NEPHROLOGY PAPER-I

Time: 3 hours NEPHRO/D/02/20/I

Max. Marks:100

Important Instructions:

- You are provided with 5 answer sheet booklets. Each individual answer sheet booklet consists of 10 pages excluding the covering jackets.
- Answers to all the questions must be attempted within these 5 answer sheet booklets which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

White short notes on.		
1.	a) Water handling by kidney.b) Etiology of hyponatremia.c) Management of hypovolemic hyponatremia.	4+3+3
2.	a) Dialysis adequacy in hemodialysis.b) Different trials in hemodialysis adequacy.	5+5
3.	a) Podocyte pathophysiology.b) Podocyte involvement in minimal change disease and FSGS.	5+5
4.	a) Role of antigen presenting cell in transplant immunology.b) Different types of cross-match and their relevance.	5+5
5.	a) Glomerular ultrafiltration pressure.b) Factors affecting GFR.c) Conditions where single nephron GFR is increased.	2+3+5
6.	a) Implications of FGF-23 in chronic kidney disease-mineral bone disease.b) Adynamic bone disease in chronic kidney disease and its management.	5+5
7.	a) Illustrate juxta-glomerular apparatus.b) Tubuloglomerular feedback.c) Glomerulotubular balance.	3+4+3
8.	a) Structure of peritoneal membrane.b) Conditions associated with filtration failure.	5+5
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NEPHROLOGY

PAPER-I

- 9. a) Define chronic kidney disease of unknown origin (CKDu). 2+4+4
 - b) Status of CKDu in India.
 - c) Study for assessing CKDu in a village.
- 10. a) Sodium glucose transporters in kidney.

5+5

b) Effects of SGL receptor inhibitor.
