



Test Bank



Subject:

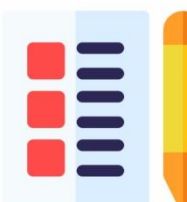
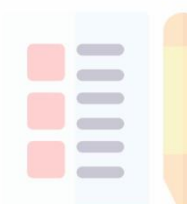
Medicine-Endocrine

Rotation

Collected by:

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1. A 45-year-old lady with no significant past medical history presented to the clinic complaining of new-onset unintentional weight loss, palpitations, and dry eyes. She noticed that she has bulging eyes. She came with elevated free T4 in a laboratory test ordered by her family doctor. One of the following is NOT a possible positive finding in her examination:
 - a. Blood Pressure of 160/95 mmHg
 - b. Thyroid bruit
 - c. Irregular pulse
 - d. Systolic flow murmur
 - e. Absent deep tendon reflexes

2. A 55-year-old woman is evaluated for an incidentally discovered right adrenal mass. On the physical exam her blood pressure was 160/90 mmHg in both arms. The abdomen is non-tender, and there are no palpable masses. The remainder of the examination is unremarkable. Non-contrast CT of the abdomen demonstrates a 3.2 cm right adrenal lesion. A plasma free metanephrine level and low dose dexamethasone suppression test results were both within normal range. Which of the following is the most appropriate next step in management?
 - a. No additional testing is indicated
 - b. CT-guided transcutaneous biopsy
 - c. Plasma aldosterone to plasma renin ratio
 - d. Adrenalectomy
 - e. 24-hour urine cortisol

3. A 32-year-old woman was found to have a serum calcium of 8.1 mg/dl (8.2-10.5), serum albumin 3.9 g/dl (3.5-4.5), and serum intact PTH of 121 pg/dl (12-65). Her lab data are most consistent with:
 - a. Primary hypoparathyroidism
 - b. Tertiary hyperparathyroidism
 - c. Primary hyperparathyroidism
 - d. Secondary hyperparathyroidism
 - e. Secondary hypoparathyroidism

4. A 56-year-old obese female was recently diagnosed with type 2 DM. She is asymptomatic. Her glycated hemoglobin (HA1C) level was 8.1%. In addition to starting her on healthy lifestyle changes and metformin, what is your best next step in her diabetes management?
 - a. Refer to neurology clinic to evaluate peripheral neuropathy
 - b. CT pancreas
 - c. Check serum C-peptide and islet cell antibodies
 - d. Refer for exercise stress test
 - e. Check urine albumin level and refer for a dilated eye exam.

5. A 55-year-old woman is evaluated for hypercalcemia. She is asymptomatic. Her medical history is significant for hypertension. Her only medication is amlodipine. Laboratory studies revealed a corrected serum calcium of 12.8 mg/dl (8.4-10.2). Her creatinine is 0.9 mg/dl and parathyroid hormone 110 pg/ml (10-65). The 24-hour urine calcium level was elevated. Dual-energy x-ray absorptiometry (DXA) scan shows osteoporosis. Which of the following is the most appropriate therapy to recommend to this patient?
- Clinical observation
 - Alendronate
 - Parathyroidectomy
 - Zoledronic acid
 - Cinacalcet
6. What is the gold-standard test to confirm the diagnosis of growth hormone deficiency?
- Pituitary MRI
 - Insulin tolerance test
 - Insulin-like growth factor binding protein 3 (IGFBP-3)
 - Insulin-like growth factor 1 (IGF-1)
 - Growth hormone level
7. A 33-year-old male pharmacist presented to your clinic with new onset heat intolerance and palpitations. The physical exam was positive for mild goiter and exophthalmos. His laboratory results revealed TSH: 0.006 micro units/ml (0.03-5.0) and T4: 20 microgram/dl (4.6-12). What is your most likely diagnosis?
- TSH secreting pituitary adenoma
 - Toxic multinodular goiter
 - Iatrogenic thyrotoxicosis
 - Subacute thyroiditis
 - Graves' disease
8. Which of the following statements about hypercalcemia is false?
- It is associated with normal alkaline phosphatase in multiple myeloma
 - It impairs urinary concentration
 - It reduces GFR due to vasoconstriction
 - It can be caused by loop diuretics
 - It is associated with raised alkaline phosphatase with metastatic carcinoma
9. What helps differentiate Cushing disease from pseudo-Cushing?
- Abdominal striae
 - Moon facies
 - Truncal obesity

