

1. CS .Note the characteristic ECG sign of sinus bradycardia
 - A . PQ interval 0.22 mm/sec
 - B . Irregular RR intervals
 - C . Atrial and ventricular frequency >70 b/min
 - D . QRS complex more than 0.14 mm /sec
 - E . Atrial and ventricular frequency < 60 b/min
- 2 CS. In sinus tachycardia, all ECG signs are present excepting
 - A. RR intervals equal
 - B. Atrial and ventricular frequency > 100 b / min
 - C. PQ interval 0.2 sec
 - D. QRS complex duration 0.1 sec
 - E. Presence of P waves before each QRST complex
3. CS. Specify the characteristic ECG sign of respiratory arrhythmia:
 - A. QRS complex is more than 0.1 sec
 - B. missing P wave before QRS
 - C. Present of "F" wave between the QRST complexes
 - D. cyclical shortening intervals R - R in inspiration
 - E. cyclical lengthening intervals R - R to inspiration missing
4. CS. Mention clinical sign characteristic in paroxysmal supraventricular tachycardia :
 - A. high heart frequency
 - B. tachycardia access begins abruptly
 - C. tachycardia access start slow
 - D. vagal manœuvres stops tachycardia access
 - E. tachycardia access stops abrupt missing
5. CS. Note the characteristic ECG sign in reciprocal atrioventricular tachycardia with acceding ways:
 - A. PQ interval 0.2 mm / sec
 - B. negative P waves in DII, DIII, aVF and positive in aVR following QRS
 - C. irregular RR interval
 - D. QRS duration > 0.14 sec.

- E. usually aberrant QRS complex
6. CS. Note the characteristic ECG sign of paroxysmal ventricular tachycardia:
- A. abnormal QRS complex, with secondary changes in ST, T
 - B. negative P wave before QRS
 - C. presence of delta wave
 - D. PQ interval < 0.12 sec
 - E. negative P waves after QRS complex
7. CS. Mention the characteristic ECG sign for atrial extrasistolia :
- A. 'f' wave between RR intervals
 - B. PQ interval < 0.12 sec
 - C. presence of premature P wave before QRST complex
 - D. full compensatory pause
 - E. absence P wave before QRST complex
8. CS. The characteristic ECG signs in ventricular extrasistolia are all excepting:
- A. normal PQ interval
 - B. ST segment and T wave are opposite to the main deflexion QRS complex
 - C. full compensatory pause
 - D. negative P wave after QRS complex
 - E. QRS duration > 0.12 sec
9. CS. Atrial flutter is characterized by the following ECG signs excepting:
- A. atrial frequency contractions 300 b / min
 - B. propagation of atrial impulses to the ventricles in relation 2:1
 - C. QRS complex usually normal
 - D. 'F' wave between where RR-looking like a saw tooth
 - E. incomplete compensatory pause
10. CS. The method of choice in paroxysm of ventricular tachycardia with severe haemodynamic instability is:
- A. electric shock application 75-100 J
 - B. intravenous Sol. Novocainamyd
 - C. intravenous Sol Digoxin
 - D electric shock application 50 J

E. intramuscular Sol. Lidocaine

11. CM. ECG classification of tachyarrhythmia's included:

- A. wide QRS complex tachyarrhythmia
- B. narrow QRS complex tachyarrhythmia
- C. normal PQ interval tachyarrhythmia
- D. lengthened PQ interval
- E. with ST segment elevation tachyarrhythmia

12. CM. Characteristic ECG signs of atrial fibrillation are:

- A. irregular RR intervals
- B. 'F' wave between RR-looking saw tooth
- C. absence of P-wave
- D. 'f' wave between RR intervals
- E. PQ interval duration 0.14 sec

13. CM. Specify the most common causes of atrial fibrillation

- A. mitral stenosis
- B. thyrotoxicosis
- C. alcoholic cardiomyopathy
- D. mixedema
- E. atrial septal defect type 'ostium secundum'

14. CM. Classification of atrial fibrillation includes:

- A. acute
- B. chronic
- C. paroxysmal
- D. persistent
- E. relapsing

15. CM. Mention correct statements of 'vagal' paroxysmal atrial fibrillation :

- A. is more frequently in women
- B. Standby is triggered

- C. is more common in men
- D. It appears during emotional stress
- E. it begin postprandial or during sleep

