

1. IV sodium nitroprusside can be given in which pt.:

- a. Asymptomatic PT, with BP 230/120.
- b. Newly discovered HTN, with BP 180 /100.
- c. PT, presenting with encephalopathy, and BP 230/130.
- d. Pt , with recent elevation of BP 190/110.
- e. Elderly patient, with chronic renal failure and BP 200/100.

2. Management of acute cardiogenic LVF, include all , except:

- a. Furosemide IV
- b. morphine IV
- c. NTG IV, OR SUBLINGUAL
- d. Beta blockers IV
- e. urinary catheter

3. CAUSES of valvular heart disease, which is true:

- a. congenital.
- b. rheumatic heart disease.
- c. degenerative.
- d. collagen diseases.
- e. all of the above.

4. Auscultatory findings in mitral stenosis include all of the following except:

- a. mid diastolic murmur.
- b. presystolic accentuation.
- c. opening snap.
- d. the murmur has rumbling character.
- e. presystolic accentuation increased with AF.

5. indications for aortic valve replacement in aortic stenosis , include all of the following except:

- a. severe symptoms, despite treatment.
- b. patient ,going for CABG, with moderate AOS.
- c. pressure gradient > 70 mmhg.
- d. aortic valve area < 0.8 cm.
- e. left ventricular hypertrophy

6. The most common cause of mitral regurgitation is :

- a. Rheumatic heart disease.
- b. Ischemic.
- c. Congenital (mitral valve prolapse).
- d. Inflammatory.

e. Degenerative.

7. Irregular wide complex tachycardia , include all of the following , except:

- a. AF, with LBBB.
- b. AF , with RBBB.
- c. ventricular tachycardia.**
- d. AF, with aberrant conduction.
- e. AF, with WPW syndrome.

8. 70 years old male patient , presented to the emergency department, with palpitations, dyspnea, dizziness, BP 60/30 mmHg, his ECG , showed fast atrial fibrillation, the treatment of choice is:

- a. amiodarone IV.
- b. verapamil.
- c. DC shock non synchronized.
- d. DC shock, synchronized.**
- e. digoxin IV.

9. All of the followings , considered as primary basic rhythms in sudden cardiac death , except:

- a. Asystole.
- b. Pulseless electrical activity .
- c. Pulseless AF**
- d. VF
- e. Pulseless VT

10. Signs of successful streptokinase therapy, include:

- a. Relief of chest pain.
- b. ST segment regression.
- c. Reperfusion arrhythmia.
- d. Early peak of cardiac enzymes.
- e. All of the above.**

11. The least sensitive cardiac enzyme , is:

- a. CK(MB).
- b. LDH.**
- c. TPOPONIN.
- d. MYOGLOBIN.
- e. AST.

12. IN the management of acute coronary syndrome, all of the following drugs, considered evidence based class A, except:

- a. aspirin.
- b. Beta blockers.
- c. clopidogrel.
- d. CCB.
- e. streptokinase, in ST elevation MI.

13. Unstable angina , include all of the following , except:

- a. angina de novo.
- b. crescendo angina.
- c. angina at rest.
- d. effort angina.
- e. post MI angina.

14. Which of the following drugs, associated with prolongation of the Q-T interval :

- a. Gentamycin.
- b. Digoxin.
- c. Erythromycin.
- d. Cefalexin.
- b. amoxicillin.

15. apex beat , in aortic stenosis , is:

- a. diffuse, in 5th intercostals space.
- b. localized, shifted outward , weak.
- c. localized, shifted downward, forceful.
- d. diffuse. Shifted, downward, outward.
- e. localized, in 5th intercostal space, sustained.

16. All the following are features of Aortic regurgitation except:

- a. Head nodding.
- b. Pistol shot.
- c. paradoxical pulse
- d. Corrigan pulse.
- e. Hills sign.

17. Cardiomyopathies, include the following diseases , except;

- a. dilated cardiomyopathy.
- b. hypertrophic cardiomyopathy.
- c. constrictive cardiomyopathy.
- d. Right ventricular dysplasia.
- e. Restrictive cardiomyopathy.

18. 78 years old male patient presented to ER c/o dizziness, recurrent syncopal attacks. His ECG showed regular bradycardia , HR 30 bpm, complete AV dissociation. This patient physical signs, include all of the following except:

- a. wide pulse pressure.
- b. Cannon a wave.
- c. Slow regular pulse.
- d. Ejection systolic murmur over aortic area.
- e. Giant a wave.**

19- 75 years old male patient, diagnosed to have severe aortic stenosis, with peak pressure gradient 80 mmhg, mean PG 40mmhg, which of the following symptoms has bad prognostic value , and carries the highest risk for death:

- A. chest pain.
- B. Syncopal attack.
- C. Dyspnea.**
- D. Palpitations.
- E. General weakness.

20.a 65 years old male patient, heavy smoker, known to have COPD, cor pulmonale , and right sided heart failure, and he was maintained on optimal medical therapy, his ECG finding could include :

- A. right axis deviation.
- B. Right ventricular hypertrophy.
- C. RBBB.
- D. Atrial extrasystoles, and atrial tachycardia.
- E. All of the above.**

21- a 50 years old female patient, diabetic for 15 years, admitted to ICCU with retrosternal chest pain, sweating, her 12 leads ECG, showed anteroseptal STEMI, 2 hours later the patient started to c/o dyspnea , orthopnea, by auscultation her lung fields were full of crepitations bilaterally BP 120/75 mmhg , this patient diagnosis and management is:

- A. left ventricular failure, killip class II , frusemide , O2 , bisoprolol.
- B. LVF , killip class III , dopamine IV.
- C. LVF, killip class III, frusemide, O2, morphine, enalapril.**
- D. Rupture free wall , urgent surgery.
- E. Cardiogenic shock , intraaortic balloon.

22-a 55 years old male patient , with H/O long standing DM, admitted with burning retrosternal chest pain, profuse sweating , vomiting . his ECG : ST elevation in leads II , III , AVF , tall R wave and ST depression in leads V1 , V2. all of the following are expected specific complications for this localization myocardial infarction except:

- A. RV infarction .
- B. Complete heart block.
- C. Rupture papillary muscle .
- D. Pericarditis.
- E. Hypovolemic hypotension.

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رئته الخلل الصحيح
D

23- a 30 years old male , smoker, known to have RhHD, mitral valve disease, presented to ED,C/O palpitations , started 20 days ago, his ECG showed AF , with fast HR , BP 120/80mmhg. The correct diagnosis and management for this patient is :

- A. paroxysmal AF , verapamil 5mg IV .
- B. persistent AF , rate and rhythm control by digoxin and amiodarone.
- C. Persistent AF , verapamil IV , warfarine for one year.
- D. Persistent AF , rate control, warfarine for 3 weeks, Echo Doppler and TEE , then cardioversion.
- E. No treatment.

24 .a 50 years old male patient , known to have HTN, DM ,dyslipidemia, admitted to iccu with unstable angina, associated with ST depression in inferolateral leads , he has 5 anginal episodes during 24 hours, despite antianginal treatment, TroponinT test negative, the patient was on antihypertensive treatment and aspirin last month, no H/O coronary angiography before , this patient TIMI risk score is :

- A. I
- B. II
- C. IV
- D. VII
- E. VIII

25 .a 26 years old female patient , C/O effort dyspnea, palpitations for few months , her ECG : AF. Echo Doppler : severe MS ,mitral valve area 0.9cm , left atrium 5,0 cm , this patient Auscultatory findings include all of the following except :

- A. accentuated first heart sound.
- B. Variable intensity of S1.
- C. Opening snap.
- D. Irregular irregularity .
- E. Rumbling mid diastolic murmur , with presystolic accentuation.

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المعنى الصحيح
B

26.a . 65 years old male patient , admitted to ED , with syncopal attack , palpitation, by exam , patient is confused, sweaty, BP 70/40 mmhg, his ECG : wide complex regular tachycardia, with HR 200 bpm, the appropriate management for this pt is :

- A. verapamil IV.
- B. DC shock 200 j , synchronized.
- C. DC shock 50 j asynchronized.
- D. amiodarone IV .
- E. lidocaine IV.

