

# WRAMC/NCC Pulmonary Rotation

## No pressure PRETEST

Your Name: \_\_\_\_\_

1. Patients with massive hemoptysis die of
  - a. Exsanguination
  - b. Arrhythmias
  - c. Asphyxiation
  - d. Herniation
  
2. Which of the following causes the oxygen hemoglobin dissociation curve to shift to the right?
  - a. Increased carbon dioxide tension
  - b. Increased pH
  - c. Decreased temperature
  - d. Carbon monoxide exposure
  
3. Which of the following causes of hypoxemia does not have an increased A-a gradient?
  - a. Shunt
  - b. Hypoventilation
  - c. VQ mismatch
  - d. None of the above
  
4. All of the following conditions will increase the diffusing capacity for carbon monoxide (DLCO) except?
  - a. Emphysema
  - b. Pulmonary hemorrhage
  - c. Polycythemia
  - d. Asthma
  
5. Which of the following is considered a “significant post bronchodilator response”?
  - a. Increase in FEV1 of 12% and 100cc
  - b. Increase in FVC or FEV1 of 12% and 200cc
  - c. Increase in FVC or FEV1 of 12% or 200cc
  - d. Increase in FEF25-75 of 20%
  
6. Appropriate laboratory work-up for bronchiectasis would include all but
  - a. Sweat chloride test
  - b. IGG and IGG subclasses

- c. IgE
  - d. C-ANCA
7. The three most common causes of chronic cough in a non-smoker with a normal CXR are
- a. Sinusitis
  - b. GERD
  - c. ACE inhibitors
  - d. Asthma
8. A lymphocyte predominant exudative pleural effusion is suggestive of malignancy or
- a. Rheumatoid arthritis
  - b. Urinothorax
  - c. Tuberculosis
  - d. Pulmonary embolism
9. A low probability VQ scan in a patient with a high clinical suspicion for PE has what likelihood of having a pulmonary embolism (per PIOPED)?
- a. 10%
  - b. 25%
  - c. 40%
  - d. 60%
10. Risk factors for ARDs include all but:
- a. Malnutrition
  - b. Hypertransfusion
  - c. Trauma
  - d. Sepsis
11. Which of the following PFT values is most predictive of functional status and operative morbidity?
- a. FVC
  - b. FEV1% predicted
  - c. FEV1/FVC
  - d. DLCO
12. Which of the following pathologic findings are most consistent with a diagnosis of sarcoid?
- a. Non-caseating granulomas with multi-nucleated giant cells
  - b. Hyperplasia of type 2 pneumocytes
  - c. Uniform, diffuse, intraalveolar macrophage accumulations
  - d. Pigmented macrophages within the lumens of bronchioles
13. All of the following are beneficial in the management of acute exacerbations of COPD except?
- a. Bronchodilators
  - b. Mucolytic agents
  - c. Antibiotics
  - d. Corticosteroids
14. In the evaluation of a solitary pulmonary nodule, all of the following are risk factors for malignancy except

- a. Age
  - b. Male sex
  - c. Size of the nodule
  - d. Doubling time within six weeks
15. Mr. Jones has a 3.5 cm lung mass with ipsilateral hilar adenopathy. Bronchoscopy reveals no tumor within 2 cm of the carina. Cytology is positive for a non-small cell carcinoma. He would be staged as Stage
- a. 1B
  - b. IIB
  - c. IIIA
  - d. IIIB
16. Hypercalcemia is most associated with which type of lung cancer
- a. Squamous
  - b. Adenocarcinoma
  - c. Large cell carcinoma
  - d. Small cell carcinoma
17. Malignant pleural effusions are most commonly seen in which tumor cell type?
- a. Squamous
  - b. Adenocarcinoma
  - c. Large cell carcinoma
  - d. Small cell carcinoma
18. [DELETED]
19. Horner's syndrome is associated with which condition?
- a. SVC syndrome
  - b. Pancoast tumor
  - c. Heerfordt's syndrome
  - d. Loffler's syndrome
20. Which of the following interstitial lung diseases is most common in non-smokers?
- a. Hypersensitivity pneumonitis
  - b. Histiocytosis X
  - c. Desquamitive interstitial pneumonitis (DIP)
  - d. Respiratory bronchiolitis interstitial lung disease (RBILD)
21. Light's criteria for an exudative pleural effusion are:
22. Name six causes of a transudative pleural effusion:
23. Name two leading causes of an eosinophilic pleural effusion:

24. Name a connective tissue disease in which the pleural effusion glucose is often less than 10:

25. What is BAPE?

26. The presence of these cells in pleural fluid make TB less likely:

27. The definition of a hemothorax is this HCT:

28. What % of patients with TB pleural effusions can have a negative PPD?

29. ALPHABET SOUP Define the following:

- a. LAM
- b. BOOP
- c. VATS
- d. ABPA
- e. MOTT
- f. RADS

30. Match the finding with the condition

Bilateral hilar adenopathy on CXR  
Clubbing/abnormal sweat chloride  
Hypercalcemia  
Hyponatremia  
Bibasilar dry rales/crackles on lung exam  
Stridor

Usual interstitial pneumonitis  
Small cell carcinoma  
Vocal cord dysfunction  
Squamous cell carcinoma  
Sarcoidosis  
Cystic fibrosis

ABG matching

7.30/54/50

70 yo male with fasciculations/muscle weakness

7.20/60/60

50 yo male with very severe COPD

7.37/65/50

48 yo with COPD flare and mental status changes

7.51/28/83

45 yo female with neck trauma

7.40/50/55

25 yo with CP/SOB 3 weeks after leg fracture

BONUS:

What is the term used for increased SOB when sitting upright?

PLEASE RETURN TO Dr. KELLY