# POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC) 00165

### **Term-End Examination**

# December, 2011

## MCC-005: COMMON CARDIOVASCULAR DISEASES-III

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.

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1.	Whi	ch of the followir	ng dri	ag is not used in	supra	ventricular Tachy	cardia	a ?		
	(1)	Verapamil	(2)	Mexiletine	(3)	Amiodarone	(4)	Adenosine		
2.	Whi	ch of the followir	ng sta	tement is wrong	regard	ling Lidocaine ?				
	(1)	(1) Lidocaine is a class IB antiarrhythmic agent								
	(2)	It is an effective	e agen	it in the therapy	of Ver	ntricular arrhythn	nias			
	(3)	It has major effe	ects o	n atrial fibers and	d cond	luction in accesso	ry pa	th ways		
	(4)	Lidocaine is Pre	edomi	nantly metabolize	ed in l	Liver				
3.	The	following drugs l	belon	g to class III grou	p of V	aghen Williams (	lassif	ication except :		
	(1)	Sotalol	(2)	Dofetilide	(3)	Flecanide	(4)	Ibutilide		
4.	The	following drugs	are us	sualy recommend	led for	· Ventricular arrh	ythmi	as except :		
	(1)	Mexilitine	(2)	Verapamil	(3)	Lidocaine	(4)	Flecainide		
5.	Whi	ch of the followir	ıg dru	ıgs can cause Tor	sades	de pointes excep	t:			
	(1)	Amiodarone	(2)	Dofetilide	(3)	Phenytoin	(4)	Sotalol		
6.	The exce	-	can b	oe given in both	supra	ventricular and V	/entri	cular arrthythmias		
	(1)	Flecainide	(2)	Amiodarone	(3)	Qunidine	(4)	Diltiazem		
7.	Cinc		, delir	iam and psychos	is) are	seen in which of	the ar	nti arrhythmic drug		
	(1)	Amiodarone	(2)	Procainamide	(3)	Qunidine	(4)	Digoxin		
8.	SLE	like clinical featu	res ar	e seen in which o	of the	following drug us	sage ?			
	(1)	Adenosine	(2)	Disopyramide	(3)	Procainamide	(4)	Dofetalide		
9.	The who		surg	ery - ASD closu	re - U	Jsing heart Lung	; macl	hine was done by		
	(1)	Walton Lillehei	(2)	John Gibbon	(3)	John Kirklin	(4)	John Lewis		

10.	Dur	ing deep Hypoth	ermia	and Circul	latory a	arrest	the Temperati	ure is kep	t at what degrees?
	(1)	8°C	(2)	18°C		(3)	28°C	(4)	30°C
11.	Caro	dioplegia solutior	onta	nins all the	follow	ing e	ccept one :		
	(1)	20 meq of potas	ssium		(2)	Ade	nosine		
	(3)	Sodium bicarbo	nate		(4)	Mag	nesium		
12.	Intra	a - Aortic Balloon	Pum	p (IABP) is	indica	ited ir	the following	g conditio	ns except :
	(1)	Cardiogenic sh	ock						
	(2)	(2) Aortic dissection							
	(3)	(3) Left main disease with severe LV dysfunction							
	(4)	During Primary	PTC.	A for Acut	e MI w	ith se	vere LV dysf	unction	
13.	Left	Thoracotomy app	proacl	n is used fo	or all th	ne foll	owing surgeri	ies except	:
	(1)	(1) Ligation of Patent ductus Arteriosus							
	(2)	(2) Repair of Co-archtation of Aorta							
	(3)	Potts shunt		,			•		
	(4)	Atrial septal de	fect cl	osure					
14.	Infe	ctive Endocarditis	s Prop	hylaxis is i	indicat	ed in	all the followi	ing condi	ions except :
	(1)	Ventricular sep	tal de	fect	(2)	Atri	al septal defe	ct	
	(3)	Co-archtation A	Aorta	•	(4)	Pate	nt ductus Art	teriosus	•
15.	The	Pulmonary Vascu	ular re	sistance af	ter Bir	th dro	ps to adult le	vels withi	in a period of :
	(1)	5 - 6 weeks	(2)	2 - 3 wee	ks	(3)	2 - 3 months	s (4)	5 - 6 months
16.		ne Presence of Pate ally drops to adul					erm babies the	e fall in Pu	lmonary resistance
	(1)	6 - 10 weeks	(2)	6 months	5	(3)	3 - 6 weeks	(4)	2 - 3 weeks

<b>17</b> .	The presence of murmur at birth would be due to the following congenital Heart disease except:									
	(1)	Patent ducts Arteriosus	(2)	Aortic stenosis						
	(3)	Pulmonary stenosis	(4)	Mitral Regurgitation						
18.		ich of the following conditiourgitation?	n accom	npanies most instances of organic Tricuspid						
	(1)	Aortic stenosis	(2)	Pulmonary artery Hypertension						
	(3)	Mitral stenosis	(4)	Pulmonary stenosis						
19.		Calculation of mitral valve area by cardiac catheterization requires determination of cardiac output in which of the following ?								
	(1) Pulmonary Capillary Pressure									
	(2) Left atrial Pressure									
	(3)	(3) Mean pulmonary artery pressure								
	(4) Mean diastolic pressure gradient across the mitral valve									
20.	to p			ients still must follow an antibiotic prophylaxis at other late sequlae commonly follows mitral						
	(1)	Mitral Regurgitation	(2)	AV Block						
	(3).	Restenosis of Mitral valve	(4)	Left Ventricular failure						
21.	abru			man with physical signs of severe mitral stenosis . What even best explains the abrupt appearance						
	(1)	Pregnancy	(2)	Pulmonary embolism						
	(3)	Pneumonia	(4)	Atrial Fibrillation						
22.	The	most common congenital cardia	ac defect	is which of the following ?						
	(1)	Ventricular septal defect	(2)	Atrial septal defect						
	(3)	Bicuspid Aortic Valve	(4)	Tetralogy of fallot						

23.	The	e fundamental Haemodynamic seq	uela c	of pulmonic stenosis is which of the following?
	(1)	Low cardiac output	(2)	Pulmonary Hypotension
	(3)	Right ventricular Hypertrophy	(4)	Hypoxemia
24.		e Four components of Fallots Tetral flow obstruction and which of the		onsists of VSD, Dextro position of Aorta, and RV wing ?
	(1)	Patent Foramer ovale	(2)	Pulmonary Hypoplasia
	(3)	Right Ventricular Hypertrophy	(4)	Right Aortic Arch
25.	A fa	aint pulmonic systolic murmur in Fa	llots T	etralogy is likely to mean which of the following?
	(1)	Right Ventricular failure	(2)	Mild Right Ventricular out flow obstruction
	(3)	Concomitant ASD	(4)	Severe Right Ventricular out flow obstruction
26.	Con	ngestive cardia failure in children o	causes	s which one of the following ?
	(1)	Cyanosis	(2)	Pulsus Paradoxus
	(3)	Tachy cardia	(4)	Respiratory failure
27.	An l	Infant Presents with generalized we	eak pu	alses and heart failure. The most likely diagnosis
	(1)	Co-archtation of Aorta	(2)	Aortic stenosis
	(3)	Takayasu's disease	(4)	Anaemia
28.	Whi	ch congenital heart disease in com	mon i	in Down Syndrome ?
	(1)	Co-archtation of Aorta	(2)	Transposition of great arteries
	(3)	Tetralogy of Fallots	(4)	AV canal defect
29.	Most	t congenital heart diseases have on	e of tl	ne following aetiology
	(1)	Multifactorial	(2)	Autosound dominant
	(3)	Autosound Recessive	(4)	X - linked Recessive

30.	Which is the most common form of Left to Right Shunts in children?										
	(1)	Atrial septal defect	(2)	Patent ductus Arteriosus							
	(3)	Ventricular septal defect	(4)	Truncus Arteriosus							
31.	Left	to Right Shunts can cause which c	of the	following ?							
	(1)	Right Ventricular dysfunction									
	(2)	Thrombo Embolism									
	(3)	) Pulmonary artery Hypertension									
	(4)	(4) Pulmonary AV fistula									
32.	Whie flow	• •	enital	Heart disease with increased Pulmonary Blood							
	(1)	Tricuspid Atresia	(2)	Transposition of green arteries							
	(3)	Pulmonary atresia with VSD	(4)	Partial AV canal defect							
33.	Whi	ch of these congenital heart diseas	e need	ds correction in the Neo Natal Period ?							
	(1)	Tetralogy of fallots									
	(2)	Ventricular septal defect	•								
	(3)	AV canal defect									
	(4)	Total anamolous pulmonary ven	ous c	onnection							
34.	Whi	ch of these arrhythmia is uncomm	on in	children ?							
	(1)	Supraventricular Tachycardia	(2)	Atrial Fibrillation							
	(3)	Ventricular Tachycardia	(4)	Heart Block							
35.	A lo	oud murmur on Auscultation in a r	neonat	re is likely to be :							
	(1)	Patent ductus Arteriosus	(2)	Atrial septal defect							
	(3)	Ventricular septal defect	(4)	Pulmonary valve stenosis							
36.	In n	nitral stenosis, shortness of breath a	at rest	, will occur when mitral valve area is :							
	(1)	less than 2.5cm <sup>2</sup>	(2)	less than 1.5 cm <sup>2</sup>							
	(3)	less than 3.0 cm <sup>2</sup>	(4)	less than 2.0 cm <sup>2</sup>							

37.	Alf	Alfieri repair is done for which of the following condition?									
	(1)	Severe mitral stenosis	(2)	Tricuspid valve regurgitation							
	(3)	Ischemic mitral regurgitation	(4)	Rupture of sinus of Valsalva							
38.	Cox	x III with MAZE operation is done	for w	rhich of the following condition ?							
	(1)	Atrial Fibrillation with Mitral Re	gurg	itation							
	(2)	Atrial Flutter with Mitral Stenosis									
	(3)	Ventricular Tachycardia with Mitral Regurgitation									
	(4)	Atrial Tachycardia with Mitral s	tenos	is							
39.	Ech	ocardiogram showed severe Calcifi	c Aor	ness of breath with one episode of syncope. His tic Valve Stenosis with dialatation of Ascending is the preferred treatment of choice?							
	(1)	Aortic valve replacement	(2)	Beutel procedure							
	(3)	Aortic valve repair	(4)	Percutaneous Aortic Valve replacement							
<b>4</b> 0.	Whi	ich of the following prosthetic valve	e has	lowest effective orifice area ?							
	(1)	Medtronic Hall single disk valve	(2)	Starr - Edwards valve							
	(3)	St. Jude Bileaflet valve	(4)	Homograft valve							
11.		fist palliative shunt between subclarase was done by whom?	avian	artery and pulmonary artery for cyanotic heart							
	(1)	John Kirklin (2) Alfred Bla	lock	(3) Helen Tassig (4) Vinoberg							
12.		first reversed saphenous vein bypa done by whom ?	ıss gr	aft for blocked Right - Coronary Artery in 1967							
	(1)	Starr - Edwards	(2)	Favoloro							
	(3)	Denton Cooley	(4)	Mason Jones							
3.	The	management of Cyanotic spells inc	ludes	s all the following except :							
	(1)	Knee chest position	(2)	sedation of child with morphine							
	(3)	Inj Esmolol	(4)	Inj. Prostaglandin							
				· · · · · · · · · · · · · · · · · · ·							

44.	Which is the preffered treatment option for critically ill neonate with co-archtation of Aorta with metabolic acidosis?							
	(1)	Emergency surgery for co-archta	tion c	of Aorta				
	(2) PDA ligation							
	(3)	Inj. Prostaglandin Therapy						
	(4) Balloon dilatation of Co-archtation of Aorta							
45.		Senning (or) Mustard operation is indicated for which of the following congenital heart disease?						
	(1)	Tetralogy of Fallot	(2)	Tricuspid Atresia				
	(3)	Transposition of great arteries	(4)	Ebstein's anomaly				
46.	Cyaı	notic spells are commonly seen in a	all the	following conditions except :				
	(1)	TOF with pulmonary atresia	(2)	Ebstein's Anamoly				
	(3)	Tetralogy of Fallots	(4)	DORV with VSD with PS				
47.	All t	he following statements are correc	t exce	pt one regarding cyanotic spells :				
	(1)	Cyanotic spells are commonly see	en bet	ween 2 months to 6 months				
	(2)	Tachypnea is the cardinal feature	9					
	(3)	Anoxic seizures are sean if untre	ated e	arly				
	(4)	Pulmonary ejection murmur beco	mes 1	more prominent on Auscultation				
48.	Calc	ulating the Target heart rate for str	ess ex	ercise Test-which formula is followed usually ?				
	(1)	190 – age = maximum heart ra	te					
	(2)	200 – age = maximum heart ra	te					
	(3)	220 – age = maximum heart ra	te					
	(4)	240 – age = maximum heart ra	te					
49.	The	first successful heart Transplantati	on at	Cape town was done by whom ?				
	(1)	Normal Shumway	(2)	John Kirklin				
	(3)	Christian Barnard	(4)	Denton Cooly				

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	(1)	Sotalol	(2)	AICD	(3)	Phenytoin	(4)	Amiodarone
57.	Whi	ich is the best pre	ferrec	l treatment for	recurre	nt Ventricular	Гасһуса	rdia ?
	(1)	12 hours	(2)	24 hours	(3)	36 hours	(4)	72 hours
56.	The	Half life of Digox	in in	normal individ	uals :			
	(4)	Urgent surgical	repai	r for distal diss	section			
	(3)	Urgent surgical				on		
	(2)	Intravenous Bet		•				
	(1)	Intravenous sod						
<b>55.</b>		section except :			n the m	anagement of p	oatients	with Acute Aortic
	(4)	Root canal treat	ment					
	(3)	Placement of pr	ostho	dontic brackets	3			
	(2)	Tonsillectomy						
	(1)	Bronchoscopy				•		
54.	Infe	ctive Endo carditis	s prop	ohylaxis is indi	cated in	the following o	conditio	ns except:
	(3)	Mitral regurgita	tion	(4)	) Puli	nonary regurgi	tation	
	(1)	Ebsteins anamol	у	(2)	) Tric	uspid Regurgita	ation	
53.	De V	/ega annuloplasty	is in	dicated for whi	ich of th	e following con	dition ?	
	(1)	> 50 mmHg	(2)	40 - 50 mmHg		> 80 mmHg		_
52.	Seve	re Pulmonary val	ve ste	nosis is said to	be pres	ent when the pe	eak pres	sure gradient is :
	(1)	Amiodarone	(2)	Phenytoin	(3)	Qunidine	(4)	Betablockers
51.	Whic	ch is the Preferred	drug	g of choice for l	Digoxin	induced Ventri	cular ec	topy ?
	(3)	ICO Proternol		(4)	) Amı	odarone	•	
	(1)	I.V. Potassium	-	(2)		Magnesium		
50.	All th	he following drug	s are				'orsade	de pointes :
				1	c .1.		'amaada	da maintas i

58.	Mo	ost common type of Atrial Septal D	efect	(ASD) is:
	(1)	Sinus venosus	(2)	Ostium Primum
	(3)	Ostium Secundum	(4)	Coronary sinus type
59.	Wh	nich of the following is not an indi	cation	for Coronary Artery Bypass Grafting (CABG) ?
	(1)	Left main coronary artery disea		
	(2)	One, two or three vessel disease	with	proximal Left Anterior Descending artery (LAD)
	(3)			entricular function ie LVEF less than 50%
	(4)			ft Anterior Descending artery (LAD)
60.	Wh	ich is not a pathological stage in r	heuma	atic mitral stenosis ?
	(1)	Fusion of commisures		•
	(2)	Commisural fusion with subval-	vular	shortening of chordae
	(3)	Calcification of leaflets and chor	rdae	
	(4)	Fixation of valve alone with free	subva	alvular system
61.	Whi	ich of the following pathological cl	hange	does not occur in rheumatic mitral stenosis?
٠	(1)	Increased left atrial pressure	(2)	Left atrium dilatation
	(3)	Left Ventricular hypertrophy	(4)	Embolisation of clots
62.	Mos	t common congenital anomaly ass	ociate	d with coarctation of aorta is :
	(1)	Ventricular septal defect (VSD)	(2)	Atrial septal defect (ASD)
	(3)	Bicuspid Aortic valve	(4)	Patent ductus arteriosis (PDA)
63.	Whi	ch one of the following is not a cli	nical f	feature of Coarctation of Aorta ?
	(1)	Hypotension		
	(2)	Rib notching		
	(3)	Prominent pulsation under the ri	bs	
	(4)	Radio femoral delay		

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64.	A 50 year old male comes to your office complaining of chest pain and shortness of breath, 3 weeks after a myocardial infarction due to a proximal left anterior descending artery occlusion treated successfully with PTCA. He has systolic and diastolic murmurs; pleural effusions on chest x-ray; and ST elevation on ECG. The most likely diagnosis is:								
	(1)	Post MI angina	(2)	LAD re stenosis					
	(3)	Dresslers syndrome	. (4)	Pulmonary embolism					
65.	The	manifestation of transmural inf	arction o	n ECG is:					
	(1)	Tall T waves	(2)	T wave inversion					
	(3)	ST segment depression	(4)	ST segment elevation					
66.	Whi	ich of the following is true rega	rding the	coronary circulation ?					
	(1)	Coronary blood flow within a normal range of blood pressure is primarily determined by perfusion pressure.							
	(2)	Adenosine is the most important mediator of metabolic vasodilation.							
	(3)	Increased myocardial O <sub>2</sub> dem	and is m	et primarily by increasing O <sub>2</sub> extraction.					
	(4)	Coronary blood flow is indeautoregulation.	ependen	t of myocardial oxygen consumption due to					
67.		ich of the following complications in the hospital?	ons port	ends the worst prognosis post MI in the first					
	(1)	Post MI angina	(2)	Cardiogenic shock					
	(3)	Post MI pericarditis	(4)	Accelerated hypertension					
68.	In w	which of the following situations	would d	ligoxin be most useful ?					
	(1)	Atrial fibrillation with a fast v	entricula e	ar response.					
	(2)	Congestive heart failure due t	o diastol	ic dysfunction.					
	(3)	Acute myocardial infarction.							
	(4)	Mitral stenosis with sinus tac	hycardia						

	(3)	Mitral valve pre c	losure	(4)	Per	ipheral vasodila	itation	
70.	diag	vation of which of gnosing a myocardia ode of severe and p	al infarction in	a pat	ient	who comes to y	would our of	be most useful in fice 3 days after an
	(1)	LDH isoenzymes		(2)	CK	MB		
	(3)	Troponin I	,	(4)	Мус	oglobin		
71.	A y	oung woman in he ine exam. Her mean	r 3 <sup>rd</sup> trimester aarterial pressu	of pr	egna	ncy has a blood	d press	sure of 160/100 on
	(1)	100 mm Hg (2	2) 110 mm H	g	(3)	120 mm Hg	(4)	140 mm Hg
72.	with disc	year old runner de in an hour. He is aw omfort. His rhythm : ression in leads II, III	vake and is give is sinus at 90 b <sub>l</sub>	en a si pm; B	ıbling P 120	gual nitroglyceri /85. An ECG sh	n table	t which reduces his
	(1)	admission with ini					l hepar	in therapy
	(2)	thrombolysis with					•	r J
	(3)	cardiac catheteriza	tion and percu	taneo	us tra	ansluminal coro	narv aı	ngioplasty
	(4)	an exercise stress to						· •
73.	Of th	e following interven ducing the risk of m	tions for corona nyocardial infar	ry risl ction	k facto ?	or modification,	which i	s the most effective
	(1)	Medical therapy to	lower LDL bel	low 10	00			
	(2)	Post menopausal e	strogen replace	ment	thera	ру		
	(3)	Weight loss to achie	eve ideal body	weigh	ıt			
	(4)	Smoking cessation						
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69. A 30 year old IV drug abuser develops acute aortic regurgitation from endocarditis. Which

(2)

Decrescendo diastolic murmur

of the following is least likely to be found?

Hypotension

(1)

74.	pulmonary capillary wedge position should be equal to a sample from the:									
	(1)	right atrium	(2)	right ventricle						
	(3)	pulmonary artery	(4)	femoral artery						
		4								
<i>7</i> 5.	An echocardiogram shows a dilated left ventricular cavity with the remainder of the other chamber sizes normal. The most likely diagnosis is :									
	(1) mitral stenosis		(2)	mitral regurgitation						
	(3)	aortic stenosis	(4)	aortic regurgitation						
76.	Dist	ention of neck veins during inspira	tion is	s most likely to be found in :						
	(1)	a normal physical exam	(2)	cardiac tamponade						
1	(3)	constrictive pericarditis	(4)	dilated cardiomyopathy						
77.	Which of the following has contributed most to the decline in coronary artery disease rates over the last 3 decades in the United States?									
	(1)	Aspirin therapy								
	(2)	Lifestyle changes (e.g. diet and sr	nokin	g cessation)						
	(3)	Coronary arterial bypass grafting	5							
	(4)	Angioplasty								
	Que	stions 78 and 79 refer to this para	graph	1:						
	You are a first year Pathology resident at a major academic medical center. On your first day of work, you are asked to examine a heart which your attending tells you came from a patient with a known history of atherosclerotic coronary artery disease who suffered an acute myocardial infarct approximately 5 days prior to death. After careful sectioning of the									

in the proximal portion of the artery.

coronary arteries, you determine that the posterior descending coronary artery arises from the right coronary artery. On additional sectioning, you find that the right coronary artery contains diffuse atherosclerotic coronary artery disease and you find a thrombotic occlusion

- **78.** Which of the following represents the most likely gross findings involving the left ventricle of this heart?
  - (1) A subendocardial infarct involving the posterior 1/3 of the interventricular septum and a portion of the posterior wall of the left ventricle.
  - (2) A transmural infarct involving the anterior wall of the left ventricle and the anterior 2/3 of the interventricular septum.
  - (3) A subendocardial infarct involving the anterior wall of the left ventricle and the anterior 2/3 of the interventricular septum.
  - (4) A transmural infarct involving the posterior 1/3 of the interventricular septum and a portion of the posterior wall of the left ventricle.
- 79. Which of the following represents the most likely microscopic findings present associated with the above infarct?
  - (1) Normal myocardium
  - (2) Significant amounts of collagen deposition associated with pigment laden macrophages and early ingrowth of capillary buds.
  - (3) A large influx of neutrophils associated with degeneration of necrotic myocytes and edema.
  - (4) Dense scar formation with a few scattered pigment laden macrophages
- 80. Which of the following statements regarding myocardial infarction is false?
  - (1) The diagnosis of acute non transmural myocardial infarction cannot reliably be made on the basis of a single ECG
  - (2) Uncommon causes of myocardial infarction include cocaine, arteritis, and emboli
  - (3) Most transmural myocardial infarcts result from plaque rupture and consequent complete thrombotic occlusion of a coronary artery
  - (4) Infarct extension can reliably be detected using ECG and history together
- **81.** Which of the following statements regarding acute pericarditis is false?
  - (1) Causes include idiopathic, rheumatoid arthritis, acute myocardial infarction, and uremia
  - (2) It usually resolves with the formation of constricting adhesions
  - (3) It uncommonly results in cardiac tamponade
  - (4) It often responds dramatically to non steroidal anti inflammatory agents

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- 82. Which of the following statements about atherosclerotic aneurysms is false? (1)Most commonly occur in the thoracic aorta (2) Occur more commonly in males (3)Risk of rupture is directly related to the size of the lesion **(4)** Definitive therapy is surgical repair 83. Which of the following statements is most correct regarding vascular tumors? Granuloma pyogenicum is a malignant vascular lesion (2)In infants, nearly all cavernous hemangiomas require surgical therapy (3) Most patients with the epidemic form of Kaposis sarcoma die of their disease Glomangioma is a benign painful tumor located in the distal fingers and toes (4)84. Eisenmengers Physiology will result from an unoperated: (1)small ventricular septal defect (2)tetralogy of Fallot (3)large patent ductus arteriosus (4)coarctation of the aorta 85. Complete transposition of the great arteries is best described as: (1)atrioventricular discordance with ventricular arterial discordance (2)atrioventricular concordance with ventricular arterial concordance (3)atrioventricular discordance with ventricular arterial concordance (4)atrioventricular concordance with ventricular arterial discordance 86. An asymptomatic 4 year old is referred to you for a heart murmur. By exam and echocardiogram, the right heart is enlarged and there is a soft systolic ejection murmur at the upper left sternal border with a widely split, fixed second heart sound. This patient has a: (1) large ventricular septal defect (2) severe pulmonary valve stenosis
- **87.** Complete atrioventricular septal defects :

large patent ductus arteriosus

- (1) are seen frequently in patients with trisomy 21.
- (2) include a coronary sinus atrial septal defect.
- (3) include a perimembranous ventricular septal defect.
- (4) frequently have a rtic valve insufficiency.

(3)

(4)

large atrial septal defect

88.	All o	All of the following are common complications of RCA occlusion with resultant inferior wall			
	MI except:				
	(1)	right ventricular infarction		-	
	(2)	heart block			
	(3)	(3) proximal anterior ventricular septal rupture			
	(4)	l) papillary muscle rupture			
89.	The	The following findings are consistent with pericardial tamponade except:			
	(1)	1) muffled heart sounds			
	(2)	e) bradycardia			
	(3)	(3) elevated jugular venous pressure			
	(4)	) decreased stroke volume			
90.	All	All of the following are examples of restrictive cardiomyopathy except:			
	(1)	amyloidosis	(2)	hemachromatosis	
	(3)	viral myocarditis	(4)	hypereosiniphilic syndrome	
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