

Memory Test - Nephrology_Class Test_FCPS_P_I_Online_Davidson_Plus_1

Total Mark: 100

Time: 90 Min

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| <p>1. About Micturition</p> <p>A) Has two phase B) Detrusor muscle help in feeling phase C) Detrusor muscle help in voiding phase D) Stretch receptor help relaxation bladder E) Parasympathetic nerve inhibit micturation</p> <p>Answer: T, T, T, T, F Discussion: Reference: Ref-Davidson 23rd Page-436]</p> | <p>2. Causes of erectile dysfunction to intact libido</p> <p>A) Atheroma B) Blocker C) Thiazide diuretics D) Hypogonadism E) Depression</p> <p>Answer: T, T, T, F, F Discussion: Reference: [Ref: Davidson 23rd /P-440]</p> |
| <p>3. Criteria for referral of CKD patients to a nephrologist</p> <p>A) eGFR < 30 mL/min/1.73 m² B) Rapid deterioration in renal function > 15 mL/min/1.73 m² year C) Significant proteinuria (AIR >30 mg / mmol) D) ACR > 50 mg/mmol e non visible haematuria E) Hypertension that remains poorly controlled</p> <p>Answer: T, T, F, F, T Discussion: Reference: [Ref: Davidson 23rd /P-417]</p> | <p>4. Drugs causing acute tubular necrosis?</p> <p>A) Aminoglycosides B) Paracetamol overdose C) Lithium D) Cisplatin E) Amphotericin</p> <p>Answer: T, T, F, F, T Discussion: Reference: [Ref: Davidson 23rd /P-427]</p> |
| <p>5. Features of adult polycystic kidney disease?</p> <p>A) Inherited in an autosomal recessive pattern B) Mutations of PKD1 account for 15% of cases C) Mean age of onset of ESRD in PKD1 mutations is 69 yrs D) About 50%. patients with PKD1 mutations develop ESRD E) Is a rare condition</p> <p>Answer: F, F, F, T, T Discussion: Reference: [Ref: Davidson 23rd /P-405]</p> | <p>6. Features of Pre renal AKI</p> <p>A) Urine Na >40 mmol/l B) Fractional excretion Na> 1% C) High urea: Creatinine ratio D) Postural hypotension E) Urinalysis bland</p> <p>Answer: F, F, T, T, T Discussion: Reference: [Ref: Davidson 23rd /P-412]</p> |
| <p>7. Features of renal artery stenosis</p> <p>A) Most cases caused by atherosclerosis B) In older patients fibromuscular dysplasia is more common cause C) Untreated 50%. cases progress to complete arterial occlusion D) After ARB administration an increase in serum creatinine of 30%. or more raises the possibility of renal artery stenosis E) Acute pulmonary edema may be present</p> <p>Answer: T, F, F, T, T Discussion: Reference: [Ref: Davidson 23rd /P-407]</p> | <p>8. Features of thrombotic thrombocytopenic purpura</p> <p>A) Microangiopathic haemolytic anemia B) Thrombocytopenia C) Involvement of kidney more prominent D) Antibodies against ADAMTS - 13 E) Eculizumab is the drug of choice</p> <p>Answer: T, T, F, T, F Discussion: Reference: [Ref: Davidson 23rd /P-409]</p> |

