PATHOPHYS Module Exams

Module 1 Exam

Question 1 2.5 / 2.5 pts True/False: A bodybuilder's muscles will display hyperplasia.
True Correct! •
False It will display hypertrophy.
Question 2 2.5 / 2.5 pts True/False:
Barrett esophagus is an example of dysplasia.
True/False: Barrett esophagus is an example of dysplasia. True Correct! Talse It's metanlasia Question 3 0 / 2.5 pts True/False:
False It's metaplasia Page
Question 3 0 / 2.5 pts True/False:
Hypertrophy is an increase in the size of an organ or tissue caused by an increase in the number of cells You Answered
True Correct Answer
False
Question 4 2.5 / 2.5 pts True/False:
Hypertrophy can occur under normal and pathological conditions. Correct!
True

Question 1

3/3 pts

True/False:

Blood tests for tumor markers are the single best screening tool for cancer. Why or why not? Your Answer:

False. Tumor markers, which can be used for establishig prognosis, monitoring treatment and detecting recurrent disease, have limitiations. Under benign situations, tumor markers can still be elevated. Whereas in early stages of malignancy, not elevated. They have a lack of specificity and are then limited in their ability to screen or diagnose accuratley.

False, they are elevated in benign conditions, most are not elevated in the early stages of malignancy.

Question 2

3/3 pts

Tissue biopsy is of critical importance in what role?

Your Answer:

Play a critical role in histologic and cytologic studies for diagnosis of cancers.

Diagnosing the correct cancer and histology.

Question 3

4/4 pts

1. List two signs or symptoms a patient may present with that might indicate a Carl diagnosis:

2. What are two side effects commonly experienced

Your Answer:

1) Bleeding and/or weight loss

2) Anorexia, hair loss

fluid in ppp ploral, pericardial, or peritoneal spaces; chest 1. Bleeding; sore th uscomfort or swelling. Other possible answers can reath, cough, 1) do? include a mass or lump, pain (need to be specific), fatigue, fevers, weight loss

2. Weight loss, wasting of body fat and muscle tissue, weakness, anorexia, and anemia, fatigue, sleep disturbances

Question 4

10 / 10 pts

Explain the TNM system:

Your Answer:

TNM system is a detailed staging system, created by AJCC, is used by cancer facilites. It classifies cancers into stages using 3 tumor components; Tumor, Nodes, Metastasis. T is size and spread of the primary tumor. N is how involved the lymph nodes. M is the extent of metastatic involvement. Classification:

Tx, T0, Tis, T1-4

Nx, N0, N1-3

Mx, M0, M1

T is the size and local spread of the primary tumor. *N* is the involvement of the regional lymph nodes. *M* is the extent of the metastatic involvement.

Lymphoma Glioma



A 62-year-old man with a 30-pack year smoking history is diagnosed with small cell lung cancer with metastasis to the bone. (1) Explain the process of how cancer spreads metastatically. (2) What symptoms might he have presented with? (3) Which screening test would he have benefited from? Your Answer:

- 1. Metastasis is a multi-step process. Cancer cells breaks loose from the primary tumor and enters circulation via a blood vessel or lymp system. It finds a new favorable location to invade, grow, and establish blood supply.
- 2. Patient might have presented with shortness of breath, chest pain, and cough.
- 3. Patient would have benefited from a chest CT scan.
- (1) Metastasis- a cancer cell must break loose from the primary tumor, invade the surrounding extracellular matrix, gain access to a blood vessel, survive its passage in the bloodstream, emerge at a favorable location, invade the surrounding tissue, begin to grow, and establish a blood supply. (2) Chest pain, shortness of breath, cough, bone pain. (3) Yearly low-dose chest CT.

Question 15 3/3 pts

Benign tumors have which of the following characteristics? **Select all that apply.**

Undifferentiated cells

Correct!

Explain the challenges of diagnosing autoimmune disorders.

