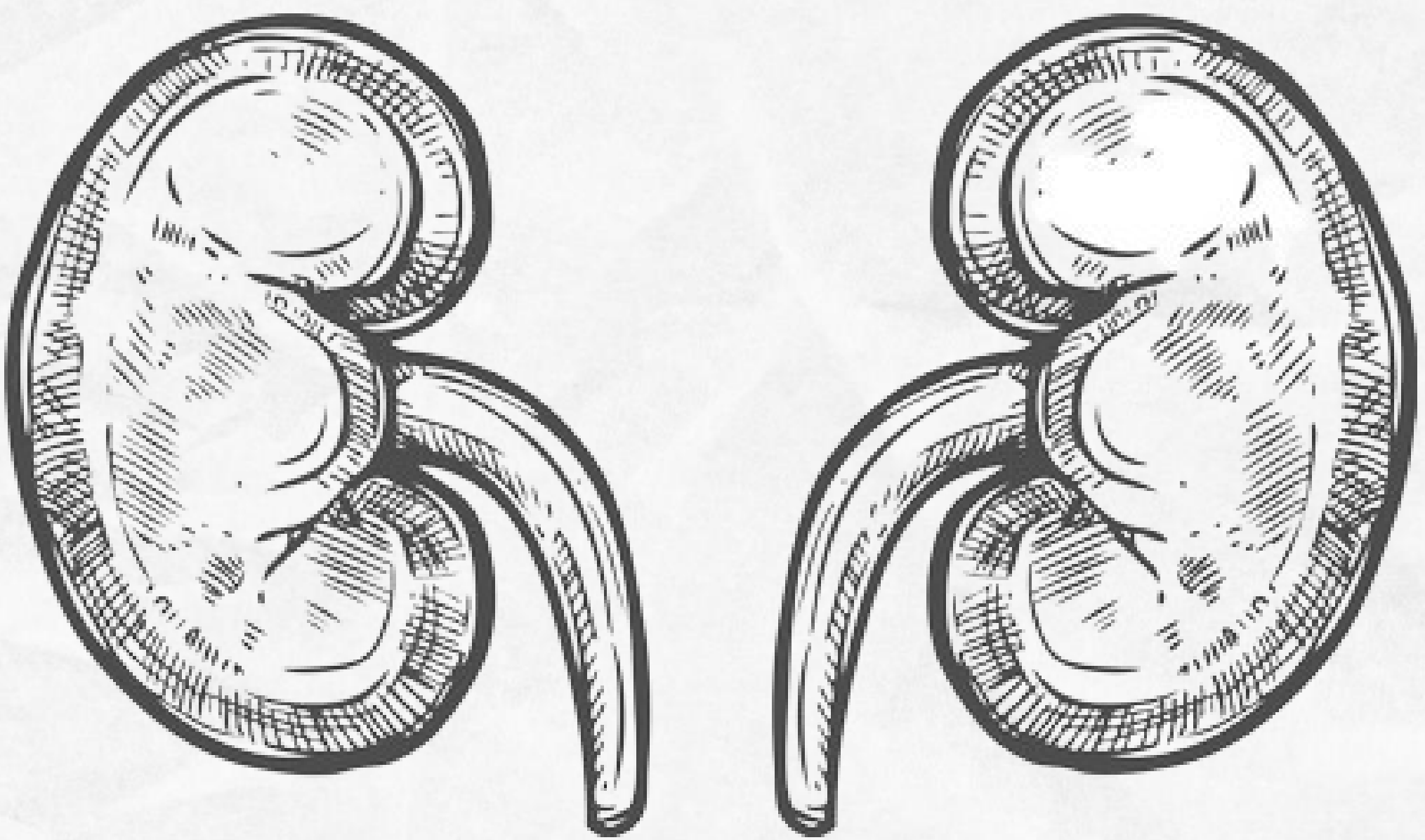


Internal Medicine



Nephrology rotation - Past papers

Done by: Malek Abu Rahma

-The colored question numbers are mentioned more than once so focus on them

Nephrology rotation

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

- A) Duration of diabetes
- B) The development of retinopathy
- C) Proteinuria

ANSWER : B

2. 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

ANSWER : B

3. 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 rhabdomyolysis, but in this case the

ANSWER : E

4. Which of the following causes CKD with enlarged kidneys:

- A) Amyloidosis
- B) HTN
- C) Glomerulonephritis
- D) Hepatitis

ANSWER : A

Nephrology rotation

5. A patient with renal failure is expected to have hypocalcemia due to :

- A) Decreased hydroxylation of vitamin D
- B) Decreased absorption of vitamin D

ANSWER : A

6. Most common diuretic to cause hyponatremia?

- A) Furosemide
- B) Thiazide
- C) Amiloride
- D) No difference between them

ANSWER : B

7. Distinctive for distal RTA?

- A) Kidney stones
- B) fanconi syndrome
- C) hypokalemia
- D) hypercalceuria

ANSWER : A

8. Which of the following doesn't have low complement?

- A) SLE nephritis
- B) IgA nephropathy
- C) Post streptococcal glomerulonephritis
- D) Cryoglobulinemia

ANSWER : B

Nephrology rotation

9. 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

ANSWER : B

10. 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

ANSWER : B

11. 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

ANSWER : C

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

- A) hematuria
- B) HTN
- C) renal failure
- D) edema
- E) hypoalbuminemia

ANSWER : E

Nephrology rotation

13. 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

ANSWER : B

14. 40 y.o female with diabetic nephropathy, which one is true?

- A) Absence of retinopathy excludes it.
- B) Most patients develop nephropathy after 10-20 years after diagnosis

ANSWER : B

15. True about CKD:

- A) 90% of patients with late stage CKD have anemia
- B) Anemia causes significant morbidity and mortality in CKD patients
- C) CKD can rarely cause Iron deficiency
- D) Criteria for Iron deficiency in patients with CKD is similar to normal patients
- E) erythropoietin secretion is not controlled by hypoxia inducible **factor**

ANSWER : B?

16. A diabetic patient takes metformin, he has CKD, when is it indicated to stop Metformin?

- A) Creatinine > 1.5
- B) Creatinine > 1.5 for males and > 1.4 for females
- C) GFR < 30
- D) GFR < 15
- E) When starting HD

ANSWER : C

Nephrology rotation

17. 76 year old male with diabetes and CAD on multiple drugs including statin with diffuse muscle tenderness and muddy brown cast (uric acid high, high potassium) most likely cause

ANSWER : Rhabdomyolysis

18. Psychotic patient with hyponatremia, hypokalemia, normal urinary potassium and hypocalciuria

ANSWER : Thiazide abuse

19. pH 7.3, pCO₂ 38, HCO₃⁻ 13

ANSWER : HAGMA with respiratory acidosis

20. young lady took ibuprofen for shoulder pain for 1 month presents with nephrotic range proteinuria (it was very high 10g/day)

ANSWER : FSGS mostly

Nephrology rotation

21. schizophrenic ptn with hypernatremia with low urine Na and osmolarity

ANSWER : Diabetes insipidus

22. ptn with history of Lung CA and findings of nephrotic syndrome

ANSWER : Membranous nephropathy

23. CKD patient with hip fracture likely cause of hypocalcemia:

ANSWER : Decreased vit d hydroxylation

24. ptn with diabetes and CAD who takes amlodipine and metoprolol, presented with acidosis and hyperkalemia, urinary pH 5.7

ANSWER : Type IV RTA

Nephrology rotation

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

ANSWER : Acute Cystitis.

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

ANSWER : Membranous nephropathy (all the others were nephritic diseases).

27. Patient with nephrotic syndrome and AA amyloid, most likely diagnosis?

ANSWER : Rheumatoid arthritis (MM causes AL amyloid).

28. In vomiting, what's the mechanism of hypokalemia?

ANSWER : Loss of potassium in urine.

Nephrology rotation

29. A patient is hypovolemia (coming from a marathon), which of the following is unlikely?

ANSWER : Urine osmolality less than 300 mOsm.

30. A case of DKA and hypoventilation (ABGs given)

ANSWER : HAGMA + respiratory acidosis (after you calculate it for sure - don't depend on signs and symptoms mentioned in the stem).

