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OPSC Assistant Professor

**Previous Year Paper
2019 (Super Special)
CTVS**



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Test Booklet Series

A

TEST BOOKLET
ASSISTANT PROFESSOR
(SUPER SPECIALITY)
C. T. V. S.

T. B. C. : AP(CT) – 2-18/19

Sl. No. 1035

Time Allowed : 3 Hours

Maximum Marks : 200

: INSTRUCTIONS TO CANDIDATES :

1. IMMEDIATELY AFTER COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS TEST BOOKLET **DOES NOT** HAVE ANY UNPRINTED OR TORN OR MISSING PAGES OR ITEMS ETC. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET OF SAME SERIES ISSUED TO YOU.
2. ENCODE CLEARLY THE TEST BOOKLET SERIES **A, B, C** OR **D**, AS THE CASE MAY BE, IN THE APPROPRIATE PLACE IN THE ANSWER SHEET USING BALL POINT PEN (BLUE OR BLACK).
3. You have to enter your **Roll No.** on the Test Booklet in the Box provided alongside. **DO NOT** write *anything else* on the Test Booklet.
4. **YOU ARE REQUIRED TO FILL UP & DARKEN ROLL NO., TEST BOOKLET / QUESTION BOOKLET SERIES IN THE ANSWER SHEET AS WELL AS FILL UP TEST BOOKLET / QUESTION BOOKLET SERIES AND SERIAL NO. AND ANSWER SHEET SERIAL NO. IN THE ATTENDANCE SHEET CAREFULLY. WRONGLY FILLED UP ANSWER SHEETS ARE LIABLE FOR REJECTION AT THE RISK OF THE CANDIDATE.**
5. This Test Booklet contains **200** items (questions). Each item (question) comprises four responses (answers). You have to select the correct response (answer) which you want to mark (darken) on the Answer Sheet. In case, you feel that there is more than one correct response (answer), you should mark (darken) the response (answer) which you consider the best. In any case, choose **ONLY ONE** response (answer) for each item (question).
6. You have to mark (darken) all your responses (answers) **ONLY** on the **separate Answer Sheet** provided by using **BALL POINT PEN (BLUE OR BLACK)**. See instructions in the Answer Sheet.
7. All items (questions) carry equal marks. All items (questions) are compulsory. Your total marks will depend only on the number of correct responses (answers) marked by you in the Answer Sheet. **There will be no negative marking for wrong answer.**
8. Before you proceed to mark (darken) in the Answer Sheet the responses (answers) to various items (questions) in the Test Booklet, you have to fill in some particulars in the Answer Sheet as per the instructions sent to you with your **Admission Certificate**.
9. After you have completed filling in all your responses (answers) on the Answer Sheet and after conclusion of the examination, you should hand over to the Invigilator the *Answer Sheet* issued to you. You are allowed to take with you the candidate's copy / second page of the Answer Sheet along with the **Test Booklet**, after completion of the examination, for your reference.
10. Sheets for rough work are appended in the Test Booklet at the end.

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DM – 2A/24

(Turn over)

SEAL

1. Which of the following is incorrect regarding hydatid disease of lung ?
 - (A) It is caused by echinococcus granulosus
 - (B) Massive hemoptysis is usually first complaint
 - (C) Chest X-ray shows homogenous spherical cavity with definite edge
 - (D) Surgery is the main stay of treatment

2. Indication(s) for lobectomy in the case of hydatid disease of lung is / are :
 - (A) Large cyst involving 75% of the lobe
 - (B) Cyst with severe pulmonary suppuration not responding to pre-operative treatment
 - (C) Multiple unilocular cyst
 - (D) All of these

3. Treatment of Chagas' megaesophagus include :
 - (A) Nitrofurantoin
 - (B) Benzimidazole
 - (C) Botulinum toxin
 - (D) All of these

4. Ebstein's anomaly variables includes :
 - (A) Posterior and septal tricuspid leaflets displaced inferiorly into the RV
 - (B) Tricuspid incompetence and ASD
 - (C) Hypoplastic lungs
 - (D) All of these

5. Which of the following is not a feature of sarcoidosis ?
 - (A) Presence of non-caseating granuloma
 - (B) Eyes are the commonest extra-pulmonary sites
 - (C) Presence of unilateral hilar lymphadenopathy
 - (D) Elevated angiotensin converting enzyme in BAL Fluid

6. The feature of primary pulmonary TB are all except :
 - (A) Usual site of involvement is apical lobe
 - (B) Intrathoracic lymphadenopathy seen
 - (C) Occasional pleural effusion can be observed
 - (D) Atelectasis of right middle lobe is common

7. Cause of constrictive pericarditis include all except :
- (A) Tuberculosis
(B) Connective tissue disorder
(C) Uremia
(D) Hyper cholesterolemia
8. The structure not seen in middle mediastinum is :
- (A) Heart
(B) Great vessels
(C) Phrenic nerve
(D) Thoracic duct
9. Which of the following is a branch of descending thoracic aorta ?
- (A) Brachiocephalic artery
(B) Thyroidea ima artery
(C) Intercostal artery
(D) Left common carotid artery
10. The earliest feature in Myocardial Infarction is :
- (A) Cell and myocardial swelling
(B) Coagulation necrosis
(C) Sarcolemmal structural defect
(D) Fibroblast infiltration
11. The most common cardiac neoplasm seen in children is :
- (A) Myxoma
(B) Lipoma
(C) Rhabdomyoma
(D) Papillary fibroelastoma
12. Causes of mediastinal lymphadenopathy is / are :
- (A) Sarcoidosis
(B) Lymphoma
(C) TB
(D) All of these
13. Who is the Father of Open Heart Surgery ?
- (A) Clarence Walton Lillehei
(B) Denton Cooley
(C) Christian Neethling Bernard
(D) Robert Goon
14. Vascular lesion of lung includes all except :
- (A) Pulmonary varix
(B) Scimitar syndrome
(C) Pulmonary hamartoma
(D) Sequestration of lung
15. Contraindication of Intra-aortic Balloon Pump is :
- (A) Weaning from bypass
(B) Perioperative refractory ischemia
(C) Cardiogenic shock
(D) Aortic regurgitation

