midterm-Dr.2015:

physio :

1-Calculate Ejection fraction >> 33%

2- Correct >> rapid filling happens at the point E



3- Asked about something incorrect >> Rapid filling coincides with S-T segment

4- If aVR is zero and lead III is negative choose the Incorrect ---> Right axis Dev

5- Decreased preload >> leads to a decrease in SV

6- all of the following are mechanisms in removal of CA+2 during relaxation Except >> passive Diffusion of CA+2

7- NA+ slow leakage is the reason for the autorhythmic activity of the conducting system

8- Paralysis in skeletal muscles make them less needy for o2 --> less need for blood --> less CO and VR

9- What happens to the curve when adding IV saline? *the MSFP curve* >>The curve shifts Right and upward

10- Wrong statement >> s2 is produced by mitral valve opening

11- Aortic pressure in the Dicrotic notch will cause incisura (the Q was choose the correct statement)

12- Increase in ventricular filling >> Increase in ventricular bradycardia

13- +INO (Positive Inotropes) Increase in Cardiac Reserve (the Q is about Right Atrial Pressure vs CO Output curve ,what is true ?)

14- False about ECG >> QT Interval represents atrial contraction

15- Which one does not promote Venous return >> Parasympathetic stimulation.

Anatomy :

16- Wrong Superior vena cava >> ends at level intercostal 2

17- Wrong about azygous >> arches forward at the level of T5

18- Incorrect >> Aorta is medial to the trachea

19- The thoracic aorta gives branches to the lower 9 intercostal, not the lower 5

- 20- you will find in Triangle of Koch >> AV Node
- 21- Septomarginal Trabeculae >> RBB
- 22- Wrong about blood supply >> RBB is supplied by Right Coronary
- 23- Wrong statement >> the sympathetic nervous system causes constriction of the coronaries

Embryo:

- 24- Not form the Septa prim >> annulus
- 25- Finger placed in transverse sinus is in between pulmonary and aorta >> wrong
- 26- Floor of the Fossa Ovals >> septum premimum
- 27- Wrong about ASD Postnatal shunts >> cyanotic condition.

patho :

28- Not red infarct >> biceps muscle

29- Unstable Angina >> B+c (this Q was about the main characteristic of stable Angina to be called unstable - Angina (smth like that), so you have to choose characteristics of stable Angina + rupture or disruption of the plaques)

20- Giant cell (Temporal) Arteritis >> can cause blindness

- 21- wrong about main cause of Secondary hypertension >> endocrine
- 22- Choose the wrong statement >> hypercoagulability is the main reason for arterial thrombi
- 23- Most common cause of Lymphangitis >> group A beta strepcoccs
- 24- correct about Monckberg sclerosis.>> visible on x-ray (note that its clinically insignificant)
- 25- true about Aortic dissection >> type A most dangerous

a) type B b) debakery 3 c) type A is the most dangerous << d) two of above e) none 26- you wont find inside the core of Atheroma plaque >> smooth muscle cells

(the core contain cholesterol , LDL , debris , foam cells , Ca2+) and that was in the other choices

27- Second most probable site of embolus caused by arterial thrombi is >> the brain

28- Femur Fracture will cause >> Fat Embolism

micro :

29- All the following are causes of heart disease except --> candidiasis

- 30- Rift valley >> isn't caused by intimate contact
- 31- CKMB isn't a good laboratory diagnosis in the case of myocarditis
- 32- Ribavirin doesn't cure filoviruses
- 33- Most common cause of myocarditis (50%) of the time >> CCVB

Final- Dr.2015 :

Physio :

1-ratio of flow from x to y >> im not sure if the answer is 1:1 or 3:2 (as i remember but **not sure** ,that there was a pic illustrate 3 parallel vessels semi-like the vessels in pic B)



2-local vasoconstrictor >> endothelin

3- O₂ consumption=280, SV=35, venous O₂=12, arterial O₂=20, what's the heart rate? >>100 (you have to use these equations CO= O₂ consumption / (arterial O₂ – venous O₂) then HR =

CO/SV , when calculating , pay attention to the units)

4- Least likely to have ANP? I can't remember the choices.

Pathology:

- 5-Cause of kaposi sarcoma>> HHV8
- 6-Oral lesions >> pyogenic granuloma
- 7-Subacute endocarditis >> normal valve
- 8-5 days after MI, what you can see under the microscope >> macrophages
- 9-Ventricular free wall rupture >> cardiac tamponade

Pathology lab:

1-Fetal keratin

2-Aneurysm ruprure

Histology lab:

- 3- This section with Verhow Stain >> Elastic Artery
- 4--This (IEL) is thickened in >> Muscular Artery
- 5- Another section >> Muscular Artery
- 6- Sinusoidal Capillary seen in >> Spleen