

Test questions - INTERNAL MEDICINE 1 - 3. class GM, summer semester

1. Test questions - Internal Medicine 1 - 3. class, summer semester
2. Threshold value of blood pressure for diagnosis of arterial hypertension is:
3. The most frequent form of secondary hypertension is:
4. These antihypertensive drugs are NOT the drugs of first choice:
5. The typical laboratory finding in hyperaldosteronism as a cause of secondary hypertension is:
6. Prevalence of arterial hypertension in adult population is:
7. Which drugs given to patients with arterial hypertension usually cause elevation of blood pressure and lessen the efficacy of antihypertensive treatment?
8. Which antihypertensive drugs are the most effective in prevention of renal function impairment?
9. Which antihypertensive drugs are contraindicated in pregnancy?
10. P wave in ECG records:
11. Oedema of lower limbs could be a side effect of:
12. Microangiopathy
13. Claudication pain of lower limbs:
14. Duration of PQ interval in ECG is:
15. In peripheral arterial disease trophic defects are present in:
16. In treatment of peripheral arterial disease in I. stage of Fontaine classification these drugs are important:
17. In treatment of claudication stage of peripheral arterial disease:
18. In acute limb ischaemia
19. Vasculitis
20. Raynaud phenomenon
21. Initial ventricular complex (QRS) in ECG records
22. Deep vein thrombosis
23. Duration of QRS complex in ECG is:
24. ST segment in ECG is reflection of early phase of
25. Complication of deep vein thrombosis can be:
26. Risk of deep vein thrombosis is higher in:
27. Besides clinical symptoms the first line method for diagnosis of deep vein thrombosis is:
28. Sinus tachycardia is characterised with frequency:
29. Thrombangiitis obliterans (Buerger's disease)
30. Raynaud phenomenon means:
31. According to ESC Guidelines for atrial fibrillation from 2012, atrial fibrillation is classified as
32. Aortic dissection is
33. Aortic dissection can cause
34. In treatment of acute descending aortic dissection important is:
35. Aortic dissection type B according to Stanford classification, type III. according to de Bakey classification represents:
36. Aortic dissection can be caused by:
37. The clinical picture of aortic dissection can include:
38. In diagnostic of acute aortic dissection is method of first choice:
39. Prevention of aortic dissection:
40. Pulmonary embolism:
41. Clinical presentation of lung embolism can include:
42. Indications to genetic examination of thromboembolic disease are:
43. The best diagnostic option in acute pulmonary embolism is:
44. Risk of thromboembolism in case of atrial flutter in comparison to fibrillation is:
45. Examination of D-dimer in suspected pulmonary embolism:
46. In case of A-V blockade of 1st degree, the P-Q interval is:
47. The treatment of lung embolism:
48. In case of 3rd degree AV block, the atrial frequency in comparison to ventricular frequency is:
49. Anticoagulation treatment in pulmonary embolism:
50. The most frequent form of embolism is:
51. Successive pulmonary embolism means:
52. The most frequent source of pulmonary embolism is:
53. Thromboembolic disease occurs mostly in:
54. Primary thrombophilia conditions:
55. Thrombophlebitis is treated:
56. Compression treatment of lower extremities:
57. Lowenberg's sign is used in diagnostics of:
58. Phlegmasia alba dolens is characterised by:
59. Clinical presentation of deep vein thrombosis includes:
60. Lymphedema:
61. The auscultation finding in acute heart failure is:
62. Preexcitation syndrome is characterized by P-Q interval:
63. Opening snap is typical for:
64. Long – term complications of diabetes mellitus can be:
65. Essential arterial hypertension is a typical:
66. Murmur is acoustic equivalent of:
67. Auscultation finding of aortic regurgitation is
68. Auscultation finding of aortic stenosis is
69. Common clinical presentation of aortic regurgitation is
70. Propagation of murmur in mitral regurgitation is to the
71. Propagation of murmur in aortic stenosis is to the
72. Presentation of the heart with decompensated mitral valve disease on chest X-Ray can show
73. The clinical presentation of congestive heart failure does not include
74. The clinical presentation of acute pulmonary embolism include
75. Malignant arrhythmia is not
76. Based on Holter monitoring, Lown grading system classifies polymorphic ventricular extrasystoles as
77. Acute coronary syndrome is not
78. Classification system of severity of angina pectoris is
79. Risk factor of CAD is not
80. Diagnosis of CAD does not include
81. Lege artis treatment (according to guidelines) of STEMI is
82. Based on Holter monitoring, Lown grading system classifies bigeminic ventricular extrasystoles as
83. Based on Holter monitoring, Lown grading system classifies coupled repetitive ventricular extrasystoles as

