



ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA          AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL          ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of General Practitioner - 2 <b>CONTROL AND MEASURING INSTRUMENTS</b>		62-11 ( ) 1 page of 42

## CONTROL AND MEASURING TOOLS

### Questions of the curriculum for midterm control-2

Discipline practitioner	«Geriatrics in the practice of general»
Discipline code	ZhTDPG 6308
Name of the educational program	"General Medical Practice" 6B10112
Volume of study hours credits	120 hours/4 credits
Course	6
Semester	11, 12

Shymkent 2025 academic year


<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

Compiled by assistant to Smetova R.A.

Head department, doctor of medical sciences, professor Dosybaeva G.N.

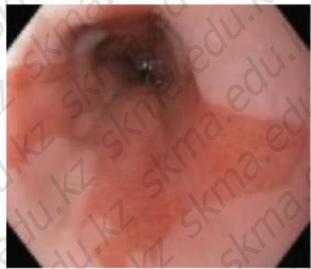
Protocol № 1 from 24.08.2025

X

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 61-year-old man presented with fatigue, diarrhea, and cramping abdominal pain for 3 weeks. The pain intensifies after eating. Over the past week, he had up to 4 watery stools daily. He also had pain in his gums and mouth for 6 days. He takes levothyroxine, metoprolol, and warfarin. He has been smoking 1 pack of cigarettes a day for 40 years. Body temperature is 37.9 °C, PS is 81 / min, BP is 120/75 mm Hg. There is mild tenderness on palpation in the right lower quadrant. Complete blood count: Hb 115 g / l, leukocytes -  $11.8 \times 10^9 / l$ , platelets - 360. Colonoscopy shows non-caseating granulomas and neutrophilic inflammation of the crypts. What is the most likely diagnosis?

<question> A 64-year-old man has been bothered by discomfort behind the breastbone and heartburn for years. EGD revealed areas of epithelial metaplasia (photo). How often should the patient undergo a control examination for early detection of possible complications?



<question> An 80-year-old woman. She notes a 7 kg weight loss over the past six months, and an aversion to meat. Her medical history includes chronic gastritis. Objectively: pale skin, painless abdominal palpation. Blood shows grade 2 anemia, ESR 48 mm Hg. What tests should be done to clarify the diagnosis?


<question> A patient diagnosed with nonspecific ulcerative colitis. Has been ill for 10 years. Receives maintenance therapy with mesalazine. Follows dietary recommendations, takes probiotics, does not smoke. Relative remission for the last 2 years. What routine examination should be performed on the patient for the purpose of early detection of possible complications of this disease in this patient?

<question> A 62-year-old man came to us because of weight loss of 3.6 kg over 3 months, fatigue. He was diagnosed with hepatitis C 6 years ago. His father died of colon cancer. He smoked 1 pack of cigarettes a day for 35 years and drank beer. In the past, he used heroin. Height 175 cm, weight 71 kg, BMI = 22.9 kg / m<sup>2</sup>. Yellow sclera, bilateral redness of the palms, several telangiectasias on the chest and back. The liver is dense, nodular consistency. CBC: Hb 116 g / l, leukocytes -  $9.6 \times 10^9 / l$ , platelets - 223.

What outcome do we expect upon further evaluation of the patient?

<question> An 80-year-old woman. She notes a 7 kg weight loss over the past six months, and an aversion to meat. Her medical history includes chronic gastritis. Objectively: pale skin, abdominal palpation is painless. Blood tests reveal grade 2 anemia. ESR is 48 mm/h. What tests should be done first to clarify the diagnosis?



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question>A 74-year-old female patient complains of general weakness, dizziness, dyspnea, epigastric pain, heaviness after eating, and rotten belching. Objectively: moderate splenomegaly, decreased tactile sensitivity in the extremities. In the complete blood count: erythrocytes  $2.0 \times 10^{12}/l$ , Hb 88 g/l, CI 1.3; leukocytes  $3.2 \times 10^9/l$ , thrombus  $150 \times 10^9/l$ , reticulum 0.2%, bilirubin 42 mmol/l (indirect fraction 33 mmol/l). Suggest a diagnosis:

<question>A 74-year-old female patient complains of general weakness, dizziness, dyspnea, epigastric pain, heaviness after eating, and rotten belching. Objectively: moderate splenomegaly, decreased tactile sensitivity in the extremities. In the complete blood count: erythrocytes  $2.0 \times 10^{12}/l$ , Hb 88 g/l, CI 1.3; leukocytes  $3.2 \times 10^9/l$ , thrombus  $150 \times 10^9/l$ , reticulum 0.2%, bilirubin 42 mmol/l. Select all correct statements regarding changes in additional research:

- a) endoscopically - atrophic gastritis
- b) in the myelogram - megaloblastoid hematopoiesis
- c) in the myelogram - depletion of bone marrow
- d) polysegmented neutrophils in the peripheral blood
- e) increased transaminases in the blood serum


<question> Sick 74-year-old patient complains of general weakness, dizziness, shortness of breath, epigastric pain, heaviness after eating, rotten belching. Objectively: moderate splenomegaly, decreased tactile sensitivity in the extremities. In the complete blood count: erythrocytes  $2.0 \times 10^{12}/l$ , Hb88 g/l, CI 1.3; leukocytes  $3.2 \times 10^9/l$ , thrombus  $150 \times 10^9/l$ , reticulum 0.2%, bilirubin 42 mmol/l. Select medications for treatment:

- a) tardiferon
- b) cyanocobalamin
- c) red blood cell mass
- d) creon, pancream
- e) prednisolone

<question> Determine the probable diagnosis: A 65-year-old man complains that over the past year he has periodically begun to feel chest pain, difficulty in passing solid food, which disappears after a few sips of water, in addition, he began to notice that sometimes food remains eaten more than a day ago "appear" in the oral cavity. Body weight is stable. Relatives note that the patient has an unpleasant odor from the mouth.

<question> A 65-year-old man periodically experiences retrosternal pain that worsens after eating and when lying down. According to the patient, the pain often radiates to the left scapula and arm. Nitroglycerin does not provide relief. An ECG shows no signs of myocardial ischemia. Which disease is characterized by a clinical picture that resembles angina pectoris?

<question> Choose the correct statement. A 63-year-old patient is bothered by sudden abdominal pain and frequent vomiting. He has not defecated and is not passing gas. Objectively: the patient is in a moderate condition, restless. There is no body temperature, pulse is 112 beats per minute. The tongue is moist, the abdomen is swollen, soft on palpation, there are no symptoms of peritoneal irritation, peristaltic sounds are weak. High tympanitis is determined. There is no pathology during examination through the rectum.

<p>ONȚȚSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> Choose the right tactics. A 63-year-old patient is bothered by sudden abdominal pain and frequent vomiting. He has not had a bowel movement and is not passing gas. Objectively: the patient is in a moderate condition, restless, restless. There is no body temperature, pulse is 112 beats per minute. The tongue is moist, the abdomen is distended, soft on palpation, there are no symptoms of peritoneal irritation, peristaltic sounds are weak. High tympanitis is determined. There is no pathology during the examination through the rectum.

<question> List the leading syndromes; refer to a specialist. A 62-year-old pensioner came to the clinic complaining of severe weakness, loss of appetite, nausea, aversion to food, and weight loss. He has lost 15 kg over the past year. Objectively: cachectic, pale. Height 172 cm, weight 53 kg. A 2 cm lymph node is palpated above the left clavicle. Palpation reveals pain in the epigastrium and moderate muscle tension. Hb 100 g/l, Erythrocytes  $3.6 \times 10^{12}/l$ , Citocytes 0.84, Leukocytes  $8.0 \times 10^9/l$ . ESR 42 mm/hour.

<question> Determine the preliminary diagnosis, refer to a specialist. A 62-year-old pensioner came to the clinic complaining of severe weakness, loss of appetite, nausea, aversion to food, and weight loss. Over the past year, he has lost 15 kg. Objectively: cachectic, pale. Height 172 cm, weight 53 kg. A 2 cm lymph node is palpated above the left clavicle. Palpation reveals pain in the epigastrium, moderate muscle tension. Hb 100 g / l, erythrocytes  $3.6 \times 10^{12} / l$ , BCI 0.84, leukocytes  $8.0 \times 10^9 </l$ . ESR 42 mm / hour.

<question> A 63-year-old man complains of itchy skin, jaundice, epigastric pain that intensifies at night, radiating to the back, nausea, loss of appetite, irritability, and body temperature up to  $38^{\circ}\text{C}$ . Objectively: moderate severity, yellowness of the skin and mucous membranes. HR 52 bpm, BP 105/60 mmHg. Palpation reveals pain in the epigastrium, the liver protrudes by 3 cm, is soft, and smooth. Positive Courvoisier symptom. CBC: erythrocytes  $3.5 \times 10^{12}/l$ , hematology 80 g/l, cirrhosis 0.7, leukocytes  $10.5 \times 10^9/l$ , ESR 38 mm/hour. Urea: dark in color, reaction to bilirubin is positive. Select the leading syndromes:


<question> A 63-year-old man complains of itchy skin, jaundice, epigastric pain that intensifies at night, radiating to the back, nausea, loss of appetite, irritability, and body temperature up to  $38^{\circ}\text{C}$ . Objectively: moderate severity, yellowness of the skin and mucous membranes. HR 52 bpm, BP 105/60 mmHg. Palpation reveals pain in the epigastrium, the liver protrudes by 3 cm, is soft, and smooth. Positive Courvoisier symptom. CBC: erythrocytes  $3.5 \times 10^{12}/l$ , hematology 80 g/l, cirrhosis 0.7, leukocytes  $10.5 \times 10^9/l$ , ESR 38 mm/hour. Urea: dark in color, reaction to bilirubin is positive. Select the leading syndromes:

<question> One of the listed complaints is most typical for colon cancer:

<question> Choose the correct judgment. In chronic pancreatitis, exocrine insufficiency develops, feces in this secondary diarrhea:

<question> A 67-year-old man presents to his primary care physician complaining of frequent, voluminous stools that float on the surface of the water and have a shiny, greasy film and a foul odor. His history includes weight loss and epigastric pain after eating fatty foods. The man has a long history of alcohol abuse. What treatment is indicated to correct this condition?



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> Find the correct statement. A 66-year-old female patient complained of itchy skin, jaundice, pain in the right hypochondrium, weight loss, dark spots in the interscapular region and in the shoulder area. Pigmentation appeared in the interscapular region and in the shoulder area 7 years ago. She has been bothered by itchy skin for 3-4 years. She was treated by dermatologists without much success. Recently, the itchy skin has intensified and jaundice has appeared. The tests showed hyperbilirubinemia due to the direct fraction, a significant increase in alkaline phosphatase, GGT, and a moderate increase in transaminases.

<question> Choose the correct statement. A reliable clinical sign of pyloric stenosis is:


<question> Choose the correct statement. One of the diseases with a natural long-term course is most often complicated by colon cancer:

<question> A 65-year-old woman is bothered by cramping pain in the lower abdomen radiating to the sacrum, bloating, cessation of gas passage, and no bowel movements in the last 4 days. The patient has been suffering from constipation for many years. Objectively: the abdomen is bloated, moderate pain on palpation. Percussion reveals high tympanitis, a splashing sound is heard. During digital rectal examination, the ampulla is empty, the sphincter is relaxed. When trying to administer a siphon enema, 350 ml of liquid poured back out. Your preliminary diagnosis:

<question> Patient T., 65 years old. On EGD: the gastric mucosa is pale, with a grayish tint. The folds are thinned, reduced in size, and in places are not completely visible. Submucosal vessels are clearly visible. The lumen of the stomach contains a large amount of turbid content. When touched by the endoscope tube, the mucosa is easily vulnerable. Your conclusion:



<question> The patient is 70 years old. The gastric mucosa is thinned, pale grayish in color, submucosal vessels are clearly visible, folds are not traced. In the fundus of the stomach there is a mucosal defect, irregular in shape with unclear corroded contours, 6x7 cm in size, without an inflammatory ridge. The bottom is bumpy, covered with a dirty gray coating. Its edges are rigid. Deformation of the stomach wall is pronounced, folds are absent, peristalsis is sluggish. Your conclusion, tactics for treating the patient:

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>



<question> An elderly patient has been diagnosed with a senile (aged-related) gastric ulcer. Which of the following drugs is least indicated for the treatment of a senile gastric ulcer?

<question> Identify the "aggressive" factors that contribute to damage to the gastrointestinal tract with long-term use of non-steroidal anti-inflammatory drugs:

<question> Patient A., 69, complains of intense pain in the upper abdomen radiating to the left hypochondrium, loss of appetite, belching, and nausea. Similar pains recur 1-2 times a year. Four years ago, he underwent surgery for cholelithiasis. Six months later, a similar attack occurred, accompanied by moderate jaundice and an increase in urinary amylase levels. Repeated laparotomy did not reveal any stones in the bile ducts. In recent years, severe constipation has developed. Examination revealed subicteric sclera. Postoperative scars on the anterior wall. Pain in the choledochopancreatic zone and the Mayo-Robson point. Blood test: leukocytes -  $6.7 \times 10^9$ , ESR 18 mm/hour. What disease is exacerbated?


<question> A 65-year-old patient, complaining of dysphagia and significant weight loss over the past 4 months, suddenly developed retrosternal pain during intake of liquids and food, cough, and cyanosis. What is your preliminary diagnosis?

<question> A 60-year-old patient, complaining of dysphagia and significant weight loss over the past 4 months, suddenly developed retrosternal pain when swallowing liquids and food, cough, and cyanosis. A preliminary diagnosis of "Esophageal cancer with formation of an esophagotracheal (tracheoesophageal) fistula" has been made. What primary diagnostic method should be performed for this patient?

<question> A 60-year-old patient, complaining of dysphagia and significant weight loss over the past 4 months, suddenly developed retrosternal pain when swallowing liquids and food, cough, and cyanosis. A preliminary diagnosis of "Esophageal cancer with formation of an esophagotracheal (tracheoesophageal) fistula" has been made. The most preferred method of treatment is:

<question> A 69-year-old man underwent a total gastrectomy one year ago. Since the surgery, he has been troubled by severe heartburn. Which drug would help reduce these symptoms?



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 65-year-old man complains of heartburn 1–1.5 hours after meals, sour regurgitation, constipation, and epigastric discomfort. The symptoms briefly subside after eating. On examination: The abdomen is soft, tender in the epigastric (subxiphoid) region. Blood test: RBC  $4.3 \times 10^{12}/L$ , hemoglobin 145 g/L, WBC  $5.2 \times 10^9/L$ , band neutrophils 10%, segmented neutrophils 62%, lymphocytes 23%, monocytes 5%, ESR 8 mm/h. Which of the following drugs would be most appropriate for treatment according to the clinical protocol?


<question> A 67-year-old man developed intense itching of the skin and reports a weight loss of 18 kg over 1.5 years. On examination: He appears asthenic. The skin and sclera are jaundiced, with numerous excoriations, visible xanthelasmas on the eyelids. The skin on the feet and shins has a parchment-like appearance. Liver size:  $12 \times 10 \times 10$  cm. Complete blood count (CBC): Hb 94 g/L, RBC  $2.6 \times 10^{12}/L$ , WBC  $7.9 \times 10^9/L$ , platelets  $139 \times 10^9/L$ , ESR 39 mm/h. Biochemistry: Total protein 33 g/L, cholesterol 8.8 mmol/L, creatinine 152  $\mu\text{mol}/L$ , total bilirubin 181  $\mu\text{mol}/L$ , direct bilirubin 160  $\mu\text{mol}/L$ , ALT 59 U/L, AST 48 U/L, alkaline phosphatase 722 U/L. What is the preliminary diagnosis?

<question> Patient K., 67 years old, complains of pain in the epigastric region occurring 25–30 minutes after meals, belching of air, and a weight loss of 3 kg over the past month. History: The first signs of the disease appeared three years ago in autumn (pain in the epigastric region occurred 30–40 minutes after meals; he self-administered No-Spa and Almagel with only short-term effect). He did not undergo any examinations and noted a seasonal pattern of pain occurrence (spring and autumn). On examination: The skin is pale and clean. The abdomen is soft, with moderate muscle tension in the epigastric region and localized tenderness in the epigastrium. The liver and spleen are not enlarged. Blood tests: Hb 118 g/L, RBC  $4.0 \times 10^{12}/L$ , color index-0.85, ESR-15 mm/h. FGDS (Fibrogastroduodenoscopy): The esophagus is unchanged; the cardia closes completely. The stomach is well distended with air. On the lesser curvature, there is an ulcer with edematous, inflamed edges measuring  $6 \times 8$  mm. A blood clot is present at the base of the ulcer. The duodenal bulb is unchanged. A biopsy of the mucosa from the ulcer edges was performed. Histological examination revealed atrophic gastritis with intestinal metaplasia of the epithelium. The edge of the ulcer included in the section shows signs of chronic inflammation. Helicobacter pylori was detected in small amounts. What is the most likely diagnosis?

<question> A 68-year-old woman developed complaints of severe heartburn, pain behind the xiphoid process of the sternum occurring after overeating, and a bitter taste in the mouth that worsens when bending forward. After undergoing examination and receiving prescribed treatment, her condition improved. The woman took omeprazole, aluminum phosphate, and famotidine for 2 weeks, which significantly improved her well-being. Which disease is characterized by this clinical picture?

<question> A 67-year-old patient visits a primary care physician complaining of gradually increasing difficulty swallowing, initially with solid food and later with liquids, significant weight loss over the past few months, intermittent retrosternal pain, coughing during meals, and episodes of cyanosis of the lips. **Physical examination:** The skin and visible mucous membranes are pale. Pulse 92 bpm, blood pressure 130/80 mmHg. The abdomen is soft and non-tender on palpation, with no hepatosplenomegaly. **Preliminary diagnosis:**



<p>ONȚȚSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 65-year-old man has experienced difficulty swallowing solid food for 3 months. Over the past month, he has been able to swallow only semi-liquid food and has lost 6 kg. Radiological examination of the esophagus revealed a narrowing of its lumen in the middle third due to a 6 cm filling defect. Which investigation should be performed first to clarify the diagnosis?

<question> At a general practitioner's appointment, a 76-year-old man presents with complaints of progressively increasing difficulty swallowing both solid and liquid food, vomiting of undigested food that brings relief, persistent belching of air, and hiccups. On examination, notable findings include weight loss, pale skin, hoarseness of voice, and enlarged left supraclavicular and cervical lymph nodes. The illness has been ongoing for one year. Esophagogastroduodenoscopy (EGD): circular narrowing in the middle third of the esophagus with rigid walls; bleeding ulcerations are present in the area of the narrowing. Your diagnosis:

<question> A 67-year-old woman was brought in with complaints of paroxysmal pain in the right upper quadrant and vomiting. Previously, an ultrasound revealed gallstones in the gallbladder. On examination, the abdomen is tense and painful in the right upper quadrant. Murphy's sign is positive. Which of the following preliminary diagnoses is most likely in this case?


<question> A 70-year-old man consulted a general practitioner with complaints of bleeding after defecation in the form of a small stream, and occasional itching in the anal canal area. Medical history: symptoms have been present for 2 years; he constantly uses suppositories. On digital rectal examination: at the 11 o'clock position, a lesion measuring 1.5 × 2.0 cm is detected, with a soft-elastic consistency, painful on palpation, and slightly protruding into the lumen of the bowel. What is your preliminary diagnosis in this situation?

<question> Patient P., 68 years old, presented to the clinic with complaints of fever up to 38.0°C, dull pulling pain in the right iliac region, a single episode of vomiting, and diarrhea with blood admixture occurring 10–15 times per day. Medical history: has received outpatient treatment multiple times. Blood test shows leukocytosis up to  $11.2 \times 10^{12}$ , band neutrophils – 26%, ESR – 22 mm/h, eosinophils – 0. What is the most likely preliminary diagnosis in this patient?

<question> What functional changes in various organs and systems, caused by a high level of physical activity in an aging person, help prevent premature aging of the body?

<question> The most common form of nephrotic syndrome in adults is:

<question> A 67-year-old man consulted a general practitioner with complaints of lower back pain, frequent urination, and chills. Medical history: he is known to suffer frequently from acute respiratory viral infections. For about 2 years, he has periodically experienced dull lower abdominal pain, sometimes accompanied by low-grade fever; occasionally, painful urination occurs. On examination: temperature 37.8°C. No peripheral edema. Breath sounds in the lungs are vesicular; no rales. Respiratory rate 19 per minute. Heart sounds are clear and rhythmic. Heart rate – 78 per minute. Blood pressure 110/70 mmHg. Abdomen is soft, non-tender on palpation in all areas. Liver and spleen not enlarged. Left-sided costovertebral angle tenderness is positive. Urination is frequent, up to 8 times per day, including 3 times at night, and painful. What of the following should be the next step in managing this patient?

<p>ONȚȚSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 64-year-old patient with chronic pancreatitis presents with severe pain. Which of the listed drugs is **not recommended** for pain relief in this condition?

<question> The most valuable laboratory indicator in the diagnosis of exacerbation of chronic pancreatitis is:

<question> An elderly patient visiting a general practitioner complains of back pain, frequent urination, and occasional swelling. Laboratory tests reveal leukocyturia, bacteriuria, and cylindruria. Which of the following is most commonly observed in elderly and senile patients?

<question> The following proteinuria is characteristic of chronic glomerulonephritis in the terminal stage (uremia)

<question> The causes of acute renal failure in the elderly and senile age do NOT include:

<question> The high-risk group for developing kidney damage includes patients:

<question> Taking the following medications creates a high risk of kidney damage:

<question>The most nephrotoxic antibiotics are the groups:

<question> The characteristic clinical and laboratory symptoms of nephrotic syndrome do not include:

<question> Which of the following is **not** considered a clinical or laboratory feature of nephrotic syndrome?

<question> It is advisable to prescribe the following group of drugs for the hypertensive form of chronic glomerulonephritis in elderly and senile patients to control Symptomatic Arterial Hypertension.


<question> In the development of CKD (ХБП) in elderly and senile patients with hypertension, the drugs of choice for controlling blood pressure are:

<question> Elderly patients with arterial hypertension in combination with diabetes are recommended to take:

<question> A 75-year-old man complains of severe, distending pain above the symphysis, weakness, and no urination for 24 hours. In his medical history: he is registered with a dispensary for stage 1 arterial hypertension, type 2 diabetes mellitus, and benign prostatic hyperplasia. He is treated regularly. Objectively: the skin is pale and moist. Heart sounds are muffled and rhythmic, pulse is 100 beats per minute, blood pressure is 160/90 mm Hg. Percussion of the bladder reveals 10 cm above the pubis. Which event is the priority in this case?

<question> A 69-year-old man, registered with hypertension, controls blood pressure with bisoprolol 10 mg per day, the highest figures were within 180/105 mm Hg. The general urine



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

analysis revealed constant proteinuria (0.066-0.132); blood creatinine is normal. GFR 115 ml/min. Amend the patient's previous diagnosis: hypertension stage 3. Risk group 3 (age, gender, LVH, mALB).

<question> A 64-year-old man with insulin-dependent diabetes mellitus complains of a cough with thick, gelatinous sputum that is difficult to expectorate. On examination: pronounced intoxication, shortness of breath, with minimal rales in the lungs. Radiologically, a homogeneous massive infiltration is observed in the projection of the upper lobe of the left lung with areas of destruction. Blood tests: leukocytes  $5.4 \times 10^3/\mu\text{L}$ , ESR 35 mm/h. Which of the following drugs would be most effective in treating this patient?

<question> A 64-year-old man, blood pressure rises to 150-160/90-95 mmHg for 5 years. Type 2 diabetes mellitus, takes Diabeton. Objectively: the left border is along the left midclavicular line. Vesicular breathing in the lungs. Heart sounds are clear; the rhythm is regular. HR - 80 bpm. BP - 160/94 mmHg. Serum cholesterol - 6.0 mmol / l, serum creatinine - 75  $\mu\text{mol}$  / l. Blood sugar - 5.4 mmol / l. mALB - 100 mg per day. Select an antihypertensive drug.

<question> A 70-year-old man presented with pain, cramps, and tingling in his lower extremities for the past 6 months. Symptoms worsen when walking more than 500 m, pass at rest. History of diabetes mellitus type 2. Has smoked for 50 years, 1 pack of cigarettes a day. Does not drink alcohol. Takes metformin and aspirin. Decreased body temperature in the shins. What is the most appropriate management of this patient?


<question> During screening, a 63-year-old man was found to have complaints of thirst and dry mouth. Upon examination: Height 176 cm. Weight 84 kg. BMI 27.1. In the blood: fasting glucose 6.7 mmol/l. What examination should be performed at the next stage?

<question> A 72-year-old woman with a history of myocardial infarction and diabetes mellitus. In the tests: cholesterol 5.97 mmol/l, LDL 4.53 mmol/l, HDL 0.98 mmol/l, triglycerides 2.24 mmol/l, atherogenic coefficient 5.09. The calculated 10-year SCORE  $\geq 10\%$ . The doctor prescribed atorvastatin. To what target level is it necessary to reduce the LDL level (UD-1B) according to the protocol of the Ministry of Health of the Republic of Kazakhstan?

<question> A 65-year-old woman complained of dry mouth, constant thirst and general weakness. She had a 2-year medical history of having undergone surgery for acute pancreatitis. On examination, the abdomen was soft and painless. On ultrasound of the abdominal cavity, the pancreas size was within normal limits, without pathological formations. What laboratory test can help clarify the development of a remote complication of acute pancreatitis?

<question> A 62-year-old man with a history of stroke and diabetes mellitus, 10-year risk according to the SCORE scale  $\geq 10\%$ . Takes antihypertensive therapy. Participates in a disease management program. What frequency of examinations by a primary care physician is recommended for this patient according to the "Rules for the Provision of Primary Health Care and the Rules for Attachment to Primary Health Care Organizations" (Order No. 281 of April 28, 2015)



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 65-year-old woman complained of dry mouth, constant thirst, and general weakness. According to the anamnesis, she had an operation for acute pancreatitis 2 years ago. On examination, the abdomen was soft and painless. On ultrasound of the abdominal cavity, the pancreas size was within normal limits, without pathological formations. Select a laboratory test that allows you to clarify the development of a remote complication of acute pancreatitis.

<question> A 65-year-old man presents with complaints of thirst, frequent urination, weakness, and weight loss. Three years ago, during a medical check-up, his blood glucose was found to be 7.5 mmol/L. He was prescribed metformin 500 mg and dietary modifications. Height 176 cm, weight 72 kg. Glycemic profile: fasting – 12.4 mmol/L, daytime – up to 18 mmol/L. To assess diabetes compensation, it is informative to determine:

<question> A 50-year-old man complains of excessive weight gain and general weakness. On examination: signs of overnutrition, BMI 32 kg/m<sup>2</sup>. Laboratory tests: blood glucose 10 mmol/L, glycated hemoglobin 8.4%. The goal of pathogenetic therapy is:


<question> A 68-year-old female patient reports weight gain, decreased sweating, and facial pastosity. She lives in an endemic zone. Obvious: height 158 cm, weight 89 kg. No striae, pronounced hyperkeratosis. The face is pasty, with swollen eye slits. Heart rate 56 bpm. Blood pressure 150/90 mm Hg. Blood glucose 3.3 mmol/l. Suggest a diagnosis, choose the optimal therapy:

<question> A 64-year-old woman, due to type 2 diabetes mellitus, takes 500 mg of Siofor per day, is overweight, follows a 1200 kcal/day diet. She is bothered by pain in the right hypochondrium. Fasting glycemia is 9.0-9.5 mmol/l, 2 hours after eating 12.0-14.0 mmol/l. Blood pressure is 140/80 mm Hg. The liver protrudes from under the edge of the costal arch by 3-4 cm. Determine the doctor's tactics.

<question> A 70-year-old woman with type 2 diabetes was admitted to the outpatient department. She has been vomiting and thirsty for 2 days. She is exhausted, with severe dry skin and mucous membranes. She is lethargic, her speech is difficult, and she has twitching of individual muscles. The liver is not enlarged. The abdomen is "calm". Blood glucose is 35 mmol/l, there is no acetone in the urine. ECG: sinus tachycardia, no coronary disorders. This onset is typical of a coma -

<question> A 65-year-old man with type 2 diabetes, coronary heart disease, and hypertension. He takes metformin 1000 mg twice daily and glimepiride 2 mg once daily. In recent months, swelling of the lower extremities has appeared. He was admitted in serious condition with complaints of muscle pain and shortness of breath. To establish the cause of the deterioration, it is important to determine the analysis:

<question> A 68-year-old patient, according to relatives, has been suffering from diabetes mellitus for 8 years and takes hypoglycemic drugs. Over the past 7 days, the patient has had polyuria, polydipsia, weakness, and drowsiness. At the time of examination, consciousness is absent, areflexia is superficial, breathing is rapid (without the smell of acetone). The skin is dry, the tone of the eyeballs is reduced. In the lungs, breathing is vesicular, there are no wheezing. Heart sounds are muffled, arrhythmic. Pulse is 100 bpm, BP is 90/70 mm Hg. The abdomen is soft, b/b.

<p>ONȚȚSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

Complete blood count: hyperglycemia 55 mmol / l, plasma osmolarity 380 mosm/l, hypernatremia.  
Urine analysis: glucosuria, acetone is absent. Your diagnosis:

<question> A 68-year-old patient has hyperglycemia. On examination: facial features are enlarged due to enlargement of the nose, ears, lower jaw, hands and feet are enlarged. X-rays of the skull show thickening of the vault bones, occipital tubercles, enlargement of the sella turcica. Hyperproduction of somatotrophic hormone. Select a preliminary diagnosis:

<question> A 65-year-old overweight woman has twice been found to have elevated fasting blood glucose levels of 6.9 and 7.2 mmol/l. Which of the following diagnoses is most likely?

<question> A general practitioner found elevated fasting blood glucose levels of up to 6.9 mmol/l in a 69-year-old woman, 160 cm tall and weighing 84 kg. Diagnostic tactics in this case:

<question> A 65-year-old man with normal body weight is being treated by a general practitioner for type 2 diabetes. Dietary treatment has proven ineffective, glycemia during the day is from 10 to 15 mmol/l. There is no sugar in the urine. Which of the following drugs is the most rational

<question> The criteria for compensation of type 2 diabetes include:

<question> The patient is 65 years old, height 160 cm, weight 105 kg. No complaints. Fasting blood glucose level is 6.2 mmol/l. Choose the management tactics for this patient:

<question> A 64-year-old woman has type 2 diabetes for 10 years. Over the last two years, blood pressure has increased to 150/90 mm Hg. After examination: Urine analysis without pathology. mALB test is twice positive. Select an antihypertensive drug:


<question> A 69 year old man has had diabetes for the last 20 years. He has macro-, microangiopathic complications, as well as neuropathies. Select a symptom that is not typical for the painful form of diabetic neuropathy:

<question> A 64-year-old patient has type 2 diabetes mellitus complicated by a neuropathic ulcer in the exudation phase. For local treatment of a neuropathic ulcer in the exudation phase, the following is indicated:

<question> A 64-year-old overweight man was twice found to have elevated fasting blood glucose levels of 8.9 and 10.9 mmol/l. The clinic endocrinologist diagnosed type 2 diabetes mellitus for the first time. The goal of pathogenetic therapy for this type of diabetes is:

<question> An 80-year-old patient. Upon admission to the hospital, he complained of weakness, sweating, and shortness of breath when walking. He considers himself ill for 2 months, during which time he periodically had a high temperature, weakness, and took antibiotics and sulfa drugs (Biseptol). Objectively: the patient's condition is severe, shortness of breath, and the skin is very pale. The peripheral lymph nodes are enlarged. Breathing in the lungs is weakened. The heart sounds are muffled, there is tachycardia, and the pulse is 112 beats per minute. The liver is at the edge of the costal arch and is painless. Upon examination in the complete blood count: erythrocytes



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

3.1x10<sup>12</sup>, hemoglobin 90 g/l, CI 0.9, leukocytes 22.1x10<sup>9</sup>, n-0.5%, c-15%, lymph. 80%, ESR 18 mm/h. Your diagnosis:

<question> A 68-year-old patient. For many years, he had been under the observation of dermatologists for persistent skin itching. Recently, he began to notice an increase in blood pressure to 200/100 mm Hg, the appearance of a red-bluish coloration of the skin, and bone pain. He has been smoking since he was 16, and has a cough with a small amount of sputum in the morning. Objectively: breathing in the lungs is harsh with isolated wheezing. Heart sounds are muffled; the second sound is accentuated on the pulmonary artery. The edge of the liver is 2 cm below the costal arch, painless, the spleen is 9 cm below the costal arch. During the examination in the complete blood count: erythrocytes 9.5x10<sup>12</sup>, hemoglobin 200 g/l, leukocytes 12.8x10<sup>9</sup>, e-6%, p-7%, c-45%, l-14%, m-10%, platelets 364.4x10<sup>9</sup>, ESR 1 mm/h, hematocrit 75%. Your diagnosis:

<question> A 72-year-old patient complained of weakness, sweating, and subfebrile body temperature upon admission to the hospital. In recent years, he had been bothered by frequent colds; a year ago, he had suffered from severe viral flu complicated by pneumonia; over the past 6 months, he has lost weight, developed a feeling of heaviness in the abdomen, and his weakness has been increasing. Objectively: poor nutrition, pale skin with a yellowish tint. Palpation reveals pea-sized, painless, mobile cervical lymph nodes. No pathology was detected in the respiratory system or cardiovascular system. The liver protrudes 1.5 cm below the costal arch, is sensitive to palpation, the spleen protrudes from under the left hypochondrium by 10 cm, is dense, and painless. During the examination in the complete blood count: erythrocytes 2.3x10<sup>12</sup>, hemoglobin 74 g/l, reticulocytes 18%, leukocytes 15x10<sup>9</sup>, e-1%, l-80%, m-1%, platelets 100x10<sup>9</sup>, ESR 48 mm/h. Bilirubin is elevated due to the indirect fraction. Your presumptive diagnosis:


<question> A 65-year-old obese woman complains of weight loss despite a good appetite, genital itching, and frequent urination at night  
Probable diagnosis:

<question> A 65-year-old obese woman complains of weight loss despite a good appetite, genital itching, and frequent urination at night. By which method **can the diagnosis not be confirmed** in this patient?

<question> A 74-year-old female patient, living alone, presented with shortness of breath and weakness. Objectively: pale skin with a jaundiced tint, puffiness of the face, pastosity of the legs. Signs of peripheral neuropathy (sciatica, paresthesia). The tongue is clean and bright red. Tachycardia up to 110 bpm. Heart sounds are clear, soft systolic murmur over the entire area of the heart. The most likely diagnosis:

<question> A 69-year-old man complained of "unreasonable" weight loss with preserved appetite and periodic temperature increase to 38-38.50, fatigue during physical exertion. Previously, he had no illnesses. Among the objective data, attention is drawn to a youthful appearance, tachycardia, a paroxysm of atrial fibrillation was registered. Primary paraclinical examination:



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> An elderly woman with type 2 diabetes mellitus (insulin-requiring stage) is in the intensive care unit with a diagnosis of ketoacidotic coma. Objectively: consciousness is absent, pupillary response to light is preserved, hyperreflexia. Skin is dry, turgor is reduced. Respiratory rate is 26 per minute. Smell of acetone. Glycemia is 22 mmol / l, pH - 7.1, potassium is 3.3 mmol / l. Which of the following treatment options is the most optimal:

<question> A patient who recently had influenza and was hospitalized due to ketoacidotic coma was given a set of emergency anti-ketoacidotic measures. However, despite the obvious improvement in laboratory parameters (glycemia 7.8 mmol/l, on admission 26.6 mmol/l, pH 7.52, on admission - 2.7 meq/l), the patient is in a state of deep coma. What is the most likely cause of unconsciousness?

<question> A 69-year-old female patient had a thyroidectomy 10 years ago. Receives euthyrox 50 mcg/day. However, her condition is deteriorating. She is concerned about pain in the heart area that occurs when walking, and shortness of breath. She has gained weight. She notes increased hair loss on her head, dry skin, and swelling of her legs by the end of the day. Objectively: height 171 cm, body weight 98 kg. Dry, cold skin. Facial pastosity, waxy skin, xanthomatosis, cyanotic lips. Swelling of the hands, shins, and feet. Dense swelling. Hair is dry and brittle. Yellowness of the palms. Pulse 56 beats per minute, rhythmic. Heart sounds are sharply weakened. Vesicular breathing, weakened. The lower edge of the liver protrudes 3 cm from under the costal margin, sensitive. BP 150/70 mmHg. Blood cholesterol 8.3 mmol/l (normal 3.9-5.2), FT4-9.0 nmol/ml (10.5-22), TSH-8.0 mE/ml (0.2-2.9). ECG shows decreased voltage of all teeth. Make a preliminary diagnosis:


<question> A 69-year-old female patient had a thyroidectomy 10 years ago. Receives euthyrox 50 mcg/day. However, her condition is deteriorating. She is concerned about pain in the heart area that occurs when walking, and shortness of breath. She has gained weight. She notes increased hair loss on her head, dry skin, and swelling of her legs by the end of the day. Objectively: height 171 cm, body weight 98 kg. Dry, cold skin. Facial pastosity, waxy skin, xanthomatosis, cyanotic lips. Swelling of the hands, shins, and feet. Dense swelling. Hair is dry and brittle. Yellowness of the palms. Pulse 56 beats per minute, rhythmic. Heart sounds are sharply weakened. Vesicular breathing, weakened. The lower edge of the liver protrudes 3 cm from under the costal margin, sensitive. BP 150/70 mmHg. Blood cholesterol 8.3 mmol/l (normal 3.9-5.2), FT4-9.0 nmol/ml (10.5-22), TSH-8.0 mE/ml (0.2-2.9). ECG shows decreased voltage of all teeth. Your treatment:

<question> The main causes of diabetes in old age are:

<question> To recover from a hypoglycemic coma, the following measures are necessary:

<question> Specify the indicator that is most effective in assessing compensation for diabetes mellitus.

<question> Choose the correct judgment. This method is mandatory in the treatment of all clinical forms of diabetes mellitus –

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> For kidney damage in patients with diabetes mellitus, the following oral hypoglycemic drug is used:

<question> The development of ketoacidosis into ketoacidotic coma is not facilitated by:

<question> One of the listed factors contributes to the development of secondary hypothyroidism:

<question> One of the listed clinical manifestations is not typical for diffuse toxic goiter in elderly people.

<question> Treatment of hypothyroid coma does not include:

<question> The development of megaloblastic hematopoiesis in the elderly may be associated with:

<question> This paraclinical study is not necessary for establishing a diagnosis and identifying the form of acute leukemia.

<question> This form of acute leukemia is treated with the greatest success.

<question> An elderly patient visiting a general practitioner complains of fatigue, weakness, pallor of the skin, and memory impairment. Laboratory tests reveal macrocytic anemia. Elderly and senile individuals most often suffer from...

<question> This paraclinical method of research is not necessary in the diagnosis of anemia:

<question> Hematoma type of bleeding is characteristic for:


<question> Vascular purple type of bleeding is characteristic

<question> Before prescribing and during treatment with indirect anticoagulants, the following hemostasis indicator must be monitored:

<question> A 65-year-old woman with a history of hypertension, coronary heart disease, coronary artery shunt grafting, and diabetes mellitus. She is taking therapy. The tests show: Glucose 153.7 mg/dL, Urea - 53.62 mg/dL, Creatinine 1.08 mg/dL, Uric acid - 314.2  $\mu$ mol/L, total bilirubin 0.4 mg/dL, direct bilirubin - 0.06 mg/dL, ALT 19.82 U/L, AST 19.18 U/L, C-reactive protein 0.17 mg/dL, total cholesterol - 5.91 mmol/L, high-density lipoproteins - 1.07, low-density lipoproteins - 4.28, triglycerides - 2.85 mg/dL. The doctor prescribed atorvastatin. What are the recommended liver function tests (ALT) when taking statins?

<question> A 67-year-old woman complained of abdominal pain, weight loss, a palpable mass in the right hypochondrium, and unexplained deterioration in her condition. A peritoneal friction rub is heard over the liver. She is under medical supervision. Which of the following indicators can be used as a screening test for hepatocellular carcinoma?



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 66-year-old man, during a home examination, complains of difficulty speaking, weakness in the right arm and leg. From the anamnesis: he became ill acutely, in the morning after sleep he discovered the above complaints. Two days ago, the same symptoms were noted, they passed on their own after an hour. BP = 110/70 mm Hg, HR = 110 beats / min. On examination: consciousness is clear, oriented, pupils OD = OS, marginal underadduction of the eyeballs on both sides (2 mm.). The tongue deviates to the right, tendon reflexes D>S, Babinski reflex on the right, muscle strength in the right limbs - 3 points, no meningeal signs. What treatment tactics are indicated for the patient?

<question> A 72-year-old man was found lying on a bench in a park. He did not lose consciousness. During an on-site examination by an emergency doctor, impaired movement in his right hand and difficulty speaking were found - he uttered individual words, from which it can be understood that he suddenly felt dizzy. No vomiting was noted. He was taken to the emergency room. During examination: consciousness is preserved, but lethargic, apathetic. Does not enter into speech contact. He reacts to the examination with a grimace of displeasure. Pulse is arrhythmic, 104 beats per minute, heart sounds are muffled, BP is 150/100 mm Hg. The right corner of the mouth is lowered. The right hand is motionless. The right foot is turned outward. Tendon reflexes are higher on the right than on the left. Babinski reflex is on the right. What examination should be performed at the next diagnostic stage?


<question> A 67-year-old man complained of pain and swelling in the left knee joint, migratory pain in other large joints, muscle pain, headaches; an increase in body temperature to 37.5° in the evenings, periodically the temperature rises to 38.5° for several days; weight loss by 5 kg. All symptoms appeared after hypothermia 6 months ago. History of frequent consumption of home-made dairy products. Objectively: hyperhidrosis of the palms and feet, asymmetric swelling of the knee joint, local temperature, positive patella ballottement symptom. CBC: ER - 3.2, Hb - 110 g / l, L - 4.9 x 10<sup>9</sup> / l, NF - 68%, Lf - 38%, ESR 29 mm / h. RF - 22 IU / ml, CRP - +++. RH - negative; RA - negative. Which examination will most reliably confirm the diagnosis?

<question> A 64-year-old man complained of a mass on the right side of his body. From his medical history, he noticed the mass 4 months ago. It has recently increased in size. During the examination, the doctor determined that the mass was soft and elastic, mobile, measuring 2.5 x 3.0 cm with clear contours within the subcutaneous tissue. What is your further treatment strategy in this case?

<question> A 48-year-old patient complains of elevated blood pressure up to 170/100 mmHg. His history includes a 20-year diagnosis of bronchial asthma, for which he takes prednisolone. On examination: moon face, predominantly truncal obesity, abdominal striae, muscle atrophy, and signs of osteoporosis. Which of the following is the most likely cause of the elevated blood pressure?

<question> **Patient N., 60 years old**, complains of aching pain in the hands, joint deformities, morning stiffness, and weakness. **History of present illness:** The patient considers themselves ill for 15 years, after a lacunar tonsillitis. **Examination:** Hand joints are deformed, with moderate tenderness on palpation. Ulnar deviation is observed. **Muscle strength:** 3–4 points. **Hand X-ray** including the wrist joint shows periarticular osteoporosis and joint space narrowing. **Laboratory**



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

**tests:** ESR 43 mm/h, WBC  $9.0 \times 10^9/l$ , serum uric acid 240  $\mu\text{mol/l}$ , CRP 3 mg/l, antistreptolysin «O» (ASO) 70 IU/mL, rheumatoid factor (RF) 90 IU/l, anti-CCP (АЦЦП) antibodies up to 859 IU/mL. Probable diagnosis:

<question> A 64-year-old man, during screening for glaucoma, the following intraocular pressure readings were found using a non-contact method: right eye - 25 mm Hg, left eye - 18 mm Hg. What is the next step?

<question> A 72-year-old man. He is bothered by persistent constipation for several days. He has lost 5 kg in the last 3 months. His blood shows pancytopenia and ESR 65 mm Hg. What tests should be done to clarify the diagnosis? Refer to a specialist.


<question> Patient K., 64 years old, complains of pain in the upper abdomen occurring 25–30 minutes after meals, belching, and a weight loss of 3 kg over the past month. Medical history: self-administered No-Spa with temporary effect, no prior examinations. On examination: skin pale and clean. Abdomen soft, with localized tenderness in the epigastric region. The liver and spleen are not enlarged. **Esophagogastroduodenoscopy (EGD):** the esophagus is unremarkable; the cardia closes completely. On the lesser curvature, there is an ulcer with edematous, inflamed edges, measuring  $6 \times 8$  mm. A blood clot is present at the base of the ulcer. The duodenal bulb is unchanged. **Helicobacter pylori test:** +++ . **Name the drugs included in the first-line triple therapy regimen:**

<question> A 63-year-old woman was admitted with complaints of shortness of breath, fever up to  $38.0^\circ$ , weakness, sweating. The condition worsened 2 days ago against the background of acute respiratory viral infection. Objectively: the skin is moist, pale, drumsticks. BP 130/90 mm Hg, HR - 115 per min, RR - 28 per min. Moist fine bubbling rales are heard on the left in the lower sections against the background of weakened breathing. Pulse oximetry - 88%. On the radiograph: horizontal arrangement of the ribs, widened intercostal spaces, widened roots of the lungs, increased pulmonary pattern due to fibrous and vascular components, infiltrative confluent shadows in the lower lobe of the left lung. What tactics are the most appropriate?

<question> A 62-year-old female patient presented to a general practitioner with complaints of headaches, irritability, and excessive thirst. Medical history: infertility. On examination: body mass index 30, hirsutism, striae on the abdomen and back, blood pressure 164/98 mmHg. Additional investigations revealed bitemporal hemianopia and plasma glucose of 7.8 mmol/L. Which disease does this combination of symptoms primarily suggest?

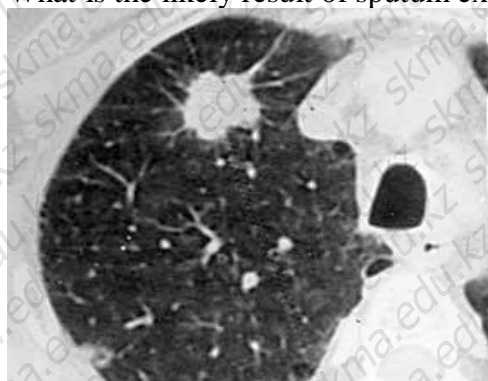
<question> A 68-year-old man presented with a painful rash on his left foot. Over the past 2 years, he has had episodes of his toes periodically changing color in the cold from white to blue and red, which then resolve. He has smoked 2 packs of cigarettes daily for 20 years. His blood pressure is 115/78 mm Hg. On examination, he found multiple dark purple nodules on the lateral surface of his left foot with surrounding erythema. Dry ulcers on the tip of his right index finger. What is the most likely diagnosis? Should he consult a specialist?

<question> A 72-year-old patient accompanied by relatives is seen at the reception. According to them, the patient has memory impairment, especially in the acquisition of new information.

<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

Memory impairment is a serious obstacle to the patient's everyday life. Only very well-acquired or very familiar material is retained. New information is retained only occasionally or for a very short time. The patient is unable to recall basic information about where he lives, what he has recently done, or the names of his acquaintances. Objectively, the patient's condition is satisfactory: blood pressure 150/100 mm Hg, pulse 80 beats per minute. Heart sounds are muffled, rhythm is regular. Swollen feet. What is your preliminary diagnosis?

<question> A 74-year-old patient received antibacterial therapy for pneumonia. The condition has not improved dynamically, weakness, weight loss, chest pain are increasing. Control CT scan showed that the lesion had increased in size somewhat, was of high density with uneven contours. What is the likely result of sputum examination?




<question> A 45-year-old man presented to a general practitioner with complaints of frequent, large-volume watery stools, severe weakness, and excessive thirst. He has been feeling unwell since the morning. Yesterday evening, he left work early due to severe weakness. He is also concerned about an intense craving for salty foods. On examination, notable findings include slowed speech, dry skin, blood pressure 90/50 mmHg. The skin is pale, but in the folds gives the impression of a pronounced tan. Medical history: pulmonary tuberculosis, registered at a TB dispensary for several years; the patient does not know the form of the disease. Presumptive diagnosis:

<question> After a subtotal thyroidectomy, a 64-year-old female patient developed convulsions in the extremities, Chvostek's sign, and Trousseau's sign. What complications have developed in this patient?

<question> A 65-year-old female patient presented with complaints of pain in large joints, especially the knees, muscle pain, and weakness. For the past month, she has experienced chest pain and palpitations, and for more than two months — numbness and tingling on the right side of the face, which resolved within a week. Medical history: frequent episodes of tonsillitis. For the past 10 years, she spends time in the countryside, drinks raw milk, and goes into the forest. Three months ago, she was bitten by a tick. She visited a medical clinic and was treated for 2 weeks with a diagnosis of “allergic reaction to a tick bite.” On examination, the joints are unchanged; heart sounds are muffled, with tachycardia. Probable diagnosis:

<question> **Patient N., 62 years old**, complains of aching pain in the hands, joint deformities, morning stiffness, and weakness. **History of present illness:** The patient considers themselves ill



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

for 15 years, after a lacunar tonsillitis. **Examination:** Hand joints are deformed, with moderate tenderness on palpation. Ulnar deviation is observed. **Muscle strength:** 3–4 points. **Hand X-ray** including the wrist joint shows periarticular osteoporosis and joint space narrowing. **Laboratory tests:** ESR 43 mm/h, WBC  $9.0 \times 10^9/l$ , serum uric acid 240  $\mu\text{mol/l}$ , CRP 3 mg/l, antistreptolysin «O» (ASO) 70 IU/mL, rheumatoid factor (RF) 90 IU/l, anti-CCP (AIIII) antibodies up to 859 IU/mL. Which drug is considered the “gold standard” in the treatment of this patient?

<question>A 68-year-old patient complains of weakness, sweating, and weight loss.10 kgfor 2 years. The liver, spleen and all groups of lymph nodes are enlarged. Blood test: Hb 85 g/l, Er.  $3.0 \times 10^{12}/l$ , leuk.  $135.0 \times 10^9/l$ , p/y 3%, lymph. 96%, mon. 1%, ESR 28 mm/hour. Total bilirubin 45 mmol/l, direct 11 mmol/l. Serum iron 28 mmol/l, Coombs test is positive. Select the research method that is sufficient in this case to confirm the main diagnosis:

<question>A 68-year-old patient complains of weakness, sweating, and weight loss.10 kg for 2 years. The liver, spleen and all groups of lymph nodes are enlarged. Blood test: Hb 85 g/l, Er.  $3.0 \times 10^{12}/l$ , leuk.  $135.0 \times 10^{12}/l$ , p/y 3%, lymph. 96%, mon. 1%, ESR 28 mm/hour. Total bilirubin 45 mmol/l, direct 11 mmol/l. Serum iron 28 mmol/l, Coombs test is positive. Determine the cause of the deterioration of red blood counts and select a specialist for consultation:

<question> A 68-year-old patient complains of weakness, sweating, and weight loss.10 kgfor 2 years. The liver, spleen and all groups of lymph nodes are enlarged. Blood test: Hb 85 g/l, Er.  $3.0 \times 10^{12}/l$ , leuk.  $135.0 \times 10^{19}/l$ , p/y 3%, lymph. 96%, mon. 1%, ESR 28 mm/hour. Total bilirubin 45 mmol/l, direct 11 mmol/l. Serum iron 28 mmol/l, Coombs test is positive. Determine a preliminary diagnosis, refer to a specialist:

<question>A 65-year-old patient was admitted to the clinic with a humeral fracture. ESR 63 mm/hour, hyperproteinemia with M-gradient, myelogram - plasmatic infiltration 38%. Your preliminary diagnosis, send to a specialist:

<question> Choose the correct estimation and specialist for consultation, blood test: er.  $1.8 \times 10^{12}/l$ , Hb 36 g/l, CP 0.9; leuk.  $1.6 \times 10^9/l$ , thromb.  $5.0 \times 10^0/l$  is characteristic of:


<question> Select the correct statements about plethoric syndrome and the specialist for consultation:

<question> Select the criteria that correspond to the diagnosis of aplastic anemia:

- a) pancytosis
- b) pancytopenia
- c) bone marrow depletion
- d) megaloblastic type of hematopoiesis
- e) hemorrhagic syndrome

<question> A 62-year-old pensioner came to the clinic complaining of severe weakness, loss of appetite, nausea, aversion to food, and weight loss. He has lost 15 kg over the past year. Obvious: cachectic, pale. Height 172 cm, weight 53 kg. A 2 cm lymph node is palpated above the left clavicle. Palpation reveals pain in the epigastrium and moderate muscle tension. Hb 100 g/l,



<p>ONȚUSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

erythrocytes  $3.6 \times 10^{12}/l$ , CP 0.84, leukocytes  $8.0 \times 10^9/l$ . ESR 42 mm/hour. Choose the correct tactics:

<question> Choose the correct statement. A 67-year-old man complains of pain in the right and left hypochondrium, an increase in body temperature to subfebrile numbers, frequent nosebleeds, a sharp weight loss of 9 kg in 3 months. He has been ill for 2 years, when he first noticed darkening of the skin. Obvious: bronze-colored skin, icterus of the sclera, dark pigmentation of the palmar folds and soles, "vascular stars" on the chest, back and shoulders. The abdomen is enlarged due to free fluid in the abdominal cavity. The liver and spleen are enlarged.

