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Adult Echocardiography Practice Exam #1 Questions and Answers

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 - Answer- 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 - Answer- D

Which statement is correct about frequency?

- A. higher frequency transducers decrease the depth of penetration, but reduce image resolution
- B. low frequency transducers decrease the depth penetration, but increase image resolution
- C. higher frequency transducers increase the depth of penetration & improve image resolution
- D. low frequency transducers improve depth penetration, but reduce image resolution - Answer- D

Mitral valve prolapse may be augmented by:

- A. having the patient lie very flat
- B. having the patient perform a valsalva maneuver
- C. having the patient inhale
- D. injecting contrast into the venous system - Answer- B

Which chamber is the more posterior?

- A. right ventricle
- B. left atrium
- C. left ventricle
- D. right atrium - Answer- B

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ARDMS AE-Adult-Echocardiography Exam Syllabus Topics:

Topic	Details

Topic 1	<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 2	<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 3	<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 4	<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.
Topic 5	<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.

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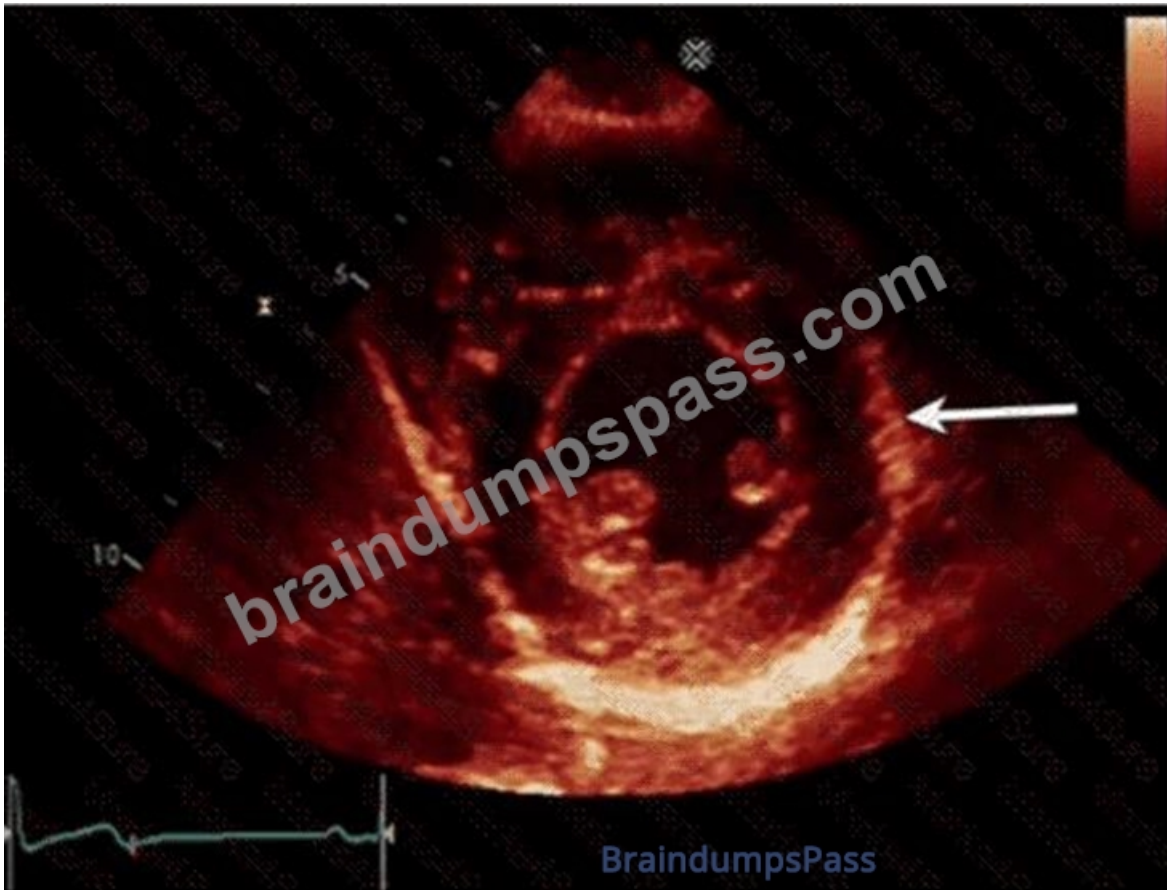
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ARDMS AE Adult Echocardiography Examination Sample Questions (Q83-Q88):

NEW QUESTION # 83

Which left ventricular regional wall segment is indicated by the arrow on this image?



- A. Inferior
- B. Inferolateral
- C. Anterior
- D. Anterolateral

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The echocardiographic image shows a short-axis view of the left ventricle at the mid-papillary muscle level with segmental strain values. The arrow points to the wall segment located inferiorly (towards the bottom of the image in standard orientation), which corresponds to the inferior wall of the left ventricle.

According to the standardized 17-segment model endorsed by the American Society of Echocardiography (ASE), the inferior wall is situated posteriorly and inferiorly in the short-axis view. The other options represent adjacent walls: anterior is opposite the inferior wall, anterolateral and inferolateral correspond to lateral wall segments.

This segmental anatomy and nomenclature are detailed in adult echocardiography textbooks and ASE chamber quantification guidelines, which emphasize precise segmental identification for accurate regional function assessment#12:ASE Chamber Quantification Guidelinesp.90-95##16:Textbook of Clinical Echocardiography, 6ep.140-145#.

NEW QUESTION # 84

Which wall is indicated by the arrow on this image?



- A. Inferior
- B. Inferolateral
- C. Anterior
- D. Anterolateral

Answer: A

Explanation:

The echocardiographic image is a parasternal long axis or apical view showing the left ventricle. The arrow points to the wall segment located inferiorly, corresponding to the inferior wall of the left ventricle. The inferior wall is typically visualized in parasternal long axis and apical views as the posterior aspect of the ventricle.

Other options correspond to different walls: anterior is anterior septal wall, anterolateral and inferolateral refer to the lateral wall regions. Accurate wall identification is critical for regional wall motion analysis and coronary artery territory correlation.

This segmental wall identification is detailed in adult echocardiography and ASE chamber quantification guidelines#12:ASE Chamber Quantification Guidelines.90-95##16:Textbook of Clinical Echocardiography, 6ep.140-145#.

NEW QUESTION # 85

What is indicated by the arrow on this video clip?

- A. Chiari network
- B. Moderator band
- C. False tendon
- D. Eustachian valve

Answer: B

Explanation:

The structure indicated by the arrow in the right ventricle is the moderator band. The moderator band is a muscular band of tissue that crosses the right ventricular cavity from the interventricular septum to the anterior papillary muscle. It contains part of the right bundle branch of the conduction system and is a normal anatomical structure identifiable on echocardiography.

False tendons are fibrous or muscular strands within the left ventricle, not the right. The Chiari network is a mobile, net-like structure in the right atrium near the inferior vena cava and atrial septum. The Eustachian valve is a crescent-shaped ridge at the entrance of the inferior vena cava into the right atrium.

The moderator band is important to recognize to avoid misinterpretation as a pathological mass or thrombus.

This is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Ventricular Anatomy and Echocardiographic

NEW QUESTION # 86

A patient presents with tender, red lesions on their fingers and toes (Osler nodes). Which finding is most likely?

- A. Lambl excrescences
- B. Papillary fibroelastoma
- C. Carcinoid heart disease
- **D. Infective endocarditis**

Answer: D

Explanation:

Osler nodes are tender, erythematous nodules typically located on the fingers and toes, and are a classic sign of infective endocarditis (IE). They represent immune complex deposition and microemboli causing localized vasculitis.

Carcinoid heart disease presents with right-sided valve fibrosis and not with Osler nodes. Lambl excrescences are small filiform valvular strands without clinical manifestations such as Osler nodes. Papillary fibroelastomas are benign cardiac tumors that may cause emboli but not immune-mediated skin lesions.

This classic clinical sign and its echocardiographic correlation in IE are discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Infective Endocarditis#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 87

What does the Qp represent in an atrial septal defect shunt ratio measurement (Qp/Qs)?

- A. Left ventricular outflow tract (LVOT) time velocity integral
- B. Right ventricular outflow tract (RVOT) time velocity integral
- **C. Stroke volume of the RVOT**
- D. Stroke volume of the LVOT

Answer: C

Explanation:

In the calculation of the shunt ratio Qp/Qs, Qp represents pulmonary blood flow, which is calculated as the stroke volume of the right ventricular outflow tract (RVOT). Stroke volume is obtained by measuring the RVOT cross-sectional area and the RVOT time velocity integral (VTI).

Qp (pulmonary flow) divided by Qs (systemic flow) quantifies the magnitude of left-to-right shunting in atrial septal defects and other congenital heart diseases.

This method is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Shunt Quantification and Flow Calculations#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 88

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