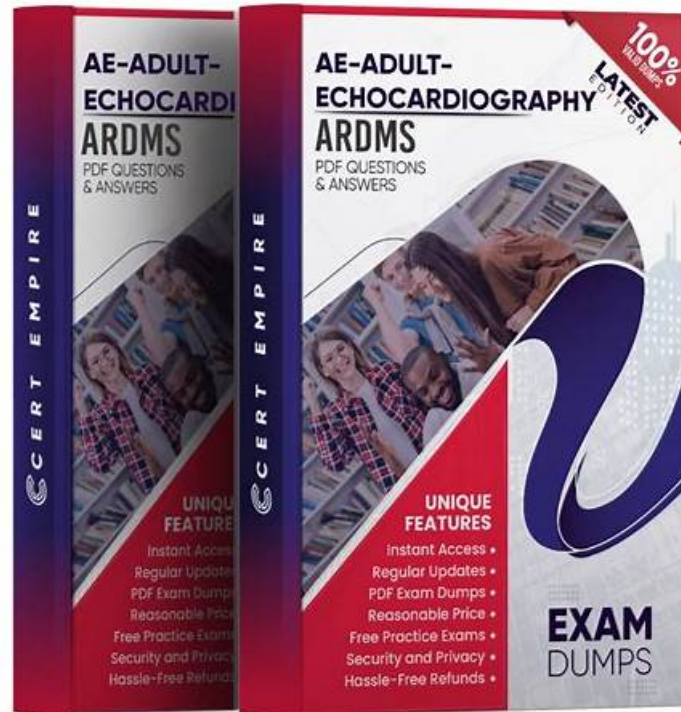


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ARDMS AE Adult Echocardiography Examination Sample Questions (Q68-Q73):

NEW QUESTION # 68

Which of the following is the most likely cause for the findings demonstrated in this video?

- A. Infective endocarditis
- B. Rheumatic fever
- C. Systemic lupus
- D. Drug-induced valvulopathy

Answer: D

Explanation:

The video shows thickened, retracted, and possibly regurgitant valve leaflets with a characteristic appearance seen in drug-induced valvulopathy. Drugs such as ergot derivatives (e.g., methysergide) and appetite suppressants (e.g., fen-phen) can cause fibrotic thickening of valve leaflets mimicking carcinoid heart disease or rheumatic valve disease.

Infective endocarditis presents with vegetations and potentially valve destruction but typically not the diffuse thickening seen here.

Rheumatic fever causes leaflet thickening but has a different chronic clinical course.

Systemic lupus may cause valve thickening but often involves Libman-Sacks vegetations rather than diffuse fibrosis.

This is discussed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Valvular Heart Disease - Drug Induced and Secondary Causes#20:400-405Textbook of Clinical Echocardiography#.

NEW QUESTION # 69

What is the regional wall motion assessment of the two-chamber view displayed in this video?

- A. Hypokinetic basal inferolateral wall
- B. Hypokinetic basal inferior wall
- C. Aneurysmal basal inferior wall
- D. Aneurysmal basal inferolateral wall

Answer: A

Explanation:

The two-chamber apical echocardiographic view allows visualization of the basal inferolateral and anterior walls. The video demonstrates reduced wall thickening and motion in the basal inferolateral segment consistent with hypokinesis.

An aneurysm would appear as a dyskinetic or paradoxical bulging of the wall, which is not seen here. The basal inferior wall is visualized better in other views (such as the apical four-chamber).

Hypokinesis of the basal inferolateral wall suggests regional ischemia or infarction in the territory supplied by the left circumflex artery.

These assessments are standard in segmental wall motion analysis described in ASE stress echocardiography and chamber quantification guidelines#12:ASE Stress Echocardiography Guidelinesp.310-315##16:

Textbook of Clinical Echocardiography, 6ep.380-385#.

NEW QUESTION # 70

How are pseudoaneurysms best distinguished from true aneurysms?

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

Answer: A

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, 6ep.400-405##12:ASE Cardiac Masses and Aneurysms Guidelinesp.150-160#.

NEW QUESTION # 71

Which critical finding is most likely to require immediate surgical intervention?

- A. True aneurysm
- B. Severe mitral stenosis
- C. Severe aortic stenosis
- D. Pseudoaneurysm

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

A pseudoaneurysm (false aneurysm) of the heart or great vessels is a contained rupture of the vessel or myocardial wall with a narrow neck and high risk of rupture, making it a surgical emergency. Unlike true aneurysms, pseudoaneurysms lack all vessel wall layers and have a fragile wall prone to catastrophic rupture.

True aneurysms involve all wall layers and generally have a lower immediate risk. Severe aortic or mitral stenosis are serious conditions often requiring intervention but not immediate emergency surgery unless complicated.

Therefore, pseudoaneurysm is the critical finding that mandates urgent surgical repair.

This distinction and management urgency are detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Aneurysms and Cardiac Emergencies#20:385-390Textbook of Clinical Echocardiography#.

NEW QUESTION # 72

Which view is most appropriate for measuring right ventricular dimensions?

- A. Parasternal long axis
- B. Apical lateral right ventricular-focused
- C. Subcostal four-chamber
- D. Parasternal short axis at the base

Answer: B

Explanation:

The most appropriate echocardiographic view to measure right ventricular (RV) dimensions is the apical four-chamber view with a right ventricular-focused modification. This RV-focused apical four-chamber view is optimized by shifting the transducer laterally and slightly anteriorly to better visualize the entire right ventricle in a single plane. This approach allows for accurate assessment of RV basal and mid cavity diameters, RV longitudinal dimension, and RV area measurements.

The standard apical four-chamber view often underestimates RV size because of its complex geometry and position in the chest. The subcostal four-chamber view may give some information on RV size but is limited by image quality and angle. Parasternal short axis views at the base focus more on the left ventricle and may not capture the entire RV adequately. Parasternal long axis views primarily visualize the left heart structures and do not adequately show the RV.

Adult echocardiography guidelines, including the American Society of Echocardiography (ASE) chamber quantification recommendations, endorse the RV-focused apical four-chamber view as the standard for RV linear measurements and volume assessment due to its accuracy and reproducibility#12:ASE Chamber Quantification Guidelinesp.80-85##16:Textbook of Clinical Echocardiography, 6eChapter on RV Assessment#.

NEW QUESTION # 73

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