

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 >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.

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 setal defect produces ejection systolic murmur.
- d. Mitral valve prolapse produces click and systolic murmur.
- ☒ e. Aortic regurge 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 is 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. *x water hammer pulse*

15. 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.

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 , admitted to .23 ICCU,with retrosternal chest pain,sweating , his 12 lead ECG reveiled 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 patient is -24

- .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 ICCU with chest 73 -25 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 should include -26

- .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

years old female patient , complaint of localized chest 32 -27 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 , hypertensive , and 75- 28 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 M I score is

- a) 1
- b) 2
- ☒.c) 5
- .d) 8
- .e) 9

years old female patient diagnosed as DCM , all of 50 -29 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 of congestive -30
: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 patient with - 31
:HCM 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 with HCM -32
: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 ACE inhibition 45 -33
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 management of HOCM -34
:except**

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

**years old male patient , admitted to emergency 45 -35
room , with Wide complex irregular tachycardia ,his
:differential 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 the following-37

- .a)hypertensive encephalopathy
- . b)acute MI

☒ c) Massive pulmonary embolism

☐ d) pulmonary stenosis

☐ e) Dilated cardiomyopathy

**years old male patient , complaining of dizziness , 75 -38
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 findings in a -39
: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 with congestive -40
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 , IHD , 75 -41
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 following drugs , can cause prolongation of QT -42
interval , except**

.a) amiodarone

☒ .b) digoxin

.c) Quinidine

.d) erythromycin

.e) antihistamines

**YEARS OLD FEMALE PATIENT , ADMITTED TO 32 .43
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

**A28 YEARS OLD FEMALE PATIENT, WITH A HISTORY OF .44
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 .45
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 INFARCTION , .46
: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 , PRESENTED WITH 35 .47
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 FOR ALL .48
:THESE PATIENTS EXCEPT**

A. HOCM,WITH FAMILY HISTORY OF SUDDEN CARDIAC
.DEATH

.B. DCM , WITH RECCURENT VT, VF

C. VF, DUE TO HYPERKALEMIA,WHICH WAS CORRECTED

.D. HOCH, WITH SUSTAINED VT

.E. RECURENT VT, VF OF UNKNOWN CAUSE

**YEARS OLD FEMALE PATIENT , ADMITTED TO 68 .49
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 .50
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

