Question Booklet Alpha Code





Total Number of Questions: 100 Time: 75 Minutes

Maximum Marks: 100

INSTRUCTIONS TO CANDIDATES

- The Question Paper will be given in the form of a Question Booklet. There will be four versions of Question Booklets with Question Booklet Alpha Code viz. A, B, C & D.
- The Question Booklet Alpha Code will be printed on the top left margin of the facing sheet of the Question Booklet.
- 3. The Question Booklet Alpha Code allotted to you will be noted in your seating position in the Examination Hall.
- 4. If you get a Question Booklet where the alpha code does not match to the allotted alpha code in the seating position, please draw the attention of the Invigilator IMMEDIATELY.
- The Question Booklet Serial Number is printed on the top right margin of the facing sheet. If your Question Booklet is un-numbered, please get it replaced by new Question Booklet with same alpha code.
- 6. The Question Booklet will be sealed at the middle of the right margin. Candidate should not open the Question Booklet, until the indication is given to start answering.
- 7. Immediately after the commencement of the examination, the candidate should check that the Question Booklet supplied to him/her contains all the 100 questions in serial order. The Question Booklet does not have unprinted or torn or missing pages and if so he/she should bring it to the notice of the Invigilator and get it replaced by a complete booklet with same alpha code. This is most important.
- 8. A blank sheet of paper is attached to the Question Booklet. This may be used for rough work.
- 9. Please read carefully all the instructions on the reverse of the Answer Sheet before marking your answers.
- 10. Each question is provided with four choices (A), (B), (C) and (D) having one correct answer. Choose the correct answer and darken the bubble corresponding to the question number using Blue or Black Ball Point Pen in the OMR Answer Sheet.
- 11. Each correct answer carries 1 mark and for each wrong answer 1/3 mark will be deducted. No negative mark for unattended questions.
- 12. No candidate will be allowed to leave the examination hall till the end of the session and without handing over his/her Answer Sheet to the Invigilator. Candidates should ensure that the Invigilator has verified all the entries in the Register Number Coding Sheet and that the Invigilator has affixed his/her signature in the space provided.
- 13. Strict compliance of instructions is essential. Any malpractice or attempt to commit any kind of malpractice in the Examination will result in the disqualification of the candidate.

A -2-

1.	1. Who published first human Electrocardiogram?				
	A) William Einthoven	B)	Augustus D Waller		
	C) William Harvey	D)	Luigi Galvani		
2.	Exercise ECG is a valuable procedure	e for the a	assessment of		
	A) Ventricular Function	B)	Valvular Function		
	C) Cardiomyopathy	D)	Ischemic Heart Disease		
3.	In an ECG paper each large square e	equals	in height.		
	A) 0.04 mv	B)	0.1 mv		
	C) 0.5 mv	D)	0.20 mv		
4.	What is the normal value of ST segment	ent in an	ECG?		
	A) 0.12 - 0.2 second	B)	0.09 - 0.11 second		
	C) 0.05 - 0.15 second	D)	0.35 - 0.44 second		
5.	How to calculate the target heart rate o	f a female	e patient, to stop the Tread mill test?		
	A) 210-age	B)	220-age		
	C) 300-age	D)	320-age		
6.	Which one of the following test is use artery spasm?	d to dete	ct arrhythmias, ischemia or coronary		
	A) Echocardiography	B)	Holter Monitoring		
	C) Exercise Test	D)	Electrocardiography		
7.	Lead V ₆ is placed over	intercost	tals space in the left mid axillary line.		
	A) 5 B) 4	C)	2 D) 6		
8.	In which year first human Electrocard	iogram is	s published ?		
	A) 1901	B)	1872		
	C) 1895	D)	1887		
Α		-3-			

9. Which one of the following measures blood flowing through the arteries and shows the pattern of flow through the heart?				
	A)	Transthoracic Echocardiogram		
		Transoesophageal Echocardiogram		
	,	Stress Echocardiogram		
	-	Doppler Echocardiogram		
10.	Fo	r hypertrophy condition which of the follo	wir	g is selected for standardization?
	A)	10 mm	B)	5 mm
	C)	2.5 mm	D)	20 mm
11.		is used for scanning and imaging	g pı	urpose of the body.
	A)	Complex tone	B)	Pure tone
	C)	Ultrasound	D)	Infrasonic sound
12.		e process of recording electrical activity ectrode is called	of t	the heart over a period of time using
	A)	Holter Monitoring	B)	Echocardiography
	C)	Electrocardiography	D)	TMT Test
13.	In	a normal ECG waveform the amplitude o	of R	wave is
	A)	0.1 mv	B)	1.60 mv
	C)	0.25 mv	D)	0.5 mv
14.		echocardiography position of the transd ace is called	uce	r over the apex in the 5 th intercostal
	A)	Apical location	B)	Subcostal location
	C)	Suprasternal location	D)	Parasternal location
15.	Th	e loss of rhythmical activity of the heart i	s ca	alled
	A)	Angina	B)	Heart block
	C)	Arrhythmias	D)	Coronary Artery Disease
		4		

16.	6. Which of the following is known as ambulatory ECG Recording?					
	A) Stress Test	B)	Angiography			
	C) Holter Monitoring	D)	Angioplasty			
17.	Lead aVF records the actual potential in					
	A) Right Arm	B)	Left Arm			
	C) Right Foot	D)	Left Foot			
18.	Which type of transducer is used in Echoca	ardi	ography ?			
	A) Inductive Transducer	B)	Piezoelectric Transducer			
	C) Thermoelectric Transducer	D)	Photoelectric Transducer			
19.	T wave in normal ECG is due to					
	A) Depolarisation of atria	B)	Repolarisation of ventricles			
	C) Depolarisation of ventricles	D)	None of the above			
20.	The range of ultrasound frequency used fo	r ec	hocardiography is			
	A) 20 to 20000 Hz	B)	Above 20 KHz			
	C) Below 20 Hz	D)	1 to 7 MHz			
21.	In an electrocardiograph flow of current p deflection.	erp	endicular to lead shows			
	A) Positive	B)	Biphasic			
	C) Negative	D)	No change			
22.	In echocardiography which type of signals	are	used in paediatric cases?			
	A) Low frequency ultrasonic signals					
	B) Medium frequency ultrasonic signals					
	C) High frequency ultrasonic signals					
	D) None of the above					

23.	The standard speed for recording ECG is _		mm/sec.	
	A) 60 mm/sec	B)	25 mm/sec	
	C) 50 mm/sec	D)	75 mm/sec	
24.	Based on universal colour code 'Yellow col	our	' is used for	lead position.
	A) Right Leg	B)	Chest	
	C) Left Leg	D)	Left Arm	
25.	What will do when the graph paper showin test?	ng e	excessive ST depr	ression in exercise
	A) Increase the speed	B)	Increase the slop	е
	C) Continue the test	D)	Stop the test	
26.	When the amplitude of the ECG too low, _		is to be adjuste	ed.
	A) Electrode position	B)	Gain control	
	C) Filter AC	D)	Start/Stop button	
27.	Which test is used to assess the size of convalvular functions and nature of pericardium		liac chambers, ve	ntricular functions,
	A) Holter Monitor	B)	Angiogram	
	C) Electrocardiography	D)	Echocardiograph	у
28.	The theoretical straight line joining the two	ele	ctrode is called	
	A) Augmented leads	B)	Horizontal plane	
	C) Lead axis	D)	Calibration	
29.	In echocardiography which technique gives of heart blood vessel?	deta	illed information ab	out atherosclerosis
	A) Transthoracic echocardiogram	B)	Intravascular ultra	asound
	C) Transoesophageal echocardiogram	D)	Doppler echocard	diography
30.	Holter Monitor was developed in which year	ır?		
	A) 1924 B) 1950	C)	1929	D) 1949

31.	overweight in USA. What is the limit for maximum patient weight for the X-ray table on which patient is positioned in cath lab?					
	A)	180 kg	B) 250 kg	C)	325 kg	D) 450 kg
32.		nat is the loading do ute coronary syndro	ose of Ticagrelor befo ome ?	re d	coronary Angioplas	sty in a patient with
	A)	600 mg	B) 60 mg	C)	90 mg	D) 180 mg
33.	Wł	nich among the foll	owing drug is not a co	oror	ary artery Dilator	?
	A)	Adenosine		B)	Ergonovine	
	C)	Nitroprusside		D)	Verapamil	
34.	34. Which test is performed before radial artery catheterisation, to assess patency o radial and ulnar arteries?					assess patency of
	A)	Allen Test		B)	Barbeau Test	
	C)	Both		D)	None	
35.	 35. Balloon Assisted Tracking (BAT) is used during A) Trans radial catheterisation for negotiating loops, tortuosities and spasm B) Coronary angioplasty in heavily calcified vessels C) Angioplasty of totally occluded SFA D) To pass endograft through heavily calcified aorta during EVAR 					
36.	•	proximately how lo aining hemostasis	ong manual compress	sion	be applied after s	sheath removal for
	A)	2 minutes per she	ath size in F	B) 8 minutes per sheath size in F		
	C)	10 minutes per sh	eath size in F	D)	5 minutes per she	eath size in F
37.	ao	rtic regurgitation ar	neter will you select f	mm	?	·
	A)	3 cm JL	B) 3.5 cm JL	C)	5 cm JL	D) None of these
38.			in a Multipurpose Cat	het	er	
	•	An end hole only		,	An end hole and	
	C)	An end hole and 4	side holes	D)	An end hole and	5 side holes
Α	-7-					

