

COMPREHENSIVE | ENGAGING | RHYTHMIC RECAP

# DAMS DVT

## WORKBOOK




***DAMS VISUAL TREAT***  
**FOR NEET PG | INICET | NEX**

Revised | Resourceful | Richly Illustrated

Student first   
@DAMS

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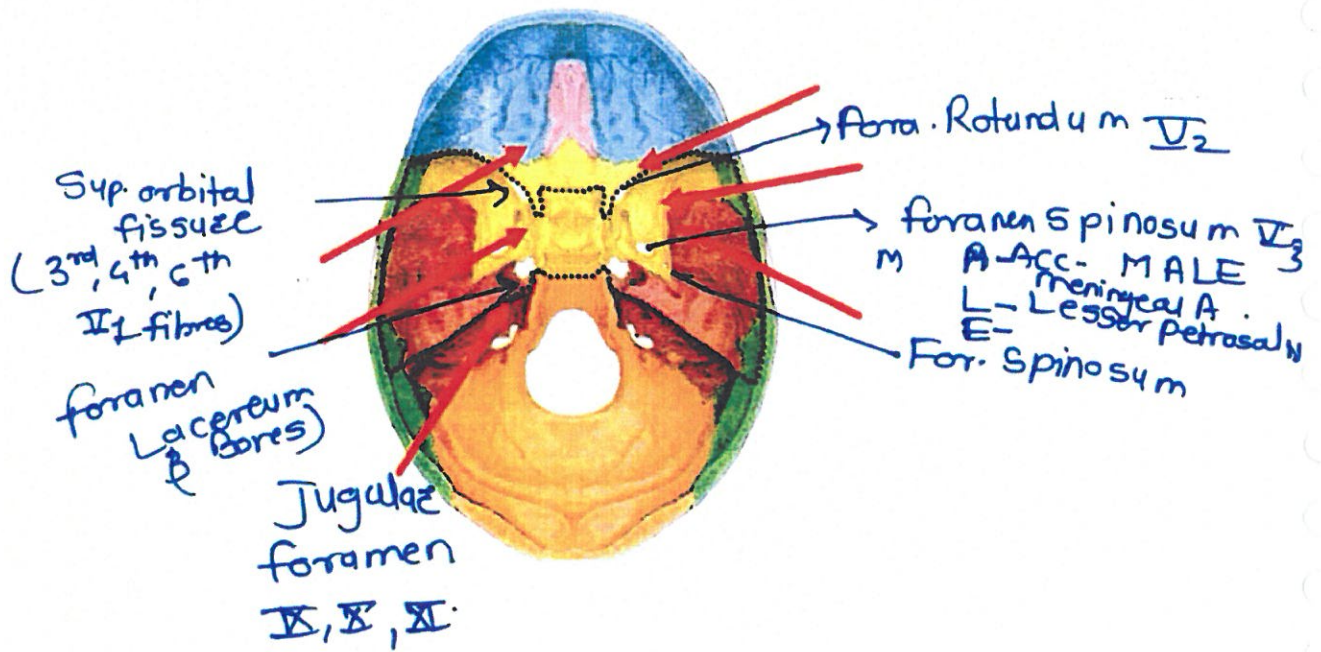
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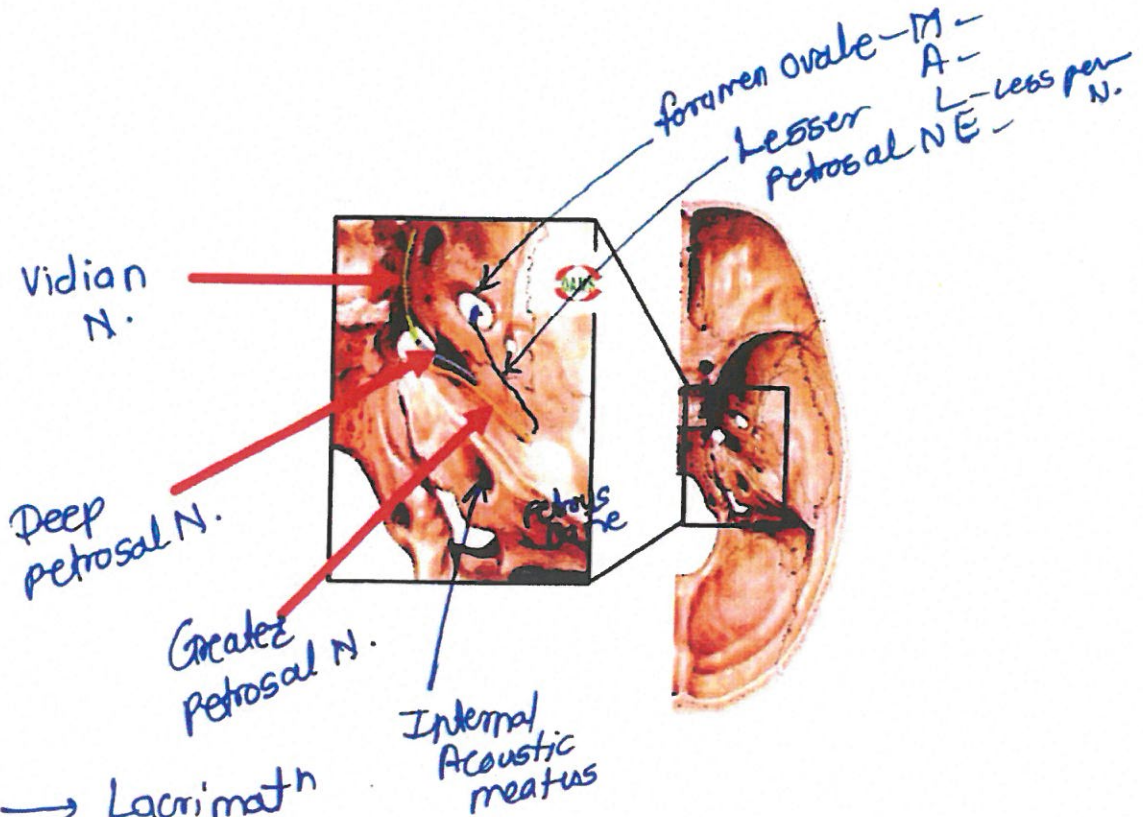
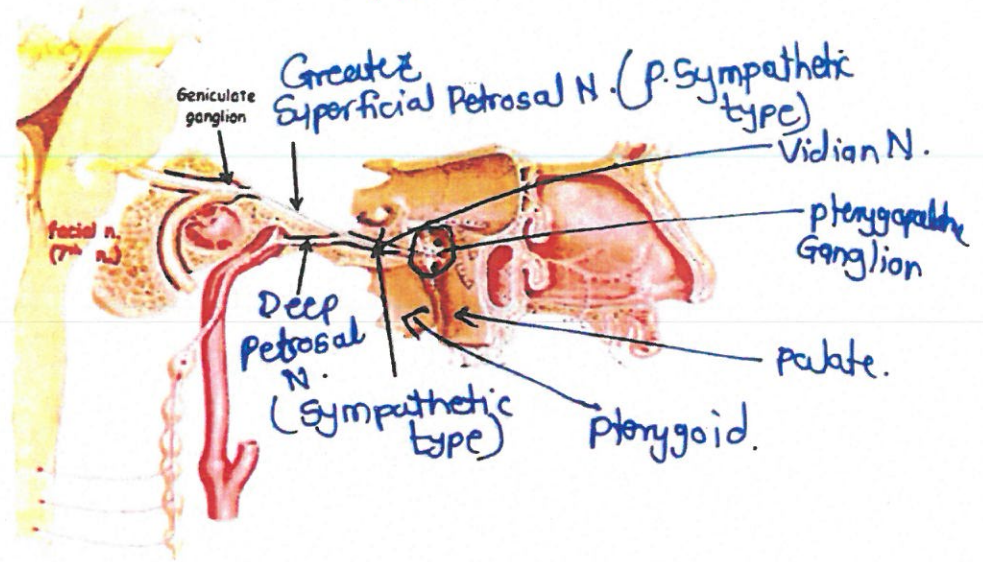
# ANATOMY



5<sup>th</sup> Nerve (thickest)

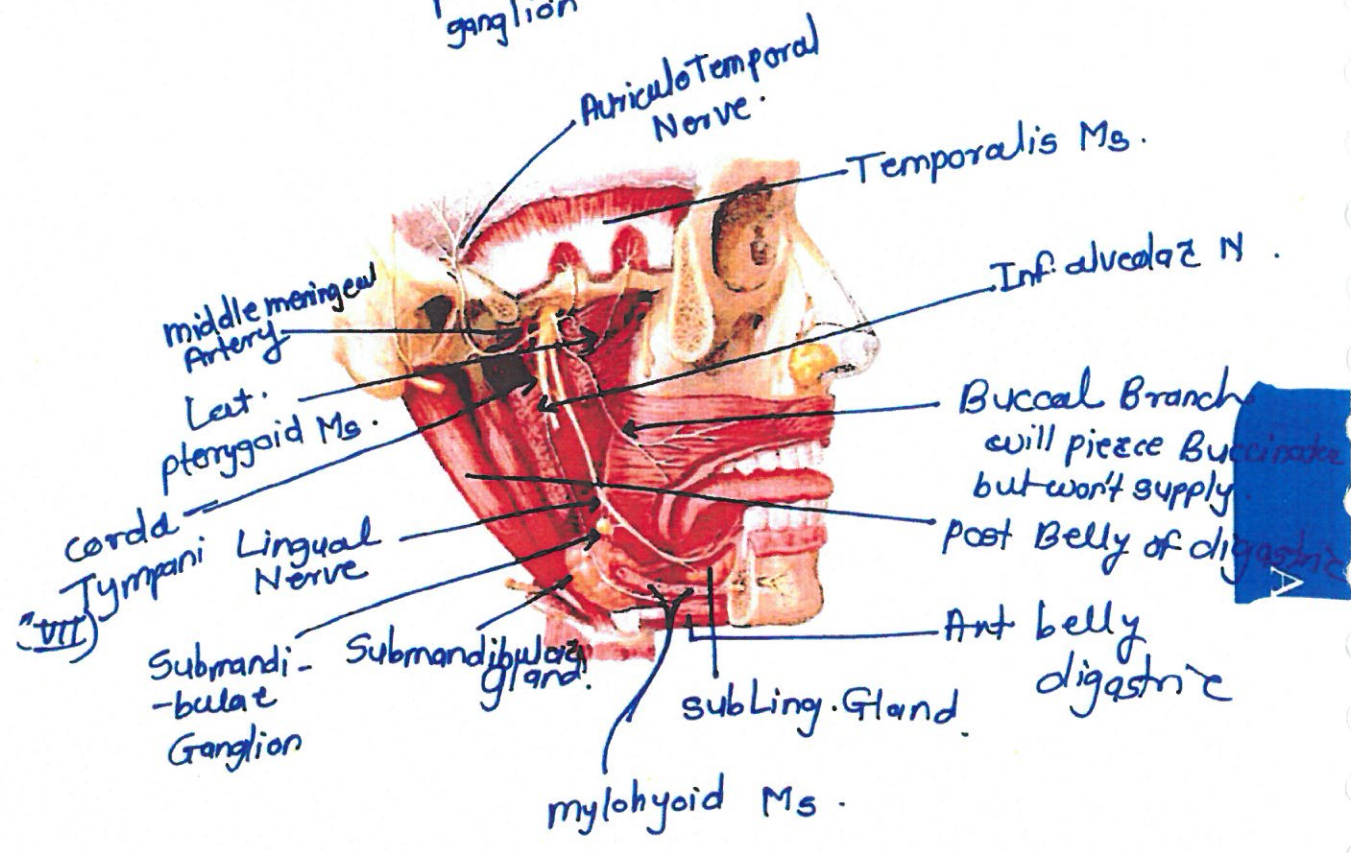
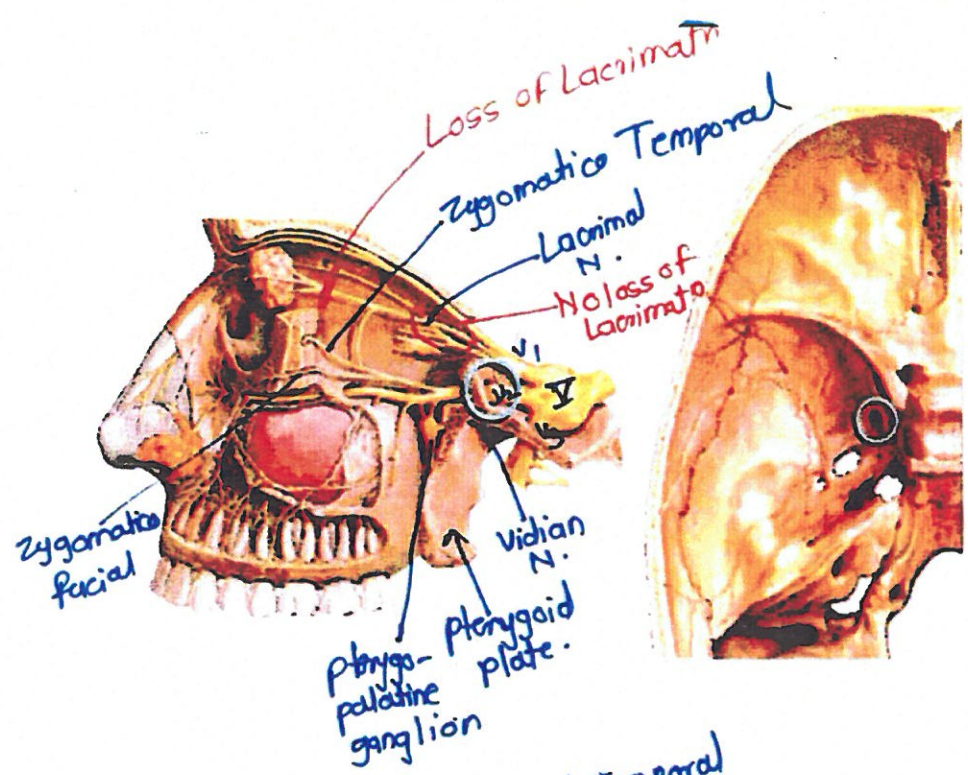


# Petrous Bone



- GPN → Lacrimat<sup>n</sup>
- LPN → Salivat<sup>n</sup> (parotid Gland)
- Ch. Tympan → Salivat<sup>n</sup> (Subling., subm.)
- Taste from Ant 2/3 of tongue

post 1/3 - Glossopharyngeal

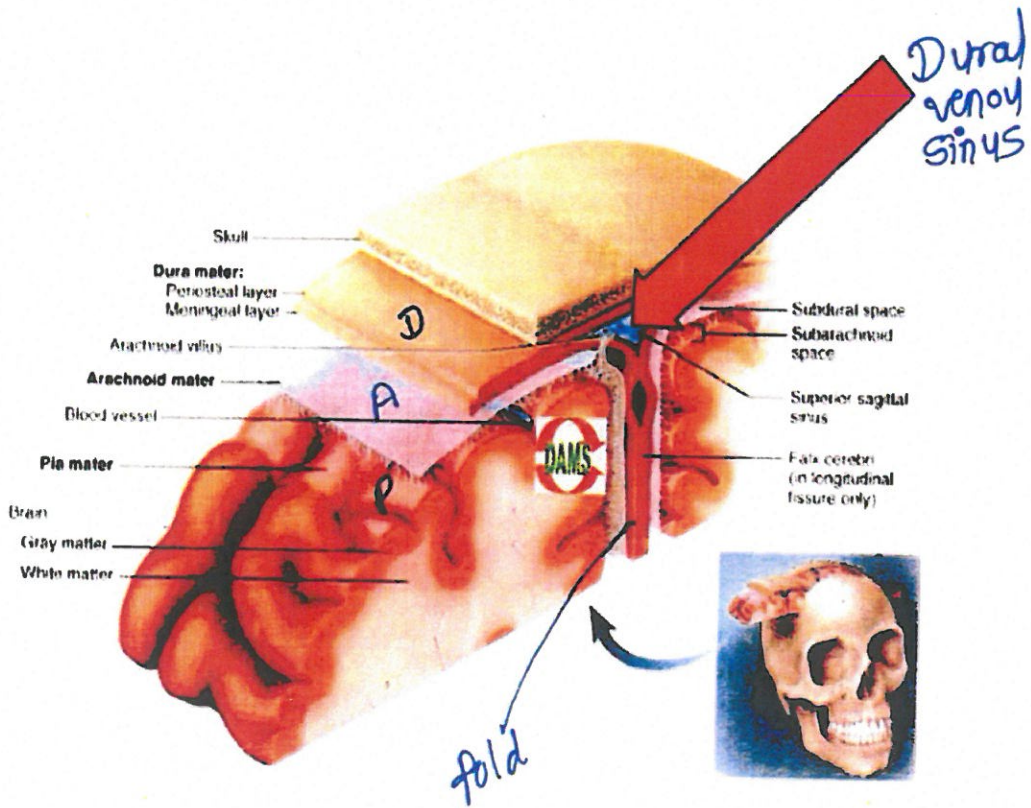




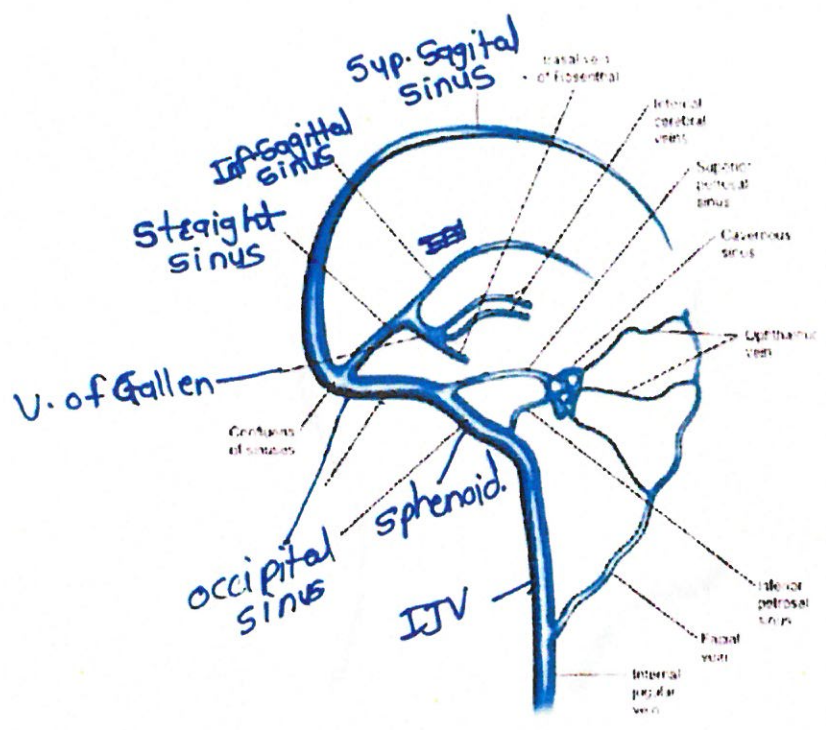
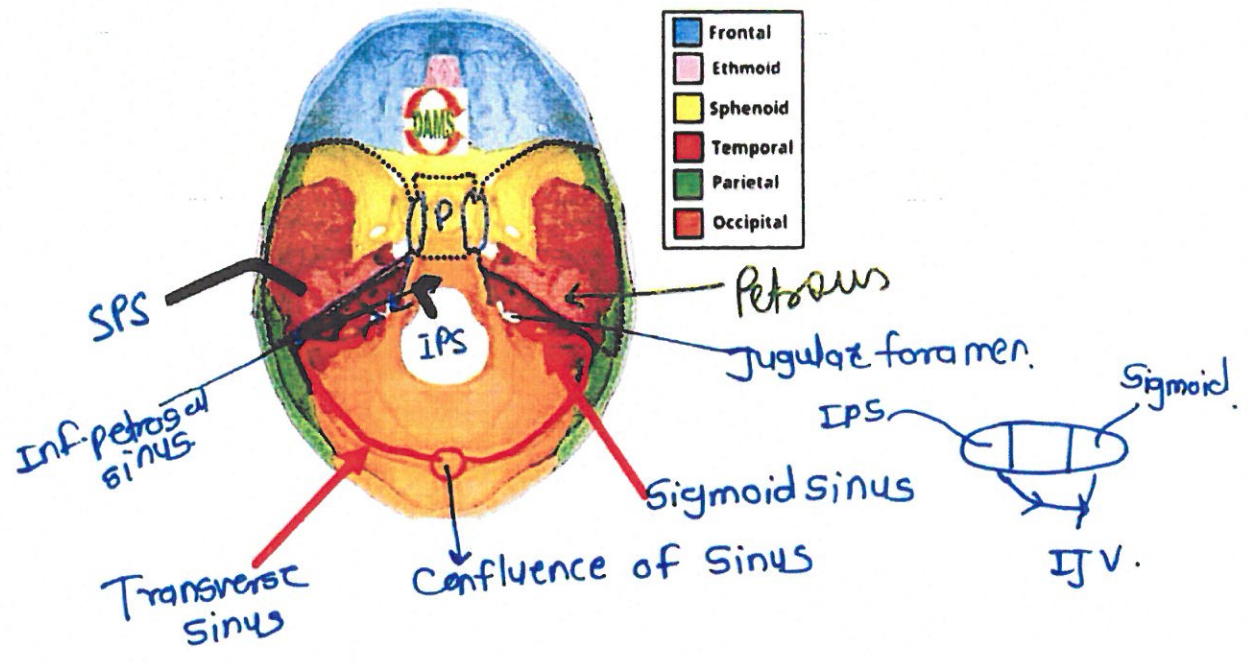
**ARTERY BEHIND THE MARKED STRUCTURE?**



