Tests for Mini-examination: respiratory tract diseases.

I. RESPIRATORY SYSTEM

1. Palpation of the chest helps to detect:

1) borders of the lungs,
2) pleural rub,
3) localization of pain,
4) elasticity of the chest,
5) tactile fremitus.

2. Decreased elasticity of the chest may be revealed in:

1) massive consolidation of the lung tissues;
2) calcification of the costal cartilages;
3) pleural effusion;
4) acute bronchitis.

3. Tactile fremitus is decreased in syndromes of:

1) consolidation of the lung tissues;
2) emphysema of the lungs;
3) fluid accumulation in the pleural cavity (pleural effusion);
4) air accumulation in the pleural cavity;

4. Tactile fremitus is increased in syndromes of:

1) consolidation of the lung tissues;
2) emphysema of the lungs;
3)fluid accumulation in the pleural cavity;
4) presence of cavity in the lungs.

5. Increased tactile fremitus can be revealed in case of:

1) emphysema of the lungs;
2) exudative pleurisy;
3) lobar pneumonia;
4) chronic bronchitis;
5) bronchial asthma.

1. Decreased tactile fremitus, hyperresonance sound in percussion, decreased vesicular breath sound over all the lungs can be revealed in syndrome of:

1) accumulation of fluid in the pleural cavity;
2) accumulation of air in the pleural cavity;
3) presence of cavity in the lungs;
4) compressive atelectasis;
5) emphysema of the lungs.

7. In which diseases increased tactile fremitus can be revealed?

1. Dry pleurisy.

2. Exudative pleurisy.
3. Chronic bronchitis.
4. Lung abscess after perforation.
5. Consolidation stage of lobar pneumonia.

8. In which diseases decreased tactile fremitus can be revealed?

1. Exudative pleurisy.
2. Pneumothorax.
3. Bronchopneumonia.
4. Lung abscess after perforation.

9. Percussion of the lungs helps to detect:

1) elasticity of the chest;
2) character of the pathological focus;
3) borders of the lungs;
4) diaphragmatic excursion.

10. Percussion of the lungs helps in the diagnosis of:

1) upper respiratory tract diseases;
2) lungs diseases;
3) pleura diseases;
4) all of the above.

11. Characteristics of the hyperresonance sound:

1) it is louder than resonant sound;
2) it is more quit than resonant sound;
3) it is low-pitched;
4) it is high-pitched;
5) it is non-tympanic.

12. Characteristics of the resonant sound:

1) loud and long;
2) quit and short;
3) low-pitched;
4) high-pitched;
5) non-tympanic.

13. Characteristics of the tympanic sound:

1) it is loud and long;
2) it is quit and short;
3) it is low-pitched or high-pitched;
4) it is tympanic.

14. Decreased resonant sound or dull sound over the lungs can be revealed in case of:

1) pneumothorax;

2) exudative pleurisy;
3) consolidation stage of lobar pneumonia;
4) emphysema of the lungs.

15. Decreased resonant sound or dull sound over the lungs can be revealed in syndromes of:

1) air accumulation in the pleural cavity;
2) fluid accumulation in the pleural cavity;
3) consolidation of the lung tissues;
4) emphysema of the lungs;
5) obstructive atelectasis.

16. Tympanic sound over the lungs can be revealed in:

1) emphysema;
2) bronchial asthma;
3) pneumothorax;
4) lung abscess after perforation;
5) acute bronchitis.

17. Tympanic sound over the lungs can be revealed in percussion due to:

1) consolidation of the lung tissues;
2) accumulation of fluid in the pleural cavity;
3) accumulation of air in the pleural cavity;
4) emphysema of the lungs;
5) presence of cavity in the lungs.

18. Hyperresonance sound over the lungs can be revealed due to syndrome of:

1) fluid accumulation in the pleural cavity;
2) air accumulation in the pleural cavity;
3) cavity presence in the lungs;
4) consolidation of the lung tissues;
5) emphysema of the lungs.

19. In which disease can be dull sound revealed?

1. Bronchial asthma.
2. Lung abscess after perforation.
3. Onset stage of lobar pneumonia.
4. Exudative pleurisy.
5. Acute bronchitis.