- d. Difficulty rising from sitting position (proximal myopathy)
10. Unlikely to be seen in Turner's
- a. FSH 3
 - b. LH 10
 - c. 45 XO
 - d. Poor development of breast
11. Which of the following is diagnostic of DM
- a. Asymptomatic patient with HBA1C 6.6 + FBG 127
 - b. Pregnant at 28 weeks with FBG 90 and 2-hour OGTT 178
12. A pregnant lady at 28 weeks' gestation presented with thyrotoxicosis
- a. Give methimazole
 - b. Uptake scan
 - c. Surgery
13. A 29 y/o gentleman has erectile dysfunction. What is the most common cause?
- a. DM
 - b. Psychologic
14. Patient with subacute viral thyroiditis with HR 110 and palpitations, next step:
- a. Observation
 - b. Propranolol
15. A woman 22 weeks pregnant has dizziness, fatigue, tremor, and palpitations. Soft bruit is heard over the left thyroid, TSH is .04 (0.5-5.0), and T4 23 (9-20). The most appropriate next step is:
- a. radioiodine ablation
 - b. carbimazole
 - c. observe then repeat TFT in 4 weeks
16. Patient with DM, HTN, and hypercholesterolemia is on glipizide, metformin, enalapril and simvastatin. If he developed B12 deficiency due to a drug, it will be most likely due to:
- a. glipizide
 - b. metformin
 - c. enalapril
 - d. Simvastatin

17. In a patient with Cushing syndrome, which of the following will confirm the presence of an adrenal tumor:
- Low ACTH
 - Increased urinary cortisol
18. Female patient presented with hypoglycemic signs and symptoms and episodic sweating. She also noticed weight gain lately, FBG: 40, the most appropriate next step is:
- 24 ECG
 - 72 fasting glucose
 - Fasting insulin & C-peptide
 - ACTH stimulation test
19. A 70-year-old female presented with back pain, constipation, abdominal pain, and decreased urinary frequency. Her PTH was high, Ca high, and PO4 low. The most likely diagnosis is:
- multiple myeloma
 - primary hyperparathyroidism
 - Paget's disease
 - osteomalacia
20. An elderly man was recently diagnosed with DM. It is well controlled. He is taking Simvastatin, Glimeperide and metformin. He presented with Peripheral Neuropathy. What explains that?
- DM Induced Neuropathy.
 - Glimepiride.
 - Simvastatin induced Vitamin B12 Deficiency.
 - Metformin induced Vitamin B12 Deficiency
21. Which is least likely to be found in a patient with Klinefelter Syndrome?
- soft normal testicles
 - azoospermia
 - upper body higher than lower
22. An elderly patient had a nodule found on thyroid ultrasound. The TSH level was within normal range. What is the most appropriate next step?
- FNA
 - Uptake scan
 - Start on antithyroid medications
 - Measure T4

23. Patient with upper limit of normal PTH and elevated corrected calcium, what is the most likely diagnosis:
- Primary hyperparathyroidism
 - Secondary hyperparathyroidism
 - Tertiary hyperparathyroidism
 - Vitamin D deficiency
24. A patient has symptoms and signs of acromegaly and developed bitemporal hemianopia. What is the definitive test for the diagnosis?
- IGF-BP3
 - Glucose suppression test
 - MRI
25. Testing showed a 21-year-old has diabetes. He has a very strong family history for diabetes. His father and grandfather had diabetes without complications. He has no acanthosis nigricans, antibodies were negative: what is the type of diabetes:
- LADA
 - MODY
 - DM1
 - DM2
26. A female patient came to the ER with hypoglycemic attacks. Her lab tests showed normal insulin, normal C-protein, and low Glucose (31), what is the next step?
- CT abdomen
 - MRI
 - test for sulfonylurea in urine
 - psychiatric evaluation
27. Which of the following is considered diabetic:
- Fasting blood glucose 135 with symptoms
 - OGTT of 230
28. True about HbA1C:
- evaluates glycemic control in the past 3 weeks
 - evaluates glycemic control in the past 3 months
 - evaluates glycemic control in the past 6 months

