

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

Test tasks for midterm control No. 1

Discipline: "Urogenital system in pathology"

Discipline code: USP 3222

Name and code of the EP: 6B 10115 "Medicine"

Amount of study hours/credits: 30 hours/ 1 credit

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Compiled by: Berdalieva G.B.

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

- <variant>formation of ultrafiltrate
- <variant>hydrogen ion excretion
- <variant>the concentration capacity 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>cyindruria
- <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>final urine density is higher than 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>cyindruria
- <variant>glycosuria

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

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<variant>creatinine

<variant>urea

<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 with:

<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>urea

<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

<variant>arterial hypotension

<variant>alkalosis

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

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<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 red blood cells" 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> A decrease in tubular reabsorption of water develops with insufficiency of:
 <variant> vasopressin
 <variant> aldosterone
 <variant> glucocorticoids
 <variant> corticotropin
 <variant> thyrotropin
 <question> A decrease in tubular reabsorption of water develops with insufficiency of:
 <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> reduction of blood supply to the renal medulla
 <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

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- <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 blood pressure of 120/80. These symptoms are characteristic of:

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

<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

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<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> protein

<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 functioning nephrons

<variant> increase in blood oncotic pressure

<variant> massive toxic damage to nephrons

<variant> increased intrarenal pressure

<variant> drop in glomerular filtration pressure

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

<variant> decrease in glomerular filtration rate by up to 50 percent

<variant> increased creatinine levels in the blood

<variant> increased blood urea levels

<variant> increase in residual nitrogen in the blood

<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

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<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, the following 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, eyelid edema, weakness, decreased performance appeared, and a month later - edema of the lumbar region, 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> In a patient suffering from rheumatism, decompensated complex mitral valve disease, against the background of congestive heart failure (dyspnea, liver enlargement, edema in the lower extremities), urine tests revealed proteinuria - 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:

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<variant> Escherichia coli

<variant> Pseudomonas aeruginosa

<variant> Proteus vulgaris

<variant> Haemophilus influenza

<variant> Neisseria gonorrhoeae

<question> The patient was admitted with complaints of massive edema, thirst, headaches, shortness of breath at rest. The patient had a sore throat 10 days ago. Objectively: severe edema of the face, legs, 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> decrease in the level of residual nitrogen in the blood

<question> The patient has been suffering from diabetes mellitus 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> 50% reduction in glomerular filtration

<variant> 90% reduction in glomerular filtration

<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%

<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 uremic stage of CRF, the following is observed:

<variant> hyperazotemia

<variant> polyuria

<variant> increase in relative density of urine

<variant> increase in glomerular filtration

<variant> increased tubular reabsorption

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