84. The standard medication after myocardial infarction does not include:
85. According to Lown classification of ventricular extrasystoles salves of VES recorded on Holter monitoring of ECG represent class:
86. Marker of myocardial damage is not:
87. According to Lown classification of ventricular extrasystoles the phenomenon R/T recorded on Holter monitoring of ECG represents class:
88. Hypertrophy of left ventricular according to Sokolow index is when this index is:
89. For chronic heart failure is not typical:
90. Hypertrophy of left ventricular muscle according to Lewis index is when this index is:
91. Heart failure can be caused by
92. Which drug is NOT part of heart failure treatment
93. Which statement about left ventricular ejection fraction (LVEF) is not true
94. Which statement about digoxin is true
95. Which classification is mostly used for heart failure severity during myocardial infarction
96. Which of the following is usually NOT cause of diastolic heart failure
97. Which of the following is NOT a risk factor for bacterial endocarditis
98. Most common cause of pericarditis of those listed below is
99. Which examination method is best for diagnostics of myocarditis
100. Which information is helpful for diagnosis of aortic dissection according to history and physical examination:
101. ECG during serious acute pericarditis:
102. Which examination is not included in screening of new diagnosed hypertension:
103. Diagnosis of metabolic syndrome doesn't involve:
104. Risk factor for atrial fibrillation is not:
105. Cardiac pacing VVI is:
106. The first step in therapy of ventricular fibrillation is:
107. Optimal value of INR during treatment with warfarin is:
108. Using of digoxin in WPW syndrome:
109. For genesis of thrombosis is needed:
110. Total ischemic burden is every symptomatic and asymptomatic ischemia during:
111. According to size, aneurysm of abdominal aorta could be:
112. Risk factors of cardiovascular diseases used in SCORE stratification:
113. Hypertensive crisis could be accompanied by:
114. Resistant hypertension is hypertension, which doesn't react on combination of three antihypertensive drugs (included diuretic drug), under value of:
115. Cause of resistant hypertension can be:
116. Coarctation of aorta is accompanied by:
117. The most common cause of death in Slovakia is:
118. Arrhythmic causes of syncope could be:
119. Cardiomyopathy could be:
120. Cardiotoxicity of anthracycline is:
121. Which valvular failure is typical for morbus Bechterev:
122. The side effects of amiodaron are:
123. Arteriosclerosis contains:
124. Syndrome of diabetic foot – there can be current occurrence in damage tissues:
125. Physiological ankle – brachial pressure index (ABI) is:
126. Typical ankle – brachial pressure index (ABI) in Monckeberger's mediocalcinosis is:
127. In WPW syndrome we can find on ECG:
128. Hypertrophy of left ventricle in arterial hypertension:
129. Pulse in atrial fibrillation is characterised as:
130. Swelling in heart failure is:
131. Patient with heart failure and pulmonary edema is classified to stage according to NYHA:
132. The „malignant“ dysrhythmia is:
133. Angina pectoris inversa (Prinzmetal) is typically characterized by:
134. Musset sign is in:
135. Systolic murmur is in:
136. As „pulseless disease“ is named:
137. Atrial fibrillation is characteristic with:
138. Secondary arterial hypertension is in:
139. Contraindication of realization of oGTT test is:
140. Drugs with prodiabetic effects are:
141. Symptoms of aortic stenosis can be:
142. The most prevalent stenotic valvular defect is:
143. The etiology of tricuspidal insufficiency can be:
144. Syndrome of sleep apnea can be divided on:
145. Dipping phenomenon is physiological decrease of blood pressure at night. Non – dippers are patients in which blood pressure:
146. Wegener granulomatosis is necrotizing vasculitis and involves damage of:
147. Fontaine classification is used in classification of:
148. How many stages are typical for Thrombangiitis obliterans (Winiwarer-Buerger disease) ?
149. If the patient has a gallop rhythm, what heart rate does he/she usually have ?
150. In which position of the patient with acute pericarditis there is less chest pain?
151. What is the pathophysiology of 3rd heart sound in gallop rhythm ?
152. What is the mechanism of Durozier's sign ?
153. What influence has aortic regurgitation on systolic and diastolic blood pressure ?
154. What influence has aortic stenosis on systolic and diastolic blood pressure ?
155. The auscultation site for the aortic valve is:
156. Arteriovenous fistule (malformation):
157. Auscultatory place for a.pulmonalis is:
158. Auscultatory place for aorta is
159. Corrigan's pulse is present in:
160. What is a cardiac asthma ?
161. Diastolic murmur is present in:
162. Diastolic murmur is present in:
163. Diastolic murmur with the propagation along the sternum border
164. The origin of the second heart sound relates to closure of the:
165. Durozier's sign is present in:
166. Oedemas from cardiac origin are:

167. Fixed split of 2nd sound is present in:
168. Fixed splitting of the second heart sound on the basis of heart
169. The physiologic splitting of the second heart sound is:
170. Third sound gallop
171. Hepatojugular reflux is present in:
172. Palpable whirl is sign of:
173. Normal blood pressure in adults is
174. Which of the following is not a symptom of right heart failure?
175. A continuous murmur you can heard in patient with:
176. Continual heart murmur is present in:
177. What blood pressure (BP) values indicate isolated systolic hypertension ?
178. Which couple of pulse types is not opposite:
179. Which of the signs is not typical for cardiovascular system:
180. Musset sign (movements with head current with heart systola) we can see
181. The Levine scale for intensity of the murmurs have:
182. The auscultation site for the mitral valve is:
183. For the auscultation of aortic valve the most suitable area is
184. On the anterior surface of the chest one recognizes (as orientation lines):
185. Finding of 3rd heart sound suggests for the
186. Organic murmur is not caused by:
187. Opening snap of the mitral valve in mitral stenosis is:
188. Patient with heart disease, having dyspnea in rest is classified after NYHA to class:
189. Paradoxical splitting of 2nd heart sound occurs in the:
190. The interval between first and second heart sound is:
191. The auscultation site for the pulmonary valve is:
192. Under what conditions (diseases) would a hepatojugular reflux be found ?
193. Under what conditions would a pulsatile liver be found ?
194. With aortic insufficiency murmur is:
195. Second heart sound is caused by:
196. In what type of valvular heart disease there is a strong 1st heart sound at apex?
197. The auscultatory finding In Mitral valve stenosis is:
198. With mitral stenosis is:
199. During first heart sound is present:
200. Prolapse of the mitral valve is characterised by:
201. Spreading of systolic murmur in mitral insufficiency
202. Propagation of the heart murmur is:
203. The origin of the first heart sound relates to closure of the:
204. Pulsus alternans is in
205. Pulsus paradoxus is:
206. Pulsus parvus et tardus is present in:
207. Pulse of the ADP (arteria dorsalis pedis) is palpable:
208. Pulse of the ATP (arteria tibialis posterior) is palpable:
209. Pulse deficiency is:
210. Punctum maximum of the murmur is the:
211. Quincke pulsations are present in:
212. Sinus bradycardia is present in:
213. Sinus tachycardia can be present in:
214. A weakened heart sounds occurs in:
215. Heart sounds are louder:
216. Murmur is the sound caused by:
217. Carotid sinus syndrome will manifest as:
218. Syncope is
219. Systolic murmur is present in:
220. Systolic murmur is present in:
221. Systolic murmur on the apex spreading to axilla
222. Systolic murmur in the second intercostal space in right parasternal region
223. The propagation of the murmur in aortic stenosis is:
224. Fourth heart sound is present:
225. Fourth heart sound is not present in:
226. The fourth heart sound can be heard:
227. Fourth heart sound
228. Third heart sound is present:
229. Third heart sound can be present in:
230. The third heart sound can be heard:
231. The auscultation site for the tricuspid valve is:
232. Typical quality of pulse in atrial fibrillation is
233. Which disease creates the presence of a "gallop rhythm" ?
234. During physiologic conditions with inspiration leads to:
235. Sign for left ventricular dilatation with physical examination is:
236. Sign for left ventricular hypertrophy in physical examination is:
237. What is the high normal blood pressure (BP) ?
238. Torsades de points ventricular tachycardia is:
239. Amplitude 1mV on ECG equals
240. Second degree AV block, Mobitz II type, is characterized by:
241. Second degree AV-block, Wenckebach type, is characterized by:
242. Third degree AV block is characterized by:
243. ECG changes on lateral wall of left ventricle are best seen in leads:
244. ECG changes on anterior wall of left ventricle are best seen in leads:
245. ECG changes on posterior wall of left ventricle are best seen in leads:
246. ECG changes on inferior (diaphragmatic) wall of left ventricle are best seen in leads:
247. Elevation of ST segment is not present in:
248. Sign of hyperkalemia on ECG is:
249. Second standard limb lead shows difference of potentials between
250. Sign of myocardial ischaemia on ECG is:
251. Ventricular bigemina is characterized by:
252. Ventricular extrasystole is characterized by:
253. Ventricular tachycardia is characterized by:
254. Duration of PQ interval 0,22 seconds is present in:
255. Coronary T wave is:
256. Negative T waves on ECG are present in:
257. Normal duration of PQ interval is:
258. Normal duration of QRS is:
259. P mitrale on ECG is caused by:
260. P mitrale on ECG is:
261. P pulmonale on ECG is caused by:

262. P pulmonale on ECG is:
263. Pardee wave is characteristic for:
264. Pathologic Q wave is present in:
265. Polytopic ventricular extrasystoles
266. PQ interval is measured:
267. Typical finding on ECG in incomplete right bundle branch block is:
268. Typical finding on ECG in left bundle branch block is:
269. Typical finding on ECG in left anterior fascicular block is:
270. Typical finding on ECG in WPW syndrome is:
271. Precordial lead V2 is placed in:
272. Precordial lead V4 is placed in:
273. In diaphragmatic myocardial infarction the typical ECG changes are in leads:
274. In non-ST elevation myocardial infarction, you will not find on ECG:
275. In left axis deviation on ECG the axis angle is:
276. In normal electrical axis on ECG the axis angle is:
277. In right axis deviation on ECG the axis angle is:
278. Signs of acute myocardial infarction on ECG:
279. QRS complex on ECG
280. QT interval is not influenced by:
281. Sinus rhythm is characterized by positive P wave in leads:
282. Positive Sokolow - Lyon index indicates:
283. Sokolow - Lyon index is positive if there is:
284. Proper colours of ECG limb leads are:
285. Supraventricular extrasystole is characterized by: