Test questions - INTERNAL MEDICINE 4, 5th class,
Winter semester 2025/2026

ENDOCRINOLOGY

1. Typical for acromegaly is:
2. Basic clinical trias of thyrotoxicosis is:
3. "Metalic forearm" is a typical sign of:
4. Addison´s disease is nor accompanied by:
5. Endocrine orbitopathy is:
6. Typical for primary hypothyroidism is:
7. Clinical manifestations of hyperthyroidism are:
8. First choice diagnostic procedure for the diagnosis of nodular goiter is:
9. Most common cause of hypothyroidism is:
10. Thyrotoxicosis can be caused by:
11. Which of the following thyroid carcinomas has the best prognosis:
12. Medullary thyroid carcinoma is characterised by overproduction of:
13. Clinical sign of hypothyroidism is not:
14. Hypothyroidism is treated with:
15. Primary hyperparathyroidism is characterised:
16. Primary hyperparathyroidism predominantly affects:
17. Basic examination method for detection of hyperplastic parathyreoidal gland is:
18. Firstline therapy of primary hyperparathyroidism is:
19. Main causes of hypoparathyroidism are:
20. Acromegaly or gigantism are caused by overproduction of:
21. Central diabetes insipidus is caused by:
22. For SIADH is typical:
23. SIADH is NOT associated with:
24. Clinical sign of aromegaly is NOT:
25. First line treatment of prolactinoma is:
26. Clinical sign of hyperprolactinaemia is:
27. When you think on the diagnosis of hyperprolactinaemia you order these laboratory tests:
28. Substitution of pituitary hormone deficiency is in:
29. Insulin test is used to diagnose:
30. Diagnostic tests for pituitary hormone deficiencies are:
31. Treatment of panhypopituitarism starts with:
32. Cushing´s disease:
33. Cushing´s syndrome:
34. The most common hormone-producing pituitary tumors are:
35. Pituitary tumors, in which first line treatment is medicamentous, are:
36. Central hypothyroidism
37. Which condition is not associated with hyperprolactinemia:
38. Klinefelter´s syndrome is:
39. Testosterone is produced:
40. Substitution therapy of male peripheral hypogonadism consists of:
41. Gynaecomastia is not a sign of:

42. Typical findings in primary (peripheral) hypogonadism in women are:
43. Premature ovarian failure
44. Diagnostic criteria of Polycystic ovary syndrome (Stein Leventhal sy) is NOT:
45. Risk of high dose estrogen treatment is
46. High hCG level is typical for:
47. Hormones NOT produced in adrenals are:
48. Pheochomocytoma is a tumor originating in:
49. Dexamethasone test is indicated in a patient with suspicion for:
50. First diagnostic modality in adrenal tumor incidentaloma is:
51. Congenital adrenal hyperplasia is mostly caused by:
52. Treatment of hypertension in pheochormocytoma starts with:
53. Addison´s crisis DOESN´T manifest as:
54. Hirsutism is NOT a clinical manifestation of:
55. Typical for peripheral excess of cortisol is:
56. In central excess of cortisol (Cushing´s disease) first line treatment is:
57. Patient with peripheral deficit of cortisol is treated with:
58. Feochromocytoma is NOT typically associated with:
59. In diagnosis of feochromocytoma we use:
60. Mineralocorticoids in adrenals are produced in:
61. Typical for Conn´s syndrome is:
62. Adverse effects of glucocorticoids are NOT:
63. Myxedema coma -clinical picture is:
64. Myxedema coma –management:
65. Thyroid storm –clinical picture:
66. Thyroid storm –management:
67. Acute adrenal insuficiency

DIABETOLOGY AND METABOLISM

1. Type 1 of diabetes mellitus is characterized by:
2. Possible etiological factors for the development of type 2 of diabetes mellitus 2 are:
3. The prediabetic states (“Prediabetes”) are:
4. The diagnosis of diabetes mellitus is uncertain if the patient has characteristic symptoms (polyuria, polydipsia) and fasting blood glucose is:
5. In the typical clinical picture of patient with newly diagnosed diabetes is not:
6. C-peptide is:
7. Hypoglycemia does not occur:
8. Hypoglycemia:
9. Hypoglycaemia can be defined in clinical practice by:
10. In hyperglycaemic diabetic ketoacidosis with coma is not indicated:
11. Metabolic acidosis occurs in diabetes mellitus:
12. In the clinical picture of hyperglycemic hyperosmolar state is not:
13. Metformin is contraindicated in:
14. Lactic acidosis and coma can be found during:
15. Intensified insulin therapy (intensified insulin regimen):
16. Glycosylated hemoglobin (A1C) is important for the assessment:
17. The microvascular complications of diabetes are:

18. Microalbuminuria is used in clinical practice:
19. Every diabetic patient should have the following tests:
20. The lipid-lowering therapy following applies:
21. Which of the following statements is incorrect:
22. Atherogenic lipid triad is characterized by:
23. The criteria for the diagnosis of metabolic syndrome are:
24. Hyperuricaemia means an increase in uric acid levels above:
25. In porphyria cutanea tarda is in the urine mainly increased the level of:
26. In the treatment of porphyria cutanea tarda is used:
27. Obesity can be defined by BMI in the range:
28. Extreme (morbid) obesity is not characterized by:
29. Obesity is characteristically accompanied by:
30. Obesity is NOT associated with increased risk:
31. Body mass index according Quetelet (BMI) can be calculated as:
32. An insulin pump is a device:
33. Treatment of diabetic coma consist of:
34. Whipples trias does not include:
35. Clinical picture of porhyria includes:

NEFROLOGY

1. Long-term overuse of analgetic drugs leads to:
2. Urinary tract infections are most commonly caused by:
3. Goodpasture´s syndrome is characterized by:
4. Which kidney disease is present in Alport´s syndrome?
5. The history of osteomyelitis, or rheumatoid arthritis with newly diagnosed nephrotic syndrome indicates:
6. The prevention of urate nephropathy in patient with increased serum uric acid:
7. Preeclampsia in pregnant women is characterized by:
8. Incipient (beginning) diabetic nephropathy is defined as:
9. Endocrine disease with increased prevalence of nefrolithiasis:
10. What are typical changes of calcemia and phosphatemia in chronic renal failure:
11. The number of bacterial colonies in urine in clinically significant urinary tract infection is more than:
12. The presentation of proteinuria, hematuria, arterial hypertension and edema is typical for:
13. Severe hematuria with mild proteinuria is typical for:
14. Recommended daily protein intake in patients with chronic kidney disease with glomerular filtration rate lower than 30 ml/min:
15. Glomerulonephritis with nephrotic proteinuria is not treated by:
16. The most common type of anemia in chronic renal failure:
17. Proteinuria with prevailing low molecular-weight proteins is called:
18. Calculation of glomerular filtration rate requires a serum concentration of:
19. Acute nephritic syndrome is characterized by:
20. The definition of nephrotic syndrome:
21. The presence of hyaline casts in urinary sediment is associated with:
22. Which type of acute renal failure is caused by patient´s dehydration:
23. Osmotic diuresis is induced by:
24. Standard weekly hemodialysis dose is:

25. Dysuria is:
26. The renal disease in patient with uremia, metabolic acidosis and small kidneys:
27. In nephrotic syndrome caused by minimal change disease the electrone microscopy finding is located on:
28. Non-functional shrunken kidney, known already 10 years ago, with hypertrophy of contralateral kidney indicates:
29. Proximal type (type 2) renal tubular acidosis is caused:
30. From among all patients treated by maintenance hemodialysis in developed countries the leading kidney disease is:
31. Stage 3 chronic kidney disease (KDOQI classification) is defined as glomerular filtration rate in a range of:
32. Renal replacement therapy includes:
33. Standard number of daily peritoneal dialysis solution exchanges in adult patient treated by continuous ambulatory peritoneal dialysis (CAPD):
34. Prerenal type of acute renal failure is not present in:
35. Multiple cortical and medullar cysts in both kidneys with clinical manifestation in patients older than 40 years and later development of chronic renal failure indicate:
36. Blood acid-base in compensated metabolic acidosis:
37. The proportion of water from total body weight:
38. What are the changes in kalemia and natremia in moderate metabolic acidosis:
39. Severe hypernatremia is often caused by:
40. Which solution is used in intravenous treatment of hyperkalemia in patient with normal diuresis:
41. Hyponatremia is not present in:
42. Compensatory respiratory mechanism in severe metabolic acidosis:
43. Which is the correct anion gap calculation using ion concentrations in serum (s = serum):
44. Which of the following antimicrobial medications is the commonest cause of acute renal failure:
45. Which vascular access is most commonly used in chronic (maintenance) hemodialysis:
46. Which drug is not used as immunosuppresive treatment after kidney transplantation:
47. Acute poststreptococcal glomerulonephritis is secondary to the infection by:
48. How should be treated a patient with chronic renal failure (GFR 12 ml/min) and anemia (Hb 80 g/l, s-Fe 6 μmol/l, s-ferritin 15 μg/l):
49. Daily dose of which antihypertensive agent should be reduced in chronic kidney disease with decreased glomerular filtration rate 36 ml/min (stage 3 KDOQI) and secondary arterial hypertension:
50. Nycturia is typically present in:
51. Nycturia means:
52. Anuria is when the urine output is decreased under:
53. Polakisuria is:
54. Polyuria is: