Kidney Pathology

Multiple Choice Questions

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Pathology

Introduction

Welcome to **Kidney Pathology MCQ**, a comprehensive question bank designed to enhance your understanding of Biochemistry. This ebook contains over 600 multiple-choice questions (MCQs) covering a wide array of topics within the field of Kidney and its associated structutures.

Whether you're a medical student preparing for exams, a postgraduate aspirant aiming for success in competitive entrance tests, or a healthcare professional looking to refine your expertise, this book will serve as an invaluable resource in your learning journey. The questions in this ebook are structured to reflect the patterns seen in major medical entrance exams such as NEET PG, USMLE, AIIMS, and others, making it a perfect tool for self-assessment and revision.

Purpose

The primary goal of this ebook is to provide a reliable and extensive resource that students and professionals can use to test their knowledge, improve their diagnostic skills, and solidify key pathology concepts. With the included detailed answers and explanations, this book goes beyond just helping you answer questions — it enables you to understand the reasoning behind each answer, facilitating deeper learning.

How This Ebook Can Help You

- **For Students**: The MCQs in this book are designed to match the rigor and format of real exam questions. By practicing regularly, you'll not only enhance your knowledge but also gain confidence in approaching exam challenges.
- **For Professionals**: This ebook helps professionals stay updated with the latest developments in pathology in medical science and refresh critical concepts required in day-to-day practice.
- **For Educators**: Teachers and educators can use this collection to formulate quizzes, exams, or as supplementary teaching material for their students.

Compilation and Sources

This ebook is a compilation of publicly available online content. Each question has been carefully selected and curated to ensure relevance and accuracy. While this material is sourced from multiple platforms, it has been reorganized and edited to provide a streamlined learning experience.

We hope this book becomes an essential part of your academic and professional toolkit, helping you achieve your goals in Pathology.

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Questions

1-: The most common cause of renal scaring in a 3-year-old child is -

1: Trauma

2: Tuberculosis

3: Vesicoureteral reflux induced pyelonephritis

4: Interstitial nephritis

2-: Autosomal recessive polycystic kidney disease features include:

1: Can be diagnosed intrauterine

2: Proceeds to renal failure till children reaches school going age

3: Can be palpated abdominally

4: Hypertension doesn't develop until late stages of the disease

3-: Dispropoionately increased blood urea levels compared to serum creatinine (urea creatinine ratio 20:1) can be seen in the following except -

1: Prerenal failure

2: CCF

3: Intrinsic renal failure

4: Hypovolemia

4-: Most common cause of Papillary necrosis is

1: Diabetes Mellitus

2: Sickle cell anaemia

3: Analgesics

4: Pyelonephritis

5-: Triamterene causes

1: Better glucose tolerance

2: Muscle cramps

3: Decrease in urea level

4: Hypokalemia

6-: A six year old male baby presents to a hospital with recurrent gross hematuria for 2 years. There is no h/o burning micturition or pyuria. Urine routine examination demonstrated no pus cells and urine culture was sterile. Serum C3 levels were normal. What is the most probable diagnosis-

1: Wilm's tumour

2: IgA nephropathy

3: Post-streptococcal glomerulonephritis

4: Urinaiy tract infection

7-: All of the following are true regarding diuretics except:-

1: Spironolactone is a potassium sparing drug

2: Mannitol is an osmotic diuretic

3: Thiazides act by inhibiting sodium-potassium chloride co-transpo

4: Acetazolamide inhibits carbonic anhydrase enzyme

8-: Which of the following drugs is contraindicated along with spironolactone

1: Chlorothiazide

2: Beta blockers

3: ACE inhibitors

4: Amlodipine

9-: Mercury affects which part of the kidney -

1: PCT

2: DCT

3: Collecting duct

4: Loop of Henle

10-: A patient is passing stones recurrently in urine for past few years. All are due to be restrlcted in diet except-

1: Protein restriction

2: Calcium restriction

3: Salt restricted diet

4: Phosphate restriction

11-: Loss of foot processes of podocytes is characteristically seen in?

1: Good pasture syndrome

2: Lipoid nephrosis

3: PSGN

4: Lupus nephritis

12-: Drug of choice for neurogenic diabetes insipidus

1: Vasopressin

2: Terlipressin

3: Desmopressin

4: Pralipressin

13-: Minimal change glomerulopathy may be seen ' association with all of the following except,

1: Hepatitis B

2: HIV

3: Drug-induced interstitial nephritis

4: Hodgkin's disease

14-: Dysmorphic RBC with ARF is seen in?

1: Glomerular disease

2: Renal carcinoma

3: Proximal tubule disease

4: Distal tubule disease

15-: The kidney stone whose development is seen most commonly is:-

1: Calcium oxalate

2: Triple phosphate

3: Uric acid

4: Cysteine

16-: Which of these is the characteristic feature of membranoproliferative glomerulonephritis-

1: Sub epithelial deposits

2: Foamy cells

3: Splitting of glomerular basement membrane

4: Sub endothelial deposits.

17-: Which one of the following is not a feature of renal aery stenosis?

1: Hypeension responds well to drugs

2: Kidneys may be asymmetrical

3: Atherosclerotic plaques are common

4: Serum creatinine may increase with ACE inhibitors

18-: Which of the following drug is not needed to be present in tubular lumen for diuretic action?

1: Chlohiazide

2: Acetazolamide

3: Mannitol

4: Eplerenone

19-: Patient with head injuries with rapidly increasing intracranial tension without hematoma, the drug of choice for initial management would be:

1: Furosemide

2: Steroids

3: 20% Mannitol

4: Glycine

20-: Most common malignant tumor of kidney:

1: Papillary carcinoma

2: Papillary adenoma

3: Renal cell CA

4: Wilms tumor

21-: A patient presented with pus in urine. Urine culture was done which was negative. After a sudden onset renal failure the patient died. On autopsy the following finding was seen in kidney. What is the most likely diagnosis?

1: TB kidney

2: Infected renal cysts

3: Renal cell carcinoma

4: Renal stones

22-: RBC cast is seen in?

1: Minimal change disease

2: Renal vein thrombosis

3: Bladder schistomiasis

4: Rapidly progressive Glomerulo-nephritis

23-: Fatty change is seen in?

1: Brain

2: Kidney

3: Adrenal

4: Bladder

24-: Pigmented "muddy brown" granular cast is characteristic of

1: Prerenal ARF

2: Ischemic or nephrotoxic ATN

3: Postrenal ARF

4: Chronic renal failure

25-: A boy is suffering from acute pyelonephritis. Most specific urinary finding will be -

1: W.B.C. casts

2: Leucocyte esterase test

3: Nitrite test

4: Bacteria in gram stain

26-: Acetazolamide can be used in all except

1: Epilepsy

2: Cute mountain sickness

3: Cirrhosis

4: Glaucoma

27-: A 30-year-old male, Rajinder presents to your office with fatigue, muscle weakness and headache. His blood pressure is 170/120 mm Hg and his hea rate is 100/min. Laboratory evaluation reveals hypokalemia, metabolic alkalosis and decreased plasma renin activity. On CT scan, a mass was noted on left suprarenal gland. Patient was prescribed a drug for few weeks and the symptoms subsided. Laboratory values and blood pressure returned to normal values. The likely drug given to this patient is?

1: Clonidine

2: Propanolol

3: Hydrochlorothiazide

4: Spironolactone

28-: A 7 year old boy presented with generalized edema. Urine examination revealed marked albuminuria. Serum biochemical examinations showed hypoalbuminaemia with hyperlipidemia. Kidney biopsy was undeaken. On light microscopic examination, the kidney appeared normal. Electron microscopic examination is most likely to reveal-

1: Fusion of foot processes of yhe glomerular epithelial cells

2: Rarefaction of glomerular basement membrane

3: Deposition of electron dense material in the basement membrane

4: Thin basement membrane

29-: Goodpasture's disease is characteraized by all except-

1: Glomerulonephritish

2: Leukocytoclastic vasculitis

3: Presence ofantibodies to BM

4: Diffuse alveolar hemorrhage

30-: Presence of which of the following in the urine is diagnostic of glomerular injury-

1: Bright red cells

2: 20% dysmorphic RBC's

3: 100RBC per high power field

4: Beta 2 micro globulin

31-: Central nervous system manifestion in chronic renal failure are a result of all of the following except -

1: Hyperosmolarity

2: Hyperparathyroidisn

3: Acidosis

4: Hyponatremia

32-: Which of the follow ing lesion is characteristic of diabetic nephropathy?

1: Hyaline arteriosclerosis

2: Nodular glomerulosclerosis

3: Renal Amyloid deposits

4: Fibrinoid necrosis

33-: Potassium-sparing diuretics are all except:

1: Spironolactone

2: Triamterene

3: Amiloride

4: Ethacrynic acid

34-: Most common renal pathology in shock:

1: Acute tubular necrosis

2: Acute cortical necrosis

3: Renal vein thrombosis

4: Acute medullar necrosis

35-: In Bater's Syndrome, which of the following is not seen-

1: Metabolic Alkalosis

2: Hypokalemia

3: Hypomagnesemia

4: Decrease in urinary calcium

36-: Sensory neural deafness associated with hereditary nephritis is seen in

1: Fanconi syndrome

2: Berger's disease

3: Albright syndrome

4: Alpo's syndrome

37-: A 63-year-old man becomes oliguric 2 days following an open cholecystectomy. Which of the following findings would suggest that prerenal ARF is a major factor in the etiology?

1: postural hypotension

2: fractional excretion of sodium is 3%

3: specific gravity is 1.012

4: the urine sodium is 30 mEq/L

38-: Good pasture's syndrome is characterised by -

1: Necrotisting hemorrhagic interstitial pneumonitis

2: Alveolitis

3: Patchy consolidation

4: Pulmonary edema

39-: A 14-year-old girl presents with a 5-day history of hypertension, oliguria, and hematuria. She was seen 2 weeks earlier for a severe throat infection with group A (b-hemolytic) streptococci. A kidney biopsy displays glomerulonephritis. Immunofluorescence staining for which of the following proteins would provide the strongest evidence that this patient's glomerulonephritis is mediated by immune complexes?

1: Complement

2: Fibrinogen

3: Hageman factor (clotting factor XII)

4: Plasminogen

40-: A 35-year-old woman with end-stage renal disease of unknown etiology is transplanted with a cadaver kidney. The patient develops oliguia shortly after transplantation and a renal biopsy shows immediate (hyperacute) rejection. Immunosuppression improves renal function. Which of the following represents the principle target for immune attack directed against this patient's allograft?

1: ABO antigens

2: Bacterial antigens

3: Glomerular basement membrane antigens

4: b2-Microglobulin

41-: An IV drug abuser develops an aggressive form of nephrotic syndrome that does not respond to steroids. A renal biopsy is performed. Which of the following histological diagnoses will most likely be made from the biopsy tissue?

1: Focal segmental glomerulosclerosis

2: IgA nephropathy

3: Membranous glomerulonephritis

4: Membranoproliferative glomerulonephritis

42-: Which of the following is not true about intrinsic renal failure in case of ischemic ATN?

1: Specific gravity < 1.015

2: FENa < 1

3: Urine sodium > 20 mmol/L

4: Urine creatinine to plasma creatinine ratio < 20

43-: The commonest systemic abnormality associated with renal cell carcinoma Is -

1: Hypeension

2: Polycythemia

3: Elevated ESR

4: Pyrexia

44-: Which of the following antibody is incriminated in causing henoch schonlein purpura

1: IgA

2: IgM

3: IgG

4: IgD

45-: A 47-year-old HIV-positive man is brought to the emergency room because of weakness. The patient has HIV nephropathy and adrenal insufficiency. He takes trimethoprim-sulfamethoxazole for PCP prophylaxis and is on triple-agent antiretroviral treatment. He was recently started on spironolactone for ascites due to alcoholic liver disease. Physical examination reveals normal vital signs, but his muscles are diffusely weak. Frequent extrasystoles are noted. He has mild ascites and 1+ peripheral edema. Laboratory studies show a serum creatinine of 2.5 with a potassium value of 7.3 mEq/L. ECG shows peaking of the T-waves and QRS widening to 0.14. What is the most important immediate treatment?

1: Sodium polystyrene sulfonate (Kayexalate)

2: Acute hemodialysis

3: IV normal saline

4: IV calcium gluconate

46-: Hyperchloremic acidosis with hypokalemia is a feature of

1: Renal tubular acidosis

2: Addison's disease

3: Pyloric stenosis

4: Primary hyperaldosteronism

47-: Most common organism involved in urinary catheter induced urinary tract infection is -

1: E.coli

2: Pseudomonas

3: Staphylococcus epidermidis

4: Proteus

48-: A 24-year-old woman is dipstick positive for blood in her urine. This is repeated twice between menstrual periods and remains positive. Microscopic evaluation reveals RBCs, some of which are deformed and some in the form of casts. Which of the following is the most likely cause of the hematuria?

1: urinary tract stones

2: GN

3: trauma

4: benign renal tumor

49-: Which diuretic can be used in treatment of hypercalcemia?

1: Furosemide

2: Spironolactone

3: Hydrochlorothiazide

4: Mannitol

50-: All are steroid resistant except -

1: Post-streptococcal glomerulonephritis

2: Minimal change glomerulonephritis

3: RPGN

4: Recurrent hematuria

51-: 5 years old female presents with palpable purpura over the buttocks, arthralgias, abdominal pain with diarrhea with passage of blood per rectum. Patient also has presence of proteinuria. What is the most probable diagnosis -

1: Henoch-Schonlein purpura

2: Nephrotic syndrome

3: Nephritic syndrome

4: Thalassemia

52-: A 23-year-old woman with no other medical history was diagnosed with hypertension 6 months ago. She was initially treated with hydrochlorothiazide, followed by the addition of lisinopril, followed by a calcium channel blocker, but her blood pressure has not been well controlled. She assures the provider that she is taking all of her medicines. On

examination her blood pressure is 165/105 in each arm, and 168/105 when checked by large cuff in the lower extremities. Her pulse is 60. Cardiac examination reveals an S4 gallop but no murmurs. She has a soft mid-abdominal bruit. Distal pulses are intact and equal. She does not have hyperpigmentation, hirsutism, genital abnormalities, or unusual distribution of fat. Her sodium is 140, potassium 4.0, HCO3 22, BUN 15, and creatinine 1.5. Which of the following is the most likely cause of her difficult-to-control hypertension?

1: Primary hyperaldosteronism (Conn syndrome)

2: Cushing syndrome

3: Congenital adrenal hyperplasia

4: Renal artery fibromuscular dysplasia

53-: A 6-year-old girl has become increasingly lethargic over the past 2 weeks. On examination, she has puffiness around the eyes. Her temperature is 36.9degC, and her blood pressure is 100/60 mm Hg. Laboratory findings show serum creatinine, 0.7 mg/ dL; urea nitrogen, 12 mg/dL; and cholesterol, 217 mg/dL. Urinalysis shows pH, 6.5; specific gravity, 1.011; 4+ proteinuria; lipiduria; and no blood or glucose. The 24-hour urine protein level is 3.8 g. The child's condition improves after glucocorticoid therapy. Which of the following findings by electron microscopy is most likely to characterize this disease process?

1: Areas of thickened and thinned basement membrane

2: Effacement of podocyte foot processes

3: Increased mesangial matrix

4: Reduplication of glomerular basement membrane

54-: All of the following diuretics increase K excretion except:-

1: Acetazolamide

2: Furosemide

3: Triamterene

4: Thiazide

55-: Causes of papillary necrosis in kidney are/is:

1: Diabetes mellitus

2: Sickle cell disease

3: Analgesic abuse

4: All

56-: Which of the following is not a feature of Minimal change disease?

1: Hypertension

2: Edema

3: Proteinuria

4: Responsive to steroid therapy

57-: Oxalate crystals in urine is seen in poisoning with

1: Methanol

2: Ethylene glycol

3: Potassium dichromate

4: Methylene blue

58-: A male child presents with repeated urinary infections and failure to gain weight. A MCU was carried out as shown in plate, most probable diagnosis is?

1: Posterior urethral valve

2: Meatal stenosis

3: Bladder diverticula

4: Bladder polyp

59-: Mesangial deposition of electron dense substance seen in-

1: IgA nephropathy

2: Membranous nephropathy

3: Minimal change disease

4: Post streptococcal glomerulonephritis

60-: A 60 year old woman presents with generalized edema, Skin Ulceration and hypeension. Urine examination shows subnephrotic proteinuria (<2gm) and microscopic haematuria. serum complement levels are decreased and she is positive for anti-hepatitis c antibodies. The likely diagnosis is -

1: PSGN

2: Essential mixed cryoglobulinemia

3: Membrano proliferative glomerulonephritis

4: Focal segmental glomerulosclerosis

61-: Important clues of diagnosis chronic renal failure(CRF) Except

1: Bilateral contracted kidney

2: Massive proteinuria

3: Osteodystrophy

4: Hypertension

62-: Thiazide diuretics can be used for the treatment of all of these conditions EXCEPT

1: Idiopathic hypercalciuria with nephrocalcinosis

2: Hyperlipidemia

3: Congestive Hea Failure

4: Hypeension

63-: Which of the following drug is not a uricosuric agent?

1: Probenecid

2: Sulfinpyrazone

3: Benzbromarone

4: Febuxostat

64-: What is the mode of inheritance of APKD?

1: Autosomal dominant

2: Autosomal recessive

3: X-linked recessive

4: Mitochondrial inheritance

65-: Renal artery stenosis is caused by all except

1: Atherosclerosis

2: Fibromuscular dysplasia

3: Takayasu arteritis

4: Beurger's disease

66-: A 45-year-old man develops end-stage renal disease due to diabetic nephropathy. He undergoes a renal transplant with a kidney donated from his sister. Which of the following immune suppression therapies are usually used to prevent rejection in renal transplant patients?

1: splenectomy and irradiation

2: plasmapheresis and steroids

3: cyclosporine and steroids

4: azathioprine and plasmapheresis

67-: Long term complication (>10yr) renal transplantation is/are -

1: Bacterial infection

2: Malignancy

3: Viral infection

4: Acute graft versus host reaction

68-: False statement in collapsing glomerulopathy:

1: It is a morphologic variant of FSGS (focal segmental glomerulosclerosis)

2: Microscopically retraction and /or collapse of the entire glomerular tuft is seen

3: There is no proliferation or hypertrophy of glomerular visceral epithelial cells

4: It may be idiopathic or HIV associated nephropathy

69-: C-3 nephritic factor is associated with which of the following conditions?

1: MPGN Type 1

2: MPGN Type 2

3: Membranous nephropathy

4: Minimal change disease

70-: Mesangial deposits of monoclonal kappa/Lambda light chains in indicative of:

1: Mesangioproliferative glomerulonephritis

2: Focal and segmental glomerulosclerosis

3: Kimmelstiel-Wilson lesions

4: Amyloidosis

71-: Which of the following cast is normal in urine

1: Granular

2: Waxy

3: Epithelial

4: Hyaline

72-: Goodpasture's disease is characterized by all except:

1: Glomerulonephritis

2: Leukocytoclastic vasculitis

3: Diffuse alveolar hemorrhage

4: Presence of antibodies to BM

73-: Positive dipstick for RBC with red color urine and red supernatant and clear sediment with positive dipstick-

1: Porphyria

2: Hematuria

3: Hemolysis

4: Rhabdomyolysis

74-: Persistent low C3 complement level is not found in

1: Post streptococcal glomerulonephritis

2: Mesangiocapillary glomerulonephritis

3: Cryoglobulinemia

4: SLE

75-: The following can lead to acute renal failure (ARF) due to intrinsic renal disease except-

1: Systemic lupus erythematosus

2: Leptospirosis

3: Hepatorenal syndrome

4: Hemolytic uremic syndrome

76-: An 8-year-old boy presents with headaches, dizziness, and malaise. He was seen for a severe sore throat 2 weeks ago. Physical examination reveals facial edema. The blood pressure is 180/110 mm Hg. A 24-hour urine collection demonstrates oliguria, and urinalysis shows hematuria. Which of the following best describes this patient's medical condition?

1: Hereditary nephritis

2: Membranous glomerulonephritis

3: Minimal change nephritic syndrome

4: Postinfectious glomerulonephritis

77-: Plasma Renin activity is lowered by which of the following group of drugs?

1: Calcium channel blockers

2: Alpha 2 agonists

3: ACE inhibitors

4: Aeriolar dilators

78-: All can cause R.P.G.N., Except:

1: Minimal change glomerulonephritis

2: Poststreptococcal glomerulonephritis

3: Wegener granulomatosis

4: S.L.E.

79-: Antibody in Goodpasture syndrome:

1: Lupus anticoagulant

2: Anti-GBM antibody

3: Anti-Ro antibody

4: Anti- mitochondrial antibody

80-: A 40-year-old man with Alport syndrome presents with a 3-month history of headaches. His blood pressure is 165/100 mm Hg. A urinalysis shows 3+ proteinuria and 2+ hematuria. Laboratory studies disclose elevated levels of BUN (48 mg/dL) and creatinine (3.6 mg/dL). This patient's renal disease is caused by mutation in a gene that encodes which of the following extracellular matrix proteins?

1: Collagen

2: Entactin

3: Fibrillin

4: Fibronectin

81-: Drug-induced diabetes is seen with all the following except

1: Diazoxide

2: Hydrochlohiazide

3: Alloxan

4: None

82-: In renal failure diuretic phase occur on -

1: 11st day

2: 3rd day

3: 28-35 day

4: 14-18 day

83-: Best method of estimation of amount of proteinuria in a child with nephrotic syndrome is -

1: Dipstick testing

2: 24 hr urine for protein and creatinine

3: Spot urine sample for protein/ creatinine ratio

4: Microalbuminuria

84-: An 70-year-old male patient with uncontrolled hypertension has serum creatinine of 4.5, mild proteinuria. Renal ultrasound shows left kidney 9 cm and right kidney 7 cm in length {normal 10 cm). There was no obstruction. What is the next investigation of choice?

1: IVP

2: MR angiography

3: Isotope renogram

4: Retrograde pyelography

85-: A 69-year-old woman presents with left flank pain and hematuria. Physical examination suggests a left-sided abdominal mass. Computerized tomography (CT) scan of the abdomen reveals a 5-cm mass in the left kidney. Which of the following laboratory abnormalities might also be present?

1: polycythemia

2: thrombocytopenia

3: hypocalcemia

4: leukocytosis

86-: The most common cause of renal scarring in a 3 years old child is:

1: Trauma

2: Tuberculosis

3: Vesicoureteral reflux induced pyelonephritis

4: Interstitial nephritis

87-: RhabdomyolyMis with myoglobinuria seen in -

1: Viper bite

2: Heat stroke

3: Malignant hypehcnnia

4: Multiple hornet stings

88-: RBC cast is present in:

1: Acute tubular nephritis

2: Acute glomerulonephritis

3: Acute Pyelonephritis

4: Acute interstitial nephritis

89-: Which component of HBV causes glomerulonephritis-

1: HbeAg

2: HBcAg

3: HBsAg

4: Anti HBs Ag antibody

90-: A 45-year-old man presents with abdominal pain and hypeension. On physical examination, he is found to have an abdominal mass. Fuher workup confirms the diagnosis of adult polycystic kidney disease. Which of the following vascular complications is associated with this condition?

1: Aeriovenous fistula

2: Atherosclerotic aneurysm

3: Berry aneurysm

4: Luetic aneurysm

91-: Which one of the following statement is FALSE with regard to pyuria in children:

1: Presence of more than 5 WBC/hpf for girls and more than 3 WBC/hpf for boys

2: Infection can occur without pyuria

3: Pyuria maybe present without UTI

4: Isolated pyuria is neither confirmatory nor diagnostic for urinary tract infection

92-: Clinical feature of CRF -

1: Broad cast in urine

2: Hypomagnesemia

3: Hypokalemia

4: Impotence

93-: Proliferative glomerular deposits are found in

1: Amyloidosis

2: IgA nephropathy

3: Diabetes mellitus

4: Membranous glomerulonephritis

94-: Early loss of bladder control seen in ?

1: AMLS

2: Conusmedullaris

3: Caudal equine

4: Guillain barre syndrome

95-: A 50-year-old man has a history of frequent episodes of renal colic with high calcium renal stones. The most useful diuretic in the treatment of recurrent calcium stones is:

1: Furosemide

2: Spironolactone

3: Hydrochlohiazide

4: Acetazolamide

96-: A 58-year-old man with a history of coronary artery disease, peripheral vascular disease, and a recent heart attack suddenly develops painless hematuria. He subsequently suffers a massive stroke and expires. The patient's kidney at autopsy is shown. Which of the following is the most likely diagnosis?

1: Benign nephrosclerosis

2: Chronic pyelonephritis

3: Cortical abscess

4: Cortical infarct

97-: Interstitial nephritis is common with

1: NSAID

2: Black water fever

3: Rhabdomyolysis

4: Tumor lysis syndrome

98-: A female patient Nandini presents with upper respiratory tract infection. Two days after , she develops hematuria.Probable diagnosis is:-

1: IgA nephropathy

2: Wegener's granulomatosis

3: Henoch scholein purpura

4: Post streptococcal glomerulonephritis.

99-: In all of the following Nephrocalcinosis is seen except

1: Milk alkali syndrome

2: Medullary cystic kidney

3: Sarcoidosis

4: Distal A

100-: A 38-year-old woman has been feeling lethargic for 4 months. On physical examination, she is afebrile, and her blood pressure is 140/90 mm Hg. Laboratory findings show the serum creatinine level is 5.8 mg/dL. C3 nephritic factor is present in serum, resulting in hypocomplementemia, and the ANA test result is negative. Urinalysis shows 2+ blood and 1+ protein. A renal biopsy is done; microscopic examination shows hypercellular glomeruli and prominent ribbonlike deposits along the lamina densa of the glomerular basement membrane. Which of the following forms of glomerulonephritis is most likely to be present in this patient?

1: Chronic glomerulonephritis

2: Dense deposit disease

3: Membranous nephropathy

4: Postinfectious glomerulonephritis

101-: Long-term use of which diuretic agent can result in gynaecomastia?

1: Amiloride

2: Spironolactone

3: Triamterene

4: Acetazolamide

102-: Both loop diuretics and thiazides can cause hypokalemia by:

1: Inhibiting proximal tubular K+reabsorption

2: Inhibiting Na+-K+-2Cl-cotranspo in the ascending limb of loop of Henle

3: Increasing the availability of Na+in the distal tubular fluid to exchange with interstitial K+

4: Potentiating the action of aldosterone

103-: IgA deposits are seen in -

1: Henoch Schonlein purpura

2: Minimal Change Glomerulonephritis

3: Good Pasture's syndrome

4: Wegener's granulomatosis

104-: Contraindications of ACE inhibitors include

1: Unilateral renal aery stenosis

2: Bilateral Renal aery stenosis

3: Hypeensive emergencies

4: All the above

105-: Treatment of renal crises in scleroderma is-

1: P-blocker

2: Losaan

3: ACE inhibitor

4: Nitrates

106-: Distal Renal tubular acidosis is associated with the following EXCEPT

1: Non-anion gap acidosis

2: Urine pH <5.5

3: Hypercalciuria

4: Hypokalemia

107-: Virus responsible for post transplant lymphoproliferative disorders-

1: HSV

2: EBV

3: CMV

4: HIV

108-: Decreased fractional excreion of sodium is caused by -

1: Prerenal azotemia

2: Coical ischemia

3: Glomerulonephritis

4: Renal tubular acidosis

109-: The pathological feature in Wegener's granulomatosis on renal biopsy is:

1: Nodular glomerulosclerosis

2: Focal necrotizing glomerulonephritis

3: Granulomas in the vascular wall

4: Granuloma of parenchyma of kidney

110-: Low renin is seen in A/E -

1: Essential hypertension

2: Conn's syndrome

3: Renovascular hypertension

4: Liddle syndrome

111-: Most common renal manifestation of leprosy -

1: Minimal change G.N.

2: Crescentric GN.

3: Mesangioproliferative G.N.

4: FSGS

112-: Which of the following diuretics can result in metabolic acidosis?

1: Indapamide

2: Furosemide

3: Hydrochlohiazide

4: Acetazolamide

113-: True about post-streptococcal glomerulonephritis is -

1: 50% of cases occur after pharyngitis

2: Early treatment of pharyngitis eliminates the risk of P.S.G.N.

3: Glomerulonephritis, secondary to skin infection, is more common in summer

4: Recurrence is seen

114-: Potassium sparing diuretics acts On:

1: Na+ K+ pump

2: Aldosterone receptor

3: Carbonic anhydrase

4: Na+ Cl- sympoer

115-: A 50-year-old man is found to have blood in his urine during a routine checkup. He is otherwise in excellent health, except for a mild microcytic, hypochromic anemia. An enlarged right kidney is found on X-ray examination, and CT scan reveals a renal mass of irregular shape, measuring 6 cm in diameter. Which of the following is the most likely diagnosis?

1: Angiomyolipoma

2: Metastatic carcinoma

3: Nephroblastoma

4: Renal cell carcinoma

116-: Looking at the serum protein electrophoresis above, which of the following is the likely diagnosis of the patient?

1: Tuberculosis

2: Multiple myeloma

3: Nephrotic syndrome

4: Liver cirrhosis

117-: Thiazide causes

1: Metabolic acidosis

2: Metabolic alkalosis

3: Respiratory alkalosis

4: Respiratory acidosis

118-: Ayoung lady presentwith symptoms ofUrinary TVact Infection. All of the following findings on a midstream urine sample suppo the diagnosis of 'UncomplicatedAcute Cystitis', Except -

1: Positive Nitrite Test

2: CFU count < 1000/ml

3: Detection of one bacteria/ field on Gram stain

4:)>10WBC/HPF

119-: In which of the following conditions would the patient most likely be normotensive?

1: Primary hyperparathyroidism

2: Hypothyroidism

3: Cushing syndrome

4: Baer syndrome

120-: ACE inhibitors are contraindicated in all except?

1: Bilateral Renal artery stenosis

2: Chronic renal failure

3: Pregnancy

4: Hyperkalemia

121-: All of the following statements about Bater&;s syndrome are true, except:

1: Genetic defect in transpo protein of distal tubule

2: Metabolic Alkalosis

3: Hypokalemia

4: Increase in urinary calcium

122-: Distal renal tubular acidosis is associated with-

1: oxalate stones

2: Citrate

3: Calcium stones

4: Uric acid stones

123-: Clear cell variety of Renal cell carcinoma is related to gene located on chromosome -

1: 3

2: X

3: 22

4: 20

124-: Diabetic glomerulosclerosis is characterized by all EXCEPT

1: Diffuse glomerulosclerosis

2: Fibrin cap

3: Fibrin clot

4: Kimmelstiel-Wilson lesions

125-: Long-term use of which diuretic agent can result in gynaecomastia

1: Amiloride

2: Spironolactone

3: Triamterene

4: Acetazolamide

126-: All of the following about xanthogranulomatous pyelonephritis are true except:

1: On cut section yellowish nodules are seen

2: Associated with tuberculosis.

3: Foam cells are seen

4: Giant cells are seen

127-: Most common cause of nephrotic syndrome in paediatric age group is

1: Minimal change disease

2: Membranous glomerulonephritis

3: Malarial infection

4: Mesangioproliferative glomerulonephritis

128-: Which diuretic be considered appropriate for combining with ACE inhibitors?

1: Spironolactone

2: Eplerenone

3: Hydrochlorothiazide

4: Amiloride

129-: Non-selective vasopressin receptor antagonist is

1: Tolvaptan

2: Conivaptan

3: Relcovaptan

4: Lixivaptan

130-: Thiazide diuretic does not cause:

1: Hyper calcaemia

2: Hypo magnesemia

3: Hypernatremia

4: Hyperuricemia

131-: Finnish type of nephrotic syndrome is associated with mutations of which of the following?

1: Nephrin

2: Podocin

3: Alpha actinin

4: CD2 activated protein

132-: Indication of dialysis is all except-

1: Pericarditis

2: Peristent hyperkalemia

3: Uremic encephalopathy

4: Anemia

133-: Drug of choice for Polycystic ovarian disease is

1: Metformin

2: Estrogen

3: Estrogen and progesterone combination pill

4: Dopamine antagonist

134-: A 9-year-old boy is brought with history of decreased urine output, cola colored urine and swelling of the face and hands, of 2 days duration. He is hypertensive, has a puffy face and pitting edema of the lower limbs. He has history of skin lesions 4 weeks earlier. A diagnosis of post streptococcal glomerulonephritis is made. ASLO titers are likely to be?

1: Elevated

2: Not elevated

3: Increased progressively over 2 weeks

4: Initially elevated, rapidly fall in 3-4 days

135-: Which of the following drugs is not a pa of the ' -Triple Therapy' immunosuppression for post-renai transplant patients ?

1: Cyclosporine

2: Azathioprine

3: FK506

4: Prednisolone

136-: Pulsatile mets seen in w hich cancer-

1: Lung cancer

2: Prostate cancer

3: Renal cancer

4: Breast cancer

137-: A 5-year-old girl presents with the sudden onset of diffuse arthralgias and skin rash. Physical examination shows a violaceous maculopapular rash on the lower torso. Urinalysis discloses oliguria and 2+ hematuria. Urine cultures are negative. This child's clinical presentation is commonly associated with which of the following diseases?

1: Berger disease

2: Goodpasture syndrome

3: Hemolytic uremic syndrome

4: Henoch-Schonlein purpura

138-: Hairan syndrome is consists of -

1: Hyperandrogenism

2: Acanthosis nigricans

3: Insulin resistance

4: All of above

139-: Afeature of Renal Vascultitis in children is -

1: IgA raised

2: Antinuclear antibody in serum

3: Low completment level

4: Cytoplasmic antinuclear antibody

140-: All are non proliferative GN except -

1: Membranous GN

2: Mesangiocapillary GN

3: Diabetic glomerulosclerosis

4: Amyloidosis

141-: A 19-year-old girl develops sudden-onset non-bloody diarrhea. She was previously well and is not taking any medications or traveled anywhere recently. Her abdomen is soft and non-tender on examination, and the anion gap is normal.For the above patient with new symptoms, select the most likely acid base disorder.

1: metabolic acidosis

2: metabolic alkalosis

3: respiratory acidosis

4: respiratory alkalosis

142-: Which of the following values are suggestive of acute tubular necrosis -

1: Urine osmolality > 500mosmol/L H20

2: Urine sodium > 40 meq/L

3: Blood urea nitrogen/ plasma creatinine > 20:1

4: Urine creatinine/plasma creatinine > 40

143-: True about rhabdomyolysis -

1: Hypocalcemia

2: Pain in calfmuscles

3: Generalized body weakness

4: Coma

144-: All are features of A-type 1 Except

1: Renal stones

2: Fanconi syndrome

3: No anion gap

4: Decreased potassium

145-: . Renal damage due to amphotericin B are all, except-

1: Azotemia

2: Renal tubular acidosis

3: Glomerulonephritis

4: Hypokalemia

146-: A 4-year-old male child presents with fever, anemia and azotemia after an episode of dysentery 9 days earlier. The commonest organism responsible for this condition is?

1: Meningococcus

2: E.coli

3: E. histolytica

4: Staphylococcus

147-: Nephrotic syndrome may be caused by the following except -

1: Renal cell carcinoma

2: Minimal change nephropathy

3: Diabetes mellitus

4: Rheumatoid ahritis

148-: All the following are immune complex glomerulonephritis EXCEPT:

1: Acute infectious glomerulonephritis

2: Membranous glomerulonephritis

3: SLE

4: Good pasture's disease (RPGN)

149-: A 20-year-old male is presented with end stage renal failure. Since 13 years of age, he has had progressive renal insufficiency initially with episodes of painless haematuria. He also has progressive deafness. His brother suffers from similar illness. What is the most likely diagnosis -

1: Alpo syndrome

2:) Henoch-Schonelin vasculitis

3: Familial lupus

4: Wegener's granulomatosis

150-: All are features of Baers syndrome, except

1: Polyuria

2: Metabolic alkalosis

3: Periodic paralysis

4: Hypeension

151-: Nephrocalcinosis is seen in all except:

1: Sarcoidosis

2: Distal A

3: Milk alkali syndrome

4: Medullary cystic kidney

152-: Which may cause rhabdomyolysis ?

1: Clostridium perfringens

2: Staphylococcus

3: Toxoplasma

4: Pnemococcus

153-: A renal biopsy from a 56 year old woman with progressive renal failure for the past 3 years shows glomerular and vascular deposition of pink amorphous material. It shows apple-green birefringence under polarized light after Congo red staining. These deposits are positive for lambda light chains. The person is most likely to suffer from:

1: Rheumatoid arthritis

2: Tuberculosis

3: Systemic lupus erythematosus

4: Multiple myeloma

154-: The most common glomerulonephritis is.....

1: Membranous GN

2: IgA nephropathy

3: PSGN

4: RPGN

155-: Which of the following type of Renal tubular acidosis (RTA) is associated with hyperkalemia?

1: RTA type I

2: RTA type I & II

3: RTA type II

4: RTA type IV

156-: Microalbuminuria is defined as-

1: 0.3-0.5 g of 24 hours urine protein

2: 0.03-0.3 g of 24 hours protein

3: 0.03-0.3 g of 24 hours urine albumin

4: > 2.5 g of 24 hours urine protein

157-: Marker of acute kidney injury is all except

1: Clusterin

2: Osteopontin

3: Alanine aminopeptidase

4: Acid phosphatase

158-: True about light microscopy in minimal change disease is -

1: Loss of foot process seen

2: Anti GBM Abs seen

3: IgA deposits seen

4: No change seen

159-: A 5 years old child presents with perivascular IgA deposition and neutrophilic collection. There is erythematous rash on the lower limb and non blanching purpura. Probable diagnosis is:

1: Henoch-Schonlein purpura

2: Wegener's granulomatosis

3: Vasculitis

4: Kawasaki diseases

160-: Selective V2 receptor agonist useful for the treatment of central diabetes insipidus is:

1: Arginine vasopressin

2: Desmopressin

3: Lypressin

4: Terlipressin

161-: Acute kidney injury in rifle criteria is ?

1: Urine output <0*5 ml/kg/h for > 8 hours

2: Urine output <0*5 ml/kg/h for > 12 hours

3: Urine output <0*3 ml/kg/h for > 24 hours

4: Anuria for > 12 hours

162-: A 32-year-old man complains of recurrent hematuria since his youth. The hematuria typically occurs following upper respiratory tract infections. Vital signs are normal. Urinalysis shows proteinuria, hematuria, and a few red blood cell casts. Laboratory studies disclose normal levels of BUN and creatinine. The ANA and ANCA tests are negative. Which of the following is the most likely diagnosis?

1: Amyloid nephropathy

2: Berger disease (IgA nephropathy)

3: Hereditary nephritis (Alport syndrome)

4: Membranous glomerulopathy

163-: A 30 year old man presents with generalized edema and hypeension. Urine examination shows subnephrotic proteiria (<2gm)and microscopic hematuria. serum complement levels are decreased and he is positive for antihepatitis Cantibodies. The most likely diagnosis is -

1: Post streptococcal Glomerulonephritis(PSGN)

2: Mixed cryoglobulinemia

3: Membranoproliferative glomerulonephritis(MPGN)

4: Focal symentat glomerular glomerular sclerisis(FSGS)

164-: A 30 year old man presents with generalized edema and hypeension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic hematuria. Serum complement levels are decreased and he is positive for antihepatitis C antibodies. The most likely diagnosis is -

1: Post streptococcal Glomerulonephritis (PSGN)

2: Mixed cryoglobulinemia

3: Membranoproliferative glomerulonephritis

4: Focal symentat glomerular sclerosis (FSGS)

165-: All of the following diuretics inhibit Na+-K+2C1- sympoer, EXCEPT:

1: Furosemide

2: Metolazone

3: Ethacrynic acid

4: Mersalyl

166-: Broad casts seen in cases of -

1: Advanced renal failure

2: Hypotention

3: Severe hydronephrosis

4: Renal pappilary necrosis

167-: RPGN occurs in A/E -

1: SLE

2: Post streptococcal glomerulonephritis

3: diabetic nephropthy

4: Good pastures syndromes

168-: Type I membranoproliferative glomerulonephritis is commonly associated with all except:

1: SLE

2: Persistent hepatitis C infections

3: Paial lipodystrophy

4: Neoplastic diseases

169-: The most common cause of chronic renal failure is-

1: Diabetes mellitus

2: Hypeension

3: Glomerular diseases

4: Interstitial diseases

170-: Total dose of Levonorgestrel for emergency contraception

1: 1.5mg single pill

2: 1.5 mg pill

3: 7.5 mg single pills

4: O. 25 mg two pills

171-: Cystatin C is used for ?

1: Diagnosis of acute renal failure

2: Transplant survival

3: Sepsis

4: Pancreatitis

172-: RBC casts are seen in all except

1: Diabetic nephropathy

2: Wegner's granulomatosis

3: SLE

4: Infective endocarditis

173-: A 5 years old child suffering from nephrotic syndrome is responding well to steroid therapy. What would be the most likely finding on light microscopy?

1: No finding

2: Basement membrane thickening

3: Hypercellular glomeruli

4: Fusion of foot process

174-: The most specific marker of renal function is-

1: Creatinine clearance

2: Insulin clearance

3: Blood area

4: Serum creatinine

175-: Crescents are characteristically seen in

1: MCD

2: RPGN

3: MPGN

4: FSGS

176-: Definition of Acute kidney injury include

1: Increase of serum creatinine by 1mg/dl in 24 hours

2: BUN/Creatinine ratio above 20

3: Urine output less than 1000ml in a day

4: 50% increase in baseline serum creatinine in a week

177-: All are features of Acute Renal Failure (ARF) except-

1: Hypotension

2: Metabolic acidosis

3: Hyperkalemia

4: Hypeension

178-: Proteinuria caused by tubule-interstitial renal disease is confirmed by excretion of -

1: Albumin

2: Light chain

3: Immunoglobulin A

4: Tamm-Horsfall protein

179-: Kimmelstiel-Wilson lesions are characteristically seen in-

1: Systemic lupus erythematosus

2: Amyloidosis

3: Malignant hypeension

4: Diabetic nephropathy

180-: Minimal change disease is/.are caused by-

1: Rifampicin

2: IFN-a

3: Steroids

4: Gold

181-: A3 week old child presents with an abdominal mass. What is the most common cause of the presentation?

1: Neuroblastoma

2: Wilms tumor

3: Multicystic dysplastic kidney

4: Distended bladder

182-: Serum C3 is persistently low in the following except-

1: Post streptococcal glomerulonephritis

2: Membranoproliferative glomerulonephritis

3:) Lupus nephritis

4: Glomerulonephritis related to bacterial endocarditis

183-: Interstitial nephritis associated with uveitis is seen in:

1: Infections

2: Drugs

3: Autoimmune diseases

4: Allergy

184-: Which of the following is not a potassium sparing diuretic?

1: Amiloride

2: Indapamide

3: Spironolactone

4: Triamterene

185-: Hematuria with dysmorphic RBCs is a feature of which one of the following ?

1: Acute cystitis

2: Prostatitis

3: Hereditary nephritis

4: Cyclophosphamide toxicity

186-: AItoxicity-

1: Dementia

2: Bone disease

3: Cardiomyopathy

4: Anemia

187-: Microalbuminuria is defined as amount of the albumin passing in urine

1: 30-Mar

2: 30-300

3: 400-400

4: 800-1200

188-: Following urine finding is seen in which condition?

1: UTI

2: Glomerulonephritis

3: ARF

4: CRF

189-: Collapsing glomerulopathy is seen in:

1: HIV

2: Nephropathy associated with Nephrin A gene mutation

3: Systemic vasculitis

4: RA stenosis

190-: Which of the following is not seen in Alpo's disease ?

1: Hematuria

2: Lenticonus

3: AR inferitance

4: Massive proteinuria

191-: Crescent formation is characteristic of the following glomerular disease -

1: Minimal change disease

2: Rapidly progressive glomerulonephritis

3: Focal and segmental glomerulonephritis

4: Rapidly non progressive glomerulonephritis

192-: Which of these does not cause crescentric glomerulonephrits -

1: Rapidly progressive glomerulonephritis

2: Alpo syndrome

3: Goodpasture syndrome

4: Henoch schonlein purpura

193-: Most common infectious agent associated with chronic pyelonephritis is:

1: Proteus vulgaris

2: Klebsiella pneumonia

3: Staphylococcus

4: E.Coli

194-: The following features are true about membranous glomerulopathy except-

1: Heavy proteinuria

2: Hyperlipidemia

3: Early onset of renal failure

4: Respond to steroids

195-: Hall mark of the IgA nephropathy is

1: Oedema

2: Hematuria

3: Hypertension

4: Proteinuria

196-: Maximum chance of infection in dialysis is by-

1: AV fistula

2: Tunnel catheter

3: AV graft fistula

4: Venous catheter

197-: Mechanism of action of acetazolamide is:-

1: Inhibition of aldosterone

2: Stimulation of aldosterone

3: Inhibition of carbonic anhydrase

4: Stimulation of carbonic anhydrase

198-: A 50-year-old man has a history of frequent episodes of renal colic with high calcium renal stones. The most useful diuretic in the treatment of recurrent calcium stones is

1: Hydrochlohiazide

2: Acetazolamide

3: Furosemide

4: Spironolactone

199-: Features of glomerular haematurla -

1: Dysmorphic R.B.C.

2: Fragmented R.B.C.

3: Full of R.B.C. in high power field

4: Gross haematuria

200-: In renal disease, Albumin is first to appear In urine because-

1: Hyaline cast

2: Coarse granular cast

3: Broad cast

4: Epithelial cast

201-: Aldosterone secretion is stimulated by which of the following?

1: Hyperkalemia

2: Dopamine

3: Somatostatin

4: Atrial Natri uretic peptide (ANP)

202-: A 60-year-old diabetic woman develops angina and will need a coronary angiogram for evaluation of coronary artery disease. She has a creatinine of 2.2. Which of the following is the most effective in reducing the risk of contrast-induced nephropathy?

1: Administer mannitol immediately after the contrast is given.

2: Perform prophylactic hemodialysis after the procedure.

3: Give IV hydration with normal saline or sodium bicarbonate prior to and following the procedure.

4: Indomethacin 25 mg the morning of the procedure.

203-: Desmopressin is a synthetic analog of ADH. It is preferred over arginine vasopressin in the treatment of diabetes insipidus for all of the following reasons EXCEPT:

1: It is a more potent antidiuretic

2: It is a selective vasopressin V1 receptor agonist

3: It has a little vasoconstrictor activity

4: It is longer acting

204-: All are true about renal cell cancer except

1: Invades renal vein

2: Hematuria may occur

3: Arises from proximal convoluted tubule

4: More common in females

205-: What is the dose adjustment required for insulin in a patient who is diagnosed as stage IV CKD

1: Increased insulin

2: Decreased insulin

3: No change

4: Add DPP-4 inhibitor

206-: Blood culture is indicated in all, except-

1: Enteric fever

2: Sub acute bacterial endocarditis

3: Septicemia

4: Malaria

207-: Presistent low C3 complement level is not found in -

1: post streptococcal glomerulonephritis

2: Mesangiocapillary glomerulonephritis

3: cryoglobulinemia

4: SLE

208-: Mutation in alpha 5 chain of collagen 4, the diagonis is -

1: Alpo's syndrome

2: Thin membrane disease

3: Nodular glomerulosclerosis

4: Good pasture syndrome

209-: Good-Pasture Syndrome is syndrome is characterized by -

1: Anti GBM antibody

2: Crescents

3: Pulmonary haemorrhage

4: Diffus alveolar damage

210-: Restless leg syndrome (RLS) is seen in:

1: Hypercalcemia

2: Hyperphosphatemia

3: Chronic renal failure

4: Hyperkalemia

211-: Gene NPHP1 encodes?

1: Fibrocystin

2: Nephrocystin

3: Polycystin

4: Podocin

212-: A 4 years old child presented with generalized edema and ascites. There was no hypertension or hematuria. Renal function tests were normal. Urinalysis revealed massive proteinuria. Most probable underlying cause is:

1: Membranous glomerulonephritis

2: Minimal change disease

3: Post streptococcal glomerulonephritis

4: IgA nephropathy

213-: First manifestation of Alport syndrome is :

1: Microscopic haematuria

2: Proteinuria

3: Oliguria

4: Sensorineural deafness

214-: Contraindication to renal biopsy are all EXCEPT

1: Bleeding diathesis

2: CRF with normal kidney

3: 60 % damage of kidney texture

4: Uncontrolled hypertension

215-: Potter's Facies is seen with -

1: Xanthogranulomatous pyelonephritis

2: Bilateral renal agenesis

3: Hepatic fibrosis

4: Kasbach Merritt Syndrome

216-: The signs and symptoms of CRF are seen from what stage of renal deterioration -

1: GFR-90ml/min/1.73m2

2: GFR-70ml/min/1.73m2

3: GFR-45ml/min/1.73m2

4: GFR-80ml/min/1.73m2

217-: RBC casts are found in -

1: DM

2: Wegeners Granulomatosis

3: SEE

4: Ankylosing spondylitis

218-: Nephrolithiasis occurs with the toxicity to -

1: Ritonavir

2: Saquinavir

3: Indinavir

4: Nalfinavir

219-: A 8 years old child with BP 180/100 mm Hg, Blood Urea 90 mg/dl, creatinine 5.3 mg/dl, urinalysis shows 15-20 pus cells, 1-2 RBC, protein 1+; Most likely diagnosis is:

1: Post Infective glomerulonephritis

2: Accelerated hypertension with ARF

3: Idiopathic RPGN

4: Chronic interstitial nephritis with VUR

220-: Drugs causing AKI except

1: Diclofenac

2: Amphotericin B

3: Amoxicillin

4: Aminoglycosides

221-: A 27-year-old woman presents to the emergency room with a panic attack. She appears healthy except for tachycardia and a respiratory rate of 30. Electrolytes include calcium 10.0 mg/dL, albumin 4.0 g/dL, phosphorus 0.8 mg/dL, and magnesium 1.5 mEq/L. Arterial blood gases include pH of 7.56, PCO2 21 mm Hg, and PO2 99 mm Hg. Which of the following is the most likely cause of the hypophosphatemia?

1: Hypomagnesemia

2: Hyperparathyroidism

3: Respiratory alkalosis with intracellular shift

4: Poor dietary intake

222-: Aldosterone exes action on

1: Proximal tubule

2: Early Distal tubules

3: Loop of Henle

4: Collecting duct

223-: Which part of kidney is first affected in ischemia due to acute kidney injury?

1: Glumerulus

2: Cortex

3: Inner medulla

4: Outer medulla

224-: Salt losing nephritis is a feature of -

1: Interstitial nephritis

2: Renal amyloidosis

3: Lupus nephritis

4: Post streptococcal glomerulonephritis

225-: An 8-year-old boy presents with headaches, dizziness, and malaise approximately 2 weeks after a severe sore throat. His mother describes puffiness of his face and darkening of his urine. She also notes that her son is passing less urine and that he is becoming increasingly short of breath. On physical examination, there is anasarca, hypertension (190/130 mm Hg), and tachycardia. The urine is scanty and brownish red. Urinalysis shows 3+ proteinuria. Microscopic examination of the urine discloses numerous RBCs, as well as occasional granular and red cell casts. A renal biopsy is stained by direct immunofluorescence microscopy for complement C3, and the results are shown. Which of the following is the most likely cause of acute postinfectious glomerulonephritis in the patient?

1: Escherichia coli

2: Epstein-Barr virus

3: Group A (b-hemolytic) streptococci

4: Klebsiella sp.

226-: A 10 years old boy is having polyuria, polydipsia. Laboratory data showed (in meq/L):Na+ - 154K+ - 4.5HCO3- - 22S. Osmolality - 295B. Urea-50Uric specific gravity - 1.005What is the diagnosis?

1: Diabetes insipidus

2: Renal tubular acidosis

3: Bartter's syndrome

4: Recurrent UTI

227-: Which gene is most commonly mutated in autosomal dominant polycystic kidney disease (ADPKD)?

1: PKD1

2: PKD2

3: NHPS1

4: HEF

228-: Rhabdomyolosis is seen in all except-

1: Hyperphosphatemia

2: Prolonged seizure activity

3: Severe Hypothyroidism

4: Myopathy

229-: If serum osmolality 300 musm/ivg & urine osmolaUty is 1200 mOsm/kg, what is the diagnosis.

1: SIADH

2: Central DI

3: Nephrogenic Di

4: Water deprivation

230-: Which of the following is pathognomonic of renal disease -

1: Hyaline casts

2: Coarse granular casts

3: Cystine Oxalate cells

4: Epithelial cells

231-: Renin antagonist is

1: Losaan

2: Benazepril

3: Remikiren

4: Imidapril

232-: A 31-year-old woman experiences abdominal pain 1 week after noticing blood in her urine. She has had three episodes of urinary tract infection during the past year. There are no remarkable findings on physical examination. Urinalysis shows 2+ hematuria, 1+ proteinuria, hypercalciuria, and no glucose or ketones. Serum creatinine is 1.0 g/dL. Microscopic examination of the urine shows numerous RBCs and oxalate crystals. An abdominal CT scan with contrast shows linear striations radiating into the renal papillae, along with small cystic collections of contrast material in dilated collecting ducts. She is advised to increase her daily intake of fluids, and her condition improves. Which of the following renal cystic diseases is most likely to be associated with these findings?

1: Autosomal dominant polycystic kidney disease

2: Autosomal recessive polycystic kidney disease

3: Medullary sponge kidney

4: Multi-cystic renal dysplasia

233-: Common age of presentation of Henoch schnolein purpura-

1: < 10 years

2: 10-15 years

3: 15-20 years

4: 20-30 years

234-: Which of the following is the least likely cause of necrotizing papillitis of kidney?

1: Sickle cell disease

2: Tuberculous pyelonephritis

3: Diabetes mellitus

4: Analgesic nephropathy

235-: Which of the following is not true about Berger's disease?

1: The pathological changes are proliferative and usually confined to mesangial cells

2: Hematuria may be gross or microscopic

3: On immunofluorescence deposits contain with IgA and IgG

4: Absence of associated proteinuria is pathognomic

236-: Oliguria is defined as urine output -

1: <0.5ml/hr

2: 10ml/hr

3: 20ml/hr

4: 40ml/hr

237-: Acetazolamide is:

1: Competitive and reversible carbonic anhydrase inhibitor

2: Non-competitive and reversible carbonic anhydrase inhibitor

3: Competitive and irreversible carbonic anhydrase inhibitor

4: Non-competitive and irreversible carbonic anhydrase inhibitor

238-: A 28-year-old man complains of nasal obstruction, bloody nose, cough, and bloody sputum. A chest X-ray displays cavitated lesions and multiple nodules within both lung fields. Urinalysis reveals 3+ hematuria and red blood cell casts. Laboratory studies show anemia and elevated serum levels of C-ANCA (antineutrophil cytoplasmic antibody). Peripheral eosinophils are not increased. A renal biopsy exhibits focal glomerular necrosis

with crescents and vasculitis affecting arterioles and venules. Which of the following best describes the renal disease of the patient?

1: Chronic nephritic syndrome

2: Nephrotic syndrome

3: Rapidly progressive glomerulonephritis

4: Type I membranoproliferative glomerulonephritis

239-: PKD1 gene which encodes polycystin-1 protein which is involved in cell-cell and cell-matrix interactions, is located on which chromosome?

1: 17

2: 1

3: 16

4: 13

240-: A 58-year-old female smoker with end-stage chronic obstructive pulmonary disease and osteoarthritis is on ipratropium bromide and albuterol inhalers, and hydrocodone-acetaminophen. She presents with respiratory distress for 2 days accompanied by increased thick, yellow sputum production, low grade fever, and increasing confusion. On examination she is mildly obtunded but arousable, BP 160/100, pulse 115/min, RR 30/min, O2 saturation 84% on her usual 3 L/min nasal cannula oxygen. She is using accessory muscles to breath, has diffuse wheezing and rhonchi bilaterally, a prolonged expiratory phase, distant but regular heart sounds, and no peripheral edema.Arterial blood gases (ABGs) on arrival are as follows:pH: 7.20,PO2: 70 mm HgPCO2: 65 mm Hgcalculated HCO3 29 mEq/L.Electrolytes return shortly thereafter as follows:Na: 140 mEq/LK: 5.1 mEq/LHCO3: 29 mEq/LCl: 100 mEq/LBUN 20 mg/dL creatinine 1.5 mg/dLglucose 89 mg/dL.After prompt initiation of noninvasive positive pressure ventilation (Bi-pap), blood cultures, toxicology screen, intravenous fluids, and IV antibiotics, you have time to consider the patient's metabolic situation. Choose the answer which best describes the acid-base condition and its etiology.

1: The patient has acute, severe respiratory acidosis caused by the sudden deterioration in her respiratory status.

2: The patient has an underlying metabolic acidosis caused by her renal insufficiency now compounded by a respiratory alkalosis.

3: The patient ingested abundant amounts of aspirin which caused a severe metabolic acidosis and respiratory failure.

4: The patient has a baseline chronic respiratory acidosis with metabolic compensation, now with a superimposed further respiratory acidosis caused by decreased ventilation.

241-: Irregular scarred kidney with pelvic dilatation is seen with -

1: Chronic pyelonephritis

2: Polycystic kidney

3: Renal artery stenosis

4: Tuberculosis of kidney

242-: In which one of the primary glomerulonephritis the glomeruli are normal by light microscopy but shows loss of foot processes of the visceral epithelial cells and no deposits by electron microscopy:

1: Poststreptococcal glomerulonephritis

2: Membrano-proliferative glomerulonephritis type I

3: IgA nephropathy

4: Minimal change disease

243-: For assessment cardiovascular dfs MONICA project is used What is it associated with

1: Risk factor intervention trials for CVD

2: Oslow diet smoking intervention study

3: Monitoring of trends & determinants in cardiovascular disease

4: Lipid research clinics study

244-: A young man develops gross hematuria 3 days after an attack of UI; likely renal pathology -

1: Acute glomerulonephritis

2: Minimal change disease

3: IgA nephropathy

4: Membranous glomeruloonephritis

245-: Desmopressin can be used for all of the following conditions EXCEPT:

1: Neurogenic diabetes insipidus

2: Nephrogenic diabetes insipidus

3: Bed wetting in children

4: Bleeding due to hemophilia

246-: All are features of Nephrotic syndrome except-

1: RBC casts in urine

2: Hypo-proteinemia

3: Oedema

4: Hyperlipidemia

247-: Most common nephropathy in world is?

1: IgA nephropathy

2: FSGS

3: Minimal Change ds

4: Adult PSGN

248-: Which of the following is the commonest nephropathy seen in a patient with cancer?

1: Minimal change disease

2: IgA nephropathy

3: Membranous nephropathy

4: Focal segmental glomerulosclerosis

249-: A 58-year-old diabetic presents with hypertension and frothiness in the urine with evidence of proteinuria. Renal biopsy demonstrated the characteristic lesions of diabetic nephropathy. Which of the following is the most likely diagnosis?

1: Diffuse glomerulosclerosis

2: Nodular glomerulosclerosis

3: Basement membrane thickening

4: Crescentic glomerulonephritis

250-: True about minimal change disease is?

1: Loss of foot process in light microscopy

2: IgA deposits seen

3: Serum complement is often decreased

4: Causes nephrotic syndrome in children

251-: Alpo&;s syndrome is associated with all except-

1: sensorineural deafness from bih

2: Posterior lenticonus

3: Peripheral retinal fleck

4: Hematuria

252-: All can cause R.P.G.N. except -

1: Minimal change glomerulonephrits

2: Poststreptococcal glomerulonephritis

3: Wegener granulomatosis

4: S.L.E.

253-: Least chance of infection during dialysis is by?

1: AV fistula

2: Tunnel catheter

3: Venous catheter

4: AV graft fistula

254-: Presence of which of the following correlates best with renal pathology -

1: Hyaline cast

2: Coarse granular cast

3: Broad cast

4: Epithelial cast

255-: Advantage of desmopressin over vasopressin in the treatment of diabetes insipidus is that desmopressin:

1: Causes less formation of factor VIII

2: Causes less hypernatremia

3: Is more selective for V2 receptor subtype

4: Provides greater relief of excessive thirst the patient is experiencing

256-: Polyuria with low fixed specific gravity urine is seen in?

1: Diabetes mellitus

2: Diabetes insipidus

3: Chronic glomerulonephritis

4: Potomania

257-: The site of action of vasopressin antagonist in kidney

1: Medullary Collecting duct

2: Coical collecting duct

3: Proximal convoluted tubule

4: Distal convoluted tubule

258-: For the following medical conditions, select the associated acid base disturbances.Hepatic cirrhosis complicated by ARF

1: metabolic acidosis and respiratory acidosis

2: metabolic acidosis and respiratory alkalosis

3: metabolic alkalosis and respiratory acidosis

4: metabolic alkalosis and respiratory alkalosis

259-: Plasma urea / creatinine ratio of 20:1 may be seen in-

1: Rhabdomyolysis

2: Ureteric calculi

3: Pre-renal failure

4: Chronic glomerulonephritis

260-: Urinalysis shows RBC casts; likely source is -

1: Kidney

2: Ureter

3: Bladder

4: Urethra

261-: In renal cell cancer gene involved in mutation

1: VHL

2: TP53

3: NF1

4: BRCA-1

262-: Maximum urine osmolality in preterm neonate:

1: 200

2: 400

3: 500

4: 800

263-: Characteristic renal biopsy immunofluorescence findings that leads to diagnosis of Berger disease is:

1: Predominantly deposition on IgA in subepithelial region

2: Predominantly deposition on IgG in subendothelial region

3: Predominantly deposition on IgG in glomerular basement membrane

4: Predominantly deposition on IgA in mesangium

264-: An asymptomatic patient has proteinuria and hematuria that is glomerular in origin on a routine urinalysis. Which of the following is the most likely diagnosis?

1: diabetes mellitus (DM)

2: amyloidosis

3: immunoglobulin A (IgA) nephropathy (Berger's disease)

4: focal glomerulosclerosis

265-: About HUS all are true except -

1: Most commonly caused by verocytotoxic Coli

2: Causes mild to severe coombs positive hemolytic anemia

3: Recurrences rare

4: Transient thrombocytopenia

266-: Nephrocalcinosis is seen -

1: Medullary sponge disease

2: Acute pyelonephritis

3: Acute glomerulonephritis

4: Chronic pyelonephritis

267-: Chromosome for RCC is -

1: 3

2: X

3: 22

4: 20

268-: A 63-year-old man alcoholic with a 50-pack-year history of smoking presents to the emergency room with fatigue and confusion. Physical examination reveals a blood pressure of 110/70 with no orthostatic change. Heart, lung, and abdominal examinations are normal and there is no pedal edema. Laboratory data are as follows:Na: 110 mEq/LK: 3.7 mEq/LCl: 82 mEq/LHCO3: 20 mEq/LGlucose: 100mg/dLBUN: 5 mg/dLCreatinine: 0.7 mg/dLUrinalysis: normalUrine specific gravity: 1.016Which of the following is the most likely diagnosis?

1: Volume depletion

2: Inappropriate secretion of antidiuretic hormone

3: Psychogenic polydipsia

4: Cirrhosis

269-: Adult polycystic kidney disease is

1: Autosomal recessive

2: Autosomal dominant

3: X-linked recessive

4: X-linked dominant

270-: A 46-year-old woman has had worsening malaise for the past 36 hours. Her urine output is markedly diminished, and it has a cloudy brown appearance. On examination, she has periorbital edema. Laboratory findings include serum creatinine of 2.8 mg/dL and urea nitrogen of 30 mg/dL. A renal biopsy is performed and on microscopic examination shows focal necrosis in glomeruli with glomerular basement membrane breaks and crescent formation. No immune deposits are identified with immunofluorescence. Which of the following autoantibodies is most likely detectable in her serum?

1: Anti-DNA topoisomerase antibody

2: Anti-glomerular basement membrane antibody

3: Anti-neutrophil cytoplasmic autoantibody

4: Antinuclear antibody

271-: Common cause of chronic renal failure is-

1: Hypotension

2: Hypeension

3: Diabetes insipidus

4: Malaria

272-: Drug of choice for central diabetes insipidus is

1: Leuprolide

2: Insulin

3: Thiazide diuretics

4: Desmopressin

273-: Interstitial nephritis is seen with all except:

1: Beta lactam inhibitors

2: INH

3: Diuretics

4: Allopurinol

274-: Most common nephrotic syndrome in elderly patients

1: Minimal change GN

2: Membranous GN

3: IgA nephropathy

4: None of the above

275-: A child develops non-blanching macules and papules on lower extremities, mild abdominal pain and skin biopsy showed IgA deposition. Most appropriate diagnosis is:

1: Drug induced vasculitis

2: Henoch Schonlein purpura

3: Wegener's granulomatosis

4: Kawasaki disease

276-: A 25-year-old man has IDDM for 5 years. His physician is concerned about the possibility of permanent renal damage. Which is the best early indicator for diabetic nephropathy?

1: Albuminuria

2: Hypeension

3: Rising blood urea nitrogen

4: Rising creatinine

277-: Most common renal condition in HIV patient is?

1: Mesangial proliferation

2: Focal segmental glomerulosclerosis

3: Membranous glomerulonephritis

4: Minimal change disease

278-: All of the following dectease in Nephrotic syndrome except-

1: Fibrinogen

2: Thyroxin

3: Transferrin

4: Albumin

279-: Nephrocalnosis is seen in

1: Sarcoidosis

2: Medullary cystic disease

3: Milk alkali syndrome

4: All the above

280-: The Electron Microscopy is viually diagnostic in renal biopsy study of:

1: Goodpasture's syndrome

2: Churg-Strauss syndrome

3: Alpo syndrome

4: Wegner's granulomatosis

281-: Not a cause for edema in nephritic syndrome:

1: High hydrostatic pressure of plasma

2: Increased vascular permeability

3: Lymphatic obstruction

4: Decreased oncotic pressure of plasma

282-: Acute UTI is characterized by all except -

1: Pus cells in urine

2: Elastase activity in urine

3: Nitrite positive

4: Leucocyte esterase possitive

283-: Goodpasture's disease is characterized by all except-

1: Glomerulonephritis

2: Leukocytoclastic vasculitis

3: Diffuse alveolar hemorrhage

4: Presence of antibodies to BM

284-: Renal artery stenosis is associated with -

1: High renin Hypertension

2: Normal renin hypertension

3: Low renin hypertension

4: Fibrinoid necrosis of vessels

285-: Reflux disease which cause proteinuria of nephrotic range

1: Membranous glomerulonephritis

2: Focal segmental glomerulosclerosis

3: Nodular glomerulosclerosis

4: Crescenteric glomerulonephritis

286-: Tamm-Horsfall protein is secreted by epithelial cells of

1: Proximal convoluted tubule

2: Loop of Henle

3: Distal convoluted tubule

4: Glomerulus

287-: A 56-year-old man presents with hypertension and peripheral edema. He is otherwise healthy and takes no medications. Family history reveals that his father and a brother have kidney disease. His father was on hemodialysis before his death at age 68 of a stroke. Physical examination reveals BP 174/96 and AV nicking on funduscopic examination. He has a soft S4 gallop. Bilateral flank asses measuring 16 cm in length are palpable. Urinalysis shows 15 to 20 RBC/hpf and trace protein but is otherwise normal; his serum creatinine is 2.4 mg/dL.Which is the most likely long-term complication of his condition?

1: End-stage renal disease (ESRD) requiring dialysis or transplantation

2: Malignancy

3: Ruptured cerebral aneurysm

4: Biliary obstruction owing to cystic disease of the pancreas

288-: Fibronectin nephropathy has all of the following features except:

1: Autosomal recessive inheritance

2: Associated with mesangial expansion

3: Glomeruli do not stain for immunoglobulin or complement

4: PAS- positive amyloid negative deposits.

289-: Alpo syndrome is characterized by all except?

1: X-linked

2: Cardiac hyperophy

3: Nerve deafness

4: Glomerulonephritis

290-: A 63-year-old man is in stable condition after an acute myocardial infarction when he became hypotensive for 3 hours before paramedical personnel arrived. Over the next week, the serum urea nitrogen level increases to 48 mg/dL, the serum creatinine level increases to 5 mg/dL, and the urine output decrease. He undergoes hemodialysis for the next 2 weeks and then develops marked polyuria, with urine output of 2 to 3 L/day. His renal function gradually returns to normal. Release of which of the following substances most likely participated in the elevation of BUN, creatinine, and reduced urinary output?

1: Aldosterone

2: Endothelin

3: Erythropoietin

4: Natriuretic peptide

291-: In a child, non-functioning kidney is best diagnosed by-

1: Ultrasonography

2: VU

3: DTPA renogram

4: Creatinine clearance

292-: All are seen in Addison disease Except

1: Hyponatremia

2: Hyperkalemia

3: Hypotension

4: Metabolic alkalosis

293-: A 28-year-old woman presents with a recent episode of coughing up some blood, frequent nosebleeds, and now decreased urine output. A nasal mucosa ulcer was seen on inspection. Her urinalysis is positive for protein and red cells consistent with a GN. The CXR shows two cavitary lesions and her serology is positive for antineutrophil cytoplasmic antibodies (ANCA). Which of the following is the most likely diagnosis?

1: Wegener's granulomatosis

2: bacterial endocarditis

3: Goodpasture's syndrome

4: lupus erythematosus

294-: Which of the following tests is most sensitive for detecting early diabetic nephropathy?

1: Serum Creatinine

2: Creatinine clearance

3: Microalbuminuria

4: Ultra sonography

295-: Type of glomerulopathy in HIV positive patient is:

1: Focal segmental glomerulosclerosis

2: Diffuse glomerulosclerosis

3: Membranous glomerulopathy

4: Mesangio-proliferative glomerulonephritis

296-: Indications of dialysis after failure of medical management include

1: Hypervolemia

2: Hyperkalemia

3: Hypotension

4: Uremia

297-: A 8 years old male had non blanching rashes over the skin and swelling of knee joint with hematuria +++ and protein + in urine. Microscopic analysis of his renal biopsy specimen is most likely to show:

1: Tubular necrosis

2: Visceral podocyte fusion

3: Mesangial deposits of IgA

4: Basement membrane thickening

298-: Anti GBM antibodies are seen in?

1: Wegener's granulomatosis

2: Goodpasture syndrome

3: PAN

4: SLE

299-: Post-infective glomerulonephritis present as-

1: ARE

2: Nephrotic syndrome

3: Nephritic syndrome

4: Asymptomatic hematuria

300-: Agents that impair auto-regulation of renal blood flow include all except

1: NSAIDs

2: ACE inhibitors

3: Angiotensin-II-receptor blockers

4: Thiazide diuretics

301-: Renal vein thrombosis is/are not caused by -

1: Nephrotic syndrome

2: Invasive renal cell carcinoma

3: CKD

4: DehydrationPregnancy

302-: A case of nephritis, presen ts with haematuria & hemoptysis, antinuclear membrane antibody are presents. Likely diagnosis is-

1: Good pasteur syndrome

2: Nephritic syndrome

3: Nephrotic syndrome

4: Gullian barre syndrome

303-: All are True about hepatorenal syndrome except -

1: Seen in advanced stage of cirrhosis

2: Type II has more serious prognosis than type I

3: Due to intense hypoperfusion of kidney

4: Functional renal failure without renal pathology

304-: Interstitial nephritis is seen with all except

1: Beta lactam inhibitors

2: INH

3: Diuretics

4: Allopurinol

305-: Which of the following is the most common renal cystic disease in infants is -

1: Polycystic kidney

2: Simple renal cyst

3: Unilateral renal dysplasia

4: Calyceal cyst

306-: Flea bitten appearance of the kidney is seen in -

1: Malignant hypertension

2: Benign hypertension

3: Chronic pyelonephritis

4: Diabetes mellitus

307-: Hepatorenal syndrome is characterised by all of the following except

1: Serum creatinine more than 1.5gm/dl

2: An intrinsically normal kidney

3: Low or absent proteinuria

4: Presence of a precipitating cause

308-: Amiloride differs from spironolactone in that:

1: It has greater natriuretic action

2: Its diuretic action is more in the presence of conditions with elevated aldosterone levels

3: It acts from the luminal membrane side of the collecting duct cells

4: It can cause hypokalemia on long term use

309-: Kidney normally does not allow transglomerular passage of-

1: microglobulin

2: Lysozyme

3: Myoglobin

4: Immimoglobin

310-: Cause of RF in rhabdomyolysis is

1: Increased K

2:) Increased P04

3: Increased uric acid

4: Myoglobin

311-: Manifestation of nephritic syndrome is-

1: Syphilis

2: Hypotension

3: Hematuria

4: Plyuria

312-: Which of the following clinical findings is more likely to be associated with acute rather than chronic glomerulonephritis?

1: Osteomalacia

2: Increased anion gap metabolic acidosis

3: Oliguria

4: Preservation of concentrating ability

313-: Acute renal failure results in

1: Hyperkalemic alkalosis

2: Hypokalemic alkalosis

3: Hyperkalemic acidosis

4: Hypokalemic acidosis

314-: All of the following are associated with low complement levels except:

1: Lupus nephritis

2: Mesangiocapillary glomerulonephritis

3: Diarrhea-associated hemolytic uremic syndrome

4: Post-infections glomerulonephritis

315-: Which of the following finding shall be seen in patient with hyper-parathyroidism?

1: Hypophosphatemia

2: Hyperphosphatemia

3: Hypermagnesemia

4: Hypo magnesemia

316-: Mechanism of action of furosemide as a diuretic is:-

1: Inhibition of Na-K-Cl ion sympoer

2: Aldosterone antagonism

3: Inhibition of Na-Cl sympoer in distal tubules

4: Carbonic anhydrase inhibition

317-: A 9-year-old boy is brought with history of decreased urine output, cola colored urine and swelling of the face and hands of 2 days duration. He is hypertensive, has a puffy face and pitting edema of the lower limbs. He has history of skin lesions 4 weeks earlier. A diagnosis of post streptococcal glomerulonephritis is made. If an antibiotic is to be used to limit the spread of the nephritogenic organisms, the drug of choice is?

1: Cefixime

2: Penicillin

3: Meropenem

4: Amoxycillin

318-: Which of the following is not included in definition of nephrotic syndrome: (PGI Dec 2008)

1: Microscopic hematuria

2: Anasarca

3: Hyperlipipidemta

4: Hypoalbaminemia

319-: 1 month post renal transplant a patient developed fever. Which of the following is the most likely organism responsible?

1: Polyoma virus/BK virus

2: Hepatitis C virus

3: Varicella virus

4: HHV-6

320-: DOC for lithium induced Nephrogenic Diabetes Insipidus

1: Spiranolactone

2: Furosemide

3: Amiloride

4: None of the above

321-: Acetazolamide acts at

1: PCT

2: DCT

3: Ascending loop of Henle

4: Descending loop of Henle

322-: Renal replacement therapy replaces all except -

1: Endocrine function

2: Urine output

3: Blood biochemistry

4: Ultrafiltration

323-: Rapidly proliferative glomerulonephritis is histologically characterized by?

1: Crescent in glomerulus

2: Diffuse glomerulosclerosis

3: Thickened basement membrane

4: Capsular drop

324-: All of the cystic diseases of kidney cause enlargement of kidney/renomegaly, except:

1: Autosomal dominant polycystic kidney disease (ADPKD)

2: Autosomal recessive polycystic kidney disease (ARPKD)

3: Nephronophthisis

4: Multicystic renal dysplasia

325-: Type 1 A is characterized by-

1: High anion- gap acidosis

2: Low serum potasium

3: hyperkalemia

4: Negative urine anion gap

326-: A 7 year old boy presented with generalized edema. Urine examination revealed marked albuminuria. Serum biochemical examinations showed hypoalbuminemia with hyperlipidemia. Kidney biopsy was undeaken. On light microscopic examination, the kidney appeared normal. Electron microscopic examination is most likely to reveal:

1: Fusion of foot processes of the glomerular epithelial cells

2: Rarefaction of glomerular basement membrane

3: Deposition of electron dense material in the basement membrane

4: Thin basement membrane

327-: Earliest abnormality of diabetes nephropathy is-

1: Hyperfiltration

2: Microalbuminuria

3: Hypeension

4: Proteinuria

328-: In hyponatremia following renal failure sodium level should be maintained at -

1: I20meq/ml

2: 125 meq/ml

3: 130 meq/ml

4: 135 meq/ml

329-: All of the following are true about Henoch scholein purpura except -

1: IgA deposition

2: Non palpable purpura

3: Abdominal pain

4: Glomerulonephritis

330-: 'Wireloop' lesions in kidney are seen in

1: DM

2: SLE

3: PAN

4: Scleroderma

331-: Restless leg syndrome seen in -

1: Chronic renal failure

2: hyperkalemia

3: Hypocalcemia

4: Hyperphosnhatfrni

332-: Nephrotic syndrome is the hall mark of the following primary kidney diseases except -

1: Membranous Glomerulopathy

2: IgA nephropathy

3: Minimal change disease

4: Focal segmental Glomerulosclerosis

333-: Which of the following are the clinical abnormalities of uremia?

1: Hyperphosphatemia

2: Uremic frost

3: Peptic ulcer

4: All the above

334-: Bode index is used in:

1: Liver transplantation

2: Renal transplantation

3: Lung transplantation

4: Heart transplantation

335-: Which of the following statement are true regarding autosomal dominant polycystic kidney disease (ADPKD)?

1: Bilateral kidneys are enlarged

2: External surface show numerous cyst of 3-4 cm in diameter

3: Histology shows functioning nephrons dispersed between the cysts

4: All of the above

336-: A patient with nephrotic syndrome on longstanding coico-stroid therapy may develop all the following except -

1: Hyperglycemia

2: Hypehrophy of muscle

3: Neuropsychiatric symptoms

4: Suppression of Hypothalemic pituitary adrenal axis

337-: A 50 year old male presented with blurring of vision. Urine examination showed proteinuria. Fundus examination showed dot and blot haemorrhages, microaneurysm and cotton wool spots. Histopathology pic of kidney given below. Your diagnosis?

1: Kimmelstiel Wilson nodules

2: Crescents

3: Amyloid

4: Segmental sclerosis

338-: What are the urinary albumin levels in microalbuminuria ?

1: 8-10 mg/day

2: 30-300 mg/day

3: 100-150 mg/day

4: 301-600 mg/day

339-: Nodular glomerulosclerosis is seen in

1: Diabetes mellitus

2: Malignant hypertension

3: Amyloidosis

4: Multiple myeloma

340-: Alports syndrome is -

1: X linked

2: Co-dominant

3: AD

4: AR

341-: Large cells with plant like appearance with perinuclear halo is seen in which type of renal cell carcinoma?

1: Granular cell carcinoma

2: Angiosarcoma

3: Chromophobic

4: Clear cell carcinoma

342-: A 47-year-old HIV-positive man is brought to the emergency room because of weakness. The patient has HIV nephropathy and adrenal insufficiency. He takes

trimethoprim-sulfamethoxazole for PCP prophylaxis and is on triple-agent antiretroviral treatment. He was recently started on spironolactone for ascites due to alcoholic liver disease. Physical examination reveals normal vital signs, but his muscles are diffusely weak. Frequent extrasystoles are noted. He has mild ascites and 1+ peripheral edema. Laboratory studies show a serum creatinine of 2.5 with a potassium value of 7.3 mEq/L. ECG shows peaking of the T-waves and QRS widening to 0.14.Once the patient is stabilized and the T-waves have normalized, it is important to review the potential causes of his hyperkalemia and to take steps to prevent this from happening again. As you consider the pathophysiology of each confounding factor, which of the following statements is true?

1: Trimethoprim-sulfamethoxazole, which this patient was taking to prevent Pneumocystis infection, causes hypokalemia and therefore deterred this patient from presenting sooner.

2: Spironolactone, a commonly used diuretic for treating ascites in the setting of cirrhosis, acts as a competitive aldosterone inhibitor at the level of the collecting duct of the nephron, resulting in decreased potassium excretion and hyperkalemia.

3: This patient most likely had pseudo-hyperkalemia due to the use of a very small needle as well as rough handling of the specimen as it was transported to the laboratory, both of which caused hemolysis and release of potassium into the serum

4: Once this patient is hospitalized he will likely receive heparin for the prevention of deep venous thrombosis. Heparin should help ameliorate the hyperkalemia in the ensuing days in the hospital.

343-: KIM-1 is a novel biomarker for

1: Acute kidney injury

2: Chronic kidney injury

3: Renal cellular carcinoma

4: Renal metastasis

344-: A 75-year-old man develops acute confusion and drowsiness after a dental procedure. He has a history of severe chronic lung disease due to smoking. Earlier in the day, he had a tooth extraction and afterwards was given acetaminophen with codeine (Tylenol 3) for pain relief.For the above patient with new symptoms, select the most likely acid base disorder.

1: metabolic acidosis

2: metabolic alkalosis

3: respiratory acidosis

4: respiratory alkalosis

345-: All are measures taken to address hyperkalemia in acute kidney injury, except

1: Initiate loop diuretics

2: Initiate ACE inhibitors

3: Insulin and glucose

4: Beta agonist inhalation

346-: spider nevi, dilatation of blood vessels is due to

1: Testosterone

2: Estrogen

3: Hepatotoxins

4: FSH

347-: Mutation in PKHD1 gene causing autosomal recessive polycystic kidney disease (ARPKD) maps to which chromosome?

1: 16

2: 4

3: 6

4: 12

348-: Amongst the renal cystic diseases, the one that is autosomal recessive is:

1: Adult polycystic kidney disease

2: Childhood polycystic kidney disease

3: Medullary sponge kidney

4: Adult onset medullary cystic disease

349-: Linear pattern of Ig deposition in glomerular basement membrane is seen in

1: Lupus nephritis

2: Diabetic glomerulonephropathy

3: Renal vein thrombosis

4: Good pasture's disease

350-: Reflux disease which cause proteinuria of nephrotic range-

1: Membranous glomerulonephritis

2: Focal segmental glomerulosclerosis

3: Nodular glomerulosclerrosis

4: Crescenteric glomerulonephritis

351-: Chronic HIV infection is associated with which typical nephropathy?

1: Post-infective GN

2: Thrombotic microangiopathy

3: Collapsing variant of Focal Segmental glomerulosclerosis

4: Acute interstitial nephritis

352-: Which of the following are morphological features of childhood polycystic kidney disease?

1: Enlarged kidney with smooth external surface

2: Dilated elongated channels present at right angle to the coical surface

3: Cysts are lined by cuboidal cells

4: All of the above

353-: Furosemide should not be administered with NSAIDS because?

1: Prevent platelet aggregation

2: Inhibit prostacyclin synthesis

3: Decrease sodium reabsorption

4: Increase the secretion of furosemide in urine

354-: Investigation of choice in VUR

1: Ultrasound

2: MRI

3: Voiding cystourethrogram

4: Cystoscopy

355-: Congenital hepatic fibrosis is predominantly associated with which cystic disease of kidney?

1: Autosomal dominant polycystic kidney disease (ADPKD)

2: Autosomal recessive polycystic kidney disease (ARPKD)

3: Medullary sponge kidney

4: Nephronophthisis

356-: Most impoant cause of interstitial nepliritis is -

1: Drugs

2: Infection

3: Malignancy

4: Dehydration

357-: Kidney biopsy from a child with hemolytic uremic syndrome characteristically most likely presents features of:

1: Thrombotic microangiopathy

2: Proliferative glomerulonephritis

3: Focal segmental glomerulosclerosis

4: Minimal change disease

358-: These skin changes developed during treatment for end-stage renal failure. What is the diagnosis?

1: Amyloidosis

2: Nephrogenic fibrosing dermopathy

3: Syphilis

4: Scleroderma

359-: Which disease is caused by anti - phospholipase receptor antibody?

1: Membranoproliferative glomerulopathy

2: Membranous glomerulopathy

3: Focal segmental glomerulosclerosis

4: Minimal change disease

360-: Glomerulonephritis associated sensory neuronal deafness is seen in -

1: Nail patella syndrome

2: Alport syndrome

3: Down syndrome

4: Fabry's disease

361-: Use of spironolactone in liver cirrhosis is

1: Decrease edema

2: Improves liver function

3: Decrease afterload

4: Decrease intravascular volume

362-: A 20 year old girl presents with pain abdomen and purpuric rash all over the body, most probable diagnosis is ?

1: HUS

2: Kawasaki disease

3: ITP

4: HSP

363-: A 40-year old male complains of a vague dragging sensation in his abdomen for the last 6 months. There was no history of fever, renal colic or dysuria. Physical examination reveals a blood pressure at 150/96 mm Hg. Renal ultraound : Bilaterally enlarged kidneys with multiple cysts. Urinary analysis: Mild Proteinuria WBCs 4/HPF (Normal: < 5/HPF) RBCs 10/HPF (Normal :< 5/HPF) The renal pathology was a result of -

1: Nephrolithiasis

2: Enlarged prosate

3: Polycystic kidney disease

4: Deposition of immune complexes in the glomeruli

364-: All are the causes of nephrocalcinosis in granulomatous disease except -

1: Increased absorption of ca from intestine

2: Increased conversion to 1,25 (OH)2 D

3: Increased bone resorption

4: Mutation in calcium sensing receptor

365-: A 60 year old woman presents with generalized edema, skin ulceration and hypeension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic haematuria. Serum complement levels are decreased and she is positive for anti- hepatitis c antibodies. The likely diagnosis is -

1: PSGN

2: Essential mixed cryoglobulinemia

3: Membrano proliferative glomerulonephritis

4: Focal segmental glomerulosclerosis

366-: Resistant hypeension is when goal not achieved with-

1: 4 drugs + diuretics

2: 2 drugs + diuretics

3: 3 drugs + diuretics

4: 5 drugs + diuretics

367-: Mutation in alpha 5 chain of collagen 4, the diagnosis

1: Alport's syndrome

2: Thin membrane disease

3: Nodular glomerulosclerosis

4: Good pasture syndrome

368-: True about acute tubular necrosis -

1: Urine specific gravity > 1.020

2: Urine osmolality > 300 mosmoles/kg

3: Urine Na< 1Omeq/L

4: Blood urea nitrogen :plasma creatinine ratio < 20

369-: Anti-PLA2R antibody is commonly found in which of the following renal diseases?

1: Anti-GBM disease

2: Focal segmental glomerulosclerosis

3: Membranous nephropathy

4: Dense deposit disease

370-: Salt loosing nephropathy is seen in -

1: Tubulointerstial disease

2: Interstitial glomerulonephritis

3: Analgesic abuse

4: All the above

371-: Drug not used in SIADH is:

1: Demeclocycline

2: Desmopressin

3: Restriction of free water intake

4: 3% NaCl

372-: Gitelman's syndrome resembles the effects of which of the following drugs?

1: Thiazide

2: Furosemide

3: Spironolactone

4: Amiloride

373-: True about pre renal azotemia -

1: Urine output < 500 ml

2: Urinary cr. / Plasma cr. > 40

3: FeNa< 1

4: FeNa> 1

374-: Furosemide acts to inhibit Na + reabsorption in which of the following locations

1: Descending limb of the loop of Henle

2: Distal convoluted tubule

3: Collecting duct

4: Ascending limb of the loop of Henle

375-: A child presented with edema, massive proteinuria and hyperlipidemia. True statement about this condition is:

1: Type of focal segmental GN

2: IgA deposition on basement membrane

3: Foot process of glomerular membrane normal

4: Glomerular function is lost due to loss of polyanionic charge on both sites of glomerular foot process

376-: On electron microscopy of renal biopsy, distinctive "basket-weave" appearance of glomerular basement membrane (GBM) seen in:

1: IgA nephropathy

2: Alpo syndrome

3: Focal segmental glomerulosclerosis (FSGS)

4: Thin Basement Membrane disease

377-: Which of the following genes is not associated with Autosomal Dominant Tubulointerstitial Kidney Disease?

1: MUC1

2: HNF1b

3: UMOD

4: NPHS2

378-: True regarding conivaptan is

1: Vasopressin antagonist

2: V2 selective action

3: Oral drug

4: Treatment of hypernatremia

379-: Which diuretic acts without requiring access to renal tubular lumen

1: Thiazide

2: Carbonic anhydrase inhibitors

3: Aldosterone antagonists

4: Loop diuretics

380-: All the following indicates CRF w.r.t to ARF-

1: Anaemia

2: Small kidneys

3: Creatinine > 7 mg%

4: Constrictive pericarditis

381-: "Cresentic glomerular deposits" are seen in?

1: Wegener granulomatosisG

2: Polyarteritis nodosa

3: Thrombangitis obliterans

4: All of the above

382-: Edema in nephrotic syndrome is mainly due to:

1: Sodium and water retention

2: Increased venous pressure

3: Hypoalbuminemia

4: Hyperlipidemia

383-: Nephrotic syndrome is caused by all systemic disease EXCEPT

1: Atherosclerosis

2: DM

3: SLE

4: Amyloidosis

384-: Creatinine clearance is used to assess?

1: Glomerular function

2: Afferent loop pressure

3: Tubular function

4: None of the above

385-: A 46-year-old male, Jorawar Singh presented to the emergency with muscle weakness and cramping. He has been taking hydrochlorothiazide for recently diagnosed hypeension. Which of the following is the most likely cause of his symptoms?

1: Hypocalcemia

2: Hyponatremia

3: Hypokalemia

4: Hypoglycemia

386-: Wire loop lesions are seen in?

1: SLE

2: Diabetic nephropathy

3: Benign Nephrosclerosis

4: Wegener s granulomatosis

387-: True about Light microscopic changes in Minimal Change Glomerulonephritis is -

1: No Abnormality

2: Fusion of foot process

3: Absence of Immunoglobulins

4: Absence of complement

388-: Least likely cause of renal papillary necrosis?

1: Sickle cell disease

2: Analgesic nephropathy

3: Posterior urethral valves

4: Diabetes with UTI

389-: Which of the following is most likely cause of ARF in patient with renal failure index <1?

1: Acute glomerulonephritis

2: Congestive cardiac failure

3: Bilateral acute pyelonephritis

4: TTP

390-: A 33-year-old woman in her third trimester of pregnancy (gravida I, para 0) is rushed to the emergency room after suffering a seizure. The patient is hypertensive and laboratory studies show that the patient manifests nephritic syndrome. What is the appropriate diagnosis?

1: Acute tubular necrosis

2: Crescentic glomerulonephritis

3: Eclampsia

4: Malignant nephrosclerosis

391-: Hypospadias in the baby is caused by maternal use if which of the following drug

1: Diethyl stilbesterol

2: Tolbutamide

3: Clomiphene

4: Clobazam

392-: Renal vein thrombosis is most commonly associaed with -

1: Diabetic nephropathy

2: membranous glomerulopathy

3: Minimal change disease

4: membrano-proliferative glomerulonephritis

393-: Alport syndrome - all are true except?

1: X-linked

2: Cardiac hypertrophy

3: Nerve deafness

4: Glomerulonephritis

394-: The pathogenesis of acute proliferative glomerulonephritis -

1: Cytotoxic T-cell mediated

2: Immune complex mediated

3: Antibody mediated

4: Cell-mediated (Typer IV)

395-: Which of the following is s/o ATN?

1: FENa <1

2: renal failure index <1

3: blood urea nitrogen/cr ratio <20

4: urine osmolality >1.010

396-: A 12-year-old boy complains of swelling of his feet for the past 3 weeks. He is otherwise healthy, with no known previous illness. Vital signs are normal. Physical examination reveals pitting edema of the lower legs and a swollen abdomen. Urinalysis shows 4+ protein but no RBCs or WBCs. Which of the following are the most likely diagnoses to consider in your evaluation of this patient?

1: Henoch-Schonlein purpura, lupus nephritis

2: Malignant hypertension, renal vein thrombosis

3: Minimal change disease, focal segmental glomerulosclerosis

4: Pyelonephritis, acute tubular necrosis

397-: A 56-year-old lady, who is a known case of lung cancer, presents with vomiting, headache and seizures. Investigations reveal serum osmolarity of 265 mosm/L (normal is 285-295 mosm/L) and a serum sodium level of 125 mEq/L (normal value is 136-152 mEq/L). Urine osmolarity is greater than 100 mOsm/L She has normal water intake. Which of the following drugs is useful for this patient?

1: Acetazolamide

2: Hydrochlorothiazide

3: Triamterene

4: Tolvaptan

398-: An infant with failure to thrive, hypertension, metabolic alkalosis and hyperkalemia presents to a clinician. Most probable cause is

1: Liddle's syndrome

2: Bartter's syndrome

3: Gittelman's syndrome

4: Gordon syndrome

399-: Hypocomplementaemia is seen -

1: PSGN

2: Membranous GN

3: Focal segmenal GN

4: MPGN

400-: All of the following are true about xanthogranulomatous pyelonephritis except -

1: Proteus is most common organism

2: Seen only in infancy

3: It is a form of chronic pyelonephritis

4: Focal form is common in children

401-: A female patient Nandini presents with upper respiratory tract infection. Two days after. She develops Hematuria. Probable diagnosis is -

1: IgA nephropathy

2: Wegner's granulomatosis

3: Henoch sholein purpura

4: Post streptococcal glomerulonephritis

402-: Maximum endo-capillary proliferation is seen in :

1: Membranous glomerulonephritis

2: Mesangio-proliferative glomerulonephritis

3: Focal segmental glomerulonephritis

4: Post streptococcal GN

403-: Collapsing glomerulopathy is seen in?

1: Post streptococcal GN

2: HIV

3: IgA nephropathy

4: Tuberculosis

404-: True about CF-

1: Incidence is 1:2000

2: Positive Sweat test

3: Mutation in CFTR gene

4: May presents as meconium ileus

405-: A 10 year old child develops hematuria after 2 days of diarrhoea. Blood film shows fragmented RBCs & thrombocytopenia. Ultasound shows marked enlargement of both kidnews. The likely diagnosis is -

1: Acute pyelonephritis

2: Disseminated intravascular coagulopathy

3: Haemolytic uremic syndrome

4: Renal vein thrombosis

406-: A 64-year-old woman has metabolic alkalosis and the bicarbonate level is 34 mEq/L. Which of the following is the most likely cause?

1: diuretic use

2: hyperkalemia

3: mineralocorticoid deficiency

4: diarrhea

407-: Wilm's tumour commonly presents as

1: Pain in the abdomen

2: Abdominal mass

3: Fever

4: Hematuria

408-: All of the following are decreased in nephrotic syndrome, except -

1: Serum transferrin

2: Serum fibrinogen

3: Serumceruloplasmin

4: Serum albumin

409-: All are true about nephrogenic diabetes insinidu, all except-

1: Increase in urine output

2: Increased sugar in urine

3: No response to ADH

4: No response to vasopressin test

410-: All of the following are Causes of ATN except -

1: Radiocontrasts

2: Placenta pre

3: Amphotericin B

4: Abruptio placentae

411-: Sickle cell disease associated with which type of renal cell carcinoma?

1: Medullary

2: Papillary

3: Chromophobe

4: Colloid

412-: HIV renal specific nephropathy-

1: FSGS

2: Membrano proliferative

3: Mesangioproliferative G N.

4: Membranous glomerulonephritis

413-: Not a feature of type 4 A-

1: Mild renal failure

2: Hyperkalemia

3: Hypochloremic acidosis

4: Occur in diabetic nephropathy

414-: All are true about nephronophthisis except:

1: Interstitial fibrosis

2: Coical tubular hyperophy

3: Cysts in the medulla

4: 20% cases are non-familial

415-: Not a side effect of cimitidine is

1: Impotence

2: Gynaecomastia

3: Atrophic gastritis

4: Galactorrhea

416-: Thiazides can cause:

1: Hyperkalemic paralysis

2: Hypouricemia

3: Hypolipidemia

4: Impotence

417-: Radiotherapy is treatment of choice in-

1: Sarcoidosis

2: Tuberculosis

3: Monoclonal hypogammaglobulinemia

4: Sarcomas

418-: Diuretic which can be given in mild to moderate hypeension is

1: Loop diuretic

2: Thiazide

3: Osmotic diuretic

4: Potassium sparing diuretic

419-: Pathological changes of diabetic nephropathy are all except:

1: Fibrin caps and capsular drops

2: Kimmelstein-Wilson lesion

3: Basement membrane thickening

4: Focal glomerular sclerosis

420-: Birefringent crystals in urine is seen with

1: Phosphaturia

2: Uricosuria

3: Cystinuria

4: Struvite stones

421-: complications of renal transplant are all of the following except -

1: Viral infection

2: Graft Vs host reaction

3: Malignancy

4: Dementia

422-: A 29-year-old woman has had a fever and sore throat for the past 3 days. On physical examination, her temperature is 38degC. The pharynx is erythematous, with yellowish tonsillar exudate. She is treated with ampicillin and recovers fully in 7 days. Two weeks later, she develops fever and a rash and notices a slight decrease in urinary output. Her temperature is 37.7degC, and there is a diffuse erythematous rash on the trunk and extremities. Urinalysis shows a pH of 6; specific gravity, 1.022; 1+ proteinuria; 1+ hematuria; and no glucose or ketones. Microscopic examination of the urine shows RBCs and WBCs, including eosinophils, but no casts or crystals. What is the most likely cause of her disease?

1: Deposition of immune complexes with streptococcal antigens

2: Formation of antibodies against glomerular basement membrane

3: Hematogenous dissemination of septic emboli

4: Hypersensitivity reaction to ampicillin

423-: In tubular necrosis, ratio of urine plasma creatinine is-

1: 20

2: 40

3: 20-30

4: 30-40

424-: Most common cause of hemolytic uremic syndrome is:

1: E. coli

2: Shigella

3: Salmonella

4: Pseudomonas

425-: A 36-year-old woman has had increased malaise for 3 weeks and urine output <500 mL/day for the past 4 days. On examination, she has blood pressure 170/112 mm Hg and peripheral edema. Urinalysis shows protein 1+ and blood 3+, but no glucose or ketones. Urine microscopic analysis shows RBCs and RBC casts. Her serum urea nitrogen is 39 mg/dL, and creatinine is 4.3 mg/dL. Her serum complement C1q, C3, and C4 are decreased. A renal biopsy is performed, and immunofluorescence microscopy shows a granular pattern of staining with antibody to C3. Which of the following types of hypersensitivity reactions is most likely causing her renal disease?

1: I (IgE-mediated systemic anaphylaxis)

2: II (Antibody-dependent cell-mediated cytotoxicity)

3: III (Immune complex formation)

4: IV (Delayed-type hypersensitivity)

426-: A 63-year-old woman with long-standing type 2 diabetes, hypertension, osteoarthritis, and controlled systolic congestive heart failure following a previous anterior myocardial infarction presents for a routine office visit. She denies any significant complaints. The patient faithfully takes her glargine insulin, lisinopril, carvedilol, furosemide, and aspirin. On examination her blood pressure is 122/82, pulse 85, RR 14, with clear lungs, regular heartbeat, and 1+ bilateral pedal edema. You review the chart and find that her baseline creatinine is 1.5 mg/dL with an estimated glomerular filtration (GFR) rate of 42 mL/min. Her laboratory studies drawn early the morning of the visit returns as follows:Na: 138 mEq/LK: 6.0 mEq/LHCO3: 15 mEq/LCl: 120 mEq/LBUN: 20 mg/dLCreatinine: 1.8 mg/dLGlucose: 183 mg/dLYou suspect she has a Type 4 renal tubular acidosis. What is the most common pathophysiologic scenario leading to this acid-base disturbance?

1: The combination of long-standing diabetes and hypertension has led to distal nephron dysfunction inhibiting both acid and potassium secretion.

2: The patient's heart failure has caused decreased renal perfusion resulting in the metabolic abnormalities.

3: The patient has been overtreated with diuretics leading to intravascular volume depletion and acidosis.

4: The patient's aspirin use has led to toxicity in the setting of acute kidney injury and hence the metabolic acidosis.

427-: Cystic diseases of kidney are all except:

1: Medullary sponge kidney

2: Nephrophthisis

3: Horseshoe kidney

4: Glomerulocystic disease

428-: Prerenal and renal azotemia is differentiated on the basis of-

1: Creatinine clearance

2: Serum creatinine level

3: Sodium fraction excretion

4: Urine bicarbonate level

429-: In which of the following are linear IgA deposits in mesangium noted?

1: Henoch Schoenlein Purpura

2: Malaria

3: Good Pasture's Syndrome

4: Wegener's Granulomatosis

430-: Which of the following is characteristic of RTA- type 1?

1: Hyperkalemia.

2: Decreased NH4+ excretion

3: Acidosis with normal chloride

4: None

431-: The cause of oedema in Nephritic syndrome is

1: Decreased in plasma protein concentration

2: Increased in plasma protein concentration

3: Reduced plasma osmotic pressure

4: Sodium and water retension

432-: Renal replacement therapy replaces all except:

1: Endocrine function

2: Urine output

3: Blood biochemistry

4: Ultrafiltration

433-: Pauci immune glomerulonephritis is seen in -

1: After transplant in alports

2: Microscopic polyangiitis

3: Henoch-Schonlein nephritis

4: Lupus

434-: Glomerulonephritis is a feature of all except :

1: Infective endocarditis

2: Diabetic nephropathy

3: Nail patella syndrome

4: Alport syndrome

435-: Presence of islands of undifferentiated mesenchyme, often with cailage, and immature collecting ducts on light microscopy will be seen in which cystic disease of kidney?

1: Medullary sponge kidney

2: Autosomal recessive polycystic kidney disease (ARPKD)

3: Autosomal dominant polycystic kidney disease (ADPKD)

4: Multicystic renal dysplasia

436-: At equally natriuretic doses, which of the following drugs causes maximum potassium excretion?

1: Spironolactone

2: Furosemide

3: Acetazolamide

4: Aldosterone

437-: Regarding Oxytocin, true statements are

1: Acts on myoepyhelial cells

2: Causes contraction of uterus during labour

3: May cause retention of water

4: All of the above

438-: Electron microscopy findings of renal biopsy shows permeation of the lamina densa of the glomerular basement membrane (GBM) by a ribbon-like, homogeneous, extremely electron-dense material of unknown composition. Which of the following is the likely diagnosis?

1: Dense-deposit disease (DDD)

2: Collapsing glomerulopathy

3: Minimal change disease

4: Focal segmental glomerulosclerosis (FSGS)

439-: Which differentiating prerenal azotemia with ATN features oring pre-renal azotemia -

1: Urine osmolality > 500 mosmol/kg

2: Sodium spot excretion < 10 ml/L

3: Plasma transferrin/Ig ratio

4: All the above

440-: Diuretic used in essential hypeension is -

1: Hydrochlohiazide

2: Amiloride

3: Furosemide

4: Acetazolamide

441-: Which of the following is not administered by intradermal route

1: BCG

2: Insulin

3: Mantoux

4: Drug sensitivity injection

442-: A 32-year-old man developed a fever and rash over 3 days. Five days later, he has increasing malaise. On physical examination, the maculopapular erythematous rash on his trunk has nearly faded away. His temperature is 37.1degC, and his blood pressure is 135/85 mm Hg. Laboratory studies show a serum creatinine level of 2.8 mg/dL and blood urea nitrogen level of 29 mg/dL. Urinalysis shows 2+ proteinuria; 1+ hematuria; and no glucose, ketones, or nitrite. The leukocyte esterase result is positive. Microscopic examination of urine shows RBCs and WBCs, some of which are eosinophils. Which of the following most likely precipitated his renal disease?

1: Antibiotic ingestion

2: Congestive heart failure

3: Eating poorly cooked ground beef

4: Streptococcal pharyngitis

443-: The longest acting antihistaminic is

1: Terfenadine

2: Astemizole

3: Fexofenadine

4: Cetrizine

444-: Steroid resistant nephrotic syndrome associated with which gene?

1: NPHS 2

2: HOX II

3: PAX

4: ACE

445-: Renal osteodystrophy is characterized by all EXCEPT:(247, 2259-H) (270-H17th))

1: | Calcium level

2: | Phosphorus level(l 007,1009,1012-CMDT- 09)

3: | alkaline phosphatase

4: | Parathormone levels

446-: Hyperrenninemia which drug should not be given-

1: Beta blocker

2: Calcium channel blocker

3: ACE inhibitor

4: None of the above

447-: Glomerulonephritis associated with sensory neural deafness are features of

1: Alport's syndrome

2: Nail patella syndrome

3: Down's syndrome

4: Fabry's syndrome

448-: Azotemia occurs when-

1: GFR 50% of normal

2: GFR 80% of normal

3: GFR 20% - 50% of normal

4: GFR 25% of normal

449-: A 4 years old child presents with rash on lower limbs, arthritis, and abdominal pain. Urine examination reveals microscopic hematuria. The most likely diagnosis is:

1: Thrombaesthenia

2: Idiopathic thrombocytopenic purpura

3: Systemic lupus erythematosus

4: Henoch Schonlein purpura

450-: What is the cause of hypercoagulation in nephrotic syndrome:

1: Loss of antithrombin III (AT III)

2: Decreased fibrinogen

3: Decreased metabolism of vitamin K

4: Increase in Protein C

451-: Which of the following tests is most sensitive for detecting early diabetic nephropathy

1: Serum Creatinine

2: Creatinine clearance

3: Microalbuminuria

4: Ultra sonography

452-: A person with radiologically confirmed reflux nephropathy develops nephrotic range proteinuria. Which of the following would be the most likely histological finding in this patient?

1: Focal segmental glomerulosclerosis

2: Nodular glomerulosclerosis

3: Membranous glomerulopathy

4: Proliferative glomerulonephritis with crescents

453-: Crescent formation is seen in?

1: FSGS

2: MGN

3: RPGN

4: PSGN

454-: Pulmonary hypoplasia with urinary problems is associated with -

1: Mobius syndrome

2: Potter's syndrome

3: Patau Syndrome

4: WAGR syndrome

455-: A 20-year-old primigravid woman is in the third trimester and has felt minimal fetal movement. An ultrasound scan shows bilaterally enlarged echogenic kidneys and a markedly decreased amniotic fluid index. She gives birth to a stillborn male fetus at 33 weeks' gestation. At autopsy, there are deformations resulting from marked oligohydramnios, including flattening of the facies, varus deformities of the feet, and marked pulmonary hypoplasia. Microscopic examination of the liver shows multiple epithelium-lined cysts and proliferation of bile ducts. Which of the following is the most likely renal disease in this fetus?

1: Autosomal dominant polycystic kidney disease

2: Autosomal recessive polycystic kidney disease

3: Medullary sponge kidney

4: Multi-cystic renal dysplasia

456-: Most common cause of nephrotic syndrome in children-

1: Membranous GN

2: Minimal change disease

3: PSGN

4: RPGN

457-: Mannitol is used in the management of

1: Acute Congestive Glaucoma

2: Congestive Cardiac Failure

3: Pulmonary edema

4: Acute Renal Failure

458-: Most common cause of acute retention of urine in a child of 2 years age:

1: Posterior urethral valve

2: Duplication of renal pelvis

3: Meatal ulceration with scabbing

4: Urethral stones

459-: Renal vein thrombosis is caused by all except -

1: Lupus nephritis

2: Invasive renal cell carcinoma

3: Pregnancy

4: Dehydration

460-: Silver stain performed on renal biopsy shows characterstic findings as shown below. Immunostaining for Anti-PLA2R is positive. Based on the given findings, what is the likely diagnosis?

1: Focal segmental glomerulosclerosis (FSGS)

2: Membranous nephropathy

3: Membranoproliferative glomerulonephritis (MPGN)

4: Crescentic glomerulonephritis

461-: RBC cast seen in:

1: Minimal change disease

2: Renal vein thrombosis

3: Bladder schistomiasis

4: Rapidly progressive glomerulonephritis

462-: A 63-year-old woman has Type II diabetes mellitus, which is well-controlled. Her physical examination is positive for peripheral neuropathy in the feet and non-proliferative retinopathy. A urinalysis is positive for proteinuria. Which of the following treatments is most likely to attenuate the course of renal disease?

1: calcium channel blockers

2: ACE inhibitors

3: hepatic hydroxymethylglutaryl-coenzyme A (HMG-CoA) inhibitors

4: dietary carbohydrate restriction

463-: A 7-year-old boy has become less active over the past 10 days. On physical examination, the boy has facial puffiness. Urinalysis shows no blood, glucose, or ketones, and microscopic examination shows no casts or crystals. The serum creatinine level is normal. A 24-hour urine collection yields 3.8 g of protein. He improves after corticosteroid therapy. He has two more episodes of proteinuria over the next 4 years, both of which respond to corticosteroid therapy. What is the most likely mechanism causing his disease?

1: Cytokine-mediated visceral epithelial cell injury

2: Cytotoxic T cell-mediated tubular epithelial cell injury

3: IgA-mediated mesangial cell injury

4: Immune complex-mediated glomerular injury

464-: Which of the following is not found in nephrotic syndrome-irrelevant

1: LDL - Cholesterol

2: TG

3: HDL - Cholesterol

4: VLDL - Cholesterol

465-: Rhabdomyolysis Is characterized by -

1: Proximal muscle weakness

2: Increased Mg++

3: Increased Ca++

4: Increased K+

466-: Defect seen in Bartter syndrome is

1: Distal Convoluted Tubule

2: Proximal Convoluted Tubule

3: Thin descending limb of loop of Henle

4: Thick ascending limb of loop of Henle

467-: A 12-year-old girl complains of headaches and blurred vision. She has a history of high blood pressure but is not currently taking medication. Her blood pressure is 160/95 mm Hg and pulse is 95 per minute. Funduscopic examination reveals small retinal microaneurysms and cotton-like zones of retinal edema and necrosis. She is hospitalized for further evaluation. Renal arteriography shows segmental stenoses forming multiple ridges that project into the lumen. What is the most likely cause of secondary hypertension in this young patient?

1: Buerger disease

2: Fibromuscular dysplasia

3: Giant cell arteritis

4: Kawasaki disease

468-: The renal biopsy of a 6 years old boy with recurrent gross hematuria shows IgA nephropathy. The urinary protein excretion is 130 mg/day. Which of the following is the most appropriate next step in the management:

1: Administer corticosteroids

2: Give Azathioprine

3: Start cyclosporine

4: Urinary bag sample

469-: A 4-year-old girl presents with swelling of the legs and ankles. Physical examination reveals pitting edema of the lower extremities. Urinalysis show 2+ proteinuria. The urinary sediment contains no inflammatory cells or red blood cells. Serum levels of BUN and creatinine are normal. The patient recovers completely after a course of corticosteroids. Which of the following pathologic findings might be expected in the urine prior to treatment with corticosteroids?

1: Amyloid casts

2: Eosinophils

3: Lipid droplets

4: Red blood cell casts

470-: Best method of estimation of amount of proteinuria in a 2 year child with nephrotic syndrome is

1: Dipstick testing

2: 24 hr urine protein

3: Spot urine sample for protein/creatinine ratio

4: Microalbuminuria

471-: Persistent low complement level is not found in -

1: Post streptococcal glomerulonephritis

2: Mesangiocapillary glomerulonephritis

3: Cryoglobulinemia

4: SLE

472-: A 50 year old male presented with symptoms of cutaneous vasculitis, glomerulonephritis and synovitis. Which of the following investigations will be helpful in the diagnosis?

1: P-ANCA

2: C-ANCA

3: Anti-HCV antibody

4: Anti-HAV antibody

473-: Which disease is caused by anti-phospholipase 2 antibody:

1: MPGN

2: MGN

3: FSGN

4: MCD

474-: Which of the following is not a feature of acute renal failure?

1: Hyperphosphatemia

2: Hypocalcemia

3: Hypokalemia

4: Metabolic acidosis

475-: Which of the following is a feature of contrast induced nephropathy?

1: Increased bilirubin

2: Increased creatinine

3: Decreased creatinine

4: Decreased bilirubin

476-: Following are risk factors for contrast nephropathy EXCEPT-

1: Metformin

2: Dehydration

3: NSAIDs

4: Half normal saline

477-: Mutation in NPHS1 gene causes which disease?

1: Alport syndrome

2: Congenital Finnish type nephrotic syndrome

3: Focal segmental glomerulosclerosis

4: Nail patella syndrome

478-: Linear deposition of the immunoglobulins

1: Lupus nephritis

2: Good Pasteur syndrome

3: Diabetic nephropathy

4: Renal vein Thrombosis

479-: Iso osmolar urine is seen in -

1: ATN

2: Severe dehydration

3: Diabetes insipidus

4: PCKD

480-: Podocytes are seen in?

1: Bowmans capsule

2: Proximal convoluted tubule

3: Distal convoluted tubule

4: Collecting tubule

481-: Spironolactone is least commonly used in which of the following?

1: Congestive hea failure

2: Cirrhotic edema

3: Hypeension

4: Primary hyperaldosteronism

482-: Triamterene causes:

1: Hypokalemia

2: Muscle cramps

3: Decrease in urea level

4: Better glucose tolerance

483-: A patient had the following blood biochemical values. Calcium 6; uric acid 13; Phosphorus 12; Creatinine 6. Which could be the possible diagnosis -

1: Krait bite

2: Uric acid nephropathy

3: Hypercalcemic nephropathy

4: Rickets

484-: Main cause of oedema in nephrotic syndrome is

1: Loss of potassium

2: Loss of solute

3: Hypoproteinemia

4: Derangement of fatty acids

485-: A patient with hypeension also suffers from essential tremor. Optimal treatment of the patient should include management with

1: Propranolol

2: Clonidine

3: Metoprolol

4: Lidocaine

486-: Haematuria is seen in all except:

1: IgA nephropathy

2: Alport syndrome

3: Thin basement membrane disease

4: FSGS

487-: Pre-renal azotemia is associated with one of the Mowing characteristic feature -

1: UrinaryNa+< lOmmol/L

2: Renal failure index > 1

3: Osmolality < 500

4: Urinary creatinine/P.creatinine ratio < 20

488-: Membranous glomerulonephritis is associated with-

1: Renal Venous thrombosis

2: Hodgkin's disease

3: Subepithelial immune deposits

4: Hematuria

489-: Crescentic glomerulonephritis with pauci-immune glomerulonephritis is associated with which of the following?

1: Post-infectious glomerulonephritis

2: Goodpasture's syndrome

3: Granulomatosis with polyangiitis

4: Membranous glomerulonephritis

490-: All of the following statements are true about adult polycystic kidney disease, except:

1: Autosomal dominant inheritance

2: Hypeension is rare

3: Can be associated with cysts in liver, lungs and pancreas

4: Pyelonephritis is common

491-: Vasopressin decreases the volume of urine primarily by causing:

1: Decrease in glomerular filtration rate

2: Decrease in renal blood flow

3: Decrease in water permeability of descending limb of loop of Henle

4: Increase in water permeability of collecting duct cells

492-: Common feature of Gitelman syndrome is :

1: Hyperkalemia

2: Metabolic alkalosis

3: Hypermagnesemia

4: High calcium excretion

493-: A 32-year-old man complains of recurrent hematuria since his youth. The hematuria typically occurs following upper respiratory tract infections. Vital signs are normal. Urinalysis shows proteinuria, hematuria, and a few red blood cell casts. Laboratory studies disclose normal levels of BUN and creatinine. The ANA and ANCA tests are negative. For the patient, which of the following patterns of IgA immunofluorescence would be expected in the renal biopsy?

1: Granular capillary membrane deposition

2: Linear basement membrane staining

3: Mesangial deposition

4: Perivascular location

494-: In which one of the following conditions, is a renal biopsy contraindicated -

1: Acute renal failure

2: Uncontrolled hypeension

3: Nephrotic syndrome

4: Isolated hematuria

495-: A man 25 yrs old presents with renal failure u- uncle died of renal failure 3 yrs ago. On slit 1 examination, keratoconus is present

1: ADPCKD

2: ARPCKD

3: Alopo's syndrome

4: Denysh-Drash syndrome

496-: A female patient Nandini presents with upper respiratory tract infection. Two days after, she develops hematuria. Probable diagnosis is -

1: IgA nephropathy

2: Wegener's granulomatosis

3: Henoch scholein purpura

4: Post streptococcal glomerulonephritis

497-: All of the following are seen in Goodpasture's syndrome, except:

1: Crescentic glomerulonephritis

2: Hemorrhagic inflammation

3: Anti-GBM antibody

4: Diffuse alveolar involvement

498-: Wilms tumor commonly presents as:

1: Haematuria

2: Abdominal pain

3: Abdominal mass

4: Intracranial metastasis

499-: Epleronone is:

1: Aldosterone antagonist

2: Can cause hyperkalemia in predisposed patients

3: A diuretic

4: All of these

500-: Which investigation should be avoided in a proven case of renal papillary necrosis -

1: Urine acidification test

2: Sickling test

3: TB-PCR-urine

4: Bacterial culture ofurine

501-: Which of the following is not a characteristic of Fanconi's anemia ?

1: Hematologic abnormalities in infancy

2: Pancytopenia

3: Skeletal anomalies

4: Chromosome fragility

502-: Long-term use of which of the following diuretic agent results in gynaecomastia?

1: Amiloride

2: Spironolactone

3: Triamterene

4: Acetazolamide

503-: Minimal change glomerulopathy may be seen in association with all of the following except-

1: Hepatitis B

2: HIV

3: drug- induced interstitial nephritis

4: Hodgkin's disease

504-: In Potters syndrome - primary pathology is:

1: Oligohydramnios

2: Renal agenesis

3: Dysmorphism

4: Limb defects

505-: Not a part of "Triple therapy" immunosuppression for post-renal transplant patient is:

1: Prednisone

2: Cyclosporine

3: Azathioprine

4: Belatacept

506-: In renal vascular hypeension true is-irrelevant

1: Aldosterone

2: Renin

3: HjqDokalemia

4: Angiotensin II

507-: All are causes of rapidly progressive glomerulo nephritis EXCEPT

1: SLE

2: Polyarteritis nodosa

3: Post steptococcal GN

4: Rheomatoid arthritis

508-: True about RCC is?

1: Most common site is lower lobe of kidney

2: Most common variety is papillary type

3: Invasion of renal vein is more common than renal artery

4: Most common site of metastasis is lymph nodes

509-: Hyaline aeriolosclerosis can be associated with all of the following conditions except:

1: Diabetes mellitus

2: Aging

3: Benign hypeension

4: Malignant hypeension

510-: A child presented with frothy urine, massive proteinuria and edema. Urine examination revealed RBC nil, WBC nil, nocasts, no crystal. No prior episode of similar presentation. What is your diagnosis?

1: Minimal change disease

2: IgA nephropathy

3: Membranous glomerulonephritis

4: MPGN

511-: 28 year old male met with an accident and sustained severe crush injury. He is most likely develop -

1: Acute renal failure

2: Hypophosphatemia

3: Hypercalcemia

4: Acute myocardial infarction

512-: The most common presentation of IgA nephropathy

1: Nephritic syndrome

2: Nephrotic syndrome

3: Microscopic hematuria

4: Repeated gross hematuria

513-: Oliguria is defined as -

1: 24 hour urine output <200 ml

2: 24 hour urine output <300 ml

3: 24 hour urine output <400 ml

4: 24 hour urine output <500 ml

514-: Free water clearance is decreased by?

1: Vincristine

2: Vinblastine

3: Chlorpropamide

4: Furosemide

515-: False statement about extraadrenal pheochro mocytoma: (PGI May 2010)

1: Constitute 50% of total pheochromocytoma

2: May occur in Bladder

3: May occur in thorax

4: involve carotid body

516-: A 40-year-old hypertensive male was admitted to the hospital with sudden onset of headache and altered sensorium. On Examination his Blood Pressure was observed to be 220/110mm Hg and the patient died four later. What is likely pathological finding in his kidneys -

1: Small kidney with granular surface

2: Small kidney with petechial hemorrhages

3: Large kidney with waxy appearance

4: Large kidney with granular surface

517-: Gross morphology of kidney (cut surface) is shown below. What is your likely diagnosis?

1: Autosomal dominant polycystic kidney disease (ADPKD)

2: Autosomal recessive polycystic kidney disease (ARPKD)

3: Multicystic renal dysplasia

4: Medullary sponge kidney

518-: All of the following decrease in Nephrotic syndrome except-

1: Transfrerrin

2: Ceruloplasmin

3: Fibrinogen

4: Albumin

519-: Which is not a feature of posterior urethral valve:

1: Palpable bladder

2: Painful stress incontinence

3: Recurrent UTI

4: Hydronephrosis

520-: A 46-year-old woman presents with a 6-month history of vague upper abdominal pain after fatty meals, some abdominal distension, and frequent indigestion. Physical examination shows an obese woman (BMI =32 kg/m2) with right upper quadrant tenderness. A CT scan discloses gallstones and an ectopic kidney. Which of the following is the expected location of the ectopic kidney?

1: Adjacent to gallbladder

2: Attached to the left adrenal gland

3: Fused laterally with the contralateral kidney

4: Pelvis

521-: A 4 months old infant with UTI was treated for 14 days with IV cefotaxime. What is the next step in management?

1: USG only

2: USG + MCU

3: USG + DMSA

4: USG + MCU + DMSA

522-: Sterile Pyuria is characteristically seen in -

1: Renal Tuberculosis

2: Chronic Hydronephrosis

3: Wilm's Tumor

4: Neuroblastoma

523-: Cause of polyuria

1: Hyperglycemia

2: Hypoglycemia

3: Decreased fluid intake

4: Hypocalcemia

524-: A 43-year-old man had a subarachnoid hemorrhage from an intracranial aneurysm 8 years ago. He has also had progressive renal impairment associated with hematuria. The most likely diagnosis isFor the above patient with a medical problem, select the most likely diagnosis or renal impairment.

1: polycystic kidney disease

2: medullary sponge kidney

3: medullary cystic disease

4: Liddle syndrome

525-: Cause for renal vein thrombosis could be -

1: Membranous nephropathy

2: Luous nephritis

3: Membranoproliferative glomerulonephritis

4: Post streptococcal glomerulonephritis

526-: Glomerular range proteinuria differentiated by non glomerular protein urea by -

1: Proteinuria> 3.0 - 3.5 g/day

2: Globulin > albumin

3: Albumin to B2 microglobulin ratio 100:1

4: TammHarsfall protein

527-: Most common cause of death in dialysis patient

1: Cardiovascular

2: Infection

3: Malignancy

4: Anemia

528-: Amongst the given renal conditions, the one presenting as nephritic syndrome is:

1: Postinfectious glomerulonephritis

2: Membranous nephropathy

3: Minimal change disease

4: Focal segmental glomerulosclerosis

529-: Site of action of furosemide is:-

1: Thick ascending limb of loop of Henle

2: PCT

3: DCT

4: Descending limb

530-: A 4-year-old girl presents with swelling of the legs and ankles. Physical examination reveals pitting edema of the lower extremities. Urinalysis show 2+ proteinuria. The urinary sediment contains no inflammatory cells or red blood cells. Serum levels of BUN and creatinine are normal. The patient recovers completely after a course of corticosteroids. For the patient, electron microscopy of a renal biopsy specimen prior to treatment would most likely demonstrate which of the following abnormalities?

1: Duplication of capillary basement membranes

2: Electron-dense immune deposits in the capillary basement membranes

3: Electron-dense immune deposits in the mesangium

4: Fusion of podocyte foot processes

531-: A 30-year-old man presents with hematuria. His examination is normal except for an elevated blood pressure of 164/94 mm Hg. An ultrasound of the kidneys reveals multiple renal cysts in both kidneys. His father had a similar condition. Which of the following is not associated with this syndrome?

1: liver cysts

2: intracranial aneurysms

3: autosomal dominant inheritance

4: rheumatoid arthritis (RA)

532-: Most potent loop diuretic is:

1: Furosemide

2: Bumetanide

3: Torsemide

4: Ethacrynic acid

533-: Which of the following statements is wrong regarding adult polycystic kidney disease?

1: Kidneys are enlarged in size

2: The presentation is unilateral

3: Patients tend to have external congenital anomalies

4: Mitral valve prolapse may be there

534-: In acute intersitial nephritis, proteins associated -

1: Amyloid

2: Fibrinogen

3: Vitamin D binding protein

4: Albumin

535-: An 8 years old child suffering from recurrent attacks of polyuria since childhood presents to the pediatrics OPD. On examination, the child has short stature. Vitals and B.P. are normal. S. Creatinine - 6 mg/dL, HCO3 - 16 meq/L, S Na+ - 134 meq/L. On USG, bilateral small kidneys are seen. Diagnosis is:

1: Reflux nephropathy

2: Nephronophthisis

3: Polycystic kidney disease

4: Medullary cystic kidney disease

536-: Clear cell renal carcinoma is due to?

1: 3p deletion

2: 3q deletion

3: 6p deletion

4: 9p deletion

537-: Polycystic disease of the kidney may have cysts in all of the following organs except

1: Lung

2: Liver

3: Pancreas

4: Spleen

538-: Organisms causing UTI are all except -

1: Proteus vulgaris

2: Citrobacter

3: Morganella

4: Hpv

539-: A 65-year-old male with CHF exacerbation is given IV furosemide. Which of the following adverse events are not associated with this medication

1: Hypotension

2: Hyperkalemia

3: Worsening renal function

4: Transient neurotoxicity from high dose

540-: A 14-year-old boy presents to the hospital with severe leg swelling that started 2 weeks ago. He also notes feeling tired and having little energy to play sports with his friends. His past medical history is negative and he is not taking any medications.On examination, his blood pressure is 163/96 mm Hg, and there is pedal edema up to his knees, as well as periorbital edema. His remaining clinical exam is normal. A urinalysis is positive for 3+ proteinuria and on 24-hour urine collection the total protein excretion is 5.4 grams/day. He undergoes a renal biopsy and there are no changes seen on light microscopy, but electron microscopy shows foot process fusion and no deposits on the membranes. Which of the following is the most likely diagnosis?

1: mesangial proliferative glomerulonephritis

2: minimal change disease

3: focal glomerulosclerosis

4: membranous glomerulonephritis

541-: In Nephrotic syndrome hypercoaguability occurs due to-

1: Urinary loss of Antithrombin III

2: Increase in serum protiens-c,s

3: Decrease in serum Fibrinogen

4: Factor vIII

542-: Most common viral infection in kidney transplant recipients-

1: B3V

2: HSV

3: CMV

4: HBV

543-: Most common cause of renal artery stenosis above 50 years of age is?

1: Atherosclerosis

2: FMD

3: Takayasu arteritis

4: RCC

544-: All of the following belong to the steroid receptor super family except

1: Vitamin D3 receptor

2: Thyroid receptor

3: Retinoid receptor

4: Epinephrine receptors

545-: Drug of choice for imminent eclampsia is

1: Hydralazine

2: Labetolol

3: MgSO4

4: Methyldopa

546-: Most common cause of glomerulonephritis?

1: P.S.G.N

2: Diabetes mellitus

3: Autosomal dominant Polycystic kidney disease

4: Crescentric Glomerulonephritis

547-: Paradoxical action among diuretics is seen with

1: Thiazide

2: Triamterene

3: Spirinolactone

4: Furosemide

548-: If renal biopsy shows distinct crescents, diagnosis is

1: RPGN

2: MPGN

3: PSGN

4: Minimal change disease

549-: Most common cause of nephrotic range proteinuria in an adult is-

1: Diabetes Mellitus

2: Amyloidosis

3: Hypeensive nephropathy

4: Wegner'sGranulomatosis

550-: Which is seen in nephrotic syndrome-

1: Low serum calcium

2: Raised AT-III in serum

3: LOw serum lipids

4: Decreased Platelet activation

551-: An 8-year-old child presented with a history of respiratory distress, altered sensorium & not passing urine for the last 15 hours. What is the procedure shown below that can be done as a part of emergency management of this child?

1: Hemodialysis

2: Peritoneal dialysis

3: Kidney biopsy

4: Hydration therapy

552-: 12-year-old boy with a history of deafness and recurrent hematuria present with CKD. Family history revealed death of his maternal uncle due to same disease. Kidney biopsy was performed and showed a normal light microscopy. What is the probable diagnosis?

1: Alport's syndrome

2: Good pasture syndrome

3: Thin basement membrane disease

4: PSGN

553-: Following all are syndromes associated with renal disease except

1: Lowe Syndrome

2: Denys-Drash Syndrome

3: Alport Syndrome

4: Sinding-Larsen-Johansson Syndrome

554-: "Crescents" on histopathologic examination of glomerulus are seen in

1: Minimal change disease

2: Rapidly proliferative GN

3: Membranous glomerulonephritis

4: MPGN

555-: Red cell cast are more common with

1: Acute tubular necrosis

2: Nephrotic syndrome

3: Nephritic syndrome

4: Interstitial nephritis

556-: True about fibronectin nephropathy are all except:

1: Autosomal recessive inheritance

2: Glomerular enlargement with PAS+ trichrome+ mesangial deposit

3: Glomerulus do not consistently stain for Ig and complement

4: Ultrastructural feature is presence of large electron dense mesangialorsubendothelial deposit

557-: A 64-year-old man presents with symptoms of malaise, shortness of breath, edema, and no urine output for 24 hours. His past medical history is not significant, and his only medication is daily aspirin. On examination his JVP is 4 cm, heart sounds are normal, lungs are clear, and the abdomen is soft. A Foley catheter is inserted into his bladder for 200 cc of urine, which is sent for urinalysis. His urine output still remains low. Which of the following is the most appropriate initial diagnostic test?

1: renal ultrasound

2: blood cultures

3: urine cultures

4: inferior vena cavagram with selective renal venogram

558-: Hepatorenal syndrome feature are -

1: Urine sodium < 10 mEq/L

2: Normal renal histology

3: Renal function abnormal even after liver become normal

4: Proteinuria < 500 mg/day

559-: "Potter's syndrome" is associated with:

1: Renal anomalies

2: Severe oligohydramnios

3: Flattened nose

4: All the above

560-: All are features of adult polycystic kidney disease except

1: Autosomal dominant inheritance

2: Defect in cell- cell interaction

3: Berry aneurysm may be a feature

4: Tricuspid valve prolapse

561-: Metabolic complication in CRF include all of the following except -

1: Hyperkalemia

2: Hypophosphatemia

3: Hypocalcemia

4: Hypochloremia

562-: A 28 years old man has anterior lenticonus and ESRD now. His maternal uncle also died of similar illness. Diagnosis is:

1: ARPKD

2: ADPKD

3: Oxalosis

4: Alport's syndrome

563-: Collapsing glomerulopathy, features are -

1: Tuft necrosis

2: Mesangiolysis

3: Parietal epithelial proliferation

4: Hyperophy and necrosis of visceral epithelium

564-: All of the following statements about amiloride are true EXCEPT:

1: It antagonises the action of aldosterone

2: It is the drug of choice for the treatment of lithium induced diabetes insipidus

3: It decreases calcium loss in the urine

4: It is more potent than triamterene

565-: Hyperkalemia is observed in which one of the following conditions -

1: Type 1 renal tubular acidosis

2: Type 2 renal tubular acidosis

3: Type 4 renal tubular acidosis

4: Bater's syndrome

566-: Which one of the following is the most common cause of abdominal mass in neonates?

1: Neuroblastoma

2: Wilm's tumor

3: Distended bladder

4: Multicystic dysplastic kidneys

567-: Pauci-immune RPGN is?

1: Good-Pasture syndrome

2: MPGN

3: Wegener granulomatosis

4: Alport's syndrome

568-: Which of the following agents is useful for the oral treatment of both pituitary as well as renal diabetes insipidus?

1: Vasopressin

2: Hydrochlohiazide

3: Chlorpropamide

4: Carbamazepine

569-: Bilateral Renal cell carcinoma is seen in-

1: Eagle Barett's syndrome

2: Beckwith Weideman syndrome

3: Von HippelLindau disease

4: Bilateral Angiomyolipoma

570-: Drug of choice for nephrogenic diabetes insipidus is:-

1: Mannitol

2: Spironolactone

3: Thiazides

4: Demeclocycline

571-: IgA-nephropathy is seen in -

1: Membranous glomerulonephritis

2: Mesangioproliferative glomerulonephritis

3: Focal glomerulonephritis

4: Cresentic glomerulonephritis

572-: The most common congenital anomaly of the urinary tract:

1: Epispadias

2: Hypospadias

3: Exstrophy of bladder

4: Posterior urethral valve

573-: A 37-year-old immunosuppressed patient with renal failure develops sepsis. Which of the following antibiotics, if used, would require a major reduction in dosage?

1: erythromycin

2: doxycycline

3: tobramycin

4: isoniazid (INH)

574-: The prognosis of rapidly proliferating glomerulonephritis (Crecentric GN) depands upon -

1: Number of crescents

2: Size of crescents

3: shape of crescents

4: Cellularity of crescents

575-: True statement regarding carbonic anhydrase inhibitors are all except

1: Noncompetitive and irreversible inhibitors

2: Noncompetitive and reversible inhibitors

3: Competitive and irreversible inhibitors

4: Competitive and reversible inhibitors

576-: Papillary necrosis is most commonly seen in-(AI 91)

1: Diabetes Mellitus

2: Sickle cell anemia

3: Acute pyelonephritis

4: Analgesic nephropathy

577-: A 27-year-old alcoholic man presents with decreased appetite, mild generalized weakness, intermittent mild abdominal pain, perioral numbness, and some cramping of his hands and feet. His physical examination is initially normal. His laboratory returns with a sodium level of 140 mEq/L, potassium 4.0 mEq/L, calcium 6.9 mg/dL, albumin 3.5 g/dL, magnesium 0.7 mg/dL, and phosphorus 2.0 mg/dL. You go back to the patient and find that

he has both a positive Trousseau and a positive Chvostek sign. Which of the following is the most likely cause of the hypocalcemia?

1: Poor dietary intake

2: Hypoalbuminemia

3: Pancreatitis

4: Decreased end-organ response to parathyroid hormone because of hypomagnesemia

578-: Recurrent gross hematuria is seen in -

1: Alpo's syndrome

2: IgA nephropathy

3: Focal seg.GN

4: DM

579-: Criteria of cysts in USG to diagnose ADPKD at 40years of age

1: 1cyst/kidney

2: 2cysts/kidney

3: 3cysts/kidney

4: 4cysts/kidney

580-: Proximal & distal renal tubular acidosis is differentiated by all except-

1: Stones in kidney

2: Hypokalemia

3: Daily acid secretion

4: Presence of Fanconi syndrome

581-: A 6-year-old child has been drinking more water, with more frequent urination, for the past 7 months. On physical examination, dehydration is noted. Urinalysis findings

include a pH of 6.5; specific gravity, 1.010; and no protein, blood, glucose, or ketones. There are no WBCs, RBCs, or casts. Serum electrolytes show Na+, 152 mmol/L; K+, 4.6 mmol/L; Cl-, 120 mmol/L; HCO3-, 21 mmol/L; urea nitrogen, 29 mg/dL; and creatinine, 3.2 mg/dL. An ultrasound scan shows bilaterally small kidneys with barely visible medullary cysts concentrated at the corticomedullary junction. Which of the following genes is most likely mutated in this child?

1: MCKD1

2: NPHP1

3: PKD1

4: PKHD1

582-: Chromosomal mutation in low grade transitional cell cancer of bladder is?

1: P53

2: Rb gene

3: FGFR3

4: HRAS

583-: Chronic renal failure with inappropriately high haemoglobin levels may be seen with

1: Hypeensive nephropathy

2: Ischaemic nephropathy

3: Diabetic nephropathy

4: Polycystic renal disease

584-: In cirrhotic ascites, which diuretic is preferred?

1: Furosemide

2: Acetazolamide

3: Spironolactone

4: Any of the above

585-: In minimal change disease, which of the following is seen?

1: Immunodeposits in glomerulus

2: Immunodeposits in mesangium

3: Immunodeposits in blood vessels

4: No immunodeposits

586-: In a uremic patient, dialysis can reverse all these conditions except -

1: Peripheral neuropathy

2: Seizures

3: Pericarditis

4: Myopathy

587-: Most common kidney disease associated with chronic heroin use is?

1: IgA nephropathy

2: Focal segmental GN

3: Lipod nephrosis

4: Mesangioproliferative GN

588-: Which is the most common risk factor for RCC?

1: Urinary tract infection

2: Renal calculi

3: Smoking

4: Hypertension

589-: Following are features of acute GN except -

1: Polyuria

2: Haematuria

3: Red cell casts

4: Pyuria

590-: A 35-year-old man with AML and WBC of 100,000 cells/ ul is treated with chemotherapy and develops oliguric renal failure. His urine is acidic and numerous crystals are noted in the urine. The most likely diagnosis

1: Urate nephropathy

2: Nephrocalcinosis

3: Leukemic infiltration of the kidneys

4: Acute tubular necrosis secondary to a nephrotoxic effect of his chemotherapy

591-: Crescents are derived from -

1: Epithelial cells + fibrin + macrophage

2: Mesangium + fibrin + macrophage

3: Tubule + mesangiaum + fibrin

4: Mesangiaum + fibrin

592-: Oliguric phase of renal failure, all are TRUE, except -

1: Hypercalcemia

2: Hyponatremia

3: Anaemia

4: Hyperkalemia

593-: Nephelometry is a technique used in the measurement of:

1: Refraction of light

2: Immunoglobulins

3: Size of renal stones

4: Optical density of fluids

594-: A 55-year-old man with congestive hea failure is noted to be taking furose mide each day. Which of the following is most likely to be found in the serum

1: Decreased uric acid level

2: Low bicarbonate level

3: Decreased potassium level

4: Elevated magnesium level

595-: highest incidence in men over age 50 A 14-year-old boy develops nephrotic syndrome. A renal biopsy shows foot process fusion and no deposits on the membranes under electron microscopy. Which of the following is the most likely diagnosis?

1: mesangial proliferative glomerulonephritis

2: minimal change disease

3: focal glomerulosclerosis

4: membranous glomerulonephritis

596-: The most common inherited cause of renal disease is-

1: Alpo's syndrome

2: Polycystic kidney disease

3: Hypospadias

4: PUJ obstruction

597-: Which of the following is the most common cause of nephrotic syndrome in adults?

1: IgA nephropathy

2: Focal segmental glomerulosclerosis

3: Membranous nephropathy

4: Minimal change disease

598-: Post renal transplant lymphoma is mostly associated with

1: EBV

2: CMV

3: Herpes simplex

4: HHV-6

599-: An 8-year-old boy presents with headaches, dizziness, and malaise. He was seen for a severe sore throat 2 weeks ago. Physical examination reveals facial edema. The blood pressure is 180/110 mm Hg. A 24-hour urine collection demonstrates oliguria, and urinalysis shows hematuria. What finding on microscopic urinalysis indicates that hematuria in the patient is caused by a renal process, rather than bleeding from another site in the urinary tract?

1: Blood clots

2: Hemoglobin crystals

3: Phagocytosed hemoglobin

4: Red blood cell casts

600-: Furosemide causes all except:

1: Hyperglycemia

2: Hypomagnecemia

3: Hypokalemia

4: Acidosis

601-: For the following medical conditions, select the associated acid base disturbances.Sepsis

1: metabolic acidosis and respiratory acidosis

2: metabolic acidosis and respiratory alkalosis

3: metabolic alkalosis and respiratory acidosis

4: metabolic alkalosis and respiratory alkalosis

602-: Pre-renal Azotemia is characterized by all of the following. Except -

1: Fractional excretion of Na< 1%

2: Urinary osmolality > 500 mosm/kg

3: Urinary sodium concentration > 40 meq/1

4: Reversible with replacement fluids

603-: Safe diuretic in renal dysfunction is

1: Mannitol

2: Bumetinide

3: Chlohalidone

4: Acetazolamide

604-: A 60-year-old man presents with acute renal insufficiency. He treated his garden last week with a number of herbicides and insecticides, some of which may have contained heavy metals. Laboratory studies confirm oliguria and increased levels of BUN (54 mg/dL) and creatinine (3.7 mg/dL). A renal biopsy is shown. What is the most likely diagnosis?

1: Acute tubular necrosis (ATN)

2: Bilateral cortical necrosis

3: Papillary necrosis

4: Rapidly progressive glomerulonephritis

605-: Most unlikely cause of acute tubular necrosis amongst the following is -

1: Severe bacterial infection

2: Massive burn

3: Severe cursh injury in the foot

4: Rupture of aoic aneurysm

606-: A 78-year-old man is brought to the hospital because of nausea and vomiting. On examination he appears dry, his abdomen is soft, and the JVP is not visible. His laboratory tests reveal hypernatremia and his calculated free water deficit is approximately 3 L. In what part of the normal kidney is most of the water reabsorbed from?

1: collecting ducts

2: proximal tubule

3: distal tubule

4: ascending loop of Henle

607-: WHich of the following diuretic has high degree of ototoxicity

1: Ethacrylic acid

2: Lasix

3: Spironolactone

4: Bumetanide

608-: Birt-Hogg-Dube syndrome associated with:

1: Renal cell carcinoma

2: Lung Ca

3: Stomach Ca

4: Ovarian Ca

609-: High ceiling diuretics are used in the treatment of all Except

1: Generalized edema

2: Cerebral edema

3: Acute pulmonary edema

4: Pulmonary hypeension

610-: Which of the following is the characteristic histological feature of HIV associated collapsing glomerulopathy?

1: Crescent formation

2: Mesangial deposition

3: Subepithelial deposition with endothelial cell proliferation

4: Hyperophy and proliferation of visceral epithelial cells

611-: The site of action of Chlohalidone?

1: Early distal tubule

2: Late distal tubule

3: Collecting duct medullary pa

4: Collecting duct coical pa

612-: Most common cause of renal aery stenosis above 50 years of age is ?

1: Atherosclerosis

2: FMD

3: Takayasu aeritis

4: RCC

613-: Mercury affects which part of the kidney

1: PCT

2: DCT

3: Collecting duct

4: Loop of Henle

614-: A 77-year-old man with a mass in the lung develops asymptomatic hyponatremia. His JVP is 4 cm, heart sounds are normal, and the lungs are clear. The urine sodium is 64 mEq/L and osmolality 550 mOsm/kg. Which of the following is the most likely diagnosis?

1: nephrotic syndrome

2: syndrome of inappropriate antidiuretic hormone (SIADH) production

3: renal metastases from lung cancer

4: lung metastases from hypernephroma

615-: The levels of microalbuminuria in a 60yr old asthmatic female is 280mg. which prophylactic drug is best in this scenario

1: Amiloride

2: Spironolactone

3: Enalapril

4: Telmisaan

616-: In chronic renal failure, which of the following diuretics is contraindicated?

1: Ethacrynic acid

2: Furosemide

3: Triamterene

4: Bumetanide

617-: Which of these is the characterictic of membranoproliferative glomerulonephritis -

1: Sub epithelial deposits

2: Foamy cells

3: Spliting of glomerular basement membrane

4: Sub Endothelial deposits

618-: Which of the following about prerenal azotaemia is false?

1: Parenchymal damage to kidney

2: Physiological response to renal hypoperfusion

3: Ceain drugs can provoke acute prerenal failure

4: Persistent renal hypoperfusion leads to ischaemic ATN

619-: Which type of collagen defect in Good pasture Syndrome

1: Type I

2: Type II

3: Type III

4: Type IV

620-: Fractional excretion of sodium (FENa) is calculated as

1: x 100

2: x 100

3: x 100

4: x 100

621-: Which type of FSGS has worst prognosis?

1: Tip variant

2: Collapsing

3: NOS

4: Perihilar

622-: Polycystic kidney is:

1: Autosomal dominant

2: Autosomal recessive

3: X-linked recessive

4: Sporadic

623-: A 4-year-old child presented with decreased urine output for last 20 hours & petechial spots over the body. There was a history of diarrhea 2 weeks prior to this. Blood investigations revealed a Hb level of 7 g/dl, TLC 11,800/mm3, Platelet count of 35,000/mm3. His peripheral smear findings are shown belowWhat is the diagnosis?

1: Malaria

2: Idiopathic thrombocytopenic purpura

3: Acute tubular necrosis

4: Hemolytic uremic syndrome

624-: The most common histological variant of renal cell carcinoma is-

1: Clear cell type

2: Chromophobe type

3: Papillary type

4: Tubular type

625-: In which of the following conditions bilateral contracted kidneys are characteristically seen?

1: Amyloidosis

2: Diabetes mellitus

3: Rapidly progressive glomerulonephritis

4: Benign nephrosclerosis

626-: MC tumors of kidney in children?

1: Wilms tumor

2: Neuroblastoma

3: PCKD

4: Angioliposarcoma

627-: All of the following indications of vasopressin are based on stimulation of V2 receptors EXCEPT:

1: Central diabetes insipidus

2: Bed wetting in children

3: Von-Willebrand's disease

4: Esophageal varices

628-: All are features of renal tubular acidosis type I except-

1: Stone in kidney

2: No anion gap

3: Hypokalemia

4: Fanconi syndrome

629-: Most common cause of renal scarring in a 3 year old child is-

1: Pelviureteric junction obstruction

2: Vesicoureteric reflux

3: Urinary tract infection

4: Posterior urethral valves

630-: Type I membrano proliferative Glomerulonephritis is commonly associated with all EXCEPT

1: SLE

2: Persistant hepatitis C infections

3: Partial lipodystrophy

4: Neoplastic diseases

631-: Most specific test for renovascular hypertension: (PGI June 2008)

1: CTAngiography

2: Magnetic resonance angiography

3: Captopril induced radionuclide scan

4: HRCT

632-: Triad of Hematuria, hypertension and edema are a feature of?

1: Acute Glomerulonephritis

2: Acute Pyelonephritis

3: Chronic Glomerulonephritis

4: Renal cell carcinoma

633-: Characteristic feature of Goodpasture's syndrome

1: Lumpy-bumpy deposits on immunofluorescence

2: Serum antibodies against alpha 3 NC1 domain of collagen - IV

3: Serum antibodies against alpha 1 NCI domain of collagen III

4: Anti DNAse antibodies positive

634-: Which of the following will have a contrast nephropathy?

1: Diabetes nephropathy

2: Hypertension

3: Malignant hypertension

4: Hypertensive Glomerulosclerosis

635-: Multi organ failure is defined as failure of minimum how many organs?

1: 2

2: 3

3: 4

4: 5

636-: In minimal change disease, albumin is first to appear in urine because:

1: Albumin has high affinity to glomerular basement membrane

2: Albumin has lower molecular weight compared to globulins

3: High albumin:globulin ratio in plasma

4: Active excretion of albumin

637-: Consider the following conditions Central diabetes insipidus Uncontrolled diabetes mellitus Mannitol infusion Post 4W obstructive diuresis Which of the above result in solute diuresis?

1: 1 and 2 only

2: 1, 2 and 3

3: 2, 3 and 4

4: 1, 3 and 4

638-: Drug that can be used for producing alkalinization of urine is

1: Hydrochlohiazide

2: Furosemide

3: Acetazolamide

4: Spironolactone

639-: Drug not useful in UTI is -

1: Ofloxacin

2: Levofloxacin

3: Ciprofloxacin

4: Moxifloxacin

640-: acute and chronic renal failure can be differentiated by?

1: anemia in CRF

2: hyperphosphatemia in CRF

3: peripheral neuropathy in CRF

4: d)

641-: An athelete presented with red coloured urine after 2 days of history of severe exertion. The most probable cause is?

1: Hemoglobinuria

2: Hemosiderinuria

3: Hematuria

4: Myoglobinuria

642-: All of the following are true statements about membranous nephropathy except?

1: Irregular 'spikes' on silver staining

2: Selective proteinuria

3: Granular subendothelial IgG accompanied by C3 deposits

4: SLE is a secondary cause

643-: Autosomal dominant Polycystic kidney disease is associated with aneurysm -

1: Fusiform aneurysm of abdominal aoa

2: Ascending aoa

3: Descending aoa

4: Berry aneurysm

644-: Clinical feature of minimal change glomerulonephritis are all except -

1: Hypeension

2: Edema

3: Non Selective proteinuria

4: Fever

645-: Carbonic anhydrase inhibitor should not be given in:

1: Sulfonamide hypersensitivity

2: Glaucoma

3: High altitude sickness

4: Epilepsy

646-: A 68-year-old woman develops new symptoms of burning when voiding. She has no fever, chills, or back discomfort. Her urinalysis reveals numerous white cells and bacteria. Which of the following medical comorbidities is most likely to coexist in this patient?

1: anemia

2: exercise

3: diabetes mellitus

4: influenza

647-: An athlete came to casualty with 4 days of passing red colored urine. Most probable cause of red coloured urine in this condition is?

1: Hemoglobin

2: Hemosiderin

3: Hematuria

4: Myoglobin

648-: Gross hematuria is seen in:

1: IgA nephropathy

2: Minimal change disease

3: Chronic renal failure

4: Nephritic syndrome

649-: Which of the following is the most likely reason for pharmacokinetic tolerance?

1: changes in absorption

2: changes in distribution

3: changes specific to that drug

4: changes in metabolism

650-: A 60-year-old man presents with symptoms of polyuria and nocturia. Investigations reveal a normal fasting glucose and calcium level. His urine electrolytes suggest a renal transport defect. Which of the following is the most likely cause for his symptoms?

1: acute nephritis

2: acute renal failure (ARF)

3: renal tubular defects

4: nephrolithiasis

651-: An emerging organism responsible for causing Pyelonephritis in Renal Allografts is?

1: Polyoma virus

2: Herpes virus

3: Hepatitis B virus

4: Rota virus

652-: A six year old male baby presents to a hospital with recurrent gross hematuria for 2 years. There is no h/o burning mictuition or pyuria. Urine routine examination domonstrated no pus cells and urine culture was sterile. Serum c3 levels were normal. What is the most Probable diagnosis -

1: Wilm's tumour

2: IgA nephropathy

3: Post-strepcoccal glomerulonephritis

4: Urinary tract Infection

653-: A 33-year-old woman has had fever and increasing fatigue for the past 2 months. Over the past year, she has noticed the soreness of her muscles and joints and has had a 4-kg weight loss. On physical examination, her temperature is 37.5degC, pulse is 80/min, respirations are 15/min, and blood pressure is 145/95 mm Hg. She has pain on deep inspiration, and a friction rub is heard on auscultation of the chest. Laboratory findings show glucose, 73 mg/dL; total protein, 5.2 g/dL; albumin, 2.9 g/dL; and creatinine, 2.4 mg/dL. Serum complement levels are decreased. CBC shows hemoglobin of 9.7 g /dL, platelet count of 85,000/mm3, and WBC count of 3560/mm3. A renal biopsy specimen shows diffuse proliferative glomerulonephritis with extensive granular immune deposits of IgG and C1q in capillary loops and mesangium. After being treated with immunosuppressive therapy consisting of prednisone and cyclophosphamide, her condition improves. Which of the following serologic studies is most likely to be positive in this patient?

1: Anti centromere antibody

2: Anti-DNA topoisomerase I antibody

3: Anti-double-stranded DNA antibody

4: Anti-glomerular basement membrane antibody

654-: Diuretic used in mountain sickness?

1: Hydrochohiazide

2: Furesemide

3: Acetazolamide

4: Spironolactone

655-: Which of the following is associated with adult polycystic kidney disease?

1: Berry aneurysms in Circle of Willis

2: Saccular aneurysms of aorta

3: Fusiform aneurysms of aorta

4: Leutic aneurysms

656-: Which of the following is the most common presentation of hemophilia A?

1: hematuria

2: melena

3: hemarthrosis

4: pressure neuropathy

657-: Idiopathic nephrotic syndrome is associated with the following except:

1: Focal Segmental glomerulosclerosis

2: Minimal Change Disease

3: Membranoproliferative glomerulonephritis

4: Mesangioproliferative glomerulonephritis

658-: If a thiazide diuretic is administered for hypeension, the response that is seen within 24 hrs on excretion is

1: sodium excretion increases, potassium decreases

2: Sodium increases, Potassium decreases, Calcium increases

3: Sodium increases, Potassium increases, Calcium excretion decreases

4: Sodium, Potassium, Calcium excretion increases

659-: Electron microscopic feature of minimal change disease is?

1: No change seen

2: Loss of foot process of podocytes

3: Diffuse glomerulosclerosis

4: Thickened basement membrane

660-: A child comes with hematuria following respiratory tract infection. He gives similar history about 5-10 months back also. All are true, except -

1: C3 complement level normal

2: Progressive renal failure with each attack

3: Biopsy shows focal and diffuse proliferative change in 50% of patient

4: Anti streptococcal antibody titre may not rise after each attack

661-: Which of the following drug prevent these renal stones?

1: Acetazolamide

2: Hydrochlohiazide

3: Mannitol

4: Furosemide

662-: The prognosis of rapidly proliferating glomerulonephritis (Crescentric GN) depends upon

1: Number of crescents

2: Size of crescents

3: Shape of crescents

4: Cellularity of crescents

663-: Intravenous furosemide is used for rapid control of symptoms in acute left ventricular failure. It provides quick relief of dyspnoea by:

1: Producing bronchodilation

2: Causing rapid diuresis and reducing circulating blood volume

3: Causing vasodilation

4: Stimulating left ventricular contractility

664-: Anuria is defined as urine output less than

1: 4ml/hr

2: 8ml/hr

3: 12ml/hr

4: 16ml/hr

665-: RPGN is characterized by:

1: Crescent formation

2: Splliting of basement membrance

3: Neutrophil infiltration of interstitium

4: Glomerulosclerosis

666-: A10-year-old girl present with polyuria and polydipsia with hypokalemia, hypercalciuria and metabolic alkalosis. What is the probable diagnosis?

1: Gitelmann syndrome

2: Liddle syndrome

3: Bartter syndrome

4: Alport's syndrome

667-: Complement level is reduced in:

1: Minimal change

2: Membranous

3: Focal & segmental

4: Membrane proliferative GN

668-: Highly selective proteinuria is seen in

1: Minimal change

2: Mesangial proliferative nephritis

3: Membranous glomerulonephritis

4: Focal glomerulosclerosis

669-: All are non-proliferative glomerulonephritis, except:

1: Membranous glomerulonephritis

2: Mesangiocapillary glomerulonephritis

3: Diabetic glomerulosclerosis

4: Amyloidosis

670-: AGN is diagn osed by -

1: Hyaline cast

2: WBC cast

3: RBC cast

4: Granular cast

671-: Which of the following is/are not the features of Henoch-Schonlein purpura (HSP)?

1: Abdominal pain

2: Splinter hemorrhage

3: Thrombocytopenia

4: Epistaxis

672-: Drug of choice for prophylaxis of acute mountain sickness is?

1: Diltiazem

2: Digoxin

3: Dexamethasone

4: Acetazolamide

673-: A 37-year-old man develops pulmonary hemorrhage and glomerulonephritis. Lung biopsy with immunofluorescence demonstrates IgG deposition along the basement membrane. These antibodies are most likely directed against which of the following types of collagen?

1: Type I

2: Type II

3: Type III

4: Type IV

674-: Bromocriptine can be used in following conditions except

1: Hyperprolactinoma

2: Acromegaly

3: Parkinsonism

4: Diabetes insipudus

675-: Which of following is not seen in nephritic syndrome:

1: Edema

2: Hematuria

3: Hypertension

4: Hypocholesterolemia

676-: Indomethacin can antagonize the diuretic action of loop diuretics by:

1: Preventing prostaglandin mediated intrarenal-hemodynamic actions

2: Blocking the action in ascending limb of loop of Henle

3: Enhancing salt and water reabsorption in distal tubules

4: Increasing aldosterone secretion

677-: All are components of basement membrane except

1: Nidogen

2: Laminin

3: Entactin

4: Rhodopsin

678-: Which of the following side effect is associated with Spironolactone

1: Alkalosis

2: Hirsutism

3: Hyperkalemia

4: Hyperglycemia

679-: A 74-year-old man presents with fatigue, shortness of breath on exertion, and back and rib pain, which is made worse with movement. Investigations reveal he is anemic, calcium, urea, and creatinine are elevated. X-rays reveal multiple lytic lesions in the long bones and ribs, and protein electrophoresis is positive for an immunoglobulin G (IgG) paraprotein. Which of the following is the most likely mechanism for the renal injury?

1: plasma cell infiltrates

2: tubular damage by light chains

3: glomerular injury

4: vascular injury by light chains

680-: Micro-albuminuria refemsto

1: 20-200 mg/d

2: 200-500 mg/d

3: 30-300 mg/d

4: 300-500 mg/d

681-: Most common renal condition in HIV patient is-

1: Membrano proliferative glomerulonephritis

2: Focal segmental glomerulosclerosis

3: Membranous glomerulonephritis

4: Difftise proliferative glomerulonephritis

682-: A 9-years-old female child presented with polyuria, polydipsia and metabolic acidosis. On slit lamp examination crystal deposits are seen in cornea. What is the diagnosis?

1: Cystinuria

2: Cystinosis

3: Cystothioninuria

4: Homocysteinuria

683-: In hematuria of glomerular origin the urine is , characterized by the presence of all of the following except-

1: Red cell casts

2: Acanthocytes

3: Crenated red cells

4: Dysmorphic red cells

684-: Fractional excretion of sodium < 1 is seen in -

1: Pre renal azotemia

2: Acute tubular necrosis

3: Acute ureteral obstruction

4: Interstitial nephritis

685-: Renal osteodystrophy differs from nutritional osteomalacia by having_____.

1: Increased phosphates

2: Increased calcium

3: Decreased calcium

4: None of the above

686-: A patient presents with acute renal failure with normal ultrasound abdomen repo Next most useful investigation is-

1: Intravenous pyelography

2: DTPA scan

3: Retrograde pyelography

4: X-ray abdomen and CT scan.

687-: All of the following are features of Goodpasture syndrome, except:

1: Antibody to alpha-3 chain of type IV collagen (COL4A3)

2: Glomerular basement membrane is involved

3: Pulmonary haemorrhage

4: Subendothelial IgG deposits in renal biopsy

Answers

Question No	Answer Option	Answer
1	3	Vesicoureteral reflux induced pyelonephritis
2	1	Can be diagnosed intrauterine
3	3	Intrinsic renal failure
4	3	Analgesics
5	2	Muscle cramps
6	1	Wilm's tumour
7	3	Thiazides act by inhibiting sodium-potassium chloride co-transpo
8	3	ACE inhibitors
9	1	PCT
10	2	Calcium restriction
11	2	Lipoid nephrosis
12	3	Desmopressin
13	1	Hepatitis B
14	1	Glomerular disease
15	1	Calcium oxalate
16	3	Splitting of glomerular basement membrane
17	1	Hypeension responds well to drugs
18	4	Eplerenone
19	3	20% Mannitol
20	3	Renal cell CA
21	1	TB kidney
22	4	Rapidly progressive Glomerulo-nephritis

23	2	Kidney
24	2	Ischemic or nephrotoxic ATN
25	1	W.B.C. casts
26	3	Cirrhosis
27	4	Spironolactone
28	1	Fusion of foot processes of yhe glomerular epithelial cells
29	2	Leukocytoclastic vasculitis
30	2	20% dysmorphic RBC's
31	1	Hyperosmolarity
32	2	Nodular glomerulosclerosis
33	4	Ethacrynic acid
34	1	Acute tubular necrosis
35	4	Decrease in urinary calcium
36	4	Alpo's syndrome
37	1	postural hypotension
38	1	Necrotisting hemorrhagic interstitial pneumonitis
39	1	Complement
40	1	ABO antigens
41	1	Focal segmental glomerulosclerosis
42	3	Urine sodium > 20 mmol/L
43	3	Elevated ESR
44	1	IgA
45	4	IV calcium gluconate
46	1	Renal tubular acidosis

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47	1	E.coli
48	2	GN
49	1	Furosemide
50	2	Minimal change glomerulonephritis
51	1	Henoch-Schonlein purpura
52	4	Renal artery fibromuscular dysplasia
53	2	Effacement of podocyte foot processes
54	3	Triamterene
55	4	All
56	1	Hypertension
57	2	Ethylene glycol
58	1	Posterior urethral valve
59	1	IgA nephropathy
60	2	Essential mixed cryoglobulinemia
61	4	Hypertension
62	2	Hyperlipidemia
63	4	Febuxostat
64	1	Autosomal dominant
65	4	Beurger's disease
66	3	cyclosporine and steroids
67	2	Malignancy
68	3	There is no proliferation or hypertrophy of glomerular visceral epithelial cells
69	2	MPGN Type 2
70	4	Amyloidosis

71	4	Hyaline
72	2	Leukocytoclastic vasculitis
73	4	Rhabdomyolysis
74	1	Post streptococcal glomerulonephritis
75	3	Hepatorenal syndrome
76	4	Postinfectious glomerulonephritis
77	2	Alpha 2 agonists
78	1	Minimal change glomerulonephritis
79	2	Anti-GBM antibody
80	1	Collagen
81	4	None
82	4	14-18 day
83	2	24 hr urine for protein and creatinine
84	3	Isotope renogram
85	1	polycythemia
86	3	Vesicoureteral reflux induced pyelonephritis
87	4	Multiple hornet stings
88	2	Acute glomerulonephritis
89	3	HBsAg
90	3	Berry aneurysm
91	1	Presence of more than 5 WBC/hpf for girls and more than 3 WBC/hpf for boys
92	1	Broad cast in urine
93	2	IgA nephropathy
94	2	Conusmedullaris

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95	3	Hydrochlohiazide
96	4	Cortical infarct
97	1	NSAID
98	1	IgA nephropathy
99	2	Medullary cystic kidney
100	2	Dense deposit disease
101	2	Spironolactone
102	3	Increasing the availability of Na+in the distal tubular fluid to exchange with interstitial K+
103	1	Henoch Schonlein purpura
104	2	Bilateral Renal aery stenosis
105	3	ACE inhibitor
106	2	Urine pH <5.5
107	2	EBV
108	1	Prerenal azotemia
109	2	Focal necrotizing glomerulonephritis
110	3	Renovascular hypertension
111	3	Mesangioproliferative G.N.
112	4	Acetazolamide
113	3	Glomerulonephritis, secondary to skin infection, is more common in summer
114	2	Aldosterone receptor
115	4	Renal cell carcinoma
116	3	Nephrotic syndrome
117	2	Metabolic alkalosis
118	1	Positive Nitrite Test

119	4	Baer syndrome
120	2	Chronic renal failure
121	1	Genetic defect in transpo protein of distal tubule
122	3	Calcium stones
123	1	3
124	3	Fibrin clot
125	2	Spironolactone
126	2	Associated with tuberculosis.
127	1	Minimal change disease
128	3	Hydrochlorothiazide
129	2	Conivaptan
130	3	Hypernatremia
131	1	Nephrin
132	4	Anemia
133	3	Estrogen and progesterone combination pill
134	2	Not elevated
135	3	FK506
136	3	Renal cancer
137	4	Henoch-Schonlein purpura
138	4	All of above
139	1	IgA raised
140	2	Mesangiocapillary GN
141	1	metabolic acidosis
142	2	Urine sodium > 40 meq/L
143	1	Hypocalcemia

144	2	Fanconi syndrome
145	3	Glomerulonephritis
146	2	E.coli
147	4	Rheumatoid ahritis
148	4	Good pasture's disease (RPGN)
149	1	Alpo syndrome
150	4	Hypeension
151	4	Medullary cystic kidney
152	1	Clostridium perfringens
153	4	Multiple myeloma
154	2	IgA nephropathy
155	4	RTA type IV
156	3	0.03-0.3 g of 24 hours urine albumin
157	2	Osteopontin
158	4	No change seen
159	1	Henoch-Schonlein purpura
160	2	Desmopressin
161	2	Urine output <0*5 ml/kg/h for > 12 hours
162	2	Berger disease (IgA nephropathy)
163	3	Membranoproliferative glomerulonephritis(MPGN)
164	3	Membranoproliferative glomerulonephritis
165	2	Metolazone
166	1	Advanced renal failure
167	3	diabetic nephropthy
168	3	Paial lipodystrophy

169	1	Diabetes mellitus
170	1	1.5mg single pill
171	1	Diagnosis of acute renal failure
172	1	Diabetic nephropathy
173	1	No finding
174	4	Serum creatinine
175	2	RPGN
176	4	50% increase in baseline serum creatinine in a week
177	4	Hypeension
178	2	Light chain
179	4	Diabetic nephropathy
180	4	Gold
181	3	Multicystic dysplastic kidney
182	3	) Lupus nephritis
183	3	Autoimmune diseases
184	2	Indapamide
185	3	Hereditary nephritis
186	1	Dementia
187	2	30-300
188	3	ARF
189	1	HIV
190	4	Massive proteinuria
191	2	Rapidly progressive glomerulonephritis
192	2	Alpo syndrome
193	4	E.Coli

194	3	Early onset of renal failure
195	2	Hematuria
196	4	Venous catheter
197	3	Inhibition of carbonic anhydrase
198	1	Hydrochlohiazide
199	1	Dysmorphic R.B.C.
200	3	Broad cast
201	1	Hyperkalemia
202	3	Give IV hydration with normal saline or sodium bicarbonate prior to and following the procedure.
203	2	It is a selective vasopressin V1 receptor agonist
204	4	More common in females
205	2	Decreased insulin
206	4	Malaria
207	1	post streptococcal glomerulonephritis
208	1	Alpo's syndrome
209	1	Anti GBM antibody
210	3	Chronic renal failure
211	2	Nephrocystin
212	2	Minimal change disease
213	1	Microscopic haematuria
214	2	CRF with normal kidney
215	2	Bilateral renal agenesis
216	3	GFR-45ml/min/1.73m2
217	2	Wegeners Granulomatosis

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218	3	Indinavir
219	4	Chronic interstitial nephritis with VUR
220	3	Amoxicillin
221	3	Respiratory alkalosis with intracellular shift
222	4	Collecting duct
223	4	Outer medulla
224	1	Interstitial nephritis
225	3	Group A (b-hemolytic) streptococci
226	1	Diabetes insipidus
227	1	PKD1
228	1	Hyperphosphatemia
229	1	SIADH
230	2	Coarse granular casts
231	3	Remikiren
232	3	Medullary sponge kidney
233	1	< 10 years
234	2	Tuberculous pyelonephritis
235	4	Absence of associated proteinuria is pathognomic
236	1	<0.5ml/hr
237	2	Non-competitive and reversible carbonic anhydrase inhibitor
238	3	Rapidly progressive glomerulonephritis
239	3	16
240	4	The patient has a baseline chronic respiratory acidosis with metabolic compensation, now with a superimposed further respiratory acidosis caused by decreased ventilation.

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241	1	Chronic pyelonephritis
242	4	Minimal change disease
243	3	Monitoring of trends & determinants in cardiovascular disease
244	3	IgA nephropathy
245	2	Nephrogenic diabetes insipidus
246	1	RBC casts in urine
247	1	IgA nephropathy
248	3	Membranous nephropathy
249	2	Nodular glomerulosclerosis
250	4	Causes nephrotic syndrome in children
251	3	Peripheral retinal fleck
252	1	Minimal change glomerulonephrits
253	1	AV fistula
254	3	Broad cast
255	3	Is more selective for V2 receptor subtype
256	3	Chronic glomerulonephritis
257	1	Medullary Collecting duct
258	2	metabolic acidosis and respiratory alkalosis
259	3	Pre-renal failure
260	1	Kidney
261	1	VHL
262	3	500
263	4	Predominantly deposition on IgA in mesangium
264	3	immunoglobulin A (IgA) nephropathy (Berger's disease)

265	2	Causes mild to severe coombs positive hemolytic anemia
266	1	Medullary sponge disease
267	1	3
268	2	Inappropriate secretion of antidiuretic hormone
269	2	Autosomal dominant
270	3	Anti-neutrophil cytoplasmic autoantibody
271	2	Hypeension
272	4	Desmopressin
273	2	INH
274	2	Membranous GN
275	2	Henoch Schonlein purpura
276	1	Albuminuria
277	2	Focal segmental glomerulosclerosis
278	1	Fibrinogen
279	4	All the above
280	3	Alpo syndrome
281	3	Lymphatic obstruction
282	2	Elastase activity in urine
283	2	Leukocytoclastic vasculitis
284	1	High renin Hypertension
285	2	Focal segmental glomerulosclerosis
286	2	Loop of Henle
287	1	End-stage renal disease (ESRD) requiring dialysis or transplantation
288	1	Autosomal recessive inheritance

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289	2	Cardiac hyperophy
290	2	Endothelin
291	3	DTPA renogram
292	4	Metabolic alkalosis
293	1	Wegener's granulomatosis
294	3	Microalbuminuria
295	1	Focal segmental glomerulosclerosis
296	3	Hypotension
297	3	Mesangial deposits of IgA
298	2	Goodpasture syndrome
299	3	Nephritic syndrome
300	4	Thiazide diuretics
301	3	CKD
302	1	Good pasteur syndrome
303	2	Type II has more serious prognosis than type I
304	2	INH
305	3	Unilateral renal dysplasia
306	1	Malignant hypertension
307	4	Presence of a precipitating cause
308	3	It acts from the luminal membrane side of the collecting duct cells
309	1	microglobulin
310	4	Myoglobin
311	3	Hematuria
312	4	Preservation of concentrating ability

313	3	Hyperkalemic acidosis
314	3	Diarrhea-associated hemolytic uremic syndrome
315	1	Hypophosphatemia
316	1	Inhibition of Na-K-Cl ion sympoer
317	2	Penicillin
318	1	Microscopic hematuria
319	2	Hepatitis C virus
320	3	Amiloride
321	1	PCT
322	1	Endocrine function
323	1	Crescent in glomerulus
324	3	Nephronophthisis
325	2	Low serum potasium
326	1	Fusion of foot processes of the glomerular epithelial cells
327	1	Hyperfiltration
328	4	135 meq/ml
329	2	Non palpable purpura
330	2	SLE
331	1	Chronic renal failure
332	2	IgA nephropathy
333	4	All the above
334	3	Lung transplantation
335	4	All of the above
336	2	Hypehrophy of muscle

337	1	Kimmelstiel Wilson nodules
338	2	30-300 mg/day
339	1	Diabetes mellitus
340	1	X linked
341	3	Chromophobic
342	2	Spironolactone, a commonly used diuretic for treating ascites in the setting of cirrhosis, acts as a competitive aldosterone inhibitor at the level of the collecting duct of the nephron, resulting in decreased potassium excretion and hyperkalemia.
343	1	Acute kidney injury
344	3	respiratory acidosis
345	2	Initiate ACE inhibitors
346	2	Estrogen
347	3	6
348	2	Childhood polycystic kidney disease
349	4	Good pasture's disease
350	2	Focal segmental glomerulosclerosis
351	3	Collapsing variant of Focal Segmental glomerulosclerosis
352	4	All of the above
353	2	Inhibit prostacyclin synthesis
354	3	Voiding cystourethrogram
355	2	Autosomal recessive polycystic kidney disease (ARPKD)
356	1	Drugs
357	1	Thrombotic microangiopathy
358	2	Nephrogenic fibrosing dermopathy

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359	2	Membranous glomerulopathy
360	2	Alport syndrome
361	1	Decrease edema
362	4	HSP
363	3	Polycystic kidney disease
364	4	Mutation in calcium sensing receptor
365	2	Essential mixed cryoglobulinemia
366	2	2 drugs + diuretics
367	1	Alport's syndrome
368	4	Blood urea nitrogen :plasma creatinine ratio < 20
369	3	Membranous nephropathy
370	4	All the above
371	2	Desmopressin
372	1	Thiazide
373	1	Urine output < 500 ml
374	4	Ascending limb of the loop of Henle
375	4	Glomerular function is lost due to loss of polyanionic charge on both sites of glomerular foot process
376	2	Alpo syndrome
377	4	NPHS2
378	1	Vasopressin antagonist
379	3	Aldosterone antagonists
380	1	Anaemia
381	1	Wegener granulomatosisG
382	3	Hypoalbuminemia

383	1	Atherosclerosis
384	1	Glomerular function
385	3	Hypokalemia
386	1	SLE
387	1	No Abnormality
388	3	Posterior urethral valves
389	2	Congestive cardiac failure
390	3	Eclampsia
391	3	Clomiphene
392	2	membranous glomerulopathy
393	2	Cardiac hypertrophy
394	2	Immune complex mediated
395	3	blood urea nitrogen/cr ratio <20
396	3	Minimal change disease, focal segmental glomerulosclerosis
397	4	Tolvaptan
398	4	Gordon syndrome
399	1	PSGN
400	2	Seen only in infancy
401	1	IgA nephropathy
402	4	Post streptococcal GN
403	2	HIV
404	2	Positive Sweat test
405	4	Renal vein thrombosis
406	1	diuretic use

407	2	Abdominal mass
408	2	Serum fibrinogen
409	2	Increased sugar in urine
410	2	Placenta pre
411	1	Medullary
412	1	FSGS
413	3	Hypochloremic acidosis
414	2	Coical tubular hyperophy
415	3	Atrophic gastritis
416	4	Impotence
417	3	Monoclonal hypogammaglobulinemia
418	2	Thiazide
419	4	Focal glomerular sclerosis
420	2	Uricosuria
421	4	Dementia
422	4	Hypersensitivity reaction to ampicillin
423	1	20
424	1	E. coli
425	3	III (Immune complex formation)
426	1	The combination of long-standing diabetes and hypertension has led to distal nephron dysfunction inhibiting both acid and potassium secretion.
427	3	Horseshoe kidney
428	3	Sodium fraction excretion
429	1	Henoch Schoenlein Purpura
430	2	Decreased NH4+ excretion

431	4	Sodium and water retension
432	1	Endocrine function
433	2	Microscopic polyangiitis
434	2	Diabetic nephropathy
435	4	Multicystic renal dysplasia
436	3	Acetazolamide
437	4	All of the above
438	1	Dense-deposit disease (DDD)
439	1	Urine osmolality > 500 mosmol/kg
440	1	Hydrochlohiazide
441	2	Insulin
442	1	Antibiotic ingestion
443	1	Terfenadine
444	1	NPHS 2
445	3	| alkaline phosphatase
446	3	ACE inhibitor
447	1	Alport's syndrome
448	3	GFR 20% - 50% of normal
449	4	Henoch Schonlein purpura
450	1	Loss of antithrombin III (AT III)
451	3	Microalbuminuria
452	1	Focal segmental glomerulosclerosis
453	3	RPGN
454	2	Potter's syndrome
455	2	Autosomal recessive polycystic kidney disease

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456	2	Minimal change disease
457	1	Acute Congestive Glaucoma
458	3	Meatal ulceration with scabbing
459	1	Lupus nephritis
460	2	Membranous nephropathy
461	4	Rapidly progressive glomerulonephritis
462	2	ACE inhibitors
463	1	Cytokine-mediated visceral epithelial cell injury
464	1	LDL - Cholesterol
465	4	Increased K+
466	4	Thick ascending limb of loop of Henle
467	2	Fibromuscular dysplasia
468	1	Administer corticosteroids
469	3	Lipid droplets
470	3	Spot urine sample for protein/creatinine ratio
471	1	Post streptococcal glomerulonephritis
472	3	Anti-HCV antibody
473	2	MGN
474	3	Hypokalemia
475	2	Increased creatinine
476	4	Half normal saline
477	2	Congenital Finnish type nephrotic syndrome
478	2	Good Pasteur syndrome
479	1	ATN
480	1	Bowmans capsule

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481	3	Hypeension
482	2	Muscle cramps
483	2	Uric acid nephropathy
484	3	Hypoproteinemia
485	1	Propranolol
486	4	FSGS
487	1	UrinaryNa+< lOmmol/L
488	1	Renal Venous thrombosis
489	3	Granulomatosis with polyangiitis
490	2	Hypeension is rare
491	4	Increase in water permeability of collecting duct cells
492	2	Metabolic alkalosis
493	3	Mesangial deposition
494	2	Uncontrolled hypeension
495	3	Alopo's syndrome
496	1	IgA nephropathy
497	4	Diffuse alveolar involvement
498	3	Abdominal mass
499	4	All of these
500	1	Urine acidification test
501	1	Hematologic abnormalities in infancy
502	2	Spironolactone
503	1	Hepatitis B
504	2	Renal agenesis
505	4	Belatacept

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506	1	Aldosterone
507	4	Rheomatoid arthritis
508	3	Invasion of renal vein is more common than renal artery
509	4	Malignant hypeension
510	1	Minimal change disease
511	1	Acute renal failure
512	4	Repeated gross hematuria
513	3	24 hour urine output <400 ml
514	4	Furosemide
515	1	Constitute 50% of total pheochromocytoma
516	2	Small kidney with petechial hemorrhages
517	1	Autosomal dominant polycystic kidney disease (ADPKD)
518	3	Fibrinogen
519	2	Painful stress incontinence
520	4	Pelvis
521	1	USG only
522	1	Renal Tuberculosis
523	1	Hyperglycemia
524	1	polycystic kidney disease
525	1	Membranous nephropathy
526	1	Proteinuria> 3.0 - 3.5 g/day
527	1	Cardiovascular
528	1	Postinfectious glomerulonephritis
529	1	Thick ascending limb of loop of Henle

530	4	Fusion of podocyte foot processes
531	4	rheumatoid arthritis (RA)
532	2	Bumetanide
533	2	The presentation is unilateral
534	1	Amyloid
535	2	Nephronophthisis
536	1	3p deletion
537	1	Lung
538	1	Proteus vulgaris
539	2	Hyperkalemia
540	2	minimal change disease
541	1	Urinary loss of Antithrombin III
542	3	CMV
543	1	Atherosclerosis
544	4	Epinephrine receptors
545	3	MgSO4
546	1	P.S.G.N
547	1	Thiazide
548	1	RPGN
549	1	Diabetes Mellitus
550	1	Low serum calcium
551	2	Peritoneal dialysis
552	1	Alport's syndrome
553	4	Sinding-Larsen-Johansson Syndrome
554	2	Rapidly proliferative GN

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555	3	Nephritic syndrome
556	1	Autosomal recessive inheritance
557	1	renal ultrasound
558	1	Urine sodium < 10 mEq/L
559	4	All the above
560	4	Tricuspid valve prolapse
561	2	Hypophosphatemia
562	4	Alport's syndrome
563	4	Hyperophy and necrosis of visceral epithelium
564	1	It antagonises the action of aldosterone
565	3	Type 4 renal tubular acidosis
566	4	Multicystic dysplastic kidneys
567	3	Wegener granulomatosis
568	2	Hydrochlohiazide
569	3	Von HippelLindau disease
570	3	Thiazides
571	2	Mesangioproliferative glomerulonephritis
572	2	Hypospadias
573	3	tobramycin
574	1	Number of crescents
575	2	Noncompetitive and reversible inhibitors
576	4	Analgesic nephropathy
577	4	Decreased end-organ response to parathyroid hormone because of hypomagnesemia
578	2	IgA nephropathy

579	2	2cysts/kidney
580	2	Hypokalemia
581	2	NPHP1
582	3	FGFR3
583	4	Polycystic renal disease
584	3	Spironolactone
585	4	No immunodeposits
586	4	Myopathy
587	2	Focal segmental GN
588	3	Smoking
589	1	Polyuria
590	1	Urate nephropathy
591	1	Epithelial cells + fibrin + macrophage
592	1	Hypercalcemia
593	2	Immunoglobulins
594	3	Decreased potassium level
595	2	minimal change disease
596	2	Polycystic kidney disease
597	2	Focal segmental glomerulosclerosis
598	1	EBV
599	4	Red blood cell casts
600	4	Acidosis
601	2	metabolic acidosis and respiratory alkalosis
602	3	Urinary sodium concentration > 40 meq/1
603	2	Bumetinide

604	1	Acute tubular necrosis (ATN)
605	4	Rupture of aoic aneurysm
606	2	proximal tubule
607	1	Ethacrylic acid
608	1	Renal cell carcinoma
609	4	Pulmonary hypeension
610	4	Hyperophy and proliferation of visceral epithelial cells
611	1	Early distal tubule
612	1	Atherosclerosis
613	1	PCT
614	2	syndrome of inappropriate antidiuretic hormone (SIADH) production
615	4	Telmisaan
616	3	Triamterene
617	4	Sub Endothelial deposits
618	1	Parenchymal damage to kidney
619	4	Type IV
620	4	x 100
621	2	Collapsing
622	1	Autosomal dominant
623	4	Hemolytic uremic syndrome
624	1	Clear cell type
625	4	Benign nephrosclerosis
626	1	Wilms tumor
627	4	Esophageal varices

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628	4	Fanconi syndrome
629	2	Vesicoureteric reflux
630	3	Partial lipodystrophy
631	2	Magnetic resonance angiography
632	1	Acute Glomerulonephritis
633	2	Serum antibodies against alpha 3 NC1 domain of collagen - IV
634	1	Diabetes nephropathy
635	1	2
636	2	Albumin has lower molecular weight compared to globulins
637	3	2, 3 and 4
638	3	Acetazolamide
639	4	Moxifloxacin
640	3	peripheral neuropathy in CRF
641	4	Myoglobinuria
642	3	Granular subendothelial IgG accompanied by C3 deposits
643	4	Berry aneurysm
644	3	Non Selective proteinuria
645	1	Sulfonamide hypersensitivity
646	3	diabetes mellitus
647	4	Myoglobin
648	1	IgA nephropathy
649	4	changes in metabolism
650	3	renal tubular defects

651	1	Polyoma virus
652	1	Wilm's tumour
653	3	Anti-double-stranded DNA antibody
654	3	Acetazolamide
655	1	Berry aneurysms in Circle of Willis
656	3	hemarthrosis
657	4	Mesangioproliferative glomerulonephritis
658	3	Sodium increases, Potassium increases, Calcium excretion decreases
659	2	Loss of foot process of podocytes
660	3	Biopsy shows focal and diffuse proliferative change in 50% of patient
661	1	Acetazolamide
662	1	Number of crescents
663	3	Causing vasodilation
664	1	4ml/hr
665	1	Crescent formation
666	3	Bartter syndrome
667	4	Membrane proliferative GN
668	1	Minimal change
669	2	Mesangiocapillary glomerulonephritis
670	3	RBC cast
671	3	Thrombocytopenia
672	4	Acetazolamide
673	4	Type IV
674	4	Diabetes insipudus

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675	4	Hypocholesterolemia
676	1	Preventing prostaglandin mediated intrarenal-hemodynamic actions
677	4	Rhodopsin
678	3	Hyperkalemia
679	2	tubular damage by light chains
680	3	30-300 mg/d
681	2	Focal segmental glomerulosclerosis
682	2	Cystinosis
683	2	Acanthocytes
684	1	Pre renal azotemia
685	1	Increased phosphates
686	2	DTPA scan
687	4	Subendothelial IgG deposits in renal biopsy

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