31. A patient with features of GN + fresh blood per rectum + colicky abdominal pain, most appropriate thing to do is?

ANSWER : Blood film to see schistocytes (this describes HUS following E.coli hemorrhagic diarrhea).

32. A patient had cardiac cath, then developed acute decline in renal function, + livedo reticularis, Dx?

ANSWER : Cholesterol emboli (this distinguishes cholesterol emboli from contrast-induced nephropathy).

Nephrology rotation

33. A case of AML and hyperkalemia and the patient is not on treatment, which one of them can be the cause?

ANSWER : Shift from intracellular to extracellular (spontaneous tumor lysis syndrome).

34. AKI and hyperkalemia, least likely cause:

ANSWER : Vomiting.

35. Hypokalemia, hyperchloremia, low bicarbonate, normal BP, urine pH is 6.5, most likely cause is:

ANSWER : RTA.

36. Not associated with hypokalemia:

ANSWER : Addison's disease.

Nephrology rotation

37. Absolute indication for dialysis in stage-V CKD patient:

ANSWER : Pericarditis.

38. 17 years old with lower limb swelling and proteinuria, DM1 since 4 years, controlled. Most likely diagnosis:

ANSWER : Minimal change disease.

39. A pt with colonic cancer, developed proteinuria and hematuria, mostly:

ANSWER : Membranous glomerulonephritis.

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

ANSWER : Acute tubular necrosis.

Nephrology rotation

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

ANSWER : Drug-induced interstitial nephritis.

42. A bad prognostic factor for a patient with diabetic nephropathy

ANSWER : BP of 155/95.

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

ANSWER : Diabetes Insipidus.

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

ANSWER : Rhabdomyolysis.

Nephrology rotation

45. Wrong about nephrotic syndrome:

ANSWER : Hypertension.

46. True about kidney blood supply:

ANSWER : NSAIDs cause constriction of the afferent arteriole.

47. Case scenario most likely APKD, which of the following goes with the diagnosis?

ANSWER : Cerebral aneurysm.

48. Case of hematuria, all investigations and U/S normal, next step?

ANSWER : Doppler ultrasound/ renal biopsy.

Nephrology rotation

49. Patient with abdominal pain, purpuric rash on legs and hematuria, diagnosis?

ANSWER : Henoch-Schonlein Purpura.

50. Not a cause of hyponatremia?

ANSWER : Lithium.

51. Patient with renal stones, urine Ph=7, hypokalemia:

ANSWER : Distal RTA.

52. Aldosterone:

ANSWER : Increase Na-k channels.

Nephrology rotation

53. Patient with hypokalemia, HTN, metabolic alkalosis, hyernatemia, low aldosterone levels:

ANSWER : Liddle syndrome.

54. Which is wrong about HTN:

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

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

ANSWER : Dipstick detects only albumin.

56. acid-base case, ph=7.6, $\text{HCO}_3=45$, Na=133, Cl=75, PO₂=60, PCO₂=59:

ANSWER : Metabolic alkalosis only.

Nephrology rotation

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

ANSWER : Orthostatic hypotension.

58. 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:

ANSWER : Urine osmolality <300.

59. All are supportive for glomerular cause of hematuria except:

ANSWER : Blood clots.

60. A patient with hemoptysis, nasal mucosal ulcer, recently became oliguric, ANCA +ve:

ANSWER : Wegener's granulomatosis.

Nephrology rotation

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

ANSWER : Angiodysplasia.

62. Wrong about angiotensin 2:

ANSWER : Decrease ADH.

63. ABGs and electrolytes results [$\text{PCO}_2=38$, $\text{pH}=7.12$, $\text{HCO}_3^- =12$] dx?

ANSWER : High anion gap metabolic acidosis and respiratory acidosis.

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

ANSWER : 10.

Nephrology rotation

65 Goal for BP in DM:

ANSWER : 130/80.

اللهم سلم غزاة وأهلها من كل سوء وشر، اللهم انصرهم وثبت أقدامهم وكن لهم ناصرًا ومعينًا

لا تنسوني من صالح دعائكم

Malek Abu Rahma

The End
Good Luck シ