

A 24 y.o. patient complains of nausea, vomiting, headache, shortness of breath. He had an acute nephritis being 10 y.o. Proteinuria was found out in uri-ne. Objectively: a skin is grey-pale, the edema is not present. Accent of II tone above aorta. BP 140/100-180/100 mm Hg. Blood level of residual N_2 - 6,6 mmol/L, creatinine- 406 mmol/L. Day's diuresis-2300 ml, nocturia. Specific density of uri-ne is 1009, albumin- 0,9 g/L, WBC- 0-2 in f/vis. RBC.- single in f/vis., hyaline casts single in specimen. Your diagnosis?

- A. Chronic nephritis with violation of kidney function
- B. Feochromocitoma
- C. Hypertensive illness of the II degree
- D. Nephrotic syndrome
- E. Stenosis of kidney artery

The girl is 12 y.o. Yesterday she was overcooled. Now she complains on pain in suprapubic area, frequent painful uri-nation by small portions, temperature is 37, 8⁰C. Pasternatsky symptom is negati-ve. Urinalysis: protein- 0,033 g/L, WBC- 20-25 in f/vis, RBC- 1-2 in f/vis. What di-agnosis is most probable?

- A. Acute cystitis
- B. Dysmetabolic nephropathy
- C. Acute glomerulonephritis
- D. Acute pyelonephritis
- E. Urolithiasis

3 weeks ago the patient was ill wi-th tonsillitis. Clinical examination reveals edema, arterial hypertension, hematuria, proteinuria (1,8 g/per day), granular and erythrocytic casts. What is the preliminary diagnosis?

- A. Glomerulonephritis
- B. Cystitis
- C. Pyelonephritis
- D. Intestinal nephritis
- E. Renal amyloidosis

A 35 y.o. male patient suffers from chronic glomerulonephritis and hemodialysis has been on for the last 3 years. He has developed irregularities in the heart activity, hypotension, progressive weakness, dyspnea. On ECG: bradycardia, 1st degree atrioventricular block, high sharpened T-waves. Before he had severely disturbed the drinking and diet regimen. What is the most likely cause of these changes?

- A. Hyperkalemia
- B. Hyperhydration
- C. Hypokalemia
- D. Hypernatremia
- E. Hypocalcemia

A 29 y.o. woman is critically ill. The illness is presented by high fever, chills, sweating, aching pain in lumbar area, discomfort during urination and frequent voiding. Pasternatsky's sign is positive in both sides. On lab examination: WBC $20 \times 10^9/L$; on urine analysis: protein 0,6g/L, leukocyturia, bacteriuria. Your preliminary diagnosis.

- A. Acute pyelonephritis
- B. Exacerbation of chronic pyelonephritis
- C. Acute glomerulonephritis
- D. Acute cystitis
- E. Nephrolithiasis

A girl is 12 y.o. Yesterday she was overcooled. Now she is complaining on pain in suprapubic area, frequent painful urination by small portions, temperature is 37,80C. Pasternatsky symptom is negative. Urine analysis: protein - 0,033 g/L, WBC-20-25inf/vis, RBC-1-2inf/vis. What diagnosis is the most probable?

- A. Acute cystitis
- B. Dysmetabolic nephropathy
- C. Acute glomerulonephritis
- D. Acute pyelonephritis
- E. Urolithiasis

3 weeks ago a patient was ill with tonsillitis. Clinical examination reveals edema, arterial hypertension, hematuria, proteinuria (1,8 g/per day), granular and erythrocytic casts. What is the preliminary diagnosis?

- A. Glomerulonephritis
- B. Cystitis
- C. Pyelonephritis
- D. Intestinal nephritis
- E. Renal amyloidosis

A 28 y.o. woman consulted a doctor about edematous face, moderate leg edema; occasionally her urine has colour of "meat slops". When she was a teenager she often fell ill with angina. Objectively: skin is pallor, body temperature is 36,80, Ps- 68/min, rhythmic. AP- 170/110 mm Hg. What urine changes are the most probable?

- A. Proteinuria, hematuria, cylindruria
- B. Increase of relative density, hematuria, bacteriuria
- C. Decrease of relative density, proteinuria, some urinary sediment
- D. Erythrocyturia and urinozuria
- E. Decrease of relative density, proteinuria

A 50 y.o. woman who suffers from chronic pyelonephritis was prescribed a combination of antibiotics for the period of exacerbation - gentamicin (80 mg 3 times a day) and bisepol (960 mg twice a day). What consequences may be caused by such a combination of antibiotics?

- A. Acute renal insufficiency
- B. Glomerulosclerosis
- C. Chronic renal insufficiency
- D. Antibiotic combination is optimal and absolutely safe
- E. Acute suprarenal insufficiency

A 58 y.o. patient complains of weakness, leg edema, dyspnea, anorexia. He has been suffering from chronic bronchitis for many years. During the last 5 years he has been noting intensified discharge of

sputum that is often purulent. Objectively: RR- 80/min, AP120/80 mm Hg. Disseminated edemata, skin is dry and pale, low turgor. In urine: intense proteinuria, cylindruria. Specify the most probable pathological process in kidneys:

- A. Renal amyloidosis
- B. Chronic glomerulonephritis
- C. Chronic pyelonephritis
- D. Interstitialnephritis
- E. Acute glomerulonephritis

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- C. Chronic renal insufficiency
- D. Antibiotic combination is optimal and absolutely safe
- E. Acute suprarenal insufficiency

A patient with acute respiratory viral infection (3rd day of disease) complains of pain in lumbar region, nausea, dysuria, oliguria. Urinalysis - hematuria (100-200 RBC in eyeshot spot), specific gravity 1002. The blood creatinin level is 0,18 millimole/l, potassium level - 6,4 millimole/l. Make the diagnosis:

- A. Acute interstitial nephritis
- B. Acute renal failure
- C. Acute glomerylonephritis
- D. Acute cystitis
- E. Acute renal colic

A woman of a high-risk group (chronic pyelonephritis in anamnesis) had vaginal delivery. The day after labour she complained of fever and loin pains, frequent urodynia. Specify the most probable complication:

- A. Infectious contamination of the urinary system
- B. Thrombophlebitis of veins of the pelvis
- C. Infectious hematoma
- D. Endometritis
- E. Apostasis of sutures after episiotomy

The most available and informative diagnostic method for closed trauma of the urinary bladder is:

- A. Retrograde cystography
- B. Pelvic arteriography
- C. Cystography
- D. Sonography of the urinary bladder
- E. Palpation and percussion of abdomen

A nine year old child is at a hospital with acute glomerulonephritis. Clinical and laboratory examinations show acute condition. What nutrients must not be limited during the acute period of glomerulonephritis?

- A. Carbohydrates
- B. Salt
- C. Liquid
- D. Proteins
- E. Fats

A 25 year old woman complained of edema on her face and legs, rise of blood pressure up to 160/100 mm Hg and weakness. She fell ill 3 weeks after recovering from angina. Urinalysis data: protein of 0,5 g/l, erythrocytes of 17-20/field, leukocytes of 2-3/field, erythrocyte casts. What treatment should be initiated after specifying the diagnosis?

- A. Penicillin OS
- B. Heparin
- C. Ceftriaxone
- D. Dipyridamole
- E. Ciprofloxacin

A 68 year old female patient complains about temperature rise up to 38, 3oC, haematuria. ESR- 55 mm/h. Antibacterial therapy turned out to be ineffective. What diagnosis might be suspected?

- A. Renal cancer
- B. Polycystic renal disease
- C. Renal amyloidosis
- D. Urolithiasis
- E. Chronic glomerulonephritis

A 15 year old girl suddenly got arthralgia, headache, nausea, vomiting; pain and muscle tension in the lumbar area; body temperature rose up to 38 – 39oC. Pasternatsky's symptom was distinctly positive on the right. In the urine: bacteriuria, pyuria. What is the most probable diagnosis?

- A. Acute pyelonephritis
- B. Renal colic
- C. Acute glomerulonephritis
- D. Pararenal abscess
- E. Cystitis

A man, aged 25, presents with facial edema, moderate back pains, body temperature of 37, 5oC, BP- 180/100 mm Hg, hematuria (up to 100 in v/f), proteinuria (2,0 g/l), hyaline casts - 10 in v/f, specific gravity - 1020. The onset of the disease is probably connected with acute tonsillitis 2 weeks ago. The most likely diagnosis is:

- A. Acute glomerulonephritis
- B. Acute pyelonephritis
- C. Cancer of the kidney
- D. Urolithiasis
- E. Chronic glomerulonephritis

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- A. Renal cancer
- B. Polycystic renal disease
- C. Renal amyloidosis

- D. Urolithiasis
- E. Chronic glomerulonephritis

2 weeks after recovering from angina an 8-year-old boy developed edemata of face and lower limbs. Objectively: the patient is in grave condition, AP- 120/80 mm Hg. Urine is of dark brown colour. Oliguria is present. On urine analysis: relative density - 1,015, protein - 1,2 g/l, RBCs are leached and cover the whole vision field, granular casts - 1-2 in the vision field, salts are represented by urates (big number). What is the most likely diagnosis?

- A. Acute glomerulonephritis with nephritic syndrome
- B. Acute glomerulonephritis with nephrotic syndrome
- C. Acute glomerulonephritis with nephrotic syndrome, hematuria and hypertension
- D. Acute glomerulonephritis with isolated urinary syndrome
- E. Nephrolithiasis

After supercooling a 38-year-old woman developed muscle pain, body temperature rise up to 39°C, headache, dysuria, positive Pasternatsky's symptom. In the urine: leukocyturia, bacteriuria. In blood: Decrease in Hb rate down to 103 g/l, left shift leukocytosis, ESR acceleration up to 32 mm/h. Blood urea - 6,0 millimole/l. What is the most likely diagnosis?

- A. Acute pyelonephritis
- B. Renal tuberculosis
- C. Acute glomerulonephritis
- D. Urolithiasis
- E. Acute cystitis

A 30-year-old woman with a long history of chronic pyelonephritis complains about considerable weakness, sleepiness, decrease in diuresis down to 100 ml per day. AP- 200/120 mm Hg. In blood: creatinine - 0,62 millimole/l, hypoproteinemia, albumines - 32 g/l, potassium - 6,8 millimole/l, hypochromic anemia, increased ESR. What is the first step in the patient treatment tactics?

- A. Haemodialysis
- B. Antibacterial therapy
- C. Enterosorption
- D. Haemosorption
- E. Blood transfusion

An 11-year-old girl was taken by an acute disease: she got pain in the lumbar region, nausea, vomiting, frequent urination, body temperature 39°C. Objectively: the abdomen is soft, painful on palpation in the lumbar region. Common urine analysis revealed considerable leukocyturia, bacteriuria. The urine contained colibacilli. What is the most likely diagnosis?

- A. Acute pyelonephritis
- B. Acute appendicitis
- C. Chronic glomerulonephritis
- D. Acute vulvovaginitis
- E. Acute glomerulonephritis

A 45-year-old patient with urolithiasis had an attack of renal colic. What is the mechanism of the attack development?

- A. Disturbed urine outflow from the kidney
- B. Increase in relative density of urine

- C. Ureteric twists
- D. Destruction of glomerules
- E. Renal artery spasm

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- A. Renal cancer
- B. Polycystic renal disease
- C. Renal amyloidosis
- D. Urolithiasis
- E. Chronic glomerulonephritis

2 weeks after recovering from angina a 29-year-old patient noticed face edemata, weakness, decreased work performance. There was gradual progress of dyspnea, edemata of the lower extremities, lumbar spine. Objectively: pale skin, weakening of the heart sounds, anasarca. AP- 160/100 mm Hg. In urine: the relative density - 1021, protein - 5 g/l, erythrocytes - 20-30 in the field of vision, hyaline cylinders - 4-6 in the field of vision. What is the most likely diagnosis?

- A. Acute glomerulonephritis
- B. Essential hypertension
- C. Acute pyelonephritis
- D. Infectious allergic myocarditis
- E. Myxedema

A 54-year-old patient has an over 20-year history of femoral osteomyelitis. Over the last month she has developed progressing edemata of the lower extremities. Urine test reveals: proteinuria at the rate of 6,6 g/l; in blood: dysproteinemia in form of hypoalbuminemia, increase in α 2- and γ -globulin rate, ESR - 50 mm/h. What is the most likely diagnosis?

- A. Secondary renal amyloidosis
- B. Acute glomerulonephritis
- C. Myelomatosis
- D. Chronic glomerulonephritis
- E. Systemic lupus erythematosus

A 54-year-old male patient complains of aching pain in the lumbar region, that is getting worse after standing in an upright position, physical exercise, supercooling. The patient also reports of experiencing weakness in the afternoon. Pain in the lumbar region, said about 10 years old. Objectively: pale skin, t o- 37, 2oC, AP- 180/100 mm Hg, minor costovertebral angle tenderness (Pasternatsky symptom). In blood: RBCs - $3,5 \cdot 10^{12}/l$, WBCs - $6,5 \cdot 10^9/l$, ESR - 22 mm/h. In urine: the relative density - 1010, leukocytes - 12-15 in the field of vision, erythrocytes - 2-3 in the field of vision. Urine bacterial count - 100000 in 1 ml. What is the most likely diagnosis?

- A. Chronic pyelonephritis
- B. Nephrolithiasis
- C. Polycystic renal disease
- D. Chronic glomerulonephritis
- E. Amyloidosis

A 35-year-old patient has been in the intensive care unit for acute renal failure due to crush for 4 days. Objectively: the patient is inadequate. Breathing rate - 32/min. Over the last 3 hours individual

moist rales can be auscultated in lungs. ECG shows high T waves, right ventricular extrasystoles. CVP - 159 mm Hg. In blood: the residual nitrogen - 62 millimole/l, K⁺ - 7,1 millimole/l, Cl⁻ - 78 millimole/l, Na⁺ - 120 millimole/l, Ht - 0,32, Hb - 100 g/l, blood creatinine - 0,9 millimole/l. The most appropriate method of treatment would be:

- A. Hemodialysis
- B. Plasma sorption
- C. Hemosorption
- D. Plasma filtration
- E. Ultrafiltration

A 28-year-old woman has a 12-year history of chronic glomerulonephritis with latent course. Over the past six months she has developed general weakness, loss of appetite, low work performance, nausea. The patient complains of headache, pain in the joints. On examination: anemia, blood urea - 34,5 millimole/l, blood creatinine - 0,766 millimole/l, hyperkalemia. What complication has developed?

- A. Chronic renal insufficiency
- B. Acute renal insufficiency
- C. Nephrotic syndrome
- D. Renal amyloidosis
- E. Pyelonephritis

A girl is 12-year-old. Yesterday she was overcooled. Now she is complaining on pain in suprapubic area, frequent painful urination by small portions, temperature is 37,8°C. Pasternatsky symptom is negative. Urine analysis: protein - 0,033g/L, WBC-20-25inf/vis, RBC-1-2inf/vis. What diagnosis is the most probable?

- A. Acute cystitis
- B. Dysmetabolic nephropathy
- C. Acute glomerulonephritis
- D. Acute pyelonephritis
- E. Urolithiasis

A 30-year-old woman with a long history of chronic pyelonephritis complains about considerable weakness, sleepiness, decrease in diuresis down to 100 ml per day. AP-200/120mmHg. In blood: creatinine - 0,62 millimole/l, hypoproteinemia, albumines - 32 g/l, potassium - 6,8 millimole/l, hypochromic anemia, increased ESR. What is the first step in the patient treatment tactics?

- A. Haemodialysis
- B. Antibacterial therapy
- C. Enterosorption
- D. Haemosorption
- E. Blood transfusion

A 65-year-old patient complains of pain in the lumbar spine, moderate disuria. He has been suffering from these presentations for about half a year. Prostate volume is 45 cm³ (there are hypoechogenic nodes in both lobes, capsule invasion). The rate of prostatespecific antigen is 60 ng/l. Prostate biopsy revealed an adenocarcinoma. Which of the supplemental examination methods will allow to determine the stage of neoplastic process in this patient?

- A. Computer tomography of pelvis
- B. Roentgenography of lumbar spine
- C. Excretory urography

- D. Bone scintigraphy
- E. Roentgenography of chest

A 42-year-old woman has had hyperpolymenorrhea and progressing algodismenorrhea for the last 10 years. Gynaecological examination revealed no changes of uterine cervix; discharges are moderate, of chocolate colour, uterus is slightly enlarged and painful, appendages are not palpable, the fornices are deep and painless. What is the most likely diagnosis?

- A. Uterine endometriosis
- B. Uterine carcinoma
- C. Subserous uterine fibromyoma
- D. Endomyometritis
- E. Adnexal endometriosis

A 51-year-old patient complains of having intensive bloody discharges from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function during a year, at the same time she felt extreme irritability and had sleep disorders. US examination results: uterus corresponds with age norms, appendages have no peculiarities, endometrium is 14 mm thick. What is the doctor's tactics?

- A. Diagnostic curettage of uterine cavity
- B. Conservative treatment of bleeding
- C. Hysterectomy
- D. Supravaginal amputation of uterus without appendages
- E. TORCH-infection test

A 2-year-old child in a satisfactory condition periodically presents with moderate proteinuria, microhematuria. USI results: the left kidney is undetectable, the right one is enlarged, there are signs of double pyelocaliceal system. What study is required to specify the diagnosis?

- A. Excretory urography
- B. Micturating cystography
- C. Retrogradeurography
- D. Doppler study of renal vessels
- E. Radioisotope renal scan

A patient complains about sudden onsets of paroxysmal pain in the right lumbar region. 2 hours after the onset the patient had hematuria. Plain radiograph of the lumbar region shows no pathological shadows. USI reveals pyelocaliectasis on the right, the left kidney is normal. What is the most likely diagnosis?

- A. Renal colic
- B. Acute appendicitis
- C. Bowel volvulus
- D. Torsion of the right ovary cyst
- E. Right renal pelvis tumour

A 12-year-old boy has a 6-year history of insulin-dependent diabetes. The disease is labile. Since recently there have been periodical rises in blood pressure. Microalbuminuria test gave positive results. The patient's condition corresponds with the following stage of diabetic nephropathy:

- A. Stage III - early-stage nephropathy
- B. Stage I - renal hypertrophy and hyperfunction

- C. Stage II - histological changes in the kidneys
- D. Stage IV - advanced clinical nephropathy
- E. V stage - chronic renal failure

A 32-year-old female complains of dizziness, headache, palpitation, tremor. For the last several months she has been under outpatient observation for the increased arterial pressure. Since recently such attacks have become more frequent and severe. Objectively: skin is covered with clammy sweat, tremor of the extremities is present. HR- 110/min, AP- 220/140 mm Hg. Heart sounds are muffled. Blood test results: WBCs-9,8·10⁹/l, ESR -22mm/h. Blood glucose - 9,8 millimole/l. What disease is the most likely cause of this crisis?

- A. Pheochromocytoma
- B. Essential hypertension
- C. Preeclampsia
- D. Primary hyperaldosteronism

A 48-year-old patient complains of having dull pain in the right lumbar region for over three years. USI shows that kidneys are of normal size, at the upper pole of the right kidney there is a fluid containing formation up to 12 cm in diameter. Excretory urograms show normal condition on the left, and the deformation of the superior renal calyces with satisfactory function on the right. What kind of disease can you think of?

- A. Simple cyst of the right kidney
- B. Multicystic kidney disease
- C. Multiple cysts of the right kidney
- D. Tumour of the right kidney
- E. Right hydronephrosis

A 58-year-old patient complains of general weakness, loss of 10 kg of weight within 1,5 months, progressive pain in the lumbar region, increased blood pressure up to 220/160 mm Hg, subfebrile temperature. Objectively: in the right hypochondrium palpation reveals a formation with uneven surface and low mobility; veins of the spermatic cord and scrotum are dilated. Blood test results: Hb- 86 g/l, ESR- 44 mm/h. Urine test results: specific gravity - 1020, protein 0,99 g/l, RBCs - cover the whole field of vision, WBCs - 4-6 in the field of vision. What is the provisional diagnosis?

- A. Renal tumour
- B. Urolithiasis
- C. Acute pyelonephritis
- D. Acute glomerulonephritis
- E. Nephroptosis

A 48-year-old patient complains of weakness, subfebrile temperature, aching pain in the kidney region. These presentations turned up three months ago after hypothermia. Objectively: kidneys are painful on palpation, there is bilaterally positive Pasternatsky's symptom. Urine test res: acid reaction, pronounced leukocyturia, microhematuria, minor proteinuria-0,165-0,33g/l. After the urine sample had been inoculated on conventional media, bacteriuria were not found. What research is most required in this case?

