

UGS – 2nd week past papers

Anatomy

1) Intraperitoneal fluid collection of urine and blood is caused by:

- A. superior wall of the bladder injury
- B. pelvic fractures
- C. anterior wall of bladder injury
- D. Prostatic tumor

2) The sphincter vesicae is supplied by:

- A. Prostatic plexus
- B. inf. Hypogastric plexus
- C. coelic plexus
- D. renal plexus

3) Which of the following structures doesn't pass within the spermatic cord:

- A. Pampiniform venous plexus
- B. Ilioinguinal nerve
- C. Vestige of processus vaginalis
- D. Testicular Artery
- E. Vas deferens

4) Regarding the Prostate, all are correct except ONE:

- A. The prostatic venous plexus is drained by the internal iliac veins
- B. Apex rests on the perineal membrane
- C. The inferolateral surfaces are facing levator ani muscle
- D. It is related anteriorly to fascia of Denonvilliers
- E. The medial lobe is related to trigon of the urinary bladder

5) Choose the WRONG Statement:

- A. The posterior ligaments of the urinary bladder contain vesical veins.
- B. The lymphatics from spongy part of male urethra are drained by deep and superficial inguinal lymph nodes.

- C. The urethral sphincter that prevents reflux of semen into the urinary bladder during ejaculation is supplied by autonomic fibers from the inferior hypogastric plexus .
- D. During insertion a male urinary catheter you feel resistance while it passes through membranous urethra as it is the narrowest part of the urethra.
- E. The female urethra is more distensible than male urethra.

6) Adam is 3 months old, his parent notice a swelling in his scrotum. The doctor diagnosed it as a hydrocele. During fluid aspiration the needle will pass through the following structures EXCEPT:

- A. Internal spermatic fascia .
- B. Skin and Dartos muscle.
- C. Visceral layer of Tunica vaginalis.
- D. External spermatic fascia.
- E. Cremasteric muscle and fascia.

7))A 17-year-old boy suffers a traumatic groin injury during a soccer match. The urologist notices tenderness and swelling of the boy's left testicle that may be produced by thrombosis in which of the following veins:

- A. Left internal pudendal vein
- B. Left renal vein
- C. Inferior vena cava
- D. Left inferior epigastric vein
- E. Left external pudendal vein

8) An elderly man with a benign enlargement of his prostate experiences difficulty in urination, urinary frequency, and urgency. Which of the following lobes of the prostate gland is commonly involved in benign hypertrophy that obstructs the prostatic urethra:

- A. Anterior lobe
- B. Median lobe
- C. Right lateral lobe
- D. Left lateral lobe
- E. Posterior lobe

9) A 59-year-old man is diagnosed with prostate cancer following a digital rectal examination. For the resection of prostate cancer, it is important to know that the prostatic ducts open into or on which of the following structures:

- A. Membranous part of the urethra

- B. Seminal colliculus
- C. Spongy urethra
- D. Prostatic sinus
- E. Prostatic utricle

10) A 37-year-old man is suffering from carcinoma of the skin of the penis. Cancer cells are likely to metastasize directly to which of the following lymph nodes:

- A. External iliac nodes
- B. Internal iliac nodes
- C. Superficial inguinal nodes
- D. Aortic (lumbar) nodes
- E. Deep inguinal nodes

11) A 39-year-old man is unable to expel the last drops of urine from the urethra at the end of micturition because of paralysis of the external urethral sphincter and bulbospongiosus muscles. This condition may occur as a result of injury to which of the following nervous structures:

- A. Pelvic plexus
- B. Prostatic plexus
- C. Pudendal nerve
- D. Pelvic splanchnic nerve
- E. Sacral splanchnic nerve

12) A 16-year-old boy presents to the emergency department with rupture of the penile urethra. Extravasated urine from this injury can spread into which of the following structures:

- A. Scrotum
- B. Ischiorectal fossa
- C. Pelvic cavity
- D. Testis
- E. Thigh

13) A 72-year-old man comes to his physician for an annual checkup. Which of the following structures is most readily palpated during rectal examination:

- A. Prostate gland
- B. Epididymis
- C. Ejaculatory duct
- D. Ureter
- E. Testis

14) A 21-year-old man is involved in a highspeed motor vehicle accident. As a result, he has extensive damage to his sphincter urethra. Which of the following best describes the injured sphincter urethra?

