

Government Medical College and Hospital Sector 32, Chandigarh

Post: Senior Resident Cardiology

QUESTION BOOKLET

Time: 120 Minutes

Number of Question: 100

Maximum Marks: 100

Name of Candidate

Roll Number: In figure

In Words

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Signature of the Candidate: _____

DO NOT OPEN THE SEAL ON THE BOOKLET UNTIL ASKED TO DO SO

INSTRUCTIONS:-

1. Write your Roll Number on the Question Booklet and also on the OMR Sheet in the space provided. You will be required to give your thumb impression on the OMR sheet in the space provided.
2. This question booklet contains 100 MCQ's. Once you are permitted to open the Question Booklet, please check for any missing question / misprint etc. and in case of any discrepancy, inform the Assistant Superintendent / Invigilator within 10 minutes of the start of the test.
3. Each question has four alternative answer (A, B, C, D) out of which only one is correct. For each question, **darken only one bubble (A or B or C or D)**, whichever you think is the correct answer, on the OMR Answer sheet **with Black or Blue Ball Pen only**. Do not use any other Pen / Gel pen / Pencil etc. **Do not Tick $\sqrt{}$ or \times on the OMR Sheet**. Darken the bubbles in the OMR Answer Sheet according to the Serial No. of the Questions given in the Question Booklet.
4. Each MCQ is of One (01) mark. There is no negative marking.
5. If you do not want to answer a question, leave all the bubbles corresponding to that question blank in the OMR Answer sheet.
6. The OMR Answer sheet is designed for computer evaluation. Therefore, if you do not follow the instructions given, it may make evaluation by the computer difficult. Any resultant loss to the candidates on the above account, i.e. not following instructions completely and properly, shall be the responsibility of the candidates only.
7. After the test, handover the Question Booklet and OMR sheet to the Invigilator on duty.
8. A Candidate who creates disturbance of any kind or changes his/her seat or is found in possession of any paper or the any assistance or found giving or receiving assistance or found using any other unfair means during the examination will be expelled from the examination by the Centre superintendent/Observer whose decision shall be final.
9. Telecommunication equipment such as pager, cellular phone, wireless, scanner, smart watch/ watch etc. is not permitted inside the examination hall. Use of calculators is not allowed.
10. Candidate should ensure accuracy of their personal details on the OMR Sheet i.e. Name and Roll No. as well as thumb impression. The personal details are to be filled in by the candidates with his/her own hand writing.

1. Which of the following is not a diastolic sound ?
 - A. Third heart sound (S3)
 - B. Opening Snap (OS)
 - C. Pericardial knock
 - D. Mitral click

2. Each of the following may mimic chest pain of myocardial ischemia **except**:
 - A. Esophageal spasm
 - B. Aortic dissection
 - C. Bronchiectasis
 - D. Herpes Zoster

3. Each of the following statements regarding systolic ejection sounds are true **except**
 - A. Ejection sounds are high frequency sounds that occur in early systole
 - B. Ejections sounds of dilated aortic root have similar timings as those with aortic valve disease
 - C. The ejections sound of pulmonic stenosis decrease with inspiration
 - D. Aortic ejection sounds occur late in systole during inspiration

4. Which of the following statements regarding the physical findings that distinguish the murmur of aortic stenosis (AS) from the murmur of Hypertrophic cardiomyopathy (HCM) is **correct**?
 - A. The strain phase of Valsalva maneuver decreases the intensity of the murmurs of both AS and HCM
 - B. The carotid upstroke in HCM more brisk than AS
 - C. The murmurs of both AS and HCM radiate to the carotid arteries
 - D. If a systolic thrill is present, it is most often located in the second right intercostals space in HCM and at the apex in AS

5. Each of the following conditions is associated with prominent R wave in ECG in V1 lead **except** :
 - A. Right ventricular hyper trophy
 - B. Wolf Parkinson white syndrome
 - C. Duchenne Muscular dystrophy
 - D. Left anterior fascicular block

