

- Choose the best answer among the five given options.
- You have to submit the question papers back along with the answer sheet.

1. A newborn presents with central cyanosis and a single loud second heart sound. What is the most likely diagnosis?

- a. Tetralogy of Fallot
- ☒ b. Transposition of the Great Arteries
- c. Ventricular Septal Defect
- d. Atrial Septal Defect
- e. Patent ductus arteriosus

2. In a 5-year-old child, a continuous machine-like murmur is heard best at the left infraclavicular area. What congenital heart defect is most likely present?

- ☒ a. Patent Ductus Arteriosus
- b. Aortic Stenosis
- c. Ventricular Septal Defect
- d. Atrial Septal Defect
- e. Coarctation of Aorta

3. A 12 year old athletic boy presents with exertional dyspnea and a systolic murmur heard best at the left lower sternal border. What condition is most likely causing these symptoms?

- a. Dilated Cardiomyopathy
- ☒ b. Hypertrophic Cardiomyopathy
- c. Restrictive Cardiomyopathy
- d. Ventricular Septal Defect
- e. Atrial Septal defect

4. A 2 month patient with history of cough and fever presents with of sudden onset palpitations with a regular, rapid heart rate. The ECG shows a narrow QRS complex tachycardia. What is the likely diagnosis?

- a. Atrial Fibrillation
- b. Ventricular Tachycardia
- ☒ c. Supraventricular Tachycardia
- d. Atrial Flutter
- e. Sinus tachycardia

5. Which of the following is a major Duke criterion for the diagnosis of infective endocarditis?

- a. Splinter hemorrhages
- b. Roth spots
- c. Osler nodes
- d. Janeway lesions
- ☒ e. New Valvular Regurgitation

6. A 10-year-old child presents with fever and joint pain following a recent throat infection. On examination, there is erythema marginatum. What is the likely diagnosis?

- a. Kawasaki Disease
- b. Systemic Lupus Erythematosus
- ☒ c. Rheumatic Fever
- d. Henoch-Schönlein Purpura
- e. Infective Endocarditis

JONES

7. A newborn causes severe cyanosis, respiratory distress, and a right-sided aortic arch. What is the most probable diagnosis?

- a. Tetralogy of Fallot
- ☒ b. Transposition of the Great Arteries
- ☒ c. Truncus Arteriosus
- d. Total Anomalous Pulmonary Venous Return
- e. Atrial Septal Defect

8. A 6-year-old child with recurrent history of respiratory tract infection and poor weight gain has pan-systolic murmur best heard at the left lower sternal border. What is the likely diagnosis?

- ☒ a. Ventricular Septal Defect
- b. Atrial Septal Defect
- c. Patent Ductus Arteriosus
- d. Aortic Stenosis
- e. Coarctation of aorta

9. A 2 month old baby presents with 4 days history of cough, fever, respiratory distress. On examination there's tachycardia and distant heart sound. Ecg shows low voltage complexes. What is the confirmatory test of this condition?

- a. Cardiac MRI
- ☒ b. Echocardiography
- c. Heart enzymes
- d. Chest X-rays
- ☒ e. Endomyocardial Biopsy

10. A 1 year old child known case of PDA presents with episodes of rapid, regular heartbeats with sudden onset and termination. What is the likely diagnosis?

- ☒ a. Atrial Fibrillation
- b. Ventricular Tachycardia
- c. Supraventricular Tachycardia
- d. Atrial Flutter
- e. Sinus Tachycardia

due to atrial stretch

11. A 6 year old boy known case of VSD presents with fever, new-onset murmur, and splinter hemorrhages on the nails. What is the most likely causative organism?

- ☒ a. Streptococcus viridans
- b. Staphylococcus aureus
- c. Enterococcus faecalis
- d. Haemophilus influenza
- e. Pseudomonas

12. A 12 year boy known case of rheumatic heart disease presents to pediatric emergency units with respiratory distress and dyspnea. Echo shows valvular abnormality. Which cardiac valve is most commonly affected in rheumatic fever?

- a. Aortic Valve
- ☒ b. Mitral Valve
- c. Tricuspid Valve
- d. Pulmonary Valve
- e. Semilunar valve

mitral stenosis

13. A 2 year child with failure to thrive present with clubbing, cyanosis, and a boot-shaped heart on chest X-ray. What is the likely diagnosis?

- ☒ a. Tetralogy of Fallot
- b. Transposition of the Great Arteries
- c. Tricuspid Atresia
- d. Hypoplastic Left Heart Syndrome
- e. Truncus arteriosus

14. A 2-month-old infant is noted to have poor feeding, poor weight gain, and sweating on feeding. On examination there's ...

b. Atrial Septal Defect

☒ c. Ventricular Septal Defect

d. Coarctation of the Aorta

e. Aortic stenosis

15. A 4 year old girl otherwise healthy girl presents to pediatric ER with history of exertional dyspnea. On examination there is systolic thrill in the suprasternal notch and a systolic murmur at right upper sternal edge radiating to neck. Surgery is considered in this case at which gradient?

a. 10-20mmHg

b. 20-30mmHg

c. 30-40mmHg

☒ d. 50-60mmHg

e. 60-80mmHg

16. A 2 year-old girl presents with recurrent episodes of palpitations associated with a sudden onset and termination. What is the first-line treatment for acute episodes?

a. Amlodarone

☒ b. Adenosine

c. Metoprolol

d. Verapamil

e. Propranolol

17. Osler's nodes and Janeway lesions are classic findings in infective endocarditis. Which statement about these lesions is correct?

a. Osler's nodes are painless, small nodules on the palms.

b. Janeway lesions are painful, red nodules on the soles.

c. Both Osler's nodes and Janeway lesions are caused by emboli.

☒ d. Osler's nodes result from immune complex deposition. **Painful**

e. Janeway and Osler node formation is associated with renal failure.

18. A 11 year old presents with fever, migratory polyarthritis, and erythema marginatum. What other major criterion is required for the diagnosis of rheumatic fever? **(2/25)**

☒ a. Subcutaneous nodules

b. Elevated erythrocyte sedimentation rate (ESR)

c. Positive throat culture for Streptococcus pyogenes

d. Prolonged PR Interval on ECG

e. Raised CRP

19. A 32 weeker presents with a systolic murmur and a widened pulse pressure. What congenital heart defect is most likely present?

a. Tetralogy of Fallot

b. Atrial Septal Defect

☒ c. Patent Ductus Arteriosus

d. Ventricular Septal Defect

e. Transposition of great arteries

20. A 3-year-old child is found to have a prominent heaving apical impulse machinery-like murmur and bounding pulses. What congenital heart defect is likely causing these findings?

d. Coarctation of the Aorta

e. Atrial septal Defect **PDA**

21. A 10 year old presents with exertional dyspnea, chest pain, and syncope. An echocardiogram reveals asymmetric septal hypertrophy. What is the most appropriate initial management?

☒ a. Beta-Blockers **(A)**

b. ACE Inhibitor

c. Implantable Cardioverter-Defibrillator

d. Surgical Myectomy

e. Furosemide

22. A newborn presents with marked cyanosis at birth. On examination there is single s2. Chest xray shows decreased pulmonary blood flow. ECG shows superior QRS. What is the likely diagnosis?

a. Truncus Arteriosus

☒ b. Tricuspid Atresia

☒ c. Tetralogy of Fallot

d. Total anomalous pulmonary venous return

e. Pulmonary Hypertension

23. A patient with a prosthetic heart valve is at increased risk of infective endocarditis. What is the recommended prophylactic antibiotic regimen before dental procedures?

☒ a. Amoxicillin

b. Ceftriaxone

c. Vancomycin

d. Azithromycin

e. Clarithromycin

24. A 12-year-old child develops chorea following a streptococcal throat infection. What is the term for this movement disorder associated with rheumatic fever?

a. Myoclonus

b. Athetosis

c. Hemiballismus

☒ d. Sydenham Chorea

e. Dystonia

25. A newborn exhibits cyanosis, respiratory distress, and a single loud second heart sound. The chest X-ray shows a "snowman" or "figure-eight" heart. What is the most likely diagnosis?

a. Tetralogy of Fallot

b. Transposition of the Great Arteries

c. Tricuspid Atresia

☒ d. Total Anomalous Pulmonary Venous Return

e. Truncus arteriosus

26. Bacterial pneumonia is more common in Pakistan and is considered the most common cause of death in children less than five year old. The most common bacteria isolated from acute lower respiratory infections in children include:

☒ a. Streptococcus pneumoniae, Haemophilus influenzae, Staphylococcus aureus and Group A. Streptococci

Aortic stenosis

systolic thrill in suprasternal notch
systolic murmur at RUSE radiating to the neck

Microabscesses in extremities

minor

- b. Streptococcus pneumonia, Haemophilus Influenzae, Staphylococcus aureus and Group B. Streptococci
- c. Streptococcus pneumonia, Haemophilus Influenzae, Staphylococcus aureus and Staphylococcus epidermidis
- d. Streptococcus pneumonia, Haemophilus Influenzae, Staphylococcus aureus and Klebsiella pneumonia
- e. Streptococcus pneumonia, Haemophilus Influenzae, Staphylococcus aureus and Mycobacterium tuberculosis

27. According to the WHO (World Health Organization) guidelines pneumonia in children can be diagnosed by using simple clinical signs. What are the two most critical and sensitive signs for diagnosis of pneumonia in children:

- a. High grade fever and Fast breathing.
- b. Low grade fever and Slow breathing
- c. Fast breathing and Lower chest indrawing.
- d. Fast breathing and fine crepitations.
- e. Fast breathing and bronchial breath sounds.

28. A five-year-old girl presents with high-grade fever and sore throat for the last three days. On examination, she appears toxic with a temperature of 102° F, with erythema of pharynx and enlarged and tender anterior cervical lymph nodes. The most likely diagnosis is:

- a. Streptococcal pharyngitis
- b. Viral pharyngitis
- c. Infectious mononucleosis
- d. Epiglottitis
- e. Allergic croup

29. Streptococcal pharyngitis is an important upper respiratory infection in children and needs accurate diagnosis and treatment to prevent complications like acute rheumatic fever. The diagnostic tests for streptococcal pharyngitis are:

- a. Full blood count and blood culture
- b. Full blood count and C-reactive protein
- c. Full blood count and a slide agglutination test
- d. Throat culture and rapid antigen test
- e. Blood culture and rapid antigen test

30. A seven year old boy presents to the emergency room with history of fever, nasal discharge and sore throat for the last one day followed about 8 hours later by abrupt onset of high-grade fever and severe breathing difficulty. Examination shows the child sitting in a forward leaning position with stridor, restlessness and drooling of saliva from his mouth. The most likely diagnosis is:

- a. Acute pharyngitis
- b. Acute tonsillitis
- c. Acute laryngitis
- d. Acute epiglottitis
- e. Acute viral croup

Intubation Ceftriaxone
Rifampicin for close contacts

31. A seven year old boy presents to the emergency room with history of fever, nasal discharge and

hours later by abrupt onset of high-grade fever, drooling of saliva and severe breathing difficulty. You are suspecting acute epiglottitis. The diagnosis is confirmed by:

- a. Throat culture for Haemophilus influenza type B
- b. The rapid antigen test for Haemophilus influenza type B
- c. The presence of thumb sign on lateral neck radiograph
- d. The presence of steeple sign on frontal neck radiograph
- e. The visualization of an enlarged, red and swollen epiglottis on direct laryngoscopy

32. A seven year old boy presents to the emergency room with history of fever, nasal discharge and sore throat for the last one day followed about 8 hours later by abrupt onset of high-grade fever, drooling of saliva and severe breathing difficulty. You are suspecting acute epiglottitis. The best treatment for this patient is:

- a. Nasotracheal intubation
- b. Intravenous antibiotics 7-10 Days
- c. Intravenous normal saline
- d. Adrenaline nebulization to reduce the swelling
- e. Reassurance and monitoring

33. An eighteen month old child gets a cold, with cough, nasal discharge and low-grade fever for the last 3 days. The cough, after 48 hours, becomes barking with inspiratory stridor. The most likely diagnosis is:

- a. Acute streptococcal pharyngitis
- b. Acute viral croup
- c. Acute epiglottitis
- d. Acute tonsillitis
- e. Foreign body aspiration

34. One year old girl presents with irritability, fever and pulling at her left ear for the last 3 days. She has temperature of 100° F, nose and throat are normal, left ear has purulent discharge. The most likely diagnosis is:

- a. Acute mastoiditis
- b. Chronic mastoiditis
- c. Acute otitis media
- d. Chronic otitis media
- e. Acute tonsillitis

35. A 10 year old girl presents with recurrent discharge of pus from both ears off and on for the last 5 years. Examination reveals foul smelling pus in both ears and impaired hearing in both ears. Otoscopy reveals perforated tympanic membranes bilaterally. The most likely diagnosis is:

- a. Acute otitis media
- b. Chronic otitis media
- c. Acute mastoiditis
- d. Chronic mastoiditis
- e. Chronic mastoid abscess

36. A six month old infant presents with runny nose, cough and fever for the last 3 days and difficulty breathing and irritability for the last one day. Temperature is 99°F, respiratory rate

Intercostal and subcostal retractions with bilateral rhonchi on chest auscultation. The most likely diagnosis is:

- a. Acute viral croup
- b. Acute rhinopharyngitis
- c. Acute streptococcal pharyngitis
- d. Acute laryngotracheobronchitis
- e. Acute bronchiolitis ✓

37. A six month old infant is brought with fever, runny nose, cough, difficult breathing and irritability for the last 2 days. He has respiratory rate of 70/minute, nasal flaring and recessions. You suspect bronchiolitis and order chest x-ray for this infant. The chest x-ray may reveal:

- a. Hyperinflation, mild infiltrates, and patchy atelectasis ✓
- b. Hyperinflation, lower lobe opacity, and patchy atelectasis
- c. Hemithoracic opacification, hyperinflation and patchy atelectasis
- d. Unilateral pleural effusion, and patchy atelectasis
- e. Lobar consolidation, parapneumonic effusion and patchy atelectasis

38. A two year old boy presents with cough and high grade fever for the last 4 days. Temperature is 104°F, respiratory rate 50/minute, reduced air entry at the right base with bronchial breathing and crackles on auscultation. The most likely diagnosis is:

- a. Bronchiolitis
- b. Pneumonia ✓
- c. Measles
- d. Tuberculosis
- e. Asthma

39. A five year old unvaccinated boy presents with cough for the two months. He is now having increasing shortness of breath for the last two weeks. His grandfather has chronic cough. Physical examination reveals weight of 13 kg, temperature 100°F, and respiratory rate of 50/minute, reduced breath sound and stony dull percussion note at right lung base. The most likely diagnosis is:

- a. Parapneumonic pleural effusion
- b. Kwashiorkor with pleural effusion
- c. Tuberculous pleural effusion ✓
- d. Congestive heart failure with pleural effusion
- e. Nephrotic syndrome with pleural effusion

40. A 10 years old girl presents with history of fever, cough and production of copious greenish purulent sputum for last 1 month and blood in sputum for the last 2 days. There is history of productive cough in the past few years. She was diagnosed as Kartagener syndrome a few years ago. Physical examination reveals weight of 20kg, digital clubbing and coarse crackles scattered over both lung fields. The most likely diagnosis is:

- a. Pulmonary fibrosis
- b. Pleural effusion
- c. Pneumothorax

41. Bronchiectasis ✓

e. Asthma

41. A four year old boy is admitted with fever, cough, and difficulty breathing for the last 5 days. He is treated for right upper lobe pneumonia. Suddenly, his condition worsens and he develops respiratory distress with retractions, hyper resonance over the right lung with markedly decreased breath sounds, and tracheal deviation to the left. He has engorged neck veins and blood pressure is 60/40mmHg. The most likely cause of the worsening condition is:

- a. Left side tension pneumothorax
- b. Right side tension pneumothorax ✓
- c. Left side lung collapse
- d. Right side lung collapse
- e. Right side massive pleural effusion

42. A four year old boy, admitted for the treatment of right upper lobe pneumonia, suddenly develops respiratory distress with retractions, hyper resonance and markedly decreased breath sounds over the right lung. He has tracheal deviation to the left, engorged neck veins and blood pressure of 60/40mmHg. The most urgent intervention needed to implement is:

- a. Change antibiotics
- b. Give normal saline bolus
- c. Start dopamine infusion
- d. Endotracheal intubation and ventilation
- e. Needle aspiration and chest tube insertion ✓

43. A 5 years old boy presents with runny nose, cough and noisy breathing for the last 3 days. He has respiratory rate of 50/minute, chest indrawing and bilateral rhonchi. He has been having similar episodes since early age occurring more often in cold winter season and when he gets viral infections or is exposed to dust and smoke. The most likely diagnosis is:

- a. Viral upper respiratory infection
- b. Recurrent aspiration
- c. Recurrent bronchiolitis
- d. Laryngomalacia
- e. Asthma ✓

44. You are assessing the severity of acute asthma exacerbation a 5 years old asthmatic child who is breathless at rest, agitated, talks in words, having loud wheeze with respiratory rate 50/minute, chest retractions with 88% oxygen saturation at room air. His asthma exacerbation severity is:

- a. Respiratory failure ✗
- b. Imminent respiratory arrest ✗
- c. Severe exacerbation ✓
- d. Moderate exacerbation ✗
- e. Mild exacerbation

45. You are managing a 5 year old boy with acute severe asthma exacerbation in the emergency room. The first line bronchodilator to use for this child is:

- a. Oral terbutaline
- b. Oral theophylline
- c. Nebulized adrenalin
- d. Nebulized salbutamol ✓

Nebulized SABA
Oral steroids
IV Steroids

e. Intravenous aminophylline

46. A 45 years old lady presented with 2 years history of progressive shortness of breath, dry cough, central cyanosis and clubbing. She has no history of fever or weight loss. She has cushingoid face and bilateral fine crackles on the lung bases. Her FVC is 70% of the predicted and the FEV1/FVC ratio is increased. What is the most likely diagnosis of this patient?

- a. Pulmonary tuberculosis.
- ☒ b. Fibrosing alveolitis. ✓
- c. Chronic asthma.
- d. Extrinsic allergic alveolitis.
- e. COPD

47. A 22 years old man presented with 2 months' history of productive cough with blood stained sputum. He has low grade fever and weight loss for the same duration. Which one of the following is the most specific test for diagnosis of this patient?

- a. Mantoux test.
- b. X ray chest.
- c. Sputum for AFB.
- d. ESR

☒ e. Sputum for C/S ✓ Gold Standard

48. A 20 years old lady presented with two months' history of low grade fever and right sided chest pain which increases with inspiration. Clinical examination shows a pale and wasted lady with dull percussion note and decreased breath sounds on the right side chest. Which one of the following is the most likely diagnosis?

- a. Pleural effusion due to mesothelioma.
- b. Hemothorax due to bronchogenic carcinoma.
- ☒ c. Pleural effusion due to tuberculosis. ✓
- d. Pneumothorax due to tuberculosis.
- e. Community acquired pneumonia

49. A 50 years old lady presented with 6 years history of recurrent productive cough and occasionally blood in the sputum. She had past history of pulmonary tuberculosis 10 years back and has taken full course of anti tuberculous drugs. On examination, she has clubbing and bilateral coarse crepitations on auscultation. Which one of the following is the most likely diagnosis?

- a. Relapse pulmonary tuberculosis.
- b. Allergic bronchopulmonary aspergillosis.
- ☒ c. Bronchiectasis. ✓ Dx by high resolution CT
- d. Bronchogenic carcinoma.
- e. Aspergilloma.

50. A 50 years old man presented with one-week history of fever dry cough. He developed shortness of breath and vomiting for the last 2 days. He is known case of hypertension and Ischemic heart disease. On examination, he is pyrexia with a temperature of 102°F, oxygen saturation 82% and respiratory rate of 25/min.

chest examination shows bilateral crepitation and scattered wheezes. Which one is the most likely diagnosis?

- a. Acute severe asthma.
- ☒ b. Acute exacerbation of COPD. ✓
- c. Community acquired pneumonia
- d. Adult respiratory distress syndrome.
- e. Acute pulmonary edema.

51. A 30-year-old 15 days post natal lady presented with palpitation, cough and blood tinged sputum for the last 4 days. Her lower limb examination shows reddening and swelling of the left leg. Her vitals are normal and Doppler of the affected leg shows DVT popliteal vein. Her ECG shows right axis deviation. Which one of the following will be the most appropriate investigation?

- a. D-Dimers
- b. Electrocardiography.
- c. X ray chest PA view
- ☒ d. CT pulmonary angiography ✓
- e. Ventilation perfusion scan.

52. A 40 years old man presented 5 days history of pain right side of the chest which increases with inspiration. He also complains of fever with chills and cough with blood stained sputum. Which one of the following investigations is the most appropriate for this patient?

- a. Echocardiography.
- b. Exercise tolerance test.
- ☒ c. X-Ray chest PA view ✓ Will show consolidation
- d. Electrocardiography
- e. Cardiac enzymes

53. A 40 years old man presented 5 days' history of pain right side of the chest which increases with inspiration. He also complains of fever with chills and cough with blood stained sputum. Chest examination shows bronchial breathing on the right side. Which one of the following is the most likely diagnosis in this patient?

- a. Pleural effusion
- ☒ b. Pneumonia. ✓
- c. Pericarditis
- d. Acute bronchitis.
- e. Pulmonary embolism

54. A 50-year-old lady presented with 6 years' history of recurrent productive cough and occasionally blood in the sputum. She had history of pulmonary tuberculosis 10 years back and has taken full course of anti-tuberculous drugs. On examination, she has clubbing and bilateral coarse crepitations on auscultation. Which one of the following is the most sensitive test for this patient?

- a. Sputum for AFB.
- b. X ray chest PA view
- ☒ c. High resolution CT scan chest. ✓
- ☒ d. Sputum for culture and sensitivity. ✓
- e. Pulmonary function tests

HYPOXEMIA
HYPERCARBIA
TACHYPNEA

Pleuritic
Chest pain

HRCT for parenchymal disease
BL Coarse crackles mean there is fluid in alveoli

63. A 16 years old boy presents with dry cough and feeling of tightness in the chest during playing for the last 1 year. His father was smoker and diabetic who died of acute myocardial infarction 2 years back. Clinical examination shows congestion in the nose with a normal chest examination. His X ray chest is normal. Which of the following investigation is most appropriate for diagnosis?

- a. High resolution CT scan
- b. PEEK expiratory flow rate
- ☒ c. Exercise tolerance test
- d. Electrocardiography
- e. Lipid profile.

64. A 65 years old woman is having recurrent chest infection because of post tuberculous bronchiectasis. Which one of the following is the best strategy to decrease the frequency of recurrent infection in her?

- a. Antibiotics before procedures
- b. Pneumococcal vaccination
- ☒ c. Influenza vaccination
- d. Chest physiotherapy
- e. Regular antibiotics

65. A 54-year-old smoker presented with 3 weeks' history of productive cough, blood tinged sputum, hoarseness of voice and anorexia. He has dry cough for long time but without hoarseness. He has bilateral wheezes and occasional crept on the chest auscultation. X ray chest shows left apical shadow. Which one of the following is the most appropriate further investigation?

- a. High resolution CT scan
- b. Sputum for AFB
- ☒ c. CT Scan chest
- d. Laryngoscopy
- e. MRI brain stem

66. A 40-year-old man presented with 5 days history of pain right side of the chest which increases with inspiration. He also complains of fever with chills and cough with blood-stained sputum. Which one of the following is the most likely diagnosis in this patient?

- a. Acute myocardial infarction.
- ☒ b. Community acquired pneumonia
- c. Pulmonary embolism
- d. Acute bronchitis.
- e. Pericarditis

67. A 30-year-old lady is 7 days postnatal who presented with pain and swelling of the left leg. 2 days later she presented to the emergency department with shortness of breath, blood-stained sputum and palpitations. On examination she is having tachycardia and normal temperature. ECG shows right axis deviation. The most likely diagnosis in this patient is:

- a. Acute respiratory distress syndrome.

- b. Post-natal cardiomyopathy
- c. Acute pulmonary edema.
- d. Acute severe asthma.
- ☒ e. Pulmonary embolism

68. A 40 years old man presented 5 days' history of pain right side of the chest which increases with inspiration. He also complains of fever with chills and cough with blood stained sputum. Which one of the following is the most appropriate drug for this patient?

- a. Narcotic Analgesics
- ☒ b. Doxycycline
- c. Moxifloxacin.
- d. Artesunate

☒ e. Ceftriaxone

cephalosporins dont cover atypical organisms in this age group

69. A 50 years old lady presented with 6 years' history of recurrent productive cough and occasionally blood in the sputum. She had past history of pulmonary tuberculosis 10 years back and has taken full course of anti-tuberculous drugs. On examination, she has clubbing and bilateral coarse crepitations on auscultation. Which one of the following is the most sensitive test for this patient?

- a. Sputum for culture and sensitivity.
- ☒ b. High resolution CT scan chest.
- c. CT chest with contrast
- d. Sputum for AFB.
- e. X ray chest.

ILD?

parenchymal affected

COPD does not cause clubbing

70. A 20 years old lady presented with two months' history of low grade fever and right sided chest pain which increases with inspiration. Clinical examination shows a pale and wasted lady with dull percussion note and decreased breath sounds on the right side lower chest. Which one of the following is the most likely diagnosis?

- a. Pleural effusion due to mesothelioma.
- b. Hemothorax due to bronchogenic carcinoma.
- ☒ c. Pleural effusion due to tuberculosis.
- d. Pneumothorax due to tuberculosis.
- e. Lung abscess

71. A 57 years old man with a medical history of uncontrolled diabetes, hypertension, smoking is being seen at 2 months followup after recent hospitalization for anterior STEMI. He reports that he feels well and is back to his normal routine. physical examination reveal a BP of 130/70 and heart rate of 73bpm. lab work shows total cholesterol 273mg/dl, LDL 160mg/dl, HbA1c 9.8%. Her medication include aspirin 81mg daily, clopidogrel 75mg daily, carvedilol 6.25mg bid, lisinopril 20mg daily, metformin 500mg bd and pravastatin 40 mg daily. Echo shows EF 35%.

500
age 46
No comorb
idies.

55.A 20-year-old lady presented with two months' history of low-grade fever, dry cough and right sided chest pain which increases with inspiration. Clinical examination shows a pale and wasted lady with dull percussion note and decreased breath sounds on the right-side chest. Which one of the following tests is the most appropriate for diagnosis in this patient?

- a. X ray chest PA view
- ☒ b. Diagnostic Pleural tap. ✓
- c. CT Scan thorax.
- d. Sputum for AFB.
- e. Erythrocyte sedimentation rate

56.A 22-year-old man presented with 2 months' history of productive cough with blood-stained sputum. He has low grade fever and weight loss for the same period. He has positive tuberculous contact history. Which one of the following is the most specific test for diagnosis of this patient?

- a. Mantoux test.
- b. X ray chest.
- ☒ c. Sputum for AFB. ✓
- d. ESR
- e. CT scan chest

Gold standard would be C/S

57.A 23-year-old woman presented with recurrent shortness of breath and audible wheezes in the chest for the last 10 years. For the last two days, she presented with severe breathlessness and cough. She is not able to complete her sentences. Her respiratory rate is 25/min. Chest examination shows silent chest on the bases and wheezes in the upper zones. Her oxygen saturation is 92% in the room air. Which one of the following is the most appropriate immediate test she needs?

- a. Arterial blood gases
- b. Spirometry
- c. X ray chest
- ☒ d. Peak flow meter. ✓
- e. Pulse oximetry

58.A 56-year-old farmer is complaining of shortness of breath and wheezes in the chest mostly after returning from the fields. He is having positive history of pulmonary tuberculosis in his one daughter who is married. Examination shows, otherwise normal built, no clubbing or cyanosis. Chest examination shows few scattered wheezes. X ray chest is normal. Which one of the following is the most likely diagnosis?

- ☒ a. Extrinsic allergic alveolitis. ✓
- b. Early pulmonary edema
- c. Early pulmonary TB
- d. Episodic asthma
- e. COPD

59.A 16-year-old boy presented with 3 weeks' history of left sided chest pain which

increases with deep inspiration. X ray chest PA view shows left side pleural effusion. His pleural tap was done which shows the following results: Protein-3.3gm/dl, glucose-47mg%, total cells-176/cmm, 80% lymphocytes, 13% neutrophils, and 7% RBCs. Which one of the following is the most likely diagnosis?

- a. Pulmonary tuberculosis
- b. Parapneumonic effusion
- ☒ c. Pleural tuberculosis. ✓
- d. Mesothelioma
- e. Viral pleurisy

60.A 36-year-old lady presented with 3 weeks' history of purulent foul smell sputum, fever, weight loss and anorexia. She has been treated for pneumonia with some antibiotic but partial improvement. Her chest x ray shows a cavity with air fluid level in the right apex. Which one of the following is the most appropriate further investigation she needs?

- a. Sputum septic culture
- b. Sputum for AFB
- ☒ c. CT scan chest. ✓
- d. Bronchoscopy
- e. CBC & ESR

HRCT gold standard for bronchiectasis

61.A 22 years old man who is a known case of asthma, was brought to the emergency department with severe shortness of breath and sweating. He cannot speak properly because of shortness of breath. Respiratory rate is about 30/min. Heart rate is about 120/min. His temperature is 99° F. On auscultation of the chest, there are bilaterally decreased breath sounds with few inspiratory and expiratory wheezes. Which one of the following is the first priority in his management?

- ☒ a. 100% oxygen inhalation. ✓
- b. 28% oxygen inhalation
- c. Immediate IV antibiotics
- d. Immediate IV steroids
- e. Ipratropium nebulization

62.35 years old lady who is 5 days postnatal, presented with 3 days' history of shortness of breath, dry cough and palpitation. She had an episode of blood in the sputum 2 days back. On examination, she is afebrile and tachycardia. Clinical examination of the chest is normal. ECG shows heart rate of 130/min, prominent P waves and right axis deviation. Which one of the following is the most likely diagnosis?

- a. Post-partum cardiomyopathy ✗
- ☒ b. Pulmonary embolism. ✓
- c. Pulmonary edema ✗
- d. Post-partum sepsis ✗
- e. Postpartum psychosis ✗

Life threatening exacerbation (Signs of respiratory failure present)

Give high flow oxygen
Nebulized SABA
IV Corticosteroid

Which of the following Interventions would be the most impactful with regards to her long term cardiovascular morbidity and mortality?

- a. smoking cessation. ✓
- b. high dose atorvastatin for lipid control.
- c. optimizing diabetes control.
- d. titrating carvedilol and lisinopril to higher doses.
- e. angioplasty.

72. A 39 years old man with a medical history of hypertension and smoking presents to ER with worsening chest pain. He reports that he developed sudden chest discomfort after a coughing episode this morning. He says it is like knife going through his chest. There are no exacerbating or relieving factor that he could identify. Physical examination reveals a BP of 190/90 mmHg, HR 90 bpm, and SPO2 96%. JVP normal and lung clear to auscultation. precordial examination shows a soft diastolic murmur at the left sternal boarder. He has a trace radial pulse on his left side, rest of the pulses are ok. ECG shows ST T changes in the inferior leads. his troponins are within normal range. his CXR is unremarkable. What is the next best step regarding his management?

- a. administer aspirin, clopidogrel, heparin.
- b. administration of NSAIDs and colchicine.
- c. transesophageal echo. ✓
- d. immediate angiography and angioplasty.
- e. check Dimer.

73. A 50 years old diabetic presents to ER of a tertiary care hospital with severe central chest pain and diaphoresis with in one hour. on arrival he was in severe distress, sweating, vomiting and having difficulty in breathing on lying down. his BP was 100/60, JVP raised and bilateral inspiratory crackles on lung bases. his SPO2 was 85%. the following ECG was recorded.



