Test Bank

Subject:

Medicine-Nephrology Rotation

Collected by:

Mona Moubarak

1- The most important predictor for a diabetic to develop a nephropathy is:

a) Duration of diabetes
b) The development of retinopathy
c) Proteinuria

2- Distinctive for distal RTA?

a) Kidney stones
b) fanconi syndrome
c) hypokalemia
d) hypercalceuria

3- A 45 year old man presented with sudden onset headache and loss of consciousness. He has a history of hypertension and CKD. His father and grandfather died of intracranial hemorrhages. What is the most likely diagnosis:

a) Medullary sponge kidney
b) Polycystic kidney disease
c) Renal cell carcinoma

4- Which of the following doesn't have low complement?

a) SLE nephritis
b) IgA nephropathy
c) Post streptococcal glomerulonephritis
d) Cryoglobulinemia

5- Patient with CKD, DM, HTN. on B blockers ACEI and statin. Blood glucose >240, k+=7. CPK =300. Which one of the following doesn't contribute to hyperkalemia in her condition?

a) Beta blockers
b) CKD
c) Use of ACEI
d) Hyperglycemia
e) Rhabdomyolysis *(although statins cause rhabdomyolyis, but in this case the rise in CPK is not in range of frank rhabdomyolysis which should be in thousands).*

6- Patient with polydipsia and polyuria and nocturia .low urine osmolarity with no renal disease in his family history (Signs and symptoms of D.I) what is the next step:

a) Desmopressin administration
b) Water deprivation test
c) Administer Amiloride

7- Which of the following causes CKD with enlarged kidneys:

a) Amyloidosis
b) HTN
c) Glomerulonephritis
d) Hepatitis

8- Patient with history of cellulitis of 3 weeks, took cephalosporins. Developed SOB, bilateral lower limb edema, fever. Elevated Cr with 1-2 RBCs. Cause :

a) interstitial nephritis
b) post strep GN
c) MCD

9- A patient with renal failure is expected to have hypocalcemia due to :

a) Decreased hydroxylation of vitamin D
b) Decreased absorption of vitamin D

10- Patient with Chronic renal failure developed osteitisfibrosacystica, all the following may be associated except

a) HyperPTH
b) Hypocalcemia
c) Aluminum toxicity
d) Hyperphosphatemia
e) Metabolic Acidosis

11- Obese psychotic patient with Low Ca in urine, hypomagnesemia, no HTN, hypokalemia:

a) gitelman's
b) Excessive vomiting

c) diuretic abuse

12- Nephritic syndrome is associated with all of the following except:

a) hematuria
b) HTN
c) renal failure
d) edema
e) hypoalbuminemia

13- Most common diuretic to cause hyponatremia?

a) Furosemide
b) Thazide
c) Amiloride
d) No difference between them

14- Patient treated with gold for 5 years, RA for 30 years presented with nephrotic syndrome, most likely Dx?

a) Renal amyloid
b) Gold induced membranous nephropathy

1	B	**6**	B	**11**	C
2	A	**7**	A	**12**	E
3	B	**8**	B	**13**	B
4	B	**9**	A	**14**	B
5	E	**10**	C		

15- A young female with hematuria, UA+ for blood and proteins (the stem doesn't mention any RBC casts or dysmorphic RBCs), Diagnosis?

- Acute Cystitis.

16- A very long case describing a nephrotic syndrome (edema, hypercholestolemia, hypoalbuminemia … etc.), Diagnosis?

- Membranous nephropathy (all the others were nephritic diseases).