27.a. 38 years old female patient , presented few weeks after delivery C/O dyspnea, orthopnea ,PND , her ECG : AF , LVH. Chest XRAY cardiomegaly and congestion. ECHO Doppler : dilated LV , LA, global hypokinesia, EF 35 % , grade III MR, moderate TR. The patient diagnosis , and appropriate treatment is :

- A. idiopathic cardiomyopathy , frusemide , B blockers.
- B. peripartium CMP , frusemide, aldactone, ramipril, Metoprolol, warfarine.
- C. peripartium CMP , frusemide, aldactone , digoxin .diltiazem.
- D. severe MR ,mitral valve replacement.
- E. post carditis CMP,antibiotics, NSAIDS, prednisone.

28- Life threatening cause of chest pain:

- a. Effort angina.
- b. Pericarditis.
- c. Costochondritis.
- d. Esophageal rupture.
- e. Mitral valve prolapse.

29 . In a patient , admitted to emergency room , with wide complex ,regular tachycardia, his differential diagnosis, include all of the followings , exept:

- a. SVT, with LBBB.
- b. VT .
- c. SVT,with RBBB.
- d. SVT , with antidromic conduction.
- e. AF, with LBBB.

30-. Pulse check in cardiac arrest should be performed

- a. Before every cycle.
- b. After every cycle.
- c. Before every DC shock.
- d. Before 2d DC shock.
- e. Non of the above.

31- In a patient presenting with VF, energy level in biphasic DC . SHOCK, SHOULD BE

- a. 100 J .
- b. 150J.
- c. 200J.
- d. 300J.
- e. 350J.

32 . compression to respiration ratio during CPR should be:

- a. 15:2.
- b. 20:2.
- c. 2:1.
- d. Breath every 8 second.
- e. Respiration has been removed from the algorithm of CPR.

33. 70 years old female patient , admitted to ICCU , with acute anteroseptal MI of one hour duration, which of the following conditions is considered as absolute contraindication for streptokinase administration.:

- a. High BP .
- b. Active peptic ulcer disease.
- c. Prolonged CPR.
- d. Surgery one year ago.
- e. Brain hemorrhage 6 months ago.

34 . IN A PATIENT , WITH ACUTE CORONARY SYNDROME , AND HYPOTENSION, FIRST AID INCLUDE ALL OF THE FOLLOWINGS , EXEPT

- a. OXYGEN.
- b. NTG SUBLINGUAL.
- c. ASPIRIN 300 MG SHEWABLE.
- d. SEDATION.
- e. TREATMENT OF DYSRHYTHMIA, IF OCCURED.

35. A 65 years old male patient presents to the emergency room with epigastric pain associated with nausea and vomiting , found to be hypotensive . what is the first investigation to be done:

- a. Random blood sugar.
- b. Serum amylase.
- c. ECG.
- d. Abdominal ultrasound.
- e. Abdominal X ray.

36. All of the following are considered as mechanical complication of myocardial infarction , except:

- a. Rupture papillary muscle.
- b. Rupture septum.
- c. Pseudoaneurysm.
- d. True aneurysm.
- e. Rupture free wall.(tamponade).

37- 30 years old male patient , admitted with chest pain , worse on lying flat ,he claims that he has had flu like illness 2 weeks ago , by auscultation he has friction rub . which one of the following ECG changes is most characteristic for this disorder:

- a. ST segment depression.
- b. PR prolongation.
- c. PR depression.
- d. Peaked , tall T wave.
- e. Prominent U wave.

39. The most specific sign for cardiac tamponade by EchoDoppler is:

- a. Significant amount.
- b. Posterior localization.
- c. Collapse of the right atrium.
- d. Collapse of the right ventricle.
- e. Anterior localization.

40. 76 years old male patient , admitted to emergency room , with retrosternal burning chest pain , sweating , vomiting , his 12 leads ECG revealed ST segment elevation in leads V1-V4, which of the following is the most accurate diagnosis, and which coronary artery ,is occluded.:

- a. Acute non ST elevation anteroseptal MI , LAD IS occluded.
- b. Acute inferior MI , right coronary artery.
- c. Acute inferior ST elevation MI , LAD.
- d. Acute anteroseptal ST elevation MI , LAD, is occluded.
- e. Acute pulmonary embolism.

41. 70 years old female patient , admitted to ICCU , with acute anteroseptal MI of one hour duration, which of the following conditions is considered as absolute contraindication for streptokinase administration.:

- a. pericarditis .
- b. Active peptic ulcer disease.
- c. Prolonged CPR.
- d. Surgery one year ago.
- e. Active GI bleeding.

42. Which of the following is not a life threatening cause of chest pain.

- a. Acute MI.
- b. Dissecting aortic aneurysm.
- c. Pulmonary embolism.
- d. Pericarditis.
- e. Tension pneumothorax.

43. Primary angiography should be performed in acute STEMI , withen:

- a. one hour
- b.3 hours
- c.90 min.
- d.24 hours.
- e. 2 days.

44. one of the following, considered sign of left ventricular hypertrophy on ECG

- a. Q wave in inferior leads.
- b. Wide QRS complex.
- c. Negative T wave in leads II and III.
- d. R wave in lead V5 >25 mm.
- e. R wave in lead Avl < 13mm.

45. during preparation of the patient for primary angiography , all of the following should be given, except:

- a. Aspirin 300mg .
- b. streptokinase.
- c. Clopedogrel 600 mg.
- d. Clexane 1 mg per KG.
- e. morphin.

46. optimal medical therapy in congestive heart failure, include all of the following , except

- a. frusemide.
- b. B blockers.
- c. captopril.
- d. aspirin.
- E. Aldactone

47. SAM in HOCM, IS CAUSED BY:

- a. 2dry to chamber dilatation.
- B. ischemia.
- C. venturi effect.
- D asymmetrical LVH.
- E. ALL OF THE ABOVE.

48. WHICH SIGN ,IS NOT CONSEDERED A SIGN OF RIGHT SIDED HESRT FAILURE.

- A. hepatomegaly.
- b. congested neck veins.
- c. dyspnea.
- d. lower limbs edema.
- e. ascitis.

49. signs of successful streptokinase therapy, include all , except.

- a. relief of chest pain.
- b. regression of ST segment.
- c. absence of Q wave on ECG .
- d. reperfusion arrhythmia.
- e. early peak of cardiac biomarkers

50 .SIGNS OF DCM by Echo Doppler include all of the following , except .

- a. dilate 4 chambers.
- B.MR.
- C. TR.
- D. EXCENTRIC LVH.
- E.PULMONARY REGURGE.

51- The first sign of degitalis toxicity is :

- a_diarrhea
- b_vomiting
- c_anorexia
- d_arrrhythmia

51- BLS include all of the following except

- a_recognition of arrest
- b_call for help
- c_DC shock
- d_CPR 15\2

53- The most important factor in CPR is

- a_velocity
- b_timing
- c_compression
- d_giving breaths

The dose of adrenaline in ACLS is

- a_ 1 microgram
- b_ 2 microgram
- c_ 1 milligram
- d_ 2 milligram

54-The most important parameter to check during CPR is

- a_O2 saturation
- b_pulse
- c_rythm
- d_Co2 capnography

55- Pericardiocentesis should be done in all the following situations except

- a_cardiac tamponade
- b_pericarditis and effusion
- c_free wall rupture
- d_aortic rupture

56- Vassopresin during ACLS can be given

- a_continuous
- b_once
- c_twice
- d_per need

57-angina and syncope are commonly associated with:

- a. mitral stenosis.
- b. Atrial fibrillation
- c. Aortic stenosis
- d. Pulmonary stenosis.
- e. Aortic regurgitation.

58- Cooling the patient during CPR can increase survival by

- a_0.1 %
- b_1%
- c_ 0.5 %
- d_ 5 %

59- The golden period for primary angiography is

- a_60 min
- b_90 min
- c_ 120 min
- d_ any time

60- Sgarbossa criteria in patient , with LBBB,SUGGESTING WITH ACUTE MI, include just one of followings:

- a. Wide QRS complex more than 0.14ms.
- b. ST segment elevation >1mm in any lead concordant with QRS COMPLEX.
- c. Deep S wave in lead V1/
- d. ST depression in leads V5,V6.
- e. M shape R wave in leads V1,V2.

61- Regarding systolic murmurs one of the following statements is false.

- a. VSD causes pansystolic murmur.
- b. Aortic stenosis produces ejection systolic murmur.
- c. Atrial septal defect produces ejection systolic murmur.
- d. Mitral valve prolapse produces click and systolic murmur.
- e. Aortic regurgitation produces early systolic murmur.

62- Indications of NaHCO₃ in arrested patients include all except

- A. Acidosis cause arrest
- B. not corrected hyperkalemia
- C. all patients
- D. TCA overdose

63- A 72 years old woman admitted to the ICCU, with an acute inferior myocardial infarction, during ECG recording it is noticed that heart rate is 35 bpm and blood pressure 100/60 mmHg. The most appropriate immediate action is:

- a. Intravenous streptokinase.
- b. Give intravenous atropine 1 mg.
- c. Insert temporary pacemaker.
- d. Keep monitoring the pulse and blood pressure.
- e. Emergency DC shock.

64 Causes of long QT Syndrome include all of the followings, except:

- a- Hypokalaemia.
- b- Hypocalcaemia.
- c- Hypomagnesaemia.
- d- Hypermagnesaemia.
- e- Rheumatic carditis.

65- ECG changes in acute pulmonary thromboembolism, all of the followings are true, except:

- a- Sinus tachycardia.
- b- New right bundle branch block.
- c- Acute atrial fibrillation may be seen.
- d- S1 Q3 T3 pattern is very common.
- e- T inversion over the right chest leads.

66- ALL OF THE FOLLOWINGS, CAN BE FIRST PRESENTATION OF CARDIAC ARREST, EXCEPT:

- a. Asystole.
- b. Pulsless VT.
- c. VF.
- d. Complete heart block.
- e. Pulsless electrical activity.

67- The followings are causes of prominent R wave in Lead V1 EXCEPT:

- a. Posterior wall myocardial infarction.
- b. RBBB.
- c. Mirror image dextrocardia.
- d. Wolf-Parkinson-White Syndrome type A.
- e. left ventricle hypertrophy.

68. Which one of the following is associated with ST segment elevation in ECG?

- a. hypokalemia.
- b. RVH.
- c. WPW syndrome.
- d. early repolarization.
- e. subendocardial infarction.

69. The followings improve the survival figure in chronic congestive heart failure as shown by many studies...Except

- a. bisprolol
- b. metaprolol
- c. carvidolol
- d. spironolactone
- e. digoxin

70- .In mitral stenosis all are true except:

- a. malar flush may be seen
- b. low cardiac output state
- c. rarely congenital
- d. S3 sound is commonly seen
- e. mid diastolic murmur ,with opening snap

71- .Aortic stenosisall are true except:

- a. Carotid radiation is common.
- b. dyspnea is the earliest symptom.
- c. ejection systolic murmur.
- d- aortic valve replacement is indicated, if PG > 70mmhg..
- E- valve replacement is the usual mode of treatment

72. The objectives in the medical treatment of heart failure ..all are trueexcept:

- a. Reduction of the after load
- b. optimization of the preload
- c. augmentation of the cardiac contractility
- d. controlling the heart rate
- e. aggressive diuresis to remove all edemas

73.Indications for aortic valve replacement in aortic regurgitation ,include all of the following except:

- a. recurrent pulmonary oedema.
- b. patient ,going for CABG, who has moderate aortic regurge.
- c. EF below 50%.
- d. systolic diamter > 45mm.
- e. systolic diameter> 55mm.

74. 50 years old male diabetic patient , presented to emergency department , with retrosternal burning chest pain, started 30 min ago, radiated to both sholders ,sweating , his 12 leads ECG revealed ST segment elevation in leads II , III AND AVF , what is his diagnosis and what artery is involved.

- a. anterior ST elevation MI. Rt coronary artery is involved.
- b. inferior STEMI, LAD is involved.
- c. inferior non SEMI , RCA is involved.
- d. inferior STEMI, RCA IS INVOLVED.
- E. Anterior non STEMI, LAD is involved.

75- Best management for previous patient , is :

- a. aspirin , clopedogrel , b blocker, statin and primary angiography.
- b. aspirin , nitrate , c channel blocker and streptokinase.
- c. aspirin , statin , clexane.
- d. discharge home.
- e. b blocker , heparin, streptokinase , nitrate.

76- .Peripheral signs of aortic regurge , include all of the following , except:

- a. hills sign.
- b. corrigan carotid pulsation
- c. pistol shoot.
- d. jerky pulse.
- e. collapsing water hammer pulse.

77- All of the followings are branches of RCA , except,

- a. SA branch.
- b. AV branch.
- c. diagonal branch.
- d. Rt ventricle branch.
- E. PDA.

78- WHICH OF THE FOLLOWING ,CONSIDERED AS SPECIFIC COMPLICATION OF ACUTE INFERIOR MI .

- a. pericarditis.
- b. rupture papillary muscle.
- c. LV failure.
- d. LV aneurysm.
- e. cardiogenic shock.

79- Which of the following, is not a feature of LBBB in ECG;

- a. wide M shape QRS complex in leads V5 ,V6
- B. ST depression in leads v5.v6.
- c. deep S wave in leads v5,v6.
- d. M shape QRS in leads I, AVL.
- E. ST depression in leads I, AVL.

80- 45 years old female patient presented to ER , with palpitation dyspnea started 2 weeks ago , her BP was 120/75mmhg, her 12 leads ECG revealed wide comlex irregular tachycardia , with HR 160 BPM,ECHO DOPPLER NORMAL , her diagnosis , include all of the following , except:

- a. AF ,WITH LBBB.
- B. AF , WITH RBBB.
- C. VT.
- D. AF , WITH WPW SYNDROME.
- E. AF ,WITH aberrant conduction.

81- The best management for the patient , in previous question is:

- a. DC shock 150 j.
- b. DC shock 360 j.
- c. digoxin , heparin, amiodarone.
- d. digoxin, warfarin, for life.
- e. digoxin , warfarin for 3 weeks , trans esophageal ECHO , then rhythm control.

82- 50years male pt , diabetic , hypertensive , admitted to ICCU with burning , retrosternal chest pain , sweating and nausea , his 12 lead ECG revieled ST segment elevation in leads II , III , AVF , with HR 40bpm , BP 70/40 , HIS JVP -is raised , his lung fields are clear This patient diagnosis is:

- a)acute anterior MI
- b) Acute inferior MI , complicated by RV infraction, complete heart block
- c)Acute inferior MI , complicated by left ventricular failure.
- .d) Acute non ST elevation MI.
- .e) Unstable angina

83- the mainstay in the management of this patient is

- .a) Clexane , Aspirin
- .b)IV lasix
- .c) IV dopamine
- .d) IV fluid , atropine
- ..e) ACE inhibition and B blockers

84- 73 years old male patient admitted to ICCU with chest pain , heaviness in character sweating vomiting , his ECG – showed ST elevation in leads I –AVL V1---V6 , 3 hours later the patient started to C/O dyspnea , orthopnea chest –full of crepitation, BP 70/30 mmHg , this patient diagnosis is

- a) Acute anterolateral MI , complicated by LVF , Killip class II
- b) Acute anterolateral MI complicated by cardiac tamponade
- c) Acute anterolateral MI complicated by LVF , Killip class IV
- d) Acute anterior MI , complicated by pulmonary embolism
- e) Acute anterolateral MI complicated by RV infarction

85- The mainstay in this patient management should include

- a) Streptokinase , IV fluids , Aspirin
- b) Streptokinase , ACE , inhibitors , B-blocker
- c) IV dopamine , possible intraaortic balloon
- d) clexane , fluid, B block
- e) B.blockers aspirin , nitroglycerin

