No. of Printed Pages: 16

MCC-003

POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

Term-End Examination

00061

June, 2011

MCC-003: COMMON CARDIOVASCULAR DISEASES - I

Time: 2 hours Maximum Marks: 60

Note:

- (i) There will be multiple choice type of questions in this examination which are to be answered in **OMR Answer Sheet**.
- (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 Sheet.
- (iv) If any candidate marks more than one option it will be taken as the wrong answer and no marks will be awarded for this.
- (v) 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.

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1.	The is:	drug of choice for s	ystemic hy	pertension	in a p	atient with benig	n hypo	ertrophy of Prostate
	(1)	Metoprolol ((2) Doxa	zosin	(3)	Amlodipine	(4)	Thiazide
2.	ΑII e	of the following ant	tihypertens	sive drugs	reduc	e LV hypertroph	ıy exce	pt :-
	(1)	ACE inhibitor		(2)	Ca o	channel blocker		
	(3)	Thiazide		(4)	Dire	ect Vasodilator		
3.	Whi	ch of the following	antihyper	tensive dru	igs ca	n cause gout ?		
	(1)	Beta blocker		(2)	Ca d	channel blocker		
	(3)	Thiazide		(4)	ACI	Einhibitor		
4.	Whi	ch of the following	antihyper	tensive is c	contra	indicated in pre	gnancy	?
	(1)	Ramipril		(2)	Aml	odipine		
	(3)	Methyldopa		(4)	Нус	Iralazine		
5.	Syst	emic hypertension	may lead t	o all of the	e follo	wing complication	on exce	pt:
	(1)	Renal failure						
	(2)	Aortic regurgitati	on					
	(3)	Cerebral thrombo	osis					
	(4)	GI haemorrhage						
6.	In a 150 ₇	: 10 year old boy /90 mm Hg, which	with a up of the follo	per limb owing will	BP of you s	180/90 mm H uspect ?	g and	lower limb BP of
	(1)	Renal artery stend	osis	(2)	Coa	rctation of aorta	l	
	(3)	Renal Parenchym	al disease	(4)	Aor	toarteritis		
7.	Dor	ninant coronary art	ery:					
	(1)	Gives rise to septa	al artery					
	(2)	Gives rise to post	erior desce	nding arte	ry			
	(3)	Gives rise to acut	e marginal	artery				
	(4)	Gives rise to obtu	se margina	nl artery				

8.	Follo exce	Sec. 1	k fact	ors for Coronary artery disease reduces	events
	(1)	Smoking	(2)	Hypertension	
	(3)	Dyslipidemia	(4)	Diabetes	
9.	Whic	ch of the following statements abo	out the	e statin therapy is false ?	
	(1)	It reduces LDL cholesterol by 20	- 30%	ı.	
	(2)	It inhibits HMG CoA reductase e	enzyn	ne.	
	(3)	Statin therapy should be stopped normal level.	l if the	e creatinine Kinase level increases by 3 ti	mes the
	(4)	Statin therapy should be stopped times the normal level.	d if th	ne Alanine aminotransferase level increa	se by 3
10.	Wha	t should be avoided in case of RV	' infar	ction ?	
	(1)	IV fluid	(2)	β - blocker	
	(3)	Inotropes	(4)	Preload reducing drugs	
11.	Glyc	oprotein II _b III _a has been approve	d in v	which of the following situation?	
	(1)	Unstable angina	(2)	Non Q MI	
	(3)	PTCA	(4)	All of the above	
12.	Whic	ch of the following thrombolytic a	gent is	s administered as a single bolus dose ?	
	(1)	Streptokinase	(2)	Tenectoplase	
	(3)	Urokinase	(4)	Reteplase	
13.	Cont	traindications for thrombolytic age	ents ir	acute MI is all except :	
	(1)	Any Prior intracranial Haemorrh	hage		
	(2)	Known malignant intracranial n	eopla	sm	
	(3)	Suspected aortic dissection			
	(4)	BP of 150/100 mm Hg			
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14.	Acco	ording to currer	nt guide	lines, all of the	followi	ng about AICD a	are cor	rect except:
	(1)			,		n sustained venti tiarrhythmic dru		tachycardia even if ring EP study.
	(2)	AICD should Class I.	be imp	lanted if LVEF	is less	than 30% and th	e Patie	ent is in functional
	(3)	AICD should Class II.	be imp	lanted if LVEF	is less	than 35% and th	ne Patie	ent is in functional
	(4)	AICD should abnormal hea		anted if there is	sustair	ned ventricular t	achyca	rdia in structurally
15.	Whi	ch of the follow	ing car	ries high mortal	ity risk	?		
	(1)	Inferior wall I	MI with	СНВ				
	(2)	Anterior wall	MI with	h CHB				
	(3)	Anterior wall	MI wit	h accelerated id	lioventr	icular rhythm		
	(4)	50% resolutio	n of ST	elevation is ant	erior w	all MI following	throm	bolytic therapy
16.	All	of the following	; is true	about hyperten	sive em	ergency except :		
	(1)	Acute severe	increase	e in BP with tar	get orga	ın damage.		
	(2)	Requires imm	ediate l	nospitalization a	and IV	antihypertensive	therap	py.
	(3)	Can be mana	ged wit	h oral antihyper	rtensive	drugs.		
	(4)	Hypertensive	enceph	alopathy is a fo	rm of h	ypertensive eme	rgency	
17.	Whi	ich creative kina	ase iso-c	enzyme is relativ	vely spe	ecific for heart?		
	(1)	CK MM	(2)	CK BB	(3)	CK MB	(4)	All of the above
18.		er ST elevation mal range ?	MI, ho	w many days i	t takes	for the Trop T l	evel to	come back to the
	(1)	1 to 2 days	(2)	3 to 4 days	(3)	5 to 14 days	(4)	15 to 30 days
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19.		2			~		d severe chest pai acility is 100 km		CG showed anterior
	Whic	ch of the followir	ng is th	ne most app	ropria	ate str	ategy ?		
	(1)	Consider fibring	olytic t	therapy in th	he ab	sence	of contraindicatio	n to i	t.
	(2)	Rush him to the	e cath	lab.					
	(3)	Wait and repea	t ECG	after 1 hou	r.				
	(4)	Start IV fluid a	nd adr	minister non	stero	id ana	lgesics.		
20.	The o	optimal Hb A, C	level f	for a diabeti	c pati	ent is	:		
	(1)	< 9	(2)	< 8		(3)	< 7	(4)	< 6
21.	All o	of the following le	ead to	high outpu	t hear	t failu	re except :		
	(1)	Anemia	(2)	AV fistula		(3)	Thyrotoxicosis	(4)	Mitral stenosis
22.						_	ollowed up as isola argitation except		nitral regurgitation,
	(1)	Cardiomegaly			(2)	Long	5 systolic murmui	r	
	(3)	Middiastolic m	urmur		(4)	Left	ventricular S ₃		
23.		ch of the followin	g ECG	sign may sı	ugges	t the c	ulprit vessel in a c	case of	f MI to be proximal
	(1)	ST segment elev V_1 .	ation	in lead III ex	ceedi	ing tha	nt of lead II combi	ned w	vith ST elevation in
	(2)	ST segment elev	vation	in lead II ex	ceedi	ing tha	nt of lead III		
	(3)	ST segment elev	zation	in lead I an	d leac	l av L			
	(4)	ST segment elev	vation	in lead V ₇ t	o V ₉ .				
24.	Tall	R in V ₁ can be ca	used l	by all except	t :				
	(1)	Posterior MI							
	(2)	Right sided acc	essory	pathway w	vith p	reexci	tation		
	(3)	Right ventricula	ar hyp	ertrophy					
	(4)	Dichenne musc	ular d	ystrophy					
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	(1)	Comfortabl	e in lying p	osition and	dysp	nea c	luring si	lting and	l/ors	tanding position.
	(2)	Comfortabl	e in standir	ng position a	nd d	lyspn	ea durin	g lying c	lown	position.
	(3)	Dyspnea in	both lying	down and s	tand	ing p	osition			
	(4)	None of the	e above							
26.	Ang	iotensin conv	zerting enzy	me reduces	the l	evel (of:			
	(1)	Renin	(2)	Angiotensin	I	(3)	Angiote	ensin II	(4)	Bradykinin
27.	Each	of the follo	wing therap	y regarding	hear	rt fail	ure is co	rrect exc	ept :	
	(1)	Digoxin the	erapy reduc	es mortality						
	(2)	Survival be dinitrate.	nefit by ACI	E inhibitors is	mor	re thai	n combin	ation of l	nydral	azine and isosorbid
	(3)	Survival be	nefit of ang	jiotensin II re	ecept	or blo	ocker is s	similar to	that	of ACE inhibitor.
	(4)	Spironolact	one reduces	s mortality ii	n cla	ss III	and IV p	patients.		
28.	All o	of the follow	ing is true a	about cardiac	e trai	nsplai	ntation e	xcept :		
	(1)	Use of imm	nuno suppre	essant drugs	like	cyclo	porine h	as impro	oved tl	ne outcome.
	(2)	Younger pa	atients with	out any com	mor	bidity	do bett	er after t	transp	lant.
	(3)	Endomyoca	ordial biops	y is the best	way	to d	etect trai	nsplant r	ejectic	n.
	(4)	5 year surv	rival rate aft	ter cardiac tr	ansp	olant	is less th	an 30%.		
29.	All	of the followi	ing symptor	ns are most l	likel	y due	to heart	failure o	except	:
	(1)	Orthopnea				(2)	Paroxy	smal noo	eturna	l dyspnea
	(3)	Bilateral pi	tting edema	of the ankle	3	(4)	Puffine	ss of the	face	
30.		ch of the folent?	llowing aus	scultatory fir	ndin	g ind	icates sy	stolic d	ysfunc	ction in an elderly
	(1)	S ₁	(2)	S_2		(3)	S_3		(4)	S_{\downarrow}
31.	All	of the followi	ing antihype	ertensive dru	igs a	ıre us	eful for p	oatients i	in Hea	rt failure except :
	(1)	Diuretics		((2)	Beta	blockers			
	(3)	Calcium ch	nannel block	ker ((4)	ACE	inhibita	or		
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25. Platypnea orthodeoxia refers to:

	(1)	Cardiomegaly	(2)	Acu	ite dyspnea
	(3)	Tachycardia	(4)	Нур	ooxia
33.	Whi	ch is the commonest cause of	death in a	.cute :	myocardial infarction ?
	(1)	Cardiogenic shock		(2)	Heart failure
	(3)	Malignant ventricular arrhy	/thmia	(4)	Ventricular rupture
34.		or 3 weeks of Myocardial infa mur of an precordium. Whic	•		develops a systolic and diastolic scratchy obable diagnosis!
	(1)	VSD	(2)	Mit	ral regurgitation
	(3)	Dressler syndrome	(4)	Pse	udoaneurysm
35.	JNC	: - 7 defines Prehypertension a	ns:		
	(1)	Systolic BP 120 - 139, Diasto	olic BP 80 -	89	
	(2)	Systolic BP < 120, Diastolic	BP < 8()		
	(3)	Systolic BP 140 - 159, Diasto	olic BP 90 -	99	
	(4)	Systolic BP > 160, Diastolic	BP > 100		
36.	Whi	ich is the antihypertensive dru	ag of choice	e for	diabetes and hypertension ?
	(1)	ACE inhibitor	(2)	Аlр	oha blocker
	(3)	Diuretic	(4)	Cal	cium channel blocker
37.	All	of the following is true about	digitalis to:	xicity	except :
	(1)	Lidocaine and Phenytoin ar	e useful dr	ugs t	o treat digitalis toxicity
	(2)	Second and third degress he	eart block (often	respond to atropine
	(3)	DC cardioversion may pre toxicity	cipitate ve	ntricı	ular arrhythmia in patients with digitalis
	(4)	Dialysis is very effective in o	cases of ma	ssive	overdose
38.	ΔII	of the following conditions ar	e associate	d wit	h high output heart failure except :
	(1)	Iron overload	(2)	Hyp	perthyroidism
	(3)	Paget's disease	(4)	Sys	temic A - V fistula

32. Which is not a feature in heart failure of acute origin?

39.	Digi	talis is of Potential benefit in all of	the fo	ollowing conditions except :-
	(1)	Mitral stenosis with normal SR a	nd ne	ormal LV and RV function
	(2)	Mitral stenosis with AF and novi	nal R	V function
	(3)	Dilated cardiomyopathy with LV	/EF <	25% and symptomatic heart failure.
	(4)	Hypertrophic cardiomyopathy w	zith Λ	F
40.	Each	n of the following findings of heart	failu	re is true except :
	(1)	Pallor and coldness in extremity i	is due	to increased adrenergic nervous system activity
	(2)	A positive hepatojugular reflex reto accept increased venous retur		s hepatic congenita and inability of Right heart
	(3)	Hepatic tenderness is common in	n chro	nic right heart failure
	(4)	Protein losing enteropathy may	occur	in patients with visceral congestion
41.	All	of the following regarding arrhyth	mia is	true except :
	(1)	Prevalence of PVC increases with	h age	
	(2)	PVC in the absence of structural	heart	disease has no impact on survival
	(3)	Class IC anti-arrhythmic drug a myocardial infarction	re cor	ntraindicated for suppression of PVC following
	(4)	Frequent PVC's is the best predic	ctor o	f sudden death after a Myocardial infarction
42.	Whi	ch of the following will least impro	ove es	ssential hypertension ?
	(1)	Reducing alcohol consumption	(2)	Reducing carbohydrate intake
	(3)	Stopping NSAIDS	(4)	Reducing salt intake
43.	Thia	zide diuretics contribute to all exc	ept :	
	(1)	Hypouricemia	(2)	Hypercalcemia
	(3)	Hypercholesterolaemia	(4)	Hyponatraemia
44.	Each	n of the following is a component of	of me	tabolic syndrome except :
	(1)	Hyperglycemia	(2)	Serum TG level > 150 ml/dL
	(3)	Abdominal obesity	(4)	Serum LDL level > 140 ml/dL
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45.	Post	tulated mechanism of variant angina are all except :
	(1)	Transient focal coronary artery spasm
	(2)	Vasospasm superimposed on fixed obstructive coronary artery disease
	$(\tilde{\epsilon})$	Atherosclerotic plague at site of spasm even with normal coronary angifoam
	(4)	Coronary Thrombosis
46.		ich of the following drug combination should be used for treating hypertension with onary artery disease and Past MI, LVEF of 40%.
	(1)	ACL inhibitor and β - blocker
	(2)	Diuretic and calcium channel blocker
	(3)	Diuretic and vasodilator
	(4)	All of the above
47.	The	goal to achieve the blood pressure in a case of diabetes mellitus with hypertension is:
	(1)	Less than 140/90 mm Hg (2) Less than 160/90 mm Hg
	(3)	Less than 130/80 mm Hg (4) Less than 140/80 mm Hg
48.	Whi	ich of the following statement is false about hypertension?
	(1)	Renal parenchymal disease is the most common cause for hypertension in the pre-adolescent population.
	(2)	High salt intake, obesity, alcohol, physical inactiveness lead to BP rise.
	(3)	Renal artery stenosis, Renal Parenchymal disease, pregnancy, drugs, endocrine disorders account for majority of secondary hypertension.
	(4)	A cause for hypertension can be found in 95% of adults.
49.	The	work - up of a patient who is referred to you with established hypertension includes:
	(1)	Thorough drugs history
	(2)	Urinalysis, Serum electrolytes and creatinine
	(3)	Assessment of Left Ventricular mass
	(4)	All of the above
	•	
50.	Whi	ich of the following is related to development of plaque rupture?

(2) cholesterol content

(4) All of the above

(1) inflammation

(3) oxidized LDL

 (3) Hypothyroidism (4) Fasting 53. The comonest lipid abnormality in patients with establishment (1) High LDL low HDL (2) High to (3) High LDL and Triglyceride (4) High Tr 54. All play a role in development of acute coronary sync (1) Plaque erosion (2) Plaque (3) Thrombosis (4) Increase 	riglyceredemia hyperglycemia lished coronary artery disease is : tal Chol, High LDL
(4) Few smooth muscle in the fibrous cap 52. Metabolic syndrome includes all except: (1) Obesity (2) Hyper t (3) Hypothyroidism (4) Fasting 53. The comonest lipid abnormality in patients with estable (1) High LDL low HDL (2) High to (3) High LDL and Triglyceride (4) High Tr 54. All play a role in development of acute coronary synd (1) Plaque erosion (2) Plaque (3) Thrombosis (4) Increase 55. Which of the following is not true about the clinical acute (2)	hyperglycemia lished coronary artery disease is :
52. Metabolic syndrome includes all except:- (1) Obesity (2) Hyper to (3) Hypothyroidism (4) Fasting 53. The comonest lipid abnormality in patients with estable (1) High LDL low HDL (2) High to (3) High LDL and Triglyceride (4) High Tr 54. All play a role in development of acute coronary synd (1) Plaque erosion (2) Plaque (3) Thrombosis (4) Increase (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true about the clinical acute (55. Which of the following is not true acute (55. Which of the fol	hyperglycemia lished coronary artery disease is :
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 (3) Hypothyroidism (4) Fasting 53. The comonest lipid abnormality in patients with establishment (1) High LDL low HDL (2) High to (3) High LDL and Triglyceride (4) High Tr 54. All play a role in development of acute coronary sync (1) Plaque erosion (2) Plaque (3) Thrombosis (4) Increase 55. Which of the following is not true about the clinical at (2) Plaque (3) Thrombosis (4) Increase 	hyperglycemia lished coronary artery disease is :
 53. The comonest lipid abnormality in patients with established (1) High LDL low HDL (2) High to (3) High LDL and Triglyceride (4) High Tr 54. All play a role in development of acute coronary sync (1) Plaque erosion (2) Plaque (3) Thrombosis (4) Increase 55. Which of the following is not true about the clinical at (2) 	lished coronary artery disease is :
 High LDL low HDL (2) High to (3) High LDL and Triglyceride (4) High Tr All play a role in development of acute coronary sync (1) Plaque erosion (2) Plaque (3) Thrombosis (4) Increase Which of the following is not true about the clinical at (2) 	•
 (3) High LDL and Triglyceride (4) High Tr 54. All play a role in development of acute coronary sync (1) Plaque erosion (2) Plaque : (3) Thrombosis (4) Increase 55. Which of the following is not true about the clinical a 	al Chol, High LDL
 54. All play a role in development of acute coronary sync (1) Plaque erosion (2) Plaque : (3) Thrombosis (4) Increase 55. Which of the following is not true about the clinical a 	
 (1) Plaque erosion (2) Plaque : (3) Thrombosis (4) Increase 55. Which of the following is not true about the clinical a 	iglyceride, low HDL
(3) Thrombosis (4) Increase 55. Which of the following is not true about the clinical a	Irome except :
55. Which of the following is not true about the clinical a	upture
O	d resistance of collagen cap
(1) Cradual arterial blockage is important	spect of acute coronary syndrome?
(1) Chaduar arterial chockage is important	
(2) The amount of myocardium at risk is an import	ant factor
(3) Diabetes increases risk of CHF	
(4) Low BNP levels worsen the situation	
56. A 75 year old male developed inferior wall MI and developed hypotension, tachycardia and hypoxaemia murmur on left sternal border and basal rales. <i>V</i> diagnosis?	a. Auscultation revealed holosystolic
(1) Acute mitral regurgitation (2) Severe I	Pericarditis
(3) RV myocardial infarction (4) Free wa	ll rupture
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51. Which of the following does not characterize a vulnerable plaque?

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	(1)	Streptokinase (2	.) Al	lteplase		(3)	Reteplas	e	(4)	Tenecteplas	se
62.	Whic	ch of the following f	ibrinol	lytic ager	nt is i	ndica	ted for str	oke ?			
	(4)	Suspected aortic d	issectio	on							
	(3)	Traumatic or prole	O								
	(2)	History of ischemic			6 mo	nths					
	(1)	History of Poorly o		٠.							
61.	Whic	ch is an absolute cor				V	sis in case	of ST	elevati	ion MI?	
	(=)	- your room			(*)	2,50					
	(3)	Dyslipidemia			(4)		emic Hyp	ertensia	n .		
υυ.	(1)	Diabetes mellitus	5 COHS!	idered de	(2)	,	artery dise oking	ase eq	urvalel	11. 1	
60.	Whic	ch of the following i	s consi	idered as	coro	marv	artery dice	മാലേ മവ	uivalor	at 2	
•	(1)	152 mg/dL (2) 16	2 mg/dI	[(3)	172 mg/	'dL	(4)	182 mg/dL	
	Trigl	lyceride = 240 mg/	II.								
	Tota	l cholesterol = 250 i	ng/dI	L' HDL	= 40	mg/c	dL				
59.	The f	fasting lipid profile o . ?	f a pers	son is giv	en be	low.	What will l	be his c	alculat	ed LDL chole	sterol
	(4)	Evidence of hypopoutput.	erfusio	on → Co	old c a	alory	Peripherie	es, pers	piratio	n, decreased	renal
	(3)	Cardiac index ≤ 1	8 L/n	nin/m ²				,			
	(2)	LVEDP < 18 mm I	Яg								
	(1)	Systolic BP < 80 - 9	0 mm	Hg							
58.	Featu	ares of cardiogenic s	hock a	are all ex	cept	:-					
	(4)	Dynamic ST chang	es at r	est assoc	ciated	with	chest pair	n			
	(3)	Angina on exertior	of las	st 1 year	dura	tion					
	(2)	Crescendo angina									
	(1)	Angina at rest									

57. All of the followings are features of unstable angina except:

63.	All c	of the followings have been shown to improve survival in a heart failure patients except
	(1)	Betablocker
	(2)	ACE inhibitor
	(3)	Fruseamide
	(4)	Cardiac Resynchronization therapy in selected heart failure patients
64.	All c	of the followings are usual cause for LV systolic dysfunction except :
	(1)	Incessant tachycardia
	(2)	Anomalous origin of Left Coronary artery from Pulmonary artery
	(3)	Coronary artery disease with history of myocardial infarction
	(4)	Moderate size ventricular septal defect
65.	All a	are true about amiodarone therapy except :
	(1)	Hypothyroidism occurs fairly early
	(2)	Thyroid abnormalities depend on dose
	(3)	Mild rise in TSH is almost always present
	(4)	Treatment with amiodarone should be continued when severe hypothyroidism occurs
66.	All c	of the followings suggest RV involvement in a case of myocardial infarction except :
	(1)	Severe hypotension associated with inferior MI
	(2)	Presence of Kussmaul's sign in presence of inferior MI
	(3)	ST elevation in V 4 R (Right side Precordial lead at V4 position)
	(4)	Depressed right ventricular filling pressures in the hemodynamic study
67.	Mos	t important digitalis mediated cardiac effect in CHF is :
	(1)	Tachycardia
	(2)	Decreased AV conduction
	(3)	Improved renal perfusion
	(4)	Shift the force - velocity relationship upwards
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68.	Orth	nopnea refers to :		
	(1)	Comfortable on lying down		
	(2)	Discomfort on recumbent po	sition	
	(3)	Comfortable on trendelenbur	g position	٦
	(4)	Discomfort on sitting up		
69.	All	of the followings are true excep	ot:	
	(1)	Amiodarone leads to increase	ed mortal	ity in patients with LV systolic dysfunction
	(2)	Implantable cardioverter def Class II or Class III symptom		should be advised to all patients with NYHA EF less than 35%
	(3)	CRT is advised to a patient w class III symptoms	rith LVEF	<35% , LBBB, QRS duration 180 ms and NYHA
	(4)	Amiodarone is not much administered to patient with		from placebo in terms of mortality when inction
70.	Whi	ich of the following does not ca	use eleva	ted LA pressure ?
70.	Whi (1)	ich of the following does not ca Mitral stenosis	use eleva (2)	ted LA pressure ? LV systolic dysfunction
70.		~		•
70. 71.	(1) (3)	Mitral stenosis LV diastolic dysfunction	(2) (4)	LV systolic dysfunction
	(1) (3)	Mitral stenosis LV diastolic dysfunction	(2) (4)	LV systolic dysfunction Primary pulmonary hypertension
	(1) (3) Wh	Mitral stenosis LV diastolic dysfunction ich of the following feature sug	(2) (4) gests dysj	LV systolic dysfunction Primary pulmonary hypertension onea more likely to be of respiratory origin?
	(1) (3) Whe (1) (3)	Mitral stenosis LV diastolic dysfunction ich of the following feature sug Elevated BNP	(2) (4) gests dysj (2)	LV systolic dysfunction Primary pulmonary hypertension onea more likely to be of respiratory origin? Profuse sweating
71.	(1) (3) Whe (1) (3)	Mitral stenosis LV diastolic dysfunction ich of the following feature sug Elevated BNP Bilateral rhonchi	(2) (4) gests dysp (2) (4)	LV systolic dysfunction Primary pulmonary hypertension pnea more likely to be of respiratory origin? Profuse sweating Orthopnea
71.	(1) (3) Who (1) (3)	Mitral stenosis LV diastolic dysfunction ich of the following feature sug Elevated BNP Bilateral rhonchi sus alternans is seen in:	(2) (4) gests dysp (2) (4)	LV systolic dysfunction Primary pulmonary hypertension pnea more likely to be of respiratory origin? Profuse sweating Orthopnea
71.	(1) (3) Who (1) (3) Puls (1)	Mitral stenosis LV diastolic dysfunction ich of the following feature sug Elevated BNP Bilateral rhonchi sus alternans is seen in: Hypertrophic obstructive car	(2) (4) gests dysp (2) (4)	LV systolic dysfunction Primary pulmonary hypertension pnea more likely to be of respiratory origin? Profuse sweating Orthopnea

- **73.** Which of the following is not true about Kerly B lines?
 - (1) It is seen due to interstitial pulmonary edema
 - (2) These are usually seen in lung basis
 - (3) It is seen when pulmonary venous pressure increases beyond 18 mm Hg
 - (4) It is commonly seen near the hilum

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(4) The mitral valve opens in diastole when the LV pressure falls below							v the LA pressure		
	(3)	The left atrial Y descent appears before the T wave in ECG							
	(2)	The QRS complex in ECG corresponds to the isovolumetric contraction of the ventricle							
	(1)	Third heart sound corresponds to the rapid early diastolic filling of the ventricle							
79. All of the followings are correct about cardiac cycle except:									
(4) Peripheral edema may be absent with significant volume overload and syste congestion.							nd systemic venous		
(2) The absence of pulmonary rales excludes presence of eleval pressure.(3) Hepatomegaly often preceds development of overt peripheral							ral eden	na.	
							zated pu	ılmonary capillary	
	(1)	Hydrothorax in heart failure is most commonly bilateral, but when it occurs unilaterally it is usually confined to right side.							
78. Each of the following statements about heart failure is true excep						ot:			
	(3)	Mitral Regurgitation	on	(4)	Deh	ydration			
	(1)	Pulmonary embolis	sm	(2)	RV	infarction			
77.	Which of the following is associated with increased LV preload?								
	(3)	Thiazide diuretics		(4)	Calo	cium channel bl	locker		
	(1)	ACE inhibitor		(2)	Beta	blocker			
76.	76. According to JNC - 7 which is the preferred first drug for treating hypertension is compelling indication to use any specific drug?							ension unless there	
	(1)	stage A (2	2) stage B		(3)	stage C	(4)	stage D	
75.		A patient had myocardial infarction 1 year back. His LVEF is 35%. He is in symptoma NYHA class II. Which stage of heart failure he belongs to :-							
	(3)	Increasing preload		(4)	Proi	noting diuresis			
	(1)	Increasing heart rate		(2)					

