

Introduction To Clinical Medicine



Past papers – 3^{ed} week

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Chapter 4

Cardiovascular system

1. All of the following are causes of enhanced physiological splitting of S2 except:

- A) LBBB
- B) RBBB
- C) Pulmonary hypertension
- D) Pulmonary stenosis
- E) VSD

ANSWER : A

2. all of the following cause loud S1 sound except:

- A) Short P-R interval
- B) Atrial myxoma
- C) Rheumatic mitral regurgitation
- D) Mitral stenosis
- E) Increased stroke volume

ANSWER : C

3. A three-year-old female came to the clinic and was discovered to have a continuous machinery murmur heard at the left pulmonary area, what is the diagnosis:

- A) Patent ductus arteriosus
- B) Ventricular septal defect
- C) Atrial septal defect
- D) Innocent murmur

ANSWER : A

4. A 64-year-old man known case of Ischemic Heart Disease presented to the ER with right leg pain, popliteal, dorsalis pedis and posterior tibial pulses are absent, there was pallor in the right leg with decreased sensations, what is the most likely diagnosis?

- A) Acute lower limb ischemia
- B) Chronic lower limb ischemia
- C) Milroy's disease
- D) Baker's cyst rupture
- E) Lymphedema

ANSWER : A

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5. A 41-year-old male patient came to the clinic for physical examination, he has no complaints except dyspnea on exertion, auscultation wide and fixed split S2, what is the diagnosis:

- A) Atrial Septal defect
- B) Ventricular septal defect
- C) Aortic stenosis
- D) HOCM

ANSWER : A

6. A 32-year-old female who is a smoker and medically free had infective endocarditis, which of the following is not caused by it:

- A) Clubbing
- B) Splinter hemorrhages
- C) Roth's spots
- D) Osler's nodules
- E) Corneal arcus

ANSWER : E

7. Which of the following is suggestive of venous ulceration:

- A) Swelling is usually absent
- B) cold temperature
- C) pulses are absent
- D) It is located on the medial lower one third of the leg
- E) edges are punched out

ANSWER : D

8. A patient presented with palpitations, she was found to have irregularly irregular pulse, which of the following is a finding?

- A) An S4 "gallop"
- B) prominent a waves in jugular venous pressure
- C) Absent a waves in jugular venous pressure

ANSWER : C

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9. Lower limb ischemia is considered critical when ankle-to-brachial pressure index is:

- A) Less than 0.9
- B) Less than 0.4
- C) Less than 0.8
- D) Less than 1.1
- E) None of the above

ANSWER : B

10. Patient presented to the ER with hypotension and diffuse ST elevation (on EKG), there was an increase in JVP during inspiration and muffled heart sounds. Echocardiography shows cardiomegaly. What is the diagnosis?:

- A) STEMI
- B) Cardiac tamponade
- C) angina
- D) pneumothorax

ANSWER : B

11. A 60-year-old female patient presented to the ER complaining from recurrent episodes of syncope, she was found to have ejection systolic murmur with reduced peak and slow upstroke, what is the likely diagnosis:

- A) Aortic stenosis
- B) Aortic regurgitation
- C) Mitral stenosis
- D) Tricuspid regurgitation
- E) Mitral valve prolapse

ANSWER : A

12. Patient came to the clinic with previous MI and did surgery, 10 days later he was admitted to the emergency room with gradual stabbing pain which is relieved by leaning down. On examination you heard a murmur, which of the following is most likely to hear:

- A) S3
- B) S4
- C) Mitral stenosis
- D) Friction rub

ANSWER : D

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13. A patient complains from lightheadedness and dizziness specially when he stands up, his blood pressure when he is sitting down was 120/80 and when he stands up was 100/70 , what is the most likely diagnosis?

- A) Orthostatic hypotension
- B) Palpitation
- C) Aortic regurgitation

ANSWER : A

14. A female patient comes to the clinic after she complains from right leg pain after her trip overseas, her BMI is 44, on examination you feel hotness and tenderness on her leg, what is your diagnosis:

- A) venous ulceration
- B) Varicose veins
- C) DVT

ANSWER : C

15. Case with hoarseness of voice, mid diastolic murmur, left atrial dilation and right ventricular hypertrophy, the murmur caused by:

- A) Mitral stenosis
- B) Mitral regurgitation
- C) Aortic regurgitation
- D) Aortic stenosis

