МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ

УЧРЕЖДЕНИЕ ОБРАЗОВАНИЯ

«ГРОДНЕНСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ»

Кафедра пропедевтики внутренних болезней

Т.П. Пронько

О.П. Курбат

О.В. Отливанова

Е.М. Сурмач

**ТЕСТЫ ПО ПРОПЕДЕВТИКЕ ВНУТРЕННИХ БОЛЕЗНЕЙ**

для студентов III курса

факультета иностранных учащихся, обучающихся на английском языке

**TESTS ON PROPAEDEUTICS OF INTERNAL DISEASES**

Tests for III year students of foreign faculty

who are studying in English medium

Гродно, 2015

ГрГМУ

УДК 616.1\.4(076.3)

ББК 54.1я73

Рекомендовано Центральным научно-методическим советом УО «ГрГМУ» (протокол № … от … 2015 г.).

Авторы: зав. каф. пропедевтики внутренних болезней, доц. к.м.н. Т.П. Пронько;

к.м.н. О.П. Курбат;

асс. О.В. Отливанова;

к.м.н. Е.М. Сурмач.

Рецензент: асс. 2-ой кафедры внутренних болезней, к.м.н. Корнелюк Д.Г.

**Пронько, Т.П.**

Тесты по пропедевтике внутренних болезней: тесты для студентов III курса факультета иностранных учащихся, обучающихся на английском языке / Т.П. Пронько, О.П. Курбат, О.В. Отливанова, Е.М. Сурмач. – Гродно: ГрГМУ, 2015. – 62 с.

Тесты по пропедевтике внутренних болезней подготовлены сотрудниками кафедры: доцентом, к.м.н. Пронько Т.П., к.м.н. Курбат О.П., асс. Отливановой О.В., к.м.н. Сурмач Е.М. в соответствии с Типовой учебной программой и содержит вопросы по основным темам дисциплины.

Данные тесты предназначены для студентов III курса факультета иностранных учащихся, обучающихся на английском языке.

Ответственный за выпуск: первый проректор, доцент В.В. Воробьев

Preface

Тests on propaedeutics of internal diseases is recommended for III year students of foreign faculty who are studying in English medium and corresponds to the curriculum on Propaedeutic of Internal Diseases.

**C o n t e n t s**

**Preface**…............................................................................................................3

**I.** General inspection of patient…………….………………………………..…….5

**II.** Respiratory system…………………………………………………..………….8

**III.** Cardiovascular system………………………………………………………..17

**IV.** Gastrointestinal tract……………………………………………………...…..26

**V.** Liver and gallbladder diseases…………………………………………………31

**VI.** Urinary system……………………………………………………………...……37

**VII.** Endocrine system………………………………………………………….…41

**VIII.** Blood diseases…………………………………………………………..…..49

**ANSWERS**……………………………………………………………………….58

**References**......................................................................................................62

1. **GENERAL INSPECTION OF PATIENT**
2. **General inspection includes:**
3. state of the patient;
4. mental status;
5. comparative percussion of the lungs;
6. inspection of the skin;
7. respiration rate.
8. **General inspection includes:**
9. position of the patient;
10. inspection of the nails and hair;
11. constitution;
12. percussion of the heart;
13. auscultation of the lungs.
14. **General inspection includes:**
15. expression of the face;
16. palpation of the abdomen;
17. bearing and gait;
18. state of nutrition and constitution;
19. inspection of the skin.
20. **Main methods of clinical examination include:**
21. palpation;
22. laboratory analysis;
23. percussion;
24. auscultation;
25. instrumental tests.
26. **What positions of patient do you know?**

1. Active.

2. Passive.

3. Walking.

4. Standing.

5. Forced.

1. **What types of constitution do you know?**
2. Classic.
3. Normosthenic.
4. Asthenic.
5. Pathologic.
6. Hypersthenic.

1. **Patient with what disease has Facies Nefritica?**
2. Kidney disease.
3. Hypothyroidism.
4. Hyperthyroidism.
5. Acromegalia.
6. Mitral stenosis.
7. **Patient with what disease has Facies Mixedematica?**
8. Kidney disease.
9. Hypothyroidism.
10. Hyperthyroidism.
11. Acromegalia.
12. Mitral stenosis.
13. **Patient with what disease has Facies Mitralis?**
14. Duodenum ulcer.
15. Mitral stenosis.
16. Aortic stenosis.
17. Angina pectoris.
18. Acromegalia.
19. **Patient with what disease has Facies Basedovicas?**
20. Hypothyroidism.
21. Hyperthyroidism.
22. Respiratory failure.
23. Myocardial infarction.
24. Kidney disease.
25. **Cyanosis can be:**
26. local;
27. complete;
28. central;
29. peripheral;
30. generalized.
31. **Yellow color of the skin is called:**
32. paleness;
33. redness;
34. icterus;
35. albinism;
36. cyanosis.
37. **Blue color of the skin is called:**
38. paleness;
39. albinism;
40. cyanosis;
41. icterus;
42. redness.
43. **What types of edema do you know?**
44. Hydrostatic.
45. Hypooncotic.
46. Hypostatic.
47. Membranogenic.
48. Hyperoncotic.
49. **What types of edema do you know?**
50. Generalized.
51. Mixed.
52. Local.
53. Complete.
54. Peripheral.
55. **According to etiology coma can be:**
56. cerebral;
57. anemic;
58. hypoxic;
59. hepatic;
60. cardiac.
61. **According to etiology coma can be:**
62. hypoglycemic;
63. hyperglycemic;
64. uremic;
65. gastrointestinal;
66. alcoholic.
67. **Normosthenic type of constitution is characterized by:**
68. 90o costal angle;
69. less than 90o costal angle;
70. wide intercostals spaces;
71. narrow intercostals spaces;
72. anterior-posterior ratio=0,65-0,75.

1. **Asthenic type of constitution is characterized by:**
2. 90o costal angle;
3. less than 90o costal angle;
4. wide intercostals spaces;
5. narrow intercostals spaces;
6. Anterior-posterior ratio=0,65-0,75.

1. **Hypersthenic type of constitution is characterized by:**

1) more than 90o costal angle;

2) less than 90o costal angle;

3) wide intercostals spaces;

4) narrow intercostals spaces;

5) anterior-posterior ratio<0,65.

1. **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;

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

1) аccumulation 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.
6. **In which diseases decreased** **tactile fremitus can be revealed?**
7. Exudative pleurisy.
8. Pneumothorax.
9. Bronchopneumonia.
10. 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. obstructiveatelectasis.

**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.

1**9. 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.
6. **Decreased resonant sound can be revealed in:**
7. emphysema of the lungs;
8. exudative pleurisy;
9. bronchopneumonia;
10. pneumothorax;
11. 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) сoarse 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.

1. Bronchopneumonia**.**
2. Chronic bronchitis.
3. Lobar pneumonia.
4. 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 FEV1/FVC ratio is less than 70% and the increase in FEV1 after the test with bronchodilator is less than 12%?**

1. Bronchial asthma.

1. Bronchopneumonia**.**
2. Chronic bronchitis.
3. Acute bronchitis.
4. 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.

1. **CARDIOVASCULAR SYSTEM**

**1. Which borders of relative heart dullness are changed in mitral stenosis?**

1. Right.
2. Left in 3rd rib interspaces.
3. Left in 4th and 5th rib interspaces.
4. Superior.
5. All mentioned above.

**2. Which border of relative heart dullness is changed in arterial hypertension?**

1. Right.
2. Left.
3. Superior.
4. All mentioned above.

**3. In arterial hypertension border of relative heart dullness is changed due to enlargement of:**

1) left atrium;

2) left ventricle;

3) left atrium and left ventricle;

4) right atrium;

5) right ventricle.

**4. Borders of relative heart dullness in aortic regurgitation are changed due to enlargement of:**

1) left atrium;

2) left ventricle;

3) right atrium;

4) right ventricle;

5) all mentioned above.

**5. Risk factors of Ischemic heart disease:**

1) arterial hypertension;

2) hypercholesterolemia;

3) smoking;

4) decreased physical activity;

5) hunger.

**6. Describe the heart attack in patient with stable angina pectoris.**

1. Pain is localized in the left part of the chest.
2. Pressing, squeezing retrosternal pain.
3. Dull prolonged pain in the apex of the heart.
4. Nitroglycerine does not influence on the pain.
5. Pain appears during physical exertion.

**7. Classification of angina pectoris.**

1. Chronic stable angina.
2. Abdominal ischemia.
3. Unstable angina.
4. New onset angina.
5. Rest angina.
6. Variant (Prinzmetals) angina.

**8. Characteristics of pulse.**

1. Rhythm.
2. Frequency.
3. Tension.
4. Volume.
5. Pulse wave velocity.

**9. What does influence on volume of pulse?**

1. Systolic cardiac output.
2. Peripheral vascular resistance.
3. Volume of the blood.
4. Heart rate.

**10. What complaints are typical for patients with pulmonary hypertension and chronic heart failure?**

1. Edemas of lower extremities.
2. Coughing.
3. Hemoptysis.
4. Cardiac asthma attack.
5. Pain in right upper quadrant.

**11. What changes of laboratory data are detected in stable angina pectoris?**

1. Leucocytosis.
2. Increased ESR.
3. Increased activity of AST and ALT.
4. Blood test does not change.
5. Increased activity of creatine phosphokinase.

