МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ

УТВЕРЖДАЮ

Ректор ММУ

_____С.Ш. Тойматов

«____» _____2021г.

РАБОЧАЯ ПРОГРАММА ГОСУДАРСТВЕННОГО АТТЕСТАЦИОННОГО МЕЖДИСЦИПЛИНАРНОГО КОМПЛЕКСНОГО ЭКЗАМЕНА: ТЕРАПИЯ (ВНУТРЕННИЕ БОЛЕЗНИ)

Для выпускников 5 курса лечебного факультета

Специальность 560001 «Лечебное дело»

Программа рассмотрена на заседании кафедры
«Внутренней болезни и семейной медицины»
протокол № «___»_____

Зав. кафедрой «Внутренней болезни
и семейной медицины»

Программа государственной итоговой аттестации
одобрена учебно -методической комиссией факультета
«Лечебное дело» протокол № от _____ 2021 г.
Председатель УМС

Программа

к Государственной аттестации студентов факультета «Лечебное дело» ММУ

по предмету «ВНУТРЕННИЕ БОЛЕЗНИ»

1. Внутренние болезни.

Внутренние болезни (терапия, внутренняя медицина) — область медицины, занимающаяся проблемами этиологии, патогенеза и клинических проявлений заболеваний внутренних органов, их диагностики, нехирургического лечения, профилактики и реабилитации. К сфере терапии относятся заболевания дыхательной системы (пульмонология), сердечно-сосудистой системы (кардиология), желудочно-кишечного тракта (гастроэнтерология), мочевыделительной системы (нефрология), соединительной ткани (ревматология) и др. Врачи, занимающиеся нехирургическим лечением внутренних болезней, называются терапевтами (интернистами).

2. Терапевтическая тактика

Для эффективного лечения требуется правильная диагностика, основанная на систематическом обследовании пациента, анализе анамнеза, жалоб и объективных признаков заболевания (выявляемых при физикальном обследовании — осмотре, пальпации, перкуссии, аускультации, а также с помощью рутинных лабораторно-инструментальных методов). Выявленные признаки (симптомы) заболевания терапевт объединяет в синдромы (совокупность симптомов, имеющих единый патогенез), на основании которых делает заключение о предполагаемом заболевании. В случае невозможности сделать однозначный вывод об имеющемся заболевании, проводится дифференциальная диагностика нескольких схожих заболеваний с выполнением дополнительных лабораторных и инструментальных исследований. В

некоторых сложных для диагностики клинических случаях назначается пробное лечение, позволяющее поставить так называемый лат. diagnosis ex juvantibus (диагноз, основанный на оценке результатов проведённого лечения). После постановки диагноза терапевт назначает лечение. Применяются нелекарственные методы лечения (соблюдение режима труда и быта, питания), лекарственное и физиотерапевтическое лечение, санаторно-курортное лечение.

3. Разделы терапии и её интегративная функция

В современной медицинской науке имеется тенденция к повышению уровня специализации и дроблению клинической медицины на узкоспециализированные (чаще по органному принципу) разделы. Разделами внутренних болезней являются:

- гастроэнтерология — заболевания желудочно-кишечного тракта
- пульмонология — заболевания лёгких
- гепатология — заболевания печени
- нефрология — заболевания почек
- кардиология — заболевания сердечно-сосудистой системы
- гематология — заболевания крови и кроветворных органов
- ревматология — заболевания соединительной ткани
- инфекционные заболевания — заболевания, вызываемые болезнетворными микроорганизмами
- эндокринология — заболевания эндокринной системы
- гериатрия — терапия пожилых пациентов
- спортивная медицина — патологические изменения, возникающие при занятиях спортом

Параллельно с дифференциацией научных знаний по внутренним болезням, возрастает роль этого раздела медицины в интеграции научных исследований с общетерапевтической подготовкой врача. Параллельность процессов дифференциации и интеграции научных знаний способствуют формированию тесных связей с рядом естественных и технических наук (биологией, физиологией, физикой, химией и т. д.), что позволяет внедрять в клиническую практику новейшие высокотехнологичные методы обследования пациентов (эндоскопию, мониторное наблюдение, компьютерную, позитронно-эмиссионную и магнитно-резонансную томограф ию и др.).

МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ

INTERNATIONAL MEDICAL UNIVERSITY

Для англоговорящих групп

For English-speaking groups

QUESTIONS FOR THE STATE EXAM

THERAPY

1. Give the description of «facies nephritica»:

A) A face is bloated, cyanotic; sharp swelling of veins of the neck, marked cyanosis and neck edema is observed

B) Marked cyanosis of lips, a nose tip, a chin, ears and cyanotic blush of cheeks is observed

C) A face is deathly pale with a grayish shade, eyes are sunken, the nose is pinched, there are drops of profuse sweat on a forehead

D) A face is bloated, pale, there are swollen eyelids and edema under eyes, the eye-slits are narrow

I) A face is bloated, yellowish and pale with marked cyanotic shade, a mouth is constantly half-opened, lips are cyanotic, eyes are sticking together and dim.

2. What is the reason of occurrence of pleural rub murmur?

A) Small amount of an exsudate or transudate in alveoluses

B) Inflammation of pleura leaves («dry» pleurisy)

C) Alveoluses are completely filled by exsudate or transudate

D) Viscous sputum in large bronchi

E) Viscous sputum in fine bronchi and (or) their spasm.

3. What percussion sound occurres at the initial stage of an inflammation?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

4. Choose the most correct conclusion for the data of a palpation – the expressed cardiac beat and epigastric pulsation:

A) Hypertrophy of the left ventricle without its expressed dilatation

B) Hypertrophy and dilatation of the left ventricle

C) Hypertrophy and dilatation of the right ventricle

D) Adnation of pericardium leaves (adhesive pericarditis)

E) Postinfarction aneurysm of the front wall of the left ventricle.

5. Specify the most typical changes of a thorax at the obturative atelectasis:

A) Reduction of half of thorax, its retraction and backlog in breath

B) Backlog in breath, enlargement of half of thorax and deletion of intercostal spaces

C) Only backlog of half of thorax in breath

D) Hypersthenic chest

E) Enlargement of front-back and transverse sizes of a thorax, indrawing of intercostal spaces in lower- lateral portions from both sides.

6. Explain the reason of decrease of the skin turgor, revealed at the general survey:

A) Hemorrhagic syndrome

B) Organism dehydration

C) Hyperestrogenemia

D) Sideropenic syndrome

E) Disturbance of synthetic function of a liver.

7. Specify the most typical changes of a thorax at inflammatory consolidation of a lung lobe:

A) Reduction of a half of thorax, its retraction and backlog in breath.

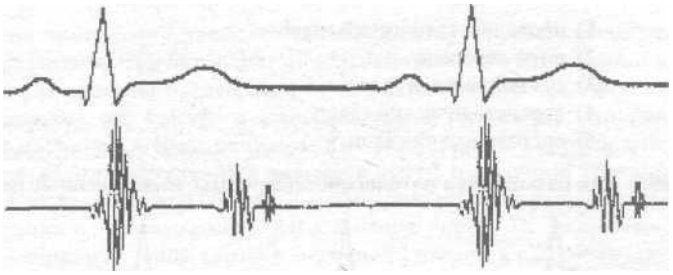
B) Backlog in breath, enlargement of half of thorax and deletion of intercostal spaces

C) Only backlog of half of thorax in breath

D) Hypersthenic chest

E) Enlargement of front-back and transverse sizes of a thorax, indrawing of intercostal spaces in lower- lateral portions from both sides.

8. How are the pathological rhythms, represented on cardiophonography, called?



A) Protodiastolic “gallop”

B) “Quail” rhythm

C) Summatic “gallop”

D) Presystolic “gallop”

E) Systolic “gallop”

9. What methods can reveal a dilatation of ventricles? a) heart palpation; b) heart percussion; c) ECG; d) EchoCG. Choose a correct combination of answers:

A) a,c,d

B) b,d

C) c,d

D) a,b,c,d

E) a,b,d.

10. Specify the most typical changes of a thorax at the closed pheumothorax:

A) Reduction of a half of thorax, its retraction and backlog in breath

B) Backlog in breath, enlargement of half of thorax and deletion of intercostal spaces

C) Only backlog of half of thorax in breath

D) Hypersthenic chest

E) Enlargement of front-back and transverse sizes of a thorax, indrawing of intercostal spaces in lower- lateral portions from both sides.

11. The patient has daily fluctuations of body temperature from 37,0C up to 39,0C. Specify the type of temperature curve:

A) febris intermittens

B) febris remittens

C) febris hectica

D) febris continua

E) febris reccurens.

12. Explain the reason of concave nail, revealed at the general survey:

A) Hemorrhagic syndrome

B) Organism dehydration

C) Hyperestrogenemia

D) Sideropenic syndrome

E) Disturbance of synthetic function of a liver.

13. Give the description of "Korvizar's face"

A) A face is bloated, cyanotic; sharp swelling of the neck veins, marked cyanosis and neck edema is observed

B) Marked cyanosis of lips, a nose tip, a chin, ears and cyanotic blush of cheeks is observed

C) A face is deathly pale with a grayish shade, eyes are sunken, the nose is pinched, there are drops of profuse sweat on a forehead

D) A face is bloated, pale, there is edema under eyes and swollen eyelids, the eye-slits are narrow

E) A face is bloated, yellowish and pale with marked cyanotic shade, a mouth is constantly half-opened, lips are cyanotic, eyes are sticking together and dim.

14. What basic respiratory murmur is most often sounded at narrowing of small bronchi?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

15. Specify the most typical changes of a thorax at the fibrothorax (fusion of a pleural cavity):

A) Reduction of a half of thorax, its retraction and backlog in breath.

B) Backlog in breath, enlargement of half of thorax and deletion of intercostal spaces

C) Only backlog of half of thorax in breath

D) Hypersthenic chest

E) Enlargement of front-back and transverse sizes of a thorax, indrawing of intercostal spaces in lower- lateral portions from both sides.

16. Explain the reason of symptoms of "Vascular asterisks" and "Hepatic palms", revealed at the general survey:

A) Hemorrhagic syndrome

B) Organism dehydration

C) Hyperestrogenemia

D) Sideropenic syndrome

E) Disturbance of synthetic function of a liver.

17. What basic respiratory murmur is most often listened at initial stage of lobar (croupous) pneumonia?

A) Weakened vesicular respiration and crepetacio indux

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

18. What kind of dyspnea is the most typical at spasms of small bronchi?

A) Stridulous respiration

B) Expiratory dyspnea

C) Kussmaul respiration or Cheyne-Stokes respiration

D) Cheyne-Stokes respiration or Biot's respiration

E) Inspiratory dyspnea.

19. What is the reason of moist fine bubbling non-sonorous rales?

A) Viscous sputum in large bronchi

B) Viscous sputum in fine bronchi and (or) their spasm

C) Liquid sputum in large bronchi or cavities, linked with a bronchus

D) Liquid sputum in small bronchi at kept airiness of a surrounding pulmonary tissue

E) Liquid sputum in small bronchi and inflammatory consolidation of a surrounding pulmonary tissue.

20. Give the description of "Hippocratic face"

A) A face is bloated, cyanotic; sharp swelling of veins of the neck, marked cianosis and neck edema is observed

B) Marked cyanosis of lips, nose tip, a chin, ears and cyanotic blush of cheeks is observed

C) A face is deathly pale with a grayish shade, eyes are sunken, the nose is pinched, there are drops of profuse sweat on a forehead

D) A face is bloated, pale, there are edemas under eyes and swollen eyelids, the eye-slits are narrow

E) A face is bloated, yellowish and pale with marked cyanotic shade, a mouth is constantly half-opened, lips are cyanotic, eyes are sticking together and dim.

21. What basic respiratory murmur is most often listened at the closed pheumothorax?

A) Weakened vesicular respiration and crepetacio indux

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

22. The patient has daily fluctuations of body temperature from 36,6C up to 40,2C.The rise in temperature is preceded by strong chill; the fall in temperature is accompanied by exhausting sweating.Define the type of temperature curve:

A) febris intermittens

B) febris continua

C) febris remittens

D) febris reccurens

E) febris hectic.

23. The Kurvuaze symptom can occur at:

A) Cirrhosis of the liver

B) Cancer of the liver

C) Cancer of the pancreas head

D) Chronic cholangitis

E) Chronic hepatitis.

24. What is the reason of dry buzzing (humming) rales?

A) Small amount of exsudate or transudate in alveoluses

B) Inflammation of pleura leaves («dry» pleurisy)

C) Alveoluses are completely filled by exsudate or transudate

D) Viscous bronchial secret in large bronchi

E) Viscous bronchial secret in fine bronchi and (or) their spasm.

25. What kind of dyspnea is most typical at reduction of sensitivity of the respiratory center due to primary lesions of brain (insult, wet brain, agony)?

A) Stridulous respiration

B) Expiratory dyspnea

C) Kussmaul respiration or Cheyne-Stokes respiration

D) Cheyne-Stokes respiration or Biot's respiration

E) Inspiratory dyspnea.

