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ADULT ECHOCARDIOGRAPHY PRACTICE EXAM #1 | QUESTIONS & ANSWERS (VERIFIED) | LATEST UPDATE | GRADED A+ & PASSED

Inferior vena cava, superior vena cava, & hepatic veins demonstrate systolic flow reversal. What type of valve abnormality would you expect to see?

- A. mild mitral regurgitation
- B. severe mitral regurgitation
- C. mild tricuspid regurgitation
- D. severe tricuspid regurgitation

Correct Ans: D

When estimating pulmonary artery pressure, the most reliable non-invasive method is:

- A. tricuspid valve regurgitant jet velocity
- B. pulmonic valve systolic velocity
- C. pulmonary artery catheter
- D. thermodilution

Correct Ans: D

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">Instrumentation, Optimization, and Contrast: This section of the exam measures skills of adult echocardiography technicians related to use and optimization of ultrasound instrumentation and the application of contrast agents. Candidates should recognize imaging artifacts, utilize non-imaging transducers, and adjust ultrasound console settings for optimal imaging and Doppler recordings. Knowledge of harmonic imaging, principles of contrast agents, and the safe and effective use of saline and echo-enhancing contrast agents is essential. Candidates must also be able to optimize images when using contrast agents to ensure diagnostic quality.
Topic 2	<ul style="list-style-type: none">Measurement Techniques, Maneuvers, and Sonographic Views: This section of the exam measures skills of adult echocardiography technicians in performing accurate cardiac measurements, conducting provocative maneuvers, and obtaining optimized sonographic imaging views. It involves applying 2D, 3D, M-mode, and Doppler techniques to measure heart valves, chambers, and vessels, including the aortic valve, mitral valve, left and right ventricles, atria, pulmonary artery, and shunt ratios. Candidates must instruct patients in maneuvers such as Valsalva, cough, sniff, and squat. They should also be proficient in acquiring standard echocardiographic views including apical, parasternal, subcostal, and suprasternal notch views.
Topic 3	<ul style="list-style-type: none">Pathology: This section of the exam measures skills of adult echocardiography technicians and focuses on identifying and evaluating abnormal physiology and perfusion and postoperative conditions. It includes assessment of ventricular aneurysms, aortic and valve abnormalities, arrhythmias, cardiac masses, diastolic dysfunction, endocarditis, ischemic diseases, cardiomyopathies, congenital anomalies, and postoperative valve repair or replacement and intracardiac devices. Candidates must demonstrate ability to recognize abnormal Doppler signals, EKG changes, wall motion abnormalities, and a wide range of cardiac pathologies including pulmonary hypertension and septal defects.
Topic 4	<ul style="list-style-type: none">Clinical Care and Safety: This section of the exam measures skills of adult echocardiography technicians in applying clinical care principles and safety protocols. It includes evaluating patient history and external data, preparing patients including fasting state and intravenous line management, proper patient positioning, EKG lead placement, blood pressure measurement, and ergonomic techniques. Candidates are expected to identify critical echocardiographic findings, know contraindications for procedures, and be able to respond and manage medical emergencies that may arise during echocardiographic exams.
Topic 5	<ul style="list-style-type: none">Anatomy and Physiology: This section of the exam measures skills of adult echocardiography technicians and covers knowledge and abilities related to normal cardiac anatomy and physiology. It includes assessing great vessels like the aorta and pulmonary arteries, recognizing anatomic variants of the heart, and evaluating cardiac chambers, pericardium, valve structures, and vessels of arterial and venous return. Candidates must document normal systolic and diastolic function, normal valve function and measurements, the phases of the cardiac cycle, normal Doppler changes with respiration, and appearance of arterial and venous waveforms. This also involves assessing the normal hemodynamic response to stress testing and maneuvers such as Valsalva, respiratory, handgrip, and postural changes.

ARDMS AE Adult Echocardiography Examination Sample Questions (Q18-Q23):

NEW QUESTION # 18

What is the normal dP/dt value of left ventricular systolic function?

- A. 800-1199 mmHg/s
- B. 400-799 mmHg/s
- C. Less than 400 mmHg/s
- D. Greater than 1200 mmHg/s

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The left ventricular dP/dt is a measure of the rate of rise in left ventricular pressure during isovolumic contraction, which reflects systolic function. It is derived from Doppler echocardiography by measuring the time interval between mitral regurgitant jet velocities of 1 m/s and 3 m/s. Using the simplified Bernoulli equation, the pressure gradient at each velocity is calculated, and the rate of pressure rise (dP/dt) is calculated by dividing the pressure difference by the time interval between these velocities.

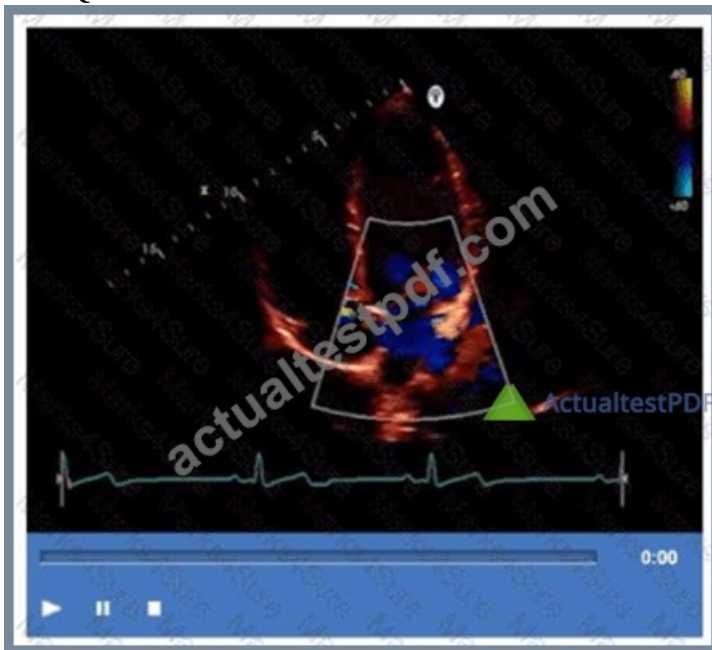
A normal left ventricular dP/dt is generally considered to be greater than 1200 mmHg/s. Values lower than this indicate impaired systolic function, as the ventricle is slower to generate pressure during contraction.

For example, a measured time interval of 36 milliseconds (0.036 seconds) between the MR velocities of 1 and 3 m/s corresponds to a dP/dt of approximately 889 mmHg/s, which is mildly reduced, indicating some systolic dysfunction.

The exact extract from the "Textbook of Clinical Echocardiography, 6e" states that normal dP/dt values are typically above 1000 mmHg/s, with >1200 mmHg/s considered a robust indicator of normal systolic function.

This measure is useful but requires a measurable mitral regurgitation jet and consistent alignment of the ultrasound beam. Variability in measurement can occur based on technical factors, but the dP/dt remains a useful parameter to quantify systolic function noninvasively.

NEW QUESTION # 19



- A. Coronary sinus atrial septal defect
- B. Secundum atrial septal defect
- C. Sinus venosus atrial septal defect
- D. Primum atrial septal defect

Answer: B

Explanation:

The echocardiographic image shows a typical atrial septal defect located in the central portion of the atrial septum, best classified as a secundum atrial septal defect (ASD). Secundum ASDs are the most common type, occurring in the fossa ovalis region.

Sinus venosus ASDs are located near the superior vena cava or inferior vena cava junctions, coronary sinus ASDs involve unroofing of the coronary sinus, and primum ASDs occur low in the atrial septum near the atrioventricular valves.

These anatomic distinctions are critical for diagnosis and surgical planning and are detailed in adult congenital heart disease and echocardiography references#16:Textbook of Clinical Echocardiography, 6ep.

565-570##12:ASE Adult Congenital Guidelinesp.400-410#.

NEW QUESTION # 20

Where would a Swan-Ganz catheter be best visualized?

- A. Right ventricular outflow tract
- B. Left ventricular outflow tract
- C. Descending aorta
- D. Pulmonary veins

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

A Swan-Ganz catheter (pulmonary artery catheter) is inserted via the venous system into the right atrium, right ventricle, and then into the pulmonary artery. The catheter passes through the right ventricular outflow tract (RVOT) before entering the pulmonary artery.

Therefore, echocardiographic visualization of the Swan-Ganz catheter is best achieved in the right ventricular outflow tract or main pulmonary artery, often seen as an echogenic linear structure.

It would not be found in the left ventricular outflow tract (aortic valve region), pulmonary veins, or descending aorta as these are on the left heart or arterial side and not part of the catheter's path.

This is a well-known anatomical fact described in echocardiography procedural references and clinical guidelines on invasive hemodynamic monitoring#16:Textbook of Clinical Echocardiography, 6p.310-315#

#12:ASE Invasive Monitoring Guidelinesp.450-455#.

NEW QUESTION # 21

Which echogenic structure is indicated by the arrow on this image?



- A. Thrombus
- B. Vegetation
- C. Annular calcification
- D. Tumor

Answer: C

Explanation:

The image is a parasternal long-axis echocardiographic view focusing on the mitral valve annulus with a highly echogenic, dense, and well-defined structure located at the base of the posterior mitral leaflet. This appearance is characteristic of mitral annular calcification (MAC), a degenerative process resulting in calcium deposition along the mitral valve annulus.

Vegetations appear as irregular, mobile masses attached to valve leaflets and are less dense. Tumors and thrombi have different echogenicity and locations (tumors often in atria, thrombi in atrial appendages). MAC is usually more echogenic and localized to the annulus.

This description and differentiation are found in adult echocardiography textbooks and ASE guidelines on cardiac masses and valvular calcifications#16:Textbook of Clinical Echocardiography, 6p.460-465##12:

ASE Guidelines on Cardiac Massesp.150-160#.

NEW QUESTION # 22

Which view is best used to evaluate a bicuspid aortic valve?

- A. Right sternal border
- B. Apical five-chamber
- C. Parasternal short axis
- D. Apical long axis

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The parasternal short axis view at the level of the aortic valve is optimal for evaluating valve morphology, including detection of bicuspid aortic valve (BAV). This view clearly visualizes the valve leaflets en face during systole.

Right sternal border and apical views provide hemodynamic information but are less optimal for detailed valve anatomy. Apical long axis is better for left ventricular and outflow tract evaluation but limited for valve leaflet number.

This is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Morphology and Congenital Anomalies#20350-355Textbook of Clinical Echocardiography#.

NEW QUESTION # 23

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