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TEAM MMC

GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

MCQs Written Test Final YEAR MBBS (Block-O) Date: 05th August, 2024

Name of Student: _____ Roll No._____

Please encircle the correct answer with blue/black pen Paper ID: GREEN

TIME ALLOWED: 02-HOUR'S TOTAL MARKS: 120

Note: Attempt **ALL questions** from this section. Select **ONE** best answer. Each question carries **01** mark.

Q#1: A 45 years -old man had recently started taking antihypertensive therapy – 6 months later his rbs is 252 mg/dl. Which single drug is most likely to have caused this?

a) Amlodipine
b) Bendroflumethiazide
c) Doxazosin
d) Losastein
e) B blockers

Q#2: A 56 years old man was recently put on ant- hypertensive medication and recent biochemistry on 02 occasions showed na+ 132mmol, k+ 7.6mmol, urea 26.3mg/dl, cr= 1.12mg/dl. Which of the following drug is responsible for this result?

a) Amlodipine
b) Atenolol
c) Doxasocin
d) Bendroflumethiazide
e) Ramipril

Q#3: A man who had dental extraction and blood transfusion a few days ago presented with pyrexia of unknown origin. He has got some murmur on physical examination along with splinter hemorrhages on examination what is the likely diagnosis?

a) Myocardial infarction
b) Infective endocarditis
c) Heart failure
d) Aortic dissection
e) Coarctation of aorta

Q#4: A 56 years old man who is hypertensive recently underwent change in medicine few days l ago. Now he has wheezing. Previously he has no history of copd. Which drug can cause this?

a) Atenolol
b) Ramipril
c) Velsartan
d) Furosemide
e) Spironolactone

Q#5: A 71 years old man is admitted to cardiology word with suspected infective endocarditis. On admission his investigations were done and infective endocarditis was confirmed by blood culture and echocardiography. Which one of the following is most likely indication for surgical intervention?

a) Splinter hemorrhages
b) Persistent fever after 48 hours
c) Lengthening of pr interval in ecg Heart block
d) Shortness of breath with exertion
e) Staph aureus isolate on blood culture

Q#6: A patient was diagnosed with infective endocarditis caused by daggered staph aureus but the patient became red....red petechiae throughout his body .which of the following antibiotics can cause red man syndrome?

a) Ceftriaxone
b) Cefotaxime
c) Vancomycin
d) Tobramycin
e) Moxifloxacin

Q#7: A 60-year-old male patient with a history of hypertension and coronary artery disease presents with shortness of breath and fatigue. What is the most likely diagnosis?

a) Chronic heart failure
b) Acute coronary syndrome
c) Chronic obstructive pulmonary disease
d) Pneumonia
e) Septic shock

Q#8: You are sitting in an outpatient dept. A 65 years old male patient known diabetic came with complaints of shortness of breath while lying in supine position. He had myocardial infarction last 6 months back but with poor compliance with medications. He has diagnosed by your senior after taking proper history, examination and relevant investigations as a case of heart failure. What is heart failure?

a) A condition in which the heart stops beating
b) A condition in which the heart cannot pump enough blood to meet the body's needs
c) A heart attack
d) A condition in which the patient experiences chest pain
e) Myocardial infarction

Q#9: A 70-year-old male patient with a history of heart failure and chronic kidney disease presents with worsening shortness of breath and fatigue. His creatinine level is 4.5 mg/dl.there is no response to medical treatment. What is the next step in treatment?

a) Increase diuretic dose
b) Add ace inhibitor
c) Refer for hemodialysis
d) Order echocardiogram
e) Add digoxin

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Medical therapy is optimal already,,, pt needs device therapy

Q#10: A 65-year-old male patient with a history of heart failure presents with worsening shortness of breath,nyha class iv despite optimal medical therapy.. His echocardiogram shows left ventricular ejection fraction of 30%. What is the most appropriate treatment?

a) Increase diuretic dose
b) Add beta blocker
c) Add ace inhibitor
d) Refer for cardiac resynchronization therapy
e) Add digoxin

Q#11: A 45-year-old female patient with a history of dilated cardiomyopathy presents with worsening shortness of breath and fatigue. She is on guide lne directd medical therapy her ejection fraction is 15%. The patient is well up and can afford any cost of treatment. What is the most appropriate treatment?

a) Increase diuretic dose
b) Add beta blocker
c) Refer for heart transplantation
d) Order implantable cardioverter (icd)
e) Add digoxin

Q#12: A 65-year-old male patient with a history of heart failure presents with worsening shortness of breath and fatigue. His echocardiogram shows left ventricular ejection fraction of 30%. He is currently taking furosemide and carvedilol. He is in american college of cardiology acc (class iii) heart failure. What is the most appropriate addition to his treatment?

a) Increase furosemide dose
b) Add ace inhibitor
c) Add spironolactone
d) Refer for cardiac resynchronization therapy
e) Add nitrates

Q#13: A 50-year-old female patient with a history of heart failure presents with worsening shortness of breath and fatigue. Her blood pressure is 110/80 mmhg. She is currently taking furosemide and metoprolol. What is the most appropriate next step in her treatment?

a) Increase furosemide dose
b) Add vasopressor
c) Add inotrope
d) Order echocardiogram
e) Add arb

Q#14: A 66-year-old male patient with a history of heart failure presents with worsening shortness of breath and fatigue. His oxygen saturation is 85% on room air. What is the most appropriate next step in his treatment?

a) Increase diuretic dose
b) Add oxygen therapy
c) Refer for pulmonary rehabilitation
d) Order echocardiogram
e) Add digoxin

Q#15: A 50-year-old male patient with a history of heart failure presents with worsening shortness of breath and fatigue. His blood pressure is 110/80 mmhg. He is currently taking furosemide and metoprolol. What is the most appropriate treatment to relieve his shortness of breath?

a) Increase furosemide dose
b) Add vasopressor
c) Add inotrope
d) Order echocardiogram
e) Add ace inhibitor

Q#16: You are sitting in a well-established setup and receives a 75-year-old female patient with a history of heart failure and chronic obstructive pulmonary disease (copd) presents with worsening shortness of breath. Her arterial blood gas shows ph 7.3, paco2 60 mmhg, and pao2 50 mmhg. What is the most appropriate treatment?

a) Increase diuretic dose
b) Add oxygen therapy
c) Refer for non-invasive positive pressure ventilation
d) Order echocardiogram
e) Beta blocker

Q#17: A 70-year-old male patient with a history of heart failure and hypertension presents with worsening shortness of breath and fatigue and chest pain. His blood pressure is 180/100 mmhg. On cv examination s3 is audible. basal crackles on both lung fields. What is the most appropriate treatment?

a) Increase diuretic dose
b) Add ace inhibitor
c) Add beta blocker
d) Add nitrate (infusion isokit)
e) Add oxygen therapy

Q#18: A 56-year-old male patient with a history of heart failure presents with worsening shortness of breath and fatigue. His echocardiogram shows left ventricular ejection fraction of 30%. What will be the most appropriate treatment option in this case?

a) Increase diuretic dose
b) Add beta blocker
c) Add ace inhibitor
d) Refer for cardiac resynchronization therapy
e) Add oxygen therapy

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Q#19: A 33 years old male presented with palpitations. On ECG there was SVT as noted by emergency physician. Patient is BP less what is immediate treatment in hospital?

a) Dc cardioversion
b) Primary pci
c) Iv normal saline
d) Pacemaker
e) Thrombolytic therapy

Q#20: An 80-year-old woman is known case of hypothyroidism now presented with dizziness. ECG showed complete heart block .what will you do the next?

a) Add a beta-agonist
b) Add an ace inhibitor
c) Iv atropine and followed by tpm if needed
d) Give shock
e) Iv amiodarone

Q#21: What is the primary defect in Tetralogy of Fallot?

a) Aortic valve regurgitation
b) Anterior deviation of infundibular septum
c) Atrial septal defect
d) Ventricular septal defect
e) Mitral valve stenosis

Q#22: Which component of Tetralogy of Fallot is responsible for cyanosis?

a) Pulmonary stenosis
b) Ventricular septal defect
c) Dextroposition of the aorta
d) Right ventricular hypertrophy
e) All of the above

Q#23: What is the typical radiologic configuration seen in Tetralogy of Fallot?

a) Enlarged left heart border
b) Prominent right heart border
c) Boot-shaped cardiac silhouette
d) Narrow aortic arch
e) None of the above

Q#24: What is the characteristic position assumed by children with Tetralogy of Fallot during episodes of dyspnea?

a) Supine position
b) Standing position
c) Lying down position
d) Squatting position
e) Prone position

Q#25: What intervention can be performed to break a severe hypoxic spell in Tetralogy of Fallot?

a) Administration of oxygen
b) Injection of morphine
c) Intravenous sodium bicarbonate
d) Intubation and anesthetic sedation
e) All of the above

Q#26: What is the primary defect in Ebstein anomaly?

a) Aortic valve stenosis
b) Mitral valve regurgitation
c) Tricuspid valve displacement
d) Pulmonary valve atresia
e) Ventricular septal defect

Q#27: What is the cause of cyanosis in patients with Ebstein anomaly?

a) Atrial septal defect (ASD)
b) Ventricular septal defect (VSD)
c) Pulmonary valve stenosis
d) Tricuspid valve regurgitation
e) Right-to-left shunting through the foramen ovale

Q#28: What is the characteristic auscultatory finding in Ebstein anomaly?

a) Diastolic murmur at the right sternal border
b) Systolic murmur at the left sternal border
c) Continuous murmur throughout the precordium
d) Split S2 heart sound
e) Ejection click at the apex

