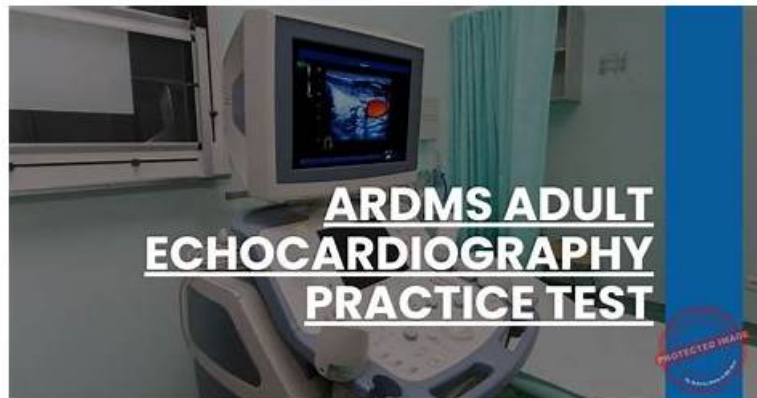


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ARDMS AE Adult Echocardiography Examination Sample Questions (Q102-Q107):

NEW QUESTION # 102

Which syndrome is associated with pulmonic stenosis?

- A. Eisenmenger
- B. Marfan
- C. Turner
- D. Noonan

Answer: D

Explanation:

Pulmonic stenosis is a congenital valve abnormality often seen in genetic syndromes with cardiac manifestations. Among these, Noonan syndrome is the most frequently associated with pulmonic stenosis.

Noonan syndrome is a genetic disorder characterized by distinctive facial features, short stature, and congenital heart defects, with pulmonic valve stenosis being the predominant cardiac lesion. The stenosis is usually valvular and caused by dysplastic pulmonary valve leaflets, leading to obstruction of right ventricular outflow.

Other syndromes listed do not typically present with pulmonic stenosis:

Turner syndrome is more commonly linked with bicuspid aortic valve and coarctation of the aorta, not pulmonic stenosis.

Eisenmenger syndrome refers to the advanced phase of congenital heart defects with significant pulmonary hypertension and is not a genetic syndrome.

Marfan syndrome is predominantly associated with aortic root dilation and mitral valve prolapse, but not with pulmonic stenosis.

This association is well documented in adult echocardiography guidelines and texts, such as the "Textbook of Clinical Echocardiography" by Catherine Otto, which clearly identifies Noonan syndrome as the syndrome most commonly associated with pulmonic stenosis among congenital heart defects#16:Chapter on Congenital Heart DiseaseTextbook of Clinical Echocardiography, 6e#.

NEW QUESTION # 103

Which congenital abnormality is most consistent with the findings in this video?

- A. Eisenmenger syndrome
- **B. Ebstein anomaly**
- C. Ventricular septal defect
- D. Patent foramen ovale

Answer: B

Explanation:

The video shows an apical four-chamber or subcostal echocardiographic view demonstrating a markedly enlarged right atrium with atrialization of part of the right ventricle, displacement of the tricuspid valve septal leaflet downward into the RV cavity, and severe tricuspid regurgitation. These findings are hallmark features of Ebstein anomaly, a congenital malformation of the tricuspid valve causing apical displacement of the septal and posterior leaflets.

Patent foramen ovale and ventricular septal defects have different echocardiographic features without tricuspid leaflet displacement. Eisenmenger syndrome refers to advanced pulmonary hypertension due to shunts but is not a specific congenital structural abnormality.

These diagnostic criteria and echocardiographic hallmarks are described in adult congenital heart disease literature and echocardiography textbooks#16:Textbook of Clinical Echocardiography, 6ep.570-575##12: ASE Adult Congenital Guidelinesp.400-405#.

NEW QUESTION # 104

Which artery is identified by the arrow on this image?

- **A. Brachiocephalic**
- B. Left subclavian
- C. Left common carotid
- D. Right common carotid

Answer: A

Explanation:

The image is a suprasternal or high parasternal echocardiographic view of the aortic arch and its branches.

The arrow points to the first large branch arising from the aortic arch, which is the brachiocephalic artery (also called the innominate artery). This vessel courses superiorly and bifurcates into the right common carotid and right subclavian arteries.

The left common carotid artery is the second branch from the arch, the left subclavian artery is the third branch, and the right common carotid is a branch of the brachiocephalic artery, not directly off the arch.

This anatomic arrangement and its echocardiographic depiction are well documented in adult echocardiography references and vascular ultrasound guidelines#12:ASE Vascular Imaging Guidelinesp.270-275##16:Textbook of Clinical Echocardiography, 6ep.400-405#.

NEW QUESTION # 105

Which parameter is expected to increase in the presence of cardiac tamponade?

- **A. Heart rate**
- B. Diastolic blood pressure
- C. Systolic blood pressure
- D. Oxygen saturation

Answer: A

Explanation:

In cardiac tamponade, pericardial fluid accumulation restricts cardiac filling leading to decreased stroke volume and cardiac output. As a compensatory mechanism, the heart rate increases (tachycardia) to maintain cardiac output.

Oxygen saturation typically does not increase; it may be normal or decreased if tamponade leads to hypoperfusion. Systolic and diastolic blood pressures often decrease due to reduced cardiac output.

This physiological response is well described in clinical cardiology texts and ASE pericardial disease guidelines#12:ASE Pericardial Disease Guidelinesp.300-305##16:Textbook of Clinical Echocardiography, 6ep.280-285#

NEW QUESTION # 106

Which is an abnormal response to a stress echocardiogram?

- A. Decreased end-diastolic volume
- B. Increased ejection fraction
- **C. Increased end-systolic volume**
- D. Hyperdynamic wall motion

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

During a normal stress echocardiogram, the left ventricle demonstrates hyperdynamic wall motion with increased contractility, leading to an increased ejection fraction and typically decreased end-systolic volume due to more complete emptying.

An increase in end-systolic volume during stress is abnormal and suggests ischemia or impaired contractile reserve. This indicates that the ventricle is not contracting effectively, possibly due to coronary artery disease or myocardial dysfunction.

This interpretation is thoroughly explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Stress Echocardiography and Ischemia Detection#20:400-410Textbook of Clinical Echocardiography#.

NEW QUESTION # 107

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