6. Each of the following statements regarding the interpretation of exercise electrocardiography is true **except**:
 - A. The presence of RBBB decreases the sensitivity of exercise ECG for the diagnosis of myocardial ischemia
 - B. ST depressions in inferior leads during exercise testing are suggestive of RCA disease
 - C. The location of ST elevations during exercise testing predicts the anatomical site of clinically advanced coronary stenosis
 - D. Features that predict high risk coronary disease include > 2 mm ST depression during exercise or ST depressions that persists more than 5 minutes to recovery

7. Each of the following statements regarding echocardiogram in pericardial disease is true **except**
 - A. Small pericardial effusions tend to accumulate anterior to the heart
 - B. Approximately 15 ml of pericardial is present in normal individuals
 - C. In cardiac tamponade, right ventricular diastolic collapse may not occur if pulmonary hypertension is present
 - D. In the presence of pericardial effusion, right atrial diastolic indentation is less specific sign of cardiac tamponade than early diastolic collapse of the right ventricle

8. Each of the following statements regarding auscultatory findings in aortic stenosis (AS) is true, **except**
 - A. Squatting increases the intensity of the murmur
 - B. The murmur decreases in intensity in the strain phase of Valsalva maneuver
 - C. The murmur diminishes with inhalation of amyl nitrate
 - D. In patients with premature ventricular contractions, AS can be differentiated from mitral regurgitation (MR) because there is a beat to beat variation in the intensity of the AS murmur while the intensity of the murmur of MR remains constant

9. Physiological states and dynamic maneuvers alter the characteristic of heart murmurs. Which of the following statements is **correct**?
 - A. In acute mitral regurgitation, left atrial pressure rises dramatically so that murmur is heard only in during late systole
 - B. Rising from squatting to standing position causes murmur of mitral valve prolapse to occur in late systole
 - C. The diastolic rumble of mitral stenosis becomes more prominent during the strain phase of Valsalva maneuver
 - D. The murmur of aortic stenosis but not mitral regurgitation becomes louder during the beat following a premature ventricular contraction

10. The timing of innocent murmur is usually
 - A. Early systolic
 - B. Presystolic
 - C. Midsystolic
 - D. Holosystolic

11. Each of the following statements about Jugular venous waveform is true, **Except**
 - A. Kussmaul's sign may be present in either Constrictive pericarditis or CHF
 - B. The C wave is a reflection of ventricular diastole and becomes visible in patients with diastolic dysfunction
 - C. The X descent is more prominent than y descent in cardiac tamponade
 - D. Phasic declines in venous pressures (the x and y descent) are more prominent to the eye than the positive pressure waves (a, c and v waves)

12. All of the following are causes of early systolic murmur
 - A. Acute MR
 - B. Organic TR
 - C. VSD with PAH
 - D. MVP with MR

13. The following statements regarding altered electrolytes and ECG is true, **Except**
- A. Hypocalcemia results in prolongation of QT interval
 - B. Hyperkalemia causes QRS widening and diminished P wave amplitude
 - C. Hypomagnesemia is associated with polymorphic VT
 - D. Hypokalemia causes peaked T waves
14. Which of the following conditions is likely to precipitate the symptomatic heart failure in patients with previously compensated left ventricular contractile dysfunction?
- A. Atrial fibrillation
 - B. Marked sinus bradycardia
 - C. Atrioventricular dissociation
 - D. All of the above
15. All of the following causes high output heart failure **except**
- A. Iron overload
 - B. Hyperthyroidism
 - C. Systemic arteriovenous fistulas
 - D. Thiamine deficiency
16. Indication to stop TMT are all **except**?
- A. ST depression of more than 2 mm in more than two leads
 - B. ST elevation of more than 1 mm
 - C. Fall in blood pressure
 - D. Rise in blood pressure
17. Which of the following is **NOT** a major criterion for the diagnosis of acute rheumatic fever?
- A. Carditis
 - B. Erythema Nodosum
 - C. Arthritis
 - D. Chorea
18. Which of the following suggests severity of mitral stenosis?
- A. Loud S1
 - B. Loud opening snap
 - C. Short A2-OS gap
 - D. Late opening snap
19. Clinical manifestation of digitalis toxicity **except**?
- A. digitalis overdose cause nausea and vomiting by CNS mechanism
 - B. cause gynecomastia
 - C. Toxicity causes malaise, disorientation, seizures and other neurological symptoms
 - D. paroxysmal atrial tachycardia with AV block is pathognomic of digitalis excess

