

14. Which of the following is not a result of activation of the intra-cardiac renin-angiotensin aldosterone (RAAS) system?

- a. Cardiac remodeling b. Progressive hyperplasia c. Progressive hypertrophy d. Fibrosis
 Cardiomyocytes do not increase in number

15. In a patient with history of shortness of breath, which follow sign indicates left heart failure?

- a. Ascites b. Basal crepitation's c. Dependent edema d. Engorged neck veins e. Fourth heart sound

16. Which of the following causes inferior rib notching?

- a. Aortic coarctation b. Marfan syndrome c. Osteogenesis imperfect d. Poliomyelitis
 e. Rheumatoid arthritis

17. A previously healthy 16-year-old boy is brought to the physician for a pre-participation sport physical. He reports frequent headaches. Physical examination shows blood pressure is 180/120 mm Hg in the right arm and 130/80 mm Hg in the right leg. Cardiac examination shows a systolic murmur in the left infraclavicular area. Femoral pulses are difficult to palpate and are delayed in comparison to radial pulses. X-ray of the chest shows cardiomegaly. Which of the following is the most likely diagnosis?

- a. Essential hypertension b. Aortic stenosis c. Atrial septal defect d. Coarctation of the aorta
 e. Renal artery stenosis

18. Coarctation is most commonly seen with?

- a. ASD b. VSD c. PDA d. Bicuspid aortic valve

19. A 50-year-old man is admitted for congestive heart failure. He has no history of chest pain or ethanol abuse. On physical examination he has blood pressure of 190/120 mm Hg. Mild hepatosplenomegaly, and no cardiac murmur. The heart failure is most likely due to:

- a. Myocardial infarction b. Myocardial infarct c. Hypertension d. Pulmonary emboli

20. A 55-year-old truck driver whose only medical history was untreated hypertension was diagnosed with dilated cardiomyopathy and New York Heart Association class III symptoms. His end myocardial biopsy is positive for lymphocytic myocarditis. In addition to beta-blockers and diuretics, which of the following is appropriate in his care?

- a. Prednisone b. Angiotensin-converting enzyme inhibitor c. Beta Interferon
 d. Spironolactone e. Methotrexate

21. Your patient with previously stable New York Heart Association class II heart failure and asthma returns to your office with orthopnea, paroxysmal nocturnal dyspnea, and nocturia. He has been taking furosemide 40mg daily, metoprolol succinate 50 mg daily, lisinopril 20mg daily, and digoxin 0.125 mg daily. The metoprolol was begun 3 weeks ago. On exam his heart rate is 110 bpm, blood pressure is 100/70 mm Hg, and venous pressure is 15cm of water. Cardiovascular exam reveals a mitral regurgitation murmur that is louder than previously heard. He has a normal S1, S2 and an S3 is heard. His lungs are clear, and there is no peripheral edema. Which of the following is the next best step?

- a. Start aldosterone antagonist b. Increase lisinopril c. Increase his furosemide
 d. Decrease his beta-blocker

22. A 55yr old patient presented with PNDs cough palpitations. He is having pedal edema. His past history includes Hypertension, diabetes mellitus, and coronary artery disease. What is your provisional diagnosis?

- a. Asthma b. Cirrhosis c. COPD d. Heart failure e. Renal failure

23. A patient presented to you with heart failure. Which of the following is the most common cause of heart failure?

- a. Alcohol consumption b. Diabetes c. Hypertension d. Hyperlipidemia e. Ischaemic heart disease

24. Right sided heart failure symptoms are mainly due to

- a. Fluid accumulation b. Low blood pressure c. High blood pressure d. Pulmonary edema
 e. Low cerebral blood flow

25. Among the treatment of heart failure, which kind of device therapy is included in guidelines?

- a. Pacemakers
 b. Radio-frequency ablation
 c. Percutaneous interventions
 d. Cardiac resynchronisation therapy
 e. Angiography

26. A patient with diagnosed case of heart failure is on furosemide, ramipril, betablockers. Still the patient is having PNDs, DOE and palpitations. Patient's vitals are BP 95/60, pulse 110b/min, SaO2 of 90mmHg. Which drug will you add to the treatment of this patient?