ANSWER : A

16. murmur blowing at apex with radiation to left axilla

- A) Mitral regurgitation
- B) Mitral stenosis
- C) Aortic regurgitation
- D) Aortic stenosis

ANSWER : A

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17. . Female patient came to the clinic, she was thin, tall, have tall and thin fingers, high arched palate, on examination you did echocardiogram what findings you expect to see:

- A) Aortic stenosis
- B) Aortic dissection
- C) coarctation

ANSWER : B

18. case with slow rising pulse, murmur radiation to the neck

- A) Aortic stenosis
- B) Aortic regurgitation

ANSWER : A

19. correct about normal JVP:

- A) Increases with inspiration
- B) Positive hepatojugular reflex
- C) Impalpable
- D) One peak per cycle

ANSWER : C

20. least likely to cause DVT:

- A) Family history of thrombosis
- B) Cellulitis
- C) Pregnancy
- D) Malignancy
- E) Hormonal therapy

ANSWER : B

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21. 66 years old patient with heart failure, previously she only had dyspnea on strenuous activities. Now she complained of shortness of breath while doing her normal activities. according to the new york heart heart association of heart failure symptom severity, she staged as?

- A)I
- B)II
- C)III
- D)IV

ANSWER : C

22. In the case of a lady who had a loss of consciousness for a few minutes while standing in a supermarket line, she felt hotness all over her body. The lady who helped her was a nurse, when she measured her heart rate it was 40 bpm and she also was pale. what is most likely to be the diagnosis:

- A)Orthostatic hypotension
- B)Neurocardiogenic syncope
- C)Seizure

ANSWER : B

23. patient who has a sharp stabbing pain relieved by leaning forward and exacerbated by standing up or lying down. which of the following correlates with such complaints:

- A)Ruptured aortic aneurysm
- B)pericarditis
- C)Myocardial infarction

ANSWER : B

24. Patient mentioned that he was able to walk around his neighborhood (daily), now he gets tired on even minor activities,no discomfort at rest,what is the NYHA classification of heart failure in this case:

- A)I
- B)II
- C)III
- D)IV
- E) Can't determine based on the information given

ANSWER : C

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25. Case of pansystolic murmur heard over the lower left sternal border and pulsatile liver, what is the diagnosis:

- A) Ventricular septal
- B) Tricuspid regurgitation

ANSWER : B

26. False about neurogenic claudication

- A) Normal pulses
- B) Relieved by bending forward
- C) Bilateral
- D) Standing still relieves pain

ANSWER : D

27. All of the following clinical findings are consistent with severe mitral stenosis EXCEPT :

- A) Irregular irregular heart beat
- B) Apical heave .
- C) Bilateral basal inspiratory fine crackles
- D) Opening snap
- E) Tapping apex beat

ANSWER : B

28. You're taking history in the ER department from a patient who presented with chest pain, which of the following characteristics would make you think of acute pericarditis as the likeliest cause ?

- A) Sudden tearing chest pain radiating to the back in a drowsy patient .
- B) Retrosternal chest pain radiated to the jaw of 35 min in duration .
- C) Left sided chest pain of 3 days in duration that's increased by inspiration and was preceded 1 week ago with sore throat and cough .
- D) Episodic retrosternal chest pain of a 5 min per episode that's brought on by climbing 2 flights of stairs .
- E) Sudden retrosternal chest pain associated with heartburn

ANSWER : C

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29. A 67 year old smoker gentleman presented to the ED complaining of severe central abdominal pain of 30 minutes duration that was not relieved by analgesia or changes in position. Pain was reported to be radiating to his flanks & back bilaterally. Patient had had intermittent mild back pain over the last 5 weeks, he denied nausea, vomiting or change in bowel habits. His medical history is remarkable for coronary artery disease & hypertension. Upon physical exam patient was alert but in obvious discomfort, inspection of his abdomen revealed a tender pulsatile mass. His vital signs were as follow: BP 90/55, HR 110, RR 16, Temp 36.6. Patient was resuscitated & taken immediately to the OR. The most likely diagnosis is :

- A) Ruptured abdominal aortic aneurysm .
- B) Ulcerative colitis flare up .
- C) Perforated duodenal ulcer .
- D) Massive pulmonary embolism .
- E) Acute mesenteric ischemia

ANSWER : A

30. A 65 years old male patient, has long term history of diabetes and hypertension, presented to the ER complaining of chest pain radiating to his left shoulder, on investigations the patient was diagnosed to have inferior myocardial infarction complicated by papillary muscle rupture. On physical exam, the most likely finding will be ?

- A) Apical mid diastolic murmur .
- B) Loud S2 .
- C) Right ventricular heave .
- D) Ejection systolic murmur over the Right 2nd intercostal space .
- E) Pansystolic murmur

ANSWER : E

31. A 68-year-old female is being evaluated after she had an episode of syncope. She complains of having progressive exertional dyspnea over the last two months with an occasional dry cough. Cardiac auscultation findings over the apex gave rise to low pitched mid-diastolic murmur, it was best appreciated using the bell of the stethoscope. Which of the following best explains the physical findings in this patient ?

- A) Tricuspid stenosis .
- B) Mitral stenosis .
- C) Mitral regurgitation .
- D) Atrial septal defect .
- E) Aortic stenosis .

ANSWER : B

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32. A 55-Year-Old male, patient, heavy smoker, presented to ER shouting of severe diffuse vague abdominal pain of 1-day duration. associated with vomiting twice, and diarrhea twice too. On physical examination you find that his abdomen is soft with moderate diffuse tenderness not proportional to his shouting. According to this scenario, which of the followings is on top of your differential diagnoses :

- A) IVC Obstruction .
- B) Intestinal Obstruction .
- C) Obstructive Renal Stones .
- D) Mesenteric Ischemia .
- E) Malingering

ANSWER : D

33. Which of the following indicates arterial claudication rather than venous claudication :

- A) Presence of lower limb cyanosis .
- B) Pain relieved by bending forward .
- C) Presence of lower limb edema .
- D) Pain relieved by leg elevation .
- E) Pain relieved on stopping walking

ANSWER : E

34. A 6 months old baby presented for check up. She was symptom free, but clinical examination revealed a heart murmur. which of the following is suggestive of a Ventricular septal defect :

- A) A short systolic murmur at the left sternal edge .
- B) An early diastolic murmur .
- C) Fixed splitting of the second heart sound .
- D) A systolic murmur maximal at the apex .
- E) A systolic murmur with thrill at the left sternal edge .

ANSWER : E

35. A 60 years old female Patient, has long term history of diabetes and hypertension. The patient had recent history of upper respiratory tract infection that lead to pericarditis. The patient presented to the ER 2 days later complaining of chest pain and shortness of breath. On physical exam the patient is hypotensive with elevated JVP, and diminished heart sounds. What is the most likely diagnosis ?

- A) Pleural effusion .
- B) Cardiac Tamponade .
- C) Unstable Angina .
- D) Myocardial infarction .
- E) Pneumothorax .

ANSWER : B

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36. A 12-year-old girl with a background of Down syndrome presents for review.. Upon examination, she is found to have an ejection systolic murmur, louder during inspiration, with fixed splitting of the second heart sound. Which of the following is the most likely diagnosis ?

- A) Tricuspid regurgitation .
- B) Mitral valve prolapse .
- C) VSD .
- D) ASD .
- E) Coarctation of aorta .

ANSWER : D

37. A 66 year old tall and thin gentleman presented to ER complaining of chest pain associated with dizziness and nausea, he described his chest pain to be tearing in nature and radiating to his back, his father suffered from hypertension and was diagnosed with myocardial infarction at the age of 70. Which of the following is LESS likely to be found upon evaluating this patient ?

- A) History of connective tissue disorder .
- B) Left arm BP 185/100 mmhg and right arm BP 195/110 mmhg .
- C) History of smoking .
- D) Wide mediastinum on imaging .
- E) Radio-femoral pulse delay .

ANSWER : E

38. A 45 year old lady who has been previously diagnosed with hyperthyroidism presented to ER complaining of palpitations, and feeling unwell, after examining her you found a pulse of 165 bpm along with a pulse deficit of 42. What else do you expect to find on physical exam ?

- A) Splitting of the second heart sound on auscultation .
- B) Irregularly irregular pulse .
- C) Cannon waves on JVP .
- D) Radio-radial delay .
- E) Slow rising pulse.