20. Which valve is least involved in rheumatic heart disease?
- A. Mitral valve
 - B. Aortic valve
 - C. Pulmonary valve
 - D. Tricuspid valve
21. Regarding pheochromocytoma all are true **except**
- A. approximately 15% of pheochromocytomas are extra-adrenal
 - B. Ten percent of pheochromocytomas are malignant
 - C. Ten percent of adrenal pheochromocytomas are bilateral
 - D. Hypertension related to pheochromocytomas is nearly always episodic and only rarely persistent
22. Thiazide diuretics causes all **except**
- A. hypomagnesemia
 - B. hypouricemia
 - C. Hypercalcemia
 - D. Hypercholesterolemia
23. True statements regarding free wall rupture complicating myocardial infarction includes all **except**
- A. It is more likely to occur in patients with a history of prior MI
 - B. It typically occurs within 4 days after infarction
 - C. It occurs in approximately 2 percent of patients with MI
 - D. It is more common in elderly patients and in women
24. True statements regarding the use of thrombolytic therapy in acute MI include all of the following **except**
- A. thrombolytic therapy reduces the mortality of STEMI by 15-20% at 1 month
 - B. Compared to anterior STEMI who present with bundle branch block have similar risk reduction with thrombolytic therapy
 - C. Compared to patients with anterior STEMI, patients with inferior STEMI demonstrate greater risk reduction with thrombolytic therapy
 - D. Clinical trial data shows no mortality benefit of thrombolysis administered 12 hours after onset of symptoms
25. Which of the following is not a major Framingham's criteria for diagnosis of congestive heart failure?
- A. Ankle edema
 - B. Paroxysmal nocturnal dyspnea
 - C. Cardiomegaly
 - D. S3 gallop
26. The following statements regarding low molecular weight heparins are correct **except**?
- A. They possess greater anti-factor Xa activity than anti-factor IIa activity
 - B. They cause significant elevation in activated partial thromboplastin time, which is useful for monitoring the anticoagulant effect
 - C. Their clearance is affected by renal impairment
 - D. They are not neutralized by platelet factor 4