16. CM. Correct statements in “adrenergic” paroxysmal atrial fibrillation are:

- A. occurs during exercise
- B is caused by stressful situations
- C. mainly in the morning
- D. meets more frequently in women's
- E. Standby fires

17. CM. Mention the drugs that inhibit the impulse driving the atrioventricular node:

- A. Digoxin
- B. Propranolol
- C. Amiodarone
- D. Verapamil
- E. Nifedipine

18. CM. Indicate medicines used to restore sinus rhythm in a patient with atrial fibrillation:

- A. Digoxin
- B. Novocainamid
- C. Amiodarone
- D. Propafenone
- E. Sotalol

19. CM. Thromboembolic risk factors in atrial fibrillation are:

- A. age > 60 years
- B. arterial hypertension
- C. diabetes
- D. history of stroke
- E. overweight

20. CM. Ventricular flutter is characterized by:

- A. syncope
- B. 'F' wave between RR-looking saw tooth
- C. absence of peripheral pulse
- D. presence of sinusoidal regular waves
- E. heart rates 250 -300 per min

21. CM. Ventricular fibrillation is characterized by:

- A. delta waves on ECG
- B. lack of QRS complexes
- C. syncope
- D. presence of distorted waves, irregular, chaotic on ECG
- E. presents of 'f' waves between QRS

22. CM. Effective resuscitation measures in ventricular fibrillation and flutter included:

- A. punch in the chest in the first few seconds
- B. initial electrical cardioversion with 200 J
- C. electrical cardioversion with 320 – 400 J in unloading effect
- D. cardiac massage correctly done in the first minutes
- E. Sol. lidocaine intravenous

23. CM. Sinus tachycardia is characterized by:

- A. gradually heart rate increase
- B. normal physiological response to physical exertion
- C. QRS complex is normal
- D. PQ interval is more 0.20 seconds
- E. the pace is accelerating at inspiration and reduced to expiration

24. CM. Mention sinus tachycardia causes:

- A. vagus nerve hypertonus

- B. alcohol abuse
- C. fever
- D. thyreotoxicosis
- E. cor pulmonale

25. CM. Junction nonparoxistic atrioventricular tachycardia is caused by:

- A. cardiac glycosides poisoning
- B. inferior myocardial infarction
- C. hypocaliemia
- D. heart surgery intervention
- E. hypercalcaemia

26. CM. Treatment of atrioventricular reciprocal tachycardias includes:

- A. vagal maneuvers application
- B. face immersion in cold water 10-30 sec with breath retention
- C. solution of Adenosine triphosphate 10 mg intravenous
- D. external electric shock with 200 J
- E. heart surgery intervention

27. CM. Reciprocal junction atrioventricular tachycardia mechanism includes:

- A. atria and ventricles concomitant depolarization
- B. impulse circulating into the atrioventricular node
- C. anterograde ventricular activation of His – Purkijne system
- D. retrograde activation of the atria
- E. atria depolarization precedes ventricular depolarization

28. CM. Treatment of atrioventricular reciprocal tachycardias includes:

- A. vagal maneuvers application
- B. face immersion in cold water 10-30 sec with breath retention
- C. solution of Adenosine triphosphate 10 mg intravenous
- D. external electric shock with 200 J
- E. transoesophageal heart electric stimulation

29. CM. Paroxysmal ventricular tachycardia is characterized by:

- A. regular ventricular rhythm
- B. effectiveness of vagal maneuvers in treatment
- C. abnormal QRS complex with ST, T secondary changes
- D. PQ interval prolongation
- E. 'f' waves with 400-700/min frequency

30. CM. Choose antiarrhythmic drugs given to stopping ventricular tachycardia:

- A. Digoxin
- B. Lidocaine
- C. Amiodarone
- D. Disopyramide
- E. Novocainamid

31. CM. ECG characteristic of atrial extrasistolia included:

- A. normal QRS complex
- B. lack of P wave
- C. negative P wave after QRS complex
- D. incomplete compensatory pause
- E. premature P wave QRS complex precede

