No. of Printed Pages: 15

MCC-007

## POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

## Term-End Examination

01841

June, 2013

## 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 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.	The prevalence of diabetes in urban population in India above the age of 20 years is :								
	(1)	31.6%	(2)	13.3%		(3)	6.1%	(4)	23.8%
2.	Insu	lin has following	numl	per of amino	acids	s:			
	(1)	51	(2)	31		(3)	20	(4)	56
3.	The	two polypeptide	chain	s in insulin	are lir	nked t	o each other by :		
	(1)	Hydroxyl bonds	s (2)	Carbon		(3)	Bisulfide bonds	(4)	Oxygen
4.	The	total amount of i	nsulin	secreted by	panc	creas p	per 24 hours is :		
	(1)	40-48 units	(2)	10-20 unit	s	(3)	15-25 units	(4)	18-32 units
5.	Non	ı İnsulin Depende	ent Dia	abetes melli	tus ty	pe II l	nas the following	; featur	es except :
	(1)	Obesity			(2)	Insu	lin Resistance		
	(3)	High risk of ket	oacido	osis	(4)	Mos	t common type		
6.	As p	oer data available	in 20	03, the rural	prev	alence	e of diabetes in I	ndia is	:
	(1)	6.3%	(2)	7.2%		(3)	5.3%	(4)	9.4%
7.	Meta	abolic syndrome	consis	ts of the fol	lowin	g abno	ormalities except	::	
	(1)	Hyperinsulinae	mia		(2)	Нур	ertension		
	(3)	Obesity			(4)	Elev	ated HDL		
8.	Нур	perosmolar Non -	ketoti	c Coma has	all th	e follo	owing features e	xcept :	
	(1)	Blood sugar > 6	500 mg	g/dl.	(2)	Keto	sis is rare.		
	(3)	Insulin level is l	ow.		(4)	Gluc	cagon level is not	t high.	
9.	Follo	owing conditions	can le	ead to secon	dary	diabet	es except :		
	(1)	Pancreatitis			(2)	Acro	omegaly		
	(3)	Hypothyroidisn	n		(4)	Beta	blockers		

10.	10. For O'Sullivan criteria for the diagnosis of gestational diabetes mellitus, the blood gives is measured at fasting and the following intervals after glucose ingestion:			G						
	(1)	1,2, and 3 hours	(2)	½, 1 and 1½ hours						
	(3)	1,2 and 4 hours	(4)	½, 2 and 3 hours						
11.	In di	abetics, all the following can lead	to inc	reased hyper coagulability except :						
	(1)	Higher plasminogen activator inhibitor								
	(2)	Lower prostaglandin								
	(3)	Increased VWF								
	(4)	Higher tissue plasminogen activa	tor							
12.	Diab	etic retinopathy has all the followi	ng fea	atures except :						
	(1)	Loss of pericytes	(2)	Microaneurysms						
	(3)	Decreased vascular permeability	(4)	Vitreous haemorrhage						
13.	Нур	oglycaemia, by definition, is when	the bl	ood glucose level is less than :						
	(1)	60mg/dl (2) 70mg/dl		(3) 50mg/dl (4) 65mg/dl						
14.	Diab	etic neuropathy can have all the fo	ollowi	ng except :						
	(1)	Autonomic neuropathy	(2)	Mononeuropathy						
	(3)	Distal motor neuropathy	(4)	Polyneuropathy						
15.	Diab	etic ketoacidosis has all the follow	ing fe	atures except :						
	(1)	Dehydration	(2)	Elevated glucagon						
	(3)	Osmotic diuresis	(4)	Blood pH above 7.5						
16.	Follo	wing are secretogogues except :								
	(1)	Biguanides	(2)	Chlorpropamide						
	(3)	Glipizide	(4)	Gliclazide						