27. All of the following require infective endocarditis prophylaxis, **except**?
 - A. Patient with valvular prosthetic valves
 - B. Previous episode of infective endocarditis
 - C. Device closure of PDA with residual shunt
 - D. Atrial septal defect
28. The following steps are appropriate in the management of acute aortic dissection **except**?
 - A. intravenous sodium nitroprusside
 - B. intravenous Beta- blocker therapy
 - C. urgent surgical repair for proximal dissection
 - D. urgent surgical repair for distal dissection
29. Each of the following statements regarding oral antiplatelet agents is correct, **except**?
 - A. Aspirins principal antiplatelet action is via inhibition of cyclooxygenase
 - B. Ticlopidine and clopidogrel reversibly affect platelet aggregation
 - C. Non steroid anti-inflammatory drugs such as ibuprofen may inhibit effect of aspirin
 - D. Cilastazol mechanism of action is via inhibition of platelet phosphodiesterase-3
30. Regular exercise have beneficial effects in all ways **except**?
 - A. Favorable changes in the fibrinolytic system
 - B. decreased heart rate variability
 - C. increased expression of nitric oxide synthase
 - D. decreased triglyceride levels
31. True statements regarding diagnosis and treatment right ventricular infarction (RVI) include all of the following **except**?
 - A. Hypotension in response to small doses of nitroglycerin in patients with inferior wall myocardial infarction suggests RVI
 - B. Unexplained systemic hypoxemia in RVI raises the possibility of patent foramen ovale
 - C. Hemodynamic parameters in RVI often resemble to pericardial disease
 - D. Loss of Atrial support in RVI is best managed by loop diuretic therapy
32. True statements about the clinical findings of atrial septal defect include all **except**?
 - A. A mid systolic ejection murmur and diastolic murmur at the lower left sternal border may both be features on examination
 - B. In Ostium primum defects usually show right ventricular hypertrophy, a small rSR' pattern in right precordial leads and right ward axis in ECG
 - C. Tall R or R' waves in V₁ may signal the development of pulmonary hypertension
 - D. Echocardiogram features show RV and pulmonary artery dilatation
33. **Not true** about the physical findings frequently seen in cardiac tamponade?
 - A. Heart rate >100/min
 - B. Elevated Jugular venous pressure
 - C. Kussmaul's sign
 - D. Inspiratory drop in systolic blood pressure >10 mm Hg

34. Features of post MI pericarditis all are true **except**?
- A. thrombolytic therapy increases the incidence of early post MI pericarditis
 - B. post MI pericarditis is more common in STEMI than NSTEMI
 - C. A pericardial friction rub can be seen as 12 hours after MI
 - D. The use of heparin is not associated with an increased risk of pericarditis
35. The following is least likely to have risk of Infective endocarditis?
- A. Aortic stenosis
 - B. Mitral valve prolapse without murmur
 - C. Patent ductus arteriosus
 - D. Ventricular septal defect
36. The organism most commonly associated with prosthetic valve endocarditis in first 60 days
- A. Staphylococcus aureus
 - B. Escherichia coli
 - C. Candida albicans
 - D. Staphylococcus epidermidis
37. Which of the following primary hypercoagulable states is most frequent among patients who present with deep vein thrombosis?
- A. Protein C deficiency
 - B. Activated protein C resistance
 - C. Antithrombin III deficiency
 - D. Prothrombin 20210 mutation
38. The most common primary cardiac tumor in children is?
- A. Rhabdomyoma
 - B. Lipoma
 - C. Papillary fibroelastoma
 - D. Angiosarcoma
39. Strongest Indication for renal artery stenting?
- A. Accelerated hypertension with moderate renal artery stenosis
 - B. Unilateral severe renal artery stenosis
 - C. Recurrent Flash pulmonary edema due to renal artery stenosis
 - D. Mean trans lesional gradient <10 mmHg and renal FFR >0.80
40. Which of the following drugs in the currently available metallic drug eluting stents found to be more useful in diabetic patients?
- A. Paclitaxel
 - B. Sirolimus
 - C. Zotarolimus
 - D. Everolimus
41. In short QT syndrome the following is correct
- A. sudden cardiac death is rare
 - B. Atrial fibrillation is uncommon
 - C. QT intervals adapts to exercise
 - D. Missense mutation

42. Idiopathic ventricular tachycardia all are true **except**
- A. structurally normal heart
 - B. sudden cardiac death is common
 - C. Both RBBB and LBBB morphology
 - D. Adenosine drug in RVOT ventricular tachycardia
43. All the statements regarding the newer oral anticoagulants is true **except** ?
- A. Dabigatran has 80% renal elimination
 - B. Edoxaban is a factor Xa inhibitor
 - C. Dabigatran has 60% bioavailability
 - D. Rivaroxaban also has hepatic excretion
44. Pre-operative factors that portend to an increased risk of cardiac complications after major non cardiac surgery in patients over 40 years of age include which of the following?
- A. presence of an S₃ gallop
 - B. active cigarette smoking
 - C. myocardial infarction 4 years ago
 - D. mild mitral stenosis
45. All of the following interventions have a blood pressure– lowering effect, **except**?
- A. A diet that reduces caloric intake by 1000 calories per day
 - B. Reduction of dietary sodium
 - C. Daily magnesium and calcium supplements
 - D. Reduction of ethanol consumption to less than 1 oz (30 mL)/d
46. With regard to hypertension the following is true?
- A. resistant hypertension in 20% of patients
 - B. Resistant hypertension is BP \geq 160/100 mm Hg, despite maximally tolerated doses of \geq 2 classes of anti hypertensives of which one is diuretic
 - C. Renal denervation therapy has a major role in treatment
 - D. Maximum reduction of LVH (left ventricular hypertrophy) is with ATI receptor blockers
47. Each of the following is a component of the atherogenic “metabolic syndrome” **EXCEPT**
- A. Hypertension
 - B. Elevated serum triglycerides
 - C. Abdominal obesity
 - D. Serum low-density lipoprotein >140 mg/dL
48. Antiplatelet therapy the longest plasma half-life is seen with?
- A. Aspirin
 - B. Clopidogrel
 - C. Ticagrelor
 - D. Cangrelor

49. Irreversible inhibitor of platelet P2Y₁₂ receptor are all except:
- Prasugrel
 - Clopidogrel
 - Ticagrelor
 - Ticlopidine
50. True about oral anticoagulants **except**
- Dabigatran has 80% renal elimination
 - Edoxaban interaction with P glycoprotein inhibitors
 - Dabigatran has 50% bioavailability
 - Rivaroxaban also has hepatic excretion
51. Which of the following regarding pulmonary stenosis is true **EXCEPT**?
- Severe stenosis is RVSP >75% of LVSP or gradient >60 mm Hg
 - Raised RVEDP suggests severe obstruction or RV failure
 - Balloon size is 10- 15% larger than of the annulus of the pulmonary valve
 - Risk factors for re-intervention are younger age and low body surface area
52. In Truncus arteriosus all are correct statements **EXCEPT**?
- Congenital anomaly is due to conotruncal or trunco aortic septation
 - In type II truncus arteriosus, the left pulmonary ostium is higher than right
 - Continuous murmur when present suggests patent ductus arteriosus
 - Early development of pulmonary vascular obstructive disease
53. In bicuspid aortic valve stenosis all are true statements **EXCEPT**?
- Least common variant is fusion of left and non coronary cusps
 - Ejection click intensity and timing varies with respiratory cycle
 - Peak instantaneous gradient is higher than peak to peak gradient on LV and aortic pressure tracing
 - Aortic valve area calculated by continuity equation on echocardiogram
54. All are Correct statements about Double Chamber Right Ventricle **EXCEPT**?
- Anomalous bundle due to growth of trabeculated myocardium
 - The level of obstruction is at the level of infundibular area
 - Upright T wave in V3R is suggestive of RVH on electrocardiogram
 - Spontaneous closure of VSD as the increasing severity of obstruction
55. Differential diagnosis of massive cardiomegaly in new born all are true, **EXCEPT**?
- Pulmonary atresia and Ebstein's anomaly
 - Ebstein's and functional pulmonary atresia
 - Intrapericardial teratoma
 - Truncus arteriosus
56. The clinical features of cyanosis, soft systolic murmur, mild cardiomegaly and oligemic lung fields in a neonate, most likely the diagnosis in order of importance are all **EXCEPT**?
- Pulmonary atresia with intact ventricular septum
 - Pulmonary stenosis
 - Tricuspid and pulmonary atresia
 - Tetralogy of Fallot

