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ARDMS ADULT ECHOCARDIOGRAPHY PRACTICE TEST

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q32-Q37):

NEW QUESTION # 32

What can be concluded about the tricuspid valve demonstrated in this image?

□

- A. Stenotic
- B. Normal coaptation
- C. Endocarditis
- **D. Malcoaptation**

Answer: D

Explanation:

The image shows incomplete leaflet apposition of the tricuspid valve leaflets with a visible gap, indicating malcoaptation. This is a common cause of tricuspid regurgitation due to leaflet tethering or annular dilation.

Normal coaptation would show complete leaflet closure. Stenosis would show restricted leaflet motion but not malcoaptation.

Endocarditis involves vegetations and leaflet destruction, which are not evident here.

This echocardiographic feature is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Tricuspid Valve Disease#20:330-335Textbook of Clinical Echocardiography#.

NEW QUESTION # 33

Which structure is the arrow pointing to in this video?

□

- A. Left atrial appendage
- B. Descending aorta
- **C. Coronary sinus**
- D. Left lower pulmonary vein

Answer: C

Explanation:

The arrow points to the coronary sinus, which is a venous structure located posteriorly in the atrioventricular groove, emptying into the right atrium. It appears as a circular anechoic structure near the left atrium in echocardiographic images.

Left lower pulmonary vein enters the left atrium more superiorly. Descending aorta is posterior to the heart but not in this location.

Left atrial appendage is an anterior finger-like projection of the left atrium, separate from the coronary sinus.

This anatomy is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Cardiac Venous Anatomy#20:140-145Textbook of Clinical Echocardiography#.

NEW QUESTION # 34

What is the significance of a mitral B-bump seen on M-mode?

- A. Mitral stenosis
- B. Hypertrophic obstructive cardiomyopathy
- **C. Elevated left atrial systolic pressure**
- D. Elevated left ventricular end-diastolic pressure

Answer: C

Explanation:

The mitral B-bump on M-mode echocardiography represents a distinct anterior motion or thickening of the anterior mitral leaflet during atrial systole. It is associated with elevated left atrial systolic pressure.

The B-bump is a marker of increased left atrial pressure transmitted to the mitral valve, often seen in diastolic dysfunction and conditions causing elevated left atrial pressure.

It is not a direct indicator of left ventricular end-diastolic pressure, hypertrophic obstructive cardiomyopathy, or mitral stenosis.

This phenomenon is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Diastolic Function and Mitral Valve Motion#20:215-220Textbook of Clinical Echocardiography#.

NEW QUESTION # 35

Which finding is NOT associated with severe mitral valve regurgitation?

- **A. Mitral regurgitant jet velocity less than 0.5 cm/sec**
- B. Severely dilated left atrium
- C. Systolic flow reversal in the pulmonary vein

- D. Eccentrically directed mitral regurgitant jet

Answer: A

Explanation:

Severe mitral regurgitation (MR) is typically characterized by significant left atrial dilation due to volume overload, and systolic flow reversal in the pulmonary veins caused by retrograde flow from the left ventricle into the left atrium during systole.

An eccentric mitral regurgitant jet is common in severe MR, often due to leaflet prolapse or flail, resulting in directed jets that hug the atrial wall.

Mitral regurgitant jet velocity, however, is usually significantly higher in severe MR due to the high pressure gradient between the left ventricle and left atrium during systole. A jet velocity less than 0.5 cm/sec is extremely low and inconsistent with severe MR.

Typically, MR jet velocities are in the range of several meters per second.

Thus, a mitral regurgitant jet velocity less than 0.5 cm/sec is NOT associated with severe MR.

This is detailed in echocardiography literature discussing MR quantification and Doppler findings, emphasizing high-velocity regurgitant jets in severe MR and hemodynamic consequences seen on pulmonary vein flow and LA size .

NEW QUESTION # 36

Which technique best determines a trileaflet aortic valve from a bicuspid aortic valve?

- A. Use continuous wave Doppler to demonstrate normal flow velocity
- B. Visualize all three leaflets simultaneously during systole
- C. Use pulsed wave Doppler to demonstrate normal flow velocity
- D. Visualize all three leaflets simultaneously during diastole

Answer: D

Explanation:

The most reliable technique to distinguish a trileaflet aortic valve from a bicuspid valve is to visualize all three leaflets simultaneously during diastole when the valve is closed. During diastole, the aortic valve leaflets coapt, and the three cusps form a characteristic "Y-shaped" or "Mercedes-Benz" sign on short-axis echocardiographic views, clearly demonstrating the number of leaflets.

Visualization during systole is less reliable because the valve is open, and the leaflets are moving rapidly.

Doppler techniques (pulsed or continuous wave) assess flow velocities but do not definitively determine leaflet number, only stenosis severity.

This approach is well documented in adult echocardiography textbooks and ASE valvular imaging guidelines, which emphasize the diastolic short-axis view for valve morphology assessment#16:Textbook of Clinical Echocardiography, 6ep.190-195##12:ASE Valve Imaging Guidelinesp.180-185#.

NEW QUESTION # 37

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