

Examples of examine tests for 4 year course of dentistry faculty

Q.1 61- year old patient S. was taken to the cardiology department with angina pectoris attack. Choose the most typical location and radiation of ischemic pain:

- A. beneath the left nipple, radiate under the left scapula
- B. behind the sternum, radiate to left shoulder, arm, forearm and hand
- C. from 3-d to 5-th intercostal spaces on the left side of the chest, radiate to interscapular region
- D. right side of the chest, radiate to right hypochondrium
- E. all listed above

Q.2 Choose the main structural substrate underlying the development of the ischemic heart disease:

- A. coronary spasm
- B. inflammation of the coronary arteries
- C. calcinosis of the aortic valve
- D. formation of the coronary atherosclerotic plaque
- E. pronounced left ventricular hypertrophy

Q.3 53- year old miner F. with complain of dull paing in the precordium was examined by cardiologist, BP 145/95 mm.. The lipidogram was detected: total cholesterol- 6.2 mmol/l, triglycerides- 1.65 mmol/l, low-density lipoprotein (LDL-C)- 4.5 mmol/l, high-density lipoprotein cholesterol (HDL-C)-1.2 mmol/l. What lipidogramm parameter is changed?

- A. triglycerides and low-density lipoprotein (LDL-C)
- B. low-density lipoprotein (LDL-C) and total cholesterol
- C. total cholesterol and triglycerides
- D. high-density lipoprotein (HDL-C) and low-density lipoprotein (LDL-C)
- E. All listed above

Q.4 51- year old teacher O. smoker, BP 175/90mm., total cholesterol 6.7 mmol/l, triglycerides- 3.5 mmol/l, low-density lipoprotein cholesterol (LDL-C)- 4.5 mmol/l, high-density lipoprotein cholesterol (HDL-C)-0.8 mmol/l. Choose the modifiable atherosclerotic risk factors?

- A. Low HDL cholesterol <1.0 mmol/L
- B. Family history of premature CHD: CHD in male first-degree relative <55 years
- C. Age (men >45 years)
- D. Age (women >55 years)
- E. Family history of premature CHD: CHD in female first-degree relative <65 years

Q.5 48- year old patient F. suffers from coronary heart disease. Attacks of angina pectoris regularly occur. Choose the typical provoking factors:

- A. exercise
- B. hurrying
- C. sexual activity
- D. emotional stress
- E. all listed above

Q.6 Statins should be prescribed in case of:

- A. Acute coronary syndrome with ST-segment elevation
- B. Diabetes mellitus
- C. Transient ischemic attack
- D. Grade 3 arterial hypertension
- E. All listed above

Q.7 56- year old patient G. complains of the heaviness, pressure and sometimes burning sensation of retrosternal location which is provoked by walking more than 100-200 m or climbing one flight of stairs. The angina pectoris was diagnosed. Choose the type and functional class:

- A. I
- B. II
- C. III
- D. IV
- E. Unstable angina

Q.8 58- year old patient O. suffer for stable angina II class. During last week angina attacks became more frequent and harder-than-usual. Climbing one flight of stairs provoke the pain. This condition should be characterized as:

- A. stable angina class III
- B. stable angina class IV
- C. myocardial infarction
- D. vasospastic angina (Prinzmetal's angina)
- E. unstable angina (progressive)

Q.9 54- year old patient C. complains of the heaviness, pressure and sometimes burning sensation of retrosternal location which is provoked by walking of different distance with radiation to the left arm and left side of the neck. The angina pectoris was suspected. Exercise ECG (ECG stress test) was prescribed. Chose the most reliable ECG changes typical for myocardial ischemia:

- A. upsloping depression of the ST segment >0.5 mm below baseline
- B. downsloping depression of the ST segment >1 mm below baseline
- C. flat depression of the ST segment <0.5 mm below baseline
- D. AV-tachycardia
- E. All listed above

Q.10 60- year old patient D. complains of the burning, squeezing pain behind the sternum with radiation to the left side of the low jaw provoked by physical exercises of different intensity. The angina pectoris was suspected. Exercise ECG (ECG stress test) was prescribed. Chose the criterion (evidence) of the test discontinuance:

- A. flat depression of the ST segment >2 mm below baseline
- B. a fall in systolic blood pressure >10 mmHg
- C. severe shortness of breath, dizziness
- D. ventricular tachyarrhythmia
- E. All listed above

Q.11 61- year old patient G. with complains of the burning, squeezing pain behind the sternum with radiation to the left side of the low jaw provoked by physical exercises was examined by cardiologist. The stable angina pectoris II class was diagnosed. Chose the antianginal drug group:

- A. Angiotensin II Receptors Blockers
- B. Statins
- C. Calcium Channel Blockers
- D. Antiplatelet Drugs (aspirin)
- E. All listed above

Q.12 65- year old patient B. with severe exacerbation of COPD and complains of the squeezing pain of retrosternal location which radiates to the left elbow and provoked by physical exercises was examined by cardiologist. The stable angina pectoris II class was diagnosed. What antianginal drug is contraindicated for this person:

- A. Nifedipine
- B. Metoprolol
- C. Isosorbide dinitrate
- D. Ivabradin
- E. Trimetasidin

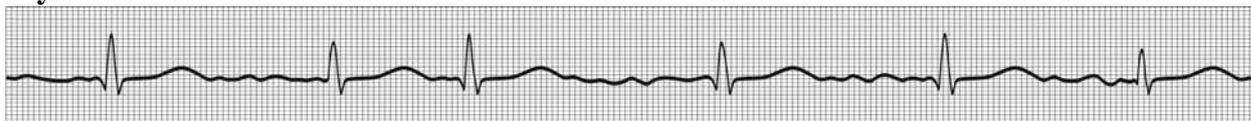
Q.13 67- year old patient O. complains of the burning, squeezing pain behind the sternum with radiation to the left side of the low jaw provoked by physical exercises was examined by cardiologist. The ECG and ECHOCG features of postinfarction cardiosclerosis of LV posterior wall location of unknown date were detected. ECG stress-test represented the data of inducible ischemia. What prognosis modifying drugs should be administrated for this patient:

- A. ACE inhibitors
- B. Statins
- C. Beta Blockers
- D. Antiplatelet Drugs (aspirin)
- E. All listed above

Q.14 During dental procedure patient D. 54- year old with angina pectoris in anamnesis suddenly complain of severe burning retrosternal pain radiating to the left shoulder and elbow. What drug should be administered on the first instance:

- A. Validol sublingually
- B. Nitroglycerin sublingually
- C. Captopril sublingually
- D. Aspirin per os
- E. Metoprolol intravenously

Q15. A 71-year-old woman complains of progressive dyspnoea, also she noted occasional irregular palpitation and pedal oedema. Analyse her ECG and determine the cardiac rhythm disorder.



- A. Atrial premature beats (extrasystoles).
- B. Ventricular premature beats (extrasystoles).
- C. Atrial fibrillation
- D. Atrial flutter
- E. Supraventricular tachycardia

Q16. Patient N. complains of attacks of palpitation several times a day. Such attacks appear without certain previous reason and last several hours, sometimes during whole day. Electrocardiogram does not show any pathology. What is the most appropriate next test to perform in this patient's evaluation?

- A. Holter monitoring(24-hour ambulatory ECG monitoring)
- B. CT scan of the head
- C. Exercise ECG
- D. Cardiac catheterization
- E. MRI of the chest

Q17. A 55-year-old patient with complaints of palpitation came to the doctor. He is strong smoker and has history of arterial hypertension without treatment. Physical examination revealed regular heart beats with rate 110bpm, blood pressure is 170/100. Characterize the following his ECG:



- A. Atrial premature beats (extrasystoles).
- B. Ventricular premature beats (extrasystoles).
- C. AV premature beats (extrasystoles).
- D. Atrial flutter
- E. Ventricular tachycardia

Q18. During dentist's examination patient has sudden loss of unconsciousness, convulsions, his arterial blood pressure and pulse are not determined. Doctor diagnosed ventricular asystolia. Name basic life support (cardiopulmonary resuscitation) and with their correct sequence .

