

**Test questions – INTERNAL PROPEDEUTIC – 3.class GM – winter semester**

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

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| 101. For central cyanosis is typical the:   | 150. What influence has aortic stenosis on systolic and diastolic blood pressure ?         |
| 102. Typical for lipoedema:   | 151. The auscultation site for the aortic valve is:  |
| 103. In exsudative pleuritis the patient has a relief position when lies                | 152. Arteriovenous fistule (malformation):   |
| 104. By obesity body mass index ( BMI) is   | 153. Auscultatory place for a.pulmonalis is:   |
| 105. By normal body weight body mass index (BMI) is                                     | 154. Auscultatory place for aorta is   |
| 106. Purpura means  | 155. Corrigan's pulse is present in:   |
| 107. Sensoric aphasia is:   | 156. What is a cardiac asthma ?  |
| 108. Rhythmical speech is sign of   | 157. Diastolic murmur is present in:   |
| 109. Striae rubrae are typical for  | 158. Diastolic murmur is present in:   |
| 110. Striae albae are typical for   | 159. Diastolic murmur with the propagation along the sternum border                        |
| 111. Impaired posture with limited movements of the back can be seen in patients with:  | 160. The origin of the second heart sound relates to closure of the:                       |
| 112. Syncope origin can be:   | 161. Durozier's sign is present in:  |
| 113. Tremor by movement, not presenting in rest is                                      | 162. Oedemas from cardiac origin are:  |
| 114. Skin turgor is :   | 163. Fixed split of 2nd sound is present in:   |
| 115. The patient lying on his side with flexed legs has usually:                        | 164. Fixed splitting of the second heart sound on the basis of heart                       |
| 116. In case of positive result of III Romberg's test it's a sign of                    | 165. The physiologic splitting of the second heart sound is:                               |
| 117. Vitiligo is  | 166. Third sound gallop  |
| 118. Xanthelasmata are due to   | 167. Hepatojugular reflux is present in:   |
| 119. White colour of the skin and edema of the eyelids are typical in patients with     | 168. Palpable whirl is sign of:  |
| 120. Existence of secondary female gender signs in men or boys is named                 | 169. Normal blood pressure in adults is  |
| 121. Peripheral pulsation is mostly examined by palpation of:                           | 170. Which of the following is not a symptom of right heart failure?                       |
| 122. Raynaud phenomenon:  | 171. A continuous murmur you can heard in patient with:                                    |
| 123. Subclavian steal syndrome:   | 172. Continual heart murmur is present in:   |
| 124. Alopecia areata means  | 173. What blood pressure (BP) values indicate isolated systolic hypertension ?             |
| 125. Central paresis of n. facialis manifests as  | 174. Which couple of pulse types is not opposite:  |
| 126. Facies lunata is typical for:  | 175. Which of the signs is not typical for cardiovascular system:                          |
| 127. Grafit marks on bucal mucose are signs of  | 176. Musset sign ( movements with head current with heart systola) we can see              |
| 128. Hunter glositis is sign of   | 177. The Levine scale for intensity of the murmurs have:                                   |
| 129. Leucoplakia on tongue manifests as   | 178. The auscultation site for the mitral valve is:  |
| 130. Makroglosia is typical sign of   | 179. For the auscultation of aortic valve the most suitable area is                        |
| 131. Periferal paresis of n. facialis manifests as                                      | 180. On the anterior surface of the chest one recognizes (as orientation lines):           |
| 132. In central paresis of facial nerve on right side we can find:                      | 181. Finding of 3rd heart sound suggests for the   |
| 133. Turricephaly is  | 182. Organic murmur is not caused by:  |
| 134. Which nerve endings are examined by palpation on face:                             | 183. Opening snap of the mitral valve in mitral stenosis is:                               |
| 135. Galactorrhea   | 184. Patient with heart disease, having dyspnea in rest is classified after NYHA to class: |
| 136. Gynecomastia is not  | 185. Paradoxical splitting of 2nd heart sound occurs in the:                               |
| 137. Funnel breast is:  | 186. The interval between first and second heart sound is:                                 |
| 138. Number of axillary (orientation) lines on one side of the body is:                 | 187. The auscultation site for the pulmonary valve is:                                     |
| 139. Barrel chest is:   | 188. Under what conditions (diseases) would a hepatojugular reflux be found ?              |
| 140. Pigeon breast is:  | 189. Under what conditions would a pulsatile liver be found ?                              |
| 141. Posterior axillary line goes:  | 190. With aortic insufficiency murmur is:  |
| 142. The absence of urobilinogen in urine is typical:                                   | 191. Second heart sound is caused by:  |
| 143. Hepatic jaundice is caused by:   | 192. In what type of valvular heart disease there is a strong 1st heart sound at apex?     |
| 144. Typical symptoms of obstructive jaundice are:                                      | 193. The auscultatory finding In Mitral valve stenosis is:                                 |
| 145. If the patient has a gallop rhythm, what heart rate does he/she usually have ?     |  |
| 146. In which position of the patient with acute pericarditis there is less chest pain? |  |
| 147. What is the pathophysiology of 3rd heart sound in gallop rhythm ?                  |  |
| 148. What is the mechanism of Durozier's sign ?   |  |
| 149. What influence has aortic regurgitation on systolic and diastolic blood pressure ? |  |

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

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