86- 75 year old female pt maintained on atenolol , B-Aspirin and atorvastatin , she was admitted to ICCU with unstable angina ,her 12 leads ECG pre admission showed ST depression V1---V4 , she has continuous angina despite treatment , here cardiac enzymes - normal , this patient T I MI score is

- a) 2
- b) 3
- c) 5
- d) 7
- e) 8

87- all of the following are echo findings in patient with HCOM except

- .e) obstruction of left .a) Asymmetrical septal hypertrophy (ASH)
- .B) Systolic anterior motion (SAM)
- .c) low EF
- .d) MR
- E) ventricular out flow tract (high gradient)

88- Indication for ICD implantation in a patient with HOCM include all of the following except

- .a) Family history of sudden cardiac death
- .b) resuscitated VT or VF
- .C) VT on Holter monitor
- .d) chest pain on effort
- .e) Peak pressure drop during exercise

89- All of the following can be used in management of HOCM except

- .a) propranolol
- .b) Verapamil
- .c) ICD
- .d) Amiodarone
- .e) Digoxin

90- 32 years old female patient , complaint of localized chest pain, fever 2 weeks after acute viral flu like illness and she diagnosed to have dry pericarditis, her ECG findings characterized by all of the following, except

- a) concave upward ST elevation
- b) diffuse ST elevation
- c) PR depression
- d) Tall R wave V1---V2
- e) late diastolic changes

91- the most common cause of MS is

- a) degenerative
- b) Rheumatic
- c) congenital
- d) collagen D
- e) Inflammatory

92-: paradoxical pulse can be seen in which of the following

- a)hypertensive encephalopathy
- b)acute MI
- c)Massive pulmonary embolism
- d)pulmonary stenosis
- e)Dilated cardiomyopathy

93- 75 years old male patient , complaining of dizziness , dyspnea on effort by examination , he has ejection systolic murmur at 2d Rt intercostal space , radiating, to the carotids all of the following can be heard by auscultation except

- a) Muffled 2d heart sound
- b) Mid systolic murmur at the aortic area
- c)S3
- d)S4
- e)Ejection systolic chick

94- All of the following are the auscultatory findings in a patient with ASD , except

- a)Ejection systolic murmur over pulmonary area
- b)Wide splitting of S2
- c)Fixed splitting of S2
- d)Ejection systolic murmur, due to shunt through atrial septal defect
- e)The murmur is not very loud

95- When you measure the JVP , a patient with congestive heart failure , it was 4 cm above sternal angle which calculated JVP has this patient

- a)12cm
- b)10cm
- c)9cm
- d)7cm
- e)6cm

96- 32 YEARS OLD FEMALE PATIENT , ADMITTED TO CARDIOLOGY DEPARTMENT WITH PULMONARY OEDEMA , BY EXAMINATION SHE FOUND TO HAVE MITRAL STENOSIS , BY ECHO DOPPLER : THERE IS MITRAL STENOSIS , VALVE AREA 0.9 , PEAK PRESSURE GRADIENT 30 MMHG , THE LEAFLETS ARE PLIABLE , SEVERE MITRAL REGURGE , THE BEST MANAGEMENT FOR THIS PT IS

- A. MEDICAL TREATMENT
- B. MITRAL VALVE REPLACEMENT
- C. OPEN COMMISSURETOMY
- D. BALLOON VALVOPLASTY
- E. NO TREATMENT AT THIS MOMENT

A 28 YEARS OLD FEMALE PATIENT, WITH A HISTORY OF RHEUMATIC HEART DISEASE, ALL OF THE FOLLOWINGS ARE AUSCULTATORY FINDINGS IN MITRAL STENOSIS : EXCEPT

- A. LOUD S1
- B. MIDDIASTOLIC MURMUR
- C. WIDE SPLIT 2d HEART SOUND
- D. PRESYSTOLIC ACCENTUATION OF THE MURMUR
- E. OPENING SNAP

A 50 YEARS OLD MALE PATIENT , ADMITTED TO ICCU ,WITH MASSIVE ANTERIOR MI, .
COMPLICATED RUPTURE OF THE FREE WALL , ALL OF THE FOLLOWING , ARE SIGNS OF
:CARDIAC TAMPONADE , EXCEPT
. A. CONGESTED NECK VEINS
. B. MUFFELED HEART SOUNDS
.C. WATER HUMER PULSE
.D. HYPOTENSION
.E. PARADOXICAL PULSE

ICD IMPLANTATION, IS INDICATED FOR ALL THESE PATIENTS EXCEPT
.A. HOCM,WITH FAMILY HISTORY OF SUDDEN CARDIAC DEATH
.B. DCM , WITH RECCURENT VT, VF
.C. VF, DUE TO HYPERKALEMIA
.D. HOCH, WITH SUSTAINED VT
.E. RECURENT VT, VF OF UNKNOWN CAUSE

68 YEARS OLD FEMALE PATIENT , ADMITTED TO ICCU WITH, PROLONGED ANGINAL PAIN ,
SWEATING, HIS 12 LEADS ECG, SHOWED ST SEGMENT DEPRESSION IN ANTEROSEPTAL LEADS,
CARDIAC ENZYMES, INCLUDING TROPONIN WAS HIGH, THIS PATIENT DIAGNOSIS AND TREATMENT
IS
.A. ACUTE ST ELEVATION MI, GIVE STREPTOKINASE
.B. NON ST ELEVATION MI, ASPIRIN 300 MG, CLOPIDOGREL 300MG, CLEXANE 2MG /KG/
.DAY, B BLOCKERS,STATINS
.C. UNSTABLE ANGINA, ASPIRIN 300 MG , CLOPEDOGREL 300MG , CLEXANE AND STATINS
.D. NON ST ELEVATION MI, STREPTOKINASE
.E. DISSECTING AORTIC ANEURYSM, URGENT SURGERY

SIGNS OF RESTRICTIVE CARDIOMYOPATHY BY ECHO DOPPLER , INCLUDE ALL .
: OF THE FOLLOWING , EXCEPT
.A. DILATED BOTH ATREA
.B. RIGID WALLS
.C. RESTRICTIVE PATTERN DIASTOLIC DYSFUNCTION
.D. MR , TR
.E . VERY LOW EJECTION FRACTION

70 YEARS OLD MALE PATIENT , DIABETIC , HYPERTENSIVE, KNOWN TO HAVE IHD, EFFORT ANGINA
FOR 2 YEARS,FEW DAYS HIS ANGINA BECAME ON MINIMAL EFFORT, EVEN AT REST, NO MORE
RESPONSE TO NITROGLYCERIN S/L AS BEFORE , SO HE WAS ADMITTED TO ICCU, HIS 12 LEADS
ECG WAS NORMAL, CARDIAC ENZYMES INCLUDING TROPONIN TWICE NORMAL , THIS
: PATIENT DIAGNOSIS AND TREATMENT IS

.A. NON ST ELEVATION MI, ASPIRIN , CLEXANE, B. BLOCKERS
.B. ACUTE STEMI, STREPTOKINASE
.C. UNSTABLE ANGINA (ANGINA DE NOVO),CLEXANE , ASPIRIN , CLOPEDOGREL
.D. POST MI ANGINA , CLEXANE, STATINS, B BLOCKERS , ASPIRIN
.E. UNSTABLE (CRESSENDO ANGINA) , CLEXANE , ASPIRIN , CLOPEDOGREL , B .
.BLOCKERS , STATINS

IN A PATIENT WITH AORTIC REGURGE INDICATION FOR AORTIC VALVE
: REPLACEMENT , INCLUDE ALL OF THE FOLLOWINGS EXCEPT
.A. RECURENT PULMONARY OEDEMA
.B. EF LESS THAN 55%
.C. LEFT VENTRICLE SYSTOLIC DIAMETER > 40 MM
.D. OTHER CARDIAC SURGERY , LIKE CABG
.E. LEFT VENTRICLE SYSTOLIC DIAMETER > 55 MM