- a. Ascard b. Montelukast c. Digoxin d. Antibiotics e. Amlodipine

Congestive heart failure (symptomatic patients with NYHA ≥ II despite pharmacotherapy)

Treatment resistant heart failure -> Digoxin

Improves contractility and decreases HR

TDD

27. All of the following are features of left heart failure on chest xray except
 a. Bats wing appearance b. Kerley B lines c. Cardiomegaly d. Upper lobe diversion
 e. Olegemic lung fields
28. A 60yrs old woman presented to the emergency department with acute severe shortness of breath, orthopnea, bibasilar rales on lung examination and S3 gallop. Which of the following is the best initial step in management of this patient
 a. Chest xray
 b. Echocardiogram Initial diagnostic test
 c. Oxygen, furosemide, nitrates, morphine and prop up condition
 d. Ramipril
 e. Digoxin
29. 60-year-old male, farmer presented with chest pain for last two hours, ECG shows acute anterior wall MI. Best first line therapy for him is.
 a. Thrombolytic therapy
 b. Low molecular weight heparin.
 c. Primary PCI
 d. Conservative management
30. To get access to heart during coronary angiography, which technique is used
 a. Balloon angioplasty b. Seldinger technique c. Stenting d. Device technique X
31. 70 Years old female developed atrial fibrillation, went to cardiologist for treatment, started on beta blocker and anti-arrhythmic. Which drug is missing in her treatment
 a. ACE inhibitors b. ARBs c. Anticoagulants d. Statins
32. Novel anticoagulants (Rivaroxaban)
 a. Is administered parenterally
 b. Needs body weight adjustment
 c. Is a direct inhibitor of factor Xa
 d. Has a half-life of 9 hours
33. A 45-year-old man with a strong family history of ischemic heart disease presents with atypical chest pains. Stress echocardiography is organised. What pharmacologic agent is likely to be used to produce cardiovascular stress during stress echocardiography in this patient?
 a. Dipyridamole b. Dobutamine c. Adenosine d. Arbutamine e. Atropine sulfate
 Dobutamine -> Stress ECHO
 Dipyridamole, adenosine -> Pefusion imaging
34. Regarding lipids in atherosclerotic heart disease, choose the wrong Statement:
 a. Reduction in LDL-C correlates with decrease mortality
 b. Interventions to increase HDL-C have shown to improve outcomes
 c. Small dense LDL are associated with increased levels of TG
 d. Triglycerides have shown to have causal risk for CAD X
 e. Which of the following is NOT a usual clinical finding in right ventricular infarction?
35. Which of the following is NOT a usual clinical finding in right ventricular infarction?
 a. Elevated jugular venous pressure
 b. Positive Kussmaul's sign
 c. Hypotension
 d. Basal crepitation
36. In ECG, transient ST-segment depression reflects?
 a. Subendocardial ischemia b. Transmural ischemia c. Epicardial ischemia d. All of the above
37. In ECG, transient ST-segment elevation reflects?
 a. Subendocardial ischemia b. Transmural ischemia c. Epicardial ischemia d. All of the above
- "Angina decubitus" refers to angular pain occurring when the patient is in which of the following positions?
 a. Squatting b. Sitting with legs hanging c. Recumbent d. lying Both mean the same thing so not entirely sure
- All of the following are indications of discontinuing exercise stress testing except?
 a. Chest discomfort b. Severe shortness of breath c. Dizziness
 d. Rise in systolic blood pressure > 40 mmHg
- Overall sensitivity of exercise stress electrocardiography is?
 a. ~ 55 % b. ~ 65 % ✓ c. ~ 75 % d. ~ 85 % Stress ECHO is 80-85

Mean sensitivity is 67% according to AHA

Could be 75 but 65 is closer to the mean. DYOR

The overall sensitivity has ranged from 60% to 70% with a specificity of 85%

41. Adverse prognostic signs in exercise stress testing include all except?

- a. Failure of blood pressure to increase
- b. Development of angina
- c. Severe ST-segment depression at low workload
- d. ST-segment depression persisting for > 3 minutes after termination of exercise

Typo

42. Which of the following is not a risk factor for CHD in both men & women?

- a. Elevated cholesterol levels
- b. Elevated total triglyceride
- c. Hypertension
- d. Smoking
- e. All of the above All are risk factors :)

43. The best predictive sign of myocardial abscess in IE of aortic valve is:

- a. Tachycardia
- b. Ejection systolic murmur
- c. S3 of LV
- d. ECG showing new onset AV block ✓

44. The strongest indication for surgery in IE is:

- a. Persistence of fever
- b. Septic embolism
- c. Congestive cardiac failure
- d. Perivalvular invasive disease

45. A 10 year old boy presented to medical emergency with history of Fever and shortness of breath. Mother give history of recurrent chest infection and foul smelling bulky stool. On examination patient is thin lean having digital clubbing. What is the most likely diagnosis?

- a. Asthma.
- b. Cystic fibrosis.
- c. Pneumonia
- d. pulmonary tuberculosis

46. A 9 years old boy presented to medical emergency with history of low grade fever and weight loss

Examination reveals decrease movement on right side of the chest with decrease fremitus, dull to percussion. The trachea is deviated to the left. The most likely diagnosis is?

- a. Atelectasis
- b. Pneumonia
- c. Pleural effusion
- d. Pneumothorax

47. A 12 years old boy presented to medical emergency with unilateral tension Pneumothorax on Examination of the chest of this boy which of the following signs will be present?

- a. Breath sounds may be decreased or absent on the affected side.
- b. Chest wall movement are decreased on both sides
- c. The mediastinum is pulled towards the affected side.
- d. Vocal fremitus will be increased on the affected side.

48. A 13 years old boy consult you as he is producing a cup full of foul purulent sputum every day. Examination reveals digital clubbing and coarse crackles at the left lung base. What is most likely diagnosis?

- a. Acute lung abscess.
- b. Bronchiectasis
- c. Bronchoalveolar cell carcinoma
- d. Sarcoidosis.

49. A 7 years old girl presented to medical emergency with history of Fever and difficulty in breathing. Mother give history of recurrent chest infection and foul smelling bulky diarrhea. On Examination patient is weak having digital clubbing. What investigations you will order to reach the diagnosis?

- a. arterial blood gases
- b. CBC
- c. LFTs
- d. sweat chloride test

50. A 10 year old girl presented to medical emergency with history of low grade fever and cough on off for last 1 month. Mother is giving history of night sweat. On Examination patient is thin lean with no BCG scar. What is your likely diagnosis?

- a. pneumonia
- b. Pneumothorax
- c. pulmonary tuberculosis
- d. sarcoidosis

51. Which of the following manifestation is typical of Kartageners syndrome?

- a. Dextrocardia. ✓
- b. Intestinal obstruction
- c. Infertility
- d. Steatorrhea.

52. Which is not a part of Kartageners syndrome?

- a. Bronchiectasis
- b. Dextrocardia
- c. Impotence
- d. Sinusitis

Infertility

53. Which is correct in type 2 respiratory failure?

- a. decrease PO_2 increase PCO_2
- b. decrease PO_2 decrease PCO_2
- c. decrease PO_2 normal PCO_2
- d. Normal PO_2 and increase PCO_2

54. Which of the following occupation is associated with new onset Asthma?

- a. insulation installer
- b. paint sprayer
- c. typist
- d. truck drivers

55. Which is example of exudate pleural effusion?

- a. constructive pericarditis
- b. Nephrotic syndrome
- c. Superior vena cava syndrome
- d. Rheumatoid arthritis

56. Pink frothy and profuse sputum is seen in

- a. Aspergilloma
- b. acute pulmonary edema
- c. lobar pneumonia
- d. Pneumoconiosis

57. Which does not belong to the triad of symptomatic Bronchial Asthma?

- a. Cough
- b. Chest pain
- c. Dyspnoea
- d. Wheeze.

