**Subject:** Clinic analysis of ECG of patients with different diseases of cardio-vascular system.

.

Table 1.General information

|  |  |  |
| --- | --- | --- |
| 1 | School | Astrakhan SMU |
| 2 | Speciality | General medicine |
| 3 | Discipline | [Propaedeutics of Internal Diseases](https://www.multitran.com/m.exe?s=Propaedeutics+of+Internal+Diseases&l1=1&l2=2) |
| 4 | Author of the tasks | V.V. Antonyan, E.A. Uklistaya, A.V. Dedov,А.А.Panov, N.V.Kamneva, S.G. Kasatkina |
| 5 | Tel. number | 89033484838 |
| 6 | E-mail | antonian.vika@yandex.ru |
| 7 | SNILS | - |

Table 2.List of tasks in the discipline

|  |  |  |
| --- | --- | --- |
| **Type** | **Code** | **Text of a job function title /a question of the task/possible answers** |
| Ф |  |  |
|  |  |  |
| В | 001 | When there is simultaneous revealing of low negative waves T with unchanged ventricular complexes in I, II, III leads, and also in the leads aVL, aVF and V2-V6, then we can reckon: |
| О | А | non-coronarogenic disorder of repolarization process in myocard |
| О | B | right ventricular hypertrophy |
| О | C | left His bundle branch block |
| О | D | non Q-wave MI |
| О | E | Q-wave MI |
|  |  |  |
| В | 002 | When there is simultaneous revealing of ST-segment elevation in I, II, III leads, and also in leads aVL, aVF and V2-V6, then we can reckon: |
| О | А | pericarditis |
| О | B | Q-wave MI |
| О | C | non Q-wave MI |
| О | D | arterial hypertension |
| О | E | non-coronarogenic disorder of repolarization process in myocard |
|  |  |  |
| В | 003 | When we reveal simultaneous wide and two-humped waves P in the I, II leads and in the lead aVL; in the lead V1 – high wave R, in the lead V6 – deep waves S, then it can be a sign of: |
| О | А | mitral stenosis |
| О | B | Q-wave MI |
| О | C | non Q-wave MI |
| О | D | arterial hypertension |
| О | E | aortic stenosis |
|  |  |  |
| В | 004 | Simultanous revealing of wide and two-humped waves P in the I, II leads, and in lead aVL, and in the lead V6 -high waves R it can be a sign of : |
| О | А | mitral valve insufficiency |
| О | B | Q-wave MI |
| О | C | non Q-wave MI |
| О | D | arterial hypertension |
| О | E | mitral stenosis |
|  |  |  |
| В | 005 | Simultaneous revealing of waves f, uneven intervals RR, high waves R and deep waves S in the lead V6 is more typical for:  |
| О | А | combined mitral disease |
| О | B | Q-wave MI |
| О | C | non Q-wave MI |
| О | D | arterial hypertension |
| О | E | combined aortal valvular disease |
|  |  |  |
| В | 006 | Simultaneous revealing of more than 2,5 mm high sharpened waves P in II, III, aVF leads, high waves R in the lead V1, and in the lead V6 – deep waves S can be a sign of:  |
| О | А | pulmonary heart |
| О | B | Q-wave MI |
| О | C | non Q-wave MI |
| О | D | arterial hypertension |
| О | E | pericarditis |
|  |  |  |
| В | 007 | Revealing of unusually high waves R in the lead V6, higher than waves R in the lead V4 may be a sign of all the diseases except:  |
| О | А | mitral stenosis |
| О | B | mitral valve insufficiency |
| О | C | aortic valve insufficiency |
| О | D | aortic stenosis |
| О | E | arterial hypertension |
|  |  |  |
| В | 008 | Typical ECG indications of the formation of postinfarction cardiac aneurysm are: |
| О | А | long ST-segment elevation |
| О | B | short (no more than 10 days) ST-segment elevation |
| О | C | renewal of ST-segment elevation with the inversion of earlier negative waves T |
| О | D | short (no more than 10 days) ST segment depression |
| О | E | long lasting ST segment depression |
|  |  |  |
| В | 009 | The ECG signs of recurrent myocardial infarction are |
| О | А | renewal of ST-segment elevation with the inversion of earlier negative waves T |
| О | B | short (no more than 10 days) ST-segment elevation |
| О | C | long lasting ST-segment elevation |
| О | D | short (no more than 10 days) ST segment depression |
| О | E | long lasting ST segment depression |
|  |  |  |
| В | 010 | ECG signs of pulmonary heart are: |
| О | А | Shortening of RR-intervals less than 0,6 s; high waves R in the lead V1; deep waves S in the lead V6 |
| О | B | ventricular complexes appear before time; high waves R in the lead V6,  |
| О | C | widening of ventricular complexes more than 0,11 s; deep and wide waves Q in the leads I, II, aVL |
| О | D | lengthening of RR-interval more than 1,0 s; lengthening of PQ-intervals more than 0,2 s |
| О | E | waves f; uneven intervals RR; deep and wide waves Q in the lead aVF |
|  |  |  |
| В | 011 | Consequences of the arterial hypertension in ECG may be: |
| О | А | high waves R in the lead V6; negative waves T in the leads V5-V6 |
| О | B | high waves R in the lead V1; deep waves S in the lead V6, |
| О | C | widening of ventricular complexes more than 0,11 s; deep and wide waves Q in the lead I, II, aVL |
| О | D | lengthening of PQ-interval more than 0,2 s; negative waves T in the leads V2-V3 |
| О | E | Shortening of QT-interval; deep and wide waves Q in the lead aVF |
|  |  |  |
| В | 012 | Mitral stenosis shows all the ECG signs except:  |
| О | А | high more than 35 mm waves R in the lead V6 |
| О | B | wide and two-humped waves P in I, II, aVL leads, or waves P change into f |
| О | C | right axis deviation |
| О | D | high waves R in the lead V1 and deep waves S in the lead V6 |
| О | E | widening more than 0,11 s of ventricular complexes with wide waves S in the leads V5-V6 |
|  |  |  |
| В | 013 | In mitral valve insufficiency we can meet all the ECG signs except: |
| О | А | deep and wide waves Q and QS in I, II, aVL leads |
| О | B | wide and two-humped waves P in I, II, aVL leads, or waves P change into waves f |
| О | C | left axis deviation |
| О | D | high more than 35 mm waves R in the lead V6 |
| О | E | high waves R in the lead V1 and deep waves S in the lead V6 |
|  |  |  |
| В | 014 | In aortal valvular disease we can meet all the ECG signs except: |
| О | А | wide and two-humped waves P in the leads I, II, aVL |
| О | B | left axis deviation |
| О | C | high, more than 35 mm, waves R in the lead V6 |
| О | D | wide more than 0,11 s ventricular complexes with wide and deep waves S in the lead V2-V3 |
| О | E | negative wavesT in the leads I, aVL, V5-V6 |
|  |  |  |
| В | 015 | Pericarditis outcome in EGC may be: |
| О | А | lowering of all the waves voltage; increase of section ST in all the leads |
| О | B | high waves R in the lead V1; deep waves S in the lead V6 |
| О | C | high waves R in the lead V6; negative waves T in the leads V5-V6 |
| О | D | widening of ventricular complexes more than 0,11 s; deep and wide waves Q in the leads I, II, aVL |
| О | E | appearing of ventricular complexes before time; deep and wide waves Q in the leads II, III, aVF |
|  |  |  |
| В | 016 | EGC signs of myocarditis may be all signs except: |
| О | А | deep and wide waves Q и QS in the leads II, III, aVF |
| О | B | negative waves T in the leads I, II, III, aVL, aVF, V2-V6 |
| О | C | appearing of ventricular complexes before time |
| О | D | shortening of the intervals RR less than 0,6 s |
| О | E | lengthening of the interval PQ more than 0,2 с |
|  |  |  |
| В | 017 | EGC signs of hypopotassemia outcome may be: |
| О | А | appearing of ventricular complexes before time; ST segment depression and marked waves U in all the leads |
| О | B | high waves R in the leadV1; deep wave S in the leadV6 |
| О | C | widening of ventricular complexes more than 0,11 s; high equicrural sharp-pointed waves T in all the leads |
| О | D | high sharp-pointed waves P; deep and wide waves Q in the lead aVF |
| О | E | high waves R in the lead V6; deep and wide waves Q in the lead I, II, aVL |
|  |  |  |
| В | 018 | EGC signs of hyperpotassemia outcome may be: |
| О | А | widening of ventricular complexes more than 0,11 s; high equicrural sharp-pointed waves T in all the leads |
| О | B | high waves R in the lead V1; deep waves S in the leadV6 |
| О | C | appearing of ventricular complexes before time; ST segment depression and marked waves U in all the leads |
| О | D | high sharp-pointed waves P; deep and wide waves Q in the lead aVF |
| О | E | high waves R in the lead V6; deep and wide waves Q in the lead I, II, aVL |
|  |  |  |