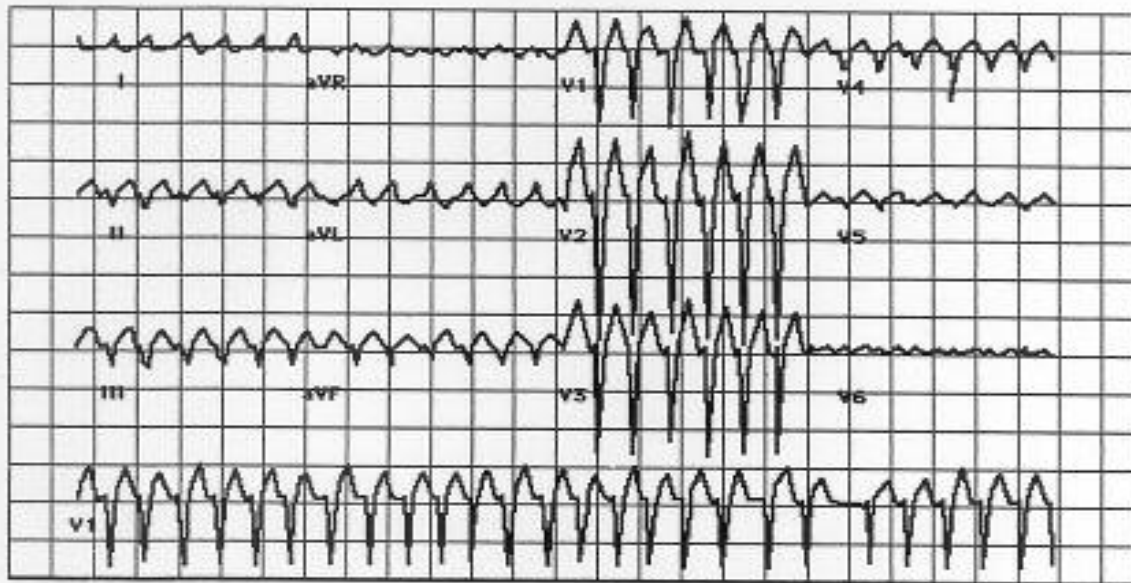


Cardiology Questions

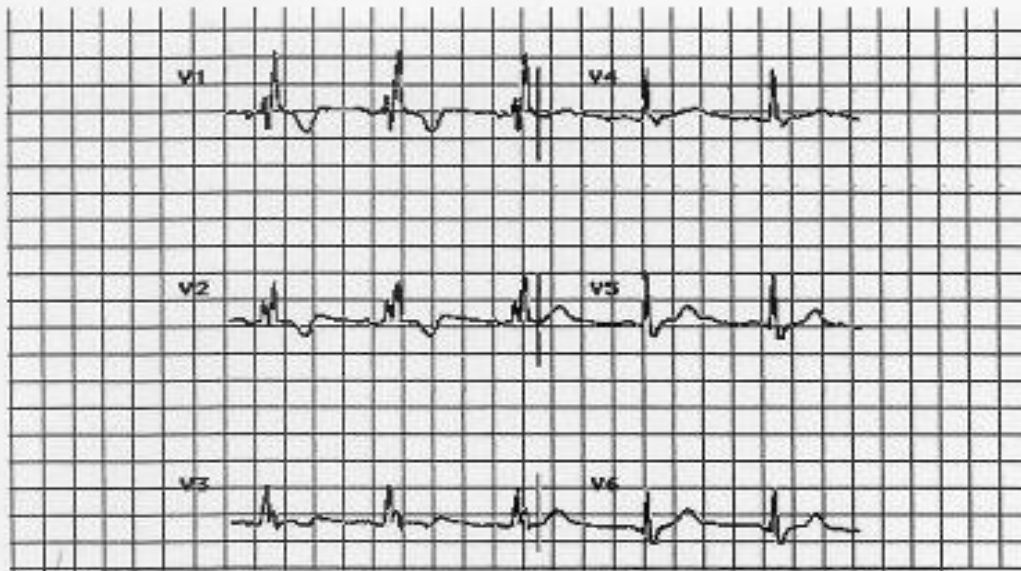
A 35 year old mother of two presents with a sudden onset of palpitations. She has a past history of hypertrophic obstructive cardiomyopathy which was diagnosed several years ago. She is not on any regular medications. An ECG is performed.



