MINISTRY OF PUBLIC HEALTH OF UKRAINE
Zaporozhye State Medical University
Department of propedeutics of internal diseases

The basic methods of examination of the patients in clinic of internal diseases. Module 1

Collection of final tests for the students of the third course of international faculty

Speciality: General medicine
7.110101

Zaporizhzhya, 2017

UDK 616.1 / 4-07(075.8)

Authors: Doctor of medical science, professor - Sivolap V.V.; assistant-professor - Oleynik A.I. and Likhasenko I.V.; assistant c.m.s. Avramenko N.F.; Gerasco M.P.; Kurilez L.O.; Zhemanuk S.P.

The Collection is devoted to the preparation of students of the third course for complex examination

Reviewers:

Sivolap V.D. - Doctor of medical science, professor, the Head of department of internal medicine 1 ZSMU

Visir V.A. - Doctor of medical science, professor, the Head of department of internal medicine 2 ZSMU

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Pulmonology

Static examination of the chest is:
1. Determination of both halves movements
2. Examination of both halves without respiration act
3. Examination of the chest muscle integument
4. Determination of both halves collaboration in respiration act
5. Determination of rate, depth and rhythm of respiration

Dynamic examination of the chest is:
1. Determination of both halves movements
2. Determination of both halves proportions out of respiration act
3. Examination of the chest muscle integument
4. Determination of both halves symmetrical collaboration in respiration act
5. Determination of both halves symmetry

Normosthenic shape of the chest is characterized by:
1. The chest resembles cylinder, epigastric angle > 90°, costal position is almost horizontal, and supraclavicular fossae are smoothed.
2. Flat and extended chest, acute epigastric angle, costal position is oblique, supraclavicular fossae stand out, shoulder-blades are distant from the chest.
3. Wooden chest, epigastric angle < 45°.
4. The chest has a compression at the lower part of sternum.
5. The chest resembles cone, anteroposterior diameters is smaller than lateral, epigastric angle is about 90°.

Asthenic shape of the chest is characterized by:
1. The chest resembles cylinder, epigastric angle > 90°, costal position is almost horizontal, supraclavicular fossae are smoothed.
2. Flat and extended chest, acute epigastric angle, costal position is oblique, supraclavicular fossae stand out, shoulder-blades are distant from the chest.
3. Wooden chest, epigastric angle < 45°.
4. The chest has compression at the lower part of sternum.
5. The chest resembles cone, anteroposterior diameters is smaller than lateral, epigastric angle is about 90°.

Hypersthenic shape of the chest is characterized by:
1. The chest resembles cylinder, epigastric angle > 90°, costal position is almost horizontal, supraclavicular fossae are smoothed
2. Flat and extended chest, acute epigastric angle, costal position is oblique, supraclavicular fossae stand out, shoulder-blades are distant from the chest
3. Wooden chest, epigastric angle < 45°
4. The chest has compression at the lower part of sternum
5. The chest resembles cone, anteroposterior diameters is smaller than lateral, epigastric angle is about 90°

Choose a variant of normal shape of the chest:
1. Emphysematous
2. Conical
3. Paralytic
4. Funnel
5. Keeled

Choose a variant of pathologic shape of the chest:
1. Conical
2. Hypersthenic
3. Scaphoid
4. Asthenic
5. Normosthenic

What shape of the chest is characterized for emphysema?
1. Paralytic
2. Rickets
3. Barrel
4. Funnel
5. Asthenic

Paralytic shape of the chest is characterized for:
1. Emphysema
2. Pneumosclerosis and carnification of lungs
3. Spondylosis
4. Kyphoscoliosis
5. Man hardly worked from the childhood

Paralytic shape of the chest is characterized by:
1. Chest resembles cylinder, epigastric angle > 90°, costal position is almost horizontal, supraclavicular fossae are smoothed
2. Flat and extended chest, acute epigastric angle, costal position is oblique, supraclavicular fossae stand out, shoulder-blades are distant from chest
3. Flat chest, epigastric angle is about 90°
4. The chest has compression at the lower part of sternum
5. Chest resembles cone, anteroposterior diameters is smaller than lateral, epigastric angle is about 90°

What shape of the chest is characterized for a transmitted rickets man?
1. Barrel
2. Paralytic
3. Chicken
4. Scaphoid
5. Asthenic

Kyphoscoliotic shape of the chest is characterized for:
1. Emphysema
2. Rickets
3. Tuberculosis of the vertebral column
4. Infarction of the lungs
5. Pneumosclerosis

Funnel shape of the chest is characterized for:
1. Emphysema
2. Tuberculosis
3. Spondylosis
4. Anomaly of sternum development
5. Pneumonia

Scaphoid shape of the chest is characterized for:
1. Rickets
2. Tuberculosis
3. Pneumosclerosis
4. Syringomyelia
5. Lordosis

Enlargement of one half of the chest is characterized for:
1. Pneumosclerosis
2. Presence of pleural adhesions
3. Bronchial asthma
4. Bronchitis
5. Pneumothorax

Enlargement of one half of the chest is characterized for:
1. Development of pleural adhesions or total atresia of pleural cavity
2. Exudative pleurisy
3. Pneumosclerosis
4. Bronchitis
5. Bronchopneumonia

Diminution of one half of the chest is characterized for:
1. Exudative pleurisy
2. Emphysema
3. Hydropneumothorax
4. One-sided pneumosclerosis
5. Bronchitis

Decreased of the half of the chest is characterized for:
1. Atelectasis of the lung
2. Exudative pleurisy
3. Emphysema
4. Bronchial asthma
5. Bronchitis

Angulus Ludovici is:
1. Epigastric angle
2. Angle between ribs and vertebral column
3. Angle between body and manubrium of sternum
4. Angle between sternum and jugular fossae
5. Angle between clavicle and sternum

Palpation of chest helps to determine:
1. Tenderness
2. Bronchophony
3. Lung border mobility
4. Upper border of the lung
5. Fine moist rales

Palpation of chest helps to determine:
1. Bronchophony

2. Lung border mobility
3. Chest resistance
4. Upper border of the lung
5. Rales

What conditions are necessary for vocal fremitus intensification?
1. Lung emphysema
2. Fluid accumulation in pleural cavity
3. Infiltration of pulmonary tissue
4. Obturation atelectasis
5. Pneumothorax

Vocal fremitus intensification is characterized for:
1. Lobar pneumonia in hepatization stage
2. Exudative pleurisy above the place of liquid projection
3. Attack of bronchial asthma
4. Emphysema
5. Multiple bronchiectasis

Vocal fremitus intensifies in case of:
1. Bronchitis
2. Attack of bronchial asthma
3. Exudative pleurisy
4. Pneumothorax
5. Infarction of the lung

What pathological state doesn't lead to vocal fremitus intensification?
1. Lobar pneumonia at hepatization stage
2. Compression atelectasis
3. Emphysema
4. Tuberculosis
5. Infarction of the lung

Vocal fremitus decreased at the presence of the following pathology:
1. Infarction of the lung
2. Lobar pneumonia in hepatization stage
3. Multiple bronchiectasis
4. Emphysema
5. Above the air-filled cavity connected with bronchus

Vocal fremitus decreased at the presence of the following pathology:
1. Lobar pneumonia in hepatization stage
2. Obturation atelectasis
3. Tuberculosis
4. Compression atelectasis
5. Infarction of the lung

Vocal fremitus doesn't decreased at the presence of the following pathology:
1. Fluid accumulation at pleural cavity
2. Air accumulation at pleural cavity
3. Emphysema
4. Obturation atelectasis

5. Compression atelectasis

What kind of vocal fremitus have patients with dry pleurisy?
1. Increased
2. Decreased
3. Doesn't change
4. Absent
5. Much decreased

Percussion sphere is:
1. Area of carrying out percussion stroke
2. Total area that propagate to vibrate in depth and aside the studied area
3. Width of spreading of percussion stroke
4. Depth of spreading of percussion stroke
5. Loudness of percussion sound

What physical grounds are characterized for dull sound?
1. High-pitched, long, silent
2. Low, long, loud, musical shade
3. Low, short, loud
4. Low, long, silent
5. High-pitched, short, silent

What physical grounds are characterized for clear (pulmonary) sound?
1. Low, long, loud, musical shade
2. High-pitched, short, silent
3. High-pitched, long, loud, musical shade
4. Low, long, loud, musical shade
5. Reasonably loud, short-cut, high-pitched, musical shade

What physical grounds are characterized for tympanic sound?
1. High-pitched, long, silent
2. Low, long, loud, musical shade
3. High-pitched, short, silent
4. Low, short, loud
5. High-pitched, short, loud

What percussion sound is normal over lungs?
1. Bandbox
2. Deadened
3. Clear pulmonary sound
4. Deadened with tympanic
5. Dull

What percussion sound is characterized for Traube's space?
1. Dull
2. Deadened
3. Clear pulmonary sound
4. Tympanic resonance
5. Deadened and tympanic

Where dull percussion sound can normally be heard?

1. Below shoulder-blades
2. Below clavicles
3. In axillary region
4. Over liver
5. Over clavicles

What pathologic process of the lungs is characterized by dull percussion sound?
1. Emphysema
2. Lobar pneumonia in hepatization stage
3. Pneumothorax
4. Atelectasis at initial stage
5. Over the evacuated bronchiectasis, cavity, abscess

Dull percussion sound is characterized for:
1. Emphysema
2. Pneumothorax
3. Exudative pleurisy over the place of liquid projection
4. Bronchitis
5. Over evacuated smooth-walled cavities

What pathologic process of lungs is characterized by dull percussion sound?
1. Infarction of the lung
2. Bronchitis
3. Pneumothorax
4. Bronchial asthma
5. Emphysema

What pathologic process of the lungs is characterized by dull percussion sound?
1. Bronchial asthma
2. Pneumothorax
3. Emphysema
4. Lung abscess
5. Lobar pneumonia

What pathologic state of the lungs is characterized tympanic percussion sound?
1. Infarction of the lung
2. Pneumothorax
3. Lobar pneumonia
4. Bronchitis
5. Bronchiolitis

What pathologic process of the lungs is characterized by dull tympanic percussion sound?
1. Emphysema
2. Bronchial asthma
3. Atelectasis at initial stage
4. Pneumothorax
5. Bronchitis

What pathologic process of the lungs is characterized by bandbox percussion sound?
1. Pneumothorax
2. Multiple bronchiectasis
3. Pneumonia

4. Emphysema
5. Bronchitis

What percussion sound is characterized for lobar pneumonia in hepatization stage?
1. Dull
2. Clear pulmonary sound
3. Deadened and tympanic
4. Vesicular
5. Tympanic

What percussion sound is characterized for acute bronchitis?
1. Clear pulmonary sound
2. Bandbox
3. Tympanic
4. Bell
5. Dull

What is the right order of topographic percussion?
1. Determination of upper borders (apices) of the lungs, lower borders of lungs and its excursion
2. Comparative, topographic percussion
3. Krenig's areas, excursion of lower parts of the lungs
4. Lower borders of the lungs, comparative percussion
5. Determination of upper borders (apices) of the lungs, excursion of lower borders of the lungs

What is location of the lung apex posteriorly?
1. At the level of spinous process of V cervical vertebra
2. At the level of spinous process of VI cervical vertebra
3. At the level of spinous process of VII cervical vertebra
4. At the level of spinous process of I thoracic vertebra
5. At the level of spinous process of II thoracic vertebra

Normal height of apexes standing from the front:
1. 1-2 cm above clavicle
2. 3-4 cm above clavicle
3. At the level of clavicle
4. 2-3 cm above clavicle
5. 7 cm above clavicle

Krenig's fields are:
1. Upper borders (apices) of the lungs anteriorly
2. Upper borders (apices) of the lungs posteriorly
3. Width of the lungs apices
4. Excursion of the lower borders of the lungs
5. Lower borders of the lungs

What case may shift downward upper border of the lungs?
1. Bronchitis
2. Pulmonary abscess
3. Atelectasis of upper lobe of the lung
4. Hydrothorax
5. Emphysema

What is the most frequent matter of displacement of upper lung border upward?

1. Pulmonary abscess
2. Bronchopneumonia
3. Emphysema
4. Atelectasis
5. Bronchitis

Where lower border of lungs is normally situated according to anterior axillary line?

1. Lower border of VII rib
2. Upper border of VI rib
3. Lower border of VIII rib
4. Upper border of IX rib
5. Upper border of X rib

Where the lower border of the lungs is normally situated according to mid axillary line?

1. Lower border of VII rib
2. Lower border of VIII rib
3. Upper border of VIII rib
4. Upper border of IX rib
5. Lower border of X rib

Where the lower border of the lungs is normally situated according to scapular line?

1. Lower border of VIII rib
2. Lower border of IX rib
3. Upper border of X rib
4. Upper border of XI rib
5. Lower border of XI rib

What case may shift upward lower border of the lungs?

1. Emphysema
2. Multiple bronchiectasis
3. Bronchopneumonia
4. Focal tuberculosis
5. Dry pleurisy

What case is observed unilateral elevation of the lower lung edge?

1. Lobar pneumonia
2. Dry pleurisy
3. Pneumosclerosis
4. Emphysema
5. Bronchitis

What case is observed bilateral elevation of the lower lung edge?

1. Meteorism
2. Exudative pleurisy
3. Emphysema
4. Bronchitis
5. Enteroptosis

What case is observed bilateral lowering of the lower lung edge?

1. Left-side exudative pleurisy
2. Atelectasis

3. Right-side pneumothorax
4. Emphysema
5. Bronchopneumonia

What method to determined respiratory excursion?
1. Between deep inspiration and expiration
2. During normal respiration
3. During breath-holding
4. During inhalation
5. During changing position of body

Respiratory mobility of lower border of the lungs decreases in all cases, except:
1. Dry pleurisy
2. Emphysema
3. Pneumothorax
4. Pleural effusion
5. Bronchitis

“Cracked pot” percussion sound is over:
1. Large superficial cavity communicated with the bronchus through the narrow slit
2. Pleural effusion
3. Large air - filled bulla in the lungs
4. Pneumosclerosis
5. Pneumothorax

What line first in determine of the lower border of the left lung?
1. Parasternal
2. Midclavicular
3. Axillary anterior
4. Scapular
5. Paravertebral

What kind of percussion is used for determine Krenig’s fields?
1. Topographic
2. Comparative
3. Loud
4. Indirect
5. Direct

Metallic sounds are determinated over:
1. Emphysema
2. Pneumothorax
3. Large air - filled bulla in the lungs
4. Infiltration of pulmonary tissue
5. Decreased of elasticity of pulmonary tissue

What is the other name of vesicular respiration?
1. Bronchial
2. Laryngotracheal
3. Alveolar
4. Amphoric
5. Bell

“Puerile” respiration is:
1. Physiologically increased vesicular respiration
2. Pathologically increased vesicular respiration
3. Physiologically bronchial respiration
4. Pathologically bronchial respiration
5. Stenotic respiration

Harsh respiration is:
1. Physiologically increased vesicular respiration
2. Pathologically increased vesicular respiration
3. Physiologically bronchial respiration
4. Pathologically bronchial respiration
5. Stenotic respiration

Patients with emphysema have:
1. Increased vesicular respiration
2. Decreased vesicular respiration
3. Harsh respiration
4. Pathological bronchial respiration
5. Amphoric respiration

Patients with exudative pleurisy have:
1. Increased vesicular respiration
2. Harsh respiration
3. Impossible to hear or impaired vesicular respiration
4. Bronchial respiration
5. Amphoric respiration

What kinds of respiration are harsh, “puerile” and interrupted respirations?
1. Bronchial respiration
2. Vesicular respiration
3. Bronchiovesicular respiration
4. Amphoric respiration
5. Pathological bronchial respiration

Harsh respiration is characterized for:
1. Emphysema
2. Bronchitis
3. Pneumonia
4. Dry pleurisy
5. Exudative pleurisy

What kind of respiration is not increased vesicular respiration?
1. Kussmaul's respiration
2. Harsh respiration
3. During exersises
4. Grokko’s respiration
5. Interrupted respiration

Increased vesicular respiration is characterized for:
1. Bronchitis

2. Obturation atelectasis
3. Emphysema
4. Presence of liquid in pleural cavity
5. Presence of air in pleural cavity

Pathological decreased vesicular respiration is:

1. Kussmaul's respiration
2. Harsh respiration
3. Obturation atelectasis
4. Amphoric respiration
5. Interrupted respiration

Where bronchial respiration appears?

1. Bronchus
2. Alveolus
3. Larynx
4. Between pleural leaves
5. Bronchial tubes

Where normally is not heard bronchial respiration?

1. Over trachea
2. Over larynx
3. Tracheal bifurcation
4. At lower parts of lungs
5. At the level of III-IV thoracic vertebra between shoulder-blades

What respiration is heard in case of infiltration of pulmonary tissue?

1. Pathological bronchial respiration
2. Harsh vesicular respiration
3. Increased vesicular respiration
4. Decreased vesicular respiration
5. “Puerile” respiration

In what case is heard pathological bronchial respiration?

1. Bronchial asthma
2. Obturation atelectasis
3. Emphysema
4. Lung infarction
5. Dry pleurisy

What kind of respiration is heard over the large smooth-walled cavity?

1. Increased vesicular respiration
2. Decreased vesicular respiration
3. Vesicular respiration
4. Amphoric respiration
5. Harsh respiration

What kind of respiration is heard by bronchial pneumonia, when solid lung tissue locates deep or far from one another?

1. Harsh vesicular respiration
2. Pathological bronchial respiration
3. Bronchovesicular respiration

4. Amphoric respiration
5. Dry rales

What kind of respiration is heard over open pneumothorax?

1. Amphoric respiration
2. Physiologically bronchial respiration
3. Harsh respiration
4. Bell bronchial sound
5. Mixed

What pathological state is characterized with bronchial respiration?

1. Obturation atelectasis
2. Decreased of airiness of lung tissue
3. Presence of cavity, connected with bronchus
4. Pneumothorax
5. Presence of liquid in pleural cavity

Where are moist rales appear?

1. In alveoli
2. In bronchus
3. In pleural cavity
4. In larynx
5. In trachea

What is characterized of rales' caliber?

1. Respiration rate
2. Characteristics of secretion
3. Caliber of bronchus
4. Depth of respiration
5. Presence of inflammatory surround the bronchus

When do fine moist rales appear?

1. Presence of liquid secretion in small bronchi
2. Presence of thick secretion in bronchial tubes
3. Presence of large cavities with liquid content
4. Presence of liquid secretion in medium bronchi
5. During attack of bronchial asthma

What kind of moist rales is heard in bronchopneumonia?

1. Dry sibilant rales
2. Dry sonorous rales
3. Consonating moist rales
4. Non – consonating moist rales
5. Coarse bubbling rales

What rales are called non - consonating?

Rales are heard when liquid-containing bronchi or cavity are surrounded by solid lung tissue
Rales are heard when intensity of rales produced are dampened by air- containing lung tissue
Dry rales
Pleural friction rub
Sibilant rales

Presence of coarse moist rales is characterized to:
1. Infiltration pulmonary tissue
2. Presence of fluid – containing large cavity communicated with large bronchus
3. Tumor of lung
4. Bronchiolitis
5. Bronchospasm

What pathology is formed dry rales?
1. Liquid contents in trachea
2. Liquid contents in bronchi
3. Cavities with liquid contents
4. Viscous sputum in bronchi
5. Dry pleurisy

Where are formed dry sonorous rales?
1. Narrowing of small bronchi
2. Narrowing of large bronchi
3. Accumulation of fluid in the bronchi
4. In pulmonary tissue
5. In pleural cavity during dry pleurisy

Dry rales are characterized to:
1. Lobar pneumonia
2. Obstructive bronchitis
3. Dry pleurisy
4. Emphysema
5. Hydropneumothorax

Rales are appeared in the lungs may be difficult to auscultation because of:
1. Affected bronchus is surrounded with inflammatory seepage area
2. Exudative pleurisy
3. Bronchopneumonia
4. Attack of bronchial asthma
5. Bronchitis

Where is crepitation appear?
1. In bronchi
2. In trachea
3. In the lung cavity
4. In pleural cavity
5. In alveoli

At what phase of respiration is crepitation heard?
1. During inspiration
2. During expiration
3. During inhalation and exhalation
4. In case of breath-holding
5. During deep breathing

What is characterized for crepitation?
1. Stricture formation of bronchus
2. Presence of lung cavity contained liquid and air

3. Alveoli contain small amount of liquid secretion
4. Presence of bronchiectasis overfilled with pus
5. Bands between pleural layers

What is characterized for pleural friction rub?

1. Auscultation at inspiration
2. Auscultation at expiration
3. Change after cough
4. Suggest the patient doing respiratory movements with nose and mouth closed
5. Auscultation at the moment of breath-holding

What can be heard at patients with dry pleurisy?

1. Crepitation
2. Dry rales
3. Pleural friction rub
4. Fine moist rales
5. Coarse moist rales

Intensive bronchophony is characteristic for:

1. Emphysema
2. Presence of liquid in pleural cavity
3. Pneumothorax
4. Infiltration of pulmonary tissue
5. Bronchitis

Cardiology

Where do patients have edemas with heart failure?

1. At the back
2. At the face
3. At the lids
4. Lower extremities
5. Upper extremities

Face of patients with heart failure is usually called:

1. Facies mitralis
2. Facies aortalis
3. Facies Corvisara
4. Facies Hippocratica
5. Facies selenica

Facies mitralis is characterized by:

1. Pallor
2. Jaundice
3. Cyanotic flush
4. Moon-like face
5. Mask-like face

Facies aortalis is characterized by:

1. Cyanosis
2. Pallor
3. Jaundice
4. Sub-icterus
5. Chlorosis

Arterial pulsation of liver can be the result of:

1. Mitral regurgitation
2. Aortic regurgitation
3. Tricuspid regurgitation
4. Decreases contractive ability of the left ventricule of the heart
5. Mitral stenosis

Venous pulsation of liver can be the result of:

1. Mitral stenosis
2. Aortic regurgitation
3. Tricuspid regurgitation
4. left ventricule heart failure
5. Hypertrophy of right ventricule

Jugular pulsation is the specific sign of:

1. Aortic regurgitation
2. Mitral regurgitation
3. Tricuspid regurgitation
4. Mitral stenosis
5. Tricuspid stenosis

Carotid pulsation is the specific sign of:

1. Mitral stenosis
2. Mitral regurgitation
3. Aortic stenosis
4. Aortic regurgitation
5. Tricuspid regurgitation

Systolic thrill (systolic cat's purr) on the heart apex can be palpated in the case of:
1. Mitral stenosis
2. Aortic stenosis
3. Aortic regurgitation
4. Dry pericarditis
5. Mitral regurgitation

Diastolic thrill (diastolic cat's purr) on the apex of the heart can be palpated in the case of:
1. Mitral regurgitation
2. Mitral stenosis
3. Tricuspid regurgitation
4. Tricuspid stenosis
5. Aortic stenosis

Where is normal apex beat determined?
1. 5 intercostal space by the midclavicular line
2. 5 intercostal space 1-1,5 cm forward to the sternum from the midclavicular line
3. 5 intercostal space 2,5 cm forward to the sternum from the midclavicular line
4. 6 intercostal space 1-1,5 cm outside from the midclavicular line
5. 5 intercostal space 0,5-1 cm outside from the midclavicular line

Cardiac beat is localized:
1. Left side from the sternum along big area
2. 2 intercostal space to the right
3. 2 intercostal space to the left
4. Epigastrium
5. Fosse jugularia

Dome-like apex beat can be palpated during:
1. Tricuspid regurgitation
2. Tr.pulmonalis stenosis
3. Hypertrophy and dilatation of left ventricle
4. Pulmonary emphysema
5. Effusive pleuritis

High apex beat can be the result of:
1. Hypertrophy of the left ventricle
2. Dilatation of left ventricle
3. Mitral stenosis
4. Tricuspid regurgitation
5. Tr. pulmonalis stenosis

Low apex beat can be the result of:
1. Mitral regurgitation
2. Aortic stenosis
3. Hypertrophy of the left ventricle

4. Aortic regurgitation
5. Dilatation of left ventricle in the case of it's weakened contractive function

Strong apex beat can prove:
1. Tricuspid regurgitation
2. Aortic and tr. pulmonalis regurgitation
3. Hypertrophy of the right ventricle
4. Hypertrophy of the left ventricle
5. Dilatation of left ventricle

Negative apex beat is specific for:
Effusive pericarditis
Hypertrophy of the left ventricle
Dilatation of left ventricle
Adhesion of visceral and parietal layers of the pericardium together and with chest wall
Hypertrophy of the right ventricle

Pathological displacement of the apex beat to the left and downward is typical for:
1. Hypertrophy of the left ventricle
2. Ascitis
3. Meteorism
4. Pulmonary emphysema
5. Pneumosclerosis

What is "Quail's rhythm"?
1. Triple rhythm which consists of loud first heart sound, second heart sound and opening snap sound
2. Rhythm with splitting of second heart sound
3. Rhythm with splitting of first heart sound
4. Pendulum-like rhythm
5. Rhythm as a result of increased 3 and 4 physiological heart sounds

What rhythm is named gallop's rhythm?
1. Rhythm, conditioned by strengthening of physiological S_4
2. Rhythm with reduplication of S_1
3. Rhythm with reduplication of S_2
4. Rhythm with the split of S_1
5. Rhythm with the split of S_2

What does heart phase S_1 appear?
1. Ventricular systole
2. Ventricular diastole
3. Atrium systole
4. Atrium diastole
5. Atrium and ventricular diastole

What does heart phase S_2 appear?
1. Ventricular systole
2. Ventricular diastole
3. Atrium systole
4. Atrium diastole
5. Atrium and ventricular diastole

How many components S_1 consist of?

1. One
2. Two
3. Three
4. Four
5. Five

How many components are S_2 consist of?

1. One
2. Two
3. Three
4. Four
5. Five

Because of contraction of atriums, tension of myocardium of ventricles, closing of atrio-ventricular valves, openings of valves of vessels and vibrations of their initial departments appears:

1. I sound
2. II sound
3. III sound
4. IV sound
5. Pericardium friction rub

The simultaneous closing of valves of aorta and truncus pulmonaris is the valvular component of:

1. I sound
2. II sound
3. Sound of mitral valve opening
4. III sound
5. IV sound

Where is the point of auscultation of the mitral valve localized?

1. In the place of the left III costo-sternalis junction
2. On the heart apex
3. On the basis of the heart
4. Over the base of processus xiphoideus
5. In the second intercostal space left side of the sternum

Where is the point of auscultation of the aortic valve localized?

1. On the apex of the heart
2. In the second intercostal space to the right of the sternum
3. In the second intercostal space to the left of the sternum
4. Over processus xiphoideus
5. In the fourth intercostal space to the left of the sternum

Where is the point of auscultation of truncus pulmonalis localized?

1. On the apex of the heart
2. In the second intercostal space to the right of the sternum
3. In the second intercostal space to the left of the sternum
4. Over processus xiphoideus
5. In the fourth intercostal space to the left of the sternum

Where is the point of auscultation of tricuspid valve localized?

1. On the apex of the heart
2. In the second intercostal space to the right of the sternum
3. In the second intercostal space to the left of the sternum
4. Over processus xiphoideus
5. In the fourth intercostal space to the left of the sternum

Where is Botkin-Erb point localized?

1. Over the manubrium sternum
2. In the third intercostalis space to the left of the sternum
3. Over processus xiphoideus
4. On the apex of heart
5. In the second intercostal space to the right of the sternum

In what order the valves of the heart are auscultated?

1. Mitral, tricuspid, aortic, tr.pulmonalis
2. Aortic, tr.pulmonalis, mitral, tricuspid
3. Miral, aortic, tr.pulmonalis, tricuspid
4. Miral, aortic, tr.pulmonalis, tricuspid
5. Tricuspid, mitral, aortic, tr.pulmonalis

Characteristics of the S_1 on the heart apex are:

1. Quiet, short, high
2. Loud, long, low
3. Loud, high, long
4. Quiet, long, low
5. Quiet, high, long

What kind patients have normal S_3 and S_4?

1. Children
2. Elderly people
3. People of middle ages
4. Women
5. Men

How S_1 and S_2 can be distinguish?

1. To incline a patient forward
2. To conduct auscultation of patient on left side
3. Listen to the tones in Botkin-Erb point
4. I tone concurs with apex beat, pulse of aorta and carotid
5. II tone coincides with apex beat, pulse of aorta and carotid

What disease is caused weakening of both heart sounds?

1. Bazedov's disease(diffuse toxic goiter)
2. Lung emphysema
3. Premature beat arrhythmias
4. Infiltration of the low part of the left lung
5. Anemia

Weakening of both sounds on the heart apex takes place because of:

1. Aortal valve diseases
2. Mitral valve diseases
3. Myocarditis

4. Artetial hypertension
5. Thyreotoxicosis

Heart sounds at the patients with pulmonary emphysema are:
1. Increased
2. Decreased
3. Non changed
4. Absent
5. Increased I tone on the apex of the heart

Both heart sounds increase in the case of:
1. Pulmonary emphysema
2. Leftside effusive pleuritis
3. Anemia
4. Obesity
5. Accumulation of liquid in pericardium

Weakening of S_1 on the heart apex takes place in all cases, except:
1. Myocarditis
2. Mitral regurgitation
3. Thyreotoxicosis
4. Pulmonary emphysema
5. Accumulation of liquid in pericardium

Weakening of S_2 over aorta takes place in the case of:
1. Atherosclerosis of aorta
2. Aortal valve diseases
3. Syphilitical mesaortitis
4. Arterial hypertension
5. Thyreotoxicosis

Accentuated S_2 over aorta is characterized by:
1. S_2 over aorta more the S_1
2. S_2 over aorta more than S_2 over tr. pulmonalis
3. S2 over aorta more than S_1 on the heart apex
4. S_2 on the heart apex more than S_2 over aorta
5. S_2 over aorta more than S_2 on the heart apex

Accentuated S_2 over aorta is auscultated in the case of:
1. Aortic regurgitation
2. Aortic stenosis
3. Arterial hypertension
4. Increased pressure in the pulmonary blood circulation system
5. Arterial hypotension

Accentuated S II over tr.pulmonalis is characterized by:
1. S_2 more than S_1 over tr.pulmonalis
2. S_2 over tr. pulmonalis more than S_2 over aorta
3. S_2 over tr. pulmonalis more than S_2 on the heart apex
4. S_2 over aorta more than S_1 on the heart apex
5. S_2 over tr. pulmonalis more than S_1 over aorta

Accentuated S_2 over tr.pulmonalis is auscultated in the case of:

1. Increased pressure in the big blood circulation
2. Increased pressure in the pulmonary blood circulation
3. Tr.pulmonalis regurgitation
4. Aortic stenosis
5. Tricuspid regurgitation

What is different between splitting and reduplication of the heart sounds?

1. In the case of spliting pause between components of the tones longer than in the case of reduplication
2. In the case of spliting pause between components of the tones shorter than in the case of reduplication
3. Doesn't differ
4. Splitting auscaltates as two separate tones
5. Splitting auscultates as one tone

During splitting pause between components (or pair of components) is:

1. 0,01-0,03 sec
2. 0,03-0,04 sec
3. 0,03-0,05 sec
4. 0,05-0,07 sec
5. 0,15-0,02 sec

S_1 increases at:

1. Hyperthyroisis
2. Hyperthermia
3. Mitral stenosis
4. Anemia
5. In all of the above-stated cases

What pathology is characterized "Quail's rhythm"?

Mitral stenosis
Mitral regurgitation
Severe heart failure
Paroxysmal tachycardia
Bradicardia

What part of diastole can heard protodiastolic murmur?

1. In the beginning
2. In the middle
3. In the end
4. All diastole
5. 2/3 of diastole

What part of diastole can heard middiastolic murmur?

1. In the beginning
2. In the middle
3. In the end
4. All diastole
5. 2/3 of diastole

What diseases are characterized organic murmurs of the heart for?

1. Valvular diseases
2. Arterial hypertension
3. Anemia
4. Myocarditis
5. Thyreotoxicosis

What diseases are characterized functional murmurs of the heart for?

1. Valvular diseases
2. Congenital heart failure
3. Myocardial infarction
4. Anemia
5. Angina pectoris

How do organic murmurs change after physical exercises?

1. Increased
2. Decreased
3. Disappear
4. Doesn't change
5. Place of auscultation dislocates

How do functional murmurs change after physical exercises?

1. Increased
2. Weaken or disappear
3. Doesn't change
4. Increased sharply
5. Transmitted in other points of auscultation

What organic murmur can heard in the second intercostal space at the right sternal edge:

1. Systolic murmur by mitral regurgitation
2. Diastolic murmur by mitral stenosis
3. Systolic murmur by aortic stenosis
4. Diastolic murmur by pulmonary regurgitation
5. Systolic murmur by tricuspid regurgitation

What is different between functional and organic murmurs?

1. Change in the heart sounds
2. Rough, loud, long
3. Do not change after physical exercises
4. Not transmitted
5. Reminds the cats purr

Haemodynamic functional murmur is characterized for:

1. Thyreotoxicosis
2. Mitral stenosis
3. Myocarditis
4. Mitral regurgitation
5. Arterial hypertension

Anaemic (hydraemic) murmur is usually:

1. Systolic
2. Dyastolic

3. Protodyastolic
4. Presystolic
5. Middiastolic

Pericardium friction rub appears in the case of:
1. Uremia
2. Hydropericardium
3. "Cor bovinum"(cardiomegalia)
4. Angina pectoris
5. Adhesion of pericardium layers with the visceral pleura

Where is the best place for pericardium friction rub ausculatation?
1. Apex of the heart
2. Second intercostals space to the right
3. Second intercostals space to the left
4. In the area of absolute heart dullness
5. In the Botkin-Erb's point

S_3 can be auscultated in all enumerated cases, except:
1. Kids
2. Young people, suffering from anemia
3. Aortic regurgitation
4. Mitral stenosis
5. Mitral regurgitation

S_1 increase in case of:
1. AV block I st.
2. Aortic stenosis
3. Aortic regurgitation
4. Left bundle-branch block
5. Nothing from the above-stated cases

Graham-Steel's murmur can be auscultated in the case of:
1. Tr.pulmanalis stenosis
2. Mitral stenosis
3. Aortic regurgitation
4. Aortic stenosis
5. Coarctation of aorta

The accentuated S_2 over tr.pulmonalis is auscultated during:
1. Tr.pulmonalis stenosis
2. Aortic stenosis
3. Increased pressure in the pulmonary blood circulation
4. Thyreotoxicosis
5. Arterial hypertension

S_1 increase in all cases, except:
1. Mitral stenosis
2. Anemia
3. Mitral regurgitation
4. Arterial hypertension
5. Young patients

When is Flint's murmur auscultated:
1. Mitral regurgitation
2. Aortic regurgitation
3. Aortic stenosis
4. Tr.pulmonalis stenosis
5. Nothing from the above-stated cases

In the case of aortic stenosis S_2 on the base of the heart is characterized as:
1. Increased
2. Non changed
3. Reduplication due to decreased injection fraction of ventricles
4. Decreased
5. Reduplicated during physical loading

What disease causes decreasing of heart ejection fraction?
1. Myxedema
2. Mitral stenosis
3. Atrial fibrillation
4. Heart failure
5. With all of the above mentioned reasons

What pulse rate (PR) is normal for adult people:
1. 70 b.p.m
2. 60-70 b.p.m
3. 70-90 b.p.m
4. 60-80 b.p.m
5. 50-80 b.p.m

What is anacrota?
1. Pulse pressure
2. Ascending knee of sphygmogram
3. Slow pulse
4. Speed of distribution of pulse wave
5. Descending knee of sphygmogram

What is Takayasu disease?
1. Aortic heart-disease
2. Mitral heart-disease
3. Congenital heart-disease
4. Coarctation of aorta
5. Obliterating arteritis of large vessels which branch from the arc of aorta

What is pulses difference?
1. Different pulse on both hands
2. Alternation of large and small pulse waves
3. Difference between the amount heart beats and pulse waves
4. Premature pulse waves
5. Pulse at patients with embryocardia

What is the pulse deficit?
1. Alternation of large and small pulse waves

2. Different pulse on both hands
3. Difference between the amount heart beats and pulse waves
4. Pulse at patients with embryocardia
5. Different pulse on upper and lower extremities

For what disease "pulsus filiformis" (thready pulse) is characterized?
1. Atherosclerosis
2. Chronic heart failure
3. Acute vascular insufficiency
4. Endarteritis
5. Arterial hypertension

For what disease is characterized Pulsus celer et altus?
1. Arterial hypertension
2. Mitral regurgitation
3. Aortic regurgitation
4. Heart failure
5. Hypotension

Positive veins pulse on vv. jugular is characterized for:
1. Mitral regurgitation
2. Aortic stenosis
3. Aortic regurgitation
4. Mitral stenosis
5. Tricuspid regurgitation

What is normal systolic blood pressure in healthy people?
1. 90 – 110 mm Hg
2. 60 – 90 mm Hg
3. 120 – 130 mm Hg
4. 120 – 139 mm Hg
5. 130 – 140 mm Hg

What is normal diastolic blood pressure in healthy people?
1. 50 – 80 mm Hg
2. 60 – 70 mm Hg
3. 60 – 89 mm Hg
4. 80 – 95 mm Hg
5. 70 – 90 mm Hg

A patient was determined hypertrophy of the left ventricle without its dilatation. Heart failure was not determined. How will the S I at the heart apex change?
1. Increased
2. Decreased
3. Splitting
4. Presystolic gallop rhythm
5. Systolic gallop rhythm

Palpation: apex beat in the VI intercostal space in the midclavicular line is diffus, intense, high, dome-like. Cardiac beat is not determined.
What syndrome does the patient have?
1. Hypertrophy of the left ventricle without its dilatation

2. Considerable dilatation of the left ventricle
3. Hypertrophy of the left ventricle is not determined
4. Hypertrophy and dilatation of the right ventricle
5. Considerable hypertrophy of the right ventricle

Percussion:
Borders of the relative cardiac dullness: Right - 2 cm outer to the right edge of the sternum, Left - 1,5 cm inner the left midclavicular line, Upper- upper margin of the III rib.
Borders of the absolute cardiac dullness: Right- the right margin of the sternum, Left- 1,5 cm inner the left midclavicular line, Upper- the cartilage of IV rib. What syndrome does the patient have?

1. Dilatation of the left ventricle
2. Dilatation of the right ventricle
3. Dilatation of the left and right ventricles
4. Dilatation of the left atrium and the left ventricle
5. Dilatation of the left atrium and the right ventricle

Examination: Cardiac beat is determined. Apex beat is not determined.
Palpation: Apex beat is localized in the V intercostal space 1 cm inner the left midclavicular line. Pulsation is determined in the epigastric region. What syndrome does the patient have?

1. Hypertrophy of the left ventricle without its dilatation
2. Considerable dilatation of the left ventricle
3. Hypertrophy and dilatation of the left and right ventricles
4. Hypertrophy and dilatation of the right ventricle
5. Hypertrophy of the right atrium

Percussion:
Borders of the relative cardiac dullness: Right - 0,5 cm outer the right edge of the sternum, Left - on anterior axillary line, Upper – the upper margin of the III rib.
Borders of the absolute cardiac dullness: Right - left margin of the sternum, Left - 0,5 cm inner from anterior axillary line, Upper – the cartilage of IV rib. What syndrome does the patient have?

1. Dilatation of the left ventricle
2. Dilatation of the right ventricle
3. Dilatation of the left and right ventricles
4. Dilatation of the left atrium and the left ventricle
5. Dilatation of the left atrium and the right ventricle

A patient has high pressure in the pulmonary artery. What change of loudness of S II over pulmonary artery?

1. Increased
2. Decreased
3. Splitting
6. Presystolic gallop rhythm
4. Systolic gallop rhythm

Examination: Apex beat is visible, displaced to the anterior axillary line.
Palpation: Apex beat is determined in the VI intercostal space on anterior axillary line. It is high, strong and diffuse. Cardiac beat is not determined. What syndrome does the patient have?

1. Hypertrophy of the right ventricle
2. Dilatation of the left ventricle
3. Hypertrophy of the left atrium

4. Considerable hypertrophy of the left ventricle
5. Hypertrophy and dilatation of the left ventricle

Percussion:
Borders of the relative cardiac dullness: Right - right margin of the sternum, Left - 2 cm outer the left midclavicular line, Upper - the upper margin of the III rib.
Borders of the absolute cardiac dullness: Right - the left margin of the sternum, Left - 2 cm outer the left midclavicular line, Upper - the cartilage of IV rib. What syndrome does the patient have?

1. Hypertrophy of the left ventricle
2. Dilatation of the right ventricle
3. Dilatation of the left and right ventricles
4. Dilatation of the left atrium and left ventricle
5. Dilatation of the left atrium and right ventricle

Percussion:
Borders of the relative cardiac dullness: Right – 2 cm to the right from the sternum, Left - 2 cm outer the left midclavicular line, Upper – the upper margin of III rib.
Borders of the absolute cardiac dullness: Right - right margin of the sternum, Left - 1 cm outer the left midclavicular line, Upper - the cartilage of IV rib. What syndrome does the patient have?

1. Dilatation of the left ventricle
2. Dilatation of the right ventricle
3. Dilatation of the left and right ventricles
4. Dilatation of the left atrium and left ventricle
5. Dilatation of the left atrium and right ventricle

Percussion:
Borders of the relative cardiac dullness: Right – 2.5 cm outer the right edge of sternum, Left - 1,5 cm inner the left midclavicular line, Upper - the upper margin of the II rib.
Borders of the absolute cardiac dullness: Right - 1 cm. inner the right edge of the sternum, Left - 1,5 cm. inner the left midclavicular line, Upper – the upper margin of the III rib. What syndrome does the patient have?

1. Dilatation of the left ventricle
2. Dilatation of the right ventricle
3. Dilatation of the left and right ventricles
4. Dilatation of the left atrium and left ventricle
5. Dilatation of the left atrium and right ventricle

A patient has high pressure in pulmonary artery, resulting from mitral stenosis. What change of loudness of the S II over the pulmonary artery?

1. Increased
2. Decreased
3. Splitting
4. Dual
5. Gallop rhythm

A patient has total heart failure (left and right ventricle). Blood pressure is 100/50 mm Hg. What change of loudness of the S I at the heart apex?

1. Increased
2. Decreased
3. Splitting
4. Dual

5. Flopping

A patient's ECG showed right bundle – branch block. What change of loudness of the S I at the heart apex?

1. Increased
2. Decreased
3. Systolic gallop rhythm
4. Presystolic gallop rhythm
5. Protodiastolic gallop rhythm

A patient has high blood pressure 200/110 mm Hg. What change of loudness of the S II over aorta?

1. Increased
2. Decreased
3. Splitting
4. Systolic gallop rhythm
5. Diastolic gallop rhythm

What name of the additional heart sound in mitral stenosis?

1. The third heart sound (S_3)
2. The forth heart sound (S_4)
3. Opening snap
4. Protosystolic click
5. Mesodiastolic click

What additional heart sound can appear, when a patient has hyperfunction of the thyroid gland?

1. The third heart sound (S_3)
2. The forth heart sound (S_4)
3. Opening snap
4. Protosystolic click
5. Mesodiastolic click

Auscultation: patient has rough systolic murmur of growing-decreasing character in the right second intercostal space which is conducted into the cervical vessels. What syndrome does the patient have?

1. Mitral stenosis
2. Mitral regurgitation
3. Aortic stenosis
4. Aortic regurgitation
5. Tricuspid regurgitation

Auscultation: patient has decreasing systolic murmur at the heart apex. It is long (2/3 of the systole), blowing and trasmitted to the left axillary region. What syndrome does a patient have?

1. Mitral stenosis
2. Mitral regurgitation
3. Aortic stenosis
4. Aortic regurgitation
5. Tricuspid regurgitation

Auscultation: patient has decreasing diastolic murmur in the second right intercostal space. This murmur appears after S_2 and occupies 2/5 of the diastole. The murmur transmitted to the Botkin point. What syndrome does the patient have?

1. Mitral stenosis
2. Mitral regurgitation
3. Aortic stenosis
4. Aortic regurgitation
5. Tricuspid regurgitation

Auscultation: patient has protodiastolic murmur, which appears in a small interval after S_2. The murmur has presystolic amplification, not transmitted. What syndrome does the patient have?

1. Mitral stenosis
2. Mitral regurgitation
3. Aortic stenosis
4. Aortic regurgitation
5. Tricuspid regurgitation

Auscultation: patient has decreasing systolic murmur over the low border of the sternum and it is transmitted to the right and upwards. The murmur is increased on deep inspiration. What syndrome does the patient have?

1. Mitral stenosis
2. Mitral regurgitation
3. Aortic stenosis
4. Aortic regurgitation
5. Tricuspid regurgitation

Gastroenterology

What from preparations is not a stimulator of gastric secretion?

1. Caffeine
2. Histamine
3. Pentagastrin
4. Atropine sulfate
5. Insulin

Deep, methodical, sliding palpation is spent in the following order:

1. Sigmoid colon, caecum, ascending colon, descending colon, stomach, transverse colon, spleen, liver, kidneys
2. Sigmoid colon, descending colon, caecum, ascending colon, stomach, transverse colon, liver, spleen, kidneys
3. Sigmoid colon, descending colon, caecum, ascending colon, transverse colon, stomach, liver, spleen, kidneys
4. Caecum, sigmoid colon, ascending and descending colon, stomach, transverse colon, liver, spleen, kidneys
5. Caecum, ascending, sigmoid colon, descending, stomach, transverse colon, liver, spleen, kidneys

There is pH 0,9 in gastric juice. What type of secretion has patient?

1. Increase of acidity of gastric juice
2. Decrease of acidity of gastric juice
3. Normal acidity
4. Gastric achylia
5. Unacidic reaction pH

There is pH 1,9 in gastric juice. What type of secretion has patient?

1. Increase of acidity of gastric juice
2. Decrease of acidity of gastric juice
3. Normal acidity
4. Gastric achylia
5. Unacidic reaction pH

There is pH 4,9 in gastric juice. What type of secretion has patient?

1. Increase of acidity of gastric juice
2. Decrease of acidity of gastric juice
3. Norm acidity
4. Gastric achylia
5. Unacidic reaction pH

What are tasks of colonoscopy?

1. To examine colon directly
2. To obtained biopsy specimens
3. To execute simple surgical manipulations
4. To take cytological tests
5. To execute all manipulations resulted here

There is the frog-like abdomen in case of:

1. Meteorism

2. Pregnancy
3. Ascitis
4. Peritonitis
5. Obesity

What percussion sound is characterized for healthy person?

1. Dull sound
2. Dull sound in slopping sites
3. Tympanic sound
4. Vesicular sound
5. Low tympanic sound

What percussion sound is characterized for ascites?

6. Dull sound
7. Dull sound in slopping sites
8. Tympanic sound
9. Vesicular sound
10. Low tympanic sound

When can you test of fluctuation symptom?

1. Pregnancy
2. Ascitis
3. Obesity
4. Pyloric stenosis
5. Meteorism

Resistance of the anterior abdominal wall characteristic for:

1. Meteorism
2. Ascites
3. Pregnancy
4. Perforations of ulcer
5. Stenosis of the gatekeeper

What part of the colon do you begin deep palpation on Obraztsov-Strazhesko?

1. The sigmoid
2. The caecum
3. The ascending colon
4. The descending colon
5. The stomach

Where is found the greater curvature of the stomach in male?

1. The umbilicus level
2. 2-3 cm above the umbilicus
3. 1-2 cm lower the umbilicus
4. 3- 4 cm above the umbilicus
5. 4-5 cm above the umbilicus

What is typical radiological symptom for the cancer of the stomach?

1. Intensified peristalsis of the stomach
2. Increases the tone of the stomach

3. A symptom of "niche"
4. Deformation of the stomach
5. Defect of filling

What is irrigoscopy (the barium examination)?

1. Endoscopic examination of the small intestines
2. Endoscopic examination of the large intestines
3. Radiological examination of the large intestines
4. Radiological examination of the small intestines
5. Laparoscopic examination of the abdominal cavity

What is used benzidine test in stools for?

1. Presence of helmints
2. Presence of the latent blood
3. Presence of bilirubin pigments
4. Presence of assess protein
5. Presence of stercobilin

When is positive of Gregersen's reaction (benzidine test)?

1. Mechanical jaundice
2. Duodenal ulcer
3. Gastrointestinal bleeding
4. Chronic hepatitis
5. Chronic pancreatitis

Occurrence of the jaundice is connected with elevation of the content:

1. Bilious acids in blood
2. Urobilinogen
3. Stercobilinogen
4. Bilirubin in blood

Where is estimated the liver lower edge in the right midclavicular line?

1. At the level of the right costal arch
2. 2 cm higher than the right costal arch
3. 2 cm below right costal arch
4. At the level of the umbilicus
5. 1 cm higher than the right costal arch

Normal size of the liver according M.G. Kurlov (in centimeters):

1. 7 x 8 x 9
2. 8 x 7 x 9
3. 9 x 8 x 7
4. 9 x 7 x 8
5. 8 x 9 x 10

What is Ortners'symptom?

1. Tenderness in the point of gall-bladder projection
2. Tenderness during tapping over the right costal arch by the edge of the hand
3. Tenderness in Shoffar's zone
4. Tenderness in Dejarden's point
5. Palpation increased and painful gall-bladder

What is Ker's symptom?

1. Tenderness in the region of gall-bladder projection
2. Tenderness during tapping over the right costal arch by the edge of the hand
3. Tenderness in Shoffar's zone
4. Tenderness in Dejarden's point
5. Palpation increased and painful gall-bladder

What is Mussy-Georgievsky symptom, or phrenicus-symptom?

1. Tenderness in the region of gall-bladder projection
2. Tenderness during tapping over the right costal arch by the edge of the hand
3. Tenderness in Shoffar's zone
4. Tenderness at the point of the phrenic nerve, between the heads of the sternocleidomastoid muscle
5. Palpation increased and painful gall-bladder

What kind of bilirubin is determined normally?

1. Only direct bilirubin
2. Only indirect bilirubin
3. 75 % of direct bilirubin from total
4. 75 % of indirect bilirubin from total
5. 25 % of indirect bilirubin from total

What function of the liver is characterized sedimentation (thymol) tests?

1. Antitoxic
2. Pigment metabolism
3. Liver enzymes
4. Protein metabolism
5. Lipid metabolism

What function of the liver is characterized prothrombin index?

1. Antitoxic
2. Liver enzymes
3. Pigment metabolism
4. Protein metabolism
5. Lipid metabolism

When is increased level of alkaline phosphatase?

1. Obstructive jaundice
2. Duodenal ulcer
3. Colitis
4. Chronic gastritis
5. Subhepatic jaundice

When is increased level of aminotransferases?

1. Gastric ulcer
2. Duodenal ulcer
3. Colitis
4. Chronic gastritis
5. Chronic hepatitis

Which test is determined lipid metabolism?

1. Sedimentation tests
2. Total cholesterol
3. Liver enzymes
4. Bilirubin
5. Prothrombin index

What method of examination is excellent for diagnostic of cholelitiasis?

1. Palpation
2. Auscultation
3. Percussion
4. Ultrasound examination
5. Endoscopy

What method of examination is excellent for diagnostic of liver's morphology?

1. Computed tomography
2. Biopsy of the liver
3. Endoscopy
4. Cholecystography
5. Splenoportography

What solution is used for stimulating contraction of the gall bladder?

1. Water
2. Injection of atropine
3. 25-50 ml of 25 per cent solution magnesium sulphate
4. Cabbage breakfast
5. Injection of histamine hydrochloride

What color has bladder bile (B bile)?

1. Yellow
2. Light yellow
3. Olive
4. Golden-yellow

What are test crystals of cholesterol in bile?

1. Nephrolithiasis
2. Cholelithiasis
3. Broncholithiasis
4. Gastrolithiasis

What is called a great amount of fat in the stools?

1. Steatorrhea
2. Melena
3. Lientery
4. Amylorrhea
5. Creatorrhea

What disease is characterized sandy ("acholic faeces")?

1. Gastric ulcer
2. Colitis
3. Enteritis
4. Obstructive jaundice
5. Chronic gastritis

What color are faeces at patients with mechanical jaundice?

1. Black
2. Colorless (“acholic faeces”)
3. Grey
4. Brown
5. Dark brown

“Proud” gait appears in the case of:

1. Mitral stenosis
2. Effusive pericarditis
3. Adhesive pericarditis
4. Ascites
5. Effusive pleuritis

Electrocardiography

Electrocardiographic monitoring provides information about the heart's:

1. Coronary arteries
2. Force of contraction
3. Electrical activity
4. Cardiac output
5. Endocardium

Which of these electrodes is always negative?

1. Left leg
2. Left arm
3. Right leg
4. Right arm
5. Chest

After the cardiac impulse leaves the SA node and depolarizes the atria, it goes to the:

1. Purkinje fibers
2. Left bundle branch
3. AV node
4. Bundle of His
5. Right bundle branch

The normal physiological pacemaker is the:

1. Bundle of His
2. AV node
3. SA node
4. Purkinje fibers
5. Coronary sinus

The normal PR interval is

1. 0.10-0.12
2. 0.12-0.20
3. 0.04-0.12
4. 0.04-0.20
5. 0.16-0.25

The wave form that represents ventricular repolarization is the:

1. P
2. PR
3. QRS
4. T
5. U

Myocardial infarction is characterized on the ECG by:

1. rate changes
2. rhythm changes
3. ST elevation and T wave inversion
4. ST depression and T wave elevation
5. The abnormal Q wave

Lead II shows electrical activity from the:

1. Right arm to left leg
2. Right arm to right leg
3. Left arm to left leg
4. Left arm to right leg
5. Right arm to left arm

The SA node normally discharges at the rate of:

1. 40-60
2. 60-80
3. 20-40
4. 60-100
5. 80-110

On the ECG, the P wave corresponds to:

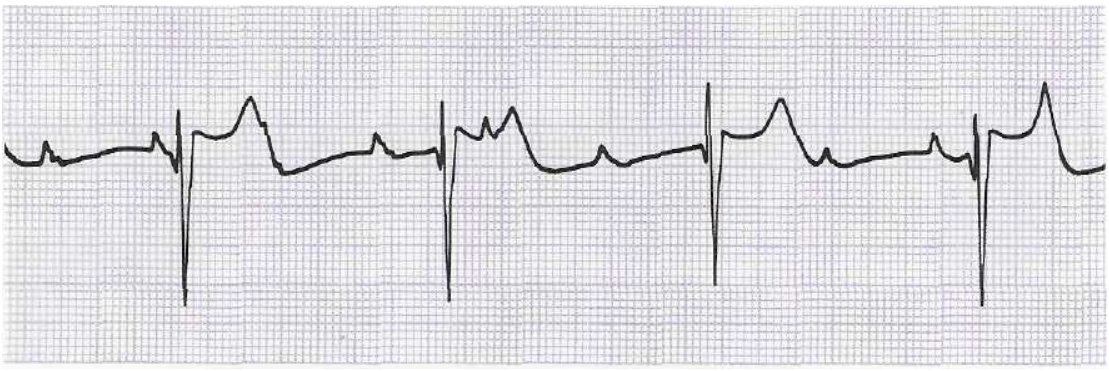
1. Atrial depolarization
2. Ventricular depolarization
3. Ventricular repolarization
4. Junctional repolarization
5. Atrial and ventricular depolarization

On the ECG paper (a speed of 50mm/s), the width of each small block is:

1. 0.02 sec
2. 0.04 sec
3. 0.01 sec
4. 0.12 sec
5. 0.20 sec

What is abnormality of condaction in this ECG?

1. First -deegre AV block
2. Second -degree AV block
3. Third -degree AV block
4. Rght -bundle branch block
5. Left -bundle branch block



In a PAC, the P wave is:

1. absent
2. premature
3. at the expected time
4. delayed
5. after QRS

A wide, M-shaped QRS complex in V_1, or V_2 may indicate:

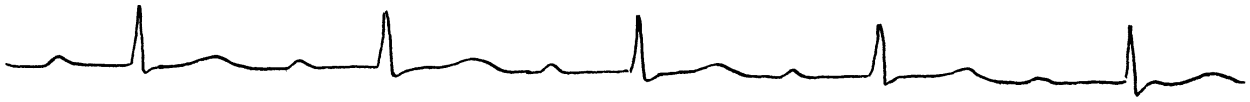
1. Right bundle branch block
2. Left bundle branch block
3. Posterior hemiblock
4.SA block
5. Intraatrial block

A beat characterized by a short PR, a slurred upstroke on the QRS, and a wide QRS is:

1. SA block
2. Bundle branch block
3. WPW syndrome
4. Right bundle branch block
5. Left bundle branch block

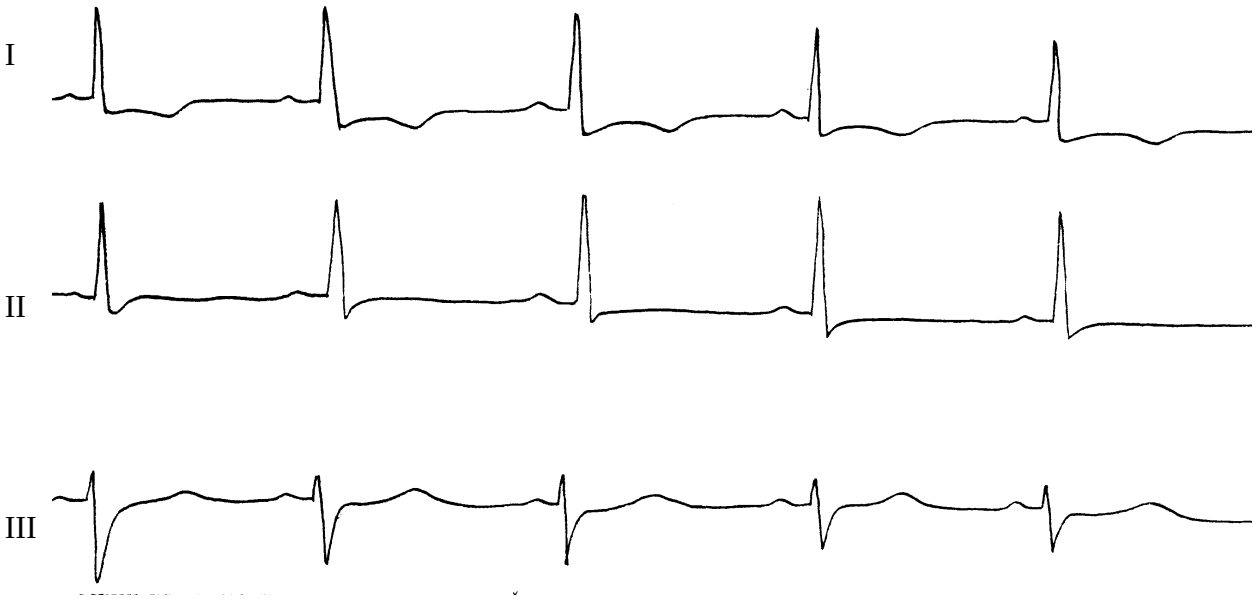
Interpret the ECG. What violation of the rhythm does a patient have?

1. Sinus (respiratory) arrhythmia
2. Atrioventricular block (I degree)
3. Atrioventricular block (II degree, Mobitz type I)
4. Atrioventricular block (II degree, Mobitz type II)
5. Atrioventricular block (III degree)



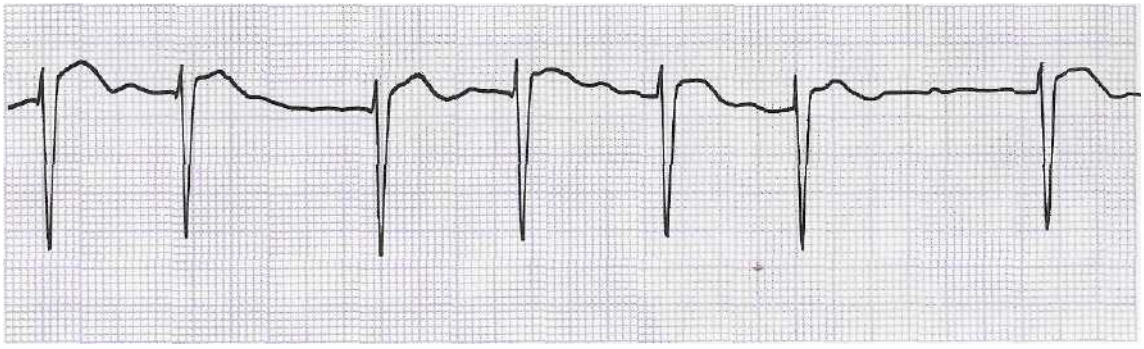
Point out the position of the axis of the heart. What syndrome does a patient have?

1. Normal position of the heart axis
2. Hypertrophy of the left ventricle
3. Hypertrophy of the right ventricle
4. Hypertrophy of the right ventricle and the left atrial
5. Hypertrophy of the right ventricle and the right atrial



Interpret the ECG. What violation of the rhythm does a patient have?

1. Sinus (respiratory) arrhythmia
2. Atrioventricular block (I degree)
3. Atrial flutter
4. Atrial fibrillation
5. Sinus tachycardia



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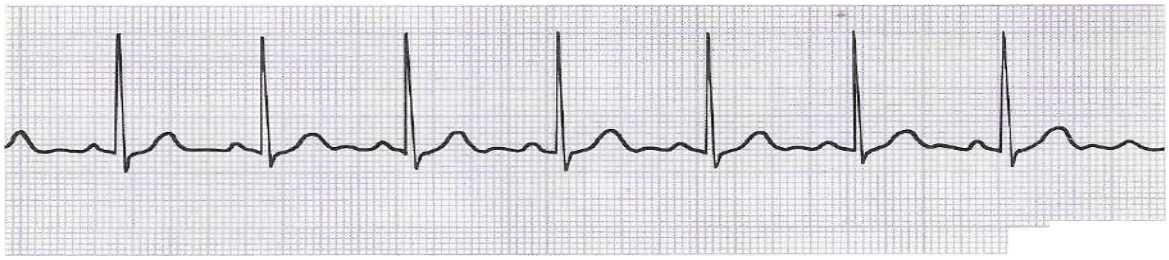
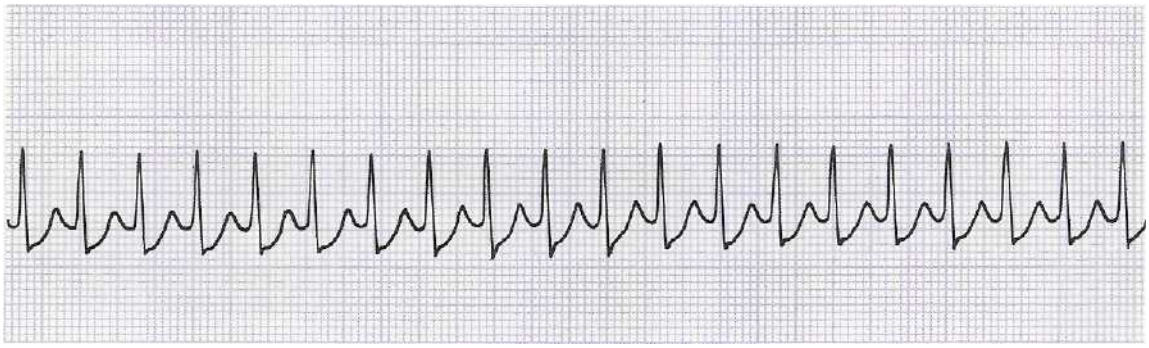
3. Atrial flutter
4. Atrial fibrillation
5. Sinus tachycardia



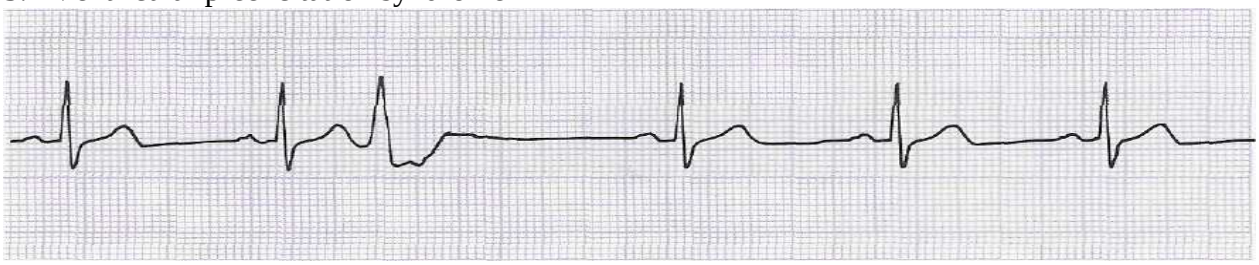
Interpret the ECG. What violation of the rhythm does a patient have?

1. Sinus (respiratory) arrhythmia
2. Supraventricular paroxysmal tachycardia
3. Paroxysmal ventricular tachycardia
4. Atrial fibrillation
5. Sinus tachycardia



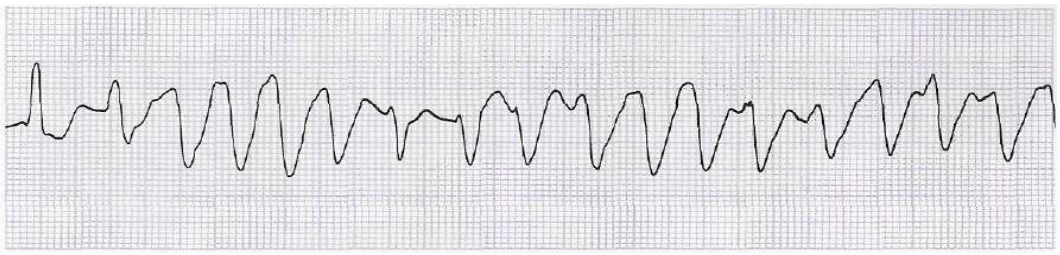
What is premature heartbeat at this ECG?

1. Premature atrial contraction
2. Junctional premature contraction
3. Ventricular premature contraction
4. Interpolated PVC
5. Ventricular preexcitation syndrome



Interpret the ECG. What violation of the rhythm does a patient have?

1. Sinus (respiratory) arrhythmia
2. Sinus tachycardia
3. Atrial flutter
4. Ventricular fibrillation
5. Paroxysmal ventricular tachycardia



Determinate the position of the heart . What syndrome does a patient have?

1. Normal position of the heart axis
2. Hypertrophy of the left ventricle
3. Hypertrophy of the right ventricle
4. Hypertrophy of the right ventricle and the left atrial
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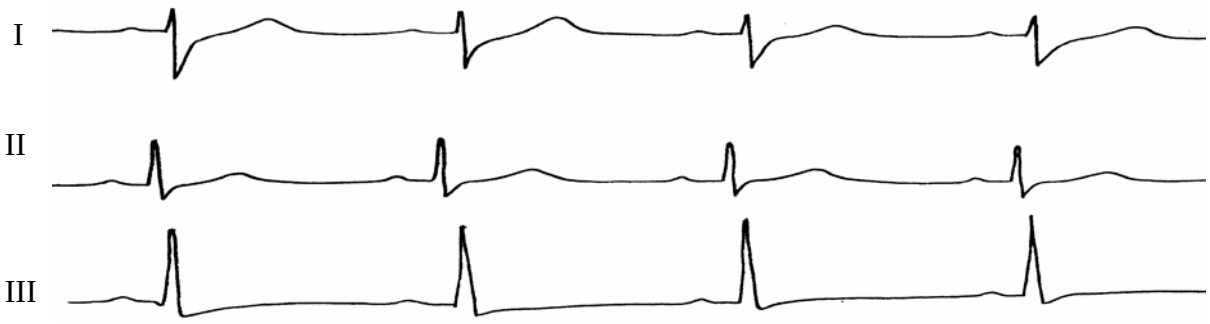

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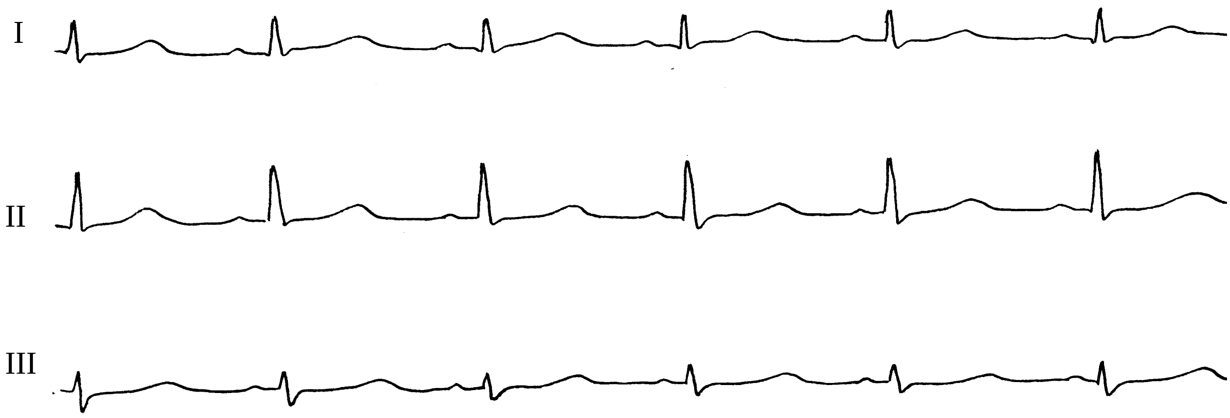

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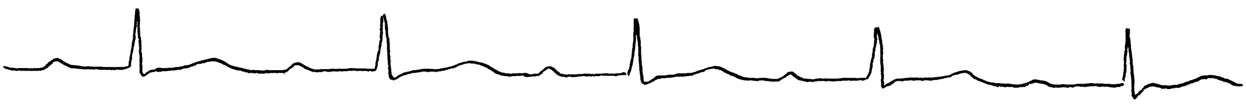

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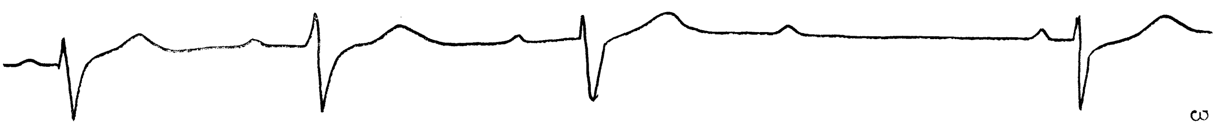

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