Examination test of Clinical biochemistry for students of General medicine (EN-přehled)

Name: date:

- date:
- 1. The probability that a test result falls within the reference interval in the absence of disease is called the test's
 - \Box efficiency
 - \Box negative predictive value
 - \Box specificity
 - \Box sensitivity
- 2. Causes of a prolonged thrombin time include all of the following except
 - \Box D.I.C.
 - □ afibrinogenemia
 - $\hfill\square$ decreased factor X
 - \Box heparin
 - □ hypofibrinogenemia
- 3. Which of the following is not a cause of hyperuricemia?
 - \Box Lesch-Nyhan syndrome
 - $\hfill\square$ renal retention
 - \Box organic acidemia
 - \Box defects in pyrimidine metabolism
 - \Box primary gout
- **4.** Which of the following should not be included in the differential diagnosis of hypercalcemia?
 - $\hfill\square$ vitamin D intoxication
 - □ vitamin D-dependent rickets
 - $\hfill\square$ excess absorption secondary to the "milk alkali syndrome"
 - \Box primary hyperparathyroidism
 - \Box multiple myeloma
- 5. D.I.C. associated with infection is most frequently caused by
 - □ cytomegalovirus
 - \Box HIV
 - \Box gram-negative organisms
 - □ hepatitis B
 - \Box infectious mononucleosis

- **6.** Which of the following proteins is most useful in detecting rejection of transplanted kidneys?
 - \Box β_2 -microglobulin
 - $\Box \alpha_2^-$ -macroglobulin
 - □ lysozyme
 - \Box C-reactive protein
- 7. Postate-specific antigen (PSA) is an example of which type of marker
 - □ steroid
 - □ enzyme
 - \Box oncofetal antigen
 - \Box hormone
- 8. Type 1 diabetes is what percentage of all diabetes mellitus?
 - □ >20%
 - □ 5-10%
 - □ 16-20%
 - □ 11-15%
- 9. An important renal response to acidemia is
 - \Box increased potassium excretion
 - \Box decreased excretion of H₂PO₄⁻
 - $\hfill\square$ increased production of ammonia
 - \Box increased production of HPO₄²⁻
- 10. All of the following statements are true of IgM except
 - $\hfill\square$ is found in extravascular space
 - $\hfill\square$ is synthesized by the neonate
 - \Box is a pentamer
 - \Box contains "J" chains
- 11. Effects of sodium fluoride as a stabilizing agent for glucose include all of the following except
 - \Box binds calcium
 - □ inhibits glycolysis
 - $\hfill\square$ alters the first hour glucose decline
 - \Box promotes faster clotting
 - $\hfill\square$ inhibits urease

- 12. Urinary excretion of Bence Jones proteins are generally associated with
 - \Box heavy chain gammopathy
 - □ cryoglobulinemia
 - □ multiple myeloma
 - \Box cytomegalic viral disease
 - $\hfill\square$ the dehydrated state

13. Increased urinary 5-hydroxyindoleacetic acid (5-HIAA) is a biochemical marker of

- 🗆 neuroblastoma
- \Box carcinoid tumors
- \Box depression
- □ hepatoma
- \square malabsorption

14. Proinsulin

- 1. is 40% physiologically active
- 2. yields equimolar amounts of insulin and C-peptide in the plasma
- 3. circulates in significant quantities in the plasma
- 4. is contained in a beta granule
- $\hfill\square$ 2 and 4
- \Box 1, 2, and 3
- \Box 4 only
- $\hfill\square$ all of the above
- $\hfill\square$ 1 and 3
- **15.** A positive serum anion gap is
 - 1. expected in lactate acidosis
 - 2. an abnormality usually associated with renal disease
 - 3. observed in hypercalcemia
 - 4. normal
 - \Box 4 only
 - $\hfill\square$ all of the above
 - \Box 1 and 3
 - \Box 1, 2 and 3
 - \Box 2 and 4

16. Serum ceruloplasmin concentration is generally lowest in

- □ nephrotic syndrome
- □ hepatitis
- □ Hodgkin's disease
- \Box Wilson's disease

- **17.** Which of the following serologic markers can help distinguish hepatitis D coinfection from superinfection?
 - □ HBcAb-IgM
 - □ HBsAg
 - □ HDVAb-IgM
 - □ HBsAb
- **18.** Of the metabolic sequences below, which one represents the correct formation of heme from porphobilinogen (PBG)?
 - □ coproporphyrinogen to uroporphyrinogen to protoporphyrinogen IX to protoporphyrin IX to heme
 - \Box protoporphyrin IX to uroporphyrin to coproporphyrin to heme
 - □ uroporphyrinogen to coproporphyrinogen to protoporphyrinogen IX to protoporphyrin IX to heme
 - $\hfill\square$ uroporphyrin to coproporphyrin to protoporphyrin IX to heme
- **19.** What is the best explanation for the following set of results?
 - 1. Myoglobin 13,190 ng/mL (normal 0-60)
 - 2. CK-MB 68.1 ng/mL (normal 0-5.0)
 - 3. cTnT 0.02 ng/mL (normal 0-0.1)
 - \Box AMI within 6 hours after onset
 - $\hfill\square$ chronic renal failure
 - □ AMI 96 hours after onset
 - \Box acute rhabdomyolysis
 - $\hfill\square$ acute renal failure
- **20.** Which of the following is characterized by high urinary ketones with a normal urine glucose?
 - 1. diabetic ketoacidosis
 - 2. starvation
 - 3. renal tubular acidosis
 - 4. alcoholic ketosis
 - \Box 1 and 3
 - \Box 4 only
 - \Box all of the above
 - □ 1, 2, and 3
 - \Box 2 and 4
- 21. Hyperamylasemia is commonly caused by administration of
 - \Box antibiotics
 - \Box diuretics
 - \Box opiates
 - $\hfill\square$ anticonvulsants
 - \Box tricyclic antidepressants

- **22.** A hypertensive, hypokalemic patient with urinary sodium excretion of 50 mmoles per day and plasma renin activity below the analytical sensitivity limit of the assay has
 - 1. pheochromocytoma
 - 2. renal artery stenosis
 - 3. benign hypertension
 - 4. primary aldosteronism
 - \Box 2 and 4
 - $\hfill\square$ all of the above
 - $\hfill\square$ 1 and 3
 - \Box 4 only
 - □ 1, 2, and 3

23. Of the following, which is the first acute-phase protein to increase in the serum?

- □ haptoglobin
- $\Box \alpha_1$ -antichymotrypsin
- $\Box \alpha_1$ -acid glycoprotein
- \Box C3
- 24. High concentrations of homocysteine are associated with increased risk for
 - 1. myocardial infarction
 - 2. peripheral vascular disease
 - 3. stroke
 - 4. pulmonary emboli
 - □ 1, 2, and 3
 - $\hfill\square$ all of the above
 - \Box 1 nad 3
 - $\hfill\square$ 2 and 4
 - \Box 4 only
- **25.** Menopause is associated with continual elevation of
 - \Box serum FSH and LH
 - \Box serum estradiol
 - □ serum hCG
 - \Box serum testosterone
 - \Box serum prolactin
- 26. Which of the following tumors is incorrectly listed with the marker?
 - \Box HCG: embryonal carcinoma
 - \Box AFP: hepatic carcinoma
 - $\hfill\square$ catecholamine metabolites: neuroblastoma
 - \square PSA: cervical carcinoma
 - \Box CEA: colonic carcinoma

- 27. Elevation in total CSF protein may be seen in all the following states except
 - □ epilepsy
 - \Box brain tumor
 - \Box CNS trauma
 - \Box stroke
 - \Box bacterial meningitis
- 28. Which of the following is not a cause of hypoglycemia?
 - □ sepsis
 - \Box acute liver failure
 - \Box chronic renal failure
 - □ insulinoma
 - \Box Tay-Sachs disease
- **29.** β_2 -Microglobulin levels are **least** useful in patients with
 - \Box cadmium poisoning
 - \square skeletal muscle disease
 - □ rejected kidney transplant
 - \Box acute leukemia
 - \Box multiple myeloma
- **30.** Pseudohypoparathyroidism is characterized by target tissues that are unresponsive to normal circulating levels of parathyroid hormone (PTH). Which of the following are expected laboratory findings?
 - \Box decreased calcium, elevated phosphorus, and elevated PTH
 - \Box decreased calcium, elevated phosphorus, and decreased PTH
 - \Box elevated calcium, decreased phosphorus, and elevated PTH
 - \Box elevated calcium, decreased phosphorus, and decreased PTH
 - \Box normal calcium, phosphorus, and PTH
- **31.** In diabetes mellitus, glucagon levels are
 - \Box elevated due to high insulin
 - \Box lowered due to high conversion to glucose
 - \Box lowered due to low insulin
 - \Box elevated and not suppressed by carbohydrate loading

- **32.** Regarding serum hCG concentrations, which of the following is not typically observed in women who have an ectopic pregnancy?
 - 1. doubling time of hCG exceeding 2 days
 - 2. concentrations below 50mIU/mL
 - 3. low hCG concentrations relative to expected based on gestational age
 - 4. equimolar production of α and β -subunits
 - □ 1, 2, and 3
 - \Box 4 only
 - $\hfill\square$ all of the above
 - $\Box \ 1 \mbox{ and } 3$
 - $\hfill\square$ 2 and 4
- 33. In the diabetic patient, residual insulin secretion can be monitored by
 - \Box glucose tolerance test
 - □ C-peptide levels
 - \Box pancreatic polypeptide levels
 - $\hfill\square$ insulin levels
- 34. Which of the following proteins is the best indicator of hemolysis?
 - □ ceruloplasmin
 - □ hemosiderin
 - \Box transferrin
 - \Box haptoglobin
 - \Box ferritin
- **35.** Hemoglobin Alc represents
 - 1. 100% of HbA1
 - 2. 50% of HbA1
 - 3. the major serum hemoglobin
 - 4. the most common aberrant hemoglobin
 - \Box 4 only
 - □ 1, 2, and 3
 - $\hfill\square$ none of the above
 - \Box 1 and 3
 - \Box 2 and 4

- **36.** Which of the following congenital disorders is characterized by high indirect bilirubin?
 - 1. Gilbert's syndrome
 - 2. Dubin-Johnson syndrome
 - 3. Crigler-Najjar syndrome
 - 4. Rotor's syndrome
 - \Box 2 and 4
 - \Box all of the above
 - \Box 4 only
 - □ 1, 2, and 3
 - \Box 1 and 3
- **37.** The protein electrophoresis pattern of a plasma sample reveals a fibrinogen peak in the region containing
 - $\Box \alpha_2$ -globulins
 - □ albumin
 - $\Box \beta$ -globulins
 - $\Box \gamma$ -globulins
 - $\square \alpha_1$ -globulins
- **38.** Which of the following most accurately describes release of pancreatic enzymes following acute pancreatitis?
 - $\hfill\square$ enzymes are released within 2-12 hours and return to normal after 7 days
 - $\hfill\square$ peak lipase concentrations are higher than peak amylase concentrations
 - $\hfill\square$ amylase and lipase are increased 2- to 4-fold over normal
 - $\hfill\square$ enzymes are released within 2-12 hours and return to normal after 3-4 days
 - \Box peak amylase concentrations are higher than peak lipase concentrations
- **39.** β_2 -Microglobulin is
 - \Box found on the cell surfaces of all nucleated cells
 - $\hfill\square$ found in high concentrations in platelets
 - $\hfill\square$ a low-molecular-weight immunoglobulin
 - $\hfill\square$ absent in urine
 - $\hfill\square$ freely filterable by the glomerulus and secreted by the tubules
- **40.** The presence of goiter with evidence of autonomous thyroid function, normal-to-low T_4 , normal TBG-binding capacity, low TSH, and increased serum T_3 are indicative of
 - \Box cretinism
 - \Box pituitary carcinoma
 - $\hfill\square$ iodine deficiency
 - \Box T₃ toxicosis
 - \Box Hashimoto's thyroiditis

- 41. A male with elevated LH and FSH and low testosterone in serum may likely have
 - \Box partial and rogen resistance
 - \Box primary germ cell failure
 - □ primary hypogonadism
 - \Box secondary hypogonadism
- **42.** The probability that disease is present when a test result falls outside the reference interval is called the test's
 - □ specificity
 - □ sensitivity
 - \Box positive predictive value
 - \Box efficiency
- **43.** Which of the following can cause urine to have a purple color?
 - \Box homogentisic acid
 - 🗆 bilirubin
 - □ hemoglobin
 - □ myoglobin
 - □ porphyrins
- 44. CEA reference intervals are
 - $\hfill\square$ not available for normal populations
 - $\hfill\square$ the same for both sexes
 - \Box lower for nonsmokers
 - \Box age and sex adjusted
- 45. Very-low-density lipoproteins are
 - 1. derived from metabolism of IDL cholesterol
 - 2. catabolized to IDL which accumulates in plasma
 - 3. secreted by the liver and are rich in triglycerides and apo A-I
 - 4. rich in apoprotein C that is transferred to HDL
 - \Box 1 and 3
 - \Box 2 and 4
 - $\hfill\square$ all of the above
 - \Box 4 only
 - \Box 1, 2, and 3
- 46. All of the following statements are true regarding protein S deficiency except
 - \Box therapy for protein S deficiency is similar to that for protein C deficiency
 - \Box the disorder is inherited as an autosomal dominant trait
 - \Box C4b protein is the principal binding protein for protein S
 - \Box only the free form of protein S is active
 - \Box inflammation causes an increase in free protein S levels

47. Microalbuminuria is

- \Box excretion of albumin metabolites
- $\Box\,$ albumin concentrations that are slightly above normal
- $\hfill\square$ urine albumin concentrations below the reference intervals
- $\hfill\square$ high serum albumin, low urine albumin
- $\hfill\square$ normal serum albumin, high urine albumin
- 48. Which of the following will increase myoglobin concentrations in blood?
 - 1. acute myocardial infarction 12 hours after onset
 - 2. acute renal failure
 - 3. skeletal muscle trauma
 - 4. hemolysis
 - \Box 1 and 3
 - \Box 4 only
 - $\hfill\square$ all of the above
 - □ 1, 2, and 3
 - \Box 2 and 4
- 49. Patients with porphyria cutanea tarda have a deficiency of
 - \Box protoporphyrinogen oxidase
 - \Box uroporphyrinogen decarboxylase
 - \Box coproporphyrinogen oxidase
 - □ ferrochelatase
 - \Box uroporphyrinogen I synthase
- **50.** In which of the following metabolic disorders would one **not expect** to find an increase in blood ammonia?
 - \Box hepatic encephalopathy
 - \Box cirrhosis, terminal stage
 - $\hfill\square$ urea cycle disorders
 - \Box diabetic coma
 - \Box Reye's syndrome
- **51.** The protein dipstick is most sensitive to
 - \Box albumin
 - \Box all globulins equally
 - \Box Bence Jones proteins
 - □ Tamm Horsfall mucoprotein
 - \Box all proteins equally

- **52.** Adrenogenital syndrome can be caused by all of the following corticosteroid aberrations **except**
 - \Box cholesterol side chain cleavage deficiency
 - \square 3- β -hydroxysteroid dehydrogenase and isomerase deficiency
 - □ 17-keto-reductase deficiency
 - \Box 21-hydroxylation deficiency
 - \Box 11-hydroxylation deficiency
- **53.** An Lp(a) concentration exceeding 300 mg/l indicates
 - \Box high genetic risk for coronary heart disease
 - \Box high acquired risk for coronary heart disease
 - \Box high risk when present in the elderly
 - \Box normal value
 - \Box successful administration of lipid lowering drugs
- 54. Which is the correct order of cast degeneration?
 - \Box cellular \rightarrow granular \rightarrow waxy
 - \Box red cell \rightarrow broad \rightarrow narrow
 - \Box granular \rightarrow waxy \rightarrow fatty
 - \Box hyaline \rightarrow cellular \rightarrow broad
 - \Box epithelial \rightarrow waxy \rightarrow broad
- **55.** Which of the following is characterized by the presence of red blood cells in the urine, high urinary urobilinogen, but no urine bilirubin?
 - \Box sickle cell disease
 - \Box gallstones
 - □ hepatitis
 - □ Gilbert's syndrome
 - □ biliary cirrhosis
- 56. Which of the following does not cause prerenal azotemia?
 - 1. congestive heart failure
 - 2. sodium depletion
 - 3. hypovolemia
 - 4. malignant hypertension
 - □ 1, 2, and 3
 - $\hfill\square$ all of the above
 - \Box 1 and 3
 - \Box 2 and 4
 - \Box 4 only

- 57. The presence of which cast has the least clinical significance?
 - \Box red cell
 - \Box epithelial
 - □ waxy
 - □ granular
 - □ hyaline
- **58.** Which of these is characterized by increased blood viscosity, Bence Jones proteins, and enlarged lymph nodes and spleen?
 - □ hepatoma
 - \Box multiple myeloma
 - \Box Wilson's disease
 - □ Waldenstrom's macroglobulinemia
- **59.** Which of the following is true concerning the biochemistry of human chorionic gonadotropin?
 - $\Box\,$ the $\alpha\mbox{-subunit}$ is unique to other hormones such as TSH, FSH, and LH
 - \Box hCG is not a glycoprotein
 - \Box the α -subunit is biologically active
 - $\Box\,$ the $\alpha\mbox{-subunit}$ is cleared more slowly than then intact hormone or the $\beta\mbox{-subunit}$
 - \Box leukocyte elastase nicks hCG, inactivating the hormone
- 60. The normal function of PSA is
 - \Box totally unknown
 - \Box liquefaction of seminal fluid
 - $\hfill\square$ protection of the prostate by binding to bacterial receptors
 - $\hfill\square$ an undefined function in reproduction
- **61.** Possible causes of hypokalemia are
 - 1. diarrhea
 - 2. adrenal failure
 - 3. diuretic drugs
 - 4. hemolysis
 - \Box 1, 2 and 3
 - \Box 1 and 3
 - \Box 2 and 4
 - $\hfill\square$ all of the above
 - \Box 4 only
- 62. Aldosteronism can be seen in all of the following conditions except
 - \Box nephrotic syndrome
 - \Box obesity
 - $\hfill\square$ cirrhosis of the liver
 - \Box adrenal hyperplasia
 - $\hfill\square$ congestive cardiac failure

63. Hemoglobinuria occurs

- 1. following vigorous exercise
- 2. when hematuria occurs in isotonic urine
- 3. after saturation of haptoglobin binding following hemolysis
- 4. with accumulation of hemosiderin granules in tubular cells

 \Box 1 and 3

- □ 1, 2, and 3
- \Box 2 and 4
- $\hfill\square$ all of the above
- \Box 4 only
- **64.** In which metabolic bone disease are serum values of calcium, phosphorus, and alkaline phosphatase generally all normal?
 - □ osteoporosis
 - 🗆 osteomalacia
 - □ hypoparathyroidism
 - \Box Paget's disease
 - \Box osteitis fibrosa
- **65.** Which of the following are major causes of interindividual variations in creatinine excretion?
 - 1. significant diurnal variation
 - 2. age
 - 3. dietary fluctuations (creatinine is found in leafy vegetables)
 - 4. differences in lean body mass
 - \Box 1, 2, and 3
 - \Box 4 only
 - $\Box \ 1 \ and \ 3$
 - \Box 2 and 4
 - $\hfill\square$ all of the above
- **66.** α_1 -Acid glycoprotein is also known as
 - □ Alc
 - $\Box\,$ none of these names
 - $\hfill\square$ orosomucoid
 - □ glycosylated protein
- 67. All of the following conditions represent acquired causes of low protein C levels except
 - \Box D.I.C.
 - □ sepsis
 - \Box liver disease
 - \Box heparin therapy
 - $\hfill\square$ oral anticoagulant therapy

- 68. The hepatitis serology results listed below are most consistent with
 - 1. HBsAg: negative
 - 2. HBcAb-IgM: positive
 - 3. HBsAb: negative
 - 4. HAVAb-IgM: negative
 - \Box past infection with hepatitis B
 - \Box acute infection with hepatitis B
 - \Box chronic infection with hepatitis B
 - \Box acute infection with hepatitis A
- **69.** If measured osmolality is 340 mOsm/kg and calculated osmolality is 295 mOsm/kg, one should rule out
 - $\hfill\square$ all of these diagnoses
 - \Box ethanol poisoning
 - \Box hyperglycemia
 - \Box dehydration

70. Physiologically important buffers maintaining body pH include all of the following except

- □ bicarbonate
- \Box lactate
- \Box phosphate
- \Box hemoglobin
- \Box protein
- **71.** Antithyroglobulin antibodies can be detected in the serum of patients having which of the following?
 - \Box thyroid adenomas
 - \Box multinodular goiter
 - \Box thyroid carcinomas
 - \Box Hashimoto's thyroiditis
- 72. What is the fate of creatine produced in the kidneys, liver, and pancreas?
 - 1. converted to phosphocreatine by creatine kinase
 - 2. excreted into urine
 - 3. spontaneously cyclized to creatinine
 - 4. bound to proteins and metabolized in the liver
 - \Box 1 and 3
 - \Box 4 only
 - \Box 2 and 4
 - \Box 1, 2, and 3
 - \Box all of the above

73. Cardiac troponin is useful for detection of minor myocardial injury because

- 1. troponin assays can be made highly sensitive
- 2. the normal concentration of troponin in blood is very low
- 3. troponin assays are highly specific for cardiac injury
- 4. of the high tissue content of troponin relative to other cardiac markers
- \Box 1 and 3
- \Box all of the above
- \Box 2 and 4
- □ 1, 2, and 3
- \Box 4 only
- 74. Which of the following is **false** concerning chylomicrons?
 - □ derived predominately from the alimentary tract from exogenously absorbed fats
 - □ their apo B-100 and apo E components are transferred to LDL
 - \Box are converted to a chylomicron remnant through lipolysis
 - □ their apoproteins A-I, A-II, and C components are transferred to HDL
 - $\hfill\square$ they have a density that is less than that of water
- 75. Which of the following findings speaks against one of the erythropoietic porphyrias?
 - \Box increased fecal coproporphyrin
 - \Box increased urine coproporphyrin or uroporphyrin
 - \Box increased erythrocyte coproporphyrin or uroporphyrin
 - \Box increased erythrocyte protoporphyrin
 - \Box increased urine ALA or PBG
- 76. Coproporphyrin excretion in urine is increased in all the following states except
 - \Box lead poisoning
 - \Box cirrhosis
 - $\hfill\square$ chronic alcoholism
 - \Box glomerulonephritis
- 77. What is the fate of amylase and lipase enzymes after release into the blood?
 - \Box both are cleared by filtration, lipase is reabsorbed, and amylase is excreted
 - □ both are cleared by filtration, amylase is reabsorbed, and lipase is excreted
 - \Box both are cleared by glomerular filtration and appear in urine
 - \Box both are cleared by the reticuloendothelial system
 - \Box both are cleared by filtration and reabsorbed (neither appear in urine)
- 78. A positive urine for bilirubin can be caused by the presence of
 - \Box unconjugated bilirubin
 - \Box any of these compounds
 - \Box conjugated bilirubin
 - □ delta bilirubin
 - □ urobilinogen

79. The principal immunoglobulin that crosses the placental barrier is

- 🗆 IgA
- □ IgE
- □ IgG1
- □ IgM

80. Which of the following is true concerning urine proteins?

- \Box tubular proteinuria is characterized by high-molecular-weight proteins
- $\hfill\square$ the concentration of urine protein is an accurate indicator of the severity of renal disease
- $\hfill\square$ the Tamm-Horsfall protein is a normal constituent of urine and serum
- $\hfill\square$ a negative dipstick for proteins indicates the absence of Bence Jones proteins
- $\hfill\square$ increased levels of urine proteins are observed following strenuous exercise
- **81.** Disorders producing insulin antagonists, and therefore a secondary diabetes, include all of the following **except**
 - \Box acromegaly
 - \Box pheochromocytoma
 - \Box Cushing's syndrome
 - 🗆 glucagonoma
 - \Box hypothyroidism
- 82. Pseudohyponatremia can result from
 - 1. hyperglycemia
 - 2. hyperlipidemia
 - 3. hyperproteinemia
 - 4. hyperchloridemia
 - □ 1, 2, and 3
 - $\hfill\square$ all of the above
 - $\Box \ 1 \mbox{ and } 3$
 - \Box 4 only
 - $\hfill\square$ 2 and 4
- **83.** Which of the hepatic porphyrias presents with acute abdominal pain, no skin photosensitization, large amount of ALA and PBG in urine, and symptoms exacerbated by steroids and several other drugs?
 - \Box porphyria cutanea tarda
 - $\hfill\square$ acute intermittent porphyria
 - 🗆 porphyria variegata
 - \Box congenital cutaneous hepatic porphyria

- **84.** What is a possible interpretation of a patient with an elevated ionized calcium with a normal total calcium level?
 - □ multiple myeloma and primary hyperparathyroidism
 - \Box primary hyperparathyroidism and nephrotic syndrome
 - \Box metastatic bone disease and hypoparathyroidism
 - $\hfill\square$ secondary hyperparathyroidism and dehydration
 - $\hfill\square$ vitamin D-dependent rickets and liver disease
- 85. All of the folowing substances are usually increased in lead poisoning except
 - $\Box\,$ urine ALA
 - □ urine PBG
 - \Box urine porphyrins
 - \Box erythrocyte protoporphyrin
- 86. With which parameter does creatinine excretion correlate best?
 - \Box muscle mass
 - □ age
 - \Box diet
 - \Box body weight
 - $\hfill\square$ surface area
- 87. Decreased cholesterol and LDL with normal triglycerides suggest
 - \Box Lp(a)disease
 - \Box a- β -lipoproteinemia
 - \Box Tangier disease
 - \Box hypo- β -lipoproteinemia
 - □ hyperlipoproteinemia
- 88. Which of the following are causes of homocysteinuria?
 - 1. dietary deficiency of folate, vitamins B6 and B12
 - 2. dietary deficincy of riboflavin
 - 3. deficincy in cystathione β -synthetase
 - 4. deficiency in cystine reductase
 - \Box 4 only
 - \Box 2 and 4
 - \Box 1, 2 and 3
 - \Box 1 and 3
 - $\hfill\square$ all of the above

- **89.** Normal daily protein excretion in adult urine (nonexercising, nonpregnant) **should not** exceed
 - □ 100 mg
 - □ 10 g
 - □ 10 mg
 - □ 1 g
 - \Box 1 mg
- 90. Which condition can produce a calcium oxalate stone?
 - □ gout
 - \Box urinary tract infection
 - \Box high purine diet
 - \Box renal tubular acidosis
 - □ hyperparathyroidism
- **91.** In a patient with extensive skeletal muscle disease, which of the following most likely indicates high risk for renal failure?
 - \Box presence of a metabolic acidosis
 - □ urine myoglobin 30,000 ng/mL (normal: negative), serum myoglobin 150 ng/mL (normal < 80)
 - □ urine myoglobin 10,000 ng/mL, serum myoglobin 45,000 ng/mL
 - \Box urea 9 mmol/l, creatinine 75 µmol/l
 - □ total CK > 50,000 U/L (normal: <200 U/L)
- 92. Plasma progesterone concentration in a nonpregnant female
 - □ increases to maximum a few days postovulation, remains there for a few days, then decreases to an initial low just before menstruation
 - \Box remains fairly steady throughout the menstrual cycle
 - \Box increases to a maximum during the menstrual follicular phase and decreases during the luteal phase
 - \Box increases to a maximum just before menstruation, remains steady during luteal phase, and decreases during the follicular phase postovulation
- 93. Inappropriate ADH secretion can be associated with
 - 1. hypernatremia
 - 2. water intoxication
 - 3. diabetes insipidus
 - 4. some carcinomas
 - \Box 2 and 4
 - \Box 4 only
 - \Box all of the above
 - □ 1, 2, and 3
 - $\Box \ 1 \mbox{ and } 3$

94. 1,25-Dihydroxyvitamin D is

- 1. produced in the liver
- 2. active in the intestine
- 3. a metabolite of 24,25-dihydroxyvitamin D
- 4. effective in increasing serum calcium concentration
- \Box 1 and 3
- \Box 2 and 4
- \Box 4 only
- \Box all of the above
- \Box 1, 2, and 3
- 95. All of the following are true of haptoglobin except
 - $\hfill\square$ binds two molecules of hemoglobin
 - $\hfill\square$ functions to conserve iron
 - $\hfill\square$ has several sites of synthesis outside the liver
 - $\Box\,$ binds the α chain of hemoglobin A, C, F, or S
 - \Box can bind methemoglobin and heme
- 96. Absence or a large decrease in the α_1 -globulin peak in a serum electrophoretic pattern suggests
 - □ nephrotic syndrome
 - □ transferrin deficiency
 - $\Box \alpha_1$ -antitrypsin deficiency
 - \Box chronic inflammation
- 97. Paraproteins will be evident in what percentage of multiple myeloma?
 - □ 20-40
 - \Box greater than 90
 - \Box about 50
 - \Box about 70
 - □ 10-20
- 98. Serum calcium levels are
 - \Box high in both primary and secondary hyperparathyroidism
 - $\hfill\square$ low in both primary and secondary hyperparathyroidism
 - $\hfill\square$ high in primary and low in secondary hyperparathyroidism
 - \Box high in secondary and low in primary hyperparathyroidism
- 99. Increased thyroid-stimulating hormone (TSH), decreased T₃, and decreased T₄ indicate
 - \Box nonspecific hypothyroidism
 - □ secondary hypothyroidism
 - □ primary hypothyroidism
 - \Box tertiary hypothyroidism
 - □ pseudohypothyroidism

- 100. Which of the following are not acute-phase reactants?
 - 1. ceruloplasmin
 - 2. haptoglobin
 - 3. α_1 -acid glycoprotein
 - 4. α -fetoprotein (AFP)
 - \Box 2 and 4
 - □ 1, 2, and 3
 - $\hfill\square$ all of the above
 - $\hfill\square$ 1 and 3
 - \Box 4 only
- **101.** The probability that a test result falls outside the reference interval in the presence of disease is called the test's
 - \Box efficiency
 - \Box specificity
 - \Box positive predictive value
 - \Box sensitivity

102. Of the gestational diabetics, what percentage will go on to type 2 later?

- □ 40%
- □ 20%
- □ 60%
- □ 10%
- 103. Which cast most indicates renal failure?
 - □ fatty
 - \Box fine granular
 - \Box hyaline
 - \Box bilirubin casts
 - \Box broad

104. Ketoacidosis is

- $\hfill\square$ associated with both type 1 and type 2 diabetes
- \Box not related to diabetes at all
- \square associated with type 2 diabetes
- \square associated with type 1 diabetes
- 105. Which of the following are the most common causes of acute pancreatitis?
 - \Box gallstones or obstructing tumor
 - $\hfill\square$ chronic alcohol use and biliary tract disease
 - □ hypertriglyceridemia
 - $\hfill\square$ abdominal trauma
 - $\hfill\square$ acute alcohol ingestion or drug use

106. Hypoproteinemia is seen in

- 1. diarrhea
- 2. diabetic acidosis
- 3. vomiting
- 4. salt-retention syndromes
- □ 1, 2, and 3
- \Box 1 nad 3
- $\hfill\square$ all of the above
- \Box 2 and 4
- \Box 4 only