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Compiled by: Berdalieva G.B.

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

in the discipline "Urogenital system in pathology

- <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>cylindruria
- <variant>nocturia
- <question> Renal cause of acute renal failure:
- <variant>acute renal parenchyma lesion
- <variant>acute dehydration

- <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
- <question> Name the indicator that characterizes the violation of glomerular filtration:
 <variant>hyperazotemia skna.edu.kl
- <variant>leukocyturia
- variant>aminaciduria
- <variant>cylindruria
- <variant>glycosuria
- question> Renal clearance in the clinic is most often determined by:

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- <variant>creatinine

- 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>page:
- <variant>urea
- <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

- <question> The oligoanuric stage of acute renal failure is characterized by:
 <variant>hyperazotemia
 <variant>hypokalemia skna.edu.kl skna.edu.kl
- <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

- <question> Indicate the most common cause of acute glomerulonephritis:
 <variant>streptococci
 <variant>staphylococci
 <variant>paramere

- <variant>paramyxoviruses
- <variant>Candida fungi
- <question> The oligoanuric period of CRF is characterized by:
 <variant>hyperhydration
 <variant>hypoxylam:
- <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 glomeruli
- <variant> renal tubules
- <variant> ureters
- <variant> bladder
- <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>thyrotropin
 <question> A decrease in tubular reabsorption of water develops with insufficiency of:
 <variant>ADG
 <variant>aldosterone
 <variant>glucocorticoids
 <variant>

- <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 patient fluctuated within the range of 1.010–1.012. These indicators indicate a violation of:
- <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

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- <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> 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 slight hematuria, and blood pressure of 120/80. These symptoms are characteristic of:
- <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. skna.edu.kl skna.edu. The main pathogenetic link in the development of this form of acute renal failure:

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- <variant> decreased blood supply to the renal cortex

- 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> scaling ability skna.edu.kl skna.edu.kl adukt skina.edu.kt skina.edu.kt KZ SKMa.edu.KZ SKMa.edu.KZ skma.edu.kl

- <variant> sodium reabsorption
- <variant> potassium reabsorption
- question> An increase in glomerular filtration is observed in .
- <variant> increasing the tone of the efferent glomerular arteries
- skna.edu.kl <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. skna.edu.kl <variant> erythrocytes <variant> leukocytes Skma.edu.kl skma.edu.kl skma.edu.kl skna.edu.kl skna.edu.kl variant> nocturia

<question> Prerenal cause of acute renal failure is

<variant> shock

<variant> urinary tract obstruction

<variant> acute renal por

<variant> skna.edu.kl skna.edu.kl skna.edu.kl skma.edu.kl Adney tumor

Ariant> 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

uestion> In the rariant> or na.edu.kl skina.edu.kl 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 skna.edu.kl skna.edu.kl

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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

SKMa.edu.k. Skma.edu.k. skma.edu.k. . failu skina edu. Kl <question> To reduce the level of toxic metabolic products in the blood in chronic renal failure, the following is used..... skina.edu.kl skina.edu.kl

<variant> hemodialysis

<variant> infusion of large quantities of hyperosmolar solutions

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....oglobinuria
....ant>hyposthenuria
variant> cylindruria
«question> A 3-year-old child developed generalized edema 10 days after pharyngitis. Laboratory tests: severe albuminuria, hyporlipidemia. The patient most likely has:
variant> acute poststreptococcal glomerulonephritis
variant> membranongoliferative glomerulonephritis
variant> membranongoliferative glomerulonephritis
variant> rapidly progressive glomerulonephritis
variant> rapidly progressive glomerulonephritis
variant> rapidly progressive glomerulonephritis
variant> rapidly progressive glomerulonephritis
15-20 in the field of vision, hyaline cylinders in the preparativariant in the preparativariant in the phrotic syndrome
iant> nocturia
ant> nocturia
ant> nocturia
ant> ner'

<variant> nephrotitiasis

<question> The patient had a sore throat. After 2 weeks, eyelid edema, weakness, decreased performance appeared, and a month later 2 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

equestion. 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 - 2.5x1012/l, Hb - 75 g/l, L - 8.9x109/l, ESR - 15 mm/h. Blood biochemistry: creatinine - 117 μmol/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 - 2.3x10¹²/l, Hb-90 g / 1. Biochemical blood test: urea - 25 mmol / l, creatinine - 742 µmol / 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

equestion> 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 - $2.5x10^{-12}$ /l, Hb - 75 g /l, L - 8.9x10²/l, ESR - 15 mm /h. Blood biochemistry: creatinine - 117 μmol /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: edu.Kl skma.edu.Kl skma.edu K1 skma.edu.k1 skma.edu.k1

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<variant> hyperazotemia

<variant> polyuria

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<variant> increase in relative density of urine evma.edu.kl skna.edu.kl

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<variant> increase in glomerular filtration

variant> increased tubular reabsorption 32 adu.Kl skma.edi HII.KZ SKNA. SHII.KZ

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». 6g) D	1	2/11	20	in the	discipline	20.	tal system	.4	K	, 80	401.	1	SKI	<u>8. 80</u>	
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