17- **Patient with nephrotic syndrome and AA amyloid, most likely diagnosis?**
    - Rheumatoid arthritis (MM causes AL amyloid).
18- **In vomiting, what's the mechanism of hypokalemia?**
    - Loss of potassium in urine.
19- **A patient is hypovolemia (coming from a marathon), which of the following is unlikely?**
    - Urine osmolality less than 300 mOsm.
20- **A case of DKA and hypoventilation (ABGs given)**
    - HAGMA + respiratory acidosis (after you calculate it for sure – don't depend on signs and symptoms mentioned in the stem).
21- **A patient with features of GN + fresh blood per rectum + colicky abdominal pain, most appropriate thing to do is?**
    - Blood film to see schistocytes (this describes HUS following E.coli hemorrhagic diarrhea).
22- **A patient had cardiac cath, then developed acute decline in renal function, + livedo reticularis, Dx?**
    - Cholesterol emboli (this distinguishes cholesterol emboli from contrast-induced nephropathy).
23- **A case of AML and hyperkalemia and the patient is not on treatment, which one of them can be the cause?**
    - Shift from intracellular to extracellular (spontaneous tumor lysis syndrome).
24- **AKI and hyperkalemia, least likely cause:**
    - Vomiting.
25- **Hypokalemia, hyperchloremia, low bicarbonate, normal BP, urine pH is 6.5, most likely cause is:**
    - RTA.
26- **Not associated with hypokalemia:**
    - Addison's disease.
27- **Absolute indication for dialysis in stage-V CKD patient:**
    - Pericarditis.
28- **17 years old with lower limb swelling and proteinuria, DM1 since 4 years, controlled. Most likely diagnosis:**
    - Minimal change disease.

29- A pt with colonic cancer, developed proteinuria and hematuria, mostly:

- Membranous glomerulonephritis.

30- A patient with MI, persistent hypotension for 3 days, developed AKI with granular deposits in urine, mostly:

- Acute tubular necrosis.

31- A patient with thigh abscess, treated, developed hematuria, proteinuria, positive urine WBCs, RBCs and eosinophils, mostly:

- Drug-induced interstitial nephritis.

32- A bad prognostic factor for a patient with diabetic nephropathy

- BP of 155/95.

33- An intubated patient with normal BP, JVP and no swellings, has hypernatremia, urine osmolality is 350, most likely cause:

- Diabetes Insipidus.

34- A patient with crush injury, developed heme positive, dark urine with no RBCs, most likely:

- Rhabdomyolysis.

35- Wrong about nephrotic syndrome:

- Hypertension.

36- True about kidney blood supply:

- NSAIDs cause constriction of the afferent arteriole.

37- Case scenario most likely APKD, which of the following goes with the diagnosis?

- Cerebral aneurysm.

38- Case of hematuria, all investigations and U/S normal, next step?

- Doppler ultrasound/ renal biopsy.

39- Patient with abdominal pain, purpuric rash on legs and hematuria, diagnosis?

- Henoch-Schonlein Purpura.

40- Not a cause of hyponatremia?

- Lithium.

41- Patient with renal stones, urine Ph=7, hypokalemia:

- Distal RTA.

42- Aldosterone:

- Increase Na-k channels.

43- Patient with hypokalemia, HTN, metabolic alkalosis, hyernatemia, low aldosterone levels:

- Liddle syndrome.

44- Which is wrong about HTN:

- Target of reduction in diabetic nephropathy is < 140/90 mmHg.

45- Patient with lymphoma, known to excrete 1.5 gram/day protein, was found to have -ve dipstick for protein, what's your explanation:

- Dipstick detects only albumin.

46- acid-base case, ph=7.6, HCO3=45, Na=133, Cl=75, PO2=60, PCO2=59:

- Metabolic alkalosis only.

47- A patient with cholecystectomy, which is supportive for pre-renal failure:

- Orthostatic hypotension.

48- Female patient was running in a marathon and came later in the day (mainly with signs of dehydration), you expect to find all the following except:

- Urine osmolarity <300.

49- All are supportive for glomerular cause of hematuria except:

- Blood clots.

50- A patient with hemoptysis, nasal mucosal ulcer, recently became oliguric, ANCA +ve:

- Wegener's granulomatosis.

51- AD-PKD is associated with all of the following except:

- Angiodysplasia.

52- Wrong about angiotensin 2:

- Decrease ADH.

53- ABGs and electrolytes results [PCO2=38, pH=7.12, HCO3- =12] dx?

- High anion gap metabolic acidosis and respiratory acidosis.

54- Blood hydrostatic pressure 55, blood oncotic pressure 30, bowman's capsule hydrostatic pressure 15, the net filtration pressure is:

- 10.

55- Goal for BP in DM:

- 130/80.

Good Luck ☺