

(iv) Albumin / Creatinine Ratio (A/C Ratio)

(v) Serum BUN → ↑ mic

(vi) Urinalysis → glucose in urine

(vii) Serum Creatinine → ↑ mic

TEST PATHOLOGY

RENAL

TIME 60 min

• Decreased GFR  
• Persistent Albuminuria → Diffuse/nodular diab. glomerulosclerosis

Q-1 A 60 years old male is suffering from Diabetic nephropathy. Discuss its lab findings. What spectrum of changes do you expect in his renal biopsy 5 → (i) Glomerular lesion (ii) Renal Vasc lesion (iii) Pyelonephritis (iv) Nephritic papillitis (v) End stage kidney

Q-2 A young boy presents with coca cola coloured urine. electron microscopy subepithelial humps. Rinal arteriosclerosis & atherosclerosis

a- What is the diagnosis. 1 Post streptococcal (Post infec. glomerulo.)

b- Give light microscopic, immunofluorescence and electron microscopy of Minimal change disease, Focal segmental glomerulosclerosis, and membranous nephropathy. 3

c- What is collapsing glomerulopathy 1 Condition charac. by the retraction/collapse of the whole glomerular tuft and charac. by proliferation and hypertrophy of visceral epithelial cells. his condition is seen in the FSGN.

Q-3 Write down differences between nephrotic and nephritic syndrome plus give two examples for each 3.5

Q-4 Give causes for renal papillary necrosis 1.5 → DM, sickle cell disease, obstruction, Analgesic nephropathy

Q-5 A 35 years old man who has been treated un successfully for a resistant urinary tract infection develops fever and leukocyte cast in urine. pyelonephritis

What is your diagnosis 1

Give steps of its pathogenesis. 3

Give gross and microscopic morphology as well 1

Neutrophilic aggregation  
Patchy suppurative interstitial inflammation  
Papillary Necrosis, Pyonephrosis, Perinephritis

Q-6 A 45 year old man developed flank mass with hematuria. He has experienced weight loss over last few months. Lab findings reveal polycythemia.

What is the diagnosis 0.5 Renal cell carcinoma

Describe its morphology and Give classification of renal tumours 1+2.5

Give morphology of wilms tumour 1

large well-circumscribed tumor  
Blastemat → (1) Epithelial (2) Stromal (3) Compo  
sheets of blue cells → Epithelial → form abortive tubules

Q-6 A 70 year old man presents with hematuria, and a mass in bladder. It turned out to be a papillary neoplasm.

a- Enlist causes of painless hematuria 1

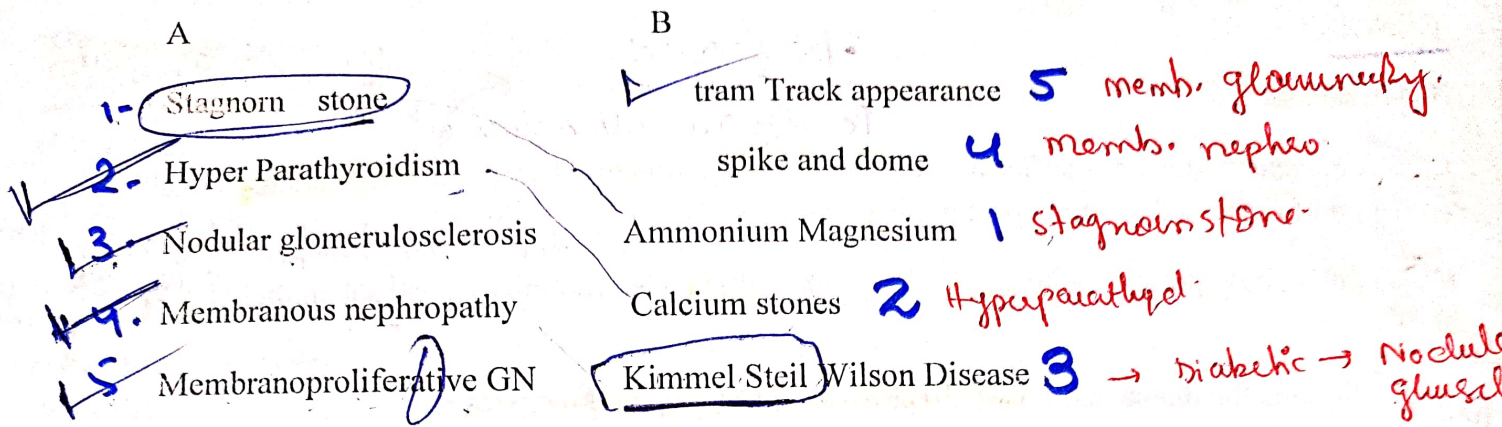
Flat non-invasive CA ✓  
Invasive papillary CA ✓  
Renal cell CA ✓  
E ✓

Benign papilloma ✓  
Transition cell CA

pyeloma kidney:  
Jones Proteinuria  
nephropathy

Urothelial Transitional Tumor 2 Haemorrhage small cell CA 927

- exophytic
  - inverted
  - papillary type
  - urothelial neoplasm
  - CIS
- Neop. of LMP  
Give classification of papillary tumour of bladder. 2 ✓  
Give causes and pathogenesis of acute tubular necrosis. 2 927 ✓
- Q-7 Match the two sides 2.5



Q-8 what do you understand by these terms 2.5

- a- Myeloma Kidney
  - b- Thyroidization of tubules
  - c- Dysuria
  - d- Pyuria
  - e- Azotemia
- STDS, UTI, Stones, Ovarian cyst  
↑ BUN, Creatine → ↓ GFR

In pyelonephritis, the tubules shows atrophy in some areas and hypertrophy in some areas  
the hypertrophied dilated tubules resemble to colloid → the

Q-9 Write short note on 5

- a- Lupus nephropathy
- b- Cystic diseases of kidney

thrombosis/DIC/shock/malign hypertension

**Acute Tubular Injury → ATN**

