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### The following contractile proteins participate on the process of myocardial muscle contraction: 0.34

actin, myosin, sarcoplasmic reticulum

myosin, mitochondria and sarcoplasmic reticulum

c) actin, myosin, tropomyosin, troponin

actin, myosin, troponin, tropomyosin and sarcoplasmic reticulum

troponin and calcium

actin, myosin, sarcoplasmic reticulum and sarcolemma

### Under the aerobic conditions, the heart muscle gains energy mainly by:

the beta-oxidation of the fatty acids

anaerobic glycolysis

aerobic glycolysis

pentose cycle

glycogenolysis

aerobic glycolysis and glycogenolysis

### Myocardium uses ATP:

a. exclusively for contraction

b. exclusively for relaxation

mainly for transmembrane ion transport

mainly for basal metabolism

mainly for the action of contraction and relaxation

mainly for preservation of subcellular structures

# 4) Afterload is determined by following factors:

a. preload and volume of blood in venous bed

b. preload and peripheral arterial resitance

preload and contractility

the length of the muscular fibers and peripheral venous resistance

arterial compliance, arterial system blood volume and peripheral arterial resitance

volume of blood in the left ventricle at the end of diastole

# The most frequent causes of heart failure are:

a. hypertension and valvular diseases

b. hypertension and heart hypertrophy

c. hypertension and ischemic heart disease

ischemic heart disease and cardiomyopathy myocardial infarction and diastolic dysfunction

myocardial infarction and hypovolemic shock

## Forward failure means: P104

a. failure of the arterial bed

failure of the venous bed

signs and symptoms developing as a result of insufficient tissue perfusion

breathlessness

the disturbance of the skeletal muscle function (mainly fatigue)

failure of the left ventricular afterload



## 

- a. the state, shortening the life expectancy in 50%
- b. the state, shortening the life to five years
- the syndrome, being the result of variable cardiac diseases
- d. the most frequent pathologic unit of the cardiovascular system
- the disease, which always causes death
- the arrest of the heart

- In central cyanosis: P. 1.0

  a. the acral parts of the body are cold
  - b. the upper extremities are cold, lower are warm
  - c. the lower extremities are cold, upper are warm
  - the extremities are cold but mucous layers are warm
  - the temperature of the acral parts of the body is normal
  - the amount of the the reduced hemoglobin in the capillary blood is more then 50%

# The gallop rhythm means that: pill-112

- (a) above the heart, we hear not two but three sounds
- b. above the heart, we hear not four but five sounds
- that the heart rate is above 100 beats per minute
- that the heart sounds mimics the gallop of quagaa (zebra)
- that the patient has "pulses alternans"
- we hear all four sounds of the heart

## The most frequent cause of mitral stenosis is:

- a. heart failure with "relative" mitral stenosis
- breathlessness
- embolization into the arterial system
- atrial fibrillation and cyanosis
- rheumatic fever
- bacterial endocarditis

## One of the consequences of mitral stenosis is: P 127

- arterial system embolism
- pulmonary embolism
- cor pulmonale acutum
- left ventricular hypertrophy
- e. relative mitral insufficiency
- foramen ovale apertum

## The typical manifestations of the aortic stenosis are as follows: (2.132)

- collapse, stenocardia, sudden death
- shock and excentric hypertrophy of the left ventricle
- c. palpitation and peripheral cyanosis
- diastolic murmur
- e. cyanosis and repeated tromboembolism
- surprisingly good toleration of the physical effort
- In aortic stenosis following pathology occur:



	(a.)	concentric hypertrophy of the left ventricle
	1a.	excentric hypertrophy of the left ventricle
	C	excentric hypertrophy of the left and right ventricles
	d.	
	e.	septal defect
	f.	dilatation of both ventricles
	1.	difficient of both ventificies
14	Great sv	stolic-diastolic amplitude is typical for:
7	(a)	aortic insufficiency
	b.	mitral insufficiency
	c.	
		aortic and mitral insufficiency
	e.	aortic stenosis
	f.	aortic and mitral stenosis
JF)	The filling	ng pressure of the left ventricle in cardiogenic shock is: 🙉 😂
	a.	decreased
	<b>b</b> .	extremely decreased-resulting in hypoperfusion of the periphery
₹## ###	c.	almost normal
	d.	increased
		to speak about filling pressure in shock is a non-sense
	f.	lower then filling pressure of the right ventricle
	<u>~</u> ×559 <b>•</b> 5 (•5)	
10)	In the be	eginning of the septic shock the minute volume is:
	a.	decreased normal or increased
		HOITHAI OF HICFCASCU
		extremely decreased
fig.	a.	decreased as a result of endotoxin
	e. £	indefinable accelerated
	1.	accelerated
17)	Followin	g states are considered to be the complication of myocardial infarction: 199-204
••/	(a)	general adaptive syndrome
	b.	
\$29.	~~~	myocarditis
	J*	Frank-Starling mechanism
		ischemic degeneration of the brain
	A.)	atherosclerosis of the coronary arteries
18)	In the ea	rliest period of atherosclerosis following pathology is present:
- /	(a.)	endothelial cells
	b.	fibose plates
	(C.)	fibromuscular plates
	d.	foam cells
	e.	plaque fissures
	f.	thrombus
19	13 1047	c features of neurons involve:
)	a.	membrane excitability
	(b)	transmission of signals



(C.)	release of neurotransmitters		
(d)	release of hormones		
e	release of digestive enzymes		
f.	phagocytosis		
(g)	processing of signals		
A STATE OF THE PARTY OF THE PAR	regulation of motor functions		
Torong			
e cells	having supporting or helping function in the nervous system are:		
a.	neurons		
<b>b</b> .	Schwann cells		
C.	lymphocytes		
d	satellite cells		
e.	astrocytes		
(f.)	oligodendrocytes		
g.	microglial cells		
'(h)	ependymal cells		
al cells	S:		
(a.)	exert supporting function		
(b.)	exert nutritional function		
e.	produce and increase the fibrin formation		
(d)	exert regenerate or restorative function		
e.	participate on the transmission of signals		
· (I)	are less vulnerable than the neurons		
2	participate on the transfer of information from the peripheral tissues		
	separate cerebrospinal fluid and blood from the brain tissue		

## (12) Main source of energy for neurons is:

- a glucose
- b. amino acids
- c. lipids
- d. fructose
- e. triacylglycerols
- f. cholesterol
- g. eikosanoids
- h. galactose

## 23 On the neuroendocrine stress reaction participates:

- (a) the sympathoadrenal system
- the hypothalamic-pituitary-adrenal axis
- c. the parasympathetic nervous system
- (d) catecholamines
- (e) glucocorticcids
- (f.) vasopressin
- g. erytropoetin
- (h) angiotensin II
- Diseases of the nervous system with mainly intrinsic causes are characterized by the following:
  - (a) changes of the chromosomal number



	d.	are neuromuscular diseases	25 25
	e.	the decisive factors remain unknown	
	(f.)	are metabolic disturbances	
	g.	changes of the chromosomal structures	
	h.	changes resulting from the destruction of the nervous system	12
25)		of the nervous system with mixed or possibly unknown etiolo	gy can be
	subdivide	d into these subgroups:	193 Est
	a.	infection of the CNS	
	(b)	tumors of the CNS	
	(c.)	the neuroimmunological diseases	<b>⊕</b>
	d.	the neuromuscular diseases	
46	e.	the metabolic disturbances	
	f.)	the degenerative diseases	
50	g.	some neuropathies	
58° 87	h.	the genetically conditioned diseases	
1			
26)	Diseases	of the congenital disturbances of the amino acid metabolism is	involve:
	(a.)	phenylketonurea	
	(b.)	maple syrup disease	**
		generalized gangliosidosis	
	d.	Tay-Sachs amaurotic familiar idiocy	
	(e)	cystationinurea	
	(f.)	citrulinurea	35
	g.	Gaucher disease	
	h.	Gierke disease	
111			
27)	Diseases	with lipid metabolism disturbances include:	注
		phenylketonurea	
	b.	maple syrup disease	¥1
	(C)	generalized gangliosidosis	
	(d.)	Tay-Sachs amaurotic familiar idiocy	
	e.	galactosemia	
	(f)	Fabry syndrome	
	0	Gaucher disease	50 50
	h	Gierke disease	8)
	11.	Cicire discuse	23 25
28	Diseases	with disturbance of sacharide metabolism include:	
	(2)	Cori disease	28
	h		
	2	maple syrup disease	
	The second secon	McArdle disease  Toy Sachs amouratic familiar idiocy	ार्ष
		Tay-Sachs amaurotic familiar idiocy	
	e.)	galactosemia	
	I.	citrulinurea	

b. CNS infection

(c) are the genetically conditioned diseases

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(h.) Gierke disease

Neuronal injury might be of many degrees:

	The state of the s	interruption of the nerve fi			
	(d)	functional injury caused for	or example by pressure	2	
	ě.	interruption of the prefron			
	(£)	_	nterruption to the endoneural tul	es	
	(g)		tion of the endoneural tubes		
		and a date in the first of the p	CONTRACTOR AND	(5)	
30	Apart fro	m the direct outcomes of	head injury there might commo	anly he	como
		ons that occur after few h		Jilly De	Some
	complicati	>•:	ours and days.		
	a.	1nsomnia			
	D	hemorrhage		203	
	(C)	infection			E.
15	d.	peripheral cyanosis			
		tumors			
		brain edema			
53	8	leak of the cerebrospinal fl	uid		.720
	ħ.	dyspnea			
31)	The vasog	enic edema is caused by:	P447		
/	a.	direct disturbance of the ac	tive transport of brain cells	a	
	(b)	transependymal shift of the	e cerebrospinal fluid		<b>43</b>
	45750	osmotic disturbances			
	al	changes in the membrane p	ermeability		
		disturbance of released ace			
		disturbance of the Na <sup>+</sup> pum			
	No.	disturbances of the amino a			502
		the toxic effect of free O ra			
		And the second s	activate		
12)	We distin	guish 4 stages of intracran	ial hypertension		
")		he stage of the total compe			
		he stage of the partial com		W C	£
		he stage of the stabilization			£6
		the stage of the destabilization			25
		he stage of the decompens			
		he stage of the partial deco	mpensation		
	(g.)	he vasomotor paralysis			
18	11, 12, 12, 12, 12, 12, 12, 12, 12, 12,		mus a		¥1
3)	and the	nalus might be caused by:			6 H
1		n excessive production of			
	April 1	decrease production of ce	*		
		erebrospinal fluid flow obs			*
		listurbance of the cerebrosp			E7
	e. 2	increase resorption of the	cerebrospinal fluid		
	(f.) ç	ongenital stenosis of aqueo	luctus Sylvii		
	g.) a	tresia of aqueductus Sylvii			
		tresia of foramen Magendi	e and Luschle		
4/	The neuro	degenerative diseases of t	he CNS include:		
/	(a) F	arkinson's disease			8.5

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interruption of the nerve cords

interruption of the commisures of the brain)

- b. Alzheimer's disease
- c. demyelization disease
- d. epilepsy
- e. multiple sclerosis
- f. myasthenia gravis
- g. Fabry syndrome
- h. the acute haemorhagic leukoencephalopathy

## For prionosis is valid:

- they are contagious diseases
- b) they are neurodegenerative diseases
- c. they are exclusively genetically based
- d. they are not transmitted between different species
- (e) they are transmitted between different species
- f. accumulation of a gama-amyloid
- g. accumulation of a tau proteins
- h. accumulation of alpha-synuclein and amyloid

#### 36) Diseases of motor neuron include:

- \_Huntington's disease, chorea
  - b. Alzheimer's disease
- -(c) amyotrophic lateral sclerosis
- progressive supranuclear palsy
  - e. tabes dorsalis
- myasthenia gravis
- -jg) epilepsy
  - h. hydrocephalus

## 37) Neuromuscular diseases include:

- Huntington's disease, chorea
  - b. Lambert-Eaton myasthenic syndrome
- amyotrophic lateral sclerosis
  - d. progressive supranuclear palsy
- -/e tabes dorsalis
  - f.) myasthenia gravis
  - g. epilepsy
  - h. hydrocephalus

# Neurodegenerative disorders include: (1997)

- Huntington's disease, chorea
- (b) Alzheimer's disease
- c.) amyotrophic lateral sclerosis
- d. progressive supranuclear palsy
- (e.) Parkinson's disease
- f. myasthenia gravis
- g. epilepsy
- h. hydrocephalus

## Microscopic features of Alzheimer disease include:

accumulation of a neurofibrillary tangles



	0,	accumulation of a prion proteins
	-) C.	accumulation of a beta-amyloid
	d.	accumulation of an alpha-amyloid
	e.	accumulation of a gama-amyloid
	f.	accumulation of parkin proteins
	g.	accumulation of a tau proteins
	(h)	occurrence a senile plaques
•		
	Parkinso	n's disease is characterized by: (w) (1)
8		accumulation of alpha-synuclein
M K	b.	accumulation of a prion proteins
	c.	accumulation of a beta-amyloid
S - C	d.	accumulation of an alpha-amyloid
	e.	accumulation of a gama-amyloid
	A.	accumulation of parkin proteins
25	Ø.	accumulation of tau proteins
	(h)	loss of dopaminergic cells
•		
	The Park	inson's disease is clinically manifested by: @455
	(a.)	the typical finger movements
	b.	the typical head tremor
	(C.)	the typical hand tremor
	d.	a mask face
	e.	hypertrophy of heart sympathetic innervation
	T.	a muscular tonus disturbance
	g.	generalized seizures
	Th.	the abnormal postural tonus
1		
		nization diseases include: (மிம்) இப்படு புடு
		Huntington's disease/chorea
	(b).	multiple sclerosis
	C.	amyotrophic lateral sclerosis
		progressive supranuclear palsy
19		Parkinson's disease
	f.	myasthenia gravis
	g.	acute disseminated encephalopathy
	h.	acute hemorhagic leukoencephalopathy
1	C a 100 100 a 10	footunes of mountains discossos included (43/4)
		features of neurodegenerative diseases include:
£2		accumulation of aberrant proteins
		neuroinflammation
	- Samuel Comment	mitochondrial abnormality
		deficit of glutamate
		deficit of serine
		deficit of glycine
		relatively selective loss of neurons of certain phenotype
2	n.	deficit of aspartate
	Neurotra	nsmitters are release predominantly from:
	raculotia	manneters are release predomination months

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presynaptic nerve ending

- b. muscle cells
- c. postsynaptic nerve endings
- d. endoplasmatic reticulum
- e. mitochondria
- f. sarcoplasmatic reticulum
- g. cell nucleus
- h. dendrites

# 45) For ionotrophic receptor is valid:

- a. inside ion channel is localised Mg<sup>2+</sup>
- -) (b.) is also ion channel
  - c. is localized exclusively in mitochondrial membranes
    - d. is always bound with G-protein
    - e. is localized in cell nucleus
    - f. is responsible for slow changes of electrical charge on postsynaptic membrane
  - is responsible for fast changes of electrical charge on postsynaptic membrane
  - h. is represented by nicotinic receptors

## 46) For metabotropic receptor is valid:

- a. is also ion channel
- b. is localized exclusively in cytoplasm of neurons
- is usually bound to system of G-proteins
  - d. is localized in cell nucleus
- e is represented by muscarinic receptor
- is responsible for slow changes of electrical charge on postsynaptic membrane
  - g. is responsible for fast changes of electrical charge on postsynaptic membrane
  - h. is represented by nicotine receptors

## Nicotine receptor: William

- -) (a) belongs into the group of ionotropic receptors
  - b. belongs into the group of metabotropic receptors
  - c. its agonist is norepinephrine
  - its agonist is acetylcholine
    - e. its agonist is dopamine
    - f. its agonist is glutamate
    - g. its agonist is aspartate
    - h. its agonist is epinephrine

## (A) Muscarine receptor:

- a. belongs into the group of ionotropic receptors
- belongs into the group of metabotropic receptors
  - c. its agonist is serotonin
  - d. its agonist is dopamine
  - e. its agonist is ATP
- its agonist is acetylcholine
  - g. its agonist is angiotensin



#### h. its agonist is GABA

## The result of transnuclear signalization is:

- a. synthesis of new receptors
- b. synthesis of new ion channels
- c. complete termination of translation
- d. synthesis of new enzymes
- e. changes in reactivity of neuron
- f. changes of neuronal plasticity
- g. immediate changes in electrical charges on neuronal membrane
- h. immediate opening of ion channels in neuronal membrane

## Classical small molecule neurotransmitters include:

- (a) acetylcholine
- b) dopamine
- c. enkephalin
- d. ACTH
- e. endorphin
- f. angiotensin II
- g) glutamate
- h.) GABA

## SI) Neurotransmitters/neuromodulators with large molecule represent:

- (a) enkephalin
  - b. serotonin
- © substance P
- d. glutamate
- e. GABA
- f. CRH
- g) angiotensin II
- h. dopamine

## The main excitatory neurotransmitter in the nervous system is:

- (a) glutamate
  - b. GABA
  - c. glycine
  - d. dopamine
- e. serotonin
- f. epinephrine
- g. histamine
- h. ACTH

## 53) The main inhibitory neurotransmitter in the nervous system is:

- (a.) GABA
- b. glutamate
- c. epinephrine
- d. serotonin
- e. histamine
- f. ATP
- g. ACTH

