

PRACTICE QUESTION (SET-35)

1. Which of the following is the largest and most chamber of heart
(a) Right atrium (b) Right ventricle
(c) Left ventricle (d) Left atrium
2. Which is the pacemaker of heart
(a) AV Node (b) SA Node
(c) The bundle of His (d) Purkinje Fibers
3. CVP is the pressure within
(a) Inferior venacava
(b) Pulmonary artery
(c) Pulmonary vein
(d) Subclavian vein
4. Normal cardiac cycle is
(a) 0.12 – 0.2 sec
(b) 0.04 -0.01 sec
(c) Less than 0.4 sec
(d) 0.8 sec
5. Normal cardiac index is
(a) 5 – 6 L/mt
(b) 2.5 – 4 L/mt/mt²
(c) 70 ml/mt
(d) None of these
6. The amount of blood ejected from the ventricle in each contraction is
(a) Cardiac output
(b) Stroke volume
(c) Cardiac reserve
(d) None of these
7. The normal number of cardiac cycles per minutes from
(a) 60 -80 (b) 90-100
(c) 50- 60 (d) 80- 100
8. The blood pressure recording is 110/80 mm of Hg, the pulse pressure is
(a) 110 (b) 80
(c) 190 (d) 30
9. The apex beat can be best heard at
(a) 5th intercostal space
(b) 3rd intercostal space
(c) 7th intercostal space
(d) Centre of sternum
10. Mitral valve is situated between
(a) RA & RV (b) LA & LV
(c) Aorta & LV (d) PA & RV
11. SA Node is located in
(a) Right atrium (b) Left atrium
(c) Left ventricle (d) Right ventricle
12. In the heart, the mixing of oxygenated and deoxygenated blood is prevented by
(a) Mitral valve (b) Tricuspid valve
(c) Septum (d) Pericardium
13. Which of the following heart chamber constitutes apex of heart
(a) Left ventricle (b) Right ventricle
(c) Left atrium (d) Right atrium
14. Positive Inotropic agent causes
(a) Increased heart rate
(b) Increased force of contraction
(c) Dilate veins
(d) All of the above
15. What is the average weight of human heart?
(a) 400gm (b) 600 gm
(c) 300gm (d) 500gm
16. What are the layers of heart?
(a) Pericardium, endocardium, myocardium
(b) Endocardium, myocardium, epicardium
(c) Tunical media, Tunica adventitia, tunica intima
(d) None of these
17. The heart is encased in a thin fibrous sac is called
(a) Endocardium (b) Myocardium
(c) Pericardium (d) Epicardium
18. Coronary arteries are perfused during
(a) Systole (b) Diastole
(c) A & B (d) None of these
19. Functionally cardiac muscles resemble with
(a) Smooth muscles
(b) Striated skeletal muscles
(c) Non striated muscles
(d) None of these
20. The firing of SA Node
(a) 40 – 60/mt (b) 50 -60/mt
(c) 30-40/mt (d) 60-100/mt
21. Firing rate of AV node is
(a) 60-100/mt (b) 30-40/mt
(c) 40-60/mt (d) 50-60/mt

