



MATERIAL



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READING TEST 12

Reading: Part A

TIME LIMIT: 15 MINUTES

Instructions:

- Complete the summary of **Part A - Answer booklet** using the information in the four texts (A1-4) below.
- You **do not** need to read each text from beginning to end to complete the task. You should scan the texts to find the information you need.
- Gaps may require **1, 2 or 3 words**. Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.
- You should write your answers next to the appropriate number in the **right-hand column**.
- Please use **correct spelling** in your responses. **Do not** use abbreviations unless they appear in the texts.

Text 1

The term hydrocephalus is derived from the Greek words "hydro" meaning water and "cephalus" meaning head. As the name implies, it is a condition in which the primary characteristic is excessive accumulation of fluid in the brain. Although hydrocephalus was once known as "water on the brain," the "water" is actually cerebrospinal fluid (CSF)--a clear fluid that surrounds the brain and spinal cord. The excessive accumulation of CSF results in an abnormal widening of spaces in the brain called ventricles; this widening creates potentially harmful pressure on the tissues of the brain.

Text 2

Hydrocephalus may be congenital or acquired. Congenital hydrocephalus is present at birth and may be caused by either events or influences that occur during fetal development, or genetic abnormalities. Acquired hydrocephalus develops at the time of birth or at some point afterwards. This type of hydrocephalus can affect individuals of all ages and may be caused by injury or disease. Hydrocephalus may also be communicating or non-communicating. Communicating hydrocephalus occurs when the flow of CSF is blocked after it exits the ventricles. This form is called communicating because the CSF can still flow between the ventricles, which remain open. Non-communicating hydrocephalus - also called "obstructive" hydrocephalus - occurs when the flow of CSF is blocked along one or more of the narrow passages connecting the ventricles. One of the most common causes of hydrocephalus is "aqueductal stenosis." In this case, hydrocephalus results from a narrowing of the aqueduct of Sylvius, a small passage between the third and fourth ventricles in the middle of the brain.

Text 3

There are two other forms of hydrocephalus which do not fit exactly into the categories mentioned above and primarily affect adults: hydrocephalus ex-vacuo and normal pressure hydrocephalus. Hydrocephalus ex-vacuo occurs when stroke or traumatic injury cause damage to the brain. In these cases, brain tissue may actually shrink. Normal pressure hydrocephalus, a potentially treatable cause of dementia, can happen to people at any age, but it is most common among the elderly or people around the age of 55. It can be the result of a subarachnoid hemorrhage, head trauma, infection, tumor, or complications of surgery. However, many people develop normal pressure hydrocephalus even when none of these factors are present for reasons that are unknown.

Text 4

The causes of hydrocephalus are still not understood very well. Hydrocephalus may result from inherited genetic abnormalities (such as the genetic defect that causes aqueductal stenosis) or developmental disorders (such as those associated with neural tube defects including spina bifida and encephalocele). Other possible causes include complications of premature birth such as intraventricular hemorrhage, diseases such as meningitis, tumors, traumatic head injury, or subarachnoid

hemorrhage, which block the exit of CSF from the ventricles to the cisterns or eliminate the passageway for CSF into the cisterns.

Text 5

The signs and symptoms of hydrocephalus vary generally by age of onset. Common signs and symptoms of hydrocephalus in infants include: an unusually large head; a rapid increase in the size of the head; a bulging or tense soft spot (fontanel) on the top of the head; vomiting; sleepiness; irritability; poor feeding; seizures; eyes fixed downwards (sunsetting of the eyes); deficits in muscle tone and strength; responsiveness to touch; and unexpected growth etc.

Among toddlers and older children, signs and symptoms may include: abnormal enlargement of a toddler's head; headaches; nausea or vomiting; fever; delays in walking or talking; problems with previously acquired skills, such as walking or talking; blurred or double vision etc. Common signs and symptoms among young and middle-aged adults include: headaches; difficulty in remaining awake or waking up; loss of coordination or balance; loss of bladder control or a frequent urge to urinate; impaired vision etc. Among adults 60 years of age and older, the more common signs and symptoms of hydrocephalus are: loss of bladder control or a frequent urge to urinate; memory loss; progressive loss of other thinking or reasoning skills; difficulty walking, often described as a shuffling gait; or the feeling of the feet being stuck etc.

Summary

Hydrocephalus is a condition that occurs when fluid builds up in the 1..... and causes the 2..... to 3..... The name literally means "water on the brain." Brain damage can occur as a result of the 4..... This can lead to impaired developmental, physical, and 5..... functions. It requires treatment to prevent serious complications. Hydrocephalus mainly occurs in children and adults over 60, but younger adults can get it too. Types of hydrocephalus include: congenital hydrocephalus and acquired hydrocephalus. Congenital hydrocephalus may be caused by physical problems with 6..... or is made or absorbed, by infections or trauma during 7....., or by teratogens. It may be linked with other 8..... defects that affect 9....., especially open neural tube defects. Acquired hydrocephalus develops at the time of birth or 10..... It can be caused by 11..... such as meningitis, bleeding, 12.....or

14....., which usually develops in people who are aged 55 or older is a potentially 15..... dementia. This type of hydrocephalus often occurs after head 16....., infections, and bleeding 17..... Ex-vacuo hydrocephalus, which occurs when there is damage to the brain caused by 18.....or 19..... This type of 20..... may not be a 21..... for some people, in which case treatment is not needed. With all types of hydrocephalus, early 22.....and 23..... are important to minimize or prevent long-term problems. It should also be mentioned here that the causes of hydrocephalus are still not well understood. Hydrocephalus may result from 24..... or developmental

disorders Other possible causes may include complications of premature birth such as 25....., diseases such as meningitis, tumors, traumatic head injury etc. The characteristic symptom seen in infants is enlargement of the head. An infant's skull expands to accommodate excess CSF because the 26.....have not closed yet. Very young children commonly experience irritability, poor feeding, and lethargy. Children and adults may experience the following symptoms: blurred or double vision, 27....., downward gaze or "sun-setting eyes", headaches, imbalance and dizziness, incontinence, irregular gait, 28....., 29.....etc.

End of Part A

Part B - Text Booklet

Instructions

TIME LIMIT: 45 MINUTES

- There are TWO reading texts in Part B. After each of the texts you will find a number of questions or unfinished statements about the text, each with four suggested answers or ways of finishing.

- You must choose the ONE, which you think, fits best. For each question, 1-20, indicate on your answer sheet the letter A, B, C or D against the number of the question.
- Answer ALL questions. Marks are NOT deducted for incorrect answers.

NOTE: You must complete your Answer Sheet for Part B within the 45 minutes allowed for this part of the sub-test.

Text B1 - Renal Artery Stenosis

Paragraph 1

Renal artery stenosis (narrowing) is a decrease in the diameter of the renal arteries. The resulting restriction of blood flow to the kidneys may lead to impaired kidney function (renal failure) and high blood pressure (hypertension), referred to as renovascular hypertension, or RVHT ("reno" for kidney and "vascular" for blood vessel). Renovascular hypertension is as likely to occur with bilateral stenosis (when arteries to both kidneys are narrowed) as with unilateral stenosis (when the artery to one kidney is narrowed). The decreased blood flow to the kidneys impairs renal function. Renal artery stenosis may cause renal failure in some patients. There is no predictable relationship between renal failure and renal artery stenosis. Some patients have very severe bilateral stenosis and normal renal function. Most cases of renal failure are related to diabetes, hypertension, glomerular sclerosis, contrast nephropathy, drug toxicity and other causes.

Paragraph 2

The majority of renal artery stenosis are caused by atherosclerosis (hardening and narrowing of blood vessel wall from the inside) similar to the process that occurs in blood vessels in the heart and other parts of the body. Risk factors for atherosclerosis include: high cholesterol levels, high blood pressure, age, cigarette smoking, diabetes etc. Less common causes of renal artery stenosis are fibromuscular dysplasia of the vessels (narrowing of the vessel due to internal thickening of the blood vessel wall), arteritis (inflammation of the blood vessel), or dissection (tearing and division of the blood vessel wall).

Paragraph 3

Narrowing of the kidney arteries is more common in individuals 50 years of age and older. It is estimated that some degree of narrowing (greater than 50%) is found in about 18% of adults between 65-75 years of age and 42% of those older than 75 years of age. This may be due to the fact that atherosclerosis is more common in this age group. In younger patients, the narrowing of the renal artery is usually due to the thickening of the artery (fibromuscular dysplasia) and it is more common in women than men. It is estimated that renal artery stenosis accounts for approximately 1% of mild to moderate cases of high blood pressure. It may be responsible for more than 10% of cases of severely elevated or difficult to treat high blood pressure (hypertension).

Paragraph 4

In general, renal artery stenosis is not associated with any obvious or specific symptoms. Suspicious signs for renal artery stenosis include: high blood pressure that responds poorly to treatment; severe high blood pressure that develops prior to age 30 or greater than age 50; an incidental finding (discovered through routine tests or tests performed for another condition) of one small kidney compared to a normal sized one on the other side. Typically, unilateral (one-sided) renal artery stenosis may be related to high blood pressure whereas bilateral (two-sided) renal artery stenosis is more often related to diminished kidney function.

Paragraph 5

Several tests exist to detect any evidence of renal artery stenosis, which can be divided into imaging tests and functional tests. The imaging tests provide a picture of the blood vessel and its anatomy and reveal the degree of narrowing. The functional tests provide information about whether the narrowing is significant enough to cause the high blood pressure or kidney dysfunction. Each of these tests has advantages and disadvantages.

Paragraph 6

In bilateral (both-sided) and unilateral (one-sided) renal artery stenosis associated with high blood pressure, controlling the blood pressure with usual blood pressure medications is the first and the safest treatment. ACE inhibitors or ARB medications with or without a diuretic (water pill) may be tried first. In some patients, this approach may be associated with worsening of their kidney function. Therefore, kidney function needs to be followed closely and if worsening of kidney function is evident, these medications may need to be stopped. It is worth noting that if renal artery stenosis is found incidentally when performing a test for another disease and there is no evidence of kidney dysfunction or high blood pressure then no treatment may be necessary. Sometimes even significant stenosis may not be associated with high blood pressure or kidney dysfunction. In these situations, periodic monitoring of blood pressure and kidney function may be advised.

Part B

Text B1 - Renal Artery Stenosis

Questions 1-11

1 Renovascular hypertension is likely to occur with

- A Bilateral stenosis
- B Unilateral stenosis
- C Both bilateral and unilateral stenosis
- D When arteries to one or both kidneys are narrowed

2 Which one of these statements is true, according to paragraph 1?

A The increase or decrease in blood flow leads to improper functioning of the kidneys

- B Renal failure and renal artery stenosis are closely connected to each other
- C A patient may have normal renal function even if there is higher bilateral stenosis
- D In some cases, bilateral stenosis may affect renal functions too.

3 Renal Artery Stenosis is caused by

- A Hardening of the blood vessel wall from inside
- B Hardening of the blood vessels similar to that of the blood vessels in the heart
- C Narrowing and hardening of the walls like that of blood vessels in the heart
- D Hardening and narrowing of the blood vessels from inside

4 One of the common causes is

- A High cholesterol level
- B High blood pressure
- C Thickening of the blood vessels
- D Arteritis

5 Thickening of the arteries is more common among

- A Men
- B Women
- C Children
- D All of the above

6 According to paragraph 4, which one of the following statements is true?

- A There are no specific symptoms of the renal artery stenosis
- B Higher BP which develops before the age of 30 or after the age of 50 can become the cause of the renal artery stenosis
- C Untreatable high BP can be the cause of the renal artery stenosis
- D Differences in sizes of the kidneys can be a major cause of the renal artery stenosis

7 Which one of these statements is true, according to paragraph 4?

- A Untreatable high blood pressure can be the cause of renal artery stenosis

- B Renal artery stenosis is divided into unilateral and bilateral stenosis
- C Poor function of the kidney can be associated with unilateral stenosis
- D Bilateral stenosis can occur when the kidney stops functioning properly

8 According to paragraph 5, which one of the following statements is incorrect?

- A Imaging tests are the best way to detect renal artery stenosis
- B Functional tests are better for the detection of the narrowing or thickening of the blood vessels.
- C Both imaging and functional tests can provide a clear picture of the blood vessel and its anatomy.
- D None of the above

9 Functional tests provide

- A A clear picture of the blood vessels and functions
- B A clear idea of whether narrowing is significant to cause high BP or kidney dysfunction
- C Anatomy of blood vessels
- D A clear idea of the thickening of the blood vessels

10 The best possible treatment for renal artery stenosis is

- A Controlling the blood pressure
- B Using ARB medications for quality functioning of the kidneys
- C Improving the function of the kidney through proper medications
- D None

11 Renal artery stenosis is closely associated with

- A Kidney dysfunction
- B High blood pressure
- C Low blood pressure
- D A and B

Part B**Text B2 - Hematochezia****Paragraph 1**

Rectal bleeding (hematochezia) is used to describe the presence of blood with a bowel movement. That blood, whether it fills the toilet bowl, or is a streak on the toilet paper when wiping, or just a few drops in the toilet bowl, is not a normal finding and should not be ignored. The source of bleeding can be anywhere in the digestive tract, from the nose and mouth to the rectum and anus. The color can range from bright red to maroon to black or any shade in between, depending on how much the blood has been exposed to the digestive juices. Anytime there is blood within the gastrointestinal system, it will eventually be excreted in stool (feces, bowel movement, BM). The color of stool will depend upon the amount of blood, the source of the bleeding and how quickly the stool moves through the digestive tract. Sometimes, the bleeding is too little to be seen by the naked eye but can be tested for by a health care professional.

Paragraph 2

Depending upon where and why the bleeding has taken place in the digestive tract, the stool consistency and color may vary greatly: the stool color may be bright red, maroon, dark red or black. The bleeding might be hidden, unseen to the naked eye, but able to be detected by a fecal occult blood test. There may be blood just in the bowel movement or there may be associated feces. If the feces are formed, the blood may be mixed in with the stool or it may just coat the surface. The stool may be well formed or it may be loose and diarrhea like. It may be normal in shape in size or it may become pencil thin. There may be associated abdominal pain or the bleeding may be painless.

Paragraph 3

Hemorrhoids are the most common cause of blood in the stool. Blood vessels located in the walls of the rectum can swell, become inflamed and bleed. Hemorrhoids can be caused by straining at stool, diarrhea, pregnancy, obesity and prolonged sitting on the commode. All these factors increase the pressure within the hemorrhoidal vessels, causing them to swell. The bleeding is often associated with anal burning or itching. Bleeding can also occur because of an anal fissure, or a split in the skin of the anus. Hard constipated stool may cause the skin to split; other causes include pregnancy and anal intercourse. Anal fissures are also associated with other diseases including inflammatory bowel disease (Crohn's disease, ulcerative colitis), cancer and infections. Anal fissures tend to be very painful, even when sitting. The blood in the stool can also be due to swallowed blood from a nosebleed, dental work, or other mouth injuries that cause bleeding.

