1. ‘Putty kidney’ is best described as

a. Replacement of kidney by necrotic mass  
b. Completely calcified nonfunctioning kidney  
c. Filling of only pelvi-caliceal system by toothpaste like material  
d. Non-functioning kidney in GUTB

2. ‘Autonephrectomy’ refers to

a. When kidney is mistakenly removed  
b. When kidney is completely nonfunctional due to end stage tuberculosis  
c. When kidney becomes large, edematous, nonfunctional in renal vein thrombosis  
d. When renal tumor completely destroys the kidney

3. ‘Phantom calyx’ is a radiological sign seen in IVU films in a case of

a. Adult polycystic kidney disease  
b. Chronic caliceal damage due to xanthogranulomatous pyelonephritis  
c. Renal mucormycosis  
d. Renal tuberculosis

4. ‘Pipe stem ureter’ in the ureteric tuberculosis means

a. Dilatation of ureter d/t UVJ obstruction  
b. Straightening of dilated ureter d/t loss of normal anatomical curves  
c. Strictureing of ureter d/t extensive tuberculosis  
d. Uniform calcification in wall of ureter mimicking a pipe

5. Which of the following test will diagnose presence of live mycobacterium tuberculosis in urine at the earliest

a. AFB smear of centrifuged urine  
b. Bacterial culture on LJ media  
c. BACTEC 460 test  
d. High speed chromatography

6. A dilated, rounded, pulled up ureteric orifice in a case of urinary tuberculosis is called as

a. Pot hole orifice  
b. Golf hole orifice  
c. Ectopic orifice  
d. Volcano orifice
7. In a case of advanced urinary tuberculosis, the entire ureter becomes
   a. Dilated and tortuous
   b. Structured close to pelviureteric junction
   c. Calcified
   d. Short and straight

8. A 18 years old girl presents with gross painless haematuria. You want to examine her urine for tuberculosis. What instructions will you give her?
   a. Give a freshly voided sample after drinking a lot of Alkaline liquid
   b. Give early morning urine samples for three days
   c. Give urine sample after doing some exercise so that bacteria are released in urine
   d. Give three urine samples at three different times of a day.

9. A 26 year boy presents with intractable urinary frequency and low grade pyrexia. Urinalysis shows sterile pyuria and haematuria. His bladder capacity was estimated to be 40 cc by frequency-volume charting. What will be best treatment option for him?
   a. Four drug ATT for 3 months.
   b. Four drug ATT for 3 months followed by cystectomy and urinary diversion
   c. Four drug ATT for 3 months followed by iliocystoplasty.
   d. Four drug ATT for 3 month followed by hydro-distension of bladder

10. A 35 years primigravida has been diagnosed to be having renal tuberculosis in third trimester of her pregnancy. How will you treat her?
    a. Not give her any ATT till she completes her pregnancy
    b. Give her ATT comprising Rifampicin and INH only
    c. Give her ATT comprising Streptomycin, Rifampicin, INH, and ethambutol.
    d. Give her ATT comprising Rifampicin, INH, Pyrazinamide and ethambutol.