74. Vasodilators are helpful in congestive heart failure by :-

- 80. All of the following statements about heart failure are true except:
 - (1) Plasma norepinephrine level is usually elevated
 - (2) Serum B type natriuretic peptide level is elevated
 - (3) Serum aldosterone level is elevated
 - (4) Cardiac beta adrenergic receptor density is increased
- **81.** The following statement about IABP is correct except:
 - (1) It should be promptly administered in patients with cardiogenic shock following aortic dissection and severe AR.
 - (2) Myocardial infarction with mechanical complications like MR and VSD benefit from use of IABP.
 - (3) The IABP should be timed to deflate during isovolumetric phase of LV contraction.
 - (4) Inflation of IABP should be timed to the aortic valve closure on the arterial pressure wave form.
- 82. With respect to renovascular disease all are correct except:
 - (1) Worsening renal function with ACE inhibitor therapy may suggest bilateral renal artery stenosis.
 - (2) Atherosclerotic disease most commonly involves proximal one third of renal artery.
 - (3) Incidence of renovascular disease falls with increased age.
 - (4) Patients with severe accelerated hypertension have the highest prevalence of renovascular disease.
- 83. Each of the following statements about hypertension is correct except:
 - (1) Pure white coat hypertension is seen in 20 to 30% patients.
 - (2) While measuring BP, inappropriately small size cuff results in spuriously low systolic BP.
 - (3) Pseudohypertension may occur in patients with sclerotic brachial arteries.
 - (4) Chronic renal disease is the second most common cause of hypertension after essential hypertension.
- **84.** All are true about LDL except:
 - (1) LDL is the major cholesterol carrying component in plasma
 - (2) Apo 1 is the dominant Protein present in LDL
 - (3) LDL is formed from VLDL metabolism
 - (4) The major lipid component are triglyceride and esterified cholesterol

			-	•					
	(1)	Beta blocker	(2)	Calcium channel blocker					
	(3)	Nitrates	(4)	Aspirin					
86.	Followings may be useful in advanced heart failure except:								
	(1)) Cardiac transplantation							
	(2)	Cardiac resynchronisation therapy							
	(3)	Dual chamber pacing							
	(4)	Intermittent IV ionotrope therapy							
87.	All are features of high output heart failure except :								
	(1)	Narrow Pulse pressure	(2)	Tachycardia					
	(3)	LV S ₃	(4)	Raised JVP					
88.	All of the followings are true about cardiac rhythm disturbance except :								
	(1)	Inferior wall MI may be associated with CHB in initial stage which may recover later.							
	(2)	Anterior wall MI, associated with mobitz type II block has high mortality							
	(3)	Anterior wall MI with mobitz type II block is usually intranodal in nature							
	(4)	Sinus bradycardia in MI often results from increased vagal tone							
89.	The drug of choice to treat hypertension in patients with coronary artery disease according to JNC - 7 is :								
	(1)	Betablocker	(2)	Alpha blocker					
	(3)	Diuretic	(4)	Hydralazine					
90.	High fat intake causes which change in standard lipid profile :								
	(1)	Increases Triglycerides	(2)	Decreases HDL					
	(3)	Increases small dense LDL	(4)	None of the above					
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85. Following are treatment of prinzmental angina except :