Paragraph 4

Rectal bleeding is often diagnosed by history. The health care professional may ask questions about the circumstances surrounding the rectal bleeding including the color, the amount of bleeding, any associated symptoms and past medical history. A variety of medications and food can mimic blood in the stool. Iron supplements and bismuth (pepto-bismol, kaopectate) can turn stool black, as can beets and licorice. Red food coloring and beets can turn stool into a reddish hue. Patients who take blood thinners (anticoagulation medications) are more prone to rectal bleeding. Examples of blood thinners include warfarin (coumadin), enoxaparin (lovenox), aspirin and other antiplatelet drugs including clopidogrel (plavix), prasugrel (effient) and rivoroxiban (xarelto).

Paragraph 5

Physical examination is important to assess the patient's stability. Vital signs are important and may include orthostatic vital signs, where the blood pressure and pulse rate are taken both lying and standing. In a patient with reduced blood volume, the blood pressure may fall, the pulse rate may rise, and the patient may become lightheaded and weak when standing. Palpation of the abdomen is performed to look for tender areas, masses or enlarged organs, especially the liver and spleen. Rectal examination is performed by inserting a finger into the rectum, with the purpose of feeling for a mass or other abnormality. The stool color and

consistency may be examined when the finger is withdrawn. The anus also may be examined. Blood tests may be considered if there is concern about the amount of bleeding or other associated diseases. A complete blood count (CBC) measures the number of red blood cells, white blood cells and platelets. Blood clotting tests include PT (protime), INR (international normalized ratio) and PTT (partial thromboplastin time). Depending upon the situation, other tests may be ordered to measure electrolytes, and kidney and liver functions.

Paragraph 6

Most diseases which cause rectal bleeding are likely preventable, but it is not often possible. Hemorrhoids can be avoided with proper diet and hydration to prevent constipation and straining to pass stool, but normal pregnancy increases the risk of hemorrhoid formation as does the patient with an acute diarrheal illness. Avoiding constipation also decreases the risk of diverticulosis, outpouchings in the lining of the colon, and the risk of a diverticular bleed but this may be a consequence of a Western diet. Alcohol abuse increases the risk of rectal bleeding in a variety of ways, from directly irritating the lining of the GI tract, to decreasing clotting capabilities of blood.

Part B**Text B2 - Hematochezia****Questions 12-20**

12 Rectal bleeding describes

- A Blood in the bowels
- B Blood in the digestive tract
- C Blood in the stools
- D Blood in the rectum

13 Paragraph 2 talks more about

- A Which symptoms are associated with rectal bleeding
- B Causes of the rectal bleeding
- C Variations in the color of the stools
- D None

14 "Blood in the stool can originate anywhere in the gastrointestinal tract."

- A False
- B True
- C Not given
- D Sometimes true and sometimes false

15 Hemorrhoids can be well defined by which one of the following?

- A Swelling of the rectal walls
- B Inflammation and bleeding of the rectal walls
- C Straining
- D All of the above

16 Causes of anal fissure may include

- A Formation of the constipated stool
- B Inflammatory bowel disease
- C Cancer and infections
- D All of the above

17 According to paragraph 4, which of the following statements is true?

- A Blood thinners can cause rectal bleeding
- B Blood thinners may sometimes cause rectal bleeding
- C It is not fully established that the rectal bleeding is the direct result of the use of blood thinners
- D None

18 Which one of the following statements is not included in the paragraph 5?

- A Physical examiners will always look for orthostatic vital signs

- B A patient may have low blood pressure with higher pulse rate
- C Palpitations of the abdomen is performed to look for tender areas
- D Rectal bleeding is identified through taking a stool sample

19 Which one of these is the preferred blood clotting test?

- A PT
- B INR
- C PTT
- D Not given

20 Paragraph 6 talks more about

- A Preventive measures related to rectal bleeding
- B Other reasons related to rectal bleeding
- C Whether blood in the stool (rectal bleeding) can be prevented
- D Not given

End of Part B