29. For a patient diagnosed with Cushing's (overnight low dose dexamethasone suppression test was positive), what is the next step:
- Check ACTH levels
 - High dose dexamethasone suppression test
 - CT chest
 - MRI brain
30. A patient with type 1 DM presents with high PTH, low Ca, normal PO₄, low 25-OH vitamin D, and elevated alkaline phosphatase. What is the most appropriate next step?
- PTH technium
 - Check levels of vitamin D
 - Anti-tissue transglutaminase antibodies
 - Bone biopsy
31. A patient with T4 levels of 29.9 (high) and uptake 2% (low), all of the following are possible diagnoses except:
- Exogenous thyroid hormones
 - Infectious thyroiditis
 - Subacute thyroiditis
 - Struma ovarii
 - TSH-secreting pituitary tumor
32. A male patient presented with delayed puberty, arm span > height, small soft testicles, low testosterone, lower-normal LH & FSH, and decreased prolactin. The most likely diagnosis is:
- 5 alpha reductase deficiency
 - androgen insensitivity
 - abnormal karyotyping
 - GnRH deficiency
33. A female patient presented with abdominal pain. A CT scan was done and showed a 2.6 cm adrenal mass. The most appropriate next step is:
- 24-hour metanephrines and cortisol
 - needle guided biopsy
 - surgical removal
34. A 28-year-old patient presented with a history of infertility, gynecomastia, small testes, high LH and FSH, and low testosterone. The most appropriate next step is:
- Testicular biopsy
 - Give testosterone

- c. Karyotype testing
35. A patient presented with hypertension, elevated Na, and decreased K. The most appropriate next step is to check:
- a. plasma aldosterone concentration and plasma renin activity
 - b. Metanephrine levels
 - c. urine cortisol
36. A patient had low total T4, normal TSH, and normal free T4. Who could this patient be?
- a. a female patient taking OCPs
 - b. a male patient with acute hepatitis
 - c. a male patient with bilateral limb swelling from nephrotic syndrome
37. A lady presented with recurrent headaches. Her blood pressure was elevated and she had episodes of diaphoresis and palpitations. The most appropriate next step is:
- a. Serum VMA
 - b. 24-hour urinary fractionated metanephrines and catecholamines
38. Beriberi disease results from deficiency of which of the following
- a. Vitamin B1
 - b. Vitamin B2
 - c. Vitamin B6
 - d. Vitamin B12
 - e. Vitamin C
39. All of the following can occur in diabetics except:
- a. Non-alcoholic steatohepatitis
 - b. Decreased incidence of gall bladder stones
 - c. Alternating symptoms of constipation and diarrhea
 - d. Maldigestion and delayed stomach emptying
 - e. Intestinal bacterial overgrowth
40. A 30-year-old woman is evaluated for a serum calcium of 11.5 mg/dl and a PTH level of 90 pg/ml (10-60). Sestamibi scan shows hyperplasia of all four parathyroid glands. Which of the following is the most appropriate management?
- a. Measurement of serum gastrin and prolactin.
 - b. Parathyroidectomy
 - c. CT scan of the abdomen

- d. MRI scan of the pituitary gland
- e. Measurement of serum aldosterone and renin

41. In a 22-year-old woman with postpartum thyroiditis, you would expect all of the following except:

- a. Normal erythrocyte sedimentation rate
- b. Tender thyroid gland
- c. Elevated serum thyroglobulin level
- d. Lymphocytic inflammation within the thyroid
- e. Increased risk of persistent hypothyroidism

42. You are asked to evaluate an 18-year-old male with failure of normal sexual maturation. He is tall and thin, with no beard, axillary or pubic hair. A chromosomal karyotype was done by another physician and showed 47 XXY. Which of the following laboratory result profiles is this patient most likely to have?

