

Answers: Proteinuria and Glomerular Diseases

1. D
2. A it is due to glomerular permeability increase
3. A membranous GN has several secondary causes...see syllabus
4. F
5. C
6. A
7. B Rhabdomyolysis
8. C Renal biopsy is done in most nondiabetic adult patients with the nephrotic syndrome AND patients with RPGN and worsening renal function
9. E
10. C
11. D The clinical picture is of urinary stones. Yes, even IV drug abusers get these!
12. B the clinical picture is that of Goodpastures Syndrome. A renal biopsy or lung biopsy would probably be done first in real life.
13. C he has likely FSGS due to either HIV or heroin use (see syllabus). There are no signs of volume depletion, so no indication for normal saline in treating his hyponatremia. High protein diets may actually worsen proteinuria, and certainly do not help it.
14. B
 - A is postinfectious GN...treat with antibiotics if necessary, and observation
 - B is juvenile nephrotic syndrome, usually minimal change disease...Prednisone
 - C is likely lowgrade lupus nephritis...we would do BP control with an ACE inhibitor
 - D is Alports (hereditary) nephritis, which has no treatment
 - E is postinfectious GN...treat with antibiotics
15. D E is caused by the hypercoagulability resultant from loss of clotting inhibitors in the urine
16. B (or A) The question emphasizes the importance of evaluating secondary causes of nephrotic syndrome...in this case possible colon cancer leading to membranous GN. You would want to know if the patient's stools had blood in them, which would lead to colonoscopy if positive. If a colon cancer were found, then renal biopsy would not be done. I would likely give credit for "renal biopsy", since the question is phrased as evaluation of the "renal disease".
17. C
18. E ATN by history. This is best diagnosed on UA.. FENa is part of the workup, but could be high or low due to other causes
19. H RPGN, Goodpastures by history. Renal biopsy done early here
20. B she has a likely stone, and CT or ultrasound would come first
21. J
22. A cimetidine lowers tubular secretion of creatinine, raising SCr without any change in actual GFR
23. D hematuria uncommon in membranous GN. all others can be the same in both—urine Na would be low in both due to ANP resistance