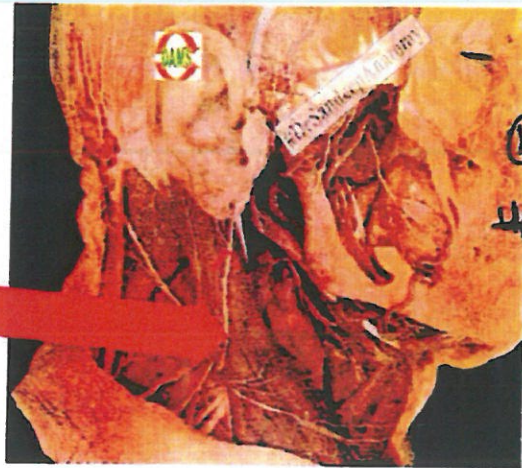
- Posterior*
- Ant. div. of MMA (mc. EDH)
  - Lesser wing of sphenoid.
  - Stem of Lateral sulcus







**IDENTIFY THE MARKED STRUCTURE?**



Great Auricular Nerve

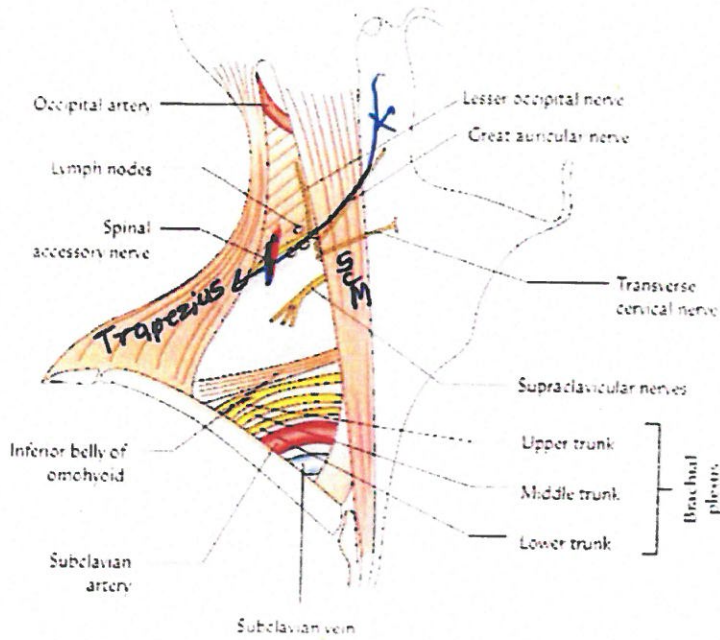
outer Inner

① - Greater Auricular N.

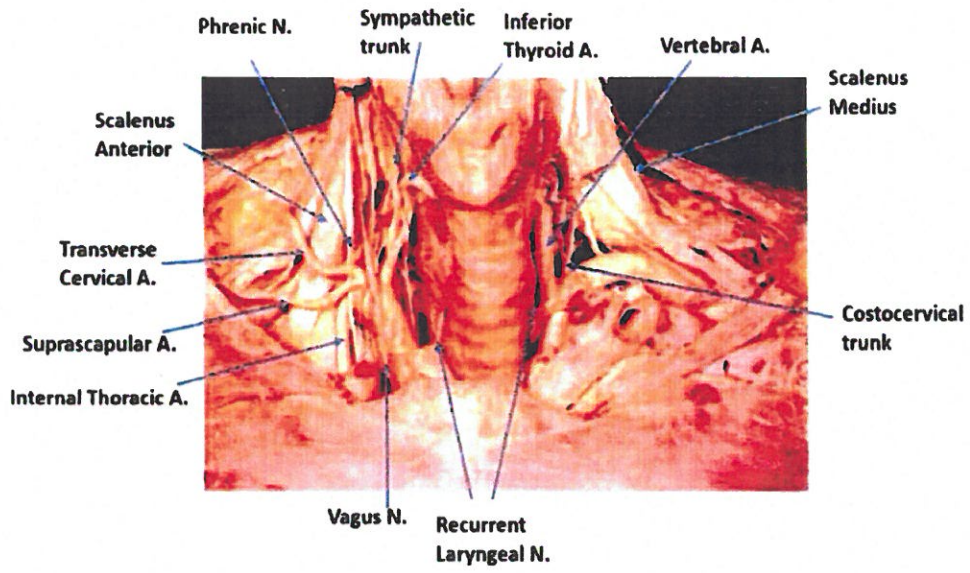
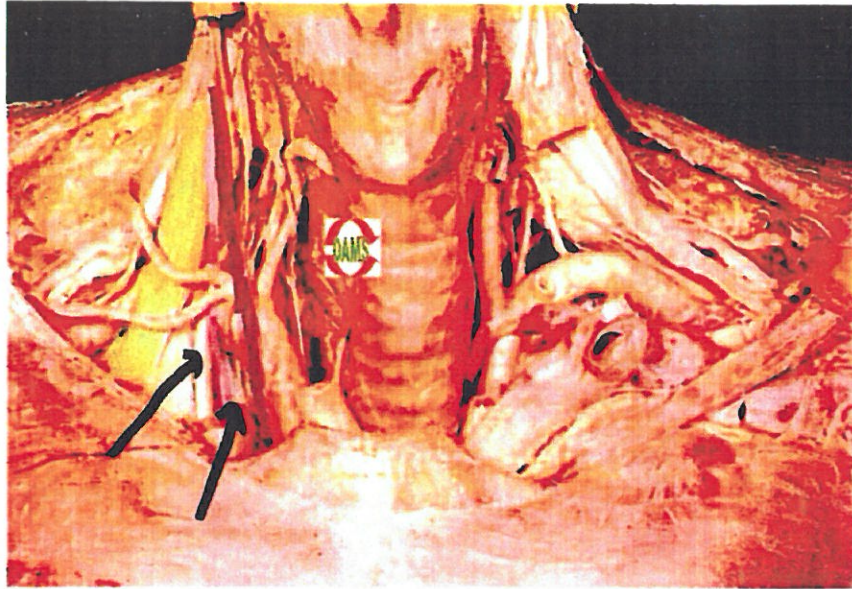
Upper-Auriculo-Temporal N. Lesser occipital N.

Concha-Auricular Branch of Vagus. (Arnold's N.) (Aldermann)

Imp

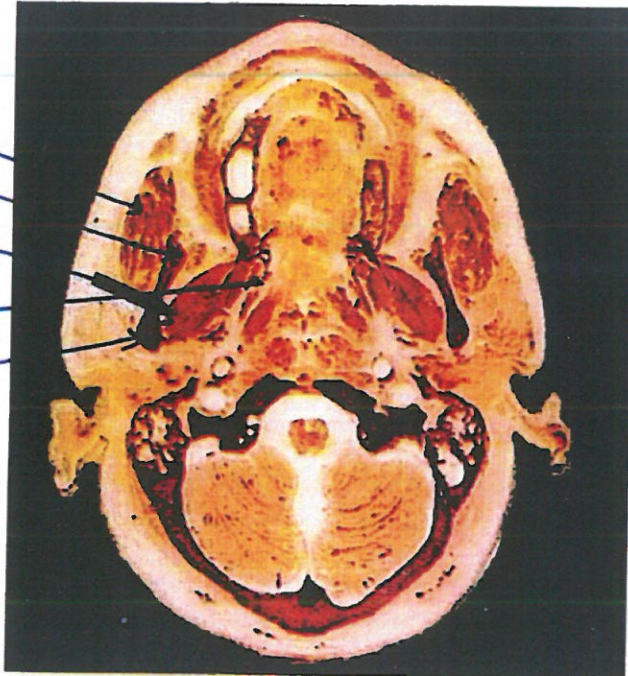








Masseter Y1s  
 Temporalis  
 Lat. pterygoid. Ms  
 med. pterygoid Ms  
 Ramus



Protrusion → Lat. pterygoid + med. pterygoid

Retrusion → Temp. ( + Deep masseter )

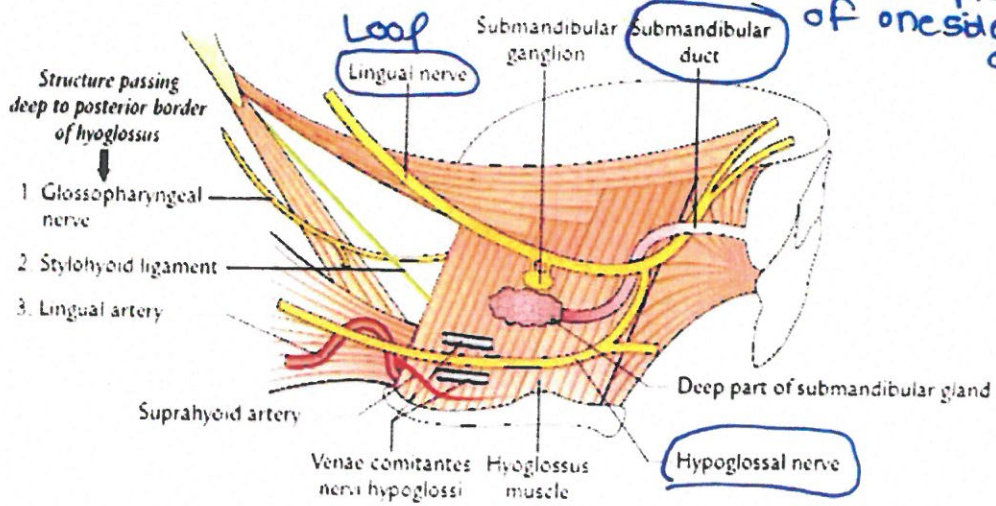
Elevation 1 - M T MP  
 masseter ← Temp ↓ med. pterygoid

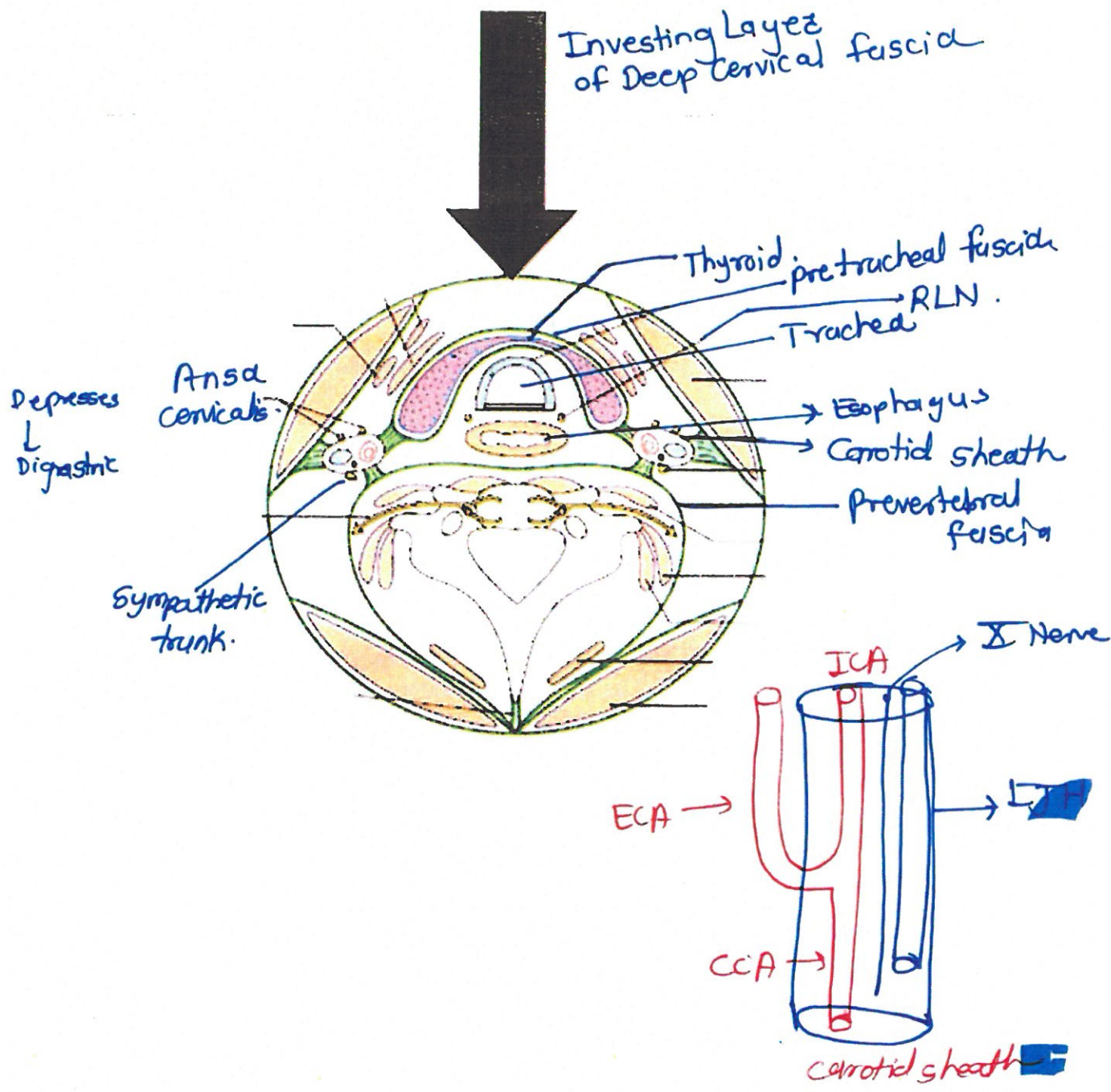
Depression 1 - Lat. pterygoid.

Lat mylo Genuinely  
 LP ↓ mylohy - GM  
 -oid

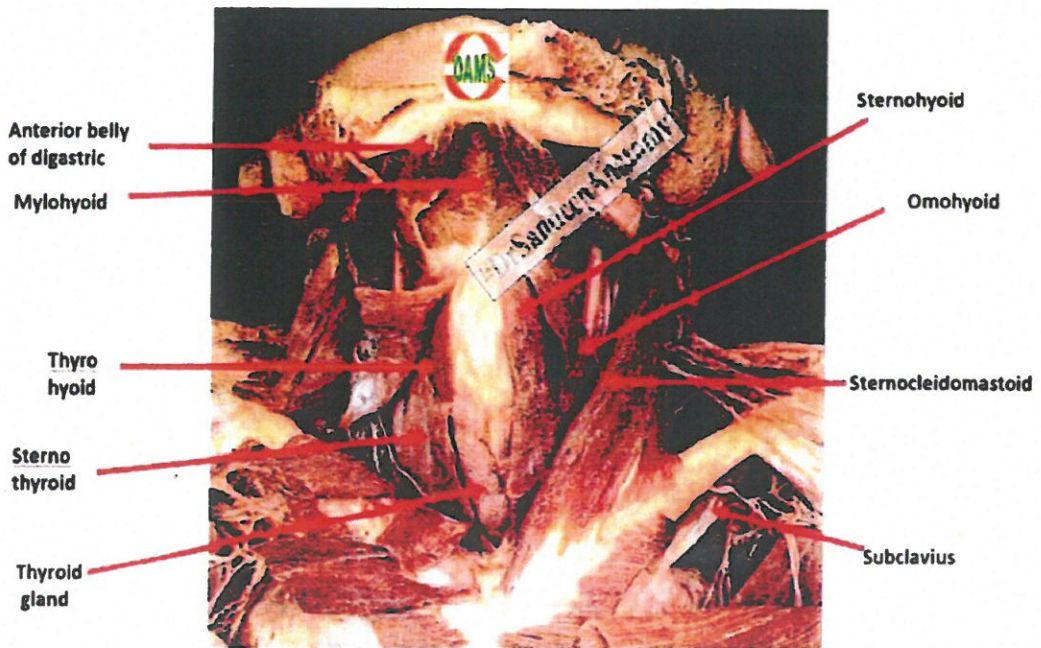
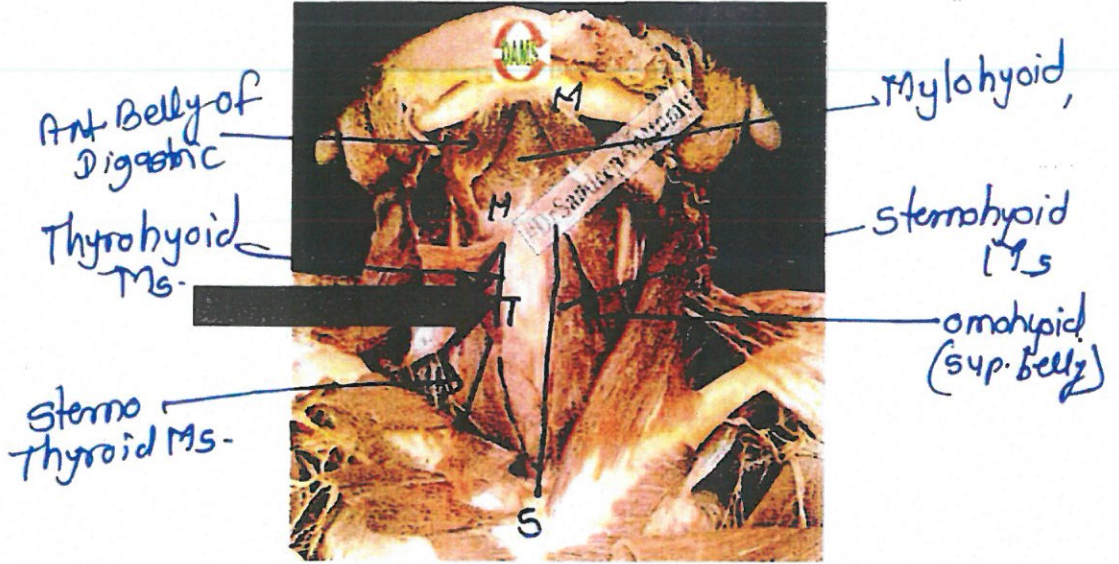
Side to side → Lat pterygoid + Med. pterygoid of one side alt. other side