- A. Smooth muscle
- B. Innervated by the perineal nerve
- C. Lying between the perineal membrane and Colles fascia
- D. Enclosed in the pelvic fascia
- E. Part of the pelvic diaphragm

15) An elderly man with prostatitis is seen at an internal medicine clinic. The seminal colliculus of his prostate gland is infected, and its fine openings are closed. Which of the following structures is/are most likely to be disturbed:

- A. Ducts of the prostate gland
 - B. Prostatic utricle
 - C. Ducts of the bulbourethral glands
 - D. Ejaculatory ducts
 - E. Duct of the seminal vesicles
- D

16) Which of the following branches of the renal artery passes in the renal column:

- A. Segmental
- B. Interlobar
- C. Interlobular
- D. lobar
- E. Arcuate

17) Regarding the Prostate, all are correct except ONE:

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- C. The inferolateral surfaces are facing levator ani muscle
- D. It is related anteriorly to fascia of Denonvilliers
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18) Regarding the ureter, which of the following is INCORRECT;

- A. It is crossed by genitofemoral nerve.
- B. Its pelvic part is supplied by branches from vesical, middle rectal and uterine arteries
- C. The Inferior mesenteric vein is medial to the left ureter
- D. Sensory fibers from the ureter enter the spinal cord through last two thoracic and upper two lumbar segments .
- E. One of its narrowest points located medial to ischial spine.

19) Omar, a 38 years old man is complaining of severe renal colic radiating to his flanks. X ray revealed renal stone. After surgical removal of the stone, the doctor advice his family that Omar can eat and drink after his full recovery. Why Omar

can eat and drink after this operation?

- A. The kidney is not a gastrointestinal organ.
- B. Small intestine is supplied by superior mesenteric artery while the kidney by renal artery.
- C. The intestinal blood is drained by portal vein while renal vein is drained by systematic circulation.
- D. The intestinal pain transmitted to T10 while renal pain to T12 segments of spinal cord.
- E. The kidney is a retroperitoneal structure.

20) Clinically, to assess the pelvis of a pregnant women before labor, we measure the distance between.

- A. The two arcuate lines .
- D. Sacral promontory and lower border of symphysis pubis and subtract 1.5 cm .
- C. Sacro-iliac joint on one side and the iliopubic eminence on opposite
- D. Sacral promontory and upper border of symphysis pubis .
- E. Ischial spine and pubic Arch

21) Ureteric pain at level of t4 will be referred to labia majora through :

Genitofemoral nerve

22) Wrong about the kidney:

peritoneum reflects from inferior surface of liver to cover the kidney from its upper pole to its lower pole.

23) True:

female true pelvis is shorter than males and its inlet and outlet are wider

24) A child with ruptured penile urethra, urine extravasation won't reach:

The thigh

1	A	11	C
2	B	12	A
3	B	13	A
4	D	14	B
5	D	15	D
6	C	16	B
7	B	17	D
8	B	18	A
9	D	19	E
10	C	20	B

Microbiology

1- A 26-year-old female, previously healthy, presents to the clinic with a 3- day history of pain on passing urine associated with frequent bathroom visits. She denies urethral discharge or itch, and reports no sexual activity in the past 6 months. Which of the following laboratory results most likely confirms her diagnosis with a UTI:

- A. Any number of RBCS in urine.
- B. Urine culture revealing growth of coagulase negative, gram positive cocci.
- C. Dipstick test reveals decreased urine pH.
- D. Dipstick test reveals presence of nitrite.
- E. Any number of WBCS in urine.

2- Which of the following is true regarding urinary tract infection treatment:

- A. Treatment can be initiated if UTI symptoms are present without need for further lab testing depending on history and physical examination
- B. Urine analysis and culture is mandatory before initiation of therapy
- C. Antimicrobial therapy is not always required for symptomatic UTI
- D. Treatment regimen for cystitis and pyelonephritis are usually the same
- E. Treatment regimen includes a combination of antibacterial, antifungal, and antiviral drugs

3- Which of the following best describes emphysematous pyelonephritis:

- A. Pyelonephritis associated with vaginal discharge
- B. A severe multifocal bacterial pyelonephritis with high mortality
- C. Clinically asymptomatic pyelonephritis

- D. Pyelonephritis caused by ureteric stone formation
- E. Pyelonephritis that resolves spontaneously in 30% of patients

4- Screening for, and treating asymptomatic bacteriuria is recommended in which of the following cases:

- A. A 22-year-old male undergoing urinary tract surgery.
- B. A 50-year-old male with a chronic indwelling urinary catheter.
- C. A 73-year-old male with history of diabetes.
- D. A 30-year-old healthy female
- E. A 60-year-old male with benign prostatic hypertrophy.

