POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC) 01031

Term-End Examination

June, 2013

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 <u>OMR Answer Sheets</u>.
- (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 <u>in 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 of the following are acyanotic congenital heart diseases except :											
	(1)	Atrial Septal Defect		(2)	Ven	ricular Septal D	Pefect					
	(3)	Patent Ductus Arter	iosis	(4)	Tetro	ology of Fallot						
2.	Wh	Which one of the following is not an obstructive lesion ?										
	(1)	Aortic Stenosis		(2)	Mitr	al Regurgitation						
	(3)	Pulmonary Stenosis		(4)	Coar	ctation of Aorta	ı					
3.	All	of the following are le	ft to right sh	unts e	except	:						
	(1)	ASD		(2)	VSD							
	(3)	Eisenmenger's Synd	rome	(4)	PDA							
4.	Hea	art murmur in ASD is a	due to all ex	cept :								
	(1)	Increased flow throu	ıgh pulmona	ary va	alve							
	(2)	Increased flow throu	igh tricuspic	i valv	e							
	(3)	Gradient at atrial lev	rel									
	(4)	Ejection systolic mu	mur at puli	nonar	y area							
5.	Суа	notic spells are commo	on in the foll	lowing	g age g	roup :						
	(1)	2 months to 2 years		(2)	2 yea	rs to 4 years						
	(3)	4 to 6 years		(4)	6 to 8	3 years						
6.	Whi	ich is not a feature of p	oink TOF ?									
	(1)	Mild PS										
	(2)	Small VSD										
	(3)	Large pressure gradi	ent betweer	n PA a	nd RV							
	(4)	Large unrestrictive \	/SD									
7.	All a	are features of TOF exe	cept :									
	(1)	Cyanosis (2)	Single S2		(3)	Cardiomegaly	(4)	Soft P2				
8.		.ch of the following i um ?	s not a fea	ture o	of Pulr	nonary Atresia	with	intact ver	ntricular			
	(1)	PDA		(2)	RV h	ypoplasia						
	(3)	RV hypertrophy		(4)	LVH	in ECG						

9. All are the features of corrected transposition of great arteries except :												
	(1)	Atrio Ventricul	ar Coi	ncordance	(2)	Atri	o Ventricular	Discorda	nce			
	(3)	Ventriculo Atri	al Dis	cordance	(4)	VSI)					
10.	All o	of the following c	onditi	ons have de	ecreas	ed pu	lmonary blood	l flow ex	cept :			
	(1)	TOF			(2)	Ebst	tein's anomaly					
	(3)	Eisenmenger sy	ndron	ne	(4)	Unc	bstructed TAI	PVC				
11.	Whi	Which of the following is not a duct dependent pulmonary blood flow ?										
	(1)	Critical Aortic s	stenosi	is	(2)	Puli	monary atresia	i				
	(3)	Ebstein's anoma	Ebstein's anomaly			Crit	ical pulmonary	y stenosis	3			
12.	Prol	onged prostaglan	dism	infusion cau	ises al	ll of tl	he following si	de effects	s except :			
	(1)	Apnoea	(2)	Hypertens	sion	(3)	Hypotension	u (4)	Fever			
13.	Cya	notic spells are ca	used	by all excep	ot:				v			
	(1)	Decreased pulm	, nonary	v blood flow	7							
	(2)	Increased right	to left	shunt								
	(3)	Decreased right	to lef	t shunt								
	(4)	Fall in SVR										
14.	ASE) is of	_ type	s.								
	(1)	1	(2)	2		(3)	3	(4)	4			
15.	Whi	ch is not correct :	regard	ling arterial	swite	ch ope	eration ?					
	(1) Coronaries are to be transferred					Great arteries are switched						
	(3)	Anatomical cor	rectio	n	(4)	Phy	siological corr	ection				
16.	Folle	owing ASD defec	t closı	are with dev	vice u	pto h	ow long aspiri	n therapy	y to be continued :			
	(1)	1 month	(2)	3 months		(3)	6 months	(4)	9 months			
17.	All	of the following c	lrugs (decrease sin	us di	schar	ge rate except :					
	(1)	Verapamil	(2)	Amiodarc	one	(3)	Quinidine	(4)	Propranolol			
				, , , , , , , , , , , , , , , , , , ,	3		•		РТО			

