

NEPHROLOGY**PAPER – III**

Time : 3 hours
Max. Marks : 100

NEPHRO/D/17/20/III**Important instructions:**

- 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:

1. a) How functional MRI (fMRI) differs from MRI? 3+3+4
b) Technique of Renal "Bold MRI"
c) Its utility in Nephrology
2. Sodium modelling during hemodialysis: 5+5
a) Concept.
b) Clinical setting in which it is useful
3. a) Define a highly sensitized renal transplant recipient 3+7
b) Methods of de-sensitizations prior to transplant
4. Transplant glomerulopathy: 3+3+4
a) Pathogenesis
b) Diagnosis
c) Management
5. Ultrafiltration failure in Peritoneal Dialysis: 2+3+5
a) Definition
b) Types
c) Management
6. Pregnancy in renal transplant recipient: 5+5
a) When to advice
b) Precaution and management
7. Autosomal dominant polycystic kidney disease 3+3+4
a) Pathogenesis
b) Markers of progressive disease
c) Role of vaptans

P.T.O.



NEPHROLOGY

PAPER – III

- | | | |
|-----|---------------------------------------------------------------------------------------|-------|
| 8. | SGLT-2 Receptor: | 3+7 |
| | a) Normal physiology | |
| | b) Upcoming role of SGLT-2 inhibitors in management of DM and diabetic kidney disease | |
| 9. | a) Meso-American nephropathy | 6+4 |
| | b) Endemic areas of chronic kidney disease of unknown origin (CKD-U) in India | |
| 10. | Extra-corporeal therapy in sepsis: | 3+4+3 |
| | a) Proposed mechanisms for its role | |
| | b) Current modalities available | |
| | c) Current status | |

www.FirstRanker.com