- A. Urine test for Mycobacterium tuberculosis
- B. Daily proteinuria
- C. Nechiporenko urine test
- D. Zimnitsky urine test

E. Isotope renography

A 2-year-old child in a satisfactory condition periodically presents with moderate proteinuria, microhematuria. USI results: the left kidney is undetectable, the right one is enlarged, there are signs of double pyelocaliceal system. What study is required to specify the diagnosis?

- A. Excretory urography
- B. Micturating cystography
- C. Retrogradeurography
- D. Doppler study of renal vessels
- E. Radioisotope renal sca

A 56-year-old female patient complains of recurrent attacks of intensive pain irradiating along the ureters. Urine test results: protein - 0,37 g/l, RBCs20-25 in the field of vision, WBCs - 1214 in the field of vision. What method of instrumental diagnostics is the most informative for the diagnosis?

- A. Intravenous urography
- B. USI of kidneys
- C. Computer tomography
- D. Radioisotope renography
- E. Cystoscopy

A 53-year-old male has been admitted to a hospital for an attack of renal colic which has repeatedly occurred throughout the year. Objectively: in the region of auricles and the right elbow some nodules can be seen that are covered with thin shiny skin. Ps - 88/min, AP - 170/100 mm Hg. There is bilateral costovertebral angle tenderness (positive Pasternatsky's symptom). The patient has been scheduled for examination. What laboratory value would be most helpful for making a diagnosis?

- A. Uric acid
- B. Rheumatoid factor
- C. ESR
- D. Urine sediment
- E. Lactic acid

2 weeks after having quinsy, a 26-year-old male patient got facial edema, moderate pain in the sacrum. Objectively: body temperature is 37,5°C, AP - 100/80 mm Hg. Urinalysis results: RBC - up to 100 fresh cells in per HPF, protein - 2,2 g/l, hyaline cylinders - up to 10 per HPF, relative density 1002. What is the most likely diagnosis?

- A. Acute glomerulonephritis
- B. Nephroma
- C. Acute pyelonephritis
- D. Urolithiasis
- E. Chronic glomerulonephritis

A 39-year-old male patient complains of moderate pain and weakness in the shoulder, back and pelvic girdle muscles, that has been progressing for the last 3 weeks; great difficulty in getting out of bed, going up and down the stairs, shaving. Dermatomyositis has been suspected. Blood test results: Hb - 114 g/l, WBC - 10,8 · 10⁹/l, eosinophils - 9%, ESR - 22 mm/h, C-reactive protein - (++) . The alteration in the following laboratory value will be of decisive diagnostic significance:

- A. Creatine phosphokinase
- B. Ceruloplasmin

- C. Sialic acids
- D. dsDNA antibodies
- E. Gamma-globulins

A 42-year-old female patient complains of a dull pain in her left side, low-grade fever, accelerated painful urination in small portions. These presentations have been observed for three years. For a long time, the patient has had cystitis with frequent exacerbations, there is pulmonary tuberculosis in the past history. Urinalysis results: microscopic hematuria, leukocyturia. What is the most likely provisional diagnosis?

- A. Renal tuberculosis
- B. Urolithiasis
- C. Chronic pyelonephritis
- D. Renal tumor

A 6-year-old boy had had a quinsy. 9 days later, there appeared edema of the face, extremities and trunk, general health condition deteriorated. Urine became turbid. Objectively: expressive edema, ascites. AP100/55 mm Hg, diuresis - 0,2 l of urine per day. Results of the biochemical blood analysis: total protein - 50 g/l, cholesterol - 11,28 mmol/l, urea - 7,15 mmol/l, creatinine - 0,08 mmol/l. Urinalysis results: leukocytes - 3-5 per HPF, red blood cells are absent. What is the provisional diagnosis?

- A. Acute glomerulonephritis
- B. Acute pyelonephritis
- C. Urolithiasis
- D. Acute renal failure
- E. Chronic glomerulonephritis