17.	Met	formin has follov	ving e	ffects exce	pt:					
	(1)	Increased gluco	se abs	sorption fr	om gut					
	(2)	Lactic acidosis		•						
	(3)	Glucose output	from	liver is rec	duced					
	(4)	Increased perip	heral	glucose ut	tilisatioi	n				
	<b>T</b> C .	. 1		11						
18.		pacidosis can be p	orecipi	itated by :	(2)					
	(1)	Glucose intake			(2)		umonia			
	(3)	Myocardial Inf	arctio	n	(4)	Trau	ıma			
19.	The	blood volume in	crease	during pr	egnanc	y is (a	verage) :			
	(1)	20%	(2)	50%		(3)	40%	(4)	60%	
20	A 20	Privacle successort		m bas fall	arvina a	andia	a findings .			
20.	A 20	Week pregnant		111 1145 1011	owing t	Latula	c mangs .			
	•	Heart rate 90/1								
	_	Thiral heart son		•	l					
	•	Ejection systolic		-	_	у агеа				
	Tho	Short mid diast		iumiui ai	арех					
		probable diagnos	315 15 .		(2)	A 1	al cantal daf	aat		
	(1)	Mitral stenosis			(2)		al septal def			
	(3)	Normal heart			(4)	ruin	nonary stenc	OS1S		
21.	Card	diac output incre	ases d	uring preg	gnancy	by:				
	(1)	40%	(2)	50%		(3)	60%	(4)	70%	
22.	Folle	owing are true is	n relat	tion to bet	ta-block	er adı	ministration	during pr	egnancy	, and
		ation except :						0.	,	
	(1)	Discontinue bet	ta bloc	kers (BB)	2-3 day	s befo	re delivery			
	(2)	Breast feed wit	hin 3-4	4 hours af	ter BB					
	(3)	Avoid BB in 1st	t trime	ester						
	(4)	Neonates born	to mo	thers on B	B has to	o be m	nonitored for	72 to 96 h	ours	

23.	Follo	Following drug is contraindicated during pregnancy:									
	(1)	Angiotensin Co	nverti	ing Enzyme	e Inhib	pitors					
	(2)	Digitalis									
	(3)	Beta-blocker									
	(4)	Verapamil									
24.		ing pregnancy, sowing lesion:	signifi	cant symp	toms	can be precipitated	in patie	ents with th	ne		
	(1)	Mitral regurgita	ation		(2)	Atrial Septal Defe	ct				
	(3)	Mitral stenosis			(4)	Aortic regurgitation	on				
25.	War	farin can cause sl	kin ne	crosis due	to:		·				
	(1)	Reduced Protei	n C		(2)	Excess protein C					
	(3)	Excess protein S	5		(4)	Extensive thrombo	osis				
26.	Follo	owing antibiotic o	can po	tentiate the	e effec	t of warfarin :					
	(1)	Penicillin			(2)	Erythromycin					
	(3)	Doxycycline			(4)	Cephalosporins					
27.	Follo	Following drugs are phosphodiesterase type III enzyme inhibitors except :									
	(1)	Amrinone			(2)	Milrinone					
	(3)	Digitalis			(4)	Vesnarinone					
28.	Hyp Hg)		nancy	is diagnose	ed if tl	ne blood pressure is	more tha	nn (in mm o	of		
	(1)	140/90	(2)	150/90		(3) 130/90	(4)	125/85			
29.	Follo	owing is a potass	ium sp	paring diur	etic :						
	(1)	Metalozone			(2)	Ethacrynic acid					
	(3)	Torsemide			(4)	Amiloride					

30.	Chronic hypertension in pregnancy has following features compared to pre-eclampsia except :									
	(1)	Occurs in older women > 30 years of age.								
	(2)	Multipara.								
	(3)	Proteinuria is common.								
	(4)	LVH is more common.								
31.	Of the following drugs, the one which does not cross placenta is :									
	(1) Angiotensin converting enzyme inhibitors									
	(2)	Coumarines								
	(3)	(3) Heparin (unfractionated)								
	(4)	Adenosin								
32.	The	maternal mortality in Primary Pulmonary Arterial Hypertension is :								
	(1)	50-60% (2) 40-45% (3) 45-50% (4) 35-40%								
33.	All f	he following statements are true in relation to B-type Natriuretic Peptide except :								
	(1)	Reduce preload								
	(2)	Cause rennin release								
	(3)	Reduce afterload								
	(4)	Reduce sodium reabsorption in proximal convoluted tubules								
34.	The	diagnosis of heart failure is highly likely if BNP level is :								
	(1)	> 50  pg/ml (2) $> 200  pg/ml$								
	(3)	> 150  pg/ml (4) $> 100  pg/ml$								
35.	Preg	nancy can have all the following effects on mitral stenosis patient except :								
	(1)	Increase in transmitral gradient								
	(2)	Increase in LA size and pressure								
	(3)	Worsening symptoms								
	(4)	Increase in blood pressure								

<b>36.</b> In the treatment of mitral stenosis in a pregnant woman, all the following are except:												
	(1)	(1) Beta blockers										
	(2)	(2) Diuretics										
	(3)	(3) Digoxin in patients of AF										
	(4)	BMC in 1st trimester	•									
37.	Termination of pregnancy is recommended for the following except :											
	(1)	(1) Eisenmenger's syndrome										
	(2) Primary Pulmonary Hypertension											
	(3) Marfan's syndrome with dilated aorta of > 40mm											
	(4) Mitral stenosis											
38.	Dee	venous thrombosis can be diagnosed by all the following except :										
	(1) Venous ultrasound											
	(2)	Plethysmography										
	(3)	Computed tomography										
	(4)	Magnetic resonance venography										
39.	All t	the following are correct for D- dime	er except :									
	(1)	Fibrin specific degradation produc	rt									
	(2)	Has high positive predictive value	for pulmonary embolism									
	(3)	Elevated in pulmonary embolism										
•	(4)	Elevated in Deep Venous thrombo	sis									
40.		e clinical symptoms of Primary pulm	onary arterial hypertension are the following									
	(1)	Exertional syncope (2)	Angina									
	(3)	Exertional dyspnoea (4)	Paroxysmal Nocturnal Dyspnoea									

41.	The	least specific investigation for pul	monai	y embolism is :							
	(1)	Pulmonary Angiogram									
	(2)	) Spiral CT									
	(3)	(3) CT Pulmonary Angiography									
	(4)	Magnetic Resonance Pulmonary	/ Angi	ography							
42.	Follo	Following drugs are useful in treating pulmonary Arterial Hypertension except :									
	(1)	Epoprostenol									
	(2)	3- Phospho - diesterase inhibitor	·s								
	(3)	5- phospho-diesterase are inhibi	tors								
	(4)	Bosentan									
43.	Vigo	prous diuresis in chronic obstructi	ve pul	monary disease can lead to :							
	(1)	Acidosis	(2)	Alkalosis							
	(3)	Left heart failure	(4)	Hypoxaemia							
44.	Causes of corpulmonale are the following except :										
	(1)	Chronic bronchitis	(2)	Emphysema							
	(3)	Sleep apnoea	(4)	Bronchial Asthma							
<b>4</b> 5.	The median survival for Primary Pulmonary Arterial Hypertension patients with NYHA class IV symptoms is :										
	(1)	1 year	(2)	6 months							
	(3)	2 years	(4)	3 months							
46.	The	release of preformed insulin from	beta c	rells occurs as a result of :							
	(1)	Influx of Ca <sup>++</sup> ions into beta cell	s								
	(2)	Influx of Na <sup>+</sup> ions into beta cells									
	(3)	Glucokinase enzymatic activity									
	(4)	Entry of glucose into beta cells									

47.	Mat	Maturity Onset Diabetes of the Young (MODY) mode of inheritance is :								
	(1)	Autosomal dominent	(2)	Autosomal recessive						
	(3)	Sex linked recessive	(4)	Sex linked dominent						
48.		O criteria for gestational diabete	es is bloc	od glucose level at 2 hours post 75 gms of						
	(1)	> 200 mg/dl	(2)	> 150 mg/dl						
	(3)	> 140 mg/dl	(4)	> 126 mg/dl						
49.	Con	npared to non-diabetics, in a dia	betic the	frequency of hypertension is:						
	(1)	Thrice	(2)	Twice						
	(3)	Equal to	(4)	Four times						
50.	In u	ncontrolled diabetics, glycosylat	ion of th	ne following molecules can occur except :						
	(1)	LDL	(2)	Haemoglobin						
	(3)	Albumin	(4)	Globulin						
51.	Non	Non proliferative diabetic retinopathy has all the following except :								
	(1)	Microaneurysms	(2)	Haemorrhages						
	(3)	Cotton wool spots	(4)	Soft exudates						
52.	Idea	Ideal fibre content of the food per day is :								
	(1)	> 100 gms	(2)	60-80 gms						
	(3)	30-40 gms	(4)	20-30 gms						
53.	The	The dietary requirement in diabetic pregnant woman must be as follows except:								
	(1)	Carbohydrates 55 - 60% of cal	ories	•						
	(2)	Proteins 1.5 gm/kg body weig	tht							
	(3)	Fats 25 - 30%calories								
	(4)	Calorie requirement 25 kcals/l	kg body	wt						

54.	Ave	erage increase in heart rate during	pregn	ancy is :							
	(1)	10-20 bpm	(2)	20-30 bpm							
	(3)	5-10 bpm	(4)	15-25 bpm							
55.		The reduction in systemic vascular resistance during pregnancy is due to the following except:									
	(1)	Gestational hormones									
	(2)	Decreased prostaglandins									
	(3)	Increased heat production by fo	etus								
	(4)	Low resistance placental circula									
56.	The	risk of warfarin embryopathy for	foetus	ses whose mothers are on warfarin is :							
	(1)	20-30%	(2)	11-15%							
	(3)	4-10%	(4)	60-67%							
57.	Amrinone is an inotropic agent of the category :										
	(1)	Glycoside	(2)	Adrenergic agonist							
	(3)	5 phospho-diesterase inhibitor	(4)	3-phospho diesterase inhibitor							
58.	The frequency of hypertension in pregnant woman is :										
	(1)	6 %	(2)	10%							
	(3)	15%	(4)	20 %							
59.	Нур	perosmolar non ketotic coma (HON	JK) ca	rries a mortality risk of :							
	(1)	50%	(2)	40%							
	(3)	35%	(4)	25 %							
60.	HOI	NK occurs most likely in the follov	ving si	ituations :							
	(1)	Young patients	(2)	After cerebro-vascular accident							
	(3)	Diuretic treatment	(4)	Phenytoin treatment							
61.	HEL	LP syndrome has all the following	g featu	ires except :							
	(1)	Hemolysis	(2)	High platelet count							
	(3)	Elevated liver enzymes	(4)	Grave prognosis							

62.	The	The following heart lesion is well tolerated during pregnancy :					
	(1)	Primary pulmonary arterial hypertension					
	(2)	Marfan's syndrome with aortic dilatation					
	(3)	Aortic regurgitation					
	(4)	Mitral stenosis					
ć <b>3</b>	T 11		,				
63.		owing statements are true for low	molec	cular weight heparin except :			
	(1)	Crosses placenta					
	(2)	Low incidence of thrombocytops	aenia				
	(3)	Low incidence of osteoporosis					
	(4)	Superior bioavailability					
64.	The	dyslipidaemia of diabetics has the	follov	ving features except :			
	(1)	Large LDL particles	(2)	Low HDL			
	(3)	Elevated triglycerides	(4)	Small and dense LDL			
65.	Ank	le / Brachial Index in a normal inc	dividu	al is:			
	(1)	0.5 - 0.75	(2)	0.75 - 0.8			
	(3)	>1.0	(4)	<0.5			
66.	Micr	ocirculation in diabetics have the	follow	ring functional disturbance except :			
	(1)	Increased coagulability	(2)	Increased permeability			
	(3)	Increased action of nitric oxide	(4)	Decreased microcirculatory floor			
67.	Cata	ract is more frequent in diabetics of	compa	ared to non-diabetics by :			
	(1)	2.0 times	(2)	1.6 times			
	(3)	3.0 times	(4)	4.0 times			

68.	Afte	r macroproteinuria sets in, the time	gap f	for development of end stage renal failure					
	in a	diabetic is:							
	(1)	10 yrs.	(2)	< 5 yrs.					
	(3)	5-7 yrs.	(4)	2-3 yrs.					
69.	Ang		hibito	ors can reduce micro-albuminumia by					
	(1)	Preferential efferent arteriolar dil	atatio	n					
	(2)	2) Preferential afferent arteriolar dilation							
	(3)	(3) Both efferent and afferent arteriolar dilatation							
	(4)	Efferent arteriolar constriction							
70.	The	anti-hypertensive of choice in a dia	betic	is :					
	(1)	Diuretics	(2)	ACEI					
	(3)	Beta blocker	(4)	Calcium channel blocker					
71.	The	following agents can damage kidn	ey ex	cept:					
	(1)	Contrast Agents	(2)	NSAIDs					
	(3)	Aminoglycosides	(4)	Penicillin					
72.	Perip	partum cardiomyopathy has all the	e featu	ıres except :					
	(1)								
	(2)	Can occur upto 5 months after de	livery	<b>Y</b>					
	(3)								
	(4)	No demonstrable cause for heart	failur	e					
73.	Perip	partum cardiomyopathy is more co	mmo	n in the following except :					
	(1)	Twin pregnancy	(2)	Multiparas					
	(3)	Older women	(4)	Primipara					

