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Lachman's Case Studies in Anatomy - Oxford Medicine  
Clinical Cases for Gross Anatomy Cardiovascular anatomy (normal) Carotid endarterectomy Cervical corpectomy Cholelithiasis Hiatal hernia Laminectomy Nephrolithiasis Osteophytosis Pacemaker Pericardial effusion Pleural effusion Portacath Renal cyst Scoliosis Starry spleen Stroke Vesicocutaneous ...

Medical Gross Anatomy - Clinical Case Studies  
Clinical Anatomy is the Official Journal of the American Association of Clinical Anatomists and the British Association of Clinical Anatomists. The goal of Clinical Anatomy is to provide a medium for the exchange of current information between anatomists and clinicians. This journal embraces anatomy in all its aspects as applied to medical practice.

Clinical Anatomy - Wiley Online Library  
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scenarios to put your diagnostic and management skills to the test. Each clinical case scenario allows you to work through history taking, investigations, diagnosis and management. Doc, I ' ve felt a lump... A man with blood in his urine

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Read our case report of a horseshoe kidney and learn the anatomy of the kidneys in a clinical context. The next case describes a case of a bowel obstruction which developed as a complication of a previous episode of pancreatitis. In this case you will learn the relationship between gallstone disease (cholelithiasis) and pancreatitis as well as several interesting facts on intestinal anatomy and physiology.

Applied and clinical anatomy: Anatomy case reports | Kenhub

The carotid pulsations are normal, but there is diminished pulsation in the left supraclavicular fossa, accompanied by a systolic bruit, that is, an aortic regurgitation murmur. Cahill, D. Lachman ' s Case Studies in Anatomy 4th Ed. Oxford University Press. 1997 7. The brachial and radial pulses are diminished on the left compared to the right.

10.17.08: Clinical Anatomy Cases Involving the Upper Extremity

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Case description History. A 35-year-old male presented to the clinic with movement difficulty and pain in both shoulders 30 days after an episode of seizure. The patient had not been evaluated by a physician for the shoulder condition prior to the current visit (i.e., 30 days without treatment). The patient ' s history did not reveal any cause for the seizure; that is, there was no history of ...

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