

Test questions – INTERNAL PROPEDEUTIC – 3rd Year GM, winter semester

1. Pain is:
2. Dyspnea is:
3. Sign is:
4. Subjective feelings of the patient are:
5. Abdominal bruit:
6. An enlarged left kidney from the enlarged spleen may be differentiated by palpation:
7. Abdominal angina:
8. Blumberg sign is positive in inflammation of
9. Caput medusae is common in
10. Cullen sign:
11. Defence musculaire is
12. Defense musculaire is
13. Grey-Turner sign:
14. Deep palpation is usually not limited in:
15. The upper border of the liver in midclavicular line may be assessed:
16. Incarcerated hernia is:
17. The scar parallel to right costal margin is typical for
18. The respiratory movements from xiphoid to both inguinal regions are completely absent in:
19. Which organs are projecting to right upper abdominal quadrant:
20. Which statement about gall bladder is true:
21. Which of the signs is not positive in acute appendicitis:
22. In lateral parts of epigastrium (laterally off both midclavicular lines) are:
23. McBurney's sign is a deep tenderness at McBurney's point in inflammation of
24. Murphy's sign is typically positive:
25. Palpable abdominal mass (lump) until it is specified is called:
26. Normal percussion over the abdomen is:
27. Palpation of the abdomen is:
28. Palpation in abdomen is usually performed:
29. Spider naevi (angiomas)
30. Peristalsis:
31. During inspiration, the liver:
32. By Naegeli the second grade of liver stiffness is by
33. Respiratory mobility upon palpation is typical for:
34. In acute appendicitis is positive
35. In acute peritonitis one can find out:
36. Cirrhosis of the liver can cause:
37. In physical examination of the abdomen one can use:
38. In hemorrhagic-necrotising pancreatitis one may notice:
39. By manual examination of rectum in women we palpate on anterior side
40. In suspicion of acute abdomen:
41. In surface palpation of abdomen:
42. Dull percussion sound over the abdomen can be present in:
43. Assembly of dilated veins around the naval in liver cirrhosis is called:
44. Wound that heals per primam:
45. Wound that heals per secundam:
46. Reduced liver dullness may be due to:
47. Resistance of malign origin upon palpation is usually:
48. A tense ascites may be confirmed by:
49. A hard, irregular prostatic gland suggests:
50. In healthy individual the abdominal wall is:
51. Undulation (fluid wave) test is used in the examination of:
52. Rectal examination should be routine in the following circumstances:
53. Elevated niveau of abdomen above chest can be present in:
54. Jaundice, septic fever and right upper quadrant pain is a common characteristic of
55. Ankle-brachial index informs about:
56. Diabetic foot:
57. Homans's sign:
58. Cold and pale lower limb is typical for:
59. Claudication pain in peripheral artery disease:
60. Lowenberg's sign:
61. Which arteries are not usually palpated on lower limbs:
62. Oedema of lower extremities caused by renal diseases:
63. Phlegmasia coerulea dolens is sign of:
64. Postphlebotic syndrome:
65. Claudication pain of lower extremities:
66. Typical for acute arterial embolus in lower extremity is:
67. In case of suspicion of peripheral artery disease of lower limbs, is necessary to realise:
68. Venous crural ulcer:
69. Examination of first choice when deep vein thrombosis is suspected is:
70. Acromegaly is due to:
71. Anasarca is the
72. Asymmetrical edema of the lower extremities is often caused by
73. Bronze diabetes is a sign of metabolic disorder of
74. Central type of cyanosis is characterised:
75. Dysarthria is:
76. According to etiology there is:
77. Edema of acute glomerulonephritis usually affects
78. Ecchymoses are:
79. Expressive aphasia is:
80. Purple striae characteristically occur:
81. Flapping tremor is usually the result of:
82. Flush may be a sign of
83. Hirsutism means
84. Hyperpyrexia means
85. Hypertrichosis is
86. Hypertrichosis means
87. Hypotrichosis may be seen by
88. Collapse is characterized by
89. White coffee like skin, Osler's nodes, syncopes are typical in
90. Qualitative impaired consciousness is:
91. Quantitative impaired consciousness is:
92. Which of the following is not a cause of cachexia:
93. Myxedema mostly often occurs:
94. Third space fluid is typical in
95. Orthopnoic position is observed in patients with:
96. Osler's nodes are caused by:
97. Finger clubbing is usually caused by:
98. Peripheral type of cyanosis is characterised:
99. Slow monotone speech is typical in
100. Slow movements and impaired balance is associated with

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101. For asthenic people is not typical that they
