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ARDMS AE Adult Echocardiography Examination Sample Questions (Q33-Q38):

NEW QUESTION # 33

Which next step is appropriate after obtaining the Doppler signal in this image?

- A. Continuous wave through the mitral valve to assess for mitral stenosis
- B. Pulsed wave at the level of the mitral valve leaflet tips to assess for mitral stenosis

- C. Continuous wave through the left ventricle to localize intracavitary gradient
- D. Pulsed wave at various levels of the left ventricle to localize intracavitary gradient.

Answer: C

Explanation:

The Doppler signal shown is a continuous wave (CW) Doppler tracing typical of measuring high velocity flow, such as an intracavitary gradient in the left ventricle, often seen in hypertrophic obstructive cardiomyopathy (HOCM). CW Doppler is needed to capture the highest velocity flow across the entire ventricular cavity and outflow tract.

Pulsed wave Doppler has limited spatial resolution and cannot measure high velocities without aliasing; thus, it is less useful for localizing gradients in this context. Pulsed wave at mitral leaflet tips is used for mitral inflow assessment, not intracavitary gradients.

This approach is recommended in ASE guidelines for cardiomyopathy and valvular obstruction evaluation#12:

ASE Doppler Guidelines.120-125##16:Textbook of Clinical Echocardiography, 6ep.350-355#

NEW QUESTION # 34

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

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

Answer: B

Explanation:

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 venosus 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#.

NEW QUESTION # 35

Which of the following occurs during the strain phase of the Valsalva maneuver?

- A. Decreased preload
- B. Increased afterload
- C. Increased preload
- D. Decreased afterload

Answer: A

Explanation:

During the strain phase of the Valsalva maneuver, intrathoracic pressure increases significantly due to forced expiration against a closed glottis. This elevated intrathoracic pressure compresses the thoracic veins, leading to decreased venous return to the heart, which causes a reduction in preload (the volume of blood filling the ventricles during diastole). This reduction in preload is transient and results in decreased stroke volume and cardiac output.

This physiologic response is exploited during echocardiographic evaluation to unmask pseudonormal filling patterns of the left ventricle and to assess diastolic function. For example, during the strain phase, the early mitral inflow velocity (E wave) decreases due to reduced preload, and the E/A ratio can normalize or reverse if diastolic dysfunction is present.

The strain phase does not decrease afterload; in fact, afterload can transiently increase during other phases, but the hallmark of the strain phase is decreased preload.

This explanation is detailed in the "Textbook of Clinical Echocardiography, 6e," which explains the hemodynamic changes during the Valsalva maneuver and its clinical application in echocardiographic assessment of diastolic function .

NEW QUESTION # 36

Which patient body positioning and respiration technique is optimal for obtaining the subcostal view?

- A. Left lateral decubitus; knees bent and shallow breathing
- B. Supine; legs extended and breath exhaled
- **C. Supine; knees bent and breath inhaled**
- D. Left lateral decubitus; legs extended and normal breathing

Answer: C

Explanation:

The subcostal echocardiographic view is best obtained with the patient supine, knees bent to relax abdominal muscles, and the patient holding a deep breath at the end of inhalation to lower the diaphragm and improve acoustic window through the subxiphoid area.

Left lateral decubitus position is used for parasternal and apical views but is not optimal for subcostal imaging.

This patient positioning and respiration technique are described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Echocardiographic Windows and Imaging Techniques#20:90-95Textbook of Clinical Echocardiography#.

NEW QUESTION # 37

The 'P' wave of an electrocardiogram relates to which echocardiography event?

- A. Ventricular contraction
- B. Ventricular diastole
- **C. Atrial contraction**
- D. Atrial relaxation

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The P wave on the ECG corresponds to atrial depolarization, which precedes atrial contraction (atrial systole).

On echocardiography, atrial contraction can be observed as the atrial "kick," contributing to ventricular filling during late diastole.

Ventricular contraction (QRS complex) and ventricular relaxation (T wave) correspond to other phases of the cardiac cycle. Atrial relaxation occurs during ventricular systole but is not represented by the P wave.

This timing relationship is critical for correlating echocardiographic Doppler inflow patterns, such as the late diastolic A wave, with the ECG. These concepts are outlined in the foundational echocardiography references, including ASE guidelines and the "Textbook of Clinical Echocardiography"#16:Textbook of Clinical Echocardiography, 6ep.150-155##12:ASE Echocardiography Guidelinesp.50-55#.

NEW QUESTION # 38

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