

I. 30 year old male came with complaint of generalized body swelling since 1 months, for which his workup was done that suggestive of Nephrotic Syndrome, and his renal biopsy was planned by nephrologist but he refused, after 1 month he came in emergency with complain of Left sided Flank Pain sudden onset associated hematuria, workup shows S. creatinine of 3mg/dl and U/S Doppler show Left Renal Vein Thrombosis. **Why Nephrotic Syndrome patients are more prone to Thromboembolic Phenomenon. ?**

- ☒ a) Because of Lipiduria
b) Loss of Immunoglobulin
☒ c) Loss of Antithrombin 3
d) Decrease level of Von Willibrand Factor.

2. Why above patient develop Edema?

- a) Increase Interstitial Pressure
b) Increase Oncotic Pressure
c) Decrease Hydrostatic Pressure
☒ d) Decrease Oncotic Pressure

3. Which of the following support diagnosis of Nephrotic Syndrome?

- a) 24 Hour Urine Protein 1.5g, Serum album 3
☒ b) 24 Hour Urine Protein 3.5g, Serum album 2.4
c) 24 Hour Urine Protein 3.5mg, Serum album 2
d) 24 Hour Urine Protein 2.5g, Serum album 4.

4. A 5 years old boy present with hematuria and periorbital puffiness. His mother states that he has had a sore throat for the past 2 weeks. She states that his urine usually returns to a normal clear, yellow color after a few days. She denies any history of rash, abdominal pain, or GI bleeding with the hematuria. Which of the following is the most likely diagnosis?

- a) Henoch-Schönlein purpura
b) IgA nephropathy
c) Goodpasture syndrome
☒ d) Poststreptococcal glomerulonephritis

5. Which of the following is not a 'renal' cause of acute renal failure?

- ☒ a) SLE
b) Ischemia
c) Benign Prostate Hyperplasia BPH
d) Acute glomerulonephritis.

6. What might be a consequence of glomerular inflammation that results in hematuria, proteinuria and hypertension?

- a) Cystitis
b) Pyelonephritis
☒ c) Nephritic Syndrome
d) Nephrotic Syndrome

7. Which of the following types of AKI is common in the ED and results from decreased renal perfusion caused by hypovolaemia or reduced cardiac output?

- ☒ a) Pre renal
b) Renal Intestitium Involvement
c) Renal Glomerular Involvement
d) Post Renal.

8. Above Patient is characterized by:

- a. FeNA more than 2%
b. Muddy Brown Cast in urine
c. Urine Sodium more than 40
☒ d. FeNA Less than 1%.

9. Which life-threatening electrolyte disorder commonly occurs in AKI?

- a) Hypokalemia
b) Hypercalcemia
c) Hyponatremia
☒ d) Hyperkalemia

10. 45 year old male present in emergency with Complain of Paplitation. He is known case of ckd due diabetes. ECG done that show Hyperkalmic Changes and his serum potassium is 7. Which of following most urgent management?

- a) Insulin + Dextrose

- b) Soda bicarbonate
- c) Nebulizer with Salbutamol
- ☒ d) Calcium Gluconate

11. Calculate GFR using Cockcroft Equation of patient with Following Parameter
Male, Age 35 Years, Weight 70kg, Serum Creatinine 3mg/dl

- ☒ a) 34
- b) 39
- c) 68
- d) 70

$$\frac{140 - 35 \times 70}{3 \times 72}$$

$$\frac{7350}{216}$$

12. Ecg Shows U wave, which of following abnormality patient has?

- ☒ a) Hypokalemia
- b) Hypercalcemia
- c) Hyponatremia
- d) Hyperkalemia

13. Ecg Shows tall tented T wave, which of following abnormality patient has?

- a) Hypokalemia
- b) Hypercalcemia
- c) Hyponatremia
- ☒ d) Hyperkalemia

14. CKD defined as?

- a) Reversible loss of Renal Function more than 3 months.
- b) Irreversible loss of Renal Function more than 1 months.
- ☒ c) Irreversible loss of Renal Function more than 3 months.
- d) Reversible loss of Renal Function more than 6 months.

15. 60 Year old male K/C case of **Bronchogenic Carcinoma**, present with Complaint of irritability, nausea. O/E Patient is Euvolumic, Lab shows Serum Sodium 110meq/l.
What is most likely cause of decrease sodium in this patients.

- a) Diarrhea
- b) Diuretics
- c) Acute Kidney Injury
- ☒ d) SIADH

16. 18 Year old female present with history of vomiting, her Abgs shows;
PH: 7.53, PCO₂: 54 Bicarbonate; 44.

Which of the following abnormality patients has.

- a) Compensated Metabolic Alkalosis
- b) Compensated Metabolic Acidosis
- ☒ c) Uncompensated Metabolic Alkalosis
- d) Uncompensated Metabolic Acidosis

17. 18 Year old female present with history of vomiting, her Abgs shows;

PH: 7.53, PCO₂: 64 Bicarbonate; 44.

- ☒ a) Metabolic Alkalosis + Respiratory Acidosis
- b) Metabolic Alkalosis + Respiratory Alkalosis
- c) Uncompensated Metabolic Alkalosis
- d) Uncompensated Metabolic Acidosis

18. 50 year old male, admitted in ICU. His workup shows

Na. 134, K. 2.3, HCO₃. 8, Cl 98, PH: 7.25, PCO₂: 20.

- a) Metabolic Alkalosis + Respiratory Acidosis
- b) Metabolic Acidosis + Respiratory Alkalosis
- c) Uncompensated Metabolic Alkalosis
- ☒ d) Metabolic Acidosis

19. Calculate Anion Gap of Patient in Qs no. 18.

- a) 23
- ☒ b) 28
- c) 20
- d) 34

$$(134 + 2.3) - (98 + 8)$$

$$134 + 2.3 = 136.3$$

20. Cause of Acid Base Disorder in patient of qs no. 18?

- a) Diarrhea
- b) Renal Tubular Acidosis
- c) Chronic Kidney Disease
- ☒ d) Vomiting

-----Good Luck-----