

1. 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 $>1\text{mm}$ 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.

2. 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 regurg produces early systolic murmur.**

3. 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.

4.Regarding the JVP one of the following is true

- a. It is low in cardiac tamponade.
- b. It is raised in left ventricular failure.
- c. Large v wave will occur in mitral regurgitation.
- d. Cannon waves occur in complete heart block.**
- e. It increases with inspiration.

5.A 72 years old woman admitted to the ICCU ,with an acute inferior myocardial infarction, during ECG recording its noticed that heart rate is 35 bpm and blood pressure 100/60mmhg. 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.

6.angina and syncope are commonly associated with:

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

7.A characteristic feature of fundus examination in infective endocarditis is :

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

8. 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.

9. 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).

10. 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.

11. 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. Accentuated 1st heart sound .
- c. Middiastolic murmur.
- d. Presystolic accentuation of the murmur.
- e. Opining snap.

12. 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.

13. The most prominent feature of jvp in a patient with complete heart block is:

- a. Absent a wave .
- b. Dominant v wave .
- c. Giant a wave .

- d. Cannon a wave.
- e. Severely congested veins.

14. In a patient with cardiac tamponade all of the following can be seen except:

- a. Congested neck veins.
- b. Muffled heart sounds.
- c. Paradoxical pulse.
- d. Pulsus alternans.

e. High BP.

15. All of the following are features of severe aortic regurgite except:

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

e. Narrow pulse pressure.

16. 75 years old male patient, presented to emergency room, with dyspnea , orthopnea, sweating , high BP , by auscultation his lung fields full of crepitations, and wheezy all of the following drugs can be used as emergency management for this patient , except:

- a. Verapamil.
- b. Morphine.
- c. Frusemide.
- d. Nitroglycerin.
- e. Aminophylline.

17. 76 years old male patient , admitted to emergency room , with retrosternal

burning chest pain , sweating , vomiting , his 12 leads ECG reviled 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.
- e. Acute pulmonary embolism.

18.70 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.**

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

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

20.All of the following drugs are evidence based class A, in acute MI , except:

- a. Aspirin.
- b. Digoxin.**
- c. Heparin .
- d. B. blockers.
- e. Statins.

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

- a. Left axis deviation.
- b. R wave in lead avl > 13mm.
- c. R wave in V 5 plus S wave in V2 > 35mm.
- d. R WAVE IN LEAD V 1 > 7mm.**
- e. R wave in lead V 5 > 25mm.

22.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 , .23 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

**the mainstay in the management of this -24
:patient is**

.a) Clexane , Aspirin

.b)IV lasix

.c) IV dopamine

.d) IV fluid , atropine

..e) ACE inhibition and B blockers

**years old male patient admitted to 73 -25
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

**The mainstay in this patient management -26
.should include**

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

years old female patient , complaint of 32 -27 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 the following, :except

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

years old female patient , diabetic , 75- 28 hypertensive , and known to have dyslipidemia , she was 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) 1
- b) 2
- .c) 5**
- .d) 8
- .e) 9

years old female patient diagnosed as 50 -29 DCM , all of the following are features of dilated cardiomyopathy by Echo Doppler :except

- .a) Dilated all chambers
- .b) global hypokinesia
- .c) low EF
- .d) pulmonary regurge**
- .e) MR , TR

Optimal medical therapy in the treatment -30 of congestive heart failure, include all of the :following except

- .a) Frusemide
- .B) Aldactone

- ..c) ACE inhibitors
- .d) b. blockers
- .e) Aspirin

**all of the following are echo findings in - 31
:patient with HCOM except**

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

**Indication for ICD implantation in a patient-32
with HOCM include all of the following
:except**

- .a) Family history of sudden cardiac death

- .b) resuscitated VT of VF
- .C)VT on Holter monitor
- ☒d) chest pain on effort
- .e) Peak pressure drop during exercise

**years old male patient hypertensive on 45 -33
ACE inhibition admitted to cardiology
department with palpitation started 2 weeks
ago , his ECG showed AF with fast HR , his BP
was 130/80 , the best management for this
: patient is**

- .a) DC-Shock synchronized 200J
- .B) DC-Shock as synchronized 150J
- c) Rate control and Rhythm control by amiodarone
.infusion
- ☒d)Rate control, warfarin for 3 weeks, then trans
.esophageal echo
- .e) Rate control and aspirin for life

**All of the following can be used in -34
:management of HOCM except**

- .a) propranolol

- .b) Verapamil
- .c) ICD
- .d) Amiodarone
- ☒ .e) Digoxin

**years old male patient , admitted to 45 -35
emergency room , with Wide complex
irregular tachycardia ,his deferential
:diagnosis include all of the following except**

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

: the most common cause of MS is -36

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

**paradoxical pulse can be seen in which of -37
: the following**

- .a)hypertensive encephalopathy

- . b)acute MI
- ☒ .c)Massive pulmonary embolism
- .d)pulmonary stenosis
- .e)Dilated cardiomyopathy

**years old male patient , complaining of 75 -38
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)accentuated 2d heart sound
- .d)S4
- .e)Ejection systolic click

**All of the following are the auscultatory -39
: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

When you measure the JVP of a patient -40 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

years old male patient , known to have 75 -41 , IHD , ischemic cardiomyopathy, presented

**with palpitation , dizziness , dyspnea ,
profuse sweating , his 12 leads**

**ECG -wide complex regular tachycardia , HR
220 bpm , BP 70/30 , the best management is**

- .a) Verapamil IV
- .b) DC shock 50J asynchronised
-  .c) DC shock 200 J synchronised
- .d) Amiodarone IV
- .e) Lidocaine IV

**all of the followings drugs , can cause -42
:prolongation of QT interval , except**

- .a) amiodarone
-  .b) digoxin
- .c) Quinidine
- .d) erythromycin
- .e) antihistamines

**YEARS OLD FEMALE PATIENT , 32 .43
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
:MANEGEMENT FOR THIS PT IS**

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

**A28 YEARS OLD FEMALE PATIENT, WITH .44
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 , .45
ADMITTED TO ICCU ,WITH MASSIVE
ANTERIOR MI, COMPLICATED by 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

**EARLY COMPLICATIONS OF MYOCARDIAL .46
INFARCTION , INCLUDE ALL OF THE
:FOLLOWING EXCEPT**

- ☒ .A. TRUE LV ANEURYSM
- .B . VENTRICULAR TACHYCARDIA
- .C. VF
- .D. LEFT VENTRICULAR FAILURE
- .E. EARLY PERICARDITIS

**YEARS OLD FEMALE PATIENT , 35 . 47
PRESENTED WITH COMPLAINT OF
DYSPNEA , ORTHOPNEA, LL OEDEMA, THESE
SYMPTOMS STARTED FEW WEEKS AFTER
DELEVARY, BY EXAMINATION SHE HAS
IRRIGULARY IRRIGULAR PULSE , RAISED
JVP, CHEST X RAY , SHOWED
CARDIOMEGALY AND CONGESTED LUNGS,
ECG - AF. ECHODOPPLER - GLOBAL
HYPOKINESIA, EF 18%, MR, TR, THIS
: PATIENT DIAGNOSIS AND MANEGMENT IS**

A.IDIOPATHIC DILATED CARIOMYOPATHY,
.FRUSEMIDE, B BLOCKERS , ASPIRIN

B. PERIPARTIUM CARIOMYOPATHY,
FRUSEMIDE , ALDACTONE, DIGOXIN, RAMIPRIL
.WARFARIN

C. PERIPARTIUM CMP, FRUSEMIDE,
.VERAPAMIL ,ASPIRIN

.D. IHD, OLD MI

.E. POST VIRAL CMP , CRT D IMPLANTATION

**ICD IMPLANTATION, IS INDICATED .48
: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. HOCH, WITH SUSTAINED VT

.E. RECURRENT VT, VF OF UNKNOWN CAUSE

**YEARS OLD FEMALE PATIENT , 68 .49
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 ,
CLOPIDOGREL 300MG , CLEXANE AND
.STATINS

D. NON ST ELEVATION MI, STREPTOKINASE

E. DISSECTING AORTIC ANEURYSM, URGENT
.SURGERY

**SIGNS OF RESTRICTIVE .50
CARDIOMYOPATHY BY ECHO DOPPLER ,
INCLUDE ALL OF THE FOLLOWING ,
:EXCEPT**

.A. DILATED BOTH ATRIA

.B. RIGID WALLS

C. RESTRICTIVE PATTERN DIASTOLIC
.DYSFUNCTION

.D, MR , TR

E. VERY LOW EJECTION FRACTION

:ANS

B .1

E .2

C .3

D .4

B .5

C.6

.C.7

B.8

D.9

C .10

D.11

B.12

D.13

E.14

E.15

A.16

D.17

E.18

D.19

B.20

D.21

E.22

B.23

D.24

C.25

C.26

D.27

C.28

D.29

E.30

C.31

D.32

D.33

E.34

D.35

B.36

C.37

C.38

D.39

C.40

41.C

42.B

43.B

44.C

45.C

46.A

47.B

48.C

49.B

50.E