

# Mock SCE 2020 - Questions

1. An 83-year-old lady has been an inpatient for 12 weeks. She has been identified as having a pressure ulcer on her sacrum. On examination there is an open wound on the sacrum with visible subcutaneous fat. There is no tendon, muscle or bone visible or directly palpable.

Using the International NPUAP-EPUAP pressure ulcer classification, what category of pressure ulcer should this be graded as?

- A. Category/ Stage I
- B. Category/ Stage II
- C. Category/ Stage III
- D. Category/ Stage IV
- E. Unstageable

2. A GP has referred a 78 year old man into the medical assessment unit with severe hypertension. He had presented to the GP with headache. BP was 220/110 in the assessment unit.

PMH: hypertension, ischaemic heart disease, left partial anterior circulation stroke

DH: clopidogrel 75mg once a day, amlodipine 10mg once a day, bisoprol 2.5mg once a day, GTN spray as required

Which of the following is most likely to require admission to hospital:

- A. Severe headache
- B. Left bundle branch block on ECG
- C. Grade 2 hypertensive retinopathy
- D. 4AT score of 7
- E. Creatinine of 120 ( 95 six months ago)

3. All hospital inpatients should be routinely screened for malnutrition on a weekly basis. The Malnutrition Universal Screening Tool (MUST) can be used for this. The MUST calculates risk of malnutrition based upon which factors?

- A. BMI (calculated by height/ulnar length and weight, or mid upper arm circumference), unplanned weight loss in the last 3-6 months, and acute illness with no or unlikely intake for over 7 days.
- B. BMI (calculated by height/ulnar length and weight, or mid upper arm circumference), unplanned weight loss in the last 3-6 months, and acute illness with no or unlikely intake for over 5 days.
- C. BMI (calculated by height/ulnar length and weight, or mid upper arm circumference), unplanned weight loss in the last 6-12 months, and acute illness with no or unlikely intake for 7 days.
- D. BMI (calculated by height/ulnar length and weight, or mid upper arm circumference), unplanned weight loss in the last 6-12 months, and acute illness with no or unlikely intake for over 5 days.

- E. BMI (by measured height/ulnar length and weight, or mid upper arm circumference) and unplanned weight loss in the last 6-12 months.

**4. Concerning evidence for exercise interventions for prevention of falls in older people living in the community, which of the following statements is true?**

- A. Exercise reduces the number of falls over time by one quarter
- B. Exercise strongly improves health-related quality of life
- C. Exercise reduces the risk of a fall requiring hospital admission
- D. Flexibility and endurance exercise have been shown to be most effective in prevention of falls
- E. Walking programmes have been shown to reduce the risk of falls

**5. A 79-year-old man is admitted to hospital generally unwell and fatigued, with aches and pains and increasing care needs. Ambulance crew report that the house is unclean with little food and littered with overflowing ashtrays. On examination the man is very thin and has very dry skin. The hair follicles on his legs have small haemorrhages surrounding them, with the hairs appearing coiled. His main complaint is swollen and itchy gums. He is not well known to his GP and is on no regular medication. What treatment is most likely to improve his main complaint?**

- A. Cholecalciferol 800 units daily
- B. Ascorbic acid 250mg daily in divided doses
- C. Folic acid 5mg daily
- D. Thiamine 200mg daily in divided doses
- E. Hydroxocobalamin 1mg 3 times a week for 2 weeks.

**6. You are the orthogeriatrics registrar in a hip fracture specialist unit, attending the morning trauma meeting. An 80 year old woman who was previously independently mobile has been admitted following a fall on the ice. X-ray has confirmed a left subtrochanteric hip fracture. The orthopaedic consultant on call asks what the preferred operative management would be.**

- A. Hemi-arthroplasty
- B. Total hip replacement
- C. Intra-medullary nail
- D. Dynamic hip screw
- E. Non operative management

**7. A 65-year-old lady, with a background of hypertension and diabetes, attended ED with sudden onset right sided weakness, L sided partial ptosis and diplopia.**

**Where is the lesion?**

- A. L midbrain
- B. R midbrain
- C. L internal capsule
- D. R medulla

E. L medulla

**8. A 79 year old man attends the clinic due to tremor and difficulties walking. He has a past history of osteoarthritis and hypertension. He has a right hand rest tremor which is also present on outstretched hands and on action. His movements are slow and he walks with a slow antalgic gait due to pain in his hip. You are not sure clinically if the movement disorder is Parkinson's or Essential Tremor. Which is the most appropriate investigation to distinguish these diagnoses?**

- A. MRI Brain
- B. <sup>123</sup>I-FP-CIT single photon emission computed tomography (SPECT), also known as DaT scan
- C. D
- D. Genetic testing
- E. Positron emission tomography (PET)

**9. An 87-year-old man has been identified as malnourished but not at risk of re-feeding syndrome. He requires nutritional support. Which of the options below is the correct target range for his total daily intake?**

- A. 25-35kcal/kg, 0.8-1.5g protein/kg, 30-35ml fluid/kg, electrolyte and micronutrients if appropriate.
- B. 40-50kcal/kg, 1.5-2g protein/kg, 30-35ml fluid/kg, electrolyte and micronutrients if appropriate.
- C. 25-35kcal/kg, 1.5-2g protein/kg, 20-25ml fluid/kg, electrolyte and micronutrients if appropriate.
- D. 35-45kcal/kg, 0.8-1.5g protein/kg, 30-35ml fluid/kg, electrolyte and micronutrients if appropriate.
- E. 10kcal/kg, 0.8-1.5g protein/kg, 30-35ml fluid/kg, electrolyte and micronutrients if appropriate.

**10. Relaxation of the detrusor muscle is controlled by**

- A. Pelvic nerve (sympathetic branch)
- B. Hypogastric nerve (sympathetic branch)
- C. Pelvic nerve (parasympathetic branch)
- D. Pudendal nerve
- E. Splanchnic nerve

**11. In relation to the economic impact of dementia, which of the following is incorrect:**

- A. 150,000 people are estimated to have vascular dementia.
- B. Dementia costs the UK about £26 billion/year.
- C. 1 million people will have dementia by 2050.
- D. £10 billion of the cost of dementia goes into social care.
- E. 850,000 people are currently estimated to have dementia.

**12. Low physical activity levels in hospital among older people is associated with the following outcomes except:**

- A. Functional decline
- B. Prolonged hospital stay
- C. Increased risk of care or nursing home admission
- D. Increased mortality
- E. Increase independence

**13. A 78 year old lady with a background of hypertension, AF, T2DM and hypothyroidism presents with right hip pain following a fall. X-ray confirms a fractured neck of femur and she undergoes a hemiarthroplasty. She recovers well and is ready for discharge home. With regards to her bone health, what is the next step?**

- a. Ca and Vit D
- b. Ca and Vit D and outpatient DXA scan
- c. Inpatient bone scan
- d. Ca and Vit D and oral bisphosphonate
- e. Ca and Vit D and IV bisphosphonate

**14. A 82 year old smoker with a 20 year pack history is admitted for the 2<sup>nd</sup> time this year with a non-infective exacerbation of COPD.**

**PMH: COPD, peripheral vascular disease, mild cognitive impairment**

**DH: aspirin 75mg once a day, amlodipine 5mg once a day, tiotropium inhaler one puff once a day, salbutamol inhaler prn**

**Your are planning to discharge him home after treatment with a course of nebulisers and steroids. He remains SOB on walking to the toilet. Saturations on air are 88%.**

**ABG shows – pO<sub>2</sub> of 7.1, pCO<sub>2</sub> of 8, H+ 43**

**What change would you make to COPD management on discharge:**

- A. start umeclidinium and vilanterol
- B. long term oxygen
- C. start fluticasone and salmeterol inhaler
- D. oral carbocystine
- E. oral montelukast

**15. Mrs Brown is in interim care following a fall at home. She wants to go home and live independently; the MDT are working with her to make this possible. Claire, the physio, is talking to Mrs Brown about progressing from a rollator frame to a stick. Mrs Brown wants to continue to use the rollator frame as she is scared of falling over. Claire tells Mrs Brown that in her professional opinion she thinks she is capable of using the stick and that it will enable her to live far more independently. She also says of course there is always a risk she might fall over again but the benefits of being more mobile far outweigh the risks. This is an example of**

- A. Positive risk taking

- B. Negative risk taking
- C. Multiple risk scenario
- D. A no risk scenario

**16. Which of the following does the National Institute for Health and Clinical Excellence (NICE) consider to be an indication for consideration of cardiac pacing in older people who have experienced unexplained falls?**

- A. Sick sinus syndrome
- B. Cardioinhibitory carotid sinus hypersensitivity
- C. Complete heart block
- D. Atrial fibrillation with symptomatic bradycardia
- E. Vasodepressor response on tilt table testing

**17. You see a 70 year old man who was diagnosed with Parkinson's Disease 4months ago. His condition has rapidly deteriorated despite having been started on levodopa. He is having frequent falls in relation to significant postural hypotension, urinary incontinence and difficulties communicating as his voice is soft and croaky. Which is the most likely diagnosis?**

- A. Idiopathic Parkinson's disease
- B. Corticobasal Degeneration
- C. Multisystem Atrophy
- D. Progressive Supranuclear Palsy
- E. Normal Pressure Hydrocephalus

**18. An 83 year old woman was brought into A&E after being found on the streets walking around aimlessly. Old hospital records confirm that she's known to have Vascular Dementia, Congestive Heart Failure, Vertebral fractures, Depression, Atrial Fibrillation and Hypertension. She lives alone with QDS care package. She asks to be taken back home and apologises for wasting the time of the doctors. An initial assessment and blood results shows no acute infective illness. A&E collateral history from her daughter via phone confirms this has happened before; she agrees to drive into hospital. While waiting for her daughter's arrival, the patient becomes upset that she's being "admitted" and demands that she be let home. The nurse in charge attempts non-pharmacological approaches, she however becomes verbally aggressive. The nurse in charge suggests that this may be BPSD and asks you to prescribe a short-acting sedative to calm her down. Which of the following will be your next course of action?**

- a. Memantine is useful in the management of BPSD so should be started
- b. As this is an acute crisis, give a short active sedative and put her on cardiac monitoring.
- c. Trial of citalopram is preferable and will be appropriate
- d. Confirm what non-pharmacological approaches have been tried
- e. Call her daughter and ask what medications has been tried in the past

**19. You are asked to review an 89 year old man with severe COPD. He has been in hospital with an exacerbation for 3 weeks but NS have been struggling with when him off oxygen. Oxygen saturations are 87% on 2l O2.**

**PMH: COPD, ischaemic heart disease, benign prostatic hypertrophy, peripheral vascular disease, hypertension**

**DH: trimbrow inhaler, aspirin 75mg od, ramipril 5mg od**

**He is an ex-smoker and lives alone**

**Which of the following is not an indication for long term oxygen therapy.**

- A. pO<sub>2</sub> 7.0 in air, FEV<sub>1</sub> 32% predicted, Hb 11, normal echo
- B. pO<sub>2</sub> 7.1 on air, FEV<sub>1</sub> 53% predicted, Hb 12, normal echo
- C. pO<sub>2</sub> 7.8 on air, FEV<sub>1</sub> 35% predicted, Hb 18, normal echo
- D. P<sub>O2</sub> 8.2, FEV<sub>1</sub> 25% predicted, Hb 12, pulmonary hypertension on echo
- E. pO<sub>2</sub> 7.9, FEV<sub>1</sub> 48% predicted, Hb 10, pulmonary hypertension on echo

**20. According to the physical activity guidance published by the UK Department of Health and Social Care in 2019, older adults aged > 65 years should aim to achieve :**

- A. 150 minutes of moderate intensity aerobic activity weekly
- B. 150 minutes of vigorous intensity activity weekly
- C. 75 minutes of moderate intensity aerobic activity weekly
- D. 100 minutes of moderate intensity aerobic activity weekly
- E. 100 minutes of vigorous intensity aerobic activity weekly

**21. A 72-year-old male with a background of hypertension and rheumatoid arthritis presented with subacute onset of left sided facial weakness with involvement of the frontalis muscle.**

**What is the treatment?**

- A. Prednisolone
- B. Aspirin
- C. Amlodipine
- D. Apixaban
- E. No treatment (watch and wait)

**22. An 80 year old lady with a background of hypertension, mild cognitive impairment, closed angle glaucoma presents with symptoms of overactive bladder. She has found no benefit from 6 weeks of bladder training and wishes to explore medical management. Which of the below would you recommend as first line treatment?**

- A. Mirabegron
- B. Tolterodine
- C. Oxybutynin tablets
- D. Solifenacin
- E. Oxybutynin Patch

**23. Reablement occurs in**

- A. Hospital
- B. Own home
- C. Care home
- D. Both own and care home

**24. Which of these conditions is not listed on NICE's secondary causes of osteoporosis?**

- A. hypoadrenalism
- B. hyperthyroidism
- C. hyperparathyroidism
- D. Chronic Pancreatitis
- E. Multiple Myeloma

**25. An 86 year-old woman is brought into the emergency department following a fall in her church. She says that she had been standing up singing one of her favourite hymns. She had been feeling warm but didn't want to remove her jacket. She describes feeling unwell with bright spots in her vision, but she carried on singing. The next thing she remembered was being on the floor. Her friends from the church said they had noticed her body twitching whilst she was on the floor. Her past medical history includes hypertension, for which she takes lisinopril and Bendroflumethiazide. Her supine blood pressure is measured at 135/90; standing blood pressure is 120/80 on 1 minute of standing, and she denies any associated symptoms in the emergency room. What is the most likely diagnosis?**

- A. Immediate orthostatic hypotension
- B. Delayed orthostatic hypotension
- C. Transient ischaemic attack
- D. Partial seizure with secondary generalisation
- E. Vasovagal syncope

**26. During a routine Parkinson's review, the husband of your patient raises concerns that she has run up huge credit card debt due to excessive shopping and is losing sleep due to obsessive thoughts about the January sales. Her current medications are:**

**Ropinirole 3mg TDS**

**Sinemet (Co-careldopa) 50mg/200mg QDS**

**Entacapone 200mg QDS**

**Ramipril 10mg OD**

**Aspirin 75mg OD**

**Atorvastatin 40mg ON**

**Which would be the most appropriate medication change to make in the first instance?**

- A. Gradually reduce ropinirole
- B. Quickly reduce levodopa
- C. Stop ramipril

- D. Increase levodopa to five times a day
- E. Immediately stop all anti-Parkinsonian medications

**27. A 91 year old lady was admitted with abdominal pain. The next day, she gets a CT scan and is significant for an appendix mass. The report goes further to suggests a conservative approach. A surgical-radiology MDT discussion is held, and the surgical team decide to operate. The patient is felt to lack capacity to consent for surgery as she's known to have dementia and hence a discussion is held with her husband who lives with the patient and agrees to the surgery the following day. On the day of the surgery, the patient's daughter (a geriatrics trainee) arrives and worries that her mother is too frail to undergo the surgery. She also mentions that her father's memory isn't great either and asks for alternative treatment options. The surgical team request a geriatric consult. They wonder who can give consent for the operation if the patient lacks capacity.**

- a. The patient's husband as he lives with the patient.
- b. The patient's daughter as she has training on issues relating to capacity and consent
- c. The surgical team as this is clinically appropriate and an MDT discussion has been done.
- d. A person with lasting power of attorney for health and welfare.
- e. An independent Mental Capacity Assessor.

**28. Inactivity-related loss of muscle mass as a result prolonged bed rest predominantly affects:**

- A. Smooth muscles
- B. Upper body musculature
- C. Lower body musculature
- D. Cardiac muscles
- E. Type I muscle fibres

**29. A 64-year-old male presented to the ED with sudden onset dysarthria and dysphonia. With decreased sensation on his left arm and left leg, and on the right side of his face.**

**Where is the lesion?**

- A. R internal capsule
- B. L internal capsule
- C. R lateral medulla
- D. L lateral medulla
- E. Midbrain

**30. NICE's decision tool for the use of denosumab in primary prevention of fragility fractures is based on certain clinical measures and the number of individual "independent clinical risk factors" to create a threshold score. Which of these is regarded as an independent clinical risk factor?**

- A. age
- B. T Score
- C. Thyroid Disease



- D. Parental History of Hip Fracture
- E. Malabsorption Syndromes

**31. Concerning investigation of suspected cardiac arrhythmic cause of syncope, which of the following does the National Institute for Health and Clinical Excellence (NICE) recommend for continuous event recording?**

- A. An implantable event recorder should be offered for transient loss of consciousness occurring less than once every two weeks if there is no evidence of conduction abnormality on the 12-lead electrocardiogram (ECG)
- B. Tilt testing should be offered as a first-line investigation
- C. Holter monitoring should be arranged if transient loss of consciousness occurs every 1-2 weeks
- D. The type of ambulatory ECG should be chosen on the basis of the 12-lead ECG
- E. An external event recorder that provides continuous recording with the facility for the patient to indicate when a symptomatic event has occurred should be offered initially for patients that experience transient loss of consciousness several times a week

**32. A 74 year old lady is admitted following a fall. She describes several months of episodic dizziness, triggered by changes in position and associated with nausea. She was prescribed betahistine but it has not helped. The neurological examination performed on admission detected no abnormality and there is no drop in blood pressure between lying and standing. Which is likely to be the most effective treatment for her dizziness?**

- A. Ondansetron
- B. Fludrocortisone
- C. Aspirin
- D. Hallpike manoeuvre
- E. Epley manoeuvre

**33. A 77 year old lady attends a geriatric follow up clinic after an acute admission with pneumonia and confusion. Since discharge, she has been a bit forgetful however still able to drive to shops and friend's house. Her background is significant for Atrial fibrillation for which she's on anticoagulation but may have forgotten to take her medications a few times. On a MOCA test, she scores 28/30. You request some blood tests using a standard form for "memory impairment", an MRI brain and reschedule an appointment with a family member. The MRI brain shows evidence of an old occipital infarct and no other concerning features. All blood tests are normal apart from an Apolipoprotein E which is labelled positive for e2/e2 alleles. According to the NICE guideline on dementia assessment and management, which of the following is correct?**

- a. Dementia can be ruled out because her cognitive scores are normal.
- b. Her MRI is essentially normal hence she doesn't have dementia.
- c. Based on her Apolipoprotein E result, she likely has Alzheimer's dementia.
- d. She has a vascular lesion and perhaps may have Vascular dementia.
- e. None of the above.

34. The European Working Group on Sarcopenia in Older People (EWGSOP) proposed the use of gait speed as one of the tools to measure physical performance in the diagnosis and definition of sarcopenia. The cut-off point used to diagnose low performance of gait speed is:

- A. 0.6 metre per second
- B. 0.8 metre per second
- C. 1.0 metre per second
- D. 1.2 metre per second
- E. 1.5 metre per second

35. A 60 year old lady with a background of COPD and psoriasis was seen in the ED at 11am with R arm and R leg weakness. She She woke up with her symptoms at 1030am and was last seen by her husband when he left for work at 0500 am. When she was seen by her husband she appeared well with no focal neurology. In the department she had a CT and CTA. The CTA confirmed a clot in her proximal MCA on the L.

- A. What treatment should be offered?
- B. Aspirin
- C. Thrombolysis
- D. Thrombolysis and thrombectomy
- E. Thrombectomy
- F. Apixaban

36. Regarding surgical management of incontinence. Which of the following interventions requires that the patient must be 'willing and capable' of performing long-term intermittent self-catheterisation?

- A. A Percutaneous posterior tibial nerve stimulation
- B. B Botulinum toxin Type A injection
- C. C Urinary Diversion
- D. D Augmentation cystoplasty for idiopathic detrusor over-activity
- E. E Percutaneous sacral nerve stimulation

37. An 89 year old woman presents with an episode of dizziness resulting in a fall. She had no loss of consciousness but complained of pain in her left hip. Plain x-ray was normal and she was admitted under the medics for PT and OT input.

PMH: hypertension, osteoarthritis, type 2 diabetes

Three days into her admission the phyiotherapists approach you to say that she is really struggling to weight bear due to pain. What form of imaging is most helpful

- A. MRI hip
- B. CT hip
- C. Plain x-ray of hip
- D. Ultrasound
- E. DEXA scan

**38. On admission to a nursing home which variable is not associated with higher mortality.**

- A. Increased age
- B. Severe dementia
- C. Lower BMI
- D. Lower dependency scores

**39. Which of the following needs to be present to meet diagnostic criteria for probable sarcopenia by the 2019 revised European Working Group on Sarcopenia in Older People (EWGSOP) guidelines?**

- A. Low physical performance
- B. Low muscle strength
- C. Low gait speed
- D. Reduced psoas muscle mass on CT
- E. Prolonged Timed Up and Go (TUG) test

**40. Which of the following is incorrect regarding falls:**

- a. Falls cost the NHS roughly £1 billion per year
- b. 50% of people older than 80 falling at least once a 6year.
- c. Visual impairment, depression and postural hypotension are all intrinsic factors for falling
- d. Being on >4 medications strongly correlates with a high risk of falling
- e. The incidence of falling is higher among females compared to males

**41. Beechdale nursing home are updating their documentation on covert medication. Which one of these statements should they not include in their new document.**

- A. There should be a best interests meeting to decide whether medications can be delivered covertly. This should include the relatives or advocate, the prescriber, the pharmacist and Beechdale nursing home staff
- B. Every effort should be made to try and understand why an individual is refusing to take their medications and change practice to assist the individual to take their medications.
- C. The mental capacity act should be considered and applied before giving medications covertly.
- D. Once a decision has been made to give medications covertly this applies to all medications including medications yet to be prescribed.

**42. A 75 year old lady is referred to a falls team. She reports a trip while going down a step outside her door. She had one previous fall a few months ago. There is a past medical history of type 2 diabetes mellitus and a previous stroke from which she has a mild right sided weakness. On assessment she has mildly reduced strength on the right arm and leg and reduced balance. Her gait speed is normal. She lives independently at home and goes out often to the shops and to activity clubs. Which walking aid is likely to be most helpful?**

- A. Rollator

- B. Walking frame with wheels
- C. Walking stick
- D. Walking frame without wheels
- E. Mobility scooter

**43. A 77-year-old male with a background of high blood pressure and gout presents to the ED with sudden onset left arm and left leg weakness, power 0/5. He was assessed by the stroke team. He is alert and orientated and has normal movement of his face and eyes and normal vision. He has profound inattention to on his left side.**

**What is his NIHSS?**

- A. 8
- B. 9
- C. 10
- D. 11
- E. 12

**44. Which of the following classes of medications reduces bladder contractility and can lead urinary retention and overflow incontinence:**

- A. Calcium channel blockers
- B. Antiplatelet Agents
- C. Antibiotics
- D. Nonsteroidal anti-inflammatory drugs
- E. E Antiepileptic Drugs

**45. Which assessment tool would be most helpful in monitoring effectiveness of a general rehabilitation programme for older people?**

- A. Barthel Index
- B. NIH Stroke/Scale
- C. APACHE II score
- D. ASA classification
- E. Rockwood Clinical Frailty Score

**46. Which of the following statements are true regarding physical rehabilitation in older people?**

- A. Patients with a diagnosis of dementia will not benefit from rehabilitation
- B. Rehabilitation consists mainly of physiotherapy
- C. There is little evidence base for the effectiveness of rehabilitation in older people
- D. Rehabilitation cannot begin until a patient is physically well
- E. Community based rehabilitation can reduce rates of care home admission

**47. By 2050, how many people are estimated to be aged 65 years or over in the UK?**

- A. 1 in 10
- B. 1 in 50
- C. 1 in 2
- D. 1 in 4
- E. 1 in 5

**48. A 85 year old lady presents with breathlessness and palpitations on exertion over a period of 3 weeks. She is found to be in atrial fibrillation with a rate of 125bpm. She had no chest pain and is haemodynamically stable with a blood pressure of 140/76. There is no evidence of heart failure. She has a past medical history of hypertension, cataracts and CKD3. She lives with her husband, is independent though uses a stick to walk. What is the best choice of treatment?**

- A. Amiodarone
- B. Digoxin
- C. Bisoprolol
- D. Immediate DC cardioversion
- E. Flecainide

**49. Which of the following statements is true?**

- A. life expectancy at birth is lower than life expectancy at age 65
- B. life expectancy at birth is higher than life expectancy at age 65
- C. In general men live longer than women
- D. Average life expectancy in England and Wales is 90 years
- E. Inequality between local areas with the highest and lowest life expectancy at birth in the UK is decreasing

**50. An 82 year old man presents to AMU with breathlessness. He is haemodynamically stable. His chest is clear but he is pale and blood tests reveal a Hb of 68, with an MCV 80, normal WCC and platelets, Na 134, K 4.2, U 16.0, Cr 85, CRP 10. CXR is normal. He has felt otherwise well recently and does not report any bleeding. He has a background of hypertension, osteoarthritis and angina but lives independently at home. The best next investigation is?**

- A. CTPA
- B. Upper GI endoscopy
- C. Colonoscopy
- D. CT CAP
- E. Urinalysis