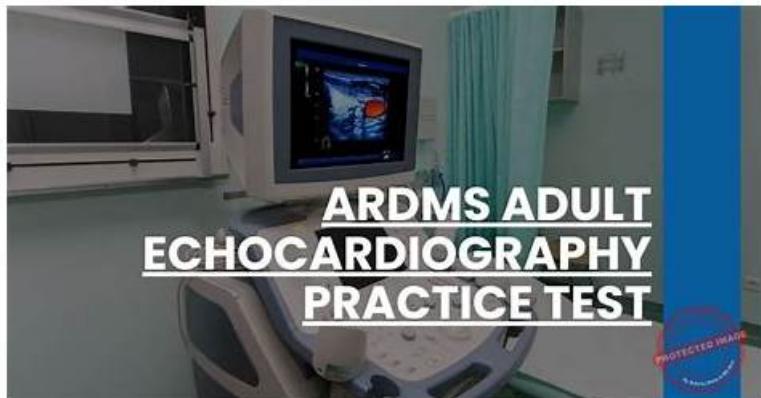


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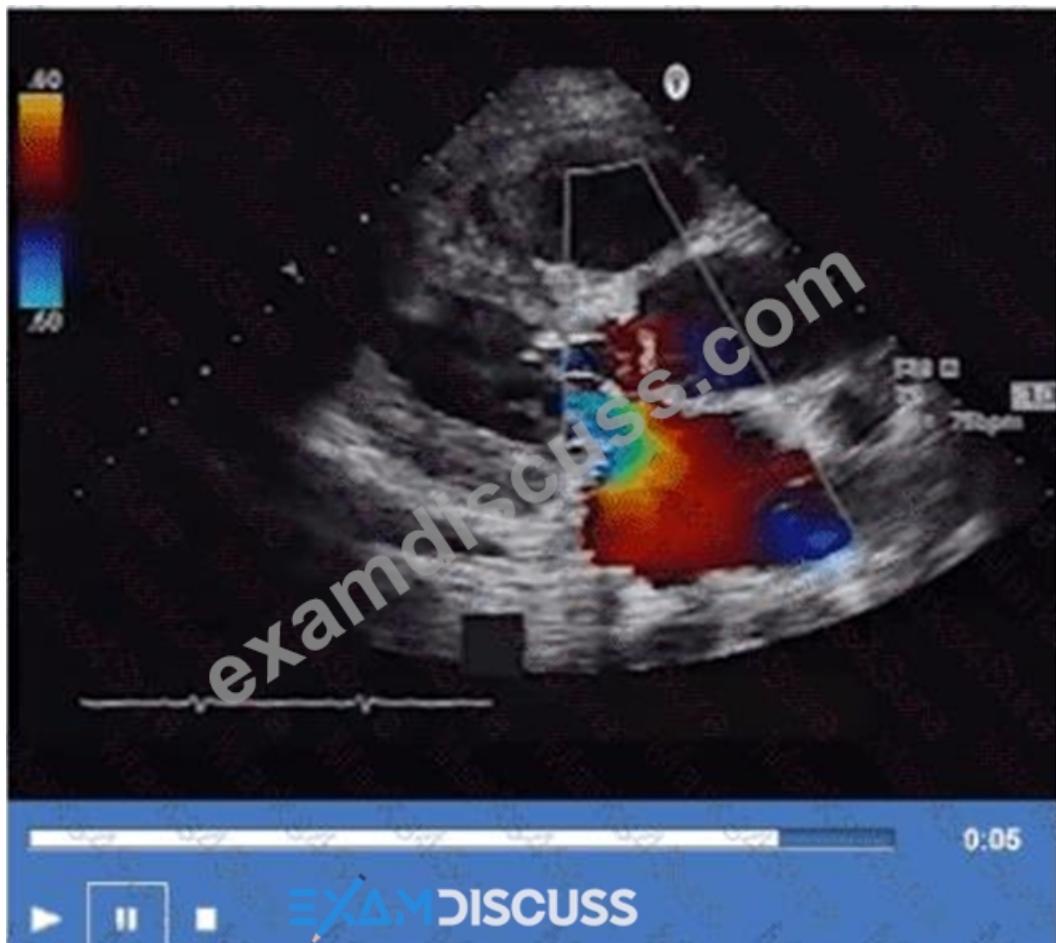
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ARDMS AE Adult Echocardiography Examination Sample Questions (Q110-Q115):

NEW QUESTION # 110

What is the direction of the mitral regurgitant jet in this video clip?



