

Dr. Weiss

✓ 5. Each of the following is a reason to perform surgery on a child with cryptorchidism EXCEPT

- a. psychological concerns over an empty scrotum. *yes.*
- b. increased incidence of hernia. *yes.*
- c. increased risk of testicular cancer. *yes.*
- d. increased incidence of Congenital Adrenal Hyperplasia.
- e. increased chance of injury due to abdominal position of testis. *yes.*

✓ 6. A male infant has been diagnosed as having dilated ureters and mild hydronephrosis in utero. After birth, these findings are confirmed. His urinary stream is very weak when observed. The most likely diagnosis for this infant is

- a. renal stones.
- b. posterior urethral valves.
- c. ureteropelvic junction obstruction.
- d. penile chordee.
- e. patent urachus.

✓ 7. A 4-year-old male presents to your office with a 4-hour history of severe scrotal pain. He awoke from a nap with the pain. The right testis is elevated on exam. There is no cremasteric reflex. The most likely diagnosis is

- a. spermatocele.
- b. epididymitis.
- c. torsion of the appendix testis.
- d. inguinal hernia.
- e. testicular torsion.

✓ 8. A 3-year-old presents to your office with painful, swollen joints and a weird rash. She had a viral illness 2 weeks ago and recovered without difficulty. Now she has abdominal pain, malaise, and mild edema. The rash is ecchymotic and non-blanching. The most likely diagnosis is

- a. Henoch-Schonlein purpura.
- b. idiopathic thrombocytopenic purpura.
- c. leukemia.
- d. idiopathic hypercalciuria.
- e. renal stones.

Dr. Fiorindo

9. In the presence of antidiuretic hormone (ADH, vasopressin), the greatest fraction of filtered H₂O is reabsorbed in the

- a. proximal convoluted tubule.
- b. loop of Henle.
- c. distal convoluted tubule.
- d. cortical collecting duct.
- e. medullary collecting duct.

S/D 6/B 7/E₂ 8/A 9/A

Dr. Weiss

37. Which of the following classically presents as a persistent discharge from the umbilicus:

- a. Ureteral Duplication
- b. Patent Urachus
- c. Eagle-Barrett Disease
- d. Cryptorchidism
- e. None of the above

38. Which of the following is important in diagnosing BOTH Posterior Urethral Valves and Meatal Stenosis:

- a. An IVP
- b. BUN and Creatinine
- c. Renal Ultrasound
- d. Observation of the urinary stream
- e. Renal Bipsy

*39. A 9 year old boy presents to your office with acute, severe right scrotal pain. You think that there may be a "blue dot" sign, but you are not sure. The next step in this patient's management is:

- a. observe for 8 hours
- b. start antibiotics and warm compresses
- c. obtain an immediate nuclear testicular blood flow study
- d. refer the patient for non-emergent surgical consultation
- e. obtain a urinalysis

40. A 3 year old female presents to you with dysuria and urinary frequency. A properly performed clean catch urine culture yields >100,000 E. Coli. She is treated successfully. Follow-up of this patient must include:

- a. VCUG, Renal Ultrasound, and follow-up urine cultures
- b. VCUG only
- c. Renal Ultrasound only
- d. Physical exam only
- e. IVP only

Dr. Cundari

41. Which of the following relationships is incorrect?

- a. Chief complaint (CC): "My urine is red"
- b. Social History: Denies tobacco or etoh use
- c. Review of systems (ROS)-Gen: Health good
- d. Physical exam (PE)-Chest: Lungs clear to auscultation
- e. Review of systems (ROS)-GI: 1 + /4 suprapubic tenderness

Dr. Weiss

33. Which of the following is TRUE of cryptorchidism?

- a. It is more common in full-term infants.
- b. "Retractile testis" is another name for cryptorchidism. ✓
- c. If left in the abdomen, a testis can degenerate into cancer.
- d. Cryptorchidism is usually associated with other congenital anomalies. ✓
- e. If not descended by 15 years of age, surgery is indicated.

34. A newborn male infant has a weak urinary stream, and had hydronephrosis on prenatal ultrasound. The most likely diagnosis is

- a. penile chordae.
- b. webbed penis.
- c. buried penis.
- d. posterior urethral valves. ✓
- e. hypospadias.

35. A nine-year-old boy presents to your office with two hours of severe scrotal pain. You are not sure if this is testicular torsion or epididymitis. The BEST next step is

- a. observe for a few hours to see how the pain progresses. ✗
- b. refer immediately to a urologist for evaluation. ✓
- c. start antibiotics and warm compresses. ✗
- d. order a testicular blood flow study in two or three days.
- e. get a CBC

36. Which of the following is TRUE of vesicoureteral reflux?

- a. It is usually due to hypospadias.
- b. All children with a UTI have vesicoureteral reflux.
- c. Grade 5 vesicoureteral reflux should be treated with prophylactic antibiotics.
- d. With grade 1 reflux, urine refluxes into the kidney.
- e. Vesicoureteral reflux poses a risk for UTI, renal scarring and pyelonephritis. ✓

Dr. Redding

37. Which of the following statements about the autonomic innervation to the urinary bladder is TRUE?

- a. Sympathetic innervation causes bladder wall contraction.
- b. Sympathetic innervation causes external sphincter relaxation. ✗
- c. Parasympathetic innervation causes bladder wall relaxation.
- d. Parasympathetic innervation causes internal sphincter relaxation. ✓
- e. Autonomic innervation remains relatively constant with bladder and sphincter control regulated primarily through local mechanisms.

Dr. Weiss

✓ 31. A 14-year-old boy comes to your office complaining of acute onset of severe right testicular pain. He is found to have severe pain on movement of the testicle, an absent cremasteric reflex, and some nausea. Your next step should be

- a. warm soaks and antibiotics.
- b. a period of eight hours for observation.
- ✓ c. referral for a nuclear testicular scan and probable urology referral.
- d. reassurance that this is probably not a worrisome problem.
- e. transilluminate immediately!!!

32. A newborn is seen in your office for routine well care at two weeks of age and you are told that the child was found to have a mild hydronephrosis on prenatal ultrasound. Today's exam is normal and the infant is growing well with normal stool and urine output. Your next step should be

- ✓ a. obtain a stat IVP (intravenous pyelogram).
- b. obtain a renal ultrasound to determine if the hydronephrosis has resolved. *No test*
- c. send the infant for a urology consult.
- d. obtain a CBC and UA.
- e. do nothing.

✓ 33. A four-year-old little girl comes into your office complaining of pain and frequency of urination for the last two days. You obtain a urinalysis, which shows moderate white blood cells and a few red blood cells. Being the competent physician that you are, you next would

- a. prescribe a sulfa-based antibiotic for the obvious urinary tract infection and discard the urine.
- b. call the Department of Children's Services immediately.
- ✓ c. send the urine for culture and sensitivities to determine if there is a true infection.
- d. give the child a shot of Rocephin IM.
- e. there was no need for the urine specimen; with the symptoms the child could have been treated without obtaining a urine specimen.

✓ 34. An eight-year-old male presents to your office two weeks after an illness where he had fever and cold symptoms. He was doing fine until two days ago when he developed a purple rash on his shins, thighs, and buttocks. The most likely diagnosis is

- a. meningococemia.
- b. post-streptococcal glomerulonephritis.
- c. leukemia.
- ✓ d. Henoch-Schonlein purpura.
- e. otitis media.