32. CM. Mention polymorphic extrasistolia s characteristic:

- A. varying coupling intervals
- B. extrasistolias in the same lead have different forms
- C. extrasistolias in the same lead have equal forms
- D. coupling intervals are equal
- E. different outbreaks extrasistolias

33. CM. Ventricular extrasistolias manifested ECG by:

- A. QRS complex pathological
- B. full compensatory pause
- C. P-Q interval less 0.12 sec
- D. negative P wave, succeeded QRS

E. lack of P wave

34. CM. The ECG in superior atrioventricular extrasistolia recorded:

- A. PQ interval over 0.20 sec
- B. normal QRS complex
- C. P wave negative in DII, DIII before the QRS complex
- D. P wave negative in DII, DIII QRS after QRS
- E. incomplete compensatory pause

35. CM. Note the ECG manifestations of average atrioventricular extrasistolias

- A. QRS complex usually normal
- B. P wave negative in DII, DIII subsequent to QRS
- C. P wave is embedded in QRS complex
- D. full compensatory pause
- E. P wave negative in DII, DIII precede QRS complex

36. CM. In the lower atrioventricular extrasistolia ECG recorded:

- A. P wave failure
- B. normal QRS complex
- C. incomplete compensatory pause
- D. negative P wave after QRS complex
- E. wide QRS complex

37. CM. Lawn-Wolf classification of extrasistolias includes:

- A. Class I - solitary monomorphic extrasystoles -> 30 ex / h
- B. Class II - solitary polymorph extrasystoles
- C. Class III - polymorphic ventricular extrasistolias
- D. Class IV - recurrent ventricular extrasistolias (duble, triples, sage)
- E. Class V - early ventricular type "R on T"

38. CM. Name I class antiarrhythmic drugs

- A. Lidocaine

- B. Mexilitin
- C. Quinidine
- D. Novocainamid
- E. Amiodarone

39. CM. Name II class antiarrhythmic drugs:

- A. Amiodarone
- B. Lidocaine
- C. Metoprolol
- D. Nebivolol
- E. Carvedilol

40. CM. Name III class antiarrhythmic drugs:

- A. Lidocaine
- B. Sotalol
- C. Quinidine
- D. Novocainamid
- E. Amiodarone

Conduction disturbances (heart blocks)

41. CS. What disorder can not be diagnosed by electrocardiographic conduction?
- A. Atrioventricular block gr. I
 - B. Complete right bundle branch block of His bundle
 - C. Sinoatrial block of gr. I
 - D. Atrioventricular block gr. III
 - E. Sinoatrial block of gr. II
42. CS. Sinoatrial block grade II, electrocardiographic, manifested by:
- A. sinusal pauses; no P wave
 - B. periodical lack QRS complexes
 - C. full compensatory pause after PQRS complex
 - D. frequent atrial and ventricular contractions
 - E. PQ interval prolongation
43. CS. Name conductivity disorder is characterized by ECG periods Wenckebach:

- A. II degree atrioventricular block, type II (Mobitz II)
 - B. II degree sinoatrial block, type I (Mobitz I)
 - C. Third degree atrioventricular block
 - D. complete right bundle branch block of His beam
 - E. left bundle branch block of His beam
44. CS. The main clinical feature of advanced sinoatrial and atrioventricular blocks II degree type II (Mobitz II) is:
- A. Palpitations
 - B. Dyspnea on exertion moderate or mixed
 - C. Fatigability
 - D. Syncopal states
 - E. Constrictive retrosternal pain with irradiation below the right shoulder blade
45. CS. Atrioventricular block gr. I electrocardiographic manifested by:
- A. Elongated QRS Interval
 - B. Negative P waves before QRST complex
 - C. PQ or PR intervals more than 0.2 sec
 - D. PQ intervals different
 - E. Where Delta
46. CS. The atrioventricular block gr. II, electrocardiographic, stating:
- A. lack of periodic PQRST complex
 - B. lack of P wave
 - C. lack regular QRS complexes
 - D. The presence of “F” waves
 - E. The presence of “f” waves
47. CS. Characteristic sign called third degree atrioventricular block:
- A. None of atria impulses propagate to the ventricles
 - B. Gradual slowing of the propagation of impulses to the ventricles
 - C. Organic lesion His-Purkinje system
 - D. Pausing the electrical activity of sinus node
 - E. Impulses are conducted retrograde from the ventricles to the atria
48. CS. Third degree atrioventricular block electrocardiographically is manifested by
- A. atrial contractions and ventricular ratio is 3:1
 - B. atrial and ventricular contractions independent
 - C. sinus pause without P wave

- D. lack of periodic PQRS complexes
 - E. QRS complexes lack regular
49. CS. Mention ECG characteristic sign of complete right bundle branch block beam Hiss:
- A. presence of large R wave, crocheted in III, AVF, V1, V2
 - B. PQ interval prolongation
 - C. PQ interval shortening
 - D. where R wide, crocheted in I, AVL, V5, V6
 - E. where S is larger in III, AVF, V1, V2
50. CS. Mention ECG sign of complete left bundle branch block beam Hiss:
- A. presence of large R wave, crocheted in III, AVF, V1, V2
 - B. PQ interval prolongation
 - C. PQ interval shortening
 - D. where R wide, crocheted in I, AVL, V5, V6
 - E. where S range in I, AVL, V5, V6
51. CS. Mention indication to implantable cardioverter-defibrillator:
- A. Ventricular fibrillation recurrences at varying intervals of time
 - B. Complete atrioventricular block
 - C. Atrial fibrillation
 - D. Atrial flutter
 - E. Complete sinoatrial block
52. CM. Name asistolias causes:
- A. atrioventricular block III degree
 - B. atrioventricular block I degree
 - C. ectopic rhythm from the middle of atrioventricular junction
 - D. complete sinoatrial block
 - E. chronic atrial fibrillation
53. CM. The causes of abnormal automatism can be:
- A. Extent of myocardial fibers
 - B. Changes in electrolyte balance
 - C. Action of catecholamine
 - D. Myocardial infarction
 - E. Anemia's
54. CM. Specify the electrophysiological mechanisms of arrhythmias
- A. Decreasing of normal automatism
 - B. Increasing of normal automatism

- C. Presents of pathological automatism
 - D. Early postdepolarization
 - E. Late postdepolarizations
55. CM. What is ECG characteristic II degrees sinoatrial block type II (Mobitz II)
- A. equal PP periods
 - B. incomplete compensatory pause after PQRST complex
 - C. sinus pause, no P wave
 - D. pause duration corresponding to 2,3 or more PP normal intervals
 - E. pause is preceded by progressive decrease in PP intervals
56. CM. Classic version of Morgan - Adams - Stocks syndrome included:
- A. hypertension
 - B. sudden onset
 - C. syncope with pronounced pale skin
 - D. reactive hyperemia after exit from the crisis
 - E. transient character
57. CM. Specify the correct statements atrioventricular block gr. I
- A. Keeping of all atrial impulses to the ventricles
 - B. PQ or PR interval over 0.2 sec
 - C. common in the elderly
 - D. PQ or PR interval less than 0.12 sec.
 - E. Gradual lengthening of the PQ interval
58. CM. Name atrioventricular block features II degree, type I (Mobitz I):
- A. Progressive lengthening of PQ or PR interval
 - B. Omission of ventricular contraction
 - C. The presence of Wenckebach periods Samoilov
 - D. Irregular RR intervals
 - E. Regular RR intervals
59. CM. The atrioventricular block II degree, type II (Mobitz II) is characterized:
- A. Samoilov-Wenckebach periods
 - B. RR intervals equal
 - C. Not all atrial impulses are propagated to the ventricles
 - D. the ECG recorded absence of 1, 2, 3 ...QRS complex
 - E. Organic lesion is present in conductivity heart system
60. CS. Frederic syndrome includes a combination of atrial fibrillation with:
- A. Atrioventricular block II degree, type II

- B. Complete sinoatrial block
 - C. Frequent atrial extrasistolia
 - D. Frequent ventricular extrasistolia
 - E. complete atrioventricular block
61. CM. Specify characteristics of third degree atrioventricular block located in the AV node:
- A. It is often congenital
 - B. In most patients AV junctional rhythm is registered with the heart rate 40-60 b / min
 - C. During exercise and stress the heart rates is accelerating up to 100 b / min
 - D. heart rates is not more than 40 b / min
 - E. It is almost always acquired
62. CM. Specify characteristics of third degree atrioventricular block in the system based His - Purkinje:
- A. It is often congenital
 - B. Patients have syncopal states
 - C. During exercise and stress the heart rates is accelerating up to 100 b / min
 - D. The frequency rate does not exceed 40 b / min
 - E. It is almost always acquired
63. CM. Note rhythm disorders manifested by syncopal states:
- A. Ventricular fibrillation
 - B. Atrial fibrillation
 - C. Ventricular flutter
 - D. Ventricular tachycardia
 - E. Complete atrioventricular block
64. CM. The complete left bundle branch block of His beam on ECG is registered:
- A. QRS duration exceeding 0.12 sec.
 - B. S-ventricular complex in III, AVF, V1, V2
 - C. S-ventricular complex in I, AVL, V5, V6
 - D. ventricular complex type R in I, AVL, V5, V6
 - E. QRS duration from 0.10 to 0.12 sec.
65. CM. Note the ECG signs of incomplete right bundle branch block of His beam:
- A. widening of QRS complexes over 0.12 sec
 - B. ventricular complex in leads RSR type III, AVF, V1, V2
 - C. absence and presence of Q waves in leads V5 wide S waves, V6
 - D. ventricular rhythm
 - E. QRS duration from 0.10 to 0.12 sec

66. CM. Specify the correct statements Wolff-Parkinson-White syndrome:
- A. The presence of a pathway directly linking accessories atrium of the ventricles
 - B. Atrial impulse propagated simultaneously towards node Hiss and f. Kent
 - C. Early depolarization ventricles
 - D. The presence of delta wave on ECG
 - E. PQ interval within 0.12 to 0.20 sec
67. CM. Incomplete left bundle branch block of His beam is characterized by:
- A. "R" type complex in I, AVL, V5, and V6
 - B. electric axis suddenly diverted to the left
 - C. S complex type III, AVF, V1, V2
 - D. QRS duration from 0.1 to 0.12 sec
68. CM. Wolff-Parkinson-White syndrome is manifested on electrocardiogram by:
- A. The presence of delta wave
 - B. RR intervals equal
 - C. normal P wave and PQ interval less that 0.12 sec
 - D. PQ interval over 0.18 seconds
 - E. Progressive lengthening of the interval PQ
69. CM. Specify the indications for implantation of permanent cardio stimulation:
- A. Complete atrioventricular block associated with symptomatic bradycardia
 - B. Frederick Syndrome
 - C. Recurrent syncope associated with systolic intervals over 3 sec.
 - D. Atrioventricular block gr. II persistent after previous myocardial infarction
 - E. Ventricular fibrillation
70. CM. Rhythm disorders indicate that you use transesophageal electrocardiostimulation:
- A. Atrial flutter
 - B. Paroxysmal AV reciprocal tachycardia
 - C. Ventricular fibrillation
 - D. Ventricular Flutter
 - E. Bifascicular block

Endocarditis

- 71 CS. Infective endocarditis is a disease:
- A. Degenerative
 - B. Destructive
 - C. Infectious
 - D. Congenital

E. Inherited two

72. CS. Infective endocarditis most rare involved:

- A. Mitral valve
- B. Aortic valve
- C. Tricuspid valve
- D. Pulmonary artery valve
- E. Eustache valve

73. CS. Note predominantly infectious agent in intravenous drug users and patients with prosthetic valves:

- A. Streptococcus viridans
- B. Streptococcus β hemolytic
- C. Staphylococcus aureus
- D. Staphylococcus epidermal
- E. Enterococcus fecalis

74. CS. The first description of infectious endocarditis belongs to:

- A. E. Libman
- B. W. Osler
- C. H. Schottmuller
- D. W. Thayer's
- E. S. Jaccoud

75. Treatment of infectious endocarditis includes the following drugs excluding:

- A. Antibiotics
- B. Antifungal
- C. Cardiac glycosides
- D. Anticoagulants
- E. β -blockers

76. CS. Note the dose of Amoxicillin used in secondary prophylaxis of infection endocarditis:

- A. 500 mg / day to 2 hours before dental procedure
- B. 500 mg / day after the dental procedure
- C. 2 g 30-min- 1 hour before procedure
- D. 1 g / day to 2 hours before dental procedure
- E. 500 mg / day in 4 divided doses

77. CS. Methicillin-resistant streptococcal endocarditis is exclusively treated with:

- A. Penicillin G

- B. Ceftriaxone
- C. Vancomycin
- D. Gentamicin is.
- E. Amoxicillin

78. CS. Name the most common and most serious complication of infectious endocarditis:

- A. Embolic events
- B. Heart failure “Osler” type
- C. Glomerulonephritis
- D. Encephalitis
- E. Toxic hepatitis

79. CS. Name the most informative laboratory tests in infective endocarditis:

- A. Full blood
- B. Urea
- C. C-reactive protein
- D. Blood culture
- E. Urine culture

80. CM. Vegetations in endocarditis are localized on:

- A. Native valves
- B. Valve Eustache
- C. Ileocecal valve
- D. Prosthetic valves
- E. Ventricular septal defect

81. CM. Major criteria for diagnosis of infective endocarditis are:

- A. Fever ≥ 38 C
- B. Fever ≤ 38 C
- C. Positive blood culture in three peripheral veins
- D. Positive blood cultures from a single sample
- E. The presence of vegetation on echocardiography

82. CM. Note the key clinical manifestations of infectious endocarditis

- A. Diarrhea
- B. Vomiting
- C. Chills
- D. Increased sweating
- E. Fever

83. CM. The predominant right heart endocarditis has following complications:

- A. Septic pneumonia
- B. Destructive multifocal pneumonia
- C. Cerebral embolism
- D. Coronary embolism
- E. Pulmonar abscess

84. CM. Note specific embolic complications of left heart endocarditis:

- A. Renal emboli
- B. Cerebral embolism
- C. Splenic embolism
- D. Renal emboli
- E. Trombembolias

85. CM. Primary prophylaxis of infectious endocarditis is obligatory in patients with:

- A. Mitral valve prolapse
- B. Ischemic Heart Diseases
- C. Hypertrophic cardiomyopathy
- D. Prosthetic valves
- E. Infective endocarditis in antecedence

86. CM. Infective endocarditis is considered active in the following cases:

- A. In the first two months of the onset
- B. Persistent fever regardless of disease duration
- C. Endocardial inflammation by morphological examination proving
- D. Positive blood cultures
- E. Pathogenic detection in smears from the nasopharynx

87. CM. Name corrects statements of prosthesis endocarditis early:

- A. Staphylococci and streptococci are predominant infectious agents'
- B. Embolic complications are the cause high rate mortality
- C. Develops in the first 12 months after valve replacement
- D. Develops in the first 24 months after valve replacement
- E. Also is called nosocomial endocarditis

88. CM. The treatment of heart failure in endocarditis included:

- A. Surgical correction of the valvulopathy
- B. Glycosides
- C. Diuretics
- D. Glucocorticosteroids
- E. Angiotensin Converting Inhibitors

89. CM. Note the indication to surgical treatment of infectious endocarditis:

- A. Fungal endocarditis
- B. Streptococcal endocarditis
- C. Complicated by Myocardial abscess
- D. Infective endocarditis complicated by glomerulonephritis
- E. Resistant to antibacterial therapy

Valvular heart diseases

90. CS. Name the most used laboratory investigation for diagnosis of rheumatic heart diseases:

- A. Electrocardiography
- B. Echocardiography
- C. Chest X-ray
- D. Cardiac CT
- E. MRI of the heart

91. CS. Note uncharacteristic complication of mitral regurgitation:

- A. Atrial fibrillation
- B. Endocarditis
- C. Systemic embolism
- D. Stomach bleeding
- E. Cardiac Asthma

92. CS. Treatment of manifest mitral regurgitation does not include:

- A. ACE inhibitors
- B. Beta blockers
- C. Diuretics
- D. Cardiac glycosides
- E. Alfa mimetic drugs

93. CS. Name the most common rhythm disorder in mitral stenosis:

- A. Sinus bradycardia
- B. Ventricular Extrasistolia
- C. Atrial fibrillation
- D. Ventricular fibrillation
- E. Atrioventricular blocks

94. CS. Name the cause of typical angina attacks mitral stenosis

- A. Increased blood flow to the heart

- B. Sudden increase in blood in the capillaries
- C. Congestions in small circuit
- D. Left coronary artery compression by increased left atrium
- E. Right coronary artery compression by increased right atrium

95. CS. Specify normal hole surface of aorta

- A. $2,5 - 3,0 \text{ cm}^2$
- B. $2,0 - 2,5 \text{ cm}^2$
- C. $3,5 - 4,0 \text{ cm}^2$
- D. $1,5 - 2,0 \text{ cm}^2$
- E. $3,0 - 4,0 \text{ cm}^2$

96. CS. Note the valvulopathy causing severe left ventricular concentric hypertrophy:

- A. Mitral stenosis
- B. aortic stenosis
- C. Mitral valve regurgitation
- D. Aortic valve regurgitation
- E. Pulmonary artery regurgitation

97. CS. Mention valvulopathy can reach values the diastolic blood pressure to 60-0 mmHg.

- A Aortic stenosis.
- B Mitral stenosis
- C. Pulmonary artery stenosis
- D. Mitral valve regurgitation
- E. Aortic valve regurgitation

98. CS. Mention normal ejection fraction

- A. 50 %
- B. 80-100%
- C. 90-95%
- D. 40-60%
- E. 20-30%

99. CS. Specify a normal right atrium diameter size:

- A. 20-40 mm
- B. 15 - 20 mm
- C. 40-50 mm
- D. 10 - 20 mm
- E. 50-60 mm

100. CS. Specify a normal left atrium size.

- A. 10 - 20 mm
- B. 15- 20 mm
- C. 20-40 mm
- D. 40-50 mm
- E. 50-60 mm

101. CM. Mitral regurgitation is caused by:

- A. Mitral valve calcification and fibrosis
- B. Rupture of mitral cusp
- C. Cordage rupture
- D. Papillary muscle rupture
- E. The decrease of mitral orifice area

102. CM. Pathology in mitral valvular regurgitation is characterized by:

- A. Incomplete closure of the mitral cusps
- B. The decrease of mitral orifice area
- C. Thickening and shortening of trends chords
- D. Cusps fusion
- E. Inflammatory and sclerotic changes in mitral ring

103. CM. Mentioned changes in heart auscultation of mitral regurgitation:

- A. Noise I snapped apex
- B. Noise I fell apex
- C. Systolic murmur at the apex
- D. Diastolic murmur at the apex
- E. Diastolic murmur at aorta

104. CM. Called ECG characteristics of sever mitral regurgitation:

- A. Left atrium hypertrophy
- B. Horizontal or left deviation electric cord axe
- C. Left ventricle hypertrophy
- D. Atrial fibrillation
- E. Right atrium hypertrophy

105. CM. Clinical characteristics of patients with mitral insufficiency are:

- A. Inspiratory dyspnea on exertion
- B. Palpitations
- C. Cardiac asthma attacks
- D. Syncopal states
- E. Constrictive retrosternal pain of short duration, dependent exercise

106. CM. Pathologic changes in mitral stenosis are characterized by:
- A. Incomplete closure of the deformity mitral cusps
 - B. Fusion corner
 - C. Thickening and shortening of trends hordes
 - D. Cusps fusion
 - E. Inflammatory and sclerotic changes and mitral ring
107. CM. Mentioned changes in heart auscultation of mitral stenosis:
- A. Noise I snapped apex
 - B. Noise I fell apex
 - C. Systolic murmur at the apex
 - D. Diastolic murmur at the apex
 - E. Noise mitral valve opening
108. CM. Characteristic ECG signs called mitral stenosis:
- A. Left atrium hypertrophy
 - B. horizontal or left electrical axis deviation r
 - C. Right ventricle hypertrophy
 - D. Atrial fibrillation
 - E. Left Ventricle hypertrophy
109. CM. Clinical characteristics of patients with mitral stenosis are:
- A. Inspiratory dyspnea on exertion
 - B. Expiratory dyspnea at rest
 - C. Cardiac asthma attacks
 - D. Syncopal states
 - E. Constrictive retrosternal pain of short duration
110. CM. Specify the correct statements of severe mitral stenosis
- A. Mitral orifice area is less than 1.5 cm
 - B. Mitral orifice area is less than 1 cm
 - C. Mitral orifice area is less than 2 cm
 - D. The average pressure in left atrium is above 30 mmHg
 - E. Average pressure in left atrium is 20 mmHg

