

Internal Medicine



Endocrine rotation - Past papers

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-The **colored question numbers** are mentioned more than once so focus on them

Endocrine rotation

1. A 45-year-old lady with no significant past medical history presented to the clinic complaining of new-onset unintentional weight loss, palpitations, and dry eyes. She noticed that she has bulging eyes. She came with elevated free T4 in a laboratory test ordered by her family doctor. One of the following is NOT a possible positive finding in her examination:

- A) Blood Pressure of 160/95 mmHg
- B) Thyroid bruit
- C) Irregular pulse
- D) Systolic flow murmur
- E) Absent deep tendon reflexes

ANSWER : E

2. A 32-year-old woman was found to have a serum calcium of 8.1 mg/dl (8.2-10.5), serum albumin 3.9 g/dl (3.5-4.5), and serum intact PTH of 121 pg/dl (12-65). Her lab data are most consistent with:

- A) Primary hypoparathyroidism
- B) Tertiary hyperparathyroidism
- C) Primary hyperparathyroidism
- D) Secondary hyperparathyroidism
- E) Secondary hypoparathyroidism

ANSWER : D

3. A 55-year-old woman is evaluated for hypercalcemia. She is asymptomatic. Her medical history is significant for hypertension. Her only medication is amlodipine. Laboratory studies revealed a corrected serum calcium of 12.8 mg/dl (8.4-10.2). Her creatinine is 0.9 mg/dl and parathyroid hormone 110 pg/ml (10-65). The 24-hour urine calcium level was elevated. Dual-energy x-ray absorptiometry (DXA) scan shows osteoporosis. Which of the following is the most appropriate therapy to recommend to this patient?

- A) Clinical observation
- B) Alendronate
- C) Parathyroidectomy
- D) Zoledronic acid
- E) Cinacalcet

ANSWER : C

4. A 33-year-old male pharmacist presented to your clinic with new onset heat intolerance and palpitations. The physical exam was positive for mild goiter and exophthalmos. His laboratory results revealed TSH: 0.006 micro units/ml (0.03-5.0) and T4: 20 microgram/dl (4.6-12). What is your most likely diagnosis?

- A) TSH secreting pituitary adenoma
- B) Toxic multinodular goiter
- C) Iatrogenic thyrotoxicosis
- D) Subacute thyroiditis
- E) Graves' disease

ANSWER : E

Endocrine rotation

5. What helps differentiate Cushing disease from pseudo-Cushing?

- A) Abdominal striae
- B) Moon facies
- C) Truncal obesity
- D) Difficulty rising from sitting position (proximal myopathy)

ANSWER : D

6. Which of the following is diagnostic of DM

- A) Asymptomatic patient with HBA1C 6.6 + FBG 127
- B) Pregnant at 28 weeks with FBG 90 and 2-hour OGTT 178

ANSWER : A

7. A 29 y/o gentleman has erectile dysfunction. What is the most common cause?

- A) DM
- B) Psychologic

ANSWER : B

8. A woman 22 weeks pregnant has dizziness, fatigue, tremor, and palpitations. Soft bruit is heard over the left thyroid, TSH is .04 (0.5-5.0), and T4 23 (9-20). The most appropriate next step is:

- A) radioiodine ablation
- B) carbimazole
- C) observe then repeat TFT in 4 weeks

ANSWER : B

Endocrine rotation

9. In a patient with Cushing syndrome, which of the following will confirm the presence of an adrenal tumor:

- A) Low ACTH
- B) Increased urinary cortisol

ANSWER : A

10. A 70-year-old female presented with back pain, constipation, abdominal pain, and decreased urinary frequency. Her PTH was high, Ca high, and PO₄ low. The most likely diagnosis is:

- A) multiple myeloma
- B) primary hyperparathyroidism
- C) Paget's disease
- D) osteomalacia

ANSWER : B

11. Which is least likely to be found in a patient with Klinefelter Syndrome?

- A) soft normal testicles
- B) azoospermia
- C) upper body higher than lower

ANSWER : A

12. Patient with upper limit of normal PTH and elevated corrected calcium, what is the most likely diagnosis:

- A) Primary hyperparathyroidism
- B) Secondary hyperparathyroidism
- C) Tertiary hyperparathyroidism
- D) Vitamin D deficiency

ANSWER : A

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13. Testing showed a 21-year-old has diabetes. He has a very strong family history for diabetes. His father and grandfather had diabetes without complications. He has no acanthosis nigricans, antibodies were negative: what is the type of diabetes:

- A) LADA
- B) MODY
- C) DM1
- D) DM2

ANSWER : B

14. Which of the following is considered diabetic:

- A) Fasting blood glucose 135 with symptoms
- B) OGTT of 230

ANSWER : A

15. For a patient diagnosed with Cushing's (overnight low dose dexamethasone suppression test was positive), what is the next step:

- A) Check ACTH levels
- B) High dose dexamethasone suppression test
- C) CT chest
- D) MRI brain

ANSWER : A

16. A patient with T4 levels of 29.9 (high) and uptake 2% (low), all of the following are possible diagnoses except:

- A) Exogenous thyroid hormones
- B) Infectious thyroiditis
- C) Subacute thyroiditis
- D) Struma ovarii
- E) TSH-secreting pituitary tumor

ANSWER : E

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17. A female patient presented with abdominal pain. A CT scan was done and showed a 2.6 cm adrenal mass. The most appropriate next step is:

- A) 24-hour metanephrines and cortisol
- B) needle guided biopsy
- C) surgical removal

ANSWER : A

18. A patient presented with hypertension, elevated Na, and decreased K. The most appropriate next step is to check:

- A) plasma aldosterone concentration and plasma renin activity
- B) Metanephrine levels
- C) urine cortisol

ANSWER : A

19. A lady presented with recurrent headaches. Her blood pressure was elevated and she had episodes of diaphoresis and palpitations. The most appropriate next step is:

- A) Serum VMA
- B) 24-hour urinary fractionated metanephrines and catecholamines

ANSWER : B

20. All of the following can occur in diabetics except:

- A) Non-alcoholic steatohepatitis
- B) Decreased incidence of gall bladder stones
- C) Alternating symptoms of constipation and diarrhea
- D) Maldigestion and delayed stomach emptying
- E) Intestinal bacterial overgrowth

ANSWER : B

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21. In a 22-year-old woman with postpartum thyroiditis, you would expect all of the following except:

- A) Normal erythrocyte sedimentation rate
- B) Tender thyroid gland
- C) Elevated serum thyroglobulin level
- D) Lymphocytic inflammation within the thyroid
- E) Increased risk of persistent hypothyroidism

ANSWER : A

22. A 55-year-old male presents with recurrent episodes of headache, palpitations and sweating associated with high blood pressure 180-200/110-120 mm Hg. All of the following antihypertensive medications are appropriate initial therapy except one:

- A) Prazosin (alpha blocker)
- B) Propranolol
- C) Captopril
- D) Valsartan
- E) amlodipine

ANSWER : B

23. A 33-year-old man is evaluated for progressive fatigue, muscle weakness, and weight loss of 7 kg over 6 months. He was diagnosed with mild hypothyroidism 2 months ago and was given levothyroxine 50 mcg/d. His history is otherwise unremarkable. He takes no other medications. Blood pressure is 95/60 mmHg and pulse rate 110/min, his skin is cool, dry, and tanned. He has mild goiter.

Labs:

Plasma glucose..... 64 mg/dl
Serum sodium..... 128 meq/L
Serum potassium 5.5 meq/L
Blood urea nitrogen38 mg/dl
Serum TSH..... 1.4 mU/ml

Which of the following tests should be done next?

- A) Plasma aldosterone and renin
- B) Plasma ACTH
- C) Serum cortisol response to cosyntropin administration
- D) CT adrenal glands
- E) Continuous ECG monitoring

ANSWER : C

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24. A 76-year-old male patient with known history of diabetes, hypertension and CAD. He had routine laboratory work done with results as following: TSH was 66 mU/mL (0.3 - 5.0), Free T4 was 0.5 ng/dl (0.8 -2.8). His repeat TSH was 62 mU/ml.

What is the best next step in management?

- A) No treatment, but repeat thyroid function tests after 6 months
- B) Start thyroxine treatment, dose 100 mcg daily
- C) Start thyroxine treatment, dose 25 mcg daily
- D) Thyroid ultrasound
- E) Thyroid uptake and scan

ANSWER : C

25. A 24-year-old woman is evaluated for hypercalcemia incidentally discovered on laboratory studies performed for another indication. She reports no hypercalcemia-related symptoms. Family history is notable for a brother who has a “calcium” problem. He takes no medications. Laboratory studies: corrected calcium 11.2 mg/dl (8.4-10.2), parathyroid hormone: 55 pg/ml (10-65), and 25-hydroxyvitamin D level of 35 ng/ml (30-100). Kidney and thyroid function studies are normal. Which of the following is the most appropriate next step in management?

- A) Bone densitometry
- B) Measurement of urine calcium and creatinine levels
- C) Parathyroid sestamibi scan
- D) Neck ultrasound
- E) Referral for parathyroidectomy

ANSWER : B

26. A 33-year-old female pharmacist who presented to your clinic with new onset heat intolerance and palpitations is reviewed. Physical exam shows mildly enlarged thyroid gland and left eye exophthalmos. Her laboratory results revealed: TSH .006 micro U/ml (0.3-5.0) and T4 20 microgram/dl (4.6-12). Her 24-hour thyroid uptake was diffuse and increased at 65% (8-35%). What is your most likely diagnosis?

- A) Graves' disease
- B) Factitious thyrotoxicosis
- C) Subacute thyroiditis
- D) Toxic multinodular goiter
- E) TSH secreting pituitary adenoma

ANSWER : A

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27. Which of the following is not nephrotoxic?

- A) Gentamicin
- B) Ibuprofen
- C) Lithium
- D) Cisplatin
- E) Metformin

ANSWER : E

28. A 59-year-old man is evaluated for hypercalcemia. He was recently diagnosed with colon cancer. He does not have anorexia, nausea, or constipation. His physical examination is unremarkable. Corrected serum calcium level is 12.2 mg/dL (8.4-10.2). Which of the following is the most appropriate next laboratory test for evaluating this patient's hypercalcemia?

- A) 1,25-dihydroxyvitamin D level
- B) Parathyroid hormone related protein level
- C) Bone scan
- D) Ionized calcium level
- E) Parathyroid hormone level

ANSWER : B

29. A 58-year-old man with a history of hypertension presents with a 2-week history of fatigue and exertional shortness of breath. He is afebrile. Blood pressure is 147/84 mmHg. Chest X-ray showed hilar lymphadenopathy. Lab results showed a serum creatinine of 4.65 (mg/dL) (0.9- 1.3), calcium 12.3 mg/dl (9-10.5), albumin 3.8 g/dl (3.4-5.4), PTH 6 pg/ml (10-65). In addition to volume expansion with normal saline, which of the following is the most appropriate strategy for management of this patient's hypercalcemia?

- A) Dialysis
- B) Calcitonin
- C) Prednisone
- D) Denosumab
- E) Zoledronic acid

ANSWER : C

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30. A patient underwent transsphenoidal surgery for tumor removal, the most appropriate next step to assess his thyroid function is:

- A) measure TSH
- B) measure T4
- C) measure T3
- D) measure alpha-subunit of TSH
- E) measure thyroglobulin

ANSWER A

31. Which of the following drugs cause neutropenia:

- A) Carbimazole
- B) Clomipramine
- C) Erythromycin
- D) Aminoglycosides

ANSWER : A

32. A 55-year-old woman is evaluated for an incidentally discovered right adrenal mass. On the physical exam her blood pressure was 160/90 mmHg in both arms. The abdomen is non-tender, and there are no palpable masses. The remainder of the examination is unremarkable. Non-contrast CT of the abdomen demonstrates a 3.2 cm right adrenal lesion. A plasma free metanephrine level and low dose dexamethasone suppression test results were both within normal range. Which of the following is the most appropriate next step in management?

- A) No additional testing is indicated
- B) CT-guided transcutaneous biopsy
- C) Plasma aldosterone to plasma renin ratio
- D) Adrenalectomy
- E) 24-hour urine cortisol

ANSWER : C

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33. A 56-year-old obese female was recently diagnosed with type 2 DM. She is asymptomatic. Her glycated hemoglobin (HA1C) level was 8.1%. In addition to starting her on healthy lifestyle changes and metformin, what is your best next step in her diabetes management?

- A) Refer to neurology clinic to evaluate peripheral neuropathy
- B) CT pancreas
- C) Check serum C-peptide and islet cell antibodies
- D) Refer for exercise stress test
- E) Check urine albumin level and refer for a dilated eye exam.

ANSWER : E

34. What is the gold-standard test to confirm the diagnosis of growth hormone deficiency?

- A) Pituitary MRI
- B) Insulin tolerance test
- C) Insulin-like growth factor binding protein 3 (IBGBP-3)
- D) Insulin-like growth factor 1 (IGF-1)
- E) Growth hormone level

ANSWER : B

35. Which of the following statements about hypercalcemia is false?

- A) It is associated with normal alkaline phosphatase in multiple myeloma
- B) It impairs urinary concentration
- C) It reduces GFR due to vasoconstriction
- D) It can be caused by loop diuretics
- E) It is associated with raised alkaline phosphatase with metastatic carcinoma

ANSWER : D

36. Unlikely to be seen in Turner's

- A) FSH 3
- B) LH 10
- C) 45 XO
- D) Poor development of breast

ANSWER : A

Endocrine rotation

37. A pregnant lady at 28 weeks' gestation presented with thyrotoxicosis

- A) Give methimazole
- B) Uptake scan
- C) Surgery

ANSWER : A

38. Patient with subacute viral thyroiditis with HR 110 and palpitations, next step:

- A) Observation
- B) Propranolol

ANSWER : B

39. Patient with DM, HTN, and hypercholesterolemia is on glipizide, metformin, enalapril and simvastatin. If he developed B12 deficiency due to a drug, it will be most likely due to:

- A) glipizide
- B) metformin
- C) enalapril
- D) Simvastatin

ANSWER : B

40. Female patient presented with hypoglycemic signs and symptoms and episodic sweating. She also noticed weight gain lately, FBG: 40, the most appropriate next step is:

- A) 24 ECG
- B) 72 fasting glucose
- C) Fasting insulin & C-peptide
- D) ACTH stimulation test

ANSWER : C

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41. An elderly man was recently diagnosed with DM. It is well controlled. He is taking Simvastatin, Glimeperide and metformin. He presented with Peripheral Neuropathy. What explains that?

- A) DM Induced Neuropathy.
- B) Glimepiride.
- C) Simvastatin induced Vitamin B12 Deficiency.
- D) Metformin induced Vitamin B12 Deficiency

ANSWER : D

42. An elderly patient had a nodule found on thyroid ultrasound. The TSH level was within normal range. What is the most appropriate next step?

- A) FNA
- B) Uptake scan
- C) Start on antithyroid medications
- D) Measure T4

ANSWER : A

43. A patient has symptoms and signs of acromegaly and developed bitemporal hemianopia. What is the definitive test for the diagnosis?

- A) IGF-BP3
- B) Glucose suppression test
- C) MRI

ANSWER : B

44. A female patient came to the ER with hypoglycemic attacks. Her lab tests showed normal insulin, normal C-protein, and low Glucose (31), what is the next step?

- A) CT abdomen
- B) MRI
- C) test for sulfonylurea in urine
- D) psychiatric evaluation

ANSWER : C

Endocrine rotation

45. True about HbA1C:

- A) evaluates glycemic control in the past 3 weeks
- B) evaluates glycemic control in the past 3 months
- C) evaluates glycemic control in the past 6 months

ANSWER : B

46. A patient with type 1 DM presents with high PTH, low Ca, normal PO₄, low 25-OH vitamin D, and elevated alkaline phosphatase. What is the most appropriate next step?

- A) PTH technium
- B) Check levels of vitamin D
- C) Anti-tissue transglutaminase antibodies
- D) Bone biopsy

ANSWER : C

47. A male patient presented with delayed puberty, arm span > height, small soft testicles, low testosterone, lower-normal LH & FSH, and decreased prolactin. The most likely diagnosis is:

- A) 5 alpha reductase deficiency
- B) androgen insensitivity
- C) abnormal karyotyping
- D) GnRH deficiency

ANSWER : D

48. A 28-year-old patient presented with a history of infertility, gynecomastia, small testes, high LH and FSH, and low testosterone. The most appropriate next step is:

- A) Testicular biopsy
- B) Give testosterone
- C) Karyotype testing

ANSWER : C

Endocrine rotation

49. A patient had low total T4, normal TSH, and normal free T4. Who could this patient be?

- A) a female patient taking OCPs
- B) a male patient with acute hepatitis
- C) a male patient with bilateral limb swelling from nephrotic syndrome

ANSWER : C

50. Beriberi disease results from deficiency of which of the following

- A) Vitamin B1
- B) Vitamin B2
- C) Vitamin B6
- D) Vitamin B12
- E) Vitamin C

ANSWER : A

51. A 30-year-old woman is evaluated for a serum calcium of 11.5 mg/dl and a PTH level of 90 pg/ml (10-60). Sestamibi scan shows hyperplasia of all four parathyroid glands. Which of the following is the most appropriate management?

- A) Measurement of serum gastrin and prolactin.
- B) Parathyroidectomy
- C) CT scan of the abdomen
- D) MRI scan of the pituitary gland
- E) Measurement of serum aldosterone and renin

ANSWER : B

52. You are asked to evaluate an 18-year-old male with failure of normal sexual maturation. He is tall and thin, with no beard, axillary or pubic hair. A chromosomal karyotype was done by another physician and showed 47 XXY. Which of the following laboratory result profiles is this patient most likely to have?

	Testosterone	LH	FSH	Prolactin
A	High	High	High	Normal
B	Low	Low	Low	Normal
C	Low	High	High	Normal
D	Normal	Normal	Normal	High
E	Low	Low	High	High

ANSWER : C

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53. A 73-year-old female suffers a pathological fracture. She has been complaining of constipation, anorexia, thirst and urinary frequency. She is found to have high calcium, low phosphate levels and raised PTH. What is the most likely diagnosis?

- A) Multiple myeloma
- B) Primary hyperparathyroidism
- C) Bony metastases
- D) Paget's disease
- E) Osteomalacia

ANSWER : B

54. A 48-year-old male is referred for evaluation for erectile dysfunction. He has a history of angina, hypertension and type 2 diabetes. The patient was prescribed Sildenafil (Viagra). Which one of the following drugs is contraindicated in this patient?

- A) Aspirin
- B) Atorvastatin
- C) Isosorbide Mononitrate
- D) Lisinopril
- E) Metformin

ANSWER : C

55. A 32-year-old man is evaluated for a 1-week history of severe neck pain. He also has heat intolerance, palpitations, and insomnia. Medical history is significant only for a viral upper respiratory tract infection 3 weeks ago. He takes no medications. BP was 130/90, pulse: 110 per minute, Examination of the thyroid reveals a normal-sized gland that is very tender to palpation. There are no thyroid nodules. Laboratory studies reveal as serum Thyroid-stimulating hormone $<0.008 \mu\text{U}/\text{mL}$ (0.3-5.0), Free thyroxine (T4) 25 pmol/L(10-20). A 24-Hour radioactive iodine uptake was low at 1%. Which of the following is the most appropriate treatment?

- A) Observation
- B) Propranolol
- C) Propylthiouracil
- D) Radioactive iodine
- E) Thyroidectomy

ANSWER : B

Endocrine rotation

56. A 26-year-old man presented with bi-temporal hemianopia. He mentioned that his shoe sizes were above that of his friends since childhood and he often had sweaty episodes. Which one of the following tests is most appropriate to establish the diagnosis?

- A) Morning growth hormone
- B) Evening growth hormone
- C) Glucose tolerance test for GH
- D) MRI of pituitary
- E) IGFBP-3

ANSWER : C

57. A 52-year-old obese male patient presented to the clinic with polyuria, fasting serum glucose 240 mg/dl (<100), and glycated hemoglobin (HA1C) level 12%. Kidney function testing was normal. The best next step in management is:

- A) Admit patient and start on insulin drip
- B) Lifestyle counseling and start metformin and glipizide
- C) Schedule for oral glucose tolerance test to confirm diagnosis
- D) Lifestyle counseling and start insulin
- E) No intervention, repeat serum glucose after 6 months.

ANSWER : D

58. A 42-year-old female was found to have a palpable right thyroid nodule. Thyroid ultrasound confirmed the presence of a right 3.7 cm solid thyroid nodule. TSH: 0.006 mU/ml (0.35-4.9). Which of the following is the most appropriate next step in management?

- A) CT with contrast of the neck
- B) Measurement of serum thyroglobulin level
- C) Fine needle aspiration of the nodule
- D) Thyroid uptake and scan with I123
- E) Levothyroxine therapy

ANSWER : D

59. A 54-year-old obese female had routine laboratory work done which revealed a glycated hemoglobin A1C level of 6.6%. She reports no polyuria, no polydipsia, or other new complaints. How would you advise this patient?

- A) No intervention is needed but plan repeat glycated hemoglobin A1C level after 6 months.
- B) She has type 2 diabetes and needs to start on metformin.
- C) She needs a repeat hemoglobin A1C level before making a diagnosis.
- D) She has prediabetes and needs to start on metformin.
- E) Assure her that her serum glycated hemoglobin A1C level is within normal range.

ANSWER : C

Endocrine rotation

60. A 28-year-old man presented with progressive fatigue and erectile dysfunction over the past year. He noted decreased libido and reports loss of morning erections. He also feels tired, has difficulty concentrating, noticed darkening of his skin and has diffuse joint aches. He was recently diagnosed with diabetes. He reports normal puberty and normal growth. He takes metformin and glipizide for his diabetes. His laboratory studies were consistent with hypogonadotropic hypogonadism, with normal serum prolactin and TSH level. Pituitary MRI is normal. Which of the following is the most appropriate next step in management?

- A) Begin testosterone replacement therapy
- B) Testicular ultrasound
- C) Serum iron, TIBC, and ferritin level
- D) Karyotyping
- E) Begin LH/FSH therapy

ANSWER : C

61. What should be done for a patient with hypoglycemia, high insulin, and low c-protein:

- A) psychiatry evaluation
- B) urine sulfonylurea

ANSWER : A*

62. patient with random blood sugar of 220, she complains of polyurea and polydipsia, what is your advice?

- A) do fasting blood sugar
- B) Diagnosis with DMT2 and give insulin
- C) Prediabetes and give metformin
- D) Do HbA1C
- E) No need to investigate more and reevaluate after 6 months

ANSWER : B

Endocrine rotation

63. 19-years male with delayed puberty, small testicles (high LH, low testosterone) what is the best diagnostic test to confirm his diagnosis:

- A) Testicular biopsy
- B) Give testosterone
- C) karyotyping

ANSWER : C

64. Patient presented with bitemporal hemianopia and with prolactin = 32 ng /mL (normally <20), which of the following is the least likely cause ?

- A) Excercise
- B) Hypothyroidism
- C) Nonfunctioning pituitary adenoma
- D) 2 cm functional prolactinoma
- E) Antipsychotic drugs

ANSWER : D

65. Which of the following is not associated with increase in CK:

- A) MI
- B) Hypothyroidism
- C) Hyperparathyroidism
- D) Dystrophy

ANSWER : C

66. Hyperthyroidism symptoms, t4 30 and TSH 3.5, what's your Dx:

- A) Primary hyperthyroidism
- B) Subclinical Hyperthyroidism
- C) Central hyperthyroidism

ANSWER : C

Endocrine rotation

67. Case with labs of hypercalcemia and low PTH, what is least likely the cause:

- A) Malignancy
- B) FHH
- C) Chronic kidney disease

ANSWER : B

68. Cushing syndrome case, which test of the following is not useful for Dx:

- A) Midnight salivary cortisol
- B) 24 hour urine cortisol
- C) Low dose dexamethasone suppression test
- D) Midnight serum cortisol
- E) 8 A.M cortisol test

ANSWER : D

69. Patient with 21-hydroxylase deficiency, what is the most appropriate test:

- A) 17-hydroxyprogesterone
- B) 17-hydroxypregnenolone
- C) Cortisol and aldosterone
- D) DHEA

ANSWER : A

70. A patient has symptoms and signs of acromegaly, What is the definitive test for the diagnosis?

- A) IGF-BP3
- B) Glucose suppression test
- C) MRI
- D) Insulin stimulation test

ANSWER : B

Endocrine rotation

71. Patient 30 y/o diagnosed with DM, what test support DM2 over DM1 :

- A) Waist circumference 70cm
- B) Presence of other autoimmune diseases
- C) Anti glutamic acid decarboxylase antibody
- D) Elevated c peptide

ANSWER : D

72. least likely associated with hypothyroidism

- A) Hypertension
- B) Hyponatremia
- C) Hypokalemia
- D) Macrocytosis

ANSWER : C

73. MOA of SGLT2 inhibitor in decreasing blood glucose levels:

ANSWER : decreases kidney glucose reabsorption

74. A postpartum woman gave birth 4 months ago. She developed goiter, symptoms of hyperthyroidism, elevated T4, and low TSH. What would you expect to find?

ANSWER : Elevated thyroglobulin

Endocrine rotation

75. What is the most appropriate next step for a case of acromegaly?

ANSWER : Transsphenoidal surgery

76. For a case of thyroid nodule, what is the most appropriate next step?

ANSWER : Measure TSH

77. The case describes a young adult with thyroid acropachy. They have high T4 and low TSH (primary hyperthyroidism). What is the most common cause?

ANSWER : Grave's

78. A case of Cushing's was diagnosed with a high 24-hour urine cortisol. The cortisol levels were not suppressed by low-dose dexamethasone and the ACTH is high. What is the most appropriate next step?

ANSWER : Pituitary MRI

Endocrine rotation

79. An asymptomatic woman comes with a FBG of 136, what should you do?

ANSWER : Repeat FBG

80. A patient presented with sweating and signs of hypoglycemia. She developed hypoglycemia after fasting for 8 hours in the hospital. What is the most appropriate next step to know the cause?

ANSWER : Measure C-peptide

81. What is a cause of diabetes that has nothing to do with insulin resistance?

ANSWER : Cystic fibrosis related DM

82. Treatment of hyperthyroidism in a patient planning to get pregnant

ANSWER : PTU

Endocrine rotation

83. Most common site for gastrinoma

ANSWER : Duodenum

84. What is the next step in management of a 50-year-old patient with an HBA1C of 6.8, FBS of 180, and normal KFT:

ANSWER : Metformin and lifestyle modifications

85. A diabetic patient is taking metformin, glipizide, and statin. He develops anemia. What is the cause?

ANSWER : Metformin

86. Patient with acromegaly, best way to diagnose:

ANSWER : Glucose suppression test

Endocrine rotation

87. A cause of low uptake thyrotoxicosis

ANSWER : Factitious thyrotoxicosis

88. Gold standard for confirming low growth hormone in a child with short stature

ANSWER : Insulin Tolerance Test

89. A patient of multiple myeloma and constipation, Ca is 10.2, next step in evaluating Ca

ANSWER : Serum albumin

90. A patient has adrenal insufficiency and is on steroids. Which is not an indication to increase the steroid dose?

ANSWER : Hypertension

Endocrine rotation

91. Confirms DM diagnosis:

ANSWER : Polydipsia, polyuria, weight loss and FBG of 135

92. A female patient has ↑ serum Ca ↑PTH ↓urine Ca, and family history of ↑ Ca. What is the diagnosis?

ANSWER : FHH

93. ↓FSH, ↓LH, ↓Testosterone, and anosmia. Diagnosis?

ANSWER : Kallman syndrome

94. For a patient with Cushing's and ↑ 24 hr urine cortisol, what is the most appropriate next step?

ANSWER : Check ACTH level

Endocrine rotation

95. Acromegaly, diagnostic test?

ANSWER : OGTT

96. Psychotic patient, which drug causes her increased Ca levels?

ANSWER : lithium

97. For a patient with hypoglycemia + \uparrow insulin, what is the most appropriate next step?

ANSWER : C-peptide

98. What is the screening test for acromegaly?

ANSWER : IGF1 levels in the blood

Endocrine rotation

99. What is the most appropriate next step for a suspected case of Klinefelter's?

ANSWER : Karyotype testing

100. What is the most appropriate next step for a case of suspected adrenal insufficiency (hypotension, fatigue, etc.)?

ANSWER : ACTH stimulation test

101. A young lady has hypothyroidism and hyperprolactinemia. What should you tell her?

ANSWER : Her condition will improve with levothyroxine

102. A woman has obesity, proximal myopathy, and abdominal striae. What is the most appropriate next step?

ANSWER : 24-hour urine cortisol

Endocrine rotation

103. A case of sarcoidosis with hypercalcemia, which will not be found?

ANSWER : High PTH

104. A patient with known prostatic cancer presented with hypercalcemia. What is the most appropriate next step?

ANSWER : Measure PTHrP

105. A 45-year-old has a random plasma glucose of 260, polyuria, polydipsia, and weight loss. What is the next step?

ANSWER : This is type 2 DM and begin treatment

106. In a patient with hyperglycemia who you want to start insulin, what test should be done beforehand?

ANSWER : Potassium level

Endocrine rotation

107. Female with a thyroid nodule and normal TFT, next step:

ANSWER : FNA

108. A case of adrenal insufficiency. After stopping cortisol, what is the most appropriate next step

ANSWER : IV Hydrocortisone

109. A patient with thyroid nodule, hypoechoic on US, next step

ANSWER : TSH

110. A patient with decreased libido, fatigue, small, firm testicles, family history of infertility, and 1.92 meters in height. What is the most appropriate next step?

ANSWER : Karyotype testing

Endocrine rotation

111. A patient suspected to have Cushing's syndrome has a positive low-dose dexamethasone test and 24h urine cortisol. What is the most appropriate next step?

ANSWER : Serum ACTH

112. Vitamin D deficiency, what is wrong?

ANSWER : Normal PTH

113. A patient with a thyroid nodule is found to have TSH within normal levels. What is the most appropriate next step?

ANSWER : FNA

114. Adrenal insufficiency, most appropriate next step?

ANSWER : ACTH stimulation test

Endocrine rotation

115. For a patient with signs and symptoms of Cushing's what is the most appropriate next step?

ANSWER : 24 hr urine cortisol

116. Acromegaly, best treatment?

ANSWER : Trans- sphenoidal surgery

117. Obesity does not cause?

ANSWER : Osteoporosis

اللهم سلم غزاة وأهلها من كل سوء وشر، اللهم انصرهم وثبت أقدامهم وكن لهم ناصرًا ومعينًا

لا تنسوني من صالح دعائكم

Malek Abu Rahma

The End
Good Luck シ