Your Answer:

Diagnosing is made by history, physical, and serological findings. Since some blood tests are more generic, results can be imprecise. Markers can be elevated in the presence of other diseases. Criteria for diagnosis: Evidence of an autoimmune reaction, immunological findings are not second to other conditions, and no other causes are found.

There are over 80 identified, many with overlapping presentations. Many manifestations are nonspecific and are seen in other non-autoimmune diseases. Blood testing isn't perfect either, as some tests are more generic and can be elevated in the presence of other diseases.

Question 2

2.5 / 2.5 pts Multiple Choice:
Which type of immunity is characterized by the development of a specific response to an antigent
Innate immunity Correct!
Adaptive immunity Autoimmunity Autoimmunity
Active immunity 4.000 1.04 1.3
Adaptive immunity Autoimmunity Active immunity Question 3 2.5 / 2 5 ts
Antigen presenting cells
Regulatory cells Correct!
Major histocompatibility complex (MHC) molecule
Effector cells
Question 4 0 / 3 pts T lymphocytes produce what type of immunity? Your Answer: Adaptive immunity Cell-mediated

Question 5

Correct!
Type I ○
Type II
Type III
Type IV
Question 16 3.5 / 3.5 pts Multiple Choice:
Which cell is NOT part of the adaptive immune response? Correct!
Monocytes C UK
Lymphocytes C
Antigen presenting cells
Effector cells 18
Monocytes Lymphocytes Antigen presenting cells Effector cells Questical eview page 18 Questical eview page 18 The body's ability to distinguish self from nonself is termed what?
The body's ability to distinguish self from nonself is termed what?
Autoantibodies
Positive selection Correct!
Self-tolerance
Anergy
Question 18 5 / 5 pts Short answer:
What are autoantibodies?

Your Answer:

Correct!
True O
False
Question 2 2.5 / 2.5 pts True/False:
Exercise, allergens, and emotion can all contribute to an asthma attack. Correct!
True
False
Question 3 2.5 / 2.5 pts The breathing rate is determined by input from that monitor oxygen, caroot dexide, and pH levels in the blood. Your Answer: chemoreceptors Chemoreceptors Question 4 2.5 / 2.5 pts The are the actual sites of that exhause between the air and blood. Your Answer: alveoli alveoli Question 5 2.5 / 2.5 pts
True/False:
Asthma is considered reversible airway bronchoconstriction. Correct!
True
False
Question 6 2.5 / 2.5 pts True/False:

Intrapleural pressure is always negative in relation to alveolar pressure in a normal inflated lung.

Correct!
True
False
Question 7 2.5 / 2.5 pts True/False:
The accessory muscles are the main muscles of inspiration.
True
Correct!
False diaphragm
diapinagin
Question 8
True/False:
Question 8 0 / 2.5 pts True/False: The FEV ₁ / FVC ratio is decreased in restrictive lules of others. You Answered True Correct Alswer False
Question 9 5 / 5 pts Fill in the blank:
The diaphragm is innervated by Your Answer: the phrenic nerve, cervical nerves C3, C4, C5 C3, C4, C5
Question 10 5 / 5 pts
is the flow of gases into and out of the alveoli of the lungs. Your Answer: ventilation Ventilation
Question 11 1.5 / 2.5 pts

Hypertrophy of the submucosal glands

Question 14 2.5 / 2.5 pts

Multiple Choice:

Each of the following are TRUE of ARDS except:

Chest x-ray shows a "white-out" Correct!

Presents with decreased respiratory rate

Decreased surfactant function

Increased capillary permeability

Question 15 10 / 10 pts

Short answer:

je.co.uk ane ER. He is observed to be sitting A 10-year-old boy who is having an acute asthma attack is by up and struggling to breathe. His breathing is accordance if it by use of accessory muscles, a weak cough, and audible wheezing sounds. His pulse is table and weak, and both hear and breath sounds are distant on auscultation. His parents relate that it asthma beg in to vo sen after he developed a "cold," and now he doesn't get relief from hy buterol inhaler

Explain the charge in physiologic furst of the erlying his signs and symptoms.