57. In the management of cyanotic spell all are correct statements EXCEPT?
- Intravenous morphine 0.1-0.2 mg/kg
 - Intravenous propranolol 0.15-0.2 mg/kg
 - Intravenous sodium bicarbonate 1 mEq/kg
 - Intravenous norepinephrine 0.05-1.0 ug/kg/min
58. In Coarctation of Aorta all statements EXCEPT these are correct?
- Incidence upto 6-8%
 - Renal artery stenosis is not a feature in coarctation of abdominal aorta
 - Bicuspid aortic valve in upto 85%
 - Occurs at the insertion of ductus arteriosus
59. All are features of Coarctation of aorta EXCEPT?
- Half mark is pulse discrepancy
 - Precordial thrill is not common
 - Rib notching seen in infants
 - May present as severe congestive heart failure
60. Hypoplastic left heart syndrome all are common EXCEPT?
- Tricuspid valve abnormalities are seen in 35%
 - S2 single and loud is rare
 - S3 suggests left ventricular dysfunction
 - Prostaglandin E1 is crucial in management
61. Transposition of Great Arteries all are correct statements EXCEPT?
- Peri-membranous ventricular septal defect is seen in 30 %
 - Risk of sinus node artery branch injury in balloon atrial septostomy
 - Reverse differential cyanosis suggests TGA with PDA
 - Necrotizing enterocolitis is not common when associated PDA
62. Regarding the clinical features of congenitally corrected transposition of great arteries (ccTGA) all are true EXCEPT?
- May present as AV blocks
 - Arrhythmias cause congestive heart failure
 - Mitral regurgitation in neonate is less common
 - Large Q waves in III and aVF in electrocardiogram
63. All are correct about Double Outlet Right Ventricle EXCEPT?
- Pulmonary stenosis is seen in 50%
 - Anomalous origin of anterior descending artery from right coronary artery is most common
 - The systolic murmur is due to ventricular septal defect
 - Cyanotic spells is a usual feature
64. In Univentricular Atrioventricular connections all are correct statements EXCEPT?
- Double inlet right ventricle is commonly seen
 - In Holmes Heart, VSD causes subpulmonary obstruction
 - Coarctation of aorta cause congestive heart failure
 - Pulmonary obstruction determines the symptoms

65. FALSE about congenital pericardial defects is?
- Left side pericardial defects are seen in 56%
 - Total absence of pericardium associated with tetralogy of Fallot
 - Prominent bulges at aortic knob and pulmonary artery suggest diagnosis
 - Herniation of left atrial appendage does not occur
66. In Duchenne muscular dystrophy all statements are correct EXCEPT?
- Gowers sign is pathognomic
 - On histology fibrosis seldom involves the left ventricle
 - Pulmonary ejection systolic murmur seen
 - Prone to malignant hyperthermia like reaction
67. Rhabdomyomas all are correct statements EXCEPT?
- Incidence 45-80%
 - May mimic hypoplastic left heart syndrome
 - Multiple tumors are rare
 - Association with tuberous sclerosis
68. ALL are true EXCEPT in Permanent form of junctional tachycardia (PJRT)
- Refractory to medical therapy
 - Leads to Left ventricular dysfunction
 - Cryoablation preferred to radio frequency ablation
 - Antero septal location of pathway
69. All statements regarding Mahaim fibres are true EXCEPT?
- Accessory pathways connection atria to ventricles
 - Pseudo pre-excitation due to slurred upstroke QRS in electrocardiogram
 - Catecholamine sensitive
 - Degenerates into ventricular fibrillation during atrial fibrillation
70. All of the following EXCEPT are correct statements in Atrial septal defect?
- Deficient growth of septum secundum
 - Wide fixed split of S2 may be absent with increased pulmonary vascular resistance
 - Prominent thrill is left 2nd space is common
 - Graham steel murmur suggests pulmonary hypertension
71. In Atrioventricular Septal Defects all statements true EXCEPT?
- AV canal defect in 45% of down syndrome patients
 - Failure to thrive occurs in late infancy
 - Loud P2 is a common finding
 - Rastelli classification Type C has a free floating leaflet
72. TRUE about Ventricular Septal Defect is?
- Small VSD is defined when one fourth of aortic valve diameter
 - Katz Wachtel phenomenon on electrocardiogram may suggest large VSD
 - Systolic murmur persists with Eisenmenger syndrome
 - Haemoptysis is a common feature with severe pulmonary hypertension