Cough wheeze SOB

58. Primary spontaneous Pneumothorax is associated with

- a. COPD
- b. Exercise
- c. Nonsmokers
- d. Tall and thin individuals

59. The most common organism causing pneumonia during mechanical ventilation in the 1st 4 days of hospitalizations is.
a. Hemophilus influenza b. Gram negative bacilli c. Staph aureus d. Streptococcus pneumonia
60. A 14 years old boy presented to medical emergency with unilateral tension Pneumothorax on Examination. the chest of this boy which of the following signs will be present?
a. Breath sounds may be decrease or absent on the affected side.
b. Chest wall movement will be decrease on both sides.
c. The mediastinum is pulled towards the affected side
d. Vocal fremitus will be increase on the affected side.
61. A 3 years old boy was presented to medical emergency with respiratory distress after ingesting kerosene oil. Chest Radiography revealed bilateral diffuse atelectasis. Although initially hypoxia he gradually improved and never required ventilation of the following. The most likely sequela for this patient is the long term development of
a. Cardiomyopathy b. Encephalopathy c. Obstructive pulmonary disease d. pulmonary tuberculosis
62. A 12 years old boy has a one year history of cough that is worse at night and with exercise. Which of the following tests is most likely to assist you to make a diagnosis?
a. Barium swallow b. Chest Radiograph c. Spirometry d. Sweat chloride test
63. The organ for gas exchange in fetus is
a. Amniotic fluids b. Lungs c. Placenta d. Umbilical cord
64. Noisy breathing because of inspiratory Obstruction is
a. Cough b. Crepitation c. Strider d. Wheez
65. Which of the following may be cause of cyanosis in newborn?
a. Coarctation of the aorta.. b. Eisenmenger syndrome c. Hyperbilirubinaemia.
d. Transposition of the great arteries e. VSD
66. Which one of the following may be associated with an uncomplicated ventricular septal defect in a 5-year-old boy?
a. A collapsing pulse. b. A pansystolic murmur of grade 4/6 in intensity. c. Clubbing of the fingers.
d. Splenomegaly e. Wide and fixed splitting of the second heart sound.
67. A 3-month-old girl presents with apnoea. She had been well that morning, but had become unsettled, crying inconsolably and gradually more mottled. Mother was bringing her to A and E when she stopped breathing. She responded to physical stimulation. She was born at 40+3/40 weighing 3.6kg and there were no neonatal problems. On examination she has a temperature of 36.3°C (tympanic), RR 30/min and HR of 240/min. Her pulse is thready. She has a 3 cm liver and gallop rhythm. What is the most likely diagnosis?
a. Acute life-threatening event b. Cardiac dysrhythmias c. Seizures d. Sudden infant death syndrome
- Cyanosis is a typical feature of which of the following conditions:
a. Atrial septal defect b. Mitral atresia. c. Patent ductus arteriosus.
d. Total anomalous pulmonary venous drainage. e. Ventricular septal defect.
69. A 9 year old boy presents with fever and joint pains. Initially the pain affected his right wrist, but now affects his left wrist and right ankle. He had tonsillitis 4 weeks previously treated with oral penicillin. Full term normal delivery with no neonatal complications. Immunisations up to date. There is no family or social history of note. On examination temperature is 38.7°C, respiratory rate 15/min, and heart rate 95/min. 2/6 ejection systolic murmur at the left sternal edge. His left wrist and right ankle are exquisitely tender, such that even the bedclothes cause pain. His ESR is 95 mm/hr and CRP 129 mg/l. ECG shows a PR interval of 0.15s. His ASOT is 800 IU/l. What is the most likely diagnosis?
a. Acute rheumatic fever b. Bacteraemia/sepsis c. Henoch-Schonlein disease
d. Septic arthritis e. Urinary tract infection
70. A 2 year old child has an uncomplicated coarctation of the aorta. The constriction is located distal to the left subclavian artery. Which of the following would be decreased in this patient?
a. Blood flow in the lower body b. Blood flow in the upper body
c. Blood pressure in the upper limbs d. Vascular resistance in the lower limbs
e. Vascular resistance in the upper limbs

