**CVS\_SWAMMY**

1. sudden onset back pain>>>leading to severe abdominal pain>>> o/e pale , sweaty ,restless>>> pulse high, bp low>>>> pulsatile abdominal mass= RUPTURED ABDOMINAL AORTA
2. oral penicillin>>> perioral itching, thirst, skin rash >>>collapses = ANAPHYLAXIS
3. tampons>>> offensive vaginal discharge >>>pallor , sweating, pulse 130, bp80/40 =STAPHYLOCOCCAL SEPSIS
4. 16year old boy>>>fall from a horse>>> upper left abdominal pain, left shoulder tip pain, pale, sweaty>>>pulse 110=SPLENIC RUPTURE
5. middle aged female>>> surgery >>> chronic asthmatic on oral prednisolone>>> 4hours post op circulatory collapse>>> normal ecg , cxr>>>no intraabdominal bleed >>>no drug allergy, DVT prophylaxis given =ADRENAL INSUFFICIENCY
6. .M.C.C of cardiovascular cause of death in the UK= ISCHAEMIC HEART DISEASE
7. treatment with warfarin in atrial fibrillation reduces the risk of stroke
8. autosomal dominant with skeletal manifestations=MARFANS SYNDROME
9. light to moderate consumption of alcohol is protective in ischaemic heart disease
10. ACEinh following MI improves morbidity in LVF
11. shortness of breathness + angioedema=ANAPHYLAXIS
12. fracture of femur and pelvis >>> circulatory collapse= HYPOVOLEMIC SHOCK
13. post MI shock=CARDIOGENIC SHOCK
14. perforated gall bladder>>>circulatory collapse>>>drowsy and warm peripheries= SEPTIC GRAM NEGATIVE SEPTICAEMIA
15. Pulse increased, jvp raised>>>ecg:T wave inversion in V1-V3 = PULMONARY EMBOLISM
16. pulse increased >>>cxr-absent vascular markings on the right side>>>remaining investigations normal=PNEUMOTHORAX
17. Old MI>>>increased pulse , jvp normal= AORTIC STENOSIS
18. pulse increased and irregular >>> cxr-absent vascular markings on the left side>>>jvp raised =PNEUMOTHORAX
19. pulse and temperature increased >>> lower lobe consolidation =PNEUMONIA
20. Pregnant female>>>tachycardia 160bpm>>>no response to adenosine grin emoticon.C. CARDIOVERSION (?SVT)
21. refractory pulmonary edema and cardiac failure >>>already on furosemide>>>continues to deteriorate =PRESCRIBE THIAZIDES
22. diabetes + hypertension=ACEinh (captopril)
23. family h/o sudden death>>> s/o HOCM= BETA BLOCKER
24. 30 year old (<55years)>>> BP 160/100>>>BMI 27 =ACEinh
25. 35 year old (<55 year) >>>BP 160/100 >>> BMI 33 =ACEinh
26. 50year old, hypertensive = ACEinh
27. Usg shows dissecting aortic aneurysm >>>next best step=IMMEDIATE SURGERY
28. mitral stenosis>>> o/e finger clubbing and splinter haemorrhage =INFECTIVE ENDOCARDITIS
29. AUTOIMMUNE THYROIDITIS = enlarged heart+ hypothyroidism >>> mechanism :autoimmune
30. homeless man>>>cardiac failure >>>o/e spider naevi and cxr-enlarged heart, bp normal = CAUSE:NUTRITIONAL (ALCOHOL)
31. bicuspid aortic valve>>> fainting episode = CONGENITAL (turners)
32. mitral valve prosthesis inserted>>> high fever+new murmur=INFECTIVE ENDOCARDITIS
33. central chest pain ×2hours , continued >>>sweating, anxious>>>smoker =MYOCARDIAL INFARCTION
34. 12 days post partum>>>left sided chest pain and SOB =PULMONARY EMBOLISM
35. young tall thin man>>> sudden SOB and left chest pain =PNEUMOTHORAX (MARFANS)
36. old man >>>epigastric discomfort on exertion>>>2 hours =MYOCARDIAL INFARCTION
37. post viral illness>>>left sided chest pain >>> worse on inspiration =PLEURISY (?pneumonia )
38. fever+murmur >>>scientific basis=INFECTIVE
39. breathlessness + bicuspid aortic valve>>>scientific basis= CONGENITAL
40. alcoholic + enlarged heart>>> scientific basis= NUTRITIONAL
41. prosthetic heart valve +INR 3.7 >>>scientific basis= WARFARIN OVERDOSAGE (INR 2-3)
42. swelling in leg+ hoarseness of voice >>> scientific basis=HORMONAL ???
