

Directions : Questions (1-41) Circle the one best answer

A

1. A 22-year-old male was treated for craniopharyngeoma with transsphenoidal surgery followed by radiation about one year ago. He now presents with fatigue and weakness. Blood tests reveal a free T4 level of .4 ng/dL (nl: .9-2.4) and a TSH of .8 uU/ml (nl: .5 to 5). The cortisol and testosterone levels are normal. The patient is started on synthroid therapy. How to follow the patient to see the supplementation is adequate?

- (A) Serum Free T4
- (B) Serum TSH
- (C) Serum free T3
- (D) Serum total T4

B

2. A pregnant woman is referred to you by her obstetrician because of weight loss, palpitations and tremors of both hands. The examination reveals a HR 110, fine tremors of both hands and bilateral exophthalmos. The laboratory tests reveal an elevated free T4, low TSH and elevated thyroid stimulating immunoglobulin (TSI). How to treat this patient now?

- (A) Propranolol
- (B) PTU
- (C) Methimazole
- (D) Radioactive iodine

B

3. A 70-year-old female has fracture of the hip. A DEXA scan reveals a Tscore of -3 at the right hip and -2.8 at the lumbar spine. The patient is started on alendronate 70 mg/wk, calcium 600 BID and vitamin D 800 units/day. She is compliant with her medications. One year later repeat dEXA scan numbers are unchanged. What to do now?

- (A) Increase vitamin D to 1600 units/day
- (B) Continue same treatment
- (C) Add raloxifene
- (D) Change alendronate to raloxifene

D

4. A 50-year-old male is admitted with acute MI. He has a history of diabetes and has been on metformin, glyburide and rosiglitazone. He has bilateral leg edema. How will you manage his diabetes now?

- (A) Discontinue rosiglitazone
- (B) Discontinue metformin
- (C) Discontinue glyburide
- (D) Discontinue all PO medications and start a regular insulin drip to maintain blood glucose between 80-110 mg/dL

C 5. On a routine physical examination a 46-year-old male patient is found to have fasting blood glucose of 150 mg/dL. He denies any complaints. Which of the following tests will confirm the diagnosis of diabetes mellitus?
(A) Hemoglobin A1C value
(B) Insulin antibody
(C) Repeat fasting blood glucose
(D) Insulin levels

A 6. A 56-year-old female with history of CHF due to congestive cardiomyopathy and past history of atrial fibrillation presents with fatigue and weakness of few months duration. She has been on digoxin, amiodarone, furosemide and enalapril. The physical examination reveals a BP of 130/80, pulse 66/minute regular, JVP normal, no pedal edema and lungs are clear. The laboratory studies reveal normal values of BUN, creatinine, electrolytes and digoxin. EKG reveals sinus rhythm. Based upon the above information you will now recommend:
(A) Serum TSH values
(B) Serum Cortisol levels
(C) Discontinue amiodarone
(D) Discontinue digoxin

B 7. A 30-year-old male comes to your office for routine examination. He had an episode of renal colic 2 months ago. His father died from medullary carcinoma of the thyroid and his uncle recently had surgery for hyperparathyroidism. The laboratory studies reveal a serum calcium of 12 mg/dL (nl: 9-10.5), phosphorus 2.0 mg/dL (nl: 3-4.5) and parathyroid levels of 300 pg/ml (nl: 10-65). Based upon the above information you will now recommend:
(A) Proceed with parathyroid surgery without any further testing
(B) Measure serum calcitonin and urinary metanephrines prior to surgery
(C) Measure PTHrP prior to surgery
(D) CT scan of the neck prior to surgery

→ to evaluate for MEN prior to sx.

C 8. On a cold winter day a 70-year-old female is brought to emergency room in a stuporous state. The physical examination reveals a temperature of 95 F, BP 80/60, pulse 40/minute, periorbital edema and puffiness of face. The EKG reveals sinus bradycardia. The blood gases reveal a pH 7.30, Pco2 48 mm Hg and Po2 of 80 mm Hg. Based upon the above information, you will now recommend:
(A) Temporary pacemaker
(B) Intravenous hydrocortisone
(C) Intravenous levothyroxine + hydrocortisone
(D) Intravenous levothyroxine

↓ myxedema coma

C 9. A 30-year-old female presents with pain and enlarging nodule right side of the neck and pain on swallowing for the last 4 days. The examination reveals a 4 cm tender nodule over the right lobe of the thyroid.

