

Nephrology

- 1) What underlying diagnosis is suggested in a patient with acute renal failure and white blood cells or white blood cell casts?
 - a) Interstitial nephritis
 - b) Acute tubular necrosis
 - c) DIC
 - d) Nephrotic syndrome
 - e) Multiple myeloma
- 2) What is the etiology of stenosis in renal artery stenosis?
 - a) 2/3 secondary to atherosclerosis, 1/3 secondary to fibromuscular dysplasia
 - b) 2/3 secondary to atherosclerosis, 1/3 secondary to DIC
 - c) 1/2 secondary to aortic dissection, 1/2 secondary to atherosclerosis
 - d) 2/3 secondary to fibromuscular dysplasia, 1/3 secondary to Acute tubular necrosis
 - e) 2/3 secondary to fibromuscular dysplasia, 1/3 secondary to atherosclerosis
- 3) What illness commonly presents with arthralgias, purpura, abdominal pain, microscopic hematuria, mild proteinuria, azotemia, and proliferative glomerulonephritis characterized by IgA deposits?
 - a) Henoch-Schonlein purpura
 - b) Membranous nephropathy
 - c) Acute tubular necrosis
 - d) Hyperkalemia
 - e) Multiple myeloma
- 4) Which of the following is not an EKG change in hyperkalemia?
 - a) Peaked T waves
 - b) Prolonged P-R
 - c) Wide QRS with bradycardia
 - d) V-fib with asystole
 - e) U waves
- 5) What is the most common etiology of nephrotic syndrome among Caucasians?
 - a) Membranous nephropathy
 - b) Focal segmental glomerulosclerosis
 - c) Acute tubular necrosis
 - d) Lupus
 - e) IgA nephropathy
 - f) Post-streptococcal glomerulonephritis
- 6) What is the most common intrinsic renal disease that leads to acute renal failure?
 - a) Acute tubular necrosis
 - b) Hypovolemia
 - c) Rhabdomyolysis
 - d) Wegener's granulomatosis
 - e) Multiple myeloma
- 7) What is the most common etiology of nephrotic syndrome in African Americans?
 - a) Focal segmental glomerulosclerosis
 - b) Membranous nephropathy
 - c) Lupus
 - d) Sarcoidosis
 - e) IgA nephropathy
- 8) What is the main cause of End Stage Renal Disease?
 - a) Diabetes
 - b) Essential HTN
 - c) Glomerulonephritis
 - d) Polycystic kidney disease
 - e) IgA Nephropathy
- 9) What is the most common form of idiopathic glomerulonephritis?
 - a) Post-streptococcal glomerulonephritis
 - b) Essential HTN
 - c) Membranous nephropathy
 - d) Acute tubular necrosis
 - e) IgA Nephropathy

- 10) A 65 year-old male with back pain, nephrotic syndrome and anemia present to the ER. Ultrasound shows normal kidney size. His creatinine is 500. Which diagnosis best fits the scenario?
- Polycystic kidney disease
 - Chronic GN
 - Multiple myeloma
 - Diabetic nephropathy
 - Analgesic abuse
- 11) Which of the following are indications for dialysis in ARF?
- Severe alkalosis unresponsive to medical therapy
 - Severe acidosis unresponsive to medical therapy
 - Severe hypokalemia unresponsive to medical therapy
 - Severe hypercalcemia unresponsive to medical therapy
 - b and d
- 12) Which of the following is true with respect to diabetes and kidney disease?
- Primarily affects the tubules
 - Earliest sign is decreased GFR
 - Microalbuminuria is a late sign of DM nephropathy
 - Threshold for dialysis is same as other CRF patients
 - BP control slows progression of DM nephropathy
- 13) Which of the following is least likely to contribute to renal failure in myeloma?
- Hypercalcemia
 - Amyloidosis
 - Infiltration of the kidney by myeloma cells
 - Hyperuricemia
 - Intratubular light chain deposition
- 14) Which of the following is true with respect to proteinuria?
- All proteinuria is secondary to glomerular disease $> 2 \text{ g}/24 \text{ h} =$ nephrotic syndrome
 - Is always abnormal and indicative of serious renal disease
 - It may be normal for an individual to have $< 150 \text{ mg}$ per day of proteinuria
 - If a patient has 1.5 g of protein in 24 h they must have tubular-interstitial disease
- 15) In acute pyelonephritis, which of the following is most commonly associated with bacteremic spread from a distant focus?
- Escherichia coli
 - Proteus sp.
 - Staphylococcus aureus
 - Serratia sp.
 - Enterococcus sp.
- 16) A patient presents with a decreased level of consciousness and visual difficulties. Blood work reveals an anion gap of 22 and an osmolar gap of 24. Which of the following is most likely responsible?
- Ethanol
 - Salicylates
 - Renal tubular acidosis type I
 - Methanol
 - Diabetic ketoacidosis
- 17) In which of the following disease processes would you likely see a bland urine sediment?
- Goodpasture's syndrome
 - Post streptococcal glomerulonephritis
 - Membranoproliferative glomerulonephritis
 - Focal segmental glomerulosclerosis
 - Puuci immune glomerulonephritis

ANSWERS

1. A
2. A
3. E
4. E

5. A
6. A
7. A
8. A

9. E
10. C
11. B
12. E

13. C
14. C
15. E
16. C

17. D