43. post anteriorMI + thrombolysis >>> presents after 2 hours with pulse 140 and bp 90/40 >>>ecg-long run of VT = treatment = D.C. CARDIOVERSION (unstable)
44. chronic renal failure on dialysis>>>low grade fever +abdominal pain >>>develops broad complex tachycardia (broad QRS) >>>BP 80/50 >>> treatment =CALCIUM GLUCONATE (HYPERKALAEMIA)
45. BPH + high BP >>>treatment =TERAZOSIN
46. .diabetic+ rental failure + hypertensive >>> treatment =ACEinh ( lisinopril)
47. old lady+ glaucoma + hypertension >>>treatment = BETA BLOCKER (BETAXOLOL)
48. paroxysmal atrial fibrillation >>>most appropriate treatment = SOTALOL
49. Pregnancy induced hypertension >>> bp control = METHYL DOPA (first line-labetalol)
50. PHEOCHROMOCYTOMA =hypertension + glycosuria + sweating , flushing, diarrhoea >>>treatment =PHENOXYBENZAMINE F/B PROPRANOLOL
51. Diverticulitis > Intestinal perforation>>> rigid abdomen>> Gas under the diaphragm
52. Trauma>> Central chest pain >>> Pulses and bp different in each arm>>> Aotic dissection>>> chest X- ray >>> Widening of the mediatinum
53. H/O angina>>> now severe crushing left sided chest pain>>> radiating to BACK and NECK>>> ECG: post MI >>>> X-ray will be NORMAL
54. Stabbed on the right side of the chest >>> Breathless and distressed >> RR= 32 bpm>>> So2 = 85%>>> right side of the chest not moving well>>> LUNG COLLAPSE >>> CXR= Right sided absent vascular marking
55. Oesophageal rupture >>>> Free mediastinal gas
56. Malaise + fever + cough + dullness in the left lower lobe === Streptococcus pneumonia >>> Inv of choice CXR
57. Long distance air travel >> sharp chest pain >> breathlessness >>> CXR and ECG normal >>> Next most appropriate investigation = V/Q scan but Most APPROPIATE is CTPA
58. Tall young man >>> sudden chest pain+ breathlessness >>> on cycling >>> Dx= Pneumothorax >>> Inv : CXR
59. Chest pain radiating to left arm >>> ECG : normal >> next MOST APPROPIATE test = Cardiac enzymes >>> Dx : MI ????
60. Obese ,man >>> episodic anterior chest pain >> particularly at night X 3days >>> ??? GERD >>> Inv of Oesophageo gastroduodenoscopy
61. Wt loss + diarrhea + palpitations >>>> ECG : simus rhythm >>> Dx : Thyrotoxicosis
62. Missed beats at rest >> Aggravated by coughing , tiredness , stress >>> Disappears during exercise >>> Dx: VENTRICULAR ECTOPICS
63. 63 year+ IHD+ fast irregular pulse + intermittent palpitations for few months ( H/o ischaemic heart disease) >>>> Dx: Atrial fibrillation
64. ANXIETY= chest tightness + heart racing + episodes lasts for few minutes to hours + Sinus rhythm + ECG: normal
65. ATRIAL FIBRILLATION = h/o rheumatic fever + intermittent fast irregular palpitations+ systolic murmur radiating to the axilla+ soft diastolic murmur at the apex
66. COMPLETE HEART BLOCK= recurrent chest pain + dypsnea 12 hours post acute MI+ **pulse rate 40 bpm .**
67. ACUTE PERICARDITIS= recurrent left sided chest pain+ worse on inspiration+ 4days after acute MI+ ECG : wide spread ST elevation
68. Rupture Mitral valve chordate= acute breathlessness 5 days post MI+ new loud pan systolic murmur in the apex
69. A**cute LVF =** Pul oedema + irregular pulse 140bpm+ 24 hours after MI
70. **Pulmonary embolum=** acute MI+ post ot + breathlessness and right sided expiratory pain after **5** days.
71. **Complete heart block >> site – Bundle of his**
72. Reflux of blood into left atrium>> Mitral valve dysfunction
73. Failure of closure of foramen ovale >>> Interatrial septum
74. Left ventricle >>> most common site of Cardiac aneyrysm
75. Endocarditis in IV drug abusers>>> Tricuspid valve
76. ***Rapid pounding = VT***

***Slow pounding – Heart block***

***Chest tightness = anxiety***

***Missed = Ventricular ectopics***

***Thumping heart= Atrial myxoma***

1. SVT= Irregular heart beat+ palpitation for 3 hrs + PR- regular and 154 bpm following carotid massage falls to 80 bpm
2. Ventricular ectopic= long standing anxiety+ heart skips a beat+ occurs before sleep+ Palpitations never sustained
3. **PSVT**( Paroxysmal supraventricular trachycardia)= 2 hr h/o rapid palpitations+ light headedness+ pulse 170bpm regular+ BP 168+ h/o similar episodes in the past
4. **Complete heart block**= h/o **slow pounding** heart + angina worse lately+ Ditiazen prescribes
5. **Atrial fibrillation= post op**
6. **Heart block=** HR 30bpm + post MI 3 hrs
7. Sinus trachycardia= post op pt + hypotensive after bleeding from op site
8. VENTRICULAR ECTOPIC= Fit man+ PR 60bpm with occasional irregularities
9. SINUS BRABYCARDIA= long distance runner + pulse rate 52 bpm
10. HTN>>> Bendrofluzide >>> dizziness falls worst in the morning >>> Orthostratic htn >>> Stand and lying BP
11. 69 yr old man+ Preogressive h/o Angina and dizziness on exertion + heart murmur present >>>> Inv: of choice ECHO >>> ??? Aotic stenosis
12. \*\* 70 year old female + h/o mild stroke + On Aspirin for 5 years>>> increasing breathlessness and light headedness >>> Inv : FBC >> ??? anaemia
13. Treated for seizures 6 month back >> dizziness + poor balance+ nystagmus ( past 2 weeks)>>> Inv : Serum drug level >>> ???? Phenobarbitone toxicity
14. ?? SUPRAVENTRICULAR TRACHYCARDIA= Medication Isosorbide mononitrate + Aspirin >>> dizziness + Palpitation lasting few hours occurs almost everyday>>> Inv : of choice ambulatory ECG
15. Inferior MI ( II III aVF ST elevation ) >>> chest pain 2 hours back lasted 1 hour >>> Innitial Rx >> Isosorbide mono-nitrate
16. h/o Inf. MI and thrombolysed 1 year ago>> present with 3mm St elevation V2-V4 >>> Rx of choise r-tpa ( recombinant tissue plasminogen activator
17. Chest pain + breathlessness >> ECG: Inf wall MI ( II III aVF depression) + narrow complex trachycardia ( SVT)>>> Since the pt is compromised due to MI >> Innitial Rx of choice : Heparin + DC cardioversion
18. Atrial fibrillation >> HR 160 bpm + irregularly irregular pulse + Dizzy >> Rx: B –blocker Atenolol
19. Anginal symptoms increases from walking up hill to rest >>> Unstablee Angina
20. Excercised induced ECG shows ST depression + Cornary angiogram normal>>> STABLE ANGINA
21. Angina more frequent on “ minimal” exertion >>> ECG: LVF >> BP =140/ 100 + enlarged heart + systolic murmur radiating to the back>> Dx: Aotic stenosis >> Supravalvular
22. CORONARY ARTERY SPASM (Prinzmental angina)= typical s/s of angina usually occurs at rest. During episode ECG shows ST elevation>>> rapidly returned to normal as the pain resolved>> Cardiac enzymes normal
23. Acute anterior MI>> Aspirin and analgesia given>> Buccal nitrate ( no mention of STEMI or NSTEMI)
24. h/o MI a month ago>>> presents with acute breathlessness + basal crackles >> Rx : diuretic
25. CARDIAC PACING= MI 1 week ago + now feels faint and PR 36 bpm = complete heart block
26. CARDIAC PACING= Complete heart block= pt in CCU (LVF) + inf wall STEMI+ PR 30bpm + BP 70/50 mm Hg
27. 6 weeks h/o fever , breathlessness and weight loss + childhood h/o rheumatic fever+ Osler’s node present+ low pitch diastolic murmur and harsh pansystolic murmur= INFECTIVE ENDOCARDITIS= Rx: Benzylpenicillin
28. 47 years+ blackout ion exertion+ Family history of sudden death at young age + mitral murmur present+ thickened interventricular system on echo >>>> Mx: refer to surgeon for myomectomy
29. SVT not slowed out with Adenosine>>> Cardioversion
30. CCF worse despite furesemide >>>> Mx : Add Thiazide diuretics
31. Thiazide ( Loridazole ) >>> repeated fall >> Osthostatic HTN >> Review dose
32. Glibenclamide with signs of hypoglycemia>>> Review dose
33. **Coronary-subclavian steal syndrome** >>>( cervical rib compresses subclavian artery) falls while putting up curtains>> Advice on posture
34. Fast irregular pulse >> post MI >> Atrial fibrillation
35. Post MI >> collapse >> new PSM >> Ventricular septal rupture
36. Post MI >> HR = 35bpm>> collapse = HEART BLOCK
37. Post MI>> Pulseless leg= MURAL THROMBUS EMBOLISM
38. Post MI ( 5years) >> syncopal attack > regular HR 36 bpm>> Mx: Implanted pacemaker
39. Hyperthyroid + ST ( 126 bpm) >>> Rx: carbimazole and B blocker
40. HF + AF == Digoxin+ anticoagulant
41. ACUTE MASSIVE PULMONARY EMBOLISM= trachycardia+ hypotention raised JVP+ reduced SO2+ ECG: T wave inversion lead III
42. Trachycardia + normal BP , JVP , CXR >> Q wave in V1 to V3 >> MI
43. Trachycardia + reduce BP and SO2>>> normal JVP and ECG , CXR= no vascular marking on the right = PNEUMOTHORAX
44. ACEi = diabetic ( type II) + BMI 24+ LV dysfunction
45. Acute MI + BMI 23.6 + started on Aspirin+ cholestereol 4.7 mmol/l>>> Prevention intervention+ STATIN
46. > 55 yrs + HTN= CCB
47. Obese + HTN >>> Prevention intervention >> WEIGHT REDUCTION
48. Family h/o heart ds + cholesterol 7.8 mmol/l + on Aspirin>> Prevention intervention+ STATIN
49. Lassitude + breathlessness + purulent sputum+ palpitations>> ?? Pul Oedema>> Inv : CXR
50. h/o weight loss+ short temper + trachycardia>> ECG : simus rhythm >> ?? hyperthyroidism >> Inv TFT
51. Frequent episode of chest pain+ irregular heart beat + PR 60 bpm>> ?? heart block >> Inv : 24hr ambulatory ECG
52. Thumping heart + on sitting up for 2 min subsides >>> ?? Atrial Myxoema>> Inv : ECHO
53. Severe chest pain+SOB+ febrile + trachypnia+ raised JVP with scanty bilateral basal lung crackles>> Dx: PUL EMBOLISM
54. Young age + HTN + family history + bilateral palpable kidney with loin pain >>> ??? PCKD >> Inv : USG abdomen\
55. CUSHINGS = weight gain + acne + easy brusibility+ HTN+ plethoric >>>> Inv 24 HR URINARY FREE CORTISOL CONCENTRATION
56. CONN;S SYNDROME = BP 210/110 + hyperetensive retinopathy+ hypokalemia>> Inv : PLASMA ALDOSTERONE CONCENTRATION
57. PHOECHROMOCYTOMA = overproduction of catecholamine leading to HTN
58. PCKD= HTN + AD
59. CONN’S SYNDROME= HTN due to increase production of aldosterorone
60. CH. GLOMERULONEPHRITIS = immune complex deposition in glomerular basement membrane>>> leading to HTN
61. Heart failure + AF = Digoxin
62. Student + anxiety + palpitation >>>> CAFFEIN EXCLUSION
63. palpitation + faintness+ BP 90/50 ECG: SVT >>> Resistant to adenosine = DC CARDIOVERSION
64. DIRECT CURRENT (dc) CARDIOVERSION= Recurrent VT resistant to initial Rx + Bronchial asthma present + CVS stable+ h/o MI
65. WPW + AF + resistant to drug RX= ACCESSORY PATHWAY ABLATION
66. Hypertensive+ ex-smoker+ normal BMI = drinks 50 units of alcohol per weak >>preventive measure >> alcohol reduction
67. Type 1 DM + microalbuniuria >>> preventive measure >>> ACEi
68. HTN with well controlled bp + cholesterol 7.8 + HDL 0.8 >>> preventive measure >> STATIN
69. HTN + 20 cigarette / day + TG : HDL = 4 >>> preventive measure Smoking ceasation
70. Bp 160/100 on three separate occasion + BMI 28 >>> Preventive measure WEIGHT REDUCTION
71. Hyperthyroid + palpitation = Inv : TFT
72. Asmetic pt>>>PR 130 bpm despite PERF 400 L/min: >>> Mx review medication
73. SVT not responding to carotid message and valasalva >>> Mx: ADENOSINE / VERAPAMIL
74. Heavy smoker + heavy drinker >> racing of heart >> all inv normal >> MX : LIFESTYLE MODIFICATION
75. H/O IHD presenting with palpitation BP normal >>> Atenolol
76. Post MI >>> LVF with MR >> Dx : Papillary muscle rupture
77. CF + spider naevi on chest + enlarged heart + BP normal>>>> m/a NUTRITIONAL
78. Post MI >>>> now PSM >>>> VSD
79. SVT = light headedness + palpitations with similar episodes in the past + PR 170 bmp + BP 100/60 mmHg
80. Post op >>> rt hypochondriac pain +fever + SYSTOLIC murmur >> ??? Infective Endocarditis >>> Inv : blood culture