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in the discipline "The genitourinary system in pathology"

Compiled by: Berdalieva G.B.

equestion> The patient complains of edema of the shins, headaches. Two weeks ago, an odontogenic gum abscess was opened. 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 - 2.8×10^{-12} / l, leukocytes - 8.2×10^{-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 hyperosomolar solutions

equestion> 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

equestion> The ratio of nocturnal diuresis to daytime diuresis in a patient with chronic renal failure is 1:1. What type of skina.edu. 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 ammonia comes from the mouth. Pericardial friction rub and noisy Kussmaul breathing are noted. How many nephrons are functioning at this stage of CRF: edu.kl skrna.ed

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<variant> less than 10% of nephrons

<variant> 90% nephrons

variant> 70% nephrons

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Test tasks for midterm control 2 in the discipline "The genitourinary system in pathology".

<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

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- <variant> acute renal failure
- <variant> nephrotic syndrome

dysfunction has developed in the patient:

- <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 basement 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
- <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 / 1. When examining the sediment in the urine under a

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Test tasks for midterm control 2 in the discipline "The genitourinary system in pathology"

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:

SKMA

- <variant> oliguria, proteinuria, hematuria
- <variant> oliguria, leukocyturia, hematuria
- <variant> oliguria, hyposthenuria, proteinuria
- <variant> oliguria, leukocyturia, cylindruria
- <variant> anuria, hypersthenuria, hematuria
- equestion. 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
- equestion 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
- at sut sut skind edu. Kl. skind edu. skind edu. kl. skind edu. skind edu <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: skna.edu.kl SKMa edu. Kl. Skma edu. Skma edu. Kl. Skma edu. Skma edu.
- <variant> renin
- <variant>angiotensin I
- <variant>angiotensin II

- <question> The group of proximal tubulopathies includes:
 <variant>phosphaturia
 <variant>diabeta

- <variant>pseudohypoaldosteronism

- Kr skma.edu.kr skma.edu.kr <question> The group of proximal tubulopathies includes:
 <variant>renal glucosuria
 <variant>diabetes insipidus

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- <variant>pseudohypoaldosteronism

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<variant>distal renal tubulopathy

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

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- <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 that contributes to sodium retention in the kidneys:
- <variant>stimulation of RAAS

- <variant>insulin

- <variant>somatotropic hormone
- <variant>estrogens
- <variant>glucocorticoids
- <question> Excessive loss of potassium may be caused by:
- <variant> hyperaldosteronism
- <variant> low flow rate of tubular fluid
- <variant > proximal tubular alkalosis
- <variant > increase in lipocaine
- <variant > hyperproduction of endorphins
- skna.edu.kl skna.edu.kl <question> Excessive loss of potassium may be caused by:
- <variant> high fluid flow rate in the tubules

- In lipocaine

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- <variant> parathyroid hormone
- <variant> insulin

- <variant> glucocorticoids
- <question> Calcium reabsorption is mainly stimulated by:
 <variant> thyrocalcitonin
 <variant> insulin
 <variant> cor
- <variant> insulin

- variant> glucocorticoids
 <question> Of the following, nephrotic syndrome is most characterized by:
 <variant> proteinuria
 <variant> macrohematuria
 <variant> oliguria
 <variant> arterial by:

- equestion of the following, nephrotic syndrome is most characterized by:
 evariant of gradual start
 evariant of macrohematuria 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 > or

- <question> Of the following, nephritic syndrome is most characterized by:
 <variant> minor swelling
 <variant> mesangial deposition of interests.

- <variant> lipiduria
- <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 described type of ARF:
 <variant> prerenal
 <variant> renal renal parenchyma. Determine the described type of ARF:
- <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 skna.edu. skna.edu.kl described:

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- <variant> renal
- <variant> prerenal

- variant > iatrogenic

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

 <variant > blood loss, dehydration

 <variant > disseminated intravascular cos

 <variant > acute tubular

 <variant > ac

- <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

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<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

question> The cause of postruction
<question> The cause of postrenal acute renal failure may be:
<variant> urinary tract obstruction
<variant> bacterial toxins skna.edu.kl

<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

Skina edu.kl. skina edu.kl. skina edu.kl. skna edu.kl <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 skna.edu.kl

dysfunction; hemodynamic disturbances predominate. Name the described phase of ARF: skina.edu.kl skina.edu.kl

<variant> initial phase

<variant> period of oliguria

<variant> diuresis recovery period

<variant> recovery period

<variant > latent phase

equestion> 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> normal amino acid levels in blood serum

Ie: Skurg edn'k <question> Functional and metabolic disorders in acute renal failure include:

content in the blood

variant> normal amino acid levels in blood serum

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 regid.

variant>

<variant> normal amino acid levels in blood serum

<question> Functional and metabolic disorders in acute renal failure include:

<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

skna.edu.kl skna.edu.kl <variant > decrease in creatinine in the blood
<question> In acute renal failure, the development of peripheral edema and effusion is primarily due to: aril skinged skna.edu.kl

<variant> hyperhydration

<variant> hypokalemia

<variant> hypomagnesemia

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Test tasks for midterm control 2 in the discipline "The genitourinary system in pathology"

- <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> Chronic renal failure can be caused by:

- variant > acute urinary tract obstruction
 <question> Chronic renal failure can be caused by:
 <variant> tubulointerstitial nephritis
 <variant> hypovolemic shock
 <variant> acute tubular necessity

 variant> tovic

- <variant > acute urinary tract obstruction
- na. edu. kl. skma. edu. kl. skma. edu. kl. Jan. R. Skina edu. K. Skina edu. K. 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, tubular epithelial function, inulin clearance 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
- skna.edu.kl skna.edu.kl <question>In acute renal failure, arterial hypertension and left ventricular failure are primarily caused by: na.edu.kl skma.edu.kl
- <variant > hyperhydration
- <variant > hypokalemia

- 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 > hypomagnesemia skina.edu.kl

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- 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 > hyperkalemia
 <variant > hyperkalemia
 <variant > increase in the skina.edu.kl skina.edu.kl ahi.Kl skna.edu.kl

Protocol No. 13

<variant > increase in chlorine in the blood

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