**12. Which complaints are typical for blood congestion in systemic circulation?**

1. The pain in right hypochondrium.

2. Edemas of lower extremities.

3. Pain in the heart region.

4. Coughing.

5. Hemoptysis.

**13. For what disease are such complains as hectic fever, cold fits, excessive sweating, dyspnea, and general weakness typical?**

1. Arterial hypertension.

2. Infective endocarditis.

3. Myocardial infarction.

4. Angina pectoris.

**14. Characterize attack of stable angina pectoris.**

1. Pressing retrosternal pain.

2. Aching pain in the apex of the heart.

3. Duration of pain is 3-5 minutes.

4. Duration of pain is more than hour.

5. Pain is relieved by Nitroglycerine.

**15. Specific characteristics of a pain syndrome in myocardial infarction.**

1. Severe retrosternal pain.

2. Dull, aching pain in the heart.

3. Pain is weak.

4. Duration of pain is 5-7 minutes.

5. Duration of pain is more than 30 minutes.

**16. Edemas of lower extremities can be caused by:**

1) diseases of kidneys;

2) chronic left-sided heart failure;

3) chronic right-sided heart failure;

4) diseases of veins of the lower extremities;

5) diseases of arteries of the lower extremities.

**17. Paroxysmal dyspnea in heart diseases is more often caused by:**

1) acute right-sided heart failure;

2) acute left-sided heart failure;

3) acute left atrium failure;

4) acute right atrium failure;

5) acute vascular insufficiency.

**18. Which factors are important in pathogenesis of edemas, caused by heart diseases:**

1) rising of hydrostatic pressure in veins and capillars of the systemic circulation;

2) disturbance of water- saline balance;

3) decreased oncotic pressure of plasma;

4) slow blood flow in capillars and veins;

5) all listed factors.

**19. Deficiency of pulse is often revealed in:**

1) atrial fibrillation;

2) extrasystoles;

3) his bundles bench blocks;

4) atrioventricular blocks;

5) intraatrial blocks.

**20. What are the risk factors for arterial hypertension?**

1. Low content of fruit and vegetables in diet.

2. Constant and long emotional stress.

3. Smoking.

4. Low salt diet.

**21. The secondary (symptomatic) arterial hypertension can be developed in diseases of:**

1) kidneys;

2) aortic regurgitation;

3) endocrine system;

4) liver and gall-bladder;

5) mitral regurgitation.

**22. Which characteristics of pulse are typical for arterial hypertension.**

1. Soft (mollis).

2. Rapid (frequent).

3. Bounding (magnus).

4. Slow (rarus).

5. Strong (durus).

**23. What pressure more often increases in arterial hypertension.**

1. Only systolic pressure.

2. Only diastolic pressure.

3. Systolic and diastolic pressure.

4. Only Systolic pressure, and diastolic pressure decreases.

**24. The normal limits of arterial blood pressure in adults.**

1. Systolic 105-130 mm Hg.

2. Systolic 100-145 mm Hg.

3. Systolic 100-120 mm Hg.

4. Diastolic 60-85 mm Hg.

5. Diastolic 60-94 mm Hg.

**25. The limits of high-normal arterial blood pressure in adults.**

1. Systolic 141-159 mm Hg.

2. Systolic 131-139 mm Hg.

3. Systolic 141-169 mm Hg.

4. Diastolic 85-89 mm Hg.

5. Diastolic 91-94 mm Hg.

**26. The normal limits of arterial blood pressure in adults aged more a 45 years.**

1. Systolic 105-130 mm Hg.

2. Systolic 120-145 mm Hg.

3. Systolic 105-140 mm Hg.

4. Diastolic 60-85 mm Hg.

5. Diastolic 60-95 mm Hg.

**27. Data of general inspection of patients with aortic stenosis.**

1. Paleness of the skin.

2. the apical impulse is not changed.

3. the apical impulse is displaced to the left.

4. the apical impulse is strong and diffused.

5. the central precordial impulse is present.

**28. Characterize arterial blood pressure in aortic stenosis.**

1. High systolic.

2. Low diastolic.

3. Low systolic.

4. Normal systolic.

5. Normal diastolic.

**29. Risk factors for atherosclerosis.**

1. Hypercholesterolemia.

2. Smoking.

3. Emotional stresses.

4. Alimentary obesity.

5. Playing sports.

**30. Data of general inspection of patients with aortic regurgitation.**

1. Congestive redness in cheeks.

2. Xanthelasma.

3. Paleness of the skin.

4. Corrigan’s pulse.

5. Quinke’s sign.

**31. Name the peripheral symptoms in aortic regurgitation.**

1. Corrigan’s pulse.

2. de Musset's sign.

3. Quincke's sign.

4. Landolfe's sign.

5. Rosenbach's sign.

6. Konchalovsky's Symptom.

**32. Characteristics of apical impulse in patients with aortic regurgitation.**

1. It is displaced to the left and down.

2. Diameter is small.

3. It is displaced to the left and up.

4. Increased amplitude (hyperkinetic).

5. Intensive.

**33. Typical clinical symptoms of infective (bacterial) endocarditis:**

1) petechial skin rash;

2) hectic fever;

3) hyperemia of the skin;

4) color of the skin “White coffee”;

5) Osler's nodes.

**34. Wich complication infective (bacterial) endocarditis is the most common.**

1. Aortic regurgitation.

2. Atherosclerosis of coronary arteries.

3. Cardiosclerosis.

4. Mitral stenosis.

**35. Extracardiac manifestations of the infective endocarditis.**

1. Splenomegalia.

2. Pancreatitis.

3. Glomerulonephritis.

4. Bronchitis.

**36. Data of general inspection of patients with mitral stenosis:**

1) pink color of the skin;

2) faces mitralis (mitral face);

3) the apical impulse is diffused and displaced to the left;

4) no changes of the apical impulse;

5) central precardial impulse.

**37. Which of the listed characteristics correspond to 1st heart sound?**

1. It is systolic.

2. It is diastolic.

3. It is louder on the apex.

4. It is louder on the basis of the heart.

5. It is long and low.

6. It is short and high.

**38. Which of the listed characteristics correspond to 2nd heart sound?**

1. It is systolic;

2. It is diastolic;

3. It is louder on basis of the heart;

4. It is long and low;

5. It is short and high;

6. It does not coincide with apical impulse and pulsation of carotid arteries.

**39. Mechanism of production of 1st heart sound:**

1) contraction of ventriculars muscles in systole;

2) vibration of ventriculars muscles in diastole;

3) contraction of atrials muscles;

4) closing of the mitral and tricuspid valves;

5) closing of the aortic and pulmonary valves.

**40. Mechanism of production of 2nd heart sound:**

1) contraction of ventriculars muscles in systole;

2) vibration of muscles in diastole;

3) contraction of atriales muscles;

4) closing of the mitral and tricuspid valves;

5) closing of the aortic and pulmonary valves;

6) vibration of the initial parts of aorta and pulmonary artery.

**41. How do we hear the 1st sound if it is diminished?**

1. 1st sound is weaker than 2nd on the apex.

2. 1st and 2nd sounds are equal on the apex of the heart.

3. 1st sound is weaker than 2nd on the aorta.

4. 1st sound is weaker than 2nd on the pulmonary artery.

5. 1st sound is weaker than 2nd over the base of the xiphoid process.

**42. Which factors can directly influence in the loudness of 1st heart sound?**

1. Condition of ventricles muscles.

2. Condition of atrioventricular valves.

3. Presence of the phase of closed valves in systole.

4. Volume of blood in the ventricles at the beginning systole.

5. Blood pressure in the aorta and pulmonary artery at the beginning of diastole.

**43. Which factors can directly influence in the loudness of 2nd heart sound?**

1. Сondition of atrioventricular valves.

2. Condition of semilunar valves.

3. Blood pressure in the aorta and pulmonary artery at the beginning of diastole.

4. Condition of aorta and pulmonary artery walls.

5. Presence of the phase of closed valves in systole.

**44. Which of the listed characteristics correspond to "rhythm gallop"?**

1. 1st sound on the heart apex is accentuated.

2. 1st sound on the heart apex is diminished.

3. Additional 3 or 4 heart sounds appear.

4. It is better auscultated on the apex.

5. It is accompanied by tachycardia.

**45. What changes happen with heart sounds in mitral regurgitation?**

1. 1st sound is accentuated on the apex.

2. 1st sound is diminished on the apex.

3. 2st sound is accentuated on the aorta.

4. 2st sound is accentuated on the pulmonary artery.

5. 2st sound is split on the pulmonary artery.

**46. What are the characteristics of heart sounds in mitral stenosis?**

1. 1st sound is diminished on the apex.

2. 1st sound is accentuated on the heart apex.

3. 2st sound is accentuated on the pulmonary artery.

4. 2st sound is accentuated on the aorta.

5. 2st sound is split on the pulmonary artery.

**47. What are the changes happen with heart sounds in severe aortic stenosis?**

1. 1st sound is diminished on the apex.

2. 1st sound is accentuated on the apex.

3. 2st sound is accentuated on the aorta.

4. 2st sound is accentuated on the pulmonary artery.

5. 2st sound is diminished on the aorta.

**48. What changes happen with heart sounds in aortic regurgitation?**

1. 1st sound is decreased on the apex.

2. 1st sound is diminished over the base of the xiphoid process.

3. 1st sound is accentuated on the apex.

4. 2st sound is diminished on the aorta.

5. 2st sound is diminished on the pulmonary artery.

**49. What changes happen with heart sounds in pancarditis, myocarditis?**

1. 1st sound is diminished on the apex.

2. 1st sound is diminished over the base of the xiphoid process.

3. 1st sound is accentuated on the apex.

4. 2st sound is accentuated on the aorta.

5. 2st sound is accentuated on the pulmonary artery.

