

Nephrology (B7)

Bcqs 10

1 scenario of multiple myeloma
hyponatremia cause....

Ans : Pseudohyponatremia

2 Correction of this condition

Ans: Reassurance and wait

3 MC CAUSE Of nephrotic syndrome
in children

Ans: Minimal change disease

4 triad of nephritic syndrome

Ans hematuria hypertension oliguria

5 Patient of nephrotic syndrome
develop hypercoagulability due to :

Ans loss of antithrombin 3

6 low cardiac output patient and
decrease renal perfusion

Ans Prerenal aki

7 in pre renal aki

Ans FENA<1

8 patient took hydrochlorothiazide
and developed hyponatremia due to

Ans Diuretics

9 How to correct above condition rapidly?

Ans 3% saline

10 patient has high tented t wave and has hyperkalemia which will not treat hyperkalemia

Ans Calcium gluconate (this will correct hyperkalemia but sir told this) other options were insulin+dextrose, salbutamol nebulize+ sodium bicarbonate

Case scenario of ABGS

Hx of Diabetic nephropathy, vomiting, CKD, crepitations in chest xray , sob,

Ph 7.1

Co2 8

Hco3 8

Na 138

Cl dont know this

Calculate anion gap

Calculate compensation

Calculate delta delta ratio

Tell the patients condition acc to this
abg

Why patient develop this?

MEDICOSE AUTAQ