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ARDMS ECHO PRACTICE EXAM 2025–2026 **ACCURATE REAL EXAM QUESTIONS AND VERIFIED** **CORRECT ANSWERS**

All of the following will cause aortic dilatation EXCEPT

- a. Marfan's Syndrome
- b. Systemic hypertension
- c. Type I dissection
- d. Pulmonary hypertension - answer>>>d

An M-mode of a mitral heterograft valve resembles an M-mode of which valve?

- a. Mitral
- b. Pulmonic
- c. Aortic
- d. Tricuspid - answer>>>c

If a patient has Starr-Edwards valve in both the mitral and aortic positions, mitral regurgitation might be best detected from which window?

- a. Subcostal
- b. Left parasternal
- c. Apical
- d. Suprasternal - answer>>>a

When using M-mode to interrogate a Starr-Edwards mitral valve which window could you use?

- a. Apical
- b. Suprasternal
- c. Parasternal
- d. Subcostal - answer>>>a

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ARDMS AE Adult Echocardiography Examination Sample Questions (Q96-Q101):

NEW QUESTION # 96

When utilizing contrast agents, what should the sonographer keep in mind?

- A. Contrast agents produce only mild reactions.
- **B. Anaphylactoid reactions may occur.**
- C. Patients with no history of allergies will not have reactions.
- D. The contrast-enhanced exam poses no risk to the patient.

Answer: B

Explanation:

Contrast agents used in echocardiography can rarely cause anaphylactoid reactions, which are non-IgE- mediated hypersensitivity reactions that can mimic anaphylaxis. Therefore, sonographers must be prepared to manage such reactions.

Contrary to option B, reactions can be severe though rare. Even patients without prior allergies can react. It is incorrect to say the exam poses no risk; proper precautions and monitoring are essential.

These precautions are emphasized in ASE contrast echocardiography guidelines and safety protocols#12:ASE Contrast Echocardiography Guidelinesp.190-195##16:Textbook of Clinical Echocardiography, 6ep.575-580#.

NEW QUESTION # 97

Which statement is most accurate regarding cardiac contusion?

- **A. It affects the right ventricle more commonly than the left.**
- B. It is focal ventricular hypertrophy.
- C. It leads to hypercontractility of the left ventricle
- D. It can result from a myocardial infarction.

Answer: A

Explanation:

Cardiac contusion is a myocardial injury resulting from blunt chest trauma, typically affecting the right ventricle more commonly than the left ventricle because of its anterior location and proximity to the chest wall. The injury can range from mild bruising to severe myocardial damage and dysfunction.

It does not result from myocardial infarction (which is ischemic injury), nor does it cause hypertrophy or hypercontractility. Instead, it may cause wall motion abnormalities, arrhythmias, or even rupture.

These features are detailed in echocardiography and trauma cardiology literature, including the "Textbook of Clinical Echocardiography" and clinical guidelines on blunt cardiac injury#16:Textbook of Clinical Echocardiography, 6ep.600-605##12:ASE Trauma Cardiology Guidelinesp.500-505#.

NEW QUESTION # 98

Which is an abnormal response to a stress echocardiogram?

- A. Decreased end-diastolic volume

- B. Increased end-systolic volume
- C. Hyperdynamic wall motion
- D. Increased ejection fraction

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

During a normal stress echocardiogram, the left ventricle demonstrates hyperdynamic wall motion with increased contractility, leading to an increased ejection fraction and typically decreased end-systolic volume due to more complete emptying.

An increase in end-systolic volume during stress is abnormal and suggests ischemia or impaired contractile reserve. This indicates that the ventricle is not contracting effectively, possibly due to coronary artery disease or myocardial dysfunction.

This interpretation is thoroughly explained in the "Textbook of Clinical Echocardiography, 6e", Chapter on Stress Echocardiography and Ischemia Detection#20:400-410Textbook of Clinical Echocardiography#.

NEW QUESTION # 99

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

- A. True aneurysm
- B. Severe aortic stenosis
- C. Severe mitral 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 # 100

How is the aorta in a structurally normal heart oriented?

- A. Parallel to the pulmonary artery
- B. Anterior to both the pulmonary artery and the coronary sinus
- C. Anterior and to the left of the pulmonary artery
- D. Posterior and to the right of the pulmonary artery

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In a normal heart, the ascending aorta arises from the left ventricle and courses superiorly and posteriorly to the right of the pulmonary artery, which arises anteriorly from the right ventricle. The aorta is positioned posterior and to the right of the main pulmonary artery, reflecting the normal spatial relationship.

The pulmonary artery is anterior and to the left of the aorta, and the coronary sinus lies posteriorly in the atrioventricular groove. This anatomical relationship is detailed in the "Textbook of Clinical Echocardiography, 6e", Chapter on Cardiac Anatomy and Echocardiographic Landmarks#20:50-55Textbook of Clinical Echocardiography#.

NEW QUESTION # 101

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