MULTIPLE CHOICE

AB URINARY - PRACTICE SET - ANSWER KEY

1. Which structures lie posterior to the right kidney?

A. The right adrenal gland and IVC
B. The twelfth rib, transversus abdominis, diaphragm, psoas, quadratus lumborum, and costodiaphragmatic recess of the pleura
C. The liver and gallbladder
D. The duodenum and right colic flexure

2. Lupus nephritis is more commonly seen in which group?

A. Males
B. Females

3. How is uncomplicated acute tubular necrosis after renal transplantation typically managed?

A. Immediate transplant nephrectomy.
B. Percutaneous nephrostomy and ureteral stenting.
C. Supportive care with diuretics and hydration, with the expectation of reversibility.
D. High-dose pulsed corticosteroids and anti-thymocyte globulin.

4. Which complication remains the single greatest threat to long-term renal allograft survival?

A. Acute tubular necrosis.
B. Renal artery stenosis.
C. Lymphocele formation.
D. Graft rejection.

5. Which portion of the nephron is composed of the glomerulus together with Bowman's capsule?

A. Renal tubule
B. Renal corpuscle
C. Loop of Henle
D. Collecting duct

6. How is the patient positioned for needle aspiration of a renal cyst?

A. Supine with knees flexed
B. Prone, with a pillow or rolled towel under the abdomen
C. Trendelenburg with the head down
D. Left lateral decubitus with the right arm raised

7. Which structures filter blood and produce urine within the kidney?

A. Nephrons
B. Renal columns
C. Renal sinus fat
D. Calyces

8. Renal cell carcinoma is more commonly seen in which group?

A. Females, approximately twice as often as males
B. Males, approximately twice as often as females

9. Which set of complications may arise after renal transplantation?

A. Hepatic encephalopathy, portal hypertension, and esophageal varices.
B. Cholestasis, biliary sludge, and choledocholithiasis.

C. Rejection, hemorrhage, infarction, acute tubular necrosis, graft rupture, obstructive nephropathy, and extraperitoneal fluid collections.
D. Pancreatic pseudocyst, pancreatic ductal stricture, and chronic pancreatitis.

10. Which constellation of clinical features is most characteristic of the juvenile form of autosomal recessive polycystic kidney disease (ARPKD)?

A. Bilateral Wilms tumors with nephromegaly and aniridia
B. Portal hypertension, hepatic fibrosis, GI hemorrhage, and renal insufficiency
C. Berry aneurysms, hepatic cysts, and bilateral adrenal hyperplasia
D. Bilateral renal calculi, hypercalcemia, and medullary nephrocalcinosis

11. What is the most common form of cystic renal disease in neonates?

A. Autosomal recessive polycystic kidney disease
B. Multicystic dysplastic kidney disease
C. Autosomal dominant polycystic kidney disease
D. Medullary cystic disease

12. What is the typical sonographic appearance of emphysematous pyelonephritis?

A. Enlarged kidney with echogenic intraparenchymal gas foci and dirty shadowing
B. Bilateral hyperechoic pyramids without shadowing
C. Multiple anechoic cortical cysts
D. Small, echogenic kidney with smooth contour

13. True or False? An ectopic ureter can become stenotic and produce ureteral obstruction associated with hydroureter and hydronephrosis.

A. False
B. True

14. Which condition is the most common cause of acute graft dysfunction in the early post-transplant period?

A. Acute tubular necrosis.
B. Renal artery thrombosis.
C. Lymphocele compression.
D. Chronic rejection.

15. Which urinary findings are characteristic of an acute bladder infection?

A. Hematuria and pyuria
B. Bilirubinuria and urobilinogen
C. Myoglobinuria and crystalluria
D. Glycosuria and ketonuria

16. Through what pathway does urine from the renal pyramids ultimately reach the renal pelvis?

A. Pyramid -> minor calyx -> major calyx -> renal pelvis
B. Pyramid -> renal pelvis directly
C. Pyramid -> major calyx -> minor calyx -> renal pelvis
D. Pyramid -> ureter -> renal pelvis

17. Which clinical features are most typical of medullary cystic disease (nephronophthisis)?

A. Fever, eosinophilia, hematuria, and rash following drug exposure
B. Painless gross hematuria with a large flank mass and weight loss
C. Hypertension, hematuria, and palpable bilateral flank masses in adulthood
D. Polyuria, salt wasting, anemia, pain, infection, and progressive azotemia with otherwise normal-appearing renal function early in the course

18. Which organ is the muscular retroperitoneal viscus that stores urine?

A. Renal pelvis
B. Urinary bladder
C. Gallbladder
D. Seminal vesicle

19. Is renal cystic disease acquired or inherited?

A. It can be either inherited or acquired
B. Always inherited

C. Always congenital but not inherited
D. Always acquired

20. What are the typical sonographic findings of tuberous sclerosis involving the kidneys?

A. Bilaterally small echogenic kidneys with loss of corticomedullary differentiation
B. Bilateral nephrocalcinosis with normal corticomedullary differentiation
C. A single solitary renal cyst with no extrarenal findings
D. Multiple bilateral renal cysts and/or angiomyolipomas, often with multi-organ involvement

21. What is the classic sonographic appearance of chronic renal failure?

A. Bilateral small, echogenic kidneys
B. Bilateral normal-sized kidneys with prominent pyramids
C. Unilateral small kidney with normal contralateral kidney
D. Bilateral enlarged, hypoechoic kidneys

22. In a renal transplant, the donor renal artery is most commonly anastomosed to which recipient vessel?

A. The recipient internal iliac vein.
B. The recipient common or external iliac artery.
C. The recipient native renal artery.
D. The recipient abdominal aorta below the renal arteries.

23. When is the baseline sonographic evaluation of a renal transplant typically performed?

A. Two weeks after surgery at the first outpatient visit.
B. Immediately in the operating room before closure.
C. As early as 48 hours after surgery.
D. Three months after surgery at the routine follow-up appointment.

24. What is the term for the space behind the parietal peritoneum of the abdominal cavity?

A. Peritoneal cavity
B. Retroperitoneum
C. Mesentery
D. Omental bursa

25. What is the typical sonographic appearance of a renal infarction?

A. Diffuse uniform renal enlargement
B. Wedge-shaped or triangular hypoechoic region with a lobulated renal contour
C. Bilateral hyperechoic medullary pyramids
D. Multiple anechoic cortical cysts