Based upon the above information, the most likely diagnosis is:

- (A) Papillary Carcinoma of the thyroid
- (B) Follicular carcinoma of the thyroid
- (C) Bleeding into a thyroid cyst
- (D) Lymphoma of the thyroid

C 10. A 50-year-old male with long standing history of diabetes on insulin presents with weakness, lethargy and weight loss for the last few months. The blood tests reveal a fasting glucose of 90 mg/dL, Hb A1C 6.5%, Free T4 .3 ng/dl (nl: .9 to 2.4), TSH 2 mU/ml (nl: .5 to 5.0), cortisol in AM 4 ug/dL (nl: 8-20ug/dl), Testosterone 200 ng/dl (nl: 300-1200) and normal LH and FSH

Based upon the above information you will now recommend:

- (A) Start therapy with levothyroxine
- (B) Start oral prednisone
- (C) Order MRI or CT scan of the pituitary
- (D) Start therapy with levothyroxine, prednisone and testosterone

A 11. An obese 55-year-old male comes for routine examination. He has been on glyburide 10 mg BID for the control of his diabetes. The physical examination reveals a blood pressure of 110/80, pulse rate 80/minute and all peripheral pulsations are palpable. The blood tests reveal FBS 170mg/dL, HbA1C 10%, LDL 150 mg/dL and urine microalbumin 200mg/Gm of creatinine .

Based upon the above information, you will now recommend:

- (A) Add metformin, ace inhibitor and a statin
- (B) Stop glyburide and start insulin therapy
- (C) Add rosiglitazone or pioglitazone
- (D) Add metformin

D 12. A 26-year-old female patient presents with a history of palpitations, insomnia, irritability and nervousness for the last 2 weeks. She had an uncomplicated delivery about 6 weeks ago. The physical examination reveals a pulse of 110/min., BP 140/70, fine tremors of both hands and diffuse enlargement of the thyroid. The thyroid gland is non-tender. Blood tests reveal a total T4 level of 16 ug/dL (nl : 5.5-12.5), Free T4 3.0 ng/dL (nl: .9 to 2.4) & TSH level < .001 uU/ml (nl: .5-5.0). The RAI uptake in 24 hours is 2%. Based upon the above information, the most likely diagnosis is:

- (A) Grave's disease
- (B) Subacute thyroiditis
- (C) Thyrotoxicosis factitia
- (D) Lymphocytic thyroiditis

↓ low
rules out Grave's dis.
↳ ↑'d RAI uptake

- D 13. A 30-year-old male patient is found to have a 3cm thyroid nodule on the right lobe of the thyroid. The blood tests reveal a total T4 of 17.0 ug/dL (nl: 5.5-12.5), Free T4 4.0 ng/dL (nl : 8-2.4), TSH < .001 uU/ml (.5-5.0)
Based upon the above information you will now recommend:
(A) Needle biopsy of the nodule
(B) Subtotal thyroidectomy
(C) Serum calcitonin level
(D) RAI uptake scan
- C 14. A 32-year-old obese female consults you because of amenorrhea of 3 months duration and increased facial hair growth for many years. She gives a history of irregular menstrual periods since her menarche at age 14. The pregnancy test is negative. The LH level is 20 mIU/L, FSH 9 mIU/L, Testosterone 125 ng/dL (nl < 100), DHEA 3500 ng/dL (nl: 600-3300). The patient is given progesterone 10 mg BID for 5 days and few days later bleeding occurs.
Based upon the above information, the most likely diagnosis is:
(A) Premature ovarian failure
(B) Testicular feminizing syndrome
(C) Polycystic ovary disease
(D) Prolactin secreting tumor of pituitary
- B 15. A 18-year-old white female consults you because she has never menstruated so far. She denies any other complaints. The physical examination reveals normal breast development and absence of pubic, axillary and facial hairs. On pelvic examination, the cervix cannot be palpated. The laboratory studies reveal testosterone level of 1100 ng/ dL (nl < 100 ng/dL), DHEA 2000 ng/dL (600-3300 ng/dL), LH 10 IU/L (nl : 5-20), FSH 12 IU/L (nl : 5-20), prolactin level 10 ng/ mL (nl < 20 ng/mL), and 17 hydroxyprogesterone level is normal.
Based upon the above information, the most likely diagnosis is :
(A) Turner syndrome
(B) Testicular feminization syndrome
(C) Congenital adrenal hyperplasia
(D) Ovarian tumor
- B 16. A 30-year-old male has history of insulin dependent diabetes for the last 5 years and has been taking 40 units NPH + 10 units regular insulin before breakfast. The results of the multiple blood glucose tests reveal the following:
7 a.m. 250 mg/dL, 11a.m. 120 mg/dL, 4 p.m. 90 mg/dL, 10 p.m. 100 mg/dL, 3 a.m. 130 mg/dL
Based upon the above values, you will now advise
(A) Decrease morning NPH to 30 units
(B) Split the insulin dose and give 2/3 before breakfast and 1/3 before dinner
(C) Reduce the regular insulin before breakfast to 5 units
(D) Continue the present regimen and tell patient not to take any snacks before Sleeping

C 17

A 32-year-old female consults you because of dyspareunia and amenorrhea of few months duration. The pelvic examination reveals evidence of atrophic vaginitis. The rest of the physical examination is unremarkable. The laboratory studies reveal LH of 40 IU/mL (nl 5-20 IU/mL), FSH 60 IU/mL (nl 5-20 IU/mL). Based upon the above information, you will now recommend:

- (A) CT scan of the head
- (B) Serum prolactin level
- (C) Start patient on estrogen and progesterone
- (D) Pelvic sonogram

D 18

A 36-year-old woman who wants to become pregnant has had no menses since she discontinued the use of oral contraceptives one year ago, and she has been having galactorrhea for the last 3 months. Serum pregnancy test is negative. The serum prolactin level is 118 ug/L (nl <20 ug/L). A MRI of head reveals a 3 mm mass in the anterior lobe of the pituitary gland.

Based upon the above information, you will now recommend

↓
microadenoma

- (A) Transsphenoidal surgery for removal of pituitary adenoma
- (B) Visual field examination
- (C) Measure serum cortisol
- (D) Start bromocriptine therapy

B 19

A 29-year-old woman consults you because of galactorrhea, amenorrhea, fatigue and weakness of few months duration. Pregnancy test is negative. The serum prolactin level is 90 ng/L (nL < 20ng/ml). The results of thyroid functions reveal a free T4 of .3 ng/dL (nl: .9-2.4), TSH 30 mU/L (nl: 4-5 mU/L). The serum LH, FSH and cortisol levels are normal

Based upon the above information, you will now recommend

- (A) Therapy with bromocriptine
- (B) Therapy with synthroid
- (C) MRI of pituitary gland
- (D) Measure serum growth hormone

C 20

You are asked to evaluate a 30-year-old woman who has never menstruated since her last pregnancy 8 months ago. The delivery was complicated by peripartum hemorrhage requiring multiple transfusions. The laboratory studies reveal the total free T4 .4 ng/dL (nl: .9-2.4), TSH 1 mU/L (nl: .5 -5), Cortisol 3 ug/dL (nl: 5-25 ug/dL) and normal LH and FSH

Based upon the above information, the most likely diagnosis is:

- (A) Primary hypothyroidism
- (B) Addison's disease
- (C) Hypopituitarism due to pituitary necrosis
- (D) Pituitary tumor

21.

A 72-year-old man is admitted to ICU because of shock secondary to gram-negative sepsis. He is started on vasopressors and broad spectrum antibiotics. 24 hour later he develops respiratory difficulty due to ARDS. He is intubated and started on mechanical ventilation. The results of endocrine tests reveal the total T4 3.1 ug/dL (nl : 5-12), free T4 .6 ng/dL (nl: .9-2.4), T3 RIA 30 ng/dL (nl: 80-120), TSH 3.5 mU/L (nl: .4-5), cortisol level 50 ug/L (nl : 5-20)

Most likely cause of abnormal endocrine tests is:

- (A) Primary hypothyroidism
- (B) Hypopituitarism
- (C) Euthyroid sick syndrome
- (D) Secondary hypothyroidism

→ indicates pituitary working well
T3 will be elevated

22.

A 19-year-old female consults you because of palpitations, nervousness, insomnia and weight loss. Physical examination reveals a pulse of 110/min., BP 150/96 and fine tremors of both hands and tongue. The thyroid gland is not enlarged.

Laboratory studies reveal the following:

free T4 .5 ng/dL , TSH .1 mU/L (nl: .5-5) and radioactive iodine uptake in 24 hours is 3 % (nl: 5-30%)

Based upon the above information, the most likely diagnosis is:

- (A) Subacute thyroiditis
- (B) Hypothyroidism
- (C) T3 thyrotoxicosis factitia
- (D) T4 thyrotoxicosis factitia

23.

A 74-year-old woman is admitted because of shortness of breath, leg edema, weight loss and weakness of few weeks duration. Physical examination reveals a pulse of 110/min. irregular, 2+ pedal edema, droopy eyelids, proximal muscle weakness, slight thyroid enlargement and rales at both lung bases. EKG shows atrial fibrillation. Chest x-ray shows pulmonary congestion and cardiomegaly.

Laboratory studies reveal the following:

Total T4 8.4 ug/dL (nl : 5-12), TSH < .001 mU/L(nl: .4-5) , free thyroxine is normal.

Based upon the above information, the most likely diagnosis is :

- (A) Primary hypothyroidism
- (B) Apathetic thyrotoxicosis
- (C) Secondary hypothyroidism
- (D) Euthyroid sick syndrome

24.

A 72-year old man consults you because of severe low back pain of 2 days duration. X-rays of the spine show a compression fracture of L4 vertebra.

Laboratory studies reveal the following:

Calcium 8.2 mg/dL (nl : 9-10.5), phosphorus 1.9 mg/dL (nl : 3-4.5), alkaline phosphatase 300 U/L (nl : 30-120 U/L) , parathyroid hormone levels : elevated

Based upon the above information, the most likely diagnosis is:

- (A) Primary hyperparathyroidism
- (B) Multiple myeloma
- (C) Osteomalacia due to vitamin D deficiency
- (D) Osteoporosis

- C 25. A 38-year-old man consults you because of recurrent attacks of renal colic for last 2 years. The laboratory studies reveal the following:
Calcium 11.2 mg/dL (nl : 9-10.5), phosphorus 2.8 mg/dL (nl : 3-4.5),
PTH level 300 pg/ml (nl: < 150)
Based upon the above information, you will now recommend
(A) CT scan of neck and mediastinum
(B) Ultrasonography of the neck
(C) Surgical exploration of the neck
(D) Thiazide diuretic to decrease calcium excretion
- B 26. You are asked to evaluate a 22-year-old man for persistent hypercalcemia. Six months ago, he underwent surgical exploration of the neck and one parathyroid gland was removed. He denies any symptoms. Two other members of his family also have asymptomatic hypercalcemia. Laboratory studies show a calcium of 10.9 mg/dL (nl : 9-10.5) and PTH level of 180 pg/ml (nl : <150)
Based upon the above information, you will now recommend
(A) CT scan of neck and mediastinum
(B) Urine calcium measurement
(C) Digital angiography for localization of parathyroid adenoma
(D) Serum 1-25 dihydroxy vitamin D measurement
- C 27. A 46-year-old male presents with history of nausea, vomiting, constipation and polyuria of few weeks duration. Chest x-ray shows a left hilar mass. Laboratory studies reveal the following:
Calcium 12.8 mg/dL (nl: 9-10.5), Phosphorus 2.1 mg/dL (nl :3-4.5),
PTH 50 pg/ ml (nl: <150)
The most likely cause of hypercalcemia in this patient is
(A) Metastatic bone disease
(B) Hyperparathyroidism
(C) Humoral hypercalcemia of malignancy
(D) Sarcoidosis
- D 28. A 40-year-old woman consults you because of obesity, acne, dermal striae and easy bruisability. Laboratory studies reveal the following :
Glucose 190 mg/dL, Serum cortisol after 1 mg of overnight dexamethasone : 25 ug /dL (nl <5), cortisol after .5 mg QID dexamethasone for 2 days : 20 ug/dL,
cortisol after 2 mg QID dexamethasone for 2 days: 4.5 ug/dL
ACTH levels 110 pg/ml (nl : <80 pg/ml)
Based upon the above information, the most likely diagnosis is:
(A) Adrenal adenoma
(B) ACTH producing tumor
(C) Adrenal carcinoma
(D) Cushing's disease caused by pituitary adenoma

- B 29. You are asked to evaluate a 62-year-old diabetic man who is admitted because of hyperkalemia. He has been on oral glyburide for control of diabetes. The laboratory studies reveal the following:
Glucose 160 mg/dL, BUN 44 mg/dL, Cr. 2.3 mg/dL, Na 136 mmol/L, K 6.1 mmol/L, Cl 112 mmol/L, HCO₃ 18 mmol/L
Based upon the above information, the most likely diagnosis is :
(A) Addison's disease
(B) Hyporenin hypoaldosteronism
(C) Rhabdomyolysis
(D) Glyburide toxicity
- C 30. A 24 year-old-woman is brought to emergency room in unconscious state. The blood is drawn for testing and intravenous 50 % glucose is given. She becomes alert in few minutes and results of blood tests reveal the following:
Glucose 10 mg/dL, Insulin levels 90 uU/mL (nl: 6-26 uU/mL), C peptide and proinsulin levels are elevated.
The next diagnostic test, you will order in evaluating this patient is:
(A) CT scan of abdomen
(B) C peptide suppression test
(C) Urine for sulfonylurea
(D) Blood alcohol level
- B 31. A 36-year-old woman consults you because of increasing hair growth on face, acne and weight gain for the last 3 months. The laboratory studies reveal the following:
Testosterone level 300 ng/dL (nl : < 100 ng/ dL), Dehydroepianandrosterone (DHEA) 8000ng/mL (nl : 600-3300), 17 OH progesterone: normal
Based upon the above information, the most likely diagnosis is:
(A) Arrhenoblastoma
(B) Adrenal tumor
(C) Polycystic Ovarian disease
(D) 21-hydroxylase
- C 32. A 18-year-old man consults you because of infertility. He was recently found to have azoospermia on routine testing He noted slight penile growth at age 13 but there has not been any subsequent sexual development. Physical examination reveals height of 70 inches, arm span 72 inches, gynecomastia and small testes (1.8 cm in length). Laboratory studies reveal the following:
Serum testosterone 150 ng/dL (nl: 400-1000), LH 36 IU/L (nl: 5-15), FSH 60 IU/L (nl: 5-15)
Based upon the above information, you will now order :
(A) CT scan of head
(B) Serum prolactin levels
(C) Peripheral leukocyte karyotype
(D) Testicular biopsy

- C 33. A 46-year-old man consults you because of reduced libido and impotence of few months duration. He also gives history of decreased facial hair growth. Laboratory studies reveal the following:
Serum testosterone 125 ng/dL (nl: 400-1000 ng/dL), LH 6 IU/L (nl: 5-15)
FSH 7 IU/L (nl: 5-15)
The next diagnostic test in evaluating this patient should be:
(A) CT scan of head
(B) Penile doppler studies
(C) Serum prolactin level
(D) Serum cortisol level

- A 34. On a bone density study, a 56-year-old woman is found to have bone density 3.5 standard deviation below peak bone mass at the hip and 2.0 standard deviation below peak bone mass at the lumbar spine. She had a hysterectomy done 10 years ago for fibroids and is not on any hormonal replacement. She had an episode of DVT one year ago for which she received warfarin for 6 months. Based upon the above information, you will now recommend:
(A) Alendronate, calcium and vitamin D
(B) Estrogen, progesterone, calcium & vitamin D
(C) Alendronate
(D) Calcitonin

- B 35. A 16-year-old girl consults you because of primary amenorrhea. The laboratory tests reveal elevated LH and FSH
The most likely diagnosis is :
(A) Delayed puberty
(B) Turner's syndrome
(C) Pituitary tumor
(D) Testicular feminizing syndrome

- A 36. A 68-year-old female is brought to the emergency room in confused and disoriented state. She has history of diabetes for many years and has been on glyburide. The blood sugar on admission is 10 mg/dL. She improves after 50 ml of 50% glucose.
You will now recommend:
(A) Admit the patient to the hospital for further observation and treatment
(B) Discontinue glyburide and discharge the patient
(C) Give IV glucose for 12 hours and discharge after 12 hours
(D) Change glyburide to rosiglitazone and discharge the patient