74.	Peri	partum cardiomyopathy patients h	nave a	complete recovery possibility of :						
	(1)	50-60%	(2)	20-25%						
	(3)	80-90%	(4)	0-10%						
75.	Prec	cipitating factors for venous throm	bosis a	are the following except :						
	(1)	Immobilisation	(2)	Obesity						
	(3)	Oral contraceptives	(4)	Younge age						
76.	Follo	owing findings indicate possibility	of pu	lmonary embolism except :						
	(1)	Acute dyspnoea	(2)	Acute LVF						
	(3)	Acute shock	(4)	Pulmonary arterial hypertension						
77.	Pulr	monary embolism can be diagnosed	d fron	n ventilation perfusion lung scan from :						
	(1)	1) Normal ventilation, normal perfusion								
	(2)	Reduced ventilation, reduced perfusion								
	(3)	Normal ventilation, reduced perfusion								
	(4)	Reduced ventilation, normal per	fusion							
78.	In pulmonary embolism, thrombolytic therapy is indicated in all the following situations except:									
	(1)	Massive pulmonary embolism (P	E)							
	(2)									
	(3)									
	(4)	Stable PE without RV dysfunction		• ·						
79.	ECC	G features of pulmonary arterial hy	pertei	nsion are the following except :						
	(1)	Right atrial enlargement								
	(2)	Right ventricular hypertrophy								
	(3)	Left atrial enlargement								
	(4)	ST-T changes in right precordial	leads							

80.	Primary pulmonary arterial hypertension has the following characteristics except :							
	(1)	Seen in young patients	(2)	Com	nmonly in Females			
	(3)	No cause	(4)	Com	nmonly in males			
81.	Treatment of Chronic Obstructive Pulmonary Disease are all the following except							
	(1)	O <sub>2</sub> therapy	(2)	Bror	nchodilators			
	(3)	Sildenafil	(4)	Beta	blockers			
82.	Chronic obstructive pulmonary disease patients can have following features except :							
	(1)	Hypoxaemia	(2)	Acid	losis			
	(3)	Polycythemia	(4)	Alka	alosis			
83.	In patient with Pulmonary Arterial Hypertension and Differential Cyanosis, the diagnosis is :							
	(1)	VSD - Eisenmenger						
	(2)	2) PDA - Eisenmenger						
	(3) Primary Pulmonary Arterial Hypertension							
	(4)	4) ASD-Eisenmenger						
84.	Dule	manany Antony Wadaa Dhacasha wii	l bo o	ovata	d in .			
04.		Pulmonary Artery Wedge Pressure will be elevated in:						
	(1)							
	, -	<ul><li>(3) Primary Pulmonary Arterial Hypertension</li><li>(4) Thrombo-embolic PAH</li></ul>						
	(4)	rigompo-embone i zur						
85.	In patient with Eisenmenger syndrome with split $S_2$ , the most probable underlying lesion is :							
	(1)	VSD		(2)	PDA			
	(3)	ASD		(4)	AP window			

86.	In primary Pulmonary Arterial Hypertension the most important finding in Jugular Venous Pulse is :						
	(1)	Prominent V wave	(2)	Sharp y descent			
	(3)	Prominent A wave	(4)	Absent A wave			
87.	The Pulmonary embolism can occur in all the following except:						
	(1)	Tricuspid valve infective endocarditis					
	(2)	Amniotic fluid embolism					
	(3)	Left atrial myxoma					
	(4)	Venous thromboembolism					
88.	Deep venous thrombosis can be prevented by :						
	(1)	Compression stockings					
	(2)	(2) Late mobilisation					
	(3)	(3) Prophylactic low molecular weight heparin					
	(4)	Early physiotherapy					
89.	The prophylactic dose of Enoxaparin to prevent deep venious thrombosis is :						
	(1)	1 mg /kg BD	(2)	1.5 mg / kg			
	(3)	5000 units	(4)	30 mg BD			
90.	Dabigatran is:						
	(1)	Oral anticoagulant	(2)	Antibiotic			
	(3)	Thrombolytic Agent	(4)	Antiplatelet agent.			