



MATERIAL



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READING TEST 8**Reading: Part A****TIME LIMIT: 15 MINUTES****Instructions:**

- Complete the following summary using the information in the four texts provided.
- 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.
- You should write your answers next to the appropriate number in the right-hand column.
- Please use correct spelling in your responses.

Text 1

Short Bowel Syndrome (sometimes referred to as SBS) is a disorder that affects people who have had large portions of their small intestine surgically removed as a result of a digestive illness, such as Crohn's disease. Approximately 10,000–20,000 people in the United States have short bowel syndrome.

Short bowel syndrome in neonates may be present at birth due to a congenital anomaly or may develop in older infants and children as a result of disease or trauma, occurring later in life. SBS is usually caused by massive intestinal resection; they do not always strictly correlate with the length of the remaining small intestine. Those who are at risk include: babies (usually premature) who have had surgery for NEC; patients who have had surgery for volvulus (twisting of the intestines); patients born with narrowing or obstruction of their intestine; patients with intestinal pseudo-obstruction or abnormal motility of the bowel; patients after having parts of the intestine removed for other reasons (e.g. tumors, abnormal blood supply, strictures, etc.); patients with damage to their intestines from radiation therapy and, finally, patients born with an abnormally short small intestine.

Text 2

The most common symptom of short bowel syndrome is chronic (long-term) diarrhea. This, in turn, can cause malnutrition, dehydration, and weight loss. These problems can become life-threatening if not treated properly.

Other symptoms of short bowel syndrome may include:

- Abdominal pain and cramping
- Bloating

- Heartburn
- Flatulence (intestinal gas)
- Steatorrhea (oily and/or foul-smelling stool)
- Fatigue
- Weakness
- Bacterial infections
- Food sensitivities

Text 3

Short bowel syndrome can be accompanied by a number of complications.

These include:

Kidney stones: decreased absorption of fats, calcium, and bile salts in the bowel can cause kidney stones, which are known to decrease urine flow from the kidneys to the bladder, impair kidney function, and cause pain.

Electrolyte abnormalities: electrolytes —such as potassium, sodium, and magnesium—are minerals that control important functions in the body. Unbalanced electrolytes can result in irregular heartbeat, muscle weakness, headaches, and nausea.

Text 4

One of the major complications that occur with SBS is listed below:

Vitamin and mineral deficiencies: short bowel syndrome can affect the amount of vitamins that the body absorbs, sometimes with serious consequences. For instance, a lack of vitamin B12 can result in damage to the brain and nerves in the spinal cord, while a deficiency in vitamin E can cause swelling and poor muscle coordination. Too little vitamin C can lead to problems with the gums and skin, whilst reduced absorption of vitamin D and calcium can cause osteoporosis and lead to fractures. In addition, the diarrhea commonly associated with short bowel syndrome can result in low mineral levels such as zinc and magnesium, sometimes leading to skin rashes, muscle cramping, and irregular heart rhythms.

In addition to these, bacterial overgrowth or gastric hyper secretions can also be very complicated.

Summary

Short bowel syndrome (SBS) occurs when a significant portion of the 1..... does not function normally. This can occur if a large part of the intestine has

been 2.....removed or if a 3..... is born with an abnormally 4..... intestine. Those who are at risk can include: babies who have had surgery for NEC, patients who have had surgery for 5.....(twisting of the intestines), patients with intestinal resection for 6.....patients with 7..... or abnormal

motility of the bowel or patients born with 8..... small intestine. Symptoms of SBS may include: diarrhea, 9.....or weight loss, 10....., poor appetite, increased gas, foul smelling stools, 11....., pallor, 12..... etc. There are complications too which are closely associated with 13..... which can be summarized as: failure to thrive, the child does not gain 14.....according to the growth curve, 15....., vitamin 16..... as a result of poor absorption in the 17....., 18..... from excess stomach acid, 19.....overgrowth in areas of dilated intestine, kidney 20..... or 21..... due to poor absorption of calcium or bile etc.

Reading Passage 1

Classification of Seizures

Paragraph 1

In order to communicate about types of seizures, epilepsy specialists have developed a classification system for seizures. This system is not based on any fundamental property of seizures, but rather on committee-generated conventions of terminology. Classification is as follows: partial seizures and generalized seizures. Partial seizures are further divided into simple partial seizures with no alteration of consciousness or memory, or complex partial seizures with alteration of consciousness or memory. Simple partial seizures can be motor seizures with twitching, abnormal sensations, abnormal visions, sounds or smells, and distortions of perception. Seizure activity can spread to the autonomic nervous system, resulting in flushing, tingling, or nausea. If the patient becomes confused or cannot remember what is happening during the seizure, then the seizure is classified as a complex partial seizure. Previously, they were called "psychomotor seizures", "temporal lobe seizures" or "limbic seizures". During the complex partial seizure, patients may fumble or perform automatic fragments of activity such as lip smacking, picking at their clothes, walking around aimlessly, or saying nonsense phrases over and over again; these purposeless activities are called automatisms. About 75% of people with complex partial seizures have automatisms; those who do not simply stop stare and blank out for a few seconds or minutes.

Paragraph 2

Generalized seizures are divided into absence seizures and tonic-clonic seizures. Absence seizures were previously called petit mal seizures and usually have onset in childhood, but they can persist into adulthood. Absence seizures present with staring spells lasting several seconds, sometimes in conjunction with eyelid fluttering or head nodding. These seizures can be difficult to distinguish from complex partial seizures that may also result in staring.

Usually, absence seizures are briefer and permit quicker recovery. Generalized tonic-clonic seizures were previously called grand mal seizures; these seizures start with sudden loss of consciousness and tonic activity (stiffening) followed by clonic activity (rhythmic jerking) of the limbs. The patient's eyes will roll up at the beginning of the seizure and the patient will typically emit a cry, not because of pain, but because of contraction of the respiratory muscles against a closed throat. Generalized tonic-clonic seizures usually last one to three minutes.

Paragraph 3

Seizures that begin focally can spread to the entire brain, in which case a tonic-clonic seizure ensues. It is important, however, to distinguish those that are true grand mal, generalized from the start, from those that start focally and secondarily generalize. Secondarily generalized seizures arise from a part of the brain that is focally abnormal. Drugs used to treat primary and secondary generalized tonic-clonic seizures are different: patients with secondarily generalized tonic-clonic seizures may be candidates for curative epilepsy surgery, whereas primarily generalized tonic-clonic seizures are not surgical candidates, because there is no seizure origin site (focus) to remove.

Paragraph 4

Seizure surgery is discussed below.

Atonic Seizures

Atonic seizures are epileptic drop attacks. Atonic seizures typically occur in children or adults with widespread brain injuries. People with atonic seizures suddenly become limp and may fall to the ground and football helmets are sometimes required to protect against serious injuries.

Myoclonic Seizures

Myoclonic seizure is a brief un-sustained jerk or series of jerks, less organized than the rhythmic jerks seen during a generalized tonic-clonic seizure. Other specialized seizure types are occasionally encountered.

Tonic Seizures

Tonic seizures involve stiffening of muscles as the primary seizure manifestation: arms or legs may extend forward or up into the air; consciousness may or may not be lost. By definition, the clonic (jerking) phase is absent. Classification can be difficult, because stiffening is a feature of many complex partial seizures. Tonic seizures, however, are much less common than complex partial or tonic-clonic seizures.

Mixed Seizure Types

Patients can have more than one seizure type. One seizure type may progress into another as the electrical activity spreads throughout the brain. A typical progression is from a simple partial seizure, to a complex partial seizure (when the patient becomes confused), to a secondarily generalized tonic-clonic seizure (when the electrical activity has spread throughout the entire brain). The brain has control mechanisms to keep seizures localized. Anti-epileptic medications enhance the ability of the brain to limit spread of a seizure.

Questions

1 According to paragraph 1, motor seizures are

- A Simple partial seizures
- B Partial seizures
- C Complex seizures
- D Complex partial seizures

2 According to paragraph 1, in which type of seizure does the patient generally not remember what is happening around them?

- A Simple partial
- B Complex seizures
- C Complex partial seizures
- D Partial temporal lobe seizures

3 According to passage 1, which one of these activities is related to automatism?

- A Fumbling
- B Lip smacking
- C Speaking leisurely
- D None

4 According to paragraph 2, which seizures lasts for one to three minutes?

- A Simple partial seizures
- B Tonic-clonic seizures

- C Absence seizures
- D None

5 According to paragraph 3, which type of seizure occurs in childhood and may persist into adulthood?

- A Grand mal seizures
- B Petit mal seizures
- C Both A and B
- D None

6 According to paragraph 3, which seizures arise from a focally abnormal part of the brain?

- A Petit mal seizures
- B Grand mal seizures
- C Secondly generalized seizures
- D Both B and C

7 According to paragraph 3, who may undergo surgery?

- A Patients with grand mal seizures
- B Patients with secondarily generalized seizures
- C Patients with primarily generalized tonic-clonic seizures
- D Both B and C

8 According to paragraph 4, which of the following statements is correct?

- A Jerking phase is absent in tonic seizures and atonic seizures
- B Stiffening of muscles is associated with atonic seizures
- C Development of simple to complex seizures is a type of mixed seizure
- D Jerking is associated with myoclonic seizures only

9 According to paragraph 4, which of the following statements is incorrect?

- A People with atonic seizures often become extremely limp
- B Tonic seizures are different from tonic-clonic seizures
- C Complex partial seizures are as common as tonic seizures
- D Rhythmic jerking is a characteristic feature of myoclonic seizures

10 According to paragraph 4, which one of the following statements correctly describes tonic seizures?

- A Rhythmic jerking
- B Stiffening of muscles
- C Loss of consciousness
- D None

Reading Passage 2

Fascioliasis Infection**Paragraph 1**

Fascioliasis is a parasitic infection typically caused by *fasciola hepatica*, which is also known as "the common liver fluke" or "the sheep liver fluke." A related parasite, *fasciola gigantica*, can also infect people. Fascioliasis is found in all 5 continents, in over 50 countries, especially where sheep or cattle are reared. People usually become infected by eating raw watercress or other water based plants contaminated with immature parasite larvae. The immature larval flukes migrate through the intestinal wall, the abdominal cavity, and the liver tissue, into the bile ducts, where they develop into mature adult flukes, which produce eggs. Typically, the pathology is most pronounced in the bile ducts and liver. A fasciola infection is both treatable and preventable.

Paragraph 2

The standard way to be sure a person is infected with fasciola is by seeing the parasite - this is usually done by finding fasciola eggs in stool (fecal) specimens examined under a microscope. More than one specimen may need to be examined to find the parasite. Sometimes eggs are found by examining duodenal contents or bile. Infected people don't start passing eggs until they have been infected for several months; people don't pass eggs during the acute phase of the infection. Therefore, early on, the infection has to be diagnosed in other ways than by examining stool. Even during the chronic phase of infection, it can be difficult to find eggs in stool specimens from people who have light infections.

Paragraph 3

Fasciola parasites develop into adult flukes in the bile ducts of infected mammals, which pass immature fasciola eggs in their feces. The next part of the life cycle occurs in freshwater. After several weeks, the eggs hatch, producing a parasite form known as the miracidium, which then infects a snail host. Under optimal conditions, the development process in the snail may be completed in 5 to 7 weeks; cercariae are then shed in the water around the snail. The cercariae lose their tails when they encyst as metacercariae (infective larvae) on water plants. In contrast to cercariae, metacercariae have a hard outer cyst wall and can survive for prolonged periods in wet environments.

Paragraph 4

Immature *Fasciola* eggs are discharged in the biliary ducts and in the stool. Eggs become embryonated in water; eggs release miracidia, which invade a suitable snail

intermediate host, including the genera galba, fossaria and pseudosuccinea. In the snail the parasites undergo several developmental stages: sporocysts, rediae, and cercariae. The cercariae are released from the snail and encyst as metacercariae on aquatic vegetation or other surfaces. Mammals acquire the infection by eating vegetation containing metacercariae whereas humans can become infected by ingesting metacercariae-containing freshwater plants, especially watercress. After ingestion, the metacercariae excyst in the duodenum and migrate through the intestinal wall, the peritoneal cavity, and the liver parenchyma into the biliary ducts, where they develop into adult flukes.

Paragraph 5

No vaccine is available to protect people against Fasciola infection. In some areas of the world where Fascioliasis is found (endemic), special control programs are in place or are planned. The types of control measures depend on the setting (such as epidemiologic, ecologic, and cultural factors). Strict control of the growth and sale of watercress and other edible water plants is important. Individual people can protect themselves by not eating raw watercress and other water plants, especially from endemic grazing areas. As always, travelers to areas with poor sanitation should avoid food and water that might be contaminated (tainted). Vegetables grown in fields that might have been irrigated with polluted water should be thoroughly cooked, as should viscera from potentially infected animals.

Paragraph 6

In the early (acute) phase, symptoms can occur as a result of the parasite's migration from the intestine to and through the liver. Symptoms can include gastrointestinal problems such as nausea, vomiting, and abdominal pain/tenderness. In addition, fever, rashes and difficulty breathing may occur. During the chronic phase (after the parasite settles in the bile ducts), the clinical manifestations may be similar or more discrete, reflecting inflammation and blockage of bile ducts, which can be intermittent. Inflammation of the liver, gallbladder and pancreas can also occur.

Questions

1 According to paragraph 1, which one of the following statements is correct?

- A Infection caused by Fasciola spreads faster than any other types of infections
- B Infection by Fasciola is deadly
- C Infection by Fasciola is treatable
- D Infection by Fasciola is very common

2 Paragraph 2 talks about

- A Diagnosis
- B Treatment
- C Spread of infection
- D None

3 According to paragraph 2, in which phase is it not easy to find the eggs in the stool?

- A Chronic phase
- B Infective phase
- C Acute phase
- D A and B

4 Paragraph 3 talks about which of the following

- A Biology of *Fasciola hepatica*
- B Time period in a snail
- C Initial stages of the development of the parasite
- D Complete life cycle

5 According to paragraph 3, which of these forms survives for a longer period of time?

- A Cercariae
- B Metacercariae
- C Miracidia,
- D *Fasciola* eggs

6 Which of these topics does paragraph 4 talk about?

- A How infection occurs in humans
- B How animals get infected
- C How plants get infected
- D All of the above

7 According to paragraph 4, excystation occurs in which of these?

- A Intestinal wall
- B Duodenum
- C Peritoneal cavity
- D Liver

8 Paragraph 5 talks about which of these topics?

- A Prevention and control
- B Availability of the treatment for the infection
- C Drugs to be used
- D A and C

9 According to paragraph 5, which one of these statements is incorrect?

- A Special programs should be organized for the controlling of the disease
- B People should not eat raw watercress
- C Sale of watercress should be stopped
- D None

10 Which of these topics does paragraph 6 talk about?

- A How infection is controlled
- B How infection spreads through bile ducts and liver
- C How infection is prevented from spreading to different parts
- D Possibility of infection spreading to other parts of the body

END OF READING TEST