

**POST GRADUATE DIPLOMA IN CLINICAL
CARDIOLOGY (PGDCC)**

Term-End Examination

June, 2010

MCC-004 : COMMON CARDIOVASCULAR DISEASES - II

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 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) *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. A 45 yrs old male, a resident of interior China came to India about a fortnight ago. He has reported to your opd with features of cardiac failure. Patient has tachycardia, wide pulse pressure, warm extremities. ECG shows reduced voltage, diffuse T wave abnormalities and prolongation of the QT interval of the following, what is your probable diagnosis.
 - (1) Chagas Heart - Disease
 - (2) Lyme corditis
 - (3) Tako-Tsubo cardiomyopathy
 - (4) Beri. beri heart disease
2. Most common cause of Myocarditis is because of following infection :
 - (1) Coxsackie B Virus Infection
 - (2) HIV Infection
 - (3) Cytomegalovirus Infection
 - (4) Hepatitis C Virus Infection
3. Following statements about septal ablation in hypertrophic obstructive cardiomyopathy are true except :
 - (1) Septal myocardium by 2nd septal branch of left anterior descending artery is destroyed by alcohol.
 - (2) Destruction of septal myocardium reduces LV outflow obstruction.
 - (3) Destruction of septal myocardium reduces mitral incompetence
 - (4) Improvement occurs in almost 90 percent.
4. Following are true of Hypertrophic Cardiomyopathy except :
 - (1) It is a genetic disorder due to mutations in the gene that encodes for β cardiac myosin heavy chain
 - (2) Patient may be asymptomatic
 - (3) Echocardiographic changes usually precede the onset of ECG changes
 - (4) Systolic anterior motion of the mitral valve identifies LV outflow tract obstruction
5. Following are the clinical features of cardiac tamponade except :
 - (1) Elevated JVP with prominent y descent
 - (2) Tachypnoea
 - (3) Sinus Tachycardia
 - (4) Pulsus Paradoxus
6. Following are the echocardiographic features of pericardial effusion except.
 - (1) Echo free space indicating fluid collection in the pericardial sac
 - (2) If the effusion is large, heart will be swinging in the pericardial fluid.
 - (3) Increased movement of parietal pericardium
 - (4) In cardiac tamponade, there may be diastolic collapse of the right ventricle

7. Following statements about Pericardial Effusion are true except :
- (1) Small to low moderate pericardial effusion, occurring insidiously can be asymptomatic.
 - (2) Rapidly accumulating pericardial effusion of 50 ml can cause haemodynamic disturbance and can produce symptoms.
 - (3) Slowly accumulating fluid in the pericardial space may not produce symptoms even upto 1.5 to 2 litres.
 - (4) All cause of pericarditis can cause pericardial effusion.
8. Following statements about Acute Pericarditis are true except :
- (1) Transmural myocardial infarction can cause pericardial inflammation in 12-15 percent of cases
 - (2) Classically pericardial rule has three components corresponding to ventricular systole, late ventricular diastole and atrial systole
 - (3) Pain of pericarditis may be alleviated with patient sitting and leaning forward
 - (4) Evolution of ECG changes may occur in four stages
9. Following statements about Tricuspid stenosis are true except :
- (1) Tricuspid stenosis must often coexist with mitral stenosis
 - (2) JVP is characterized by prominent v wave and slow y descent in sinus rhythm
 - (3) Chest x-ray may show prominent right atrium and inconspicuous pulmonary artery
 - (4) Tricuspid stenosis is considered significant when mean gradient is ≥ 7 mm kg
10. Following are the class I (ACC/AHA Guidelines) indications of Aortic valve replacement in the setting of severe Aortic valve Regurgitation except :
- (1) Symptomatic patient
 - (2) Asymptomatic patient with LVEF < 0.5
 - (3) Asymptomatic patient undergoing CABG or surgery on aorta or heart valve
 - (4) Asymptomatic patient with normal EF and EDD > 75 mm
11. Following statements about pathophysiology of aortic stenosis are true except :
- (1) As the valve area decreases, left ventricle to aorta gradient increases.
 - (2) To generate more intracavitary pressure, left ventricle undergoes eccentric hypertrophy
 - (3) As per Laplace law, increased wall thickness in the presence of normal or decreased cavity size maintains wall stress
 - (4) Some patients have decreased contractile function due to patchy fibrosis due to chronic myocardial is chronic

12. Following statements about congenital Bicuspid Aortic valve are true except :
- (1) It may be associated with other left sided obstructive lesions
 - (2) Ascending Aortic dissection occurs twice more frequently in patient with bicuspid aortic valve compared to those with tricuspid valve.
 - (3) It has higher prevalence in males
 - (4) Due to altered flow pattern across bicuspid aortic valve, turbulence is generated leading to abnormal haemodynamic stress on the cusps.
13. Following are the class I (ACC/AHA Guidelines) indications of mitral valve replacement in the setting of chronic severe mitral regurgitation except :
- (1) Asymptomatic patient $EF > 0.30 - < 0.60$.
 - (2) Asymptomatic patient end systolic dimension ≥ 40 mm
 - (3) Symptomatic patient with absence of severe LV dysfunction ($EF < 0.30$ or end systolic dimension ≥ 75 mm)
 - (4) Asymptomatic patient $EF > 0.60$ and new onset Atrial Fibrillation.
14. Following statements in the setting of Mitral Regurgitation are true except :
- (1) First heart sound (S_1) is usually soft in rheumatic mitral regurgitation
 - (2) A holosystolic murmur starting with S_1 and ending with S_2 is audible at apex
 - (3) Murmur radiates to axilla and back with a posteriorly directed jet as seen in posterior leaflet abnormalities
 - (4) Murmur may not be audible in patients with acute mitral regurgitation
15. Following statements in the setting of Atrial fibrillation in mitral stenosis are true except :
- (1) All patients with AF should receive anticoagulation
 - (2) Even when AF is intermittent, oral anticoagulation should be given
 - (3) Presence of AF denotes mitral stenosis is very severe
 - (4) Attempts to regain sinus rhythm either by pharmacological means or by electrical cardioversion often fails if underlying disease is not tackled.
16. Following statements about electrocardiographic changes in mitral stenosis are true except :
- (1) P wave axis is usually between $+45$ to -30 degrees
 - (2) QRS axis correlates well with the severity of mitral stenosis and degree of pulmonary hypertension
 - (3) QRS axis less than 60 degrees suggest a valve area less than 1.3 sq cm
 - (4) Absence of right axis deviation in the presence of features of pulmonary hypertension should suggest other associated lesions causing left ventricular hypertrophy

17. You had seen a patient of RHD mitral stenosis in year 2006. She was class II symptomatic (NYHA). You had then advised her balloon mitral valvotomy for which she was not ready. She has now reported for review. Now on examination she has oedema feet. Her renal functions and serum proteins are normal. You will now examine her to exclude.
- (1) Left heart failure
 - (2) Right heart failure
 - (3) Organic Tricuspid valve disease
 - (4) Right heart failure and organic tricuspid valve disease
18. A patient with mitral stenosis on rheumatic prophylaxis has reported to your OPD with symptoms of palpitations at night lasting for about one hour. She had no breathlessness. In your opinion what is the likely diagnosis.
- (1) PJVT
 - (2) AF
 - (3) VT
 - (4) PND equivalent with sinus tachycardia
19. Following are the grade 2 features of echocardiographic score - used to predict outcome of balloon mitral valvuloplasty except :
- (1) Mobility - leaflet mid and basal portions have normal mobility
 - (2) Subvalvular Thickening - Extending to distal third of the chords
 - (3) Leaflet thickening - mid leaflet normal considerable thickening of margins (5-8 mm)
 - (4) Calcification - scattered areas of brightness confined to leaflet margins.
20. In the setting of mitral stenosis, following physical signs and symptoms have the respective significance except :
- (1) A loud opening snap denotes a pliable valve
 - (2) Length of diastolic rumble at apex depends upon the severity of mitral stenosis
 - (3) Longer A2-OS interval indicates severe mitral stenosis
 - (4) Giddiness and syncope should raise a suspicion of ball valve thrombus in left atrium
21. Following are absolute indications for cardiac surgery in patients with infective endocarditis except.
- (1) Moderate to severe congestive heart failure due to valve dysfunction
 - (2) Unstable prosthesis
 - (3) Staphylococcus aureus prosthetic valve endocarditis with an intracardiac complication
 - (4) Large > 5 mm mobile vegetation

22. Mycotic Aneurysm due to infective endocarditis occurs most frequently in the following :
- (1) Intracranial Arteries (2) Visceral Arteries
 - (3) Lower extremity Arteries (4) Upper extremity Arteries
23. Following statements about spleen and infective endocarditis are true except :
- (1) Clinical splenomegaly is a reliable sign of splenic abscess
 - (2) Abdominal CT or MRI appear to be the best tests for diagnosis of splenic abscess
 - (3) Persistent or recurrent bacteremia, persistent fever or other signs of sepsis may suggest splenic abscess
 - (4) Where indicated in the setting of splenic abscess, splenectomy should be performed before valve replacement surgery
24. In the setting of native valve infective endocarditis periannular extension is more common in the following valves.
- (1) Mitral (2) Aortic
 - (3) Tricuspid (4) Pulmonary
25. Following are indications for surgery for persistent vegetation after systemic embolization except.
- (1) One or more embolic events during first - 2 weeks of antimicrobial therapy
 - (2) Two or more embolic events during or after antimicrobial therapy
 - (3) Increase in vegetation size after 4 weeks of antimicrobial therapy
 - (4) Post mitral leaflet vegetation with size >5 mm.
26. Following statements are true except :
- (1) Minimum inhibitory concentration is the lowest concentration of antimicrobial agent that inhibits growth
 - (2) Minimum bactericidal concentration is the lowest concentration of antimicrobial agent that decreases a standard inoculum of organisms 50 percent during 24 hours.
 - (3) In treatment of infective endocarditis, bactericidal antibiotics are preferred rather than bacteriostatic agents
 - (4) Treatment of Infective endocarditis is continued for prolonged periods to ensure eradication of dormant organisms.
27. Following may reflect nonspecific acute inflammatory response in Infective Endocarditis.
- (1) Leucocytosis (2) Increased CRP
 - (3) Presence of Rheumatoid Factor (4) Hypogammaglobulinemia

28. Following statements about blood cultures in the diagnosis and management of infective endocarditis are true except :
- (1) Blood cultures are critical in the diagnosis and management of Infective Endocarditis
 - (2) Obtain blood cultures before starting antimicrobial therapy whenever possible
 - (3) It is not necessary to await the arrival of a fever strike or chills to obtain blood cultures
 - (4) There is significant diagnostic benefit from using arterial versus venous blood for culture
29. Following statements about systemic emboli in Infective Endocarditis are true except :
- (1) Embolic splenic infarction may cause left upper quadrant abdominal pain
 - (2) Renal Emboli may occur asymptotically
 - (3) Embolic stroke syndrome, predominantly involving the middle cerebral artery occur in 50-60 percent of patients with native valve endocarditis and prosthetic valve endocarditis
 - (4) Coronary artery emboli are common findings of autopsy but rarely result in transmural infarction.
30. The most common sign of infective endocarditis is :
- (1) Fever
 - (2) Splenomegaly
 - (3) Embolic event
 - (4) Clubbing
31. Following haemodynamic circumstances may injure the endothelium initiating non bacterial thrombotic endocarditis except :
- (1) A high velocity jet impacting endothelium
 - (2) Flow from a high to a low pressure chamber
 - (3) Flow across a narrow orifice at high velocity
 - (4) Flow across a large orifice at low velocity
32. Following gram negative bacteria form part of so called HACEK group except :
- (1) Haemophilus
 - (2) Actinobacillus actinomycetemcomitans
 - (3) Cardiobacterium hominis
 - (4) Klebsiella pneumoniae
33. The commonest micro-organism for Prosthetic valve endocarditis within 2-12 months after surgery is :
- (1) Coagulase negative staphylococci
 - (2) Staphylococcus Aureus
 - (3) Gram negative bacilli
 - (4) Fungi candida species

34. Following statements about infective endocarditis among drug abusers are true except.
- (1) *S. aureus* causes more than 50 percent of these infections.
 - (2) Mitral Valve involvement occurs in 24 to 32 percent of cases.
 - (3) Tricuspid Valve involvement occurs in 46 to 78 percent of cases.
 - (4) Because of the drug abuse, valves are usually damaged before infection.
35. Patient of Acute Rheumatic Fever with no evidence of carditis is recommended following schedule of bed rest :
- (1) 2 weeks bed rest and gradual ambulation over 2 weeks
 - (2) 4 weeks bed rest and gradual ambulation over 4 weeks
 - (3) 6 weeks bed rest and gradual ambulation over 2 weeks
 - (4) 4 weeks bed rest and gradual ambulation over 2 weeks
36. Post - streptococcal reactive arthritis is differentiated from Acute Rheumatic fever on the basis of the following except :
- (1) Small joint involvement that is often symmetric
 - (2) A long latent period following streptococcal infection (usually > 8 weeks)
 - (3) Slower response to salicylates
 - (4) Absence of other features of Acute Rheumatic Fever particularly carditis
37. Following statement about Antistreptolysin O (ASO) titre are true except.
- (1) When two serum samples are taken 2-4 weeks interval, show a two - fold rise, test is considered positive
 - (2) ASO titre > 250 Todd units in adults is considered positive
 - (3) ASO titre > 333 Todd units in children is considered positive
 - (4) ASO titre remains elevated longer than Anti Dnase B titre
38. Following statements about Erythema Marginatum are true except :
- (1) Seen in less than 5 percent of Acute Rheumatic Fever patients
 - (2) Its is erythematous, macular, pruritic rash with pale centre
 - (3) Rash mostly occurs on trunk and arms
 - (4) Rash never occurs on face
39. Following statements about Rheumatic Polyarthritis are true except :
- (1) 30 percent of cases of Acute Rheumatic Fever manifest with Polyarthritis
 - (2) It is fleeting in character
 - (3) Joint swelling and pain usually resolves in 4-6 weeks
 - (4) There is no residual deformity of the joints

40. Following statements about subcutaneous nodules in Acute Rheumatic Fever are true except.
- (1) These nodules are firm, painless and fixed
 - (2) Their presence generally indicates that patient has carditis
 - (3) They should be looked on external surface of the joints like elbow, knees and spine
 - (4) These nodules last for about a month
41. Following statements about Acute Rheumatic carditis are true except :
- (1) If the first episode of Acute Rheumatic Fever is accompanied by carditis, the recurrences also manifest carditis
 - (2) Mid diastolic murmur at the mitral area may be heard
 - (3) Pulmonary and Tricuspid valves are commonly involved
 - (4) Presence of Pericarditis and/or pericardial effusion does not exclude the diagnosis.
42. Following statements about Rheumatic Chorea are true except :
- (1) It can occur even 3 months following throat infection with group A streptococci
 - (2) Chorea may be triggered by emotional disturbances
 - (3) May last for weeks to months
 - (4) It is never the only manifestation of Acute Rheumatic Fever
43. Following statements about Aschoff body are true except :
- (1) It is typically seen in myocardium
 - (2) It is pathologic hallmark of Rheumatic Carditis
 - (3) It is characteristically seen in Acute stage of Rheumatic Carditis
 - (4) It comprises of a perivascular infiltrates of large cells arranged in a rosette form around an avascular area of fibrinoid necrosis.
44. During episodes of Acute Rheumatic Fever, following are markers of cell mediated immunity except :
- (1) raised CD4/CD8 cell ratio
 - (2) raised B cell levels
 - (3) raised natural killer cell counts
 - (4) decrease in C_3 , C_4 complements

45. Some of our body tissues have antigenic similarities to the Group A streptococci antigens. The cross reactivity postulation of ARF is supported by following facts except :
- (1) Presence of hot cross reacting antibodies
 - (2) Group specific polysaccharide of Group A streptococci wall to antigenically akin to glycoprotein found in human cardiac valves
 - (3) The somatic antigen of the Group A streptococci cell wall and cell membrane are similar to human myocardial sarcolemma
 - (4) In Chorea, antibodies directed against Group A streptococci cell membrane cross react with tissues in the caudate nucleus of the brain.
46. Which is more reliable evidence of recent infection of Group A streptococci :
- (1) Positive culture
 - (2) Positive rapid antigen test
 - (3) Elevated on rising titre of ASO
 - (4) Sore throat
47. Pathological hallmark of Rheumatic Carditis is :
- (1) Valvulitis
 - (2) Pericarditis
 - (3) Pancarditis
 - (4) Aschoff body
48. Diagnosis of ARF is done based on Jones criteria. Which statement is correct for the diagnosis ?
- (1) Presence of two major criteria
 - (2) Presence of one major + 2 minor + evidence of GAS Pharyngitis.
 - (3) Presence of 2 major + 2 minor criteria
 - (4) Presence of 1 major + 4 minor criteria
49. In acute I.E., commonest organism is :
- (1) Staphylococcus aureus
 - (2) Streptococcus viridans
 - (3) Streptococcus haemolyticus
 - (4) Enterococci
50. The commonest valve involved in I.E. among I.V drug abusers is :
- (1) Tricuspid valve
 - (2) Mitral valve
 - (3) Aortic valve
 - (4) Pulmonary valve
51. Among neonates, I.E. typically involves :
- (1) Pulmonary valve
 - (2) Aortic valve
 - (3) Tricuspid valve
 - (4) Mitral valve

52. In relation to streptococcus viridans find the wrong statement :
- (1) It is a low virulent organism
 - (2) It is highly virulent organism
 - (3) It is a normal inhabitant of oropharynx
 - (4) It causes x-haemolysis on sheep blood agar
53. In VSD with infective endocarditis-embolization occurs mostly in :
- (1) Pulmonary circulation
 - (2) Systemic circulation
 - (3) Equally in pulmonary and systemic circulation
 - (4) More in systemic circulation
54. For detection of myocardial abscess in I.E.
- (1) TTE is less sensitive, but highly specific
 - (2) TTE is highly sensitive but less specific
 - (3) TEE is highly sensitive but less specific
 - (4) TEE is less sensitive but highly specific
55. In NVE, CHF occurs more frequently with infection of :
- (1) Tricuspid valve
 - (2) Mitral valve
 - (3) Aortic valve
 - (4) Pulmonary valve
56. Most powerful predictor of poor outcome with surgical therapy in I.E. is :
- (1) Prosthetic valve endocarditis
 - (2) CHF in I.E.
 - (3) Mitral valve endocarditis
 - (4) Streptococcal α -haemolyticus infection
57. Which is not the clinical feature for diagnosis of perivalvular extension in patient with I.E.
- (1) Heart block
 - (2) CHF
 - (3) New pathological murmur
 - (4) Splenomegaly

58. Anticoagulation is contraindicated in :
- (1) NVE
 - (2) PVE
 - (3) Both in NVE and PVE
 - (4) In PVE without embolic episode
59. Following are the absolute indication of surgery in I. E. except :
- (1) Persistent fever
 - (2) CHF due to valve dysfunction
 - (3) Unstable prosthesis
 - (4) Relapse of PVE after optimal therapy
60. Following are the cause of increase mortality in I.E. except :
- (1) Old age > 65 yrs
 - (2) Renal failure
 - (3) CHF
 - (4) Tricuspid valve infection
61. Chances of embolism in I.E. is less with infection by :
- (1) S-Aureus
 - (2) Strept viridans
 - (3) Candida
 - (4) HACEK
62. Mitral Annulus circumference is (in adult) :
- (1) 12-15 cm
 - (2) 4-5 cm
 - (3) 8-9 cm
 - (4) 2.5-3.5 cm
63. Patient with M.S. may develop chest pain commonly due to :
- (1) Low co.
 - (2) Arrhythmia
 - (3) Pulmonary hypertension and RV ischaemia
 - (4) Coronary Atherosclerosis
64. Echo scoring to predict valvuloplasty depends on the following points except :
- (1) Mobility of leaflets
 - (2) Subvalvular thickening
 - (3) Leaflet thickening
 - (4) Associated MR
65. Bright red haemoptysis in MS is due to :
- (1) Pulmonary infarction
 - (2) Bronchitis
 - (3) Rupture of pulmonary capillaries
 - (4) Rupture of small pulmonary artery.

66. MR murmur with treatment so likely to increase in intensity if cause is :
- (1) Valvular like RHD
 - (2) Cardiomyopathy
 - (3) Ischaemia
 - (4) Papillary muscle dysfunction
67. Find out the correct statement in a patient with MR :
- (1) S_1 is soft in MVP (in majority)
 - (2) S_1 is loud in Ischemic MR (2 HD)
 - (3) S_1 is soft in RHD MR
 - (4) S_1 is loud in dilated cardiomyopathy
68. Find the correct statement in relation to MR.
- (1) Preload and afterload are increased
 - (2) Preload is increased and afterload is decreased
 - (3) Preload is decreased and afterload is increased
 - (4) Preload and afterload-both are decreased.
69. Repair or replacement of M.V. in severe MR will :
- (1) Increase afterload
 - (2) Decrease afterload
 - (3) No change in afterload
 - (4) Initially decreases afterload, later increases afterload
70. In Acute severe MR, which statement is likely to be wrong :
- (1) Cardiomegaly is absent
 - (2) Long pansystolic murmur is present
 - (3) LV S_3 is heard
 - (4) Often an S_4 is audible
71. Severe AS, in an adult is considered if Aortic Orifice is :
- (1) $1.5 - 2 \text{ cm}^2$
 - (2) $1.0 - 1.5 \text{ cm}^2$
 - (3) $2.0 - 2.25 \text{ cm}^2$
 - (4) $< 1.0 \text{ cm}^2$
72. Find out the wrong statement in relation to Severe AS
- (1) 50% of AS with angina have associated CAD
 - (2) Diastolic dysfunction of LV sets in early
 - (3) IE is common in calcific AS
 - (4) Angiodysplasia of Ascending colon is a known association of Severe valvular AS

73. Which is not the finding of Severe AS.
- (1) Palpable S_4
 - (2) Left parasternal pulsation
 - (3) Paradoxical split of S_2
 - (4) Late peaking Grade IV Ejection systolic murmur
74. Balloon Aortic valvuloplasty is the procedure of choice in AS.
- (1) In All valvular AS
 - (2) In severe AS in adult with normal LV function
 - (3) In children and young individuals
 - (4) In severe calcified AS
75. In severe AR, Systolic BP. difference of lower and upper limbs is :
- | | |
|------------------|------------------|
| (1) > 60 mmHg | (2) 10 – 20 mmHg |
| (3) 20 – 40 mmHg | (4) 40 – 60 mmHg |
76. Which is wrong statement in relation to severe AR :
- (1) Peripheral signs of AR are not seen in AcAR
 - (2) Peripheral signs of AR are masked with LV dysfunction
 - (3) Peripheral signs are better detected with associated AS
 - (4) Peripheral signs indicates severity of AR with normal LV function
77. Austin Flint murmur is :
- (1) Mid diastolic murmur with presence of opening snap
 - (2) Ejection systolic murmur with a click
 - (3) Pansystolic murmur with loud S_1
 - (4) Mid diastolic murmur without opening snap
78. Pulsus bisferiens is a common feature of :
- (1) Mid AR with severe AS
 - (2) Severe AR with good LV function
 - (3) Severe AR with poor LV function
 - (4) Mild AR with good LV function

79. Which is the wrong statements in relation to stabilization of patient with Acute severe AR.
- (1) Vasodilator like Na-nitroprusside is helpful
 - (2) Inotropes may be used.
 - (3) Beta blockers are not indicated
 - (4) Intra-aortic balloon counterpulsation is indicated
80. In relation to Tricuspid Stenosis - which statement is wrong :
- (1) 90% of TS are rheumatic origin
 - (2) Almost all Pt. of TS (Rheumatic) are associated with MS.
 - (3) Only 3-5% Rheumatic MS have assoc. TS in echo and antopsy series.
 - (4) Prominent 'a' wave and slow y descent are features of TS
81. TR murmur typically increases during inspiration :
- (1) due to increase in heart rate
 - (2) due to increase in venous return
 - (3) due to heart coming closer to chest wall
 - (4) due to increased afterload
82. Loud and sharp opening snap indicates :
- (1) Severity of MS
 - (2) Assoc. subvalvular thickening
 - (3) Absence of assoc. MR
 - (4) Pliability of valve leaflets
83. In BHD, PSM of TR is commonly due to :
- (1) Pulmonary hypertension
 - (2) Organic T.V.disease
 - (3) Associated T S
 - (4) Association of AR with M S
84. Marfan's syndrome leads to AR as a result of :
- (1) LV dysfunctions
 - (2) Aortic valve cusp fibrosis
 - (3) Aortic root dilatation
 - (4) Calcific Aortic valve disease
85. Gallavardin phenomenon is found in :
- (1) AS
 - (2) AR
 - (3) MS
 - (4) MS and AR

86. In massive pericardial effusion - findings are :
- (1) Cardiomegaly on palpation and left parasternal pulsation
 - (2) Feature of pulmonary hypertension on palpation
 - (3) Pansystolic murmur with bilateral basal crepitation
 - (4) Silent precordium and feeble heart sounds
87. Most important diagnostic tool for detection of pericardial effusion is :
- (1) RA view of chest
 - (2) ECG
 - (3) Echo cardiography
 - (4) Catheterization of heart and angiography
88. In cardiac tamponade, JVP is raised so pt.
- (1) Should be treated with diuretics
 - (2) I.V. fluid is contraindication
 - (3) I.V. fluid is useful
 - (4) Inotropes and vasodilators are helpful.
89. Pulsus Paradoxus is not found in :
- (1) Acute LVF
 - (2) Cardiac tamponade
 - (3) Effusive constructive pericarditis
 - (4) Obstructive airway disease
90. Pulsus paradoxus in cardiac tamponade is more marked with :
- (1) Over hydration
 - (2) Dehydration
 - (3) Pulmonary artery hypertension
 - (4) RV infarction
-