	Testosterone	LH	FSH	Prolactin
A	High	High	High	Normal
B	Low	Low	Low	Normal
C	Low	High	High	Normal
D	Normal	Normal	Normal	High
E	Low	Low	High	High

43. A 33-year-old man is evaluated for progressive fatigue, muscle weakness, and weight loss of 7 kg over 6 months. He was diagnosed with mild hypothyroidism 2 months ago and was given levothyroxine 50 mcg/d. His history is otherwise unremarkable. He takes no other medications. Blood pressure is 95/60 mmHg and pulse rate 110/min, his skin is cool, dry, and tanned. He has mild goiter.

Labs:

Plasma glucose..... 64 mg/dl

Serum sodium 128 meq/L

Serum potassium 5.5 meq/L

Blood urea nitrogen38 mg/dl

Serum TSH..... 1.4 mU/ml

Which of the following tests should be done next?

- a. Plasma aldosterone and renin
 - b. Plasma ACTH
 - c. Serum cortisol response to cosyntropin administration
 - d. CT adrenal glands
 - e. Continuous ECG monitoring
44. A 73-year-old female suffers a pathological fracture. She has been complaining of constipation, anorexia, thirst and urinary frequency. She is found to have high calcium, low phosphate levels and raised PTH. What is the most likely diagnosis?
- a. Multiple myeloma
 - b. Primary hyperparathyroidism
 - c. Bony metastases
 - d. Paget's disease
 - e. Osteomalacia
45. A 55-year-old male presents with recurrent episodes of headache, palpitations and sweating associated with high blood pressure 180-200/110-120 mm Hg. All of the following antihypertensive medications are appropriate initial therapy except one:
- a. Prazosin (alpha blocker)
 - b. Propranolol
 - c. Captopril
 - d. Valsartan
 - e. amlodipine
46. A 48-year-old male is referred for evaluation for erectile dysfunction. He has a history of angina, hypertension and type 2 diabetes. The patient was prescribed Sildenafil (Viagra). Which one of the following drugs is contraindicated in this patient?
- a. Aspirin
 - b. Atorvastatin
 - c. Isosorbide Mononitrate
 - d. Lisinopril
 - e. Metformin
47. A 76-year-old male patient with known history of diabetes, hypertension and CAD. He had routine laboratory work done with results as following: TSH was 66 mU/mL (0.3 - 5.0), Free T4 was 0.5 ng/dl (0.8 -2.8). His repeat TSH was 62 mU/ml. What is the best next step in management?
- a. No treatment, but repeat thyroid function tests after 6 months
 - b. Start thyroxine treatment, dose 100 mcg daily
 - c. Start thyroxine treatment, dose 25 mcg daily

