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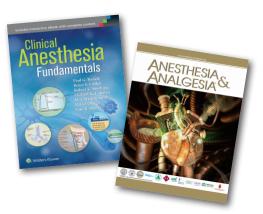


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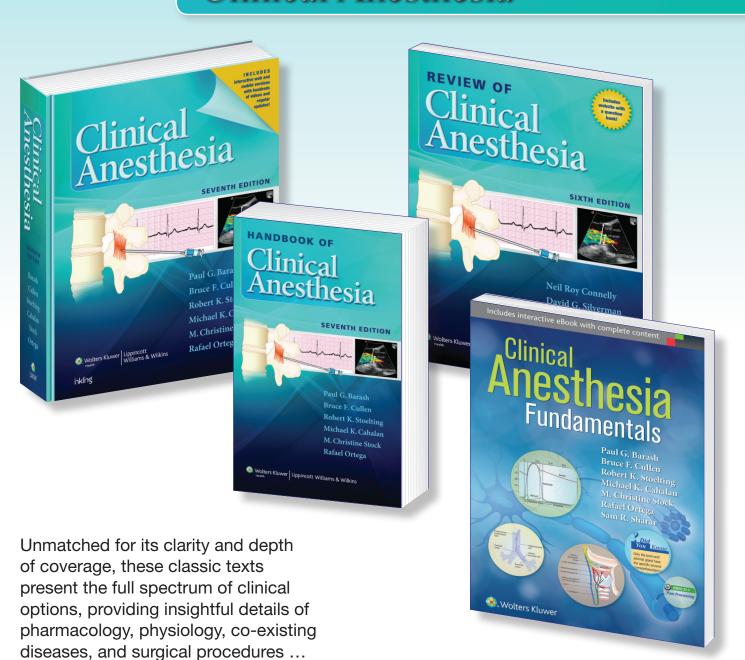
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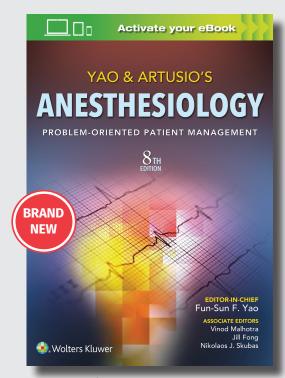


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The patient is a 76 year-old man with a 6-cm infrarenal acrtic aneuryam discovered no noutine physical examination and confirmed by abdominal computed tomography (21 August 1998). The electrocarder smoker and complains of dysprea on eartien and caudication. His electrocarder ECGO shows Q waves in leads I, III, and a 4VF, 45%. His baseline serum creations is 19 more than fields; and this III, and a 4VF.

What is a sease and Differential Di

- 2. What other discasses are commonly found in patients with aortic ancurysm (AAA)?

 3. What is the incidence of morbidity and mortaline with aortic ancurysm (acaptures of the common o
- What should be done for smaller aortic ancurysms that are found in patients?
 What is the risk of perioperative myocardial infanction of the disease without heart disease? What can be done for smaller aortic ancurysms that are found in patients?
- 6. Does the morbidity and mortality of elective repair of an aortic schemic central infarction (MI) in patients with ischemic significantly from that of an emergency are pair of an aortic general properties.

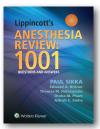
Which preoperation and Preparation

- what is the significance of the preoperative Economic for this patient
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 Properative arterial blood one dues, and what would they tell you from the properative arterial blood one dues.
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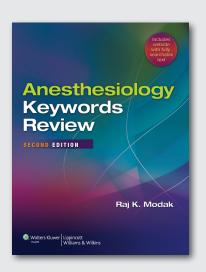
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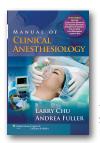
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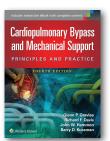
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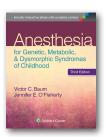
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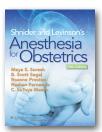
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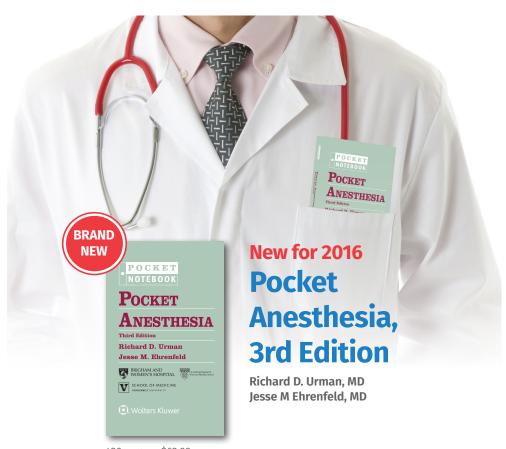
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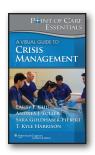


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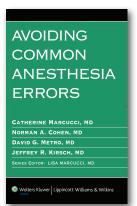
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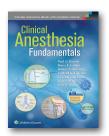
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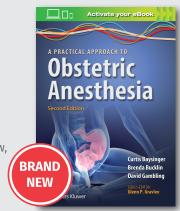
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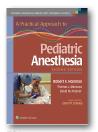
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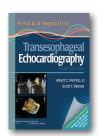
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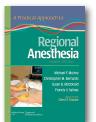
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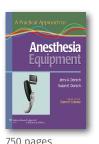
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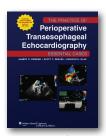
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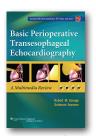
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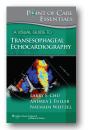
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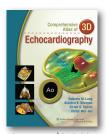


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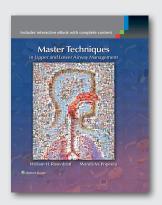
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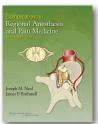
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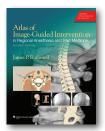
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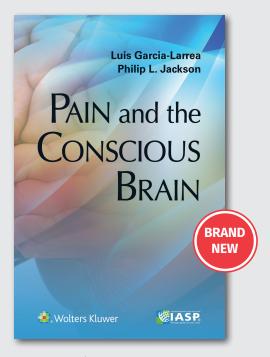
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