17.04.26<br><br>Friday | Dr. Kaushiki<br>1.30 to 2 pm<br>Immunology SGD | 3-4 PM<br>RESIT BATCH<br>DR. SAMEENA<br>**Slides : Normocytic Normochromic blood picture , Microcytic Hypochromic anemia , Macrocytic anemia.** |
| **20.04.26**<br>Monday | | 2-4 PM<br>SGD<br>B batch<br>Dr.Shilpa<br>Dr.Hemanth<br>Dr.Varsha<br>**Dr.Manasa**<br>Dr.Simran<br>Dr.Akshaya<br><br>**TOPIC: BASIC DIAGNOSTIC CYTOLOGY (PA-7)**<br>**PA7.1 - Describe the diagnostic role of cytology and its application in clinical care.**<br>7.1.1. Describe the procedure of FNAC, its advantages and limitations.<br>**PA 7.2 - Describe the basis of exfoliative cytology including the technique & stains used**<br><br>7.2.1. Describe the sites of exfoliative cytology (PAP smear, body fluids, sputum, urine)<br>7.2.2. Enumerate the steps and name different stains used in pap stain.<br>**PA 7.3 - Observe a diagnostic cytology** |

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| | | **and its staining and interpret the specimen**<br>7.3.1. Observe and interpret the cytology reports |
| **20.04.26**<br>Mon | | 3-4 PM<br>RESIT BATCH<br>**Specimen Revision**<br>Dr.Varsha |
| **21.04.26**<br>**Tuesday** | 1.30 to 2 pm<br>Resit Batch<br>**Dr.Vijaya**<br>**Fungal and parasitic disorders -SGD** | |
| 22.04.26<br>Wednesday | 11.15 to 12.15 pm<br>Both A& B<br>Dr.Gaurav<br>**PA 21.4- Describe transfusion reactions and enumerate the steps in the investigation of a transfusion reaction.**<br>**PA 21.5 - Enumerate the indications and describe the principles and procedure of autologous transfusion.**<br>21.4.1. Describe transfusion reactions.<br>21.4.2. Mention types of transfusion reactions.<br>21.4.3. Describe clinical features of transfusion reactions.<br>21.4.4. Mention immediate steps to be taken following transfusion reaction<br>21.4.5. Enumerate steps in investigating blood transfusion reactions including documentation check, serological investigations, tests for haemolysis and microbiological tests.<br>21.5.1. Define autologous blood transfusion. Enumerate advantages and indications for autologous blood transfusion. | 2-4 PM<br>DOAP<br>Dr.Prathima<br>Dr.Shailaja<br>Dr.Sameena<br>Dr.Vijaya<br>**Dr.Ravi**<br>Dr.Girishma<br>Dr.Ram<br>Dr.Duha<br>PA25.0.1. Identify the gross morphology of Pneumonia, Bronchiectasis, Emphysema, TB lung, Carcinoma lung.<br><br>25.0.2. Identify the microscopy of lobar pneumonia and TB lung.<br><br>**Sarcoidosis and Malignant mesothelioma**<br><br>Slide : Lobar pneumonia and TB lung<br><br>Specimen: Lobar pneumonia , Bronchiectasis, Carcinoma lung |
| 23.04.26<br>Thursday | | 2-4 PM<br>**DOAP**<br>A batch<br>Dr.Shilpa<br>Dr.Hemanth<br>Dr.Varsha<br>**Dr.Manasa**<br>Dr.Girwidah<br>Dr.Sweta<br><br>**TOPIC: BASIC DIAGNOSTIC CYTOLOGY (PA-7)**<br>**PA7.1 - Describe the diagnostic role of** |

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| | | **cytology and its application in clinical care.**<br>7.1.1. Describe the procedure of FNAC, its advantages and limitations.<br>**PA 7.2 - Describe the basis of exfoliative cytology including the technique & stains used**<br><br>7.2.1. Describe the sites of exfoliative cytology (PAP smear, body fluids, sputum, urine)<br>7.2.2. Enumerate the steps and name different stains used in pap stain.<br>**PA 7.3 - Observe a diagnostic cytology and its staining and interpret the specimen**<br>7.3.1. Observe and interpret the cytology reports |
| 24.04.<br>26<br>Friday | 11.15 to 12.15 pm<br>Both A& B<br>Dr.Varsha<br>**PA-34.2 - Classify and describe the etiology, genetics, pathogenesis, pathology, presentation sequelae and complications of CNS Tumours.**<br><br>34.2.1. Classify CNS tumours<br>34.2.2. Describe the etiopathogenesis of CNS tumours<br>34.2.3. Describe the genetics of CNS tumours<br>34.2.4. Describe the pathology of CNS tumours.<br>34.2.5. Describe the clinical features<br>34.2.6. Describe the sequelae of CNS tumour<br>34.2.7. Describe complications of CNS tumours. | 2-4 PM<br>DOAP<br>B batch<br>Dr.Radha.R.k<br>Dr.Divya<br>Dr.Rohini<br>Dr.Hima<br>Dr.Simran<br>Dr.Akshaya<br>Dr Ram<br>**PA-34.1 - Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis.**<br>**PA 34.3 - Identify the etiology of meningitis based on given CSF parameters.**<br>34.1.1. Enumerate the etiology of meningitis<br>34.1.2. Enumerate the types of meningitis<br>34.1.3. Describe the pathogenesis of meningitis.<br>34.1.4. Describe the differentiating factors in different types of meningitis<br>34.1.5. Describe the CSF findings in meningitis.<br>34.4.3. Identify the etiology of meningitis based on given CSF parameters |

