

MCQS ON MID 2023 (GN & OU)

1- A 32-year-old woman presented with puffiness around her eyes and swelling of her lower limbs, 2 weeks ago. On physical examination her blood pressure is 140/85 mm Hg. A urinalysis reveals 4+ proteinuria and fatty casts. Which is she most likely to have?

- A) Papillary necrosis
- B) Nephritic syndrome
- C) Nephrotic syndrome
- D) Obstructive uropathy

2- A 6- year- old girl has had periorbital edema. A urinalysis revealed no glucose, ketones, or blood, but 4+ proteinuria. Microscopic urinalysis revealed fat bodies. She was treated with corticosteroid therapy and her condition improves. What is the characteristic electron micrographic finding?

- A) Fusion of foot processes
- B) Subepithelial electron dense deposits
- C) Subendothelial electron dense deposits
- D) Irregular thickening of the glomerular basement membranes.

3- A 37-year- old man recovering from hepatitis B develops renal disease due to deposition of immune complexes formed by the hepatitis B surface antigen reacting with antibodies to this antigen. What is the most expected renal changes?

- A) Fusion of foot processes
- B) Tubulointerstitial fibrosis
- C) Linear immunofluorescence deposits.
- D) Granular immunofluorescence deposits

1- C

2- A

3- D

1. A 39-year-old man has had malaise and edema of the lower extremities for the past month. On physical examination, his blood pressure was 145/95 mm Hg. Urinalysis showed 4+ proteinuria. His serum creatinine was 2.1 mg/dL. His hepatitis B surface antigen is positive and light microscopic examination revealed thickening of glomerular capillary wall. Which is the most likely diagnosis?

- A) Minimal change disease
- B) Membranous glomerulonephritis
- C) Post-streptococcal glomerulonephritis
- D) Membranoproliferative glomerulonephritis

2. A 32-year-old man diagnosed with AIDS, and also a heroine abuser, presented with edema of the lower extremities for the past month. Urinalysis showed 4+ proteinuria. The disease did not respond to steroid therapy. Which is he most likely diagnosis?

- A) Minimal change disease
- B) Crescentic glomerulonephritis
- C) Focal segmental glomerulosclerosis
- D) Membranous glomerulonephritis

3. Which of the following is a feature of nephritic syndrome?

- a- Hypotension
- b. Hyperlipidemia
- c. Marked proteinuria
- d. Hematuria
- e. Pyuria.

1- B	2- C	3- D
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1. **Which of the following electron microscopic features is most likely seen in poststreptococcal glomerulonephritis?**
 - a. Subepithelial humps
 - b. Subendothelial granular deposits
 - c. Diffuse linear deposits
 - d. Mesangial granular deposits
 - e. Lack of immune deposits

2. **Which of the following microscopic features is associated with rapidly progressive glomerulonephritis?**
 - a. Mesangial cell proliferation
 - b. Normal appearance by light microscope
 - c. Crescent formation
 - d. Segmental glomerulosclerosis
 - e. Diffuse thickening of GBM

3. **Which of the following diseases is associated with tram track appearance of GBM?**
 - a. Poststreptococcal glomerulonephritis
 - b. Membranous glomerulonephritis
 - c. IgA nephropathy
 - d. Membranoproliferative glomerulonephritis
 - e. Focal segmental glomerulosclerosis

1- A	2- C	3- D
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1. Which of the following is a gross feature of chronic glomerulonephritis?

- a. Granular surface
- b. Easily stripped capsule
- c. Well demarcated cortex and medulla
- d. Large size
- e. Reduced peri-pelvic fat

2. The nephrotic syndrome, which of the following is NOT a feature:

- a- May be caused by renal amyloidosis.-
- b- IS associated with hypolipidemia
- c- In children, iS usually due to minimal change glomerulonephritis.
- d- Is characterized by proteinuria, hypoalbuminemia and edema.

3. Hematuria, hypertension, edema and oliguria are features of:

- a- Nephrotic syndrome.
- b- Nephritic syndrome.
- c- Both.
- d- None.

4. In antibody-mediated glomerular injury, Cytotoxic antibodies are directed against the following EXCEPT:

- a- Mesangial cells.
- b- Endothelial cells.
- c- Visceral epithelial cell glycoprotein.
- d- Tubular epithelium

5. Post-streptococcal glomerulonephritis associated with

- a- Subendothelial, subepithelial and in mesangial deposition of immune complexes.
- b- Nephrotic syndrome is a common syndrome.
- c- Spontaneous resolution in most adults cases.
- d- Streptococci can be cultured from the urine.

1- A	2- B	3- B	4- D	5- A
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1. In minimal change disease of the glomeruli:

- a- The incidence is greatest between the ages of 20 and 40 years.
- b- Fusion of the foot processes of the podocytes is seen on electron microscope.
- c- A non-selective proteinuria is usual.
- d- Light microscopy shows crescent formation in glomeruli."

2. All are NOT true for Focal segmental glomerulosclerosis (FSGS) EXCEPT:

- a- Minimal change disease.
- b- Acute post streptococcal nephritis.
- c- Membranous glomerulonephritis.
- d- Goodpasture's syndrome.

3. Chronic glomerulonephritis characterized by:

- a- The subcapsular surface of the kidney is not granular
- b- The calyces and renal pelvis are usually normal.
- c- The kidneys are often enlarged.
- d- There is often no history of preceding renal disease.
- e- Many glomeruli are hyalinized.

4. Diabetic nephropathy may be complicated by:

- a- Glomerulosclerosis.
- b- Pyelonephritis.
- c- Papillary necrosis.
- d- All of the above.
- e- None of the above.

1- B	2- A	3- E	4- D
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1. All of the followings patterns of Glomerular injury are true for systemic lupus erythematosus EXCEPT:
- a- Focal proliferative GN.
 - b- Diffuse membranous GN.
 - c- Diffuse proliferative GN.
 - d- Lipoid nephrosis
 - e- Mesangial proliferative GN.
2. The most common features of nephritic syndrome include the following EXCEPT:
- a- Heavy proteinuria
 - b- Hypertension
 - c- Oligouria
 - d- Microscopic hematuria,
3. The most common form of G.N in adults is:
- a- Minimal change disease.
 - b- Acute G.N.
 - c- Membranous G.N.
 - d- Membranoproliferative G.N.
4. The most frequent form of primary glomerular disease in children is:
- a- Minimal change disease.
 - b- Acute G.N.
 - c- Membranous G.N.
 - d- Membrano-proliferative G.N.
5. Examples of immune complex GN include the following EXCEPT:
- a- Acute GN.
 - b- Membranous G.N.
 - c- Membrano-proliferative.
 - d- RPGN in Goodpasture's disease.

1- D

2- A

3- C

4- A

5- D

1. Classic example of anti-GBM disease is

- a- Minimal change disease.
- b- Acute G.N.
- c- Membranous G.N.
- d- Goodpasture's disease.

2. Alternative pathway disease occurs in following forms of glomerular diseases**EXCEPT:**

- a- Membranous G.N
- b- Membrano-proliferative G.N.
- c- RPG.
- d- IgA nephropathy

3. The serum markers for RPGN are as follow EXCEPT

- a- Serum C3 levels.
- b- Anti-GBM ab.
- c- ANCA.
- d- Anti-endothelial cell Ab.

4. In goodpasture disease, the antigen is:

- a- Collagen V of basement membrane.
- b- Bacterial products.
- c- DNA.
- d- Cationic protein.

5. Children with minimal change disease have selective proteinuria because of

- a- Reduction of negative charge on GBM.
- b- Extensive damage to GBM
- c- Deposits of IgG and C3 on GBM
- d- Increased mesangial matrix in the glomeruli.

1- D	2- A	3- D	4- A	5- A
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1. Majority of cases of membranous GN have the following etiology

- a- SLE.
- b- Viral infection.
- c- History of drug.
- d- Idiopathic.

2. Basement membrane material in membranous GN appears as:

- a- Dense deposits.
- b- Spikes from produced from GBM.
- c- Double contour.
- d- Tram track.

3. Membranoproliferative GN is characterized by lobular proliferation of

- a- Epithelial cells.
- b- Endothelial cells.
- c- Mesangial cells.
- d- Leucocytes,

4. HIV infection commonly produces the following types of glomerular lesions:

- a- Membranous G.N.
- b- Membrano-proliferative G.N.
- c- Focal G.N.
- d- Focal segmental glomerulosclerosis.

1- D

2- B

3- C

4- B

1. Acute diffuse proliferative glomerulonephritis follows infection by:

- A. Streptococcus viridans
- B. B.Streptococcus haemolyticus
- C. Streptococcus foecalis
- D. Staphylococcus aureus
- E. E. Coli.

2. Acute diffuse proliferative glomerulonephritis is NOT characterized by:

- A. Hypercellular glomeruli
- B. Infiltration of the glomeruli by polymorphs
- C. Proliferation of endothelial cells
- D. Proliferation of mesangial cells
- E. Epithelial crescents in the glomeruli.

3. Acute diffuse proliferative glomerulonephritis is due to:

- A. Blood-borne infection
- B. Ascending infection
- C. Deposition of immune complexes in the glomeruli
- D. Autoimmune reaction
- E. None of the above.

4. The diagnostic histologic feature of glomerulonephritis is:

- A. Hypercellular glomeruli
- B. Segmental necrosis of the glomeruli
- C. Epithelial crescents
- D. Protein casts in the tubules
- E. Thick-walled blood vessels rapidly progressive.

5. The etiology of rapidly progressive glomerulonephritis may be:

- A. Post-streptococcal
- B. Systemic lupus erythematosus.
- C. Formation of antiglomerular basement membrane antibody
- D. All of the above.

1- B	2- E	3- C	4- C	5- D
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1. Nephritic syndrome is characterised by all EXCEPT:

- A. Haematuria
- B. Heavy proteinuria
- C. Oliguria
- D. Hypertension.

2. Nephrotic syndrome is NOT characterised by:

- A. Heavy proteinuria
- B. Hypoproteinaemia
- C. Oedema of the face only
- D. Hyperlipidaemia.

3. Oedema of the nephritic syndrome appears in:

- A. Face
- B. Lower limbs
- C. Back
- D. All-over the body

4. Oedema in the nephritic syndrome is due to:

- A. Hypoproteinaemia
- B. Excessive reabsorption of water and salt by the tubules
- C. Increased hydrostatic pressure of the blood
- D. All of the above
- E. None of the above

5. Oliguria in the nephritic syndrome is due to:

- A. Decreased blood volume
- B. Decreased renal blood flow
- C. Decreased water intake
- D. All of the above
- E. E. None of the above

6. Hypoproteinaemia in the nephrotic syndrome is due to:

- A. Loss of proteins in urine
- B. Decreased protein intake
- C. Decreased absorption of proteins in the intestine
- D. Escape of proteins to the interstitial tissue
- E. None of the above

1) B	2) C	3) A	4) B	5) B	6) A
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1. The following is NOT a cause of nephrotic syndrome:

- a. Acute diffuse proliferative glomerulonephritis
- b. Membranous glomerulonephritis
- c. Membrano- proliferative glomerulonephritis
- d. Minimal change glomerulonephritis
- e. Systemic lupus erythematosus .

2. Epithelial crescents are characteristic of:

- a. Acute diffuse proliferative glomerulonephritis
- b. Rapidly progressive glomerulonephritis
- c. Membranous glomerulonephritis
- d. Membrano-proliferative glomerulonephritis
- e. Minimal change glomerulonephritis

3. Membrano-proliferative glomerulonephritis is characterised by all EXCEPT:

- a. Hypercellular glomeruli
- b. Increased mesangial matrix
- c. Infiltration of the glomeruli by polymorphs
- d. Thickening of the glomerular capillary walls
- e. Protein casts in the tubules.

4. The Following changes occur in minimal glomerulonephritis:

- a. Proliferation of the mesangial cells
- b. Proliferation of the mesangial cells
- c. Proliferation of the capsular epithelium
- d. All of the above
- e. None of the above Change.

5. The following disease is diagnosed only by electron microscopy:

- a. Acute diffuse proliferative glomerulonephritis
- b. Rapidly progressive glomerulonephritis
- c. Membranous glomerulonephritis
- d. Membrano-proliferative glomerulonephritis
- e. Minimal change glomerulonephritis.

6. Subepithelial electron dense deposits are characteristic of:

- a. Acute diffuse proliferative glomerulonephritis
- b. Rapidly progressive glomerulonephritis
- c. Membranous glomerulonephritis
- d. Membrano-proliferative glomerulonephritis
- e. Minimal change glomerulonephritis.

1) A	2) B	3) C	4) E	5) E	6) C
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1. Fusion of the foot processes of the podocytes is characteristic of:

- A. Acute diffuse proliferative glomerulonephritis
- B. Rapidly progressive glomerulonephritis
- C. Membranous glomerulonephritis
- D. Membrano-proliferative glomerulonephritis
- E. Minimal change glomerulonephritis.

2. Gross features of the kidneys in chronic glomerulonephritis include all EXCEPT:

- A. Both kidneys are contracted
- B. Contraction of the kidneys is asymmetrical
- C. Outer surface is granular
- D. Cut surface shows thick-walled blood vessels
- E. Loss of differentiation between cortex and medulla.

3. The gross picture of the kidneys in benign hypertension is similar to that of:

- A. Acute diffuse proliferative glomerulonephritis
- B. Rapidly progressive glomerulonephritis
- C. Membrano-proliferative glomerulonephritis
- D. Focal glomerulonephritis
- E. Chronic glomerulonephritis.

4. Flea-bitten kidney is a gross feature of:

- A. Acute diffuse proliferative glomerulonephritis
- B. Rapidly progressive glomerulonephritis
- C. Membrano-proliferative glomerulonephritis
- D. Membranous glomerulonephritis
- E. Focal embolic glomerulonephritis.

5. The histologic picture of chronic glomerulonephritis include:

- A. Hyalinosis of some glomeruli
- B. Hypertrophy of other glomeruli
- C. Atrophy of some tubules
- D. Hypertrophy of other tubules
- E. All of the above.

6. Diabetic nephropathy predisposes to:

- A. Glomerulosclerosis
- B. Renal arteriolar sclerosis
- C. Pyelonephritis
- D. Papillary necrosis
- E. All of the above .

1) E	2) B	3) E	4) E	5) B	6) E
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1. The most common type of glomerulonephritis seen in lupus nephritis is:

- a. Mesangioproliferative glomerulonephritis
- b. Focal glomerulonephritis
- c. Diffuse proliferative glomerulonephritis
- d. Membranous glomerulonephritis
- e. Chronic glomerulonephritis.

2. Wire loop appearance in the glomeruli is characteristic of:

- a. Diabetic glomerulosclerosis
- b. Lupus nephritis
- c. Renal amyloidosis
- d. All of the above
- e. None of the above

3. Good-Pasteur's syndrome is characterised by all EXCEPT:

- a. Autoimmune condition
- b. Intestinal haemorrhages
- c. Rapidly progressive glomerulonephritis
- d. Most frequent in young adults
- e. E. Pulmonary haemorrhages

**4. Focal emboli glomerulonephritis may occur in:**

- a. Subacute bacterial endocarditis
- b. Systemic lupus erythematosus
- c. Polyarteritis nodosa
- d. All of the above
- e. E. None of the above

1) C	2) B	3) B	4) D
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1) A 32-year-old woman presented with puffiness around her eyes and swelling of her lower limbs, 2 weeks ago. On physical examination her blood pressure is 140/85 mm Hg. A urinalysis reveals (4+)proteinuria and fatty casts. Which is she most likely to have?

- A) Papillary necrosis
- B) Nephritic syndrome
- C) Nephrotic syndrome
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2) A 6- year- old girl has had periorbital edema. A urinalysis revealed no glucose, ketones, or blood, but (4+) proteinuria. Microscopic urinalysis revealed fat bodies. She was treated with corticosteroid therapy and her condition improves. What is the characteristic electron micrographic finding?

- A) Fusion of foot processes
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3) A 37-year- old man recovering from hepatitis B develops renal disease due to deposition of immune complexes formed by the hepatitis- B -surface antigen reacting with antibodies to this antigen. What is the most expected renal changes?

- A) Fusion of foot processes
- B) Tubulointerstitial fibrosis
- C) Linear immunofluorescence deposits.
- D) Granular immunofluorescence deposits

4) A 39-year-old man has had malaise and edema of the lower extremities for the past month. On physical examination, his blood pressure was 145/95 mm Hg. Urinalysis showed 4+ proteinuria. His serum creatinine was 2.1 mg/dL. His hepatitis B surface antigen is positive and light microscopic examination revealed thickening of glomerular capillary wall. Which is the most likely diagnosis?

- A) Minimal change disease
- B) Membranous glomerulonephritis
- C) Post-streptococcal glomerulonephritis
- D) Membranoproliferative glomerulonephritis

5) A 32-year-old man diagnosed with AIDS, and also a heroine abuser, presented with edema of the lower extremities for the past month. Urinalysis showed 4+ proteinuria. The disease did not respond to steroid therapy. Which is he most likely diagnosis?

- A) Minimal change disease
- B) Crescentic glomerulonephritis
- C) Focal segmental glomerulosclerosis
- D) Membranous glomerulonephritis



1	2	3	4	5
C	A	D	B	C

1. Which of the following is a feature of nephritic syndrome?

- A) Hypotension
- B) Hyperlipidemia
- C) Marked proteinuria
- D) Hematuria
- E) Pyuria

2. Which of the following electron microscopic features is most likely seen in post-streptococcal glomerulonephritis?

- A) Subepithelial humps
- B) Subendothelial granular deposits
- C) Diffuse linear deposits
- D) Mesangial granular deposits
- E) Lack of immune deposits

3. Which of the following microscopic features is associated with rapidly progressive glomerulonephritis?

- A) Mesangial cell proliferation
- B) Normal appearance by light microscope
- C) Crescent formation
- D) Segmental glomerulosclerosis
- E) Diffuse thickening of GBM

4. Which of the following diseases is associated with tram track appearance of GBM?

- A) Poststreptococcal glomerulonephritis
- B) Membranous glomerulonephritis
- C) IgA nephropathy
- D) Membranoproliferative glomerulonephritis
- E) Focal segmental glomerulosclerosis

5. Which of the following is a gross feature of chronic glomerulonephritis?

- A) Granular surface
- B) Easily stripped capsule
- C) Well demarcated cortex and medulla
- D) Large size
- E) Reduced peri-pelvic fat.



1	2	3	4	5
D	A	C	D	A

1-Azotemia results from elevation of following waste products of protein metabolism, EXCEPT:

- A) Blood urea.
- B) b-Blood urea nitrogen.
- C) Serum creatinine.
- D) Uric acid.

2- On glomerular diseases:

- A) There are no changes in the histological appearance under light microscope.
- B) There may be immune complexes deposited on the glomerulus
- C) Nephrotic syndrome is characterized by proteinuria of 1-3g/day.
- D) Focal proliferative glomerulonephritis is an example of Nephritic syndrome.

3- The nephrotic syndrome, which of the following is not a feature:

- A) May be caused by renal amyloidosis.
- B) Is associated with hypolipidemia
- C) In children, is usually due to minimal change glomerulonephritis.
- D) Is characterized by proteinuria, hypoalbuminemia and edema.

4- Hematuria, hypertension, edema and oliguria are features of:

- A) Nephrotic syndrome.
- B) Nephritic syndrome.
- C) Both.
- D) None.

5- In antibody-mediated glomerular injury, Cytotoxic antibodies are directed against the following EXCEPT:

- A) Mesangial cells.
- B) Visceral epithelial cell glycoprotein.
- C) Endothelial cells.
- D) Tubular epithelium.

6-HIV infection commonly produces the following types of glomerular lesions:

- A) Membranous G.N.
- B) Membrano-proliferative G.N
- C) Focal G.N.
- D) Focal segmental glomerulosclerosis.

1	2	3	4	5	6
D	C	B	B	D	D

1) The following is NOT a cause of renal calculi:

- a. Vitamin A deficiency
- b. Vitamin D deficiency
- c. Urinary tract infection
- d. Urinary tract obstruction
- e. Hyperparathyroidism

2) The following is NOT a type of renal stones:

- a) Oxalate stones
- b) Urate stones
- c) Cholesterol stones
- d) Phosphate stones
- e) Cystine stones

3) The following type of renal stones usually occurs on top of infection:

- a) Oxalate stones
- b) Urate stones
- c) Phosphates tones
- d) Cystine stones

4) The following type of renal stones occurs in the urinary bladder:

- a) Oxalate stones
- b) Urate stones
- c) Phosphates tones
- d) Cystine stones

5) The following type of renal stones usually has a stag horn appearance:

- a. Oxalate stones
- b. Urate stones
- c. Phosphates tones
- d. Cystine stones

6) The following type of renal stones is radio-translucent:

- a. Oxalate stones
- b. Urate stones
- c. Phosphates tones
- d. Cystine stones

7) The following type of renal stones is multiple and spiky:

- a. Oxalate stones
- b. Urate stones
- c. Phosphates tones
- d. Cystine stones

8) The following type of renal stones is commonly associated with hematuria:

- a. Oxalate stones
- b. Urate stones
- c. Phosphates tones
- d. Cystine stones

9) The following type of renal stones is very rare:

- a. Oxalate stones
- b. cholesterol stones
- c. Phosphate stones
- d. Cystine stones



10) All are causes of hydronephrosis except

- a) Benign prostatic hyperplasia
- b) Neurogenic bladder
- c) Stricture in ureter
- d) Aberrant renal artery
- e) None of the above

11) All are complications of hydronephrosis except

- a. pyonephrosis
- b. pyelonephritis.
- c. Chronic renal failure
- d. Respiratory failure

12) The result of bilateral complete obstruction is

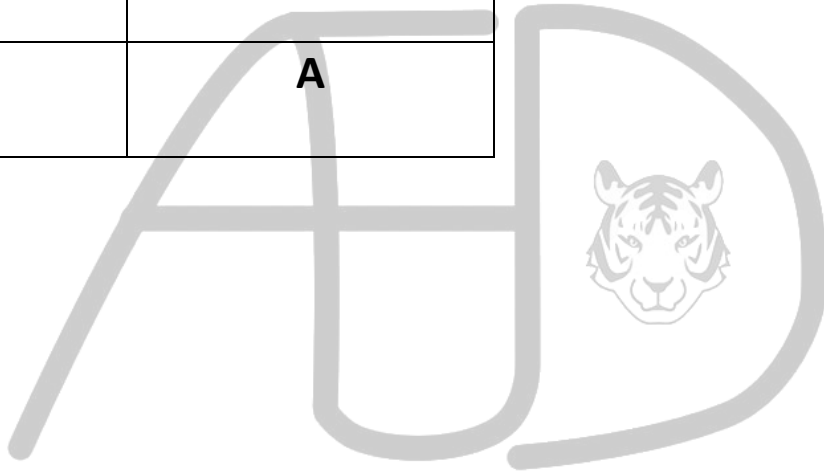
- a. Unilateral Hydronephrosis or hydronephrosis
- b. Polyuria
- c. Nocturia
- d. Renal failure

13) Hydronephrosis is NOT associated with:

- a. Benign prostatic hypertrophy.
- b. Acute cystitis.
- c. Normal pregnancy.
- d. Posterior valve stricture.

**14) Pyonephrosis is defined as :**

- a. Acute suppurative pyelonephritis associated with dilated renal pelvis.
- b. Acute non-suppurative pyelonephritis associated with dilated renal pelvis
- c. Chronic suppurative pyelonephritis associated with dilated renal pelvis.
- d. Chronic non-suppurative pyelonephritis + dilated renal pelvis.

1	B	9	D
2	C	10	E
3	C	11	D
4	C	12	D
5	C	13	B
6	B	14	C
7	A		
8	A		

Previous Mid Exams

1- Nephrotic syndrome may be manifested in all the following except

- a) Minimal change disease
- b) Rapidly progressive glomerulonephritis
- c) Focal segmental glomerulonephritis
- d) Membranous glomerulonephritis

2- Electron microscopy of acute diffuse glomerulonephritis is characterized by

- a) Subepithelial dense deposits
- b) Rupture of glomerular basement membrane
- c) Effacement of basement membrane
- d) Subendothelial dense deposit

3- Ureteral calculi are characterized by all except.

- a) may lodge at uretero-vesical junction.
- b) associated with hematuria.
- c) cause flank pain radiates to groin.
- d) originate in ureteral lumen.



4- Hydronephrosis is not associated with:

- a) normal pregnancy
- b) glomerulonephritis
- c) Prostatic hyperplasia
- d) Stricture of ureter

5- All are metabolic diseases associated with renal stone except:

- a) Hyperparathyroidism
- b) gout
- c) oxalosis
- d) nephritic syndrome

6- Which of following conditions does not predispose to urolithiasis?

- a) hydronephrosis
- b) chronic pyelonephritis
- c) hydrocele
- d) hypercalcemia

7- The commonest renal stone is :

- a) Uric acid stone
- b) Calcium oxalate stone
- c) Mg ammonium phosphate stone
- d) Cystine stone

8- Electron microscopy of minimal change disease revealed:

- a) Subepithelial deposits
- b) Subendothelial deposits
- c) Ruptured basement membrane
- d) Loss of epithelial foot processes

9- During E/M examination of membranous glomerulonephritis, which of the following lesion appeared?

- a) Dense deposits
- b) Spikes
- c) Double- contoured basement membrane
- d) Tram- track appearance

10- In Hyemann nephritis, antigen-antibody reaction leads to:

- a) Mesangial deposits
- b) Diffuse subendothelial deposits
- c) Diffuse subepithelial deposits
- d) Basement membrane deposits

- 11- A minimal change disease of the glomeruli is characterized by**
- a) Incidence is greatest between 20 and 40 years.
 - b) A non-selective proteinuria is usual.
 - c) E\ M shows fusion of foot processes of the podocytes.
 - d) LMI shows crescent formation in glomeruli.
- 12- As regards rapidly progressing glomerulonephritis, all are true except**
- a) There is rapid progress to renal failure and death.
 - b) There is crescent formation in glomeruli on LM.
 - c) SLE, Goodpasture syndrome are the main causes.
 - d) Foot processes of podocytes appear fused on EM.
- 13- All of the following glomerular disease may end by chronic glomerulonephritis Except:**
- a) Rapidly Progressing Glomerulonephritis
 - b) Membrano- proliferative GN.
 - c) Minimal Changes Glomerulonephritis
 - d) IgA nephropathy.
- 14- Minimal change disease and membranous glomerulonephritis share which of the following characteristics?**
- a) nephrotic syndrome
 - b) IgG deposits in glomeruli
 - c) good prognosis with steroid therapy
 - d) capillary loop thickening by light microscopy.
- 15- Pyonephrosis is defined as :**
- a) Acute suppurative pyelonephritis associated with dilated renal pelvis.
 - b) Acute non-suppurative pyelonephritis associated with dilated renal pelvis
 - c) Chronic suppurative pyelonephritis associated with dilated renal pelvis.
 - d) Chronic non-suppurative pyelonephritis + dilated renal pelvis.

1	B
2	A
3	D
4	B
5	D
6	C
7	B
8	D
9	B
10	C
11	C
12	D
13	C
14	A
15	C