73. All are correct statements about patent ductus arteriosus(PDA) EXCEPT?
- A. Continuous Murmur may be absent in congestive heart failure
 - B. Systolic murmur with pulmonary hypertension
 - C. Bounding peripheral pulses with heart failure
 - D. Mid diastolic mitral flow rumble in large PDA
74. Difference between Rupture Sinus Of Valsalva and patent ductus arteriosus are all EXCEPT?
- A. Location of murmur is the lower precordium
 - B. Louder in diastole
 - C. Systolic suppression of murmur may occur
 - D. Generally asymptomatic onset on detection
75. In Anomalous left coronary artery from pulmonary artery all are true EXCEPT?
- A. Origin from the left posterior facing sinus
 - B. Mitral regurgitation may be due to antero-lateral papillary muscle dysfunction
 - C. Feeding prevents myocardial ischemia
 - D. Sudden death is common
76. All are true about Interrupted Aortic Arch EXCEPT?
- A. Type C is an interruption between carotid arteries
 - B. Type A interruptions occurs with aortic pulmonary septal defects
 - C. Di George syndrome associated with type B interruptions
 - D. Type C occurs with conotruncal anomaly
77. Brugada syndrome all statements are true EXCEPT?
- A. Polymorphic ventricular tachycardia is uncommon
 - B. RBBB with cove- type ST elevation in V1-V3
 - C. Provocative testing with ajmaline
 - D. Atrial fibrillation in 15%
78. FALSE about physical examination in Ebstein's anomaly?
- A. Digital clubbing
 - B. Wide split S1
 - C. Systolic murmur due to tricuspid regurgitation
 - D. Prominent V wave in jugular venous pulse
79. All the following are true about Total anomalous pulmonary venous connections EXCEPT?
- A. Left atrial size is increased
 - B. Association with lead exposure
 - C. Splenic abnormalities common
 - D. Interatrial communication necessary
80. In Cor Triatriatum the correct statement is?
- A. Pulmonary veins open into common chamber that joins the Right atrium
 - B. Right ventricular hypertrophy is rare on electrocardiogram
 - C. Pulmonary artery wedge pressure is elevated
 - D. Pulmonary hypertension is uncommon

81. True about Low flow and low gradient (LF-LG) Aortic stenosis Except?
A. Incidence is 5-10%
B. Dobutamine stress echo to determine severity
C. MDCT helps in paradoxical LF-LG AS
D. Valve calcium density score $>1000/\text{AU cm}^2$ suggests severe AS
82. Indication for AVR in isolated Severe AR all are true, Except?
A. Symptomatic severe AR
B. LVEF $>50\%$ and LVIDS $>25 \text{ mm/mm}^2$
C. LVID d $>70 \text{ mm}$ and EF $>50\%$
D. LVID d $<70 \text{ mm}$ and EF $>50\%$
83. Clinical features of Severe MR are correct in all EXCEPT?
A. Loud S1
B. Evidence of pulmonary arterial hypertension
C. LVS3
D. Widely split S2
84. Factors affecting to increase in A2-OS interval in mitral stenosis are all except?
A. Aortic stenosis
B. Calcified mitral valve
C. Bradycardia
D. Mitral regurgitation
85. Differentiating features of A2-OS from A2-S3 are true in all Except?
A. High pitched
B. Widens on standing
C. Interval 0.10-0.20 sec
D. Mid way between apex and left sternal border
86. Diastolic rumble of MS decreases in all except
A. Severe PAH
B. Congestive heart failure
C. Non calcific mitral valve
D. Aortic stenosis
87. Commonest plaque morphology see in OCT imaging in atherosclerosis
A. Plaque rupture
B. Plaque erosion
C. Calcific nodule
D. Mixed pattern
88. Best imaging modality to detect coronary calcium
A. Coronary Angiogram
B. OCT (optical coherence tomography)
C. Intravascular ultrasound
D. Near Infra red spectroscopy (NIRS)