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18.	Torsades de pointes has all the features except :(1)Polymorphic VT(2)Monomorphic VT(3)QT Prolongation(4)Class IA and Class III drugs cause Torsades						
19.	All of the following drugs can cause bradyarrhythmia except :(1) Beta-blockers(2) Calcium channel blockers(3) Class III drugs(4) Mexiletine						
20.	Torsades de pointes is caused by all drugs except : (1) Quinidine (2) Propafenone (3) Procainamide (4) Amlodipine						
21.	Following are causes of cannon a wave except :(1) CHB(2) AIVR(3) SVT(4) MS						
22.	Amiodarone causes all except :(1) Pulmonary toxicity(2) Photo sensitivity(3) Tachycardia(4) Hyperthyroidism						
23.	 All of the following are digoxin properties except : (1) Excreted by kidney (2) Increase para sympathetic tone (3) Decrease para sympathetic tone (4) Increase intra cellular calcium 						
24.	 Which is false regarding sotalol ? (1) Used in VT (2) Used in atrial arrhythmias (3) Decreases defibrillation threshold (4) Increases defibrillation threshold 						
25.	 Which is true regarding defibrillation ? (1) Solid gel electrodes (adhesive) can cause higher risk of burns (2) Wet gel electrode can cause high risk of burns (3) (1) and (2) (4) Solid gel electrodes conduct electricity more than wet gel electrodes 						
26.	 Which is not a characteristic feature of internal mammary artery ? (1) Size matches coronary arteries (2) Excellent long term patency rate (3) Resistant to atherosclerosis (4) Vulnerable to atherosclerosis 						

27.	Radial artery patency is tested by the following method :											
	(1) Stress test				(2)	Allen's test						
	(3)	Dobutamine echo)		(4)	ТМТ	ſ					
28.	The	following duration	of ti	me should	be giv	ven to	prevent spasm	of radia	al artery :			
	(1)	6 months	(2)	1 month		(3)	3 months	(4)	2 months			
29.	Which one of the following graft artery has long term patency ?											
	(1)	Vein graft			(2)	Inter	rnal mammary	artery				
	(3)	Radial artery			(4)	Fem	oral artery					
30.	In tł	In the following percentage of stenosis of left main artery surgery is done :										
	(1)	25%	(2)	50%		(3)	60%	(4)	70%			
31.	Whi	ch one of the follow	ving	is left mair	ı equiv	valent	?					
	(1)											
	(2)											
	(3)											
	(4)	(4) Block in proximal LAD and mid circumflex										
32.	Whi	Which of the following can cause pulses Bisferiens ?										
	(1)	AS			(2)	HOO	CM					
	(3)	Constrictive Peric	cardi	tis	(4)	Beri	Beri					
33.	Which of the following statement is true in OPCAB?											
	(1)	(1) Proximal anastamosis done before bypass										
	(2)	2) Proximal anastamosis done after bypass										
	(3)	Distal anastamosis done before bypass										
	(4)	Distal anastamosi	is do	ne after by	pass							
34.	Which one is not class IC anti arrhythmic drug ?											
	(1)	Flecainide	(2)	Propafenc	one	(3)	Lidoraine	(4)	Moricizine			
35.	RV o	cavity obstruction b	oy an	abnormal	muscl	e bun	dle is called as	:				
	(1)	Valvular P S			(2)	Supi	a Valvular P S					
	(3)	Double chambere	ed RV	/	(4)	Sub	Valvular P S					

36.	Wh (1)	ich one of the prostheti St. Jude's	c valve has	lowes (2)	owest effective orifice area ? (2) Medtronic Hall							
	(3)	Starr Edward		(4)	Carbomedics							
37.	All of the following are tilting discs except :											
	(1)	Omni science Valve		(2)	Chitra Valve							
	(3)	Starr Edwards		(4)	Bjork Shiley							
38.	Acu	te MR is caused by all	except :									
	(1)	Chordal Rupture		(2)	Infective Endocarditis							
	(3)	Acute MI		(4)	Rheumatic							
39.	Elfiı	n facies is a feature of v	which syndro	ome :	:							
	(1)	Turner (2)	Williams's		(3) Shy dragger (4) Noonar	n's						
40.	The	following procedure is	a Ross Ope	ration	n :							
	(1)	Arterial switch opera	ation									
	(2)	Pulmonary autograit	replaces Ao	ortic \	Valve							
	(3)	Atrial Septostomy										
	(4)	Pulmonary switch op	peration									
41.	Surg	gery in TAPVC is ideal	in following	age	group :							
	(1)	Less than 6 months		(2)	> 6 months							
	(3)	> 1 year		(4)	> 2 years							
42.	DC	Bakey classification is o	done for foll	owing	g condition :							
	(1)	TAPVC		(2)	TGA							
	(3)	Dissection of Aorta		(4)	PAPVC							
43.		ich one of the follow ocarditis ?	ving statem	ient i	is correct regarding early prosthe	tic valve						
	(1)	Occurs < 60 days		(2)	Occurs > 60 days							
	(3)	Occurs < 90 days		(4)	Occurs > 90 days							
44.	Whi	ch one is not a treatme	nt for TOF ?)								
	(1)	BT shunt		(2)	Bental Procedure							
	(3)	Waterston shunt		(4)	Pott's shunt							
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45.	Fall	ot's tetralogy cor	isists c	of all except	:				
	(1)	Directly propo	rtiona	1	(2)	Uni	estrictive VSD		
	(3)	Overriding of .	Aorta		(4)	Dila	ated LA		
46.	Class I drugs in Vaghan William classifica						ck:		
	(1)	Fast Na channe			(2)		w Na channel		
	(3)	Fast K ⁺ channe	el		(4)	Slov	w K ⁺ channel		
47.	Dru	gs that reduce V	max a	and prolong	; actio	n pote	ential duration a	re all e	except :
	(1)	Quinidine	(2)	Procainan	nide	(3)	Disopyramide	(4)	Moricizine
48.	Arry	/thmias occur du	e to tł	ne following	; mecł	nanisn	n :		
	(1)	Reentry			(2)	Aut	omaticity		
	(3)	Triggered activ	ity		(4)	All	of the above		
49.	Adv	erse effects of qu	inidin	e include al	l exce	pt :			
	(1)	Diarrhoea			(2)	Cinc	chonism		
	(3)	Thrombocytope	enia		(4)	Lup	us		
50.	Atax	kia and Nystagm	us are	adverse eff	ects o	f :			
	(1)	Lidocaine	(2)	Mexilitine		(3)	Phenytoin	(4)	Digoxin
51.	Drug	gs that cause QT	prolo	ngation are	:		•		
	(1)	Cisapride			(2)	Eryt	hromycin		
	(3)	Both of the abo	ve		(4)	Non	e of the above	ı .	
52.	NAF	PA is a metabolite	e of :						
	(1)	Procainamide	(2)	Quinidine		(3)	Mexelitine	(4)	Propranolol
53.	Tors	ades de pointes c	occurs	in patients	with :				
	(1)	Long QT in ECO	3		(2)	Patie	ent on class IA d	rugs	
	(3)	Patient on Class	s III dı	rugs	(4)	All c	of the above		
54.	Beta	blocker with vas	odilat	or action is	:				
	(1)	Atenolol	(2)	Carvidolol		(3)	Metoprolol	(4)	Propranolol

55.	Beta blockers are contraindicated in patients with all except :										
	(1)	(1) PR internal > 0.24		(2)	Severe bronchospasm						
	(3)	Prinz metal ang	gina		(4)	Sup	Supraventricular tachycardia				
-				ı <i>.</i>							
56.		te toxicity due to			en on			<i>(</i> , ,)			
	(1)	Lungs	(2)	GIT		(3)	Skin	(4)	Brain		
57.	Half	life of amiodaro	ne is :								
	(1)	9 - 10 hrs	(2)	9 - 10 day	s	(3)	30 - 106 days	(4)	2 - 3 weeks		
	(-)		(-)	, <u> </u>	-	(-)	j-	(-)			
58.	Dru	g used for acute t	ermir	nation of Atı	rial Fi	brillat	ion :				
	(1)	Ibutilide			(2)	Bret	ylium				
	(3)	Amiodarone			(4)	Non	e of the above				
	~										
59.		s IV drugs are :			(-)						
	(1)	Beta-Blockers	_		(2)		channel blockers	3			
	(3)	Ca channel bloc	ckers		(4)	Non	e of the above				
60.	Vera	apamil suppresses	s elect	rical activity	y in tł	ne :					
	(1)	Sinus node	(2)	AV node		(3)	Both	(4)	None		
61.		life of digoxin :									
	(1)	2 weeks	(2)	2 days		(3)	2 hours	(4)	None		
62.	Sym	ptoms of digoxin	toxic	itv are :							
	(1)	Nausea, vomitii		-	(2)	Visu	al disturbance				
	(3)	Significant arrh	0		(4)	All	of the above				
		-	-								
63.	Whi	ch of the followir	ng dru	igs has nega	ative i	inotro	pic effect ?				
	(1)	Verapamil	(2)	Beta block	ers	(3)	Diltiazem	(4)	All of the above		
64.	Ade	nosine has a half	life of	¢.							
U I.	(1)	1 hour - 6 hours			(2)	1 da	y - 6 days				
	(3)	1 minute - 6 min			(4)		c - 6 sec				
	(9)	r nunute - 0 nu	nuito		(-1)	1 300					