- C 37. A 62-year-old man with history of diabetes for many years presents with gradually worsening sexual function. The diabetes has been under good control with oral hypoglycemics. He is unable to maintain a rigid erection during sexual intercourse or masturbation. He no longer has early morning erections. He recently lost his job and has been under a lot of stress. The blood tests reveal normal levels of testosterone, LH, FSH and prolactin. You will now recommend:
- (A) Psychiatric evaluation
 - (B) Trial of therapy with an antidepressant
 - (C) Penile doppler evaluation with measurement of penile brachial index
 - (D) Trial of therapy with testosterone
- A 38. On a hot summer day, a 28-year-old man is brought to the emergency room because of marked weakness, nausea, vomiting and abdominal pain. The physical examination reveals BP 80/60, pulse 130/minute, temp. 104 F and pigmentation of oral mucosa, elbows and hands. The laboratory studies reveal Na 126 meq/L, K 6.2 meq/L, BUN 76 mg/dL, Cr. 1.8 mg/dL. Based upon the above information, you will now recommend therapy with:
- (A) 5% glucose in normal saline and IV hydrocortisone
 - (B) Ampicillin, gentamicin and IV fluids
 - (C) Levothyroxine and IV fluids
 - (D) Immersion in ice water bath
- C 39. A 30-year-old female consults you because of palpitations, diarrhea, low grade fever, excessive sweating, heat intolerance and pain in the anterior aspect of the neck for the last 3 weeks. The examination reveals BP 140/80, pulse 120/minute, fine tremors of both hands and enlarged and tender thyroid gland. The laboratory studies reveal the free T4 4 ng/dL, TSH .02 mU/L (nl: .5-5), RAI uptake 2 % (nl: 5-30%), sed rate 70 mm/h. Based upon this information, you will recommend treatment with:
- (A) Propylthiouracil
 - (B) RAI
 - (C) Prednisone and propranolol
 - (D) Levothyroxine
- B 40. A 60-year-old male patient presents to the emergency room with history of nausea, vomiting and weakness of few days duration. He has a history of diabetes for many years and has been on Metformin and Glyburide. The laboratory tests reveal a glucose of 150 mg/dL, Na 136 meq/L, K 3.8 meq/L, HCO₃ 10 meq/L, Cl 95 meq/L, BUN 45 mg/dL, Cr 3.0mg/L. The blood gases show a pH of 7.00, PCO₂ 22 mmHg and PO₂ of 95 mmHg. The serum ketones are positive at 1:1 dilution.
- Based upon the above information, the most likely diagnosis is :
- (A) Diabetic ketoacidosis
 - (B) Metformin induced lactic acidosis
 - (C) Glyburide induced acidosis
 - (D) Renal tubular acidosis

C 41. A 26-year-old patient with history of insulin dependent diabetes is admitted with history of nausea, vomiting and abdominal pain of two days duration. The laboratory studies reveal a glucose of 400 mg/dL, Na 138 meq/L, K 6 meq/L, HCO₃ 8 meq/L, Cl 96 meq/L. The serum ketones are positive at 1:8 dilution. He is given a bolus of 10 units of insulin IV and started on insulin drip at 10 units/hour along with normal saline infusion at 250 ml/hr. Three hour later, the laboratory studies reveal Na 140 meq/L, K 4 meq/L, HCO₃ 10 meq/L, Cl 98 meq/L, glucose 200 mg/dL and serum ketones positive at 1:4 dilution. Based upon the above information, you will now recommend:

- (A) Discontinue insulin infusion
- (B) Add bicarbonate therapy
- (C) Change IV fluids to D5W/.45% NaCl, add potassium and continue insulin

Directions: Items 42-50 are true and false questions. Mark T for statements that are true and F for statements that is false

- 42-44 The true statements about hyperparathyroidism include
- T 42 Preoperative localization of tumor is not required in patients undergoing first exploration unless minimally invasive surgery is planned
 - T 43 It may be associated with medullary carcinoma of the thyroid and pheochromocytoma
 - T 44 Surgery is indicated for patients with renal stones or progressive bone loss
- 45-47 The factors which increase the risk of foot ulcers in diabetics include:
- T 45 Decreased blood flow and sensations
 - T 46 Skin dryness and calluses
 - F 47 Decreased keratin formation
- 48-50 The true statements about metformin include:
- T 48 It is contraindicated in patients with liver and kidney disease
 - T 49 It should be discontinued prior to radiocontrast x-ray procedures
 - F 50 It causes weight gain

Answers to Endocrinology Questions

- | | | | |
|-----|---|-----|---|
| 1. | A | 26. | B |
| 2. | B | 27. | C |
| 3. | B | 28. | D |
| 4. | D | 29. | B |
| 5. | C | 30. | C |
| 6. | A | 31. | B |
| 7. | B | 32. | C |
| 8. | C | 33. | C |
| 9. | C | 34. | A |
| 10. | C | 35. | B |
| 11. | A | 36. | A |
| 12. | D | 37. | C |
| 13. | D | 38. | A |
| 14. | C | 39. | C |
| 15. | B | 40. | B |
| 16. | B | 41. | C |
| 17. | C | 42. | T |
| 18. | D | 43. | T |
| 19. | B | 44. | T |
| 20. | C | 45. | T |
| 21. | C | 46. | T |
| 22. | C | 47. | F |
| 23. | B | 48. | T |
| 24. | C | 49. | T |
| 25. | C | 50. | F |