How much Doppler angle direction is permissible for reliable measurements?

- a. Upto 10%
- b. Upto 20%
- c. Upto 30%
- d. Upto 40%

- Which of following modifications in conventional Doppler will be required for TDI?
- 1. Filtering of low amplitude and high frequency sound.
- 2. Filtering of low amplitude and low frequency sound.
- 3. Filtering of high amplitude and high frequency sound.
- 4. Filtering of high amplitude and low frequency sound.

Mitral stenosis may not be severe if:

- 1. MVA < 1sqm.
- 2. Mean diastolic gradient > 13mmHg.
- 3. Severe calcification of mitral valve apparatus is present
- 4. PHT > 220ms.

Which one of following is commonest congenital cardiac abnormality at births?

- 1. ASD
- 2. VSD
- 3. TOF
- 4. Bicuspid aortic valve.

Low frequency probe will have following effect:

- 1. Better penetration and low resolution
- 2. Better resolution and low penetration
- 3. Increased aliasing
- 4. Reduced sector size
- 5. Larger sector size

Which one of following is reliable to assess intracardiac shunt:

- 1. Change in size of cardiac chambers
- 2. Color flow imaging
- 3. PW Doppler
- 4. Contrast imaging

On M mode of pulmonic valve "a" wave is absent if :

- 1. Valvular pulmonary stenosis is present
- 2. Infundibular pulmonary stenosis is present
- 3. Supravalvular pulmonary stenosis is present
- 4. Pulmonary hypertension with right heart failure

Which of following conditions causes normal septal movements:

- 1. Increased RV volume
- 2. Isolated RBBB
- Isolated LBBB
- 4. Post cardiac surgery
- 5. Constrictive pericarditis

Which of followings is unusual in LA clot:

- 1. SEC
- 2. Dilated LA
- 3. Severe MR
- 4. LA appendage involvement

Which one of following statements is true?

- 1. All prosthetic valves are inherently stenotic
- Gradients across prosthetic valve is not different than what is seen with natural valves
- 3. Life long anticoagulation is required in all kind of prosthesis
- 4. Mild paravalvular leak is normal feature in prosthetic valve

Atherogenicity can be judged by:

- 1. Pericardial pad of fat
- 2. Epicardial pad of fat
- 3. Lipomatous hypertrophy of interatrial septum
- 4. SEC

Which one of following feature is essential for diagnosing bicuspid aortic valve:

- 1. Only two cusps seen in systole
- 2. Only two cusps seen in diastole
- 3. Two cusps visible along with AR
- 4. Two cusps visible along with AS

Which one of following criteria indicates normal PA pressure?

- 1. B hump on M mode tracing of AML
- 2. E /EA ratio < 8
- 3. AR Am duration > 30ms
- 4. Interatrial bulge towards right
- 5. Pulmonic vein Doppler systolic fraction < 50%

PR is not physiological when:

- 1. Narrow width PR jet on color flow
- PR jet not extending beyond 2cm proximal to pulmonic annulus
- 3. PR jet extending throughout diastole
- 4. All of above

Normal value of RV free wall thickness is:

- 1. 1-2mm.
- 2. 3-4mm
- 3. 5-7mm
- 4. 8-10mm

Which feature of followings is reliable indicator of non viable segment:

- 1. Wall thickness < 6mm
- 2. Akinesia
- 3. Dyskinesia
- 4. Hypokinetic segments
- 5. Normokinetic segments
- 6. Wall thickness > 6 mm

Essential feature of cardiac temponade is

- 1. Swinging heart in large pericardial effusion
- 2. Hemodynamic compromise
- 3. Congestive failure
- 4. Em < 8m/s
- 5. All of the above

In left PSLX, following is position of aortic cusps:

- 1. RCC is anterior and NCC is posterior
- 2. LCC is anterior and NCC is posterior
- 3. LCC is anterior and RCC is posterior
- 4. NCC is anterior and RCC is posterior

Pulmonary artery is identified when:

- 1. It branches early in its course
- 2. Connection to right ventricle
- Absence of coronary artery originating from it
- 4. Number and position of cusps
- 5. All of the above.

Which one of following feature is non variable to differentiate right atrium from left atrium:

- 1. Flap valve of fossa ovalis
- 2. Appendage shape
- 3. Eustachian valve
- 4. Chiary network
- 5. Position of tricuspid vs. mitral annulus

Clinching clue to diagnosis of atrial myxoma will be:

- 1. Non homogenous texture
- 2. Ball valve occlusion of mitral valve orifice
- 3. Origin from mid portion of atrial septum
- 4. Pedunculation

Which is commonest tumor of heart:

- 1. Myxoma
- 2. Rhabdomyoma
- 3. Haemengioma
- 4. Malignant tumor

Which is commonest tumor of cardiac valve:

- 1. Myxoma
- 2. Papillary fibroelsatoma
- 3. Lipoma
- 4. Fibroma

Which one of following features is unlikely to be physiological in pregnancy:

- 1. Mild pericardial effusion
- 2. Mild cardiac dilation
- 3. Increase in mitral valve prolapse
- 4. Mild TR

Following is not feature of athletes heart:

- 1. Dilatation of LV cavity
- 2. Reduction in LV cavity size
- 3. Increase in LV wall thickness
- 4. Increase in LV mass

Following is not feature of carcinoid heart:

- Right sided structures are commonly affected
- 2. TR & PS are common lesions
- 3. TS & PR are common lesions
- 4. Concomitant mitral valve involvement indicates towards rheumatic etiology

Which one of following is not essential feature of hypertrophic cardiomyopath:

- 1. Septal hypertrophy
- 2. LVOT gradient
- 3. Myocardial fibre disarray
- 4. Genetic basis

Which one of following features is not typical of severe AS

- 1. Increased LV mass
- 2. Peak aortic velocity > 5m/s
- 3. Doppler envelope of aortic flow occupying middle of systole
- 4. Orifice area less than 1.0sqm.

Which of following VSD defect does not warrant any repair :

- 1. Large VSD
- 2. Failure to thrive
- 3. Restrictive VSD
- 4. Muscular VSD

High velocity TR jet is not feature of :

- 1. Pulmonary hypertension
- 2. Pulmonic valvular stenosis
- 3. Infundibular stenosis
- 4. Dilated RV-RA

Large atrium/ atria is not feature of :

- 1. Hypertrophic cardiomyopathy
- 2. Tricuspid stenosis
- 3. VSD defect
- 4. Restrictive cardiomyopathy

When to diagnose aneurismal deformity:

- 1. Diastolic contour enlargement of segment
- 2. Systolic contour enlargement of segment
- 3. Dyskinetic segment
- 4. When segment is thin and akinetic