

AE-Adult-Echocardiography Prüfungsfrage, AE-Adult-Echocardiography Quizfragen Und Antworten

Revised AE Adult Echocardiography Course

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>> AE-Adult-Echocardiography Prüfungsfrage <<

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ARDMS AE Adult Echocardiography Examination AE-Adult-Echocardiography Prüfungsfragen mit Lösungen (Q46-Q51):

46. Frage

Which Doppler signal is most consistent with significant aortic valve regurgitation?

- A. Continuous wave Doppler pressure half-time less than 250 ms
- B. Continuous wave Doppler peak velocity equal to or greater than 4.5 m/s
- C. Color Doppler vena contracta / Left ventricular outflow tract diameter ratio less than 25%
- D. Pulsed wave Doppler forward flow in abdominal aorta

Antwort: A

Begründung:

In significant aortic valve regurgitation (AR), the continuous wave Doppler signal across the valve demonstrates a rapid decline in regurgitant jet velocity, resulting in a pressure half-time (PHT) less than 250 milliseconds. A short PHT indicates severe AR with rapid equalization of aortic and left ventricular pressures during diastole.

Pulsed wave Doppler forward flow in the abdominal aorta evaluates stroke volume but does not directly indicate AR severity. Vena contracta to LVOT diameter ratio less than 25% would indicate mild AR, not significant. Peak velocity ≥ 4.5 m/s is more characteristic of aortic stenosis rather than regurgitation.

This criterion for AR severity using CW Doppler PHT is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Regurgitation Doppler Assessment#20:375-380Textbook of Clinical Echocardiography#.

47. Frage

Which method is appropriate for measuring the left atrial diameter in parasternal long axis?

- A. Inner edge to inner edge, perpendicular to the aortic root, at end-diastole
- B. Inner edge to inner edge, parallel to the aortic root, at end-diastole
- C. Outer edge to outer edge, perpendicular to the aortic root, at end-systole
- D. Inner edge to inner edge, perpendicular to the aortic root, at end-systole

Antwort: A

Begründung:

Comprehensive and Detailed Explanation From Exact Extract:

The recommended method to measure left atrial diameter in the parasternal long axis view is the inner edge to inner edge technique, perpendicular to the aortic root, measured at end-diastole. This approach provides the most reproducible and standardized measurement.

Measurement parallel to the aortic root or at end-systole is less accurate. Outer edge measurements overestimate size.

ASE chamber quantification guidelines specify this method for standardization and reproducibility in adult echocardiography practice#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.120-125#.

48. Frage

What is the incidental finding seen by color Doppler in this four-chamber view of a patient with left atrial enlargement?

- A. Sinus venosus defect
- B. Muscular ventricular septal defect
- C. Coronary-cameral fistula
- D. Patent foramen ovale

Antwort: D

Begründung:

The color Doppler image in the four-chamber view shows a jet across the interatrial septum, indicating a shunt at the atrial level. In a patient with left atrial enlargement, the most common incidental finding causing such flow is a patent foramen ovale (PFO). A PFO is a small communication between the right and left atria that can open under certain pressure conditions, leading to shunting.

Muscular ventricular septal defect is a ventricular level defect and would be seen in different views. Coronary- cameral fistula is a rare anomaly involving abnormal connections between coronary arteries and cardiac chambers, not typical in this setting. Sinus

venous defect is an atypical atrial septal defect located near the superior vena cava and would require different imaging planes for detection.

This finding and its implications are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Atrial Septal Defects and Shunts#20:115-120Textbook of Clinical Echocardiography#.

49. Frage

Which view is most appropriate for measuring right ventricular dimensions?

- A. Subcostal four-chamber
- **B. Apical lateral right ventricular-focused**
- C. Parasternal long axis
- D. Parasternal short axis at the base

Antwort: B

Begründung:

The most appropriate echocardiographic view to measure right ventricular (RV) dimensions is the apical four-chamber view with a right ventricular-focused modification. This RV-focused apical four-chamber view is optimized by shifting the transducer laterally and slightly anteriorly to better visualize the entire right ventricle in a single plane. This approach allows for accurate assessment of RV basal and mid cavity diameters, RV longitudinal dimension, and RV area measurements.

The standard apical four-chamber view often underestimates RV size because of its complex geometry and position in the chest. The subcostal four-chamber view may give some information on RV size but is limited by image quality and angle. Parasternal short axis views at the base focus more on the left ventricle and may not capture the entire RV adequately. Parasternal long axis views primarily visualize the left heart structures and do not adequately show the RV.

Adult echocardiography guidelines, including the American Society of Echocardiography (ASE) chamber quantification recommendations, endorse the RV-focused apical four-chamber view as the standard for RV linear measurements and volume assessment due to its accuracy and reproducibility#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6eChapter on RV Assessment#.

50. Frage

Based on this video, what is the estimated right atrial pressure in millimeters of mercury (mmHg)?

- A. 0
- B. 1
- **C. 2**
- D. 3

Antwort: C

Begründung:

Comprehensive and Detailed Explanation From Exact Extract:

The video shows a subcostal IVC view with measurement of IVC diameter and respiratory collapsibility. The IVC appears dilated (>2.1 cm) with less than 50% collapse on inspiration, suggesting elevated right atrial pressure (RAP).

According to ASE guidelines for noninvasive RAP estimation, an IVC diameter >2.1 cm with <50% collapsibility corresponds to an RAP of approximately 10 mmHg.

Lower RAP values correspond to smaller IVC and greater collapsibility. This is a standard measurement in adult echocardiography practice and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6ep.115-120#.

51. Frage

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Um die Folgen derselben zu verbergen, wurden AE-Adult-Echocardiography sehr häufig die Mittelchen der Klosterapotheke in Anspruch genommen, und manches gefällene Mädchen blieb durch ihre Hilfe in den AE-Adult-Echocardiography Testking Augen der Welt eine reine Jungfer; aber auch mancher Ehemann verschwand durch sie.

AE-Adult-Echocardiography Musterprüfungsfragen - AE-Adult-Echocardiography Zertifizierung & AE-Adult-Echocardiography Testfragen

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