

Memory Test - Body Fluid Electrolytes, Acid Base Balance_Class
Test_Online_Foundation_1

Total Mark: 60

Time: 50 Min

<p>1. ADH acts on the following parts of kidney</p> <p>A) DCT B) Thin ALLH C) DLLOH D) DCT E) Collecting duct</p> <p>Answer: F, F, F, T, T Discussion: (ADH acts on later DCT and cortical collecting duct) Reference: (Ref-Ganong 25th, Page-696)</p>	<p>2. Causes of secondary hyperaldosteronism-</p> <p>A) Conn's syndrome B) Cirrohtic liver disease C) Malnutrition D) Nephrotic syndrome E) CCF</p> <p>Answer: F, T, T, , T Discussion: Reference: (Ref: ABC Biochemistry 5th/P-483)</p>
<p>3. Diagnostic features of SIADH are-</p> <p>A) Low plasma Sodium concentration B) High plasma osmolality C) Absense of adenal,thyroid insufficiency D) Clinically euvolaemic E) Decrease Urinary Sodium level</p> <p>Answer: T, F, T, T, F Discussion: Reference: (Ref: Ganong 25th/P-313,696)</p>	<p>4. ECF differs from ICF</p> <p>A) Main ions -K⁺,Mg⁺⁺ B) More protein content C) Average PH-7.1 D) Provide nutrients to cell for maintaining cellular life E) Provides essential fluid media inside the cell for chemical reaction</p> <p>Answer: F, F, F, T, F Discussion: F (Na⁺,cl⁻, HCO⁻³)F(less)F(7.4) TF (Function of ICF) Reference: (Ref: Vision 9th page-309)</p>
<p>5. Features of Isotonic hypovolemia-</p> <p>A) Occurs following hypertonic fluid loss B) There is proportional gain of salt and water</p> <p>C) Na + concentration of lost fluid is equal to that of plasma D) Plasma Na + concususally Increased E) Both ECF and ICF volume increases</p> <p>Answer: F, F, T, F, F Discussion: Reference:</p>	<p>6. Following statements are true regarding calcium</p> <p>A) Remains in four forms in body B) Respiratory alkalosis is responsible for increased serum Ca²⁺ level C) Acidosis leads to decreased calcium level D) Hyperthyroidism lead to hypercalcaemia E) Normally 98% calcium reabsorption occurs in PCT which is PTH dependent</p> <p>Answer: F, F, F, T, F Discussion: Reference: (Ref: Ganong 25th, Page-375)</p>
<p>7. Inhibition of Na⁺-K⁺- ATPase would result in increased</p> <p>A) Intracellular Na⁻ concentration B) Intracellular K⁺ concentration C) Intracellular glucose concentration D) Na⁺-glucose co-transport E) Na⁺-Ca²⁺ counter-transport</p> <p>Answer: T, F, F, F, F Discussion: Reference: (Ref: Ganong 25th, Page-51)</p>	<p>8. A fall in plasma Na⁺ concentration</p> <p>A) Results from excessive production of ADH B) Decreases intracellular fluid volume C) Occurs in people engaged in hard physical work in hot humid climates D) Reduces plasma osmolarity E) Is likely to cause thirst</p> <p>Answer: T, F, T, T, F Discussion: (Because decrease plasma osmotarity) Reference: (Ref: Ganong25th,P-696)</p>

<p>9. Causes of Hypercalcemia with Normal or raised PTH-</p> <p>A) Primary Hyperparathyroidism B) Lithium induced Hyperparathyroidism C) Familial Hypocalciuric hypercalcaemia D) Thyrotoxicosis E) Milk alkali syndrome Answer: T, T, T, F, F Discussion: Reference: (Ref: ABC Biochemistry 5th/P-387)</p>	<p>10. Compared with intracellular fluid, the extracellular fluid has lower</p> <p>A) Osmolality B) Sodium ion concentration C) Chloride ion concentration D) Potassium ion concentration E) Hydrogen ion concentration Answer: F, F, F, T, T Discussion: Reference: (Ref: Rodde-Q-1)</p>
<p>11. Factors that regulate the transmembrane efflux of potassium -</p> <p>A) Insulin B) Potassium excess C) Alpha blocker D) Beta agonist E) Aldosterone Answer: F, F, F, F, F Discussion: Reference:</p>	<p>12. Hypervolemia is associated with-</p> <p>A) Increase ANP B) Decrease Renin C) Decrease aldosterone D) Increase ADH E) Increase Vagal activity Answer: T, T, T, F, T Discussion: Reference: (Ref: ABC Biochemistry 5th, P-360)</p>
<p>13. Metabolic acidosis □ normal anion gap</p> <p>A) Renal failure B) Diarrhoea C) Ureterosigmoidostomy D) Acetazolamide E) NH₄Cl ingestion Answer: T, T, T, T, T Discussion: F (Increased anion gap) TTTT Reference: (Ref: ABC biochemistry-5th ,P-317)</p>	<p>14. Regarding total body water-</p> <p>A) Body fluid declines with age B) Female has lower percentage of water C) Is inversely proportional to fat D) Early fetal life contains 95% of water E) Male has more water than female Answer: T, T, T, T, T Discussion: Reference:</p>
<p>15. When ECF OP<ICF OP-</p> <p>A) Cellular dehydration occurs B) Increase Intracellular Hydrostatic pressure C) Impairment of cellular metabolic activities D) Cerebral oedema occurs that lead to coma E) Water exits from the cell Answer: F, T, T, T, F Discussion: Reference: (Ref: ABC Biochemistry 5th/Page-340)</p>	<p>16. Ammonia buffer is present in-</p> <p>A) ICF B) ECF C) RBC D) Urine E) Blood Answer: D Discussion: Reference: (Ref: Ganong25th, P-712)</p>
<p>17. Causes of Hypercalcaemia with elevated PTH levels-</p> <p>A) Thyrotoxicosis B) Thiazide diuretics C) Glucocorticoid deficiency D) Breast malignancy E) Tertiary hyperparathyroidism Answer: E Discussion: Reference: (Ref: Davidson 23rd,P-662)</p>	<p>18. Incorrect regarding Laboratory finding of Metabolic Alkalosis-</p> <p>A) High PH B) High Bicarbonate C) Low PCO₂ D) Positive base excess E) Moderately increased Anion gap Answer: C Discussion: Reference:</p>

<p>19. The commonest cause of SIADH is-</p> <p>A) Idiopathic B) Tumours C) Anticonvulsant D) TB E) Psychosis</p> <p>Answer: B Discussion: Reference: (Ref: Ganong/ 25th /P-698)</p>	<p>20. Transmembrane potassium Efflux occurs by</p> <p>A) Acidosis B) Insulin C) Aldosterone D) Alkalosis E) Acute potassium excess</p> <p>Answer: A Discussion: Explanation: factor regulating transmembrane potassium are: - glucagon - \square blocker - acidosis - \square- agonist - acute potassium deficit - ECF hyperosmolarity Reference: (Ref: ABC Bio 7th /Page-347)</p>
<p>21. Type 1 RTA occurs in-</p> <p>A) TALLH B) DCT C) PCT D) CD E) LOH</p> <p>Answer: B Discussion: Reference: (Ref: ABC Biochemistry 5th/P-323)</p>	<p>22. Unchanged Anion gap with hyperchloremic metabolic acidosis occurs in-</p> <p>A) Lactic acidosis B) Starvation ketosis C) Hypercalcaemia D) Kidney disease E) Diarrhoea</p> <p>Answer: E Discussion: Reference: (Ref: ABC Biochemistry 5th/P-316,317))</p>
<p>23. Which one is incorrect regarding laboratory finding of metabolic acidosis-</p> <p>A) Low PH B) Low plasma Bicarbonate C) Low Co_2 D) Positive base excess E) Normal anion gap</p> <p>Answer: D Discussion: Reference: (Ref: ABC Biochemistry 5th,P-318)</p>	<p>24. Which one is increased in Vitamin D deficiency-</p> <p>A) PTH B) Total S. Calcium C) Ionised Serum Calcium D) Serum Phosphate E) Calcium absorption from Upper GIT</p> <p>Answer: A Discussion: Reference:</p>
<p>25. Which one is not the cause of Normal Anion gap with hyperchloremic metabolic acidosis-</p> <p>A) Diarrhoea B) Proximal RTA C) NH_4Cl D) Hypoalbuminemia E) Ureterosigmoidostomy</p> <p>Answer: D Discussion: Reference: (Ref: ABC Biochemistry 5th,P-319)</p>	<p>26. Which one of the following caused Hyperkalemia</p> <p>A) Insulin B) ECF hyperosmolarity C) Aldosterone D) Alkalosis E) Alpha blocker</p> <p>Answer: B Discussion: Reference: (Ref: ABC Biochemistry 5th/P-375)</p>

<p>27. ECG changes that occur in Hypercalcaemia causes-</p> <p>A) Absent p wave B) Broad QRS complexes C) ST depression D) Prominent U wave E) Short QT interval</p> <p>Answer: E Discussion: Reference: (Ref: Ganong 25th ,P-534-535)</p>	<p>28. False In Respiratory acisosis-</p> <p>A) Low PH B) High Plasma HCo₃⁻ C) High PCO₂ D) Negative Base excess E) Anion gap usually normal</p> <p>Answer: D Discussion: Reference: (Ref: ABC Biochemistry 5th/P-306,328)</p>
<p>29. Paradoxical Acidurea occurs in-</p> <p>A) Metabolic Acidosis B) Vomiting C) Respiratory Alkalosis D) After retention of Co₂ E) After Diarrohea</p> <p>Answer: B Discussion: Reference: (Ref: ABC Biochemistry 5th/P-311)</p>	<p>30. Which one is not true Feature of Co₂ retention-</p> <p>A) Warm periphery B) Tachycardia C) Pulmonary Vasodilatation D) Flapping tremor E) Oxy-HB dissociation curve shifts to right</p> <p>Answer: C Discussion: Reference: Ref: Ganong 25th/P-660)</p>