- A. *Breathing*-mouth-to-mouth ventilation, *Airway*-ensuring the passability of respiratory ways, *Circulation*-external chest compressions
- B. *Airway*-ensuring the passability of respiratory ways, *Breathing*-mouth-to-mouth ventilation, *Circulation*-external chest compressions
- C. *Circulation*-external chest compressions, *Breathing*-mouth-to-mouth ventilation, *Airway*-ensuring the passability of respiratory ways
- D. Administration of nitroglycerin and diuretics
- E. Vagal manoeuvres (carotid sinus massage, Valsalva manoeuvre)

Q19. Patient with paroxysmal atrial fibrillation came to dentist. During treatment of teeth patient felt severe attack of palpitation, dyspnoea. Physical examination revealed irregular heart beats with rate 120bpm, blood pressure 130/80mmHg. Which of the following would you recommend to decrease heart rate (ventricular rate controle):

- A. Beta-blockers (propranolol)
- B. Angiotensin converting enzyme (ACE) inhibitors(enalapril)
- C. Vasopressors
- D. Diuretics (furosemid)
- E. Non-steroidal anti-inflammatory drugs (Paracetamol)

Q20. A70-year-old patient with cardiac pathology came to the dentist. During examination he had sudden loss of unconsciousness, convulsions, his arterial blood pressure and pulse were not determined. Doctor began to perform cardiopulmonary resuscitation. Name ratio between external chest compressions to mouth-to-mouth ventilation.

- A. 15:4
- B. 10:2
- C. 20:2
- D. 30:2
- E. 15:4

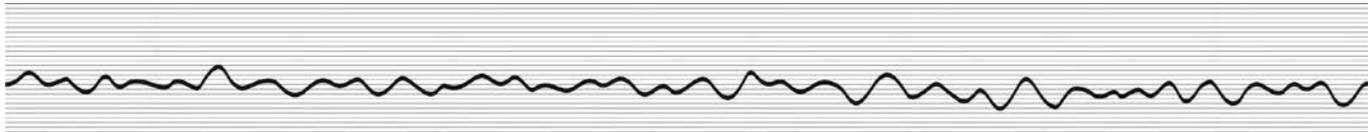
Q21. A 68-year- old woman with exertional dyspnoea, weakness, palpitation is admitted to the cardiological department. She suffers from such complaints for week. Doctor revealed atrial fibrillation. Name goals of management of atrial fibrillation.

- A. Haemodynamic stabilization, controle of ventricular rate, restoration of sinus rhythm, prevention of embolic events, treatment underlying cause

- B. Decrease in blood pressure, controle of ventricular rate, restoration of sinus rhythm, prevention of embolic events, treatment underlying cause
- C. Controle of ventricular rate, restoration of sinus rhythm, coagulation therapy, treatment underlying cause
- D. Vasodilation, controle of ventricular rate, restoration of sinus rhythm, prevention of embolic events, treatment underlying cause
- E. Increase in cardiac contraction, controle of ventricular rate, restoration of sinus rhythm, prevention of embolic events, treatment underlying cause

Q22. A 70-year old man was admitted to the resuscitation department by ambulance. He had sudden loss of unconsciousness, convulsions, his arterial blood pressure and pulse were not determined. Characterize the following ECG:

- A. Atrial premature beats (extrasystoles).
- B. Ventricular premature beats (extrasystoles).
- C. Ventricular fibrillation
- D. Ventricular flutter
- E. Atrial flutter

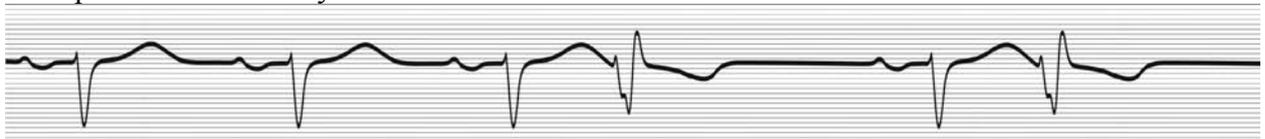


Q23. A 60-year old woman was admitted to the resuscitation department by ambulance. He had sudden loss of unconsciousness, convulsions, his arterial blood pressure and pulse were not determined. Doctor began to perform cardiopulmonary resuscitation. Name ratio between external chest compressions to mouth-to-mouth ventilation.

- A. 15:4
- B. 10:2
- C. 20:2
- D. 30:2
- E. 15:4

Q24. A 66-year-old woman with complaints of intermissions in her heart activity came to the doctor . She has following complaints several times a day for month. She did not visit doctor before. She has history of arterial hypertention. Characterize the following ECG:

- A. Atrial premature beats (extrasystoles).
- B. Ventricular premature beats (extrasystoles).
- C. Atrial fibrillation.
- D. Atrial flutter.
- E. Supraventricular tachycardia

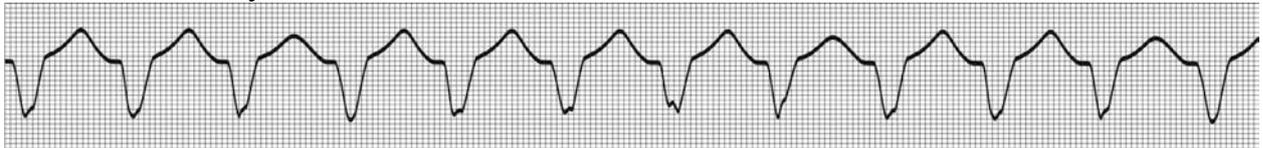


Q25. Patient has sudden loss of unconsciousness, convulsions, his arterial blood pressure and pulse are not determined. Doctor diagnosed ventricular fibrillation. Which of the following your urgent step in such critical for life pathology?

- A. Trombolytic therapy
- B. Emergent surgical intervention
- C. Administration of intravenous fluid and narcotic analgetics
- D. Administration of intravenous nitroglycerin
- E. Defibrillation

Q26. A 77-year-old woman has acute onset of palpitation, dyspnoea and chest discomfort. She said that following complaints began suddenly while she was sitting and watching television. Her condition is estimated as grave. Physical examination reveals blood pressure is 90/50mmHg and heart rate 200 bpm. Estimate her ECG.

- A. Atrial premature beats (extrasystoles).
- B. Ventricular premature beats (extrasystoles).
- C. Atrial fibrillation
- D. Atrial flutter
- E. Ventricular tachycardia



Q27. A 64-year-old man came to the doctor with complaints of filling of the periodic «stopping» of the heart activity (intermissions) with the following strong beat intermissions. Choose the subjective feeling which appears during arrhythmia:

- A. It is always present (intermission in the heart activity and syncope)
- B. It is always present (syncope and palpitation)
- C. It is always present (the retrosternal filling of heaviness and palpitation)
- D. It can be present, but sometimes, can be absent
- E. It is always absent

Q28. A 58-year-old woman comes to doctor's office for a routine physical examination. She has history about dislipidemia and diabetes mellitus which are compensated by medications. Electrocardiogram reveal certain changes. Characterize her ECG:

- A. Ventricular fibrillation
- B. Ventricular premature beats (extrasystoles)
- C. Supraventricular premature beats (extrasystoles)
- D. Ventricular tachycardia
- E. Atrial flutter



Q29. A 67-year-old man with history chronic obstructive bronchitis was admitted to the hospital with signs of right ventricular failure. Choose the characteristic feature of expressed right-sided (right ventricular) heart failure:

- A. congestion in lesser circulation increased arterial pressure
- B. congestion in greater circulation with increased venous pressure
- C. cardiac asthma
- D. cough with a pink foamy sputum
- E. rales in lung

Q30. A 70-year-old woman with history of mitral stenosis was admitted to the hospital with signs of left ventricular failure. Choose the characteristic feature of expressed left-sided (left ventricular) heart failure:

- A. congestion in lesser circulation
- B. congestion in greater circulation with increased venous pressure

- C. pulsation of jugular veins
- D. enlargement of liver
- E. ascites

Q31. A 56-year-old patient G. complains of inspiratory dyspnoea, increasing oedema, orthopnoea and paroxysmal nocturnal dyspnoea. Doctor estimated such condition as heart failure II B stage Vasilenko-Strazhesko classification. The degree of severity (the stage) of chronic heart failure according to classification of Vasilenko-Strazhesko is based on:

- A. inspection, palpation, auscultation
- B. determination of the cardiac output at rest
- C. indexes of maximal oxygenation
- D. determination of stroke volume of heart at rest
- E. determination of the cardiac output during exercise

Q32. A 65-year -old patient D. with hypertention and dyslipidemia was admitted to the cardiological department. He complains of exertional dypnoea, lower extremity oedema. Doctor revealed heart failure, IInd Class New York Heart Association. The IInd Class of the patients with heart failure according to classification of New York Heart Association characterised by the following:

- A. slight acrocyanosis at rest, swelling of the ankles at evening
- B. slight limitation of physical activity, ordinary activity causes appearance of dyspnoea, palpitation, fatigue, and weakness
- C. attacks of cardiac asthma, expressed edema of low extremities, hydrothorax, ascites
- D. marked limitation of physical activity, less than ordinary activity causes appearance of dyspnoea, palpitation, fatigue, and weakness
- E. Slight limitation of physical activity, ordinary activity causes appearance of dyspnoea, palpitation, fatigue, and weakness.

Q33. A 54-year old patient M. suffers from chronic heart failure for 10 years. He came to doctor for a routine physical examination. He receives medications which include aspirin, atenolol, lisinopil. Choose the disease resulting in chronic heart failure:

- A. atrial septal defect;
- B. severe attack of bronchial asthma;
- C. myocardial infarction;
- D. thrombosis of the pulmonary artery branches;
- E. hypertensive crisis.

Q34. A 70-year old man suffers from a severe cardiac failure. He complains of progressive dyspnoea. Review of symptoms is notable for orthopnea and paroxysmal nocturnal dyspnoe. Doctor diagnosed left-ventricular failure. The left-ventricular (systolic) dysfunction should be confirmed at:

- A. ST-segment depression in V_{5,6} and inverted T wave
- B. X-ray findings of pulmonary venous congestion
- C. auscultation of the OS₂
- D. left ventricle ejection fraction less than 45-40% (by ECHO CG)
- E. liver enlargement

Q35. A 47 –year-old woman arrived to hospital with a 6 month history of progressive dyspnoea on exertion and fatigue. Decompressive heart failure with myogenic dilatation was revealed. Myogenic (myogenous) dilatation means the following:

- A. compensatory increase of myocardial contractility as a result of increased preload
- B. compensatory decrease of myocardial contractility as a result of increased afterload

- C. compensatory increase of myocardial contractility as a result of decreased preload
- D. compensatory decrease of myocardial contractility as a result of decreased afterload
- E. decrease of myocardial contractility as a result of decompensation of myocardial function due to over distension of the ventricle

Q36. Choose the rhythm of respiration characterized by the presence of apnoea:

- A. Kussmaul's
- B. Cheyne-Stoke's
- C. Grocco's
- D. all listed above
- E. none listed above

Q37. So-called the "pleural" pain at lung affection is characterized by:

- A. intensifying or occurrence of severe pain at cough, inspiration, sneezing
- B. intensifying or occurrence of severe pain at physical activity
- C. intensifying or occurrence of severe pain at night
- D. intensifying or occurrence of insignificant pain only at inclination or turning of trunk
- E. the constant pain of small intensity amplified from none of the listed factors

Q38. Choose forced position of body at bronchial asthma:

- A. sitting or standing with inclination to the right
- B. sitting or standing with inclination to the left
- C. sitting or standing with inclination forward and fixation of shoulder girdle
- D. sitting or standing with inclination forward, bending and without fixation of shoulder girdle
- E. the forced position no typical

Q39. Choose disease with elevation of the lower borders of left lung is finding by percussion:

- A. fibrinous ("dry") pleurisy at the left
- B. lobar pneumonia of inferior (lower) lobe of right lung (1-st stage);
- C. lobar pneumonia of inferior (lower) lobe of right lung (2-nd stage)
- D. lobar pneumonia of inferior (lower) lobe of right lung (3-rd stage)
- E. none of listed diseases

Q40. Bronchial breath sounds are auscultated:

- A. over any site of chest
- B. over places where trachea and bronchi are located close to surface of chest wall
- C. only over the lower sites of lungs
- D. only over the upper sites of lungs
- E. only over axillary areas

Q41. Patient complains of diffuse, moderate intensive pains in the abdomen, feeling of swelling, nausea. Examination: abdomen is increased in volume, its form doesn't change with change of body position. Umbilicus is protruding, skin fold is hard to capture. Percussion: tympanic sound on symmetric areas. Name reason of abdomen extension:

- A. Meteorism .
- B. Obesity.
- C. Ascites.
- D. Pathological mass in abdominal cavity.
- E. Pregnancy.

Q42. Patient complains of acute distension pain in the left side of abdomen, swelling, constipation during 5 days, loss of appetite, general weakness. Examination: at superficial palpation there is moderate painfulness in the left iliac area, abdominal wall is dense, after long slight stroking becomes softer. Assess findings of superficial palpation of the left iliac area

- A. There is resistance of abdominal wall.
- B. Variant of norm.
- C. There is muscular defense
- D. There is hypertrophy of abdominal wall muscles.
- E. There is pathological mass in the abdominal wall.

Q43. Patient complains of diffuse, moderate intensive pain in the abdomen, feeling of “swelling”, nausea. Which patient’s complains may be a confirmation of meteorism?

- A. Abdominal pain.
- B. Feeling of abdominal swelling
- C. Nausea.
- D. All of the mentioned complains.
- E. None of the mentioned complains.

Q44. 69 years old patient O. complains of weakness, subfebrile temperature, almost constant pains in the right side of the abdomen, weight loss, constipation. Patient is ill for 6 months. Profound palpation of ascending colon gave the following results: moderate painfulness, diameter is about 6sm, gibbous, absolutely immovable. Assess palpatory characteristics of the colon:

- A. All of the characteristics are changed.
- B. Only consistency is changed.
- C. Only mobility is changed
- D. Only state of surface is changed.
- E. Only diameter is changed

Q45. 61 years old patient undergoes fractional intubation, portions:

At empty stomach – 0ml, total acidity – 0 t.u., free hydrochloric acid - 0 t.u.; first phase of secretion; basal secretion - 10,0, 0,5 t.u., total acidity –10,0, 0,12 t.u., free hydrochloric acid - 0, 0, 0, 0, t.u.; second phase of secretion: stimulated (histamine 01% ml subcutaneous introduction) –5,8,5,0 ml, total acidity –10,12,10,0 t.u., free hydrochloric acid – 0, 0, 0, 0, t.u..

Assess obtained data of total and free hydrochloric acid:

- A. Histamine-resistant achlorhydria
- B. Non- histamine-resistant achlorhydria
- C. Expressed hyperchlorhydria
- D. Moderate secretory deficiency
- E. Moderate hyperchlorhydria

Q46. Patients with acute urinary retention. What activities should be carried out for emptying the bladder?

- A. Catheterization
- B. Adoption of 0,3 l mineral water
- C. Receiving diuretic drugs
- A. Blister with ice on the lower abdomen
- B. Half-sitting position

Q47. What is the frequency of urine is collected for her research in the propane Zimmitsky?

- A. 12 hours
- B. 6 hours
- C. After 4 hours
- D. 3 hours
- E. After 1 hour

Q48. The patient, aged 59, was admitted to the emergency room unconscious. Mouth smell of ammonia. Seen from the oral mucosa found whitish coating. Pathology of any organ system can be suspected?

- A. Respiratory
- B. Cardiovascular
- C. Urinary
- D. Digestive
- E. Endocrine

Q49. The patient had end-stage HNN. The defeat of any systems of the body is characteristic of this stage HNN:

- A. Cardiovascular system;
- B. Nervous system;
- C. Hematopoietic system;
- D. Gastrointestinal tract;
- E. All of these systems.

Q50. The patient had chronic glomerulonephritis 50 years. Select a symptom that often occurs with nephritic syndrome

- A. Pyuria
- B. Nocturia
- C. Anuria
- D. Hypoproteinemia
- E. Oliguria