

UGS – 1st week past papers

Anatomy

1-Which of the following muscles originate from the ischial spines ONLY ?

- a. Coccygeus
- b. Puborectalis
- c. Sphincter vaginae
- d. Iliococcygeus
- e. Levator prostate

2-During labour, the anteroposterior diameter of the baby's head passes in the anteroposterior diameter of the pelvis:

- a. cavity
- b. outlet
- c. obstetric conjugate
- d. brim
- e. inlet

3-Regarding the inferior hypogastric plexus. Choose the wrong statement :

- a. It receives parasympathetic contribution from superior hypogastric plexus
- b. It receives contribution from pelvic splanchnic nerves
- c. It lies medial to internal iliac vessels
- d. It receives contribution from sacral sympathetic chain
- e. It lies lateral to rectum

4-The muscle which is located posterior to the right ureter is supplied by artery;

- a. Iliolumbar .
- b. Internal pudendal .
- c. Obturator .
- d. Lateral Sacral Artery.
- e. Superior gluteal.

5 -Regarding pelvic nerves, choose the WRONG statement:

- a. The sensation from base of the urinary bladder in females is carried by pelvic splanchnic nerve.
- b. Pudendal nerve is a branch of sacral plexuses
- c. The pudendal nerve block is used to anesthetizes the patient during Episiotomy.
- d. The pregnant women could complain of aching pain extending down one of the lower limbs due to compression of anococcygeal nerve.
- e. The ganglion impar is formed by union of the two sacral sympathetic trunks.

6-In females, which of the following arteries originates from posterior division of internal artery ?

- a. inferior gluteal
- b. superior vesical
- c. superior gluteal
- d. middle rectal
- e. uterine

7- Which of the following cells maintain acid-base balance by secreting either H+ or HCO₃?

- A. Lacis cells .
- B. Mesangial cells .
- C. Dark intercalated cells of collecting ducts .
- D. Juxta-glomerular cells .
- E. Podocytes.

8- Choose the WRONG match:

- A. Membranous urethra stratified columnar and pseudostratified columnar epithelium.
- B. Proximal convoluted tubules. Simple cuboidal epithelium with long microvilli.
- C. Thick limbs of loop of henle. Simple cuboidal epithelium with no Microvilli.
- D. Distal convoluted tubules. Simple columnar epithelium; short microvilli.
- E. Distal part of spongy urethra...stratified squamous epithelium

1	A	5	D
2	B	6	C
3	A	7	C
4	A	8	D

Microbiology

1-Which of the following inhibits bacterial growth in the bladder ?

- a. Urine retention
- b. Bacterial biofilm formation
- c. Lactoferrin in the urine
- d. Urine pH of 7.4
- e. Absence of secretory antibodies

2-All of the following can inhibit bacterial growth in the urinary tract except:

- a. Tamm-Horsfall protein.
- b. Lactoferrin.
- c. Urine flow .
- d. Abundance of Iron.
- e. Urea.

3- "Struvite" renal stones are composed of:

- a. Magnesium ammonium phosphate.
- b. Calcium phosphate.
- c. Cystine crystals .
- d. Uric acid crystals.
- e. Calcium oxalate.

4-Which of the following is true regarding complicated and uncomplicated UTIS?

- a. Management is the same for both.
- b. The most common pathogen is the same for both.
- c. Bacteria lacking adhesions usually cause uncomplicated UTIS, while bacteria expressing adhesions cause complicated UTIS.
- d. Risk factors are the same for both.
- e. Dysuria and frequency are found only in complicated UTIS

1	C
2	D
3	A
4	B

Pathology

1- One is true about Minimal change disease:

- A. Maybe caused by nephron loss
- B. Diffuse glomerular basement membrane thickening
- C. Leads to recurrent hematuria
- D. Selective albumin loss in urine
- E. Azotemia is an important finding in blood tests

2- One is true about membranoproliferative glomerulonephritis :

- A. Most common cause of azotemia in children
- B. Only one type exists
- C. Inflammation is not a contributing factor in pathogenesis m
- D. Mesangial IgA deposits are diagnostic
- E. Double contour (tram track) GBM is characteristic

3- One is true about primary membranous nephropathy:

- A. Azotemia
- B. Recurrent episodes of hematuria
- C. Hypertension
- D. Urine RBC casts
- E. Massive proteinuria

4- All of the following are manifestations of nephritic syndrome, except:

- A. Massive proteinuria (> 3.5 g/day)
- B. RBC casts
- C. Hypertension
- D. Azotemia
- E. Oliguria

5- A 4-year-old boy presents with severe proteinuria, hypoalbuminemia, generalized edema, and hyperlipidemia.