26. What main respiratory murmur is most often sounded at compression atelectasis?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

27. What does the urine analysis represent according to Nechiporenko? Definition of quantity of leucocytes, erythrocytes and casts, excreted with urine:

A) For days

B) In an hour

C) For a minute

D) Definition of quantity of urine, excreted for a minute

E) In 1 ml of urine.

28. Give the description of Stoke's collar:

A) A face is bloated, cyanotic; sharp swelling of veins of the neck, marked cianosis and neck edema is observed

B) Marked cyanosis of lips, a nose tip, a chin, ears and cyanotic blush of cheeks is observed

C) A face is deathly pale with a grayish shade, eyes are sunken, the nose is pinched, there are drops of profuse sweat on a forehead.

D) A face is bloated, pale, there are edemas under eyes and swollen eyelids, the eye-slits are narrow.

E) A face is bloated, yellowish and pale with marked cyanotic shade, a mouth is constantly half-opened, lips are cyanotic, eyes are sticking together and dim.

29. What methods can reveal the hypertrophy of myocardium of auricles? a)Heart palpation; b) Heart percussion; c) ECG; d) EchoCG. Choose the correct combination of answers:

A) a,c,d

B) b,d

C) c,d

D) a,b,c,d

E) a,b,d.

30. What changes are typical for Kurvuaze's symptom?

A) Enlarged, painless, elastic and mobile gallbladder when the patient has a mechanical icterus.

B) Enlarged, painless, elastic gallbladder, absence of icterus.

C) Mechanical icterus, gallbladder is not enlarged, there is tenderness in Shoffar's zone.

31. What kind of dyspnea is the most typical at reduction of sensitivity of the respiratory center due to toxic influences on central nervous system?

A) Stridulous respiration

B) Expiratory dyspnea

C) Kussmaul respiration or Cheyne-Stokes respiration

D) Cheyne-Stokes respiration or Biot's respiration

E) Inspiratory dyspnea.

32. What percussion sound occurs at the compression atelectasis?

A)Dull or blunted sound

B)The clear pulmonary sound

C) The tympanic sound

D)Dullness with a tympanic shade

E)The bandbox sound

33.Explain the origin of gynecomastia for male patients, revealed at general survey:

A) Hemorrhagic syndrome

B) Organism dehydration

C) Hyperestrogenemia

D) Sideropenic syndrome

E) Disturbance of synthetic function of a liver.

34. What main respiratory murmur is most often sounded at obstructive atelectasis?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

35. Give the definition of the following murmur. The patient has a mitral stenosis with signs of expressed pulmonary arterial hypertension, in II-IV intercostal space the soft murmur is sounded to the left of breastbone beginning right after the II heart sound.

A) Phlint's murmur.

B) Murmur of whirligig

C) Kumb's murmur

D) Graham-Stills murmur.

36. The megalocytes, megaloblasts, "Kebot's rings", "Jolly's corpuscles" are observed at:

A) Acute posthemorrhagic anemia.
B) A chronic aciderotic anemia.
C) B12- deficiency anemia.
D) Vakez's disease.

37. The right cardiac border of relative dullness is formed by:

A) Right auricle

B) Right ventricle

C) Left ventricle

D) Ear of the right auricle and conus pulmonalis

E) Aorta (ascending part).

38. What is the reason of splashing sound in epigastrium, revealed in 5-6 hours after food taking:

A) The symptom is considered to be normal.

B) There is a free fluid in the abdominal cavity.

C) There is a pyloric stenosis.

D) There is a big quantity of gases in the large intestine (meteorism when the patient has colitis)

E) There is an accumulation of liquid and gases in the large intestine (for example, when the patient has acute enteritis).

39. What percussion sound occurs at the pulmonary emphysema?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

40. Explain the origin of angular stomatitis and skin fissures, revealed at the general survey:

A)Hemorrhagic syndrome

B) Organism dehydration

C) Hyperestrogenemia

D) Sideropenic syndrome

E) Disturbance of synthetic function of a liver.

41. Specify the most typical changes of thorax at the pulmonary emphysema:

A) Reduction of a half of thorax, its retraction and backlog in breath.

B) Backlog in breath, enlargement of half of thorax and deletion of intercostal spaces.

C) Only backlog of half of thorax in breath.

D) Hypersthenic chest.

E) Enlargement of front-back and transverse sizes of a thorax, indrawing of intercostal spaces in lower- lateral portions from both sides.

42. What cardiac defect reveals the following changes of borders of relative heart dullness: the right border is 3 sm to the right of the sternum edge, the left is 1 sm medial to the left mid-clavicular line, the upper is along the upper edge of the II rib.

A) Mitral stenosis

B) Mitral incompetence

C) Tricuspid valve incompetence

D)Aortal valvular diseases

E) Norm

43. A carrier of soaked up iron is:

A) Ferritin

B) Hemosiderin

C) Transferrin

D) Catalase

E) Peroxidase

44. What method of research allows to examine a mucosa of rectum?

A) Esophagogastroduodenoscopy

B) Proctosigmoidoscopy

C) Laparoscopy

D) Bronchoscopy

E) Thoracoscopy.

45. Edema at liver cirrhosis can be the result of:

A) Increase of protein content in blood serum

B) Increase of hyaluronidical activity in blood serum

C) Reduction of content of albumins in blood

D) Reduction of quantity of aldosteron in blood serum

E) Increase of content of bilirubin in blood.

46. What is a hypoglycemia?

A) Increase of level of glucose in blood

B) Reduction of level of glucose in blood

C) A normal level of glucose in blood

D) Reduction of level of insulin in blood.

47. What percussion sound occurs at the dry pleurisy?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

48. What main respiratory murmur is most often sounded at fusion of the pleural cavity?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

49. Will the colour of skin change when the patient has severe right-ventricular cardiac insufficiency with expressed anemia (Hb is 50 gr/l)

A) Paleness of skin and moderate cyanosis will occur.

B) Paleness of skin and expressed cyanosis will occur.

C) Paleness of skin will occur, but the cyanosis won't occur.

D) The colour of skin won't change.

E) Paleness of skin and cyanotic blush of cheeks will occur.

50. Specify the most typical changes of thorax at the unilateral hydrothorax:

A) Reduction of a half of thorax, its retraction and backlog in breath.

B) Backlog in breath, enlargement of half of thorax and deletion of intercostal spaces.

C) Only backlog of half of thorax in breath.

D) Hypersthenic chest.

E) Enlargement of front-back and transverse sizes of a thorax, indrawing of intercostal spaces in lower -lateral portions from both sides.

51. What percussion sound occurs at the pneumothorax?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

52. What kind of dyspnea is the most typical when there are obstacles in upper respiratory tract?

A) Stridulous respiration

B) Expiratory dyspnea

C) Kussmaul respiration or Cheyne-Stokes respiration

D) Cheyne-Stokes respiration or Biot's respiration

E) Inspiratory dyspnea.

53. What main respiratory murmur is most often sounded at hydrothorax?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

54. What kind of dyspnea is the most typical at exsudative pleurisy or hydrothorax?

A) Stridulous respiration

B) Expiratory dyspnea

C) Kussmaul respiration or Cheyne-Stokes respiration

D) Cheyne-Stokes respiration or Biot's respiration

E) Inspiratory dyspnea.

55. What is the reason of occurrence of crepitation?

A) Small amount of exsudate or transudate in alveoluses

B) Inflammation of pleura leaves («dry» pleurisy)

C) Alveoluses are completely filled by exsudate or transudate

D) Viscous sputum in large bronchi

E) Viscous sputum in fine bronchi and (or) their spasm.

56. Specify the most typical signs of the arterial pulse "pulsus dificiens":

A) Sudden weakening or absence of pulsation on one of radial arteries.

B) Sudden weakening of pulsation on both radial arteries.

C) The quantity of pulsation waves on a radial artery exceeds the quantity of cardiac contractions.

D) The quantity of pulsation waves on a radial artery is less than the quantity of cardiac contractions.

57. What percussion sound occurs at the inflammatory consolidation of pulmonary tissue?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

58. What is the purpose of additional method at the pulmonary auscultation (imitation of inhalation when the true glottis is closed)?

A) To differ the pleural rub murmur from crepitation and rales.

B) To reveal latent bronchial obstruction.

C) To differ the dry rales from moist rales.

D) To differ the rales from crepitation or pleural rub murmur.

E) To sound better the pathological bronchial respiration.

59.What percussion sound occurs at the hydrothorax?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

60. What cardiac defect reveals the following changes of borders of relative heart dullness: the right border is 1 sm to the right of the sternum edge, the left is 1 sm medial to the left mid-clavicular line, the upper is along the upper edge of the III rib.