PYQ

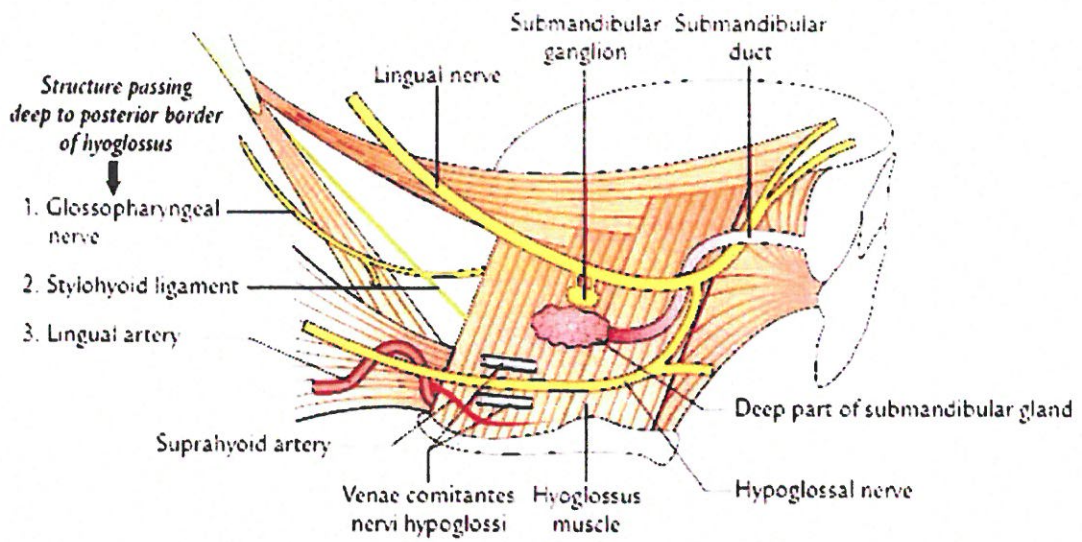
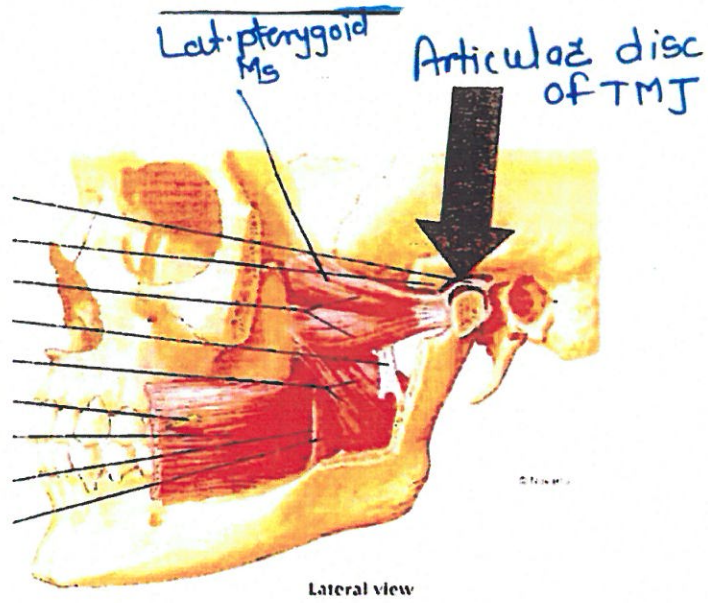


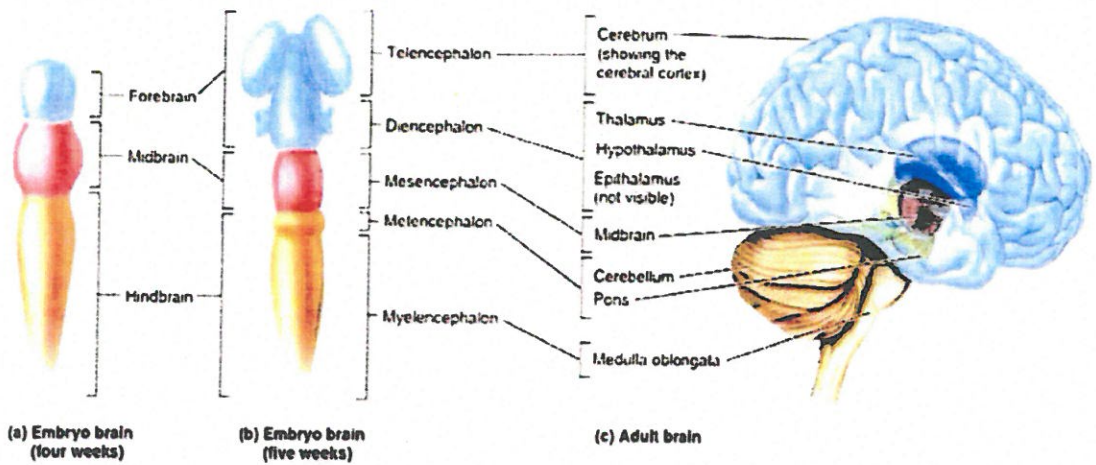
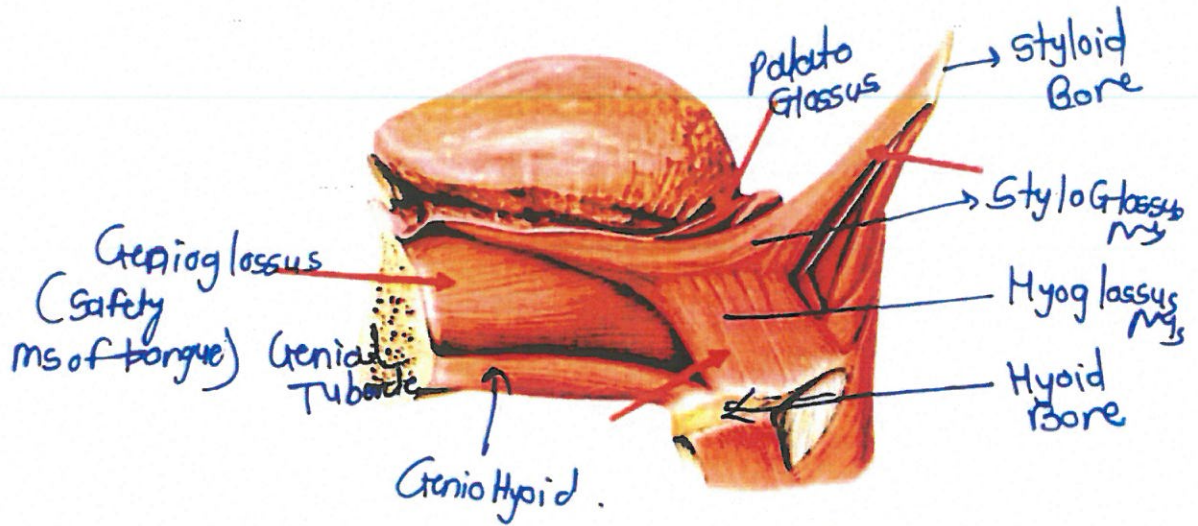






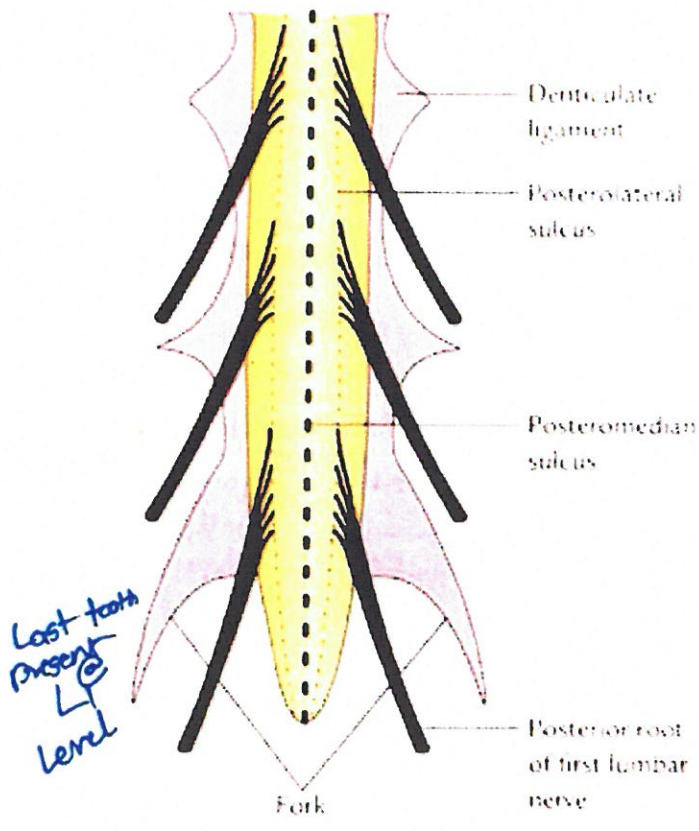






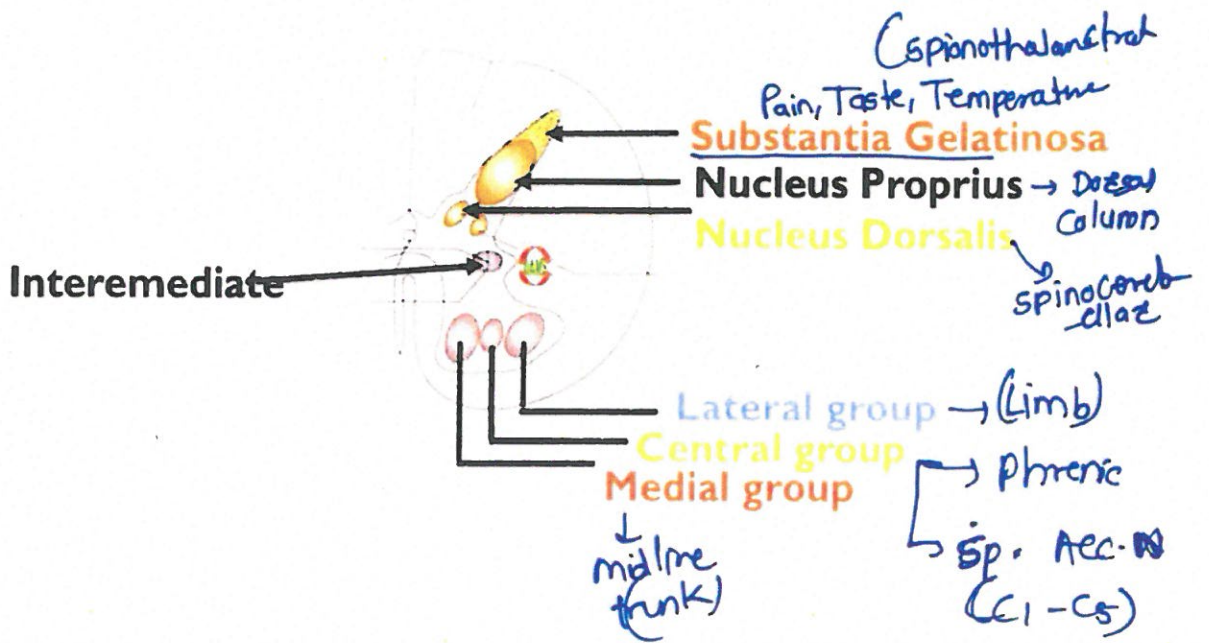
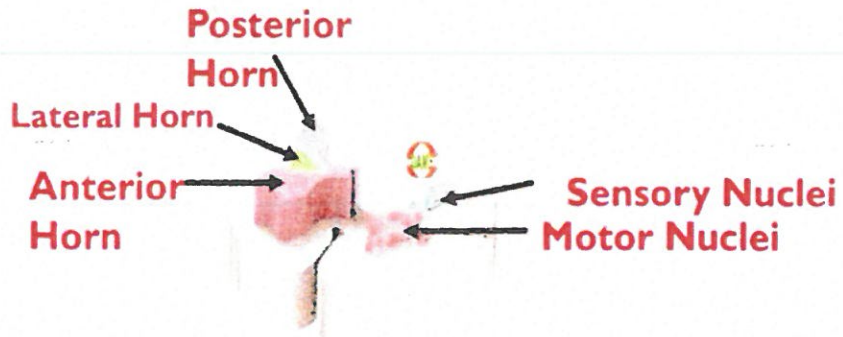
# SPINAL CORD

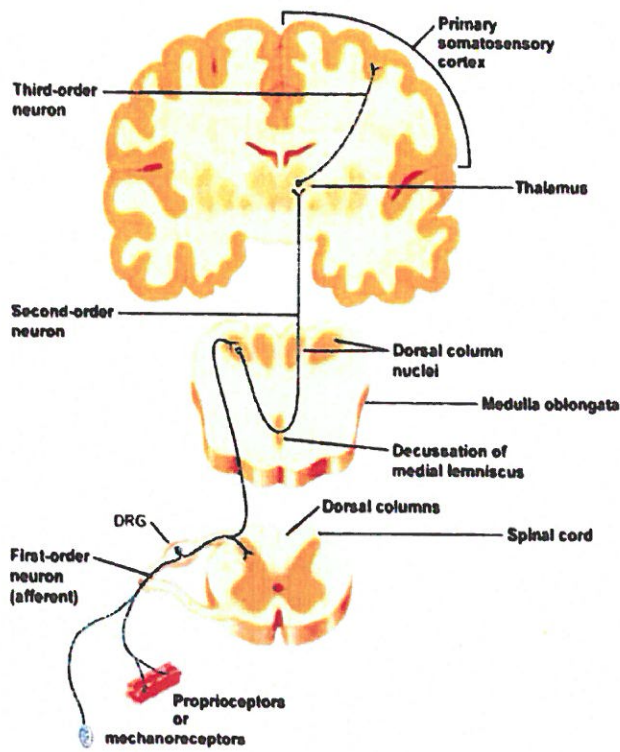
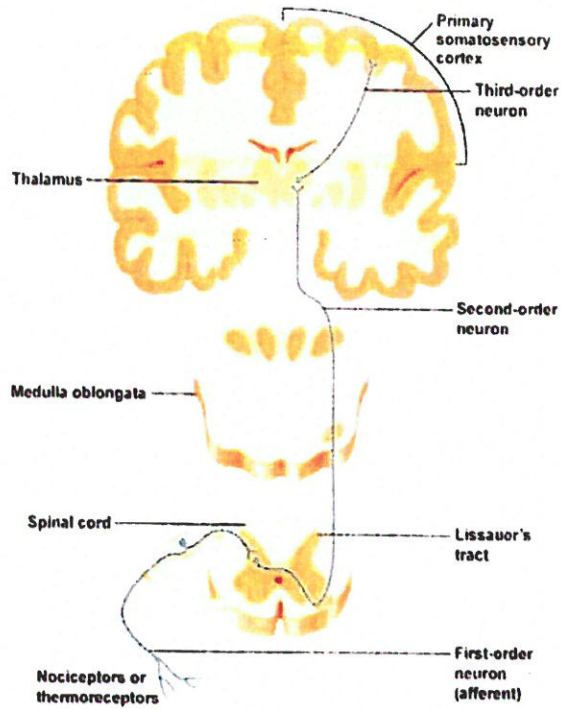
## LIGAMENTA DENTICULATA



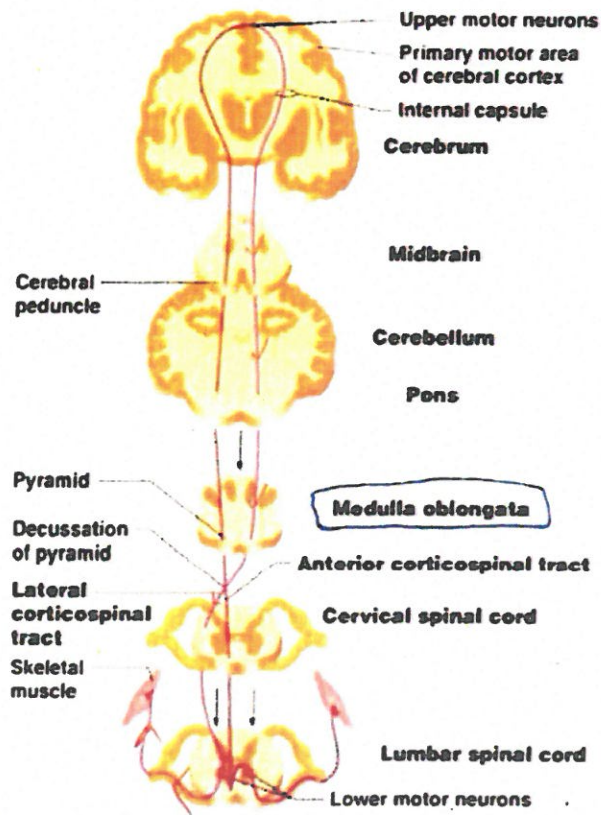
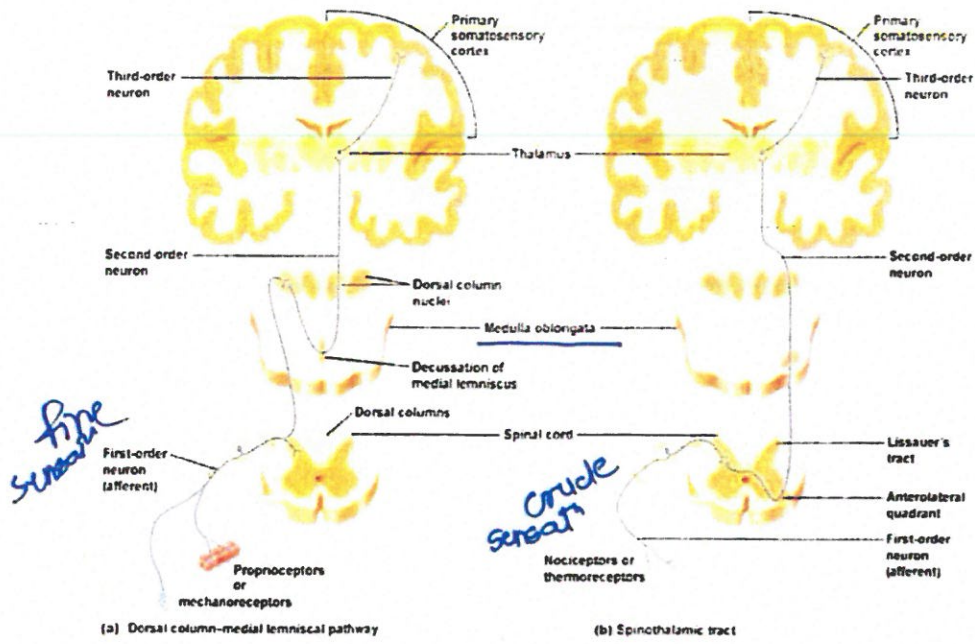
21 tooth-like processes  
*Clie for neurosurgeon*

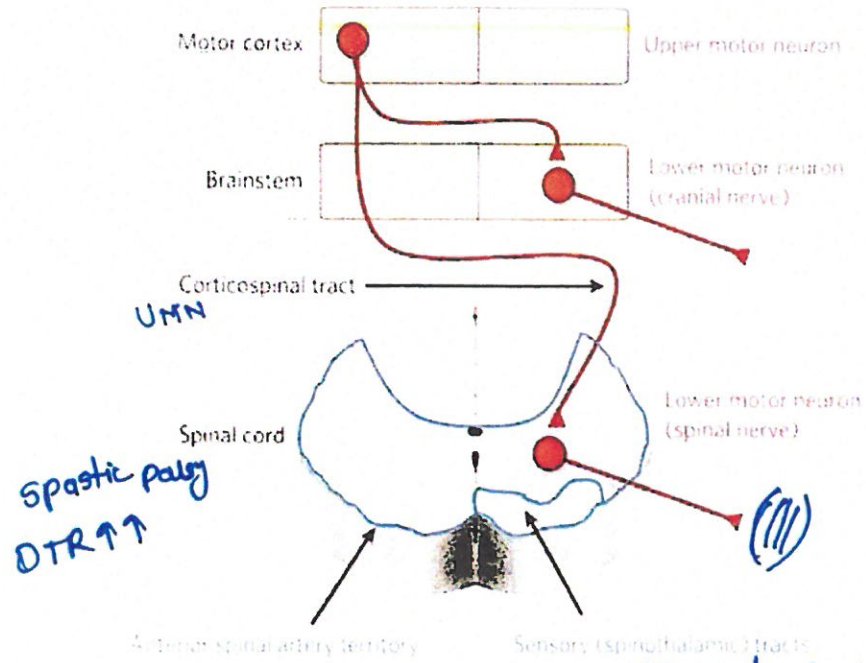








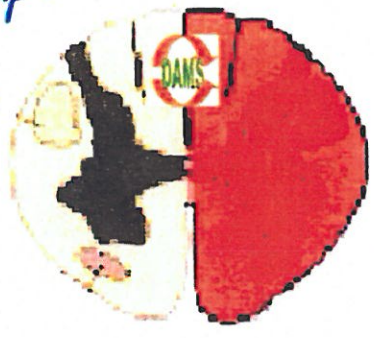




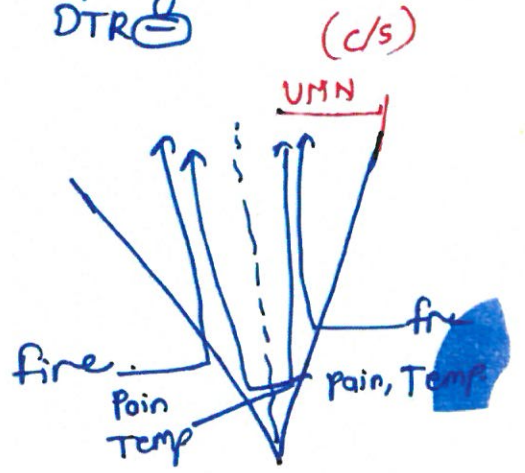
Spastic palsy  
DTR ↑↑

Flaccid palsy  
DTR ⊖

- C/L Loss of Pain & Temp
- I/L Loss of fine sensations
- I/L Spastic palsy (Below the lesion)
- I/h flaccid palsy (at the lesion)



**BROWN-SEQUARD SYNDROME**





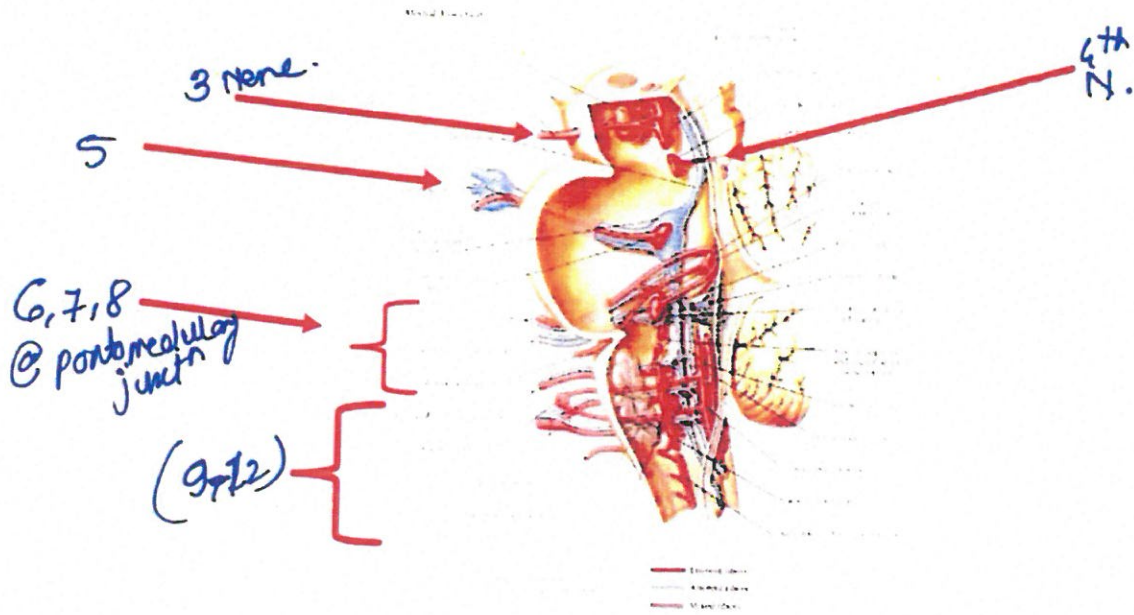
# BRAINSTEM



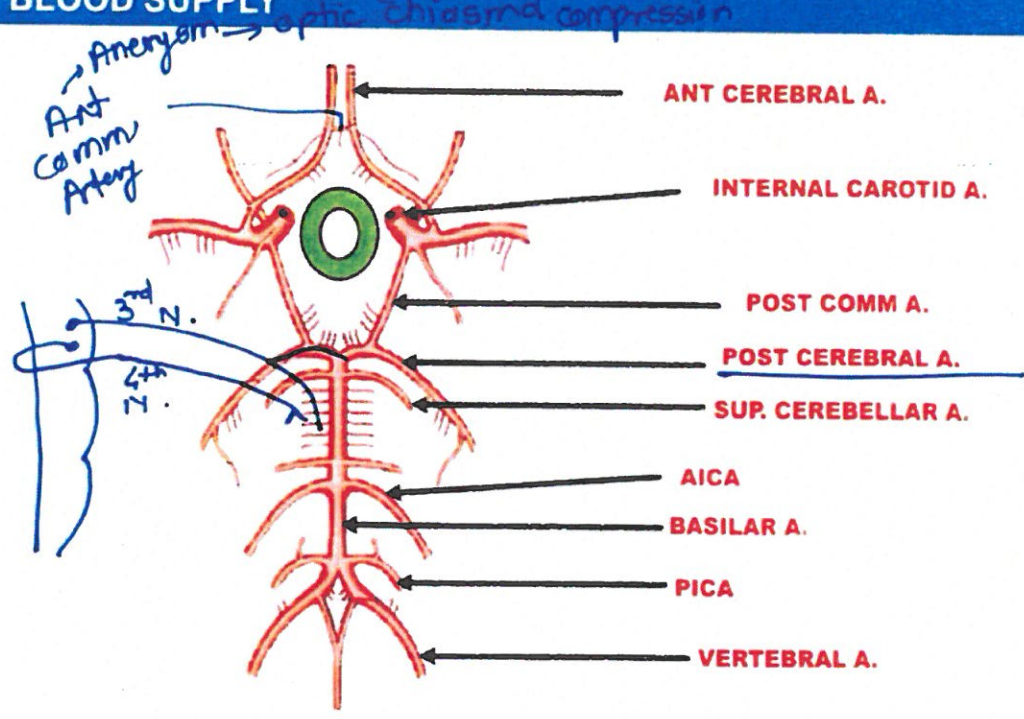
MIDBRAIN

PONS

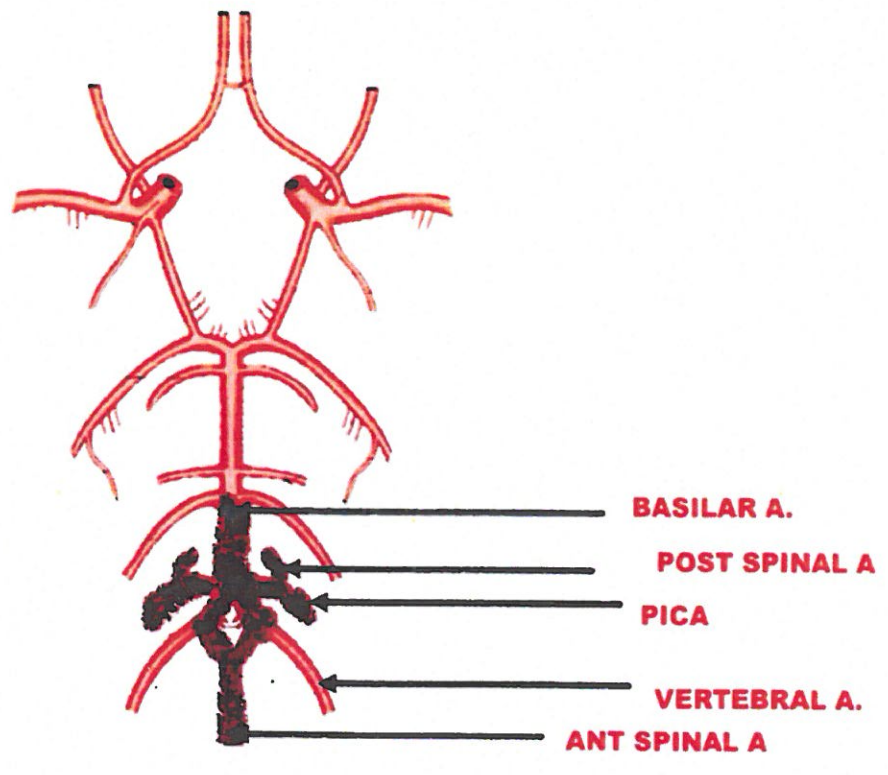
MEDULLA



# BLOOD SUPPLY (Bitemporal Hemianopia)

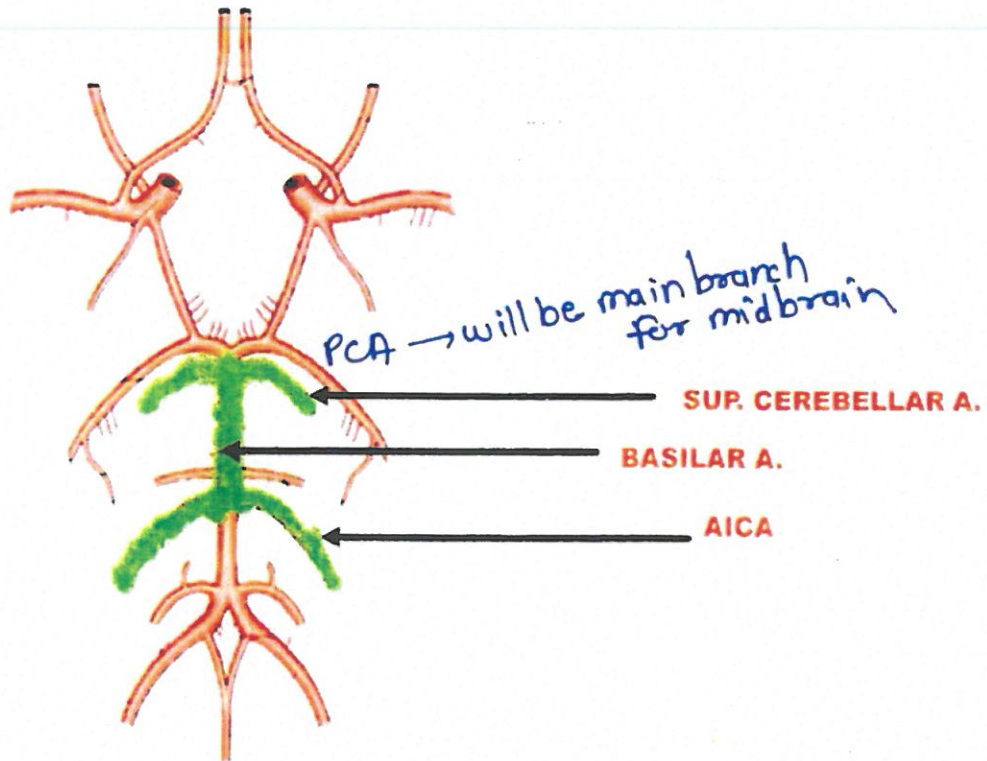


# MEDULLA

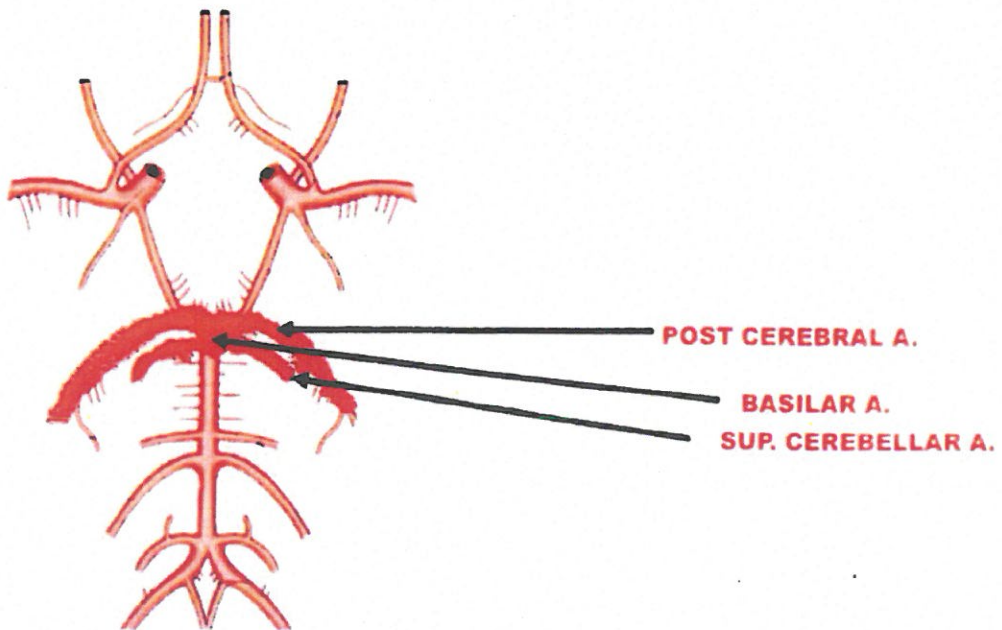


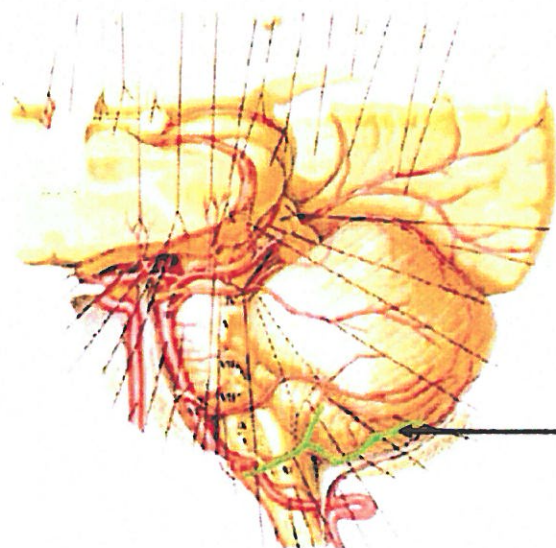


## PONS

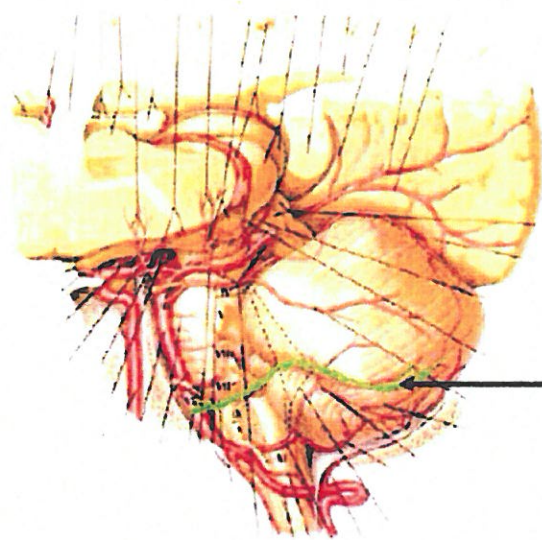


## MID BRAIN



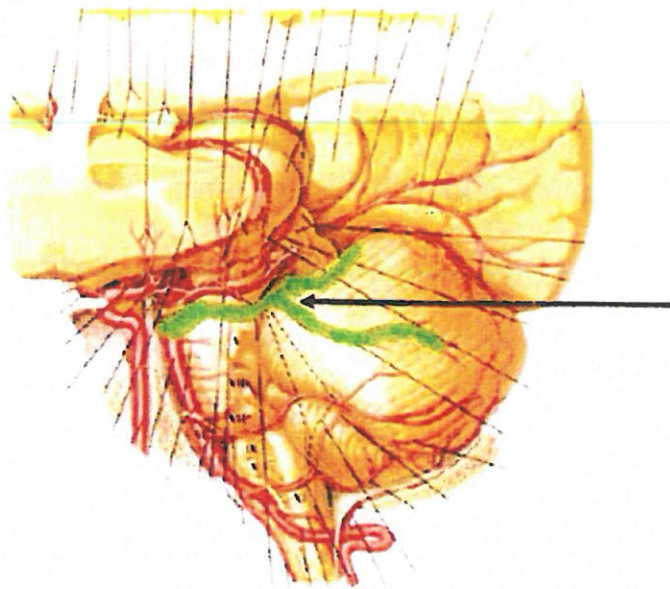


PICA  
↳  
post. inf.  
Cerebellum

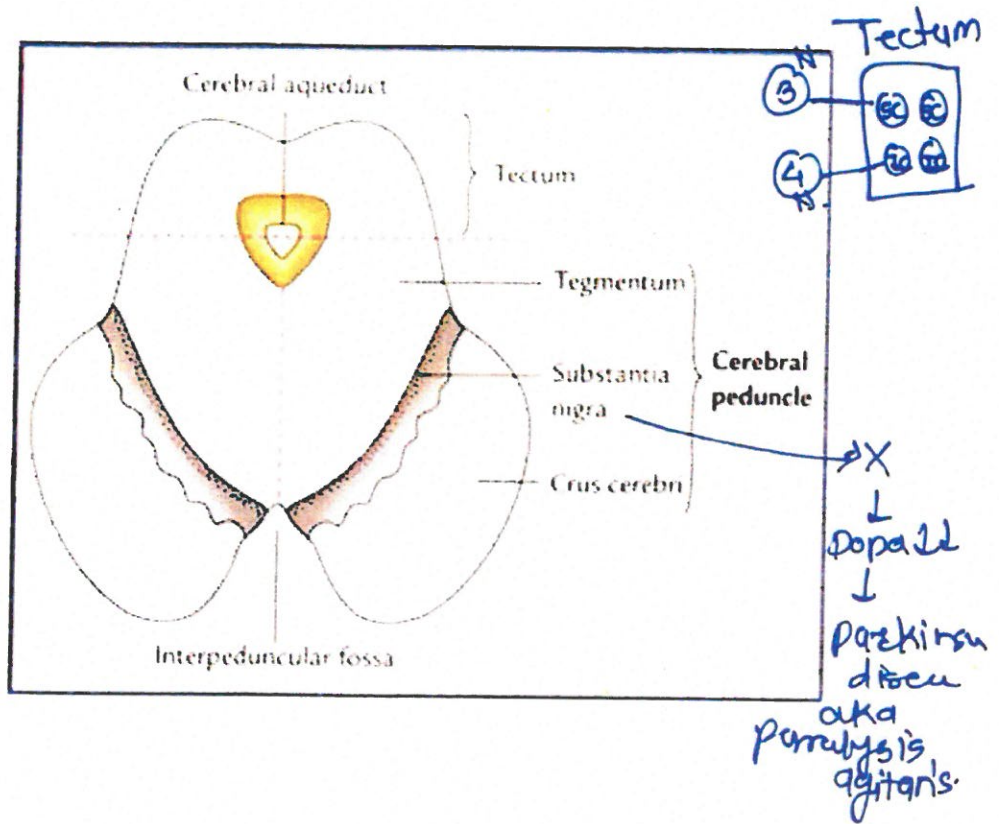


AICA

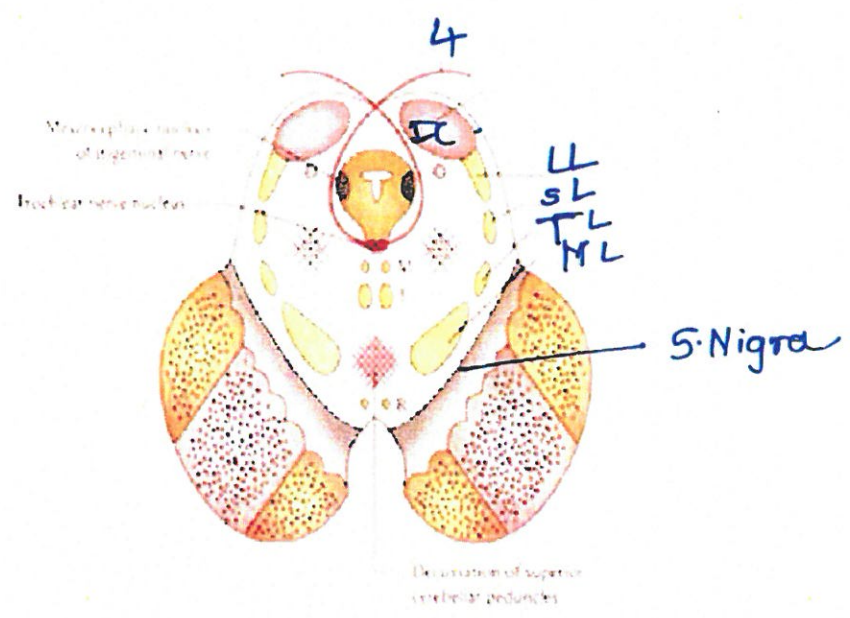
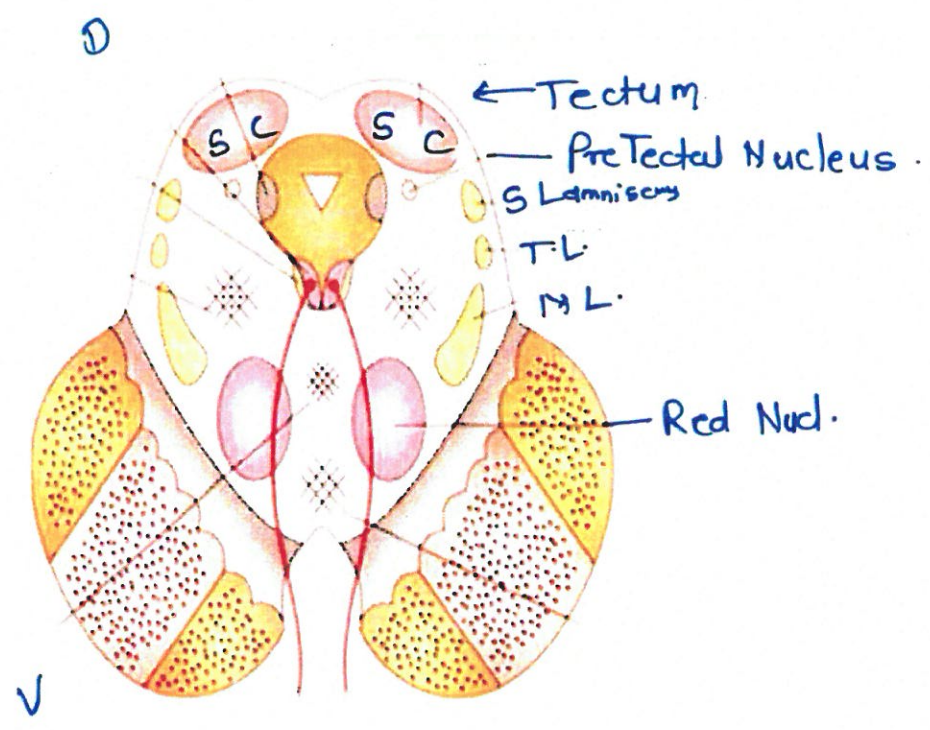




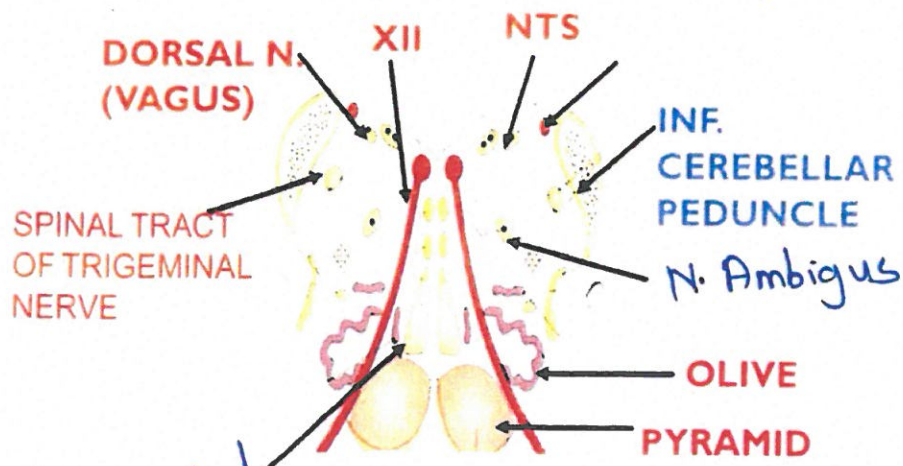
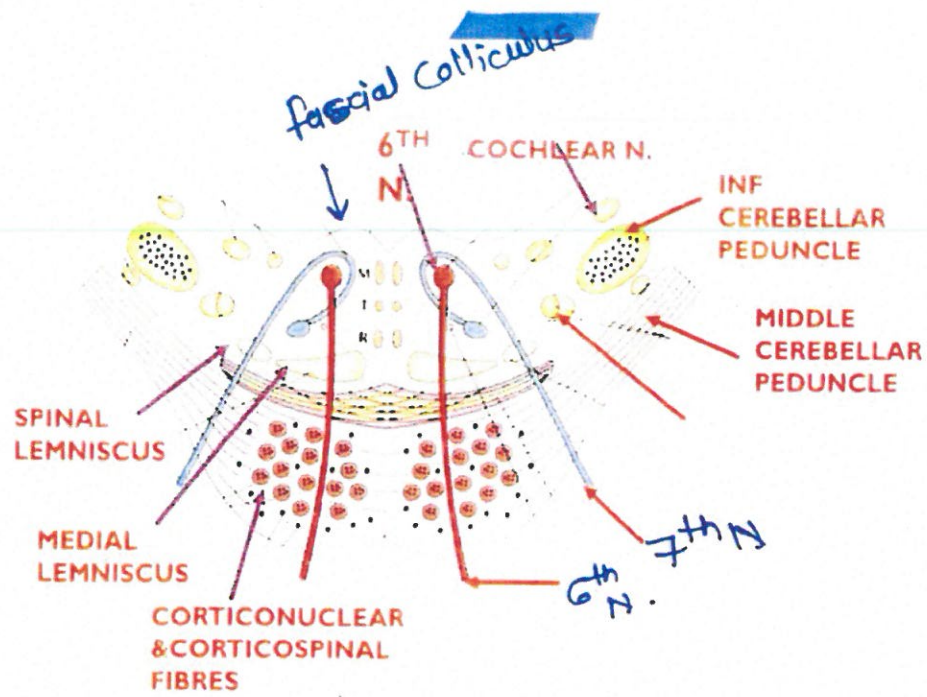
**SUP.  
CEREBELLAR A**



Supra. Colli (S.C.)

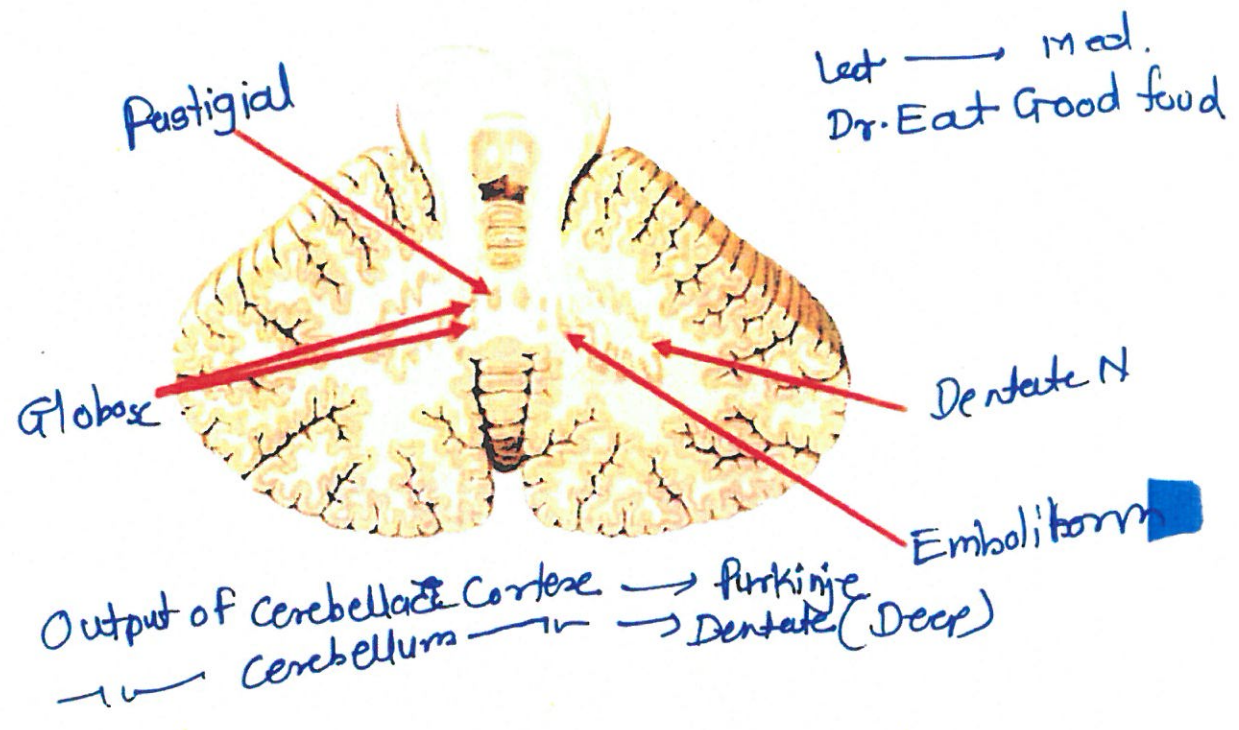
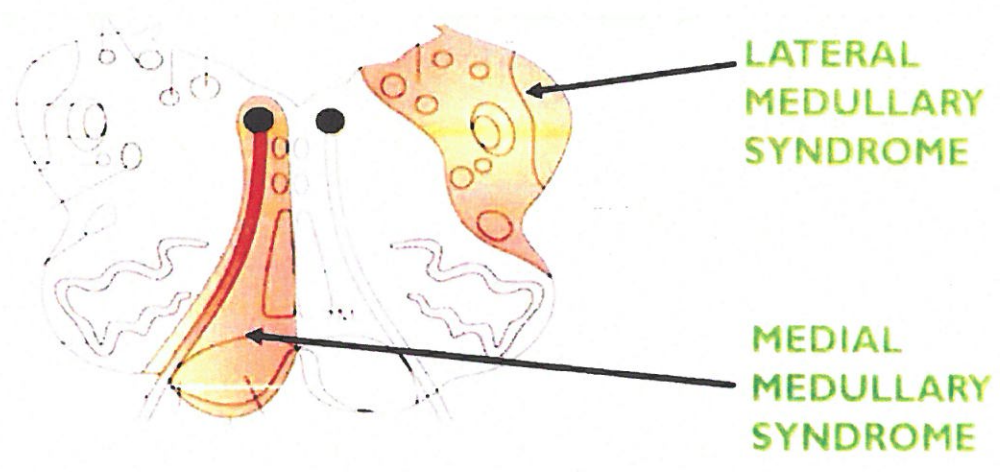




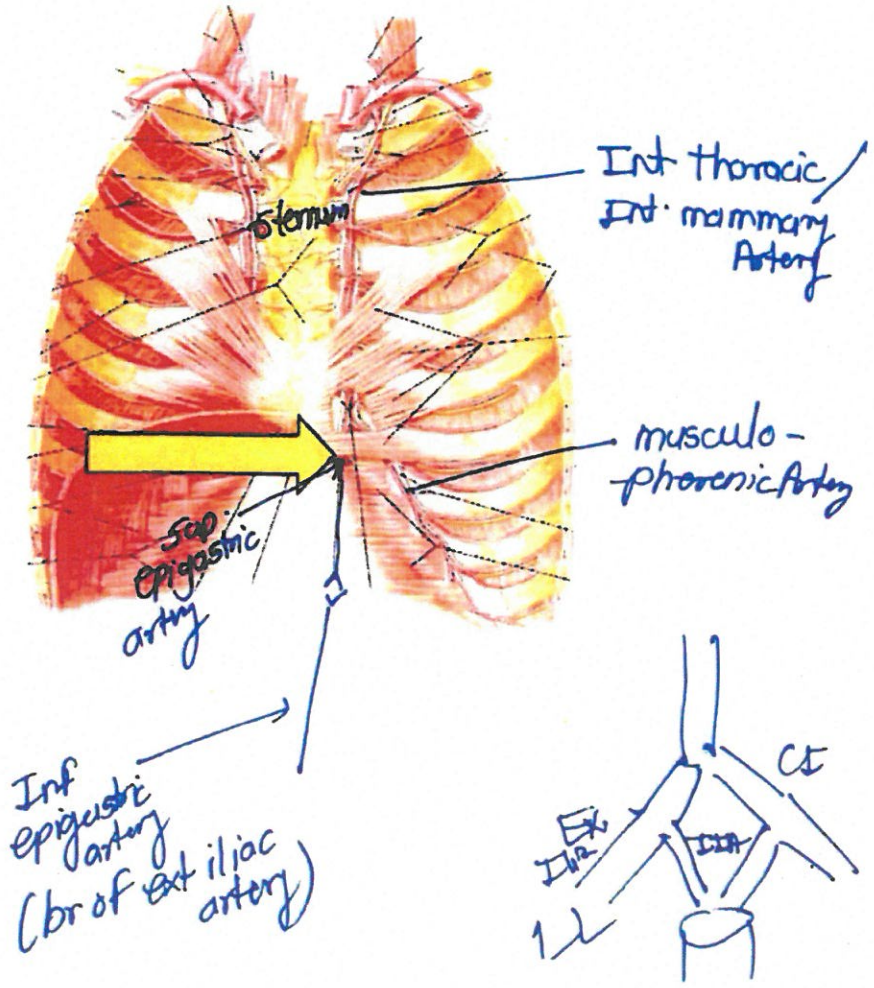
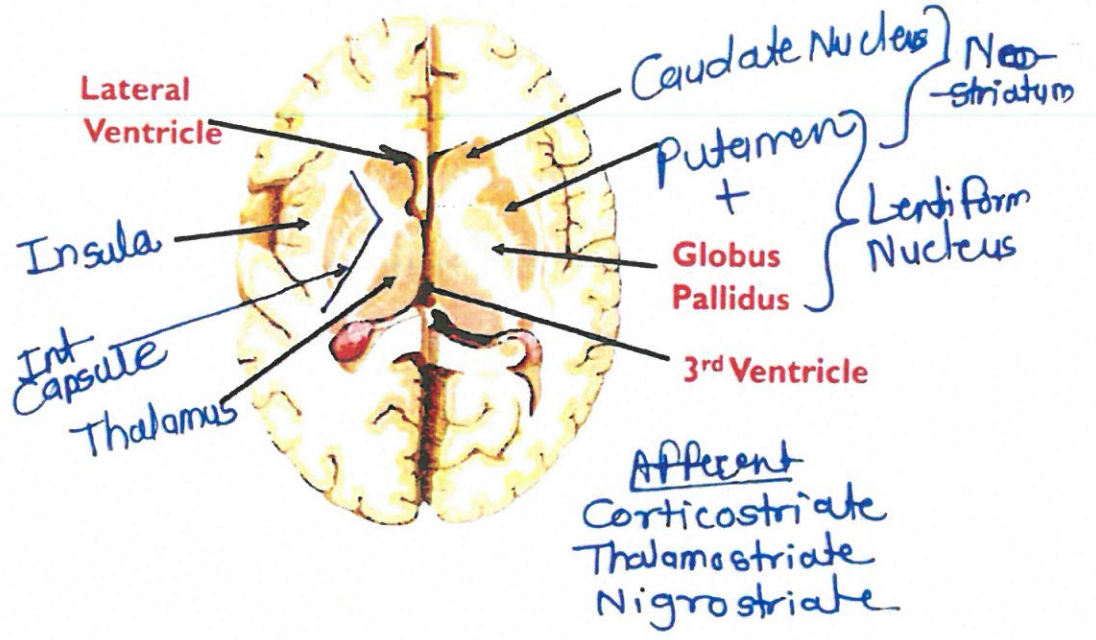


medial medullar synchra

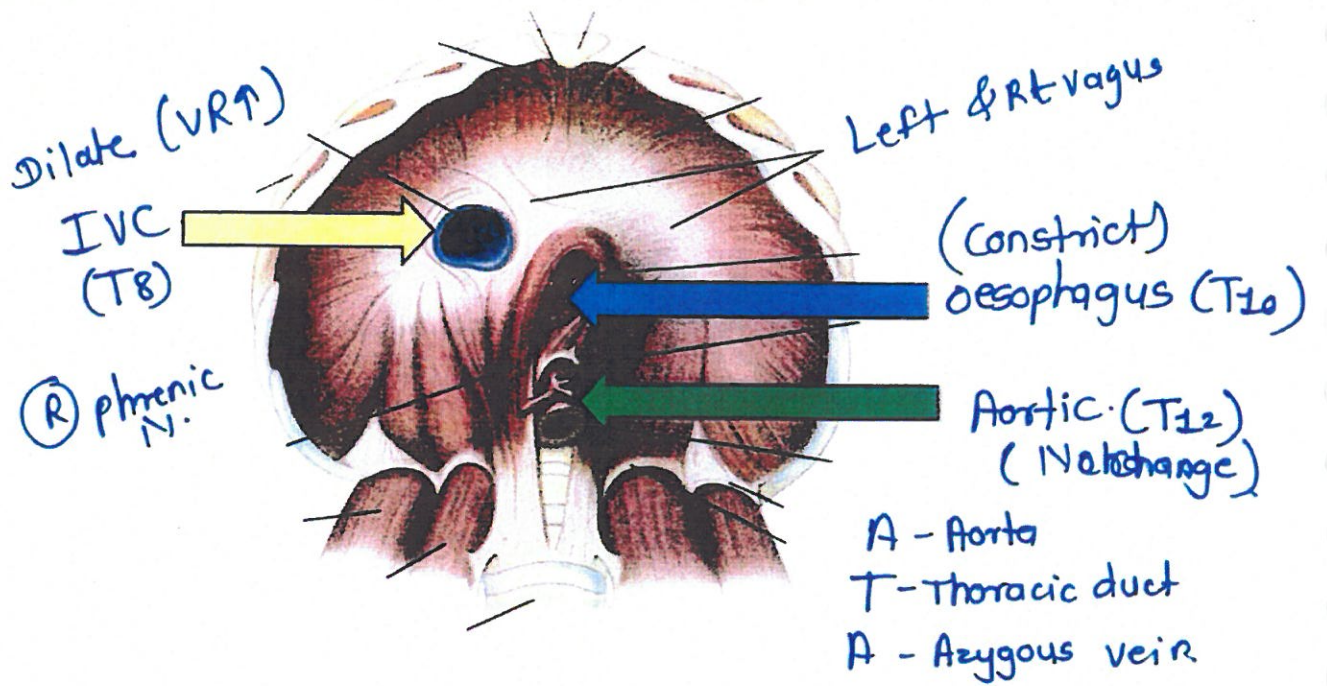
- H - Hypoglossal N.
- M - median Lemniscus
- P - Pyramidal tract



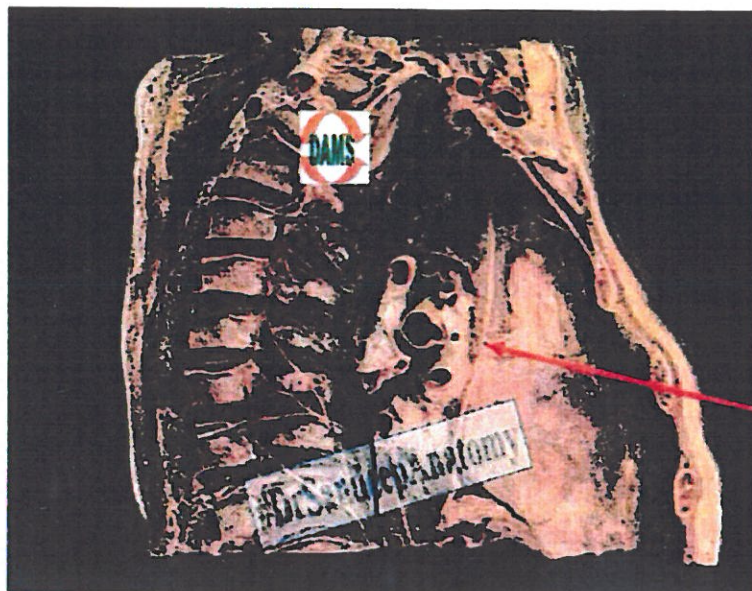








Ⓡ Phrenic N.



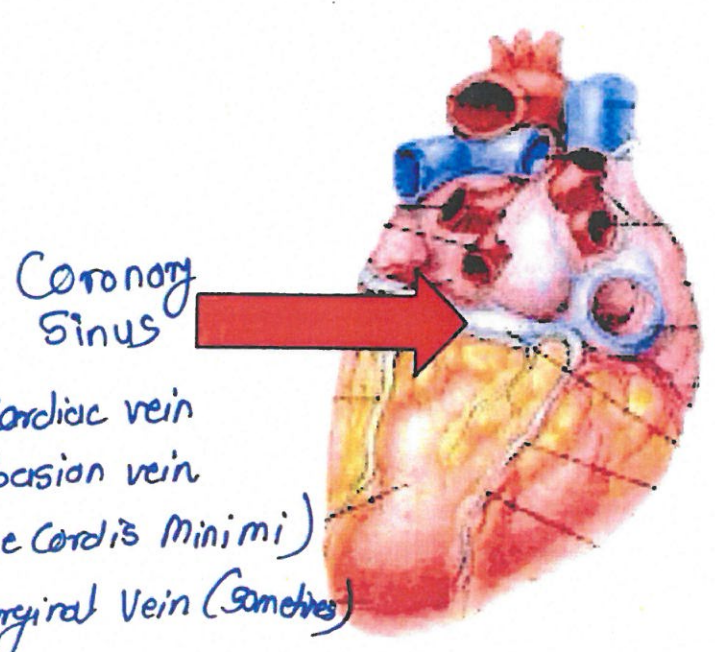
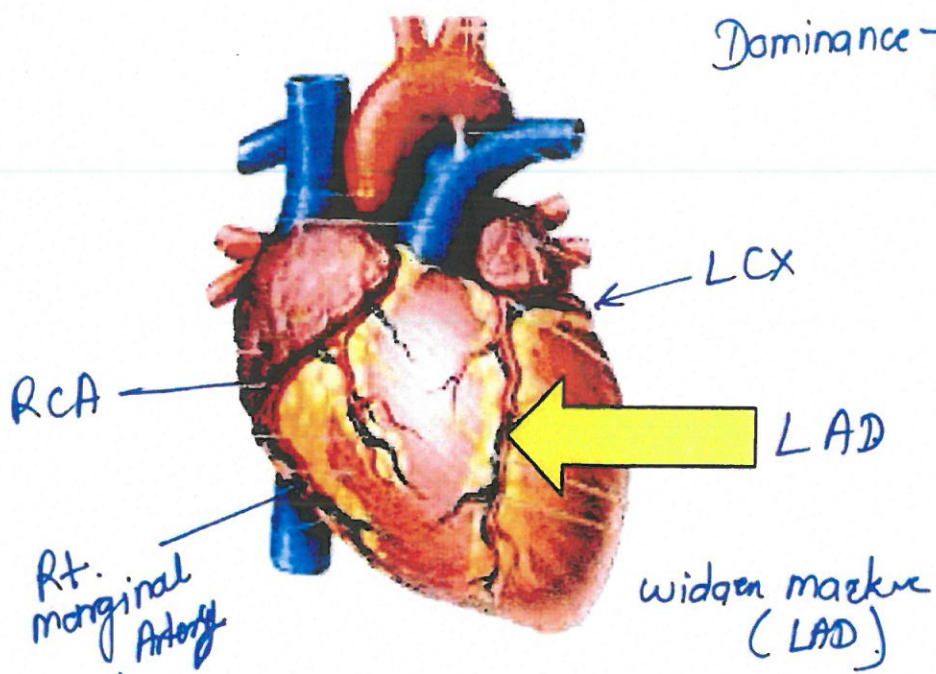
Post. Mediansternum

- D - Desc. Th. Aorta
- A - Azygous vein.
- T - Th. duct
- E - Oesophagus
- S - sympt

phrenic N. (Ant)

Vagus N. (Behind)

Dominance → PIVA  
Post. inter ventr. Arty.  
Ⓜ >>> Ⓛ



AMS VISUAL T

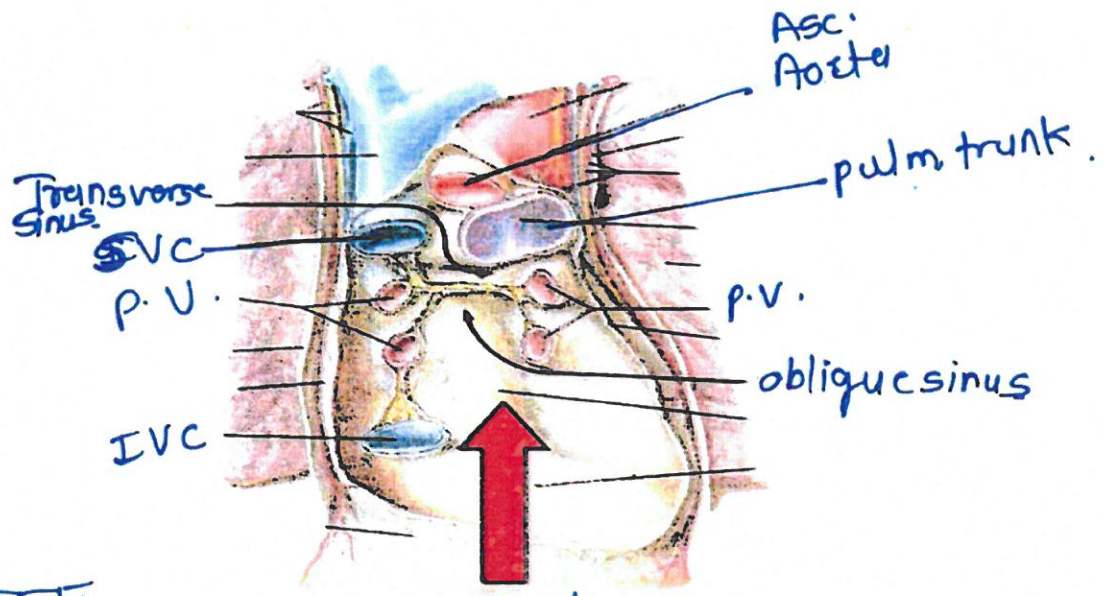
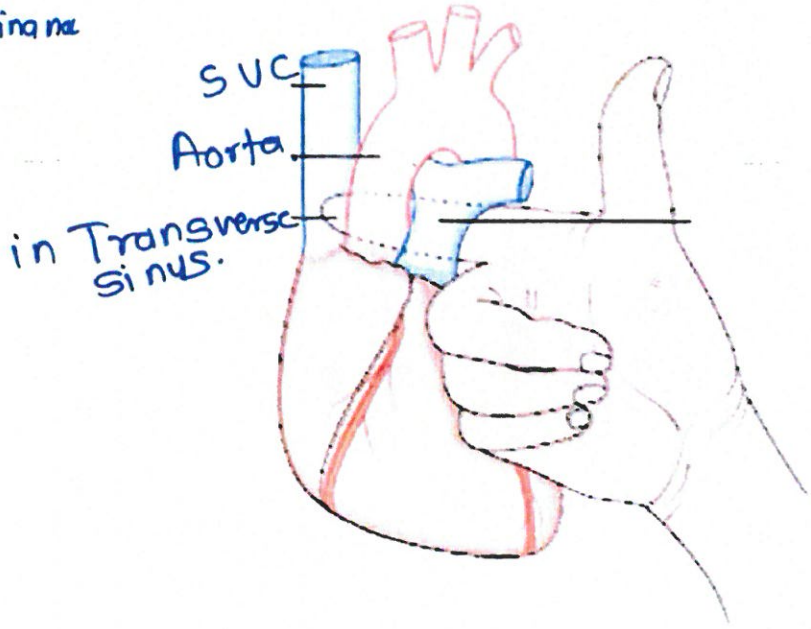
- Ant Cardiac vein
- Thebasian vein (Venae Cordis Minimi)
- Ⓜ marginal Vein (sometimes)

→ Directly drain into Rt Atrium  
(don't go to Coronary Sinus)



Codominance

Ligature can be passed

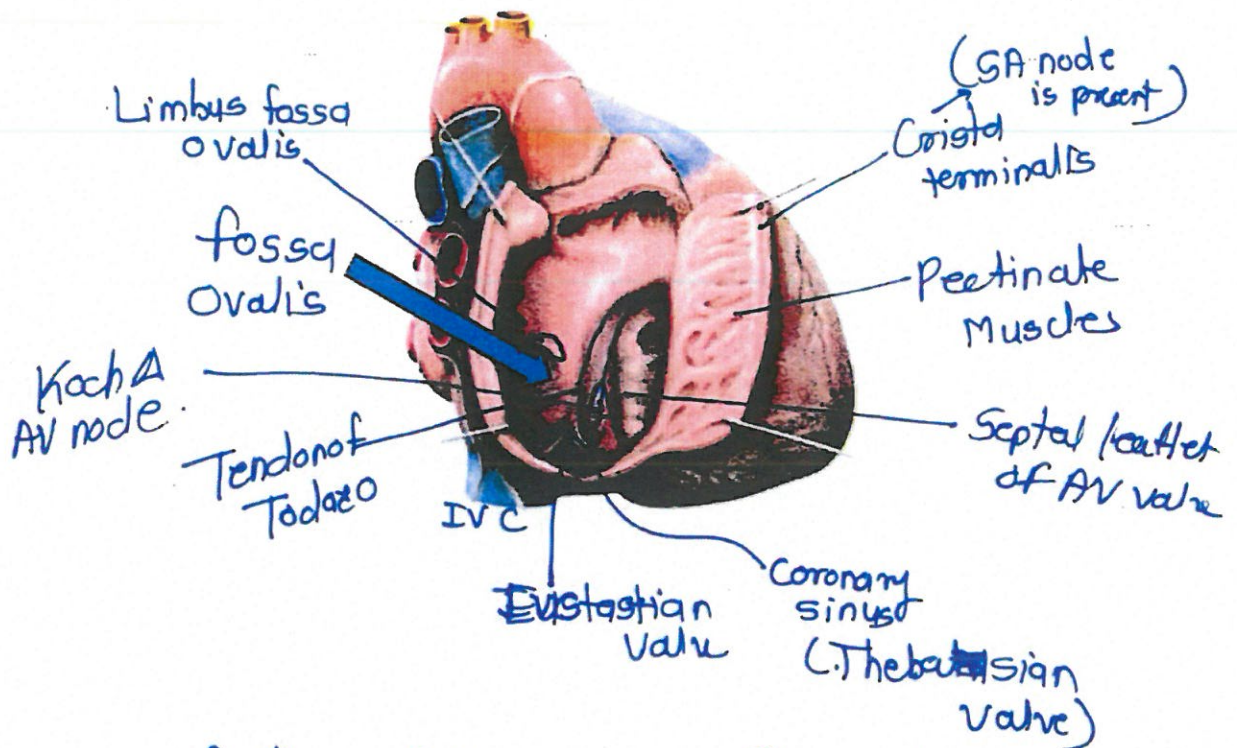


TEE

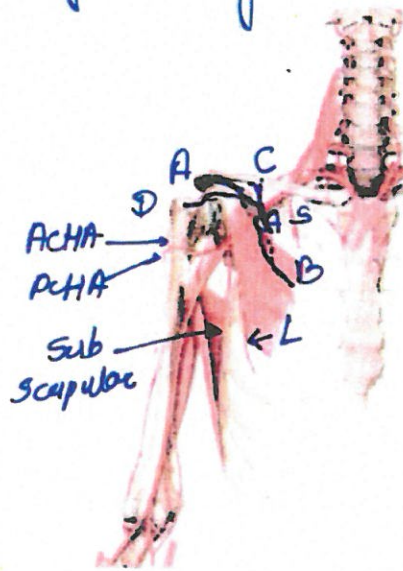
LA → In front of esophagus  
 RV → Behind sternum

Esophagus outline



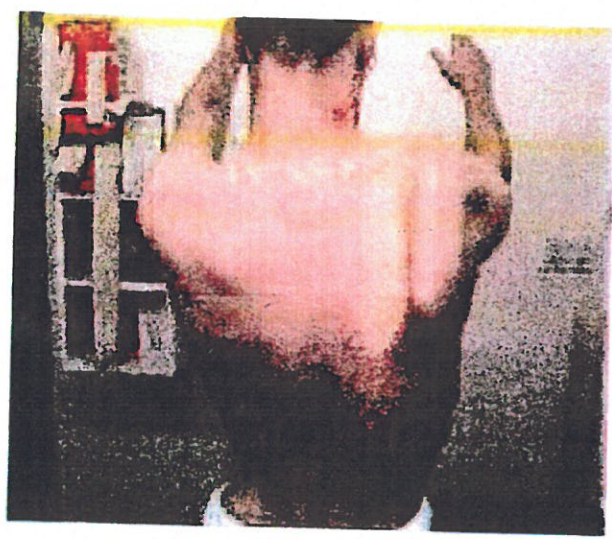


Axillary Artery → 3 parts by P. Minor



I	II	III
S	ALT	SPA
sup thoracic		↓
Axiom thoracic		Subscap Ar
Lat. thoracic		PCHA
		ACHA

- A → Acromial
- B → Breast
- C → Clavicular
- D → Deltoid



winging action  
↓  
# Long thoracic N.  
(C5 C6 C7)  
N. of Bell  
↓  
S. Ant (Boxers Ms)  
Ms.

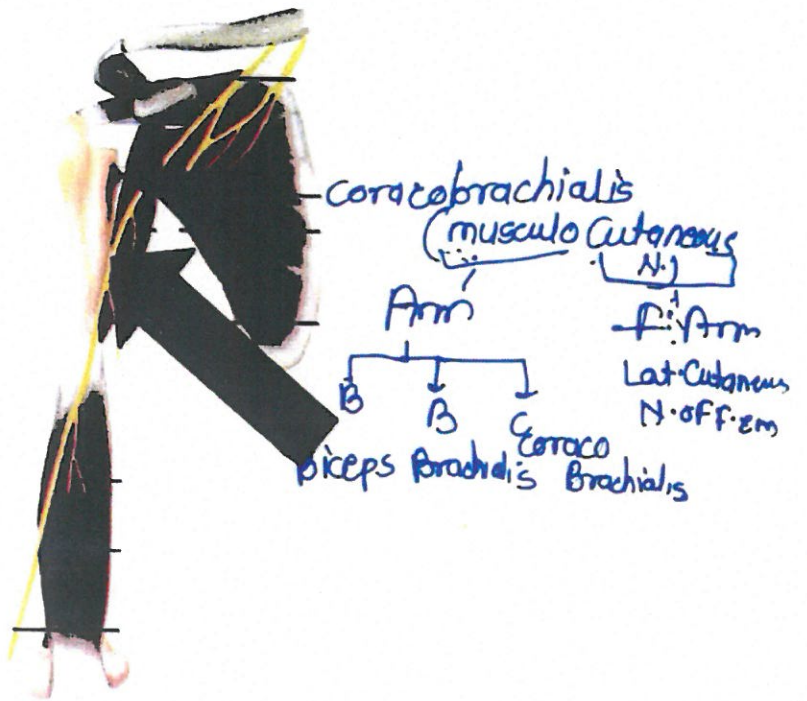
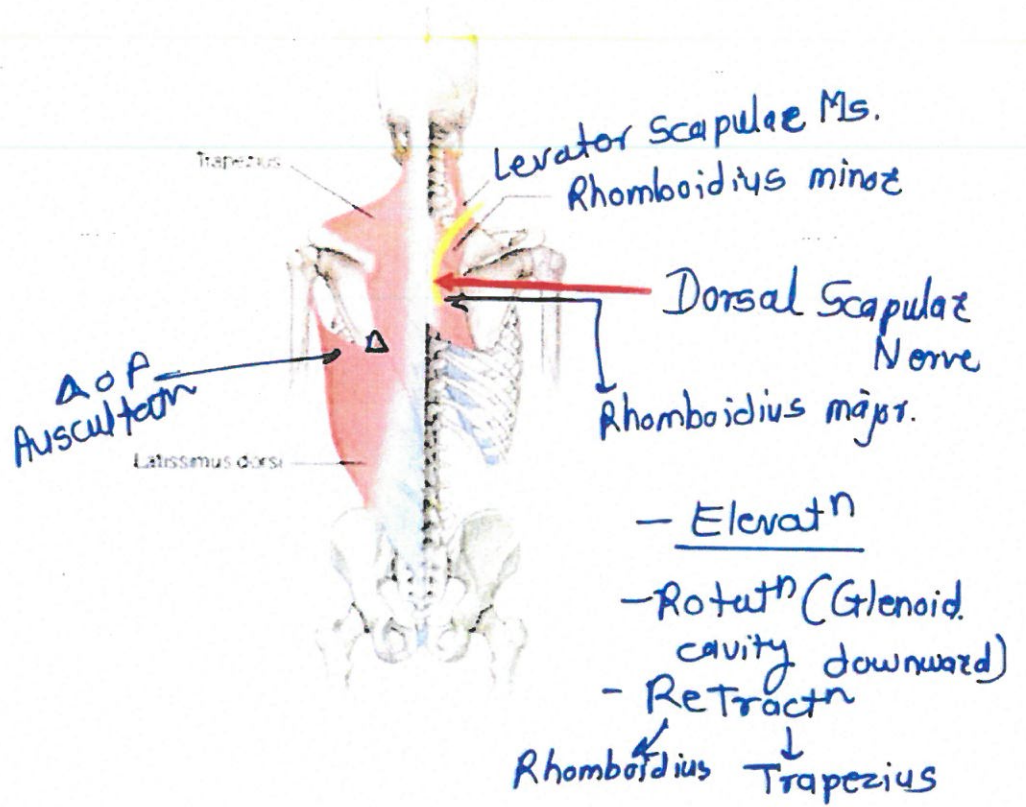
Rest winging  
↓  
Trapezius palsy  
↘



winging @ Rest is  
Bcoz of Trapezius  
palsy



IMP

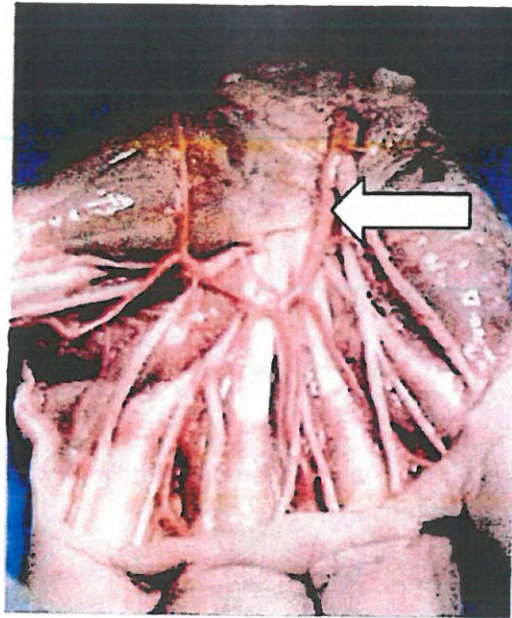






(med)  
M → med. N.  
B → Brach. Art  
B → Biceps Tendon  
S → Sup. Branch of  
(Lat) Radial Nerve.





Superficial palmar Arch

(Deep)  
Opponens  
digiti  
minimi  
~~Flexor~~  
Abd.  
Digiti minimi  
Flexor  
Digiti minimi  
Flexor  
Digiti  
sup. tenden

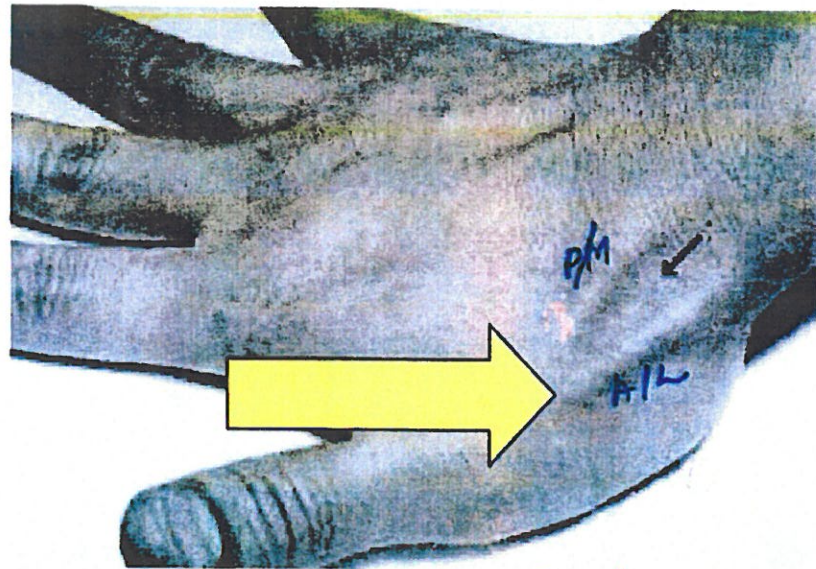


Abd. pollicis  
Brevis  
Flexor Pol. Brev  
3rd  
Lumbricals

Abd Pol. Brev. } Attach on  
Flex. pol. Brev } m  
Phalange

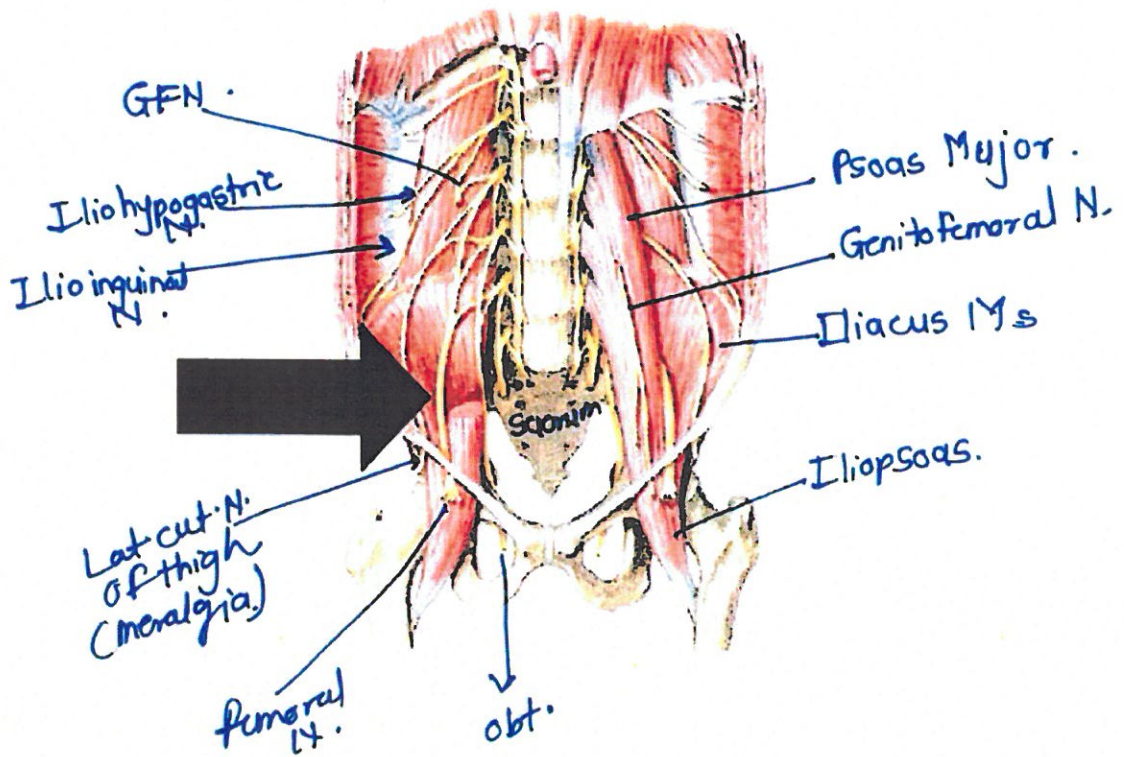
Opp pol. → metacarpal





Ant/hat  
- EPB  
- Abd. P. L.  
Post/red  
- EPL

Roof → superficial branch of Radial N.  
If got compressed cause  
Cervicalgia.





IDENTIFY THE MARKED FORMEN



Pudendal N.

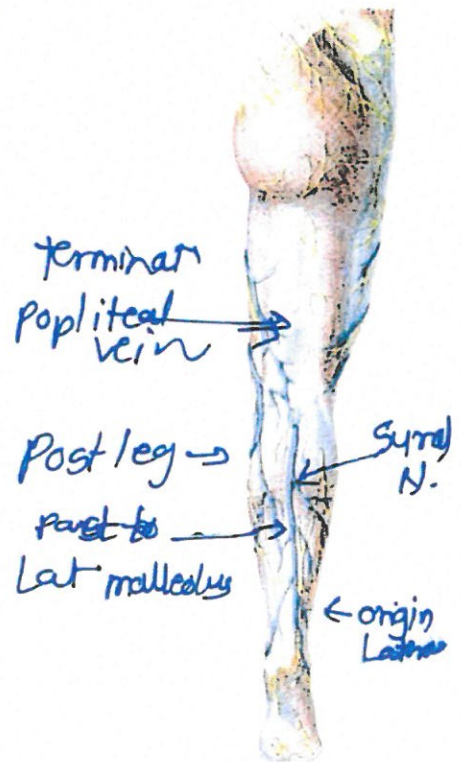
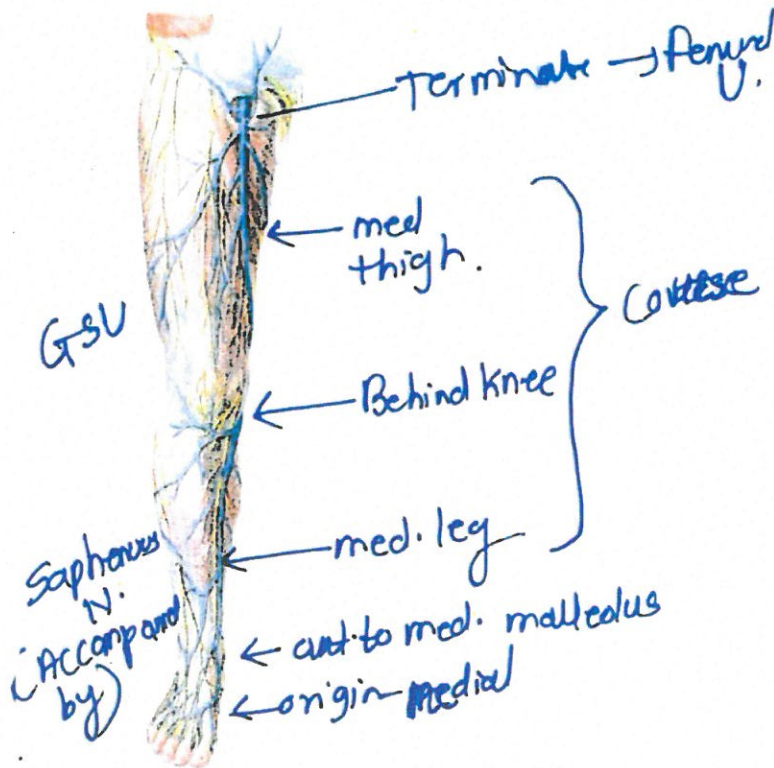
Greater Sciatic foramen

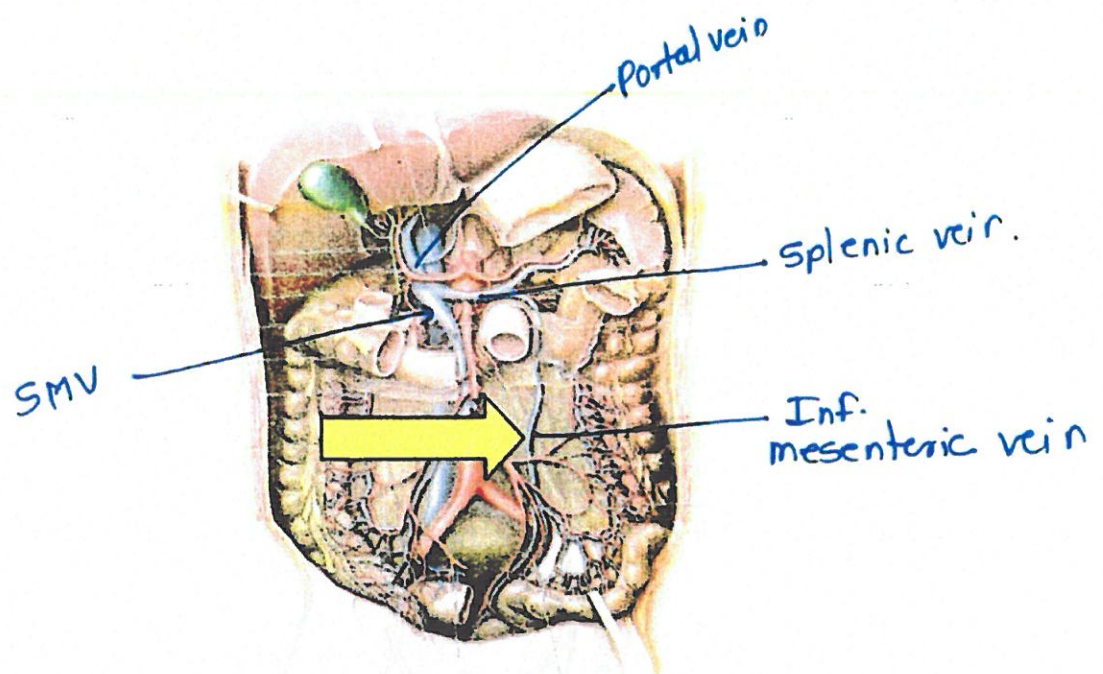
Piriformis ms.

Sciatic N.

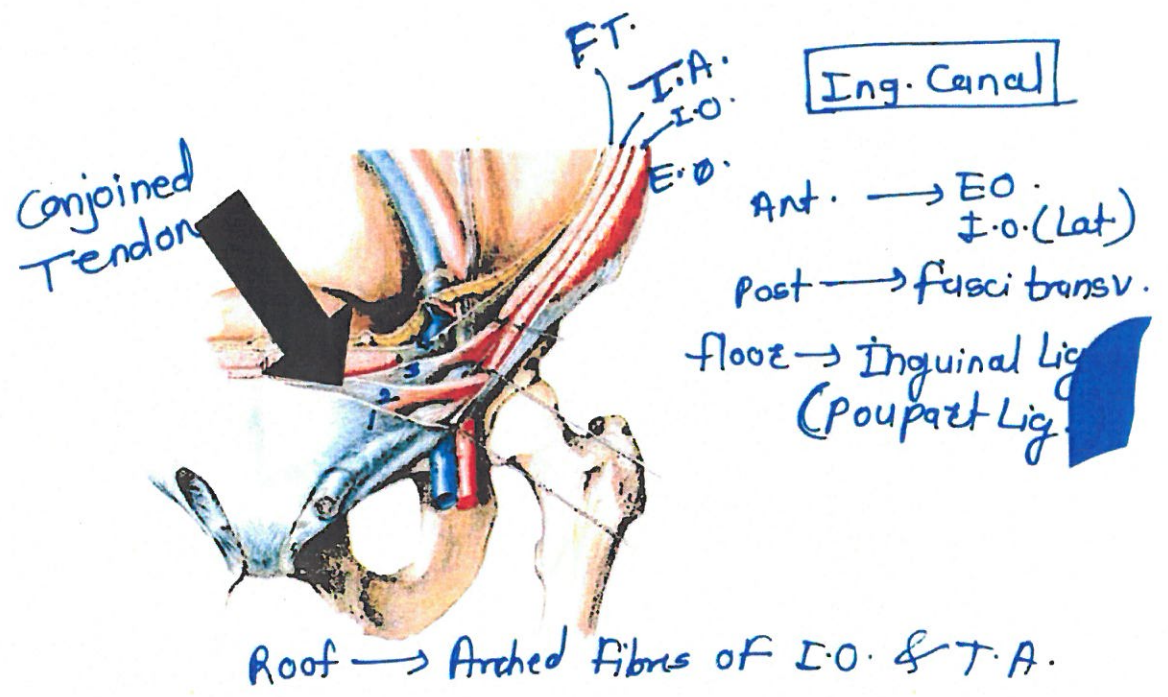
Both foramen <sup>Greater & lesser</sup>  
P-Pudendal N.

I-Int. Pud. Art. & vein  
N-N. to obt. int.





SC  
(20mm)





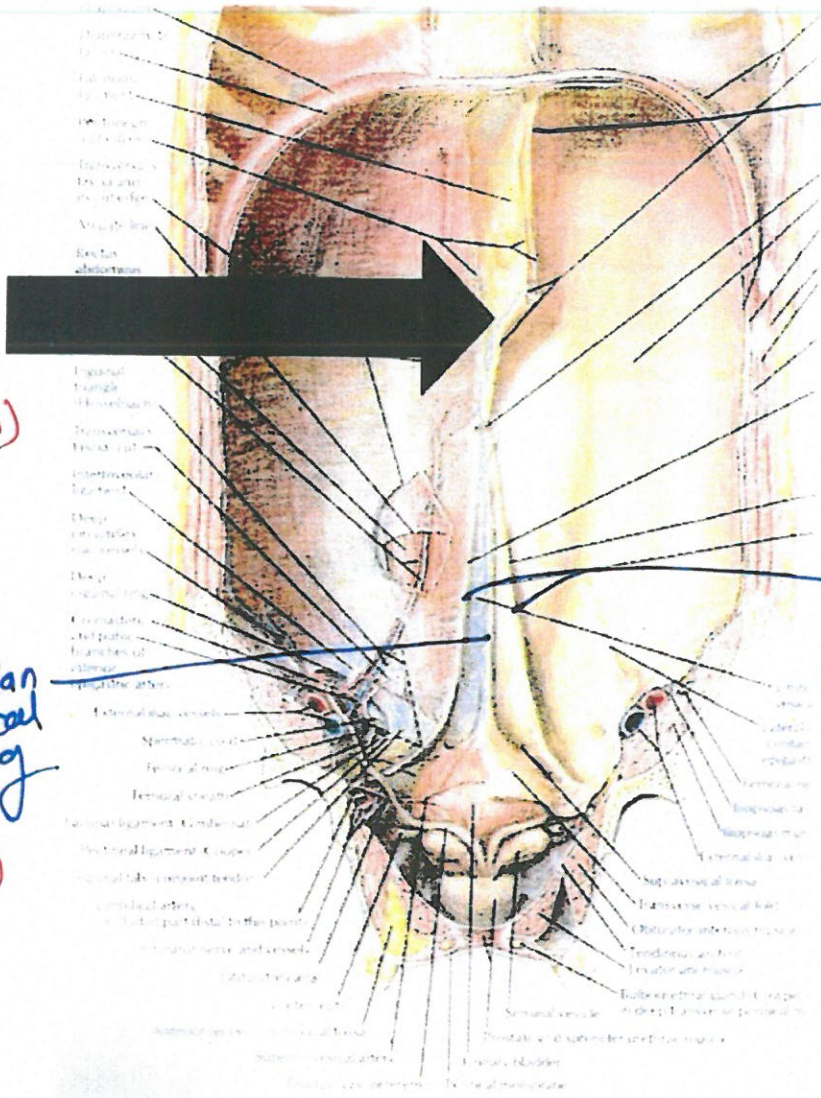
Lig  
Terres  
(L umb. vein)

Median  
umbilical  
Lig  
↓  
(Urachus  
remnant)

Falciform  
Lig.

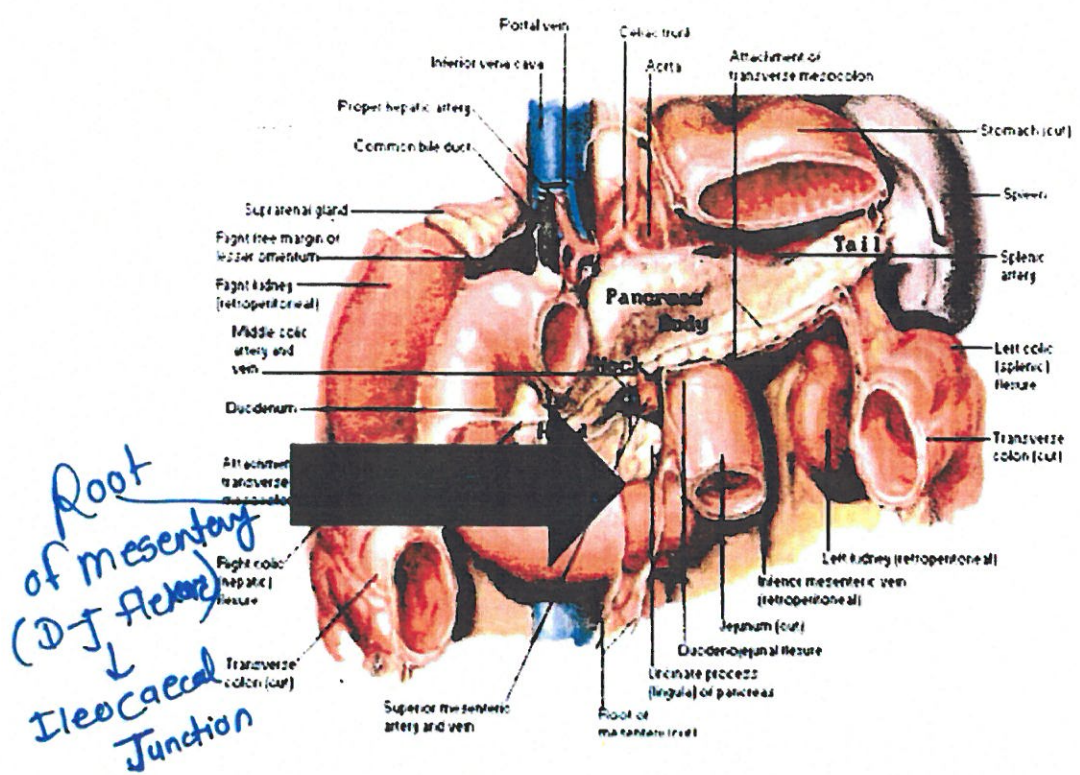
Medial  
umb. Lig  
(Distal part  
of umbilical  
artery)

Prox. part  
umbilical artery  
will persist  
as sup.  
vesical  
artery

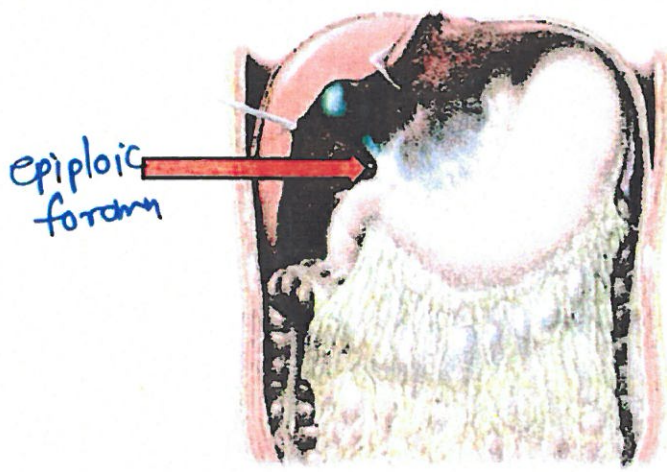


- Superior vena cava
- Internal jugular vein
- External jugular vein
- Transverse aorta
- Superior mesenteric artery
- Abdominal aorta
- Renal artery
- Renal vein
- Common iliac artery
- Common iliac vein
- External iliac artery
- External iliac vein
- Internal iliac artery
- Internal iliac vein
- Uterine artery
- Uterine vein
- Vaginal artery
- Vaginal vein
- Superior mesenteric vein
- Inferior mesenteric vein
- Common iliac vein
- External iliac vein
- Internal iliac vein
- Uterine vein
- Vaginal vein
- Superior mesenteric artery
- Inferior mesenteric artery
- Common iliac artery
- External iliac artery
- Internal iliac artery
- Uterine artery
- Vaginal artery
- Superior mesenteric vein
- Inferior mesenteric vein
- Common iliac vein
- External iliac vein
- Internal iliac vein
- Uterine vein
- Vaginal vein
- Superior mesenteric artery
- Inferior mesenteric artery
- Common iliac artery
- External iliac artery
- Internal iliac artery
- Uterine artery
- Vaginal artery





Epiploic Foramen -> will connect lesser sac & greater sac

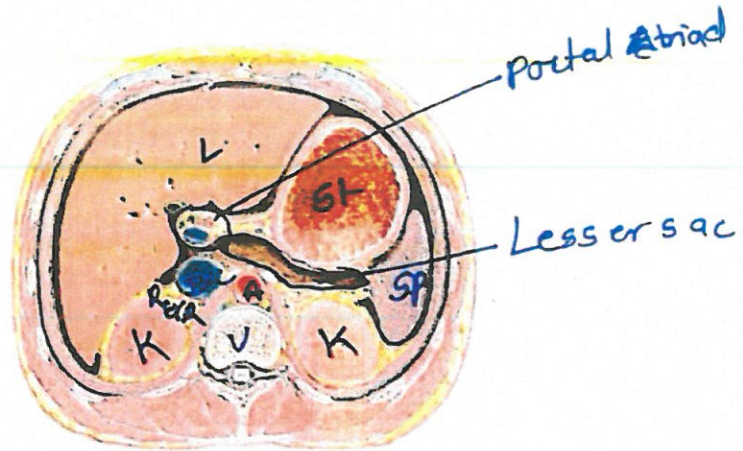


Ant -> Rt. free edge of lesser omentum

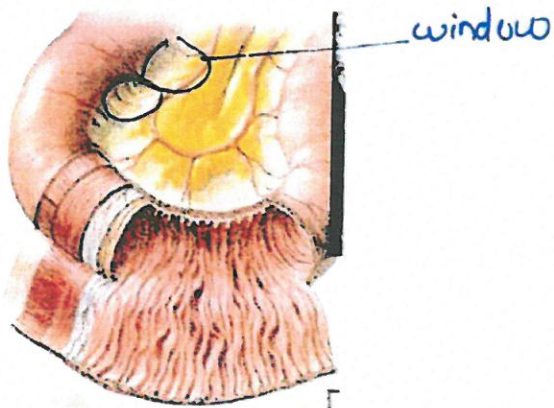
Below -> Duodenum 1st part

Above -> Caudate lobe of Liver

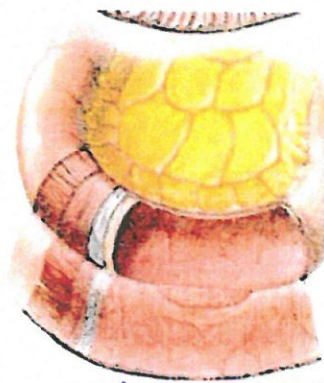
Post -> T12  
Rt supra renal IVC



IDENTIFY THE ORGEM



Thick wall  
Jejunum

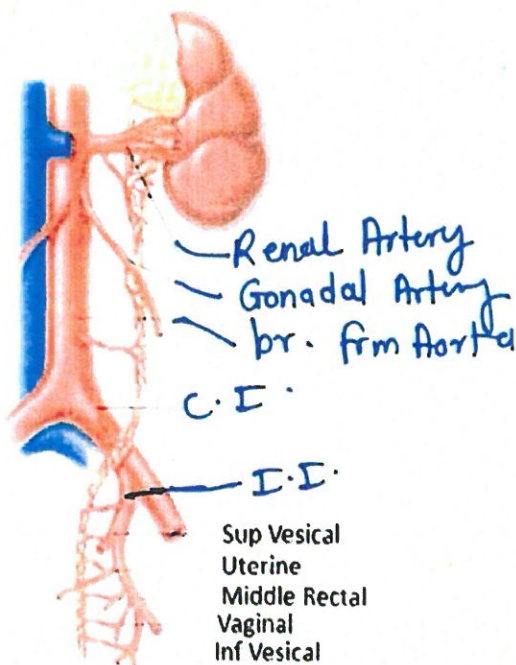
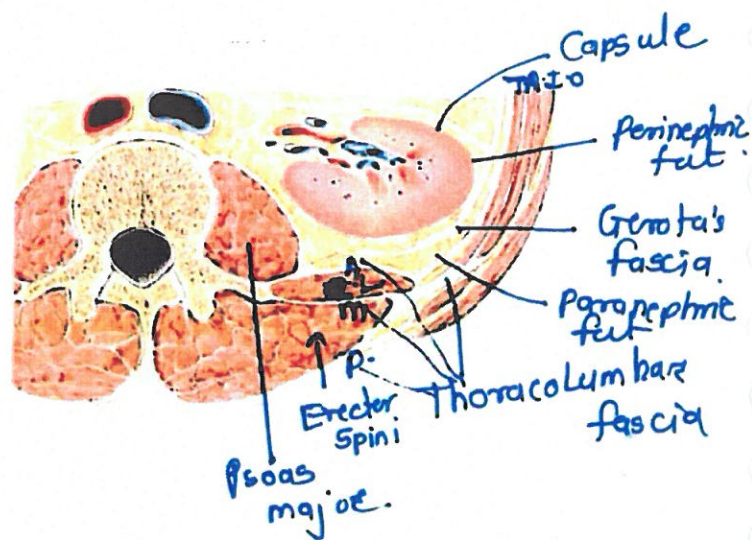


Thin., more arterial  
branches  
Ileum.

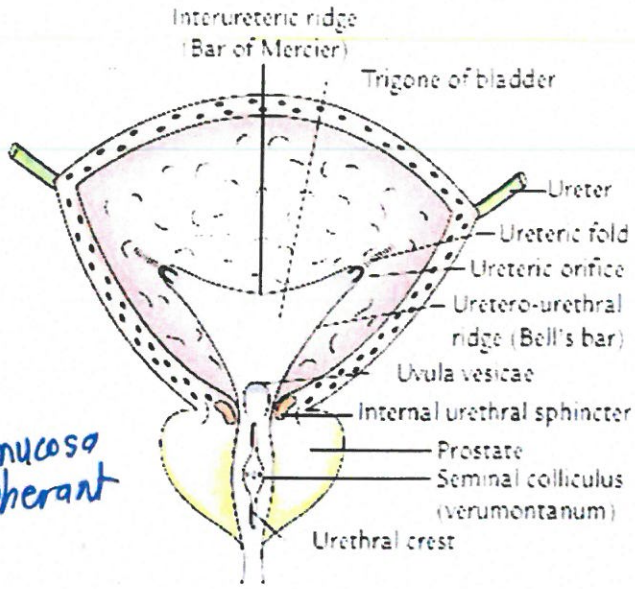


## Layers to be Reflected to Reach the Kidney

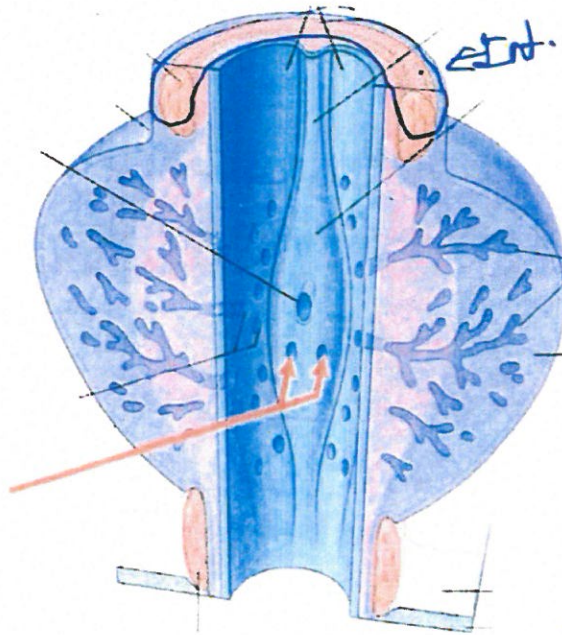
1. Skin.
2. Superficial fascia.
3. Posterior layer of the thoracolumbar fascia
4. Erector spinae (sacrospinalis) muscles.
5. Middle layer of the thoracolumbar fascia.
6. Quadratus lumborum muscle.
7. Anterior layer of the thoracolumbar fascia.



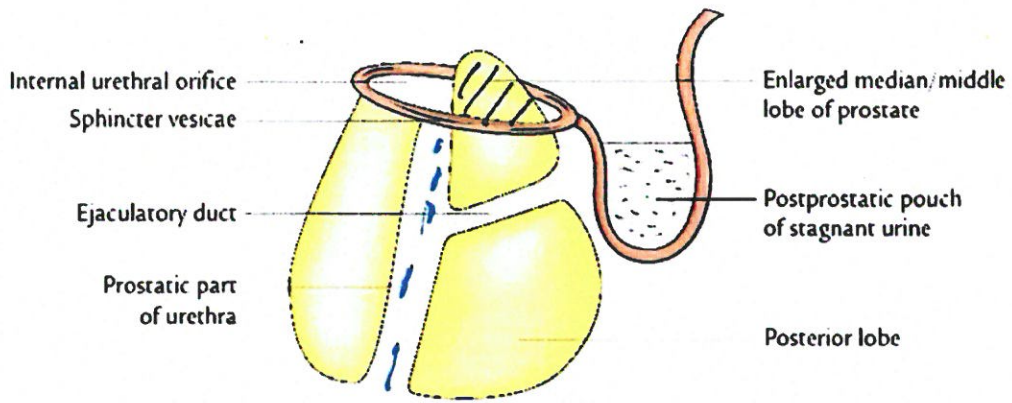
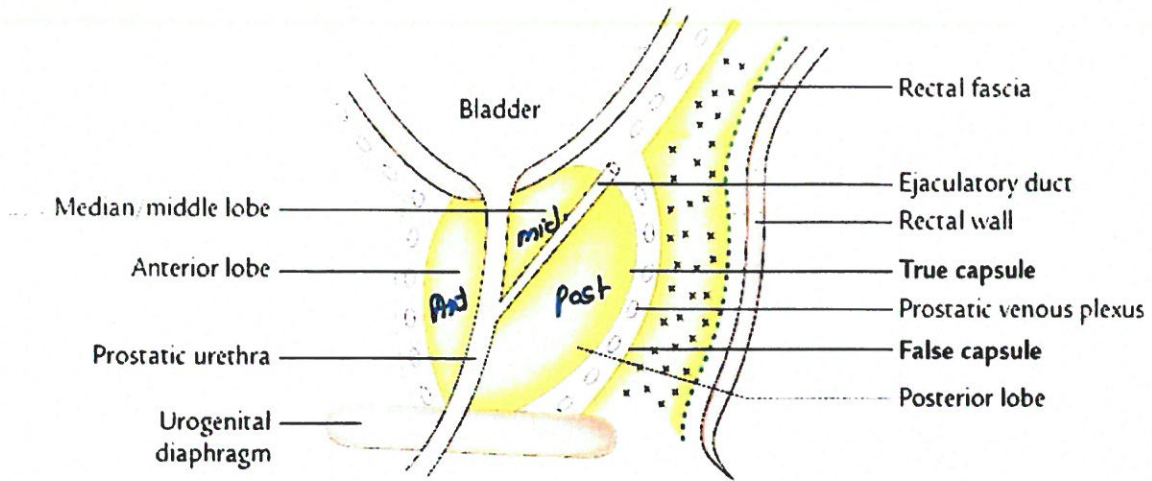




Trigone  
 ↳ Smooth  
 bcose mucosa  
 is adherant



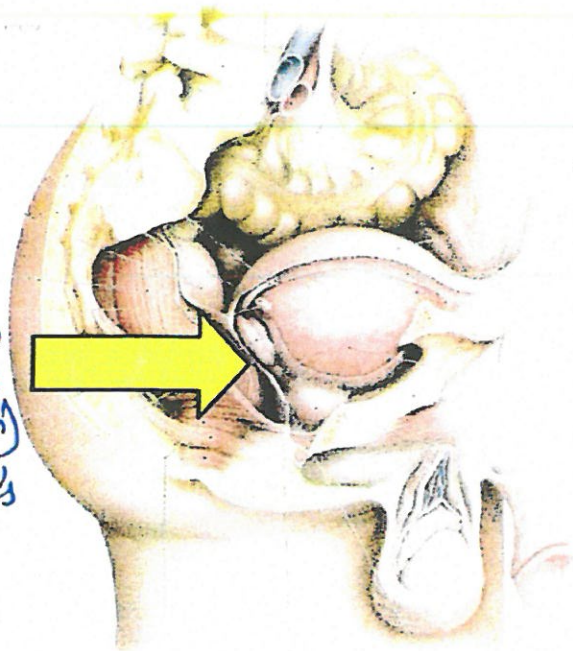
int. urethral  
 sphincter (CS)  
 ↳ prevent retrograde  
 ejaculat<sup>n</sup> in male  
 - absent in ♀  
 - # in TURP  
 (RE is +M)



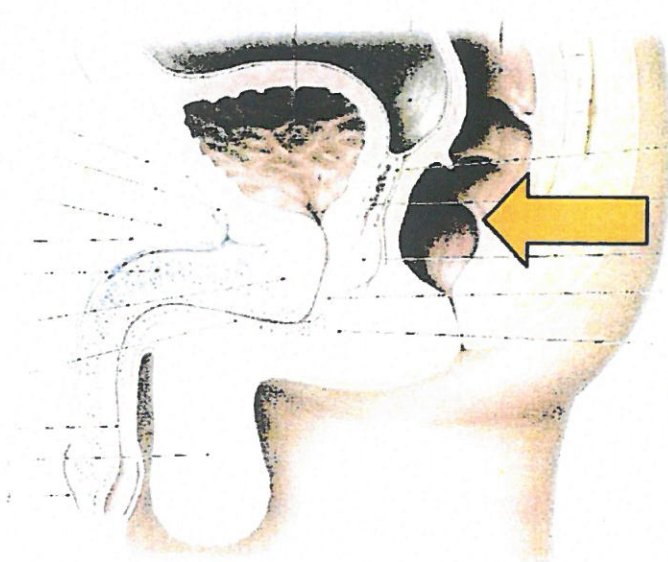
TURP  
(RE)



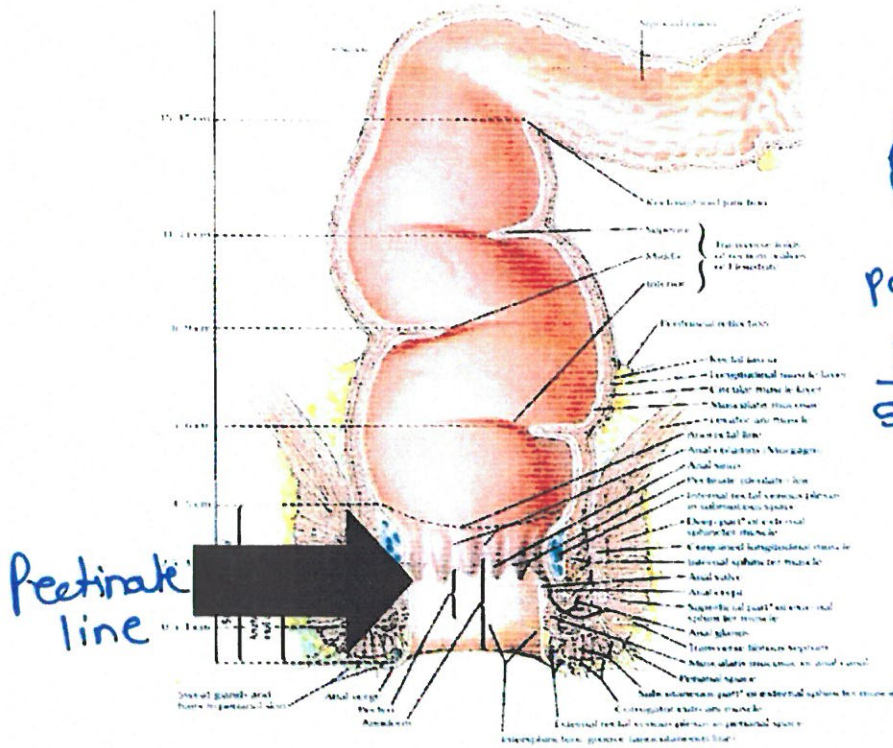
Denonvillien  
fascia  
(Ant to rectum)  
Post. Waldeyer's  
fascia



Houston's  
Valves  
3rd/middle valve  
(most imp valve)



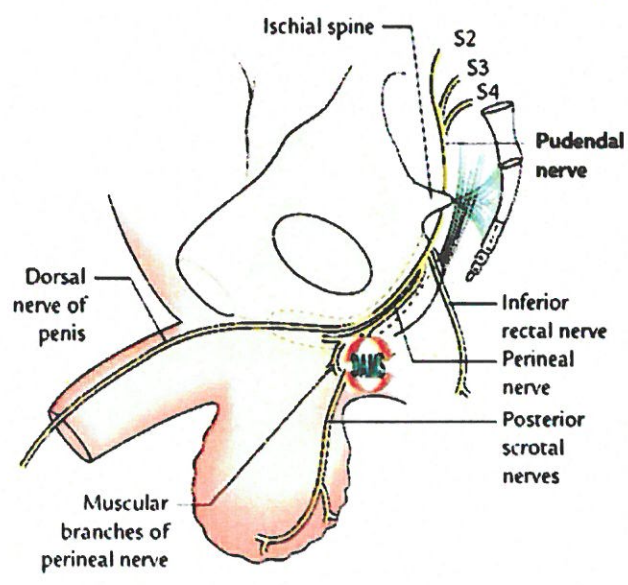
Rectum and Anal Canal



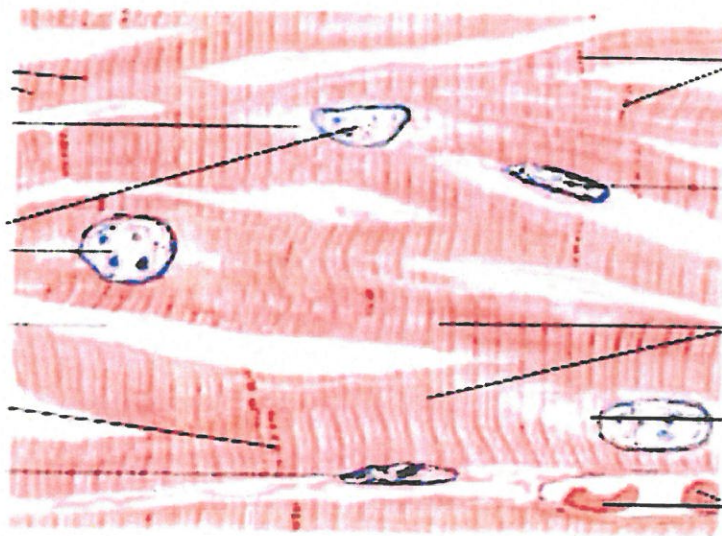
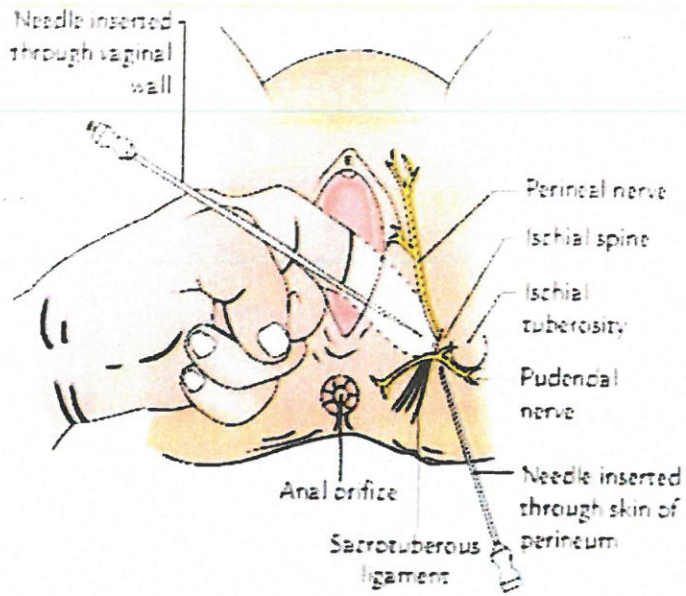
Simple Columnar Epith  
 Int. iliac L.N.  
 Sup. Rect Art  
 Portal vein  
 Painless above pectinate line  
 AHS ← Endoderm

Somatic below → ectod  
 painful  
 Inf. Rect. Art  
 Sup. Ing.  
 Stratified L.N.  
 Sq. epith.  
 Keratinized

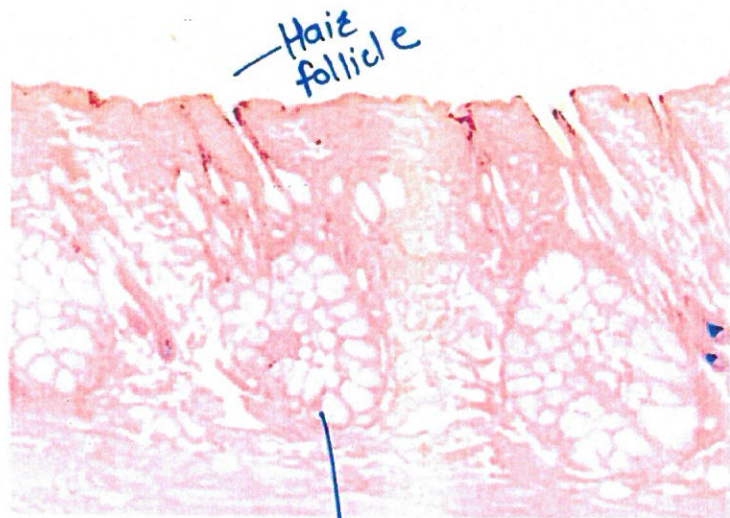
white line mucocutaneous junction  
 Non-Keratinized





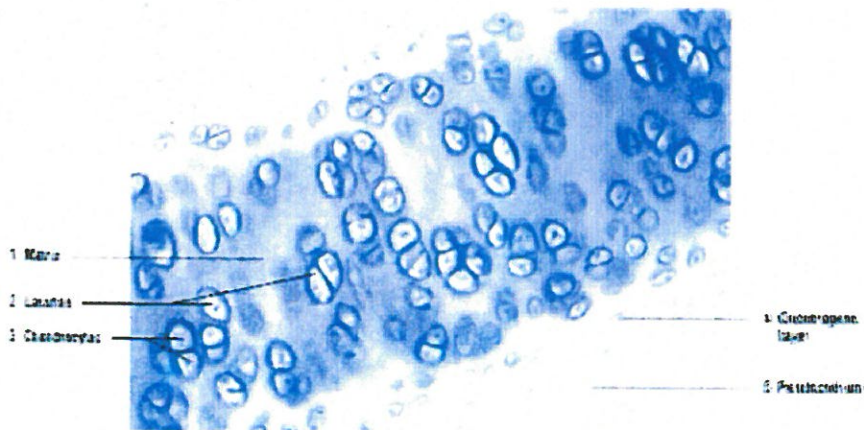


Striat<sup>n</sup>  
Branching  
Cardiac  
MS



Hair follicle

Grape like structure → Holocrine



cell Nest present

Hyaline Cartilage . fibres not see

