

August 2009

[KV 072]

Sub. Code: 1501

D.M. DEGREE EXAMINATION

(Higher Specialities)

Branch II - Cardiology

(Revised Regulations)

(Candidates admitted from 2006-2007 onwards)

Paper II – CLINICAL CARDIOLOGY

Q.P. Code: 161501

Time: Three hours

Maximum: 100 Marks

Answer ALL questions

Draw suitable diagrams wherever necessary.

I. Essays:

2 x 20 = 40

1. Discuss in detail the viability testing of the myocardium.
2. Discuss in detail RV (Right Ventricle) function assessment.

II. Write short notes on:

10 x 6 = 60

1. Masked hypertension.
2. Criteria for the diagnosis of myocarditis.
3. Alcohol septal ablation.
4. Visceral heterotaxy.
5. Post operative TOF repair follow up.
6. Fontan sequelae.
7. Statins for aortic stenosis.
8. Pulmonary Hypertension – Classification.
9. Rheumatic tricuspid regurgitation – Management.
10. Infective endocarditis prophylaxis.

August 2011

[KZ 009]

Sub. Code: 1422

**DOCTORATE OF MEDICINE (D.M.) DEGREE EXAMINATION
(SUPER SPECIALITIES)**

BRANCH II – CARDIOLOGY

CLINICAL CARDIOLOGY

Q.P. Code: 161422

**Time : 3 hours
(180 Min)**

Maximum : 100 marks

Answer ALL questions in the same order.

I. Elaborate on :

**Pages Time Marks
(Max.) (Max.) (Max.)**

- | | | | |
|---|----|----|----|
| 1. Discuss the Clinical, Echocardiographic, Cardiac Catheterization features, in the diagnosis and management of Cardiac Pseudo Aneurysm with ST segment Elevation Acute Myocardial infarction. | 11 | 35 | 15 |
| 2. Discuss the role of clinical examination, Echocardiography and Cardiac Catheterization in the modern management of Atrial Septal Defect. | 11 | 35 | 15 |

II. Write notes on :

- | | | | |
|--|---|----|---|
| 1. Describe the pathogenesis of Opening Snap in the light of Echocardiography. | 4 | 10 | 7 |
| 2. ECG manifestations of Acute Pericarditis. | 4 | 10 | 7 |
| 3. Syndromes in Cardiology with Chromosomal Non Disjunction. | 4 | 10 | 7 |
| 4. Clinical recognition of Focal Atrial Tachycardia. | 4 | 10 | 7 |
| 5. Clinical, Electrocardiographic and Echocardiographic features of Down's syndrome. | 4 | 10 | 7 |
| 6. Describe the mechanisms of genesis of third heart sound. | 4 | 10 | 7 |
| 7. Torsades de pointes. | 4 | 10 | 7 |
| 8. Treppe Phenomenon. | 4 | 10 | 7 |
| 9. Normal pressure Tricuspid regurgitation. | 4 | 10 | 7 |
| 10. Clinical diagnosis of Infective Endocarditis. | 4 | 10 | 7 |

February 2012

[LA 009]

Sub. Code: 1422

**DOCTORATE OF MEDICINE (D.M.) DEGREE EXAMINATION
(SUPER SPECIALITIES)**

BRANCH II – CARDIOLOGY

CLINICAL CARDIOLOGY

Q.P. Code: 161422

**Time: 3 hours
(180 Min)**

Maximum: 100 marks

Answer ALL questions in the same order.

I. Elaborate on :

**Pages Time Marks
(Max.) (Max.) (Max.)**

- | | | | |
|--|----|----|----|
| 1. Discuss the clinical, echo cardiographic, cardiac catheterization in the diagnosis and management of Cardiac Tampanade. | 16 | 35 | 15 |
| 2. Discuss the clinical, echo cardiographic features of Infective endocarditis and their management. | 16 | 35 | 15 |

II. Write notes on:

- | | | | |
|---|---|----|---|
| 1. ECG features of hyperkalaemia. | 4 | 10 | 7 |
| 2. Differential diagnosis of extra cardiac sounds. | 4 | 10 | 7 |
| 3. Bundle Branch Re entry Tachycardia. | 4 | 10 | 7 |
| 4. Myocardial Performance Index. | 4 | 10 | 7 |
| 5. Circulatory assist device in Heart failure. | 4 | 10 | 7 |
| 6. Mechanism of linking of Diabetes to Cardio vascular disease. | 4 | 10 | 7 |
| 7. Atheletic heart. | 4 | 10 | 7 |
| 8. Abdominal aortic aneurysm. | 4 | 10 | 7 |
| 9. Fontain patient. | 4 | 10 | 7 |
| 10. Bio prosthetic valve. | 4 | 10 | 7 |

[LB 009]

AUGUST 2012
D.M – CARDIOLOGY
Paper – II CLINICAL CARDIOLOGY
Q.P. Code: 161422

Sub. Code: 1422

Time: 3 hours
(180 Min)

Maximum: 100 marks

Answer ALL questions in the same order.

I. Elaborate on:

	Pages (Max.)	Time (Max.)	Marks (Max.)
1. Discuss in detail post myocardial infarction risk stratification and management.	16	35	15
2. Endomyocardial disease-Discuss epidemiology, clinical presentation, diagnosis and management.	16	35	15

II. Write notes on:

1. Describe the aetiology of congenital heart disease.	4	10	7
2. Discuss sudden cardiac death in hypertrophic cardiomyopathy, its epidemiology, clinical presentation, identification of high risk group and management.	4	10	7
3. Discuss the cardiac risk indices in the assessment of noncardiac surgery patients.	4	10	7
4. Role of biochemical markers in patients with chest pain in the emergency department.	4	10	7
5. What is Commotio cordis and describe its clinical features and management.	4	10	7
6. Diagnosis of aortic pseudostenosis.	4	10	7
7. Describe echo evaluation of diastolic dysfunction.	4	10	7
8. Aetiology, clinical features, diagnosis and management of acute pulmonary embolism.	4	10	7
9. Describe in detail anticoagulation in atrial fibrillation.	4	10	7
10. Diabetic cardiomyopathy-Is it different from other cardiomyopathy? How?	4	10	7

D.M. – CARDIOLOGY
Paper – II CLINICAL CARDIOLOGY
Q.P.Code: 161422

Time: Three Hours

Maximum: 100 marks

I. Elaborate on:

(2X15=30)

1. Vital role of various noninvasive cardiac imaging modalities in the diagnosis and management of heart failure.
2. Definition, causes, cardiac causes, classification, diagnosis and management of syncope.

II. Write notes on:

(10X7=70)

1. Appropriate use criteria for computed tomography coronary angiography.
2. Usefulness of various cardiac imaging modalities to differentiate between ischemic and nonischemic causes of heart failure.
3. Value of echocardiography in the assessment of cardiac resynchronization therapy.
4. Inherited and acquired hypercoagulable states.
5. Sudden cardiac death survivors-role of coronary angiography and percutaneous coronary intervention.
6. Inflammation as a therapeutic target in heart failure-discuss.
7. “Well” diagnostic criteria.
8. Pathophysiology, clinical presentation, diagnosis and treatment of long RP tachycardia.
9. Cardiovascular abnormalities in HIV infection.
10. Causes and management of hyponatremia in heart failure.

[LF 009]

AUGUST 2014

Sub. Code: 1422

D.M. – CARDIOLOGY

Paper II – CLINICAL CARDIOLOGY

Q. P. Code: 161422

Time: Three Hours

Maximum: 100 Marks

Answer ALL questions in the same order.

I. Elaborate on:

(2 x 15 = 30)

1. Discuss the etiology, diagnosis and management of Tricuspid valve disease.
2. Elaborate on the etiopathogenesis and management of in-stent restenosis.

II. Write notes on:

(10 x 7 = 70)

1. Metabolic syndrome
2. Choice of prosthetic valve
3. CHADS2-Vasc. Score
4. Echocardiographic Assessment of ASD for device closure
5. Short QT Syndrome
6. Asplenia
7. Jone's criteria
8. Aorto- Pulmonary collaterals
9. Diagnostic Criteria of Arrhythmogenic Right Ventricular Dysplasia
10. Kawasaki Disease and Heart.