What is the single best step in the management?

- a. aspirin 300 mg, clopidogrel 300mg, iv morphine.
- b. iv nitroglycerin, iv morphine, and iv furosemide.
- c. aspirin 300mg, ticagrelor 180mg, supplemental oxygen, iv furosemide.

d. aspirin 300mg, ticagrelor 180 mg, heparin, oxygen, morphine and furosemide. ✓

e. aspirin 300 mg, clopidogrel 300 mg, dobutamine and morphine

74. A 60 years old man with a history of hypertension, diabetes, presents to emergency deptt with a 40 minutes of chest burning that started while moving his lawn. his discomfort is precordial and does not radiate. his BP is 150/90, HR 120 bpm, JVP raised, and lungs having fine rales. precordial examination reveals S3 gallop. he is administered 325 mg of aspirin, and oxygen by nasal cannula. An ECG is immediately performed.



What is the next best step in the management?

- a. administer iv metoprolol.
- b. obtain an echocardiogram.
- c. initiate reperfusion therapy. ✓
- d. administer a GI cocktail.
- e. obtain a stat cardiac biomarkers.

75. A 70 years old woman is recovering after receiving pci for NSTEMI approximately 6 hours ago. she received aspirin 300 mg, ticagrelor 180mg, atorvastatin 40 mg and has eptifibatide infusion for 8hrs. you are called to the bedside to assess the patient, who is complaining of moderate lower back pain and light headedness after sitting up from bed. her current BP is 80/50 and heart rate 100 bpm. JVP is normal and lungs clear to auscultation. the right femoral artery catheterization site is soft and non tender. her extremities are cold and ecg showing no new changes.

What is the next best step in the management.

- a. order an analgesic.
- b. shift to Cath lab for re Angio.
- c. order a noncontrast CT.
- d. administer IV fluids. ✓
- e. obtain an echocardiogram.

76. A 60 years old man with bicuspid aortic valve presents to the emergency deptt with syncope. he says that he is not feeling well over the last 4 days and reports appetite loss subjective fever and chills. his BP is

Aortic Dissection

90% NSTEMI
heparin

No Elevation

ST Elevation

100/40, pulse 120bpm and temp is 100f. precordial examination was notable for an early diastolic murmur at the upper sternal boarder. Which of the following would be contraindicated in this patient?

- a. Initiation of broad spectrum antibiotics after obtaining cultures.
- ☒ b. placement of intraaortic balloon pump.
- c. Immediate surgical evaluation.
- d. Initiation of sodium nitroprusside.
- e. Initiation of inotropes.

77. A 55 years old hospitalized man develops sudden shortness of breath. he suffered inferior myocardial infarction 3 days ago. he underwent cor angio which showed distal right coronary artery occluded and the PCI was unsuccessful. he was doing well until now and denies any chest pain. physical examination was remarkable for HR of 120bpm and BP 80/50. JVP was raised and chest showing crackles all over. precordial examination show S3 gallop and a soft systolic murmur best heard at the apex. echo show severe mitral regurgitation. What is the most likely mechanism responsible for his decompensation.

- a. mitral leaflet perforation.
- b. chordae tendineae rupture.
- c. recurrent myocardial ischemia.
- ☒ d. rupture posteromedial papillary muscle.
- e. rupture anteromedial papillary muscle.

78. A 60 years old man with severe mitral regurgitation presents to the emergency department for evaluation of fatigue. Which of the following physical examination findings is not a feature of this disease?

- a. laterally displaced apex beat.
- b. soft S1
- c. widely split S2
- ☒ d. blowing holosystolic murmur at the left sternal boarder that increase with inspiration.
- e. brisk carotid upstrokes.

murmur at apex

79. A 19 years old boy with no past medical history is evaluated after the recent death of his father at the age of 45. he is asymptomatic does not smoke or take illicit drugs. his BP is 120/65, HR 60bpm, JVP normal. A 2/6 systolic murmur that increase during strain phase of Valsalva manoeuvre is heard. ECG showed LVH, and echocardiography reveal septal thickness of 36mm. What is the most appropriate management?

- a. alcohol septal ablation.
- b. Electrophysiological study.
- c. exercise tolerance test.
- ☒ d. ICD
- e. amlodipine

80. 24 years old lady is admitted to the hospital with acute pulmonary edema and atrial

fibrillation with rapid ventricular rate. examination reveal a mid diastolic murmur best heard at the apex. What is the most likely diagnosis?

- a. aortic regurgitation.
- ☒ b. mitral stenosis.
- c. mitral regurgitation.
- d. tricuspid regurgitation
- e. aortic stenosis.

Increases risk for AFib

81. An 83 years old man with hypertension and diabetes is referred to you for management after presenting to ER last week with atrial fibrillation with fast ventricular rate and underwent successful electrical cardioversion. he was discharged on metoprolol and warfarin 5 mg. his point of care INR today in the office is 2.5. the patient is questioning his need for anticoagulation, citing that he is now in sinus rhythm. he reports that his 50 years old nephew had atrial flutter and takes only aspirin for stroke prevention. he would like to know more about atrial fibrillation and risk of stroke. which of the following statement would be more appropriate for him?

- a. his stroke risk is similar whether his AF is paroxysmal, persistent, permanent.
- b. his stroke risk would be considerably lower if he had atrial flutter like his nephew.
- c. his stroke risk is similar to that of age matched general population.
- d. his stroke risk 1 week after cardioversion is lower than it was prior to cardioversion.
- e. his stroke risk should be reduced to similar extent by aspirin or warfarin.

82. A 75 years old man with chronic systolic heart failure presents in opd with class 3 symptoms. his most recent echo show EF 25%. he takes losartan, metoprolol, aspirin and spironolactone. which of the following intervention would decrease his mortality?

- a. digoxin
- b. low salt diet and restriction of fluid to 1.5l/day
- c. AICD
- d. angiography
- e. cardiac rehabilitation

83. A 56 years old man with a history of a large anterior myocardial infarction and EF 20% presents to opd. he is complaining of shortness of breath after climbing two flights of stairs but denies orthopnea and PND. Which of the following would you prescribe to him.

- a. furosemide, digoxin, rivaroxaban, beta blockers.
- b. furosemide, spironolactone, beta blocker and ace inhibitor.
- ☒ c. furosemide, spironolactone, empagliflozin, beta blocker and ace inhibitor.

- d. frusemide, aspirin, spironolactone, empagliflozin, beta blocker, ace inhibitors.
e. digoxin, spironolactone, ace inhibitors and nitrates.
84. A 66 years old man presents to the emergency room with typical central chest pain of 6 hrs duration. ECG shows ST elevation in II, III, AVF. His BP is 90/60 with raised JVP and chest clear on auscultation. What is the best step in the management?
- a. sublingual nitroglycerin
b. intravenous morphine
c. right sided ECG
d. echo cardiogram.
e. cardiac enzymes.
85. A 55 years old man with severe mitral regurgitation is undergoing a screening colonoscopy in 2 weeks. He also has history of hypertension, GERD, and osteoarthritis. His medications include lisinopril, chlorthalidone, omeprazole and acetaminophen. He is allergic to penicillin. Prior to colonoscopy, which of the following should be prescribed as prophylaxis for infective endocarditis?
- a. amoxicillin 2 gm 1 hour before the procedure.
b. metronidazole 1 gm before the procedure.
c. clindamycin 600 mg 1 hour before the procedure.
d. no antibiotics before procedure.
86. A 30-year-old lady is 7 days postnatal who presented with pain and swelling of the left leg. 2 days later she presented to the emergency department with shortness of breath, blood-stained sputum and palpitations. On examination she is having tachycardia and normal temperature. ECG shows right axis deviation. The most likely diagnosis in this patient is:
- a. Pneumonia.
b. Acute pulmonary edema.
c. Pulmonary embolism
d. Acute respiratory distress syndrome.
e. Acute severe asthma.
87. A 40-year-old man presented with 5 days history of pain right side of the chest which increases with inspiration. He also complains of fever with chills and cough with blood-stained sputum. Which one of the following is the most likely diagnosis in this patient?
- a. Acute myocardial infarction.
b. Community acquired pneumonia
c. Pericarditis
d. Acute bronchitis.
e. Pulmonary embolism
88. A 20-year-old man presented with high grade fever and joint pain. He has history of pharyngitis 3 weeks back treated by a family doctor. Clinically he has tender and swollen ankle and wrist joints and a pansystolic murmur on the mitral area. His investigations are unremarkable except for an ESR of 86mm/1st hour. Which one of the following is the most likely diagnosis?
- a. Infective endocarditis
b. Rheumatoid arthritis
c. Rheumatic fever
d. Mitral valve stenosis
89. A 55-year-old man presented with shortness of breath on exertion and orthopnea. His examination shows BP-180/110, pulse 97/min and fine crepitation on both the bases of lungs. Which one of the following is the most appropriate investigation in this patient?
- a. High resolution CT scan
b. Echocardiography
c. Angiography
d. Pulmonary function tests
e. Electrocardiography
90. A 65-year-old man is complaining of pain in the legs on walking about 300 meters. The pain used to relieve on rest for about 3 minutes. His investigations show Hb-14.5gm%, TLC-7600/cmm, Cholesterol-250mg% and triglycerides-450mg%. Which of the following is the most appropriate further investigation?
- a. Electrocardiography
b. Exercise tolerance test
c. Lower limb angiography
d. Lower limb doppler ultrasound
e. X-rays tibia and fibula
91. A 54-year-old man presented with chest pain on walking about 500 meters for the last 6 months. Examination and resting ECG of the patient is normal. Which one of the following is the most appropriate test he needs?
- a. Echocardiography
b. Electrocardiography
c. Exercise tolerance test
d. Angiography
e. X-ray chest PA
92. A 60-year-old man who is known case of stable angina and is on treatment, suddenly developed severe chest pain, sweating, shortness of breath and palpitation. Blood pressure is 180/100mmHg, pulse is 120BPM. Before referring to the tertiary hospital, which of the following immediate management he needs.
- a. IV normal saline 500ml
b. Oxygen inhalation
c. Oral aspirin with nitrates
d. IV isosorbide dinitrate
e. No treatment needed.
93. A 35-year-old overweight man came with headache mostly in the morning. He has positive family history of hypertension. His blood pressure is 180/110. Which of the following is the most appropriate management approach?

ECG shows right axis deviation. The most likely diagnosis in this patient is:

- a. Pneumonia.
- b. Acute pulmonary edema.
- ☒ c. Pulmonary embolism
- d. Acute respiratory distress syndrome.

103. A 57 years old man with a medical history of uncontrolled diabetes, hypertension, smoking is being seen at 2 months' follow-up after recent hospitalization for anterior STEMI. He reports that he feels well and is back to his normal routine. Physical examination reveals a BP of 130/70 and heart rate of 73bpm. Lab work shows total cholesterol 273mg/dl, LDL 160mg/dl, HbA1c 9.8%. Her medication includes aspirin 81mg daily, clopidogrel 75mg daily, carvedilol 6.25mg bid, Lisinopril 20mg daily, metformin 500mg bid and pravastatin 40 mg daily. Echo shows EF 35%. Which of the following interventions would be the most impactful with regards to her long term cardiovascular morbidity and mortality?

- ☒ a. smoking cessation
- b. high dose atorvastatin for lipid control.
- c. optimizing diabetes control.
- d. titrating carvedilol and Lisinopril to higher doses.
- e. angioplasty.

104. A 39 years old man with a medical history of hypertension and smoking presents to ER with worsening chest pain. He reports that he developed sudden chest discomfort after a coughing episode this morning. He says it is like knife going through his chest. There is no exacerbating or relieving factor that he could identify. Physical examination reveals a BP of 190/90mmHg, HR 90bpm, and SPO2 96%. JVP normal and lung clear to auscultation. Precordial examination shows a soft diastolic murmur at the left sternal border. He has a trace radial pulse on his left side, rest of the pulses are ok. ECG shows ST T changes in the inferior leads. His troponins are within normal range. His CXR is unremarkable. What is the next best step regarding his management?

- a. administer aspirin, clopidogrel, heparin.
- b. administration of NSAIDs and colchicine.
- ☒ c. trans esophageal echo
- d. immediate angiography and angioplasty.
- e. check Dimer.

105. A 60 years old man with a history of hypertension, diabetes, presents to emergency deptt with a 40 minutes of chest burning that started while moving his lawn. His discomfort is precordial and does not radiate. His BP is 150/90, HR 120bpm, jvp

raised, and lungs having fine rales. precordial examination reveals S3 gallop. He is administered 325 mg of aspirin, and oxygen by nasal cannula. An ECG is immediately performed.



What is the next best step in the management?

- a. administer iv metoprolol.
- b. obtain an echocardiogram.
- c. Initiate reperfusion therapy
- d. administer a GI cocktail.
- e. obtain a stat cardiac biomarker.

106. A 70 years old woman is recovering after receiving pci for NSTEMI approximately 6 hours ago. She received aspirin 300 mg, ticagrelor 180mg, atorvastatin 40 mg and has eptifibatide infusion for 8hrs. you are called to the bedside to assess the patient, who is complaining of moderate lower back pain and light headedness after sitting up from bed. Her current BP is 80/50 and heart rate 100bpm. JVP is normal and lungs clear to auscultation. The right femoral artery cauterization site is soft and non-tender. Her extremities are cold and ecg showing no new changes. What is the next best step in the management?

- a. order an analgesic.
- b. shift to Cath lab for re Angio.
- c. order a noncontrast CT.
- ☒ d. administer IV fluids
- e. obtain an echocardiogram.

107. A 60 years old man with bicuspid aortic valve presents to the emergency deptt with syncope. He says that he is not feeling well over the last 4 days and reports appetite loss, subjective fever and chills. His BP is 100/40, pulse 120bpm and temp is 100. Precordial examination was notable for an early diastolic murmur at the upper sternal border. Which of the following would be contraindicated in this patient?

- a. Initiation of broad spectrum antibiotics after obtaining cultures.
- ☒ b. placement of intra-aortic balloon pump.
- c. immediate surgical evaluation.
- d. initiation of sodium nitroprusside.
- e. Initiation of inotropes.

108. A 55 years old hospitalized man develops sudden shortness of breath. He suffered inferior myocardial infarction 3 days ago. He underwent coronary angiography which showed distal right coronary artery occluded and the PCI was unsuccessful. he was doing

- a. Start of antihypertensive drugs
- b. Exercise and weight reduction
- c. Reduction of dietary salt
- d. Re Check blood pressure after 2 days
- ☒ All of the above approaches

94.A 25-year-old lady presented with shortness of breath, swelling of legs and abdominal distension for the last 16 days. She is a case of tuberculous pericarditis and is taking anti tuberculous drugs plus pyridoxine for the last 3 months. She has stopped steroids in the early days of her treatment against medical advice. Which of the following is the most likely complication has occurred?

- a. Cardiac tamponade
- ☒ Constrictive pericarditis
- c. Congestive cardiac failure
- d. Drug induced liver injury.
- e. Drug induced nephritis.

95.A 25-year-old lady presented with shortness of breath, swelling of legs and abdominal distension for the last 16 days. She is a case of tuberculous pericarditis and is taking anti tuberculous drugs plus pyridoxine for the last 3 months. which of the following is the most appropriate investigation she needs?

- a. Electrocardiography
- ☒ Echocardiography
- c. Urinary proteins
- d. Abdominal ultrasound
- e. Sputum for AFB.

96.A 35-year-old lady is using warfarin 7.5mg as anticoagulant for mitral valve replacement for the last 3 years. She was alright until the last 3 days when she developed bleeding from the gums. Her International normalizing ratio (INR) is 4.5. which one of the following is the most appropriate approach for management?

- a. Stop warfarin at all.
- b. Give vitamin K injection.
- ☒ c. Reduce dose of warfarin
- d. Start tranexamic acid.
- e. Conservative treatment.

97.A 75-year-old hypertensive man is having palpitations and occasionally feeling of dizziness. He is using amlodipine 5 Mg once daily for the last 10 years. His blood pressure is 150/90mmHg, pulse is 130 BPM with Irregularly Irregular rhythm. Which one of the following is the most appropriate treatment to start?

- ☒ a. Beta blocker
- b. Digoxin
- c. Cardioversion
- d. Amiodarone
- e. Procainamide

98.A 56-year-old man who is known case of Ischemic heart disease, presented with palpitation and fainting episodes. His blood pressure is 100/60 and heart rate of 180/m. ECG shows ventricular tachycardia. Which one of the following is the most appropriate management?

- a. Bilateral carotid body massage
- b. Unilateral carotid body massage
- c. Immediate IV beta blocker
- d. IV normal saline
- e. IV Isosorbide dinitrate

99. You are asked for a 67-year-old patient in the ward with Ischemic heart disease who fell down due to fainting. You noted his blood pressure as 100/60 and a pulse rate of 45/m. which of the following is the most appropriate management in this case.

- ☒ a. Immediate IV saline
- b. Carotid body massage
- c. Immediate IV atropine
- d. Cardiac resuscitation
- e. Temporary pacemaker

100.A 35-year-old lady is being treated in the medical ward for infective endocarditis. She developed sudden onset of loss of power in the left side of her body. CT scan brain shows right side parietal Infarct. Which of the following is the most likely cause?

- a. Cerebral artery atherosclerosis
- b. Cerebral artery thrombosis
- ☒ c. Cerebral artery embolism
- d. Cerebral artery bleed
- e. Carotid artery aneurysm

septic emboli

101.A 57-year-old man with a medical history of uncontrolled diabetes, hypertension, and smoking, is being seen at 2 months follow up after recent hospitalization for myocardial Infarction. His physical examination is normal. Lab work shows total cholesterol 273mg/dl, HbA1c 9.8%. His medication includes aspirin 81mg daily, clopidogrel 75mg daily, carvedilol 6.25mg bd, lisinopril 20mg daily, metformin 500mg bd and pravastatin 40 mg daily. The Echo shows an ejection fraction of 45%. Which one of the following Interventions would be the most impactful with regards to his long-term cardiovascular morbidity and mortality?

- ☒ a. Smoking cessation
- b. Increase the dose of carvedilol.
- c. Optimizing diabetes control.
- d. High dose atorvastatin.
- e. Angioplasty.

102.A 30-year-old lady is 7 days postnatal who presented with pain and swelling of the left leg. 2 days later she presented to the emergency department with shortness of breath, blood stained sputum and palpitation. On examination she is having tachycardia and normal temperature.

Do not give nitrates in hypotension

Khyber Girls Medical College
Block O Paper

well until now and denies any chest pain. Physical examination was remarkable for HR of 120bpm and BP 80/50. JVP was raised and chest showing crackles all over. Precordial examination shows S3gallop and a soft systolic murmur best heard at the apex. Echo show severe mitral regurgitation. What is the most likely mechanism responsible for his decompensation?

- a. mitral leaflet perforation.
- b. chorde tendinee rupture.
- c. recurrent myocardial ischemia.
- d. rupture posteromedial papillary muscle ✓
- e. rupture anteromedial papillary muscle.

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