Kidney pathology

1. Immune nephropathy may be presented by:
    1. glomerulonephritis
    2. polycystic kidney disease
    3. pyelonephritis
    4. lupus erythematosus
    5. nephrolytiasis
2. Disturbances in kidney tubules reveal themselves in form of:
    1. aminoaciduria
    2. low creatinine clearance
    3. decreased acido-ammoniogenesis
    4. presence of alkalined erythrocytes in urine
    5. isostenuria
    6. non-selective proteinuria
3. The following features characterize the second stage of acute renal failure:
    1. increased renin synthesis
    2. obstruction of tubules lumen with cylinders
    3. decreased Na+ absorption by tubule apparatus
    4. increased GFR (glomerular filtrate rate)
    5. edema of glomerular parenchyma
4. Latent stage of chronic renal failure is characteristic of:
    1. severe azotemia
    2. decreased ability of kindney to concentrate urine
    3. low glomerular filtrate rate
    4. proteinuria
    5. pain in bones
    6. acidosis
5. Possible mechanisms of glucosuria are:
    1. increased filtration pressure in glomerules
    2. block of phosphorilation enzymes in tubular epithelium
    3. structural injury of proximal tubules
    4. hyperglycemia(more than 9mmol/L)
    5. increased permeability of glomerular filter
6. Infectious renal diseases seem to be the following:
    1. pyelonephritis
    2. glomerulonephritis
    3. nephrolithiasis
    4. nephropathy of pregnancy
7. The causes of decreasing in glomerular filtrate rate are the following:
    1. low sodium absorption in tubules
    2. drop of systemic blood pressure
    3. difficulties in urine drainage from kidney
    4. low activity of tubular epithelium
    5. decreased blood colloid-osmotic pressure
    6. loss of nephrones
8. Diminished GFR (glomerular filtrate rate) can be provoked by:
    1. decreased number of nephrones
    2. increased blood colloid-osmotic pressure
    3. cardiovascular insufficiency
    4. pheochromacytoma crisis
    5. spasm of efferent renal arterioles
    6. spasm of afferent renal arterioles
9. The following indices can characterize the second stage of an acute renal failure:
    1. hypovolemia
    2. metabolic alkalosis
    3. decreased blood urea
    4. decreased blood Ca++ and phosphates
10. Unfavorable consequences of high blood ammonia seem to be:
    1. disturbances in aminoacids deamination
    2. Crebs' cycle blockade
    3. increased urea synthesis
    4. impaired CNS neurotransmission
    5. decreased urea synthesis
    6. cholesterolemia
11. The following parameters characterize the second stage of chronic renal failure:
    1. hypovolemia
    2. metabolic alkalosis
    3. decreased urea content in blood
    4. secondary hyperparathyroidism
    5. decreased blood creatinine
    6. hyperkalemia
12. The following symptoms are characteristic of the second stage in chronic renal failure:
    1. hypervolemia
    2. anemia
    3. hypotension
    4. low blood Ca++ level
    5. increased blood urea
    6. decreased creatinine clearance
13. Factors predisposing to renal hypertension are the following:
    1. activation of sympathetic nerve system
    2. RAAS activation
    3. kallikrein-kinin system activation
    4. low renin synthesis
    5. retention of sodium by kidney
    6. increased production of prostaglandins by kidney
14. To metabolic nephropathy belong:
    1. polycystic kidney degeneration
    2. pyelonephritis
    3. nephropathy of pregnancy
    4. kidney tuberculosis
    5. nephrolithiasis

15. Decreasing in kidney filtration provokes:
    1. spasm of efferent arterioles
    2. spasm of afferent arterioles
    3. hypoproteinemia
    4. hydremia
    5. immune complex deposition in glomerules
16. The second stage of acute renal failure is characteristic of:
    1. immunodeficiency condition
    2. decreased blood urea
    3. growing azotemia
    4 dehydration
    5. retention of water
    6. hypokalemia
17. The prominent features of nephrotic syndrome are:
    1. low oncotic pressure
    2. increased systemic capillaries pressure
    3. disturbances in protein absorption in tubules
    4. increased permeability of glomerular filter
    5. massive proteinuria
    6. hyperalbuminemia
18. The prominent signs of an acute renal failure in second stage are:
    1. hypervolemia
    2. loss of weight
    3. hydropericardium
    4. dehydration
    5. anuria
    6. polyuria
19. As for polyuria stage of an acute renal failure the following symptoms are characteristic:
    1. immunodeficiency
    2. dehydration
    3. hypervolemia
    4. acidotic coma
    5. hydropericardium
    6. low urine specific gravity
20. To hereditary renal diseases belong:
    1. tuberculosis
    2. glomerulonephritis
    3. kidney polycyctic fibrosis
    4. Fanconi' s syndrome
    5. pyelonephritis
21. Normal osmolarity of plasma in mosmomol/kg is about:
    1. 1000 2. 600 3. 285 4. 100
22. Life-threatening complications of an acute glomerulonephritis are:
    1. acute heart insufficiency
    2. acute liver dystrophy
    3. massive proteinuria
    4. brain edema
    5. acute renal failure
23. The following signs are very characteristic of chronic renal failure in end-stage:
    1 metabolic alkalosis
    2. progressive azotemia
    3. hyperkalemia
    4. hypernatremia
    5. loss of bicarbonates
    6. hyperphosphatemia
24. Factors with decline GFR (glomerular filtrate rate) are:
    1. decreased blood oncotic pressure
    2. decreased systemic arterial pressure
    3. disturbances in urine drainage
    4. increased renin secretion
    5. spasm of efferent arterioles
    6. spasm of afferent arterioles
25. Indices of GFR decline seem to be the following:
    1. acidosis
    2. oliguria
    3. leukocyturia
    4. aminoaciduria
    5. low creatinine clearance
    6. non-selective proteinuria
    7. cylindruria
26. Disturbances in kidney tubules function reveal themselves in form of:
    1. low creatinine clearance
    2. hypostenuria
    3. low phenolrot clearance
    4. renal glucosuria
    5. aminoaciduria
    6. metabolic acidosis
27. Absorption of water by the kidney just after massive blood loss must be:
    1. increased 2. decreased 3. isn't changed
28. Which listed below signs may support hereditary origin of tubulary pathology?
    1. aminoaciduria
    2. hemoglobinuria
    3. hyperphosphaturia
    4. urobilinuria
    5. Fanconi's syndrome
    6. gucosuria
29. The following signs seem to be an evidence of impaired ultrafiltration in kidney glomerule:
    1. selective proteinuria
    2. aminoaciduria
    3. olyguria
    4. glucosuria
    5. urobilinuria
    6. hematuria
30. The basic mechanisms of kidney acidosis are:
    1. decreased protons secretion by the tubiuli
    2. increased ammonioegenesis
    3. excessive sodium absorption
    4. low lactic acid and ketone bodies excretion
    5. decreased ammonia secretion
    6. excessive urea acid secretion
31. Lack of which hormones may lead to polyuria?
    1. ADH
    2. GH
    3. aldosteron
    4. epinephrine
    5. oxytocin
    6. insulin
32. Point to the findings in urinolysis characteristic of glomerulonephritis:
    1. hematuria
    2. ketonuria
    3. proteinuria
    4. urobilinuria
    5. glucosuria
    6. cylindrurua
33. The factors which seem to be involved in hypertension outstanding when diffuse glomerulonephritis are the following:
    1. increased kinins production by the kidneys
    2. RAAS activation
    3. low kidney blood perfusion
    4. decreased secretion of PgE
    5. low kidney GFR (glomerular filtrate rate)

