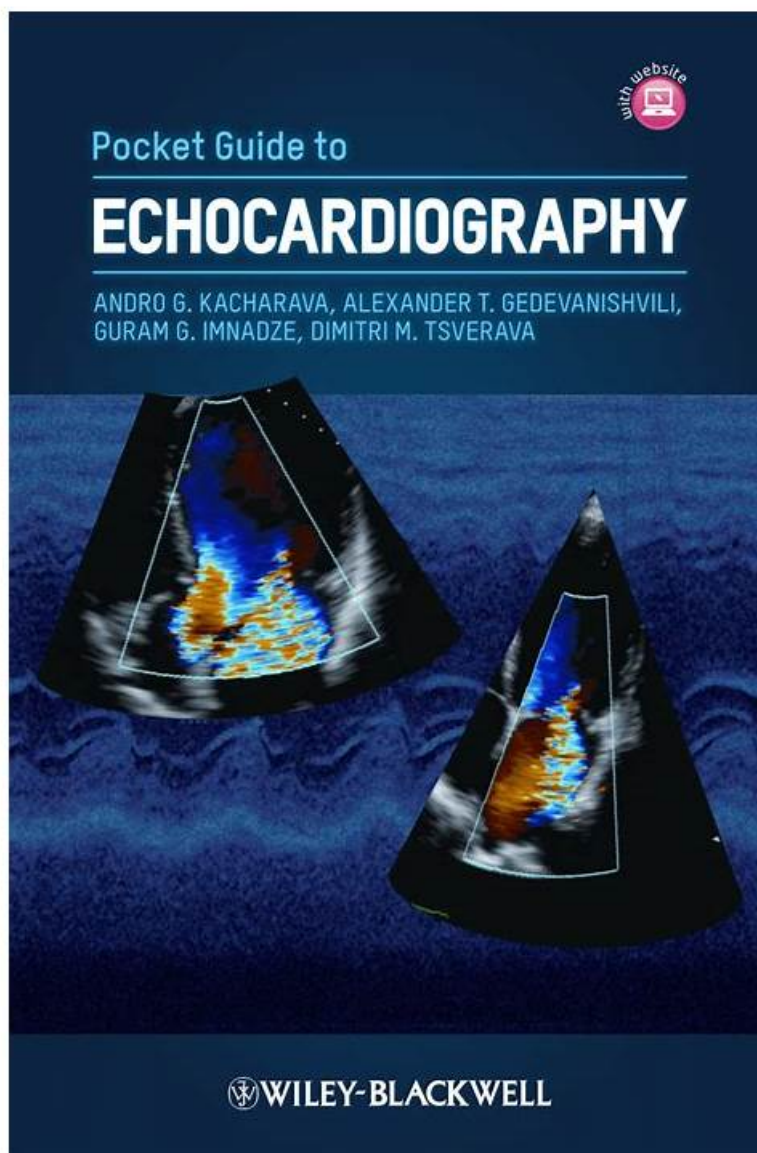


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ARDMS AE Adult Echocardiography Examination Sample Questions (Q133-Q138):

NEW QUESTION # 133

During which phase of the cardiac cycle does the left ventricular filling pressure equalize with left atrial pressure?

- A. Atrial contraction
- B. Diastasis
- C. Early rapid filling
- D. Ventricular contraction

Answer: C

Explanation:

During early rapid filling, when the mitral valve opens at the onset of diastole, the pressure gradient between the left atrium (LA) and left ventricle (LV) is at its peak, allowing blood to flow into the ventricle. As filling progresses during this phase, the left ventricular diastolic pressure rises rapidly and quickly approaches and equalizes with left atrial pressure.

The equalization of pressures is critical to facilitate ventricular filling and is reflected in the mitral inflow Doppler pattern, where the E-wave corresponds to early rapid filling. Diastasis is the mid-diastolic slow filling phase where pressures are nearly equal and little flow occurs. Atrial contraction is the late filling phase, adding a small volume to the ventricle.

This physiological timing is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Diastolic Function and Hemodynamics, with emphasis on pressure changes during the cardiac cycle#20:210-215Textbook of Clinical Echocardiography#.

NEW QUESTION # 134

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

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

Answer: B

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 # 135

In cardiac tamponade, how do transvalvular pressure gradients change during expiration?

- A. Transmitral increases and transtricuspid increases
- B. Transmitral increases and transtricuspid decreases
- C. Transmitral decreases and transtricuspid increases
- D. Transmitral decreases and transtricuspid decreases

Answer: C

Explanation:

In cardiac tamponade, there is a characteristic reciprocal respiratory variation in transvalvular flow velocities due to ventricular interdependence and impaired cardiac filling. During expiration, the intrathoracic pressure increases, which leads to decreased right ventricular filling and thus decreased transtricuspid flow velocity.

Simultaneously, left ventricular filling increases, causing an increase in transmitral flow velocity.

Therefore, during expiration, the transmitral gradient increases while the transtricuspid gradient decreases.

This phenomenon reverses during inspiration, where transtricuspid flow increases and transmitral flow decreases. These respiratory variations are diagnostic hallmarks of tamponade physiology and help distinguish it from other conditions.

This principle is illustrated in Doppler echocardiographic studies of ventricular inflow and is described with diagrams in the "Textbook of Clinical Echocardiography, 6e" (Chapter 10: Pericardial Disease), highlighting the changes in transmitral and transtricuspid velocities during the respiratory cycle in tamponade.

NEW QUESTION # 136

Which of the following does this Image represent?



- A. Pulmonary vein Doppler
- B. Mitral valve inflow
- C. Tricuspid valve inflow
- **D. Hepatic vein Doppler**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The image shows a pulsed-wave Doppler waveform with respiratory phasicity and distinct forward and reversed flow components characteristic of hepatic vein flow patterns. Hepatic vein Doppler typically displays a biphasic waveform with systolic (S) and diastolic (D) forward flow toward the heart and brief reversed flow during atrial contraction (A wave reversal), reflecting right atrial pressure changes.

Mitral and tricuspid inflow Doppler patterns show distinct E and A waves representing early and late diastolic ventricular filling but do not have the same flow reversal pattern. Pulmonary vein Doppler waveforms also differ, showing systolic and diastolic forward flows into the left atrium without the prominent reversed flow seen here.

The hepatic vein Doppler is commonly used in echocardiography to assess right atrial pressure and compliance, especially in conditions like constrictive pericarditis and right heart failure, where characteristic flow reversals and expiratory changes are observed.

This pattern and its clinical significance are detailed in adult echocardiography references, including the

"Textbook of Clinical Echocardiography" and ASE guidelines on Doppler imaging#16:Hepatic Vein DopplerTextbook of Clinical Echocardiography, 6e##12:ASE Doppler Guidelinesp.95-100#.

NEW QUESTION # 137

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

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

Answer: A

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#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 138

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