2 CHRONIC KIDNEY DISEASE

أسئلة امتحانات السنين السابقة (نظام جديد)

1. Which one of the following is not a feature of chronic renal failure: A. Hypocalcemia B. Hyperkalemia C. Hyperphosphatemia D. Metabolic alkalosis. E. Kussmaul's breathing	**D**
2. The commonest cause for end stage kidney disease in Egypt is: A. Adult Polycystic Kidney disease B. Hereditary nephritis C. Radiation injury D. Diabetic nephropathy and hypertension. E. Contrast nephropathy	**D**
3. According to the KDOQI criteria, which of the following favors the presence of CKD? A. Proteinuria of 1 gm/d of 6-month-duration. B. Two weeks of dysmorphic hematuria, oliguria, and hypertension after an attack of throat infection. C. Serum creatinine of 2.5 mg/dl for 8 weeks in a cardiac patient. D. GFR of 72 ml/min without evidence of kidney damage. E. Renal ultrasound showing both kidneys of 11.5 cm in length	**C**
4. Typical biochemical features of chronic renal failure include: A. Impaired urinary concentrating ability. B. Hypophosphatemia. C. Hypercalcemia. D. Proteinuria > 3.5 g/day. E. Hypokalemia	**A**
5. Which one of the following not true regard chronic kidney disease: A. Symptoms usually are non-specific B. Hypoparathyrodism is a known complication in patient with CKD C. Patients may remain asymptomatic until GFR is markedly decrease D. Polyuria occurs early due to inability of kidney to concentrate urine E. Anemia almost caused by decreased production of erythropoietin	**B**
6. Which of the following can retard the progression of CKD? A. iron chelation B. Vitamin A supplementation C. high protein intake D. Antiproteinuric medications E. Frequent blood transfusion	**D**

7. Which one of the following is NOT TRUE as regard chronic kidney disease? A. Symptoms usually are non-specific B. Secondary hyperparathyroidism is a known complication in patients with CKD C. Patients may remain asymptomatic until GFR is markedly decreased D. Hyperphosphatemia is the most significant predictor of CKD progression E. Anemia is almost caused by decreased production of erythropoietin	D
8. The most common electrolyte disturbance that develops in a patient with chronic kidney disease is: A. Hyperkalemia B. Hypophosphatemia C. Hypernatremia D. Hyponatremia E. Hypokalemia	A
9. Which of the following is a mechanism of hypocalcemia in patients with CKD? A. Phosphate depletion B. Increased production of active vitamin D from the kidney C. Decreased activity of alpha 1 hydroxylase D. Increased renal tubular calcium reabsorption E. Hyperparathyroidism	C

10. Which of the followings best describes anemia of end-stage renal disease? A. It is usually resolved spontaneously with the initiation of regular hemodialysis B. The main pathogenetic mechanism of this anemia is acute hemolysis prescription C. It is usually a normocytic anemia that responds well to erythropoietin therapy D. It is of megaloblastic type that only respond to folate or vitamin B12 therapy E. It becomes more severe in the early course of the disease (CKD stage 1or 2)	C
11. A 48-year-old man with Hypertension and recently diagnosed type 2 diabetes presents with proteinuria maintained on glipizide, metformin, captopril 20 mg, and Hydrochlorothiazide (HCTZ) 12.5 mg, amlodipine 5mg. Which one of the patient's maintenance drugs shows the best evidence as antiproteinuric? A. Glipizide B. Metformin C. Captopril D. Hydrochlorothiazide (HCTZ) E. Amlodipine	C

12. A 53-year-old male patient with a known history of diabetes and hypertension. He was recently diagnosed with chronic kidney disease. He presented with a hemoglobin level of 10 gm/dl. What is the next step of investigation? A. Serum calcium B. Serum ferritin C. Bone marrow aspiration and biopsy D. Echocardiography E. Liver function test	**B**
13. A 56-year-old male patient with a history of diabetes mellitus was complicated by diabetic retinopathy and hypertension 15 years ago. He was presented to the nephrology outpatient clinic with swelling of both lower limbs. His lab showed serum creatinine of 3 mg/dl, eGFR of 23.2 ml/min, blood hemoglobin of 11 g/dl, and serum calcium of 8 mg/dl. The albumin/creatinine ratio was 1500 mg/g. Which of the following is the most likely diagnosis? A. Acute kidney injury B. Nephritic syndrome C. Nephrotic syndrome D. Chronic kidney disease, stage 3b E. Chronic kidney disease, stage 4	**E**

14. Which of the following is a known criterion, that lasts for more than three months, for the definition of chronic kidney disease? A. Serum calcium 8.8 mg/dL. B. Serum phosphorus 4.5 mg/dL. C. Glomerular filtration rate 55 ml/min. D. Urine output 750 mL/day. E. Blood hemoglobin 12 g/dL.	**C**
15. Which one of the following is indicative of chronic rather than acute kidney disease? A. A Serum creatinine of 5.5 mg/dL B. A 24-hour urinary protein of 2 gm C. A glomerular filtration rate (GFR) of 30 ml/min for the last 2 months D. Asymmetric size of both kidneys E. Macroscopic hematuria with RBCs casts	**D**
16. Which of the following investigation is most helpful in differentiating acute from chronic kidney disease? A. Renal ultrasonography B. Serum uric acid C. Serum potassium D. Urinary creatinine E. Plain X-ray on the kidney and urinary bladder	**A**

17. One of the following is uncommon feature of chronic renal failure: A. Hypocalcemia B. Hyperkalemia C. Hyperphosphatemia D. Metabolic alkalosis E. Kussmaul's breathing	D
18. Which of these clinical findings represent an indication of dialysis a case with CKD? A. flat neck vein B. Heart rate 88/min C. Pericardial rub D. Loud systolic murmur E. Respiratory rate 18/min	C

أسئلة أخرى

1. CKD with large sized kidney kidneys. not present in: A. Renal tumors. B. Renal artery stenosis. C. Hydronephrosis D. Amyloid kidney	B
2. Which of these clinical findings represent an indication of dialysis in a case with CKD: A. Flat neck veins B. Heart rate 88/min C. Pericardial rub D. Loud systolic murmur E. Respiratory rate 18/min	C
3. A 34-yr-old male presents with bilateral enlargement of his kidneys, severe loin pain and hematuria. He has a strong family history of kidney disease. Which of the following is a most likely diagnosis? A. Membranous nephropathy B. IgA nephropathy C. Polycystic kidney disease D. Renal stones E. Urinary tract infection	C
4. All features of chronic renal failure Except: A. Hypocalcemia B. Hyperkalemia C. Hyperphosphatemia D. Metabolic alkalosis E. Kussmauls breathing	D
5. Small sized kidney is present in: A. Cystic kidney B. Renal tumor C. Renal artery stenosis D. Hydronephrosis	C
6. Which of the following is a mechanism of hyperphosphatemia in patients with CKD? A. Increased renal tubular reabsorption of phosphate B. Hypovitaminosis D C. Decreased phosphate filtration by the glomeruli D. Hypercalcemia E. Hyperparathyroidism	C

7. Which of the following is a known complication of CKD? A. Metabolic alkalosis B. Hyperthyroidism C. Hemochromatosis D. Immune hemolytic anemia E. Bone mineral disorder	**E**
8. Which of the following histopathological feature is associated with the presence of end-stage CKD? A. Diffuse thickening of the glomerular basement membrane B. Focal mesangial proliferation C. Glomerular deposits of IgM, IgG and C3 by immunofluorescence staining D. Diffuse glomerulosclerosis and interstitial fibrosis E. Diffuse interstitial infiltration by inflammatory cells	**D**
9. Which of the following is an urgent indication of hemodialysis in patient with renal failure? A. Lower limb edema with normal breath sound on lung bases B. BP of 160/100 under treatment with Beta blockers alone C. Back pressure changes of both kidney by renal ultrasound D. Serum K of 7.2 mEq/L with relevant ECG changes E. Urine output of 2 ml/kg/hour	**D**
10. One of the following is uncommon features of CKD: A. Hypocalcemia B. hyperkalemia C. hyperphosphatemia D. metabolic acidosis E. Kussmauls breathing	**A**

11. CKD stage 4 is best defined as: A. GFR below 10 ml /min B. GFR between 15 and 30 ml/min C. GFR between 30 and 60 without manifestations D. GFR between 30 and 60 with edema lower limbs E. GFR 92 with low response to GFR augmentation in response to protein diet	**B**
12. An ESRD patient on regular HD, his serum PO4 is 7 mg/dl, which of the following drugs can lower his serum phosphorus? A. Intramuscular ibuprofen injection B. Oral calcium carbonate C. Intravenous pulse steroid D. Oral thyroxin therapy E. Oral calcium channel blockers	**B**
13. A 53-year-old man has been on hemodialysis for his end-stage CKD for 10 years. He has recently suffered from fracture femur following a minor trauma. Which of the following is indicative of Adynamic bone disease? A. High serum alkaline phosphatase B. High serum phosphorus C. Low serum calcium D. Low serum parathyroid hormone E. High serum potassium	**D**

14. Which of the following diseases is associated with irregular small sized kidney by renal ultrasound? A. Late renal artery stenosis B. Chronic renal vein thrombosis C. Late reflux nephropathy D. Polycystic kidneys E. Hypertensive nephrosclerosis	C
15. All are features of chronic renal ? A. Hypocalcemia B. Hyperkalemia C. Hyperphosphatemia D. Metabolic alkalosis E. Kussmaul's breathing	D
16. Large sized kidney is not present in? A. Cystic kidneys B. Renal tumor C. Renal artery stenosis D. Hydronephrosis	C
17. All the following are complications during hemodialysis EXCEPT? A. Fever B. Hyperglycemia C. Hypotension D. Anaphylactoid reaction E. Muscle cramps	B

