PathMD™: Board Review Letter

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1. Which of the following are characteristic of nephritic syndrome?
    a. Hypoalbuminemia
    b. Edema
    c. Hyperlipidemia
    d. Thrombosis
    e. All of the above

2. All of the following are causes of nephrotic syndrome EXCEPT:
    a. Membranous glomerulopathy
    b. Minimal change disease
    c. Focal segmental glomerulonephritis
    d. Amyloidosis
    e. Acute infectious glomerulonephritis

3. This disease process is characterized by >50% of glomeruli with collapsed glomerular tufts and proliferation of Bowman's capsule (crescents). Immunofluorescence is negative, but serum c-ANCA is positive. The best diagnosis is:
    a. Type I RPGN
    b. Type II RPGN
    c. Type III RPGN
    d. Both A and C are correct
    e. All of the above are correct

4. Which of the following glomerulonephropathy is the most common cause of nephrotic syndrome in adults? It is characterized by diffuse thickening of the glomerulocapillary wall with electron dense deposits on the subepithelial side of the epithelial membrane.
    a. Minimal change disease
    b. Focal Segmental GN
    c. Membranous GN
    d. Membranoproliferative GN
    e. IgA nephropathy

5. This renal disorder is characterized by a clinical association with respiratory infections or immunization and a prompt response to steroid therapy.
    a. Minimal change disease
    b. Focal Segmental GN
    c. Membranous GN
    d. Membranoproliferative GN
    e. IgA nephropathy

6. A 67 y/o male with a h/o MM presents with ARF. A renal bx. Is performed and the histology is on the website (Case #1) for review. Based on the findings and the clinical history, the most likely diagnosis is:
    a. Amyloidosis
    b. Nephrocalcinosis
    c. Light Chain Deposition Disease
    d. Acute Tubular Necrosis
    e. Acute Tubulo-interstitial nephritis

7. A 29 y/o female with a h/o of Alport's syndrome presents with increasing creatinine. The H&E and PAS histology from the renal biopsy are on the website (Case #2) for review. Examination of the biopsy shows ATN with eosinophilic interstitial nephritis. On the H&E stains there are noted to be small blue amphophilic inclusions, which are highlighted on PAS. Base on the clinical history and the morphologic findings, the most likely diagnosis is:
    a. CMV infection
    b. Polyoma
    c. Malakoplakia
    d. Cryptococcus
    e. Histoplasmosis

8. A 44 y/o white male with a h/o proteinuria since the age of 8 undergoes a renal biopsy. A representative microscopic image is shown on the website (Case #3). Routine histology shows unremarkable glomeruli, and the Jones stain highlights patent capillaries with basement membranes of normal thickness. EM findings are available for review. The IF is negative and not shown. Based on the clinical history and renal biopsy findings, the best diagnosis is:
    a. Minimal Change Disease
    b. Focal Segmental Glomulonephropathy
    c. Membranous GN
    d. Thin Basement Membrane Disease
    e. Secondary MPGN

9. A 57 y/o white female with a h/o multiple myeloma presents with acute renal failure. Representative histologic sections from the renal biopsy are on the website for review (Case #4). Based on the clinical history and biopsy findings, the best diagnosis is:
    a. Nephrocalcinosis
    b. Light Chain Deposition Disease
    c. Cast nephropathy
    d. Fanconni's syndrome
    e. Amyloidosis

10. A patient presents with acute renal failure and hempotysis. A renal biopsy was performed and representative images are shown on the website (Case #5) for review. Most notable are numerous crescents with >50% of the glomeruli being affected. Serologic studies showed a positive c-ANCA. IF is negative. Based on the clinical history, serologic findings and biopsy findings the best diagnosis is:
    a. Goodpasture's syndrome
    b. Henoch-Schonlein purpura
    c. RPGN type I
    d. RPGN type II
    e. RPGN type III

Notes for question set:[1]

[1] PathMD strives for the highest quality and accuracy. However, the *PathMD: Board Review Letter* is for review purposes and not meant for clinical decision making. It should not be used in place of review of primary reference texts and the current medical literature. If inaccuracies are identified, please notify us so that a correction may be published. (info@PathMD.com)