16. During left lower lobectomy of lung, all of the following vessels need to be ligated except :
- (A) Superior segmental artery
 - (B) Basilar artery
 - (C) Lingual artery
 - (D) Inferior pulmonary vein
17. Lung development begins in embryo by :
- (A) 3-4 weeks
 - (B) 8-10 weeks
 - (C) 1-14 weeks
 - (D) 16-18 weeks
18. The first successful PDA closure was done by :
- (A) Robert Gross
 - (B) John Gibbon
 - (C) C. W. Lillehei
 - (D) Rene Favalaro
19. Mitral annular reconstruction using autologous or glutaraldehyde-fixed bovine pericardium is known as :
- (A) David technique
 - (B) Carpentier technique
 - (C) Duran technique
 - (D) None of these
20. Which disorder of carbohydrate metabolism typically has cardiac involvement ?
- (A) Glycogen storage disorder Type 2
 - (B) Galactosemia
 - (C) Glycogen storage disorder Type 1
 - (D) Hereditary fructose intolerance
21. Which of the following drugs is not given in dilated cardiomyopathy ?
- (A) Beta blocker
 - (B) Calcium channel blocker
 - (C) Spironolactone
 - (D) ACE inhibitors
22. Cardiomyopathy is not a feature of :
- (A) Duchenne's muscular dystrophy
 - (B) Friedreich's ataxia
 - (C) Pompe disease
 - (D) Lowe's syndrome
23. Beck's triad of cardiac tamponade includes all except :
- (A) Hypotension
 - (B) Increased JVP
 - (C) Muffled heart sounds
 - (D) Tachycardia

24. Incorrect about Dressler Syndrome is :
- (A) Post MI pericarditis
 - (B) Post MI pleuritis
 - (C) Autoimmune in origin
 - (D) Treatment with steroids is necessary
25. Restrictive and constrictive pericarditis occurs together in :
- (A) Radiation
 - (B) Adriamycin
 - (C) Amyloidosis
 - (D) Post cardiectomy syndrome
26. Most common presentation of cardiac lupus is :
- (A) Myocarditis
 - (B) Pericarditis
 - (C) Aortic regurgitation
 - (D) Libman Sachs endocarditis
27. Which of the following is compatible with tet spells in a 4 months old child with TOF ?
- (A) O₂ saturation less than 75% in room air
 - (B) Inability to hear a murmur
 - (C) Hepatomegaly
 - (D) S3 Rhythm
28. In coarctation of aorta, site of rib notching is :
- (A) Upper border
 - (B) Lower border
 - (C) Costal surface
 - (D) Vertebral end
29. All can cause recurrent pulmonary infection except :
- (A) VSD
 - (B) Recurrent LVF
 - (C) TOF
 - (D) ASD
30. Which is the best anti-hypertensive drug in pulmonary hypertension ?
- (A) Bosentan
 - (B) Amlodipine
 - (C) Frusemide
 - (D) Digoxin
31. All are the causes of pulmonary hypertension except :
- (A) Hyperventilation
 - (B) Morbid obesity
 - (C) High altitude
 - (D) Fenfluramine

32. Standard ECG leads are unable to detect :
- (A) LVH
 - (B) RBBB
 - (C) Right ventricular infarct
 - (D) Arrhythmia
33. LBBB is seen with all except :
- (A) Acute MI
 - (B) Ashmann syndrome
 - (C) Hypokalemia
 - (D) Hyperkalemia
34. Epsilon waves in ECG are seen in :
- (A) Arrthmogenic right ventricular dysplasia
 - (B) Takotsubo cardiomyopathy
 - (C) Hyperthermia
 - (D) Restrictive cardiomyopathy
35. Which ECG finding is most likely to be seen at the time of cardiac arrest ?
- (A) Ventricular fibrillation
 - (B) Ventricular tachycardia
 - (C) Atrial fibrillation
 - (D) Paroxysmal atrial tachycardia
36. Osborn wave is seen in :
- (A) WPW syndrome type 1
 - (B) Hypercalcemia
 - (C) Cardiac Tamponade
 - (D) Athlete
37. In LVH, SV1 + RV6 is more than _____ mm.
- (A) 25
 - (B) 30
 - (C) 35
 - (D) 40
38. Congenital long QT syndrome can lead to :
- (A) Complete heart block
 - (B) Polymorphic Ventricular tachycardia
 - (C) Acute myocardial infarction
 - (D) Recurrent supraventricular tachycardia
39. All of the following conditions are more commonly associated with LBBB pattern than RBBB pattern on ECG except :
- (A) Acute MI
 - (B) Aortic valve disease
 - (C) Lev disease
 - (D) Ashman phenomenon

40. Cannon A wave is seen in :
- (A) Atrial fibrillation
 - (B) Complete heart block
 - (C) Ventricular fibrillation
 - (D) Mobitz 1 heart block
41. Giant 'a' waves in JVP occur in all except :
- (A) Junctional rhythm
 - (B) Pulmonary regurgitation
 - (C) Tricuspid regurgitation
 - (D) Complete heart block
42. Which of the following is best test for viable myocardium after MI ?
- (A) Thallium scan
 - (B) MUGA scan
 - (C) MDCT
 - (D) Stress echocardiography
43. Which drug prolong life in patient of chronic stable angina ?
- (A) Aspirin
 - (B) Beta blocker
 - (C) CCB
 - (D) ACE inhibitor
44. A patient with anterior wall MI was thrombolysed within 6 hours with STK. On third day, he had fever with chills and platelets count of 60,000. Which of the following is responsible for this presentation ?
- (A) Aspirin
 - (B) Ranolazine
 - (C) STK
 - (D) Clopidogrel
45. ROSE questionnaire is used for :
- (A) Alcohol addiction
 - (B) Sex addiction
 - (C) Angina assessment
 - (D) Deep vein thrombosis assessment
46. Which is best for plaque morphology ?
- (A) CCTA
 - (B) MRI
 - (C) Optical coherence tomography
 - (D) IVUS
47. A young male patient present with LDL 600 mg / dl, triglyceride 140 mg/ dl. What would be the most likely finding on physical examination ?
- (A) Tendon xanthoma
 - (B) Lipemia retinalis
 - (C) Palmar xanthoma
 - (D) Tuberos xanthoma

48. Which of the following is not a contraindication of thrombolysis ?
- (A) BP > 180 / 110 mmHg
 - (B) Diabetic retinal flame shaped hemorrhage
 - (C) History of previous cerebral bleed
 - (D) Aortic dissection
49. Wellen's syndrome seen with :
- (A) Stable angina
 - (B) Unstable angina
 - (C) Prinzmetal angina
 - (D) Ludwig angina
50. Indication of therapeutic angiogenesis are all except :
- (A) Chronic stable angina in the presence of ungraftable CAD
 - (B) Evidence of ungraftable such as previously failed PTCA and CABG
 - (C) Malignancy within past 5 year
 - (D) Presence of viable myocardium in the ungraftable territory
51. The Rutherford-Baker scale is used for the classification of :
- (A) Unstable angina
 - (B) Peripheral vascular disease
 - (C) Varicose vein
 - (D) Abdominal aorta aneurysm
52. Stanford Type B aortic dissection usually involves :
- (A) Ascending aorta
 - (B) Arch of aorta
 - (C) Coronary ostia
 - (D) Descending aorta
53. The most common cardiovascular feature of Marfan syndrome is :
- (A) Aortic root aneurysm
 - (B) VSD
 - (C) AV canal defect
 - (D) None of these
54. Type II Carpentier's functional classification of valve pathology include :
- (A) Normal leaflet motion
 - (B) Increased leaflet motion (leaflet prolapse)
 - (C) Restricted leaflet motion (systole and diastole)
 - (D) Restricted leaflet motion (systole)

55. During mitral valve repair which segment of leaflet is used as reference point for valve analysis ?
- (A) P1 segment
(B) P2 segment
(C) P3 segment
(D) A2 segment
56. Indication of diagnostic VATS includes :
- (A) Indeterminant pleural effusion
(B) Solitary pulmonary nodule
(C) Congenital and acquired diaphragmatic defect
(D) All of these
57. The Ravitch operation is usually done for :
- (A) Pectus excavatum
(B) Pectus carinatum
(C) Poland's syndrome
(D) Jarcho-Levin syndrome
58. The lower limit of exercise induced maximum O_2 consumption (MvO_2) for safe lung resection is :
- (A) 10 ml/kg
(B) 20 ml/kg
(C) 30 ml/kg
(D) 40 ml/kg
59. Which is the gold standard investigation for assessing left ventricular mass and volumes ?
- (A) Transecophageal echocardiography
(B) Ventriculography
(C) Cardiac CT
(D) Cardiac MRI
60. What is the most common cause of right heart failure ?
- (A) COPD
(B) Bronchiectasis
(C) Chronic thromboembolic pulmonary hypertension
(D) Left heart failure
61. Which of the following is a newer biomarker to assess the prognosis in heart failure patient ?
- (A) Soluble ST-2
(B) Lipocalin 2
(C) IL-18
(D) All of these
62. Normal perfusion pressure during CPB in adult :
- (A) 20-30 mmHg
(B) 50-70 mmHg
(C) More than 100 mmHg
(D) Less than 20 mmHg

63. All of the following are used in the management of acute life threatening cardiogenic pulmonary edema except :
- (A) Digoxin
 - (B) Morphine
 - (C) Furosemide
 - (D) Positive pressure ventilation
64. Which of the following statements regarding sodium nitroprusside is FALSE ?
- (A) Reduces after load and preload.
 - (B) Recommended in patients with active MI.
 - (C) Decreases myocardial O₂ Demand.
 - (D) No significant electrolyte disturbance.
65. Which of the following drug is US FDA approved for the treatment of heart failure with reduced ejection fraction (HFrEF) ?
- (A) Bosentan
 - (B) Sacubitril / Valsartan
 - (C) Omapatrilat
 - (D) Moxoniclin
66. What is Type – III Cardiorenal Syndrome ?
- (A) Abrupt worsening of cardiac function left acute kidney injury
 - (B) Chronic abnormalities in cardiac function causing progressive permanent chronic kidney d/s
 - (C) Abrupt worsening of renal function left acute cardiac disorder
 - (D) Chronic kidney disease lead to decreased cardiac function
67. An 18 years boy is asymptomatic on ECG has a short PR interval with delta wave. Which of the following is not routinely required for this patient ?
- (A) Holter monitoring
 - (B) Treadmill test
 - (C) Reassurance
 - (D) Beta blocker
68. Absence of loud 1st heart sound in Mitral Stenosis indicates all except :
- (A) Mild MS
 - (B) Calcified mitral valve
 - (C) Presence of aortic regurgitation
 - (D) 1st degree heart block

69. Which is the most common arrhythmia in patient with mitral valve prolapse ?
- (A) Premature ventricular contraction
 - (B) Atrial fibrillation
 - (C) Atrial flutter
 - (D) Ventricular tachycardia
70. Hockey stick appearance in echocardiography is a feature of :
- (A) Mitral stenosis
 - (B) Mitral incompetence
 - (C) Aortic stenosis
 - (D) Aortic regurgitation
71. Murmur heard in aortic stenosis :
- (A) Right 2nd IC, low pitch murmur
 - (B) Apex, low pitch murmur
 - (C) Left sternal area, low pitch murmur
 - (D) Pan systolic murmur, high pitch murmur
72. Incorrect about chronic aortic regurgitation is :
- (A) Chest pain
 - (B) Wide pulse pressure
 - (C) Quinke's sign
 - (D) Late systolic murmur
73. Dyspnea, syncope and angina pectoris occur most commonly in :
- (A) MS
 - (B) AS
 - (C) MR
 - (D) AR
74. Which of the following drug is recommended for refractory Sydenham's chorea ?
- (A) Steroids
 - (B) Haloperidol
 - (C) Carbamazepine
 - (D) Valproate
75. Which is correct about Austin flint murmur ?
- (A) Soft low pitched, mid diastolic murmur
 - (B) Soft low pitched, mid systolic murmur
 - (C) Harsh high pitched, mid diastolic murmur
 - (D) Harsh high pitched, mid systolic murmur

76. Continuous murmur is seen in all of the following condition except :

- (A) PDA
- (B) Coronary AV fistula
- (C) Pulmonary AV fistula
- (D) VSD with aortic regurgitation

77. Match List – I with List – II and select the correct answer using the code given below the list :

List – I

List – II

- | | |
|--|------------------------------|
| (a) Wide fixed split in the 2 nd heart sounds | (1) Pulmonary Hypertension |
| (b) Continuous / machinery murmur | (2) Arterial septal defect |
| (c) Muffled heart sounds | (3) Patent ductus arteriosus |
| (d) Wide variable split in 2 nd HS | (4) Pericardial effusion |

Code	A	B	C	D
a	2	4	3	1
b	2	3	4	1
c	1	4	3	2
d	1	3	4	2

78. Mild systolic click is classically heard in :

- (A) Mitral valve prolapse
- (B) Human rich syndrome
- (C) Rheumatic aortic stenosis
- (D) Congenital mitral stenosis

79. 3rd heart sound is seen in all except :

- (A) Athletes
- (B) Mitral stenosis
- (C) Constrictive pericarditis
- (D) LVF

80. Hepatomegaly with liver pulsation indicates :

- (A) TR
- (B) MR
- (C) Pulmonary hypertension
- (D) MS

81. Carvallo's sign is seen in :

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

82. D-Dimer is the most sensitive test for :
- (A) DVT
 - (B) Pulmonary embolism
 - (C) Acute pulmonary adema
 - (D) Acute myocardial infarction
83. The treatment of choice in a patient with massive pulmonary embolism in shock is :
- (A) Thrombolytic therapy
 - (B) Low molecular weight heparin
 - (C) Aggressive fluid resuscitation
 - (D) Diuretic therapy
84. Tietze's syndrome usually develops at costal cartilage of :
- (A) First and second ribs
 - (B) Second to fifth ribs
 - (C) Sixth to eighth ribs
 - (D) All seven ribs
85. Which of the following drugs is MOST suitable for a 45-year old diabetic with blood pressure 150/95 mmHg ?
- (A) Lisinopril
 - (B) Amlodipine
 - (C) Propranolol
 - (D) Hydrochlorothiazide
86. A male patient presents with headache, profuse sweating and palpitations with a blood pressure of 180 / 120 mmHg. The drug of choice would be :
- (A) Nifedipine
 - (B) Labetalol
 - (C) Prazocin
 - (D) Phenoxy benzamine
87. Carcinoid syndrome produces vascular disease primarily of :
- (A) Venous valve
 - (B) Tricuspid valve
 - (C) Mitral valve
 - (D) Aortic valve
88. The protein which has structural homology with plasminogen and is responsible for myocardial infarction and stroke :
- (A) HDL
 - (B) LP(a)
 - (C) LDL
 - (D) Homocysteine

89. Incorrect about Hypomagnesemia is :
- (A) Tetany
 - (B) Causes resistance to PTH
 - (C) Arrhythmia
 - (D) Intramuscular magnesium sulphate
90. Heart block is seen in :
- (A) Hypermagnesemia
 - (B) Hypomagnesemia
 - (C) Hybernatremia
 - (D) Hypocalcemia
91. Persistent ST segment elevation 24 Hours after treatment for MI with P. C. I. is due to :
- (A) Left ventricular aneurysm
 - (B) Impending cardiac rupture
 - (C) Dressler syndrome
 - (D) Coronary artery dissection
92. Most common arrhythmia seen after reperfusion strategy in MI is :
- (A) A. I. V. R.
 - (B) V. T.
 - (C) V. fibrillation
 - (D) P. S. V. T.
93. Correct sequence of ECG change in acute MI is :
- (A) T inversion, ST elevation, Q wave
 - (B) ST elevation, T inversion, Q wave
 - (C) ST elevation, Q wave, T inversion
 - (D) Q wave, ST elevation, T inversion
94. False positive troponin 1 can be seen in all except :
- (A) Blunt trauma chest
 - (B) Pulmonary embolism
 - (C) Chronic liver failure
 - (D) Renal failure
95. Pulsus alternans is seen in :
- (A) Anterior wall MI
 - (B) Bronchial asthma
 - (C) Critical aortic stenosis
 - (D) Constrictive pericarditis
96. All are associated with increased risk of coronary events except :
- (A) High sensitivity CRP
 - (B) High agatson score
 - (C) Intravascular IVUS showing lumen reduction
 - (D) Ability to complete Stage 3 of Bruce protocol treadmill