Your All swer:

In asthma patients, the airways begin to narrow. COntact with a trigger, such as a cold virus, starts a cascade of inflammatory cells to cause epithelial injury, resulting in airway inflammation.

With the severe airway inflammation, patient is experiencing airway remodeling, development of specific structureal changes in the airway wall. This can cause fixed obstruction in asthma patients and not reversible with inhalers or bronchodilaters.

Recruitment of inflammatory cells from the bloodstream into the bronchial wall, where they directly attack the invading organisms and secrete inflammatory chemicals that are toxic to the organisms causes airway inflammation. Swelling of the bronchial wall, mucus secretion, constriction of the airway; bronchial hyper-responsiveness to stimuli causes airway obstruction or narrowing. They may discuss on a cellular level as well:

Upon a trigger, the cascade of neutrophils, eosinophils, lymphocytes, and mast cells cause epithelial injury. This causes airway inflammation, which further increases hyperresponsiveness and decreased airflow. Mast cells release histamine and leukotrienes. These cause major bronchoconstriction, inflammation, and mucus secretion. Mast cells can trigger multiple cytokine release, which causes more airway inflammation. The contraction of the airways and subsequent swelling leads to further airway obstruction.

Question 16 10 / 10 pts **Short answer:**

Question 20
5 / 5 pts
Multiple Choice:
Each of the following can lead to atelectasis <u>except</u> :
Pleural effusion
Tumor mass
Correct!
Thrombus
Tillollious
Mucous plug
Question 21
5 / 5 pts
Multiple Choice:
Each of the following are helpful treatments for COPD patients except:
Oxygen therapy
Bronchodilators & CO
Correct! 28
e coller and Ju
e previ pago
Each of the following are helpful treatments for COPD patients except: Oxygen therapy Bronchodilators Correct! Anticoagulants Oxide Anticoagulants
Pneumococcal vaccination
Influenza vaccination

day went on, the tingling sensation got worse, and they started to have difficulty speaking. The patient's spouse reported that they were slurring their words. Past medical history includes a diagnosis of diabetes and hypercholesteremia. By the time they are evaluated, their symptoms start to subside. The tingling disappears and their speech returns to normal. What do you suspect this patient has experienced? What evidence is there to support that diagnosis?

Your Answer:

The patient experienced a TIA, transient ischemic attack, or mini stroke. The patient's symptoms, tingling sensation, slurred speech, difficulty speaking, are signs of a stroke. However, with TIA, the symptoms/signs, will resolve within 24 hours. The patient's medical history of diabetes and hypercholesteremia also are risk factors for stroke.

Answer: This patient has experienced a TIA. They have experienced symptoms consistent with oxygen deprivation to the brain, however their symptoms subsided within 24 hours of their onset.

Ouestion 26 10 / 10 pts

Long Answer Essay

A 75-year-old male is brought to the emergency department via ambulance at 5 pm. The patient's spouse reports that when they woke up (approximately at 6 am) he reported to her that he was having some blurred vision but decided to go about his day. As the day progressed, he started experiencing and feelings of weakness on the entire left side of his body. He has a past medical history of diabetes.

Based upon these symptoms and past medical history, what do you so provide this patient is experiencing? How would you confirm this diagnosis? What treatments to be administered? Explain why you chose that treatment that treatment.

Your Answer:
This patient is experiencing a trote ACT scan and NRI will be ordered to determine the type of stroke and rule out possible sorders. A vasula im a label be done to determine source of the block. Since is Jein Ger 4 hours since sy no 10 nset, the window to safely administer tPA has passed. A catheter based method is necessary. This will mechanically break the clot and deliver drugs directly to the clot itself. A stent might be place as well.

Answer: This patient is more than likely experiencing an ischemic stroke. A CT scan and MRI would be needed to determine if a clot was blocking blood flow to the brain tissue and to rule out a hemorrhagic stroke. If a clot is found, this patient would need to be re-perfused through catheterbase methods as they are outside of the 3-4.5 treatment window for the use of tPA drugs.

Question 27 10 / 10 pts

Long Answer Essay

A patient is being seen in your office with a primary complaint of daytime fatigue that has lasted for the past 2 months. They go on to tell you that they are having difficulty with work performance and are constantly on edge. You suspect they have chronic insomnia. What are the 4 primary symptoms of insomnia? Describe a nonpharmacologic treatment plan that you can prescribe for this patient.

Your Answer:

The 4 symptoms are: DIfficulty initiating sleep Difficulty maintaining sleep Waking up too early Chronic nonrestorative (poor)sleep

Question 18 5 / 5 pts Short answer:
Which GI hormone inhibits gastric acid secretion? Your Answer: Secretin Answer: Secretin
Question 19 5 / 5 pts True/False:
Anti-diarrheal medication can be used with all types of diarrhea.
True Correct! •
False
Question 20 5 / 5 pts Fill in the blank:
Question 20 5 / 5 pts Fill in the blank: Consistently ignoring the urge to defects fallesurt in
Question 21 0 / 5 pts Multiple Choice:
Clinical manifestations of cirrhosis include each of the following EXCEPT:
Splenomegaly Correct Answer
Choledocholithiasis
Portal hypertension You Answered •
Coagulation factor deficiencies
Encephalopathy

Question 22

If someone loses their balance when walking on uneven terrain, explain how tendons and ligaments work to protect the joint and structures within it.

Your Answer:

Tendons connects bones and muscles. Ligaments connect bone to bone. Tendons and ligaments are made up of collagen, a fibrous protein. Molecualr structure of collagen contributes to high tensile strenth. This allows for joint stability in the body.

The tendons and ligaments of joints serve in proprioception (the awareness of ones' position in space or movement of the body). When these structures undergo stretch or torsional strain, these proprioceptive nerve fibers will cause a reflexive response to adjust the tension on the muscles (to maintain balance and not fall over) that support the joint protecting the capsule and other joint structures.

Question 18

Not yet graded / 5 pts

A patient presents to the ER with severe pain in their right ankle. Blood tests reveal serum uric acid levels of 7.8 mg/dL. They are kept for observation and their 24-hr urine specimen reveals underexcretion of urate. Which phase of gout are they in? What is the goal of your treatment given the phase they are in?

Your Answer:

Patient is in phase 2, acute gout arthritis. Goal is to address the attack and reduce the inflamination. This can be done by using NSAIDs, such as colchicine, or corticosteriods.

This patient is in phase 2 of gout or acute gout arthritis. The goal of treatment to manage symptoms and terminate the acute attack primarily through MSON (1997).

Question 19
Not yet graded / 5 pts
Which of the following patients is algreater risk for developing osteoporosis and sustaining a fracture? Explain how you can't be your conclusion. Patient A. is a 75-year-old white Caucasian male who has a history of a life radius fracture a 20 5 Fatient B. is a 60-year-old African American female who is postmel opausal. She is active and does not have a history of fractures.

Your Answer:

Patient A.

The patient is a white male over the age of 70. He has a previous history of bone fractures.

Patient A is at higher risk. Even though he is a male, he is advanced in age, white Caucasian, and sustained a fracture after the age of 50. Patient B is a postmenopausal female; however, she is active and of African American decent which is associated with high BMD and low rates of fracture.

Question 20

Not yet graded / 5 pts

A 40-year-old patient sustains an incomplete spinal cord injury affecting their ability to walk. They primarily use a wheel chair to complete daily activities. Explain why this patient is at increased risk for developing OA in their lower extremities.

Your Answer:

Males have a higher risk of developing OA. Immobility is a risk factor for developing OA. It compromises the lubrication of the joint. This can lead to structural changes.

Immobilization can compromise lubrication of the joint which comes with range of motion and weight bearing. The decreased nourishment of the articular cartilage will eventually lead to the structural joint changes associated with OA.

Question 21