20. Decreased resonant sound can be revealed in:

1) emphysema of the lungs;
2) exudative pleurisy;
3) bronchopneumonia;
4) pneumothorax;

5) bronchial asthma.

21. Crackles are caused by:

1) accumulation of mucous in the lumen of bronchi;
2) accumulation of fluid in the lumen of bronchi
3) narrowing of the bronchi;
4) rubbing of roughened pleural surfaces;
5) collapsed alveoli.

22. Pathogenesis of wheezes is connected with:

1) collection of the liquid secret in the bronchi;
2) collection of the viscous secret in the bronchi;
3) narrowing of the bronchi;
4) roughened pleural surfaces;
5) collection of the liquid secret in the alveoli.

23. Wheezes are associated with:

1) bronchial asthma;
2) onset stage of lobar pneumonia;
3) exudative (wet) pleurisy;
4) lung abscess after perforation.

24. Characteristics of coarse crackles:

1) coarse crackles are heard during inspiration and expiration;
2) they appear in inspiration phase;
3) cough can change this sound;
4) cough does not change this sound;
5) they become louder in stronger stethoscope pressing to the chest.

25. Coarse crackles can be heard in auscultation in:

1) bronchopneumonia;
2) emphysema of the lungs;
3) exudative pleurisy;
4) bronchiectasis;
5) onset stage of lobar pneumonia.

26. Characteristics of pleural rub:

1) it appears during inspiration and expiration;
2) cough can change this sound;
3) cough does not change this sound;
4) it is not heard in false breathing;
5) it is heard in false breathing.

27. Vesicular breath sound appears according to:

1) air flow in the smallest terminal bronchioles;
2) turbulent air flow in the central air ways;
3) rubbing of the pleural surfaces against each other during inspiration;
4) turbulent air flow in big cavities in the lung;
5) movements of the alveoli during breathing.

28. Vesicular breath sound decreases due to:

1) decreased elasticity of the lung tissues,
2) decreased number of the alveoli, which take part in breathing;
3) decreased level of oxygen in inspired air,
4) consolidation of the lung tissues.

29. Decreased vesicular breath sound can be auscultated in:

1) acute bronchitis;
2) bronchial asthma;
3) onset stage of lobar pneumonia;
4) emphysema of the lungs.

30. Bronchial breath sound is produced by:

1) turbulent air flow in the central air ways;
2) rubbing of the pleural surfaces against each other during respiration;
3) movements of the alveoli during breathing;
4) turbulent air flow in the smallest terminal bronchioles.

31. Pleural rub is associated with:

1) exudative pleurisy;
2) dry pleurisy;
3) bronchopneumonia;
4) bronchial asthma;
5) chronic bronchitis.

32. Rough (harsh) breathing can be heard in auscultation in:

1) emphysema of the lungs;
2) chronic bronchitis;
3) acute bronchitis;
4) wet pleurisy;
5) dry pleurisy.

33. What breath sounds may be heard in consolidation syndrome of the lung tissues?

1. Decreased vesicular breath sound.
2. Bronchial breath sound.
3. Amphoric breath sound.
4. Wheezes.

34. What breath sounds can be heard in syndrome of fluid accumulation in the pleural cavity?

1. Increased vesicular breath sound.
2. Bronchial breath sound.
3. Breath sounds are not heard.
4. Wheezes.
5. Pleural rub.

35. What breath sound can be heard in syndrome of air flow obstruction?

1. Wheezes.
2. Amphoric breath sound.
3. Breath sounds are not heard.
4. Pleural rub.

36. Decreased vesicular breath sound and absence of adventitious breath sounds over both sides of the chest is associated with:

1) bronchial asthma;
2) acute bronchitis;
3) exudative pleurisy;
4) bronchopneumonia;
5) emphysema of the lungs.

37. Decreased tactile fremitus, tympanic sound, absence of breath sounds over one side of the chest is associated with syndrome of:

1) air accumulation in the pleural cavity;
2) fluid accumulation in the pleural cavity;
3) consolidation of the lung tissues;
4) emphysema of the lungs;
5) cavity presence in the lung.

38. Decreased vesicular breath sound with longer expiration and wheezes is heard in:

1) dry pleurisy;
2) acute bronchitis;
3) bronchopneumonia;
4) bronchial asthma;
5) lobar pneumonia.

39. Vesicular breath sound and pleural rub are auscultated in:

1) dry pleurisy;
2) acute bronchitis;
3) bronchopneumonia;
4) pneumothorax;
5) resolution stage of lobar pneumonia.

40. Increased tactile fremitus, decreased resonant sound, decreased vesicular breath sound and crackles are observing over one lobe of the lung. Name the syndrome.

1. Accumulation of fluid in the pleural cavity.
2. Accumulation of air in the pleural cavity.
3. Presence of cavity in the lungs.
4. Consolidation of the lung tissues.
5. Emphysema of the lungs.

41. Tactile fremitus is absent, dull sound is revealed, no breath sounds over upper lobe of the lung. What is the name the syndrome?

1. Accumulation of fluid in the pleural cavity.
2. Accumulation of air in the pleural cavity.
3. Presence of cavity in the lungs.
4. Compressive atelectasis.
5. Obstructive atelectasis.

42. Bronchial breath sound and absence of adventitious breath sounds can be auscultated in:

1) bronchial asthma;
2) acute bronchitis;
3) exudative pleurisy;
4)consolidation stage of lobar pneumonia;
5) emphysema of the lungs.

43. Harsh breathing, diffuse, not sonorous small and medium bubbling coarse crackles are observing over all the lungs in:

1) bronchial asthma;
2) chronic bronchitis;
3) exudative pleurisy;
4) resolution stage of lobar pneumonia;
5) emphysema of the lungs.

44. Increased tactile fremitus, dull sound in percussion, bronchial breath sound, increased bronchophony are observing over lower lobe of the right lung. Name the syndrome.

1. Accumulation of fluid in the pleural cavity.
2. Accumulation of air in the pleural cavity.
3. Presence of cavity in the lungs.
4. Consolidation of the lung tissues.
5. Emphysema of the lungs.

45. Tactile fremitus is decreased, dull sound, no breath sounds over lower lobe of the lung. Name the syndrome.

1. Accumulation of fluid in the pleural cavity.
2. Accumulation of air in the pleural cavity.
3. Presence of a cavity in the lung.
4. Consolidation of the lung tissues.
5. Emphysema of the lungs.

46. Increased tactile fremitus, decreased resonant sound, broncho-vesicular breath sound, sonorous (loud) small-bubble coarse crackles, increased bronchophony are observing over lower lobe of one lung. Name the syndrome.

1. Accumulation of fluid in the pleural cavity.
2. Accumulation of air in the pleural cavity.
3. Presence of a cavity in the lung.
4. Consolidation of the lung tissues.
5. Emphysema of the lungs.

47. Decreased tactile fremitus, hyperresonance sound and decreased vesicular breath sound are observing over symmetrical parts of the chest. Name the syndrome.

1. Consolidation of the lung tissues.
2. Emphysema of the lungs.
3. Accumulation of fluid in the pleural cavity.
4. Presence of cavity in the lungs.
5. Accumulation of air in the pleural cavity.

48. Breath sounds are absent over lower left part of the chest. Name the disease.

1. Acute bronchitis.
2. Bronchopneumonia.
3. Lung abscess before perforation.
4. Second stage of lobar pneumonia.
5. Wet pleurisy.

49. Which syndrome is associated with increased tactile fremitus, tympanic sound, amphoric breath sound, large bubbling crackles in the projection of the upper lobe of the lung?

1. Accumulation of air in the pleural cavity.
2. Accumulation of fluid in the pleural cavity.
3. Consolidation of the lung tissues.
4. Emphysema of the lungs.
5. Presence of cavity in the lungs.

50. Amphoric breath sound, large and medium bubbling crackles are associated with:

1) acute bronchitis;
2) chronic bronchitis;

3) lung abscess after perforation;
4) consolidation stage of lobar pneumonia.

51. In what disease do the intensity of cough and the amount of sputum depend on the position of the patient's body?

1. Acute bronchitis.
2. Bronchiectasis.
3. Lung abscess after perforation.
4. Lobar pneumonia.
5. Chronic bronchitis.

52. Which disease is associated with rusty red color of the sputum?

1. Acute bronchitis.
2. Bronchiectasis.
3. Lung abscess.
4. Lobar pneumonia.
5. Chronic bronchitis.

53. Elastic fibers are observing in sputum analysis in:

1) chronic bronchitis;
2) acute bronchitis;
3) bronchopneumonia;
4) lung abscess;
5) lobar pneumonia.

54. In what disease sputum contains Charcot-Leyden`s crystals and Curschmann`s spirals?

1. Bronchial asthma.
2. Bronchopneumonia**.**
3. Chronic bronchitis.
4. Lobar pneumonia.
5. Lung abscess after perforation.

55. Chronic cough with mucous-purulent sputum mainly in the morning, hemoptysis is the main complaint of patients with:

1) bronchial asthma;
2) bronchopneumonia**;**
3) exudative pleurisy;
4) lobar pneumonia;
5) bronchiectasis.

56. Cough with purulent sputum more than 200 ml per day is the main complaint of patients with:

1) bronchial asthma;
2) bronchopneumonia;

3) exudative pleurisy;
4) lobar pneumonia;
5) lung abscess after perforation.

57. Hemoptysis can be observed in:
1) dry pleurisy;
2) acute bronchitis;
3) bronchiectasis;
4) tuberculosis;
5) tumor.

58. Characteristics of exudate.
1. Specific gravity is above 1015.
2. Specific gravity is less than 1015.
3. Protein content is less than 2,5%.
4. Rivalti`s test is negative.
5. Rivalti`s test is positive.

59. Characteristics of transudate.
1. Specific gravity is above 1015**.**
2. Specific gravity is less than 1015.
3. Protein content is more than 3,0%.
4. Rivalti`s test is negative.
5. Rivalti`s test is positive**.**

60. Attacks of the expiratory dyspnea are observed in patients with:
1) bronchial asthma;
2) bronchopneumonia;
3) chronic bronchitis;
4) acute bronchitis;
5) lung abscess.

61. Expiratory dyspnea is the main complaint of patients with:
1) bronchial asthma;
2) bronchopneumonia;
3) exudative pleurisy;
4) lobar pneumonia;
5) abscess of the lung.

62. In what disease FEV_1/FVC ratio is less than 70% and the increase in FEV_1 after the test with bronchodilator is less than 12%?
1. Bronchial asthma.
2. Bronchopneumonia**.**
3. Chronic bronchitis.
4. Acute bronchitis.

5. Chronic obstructive pulmonary disease.

63. Sharp chest pain associated with breathing is observed in patients with:

1) acute bronchitis;
2) dry pleurisy;
3) lung abscess;
4) bronchopneumonia;
5) wet pleurisy.

I. RESPIRATORY SYSTEM

1.	2,3,4,5	**22.**	2,3	**43.**	2
2.	1,2,3	**23.**	1	**44.**	4
3.	2,3,4	**24.**	1, 3	**45.**	1
4.	1,4	**25.**	1,4	**46.**	4
5.	3	**26.**	1,3,5	**47.**	2
6.	5	**27.**	1,5	**48.**	5
7.	4,5	**28.**	1,2,4	**49.**	5
8.	1,2	**29.**	2,3,4	**50.**	3
9.	2,3.4	**30.**	1	**51.**	3
10.	2,3	**31.**	2	**52.**	4
11.	1,3,5	**32.**	2,3	**53.**	4
12.	1,3,5	**33.**	1,2	**54.**	1
13.	1,3,4	**34.**	3	**55.**	5
14.	2,3	**35.**	1	**56.**	5
15.	2,3,5	**36.**	5	**57.**	2,3,4,5
16.	3,4	**37.**	1	**58.**	1,5
17.	3,5	**38.**	4	**59.**	2,4
18.	5	**39.**	1	**60.**	1
19.	4	**40.**	4	**61.**	1
20.	2,3	**41.**	5	**62.**	5
21.	1,4	**42.**	4	**63.**	2