89. Large V waves in JVP seen in all EXCEPT?
- A. Atrial septal defect
 - B. TAPVC
 - C. Absent pericardium
 - D. Cardiac tamponade
90. Cannon waves are seen in
- A. SVT with aberrancy
 - B. Ventricular tachycardia
 - C. AVNRT
 - D. Atrial fibrillation
91. All are associated with rupture of sinus of Valsalva (RSOV) except?
- A. Syphilis
 - B. Tuberculosis
 - C. Sarcoidosis
 - D. Behcet's disease
92. Intramural Haematoma all are true except?
- A. Incidence 5-20%
 - B. Mortality less as compared to dissection in type A IMH
 - C. Recurrent pain despite medical therapy
 - D. May regress in less than 10%
93. Bleeding risk after coronary intervention can be prevented by all Except?
- A. Radial access
 - B. Vascular closure devices
 - C. Bivalirudin
 - D. Fondaparinux
94. All are major criteria in Takayasu arteritis except?
- A. Left mid subclavian lesion
 - B. Right mid subclavian lesion
 - C. Signs and symptoms for last 3 months
 - D. High ESR
95. Differentiating True from False LUMEN on CT scan are all except?
- A. Small cross sectional area
 - B. Intimal calcification
 - C. Cob web sign
 - D. Thrombosis rare
96. All of the following can suggest massive acute Pulmonary embolism except?
- A. SBP <90 mmHg
 - B. S1Q3T3 pattern on ECG
 - C. RV dysfunction
 - D. Non collapsing IVC (inferior vena cava)

97. Newer agents for proven mortality benefit in CHF in DCM are all except?
- A. Digoxin
 - B. B blockers
 - C. ACE inhibitors
 - D. Valsartan and sacubitril
98. The best suitable antiplatelet agent within 1 hour of STEMI
- A. Clopidogrel
 - B. prasugrel
 - C. Ticagrelor
 - D. Dipyridamole
99. All are cause of cardiogenic shock with pulmonary edema in IWMI?
- A. Acute MR
 - B. Acute left main coronary occlusion
 - C. Ventricular septal rupture
 - D. Severe TR with RVMI
100. All are helpful in coronary slow phenomenon except?
- A. Nicorandil
 - B. Adenosine
 - C. Nitroglycerine
 - D. Acetylcholine

SUBJECT CARDIOLOGY SR

1	D	21	D	41	D
2	C	22	B	42	B
3	D	23	A	43	C
4	B	24	C	44	A
5	D	25	A	45	C
6	B	26	B	46	D
7	A	27	D	47	D
8	C	28	D	48	B
9	D	29	B	49	C
10	C	30	B	50	C
11	B	31	D	51	C
12	D	32	B	52	C
13	D	33	C	53	B
14	D	34	A	54	B
15	A	35	B	55	D
16	D	36	D	56	B
17	B	37	B	57	B
18	C	38	A	58	B
19	D	39	C	59	C
20	C	40	C	60	B
61	D	81	D		
62	C	82	D		
63	C	83	A		
64	A	84	D		
65	D	85	C		
66	B	86	C		
67	C	87	A		
68	D	88	B		
69	D	89	D		
70	C	90	C		
71	B	91	C		
72	A	92	B		
73	C	93	D		
74	D	94	D		
75	C	95	C		
76	D	96	D		
77	A	97	A		
78	D	98	C		
79	A	99	D		
80	C	100	D		