POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

Term-End Examination

00337

June, 2016

MCC-001: FUNDAMENTALS OF CARDIOVASCULAR SYSTEMS - 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 <u>OMR Answer Sheet.</u>
- (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) 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.

1.	Wh: viev	ich cardiac chamber does not con v ?	tribut	e to cardiac silhouette in chest X-ray PA
	(1)	Right atrium	(2)	Right ventricle
	(3)	Left atrium	(4)	Left ventricle
2.	Reg (1) (2) (3) (4)	The obliteration of retro-sternal s	space s nus sha esses lo	f the following statement is incorrect? suggest enlargement of right ventricle adow in children from heart shadow obar volume loss gement
3.	Whi	ch of the following statements reg	arding	g cardiac embryology is correct ?
	(1)	Normal cardiac looping is toward	ds left	side
	(2)	Developing heart began to beat b		
	(3)	The left atrial appendage represe	ents th	e embryonic atrium
	(4)	The failure of truncoconal swelling	g to gr	ow results in transposition of great arteries
4.	Whi (1) (2) (3) (4)	The aorta is better seen in left and	e spine terior o onary	e lies on the right of the heart shadow oblique view or conus is seen in pulmonary arterial
5.	Bloo			
J.	(1)	d pressure increases and heart rate Exercise	e aecre (2)	
	(3)	Exposure to high altitude	(4)	Increased body temperature Increased intracranial tension
6.	Incre	paging yagal ctimulation of the har		
٠.	(1)	easing vagal stimulation of the hea Heart rate	(2)	P-R interval
	(3)	Ventricular contractility	(2) (4)	Cardiac output
	()		(+)	Cardiac output
7.	Persi	stence of a patent ductus arteriosu	s follo	wing birth causes:
	(1)	Diastolic murmur	(2)	Systolic murmur
	(3)	Continuous murmur	(4)	Gallop rhythm
8.	The f	irst heart sound coincides with:		
	(1)	Isometric contraction phase	(2)	Isometric relaxation phase
	(3)	Ejection phase	(4)	Protodiastolic phase
9.	Raros	recentors of carotid aims and a sur		
٠.	(1)	receptors of carotid sinus and aorti Increase in systolic pressure		
	(3)	Increase in pulse pressure		Increase in venous pressure Increase in ventricular pressure
	` '	I L-coourc	(~)	moreuse in ventricular pressure

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10.	Which of the following is not seen during isovolumetric (isometric) ventricular contraction?						
	(1)	Increase of intraventricular press	ure				
	(2)	The semilunar valves remain close	ed				
	(3)	Ejection of blood from the ventric	les				
	(4)	C wave of JVP					
11.	In th	e heart, cardiac muscle is not foun	d in tl	he:			385.4
	(1)	Interatrial septum	(2)	Inter	ventricular sept	um	
	(3)	SA node	(4)	Valv	e cusps		
12.	All o	f the following are common consecut	quenc	es of c	ongenital heart	disease	e in the adult
	(1)	Eisenmenger syndrome	(2)	Erytl	nrocytosis		
	(3)	Infective endocarditis	(4)	Strol	ke		
13.	Paire	ed heart tubes are derived from :					
15.	(1)	Ectoderm (2) Endoderm	ı	(3)	Neural crest	(4)	Mesoderm
		to the street to desired from					
14 .		parietal pericardium is derived fro	(2)	Intor	mediate Mesod	erm	
	(1)	Paraxial Mesoderm	(2) (4)		ral Plate Somati		oderm
	(3)	Head Mesenchyme	(4)	Бисс			
15.	Inco follo	mplete fusions of the endocardial owing types of atrial septal defects	cushio ?	ns is 1	usually associate	ed with	which of the
	(1)	Primum	(2)	Secu	ındum		
	(3)	Sinus Venosus	(4)	Con	nmon atrium		
16.	The	fetal left atrium is mainly derived	from	the :			
	(1)	Sinus venous	(2)		nt pulmonary ve	ein	
	(3)	Primitive pulmonary vein	(4)	Prin	nitive atrium		
17.	Clos	sure of the foramen primum result	s from	the f	usion of the :		
	(1)	Septum primum and the septum					
	(2)	Septum primum and the endoca					
	(3)	Septum secundum and the sept					
	(4)	Septum secundum and the endo					
18.	The	fetal right atrium is mainly derive	ed fron	n the	:		
10,	(1)	Primitive pulmonary vein	(2)		nitive atrium		
	(3)	Sinus venarum	(4)	Sin	us venosus		
	(~)		` ′				

19.	Wh	ich of the following cause's rib-not	ching	in a	chest radiograp	h?	
	(1)	Bidirectional Glenn shunt	(2)	Mo	dified Blalock T	aussig s	shunt
	(3)	IVC occlusion	(4)	Coa	arctation of aor	ta	
20.	The repi	e chest view which is often useful resent freely flowing fluids :	l to d	eterr	nine whether p	leural a	abnormalities
	(1)	The PA view	(2)	The	lateral view		
	(3)	Lateral decubitus view	(4)		ical lordotic view	W	
	_		` '	_			
21.	For	visualization of diseases of lung ap	ices,	whicl	n view of chest i	is prefei	red ?
	(1)	PA View	(2)	Late	eral view		
	(3)	Lateral decubitus view	(4)	Api	ical lordotic viev	W	
22.	Left	Atrial enlargement is seen in :					
	(1)	AP View	(2)	РΔ	View		
	(3)		(4)		ht Anterior Obli	172.	
	(-)	and oblique view	(=)	IV18	it Afterior Obn	ique vie	₹W
23.	In st	tanding position, venous return to l following except :	heart	from	the lower limbs	s is affe	cted by all of
	(1)	Competent valves	(2)	Dee	p fascia		
	(3)	Arterial pressure	(4)		traction of the o	calf mus	scles
24.	In le exce (1) (3)	-	(2)	Inte	rnal thoracic ar		artery are all
	(3)	Thyrocervical trunk	(4)	veri	tebral artery		
25.	The	heart is to the lungs.					
	(1)	Superior (2) Dorsal		(3)	Medial	(4)	Lateral
26	T 4 71 1	1 6.1 6.1		` ,		\ /	
26.	Whic	ch of the following statements is no	t cori	ect?			
	(1) (2)	The sinus venosus serves as the pa	acema	ker o	of the heart of th	ie youn	g embryo
	(2)	The septum primum completely di compartments	iviaes	the o	leveloping atriu	m into	right and left
	(3)	In the adult heart, the sinus venou	ie ie r	anroo	contad by the sim		1
	(4)	The two endocardial cushions divi	de th	epres atri	oventricular (av	10-atriai	noae
	` ,	tricuspid and left bicuspid (mitral)) cana	ls	ovenineatai (av	, canar i	mo the fight
27.	Whic	·					
	(1)	th of the following statements is not . The atrioventricular node and atri	t corr	ect ?		• \	1
	(+)	The atrioventricular node and atricells in the left wall of the sinus v	zenos	ricuia us ar	ar bundle (of Hi ad from cells in	is) are c the atri	terived from
	(2)	Canal Proba natangy of the forest and the forest a	. 1				
	(2)	Probe patency of the foramen oval	e doe	s not	permit shuntin	g of blo	od from the
	(3)	right atrium to the left atrium in the	ie ne	onate	wissource 1 (1	1	1. 1
	(4)	The ostium primum lies between the The muscular portion of the intervention of the int	sept	uin pi	innum and the e	ndocard	lial cushions
	(-)	The muscular portion of the intervente endocardial cushions	=11CLIC	uidi S	epium is derive	a from	tne tissue of

in all but one of the following: (1) Ductus arteriosus (2) Inferior vena cave (3) Left atrium (4) Liver 29. All the following are true with respect to heart development except: (1) The bulbus cordis and truncus arteriosus are separated longitudinally by a straight septum. (2) The bulbus cordis and truncus arteriosus form the ascending aorta and pulmonary trunk. (3) The atrioventricular node and bundle form from cells in the atrioventricular canal region and the sinus venosus. (4) The sinoatrial node, and the atrioventricular node and bundle become richly innervated. 30. In Pericardial Effusion X-ray finding is: (1) Boot shaped heart (2) Bottle shaped heart (3) Straightening of left heart borders (4) Straightening of right heart borders (4) Straightening of right heart borders (5) It's also called Mitral Valve (6) It's as called Mitral Valve (7) It's as called Mitral Valve (8) Found on left side of Heart (9) It prevents blood from, backward into left atrium 32. The Semi-lunar Valves prevent blood from flowing backward: (1) Into the Atria (2) Into the Ventricle (3) Into the Brain (4) Into Liver 33. Blood flowing through a vein tends to: (1) Pulse (2) Flow smoothly (3) Flow at a faster rate than in the artery (4) Carry Oxygen to the cells 34. Exchange of gases and ventricles between blood and tissue is the major function of: (1) Arterioles (2) Arteries (3) Capillaries (4) Veins 35. The Pulse pressure of a person with arterial BP 160/100 mmHg is: (1) 160 (2) 100 (3) 130 (4) 60	28.	In the	e foetal circulatory s	system mixing (of oxy	ygenated	and deoxygenate	ed blo	od occurs
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(2) 100 (3) 130 (2)						(3)	Capillaries	(4)	Vents
(2) 100 (3) 130 (2)				بالدندات الماسات	a eta e	al RP 160	1/100 mmHg is:		
(1) 160 (2) 100	35				arteri	(3)	130	(4)	60
		(1)) 160	(2) 100		(-)		, ,	

 36. The most important investigation for Pericardial Effusion is: Lateral view of Chest X-ray E.C.G. E.C.G. Echocardiography Cardiac catheterization 37. The sternocostal surface of the heart consists of all the following "except": Right atrium Left atrium Right ventricle Left ventricle 38. The inferior border of the heart or diaphragmatic of the heart is formed by: Right atrium One third by right ventricle and two third by left ventricle Two third by right ventricle and one third by left ventricle Only right ventricle 39. Which is "true" regarding Limbus fossa ovalis? It represents the embryonic septum primum It represents the lower curved edge of septum secundum It forms the lower margin of fossa ovalis None of the above 	
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(2) It represents the lower curved edge of septum secundum(3) It forms the lower margin of fossa ovalis	
(3) It forms the lower margin of fossa ovalis	
(4) None of the above	
40. The papillary muscles are functionally related to:	
(1) Atria (2) Atrioventricular valves	
(3) Ventricles (4) All of the above	
41. Which is true regarding coronary arteries?	
(1) The coronary arteries are functional end arteries	
(2) There is no effective anastomosis between right and left coronary arteries	
(3) Doin are true	
(4) Both are false	
42. Which is not correct regarding right coronary artery?	
(1) It arises from the left coronary sinus	
(2) It runs along the anterior part of coronary sulcus	
(3) It supplies to right atrium, right ventricle and conducting system of the head	
(4) All are correct	eart
43. The diagonal artery is the branch of :	
(1) Archanian in the second se	
(2) Dieta artery	
(3) Right coronary artery (4) None of the above	

44.		atrial systole" co The beginning of			(2)	PR in	terva	al				
	(1) (3)	Beginning of QR			(4)			ne above				
45.	The I (1) (2) (3) (4)	sovolumetric Cor Beginning of R v First heart sound During this phas All of the above	vave c l on a	on the ECC uscultation	} 1			are closed	l			
46.	Whice (1) (2) (3) (4)	The regarding the corresponds to the corresponds to the column of the co	o the 3 se, the ventric	^{3rd} heart so semilunar	ound valve a	ınd atı	iove	ntricular v	valve bot lar press	h are (ure ar	opened ises	
4 7.	Whie	ch of the followin "a" wave	g is a (2)	negative v "x" wave	vave ir	Atria (3)	l pre "c"	essure wav wave	ve forme (4)	d? "v"	wave	
48.	Whi	ch of the followir "a" wave	ng Atri	ial pressur "x" desce	e wave ent	form (3)	s ind "v"	licates ver wave	ntricular (4)	diasto "y" (le ? descent	
49.	The (1) (3)	partitioning and 4 weeks of gesta 8 weeks of gesta	ation	ete format	ion of (2) (4)	6 we	eks	is seen by of gestatic of gestati	n			
50.	Whi (1) (2) (3) (4)	ch of the followir Bulbus cordis - Conus cordis Truncus arterio Aortic sac	the pr	ot a part o oximal po	of "Bull rtion fo	ous co orms t	rdis" he ri	? ght ventri	cle			
51.	Whi (1) (2) (3) (4)	ch is correct state. The partitioning It occurs about The ostium seconds. All are correct	g of at the 28	rium begii B th day	ns with	the a	ppea	arance of s			m	
52.	The (1) (3)	free edge of fora Septum primu Septum spuriu	m	vale is fori	med by (2) (4)	Sep		secundun e above	n			
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53.	In t	the fetal heart, the sinus venosus re	ceive	blood from:
	(1)	Vitelline vein	(2)	Umbilical vein
	(3)	Common cardinal vein	(4)	All of the above
54.	The	e Sinoatrial Orifice is :		
	(1)	Communication between right a	nd lef	t horn of sinus venosus
	(2)	It is communication between sin		
	(3)	It is communication between sin	us ve	nosus and common cardinal vein
	(4)	It is communication between sin	us vei	nosus and primitive atrium
55.	Wh	ich of the following structure gets o	oblite	rated in post natal life ?
	(1)	The right sinus horn	(2)	Right anterior cardinal vein
	(3)	Right vitelline vein	(4)	Right umbilical vein
56.	The	superior vena cava forms by :		
	(1)	The right horn of sinus venosus	(2)	The right anterior cardinal vein
	(3)	The right vitelline vein	(4)	Right umbilical vein
57.	The	inferior vena cava forms by :		
	(1)	Right vitelline vein	(2)	The right umbilical vein
	(3)	The left horn of sinus venosus	(4)	Right anterior cardinal vein
58.	The	coronary sinus forms by :		
	(1)	The right horn of sinus venosus	(2)	The left horn of sinus venosus
	(3)	The umbilical vein	(4)	The common cardinal vein
59.	The	persistent atrioventricular canal is	cause	d by :
	(1)	Failure of the superior and inferior	or cus	hion to fuse
	(2)	Deficient development of conus s		U .
	(3)	Failure of muscular portion of int conus septum	terver	stricular septum to fuse with free edge of
	(4)	Excessive diventricular of the mu	.scula	r interventricular septum
60.	Whie defe	ch of the following factor is resp	onsil	ple for occurrence of ventricular septal
	(1)	Deficient development of the pro-	ximal	conus swellings
	(2)	Failure of the muscular portion of free edge of conus septum	of the	interventricular septum to fuse with the
	(3)	Failure of the endocardial cushion	s to f	use
	(4)	All of the above		

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61.	(1) (2) (3)	n is not correct regarding Dextrocally occurs when the primitive heart It occurs when the primitive heart It usually occurs when all the organical are correct	tube tube	holds to the left	
62.	The V	entricular septal defect in Tetralog	gy of		
	(1)	Membranous septum	(2)	Muscular septum	
	(3)	Outlet septum	(4)	It can be located anywhere	
63.		ingle embryological error which le		o the occurrence of TOF is :	
	(1)	The straddling of aorta over the V		owi owly.	
	(2)	The conal septum develops too fa	ır anı	enony	
	(3)	Both of the above			
	(4)	None of the above			
64.	Whic	h of the following structure forms	right	border in postero-anterior view of X-ray	?
	(1)	Right atrium plus SVC	(2)		
	(3)	Right atrium plus right ventricle	(4)	All of the above	
65.	The region	best radiological view to demons ons is :	trate	lesions in restrosternal and costophreni	ic
	(1)	Postero - anterior view	(2)	Lateral view	
	(3)	Right anterior oblique view	(4)	Left anterior oblique view	
66.	The	anterior margins of cardiac contou	rs in	lateral view is formed by :	
	(1)	Right ventricle and pulmonary to			
	(2)	Left atrium and left ventricle			
	(3)	Right atrium and right ventricle			
	(4)	Right ventricle alone			
67.	The	best radiological view to see the ac	orta i	5:	
	(1)	Lateral view	(2)	Postero-anterior view	
	(3)	Right anterior oblique view	(4)	Left anterior oblique view	
68.	The	"Hoffman Rigler Sign" is suggesti	ve of	;	
	(1)	Right atrial enlargement	(2)	Left atrial enlargement	
	(3)	Left ventricular enlargement	(4)	Right ventricular enlargement	
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69.	"Ste	ernal Contact Sign" denotes :
	(1)	Right atrial enlargement
	(2)	Right ventricular enlargement
	(3)	Pulmonary artery dilatation
	(4)	RV enlargement with pulmonary artery dilatation
70.	The to t	"double density sign" (increased density producing a convex border overlying or he right of right heart border) indicates:
	(1)	Posterior enlargement of left atrium
	(2)	Rightward enlargement of left atrium
	(3)	Superior enlargement of left atrium
	(4)	All of the above
71.	The	superior enlargement of left atrium manifest as:
	(1)	An increased density producing a convex border overlying the right heart border (double density)
	(2)	Widening of carinal angle to more than 90 degrees
	(3)	Straightening and convexity of left heart border
	(4)	All of the above
72.	Righ	nt atrial enlargement in PA view is suggested by :
	(1)	The right heart border more than 3 cm from the midline
	(2)	Right heart border 4 cm more from the midline
	(3)	Right heart border more than 5.5 cm from midline
	(4)	Right heart border more than 7 cm from midline
73.	Puln	nonary plethora indicated by :
	(1)	Pulmonary branches are visualized beyond the inner 2/3 rd of lungs
	(2)	Vessels in the upper and lower lobes are dilated to the same degree
4	(3)	The number of end on vessels seen is 5 or more in both lung fields (or 3 or more in one lung field)
	(4)	All of the above
74.	Peric	ardial calcification is better seen on :
	(1)	AP view (2) Lateral view (3) RA view (4) LA view
<i>7</i> 5.	Whic	h of the following is not a radiological fortuna of
	(1)	th of the following is not a radiological feature of pulmonary embolism? Ring sign (2) Westermark sign
	(3)	The state of the s
	()	Fleischner's sign (4) Hampton hump
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76.	Whic	h of the following radio	logical featı	ıres i	s sugg	sestive of dissecti	ion of t	the aorta ?
	(1)	Widened mediastinum		(2)	Ring:	sign		
	(3)	Abnormal aortic knob		(4)	All of	the above		
			المأجرنس ممالا مد	- Λ + · · · ·	1177 AV	cont :		
77.		f the following drains in	ito the right	(2)	Vona.	e Cordis Minima	ae	
	(1)	Inferior Vena Cava		• •		rior Vena Cava		
	(3)	Right Pulmonary Vein		(4)	Super	nor vena cava		
78.	Whic	h of the following is a f	eature of Pi	ılmoı	nary V	enous Hyperten	sion?	
70.	(1)	Central atrial enlarge	ement, mai	nifes	ting a	is an increased	conve	exity of the
	(+)	pulmonary conus	-					
	(2)	Enlargement of descen	ding pulmo	nary	artery	y		
	(3)	Sharp pruning of perig	heral vascı	ılatuı	re			
	(4)	Kerley B lines						
			1	1	-1- :	DA DDECCIDE .	waxa f	orm ?
79.		ch of the following repre	esents atrial	syste	ole in	"v" wave	M	"y" wave
	(1)	"a" wave (2)	"c" wave		(3)	v wave	(4)	y wave
90	TATIL :	ch of the following struc	turo is refe	rred :	as Pac	emaker of the he	eart ?	
80.		Sinoatrial node	ture is rere	(2)	A-V	Node		
	(1) (3)	Interatrial conduction	tracts	(4)		lle of HIS		
	(3)	interaction conduction	Liucio	(-)				
81.	Whi	ch of the following struc	tures is resp	onsil	ole for	conduction of in	npulse	from right to
		atrium?						
	(1)			(2)		ile of HIS		
	(3)	Bundle of Thorel		(4)	Bach	ıman Bundle		
	eren d	"PP" : 1 :	EVC mommo	conto	, aond	uction of Impuls	٠ م	
82.		"PR" interval in surface From SA node to AV	ode	Series	Corta	detion of impaid		
	(1)	From SA node to Bund						
	(2)	From SA node to Bund		s				
	(4)	From SA node to vent						
	(=)	Tion of thou to voice						
83.	Whi	ch of the following way	veform repr	esent	s fina	l phase of re-pol	larisatio	on of cardiac
		on potential ?						
	(1)	P wave (2)	QRS comp	olex	(3)	T wave	(4)	U wave
	eren#	ODC 110 1 1 1	. h.; 41	D -	1	ocause of t		
84.		QRS amplitude is much			wave t	recause of :		
	(1)	Longer distance of tra Slower rate of conduct			ntricu1	ar muscles		
	(2)	Depolarization of larg			itticul	ai iliabeles		
	(3)	All of the above	ei iiiuscie i	11033				
	(4)	THE ADOVE						

85.	Wh	ich of the following is not a cause	of ST	segment elevation in EKG ?
	(1)	Acute pericarditis	(2)	
	(3)	Early repolarization	(4)	
86.	Wh	ich of the following is a non-ischae	emic c	cause of ST segment depression ?
	(1)	Sub-endocardial ischaemia		
	(2)	Non Q Wave MI		
	(3)	Secondary ST segment changes	with l	Bundle Branch Block
	(4)	Reciprocal changes in acute Q w		
87.	The	most Labile waveform in EKG is :		
	(1)	P wave (2) QRS wave	e	(3) T wave (4) U wave
88.	In n	ormal EKG, "T" wave is always u	pright	t in lead :
	(1)	I, II and V3 - V6	(2)	I, II, III and avF
	(3)	avR, avL and avF	(4)	avL and V1 to V6
89.	The	"T" wave is always inverted in :		
	(1)	Lead II, III and avF	(2)	Lead avR
	(3)	Lead V1 to V3	(4)	All of the above
90.	All t	he following produces tall "T" wa	ve in	ECG "except" :
	(1)	Idiopathic apical hypertrophy		
	(2)	Hyperkalemia		
	(3)	Early repolarization abnormality		
	(4)	Early stage of ST elevation		