RENAL PATHOLOGY

1. Pre-renal acute renal failure does NOT occur in the setting of:
   A. Acute myocardial infarction
   B. Burns
   C. NSAID use
   D. Carbon tetrachloride poisoning
   E. Sepsis

2. Renal acute renal failure does NOT occur in the setting of:
   A. cholesterol emboli
   B. renal artery stenosis
   C. acute tubular necrosis
   D. ethylene glycol poisoning
   E. malignant hypertension

3. Pre-renal acute renal failure is reversible if the renal blood flow (RBF) is maintained above:
   A. 50 ml/min
   B. 100 ml/min
   C. 150 ml/min
   D. 200 ml/min
   E. 250 ml/min

4. Which of the following statement regarding acute renal failure is FALSE?
   A. Renal oxygen requirement reduces as renal blood flow falls.
   B. Renal cellular hypoxia & acute tubular necrosis when renal blood flow falls below 20% normal.
   C. Post-streptococcal glomerulonephritis is caused by Group B streptococcal infection
   D. More than 95% of acute glomerulonephritis is due to post-streptococcal glomerulonephritis.
   E. All of the above

5. In ATN, tubular epithelium regenerates within:
   A. 1-2 days
   B. 5-10 days
   C. 10-20 days
   D. 1-3 months
   E. none of the above

6. Acute tubular necrosis can be due to:
   A. tetracycline
   B. cis-platinum
   C. heavy metal
   D. carbon tetrachloride
   E. all of the above
7. In acute renal failure, the following occur EXCEPT:
A. Hypotension
B. Hyperkalaemia
C. Hyponatraemia
D. Metabolic acidosis
E. Hyperventilation

8. The most common cause of chronic renal failure is:
A. diabetes mellitus
B. hypertension
C. glomerulonephritis
D. excessive analgesia intake
E. polycystic kidney disease

9. Serious clinical symptoms of chronic renal failure do NOT occur until functional nephron reduces by over:
A. 30% normal
B. 50% normal
C. 70% normal
D. 90% normal
E. none of the above

10. Compensatory changes in chronic renal failure include:
A. hypertrophy of surviving nephrons
B. systemic hypertension
C. reduced tubular reabsorption of water & solutes in the surviving nephrons
D. all of the above
E. none of the above

11. The plasma level of the following substance is first to increase in renal failure:
A. potassium
B. creatinine
C. sodium
D. hydrogen
E. phosphate

12. The most common organism in pyelonephritis is:
A. E. coli
B. Proteus
C. Enterococcus faecalis
D. Pseudomonas
E. All of the above
13. In pyelonephritis
A. All are due to ascending infection from lower urinary tract
B. Renal cortical function is more seriously impaired than renal medullary function
C. It is associated with polyuric renal failure
D. It is always associated with vesicoureteric reflux
E. All of the above

14. The following does NOT occur in chronic renal failure:
A. Hypertension can always be adequately controlled with fluid restriction alone
B. Specific gravity (SG) of urine is low
C. Hemoglobin may reduce to 60g/L unless exogenous erythropoietin or transfusion is given.
D. Secondary hyperparathyroidism occurs as a result of hyperphosphataemia
E. All of the above

15. Body fluid buffers can buffer:
A. 5-10 mmol of acid
B. 50-100 mmol of acid
C. 500-1000 mmol of acid
D. 5000-10000 mmol of acid
E. none of the above

16. Which of the following causes systolic hypertension?
A. acromegaly
B. thyrotoxicosis
C. renal artery stenosis
D. increased intracranial pressure
E. chronic renal failure

17. Which of the following statement is INCORRECT?
A. Benign nephrosclerosis is an aging change.
B. There is loss of 10% functional nephrons every 10 years after age 40.
C. Benign nephrosclerosis uncommonly results in renal failure
D. Benign nephrosclerosis manifests as fibrinoid necrosis & onion-skinning of arterioles
E. All of the above

18. Malignant hypertension is associated with:
A. Increased renin, angiotensin & aldosterone levels
B. Papilloedema, retinopathy & encephalopathy
C. Diastolic BP > 180mmHg
D. Proteinuria & hematuria occurs early
E. All of the above
19. Which of the following exemplifies the 2 kidney Goldblatt hypertension?
A. bilateral renal artery stenosis
B. unilateral renal artery stenosis
C. coartation of aorta
D. all of the above
E. none of the above

20. Which of the following renal calculi is radio-lucent?
A. calcium oxalate calculi
B. cystine calculi
C. uric acid calculi
D. triple phosphate calculi
E. none of the above is radio-lucent

ANSWERS:
1. D 11. B
2. B 12. A
3. E 13. C
4. C 14. A
5. C 15. C
7. A 17. D
8. A 18. E
10. D 20. C
1 Regarding rapidly progressive GN which of the following is correctly matched

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<thead>
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<tbody>
<tr>
<td>A</td>
<td>Type I - Microscopic polyarteritis nodosa</td>
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<tr>
<td>B</td>
<td>Type II - SLE</td>
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<tr>
<td>C</td>
<td>Type II - anti-GBM</td>
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<tr>
<td>D</td>
<td>Type II - Wegener’s granulomatosis</td>
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<tr>
<td>E</td>
<td>Type I - Post infectious</td>
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</tbody>
</table>

**Answer**: D

**Explanation**
A Goodpasture syndrome  
B II - SLE  
C I - anti-GBM  
E II - postinfectious

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1 Acute tubular necrosis can be caused by all of the following except

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<table>
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<tbody>
<tr>
<td>A</td>
<td>Polyarteritis nodosa</td>
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<tr>
<td>B</td>
<td>Contrast dyes</td>
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<tr>
<td>C</td>
<td>Disseminated intravascular coagulopathy</td>
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<tr>
<td>D</td>
<td>Urinary obstruction by tumours</td>
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<tr>
<td>E</td>
<td>Amyloidosis</td>
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</table>

**Answer**: D

**Explanation**
Amyloidosis causes Nephrotic syndrome

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**Subject** Pathology  
**Category** Diseases of the kidney  
**Ref** Robbins 7th ed p. 993