Which of the following would be the best treatment for this woman?

- A. Amiodarone
- B. Atenolol β blocker.
- C. Diltiazem
- D. Digoxin
- E. Frusemide

A previously well 60 year old man presents for pre-operative assessment for an elective right inguinal hernia repair. He has no past medical history of note and is not on any regular medications. He is an ex smoker of 13 pack years, but ceased some 30 years ago. He denies any symptoms of chest pain or breathlessness. Physical examination is unremarkable. An ECG is performed.



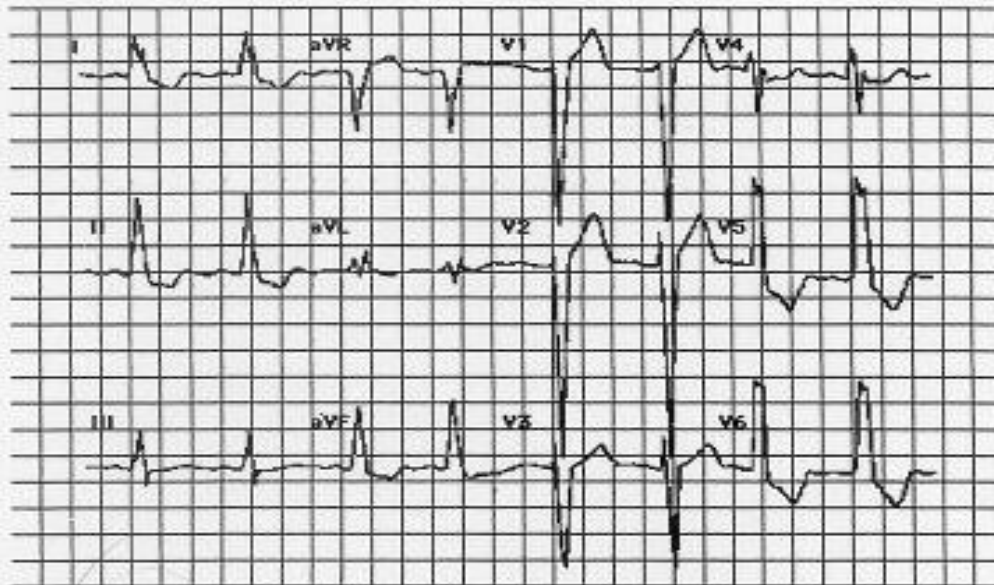
What is the most appropriate next step?

- A. Exercise stress testing
- B. Stress echocardiography
- C. Stress thallium scanning
- D. Coronary angiogram
- E. Proceed to surgery

What is the most common cause of death at six months post cardiac transplantation?

- A. Opportunistic infection
- B. Malignancy
- C. Rejection
- D. Coronary artery disease
- E. Graft versus host disease

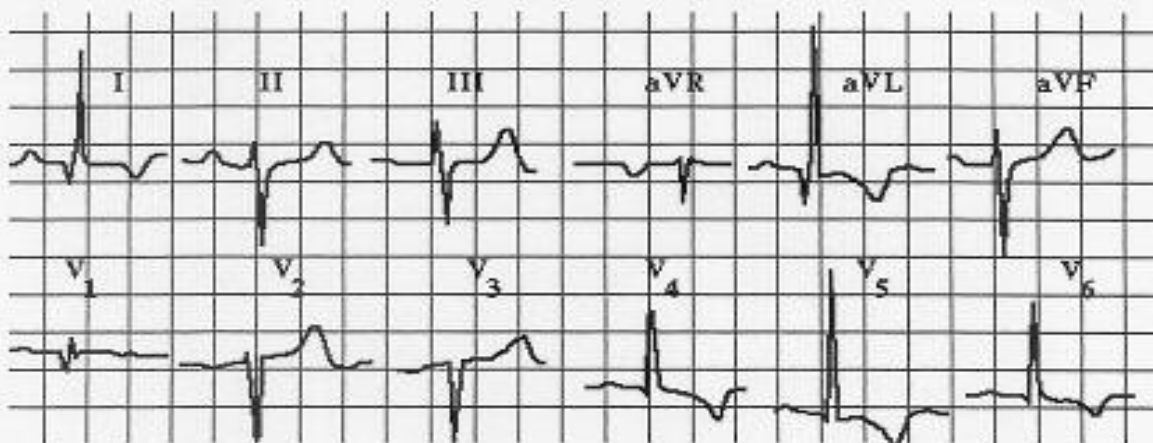
A 62 year old woman presents with sharp and stabbing chest pain which came on at rest. The pain was unrelieved by anginine. She is a smoker and has a history of hypertension. Her father died suddenly at age 74. Her mother has a history of hypertension and type II diabetes. An ECG is performed in the emergency department on arrival while she still had chest pain.