ANSWER : B

39. All of the following cause palpitations, except:

- A) Hypothyroidism
- B) Ectopic beat
- C) Anxiety
- D) Drugs
- E) Supraventricular tachycardia

ANSWER : A

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40. Mismatch:

- A) Radio-femoral delay: Aortic dissection
- B) Cardiac tamponade: Paradoxical pulse
- C) Atrial fibrillation: more than 10 pulse deficits

ANSWER : A

41. A case with infective endocarditis, which of the following will be likely seen:

- A) Clubbing
- B) Splinter hemorrhage
- C) A and B

ANSWER : C

42. Which of the following drugs might cause oedema:

- A) B blockers
- B) Angiotensin receptor Blocker
- C) Ca^{++} channel blockers
- D) ACE Inhibitors

ANSWER : C

43. In grade 4 murmurs, what's the best description:

- A) Easily heard, without thrills
- B) Heard by experts in optimum conditions
- C) Loud murmurs with a thrill

ANSWER : C

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44. All of the following about esophageal spasm are correct, except:

- A) Radiates to the arms
- B) Not relieved by nitrates
- C) Mimics MI pain

ANSWER : B

45. False about (S2) splitting:

- A) Comes naturally with respiration
- B) Aortic components come later
- C) Fixed with ASD

ANSWER : B

46. The 'v' wave in JVP is caused by:

- A) Atrial filling during ventricular systole when the tricuspid valve is closed
- B) Atrial filling during ventricular systole when the tricuspid valve is opened

ANSWER : A

47. JVP pluses are different than carotid pulses in all of the following, except:

- A) increase by lying down
- B) Increase with inspiration
- C) Double inward pulses
- D) Non-pulsatile

ANSWER : B

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48. A 50-year-old woman, complaining of localized abdominal pain & tenderness for 6 hours, that later got more severe and diffuse, her vital signs are:

RR: 20, BP: 90/66, HR: 67, she has irregularly irregular heartbeat, what's the most probable diagnosis?

- A) Acute mesenteric ischemia
- B) Abdominal aortic rupture

ANSWER : A

49. Mr. Mahmoud came to the ER, complaining of sudden chest pain, radiating to the arm, neck, jaw, with breathlessness, nausea & sweating. What's the most probable diagnosis?

- A) Ruptured aortic aneurysm
- B) Esophageal dysmotility
- C) Myocardial infarction

ANSWER : C

50. All the following can cause a Loud first heart sound (S₁) except :

- A) Large stroke volume
- B) Mitral regurgitation
- C) Short P-R interval
- D) Mitral stenosis
- E) Increased cardiac output

ANSWER : B

51. A 65 year old gentleman, hypertensive 10 years ago, presented to the ER complaining of sudden retrosternal chest pain radiating to the interscapular area , of 30 mins duration , it was 10 of 10 , not relieved by anything it was tearing pain associated with lightheadedness and sweating, vitals was : RR 23, B/P 170/88 , HR 110 , O₂ SAT 92%, the first differential diagnosis in your mind is :

- A) Pericarditis
- B) Infective endocarditis
- C) Myocardial infarction
- D) Acute myocarditis
- E) Aortic dissection

ANSWER : E

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52. About Aortic Regurgitation (AR) choose the correct statement :

- A) AR murmur is best heard auscultating near the Apex of the heart
- B) Duration of the AR murmur is inversely proportional to the severity
- C) AR causes slow rising pulse
- D) The murmur can radiate to the carotid artery
- E) AR usually causes mid-diastolic murmur

ANSWER : B

53. A 64-year-old gentleman with a history of extensive tobacco use, hypertension, hyperlipidemia, and obesity presented to the emergency department with acute onset chest pain, he was diagnosed with Myocardial infarction and emergent coronary angiography revealed complete occlusion of the culprit vessel. Forty-eight hours after initial presentation, while in the coronary care unit, he suddenly became very dyspneic. His exam was notable for tachycardia, elevated jugular venous pressure, diffuse crackles on chest exam, and a loud, blowing pan-systolic murmur loudest at the cardiac apex. Which of the following accounts for his acute decompensation ?

- A) Aortic regurgitation
- B) Acute mitral regurgitation
- C) Ventricular septal defect
- D) Severe mitral stenosis
- E) Pericardial effusion

ANSWER : B

54. All of the following are correct physiological changes during inspiration, EXCEPT :

- A) Splitting of S2
- B) Fall in parasympathetic tone
- C) Increase in heart rate
- D) Increase in systolic blood pressure
- E) JVP wave fall

ANSWER : D

55. Which of the following causes Cannon waves on the JVP graph :

- A) Complete heart block
- B) Occlusion of the vein
- C) Tricuspid regurgitation
- D) Raised abdominal pressure
- E) Atrial fibrillation

ANSWER : A

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56. A 24 year old male patient, suddenly started to have recurrent episodes of palpitation associated with chest pain and mild dizziness. Upon doing an ECG, he was proved to have supraventricular tachycardia. Which of the following is WRONG about his diagnosis :

- A) Massaging around carotid artery can sometimes alleviate the symptoms
- B) Trivial movement of the neck can sometimes trigger the event
- C) Can be associated with polyuria
- D) An underlying cardiac structural disease should be ruled out
- E) Most probably it is a regular rhythm

ANSWER : D

57. All of the following regarding aortic stenosis, EXCEPT :

- A) May have a reversed splitting in S2
- B) Usually associated with early systolic murmur
- C) S4 sound can be heard at the apex
- D) Ejection click can be heard at the Right upper sternal border
- E) Can radiate to the carotid arteries and heard with the diaphragm

ANSWER : B

58. One of the following presentations of lower limb pain is likely to be caused by chronic venous insufficiency :

- A) 70 years old male patient complaining from lower limb pain that provoked upon walking to the supermarket every day
- B) 32 years old obese female complaining from a left leg pain that's relived by leg elevation
- C) 50 years old male patient complaining of painful ulceration on the sole of the foot and tips of his toes
- D) 68 years old female patient complaining from sudden right lower limb pain associated with pallor and coldness of the limb
- E) 60 years old male patient with history of trauma to the back complaining from bilateral Lower limb pain

ANSWER : B

59. clear case of aortic dissection, choose the right statement:

- A) cause asymmetric pulse in periphery
- B) angor animi
- C) burning in nature

ANSWER : A

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60. Choose the wrong:

- A) Jugular venous pressure increases with expiration
- B) systolic blood pressure decreases with inspiration
- C) heart rate decreases with inspiration

ANSWER : C

61. Wrong about jvp waves:

- A) a wave represents atria contraction
- B) x descent happens after blood goes from atria to ventricles
- C) c wave coincides with aortic valve closure
- D) v wave coincides with ventricles contraction
- E) y descent with passive ventricular filling

ANSWER : C

62. Not found in acute right ventricular infarction

- A) S4
- B) basal crackles

ANSWER : B

63. Young male had several syncopal attacks while playing soccer, on physical examination he had a double tapping impulse and ejection systolic murmur, relieved by Valsalva maneuver:

- A) Aortic stenosis
- B) hypertrophic cardiopathy

ANSWER : B

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64. Case about syncope relieved by Valsalva breathing with ejection systolic murmur + double apical impulse:

- A) VSD
- B) HOCM
- C) SVT

ANSWER : B

65. Murmur heard on carotid artery+ harsh musical sound+ systolic murmur:

- A) aortic stenosis
- B) Aortic regurg
- C) HOCM

ANSWER : A

66. Women had DVT, which of the following is not a risk factor for her case:

- A) smoking
- B) her mother had DVT
- C) contraceptive usage
- D) operation in her knee last year
- E) recent travel

ANSWER : D

67. You are a smart ER resident a 34 year old patient presented with dyspnea and also calf pain you suspected DVT, which of the following is the least supportive for a DVT Dx:

- A) patient takes OCPs
- B) patient traveled four days ago 11 hour flight
- C) patient is a smoker of 59 pack years
- D) fixation of femur fracture that occurred 1 year ago
- E) patient's mother had DVT at the age of 40

ANSWER : D

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68. Patient with congestive heart failure, comfortable at rest, suffers dyspnea, palpitations and chest pain on walking to car.... grad him using new york heart association classification:

- A) grade I
- B) grade II
- C) grade III
- D) grade IV

ANSWER : B

69. Which of the following is true about ankle brachial pressure index:

- A) ABPI $< .8$ is a significant indicator of PAD
- B) don't indicate the severity of atherosclerosis
- C) ABIP > 1.2 indicates severe ischemia

ANSWER : A

70. Which of the following is true about pain of esophageal spasm:

- A) always relieved by GTN
- B) radiate to the back
- C) duration 2-3 mins
- D) rapidly relieved by rest

ANSWER : B

71. All are true except :

- A) heart rate increases with inspiration
- B) systolic BP falls up to 10 mmHg with inspiration
- C) JVP falls with inspiration
- D) pulse volume increases with inspiration

ANSWER : D

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72. All are associated with tricuspid regurge except :

