



Revise Nephrology

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2nd set of Pre-MCQs 2023

Q16. A 43-year-old male ex IV drug user presents with serum creatinine of 330 $\mu\text{mol/L}$ and serum potassium of 5.7 mmol/L . Abdominal ultrasound shows enlarged kidneys. Which one of the following conditions could be responsible for this's patient's renal failure with large kidneys?

- A. Chronic glomerulonephritis
- B. Reflux nephropathy
- C. Retroperitoneal fibrosis
- D. HIV infection
- E. Analgesic nephropathy

Q17. A 54-year-old woman with diabetic nephropathy has undergone renal transplantation. On her fifth postoperative day the urine output is still 20 ml/hour. Which one of the following is not a potential cause of this prolonged post-transplant oliguria?

- A. Acute tubular necrosis
- B. Arterial anastomotic stenosis
- C. Hyperacute rejection
- D. Volume depletion
- E. Ureteral lymphocele

Q18. A 50-year-old woman presents with progressive renal impairment with creatinine now 360 $\mu\text{mol/L}$ and new onset HTN over 3 weeks. Her urine is positive for 4 + blood and 2 + protein. Her kidneys are normal in size on ultrasound examination. What is the likely diagnosis?

- A. Vesicoureteric reflux
- B. Congenital renal dysgenesis
- C. Rapidly progressive glomerulonephritis
- D. Membranous nephropathy
- E. Repetitive renal trauma

Q19. Which of the following factors does not contribute to diuretic resistance in patients with nephrotic syndrome?

- A. Decreased loop diuretic tubular secretion
- B. Enhanced tubular sodium reabsorption
- C. Loop diuretics are highly protein bound
- D. Albuminuria
- E. Decreased activity of RAS system

Q20. The commonest renal disease associated with myeloma is-

- A. ATN
- B. Fanconi Syndrome
- C. Interstitial disease
- D. Hypercalcemia induced renal failure
- E. Myeloma cast nephropathy

Q21. Solid organ malignancy is most commonly associated with -

- A. Membranous nephropathy
- B. FSGS
- C. MCD
- D. Mesangiocapillary GN
- E. IgA nephropathy

Q22. A 35-year-old male presents with acute onset of right loin pain radiating to groin with vomiting. He is afebrile and hemodynamically stable. Urine dipstick shows blood and leukocytes. Which of the following imaging test is most reliable in confirming or excluding ureteric colic due to suspected calculus obstruction?

- A. Plain X-ray abdomen AP & Right lateral views
- B. Ultrasound KUB
- C. Non-contrast CT scan KUB
- D. Gadolinium enhanced MRI scan of KUB

Q23. It is thought that the initial event that triggers the development of CKD MBD is:

- A. Hyperparathyroidism
- B. Low serum calcium
- C. Hyperphosphatemia
- D. Low potassium
- E. High potassium

Q24. A 52-year-old woman presents with rising blood urea and creatinine over a 4-week period. Her urine has dysmorphic RBCs and the serum complement levels are low. Which one of the following causes is unlikely to be the cause of this presentation?

- A. Infective endocarditis
- B. Cryoglobulinemia
- C. MPGN
- D. Systemic lupus erythematosus
- E. Cholesterol atheroembolic disease

Q25. A 34-year-old male has been diagnosed minimum change disease (MCD) on renal biopsy when he presented with nephrotic syndrome. After six months his urine is still heavily proteinuric and he has generalised oedema despite being compliant with 25 mg prednisolone and 10 mg perindopril. What is the next most appropriate step?

- A. Increase the dose of prednisolone to 60 mg
- B. Start rituximab
- C. Repeat renal biopsy
- D. Extend the treatment to 1 year
- E. Replace prednisolone with cyclosporine

Q26. Renal biopsy is urgently indicated in the evaluation of all of the following patients except:

- A. 58-year-old hypertensive male with microhaematuria, 1g/d proteinuria and creatinine rise from 120umol/l to 350umol/l in four weeks.
- B. 48-year-old type 1 diabetic female with retinopathy who has 1.1g/d of proteinuria, benign urine sediment and creatinine 150umol/l
- C. 28-year-old female with SLE, who has 2g/d of proteinuria, microhaematuria and creatinine 110umol/l
- D. 70-year-old male with multiple myeloma who has 3 g/d of proteinuria, benign urine sediment and creatinine 600umol/l

Q27. Dialysis related amyloidosis (DRA) classically presents with:

- A. Heart failure
- B. Back pain
- C. non-traumatic fractures of small bones of hands
- D. Peripheral neuropathy
- E. Shoulder pain

Q28. Which of the following diseases recurs least commonly after kidney transplantation?

- A. Primary FSGS
- B. IgA nephropathy
- C. Goodpasture's Syndrome
- D. Mesangiocapillary GN

Q29. A 65-year-old male smoker presents with painless haematuria. Urinalysis shows the presence of 2+ blood and no protein. Urine microscopy does not show any dysmorphic red cells. A renal tract USS shows the presence of a left cyst with an inhomogeneous appearance. His renal function is normal. What is the next most appropriate test?

- A. Renal biopsy
- B. Non contrast CT/ MRI
- C. CT with contrast
- D. PET scan

Q30. The best marker for susceptibility to thromboembolism in a patient with active nephrotic syndrome is:

- A. Serum creatinine
- B. Degree of hypertension
- C. Degree of proteinuria
- D. Serum albumin
- E. Leg swelling