- A. Posterior
- B. Medial
- C. Anterior
- D. Lateral

Answer: A

Explanation:

The color Doppler jet in the apical four-chamber view is directed posteriorly toward the posterior left atrial wall, indicating a posteriorly directed mitral regurgitant jet.

Jet direction can provide insight into the mechanism of mitral regurgitation; for example, anterior leaflet prolapse often causes a posteriorly directed jet.

This analysis is outlined in the "Textbook of Clinical Echocardiography, 6e", Chapter on Mitral Regurgitation

- Jet Direction and Mechanism#20:390-395Textbook of Clinical Echocardiography#.

NEW QUESTION # 111

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

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

Answer: D

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, 6e. 150-155##12: ASE Echocardiography Guidelines p.50-55#.

NEW QUESTION # 112

Sinus of Valsalva aneurysms most commonly rupture into which structure(s)?

- A. Left atrium
- B. Right heart chambers
- C. Coronary sinus
- D. Pericardial space

Answer: B

Explanation:

Sinus of Valsalva aneurysms typically rupture into the right heart chambers, most commonly the right atrium or right ventricle. This creates a left-to-right shunt and can lead to volume overload and heart failure if not treated.

Rupture into the pericardial space is less common and may cause tamponade. Rupture into the left atrium or coronary sinus is rare. This clinical detail is described in the 'Textbook of Clinical Echocardiography, 6e', Chapter on Aortic Root Pathology and Sinus of Valsalva Aneurysms #20:420-425 Textbook of Clinical Echocardiography#.

NEW QUESTION # 113

Which finding is most consistent with this M-mode image?

- A. Mitral valve prolapse
- B. Systolic anterior motion of the mitral valve
- C. Mitral valve annuloplasty ring
- D. **Rheumatic mitral stenosis**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This M-mode echocardiographic image shows thickened mitral valve leaflets with a characteristic "doming" or "hockey-stick" appearance during diastole, which is classic for rheumatic mitral stenosis. Rheumatic mitral stenosis leads to leaflet thickening, restricted opening, and calcification, which alters the normal mitral valve motion on M-mode.

Mitral valve prolapse would show systolic displacement of the leaflets into the left atrium, typically later in systole, not doming in diastole. Mitral valve annuloplasty ring would appear as a bright echogenic line around the annulus but is not seen in this image. Systolic anterior motion (SAM) of the mitral valve is usually seen in hypertrophic cardiomyopathy and presents as anterior motion during systole, not the diastolic pattern shown.

This classical M-mode appearance is described in 'Textbook of Clinical Echocardiography, 6e', Chapter on Rheumatic Valve Disease #20:385-390 Textbook of Clinical Echocardiography#.

NEW QUESTION # 114

Which hepatic vein flow pattern signals severe tricuspid regurgitation?

- A. Biphasic flow reversal in diastole
- B. **Flow reversal in systole**
- C. Flow reversal in diastole
- D. Atrial flow reversal in systole

Answer: B

Explanation:

In severe tricuspid regurgitation (TR), the regurgitant jet flows back from the right ventricle into the right atrium during systole, causing reversal of flow in the hepatic veins during the same phase. On Doppler echocardiography, this manifests as systolic flow

reversal in the hepatic veins, which is a hallmark sign of severe TR.

Normally, hepatic vein flow consists of a predominant systolic forward flow into the right atrium. However, in severe TR, the high pressure in the right atrium during systole causes retrograde flow in the hepatic veins.

This pattern is diagnostic and aids in severity assessment.

Diastolic flow reversal is uncommon in TR and more associated with other pathologies. Atrial flow reversal in systole or biphasic flow reversal in diastole are not recognized patterns for severe TR.

This is described in detail in the "Textbook of Clinical Echocardiography, 6e", Chapter on Right Heart and Tricuspid Valve Disease, with Doppler patterns illustrated for hepatic vein flow in tricuspid regurgitation#20:

330-335Textbook of Clinical Echocardiography#.

NEW QUESTION # 115

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