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| <p>9. Features of urothelial tumors</p> <p>A) Tumors arising from transitional epithelium of renal tract</p> <p>B) Affect women 3-4 times more than men</p> <p>C) Smoking is a risk factor</p> <p>D) 50% patient present with visible haematuria</p> <p>E) Cystoscopy is mandatory to evaluate the bladder</p> <p>Answer: T, F, T, F, T</p> <p>Discussion:</p> <p>Reference: [Ref: Davidson 23rd /P-436]</p> | <p>10. Fulminant presentation of NS</p> <p>A) Membranous nephropathy</p> <p>B) FSGS</p> <p>C) Minimal change in disease</p> <p>D) Amyloid</p> <p>E) Diabetic nephropathy</p> <p>Answer: T, T, F, F, F</p> <p>Discussion:</p> <p>Reference: [Ref-Davidson 23rd Page-395]</p> |
| <p>11. Glomerulonephritis associated with low serum complement</p> <p>A) Post infectious glomerulonephritis</p> <p>B) SLE</p> <p>C) Mesangio capillary-IgM type</p> <p>D) FSGS</p> <p>E) Cryoglobulinaemia</p> <p>Answer: T, T, F, F, T</p> <p>Discussion:</p> <p>Reference: Ref-Davidson 23rd Page-401]</p> | <p>12. Henoch-Schonlein purpura</p> <p>A) Associated with systemic vasculitis</p> <p>B) Commonly occurs in Adult</p> <p>C) Biopsy shows mesangial IgA deposition</p> <p>D) Treatment is supportive</p> <p>E) Relapses is uncommon</p> <p>Answer: T, F, T, T, F</p> <p>Discussion:</p> <p>Reference: [Ref-Davidson 23rd Page-401]</p> |
| <p>13. IgA nephropathy</p> <p>A) Haematuria is late sign</p> <p>B) Non visible Haematuria</p> <p>C) Proteinuria is early feature</p> <p>D) Leading to ESRD</p> <p>E) Oliguria</p> <p>Answer: F, T, F, T, T</p> <p>Discussion:</p> <p>Reference: [Ref-Davidson 23rd Page-400]</p> | <p>14. Indications of renal biopsy</p> <p>A) Nephritic syndrome in adult</p> <p>B) Glomerular proteinuria in children</p> <p>C) CKD or AKI of uncertain aetiology</p> <p>D) Nephritic syndrome</p> <p>E) Renal transplant dysfunction</p> <p>Answer: T, F, T, T, T</p> <p>Discussion:</p> <p>Reference: [Ref: Davidson 23rd /P-391]</p> |
| <p>15. Limitations of eGFR estimations</p> <p>A) eGFR is valid assessing acute kidney injury</p> <p>B) Ethnicity is not taken into account in routine laboratory reporting</p> <p>C) Controversy about categorising people as having (KD) on the basis of eGFR alone</p> <p>D) Is not valid under 25 yrs</p> <p>E) Is not valid During pregnancy</p> <p>Answer: F, T, T, F, T</p> <p>Discussion:</p> <p>Reference: [Ref: Davidson 23rd /P-387]</p> | <p>16. Microalbuminuria</p> <p>A) Moderate amounts of albuminuria</p> <p>B) Early glomerular Pathology</p> <p>C) May occurs in diabetes</p> <p>D) May associated with cardiovascular</p> <p>E) Dip stick test mortality remain positive</p> <p>Answer: T, T, T, T, F</p> <p>Discussion:</p> <p>Reference: [Ref-Davidson 23rd Page-394]</p> |

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| <p>17. Nephritic syndrome</p> <p>A) Hypertension B) Oliguria C) Normal renal function D) May need renal biopsy E) No proteinuria</p> <p>Answer: T, T, F, T, F Discussion: Reference: [Ref-Davidson 23rd Page-392]</p> | <p>18. Poor prognostic of glomerular disease</p> <p>A) Female sex B) Hypotension C) Moderate proteinuria D) Static renal function E) Normal eneatimine at time of presentation</p> <p>Answer: F, F, F, F, F Discussion: Reference: [Ref-Davidson 23rd Page-397]</p> |
| <p>19. Prophylactic measures to be adopted by women of recurrent UTI</p> <p>A) Fluid intake of at least 1l/ days B) Regular complete emptying of bladder C) Good personal hygiene D) Emptying of bladder before & After sexual intercourse E) Cranberry juice may be effective</p> <p>Answer: T, F, T, T, T Discussion: Reference: [Ref: Davidson 23rd /P-429]</p> | <p>20. Features of diffuse proliferative glomerulonephritis</p> <p>A) Na & Water loss B) Hypotension C) Haematuria D) oliguria E) Usually resolves spontaneously</p> <p>Answer: F, F, T, T, T Discussion: Reference: [Ref: Davidson 23rd /P-399]</p> |
| <p>21. Features of minimal change nephropathy</p> <p>A) Poor response to glucocorticoid B) Typically progress to CKD C) Fasion of podocyte is observed on light microscopy D) There is association with atopy E) Haematological malignancy</p> <p>Answer: F, F, F, T, T Discussion: Reference: [Ref: Davidson 23rd /P-398]</p> | <p>22. IgA nephropathy usually triggered by ?</p> <p>A) Malignancy B) DMARD C) Upper respiratory infections D) Liver disease E) Coeliac disease</p> <p>Answer: F, F, T, T, T Discussion: Reference: [Ref: Davidson 23rd /P-398]</p> |
| <p>23. Immune/ causes of chronic interstitial nephritis</p> <p>A) Inflammatory sarcoidosis B) Aristolochia C) Sjogren's syndrome D) SLE E) Chronic transplant rejection</p> <p>Answer: T, F, T, T, T Discussion: Reference: [Ref: Davidson 23rd /P-403]</p> | <p>24. Physical signs in advanced chronic kidney disease</p> <p>A) Dark complexion B) Pericardial friction rub C) Brown line pigmentation of nails D) Reflex exaggerated E) Restless legs</p> <p>Answer: F, T, T, F, T Discussion: Reference: [Ref: Davidson 23rd /P-416]</p> |
| <p>25. The organisms most commonly implicated in HUS</p> <p>A) Enteroroxigenic E. coli B) Enterohaemorrhagia E. coli C) Enteroinvasive E. coli D) Salmonella E) Shigella dysenteriae</p> <p>Answer: F, T, F, F, T Discussion: Reference: [Ref: Davidson 23rd /P-408]</p> | <p>26. Most important cause of small vessel vasculitis affecting kidneys</p> <p>A) Polyarteritis nodosa B) Cryoglobulinaemic vasculitis C) Takayasu artheritis □□□□□□□ D) Kawasaki disease E) ANCA vacuities</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-410]</p> |

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| <p>27. Cause of renal allograft dysfunction in months</p> <p>A) Renal vein thrombosis B) Ureteric leak C) Acute rejection D) BK virus nephropathy E) Chronic allograft injury</p> <p>Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-425]</p> | <p>28. Causes of polyuria except?</p> <p>A) Hyperglycaemia B) Hypercalcaemia C) Hyperkalaemia D) Hypokalaemia E) Interstitial nephritis</p> <p>Answer: C Discussion: Reference: [Ref: Davidson 23rd /P-396]</p> |
| <p>29. Commonest cause of glomerulonephritis</p> <p>A) Focal segmental glomerulosclerosis B) Membranous nephropathy C) IgA nephropathy D) Mesangiocapillary glomerulonephritis E) Minimal change nephrop</p> <p>Answer: C Discussion: Reference: [Ref: Davidson 23rd /P-398]</p> | <p>30. Contraindications of renal biopsy except?</p> <p>A) Thrombocytopenia B) Disordered coagulation C) Uncontrolled hypertension D) Kidneys E) Solitary kidney</p> <p>Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-391]</p> |
| <p>31. Drug of choice for a pregnant lady at term with cystitis</p> <p>A) Nitrofurantoin B) Cefalexin C) Trimethoprim D) Ciprofloxacin E) Sulfonamide</p> <p>Answer: B Discussion: Reference: [Ref: Davidson 23rd /P-429]</p> | <p>32. Eosinophiluria is found in?</p> <p>A) Acute tubular necrosis B) Glomerular disease C) Tubulo interstitial nephritis D) Renal infarction E) Malignant hypertension</p> <p>Answer: C Discussion: Reference: [Ref: Davidson 23rd /P-412]</p> |
| <p>33. Erythropoietin is released from which part of kidney</p> <p>A) Endothelial cells B) Mesangial cells C) Afferent arteriole D) Efferent arteriole E) Fibroblast like cells in the interstitium</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-385]</p> | <p>34. First line management in patients with renal artery stenosis</p> <p>A) Low dose aspirin B) Statins C) Warferin D) Angioplasty E) Antihypertensive drug</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-407]</p> |
| <p>35. Following are problems with haemodialysis during treatment except ?</p> <p>A) Cardiac arrhythmia B) Haemorrhage C) Air embolism D) Dialyser hypersensitivity E) Hypertension</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-424]</p> | <p>36. Following are the environmental & dietary causes for kidney stones except</p> <p>A) High sodium excretion B) High oxalate excretion C) High urate excretion D) High citrate excretion E) Low dietary calcium</p> <p>Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-431]</p> |

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| <p>37. Following is not a contraindication for renal transplantation</p> <p>A) Active malignancy B) Vasculitis C) Cardiovascular disease D) High risk of recurrence of a renal disease E) Hemoglobin 100 g/L</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-424]</p> | <p>38. Glomerulonephritis associated □ heroin misuse</p> <p>A) Focal segmental glomerulosclerosis B) Membranous nephropathy C) IgA nephropathy D) Mesangiocapillary glomerulonephritis E) Minimal change nephrop</p> <p>Answer: A Discussion: Reference: [Ref: Davidson 23rd /P-398]</p> |
| <p>39. Gold standard test for diagnosing a stone within the kidney</p> <p>A) X ray B) MRI C) Ultrasound D) Intravenous urogram (Ivu) E) Non contrast CT KUB</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-433]</p> | <p>40. In following conditions dialysis is indicated AKI except</p> <p>A) Acute pulmonary edema B) Pericarditis C) Encephalopathy D) High potassium > 5.5 mmol/l E) PHP</p> <p>Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-422]</p> |
| <p>41. Investigation to confirm acute interstitial nephritis</p> <p>A) MRI B) CT scan C) Ultrasound D) Blood count E) Renal biopsy</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-402]</p> | <p>42. Most common cause of AKI in children is</p> <p>A) Diarrhoea B) Vomiting C) Pneumonia due to strep pneumonia D) Haemolytic uraemic syndrome due to E.coli E) Haemolytic uraemic syndrome due to shigatoxin</p> <p>Answer: E Discussion: Reference: (Ref: Davidson 23rd Page-409)</p> |
| <p>43. Most common cause of nephritic syndrome in children</p> <p>A) Diabetic nephropathy B) Membranous nephropathy C) Amyloid D) Primary focal segmental glomerulosclerosis E) Minimal change disease</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-395]</p> | <p>44. Most common glomerular cause of chronic kidney disease</p> <p>A) Diabetes mellitus B) Mesangia capillary glomerulonephritis C) Membranous nephropathy D) Focal necrotising glomerulonephritis E) IgA nephropathy</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-415]</p> |

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| <p>45. Most common renal manifestation of sarcoidosis</p> <p>A) Granulomatous interstitial nephritis B) Acute interstitial nephritis C) Chronic D) Hypercalcaemia E) Hypocalcaemia</p> <p>Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-410]</p> | <p>46. Which one is more common is chronic NSAID use</p> <p>A) Upper gastrointestinal ulceration B) Cardiovascular disease C) Renal impingement D) Interstitial nephritis E) Analgenc nephropathy</p> <p>Answer: B Discussion: Reference: (Davidson Page- 428)</p> |
| <p>47. Cause of adult idiopathic nephrotic syndrome</p> <p>A) Focal segmental glomerulosclerosis B) Membranous nephropathy C) IgA nephropathy D) Mesangiocapillary glomerulonephritis E) Minimal change nephrop</p> <p>Answer: B Discussion: Reference: [Ref: Davidson 23rd /P-398]</p> | <p>48. Drug of choice for benign enlargement of prostate when prostate > 30g</p> <p>A) Finasteride B) Tamsulosin C) Tadalafil D) Cyclophosphamide E) Dapoxetine</p> <p>Answer: A Discussion: Reference: [Ref: Davidson 23rd /P-438]</p> |
| <p>49. First choice of drug in epididymo orchitis?</p> <p>A) Ciprofloxacin B) Trimethoprim C) Nitrofurantoin D) Co- amoxiclav E) Amoxicillin</p> <p>Answer: A Discussion: Reference: [Ref: Davidson 23rd /P-429]</p> | <p>50. Hallmark of glomerular disease</p> <p>A) Hypertension B) Elevated creatinine C) Rapid rate of decline in renal function D) Tubulo interstitial fibrosis E) Proteinuria</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-397]</p> |