

Cardiology Quiz

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Directions: Edit the following sentences based on your understanding of section §14.3, Cardiology of the *AMA Manual of Style*.

1. Pertinent physical findings on admission included noticeable hypertension, S3 gallop, and radiographic evidence of hilar engorgement with an enlarged cardiac silhouette.
2. Reciprocal ST segment depressions were seen in the study patients in leads 2, 3, and AVF.
3. Period amplitude analyses showed significant reductions in Δ wave counts but not rapid eye movement counts.
4. Right-axis deviation (QRS axis of 90° - 180°) was identified in 3 patients (mean [SD] QRS axis, 72° [18°]).
5. Although the baseline QT interval was prolonged (mean [SD], 0.45 [0.05] seconds), the heart rate-corrected QT-C interval was within the reference range (mean [SD], 0.40 [0.03] seconds).
6. The intensity of the murmur varied from grade II/VI to grade III/VI, peaking at grade IV/VI.
7. Data on death, nonfatal myocardial infarction, the composite of death or nonfatal myocardial infarction, Canadian Cardiovascular Society class 3 or 4 angina, and subsequent hospitalization were extracted from each of the published studies independently by 2 investigators.
8. Both cTnT and C-reactive protein remained independent predictors of death after adjusting for a number of potential confounders.
9. Short-chain acyl-coenzyme A (CoA) dehydrogenase deficiency is an autosomal recessive, clinically heterogeneous disorder, and only 22 cases of acyl-CoA have been reported so far.
10. The apo B concentration and the apo B to apo AI ratio were significantly lower for the low-carbohydrate vs the high-carbohydrate diet.

11. Values for LVEF were categorized into 2 groups: normal to mild dysfunction (LVEF ≥ 0.40) and moderate to severe dysfunction (LVEF < 0.40).
12. All patients with implantable cardioverter-defibrillators with DDDR pacing capability were randomly assigned to have the defibrillators programmed to DDDR pacing at 70/min.