

Total No. of Questions : 90]

483

[Total No. of Printed Pages: 16

POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

Term-End Examination

June, 2014

MCC-001: FUNDAMENTALS OF CARDIOVASCULAR SYSTEM-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 Sheets*.
- (ii) All questions are compulsory.
- (iii) Each question will have four options and only one of them is correct. Answers have to 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 Sheets*.
- (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) There will be **90** questions in this paper and each question carries equal marks.
- (vi) There will be no negative marking for wrong answers.
- (vii) No candidate shall leave the examination hall at least for one hour after the commencement of the examination.

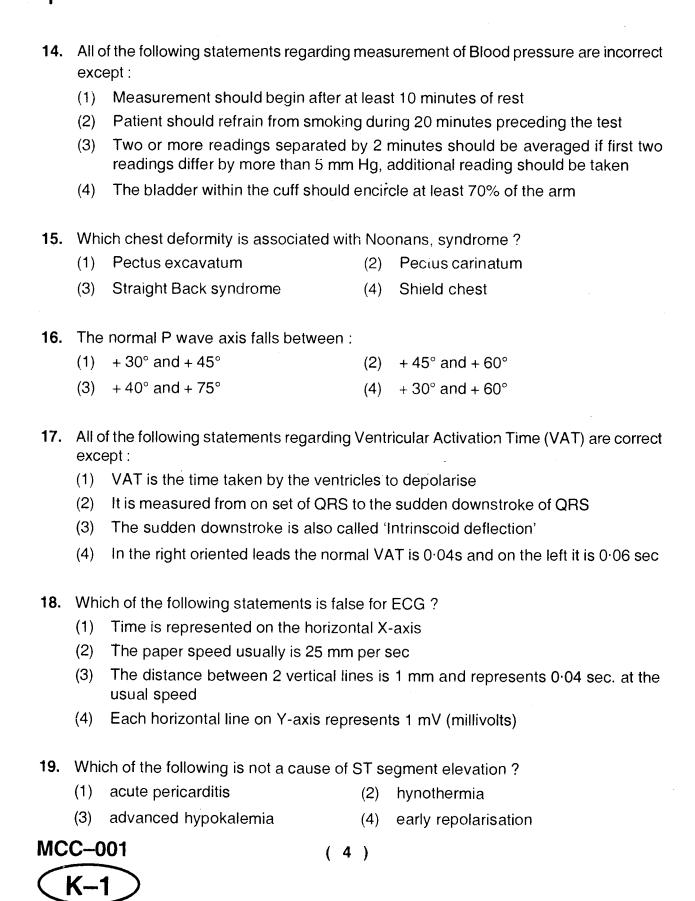
MCC-001

(1)

Turn Over

| 1 | . All | of the following statement | s while obtaini | ng a chest X-rays are correct except : | | | |
|----|-------|--|-------------------|---|--|--|--|
| | (1) | If patients condition per | mits an antero | posterior view must be obtained | | | |
| | (2) | If the patients condition | permits a post | ero-anterior view must be obtained | | | |
| | (3) | The PA view helps redu | ice magnificati | on of heart and mediastinum | | | |
| | (4) | The distance of the focu | ıs and film is ic | leally 6 feet | | | |
| 2. | All | of the following statement | s regarding Ca | ardiothoracic ratio (CT Ratio) are correct | | | |
| | (1) | CTR is the ratio of the tra | nsverse cardia | c diameter and transverse chest diameter | | | |
| | (2) | The transverse chest dia point above the costoph | meter is measu | red from the outer rib margin at the widest | | | |
| | (3) | CTR > 0.5 is usually abr | normal in adult | s | | | |
| | (4) | CTR can be upto 0.6 in | elderly | | | | |
| 3. | The | e epicardium which lies on | the surface of | the heart is : | | | |
| | (1) | the fibrous pericardium | | | | | |
| | (2) | the outer parietal layer of | f the serous pe | ricardium | | | |
| | (3) | the inner parietal layer of | the serous pe | ricardium | | | |
| | (4) | the inner visceral layer o | f the serous pe | ericardium | | | |
| 4. | The | coronary sinus opens into | the : | | | | |
| | (1) | Right ventricle | (2) | Right atrium | | | |
| | (3) | Left ventricle | (4) | Left atrium | | | |
| 5. | Brea | athlessne ss on lying down | in the lateral o | lecubitus posture is called : | | | |
| | (1) | Orthopnoea | (2) | Platypnea | | | |
| | (3) | Trepopnea | (4) | PND | | | |
| 6. | Dres | sslers Syndrome is chest p | ain due to : | | | | |
| | (1) | Costochondral involveme | nt. | | | | |
| | (2) | | | | | | |
| | (3) | is due to RV ischemia | • | , | | | |
| | (4) | due to oesophageal ruptu | re | | | | |
| MC | C-0 | 01 | (2) | | | | |
| | K_1 | | ` , | | | | |
| | | | | | | | |

| | K_ | 1 | | |
|-----|--------|--|---------------|--|
| MC | C-C | 001 (3 |) | Turn Over |
| | (4) | Rupture sinus of valsalva aneurysn | n into | right ventricle |
| | (3) | A combination of aortic stenosis an | d a or | tic regurgitation |
| | (2) | Patent ductus arteriosus | | |
| | (1) | Venus hum | | |
| 13. | All ti | he conditions produce continuous m | u rmu | r except : |
| | (3) | Superior mediasatinal obstruction | (4) | Tricuspid stenosis |
| | (1) | Constrictive pericarditis | (2) | Pericardial effusion |
| 12. | | on-pulsating very high venous press | | |
| | | | | • |
| | (4) | 'a' wave occurs before and 'v' wave | | • |
| | (3) | 'a' wave occur after and 'v' wave w | | · . |
| • | (2) | 'a' wave occurs after and 'v' wave I | | · |
| | (1) | 'v' wave occurs after and 'a' wave I | _ | |
| 11. | | ase of difficulty in appreciating the JV otion pulsations. Which of the followin | | ves one can time it with the contralateral ue ? |
| | (3) | Pulsus Paradoxus | (4) | Collapsing pluse |
| | (1) | Pulsus alternans | (2) | Pulsus Bisferiens |
| 10. | , , | ertrophic cardiomyopathy is charact | erise | , , , , |
| | (3) | Grade 3 | (4) | Grade 1 |
| | (1) | Grade 4 | (2) | Grade 2 |
| 9. | bea | king of nails. He has clubbing : | | neart disease on examination has parrot |
| | | | ., | |
| | (3) | Frank-Starling equation | (4) | None of these |
| | | g (preload) and contractile performation Laplace law | | |
| 8. | Whi | ich of the following principles gover | ns th | e relationship between left ventricular |
| | (3) | Tietzes syndrome | (4) | Levines sign |
| | (1) | Ortner's syndrome | (2) | Boerharves syndrome |
| 7. | A pa | atient with mitral stenosis develops h | oarse | eness of voice. This condition is called: |



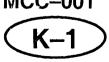
| 20. | (1) (2) | ich of the following statements is a small rounded deflectior it is seen in hynokalemia | ารต | eer | at t | he end of T wave | |
|-----|-------------|---|----------|------|------------|----------------------------|-----------------|
| | (3) (4) | normally the amplitude is ab the 'v' wave may originate f network | | | | | |
| 21. | Wh is ir | ich of the following statements correct? | s re | ega | rding | g ECG finding's in Pulmo | nary Embolism |
| | (1) | Atrial fibrillation may be seen | 1 | | | | |
| | (2) | S ₁ Q ₃ T ₃ was first described b | y N | Λс | Ginr | and White | |
| | (3) | The S ₁ Q ₃ T ₃ pattern is seen i | n u | ptc | 50° | % ca ses | |
| | (4) | S ₁ Q ₃ T ₃ pattern occurs due to | o re | epo | loris | ation abnormalities | |
| 22. | Whi | ch of the following ECG chang | ies | ch | arac | terises stage 3 of pericar | rditie ? |
| | (1) | Diffuse ST elevation | • | | | remote diago o or portour | and . |
| | (2) | ST segment resolution and T | - Wa | ave | flat | tening | , |
| | (3) | T wave inversion in direction | | | | | |
| | (4) | Resolution of T wave change | | | | Ü | |
| 23. | In h | ynokalemia the U waves read | : h ç | giar | nt siz | ze and fuse with T wave | s when serum |
| | | ssium levels drop to : 3mE q/L | | | (0) | L E - // | |
| | (3) | 2mE q/L | | | (2) | ImE q/L | |
| | (0) | Line 4/ C | | | (4) | 4mE q/L | |
| 24. | "PAT | with block" is an arrhythmia c | las | ssic | ally | associated with toxicity o | of which drug ? |
| | (1) | Amiodarone | | | (2) | Propafenone | |
| | (3) | Digitalis | | | (4) | Ibutilide | |
| 25. | "Pse | udonormalisation" of T waves | du | rino | a TM | IE is : | |
| | | Increase in T wave amplitude | | | | | |
| | | Inverted or flat T waves at bas | | | | | |
| | | Deep T waves appearing duri | | | | | |
| | | Tall T waves occurring during | | | | | |
| MC | C-0 | 01 | (| 5 |) | | Turn Over |
| | / 4 | | • | | , | | 7 di 17 O V C I |
| | / - | | | | | | |

| 26. | | All of the following help to localise proximal LAB lesion before the 1st Diagonal except (at TMT): | | | | | |
|-----|-------|--|--|---|--|--|--|
| | (1) | ST elevation in v, | | | | | |
| | (2) | ST depression in 2, 3, av _F | | | | | |
| | (3) | Decreased T wave negatively in v ₁ | | | | | |
| | (4) | ST depression in v ₄ v ₅ v ₆ | | | | | |
| 27. | | coring system which combines char lict CAD is : | nges | in R wave. S waves and Q waves to | | | |
| | (1) | Benedicts scale | (2) | Athens score | | | |
| | (3) | William's score | (4) | Feldmans score | | | |
| 28. | All c | of the following are true about nuclea | r car | diac imaging except : | | | |
| | (1) | Technetium scannig produces high | er q | uality images than thallium scanning | | | |
| | (2) | After initial injection, technetium und | After initial injection, technetium undergoes redistribution within the myocardium which allows assessment of myocardial viability | | | | |
| | (3) | Stress thallium scanning is preferre LBBB at baseline | ed ov | er exercise stress ECG in patients with | | | |
| | (4) | Technetium has shorter half-life t scintigraphy | han | thallium isotope used for myocardial . | | | |
| 29. | | ong QT syndrome which is autosor | nal i | recessive and associated with neural | | | |
| | (1) | Romano word Syndrome | (2) | Jervell Lange Nielsen syndrome | | | |
| | (3) | Brugada Syndrome | (4) | Williams Syndrome | | | |
| 30. | All c | of the following are true about the ste | thos | cope except : | | | |
| | (1) | Concept developed by Lennac | | | | | |
| | (2) | is an airtight instrument with a met rubber tubing with 1/8" internal diar | | oing joined to a single flexible 12" long rand with dual chest pieces | | | |
| | (3) | Too long a tubing attenuates high f by tube length | requ | encies, low frequencies are unaffected | | | |
| | (4) | Diaphragm is used to damp out hig events | ıh fre | quencies and is best for low frequency | | | |
| MC | ;C-(| 001 (6 | | | | | |

K-1

| 31. | All | of the following are corre | ect about the | e left d | coronary artery except : | | | |
|-----|---|---|---------------|--------------------|-----------------------------|---------------------|--|--|
| | All of the following are correct about the left coronary artery except: (1) The average diameter of the Left Main Coronary Artery is 4 mm (2) It arises from the left anterior aortic sinus | | | | | | | |
| | (2) | 2) It arises from the left anterior aortic sinus | | | | | | |
| | (3) | (3) It divides into LAD and left circumflex vessels | | | | | | |
| | (4) | The left coronary artery IVS and adjacent part | | ne Lef | t ventricle, Left atrium, a | interior 2/3 of the | | |
| 32. | The | e obtuse marginals are b | ranches of | the : | | | | |
| | (1) | LAD | | (2) | LCX | | | |
| | (3) | RCA | | (4) | Ramus Intermedius | | | |
| 33. | The | septum primum begins | the appear | at ab | out the : | | | |
| | (1) | 20 th day | | (2) | 28 th day | | | |
| | (3) | 35 th day | | (4) | 40 th day | | | |
| 34. | The | commonest type of ASI | D is the : | | | , | | |
| | (1) | ostium primum variety | | (2) | Secundum type | | | |
| | (3) | Sinus venosus type | | (4) | Coronary sinus variety | y | | |
| 35. | | ch of the following statension is incorrect? | nents regard | ding cl | nest X-rays in Pulmonar | y Arterial hyper | | |
| | (1) | Central arterial enlarg pulmonary conus | ement, ma | nifest | ing as an increased c | oncavity of the | | |
| | (2) | Enlarged descending p | oulmonary a | rtery | of more than 16 mm | | | |
| | (3) | Sharp pruning of peripl | heral vascu | lature | | | | |
| | (4) | Right descending arter | ial calibre o | f more | e than 25 mm | | | |
| 36. | Whi | ch of the following state: | ments rega | rding _l | pericardial Rub is incorr | rect ? | | |
| | (1) | Superficial, scratchy, le | • | | | | | |
| | (2) | In sinus rhythm it has 3 | | | | olic) | | |
| | (3) | In Atrial fibrillation the r | nidsystolic (| comp | onent dissapers | | | |
| | (4) | It may be heard in urem | nic patients | | | | | |
| MC | C –0 | 01 | (7 | ') | | Turn Over | | |
| | V - | | | | | | | |

| 37. | Edd | y sounds are : |
|-----|------|---|
| | (1) | characteristic of venous hum |
| | (2) | seen with AV fistulas |
| | (3) | are often associated with systolic arterial murmurs |
| | (4) | are clicking sounds characteristic of PDA murmur |
| 38. | Pha | se 3 of Valsawa manoeuvre is characterised by : |
| | (1) | Narrowing of A ₂ P ₂ interval |
| | (2) | Overshoot of systemic BP and reflex tachyccordia |
| | (3) | Abrupt, transient reduction in BP as straining ceases |
| | (4) | Reduced venous leturn and systolic BP with reflex tachycordia |
| 39. | The | only right sided event to diminish with inspiration on auscultation is: |
| | (1) | RVS ₃ |
| | (2) | RVS ₄ |
| | (3) | Both RVS ₃ and RVS ₄ |
| | (4) | Pulmonary ejection click in patients with pulmonic stenosis |
| 40. | The | pericordial knock is . |
| | (1) | Early loud S ₃ |
| | (2) | Early loud S ₄ |
| | (3) | Ejection click |
| | (4) | Loud P ₂ heard in constrictive pericorditis |
| 41. | A pr | ominent but not loud Murmur is Grade : |
| | (1) | Grade 2 (2) Grade 5 |
| | (3) | Grade 4 (4) Grade 3 |
| 42. | A pa | tient who has WPW syndrome and associated Ebstein's anomaly has a : |
| | (1) | Higher risk of sudden cordiac death (SCD) |
| | (2) | lower risk of SCD. |
| | (3) | Same risk of SCD as WPW patients without Ebstein's an anomaly |
| | (4) | No such association exists |
| МС | Ç-0 | 001 (8) |



| 43. | . Which of the following statements regarding MET (Metabolic Equivalent) is incorrect? | | | | | | |
|-----|--|--|---------------|-----------------|--------------------|-----------|--|
| | (1) 1 MET = 3.5 ml O ₂ /min. | | | | | | |
| | (2) A test can be accurately interpreted if at least 6 METs are achieved | | | | | | |
| | (3) | Healthy individuals can achieve 1 | 10 | 11 | METs | | |
| | (4) | Aerobic trainers can achieve mor | e tha | ın | 16 METs | | |
| | • | | | | | | |
| 44. | Earl | y Repolarisation syndrome is also | calle | ed | | | |
| | (1) | Edwards Syndrome . | (2 |) | Grucins Syndrome | | |
| | (3) | Glads Syndrome | (4 |) | Brugadas Syndrome | | |
| 45. | Whi | ch statement regarding apex beat | is c o | rre | ect? | | |
| | (1) | Normally felt in 6 th intercostal spa | ace | | | | |
| | (2) | Occupies an area of 2.5 cm ² | | | | | |
| | (3) | Placed just lateral to mid-clavicul | ar Iir | ne | | | |
| | (4) | has 2 components | | | | | |
| 46. | The | e Aortic value is surface marked at : | : | | | | |
| | (1) | Sternal end of left 3rd costal carti | lage | | | | |
| | (2) | Sternal margin of left 3rd intercos | tal s | ра | ce | | |
| | (3) | Sternal margin of left 4th costal c | artila | ge | ; | | |
| | (4) | Midsternum opposite to the 4th in | iterc | os [,] | tal space | | |
| 47. | Sini | us venorum depicts which internal | part | of | the right atrium ? | | |
| | (1) | rough anterior part | (2 | 2) | atrium proper | | |
| | (3) | smooth part | (4 | !) | appendage | | |
| 48. | Pha | ase 4 of the cardiac cycle correspo | nds t | 0: | | | |
| | (1) | Iso volumetric contraction | (2 | 2) | Reduced filling | | |
| | (3) | Reduced Ejection | (4 | !) | Rapid Ejection | | |
| MC | CC- | 001 (| 9) | | | Turn Over | |
| | K- | 1) | | | | | |

| 49 |). Th | ne combination of enlargement of gemia in Pulmonary Embolism (d | the pul | monary artery due to thrombus with distal |
|-----|-------|--|----------------|---|
| | (1) | | on chesi 2) | |
| | (3) | , , | (4 | , |
| | | J | (. | , releasiners sign |
| 50 | . Blu | unting of the costophrenic angle o | or chest | X-ray is seen when the effusion is: |
| | (1) | 50–100 ml | (2) | |
| | (3) | 200-400 ml | (4) |) > 500 ml |
| 51. | . All | of the following as chest X-rays f | eatures | in a case of aortic dissection except : |
| | (1) | Mediastinal widening > 10 cms | oatules | in a case of aortic dissection except : |
| | (2) | Pleural effusion may be seen | 3 OI A1 | VIGW |
| | (3) | displacement of the aorta > 5 n | nm nast | the calcified aortic intimia |
| | (4) | Tracheal deviation | πη ρασι | the calcined aortic milmia |
| | | | | |
| 52. | The | e cardiogenic plate is derived fror | n the : | |
| | (1) | Splanchic mesoderm | (2) | Pleuric mesoderm |
| | (3) | Splanchopleuric mesoderm | (4) | Splanchopleuric ectoderm |
| 53. | The | Superior Vena Cava is derived f | rom the | |
| | (1) | Right anterior cardinal vein | (2) | Right umbilical vein |
| | (3) | Left anterior cardinal vein | (4) | Left umbilical vein |
| | | | (•) | Zon dinbilical Veni |
| 54. | Gra | de 2 pulmonary venous Hyperter wing except : | nsion ch | est X-rays is characterised by all of the |
| | (1) | Interstitial pulmonary edema | (0) | Diament of |
| | (3) | | (2) | Pleural effusion |
| | (0) | Straightened right hilar angle | (4) | Convex right hilar angle |
| 55. | Whi | ch of the following statements is t | the Corr | nell voltage for LVH in men ? |
| | (1) | S in $V_3 + R$ in $av_L > 20$ mm | | |
| | (2) | S in $V_3 + R$ in $av_L > 24$ mm | | |
| | (3) | | | • |
| | (4) | S in $V_1 + R_1 in V_6 > 35 mm$ | | |
| ИC | C-0 | | 10 \ | |
| | | (| 10) | |

| 56. | Atria | | said to b | e controlled when the ventricular rates | | |
|-------------|---------------------|---|-------------|---|--|--|
| | (1) | < 120 bpm | (2) | < 100 bpm | | |
| | (3) | < 80 bpm | . (4) | < 75 bpm | | |
| | | | | | | |
| 57. | All c | of the following are characterised | d by 'RP s | shorter than PR' except : | | |
| | (1) | AVRT | (2) | AVNRT | | |
| | (3) | PJRT | (4) | atrial tachycordia | | |
| 58. | The | typical AVNRT is the : | | | | |
| | (1) | Fast slow form | (2) | Slow fast form | | |
| | (3) | Slow slow form | (4) | Fast fast form | | |
| 59. | All c | of the following statements is inc | correct reg | garding Bruce protocol : | | |
| | (1) | Patients start out at 1.7 Mph or | | | | |
| | (2) | Can be extended upto 7 th stag | | | | |
| | (3) | Stages change every 3 minute | | | | |
| | (4) | Is the most commonly used pro | | | | |
| 60. | Whi | ch of the following is accociate | ed with gr | eater probability of CAD when it rises | | |
| J U. | | ng TMT. | J | · · | | |
| | (1) | Systolic BP (SBP) | | | | |
| | (2) | Diastolic BP (DBP) | | | | |
| | (3) | No such association exists | | | | |
| | (4) | Both are equally associated | | | | |
| 61. | All d | of the following are correct regar | rding S್ವ e | xcept : | | |
| | (1) | Generated during rapid filling | • | | | |
| | (2) | It is a high frequency event | | | | |
| | (3) | Physiological S ₃ is rarely hear | d in norm | al subjects after 30 years age | | |
| | (4) | | | pressure and reduced LV compliance | | |
| MC | CC- | 001 | (11) | Turn Over | | |
| | (\mathbf{k}_{-1}) | | | | | |
| | | | | | | |

| 62 | . "Cá | arvallo Sign" is : | | | |
|-------------|-------|--|-----------|---------|--|
| | (1) | Murmur of TR becoming to | ouder w | ith In | spiration |
| | (2) | Murmur of MR becoming le | ouder w | ith Ir | nspiration |
| | (3) | Murmur of TR becoming fa | ainter w | ith In: | spiration |
| | (4) | Murmur of MR becoming fa | ainter w | ith ex | xpiration |
| 63. | . Spi | ider waves in JVP are chara | cteristic | of: | |
| | (1) | Ventricular tachycordia | | (2) | Junctional tachycordia |
| | (3) | Atrial flutter | | (4) | Sinus arrhythmia |
| 64. | yar | 0 years old male gives histor ds or after a few minutes on ale of Dyspnoea his dyspnoe | the lev | eľ". A | g to stop for breath after walking for 100 according to American Thoracic Society |
| | (1) | Grade 3 | 4 | (2) | Grade 2 |
| | (3) | Grade 4 | | (4) | Grade 1 |
| 6 5. | Whi | ich of the following is associa | ated wit | h car | nnon 'a' wave is JVP ? |
| | (1) | TS | | (2) | Pulmonary stenosis |
| | (3) | Pulmonary hypertension | | (4) | Nodal rhythm |
| 66. | Klin | gfield index depicts: | | | |
| | (1) | ST Heart rate slope | | (2) | ST Heart Rate Index |
| | (3) | ST hysteresis | | (4) | Intermittent ST depression |
| 67. | Sho | rt QT interval is seen in : | | | |
| | (1) | Hypokalemia | | (2) | Hyperkalemia |
| | (3) | Hypocalcemia | | (4) | Pheniothiazines use |
| MC | C-0 | 001 | (12 |) | |
| | K- | 1 | | | • |

| 68. | The calle | base of the anterior papillary and : | mu | iscle is a | attached to the IVS by a | special | bond |
|-----|-----------|--------------------------------------|-------|------------|--------------------------|---------|------|
| | (1) | Tendon of Todaro | | | | | |
| | (2) | Trigonum fibrosum dextrum | | | | | |
| | (3) | Septomarginal trabecula | | | | • | |
| | (4) | Trigonum fibrosum sinistrum | | | | | |
| 69. | The | inferior or diaphragmatic surface | се | of the he | eart is formed by the : | | |
| | (1) | 2/3rd by LV and 1/3rd by RV | | | | | |
| | (2) | 2/3rd by RV and 1/3rd by LV | | | | | |
| | (3) | entirely by RV | | | | | |
| | (4) | 1/2 by LV and 1/2 by RV | | | | | |
| 70. | The | VSD in tetratology of Fallot is | | | | | |
| | (1) | Restrictive VSD | | | | | |
| | (2) | Non-restrictive VSD | ٠ | | | | |
| | (3) | Muscular VSD | | | | | |
| | (4) | Never Seen | | | | ` | |
| 71. | The | Right atrium is formed from the | e : • | | | | |
| | (1) | Pulmonary Veins | | (2) | Endocardial cushions | | |
| | (3) | Bulbus cordis | | (4) | Sinus venosus | | |
| 72. | The | Bachmans bundle is : | | | | | |
| | (1) | Anterior internodal bundle | | (2) | Middle internodal bundle | € | |
| | (3) | Posterior bundle | | (4) | Interatrial bundle | | |
| MC | CC- | 001 | • | 13) | | Turn | Over |
| | K- | 1) | | | | | |

| 73. | . The | e most anterior value of the human | heart | is: |
|-----|-----------------|---|-----------------|--|
| | (1) | Mitral | (2) | Aortic |
| | (3) | Tricuspid | (4) | Pulmonary |
| 74. | The | e crux of the heart is located on whi | ch sur | façe ? |
| | (1) | Apical | (2) | Anterobasal |
| | (3) | Posterobasal | (4) | Lateral |
| 75. | Tra | becular carnae are found in the : | | |
| | (1) | Left atrium | (2) | Right ventricle |
| | (3) | Right atrium | (4) | Left ventricular outflow tract |
| 76. | Sep | otum Primum type ASD involves : | | |
| | (1) | Endocardial cushions | | |
| | (2) | Septum Primum | | |
| | (3) | Septum Secundum | | . • |
| | (4) | Septum primum + Septum Secund | dum | |
| 77. | Whice region | ch view on chest X-ray helps best | demo | nstrate restrosternal and costophrenic |
| | (1) | AP view | (2) | PA view |
| | (3) | RAO view | (4) | Lateral view |
| 78. | All of | f the following are features of left at | rial e n | largement on chest X-ray except : |
| | (1) | Double density | | · |
| | (2) | Straightened left heart border | | |
| | (3) | Desplaced descending thoracic ac | rta | |
| | (4) | Rounding of apex | | |
| MC | C-0 | 01 (14 | !) | |
| | K-1 | | | |

| 79 |). In be | In patients with TOF physiology (VSD and PS) as the severity of PS increases murmur becomes : | | | | | | |
|-----|--|---|--------------------------|------------------|--------------------------------------|--|--|--|
| | (1) | Softer and shorter | (2 | 2) | Softer and longer | | | |
| | (3) | Louder and shorter | (4 | 1) | Louder and longer | | | |
| 80 | . Th | The Austin Flint Murmur mimics a murmur of : | | | | | | |
| | (1) | TR | (2 | 2) . | PR | | | |
| | (3) | PS | (4 | !) | MS | | | |
| 81 | . A c | collapsing pulse is also called | : t | | | | | |
| | (1) | Pulsus Bisferiens | (2 | 2) | Water Hammer pulse | | | |
| | (3) | Pulsus alternans | (4 |) | Pulsus paradoxsus | | | |
| 82. | Pre-excitation WPW syndrome is characterised by all of the following except : | | | | | | | |
| | (1) | PR < 0.12 sec | | | 3 | | | |
| | (2) | (2) Early ventricular activation in region of accessory pathway | | | | | | |
| | (3) | | | | | | | |
| • | (4) | | | | | | | |
| 83. | Cordiac stand still and ventricular fibrillation occur when serum potassium levels exceed: | | | | | | | |
| | (1) | 7–9 m Eq/L | (2) | į | 5–6 m Eq/L | | | |
| | (3) | 10-12 m Eq/L | (4) | - | 720 m Eq/L | | | |
| 84. | An ir | ndividual has ST elevation in | leads V ₁ , V | / ₂ . | He is said to have which type of MI? | | | |
| | (1) | Anterior wall | (2) | | Anterolateral | | | |
| | (3) | Anteroseptal wall | (4) | | ateral wall | | | |
| MC | Turn Over | | | | | | | |
| | K_1 | | | | | | | |

| 85. | All of the following are ECG features of Left atrial enlargement except: | | | | | | | | |
|----------------|--|--|-----|------------------------------|--|--|--|--|--|
| | (1) A hatched broad based P. wave in lead II with a duration of 0·12 m sec. | | | | | | | | |
| | (2) | P/PR segment > 1.6 | | | | | | | |
| | (3) | P wave axis > + 75° | | | | | | | |
| | (4) | Terminal portion of P wave in V_1 (depth × time) > 0.04 mm sec | | | | | | | |
| | | | | | | | | | |
| 86. | A patient with acute inferior wall MI has raised JVP but lungs are clear. What would you suspect additionally: | | | | | | | | |
| | (1) | Posterior wall MI | (2) | Right ventricular infarction | | | | | |
| | (3) | Anterior wall MI | (4) | Lateral wall MI | | | | | |
| 07 | The | normal QRS duration is : | | | | | | | |
| 87. | | | (2) | 0·04-0·12 sec | | | | | |
| | (1) | 0·04–0·08 sec | ` , | 0·06–0·12 sec | | | | | |
| | (3) | 0·12–0·20 sec | (4) | 0.00-0.12.360 | | | | | |
| 88. | In coarctation of aorta prominent pulsations may be seen: | | | | | | | | |
| | (1) | In suprasternal notch | (2) | over the scapulae | | | | | |
| | (3) | In epigastric region | (4) | In neck | | | | | |
| 89. | 89. The Aortic auscultatory area is located at : | | | | | | | | |
| | (1) 2nd left intercostal space near the sternum | | | | | | | | |
| | (2) | | | | | | | | |
| | (3) Apex of the heart | | | | | | | | |
| | (4) | Lower end of body of sternum | | | | | | | |
| 00 | . Prominent J wave or Osborne wave is seen in : | | | | | | | | |
| 90. | | | (2) | Hynocalcemia - | | | | | |
| | (1) | Hynothyroidism | | • | | | | | |
| | (3) | Hynothermia | (4) | Hypokalemia | | | | | |
| MCC-001 (16) | | | | | | | | | |
| (K-1) | | | | | | | | | |
| | | | | • | | | | | |