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65.	Devices that can interfere with pacemakers are :								
	(1)	MRI	(2)	Radiation therapy					
	(3)	Arc Welding	(4)	All of the above					
66.	Indi	cation for ICD is :							
-	(1)	VF/VT	(2)	SVT					
	(3)	Atrial Fibrillation	(4)	All of the above					
67.	In E	Dual Chamber permanent pacemal	ker im	plantation is lead placed in :					
	(1)	Right Atrium	(2)	Right Ventricle					
	(3)	Both of the above	(4)	None of the above					
68.	• Magnesium is contraindicated in patients with :								
	(1)	Magnesium levels > 5	(2)	Renal failure					
	(3)	Bradycardia	(4)	All of the above					
69.	Ade	nosine is used in patients with :							
	(1)	SVT	(2)	VT					
	(3)	Complete Heart Block	(4)	All of the above					
70.	Trep	oopnea means :							
	(1)	Dyspnoea in up right position	(2)	Dyspnoea in spume position					
	(3)	Dyspnoea in lateral position	(4)	Dyspnoea during sleep					
71.	Mod	erator band is present in :							
	(1)	Right Atrium	(2)	Left Atrium					
	(3)	Right Ventricle	(4)	Left Ventricle					
72.	Narr	ow Pulse Pressure is seen in all co	onditio	ns except :					
	(1)	Heart Failure	(2)	Complete Heart Block					
	(3)	Severe Aortic Stenosis	(4)	DKA					
73.	In JV	'P "y" descent is caused by :							
	(1)	Atrial Contraction	(2)	Atrial Relaxation					
	(3)	Atrial Filling	(4)	Atrial Emptying					

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74. Absent "a" waves of JVP seen in :

(1) CHB (2) AF (3) VT (4) Acute PE

75. Shape of the left ventricle :

- (1) Triangular (2) Quadrangular (3) Cresent shape (4) Bullet shape
- **76.** Which of the following statement is incorrect ?
 - (1) Superior Vena-Cava has a valve
 - (2) Inferior Vena-Cava has a valve
 - (3) Coronary Sinus has a valve
 - (4) Smooth part of the Right Atrium is derived from Sinus Venosus
- 77. Which of the following statement is incorrect ?
 - (1) Great Cardiac Vein drains in RA
 - (2) Small Cardiac Vein drains in RA
 - (3) Anterior Cardiac Vein drains in RV
 - (4) Thebesian Vein drains in RV

78. Which of the following statement is incorrect ?

- (1) SA node is located at junction of SVC and RA
- (2) AV node is located at the angle of Kochs
- (3) SA node is supplied by LAD
- (4) RBB is supplied by LAD
- **79.** In the radiological examination of the heart :
 - (1) LV enlargement on PA view shows shift of long axis downwards and outwards
 - (2) RV enlargement on PA view shows shift of long axis downwards and outwards
 - (3) RA enlargement causes straightening of Left heart border
 - (4) Right pulmonary artery runs horizontally to the right within mediastinum and is not seen on the frontal view.
- **80.** Correct about RV enlargement is :
 - (1) Shifts left ventricle laterally and upwards
 - (2) Apex is elevated and shifted laterally
 - (3) Obliteration of Retro-Cardiac Space
 - (4) Seen in Mitral stenosis

- 81. Pulmonary Embolism is suspected :
 - (1) In a dyspnoeic patient with RBBB in ECG
 - (2) Low PO2 is a very specific index
 - (3) Normal V/Q scan exclude PE
 - (4) Elevated D dimer are specific for diagnosis

82. KERLEY B LINES :

- (1) Seen in Pulmonary Oedema
- Identified in upper positions of Lungs
- (3) Short Transverse lines
- Thickened Interlobular Septa
- 83. X-Ray findings in Pericardial Effusion :
 - (1) Globular/Pear shaped Heart
 - (2) Acute CP Angles
 - (3) Tredelenberg position-No shift of fluid
 - (4) Echo Scan is the sensitive and specific diagnostic test

(2)

(4)

84. Development of Heart :

- (1) SVC from right common cordinal vein
- (2) SVC is from left common cordinal vein
- (3) IVC is from right viteline vein
- (4) Coronary Sinus is from left horn of sinus venosus

85. Atrial systole :

- (1) Begins with P wave of the ECG
- (2) Coincides with QRS
- (3) The atrio-ventricular valves are closed
- (4) The semi lunar valves are opened

86. Temporary Pacing is Indicated in :

- (1) Hyperkalemia (2) Hypokalemia
- (3) Hypocalcemia (4) Hypercalcemia
- 87. Position II in Pacemaker Naming Code Indicates :
 - (1) Chamber Paced (2) Chamber Sensed
 - (3) Response to Sensing (4) Rate response
- 88. Which of the following is a Physiological Pacemaker ?
 - (1) AAI Pacemaker (2) DDD Pacemaker
 - (3) Both of above (4) None of above

- 89. Raynand's phenomenon is an adverse effect seen with :
 - (1) Alpha channel blockers
- (2) Beta blocker's
- (3) Amiodarone (4) Bretylium

90. Rastelli operation is Indicated in :

- (1) Transposition of Great arteries
- (2) Tetralogy of Failots
- (3) Atrial septal defect
- (4) Ventricular septal defect

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