

Clinical characteristics of right-sided congestive HF are characterized by the following except:

Sinus tachycardia
Hepatomegalia
Increased jugular venous pressure

Splenomegalia

Which of the following components does not belong to the lipid profile:

Non-HDL – cholesterol
LDL-cholesterol

Uric acid

Triglycerides

ECG of Cor pulmonale is characterized by the following except:

P mitrale

Shift of electrical axes to the right
Right bundle branch block
Atrial fibrillation

Treatment of infective endocarditis is characterized by the following except:

Combination of at least two parenteral antibiotics
Duration of antibiotic treatment for at least 4 weeks

Monotherapy with a bacteriostatic antibiotic for four weeks

Reduced doses of parenteral antibiotics in patients with renal dysfunction and reduced GFR

ECG at rest in patients with stable angina is usually characterized by :

No significant changes

Horizontal ST depression
ST elevation
Negative T wave

Unstable angina should NOT be treated with:

Nitrates
Beta blockers
Diuretics
Anticoagulants

Which of the following is NOT considered a major criteria in the diagnosis of Rheumatic fever:

Increased AST

Polyarthritis
Erythema anulare
Subcutaneous nodules

Which of the following is NOT true for mitral stenosis:

The left atrium is dilated
The right atrium is dilated
Often there is atrial fibrillation

There is marked left ventricular hypertrophy

Which of the following is true for mitral insufficiency:

The murmur is systolic with decrescendo-crescendo character

The left ventricle is volume overloaded

The left atrium is normal in size
The murmur is diastolic, decrescendo, ruff

Which indicator of the lipid profile is the main target of dyslipidemia therapy?

HDL -cholesterol
LDL-cholesterol
Non-LDL-cholesterol
Triglycerides

The most common mode of transmission of HCM is:

Autosomal dominant

Autosomal recessive
X-linked
Mitochondrial

The recommended duration of dual antiplatelet therapy after acute myocardial infarction is:

12 weeks
12 months
One month
Life-long treatment

Patients with atrial fibrillation have increased risk for:

Ischemic stroke
Hemorrhagic stroke
Bleeding
Ischemic stroke and systemic embolism

Which of the following congenital malformations is cyanotic:

Atrial septal defect

Complex of Fallot

Ventricular septal defect

Patent ductus arteriosus (ductus Botalli)

The most common rhythm disturbance in patients with mitral stenosis is:

Ventricular tachycardia

Atrial fibrillation

Supraventricular extrasystoles

Supraventricular tachycardia

Which of the following is a the most common way of assessing the severity of aortic stenosis:

With echocardiography, using the pressure gradient between left ventricle and aorta or by direct planimetry

With ECG, using signs of left ventricular hypertrophy

Computed tomography of the heart

Aortography

Which of the following statements is true about the changes in the blood-gas analysis in pulmonary thromboembolism?

Hypoxemia with or without hypocapnia

Hypoxemia with hypercapnia

Metabolic alkalosis

Metabolic acidosis

In Acute Coronary Syndrome (ACS) the differentiation between Unstable Angina(UA) and NSTEMI (Non-ST-elevation myocardial infarction) is made by:

ECG changes

Elevated serum cardiac troponins

The duration of the symptoms

Irradiation of the pain

Which of the following is NOT a peripheral sign of infective endocarditis?

Roth spot

Splinter hemorrhages

Erythema anulare

Osler nodules

Which of the following IS NOT part of the ECG-changes in unstable angina?

Pathological, wide (more than 0,004sec) and deep Q wave, low amplitude of the R wave or disappearing of the R wave and QS forms.

Deep, negative, symmetric and pointed T-wave

Horizontal ST-depression

Descending ST depression

In an extensive inferior myocardial infarction the direct ECG changes are registered in :

V1-V6

I, aVL, V5-V6

II, III, aVF

V1-V3

In patients with heart failure with reduced left ventricular function and in sinus rhythm, the following drug options are NOT acceptable as first line treatment:

ACE inhibitor

Beta blocker

Digitalis

ARBs

A 56-year-old male with HTN presented with palpitations and dyspnea with exertion.

He is unsure when the symptoms started, but feels he has had a gradual decline over a one week period. He takes HCTZ for his HTN. He has no other known medical history.

His systolic BP is 170 mmHg and the diastolic pressure is 80 mmHg. An ECG reveals AF with a rapid ventricular rate at 120 bpm. All of the following are acceptable options in his subsequent care except:

Initiate anticoagulation, add a rate control medication, and return for cardioversion in 3 weeks

Initiate anticoagulation, perform a TEE, and, if negative for an intracardiac thrombus, proceed with DC cardioversion

Initiate anticoagulation, start amiodarone

Initiate anticoagulation, add a rate control medication, and improve his BP treatment

Atherosclerosis principally affects which of the following component(s) of the vessel wall?

Intima

Adventitia

Smooth muscle layer
Endothelium

Which of the following would be most likely in a patient with chronic severe AR?

Normal LV cavity size and EF
Pulsus tardus and parvus
RV enlargement

Broad pulse pressure

The most common cause of infective endocarditis in IV drug users is:

Viridans streptococci
Enterococcus faecium

Staphylococcus aureus

Candida parapsilosis

What tests would you order for a patient with newly discovered Arterial Hypertension:

FBC, Lipid panel , creatinine , serum glucose , basic urinalysis
Fundoscopy
ECG

All answers are correct

Symptomatic aortic stenosis may be treated by:

Radiofrequent ablation
Digitalis

Surgical valve replacement

Percutaneous clipping

Which of the following drugs is most appropriate for the acute phase of pericarditis:

Aspirin

Ibuprofen

Furanthril

Antibiotics

A typical ECG change in the setting of pulmonary embolism is:

ST-segment elevations in all of the leads

Right axis deviation

Electric alternans

Bradycardia