

1. Use of ECG in the diagnosis of heart failure with reduced left ventricular ejection fraction:
2. Use of ECG in the diagnosis of heart failure with preserved left ventricular ejection fraction:
3. Typical subjective symptoms of heart failure are:
4. Typical objective signs of left heart failure are:
5. Typical objective signs of right heart failure are:
6. Which type of heart failure is wrong:
7. What are not typical signs of right heart failure:
8. What are not typical features of left heart failure:
9. Hepatojugular reflux means:
10. Which of the following does not cause activation of the renin-angiotensin-aldosterone system in the myocardium:
11. Frank-Starling's myocardial contraction law states:
12. Manifestations of end-organ hypoperfusion in heart failure do not include:
13. Case report: An 84 year old male with a history of severe emphysema and a prior myocardial infarction becomes short of breath with exertion. Physical examination reveals a III / VI holosystolic murmur at the cardiac apex, an S3 heart sound, and rales in the lower lung fields. No lower extremity edema is present. Which of the following is the likely diagnosis?
14. Which of the following viruses does most frequently cause acute myocarditis:
15. The physiological effect of the natriuretic peptide is:
16. The sensitivity of the NTproBNP test to BNP is
17. Which marker will be typically elevated in serum in patients with congestive heart failure:
18. Which cytostatic typically causes dilated cardiomyopathy
19. Which chemotherapeutic is not suitable for a patient with breast cancer and a history of chronic heart failure:
20. Excessive intake of ethyl alcohol can lead to
21. Side effects of loop diuretics do not include:
22. A patient with acute heart failure has elevated central venous pressure, elevated pulmonary artery wedge pressure (PCWP), and normal cardiac index (CI). What treatment is best to give:
23. Which of the following is not suitable for cardiogenic shock:
24. Heart failure is most common in patients
25. According to the clinical definition, heart failure is a syndrome that:
26. Heart failure with a reduced ejection fraction is defined by typical subjective symptoms and objective signs, together with:
27. Heart failure with a mid-range ejection fraction is defined by typical subjective symptoms and objective features, along with:
28. In case of heart failure with mid-range left ventricular ejection fraction (LV EF) during echocardiographic examination we find:
29. Heart failure with preserved ejection fraction is defined by typical subjective symptoms and objective signs, together with:
30. In case of heart failure with preserved left ventricular ejection fraction (LV EF) during echocardiographic examination we find:
31. The echocardiographic criteria required to diagnose heart failure with a preserved left ventricular ejection fraction do not include:
32. Causes of heart failure do not include:
33. Low level of which biochemical parameter practically excludes the presence of heart failure:
34. The cut-off value for NTproBNP to rule out acute heart failure in a symptomatic patient is:
35. Cut-off value for NTproBNP to confirm acute heart failure in a symptomatic patient:
36. The cut-off value for NTproBNP to confirm acute heart failure in a symptomatic patient up to 50 years of age is:
37. The cut-off value for NTproBNP to confirm acute heart failure in a symptomatic patient aged 50-75 years is:

38. The cut-off value for NTproBNP to confirm acute heart failure in a symptomatic patient over 75 years of age is:
39. Reduction of high levels of natriuretic peptides after adequate treatment of heart failure is not associated with:
40. The most common cause of heart failure with reduced ejection fraction is:
41. The most common cause of heart failure with preserved ejection fraction is:
42. If heart failure is suspected after a history, physical examination, and ECG recording, the next step is:
43. Which imaging examination of the heart cannot be used to determine the left ventricular ejection fraction:
44. Which of the following endocrinopathies is most likely to cause acute heart failure:
45. Non-cardiac causes of acute heart failure do not include:
46. Cardiac causes of acute heart failure do not include:
47. The following is used for right heart catheterization:
48. Right-sided cardiac catheterization does not detect:
49. The pulmonary artery wedge pressure corresponds approximately to:
50. In isolated right heart failure, the pulmonary artery wedge pressure will be:
51. In pulmonary edema, the pulmonary artery wedge pressure will be:
52. Causes of acute heart failure with increased cardiac output do not include:
53. The Killip-Kimball classification is used to assess the presence of symptoms of heart failure:
54. Killip-Kimball class I patient:
55. Killip-Kimball class II patient:
56. Killip-Kimball class III patient:
57. Killip-Kimball class IV patient:
58. Forrester's classification of acute heart failure evaluates:
59. The following is used in the pre-hospital treatment of pulmonary edema:
60. Use of bloodless phlebotomy in pulmonary edema results in:
61. To reduce afterload in patients with left heart failure, we use:
62. In the case of refractory heart failure with furosemide resistance, we can add to the combination:
63. What is the effect of ACE inhibitors in heart failure:
64. In hypertrophic cardiomyopathy on echocardiography we typically find:
65. What is the role of natriuretic peptides in heart failure:
66. Which drug used in the treatment of heart failure directly increases the level of the natriuretic peptide:
67. The B-type natriuretic peptide is predominantly secreted by:
68. The effect of catecholamines on the myocardium in heart failure is as follows:
69. Case report: A 76-year-old long-term anuric patient enrolled in a chronic hemodialysis program reports 2 days of dyspnea with minimal exertion. Physical examination will reveal rales in the lower and middle part of both lungs, the presence of the 3rd sound; swelling of the lower limbs is not present. Blood pressure is 157/74 mmHg. What is the best course of action:
70. What is the most common cause of right heart failure:
71. Yellow vision (xanthopsia) is a typical manifestation of overdose by:
72. Which mechanism of acute heart failure is not typical in patients with aortic dissection:
73. Which mechanism of acute heart failure is not a mechanical complication of acute myocardial infarction:
74. Beck's triad (hypotension, muffled heart sounds, increased filling of the jugular veins) and paradoxical pulse are diagnostic for:
75. Which heart sound will never be present in heart failure and atrial fibrillation
76. Case report: An 82-year-old patient with a history of arterial hypertension and congestive heart failure reports palpitations. Physical examination reveals an irregularly irregular pulse, the heart rate is 140 beats per minute. Atrial fibrillation is present on the ECG record.

Which of the following antiarrhythmics can reduce the heart rate while improving left ventricular systolic function?

77. Acute complications of diabetes mellitus do not include:
78. Chronic complications of diabetes mellitus do not include:
79. Diabetic ketoacidosis is caused by:
80. The occurrence of diabetic ketoacidosis is:
81. The occurrence of hyperglycemic hyperosmolar syndrome is:
82. Acetylcoenzyme A used for the synthesis of ketone bodies in diabetic ketoacidosis comes mainly from:
83. Ketogenesis is a physiological way of creating an alternative source of energy in starvation in a healthy person, but it does not cause ketoacidosis because:
84. What is the mechanism of action of glucagon on carbohydrate metabolism:
85. A common cause of diabetic ketoacidosis in hospitalized patients with type 1 diabetes mellitus is:
86. Can diabetic ketoacidosis occur in patients with type 1 diabetes mellitus treated with insulin pump:
87. Causes of diabetic ketoacidosis in patients with type 1 diabetes mellitus do not include:
88. The first manifestation of type 1 diabetes mellitus is often:
89. Typical symptoms of diabetic ketoacidosis do not include:
90. Typical foetor ex ore in diabetic ketoacidosis smells like:
91. Typical respiration in diabetic ketoacidosis is called:
92. Kussmaul's breathing can be described as:
93. In diabetic ketoacidosis, the level of bicarbonate and the partial pressure of CO<sub>2</sub> are as follows:
94. The basic goals of treatment of diabetic ketoacidosis do not include:
95. To normalize the circulating volume in diabetic ketoacidosis, we mainly use:
96. During the treatment of diabetic ketoacidosis to normalize the circulating volume when Na < 150 mmol / l, we will normally administer:
97. In the treatment of diabetic ketoacidosis, we administer insulin by pump:
98. Rate of insulin administration in the treatment of diabetic ketoacidosis:
99. Which mineral is transferred from the extracellular to the intracellular space when insulin is administered in the treatment of diabetic ketoacidosis:
100. According to the American Diabetes Association, in severe diabetic ketoacidosis, the blood pH is less than:
101. In severe diabetic ketoacidosis, we correct the pH by administering:
102. What serious complication can occur in the treatment of diabetic ketoacidosis with very rapid decrease of glucose level:
103. The anion gap is calculated from the difference in concentrations:
104. In diabetic ketoacidosis, the anion gap is:
105. In severe diabetic ketoacidosis, the pH and anion gap values will be:
106. In severe lactic acidosis, the pH and anion gap values will be:
107. In hyperglycemic hyperosmolar syndrome, serum glycemia, pH and osmolarity are as follows:
108. The basic treatment of hyperglycemic hyperosmolar syndrome does not include:
109. Hyperglycemic hyperosmolar syndrome usually occurs:
110. Typical symptoms of hyperglycemic hyperosmolar syndrome do not include: