# OPENCARD - I Entrance Examination for Post Graduate Diploma in Clinical Cardiology (PGDCC) - 2012

Total No. of Questions: 120 Time: 120 Minutes

- All Questions are Compulsory.
- Use of calculator is **not allowed**. Rough work may be done in the space provided at the back of the Test Paper.

Read the instructions given on the OMR Response Sheet carefully before you start.

# How to fill up the information on the OMR Response Sheet (Examination Answer Sheet)

- 1. Write your complete enrolment no. in 9 digits. This should correspond to the enrolment number indicated by you on the OMR Response Sheet . Also write your correct name, address with pin code in the space provided. Put your signatures on the OMR Response Sheet with date. Ensure that the Invigilator in your examination hall also puts his signatures with date on the OMR Response Sheet at the space provided.
- 2. On the OMR Response Sheet student's particulars are to be filled in by pen. However use HB pencil for writing the Enrolment No. and Examination Centre Code as well as for blackening the circle bearing the correct answer number against the serial number of the question.
- 3. Do not make any stray remarks on this sheet.
- 4. Write correct information in numerical digit in Enrolment No. and Examination Centre Code Columns. The corresponding circle should be dark enough and should be filled in completely.
- 5. Each question is followed by four probable answers which are numbered 1, 2, 3 and 4. You should select and show only one answer to each question considered by you as the most appropriate or the correct answer. Select the most appropriate answer. Then by using HB pencil, blacken the circle bearing the correct answer number against the serial number of the question. If you find that answer to any question is none of the four alternatives given under the question, you should darken the circle with '0'.
- 6. If you wish to change your answer, ERASE completely the already darkened circle by using a good quality eraser and then blacken the circle bearing your revised answer number. If incorrect answer is not erased completely, smudges will be left on the erased circle and the question will be read as having two answers and will be ignored for giving any credit.
- 7. No credit will be given if more than one answer is given for one question. Therefore, you should select the most appropriate answer.
- 8. You should not spend too much time on any one question. If you find any particular question difficult, leave it and go to the next. If you have time left after answering all the questions, you may go back to the unanswered ones. There is no negative marking for wrong answers.

#### GENERAL INSTRUCTIONS

- 1. No cell Phones, calculators, books, slide-rules, note-books or written notes, etc. will be allowed inside the examination hall.
- 2. You should follow the instructions given by the Centre Superintendent and by the Invigilator at the examination venue. If you violate the instructions, you will be disqualified.
- 3. Any candidate found copying or receiving or giving assistance in the examination will be disqualified.
- 4. The Test Booklet and the OMR Response Sheet (Answer Sheet) would be supplied to you by the Invigilators. After the examination is over, you should hand over the OMR Response Sheet to the Invigilator before leaving the examination hall. Any candidate who does not return the OMR Response Sheet will be disqualified and the University may take further action against him/her.
- 5. All rough work is to be done on the test booklet itself and not on any other paper. Scrap paper is not permitted. For arriving at an answer you may work in the margins, make some markings or underline in the test booklet itself.
- 6. The University reserves the right to cancel scores of any candidate who impersonates or uses/adopts other malpractices or uses any unfair means. The examination is conducted under uniform conditions. The University would also follow a procedure to verify the validity of scores of all examinees uniformly. If there is substantial indication that your performance is not genuine, the University may cancel your score.
- 7. In the event of your qualifying the Entrance Test, the hall ticket should be enclosed with your admission form while submitting it to the University for seeking admission in Post Graduate Diploma in Clinical Cardiology (PGDCC) programmes along with your testimonials and programme fee. Admission forms received without hall ticket in original will be summarily rejected.

1.	(1)	rixis (flapping tre Hepatic encepha	,		all exc (2)		oon dioxide nard	cosis		
	(3)	Meningitis			(4)	Wils	son's disease			
2.	Steri (1) (3)	le pyuria is seen i Renal calculi Fungal infection			(2) (4)		rstitial nephritis of the above			
3.	In ar (1) (3)	n anemic patient r Vitamin C deffic Iron defficiency			lls wil (2) (4)	Vita	een in : min K defficiend te defficiency	cy		
4.	Incor (1) (3)	mplete abduction Right VIth nerve Right IVth nerve	e pals	у	on righ (2) (4)	Righ	e will be due to at IIIrd nerve pal at Horner's synd	sy		
5.	False (1)	sense of percept. Illusion	ion w (2)	ithout any e Delusion	extern	al obj (3)	ect or stimulus i Hallucination	s know		Phobia
6.	The (1)	commonest locati Pons	on of (2)	hypertensiv Thalamus		ra-cer (3)	ebral haemorrha Putamen	ge is : (4)	Cereb	ellum
7.	A HIV patient with tuberculosis and on anti-retroviral therapy should be treated with all									
e	excep (1)	ot : Isoniazid	(2)	Rifampicir	n	(3)	Pyrazinamide	(4)	Ethan	nbutol
8.	The 1 (1)	most reliable mar HBs Ag	ker of (2)	recent hepa Ig M anti-		B inf (3)		(4)	Ig M	anti-HBe
9.	A pa (1) (3)	tient in an ICU w Staphylococcus Staphylococcus	aureu	S	nost lil (2) (4)	Stre	o get infected w ptococcus pyoge prococcus faecali	enes		
10.	All a (1) (3)	re the features of Miosis Cold, clammy ex			ept : (2) (4)		nycardia ertension			
11.		yr male a manto a cavitation due Pulmonary Tube	to:		) mm (2)		negative sputum gal Pneumonia	for AF	B is m	ost likely to
	(3)	Viral Pneumonia			(4)		nchogenic carcir	ioma		
12.	Diab (1) (3)	etic dyslipidaemi Increased Apo E Increased Apo A	3	udes all exc	ept : (2) (4)		eased small dens eased Triglyceric			

13.	. Test to detect reversible myocardial ischaemia is:							
	(1)	Coronary angiography	(2)		GA scan	-	. 1 1914	
	(3)	Thallium scan	(4)	Trar	ns - esophageal	Echocai	rdiography	
14.	Atria	al fibrillation can occur in all excep	ot:					
	(1)	Mitral stenosis	(2)	Mita	al regurgitation	1		
	(3)	Dilated cardiomyopathy	(4)	Hyp	othyroidism			
15	The c	annual transfer of mitual atomosis is alimina	ller bo	at daa	ided by			
15.	(1)	severity of mitral stenosis is clinica Length of diastolic murmur	(2)					
	(3)	Loudness of first heart sound	(4)		dness of second			
	(-)		(-)					
16.	Risk	of developing infective endocardi	tis is le	east ir	n:			
	(1)	Small VSD	(2)		ere aortic regur	gitation		
	(3)	Severe mitral regurgitation	(4)	Larg	ge ASD.			
17.	Valv	re most likely to get involved by in	fective	e endo	ocarditis in intra	venous	drug - abuser is :	
	(1)	Aortic valve	(2)		uspid valve			
	(3)	Pulmonary valve	(4)	Mit	al valve			
18.	_	regnant woman with dilated cardi					0 0	
	(1)	Digoxin (2) ACE inhib	oitors	(3)	Diuretics	(4)	Vaso-dilators	
19.	Stati	in induced myopathy is not exacer	bated	by:				
	(1)	Nicotinic acid (2) Erythrom		(3)	Enalapril	(4)	Clofibrate	
20.		best treatment for myocardial infa	rction					
	(1)	Reperfusion (2) Aspirin		(3)	Heparin	(4)	Clopidogrel	
21.	PR s	segment in ECG is measured from	:					
	(1)	Beginning of P wave to beginning		DRS co	omplex			
	(2)	End of P wave to beginning of Q						
	(3)	End of P wave to end of QRS cor	mplex					
	(4)	Peak of P wave to peak of R way	ve		**			
22.	Λ11.	are true about Wolff - Parkinson-V	AThita	ovndr	omo ovcont :			
22.	(1)	Delta wave is due to premature		-	_			
	(2)	Short PR interval	CACATO					
	(3)	There is a slow, slurred upstroke	of the	e QRS	S complex			
	(4)	Epsilon wave is a frequent feature	re in E	ECG	120			
22	Λ 11	and times about CT alcostices						
23.	(1)	are true about ST elevation : Pericarditis	(2)	IV	aneurysm			
	(3)	Transmural ischaemia	(2) $(4)$		oer kalemia			
	\ /		\ /	1				

24.	Lead	avE	ic	
41.	Leau	avi	13	

- (1) A bipolar lead
- (2) An augmented unipolar lead
- (3) An unipolar electrode positioned over right leg
- (4) A bipolar electrode positioned over left leg

#### 25. According to recent guidelines, the criteria for diagnosis of diabetes mellitus includes :

- (1)  $A_1 C \ge 6.5\%$
- (2) FPG≥128 mg/dl. Fasting is defined as no caloric intake for at least 8 hrs
- (3) 3-h plasma glucose ≥ 200 mg/dl during an OGTT
- (4) Random plasma glucose ≥ 200 mg/dl in asymptomatic patients

#### 26. The diagnosis of Gestational diabetes is made when:

- (1) Fasting plasma glucose ≥ 90 mg/dl
- (2) 1-h plasma glucose following a 75g OGTT ≥ 180 mg/dl
- (3) 2-h plasma glucose following a 75-g OGTT≥150 mg/dl
- (4) 3-h plasma glucose following a 75-g OGTT≥130 mg/dl

#### 27. DPP-4 inhibitors:

- (1) Can be used to treat type 1 and type 2 diabetes mellitus
- (2) Act by increasing incretin levels
- (3) Are more potent than secretagoges
- (4) Can be administered by i.v. route

### 28. Hypertrophic cardiomyopathy:

- (1) Is transmitted as a Mendelian trait with an autosomal dominant pattern of inheritance.
- (2) Epidemiological studies have reported the prevalence of HCM phenotype as about 2% in the general population
- (3) At necropsy hearts from patients with HCM are usually normal in weight although they are hypertrophied
- (4) The mitral valve is structurally normal in all patients studied a necropsy.

# 29. Regarding medical treatment of HCM all are true except

- (1) Beta blockers have been used extensively to relieve and control symptoms
- (2) Verapamil improves symptoms but not exercise capacity
- (3) There is no evidence that combining beta blockers with verapamil is advantageous
- (4) ACE inhibitors may be used in patients with end-stage heart failure.

#### 30. Complications of Myocardial infarction includes all except:

- (1) Mitral regurgitation
- (2) Ventricular septal rupture
- (3) Ventricular tachycardia
- (4) Aortic regurgitation

# **31.** Ball in cage prosthetic heart valve is known as:

(1) Carbomedics

(2) Carpentier-Edwards

(3) Starr Edwards

(4) St. Jude

32.	Chest X-Ray in patients of mitral stenosis may show all the following except:  (1) Straightening of left heart border  (2) Kerley A lines  (3) Normal findings  (4) Commissural thickening
33.	Following are the auscultatory findings of mitral stenosis:  (1) Tumour plop  (2) Austin flint murmer  (3) Cooing Dove murmer  (4) Loud S1
34.	Following fibrinolytic agent may be used for bolus administration in patients of myocardial infarction.  (1) Streptokinase (2) Urokinase (3) Tenecteplase (4) TPA
35.	Following are the ACE inhibitors benefits after myocardial infarction except:  (1) Improved mortality (2) Decrease LV end diastolic volume  (3) Decreased size of scar (4) Decreased Left ventricular end Diastolic pressure
36.	<ul> <li>DeBakey classification of Aortic dissection:</li> <li>(1) Type I originates in the ascending aorta, propogates at least to the aortic arch and often beyond it distally</li> <li>(2) Type II originates in the arch</li> <li>(3) Type III originates in the descending thoracic aorta and does not extend retrogradely to the arch</li> <li>(4) Type IV originates in the abdominal aorta</li> </ul>
37.	Class III anti-arrhythmic agents include all except : (1) Dronedarone (2) Ibutilide (3) Sotalol (4) Nadolol
38.	Branches of Right Coronary artery are all except:  (1) Conus branch (2) SA nodal artery (3) Posterior desending artery (4) Obtuse marginal artery
39.	Echocardiographic indices of left ventricular systolic function include:  (1) Ejection Fraction (2) Left Atrial volume (3) Transtricuspid gradient (4) E/Ea ratio
40.	Leptospirosis - a common zoonotic disease presents with clinical manifestations of all of the following except:  (1) Jaundice (2) Fever (3) Myalagia (4) Carditis
41.	All of the following can lead to hypercoagulable state except:  (1) Protein C deficiency  (2) Protein S deficiency  (3) Acute rheumatic fever  (4) Anti thrombin III deficiency

42.	Whice (1) (3)	th of the followin Hepatitis C viru Hepatitis A viru	S	as will not ca	(2) (4)	Нера	c hepatitis ? atitis B virus atitis E virus		
43.	Whice (1)	ch of the followin Tenecteplase	g dru (2)	g is not thro Streptokin		ytic?	Urokinase	(4)	Heparin
44.	First (1)	line of drug for o Pioglitazone	obese (2)	type 2 DM p Metformin		is: (3)	Insulin	(4)	Sulfonylurea
45.	Whic		ve drı	ıg is not pref	erred	in Hy	peruricemic dia	betic wi	th high triglyceride
	(1) (3)	ACE inhibitors Angiotensin rec	eptor	blockers	(2) (4)		um channel blezide diuretics	ockers	
46.		controlled BP in a ld be less than :	patie	nt with histo	ory of	type 2	DM, old CVA,	as per J	NC VII guidelines,
	(1)	120/80	(2)	140/90		(3)	130/85	(4)	110/70
47.	Wha (1) (2) (3) (4)		een in een in hich i	people wea doctors and s measured	d para	medic ctor's	cal staff office but not s		nome BP recording en during doctor's
48.	aldad		de an	d digoxin h radycardia a	ad fev	ver, d nus ai Digo	iarrhoea, vomit	ing. H y is :	n, ACE inhibitors, e is admitted with
49.		ch oral hypoglyca nic kidney diseas				icated	in 50yr old ma	ale diab	etic with CHF and
	(1)	Sulfonylurea	(2)	Insulin		(3)	Pioglitazone	(4)	Voglibose
50.	-	old diabetic pres veins, ascitis, pe Congestive hear Cirrhosis of live	dal oe rt failt	dema had p		o tub Nepl		possible e	

51.			e of rl d ever very d d ever	3 weeks y 3 weeks
52.	Pulsi (1) (3)	us paradoxus is seen in all except. Pericardial tamponade Congestive heart failure	(2) (4)	Airway obstruction Superior vena cava obstruction
53.	Canr (1) (3)	non waves seen in JVP in which of Junctional rhythem Complete heart block	the fo (2) (4)	ollowing except : Ventricular tachycardia Tricuspid regurgitation
54.	S <sub>3</sub> th (1) (3)	ird heart sound is seen in all excep Normal children Mitral stenosis	t: (2) (4)	High cardiac output Impaired left ventricular function
55.	All c (1) (3)	of the below are causes of pansystol VSD PDA	lic mu (2) (4)	rmur except. Mitral regurgitation Tricuspid regurgitation
56.	Abno	ormal U wave is seen in ECG in wl Hypokalemia (2) Hypothern		f the following condition : (3) Hypotension (4) Hyperkalemia
57.		ch one of the following changes in cal features of acute ischaemia. ST segment elevation in $V_1$ - $V_4$ Symetrical T wave inversion in $V_4$		is not a criteria for thrombolysis in presence of  (2) New onset LBBB  (4) ST segment elevation in lead 2, 3, Avf
58.	Whice (1) (3)	ch one of the following is best beds Electrocardiography Biomarkers	ide no (2) (4)	oninvasive diagnostic tool for acute MI. TTE Chest X Ray
59.		llation except : Age > 65 yrs	(2) (4)	vith high risk of stroke in patients with atrial Rheumatic heart disease Anemia
60.		of the following conditions menti elopment of venous thrombosis exce Pregnacy Abdominal tuberculosis		below are associated with increased risk of Fracture of femur Anti thrombin III deficiency

61.	All of (1) (3)	f the following are examp ASD Ruptured sinus of Valsal		shunt (2) (4)	except : VSD Pulmonary Arterio-ven	ous	fistula
62.	Whic (1) (2) (3) (4)	h of the following is not a Complete transposition of Tetralogy of Fallot's Single ventricle with pul Aortopulmonary window	f great ar	teries			
63.	Whic (1) (3)	h cardiac malformation is Mitral regurgitation Severe mitral stenosis		olerat (2) (4)	ed in pregnancy ? Repaired tetralogy of Fa Osteum secandum ASI		S
64.	Endo (1) (3)	ocardial Cushion defect is Trisomy 18 Trisomy 21		n whi (2) (4)	ch chromosomal abnorn Trisomy 13 Turner syndrome (XO)	nality	<i>y</i> ?
65.	Whic (1)	th one of the following is: Lithium (2) Ri	not a tera abella	toger	0 01 0	ncy ? (4)	Digoxin
66.	Whic (1)	th of the clinical disorder : Pneumonia (2) Se	is not asse psis	ociate		(4)	Pancreatitis
67.	Whice (1) (2) (3) (4)	ch one of the following is a Arterial systolic BP =9<br Urine output < 0.5 ml/kg Unexplained metabolic a Hemoglobin < 7.0 gm%	0 mm Hg g per hr f	,		tion	
68.	<ul> <li>Which one of the following regimen drug therapy is not indicated for H. Pylori infection</li> <li>(1) Bismuth subsalicylate + metronidazole + tetracycline</li> <li>(2) Azithromycin Augmentin, Ranitidine</li> <li>(3) Omperazole + clarithromycin + metronidazole</li> <li>(4) Omperazole + tetracycline + clarithromycin</li> </ul>						Pylori infection :
69.	muco (1)	ch one of the following is osal injury ? H2 receptor antagonist	not reco	(2)	proton pump inhibitor	NSA	ID related gastri
70.	(3) All o (1) (3)	Misoprostol  f the following structures Crista terminalis Eustachian valve	are part (	(4) of rig. (2) (4)	Telipressin  ht atrium except:  Moderator band  Tendon of todaro		

71.	Follo	owing ECG leads	represent I	nferior wall					
	(1)	II, III, aVF	(2) I, aV	L	(3)	V1, V2, V3	(4)	V4, V5, V6	
72.	Follo (1) (3)	owings are the par Crista terminalis Tendon of todar	3	c conduction (2) (4)	Righ	em : at bundle branch al and tricuspid		18	
73.	regu	patient of rheum rgitation which of Left ventricle	f the follow	ing chamb	er may				oid
74.	Whice (1) (3)	ch of the following Smoking HDL more than		(2) (4)	Diab				
75.	Whice (1) (3)	ch of the followin Aspirin Clopidogrel	g drug is n	ot an antip (2) (4)	Нер		IIIa inhi	bitor)	
76.	Whice (1)	ch of the followin Flecainide		Class I anti- caine	arrhyt (3)	hmic drug ? Quinidine	(4)	Propranolol	
77.	Whio (1) (3)	ch of the followin Troponin I Creatinine phop		(2)	Brai	epresent myoca n natriuretic pe oonin T		ll injury ?	
78.	Righ (1) (2) (3) (4)	t heart failure ma Raised jugular v Ascitis Hepatomegaly Pulmonary eder	enous pres	-					
79.	All (1) (3)	of the following m Beri beri Myocardial infa	,	igh cardiac (2) (4)	Syst	nt heart failure o emic arterio-ven tricular septal d	nous fis	tula	
80.	Com (1) (3)	plication of acute Ventricular sept Complete heart	al defect	l infarction (2) (4)	Cho	be all of the following rdae rupture wall rupture	lowing	except :	
81.	First (1)	degree heart bloc 120 ms	ck is defined (2) 150		erval to	o be more than 200 ms	: (4)	250 ms	

82.	Supi	raventricular tachycardia can be te	rmina	ted by all except :
	(1)	IV adenosine injection	(2)	Carotid massage
	(3)	IV isoprenaline infusion	(4)	IV verapamil injection
83.	Whi	ch of the following is a Loop Diure	etic ?	
00.	(1)	Eplerenone	(2)	Indapamide
	(3)	Tolvaptan	(4)	Gr A Streptococcus Torsemide
84.	Majo (1) (3)	or manifestation of modified Jone's Carditis Arthralgia	criter (2) (4)	ia for Rheumatic fever diagnosis is all except : Erythema marginatum Chorea
85.	All (1) (2) (3) (4)	of the following conditions are rela Mitral valve prolapse Long QT syndrome Catecholamine mediated polymo Brugada syndrome		genetic ion channel disorder except :  VT
86.	diab	etes mellitus and systemic hyperte	nsion	
	(1) (3)	Amlodepine ACE inhibitor	(2) (4)	Prazosine Hydrochlorothiazide
87.	All o	of the following investigations are	meant	for evaluating myocardial ischaemia except :
	(1)	Stress ECG study		Perfusion scan
	(3)	Stress echo study	(4)	Transesophageal echo study
88.	All (1)	of the followings are HMG CoA in Rosuvastatin (2) Gemfibroz		r except : (3) Atorvastatin (4) Simvastatin
89.	Beta	blocker is contraindicated in all ex	cept :	
	(1) (3)	Sinus bradycardia Bronchial asthma	(2) (4)	High grade AV block Congestive heart failure
90.	Dow	vn syndrome is due to :		
	(1)	Trisomy 21	(2)	Translocation 13
	(3)	Translocation 22/21	(4)	All of the above
91.	Caro	cinoembryonic antigen is seen in :		
	(1)	Colorectal carcinoma	(2)	Alcoholic cirrhosis
	(3)	Emphysema	(4)	Diabetes mellitus
92.	Che	moprophylaxis is used in all excep	t :	
	(1)	Malaria	(2)	Typhoid
	(3)	Meningococcal meningitis	(4)	Pertusis

93.	Most	common malignancy in HIV:		ggingstein in the State of the				
	(1)	Kaposi Sarcoma	(2)	Esophageal Ca				
	(3)	Lymphoma	(4)	Lung Ca				
94.	Patie	1 1		with fever, dyspnoea and non productive coug s bilateral, symmetrical interstitial infiltrates. The	-			
	(1)	Tuberculosis	(2)	Crypttococcosis				
	(3)	Pneumocystis carinii pneumonia	(4)	Toxoplasmosis				
95.	Mali	gnant hypertension is diagnosed w	vhen	1:				
	(1)	Associated malignancy is present						
	(2)	Diastolic BP 120 mm Hg						
	(3) (4)	Papilloedema associated with ele All of the above	vated	d BP	-a			
	(1)	THE OTHER GOOVE						
96.	Regu	ılar cannon's wave is found in :						
	(1)	Complete heart block	(2)					
	(3)	Constrictive pericarditis	(4)	Ventricular pacemakers				
97.	Systolic murmur whose intensisty diminishes in erect position than supine position is characteristic of :							
	(1)	aortic stenosis	(2)	Tricuspid regurgitation				
	(3)	ASD	(4)	Mitral valve prolapse syndrome				
98.	Gian	at A wave in JVP is seen in:						
	(1)	Tachycardia	(2)	Atrial ectopic				
	(3)	I st degree A-V Block	(4)	Complete heart block				
99.	Trea	tment in cardiogenic shock with p	ump	o failure is :				
	(1)	Dopamine	(2)	Intra cardiac adrenaline				
	(3)	Digoxin	(4)					
100.	Cont	tinuous murmur is seen in :						
	(1)	PDA	(2)	A-V malformation in lungs				
	(3)	Ap Window	(4)					
101.	Tors	ades des pointes may be caused by	whice	ich one of the following drugs:				
	(1)	Quinidine (2) Digoxin		(3) Phenytoin (4) Chlorthiazide				
	\ /	( )		(-)				
102.		g of choice in Prinzmetal angina is						
	(1)	Propanolol (2) Acebutalo	l	(3) Isosorbide (4) Diltiazem				

103.	Aggr	Aortic regurgitation	a pat	ient when given hitrates is seen in :					
	(2)	Mitral regurgitation							
	(3) Single left coronary artery stenosis								
	(4)	Idiopathic hypertrophic subaortic	sten	osis					
104.	Char	nging character of a murmur in a p	oatien	t with joint pain and embolic phenomenon is					
	(1)	Mitral stenosis	(2)	SABE					
	(3)	Rheumatoid arthritis	(4)	Aortic regurgitation					
105.	The f	following is true of tetralogy of fall	lot exe	cept :					
	(1)	Squatting	(2)	Clubbing					
	(3)	Cyanosis	(4)	Increased lung vascularity					
106.	Most	t common congenital cardiac defec	t in c	ongenital rubella syndrome is :					
	(1)	PDA (2) VSD		(3) ASD (4) Pulmonary stenosis					
107.	The	most common site of obstruction in	ı tetra	logy of Fallot is:					
1071	(1)	At the pulmonary valve	(2)	At the pulmonary artery level					
	(3)	At the RV in fundibulum	(4)	Tricuspid valve					
108	Whic	ch of the following is not hepatoto	xic ·						
100.	(1)	INH (2) Ethambut		(3) Rifampicin (4) Pyrazinamide					
109.	Follo	owing are features of nephrotic syr	ndrom	ne except :					
2000	(1)	Anasarca	(2)	Hypertension					
	(3)	Massive proteinuria	(4)	Hypoproteinemia					
110.	Cush	ning's syndrome is associated with	all ex	cent ·					
2201	(1)	Moon facies	(2)	Muscle weakness					
	(3)	Osteoporosis	(4)	Aneurysm of aorta					
111.	Incid	lence of infective endocarditis is le	ast co	ommon in :					
	(1)	Ostium Primum ASD	(2)	Ostium Secundum ASD					
	(3)	VSD	(4)	MR					
112	Most	t effective Rheumatic prophylaxis i	s ·						
Jan. Jan. Bell 8	(1)	Oral Penicillin	(2)	Oral Sulfadiazine					
	(3)	Oral Erythromycin	(4)	Intramuscular Benzathine Penicillin					
		*	, ,						

113.	Most	common organism causing infecti	ve en	docar	ditis is:		
	(1)	Staphyllococcus	(2)		ptococcus viridar		
	(3)	Enterococci	(4)	Fung	gus		
114.	Most	common cause of mild hypertensi	on in	adole	escents is:		
	(1)	Renal disease	(2)	End	ocrinopathies		
	(3)	Obesity	(4)	Coa	rctation of Aorta		
115.	Acco	ording to JNC VII, Pre - Hypertension	on is	define	ed as Blood Press	ure (ir	n mm Hg)
	(1)	<120/80 (2) 120-139/8	0-89	(3)	140-159/90-99	(4)	>160/100
116.		acteristic symptom of Left to right		ts in o	children is :		
	(1)	Recurrent respiratory tract infecti	ons				
	(2)	Cyanosis				1.70	
	(3)	Syncope					
	(4)	Breathlessness					
117	Acco	ording to Vaughan William classific	ration	ami	odarone belongs	to ·	
117.	(1)	Class I (2) Class II	ation	(3)	Class III	(4)	Class IV
	(-)	,		(-)		(-)	
118.	Rheu	imatic fever is caused by:					
	(1)	Group A streptococci	(2)	Gro	up B streptococci		
	(3)	Group C streptococci	(4)		up D streptococc		
119.	The	Gorlin formula is used to calculate	:				
	(1)	Valve area (2) Valve gard	lient	(3)	Flow in aorta	(4)	Shunt calculation
120.	Boot	shaped heart is seen in:					
	(1)	Transposition of Great Arteries					
	(2)	Tetralogy of Fallot					
	(3)	ASD					
	(4)	VSD					

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