



Group: [REDACTED]

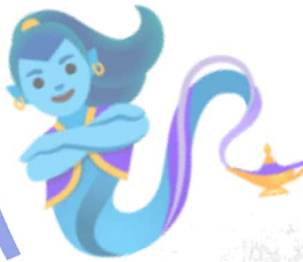
Name: [REDACTED]

Roll#: [REDACTED]

Dated: 26-4-2024

UROLOGY MCQs

1. A 65 year old male with significant obstructive LUT along with symptoms of overactive bladder visited to general practitioner and was advised treatment with α -adrenergic blockers since one month, his ultrasound reveals large amount of residual urine, what should be the next step he considered for?
 - a) life style modification.
 - b) surgical therapy.
 - c) the addition of phosphodiesterase inhibitors.
 - d) the addition of an antimuscarinic drug.
 - e) upper tract imaging.
2. A 52 years old male having uncontrolled hypertension presented in out patient department with LUTS, his IPSS was 9/35. While prescribing α -adrenergic blockers which of the following does not lower his blood pressure?
 - a) Terazosin
 - b) Doxazosin
 - c) Tamsulosin
 - d) Prazosin
 - e) Indoramin
3. The physiological Phimosis is the condition:
 - a) In which poorly retracted foreskin is trapped in the retracted state.
 - b) In which patient may present up to the age of 7-8 years
 - c) Depigmentation and scarring of the prepuce is typical
 - d) Circumcision is the treatment of choice
 - e) Child may present with recurrent cystitis
4. Regarding Hypospadias:
 - a) Is abnormally placed meatus at the dorsal aspect of penile shaft
 - b) Is associated with inguinal hernia in 20% cases
 - c) Is associated with undescended testis in 10% of cases
 - d) Diagnosed at the school going age.
 - e) Can cause renal failure if untreated early
5. Complete ureteric duplication:
 - a) Occurs if ureteric bud bifurcates after its initial development
 - b) Occurs when there are 2 separate ureteric buds on same side.
 - c) The upper moiety is usually associated with reflux
 - d) Spontaneous resolution of reflux is common
 - e) The lower moiety is usually obstructed and dysplastic
6. Regarding Ectopic Ureter. The female:male ratio is
 - a) 1:1
 - b) 3:1
 - c) 5:1
 - d) 7:1
 - e) 9:1
7. A 47 year old male was referred by General practitioner as he had ultrasound KUB showing 4.5 cm mass in upper pole of left kidney. He is allergic to contrast media. Imaging to advise for staging of renal tumor.
 - a) Fluoro-deoxy glucose-positron tomography.
 - b) Non-contrast CT Abdomen
 - c) Non-contrast CT abdomen and CT chest.
 - d) MRI abdomen.
 - e) MRI abdomen plus non-contrast CT chest.
8. Regarding Renal Cell Carcinoma which of the following is most appropriate.
 - a) Renal cell carcinoma originates from Distal collecting tubules.
 - b) Papillary RCC is the most common histological type.
 - c) Liver is the most common metastatic site.
 - d) Lungs are the most common metastatic site.
 - e) Chemotherapy is the treatment of choice in all RCC types
9. PCNL is indicated for which of the following Calculi in an adult male patient with
 - a) Staghorn stones.
 - b) Caliceal Diverticula Stones.
 - c) Lower Pole Stone size 2.5 cm.
 - d) Cystine Stone size 3 cm.
 - e) All of the above.
10. In a Patient with infected Staghorn calculus, where the urine pH is 8, the most likely causative organism is.
 - a) Escherichia Coli.
 - b) Proteus Mirabilis
 - c) Enterococci faecalis
 - d) Klebsiella pneumoniae
 - e) Pseudomonas aeruginosa



11. Which of the following statements regarding gonadal venous drainage is CORRECT?
- The right ovarian vein drains into the right renal vein
 - The left testicular vein drains into the inferior vena cava
 - The left ovarian vein drains into the left renal vein
 - The right testicular vein drains into the right renal vein
 - e) The right and left ovarian or testicular veins drain into the same vessel
12. A 10-year-old boy presents to the Emergency Department with a 24-hour history of progressive right testicular pain. Examination reveals normal lying testes and some scrotal erythema and swelling. The right testes, epididymis, and spermatic cord are tender, and Prehn's maneuver leads to some relief of the pain. What is the most likely diagnosis in this patient?
- Testicular torsion
 - Epididymitis
 - Epididymo-orchitis
 - Orchitis
 - Idiopathic scrotal edema
13. A 60-year old male presented in urology clinic with symptoms of fresh blood in urine since 2 weeks. Ultrasound report suggest a papillary growth of 2 cm on left lateral wall. Urologist suspects Carcinoma of the bladder. Which of the following statement is true about bladder carcinoma:
- Is primarily of squamous cell origin.
 - Is preferentially treated by radiation.
 - May be treated conservatively by use of intravesical agents even if it invades the bladder muscle.
 - May mimic an acute UTI with irritability and hematuria.
 - Is preferentially treated by partial cystectomy.
14. The appropriate surgical treatment for carcinoma of the testis is:
- Transscrotal percutaneous biopsy.
 - Transscrotal open biopsy.
 - Orchidectomy
 - Repeated examinations.
 - Radical orchectomy.
15. A 70-year old male patient is diagnosed as carcinoma of prostate. His doctor suspects disease has spread to lymph nodes. Most common lymph node group involved in carcinoma prostate is
- Obturator
 - Inguinal
 - Para-aortic
 - Inguinal
 - Periprostatic
16. A 44-year-old man requests a laboratory prostate "test" because his father was recently found to have prostate cancer. This patient's digital rectal examination reveals a normal-sized, smooth prostate gland. A serum PSA is drawn approximately 10 minutes following his office visit because the patient is anxious and insists that he wants the results as soon as possible. The PSA result returned 5 days later at 3.2 ng/dL (normal < 2.5 ng/dL). Which of the following is the best next step?
- CT scan of the abdomen and pelvis to identify and stage his prostate cancer
 - Transrectal ultrasonography and biopsy of the prostate
 - Repeat the PSA
 - Radical prostatectomy with pelvic lymph node dissection
 - Reassure that mild elevation can occur and schedule a follow-up in one year
17. Which of the following is not an indication for renal imaging after trauma?
- A :Visible haematuria
 - B :Systolic blood pressure >90 mmhg since the injury and non-visible haematuria
 - C :Rapid deceleration injury
 - D :Suspected renal trauma in a child
 - E :Penetrating trauma
18. 18 year old male is brought in to the emergency department after being stabbed in the right loin. There is no further history available. The patient's blood pressure is poorly maintained with intravenous fluids but stabilises with a 2 unit blood transfusion. Contrast CT shows a Grade 4 Right renal injury. There is no suspected intra-abdominal injury. What is the next step in management?
- a) Request angioembolisation by experienced interventional radiologist
 - b) Urgent insertion of JJ stent
 - c) Urgent percutaneous drainage of peri-renal area
 - d) Admit for bed rest, regular observations and follow-up bloods
 - e) Urgent exploratory laparotomy and kidney repair or nephrectomy
19. 50 year old male smoker has painless hematuria, he is heavy smoker since 20 years, diabetic and taking anti hypertension medication. Most important risk factor for Renal carcinoma is.
- Radiation therapy.
 - Anti hypertension Medication.
 - Tobacco use.
 - Diuretics
 - High fat diet.
20. The ejaculatory duct opens into the:
- Membranous urethra
 - Prostatic urethra
 - Spongy urethra
 - Lateral lobes of the prostate gland
 - Duct of the bulbourethral glands