22. Impulses from SA node conduct to AV node through
 - (a) Internodal pathways
 - (b) Purkinje fibers
 - (c) Nerves
 - (d) Chordae tendineae
23. Firing rate of ventricle is
 - (a) 60- 100/mt
 - (b) 50-60/mt
 - (c) 40-60/mt
 - (d) 20-40/mt
24. Specialized nerve cells located in aortic arch
 - (a) Chemoreceptor
 - (b) Neuro transmitters
 - (c) Batoreceptors
 - (d) None of these
25. The amount of resistance to ejection of blood from ventricle is called
 - (a) Preload
 - (b) Afterload
 - (c) Ejection fraction
 - (d) Contractility
26. The degree of stretch of cardiac muscle fibers at the end of diastole is called
 - (a) Preload
 - (b) Afterload
 - (c) Contractility
 - (d) Ejection fraction
27. The percentage of end diastolic blood volume ejected from the ventricle with each heart beat is called
 - (a) Contractility
 - (b) Ejection fraction
 - (c) Stroke volume
 - (d) Cardiac output
28. The difference between apical & pulse & radial pulse is called
 - (a) Pulse pressure
 - (b) Pule rhythm
 - (c) Pulse deficit
 - (d) None of the above
29. S1 heart sound is produced
 - (a) During the closure of AV valve
 - (b) During closure of semi lunar valve
 - (c) Both a & b
 - (d) None of the above
30. Closure of semilunar valve results in
 - (a) S1 heart sound
 - (b) S2 heart sound
 - (c) S3 heart sound
 - (d) S4 heart sound
31. Which lipoprotein helps in the transport of fat away from the cells and tissues of arterial wall to the liver for excretion?
 - (a) HDH
 - (b) LDL
 - (c) LDH
 - (d) HDL
32. How long the person should be on fasting to give blood specimen for lipid profile
 - (a) 2 Hrs
 - (b) 6 Hrs
 - (c) 12 Hrs
 - (d) 1 Hr
33. Which of the following changes seen in ECG indicates Hyperkalemia
 - (a) Tall T wave, widened QRS Complex, prolonged PR interval, flat P waves
 - (b) Flattened/T wave inversion, appearance of U wave, ST depression
 - (c) Shortened ST segment, widened T wave
 - (d) Prolonged ST and QT intervals
34. Eelctrocardiographic tracing recorded continuously over a period of 24 hr during routine activities, is
 - (a) Holter
 - (b) Echocardiography
 - (c) DSA
 - (d) Treadmill test
35. P wave represent
 - (a) End of QRS complex and beginning of ST segment
 - (b) Atrial depolarization
 - (c) Ventricular depolarization
 - (d) Ventricular repolarization
36. P wave is commonly absent in
 - (a) Atrial fibrillation
 - (b) Tachycardia
 - (c) Bradycardia
 - (d) All of the above
37. The procedure that involves insertion of a catheter into heart and surrounding vessels to obtain the structure and performance of heart is
 - (a) Angioplasty
 - (b) Laser ablation
 - (c) Cardioversion
 - (d) Cardiac catheterization

38. M shaped QRS complex is seen in
 (a) Bundle branch block
 (b) Atrial flutter
 (c) Atrial fibrillation
 (d) None of these
39. The cardiac marker which is elevated soon after MI is
 (a) Trop T (b) CKMB
 (c) LDH (d) Myoglobin
40. The diagnostic study to assess left ventricular dysfunction is
 (a) Angiogram
 (b) ECG
 (c) Catheterization
 (d) Echocardiography
41. Absence of recognizable QRS complex in ECG indicate
 (a) Atrial fibrillation
 (b) Ventricular fibrillation
 (c) Sinus arrhythmias
 (d) Paroxysmal ventricular tachycardia
42. Which of the following coagulation study is done for one patient on heparin
 (a) PT (b) INR
 (c) APTT (d) Christmas factor
43. INR value of patient with mechanical valves
 (a) 2.5 – 3.5
 (b) 1 -2
 (c) 0-1
 (d) None of the above
44. Isotope used for radionuclide imaging
 (a) Thallium 201
 (b) Technetium 99m
 (c) Both a & b
 (d) Radioactive iodine
45. Cardiac catheterization means
 (a) It is an invasive procedure
 (b) It is used to measure cardiac chamber pressure
 (c) It is used to assess the patency of coronary arteries
 (d) All the above
46. Which among the following is most specific cardiac enzyme
 (a) Creatine kinase (CK)
 (b) CK-MB
 (c) LDH
 (d) None of the above
47. Which test reflects the blood glucose level for last 2 to 3 months?
 (a) Glycosylated hemoglobin
 (b) PPBS
 (c) FBS
 (d) RBS
48. Normal range of Glycosylated hemoglobin is
 (a) 1% - 2% (b) 4% - 7%
 (c) 8% - 10% (d) Above 10%
49. Which of the following is a cardiac specific creatine kinase?
 (a) CKMM (b) CKBB
 (c) CKCB (d) CKMB
50. Which of the following shows flipped pattern that signify myocardial infarction?
 (a) $LDH_1 > LDH_2$ (b) $LDH_1 = LDH_2$
 (c) $LDH_2 > LDH_1$ (d) $LDH_3 > LDH_2$
51. Which of the following is most specific cardiac marker?
 (a) CKMB (b) Trop I
 (c) Trop T (d) LDH
52. Which of the following cardiac enzyme level returns to normal initially?
 (a) CKMB (b) Myoglobin
 (c) Trop T (d) Trop I
53. Which of the following blood Parameters has been elevated after MI (CUK)
 (a) RBCs (b) WBCs
 (c) Platelets (d) Plasma level
54. Which of the following is considered as the most favourable findings of lipid profile?
 (a) Elevated LDL level
 (b) Elevated VLDL level
 (c) Elevated HDL level
 (d) Elevated triglyceride level
55. One patient is admitted with palpitation, which of the following investigation can be suggested for the patient?
 (a) Hb level (b) TFT
 (c) S.E (d) All of the above
56. Which of the following ECG shows changes in IWMI?
 (a) Lead 2 (b) AVL
 (c) Lead 1 (d) V3

57. Appearance of U¹ wave in ECG suggests
 - (a) Hypocalcemia
 - (b) Hypercalcemia
 - (c) Hyperkalemia
 - (d) Hypokalemia
58. During CVP measurement, Zero point on the transducer needs to be at
 - (a) Rt atrium
 - (b) Rt ventricle
 - (c) Lt atrium
 - (d) Lt ventricle
59. "Saw tooth appearance" of ECG wave is seen in
 - (a) Atrial flutter
 - (b) Atrial fibrillation
 - (c) SVT
 - (d) PVC
60. What is the most accurate cardiac marker?
 - (a) Trop T
 - (b) Trop I
 - (c) Trop C
 - (d) CKMB
61. Pt had a history of chest pain 2 wks back. Which of the following cardiac marker can be evaluated?
 - (a) Trop T
 - (b) Trop I
 - (c) CKMB
 - (d) Myoglobin
62. What is the most accurate cardiac marker for CRF patient?
 - (a) Trop T
 - (b) Trop I
 - (c) S. creatinine
 - (d) BUN
63. 'W' Shaped QRS complex in V1 lead indicate
 - (a) Lt bundle branch block
 - (b) Rt bundle branch block
 - (c) 2^o Heart block
 - (d) Both a & b
64. Which of the ECG change is observed in mobitz II type of heart block
 - (a) Prolonged PR interval
 - (b) Dropped QRS complex
 - (c) Shuffled waves
 - (d) Both a & b
65. Which of the following investigation is suggested for a patient on antilipid therapy?
 - (a) RFT
 - (b) LFT
 - (c) S.E
 - (d) CBC
66. Normal pulmonary artery wedge pressure is
 - (a) 2- 15 mmHg
 - (b) 20-30 mmHg
 - (c) 30 -40 mmHg
 - (d) 40-50 mmHg
67. Trendelenburg test is used to detect
 - (a) DVT
 - (b) Varicose vein
 - (c) Thrombophlebitis
 - (d) Valvular disorder

ANSWERS

1	C	26	A	51	B
2	B	27	B	52	B
3	A	28	C	53	B
4	D	29	A	54	C
5	B	30	B	55	D
6	B	31	D	56	A
7	A	32	C	57	D
8	D	33	A	58	A
9	A	34	A	59	A
10	B	35	B	60	A
11	A	36	A	61	A
12	C	37	D	62	B
13	A	38	A	63	A
14	B	39	D	64	B
15	C	40	D	65	B
16	B	41	B	66	A
17	C	42	C	67	B
18	B	43	A		
19	A	44	C		
20	D	45	D		
21	C	46	B		
22	A	47	A		
23	D	48	B		
24	C	49	D		
25	B	50	A		