

NAME – ASHUTOSH THAKUR GROUP- 1 (A)

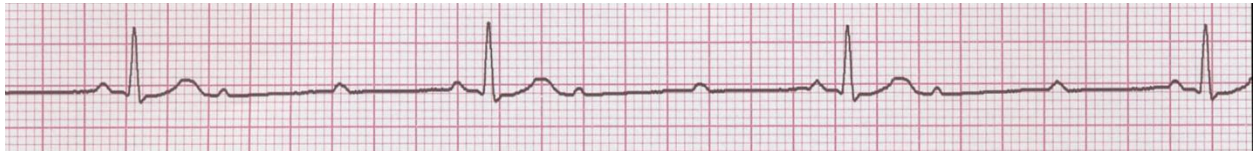
ANSWERS ARE MARKED WITH RED COLOUR

CARDIOVASCULAR MCQS

1) What two disease states does the S4 heart sound most commonly indicate?

- A. Diastolic congestive heart failure and myocardial ischemia
- B. Systolic congestive heart failure and atrial fibrillation
- C. Diastolic congestive heart failure and cardiac tamponade
- Systolic congestive heart failure and myocardial ischemia

2) the below ECG indicates which condition?



- A. 2nd Degree AV Block, Type II
- B. 2nd Degree AV Block, Type I
- C. 1st Degree AV Block
- D. 3rd Degree AV Block

3) which of the following is NOT correct about 3rd degree AV block

- A. There is complete block of conduction in the AV junction, so the atria and ventricles form impulses independently of each other.
- B. Without impulses from the atria, the ventricles own intrinsic pacemaker kicks in at around 30 - 45 beats/minute.
- C. When an impulse originates in a ventricle, conduction through the ventricles will be inefficient and the QRS will be wide and bizarre
- D. P waves are followed by QRS complex

4) SA node can generate how many heart beats

- A. 60 TO 100
- B. 40 TO 60
- C. 20 TO 45

D. 50 TO 60

5) what is wrong about ventricular fibrillation

- A. there is cardiac output
- B. no organized electrical activity
- C. fires continuously from multiple foci
- D. rhythms usually regular.

6) which of the following is wrong about S4?

- A. occurs just before S1 in the late diastole
- B. It is caused by decreased compliance or increased stiffness of the ventricular myocardium
- C. it is almost always pathological.
- D. Combined with the normal heart sounds produces a "triple rhythm" or "gallop" rhythm

7) from the diaphragm of stethoscope we can hear the following except?

- A. relatively high-pitched sounds of S1 and S2
- B. the murmurs of aortic and mitral regurgitation
- C. pericardial friction rubs
- D. the low-pitched sounds of S3 and S4 and the murmur of mitral stenosis

8) except these which of the following are not the non-modifiable risk factors for CAD?

- A. AGE
- B. GENDER
- C. FAMILY HISTORY
- D. HYPERTENSION

9) which of the following is incorrect about heart murmur

- A. They are attributed to turbulent blood flow

B. Since the carotid upstroke always occurs in systole immediately after S1, sounds or murmurs coinciding with the upstroke are systolic; sounds or murmurs following the carotid upstroke are diastolic

C. Palpation of the carotid artery during auscultation is not an invaluable aid to the timing of sounds and murmurs.

D. usually diagnostic of valvular heart disease.

10) Which of the following is correct about diastolic murmur?

A. Low-pitched diastolic rumble most prominent at the apex

B. Heard best with the patient lying on the left side in held expiration

C. Intensity of the diastolic murmur correlate with the severity of the stenosis

D. both A and B

PULMONARY SYSTEM MCQ

1) Pleural effusion associated with pulmonary embolism can be:

A. An exudates

B. A transudate

C. Bloody

D. All of the above

2) Pleural effusion associated with pulmonary embolism can be:

A. An exudate

B. A transudate

C. Bloody

D. All of the above

3) which of the following is wrong about crackles?

a. intermittent, non musical and brief.

b. like dots in time

c. sinusoidal and prolonged

d. like dashes in time

4) which of the following is correct about vesicular sound

a. soft/low

b. loud/heigh

c. veryloud/heigh

d. medium/medium

5) which of the follow statement is false

a. rapid shallow breathing Is called tachypnea

b. rapid deep breathing os called hyperpnea

c. slow breathing is called tachypnea

d. a and b

6) which of the following statement is correct about pleural effusion

a. The accumulation of serous fluid within the pleural space is termed pleural effusion

b. Breathlessness is the only symptom related to the effusion itself

c. . CT displays pleural abnormalities more readily than either plain radiography or ultrasound, and may distinguish benign from malignant pleural disease.

D. all if the above

7) which of the following is incorrect about pulmonary effusion?

a. Therapeutic aspiration may be required to palliate breathlessness

b. removing more than 1.5 L in one episode is advisable

c. An effusion should never be drained to dryness before establishing a diagnosis

d. biopsy may be precluded until further fluid accumulates.

8) which diagnostic method diagnose benign from malignant pleural disease

a. CT

B. X RAY

C. ULTRASOUND

D. MRI

9) which diagnostic method provide conformation for pneumonia ?

a. xray

b. CT

c. MRI

d. none of the above

10) In lab test finding of pneumonia we cannot see which of the following?

e. The C-reactive protein (CRP) is typically reduced.

f. A very high ($> 20 \times 10^9/l$) or low ($< 4 \times 10^9/l$) white cell count may be seen in severe pneumonia.

g. The white cell count may be normal or only marginally raised in pneumonia

h. b and c