Министерство здравоохранения Республики Беларусь

УО «Витебский государственный медицинский университет»

Кафедра факультетской терапии

**Тесты по внутренним болезням**

(на английском языке)

для студентов 4-го курса факультета подготовки иностранных граждан

Тесты по внутренним болезням на английском языке для студентов факультета подготовки иностранных граждан подготовлены зав. кафедрой факультетской терапией профессором В.И.Козловским, доц. Т.Л.Оленской, доц. С.М.Соболевым, асс. А.В.Акуленком.

Тесты по внутренним болезням соответствуют программе курса внутренние болезни для студентов 4 курса факультета подготовки иностранных граждан. В тестах отражены современные аспекты этиологии и патогенеза, клинической картины и методов диагностики заболеваний органов сердечно-сосудистой системы, органов дыхания, органов желудочно-кишечного тракта и мочевыделительной системы.

**Disorder of cardio-vascular system**

**1. Nifedipine and B-blocker is used to combat**

a) Pedal oedema by Nifedipine

\*b) Sympathetic overactivity due to Nifedipine

c) Congestion heart failure caused by B-blocker

d) Heart block caused by B-blocker

**2. All are seen in Congestion heart failure except**

a) Kerley B lines

b) Pleural effusion

\*c) Ulcerative colitis

d) None

**3. Paradoxical splitting of 2 tone on heart is seen in**

a) Aortic stenosis

b) Severe hypertension

c) Coarctation of aorta

d) left bundle branch block

\*e) all of the above

**4. Dopamine is preferred in shock because of**

a) Cardiac Stimulation

b) Renal vasodilation

c) Potent vasoconstriction

d) Rapid action

\*e) all of the above

**5. Right axis deviation is seen in all except**

\*a) Tricuspid atresia

b) Atrial septal defect

c) Ventrical septal defect

d) Pulmonary atresia

**6. A 40 year old male presents with headache and convulsions. His blood pressure is 210/140 mm of Hg. Fundus examination reveals papilloedema. Which one of the following drug combination will be most suitable for this patient**

a) Diazoxide+Triamterene

b) Nitroprusside + Triamterene

\*c) Nitroprusside + Furosemide

d) None of the above

**7. Most common nerve pressed by an enlarged left atrium is**

a) phrenic nerve

b) external laryngeal nerve

\*c) recurrent laryngeal nerve

d) sympathetic nerve

**8. Death in cases of papillary rupture is due to**

a) Сardiac Arrhythmia

b) ventricular aneurysm

c) coronary insufficiency

\*d) pulmonary edema

**9. Fundus picture of stage 2 of keith wagner classification includes**

\*a) copper wire Atrio-ventricular nipping and focal spasm

b) Silver wire, increased reflex

c) Exudate and hemorrhagic spots

d) Papilloedema

**10. A 23 year lady presents with dizziness and chest pain. On examinations there is tathycardia and systolic ejection murmur at mitral area. Investigation of choice is**

\*a) echo cardiography

b) Electrocardiogramm

c) Angiography

d) Computer tomography

**11. All of the following are poor prognostic factors of cardiac failure except:**

a) Ejection fraction is less than 20%

b) Cardiothoracic ratio is more than 1:2

\*c) Decreased Noradrenaline

d) None

**12. Irregular cannon's wave is found in:**

\*a) Complete heart block

b) Junctional rhythm

c) Constrictive pericarditis

d) Right ventricular dilatation

**13. Antihypertensive drug causing impotence**

a) Captopril

\*b) Propranolol

c) Hydrochlorthiazide

d) Nifedipine

**14. Wide split of S2 is seen in**

a) Atrial septal defect

b) Parent ductus arteriosis

c) Ventrical septal defect

\*d) all of the above

**15. The P-wave of the Electrocardiogramm occurs**

\*a) At the beginning of Atrial contraction

b) After the atrial contraction

c) At the beginning of the Ventricular contraction

d) At the end of the Ventricular contraction

**16. Drug Contra indicated in hypertensive cardiac failure is**

a) calcium channel blockers

b) ACE inhibitors

\*c) β-agonists

d) β-blockers

**17. All the following are used in the treatment of hypertensive emergencies except**

\*a) Codein

b) Nitroglycerin

c) Sodium Nitropruside

d) Nifedipine

**18. In treatment of cardiac failure associated with acute pulmonary oedema**

a) Oxygen should be administered using a ventimask

b) I.V. furosemide produces an immediate reduction in preload

1. Nitrates reduce the after load to improve ventricular efficiency
2. ACE inhibitors decrease the after load but increase the preload

\*e) all of the above

**Aortic valve closure corresponds to beginning of**

a) Systole

b) Parasystole

\*c) Isovolumetric relaxation

d) Isovolumetric contraction

**Pulsus paradoxus is seen in all except**

a) Mediastinal tumor

b) Constrictive pericarditis

\*c) Hypertension

d) Pericardial effusion

**Which of the following investigation is useful for Myocardial metabolism and blood flow ?**

a) Computer tomography scan

b) Magnit-resonans imagine scan

\*c) Positron Emission Tomography scan

d) Chest X-ray

**Quick reduction of blood pressure is done in**

a) cerebral infarct

b) Hypertensive encephalopathy

c) Myocardial infarction

\*d) all of the above

e) nothing of the above

**In ventricular hypertrophy with high BP drug of choice is:**

a) β-blocker

b) Ca2+channel blotter

c) ACE inhibitors

d) Diuretics

\*e) all of the above

**Isotope used in myocardial perfusion scan is**

a) Gallium

\*b) Thallium

c) Stannous pyrophosphate

d) all of the above

**Hypertension is diagnosed when the blood pressure is**

a) 180/100 or above

b) 150/94 or above

\*c) 140/90 or above

d) 130/84

**Normal PQ interval is**

a) 0.1 sec.

b) 0.24 sec.

\*c) 0.16 sec.

d) 0.02 sec.

e) 0.016 sec.

**Which of the following drug does not precipitate сhronic heart failure**

a) Carbenoxolone

\*b) Enalapril

c) Dilthiazem

d) Phenylbutazone

**Square root sign in Jugular venous pressure is seen in**

a) Cardiac tamponade

\*b) Constrictive pericarditis

c) Cardiac rupture

d) All of the above

**Which one of the following: is of most serious prognostic sign in a patient of essential hypertension?**

a) Diastolic blood pressure greater than 130 mm Hg.

b) Transient ischemic attacks

c) Left ventricular hypertrophy

\*d) Papilloedema and progressive renal failure

**Right coronary artery supplies all except**

\*a) Apex or heart

b) Interventricular septum

c) Interatrial septum

d) Sinoatrial node

**Treatment of choice in hypertensive emergency patient is:**

\*a) Labetalol

b) Guanethidihe

c) Propranolol

d) Furosemide

**Treatment of choice in cardiogenic shock with pump failure is**

a) dopamine

b) intra cardiac adrenaline

c) digoxin

\*d) intra aortic balloon pumping

**Commonest cause of right ventricular failure is**

\*a) Cor pulmonale

b) Pulmonary thromboembolism

c) Endomyocardial fibrosis

d) left ventricular failure

**First heart sound is because of:**

\*a) Closure of atrio-ventricular valves

b) Closure of semilunar valves

c) Flow of blood from auricle to ventricle

d) Flow of blood from ventricle to pulmonary artery

**S4 is caused by**

\*a) Atrial contraction

b) Papillary muscle action

c) Mitral valve bellowing

d) Turbulent blood flow

**Third heart sound when heard is:**

a) Always pathological

b) Indicative of aortic stenosis

\*c) Suggestive of poor left ventricular function

d) Suggestive of mitral stenosis

**Hypertension with increased renin levels is seen in**

a) Segmental infarction

\*b) fibromuscular hyperplasia of renal artery

c) aortic stenosis

d) Hyperaldosteronism

**Which of the following antihypertensive will you not prescribe to a truck driver?**

\*a) Clonidine

b) Eprosartane

c) Lisinopril

d) Bisoprolol

**A 36 years old female recurrent chest pain and palpitation varying in duration and severity and 6-7 ectopics perminute (possibly supraventricular) not related to exertion. The ideal investigation is**

a) Echocardiography

\*b) Holter monitoring

c) Thallium study

d) Technetium pyrophosphate

**β-blocker cause all except**

a) decrease heart rate

\*b) increase coronary flow

c) decrease cardiac output

d) reduce systolic pressure

**Which one of the following is non invasive**

a) Cardiac catheterization

b) Angiogram

c) Balloon angioplasty

\*d) Echocardiography

**Swan Ganz catheter measures**

a) Right atrial flow

\*b) Pulmonary capillary resistance

c) left ventricular pressure

d) Central venous pressure

**Digitalis given to atrial flutter often produces:**

\*a) Atrial fibrillation

b) Atrial tachycardia

c) Atrial asystole

d) Atrial bigeminy

**Digitoxicity all except:**

\*a) Atrial flutter

b) Ventricular Bigemini

c) Junctional Tachycardia

d) Atrial Tachycardia with Variable Block

**The commonest arrhythmia encountered in digitalis toxicity is:**

a) Complete heart block

b) Sick sinus syndrome

\*c) Bigeminus rhythm.

d) Atrial fibrillation

e) Paroxysmal atrial tachycardia

**Paroxysmal supraventriclar tachycardia responds to**

a) IV verapamil

b) Valsalva manoeuvre

c) Carotid sinus massage

\*d) all of the above

**Digitalis is indicated in all of the following except:**

a) Atrial flutter

\*b) Acute myocardial infarction

c) Atrial fibrillation

d) Congestive heart failure with atrial fibrillation

**One of the following statements regarding patients with ventricular ectopic beat, is correct**

\*a) Isolated ventricular ectopic beats with no heart disease

b) Electrocardiogramm shows premature QRS complex

c) Arryhthmias

d) Lidocaine is indicated

**Digoxin causes all except**

\*a) Increases Heart rate

b) Increases Cardiac output

c) Decreases peripheral resistance

d) Decreases heart size

**All of the following drugs are used in the prophylaxis of ventricular tachycardia except**

a) lidocaine

b) amiodarone

\*c) digoxin

d) mexiletine

**All predispose to digoxin toxicity except**

a) Hypokalemia

b) Hypomagnesemia

\*c) Hypocalcemia

d) None

**Digoxin is used in all except**

a) Paroxysmal supraventricular tachycardia

b) Atrial fibrillation

\*c) Atrio-ventricular block

d) Heart failure

**If a patient is on digitalis develops ventricular tachycardia, which of the following drugs you will not use in management**

a) Amiodarone

\*b) Quinidine

c) Mexiletine

d) Lidocaine

**Drug of choice in ventricular arrythmia in Miocardial infarction is**

a) Digoxin

b)Tocainide

\*c) Lidocaine

d) Disopyramide

**The treatment of digitalis induced arrhythmia include all except**

a) withdrawal of digitalis

b) potassium supplement

\*c) calcium gluconate

**All of following arrythmias are caused by Digoxin except**

a) Ventricular fibrillation

b) Ventricular tachycardia

\*c) Mobitz type II block

**Wenckebach phenomenon is defined as**

\*a) Progressive lengthening of PR interval till a beat is dropped

b) slurred QRS complex

c) Irregular heart rate & premature ventricular beats

d) Shortened ST interval

**Dopamine (5-10 μg /kg/min) dose in shock is given with main intension to**

\*a) Increase cardiac output

b) Increase splanchnic blood flow

c) Systemic vasoconstriction

d) Increased Heart rate

**Purpose of digitalis in atrial fibrillation is to:**

a) Depress vagus nerve

\*b) Slow ventricular rate

c) Slow atrial rate

d) Restore sinus rhythm

**Pulse is totally irregular in**

\*a) Atrial fibrillation

b) Extra systoles

c) Wenkebach block

d) Junctional tachycardia

**Causes of atrial fibrillation include:**

a) Thyrotoxicosis

b) Constrictive pericarditis

c) Cardiomyopathy

d) Mitral stenos

\*e) All of the above

**Which of the following drug is not used in ventricular tachycardia?**

a) Lidocaine

b) Disopyramide

c) Mexiletine

\*d) Digoxin

**P-wave is absent in**

a) Wolff-Parkinson-White syndrome

\*b) Atrial fibrillation

c) Ventricular extrasystole

d) Atrial Tachycardia

**The following are the features of Supraventricular tachycardia except**

a) Completely regular rhythm

b) Vagal stimulation stops the tachycardia

\*c) Pulse rate is more than 300 beats per minute

**A young lady complains of sudden onset of palpitations, extreme weakness and sweating. On examination, she was found to have Blood pressure 90/70 with a regular pulse rate of 180/minute. Her symptoms disappeared after vomiting but she complained of polyuria. The most likely diagnosis is:**

a) Primary thyrotoxicosis

b) Acute anxiety state

\*c) Paroxysmal atrial tachycardia

d) Paroxysmal atrial flutter

**Digoxin is contra indicated in**

a) Atrial fibrillation

b) Congestive cardiac failure

c) Supraventricular tachycardia

\*d) Hypertrophic Cardiomyopathy

**Delta wave is seen in**

a) Heart block

b) Lown-Ganong-Levine syndrome

c) Myocarditis

\*d) Wolff-Parkinson-White syndrome

**In an atrial flutter with 2:1 block, if the atrial rate is 400/minute, then the ventricular rate shall be:**

a) 400/mt

b) 800/mt

c) 82/mt

\*d) about 200/mt

**Beta blockers are antiarrhythmic agents of type (V. Williams (1969):**

a) I

\*b) II

c) III

d) IV

**The most effective treatment of atrial flutter is**

a) IV lidocaine

b) Low dose verapamil

c) Quinidine

\*d) Discharge shock

**Which is not an inotropic agent**

a) amrinone

\*b) amiodarone

c) isoprenaline

d) dopamine

**Drug of choice in heart block is except**

a) Nifedipine

\* b) Isosorbide

c) Steroids

d) Isoproterenol

**External cardiac massage is given at least at the rate of:**

a) 100 per minute

\*b) 60 per minute

c) 80 per minute

d) 40 per minute

**All of the Electrocardiogramm manifestations in Wolf Parkinson White syndrome except**

\*a) Narrow QRS

b) Initial Delta wave

c) Low PR Interval

d) Normal QT Interval

**The current drug of choice in Paroxysmal Supraventricular Tachycardia is:**

a) Digoxin

b) Diltiazem

c) Propranolol

\*d) Adenosine

**Commonest cause of sudden death is....**

\*a) ventricular fibrillation or ventricular asystole

b) cerebrovascular accident

c) acute renal failure

d) all of the above

**The treatment of choice in symptomatic sinus node dysfunction is**

a) Diltiazem

b) Verapamil

c) Propranolol

\*d) Permanent pacemaker

**Dose of Dopamine to be given in a patient with normal cardiovascular status but with decreased urine out put**

a) 1 to 2 μg/kg/min

\* b) 1-5 μg/kg/min

c) 10 μg/kg/min

d) 15 μg/kg/min

e) 20 μg/kg/min

**Atrial fibrillation is seen in all except**

a) constrictive pericarditis

b) atrial septal defect

c) mitral stenosis

d) thyrotoxicosis

\*e) ventrical septal defect

**The treatment of choice for complete heart block is:**

a) Digitalis

\*b) Pacemaker

c) Quinidine

d) Diazepam

**Verapamil belongs to which class of antiarrythmic:**

a) Class I

b) Class II

c) Class III

\*d) Class IV

**Heart Rate is slowed by which of the following drugs.**

\*a) Propranolol

b) Aminophylline

c) Atropine

d) Ephedrine

**One of the following does not cause bradycardia**

a) bisoprolol

\*b) eprosartan

c) verapamil

d) diltiazem

**Digoxin is indicated in all of the following except**

a) atrial flutter

\*b) Wolff-Parkinson-White syndrome

c) atrial fibrillation

d) Paroxysmal supraventricular tachycardia

**Digitalis toxicity is not accentuated by:**

\*a) Hepatic dysfunction

b) Hypokalemia

c) Hypomagnesemia

d) Quinidine

**A 50 year old male has had precordial pain for four hours. On examination, his Blood pressure is 110/80 mm Hg, pulse is 120 beats/min. and respiratory rate is 26/min. His Electrocardiogramm shows marked S-T segment elevation in leads V3....V6 and left ventricular ectopics. The initial therapeutic modalities in his case would include**

a) Lidocaine and streptokinase

b) Streptokinase and morphine

c) Morphine and dobutamine

\*d) Lidocaine, streptokinase and morphine

**In acute myocardial infarction the best drug to cause thrombolysis and to start reperfusion is**

a) Streptokinase

b) Urokinase

\*c) Tissue plasminogen activator

d) Anisoylated plasminogen streptokinase activator complex

**Immediate consequence of the first ischemic cardiac event include all of the following, except**

a) Angina pectoris

b) Sudden death without infarction

c) Transmural infarction

\*d) Cardiac rupture

**Thrombolytic therapy in acute Miocardial infarction is contra indicated in all except**

a) Healed peptic ulcer

\*b) Recent invasive procedure

c) Pulmonary hypertension

d) Pulmonary thromboembolism

**40 years of old male patient present with crushing type of chest pain with Blood pressure -100/80, pulse 100 mt, all peripheral pulses normal, cold peripheries, no gallop. likely diagnosis is**

a) Aortic dissection

b) Pulmonary embolism

\*c) Miocardial infarction

d) Acute pericarditis

**Which one of the following is not a contraindication for thrombolytic therapy in Miocardial infarction?**

a) Active peptic ulcer

\*b) Uncontrolled diabetes

c) Elderly persons

d) None

**Dressier's syndrome includes all the following manifestation except:**

a) Pericarditis

b) Fever

c) Usually in first or subsequent week after infarction

\*d) Ventricular tachycardia

**The greatest increase of Creatinine kinase - MB fraction occurs in:**

\*a) Myocardial infarction

b) Idiopathic pericarditis

c) Rheumatic carditis

d) Angina pectoris

**Coronary bypass surgery is advised for**

a) Aorto arteritis

\*b) Multiple coronary vessel disease

c) Aortic stenosis

d) Angina pectoris

**Nitric oxide acts through**

\*a) Cyclic guanosine mono phosphate

b) Cyclic adenosine mono phosphate

c) Diacetylglycerol

d) Inositol triphosphate

**Mechanism of action of low dose aspirin in post myocardial infarction is inhibition of**

\*a) Platelet thromboxane synthesis

b) Endothelial prostacyclin synthesis

c) Platelet aggregation factor

d) Coagulation factors

**Most specific enzyme for Miocardial infarction is**

a) Creatinine kinase - MM fraction

\*b) Creatinine kinase - MB fraction

c) Creatinine kinase- BB fraction

d) Lactate dehydrogenase

**Drug of choice - relieve pain in myocardial infarction**

\*a) Morphine

b) Droperidol

c) Diazepam

d) Nonsteroidal anti-inflammatory drugs

**Atherosclerosis is inversely proportional to**

a) Low-densty lipoprotein Level

b) Very low-density lipoprotein level

c) Chylomicron level

\*d) High-densty lipoprotein level

**Transmural myocardial infarction in Electrocardiogramm characterized by**

a)ST segment elevation

b) Prolonged QRS

\*c) Pathological Q waves

d) T wave inversion

**In a patient who had an Anterior Miocardial infarction and Right bundle-branch block and Left atrial hypertrophy on Electrocardiogramm, the following is to be done**

a) IV atropine

b) Isoprenaline drip

c) Oral propranolol

\*d) Temporary pacing

**The infarcted myocardium is replaced by scar tissue is in**

a) 2 weeks

b) 4 weeks

\*c) 6 weeks

d) 10 weeks

**The complications of Miocardial infarction are all except**

a) Pulmonary embolism

b) Systemic embolism

\*c) Dissection of aorta

d) Ventricular fibrillation

**Electrocardiogramm features of ventricular aneurysm following Miocardial infarction is/are**

\*a) persistent ST elevation

b) persistent ST depression

c) persistent U wave

d) persistent tall T wave

**Post myocardial infarct, systolic murmur in the apex of heart can be due to ail except**

\*a) complete heart block

b) rupture of inteventricular septum

c) papillary muscle dysfunction

d) all of the above

**Enzyme appearing last in Miocardial infarction is**

a) Creatinine kinase

\*b) Lactate dehydrogenase

c) Serum glutamatic oxaloacetic transaminase

d) Serum glutamatic pyruvic transaminase

**Fibrin specific fibrinolytic agent is**

\*a) Reteplase (antithrombotic agent)

b) Streptokinase

c) Urokinase

d) Heparin

**Drug of choice in Prinzmetal's angina is**

a) Propranolol

b) Acebutalol

\*c) Diltiazem

d) all of the above

**Treatment choice for a patient with acute pump failure after myocardial infarction is**

a) IV fluids

b) Vasopressors

c) Cardiac glycosides

\*d) Intra aortic balloon pump

**Duration of pain in angina is**

\*a) 1-10 mins

b) 5-30 mins

c) 30-60 mins

d) > 1 hour

**Action of nitrates in angina are all except**

a) Venodilatation

b) Arteriolar dilatation

\*c) Decreased Heart rate

d) Improved coronary flow

**The drug contraindicated in Prinzmetal angina is**

a) Calcium channel blocker

b) Nitrate

\*c) β-blocker

d) None

**A patient comes with chest pain a few weeks after an attack of myocardial infarction. The most likely diagnosis is**

a) Psychogenic

\*b) Dressier's syndrome

c) Pneumonia

d) Reflux esophagitis

**Left ventricular hypertrophy is not a feature of**

a) Mitral regurgitation

\*b) isolated Mitral stenosis

c) Isolated ventricular septal defect

d) Aortic stenosis

**Rheumatic fever commonly results in**

a) Mitral regurgitation

b) Aortic stenosis

c) Aortic regurgitation

\*d) Mitral stenosis

**Systolic murmur conducted from apex to axilla occurs in**

\*a) Mitral regurgitation

b) Tricuspid regurgitation

c) Ventrical septal defect

d) Mitral valve prolapse

**Acute infective endocarditis is caused by**

a) S. epidermidis

b) S. aureus

\*c) Strep. viridans

d) Pneumococci

**A lady with congenital heart disease underwent a dental extraction and developed endocarditis. Which is the organism most likely to have been involved in the pathogenesis?**

a) Staphylococcus aureus

b) Streptococcus pneumoniae

\*c) Streptococcus sanguis

d) Staphylococcus epidermidis

**Commonest complication of prosthetic valve is**

a) Embolism

\*b) Infective endocarditis

c) Rejection

d) Infarction

**In the Jones Criteria for rheumatic heart disease the major criteria are all except**

a) Carditis

\*b) Fever

c) Arthritis

d) Subcutaneous nodule

e) Chorea

**Commonest complication of infective endocarditis**

a) Congestion heart failure

\*b) Thromboembolism

c) Pulmonary edema

d) Renal failure

**Which of the following is true regarding specimen collection for blood culture investigation in infective endocarditis?**

a) One specimen is sufficient

b) Two specimens are taken in two consecutive days

c) Three specimens are taken in three consecutive days

\*d) Three specimens are taken at intervals of 2-3 hours from different vessels during fever before antibiotic therapy