71. A 15 year old female presents following a sore throat with chest pain, fever, and a skin rash. Examination reveals a diastolic murmur. Her ASO titre is elevated. Which of the following is a major criterion for the diagnosis of Rheumatic fever?
 a. Fever b. Migratory erythema c. Polyarthrititis d. Prolonged PR interval e. Raised ESR
 A D E are all minor
72. What is the most common congenital heart defect with a left to right shunt causing congestive heart failure in the pediatric age group?
 a. Atrial septal defect b. Atrioventricular canal c. Aortopulmonary window
 d. Patent ductus arteriosus e. Ventricular septal defect
73. A two day old cyanotic infant with a grade 3/6 ejection systolic murmur is noted to have decreased pulmonary vascular markings on chest x-ray and left axis deviation on EKG. The most likely diagnosis is:
 a. Tetralogy of Fallot b. Transposition of Great Vessels c. Truncus Arteriosus d. Tricuspid Atresia
74. A 2 year old infant is noted to have mild cyanosis who assumes a squatting position during long walking. He is noted to have increasing fussiness followed by increasing cyanosis, limpness and unresponsiveness. Which of the following is the most likely underlying lesion? Tet spell
 a. Anomalous Pulmonary Venous Return b. Aspiration with obstruction to air passages
 c. Hypoplastic left heart d. Tetralogy of Fallot e. Transposition of the Great Vessels
75. Cyanosis is produced by the presence of deoxygenated hemoglobin of at least:
 a. 1-2 gm/dL b. 3-5 gm/dL c. 6-8 gm/dL d. 9-10 gm/dL
76. An infant with a marked cyanotic congenital heart defect with decreased pulmonary vascularity should be treated with:
 a. Digoxin b. Epinephrine c. Indomethacin d. Prostaglandin E1 Maintain PDA
77. A "tet spell" or "blue" spell of tetralogy of Fallot is treated with all of the following except:
 a. digoxin b. oxygen c. morphine d. phenylephrine e. sodium bicarbonate
78. All of the following are included in the revised Jones Major criteria EXCEPT:
 a. Chorea b. New murmur (carditis) c. migrating polyarthrititis d. Maculopapular rash
 e. Subcutaneous nodules
79. Salicylates are directed primarily at what symptom in ARF?
 a. Arthritis b. Chorea c. Carditis d. Fever e. Rash
80. Corticosteroids are directed primarily at what symptom in ARF?
 a. Arthritis b. Chorea c. Fever d. Rash e. Severe Carditis
81. Which of the following answer is the most severe clinical manifestation commonly found in pediatric myocarditis?
 a. Myocardial infarction. b. Heart failure. c. Pericarditis. d. SLE. e. tachycardia
82. A 5-days old full term male infant was severely cyanotic at birth. Prostaglandin E was administered initially and later balloon atrial septostomy was done which showed improvement in oxygenation. The most likely diagnosis of this infant is:
 Could be TAPVR as well
 a. Tetralogy of Fallot b. Transposition of great vessels c. Truncus arteriosus d. Tricuspid atresia e. PDA
83. Which one of the following CHD has cyanosis without cardiomegaly and/or CCF?
 a. Congenital MR b. Congenital PS c. TGV d. TOF
84. An 8-yr-old male child is admitted with a diagnosis of rheumatic fever with arthritis, carditis and CCF, with reference to this case, which of the following is considered as initial lines of management?
 a. Administration of an anti-inflammatory drug b. Eradication of remnant streptococcal infection
 c. Institution of decongestive therapy d. Institution of graded and gradually increasing exercise
85. A young boy had developed CCF, found to have membranous VSD. He showed spontaneous improvement. This is most likely due to:
 a. Perimembraneous closure of VSD b. Development of AR
 c. Pulmonary vascular changes d. Infective endocarditis
86. You are evaluating a 12-year-old boy in the emergency department who presents with fever, chills, malaise, and blood in his urine. On physical examination, he appears comfortable and alert and has a temperature of 102.7°F (39.3°C), a blood pressure of 110/40 mm Hg, no rashes, and clear breath sounds. He has a diastolic murmur heard best in the sitting position you elicit no abdominal or flank tenderness. Of the following, the BEST next step in the management of this patient is
 a. administration of broad-spectrum antibiotics b. blood cultures c. renal ultrasonography
 d. transesophageal echocardiography e. urine culture

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