- A) pulsatile liver
- B) raised JVP
- C) giant a wave

ANSWER : C

73. all of the following medications worsen the case of a pt with heart failure except:

- A) steroid
- B) b2 blocker
- C) NSAIDS
- D) COX-2 inhibitor
- E) statin

ANSWER : B

74. All of the following can be seen in a pt with aortic dissection except:

- A) tachycardia
- B) bradycardia

ANSWER : B

75. A 68-year-old male known case of hyperlipidemia presented with buttock pain and erectile dysfunction, ABPI of the left leg 0.7, ABPI of the right leg is 1, which of the following arteries is occluded:

- A) Abdominal aorta
- B) Left common femoral artery
- C) Left common iliac artery

ANSWER : C

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76. A 21-year-old female presented with dyspnea on exertion, she had a wide fixed split S2. What is the likely diagnosis?

ANSWER : ASD

77. murmur heard at the left sternal border, associated with a thrill:

ANSWER : VSD

78. Case of patient with pronounced HTN and radiofemoral delay, what is the diagnosis:

ANSWER : Coarctation of the aorta

79. Patient having bloody diarrhoea, atrial fibrillation, absent bowel sounds :

ANSWER : acute mesenteric ischemia

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80. Clinical case in which patient with pericardial pain, what is wrong:

ANSWER : NSAIDs exacerbate his pain

81. Clinical case in which a patient with heart failure feels SOB while moving around home, his class of the severity of HF:

ANSWER : Class III

82. Wrong about arrhythmia:

ANSWER : Extrasystoles are relieved by rest

83. Not irregularly irregular

ANSWER : SVT

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84. Clinical case in which patient on a certain drug starts to complain bilateral leg edema:

ANSWER : Nifedipine

85. heart failure:

ANSWER : most common cause of bilateral lower limb edema

86. Not a hemodynamic effect during inspiration:

ANSWER : S2 is fused

87. Wrong about pulse wave:

ANSWER : Pulsus bisferiens >>> advanced heart failure

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88. Clinical case in which patient with complete heart block , what is the most likely finding you will observe regarding JVP:

ANSWER : Cannon

89. Clinical case in which patient with mitral regurgitation , which of the following is not associated with:

ANSWER : Mid-diastolic murmur

90. Not a feature of infective endocarditis

ANSWER : Corneal arcus

91. Clinical case in which patient with thyrotoxicosis, which of the following you expect to see regarding JVP:

ANSWER : atrial fibrillation

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92. Clinical case in which ejection click and systolic murmur at the second left intercostal space:

ANSWER : Pulmonary stenosis

93. Clinical case in which patient with diastolic murmur and BP=170/60:

ANSWER : Aortic regurgitation

94. Clinical case in which patient with slow rising pulse:

ANSWER : Aortic stenosis

95. Which of the following cause loud S1:

ANSWER : Mitral stenosis

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96. Fixed splitting of S2:

ANSWER : ASD

97. ABPI for critical limb ischemia:

ANSWER : 0.3

98. Clinical case in which patient with acute limb ischemia, what is the wrong:

ANSWER : Muscle tenderness indicates reversible injury

99. Irregularly irregular rhythm:

ANSWER : Absent “a” waves

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100. Wrong about ventricular tachycardia:

ANSWER : Irregular fast

101. Slow rising pulse:

ANSWER : Sever aortic stenosis

102. Wrong about atrial fibrillation

ANSWER : Radial pulse rate is higher than that taken at apex by auscultation

103. Patient complains fatigue and SOB when goes to local shops, the grade is:

ANSWER : Grade II

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104. Does not increase metabolic demand or cardiac demand:

ANSWER : NSAIDs

105. Pulsatile liver, giant V waves, systolic murmur:

ANSWER : Tricuspid regurgitation

106. Correct about third heart sound:

ANSWER : Can be caused by mitral regurgitation

107. Loud S2:

ANSWER : Systemic hypertension

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108. Patient with hypertrophic cardiomyopathy and his brother died at young age, regarding pulse, you will find:

ANSWER : Pulsus bisfirins

109. Aortic stenosis, what is the wrong:

ANSWER : Radiation to left axilla

110. Not found in mitral stenosis

ANSWER : Systolic murmur

111. Patient who plays tennis complained weakness in her right arm and lost her consciousness after prolonged playing, all are true except:

ANSWER : Finding a narrowing in right subclavian artery distal to the origin of vertebral artery

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112. Patient with breast cancer treated with chemotherapy. After that, there was increase in JVP, most probable diagnosis:

ANSWER : Constrictive pericarditis

113. Lymphoma and dilated neck veins

ANSWER : Superior vena cava obstruction

114. Very long case with fixed splitting of second sound and murmur from childhood

ANSWER : ASD

115. physical revealed ejection systolic murmur, splitting of the S2 throughout the respiratory cycle:

ANSWER : ASD

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116. A case with double apical beat, what is the cause?

ANSWER : hypertrophic obstructive cardiomyopathy

117. Patient with lymphoma and on chemotherapy, has sudden dyspnea, low blood pressure, increased heart rate and prominent P2:

ANSWER : massive pulmonary embolism

118. Huge irregular a wave:

ANSWER : complete heart block

119. Flat left heart border:

ANSWER : mitral stenosis

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120. Cyanosing congenital heart disease:

ANSWER : total anomalous pulmonary venous return

121. Uses IV drugs, has petechiae and hematuria, mid-systolic click with late systolic murmur:

ANSWER : Mitral regurgitation due mitral valve prolapse

122. Not in atrial fibrillation:

ANSWER : collapsing pulse

123. In heart failure:

ANSWER : pulsus alternans

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124. Not in constrictive pericarditis:

ANSWER : orthopnea

125. Uses IV drugs, has pan systolic murmur at left sternal border:

ANSWER : tricuspid regurgitation

126. True about S4:

ANSWER : common in hypertension

127. Wrong statement:

ANSWER : constrictive pericarditis cause heart failure of impaired contractility

Chapter 4

Cardiovascular system

128. Best way to assess real blood pressure in white-coat HTN:

ANSWER : get home measurements

129. Patient hospitalized after MI, few days after presented with dyspnea, tachycardia.....physical examination revealed pansystolic murmur heard on the apex, what is the most likely cause of this decompensation :

ANSWER : Acute Mitral regurgitation

130. A case where physical examination revealed ejection systolic murmur heard all over the precordium, pulse of slow upstroke and low peak:

ANSWER : Aortic stenosis

131. Patient with HTN, presented with abdominal pain, physical revealed pulsatile mass above umbilicus:

ANSWER : Ruptured AAA

Chapter 4

Cardiovascular system

132. Patient presented with chest pain that he described as the worst pain in his life, physical revealed asymmetrical pulses:

ANSWER : Aortic dissection

133. Patient presented with chest pain that is relieved by ibuprofen and upon leaning forward, what is most likely associated with it:

ANSWER : Preceding Acute respiratory tract infection

134. A lady with sharp stabbing chest pain, she's young, pain relieved by leaning forward, the most likely diagnosis is :

ANSWER : pericarditis

135. All of the following is true about AAA except :

ANSWER : physical examination is reliable indicator to the severity of AAA

Chapter 4

Cardiovascular system

136. Which of the following is associated with pericardial calcification :

ANSWER : pulsus paradoxus

137. The right choice about pulsus paradoxus :

ANSWER : is an exaggeration of the normal variability of the pulse volume with the respiratory cycle

138. Pulsus paradoxus can be seen with:

ANSWER : cardiac tamponade

139. All of the following is true about palpitation except :

ANSWER : palpitation that disappear with exercise is malignant

Chapter 4

Cardiovascular system

140. All of the following is true about subclavian steal syndrome except:

ANSWER : stenosis present distal to origin of the vertebral artery

141. Patient presented to the ER with severe chest pain that radiated to the back,tearing,8/10,heart rate 105, notable different BP in both arms,RR 24,what is the most likely diagnosis:

ANSWER : Aortic dissection

142. Patient presented to the ER with severe chest pain that radiated to the back,tearing,8/10,heart rate 105, notable different BP in both arms,RR 24,what is the most likely diagnosis:

ANSWER : Aortic dissection

"تذكر أنّ عليك السعي والنتيجة قدرٌ مكتوب، ولا تُبالغ في الاستعداد لأيّ وجهةٍ أو هدفٍ وتنسى
متعة الطريق، ثمّ تكون كالذي بالغ في تجهيز قاربه حتى جفّ البحر!"

اللهم سلم غزّة وأهلها من كل سوء وشر، اللهم انصرهم وثبت أقدامهم وكن لهم ناصرًا ومعينًا

لا تنسوني من صالح دعائكم

Malek Abu Rahma

The End
Good Luck シ