97. The acceptable Nasopharyngeal temperature for termination of CPB :
- (A) 35°C
 - (B) 36.5°C
 - (C) 30°C
 - (D) 32°C
98. An athlete presents with chest pain, which of the following tests would be most sensitive and specific for diagnosis of myocardial infarction ?
- (A) Troponin
 - (B) Creatine kinase-MB
 - (C) Leukocytosis
 - (D) C-reactive protein
99. All are true regarding Prinzmetal's Variant Angina (PVA) except :
- (A) Detection of transient elevation of ST segment with rest pain
 - (B) Silent ischemia
 - (C) Focal spasm is most common in left coronary artery
 - (D) Coronary angiography which demonstrates transient coronary spasm is the diagnostic hallmark
100. Usual duration of chest pain in chronic stable Angina is :
- (A) 1-3 minutes
 - (B) 5-10 minutes
 - (C) 15-30 minutes
 - (D) >30 minutes
101. Unstable angina is characterized by :
- (A) Decrescendo pattern of symptoms
 - (B) Crescendo pain with ECG findings
 - (C) ST segment elevation
 - (D) Normal cardiac biomarkers
102. Dressler's syndrome is characterized by :
- (A) Onset within 72 hours
 - (B) Treatment of choice is steroids
 - (C) Pericardial effusion
 - (D) Angina
103. What is the diagnosis of fresh myocardial infarction in ECG ?
- (A) QT interval prolongation
 - (B) P mitrale
 - (C) ST segment elevation
 - (D) ST segment depression

104. Rheumatic heart disease diagnostic criteria includes :
- (A) Oral ulcer
 - (B) Malar rash
 - (C) Erythema Marginatum
 - (D) Nail telangiectasia
105. Severity of mitral stenosis is best identified by :
- (A) Loud S1
 - (B) Loud opening snap
 - (C) Duration of mid-diastolic murmur
 - (D) Intensity of mid-diastolic murmur
106. Which of the following is a cause of wide pulse pressure ?
- (A) Aortic stenosis
 - (B) Aortic regurgitation
 - (C) Mitral stenosis
 - (D) Tricuspid stenosis
107. Which of the following is not seen in mitral stenosis ?
- (A) Loud S1
 - (B) Opening snap
 - (C) Mid diastolic murmur
 - (D) S3
108. In mitral stenosis double atrial shadow is due to the enlargement of :
- (A) Right atrium
 - (B) Left atrium
 - (C) Both atria
 - (D) Left auricle
109. In pregnancy which vascular disease is most dangerous ?
- (A) MR
 - (B) MS
 - (C) AS
 - (D) AR
110. A lady presents with Grade – III dyspnea. She has severe mitral stenosis with atrial fibrillation. Along with increased ventricular rate, clots in the left atrium are seen. Which of the following should not be done ?
- (A) Diltiazem to reduce the heart rate
 - (B) Warfarin therapy
 - (C) Open mitral commissurotomy and removal of clot
 - (D) Cardioversion with percutaneous balloon valvotomy

111. Criteria for mitral valvotomy includes all except :
- (A) Significant symptoms
 - (B) Isolated mitral stenosis
 - (C) Mobile non calcified valve
 - (D) Left atrial thrombus
112. Reverse split S2 is seen in :
- (A) Aortic stenosis
 - (B) Mitral stenosis
 - (C) Pulmonary artery hypertension
 - (D) Pulmonary stenosis
113. Right murmur that decreases in intensity with inspiration is :
- (A) Pulmonary ejection click in pulmonic stenosis
 - (B) Tricuspid stenosis
 - (C) Tricuspid regurgitation
 - (D) Pulmonary regurgitation
114. All form boundaries of triangle of auscultation except :
- (A) Trapezius
 - (B) Latissimus dorsi
 - (C) Scapula
 - (D) Rhomboid major
115. Which is not a high pitched heart sound ?
- (A) Mid systolic click
 - (B) Pericardial shudder
 - (C) Opening snap
 - (D) Tumor plop sound
116. All are true about Physiological murmur except :
- (A) Only diastolic murmur
 - (B) Midsystolic murmur
 - (C) Present in child with anemia
 - (D) Not audible without stethoscope
117. Systolic murmur is associated with :
- (A) Ejection click
 - (B) Opening snap
 - (C) S4
 - (D) Pericardial knock
118. All of the following are true about S1, except :
- (A) Lower frequency than S2
 - (B) Caused by closure of mitral valve
 - (C) Heard at the end of ventricular systole
 - (D) Better heard with diaphragm of stethoscope

