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Revised AE Adult Echocardiography Course

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q71-Q76):

NEW QUESTION # 71

Which view is best for assessing atrial situs in the presence of congenital heart disease?

- A. Subcostal
- B. Short axis
- C. Long axis
- D. Suprasternal notch

Answer: A

Explanation:

The subcostal view is the preferred transthoracic echocardiographic window to assess atrial situs, especially in congenital heart disease. This view provides a cross-sectional look at the abdominal organs and atrial chambers, helping determine the relative position of the inferior vena cava and aorta, which aids in defining atrial situs (solitus, inversus, or ambiguous).

Short axis and long axis views provide excellent cardiac anatomy but are less informative for visceral situs.

The suprasternal notch window is mainly used to visualize the great vessels but does not provide adequate assessment of atrial situs. The subcostal view's ability to demonstrate abdominal situs and systemic venous return makes it essential in congenital cardiac evaluations and is recommended in echocardiography protocols for congenital heart disease assessment.

NEW QUESTION # 72

A "dropout" or loss of echoes from structures posterior to a calcified mitral annulus results in which artifact?

- A. Ring-down
- B. Side lobe
- C. Shadowing
- D. Reverberation

Answer: C

Explanation:

Acoustic shadowing is the artifact caused by calcified structures like the mitral annulus, resulting in attenuation or loss of echoes from structures posterior to the calcification. The calcification absorbs or reflects the ultrasound waves, preventing them from reaching deeper structures and causing a "dropout" or dark shadow behind the calcified area.

Reverberation involves repeated reflections creating multiple echoes. Side lobe artifacts arise from off-axis beams. Ring-down artifacts result from resonance in fluid or gas bubbles, not calcifications.

This artifact is explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Ultrasound Artifacts #20:75-80Textbook of Clinical Echocardiography#.

NEW QUESTION # 73

When should a patient's systemic blood pressure be documented on an echocardiogram?

- A. With every echocardiogram
- B. When significant mitral regurgitation is present
- C. When significant aortic stenosis is present
- D. When evidence of pulmonary hypertension is detected

Answer: A

Explanation:

Systemic blood pressure should be documented during every echocardiogram because blood pressure influences cardiac loading

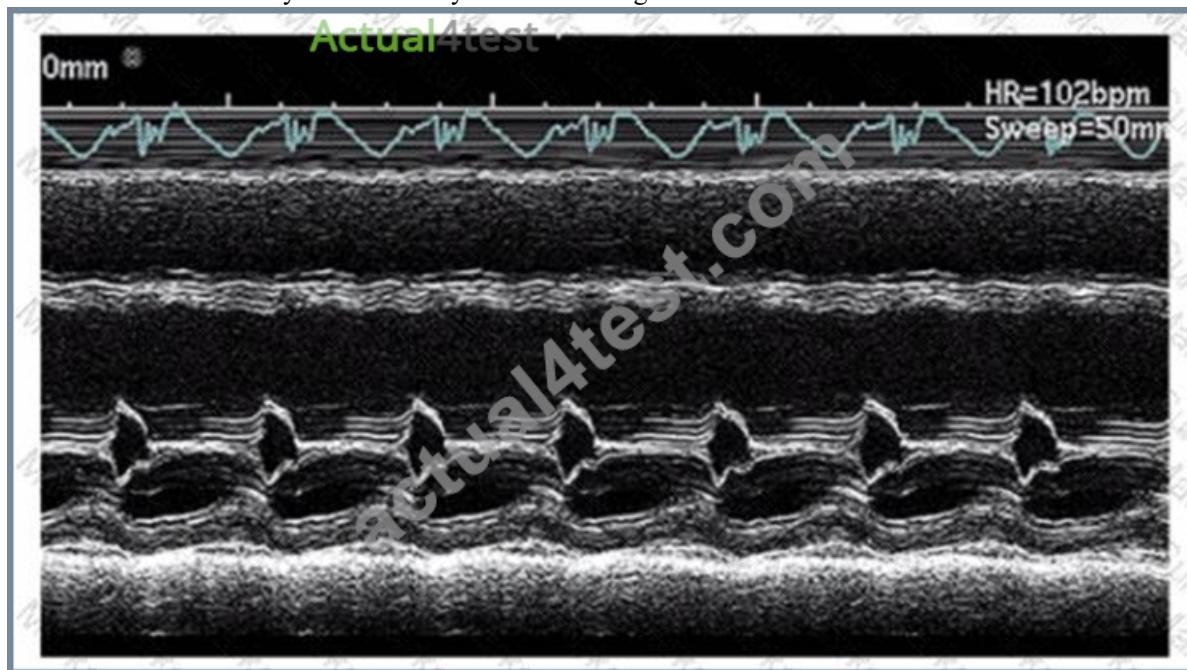
conditions, hemodynamics, and interpretation of valvular lesions and ventricular function.

Blood pressure affects Doppler velocities, gradients across valves, and myocardial performance; therefore, it is essential to record it routinely to interpret echocardiographic findings accurately.

This guideline is stated in the "Textbook of Clinical Echocardiography, 6e", Chapter on Echocardiographic Examination Standards and Reporting#20:15-20Textbook of Clinical Echocardiography#.

NEW QUESTION # 74

Which condition is most likely demonstrated by this M-mode image?



- A. Hypertrophic cardiomyopathy
- B. **Mitral stenosis**
- C. Mitral valve prolapse
- D. Dilated cardiomyopathy

Answer: B

Explanation:

The M-mode image shows characteristic diastolic doming or "hockey stick" appearance of the anterior mitral leaflet with restricted leaflet motion. This is a classic sign of mitral stenosis, where leaflet thickening and fusion cause limited opening during diastole.

Dilated cardiomyopathy shows increased chamber sizes and decreased systolic function but not mitral leaflet doming. Hypertrophic cardiomyopathy is characterized by septal thickening and SAM of the mitral valve.

Mitral valve prolapse shows leaflet billowing into the left atrium during systole.

This pattern is well described in ASE valvular heart disease guidelines and echocardiography texts#12:ASE Valve Imaging Guidelinesp.180-185##16:Textbook of Clinical Echocardiography, 6ep.200-205#.

NEW QUESTION # 75

What is the range of the aortic valve area in normal adults?

- A. 1 - 2 cm²
- B. 7- 8cm²
- C. **3 - 4cm²**
- D. 5 - 6cm²

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The normal aortic valve area (AVA) in adults typically ranges from 3 to 4 cm². This measurement is important for assessing aortic

stenosis severity; values below this range suggest valve narrowing.

AVA values of 1-2 cm² indicate mild to moderate stenosis, while less than 1 cm² reflects severe stenosis.

Larger areas like 5-6 or 7-8 cm² are not physiologically typical.

This normal range is documented in the 'Textbook of Clinical Echocardiography, 6e', Chapter on Aortic Valve Anatomy and Function#20360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 76

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