POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC) 00260

Term-End Examination

December, 2011

MCC-007: CARDIO-VASCULAR RELATED DISORDERS

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 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 <u>OMR Answer Sheets</u>.
- (iv) If any candidate marks more than one option it will be taken as the wrong answer and no marks will be awarded for this.
- (v) Erase completely any error or unintended marks.
- (vi) There will be 90 questions in this paper and each question carries equal marks.
- (vii) There will be no negative marking for wrong answers.
- (viii) No candidate shall leave the examination hall at least for one hour after the commencement of the examination.

1. All are true except :

- (1) Total amount of insulin secreted by the pancreas per 24 hrs is 18 to 32 units.
- (2) Excess calories are stored in liver as triglyceride and muscle as glycogen.
- (3) High Glucagon-low insulin state releases free fatty acids from adipose tissues.
- (4) Insulin secretion increases sharply in response to meals.

2. All are true except :

- (1) The C-Peptide is cleaved after insulin leaves the beta-cells.
- (2) Beta Polypeptide chains of insulin consist of 30 amino-acids.
- (3) Alfa Polypeptide chains of insulin consist of 21 amino-acids.
- (4) Insulin is secreted by the beta islet cells.

3. All are true about MODY except :

- (1) It is subgroup of Type 2 diabetes.
- (2) Patients develop diabetes in the 1st decade of life.
- (3) Has autosomal dominant inheritance.
- (4) Mutation is in glucokinase gene.

4. All are true about IDDM except:

- (1) Insulin receptors on the cell membrane are insensitive.
- (2) Has an abrupt onset of symptoms.
- (3) Insulin stoppage for more than 24 hrs can result in Coma.
- (4) May manifest for the first time in adults.

5. An OGTT using venous plasma has the following result fasting sugar 110mg% 2 hrs PP Sugar 130mg%. Patient has :

(1) Diabetes mellitus.

- (2) Normal test result.
- (3) Impaired glucose tolerance.
- (4) None of the above.

6. Following is true about gestational DM:

- (1) 2 hrs post glucose > 140mg% after a 50 gms glucose load is diagnostic.
- (2) 1 hr post glucose of > 140mg after a 75 gms glucose load is diagnostic.
- (3) O Sullivan criteria uses 75 gms oral glucose.
- (4) For the test, one should have unrestricted carbohydrate for 3 days prior to the test.

7.		nsulin dependent diabetic is ac meters show :	lmitted	to ICU in a semi-conscio	ous state. He	er 6100	a
		95(132-144mmol/L)					
		ose 110 (3.0-5.5mmol/L)		V	and the second		
	Osm	olarity 400 (280-295mmol/L)			non ratus r	(#)	
	The 1	patient should be treated immed	iately b	y:	1791141633		
	(1)	Half strength normal saline.	(2)	Hypertonic normal saline	3,		•
	(3)	Insulin.	(4)	None of the above.		s + 114 _	. •
	(- /			à la companya di salah di sala		$\langle 1 \rangle$	
8.	DKA	v causes :				£ ;	
	(1)		(2)	Hyperchoraemic acidosis).	C_j	
	(3)	(1) + (2)	(4)	None of the above.			
9.	All a	are true about non-thromobotic p	oulmona	ary embolism except :			
,	(1)	Tumour is a source	-	•			
	(2)	Amniotic fluid embolism can c	ause DI	C.	•		
	(3)	Aortic root abscess results from					
	(4)	CVP line removal can cause an			. 1		
10.	Risk	stratification in pulmonary emb	olism ir	nclude all except :			
	(1)	Systemic Hypertension.	(2)	Pro BNP			
	(3)	Cancer.	(1)	RV function.	- 		.;
11.	The	Gold standard for diagnosing pu	ulmonai	ry embolism is :	and a		
	(1)	Echo cardiography.	(2)	CT pulmonary angiogra	ım.		
	(3)	Contrastvenography.	(4)	Venous Ultrasonograph	у.		
12.		Idiopathic PE, low intensity targo	et INR o	of 1.5 to 2.0 for an indefinite	period was	shown	. to
	(1)	The PREVENT trial.	(2)	ELATE trial.			;
	(3)	EINSTIEN trial	(4)	None of the above.			
	(5)		()				
13.	All	the following cause pulmonary	arterial	hypertension except :		3. 1.54	
	(1)	Familial PPH.	(2)	Portal Hypertension.			
	(3)	Fibrosing mediastinitis.	(4)	HIV infection.		14.2 4 1	,
14.	Α11	are true about Chronic corpulm	onale e:	xcept:	e de la companya de		
17,	(1)	Related to obstructive lung di					
	(2)	Related to Restrictive lung dis		,			
		Causes RV hypertrophy.					
	(3)	Causes LV hypertrophy.					
	(4)	Causes 1.v hyperdophy.		4			

15 .	PPF	I is characterized by all except :								
	(1)	Intimal proliferation of pulmona	ary va	sculature.						
	(2)	Abnormalities in platelet activat	ion.							
	(3)	In situ Hmg of the small pulmor	nary a	rteries.						
	(4)	Elevated endothelin levels withi	n the	pulmonary vasculature.						
16.		st X-ray finding of peripheral wed	dge sh	aped density in pulmonary embolism is knowr						
	as : (1)	Wester mark's sign.	(2)	Westergreen's sign.						
	(3)	Hampton's sign.	(4)	Palla's sign.						
17.	D-Ď	imer test for PE has :		·						
	(1)	High sensitivity.	(2)	High specificity.						
	(3)	Low negative predictive value.	(4)	None of the above.						
18.	Perf	usion defect in V/Q scan can occu	ır in a	ıll except :						
	.(1)	PE.	(2)	Pleural effusion.						
	(3)	Systemic hypertension.	(4)	COPD.						
19.	Leri	che syndrome includes all except :	:							
	(1)	Absent both femoral pulses.	(2)	Claudication.						
	(3)	Proximal aortic occlusion.	(4)	Impotence.						
20.	Neu	ropathic foot causes all except :								
	(1)	Digital gangrene.	(2)	Painful ulceration.						
	(3)	Charcots joint.	(4)	Callosities.						
21.	Extr	a-ocular muscle palsy in diabetics	is cha	aracterized by the following except:						
	(1)	3 rd Nerve involvement is most co	ommo	n.						
	(2)									
	(3)	3) Paralysis is usually permanent.								
	(4)	Is an example of non-retinal ocu	lar les	sion.						
22.	All a	are true about postural hypotensic	n in d	liabetics except :						
	(1)	Is due to autonomic dysfunction		•						
	(2)	Resting bradycardia is common.								
	(3)									

(4)

Supportive bandages may just be enough.

23.	Follo	owing are true regarding neph	ıropathy ex	cept :	
	(1)	ACE inhibitions must be cor	ntinued eve	n after macro-protinurea.	
	(2)	Control hypertension is sem	iprotective.	C	
	(3)	Target B.P. is 140/80.			
	(4)	Beta blockers may be added	in associate	ed IHD.	e say≰ ¥
24.	IBW	Calorie requirement includes	all except		
	(1)	Basal calories of 22 kcal/kg	body wt.		t de la el
	(2)	Add 20% for house hold wo	rk.		
	(3)	Add 50% for physical norma	al labour.		
	(4)	Add 10% for sedentary activ	vity.		
25.	All	are true except :			· · · · · · · · · · · · · · · · · · ·
	(1)	Gliclazide is a 3 rd generation	n sulphony	lurea.	
	(2)	Acarbose prevents alpha glu	icosidase e:	nzyme from digesting complex carb	ohydrates.
	(3)	Lispo insulin is an insulin ar	nalogue.		e ^{re} ,
	(4)	Glitazone cause fluid and sa	alt retention	i.	
26.	In p	pregnancy with prosthetic valv	res :		
	(1)	Heparin/LMWH can be giv	en through	out pregnancy.	Ç
	(2)	Warfarin can be given thro	ughout pre	gnancy.	
	(3)	Warfarin can be given till p	lanned labo	our at approx 40 weeks.	
	(4)	Warfarin must be withdraw	n in pregr	ancy.	
27.	Pre	-clampsia is characterized by a	all except :		#2 *
	(1)	BP > 140/90.			
	(2)	Proteinurea > 100 mg in 24	hrs.	•	
	(3)	Protenurea after 28 weeks o	of gestation		, i
	(4)	More common in nulliparou	ıs women ı	with multiple gestations.	
28.	HE	LLP syndrome includes all exc	cept :		
	(1)	Hemolysis.	(2)	Elevated creatinine level.	
	(3)	Low platelet count.	(4)	Requires prompt termination of p	regnancy.
29.	Drı	ıgs useful in pre-clampsia incl	ude all exc	ept :	
	(1)	Hydralazime.	(2)	Labetalol.	
	(3)	Magnesium.	(4)	ACE inhibitors.	
) ()	C 00		_		РΤО

30.	Folk	awina are true except										
30.	(1)	owing are true except: Epoprostenol is an endothelin re	cento	r antagonist								
	(2)	laprost is an inhaled aerosol.	серю	antagonist.								
	(3)	Sildenafil can cause abnormal vi	eion									
	(4)											
	(*)	catheterization.	o ded	te paintonary vasouralation during right heart								
31.	Insu	lin analogues are :										
	(1)	Soluble insulin.	(2)	G-largine insulin.								
	(3)	Mixtard insulin.	(4)	None of the above.								
32.	Ade	nosine:										
	(1)	Has a long half life.	(2)	Contra indicated in pregnancy.								
	(3)	Is a purine nucleoside.	(4)	Treats PSVT.								
33.	Bum	netanide :										
	(1)	Is a thiazide diuretic.										
	(2)	Is a loop diuretic.										
	(3)	Inhibits potassium and calcium of	co-trai	nsporter.								
	(4)	Inhibits only chloride and potass	ium c	o-transporter.								
34.	War	fain :										
	(1)	has a half life of 36 - 42 hrs.										
	(2)	Reaches peak concentration in 20) mins	S.								
	(3)	Can be given throughout pregna	ncy.									
	(4)	Is thrombogenic.										
35.	Pre-	eclampsia has :										
	(1)	Systolic B.P. > 120 mmHg.	(2)	Diastolic B.P. > 110 mmHg.								
	(3)	Proteinuria > 100 mg/24 hours.	(4)	More common in multi parous women.								
36.	Gest	ational hypertension :										
	(1)	Has proteinurea.	(2)	Occurs 20 weeks after gestation.								
	(3)	Never causes pre-eclampsia.	(4)	Has no known threat to fetus.								
37 .	Ecla	mpsia is characterized by all excep	ot:									
	(1)	Headache.	(2)	Hyporeflexia.								
	(3)	BP > 160/100.	(4)	Proteinuria > 2 gm in 24 hours.								

38.	Met	hyl dopa in p	oregnancy	is usually g	given a	as:			
	(1)	50 mg P.O.	. O.D.		(2)	250	mg P.O. TDS.		
	(3)	25 mg P.O	. O.D.	,	(4)	25 n	ng P.O. TDS.		
							f th		
39.	Mos	t frequent ar	rhythmia	in pregnanc	y is:				
	(1)	SVT.	(2)	VT.		(3)	AV Block	(4)	AF.
40.	Don	ninant systoli	ic heart fai	lure in preg	gnancy	is ca	used by all exc	cept :	
	(1)	Peripartum	n cardiomy	opathy.	(2)	Valv	ular heart dis	ease.	
	(3)	Myocarditi	S.		(4)	Seve	ere aortic stenc	sis.	
41.	Higl	n output hea	rt failure i	n pregnancy	y is ca	used	by all except :		
	(1)	Hyper thyr	oidism.		(2)	Caro	cinoid syndror	ne.	
	(3)	Hypertensi	on.		(4)	Poly	cythemia Rub	ra.	
42.	Indv	velling centra	al venous	catheters ca	ın cau	se :			e garage
	(1)	Heart failu	re.		(2)	Ven	ous thrombo e	mbolism	•
	(3)	Dysphagia	•		(4)	Hoa	rseness of voic	e.	
43.	DVI	`can be prev	rented by a	all except :					
	(1)	Early mobi		•	(2)	Avo	iding early ph	ysiothera	apy.
	(3)	Compression	on stocking	gs.	(4)		ractionated he	•	
44.	Dop	amine :							
	(1)	Is the precu	arsor of Do	obutamine.					
	(2)	Stimulates	only dopa	mine recept	tors.				
	(3)	Haemodyn	amic effect	t is not dose	e depe	enden	t.		
	(4)	Low dose of	causes spla	anchnic vas	odilata	ation.			187 + 5
45 .	Prev	alence of Dia	abetes in u	rban area o	f India	a is es	timated to be :	:	
	(1)	2.4%	(2)	6.3%		(3)	13.3%	(4)	22%
46.	Com	ponent of m	etabolic sv	ndrome inc	cludes	all ex	cept :		
	(1)	Hyper insu	-		(2)		n HDL		
	(3)	Hypertensi			(4)	Obe			
47.	Follo	owing drugs	causes sec	ondry diabe	etes ex	cept :			
	(1)	clonidine	(2)	phenytoin		(3)	B Blocker	(4)	Spironolactone

48.	Kotn	era s test detect :		
	(1)	Acetoacetate in urine	(2)	Acetone in blood
	(3)	Acetone in urine	(4)	Acetate in urine
49.	Whic	ch is correct in Hyper osmolar Nor	n-Keto	otic Coma ?
	(1)	Diuretic is Treatment of choice	(2)	Common in young patient
	(3)	Plasma glucose less than 500 mg	(4)	Arterial PH > 7.3
50.	Ankl	le Brachial index indicates :		
	(1)	Neuropathy	(2)	peripheral vascular disease
	(3)	Myopathy	(4)	Cerebro vascular disease
51.	Cilos	stazol is used mainly for :		
	(1)	Myopathy	(2)	Retinopathy
	(3)	Peripheral vascular disease	(4)	Neuropathy
52.	Micr	o vascular complication mainly de	pend	s on :
	(1)	Severity of diabetes mellitus	(2)	Duration of diabetes mellitus
	(3)	Delayed use of Insulin therapy	(4)	Poor controll of diabetes
53.	Whi	ch is not a side effect of thiazi le?		
	(1)	Hyperglycemia	(2)	Hyperlipedemia
	(3)	Hyperuricemia	(4)	Hyperkalemia
54.	Anti	Diabetic contra indicated in heart	failu	re:
	(1)	Insulin sensitizer	(2)	Sulphonyl ureas
	(3)	Biguanide	(4)	Alpha glucosidase inhibitor
55.	Max	timum fall in Blood pressure occur	s in :	
	(1)	1 st trimester	(2)	2 nd trimester
	(3)	3 rd trimester	(4)	B.P. does not fall in pregnancy
56.	Abn	normal murmur in pregnancy is		
	(1)	Ejection murmur in pulmonary a	area	
	(2)	Venous 44m in right supraclavic	ular f	ossa
	(3)	Continous murmur over Breast		
	(4)	Pan systolic murmur in paraster	nal aı	rea

i er	mination of pre	gnancy	advised wi	nen ra	diatio	n exposure exce	eds :	
(1)	5 rads	(2).	10 rads		(3)	25 rads	(4)	50 rads
A n	ormal Echo find	ling in _l	pregnancy	is :				
(1)	Small Pericar	dial Effi	usion	(2)	Cho	rede rupture		
(3)	Chamber Enl	argeme	nt	(4)	Ann	ular dilation of	Tricus	pid valve.
Mex	killetin belongs t	to whicl	n group of	antioa	rrhyth	nmic drug :		
(1)	IA	(2)	IB		(3)	IC	(4)	Ш
The	rapeutic steady	state le	vel oral An	niodar	one re	ached in :		
(1)	2 weeks	(2)	3 weeks		(3)	4 weeks	(4)	6 weeks
Puri	ing metabolite u	sed as .	Anti arrhyt	hmic :				
(1)	Verapanil	(2)	Adenosin	e	(3)	Propafenone	(4)	Flecainide
Whi	ch is not a Back	groud l	Retinopathy	7?				
(1)	Macculopathy	7		(2)	Dot	& blot haemorh	age	
(3)	Cotton wool s	pot	,	(4)	Micr	oanc ysin	Ü	
Whi	ch is not comm	only use	ed drug for	Diabe	etic ne	uropathy ?		
(1)	Amitryptiline			(2)				
(3)	Sodium valpro	oate		(4)	Gaba	apentin		
Silde	enafil is contra i	ndicated	d with :	*				
(1)	Statin	(2)	Nitrate		(3)	Beta Blocker	(4)	Aspirin
Whi	ch Diuretic has	shown	to reduce n	nortali	ty?			
(1)	Hydrochloroth	niazde		(2)	Furo	semide		
. (3)	Spironolactone	9	•	(4)	Meta	lazone		
Drug	g contra indicate	ed in pr	egnancy :					
(1)	Cardioselective	Beta B	locker	(2)	Digit	alis		
(3)	ACE inhibitor			(4)	Ader	nosine		
	(1) A n (1) (3) Mex (1) The (1) Whi (1) (3) Whi (1) (3) Silde (1) Whie (1) (3) Drug (1)	A normal Echo find (1) Small Pericard (3) Chamber End Mexilletin belongs f (1) IA Therapeutic steady (1) 2 weeks Puring metabolite u (1) Verapanil Which is not a Back (1) Macculopathy (3) Cotton wool s Which is not commod (1) Amitryptiline (3) Sodium valpro Sildenafil is contra i (1) Statin Which Diuretic has (1) Hydrochloroth (3) Spironolactono Drug contra indicate (1) Cardioselective	A normal Echo finding in graph (1) Small Pericardial Effects (3) Chamber Enlargement (3) Chamber Enlargement (4) IA (2) Therapeutic steady state lever (1) 2 weeks (2) Puring metabolite used as an (1) Verapanil (2) Which is not a Background (1) Macculopathy (3) Cotton wool spot Which is not commonly used (1) Amitryptiline (3) Sodium valproate Sildenafil is contraindicated (1) Statin (2) Which Diuretic has shown (1) Hydrochlorothiazde (3) Spironolactone Drug contraindicated in precedent (1) Cardioselective Beta Beta Beta (2)	A normal Echo finding in pregnancy: (1) Small Pericardial Effusion (3) Chamber Enlargement Mexilletin belongs to which group of (1) IA (2) IB Therapeutic steady state level oral Am (1) 2 weeks (2) 3 weeks Puring metabolite used as Anti arrhyt (1) Verapanil (2) Adenosin Which is not a Backgroud Retinopathy (1) Macculopathy (3) Cotton wool spot Which is not commonly used drug for (1) Amitryptiline (3) Sodium valproate Sildenafil is contra indicated with: (1) Statin (2) Nitrate Which Diuretic has shown to reduce m (1) Hydrochlorothiazde (3) Spironolactone Drug contra indicated in pregnancy: (1) Cardioselective Beta Blocker	A normal Echo finding in pregnancy is: (1) Small Pericardial Effusion (2) (3) Chamber Enlargement (4) Mexilletin belongs to which group of antioa (1) IA (2) IB Therapeutic steady state level oral Amiodard (1) 2 weeks (2) 3 weeks Puring metabolite used as Anti arrhythmic: (1) Verapanil (2) Adenosine Which is not a Backgroud Retinopathy? (1) Macculopathy (2) (3) Cotton wool spot (4) Which is not commonly used drug for Diabed (1) Amitryptiline (2) (3) Sodium valproate (4) Sildenafil is contra indicated with: (1) Statin (2) Nitrate Which Diuretic has shown to reduce mortali (1) Hydrochlorothiazde (2) (3) Spironolactone (4) Drug contra indicated in pregnancy: (1) Cardioselective Beta Blocker (2)	A normal Echo finding in pregnancy is: (1) Small Pericardial Effusion (2) Cho (3) Chamber Enlargement (4) And Mexilletin belongs to which group of antioarrhyth (1) IA (2) IB (3) Therapeutic steady state level oral Amiodarone re (1) 2 weeks (2) 3 weeks (3) Puring metabolite used as Anti arrhythmic: (1) Verapanil (2) Adenosine (3) Which is not a Backgroud Retinopathy? (1) Macculopathy (2) Dot (3) Cotton wool spot (4) Micro Which is not commonly used drug for Diabetic ne (1) Amitryptiline (2) Carb (3) Sodium valproate (4) Gaba Sildenafil is contra indicated with: (1) Statin (2) Nitrate (3) Which Diuretic has shown to reduce mortality? (1) Hydrochlorothiazde (2) Furo (3) Spironolactone (4) Meta	A normal Echo finding in pregnancy is: (1) Small Pericardial Effusion (2) Chorede rupture (3) Chamber Enlargement (4) Annular dilation of Mexilletin belongs to which group of antioarrhythmic drug: (1) IA (2) IB (3) IC Therapeutic steady state level oral Amiodarone reached in: (1) 2 weeks (2) 3 weeks (3) 4 weeks Puring metabolite used as Anti arrhythmic: (1) Verapanil (2) Adenosine (3) Propafenone Which is not a Backgroud Retinopathy? (1) Macculopathy (2) Dot & blot haemorh (3) Cotton wool spot (4) Microanc ysin Which is not commonly used drug for Diabetic neuropathy? (1) Amitryptiline (2) Carbemazepin (3) Sodium valproate (4) Gabapentin Sildenafil is contra indicated with: (1) Statin (2) Nitrate (3) Beta Blocker Which Diuretic has shown to reduce mortality? (1) Hydrochlorothiazde (2) Furosemide (3) Spironolactone (4) Metalazone Drug contra indicated in pregnancy: (1) Cardioselective Beta Blocker (2) Digitalis	A normal Echo finding in pregnancy is: (1) Small Pericardial Effusion (2) Chorede rupture (3) Chamber Enlargement (4) Annular dilation of Tricus Mexilletin belongs to which group of antioarrhythmic drug: (1) IA (2) IB (3) IC (4) Therapeutic steady state level oral Amiodarone reached in: (1) 2 weeks (2) 3 weeks (3) 4 weeks (4) Puring metabolite used as Anti arrhythmic: (1) Verapanil (2) Adenosine (3) Propafenone (4) Which is not a Backgroud Retinopathy? (1) Macculopathy (2) Dot & blot haemorhage (3) Cotton wool spot (4) Microanc ysin Which is not commonly used drug for Diabetic neuropathy? (1) Amitryptiline (2) Carbemazepin (3) Sodium valproate (4) Gabapentin Sildenafil is contra indicated with: (1) Statin (2) Nitrate (3) Beta Blocker (4) Which Diuretic has shown to reduce mortality? (1) Hydrochlorothiazde (2) Furosemide (3) Spironolactone (4) Metalazone Drug contra indicated in pregnancy: (1) Cardioselective Beta Blocker (2) Digitalis

67.	Warf	arin is not indi	cated ir	ι ΄						
	(1) Prosthetic valve.									
	(2)	Atrial fibrilation	on in 1s	t trimester of	f Preg	gnanc	y			
	(3)	DVT								
	(4)	Primary Pulm	onary F	Hypertension						
68.	Whie	ch is not an ino	trope?				·			
	(1)	Amrinone	(2)	Dobutamin	ie	(3)	Pimotendon	(4)	Vasopressin	
69.	Drug	g to be avoided	to treat	: PSVT in Pre	egnan	ncy:				
	(1)	Adenosine	(2)	Diltiazem		(3)	Verapamil	(4)	Metoprolol	
70.	Drug	g that does not	ာ cross p.	lacenta :						
	(1)	Heparin	(2)	Wasfarin		(3)	Digitalis	(4)	Beta-Blocker	
71.	Whi	ch is not a feat	ure of ic	diopathic RV	OT v	entric	ular tachycardi	a ?		
	(1)	LBBB			(2)		rior Axis			
	(3)	Polymorphic	complex	K	(4)	Stru	cturally Normal	Heart		
72.	Whi	ch is false state	ment fo	r cardioversi	on?					
	(1) Non synchronised shock is delivered in VF									
	(2)	It is safe duri	ng Preg	nancy						
	(3)	It is a direct o	urrent l	Electric shock	ς.					
	(4)	Foetal monito	ring is 1	not required	imme	ediate	ly			
73.	Whi	ich is not a com	mon sy	mptom of PA	AH?					
	(1)	Syncope	(2)	Angina		(3)	Palpitation	(4)	Edema	
74.	Wh	ich is indicator	of sever	e PAH in IV	Р?					
	(1)	Prominent a	wave		(2)	Pro	ninent V, wave			
	(3)	Shallow Y, do	escent		(4)	Shal	low X, descent			
75.	Wh	ich is not seen i	n Prima	ary Pulmonai	ry Hy	yperte	nsion ?			
	(1)	Decreased El	ORF		(2)	Inti	mal Proliferation	n ·		
	(3)	In situ throm	bosis		(4)	Incr	eased Prostagla	ndin		
76.	Wh	ich is a pulmor	nary vas	oconstrictor	?					
•	(1)	Endothelin	(2)	Epoproste	nol	(3)	EDRF	(4)	Oxygen	

77.	vvr	nich is not useful for t	reatment of	Primar	y Puln	nonary Hyperter	ision?					
	(1)	Bosentan (2	.) Sildenaf	til	(3)	Epoprostenol	(4)	Nitrate				
78.	Wh	nich is not a cause of I	Pulmonary I	Hyperte	ension	?						
	(1)	Interstitial lung fib	rosis	(2)	HIV	infection						
	(3)	Anorexigens		(4)	Toxo	plasmosis						
79.	Lea	ıst vulnerable cause of	Eisenmeng	er's syr	ndrome	e among following	ng is :					
	(1)	AV canal defect	Ü	(2)		cus Arteriosus	.0					
	(3)	ASD		(4)	Aort	o pulmonary wi	indow					
80.	Dia	stolic heart failure is 1	not common	in:								
	(1)	Restrictive cardiom	yopathy	(2)	Нур	ertrophic cardio	mvona	htv				
	(3)	Peripartun cardion		(4)		ic stenosis	y - F	,				
81.	Wh	ich is not true about A	ANP and BN	JP?								
	(1)	Prognostic importa	nce	(2)	Diag	nostic importan	ce					
	(3)	Therapeutic value		(4)		non peptide						
82.	Wh	Which is not a manifestation of pulmonary embolism?										
	(1)	Cardiogenic shock	•	J		1						
	(2)	Haemoptysis										
	(3)	. Chronic Pulmonary	Arterial hy	pertens	sion							
	(4)	LVF	Ž	•								
83.	Whi	ch cardiac disease wi	ll be tolerate	ed best	in pred	nancy ?						
	(1)	Mitral stenosis		(2)		c stenosis						
	(3)	Mitral regurgitation		(4)	_	ctation of Aorta	t					
84.	Abs	olute contra indication	i to pregnar	ncv are	all exc	ent ·						
	(1)	Primary pulmonary			un exe	ept .						
	(2)	Eisenmenger syndro				·						
	(3)	Martan syndrome										
	(4)	Severe Aortic Regur	gitation.									
35.	Whi	ch is true for peripart	un cardiom	vopath	v ?							
	(1)	More common in m		(2)		selenium level ir	nnlicet	ed				
	(3)	Diastolic failure is ru	-	(4)		toms appear in	-					
				\ ')	- 7 12	TPCui III		ICSICI .				

	(1)	QRS axis shift	(2)	Low R wave amplitude in V						
	(3)	Q wave appear in V_5/V_6	(4)	ST segment Elevation.						
87.	Whi	ich is not useful treatment in Prir	mary Pu	ılmonary Hypertension ?						
	(1)	Atrial septostomy	(2)	Warfarin						
	(3)	Lung transplantation	(4)	Heart transplantation						
88.	S ₁ Q	23 T3 is diagnostic Ech of :								
	(1)	DVT								
	(2)	Pulmonary Embolism								
	(3)	Primary Pulmonary Hypertens	sion							
	(4)	Corpulmonale								
89.	Virchow's triad components are all except :									
	(1)	Blood stasis	(2)	inflamation						
	(3)	Hyper coagulability	(4)	Anaemia						
90.	Which is true for pulmonary embolism?									
	(1)	Pulmonary infarction is comm	on pres	entation						
	(2)	Tachycarelia is most common	physica	l finding						
	(3)	D-dimer Assay is a screening a	a test							
	(4)	Thrombolysis is treatment of cl	hoice in	all case						

86. Which Ech change is considered normal in pregnancy?

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