**BS. Radiology 4th semester**

**Course Title: Clinical Medicine I**

**NAME= IQRAR HASSAN**

**ID = 14706**

**SECTION-A**

**MCQS= ANS:**

**1): Each of the following results in left ventricular hypertrophy except**:

A) Aortic stenosis

B) Coarctation of aorta

**C) mitral stenosis**

D) systemic hypertension

**2): The pathogenesis of acute myocardial infarction includes which of the following?**

A) Endothelial injury associated with one or more coronary risk factors

B) Coronary endothelial fatty streak preceding atherosclerotic plaque formation

C) Thrombus formation following atherosclerotic plaque rupture

**D) All of the above**

**3): Which of the following correctly characterizes the clinical presentation of MI?**

A) Chest pain is an infrequent finding in patients with an MI.

B) All patients with MI have chest pain.

C) Chest pain is the sole diagnostic determinant of MI.

**D) Chest pain may occur together with diaphoresis, nausea or vomiting, and shortness of breath.**

**4): Which of the following correctly characterizes the objective signs of MI?**

**A) Increase in circulating concentration of either troponin I or T is a more sensitive indicator of MI than CK-MB.**

B) Increase in circulation concentration of CK-MB continues to be a more sensitive indicator of MI than troponin I or T.

C) ECG is unaffected by MI

D) Increase in LDH concentration is still considered the most reliable change associated with MI.

**5):.Which of the following best describes the most common pathophysiologic mechanism present during ST segment elevation myocardial infarction?**

A. Coronary plaque erosion

**B. Coronary plaque rupture**

C. Coronary plaque progression causing progressive stenosis

D. Coronary vasospasm

**6): Which of these procedures can help in diagnosing of congenital heart disease?**

A. abdominal ultrasound

B. transvaginal ultrasound

**C. Electrocardiography**

D. Fetal echocardiography

**7): What is the most conspicuous sign of congenital heart defect?**

**A. Cyanosis**

B .Fatigue

C. Restlessness

D. Poor weight gain

**8): What is the most commonly involved coronary artery in myocardial infarction (MI)?**

A. Right coronary artery (RCA)

**B. Left anterior descending artery (LAD)**

C. Left circumflex artery (LCA)

D. Posterior descending artery (PDA)

**9): Choose the complete and accurate grouping of right to left shunts**

A. Atrial septal defect (ASD), Patent ductus arteriosus (PDA), Ventricular septal defect (VSD)

**B. Truncus arteriosus, Transposition of great vessels, Tricuspid atresia, TOF**

C. ASD, TAPVR, VSD

D. PDA, Truncus arteriosus, tetralogy of

**10): What is the key complication in the first 24 hours of an MI?**

A. Fibrinous pericarditis

B. Coronary artery aneurysm

**C. Arrhythmia**

D. Mitral insufficiency

**Key points.. ans: ( c d d a b c a b b c )**

|  |
| --- |
| **SECTION-B**  **Q1: Briefly eplain Eisenmenger syndrome?**  **ANS: “EISENMENGER SYNDROME”**  SYMPTOME:  -bluish or gravish skine color (cyanosis)  -larg, rounded fingernail or toenail.  -Easily tiring.  **-**shorteness of breath while at rest.  -chest pain or tightness.  -dizziness.  -palpatation.  -headaches.  -abdominall pain.  CAUSES:  -eisenmenger syndrome develop most often duo to a hole between a chamber  Of your heart.  -to understand how eisenmenger syndrome affects your heart and lungs, it is  Helpful to know your heart work.  DIAGNOSIS:  -ecg  -chest X-ray  -echo  -blood test-  -CT scan of the chest-  -MRI  -walking test.  TREATMENT:  -observation and monitoring.  -mediacatio for arrhythmias.  -iron suplement  -asparine or other blood-thinning medicines.  -vasodialatore.  -antibiotic.  -phlebotomy (blood drawing)  -heart- lung transplantaion.  Birth control in pregnancy.  -lifelong treatment.  **Q2: Why are NSAIDs used for treatment of PDA?**  **ANS: NSAIDs used for the treatment of patent ductus arterioses (PDA)**  **-**in premeture baby (NSAIDs) such as ibuprofen or idomethasin(indocin) are use  Are used for to close a PDA. NSAIDs block the hormons like chemicals in the body  That keep the PDA opens.  NSAIDs inhibit the production of prostaglandis by decreasing the activity of cyclo-  Oxygenas. The result is the closurer of PDA in 80% of patients.  **Q3: How atherosclerotic plaque is developed in coronary arteries?**  **ANS:**the artheroscleroses is the process in which the artereis become narrow and  Hardenned.when this heppened in arteries iit cause coronary heart deasease.  Which can lead to chest pain and euentully to heart attack.the network that  Branch over the surface of heart occur the coronary artereas. The arethersclerosis  Can heppned to any part of coronary arteries.the coronary arteris suply tha heart  With blood.in over the blood cane biuld up in form the plaque.  Artheroma in arteris can prevent the blood from heart muscle.that needs.  It is cause heavy chest pain .  If the plaque continiue to grow up the blood suply will cuttoff and that is why the  Heart attack will occure.    **Q4: Explain the classification of MI based on international consensus in 2012?**  **ANS: THE CLASSIFICATION OF MI …..**  FIVE TYPES OF MI CLASSIFICATION.  Type 1 spantinouse mi related to plaque erosion and rupture fissoring or  Dessection  Type 2 mi related to ischemia such as frome increased oxygen demand  Or decrease coronary artereis spasm, coronary embolism,enemia.  Type3 sudden unexpacted cordiac death, including cardiac arrest where symptom may suggest mi.  Type 4 associat with coronary ingioplasty or tunt.  Type 5 ass0siat with coronary artreis bypass graft  Myocardial injury multifactorial etiology : acut or chronic based on change  In coriac tropnin concentration whith serial testing. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| http://novella.mhhe.com/olcweb/styles/shared/spacer.gif |  |
| http://novella.mhhe.com/olcweb/styles/shared/spacer.gif |  |
| http://novella.mhhe.com/olcweb/styles/shared/spacer.gif |  |
| http://novella.mhhe.com/olcweb/styles/shared/spacer.gif |  |
|  |  |