The patient improves on an empiric trial of corticosteroids, with complete resolution of proteinuria. Which of the following is the most likely diagnosis?

- A. Diabetic nephropathy
- B. Focal segmental glomerulosclerosis
- C. Lupus nephropathy
- D. Membranous glomerulonephritis
- E. Minimal change disease

6- One is true about IgA nephropathy :

- A. Most common nephrotic syndrome in childhood
- B. An x-linked hereditary nephritis
- C. Elevated serum anti-ASO titers
- D. Recovery is the usual outcome
- E. Linked to abnormality in secretory immunoglobulin clearance

7- One of the following is correct about post infectious glomerulonephritis (PSGN):

- A. Mostly causes nephrotic syndrome
- B. Negative tests by immunofluorescence
- C. Elevated anti-streptolysin O titers
- D. Caused by streptococcal pyelonephritis
- E. More common in adults than children

8- A 3-year-old girl presents with generalized edema shortly after recovery from an upper respiratory infection. Laboratory studies reveal marked albuminuria, as well as hypoalbuminemia and hyperlipidemia. Prior similar episodes responded to adrenal steroid medication. The most likely diagnosis is:

- A. focal segmental glomerulosclerosis.
- B. membranous glomerulonephritis.
- C. minimal change disease.
- D. poststreptococcal glomerulonephritis.
- E. rapidly progressive glomerulonephritis.

9- ONE is true about focal and segmental glomerulosclerosis (FSGS):

- A. A disease of childhood
- B. Only some glomeruli are affected
- C. Rapidly progressive glomerulonephritis
- D. Positive family history in most cases

E. Subepithelial humps

10- In order to know the specific composition of immune deposits inside the glomerulus, we typically use the following test:

- A. Transmission electron microscopy
- B. Disecting microscopy
- C. Light microscopy (Silver stain)
- D. Direct Immunofluorescence microscopy
- E. Light microscopy (H&E stain)

11- Which of the following factors INCREASE glomerular filtration rate?

- A. Mild constriction of efferent arteriole
- B. Stone in the renal pelvis (obstruction due to stone)
- C. Increase in Bowman's space hydrostatic pressure
- D. Severe constriction of the efferent arteriole
- E. Mild constriction of the afferent arteriole

12- Which cell type comprises the visceral layer of Bowman capsule?

- A. Endothelial cells
- B. Juxtaglomerular cells
- C. Mesangial cells
- D. Podocytes
- E. Extraglomerular mesangial (or Lacis) cells

13- Dense deposit disease is also known as :

- A. MPGN 1
- B. RPGN 1
- C. PSGN
- D. RPGN 2
- E. MPGN 2

14- Dense deposit disease is characterized by glomerular deposits composed of one of the following:

- A. IgG.

- B. IgA.
- C. IgM .
- D. C3.
- E. C4.

15- Post-infectious glomerulonephritis is most commonly linked to an immune response against the following microorganism :

- A. Schistosomiasis
- B. Streptococcus Group A
- C. Staphylococcus
- D. H. influenza
- E. Corona viruses

16- A 5-year-old boy presents with hematuria. His mother states that he has had a sore throat for the past 2 days and that he has had hematuria a few times in the past, also concomitantly with a sore throat. She states that his urine usually returns to a normal clear yellow color after a few days. Which of the following is the most likely diagnosis?

- A. Alport syndrome
- B. Goodpasture syndrome
- C. IgA nephropathy
- D. Membranoproliferative glomerulonephritis
- E. Poststreptococcal glomerulonephritis

1	D	9	B
2	E	10	D
3	E	11	A
4	A	12	D
5	E	13	E
6	E	14	D
7	C	15	B
8	C	16	C

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