What is the most appropriate next investigation to stratify her risk of a major coronary event in the future?

- A. Stress echocardiogram
- B. Contrast echocardiogram
- C. Persantin thallium scan
- D. Exercise stress test
- E. Coronary angiography

A 65 year old woman presents with exertional dyspnoea. She has a past history of hypertension treated with chlorothiazide. Her father died suddenly of an unknown cause at the age of 55. She is a lifetime non smoker. Total cholesterol is 3.5mmol/L. Physical examination is unremarkable. A trans thoracic echo confirms evidence of left ventricular hypertrophy. Systolic function is normal. An ECG is performed.



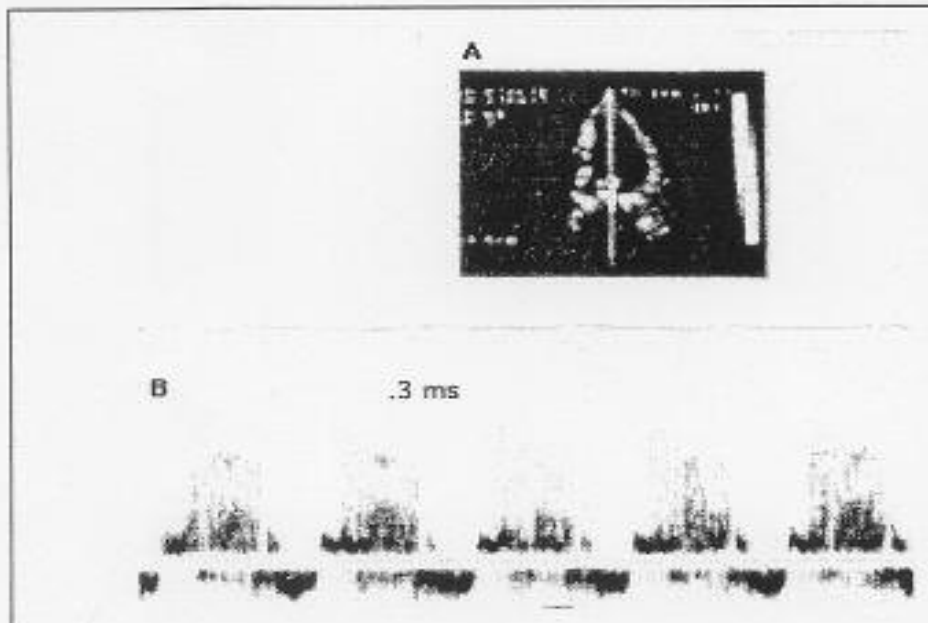
What is the most likely cause of her breathlessness?

- A. Myocardial ischaemia
- B. Diastolic dysfunction
- C. Hypertensive heart disease
- D. Hypertrophic obstructive cardiomyopathy
- E. Pulmonary embolism

In which of the following situations is the use of digoxin least indicated?

- A. Congestive cardiac failure not responding to diuretics and ACE inhibition
- B. Congestive cardiac failure with systolic dysfunction
- C. Congestive cardiac failure with diastolic dysfunction
- D. Prevention of paroxysmal atrial fibrillation
- E. Atrial fibrillation with a rapid ventricular rate

An echocardiogram is performed on a patient. A continuous Doppler wave flow is obtained across the mitral orifice and records a peak velocity of 2.8m/sec.



This echocardiogram result is most consistent with:

- A. Mitral regurgitation
- B. Mitral stenosis
- C. Hypertrophic cardiomyopathy
- D. Mitral stenosis and mitral regurgitation
- E. Mitral valve prolapse

A 47 year old woman presents with central crushing chest pain and ST elevation in the precordial leads on ECG. You are planning for thrombolysis. Which of the following is the biggest risk for major haemorrhage?

- A. 2 weeks post open cholecystectomy
- B. Menstrual bleeding
- C. Hypertension with a baseline BP of 180/105
- D. Polycystic kidney disease
- E. Idiopathic thrombocytopenic purpura

Surgery < 3/52

yes if chronic

- another answer = dental extraction 7/7 ago

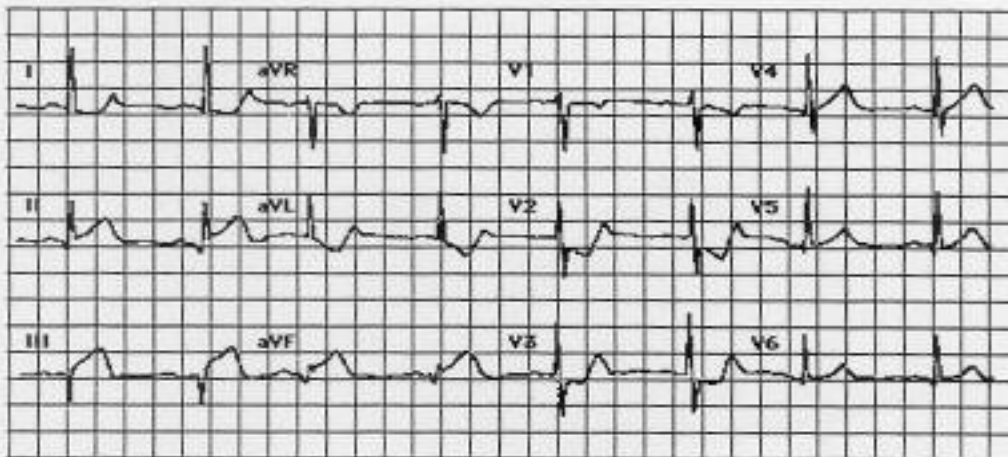
Which of the following is most suggestive of triple vessel disease on cardiac exercise stress testing?

- A. Failure of the BP to rise by greater than 10mmHg
- B. Multifocal ventricular ectopic beats
- C. ST elevation in aVR
- D. ST segment depression in V5 and V6, late in the exercise protocol
- E. ST segment depression that returns to normal early in the recovery phase

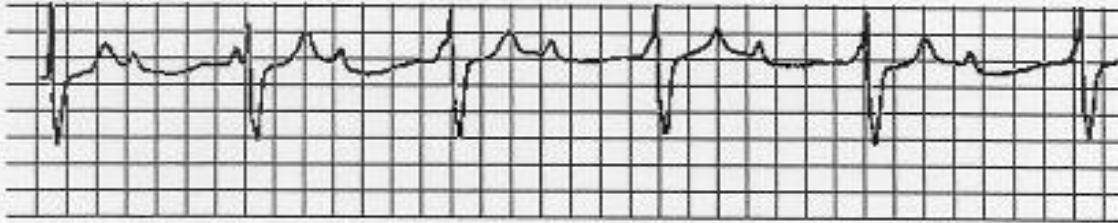
A 20 year old man is brought to you for evaluation. He is complaining of increasing breathlessness and lower limb oedema. At the age of 3 he had a ventricular septal defect repaired. On examination you find him to be cyanotic with a right sided parasternal heave. Which of the following is most likely to be present?

- A. Left ventricular hypertrophy
- B. Left to right shunt
- C. Oxygen saturation of greater than 95%
- D. Normal haemoglobin values
- E. Pulmonary hypertension

A 52 year old man presents with 7 hours of chest pain. His ECG in the emergency department is shown below.



Thrombolysis with streptokinase was given and was complicated by the development of hypotension with the following ECG trace, the changes of which settled spontaneously.



You are called to see him in CCU after he had more chest pain which resolved with sitting upright. On examination he has BP 84/50, JVP 4cm with canon a waves. In the last hour he has only made 4 ml of urine. What is the most appropriate immediate management?

- A. Temporary pacing wire insertion
- B. Increase his IV fluids
- C. Organise immediate rescue PTCA
- D. Start a dobutamine infusion IV
- E. Insert a Swan-Ganz catheter