Dyslipidemia

111. CM. Metabolic syndrome X include:
- A. Abdominal circumference > 102 cm for men and > 88 cm women
 - B. Triglycerides ≥ 1.7 mmol / l

- C. HDL-cholesterol levels $< 1.0 \text{ mmol / l}$ in men and $< 1.3 \text{ mmol / l}$ in women
- D. Blood pressure $\leq 120/80 \text{ mmHg}$ arteries.
- E. Glucose $\geq 6.1 \text{ mmol / l}$.

112. CM. What are the ways of recycling of cholesterol:

- A. Reusing cholesterol for synthesis lipoprotein
- B. Kidney storage
- C. Storage within hepatocytes
- D. Excretion with urine
- E. Excretion in the bile

113. CM. Which factors leading to decreased HDL-cholesterol:

- A. Obesity
- B. Diet with low-carbohydrates
- C. Smoking
- D. Type 2 diabetes
- E Genetics factors

114. CS. What lipoproteins carry tisular cholesterol from peripheral tissues and to the liver and realize the vascular protective effect.

- A. Very low density lipoproteins (VLDL)
- B. Lipoproteins intermediate density (IDL)
- C. Lipoproteins density lipoprotein (LDL)
- D. Lipoproteins high density lipoprotein (HDL)
- E. Chylomicrones

115. CM. List lipid risk factors for ischemic heart disease:

- A. High levels of LDL-cholesterol
- B. Low levels of LDL – cholesterol
- C. High levels of triglycerides
- D. Increased level of non-HDL-cholesterol
- E. Decreased levels of HDL-cholesterol

116. CM. List the non-lipid risk factors modifiable for coronary heart disease:

- A. Hypertension
- B. Hypotension
- C. Smoking
- D. Diabetes, obesity
- E. Atherogenic diet

117. CM. List a functional symptoms for hypercholesterolemia.

- A. Headache
- B. Anuria
- C. Tinnitus
- D. Edema
- E. Fatigue

118. CM. What are the main ocular stigmata of hiperlipidemia

- A. Xantelasma
- B. Sign Salus -Gunn
- C. Corneal arch
- D. Strabismus
- E. Lipaemia retinalis

119. CM. The lipoprotein metabolism disorders is characteristic to determine:

- A. Estrogens
- B. Total cholesterol
- C. Triglycerides
- D. HDL cholesterol
- E. LDL cholesterol

120. CS. What are the normal values of total cholesterol in adults.

- A. < 5.5 mmol / l
- B. < 5.8 mmol / l
- C. < 5.0 mmol / l
- D. < 6.0 mmol / l

E. < 6.2 mmol / L

121. CS. What are the normal values of triglycerides in adult.

A. <2.2 mmol / l

B. <2.5 mmol / l

C. <2.8 mmol / l

D. <1.7 mmol / l

E. <3.0 mmol / l

122. CM. What steps include lifestyle changes in non-pharmacological treatment of hipercholesterimiei

A. Decreased consumption of saturated fat

B. Increase carbohydrate consumption

C. Decreased consumption of cholesterol < 200 mg / day

D. Increase consumption of fiber (10-25 g / day)

E. Increase physical activity

123. CM. Elevation of total cholesterol may occur through:

A. Increased LDL-cholesterol: the type II

B. The reduction of LDL-cholesterol

C. Increased HDL-cholesterol: hyper α - lipoprotein

D. Increased VLDL - cholesterol

E. Elevation of triglycerides