39.	9. Which among the following catheter you prefer to engage a high left coronary take off from ascending aorta?				
	A) Judkins Left 3.5		B) Amplatz Left 2		
	C) Multipurpose cath	eter	D) Both B) and C) a	re suitable	
40.	Normal TIMI Frame 0	Count for LAD artery is	S		
	A) 36	B) 21	C) 22	D) 18	
41.	In approximately wha A) 7%	t percentage of popula B) 45%	ation you see left coror C) 85%	nary dominance? D) 25%	
	A) 1/0	b) 45 /6	0) 00%	D) 25%	
42.	Which LV wall is no ventriculography?	ot seen in a 30 de	gree RAO view dui	ring standard left	
	A) High lateral	B) Anterior	C) Septal	D) Inferior	
43.	3. Which angiographic projection is used to demonstrate shunt through ASD after injecting dye into pulmonary artery?				
	A) LAO cranial	B) AP cranial	C) RAO cranial	D) RAO caudal	
44.	What percentage of e	electrical energy provi	ded to the tube is ever	ntually converted to	
	A) 0.2 to 0.6%	B) 2 to 6%	C) 20 to 60%	D) 10 – 20%	
45.	During angiographic sis absorbed?	studies, what percenta	age of the X-ray energ	y entering the body	
	A) 15%	B) 35%	C) 70%	D) 90%	
46.	Which of the following	g contrast is iso-osmo	olar non-ionic dimer?		
	A) lopamidol	B) lodixanol	C) loxaglate	D) lohexol	
47.	Total pulmonary resis	stance is calculated a	S		
	A) (Mean PA pressu	re – Mean LA pressur	re)/CO		
	B) (PA systolic press	sure – Mean LA press	ure)/CO		
	C) Mean PA pressur	e/CO			
	D) PVR/Body surface area				

48.	3. In a patient with Aortic stenosis and resting cardiac output of 5L/minute with a LV-Aortic peak to peak pressure difference of 65mm Hg, quick aortic valve area by Hakke formula in cm ² is					
	A) 0.63	B) 0.83	C)	0.93	D) 1.12	
49.	How a low flow state equation?	affect the estimation	of s	severity of valve s	tenosis by Gorlin's	
	A) Underestimate se	verity	B)	Overestimate sev	verity verity	
	C) Both A) and B)		D)	Unaffected		
50.	If SVC saturation is 7	0% and IVC saturatio	n is	82% the MVO ₂ w	ill be	
	A) 73%	B) 76%	C)	80%	D) 70%	
51.	What change in hem pressure line?				n air bubble in LV	
	A) Exaggerated systems		sho	oot		
	B) Overdamping of to	•	otoc	1		
	C) Systolic overshooD) No change	t offiy, diastole difaffe	CIEC	1		
52.	In which condition yo	u see LV pressure lov	ver	than aortic pressu	re?	
	A) Loose tubing conr	nection	B)	Heterotopic trans	plant	
	C) Extra cardiac hemodynamic support			D) All the above		
53.	For every waveform,	the LA pressure rise p	rece	edes that of PCWF	by approximately	
	A) 75 to 100 msec		B) 100 to 150 msec			
	C) 30 to 75 msec		D)	150 to 170 msec		
54.	The W or M pattern in	n RA pressure tracing	is s	seen in		
	A) Tricuspid stenosis	3	B)	VSD with severe	TR	
	C) Constrictive perica	arditis	D)	Restrictive cardio	myopathy	
55.	Brockenbrough-Braud case of	nwald-Morrow phenor	nen	on is seen during	catheterisation of a	
	A) Constrictive perica	arditis	B)	Restrictive cardio	myopathy	
	C) HOCM		D)	Both B) and C)		

56.	 6. Which of the following right heart catheterisation data is consistent with diagnosis of Primary Pulmonary Hypertension? A) mPAP > 25 mm Hg, PCWP > 15, PVR > 3 Wood units B) mPAP > 25 mm Hg, PCWP < 15 mm Hg, PVR > 3 Wood units C) mPAP > 25 mm Hg, PCWP > 15, PVR < 3 Wood units D) mPAP > 25 mm Hg, PCWP < 25 mm Hg, PVR < 3 Wood units 				
57.	Which leads represent the electrical activit A) II, III, aVF B) I, aVL, V5, V6	-			
58.	Pacemaker Syndrome occur in patients with A) VVI pacemaker only B) DDD pacemaker only C) Both VVI and DDD pacemakers D) VVI pacemaker with atrial fibrillation	th			
59.	Pacemaker Mediated Tachycardia (PMT) of A) Application of a magnet over PG C) Programming longer PVARP	B)	be terminated with Retrograde V-A conduction block All the above		
60.	Normal H-V interval is A) 30 – 55 msec C) 10 – 25 msec	,	50 – 150 msec 170 – 290 msec		
61.	A regular narrow QRS tachycardia with a radisease is most likely A) Atrial fibrillation C) Antidromic AVRT	В)	f 150 in a patient with rheumatic heart Atrial flutter Fascicular VT		
62.	The initial current used for defibrillation using A) Unsynchronised 200 J C) Unsynchronised 360 J	B)	phasic defibrillator for treating VF is Synchronised 200 J Synchronised 360 J		
	During IABP, balloon inflation should occur A) R wave of ECG C) ST segment of ECG	B) D)	Tidal wave of aortic tracing Dicrotic notch of aortic tracing		
Α	-10)-			

64.	Considering its effect "complete support"?	-	culation, which among	g the following give
	A) IABP	B) ECMO	C) TandemHeart	D) Impella
65.	Optical Coherance To		catheter based imagi	ng system that uses
	A) Ultrasound		B) X-ray	
	C) Gamma radiation		D) NIR light	
66.	"Differential Cutting"	is the machanism of	plaque modification te	chnique by
	A) Cutting Balloon		B) Laser angioplast	ty
	C) Rotational Athere	ctomy	D) Force Focussed	Angioplasty
67.	WATCHMAN device	is used for		
	A) Paravalvular leak	closure	B) Post MI VSR clo	sure
	C) LA appendage cl	osure	D) PDA closure	
68.	Which of the followin	a wire is hydrophilic p	oolymer coated wire ?	
	A) Choice PT	B) Asahi Prowater		D) All
69.	Which is the correct	statement regarding l	_eft Main intervention	?
	A) Provisional stenti	ng is adequate in mos	st cases rather than ro	outine 2 stent
	B) Culotte Technique	e is preferred over pro	ovisional stenting	
	C) T and small Protr	usion is preferred ove	er provisional stenting	
	D) Double Kiss Crus	h Technique is prefer	rred over provisional s	stenting
70.	If the distal LM-LCX a and LCX, the best st	angle is T shaped with enting strategy amon	_	ostium of both LAD
	A) DK crush		B) Culotte	
	C) Mini-crush		D) Crush technique	
71.	Chronic Total Occlus	sion (CTO) is defined	as known duration of	coronary occlusion
	A) One month	B) Three months	C) Six months	D) One year
Α		-1	1-	

72.	2. An operator is doing LAD-CTO angioplasty with an Amplatz guide in power position. Patient suddenly become restless with tachycardia, severe hypotension and tachypnoea but no chest pain. ECG monitor doesn't show much ischemic changes. Echo doesn't show pericardial effusion. The anxious operator after taking a check angio find it difficult to arrive at a conclusion. You have to warn the operator for possible				
A) Acute Mitral regurgitation B) Acute Aortic dissection				on	
	C) Acute Aortic regurgitation	D)	Left main dissecti	on	
73.	The tip stiffness in g of Cross-It 400 wire is				
	A) 4 g B) 6 g	C)	9 g	D)	12 g
74.	Which of the following wire is not a tapered A) Pilot 50 C) Confianza	B)	wire ? Cross-It 200 None of the above	e	
75.	Which among the following is the least trau A) Pilot 50 B) Shinobi plus		tic hydrophilic wire Whisper		PT Graphix
76.	 6. Correct statement regarding Tornus Catheter is A) Used during CTO angioplasty B) Six stainless steel wires are stranded in the coil C) Advanced by clockwise rotation along the wire D) All are correct 				
77.	Which of the following catheter is used for doing CTO angioplasty?			mal	passage while
	A) Crusade catheter Venture eatheter	-	Stingray system Poth Pland Cl		
	C) Venture catheter	(ט	Both B) and C)		
78.	Corsair Catheter is used during A) CTO angioplasty using retrograde appr B) Bifurcation angioplasty C) Angioplasty of tortuous lesions D) All the above	oac	h		

A -12-

79.	 While doing a bifurcation angioplasty, the size of main vessel stent must be preferably the size of A) Diameter of main vessel proximal to bifurcation B) Diameter of main vessel distal to the bifurcation C) (A + B)/2 D) Diameter of Distal main vessel + 1.63 mm 				
80.	 For a Medina 1.1.1 bifurcation lesion, if the size of distal branches are 3 mm each, the minimum size of the proximal vessel needed for doing Simultaneous Kissing Stenting (SKS) is 				
	A) 3 mm	B) 3.6 mm	C) 4.2 mm	D) 4.8 mm	
81.	 Correct statement regarding perfect kissing balloon inflation is A) Non-compliant balloons are ideal B) Inflation pressure not to be < 16 mm Hg C) Deflation of balloons done simultaneously D) All are correct statements 				
82.	2. What is the size of balloon preferred for doing pulmonary valvuloplasty? A) Same size as that of Pulmonary annulus B) Less than that of pulmonary annulus C) 1.2 to 1.5 times the size of pulmonary annulus D) 2 times the size of pulmonary annulus				
83.	A minute of cine is es A) 5 minutes	sentially equivalent to B) 10 minutes			
84.	 4. Correct statement regarding radiogenic neoplasm is A) It is related to age at exposure B) Females are more susceptible than males C) Both A) and B) are correct D) Both are wrong statement 				
85.	Regarding retroperitone A) Occur when femore B) Mortality rate is 25 C) Deformed urinary D) All are correct	ral artery is punctured 5%	l below inguinal ligam		

A -13-

86.	Hepatoclavicular view	v is			
	A) 70 degree LAO, 3 C) 15 degree LAO, 3	•	B) 45 degree LAO,D) 15 degree LAO,	•	
87.	The ideal projection for A) AP caudal C) 15° LAO, 30° crar		onary artery Branch origins is B) 45° LAO, 45° cranial D) 70° LAO, 30° cranial		
88.	Significant step up fro	om RV to PA is diagn	osed when O ₂ % sate	uration rise is more	
	A) ≥ 7	B) ≥ 5	C) ≥ 10	D) ≥ 12	
89.	Normal arterio-venou A) 10 to 20	s oxygen difference in B) 20 to 30	n ml/L is C) 30 to 50	D) 50 to 65	
90.	Equalisation of dias hemodynamic study s A) RSOV to RA C) Restrictive cardior	suggest	oss all four cardiac B) VSD with TR D) Constrictive perio		
91.	A) AH jump more than 50 msec for a decrease of 10 msec S1-S2 interval B) AH jump more than 10 msec for a decrease of 10 msec S1-S2 interval C) AH jump more than 25 msec for a decrease of 10 msec S1-S2 interval D) AH jump more than 15 msec for a decrease of 10 msec S1-S2 interval				
92.	 2. Which of the following patient benefit from IABP ? A) Acute aortic regurgitation with pulmonary oedema and hypotension B) Acute aortic dissection with coronary occlusion C) Acute MI with cardiogenic shock and VSR D) All the above 				
93.	Select the correct state A) Rotablation is cond B) Speed drop upto 3 C) Never advance the D) All are correct	traindicated for inster 30,000 rpm during ad	nt restenosis vancement is permiss		

94.	4. Late stent thrombosis is defined as thrombosis of stent					
	A) After 24 hours to within 30 days		B)	From 30 days to one year		
	C) After one year		D)	After six months		
95.	Cut off value for normal ankle brachial index is					
	A) > 0.9	B) > 0.7	C)	> 0.6	D) > 0.4	
96.	6. The radiation exposure to cath lab technician is much less than that of the o					
	in a given case. The basis for the statement is					
	A) Wein's law		B)	B) Planck radiation law		
	C) Inverse square law		D)	D) Stefan-Boltzmann law		
97.	 When blindly puncturing femoral artery under X-ray guidance, the land mark for needle entry into CFA is A) Inferior medial quadrant of femoral head B) Superior medial quadrant of femoral head C) Inferior border of middle of femoral head D) Middle of lateral one third of femoral head 					
98.	98. What is the maximum occupational radiation limit for an invasive cardiolog					
	A) 10 rem per year		B)	B) 5 rem per year		
	C) 15 rem per year		D)	D) 20 rem per year		
99.	Which angiographic view leads to greatest amount of radiation exposure to the operator?					
	A) RAO caudal	B) RAO cranial	C)	LAO cranial	D) LAO caudal	
100.	. Resting coronary flow diminishes when the stenosis severity is					
	A) ≥ 50%	B) ≥ 60%	C)	≥ 70%	D) ≥ 90%	
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Space for Rough Work

A -16-