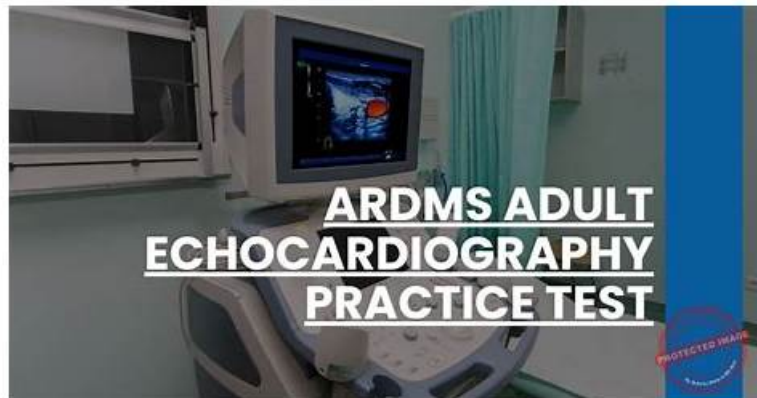


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ARDMS AE Adult Echocardiography Examination Sample Questions (Q17-Q22):

NEW QUESTION # 17

How must the sonographer angle the transducer from the apical four-chamber view in order to visualize the aortic valve in the apical five-chamber view?

- A. Posteriorly
- B. Anteriorly

- C. Medially
- D. Laterally

Answer: B

Explanation:

To obtain the apical five-chamber view from the apical four-chamber, the transducer is angled anteriorly (towards the patient's chest). This brings the left ventricular outflow tract and aortic valve into the imaging plane anterior to the left ventricle and mitral valve seen in the four-chamber view.

Posterior, medial, or lateral angulations do not adequately visualize the aortic valve in this context.

This technique is described in adult echocardiography imaging protocols and ASE chamber quantification guidelines#12:ASE Imaging Protocolsp.30-35##16:Textbook of Clinical Echocardiography, 6ep.70-75#.

NEW QUESTION # 18

In patients with interrupted aortic arch, which structure allows blood to flow into the descending aorta?

- A. Left carotid artery
- B. Foramen ovale
- C. Persistent left superior vena cava
- **D. Patent ductus arteriosus**

Answer: D

Explanation:

In interrupted aortic arch, the normal continuity between the ascending and descending aorta is disrupted. The patent ductus arteriosus (PDA) provides a vital conduit for blood to flow from the pulmonary artery to the descending aorta, maintaining systemic circulation distal to the interruption.

Persistent left superior vena cava and left carotid artery do not provide this flow. The foramen ovale is an atrial-level shunt and does not compensate for interrupted aortic arch.

This clinical anatomy is described in the "Textbook of Clinical Echocardiography, 6e", Chapter on Congenital Aortic Arch Anomalies#20:135-140Textbook of Clinical Echocardiography#.

NEW QUESTION # 19

Which finding is best demonstrated in this video?



- A. Aortic root dilatation
- B. Mid-anteroseptal hypokinesis
- C. Left atrial elongation

- **D. Systolic anterior motion of the mitral valve**

Answer: D

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 # 20

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

- A. Mitral valve regurgitation
- **B. Hypertrophic obstructive cardiomyopathy**
- C. Aortic valve stenosis
- 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 # 21

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 # 22

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