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ARDMS AE Adult Echocardiography Examination Sample Questions (Q52-Q57):

NEW QUESTION # 52

Which finding is best demonstrated in this video?

- A. Aortic root dilatation
- B. Left atrial elongation
- C. Systolic anterior motion of the mitral valve
- D. Mid-anteroseptal hypokinesis

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The video shows a parasternal long-axis view of the left ventricle and mitral valve with the anterior leaflet of the mitral valve moving abnormally toward the interventricular septum during systole. This systolic anterior motion (SAM) of the mitral valve is characteristic of hypertrophic obstructive cardiomyopathy (HOCM) and contributes to left ventricular outflow tract obstruction.

Aortic root dilatation and left atrial elongation are structural findings seen in other views. Mid-anteroseptal hypokinesis is a regional wall motion abnormality not clearly visualized in this clip.

This echocardiographic sign is critical in diagnosing and managing HOCM and is discussed extensively in ASE guidelines and clinical echocardiography texts#16:Textbook of Clinical Echocardiography, 6ep.350-355##12:ASE Cardiomyopathy Guidelinesp.120-130#.

NEW QUESTION # 53

Acute severe aortic regurgitation leads to a marked increase in which pressure?

- A. End-diastolic
- B. End-systolic
- C. Early-systolic
- D. Early-diastolic

Answer: A

Explanation:

Acute severe aortic regurgitation causes rapid volume overload of the left ventricle during diastole, leading to a marked increase in left ventricular end-diastolic pressure (LVEDP). This elevated LVEDP results from the sudden return of blood into the ventricle and impaired compliance.

End-systolic pressure is not primarily affected. Early-diastolic pressure changes relate to aortic pressure but LVEDP is critical.

Early-systolic pressure is not typically affected by AR.

This hemodynamic effect is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Regurgitation and Hemodynamics#20:375-380Textbook of Clinical Echocardiography#.

NEW QUESTION # 54

What is the range of the aortic valve area in normal adults?

- A. 7- 8cm²
- B. 1 - 2 cm²
- C. 3 - 4cm²
- D. 5 - 6cm²

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The normal aortic valve area (AVA) in adults typically ranges from 3 to 4 cm². This measurement is important for assessing aortic stenosis severity; values below this range suggest valve narrowing.

AVA values of 1-2 cm² indicate mild to moderate stenosis, while less than 1 cm² reflects severe stenosis.

Larger areas like 5-6 or 7-8 cm² are not physiologically typical.

This normal range is documented in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aortic Valve Anatomy and Function#20:360-365Textbook of Clinical Echocardiography#.

NEW QUESTION # 55

Which of the following conditions will increase in severity with Valsalva maneuver?

- A. Aortic valve stenosis
- **B. Hypertrophic obstructive cardiomyopathy**
- C. Mitral valve regurgitation
- D. Aortic valve regurgitation

Answer: B

Explanation:

The Valsalva maneuver decreases preload and left ventricular volume, which exacerbates left ventricular outflow tract obstruction in hypertrophic obstructive cardiomyopathy (HOCM). This results in an increase in the gradient and severity of obstruction and symptoms during the maneuver.

Aortic valve stenosis, aortic regurgitation, and mitral regurgitation typically decrease or do not significantly change during Valsalva because of decreased flow and pressure.

This physiological response is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Dynamic Left Ventricular Outflow Obstruction and Maneuvers#20:370-375Textbook of Clinical Echocardiography#.

NEW QUESTION # 56

How are pseudoaneurysms best distinguished from true aneurysms?

- A. True aneurysms contain thrombus.
- **B. True aneurysms are lined with myocardium**
- C. Pseudoaneurysms occupy the left ventricular apex.
- D. Pseudoaneurysms have a wide neck.

Answer: B

Explanation:

True ventricular aneurysms are lined by scarred myocardium and have a broad neck. Pseudoaneurysms occur after myocardial rupture contained by pericardium or scar tissue and lack myocardium in the wall.

Pseudoaneurysms typically have a narrow neck and are more prone to rupture.

Pseudoaneurysms can occur at various locations, not exclusively the apex. Both true aneurysms and pseudoaneurysms may contain thrombus, so this is not a distinguishing feature.

This differentiation is important clinically and is detailed in adult echocardiography and surgical cardiology texts and ASE guidelines#16:Textbook of Clinical Echocardiography, 6p.400-405##12:ASE Cardiac Masses and Aneurysms Guidelinesp.150-160#.

NEW QUESTION # 57

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