5- Screening for, and treating asymptomatic bacteriuria is recommended in which cases:

- A. Patients undergoing abdominal procedures
- B. Pregnant women
- C. A patient with an indwelling catheter

6- Bacterial vaginosis is best described as:

- A. Vaginal discharge caused by a disturbance in the vaginal microbiota.
- B. Vaginal discharge caused by gram positive rods.
- C. A Common sexually transmitted disease.
- D. A Self-limiting disease that should not be treated with antibiotics.
- E. A rare cause of vaginal discharge worldwide.

7- A 22-year-old male presents to his physician, complaining of a 2-week history of a sore on his penis. Physical examination shows a firm, raised, red, non-tender chancre midway between the base and glans. Which of the following is the most appropriate course of action for the physician:

- A. Test a serum sample for antibodies to herpes simplex virus.
- B. Swab the chancre and culture on Thayer-Martin agar.
- C. Swab the chancre and perform a Gram stain.
- D. Perform a dark-field examination on a swab of the active lesion.
- E. Swab the chancre and culture on blood agar.

8- A 28-year-old woman presents with fever, dysuria, urinary frequency, and flank tenderness. The urine contained numerous neutrophils and many white cell casts. Urine protein was moderately increased. A quantitative urine culture revealed more than 10⁵ bacteria per milliliter. The most likely causative organism is:

- A. Escherichia coli.
- B. Haemophilus influenza.
- C. Proteus vulgaris.
- D. Pseudomonas aeruginosa.

9- A 26-year-old female, previously healthy, presents to the clinic with a 3-day history of pain on passing urine associated with frequent bathroom visits. She denies urethral discharge or itch, and reports no sexual activity in the past 6 months. Laboratory tests for this patient are most likely to reveal which of the following:

- A. Dipstick test reveals decreased urine pH.
- B. Urine culture reveals Gram positive diplococci.

- C. Dipstick test reveals increased leukocyte esterase.
- D. Urine culture reveals spore forming Gram positive rods.
- E. Dipstick test reveals absent nitrite.

10- Which of the following is expected to be an uncomplicated urinary tract infection:

- A. Dysuria and frequency in a 30-year-old female with a ureteral catheter.
- B. Dysuria and frequency in a 6-year-old female.
- C. Dysuria and frequency in an AIDS patient.
- D. Dysuria and suprapubic pain in a 30-year-old male.
- E. Dysuria and fever in a 65-year-old diabetic male.

11-Wrong about T. vaginalis:
Endodyogeny

1	D	6	A
2	A	7	D
3	B	8	A
4	A	9	C
5	B	10	B

Pathology

1-Pathogenesis of analgesic nephropathy:

- A. T-cell mediated
- B. Inhibition of PG synthesis
- D. Type I hypersensitivity reaction
- D. Non-covalent binding to enzymes

2-All of the following can lead to hydronephrosis, except ONE:

- A. Atresia of urethra .
- B. PKHDI mutations.
- C. Ptosis of renal pelvis.
- D. Prostatic hyperplasia .
- E. Spinal cord damage.

3-All are correct regarding acute drug-induced tubulointerstitial nephritis, except

one :

- A. Characterized by fever, skin rash and eosinophilia .
- B. Develops within days to weeks following drug exposure.

- C. Causes hematuria without significant proteinuria .
- D. Increased risk of urothelial carcinoma of the renal pelvis .
- E. Hypersensitivity reactions may be implicated.

4- “Struvite” renal stones are composed of :

- A. Magnesium ammonium phosphate.
- B. Calcium phosphate.
- C. Cystine crystals .
- D. Uric acid crystals.
- E. Calcium oxalate.

5- ONE is true about cystic diseases of the kidney:

- A. Hypertension complicates many cases of autosomal dominant polycystic disease.
- B. Chronic hemodialysis is a risk factor to have simple renal cysts.
- C. Polyuria and polydipsia are symptoms of adult polycystic renal disease.
- D. PKD 2 mutation is linked to autosomal recessive polycystic kidney disease.
- E. Nephronophthisis uremic complex is associated with numerous cortical cysts.

6- Cystic diseases of the kidney that may develop carcinomas are caused by:

- A. Genetic mutation of polycystin genes
- B. Inflammation
- C. Chronic hemodialysis

7- Wrong combination:

Adult type PKD – fibrocystin 1

8- Wrong about nephronophthisis: Medullary cystic disease complex:

associated with hereditary hepatic fibrosis

9- Most common kidney stone in children:

oxalate stone (mostly)

10- Wrong about acute drug-induced TIN:

dose related allergy

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

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