**Acute aortic regurgitation occurs in**

\*a) Infective endocarditis

b) Ankylosing spondylitis

c) Marfan's syndrome

d) Hypertrophic cardiomyopathy

**In severe mitral stenosis there is**

a) Left ventricular hypertrophy

b) Right ventricular hypertrophy

c) Systemic hypertension

\*d) Pulmonary hypertension

**Rheumatic activitiy involves mostly...valves**

a) Aortic & Tricuspid

b) Aortic & Pulmonary

c) Mitral & Tricuspid

\*d) Mitral & Aortic

**Investigation of choice in infective endocarditis when blood culture is negative is**

a) urine culture

b) repeat blood culture

\*c) echo cardiogram

d) X-Ray chest

**Pulse pressure in severe aortic regurgitation is equal to**

a) 30-45 mm Hg

b) 45-60 mm Hg

c) 60-75 mm Hg

\*d) 75-90 mm Hg

**Recurrent chest pain and syncope is commonly seen in**

\*a) aortic stenosis

b) mitral valve prolapse

c) aortic regurgitation

d) mitral stenosis

**Roth's spots are seen in**

\*a) infective endocarditis

b) Rheumatic fever

c) thrombocytopenic purpura

d) None

**Osler's nodules are pathognomonic of**

\*a) infective endocarditis

b) Rheumatic fever

c) pulmonary tuberculosis

d) Lupus erithematosis

**In infective endocarditis which of the following is not immune mediated**

a) Roth spots

b) Oslers nodes

c) Glomerulonephritis

\*d) none

**Features of rheumatic carditis are all except**

a) Aschoff nodule

b) Lymphatic infiltration

c) Myocardial fibrosis

\*d) Intramyocardial microemboli

**Steroids are given in Rheumatic fever when there is**

\*a) carditis

b) chorea

c) subcutaneous nodules

d) all of the above

**All are true regarding ventricular septal defect, except**

a) Pansystolic murmur

b) May present as cardiac failure in infants

\*c) Chest X-ray shows pulmonary plethora

d) 25% are suffered from bacterial endocarditis

**Graham Steel murmur is heard in**

a) Aortic incompetence

\*b) pulmonary incompetence

c) aortic stenosis

d) tricuspid stenosis

**Infective endocarditis is a very rare feature of**

a) Ventrical septal defect

b) Osteum secondum Atrial septal defect

c) Tetrology of Fallot

\*d) Mitral stenosis

**Aortic valve orifice less than.... is said to be critical?**

a) 1.5 cm2

b) 1 cm2

\*c) 0.5 cm2

d) 0.25 cm2

**What is seen in severe Aortic stenosis**

a) Pulsus bisferiens

\*b) Late ejection systolic click

c) Heaving shifted apex

d) Loud S2

**In mitral stenosis the left ventricle undergoes**

a) Eccentric hypertrophy

b) Concentric hypertrophy

c) Irregular hypertrophy

\*d) None

**The commonest rheumatic valvular disease is:**

a) Mitral regurgitation

\*b) Mitral stenosis

c) Tricuspid regurgitation

d) Aortic stenosis

**Findings in a case of advanced mitral stenosis include**

\*a) Low pulse pressure

b) Left ventricular hypertrophy

c) Exercise induced angina

d) None

**The valvular lesion most often resulting from myocardial infarction is:**

a) Mitral stenosis

\*b) Mitral regurgitation

c) Pulmonary stenosis

d) Aortic stenosis

**Which of the following regarding Rheumatic nodules is false**

a) Found over extensor surface

\*b) Tender on palpation

c) Associated with severe carditis

d) All of the above

**Aortic regurgitation is seen in all except**

a) Marfan's syndrome

b) Rheumatic heart disease

\*c) Acute Miocardial infarction

d) Syphilis

**In rheumatic heart disease, embolism is most commonly caused by**

\*a) Tight mitral stenosis with atrial fibrillation

b) aortic stenosis

c) Tricuspid regurgitation

d) Atrial septal defect

**Valve affected in infective endocarditis due to intravenous drug abuse is**

a) mitral

\*b) tricuspid

c) pulmonary

d) aortic

**Left ventricular hypertrophy is seen in**

a) Atrial septal defect with fossa ovalis

b) Mitral stenosis

\*c) Aortic stenosis

d) Carcinoid Syndrome

**The gold standard in diagnosis of Cardiac tamponade is**

a) Electrical alternation

b) Pulsus paradoxus

\*c) 2 dimensional ECHO

d) Right heart catheterization

**Which one of the following is not seen in constrictive pericarditis?**

a) Right heart failure

b)Raised Jugular venous pressure

c) Ascites precox

\*d) Cardiomegaly

**Constrictive pericarditis is not seen with pericardial effusion**

\*a) rheumatic

b) uremic

c) tuberculous

d) purulent

**Which is not seen in cardiac Tamponade**

a) Narrow pulse pressure

\*b) irregular pulse

c) Hypotension

d) Pulsus paradoxus

**The causes of pericarditis include all except**

a) Uraemia

\*b) Hypertension

c) Rheumatic fever

d) Tuberculosis

**Treatment of acute cardiac tamponade**

\* a) emergency paracentesis

b) emergency thoracotomy

c) pericardiectomy

d) IV fluids

**Investigation of choice in pericardial effusion**

a) Computer tomography scan

b) Nuclea magnetic resonans

c) Electrocardiogramm

\*d) Echocardiogram

**Investigation to differentiate between pericardial effusion and heart dilatation is**

a) X-ray

b) Fluoroscopy

c) Computer tomography scan

\*d) Echocardiogram

**Normally the pericardium contains**

a) No fluid

\*b) 15 to 25 ml

c) 70 to 100 ml

d) 100 to 200 ml

**58 year old smoker develops recent recurrent chest pain on exertion all are indicated except**

a) IV Heparin

b) Aspirin

c) IV Nitroglycerin

\*d) IV Lidocaine

**All the following indicate ventilatory dysfunction is respiratory obstruction except**

a) Decreased Vital capacity

b) Decreased FEVI/FEV

c) Low PO2

\* d) Low PCO2

**Kussmaul's breathing is due to presence of**

a) bicarbonate

\*b) H ions

c) chloride ions

d) K+ ions

**Most common Electrocardiogramm finding in acute respiratory failure is**

\*a) supraventricular arrhythmia

b) bundle branch block

c) right ventricular hypertrophy

d) Complete heart block

**What is the mechanism by which hyperventilation may cause muscle spasm?**

\*a) Decreased Calcium

b) Decreased Carbondioxide

c) Decreased Potassium

d) Decreased Sodium

**All are features of Adult respiratory distress syndrome except**

a) pulmonary hypertension

b) normal pulmonary artery wedge pressure

c) Hypoxemia

\*d) low protein pulmonary edema

**In the treatment of acute pulmonary oedema, all of the following are employed except:**

a) Morphine

b) Positive pressure during exspiration

c) Tourniquets

\*d) Trendelenburg position

**Treatment of pulmonary edema all are true except**

\*a) IV fluids

b) Furosemide

c) Morphine

d) O2

**Cor pulmonale is seen in**

a) marked obesity

b) Kyphoscoliosis

c) massive pulmonary embolism

\*d) all

**The majority of observers can only detect cyanosis when the arterial oxygen saturation falls below:**

\*a) 70%.