119. First heart sound is soft in all, except :
- (A) Short PR interval
 - (B) Ventricular septal defect
 - (C) Mitral regurgitation
 - (D) Calcified valve
120. True about third heart sound is :
- (A) Absent in chronic constructive pericarditis
 - (B) Absent in aortic aneurysm
 - (C) Absent in MS
 - (D) Normal physiologically in athletes
121. S4 is seen in all of the following except :
- (A) Thyrotoxicosis
 - (B) Acute MI
 - (C) Atrial fibrillation
 - (D) Hypertrophic cardiomyopathy
122. All of the following heart sounds occur shortly after S2 except :
- (A) Opening snap
 - (B) Pericardial knock
 - (C) Ejection click
 - (D) Tumor plop
123. All of the following are diastolic sounds except :
- (A) S3
 - (B) S4
 - (C) Opening snap
 - (D) Ejection click
124. Which of the following murmurs increase with Valsalva maneuver ?
- (A) MR
 - (B) VSD
 - (C) AS
 - (D) HOCM
125. During the cardiac cycle the opening of the aortic valve takes place at the :
- (A) Beginning of systole
 - (B) End of isovolumetric contraction
 - (C) End of diastole
 - (D) End of diastasis
126. Which of the following is a treatable cause of Restrictive Cardiomyopathy ?
- (A) Fabry's disease
 - (B) Amyloidosis
 - (C) Endomyocardial fibroelastosis
 - (D) Hypereosinophilic syndrome

127. Incorrect about restrictive cardiomyopathy is :
- (A) Kussmaul's sign
 - (B) Pulsatile liver
 - (C) Pedal edema
 - (D) Dip and spike configuration in ventricular systolic pressure
128. In case of sudden death in a young football player, the first clinical suspicion would rest on which of the following differentials ?
- (A) Arrhythmogenic right ventricular dysplasia
 - (B) Takotsubo cardiomyopathy
 - (C) Atrial septal defect
 - (D) Eisenmenger complex
129. Which cardiomyopathy is caused by chronic alcoholism ?
- (A) Dilated
 - (B) Hypertrophic
 - (C) Atrophy
 - (D) Restrictive
130. A patient with suspected cardiac tamponade is admitted to your ward. Which of the following is correct about examination of the patient ?
- (A) BP cuff is inflated 20 mmHg above the systemic pressure
 - (B) Pulsusparadoxus is absent in patients with low pressure cardiac tamponade
 - (C) Patient is asked to take deep breaths during BP measurements
 - (D) BP is measured when the first korotkoff sound is heard only during expiration
131. Which of the following can differentiate between cardiac tamponade and tension pneumothorax ?
- (A) JVP
 - (B) Pulse volume
 - (C) Breath sounds
 - (D) Pulse rate
132. 1 year old male child is having heart rate 40/min, BP 90/60 mmHg. His serum K = 6.5 mEq / L, what is the next best management ?
- (A) Ipratropium
 - (B) Adrenaline
 - (C) Sodium bicarbonate
 - (D) Calcium chloride

133. Which is the most common organ involved in sarcoidosis ?
- (A) Lung
 - (B) Liver
 - (C) CNS
 - (D) Eye
134. Most common cause of unilateral pedal edema is :
- (A) Pregnancy
 - (B) Lymphadenopathy
 - (C) Venous insufficiency
 - (D) Milroy disease
135. Confirmation of placement of aortic cannula :
- (A) Checking line pressure
 - (B) Pulsatile movements in aortic line
 - (C) Trans esophageal echocardiography
 - (D) All of these
136. In a patient of lung cancer with full neck veins and low BP, which of the following is incorrect ?
- (A) Electrical alternans
 - (B) Low voltage ECG
 - (C) Prominent Y descent
 - (D) Absence of Kussmaul sign
137. Rydand's murmur is seen in :
- (A) A-V block
 - (B) Mitral stenosis
 - (C) Aortic stenosis
 - (D) Aortic regurgitation
138. Most common mechanism of arrhythmia is :
- (A) Re-entry
 - (B) Early after depolarization
 - (C) Late after depolarization
 - (D) Automaticity
139. Left axis deviation is seen in :
- (A) Positive in lead 1 and positive in lead 2
 - (B) Positive in lead 1 and negative in lead 2
 - (C) Negative in lead 1 and negative in lead 2
 - (D) Negative in lead 1 and positive in lead 2

140. LBBB is seen in all except :

- (A) Acute MI
- (B) Ashmann syndrome
- (C) Hypokalemia
- (D) Hyperkalemia

141. A patient in regular rhythm present with absent P wave on ECG. Lead II, III and AVF, reveal a saw tooth patten. Which of the following is the most likely diagnosis ?

- (A) Atrial fibrillation
- (B) Atrial flutter with variable block
- (C) Atrial flutter with fixed block
- (D) Multifocal atrial tachycardia

142. A wide and notched p wave is typically seen in :

- (A) Mitral stenosis
- (B) Corpulmonale
- (C) COPD
- (D) Pulmonary embolism

143. Wrong about continuous murmur is :

- (A) Seen with coarctation of aorta
- (B) Peaks at S2

(C) Heard both in systole and diastole

(D) Increase on squatting

144. Banana shaped left ventricle is seen in :

- (A) HOCM
- (B) DCM
- (C) RCM
- (D) Takotsubo cardiomyopathy

145. A QRS duration between 100-120 ms suggest all of the following except :

- (A) Normal
- (B) Left anterior fascicular block
- (C) Left posterior fascicular block
- (D) Left bundle branch block

146. Wide QRS complex $> OR = 0.12ms$ may be seen in all the following except :

- (A) Hyperkalemia
- (B) WPW syndrome
- (C) Ventricular tachycardia
- (D) Left anterior fascicular block

147. Wide QRS complex is typically seen in :
- (A) Bundle branch block
 - (B) Sick sinus syndrome
 - (C) Mobitz Type I block
 - (D) Mobitz Type II block
148. ST elevation seen in all of the following condition except :
- (A) Myocardial infarction
 - (B) Coronary artery spasm
 - (C) Constrictive pericarditis
 - (D) Ventricular aneurysm
149. Inverted T waves are seen in :
- (A) Hyperkalemia
 - (B) Hyperthermia
 - (C) Wellen syndrome
 - (D) Coronary syndrome
150. Low QRS voltage on ECG indicates :
- (A) Pulmonary embolism
 - (B) Pericardial effusion
 - (C) Corpulmonale
 - (D) Infective endocarditis
151. Which of the following is the cause of RBBB ?
- (A) It can occur in normal person
 - (B) Pulmonary embolism
 - (C) Corpulmonale
 - (D) All of these
152. Which of the following arrhythmia is most commonly associated with alcohol binge in alcoholics ?
- (A) Ventricular fibrillation
 - (B) Ventricular premature contraction
 - (C) Atrial flutter
 - (D) Atrial fibrillation
153. Alternating RBBB with left anterior hemiblock is seen in :
- (A) First degree heart block
 - (B) Complete heart block
 - (C) Mobitz Type II block
 - (D) Bifascicular block
154. Low QRS voltage on ECG with left ventricular hypertrophy on Echocardiography suggests a diagnosis of :
- (A) Pericardial effusion
 - (B) Cardiac Amyloidosis
 - (C) Corpulmonale
 - (D) Infective endocarditis

155. Reversal of shunt is not possible in natural history of :
- (A) ASD
 - (B) VSD
 - (C) TOF
 - (D) PDA
156. Which is not a high pitched hear sound ?
- (A) Mild systolic click
 - (B) Pericardial shudder
 - (C) Opening snap
 - (D) Tumor plop sound
157. Broad complex tachycardia, due to ventricular tachycardia is suggested by all except :
- (A) Fusion beats
 - (B) AV dissociation
 - (C) Capture beats
 - (D) Termination of tachycardia by carotid sinus massage
158. WPW syndrome is caused by :
- (A) Bundle branch block
 - (B) Right sided accessory pathway
 - (C) Ectopic pacemaker in atrium
 - (D) Left bundle branch block
159. A preterm baby with Patent Ductus Arteriosus all are true except :
- (A) Narrow pulse pressure
 - (B) Necrotizing enterocolitis
 - (C) Continuous murmur
 - (D) Congestive heart failure
160. Indication of heart transplantation are all except :
- (A) End stage heart disease with life expectancy of 12 to 18 months
 - (B) NYHA III or IV heart failure
 - (C) Refractory medical or surgical therapy
 - (D) Severe cerebrovascular disease
161. Trans-brochial Biopsy is unreliable in :
- (A) Lung cancer
 - (B) Desquamative interstitial Pneumonia
 - (C) Sarcoidosis
 - (D) Lung Transplantation

162. Thyroid transcription Factor – I is positive in all except :
- (A) Lung malignancy
 - (B) Thyroid malignancy
 - (C) Breast malignancy
 - (D) Brain malignancy
163. Neuroendocrine tumour of lung shows positivity with all immunohistochemical markers except :
- (A) Chromogranin
 - (B) Synaptophysin
 - (C) CD-56
 - (D) CD-45
164. The immune-histochemical stains sensitive and specific for mesothelioma is :
- (A) CEA
 - (B) WT-1
 - (C) B-72.3
 - (D) MOC-31
165. Complication of Mediastinoscopy include :
- (A) Esophageal Perforation
 - (B) Recurrent Nerve Palsy
 - (C) Venous air embolism
 - (D) All of these
166. Lutembacher's Syndrome is :
- (A) Congenital Atrial Septal Defect with Pulmonary Stenosis
 - (B) Congenital Atrial Septal Defect with Mitral Stenosis
 - (C) Congenital Ventricular Septal Defect with Mitral Stenosis
 - (D) Congenital Ventricular Septal Defect with Aortic Stenosis
167. Cor Triatriatum is characterized by :
- (A) Separation of pulmonary veins from left atrium by a fibromuscular membrane
 - (B) Separation of pulmonary veins from right atrium by a fibromuscular membrane
 - (C) Separation of superior vena cava from right atrium by a fibromuscular membrane
 - (D) Separation of pulmonary arteries from left atrium by a fibromuscular membrane
168. The commonest type of VSD is :
- (A) Muscular type
 - (B) Conal type
 - (C) Inlet type
 - (D) Membranous type

169. A vascular ring is comprised of :
- (A) Pulmonary vein sling
 - (B) Double aortic arch
 - (C) Anomalous right subclavian artery
 - (D) Cervical aortic arch
170. All of the following can be seen in Scimitar Syndrome except :
- (A) Hypoplasia of right lung
 - (B) Partial anomalous pulmonary venous drainage of right lung to inferior vena cava
 - (C) Partial anomalous pulmonary venous drainage of left lung to inferior vena cava
 - (D) Dextrocardia
171. Ductus Arteriosus is derived from :
- (A) Second aortic arch
 - (B) Fourth aortic arch
 - (C) Sixth aortic arch
 - (D) Eighth aortic arch
172. All of the following may be seen on physical examination in patient with coarctation of the aorta except :
- (A) Posterior systolic murmur between the scapulas
 - (B) Diminished femoral pulses
 - (C) Upper extremity hypertension
 - (D) Peripheral cyanosis
173. Which of the following is NOT a potential cause of death in coarctation of the aorta ?
- (A) Bacterial endocarditis
 - (B) Pulmonary artery embolism
 - (C) Cerebrovascular hemorrhage
 - (D) Spontaneous rupture of aorta
174. The atrial septal defect which is commonly associated with partial anomalous pulmonary venous return is :
- (A) Primum defect
 - (B) Secundum defect
 - (C) Sinus venosus defect
 - (D) Coronary sinus defect
175. An electrocardiogram showing right axis deviation with incomplete right bundle branch block is seen in which type of atrial septal defect ?
- (A) Secundum ASD
 - (B) Sinus venosus ASD with PAPVR
 - (C) Ostium primum ASD
 - (D) Coronary sinus defect

176. Tetralogy of Fallot consists of all of the following features except :
- (A) ASD
 - (B) VSD
 - (C) Dextroposition of the aorta
 - (D) Pulmonary stenosis
177. Which of the following anomalies is NOT associated with Tetralogy of Fallot ?
- (A) Pulmonary artery stenosis
 - (B) Right aortic arch
 - (C) Single coronary artery
 - (D) Primary pulmonary hypertension
178. Which of the following statements about Truncus Arteriosus are FALSE ?
- (A) Most infants survive without operations until late childhood.
 - (B) Most common presentation is cyanosis.
 - (C) There can be associated extracardiac anomalies.
 - (D) Chest radiograph shows moderate cardiomegaly.
179. Interrupted Aortic Arch is associated with all the following anomalies except :
- (A) Ventricular Septal Defect
 - (B) Truncus Arteriosus
 - (C) Double Aortic Arch
 - (D) Double outlet left Ventricle
180. Marfan's Syndrome is shown all except :
- (A) Aortic regurgitation
 - (B) Aortic stenosis
 - (C) Aortic dilatation
 - (D) Aortic dissection
181. Roller pumps are :
- (A) Displacement pump
 - (B) Rotary pump
 - (C) Occlusive pump
 - (D) Both (A) & (C)
182. Cell saver machine preserves :
- (A) Plasma
 - (B) Platelet
 - (C) RBC
 - (D) All of these

183. Protection of brain during DHCA (<math> < 20^{\circ}\text{C}</math>) may be best done by :
- (A) PH stat during initial cooling
 - (B) Alpha stat during reperfusion, rewarming
 - (C) Both (A) & (B)
 - (D) PH stat during reperfusion, rewarming
184. Usually negative pressure for vacuum assisted drainage in CPB :
- (A) Negative 100-80 mmHg
 - (B) Negative 80-60 mmHg
 - (C) Negative 20-50 mmHg
 - (D) Negative <math> < 10</math> mmHg
185. High line pressure in CPB is due to :
- (A) Kinking of inflow line
 - (B) Clamp in aortic line
 - (C) Clot in oxygenator
 - (D) All of these
186. Purpose of Cardioplegia :
- (A) Preservation of high energy phosphate
 - (B) Prevent intracellular acidosis
 - (C) Prevents myocellular edema
 - (D) All of these
187. In Retrograde delivery of cardioplegia, pressure of delivery is :
- (A) More than 100 mmHg
 - (B) More than 40 mmHg
 - (C) Less than 40 mmHg
 - (D) Less than 20 mmHg
188. ACT utilized tubes containing :
- (A) Silica
 - (B) Carbon
 - (C) Sulphur
 - (D) Celite activator
189. Pore size of arterial filter is :
- (A) 100 micron
 - (B) 50-100 micron
 - (C) 100-200 micron
 - (D) 32-40 micron
190. Normal value of mixed venous saturation (SvO₂) for adequacy of perfusion during CPB is :
- (A) 20%
 - (B) 10%
 - (C) 50%
 - (D) 75%

191. Which of the following method of venting is best for aortic regurgitation surgery ?
- (A) Ascending aortic vent
 - (B) Indirect LV (through stab wound in RSPV, through LA and MV)
 - (C) Direct LV
 - (D) Direct LA
192. Dialyzer is made from :
- (A) Cellulose material
 - (B) Polypropylene material
 - (C) Silicon material
 - (D) None of these
193. Advantage of Hemo dilution during CPB :
- (A) Decreased blood viscosity
 - (B) Improved regional blood flow
 - (C) Improved oxygen delivery to tissues
 - (D) All of these
194. Buckberg Cardioplegia is :
- (A) Total crystalloid cardioplegia
 - (B) Total blood cardioplegia
 - (C) Blood + crystalloid (4 : 1 ratio)
 - (D) Crystalloid + blood (4 : 1 ratio)
195. Normal working ventricular myocardium consume :
- (A) 2 ml of O₂ per 100 g of myocardium / minute
 - (B) 5 ml of O₂ per 100 g of myocardium / minute
 - (C) 6 ml of O₂ per 100 g of myocardium / minute
 - (D) 8 ml of O₂ per 100 g of myocardium / minute
196. Cannula are graded based on their French size (Fr.) of :
- (A) Internal diameter
 - (B) Outer diameter
 - (C) Internal diameter + outer diameter
 - (D) Outer diameter – internal diameter
197. Which of the following gas can be used to flush the circuit before priming ?
- (A) H₂
 - (B) O₂
 - (C) N₂
 - (D) CO₂

198. Cerebral metabolism is reduced by 50% for every :
- (A) 5°C decreased in temperature
 - (B) 10°C decreased in temperature
 - (C) 15°C decreased in temperature
 - (D) 20°C decreased in temperature
199. In which year first successfully cardiac surgery was performed with CPB ?
- (A) April 5, 1951
 - (B) September 2, 1952
 - (C) May 6, 1953
 - (D) March 26, 1954
200. Which gas is used in IABP ?
- (A) Helium
 - (B) CO₂
 - (C) O₂
 - (D) NO₂

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