<question> Choose the correct judgment regarding the diagnosis and specialist for consultation. A 64-year-old man with a short history of ulcers and a long-term non-healing gastric ulcer came with complaints of weakness, nausea, loss of appetite, constant pain in the epigastric region, weight loss.


<question> Choose the correct statements. The patient complains of diarrhea, cramping pains throughout the abdomen, a feeling of heat, facial flushing, attacks of suffocation and palpitations.

<question> Select a preliminary diagnosis, specialist for consultation. A 74-year-old female patient is bothered by cramping pains in the lower abdomen radiating to the sacrum, bloating, cessation of gas passage, and no defecation in the last 4 days. The patient has been suffering from constipation for many years. Obvious: the abdomen is bloated, moderate pain on palpation. Percussion reveals high tympanitis, a splashing sound is heard. During digital rectal examination, the ampulla is empty, the sphincter is relaxed. When trying to administer a siphon enema, 350 ml of liquid poured back out.

<question> A 62-year-old male patient presents with complaints of knee joint pain for the past year. The pain worsens with movement and decreases at rest. Local examination: no hyperemia, swelling, or increased local temperature over the joints. Crepitus, pain, and limitation of active and passive movements are observed in the knee joints. X-ray of the joints: uneven narrowing of the joint space, osteophytes, and subchondral cysts. Which drug is considered the cornerstone in the treatment of this disease?

<question> A 64-year-old female patient with diabetes mellitus complains of pain in the left hand, a feeling of coldness, and "pins and needles," which worsen at night. On examination, weakness of the left hand is noted; the patient is unable to extend the wrist and fingers or abduct the thumb. Hypesthesia is present in the area of the thumb and index finger. Which of the listed nerves is most likely affected in this patient?

<question> A 60-year-old female patient presents to a general practitioner with complaints of irritability, heat intolerance, weight loss, palpitations, and increased sweating. Cardiac arrhythmia is noted. No ocular symptoms are present. On palpation, a thyroid nodule with clear borders is detected; it is not fixed to surrounding tissues and moves with swallowing. Further diagnostic approach to confirm the diagnosis:

<p>ONȚŪSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 60-year-old male patient complains of pain in the elbow joints. On examination: hyperemia and swelling of the elbow joints, limited movement, firm nodules the size of beans. Heart sounds are muffled. Heart rate 100 bpm. Laboratory findings: RBC  $4.2 \times 10^6/\mu\text{L}$ , Hb 150 g/L, WBC  $10 \times 10^9/\text{L}$ , ESR 2 mm/h. Urinalysis: specific gravity 1020, leukocytes 4–5 per field, erythrocytes 6–8 per field. Presence of urate crystals. What findings can be expected on joint X-rays?

<question> A 68-year-old patient presents with sudden redness and swelling of the first toe of the right foot. There was no trauma. The quickest way to establish the diagnosis:

<question> Patient S., 66 years old, complains of pain in the elbow joints. On examination: hyperemia and swelling of the elbow joints, limited movement, firm nodules the size of beans. Heart sounds are muffled. Heart rate 100 bpm. Laboratory findings: RBC  $4.2 \times 10^6/\mu\text{L}$ , hemoglobin 150 g/L, WBC  $10 \times 10^3/\mu\text{L}$ , ESR 2 mm/h. Urinalysis: specific gravity 1020, leukocytes 4–5 per field, erythrocytes 6–8 per field, urates (+++). Most informative test to establish the diagnosis:


<question> **Patient N., 65 years old**, complains of aching pain in the hands, joint deformities, morning stiffness, and weakness. **History of present illness:** The patient considers themselves ill for 15 years, after a lacunar tonsillitis. **Examination:** Hand joints are deformed, with moderate tenderness on palpation. Ulnar deviation is observed. **Muscle strength:** 3–4 points. **Hand X-ray** including the wrist joint shows periarticular osteoporosis and joint space narrowing. **Laboratory tests:** ESR 43 mm/h, WBC  $9.0 \times 10^9/\text{L}$ , serum uric acid 240  $\mu\text{mol/l}$ , CRP 3 mg/l, antistreptolysin «O» (ASO) 70 IU/mL. Your preliminary diagnosis?

<question> **Patient N., 60 years old**, complains of aching pain in the hands, joint deformities, morning stiffness, and weakness. **History of present illness:** The patient considers themselves ill for 15 years, after a lacunar tonsillitis. **Examination:** Hand joints are deformed, with moderate tenderness on palpation. Ulnar deviation is observed. **Muscle strength:** 3–4 points. **Hand X-ray** including the wrist joint shows periarticular osteoporosis and joint space narrowing. **Laboratory tests:** ESR 43 mm/h, WBC  $9.0 \times 10^9/\text{L}$ , serum uric acid 240  $\mu\text{mol/l}$ , CRP 3 mg/l, antistreptolysin «O» (ASO) 70 IU/mL. A preliminary diagnosis of “Rheumatoid Arthritis” has been made. What additional laboratory tests can help diagnose rheumatoid arthritis?

<question> **Patient N., 67 years old**, complains of aching pain in the hands, joint deformities, morning stiffness, and weakness. **History of present illness:** the patient considers themselves ill for 15 years, after a lacunar tonsillitis. **Examination:** Hand joints are deformed, with moderate tenderness on palpation. Ulnar deviation is observed. **Muscle strength:** 3–4 points. **Hand X-ray** including the wrist joint shows periarticular osteoporosis and joint space narrowing. **Laboratory tests:** ESR 43 mm/h, WBC  $9.0 \times 10^9/\text{L}$ , serum uric acid 240  $\mu\text{mol/l}$ , CRP 3 mg/l, antistreptolysin «O» (ASO) 70 IU/mL. A preliminary diagnosis of “Rheumatoid Arthritis” has been made. What additional laboratory tests can help diagnose rheumatoid arthritis? Which drug is considered the "gold standard" in the treatment of this patient?

<question> A 72-year-old female patient presents with complaints of fatigue, stiffness, muscle pain, joint and back pain without clear localization, paresthesia, and unrefreshing sleep for the past



<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

6 months. On examination: tenderness without radiation at 12 tender points: occipital, cervical posterior, trapezius, second rib, supraspinatus, and gluteal points. Joints show signs of osteoarthritis with full range of motion and no signs of inflammation. CBC: within normal limits. CRP: negative. Your preliminary diagnosis?

<question> A 72-year-old female patient with complaints of fatigue, stiffness, muscle pain, joint and back pain without clear localization, paresthesia, and unrefreshing sleep for the past 6 months was diagnosed with **fibromyalgia** and prescribed - nonsteroidal anti-inflammatory drugs (**NSAIDs**). Three days later, the patient returned for a follow-up visit to the general practitioner. The previous treatment had no effect. On examination: tenderness without radiation at 12 tender points: occipital, posterior cervical, trapezius, second rib, supraspinatus, and gluteal points. Joints show signs of osteoarthritis, with full range of motion and no signs of inflammation. Complete blood count: within normal limits. CRP: negative. What is your treatment strategy?

<question> A 65-year-old retired woman was admitted to the clinic with complaints of difficulty walking and speaking. The patient noticed a tremor in her right hand five years ago. Her condition has gradually worsened: both hands and her head are now trembling, and stiffness and slowed movements have appeared.

**On examination:** monotonous speech, resting tremor, flexed posture, amimia (lack of facial expression), bradylalia (slowed speech), muscle rigidity, increased muscle tone of plastic type, hypokinesia. **Your diagnosis:**


<question> A 65-year-old female retiree was admitted to the clinic with complaints of difficulty walking and speaking. The patient noticed a tremor in her right hand five years ago. Her condition has gradually worsened, with tremor now affecting both hands and her head, accompanied by stiffness and slowness of movements.

On examination: speech is monotonous, resting tremor present, stooped posture, amimia (lack of facial expression), bradylalia (slowness of speech), muscle rigidity, tone increased in a plastic type, hypokinesia. Diagnosis: Parkinson's disease. Question: During follow-up, which blood test parameter should be investigated first?

<question> A 65-year-old obese woman complains of weight loss despite a good appetite, itching of the genital area, and frequent nighttime urination (nocturia). Which of the following kidney diseases is most likely to develop in this patient?

<question> A 65-year-old female patient complains of dyspnea on exertion, arthralgia, fever, and erythema nodosum on the legs. Objectively: hepatosplenomegaly, generalized lymphadenopathy, and corneal opacities of the iris. Chest X-ray shows bilateral pulmonary root adenopathy. Presumptive diagnosis:

<question> A 65-year-old female patient complains of dyspnea on exertion, arthralgia, fever and nodular erythema on the legs. Objectively: hepatosplenomegaly, generalized lymphadenopathy and corneal opacities of the iris. Chest X-ray shows bilateral adenopathy of the pulmonary roots. The patient's eye damage is a consequence of:

<p>ONȚUSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

<question> A 65-year-old female patient complains of dyspnea on exertion, arthralgia, fever, and nodular erythema on the legs. Objectively: hepatosplenomegaly, generalized lymphadenopathy, and corneal opacities of the iris. Chest X-ray shows bilateral adenopathy of the pulmonary roots. Optimal treatment includes:

<question> A 78-year-old female patient complains of stiffness and pain in the neck, shoulder and pelvic girdles, muscle weakness, and subfebrile temperature. She has been ill for 2-3 months. Objectively: pain on palpation in the neck, shoulder and pelvic girdle areas with a sharp limitation of the range of motion in them. Examination: in the complete blood count - ESR 70 mm / h and a seven-fold increase in the level of creatine phosphokinase. From the patient's story, taking 1 or 2 tablets of prednisolone dramatically improves the condition. X-ray pathology of the musculoskeletal system did not reveal. What is the probable diagnosis for the patient?

<question> A 78-year-old female patient complains of stiffness and pain in the neck, shoulder and pelvic girdles, muscle weakness, and subfebrile temperature. She has been ill for 6 months. Objectively: pain on palpation in the neck, shoulder and pelvic girdle areas with a sharp limitation of the range of motion in them. Examination: in the complete blood count - ESR 70 mm / h. From the patient's story, taking 1 or 2 tablets of prednisolone dramatically improves the condition. X-ray pathology of the musculoskeletal system did not reveal. Your tactics:

<question> A 68-year-old woman complained of severe muscle weakness in the shoulder and pelvic girdles, pain in the joints of the hands. Objectively: there is periorbital edema with purple-violet erythema, aphonia, the muscles of the shoulder and pelvic girdle are swollen, of a doughy consistency. The joints are externally unchanged. CT revealed a formation in the larynx; CPK is elevated to 14 IU / ml. The patient is diagnosed with:

<question> A 65-year-old woman complains of redness and swelling of the interphalangeal joints of her hands. There are no other complaints about the function of the joints. The most likely diagnosis is:


<question> A 65-year-old woman complains of gradual development of nodes in the distal interphalangeal joints of her hands. There are no other complaints about joint function. Probable diagnosis:

<question> A 65-year-old woman complains of the gradual appearance of nodes in the proximal interphalangeal joints of her hands. There are no other complaints about the function of the joints. Your conclusion:

<question> A 68-year-old woman presented to the outpatient clinic with complaints of intermittent dull pain in the right upper quadrant, which worsens after eating fatty foods, nausea, bitter belching, bloating, and decreased appetite.

Medical history: She considers herself ill for the past year. She does not consume alcohol and does not smoke. On physical examination: Skin and visible mucous membranes are of normal color. On palpation, the abdomen is soft, with mild tenderness in the right upper quadrant; Murphy's sign is negative. The liver and spleen are not enlarged. Laboratory tests: Red blood cells:  $4.3 \times 10^{12}/L$ , Hemoglobin: 110 g/L, White blood cells:  $5.2 \times 10^9/L$ , Band neutrophils: 5%, Segmented



<p>ONȚŪSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

neutrophils: 48%, Lymphocytes: 23%, Monocytes: 5%, ESR: 5 mm/h, ALT: 32 U/L, AST: 28 U/L. Which additional diagnostic methods are necessary for establishing a diagnosis?

<question> A 68-year-old woman presented to the outpatient clinic with complaints of intermittent dull pain in the right upper quadrant, which worsens after eating fatty foods, nausea, bitter belching, bloating, and decreased appetite.

Medical history: She considers herself ill for the past year. She does not consume alcohol and does not smoke. On physical examination: Skin and visible mucous membranes are of normal color. On palpation, the abdomen is soft, with mild tenderness in the right upper quadrant; Murphy's sign is negative. The liver and spleen are not enlarged. Laboratory tests: Red blood cells:  $4.3 \times 10^{12}/L$ , Hemoglobin: 110 g/L, White blood cells:  $5.2 \times 10^9/L$ , Band neutrophils: 5%, Segmented neutrophils: 48%, Lymphocytes: 23%, Monocytes: 5%, ESR: 5 mm/h, ALT: 32 U/L, AST: 28 U/L. **Abdominal ultrasound findings:** gallbladder wall: 5 mm, homogeneous structure, no stones, small amount of sediment, bile ducts: not dilated. Your diagnosis:

<question> Which hemostasis parameters should be monitored before and during treatment with indirect anticoagulants (dicumarins, phenindione, phenylin, etc.)?

<question> Which of the following drugs is most effective in treating ulcer disease caused by infection?


<question> A 65-year-old woman complains of redness, swelling, and stiffness of the distal interphalangeal joints of the hands. She has no other complaints regarding joint function. The most likely diagnosis in this case is:

<question> A 68-year-old man with a diagnosis of acute pancreatitis. Medical history: has suffered from duodenal ulcer disease for about 10 years. Lately, he has been frequently experiencing episodes of epigastric pain radiating to the back, sometimes of a band-like character. **Which complication has developed in this patient?**

<question> A 62-year-old woman is seeing her GP with complaints of difficulty swallowing, severe heartburn, and sour belching. Endoscopy revealed reflux esophagitis – non-confluent erosions not involving the entire circumference of the esophageal mucosa. **What is the grade of reflux esophagitis in this patient?**

<question> An elderly man is seeing his GP with complaints of alternating constipation and diarrhea, abdominal pain that decreases after defecation. Examination revealed no organic pathology. **What is the cause of irritable bowel syndrome in this case?**

<question> A 70-year-old man visits his primary care physician complaining of general weakness, easy fatigability, dizziness, and decreased appetite. History: He considers himself ill for several months. He drinks alcohol rarely and is a former smoker (quit 10 years ago). He has a history of duodenal ulcer disease. Physical examination: The skin and visible mucous membranes are slightly pale but clean. Blood pressure is 135/85 mmHg, pulse 88 bpm. The abdomen is soft and non-tender on palpation. **The liver and spleen are not enlarged. Laboratory data:** hemoglobin: 95 g/L, red blood cells:  $3.2 \times 10^{12}/L$ , hematocrit: 28%, white blood cells:  $7.8 \times 10^9/L$ , platelets: 250


<p>ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ</p>		<p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2 CONTROL AND MEASURING INSTRUMENTS</p>		<p>62-11 ( ) 1 page of 42</p>

× 10<sup>9</sup>/L, total bilirubin: 19 µmol/L, serum iron: 6 µmol/L, ferritin: 8 ng/mL, total iron-binding capacity (TIBC): 75 µmol/L. **Differential diagnosis:**

<question> A 65-year-old patient presented with complaints of a large bluish swelling on the right thigh, which appeared 24 hours after a minor bump against furniture. Over the past two months, he has noticed the unexplained formation of deep bruises on his arms and trunk. He has no history of nosebleeds, gum bleeding, or petechiae. He has not experienced episodes of purpura or skin rashes. His medical history includes chronic conditions: hypertension and type 2 diabetes mellitus. He does not take anticoagulants or antiplatelet agents. On examination: a large, deep soft tissue hematoma of the thigh, firm and tender on palpation; joints are intact (no hemarthroses); no cutaneous petechiae. Laboratory results: platelets – 250 × 10<sup>9</sup>/L, prothrombin time – 12 seconds, aPTT – 68 seconds. This type of bleeding is characteristic of:

<question> Under what circumstances is parenteral administration of iron preparations appropriate?



<p>ОҢТҮСТІК ҚАЗАҚСТАН  <b>MEDISINA</b>  <b>AKADEMIASY</b>  «Оңтүстік Қазақстан медицина академиясы» АҚ</p>	<p> SOUTH KAZAKHSTAN  <b>MEDICAL</b>  <b>ACADEMY</b>  АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of General Practitioner - 2  <b>CONTROL AND MEASURING INSTRUMENTS</b></p>	<p>62-11 ( )  1 page of 42</p>