b) 80%

c) 85%

d) 90%

**In Bronchiectasis the following are seen except**

a) normal chest X-ray

b) Chest X-ray with cystic cavities and Tramline appearance

\*c) pleural effusion

d) clubbing

**Lung involvement in chronic bronchitis is:**

\*a) Bilateral

b) Segmental

c) Lobar

d) Unilateral

**In Emphysema, the dilatation occurs**

a) Beyond major bronchus

b) In alveolar region

\*c) Beyond terminal bronchioles

d) Beyond minor bronchus

**Not a complication of chronic bronchitis**

\*a) amyloidosis

b) emphysema

c) spontaneous pneumothorax

d) cor pulmonale

**In bronchial asthma, glucocorticoids**

a) Act as potent bronchodilator

\*b) Reduce airway inflammation

c) Inhibit degranulation of mast cells

d) Block the action of humoral mediators

**Which beta2agonist is not given for acute bronchial asthma?**

a) Salbutamol

b) Terbutaline

\*c) Salmeterol

d) Methylxanthine

**Silent chest is seen in**

\*a) Very severe asthma

b) Chronic bronchitis

c) Emphysema

d) Bronchiectasis

**Most likely precursor to bronchiectasis is:**

a) Tuberculosis

b) Carcinoma

c) Bronchial adenoma

\*d) Bronchopneumonia

**Steroid preparation which can be given by inhalation is**

a) Dexamethasone

b) Triamcinolone

\*c) Beclamethasone

d) Hydrocortisone

**The minimum duration of symptoms to be associated with chronic bronchitis is**

a) 6 months

b) 1 year

\*c) > 2 years

d) > 5 years

**All of the following statement are true in Lobar Emphysema, except**

a) X-ray shows involvement of single lobe

\*b) Severe respiratory failure occurs

c) Air entry to the lobe is decreased

d) Ventilation-perfusion levels are decreased

**Bronchial asthma is associated with raised levels of**

\*a) Leukotrienes

b) PGI2

c) PGIl

d) Thromboxane

**Curshmann's crystals are seen in**

\*a) Bronchial asthma

b) Bronchiectasis

c) Chronic bronchitis

d) Wegners Granulomatosis

**In bronchial asthma, one of the following is correct?**

a) Smooth muscle hypertrophy

b) Mucous plug

c) Contraction of the smooth muscle

\*d) All of the above

**All of the following are useful for treating acute bronchial asthma in children except**

a) 100% Oxygen

b) Hydrocortisone infusion

c) IV aminophylline

\*d) Sodium chromoglycate inhalation

**All are seen in emphysema except**

a) decreased vital capacity

b) hyper inflation

\*c) rhonchi

d) damage to alveoli

**Persistent coarse crepitations in the chest is diagnostic of:**

a) Pulmonary Tuberculosis

\*b) Pulmonary edema

c) Cavity lesion

d) Bronchiectasis

**Macrolide is useful in the management of following except**

a) Legionnaires disease

b) Mycoplasmal pneumonia

\*c) Friedlander's pneumonia

d) Pneumococcal pneumonia

**Which one of the following produces lung abscess?**

a) Mycoplasma pneumoniae

\*b) Pneumococcal pneumonia

c) Viral pneumonia

d) None of the above

**Red 'Current jelly' sputum is characteristic of**

a) Mycoplasma pneumonia

\*b) Klebsiella pneumonia

c) Amebic lung abscess

d) Bronchiectasis

**There is no correlation between the X-ray appearance and the clinical state of the patient in**

\*a) Mycoplasma pneumonia

b) Friedlanders pneumonia

c) Pneumococcal pneumonia

d) Staphylococcal pneumonia

**In pneumonia due to mycoplasma all of the following are true except**

a) Myalgia

b) Dry cough

c) Pleuritic chest pain

\*d) Bilateral infiltration on chest X-ray

**Drug of choice in mycoplasma pneumonia is**

\*a) macrolide

b) tetracycline

c) β-lactame

d) aminoglicoside

**Features of Klebsiella pneumonia is/are**

a) High mortality

b) Upper lobes involved

c) Systemic disturbance

d) Chocolate color sputum

\*e) All of the above

**Which of the following is not an absolute indication for dialysis?**

\*a) Increased Ca 2 +

b) Increased K+

c) Pericardial friction rub

d) Acidosis not amenable to treatment

**Ideal imaging modality for Renal arterial hypertension**

a) Jugular venous pressure

b) Ultra sonagraphy

\*c) Angiography

d) Renin assay

**The proximal convoluted tubules**

\*a) Absorb most of the water and salts of the glomerular filtrate

b) Reabsorb half the glucose in the glomerular filtrate

c) Contain juxta glomerular cells which secrete renin

d) Are the main target cells for antidiuretic hormones

**Safest antibiotic in Renal failure**

\*a) Penicillin

b) Streptomycin

c) Gentamicin

d) Cephasoline

**Hypercholesterolemia with hypoproteinuria is seen in**

a) Myxedema

b) Thyrotoxicosis

\*c) Nephrotic syndrome

d) Glomerulonephrosis

**The anemia in Chronic renal failure is due to**

\*a) Decreased erythropoiesis

b) Increased hemolysis

c) Both

d) None

**In acute renal failure, all are true except**

a) Increased ser. urea

b) Increased ser. creatinine

\*c) Decreased ser. urea

d) None

**White blood cells Casts in urine is seen in**

a) Nephrotic syndrome

b) Amyloidosis

c) Polycystosis

\*d) Pyelonephritis

**Which of the following is not reabsorbed by the kidney**

a) Urea

b) glucose

c) potassium

\*d) creatinine

e) amino acids

**All are true regarding urinary casts except**

a) Broad casts seen in Chronic renal failure

b) Red casts seen in acute Glomerulonephritis.

\*c) Hyaline casts are normal

d) Casts are formed by albumin deposits

**All types of Glomerulonephritis are treated by steroids except**

\*a) Membranoproliferative glomerulonephritis

b) Membranosus glomerulonephritis

c) Lupus Glomerulonephritis

d) Focal segmental glomerulosclerosis

**In chronic renal failure all are seen except**

a) Hyperphosphatemia

b) Hyponatremia

\*c) Hypomagnesemia

d) Metabolic acidosis

**What organism most frequently-causes a urinary tract infection?**

a) Staphylococcus epidermidis

b) Staphylococcus aureus

c) Pseudomonas aeruginosa

\*d) Escherichia coli

**All are features of Nephrotic syndrome except**

a) Hypoproteinemia

b) Hyperlipidemia

c) Massive edema

\*d) Red blood cells casts in urine

**Nephrotic syndrome is associated with the following except**

a) Massive proteinuria

\*b) Hypoproteinuria

c) Hypoproteinemia

d) Marked oedema

**Broad cast inthe urineare diagnostic of**

a) Acute glomerulonephritis

b) Acute renal failure

\*c) Chronic glomerulonephritis

d) Nephrotic syndrome

**In Nephrotic syndrome all serum proteins are reduced except**

a) Albumin

b) Transferrin

c) Ceruloplasmin

\*d) Fibrinogen

**In membranoproliferative glomerulonephritis, the characteristic feature is**

\*a) Thickening and splitting of basement membrane

b) Nil lesion

c) Mesangial cell proliferation

d) Fibrin cap

**Following are features of nephrotic syndrome except**

a) Anasarca

\*b) Hypertension

c) Massive proteinuria

d) Hypoproteinemia

**In the presence of renal failure... should not be given**

a) Furosemide

b) Bumetanide

\*c) Spironolactone

d) Thiazides

**Chronicity is least common in**

\*a) Post streptococcal glomerulonephritis

b) Membranous glomerulonephritis

c) Minimal change glomerulonephritis

d) Focal glomerulonephritis

**Nephrotic syndrome is associated with**

a) Red blood cells casts

b) Albumin fraction is typically more than 3 g/dl

\*c) Proteinuria > 3.5 g per 1.73 m2 per 24 hr

d) Hypolipidemia

**The absolute indications for dialysis include the following except**

a) Persistent or severe hyperkalemia

\*b) Congestive cardiac failure

c) Pulmonary edema

d) Hyperphosphataemia

e) Severe acidosis

**The most common cause of Nephrotic syndrome in adults is**

a) Rapidly progressive glomerulonephritis

b) Minimal change disease

\*c) Membranous Glomerulonephritis

d) Goodpastures syndrome

**All are complications of nephrotic syndrome except:**

a) Delayed atherosclerosis

\*b) Hypotension

c) Renal failure

d) Infection

**Characteristic of Acute Glomerulonephritis**

\*a) Red blood cells casts

b) White blood cells casts

c) Microscopic hematuria

d) Hyaline casts

**Which of the following drug increases renal blood flow**

a) Norepinephrine

b) Epinephrine

\*c) Dopamine

d) Isoprenaline

**Which of the following is the most dangerous renal cast**

a) Hyaline cast

b) Epithelial cast

\*c) Coarse granular cast

d) Waxy cast

**Portacaval encephalopathy is treated with:**

a) Diuretics

\*b) Lactulose

c) Large amounts of proteins

d) Emergency portal systemic shunt surgery

**Alkaline phosphatase is increased in case of**

\*a) Obstructive jaundice

b) Thyrotoxicosis

c) Polycythemia vera

d) Erythroblastosis foetalis

**In hepatorenal syndrome, urine shows**

a) Proteinuria

b) Hematuria

c) a & b

\*d) No abnormality

**Acute hepatic encephalopathy is precipitated by**

a) Lactulose

b) Potassium sparing diuretics

\*c) Excessive use of diuretics

d) All of the above

**All of the following are given in Porta systemic encephalopathy except:**

a) Oral lactulose

\*b) High protein diet

c) Neomycin

d) None

**True about lactulose are all except**

a) It is a cathartic

b) Inhibits absorption of ammonia

\*c) Inhibits absorption of amino acids

d) Causes bacteria to utilize ammonia

**Most likely precipitating cause for Acute hepatocellular failure is**

a) Oral lactulose

b) large IV albumin infusion

c) Large Carbohydrate meal

\*d) Upper Gastrointestinal bleeding

**Gall stone is seen in all except**

\*a) Primary biliary cirrhosis

b) Hypercholesterosis

c) Hyperalimentation

d) Clofibrate therapy

**Alpha - interferon is useful in the treatment of**

a) Wilson's disease

b) Alpha 1 antitrypsin deficiency

\*c) Chronic hepatitis B

d) Chronic autoimmune hepatitis

**Cirrhosis of liver in adult population is commonly due to all of the following except**

\*a) Hepatitis A

b) Hepatitis B

c) Hepatitis C

d) None

**Cirrhotic ascites has all features except**

\*a) Albumin >2.5 g%

b) Specific gravity < 1016

c) Leukocytes < 200/mms

d) Straw colour

**Most common Presentation of primary biliary cirrhosis**

\*a) Pruritus

b) Jaundice

c) Pain

d) All of the above

**The best indicator for recent hepatitis B infection is**

a) HBsAg

b) HBeAg

c) HBcAg

\*d) IgM antibodies against HBc Ag

**The normal portal vein pressure is**

a) 7-10 mm Hg

b) 10-15 mm Hg

\*c) 2-5 mm Hg

d) 7-10 cm of saline

**Hepatic encephalopathy is not precipitated by**

a) Anemia

b) Hypothyroidism

c) Phenobarbitone

\*d) Hyperkalemia

**The most common cause of congestive splenomegaly is**

a) Chronic congestive cardiac failure

\*b) Cirrhosis

c) Hepatic vein occlusion

d) Stenosis or thrombosis of the portal or splenic vein

**Macrocytes in peripheral blood cells are seen in**

\*a) Liver disease

b) Aplastic anemia

\*c) B12 and folate deficiency

d) Chronic renal failure

**Most Iron is stored in combination with:**

a) Sulphate

\*b) Ferritin

c) Transferrin

d) Ascorbic acid

**Charcot-Leyden crystals are derived from**

\*a) Eosinophils

b) Basophils

c) Neutrophils

d) Bronchial goblet cells

e) Mast cells

**Hypersegmented neutrophils are seen in**

a) Chronic myelogenous leukemia

\*b) B12 and folate deficiency anemia

c) Iron deficiency anemia

d) Myelodysplasia

**Erythropoiesis in adults occur in**

\*a) flat bones

b) spleen

c) long bones

d) kidneys

**Ferritin is the storage form of iron in**

a) spleen

b) intestine

\*c) bone marrow

d) pancreas

**Best test to detect iron deficiency anemia in a community with low prevalence of iron deficiency is**

a) Partial (packed) cell volume (Hematocrit)

b) Serum iron

\*c) Serum Ferritin

d) Iron binding capacity

**False statement about anemia in chronic infection**

a) Low iron

\*b) low ferritin

c) Decrease Total iron-binding capacity

d) Increased red cell proto porphyrin

**Which of the following causes megaloblastic anemia?**

a) Fish tape worm infestation

\*b) Vitamin B12 deficiency

c) Hook worm infestation

d) Postgastrectomy

**A 16 year old female presents with generalized weakness and palpitations. Her Hb is 7g/dl and peripheral smear shows microcytic hypochromic anemia; reticulocyte count = 0.8%, serum bilirubin = 1 mg%. The most likely diagnosis is:**

\*a) Iron deficiency anemia

b) Haemolytic anemia

c) Aplastic anemia

d) Folic acid deficiency

**Reduced serum iron and iron binding capacity' is seen in**

a) Thalassemia

b) Iron Deficiency anemia

\*c) Chronic infections

d) Sideroblastic anemia

**Earliest change in Iron deficiency anemia is**

a) decreased serum iron

\*b) decreased serum ferritin

c) decreased Total iron-binding capacity

d) decreased transferrin saturation

**Vitamin B12 deficiency is due to**

a) Iron deficiency

\*b) Atrophic gastritis

c) Low Folic acid

d) None

**56 yr old female presents with anemia, her biochemistry profile shows: S. Iron -180 micro gm, Folate - 8.6 ng, B12 - 60 pg, Hb-6.8 gm% MCV-105 fl, diagnosis is**

\*a) Vitamin B12 deficiency

b) Iron deficiency

c) Folic acid deficiency

d) Thalassemia

**Macrocytic anemia is seen in all except**

a) Sprue

b) Vitamin B12 deficiency

\*c) Iron deficiency

d) D. Latum infestation

**Features of megaloblastic anemia include**

a) Tongue smooth and atrophic

b) Paresthesia

c) Macrocytosis with anisocytosis

d) Hyper segmentation of neutrophils

\*e) All of the above

**Acute lymphoblastic leukemia**

a) Typically produces blast cell cytoplasmic auer rods

\*b) Responds better to chemotherapy than other acute leukemias

c) Is the most common of all acute leukemias

d) Is a typical complication of myelomatosis

**Blast crisis in Chronic myelogenous leukemia is indicated by all except**

a) lymphadenopathy

b) high fever

\*c) sudden enlargement of spleen

d) bleeding tendencies

**A 55 year old male presents with enlarged glands over the left side of neck. On examination, spleen is enlarged 4 cm below the costal margin and liver is enlarged 2 cm below costal margin. Blood examination show a total leucocyte count of 80,000 / cu mm, mostly lymphocytes and a few premature cells. The most likely diagnosis is:**

a) infective adenopathy

b) acute leukemoid reaction

\*c) lymphatic leukaemia

d) Hodgkin's disease

**Best treatment for Chronic myelogenous leukemia**

\*a) allogenic bone marrow transplant

b) non- allogenic bone marrow transplant

c) hydroxyurea and interferon

d) chemotherapy

**Philadelphia chromosome is diagnostic of**

a) sickle cell anemia

\*b) chronic myeloid leukaemia

c) acute myeloid leukaemia

d) hairy cell leukaemia

**In remission induction for Acute myelogenous leukemia all are used except**

a) cytarabine

b) daunorubicin

c) thioguanine

\*d) L-asparaginase

**A patient with Hb level of 60 g/l, WBC 2\*10 9 /l, normal different count except for having 6% blasts, platelets reduced to 20\*109 /l; moderate splenomegaly; possible diagnosis**

\*a) acute leukemia

b) aplastic anemia

c) lymphoma

d) idiopathic thrombocytopenic purpura

**Cells seen in M5 type of leukemia**

a) neutrophils

b) lymphocytes;

\*c) monocytes

d) eosinophils

**Gum hypertrophy is seen in**

a) myelogenous leukemia

\*b) myelomonocytic leukemia

c) lymphocytic leukemia

d) None

**The fundamental difference between a transudate and an exudate in the pleural cavity is:**

a) Color of edema fluid

b) Location of edema fluid

\*c) Protein content of edema fluid and Lactate dehydrogenase

d) Specific gravity of edema fluid

**Thrombosis of the right coronary artery typically produces infarction of the:**

a) Lateral left ventricle

b) Anterior left ventricle

\*c) Posterior interventricular septum

d) Apex of the left ventricle

e) Right atrium

**Aortic atherosclerosis is usually most extensive and severe in the:**

a) Ascending thoracic aorta

b) Aortic arch

c) Upper portion of the thoracic aorta

d) Lower portion of the thoracic aorta

\*e) Abdominal aorta

**All of the following predispose to infective endo­carditis except:**

a) Congenital heart disease

b) Intravenous drug addiction

c) Rheumatic heart disease

\*d) Coronary heart disease

e) Artificial valve prostheses

**The most common cause of myocarditis is:**

a) Rheumatic fever

b) Diphtheria

c) Fungus

\*d) Virus

e) Trypanosoma cruzi

**The most common cause of iron deficiency in adults is:**

a) Hemolysis

b) Inadequate dietary intake

c) Inability to utilize iron

\*d) Chronic blood loss

e) Hereditary hemochromatosis

**The type of emphysema most closely related to cigarette smoking is:**

a) Focal

b) Bullous

\*c) Centriacinar

d) Interstitial

e) Panacinar

**Which of the following is a typical complication of untreated pneumonia caused by Staphylococcus aureus?**

a) Atelectasis

\*b) Abscess

c) Emphysema

d) Pneumothorax

e) Carcinoma

**In histologic sections of the bronchi which is most characteristic of chronic bronchitis?**

a) Epithelial basement membrane thickening

b) Interstitial mononuclear inflammation of the alveoli

c) Smooth muscle hypertrophy in bronchial walls

\*d) Increased thickness of the submocosal layer and mucous glands

e) Decreased numbers of goblet cells in bronchial mucosa

**All of the following are likely complications or se­quelae of duodenal ulcers except:**

a) Hemorrhage

b) Perforation

c) Scarring with obstruction

d) Anemia

\*e) Malignancy arising in the ulcus

**Massive hepatic necrosis encountered in clinical practice is most often caused by:**

a) Carbon tetrachloride poisoning

b) Alcohol

c) Human immunodeficiency virus

\*d) Hepatitis virus

e) Eclampsia

**Which of the following abnormalities and/or symptoms is most specific for acute glomerulonephritis?**

\*a) Hematuria and proteinuria

b) Glucosuria

c) Bilirubinuria

d) Polyuria

e) Renal colics

**The nephrotic syndrome is characterized by all of the following except:**

a) Proteinuria of greater than 3 g/24 hours

b) Hypoalbuminemia

c) Edema

d) Hyperlipidemia

\*e) Anuria

**Rapidly progressive glomerulonephritis is histologically characterized by the presence of numerous:**

a) Intramembranous dense deposits

b) Atrophic proximal convoluted tubules

c) Hyalinized small arterioles

\*d) Glomerular crescents

e) Hyalinized, sclerotic glomeruli

**The primary histologic lesion of benign nephrosclerosis is:**

\*a) Hyalinization of arterioles

b) Focal glomerulosclerosis

c) Tubular atrophy

d) Interstitial fibrosis

e) Papillary necrosis

**Edema is a typical feature of all the following dis­eases except:**

a) Cirrhosis

b) Nephritic syndrome

c) Nephrotic syndrome

d) Cardiac failure

\*e) Diabetes mellitus

**End-stage kidney failure in a 45-year-old man who has bilaterally enlarged cystic kidneys, caused by a disease that is best classified as:**

\*a) Genetic

b) Circulatory

c) Bacterial

d) Viral

e) Autoimmune

**Myocardial aneurysm is typically a late complica­tion of:**

a) Myocardial rupture

\*b) Myocardial infarction

c) Mitral valve prolapse

d) Myocarditis

e) Constrictive pericarditis

**Class I The Canadian Cardiovascular Society grading scale is used for classification of angina severity, as follows:**

\*a) Angina only during strenuous or prolonged physical activity

b) Slight limitation, with angina only during vigorous physical activity

c) Symptoms with everyday living activities, ie, moderate limitation

d) Inability to perform any activity without angina or angina at rest, ie, severe limitation

**Class II The Canadian Cardiovascular Society grading scale is used for classification of angina severity, as follows:**

a) Angina only during strenuous or prolonged physical activity

\*b) Slight limitation, with angina only during vigorous physical activity

c) Symptoms with everyday living activities, ie, moderate limitation

d) Inability to perform any activity without angina or angina at rest, ie, severe limitation

**Class III The Canadian Cardiovascular Society grading scale is used for classification of angina severity, as follows:**

a) Angina only during strenuous or prolonged physical activity

b) Slight limitation, with angina only during vigorous physical activity

\*c) Symptoms with everyday living activities, ie, moderate limitation

d) Inability to perform any activity without angina or angina at rest, ie, severe limitation

**Class IV The Canadian Cardiovascular Society grading scale is used for classification of angina severity, as follows:**

a) Angina only during strenuous or prolonged physical activity

b) Slight limitation, with angina only during vigorous physical activity

c) Symptoms with everyday living activities, ie, moderate limitation

\*d) Inability to perform any activity without angina or angina at rest, ie, severe limitation