Q#29: What is the diagnostic imaging modality of choice for Ebstein anomaly?

a) Chest radiography
b) Electrocardiogram (ECG)
c) Echocardiography
d) Cardiac catheterization
e) Magnetic resonance imaging (MRI)

Q#30: What is the potential risk associated with cardiac catheterization in patients with Ebstein anomaly?

a) Ventricular arrhythmias
b) Pulmonary hypertension
c) Aortic valve regurgitation
d) Right bundle branch block
e) Increased right precordial voltage

Q#31: What is the most common form of aortic stenosis?

a) Valvular aortic stenosis
b) Subvalvular aortic stenosis
c) Supravalvular aortic stenosis
d) Bicuspid aortic valve
e) Critical aortic stenosis

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Q#32: Which diagnostic test can confirm the severity of aortic stenosis?

a) Electrocardiogram (ECG)
b) Chest radiograph
c) Echocardiography
d) Left-sided heart catheterization
e) Magnetic resonance imaging (MRI)

Q#33: Which of the following is the most common cause of acute rheumatic fever?

a) Streptococcus pyogenes infection
b) Influenza virus infection
c) Staphylococcus aureus infection
d) Human immunodeficiency virus (HIV) infection
e) Hepatitis B virus (HBV) infection

Q#34: Which of the following is the most common congenital heart defect?

a) Ventricular septal defect
b) Atrial septal defect
c) Patent ductus arteriosus
d) Tetralogy of Fallot
e) Coarctation of the aorta

.Syncope
.Exertional chest pain
.hrt failure

Q#35: Which of the following is a common symptom of aortic stenosis?

a) Chest pain
b) Shortness of breath
c) Palpitations
d) Hypertension
e) None of the above

Q#36: Which of the following is a diagnostic test used to evaluate heart function?

a) Echocardiography
b) Computed tomography (CT) scan
c) Magnetic resonance imaging (MRI)
d) Positron emission tomography (PET) scan
e) None of the above

Q#37: Which of the following is a common symptom of mitral valve prolapse?

a) Chest pain
b) Palpitations
c) Shortness of breath
d) Syncope
e) All of above

Q#38: Which of the following is a potential complication of untreated infective endocarditis?

a) Heart failure
b) Stroke
c) Aortic aneurysm
d) Pulmonary embolism
e) All of above

Q#39: Which of the following is a type of cyanotic congenital heart disease?

a) Ventricular septal defect
b) Atrial septal defect
c) Coarctation of the aorta
d) Tetralogy of Fallot
e) Patent ductus arteriosus

Q#40: What is the most common cause of croup?

a) Bacterial infection
b) Allergic reaction
c) Viral infection
d) Chronic lung disease
e) Environmental pollution

Q#41: Which of the following symptoms is characteristic of croup?

a) Sore throat
b) Productive cough
c) High-grade fever
d) Inspiratory stridor
e) Watery eyes

Q#42: Which of the following symptoms is characteristic of acute epiglottitis?

a) Barking cough
b) Rhinorrhea
c) Sore throat with mild fever
d) Rapidly progressing respiratory obstruction
e) Hoarseness and inspiratory stridor

Q#43: What is the typical posture assumed by a child with acute epiglottitis?

a) Lying flat on the back
b) Leaning backward with the neck hyperextended
c) Sitting upright with the head tilted forward
d) Curling up in a fetal position
e) Leaning forward with chin down & mouth closed

Q#44: Which radiographic sign is characteristic of epiglottitis?

a) Steeple sign
b) Thumb sign
c) C-shaped airway
d) Honeycomb appearance
e) Butterfly appearance

Q#45: What is the recommended approach for establishing an airway in patients with epiglottitis?

a) Administering bronchodilators
b) Initiating oxygen therapy
c) Performing tracheostomy
d) Endotracheal or nasotracheal intubation
e) Administering corticosteroids

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Q#46: A 55-year-old man presents to the Emergency Department with a stab wound to the left chest just below the nipple. His blood pressure is 100/60 mm Hg, heart rate is 120 beats/min, and his respiratory rate is 14 breaths/min. GCS is 14. On exam, he has distended neck veins, heart sounds are muffled, and breath sounds are clear bilaterally. The next best step in the management is:

a) Endotracheal intubation
b) Left tube thoracostomy
c) Pericardiocentesis
d) FAST scan
e) Median sternotomy

Q#47: A 27 year old male was stabbed in his right chest. He has a patent airway but is breathless upon arrival in the Emergency Department. Auscultation reveals absent breath sounds in the right hemithorax. Abdomen and the rest of primary survey is unremarkable. His Blood Pressure is 90/60 mm Hg and pulse is 99 beats/min. X-ray chest shows a large haemothorax. What is the best next step in his management.

a) Emergency Thoracotomy
b) Endotracheal intubation and mechanical ventilation
c) Observation alone
d) Right side chest tube insersion
e) Exploratory laparotomy.

Q#48: An 18-year-old man presents to the emergency department with gunshot wound to the left chest in the anterior axillary line in the seventh intercostal space. A rushing sound is audible during inspiration. Immediate management is which of the following?

a) Exploratory laparotomy
b) Exploratory thoracotomy
c) Pleurocentesis
d) Closure of the hole with sterile dressing
e) Insertion of chest tube

Q#49: A 32-year-old female falls from the tenth floor of her apartment building in an apparent suicide attempt. Upon presentation, the patient has obvious head and extremity injuries. Primary survey reveals that the patient is totally apneic. By which method is the immediate need for a definitive airway in this patient best provided?

a) Orotracheal intubation
b) Nasotracheal intubation
c) Percutaneous cricothyroidotomy
d) Intubation over a bronchoscope
e) Needle cricothyroidotomy

Q#50: A 30-year-old man is brought to the emergency department in respiratory distress following shotgun wound to the face. There is possible cervical spine injury. Which is the best way to gain rapid control of the airway?

a) Nasotracheal intubation
b) Percutaneous jet ventilation
c) Cricothyroidotomy
d) Endotracheal intubation
e) Aspiration of blood from pharynx and jaws thrust

Q#51: A man undergoes a pneumonectomy. After surgery, invs show hyponatremia. What could be the cause of the biochemical change?

a) Removal of hormonally active tumor
b) Excess dextrose
c) Excess colloid
d) Excessive K+
e) Hemodilution

Q#52: A 74yr man who has been a smoker since he was 20 has recently been dx with SCLC. What serum electrolyte picture will confirm the presence of SIADH?

a) High serum Na, low serum osmolarity, high urine osmolarity
b) Low serum Na, low serum osmolarity, high urine osmolarity
c) Low serum Na, high serum osmolarity, high urine osmolarity
d) High serum Na, low serum osmolarity, low urine osmolarity
e) High serum Na, high serum osmolarity, low urine osmolarity

Q#53: A man brought into the ED after being stabbed in the chest. Chest is bilaterally clear with muffled heart sounds. BP is 60/nil. Pulse is 120bpm. JVP raised. What is the most likely dx?

a) Pulmonary embolism
b) Cardiac tamponade
c) Pericardial effusion
d) Hemothorax
e) Pneumothorax

Q#54: A 26yr man present to ED with increasing SOB on left side and chest pain. He has been a heavy smoker for the past 4 years. He doesn't have any past med hx. What is the likely dx?

a) Pulmonary embolism
b) MI
c) Asthma
d) Pleural effusion
e) Pneumothorax

Q#55: A 35yr man presents with progressive breathlessness. He gave a hx of polyarthralgia with painful lesions on the shin. CXR: bilateral hilar lymphadenopathy. What's the most likely dx?

a) Bronchial asthma
b) Cystic fibrosis
c) Sarcoidosis
d) Bronchiectasis
e) Pneumonia

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Q#56: A 70yr man admits to asbestos exposure 20yrs ago and has attempted to quit smoking. He has noted weight loss and hoarseness of voice. Choose the single most likely type of cancer a w risk factors present.

a) Basal cell carcinoma
b) Bronchial carcinoma
c) Esophageal carcinoma
d) Nasopharyngeal carcinoma
e) Oral carcinoma

Q#57: A pt who came from India presents with cough, fever and enlarged cervical LN. Exam: caseating granulomata found in LN. What is the most appropriate dx?

a) Lymphoma
b) TB adenitis
c) Thyroid carcinoma
d) Goiter
e) Thyroid cyst

Q#58: A 55yr woman was found collapsed at home, paramedics revived her but in the ambulance she had a cardiac arrest and couldn't be saved. The paramedic's report tells that the woman was immobile lately due to hip pain and that they found ulcers on the medial side of ankle. She had DM and was on anti-diabetics. What is the cause of her death?

a) Acute MI
b) DKA
c) Pulmonary embolism
d) Acute pericarditis
e) Cardiac tamponade

Q#59: A 30yr female attends OPD with a fever and dry cough. She says that she had headache, myalgia and joint pain like one week ago. Exam: pulse=100bpm, temp=37.5C. CXR: bilateral patchy consolidation. What is the single most likely causative organism?

a) Pneumococcal pneumonia
b) Legionella
c) Mycoplasma Atypical pneumonia
d) Klebsiella
e) Chlamydia pneumonia

Q#60: A 45yr IV drug abuser is brought into the ED with complaint of fever, shivering, malaise, SOB and productive cough. Exam: temp=39C, pulse=110bpm, BP=100/70mmHg. Inv: CXR=bilateral cavitating bronchopneumonia. What is the single most likely causative organism?

a) Mycoplasma
b) Staphylococcus
c) Chlamydia pneumonia
d) Both a and b
e) None of the above

Q#61: A 55yr woman with a persistent cough and hx of smoking develops left sided chest pain exacerbated by deep breathing with fever and localized crackles. What is the single most appropriate dx?

a) Dissecting aneurysm
b) Pericarditis
c) Pneumonia
d) Pneumothorax
e) Pulmonary embolism

Q#62: A 56yr man complains of increased vol of sputum with specks of blood and chest pain. He has a hx of DVT. Exam: clubbing. What is the cause of blood in his sputum?

a) Pulmonary thrombosis
b) Bronchial carcinoma
c) Bronchiectasis
d) Pulmonary TB
e) Both b and c

Q#63: A 32yr female has a hx of SOB and fever. Pre-broncho-dilation test was done and it was 2/3.5 and post-bronchodilator was 3/3.7. The pt was dx of eczema and TB. What is the possible dx?

a) COPD
b) Asthma
c) Pneumonia
d) Bronchiectasis
e) All of the above

Q#64: A 74yr lady called an ambulance for an acute chest pain. She has a hx of DM and HTN, and is a heavy smoker. Paramedics mentioned that she was overweight and recently immobile because of a hip pain. She collapsed and died in the ambulance. What is the most likely cause of death?

a) Pulmonary embolism
b) MI
c) Stroke
d) Cardiac arrhythmia
e) Cardiac failure

Q#65: A 65yr man presents with significant weight loss and complains of cough, SOB and chest pain. Exam: left pupil constricted, drooping of left eyelid. What is the most likely dx?

a) Pancoast tumor
b) Thoracic outlet syndrome
c) Cervical rib
d) Pneumonia
e) Bronchogenic ca

Q#66: A lady from Asia presented with lump in her neck. FNAC has been done and revealed lesions with caseous material in the center surrounded by fibrosis. What is the most probable dx?

a) Thyroid carcinoma
b) TB lymphadenitis
c) Lymphoma
d) Inf Mono
e) Mesothelioma

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Q#67: A 34yr IVDA presents with a 4m hx of productive cough. He has lost 10kgs. What is the single most appropriate inv?

a) Sputum for AFB
b) Laryngoscopy
c) Bronchoscopy
d) CT neck
e) CXR

Q#68: A 32yr man working in a shipyard comes with SOB. Exam: dullness on left side of the chest, pain in left side of chest, pleuritic rub and crackles been heard on the same side. What is the single most likely dx?

a) Pericarditis
b) Pleurisy
c) Pleural effusion
d) CCF
e) TB

Q#69: A 20yr student who recently visited Asia came to the OPD with complains of low grade fever, night sweats, anorexia and productive cough. Inv: CXR=cavitatory lesions in upper lobes. What is the single most likelt causative organism?

a) Mycoplasma
b) Klebsiella
c) TB
d) PCP
e) Viral pneumonia

Q#70: A pt comes back from India and presents with night sweats and lymphadenopathy. XR: cavitations. What inv should be done next?

a) CT scan
b) AFB stain
c) Blood culture
d) Bronchoscopy
e) None of the above

Q#71: A 50-year-old smoker male with COPD develop aching in the distal extremities specially the wrist joints, he has a 10 kg weight loss and clubbing. X-ray Hand show periosteal thickening. You would

a) Ciprofloxacin
b) Get a chest X-Ray
c) Aspirate Joint
d) Start DMARD
e) None of the above

Q#72: 20 year old patient present with fever weight loss and night sweat, on examination he has decrease chest moments with dull percussion notes and absent breath sound. The likely Diagnosis is.

a) Pneumothorax
b) Pleural effusion
c) Consolidation
d) Atelectasis
e) Both a and b

Q#73: 50 year old female with history of UTI, COPD and Asthma present with bilateral infiltrates and eosinophil count of 15%. The least likely diagnosis is:

a) Allergic Bronchopulmonary aspergillosis
b) Hypersensitivity Pneumonitis
c) Side effect of nitrofurantoin
d) Strongyloides infection
e) None of the above

Q#74: 50 year old patient develops cough and fever chest X- ray show air fluid level in the superior segment of the right lower lobe. The mostly likely etiologic agent is

Abcess

a) Strep. Pneumoniae
b) H.influenzae
c) Legionella
d) Anaerobes
e) None of the above

Q#75: Which of the following does not indicate a poor prognostic finding in asthma?

a) Altered mental status.
b) Silent chest
c) Hypercapnia
d) Pulsus paradoxus of 5 mmhg <10 is normal
e) None of the above

Q#76: An 80-year-old woman presents to the emergency department with palpitations, dizziness, and shortness of breath. In the past, similar episodes have terminated spontaneously or with a valsalvamaneuver. Apart from increased cholesterol level and hypertension, which are both under good control, her health is other-wise excellent. When seen, she is mildly distressed but fully conscious and alert. You note that an electrocardiogram obtained in the past, when she was asymptomatic, was entirely normal. Which of the following is most likely?

a) Sinus tachycardia
b) Supraventricular tachycardia due to atrioventricular nodereentry
c) Atrial fibrillation
d) Ventricular tachycardia
e) Pacemaker-mediated tachycardia

Q#77: A 48-year-old man is admitted to the coronary careunit with an acute inferior myocardial infarction. Two Hours after admission, his blood pressure is 86/52 mmhg;his heart rate is 40 beats per minute with sinus rhythm. Which of the following would be the most appropriateinitial therapy?

a) Immediate insertion of a temporary transvenouspacemaker
b) Intravenous administration of atropine sulfate,0.6 mg
c) Administration of normal saline, 300 ml over15 min
d) Intravenous administration of dobutamine,0.35 mg/min
e) Intravenous administration of isoproterenol,5.0 _g/min

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Q#78: In a cigarette smoker with a history of intermittent claudication and newly diagnosedhtn, a doubling of the serum creatinine concentration immediately afterthe addition of an ace inhibitor suggests:

a) Hemodynamically significant bilateral renal artery stenosis
b) Pheochromocytoma
c) Primary aldosteronism
d) Emboli from arteriosclerosis obliterans of the descending aorta
e) Secondary aldosteronism

Q#79: A 56-year-old man comes to the office a few days after an episode of chest pain. This was his first episode of pain, and he has no risk factors. In the emergency Department, he had a normal ekg and normal ck-mb and was released the next Day. Which of the following is most appropriate in his further management?

a) Repeat ck-mb
b) Statin
c) Ldl level
d) Stress (exercise tolerance) testing
e) Angiography

Q#80: A 63-year-old woman is in your office for evaluation of an abnormal stress test that Shows an area of reversible ischemia. She has no risk factors for cad. What is the Most accurate diagnostic test, or what is the best next step in further management?

a) Troponin level
b) Angiography
c) Coronary bypass
d) Echocardiogram
e) Nuclear ventriculogram (muga scan)

Q#81: 60 years female presented with dyspnea and chest pain. Echocardiography shows large pericardial effusion. All of the following can cause pericardial effusion except.

a) Malignancy
b) Hypothyroidism
c) Renal failure
d) Gastritis
e) None of the above

Q#82: Congenital heart block occuer with which of the following diagnosis

a) SLE
b) Malignancy
c) Hypothyroidism
d) Typhoide
e) Malaria

Q#83: 37 years female with history of high grade fver due to malaria was brought to ccu with c/o dympia and palpitation. She had a pulse of 110 bpm and b.p 110/70. Ecg shows regular narrow comlexees with hr of 110bpm and p waves followed by qrs. What is the diagnosis?

a) Svt
b) Mat
c) Sinus tachycardia
d) Af
e) Vt

Q#84: 28 years female diagnosed case of scleroderima was admitted in ccu with c/o sharp cp that increased with lying and relieved with sitting. She also had dyspnea on minimal exertion. On auscultation other than normal heart sounds added scratchy sound was audible. What is the diagnosis

a) Acute mi
b) Ventricular septal
c) Pericarditis
d) Pulmonary embolism
e) Anxiety

Q#85: 14 years boy was brought to doctor with blue discoloration of feet and clubbing of feet. His b.p in right and left arm was 110/70 and 140/80 respectively.on auscultation he had a systolic murmur in pericardium.what is the diagnosis?

a) Aortic stenosis
b) Pulmonary stenosis
c) Co-arctation of aorta
d) Aortic regurgitation
e) Hypotension

Q#86: 30 years male come to a doctor with b.p 150/100 on two occasion. He was advised to check b.p at home regularly. His home bp was 110/70. Which type of hypertension is this?

a) Labile hypertension
b) Stage ii hypertension
c) White coat hypertension
d) Office hypertension
e) Masked hypertension

Q#87: 40 year male was admitted in ccu with diagnosis of atrial fibrillation due to rheumatic heart disease. Which drug shall be given to prevent thromboembolic phenomenon

a) Warfarin
b) Metoprolol
c) Lanoxin
d) Amiodarone
e) Disprin

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Q#88: 58 yaer old male presented to cardiology opd with complaints of headeach this b.p on three consecutive occasions was raised. At what b.p level patient shall be labelled as hypertensive?

a) >120/80
b) >130/90
c) >140/100
d) 150/100
e) 160/100

Q#89: 55 year old male admitted in a periphery hospital with acute mi and was thrombolysed due to non-availability of p-pci facility near by. All of following indicate successful thrombolyism except?

a) Painfree
b) St elevation resolved by 50%
c) Accelerated idioventricular rhythum
d) Atrial fibrilation
e) Vt

Q#90: 80year old female p/w chest pain synope and dyspnia. Ecg shows vt .what is the first management step to take?

a) Direct current cardioversion
b) Carrotid sinus management
c) Iv beta blockers
d) Iv calcium channel blockers.....
e) Iv heparin

Q#91: Major criteria for infective endocarditus include positive blood cultures and

a) Fever
b) Esr>30
c) Vegetation on echocardiography
d) Hx of any predisposing factor
e) Arthralgia

Q#92: 60 years old male p/w loc followed by severe cp.ecg shows broad complexes , regular rhythm110bpm and absent p- wave . What is diagnosis?

a) Normal sinus rhythm
b) Vf
c) Vt
d) Svt
e) Afib

Q#93: Diagnosis of the rheumatic fever is made according to which criteria?

a) Modified dukes criteria
b) Modified simpson criteria
c) Revised jhones criteria
d) Rutherford criteria
e) Acc criteria

Q#94: 17 year boy p/w high grade fever rigors and chills. Dx of infective endocarditis was made which criteria is used for dx of infective endocarditis?

a) Modified dukes criteria
b) Modified jhones criteria
c) Rukfield criteria
d) Back walls criteria
e) Revised jhones criteria

Q#95: 40 year male with hr of right femur fracture followed by deep vein thrombosis p/w c/o temporary sudden loss of consciousness ,severe chest pain and dysnea .o/e sp 02 70% pulse 110bpm b.p 100/60,silent chest and s1+s2 available what is the diagnosis?

a) Acute mi
b) Pneumonia
c) Pulmonary embolism
d) Acute severe arthmia
e) Anemia

Q#96: A 74 years old woman who is known to have type-2 diabetes mellitus. Her blood pressure has border line for a number of weeks but now you have decided, that she would start medical treatment. Her latest blood pressure is 146/88 mmhg.hba1c is 7.5x and her bmi is 25 kg/m^2. What is most appropriate drug to start?

a) Bisoprolol.....b blocker
b) Bendroflumethiazide .....thiazide diuretic
c) Amlodipine.....ca channel blocker
d) Ramipril.....ace inhibitor
e) Orlistate.....weight reduction

Q#97: A 67 year old man with type 2 diabetes mellitus visits diabetic clinic. His blood pressure is currently 150/86 mmhg.his diabetes is well controlled and there is no end organ damage. What should his target blood pressure?

a) <140/80 mmhg
b) <120/ 80 mmhg
c) <140/ 90 mmhg
d) <130/80 mmhg
e) <150/70 mmhg

Q#98: A 57 years "women who are suffering from hypotension presented recurrently to the hospital with recurrent fall when she go to bed or getting up from sitting. She is on antihypertensive medication with no other medical problem. What is the cause of her falls?

a) CCB
b) Vestibobasilar insufficiency
c) Thiazide
d) Hypoglycemia
e) Infection

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Q#99: A 65 years old man with hypertension develops gingival hyperplasia. What is single most likely cause ---?

a) Ace inhibitor
b) Beta blockers
c) Crohns disease
d) Nifedipine
e) Sarcoidosis

Q#100: A 46 years-old african black man is found to have bp-160/90, on 3- separate occasions. What is the best initial treatment?

a) Acei
b) Beta-blockers
c) Arbs
d) None
e) Ccb

Q#101: A three-year old boy came to you with fever and breathing difficulty. There is past history of recurrent chest infections. On examination there is the tachypnea, pan- systolic murmur at left lower sternal border. What is most likely diagnosis?

a) Atrial septal defect
b) Ventricular septal defect
c) Tetralogy of Fallot
d) PDA
e) None of the above

Q#102: A 2 Year old girl has been recently diagnosed as a case of ventricular septal defect. Which of the following is NOT a management option?

a) Diuretics
b) ACE Inhibitors
c) Beta Blockers
d) Surgery
e) None of the above

Q#103: A 5 Yr old girl presented with mild dyspnoea on exertion, On examination she is well built, stable vitals. Precordial examination shows Ejection systolic murmur at left upper sternal border with wide fixed splitting of second heart sound. What is most likely diagnosis?

a) Ventricular septal defect
b) Tetralogy of Fallot
c) PDA
d) Atrial septal defect
e) None of the above

Q#104: A 6yrs old boy presented with cough, dyspnoea and orthopnea from 2 months. On examination he is having HR 140/mint, RR 56/mint, BP 90/60mmhg. Pulses are weak. There is hepatomegaly, muffled heart sounds and basal crepitation's. What is most likely diagnosis?

a) Bronchopneumonia
b) Bronchial Asthma
c) Congestive cardiac failure
d) Ventricular septal defect
e) All of the above

Q#105: Which of the following is NOT sign of congestive cardiac failure?

a) Tachypnea
b) Tachycardia
c) Dyspnoea
d) Seizures
e) All of the above

Q#106: Which of the following investigation is ideal to diagnose congenital heart diseases?

a) CBC
b) Chest xray
c) Echo cardiology
d) ECG
e) Both A and D

Q#107: A 10-year-old boy is brought to the emergency department with a history of fever, fatigue, and joint pain for the past two weeks. On physical examination, he has a temperature of 39°C (102.2°F), a new heart murmur, splenomegaly, and petechiae on his skin. Blood cultures are positive for Streptococcus viridans. Based on the case scenario, what is the most appropriate initial treatment for this patient?

a) Oral amoxicillin
b) Intravenous penicillin G and gentamicin
c) Oral azithromycin
d) Intravenous vancomycin and ceftriaxone
e) Observation and follow-up in one week

Q#108: A 12-year-old girl with a history of a congenital heart defect presents with fever, fatigue, and weight loss over the past two weeks. On examination, she has a new heart murmur that was not present previously. Blood cultures are positive for Streptococcus viridans. An echocardiogram shows vegetations on the mitral valve. Which of the following clinical signs is most specific for the diagnosis of infective endocarditis in this child?

a) Fever
b) New or changed heart murmur
c) Janeway lesions
d) Splenomegaly
e) Arthralgia

Q#109: A 9-year-old boy with a history of congenital heart disease presents with fever, malaise, and petechiae. Which of the following is the most likely initial test to confirm the diagnosis of infective endocarditis?

a) Chest X-ray
b) Complete blood count
c) Echocardiography
d) Electrocardiogram (ECG)
e) Urinalysis

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Q#110: What is the primary risk factor for developing infective endocarditis in children?

a) Recent viral infection
b) Congenital heart disease
c) Asthma
d) Diabetes mellitus
e) None of the above

Q#111: A 10-year-old boy presents to the pediatric cardiology clinic with complaints of chest pain during physical activity, shortness of breath, and occasional dizziness. On physical examination, the cardiologist notes a systolic ejection murmur heard best at the right upper sternal border with radiation to the carotids. There is also evidence of a diminished and delayed carotid upstroke. An echocardiogram is ordered. What is the most likely finding on the echocardiogram that would confirm the diagnosis of aortic stenosis in this child?

a) Left ventricular hypertrophy with normal aortic valve
b) Thickened & calcified aortic valve with restricted opening
c) Dilated right ventricle and tricuspid regurgitation
d) Enlarged left atrium with mitral valve prolapse
e) Normal heart structures with no abnormalities

Q#112: Rhematic fever child is allergic to penicillin. Which of the following medicine will be alternate for his treatment?

a) Penicillin.
b) Azithromycin.
c) Ciprofloxacin.
d) Cefixime.
e) Cefaclor

Q#113: 3 year child presented with bluish discoloration of lips, tongue and fingers. There is no hepatomegaly on examination but fingers are clubbed. Chest x ray shows oligemic lung field and boat shaped heart. What is your diagnosis?

a) TOF
b) TGA
c) VSD
d) ASD
e) CCF

Q#114: If child is suffering from cyanotic congenital heart it indicates:

a) There is normal oxygenated hemoglobin.
b) There is increased oxygenated hemoglobin.
c) There is decreased oxygenated hemoglobin.
d) There is normal carbon dioxide in blood.
e) There is only decreased hemoglobin

Q#115: Diagnosis of congenital heart disease is done by:

a) Chest X-Ray.
b) MRI
c) ECCHO
d) ECG
e) CBC

Q#116: 9-month infant is suffering from barking cough with low grade fever.She is irritable and reluctant to feed. Chest examination shows wheezy chest.CBC is normal.what is your diagnosis?

a) Pneumonia.
b) Epiglottis
c) Croup (acute laryngeotrachiobronchitis
d) Bronchiolitis
e) Asthma

Q#117: What is the primary indication for balloon valvuloplasty in children with valvular aortic stenosis?

a) Prevention of LV dysfunction
b) Prevention of aortic insufficiency
c) Prevention of coronary artery stenosis
d) Prevention of LV dilation
e) Prevention of LVH

Q#118: What is the recommended peak-to-peak systolic gradient between the left ventricle and aorta at rest for balloon valvuloplasty in children with valvular aortic stenosis?

a) 30-40 mm Hg
b) 40-50 mm Hg
c) 50-60 mm Hg
d) 60-70 mm Hg
e) 70-80 mm Hg

Q#119: Which procedure involves using the patient's own pulmonary valve to replace the abnormal aortic valve?

a) Balloon valvuloplasty
b) Aortic valve replacement
c) Aortopulmonary translocation (Ross procedure)
d) Homograft valve replacement
e) Mechanical prosthetic valve replacement

Q#120: What is the recommended approach for prophylaxis against infective endocarditis in patients with aortic stenosis?

a) Regular monitoring and intervention
b) Antibiotic prophylaxis
c) Balloon valvuloplasty
d) Aortic valve replacement
e) No longer recommended

Pressure gradient isn't that high

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Indications for interventions in aortic stenosis
.presence of LV dysfunction irrespective of pressure gradients (LV-A)
.critical aortic stenosis with duct dependent circulation
.severe aortic stenosis i.e
,, echo gradient >70 \40 mmHg
,, peak to peak gradient > 50 mmHg
.presence of LVH or strain pattern on ECG

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