1. **PRINCIPAL METHODS OF CLINICAL EXAMINATION OF THE PATIENTS**

**I. Single choice:**

1. cs. The patient examination steps are the following steps, except:
2. General data about the patient
3. Patient's complaints
4. Criminal antecedents
5. History of the current disease
6. Information about the patient's life history
7. R: C
8. cs. Which is the first step of clinical examination?
9. Anamnesis vitae
10. Present complaints
11. History of the present disease
12. Laboratory examinations
13. Physical examination

R: B

1. cs. Which of the fallowing aspects of the history of the present disease are important?
2. The time of the onset
3. The character of the first symptoms
4. The course of the disease
5. Examinations and their results
6. All of the above

R: E

1. cs. The anamnesis vitae includes information about fallowing aspects, except:
2. Presence of familial or hereditary diseases
3. Present complaints
4. Biographical information
5. Unfavorablelabor conditions
6. Allergic anamnesis

R: B

1. cs. The main diagnostic methods are the fallowing, except:
2. Inquiry
3. Endoscopy
4. Inspection
5. Palpation
6. Percussion

R: B

1. cs. The main diagnostic methods are the following:
2. Inspection, palpation, auscultation, measuring and biopsy
3. Inspection, palpation, percussion, auscultation and measuring
4. Inspection, palpation, measuring and general blood count
5. Inspection, palpation, measuring and radiography
6. Palpations, percussion, auscultation and endoscopy

R:B

1. cs. Which of the fallowing is considered an auxiliary diagnostic method?
2. Inspection
3. Radiography
4. Auscultation
5. Percussion
6. Measuring

R: B

1. cs. The general condition of the patient is characterized by the fallowing signs:
2. Consciousness and the psyche, posture and body-built
3. Consciousness and the psyche and posture
4. Posture and body-built
5. Consciousness and the psyche, posture and presence of oedema
6. None of the above

R: A

1. cs. The examination of the skin includes the fallowing aspects, except:
2. Color
3. Elasticity
4. Moisture
5. Eruptions and scars
6. Oedema

R: E

1. cs. The percussion is divided into two types:
2. External and internal
3. Topographic and comparative
4. Topographic and symptomatic
5. Comparative and asymptomatic
6. Superior and inferior

R: B

**II. Multiple choice:**

1. cm. Choose the complaints related to the general state of the patient:
2. Fever
3. Cough
4. Loss of weight
5. Weakness
6. Vomiting

R: A,C,D

1. cm. Which of the fallowing aspects of the history of the present disease are important
2. The time of the onset
3. The character of the first symptoms
4. The course of the disease
5. Examinations and their results
6. Presence of familial or hereditary diseases

R: A,B,C,D

1. cm. The anamnesis vitae includes information about fallowing aspects:
2. Presence of familial or hereditary diseases
3. Present complaints
4. Biographical information
5. Past illnesses
6. Allergical anamnesis

R:A,C,D,E

1. cm. Choose the auxiliary diagnostic methods:
2. Inspection
3. Endoscopy
4. Biopsy
5. Auscultation
6. Radiography

R: B,C,E

1. cm. The general condition of the patient is characterized by the fallowing signs:
2. Consciousness and the psyche
3. Posture
4. Body-built
5. Presence of oedema
6. Enlarged lymph nodes

R: A,B,C

1. cm. Choose the types of constitution:
2. Obese
3. Hypersthenic
4. Asthenic
5. Tall
6. Normosthenic

R: B,C,E

1. cm. Which are the characteristics of the skin during inspection?
2. Scars and eruptions
3. Oedema
4. Color
5. Moisture
6. Elasticity

R: A,C,D,E

1. cm. The types of percussion can be:
2. External
3. Topographyc
4. Symptomatic
5. Comparative
6. Superior and inferior

R: B,D

1. cm. The examination of lymph nodes consists of:
2. Size of the node
3. Color
4. Tenderness
5. Mobility
6. Adherence to the skin

R: A,C,D,E

1. cm. Choose the types of fever:
2. Intercurrent
3. Continued
4. Irregular
5. Inverse
6. Converse

R: B,C,D

1. cm. Choose the types of fever:
2. Undulating
3. Hectic
4. Irregular
5. Inverse
6. Intermittent

R: B,C,D,E

1. cm. The auscultation technique consists of:
2. The patient must be in lying position in all of the cases
3. The air in the room should be <160C
4. Silence in the room and absence of any extraneous sounds
5. The ambient temperature should provide comfort for the undressed patient
6. During the auscultation the patient is either sited or stands upright

R: C,D,E

1. cm. The auscultation technique consists of:
2. During the auscultation the patient is either sited or stands upright
3. If the patient is in grave condition he may remain lying in bed
4. The skin to which the stethoscope is pressed should be hairless
5. The skin to which the stethoscope is pressed can be hairy or hairless
6. During the auscultation the patient is either sited or stands upright

R: A,B,D,E

1. cm. The rules of percussion are:
2. The patient should be in comfortable posture and relaxed
3. The air in the room should be <160C
4. The physician should be in forced position
5. During the percussion, the stethoscope is used
6. The room should be warm and protected from external noise

R: A, E

1. cm. The rules of percussion are:
2. The physician should be in a comfortable position
3. The percussion sound should be produced by the tapping movement of the hand alone
4. The percussion sound should be produced by the tapping movement of the hand and the wrist
5. The room should be warm and protected from external noise
6. The patient should be in comfortable posture and relaxed

R: A,B,D,E

1. **The semiology of the respiratory system**

**I. Single choice:**

1. cs. The main complaints typical for respiratory system are:
2. Dyspnea, pain in the chest and joint pain
3. Dyspnea, cough, bloody expectorations and pain in the chest
4. Dyspnea, cough, bloody expectorations and hematuria
5. Dyspnea, cough, bloody expectorations and melena
6. None of the above

R: B

1. cs. Dyspnea can be or the fallowing types, except:
2. Subjective
3. Objective
4. Physiological
5. Pathological
6. Anatomical

R: E

1. cs. Physiological dyspnea is:
2. Caused by heavy exercise
3. Associated with a pathology of respiratory tract
4. Associated with a disease of cardiovascular system
5. Associated with a pathology of haemopoietic system
6. Associated with poisoning

R: A

1. cs. Pathological dyspnea is characterized by, except:
2. Associated with a pathology of haemopoietic system
3. Associated with a pathology of respiratory tract
4. Associated with a disease of cardiovascular system
5. Caused by heavy exercise
6. Associated with poisoning

R: D

1. cs. Cough can be:
2. Physiologic and pathologic
3. External and internal
4. Acute or chronic
5. Dry or moist
6. None of the above

R: D

1. cs. The definition of haemoptisis is:
2. Exacerbation respiratory failure
3. Expectoration of purulent sputum
4. Expectoration of blood with sputum during cough
5. Expectoration of blood with sputum during cough
6. Expectoration of lymph with sputum during cough

R: C

1. cs. The pain in the chest can be caused by the following factors:
2. Pathological condition in the thoracic wall
3. Pathological condition of the pleura
4. Pathological condition of the heart
5. Pathological condition of the aorta
6. All of the above

R: E

1. cs. Pain in the chest is diseases of respiratory organs is caused by:
2. Irritation of the pleura
3. Irritation of the alveoli
4. Irritation of the lobar bronchi
5. Irritation of the pericardium
6. All of the above

R: A

1. **cs. The inspection of the chest includes the examination of the following aspects:**
2. **General configuration of the chest**
3. **Type, rhythm and frequency of breathing**
4. **Respiratory movements of the left and right shoulder blades**
5. **Involvement of the accessory respiratory muscles in the breathing act**

**All of the above**

1. cs. The number of respiratory movements in a healthy adult at rest should be:
2. 16-20 per minute
3. 14-26 per minute
4. 60-100 per minute
5. 10-20 per minute
6. <16 per minute

R: A

1. cs. The palpation of the chest aims to:
2. Determine the respiration rate
3. Determine the upper borders of the lungs
4. Determine the elasticity of the chest
5. Determine the heart rate
6. None of the above

R: C

1. cs. The palpation of the chest is used for the fallowing reasons, except:
2. To verify findings on observation (the shape of the chest, its dimensions, respiratory movements)
3. For determining local or profuse tenderness
4. For determining the elasticity of the chest
5. For determining the upper borders of the lungs
6. For determining vocal fremitus, pleural friction and sounds of fluids in the pleural cavity

R: D

1. cs. The percussion of the chest can be:
2. Comparative and topographic
3. Superior and inferior
4. External and internal
5. Symmetric and asymmetric
6. Painful and painless

R: A

1. cs. The rales on pulmonary auscultation arise in the pathology of the fallowing compartment:
2. Alveoli
3. Trachea and bronchi
4. Visceral pleura
5. Parietal pleura
6. None of the above

R: B

1. cs. The crepitations on pulmonary auscultation arise in the pathology of the fallowing compartment:
2. Alveoli
3. Trachea and bronchi
4. Visceral pleura
5. Parietal pleura
6. None of the above

R: A

1. cs. Which instrumental investigation is used for determining the functional capacity of the lungs?
2. Radiography
3. Tomography
4. Bronchography
5. Fluorography
6. Spirometry
7. R: E
8. cs. For acute tracheobronchitis is characteristic:
9. Cough
10. Heart pain
11. Abdominal pain
12. Stool disorders
13. Hypertension

R: A

1. cs. For exacerbation of chronic bronchitis is typical:
2. Muco-purulent cough,
3. Heart pain
4. Headache
5. Hypotension
6. E. Hypertension

R: A

1. cs. The treatment of chronic bronchitis includes:
2. Calcium
3. Hypotensive drugs
4. Hypertensive drugs
5. Antiarrhythmic drugs
6. Antibiotics

R: E

1. cs. The treatment of acute traheobronchitis includes:
2. Cardiac glycosides
3. Antiarrhythmic drugs
4. Bronchiolitis
5. Antibiotics
6. Diuretics

R: D

1. cs. The clinical presentation of chronic bronchitis includes:
2. Expiratory dyspnea
3. Chest pain
4. Constipation
5. Diarrhea
6. Headache

R: A

1. cs. Chronic bronchitis (primary) is:
2. Inflammatory
3. Cancerous
4. Tuberculosis
5. Rheumatic
6. Nephrogenic

R: A

1. cs. Which of these factors does not lead to the development of chronic bronchitis:

A. Smoking

B. Air pollutants, exposure to allergens

C. Dietary factors

D. Infectious agents

E. Alcoholism

R: E

1. cs. Clinical manifestations of chronic bronchitis are, except:

A. Dry cough

B. Dyspnea

C. Cough with mucous discharges

D. Purulent cough

E. Chest pain

R: E

1. cs. Morphopathological data in chronic bronchitis include thefollowing changes, except:
2. Hyperemia and congestion of mucosa
3. Mucosal hypertrophy
4. Mucosal atrophy
5. Mucosal metaplasia
6. Local pneumonic infiltration

R: E

1. cs. The physical examination of the chest in case of chronic bronchitis complicated with emphysema can reveal the fallowing findings, except:
2. Pleurisy
3. A barrel-shaped chest
4. Intercostal space widening
5. Horizontal position of the ribs
6. Box sound on percussion

R: A

1. cs. The main clinical sign of pulmonary emphysema is:
2. Dyspnea
3. Cough
4. Chest pain
5. Cough and production of sputum
6. Fatigue

R: А

1. cs. Emphysema can be of following types:

A. Bullous

B. Assistant

C. Diffuse

D. None of the above

E. All of the above

R: E

1. cs. Pulmonary emphysema is characterized by:

A. Organic changes of lung tissue

B. Organic changes of the distal airways

C. Alveolar wall destruction

D. None of the above

E. All of the above

R: E

1. cs. In patients with pulmonary emphysema the inspection reveals the following clinical signs, except:

A. Pale skin

B. Barrel-shaped chest

C. Intercostal space widening

D. Decreases of the expiratory movement

E. Horizontal orientation of the ribs

R: A

1. cs. The aetiological factors of primary pneumonia are de fallowing, except:

A. Infectious

B. Non infectious

C. Viral

D. Allergic

E. Tumorous

R: E

1. cs. The types of pneumonia, according to its development, can be the fallowing, except:

A. Community-acquired pneumonia

B. Nosocomial pneumonia

C. Pneumonia in case of immunodeficiency

D. Pneumonia by aspiration

E. Pneumonia in osteochondrosis

R: E

1. cs. The etiological factors of infectious pneumonia can be, except:

A. Bacteria

B. Viruses

C. Fungi

D. Mycoplasma

E. Allergens

R: E

1. cs. The ways of infection in primary pneumonia are the fallowing, except:

A. By aspiration

B. Bronchogenic infection

C. Per continuity infection

D. By inhalation

E. From joints

R: E

1. cs. According to the location of the inflammatory process, the following forms of pleurisy can be distinguished, except:

A. Paracostal

B. Diaphragmatic

C. Mediastenal

D. Intrapericardiac

E. Interlobar

R: D

1. cs. According to nature of the exudate, the nonspecific pleurisies can be classified as fallowing, except:
2. Serous (serofibrinous)
3. Purulent
4. Hemorrhagic
5. Non-inflammatory (transudate)
6. Putrid

R: D

1. cs. The clinical presentation of the fibrinous pleuritis includes the fallowing symptoms, except:

A. Chest pain

B. Dry cough

C. Fever

D. Pulmonary dullness

E. Pleural friction rub

R: D

1. cs. The pleural friction rub is characterized by the fallowing, except:

A. Is heard in both times of breath

B. Is heard only at inspiration

C. Is influenced by the cough

D. It can be heart without stethoscope

E. Sometimes can be felt by the patient

R: B

**II. Multiple choice:**

1. cm. The main complaints typical for respiratory system are:
2. Dyspnea
3. Cough
4. Hematuria
5. Bloody expectorations
6. Pain in the chest

R: A,B,D,E

1. cm. The main complaints typical for respiratory system are:
2. Melena
3. Cough
4. Bloody vomiting
5. Dyspnea
6. Pain in the chest

R: B,D,E

1. cm. Dyspnea can be or the fallowing types, except:
2. Subjective and objective
3. External and internal
4. Physiological and pathological
5. Inspiratory and expiratory
6. Anatomical

R: A,C,D

1. cm. Dyspnea associated with respiratory pathology can be caused by:
2. Obstruction of respiratory ducts
3. Coronary thrombosis
4. Pneumomediastinum
5. Caused by heavy exercise
6. Decreased pneumatization of the lung

R: A,E

1. cm. Dyspnea associated with respiratory pathology can be caused by:
2. Contraction of the respiratory surface
3. Mesenteric thrombosis
4. Pneumothorax
5. Decreased elasticity of the lungs
6. Decreased pneumatization of the lung

R: A,C,D,E

1. cm. Choose the correct types of cough:
2. External
3. Dry
4. Moist
5. Intermittent
6. Proeminent

R: B,D

1. cm. Choose the aetiological factors of haemoptisia is:
2. Bladder bleeding
3. Pulmonary tuberculosis
4. Thrombosis of the pulmonary artery
5. Urinary cancer
6. Pulmonary cancer

R: B,C,E

1. cm. The pain in the chest in diseases of respiratory organs depends on:
2. Irritation of the costal pleura
3. Irritation of the diafragmal pleura
4. Irritation of the endocardium
5. Irritation of the oefophagus
6. Irritation of the pulmonary alveoli

R: A, B

1. cm. The inspection of the chest includes the examination of the following aspects:
2. General configuration of the chest
3. Type, rhythm and frequency of breathing
4. Respiratory movements of the left and right shoulder blades
5. Involvement of the accessory respiratory muscles in the breathing act
6. Heart rate

R:A,B,C,D

1. cm. The palpation of the chest is used for the following reasons:
2. To verify findings on observation (the shape of the chest, its dimensions, respiratory movements)
3. For determining local or profuse tenderness
4. For determining the elasticity of the chest
5. For determining the upper borders of the lungs
6. For determining vocal fremitus, pleural friction and sounds of fluids in the pleural cavity

R: A,B,C,E

1. cm. Choose the pathological cases in which the percussion sound can change:
2. After intense physical exercise
3. Presence of pleural fluid
4. Increase airiness of the lung tissue
5. Presence of air in the pleural cavity
6. Inflammation on the bronchi

R: B,C,D

1. cm. The topographic percussion of the lungs is used for determining:
2. The upper borders of the lungs
3. The lateral borders of the lungs
4. The lower borders of the lungs
5. Variation mobility of the lower border of the lung
6. Variation mobility of the upper border of the lung

R: A,C,D

1. cm. The main respiratory sounds on auscultation are:
2. Vesicular breathing
3. Bronchial breathing
4. Rales
5. Crepitations
6. Pleural frictions

R: A,B

1. cm. The adventitious sounds on auscultation are:
2. Vesicular breathing
3. Bronchial breathing
4. Rales
5. Crepitations
6. Pleural frictions

R: C,D,E

1. cm. The lungs can be examined via the fallowing instrumental methods:
2. Radiography
3. Tomography
4. Bronchography
5. Fluorography
6. Calciography

R: A,B,C,D

1. cm. Choose the signs and symptoms which are characteristic for chronic bronchitis:

A. Expiratory dyspnea

B. Cough with muco-purulent sputum

C. Abdominal pain

D. Vomiting

E. Arthralgia

R: A,B

1. cm. Choose the signs and symptoms which are characteristic for acute tracheobronchitis:

A. Emphysema

B. Tubal breathing

C. Dullness at percussion

D. Harsh vesicular breathing

E. Dry rales

R: D,E

1. cm. Choose the characteristics of tracheobronchitis:

A. Anemia

B. Thrombocytopenia

C. Agranulocytosis

D. Leukocytosis

E. Sputum with mucus

R: D,E

1. cm. The treatment of chronic bronchitis includes:

A. Bronholitics

B. Expectorants

C. Antirheumatic drugs

D. Antiaggregants

E. Antibiotics

R: A,B,E

1. cm. The complications of chronic bronchitis are:

A. Pulmonary emphysema

B. Right ventricular hypertrophy

C. Arthritis

D. Gout

E. Bronchiectasis

R: A,B,E

1. cm. The treatment of chronic pulmonary heart includes:

A. Antihistamines

B. Non-steroid anti-inflammatory drugs

C. Purgatives

D. Vasodilatators for the pulmonary artery

E. Diuretics

R: D,E

1. cm. The complications of acute tracheobronchitis are:

A. Allergic reactions

B. Hypertensive crisis

C. Chronic evolution

D. Respiratory failure

E. Rheumatoid arthritis

R: C,D

1. cm. Chronic bronchitis is necessary to differentiate from:

A. Coronary heart disease

B. Lung cancer

C. Lung abscess

D. Gout

E. Miocardial infarction

R: B,C

1. cm. The etiological factors for chronic bronchitis are:

A. Bacterial infection

B. Fungal infection

C. Viral infection

D. Ascaridosis

E. Hormonal disorders

R: A,B,C

1. cm. The treatment of acute traheobronchitis includes:

A. Antianaemic drugs

B. Antialergic drugs

C. Expectorants

D. Antibiotics

E. Radiotherapy

R: C,D

1. cm. Choose the characteristics of chronic bronchitis:

A. Muco-purulent sputum

B. Chest pain during breathing

C. Signs of emphysema

D. Barrel chest

E. Diminished vesicular breathing

R: A,C,D,E

1. cm. The treatment of chronic bronchitis includes:
2. Antibacterial drugs
3. Expectorants
4. Bronchodilators
5. Cytostatics
6. Radiotherapy

R: A,B,C

1. cm. Secondary prevention of chronic bronchitis includes:
2. Diet rich in vitamins, minerals and proteins
3. Excluding work in harmful conditions
4. Excluding tobacco smocking
5. Excluding alcohol
6. Intensive sports

R: A,B,C,D

1. cm. The patient with chronic bronchitis should be supervised by:
2. Phyisiatrist
3. Oncologist
4. Pulmonologist
5. Family doctor
6. General practitioner

R: C,D,E

1. cm. In the treatment of exacerbation of chronic bronchitis is not recommended:

A. Antihypertensives

B. Hypertensive drugs

C. Antibacterial drugs

D. Antihistaminics

E. Cytostatics

R: A,B,E

1. cm. The lung auscultation in emphysema reveals:

A. Significantly prolonged expiration

B. Rare bronchial rales

C. Decrease of the vesicular murmur

D. Tubal breath

E. Pleural frictions

R:A,B,C

1. cm. The emphysematous type of Chronic Obstructive Pulmonary Disease includes the following:

A. History of bronchitis

B. History of dyspnea

C. Normal thoracic shape, bronchial rales

D. Decreased vesicular murmur, dilated thorax

E. Hypoventilation

R: B,D

1. cm. The emphysematous type of Chronic Obstructive Pulmonary Disease includes the following:

A. History of dyspnea

B. Decreased vesicular murmur, dilated thorax

C. Clear pulmonary sound on pulmonary percussion

D. Frequent bronchial rales

E. Low hemoglobin level

R: A,B,E

1. cm. In patients with emphysema the inspection of the respiratory system reveals:

A. Conic shape of chest

B. Barrel-shaped chest

C. Supa- an dinfraclavicular spaces are dilated

D. Supa- an dinfraclavicular spaces are retracted

E. Pulsation of the carotid arteries

R: В,С

1. cm. The percussion of the chest in case of emphysema can reveal:

A. Box sound

B. Tympanic sound

C. Enlargement of the limits of the heart (relative dulness)

D. Increase of the lung excursion

E. Increase of the Kroenig fields

R: A,E

1. cm. The lung auscultation in case of emphysema reveals:

A. Reduced vesicular murmur

B. Exaggerated vesicular murmur

C. Bullous rales

D. Crackles

E. Reduced bronchophony

R: A,B,C

1. cm. Clinical manifestations of pneumonia are:
2. Cough
3. Dyspnoea
4. Pain in thorax
5. Cccess of angina pectoris
6. Hypertensive emergency

R: A,B,C

1. cm. The complications of pneumonia are :
2. Lung absces
3. Respiratory failure
4. Myocarditis
5. Pulmonary tuberculosis
6. Lung cancer
7. R: A,B,C
8. cm. Chronic complications in pneumonia are:
9. Pneumosclerosis
10. Ccute pulmonary emphysema
11. Chronic pulmonary emphysema
12. Lung cancer
13. Bronhectasias

R: A,B,C,E

1. cm. The treatment of pneumonia includes:
2. Antibacterial drugs
3. Antitussives
4. Detoxifying treatment
5. Anticancerous treatment
6. Aantituberculosis treatment

R: A,B,C

1. cm. The treatment of pneumonia includes:
2. Antibacterial drugs
3. Antipyretics
4. Antituberculosis treatment
5. Anticancerous drugs
6. Immunomodulatory drugs

R: A,B,E

1. cm. The non-pharmacological treatment of pneumonia includes:
2. Improvement of the bronchial drainage function
3. Therapeutical massage
4. Therapeutical exercises
5. Endoscopic treatment
6. Hypotensive treatment

R: A,B,C,D

1. cm. The prevention of pneumonia includes:
2. Exclude smoking
3. Healthy lifestyles
4. Dispensation
5. Vaccination against respiratory infections (especially influenza)
6. Treatment with NSAIDs

R: A,B,C,D

1. cm. The rehabilitation on case of pneumonia includes:
2. Therapuetical medical exercises
3. Physiotherapy
4. Massage
5. Radiotherapy
6. Aeronotherapy

R: A,B,C,E

1. cm. Choose the characteristics of pleural friction:
2. It is auscultated in inspiration and expiration
3. It can be heard without sthetoscope
4. It can be heard if the ear in placed next to the thorax
5. It is not influenced by coughing
6. It is influenced by cough

R: A,B,D

1. cm. Choose the characteristics of the pain during dry pleurisy:
2. It is intensified by breathing movements
3. Does not worsen during the respiratory movements
4. The pain decreases durin thecompression of the hemithorax with the hands
5. The pain intensifies when patients are lying on the opposite site (not the affected side)
6. The pain intensifies when patients are lying on the affected side

R: A,C,D

1. cm. In exudative pleurisy the inspection and palpation of the chest shows:

A. Asymmetry of the chest in case of unilateral pleurisy

B. The affected part of the chest doesn’t fallow the breath movements as the healthy part

C. The vesicular murmur is unchanged

D. The vesicular murmur is diminished or absent

E.The vesicular murmur is intensified

R: A,B,D

1. cm. The differential diagnosis of pleurisy is made with:

A. Tuberculosis

B. Pneumonia

C. Systemic diseases

D. Lung cancer

E. Bronchitis

R: A,B,C,D

1. cm. The positive diagnosis of the exudative pleurisy includes:

A. Typical complaints

B. Local changes of the chest

C. Radiologycal data: homogeneous opacity

D. Biochemical examination of the pleural effusion

E. Ansence of local changes and radiological characteristicsof exudative pleurisy

R: A,B,C,D

1. cm. The negative diagnosis of the exudative pleurisy includes:

A. Lack of local changes of the chest

B. Presence of radiological opacity

C. Auscultation - vesicular respiration

D. Absence of the pleural friction rub

E. Presence of the pleural friction rub

R: A,C,D

1. cm. The syndrome of focal consolidation of pulmonary tissue is caused by:

A. Filling of the alveoli with the inflammatory fluid or fibrin (pneumonia)

B. Filling of the alveoli with blood (lung infarction)

C. Growing connective tissue in the lung (pneumosclerosis)

D. Pulmonary tumor

E. Pulmonary abcess

R: A,B,C,D

1. cm. Choose the correct statements about the syndrome of pulmonary consolidation:

A. The common complaint of the patient is haemoptisis

B. The common complaint of the patient is dispnoea

C. Vocal fremitus is intensified in the affected area

D. Vocal fremitus is diminished in the affected area

E. Vocal fremitus is unchanged in the affected area

R: B,C

1. cm. Choose the correct statements about the syndrome of pulmonary consolidation:

A. The percussion sound over the consolidation site is slightly or absolutely dull

B. The percussion sound over the consolidation site is slightly or absolutely tympanic

C. Bronchial respiration on auscultation

D. X-Ray examination shows the focus of consolidation as an area of increased density in the lung tissue

E. Thoracic lagging of the affected side during resporation

R: A,C,D,E

1. cm. Bronchopneumonia is characterized by:

A. Often develops against the background of bronchitis or catarrh of the upper airways

B. The most common signs are cough, fever and dyspnea

C. Haemoptisis is a common symptom of bronchopneumonia

D. The disease begins abruptly with shaking chills, severe headache and fever

E. Chest X-Ray reveals a shadow that usually corresponds to the lung lobe

R: A,B

1. cm. Acute lobar pneumonia is characterized by:

A. Often develops against the background of bronchitis or catarrh of the upper airways

B. The most common signs are vomiting and absence of fever

C. Haemoptisis is a common symptom of bronchopneumonia

D. The disease begins abruptly with shaking chills, severe headache and fever

E. Chest X-Ray reveals a shadow that usually corresponds to the lung lobe

R: D,E

1. cm. Choose the correct statements about pneumothorax:

A. Is defined as the presence of air or gas in the pleural cavity

B. Is defined as the presence of liquid in the pleural cavity

C. Is defined as the presence fibrin in the pleural cavity

D. The presentation of a patient with pneumothorax may range from completely asymptomatic to life-threatening respiratory distress

E. The presentation of a patient with pneumothorax is always grave

R: A,D

1. cm. Respiratory findings during pneumothorax may include the following:

A. Respiratory distress (considered a universal finding) or respiratory arrest

B. Tachypnea (or bradypnea as a preterminal event)

C. Distant or absent breath sounds

D. Asymmetric lung expansion

E. Symmetric lung expansion

R: A,B,C,D

1. cm. Respiratory findings during pneumothorax may include the following:

A. Distant or absent breath sounds

B. Intensified breath sounds

C. Hyperresonance on percussion

D. Dulness on percussion

E. Symmetric lung expansion

R: A,C

1. cm. The types of pneumothorax are:

A. Iatrogenic

B. Spontaneous

C. Tension pneumothorax

D. Relapsing

E. Interior

R: A,B,C

1. cm. Which of the instrumental investigations can help establish the diagnosis of pneumothorax?

A. CT of the chest

B. Spiropraphy

C. Chest ultrasonography

D. X-Ray of the chest

E. Chest schintigraphy

R: A,C,D

1. cm. The syndrome of accumulation of pleural fluid occurs in the fallowing situations:

A. Exudative pleurisy

B. Fibrinous pleurisy

C. Cardiac failure

D. Severe hypoproteinemia

E. Bronchopneumonia

R: A,C,D

1. cm. The stages of acute lobar pneumonia are:

A. Relapse of the disease

B. Onset of the disease

C. Height of the disease

D. Resolution stage

E. Prodromal stage

R: B,C,D

1. cm. The dull sound on pulmonary percussion can be due to:
2. Pneumothorax
3. Acute lobar pneumonia at the consolidation stage
4. Hydrothorax
5. Fibrinous pleuresia
6. Lung abscess

R: B,C

1. cs. The bandbox sound on pulmonary percussion can be due to:
2. Pulmonary emphysema
3. Hydrothorax
4. Fibrinous pleuresia
5. Acute lobar pneumonia at the consolidation stage
6. Pulmonary atelectasis

R: A

1. cm. The tympanic sound on pulmonary percussion can be due to:
2. Pulmonary abscess filled with air and communicating with a the bronchus
3. Hydrothorax
4. Pneumothorax
5. Acute lobar pneumonia at the consolidation stage
6. Pulmonary atelectasis

R: A,B

1. cm. Dry rales at pulmonary auscultation can appear in case of:
2. Bronchial asthma
3. Chronic bronchitis
4. Pulmonary cancer
5. Pneumothorax
6. Pulmonary edema

R: A,B

1. cm. Moist rales at pulmonary auscultation can appear in case of:
2. Bronchial asthma
3. Chronic obstructive bronchitis
4. Hydrothorax
5. Pneumothorax
6. Bronchiectases

R: B,E

1. cm. Crepitations at pulmonary auscultation can appear in case of:
2. Acute lobar pneumonia at the initial stage
3. Hydrothorax
4. Pneumothorax
5. Bronchial asthma
6. Pulmonary edema

R: A,E

1. cs. Pleural friction sound at pulmonary auscultation can appear in case of:
2. Acute lobar pneumonia at the initial stage
3. Hydrothorax
4. Pneumothorax
5. Bronchial asthma
6. Dry pleuritis

R: E

1. cm. Choose the types of respiration:
2. Abdominal
3. External
4. Thoracix
5. Mixed
6. Internal

R: A,C,D

1. cm. The enlargement of the volume of one half of the chest can be due to:
2. Pulmonary emphysema
3. Hydrothorax
4. Pneumothorax
5. Asthma
6. Chronic bronchitis

R: B,C

1. cm. The diminution of the volume of one half of the chest can be due to:
2. Pulmonary emphysema
3. Hydrothorax
4. Pneumothorax
5. Atelectasis
6. Pneumosclarosis

R: D,E

**III. the semiology of the cardiovascular system**

**I. Single choice:**

1. cs. The complaints of the patients with cardiac disease are, except:
2. Hematemesis
3. Hemoptysis
4. Dyspnea
5. Palpitation
6. Chest pain

R: B

1. cs. The palpitation are characterized by patients like:
2. Mild heart pain
3. Intermissions (escaped heart beats)
4. Presence of blood in the sputum (hemoptysis)
5. Accelerated and intensified heart contractions
6. None of the above

R: D

1. cs. The intermissions are characterized by patients like:
2. Mild heart pain
3. Feeling of sinking, stoppage of the heart
4. Presence of blood in the sputum (hemoptysis)
5. Accelerated and intensified heart contractions
6. None of the above

R: B

1. cs. Heart pain should be investigated under the fallowing characteristics:
2. Cause or condition under which it develops
3. Character of pain
4. Duration and radiation of pain
5. Condition under which the pain abates
6. All of the above

R: E

1. cs. The characteristics of angina are, except:
2. Is retrosternal or slightly to the left of the sternum
3. Most commonly radiates to the region under the left scapula, the neck, the left arm
4. Most commonly radiates to the region under the right scapula, the neck, the right arm
5. The pain appears with exercises, emotional stress
6. Is abated by nitroglycerin

R: C

1. cs. The characteristic of cardiac edema:
2. Develops in the morning and resolves after physical exercise
3. Occurs mostly on the face, neck and chest
4. Is red colored
5. Develops in the evening and resolves during the night sleep
6. Is asymmetric

R: D

1. cs. The definition of orthopnea is:
2. Dyspnea during physical exercise
3. Dyspnea at rest
4. Dyspnea in horizontal position
5. Dyspnea in vertical position
6. Attacks of dyspnea with expectoration of foamy sputum

R: C

1. cs. The color of the skin in heart diseases may be:
2. Cyanotic
3. Pale
4. Icteric
5. Reddish
6. All of the above

R: E

1. cs. Acrocyanosis is defined by:
2. Violet color of the skin on the chest
3. Reddish color of the skin on the fingers and toes, the tip of the nose, the lips, the ear lobes
4. Violet color of the skin on the fingers and toes, the tip of the nose, the lips, the ear lobes
5. The fingers and toes, the tip of the nose, the lips, the ear lobes are pale
6. The skin of the chest and trunk is pale

R: C

1. cs. Anasarca is defined by:
2. Generalized edema
3. Edema localized on the upper body
4. Edema localized on the lower body
5. Edema of the face and neck
6. Asymmetric edema

R: A

1. cs. The pulsation of carotid arteries (carotid shudder) is characterized by:
2. Occurs in mitral valve incompetence
3. Occurs in tricuspid valve incompetence
4. Occurs in pulmonary valve incompetence
5. Occurs in aortic valve incompetence
6. Occurs in hypertension

R: D

1. cs. General venous congestion occurs in:
2. Affection of the right heart
3. Affection of the left heart
4. Rheumatoid arthritis
5. Inflammation of stomach mucosa
6. Chronic pancreatitis

R: A

1. cs. The goal of cardiac palpation is to examine:
2. The apex beat
3. The cardiac beat
4. The visible pulsation
5. The cat’s purr symptom
6. All of the above

R: E

1. cs. The determination of the apex beat consists of:
2. The base of the hand should be rested on the sternum, while the fingers should be directed towards the neck
3. The base of the hand should be rested on the sternum, while the fingers should be directed towards the axillary region, between the 3rd and 4th ribs
4. The base of the hand should be rested on the sternum, while the fingers should be directed towards the axillary region, between the 7th and 8th ribs
5. The base of the hand should be rested on the left scapula, while the fingers should be directed towards the axillary region
6. The base of the hand should be rested on the right scapula, while the fingers should be directed towards the axillary region

R: B

1. cs. Which one is not a propriety of the apex beat:
2. Width (or area)
3. Height
4. Resonance
5. Resistance
6. Strength

R: C

1. cs. The most frequent and important diagnostic of diffuse apex beat (>2 cm) is:
2. Normal heart dimensions
3. Enlargement of the left ventricle
4. Aortic aneurism
5. Coronary atherosclerosis
6. Enlargement of the right atrium

R: B

1. cs. Choose the correct statement about diffuse heart beat:
2. Is established when the area is smaller than 1 cm
3. Is established when the area is smaller than 2 cm
4. Is established when the area exceeds 1 cm
5. Is established when the area exceeds 2 cm
6. Is established when the area exceeds 4 cm

R: D

1. cs. Cardiac percussion aims to examine:
2. The apex beat and the cardiac beat
3. The size, position and shape of the heart and of the vascular bundle
4. To determine the heart sounds
5. The visible pulsation and the cat’s purr symptom
6. The inferior borders of the lungs

R: B

1. cs. The site of the projection of the mitral valve:
2. To the left of the sternum, at the 3rd costosternal articulation
3. On the sternum midway between the 3rd left and the 5th right costosternal joints
4. 2nd intercostal space, to the left of the sternum
5. Middle of the sternum, at the level of the 3rd costosternal joint
6. To the left of the sternum, at the 6rd costosternal articulation

R: A

1. cs. The site of the projection of the tricuspid valve:
2. To the left of the sternum, at the 3rd costosternal articulation
3. On the sternum midway between the 3rd left and the 5th right costosternal joints
4. 2nd intercostal space, to the left of the sternum
5. Middle of the sternum, at the level of the 3rd costosternal joint
6. To the left of the sternum, at the 6rd costosternal articulation

R: B

1. cs. The site of the projection of the pulmonaty trunck:
2. To the left of the sternum, at the 3rd costosternal articulation
3. On the sternum midway between the 3rd left and the 5th right costosternal joints
4. 2nd intercostal space, to the left of the sternum
5. Middle of the sternum, at the level of the 3rd costosternal joint
6. To the left of the sternum, at the 6rd costosternal articulation

R: C

1. cs. The site of the projection of the aortic valve:
2. To the left of the sternum, at the 3rd costosternal articulation
3. On the sternum midway between the 3rd left and the 5th right costosternal joints
4. 2nd intercostal space, to the left of the sternum
5. Middle of the sternum, at the level of the 3rd costosternal joint
6. To the left of the sternum, at the 6rd costosternal articulation

R: D

1. cs. The intensity of the heart sounds can increase in:
2. During exercise
3. Myocarditis
4. Myocardial dystrophy
5. Cardioslerosis
6. Hydropericardium

R: A

1. cs. Holter ECG monitoring represents:
2. 24h recording of blood pressure
3. Cardiac ultrasonography
4. 24h recording of electrocardiography
5. 24h analysis of arterial gases
6. None of the above

R: C

1. cs. The normal heart rate, according to WHO is:
2. 50-100 b/min
3. 60-120 b/min
4. 60-100 b/min
5. <60 b/min
6. >100 b/min

R: C

1. cs. What is treatment strategy in patients with mitral stenosis with asymptomatic disease:

A. Balloon valvuloplasty

B. Treatment with anticoagulants

C. Salt restriction and administration of diuretics

D. Closed heart comisurotomy

E. Open heart comisurotomy

R: C

1. cs. What is determined in pronounced mitral insufficiency:

A. Increased left ventricle and then left atrium

B. Increased left atrium, then left ventricle

C. Increased the right atrium, then the right ventricle

D. Increased right ventricle, then right ventricle

E. Increased right ventricle, then left ventricle

R: B

1. cs. In the aortic valve stenosis the II noise at the base of the heart is:

A. Increased

B. Not changed

C. Doubled due to low left ventricular ejection

D. Diminished

E. Doubled at physical exertion

R: D

1. cs. The most common cause of tricuspid valve stenosis is:

A. Rheumatic fever

B. Endocardial fibroelastosis

C. Endocardial fibrosis

D. Right atrium mixoma

E. Left atrium mixoma

R: A

1. cs. Arterial hypertension is defined as an increase in blood pressure at rest:

A. Above 120/80 mmHg

B. Above 160/90 mmHg

C. Above 130/80 mmHg

D. Above 139/89 mmHg

E. Above 180/100 mmHg

R: D

1. cs. A main role in the evolution of hypertension is played by:

A. Involvement of aorta

B. Central nervous system damage

C. Kidney damage

D. Retinal damage

E. Involvement of the heart

R: E

1. cs. The most common variant of secondary AH is:

A. Renoparenchymatous AH

B. Renovascular AH

C. Endocrine AH

D. Cardiovascular AH

E. Neurogenic AH

R: A

1. cs. Choose the definition of the hypertensive emergency:

A. Clinical syndrome accompanied by a sudden and severe increase in diastolic blood pressure above 120 mmHg, with no clinical or biological signs of visceral involvement

B. Clinical syndrome accompanied by a sudden and severe increase in diastolic blood pressure over 120 mmHg, accompanied by clinical or biological signs of visceral involvement

C. Clinical syndrome accompanied by a sudden and severe increase in diastolic blood pressure above 140 mmHg, with no clinical or biological signs of visceral damage

D. Clinical syndrome accompanied by gradual but severe increase in diastolic blood pressure over 120 mmHg, with no clinical or biological signs of visceral involvement

E. Clinical syndrome accompanied by a sudden and severe increase in diastolic blood pressure above 140 mmHg, accompanied by clinical or biological signs of visceral involvement

R: B

1. cs. The most common cause of ischemic heart disease is:

A. Spasm of coronary arteries

B. Coronary atherosclerosis

C. Metabolic disorders

D. Psychoemotional stress

E. Chest trauma

R: B

1. cs. The definition of therosclerosis is:

A. Chronic disease characterized by systemic affection of artheries due to metabolic disorders in the vascular wall

B. Acute disease characterized by systemic affection of artheries due to metabolic disorders in the vascular wall

C. Chronic disease characterized by local affection of the artheries of the lower limbs due to metabolic disorders in the vascular wall

D. Chronic disease characterized by systemic affection of veins due to metabolic disorders in the vascular wall

E. Chronic disease characterized by systemic affection of artheries due to autoimmune disorders in the vascular wall

R: A

1. cs. The most important atherogenic effect is attributed to:

A. Hyperglycemia

B. High density cholesterol (HDL)

C. Hypertension

D. Cortisol level in the blood

E. Low density cholesterol (LDL)

R: E

1. cs. The most characteristic clinical manifestation of angina pectoris is:

A. Dispneea

B. Palpitations

C. Arhythmias

D. Retrosternal pain

E. Conductivity disruptions

R: D

1. cs. What is the main pathogenetic cause of spontaneous angina pectoris (Prinzmetal):

A. Coronary atherosclerosis

B. Metabolic disorders in the myocardium

C. Coronary artery spasm

D. Inflammatory process in myocardium

E. Myocardial necrosis

R: C

1. cs. Myocardial infarction is defined as:

A. Acute myocardial ischaemia because of complete or partial occlusion of a coronary artery

B. Acute myocardial ischemia because of myocardial metabolic disorders

C. One of the most common causes of mortality among the younger population

D. Myocardial necrosis because of acute ischaemia caused by complete or partial occlusion of a coronary artery

E. Frequently, it is the result of inflammatory processes in the coronary arteries

R: D

1. cs. One of the specific markers of myocardial necrosis is:

A. Leukocytosis

B. Increased ESR

C. Increased myocardial troponins I or T

D. Increased fibrinogen

E. Thrombocytosis

R: C

1. cs. The most common method of diagnosis of acute myocardial infarction is:

A. Echocardiography

B. Cyclergometry

C. Treadmill test

D. Myocardial scintigraphy

E. Conventional electrocardiography in 12 derivatives

R: E

1. cs. The underlying clinical manifestation in acute myocardial infarction is:

A. Retrosternal pain with a duration of 2-5 minutes

B. Retrosternal pain lasting over 20 minutes

C. Paroxistic dyspneea

D. Palpitations

E. Acute pain in the chest related to breathing act

R: B

1. cs. Which of the following is correct for class I (NYHA) heart failure:

A. Absence of dyspneea

B. Dyspneea at major physical exertion

C. Dyspneea at moderate physical exertion

D. Dyspnea at minimal physical exertion

E. Dyspnea at rest

R: B

1. cs. Which of the following is correct for class II (NYHA) heart failure:

A. Absence of dyspnea

B. Dyspnea at major physical exertion

C. Dyspnea at moderate physical exertion

D. Dyspnea at minimal physical exertion

E. Dyspnea at rest

R: C

1. cs. Which of the following is correct for class III (NYHA) heart failure:

A. Absence of dyspnea

B. Dyspnea at major physical exertion

C. Dyspnea at moderate physical exertion

D. Dyspnea at minimal physical exertion

E. Dyspnea at rest

R: D

1. cs. Which of the following is correct for class IV (NYHA) heart failure:

A. Absence of dyspnea

B. Dyspnea at major physical exertion

C. Dyspnea at moderate physical exertion

D. Dyspnea at minimal physical exertion

E. Dyspnea at rest

R: E

1. cs. Which of the following are causes of cardiogenic pulmonary edema, except:

A. Aortic stenosis

B. Obstructive cardiopathia

C. Pulmonary thromboembolism

D. Tahyarythmias

E. Hypertensive emergency

R: C

1. cs. The following are causes of non-cardiogenic pulmonary edema, except:

A. Bronchial astma

B. Toxic flu

C. Stroke

D. Intravenous infusions with NaCl 0.9%

E. Gastric ulcer

R: E

1. cs. Which of the following are major symptoms and clinical signs of heart failure:

A. Night paroxistic dyspneea

B. Periferial edema

C. Jugular veins turgescence

D. Hepatomegaly

E. Exertion dyspneea

R: A

**II. Multiple choice:**

1. cm. The complaints of the patients with cardiac disease are:
2. Hematemesis
3. Hemoptysis
4. Dyspnea
5. Palpitation
6. Vomiting

R: B,C,D

1. cm. The complaints of the patients with cardiac disease are:
2. Chest pain
3. Dry cough
4. Moist cough
5. Cardiac asthma
6. Palpitations

R: A,B,C,E

1. cm. The characteristics of cardiac asthma are:
2. Elimination with purulent sputum
3. Elimination of foamy sputum with traces of blood
4. Usually arise suddenly
5. The most complaint is acute lack of air
6. The most complaint is intense chest pain

R: B,C,D

1. cm. Palpitations are caused by:
2. Myocarditis
3. Endocarditis
4. Pericarditis
5. Myocardial infarction
6. Fever

R: A,D,E

1. cm. Palpitations are caused by:
2. Anemia
3. Neurosis
4. Hyperthyroidism
5. Hypothyroidism
6. After heavy physical load

R: A,B,C,E

1. cm. The characteristics of angina are:
2. Is retrosternal or slightly to the left of the sternum
3. Most commonly radiates to the region under the left scapula, the neck, the left arm
4. Most commonly radiates to the region under the right scapula, the neck, the right arm
5. The pain appears at rest
6. Is abated by nitroglycerin

R: A,B,E

1. cm. Angina pectoris occurs is:
2. Radiary atherosclerosis
3. Rheumatic vasculitis of coronary vessels
4. Coronary atherosclerosis
5. Grave anemia
6. Grave hypothyroidia

R: B,C,D

1. cm. The inspection of a patient with heart disease may reveal:
2. Half sitting position
3. Eruptions on palms
4. Cyanotic skin
5. Pale skin
6. Icteric color of the sclera and skin

R: A,C,D,E

1. cm. Anasarca may include:
2. Ascites
3. Hydrothorax
4. Pleurisy
5. Hydropericardium
6. Pericarditis

R: A,B,D

1. cm. The cardiac “hump-back” is defined by:
2. Bulging of the area under the heart
3. Depression of the area under the heart
4. Caused by hypertrophy and enlargement of the heart
5. Caused by pathologies of coronary vessels
6. Should ne differentiated from deformations of the chest caused by changes in the bones

R: A,C,E

1. cm. Pathologic cardiac beat at inspection is characterized by:
2. Observed to the left of the sternal line over a vast area extended to the epigastric region
3. Observed to the right of the sternal line over a vast area extended to the epigastric region
4. Caused by enlarged right ventricle
5. Caused by enlarged left ventricle
6. Caused by enlarged aorta

R: A,C

1. cm. General venous congestion may be caused by:
2. Affection of the right heart
3. Affection of the left heart
4. Diseases that increase the intrathoracic pressure
5. Inflammation of stomach mucosa
6. Chronic pancreatitis

R: A,C

1. cm. The goal of cardiac palpation is to examine:
2. The apex beat
3. The cardiac beat
4. The visible pulsation
5. The cat’s purr simptom
6. The vocal fremitus

R: A,B,C,D

1. cm. The goal of cardiac palpation is to examine:
2. The apex beat
3. The cardiac beat
4. The stomacal beat
5. The turgescence of jugular veins
6. The cat’s purr simptom

R: A,B,E

1. cm. The determination of the apex beat consists of:
2. The palm of the right hand is placed on the patient’s chest
3. The palm of the left hand is placed on the patient’s chest
4. The left mammary gland in women is first moved upward and to the right
5. The base of the hand should be rested on the sternum, while the fingers should be directed towards the axillary region, between te 3rd and 4th ribs
6. The base of the hand should be rested on the sternum, while the fingers should be directed towards the neck

R: A,C,D

1. cm. The determination of the apex beat consists of:
2. The right mammary gland in women is first moved upward and to the left
3. The left mammary gland in women is first moved upward and to the right
4. The terminal phalanges of the three fingers should be flexed to form a right angle to the surface of the chest, and moved slowly along the interspaces towards the sternum until de feeling of the movement of the heart apex
5. The base of the hand should be rested on the sternum, while the fingers should be directed towards the axillary region, between te 3rd and 4th ribs
6. The palm of the right hand is placed on the patient’s chest

R: B,C,D,E

1. cm. Choose the normal characteristics of the apex beat:
2. Is found in the left 5th costal interspace
3. Is found 1-1,5 cm toward the sternum from the left medioclavicular line
4. Is found in the left 3rd costal interspace
5. Is found 2-3,5 cm toward the sternum from the left medioclavicular line
6. Is found in the right 5th costal interspace

R: A,B

1. cm. The proprieties of the apex beat are:
2. Width (or area)
3. Height
4. Strength
5. Resistance
6. Resonance

R: A,B,C,D

1. cm. Choose the correct statements about diffuse heart beat:
2. Is caused by coronary atherosclerosis
3. Is caused by enlarged left ventricle
4. Is established when the area exceeds 1 cm
5. Is established when the area exceeds 2 cm
6. Is established when the area exceeds 4 cm

R: B,D

1. cm. Cardiac percussion aims to examine:
2. The apex beat
3. The size of the heart
4. The position of the heart
5. The shape of the heart
6. The vascular bundle

R: B,C,D,E

1. cm. Cardiac percussion aims to examine:
2. The cardiac sounds
3. The heart rate
4. The position and shape of the heart
5. The size of the heart
6. The vascular bundle

R: C,D,E

1. cm. The relative dullness of the heart has the fallowing borders:
2. Left border: 1-2 cm medially of the left medioclavicular line
3. Left border: 1-2 cm laterally of the left medioclavicular line
4. Upper border: 3rd intercostl space on the left side
5. Upper border: 5th intercostl space on the left side
6. The left border coincides with the apex beat

R: A,C,E

1. cm. Choose the causes of displacement of the area of relative dullness to the left:
2. Dilatation of the right ventricle
3. Dilatation of the left ventricle
4. Dilatation of the left atrium
5. Dilatation of the right atrium
6. Hidropericardium

R: B,E

1. cm. The rules of the auscultation of the heart are:
2. The aortic valve should be heard first
3. The mitral valve should be heard first
4. The valve sounds should be heard in the order of decreasing frequency of their affection
5. The aortic valve should be heard secondly
6. The mitral valve should be heard secondly

R: B,C,D

1. cm. The rules of the auscultation of the heart are:
2. The Botkin-Erb point is the last heard
3. Heart sounds should be heard in various postures of the patient: erect, recumbent, after exercise
4. The valve sounds should be heard in the order of decreasing frequency of their affection
5. The aortic valve should be heard secondly
6. The mitral valve should be heard secondly

R: A,B,C,D

1. cm. The first cardiac sound is characterized by:
2. Is produced during diastole
3. Is produced during systole
4. Is longer and louder than the second sound
5. It is best heard at the apex
6. It is best heard at the heart base

R: B,C,D

1. cm. The second cardiac sound is characterized by:
2. Is produced during diastole
3. Is produced during systole
4. Is longer and louder than the second sound
5. It is best heard at the apex
6. It is best heard at the heart base

R: A,E

1. cm. The intensity of the heart sounds can decrease in:
2. During exercise
3. Myocarditis
4. Myocardial dystrophy
5. Cardioslerosis
6. Hydropericardium

R: B,C,D,E

1. cm. Heart murmurs can be:
2. Symmetric
3. Functional
4. Organic
5. Parallel
6. Intrinsic

R: B,C

1. cm. Heart murmurs can be:
2. Systolic
3. Functional
4. Organic
5. Parallel
6. Diastolic

R: A,B,C,E

1. cm. The systolic murmur can be heard in the fallowing situations:
2. Aortic stenosis
3. Pulmonary stenosis
4. Aortic regurgitation
5. Pulmonary regurgitation
6. Mitral valve stenosis

R: A,B

1. cm. The systolic murmur can be heard in the fallowing situations:
2. Aortic stenosis
3. Pulmonary stenosis
4. Aortic regurgitation
5. Tricuspid regurgitation
6. Mitral regurgitation

R: A,B,D,E

1. cm. The diastolic murmur can be heard in the fallowing situations:
2. Aortic stenosis
3. Pulmonary stenosis
4. Aortic regurgitation
5. Pulmonary regurgitation
6. Mitral valve stenosis

R: C,D,E

1. cm. An ECG in a healthy subject has the fallowing elements:
2. Positive waves P,R and T
3. Negative waves Q and S
4. P-Q, S-T, T-P, and R-R intervals
5. QRS and QRST complexes
6. T-U and P-S intervals

R: A,B,C,D

1. cm. The most common causes of the primary involvement of the tricuspid valve are:

A. Rheumatic fever

B. Rheumatoid arthritis

C. Infectious endocarditis

D. Infarction of right ventricular myocardium

E. Mixoma of the valve

R: A,C

1. cm. Clinical manifestations of tricuspid valve insufficiency are:

A. Peripheral edema

B. Hepatomegaly

C. Pulsation in the epigastric region

D. Turgescent jugular veins

E. Accentuated I sound at cardiac auscultation

R: A,B,C,D

1. cm. The most common clinical symptoms in mitral stenosis are:

A. Dyspnea

B. Hemoptysis

C. Arterial emboli

D. Cough

E. Pain in the left costal edge

R: A,B,C

1. cm. Choose the most characteristic signs in the clinical development of mitral insufficiency:

A. Dyspnea at physical effort

B. Orthopnea

C. Night paroxistic dyspnea

D. Hemoptysis

E. Peripheral emboli

R: A,B,C

1. cm. Choose the clinical symptoms which are characteristic for aortic valve stenosis:

A. Dyspnea

B. Classical angina pectoris at exercise

C. Syncope at effort

D. Hemoptysis

E. Asthenia

R: B,C,E

1. cm. The characteristics of the pulse in aortic stenosis are:

A. High pulse

B. Low amplitude pulse

C. Frequently pulse

D. The pulse slowly rises

E. The pulse decreases slowly

R: B,D,E

1. cm. What are the complications of the arterial hypertension?

A. Myocardial infarction

B. Right ventricular failure

C. Left ventricular failure

D. Renal failure

E. Hepatic failure

R: A,C,D

1. cm. What are the basic treatment principles of arterial hypertension (AH):

A. Changing lifestyle

B. Antihypertensive therapy

C. Antibiotic therapy in essential AH

D. Etiological and / or surgical treatment in symptomatic AH

E. Surgical treatment in essential AH

R: A,B,D

1. cm. Antihypertensive treatment in arterial hypertension includes the following groups of drugs:

A. Beta-blockers

B. Conversion enzyme inhibitors

C. Cardiac glucosids

D. Proton pump inhibitors

E. Diuretics

R: A,B,E

1. cm. Changing lifestyle in HTA patients includes:

A. Reduction of body weight in obese patients

B. Reduced physical activity

C. Reduction of body mass in all patients

D. Quitt smoking

E. Reduction in kitchen salt intake up to 5-6 g / day

R: A,D,E

1. cm. The diagnosis of pheochromocytosis as a cause of secondary HTA is determined on the basis of:

A. Plasma growth of free catecholamine (adrenaline, noradrenaline) and vanilmandelic acid

B. Triad: headache-palpitation-sweating

C. Hypercortisolemia

D. Hypokalaemia

E. Increasing level of methoxylated derivatives of urine catecholamines

R: A,B,E

1. cm. Diagnosis of Cohn's Syndrome as a cause of secondary HTA is determined on the basis of:

A. Hypercystisemia

B. Muscle weakness, pseudoparalysis, cramps, tetaniform seizures

C. Hyperaldosteronemia

D. Hypokalaemia

E. Increased thyroid hormones T3 and T4

R: B,C,D

1. cm. The appearance of atheroma plaque is related to the existence of the fallowing pathological conditions:

A. Oxidative stress

B. Changing blood viscosity

C. Increased blood pH

D. Endothelial dysfunction

E. Low blood pH

R: A,D

1. cm. Angina pain has the following characteristics:

A. Is located retrosternally

B. Has a duration of a few minutes

C. Usually radiates in the left shoulder, left hand, left arm

D. Has a duration of over 30 minutes

E. Disappears after sublingual nitroglycerin administration

R: A,B,C,E

1. cm. During angina pectoris access on the ECG it might be seen:

A. Depression of the S-T segment over 1 mm

B. S-T segment elevation above 1 mm

C. Decrease in the amplitude of the T wave

D. Arrhythmias may occur

E. Pathological Q wave

R: A,B,C,D

1. cm. The most commonly used drug groups in angina pectoris are:

A. Nitrates

B. Cardiac glucose

C. Beta-blockers

D. Diuretics

E. Calcium antagonists

R: A,C,E

1. cm. The risk factors for ischemic heart disease are:

A. Genetic factor

B. Sedentarism

C. Hypotension

D. High blood pressure

E. Obesity

R: A,B,D,E

1. cm. For the diagnosis of angina pectoris, the most common physical exercise tests are:

A. Stairs lifting

B. Cyclergometry

C. Treadmill test

D. Squats

E. Isometric test

R: B,C

1. cm. The main areas of myopathy in myocardial infarction are:

A. The area of inflammation

B. Ischemia area

C. Lesion area

D. Necrosis area

E. Scarring area

R: B,C,D

1. cm. The clinical forms of acute myocardial infarction are:

A. Abdominal

B. Painful

C. Asthmatic

D. Arrhythmic

E. Paralytic

R: A,B,C,D

1. cm. The stages of acute myocardial infarction are:

A. Overacute

B. Stage of relapse

C. Acute

D. Subacute

E. Of scarring

R: A,C,D,E

1. cm. Early complications in acute myocardial infarction are:

A. Cardiogenic shock

B. Parietal aneurysm

C. Rupture of the cardiac muscle

D. Arrhythmias and cardiac blocks

E. Thrombotic events

R: A,C,D,E

1. cm. Conservative treatment of the myocardial infarction includes:

A. Suppression of pain

B. Anti-ischemic agents

C. Anticoagulants

D. Antibiotic therapy

E. Diuretics

R: A,B,C

1. cm. Heart failure caused by primary myocardial damage occurs in the following cases:

A. Ischemic heart disease

B. Dilatative cardiomyopathy

C. Mitral stenosis

D. Myocarditis

E. Hypertension

R: A,B,D

1. cm. Which conditions produce hypodiastolic heart failure ?:

A. Acute myocardial infarction

B. Restorative cardiomyopathy

C. Exudative pericarditis

D. Constrictive pericarditis

E. Mitral insufficiency

R: B,C,D

1. **cm. What factors can trigger or worsen heart failure?:**

**A. The appearance of arrhythmias**

**B. Association of infections**

**C. Considerable increase in blood pressure**

**D. Anemia**

**E. Pulmonary thromboembolism**

**R: A,B,C,D,E**

1. cm. Which signs are characteristic for left heart failure?:

A. Orthopnea

B. Dyspnea

C. Night paroxistic dyspnea

D. Cheyne-Stokes breathing type

E. Stasis rales in the lungs

R: A,B,C,E

1. cm. Which signs can help to make the differential diagnosis between heart failure and respiratory failure (in the favor of heart failure)?:

A. Diffuse cyanosis

B. Acrocyanosis

C. Cold extremities

D. Hot extremities

E. Extended expiration listened at pulmonary auscultation

R: B,C

1. cm. Which paraclinical examination methods have significant value in diagnosis of heart failure ?:

A. Cardiopulmonary radiological examination

B. ECG

C. Abdominal ultrasound

D. Phonocardiography

E. Echocardiography

R: A,E

1. **cm. What complications are characteristic for heart failure?:**

**A. Intracardiac or venous thrombosis**

**B. Systemic or pulmonary emboli**

**C. Hepatic cirrhosis**

**D. Infections**

**E. Arrhythmias or sudden death**

**R: A,B,C,D,E**

1. cm. Select the causes of acute ventricular failure of the right ventricle:

A. Pulmonary thromboembolism

B. Essential hypertension

C. Asthma (in bronchial asthma)

D. Left ventricular myocardial infarction

E. Massive bilateral hydrothorax

R: A,C,E

1. cm. Select two main causal factors of acute heart failure:

A. Myocardiodistrophy

B. Mitral valvulopathy

C. Myocardial infarction

D. Myocardiosclerosis

E. Pulmonary thromboembolism

R: C,E

1. cm. Select the forms of chronic vascular insufficiency from the suggestions below:

A. Physiological hypertension

B. Primary hypertension

C. Collapse

D. Primary arterial hypotension

E. Ischemic heart disease

R: B,D

1. cm. Select the forms of acute vascular insufficiency:

A. Faintness

B. Cardiac asthma

C. Collapse

D. Pulmonary edema

E. Shock

R: A,C,E

1. **cm. What are the risk factors in triggering acute heart failure?:**

**A. Physical effort**

**B. Psychoemotional stress**

**C. Sexual effort**

**D. Severe constipation**

**E. Severe meteorism**

**R: A,B,C,D,E**

1. cm. The causes of acute cardiogenic pulmonary edema are:

A. Tricuspid insufficiency

B. Mitral stenosis

C. Essential hypertension

D. Myocardial infarction

E. Bronchial asthma

R: B,C,D

1. cm. Select the clinical signs of cardiac asthma:

A. Suffocation access

B. Forced position on lateral decubitus

C. Diffuse cyanosis

D. Pale skin

E. Crepitations, predominantly in the lower lung areas

R: A,D,E

**IV. EXAMONATION OF THE PATIENTS WITH GATROINTESTINAL DISEASES**

1. **Single choice:**
2. cs. The main symptoms in case of buco-pharyngeal diseases are those listed, except:

A. Dyspnea

B. Changes in taste

C. Pain

D. Orodysphagia

E. Hemorrhage

R: A

1. cs. The main symptoms in case of buco-pharyngeal diseases are those listed, except:

A. Salivation disorders

B. Bruxism

C. cough

D. Orodisfagia

E. hemorrhage

R: C

1. cs. The examination of the lips includes the study of the following aspects:

A. Changes of the color

B. Changes of the volume

C. Asymmetry of the lips

D. Lesions and pathological changes on the lips

E. All of the above

R: E

1. cs. Sialorrhea (hypersalivation) can be symptom of the following diseases:

A. Esophageal stenosis

B. Massive dehydration

C. Primary Sjogren Syndrome

D. Secondary Sjogen Syndrome

E. Pneumonia

R: A

1. cs. Sialorrhea (hypersalivation) can be symptom of the following diseases:
2. Stomatitis
3. Massive dehydration
4. Primary Sjogren's Syndrome
5. Secondary Sjogen syndrome
6. Pneumonia

R: A

1. cs. Hyposalivation (xerostomia) can be symptom of the following diseases

A. Esophageal stenosis

B. Pregnancy

C. Primary and Secondary Sjogren Syndrome

D. Buco-pharyngeal cancer

E. Dental eruption

R: C

1. cs. Halena is defined by:

A. Decreased salivary secretion

B. Intensive salivary secretion

C. Unpleasant smell from the oral cavity

D. Asymmetry of the tongue

E. Lesions of the mucosa

R: C

1. cs. Define the normal aspect at the inspection of the tongue:

A. Wet, soft, granular, velvety, reddish mucosa, showing a rough appearance determined by the taste buds

B. Dry, harsh, granular, velvety, reddish mucosa, showing a rough appearance determined by taste buds

C. Wet, soft, granular, velvety, with whitish appearance, showing a rough appearance determined by taste buds

D. Wet, tough, granular-velvety, reddish mucosa, showing a rough appearance determined by taste buds

and ulcerative lesions

E. Dry, soft, granular, velvety, whitish mucosa, showing a rough appearance determined by taste buds, determined by the taste buds

R: A

1. cs. The ulcerations of the tongue can be caused by:

A. Traumatic - dental prostheses, biting the tongue in epileptic seizures

B. Chemical - burns with acids or bases

C. Infectious - in tuberculosis, syphilis, stomatitis

D. Neoplastic

E. All of the above

R: E

1. cs. Which is the most common complaint in patients with oesophageal pathology?
2. Pyrosis
3. Dysphagia
4. Dysphonia
5. Hematemesis
6. Melena

R: B

1. cs. Dysphagia is defined as:
2. Return of the swallowed food into the mouth
3. Specific burning sensation behind the sternum associated with regurgitation of gastric contents
4. Pain by the course of the entire oesophagus
5. Difficult passage of the food via the oesophagus
6. All of the above

R: D

1. cs. Pyrosis is defined as:
2. Return of the swallowed food into the mouth
3. Specific burning sensation behind the sternum associated with regurgitation of gastric contents
4. Pain by the course of the entire oesophagus
5. Difficult passage of the food via the oesophagus
6. All of the above

R: B

1. cs. Regurgitation is defined as:
2. Return of the swallowed food into the mouth
3. Specific burning sensation behind the sternum associated with regurgitation of gastric contents
4. Pain by the course of the entire oesophagus
5. Difficult passage of the food via the oesophagus
6. All of the above

R: A

1. cs. The anorexia is defined by:
2. Perverted appetite
3. Poor appetite or it’s complete absence
4. Enhanced appetite
5. Epigastric pain
6. Vomiting with blood

R: B

1. cs. If the patient complaints of vomiting, the physician should inquire about the fallowing aspects:
2. When the vomiting occurs
3. Possible connection with meals
4. The amount of vomiting masses
5. The character of vomiting masses
6. All of the above

R: E

1. cs. The seasonal character of epigastric pain is characteristic for:
2. Oesophagitis
3. Peptic ulcer
4. Chronic duodenitis
5. Hepatitis
6. Chronic pancreatitis

R: B

1. cs. Melena is defined by:
2. Vomiting of blood
3. Stool with fresh blood
4. Pain in the left hypocondrium
5. Back tarry stools
6. None of the above

R: D

1. cs. Constipation is defined by:
2. Frequent and liquid stools
3. Faeces are retained in the intestine for less than 48 h
4. Faeces are retained in the intestine for more than 48 h
5. Faeces are retained in the intestine for more than 72 h
6. Faeces are retained in the intestine for more than 5 days

R: C

1. cs. The deep sliding palpation of the intestine establishes:
2. The localization
3. The mobility
4. The tenderness
5. The consistency
6. All of the above

R: E

1. cs. Chronic gastritis of type A is defined as:

A. Multifocal chronic gastritis with focal atrophy

B. Autoimmune atrophic gastritis with intestinal metaplasia

C. Chemical chronic gastritis

D. Chronic bacterial gastritis

E. None of the above

R: B

1. cs. For acute gastritis induced by H. pylori is characteristic:

A. Minimal clinical manifestations

B. Intestinal metaplasia of the gastric mucosa

C. Is an autoimmune pathology

D. Long-term evolution

E. Granulomatous type gastric damage

R: A

1. cs. Specific treatment of HP positive chronic gastritis includes:

A. Antacids + NSAIDs

B. Antacids + antibiotics

C. Corticosteroids + antisecretory drugs

D. HCL + B12 vitamin

E. Antisecretories + antibiotics

R: E

1. cs. Positive diagnosis of a chronic gastritis includes:

A Clinical examination

B. Radiological examinations

C. Gastric biopsy

D. Therapeutic trial

E. All of the above depending on the clinical form of gastritis

R: C

1. cs. The pathogenetic mechanisms in the development of H. pylori gastritis are:

A. Altered secretion of the gastric mucus

B. Production of toxines (urease, protease, etc.).

C. Stimulation of acid gastric secretion

D. None of the above

E. All of the above

R: E

1. cs. Gastroduodenal mucosal protective factors are the following, except:

A. Mucus

B. HCl

C. Prostaglandins A and E

D. Antral mucous secretion of the bicarbonates

E. Microcirculation

R: B

1. cs. Frequent ethiologic factors of gastroduodenal ulcers are the following, except:

A. Indomethacin

B. NSAIDs

C. Prednizolon

D. Phenylbutazone

E. Digoxin

R: E

1. cs. The intensive epigastric pain with a belt-like irradiation in a patient with duodenal ulcer is suspected in case of:

A. Pyloric stenosis

B. Malignancy ulcers

C. Gastric bleeding

D. Ulcer penetration into the pancreas

E. Aggravation of ulcer

R: D

1. cs. Vomiting with “coffee grounds” and melena in a patient with gastroduodenal ulcer is a sign of:
2. pyloric stenosis
3. Hemorrhage

C. Ulcer penetration into the pancreas

D. Malignant ulcer

E. All of the above

R: B

1. cs. The gastric cancer more often develops on the basis of:

A. Chronic gastritis with hypersecretion

B. Gastric ulcer

C. Atrophic chronic gastritis with severe gastric secretory dysfunction

D. Duodenal ulcer

E. Acute gastritis

R: C

1. cs. The most accurate diagnostic tool for gastric cancer is:

A. Fluoroscopy of the stomach

B. Analysis of gastric juice

C. Abdominal uclear magnetic resonance (MRI)

D. Gastroscopy with biopsy

E. Abdominal ultrasound

R: D

1. cs. The most common location for bowel cancer is:

A. The small intestine

B. Transverse colon

C. The sigmoid colon

D. The caecum

E. The rectum

R: E

**II. Multiple choice:**

1. cm. The main symptoms in case of buco-pharyngeal diseases are:

A. Bruxism

B. Pain

C. Cough

D. Dyspnea

E. Pollakiuria

R: A,B

1. cm. The main symptoms in case of buco-pharyngeal diseases are:

A. Hemorrhage

B. Pain

C. Changes in taste

D. Dyspnea

E. Orodysphagia

R: A,B,C,E

1. cm. The main symptoms in case of buco-pharyngeal diseases are**:**

A. Salivation disorders

B. Pain

C. Cough

D. Dyspnea

E. Hemorrhage

R: A,B,E

1. cm. The examination of the lips includes the study of the following aspects:

A. Changes of the color

B. Changes of the volume

C. Asymmetry of the lips

D. Lesions and pathological changes on the lips

E. Position of the lips

R: A,B,C,D

1. cm. Sialorrhea (hypersalivation) can be symptom of the following diseases:

A. Esophageal stenosis

B. Pregnancy

C. Primary and secondary Sjogren Syndrome

D. Buco-pharyngeal cancer

E. Dental eruption

R: A,B,D,E

1. cm. Sialorrhea (hypersalivation) can be symptom of the following diseases:

A. Esophageal stenosis

B. Massive dehydration

C. Primary Sjogren Syndrome

D. Secondary Sjogen Syndrome

E. Gastrci ulcer

R: A,E

1. cm. Hyposalivation (xerostomia) can be symptom of the following diseases

A. Esophageal stenosis

B. Massive deshidration

C. Primary Sjogren Syndrome

D. Primary Sjogren Syndrome

E. Pneumonia

R: B,C,D

1. cm. The objective examination of the buco-pharynx includes:

A. Lip examination

B. Smell from the mouth (halena)

C. Examination of the vestibular area and the gums

D. Examination of the oral mucosa

E. Retrouricular lymph node examination

R: A,B,C,D

1. cm. The objective examination of the buco-pharynx includes:
2. Examination of the togue
3. Examination of pharynx and tonsils
4. Examination of the the palatine veil and of the lueta
5. Examination of axillary lymph nodes
6. Teeth Examination

R: A,B,C,E

1. cm. Halena can be present in patients with:

A. Diabetes mellitus

B. Liver cirrhosis

C. Uremia

D. Ulcero-necrotic angina

E. Hipothyroidia

R: A,B,C,D

1. cm. The dynamic dysfunction of the tongue includes:

A. The patient can take the tongue out of his mouth

B. Patient's inability to stick the tongue out

C. Tremblings of the tongue

D. Deviation of the tongur

E. The language is symmetrical

R: B,C,E

1. cm. Volume variations of the language are:

A. Deviation of the tongue to the left

B. Language with whitish deposits

C. Macroglossia

D. Geographic tongue

E. Microglosia

R: C,E

1. cm. Gingivitis can be detected in patients suffering from:

A. Vitamin C deficiency

B. Diabetes mellitus

C. Gastric ulcer

D. Leukemia

E. Hemorrhoidal Disease

R: A,B,D

1. cm. The inflammation of the pharyngeal-amygdalian region is manifested by:

A. Epigastric pain

B. Dysphagia

C. Dysphonia

D. Feeling of dry throat

E. Hypersalivation

R: B,C,D,E

1. cm. The pathology of the oesophagus is characterized by the fallowing complaints:
2. Pyrosis
3. Dysphagia
4. Epigastric pain
5. Regurgitation
6. Jaundice

R: A,B,D

1. cm. The dyspeptic syndrome is characterized by:
2. Melena
3. Nausea
4. Vomiting
5. Regurgitation
6. Dyspnea

R: B,C,D

1. cm. The patient with diseases of the stomach complain of:

A.External hemorrhoids

B. Poor appetite

C.Perverted taste

D.Pain in the right hypocondrium

E.Vomiting

R: B,C,E

1. cm. The patient with diseases of the stomach complain of:
2. Stool with traces of fresh blood
3. Nausea
4. Feeling of overfilled stomach
5. Pain in the epigastrium
6. Heartburn

R: B,C,D,E

1. cm. Abdominal pain should be characterized under the fallowing aspects:
2. The exact site of the pain
3. The characteristics of the pain (periodical or paroxismal)
4. The characteristics of the pain (permanent or seasonal)
5. The connection between pain and meals. The quality of food and it’s consistency
6. The connection between pain and other concomitant diseases

R: A,B,C,D

1. cm. Abdominal pain should be characterized under the fallowing aspects (inquiry):
2. To evaluate the radiation of the pain
3. To describe the conditions under which the pain lessens (after vomiting, after taking food, after medication)
4. Possible connections between pain and physical strain or strong emotions
5. Possible connection between pain and hereditary anamnesis
6. To check if the pain in worsened by palpation

R: A,B,C

1. cm. Possible causes of haematemesis are:
2. Acute oesophagitis
3. Peptic ulcer
4. Gastric cancer
5. Erosive gastritis
6. Chronic gastritis

R: B,C,D

1. cm. Melena is a sign of:
2. Peptic ulcer
3. Duodenal cancer
4. Gastric cancer
5. Oesophagitis
6. Internal hemorrhoids

R: A,B,C

1. cm. The methods of the palpation of the abdomen are:
2. External palpation
3. Surface tentative palpation
4. Internal palpation
5. Deep sliding palpation
6. Combined palpation

R: B,D

1. cm. Coprological studies: the faeces in a healthy subject contain:
2. Undigested food
3. Secretions of the alimentary organs
4. Microbes
5. Blood
6. Ova of helmints

R: A,B,C

1. cm. Coprological studies - the pathological components of stools are:
2. Undigested food
3. Mucus
4. Microbes
5. Blood
6. Pus

R: B,D,E

1. cm. The gastro-eosophageal reflux is manifested by:
2. Vomiting
3. Regurgitations
4. Heartburn
5. Hematemesis
6. Melena

R: B,C

1. cm. Gastric hemorrhage can be manifested by:
2. Haematemesis
3. Melena
4. Heartburn
5. Regurgitations
6. Pain in the left hypocondrium

R: A,B

1. Gastric hemmorage can be caused by:
2. Chronic gastritis
3. Erozive gastritis
4. Peptic ulcer
5. Gastric cancer
6. Chronic oesophagitis

R: B,C,D

1. cm. Diarrhea can be caused by:
2. Enteritis
3. Gastritis
4. Oesophagitis
5. Enterocolitis
6. Alimentary intoxication

R: A,D,E

1. cm. What are the subjective complaints in patients with acute non-erosive gastritis?

A. The disease is symptomatic

B. Sudden installation

C. Epigastric pain

D. Fever

E. Nausea, vomiting

R: B,C,E

1. cm. What are the gastric protective factors?

A. Secretion of bicarbonates

B. Cell turnover

C. Adaptive cytoprotection

D. Pancreatic proteases

E. Cell rapid regeneration

R: A,B,C,E

1. cm. Chronic gastritis caused by Helicobacter pylori is characterized by:

A. Is mainly located in the gastric body

B. Initially dominates hyposecretion

C. Is a pangastritis

D. Antral mainly localized

E. Predominates initially hypersecretion

R: D,E

1. cm. Chronic type C gastritis is characterized by:

A. Is the result of infection with Helicobacter pylori

B. Is the result of regurgitation of the duodenal juice in the stomach

C. Is caused by exogenous factors, such as NSAIDs and alcohol

D. Is asymptomatic

E. Complications: chronic atrophic gastritis, gastric cancer

R: B,C,E

1. cm. Chronic granulomatous gastritis is characterized by:

A. Asymptomatic evolution

B. Postprandial epigastric pain

C. Upper gastrointestinal hemorrhage

D. Nodules and ulcers on the lining of the stomach surface

E. Gastric atrophy

R:B,C,D

1. cm. For Menetrier gastritis is specific:

A. Atrophy of the gastric mucosa

B. Diffuse glandular hyperplasia

C. Can be manifested by dyspeptic, pseudotumoral, asymptomatic pseudoulcerosus forms

D. Is caused by H. pylori infection

E. Is characterized by substitution of differentiated cells in undifferentiated epithelium

R: B,C,E

1. cm. Radiological signs of gastric ulcers are:

A. Prominent niche in the contour of the stomach

B. Niche inside the stomach

C. Broken crinkles away from the niche

D. Converging crinkles to niche

E. Rigidity and lack of peristaltic contour

R: B,D

1. cm. Etiologic factors of gastric ulcers are:

A. Smoking

B. Use of NSAIDs

C. Staphylococcus aureus

D. Use of Steroidal anti-inflamatory

E. Alcohol abuse

R: A,B,D,E

1. cm. Etiologic factors of duodenal ulcers are:

A. Psychological stress

B. H.pylori

C. Prolonged use proton pompe inhibitors

D. Hypersecretion of hydrochloric acid

E. Hereditary predisposition

R: A,B,D,E

1. cm. What are the endogenous aggression factors in the development of gastric ulcers:

A. Secretion of pepsin

B. Gastrin secretion

C. H.pylori

D. Alcohol abuse

E. Nitric monoxide (NO)

R: A,B,E

1. cm. The dolor syndrome in gastric ulcers is characterized by:

A. Epigastric location

B. The pain is reduced by aspirin

C. Possible retrosternal pain

D. Occurs in 15-30 min after ingestion of food

E. Right upper quadrant pain

R: A,C,D,E

1. cm. The pain in the duodenal ulcer is characterized by:

A. Occurs in 15-30 min after ingestion of food

B. Antacids administration decreases the pain

C. Seasonal periodicity (summer-winter)

D. Late onset, nocturnal

E. Is reduce by NSAIDs

R: B,D

1. cm. The early stage of the gastric cancer is manifested by:

A. Epigastric pain

B. Disgust for meat

C. Vomiting

D. Weaknesses

E. Decreased appetite

R: B,D,E

1. cm. Which clinical manifestation characterize the gastric cancer in evolution?

A. Epigastric pain

B. Disgust for meat

C. Nausea and vomiting

D. Rapid fatigue

E. Progressive decrease in body mass

R: A,C,E

1. cm. Choose the factors predisposing to colorectal cancer:

A. Ulcerative colitis

B. Chronic constipation

C. Irritable bowel syndrome

D. Polyposis of the colon

E. Chronic enteritis

R: A,B,D

**V. Clinical examination of the patients with hepatobiliary pathologies**

**I. Single choice:**

1. cs. Patients with disorders of the hepatobiliary system usually complain of:
2. Abdominal pain
3. Dyspepsia
4. Skin itching
5. Jaundice
6. All of the above

R: E

1. cs. Which symptom doesn’t characterize diseases of the hepatobiliary system?
2. Fever
3. Enlargement of the abdomen
4. Jaundice
5. Pain in the right hypocondrium
6. Belt-like pain

R: E

1. cs. Biliary colics can occur in:
2. Chronic cholecystitis
3. Chronic hepatitis
4. Chronic pancreatitis
5. Cholelitiasis
6. Chronic gastritis

R: D

1. cs. Which sign helps detecting the true (bilirubinogenic) and false (exogenic) jaundice?
2. Inspection of the sclera
3. Inspection of the palms
4. Inspection of the hepatic region
5. Inspection of the face
6. Inspection of the toes

R: A

1. cs. The inspection of the tongue in a patient with liver disease may reveal:
2. Macroglosia
3. Microglosia
4. Raspberry tongue
5. Geographic tongue
6. Whitish tongue

R: C

1. cs. The size of the liver by percussion is:
2. On the right anterior axillary line 10-12 cm, on the right medioclavicular line 9-11 cm, on the left parasternal line 8-11 cm
3. On the right anterior axillary line 10-16 cm, on the right medioclavicular line 9-13 cm, on the left parasternal line 8-11 cm
4. On the right anterior axillary line 7-10 cm, on the right medioclavicular line 6-8 cm, on the left parasternal line 5-7 cm
5. On the right anterior axillary line 10-12 cm, on the right medioclavicular line 10-12 cm, on the left parasternal line 10-12 cm
6. On the right anterior axillary line 16-18 cm, on the right medioclavicular line 9-11 cm, on the left parasternal line 8-11 cm

R: A

1. cs. The palpation of the liver in a healthy person reveals a lower edge that is:
2. Soft
3. Painful
4. Firm
5. Rough
6. Sensitive

R: A

1. cs. The palpation of the liver in a patient with liver cirrhosis reveals a lower edge that is:
2. Soft
3. Painful
4. Firm
5. Rough
6. Sensitive

R: C

1. cs. The palpation of the liver in a patient with liver metastases reveals a lower edge that is:
2. Soft
3. Painful
4. Firm
5. Rough
6. Sensitive

R: D

1. cs. Hepatocellular (parenchymatous) jaundice can be caused by:
2. Excessive destruction of erythrocytes in the cells of reticulohystiocytic system
3. Viral hepatitis
4. Cancer of the head of the pancreas
5. Cancer of the rectum
6. Chronic gastritis

R: B

1. cs. Haemolytic jaundice can be caused by:
2. Excessive destruction of erythrocytes in the cells of reticulohystiocytic system
3. Viral hepatitis
4. Cancer of the head of the pancreas
5. Cancer of the rectum
6. Chronic gastritis

R: A

1. cs. Obstructive (mechanical) jaundice can be caused by:
2. Excessive destruction of erythrocytes in the cells of reticulohystiocytic system
3. Viral hepatitis
4. Cancer of the head of the pancreas
5. Cancer of the rectum
6. Chronic gastritis

R: C

1. cs. The characteristics of the portal hypertension are:
2. Splenomegaly, ascites, dilated portocaval anastomoses
3. Microsplenism, ascites, dilated portocaval anastomoses
4. Splenomegaly, cardiomegaly, ascites, dilated portocaval anastomoses
5. Splenomegaly, hydropericardium, dilated portocaval anastomoses
6. Hepatomegaly, ascites, dilated portocaval anastomoses

R: A

1. cs. In the decompensated stage of the hepatic insufficiency the patient may be present:
2. Non-motivated fatigue
3. Poor appetite
4. Weakness on physical exertion
5. Dyspepsia
6. All of the above

R: E

1. cs. In the decompensated stage of the hepatic insufficiency the patient may be present:
2. Hypovitaminosis
3. Poor appetite
4. Hypoproteinaemic edema
5. Haemorrhagic diatesis
6. All of the above

R: D

1. cs. The study of the liver enzymes includes the determination of the fallowing markers:
2. Bilirubin in the blood
3. ASAT, ALAT
4. Bilirubin in the urine
5. Galactose tolerance test
6. Total protein

R: B

1. cs. The study of the pigment metabolism of the liver includes the determination of the fallowing markers:
2. Bilirubin in the blood, faeces and urine
3. Serum globulins
4. ALAT, ASAT
5. Galactose tolerance test
6. Serum albumins

R: A

1. cs. The study of the protein metabolism of the liver includes the determination of the fallowing markers:
2. Bilirubin in the blood, faeces and urine
3. Serum albumin, total plasma protein
4. ALAT
5. Galactose tolerance test
6. ASAT

R: B

1. cs. The most frequent cause of chronic hepatitis is:

A. Drugs

B. Alcohol

C. Viruses

D. Hepatotoxic substances

E. Hereditary predisposition

R: C

1. cs. The indicators for chronic cholecystitis syndrome are all of the following, except:

A. Alkaline phosphatase

B. Cholesterol

C. Bilirubin

D. Troponin

E. GGTP(gamma glutamil transpeptidase)

R: D

1. cs. The clinical picture of chronic hepatitis is characterized by the following signs, except:

A. Asthenia

B. Nausea

C. Dull pain in the right upper quadrant

D. Pruritus

E. Intense pain in the right hypochondrium

R: E

1. cs. Which group of antibiotics frequently leads to the development of chronic hepatitis?:

A. Tetracyclines

B. Penicillins

C. Cephalosporins

D. Macrolides

E. Aminoglycosides

R: A

1. cs. The causes of cirrhosis are the following, except?

A. Viral hepatitis

B. E. coli

C. Autoimmune hepatitis

D. Hemochromatosis

E. Wilson disease

R: B

1. cs. Which investigation confirm the diagnosis of liver cirrhosis?

A. Liver ultrasound

B. Laparascopy

C. Liver scintigraphy

D. Liver biopsy

E. FEGDS (endoscopy)

R: D

1. cs. Child-Pugh classification of liver cirrhosis includes the following items, except:

A. Bilirubin

B. Prothrombin

C. Encephalography

D. Ascites

E. Total protein

R: E

1. cs. What are the histologycal features that can be seen in liver cirrhosis?

A. Presence of lympho-plasmocitar portal inflammatory infiltrate

B. Cell necrosis

C. Presence of fibrotic tissue

D. Regenerative nodules

E. All of the above

R: E

1. cs. Name of the most obvious sign in gallstones:

A. Constipation

B. Fever

C. Heartburn

D. Biliary colics

E. Dyspepsia

R: D

1. cs. What are the most common stones in cholelithiasis:

A. Xanthines

B. Oxalic

C. Cholesterol

D. Mixed stones

E. Black pigmentation stones

R: D

1. cs. After several days of correct treatment in a patient with total biliary obstruction, urobilinogen is present in urine. What do you think is the significance of this finding?

A. Overlay of the cholecystitis injection

B. Neoplastic obstructive jaundice is likely

C. Patient develops hemolytic anemia

D. It is an indicator of improvement

E. All of the above

R: D

1. cs. What are the complications of gallstones?

A. Gallbladder neoplasm

B. Oddien hipertonus

C. Acute pancreatitis

D. Acute cholecystitis

E. All are correct

R: E

**II. Multiple choice:**

1. cm. Spider angiomata is:
2. A sign that reveals a pathology of the liver
3. A sign that reveals a pathology of the stomach
4. Slightly elevated pulsating angiomata with fine vessels radiationg from the centre
5. Often found on the neck, face, shoulders, hands and the back
6. Only found on legs and toes

R: A,C,D

1. cm. Patients with disorders of the hepatobiliary system usually complain of:
2. Stool with fresh blood
3. Dyspepsia
4. Skin itching
5. Jaundice
6. Caught

R: B,C,D

1. cm. The type of pain in patients with disorders of the hepatobiliary system is:
2. Localized in the right hypocondrium and sometimes in the epigastrium
3. May radiate to the right shoulder, scapula and the interscapular space
4. Localized in the left hypocondrium and sometimes in the epigastrium
5. May radiate to the left shoulder, scapula and the interscapular space
6. Is relieved by rest

R: A,B

1. cm. Biliary colics are characterized by:
2. Attacks of pain develop increasingly
3. Attacks of pain develop suddenly
4. The pain is severe and unbearable
5. The pain is of moderate intensity
6. The pain is first localized in the right hypocondrium

R: B,C,E

1. cm. Biliary colics are characterized by:
2. The attacks of pain end suddenly as it arises
3. The atacks of pain may be provoked by fatty food
4. The atacks of pain may be provoked by alcohol consumtion
5. The pain is first localized in the left hypocondrium
6. Warmth applied to the liver remove the pain

R: A,B,E

1. cm. Choose the pathologies of the hepatobiliary system which can be accompanied by fever:
2. Acute cholecystitis
3. Acute hepatitis
4. Active liver cirrhosis
5. Gallbladder stones
6. Dyskinesia of the bile ducts

R: A,B,C

1. cm. Choose the correct statements abound jaundice:
2. Icteric (yellow) coloration of the skin and of the mucosa
3. Erythematous coloration of the skin and of the mucosa
4. Caused by increased content of bilirubin in the tissue and blood
5. Jaundice is attended (often preceded) by changes in the color of the urine, which becomes dark-yellow or brown
6. Faeces can be very light tor even colorless

R: A,C,D,E

1. cm. Enlargement of the abdomen as a sign of hepatobiliary pathology, can be cause by:
2. Tumors of the small intestine
3. Accumulation of the sciatic liquid in the abdominal cavity
4. Considerable meteorism
5. Pronounced hepato- or splenomegaly
6. Tumor of the head of the pancreas

R: B,C,D

1. cm. The inspection of the skin in a patient with hepatobiliary pathology may reveal:
2. Jaundice
3. Diffuse erythematous skin
4. Scratches due to severe itching
5. Spider angiomata
6. Xanthomas

R: B,C,D,E

1. cm. The inspection of the abdomen in a patient with hepatobiliary pathology may reveal:
2. Abdominal enlargement
3. Dilated venous network on the anterior abdominal wall
4. Abdominal asymmetry (protrusion of the right hypocondrium and epigastrium)
5. Abdominal asymmetry (protrusion of the left hypocondrium and epigastrium)
6. The abdomen doesn’t participate in the respiration

R: A,B,C

1. cm. The percussion of the liver aims to determinate:
2. The borders
3. The consistency
4. The size
5. The configuration
6. The colour

R: A,B,D

1. cm. The size of the liver by percussion is:
2. On the right anterior axillary line 10-12 cm
3. On the right medioclavicular line 9-11 cm
4. On the left parasternal line 8-11 cm
5. On the right anterior axillary line 8-11 cm
6. On the right medioclavicular line 10-12 cm

R: A,B,C

1. cm. The palpation of the liver in a healthy person reveals a lower edge that is:
2. Soft
3. Insensitive
4. Firm
5. Rough
6. Sensitive

R: A,B

1. cm. Choose de possible causes of jaundice:
2. Chronic pancreatitis
3. Hemolysis
4. Obstruction of the bile duct
5. Damage of hepatocytes
6. Hyposecretion of the gastric juice

R: B,C,D

1. cm. The types of jaundice are:
2. Parenchymatosus
3. Cardiovascular
4. Haemolytic
5. Obstructive
6. Dilatative

R: A,C,D

1. cm. The types of jaundice are:
2. Hepatocellular
3. Cardiovascular
4. Haematogenous
5. Mechanical
6. Functional

R: A,C,D

1. cm. Hepatocellular (parenchymatous) jaundice can be caused by:
2. Excessive destruction of erythrocytes in the cells of reticulohystiocytic system
3. Viral hepatitis
4. Cancer of the head of the pancreas
5. Toxic affections of the liver
6. Chronic gastritis

R: B,D

1. cm. Obstructive (mechanical) jaundice can be caused by:
2. Excessive destruction of erythrocytes in the cells of reticulohystiocytic system
3. Viral hepatitis
4. Cancer of the head of the pancreas
5. Cancer of the rectum
6. Obstruction of the biliary duct by a stone

R: C,E

1. cm. Portal hypertension is characterized by:
2. Splenomegaly
3. Ascites
4. Portocaval anastomoses
5. Cardiomegaly
6. Reccurent thrombosis

R: A,B,C

1. cm. The possible causes of the portal hypertension are:
2. Obstruction of the blood outflow from the portal vein
3. Obstruction of the blood outflow from the femoral vein
4. Obliteration of the intrahepatic branches of the portal vein
5. Dilatation of the portal vein
6. Obstruction of the vena cava superior

R: A,C

1. cm. Choose the stages of the hepatic insufficiency:
2. Uncompensated stage
3. Early compensated stage
4. Pronounced decompensated stage
5. Terminal dystrophic stage
6. Asymptomatic stage

R: B,C,D

1. cm. Acute hepatic insufficiency may develop in the fallowing situations:
2. Viral hepatitis
3. Liver cirrhosis
4. Liver tumours
5. Liver poisoning
6. Chronic pancreatitis

R: A,D

1. cm. Chroic hepatic insufficiency may develop in the fallowing situations:
2. Chronic B hepatitis
3. Liver cirrhosis
4. Liver tumours
5. Liver poisoning
6. Chronic pancreatitis

R: A,C

1. cm. In the decompensated stage of the hepatic insufficiency the patient may be present:
2. Non-motivated fatigue
3. Poor appetite
4. Weakness on physical exertion
5. Dyspepsia
6. Comatous state

R: A,B,C,D

1. cm. The study of the pigment metabolism of the liver includes the determination of the fallowing markers:
2. Bilirubin in the blood
3. Bilirubin in the faeces
4. Bilirubin in the urine
5. Galactose tolerance test
6. Serum albumins

R: A,B,C

1. cm. The study of the protein metabolism of the liver includes the determination of the fallowing markers:
2. Bilirubin in the blood
3. Serum albumin
4. Total plasma protein
5. Galactose tolerance test
6. ASAT

R: B,C

1. cm. The study of the liver enzymes includes the determination of the fallowing markers:
2. Bilirubin in the blood
3. ASAT
4. Bilirubin in the urine
5. Galactose tolerance test
6. ALAT

R: B,E

1. cm. What serological reactions are needed for confirmation of virus C infection?

A. C virus antibodies

B. Determination of viral RNA

C. Determination of IgM

D. Determination of antibody antismooth muscle

E. There is currently no serological reactions highlight the hepatitis C virus

R: A,B

1. cm. The indicators for cytolytic syndrome in chronic hepatitis are:

A. Bilirubin

B. Troponin

C. LDH

D.ALT

E. AST

R: C,D,E

1. cm. The indicators for immune-inflammatory syndrome in chronic hepatitis are:

A Serum immunoglobulins

B. Bilirubin

C. Serum globulins

D. GGTP(gamma glutamil transpeptidase)

E. Serum albumin

R: A,C

1. cm. The indicators for hepatoprive syndrome are:

A. Serum globulins

B. Serum albumin

C. Prothrombin index

D. Total serum protein

E. Bilirubin

R: B,C,D

1. cm. The treatment of chronic hepatitis includes:

A. Interferons

B. Hepatoprotectives

C. Glucocorticoids

D. Immunosuppressives

E. Cardiac glycosides

R: A,B,C,D

1. cm. The main syndromes in chronic hepatitis are:

A. Cytolytic

B. Hepatopriv

C. Cholestatic

D. Hepato-renal

E. Immuno-inflammatory

R: A,B,C,E

1. cm. What are the causes of hepatic cirrhosis?

A. Hypovitaminosis B1

B. Hypervitaminosis E

C. Hepatic venous stasis

D. Obesity

E. Diabetes

R: C,D,E

1. cm. What are the pathophysiological consequences of portal hypertension?

A. Development of extrahepatic porto-cava anastomosis

B. Hepatomegaly

C. Vascular stars

D. Portal encephalopathy

E. Dicrease of protein synthesis

R: A,D

1. cm. What are the factors that contribute to the occurrence of bleeding in hepatic cirrhosis:

A. Vasoactive intestinal peptide

B. Hypersplenism

C. Decrease of serum magnesium level

D. Deficiency of coagulation factors

E. Decrease of vasopressin

R: B,D

1. cm. What are the sources of haematemesis in cirrhosis?

A. Mallory-Weis Syndrome

B. Gastropaty in portal hypertension

C. Esophageal varices

D. Peptic ulcer

E. Disseminated intravascular coagulation

R: A,B,C,D

1. cm. What are the triggers for portal encephalopathy?

A. Administration of sedatives

B. Various infections

C. Gastrointestinal bleeding

D. Natrium- free diets

E. Diet rich in carbohydrates

R: A,B,C

1. cm. What signifies a temperature increase in cirrhotic patient?

A. Cytolytic flare

B. Overdose of diuretics

C. Systemic endotoxinemia

D. Reduced liver size

E. Spontaneous bacterial peritonitis

R: A,C,E

1. cm. The treatment of chronic cholecystitis includes:

A. Spasmolitics

B. Promote biliary drainage

C. NSAIDs

D. Morphine

E. Antibacterial therapy

R: A,B,E

1. cm. What are the factors predisposing to gallstones?

A. Administration of androgen

B. Administration of estrogen

C. Obesity

D. Weight loss

E. Decreased gallbladder motility

R: B,C,D,E

1. cm. What are the characteristics of the pain in gallstones?

A. Right upper quadrant pain with radiation into the right iliac fossa and flank

B. Right upper quadrant discomfort

C. Epigastric pain in the form of "ring"

D. Irradiation at the right rear of thorax

E. Irradiation to the right sternocleidomastoid insertion on the clavicle

R: A,B,E

1. cm. What treatment is appropriate in the ethiopathogenesis of gallstones?

A. Ursodeoxiholic acid

B. Second generation cephalosporins

C. Colhicine

D. Chenodeoxiholic acid

E. Prednizolon

R: A,D

1. cm. In which category of patients are more common gallstones?

A. Men

B. Women

C. Up to 20 years age

D. 40-60 years age

E. Adolescents

R: B,D

1. cm. What instrumental investigations can confirm the diagnosis of cholelithiasis?

A CT scan of the gallbladder

B. Ultrasound examination of the gallbladder

C. Cholecistography

D. General radiography of the abdomen

E. Irigoscopy

R: A,B,C,D

**VI. CLINICAL EXAMINATION OF THE PATIENTS WITH RENAL SYSTEM DISEASES**

1. **Single choice:**
2. cs. Disuria is defined by?
3. Polyuria
4. Difficult mictions, accompainned or not by miction pain
5. Oliguria
6. Low back pain
7. Presence of the erythrocytes in the urine

R: B

1. cs. Oliguria is defined by:
2. 24 hours diuresis is less than 500 ml
3. 24 hours diuresis is less than 50 ml
4. 24 hours diuresis is greater than 1.5 l
5. Night diuresis exceedes day diuresis
6. The volume of urine eliminated in 24 hours is less than the volume of the ingested liquids

R: A

1. cs. Poliuria is defined by:
2. 24 hours diuresis exceeds than 1l
3. 24 hours diuresis exceeds than 2,0 l
4. Night diuresis exceedes day diuresis
5. Night diuresis exceedesis equal to day diuresis
6. Painful mictions

R: B

1. cs. Anuria is defined by:
2. 24 hours diuresis is less than 2,0 l
3. 24 hours diuresis is less than 1,0 l
4. 24 hours diuresis is less than 100 ml
5. Absence of urine elimination
6. 24 hours diuresis is less than 500 ml

R: C

1. cs. The causes of physiological oliguria are:

A. Nephrotic syndrome

B. Cardiac insufficiency

C. Uremia

D. Heart failure

E. Low intake of fluids

R: E

1. cs. Pollakiuria is defined by:
2. Painful mictions
3. Urinary retension
4. Frequent mictions
5. Difficult miction
6. Absence of mictions

R: C

1. cs. Nicturia is defined by
2. Day diuresis exceeds night diuresis
3. Night diuresis exceeds day diuresis
4. Decreased 24 hours diuresis
5. Absence of night diuresis
6. Night diuresis is more than 2,0l

R: A

1. cs. In grade I nephroptosis we can palpate:
2. The upper pole of the kidney
3. The kidney cannot be palpated
4. The lower pole of the kidney
5. The kidneys (the upper and lower poles) are palpated
6. The kidney is palpated in the pelvic floor

R: C

1. cs. The urinalysis by Neciporenko determines the number of erythrocytes, leucocytes and cylinders in the urine collected:
2. Within 24 hours
3. Within 3 hours
4. Within 1 minute
5. In 1 liter of urine
6. In 1milliliter of urine

R:E

1. cs. For urinalysis by Neciporenko the urine is being collected:
2. Within 24 hours
3. Within 3 hours
4. Night urine
5. Morning urine, the middle of the urinary flow
6. Morning urine

R: D

1. cs. The urinary protein in healthy people does not exceed:
2. 15 mg/l
3. 3,5 gr/l
4. 1,0 g/l
5. Is absent
6. 1,5gr/l

R: A

1. cs. Specific Urine Density in healthy people may vary within 24 hours:
2. 1010 – 1028
3. 1016 – 1023
4. 1009 – 1011
5. 1012 – 1038
6. 1015 – 1020

R: A

1. cs. In grade I nephroptosis we can palpate:
2. The kidney cannot be palpated
3. The kidneys (the upper and lower poles) are palpated
4. The lower pole of the kidney
5. The kidney is palpated in the pelvic floor
6. The upper pole of the kidney

R:B

1. cs. The color of the skin in kidney diseases may be:
2. Cyanotic
3. Pale
4. Pale pink
5. Hyperemic
6. Jaundice

R: B

1. cs. One of the clinical signs in acute pyelonephritis is:

A. Fever

B. Polyuria

C. Normal body temperature

D. Pain in the epigastric region

E. Splenomegaly

R: A

1. cs. Polyuria is defined by a 24 hours diuresis of:
2. More than 500 ml
3. More than 1,0 l
4. More than 1,5 l
5. More than 1,8 l
6. More than e 3,0 l

R: D

1. cs. The analysis of the urine by Neciporenko consists of:
2. The number of erythrocytes, leucocytes and cylinders in the urine collected within 24 hours
3. The number of erythrocytes, leucocytes and cylinders in the urine collected within 1 hour
4. The number of erythrocytes, leucocytes and cylinders in 1 ml of urine
5. The number of erythrocytes, leucocytes and cylinders in the urine collected within 3 hours
6. The number of erythrocytes, leucocytes and cylinders in 1 l of urine

R: C

1. cs. The cause of low back pain in acute glomerulonephritis is :

A. Decrease of glomerural filtration

B. Extension of the renal capsula

C. Increase of glomerular capillary permeability

D. Hypertension

E. Generalised edema

R: B

1. cs. One of the clinical manifestations of latent glomerulonephritis is:

A. The presence of acute streptococcal infections

B. Signs of slow convalescence after a streptococcal infection

C. The presence of intoxication syndrome

D. The presence of edematous syndrome

E. The presence of urinary syndrome

R: B

1. cs. The ratio between day and night diuresis in healthy people is:
2. 2:1
3. 3:1
4. 1:1
5. 1:2
6. 1:3

R: B

1. cs. During acute glomerulonephritis we can observe the fallowing syndromes, except:

A. Low back pain

B. Nephrotic syndrome

C. The presence of streptoccocical infection

D. Urinary syndrome

E. Hypertensive syndrome

R: C

1. cs. The diagnosis of acute pyelonephritis is confirmed by:
2. General blood count
3. Urinary analysis by Zimniţkii
4. Oftalmologic examination
5. Patient’s complaints
6. Kidney ultrasonography

R: E

1. cs. Excretory anuria is the consequence of:

A. Thromboembolism of the renal arteries

B. Pulmonary vein thrombosis

C. Pb poisoning

D. Incompatible transfusions with massive hemolysis

E. Simultaneous obstruction of both ureters

R: E

1. cs. The smell of urine like "acre apples" is suggestive of:

A. Urinary infections

B. Anaerobic germ infection

C. Garlic, horseradish alimentary intake

D. Ketonuria

E. Kidney tumors

R: D

1. cs. In grade III nephroptosis we can palpate:
2. The kidney cannot be palpated
3. The kidneys (the upper and lower poles) are palpated
4. The lower pole of the kidney
5. The kidney is palpated in the pelvic floor
6. The upper pole of the kidney

R:B

1. cs. The dark color of the urine in case of hemolytic jaundice is caused by the presence in the urine of:
2. Bile acids
3. Urobilin
4. Free bilirubin
5. Cholesterol
6. Erythrocytes

R:B

1. cs. The dark color of the urine in case of parenchimatous jaundice is caused by the presence in the urine of:
2. Urobilin
3. Free bilirubin
4. Bilirubin conjugates
5. Erythrocytes
6. Bile acids

R:C

1. cs. Which test is useful in the diagnosis of chronic pyelonephritis:
2. Piuria
3. Steinheimer-Malbin cells
4. Presence in elevated amounts of gamma globulins
5. Hematuria
6. Proteinuria

R:A

1. cs. In the etiology of pyelonephritis the primary role is hold by:
2. Bacteria
3. Ureoplasma
4. Viruses
5. Candida
6. Shigella

R:A

1. cs. Which clinical symptom is chatacteristic for acute pyelonephritis:
2. Low back pain
3. Abdominal hypertonus
4. Polakiuria
5. Nauseea
6. Constipation

R:A

1. cs. The Jordano symptom is determined by:
2. Palpation
3. Percussion
4. Computer tomography
5. Auscultation
6. Ultrasonography

R:B

1. cs. Which of the clinical conditions can lead to chronic pyelonephritis:
2. Urinary bladder reflux
3. Increase glomerular filtration
4. Reduction of glomerural filtration
5. Chronic constipation
6. Renal dystopia

R: A

**II. Multiple choice:**

1. cm. Polyuria is:

A. Is a micturition disorder

B. Is a diuresis disorder

C. The increase in urinary volume over 2000 ml / 24 hours

D. The increase in the number of micturitions / in 24 hours

E. Occurs after massive bleeding

R: B, C.

1. cm. The causes of transient (physiological) polyuria are:

A. Considerable ingestion of liquids

B. Chronic renal failure

C. Diabetes mellitus

D. Hypothalamic insufficiency

E. Cold exposure

R: A, E.

1. cm. The causes of permanent polyuria are:

A. Chronic renal insufficiency (compensation stage)

B. Diabetes mellitus

C. Exposure to cold

D. Exposure to stress

E. Diuretic treatment

R: A, B.

1. cm. The causes of physiological oliguria are:

A. Nephrotic syndrome

B. Cardiac insufficiency

C. Uremia

D. Excessive sweating

E. Low intake of fluids

R: D, E.

1. cm. The causes of pathological oliguria are:

A. Low intake of liquids

B. Excessive sweating

C. Nephrotic syndrome

D. Uremia

E. Heart failure

R: C, D, E.

1. cm. Which factors are predisposing to urinary infections:

A. Urinary reflux

B. Major physical effort

C. Neurological disorders affecting the emptying of the bladder

D. Uterine obstruction

E. Extreme exposure to high temperatures

R: A, C, D.

1. cm. Which factors are predisposing to urinary tract infection:

A. Excessive physical activity

B. Diabetes mellitus, immunosuppression

C. Postoperative condition

D. Follicular angina in anamnesis

E. Instrumental maneuvers (cataterism, cytoscopy)

R: B, E.

1. cm. The conditions for urine sampling for the correct cybacteriological examination are:

A. Collection of the urine during the day

B. Correct perineal toilet before urine collection

C. The urine sample will be stored for 2 hours in the refrigerator

D. Collection of the urine in the middle of the micturition

E. Collecting the sample at the end of the micturiction

R: B, D.

1. cm. In acute pyelonephritis, the general blood analysis can show the following changes:

A. Erythrocytosis

B. Thrombocytopenia

C. Eosinophilia

D. Leukocytosis

E. Increased ESR

R: D, E.

1. cm. Which factors are important in the pathogenesis of acute pyelonephritis?

A. Obstruction of the urinary tract

B. Incompetence of bladder-ureteral valves

C. Increased urinary IgG concentration

D. Physical overload

E. Emotional overload

R: A, B.

1. cm. The etiologic factors of nephrotic syndrome may be:

A. Infectious

B. Viral

C. Sun exposure

D. Exposure to low temperatures

E. Exposure to high temperatures

R: A.B

1. cm. The diagnostic criteria for nephrotic syndrome are:

A. Proteinuria greater than 3-3.5 g / 24 h

B. Hipolipiduria

C. Serum albumin <25 g / l

D. Pale, soft edema

E. Hyperproteinemia

R: A, C, D.

1. cm. The causes of hematuria are:

A. Anticoagulant treatment

B. Hypertension

C. Urinary bladder tumor

D. Chronic pyelonephritis

E. Treatment with salicylic acid

R: A, C.

1. cm. The causes of hematuria are:

A. Renal infarction

B. Diabetes mellitus

C. Acute glomerulonephritis (poststreptococcal)

D. Treatment with salicylic acid

E. Urinary infection

R: A, C.

1. cm. Macroscopic anatomo-pathological changes in acute pyelonephritis are:

A. The kidneys are edematous, enlarged in volume, have multiple visible abscesses on the surfaces, which sometimes break through the capsule

B. The contralateral non affected kidney is hypertrophied

C. On the section there are triangular areas with the tip on the papilla, as well as cortical abscesses

D. Large pelvic and caliceal distension, accumulating up to 3 l / urine

E. Reduced renal parenchyma with unclear difference between cortical and medullar regions

R: A, C.

1. cm. Macroscopic anatomo-pathological data in acute pyelonephritis are:

A. The kidney contains regions of congestion and pallor

B. The contralateral non affected kidney is hypertrophied

C. The pyeloccalical tree is dilated, congested and covered with purulent secretions

D. Reduced renal parenchyma with deletion of the difference between corticol and medullar regions

E. Large pelvis and caliceal distension, accumulating up to 3 l / urine

R: A, C.

1. cm. Choose the complications of acute pyelonephritis:

A. Septicemia, which occurs through the massive penetration of germs into circulation

B. Hypertensive crisis

C. Anemia

D. Perinephrotic phlegmon

E. Development of renal cysts

R: A.D.

1. cm. Increase in urinary creatinine occurs in:

A. Rheumatic fever

B. Myasthenia gravis

c. cystitis

D. Renal lithiasis

E. Muscular dystrophy

R: B, E.

1. cm. Increase in urinary creatinine occurs in:

A. Renal lithiasis

b. Cystitis

c. Dermatomyositis

D. Miastenia gravis

E. Solitary renal cyst

R: C, D.

1. cm. The cloudy appearance of urine may be due to its content in:

A. Numerous microbial flora

B. Small amounts of albumin

C. Increased urinary salts (urate, oxalates, phosphates, carbonates)

D. Diuretic drugs intake

E. Pus

R: A, C, E.

1. cm. Increase in urinary creatinine occurs in:

A. Rheumatic fever

B. Miastenia gravis

C. Cystitis

D. Renal lithiasis

E. Muscular dystrophy

R: B, E.

1. cm. Uricosuria (uric acid) depends on:

A. Endogenous uric acid synthesis

B. Liquid intake

C. Purine-containing food intake

D. Renal mechanisms of filtration, reabsorption and tubular secretion

E. Blood glucose level

R: A, C, D.

1. cm. The indications for simple kidney radiography are:

A. Acute and chronic pyelonephritis

B. Renal lithiasis

C. Abdominal and lumbar-abdominal trauma

D. Acute renal failure

E. Acute cystitis

R: B, C, D.

1. cm. The causes of pollakyuria are:

A. Anatomical reduction of bladder dimensions through tumors

B. Major physical effort

C. Hyperexcitability of bladder wall receptors by inflammation (cystitis)

D. Acute ureteral inflammatory processes

E. Solitary cyst

R: A, C, D.

1. cm. Choose the causes of urinary retention:

A. Urethral obstruction by calculus

B. Urinary bladder inflammation

C. Prostate adenoma

D. Ureteral strictures

E. Exposure to high temperatures

R: A, C, D.

1. cm. Choose the causes of urinary retention:

A. Prostate disorders

B. Exposure to cold (at low temperatures)

C. Pathology of the urinary bladder

D. Urinary bladder inflammation

E. Chronic pyelonephritis

R: A, C.

1. cm. Cystic (urinary bladder infection) syndrome is manifested by:

A. Retropubian and suprapubian pain

B. Anuria

C. Polyuria

D. Transparent, yellow urine

E. Pollakiuria

R: A.E.

1. cm. Cystic (urinary bladder infection) syndrome is manifested by:

A. Dysuria

B. Post micturition burning

C. Polyuria

D. Cloudy urine

E. Anuria

R: A, B, D.

1. cm. Clinical signs in acute pyelonephritis are:

A. Insidious onset

B. Low grade fever

C. High fever with chills

D. Unilateral or bilateral lumbar pain

E. Changed in general patient’s status

R: C, D.E.

1. cm. Clinical signs of acute pyelonephritis are:

A. Sweating

B. Fever with chills

C. Predominant hematuria in urine sediment

D. Predominantly leukocyturia

E. Low grade fever

R: A, B, D.

1. cm. Deep palpation of the kidneys in acute pyelonephritis is:

A Very painful

B. Indolent palpation

C. Positive Giordano maneuver

D. The kidneys cannot be palpated

E. Enlarged, painful kidneys

R: A, C, E.

1. cm. Urinary sediment in acute pyelonephritis contains:

A. Leucocyturia

B. Hematuria, but with values much lower than leukocyturia

C. Marked proteinuria

D. glucosuria

E. Ketonic bodies

R: A, B.

1. cm. Urinary sediment in acute pyelonephritis contains:

A. Marked hematuria

B. Presence of erytrocyturia, but with values below leucocyturia

C. Glucosuria

D. Ketonic bodies

E. Marked leukocyteuria

R: A.E.

1. cm. Choose the hematologic changes that can be present in acute pyelonephritis:

A. Anemia

B. Thrombocytopaenia

C. Left shift of leukocyte formula

D. High ESR

E. Low hematocrit

R: C, D.

1. cm. The clinical signs of renal lithiasis are:

A. Minor pain in the lumbar region

B. Colicative pain

C. Hematuria

D. Can be asymmetrical, being detected by ultrasound or radiological examination

E. Polyuria

R: B, C, D.

1. cm. The causes of hematuria are:

A. Chronic pyelonephritis

B. Renal lithiasis

C. Solitary renal cyst

D. Anticoagulant treatment

E. Kidney infarction

R: B, D, E.

1. cm. The causes of hematuria are:

A. Renal trauma

b. Polycystic kidney disease

C. Thromboembolism of the renal arteries

D. Chronic pyelonephritis

E. Pararenal abscess

R: A, C.

1. cm. The following statements characterize nephrotic syndrome:
2. Hypoalbuminemia
3. Edematous syndrome
4. Hypoglycaemia
5. Hyperglycaemia
6. Hypoprothrombinaemia

R: A, B

1. cm. The causes of functional proteinuria are:
2. Inflammatory damage to glomerular vessels
3. Degenerative kidney changes
4. Proteinuria after a long walk
5. Proteinuria caused by cold
6. Orthostatic proteinuria

R: C,D,E

1. cm. Organic proteinuria appears in case of:
2. Inflammatory damage to the glomeruli
3. Degenerative changes in renal canaltubuli (tubular nephropathy)
4. Inflammation of the uroexcretory tract
5. Orthostatic proteinuria
6. Proteinuria in case of fever

R: A,B,C

1. cm. Renal edema is characterised by:
2. Are cold
3. Are hot and pale
4. Are tender
5. Are soft
6. Primarily involves the upper body

R: B,D,E

1. cm. The pain in case of nephrolithiasis is characterized by:
2. Localized in the lumbar region
3. Irradiates to the shoulder
4. Irradiates to the perineum
5. Irradiates to the urethra
6. Irradiates to the scapula

R: A,C,D

1. cm. Pyelonephritis is characterized by:
   1. Fever
   2. Low back pain
   3. Dyspnea
   4. Cough
   5. Leucocyturia

R: A,B,E

**VII. METHODS OF EXAMINATION OF THE PATIENTS WITH HEMATOLOGIC DISEASES**

1. **Single choice:**
2. cs. Patients with diseases of the blood may complain of:
3. Fever
4. Skin itching
5. Poor appetite
6. Loss of weight
7. All of the above

R: E

1. cs. Patients with diseases of the blood may complain of:
2. Skin itching
3. Increased bleeding
4. Pain in the left hypocondrium
5. Pain in the right hypocondrium
6. All of the above

R: E

1. cs. The pain in the left hypocondrium in patients with blood diseases is explained by:
2. Pathologic changes in the pancreas
3. Enlarged spleen
4. Enlarged liver
5. Lienal artery thrombosis
6. Metastases in the sigmoid

R: B

1. cs. The pain in the right hypocondrium in patients with blood diseases is explained by:
2. Pathologic changes in the pancreas
3. Enlarged spleen
4. Enlarged liver
5. Thrombosis of the vena portae
6. Metastases in the liver

R: C

1. cs. Which of the blood diseases is characterized by perverted taste:
2. Vitamin B12 deficiency anemia
3. Myeloleucosis
4. Iron deficiency anemia
5. Chronic leucosis
6. Acute leucosis

R: C

1. cs. Choose the medications/chemical compounds that can lead to the inhibition of the bone marrow function:
2. Amydopirin
3. Cytostatics
4. Pb
5. Me
6. All of the above

R: E

1. cs. Which of the hematologic disease is hereditary?
2. Iron deficiency anemia
3. Vitamin B12 deficiency anemia
4. Hemophilia
5. Chronic leucosis
6. Acute leucosis

R: C

1. cs. The inspection of the skin in a patient with hemolytic anemia reveals:
2. Erythematous skin
3. Pale skin
4. Acrocianosis
5. Yellow hue of the skin and visible mucosa
6. Hemorrhagic eruptions on the skin

R: D

1. cs. The inspection of the skin in a patient with erythremia reveals:
2. Chery red skin
3. Pale skin
4. Acrocianosis
5. Yellow hue of the skin and visible mucosa
6. Hemorrhagic eruptions on the skin

R: A

1. cs. The inspection of the skin in a patient with haemorrhagic diatesis reveals:
2. Chery red skin
3. Pale skin
4. Acrocianosis
5. Yellow hue of the skin and visible mucosa
6. Hemorrhagic sports of various size and shape on the skin

R: E

1. cs. The inspection of the skin in a patient with anemia reveals:
2. Erythematous skin
3. Pale skin
4. Acrocianosis
5. Jaundice
6. Hemorrhagic eruptions on the skin

R: B

1. cs. The inspection of the tongue in a patient with vitamin B12 deficiency anemia reveals:
2. Atrophy of the tongue papillae (Hunter’s glossitis)
3. Normal tongue
4. Geographic tongue
5. Macroglosia
6. Microglosia

R: A

1. cs. The palpation of the spleen in a healthy subject reveals:
2. A normal spleen is impalpable
3. One or several notches on the anterior edge of the spleen can be palpated
4. The anterior surface of the spleen emerges from under the costal arch
5. Painful spleen
6. None of the above

R: A

1. cs. The hemoglobin concentration in a healthy people is:
2. 100-120 g/l in women and 130-160 g/l in men
3. 120-140 g/l in women and 130-160 g/l in men
4. 100-120 g/l in women and 120-140 g/l in men
5. 80-100 g/l in women and 100-120 g/l in men
6. 140-160 g/l in women and 100-180 g/l in men

R: B

1. cs. The trepanobiopsy gives information about:
2. Peripheral blood count
3. Composition on the bone marrow
4. Erythrocytes sedimentation rate
5. Coagulation time
6. Haemorrhagic time

R: B

1. cs. The first line treatment of the mild to moderate Iron deficiency anemia is:
2. Blood transfusions
3. Vitamin B12 supplementation
4. Iron preparations
5. Diet rich in Iron salts
6. Diet rich in vitamins from group B

R: C

1. cs. The first line treatment of the mild to moderate Vitamin B12 deficiency anemia is:
2. Blood transfusions
3. Vitamin B12 supplementation
4. Iron preparations
5. Diet rich in Iron salts
6. Diet rich in vitamins from group B

R: B

1. cs. Which type of anemia is present in patients with atrophic gastritis?
2. Iron deficiency anemia
3. Vitamin B12 anemia
4. Post-hemorrhagic anemia
5. Anemia of chronic diseases
6. Haemolytic anemia

R: B

1. cs. The gastroscopy in a patient with Vitamin B12 deficiency anemia typically reveals:
2. Peptic ulcer disease
3. Atrophy of the gastric mucosa
4. Erosive gastritis
5. Intestinal metaplasia of the gastric mucosa
6. Gastric cancer

R: B

1. cs. Which type of anemia is accompanied by hyperbilirubinemia?
2. Iron deficiency anemia
3. Vitamin B12 anemia
4. Post-hemorrhagic anemia
5. Anemia of chronic diseases
6. Haemolytic anemia

R: E

1. cs. Acute leucosis is defined by:
2. Profuse proliferation of the youngest elements of blood with their subsequent disturbed differentiation
3. Hyperlasia of the bone marrow attended by delayed maturation of the blood elements at a certain stage of their development
4. Low hemoglobin level due to excessive hemolysis
5. Disturbed hematopoiesis due to Vitamin B12 deficiency
6. Disturbed hematopoiesis due to iron deficiency

R: A

1. cs. Chronic leucosis is defined by:
2. Profuse proliferation of the youngest elements of blood with their subsequent disturbed differentiation
3. Hyperlasia of the bone marrow attended by delayed maturation of the blood elements at a certain stage of their development
4. Low hemoglobin level due to excessive hemolysis
5. Disturbed hematopoiesis due to Vitamin B12 deficiency
6. Disturbed hematopoiesis due to iron deficiency

R: B

1. cs. The clinical picture in acute leucosis is characterized by:
2. Chills
3. High temperature
4. Sore throat
5. Pronounced weakness
6. All of the above

R: E

1. cs. The peripheral blood count in acute leucosis is marked by:
2. Increaed number of white blood cells
3. Decreased number of white blood cells
4. Unchanged number of white blood cells
5. Normal leucocytes formula
6. None of the above

R: A

1. cs. The normal leucocyte count is:
2. 4,0 – 9,0x109/l
3. 4,0 – 9,0x1012/l
4. Less than 4,0x109/l
5. More than 9,0x1012/l
6. 3,0 – 12,0x109/l

R: A

1. cs. Leucocytosis is defined by a leucocytes count:
2. 4,0 – 9,0x109/l
3. 4,0 – 9,0x1012/l
4. Less than 4,0x109/l
5. More than 9,0x1012/l
6. 3,0 – 12,0x109/l

R: D

1. cs. Leucopenia is defined by a leucocytes count:
2. 4,0 – 9,0x109/l
3. 4,0 – 9,0x1012/l
4. Less than 4,0x109/l
5. More than 9,0x1012/l
6. 3,0 – 12,0x109/l

R: C

1. cs. The normal thrombocytes count in the peripheral blood is:
2. 180 - 320 x109
3. 4,0 – 9,0x1012/l
4. 120-140 g/l in women and 130-160 g/l in men
5. More than 320 x109
6. Less than 160 x109

R: A

1. **Multiple choice:**
2. cm. Choose the possible complaints in patients with blood diseases:
3. Fever
4. Increased appetite
5. Loss of appetite
6. Skin itching
7. Increased bleeding

R: A,C,D,E

1. cm. Choose the possible complaints in patients with blood diseases:
2. Pain in the right hypocondrium
3. Pain in the left hypocondrium
4. Loss of appetite
5. Skin itching
6. Weight gain

R: A,B,C,D

1. cm. Which blood diseases can be triggered by the partial resection of the stomach?
2. Vitamin B12 deficiency anemia
3. Myeloleucosis
4. Iron deficiency anemia
5. Chronic leucosis
6. Acute leucosis

R: A,C

1. cm. Which of the hematologic diseases are hereditary?
2. Iron deficiency anemia
3. Vitamin B12 deficiency anemia
4. Hemophilia
5. Haemolytic anemia
6. Acute leucosis

R: C, D

1. cm. The inspection of the skin and mucosa in a patient with anemia reveals:
2. Erythematous mucosa
3. Pale skin
4. Cherry red skin
5. Pale mucosa
6. Hemorrhagic eruptions on the skin and mucosa

R: B,D

1. cm. The palpation of the lymph nodes in patients with leucosis and malignant lymphomas reveals:
2. Painless lymph nodes
3. Painful lymph nodes
4. The nodes fuse with the skin
5. The nodes doesn’t fuse with the skin
6. Enlarged lymph nodes

R: A,D,E

1. cm. The palpation of the lymph nodes in patients with leucosis and malignant lymphomas reveals:
2. Suppurated lymph nodes
3. The lymph nodes can have fistulas
4. The lymph nodes do not suppurate
5. The lymph nodes do not form fistulas
6. Painless lymph nodes

R: C,D,E

1. cm. The palpation of the lymph nodes in patients with leucosis and malignant lymphomas reveals:
2. Suppurated lymph nodes
3. Painful lymph nodes
4. The lymph nodes do not suppurate
5. The nodes doesn’t fuse with the skin
6. Painless lymph nodes

R: C,D,E

1. cm. The palpation of an enlarged spleen reveals (in cases of haematologic diseases):
2. Impalpable spleen
3. One or several notches on the anterior edge of the spleen can be palpated
4. The anterior surface of the spleen emerges from under the costal arch
5. Painful spleen
6. The spleen is insensitive to palpation

R: B,C,E

1. cm. The palpation of a patient with haematologic diseases may reveal:
2. Enlarged lymph nodes
3. Enlarged spleen
4. Painful bones
5. Enlarged thyroid gland
6. Diminished spleen

R: A,B,C

1. cm. Which laboratory investigations are informative in patients with hematologic diseases?
2. Liver enzimes
3. General blood count
4. Differential blood count
5. Coagulation time
6. Dedermination of cardiac enzymes (troponin)

R: B,C,D

1. cm. Which laboratory investigations are informative in patients with hematologic diseases?
2. Liver enzimes
3. General blood count
4. Differential blood count
5. Bleeding time
6. Erythrocytes sedimentation rate (ESR)

R: B,C,D,E

1. cm. Which investigation can be recommended in patients with hematologic diseases?
2. Sternal puncture
3. Trepanobiopsy
4. Puncture of lymph nodes
5. Liver puncture
6. Cardiac biopsy

R: A,B,C

1. cm. The study of the haemorrhagic syndromeincludes:
2. Coagulation time
3. Bleeding time
4. Clot retraction
5. Total serum bilirubin and stercobilirubin in faeces
6. Erythrocytes sedimentation rate (ESR)

R: A,B,C

1. cm. Anemia is defined as:
2. Increased number of leucocytes in the peripheral blood
3. Decreased number of leucocytes in the peripheral blood
4. Decreased number of erythrocytes in the peripheral blood
5. Decreased of haemoglobin content in a blood unit volume
6. Presence of premature blood cells in the peripheral blood

R: C,D

1. cm. The fallowing types of anemia can be differentiated:
2. Due to loss of blood
3. Due to disordered haematopoiesis
4. Due to erythrocytes destruction in the liver
5. Due to excessive haemolysis
6. Due to high erythrocytes sedimentation rate (ESR)

R: A,B,D

1. cm. Iron deficiency anemia can develop in the fallowing cases:
2. Excessive haemolysis in the spleen
3. Resection of the stomach
4. Removal of a considerable part of the small intestine
5. Iron deficit in food
6. Abnormal intestinal absorption

R: B,C,D,E

1. cm. Iron deficiency anemia can accompany the fallowing diseases:
2. Gastric ulcer
3. Chronic pancreatitis
4. Type A gastritis
5. Haemorrhoids
6. Gastric cancer

R: A,D,E

1. cm. The clinical picture of the Vitamin B12 deficiency anemia is characterized by:
2. Pain in the left hypocondrium
3. Palpitation
4. Dizziness
5. Dyspnea
6. Precordial pain

R: B,C,D

1. cm. Hemolytic anemia is characterized by:
2. May be hereditary or acquired
3. High bilirubin
4. Low Vitamin B12
5. The hemolysis may be intravascular or extravascular
6. The production of the erythrocytes by bone marrow is affected

R: A,B,D

1. cm. Acute leucosis is characterized by:
2. Profuse proliferation of the youngest elements of blood with their subsequent disturbed differentiation
3. Acute onset of the disease
4. Development of foci of pathological haemopoiesis in various organs
5. Enlargement of the spleen and lymph nodes
6. The patient may be asymptomatic for a long period of time

R: A, B,C,D

1. cm. The clinical picture in acute leucosis is characterized by:
2. The patient may be asymptomatic for a long period of time
3. High temperature
4. Pain in the bones
5. Precordial pain
6. Profuse sweating

R: B,C,E

1. cm. The inspection of the patients with acute leucosis reveals:
2. Acrocianosis
3. Pale skin
4. Necrosis of the mucosa of the mouth and throat
5. Putrefactive breath
6. Leg edema

R: B,C,E

1. cm. The peripheral blood count in acute leucosis is marked by:
2. Increased number of white blood cells
3. Decreased number of white blood cells
4. Presence of blasts cells
5. Normal leucocytes formula
6. Anemia

R: A,E

1. cm. The peripheral blood count in acute leucosis is marked by:
2. Increased number of white blood cells
3. Trombocytopenia
4. Presence of blasts cells
5. Normal erythrocytes sedimentation rate (ESR)
6. Anemia

R: A,B,C,E

1. cm. The diagnosis of acute leucosis in based on:
2. Gastrscopy
3. Dosage of serum Iron and Vitamin B12
4. Peripheral blood count
5. Bone marrow puncture
6. Coagulation tests

R: C,D

1. cm. Chronic leucosis is characterized by:
2. Hyperlasia of the bone marrow attended by delayed maturation of the blood elements at a certain stage of their development
3. Chronic onset of the disease
4. Development of foci of pathological haemopoiesis in various organs
5. Enlargement of the spleen
6. Presence of blasts cells in the peripheral blood

R: A, B,D

1. cm. The clinical picture in chronic leucosis is characterized by:
2. The symptoms of the disease are not specific
3. Temperature >400c
4. Feeling of heaviness in the left part of the abdomen
5. Precordial pain
6. Acute onset

R: B,C,E

**VIII. METHODS OF EXAMINATION ON PATIENTS WITH ENDOCRINE DISEASES**

1. **Single choice:**
2. cs. In a patient with pituitary hyperfunction (STH hormone) the general inspection reveals:
3. High below 135 cm
4. High over 195 cm
5. BMI over 35 kg/m2
6. BMI below 20 kg/m2
7. None of the above

R: B

1. cs. The dwarfism in the context of hypofunction of the anterior pituitary lobe, is manifested by:
2. High below 135 cm
3. High over 195 cm
4. BMI over 35 kg/m2
5. BMI below 18,5 kg/m2
6. None of the above

R: A

1. cs. Pre-obesity is defined by:
2. BMI over 35 kg/m2
3. BMI below 18,5 kg/m2
4. BMI between 25 and 29,9 kg/m2
5. BMI between 30 and 34,9 kg/m2
6. BMI between 18,5 and 24,9 kg/m2

R: C

1. cs. The normal BMI is:
2. BMI over 35 kg/m2
3. BMI below 18,5 kg/m2
4. BMI between 25 and 29,9 kg/m2
5. BMI between 30 and 34,9 kg/m2
6. BMI between 18,5 and 24,9 kg/m2

R: E

1. cs. Grade I obesity is defined by:
2. BMI over 35 kg/m2
3. BMI below 18,5 kg/m2
4. BMI between 25 and 29,9 kg/m2
5. BMI between 30 and 34,9 kg/m2
6. BMI between 18,5 and 24,9 kg/m2

R: D

1. cs. Grade II is defined by:
2. BMI between 35 and 39,9 kg/m2
3. BMI below 18,5 kg/m2
4. BMI between 25 and 29,9 kg/m2
5. BMI between 30 and 35,9 kg/m2
6. BMI between 18,5 and 24,9 kg/m2

R: A

1. cs. Grade III is defined by:
2. BMI between 35 and 39,9 kg/m2
3. BMI over 40 kg/m2
4. BMI between 25 and 29,9 kg/m2
5. BMI between 30 and 35,9 kg/m2
6. BMI between 18,5 and 24,9 kg/m2

R: B

1. cs. The inspection of the skin in case of Addison’s disease reveals:
2. Pallid face with a yellowish hue
3. Hyperemia of the face
4. Bronze skin and mucosa
5. Jaundice
6. Acrocyanosis

R: C

1. cs. The inspection of the skin in case of Itsenco-Coushing disease reveals:
2. Pallid face with a yellowish hue
3. Hyperemia of the face
4. Bronze skin and mucosa
5. Jaundice
6. Acrocyanosis

R: B

1. cs. The inspection of the skin in case of myxoedema reveals:
2. Pallid face with a yellowish hue
3. Hyperemia of the face
4. Bronze skin and mucosa
5. Jaundice
6. Acrocyanosis

R: A

1. cs. The general condition for the palpation of the thyroid gland is:
2. The patient is in orthostatic position
3. The patient in lying in bed
4. The patient makes swallowing movements
5. The patient breaths deeply
6. The patient exhales

R: C

1. cs. The structure and function of the thyroid gland is studied by:
2. Absorption of 131I by the thyroid gland
3. Thyroid ultrasonography
4. Thyroid scanning
5. Determination of the thyroid stimulation hormone (TSH) and of the protein-bound iodine (PBI)
6. All of the above

R: E

1. cs. Basedow’s disease in characterized by:
2. Intensified secretion of the hormones by the thyroid gland
3. Intensified secretion of the hormones by the suprarenal gland
4. Intensified secretion of the somatotrope hormone by the pituitary gland
5. Decreased secretion of the hormones by the thyroid gland
6. Intensified secretion of the hormones by the pituitary gland

R: A

1. cs. The main signs of the thyreotoxicosis (Basedow’s disease) are:
2. Enlargement of the thyroid gland, exoftalmia, bradycardia
3. Enlargement of the thyroid gland, exoftalmia, tachycardia
4. Enlargement of the thyroid gland, sore throat, bradycardia
5. Enlargement of the pituitary gland, exoftalmia, tachycardia
6. Enlargement of the thyroid gland, moist skin, bradycardia

R: B

1. cs. The appearance of the patient with hypothyroidism is:
2. The eye slits are narrow
3. The neck is oedematous
4. The hair on the head is rare, it falls from the brows
5. The skin is pallid with a yellowish hue
6. All of the above

R: E

1. cs. Mixoedema is a form of:
2. Grave hyperthyroidism
3. Pituirary hyperfunction
4. Grave hypothyroidism
5. Hyposecretion of glucocorticoids
6. Grave hypoglycemia

R: C

1. cs. Diabetes mellitus is characterized by:
2. Deficiency of insulin production
3. Hyposecretion of thyroid hormones
4. Affection of the α cells of the pancreas
5. Hypoglicemia
6. Deficiency of somatotrope production

R: A

1. cs. Diabetes mellitus is characterized by:
2. Polydipsia (excessive thirst)
3. Increased appetite
4. Polyuria
5. Decreased work capacity
6. All of the above

R: E

1. cs. Which are the first instance tests in case of suspicion of diabetes mellitus?
2. Insulin dosage
3. Glycaemia and glycosuria
4. Abdominal ultrasound
5. General blood count
6. Determination of the C-peptide in the blood

R: B

1. cs. The blood glucose level in a healthy individual is:
2. 120-140x1012/l
3. 4-9x109/l
4. 4,4-6,6 mmol/l
5. 18,5 kg/m2
6. 20-30 mmol/l

R: C

1. cs. Choose the correct statements about diabetic coma:
2. The onset of coma is preceded by precomatose state
3. The first degree coma is characterized by strong nervous excitement: insomnia, restlessness, convulsions, Kussmaul’s respiration
4. The second phase of diabetic coma is characterized by marked inhibition and loose of consciousness
5. In deep coma, the patient is motionless
6. All of the above

R: E

1. cs. The precomatous stage of the diabetic coma is characterized by:
2. Strong nervous excitement (insomnia, restlessness, convulsions, Kussmaul’s respiration)
3. Excessive thirst, polyuria, epigastric pain, dyspepsia, headache, loss of appetite, breath smells of acetone
4. Marked inhibition of the nervous system and loose of consciousness
5. Deep coma, decreased muscle tones and reflexes, low and fast pulse, low blood pressure
6. All of the above

R: B

1. cs. The first phase of the diabetic coma is characterized by:
2. Strong nervous excitement (insomnia, restlessness, convulsions, Kussmaul’s respiration)
3. Excessive thirst, polyuria, epigastric pain, dyspepsia, headache, loss of appetite, breath smells of acetone
4. Marked inhibition of the nervous system and loose of consciousness
5. Deep coma, decreased muscle tones and reflexes, low and fast pulse, low blood pressure
6. All of the above

R: A

1. cs. The second phase of the diabetic coma is characterized by:
2. Strong nervous excitement (insomnia, restlessness, convulsions, Kussmaul’s respiration)
3. Excessive thirst, polyuria, epigastric pain, dyspepsia, headache, loss of appetite, breath smells of acetone
4. Marked inhibition of the nervous system and loose of consciousness
5. Deep coma, decreased muscle tones and reflexes, low and fast pulse, low blood pressure
6. All of the above

R: C

1. cs. The deep diabetic coma is characterized by:
2. Strong nervous excitement (insomnia, restlessness, convulsions, Kussmaul’s respiration)
3. Excessive thirst, polyuria, epigastric pain, dyspepsia, headache, loss of appetite, breath smells of acetone
4. Marked inhibition of the nervous system and loose of consciousness
5. Decreased muscle tones and reflexes, low and fast pulse, low blood pressure
6. All of the above

R: D

1. cs. The deep diabetic coma is characterized by, except:
2. Kussmaul’s respiration
3. Low blood pressure
4. High blood pressure
5. Low and fast pulse
6. Hypotermia

R: C

1. cs. The treatment of hypoglicaemic coma consists of:
2. Injection of insulin
3. Oral antidiabetics
4. Intravenous infusion of a hypertonic solution of glucose
5. Diet with high carbohydrates intake
6. Diet with low carbohydrates intake

R: C

1. cs. The treatment of diabetic coma consists of:
2. Insulinotherapy fallowed by intravenous infusion of a hypertonic solution of glucose
3. Oral antidiabetics
4. Insulinotherapy alone
5. Diet with high carbohydrates intake
6. Diet with low carbohydrates intake

R: A

1. **Multiple choice:**
2. cm. The inspection of the skin in case of endocrine system pathologies may reveal:
3. Pallid face with a yellowish hue in case of myxoedema
4. Hyperemia of the face in case of Itsenco-Cushing disease
5. Bronze skin in case of Addison’s disease
6. Jaundice in case of viral hepatitis
7. Acrocyanosis in case of chronic cardiac failure

R: A,B,C

1. cm. The inspection of the skin in case of myxoedema reveals:
2. Pallid face with a yellowish hue
3. Hyperemia of the face
4. Bronze skin and mucosa
5. Dry and scaling skin
6. Smooth and moist skin

R: A,D

1. cm. The inspection of the skin in case of Itsenco-Coushing disease reveals:
2. Pallid face with a yellowish hue
3. Hyperemia of the face
4. Bronze skin and mucosa
5. Male-type pilosis in women
6. Atrophy of the skin on the abdomen (red-violet striae)

R: B,D,E

1. cm. The general inspection of the skin in case of Itsenco-Coushing disease reveals:
2. Pallid face with a yellowish hue
3. Hyperemia of the face
4. Excess fat on the face and trunk
5. Male-type pilosis in women
6. Atrophy of the skin on the abdomen (red-violet striae)

R: B,C,D,E

1. cm. The general inspection of the skin in case of myxoedema reveals:
2. Pallid face with a yellowish hue
3. Falling of hair from eyelids, brows, moustaches, and the head
4. Bronze skin and mucosa
5. Dry and scaling skin
6. Smooth and moist skin

R: A,D

1. cm. The palpation of the thyroid gland aims to determine:
2. The color
3. The density
4. The character of its surface
5. The presence of nodes
6. The presence of fluctuation

R: B,C,D

1. cm. The function of the thyroid gland is studied by:
2. Dosage on aldosterone
3. Determination of protein-bound iodine (PBI)
4. Determination of the level of hydroxycorticosteroids
5. Determination of the level of blood glucose
6. Determination of the thyroid stimulation hormone (TSH)

R: B,E

1. cm. The structure and function of the thyroid gland is studied by:
2. Absorption of 131I by the thyroid gland
3. Determination of protein-bound iodine (PBI)
4. Excretion of the 131I in the urine
5. Determination of the level of blood glucose
6. Determination of the thyroid stimulation hormone (TSH)

R: A,B,C,E

1. cm. The structure and function of the thyroid gland is studied by:
2. Absorption of 131I by the thyroid gland
3. Thyroid ultrasonography
4. Thyroid scanning
5. Determination of the level of blood glucose
6. Determination of the thyroid stimulating hormone (TSH) and of the protein-bound iodine (PBI)

R: A,B,C,E

1. cm. Hormonal studies of the thyroid gland include the assessment of:
2. Thyroid stimulating hormone (TSH)
3. T3 free
4. T4 free
5. T5 free
6. Aldosterone

R: A,B,C

1. cm. Choose the correct statements about thyreotoxicosis:
2. Is also called Itsenco-Coushing disease
3. Is also callet Basedow’s disease
4. Is also called Addison’s disease
5. The secretion of hormones by the thyroid gland is intensified
6. The secretion of hormones by the thyroid gland is decreased

R: B,E

1. cm. The clinical symptoms in patients with thyreotoxicosis (Basedow’s disease) involve:
2. The height (gigantism)
3. The eyes (exoftalmia)
4. The heart (bradicardia)
5. The heart (tachycardia)
6. Thyroid gland (enlargement)

R: B,D,E

1. cm. The main signs of the thyreotoxicosis (Basedow’s disease) are:
2. Tachycardia
3. Heart pain
4. Exoftalmia
5. Thyroid gland enlargement
6. Pituitary gland enlargement

R: A,C,D

1. cm. The clinical picture of the thyreotoxicosis (Basedow’s disease) is characterized by:
2. Increased appetite
3. Excitability
4. Ocular symptoms (bilateral dilatation of the eye slids)
5. Dicreased appetite
6. Weight gain

R: A,B,C

1. cm. The clinical picture of the thyreotoxicosis (Basedow’s disease) is characterized by:
2. Increased heart rate
3. High nervous activity
4. Ocular symptoms (bilateral dilatation of the eye slits)
5. Dicreased heart rate
6. Weight loss

R: A,B,C,E

1. cm. Choose the correct statements about hypothyroidism:
2. Is also called Itsenco-Coushing disease
3. Is also callet Basedow’s disease
4. Can be primary and secondary
5. The secretion of hormones by the thyroid gland is intensified
6. The secretion of hormones by the thyroid gland is decreased

R: C,E

1. cm. The hypothyroidism can be:
2. Congenital
3. Primary
4. Secondary
5. Acquired
6. External

R: B,C

1. cm. The appearance of the patient with hypothyroidism is:
2. The eye slits are narrow
3. The eye slits are dilated
4. The face is puffy
5. The skin is pallid with a yellowish hue
6. The skin is erythematous

R: A,C,D

1. cm. The appearance of the patient with hypothyroidism is:
2. The eye slits are narrow
3. The neck is oedematous
4. The hair on the head is rare, it falls from the brows
5. The skin is pallid with a yellowish hue
6. The skin is erythematous

R: A,B,C,D

1. cm. The main complaints in patients with hypothyroidism are:
2. Nervous excitability
3. Decreased work capacity
4. Apathy
5. Somnolence
6. Fever

R: B,C,D

1. cm. The hypothyroidism in characterized by:
2. Constipation
3. Bradycardia
4. Weight loss
5. Weight gain
6. Tachycardia

R: A,B,D

1. cm. Diabetes mellitus is characterized by:
2. Deficiency of insulin production
3. Hyposecretion of thyroid hormones
4. Affection of the β cells of the pancreas
5. Hypoglicemia
6. Hyperglicemia

R: A,C,E

1. cm. The clinical symptoms of diabetes mellitus are:
2. Polydipsia (excessive thirst)
3. Increased appetite
4. Polyuria
5. Anuria
6. Decreased work capacity

R: A,B,C,E

1. cm. Which are the first instance tests in case of suspicion of diabetes mellitus?
2. Insulin dosage
3. Glycaemia
4. Abdominal ultrasound
5. Determination of the C-peptide in the blood
6. Glycosuria

R: B,E

1. cm. The main laboratory methods used to diagnose diabetes mellitus and to assess its gravity are:
2. Determination of sugar and ketone bodies in the urine
3. Determination of sugar in the blood on a fasting stomach
4. Determination of sugar in the blood during the day
5. Glucose tolerance tests
6. Abdominal ultrasonography

R. A,B,C,D

1. cm. Which laboratory tests may prove the diagnosis of diabetes mellitus?
2. General blood count
3. Urine microscopy
4. Determination of sugar and ketone bodies in the urine
5. Determination of sugar in the blood on a fasting stomach
6. Hepatic enzymes

R: C,D

1. cm. Which laboratory tests may prove the diagnosis of diabetes mellitus?
2. General blood count
3. Glucose tolerance tests
4. Determination of sugar and ketone bodies in the urine
5. Determination of sugar in the blood during the day
6. Hepatic enzymes

R: B,C,D

1. cm. Diabetic coma may appear in patient with diabetes mellitus under the fallowing conditions:
2. Diabetes mellitus is treated improperly
3. Acute infections
4. Injuries
5. Nervous stress
6. Insulinotherapy

R: A,B,C,D

1. cm. The deep diabetic coma is characterized by:
2. Strong nervous excitement (insomnia, restlessness, convulsions, Kussmaul’s respiration)
3. Excessive thirst, polyuria, epigastric pain, dyspepsia, headache, loss of appetite, breath smells of acetone
4. Marked inhibition of the nervous system and loose of consciousness
5. Decreased muscle tones and reflexes, low and fast pulse, low blood pressure
6. Hypotermia, oliguria or anuria

R: D,E

1. cm. The deep diabetic coma is characterized by:
2. Kussmaul’s respiration
3. Low blood pressure
4. High blood pressure
5. Tachycardia
6. Hypotermia

R: A,B,D,E

1. cm. Hypoglycaemic coma may appear in patient with diabetes mellitus under the fallowing conditions:
2. Diet with low intake of carbohydrates
3. Acute infections
4. Injuries
5. Nervous stress
6. Insulin overdosage

R: A,E

1. cm. Hypoglycaemic coma is characterized by:
2. Rapid development
3. Coma is preceded by a sudden feeling of hunger, weakness, sweating, tremor in the entire body, psychic and motor excitement
4. Coma is preceded by excessive thirst, polyuria, epigastric pain, dyspepsia, headache, loss of appetite, breath smells of acetone
5. Comatous state is characterized by increased muscular tone and reflexes, convulsions
6. Comatous state is characterized by decreased muscle tones and reflexes

R: A,B,D

1. cm. Laboratory findings in hypoglicaemic coma are:
2. Low blood sugar
3. High blood sugar
4. Glucozuria
5. Absence of the glucose in the urine
6. Absence of the acetone in the urine

R: A,D,E

1. cm. Which tests are necessary in order to distinguish between diabetic and hypoglicaemic coma?
2. Serum insulin level
3. Serum glucose level
4. Glucose in the urine
5. Acetone in the urine
6. Serum C-peptide

R: B,C,D

1. cm. Laboratory findings in diabetic coma are:
2. Low blood sugar
3. High blood sugar
4. Glucozuria
5. Absence of the glucose in the urine
6. Presence of the acetone in the urine

R: B,C,E

1. cm. The treatment of diabetic coma consists of:
2. Insulinotherapy
3. Oral antidiabetics
4. Intravenous infusion of a hypertonic solution of glucose
5. Diet with high carbohydrates intake
6. Diet with low carbohydrates intake

R: A,C

1. cm. The treatment of diabetes mellitus consists of:
2. Insulinotherapy
3. Oral antidiabetics
4. Intravenous infusion of a hypertonic solution of glucose
5. Diet with high carbohydrates intake
6. Diet with low carbohydrates intake

R: A,B,E