

**POST GRADUATE DIPLOMA IN CLINICAL  
CARDIOLOGY (PGDCC)**

**Term-End Examination**

**December, 2015**

**MCC-003 : COMMON CARDIOVASCULAR DISEASES - I**

*Time : 2 hours*

*Maximum Marks : 60*

**Note :**

- (i) *There will be multiple choice type of questions in this examination which are to be answered in OMR Answer Sheet.*
- (ii) *All questions are compulsory.*
- (iii) *Each question will have four options and only one of them is correct. Answers have to be marked in figures in the appropriate rectangular boxes corresponding to what is the correct answer and then blacken the circle for the same number in that column by using HB or lead pencil and not by ball pen in OMR Answer Sheet.*
- (iv) *If any candidate marks more than one option it will be taken as the wrong answer and no marks will be awarded for this.*
- (v) *Erase completely any error or unintended marks.*
- (vi) *There will be 90 questions in this paper and each question carries equal marks.*
- (vii) *There will be no negative marking for wrong answers.*
- (viii) *No candidate shall leave the examination hall at least for one hour after the commencement of the examination.*

1. In the pathobiology of atherosclerosis, which of the following statements are **correct** ?
  - (a) It is an inflammatory/repair response in vessel wall initiated by lipid.
  - (b) Majority of foam cells are derived from monocytes.
  - (c) Small pools of extracellular lipids seen in type II lesion.
  - (d) Stage IV lesion is characterised by formation of a fibrous capsule.

(1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
  
2. Which of the following statements are **correct** ?
  - (a) Systolic BP correlates to CAD more than diastolic BP.
  - (b) Atherogenic risk is present in prediabetes state.
  - (c) Adverse effects of smoking is stronger in men than women.
  - (d) Total body fat rather than its distribution correlates with CAD.

(1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
  
3. Which of the following **occur** in metabolic syndrome ?
  - (a) Low levels of small dense LDL particles
  - (b) High HDL-C
  - (c) Central obesity
  - (d) Insulin resistance

(1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
  
4. Which of the following are **correct** regarding cardiovascular risk of obesity ?
  - (a) Obesity is associated with elevated blood sugar, cholesterol and blood pressure
  - (b) BMI is (weight in kg<sup>2</sup>) ÷ height in meters
  - (c) Relative risk for CAD in morbid obese women is 2
  - (d) Weight/Hip ratio correlates better with CAD than BMI

(1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
  
5. Which of the following statements are **correct** ?
  - (a) Vitamin B<sub>12</sub> levels should be checked before initiation of folate for hyperhomocysteinemia
  - (b) Weight loss and exercise increase CRP levels
  - (c) Plasma fibrinogen levels of above 150 mg/dL increases risk for stroke and myocardial infarction
  - (d) Thrombospondins influence cell adhesion and vascular integrity

(1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c

6. Which of the following regarding coronary circulations are **wrong** ?
- (a) Myocardium derives energy only from aerobic metabolism
  - (b) EDRF and prostacyclin have opposing actions on vascular smooth muscle
  - (c) Coronary auto regulation influences collaterals
  - (d) Adenosine causes coronary reactive hyperaemia
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
7. Which of the following statements are **correct** ?
- (a) Chylomicrons carry exogenous triglyceride
  - (b) Chylomicron remnants are cleared by skeletal muscles
  - (c) HDL particles contain apoprotein B100
  - (d) VLDL particles carry cholesterol and triglyceride from liver
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
8. Which of the following regarding diet in therapeutic life style changes are **wrong** ?
- (a) Saturated fat to be less than 15% of total calories
  - (b) Carbohydrates form 25 - 35% of total calories
  - (c) Dietary cholesterol less than 200 mg/day
  - (d) Dietary soluble fibre of 5 - 10 gm/day
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
9. A 40 years old diabetic, dyslipidemic male with strong family history of coronary artery disease has retrosternal discomfort while walking for the past 6 months. Which of the following statements are **incorrect** ?
- (a) His resting ECG is likely to be abnormal
  - (b) Treadmill test will give diagnostic and prognostic information
  - (c) Myocardial perfusion scan will indicate the involved arterial territory
  - (d) Coronary angiogram to be done urgently
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
10. A known case of exertional angina on regular medication for the past one year comes with history of one episode of angina at rest 3 weeks ago. Which of the following statements are **correct** ?
- (a) He is in Braunwald clinical classification class IB2
  - (b) Heparin to be given for 5 - 7 days
  - (c) Should be put on dual antiplatelets if ECG shows ST, T changes
  - (d) Estimation of biomarkers of necrosis helps in risk stratification
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c

11. A poorly controlled diabetic of 10 years duration presents to emergency room with sudden onset of chest discomfort. On examination he has tachycardia, systolic BP of 80 mm Hg, jugular venous distension and no pulmonary congestion. Which of the following statements are **correct** ?
- (a) Patient is in Killip class III
  - (b) Morphine can be given for pain relief
  - (c) Nitroglycerine infusion to be avoided
  - (d) ECG may show ST elevation in II, III and a VF
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
12. Which of the following statements regarding cardiac injury enzymes are **correct** ?
- (a) Troponin I is more specific than troponin T.
  - (b) CK - MB is more useful to diagnose reinfarction than troponins.
  - (c) Myoglobin levels increase 8 hours after myocardial infarction.
  - (d) LDH levels normalise by 72 hours after myocardial infarction.
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
13. Which of the following are **true** regarding cardiogenic shock ?
- (a) Presents with cold extremities, tachycardia, sweating
  - (b) Systolic BP is less than 90 mm Hg
  - (c) Mortality is around 30%
  - (d) Cardiac index is more than 1.8 L/min/m<sup>2</sup>
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
14. Which of the following statements about complete heart block in acute myocardial infarction are **correct** ?
- (a) More common in inferior rather than anterior wall infarction
  - (b) Escape rhythm in inferior wall infarction will have narrow QRS
  - (c) In anterior wall infarction, indicates extensive myocardial damage
  - (d) In inferior wall infarction, indicates infra Hisian lesion
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c

15. Regarding arrhythmias in myocardial infarction, which of the following are **not correct** ?
- (a) Accelerated idioventricular rhythm requires no drug therapy
  - (b) Hemodynamically stable ventricular tachycardia can be managed by parenteral amiodarone
  - (c) Synchronized cardioversion is needed for ventricular fibrillation
  - (d) Intravenous adenosine will revert atrial fibrillation to sinus rhythm
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
16. Which of the following statements regarding supraventricular arrhythmias in acute myocardial infarction is **wrong** ?
- (a) Supraventricular tachycardia is well tolerated
  - (b) Atrial flutter is most uncommon
  - (c) Atrial fibrillation can occur with ventricular dysfunction
  - (d) Atrial fibrillation in myocardial infarction, does not influence morbidity and mortality
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
17. Which of the following are contraindications for thrombolysis ?
- (a) Intracranial hemorrhage in the past
  - (b) Suspected aortic dissection
  - (c) Within a week of renal biopsy
  - (d) Heavy menstrual bleeding
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
18. Which of the following statements are **correct** ?
- (a) Papillary muscle rupture is uncommon in anterior wall myocardial infarction
  - (b) Ventricular septal rupture can complicate within 24 hours of myocardial infarction
  - (c) Free wall rupture presents as sudden unanticipated death
  - (d) Acute mitral regurgitation leads to grade IV holosystolic murmur
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
19. Which of the following secondary prevention strategy is **most useful** ?
- (1) Weight reduction
  - (2) Smoking cessation
  - (3) Antiplatelets
  - (4) Statin

20. Which of the following are **incorrect** regarding management of ventricular tachycardia ?
- (a) In hemodynamically stable patient, asynchronous electrical cardioversion is to be done
  - (b) If systolic BP is less than 90 mm Hg, pharmacological cardioversion is indicated
  - (c) IV lignocaine is preferred over amiodarone
  - (d) If pulse is not felt, management should be as a cardiopulmonary arrest
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
21. Which of the following statements regarding CPR are **correct** ?
- (a) Defibrillation is the most important step to ensure survival
  - (b) The optimal adult paddle for defibrillation should be 8 - 10 cms
  - (c) Endotracheal route is not a substitute for a venous access when drugs have to be given
  - (d) Calcium gluconate is useful only if there is hyperkalemia or hypocalcemia
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
22. Which of the following statements are **correct** ?
- (a) Norepinephrine is a powerful vasoconstrictor with mild inotropic effect
  - (b) Isoprenaline is a naturally occurring catecholamine
  - (c) Phenyl ephrine improves cardiac contractility
  - (d) Parenteral calcium is useful in over dosage of verapamil
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
23. Which of the following statements are **correct** ?
- (a) Alpha 2 stimulation decreases intracellular free calcium
  - (b) Beta 2 stimulation decreases cyclic AMP level
  - (c) Dobutamine stimulates Beta 1, Beta 2 receptors
  - (d) Dopamine has dose dependent effect on Beta 1 and Alpha 1 receptors
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
24. Which of the following are **true** about cyanotic spell ?
- (a) Often precipitated by bradycardia
  - (b) Pulmonary ejection systolic murmur becomes louder
  - (c) IV metoprolol is recommended
  - (d) Sodabarbonate diluted in Islyte and to be given
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c

25. Which of the following statements regarding diagnosis of pulmonary embolism are **true** ?
- (a) D dimer estimation has high positive predictability
  - (b) A PTT is useful to monitor low molecular weight heparin therapy
  - (c) CT pulmonary angiogram is the gold standard imaging modality for pulmonary embolism
  - (d) Sub massive pulmonary embolism with RV dysfunction requires thrombolysis
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
26. Which of the following statements are **correct** regarding blood pressure estimation ?
- (a) Width of the cuff should be 40% of arm circumference
  - (b) Length of the cuff should be more than 80% of arm circumference
  - (c) Arm should be well supported
  - (d) Phase 4 korotkoff sound corresponds to diastolic BP
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
27. Which of the following statements are **correct** ?
- (a) White coat hypertension can be diagnosed by home estimation of BP
  - (b) Ambulatory blood pressure recording detects masked hypertension
  - (c) Auscultatory gap can be avoided if palpatory estimation of systolic BP is done first
  - (d) A diastolic BP of 90 mm Hg can be normal in pregnancy
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
28. Which of the following are **clues** to secondary hypertension ?
- (a) Weak, delayed lower limb pulses
  - (b) Persistent hypokalemia
  - (c) Spells of headache, sweating, palpitation and tremors
  - (d) Low levels of 24 hours urinary cortisol
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
29. BP should be rapidly controlled in which of the following situations ?
- (a) Eclampsia
  - (b) Epistaxis
  - (c) Aortic dissection
  - (d) Diastolic BP of > 110 mm of Hg in elderly
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c

30. Which of the following statements regarding gestational hypertension are **correct** ?
- (a) ACE inhibitors are contraindicated
  - (b) Methyldopa is commonly used
  - (c) Betablocker can induce fetal bradycardia
  - (d) Diuretics to be used for preventing eclampsia
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
31. Which of the following statements are **wrong** ?
- (a) Pre-eclampsia denotes elevated BP after 28 weeks of gestation
  - (b) ACE inhibitors and diuretics reduce recurrence of stroke
  - (c) Daily consumption of more than 1 ounce of ethanol increases BP
  - (d) Risk of stroke doubles when diastolic BP increases from 91 mm Hg to 105 mm Hg
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
32. Which of the following statements regarding ACE inhibitors are **correct** ?
- (a) To be discontinued if baseline serum creatinine increased by 10%
  - (b) Cause degradation of bradykinin
  - (c) Reduce after load
  - (d) Improve baroreceptor function
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
33. Which of the following antihypertensive drugs are **centrally acting** ?
- (a) Methyldopa              (b) Clonidine              (c) Monoxidine              (d) Terazosin
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
34. Which of the following are **correct** about cilnidipine ?
- (a) Is a calcium channel blocking drug
  - (b) Blocks L and N type of calcium channels
  - (c) Decreases Pressure in capillary bed
  - (d) Causes reflex tachycardia
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
35. In a patient with diabetes, bronchial asthma and hypertension which of the following drugs **can be used** ?
- (a) Verapamil              (b) Perindopril              (c) Telmisartan              (d) Propranolol
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c



36. An asymptomatic diabetic with family history of cardiomyopathy has no other risk factors. With respect to staging of heart failure, which of the following statement is **correct** ?
- (1) Stage A heart failure
  - (2) Stage B heart failure
  - (3) Stage C - New York Heart Association Class I
  - (4) Stage C - New York Heart Association Class II
37. Systemic infections precipitate heart failure by :
- (a) Increased body metabolism enforces hemodynamic burden on the heart
  - (b) Increased heart rate worsens heart failure
  - (c) Inflammatory cytokine affect automaticity
  - (d) All infections cause myocarditis
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
38. Which of the following statements on heart failure are **correct** ?
- (a) Angiotensin 2 leads to vasoconstriction
  - (b) Beta 2 receptors stimulation in juxta glomerular apparatus results in renin release
  - (c) Aldosterone has no direct effects on myocardium
  - (d) Angiotensin 2 causes remodelling of cardiac myocytes
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
39. Which of the following drugs **cause** dilatation of pulmonary vein ?
- (a) Nitroglycerine
  - (b) Frusemide
  - (c) Morphine
  - (d) Sodium nitroprusside
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
40. Which of the following statements are **correct** ?
- (a) Sodium and water retention cause pulmonary congestion and edema in long term
  - (b) Vasoconstriction increases BP but causes pump dysfunction by increase in after load
  - (c) Hypertrophy unload individual muscle fibres and increase wall tension
  - (d) Sympathetic stimulation increases heart rate and stroke volume and decreases energy expenditure
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c

41. Which of the following statements regarding cardiac transplantation are **correct** ?
- (a) 5 year survival rate is about 70%
  - (b) Immunosuppressants can lead to cancers on long term
  - (c) Coronary atherosclerosis in transplanted heart is rare
  - (d) Cyclosporine rarely causes renal dysfunction
- (1) a + b                      (2) c + d                      (3) a + c                      (4) b + d
42. Which of the following statements about Digoxin are **correct** ?
- (a) Digitoxicity occurs when serum digoxin levels are between 0.7 and 1.2 nanogram/mL
  - (b) Digoxin is not useful when patients are symptomatic on diuretics and ACE inhibitors
  - (c) Useful in patients with heart failure in atrial fibrillation
  - (d) Has no mortality benefit in cardiac failure
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
43. Which of the following statements are **correct** regarding digitoxicity ?
- (a) Digitoxicity is rare with serum levels below 1.8 nanogram/mL
  - (b) Half life of digoxin immunofab is shorter than that of digoxin
  - (c) Lidocaine is not useful for digoxin induced ventricular arrhythmias
  - (d) Electrical cardioversion is ideal
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
44. Which of the following statements about diuretic are **correct** ?
- (a) Metalazone acts on proximal convoluted tubule
  - (b) Epilernerone decreases potassium secretion by distal convoluted tubule
  - (c) Continuous IV infusion of loop diuretics may overcome diuretic resistance
  - (d) Metalazone should not be combined with loop diuretics
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c
45. Which of the following statements regarding treatment of cardiac failure are **correct** ?
- (a) For similar positive inotropic effect, dobutamine causes less increase in heart rate compared to dopamine
  - (b) Inotropic effect of dobutamine is affected through norepinephrine release from myocardium
  - (c) Ventricular arrhythmias are uncommon with long term dobutamine use
  - (d) Dobutamine cause mild decrease in peripheral vascular resistance
- (1) a + b                      (2) c + d                      (3) a + d                      (4) a + b + c

46. Following are suggestive of renovascular hypertension except :
- (1) Abrupt onset of moderate hypertension
  - (2) Hypertension in young
  - (3) Presence of abdominal bruit
  - (4) Marked fluctuations in blood pressure
47. Following are suggestive of endocrinal hypertension except :
- (1) Truncal obesity
  - (2) Persistent hypokalemia
  - (3) Malignant hypertension with papilledema
  - (4) Thin skin
48. Following are **true** about gestational hypertension except :
- (1) Usually seen in primigravida in 20<sup>th</sup> week
  - (2) Increase of blood pressure by 30/15 mm Hg or more above 140/80 mm Hg
  - (3) Can progress to pre-eclampsia
  - (4) Associated with ketonuria
49. Feature inappropriate for usual primary hypertension is :
- (1) Onset before 20 years
  - (2) Serum creatinine > 1.5 mg/100 mL
  - (3) Abdominal bruit
  - (4) Persistent hyperkalemia
50. Following is **not true** about involvement of heart in hypertension :
- (1) Left ventricular hypertrophy
  - (2) 10 - fold increase in coronary artery disease when blood pressure > 91 - 105 mm Hg
  - (3) Myocardial ischemia is common
  - (4) Diastolic heart failure can occur
51. Following is not seen in Keith - Wagner Grade III retinopathy :
- |                              |                              |
|------------------------------|------------------------------|
| (1) Papilledema              | (2) Copper - wire appearance |
| (3) Silver - wire appearance | (4) Cotton - wool exudates   |

52. Following condition requires rapid treatment of hypertension :
- (1) Acute aortic dissection                      (2) Stable angina
  - (3) Intra - cerebral hemorrhage                (4) Eclampsia
53. Following is not used in treating hypertensive emergency :
- (1) Sublingual nifedipine                      (2) Sodium nitroprusside infusion
  - (3) I.V. diazoxide                                (4) I.V. enalapril
54. Following drug is used in treating pre - eclampsia :
- (1) Diuretics                      (2) ACE inhibitor                      (3) Methyldopa                      (4) Amlodipine
55. Phase 4 Korotkoff sound is :
- (1) Tapping                      (2) Soft murmur                      (3) Loud murmur                      (4) Muffled
56. Korotkoff sounds are difficult to hear in :
- (1) Aortic stenosis                      (2) Shock                      (3) Heart failure                      (4) All of the above
57. Isolated systolic hypertension is defined as a systolic BP more than :
- (1) 140 mm Hg                      (2) 150 mm Hg                      (3) 160 mm Hg                      (4) 170 mm Hg
58. Difference in BP between two arms is abnormal when it is more than :
- (1) 5 mm Hg                      (2) 10 mm Hg                      (3) 15 mm Hg                      (4) 20 mm Hg
59. Renal damage in hypertension include all except :
- (1) Microalbuminuria                      (2) Nephrosclerosis
  - (3) Renal failure                                (4) None of the above
60. Treatment goal for hypertension in diabetes is less than :
- (1) 120/80 mm Hg                      (2) 125/85 mm Hg
  - (3) 130/80 mm Hg                      (4) 140/80 mm Hg
61. One kg decrease in body weight is associated with a fall in BP by :
- (1) 1.2 mm Hg                      (2) 1.6 mm Hg                      (3) 2.0 mm Hg                      (4) 2.5 mm Hg

62. Following are **not true** about salt restriction in hypertension except :
- (1) No addition of salt during cooking
  - (2) Avoid fast foods
  - (3) To use half sodium half potassium salt if required
  - (4) None of the above
63. Following is not used to treat hypertension after myocardial infarction :
- (1) ACEI                      (2) ARB                      (3) Diltiazem                      (4) Beta-blockers
64. Anti - hypertensives of choice in heart failure are all except :
- (1) Diuretic                      (2) ACEI                      (3) ARB                      (4) Beta-blockers
65. Following ARB is/are shown to have better effect in renal hypertension :
- (1) Candesartan                      (2) Irbesartan                      (3) Both                      (4) None
66. Following arrhythmias can aggravate heart failure except :
- (1) Tachyarrhythmias
  - (2) Marked bradycardia
  - (3) Abnormal intraventricular conduction
  - (4) None of the above
67. Following can precipitate heart failure except :
- (1) Pregnancy                      (2) Hypothyroidism
  - (3) Hyperthyroidism                      (4) None of the above
68. According to Frank-Starling's law increased left ventricular volume leads to :
- (1) Faster rate of relaxation                      (2) Lesser peak pressure
  - (3) Slower rate of pressure rise                      (4) All of the above
69. Activation of RAAS leads to :
- (1) Maintains blood pressure                      (2) Maintains perfusion of vital organs
  - (3) Both                      (4) None

70. Following are **true** about natriuretic peptides except :
- (1) ANP is stored in atrium
  - (2) CNP is located in vasculature
  - (3) BNP is stored mainly in ventricular myocardium
  - (4) None of the above
71. Angiotensin II :
- (1) Is a powerful vasoconstrictor
  - (2) Stimulates aldosterone release
  - (3) Causes remodelling of the myocytes
  - (4) All of the above
72. Commonest cause of right heart failure is :
- (1) COPD
  - (2) Left heart failure
  - (3) Pulmonary hypertension
  - (4) None of the above
73. In diastolic heart failure all are present except :
- (1) Ventricular relaxation is impaired
  - (2) Ventricular filling pressure is elevated
  - (3) Systemic venous congestion can occur
  - (4) None of the above
74. All contribute to P.N.D. except :
- (1) Increased sympathetic support
  - (2) Increased intrathoracic pressure
  - (3) Depression of respiratory center
  - (4) None of the above
75. Hemoptysis in heart failure can result from :
- (1) Respiratory infection
  - (2) Pulmonary embolism
  - (3) Rupture of pulmonary venules
  - (4) All of the above
76. Fatty streak is lesion :
- (1) Type I
  - (2) Type II
  - (3) Type III
  - (4) Type IV
77. Following category of patients will have more atherosclerotic plaques :
- (1) Smokers
  - (2) Hypertensives
  - (3) Hyperlipidemics
  - (4) All of the above

78. Patients with diabetes will have :
- (1) More short segment coronary lesions
  - (2) Greater number of affected coronary vessels
  - (3) Both of the above
  - (4) None of the above
79. Basal portion of the interventricular septum is supplied by :
- (1) Posterior Descending artery
  - (2) Left anterior descending artery
  - (3) Left circumflex artery
  - (4) None of the above
80. Most of the coronary blood flow occurs during :
- (1) Systole
  - (2) Diastole
  - (3) Both
  - (4) None
81. Reverse cholesterol transport is mediated by :
- (1) LDL
  - (2) HDL
  - (3) VLDL
  - (4) IDL
82. Patient's risk of future event is based on :
- (1) Presence of known CAD
  - (2) Family history of premature CAD
  - (3) Both
  - (4) None
83. All are side - effects of statin except :
- (1) Elevation of transaminases
  - (2) Myopathy
  - (3) Mild gastrointestinal disturbances
  - (4) None of the above
84. All are statin trials except :
- (1) WOSCOPS
  - (2) HPS
  - (3) HYVET
  - (4) CARE
85. Unstable Angina is characterized by :
- (1) Rest angina
  - (2) Recent angina
  - (3) Crescendo angina
  - (4) None
86. Rest angina within 48 hrs. is Braunwald's :
- (1) Class II
  - (2) Class I
  - (3) Class III
  - (4) None

87. In a case of myocardial infarction Q-wave in the ECG appears in :
- (1) Hyperacute phase
  - (2) Acute phase
  - (3) Subacute phase
  - (4) None of the above
88. Most sensitive right precordial lead for detection of RV infarction is :
- (1) V4R
  - (2) V5R
  - (3) V6R
  - (4) None
89. Which of the following is not helpful in treating a child with a cyanotic spell ?
- (1) Knee chest position
  - (2) Sedation
  - (3) Oxygen
  - (4) Beta-blockers
90. Primary PCI is indicated when :
- (1) Availability of skilled PCI laboratory
  - (2) Short transport time
  - (3) Cardiogenic shock
  - (4) All of the above
-