**50. What changes happen with heart sounds in arterial hypertension?**

1. 1st sound is accentuated on the aorta.

2. 1st sound is diminished on the apex.

3. 2st sound is accentuated on the aorta.

4. 2st sound is accentuated on the pulmonary artery.

5. 2st sound is diminished in both points on the basis of the heart.

**51. Extracardiac murmurs can be caused by:**

1) blood flow acceleration;

2) blood flow through the narrowed ostium;

3) pathology of pericardium;

4) inflammation of mediastinal pleura;

5) all the listed factors.

**52. Systolic murmurs can appear in:**

1) mitral regurgitation;

2) tricuspidal regurgitation;

3) aortic regurgitation;

4) mitral stenosis;

5) aortic stenosis.

**53. Diastolic murmurs can appear in:**

1) mitral regurgitation;

2) tricuspidal regurgitation;

3) aortic regurgitation;

4) mitral stenosis;

5) aortic stenosis.

**54. Which characteristics correspond to organic murmurs?**

1. They appear in systole.

2. They appear in diastole.

3. More often they are rasping and long.

4. More often they are soft and short.

5. They may radiate to some other areas.

**55. What characteristics correspond to functional murmurs?**

1. They appear more often in systole.

2. Rasping and long.

3. They are soft and short.

4. They are changeable.

**56. Properties of pericardial rub.**

1. It is diastolic murmur.

2. It is auscultated in both phases of breezing.

3. It is better auscultated on the apex.

4. It is better auscultated above the absolute dullness of the heart.

**57. Propertiesof mitral murmur regurgitation.**

1. It is better auscultated on the basis of the heart.

2. It is better auscultated on the apex.

3. It is irradiates to the aorta.

4. It is decreasing (Decrescendo).

5. It is increasing (Crescendo).

.

**58. Components of 2nd heart sound.**

1. Atrial.

2. Valvular.

3. Muscular.

4. Vascular.

5. Pericardiac.

**59. What are the differences between 2nd sound and 1st sound?**

1. 2st sound is longer and lower.

2. 2st sound is less long and high.

3. It is auscultated better on the apex.

4. It is auscultated better on the basis of the heart.

5. Appears after short pause.

**60. In which diseases "gallop rhythm" can be revealed?**

1. Mitral stenosis.

2. Myocarditis.

3. Myocardial infarction.

4. Heart aneurysm.

5. Pericarditis.

1. GASTROINTESTINAL TRACT
2. **Pain in diseases of the stomach is caused by:**

1) a smooth muscle spasm;  
2) an irritating of the mucous defect by acid gastric juice;  
3) an inflammation of the mucous layer;  
4) all mentioned above.

**2.** **Diarrhea can be a symptom of:**

1) intestinal dysbiosis;  
2) chronic colitis;  
3) hypothyroidism;  
4) food allergies.

**3.** **Black tarry stool (melaena) may be a symptom of:**

1) simple acute gastritis;

2) gastric ulcer and duodenal ulcer;  
3) chronic gastritis;  
4) rectal cancer.

**4. Pain in duodenal ulcer often is localized in the epigastric region:**  
1) at the xiphoid process in the midline;  
2) to the left of the midline;  
3) to the right of midline.

**5.** **Which complaint is not typical for chronic non-atrophic gastritis?**  
1. Pain in the epigastric area appears within 2-3 hours after eating.  
2. Heartburn.  
3. Nausea.  
4. Pain in the epigastric region after eating.

**6. What is typical for non-atrophic gastritis?**  
1. It leads to B12 anemia.  
2. It is associated with increased risk of rectum cancer.  
3. It is associated with increased risk of peptic ulcers.

4. The presence of antibodies to Helicobacter pylori.

**7. Which symptoms are typical for acute superficial gastritis?**1. Crimson blood on the stool.  
2. Pain in epigastric area.  
3. Yellowness of the skin.  
4. Changes of gastric mucosa on gastroscopy.

**8. Which method is the best for gastric ulcer diagnosis**?

1. Stool test.  
2. Superficial palpation of the abdomen.  
3. Deep palpation of the abdomen.  
4. Fibrogastroduodenoscopy.

**9. Complications of peptic ulcer are:**1) hemorrhage;  
2) perforation;  
3) chronic gastritis;  
4) gastric outlet obstruction.

**10. Which methods of H. pylori determining do you know?**

1. Creatinine breath test.

2. Serological test.

3. Rapid urease test.

4. H. pylori fecal antigen test.

**11. Pathogenic factors of peptic ulcer are:**

1) E. Colli;

2) H. Pylori;

3) alcohol use;

4) consumption of nonsteroidal anti-inflammatory drugs.

**12. Which of the following symptoms is not typical for stomach cancer?**  
1. Sharp pain in the epigastric area.  
2. Filling defect on X.ray.  
3. Increased ESR.  
4. Anemia.

**13. Increased secretory function of the stomach is typical for all diseases except:**1) gastric cancer;  
2) non-atrophic chronic gastritis;  
3) duodenal ulcer;  
4) chronic autoimmune gastritis.

**14. In stool test in reduced exocrine pancreatic function is not observed:**  
1) large number of erythrocytes and leukocytes;  
2) kreatoreya +++;  
3) +++ steatorrhea;  
4) amylorrhea +++.

**15. Which of the following characterize the bleeding from upper gastrointestinal tract?**1. The golden yellow color of feces.  
2. Crimson blood in the stool.  
3. Black tarry stool (melaena).  
4. Pale color of feces.

**16. Which of the following characterize the bleeding from lower parts of the colon?**1. Pale color of feces.  
2. The admixture of red blood in the stool.  
3. Black tarry stool.  
4. The golden yellow color of feces.

**17. Heartburn can be caused by:**  
1) colonic spasm;  
2) increased acidity of gastric juice;  
3) duodenitis;  
4) gastroesophageal reflux.

**18. What are the factors connected with constipation?**1. Express intestinal peristalsis.  
2. Slow colonic motility.  
3. Hypothyroidism.  
4. Use of calcium-channel blockers.

**19. What are the characteristics of pain in duodenal ulcer?**   
1. It occurs immediately after meals.  
2. It occurs within 2-3 hours after meals.  
3. It occurs at night, on the "empty stomach".

**20. What is not typical for atrophic gastritis?**  
1. It leads to B12 anemia.  
2. It is associated with increased risk of cancer.  
3. It is associated with presence of antiparietal antibodies.  
4. It is associated with increased risk of peptic ulcers.

**21. Which complaint is not typical for stomach cancer?**  
1. Weight loss.  
2. Crimson blood on the stool.  
3. Lack of appetite.  
4. Melaena.

**22. Complications of peptic ulcer are:**

1) hemorrhage;  
2) perforation;  
3) chronic gastritis;  
4) penetration.

**23. Esophageal 24-hours pH monitoring is used for diagnosis of:**

1) gastric cancer;  
2) non-atrophic chronic gastritis;  
3) duodenal ulcer;  
4) gastroesophageal reflux disease.

**24. Biopsy of the gastric mucosa is not used for diagnosis of:**1) acute gastritis;  
2) chronic gastritis;  
3) gastric cancer;  
4) polyps of the stomach.

**25. Colonoscopy can be used for diagnosing of:**1) small intestine diseases;  
2) sigmoid colon diseases;  
3) transverse colon diseases;  
4) descending colon diseases.

**26. Vomiting may be a symptom of the:**

1) rectum diseases;  
2) stomach diseases;  
3) central nervous system diseases;  
4) intoxication.

**27. Which complaint is not typical for chronic atrophic gastritis?**  
1. Eructation of air.  
2. Heartburn.  
3. Nausea.  
4. Diarrhea.

**28. What frequency of defecations is normal?**1. 3 times per day.  
2. 1-2 times per day.  
3. 1 time per week.

4. 2 times per week.

**29. Complaints of patients with esophagus diseases:**

1) vomiting;

2) bleeding;  
3) constipation;  
4) diarrhea.

**30. Which method is the best for gastric cancer diagnosis?**

1. Stool test.  
2. Superficial palpation of the abdomen.  
3. Fibrogastroduodenoscopy with biopsy.

4. Deep palpation of the abdomen.

**31. Symptoms of esophageal bleeding are:**

1) crimson blood on the stool;  
2) melena;  
3) hematemesis;  
4) pain in the epigastric area.

**32. Anorexia is:**

1) lack of appetite;

2) involuntary release of gas from the stomach;

3) voluntary release of gas from the esophagus;

4) sensation of pain during swallowing.

**33. Biopsy of the gastric mucosa is necessary in diagnostic of:**1) acute gastritis;  
2) chronic gastritis;  
3) gastric cancer;  
4) Crohn`s disease.

**34. Vomiting content color "coffee grounds" can be a symptom of:**  
1) simple acute gastritis;  
2) stomach ulcer;  
3) inflammation of the colon;  
4) stomach cancer.

**35. Odynophagia is:**

1) present of bright red blood in vomit;  
2) involuntary release of gas from the stomach;

3) voluntary release of gas from the esophagus;

4) sensation of pain during swallowing.

**36. Hematemesis is:**  
1) present of bright red blood in vomit;  
2) involuntary release of gas from the stomach;

3) voluntary release of gas from the esophagus;

4) sensation of pain during swallowing.

**37. Belching is:**1) present of bright red blood in vomit;  
2) involuntary release of gas from the stomach;

3) voluntary release of gas from the esophagus;

4) lack of appetite.

**38. Constipation is characterized by frequency of defecations:**

1) 1 time per day;  
2) 3 times per day;  
3) 1 time per week;

4) 2 times per week.

**39. Diarrhea is characterized by frequency of defecations:**

1) 1-2 times per day;  
2) 3 times per day;  
3) more than 3 times per day;

4) 2 times per week.

1. **LIVER AND GALLBLADDER DISEASES**

**1. What are the features of stercobilinogen metabolism?**

1. It is formed in small intestine.
2. It is formed from cholesterol.
3. It is formed from urobilinogen.
4. It is formed in colon.
5. It is excreted in the feces.

**2. What are the features of urobilinogen metabolism?**

1. It is formed in small intestine.
2. It is formed from unconjugated (indirect) bilirubin.
3. It is formed from stercobilinogen.
4. It is formed in colon.
5. It is formed from conjugated bilirubin.

**3. Stercobilinogen is formed from:**

1) stercobilin;

2) urobilinogen;

3) urobilin;

4) erythrocytes.

**4. Urobilinogen is formed from:**

1) stercobilin;

2) conjugated bilirubin;

3) urobilin;

4) unconjugated (indirect) bilirubin.

**5. What are the characteristics of the cholestatic syndrome?**

1. Total bilirubin is increased in blood.
2. Unconjugated (indirect) bilirubin is increased in blood.
3. Conjugated bilirubin is increased in blood.
4. Urobilinogen is not determined in the urine.
5. Urobilinogen is determined in the urine.

**6. All changes are typical for the cholestatic syndrome, except:**

1) increased level of total bilirubin in blood;

2) increased level of conjugated bilirubin in blood;

3) absent of urobilinogen in the urine;

4) present of bilirubin in the urine;

5) present of stercobilinogen in the urine.

**7. Which clinical features are presented at the cholestatic syndrome?**

1. Jaundice of the skin and mucous membranes.
2. Spider naevi.
3. Itching.
4. Dark brown urine.
5. Pale color of feces.

**8. Choose the diseases in which a cholestatic syndrome can be present.**

1. Chronic cholecystitis.
2. Portal cirrhosis.
3. Primary biliary cirrhosis.
4. Cholelithiasis (obturation of the common bile duct).
5. Chronic persistent hepatitis.

**9. The following changes are observed in a mechanical jaundice, except:**

1) increased level of total bilirubinin blood;

2) increased level of conjugated bilirubin in blood;

3) absent of bilirubin in the urine;

4) absent of urobilinogen in the urine;

5) absent of stercobilin in the feces.

**10. Which of the listed parameters doesn’t correspond to changes of bilirubin metabolism in hemolytic jaundice?**

1. Total bilirubin is increased in blood.
2. Unconjugated (indirect) bilirubin is increased in blood.
3. Bilirubin is increased in the urine (reaction is sharply positive).
4. Urobilinogen is determined in the urine.
5. Stercobilinogen is increased in the feces.

**11. The following changes are observed in a hemolytic jaundice, except:**

1) increased level of total bilirubin in blood;

2) increased level of unconjugated bilirubin in blood;

3) absent of bilirubin in the urine;

4) absent of urobilinogen in the urine;

5) increased amount of stercobilin in the feces.

**12. The following changes are observed in a hepatic jaundice, except:**

1) increased level of total bilirubin in blood;

2) increased level of conjugated bilirubin in blood;

3) present of bilirubin in the urine;

4) increased level of unconjugated bilirubin in blood;

5) absent of stercobilin in the feces.

**13. Which changes in the biochemical blood test can be observed at the cholestatic syndrome?**

1. Serum cholesterol – 10 µmol/l.
2. Serum protein – 50 g/l.
3. γ-globulins – 16%.
4. Alanine transaminase (ALT) – 0,42 mmol/(h.l).
5. Alkaline phosphatase – 3,9 mmol/(h.l.).

**14. Which changes in the biochemical blood test can be observed at the cholestatic syndrome?**

1. Total bilirubin– 90 µmol/l.
2. Conjugated bilirubin– 70 µmol/l.
3. Unconjugated (indirect) bilirubin –20µmol/l.
4. Alanine transaminase (ALT)– 0,60mmol/(h.l).
5. Alkaline phosphatase – 4,2 mmol/(h.l.)

**15. Which of the listed parameters are abnormal?**

1. Conjugated bilirubin– 10,3 µmol/l.
2. Unconjugated bilirubin (indirect) – 6,8 µmol/l.
3. Total bilirubin – 15,52 µmol/l.
4. Total bilirubin – 25,52 µmol/l.

**16. Which of the listed parameters are abnormal?**

1. Serum protein – 50 g/l.
2. Unconjugated bilirubin (indirect) – 26,8 µmol/l.
3. Total bilirubin – 16,25 µmol/l.
4. Alkaline phosphatase – 1,0 mmol/(h.l.).

**17. The most frequent reason of palmar eritema is:**

1) myxedema;

2) chronic bronchitis;

3) acute rheumatic fever;

4) liver cirrhosis;

5) chronic cholecystitis.

**18. Which fraction of bilirubin is removed in the urine, when the level of bilirubin in blood is high?**

1. Conjugated bilirubin.
2. Unconjugated bilirubin (indirect).
3. Total bilirubin.
4. All fractions.

**19. Liver colic lead to the obstruction of the common bile duct. What changes of pigmentary exchange are correct for this situation?**

1. Conjugated bilirubin is increased in blood.
2. Unconjugated (indirect) bilirubin is increased in blood.
3. Urobilinogenis increased in the urine.
4. Urobilinogen is not determined in the urine.
5. There are no changes of blood and urine oilonychi.

**20. For what type of jaundice the following characteristics are suitable?**

Blood test: total bilirubin – 109,5µmol/l, conjugated bilirubin –92,4 µmol/l, unconjugated bilirubin – 17,1µmol/l.

Urine test: urobilinis absent, bilirubin is present.

Feces: stercobilin is absent.

1. Hemolytic.
2. Hepatic.
3. Mechanical.
4. For all types.
5. False jaundice.

**21. Is bilirubin excreted in the urine in mechanical jaundice?**

1. It isn’t.
2. Yes, conjugated fraction only.
3. Yes**,**unconjugated bilirubin (indirect).
4. Yes, all fractions.

**22. Is bilirubin excreted in the urine in hemolytic jaundice?**

1. It isn’t.
2. Yes, conjugated fraction only.
3. Yes**,** unconjugatedbilirubin (indirect).
4. Yes, allfractions.

**23. How more often is changed the prothrombin level in liver diseases?**

1. It is increased.
2. It is decreased.
3. It is not changed.
4. All listed answers are correct.

**24. Edemas in cirrhosis can be caused by:**

1) increasing of protein level in the serum;

2) increasing of hyaluronidase level in the serum;

3) decreasing of protein level in the serum;

4) decreasing of aldosterone level in the serum;

5) increasing of serum bilirubin level.

**25. Syndrome of portal hypertension is:**

1) increased pressure in v.portаe;

2) increased blood pressure;

3) increased central venous pressure;

4) increased intracranial pressure.

**26. Portal hypertension is characterized by:**

1) increasing of pressure in portal vein system;

2) increasing of arterial pressure;

3) increasing of central venous pressure;

4) increasing of intracranial pressure.

**27. Which changes in the biochemical blood test can be observed at dysproteinemia?**

1. Increased level of albumins.
2. Increased level of globulins.
3. Decreased level of globulins.
4. Decreased level of albumins.
5. Increased level of prothrombin.

**28. Which changes in the biochemical blood test can be observed at dysproteinemia?**

1. Increased level of γ-globulins.
2. Increased level of globulins.
3. Decreased level of globulins.
4. Decreased level of prothrombin.
5. Increased level of prothrombin.

**29. Which of the listed parameters are abnormal?**

1. Albumins–35 %.
2. α1-globulins –4%.
3. α2-globulins –15%.
4. β-globulins–12%.
5. γ-globulins–30%.

**30. Which of the listed parameters are abnormal?**

1. Albumins – 25 %.
2. α1-globulins – 4%.
3. α2-globulins –18%.
4. β-globulins– 12%.
5. γ-globulins–26%.

**31. The following changes (reduction of albumin, increasing of globulins (α and γ), immunoglobulins in blood) are observed at the syndrome of**

1. cholestasis.
2. Hepatic cells inflammation.
3. jaundice.
4. portal hypertension.

**32. Which of the following clinical features are observed at the syndrome of portal hypertension?**

1. Rectal hemorrhoids.
2. Splenomegaly.
3. Ascites.
4. Gynecomastia.
5. «Caput medusa».

**33. Which of the following clinical features are observed at the syndrome of portal hypertension?**

1. Hepatomegaly.
2. Splenomegaly.
3. Ascites.
4. Fever.
5. «Caput medusa».

**34. Which changes in the biochemical blood test can be observed at the syndrome of hepatocytes inflammation?**

1. Total protein–74,0 g/l.
2. γ-globulins–30%.
3. β-globulins– 10%.
4. α2-globulins – 14 %.

**35. Which changes in the biochemical blood test can be observed at dysproteinemia?**

1. Total protein – 70,0 g/l.
2. Albumins –25 %.
3. γ-globulins– 24%.
4. β-globulins–9%.

**36.Which of the listed parameters are increased in choledocholithiasis?**

1. Serum cholesterol.
2. Albumin.
3. Alkaline phosphatase.
4. Prothrombin.
5. Conjugated bilirubin.

**37. Levels of which enzymes are increased at the syndrome of “cytolysis of hepatocytes”?**

1. AST.
2. ALT.
3. Pseudocholinesterase.
4. Alkaline phosphatase.
5. LDG-5.

**38. In what diseases the level of cholesterol and oilonychias in blood is increased?**

1. Chronic cholecystitis.
2. Cholelithiasis (obturation of the common bile duct).
3. Primary biliary cirrhosis.
4. Chronic persistent hepatitis.
5. Portal cirrhosis.

**39. The syndrome of hepatocellular insufficiency is characterized by decreased level of:**

1) cholesterol;

2) bilirubin;

3) albumins;

4) prothrombin.

1. **URINARY SYSTEM**
2. **For patients with acute pyelonephritis main complaints are all except the next:**

1) edema;

2) dysuria;

3) fever;

4) pain in the lumbar region?

1. **For what disease is typical positive Pasternatsky’s symptom?**

1. Heart failure.

2. Pyelonephritis.

3. Stomach ulcer.

4. Cholelithiasis (gallstones).

1. **What disease is characterized by urine color “muddy-red”?**

1. Hemolytic jaundice.

2. Acute glomerulonephritis.

3. Acute pyelonephritis.

4. Diabetes mellitus.

**4. How does the excretory capacity of the kidneys change in the terminal stage of chronic kidneys disease?**

1. It is normal.

2. It reduces.

3. It increases.

**5. For what disease is not typical hematuria?**

1. Cystitis.

2. Pyelonephritis.

3. Glomerulonephritis.

4. Cholelithiasis.

**6. Urine culture is necessary to perform for the following disease:**

1) pyelonephritis;

2) acute glomerulonephritis;

3) chronic glomerulonephritis.

**7. Itching of the skin in renal diseases is caused by excessive blood level of:**

1) bilirubin;

2) urea;

3) glucose;

4) albumins.

**8. Which clinical variant of chronic glomerulonephritis is characterized by high blood pressure?**

1. Asymptomatic proteinuria.

2. Nephrotic syndrome.

3. Asymptomatic hematuria.

**9. What disease is characterized by glycosuria?**

1. Acute pyelonephritis.

2. Acute glomerulonephritis.

3.Diabetes mellitus.

4. Urolithiasis.

**10. For what disease it is necessary to perform urine culture?**

1. Acute glomerulonephritis.

2. Pyelonephritis.

3. Chronic glomerulonephritis.

4. Renal amyloidosis.

**11. Nephrotic syndrome is characterized by all except:**

1) edema;

2) massive proteinuria;

3) hypoproteinemia;

4) hyperkalemia;

5) hypercholesterolemia.

**12. What disease is characterized by changes in renal pelvises?**

1. chronic pyelonephritis;

2. chronic glomerulonephritis;

3. cystitis;

4. renal amyloidosis.

**13. What is the main cause of pyelonephritis?**

1. E. Coli.

2. Staphylococcus.

3. Enterococci.

4. Klebsiella.

**14. Which disease is characterized by bacteriuria?**

1. Acute glomerulonephritis.

2. Chronic glomerulonephritis.

3. Pyelonephritis.

4. Renal amyloidosis.

**15. Which disease leads to chronic kidney disease?**

1. Acute pyelonephritis.

2. Acute glomerulonephritis.

3. Chronic glomerulonephritis.

4. Cystitis.

**16. Which symptoms are not typical for chronic kidney disease?**

1. Fever.

2. Nausea, vomiting.

3. Itching of the skin.

4. Hemoptysis.

5. Polyuria.

**17. Which glomerular filtration rate characterizes the V stage of chronic kidney disease (renal failure)?**

1. 90-120 ml / min.

2. 50-60 ml / min.

3. 30-40 ml / min.

4. Less than 15 ml / min.

**18. In what patient’s positions doctor can palpate the kidneys?**

1. Lying.

2. Standing.

3. Sitting.

**19. Which disease is characterized by ketonuria?**

1. Pyelonephritis.

2. Diabetes mellitus.

3. Glomerulonephritis.

4. Urolithiasis.

**20. Which disease is characterized by uraturia?**

1. Glomerulonephritis.

2. Pyelonephritis.

3. Polycystic kidney disease.

4. Urolithiasis.

**21. What does mean urine excretion 50 ml or less per day?**

1. Oliguria.

2. Anuria.

3. Polyuria.

4. Pollakiuria.

**22. What is the main etiological factor of acute glomerulonephritis?**

1. Staphylococcus aureus.

2. Klebsiella.

3. ß-hemolytic streptococcus group A.

4. Pseudomonas aeruginosa.

5. Pneumococcus.

**23. In what time after previous infection (pharyngitis) acute glomerulonephritis is developed?**

1. 1-2 days.

2. 1-3 weeks.

3. 1 month.

**24. What are the complications of acute glomerulonephritis?**

1 Acute renal failure.

2. Thromboembolism.

3. Acute left ventricular failure.

4. Hypertensive encephalopathy.

**25. What parameter does not relate to diagnostic criteria for nephrotic syndrome?**

1. Proteinuria exceeding 3.5 g / l.

2. Hypoalbuminemia.

3**.** Hyperproteinemia.

4. Hypercholesterolemia.

**26. What are the causes of nephrotic syndrome?**

1. Diabetes mellitus.

2. Lymphoma.

3. Amyloidosis.

4. Pulmonary diseases.

**27. What is the main feature of nephrotic syndrome?**

1. Leucocyturia.

2. Proteinuria.

3. Hematuria.

4. Bacteriuria.

**28. What signs are typical for microscopic examination of urine in chronic glomerulonephritis?**

1. Absence of proteinuria.

2. Leucocyturia.

3**.** Hematuria.

4. Proteinuria.

**29. What is observed in biochemical blood test in chronic kidney disease?**

1. Hyperbilirubinemia.

2. Hypercreatininemia.

3. Urobilirubinuriya.

**30. Causes of chronic kidney disease are following except:**

1) chronic glomerulonephritis;

2) chronic pyelonephritis;

3) acute intravascular hemolysis;

4) amyloidosis.

**31. What signs are typical for nephrotic syndrome?**

1. Hypoalbuminemia.

2. Proteinuria (protein loss is more than 3 g / l).

3. Izostenuriya.

4. Hyperlipidemia.

5. Edema.

**32. What is the structural and functional unit of the kidney?**

1. Renal corpuscle.

2. Slice.

3. Follicle.

4. Nephron.

1. **ENDOCRINE SYSTEM**

**1. What symptoms are typical for diabetes mellitus?**

1. Polyuria.

2. Polydipsia.

3. Polyphagia.

4. All mentioned above.

**2. What method is not used for the diagnosis evident diabetes mellitus?**

1. Glucose tolerance test.

2. Definition of fasting blood sugar.

3. Determination of sugar in the blood during the day.

4. The definition of glycosuria.

**3. Complications of diabetes mellitus don’t include:**

1) gangrene of the extremities;

2) renal insufficiency;

3) the decrease in visual acuity;

4) valvular heart disease.

**4. Normal level fasting capillary blood glucose is:**

1. 1.5 to 2.7 mg/DL;

2. 7,3-9,5 mmol/l;

3. 3.3-5.5 mmol/l.

**5. What symptom is not typical for ketoacidosis (diabetic) coma?**

1. Smell of ammonia in the exhaled air.

2. Dry skin.

3. Soft eyeballs.

4. Kussmaul’s respiration.

**6. What symptom is not typical for ketoacidosis (diabetic) coma?**

1. Dry skin.

2. Kussmaul’s respiration.

3. Smell of acetone breath.

4. A normal tone of the eyeballs.

**7. For hypoglycemic coma is not typical:**

1) slow development;

2) hype rhidrosis;

3) dilated pupils;

4) the rapid development.

**8. Ketoacidosis (diabetic) coma develops:**

1) slowly (up to several days);

2) quickly.

**9. Hypoglycemic coma develops:**

1) slowly (up to several days);

2)quickly.

**10. What symptom is not typical for hypoglycemic coma?**

1. Moist skin.

2. Acetone smell breath.

3. Solid eyeballs.

4. Convulsions.

**11. What type of coma requires the introduction of 40 % glucose?**

1. Hypoglycemic.

2. Ketoacidosis.

3. Lactoridaceae.

**12. Contrinsular hormones are:**

1) thyroid hormones;

2) glucocorticoids;

3) catecholamines;

4)all mentioned above.

**13. II-degree of thyroid gland enlargement includes:**

1) palpable isthmus;

2) large size goiter;

3) symptom of “fat neck”.

**14. What is not typical for hyperthyroidism?**

1. Exophthalmos.

2. Bradycardia.

3. Fussiness.

4. Hand tremor.

5. Sweating.

**15. What is not typical for auscultation of the heart patients with thyrotoxicosis?**

1. Tachycardia.

2. Loud heart sounds.

3**.** Accentuated SII on pulmonary artery.

4. Systolic murmur at the apex.

**16. What is not typical for diffuse toxic goiter?**

1. Tachycardia.

2. Systolic murmur at the apex.

3. Increased systolic blood pressure.

4.Increased diastolic blood pressure.

**17. What symptom is not typical for hypothyroidism?**

1. Weight loss.

2. Dry skin.

3. Slow speech.

4. Loss of hair.

**18. What ECG change is typical for hypothyroidism?**

1. Tachycardia.

2. Decreased waves’ voltage.

3. Extrasystole.

**19. Atrial fibrillation may be a manifestation of:**

1) hypothyroidism;

2) thyrotoxicosis;

3) diabetes.

**20. What is not typical for type 1 diabetes mellitus?**

1. Development at a young age.

2. Development in old age.

3. Development in childhood.

**21. What is typical for type 2 diabetes mellitus?**

1. Development at a young age.

2. Development in old age (after 40).

3. Development in childhood.

**22. Type 1 diabetes typically develops in people with**:

1) excess body weight;

2) normal or low body weight.

**23. Type 2 diabetes typically develops in people with:**

1) excess body weight;

2) normal or low body weight.

**24. What type of insulin deficiency is observed in type 1 diabetes ?**

1. Absolute.

2. Relative.

**25. What type of insulin deficiency is observed in type 2 diabetes?**

1. Absolute.

2**.** Relative.

**26. Etiological factors in the development of diabetes are:**

1) genetic predisposition;

2) viral infections (rubella viruses, Coxsackie, hepatitis B);

3) overweight;

4) none of the mentioned above;

5) all mentioned above.

**27. Causes of ketoacidotic coma include all except:**

1) intercurrent diseases;

2) discontinuation of insulin therapy;

3) failure of a diet;

4) elimination of food easily digestible carbohydrates.

**28. What are the causes of ketoacidotic coma development?**

1. Intercurrent disease.

2. Termination of insulin therapy.

3. Failure of a diet.

4. All mentioned above.

**29. What change of the skin is not typical for diabetes?**

1. Skin itching.

2. Furunculosis.

3. Rubeosis.

4**.** Striae.

**30. What is not typical for ketoacidotic coma?**

1. Kussmaul’s respiration.

2. Expressed hyperhidrosis.

3. Decreased blood pressure.

4. Reduction of eyeballs’ tone.

**31. What is not typical for ketoacidotic coma?**

1. Dryness of the skin.

2. Reduction of eyeballs’ tone.

3. Pupils constriction.

4. Convulsions.

**32. For hypoglycemic coma is not typical:**

1) convulsions;

2) decreased blood pressure;

3) dilated pupils;

4) normal eyeballs’ tone.

**33. What smell of the breath has patient with ketoacidotic coma?**

1. Acetone.

2. Ammonia.

3. Methylmercaptan.

**34. What test can be used for the differential diagnosis of diabetes mellitus type 1 and 2?**

1. C-peptide.

2. Oral glucose tolerance test.

3. Determination of blood glucose level during the day.

4. Definition of ketone bodies in the blood.

**35. What test can be used for the diagnosis of ketoacidotic coma?**

1. C-peptide and insulin level in the blood.

2**.** Levels of ketone bodies and blood glucose.

3. Glucose tolerance test.

**36. What is the primary method of hypoglycemic coma treatment?**

1. Fractional introduction of small doses of insulin.

2. Introduction of 40% glucose solution.

3. Introduction of large amounts of fluid.

**37. What capillary blood glucose level does allow reveal evident diabetes mellitus in 2 hours after oral glucose tolerance test?**

1. ≥ 7,8 but <11.1 mmol/l.

2. ≥ 11.1 mmol/l.

3. ≥ 6,1 but <7.8 mmol/l.

**38. What test does allow confirming the diagnosis hypoglycemic coma?**

1. Ketone bodies level in the blood.

2. Glucose level in the urine.

3. Glucose level in the blood.

4. Acetone level in the urine.

**39. What blood glucose level does allow reveal impaired glucose tolerance in 2 hours after oral glucose tolerance test?**

1. ≥ 7,8 but <11.1 mmol/l.

2. ≥ 11.1 mmol/l.

3. ≥ 6,1 but <7.8 mmol/l.

**40. Glucose tolerance test is not performed patients with:**

1) evident diabetes mellitus;

2) impaired glucose tolerance;

3) genetic predisposition of diabetes.

**41. Rubios is:**

1) deposition of cholesterol in the eyelids skin;

2) changes of subcutaneous fat due to insulin injections;

3) the blush on the cheeks and forehead due to cutaneous capillary network expansion.

**42. Catecholamines:**

1)lead to raising of the glucose blood level;

2) lead to lowering of the glucose blood level;

3) do not affect the glucose blood level.

**43. Glucocorticoids:**

1)lead to raising of the glucose blood level;

2) lead to lowering of the glucose blood level;

3) do not affect the glucose blood level.

**44. Noisy Kussmaul’s respiration is typical for:**

1) hypoglycemic coma;

2) hyperglycemic ketoacidotic coma.

**45. Indirect sign of thyrotoxicosis is:**

1) decreased cholesterol blood level;

2) increased cholesterol blood level.

**46. Indirect sign of hypothyroidism is:**

1) decreased cholesterol blood level;

2) increased cholesterol blood level.

**47. What change of cardiovascular system is not typical for thyrotoxicosis:**

1) bradicardia;

2) tachycardia;

3) increased systolic blood pressure;

4) decreased diastolic blood pressure.

**48. Exophthalmos is:**

1) rare blinking;

2) tremor of closed eyelid;

3)protrusion of the eyeballs forward.

**49. The tendency to constipation occurs during:**

1) thyrotoxicosis;

2) hypothyroidism.

**50. The tendency to diarrhea occurs during:**

1) thyrotoxicosis;

2) hypothyroidism.

**51. “Facies Basedovica” observed in patients with:**

1) hypothyroidism;

2) diabetes;

3) acromegaly;

4) thyrotoxicosis.

**52. Low amplitude fingers tremor is typical for:**

1) diabetes;

2) thyrotoxicosis;

3) hypothyroidism.

**53. What changes of hormonal level have patients with thyrotoxicosis?**

1. Increased level of T3,T4, decreased TTH.

2. Decreased level of T3,T4, increased TTH.

3. Decreased level of T3,T4 and TTH.

**54. What changes of hormonal level patients with hypothyroidism can have?**

1. Increased level of T3, T4, decreased TTH.

2. Decreased level of T3, T4, increased TTH.

3. Decreased level of T3, T4 and TTH.

**55. What type of arrhythmia is the most typical in patients with thyrotoxicosis?**

1. Sinus bradycardia.

2. Atrial fibrillation.

3. AV-block.

4. Bundle branch block.

**56. Striae are:**

1) deposition of cholesterol in the eyelids skin;

2) subcutaneous fat change resulting from injections of insulin;

3) longitudinal and transverse stripes on the skin resulting from the catabolic effects of steroid hormones.

**57. What disease does give bronze color of the skin?**

1. Diabetes.

2. Addison’s disease.

3. Hypothyroidism.

4. Acromegaly.

**58. What symptom is typical for acromegaly?**

1. Bronze color of the skin.

2. Increased distal parts of extremities.

3. Dryness, peeling skin.

**59. What symptom is typical for acromegaly?**

1. Increased nose, jaw and brow.

2. Reducing of the body weight.

3. Bronze color of skin.

**60. What are the main factors of 1 type diabetes pathogenesis?**

1. Insulin resistance and destruction of b-cells.

2**.** Destruction of b-cells and insulin insufficiency.

3. Insulin deficiency and increase of contrinsular hormones.

**61. What is the most informative test for the diagnosis of hypothyroidism?**

1. Determination of blood TTH.

2. Ultrasonic examination of thyroid gland.

3. Scanning of the thyroid gland.

**62. What is most typical for hypothyroidism?**

1. Reducing of the body weight.

2. Tachycardia.

3. Enlargement of the thyroid gland.

4. Bradicardia.

5. Exophthalmos.

**63. What is the criterion of heavy diabetes?**

1. Glycemia level.

2. Body weight of the patient.

3. Necessarity of treatment.

4. Presence and severity of complications.

**64. What is the most frequent cause of death in 2 type diabetes mellitus?**

1. Ketonemia coma.

2. Myocardial infarction.

3. Hypoglycemic coma.

**65. What change of basal metabolism does occur at the increase of the thyroid gland function?**

1. Increases.  
2. Does not change.  
3. Decreases.  
4. In children decreases, in adults – is not changed.

**66. What gland has mixed secretion?**

1. pituitary gland;  
2. pancreas;3. adrenal glands;  
4. parathyroid gland.

**67. The likelihood of atherosclerosis in diabetes increases due to:**

1) increased level of atherogenic lipoproteins;2) increased level of NEFA in the blood;  
3) increased blood glucose level.

**68. What is hypoglycemia?**

1. Reduction of glycogen deposits in the liver.  
2. Absence of glucose in the urine.  
3. Reduction glucose level in the blood.

**VIII.** **BLOOD DISEASES**

1. **What is normal level of serum iron?**

1. 20-30 mkmol/l.

2. 12.5-30.4 mkmol/l.

3. 6.5-8.5 mkmol/l.

1. **What is koilonychia?**

1. Transverse striations nails.

2. Bulge in nail watch glasses.

3. Spoon-shaped depressions nails.

4. Brittle nails.

1. **What are the typical symptoms in iron-deficiency anemia?**

1. Dry skin, peeling.

2.Geographical tongue.

3. Hypochromia and microcytosis.

4**.** Koilonychia.

**4. What is the main sign of the diagnosis of acute leukemia?**

1. Anemia.

2. Alcerative necrotic lesions.

3. Enlargements of the lymph nodes.

4. Presence of blast cells in the peripheral blood.

5. Hemorrhage.

**5. 32-year old woman with uterine bleeding developed anemia with a hemoglobin level of 80 g / l, erythrocyte sedimentation rate 60 mm / h. In the blood are hypochromia, microcytosis. What is the diagnosis?**

1. B12 deficiency anemia.

2. Iron deficiency anemia.

3. Hemolytic anemia.

**6. What is the main function of red blood cells?**

1. The transport of carbohydrates.

2. To participate in the processes of digestion.

3. The transport of oxygen and CO2.

1. **What is the percentage of separate forms of leukocytes?**

1. The color indicator.

2**.** Leukocyte formula.

3. Hematocrit.

1. **What blood disease is characterized by “leukemic gap”?**

1. Anemia.

2. Chronic leukemia.

3. Acute leukemia.

4. Polycythemia.

5. Inflammatory reaction of blood.

1. **What disease is characterized by jaundice?**

1. B12-deficiency anemia.

2. Iron deficiency anemia.

3. Hemolytic anemia.

**10. What is the normal level of hemoglobin for healthy men?**

1. 170-200 g / l.

2. 100-110 g / l.

3. 130-160 g / l.

4. 90-100 g / l.

**11. What is the main function of leucocytes?**

1. The transport of CO2 and O2.

2. Transport of hormones.

3. Maintaining the oncotic pressure of blood plasma.

4**.** Immune reactions.

**12. What is not typical for iron deficiency anemia?**

1. Hypochromia of red blood cells.

2. The increase in color index greater than 1.1.

3. The reduction in the color index is less than 0.8.

4. Microcytosis.

**13. What diseases are characterized by peripheral blood eosinophilia?**

1. Bronchial asthma.

2. Helminthes disease.

3. Eosinophilic leukemia.

4. Acute glomerulonephritis.

**14. What does reflect the color index?**

1. The ratio of the number of red blood cells to hemoglobin.

2. The percentage of hemoglobin oxygen saturation.

3. The ratio of young and mature neutrophils.

4. The degree of saturation of hemoglobin in red blood cells.

**15. What is not typical for iron deficiency anemia?**

1. The reduction of color index.

2. Erythropenia.

3. Microcytosis.

4. The reduction of ESR.

**16. What is typical for B12 deficiency anemia?**

1. The increase in the color index.

2. Increased ESR.

3. Macrocytosis.

4. The reduction in the number of red blood cells.

5. The color index is not changed.

1. **What is the percentage number of neutrophils in the blood of a healthy person?**

1. 47-72 %.

2. 5-10 %.

3. 30-40 %.

4. 10-20 %.

**18. Reticulocytes are:**

1) young forms of red blood cells;  
2) young form of white blood cells;  
3) young form of platelets;  
4) young forms of lymphocytes.

**19. What is not typical for acute post-hemorrhagic anemia?** 1. Severe weakness.  
 2. Dizziness.  
 3. Cold sweat.  
 4. Hypotension.  
 5. Arterial hypertension.  
  
**20. Howell-Jolly bodies are typical for:**  
 1) chronic lymphocytic leukemia;  
 2) B12-deficiency anemia;  
 3) iron deficiency anemia;  
 4) leukemia.  
  
**21. 56- year old man, 15 years ago underwent stomach resection. He has anemia with hemoglobin level of 68 g/l, color index >1.3, ESR 45 mm/hr. Poikilocytosis and macrocytosis are present in the blood test. What is the diagnosis?**  
 1. B12-deficiency anemia.2. Hemorrhagic anemia.  
 3. Hypoplastic anemia.  
 4. Iron deficiency anemia.  
  
**22. What type of anemia is characterized by normocytosis, normal color index and a significant increase in young forms of red blood cells?**  
 1. B12-deficiency anemia.  
 2. Acute hemorrhagic anemia.3. Aplastic anemia.  
  
**23. Relative increase in the number of red blood cells often develops in diseases except:** 1) chronic respiratory diseases;  
 2) congenital heart disease;  
 3) chronic cardiopulmonary diseases;  
 4) acute leukemia.  
  
**24. Physiological leukocytosis is observed:** 1)after meals;2) in blood thickening;  
 3) in anemia.  
  
**25. Leukocytosis with left shift is called:**  
 1) neutropenia;  
 2) lymphocytopenia;  
 3) appearance of young forms of neutrophils in the blood.  
  
**26. The symptoms of anemia include everything except:** 1) shortness of breath;  
 2) paleness;  
 3) heartbeat;  
 4) hemorrhage syndrome;5) hypersensitivity to cold.  
  
**27. Increased level of reticulocytes in the blood is typical for:**  
 1) chronic blood loss;  
 2) acute blood loss;  
 3) aplastic anemia.  
  
**28. What symptom is not typical for iron deficiency?**  
 1. Hair loss.  
 2. Brittle nails.  
 3**.** Icterus.  
 4. Koilonychia.  
 5. Taste perversion.  
  
**29. The patient has enlarged lymph nodes, enlarged spleen, leukocytosis with lymphocytosis. What diagnosis do you expect?** 1. Megakaryoblastoma.  
 2. Acute lymphoblastic leukemia.  
 3. Chronic lymphocytic leukemia.  
 4. Chronic myelogenous leukemia.  
 5. Erythremia.

**30. The term lymphadenopathy means:**  
1) leukemic infiltration of the lymph nodes;  
2) lymphocytosis in the peripheral blood;  
3) a lot of limfoblasts in sternal punctate;  
4) enlarged lymph nodes.

**31. What symptom is typical for iron deficiency anemia?**

1. Sideroblasts in the sternal punctate.  
2. Megalocytosis.  
3. Low color index, microcytosis.  
**32. Enlarged lymph nodes are not typical for:**  
1) hodgkin’s disease;  
2) chronic myeloid leukemia;3) chronic lymphocytic leukemia;  
4) acute lymphoblastic leukemia.  
  
**33. The internal Castle’s factor is:**  
1) produced in the stomach fundus and is associated with vitamin B12;  
2) produced in the duodenum;  
3) associated with vitamin B6;  
4) associated with iron.  
  
**34. What symptom is not typical for sideropenic syndrome?**  
1. Angular stomatitis.  
2. Glossitis.  
3. Dryness and hair loss.  
4. Esophagitis.  
5. Secretory insufficiency of the stomach.  
  
**35. What symptom is typical for aplastic anemia?**1. Low color index of erythrocytes.  
2. Different size and shape of red blood cells.  
3. Macrocytosis of erythrocytes.  
4**.** Pancytopenia.  
5. Increased level of iron in serum.  
  
**36. What blood test changes are often observed in chronic lymphocytic leukemia?**  
1. Splenomegaly.  
2. Lymphadenopathy.  
3. Destroyed leykolicytes.  
4. All mentioned above.  
5. None of the above.  
  
**37. What factor is required for absorption of vitamin B12?**1. Hydrochloric acid.  
2. Gastrin.  
3. Gastromukoprotein.  
4. Pepsin.  
5. Folic acid.  
  
**38. What sign is not observed in chronic myeloid leukemia?**  
1. Hepatomegaly.  
2. Botkin-Gumprecht’s “shadow” in the blood.3. Eosinophilic-basophilic association.  
4. Splenomegaly.  
  
**39. In what disease can Botkin-Gumprecht’s “shadow” be detected in the blood?**1. Acute myeloid leukemia.  
2. Chronic myelogenous leukemia.  
3. Chronic lymphocytic leukemia.  
  
**40. 37-year old patient complains of weakness, dizziness, blackouts, paresthesia in the feet and unstable gait. Some yellowness of the skin is revealed, the liver protrudes 2 cm from the costal arch. In the blood test: Hb – 70 g / l, color. Index – 1.4; WBC – 4,5×109 /l; eosinophils – 0%, basophils – 0%, neutrophils stab – 5, neutrophils segmentonuclear – 56%, monocytes – 10%, lymphocytes – 29%, ESR – 12 mm / hour. What is the diagnosis?**1. Viral hepatitis C.  
2. Chronic alcoholism.  
3. Autoimmune hemolytic anemia.  
4. B12-deficiency anemia.  
  
**41. 63-year old patient complains of weight loss, weakness, shortness of breath. The cervical and axillary lymph nodes are enlarged. They are painless and mobile. Blood test: Hb – 82 g / l, RBC 3,7×1012/l, WBC – 117×109/l, lymphocytes – 62%, ESR – 19 mm / h. What is the diagnosis?**

1. Acute lymphocytic leukemia.  
2. Chronic lymphocytic leukemia.3. Hodgkin’s disease.  
4. Lymphosarcoma.  
5. Leukemoid reaction.  
**42. What sign is not typical for iron deficiency anemia?**  
1. Low color index.  
2. Microcythemia.  
3. Aniso-poikilocytosis.  
4. Hypersegmentation of neutrophils’ nuclei.  
  
**43. 18-year old patient complains of pain in the throat when swallowing, bleeding gums, weakness, sweating. He has been sick for 2 weeks. The neck lymph nodes are pale, moderately enlarged. There are ulcerative necrotic raids on the tonsils. There are no pathological changes of internal organs. The temperature is 37,5 ° C. In the blood test: Hb – 70 g / L, WBC – 10×109 /l. Blasts cells – 76%, ESR – 27 mm / hour. What is the diagnosis?**

1. Tonsillitis.  
2. Chronic lymphocytic leukemia.  
3. Acute leukemia.4. Aplastic anemia.  
5. B12 deficiency anemia.  
 **44. What is not typical for iron deficiency anemia?**1. Absence of iron deposits in the bone marrow.  
2. Low serum iron level in the blood.  
3. Low color index, microcytosis of red blood cells.  
4. Effect of iron therapy during the month.  
5. Megaloblastic bone marrow. **45. 29- year old patient complained of epigastric pain, weakness, fatigue. He had peptic duodenal ulcer in the history, pale skin, epigastric tenderness. The liver and spleen were not palpable. In the blood test: Hb – 90 g / l, WBC – 3×1012/ l, color index – 0.77, platelets – 195×109/l, reticulocytes – 0.5%, the rest of the indicators were normal. Serum iron – 4.5 mmol / l. Fecal occult blood test was positive. What is the diagnosis?**

1. Aplastic anemia.  
2. Hemolytic anemia.  
3. Acute hemorrhagic anemia.  
4. Chronic hemorrhagic anemia.5. B12 deficiency anemia.  
  
**46. 43-year old patient complains of weakness, the temperature is up to 37,8 ° C during the month. He was treated with antibiotics and non-steroidal anti-inflammatory drugs without any effect. The examination showed only pale skin. In the blood test: Hb – 90 g / l, RBC – 3,0×1012 / l, WBC – 3,3×109/l, platelets – 80×109/l, ESR - 35 mm / hour. What test is the most important to confirm the diagnosis?**1**.** Sternal puncture.  
2. Determination of serum iron in the blood.  
3**.** Leukocyte count.  
4. Fecal occult blood test.  
5. Barium enema.  
  
**47. 25-year old patient complains of multiple small sized hemorrhages in the skin and mucous membranes. In the blood test: Hb - 100 g / l, RBC - 3,1×1012 / l, WBC - 41×109/l. Hyatus leucaemicus is observed, platelets - 15×109/l, ESR - 43 mm / hour. What is the diagnosis?**

1. Hemophilia.  
2. Leukemoid reaction.  
3. Acute leukemia.  
4. Aplastic anemia.  
  
**48. What symptom is not typical for chronic myeloid leukemia?**1. Splenomegaly.  
2. Hepatomegaly.  
3. Hyperuricemia.  
4. Absence of myelocytes in the peripheral blood.  
**49. 25-year old patient had multiple spontaneous subcutaneous hemorrhage, epistaxis (nosebleeds). Abnormalities of internal organs were not founded. Pinch symptom is positive. What is the cause of hemorrhagic syndrome?**  
1. Hemophilia.  
2**.** Thrombocytopenia.3. Hemorrhagic vasculitis.  
  
**50. What are typical clinical manifestations of sideropenic syndrome?**1. Angular stomatitis.  
2. Perversion of taste and smell.  
3. Glossitis.  
4**.** All mentioned above.5. None of theabove.

**ANSWERS**

1. **GENERAL INSPECTION OF PATIENT**

|  |  |  |
| --- | --- | --- |
| **1.** 1,2,4 | **8.** 2 | **15.** 1,3 |
| **2.** 1,2,3 | **9.** 2 | **16.** 1,2,3,4 |
| **3.** 1,3,4,5 | **10.** 2 | **17.** 1,2,3,5 |
| **4.** 1,3,4 | **11.** 1,3,4,5 | **18.** 1,5 |
| **5.** 1,2,5 | **12.** 3 | **19.** 2,3 |
| **6.** 2,3,5 | **13.** 3 | **20.** 1,4 |
| **7.** 1 | **14.** 1,2,4 |  |

1. **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 |

1. **CARDIOVASCULAR SYSTEM**

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

1. **GASTROINTESTINAL TRACT**

|  |  |  |
| --- | --- | --- |
| **1.** 4 | **14.** 1 | **27.** 2 |
| **2.** 1,2,4 | **15.** 3 | **28.** 2 |
| **3.** 2 | **16.** 2 | **29.** 1,2 |
| **4.** 3 | **17.** 4 | **30.** 3 |
| **5.** 1 | **18.** 2,3,4 | **31.** 2,3 |
| **6.** 2,3,4 | **19.** 2,3 | **32.** 1 |
| **7.** 2,4 | **20.** 4 | **33.** 2,3 |
| **8.** 4 | **21.** 2 | **34.** 2,4 |
| **9.** 1,2,4 | **22.** 1,2,4 | **35.** 4 |
| **10.** 2,3,4 | **23.** 4 | **36.** 1 |
| **11.** 2,3,4 | **24.** 1 | **37.** 2,3 |
| **12.** 1 | **25.** 2,3,4 | **38.** 3,4 |
| **13.** 2 | **26.** 2,3,4 | **39.** 2,3 |

1. **LIVER AND GALLBLADDER DISEASES**

|  |  |  |
| --- | --- | --- |
| **1.** 3,3,5 | **14.** 1,2,5 | **27.** 2,4 |
| **2.** 1,5 | **15.** 1,4 | **28.** 1,2,4 |
| **3.** 2 | **16.** 1,2 | **29.** 3,5 |
| **4.** 2 | **17.** 4 | **30.** 1,3,5 |
| **5.** 1,3,4 | **18.** 1 | **31.** 2 |
| **6.** 5 | **19.** 1,4 | **32.** 1,2,3,5 |
| **7.** 1,3,4,5 | **20.** 3 | **33.** 2,3,5 |
| **8.** 2,3,4,5 | **21.** 2 | **34.** 2,4 |
| **9.** 3 | **22.** 1 | **35.** 2,3 |
| **10.** 3 | **23.** 2 | **36.** 1,3,5 |
| **11.** 4 | **24.** 3 | **37.** 1,2,4,5 |
| **12.** 5 | **25.** 1 | **38.** 1,2,3 |
| **13.** 1,5 | **26.** 1 | **39.** 1,3,4 |

**VI. URINARY SYSTEM**

|  |  |  |
| --- | --- | --- |
| **1.** 1 | **12.** 1 | **23.** 2 |
| **2.** 2 | **13.** 1 | **24.** 1,3,4 |
| **3.** 2 | **14.** 3 | **25.** 3 |
| **4.** 2 | **15.** 3 | **26.** 1,2,3 |
| **5.** 2 | **16.** 1,4 | **27.** 2 |
| **6.** 1 | **17.** 4 | **28.** 3,4 |
| **7.** 2 | **18.** 1,2 | **29.** 2 |
| **8.** 2 | **19.** 2 | **30.** 3 |
| **9.** 3 | **20.** 4 | **31.** 1,2,4,5 |
| **10.** 2 | **21.** 2 | **32.** 4 |
| **11.** 4 | **22.** 3 |  |

**VII. ENDOCRINE SYSTEM**

|  |  |  |
| --- | --- | --- |
| **1.** 4 | **24.** 1 | **47.** 1 |
| **2.** 1 | **25.** 2 | **48.** 3 |
| **3.** 4 | **26.** 5 | **49.** 2 |
| **4.** 3 | **27.** 4 | **50.** 1 |
| **5.** 1 | **28.** 4 | **51.** 4 |
| **6.** 4 | **29.** 4 | **52.** 2 |
| **7.** 1 | **30.** 2 | **53.** 1 |
| **8.** 1 | **31.** 4 | **54.** 2,3 |
| **9.** 2 | **32.** 2 | **55.** 2 |
| **10.** 2 | **33.** 1 | **56.**  3 |
| **11.** 1 | **34.** 1 | **57.** 2 |
| **12.** 4 | **35.** 2 | **58.** 2 |
| **13.** 3 | **36.** 2 | **59.** 1 |
| **14.**  2 | **37. 2** | **60.** 2 |
| **15.** 3 | **38.** 3 | **61.** 1 |
| **16.** 4 | **39.** 1 | **62.** 4 |
| **17.** 1 | **40.** 1 | **63.** 4 |
| **18.** 2 | **41** 3 | **64.** 2 |
| **19.** 2 | **42.** 1 | **65.** 1 |
| **20.** 2 | **43.** 1 | **66.** 2 |
| **21.** 2 | **44.** 2 | **67.** 1 |
| **22.** 2 | **45.** 1 | **68.** 3 |
| **23.** 1 | **46.** 2 |  |

**VIII.** **BLOOD DISEASES**

|  |  |  |
| --- | --- | --- |
| **1.** 2 | **18.** 1 | **35.** 4 |
| **2.** 3 | **19.** 5 | **36.** 4 |
| **3.** 1,3,4 | **20.** 2 | **37.** 3 |
| **4.** 4 | **21.** 1 | **38.** 2 |
| **5.** 2 | **22.** 2 | **39.** 3 |
| **6.** 3 | **23.** 4 | **40.** 4 |
| **7.** 2 | **24.** 1 | **41.** 2 |
| **8.** 3 | **25.** 3 | **42.** 4 |
| **9.** 3 | **26.** 4 | **43.** 3 |
| **10.** 3 | **27.** 2 | **44.** 5 |
| **11.** 4 | **28.** 3 | **45.** 4 |
| **12.** 2 | **29.** 3 | **46.** 1 |
| **13.** 1,2,3 | **30.** 4 | **47.** 3 |
| **14.** 1 | **31.** 3 | **48.** 4 |
| **15.** 4 | **32.** 2 | **49.** 2 |
| **16.** 1,2,3,4 | **33.** 1 | **50.** 4 |
| **17.** 1 | **34.** 5 |  |

**References**

1. A guide to physical examination and history taking: Text-book/ B. Bates, et al. – 6th edition. – J.B. Lippincott Company, 1995. – 711 p.
2. Harrison's Principles of Internal Medicine: Text-book: in 2 vol. / D.L. [Kasper](http://www.mhprofessional.com/contributor.php?id=26388), et al. – McGraw-Hill, 2004. – 2800 p.
3. Ivashkin V.T., Okhlobystin A.V. Internal diseases propaedeutics / V.T. Ivashkin, A.V. Okhlobystin – M.: GEOTAR-Media, 2005. – 176 p.
4. Pronko T.P. Lectures on diagnostics of main diseases of cardiovascular system – Гродно: ГрГМУ, 2009. – 168 с.
5. Pronko T.P. Diagnostics of main diseases of respiratory system in clinic of Propaedeutics of Internal diseases : manual for students of Medical Faculty for International Students studying in English medium / Т.П. Пронько – Гродно : ГрГМУ, 2015. – 148 с.
6. Pronko T.P., Pyrochkin A.V. Diagnostics of main internal diseases : Lectures for students of Medical Faculty for International Students studying in English medium / Т.П. Пронько, А.В. Пырочкин. – Гродно : ГрГМУ, 2013. – 244 с.