## Pathophysiology lab exam questions

## Laboratory evaluation of acid-base balance

- 1. What is the direction of change in the parameters below during respiratory acidosis? during generation compensation aHCO<sub>3</sub><sup>-</sup>???? st HCO<sub>3</sub><sup>-</sup>????
- Diabetic ketoacidosis. How and why do the indicated parameters deviate from normal? pH, pCO<sub>2</sub>, BE, aHCO<sub>3</sub><sup>-</sup>, st HCO<sub>3</sub><sup>-</sup>, AG, se K<sup>+</sup>

?

3. Traumatic shock (bleeding, crush). The acid-base parameters

?

BE

	during first hours	one day later
рН	7.2	7.05
pCO <sub>2</sub>	20 mmHg	55 mmHg
HCO <sub>3</sub>	8 mmol/l	13 mmol/l
st HCO <sub>3</sub>	11 mmol/l	11 mmol/l
BB	28 mEq/l	28 mEq/l
BE	-18 mEq/l	-18 mEq/l

One day after the trauma symptoms of shock-lung develop. Identify the type and analyze the different stages of the acid-base imbalance!

A 35-year-old woman reports to the ED with shortness of breath. She has cyanosis of the lips. She has had a productive cough for 2 weeks. Her temperature is 39 °C, blood pressure 110/76 mmHg, heart rate 108 bpm, respirations 32/min, rapid and shallow. Breath sounds are diminished in both bases, with coarse bronchi in the upper lobes. Her ABG results are:

pH = 7.44, pCO<sub>2</sub> = 28 mmHg,  $aHCO_3^-$  = 18 mmol/l,  $stHCO_3^-$  = 20 mmol/l, AG = 12 mmol/l, pO<sub>2</sub> = 54 mmHg

How do you interpret her ABG result? What other test would you order to verify your diagnosis?

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5. A 23 year-old woman with exacerbated rheumatoid arthritis enters to the ED. She has frequently vomited lately. Her medication: Aspirin 3–5 pills/day. Her ABG result:

pH = 7.70,  $pCO_2 = 25$  mmHg,  $aHCO_3^- = 30$  mmol/l, AG = 22 mmol/l

(Calculated  $pCO_2 = 42-44 \text{ mmHg.}$ )

What kind of acid-base disorders does she have?

6. A 60-year-old male presents to the ED from a nursing home. He has been breathing rapidly and is less responsive than usual. There is nothing else remarkable in the anamnestic data. His serum electrolyte panel and ABG:

Na<sup>+</sup> = 123 mmol/l, K<sup>+</sup> = 3.9 mmol/l, Cl<sup>-</sup> = 99 mmol/l pH = 7.31, pCO<sub>2</sub> = 10 mmHg, aHCO<sub>3</sub><sup>-</sup> = 5 mmol/l (Calculated pCO<sub>2</sub> = 13.5–17.5 mmHg) What kind of acid-base disorders does he have?

7. A 42 year-old type 1 DM female has flu for four days with incessant vomiting. She presents to the ED two days after stopping insulin due to no food intake. Her serum electrolyte panel and ABG:

Na<sup>+</sup> = 130 mmol/l, K<sup>+</sup> = 5.5 mmol/l, Cl<sup>-</sup> = 80 mmol/l, glucose = 15 mmol/l, pH = 7.21, pCO<sub>2</sub> = 25 mmHg,  $aHCO_3^-$  = 10 mmol/l. (Calculated pCO<sub>2</sub> = 21–25 mmHg) What kind of acid-base disorders does she have?

8. A 30-year-old female bone marrow transplanted patient with neutropenic fever has been

receiving multiple antibiotics including amphotericin B. She developed rigors and dyspnea. Her serum electrolyte panel and ABG:

Na<sup>+</sup> = 125 mmol/l, K<sup>+</sup> = 2.5 mmol/l, Cl<sup>-</sup> = 100 mmol/l, pH = 7.07, pCO<sub>2</sub> = 28 mmHg, aHCO<sub>3</sub><sup>-</sup> = 8 mmol/l. (Calculated pCO<sub>2</sub> = 18–22 mmHg.)

What kind of acid-base disorders does she have?