- d. Thyroid ultrasound
 - e. Thyroid uptake and scan
48. A 32-year-old man is evaluated for a 1-week history of severe neck pain. He also has heat intolerance, palpitations, and insomnia. Medical history is significant only for a viral upper respiratory tract infection 3 weeks ago. He takes no medications. BP was 130/90, pulse: 110 per minute. Examination of the thyroid reveals a normal-sized gland that is very tender to palpation. There are no thyroid nodules. Laboratory studies reveal as serum Thyroid-stimulating hormone $<0.008 \mu\text{U/mL}$ (0.3-5.0), Free thyroxine (T4) 25 pmol/L(10-20). A 24-Hour radioactive iodine uptake was low at 1%. Which of the following is the most appropriate treatment?
- a. Observation
 - b. Propranolol
 - c. Propylthiouracil
 - d. Radioactive iodine
 - e. Thyroidectomy
49. A 24-year-old woman is evaluated for hypercalcemia incidentally discovered on laboratory studies performed for another indication. She reports no hypercalcemia-related symptoms. Family history is notable for a brother who has a "calcium" problem. He takes no medications. Laboratory studies: corrected calcium 11.2 mg/dl (8.4-10.2), parathyroid hormone: 55 pg/ml (10-65), and 25-hydroxyvitamin D level of 35 ng/ml (30-100). Kidney and thyroid function studies are normal. Which of the following is the most appropriate next step in management?
- a. Bone densitometry
 - b. Measurement of urine calcium and creatinine levels
 - c. Parathyroid sestamibi scan
 - d. Neck ultrasound
 - e. Referral for parathyroidectomy
50. A 26-year-old man presented with bi-temporal hemianopia. He mentioned that his shoe sizes were above that of his friends since childhood and he often had sweaty episodes. Which one of the following tests is most appropriate to establish the diagnosis?
- a. Morning growth hormone
 - b. Evening growth hormone
 - c. Glucose tolerance test for GH
 - d. MRI of pituitary
 - e. IGFBP-3
51. A 33-year-old female pharmacist who presented to your clinic with new onset heat intolerance and palpitations is reviewed. Physical exam shows mildly enlarged thyroid gland and left eye exophthalmos. Her laboratory results revealed: TSH .006 micro U/ml (0.3-5.0) and T4 20

microgram/dl (4.6-12). Her 24-hour thyroid uptake was diffuse and increased at 65% (8-35%). What is your most likely diagnosis?

- a. Graves' disease
 - b. Factitious thyrotoxicosis
 - c. Subacute thyroiditis
 - d. Toxic multinodular goiter
 - e. TSH secreting pituitary adenoma
52. A 52-year-old obese male patient presented to the clinic with polyuria, fasting serum glucose 240 mg/dl (<100), and glycated hemoglobin (HA1C) level 12%. Kidney function testing was normal. The best next step in management is:
- a. Admit patient and start on insulin drip
 - b. Lifestyle counseling and start metformin and glipizide
 - c. Schedule for oral glucose tolerance test to confirm diagnosis
 - d. Lifestyle counseling and start insulin
 - e. No intervention, repeat serum glucose after 6 months.
53. Which of the following is not nephrotoxic?
- a. Gentamicin
 - b. Ibuprofen
 - c. Lithium
 - d. Cisplatin
 - e. Metformin
54. A 42-year-old female was found to have a palpable right thyroid nodule. Thyroid ultrasound confirmed the presence of a right 3.7 cm solid thyroid nodule. TSH: 0.006 mU/ml (0.35-4.9). Which of the following is the most appropriate next step in management?
- a. CT with contrast of the neck
 - b. Measurement of serum thyroglobulin level
 - c. Fine needle aspiration of the nodule
 - d. Thyroid uptake and scan with I123
 - e. Levothyroxine therapy
55. A 59-year-old man is evaluated for hypercalcemia. He was recently diagnosed with colon cancer. He does not have anorexia, nausea, or constipation. His physical examination is unremarkable. Corrected serum calcium level is 12.2 mg/dL (8.4-10.2). Which of the following is the most appropriate next laboratory test for evaluating this patient's hypercalcemia?
- a. 1,25-dihydroxyvitamin D level
 - b. Parathyroid hormone related protein level
 - c. Bone scan

- d. Ionized calcium level
 - e. Parathyroid hormone level
56. A 54-year-old obese female had routine laboratory work done which revealed a glycated hemoglobin A1C level of 6.6%. She reports no polyuria, no polydipsia, or other new complaints. How would you advise this patient?
- a. No intervention is needed but plan repeat glycated hemoglobin A1C level after 6 months.
 - b. She has type 2 diabetes and needs to start on metformin.
 - c. She needs a repeat hemoglobin A1C level before making a diagnosis.
 - d. She has prediabetes and needs to start on metformin.
 - e. Assure her that her serum glycated hemoglobin A1C level is within normal range.
57. A 58-year-old man with a history of hypertension presents with a 2-week history of fatigue and exertional shortness of breath. He is afebrile. Blood pressure is 147/84 mmHg. Chest X-ray showed hilar lymphadenopathy. Lab results showed a serum creatinine of 4.65 (mg/dL) (0.9-1.3), calcium 12.3 mg/dl (9-10.5), albumin 3.8 g/dl (3.4-5.4), PTH 6 pg/ml (10-65). In addition to volume expansion with normal saline, which of the following is the most appropriate strategy for management of this patient's hypercalcemia?
- a. Dialysis
 - b. Calcitonin
 - c. Prednisone
 - d. Denosumab
 - e. Zoledronic acid
58. A 28-year-old man presented with progressive fatigue and erectile dysfunction over the past year. He noted decreased libido and reports loss of morning erections. He also feels tired, has difficulty concentrating, noticed darkening of his skin and has diffuse joint aches. He was recently diagnosed with diabetes. He reports normal puberty and normal growth. He takes metformin and glipizide for his diabetes. His laboratory studies were consistent with hypogonadotropic hypogonadism, with normal serum prolactin and TSH level. Pituitary MRI is normal. Which of the following is the most appropriate next step in management?
- a. Begin testosterone replacement therapy
 - b. Testicular ultrasound
 - c. Serum iron, TIBC, and ferritin level
 - d. Karyotyping
 - e. Begin LH/FSH therapy
59. A patient underwent transsphenoidal surgery for tumor removal, the most appropriate next step to assess his thyroid function is:

- a. measure TSH
- b. measure T4
- c. measure T3
- d. measure alpha-subunit of TSH
- e. measure thyroglobulin

60. What should be done for a patient with hypoglycemia, high insulin, and low c-protein:

- a. psychiatry evaluation
- b. urine sulfonylurea

61. Which of the following drugs cause neutropenia:

- a. Carbimazole
- b. Clomipramine
- c. Erythromycin
- d. Aminoglycosides

1	E	17	A	33	A	49	B
2	C	18	C	34	C	50	C
3	D	19	B	35	A	51	A
4	E	20	D	36	C	52	D
5	C	21	A	37	B	53	E
6	B	22	A	38	A	54	D
7	E	23	A	39	B	55	B
8	D	24	B	40	B	56	C
9	D	25	B	41	B	57	C
10	A	26	C	42	C	58	C
11	A	27	A	43	C	59	B
12	A	28	B	44	B	60	A
13	B	29	A	45	B	61	A
14	B	30	C	46	C		
15	B	31	E	47	C		
16	B	32	D	48	B		

Note: Any answer changed from the original upload of the past papers will be highlighted. Please make sure to check for any updates, and don't hesitate to contact me if you have any comments.

1. What is the most appropriate next step for a case of acromegaly?

Transsphenoidal surgery

2. What is the most appropriate next step for a suspected case of Klinefelter's?

Karyotype testing

3. For a case of thyroid nodule, what is the most appropriate next step?

Measure TSH

4. What is the most appropriate next step for a case of suspected adrenal insufficiency (hypotension, fatigue, etc.)?

ACTH stimulation test

5. The case describes a young adult with thyroid acropachy. They have high T4 and low TSH (primary hyperthyroidism). What is the most common cause?

Grave's

6. A young lady has hypothyroidism and hyperprolactinemia. What should you tell her?

Her condition will improve with levothyroxine

8. A woman has obesity, proximal myopathy, and abdominal striae. What is the most appropriate next step?

24-hour urine cortisol

9. A case of Cushing's was diagnosed with a high 24-hour urine cortisol. The cortisol levels were not suppressed by low-dose dexamethasone and the ACTH is high. What is the most appropriate next step?

Pituitary MRI

10. A case of sarcoidosis with hypercalcemia, which will not be found?

High PTH

(Sarcoid causes hypercalcemia by activating renal hydroxylase and increasing vit D)

11. An asymptomatic woman comes with a FBG of 136, what should you do?

Repeat FBG

12. A patient with known prostatic cancer presented with hypercalcemia. What is the most appropriate next step?

Measure PTHrP

13. A patient presented with sweating and signs of hypoglycemia. She developed hypoglycemia after fasting for 8 hours in the hospital. What is the most appropriate next step to know the cause?

Measure C-peptide

13. What is a cause of diabetes that has nothing to do with insulin resistance?

Cystic fibrosis related DM

15. Treatment of hyperthyroidism in a patient planning to get pregnant

PTU

16. A 45-year-old has a random plasma glucose of 260, polyuria, polydipsia, and weight loss. What is the next step?

This is type 2 DM and begin treatment

17. Most common site for gastrinoma

Duodenum

18. In a patient with hyperglycemia who you want to start insulin, what test should be done beforehand?

Potassium level

19. What is the next step in management of a 50-year-old patient with an HBA1C of 6.8, FBS of 180, and normal KFT:

Metformin and lifestyle modifications

20. Female with a thyroid nodule and normal TFT, next step:

FNA

21. A diabetic patient is taking metformin, glipizide, and statin. He develops anemia. What is the cause?

Metformin

22. A case of adrenal insufficiency. After stopping cortisol, what is the most appropriate next step

IV Hydrocortisone

23. Patient with acromegaly, best way to diagnose:

Glucose suppression test

24. A patient with thyroid nodule, hypoechoic on US, next step

TSH

25. A cause of low uptake thyrotoxicosis

Factitious thyrotoxicosis

26. A patient with decreased libido, fatigue, small, firm testicles, family history of infertility, and 1.92 meters in height. What is the most appropriate next step?

Karyotype testing

27. Gold standard for confirming low growth hormone in a child with short stature

Insulin Tolerance Test

28. Hypoglycemic patient with high insulin and low C-peptide, most likely cause

Exogenous insulin

29. A patient of multiple myeloma and constipation, Ca is 10.2, next step in evaluating Ca

Serum albumin

30. Not a cause of high phosphate and low calcium

Vitamin D deficiency

31. A patient has adrenal insufficiency and is on steroids. Which is not an indication to increase the steroid dose?

Hypertension

32. A patient suspected to have Cushing's syndrome has a positive low-dose dexamethasone test and 24h urine cortisol. What is the most appropriate next step?

Serum ACTH

33. Confirms DM diagnosis:

Polydipsia, polyuria, weight loss and FBG of 135

34. Vitamin D deficiency, what is wrong?

Normal PTH

35. A female patient has ↑ serum Ca ↑PTH ↓urine Ca, and family history of ↑ Ca. What is the diagnosis?

FHH

36. A patient with a thyroid nodule is found to have TSH within normal levels. What is the most appropriate next step?

FNA

37. ↓FSH, ↓LH, ↓Testosterone, and anosmia. Diagnosis?

Kallman syndrome

38. Adrenal insufficiency, most appropriate next step?

ACTH stimulation test

39. For a patient with Cushing's and ↑ 24 hr urine cortisol, what is the most appropriate next step?

Check ACTH level

40. For a patient with signs and symptoms of Cushing's what is the most appropriate next step?

24 hr urine cortisol

41. Acromegaly, diagnostic test?

OGTT

42. Acromegaly, best treatment?

Trans- sphenoidal surgery

43. Psychotic patient, which drug causes her increased Ca levels?

lithium

44. Obesity does not cause?

Osteoporosis

45. For a patient with hypoglycemia + ↑ insulin, what is the most appropriate next step?

C-peptide

46. A postpartum woman gave birth 4 months ago. She developed goiter, symptoms of hyperthyroidism, elevated T4, and low TSH. What would you expect to find?

Elevated thyroglobulin

47. What is the screening test for acromegaly?

IGF1 levels in the blood