

Документ подписан простой электронной подписью
 Информация о владельце:
 ФИО: Косенок Сергей Михайлович
 Должность: ректор
 Дата подписания: 27.05.2026 11:10:17
 Уникальный программный ключ:
 e3a68f3eaa1e62674b54f4998099d3d6bfdcf836

Diagnostic testing

Discipline Endocrinology, Term 10

Specialty	31.05.01 General Medecine
Qualification	General Medecine
Form of education	Full-time
Designer Department	Internal Diseases
Graduate Department	Internal Diseases

Competences	Task	Answers	Type of complexity
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	Choose the correct answer 1. THE FOLLOWING CONCENTRATIONS OF GLUCOSE IN CAPILLARY BLOOD (MMOL/L) CORRESPOND TO IMPAIRED GLUCOSE TOLERANCE:	1. fasting < 6.7 after 2 hours \geq 7.8 and < 11.1. 2. fasting < 6.0 after 2 hours \geq 6.1 and < 7.0. 3. fasting < 6.1 after 2 hours \geq 7.2 and < 11.1. 4. fasting < 6.1 after 2 hours \geq 7.8 and < 11.1. 5. fasting < 5.6 after 2 hours \geq 7.8 and < 11.1.	low
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	Choose the correct answer 2. FASTING GLUCOSE DISTURBANCE CORRESPONDS TO CAPILLARY BLOOD GLYCAEMIA (MMOL/L):	1. 3,3-5,5. 2. < 5,5 и >6,2. 3. > 6,0 и < 7,0. 4. > 5,6 и < 6,1. 5. < 5,8 и >6,0.	low
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2,	Choose the correct answer. THE MOST VALUABLE METHOD FOR THE LABORATORY DIAGNOSIS OF DIABETES IS THE	1. determination of postalimentary glycaemia. 2. examination of glucose content in earwax.	low

<p>PC-5.4, PC-8.2</p>		<p>3. determination of fructosamine.</p> <p>4. determination of fasting glycaemia.</p> <p>5. determination of glycated haemoglobin.</p>	
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Choose the correct answer.</p> <p>4. THE MOST INFORMATIVE FOR THE PRESENCE OF AN AUTOIMMUNE PROCESS IN THE THYROID GLAND IS THE DETERMINATION OF THE FOLLOWING</p>	<p>A) antibodies to thyroglobulin</p> <p>B) antibodies to microsomal fraction</p> <p>C) antibodies to thyroid cells</p> <p>D) immunoglobulins</p> <p>E) antibodies to the second colloid antigen</p>	<p>low</p>
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Choose the correct answer.</p> <p>5. ACCORDING TO THE WHO CLASSIFICATION, GRADE II GOITRE IS CHARACTERISED BY:</p>	<p>A) visual enlargement of the thyroid gland</p> <p>B) palpatory enlargement of the thyroid gland</p> <p>C) goitre that changes the configuration of the neck</p> <p>D) thyroid gland not detectable on neck examination</p> <p>E) each lobe is equal to 1 phalange of the patient's thumb</p>	<p>low</p>
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Choose the correct answer.</p> <p>6. IN THE TREATMENT OF ENDEMIC GOITRE IS PREFERABLE:</p>	<p>A) iodine preparations</p> <p>B) glucocorticoids</p> <p>C) b-blockers</p> <p>D) vitamins</p> <p>E) anabolics</p>	<p>low</p>
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2,</p>	<p>Choose all the correct answers.</p> <p>7. DETERMINATION OF GLYCOSYLATED HAEMOGLOBIN IN DIABETES MELLITUS ALLOWS</p>	<p>1. assessment of the average glycaemic level for 1-3 weeks.</p> <p>2. assessment of the effectiveness of sugar-lowering therapy for 2-3</p>	<p>medium</p>

<p>PC-5.4, PC-8.2</p>	<p>THE PHYSICIAN TO CARRY OUT</p>	<p>months.</p> <p>3. detection of gestational diabetes.</p> <p>4. necessary correction of therapeutic measures</p> <p>4. assessment of blood glucose levels for only a short period of time (no more than 2-3 days).</p> <p>Answers: A - if answers 1,2 and 3 are correct; B - if answers 1 and 3 are correct; C - if answers 2 and 4 are correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.</p>	
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Choose all the correct answers.</p> <p>8. SELF-MANAGEMENT OF DIABETES INCLUDES:</p>	<p>1. determination of glycaemia.</p> <p>2. determination of glucosuria, ketonuria.</p> <p>3. Keeping a log of the results of analyses.</p> <p>4. control of body weight and BP.</p> <p>5. a high degree of compliance.</p> <p>Answers: A - if answers 1,2 and 3 are correct; B - if answers 1 and 3 are correct; C - if answers 2 and 4 are correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.</p>	<p>medium</p>
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Choose all the correct answers.</p> <p>9. ABSOLUTE INDICATIONS FOR INSULIN THERAPY ARE</p>	<p>1. exacerbation of ischaemic heart disease.</p> <p>2. ketoacidosis, diabetic coma.</p> <p>3. chronic pyelonephritis.</p> <p>4. pregnancy and childbirth.</p> <p>5. lack of effect of diet therapy.</p> <p>Answers: A - if 1,2 and 3 answers are correct; B - if answers 1 and 3 are correct; C - if answers 2 and 4 are correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.</p>	<p>medium</p>

PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	<p>Choose all the correct answers.</p> <p>10. SUBCLINICAL HYPOTHYROIDISM IS CHARACTERISED BY:</p>	<ol style="list-style-type: none"> 1. slightly elevated TSH. 2. normal or slightly elevated free T3. 3. increased ¹³¹I uptake greater than 50% after 24 hours. 4. normal levels of free T4. 5. normal levels of total T4. <p>Answers: A - if 1,2 and 3 answers are correct; B - if 1 and 3 answers are correct; C - if 2 and 4 answers are correct; D - if 4 answer is correct; E - if answers 1,2,3,4 and 5 are correct.</p>	medium
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	<p>Choose all the correct answers.</p> <p>11. HYPOGLYCAEMIA CONTRIBUTES TO:</p>	<ol style="list-style-type: none"> 1. the progression of microangiopathies. 2. fatty liver infiltration. 3. the development of fresh retinal haemorrhages 4. to develop cirrhosis of the liver or cerebral circulatory collapse. 5. the development of insulin resistance. <p>Answers: A - if 1,2 and 3 answers are correct; B - if answers 1 and 3 are correct; C - if answers 2 and 4 are correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.</p>	medium
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	<p>Choose all the correct answers.</p> <p>12. THE MECHANISM OF ACTION OF SUL-PHANILAMIDE PREPARATIONS INCLUDES:</p>	<ol style="list-style-type: none"> 1. A decrease in the number of tissue insulin receptors. 2. stimulation of insulin secretion by pancreatic beta cells. 3. an increase in gluca-gon production. 4. increasing the sensitivity of insulin-dependent tissues to endogenous insulin. <p>Answers: A - if 1,2 and 3 answers are correct; B - if 1 and 3 answers are correct; C - if answers 2 and 4 are</p>	medium

		correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.	
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	Choose all the correct answers. 13. COMPLICATIONS OF ENDEMIC GOITRE OF LARGE SIZE, WHICH ARE INDICATIONS FOR SURGICAL TREATMENT OF GOITRE ARE:	1. esophageal compression. 2. tracheal compression. 3. compression of the neurovascular bundle of the neck. 4. unpleasant sensations when swallowing. 5. weakness, rapid fatigue. Answers: A - if answers 1,2 and 3 are correct; B - if answers 1 and 3 are correct; C - if answers 2 and 4 are correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.	medium
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	Choose all the correct answers. 14. GRAVES' DISEASE IN ELDERLY PATIENTS MANIFESTS AS FOLLOWS	1. congestive heart failure. 2. apathetic state. 3. presence of 'masks' of thyrotoxicosis. 4. manifestation of the disease by heart rhythm disturbance. 5. muscle weakness. Answers: A - if 1,2 and 3 answers are correct; B - if 1 and 3 answers are correct; C - if 2 and 4 answers are correct; D - if 4 answer is correct; E - if answers 1,2,3,4 and 5 are correct.	medium
PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2	Choose all the correct answers. 15. DRUGS THAT CAN DECREASE THE SUGAR REDUCING ACTIVITY OF SULFAPRARATES INCLUDE:	1. corticosteroids. 2. allopurinol. 3. adrenomimetics. 4. butadione. 5. MAO inhibitors. Answers: A - if 1,2 and 3 answers are correct; B - if answers 1 and 3 are correct; C - if answers 2 and 4 are correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.	medium

<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Choose the correct combination of answers.</p> <p>16. THE CLINIC OF ACUTE THYROIDITIS INCLUDES:</p> <p>1. ACUTE BEGINNING OF THE DISEASE WITH HIGH FEVER UP TO 39-40 S.</p> <p>2. PAIN IN THE THYROID GLAND, IRRADIATING TO THE JAW, EAR, OCCIPUT, INCREASING WITH SWALLOWING, NECK MOVEMENT, PALPATION. 3. SWELLING, HYPERAEMIA OF THE SKIN AND PAIN OVER THE AFFECTED AREA OF THE THYROID GLAND.</p> <p>4. FLUCTUATION.</p> <p>5. INCREASING AND PAINFUL REGIONAL LYMPH NODES</p>	<p>A - if answers 1, 2 and 3 are correct;</p> <p>B - if 1 and 3 answers are correct;</p> <p>C - if 2 and 4 answers are correct;</p> <p>D - if the 4th answer is correct;</p> <p>E - if answers 1,2,3,4 and 5 are correct.</p>	<p>high</p>
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Choose the correct combination of answers.</p> <p>17. WOMEN AT RISK FOR GESTATIONAL DIABETES INCLUDE WOMEN WHO HAVE:</p> <p>1. GESTATIONAL DIABETES IN A PREVIOUS PREGNANCY.</p> <p>2. BIRTH OF A PREVIOUS CHILD WEIGHING LESS THAN 3KG.</p> <p>3. UNFAVOURABLE OBSTETRICAL HISTORY.</p> <p>4. AGE 20-25 YEARS.</p> <p>5. IMT 20-25 KG/M2.</p>	<p>A - if 1,2 and 3 answers are correct; B - if 1 and 3 answers are correct;</p> <p>C - if answers 2 and 4 are correct;</p> <p>D - if the 4th answer is correct;</p> <p>E - if answers 1,2,3,4 and 5 are correct.</p>	<p>high</p>
<p>PC-1.1,</p>	<p>Make a diagnostic conclusion.</p>	<p>A. Ischaemic foot</p>	<p>high</p>

<p>PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>18. PATIENT HAS:</p> <ol style="list-style-type: none"> 1. NUMBNESS, COLD FEET. 2. PARASTESIS. 3. PERIODIC MUSCLE CRAMPS. 4. PAIN IN THE LIMBS AT REST AND ON MOVEMENT. 	<p>B. Neuropathic foot C. Neuro-ischaemic foot</p>	
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Make a diagnostic conclusion.</p> <p>19.</p> <ol style="list-style-type: none"> 1. HISTORY OF X-RAY IRRADIATION OF THE NECK. 2. FAMILY HISTORY OF THYROID CANCER. 3. EXPOSURE TO RADIATION. 4. NODULAR THYROID CANCER. 5. MULTINODULAR GOITRE. <p>ARE RISK FACTORS FOR WHAT THYROID PATHOLOGY?</p>	<p>A. Thyroid neoplasia B. Autonomic thyroid dysfunction C. Subacute thyroiditis</p>	<p>high</p>
<p>PC-1.1, PC-1.2, PC-3.1, PC-3.2, PC-3.3, PC-3.4 PC-5.1, PC-5.2, PC-5.4, PC-8.2</p>	<p>Complete the sentences.</p> <p>20. AN UNFAVOURABLE PROGNOSIS FOR DIABETES MELLITUS IS MOST LIKELY TO DEVELOP: _____</p>	<ol style="list-style-type: none"> 1. diabetic coma. 2. myocardial infarction or cerebral circulatory failure. 3. diabetic gangrene. 4. gestational diabetes. 5. insulin resistance. <p>Answers: A - if 1,2 and 3 answers are correct; B - if answers 1 and 3 are correct; C - if answers 2 and 4 are correct; D - if answer 4 is correct; E - if answers 1,2,3,4 and 5 are correct.</p>	<p>high</p>