102. For central cyanosis is typical the:
103. Typical for lipoedema:
104. In exsudative pleuritis the patient has a relief position when lies
105. By obesity body mass index (BMI) is
106. By normal body weight body mass index (BMI) is
107. Purpura means
108. Sensoric aphasia is:
109. Rhythmical speech is sign of
110. Striae rubrae are typical for
111. Striae albae are typical for
112. Impaired posture with limited movements of the back can be seen in patients with:
113. Syncope origin can be:
114. Tremor by movement, not presenting in rest is
115. Skin turgor is :
116. The patient lying on his side with flexed legs has usually:
117. In case of positive result of III Romberg's test it's a sign of
118. Vitiligo is
119. Xanthelasmata are due to
120. White colour of the skin and edema of the eyelids are typical in patients with
121. Existence of secondary female gender signs in men or boys is named
122. Peripheral pulsation is mostly examined by palpation of:
123. Raynaud phenomenon:
124. Subclavian steal syndrome:
125. Alopecia areata means
126. Central paresis of n. facialis manifests as
127. Facies lunata is typical for:
128. Grafit marks on bucal mucose are signs of
129. Hunter glossitis is sign of
130. Leucoplakia on tongue manifests as
131. Makroglosia is typical sign of
132. Periferal paresis of n. facialis manifests as
133. In central paresis of facial nerve on right side we can find:
134. Turricephaly is
135. Which nerve endings are examined by palpation on face:
136. Galactorrhea
137. Gynecomastia is not
138. Funnel breast is:
139. Number of axillary (orientation) lines on one side of the body is:
140. Barrel chest is:
141. Pigeon breast is:
142. Posterior axillary line goes:
143. The absence of urobilinogen in urine is typical:
144. Hepatic jaundice is caused by:
145. Typical symptoms of obstructive jaundice are:
146. If the patient has a gallop rhythm, what heart rate does he/she usually have ?
147. In which position of the patient with acute pericarditis there is less chest pain?
148. What is the pathophysiology of 3rd heart sound in gallop rhythm ?
149. What is the mechanism of Durozier's sign ?
150. What influence has aortic regurgitation on systolic and diastolic blood pressure ?
151. What influence has aortic stenosis on systolic and diastolic blood pressure ?
152. The auscultation site for the aortic valve is:
153. Arteriovenous fistule (malformation):
154. Auscultatory place for a.pulmonalis is:
155. Auscultatory place for aorta is
156. Corrigan's pulse is present in:
157. What is a cardiac asthma ?
158. Diastolic murmur is present in:
159. Diastolic murmur is present in:
160. Diastolic murmur with the propagation along the sternum border
161. The origin of the second heart sound relates to closure of the:
162. Durozier's sign is present in:
163. Oedemas from cardiac origin are:
164. Fixed split of 2nd sound is present in:
165. Fixed splitting of the second heart sound on the basis of heart
166. The physiologic splitting of the second heart sound is:
167. Third sound gallop
168. Hepatojugular reflux is present in:
169. Palpable whirl is sign of:
170. Normal blood pressure in adults is
171. Which of the following is not a symptom of right heart failure?
172. A continuous murmur you can heard in patient with:
173. Continual heart murmur is present in:
174. What blood pressure (BP) values indicate isolated systolic hypertension ?
175. Which couple of pulse types is not opposite:
176. Which of the signs is not typical for cardiovascular system:
177. Musset sign (movements with head current with heart systola) we can see
178. The Levine scale for intensity of the murmurs have:
179. The auscultation site for the mitral valve is:
180. For the auscultation of aortic valve the most suitable area is
181. On the anterior surface of the chest one recognizes (as orientation lines):
182. Finding of 3rd heart sound suggests for the
183. Organic murmur is not caused by:
184. Opening snap of the mitral valve in mitral stenosis is:
185. Patient with heart disease, having dyspnea in rest is classified after NYHA to class:
186. Paradoxical splitting of 2nd heart sound occurs in the:
187. The interval between first and second heart sound is:
188. The auscultation site for the pulmonary valve is:
189. Under what conditions (diseases) would a hepato-jugular reflux be found ?
190. Under what conditions would a pulsatile liver be found ?
191. With aortic insufficiency murmur is:
192. Second heart sound is caused by:
193. In what type of valvular heart disease there is a

Test questions – INTERNAL PROPEDEUTIC – 3rd Year GM, winter semester

- strong 1st heart sound at apex?
194. The auscultatory finding in Mitral valve stenosis is:
195. With mitral stenosis is:
196. During first heart sound is present:
197. Prolapse of the mitral valve is characterised by:
198. Spreading of systolic murmur in mitral insufficiency
199. Propagation of the heart murmur is:
200. The origin of the first heart sound relates to closure of the:
201. Pulsus alternans is in
202. Pulsus paradoxus is:
203. Pulsus parvus et tardus is present in:
204. Pulse of the ADP (arteria dorsalis pedis) is palpable:
205. Pulse of the ATP (arteria tibialis posterior) is palpable:
206. Pulse deficiency is:
207. Punctum maximum of the murmur is the:
208. Quincke pulsations are present in:
209. Sinus bradycardia is present in:
210. Sinus tachycardia can be present in:
211. A weakened heart sounds occurs in:
212. Heart sounds are louder:
213. Murmur is the sound caused by:
214. Carotid sinus syndrome will manifest as:
215. Syncope is
216. Systolic murmur is present in:
217. Systolic murmur is present in:
218. Systolic murmur on the apex spreading to axilla
219. Systolic murmur in the second intercostal space in right parasternal region
220. The propagation of the murmur in aortic stenosis is:
221. Fourth heart sound is present:
222. Fourth heart sound is not present in:
223. The fourth heart sound can be heard:
224. Fourth heart sound
225. Third heart sound is present:
226. Third heart sound can be present in:
227. The third heart sound can be heard:
228. The auscultation site for the tricuspid valve is:
229. Typical quality of pulse in atrial fibrillation is
230. Which disease creates the presence of a "gallop rhythm" ?
231. During physiologic conditions with inspiration leads to:
232. Sign for left ventricular dilatation with physical examination is:
233. Sign for left ventricular hypertrophy in physical examination is:
234. What is the high normal blood pressure (BP) ?
235. Torsades de points ventricular tachycardia is:
236. Amplitude 1mV on ECG equals
237. Second degree AV block, Mobitz II type, is characterized by:
238. Second degree AV-block, Wenckebach type, is characterized by:
239. Third degree AV block is characterized by:
240. ECG changes on lateral wall of left ventricle are best seen in leads:
241. ECG changes on anterior wall of left ventricle are best seen in leads:
242. ECG changes on posterior wall of left ventricle are best seen in leads:
243. ECG changes on inferior (diaphragmatic) wall of left ventricle are best seen in leads:
244. Elevation of ST segment is not present in:
245. Sign of hyperkalemia on ECG is:
246. Second standard limb lead shows difference of potentials between
247. Sign of myocardial ischaemia on ECG is:
248. Ventricular bigemina is characterized by:
249. Ventricular extrasystole is characterized by:
250. Ventricular tachycardia is characterized by:
251. Duration of PQ interval 0,22 seconds is present in:
252. Coronary T wave is:
253. Negative T waves on ECG are present in:
254. Normal duration of PQ interval is:
255. Normal duration of QRS is:
256. P mitrale on ECG is caused by:
257. P mitrale on ECG is:
258. P pulmonale on ECG is caused by:
259. P pulmonale on ECG is:
260. Pardee wave is characteristic for:
261. Pathologic Q wave is present in:
262. Polytropic ventricular extrasystoles
263. PQ interval is measured:
264. Typical finding on ECG in incomplete right bundle branch block is:
265. Typical finding on ECG in left bundle branch block is:
266. Typical finding on ECG in left anterior fascicular block is:
267. Typical finding on ECG in WPW syndrome is:
268. Precordial lead V2 is placed in:
269. Precordial lead V4 is placed in:
270. In diaphragmatic myocardial infarction the typical ECG changes are in leads:
271. In non-ST elevation myocardial infarction, you will not find on ECG:
272. In left axis deviation on ECG the axis angle is:
273. In normal electrical axis on ECG the axis angle is:
274. In right axis deviation on ECG the axis angle is:
275. Signs of acute myocardial infarction on ECG:
276. QRS complex on ECG
277. QT interval is not influenced by:
278. Sinus rhythm is characterized by positive P wave in leads:
279. Positive Sokolow - Lyon index indicates:
280. Sokolow - Lyon index is positive if there is:
281. Proper colours of ECG limb leads are:
282. Supraventricular extrasystole is characterized by:
283. Physiological thyroid
284. Palpable and non-painful neck glands are mostly typical for
285. Crooked neck can occur
286. Malignant goiter is
287. Over carotid artery can be heard
288. Opisthotonus
289. Neck stiffness
290. In acute thyroiditis
291. In Graves - Basedow disease of the thyroid
292. In case of superior vena cava syndrome, on the neck can be found
293. In tonsillitis neck lymphatic nodes are
294. Carotid artery pulsation can be observed

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295. Superior vena cava syndrome is a condition not caused by:
296. Murmur over the thyroid is typical
297. Pulse over carotid artery is physiologically
298. Torticollis is
299. Virchow's node
300. Virchow's node is palpable
301. Increased filling of neck veins
302. Increased filling of neck veins is found
303. Dyspareunia is:
304. Dysuria is:
305. Nycturia is typically present in:
306. Nycturia means
307. Anuria is when the urine output is decreased under
308. Polakisuria is:
309. Polyuria is
310. Polyuria is:
311. Oedema of lids are signs of
312. Ectropion means
313. Enofthalmus means
314. Exoftalmus means
315. Kayser - Fleischer ring is present in metabolic disorder of:
316. Miosis means
317. Mydriasis means
318. Different size of pupil diameter is
319. After enlighting an eye, in normal indirect photoreaction we observe:
320. After enlighting an eye, in normal direct photoreaction we observe:
321. Massive edema of conjunctivae is called:
322. Yellow color of sclera with normal color of skin is called:
323. Abdominal type of respiration is:
324. How can you differentiate between pleural and pericardial friction rub by auscultation:
325. Physical examination of the lungs by obese, otherwise healthy, can reveal:
326. Physical examination of the lung affected by abscessus cavity after spontaneous drainage will be:
327. What percussion of lungs you would expect by large lung tumor:
328. Biot's breathing
329. Bradypnea
330. Bronchial, tubular, breathing is audible by:
331. Vocal (pectoral) fremitus
332. Physical findings by cardiac venostasis in the pulmonary circulation will be:
333. Physical findings by pleural effusion will be:
334. Physical findings above the lung with pneumothorax will be:
335. Physiological (normal) breathing by lung auscultation can be described as:
336. Hemoptoe it can be caused by
337. Hemoptysis is
338. Palpable subcutaneous crepitus in the chest region reminds us of the possibility of:
339. Hypersonorous percussion above the lungs can be found by:
340. Cheyne-Stokes periodic respiration is not
341. Inspiratory crepitations by lung auscultation are typical for:
342. Costal type of respiration is:
343. Kussmaul's breathing
344. Dry rales by lung auscultation include:
345. Normal respiratory rate in resting adult is:
346. Normal respiration is called:
347. A patient with extensive right sided fluidothorax will probably lie in the position:
348. Pleural friction rub is:
349. Pleural friction rub:
350. Sonorous, resonant percussion can be found above
351. Percussion by fluidothorax is:
352. Percussion by lung emphysema is:
353. Percussion above healthy lung can we describe as:
354. Prolonged expiration with expiratory wheezing can be found by:
355. Inferior borders of the lungs by percussion are moving by inspiration
356. What kind of percussion do we use by physical examination of the lungs:
357. Shortened (dull) percussion above the lungs can be found by:
358. Stridor is:
359. Tachypnea is not
360. Typical physical findings above the lungs affected by pneumonia will be:
361. Typical physical finding by an acute spastic bronchitis will be:
362. What is the typical physical finding by bronchial asthma attack:
363. Vesicular breathing with prolonged expiration can be heard by:
364. Intensified (Increased) vesicular breathing by auscultation can we hear by:
365. Choose the true saying about adventitious breath sounds:
366. Increased finding in vocal (pectoral) fremitus: