

March-25

March-2025

**BLDE (DEEMED TO BE UNIVERSITY)
POST GRADUATE DEGREE EXAMINATION**

[Duration: 3 Hours]

[Max.Marks.100]

**D M CARDIOLOGY – PAPER – I
QP CODE: 10011**

Your answer should be specific to the questions asked
Draw neat labeled diagrams wherever necessary
Each answer should be written on new page only
Write Question No. in the middle of the page

LONG ESSAY

2 X 20 = 40 Marks

1. Describe the Embryological development of Interventricular septum; and pathophysiology of various types of VSD.
2. Neurohormonal mechanism, operating in heart failure. Write pharmacological management of heart failure.

SHORT ESSAY

6 X 10 = 60 Marks

3. Congenital complete heart block
4. Cardiovascular changes in pregnancy.
5. Ischemic preconditioning.
6. Dynamic auscultation in cardiology.
7. Shone's complex.
8. Lp(a)

M0864-2025

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[Duration: 3 Hours]

[Max.Marks.100]

**D M CARDIOLOGY – PAPER – II
QP CODE: 10012**

Your answer should be specific to the questions asked
Draw neat labeled diagrams wherever necessary
Each answer should be written on new page only
Write Question No. in the middle of the page

LONG ESSAY

2 X 20 = 40 Marks

1. Define acute myocardial infarction and explain in detail management of acute myocardial infarction. Add a note on mechanical complication in MI
2. Atrial fibrillation – classification ,mechanism and management. Add a note on ablation therapy.

SHORT ESSAY

6 X 10 = 60 Marks

3. Write a note on prosthetic valve thrombosis.
4. Prerequisites for FONTAN surgery.
5. Brugada syndrome
6. ICD
7. Low flow Low Gradient Aortic Stenosis
8. Diagnostic Criteria for Acute Rheumatic Fever.

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**D M CARDIOLOGY – PAPER – III
QP CODE: 10013**

Your answer should be specific to the questions asked
Draw neat labeled diagrams wherever necessary
Each answer should be written on new page only
Write Question No. in the middle of the page

LONG ESSAY

2 X 20 = 40 Marks

1. Discuss pathophysiology, clinical features, hemodynamics and management of Hypertrophic obstructive cardiomyopathy.
2. Discuss in details the clinical features, management of acute pulmonary embolism. Add a note on long term anticoagulation therapy.

SHORT ESSAY

6 X 10 = 60 Marks

3. Cardiac tamponade
4. Statin induced side effects- Diagnosis and Treatment
5. Peripartum Cardiomyopathy- Differential diagnosis and Management
6. Contrast induced Acute Kidney Injury-Prevention and Management
7. Obstructive sleep apnea and cardiovascular disorders-Pathophysiology and management
8. Atrial myxoma

Mosdu-2025

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[Duration: 3 Hours]

[Max.Marks.100]

**D M CARDIOLOGY – PAPER – IV
QP CODE: 10014**

Your answer should be specific to the questions asked

Draw neat labeled diagrams wherever necessary

Each answer should be written on new page only

Write Question No. in the middle of the page

LONG ESSAY

2 X 20 = 40 Marks

1. A 68 yr male with known case of Nonischemic DCMP now c/o Class III Dyspnea and bipedal with left ventricular ejection fraction of 30% on Echocardiogram 30% with severe secondary MR with annular dilation and restricted leaflet motion .The patient is on optimal medical therapy .Discuss the pathophysiology of secondary severe MR and Guideline directed evaluation and management of the same
2. A 60 year old female is referred to you by a physician as a case of resistant hypertension. She has a BP of 160/110 despite being on maximally tolerated doses of bisoprolol, amlodipin and hydrochlorthiazide. Discuss the systematic evaluation, and pharmacological and non-pharmacological approaches to managing this patient.

SHORT ESSAY

6 X 10 = 60 Marks

3. A 55 yr old Diabetic Male has undergone a left main bifurcation PCI ,he also has h/o bleeding peptic ulcer .He is started on Aspirin and Ticagrelor immediately post PCI. Discuss the de-escalation and duration of antiplatelet therapy
4. A 50 yr old Diabetic lady presents with chest pain ;CAG s/o Anomalous origin of Right coronary artery from Left sinus of Valsalva with 80%Mid RCA stenosis .Discuss the management issues and challenges in this patient , in terms of further evaluation and performance of PCI
5. A 30yr old Male presents with Dyspnea and presyncope,2Decho s/o Severe concentric LVH (Max thickness 20mm)with mid-cavitary resting systolic gradients of 80mmhg .How will you manage this patient based on recent advances and recommendations?
6. Discuss the term "Occlusion Myocardial Infarction". What are its merits and demerits when compared to the traditional paradigm of STEMI/NSTE-ACS?
7. 39 yr old Female presents with chest pain and ST elevation in precordial leads ;emergency CAG shows no obvious coronary lesion .What is your approach in this patient ?
8. A 70 year old obese female presents with shortness of breath. Echo reveals type I diastolic dysfunction, LVEF of 55% and no TR/PH. What is the role of Diastolic stress test and Cardiopulmonary exercise testing (CPET)in assessing tis patient for suspected heart failure with preserved ejection fraction?