

ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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CONTROL AND MEASURING TOOLS

Test tasks for intermediate assessment

Discipline: "Urogenital system in pathology"

Discipline code: USP 3222

Name and code of the OP: 6B10115 "Medicine"

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Shymkent, 2025 year

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Compiled by: Berdalieva G.B.

<question > Impaired function of the glomeruli of nephrons is accompanied by a decrease in:

- <variant >ultrafiltrate formation
- <variant >hydrogen ion excretion
- <variant >concentrating ability of the kidneys
- <variant >sodium reabsorption
- <variant >potassium reabsorption

<question > A decrease in the relative density of urine is called:

- <variant >hyposthenuria
- <variant >isosthenuria
- <variant >hypersthenuria
- <variant >cylindruria
- <variant >nocturia

<question > Renal cause of acute renal failure:

- <variant > acute renal parenchyma lesion
- <variant > acute dehydration
- <variant >kidney stone disease
- <variant >ureteral stricture
- <variant >hemolytic shock

<question > Mark the pathological component of urine:

- <variant >erythrocytes
- <variant >urea
- <variant >hyaline casts
- <variant >uric acid
- <variant >urobilinogen

<question > Nephrotic syndrome is characterized by:

- <variant >proteinuria
- <variant >hemoglobinuria
- <variant >hyposthenuria
- <variant >isosthenuria
- <variant >hyaline casts

<question > Name an example of tubulopathy :

- <variant >renal diabetes
- <variant >diabetes mellitus
- <variant >diabetes insipidus
- <variant >hemoglobinuria
- <variant >hypersthenuria

<question > Complete cessation of osmotic concentration of the kidneys is indicated by:

- <variant >isosthenuria
- <variant >hypersthenuria
- <variant >the density of the final urine is higher than the glomerular ultrafiltrate
- <variant >hemoglobinuria
- <variant >aminoaciduria

<question > The biochemical composition of blood in uremia is characterized by:

- <variant >hyperazotemia
- <variant >hyperglycemia
- <variant >hyposulfatemia
- <variant >hypophosphatemia
- <variant >hypercalcemia

<question > Name the indicator that characterizes the violation of glomerular filtration:

- <variant >hyperazotemia
- <variant >leukocyturia
- <variant >aminaciduria
- <variant >cylindruria

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<variant >glycosuria

<question > Renal clearance in the clinic is most often determined by:

<variant >creatinine

<variant >uræa

<variant >uric acid

<variant >potassium

<variant >phenol derivative

<question > The most accurate way to determine renal clearance is to determine in the blood:

<variant >in with ulina

<variant >urea

<variant >uric acid

<variant >potassium

<variant >phenol derivatives

<question > Select the pathological component of urine of renal origin:

<variant >leached red blood cells

<variant >indirect bilirubin

<variant >unchanged red blood cells

<variant >bile acids

<variant >urobilinogen

<question > The oligoanuric stage of acute renal failure is characterized by:

<variant >hyperazotemia

<variant >hypokalemia

<variant >dehydration

<variant >hypovolemia

<variant >reduction of residual nitrogen levels in the blood

<question > Increased glomerular filtration develops when:

<variant >hypervolemia

<variant >collapse

<variant > acute blood loss

<variant >dehydration

<variant >obstruction of the urinary tract

<question > Name the postrenal cause of renal dysfunction:

<variant >prostate adenoma

<variant >systemic circulatory disorders

<variant >neuropsychiatric disorders

<variant >hyperparathyroidism

<variant >primary aldosteronism

<question > To determine renal clearance, the clinic conducts a blood test for:

<variant >creatinine

<variant >uræa

<variant >uric acid

<variant >potassium

<variant >phenol derivatives

<question > Indicate the most common cause of acute glomerulonephritis :

<variant >streptococci

<variant >staphylococci

<variant >paramyxoviruses

<variant >Candida fungi

<variant >anaerobic flora

<question > The oligoanuric period of CRF is characterized by:

<variant >hyperhydration

<variant >hypovolemia

<variant >hypercalcemia

<variant >arterial hypotension

<variant >alkalosis

<question > The oligoanuric period of CRF is characterized by:

<variant >hypocalcemia

<variant >hypovolemia

<variant >hypercalcemia

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<variant >arterial hypotension

<variant >alkalosis

<question > The main non-immune mechanism of progression of chronic renal failure:

<variant >compensatory hyperfiltration in intact nephrons

<variant >suppression of the activity of the kallikrein-kinin system

<variant >reduced load on functioning nephrons

<variant >reduction of formation of cytokines and free oxygen radicals

<variant >production of autoantibodies against glomerular basement membrane antigens

<question > The appearance of "leached erythrocytes" in urine indicates their primary appearance in:

<variant >renal glomeruli

<variant >renal tubules

<variant >ureters

<variant >bladder

<variant >urethra

<question > Toxic-ischemic damage to the tubular epithelium of the nephron is observed in:

<variant >acute renal failure

<variant >tubular pathology

<variant >nephrotic syndrome

<variant >nephrolithiasis

<variant >chronic renal failure

<question > Reduction of tubularwater reabsorption develops with insufficiency:

<variant >vasopressin

<variant >aldosterone

<variant >glucocorticoids

<variant >corticotropin

<variant >thyrotropin

<question > Reduction of tubularwater reabsorption develops with insufficiency:

<variant >ADG

<variant >aldosterone

<variant >glucocorticoids

<variant >corticotropin

<variant >thyrotropin

<question > The development of hypoproteinemia is mainly due to a decrease in the content in the blood of:

<variant >albumins

<variant >globulins

<variant >haptoglobin

<variant >fibrinogen

<variant >transferrin

<question > On the 7th day of development of acute renal failure, the specific gravity of urine in the Zimnitsky test of the patient fluctuated within the range of 1.010–1.012. These indicators indicate a violation of:

<variant >concentration function of the kidneys

<variant >secretory function of the kidneys

<variant >excretory function of the kidneys

<variant >filtration function of the kidneys

<variant >reabsorption function of the kidneys

<question > Two weeks after a streptococcal infection, the patient developed edema, azotemia, oliguria , moderate proteinuria, hematuria, and diastolic arterial hypertension. These symptoms are characteristic of:

<variant >acute nephritic syndrome

<variant >acute cystitis

<variant >acute nephrotic syndrome

<variant >acute pyelonephritis

<variant >renovascular arterial hypertension

<question > The patient is in the torpid phase of traumatic shock. Blood pressure is 70/30 mm Hg , daily diuresis is 100 ml.

The main pathogenetic link in the development of this form of acute renal failure:

<variant >ischemia and hypoxia of the renal cortex

<variant >increased renal blood flow

<variant >impaired urine flow from the kidneys

<variant >dilation of renal cortex arterioles

<variant >decreased blood supply to the renal medulla

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<question> Pain in the lumbar region, increased body temperature, positive percussion symptom, cloudy urine with flakes, leukocyturia, bacteriuria. Nechiporenko test: leukocytes - 4500, erythrocytes - 1300. An important pathogenetic factor in the development of this disease:

- <variant>organic or functional disorders of urodynamics
- <variant>glomerular inflammation of immune genesis
- <variant>formation of complement-fixing antirenal antibodies
- <variant>formation of autoantibodies to glomerular antigens
- <variant>formation of endogenous toxins

<question> In a patient with transmural myocardial infarction, daily diuresis decreased to 50 ml on the 2nd day, protein in the urine was 0.66 g/l, the relative density of urine was 1.006. In the blood, there was a significant increase in residual nitrogen, urea, and potassium. In the pathogenesis of this typical form of kidney pathology, an important role is played by:

- <variant>leakage of filtrate through the wall of damaged tubules into the interstitium
- <variant>inhibition of tubular epithelial apoptosis
- <variant>suppression of the renin- angiotensin system
- <variant>increased delivery of sodium and water to the distal tubules of the kidneys
- <variant>vasodilation of afferent arterioles

<question> The patient developed macrohematuria with fever up to 38°C over the course of a month. He was treated with antibiotics without effect. BP 150/90 mm Hg . In the blood: Hb 160 g/l, ESR 57 mm/hour. The postrenal cause of renal dysfunction in this case may be:

- <variant>prostate adenoma
- <variant>systemic circulatory disorders
- <variant>neuropsychiatric disorders
- <variant>hyperparathyroidism
- <variant>primary aldosteronism

<question> The patient complained of fever, frequent painful urination, and lower back pain. The urine contained numerous neutrophils and leukocyte casts. Bacteriological examination revealed more than 105 bacteria/ml of urine. The most probable cause of this pathology is:

- <variant>Escherichiacoli
- <variant>Pseudomonasaeruginosa
- <variant>Proteus vulgaris
- <variant>Haemophilus influenza
- <variant>Neisseriagonorrhoeae

<question> On the 7th day of development of acute renal failure, the specific gravity of urine in the Zimnitsky test of the patient fluctuated within the range of 1.010–1.012. These indicators indicate a violation of:

- <variant> renal concentration function
- <variant> excretory function of the kidneys
- <variant> filtration function of the kidneys
- <variant> renal reabsorption function
- <variant> secretory function of the kidneys

<question> Two weeks after a streptococcal infection, the patient developed severe edema, azotemia, severe proteinuria, slight hematuria, and BP 120/80. These symptoms are typical for:

- <variant> acute nephrotic syndrome
- <variant> acute cystitis
- <variant> acute nephritic syndrome
- <variant> acute pyelonephritis
- <variant> renovascular arterial hypertension

<question> The patient is in the torpid phase of traumatic shock. Blood pressure is 70/30 mm Hg , daily diuresis is 100 ml. The main pathogenetic link in the development of this form of acute renal failure:

- <variant> decreased blood supply to the renal cortex
- <variant> increased renal blood flow
- <variant> obstruction of urine outflow from the kidneys
- <variant> dilation of renal cortex arterioles
- <variant> decreased blood supply to the renal medulla

<question> Impaired function of the glomeruli of nephrons is accompanied by a decrease in ...

- <variant> formation of primary urine
- <variant> hydrogen ion excretion
- <variant> kidney concentrating ability
- <variant> sodium reabsorption
- <variant> potassium reabsorption

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<question > An increase in glomerular filtration is observed in

<variant > increasing the tone of the efferent glomerular arteries

<variant > increasing the tone of the afferent glomerular arteries

<variant > hyperproteinemia

<variant > hypovolemia

<variant > decrease in the permeability of the glomerular filter membranes

<question > Hematuria is the appearance of ... in the urine.

<variant > erythrocytes

<variant > leukocytes

<variant > epithelial cells

<variant > cylinders

<variant > squirrel

<question > Massive proteinuria (up to 40 g/ day) characterizes

<variant > nephrotic syndrome

<variant > chronic glomerulonephritis

<variant > acute glomerulonephritis

<variant > nephrolithiasis

<variant > pyelonephritis

<question > Pyuria is the appearance of ... in urine.

<variant > a large number of leukocytes

<variant > erythrocytes

<variant > significant amount of protein

<variant > large number of cylinders

<variant > stones

<question > An increase in the relative density of urine is called

<variant > hypersthenuria

<variant > hyposthenuria

<variant > isosthenuria

<variant > cylindruria

<variant > nocturia

<question > Prerenal cause of acute renal failure is

<variant > shock

<variant > urinary tract obstruction

<variant > acute renal parenchyma lesion

<variant > prostate adenoma

<variant > kidney removal

<question > Post-anal cause of acute renal failure is

<variant > formation of stones in the ureters

<variant > shock

<variant > kidney tumor

<variant > acute glomerulonephritis

<variant > dehydration

<question > The renal cause of acute renal failure is

<variant > acute renal parenchyma lesion

<variant > acute dehydration

<variant > kidney stone disease

<variant > ureteral stricture

<variant > shock

<question > In the pathogenesis of chronic renal failure, the main mechanism is

<variant > gradual decrease in the number of active nephrons

<variant > increase in blood oncotic pressure

<variant > massive toxic damage to nephrons

<variant > increased intrarenal pressure

<variant > drop in filtration pressure in the glomeruli

<question > In the first stage of chronic renal failure, there is

<variant > reduction of glomerular filtration up to 50 percent

<variant > increased creatinine levels in the blood

<variant > increased blood urea levels

<variant > increase in residual nitrogen in the blood

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<variant>oligoanuria

<question> The second stage of chronic renal failure is characterized by the death of ... percent of nephrons.

<variant>75

<variant>20

<variant>30

<variant>50

<variant>10

<question> The terminal stage of chronic renal failure is characterized by ...

<variant> uremia

<variant> polyuria

<variant> hypersthenuria

<variant> hyperfiltration in the glomeruli

<variant> hypersecretion of renal tubular epithelium

<question> To reduce the level of toxic metabolic products in the blood in chronic renal failure, ... is used .

<variant> hemodialysis

<variant> infusion of large quantities of hyperosmolar solutions

<variant> blood transfusion

<variant> antiviral therapy

<variant> antibacterial therapy

<question> Pathological components of urine are

<variant> erythrocytes

<variant> urea

<variant> hyaline casts

<variant> uric acid

<variant> urobilinogen

<question> Nephrotic syndrome is characterized by ...

<variant> proteinuria

<variant> hemoglobinuria

<variant> hyposthenuria

<variant> isosthenuria

<variant> cylindruria

<question> A 3-year-old child developed generalized edema 10 days after pharyngitis. Laboratory tests: severe albuminuria, hypoalbuminemia, hyperlipidemia. The patient most likely has:

<variant> acute poststreptococcal glomerulonephritis

<variant> minimal change nephropathy

<variant> membranoproliferative glomerulonephritis

<variant> membranous glomerulonephritis

<variant> rapidly progressive glomerulonephritis

<question> The patient had a sore throat. After 2 weeks, eyelid edema, weakness, decreased performance appeared, and a month later - edema of the lumbar region and genitals. Urine analysis: specific gravity - 1021, protein - 4.0 g / l, erythrocytes - 15-20 in the field of vision, hyaline cylinders in the preparation. Massive proteinuria (more than 40 g / day) is most characteristic of:

<variant> nephrotic syndrome

<variant> ureteral stricture

<variant> nephritis syndrome

<variant> nocturia

<variant> nephrotitis

<question> The patient had a sore throat. After 2 weeks, there were swelling of the eyelids, weakness, decreased performance, and a month later - swelling of the lumbar region and genitals. Urine analysis: specific gravity - 1021, protein - 4.0 g / l, erythrocytes - 15-20 in the field of vision, hyaline cylinders in the preparation. The most common form of glomerular damage in children:

<variant> Minimal change nephropathy

<variant> Membranoproliferative glomerulonephritis

<variant> Membranous glomerulonephritis

<variant> Segmental glomerulonephritis

<variant> Chronic glomerulonephritis

<question> A patient suffering from rheumatism, decompensated complex mitral valve disease, against the background of congestive heart failure (shortness of breath, liver enlargement, edema in the lower extremities) showed proteinuria in urine

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tests - 1.5 g / l, erythrocyturia - up to 12 in the field of vision , cylindruria . Proteinuria in acute poststreptococcal glomerulonephritis :

<variant > non-selective

<variant > selective

<variant > overload

<variant > predominantly albuminuria

<variant > predominantly protein loss

<question > The patient complained of fever, frequent painful urination, and lower back pain. The urine contained numerous neutrophils and leukocyte casts. Bacteriological examination revealed more than 105 bacteria/ml of urine. The most probable cause of this pathology is:

<variant > Escherichiacoli

<variant > Pseudomonasaeruginosa

<variant > Proteus vulgaris

<variant > Haemophilus influenza

<variant > Neisseriagonorrhoeae

<question > The patient was admitted with complaints of massive edema, thirst, headaches, and dyspnea at rest. The patient had a sore throat 10 days ago. Objectively: severe edema of the face, legs, and lumbar region. BP - 180/100 mm Hg. In urine: specific gravity - 1026, protein - 4.5 g / l, leukocytes - 10-15 in the field of vision. Fresh and leached erythrocytes 3-5 in the field of vision, hyaline cylinders 3-4 in the field of vision. Daily diuresis - 300 ml. Stages of diuresis impairment in acute renal failure:

<variant > initial, oligoanuria, polyuria, restoration of diuresis

<variant > initial, oligoanuria, restoration of diuresis, polyuria

<variant > initial, polyuria, restoration of diuresis, oligoanuria

<variant > oligoanuria, polyuria, recovery

<variant > initial, progressive, terminal

<question > The patient was admitted to the emergency room complaining of nausea, vomiting, severe weakness, drowsiness, itching, and decreased diuresis. History: chronic pyelonephritis for many years. Frequent exacerbations. Over the past 6 months, the above symptoms have been bothering him. Objectively: the general condition is severe. The skin is pale with a yellowish tint, dry, with traces of scratching. Swelling of the face. Complete blood count: erythrocytes - $2.5 \times 10^{12}/l$, Hb - 75 g/l, L - $8.9 \times 10^9/l$, ESR - 15 mm/h. Blood biochemistry: creatinine - 117 $\mu\text{mol}/l$, urea - 10.5 mmol /l, total protein - 65 g/l, calcium - 2.5 mmol /l, potassium - 5.1 mmol /l, sodium - 160 mmol /l. The oligoanuric stage of ARF is characterized by:

<variant > hyperazotemia , metabolic acidosis

<variant > hypokalemia

<variant > metabolic alkalosis

<variant > hypovolemia

<variant > reduction of residual nitrogen level in blood

<question > The patient has been suffering from diabetes for 4 years. Complaints of pain in the lumbar region, dizziness, decreased appetite, decreased performance, sleep disturbances, nausea, vomiting. Objectively: general condition is severe. Pale skin, traces of "scratching". In the lungs, breathing is weakened vesicular, isolated dry wheezing, blood pressure is 150/100 mm Hg. Complete blood count: erythrocytes - $2.3 \times 10^{12}/l$, Hb-90 g/l. Biochemical blood test: urea - 25 mmol /l, creatinine - 742 $\mu\text{mol}/l$, potassium - 6.4 mmol /l. General urine analysis: specific gravity - 1010, protein - 4.5 g/l, L-15-17 in the field of vision, erythrocytes - 3-5 in the field of vision. In the first stage of CRF, the following is observed:

<variant > reduction of glomerular filtration by 50%

<variant > reduction of glomerular filtration by 90%

<variant > increased creatinine levels in the blood

<variant > increased blood urea levels

<variant > increase in residual nitrogen in the blood

<question > The patient was admitted to the emergency room complaining of nausea, vomiting, itchy skin, and decreased diuresis. He has been suffering from chronic pyelonephritis for many years. Objectively: the skin is pale with a yellowish tint, with traces of scratching, swelling in the face. Complete blood count: erythrocytes - $2.5 \times 10^{12}/l$, Hb - 75 g/l, L - $8.9 \times 10^9/l$, ESR - 15 mm /h. Blood biochemistry: creatinine - 117 $\mu\text{mol}/l$, urea - 10.5 mmol /l, total protein - 65 g/l, calcium - 2.5 mmol /l, potassium - 5.1 mmol /l, sodium - 160 mmol /l. Glomerular filtration in the hyperazotemic stage of CRF can be reduced by:

<variant > 80%

<variant > 30%

<variant > 40%

<variant > 50%

<variant > 10%

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<question> Patient U. has been registered for many years for chronic glomerulonephritis, blood pressure - 200/120 mm Hg, minor eyelid edema, creatinine - 0.670 mmol / l, urea - 6.1 mmol / l. In the urëmic stage of CRF, the following is observed:

- <variant> hyperazotemia
- <variant> polyuria

- <variant> increase in relative density of urine
- <variant> increase in glomerular filtration
- <variant> increase in tubular reabsorption

<question> The patient complains of swelling of the shins and headaches. An odontogenic gum abscess was opened 2 weeks ago. Objectively: the lungs and heart are normal. Blood pressure is 140/100 mm Hg. In the blood: leukocytes - 7.8 thousand, ESR - 22 mm / h. Urine analysis: specific gravity - 1018, protein - 1.72 g / l, leukocytes - 10-12 in the field of vision, erythrocytes - 35-40 in the field of vision, hyaline cylinders 0-1 in the field of vision. The leading pathogenetic factor of nephrotic edema in this case is:

- <variant> hypoproteinemia
- <variant> increased permeability of the vascular wall
- <variant> hyperproteinemia
- <variant> obstruction of lymph drainage
- <variant> decrease in hydrostatic pressure of blood

<question> The patient is bothered by headaches, thirst, nausea, vomiting, nosebleeds, weakness, poor appetite. Has been ill for 10 years. Objectively: pale, there are traces of scratching on the skin, the percussion symptom is positive on both sides. BP - 180/100 mm Hg. HR - 100 beats / min. In the blood: Hb - 96 g / l, erythrocytes - $2.8 \cdot 10^{12}$ / l, leukocytes - $8.2 \cdot 10^9$ / l, ESR - 35 mm / h, urea - 16 mmol / l, creatinine - 0.250 mmol / l. Urine analysis: relative density - 1005, protein - 4.5 g / l, leukocytes - 8-12 in the field of vision, erythrocytes - 20-25 in the field of vision. The development of osteoporosis in chronic renal failure is facilitated by:

- <variant> vitamin D metabolism disorder
- <variant> hypercalcemia
- <variant> hypoparathyroidism
- <variant> primary hyperparathyroidism
- <variant> hyperkalemia

<question> The patient was sleepy during the day. He was vomiting, and his mouth smelled of urine. There was a "uremic pattern" on the skin. The urine was light yellow, and its relative density was reduced. The following method is used to reduce the level of toxic metabolic products in the blood in uremia:

- <variant> hemodialysis
- <variant> blood transfusion
- <variant> antiviral therapy
- <variant> antibacterial therapy
- <variant> introduction of hyperosmolar solutions

<question> A patient in the oliguric period of acute renal failure may experience cardiac arrest. What is the cause of this:

- <variant> hyperkalemia
- <variant> hypernatremia
- <variant> hyperhydration
- <variant> hypocalcemia
- <variant> hypophosphatemia

<question> The ratio of nocturnal diuresis to daytime diuresis in a patient with chronic renal failure is 1:1. What type of kidney pathology has developed in the patient:

- <variant> nocturia
- <variant> oliguria
- <variant> polyuria
- <variant> hematuria
- <variant> glycosuria

<question> The patient develops fever, nausea, pain in the right lumbar region, myalgia and arthralgia. During examination, Pasternatsky's symptom is positive. Urine reaction is alkaline, leukocyturia is observed. In this case, the etiotropic treatment is considered:

- <variant> antibiotic therapy
- <variant> herbal medicine
- <variant> antipyretic therapy
- <variant> detoxification therapy
- <variant> anti-inflammatory therapy

<question> The patient suffers from pyelonephritis. Severe headaches, itchy skin, and pain in the stomach area have appeared. Petechial rashes are observed on the skin and chest of the arms, and white scales are on the hair roots. The smell of

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ammonia comes from the mouth. Pericardial friction rub and noisy Kussmaul breathing are noted . How many nephrons are functioning at this stage of CRF:

<variant > less than 10% of nephrons

<variant> 90% nephrons

<variant> 70% nephrons

<variant> 50% nephrons

<variant > 30% nephrons

<question > During the operation, the patient was transfused with blood with an inappropriate blood group. The patient's condition is serious, he lost consciousness. The blood test revealed: anemia, hyperazotemia due to an increase in residual nitrogen, urea, creatinine . Daily diuresis is 200 ml, the relative density of urine is 1.009-1.012. What type of urinary system dysfunction has developed in the patient:

<variant > acute renal failure

<variant > nephrotic syndrome

<variant > nephritic syndrome

<variant > urinary syndrome

<variant > chronic renal failure

<question > A patient with acute renal failure has depressed consciousness, hypotension, and hyporeflexia . Daily diuresis is 3.8 liters, and the relative density of urine is 1.007. This stage of ARF is characterized by:

<variant >hypokalemia

<variant >hypervolemia

<variant > residual nitrogen tends to increase

<variant >hyperhydration of the body

<variant >oliguria

<question > On the 7th day after the development of acute renal failure, the relative density of the patient's urine according to the Zimnitsky test fluctuated to 1.010–1.012. These changes indicate a violation of ...:

<variant > renal concentration function

<variant > secretory function of the kidneys

<variant > excretory function of the kidneys

<variant > filtration function of the kidneys

<variant > renal reabsorption function

<question > The patient was taken to the hospital from the scene of the accident. The chest and abdomen were severely injured. Conscious. Blood pressure was 70/30 mm Hg . Daily diuresis was 30 ml, the relative density of urine fluctuated within 1.010–1.012. What quantitative and qualitative changes in urine developed in the patient:

<variant > anuria, isosthenuria

<variant > anuria, proteinuria

<variant>oliguria , hypersthenuria

<variant>oliguria , hyposthenuria

<variant>oliguria , proteinuria

<question > Increased permeability of the basal membrane of glomerular capillaries in chronic glomerulonephritis , the transition of negative charge to positive and catabolic processes in the renal parenchyma lead to:

<variant > proteinuria

<variant >oliguria

<variant > hematuria

<variant >nocturia

<variant >leukocyturia

<question > The manifestations of this syndrome are considered to be high proteinuria, anemia, hypoalbuminemia , dysproteinemia , hyperlipidemia , generalized edema, increased relative density of urine, lipiduria , formation of wax-like casts in the urine:

<variant > nephrotic syndrome

<variant >nocturic syndrome

<variant >pollakiuric syndrome

<variant >leukocyturia

<variant > nephritic syndrome

<question > The patient had been suffering from diffuse chronic glomerulonephritis for 7 years . Heart pain, palpitations, and severe edema appeared. Daily diuresis was 1100 ml, the relative density of urine was 1.042, and granular and waxy cylinders were found. Hypoproteinemia , hyperlipidemia , and hypernatremia were detected in the blood . The patient's symptoms were characterized by:

<variant > nephrotic syndrome

<variant > pyelonephritis

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<variant > renal amyloidosis

<variant > nocturic syndrome

<variant > nephritic syndrome

<question > Two weeks after acute tonsillitis, the patient developed generalized edema on his body. General urine analysis: daily diuresis - 400 ml, relative density of urine - 1.020, protein - 1.8 g/l. When examining the sediment in the urine under a microscope, the following were found in the field of vision: leukocytes - 2-4, erythrocytes - 25-28, hyaline cylinders - 0-1.

These symptoms are characterized by:

<variant > oliguria, proteinuria, hematuria

<variant > oliguria, leukocyturia, hematuria

<variant > oliguria, hyposthenuria, proteinuria

<variant > oliguria, leukocyturia, cylindruria

<variant > anuria, hypersthenuria, hematuria

<question > Ten days after the vaccinations, the patient developed weakness, facial swelling, and dizziness. Blood pressure was 150/95 mm Hg. Diuresis was 750 ml, the relative density of urine was 1.028, and protein was 1.6 g/l. Microscopy of urine sediment revealed altered erythrocytes - 30-40 in the field of vision, leukocytes - 6-8 in the field of vision, hyaline and erythrocyte casts. The above clinical and laboratory signs are characteristic of one of the following conditions:

<variant > acute glomerulonephritis

<variant > acute cystitis

<variant > renal amyloidosis

<variant > lipoid nephrosis

<variant > acute pyelonephritis

<question > Ten days after vaccination, the patient developed weakness, facial swelling, and dizziness. Blood pressure was 150/95 mm Hg. Diuresis was 350 ml, the relative density of urine was 1.028, and protein was 1.6 g/l of urine. Microscopy of urine sediment revealed altered erythrocytes - 30-40 in the field of vision, leukocytes - 6-8 in the field of vision, hyaline and erythrocyte casts. These symptoms are characterized by:

<variant > oliguria, proteinuria, hematuria

<variant > oliguria, leukocyturia, hematuria

<variant > oliguria, hyposthenuria, proteinuria

<variant > oliguria, leukocyturia, cylindruria

<variant > anuria, hypersthenuria, hematuria

<question > During the operation, the patient was transfused with blood of an incompatible blood group. The patient's condition is serious, he lost consciousness. The blood test revealed: anemia, hyperazotemia due to an increase in residual nitrogen, urea, creatinine. Daily diuresis is 200 ml, the relative density of urine is 1.009-1.012. What type of urinary system dysfunction has developed in the patient:

<variant > acute renal failure

<variant > nephrotic syndrome

<variant > nephritic syndrome

<variant > leukocyturic syndrome

<variant > chronic renal failure

<question > The experiment revealed that the final concentration of urine occurs in the collecting tubules passing through the renal medulla. Water reabsorption in the collecting tubules is regulated primarily by a hormone that, by interacting with V2 receptors, promotes the incorporation of water channels into the apical and basal membranes of the epithelial cells of the collecting tubules. The mechanism of action of which hormone is described:

<variant > vasopressin

<variant > insulin

<variant > glucagon

<variant > cortisol

<variant > somatotropin

<question > A patient with high blood pressure has a narrowing of one of the renal arteries. What substance is released in the kidney when renal blood flow is reduced:

<variant > renin

<variant > angiotensin I

<variant > angiotensin II

<variant > aldosterone

<variant > cortisol

<question > The group of proximal tubulopathies includes:

<variant > phosphaturia

<variant > diabetes insipidus

<variant > pseudohypoaldosteronism

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<variant >distal renal tubulopathy

<variant >Tony -Debreu - Fanconi syndrome

<question > The group of proximal tubulopathies includes:

<variant >renal glucosuria

<variant >diabetes insipidus

<variant >pseudohypoaldosteronism

<variant >distal renal tubulopathy

<variant >Tony -Debreu - Fanconi syndrome

<question > This type of tubulopathy is associated with hypophosphatemia , rickets-like changes in the bones. It is believed that the mechanism of development of this disease is played by the absence of a transport protein and the absence of receptors for binding calcitriol . Define the described condition:

<variant >phosphaturia

<variant >renal glucosuria

<variant >Debreu-Fanconi syndrome

<variant >renal hyperaminoaciduria

<variant >pseudohypoaldosteronism

<question > This type of tubulopathy is characterized by elevated levels of glucose in the urine, but normal or low levels of glucose in the blood. Identify the condition described:

<variant >Debreu-Fanconi syndrome

<variant >diabetes mellitus

<variant >phosphaturia

<variant >renal hyperaminoaciduria

<variant >pseudohypoaldosteronism

<question > Factor contributing to sodium retention in the kidneys:

<variant >stimulation of RAAS

<variant >elevated atrial natriuretic factor

<variant >increase in progesterone

<variant >decreased parathyroid hormone

<variant >increased glucagon

<question > Hormone that promotes sodium retention in the body:

<variant >aldosterone

<variant >thyroxine

<variant >progesterone

<variant >parathyroid hormone

<variant >glucagon

<question > Hormone(s) that promote sodium retention in the body:

<variant >glucocorticoids

<variant >thyroxine

<variant >progesterone

<variant >parathyroid hormone

<variant >glucagon

<question > Hormone that increases the excretion of sodium from the body:

<variant >parathyroid hormone

<variant >insulin

<variant >somatotropic hormone

<variant >estrogens

<variant >glucocorticoids

<question > Hormone that increases the excretion of sodium from the body:

<variant >glucagon

<variant >insulin

<variant >somatotropic hormone

<variant >estrogens

<variant >glucocorticoids

<question > Excessive potassium loss may be caused by:

<variant >hyperaldosteronism

<variant > low flow rate of tubular fluid

<variant > proximal tubular alkalosis

<variant > increase in lipocaine

<variant >hyperproductionendorphins

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<question > Excessive potassium loss may be caused by:

<variant > high fluid flow rate in the tubules

<variant > low fluid flow rate in the tubules

<variant > proximal tubular alkalosis

<variant > increase in lipocaine

<variant > hyperproduction of endorphins

<question > Calcium reabsorption is mainly stimulated by:

<variant > parathyroid hormone

<variant > insulin

<variant > somatotrophic hormone

<variant > estrogens

<variant > glucocorticoids

<question > Calcium reabsorption is mainly stimulated by:

<variant > thyrocalcitonin

<variant > insulin

<variant > somatotrophic hormone

<variant > estrogens

<variant > glucocorticoids

<question > Of the following, nephrotic syndrome is most characterized by:

<variant > proteinuria

<variant > macrohematuria

<variant > oliguria

<variant > arterial hypertension

<variant > the presence of subendothelial immune complexes

<question > Of the following, nephrotic syndrome is most characterized by:

<variant > gradual start

<variant > macrohematuria

<variant > minor swelling

<variant > arterial hypertension

<variant > the presence of subendothelial immune complexes

<question > Of the following, nephritic syndrome is most characterized by:

<variant > acute onset

<variant > mesangial deposition of immune complexes

<variant > lipiduria

<variant > severe swelling

<variant > significant decrease in blood albumin

<question > Of the following, nephritic syndrome is most characterized by:

<variant > slight swelling

<variant > mesangial deposition of immune complexes

<variant > lipiduria

<variant > severe swelling

<variant > significant decrease in blood albumin

<question > This type of acute renal failure (ARF) is characterized by impaired renal hemodynamics without damage to the renal parenchyma. Determine the type of ARF described:

<variant > prerenal

<variant > renal

<variant > postrenal

<variant > idiopathic

<variant > iatrogenic

<question > This type of acute renal failure (ARF) is associated with damage to the renal tubules. Identify the type of ARF described:

<variant > renal

<variant > prerenal

<variant > postrenal

<variant > idiopathic

<variant > iatrogenic

<question > Causes of prerenal acute renal failure may be:

<variant > blood loss, dehydration

<variant > disseminated intravascular coagulation

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<variant > acute tubular necrosis
<variant > nonsteroidal anti-inflammatory drugs
<variant > urinary tract obstruction
<question > Prerenal acute renal failure may be caused by:
<variant > decrease in effective blood flow volume
<variant > disseminated intravascular coagulation
<variant > acute tubular necrosis
<variant > nonsteroidal anti-inflammatory drugs
<variant > urinary tract obstruction
<question > Acute renal failure may be caused by:
<variant > disseminated intravascular coagulation
<variant > decrease in effective blood flow volume
<variant > blood loss, dehydration
<variant > shock, collapse
<variant > urinary tract obstruction
<question > Acute renal failure may be caused by:
<variant > acute tubular necrosis
<variant > decrease in effective blood flow volume
<variant > blood loss, dehydration
<variant > shock, collapse
<variant > urinary tract obstruction
<question > The cause of postrenal acute renal failure may be:
<variant > urinary tract obstruction
<variant > bacterial toxins
<variant > acute tubular necrosis
<variant > disseminated intravascular coagulation
<variant > acute systemic hypotension
<question > The cause of postrenal acute renal failure may be:
<variant > bladder cancer
<variant > bacterial nephrotoxins
<variant > acute tubular necrosis
<variant > disseminated intravascular coagulation
<variant > acute systemic hypotension
<question > This phase of renal acute renal failure (ARF) lasts from several hours to 1-3 days; there are no signs of renal dysfunction; hemodynamic disturbances predominate. Name the described phase of ARF:
<variant > initial phase
<variant > period of oliguria
<variant > diuresis recovery period
<variant > recovery period
<variant > latent phase
<question > Functional and metabolic disorders in acute renal failure include:
<variant > hyperazotemia
<variant > decrease in serum urea
<variant > normal residual nitrogen content in the blood
<variant > decrease in creatinine in the blood
<variant > amino acid content in blood serum is normal
<question > Functional and metabolic disorders in acute renal failure include:
<variant > elevated serum urea levels
<variant > hypoazotemia
<variant > normal residual nitrogen content in the blood
<variant > decrease in creatinine in the blood
<variant > amino acid content in blood serum is normal
<question > Functional and metabolic disorders in acute renal failure include:
<variant > elevated creatinine in the blood
<variant > decrease in serum urea
<variant > hypoazotemia
<variant > normal residual nitrogen content in the blood
<variant > amino acid content in blood serum is normal
<question > Functional and metabolic disorders in acute renal failure include:

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<variant >high serum amino acid levels

<variant > decrease in serum urea

<variant >hypoazotemia

<variant > normal residual nitrogen content in the blood

<variant > decrease in creatinine in the blood

<question > In acute renal failure, the development of peripheral edema and effusion is primarily due to:

<variant >hyperhydration

<variant >hypokalemia

<variant >hypomagnesemia

<variant > decrease in sodium in the blood

<variant > increased chlorine in the blood

<question > In acute renal failure, the development of pulmonary and cerebral edema is primarily due to:

<variant >hyperhydration

<variant >hypokalemia

<variant >hypomagnesemia

<variant > decrease in sodium in the blood

<variant > increased chlorine in the blood

<question > Causes of chronic renal failure may be:

<variant > chronic glomerulonephritis

<variant >hypovolemic shock

<variant > acute tubular necrosis

<variant > toxic toxins

<variant > acute urinary tract obstruction

<question > Causes of chronic renal failure may be:

<variant >tubulointerstitial nephritis

<variant >hypovolemic shock

<variant > acute tubular necrosis

<variant > toxic shock

<variant > acute urinary tract obstruction

<question > This phase of chronic renal failure (CRF) is characterized by normal plasma creatinine levels and normal glomerular filtration rate, but concentration and dilution tests reveal a decrease in the functional reserve of the kidneys. Determine the stage being described:

<variant >I A

<variant >II B

<variant >II A

<variant >II B

<variant >III

<question > This phase of renal acute renal failure (ARF) lasts from 6 to 12 months. It is characterized by gradual normalization of the volume of diuresis, the function of the tubular epithelium, the clearance of insulin and endogenous creatinine. Name the described phase of ARF:

<variant > recovery period

<variant > initial phase

<variant > period of oliguria

<variant > diuresis recovery period

<variant > latent phase

<question > In acute renal failure, arterial hypertension and left ventricular failure are primarily caused by:

<variant >hyperhydration

<variant >hypokalemia

<variant >hypomagnesemia

<variant > decrease in sodium in the blood

<variant > increase in chlorine in the blood

<question > In acute renal failure, cardiac arrest is most often caused by:

<variant >hyperkalemia

<variant >hyperhydration

<variant >hypomagnesemia

<variant > increased sodium in the blood

<variant > increase in chlorine in the blood

<question > In acute renal failure, seizures and hyperparathyroidism are most often caused by:

<variant >hypocalcemia

<variant >hyperhydration
<variant >hypomagnesemia
<variant >hyperkalemia
<variant > increase in chlorine in the blood

Protocol No. 13 from " 26 " 06 2025.
Head of the Department  Sadykova A. Sh.