18. A 50-year-old man with progressive renal failure over 4 years presents with recent onset of numbness of his feet and hands. He is on a dietary regimen of water and salt restriction. Examination shows decreased sensation to pinprick and vibration stimuli below the knee and in the hands, and absence of ankle reflexes. Blood studies show: Hematocrit 35%, Sodium 140 mEq/L, Potassium 5.0 mEq/L, Urea nitrogen 98 mg/dL, Creatinine 8.5 mg/dL. Which of the following is the most appropriate next step in management? A. Administration of bicarbonate supplements B. Arterial blood gas analysis C. Initiation of dialysis D. Treatment with recombinant erythropoietin E. Treatment with vitamin B 12	D
19. A 78-year-old man is admitted to the hospital because of the acute onset of dysuria, frequency profound malaise, and shaking chills. His temperature is 39.8°C, blood pressure is 105/65 mm Hg, pulse is 120/min, and respirations are 28/min. Examination reveals pronounced tenderness in the right costovertebral angle. Urinalysis shows: Red blood cells 10/hpf, White blood cells 100/hpf, Protein 2+, Casts None. A urine sample is sent for cultures and results are pending. Which of the following is the most appropriate next step in management? A. Infusion of Ringer's lactate solution B. Single-dose administration of cephalexin C. Single-dose administration of trimethoprim sulfamethoxazole D. Treatment with intramuscular ceftriaxone plus oral doxycycline E. Treatment with IV ampicillin and gentamicin	E

20. A 33-year-old male receiving regular hemodialysis is noted to have plasma potassium of 6.9 mEq/L before a dialysis session. Although normally his potassium is less than 5.5 mEq/L. Which food combination from the dietary history would be most likely to cause the high potassium concentration? A. Cereal, toast, biscuits. B. Filter coffee, tea, boiled potatoes C. Milk, butter, plain yoghurt D. Milk, ham, chicken E. Tomato, potato crisps, banana.	E
21. A 25 year old man presented with renal failure, creatinine was 8.5 mg/dl. You are in a dilemma whether it is acute or chronic renal failure. Which of the following can help? A. An increased urinary Na excretion B. Hyperkalemia C. Hypophosphatemia D. Left ventricular hypertrophy on the ECG E. Renal size on ultrasound scan	E
22. A 62-year-old man with a longstanding history of hypertension is seen in the outpatient clinic. Investigations showed creatinine 2.8 mg% and urine analysis show blood ++ and protein 1.8 gm/L. Ultrasound scan of kidneys both kidneys were 8.5 Cm. What is the best investigation to diagnose the cause of his renal impairment? A. Intravenous urogram (IVU) B. Isotope renogram C. Renal angiogram D. Renal biopsy E. Retrograde pyelogram	D

23. A 65-year-old female is referred with a long history of hypertension and episodic urinary tract infections. Dipstick analysis of the urine shows Blood +++ together with protein +++. Her Urea is 150 mg/dl, and Creatinine is 2.5 mg/dl An ultrasound of abdomen is requested and shows left and right kidneys of 9 cm in size without evidence of obstruction. Which one of the following is the best investigation to diagnose the cause of her renal failure? A. Isotope renography B. IV urography C. Renal angiography D. Renal biopsy E. Retrograde pyelography	D
24. All are recognized causes of chronic renal failure (CRF) except: A. Snake bite B. Malignant hypertension C. Diabetes mellitus D. Obstructive uropathy E. Analgesic abuse	A
25. Broad casts are found in: A. Acute glomerulonephritis B. Urinary tract infection C. Analgesic nephropathy D. Chronic renal failure (CRF) E. Obstructive uropathy	D

26. Which is not a neuromuscular complication of uraemia : A. Encephalopathy B. Myelopathy C. Neuropathy D. Myopathy E. Myoclonus	B
27. A 45-year-old lady presents with fatigue and has established End Stage Renal Failure. She has been on-hemodialysis for the past three years and receives dialysis for 3 hours three times a week at a regional hemodialysis centre. At one of her regular visits for hemodialysis she is found to have the following observations and investigations. Blood pressure 170/95 Serum K+ 5.7 mEq/L Serum corrected calcium 8 mg/dl CKD 7 HB 9.0 g/dL Creatinine 10 mg/dl Post-dialysis her Blood Pressure is recorded as 160/95. Which of the following is the best management for this lady? A. Increase dialysis hours B. Treat anaemia with erythropoietin C. Treat hyperkalemia D. Treat hypertension with ramipril E. Treat hypocalcaemia	B