RESCUE ANGIOGRAPHY IN A PATIENT WITH ACUTE CORONARY
: SYNDROME , IS INDICATED FOR ALL THESE PATIENTS EXCEPT

- .A. POST MI ANGINA, DESPITE TREATMENT
- .B. CARDIOGENIC SHOCK
- .C. FAILURE OF STREPTOKINASE THERAPY
- .D. DEVELOPMENT OF DRY PERICARDITIS

ALL OF THE FOLLOWINGS ARE BRANCHES OF RIGHT CORONARY ARTERY
: EXCEPT

- . A. BRANCH TO AV NODE
- .B. RIGHT VENTRICULAR BRANCH
- .C. OBTUSE MARGINAL BRANCH
- .D. POSTERIOR DESCENDING ARTERY
- .E. POSTEROLATERAL BRANCH

CAUSES OF TALL R WAVE IN LEADS V1-V2 , INCLUDE ALL OF THE
: FOLLOWINGS , EXCEPT

- .A. DORSAL MI
- .B. RIGHT VENTRICULAR HYPERTROPHY
- .C. RBBB
- .D. WPW SYNDROME
- .E. LBBB

55 YEARS OLD FEMALE PATIENT , WITH LONG STANDING HISTORY OF RHD, RECENTLY SHE
STARTED TO COMPLAINT OF DYSPNEA, HEMOPTYSIS, BY AUSCULTATION –LOUD FIRST HEART
SOUND, MID DIASTOLIC RUMBLING MURMUR, THE ECG OF THIS PT , CAN INCLUDE ALL OF THE
FOLLOWING

: EXCEPT

- .A. P. MITRALE
- .B. MAY DEVELOPE AF
- .C. RIGHT VENTRICULAR HYPERTROPHY
- .D. LEFT VENTRICULAR HYPERTROPHY
- .E. EXTRASYSTOLES

45 YEARS OLD MALE PATIENT , UNDERWENT OPEN HEART SURGERY FOR AORTIC VALVE
REPLACEMENT, 2 WEEKS LATER , HE DEVELOPE FEVER, ECHO WAS DONE AND REVEIELED
VEGETATIONS ON AORTIC VALVE , THE MOST LIKELY CAUSATIVE ORGANISM IS

- .A. STREPTOCOCCUS VIRIDANS
- .B. STAPHYLOCOCCUS EPIDERMIDIS
- .C. STREPTOCOCCUS BOVIS
- .D. FUNGAL INFECTION
- .E. VIRAL INFECTION

INDICATION FOR URGENT SURGERY , IN INFECTIVE ENDOCARDITIS INCLUDE ALL OF THE
FOLLOWING , EXCEPT

- .A. FAILURE OF MEDICAL TREATMENT
- .B. BIG VEGETATIONS
- .C. EMBOLIC COMPLICATIONS
- .D. FISTULA FORMATION
- .E. CAUSATIVE ORGANISM – VIRAL INFECTION

PROPHYLAXIS AGAINST INFECTIVE ENDOCARDITIS THE MOST INDICATED IN

- .A. PATIENT WITH MITRAL VALVE PROLAPSE
- .B. PATIENT , WITH PROSTHETIC VALVE GOING FOR DENTAL EXTRACTION
- .C. PATIENT WITH ASD , GOING FOR SPONTANEOUS VAGINAL DELIVERY
- .D. MITRAL REGURGE , GOING FOR UPPER ENDOSCOPY
- .E. PT , WITH PERMANENT PACEMAKER

ALL OF THE FOLLOWINGS ARE FINDINGS IN APT , WITH COMPLETE HEART BLOCK EXCEPT

- . A. SLOW PULSE RATE
- .B. WIDE PULSE PRESSURE
- .C. DOMINANT V WAVE IN JVP
- .D. CANNON A WAVE
- .E. EJECTION SYSTOLIC MURMUR , IF THE CAUSE IS DEGENERATIVE

Major Jones criteria in rheumatic fever , include all of the following except:

- A.Polyarthritis.
- B.Erythema marginatum.
- C.Pancarditis.
- D.Chorea.
- E. High ESR .

Auscultatory findings in mitral stenosis include all of the following except:

- A. mid diastolic murmur.
- B. presystolic accentuation.
- C. opening snap.
- D. the murmur has rumbling character.
- E. muffled first heart sound.

Acute coronary syndrome, include all of the following , except:

- A. sudden cardiac death.
- B. ST elevation MI.
- C. Non ST elevation MI.
- D. Stable angina .
- E. Unstable angina.

Significant ventricular extrasystoles , include all of the following except .

- .A .multifocal
- .B. frequent
- .C. R on T
- .D. late
- .E. couplet

IN A PATIENT , WITH ACUTE PULMONARY OEDEMA , PULMONARY CAPILLARY WIGE . .
:PRESSURE , IS MOSTLY MORE THAN

- .A . 10
- .B . 12
- .C . 15
- .D. 25
- .E 40

angina and syncope are commonly associated with:

- a. mitral stenosis.
- b. Atrial fibrillation
- c. Aortic stenosis
- d. Pulmonary stenosis.
- e. Aortic regurgitation.

IN a patient with long standing history of mitral stenosis , who developed recently atrial fibrillation , all of the following auscultatory finding can present , except :

- a. Irregular heart sounds.
- b. d. Accentuated 1st heart sound .
- c. Middiastolic murmur.
- Presystolic accentuation of the murmur.
- e. Opining snap.

The most common cause of aortic stenosis in elderly patient is:

- a. Rheumatic heart disease.
- b. Degenerative changes of the valve.
- c. Ischemic heart disease.
- d. Congenital stenosis.
- e. Inflammatory.

All of the following are features of severe aortic regurge except:

- a. DE MUSE sign.
- b. Corrigan carotid pulsations.
- c. Capillary pulsation.
- d. Pistol shoot.
- e. Narrow pulse pressure.

A characteristic feature of fundus examination in infective endocarditis is :

- a. hard exudates
- b. silver wiring .
- c. Roth spots.
- D. Papillioedema.
- e. congectival hemorrhage.

Which of the following conditions can lead to finger clubbing:

- a. Mitral stenosis
- b. Infective endocarditis.
- c. Aortic regurgitation.
- d. Pulmonary stenosis.
- e. Dilated cardiomyopathy.

All of the following are features of left ventricular hypertrophy on ECG, except:

- a. Left axis deviation.
- b. c. d. e. R wave in lead avl $> 13\text{mm}$.
- C. R wave in V 5 plus S wave in V2 $> 35\text{mm}$.
- D. R WAVE IN LEAD V 1 $> 7\text{mm}$.
- E. R wave in lead V 5 $> 25\text{mm}$.

All of the following are considered types of pericarditis , except:

- a. Dry pericarditis.
- b. Constrictive pericarditis.
- c. Effusive pericarditis.
- d. Adhesive pericarditis.
- e. Restrictive pericarditis.

50years male pt , diabetic , hypertensive , admitted to ICCU,with retrosternal chest pain,sweating , his 12 lead ECG revieled ST segment elevation in leads II , III , AVF , with HR 40bpm , BP 70/40 , HIS JVP -is raised , his lung fields are clear This patient diagnosis is

- a)acute anterior MI
- b) Acute inferior MI , complicated by RV infraction, complete heart block,hypovolemic shock
- c)Acute inferior MI , complicated by left ventricular failure
- d) Acute non ST elevation MI
- e) Unstable angina

In acute pericarditis, which one is false

- A. the commonest cause is the idiopathic type (may be viral
- B.the majority progresses to tamponade
- C. in uraemic pericarditis, there is a risk of tamponade formation
- D.the rub is usually transient
- E. TB pericarditis is rarely an acute one

The following Indicates an absolute contraindication to thrombolytic therapy in Acute ST segment elevation MI... Choose one

A. 70-year old hypertensive male with acute chest pain and new diastolic murmur in the left lower sternum and ST elevation in lead II, III, AVF

B. 40-year old lady with 7 missed periods and abdominal distension

C. 34-year old diabetic male recently underwent "LASER Retinal therapy" as he said..came with ST ELEVATION V1-V4

D. ST elevation in lead V1, V2, V3 with a blood pressure of 180/100 easily controlled with antihypertensive medication

E. 60-year old male who is a known case of ischemic heart disease presents with new LBBB and chest pain for 2 hours with ST elevation in V4, V5, and V6

Bad prognostic factors in UNSTABLE angina Include all of the followings except

A. development of heart failure

B. prolonged chest pain

C. ST elevation

D. high cardiac troponin T

E. Intermittent chest pain, RELIEVED BY NTG SUB LINGUAL

The followings are true except

A. the right coronary artery supplies the AV node in 90% of cases

B. the right coronary artery supplies the SA node in 60% of cases

C. left main stem coronary artery is easily dilated by PTCA in atheromatous narrowing and should be routinely done in such cases

D. Prinzmetal angina usually occurs at night

E. Prinzmetal angina may occur with coronary atheroma

Amiodarone.....all are true except

A. 40% of it is iodine..hence the risk of either hypo or hyperthyroidism

B. potentiates the effect of warfarin

C. potentiates the effect of digoxin

D. USED JUST IN ATRIAL ARRHYTHMIAS

E. prolongs the plateau phase of action potential

The followings improve the survival figure in chronic congestive heart failure as shown by many studies...Except

A. bisoprolol

B. metoprolol

C. carvedilol

D. spironolactone

E. atenolol

Possible Risk factors for ischemic heart disease ... one is incorrect

A. hyperhomocystenemia

B. obesity

C. sedentary life style

D. high blood fibrinogen

E. diet rich in vegetables

In the medical treatment of acute MI..the followings are true except

- A. aspirin per se reduces the mortality by 30%
- B.thrombolysis reduces the overall mortality by 25-50%
- C.beta blockers like iv metoprolol greatly reduces the susceptibility to arrhythmias
- D. iv nitroglycerin have no effect on the overall mortality figure
- E.Morphin better to be given by a subcutaneous rout rather than iv because this confers a longer half life

Secondary prophylaxis of MI which one is a false statement

- A.ACE inhibitors have a favorable effect by many independent mechanisms
- B.Bata blocker are important if no contraindication to it
- C.Statins had been shown to produce regression of the atherosclerotic plaques
- D.cardiac rehabilitation programs should not be forgotten
- E .Digoxin had been shown to have a favorable effect

Contraindication to exercise ECG testing in the contest of a heart diseases all are true except

- A. uncontrolled hypertension
- B.fever or a febrile illness
- C .severe aortic stenosis
- D.acute pericarditis
- E.subjective feeling weakness

The followings indicate strong positive exercise ECG testing..except

- A.deep ST depression
- B.wide spread ECG changes upon exercise
- C.prolonged ST depression after finishing the test
- D.mild-moderate ST T segment abnormalities in middle aged wo with chest pain with no risk factors for ischemic heart disease

False positive exercise ECG testing are common In clinical practice...causes include all of the followings except

- A.prior treatment with digoxin
- B.treatment with beta blockers
- C. marked LVH per se
- D.early development of wide spread ECG changes in stage I Bruce protocol
- E. MVP

During cardiac arrest of your patient in the CCU..you jumped to use DC shock cardioversion but the nurse shouted that the monitor is showing a heart rate of 90) beats per minutes.....all can this complication except

- A.pulmonary thromboembolism
- B.tension pneumothorax
- C. profound shock due to bleeding
- D.hypokalemia
- E.treatment with xylocain

Use of ACE inhibitors in the medical treatment of Post- MI patients ...all are true except

- A. had been shown to decrease ventricular remodeling and hence aneurismal formation
- B.prevent the onset of overt heart failure in asymptomatic patient
- C. reduce the hospitalization rate
- D.should be given to all patient if tolerated and no contraindication

Causes of raised JVP Include all of the followings except

- A. mediastinal lymphoma causing obstruction
- B. mediastinal irradiation 2 years previously
- C. ST-elevation in lead rV4 and chest pain . RV INFARCTION
- D. Liver cirrhosis
- E. Atrialization of the right ventricle (EPISTEIN TR & Asid HF)

Treatment of hypertension with diuretics all are true except

- A. loop diuretics are preferred because of its powerful effect
- B. Diuretics in the treatment of hypertension uncommonly produces acid base and electrolyte disturbances compared when used in the treatment of heart failure states
- C. As an anti- hypertensive medicationthey work by an independent mechanism of their DIURETIC action
- D. first line agents in an elderly with systolic hypertension
- E. may worsen the lipid profile

In Coarctation of the aorta...which one of the followings is False

- A. in adults usually causes and presents as hypertension
- B. Bicuspid AORTIC VALVE is a common association
- C. Rib notching is usually seen from the 3rd rib till 9th rib from birth
- D. associated with radiofemoral delay
- E. Subarachnoid hemorrhage may occur

The followings Improve the survival figure in chronic Congestive heart failure as shown by many studies...Except

- A. bisoprolol
- B. metoprolol
- C. carvedilol
- D. spironolactone
- E. digoxin

In infective endocarditis which one is (false

- A. streptococcus viridans is the cause of up to 50% of native valve endocarditis
- B. staph species may be the cause in 50% of prosthetic valve endocarditis
- C. the commonest cause of culture negative endocarditis is partial treatment with antibiotics
- D. Negative serial blood cultures usually exclude infective endocarditis in the appropriate clinical setting
- E. the sensitivity of transesophageal. Echocardiography here is 95% versus 65% in the transthoracic approach

The followings cardiac lesions are associated with a high risk of infective endocarditis except

- A. fallot tetralogy
- B. prosthetic aortic valve
- C. previous history of Infective endocarditis
- D. patient with heart transplantation
- E. Mitral stenosis

Aortic stenosis ...all are true except

- A. Carotid shudder is common
- B. syncope and dyspnea indicates an need for intervention
- C. the most common cause is rheumatic
- D. marked LVH per se is a risk factor for angina and arrhythmias
- E. valve replacement is the usual mode of treatment

The treatment of Infective endocarditis ...all are true except

- A. persistent fever may indicate a non bacterial cause like fungal cause
- B. bacteriocidal drugs rather than statics should be used
- C. always await the culture results before giving any treatment
- D. intravenous route is always preferred
- E. persistent fever may indicate a drug fever

ICD IMPLANTATION, IS INDICATED FOR ALL THESE PATIENTS EXCEPT

- A. HOCM, WITH FAMILY HISTORY OF SUDDEN CARDIAC DEATH
- B. DCM , WITH RECURRENT VT, VF
- C. VF, DUE TO HYPERKALEMIA, WHICH WAS CORRECTED
- D. HOCM, WITH SUSTAINED VT
- E. RECURRENT VT, VF OF UNKNOWN CAUSE

The most specific cardiac enzyme , is:

- A. CK(MB).
- B. LDH.
- C. Troponin.
- D. Myoglobin.
- E. AST.

A 65-year-old man presents with central crushing chest pain for the first time. He is transferred immediately to the closest cardiac unit to undergo a primary percutaneous coronary intervention. There is thrombosis of the left circumflex artery only. Angioplasty is carried out and a drug eluting stent is inserted. What are the most likely changes to have occurred on ECG during admission?

- A. ST depression in leads V1-4
- B. ST elevation in leads V1-6
- C. ST depression in leads II, III and AVF
- D. ST elevation in leads V5-6
- E. ST elevation in leads II, III and AVF

2) A 78-year-old woman is admitted with heart failure. The underlying cause is determined to be aortic stenosis. Which sign is most likely to be present?

- A. Pleural effusion on chest x-ray
- B. Raised jugular venous pressure (JVP)
- C. Bilateral pedal oedema
- D. Bibasal crepitations
- E. Atrial fibrillation

3) A patient is admitted with pneumonia. A murmur is heard on examination. What finding points to mitral regurgitation?

- A. Murmur louder on Inspiration
- B. Murmur louder with patient in left lateral position
- C. Murmur louder over the right 2nd intercostal space midclavicular line
- D. Corrigan's sign
- E. Narrow pulse pressure

4) A 55-year-old man has just arrived in accident and emergency complaining of 20 minutes of central crushing chest pain. Which feature is most indicative of myocardial infarction at this moment in time?

- A. Inverted T waves
- B. ST depression
- C. ST elevation
- D. Q waves
- E. Raised troponin

5) A 66-year-old woman presents to accident and emergency with a 2-day history of shortness of breath. The patient notes becoming progressively short of breath as well as a sharp pain in the right side of the chest which is most painful when taking a deep breath. The patient also complains of mild pain in the right leg, though there is nothing significant on full cardiovascular and respiratory examination.

Heart rate is 96 and respiratory rate is 12. The patient denies any weight loss or long haul flights but mentions undergoing a nasal polypectomy 3 weeks ago. The most likely diagnosis is:

- A. Muscular strain
- B. Heart failure
- C. Pneumothorax.
- D. Angina
- E. Pulmonary embolism

6) A 60-year-old man presents to accident and emergency with a 3-day history of increasingly severe chest pain. The patient describes the pain as a sharp, tearing pain starting in the centre of his chest and radiating straight through to his back between his shoulder blades. The patient looks in pain but there is no pallor, heart rate is 95, respiratory rate is 20, temperature 37° C and blood pressure is 155/95 mmHg. The most likely diagnosis is:

- A. Myocardial infarction
- B. Myocardial ischaemia
- C. Aortic dissection
- D. Pulmonary embolism.
- E. Pneumonia

7) A 67-year-old man presents to accident and emergency with a 3-day history of shortness of breath. On examination you palpate the radial pulse and notice that the patient has an irregular heart beat with an overall rate of 140 bpm. You request an electrocardiogram (ECG) which reveals that the patient is in atrial fibrillation. Which of the following would you expect to see when assessing the JVP?

A. Raised JVP with normal waveform

B. Large 'v waves'

C. Cannon 'a waves'

D. Absent 'a waves'

E. Large 'a waves'

8) A 78-year-old woman is admitted to your ward following a 3-day history of shortness of breath and a productive cough of white frothy sputum. On auscultation of the lungs, you hear bilateral basal coarse inspiratory crackles. You suspect that the patient is in congestive cardiac failure. You request a chest

x-ray. Which of the following signs is not typically seen on chest x-ray in patients with congestive cardiac failure?

A. Lower lobe diversion

B. Cardiomegaly

C. Pleural effusions

D. Alveolar oedema

E. Kerley B lines

9) A 56-year-old man presents to your clinic with symptoms of exertional chest tightness which is relieved by rest. You request an ECG which reveals that the patient has first degree heart block.

Which of the following ECG abnormalities is typically seen in first degree heart block?

A. PR interval >120 ms

B. PR interval >300 ms

C. PR interval <200 ms

D. PR interval >200 ms

E. PR interval <120 ms

10) You see a 57-year-old woman who presents with worsening shortness of breath coupled with decreased exercise tolerance. She had rheumatic fever in her adolescence and suffers from essential hypertension. On examination she has signs which point to a diagnosis of mitral stenosis. Which of the following is not a clinical sign associated with mitral stenosis?

A. Malar flush

B. Atrial fibrillation

C. Pan-systolic murmur which radiates to axilla

D. Tapping, undisplaced apex beat

E. Right ventricular heave

11) A 48-year-old woman has been diagnosed with essential hypertension and was commenced on treatment three months ago. She presents to you with a dry cough which has not been getting better despite taking cough linctus and antibiotics. You assess the patient's medication history. Which of the following antihypertensive medications is responsible for the patient's symptoms?

A. Amlodipine

B. Lisinopril

C. Bendroflumethiazide

D. Frusemide

E. Atenolo

12) A 76-year-old male is brought to accident and emergency after collapsing at home. He has recovered within minutes and is fully alert and orientated. He says this is the first such episode that he has experienced, but describes some increasing shortness of breath in the previous six months and brief periods of central chest pain, often at the same time. On examination, blood pressure is 115/88 mmHg and there are a few rales at both bases. On ECG there are borderline criteria for left ventricular hypertrophy. Which of the following might you expect to find on auscultation?

A. Mid-diastolic murmur best heard at the apex

B. Crescendo systolic murmur best heard at the right sternal edge

C. Diastolic murmur best heard at the left sternal edge D.

D. Pan-systolic murmur best heard at the apex

E. Pan-systolic murmur best heard at the left sternal edge

13) A 16-year-old male is referred for assessment of hypertension. On average, his blood pressure is 165/85 mmHg, with radiofemoral delay. There is a mid-systolic murmur maximal at the aortic area, and radiating to the back. Clinical findings and the ECG are compatible with left ventricular hypertrophy. What is the most likely underlying pathology?

A. Hypertrophic obstructive cardiomyopathy

B. Congenital aortic stenosis

C. Coarctation of the aorta

D. Patent ductus arteriosus

E. Atrial septal defect

14) A 61-year-old man presents with a 2-hour history of moderately severe retrosternal chest pain, which does not radiate and is not affected by respiration or posture. He complains of general malaise and

nausea, but has not vomited. His ECG shows ST segment depression and T wave inversion in the Inferior leads. Troponin levels are not elevated. He has already been given oxygen, aspirin and intravenous GTN; he is an occasional user of sublingual GTN and takes regular bisoprolol for stable angina. What would be the most appropriate next step in his management?

A. V low-molecular weight heparin

B. Thrombolysis with alteplase

C. IV nicardapine

D. Angiography with stenting

E. Oral clopidogrel

15) A 49-year-old woman presents with increasing shortness of breath on exertion developing over the past three months. She has no chest pain or cough, and has noticed no ankle swelling. On examination, blood pressure is 158/61 mmHg, pulse is regular at 88 beats per minute and there are crackles at both lung bases. There is a decrescendo diastolic murmur at the left sternal edge. What is the most likely diagnosis?

A. Aortic regurgitation

B. Aortic stenosis

C. Mitral regurgitation

D. Mitral stenosis

E. Tricuspid regurgitation

16) A 44-year-old woman attends her local accident and emergency department with a history of at least six months of frequent central chest pain in the early morning or during the night. She had no chest pain on exertion. This had been a particularly severe attack, lasting over 2 hours. Her pulse rate is 84/minute in sinus rhythm, and blood pressure is 134/86 mmHg.

The ECG shows anterior ST segment elevation, but troponin levels do not rise. Subsequent coronary angiography is normal. What is the most likely diagnosis?

- A. MI
- B. Stable angina
- C. Unstable angina
- D. Anxiety
- E. Variant angina

17) A previously fit 19-year-old man presents with unusual shortness of breath on exertion. At times, this is also associated with central chest pain. On examination there is a loud mid-systolic murmur at the

left sternal edge. Heart rate and blood pressure are normal and there is no oedema. The ECG shows left axis deviation and the voltage criteria for left ventricular hypertrophy and the echocardiogram reveals a significant thickened interventricular septum, with delayed ventricular filling during diastole. There is a family history of sudden death below the age of 50. Which of the following would be your initial therapy?

- A. Digoxin
- B. Long-acting nitrates

C. Beta-blockers

- D. Rate-limiting calcium channel blockers
- E. Partial excision of the septum

18) A 56-year-old man presents to the accident and emergency department with a 2-hour history of central chest pain radiating to the left arm. He is anxious, nauseated and sweaty. His pulse rate is 120/minute in sinus rhythm and the ECG reveals ST elevation in leads II, III and aVF. The troponin level is significantly raised. This is certainly acute MI. Which is the most likely coronary vessel to be occluded?

- A. Circumflex artery
- B. Left anterior descending artery

C. Right coronary artery

- D. Left main coronary artery
- E. Posterior descending artery

19) A 58-year-old man has made an excellent functional recovery after an anterior MI. He is entirely asymptomatic and there is no abnormality on physical examination. His blood pressure is 134/78

mmHg and he is undertaking a cardiac rehabilitation programme. Which of the following would you not recommend as part of his secondary prevention planning?

- A. Aspirin
- B. Lisinopril
- C. Simvastatin
- D. Bisoprolol

E. Omega-3 fatty acids

20) 35 years Old female patient with Rheumatic hearts disease, who C/O palpitation, effort dyspnea.

Her Echo Doppler revealed good LV systolic function, EF 60%, calcified MV, with MVA 0.9 cm², grade III MR, grade II TR, mild pulmonary HTN.

The best management for this patient is:

- A. Anti failure treatment.
- B. Anticoagulant with warfarin
- C. Balloon valvoplasty

D. Mitral valve replacement.

E. Open commissurotomy.

21) Signs of pulmonary HTN in precordial examination, include all of the following except:

- A. Left parasternal heave
- B. Left parasternal pulsation
- C. Diffuse apex beat
- D. Congested pulsating neck veins

E. Muffled S2 over pulmonary area.

22) 65 years old male patient, who complains of dyspnea on mild effort, recurrent syncope.

His coronary angiography is normal, Echo Doppler revealed, Dilated LV. global hypokinesia, EF 50%, calcified thickened Aov, with MPG 30 mmHg, and Velocity 3 m/s.

The best approach for this patient is:

- A. Medical anti failure treatment.

B. Just annual follow up.

C. Surgical AOVR

D. TAVR.

E. Stress dobutamine ECHO before any intervention

23) Signs of dilated cardiomyopathy by Echo Doppler include all of the following except

A. Dilated All chambers.

B. Global LV Hypokinesia.

Pulmonary regurgitation

D. Mitral and Tricuspid regurgitation

E. Low EF.

24) All of the following are considered as auscultatory findings in severe MS with chronic AF, except

A. Variable S1

B. Mid diastolic murmur.

Presystolic accentuation of the murmur.

D. TR may be heard.

E. PR murmur may be heard.

25) Which of the following considered as primary indication for AICD

A. Patient survived from cardiac arrest, who diagnosed to have HOCM.

B. Patient who survived from SCA, who diagnosed to have QT prolongation

C. Patient who survived from SCA, who diagnosed to have DCM.

D. Patient without arrhythmia, but known to have old MI and his EF 25%.

E. Patient who survived from SCA, without obvious cause.

26) 80 years old male patient with idiopathic DCM, CHF, NYHA, class VI, who maintained on Furosemide spironolactone, bisoprolol, Entresto, Ivabradine, his last EF is 20%, his ECG revealed NSR, LBBB.

This patient is candidate for:

A. Continue his medical treatment.

BCRT-P implementation.

CRT-D implementation.

AICD implementation

E. Heart transplantation.

27) All of the following considered as an indication for AICD implementation in a patient with HCOM except:

A. Survival from SCA.

B. Family history positive for SCA.

C. Documented sustained VT, by Holter monitoring. ✓

D. PPG across aortic valve > 30mmHg.

E. IV septum thickness > 25mm.

28) 35 years old male with HTN, presented with palpitation 5 days ago, his BP 120/75 mmHg, ECG reviled AF, with HR 116 bpm, which management is the best option for this patient:

A. Immediate DC shock cardioversion.

B. Rate control, anticoagulant for 2-3 weeks then for TEE and rhythm control.

C. Immediate medical rate and rhythm control.

D. Rate control and anticoagulant for one year.

E. Rate control and long life oral anticoagulant.

29) 70 years old female patient known to have HTN, DM, sever MS, follow up ECG reviled AF, ECHO Doppler. Dilated LV, EF 40%, dilated LA 5,0cm, severe MS, she maintained on: B. Aspirin

bisobrolol, Atorvastatin, Enalapril, according to CHADS, vasc score

This patient in need to be on:

A. Just Aspirin.

B. Add warfarin for life

C. 3 weeks warfarin then rhythm control.

D. Subcutaneous Clexan for one month then rhythm control.

E. NO Ac as apixiban for life.

30) All of the following considered as STEMI equivalents, except

A. True dorsal MI.

B. Non N STEMI

C. Wellens syndrome

D. De winter syndrome.

E. LBBB with positive sgarbossa criteria.

31) 60 years old male patient admitted to ER with retrosternal chest pain, sweating, vomiting, dyspnea, orthopnea for 6 hours, his BP 60/40 mmHg, his ECG revealed anterior lateral STEMI, ECHO Doppler revealed EF 25%. This patient diagnosis and management is:

A. Acute anterior STEMI, LVF, Killip Class III, needs anti failure treatment.

B. Acute anterolateral STEMI, LVF, Killip class II, needs anticoagulant and anti failure treatment

C. Acute anterolateral STEMI, LVF, Killip class IV, need urgent revascularization and positive inotropes IV.

D. Acute anterior non STEMI.

E. Acute anterior STEMI late presentation, no need any intervention.

32) 65 years old male patient admitted to ER with severe retrosternal chest pain, sweating, BP 70/40 mmHg, ECG-ST elevation in leads II, III, AVF, right sided ECG revealed V3R, V4R, ST elevation. For this patient culprit artery by coronary angiography is:

A. LMA

B. LAD

C. LCX

D. D1

E RCA

33) Which of the following considered absolute contraindication for SK therapy:

A. Brain tumor.

B. High blood pressure.

C. Pericarditis

D. Old ischemic stroke.

E. Active PUD.

34) Major Framingham criteria for diagnosis of heart failure, include all of the following except

A. Orthopnea

B. PND

C. Gallop

(D.) Congested neck veins.

E. Cardiomegaly with CXR

35) You are seeing a 72-year-old woman with a history of ischemic cardiomyopathy and left ventricular ejection fraction of 35%. She is NYHA class II in terms of symptoms. She is on lisinopril 40 mg daily, carvedilol 25 mg twice daily, and spironolactone 25 mg daily. Her blood pressure is 102/82 mmHg. and heart rate is 60 bpm. Which of the following additional medications will further reduce her mortality?

A. Aliskiren

B. Digoxin

C. Ivabradine

D. Valsartan

E. None of the above

36) All of the following are classic definitional features of the tetralogy of Fallot EXCEPT:

A. Obstruction to RV outflow

B. Overriding aorta

C. RV hypertrophy

Tricuspid atresia

E. Ventricular septal defect

37) A 63-year-old man presents with new-onset exertional syncope and is found to have aortic stenosis. In counseling the patient, you tell him that your therapeutic recommendation is based on the observation that untreated patients with his presentation have a predicted average life span of:

A. 5 years

B. 4 years

8 years

D. 2 years

E. 1 year

38) You are caring for a 42-year-old woman with a prior history of rheumatic fever and resultant mitral stenosis. Her valvular disease is currently moderate. You know that mitral stenosis causes an elevation in left atrial pressure, which over time can cause cardiogenic pulmonary edema and pulmonary hypertension. All of the following will result in an elevation of left atrial pressure and potential worsening of lung function EXCEPT:

A. Anemia

B. Isoproterenol

C. Metoprolol

D. Pregnancy

E. Running on a treadmill

39) Mr. Milsap is one of your longstanding clinic patients who has a history of rheumatic heart disease. His last echocardiogram noted a mean mitral valve gradient of 11 mmHg with a calculated valve area of 1.3 cm² at a heart rate of 60 bpm. He presents today complaining of worsening shortness of breath, and his ECG shows atrial fibrillation at a rate of 60 bpm. He has never had any bleeding episodes and had normal hematologic counts on his last check 2 weeks earlier. Which of the following options for thromboembolic prophylaxis is appropriate?

A. Apixaban

B. Dabigatran

C. Rivaroxaban

D. Warfarin

E. More information is needed prior to initiating thromboembolic prophylaxis

40) You are caring for a 45-year-old man in the cardiac intensive care unit. He presented with chest pain and initially was thought to have acute coronary syndrome, prompting initiation of antiplatelet agents and IV heparin. After complete assessment and the return of negative serial cardiac enzymes, it became clear that he instead had acute pericarditis. Shortly after admission to the cardiac intensive care unit, he becomes hypotensive with elevated neck veins. His lungs are clear to auscultation. His extremities are cool, and you note that his brachial pulse is only palpable during expiration. What is the most likely diagnosis?

A. Aortic dissection

B. Cardiac tamponade

C. Left main coronary artery occlusion

D. Ruptured chordae tendineae

E. Ventricular septal defect

The end