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| 24.04.26<br>Friday | 1.30 to 2 pm<br>Resit Batch<br>Dr.Devasmita<br><br>WBC Disorders | 3-4 PM<br>Resit Batch<br>Charts and Hematology slides Revision |
| 25.04.26 | 1 to 1.30 pm<br>Resit Batch<br>Dr.Pruthvi<br>Malaria and Cysticercosis | |
| **27.04.26**<br>Monday | | 2-4 PM<br>SGD<br>B batch<br>**PA 22.1- Describe abnormal findings in body fluids in various disease states.**<br><br>22.1.1 Mention different body fluids, method of collection and preservation.<br>22.1.2. Mention differences between transudate and exudate.<br>22.1.3 Mention changes in body fluid parameters in tuberculosis<br>22.1.4. Mention changes in body fluid parameters in malignancy<br>22.1.5. Mention changes in body fluid parameters in pyogenic infections.<br>22.1.6. Identify etiology of pleural effusion and ascitis by interpreting given body fluid parameters.<br><br>**CHART -BODY FLUIDS**<br><br>3-4 PM<br>Resit Batch<br>**Histopathology slides revision**<br>Dr.Kavya |

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| 29.04.<br>26<br>Wedn<br>esday | 11.15 to 12.15 pm<br>Both A& B<br>Dr.Divya<br>**SKIN (PA-33)**<br>**PA-33.1 - Describe the risk factors pathogenesis, pathology and natural history of squamous cell carcinoma of the skin.**<br>**PA-33.2 - Describe the risk factors pathogenesis, pathology and natural history of basal cell carcinoma of the skin.**<br>**PA-33.3 - Describe the distinguishing features between a nevus and melanoma. Describe the etiology, pathogenesis, risk factors morphology clinical features and metastases of melanoma.**<br>33.1.1. Describe the risk factors of squamous cell carcinoma of the skin<br>33.1.2. Describe the pathogenesis of squamous cell carcinoma of the skin<br>33.1.3. Describe the pathology of squamous cell carcinoma of the skin<br>33.1.4. Describe the natural history of squamous cell carcinoma of the skin<br>33.2.1. Describe the risk factors of basal cell carcinoma of the skin<br>33.2.2. Describe the pathogenesis of basal cell carcinoma of the skin<br>33.2.3. Describe the pathology of basal cell carcinoma of the skin<br>332.4. Describe the natural history of basal cell carcinoma of the skin<br>33.3.1. Define nevus<br>33.3.2. Define Melanoma<br>33.3.3. Describe the distinguishing features between a nevus and melanoma.<br>33.3.4. Enumerate the etiology of melanoma<br>33.3.5. Describe the risk factors of melanoma<br>33.3.6. Describe the pathogenesis of melanoma<br>33.3.7. Describe the morphology of melanoma<br>33.3.8. Describe the clinical features of melanoma<br>33.3.9. Describe the pathology of metastatic melanoma.(Optional) | 2-4 PM<br>DOAP A BATCH<br>Dr.Radha.R.k<br>Dr.Divya<br>Dr.Rohini<br>Dr.Hima<br>**Dr.Simran**<br>Dr.Girwidah<br>Dr.swetha<br>**PA-34.1 - Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis.**<br>**PA 34.3 - Identify the etiology of meningitis based on given CSF parameters.**<br>34.1.1. Enumerate the etiology of meningitis<br>34.1.2. Enumerate the types of meningitis<br>34.1.3. Describe the pathogenesis of meningitis.<br>34.1.4. Describe the differentiating factors in different types of meningitis<br>34.1.5. Describe the CSF findings in meningitis.<br>34.4.3. Identify the etiology of meningitis based on given CSF parameters |
| 29.04.<br>26<br>Wedn<br>esda | 1 to 1.30 pm<br>Resit Batch<br>Dr.Sameena<br>Leprosy | |

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No. 82, EPIP Area, Whitefield, Bangalore-66

# VYDEHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTER
## TIMETABLE FOR CBME PATHOLOGY APRIL 2026

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| 30.4.26<br>THURSDAY | | 2-4 PM<br>A BATCH<br>**DOAP**<br>Dr.Prathima<br>Dr.Hemanth<br>Dr.Kavya<br>**Dr.Vijaya**<br>Dr.Ram<br>Dr.Duha<br>Dr.Girishma<br><br>**PA 22.1- Describe abnormal findings in body fluids in various disease states.**<br><br>22.1.1 Mention different body fluids, method of collection andpreservation.<br>22.1.2. Mention differences between transudate and exudate.<br>22.1.3 Mention changes in body fluid parameters in tuberculosis<br>22.1.4. Mention changes in body fluid parameters in malignancy<br>22.1.5. Mention changes in body fluid parameters in pyogenic infections.<br>22.1.6. Identify etiology of pleural effusion and ascitis by interpreting given body fluid parameters.<br><br>**CHART -BODY FLUIDS** |

Prof. & HOD
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