A) Mitral stenosis

B) Mitral incompetence

C) Tricuspid valve incompetence

D) Aortal valvular diseases

E) Norm

61. What is the purpose of additional method at the pulmonary auscultation (the forced exhalation)?

A) To differ the pleural rub murmur from crepitation and rales.

B) To reveal latent bronchial obstruction.

C) To differ the dry rales from moist rales.

D) To differ the rales from crepitation or pleural rub murmur.

E) To sound better the pathological bronchial respiration.

62. What percussion sound occurs at the fibrothorax?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

63. What percussion sound occurs at the obstructive atelectasis?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

64. Specify the most typical changes of arterial pulse at the mitral stenosis:

A) pulsus dificiens

B) pulsus filiformis

C) pulsus differens

D) pulsus plenus

E) pulsus durus

65. What is the purpose of additional method at the pulmonary auscultation (pressing with stethoscope on thorax)?

A) To differ the pleural rub murmur from crepitation and rales.

B) To reveal latent bronchial obstruction.

C) To differ the dry rales from moist rales.

D) To differ the rales from crepitation or pleural rub murmur.

E) To sound better the pathological bronchial respiration.

66. What percussion sound occurs at the acute nonobstructive bronchitis?

A) Dull or blunted sound

B) The clear pulmonary sound

C) The tympanic sound

D) Dullness with a tympanic shade

E) The bandbox sound.

67. What is the reason of murmur at the palpation of cecum?

A) The symptom is considered to be normal.

B) There is a free fluid in the abdominal cavity.

C) There is a pyloric stenosis.

D) There is a big quantity of gases in the large intestine (meteorism when the patient has colitis)

E) There is an accumulation of liquid and gases in the large intestine (for example, when the patient has acute enteritis).

68. What is the purpose of additional method at the pulmonary auscultation (hacking cough)?

A) To differ the pleural rub murmur from crepitation and rales.

B) To reveal latent bronchial obstruction.

C) To differ the dry rales from moist rales.

D) To differ the rales from crepitation or pleural rub murmur.

E) To sound better the pathological bronchial respiration.

69. What main respiratory murmur is most often sounded at lobular inflammatory consolidation?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

70. During heart palpation there reveals a tremor at apex, which doesn't coincide with pulsation of a.carotis. For what cardiac defect is it typical?

A) Aortal incompetence

B) Mitral incompetence

C) Aortal stenosis

D) Mitral stenosis

E) Tricuspid valve incompetence.

71. Specify the most typical signs of the arterial pulse "pulsus filifornis":

A) Sudden weakening or absence of pulsation on one of radial arteries.

B) Sudden weakening of pulsation on both radial arteries.

C) The quantity of pulsation waves on a radial artery exceeds the quantity of cardiac contractions.

D) The quantity of pulsation waves on a radial artery is less than the quantity of cardiac contractions.

72. Specify the main mechanism of occurrence of pathological bronchial respiration:

A) Remission of elasticity of a pulmonary tissue.

B) The carrying out of laryngo-tracheal respiration to the thorax surface (with changing its timbre) at the pulmonary consolidation or presence of cavity in it, linked with bronchus.

C) Narrowing of bronchi (spasm, viscid sputum)

D)Occurrence of small focus of consolidation of a pulmonary tissue, surrounded by nonchanged alveoles.

E) Intensification of fluctuations of alveoles' walls at respiration.

73. There are 7 most important factors, taking part in formation of heart sounds. Choose those ones, that are significant in the formation of III sound: a) Fluctuations of ventricles' walls at the moment of auricles' systole. b)) Fluctuations of ventricles' walls at the moment of their rapid filling. c) The position of cusps of AV- valves before isometric contraction. d) Fluctuations of semilunar valves of aorta and pulmonary artery at their closing. e) Rapid isometric contraction of ventricles. f) Fluctuations of AV- valves at their closing. g) Vibration of the aorta walls and pulmonary artery at the very beginning of the sphygmic interval .

A) b

B) b,c,e,f

C) a

D) c,e,f,g

E) d.

74. What basic respiratory murmur is most often sounded at the occurrence of cavity, linking with bronchus (less than 5 sm in diameter) ?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration

75. Specify the main mechanism of occurrence of bronchial-vesicular respiration:

A) Remission of elasticity of a pulmonary tissue.

B) The carrying out of laryngo-tracheal breath to the thorax surface (with changing its timbre) at the pulmonary consolidation or presence of cavity in it, linked with bronchus.

C) Narrowing of bronchi (spasm, viscid sputum)

D) Occurrence of small focus of consolidation of a pulmonary tissue, surrounded by nonchanged alveoles.

E) Intensification of fluctuations of alveoles' walls at respiration.

76. What cardiac defect reveals the following changes of borders of relative heart dullness: the right border is 1 sm to the right of the sternum edge, the left is 2 sm entoectad to the left mid-clavicular line, the upper is along the upper edge of the II rib.

A) Mitral stenosis

B) Mitral incompetence

C) Tricuspid valve incompetence

D) Aortal valvular diseases

E) Norm.

77. What basic respiratory murmur is most often sounded at the interstitial pulmonary edema?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration

78. Explain the origin of the following symptom, revealed during examination and palpation of abdomen (absence of abdominal wall excursion at respiration):

A) Reduction of abdominal type of respiration as the result of diaphragm paresis, caused by inflammatory process, transferring to it.
B) Considerable increase of intraabdominal pressure.
C) Expressed consolidation of parietal peritoneum at its inflammation.
D) Reflex origin of the symptom alike with viscero-motor reflex, as a result of process "transferring" to parietal peritoneum.

E) Reflex origin of the symptom alike with viscero-motor reflex, as a result of inflammation "transferring" to the visceral peritoneum (pericholecystitis., perigastritis and etc.)

79. There are 7 most important factors, taking part in formation of heart sounds. Choose those ones, that are significant in the formation of IV sound: a) Fluctuations of ventricles' walls at the moment of auricles' systole. b)) Fluctuations of ventricles' walls at the moment of their rapid filling. c) The position of cusps of AV- valves before isometric contraction. d) Fluctuations of semilunar valves of aorta and pulmonary artery at their closing. e) Rapid isometric contraction of ventricles. f) Fluctuations of AV- valves at their closing. g) Vibration of the aorta walls and pulmonary artery after at the very begining of the sphygmic interval .

.

A) b

B) b,c,e,f.

C) a

D) b,e,f,g.

E) d.

80. Specify the main mechanism of occurrence of rough respiration:

A) Remission of elasticity of a pulmonary tissue.

B) The carrying out of laryngo-tracheal respiration to the thorax surface (with changing its timbre) at the pulmonary consolidation or presence of cavity in it, linked with bronchus.

C) Narrowing of bronchi (spasm, viscid sputum)

D)Occurrence of small focus of consolidation of a pulmonary tissue, surrounded by nonchanged alveoles.

E) Intensification of fluctuations of alveoles' walls at respiration.

81. How is the stopping of urine formation called?

A) Pollakisuria

B) Strangury

C) Ischuria

D) Anuria

E) Polyuria.

82. What changes, revealed during heart percussion, are most typical for mitral configuration of heart?

A) “Triangular” shape of heart

B) Removal of the right border to the right

C) Removal of the left border to the left with an expressed “waist” of the heart

D) Removal of the upper border upwards and deletion of “waist” of the heart

E) Removal of the left border to the left and the right border to the right.

83. What is the reason of moist coarse bubbling rales?

A) Viscous bronchial secret in large bronchi

B) Viscous bronchial secret in fine bronchi and (or) their spasm.

C) Liquid bronchial secret in large bronchi or cavities, linked with a bronchus

D) Liquid bronchial secret in small bronchi at kept airiness of a surrounding pulmonary tissue.

E) Liquid bronchial secret in small bronchi and inflammatory consolidation of a surrounding pulmonary tissue.

84. Choose the symptoms and syndroms for the acute nephritic syndrome:a) Arterial hypertension; b) Acute intensive back pains; c) Edematous syndrome;

d) Expressed hypoalbuminemia; e) Macrohematuria; f) Strangury; g) Pollakisuria;

h) Proteinuria is more than 3 gr/l; i) Proteinuria is less than 3 gr/l; j) Hyaline and granular casts; k) Hyperlipidemia:

A) a,c,e,i,j

B) b,c,d,e,h,j,k

C) b,d,f,g,h,j

D) a,b,c,d,f,h,j

E) a,c,d,e,h,j.

85. Choose 3 main signs (consequences) of syndrome of portal hypertension: a) Vascular asterisks and hepatic palms; b) Ascites; c) Pains in right hypochondrium; d) Enlargement of liver; e) Enlargement of spleen; f) Venous collaterals; g) Icterus:

A) b,d,f

B) b,d,g

C) a,e,f

D) b,e,f

E) b,c,d.

86. Choose the signs, that are most typical for the syndrome of hypersplenism: a) Anemia; b) Leukocytosis; c) Leukopenia; d) Lymphocytosis; e) Lymphopenia; f) Thrombocytosis; g) Thrombocytopenia:

A) a,d,g
B) a,b,e,g
C) a,c,d,f
D) a,b,g
E) a,c,g.

87. What basic respiratory murmur is most often sounded at the occurrence of smoothwalled cavity, linking with bronchus (more than 5 sm in diameter) ?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration

88. The sign of lesion of small intestine is:

A) Stool is 3-4 times for days
B) Blood-streaked feces
C) Abundant semi-liquid feces
D) “Bolus-like” feces
E) Intestinal cancer.

89. What methods can reveal a dilatation of auricles? a) heart palpation; b) heart percussion; c) ECG; d) EchoCG. Choose a correct combination of answers:

A) a,c,d
B) b,d
C) c,d
D) a,b,c,d
E) a,b,d.

90. What basic respiratory murmur is most often sounded at exsudative pleurisy?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

91. What basic respiratory murmur is most often sounded at pulmonary emphysema?

A) Weakened vesicular respiration

B) Amphoric respiration

C) Bronchial respiration

D) Rough respiration

E) Mixed bronchus-vesicular respiration.

92. What methods can reveal a hypertrophy of myocardium of ventricles? a) heart palpation; b) heart percussion; c) ECG; d) EchoCG. Choose a correct combination of answers:

A) a,c,d
B) b,d
C) c,d
D) a,b,c,d
E) a,b,d.

93. What is the reason of whistling rales?

A) Viscous bronchial secret in large bronchi

B) Viscous bronchial secret in fine bronchi and (or) their spasm.

C) Liquid bronchial secret in large bronchi or cavities, linked with a bronchus

D) Liquid bronchial secret in small bronchi at kept airiness of a surrounding pulmonary tissue.

E) Liquid bronchial secret in small bronchi and inflammatory consolidation of a surrounding pulmonary tissue.

94.What forced position is typical for acute pancreatitis:

A)Lying on a back

B)Lying on the left side with pulled up feet

C)Lying on the right side with pulled up right foot

D)Lying on a stomach

E)Squatting

95. Choose the most correct conclusion for the data of a palpation –diffuse (dome-shaped) apex beat in VI intercostal space, which is 2 sm entoectad to the mid-clavicular line:

A) Hypertrophy of a left ventricle without its expressed dilatation

B) Hypertrophy and dilatation of a left ventricle.

C) Hypertrophy and dilatation of a right ventricle.

D) Adnation of pericardium leaves (adhesive pericarditis).

E) Postinfarction aneurysm of a front wall of a left ventricle.

96. Choose the most correct conclusion for the data of a palpation –concentrated reinforced apex beat in V intercostal space along the mid-clavicular line:

A) Hypertrophy of a left ventricle without its expressed dilatation

B) Hypertrophy and dilatation of a left ventricle.

C) Hypertrophy and dilatation of a right ventricle.

D) Adnation of leaves of a pericardium (adhesive pericarditis).

E) Postinfarction aneurysm of a front wall of a left ventricle.

97. What is the reason of moist fine bubbling sonorous rales?

A) Viscous bronchial secret in large bronchi

B) Viscous bronchial secret in fine bronchi and (or) their spasm.

C) Liquid bronchial secret in large bronchi or cavities, linked with a bronchus

D) Liquid bronchial secret in small bronchi at kept airiness of a surrounding pulmonary tissue.

E) Liquid bronchial secret in small bronchi and inflammatory consolidation of a surrounding pulmonary tissue.

98. How is the data of abdominal auscultation changed at enteritis?

A) Normal intestinal peristalsis

B) Suddenly increased intestinal peristalsis

C) Remission of intestinal peristalsis

D) Absence of intestinal peristalsis (“Death silence”)

E) Vascular tones.

99. Left borders of absolute and relative heart dullness can coinside at:

A) Aortal stenosis

B) Aortal incompetence

C) Mitral stenosis

D) Mitral incompetence

E) Acute myocardial infarction.

100. Choose the most correct conclusion for the data of a palpation –negative apex beat (systolic retraction):

A) Hypertrophy of a left ventricle without its expressed dilatation

B)Hypertrophy and dilatation of a left ventricle.

C) Hypertrophy and dilatation of a right ventricle.

D) Adnation of leaves of a pericardium (adhesive pericarditis).

E) Postinfarction aneurysm of a front wall of a left ventricle.