34. The following factors predispose to uro-nephrolithiasis:
    1. decreased content of soluble factors in urine
    2. infection of kidney parenchyma and urinary tract infection
    3. increased salt concentration in urine
    4. disturbances in urine drainage
    5. glucosuria
    6. hypoproteinemia
35. Polyuria is characteristic of:
    1. monotonous diuresis with urine density 1012-1006
    2. monotonous diuresis with urine density 1010-1012
    3. frequent (>6 times per 24h) urination
    4. diuresis< 400ml/24h
    5. increased 24h diuresis
    6. decreased 24h diuresis
36. Term pollakiuria means:
    1. monotonous diuresis with urine density 1010-1012
    2. monotonous diuresis with urine density 1006-1012
    3. frequent urination >6 times per 24h
    4. diuresis lesser than 300-400ml/24h
    5. increased 24h diuresis
    6. decreased 24h diuresis
37. Term oliguria means:
    1. monotonous diuresis with urine density 1010-1012
    2. monotonous diuresis with urine density 1006-1012
    3. frequent urination (more than 6 times/24h)
    4. decreased (lesser than 300-400ml/24h) diuresis
    5. decreased day/ night diuresis
    6. increased day/night diuresis
38. Term anuria means;
    1. monotonous diuresis with urine density 1010-1012
    2. monotonous diuresis with urine density 1006-1012
    3. frequent urination (more than 6 times/24h)
    4. diuresis lesser than 300-400 ml/24h
    5. increased 24h diuresis
    6. decreased 24h diuresis
39. Term hypostenuria means:
    1. monotonous diuresis with urine density 1010-1012
    2. monotonous diuresis with urine density 1006-1012
    3. frequent urinaton (more than 6times/24h)
    4. diuresis lesser than 300-400ml/24h
    5. increased 24h diuresis
    6. decreased 24 h diuresis
40. Term isostenuria means :
    1. monotonous diuresis with urine density 1010-1012
    2. monotonous diuresis with urine density 1006-1012
    3. frequent urination (more than 6 times per 24h)
    4. diuresis lesser than 300-400ml/24h
    5. increased 24h diuresis
    6. decreased 24 h diuresis
41. Anuria may be provoked by:
    1. kidney denervation
    2. psychical trauma
    3. severe pain
    4. band of ureter
    5. cardiac shock
42. Prerenal form of an acute renal failure may be caused by:
    1. acute pyelonephritis
    2. cardiogenic shock
    3. acute glomerulonephritis
    4. massive acute blood loss
    5. thrombosis of renal artery
43. The second azotemic stage of chronic renal failure reveals itself by the following signs:
    1. anemia
    2. hypo-isostenuria
    3. hypotension
    4. pain in bones
    5. compensatory acidosis
    6. primary parathyroidism
44. The causes of postrenal acute renal failure are:
    1. acute pyelonephritis
    2. poisoning of kidney with toxins
    3. nephrolithiasis
    4. acute heart failure
    5. adenoma of prostatic gland
    6. tumor of urinary bladder
45. The causes of intrarenal acute failure are:
    1. adenoma of prostatic gland
    2. stricture of ureter
    3. tumor of urinary bladder
    4. glomerulonephritis
    5. DIC-syndrome
    6. cardiovascular shock
46. Disturbances in urea acid metabolism accompany the following pathology:
    1. cholelithiasis
    2. anemia
    3. gout
    4. nephrolithiasis
    5. diabetes mellitus
    6.
47. The following conditions predispose to acidosis in renal failure:
    1. hypervolemia
    2. cycle Kreb’s blockade by ammonia
    3. tachycardia and hyperpnea
    4. diminished synthesis of bicarbonates by kidney
    5. suppression of H+ions secretion by kidney
    6. impaired function of kidney carboanhydrase

Constructive questions

48. The causes of diminished GFR (glomerular filtrate rate are the following:
1….2….3…
49. The causes of increase in GFR are:
1… 2…3…
50. List the cases of impaired acido-ammoniogenesis in kidney:
1…2…3…
51. The main mechanisms of anemia in case of chronic renal failure are:
1…2…3…4…
52. Decreased GFR of extrarenal reason are:
1…2…3…4…
53. List possible causes of hyperlipidemia developing in nephritic syndrome
1…2…3…
54. To edema of nephrotic syndrome the following factors predispose:
1…2…3…
55. Oligo-anuria in acute renal failure seems to be the result of:
1…2…3…
56. List the stages of chronic renal failure

57. List the stages of an acute renal failure

58. The main pathogenetic mechanisms of bone destruction in patient with chronic renal failure are:
1…2…3…
59. List the symptoms of the second stage in course chronic renal failure:
1…2…3…4…5…
60.List the symptoms of third stage in course of chronic renal failure:
1…2…3…4…5…
61.Complete the value of listed below indices (increased or decreased) characteristic of uremia:
1. potassium –increased
2. bicarbobates ….
3. BNU (blood urea nitrogen)…..
4. calcium……
5. hydrogen ions…
6. water…